Monitoring and Evaluation of Programme Implementation Plan, 2022 – 23

Pakur District, Jharkhand

By

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Table of Contents

List of Tables

Monitoring and Evaluation of Programme Implementation Plan, 2022 – 23

Pakur District, Jharkhand

Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2022 – 23 of Pakur District was carried out by the PRC team during 6 June 2022 – 9 June 2022. The Civil Surgeon Office, DPMU Office, District Hospital (Sadar Hospital), CHC Maheshpur, Primary Health Centre Beldanga and Sub-Centre Kusmaphata were visited for the study by PRC team. This report discusses in detail the implementation of PIP in Pakur District as observed during the field visit for monitoring. The key observations are given below:

Areas for further Improvement

- The district needs to plug the gap in the NCD programme. Though health workers are providing services on NCD in the community, it has not been displayed correctly in the NCD portal. The health worker should identify these cases separately to report them.
- Induction training for all the ANM on the RCH portal or ANMOL app is required. None of the five ANM (3 from SC and two from PHC) has maintained all the records correctly. RCH registers were also not filled properly. In the RCH registers, Hb level, registration number, LMP, etc. were missing.
- Data entry in RCH portal needs to be completed on time, which will help district officials to track the high-risk pregnant women.
- Regular meetings of state & district health mission should be held.
- The district needs to plug the gap (i.e. supply of medicine on a regular basis, timely salary etc.) between supporting staff such as ANMs, CHOs, outsourced pharmacists and cleaning staff and DPMU.

Infrastructure

- As per the IPHS guidelines, the district required an additional number of SHCs (59) and PHCs (35), apart from the currently available SHCs (121) and PHCs (9).
- In PHC Beldanga, the staff quarters were vacant and were not appropriately maintained. Many window glasses were broken.
- In the District Hospital, there is a need for additional rooms for the services like MRD, emergency etc.

Human Resource

- Both the visited facilities, i.e. DH Pakur and CHC Maheshpur, have lacked specialist doctors such as gynaecologists, anesthesiacists, radiologists etc. An urgent process is required to fill these posts in the district.
- CHC Maheshpur is facing a severe scarcity of NHM staff. The posts of BPM, BDM and other NMH staff are vacant, due to which the smooth implementation of the programmes are hampering in the community.
- To improve the workforce and reduce the dropout, the provision of higher payment for NHM staff, particularly for ANMs and MOs, is required.
- Multi–speciality training for health staff is required.

Service Delivery

- There are many validation errors in the HMIS data. District officials should ensure the correctness of the data through regular monitoring or monthly validation meeting (which can be virtual meetings).
    - Example – ANC Registration >= TT1 + TT Booster – **Validation rule**
    - **Feb 2022 -** (67) < (67 + 37) **- Error**

      104 >= 67 + 37 - Corrected
- In the District Hospital and CHC Maheshpur, all the HMIS data was not filled correctly due to a lack of understanding of the data and a lack of trained human resources.
- For the current financial year, out of 121 SCs, only 2 are conducting more than 3 deliveries monthly.

1. Overview of District

Pakur District, an administrative district of Jharkhand, has its headquarter at Pakur, with a geographical area of 1811 $km^{2,}$ including 1792.41 km^2 of rural area and 18.89 km^2 of urban area. The Pakur District is surrounded by the following districts of Jharkhand and West Bengal, in the north by Sahibganj, in the west by Godda, in the south-west by Dumka, and in the east and south-east by Murshidabad (WB) and Birbhum (WB), respectively.

Pakur has a population of 900422 (Census 2011) peoples, out of which 67512 reside in urban areas and 832910 in rural areas. The district has a population density of 497.2 inhabitants per square kilometre. When it comes to villages, there are about 1250 villages in the Pakur district. For administrative purposes, the district has been divided into 6 sub-division/Blocks/Tehsils as follows:- Amrapara, Hiranpur, Litipara, Maheshpur, Pakur and Pakuria. Maheshpur is the largest subdivision in the district, covering an area of 444.61 km^2, while Hiranpur is the smallest subdivision in the district, covering an area of 173.77 km^2.

Table 1: District demographic details, Pakur district, 2022 – 23

Indicator		
1. Total number of Blocks	6	
2. Total number of Villages	1250	
3. Population	Rural population	832910
	Urban population	67512
	Total Population	***900422***
4. Literacy rate	48.82	
5. Sex Ratio	989	
6. Sex ratio at birth	960	
7. Population Density	497	

Source: Census 2011, and DPMU Pakur

The district's literacy rate is very low (48.82%) compared to the state's average literacy rate (66.41%). At the same time, the district is doing better than the state in relation to the sex ratio (district:989, state:948) and sex ratio at birth (district:960, state:948).

1.1 Estimates of Health Indicators (MCH Indicators)

Estimation gives a better picture and plan for implementing the National program in the district. For the current financial year (2022 – 23), the district has estimated a total of **202730** eligible couples (figure 1); from these eligible couples, a total of **34000** deliveries and **4500** caesarean deliveries were estimated. And from these estimated deliveries, a total of **30816** live birth is also estimated.

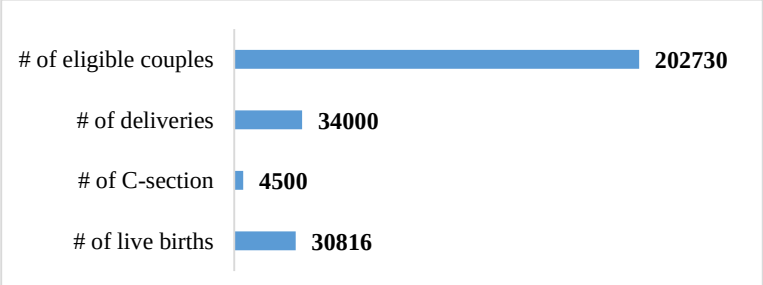

Figure 1:Estimates of MCH Indicators

Along with the MCH Indicators, mortality indicators are also estimated in every district or community to know the health status of the community. In the Pakur district, only estimates of maternal death (**85**) were provided. Information for other mortality indicators was not available in the DPMU Pakur.

