



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

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# Monitoring and Evaluation of Programme Implementation Plan, 2021 – 22

## Bhagalpur 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 Bhagalpur District was carried out by the PRC team during 21 December 2021 to 24 December 2021. The Civil Surgeon Office, DPMU Office, District Hospital (Sadar Hospital), CHC Shahkund, Primary Health Centre Dariyapur and Sub-Centre Shivshankarpur were visited for the study by PRC team. During the field visit the PRC team was accompanied by DPC. This report discusses in detail the implementation of PIP in Bhagalpur District as observed during the field visit for monitoring. The key observation is given below:

### General

Overall, improvement can be seen in the health system in the district, but still need to address few things (i.e. regular monitoring by district officials, provision of incentives regularly, and provision of trained staff) to **strengthen** the health system in the district.

### Achievements made

- Received first prize in providing family services in the state.
- District Hospital, Bhagalpur has received 2<sup>nd</sup> prize on Kayakalp Assessment during 2020 – 21 financial year.
- Free meals through *Didi ki Rasoi* (by Jeevika) and free drugs at the facilities for the mothers are in execution.

### Areas for further Improvement

- Branding of HWC, JSSK and other national programme is required in all the facilities of the district.
- Data entry in RCH portal need to be completed on time, which will help district officials to track the high-risk pregnant women.
- In SC Shivshankarpur, all the source documents need to be updated properly and timely. Also, IEC and EDL need to be displayed.
- Services to the Adult on reproductive health and family planning need to be provided through AFHC from each block.
- Proper monitoring of HMIS data reporting and simultaneously, correction also need to be done from the facilities, as there are many validation error has been observed in the data (eg. *Number of PW received 4 or more ANC check ups*  $\geq$  *Number of PW tested for Haemoglobin (Hb ) 4 or more than 4 times for respective ANCs*)

## **Infrastructure**

- The labour room of the district hospital was not as per the LaQsya guidelines. So, a new building is being constructed as a MCH wing inside the hospital campus.
- In the HWC Shivshankarpur (SC), there were few structural dampness on the walls which need to be repaired immediately. Also, outside boundaries are very small due to which they are not planting any herbals in the campus area. Need to increase the size of boundaries.
- Staff quarter at CHC Shahkund are condemned, need extra staff quarters for the health personnel's.
- In Bihar, Bihar Medical Services & Infrastructure Corporation Limited (BMSICL) does all the infrastructural development.

## **Human Resource**

- The district needs to address the shortage of specialist doctors and rationalize the posting of health staff.
- To improve the manpower and reduce the dropout, provision of higher payments for NHM staff is required.

## **Service Delivery**

- Though there are significant improvement in other programme (i.e. NTEP, HWC etc.) than the MCH, as it was observed that there was a significant decrease in Institutional deliveries and ANC services compared to last financial year (April – November).
- Reporting of home deliveries are less as compared to PNC care provided for home deliveries during the current financial year.

## 1. Overview of District

Bhagalpur, one of the oldest district of Bihar, is situated in the Ganga basin with the area of 2569 km<sup>2</sup>. It lies between 25° 07' - 25° 30' N latitude and 86°37' - 87°30' E longitude in Southern Bihar. Madhepura, Purnea in north, Katihar district of Bihar and Sahebganj district of Jharkhand in east, Godda district of Jharkhand in southeast, Banka in South and Khagaria and Munger in West surrounds the district. The district is comprises with 16 blocks viz. Goradih, Jagdishpur, Nathnagar, sabour, Shahkund, Sultanganj, Kahalgaon, Pirpainty, Sanhaura, Bihpur, Gopalpur, Ismailpur, Kharik, Narayanpur, Naugachhiya, and Rangrachowk which are further comprises with 1515 villages.

