



Monitoring and Evaluation of Programme Implementation Plan, 2021 – 22
Banka District, Bihar

By
Vivekanand A,
Baldev Singh Kulaste



Population Research Centre
Gokhale Institute of Politics and Economics
Pune – 411004

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Table of Content

LIST OF ACRONYMS AND ABBREVIATIONS	4
EXECUTIVE SUMMARY	5
1. OVERVIEW OF DISTRICT	6
2. PUBLIC HEALTH PLANNING AND IMPLEMENTATION OF NATIONAL PROGRAMMES	8
2.1 DISTRICT HEALTH ACTION PLAN (DHAP)	8
2.2 SERVICE AVAILABILITY	9
2.3 IMPLEMENTATION OF CPHC	17
2.4 STATUS OF HUMAN RESOURCE	17
2.5 STATE OF FUND UTILIZATION.....	18
2.6 STATUS OF TRAININGS.....	21
3. SERVICE AVAILABILITY AT THE PUBLIC HEALTH FACILITIES	21
3.1 SERVICE DELIVERY: DISTRICT HOSPITAL	21
3.2 SERVICE DELIVERY: COMMUNITY HEALTH CENTRE (CHC) - BOUNSI.....	25
3.3 SERVICE DELIVERY: PRIMARY HEALTH CENTRE – PANJWARA	27
3.4 SERVICE DELIVERY: SUB CENTRE – BABHANGAMA.....	29
4. DISCUSSION AND KEY RECOMMENDATIONS	31
5. A GLIMPSE OF THE BANKA DISTRICT PIP MONITORING VISIT, 27TH – 30TH DECEMBER 2021	32

List of Tables

Table 1: District background, health indicator and facility details of Banka district,2021-22	7
Table 2: Details about DHAP and status of construction of building in Banka district	9
Table 3: Details about the health service delivery in the Banka from 1 st April 2021 to 30 th November 2021	9
Table 4: Status of CPHC in the district as on 30-11-2021.....	17
Table 5: Status of Human resource (Regular + NHM) at public health facilities in Banka district as 30-11-2021.....	17
Table 6: FMR wise Budget component details, 2021 – 22	18
Table 7: Programme wise budget component details, 2021 – 22	19

List of acronyms and Abbreviations

ANC	Ante Natal Care	MOIC	Medical Officer In- Charge
MDR	Maternal Death Review	BMW	Biomedical waste
ANM	Auxiliary Nurse Midwife	NBCC	New Born Care Corner
MMU	Mobile Medical Unit	NBSU	New Born Stabilization Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	NSSK	Navjaat Shishu Suraksha Karyakram
MoHFW	Ministry of Health and Family Welfare	SNCU	Special New Born Care Unit
BEMOC	Basic Emergency Obstetric Care	BSU	Blood Storage Unit
CHC	Community Health Centre	CMO	Chief District Medical Officer
PIP	Programme Implementation Plan	DPM	District Programme Manager
RBSK	Rashtriya Bal Suraksha Karyakram	HMIS	Health Management Information System
NSV	No Scalpel Vasectomy	PRC	Population Research Centre
DMPA	Depot Medroxyprogesterone Acetate	IEC	Information, Education and Communication
OPD	Out Patient Department	RKS	Rogi Kalyan Samiti
ECG	Electrocardiography	RCH	Reproductive Child Health
EMOC	Emergency Obstetric Care	IPD	In Patient Department
PNC	Post Natal Care	PPP	Public Private Partnership
FRU	First Referral Unit	OPV	Oral Polio Vaccines
DH	District Hospital	OCP	Oral Contraceptive Pill
IYCF	Infant and Young Child Feeding	LT	Laboratory Technician
MCTS	Mother and Child Tracking System	PHC	Primary Health Center
IMEP	Infection Management and Environment	IUCD	Plan Intra Uterine Contraceptive Device
RPR	Rapid Plasma Reagin	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	JSY	Janani Suraksha Yojana
SKS	Swasthya Kalyan Samiti	DMC	Designated Microscopy Center
SN	Staff Nurse	LSAS	Life Saving Anaesthetic Skill
TFR	Total Fertility Rate	M&E	Monitoring and Evaluation
SC	Sub Center	MCH	Maternal and Child Health

Monitoring and Evaluation of Programme Implementation Plan, 2021 – 22

Banka District, Bihar

Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2021 – 22 of Banka District was carried out by the PRC team from 27th December 2021 to 30th December 2021. The Civil Surgeon Office, District Hospital (Sadar Hospital), CHC Bounsi, Primary Health Centre Panjwara and Sub-Centre Babhangama were visited for the study by the PRC team. This report discusses in detail the implementation of PIP in Banka District as observed during the field visit for monitoring.

The key observations are given below:

Achievements

- Increase in the number of OPD cases at SC, PHCs and CHCs, even though there is a decline in the utilisation of health care services due to the COVID-19 pandemic
- Increase in the number of institutional deliveries
- Free meals through **Didi Ki Rasoi** and drugs facilities are available for mothers at institutions

Infrastructure

- ICU construction in DH is going on.
- A deep burial pit should be constructed at every delivery point to avoid the burning of biomedical waste. There is an urgent need for deep burial in PHC Panjwara.
- Every health centre which are not geriatric & disability friendly should be converted with ramp facility.
- All most all facilities need renovation in the existing structure or new construction is needed.