Apart from the MCH services, the district will be conducting an estimated number of **2000** cataract surgeries and covering **1700** TB notifications during the current financial year.

2.1 Availability of Health Facilities as per IPHS Population Norms

The delivery of services through the public health sector in India follows a three-tier structure of primary, secondary, and tertiary care services. This covers both rural and urban areas. Health system inputs (infrastructure, health workers, drugs, equipment, health information system and finances) are combined to provide quality health services that are equitable, accessible, affordable and responsive to the population's needs.

To improve the quality of services and provide a consistent benchmark to assess the functionality of public health facilities, a set of standards known as the Indian Public Health Standards (IPHS) were first developed in 2007 and revised in 2012. These standards cover Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub District Hospitals (SDHs) and District Hospitals (DHs). They guide the infrastructure, human resources, drugs, diagnostics, equipment, quality and governance requirements for delivering health services at these facilities.

As per the guidelines of the IPHS population norms for the plain areas, the district Pakur is entitled to have 180 SHCs, 45 PHCs, 8 CHC and 1 SDH. However, only 121 SHCs, 9 PHCs and 6 CHCs are functioning in the district, of which 2 PHCs and 48 SHCs are converted into HWCs. The district lacked the services of one Sub-district hospital (SDH) (As per the IPHS guidelines).

Apart from the above health facilities, the district does not have an operational District Early Intervention Centre (DEIC), Blood Storage Unit (BSU) and one First Referral Unit (FRU). Although the district has planned to provide Comprehensive Abortion Care (CAC) in all CHC/DH, it is only being provided in District Hospital.

Table 2: Number of facilities available in Pakur district, 2022 - 23

Indicator		
Facility Details	**Sanctioned/ Planned**	**Operational**
1. District Hospitals **	1	1
2. Sub District Hospital	0	0
3. Community Health Centers (CHC)	6	6
4. Primary Health Centers (PHC)	10	9
5. Sub Centers (SC)	121	121
6. Urban Primary Health Centers (U-PHC)	1	1
7. Urban Community Health Centers (U-CHC)	0	0

Indicator			
8. Special Newborn Care Units (SNCU)	1	1	
9. Nutritional Rehabilitation Centres (NRC)	3	3	
10. District Early Intervention Center (DEIC)	1	0	
11. First Referral Units (FRU)	2	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	48	48	
17. Designated Microscopy Center (DMC)	7	7	
18. Tuberculosis Units (TUs)	7	7	
19. CBNAAT/TruNat Sites	1	1	
20. Drug-Resistant TB Centres	0	0	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities		**Sanctioned/ Planned**	**Operational**
	At DH	1	1
	At SDH	0	0
	At CHC	5	5
22. Institutions providing Comprehensive Abortion Care (CAC) services		**Sanctioned/ Planned**	**Operational**
	Total no. of facilities	6	1
	Providing 1st-trimester services	6	1
	Providing both 1st & 2nd-trimester services	0	0

Source: DPMU, Pakur

2. Public Health Planning and Implementation of National Programmes

2.1 District Health Action Plan (DHAP)

In preparation for District Health Action Plan (DHAP), all the facilities are involved. All the facilities send their requirements and action plan to the district for approval. The district team has sent it to the state, which was yet to approve it.

Apart from DHAP, there are two facilities in the district for which construction has been pending for more than two years, and these facilities are CHC Hiranpur and CHC Kaapuria.

2.2 Service Availability

In the district, a free drug policy is being implemented under all national programmes and for BPL patients. Other than national programmes, patients are charged ₹10/- for case paper and lab tests are done at minimum charges.

RBSK: There are a total of 12 RBSK teams sanctioned (figure 2), of which 6 teams are working, one each in a block. Although all teams have vehicles, however, only three teams are with all HR. During the last financial year, the teams screened 17443 children with an average of 67 children per day for defects at birth.

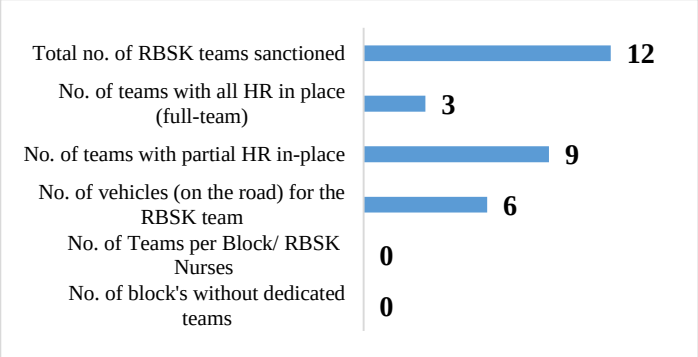

Figure 2: Status of RBSK teams in the district

Special Newborn Care Unit (SNCU): It is a 12-bedded (Radiant Warmer) functional facility situated in the district hospital. Apart from the 6 inborn and 6 outborn beds, there are 6 step-down beds and 4 KMC chairs attached in the very next room of the facility. During the current financial year (2022 – 23), the facility has admitted 68 newborns in the inborn unit and 6 newborns in the outborn unit. Of which, 66 (61 inborn, 5 outborn) were discharged, and 7 (6 inborn and 1 outborn) were referred to the higher facility. There were no deaths in the SNCU during the current financial year.