The district of Bhagalpur, as presently constituted, comprised the south - eastern part of the Subah of Bihar in the Mughal times. When the Diwani of Bihar, Bengal and Orissa was granted to the East India Company in 1765, the district consisted of a large area east of Sarkar Munger and, with the exception of Pargana Chhai, lay entirely south of the Ganges. This also included Munger, which was separated in 1832. Santhal Pargana was formed into a separate district in 1855-56. The area of the district of the Ganges was thus greatly reduced. In the year 1954, the entire area north of the Ganges, with the exception of Bihpur, Naugachhia and Gopalpur Police Stations was constituted into the new Saharsa district. In the year 1991 Banka sub-division of the district was given the status of a district. Bhagalpur, as presently constituted, contains three subdivisions, viz., Bhagalpur Sadar, Naugachhia and Kahalgaon consisting of 16 Community Development Block-cum-Anchals. In the Bengal District Gazetteer, Bhagalpur, 1911, it has rightly been observed that the limits of the district of Bhagalpur being purely artificial, no connected account of the territory that now bears this name can be expected. However, according to the District Gazetteer of Bhagalpur (1962), Buchanan has observed in his journal that the name is said to have been given by the Mughal officers who collected a number of fugitives, and defended them in the plains from the violence and depredations of the disorderly chiefs of the interior.

The details of the district are given in the below *table 1*. Data for the below table is received from DPMU Office of the Bhagalpur district.

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

Indicator		
1. Total number of District	01	
2. Total number of Blocks	16	
3. Total number of Villages	1523	
4. Population	Rural population	31,57,288
	Urban population	7,81,444
	Total Population	39,38,732
5. Literacy rate	54.89%	
6. Sex Ratio	923	
7. Sex ratio at birth	959	
8. Population Density	1182	
9. Estimated number of deliveries	92,555	
10. Estimated number of C-section	4,628	

11. Estimated numbers of live births	91,095			
12. Estimated number of eligible couples	6,07,301			
13. Estimated number of leprosy cases	Not Provided			
14. Target for public and private sector TB notification for the current year	5,466			
15. Estimated number of cataract surgeries to be conducted	12,660			
<b>16. Mortality Indicators:</b>	<b>Previous year (2020-21)</b>		<b>Current FY (2021-22)</b>	
	<b>Estimated</b>	<b>Reported</b>	<b>Estimated</b>	<b>Reported</b>
• Maternal Death	Not provided	107	Not provided	45
• Child Death		106		61
• Infant Death		999		369
• Still birth		1040		595
• Deaths due to Malaria	Not provided	0	Not provided	0
• Deaths due to sterilization procedure		0		0
<b>17. Facility Details</b>	<b>Sanctioned/ Planned</b>		<b>Operational</b>	
1. District Hospitals	1		1	
2. Sub District Hospital	2		2	
3. Community Health Centers (CHC)	8		8	
4. Primary Health Centers (PHC)	59		59	
5. Sub Centers (SC)	362		362	
6. Urban Primary Health Centers (U-PHC)	8		8	
7. Urban Community Health Centers (U-CHC)	NA		NA	
8. Special Newborn Care Units (SNCU)	1		1	
9. Nutritional Rehabilitation Centres (NRC)	1		1	
10. District Early intervention Center (DEIC)	1 (MCH)		1 (MCH)	
11. First Referral Units (FRU)	6		6	
12. Blood Bank	1		1	
13. Blood Storage Unit (BSU)	6		5	
14. No. of PHC converted to HWC	54		53	
15. No. of U-PHC converted to HWC	8		8	
16. Number of Sub Centre converted to HWC	144		141	
17. Designated Microscopy Center (DMC)	33		25	
18. Tuberculosis Units (TUs)	16		15	
19. CBNAAT/TruNat Sites	4		4	
20. Drug Resistant TB Centres	2		2	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities			<b>Sanctioned/ Planned</b>	<b>Operational</b>
	At DH		1	1
	At SDH		0	0
	At CHC		0	0
22. Institutions providing Comprehensive Abortion Care (CAC) services			<b>Sanctioned/ Planned</b>	<b>Operational</b>
	Total no. of facilities		7	7
	Providing 1st trimester services		7	7
	Providing both 1st & 2nd trimester services		0	0

Source: DPMU, Bhagalpur

## 2. Public Health Planning and Implementation of National Programmes

### 2.1 District Health Action Plan (DHAP)

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

The district has received the first instalment of approved DHAP in November 2021. DMPU has provided the details of funds received and utilised on for the various programmes of NHM.