Human Resource

- The district needs to address the shortage of specialist doctors and need to rationalise the posting of health staff.
- To improve the man power and reduce the dropout, increase in the payments for NHM staff is required.
- Recruitments of Lab technicians, Data operators is needed in lot of the places.

Service Delivery

- Significant increase in institutional deliveries as compared to last financial year.

- Service delivery to TB patients from district DMC is good except for payments under Nikshay Poshan Yojana.

Areas for Further Improvement

- Regular meetings of the State & District Health Mission should be held to address coordination
- HR related problems need to be resolved
- Public health schemes should be implemented properly
- Branding of HWC, JSSK and other national programmes is required in all the facilities of the district.
- Family planning awareness should be done more.
- The regular supply of drugs to all the facilities based on their requirements.
- Every PHC should get a separate and stationed vehicle/ambulance
- All PHCs should have basic lab facilities

1. Overview of District

The District of Banka is situated at the far south – east of the State of Bihar. The eastern and the southern border of the district coincides with district Godda of the state – Jharkhand. In west and north east it is bounded by Jamui and Munger district respectively. The old district Bhagalpur is situated in the north side of Banka. The Geographical area of the district is 305621 hectare i.e. 3019.3465 Sq. Km. The district head quarter of Banka is situated in Banka Town. The district has been established on 21st February, 1991. The recognition of the district is Mandar Hill (Mandar Parvat) situated at Bounsi Block at about 18 Km from District Headquarter raising its head since the epic period. The Mandar Hill is related with the story of Skand Puran of epic period. Channan is the main river of the district. The river Chanan is the largest river of Hill streams in the district. It rises just in the north part of Deogarh in Jharkhand state. The land begins to rise at an easy ascent near or after of Banka, Barahat, so south of Banka hilly tracts commence. Thus the district of Banka has 60% of hilly area. The district has some forested area under Banka, Bounsi, Katoriya forest ranges. Earlier it was a Sub-Division of district Bhagalpur. The district consists 11 blocks and two municipalities Banka and Amarpur. The district is comprising of 11 health blocks viz. Banka, Bounsi, Amarpur, Katoria, Rajoun, Belhar, Shambhuganj, Dhoraiya, Chandan, Barahat and Fullidumar which are further comprises with 2110 villages.

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

Indicator				
1. Total number of District	01			
2. Total number of Blocks	11			
3. Total number of Villages	2110			
4. Population	Rural population	2391318		
	Urban population	84923		
	Total Population	2476241		
5. Literacy rate	60.1			
6. Sex Ratio	1083			
7. Sex ratio at birth	991			
8. Population Density	672			
9. Estimated number of deliveries	62105			
10. Estimated number of C-section	3035			
11. Estimated numbers of live births	6022			
12. Estimated number of eligible couples	239131			
13. Estimated number of leprosy cases	-			
14. Target for public and private sector TB notification for the current year	1164			
15. Estimated number of cataract surgeries to be conducted	1			
16. Mortality Indicators:	Previous year (2020-21)		Current FY (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death	94	31	94	29
• Child Death	1783	222	1783	152
• Infant Death	243	44	245	39
• Still birth		511		253
• Deaths due to Malaria	Not provided	0	Not provided	0
• Deaths due to sterilisation procedure		0		0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals **	1		1	
2. Sub District Hospital	0		0	
3. Community Health Centers (CHC)	9		9	
4. Primary Health Centers (PHC)	53		33	
5. Sub Centers (SC)	315		251	
6. Urban Primary Health Centers (U-PHC)	0		0	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	1		1	
9. Nutritional Rehabilitation Centres (NRC)	1		1	

10. District Early intervention Center (DEIC)	0	0	
11. First Referral Units (FRU)	4	4	
12. Blood Bank	1	1	
13. Blood Storage Unit (BSU)	3	2	
14. No. of PHC converted to HWC	31	31	
15. No. of U-PHC converted to HWC	-	-	
16. Number of Sub Centre converted to HWC	251	91	
17. Designated Microscopy Center (DMC)	0	0	
18. Tuberculosis Units (TUs)	0	0	
19. CBNAAT/TruNat Sites	1	1	
20. Drug Resistant TB Centres	-	-	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities		Sanctioned/Planned	Operational
	At DH	2	1
	At SDH		
	At CHC		
22. Institutions providing Comprehensive Abortion Care (CAC) services		Sanctioned/Planned	Operational
	Total no. of facilities	11	8
	Providing 1st trimester services	-	-
	Providing both 1st & 2nd trimester services	4	1

Source: DPMU, Banka District

2. Public Health Planning and Implementation of National Programmes

2.1 District Health Action Plan (DHAP)

In preparation of the District Health Action Plan (DHAP), all the facilities are involved. All the facilities send their requirements and action plan to the district for approval. According to the DHAP sent by the district, the state with some minor changes give their approval.

The district has received the first instalment of approved DHAP in the 1st week of November 2021. DMPU has provided the details of funds received and utilised for the various programmes of NHM. DPM stated, “Every year DHAP (PIP) funds are being received in the same period, but they are making payment of ASHAs on time by using the previous year’s unspent funds”.