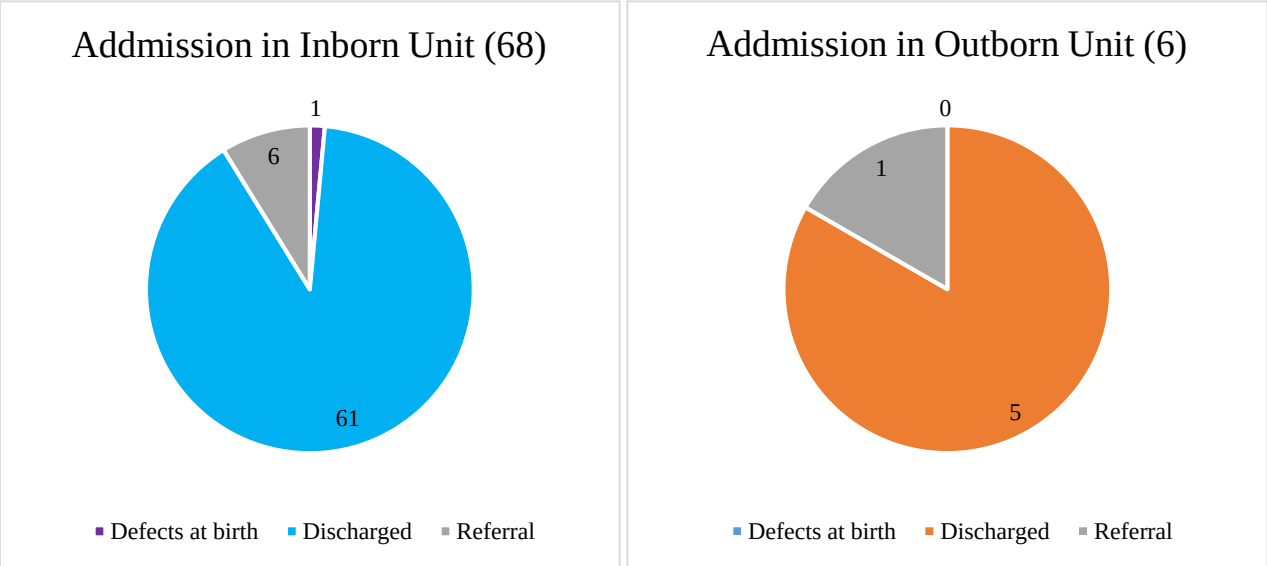

Figure 3: Number of newborns admitted in SNCU

Nutrition Rehabilitation Centre (NRC): Though there are 3 NRCs available in the district, however only one NRC has given information about the admitted children. During the current financial year (April 2022 – May 2022), a total of 43 infants were admitted in the NRC; all were referred by either frontline workers or came by themselves (parents). Among the admitted, 8 have been discharged, and 1 was referred to the Medical College Dumka. On the day of the visit, 10 children were available.

Home Based Newborn Care (HBNC): The district has 1135 Accredited Social Health Activists (ASHA), and all have functional HBNC kits with the necessary drugs. Among these ASHAs, 47 covers more than 1500 (rural)/3000 (urban) population in their periphery area. During the previous financial year, a total of 39159 newborns have received HBNC visits. With respect to social benefits for the ASHAs, all the ASHA, along with the 50 ASHA facilitators, have enrolled for PMJJBY, PMSBY, and PMSYMY.

Mobile Medical Unit (MMU): The district has one functional MMU. It made about 25 visits per month to the villages of the district (camps) and provided OPD services to an average of 510 patients per month. During the current financial year, MMU has provided lab services to an average of 170 patients per month, collected blood smears, or conducted RDT for malaria with an average of 59 patients per month. Apart from the MMU, there are 8 BLS and 1 ALS in the district and all these ambulances are fitted with GPS.

National Tuberculosis Elimination Programme (NTEP): There are as many as 7 Designated Miscroscopic centres in the district. During the last financial year, 871 TB notifications were achieved against the target of 665 notifications. Of which, 799 were notified from the public sector with a treatment rate of 93%, and 72 were notified from the private sector with a treatment rate of 73%. Among these, HIV status is known for 75% of cases, and 190 cases were eligible for UDST testing. Only 20 of them have been paid under the Nikshay Poshan Yojana.

Integrated Disease Surveillance Programme (IDSP): A team of 8 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 12.50%. In the current financial year total of six outbreaks were investigated.

National Leprosy Eradication Programme (NLEP): A total of 119 new cases of Leprosy have been detected since April 2022 in the district, of which 3 patients were of G2D. There were no reconstructive surgeries conducted in the district.

Below ***table 3*** gives the details of the health service delivery indicators at the district level of the Pakur district.

Table 3: Details about the other health service delivery in the Pakur district, 1st April 2022 – 31st May 2022

Indicator		
1. Implementation of Free drugs services	Yes	
2. Implementation of diagnostic services (if it is free for all)	Yes	
Number of lab tests notified	-	
Categories/schemes for free diagnostic services implemented	BPL, JSSK Beneficiaries	
3 Status of delivery points		
• No. of SCs conducting deliveries	<=3 deliveries/month	119
	>3 deliveries/month	2

Indicator			
• No. of 24X7 PHCs conducting deliveries	<=10 deliveries/month	4	
	>10 deliveries/month	5	
• No. of CHCs conducting deliveries	<=20 deliveries/month	1	
	>20 deliveries/month	5	
• No. of DH/ District Women and child hospital conducting deliveries	<=50 deliveries/month	0	
	>50 deliveries/month	1	
• No. of DH/ District Women and child hospital conducting C-section	1		
4 Details of PMSMA activities performed.	Under PMSMA activities, facilities give ANC services, diagnostic services, counselling, and complimentary refreshments to Pregnant women.		
5 No. of Adolescent Friendly Clinic (AFC) meetings held	Meeting held, but numbers not provided		
6 Weekly Iron Folic Acid Supplementation (WIFS) stockout	No stockout		
7 If Mera-aaspatal has been implemented	Yes		
8 Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries	5511	-	Not done since April 22
• ASHA payment:			
o A- Routine and recurring at increased rate of Rs. 2000 pm	Not Provided	Not Provided	Not Provided
o B- Incentives under NTEP			
o C- Incentives under NLEP			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
• Patients incentive under the NTEP programme			
• Provider's incentive under the NTEP programme			
• FP compensation/ incentive	-	-	-
9 Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at the district level	Yes		
• Annual Blood Examination Rate	7.4%		
• Reason for increase/ decrease (trend of last 3 years to be seen)	Decreases in year 2020		
• LLIN distribution status	186016		
• IRS	Twice a year		
• Anti-larval methods	Survey Conducted Every Year		
• Contingency plan for epidemic preparedness	Rapid response team in district & block level		
• Weekly epidemiological and entomological situations are monitored	Conducted several times a year by state authority.		
• No. of MDR rounds observed	Our District Is Non-Endemic For Filariasis		
• No. of districts achieved elimination status for Lymphatic Filariasis, i.e. mf rate <1%	Our District Is Non-Endemic For Filariasis		
10 Implementation of National Tuberculosis Elimination Programme (NTEP)			
• Target TB notification achieved	871 (131%)		