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

Indicator	
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year (2021-22) and has submitted it to the states (verify)	YES, DHAP submitted to the state and it has sanctioned.
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify)	Yes, DHAP sanctioned by state
3. Date of first release of fund against DHAP	May 2021
<b>4. Infrastructure: Construction Status</b>	
• Details of Construction pending for more than 2 years	Not Provided*
• Details of ongoing Construction	
• Details of Construction completed but not handed over	

Source: DPMU, Bhagalpur \* All the construction work are being done by *Bihar Medical Services & Infrastructure Corporation Limited (BMSICL)*

### 2.2 Service Availability

There is 1 DH, 2 SDH, 8 CHCs, 59 PHCs and 362 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 53 PHCs and 141 SCs are converted into HWCs. In the district 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 on minimum charges.

**RBSK:** There are total 32 RBSK teams at least one each in a block are available in the district and only 2 teams are with required number of human resource. There are 21 vehicle for RBSK team. Though, they are screening 80 -100 children per day but data from delivery point was not provided from the district officials.

**Special Newborn Care Unit (SNCU):** District is having 12 beds SNCU, situated in Sadar Hospital (District Hospital). There are 12 radiant warmers, 1 step down unit and 1 KMC unit (6 chair) available in the SNCU. During April 2021 to October 2021, total 552 (276 inborn, 276 outborn) infants were admitted in the SNCU, of which 290 were discharged (161 inborn, 129 outborn), 148 referral (56 inborn, 92 outborn), 87 LAMA (48 inborn, 39 outborn) and 18 were died (5 inborn, 13 outborn).



**Nutrition Rehabilitation Centre (NRC):** There is only one NRC in the district, which is situated in District Hospital Bhagalpur. Among the total admitted children, 14 were admitted due to MUAC<115 mm, and 119 due to <3SD WFH with diarrhoea. Frontline workers referred most of these cases.

**Home Based Newborn Care (HBNC):** In the district, there were 2382 ASHAs available and all have functional HBNC kits with all the necessary drugs in the kit. During this financial year, 18,488 newborns have received HBNC visits (April 2021 – November 2021).

The below *table 3* gives the details of the health service delivery indicators at the district level of the Bhagalpur district on October 2021.

**Table 3: Details about the health service delivery in the Bhagalpur district, 1<sup>st</sup> April 2021 – 30<sup>th</sup> November 2021**

Indicator		
<b>1. Implementation of Free drugs services</b>		Yes (Free to all)
<b>2. Implementation of diagnostic services (if it is free for all)</b>		Yes (Free to all)
Number of lab tests notified		Not provided
Categories / schemes for free diagnostic services implemented		JSSK
<b>3 Status of delivery points</b>		
• No. of SCs conducting deliveries	<=3 deliveries/month	330
	>3 deliveries/month	32
• No. of 24X7 PHCs conducting deliveries	<=10 deliveries/month	50
	>10 deliveries/month	17
• No. of CHCs conducting deliveries	<=20 deliveries/month	0
	>20 deliveries/month	8
• No. of DH/ District Women and child hospital conducting deliveries	<=50 deliveries/month	0
	>50 deliveries/month	1
• No. of Medical colleges conducting > 50 deliveries per month	<=50 deliveries/month	0
	>50 deliveries/month	1
• No. of DH/ District Women and child hospital conducting C-section		1
• No. of Medical colleges conducting C-section		1
<b>4 Number of institutes with ultrasound facilities (Public+Private)</b>		Not Provided
• Of these, how many are registered under PCPNDT act		Not Provided
<b>5 Details of PMSMA activities performed.</b>		
▪ Number of Health facilities implemented		70
▪ The HRs for the day of PMSMA		MO, ANMs and CHO
▪ The services available on PMSMA days		ANC services
<b>6 RBSK</b>		
• Total no. of RBSK teams sanctioned		32