Table 2: Details about DHAP and status of construction of building in Banka district

Indicator	
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for the current year (2021-22) and has submitted it to the states (verify)	YES
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify)	YES
3. Date of the first release of the fund against DHAP	August 2021
4. Infrastructure: Construction Status	Bihar Medical Services and Infrastructure Corporation (BMSICL) is looking after it.
• Details of Construction pending for more than 2 years	
• Details of Construction completed but not handed over	

Source: DPMU, Banka District

2.2 Service Availability

There is 1 DH, 9 CHCs, 53 PHCs and 315 SCs available in the district for primary, secondary and tertiary health care services. Out of which 33 PHCs and 251 SCs are only operational. In the district free drug policy is being implemented under all national programmes and for BPL patients. Other than national programs, patients are charged ₹10/- for case paper and lab tests are done on minimum charges. There are in house labs available in all the district facilities for most diagnostics tests, whereas some are outsourced.

The below table 3 gives the details of the health service delivery indicators at the district level of the Banka district on November 2021.

Table 3: Details about the health service delivery in the Banka from 1st April 2021 to 30th November 2021

Indicator	
1. Implementation of Free drugs services	Yes
2. Implementation of diagnostic services (if it is free for all)	Yes
3 Status of delivery points	
• No. of SCs conducting >3 deliveries/month	-
• No. Of 24x7 PHCs Conducting > 10 Deliveries /Month	11
• No. of CHCs conducting >20 deliveries/month	9
• No. of DH/ District Women and child hospital conducting >50 deliveries/month	1
• No. of DH/ District Women and child hospital conducting C-section	1

Indicator			
	• No. of Medical colleges conducting > 50 deliveries per month	0	
	• No. of Medical colleges conducting C-section	0	
4	Number of institutes with ultrasound facilities (Public+Private)	6	
	• Of these, how many are registered under PCPNDT act	6	
5	Details of PMSMA activities performed	It is conducted on 9 th of every month	
6	RBSK		
	• Total no. of RBSK teams sanctioned	22	
	• No. of teams with all HR in-place (full-team)	15	
	• No. of vehicles (on the road) for RBSK team	15	
	• No. of Teams per Block/ RBSK Nurses	1	
	• No. of block/s without dedicated teams/ RBSK Nurses	0	
	• Average no of children screened per day per team	-	
	• Number of children born in delivery points screened for defects at birth (last month)	-	
7	Special Newborn Care Units (SNCU)		
	• Total number of beds in district		
	○ In radiant warmer	12	
	○ Stepdown care	1	
	○ Kangaroo Mother Care (KMC) unit	1	
	• Number of non-functional radiant warmer for more than a week	2	
	• Number of non-functional phototherapy unit for more than a week	1	
		Inborn (April – November)	Out born (April – November)
	• Admission	296	239
	• Defects at birth	0	0
	• Discharged	229	136
	• Referral	27	44
	• LAMA	29	36
	• Died	11	22
8	Newborn Stabilization Unit (NBSU)	Inborn (April – November)	Out born (April – November)

Indicator			
• Admission		74	2
• Discharged		34	0
• Referral		40	2
• LAMA		0	0
• Died		0	0
9 Number of Nutrition Rehabilitation Centers (NRC)			
• Admission			
○ Bilateral pitting oedema		0	
○ MUAC<115 mm		156	
○ < -3SD WFH		118	
○ With Diarrhea		0	
○ ARI/Pneumonia		0	
○ TB		0	
○ HIV		0	
○ Fever		0	
○ Nutrition related disorder		0	
○ Others		0	
• Referred by			
○ Frontline Worker		126	
○ Self		8	
○ Ref. from VCDC/CTC		0	
○ RBSK		0	
○ Paediatric ward/emergency		2	
• Discharged		100	
• Referral/ Medical transfer		7	
• LAMA		25	
• Died		0	
10 Home Based Newborn Care (HBNC)			
• Status of availability of HBNC kit with ASHAs		Yes (provided and functioning)	

Indicator			
• Newborns visited under HBNC (April – November)		1329	
• Status of availability of drug kit with ASHAs		1563	
11 Number of Maternal Death Review conducted	Previous year	5	
	Current FY	12	
12 Number of Child Death Review conducted	Previous year	222	
	Current FY	152	
13 Number of blocks covered under Peer Education (PE) programme		Not Implemented	
14 No. of villages covered under PE programme		-	
15 No. of PE selected		-	
16 No. of Adolescent Friendly Clinic (AFC) meetings held		0	
17 Weekly Iron Folic Acid Supplementation (WIFS) stockout		No	
18 No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		Not Available	
• No. of trips per MMU per month			
• No. of camps per MMU per month			
• No. of villages covered			
• Average number of OPD per MMU per month			
• Average no. of lab investigations per MMU per month			
• Avg. no. of X-ray investigations per MMU per month			
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month			
• Avg. no. of sputum collected for TB detection per MMU per month			
• Average Number of patients referred to higher facilities			
• Payment pending (if any)			
• If yes, since when and reasons thereof			
19 Vehicle for Referral Transport			
• No. of Basic Life Support (BLS) (on the road) and their distribution		23	
• No. of Advanced Life Support (ALS) (on the road) and their distribution		2	
		ALS	BLS
• Operational agency (State/ NGO/ PPP)		PPP	PPP