Indicator		
• Whether HIV Status of all TB patients is known	No Known for 75% of patients	
• Eligible TB patients with UDST testing	190	
• Whether drugs for both drug-sensitive and drug resistance TB available	Yes	
• Patients notification from public sector	No of patients notified	799
	Treatment success rate	93%
	No. of MDR TB Patients	7
	Treatment initiation among MDR TB patients	7
• Patients notification from private sector	No of patients notified	72
	Treatment success rate	73%
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
• Beneficiaries paid under NikshayPoshanYojana	20	
• Active Case Finding conducted as per planned for the year	Yes	
11 Key activities performed in the current FY as per ROP under National Tobacco Control Programme	School awareness programme and anti-nicotine tab distribution along with the counselling.	
12 Number of ASHAs	Number of ASHAs	
	Required as per population	1135
	Selected	1135
	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	47
	No. of villages/ slum areas with no ASHA	3
13 Status of social benefits 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)	1135 50 1135 50	

Indicator		
• 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	1135 50 -	
14 Status of Mahila Arogya Samitis (MAS)	Formed	1
	Trained	1
	MAS account opened	1
37 Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	850
	Trained	850
	MAS account opened	850
38 Number of facilities quality certified	Nil	
39 Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	The final assessment was done at District Hospital Pakur, along with three CHCs, i.e. Maheshpur, Amrapara and Hiranpur	
40 Activities performed by District Level Quality Assurance Committee (DQAC)	Yes	
41 Recruitment for any staff position/ cadre conducted at the district level	No	
42 Does the state have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes	

Source: DPMU, Pakur

2.3 Implementation of CPHC

Ayushman Bharat - Comprehensive Primary Healthcare (CPHC) program is implementing a population-based Non-Communicable Disease (NCD) program in the district. During the financial year district has screened 11098 patients for hypertension, diabetes, and Oral cancer, 4025 patients for breast cancer and 1119 patients for cervical cancer at the facilities.

Table 4: Status of CPHC in the district as on 31-05-2022

Indicator	Planned	Completed
1. Number of individuals enumerated	407157	
2. Number of CBAC forms filled	Not known	9828
3. Number of HWCs started NCD screening		
a. SHC- HWC	48	48
b. PHC- HWC	0	0
c. UPHC – HWC	1	1
4. Number of individuals screened for:		
a. Hypertension	47767	11098
b. Diabetes		
c. Oral Cancer		
d. Breast Cancer		4025
e. Cervical Cancer		1119

5. Number of HWCs providing Teleconsultation services	48	48
6. Number of HWCs organising wellness activities	48	48

Source: DPMU, Pakur

2.4 Status of Human Resource

As per the provided information, there was a total of 640 posts sanctioned as regular and under NHM, of which 371 were filled, and 42% of the post were vacant in the district (***Table 5***). More importantly, the district lacked with services of a Pediatrician, Anesthetist and Radiologist.

Table 5: Status of Human resources (regular + NHM) at public health facilities in Pakur district as 31-12-2021

1. Staff details at public facility (Regular+ NHM+ other sources)	**Sanctioned**	**In-place**	**Vacancy (%)**
• ANM	316	192	39.2%
• MPW (Male)	57	52	8.8%
• Staff Nurse	23	15	34.8%
• Lab technician	28	14	50.0%
• Pharmacist (Allopathic)	18	7	61.1%
• MO (MBBS)	99	29	70.7%
• OBGY	2	1	50.0%
• Pediatrician	2	0	100%
• Anesthetist	1	0	100%
• Surgeon	2	1	50.0%
• Radiologists	1	0	100%
• Other Specialists	0	0	-
• Dentists/ Dental Surgeon/ Dental MO	2	1	50.0%
• Dental technician	1	1	0
• Dental Hygienist	1	1	0
• Radiographer/ X-ray technician	2	0	100%
• CSSD Technician	0	0	-
• OT technician	2	0	100%
• CHO/ MLHP	69	44	36.2%
• AYUSH MO	12	12	0
• AYUSH Pharmacist	2	1	50.0%

Source: DPMU, Pakur

2.5 Status of Fund Utilization

The district has not provided FMR-wise fund utilization details. Only provided programme-wise details which are given below:

Table 6: Programme-wise budget component details, 2021 – 22 (April 21 – March 22)

Indicator	**Budget Released (in Lakhs)**	**Budget utilised (in Lakhs)**	**Reason for low utilisation (if less than 60%)**
1. RCH and Health Systems Flexipool			
• Maternal Health	2049.31	289.19	
• Child Health		23.61	
• RBSK		0.98	

Indicator	Budget Released (in Lakhs)	Budget utilised (in Lakhs)	Reason for low utilisation (if less than 60%)
• Family Planning		85.53	
• RKSK/ Adolescent health		4.86	
• PC-PNDT		0.75	
• Immunization		101.17	
• Untied Fund		63.67	
• Comprehensive Primary Healthcare (CPHC)		-	
• Blood Services and Disorders		1.39	
• Infrastructure		-	
• ASHAs		468.10	
• HR		756.70	
• Programme Management		86.46	
• MMU		20.70	
• Referral Transport		59.35	
• Procurement		97.28	
• Quality Assurance		41.62	
• PPP		-	
• NIDDCP		-	
2. NUHM	-	-	
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	9.75	8.40	
• National Vector Borne Disease Control Programme (NVBDCP)		-	
• National Leprosy Eradication Programme (NLEP)		4.72	
• National TB Elimination Programme (NTEP)		-	
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	-	-	
• National Mental Health Program (NMHP)	1	0	
• National Programme for Health Care for the Elderly (NPHCE)	1.182	0.49	
• National Tobacco Control Programme (NTCP)	9.51	5.70	
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	30.38	15.60	
• National Dialysis Programme	-	-	
• National Program for Climate Change and Human Health (NPCCHH)	-	-	

Indicator	Budget Released (in Lakhs)	Budget utilised (in Lakhs)	Reason for low utilisation (if less than 60%)
• National Oral health programme (NOHP)	7.5	3.3	
• National Programme on palliative care (NPPC)	-	-	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	-	-	
• National Rabies Control Programme (NRCP)	-	-	
• National Programme for Prevention and Control of Deafness (NPPCD)	-	-	
• National Programme for Prevention and Management of Burn & Injuries	-	-	
• Programme for Prevention and Control of Leptospirosis (PPCL)	-	-	