<b>Indicator</b>			
• No. of teams with all HR in-place (full-team) / No. of RBSK Nurses		2	
• No. of teams with partial HR in-place / RBSK Nurses		21	
• No. of vehicles (on the road) for RBSK team		21	
• No. of Teams per Block/ RBSK Nurses		1-2	
• No. of block/s without dedicated teams/ RBSK Nurses		0	
• Average no of children screened per day per team		80-100	
• Number of children born in delivery points screened for defects at birth (last month)		Not provided	
<b>7 Special Newborn Care Units (SNCU)</b>			
• Total number of beds in district			
○ In radiant warmer		12	
○ Stepdown care		6	
○ Kangaroo Mother Care (KMC) unit		6	
• Number of non-functional radiant warmer for more than a week		All are functioning	
• Number of non-functional phototherapy unit for more than a week		No	
		<b>Inborn (April – October)</b>	<b>Out born (April – October)</b>
• Admission		276	276
• Defects at birth		0	0
• Discharged		161	129
• Referral		56	92
• LAMA		48	39
• Died		5	13
<b>8 Newborn Stabilization Unit (NBSU)</b>			
		<b>Inborn (April – October)</b>	<b>Out born (April – October)</b>
• Admission		3	0
• Discharged		3	0
• Referral		0	0
• LAMA		0	0
• Died		0	0
<b>9 Number of Nutrition Rehabilitation Centers (NRC)</b>			
• Admission			
○ Bilateral pitting oedema		0	
○ MUAC<115 mm		14	
○ < -3SD WFH with Diarrhea		119	
○ ARI/Pneumonia		0	
○ TB		0	

Indicator		
<ul style="list-style-type: none"> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul>		0
		0
		0
		0
<ul style="list-style-type: none"> <li>● <b>Referred by</b> <ul style="list-style-type: none"> <li>○ Frontline Worker</li> <li>○ Self</li> <li>○ Ref. from VCDC/CTC</li> <li>○ RBSK</li> <li>○ Paediatric ward/emergency</li> </ul> </li> </ul>		126
		7
		0
		0
		1
● Discharged		100
● Referral/ Medical transfer		0
● LAMA		22
● Died		0
<b>10 Home Based Newborn Care (HBNC)</b>		
● Status of availability of HBNC kit with ASHAs	All ASHA have functional HBNC kits (# of ASHA's: 2382)	
● Newborns visited under HBNC (Apr –Sep)	18,488	
● Status of availability of drug kit with ASHAs	All ASHA have provided drug kits but not re-filled it in this financial year.	
<b>11</b> Number of Maternal Death Review conducted	Previous year	4
	Current FY	3
<b>12</b> Number of Child Death Review conducted	Previous year	4
	Current FY	3
<b>13</b> No. of Adolescent Friendly Clinic (AFC) meetings held	0	
<b>14</b> Weekly Iron Folic Acid Supplementation (WIFS) stockout	No stock out	
<b>15</b> If State notified a State Mental Health Authority	No	
<b>16</b> If grievance redressal mechanism in place	No	
● Whether call center and toll-free number available	No	
● Percentage of complaints resolved out of the total complains registered in current FY	0	
<b>17</b> Vehicle for Referral Transport		
● No of Basic Life Support (BLS) (on the road) and their distribution	33	
● No. of Advanced Life Support (ALS) (on the road) and their distribution	3	
	ALS	BLS