Indicator			
• No. of transport vehicle/102 vehicle (on the road)		2	23
○ If the vehicles are GPS fitted and handled through centralised call centre		Yes	Yes
○ Average number of calls per ambulance per day		15	100
○ Average number of trips per ambulance per day		7	10
○ Average km travelled per ambulance per day		250-300	125-150
20 Universal health screening			
• If conducted, what is the target population		185587	
• Number of Community Based Assessment Checklist (CBAC) forms filled till date		NA	
• No. of patients screened, diagnosed, and treated for:			
○ Hypertension		12095	
○ Diabetes		12055	
○ Oral cancer		11945	
○ Breast Cancer		8721	
○ Cervical Cancer		0	
21 If State notified a State Mental Health Authority			
		No	
22 If grievance redressal mechanism in place			
		No	
• Whether call centre and toll-free number available		No	
• Percentage of complaints resolved out of the total complains registered in current FY		-	
23 Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team		Not provided	
• No. of outbreaks investigated in the previous year and in current FY			
• How is IDSP data utilised		-	
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP		0	
24 Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at the district level		YES	
• Annual Blood Examination Rate		0.2%	
• Reason for increase/ decrease (trend of last 3 years to be seen)		Migrated people	
• LLIN distribution status		NIL	
• IRS		YES	

Indicator		
• Anti-larval methods		YES
• Contingency plan for epidemic preparedness		YES, Available
• Weekly epidemiological and entomological situations are monitored		Yes
• No. of MDR rounds observed		-
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%		-
25 Implementation of National Tuberculosis Elimination Programme (NTEP)		
• Target TB notification achieved		15.7%
• Whether HIV Status of all TB patient is known		YES
• Eligible TB patients with UDST testing		33%
• Whether drugs for both drug sensitive and drug resistance TB available		Yes
• Patients notification from public sector	No of patients notified	373
	Treatment success rate	71%
	No. of MDR TB Patients	6
	Treatment initiation among MDR TB patients	6
• Patients notification from private sector	No of patients notified	9
	Treatment success rate	71%
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
• Beneficiaries paid under Nikshay Poshan Yojana		478
• Active Case Finding conducted as per planned for the year		Yes
26 Implementation of National Leprosy Eradication Programme (NLEP)		
• No. of new cases detected		241
• No. of G2D cases		NIL
• MDT available without interruption		501
• Reconstructive surgery for G2D cases being conducted		12
• MCR footwear and self-care kit available		339

Indicator			
27	Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	11	
28	Percent of health workers immunised against HepB	NA	
29	Key activities performed in current FY as per ROP under National Fluorosis Control Programme	Due to Covid 19 no activity is completed at the moment	
30	Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme		
31	Key activities performed in current FY as per ROP under National Tobacco Control Programme		
32	Number of ASHAs	Required as per population	1977
		Selected	1689
		No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	0
		No. of villages/ slum areas with no ASHA	0
33	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	0
		No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	0
		No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	313
		No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	42
		No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	0

Indicator					
	No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	0			
	Any other state specific scheme	NO			
34 Status of Mahila Arogya Samitis (MAS)	Formed	NO			
	Trained				
	MAS account opened				
35 Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	185			
	Trained	185			
	MAS account opened	-			
36 Number of facilities quality certified	0				
37 Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	3 facilities got award for Kayakalp				
38 Activities performed by District Level Quality Assurance Committee (DQAC)	<ul style="list-style-type: none"> Assessment of facilities Budget Planning and Implementation 				
39 Recruitment for any staff position/ cadre conducted at district level	Yes				
40 Details of recruitment	Previous year		Current FY		
	Regular cadre	NHM	Regular cadre	NHM	
• Total no. of posts vacant at the beginning of FY	0	5	0	5	
• Among these, no. of posts filled by state	0	0	0	0	
• Among these, no. of posts filled at the district level	0	0	0	0	
41 Does the state have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes, HRMS is in place for NHM staff				

Source: DPMU, Banka District

2.3 Implementation of CPHC

Table 4: Status of CPHC in the district as on 30-11-2021

Indicator	Completed
1. Number of individuals enumerated	159100
2. Number of CBAC forms filled	12950
3. Number of HWCs started NCD screening	
a. SHC- HWC	68
b. PHC- HWC	81
c. UPHC – HWC	0
4. Number of individuals screened for:	
a. Hypertension	12095
b. Diabetes	12055
c. Oral Cancer	11945
d. Breast Cancer	8721
e. Cervical Cancer	0
5. Number of HWCs providing Teleconsultation services	55
6. Number of HWCs organising wellness activities	48

Source: DPMU, Banka District

2.4 Status of Human Resource

There are total 1801 posts in different discipline sanctioned for the district under Regular and NHM of which 814 posts are filled and 987 posts are vacant.

Table 5: Status of Human resource (Regular + NHM) at public health facilities in Banka district as 30-11-2021

Staff details at public facility (Regular+ NHM+ other sources)	Regular post			Contractual post		
	Sanctioned	In-place	Vacancy	Sanctioned	In-place	Vacancy
• MO (MBBS)	193	89	104	90	27	63
• Staff Nurse	176	71	105	64	1	63
• ANM	583	378	205	12	12	0
• LHV/CHO/MPW	198	13	185	0	0	0
• Health Educator	20	5	15	0	0	0
• Health Worker	30	2	28	0	0	0
• Pharmacist	38	10	28	0	0	0
• Lab Technician	14	10	4	4	4	0
• OT Assistant	4	0	4	1	1	0
• X-ray Technician	4	2	2	0	0	0
• District Program Manager	1	1	0	0	0	0
• District Account Manager	1	1	0	0	0	0

• Block Program Manager	11	9	2	0	0	0
• Block Account Manager	15	14	1	0	0	0
• Others	342	164	178	0	0	0
Total	1630	769	861	171	45	126