Source: DPMU, Pakur

2.6 Status of training

Table 7: Status of training given to health delivery persons as of 31st May 2022 in Pakur district

Sr. No.	List of training (to be filled as per ROP approval)	Planned	Completed
1	Training of Staff Nurses/ANMs/LHVs on SBA	2 Batch	1 Batch
2	Training of Medical Officers on RTI/STI	1 Batch	1 Batch
3	DAKSHATA Training	1 Batch	1 Batch
4	Other maternal health training 1 - SUman 2 – SBA refreshment	3 Batch	1 Batch
5	Orientation activities on vitamin A supplementation and Anaemia Mukta Bharat Programme	**Three** at the dist. level **Six** at the block level	1 Batch (Sep 21) - Dist 1 Batch (Oct 21) – Dist
6	Child Death Review Trainings	1 Batch	1 Batch
7	Training on facility management of Severe Acute Malnutrition (including refresher)	1 Batch	1 Batch
8	NSSK Training for SNs	1 Batch	1 Batch
9	Four days of training for facility-based newborn care	1 Batch	1 Batch
10	Orientation on National Deworming Day	**Two** at the dist. level **Six** at the block level	**Two** at the dist. level **Six** at the block level
11	TOT (MO, SN) for Family participatory care (KMC)	1 Batch	1 Batch (Nov 21)
12	Minilap training for MO	1 Batch	1 Batch
13	Training of Nurses (Staff Nurse/LHV/ANM) (IUCD insertion training)	2 Batch	2 Batch
14	Swachh Swasth Sarvatha Training	1 Batch	1 Batch

Source: DPMU, Pakur

3. 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 summarise the broad status of the health facilities regarding infrastructure, service delivery, human resources, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising each DH, CHC, PHC and SC. Since Women's Hospital is not available in the district, hence not covered by the monitoring team.

3.1 Service Delivery: District Hospital

The District Hospital (**Sadar Hospital**) is situated at the district headquarters at Pakur. Though it is a 100-bedded, sanctioned hospital, it provides its services with a capacity of 112 beds. The hospital is well accessible from the nearest road-head and is well equipped with a 24*7 running water facility, RO installed drinking water facility, cleaned functional toilets (separate for male and female), sufficient sitting arrangement for OPD cases, ASHA rest room at labour room and SNCU, and drug storeroom with racks are available.

Apart from these facilities, the hospital provides OPD, ANC, Immunization, Family Planning, Laboratory services etc., between 9:00 am to 3:00 pm.

Besides this, the monitoring team has made the following observations -

- The facility provides Medicine, O&G, General Surgery, Paediatrics, Anesthesiology, Dental, Imagine service (X-ray & USG), NRC, SNCU, LMU, Labour Room Complex, ICU, Dialysis, and Emergency care services along with the teaching block.
- The facility has Operational Theatre with a Single general OT and Obstetrics & Gynaecology OT. The facility is also well equipped with a functional blood bank run by Red Cross Society (2.5 km away from the facility). Blood units are issued free of cost to all elderly, BPL card holders and JSSK beneficiaries.
- The facility uses a Common Bio-Medical Treatment plant and outsources the bio-medical waste to Greenland Waste Management Pvt. Ltd.
- In the case of IT services, the DH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The facility was the wined of Kayakalp during 2019 – 20. And for the last financial year, the assessment was completed, but the results are yet to be out (from certificate and interview to Hospital Manager). The internal assessment for the NQAS was done with a score of 79%.
- The Essential Drug List (EDL) with a list of 178 drugs was available in the facility and displayed in the OPD area. Among the displayed Essential Drugs, only 53 were available on the day of the visit. Among the not available drugs, they are procured from the local purchase, so there is no shortage of

drugs in the facility. The facility is implementing DVDMS and also has a sufficient supply of essential consumables.

- The facility does have both the diagnosis facility, i.e. in-house and PPP, along with the X-ray services in the premises. In May 2022, a total of 15435 tests from in-house and 1122 tests from SRL (PPP) have been performed.
- There is one digital AERB-certified X-ray machine available in the facility through PPP. X-ray services to all the BPL and JSSK beneficiaries are being provided free of cost.
- The facility is implementing the PM- National Dialysis Programme by PPP mode. This service is free of cost to the BPL cardholder only. Since the Dialysis unit has been providing its services since April 2022, there was no data for the previous financial year. Whereas in the current financial year, it has provided its services to 98 beneficiaries.
- DH is the designated FRU, and its labour room is well functional with delivery tables (6), delivery equipment, and the functional NBCC (functional radiant warmer with neo-natal ambu bag). The facility has conducted 355 normal delivery and 66 C-Section deliveries during May 2022.
- The facility has provided 1123 birth doses to the newborns during the last three months (March 2022 – May 2022), and at the same time, 1171 newborns were breastfed within one hour of birth.
- With respect to the JSY payment from the facility, there have been no payments since April 2022 due to a lack of funds. Apart from this, several cases were pending due to the unavailability of account details of the beneficiaries.
- The utilization of family planning services in the facility is good as deputed FP counsellor was counselling the beneficiaries regularly on the choice of FP methods available in the facility. In May 2022, there were 24 sterilizations conducted in the facility along with the 3 IUCD insertions. Although there were no PPIUCD insertions during May 2022, they provided 97 PPIUCD insertion services to the beneficiaries in March 2022 and April 2022.
- The facility also provides Comprehensive Abortion Care (CAC) along with the implementation of the FPLMIS to procure the drugs or materials for family planning.
- Though PMSMA services are provided in the facility every month of 9th, data on high-risk PW identification and the list of high-risk pregnancies are unavailable.
- JSSK entitlements are available in the facility as well as the facility has a birth and death registers system, where they maintain the records of births and deaths.