<b>Indicator</b>				
○ Operational agency (State/ NGO/ PPP)		NGO	NGO	
○ If the ambulances are GPS fitted and handled through centralized call centre		GPS Fitted and call centre working.	GPS Fitted and call centre working.	
○ Average number of calls received per day		1	5	
○ Average number of trips per ambulance per day		1	5	
○ Average km travelled per ambulance per day		305 x 2 =610	120	
○ Key reasons for low utilization (if any)		NA	NA	
● No. of transport vehicle/102 vehicle (on the road)		33+3 +3 (M.V.)		
○ If the vehicles are GPS fitted and handled through centralized call centre		GPS Fitted and call centre working.		
○ Average number of trips per ambulance per day		NA		
○ Average km travelled per ambulance per day		NA		
○ Key reasons for low utilization (if any)		NA		
<b>18 Payment status:</b>		<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
● JSY beneficiaries (April 2020 – March 2021)				
● JSY beneficiaries (April 2021 – Sept 2021)		3626	257	-
● ASHA payment:				
○ A- Routine and recurring at increased rate of Rs. 2000 pm		2294	Not Provided	-
○ B- Incentive under NTEP		Not Provided	Not Provided	-
○ C- Incentives under NLEP		Not Provided	Not Provided	-
● Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)		Not Provided	Not Provided	-
● Patients incentive under NTEP programme		7645	358	-
● Provider's incentive under NTEP programme		3295	432	-
● FP compensation/ incentive		8098	156	-
<b>19 Implementation of Integrated Disease Surveillance Programme (IDSP)</b>				
● If Rapid Response Team constituted, what is the composition of the team		8 teams constituted		
● No. of outbreaks investigated in previous year and in current FY		Not investigated		
● How is IDSP data utilized		In helping active surveillance of disease and its control measure.		

Indicator		
<ul style="list-style-type: none"> <li>Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP</li> </ul>	All are from public health facilities	
<b>20 Implementation of National Vector Borne Disease Control Programme (NVBDCP)</b>		
<ul style="list-style-type: none"> <li>Micro plan and macro plan available at district level</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>Annual Blood Examination Rate</li> </ul>	<1%	
<ul style="list-style-type: none"> <li>Reason for increase/ decrease (trend of last 3 years to be seen)</li> </ul>	Due to availability of R.D.T. (P.V./ P.F.) Kit from sate.	
<ul style="list-style-type: none"> <li>LLIN distribution status</li> </ul>	Not Received from State	
<ul style="list-style-type: none"> <li>IRS</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>Anti-larval methods</li> </ul>	No	
<ul style="list-style-type: none"> <li>Contingency plan for epidemic preparedness</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>Weekly epidemiological and entomological situations are monitored</li> </ul>	No	
<ul style="list-style-type: none"> <li>No. of MDR rounds observed</li> </ul>		
<ul style="list-style-type: none"> <li>No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate &lt;1%</li> </ul>	1	
<b>21 Implementation of National Tuberculosis Elimination Programme (NTEP)</b>		
<ul style="list-style-type: none"> <li>Target TB notification achieved</li> </ul>	6400	
<ul style="list-style-type: none"> <li>Whether HIV Status of all TB patient is known</li> </ul>	No, HIV status of 12% TB patients are not known	
<ul style="list-style-type: none"> <li>Eligible TB patients with UDST testing</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>Whether drugs for both drug sensitive and drug resistance TB available</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>Patients notification from public sector</li> </ul>	No of patients notified	1702
	Treatment success rate	80%
	No. of MDR TB Patients	91
	Treatment initiation among MDR TB patients	91
<ul style="list-style-type: none"> <li>Patients notification from private sector</li> </ul>	No of patients notified	3400
	Treatment success rate	80%
	No. of MDR TB Patients	Not Provided
	Treatment initiation among MDR TB patients	Not Provided
<ul style="list-style-type: none"> <li>Beneficiaries paid under NikshayPoshanYojana</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>If pending or partial payment - Reason</li> </ul>	Yes	
<ul style="list-style-type: none"> <li>Active Case Finding conducted as per planned for the year</li> </ul>	Yes	
<b>22 Implementation of National Leprosy Eradication Programme (NLEP)</b>		
<ul style="list-style-type: none"> <li>No. of new cases detected</li> </ul>	136	
<ul style="list-style-type: none"> <li>No. of G2D cases</li> </ul>	1	
<ul style="list-style-type: none"> <li>MDT available without interruption</li> </ul>	2500	