Source: DPMU, Banka

2.5 State of Fund Utilization

Table 6: FMR wise Budget component details, 2021 – 22

Indicator	Budget Released	Budget utilized	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	-	42,69,224	-
2. FMR 2: Service Delivery: Community Based	-	45,31,755	-
3. FMR 3: Community Intervention	-	25,71,798	-
4. FMR 4: Untied grants	-	53,37,629	-
5. FMR 5: Infrastructure	-	-	-
6. FMR 6: Procurement	-	2,27,020	-
7. FMR 7: Referral Transport	-	8,10,581	-
8. FMR 8: Human Resource (Service Delivery)	-	51,998	-
9. FMR 9: Training	-	-	-
10. FMR 10: Review, Research and Surveillance	-	8,60,884	-
11. FMR 11: IEC-BCC	-	-	-
12. FMR 12: Printing	-	12,200	-
13. FMR 13: Quality	-	11,00,000	-
14. FMR 14: Drug Warehouse & Logistic	-	19,26,000	-
15. FMR 15: PPP	-	440	-
16. FMR 16: Programme Management	-	75,99,401	-
• FMR 16.1: PM Activities Sub Annexure	-	45,11,026	-
17. FMR 17: IT Initiatives for Service Delivery	-	-	-
18. FMR 18: Innovations	-	-	-

Source: DPMU, Banka

Table 7: Programme wise budget component details, 2021 – 22

Indicator	Budget Released	Budget utilized	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health	-	3,17,14,115	-
• Child Health	-	22,12,695	-
• RBSK	-	23,28,385	-
• Family Planning	-	84,26,555	-
• RKSK/ Adolescent health	-	-	-
• PC-PNDT	-	3,93,996	-
• Immunization	-	49,03,855	-
• Untied Fund	-	53,37,629	-
• Comprehensive Primary Healthcare (CPHC)	-	-	-
• Blood Services and Disorders	-	-	-
• Infrastructure	-	-	-
• ASHAs	-	6,53,610	-
• HR	-	1,75,26,502	-
• Programme Management	-	-	-
• MMU	-	-	-
• Referral Transport	-	-	-
• Procurement	-	34,56,857	-
• Quality Assurance	-	11,00,000	-
• PPP	-	-	-
• NIDDCP	-	-	-
2. NUHM	-	21,290	-
3. Communicable Diseases Pool	-	-	-
• Integrated Disease Surveillance Programme (IDSP)	-	-	-
• National Vector Borne Disease Control Programme (NVBDCP)	-	1,77,560	-
• National Leprosy Eradication Programme (NLEP)	-	25,658	-
• National TB Elimination Programme (NTEP)	-	10,58,711	-

Indicator	Budget Released	Budget utilized	Reason for low utilization (if less than 60%)
4. Non-Communicable Diseases Pool	-	-	-
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	-	-	-
• National Mental Health Program (NMHP)	-	-	-
• National Programme for Health Care for the Elderly (NPHCE)	-	-	-
• National Tobacco Control Programme (NTCP)	-	-	-
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	-	-	-
• National Dialysis Programme	-	-	-
• National Program for Climate Change and Human Health (NPCCHH)	-	-	-
• National Oral health programme (NOHP)	-	-	-
• 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	-	-	-

Indicator	Budget Released	Budget utilized	Reason for low utilization (if less than 60%)
Management of Burn & Injuries			
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 	-	-	-

Source: DPMU, Banka

2.6 Status of trainings

Table 6: Status of training given to health delivery persons as on 30 November 2021

List of training (to be filled as per ROP approval)	Planned	Completed
1. NCD		28.12.21
2. HHYC		22.08.21
3. MODULE 5,6,7		31.12.21
4. SBA	22.02.22	
5. NSSK	03.01.21	
6. FPLMIS		01.12.21
7. SAANS	05.01.22	
8. MPA	03.01.22	
9. MDR		07.12.21

Source: DPMU, Banka district

3. Service Availability at the Public health facilities

The observation 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 with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising one each DH, CHC, PHC and SC.

3.1 Service Delivery: District Hospital

District Hospital (**Sadar Hospital**) is a standalone situated at the district headquarter at Banka. It is well connected to the nearest road head. The next referral point is Medical college, Bhagalpur which is 53 km away from the facility. It is a 100 bedded hospital and no separate ICU beds. The hospital is well equipped with 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 restroom and drug storeroom with racks is available. Solar panel, Generator and Inverter is available for power backup and its installed for the whole hospital. Major renovation is

still going on , currently emergency, PICU and modular kitchen construction are going on. The OPD timings are 8 AM to 12 PM and 4 PM to 6 PM. The list of services available are OPD, ANC, Delivery, Immunisation, Family Planning, Laboratory services etc.