- During the previous financial year (2020 – 21), there were two maternal deaths occurred in the facility and one in the current financial year. However, they have not maintained records of child deaths in the facility.
- Although the facility has well-equipped daily functioning NCD clinics, where they screened 351 patients for dental cancer and 196 patients for cervical cancer, of which 16 patients were found suspects for cervical cancer, there were no records of hypertension and diabetes in the facility.
- The facility is Designated Microscopy Centre (DMC). During the last six months, they have screened 15766 OPD cases by TruNat, of which 466 were found suspected. All the suspected cases were tested for HIV and Diabetes Mellitus before being sent to the District TB centre for further treatment.
- The facility has sufficient anti – TB drugs, and there are patients currently taking anti-TB drugs from the facility. Of these patients, 80% are getting DBT instalments under Nikshay Poshan Yojana.
- Although all the records related to TB were maintained in the facility, no records were found on Malaria, Leprosy, Dengue and Chikungunya.
- During the last financial year, the facility had received a ₹1.80 Cr. fund under NHM, of which more than 100% was utilized (2019 -20 fund was also utilized).
- With respect to the data entry in the different portals, the facility has maintained only the HMIS portal. Other portals were not maintained due to the facility's lack of trained manpower.
- The facility is well equipped with its own ambulance services as well as ambulance services with a centralised call centre. In May 2022, there were 25 cases of in-referral labour pain, prolonged labour, hypertension and neo-natal (newborns cases). Apart from in-referral, there were 11 cases of out-referral of pre-term pregnancy, previous LACS, eclampsia etc.

The below table (**table 9**) depicts the status of human resources in District Hospital, Pakur. From the table, it can be seen that there are a total of **144** posts has sanctioned for the DH. Among the sanctioned posts, **32** are filled regularly, 16 under **NHM** on a contractual basis, and 41 are outsourced from a private agency. A total of 55 posts are vacant in the facility, most of which are of the specialist.

Table 8: Status of human resources at the district hospital, Pakur

Human Resource		**Sanctioned**	**Regular**	**Contract**	**Outsourcing**
MO (MBBS)		11	5	0	0
Specialist	Physician	2	1	0	0
	ObGy	2	0	0	0
	Paediatrician	2	0	0	0
	Anaesthetist	2	0	0	0
	Surgeon	2	1	0	0
	Ophthalmologist	1	0	0	0

Human Resource		Sanctioned	Regular	Contract	Outsourcing
	Orthopaedic	1	0	0	0
	Radiologist	1	0	0	0
	Pathologist	1	0	0	0
	Others	7	1	0	0
Dentist		2	1	0	0
SNs/GNMs		17	0	11	0
ANM		2	0	1	
LTs		2	1	0	0
Dental Assistant/ Hygienist		1	0	2	0
Pharmacist		2	1	0	0
Hospital/ Facility Manager		1	0	0	0
Others		85	21	2	41
Total		**144**	**32**	**16**	**41**

Source: District Hospital, Pakur

Table 9: Key Challenges Observed in CHC and their root causes

Sr. No.	Challenges	Root Causes
1	The DH is facing a scarcity of trained manpower.	In recent times, there has been no recruitment in the district.
2	The facility cannot provide services like MRD, ICU, Emergency, Observation wards etc.	The facility does not have adequate space to provide these services in the building.
3	Uninterrupted power supply.	Hotline generator for 24*7 electricity supply is not available.
4	Shortage of water supply in the summer season.	The ground-level water drops in the area during the summer season. They required an additional water arrangement for the facility.

3.1.1 Validation of HMIS data (Service and Infrastructure)

Along with PIP monitoring, we also validate the reported data in the HMIS portal and the availability of source documents for the reported data. Before visiting the district hospital, we downloaded the HMIS data from the portal for the particular district hospital. We validated the same as per the given validation rules in the HMIS portal. In Sadar Hospital Pakur, we found many validation errors and blank reporting. Many data items had been not reported in the portal for the financial year 2021 – 22. On the day of the visit, we did not find any HMIS reporting format available in the hospital. So we asked for the source documents, and many documents were not found in the hospital (i.e. 4th ANC visit, lab records, immunization etc.) as well as found incomplete (labour room).

We asked the Hospital Manager to complete and maintain all the recommended documents and correct the HMIS data per the validation rules in the portal.

3.2 Service Delivery: Community Health Centre (CHC) - Maheshpur

Maheshpur Community Health Centre is located in the Maheshpur sub-division of the Pakur district and is about 32 km away from the district headquarters. It is a 30-bedded hospital but not a designated FRU. The facility functions in a government building and is well accessible from the nearest road head. The condition of the building is very good. The facility provides its OPD services between 9:00 am to 3:00 pm to the 1.12 lakhs population of the area.

During the visit to Community Health Centre Maheshpur, the following observations were made –

- The CHC is well equipped with 24*7 running water, clean, functional toilets for males and females, a drinking water facility with RO, sufficient sitting arrangement for OPD patients, a rest room for ASHA, and a drug storeroom with the rack. The CHC is also geriatric and disability friendly.
- Although, the facility does have power backup for the complete hospital by solar panel and generator. However, both facilities were not working on the day of the visit.
- In addition to the general OPD, Vaccination, NCD, FP and ANC services, the facility also provides specialised services in Medicine, Obstetrics & Gynaecology, and Dental. Along with these services, the facility also provides emergency services.
- In the case of IT equipment, the facility has desktops/laptops with good internet connectivity in the area. However, to operate these desktops, Data Entry Operators and Block Data Manager are not available in the facility. They did have only one DEO for the COVID-related data entry from outsourcing.
- Though, the essential drug list is available and was displayed in OPD waiting area. Among the listed essential drugs, some of the drugs were not available in the facility, i.e. Albendazole syrup, Tab. Calcium 250 mg, Tab. Levofloxacin 500 mg etc. There is a sufficient supply of essential consumables.
- In-house diagnosis services are available in the facility from 9:00 am to 3:00 pm. A total of 5567 tests has conducted during the current financial year. The facility is lacking with X-ray services.
- Delivery services are being provided by the facility, as its labour room is well equipped with two manual delivery tables and delivery equipment. And 145 deliveries were conducted last month (May 2022). The NBCC of the facility was also functional with the availability of a functional radiant warmer and neo-natal ambu bag.
- All the payments of JSY are made from the facility only; however, JSY payments since December 2021 are not made due to the unavailability of the fund.