<b>Indicator</b>			
	• Reconstructive surgery for G2D cases being conducted	1	
	• MCR footwear and self-care kit available	243	
<b>23</b>	Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	Not Available	
<b>24</b>	Percent of health workers immunized against Hepatitis B	73	
<b>25</b>	Key activities performed in current FY as per ROP under National Tobacco Control Programme	IEC and Penalty imposed	
<b>26</b>	Number of ASHAs	Required as per population	2492
		Selected	2325
		No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	2325
		No. of villages/ slum areas with no ASHA	11
<b>27</b>	<b>Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b>	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	385
		No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	35
		No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	130
		No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	25
		No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	447
		No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	24
		Any other state specific scheme	Skill Development by NIOS needs on education
<b>28</b>	<b>Status of Mahila Arogya Samitis (MAS)</b>	Formed	68
		Trained	68

Indicator				
	MAS account opened	68		
37 Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	238		
	Trained	238		
	MAS account opened	238		
38 Number of facilities quality certified	10+8			
39 Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	10 Facilities under NRHM & 8 Facilities under NUHM got Kayakalp award.			
40 Activities performed by District Level Quality Assurance Committee (DQAC)	1. Worked for kayakalp and quality improvement. 2. LAQSHYA 3. NQAS			
41 Recruitment for any staff position/ cadre conducted at district level	Yes, it is ongoing but not recruited yet.			
42 Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY	NA	162	NA	162
• Among these, no. of posts filled by state	-	-	-	
• Among these, no. of posts filled at district level	-	-	-	On going
43 Does the state have comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	-			

Source: DPMU, Bhagalpur

### 2.3 Status of Human Resource

There are total 3636 posts of different discipline is sanctioned for the district of which 1767 posts are filled on regular (1369) and contractual basis (398). Total 51.4% percent posts are vacant in the district (Table 5).

**Table 4: Status of Human resource (regular + NHM) at public health facilities in Bhagalpur district as 30-11-2021**

1. Staff details at public facility (Regular+ NHM+ other sources)	Regular		NHM		Other Source	Vacancy (%)
	Sanctioned	In - place	Sanctioned	In - place		
Civil Surgeon (CS)	1	1	-	-	-	-
Additional CS	9	2	-	-	-	78.0%
District Vector Born Officer	1	0	-	-	-	100%
District Immunization Officer	1	1	-	-	-	-
Add. District Disease Control Officer	1	0	-	-	-	100%
Superintendent/ Deputy Superintendent	3	1	-	-	-	67%
District Program Manager (DPM)	-	-	1	1	-	-
District Account Manager (DAM)	-	-	1	1	-	-

1. Staff details at public facility (Regular+ NHM+ other sources)	Regular		NHM		Other Source	Vacancy (%)
	Sanctioned	In - place	Sanctioned	In - place		
District M&E Officer	-	-	1	1	-	-
District Community Manager (DCM)	-	-	1	0	-	100%
Dentist/Dental MO	19	15	-	-	-	21.1%
MO (MBBS)	339	149	24	6	-	55.1%
MO (AYUSH)	-	-	118	70	-	40.7
Staff Nurse	181	114	121	27	-	57.3%
Health Educators	41	16	-	-	-	61%
Assistant Matron	3	0	-	-	-	100%
LHV/CHO	45	0	203	53	-	78.6%
ANM	871	666	434	103	-	41.1%
Pharmacist	88	7	-	-	-	92.0%
Lab Technician	89	20	25	22	-	63.2%
OT Assistant	33	0	-	-	-	100%
X-ray Technician	20	5	-	-	-	75%
Block Health Manager	-	-	16	16	-	-
Block Accountant	-	-	16	15	-	6.3%
Block Community Manager	-	-	16	14	-	12.5%
Others	794	372	120	69	-	51.8%
<b>Total</b>	<b>2539</b>	<b>1369</b>	<b>1097</b>	<b>398</b>	<b>-</b>	<b>51.4%</b>