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

- The facility provides Medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, X-ray service, USG, NRC, MNCU, LMU, Labour Room Complex, Dialysis unit (under PPP), Emergency care services, Burn unit and Teaching block (medical, nursing, paramedical). PICU of the facility is under construction.
- The emergency facility has general emergency and triage, resuscitation and stabilisation.
- Tele-medicines are available 3 days per week, with an average of 60-70 cases per day.
- The facility has Operational Theatre with Single general OT and Obstetrics & Gynaecology OT . A total of 278 cases and 4 cases were performed respectively.
- The facility has a functional blood bank, the number of units of blood currently available in the blood bank is 11, and 24 blood transfusions were done in the last month. Its free for all.
- The facility has incinerator for Bio Waste Management.
- The facility is well equipped with desktop/laptop and internet connectivity is good.
- KAYA KALP was initiated, the score is 87% and received 2 price. LaQshya National Certified by state.
- The Essential Drug List (EDL) was available in the facility and displayed in OPD area. The total number of drugs in EDL is 207 and 169 drugs were available on the day of the visit.
- The facility has implemented DVDMS internal cold chain.
- The following drugs were in shortage in the last 30 days, T.T, Deriphylin, Dexona, Ranitine and Rabiprozole.
- All the consumables are available in sufficient quantity.
- The in-house diagnostics are available from 8 AM to 2 PM.

- The facility has X-ray service and it has one digital machine which is AERB certified and free for all.
- There is a sufficient supply of testing kits/ rapid diagnostic kits in the facility.
- The facility is implementing the PM- National Dialysis Programme by PPP mode.
- A total of 208 patients were provided dialysis services previous year and 1590 patients in current year.
- This facility has delivery services. A total of 373 normal deliveries and 4 C-section were performed last month.
- JSY payments are up to date and all JSSK entitlements were provided.
- PMSMA services are provided on 9th of every month. Line listing of high-risk pregnancies is done.
- The facility has birth and death registers. There was one maternal death in last year and in this year respectively.
- There were 34 child death in last year and 45 child death in this year. The facility is also providing Comprehensive Abortion Care (CAC) only 1st trimester.
- The facility has trained human resource for IUCD/PPIUCD and they are counselling the eligible couple and providing them FP services. Thirty Two sterilizations were performed in last month. FPLMIS has been implemented.
- It has adolescent friendly health clinic and FP counsellor gives counselling to adolescents.
- It has NCD clinic service and available 2 days in a week. RKS meeting was held on July 2021.
- The facility is a Designated Microscopy Centre (DMC). In the last 6 months, 2% of the OPD cases were tested for TB and all the positive TB patients (diagnosed at the DH) are taking anti-TB drug from the facility.
- Fund received last year is 2 Core 20 Lakh and 30 thousand and fund utilized last year is 2 Core 14 Lakh and 94 thousand.
- Data entry in HMIS is updated, but MCTS, HWC Portal and Nikshay portal were not updated.

- The facility has ambulance services with a centralised call centre. 42 cases referred in and 172 cases referred out in last month.

Key Challenges observed in District Hospital are the following, Anesthesiologist is not available, so its difficult to conduct any major surgeries in the facility. RCH Data entry is not being done due to no RCH operator available. ICU services is not provided seperatly due to no separate department available in the facility. No regular staff for postmartam is available.

Table 7: Status of human resource at district hospital, Banka

Human Resource		Sanctioned	Regular	Contract
Deputy Superintendent		1	1	0
MO (MBBS)		38	6	7
Specialist	Physician	2	0	0
	ObGy	3	0	0
	Pediatrician	3	1	0
	Anesthetist	1	0	0
	Surgeon	2	2	0
	Ophthalmologist	1	0	0
	Orthopedic	1	0	0
	Radiologist	1	0	0
	Pathologist	1	1	0
Others		3	0	0
Dentist		1	1	0
SNs/GNMs		55	55	0
LTs		5	0	4
Dental Assistant/ Hygienist		1	0	1
Pharmacist		3	2	0
Hospital/ Facility Manager		1	0	1
Others		22	2	14
Total		145	71	27

Source: District Hospital, Banka

Table 8: shows the number of individuals screened for NCD in the last six months.

	Screened	Confirmed
Hypertension	3462	1138
Diabetes	8027	1464
Oral Cancer	0	0
Breast Cancer	0	0
Cervical cancer	0	0

Source: DH-Sadar hospital, Banka

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

The Community Health Centre (CHC) in Bounsi is a standalone facility and well connected to the nearest road head. The next referral point is Medical college, Bhagalpur which is 60 km away from the facility. It is a 30 bedded facility. It has 24*7 running water. It is geriatric and disability friendly facility. It has RO installed drinking water facility. It has clean functional toilets. There is sufficient sitting arrangement for OPD cases and restroom for ASHA. Generator is there for power backup and it is installed for the whole hospital. Drug storeroom with rack is also available. The facility is providing its OPD services between 8 AM to 2 PM.

During the visit to Community Health Centre Bounsi, the following observation were made –

- The CHC is providing OPD, ANC, Delivery, PNC, Immunisation, Family Planning, Laboratory services etc. between 8 AM to 2 PM.
- The facility also provides specialised services in Medicine, O&G, General surgery, Anesthesiology, Dental, X-ray. Along with these services, the facility also provides, General emergency Triage, Resuscitation, Stabilization services.
- Fourty three major and 235 minor operations were done under OT.
- This facility has a deep burial pit for biomedical waste management practices and outsourcing by Senerji waste mangement.
- Blood storage unit is available, but license expired and applied for renewal.
- The facility has a desktop/laptop, but the internet connectivity is good in the area.
- The essential drug list is available and displayed in OPD waiting area. Out of 114 EDL 79 were available on the day of the visit. There is sufficient supply of essential consumables.
- It has cold chain supply chain management system.
- In house diagnosis services from 8 AM to 2 PM is available in the facility and 13312 tests were done.
- The facility has 1 digital X- ray machine and 3760 tests were done. It is AERB Certified and free for all.
- There is sufficient supply of testing kits/ rapid diagnostic kits in the facility.