- Though PMSMA services are provided in the facility every month of 9th, data on high-risk PW identification and the list of high-risk pregnancies are unavailable. JSSK entitlements are available in the facility except for blood bank services.
- The Facility has vaccines and hub cutters, and all the Nurses/ANM posted in the facility are aware of the open vial policy.
- There were **381** deliveries conducted in the last three months (March 2022 – May 2022), and **all** were breastfed within one hour of birth and provided birth doses (Vitamin K).
- The facility has a register to enter the details of deaths and births. No maternal and child deaths occurred during the previous and current financial years, respectively.
- The facility has trained HR in IUCD/PPIUCD, and they provide reversible FP services after counselling the beneficiaries. Apart from the FP counsellor, ASHA and ANM also counsel the beneficiaries. The facility also provides permanent FP services through OT.
- Although the facility has an NCD clinic room, no NCD services are being provided by trained NCD Medical officers due to the unavailability of MO. Subsequently, no NCD data is provided from the facility.
- The facility is designated as Designated Microscopy Centre (DMC). In the last 6 months, 3% - 5% of the OPD cases were tested for TB, and all the positive TB patients (diagnosed at the CHC) are taking the anti-TB drug from the facility.
- All the records related to TB were maintained in the facility. Also, HMIS, HWC portal and Nikshay portal were updated, but MCTS/RCH portal was not updated.
- RKS meetings were held on a quarterly basis in the facility, which were last held on March 26, 2022. (From meeting register – MoM available)
- Ambulance services in the periphery area of the facility are available with a centralised call centre as well as facilities' own ambulance. There were 28 cases referred to the DH from the facility.
- The facility was the wined of Kayakalp during 2019 – 20. And for the last financial year, the assessment was completed, but the results are yet to be out (from certificate and interview to MOIC).

Table 10: Status of human resources in the CHC Maheshpur, Pakur

Human Resource		**Sanctioned**	**Regular**	**Contract**
MO (MBBS)		4	0	1
Specialist	Medicine	1	0	0
	ObGy	1	0	0
	Pediatrician	0	0	0
	Anesthetist	0	0	0

Human Resource	Sanctioned	Regular	Contract
General Surgeon	1	0	0
Dentist	1	0	0
SNs/GNMs	6	0	3
ANM	2	1	1
LTs	4	0	3
Dental Assistant/ Hygienist	1	0	0
Pharmacist	1	1	0
Hospital/ Facility Manager	1	0	0
Others	39	15	8

Source: CHC Maheshpur, Pakur,

Table 11: Key Challenges Observed in CHC and their root causes

Sr. No.	Challenges	Root Causes
1	Many equipments related to dental services and essential diagnoses are available in the facility, but all the services are not being provided in the facility.	The facility is facing a scarcity of human resources—lack of MO.
2	Although the block data manager is available in the facility and tries to handle all the programs, however, JSY payments are not made since November 2021	The fund is not available.
3	RCH portal is not updated due to which many important things such as line listing of high-risk pregnant women and RCH number of PW are not available in the MCP cards.	Block Data Manager and Data Entry Operator are not available (Vacant).

3.3 Service Delivery: Primary Health Centre - Beldanga

Primary Health Centre (PHC) Beldanga is about 46 km from district headquarters. It is a six-bedded standalone facility. Its next referral point is Sadar Hospital Pakur. The facility provides ANC, delivery, NCD, Immunization, Family Planning etc., services from 9:00 am to 3:00 pm. All the national programmes are being implemented in the periphery area of the facility.

Besides the above services, the following observations were made by the monitoring team –

- Although the facility has adequate sitting arrangements for OPD patients, and it is geriatric and disability-friendly, however, the facility lacks a rest room for ASHAs, a drug storeroom with racks, electric power backups, a drinking water facility, and 24*7 running water services due to which the toilets were not cleaned properly.

- The facility's building looks good, but it needs lots of renovation work, i.e. repairing (painting, broken windows, electric supply etc.) the staff quarters available on the first floor, painting and branding, and the renovation of toilets.
- In the case of IT equipment, the facility lacks a laptop or electronic tablets. None of the ANM was equipped with electronic tablets, so they did not enter any RCH data on the portal. The data are being sent to the district office for RCH data entry.
- The facility has an essential drug list of 22 drugs, of which 15 were available on the day of visits. However, some of the drugs were not available on the day of the visit, i.e. diclofenac (50mg and 100 mg), ibuprofen (200mg and 400mg), Metronirazo (400mg), and Cough Syrup.
- Since none of the medicine for hypertension and diabetes were available in the facility, and none of the staff was trained on NCDs. No patients were treated at the facility for the NCDs.
- The facility has a sufficient supply of testing and diagnosis kits, but the In-house laboratory and essential diagnostic services were not available. However, it does provide diagnosis services through PPP mode from Apollo from 10 am to 4 pm on working days. During the current financial year, they provided diagnosis services on ANC, Malaria, Dengue etc., to 98 patients.
- Delivery services are being provided by SBA-trained ANM at the facility as its labour room is well equipped with a manual delivery table and delivery equipment. The facility lacked a functional radiant warmer, due to which they could not provide the newborns care at the facility.
- There was no sharp pit or deep burial pit in the facility. All the biomedical waste was outsourced to a private partner enrolled from the state.
- All the JSY payments are being made from the Civil Surgeon Office only. So information was provided regarding the JSY payment.
- Though JSSK entitlements are available in the facility, the line listing of the high-risk pregnancies is not available.
- There were **only 2** deliveries conducted in the last three months (March 22 – May 22), and all were breastfed within one hour of birth but did not provide birth dose to all the newborns due to the unavailability of Vitamin K_1 and Hepatise B_0 in the facility.
- Two ANMs are trained in IUCD/PPIUCD and provide reversible FP services to the beneficiaries after counselling them.
- The facility has reported no maternal and child deaths in the last two years.

- Ambulance services in the periphery area of the facility are available with a centralised call centre. There was no referral case during May 2022.
- There were 5 staff posted in the facility. However, none were aware of the sanctioned post to the facility. The same question was asked at the district level, and they also did not provide the details of a sanctioned and vacant position in the facility.