Source: DPMU, Bhagalpur

## 2.4 State of Fund Utilization

Table 5: FMR wise Budget component details, 2021 – 22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	177821178	112140166	63.06
2. FMR 2: Service Delivery: Community Based	23328401	14621480	62.68
3. FMR 3: Community Intervention	19960300	13391874	67.09
4. FMR 4: Untied grants	18575000	13663063	73.56
5. FMR 5: Infrastructure	72577400	48532197	66.87
6. FMR 6: Procurement	13546250	9450953	69.77
7. FMR 7: Referral Transport	54684094	34391240	62.89
8. FMR 8: Human Resource (Service Delivery)	210791088	133155531	63.17
9. FMR 9: Training	-	-	-
10. FMR 10: Review, Research and Surveillance	1332200	860884	64.62



Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
11. FMR 11: IEC-BCC	-	-	-
12. FMR 12: Printing	17200	12200	70.93
13. FMR 13: Quality	3678989	2753669	74.85
14. FMR 14: Drug Warehouse & Logistic	6323069	4039722	63.89
15. FMR 15: PPP	21583426	12926218	59.89
16. FMR 16: Programme Management	5519367	3506831	63.54
• FMR 16.1: PM Activities Sub Annexure	264000	162000	61.36
17. FMR 17: IT Initiatives for Service Delivery	-	-	-
18. FMR 18: Innovations	-	-	-

Source: DPMU, Bhagalpur

**Table 6: Programme wise budget component details, 2021 – 22**

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			
• Maternal Health	124,682,400.00	78,291,094.00	62.79
• Child Health	4,183,706.00	2,591,791.00	61.95
• RBSK	8,117,000.00	5,160,557.00	63.58
• Family Planning	51,547,800.00	32,130,629.00	62.33
• RKSK/ Adolescent health	25,000.00	-	-
• PC-PNDT	30,000.00	-	-
• Immunization	29,100,427.00	18,256,235.00	62.74
• Untied Fund	18,575,000.00	13,511,063.00	72.74
• Comprehensive Primary Healthcare (CPHC)	-	-	-
• Blood Services and Disorders	-	-	-
• Infrastructure	-	-	-
• ASHAs	12,210,100.00	4,207,271.00	34.46
• HR	186,691,322.00	126,724,008.00	67.88
• Programme Management	16,298,474.00	9,893,501.00	60.70
• MMU	-	-	-
• Referral Transport	36,722,000.00	21,967,010.00	59.82
• Procurement	28,789,466.00	21,681,862.00	75.31
• Quality Assurance	3,758,989.00	2,735,289.00	72.77
• PPP	-	-	-
• NIDDCP	-	-	-
<b>2. NUHM</b>	29,796,584.00	18,665,095.00	62.64
<b>3. Communicable Diseases Pool</b>	-	-	-

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget utilized (in lakhs)</b>	<b>Reason for low utilization (if less than 60%)</b>
• Integrated Disease Surveillance Programme (IDSP)	3,568,578.00	2,265,411.00	63.48
• National Vector Borne Disease Control Programme (NVBDCP)	17,817,578.00	7,691,432.00	43.17
• National Leprosy Eradication Programme (NLEP)	6,103,053.00	314,764.00	5.16
• National TB Elimination Programme (NTEP)	37,450,707.00	23,541,923.00	62.86
<b>4. Non-Communicable Diseases Pool</b>	-	-	-
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	8,000,000.00	4,890,640.00	61.13
• National Mental Health Program (NMHP)	225,000.00	135,000.00	60.00
• National Programme for Health Care for the Elderly (NPHCE)	-	-	-
• National Tobacco Control Programme (NTCP)	157,500.00	-	0.00
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	5,929,036.00	3,672,000.00	61.93
• National Dialysis Programme	-	-	-
• National Program for Climate Change and Human Health (NPCCHH)	5,000.00	4,950.00	99.00
• National Oral health programme (NOHP)	-	-	-
• National Programme on palliative care (NPPC)	-	-	-
• National Programme for Prevention and Control of Fluorosis (NPPCF)	418,000.00	250,680.00	59.97
• National Rabies Control Programme (NRCP)	-	-	-
• National Programme for Prevention and Control of Deafness (NPPCD)	-	-	-
• National programme for Prevention and	-	-	-