- Delivery services are being provided by the facility, 323 normal delivery and 3 C-section were done last month.
- JSY payments were done and all entitlements are being provided.
- The Facility has availability of vaccines and hub cutters and all the Nurses/ANM posted in the facility are aware about the open vial policy.
- There were 326 delivery conducted in last three months (September 2021 – November 2021) and all were breastfed within one hours of birth, and provided birth doses.
- The facility has trained provider in IUCD/PPIUCD and FP services counselling tis done by counsellor.
- MDR was reported 4 in last year and 4 in current year and 17 CDR was reported this year.
- Comprehensive Abortion Care (CAC) is available only for 1st trimester.
- Weekly data report of P, S and L forms under IDSP is done.
- The facility is designated as Designated Microscopy Centre (DMC). In last 6 months, 2% to 3% of the OPD cases were tested for TB and all the positive TB patients (diagnosed at the CHC) are taking anti-Tb drug from the facility.
- HMIS Portal is updated, MCTS Portal is not updated.
- RKS meeting was not held in this financial year.
- Ambulance services available in the area is the centralised call centre and CHC also has its own.
- In the last month 13 cases were referred by CHC.

The key challenges that the institution is facing are the major problem is the shortage of human resources and no defined boundary.

Table 9: Status of human resource in the CHC Bounsi, Banka

Human Resource		Sanctioned	Regular	Contract
MO (MBBS)		8	4	0
Specialist	Medicine	1	0	0
	ObGy	1	0	0
	Pediatrician	1	0	0
	Anesthetist	1	0	0
Dentist		1	1	0

Human Resource	Sanctioned	Regular	Contract
SNs/GNMs	4	4	0
LTs	1	1	0
Pharmacist	1	1	0
Hospital/ Facility Manager	1	0	1
Others	27	23	6
Total	47	34	7

Source: CHC Bounsi, Banka

3.3 Service Delivery: Primary Health Centre – Panjwara

The Primary Health Centre (PHC) in Panjwara is a standalone facility and well connected to the nearest road head. Its next referral point is sadar hospital which is 22 km away from the facility. It is a 6 bedded facility. It has 24*7 running water. It has RO installed drinking water facility. It has clean functional toilets. This facility has sufficient sitting arrangements in OPD waiting area. The facility is providing OPD, delivery, NCD, Immunization, Family Planning and Tele-medicine etc. services from 8 AM to 2 PM. All the national programmes are being implemented in the periphery area of the facility.

During the visit to the Primary Health Centre (PHC) in Panjwara, the following observation were made –

- Branding is done in the facility.
- It is not geriatric & disability friendly facility.
- It has an inverter for power back up.
- Tele-medicine services is available in this facility and around 4-5 cases per day consultation is done.
- This facility has no deep burial pit or sharp pit for biomedical waste management practices, they are burning the waste in the backside of the facility.
- Desktop/ Laptop is available , all ANM have functional Tablet and internet connectivity is good, but not all ASHA were given smart phone.
- There is no availability of EDL displayed in the facility.
- The facility does not have X- ray services.
- There is sufficient supply in the availability of essential drugs and testing kits/ rapid diagnostic kits in the facility.
- In-house tests services is available for essential diagnosis and tests like Pregnancy, Urine Albumin, Sugar, HB, Hepatitis , HIV are performed from 8 AM to 2 PM.

- Line listing of high risk pregnancies is not available.
- Fourty one deliveries were done in the last 3 months.
- No MDR and CDR was reported last year, but one MDR and CDR was reported this year.
- Vaccines and hub cutters are available, Nurses and ANM are aware of the open vial policy.
- Fourty newborns breastfed within one hour of birth and 31 newborns were immunized with birth dose at the facility in the last 3 months.
- There is availability of trained provider for IUCD/ PPIUCD in this facility.
- Family Planning counselling is given by MO and FPLMIS has been implemented.
- There is no adolescent friendly health clinic in this facility.
- NCD clinic services is provided all days , one MO is trained in cancer services and 464 Cases were screened.
- No wellness activities are performed in the facility.
- Distribution of LLIN in high risk areas is not done.
- RKS meeting is held once in a quarter.
- The facility has received Rs.30000 during last financial year and spent the total received funds in the activities like purchasing surgical instrument, cleaning items and bulbs, etc.
- This facility is designated as Desingnated Microscopy Center (DMC) , but not functional since last one year due to non availability of LT.
- HMIS Portal is updated, MCTS Portal is not updated and there are no records of TB, Malaria, Dengue, Chikungunya, Palliative cases and Leprosy.
- Ambulance services available in the area is the centralised call centre and 5 cases were referred to CHC in November,2021.
- The following drugs were in shortage in last 30 days, Pantop, Inj. Diclofanic, Tab. Ondam, Iron Sucrose , Amoxy Clov 625, Fluconazole, Glynase MC.