Table 12: Challenges and their root causes in the PHC Beldanga, Pakur

Sr. No.	Challenges	Root Causes
1	They were facing problems in providing newborn care at the facility.	Due to the unavailability of radiant warmer.
2	Not able to provide a few of the family planning services.	Lack of autoclave and steriliser.
3	In-house laboratory services are not provided.	LT is not available
4	Staff were not residing in the staff quarters.	All the available staff quarters were not maintained and not painted. Need some repair work.
5	Many services are not being provided on time at the facility as all the ANMs have to provide Immunization services at the village level. During that time, no staff except the pharmacist and sweeper are available in the facility.	Medical Officers are not posted in the facility for the last 5 – 6 years.

3.4 Service Delivery: Sub Centre - Kusmaphata

The Kusmaphata Sub-Centre, converted to Health and Wellness Centre, is situated about 25 km away from Sadar Hospital Pakur. It is a standalone facility and well connected to the nearest road head. Its next referral point is Sadar Hospital. It provides ANC, OPD, NCD, Immunization, Family Planning etc., services from 9:00 am to 3:00 pm.

During the visit to the Sub-Centre Kusmaphata, the following observations were made –

- Though the facility has officially converted into HWC, however, there is no boundary available for the facility. In terms of the drinking water facility, all the staff and village inhabitants are using water from a handpump (borewell).

- The facility lacked with 24*7 running water supply, a drug storeroom with racks, ASHA rest room and electric power backup.
- Though there was sufficient area to conduct the Yoga/welfare activities, CHO was not conducting it due to cleanliness issues, as a clean place was needed to perform the Yoga activities.
- CHO does have tablet/laptop with her in case of the IT services, and she gives teleconsultation services and provides her service data in the given apps. ANMs and ASHAs do not have electronic tablets and smartphones with good internet connectivity.
- Though the facility does have all the essential drugs in the store, it was lacking with the essential drug list.
- Drugs related to hypertension and diabetes were available in the facility, and CHO was dispensed to the patients.
- The facility was well equipped with BP instruments, thermometers, contraceptives and glucometers, along with a sufficient supply of testing/diagnostic kits.
- Though the facility has the list of eligible couples of the different villages, it was lacking with the list of high-risk pregnant women, and it was observed from the ANC register that there are at least 4 – 5 high-risk pregnant women currently (previous C-section and severe anaemic cases).
- ANM of the facility was well aware of her vaccine schedule, open vial policy and micro-plan. The vaccine and hub cutters were provided (on the day of vaccination) from the Sadar Hospital Pakur as per their due list.
- Though CHO provides the NCD services in the facility, data of the services were not delivered due to a lack of information on the HWC app, and she has not maintained the offline records separately. She has provided NCD services to 130 patients (document) since April 2022.
- Reporting of S form under IDSP is not being done from the facility "due to continuous COVID vaccination and RI sessions" (stated by ANM).
- All the ASHAs of the periphery area of Sub-Centre have HBNC kits but lacking with some of the drugs, i.e. PCM and ORS. Also, the ASHA incentives were delayed by 2 – 3 months. All the ASHA are aware of the provision of incentives under NTEP and Nikshay Poshan Yojana. There were no VHSNC meetings conducted in the last six months.

The below table shows the number of human resources available in the facility. It is run by three ANM and one CHO. Apart from these four, 10 ASHAs are working in the periphery area of the facility.

Table 13: Available Human Resources at SC Kusmaphata, Pakur

Human Resource	Sanctioned	Regular	Contract

ANM/MPW Female	3	-	2 + 1*
MPW Male	-	-	-
MLHP/CHO	1	-	1
ASHA	10	-	10

Source: Sub-Centre – Kusmaphata, Pakur district, *Outsourcing

Table 14: Challenges and their root causes in the SC Kusmaphata, Pakur

Sr. No.	Challenges	Root Causes
1	The facility provides delivery services in its periphery area, and it is challenging to give heat to newborn babies without a radiant warmer.	Radiant Warmer is not available in the facility
2	Many medicines were kept on the floor on the day of the visit. There were no guidelines on how to store medicine in the facility.	Racks are not available in the facility.
3	During the summer, no staff provided services inside the facility rooms.	Though the electricity connection was there, however, an electric fan was not available.
4	As per the guidelines of the Ayushman Bharat - HWC, each converted HWC should have herbal gardens; however, the facility lacked it.	No boundary wall was available.

Source: Sub-Centre – Kusmaphata, Pakur district

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MoHFW), the PIP 2022 – 23 of Pakur district monitoring was carried out by the PRC team from ***6 June 2022 – 9 June 2022***. The Civil Surgeon Office, District Hospital, Community Health Centre – Maheshpur, Primary Health Centre – Beldanga, and Sub-Centre – Kusmaphata were visited for monitoring by PRC team. Based on discussion with the concerned officials and monitoring/ observations of the health facilities, the following recommendation has been made by the PRC monitoring team:

1. In SC Kusmaphata, there was no sitting arrangement for OPD cases as well as no ASHA rest room in the facility. Constructing a sitting area for OPD patients and a boundary wall is recommended. (by State and District authority)

2. It is recommended to provide the autoclave and sterilizer in PHC Beldanga so that they can provide the PPIUCD or sterilization services to the beneficiaries (by district authority).

3. It is recommended to maintain all the service delivery reports properly. The facility health staff should update it as it was found that many records were not updated during the visit (by the health facility staff).
4. It is recommended to update the RCH portal on time so that all the district and state officials can monitor or track the high-risk pregnant women and provide them with better health care (by DPMU).
5. Most of the NHM health staff are underpaid and have lots of responsibilities. Therefore, they leave their jobs. Consequently, it is strongly recommended to increase the remuneration of the NHM staff (by State and Center).
6. Constructing additional rooms in the District Hospital is recommended to cater to emergency services (by State and Center).

5. A glimpse of the Pakur district PIP monitoring visit, 6 June 2022 – 9 June 2022.

Visit to District Hospital, Pakur

SNCU Pakur

Visit to SC Kusmaphata, Pakur

Visit to PHC Beldanga, Pakur

Visit to CHC Maheshpur, Pakur

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