Table 10: Available Human Resource at PHC Panjwara

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	2	2	0
MO (AYUSH)	1	0	0
SNs / GNMs	2	2	1
ANM	2	2	0
LTs	1	0	1
Pharmacist	1	0	0
Others	2	2	0

Source: PHC Panjwara

Table 11: Challenges and their root causes in the PHC Panjwara, Banka

Sr. No.	Challenges	Root Causes
1	Encroachment in the area belonging to the facility	Due to no proper defined boundary
2	Bio Medical Waste were burnt in the facility	There is no availability of deep burial or sharp pit.
3	No separate Ambulance is available in PHC	Ambulance is not available
4	No Staff Duty Room	There is no separate space available for staff duty room

Source: PHC Panjwara, Banka district

3.4 Service Delivery: Sub Centre – Babhangama

The Sub-Centre in Babhangama is a standalone facility and well connected to the nearest road head. Its next referral point is CHC Barahat which is 5 km away from the facility. Branding of the facility is done. Drug storeroom with rack is also available. It does not have 24*7 running water and it is not geriatric and disability friendly facility. It does not have RO installed drinking water facility only hand pump is available. It has clean functional toilets. This facility has sufficient sitting arrangements in OPD waiting area. There is no source for power backup. It does not have ASHA restroom. In this facility there is no any specified area for yoga welfare activities. Biomedical Waste are couriered to CHC Barahat. It provides OPD, ANC, Vaccination services. Building is damaged and need reconstruction work.

During the visit to the Sub-Centre in Babhangama, the following observation were made –

- CHO does not have functional tablet/laptop and ANM has electronic tablet. The internet connectivity is good. But no smartphone is given to any of the ASHA.
- There is no availability of EDL displayed in the facility and no anti-TB drugs is available in SC.
- There is sufficient supply in the availability of testing kits / rapid diagnostic kits in this facility.
- The facility is well equipped with basic instruments i.e. BP instruments both types, thermometer, , pregnancy testing kits, and contraceptives such as IUCD, condoms, Chhaya etc., but glucometer is not working

- Line listing of all the Pregnant women is not available, but line listing of eligible couples is available.
- Follow up of SNCU discharged babies and LBW babies were also done.
- No maternal deaths and child deaths occurred in the last and current financial year.
- Micro plan for immunisation, vaccines and hub cutter were available in the facility and ANMs were well aware about their vaccine schedules and open vial policy.
- The ANMs of the facility were not trained in IUCD/ PPIUCD.
- Tele-consultation service is not being provided.
- No wellness activities are performed in the facility.
- The weekly reporting of S form for the epidemic prone disease is not done.
- Two presumptive TB patients were identified and referred for testing, of which 2 patients were diagnosed and taking treatment under the sub-centre area in last year.
- All the ASHA in the periphery area of Sub-Centre have HBNC kits but lacking with some of the drugs, i.e. PCM, Zinc and ORS. No delay in the ASHA incentives.
- Health and Sanitation days were conducted in 2 times in the last 6 months.
- CHOs and HWC staffs are involved in VHSNC meetings and it is conducted every month.
- No records were maintained for malaria, dengue, chikungunya, palliative and leprosy cases.
- The fund received last year under NHM is Rs.10000 and it is fully utilised.
- Ambulance services available in this area is 108.
- No cases were referred out for delivery to PHC in November 2021 and 155 NCD Cases were screened.

The key challenges that the institution is facing are due to no proper boundary defined lot of things are stolen, Security is needed; Covid incentives were not paid to ASHA. The source of power backup is not available, Solar panel was also stolen. New building needed, building is damaged and needs reconstruction work.

Table 12: Available Human Resource at SC Babhangama, Banka

Human Resource	Sanctioned	Regular	Contract
ANM/MPW Female	2	1	0
MPW Male	0	0	0
MLHP/CHO	1	0	0
ASHA	5	0	5
Others	0	0	0

Source: Sub-Centre – Babhangama, Banka district

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MoHFW), the monitoring of the PIP 2021 – 22 of Banka district was carried out by the PRC team from 27th December to 10th December 2021. The Civil Surgeon Office, District Hospital, Community Health Centre –Bounsi, Primary Health Centre – Panjwara, and Sub-Centre – Babhangama were visited for monitoring by the PRC team. Based on discussion with the concerned officials and monitoring/ observations of the health facilities the following recommendations have been made by the PRC monitoring team:

- The district as a whole is facing a severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on the urgent basis. Further, the contractual staff of NHM need to fill on the priority basis.
- Most of the NHM health staff were underpaid and are having more responsibilities; therefore, they are leaving their jobs. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.
- In Sadar Hospital (DH), Anesthesiologist is needed, as its difficult to conduct any major surgeries in the facility. RCH Data entry is not being done due to no data entry operator available. ICU services is not provided seperatly due to no separate department available in the facility and its under construction . No regular staff is available for postmartam.
- In the CHC Bounsi, they are facing the major problem is the shortage of human resources and no defined boundary.
- In PHC Panjwara, there is a need for deep burial pit, staff duty room. Due to no deep burial pit, bio medical waste were burnt in the facility permises. Encroachment in the area belonging to the facility are done the people living nearby due to no proper defined boundary is available. Separate ambulance is needed.
- In SC Babhangama, there is no proper boundary defined lot of things are stolen, Security is needed; Covid incentives were not paid to ASHA. The source of power backup is not available, Solar panel was also stolen. Building is damaged and needs reconstruction work.
- It is recommended to maintain all the service delivery report properly and should be updated by the facility health staffs as it was found that many records were not updated during the visit.

5. A glimpse of the Banka district PIP monitoring visit, 27th – 30th December 2021

Visit to District Hospital, Banka



Visit to CHC Bounsi, Banka



Visit to PHC Panjwara, Banka



Visit to SC Babhangama (HWC), Banka

B Singh

BaldevSingh Kulaste

A. Vivekanand

Vivekanand A