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

Source: DPMU, Bhagalpur

## 2.5 Status of trainings

*Table 7: Status of training give to health delivery persons as on 30 November 2021 in Bhagalpur district*

<b>Sr. No.</b>	<b>List of training (to be filled as per ROP approval)</b>	<b>Planned</b>	<b>Completed</b>
1	FPLMIS		Yes
2	MTP	Yes	Yes
3	SBA	Yes	Partial Completed
4	LaQshya	Yes	Yes
5	Anaemia Mukta Bharat	Yes	Yes
6	Minilap	Yes	Yes
7	IUCD Insertion	Yes	Yes
8	Injectable Contraceptive Trainings	Yes	Yes
9	RKSK	Yes	No
10	RKSK Training	Yes	No
11	NPPCF	No	No

Source: DPMU, Bhagalpur

### **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 summarize the broad status of the health facilities about 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. Since, Women Hospital is not available in the district, hence not covered by the monitoring team.

#### **3.1 Service Delivery: District Hospital**

District Hospital (**Sadar Hospital**) is situated at the district headquarter at Bhagalpur and it is a 100 bedded hospital, of which 25 beds are of ICU. The hospital is well accessible from the nearest road head and 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 rest room at labour room and SNCU, and drug storeroom with racks is available. M/s Krishna construction private limited is providing power backup facility in the whole hospital.

Apart from these facilities, the hospital is providing OPD, ANC, Immunization, Family Planning, Laboratory services etc. between 8:00 am to 2:00 pm, and the critical patient & patients need of emergency services are being referred to Jawaharlal Nehru Medical College Bhagalpur, which is just 4 km away from the sadar hospital.

Besides this, the monitoring team has made following observations -

- The facility provides Medicine, O&G, General Surgery, Dental, Digital service, NRC, SNCU, LMU, Labour Room Complex, ICU, Dialysis, and Emergency care services. Also, the facility is well equipped with teaching block and skill lab where medical and paramedical students are getting theoretical as well as practical training.
- The facility has Operational Theatre with Single general OT, Ophthalmology OT and Obstetrics & Gynaecology OT. The facility is also well equipped with functional blood bank (recently started but stock of blood is not available). Blood will be available free to all.
- The facility has sharp pit and deep burial pit inside the hospital campus.
- In case of IT services, the DH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The facility is the receiver of 2<sup>nd</sup> prize on Kayakalp assessment during last financial year with 84% and under the LaQshya, labour room and OT of the facility has received 93% and 91% respectively.

- The Essential Drug List (EDL) was available in the facility and displayed in OPD area. Among the displayed 73 EDL, 64 were available on the day of visit. There were as many as 9 drugs were not available in the facility in last 30 days. The facility is implementing DVDMS.
- The DH has in house diagnosis services in the facility along with the in house digital X-ray services and PPP mode CT scan services. These services were available from 8:00 am to 8:00 pm in the facility and free of cost to BPL cardholder as well as to JSSK beneficiaries. The X-ray machine was not certified by AERB.
- DH is the designated FRU and its labour room well functional with manual delivery table and delivery equipment's along with the functional NBCC (functional radiant warmer with neo-natal ambu bag). The facility have conducted 320 normal delivery and 22 C-Section deliveries during November 2021.
- The facility have provided 948 birth dose to the newborns during last three months (September, 2021 – November, 2021) and 1075 newborns were breast fed within one hour of birth.
- Though, PMSMA services are provided in the facility on every month of 9<sup>th</sup>, however data of high risk PW identification and the list of high risk pregnancies are not available in the facility. JSSK entitlements are available in the facility.
- The facility has birth and death registers. There were 2 and 18 child death occurred in the facility during previous and current financial year respectively. There were no maternal deaths occurred. The facility is also providing Comprehensive Abortion Care (CAC).
- The facility has trained human resource for IUCD/PPIUCD and they are counselling the eligible couple on FP services before providing them the basket of FP services. FPLMIS has been also implemented in the facility for indenting the FP materials.
- Though the facility is lacking with service Adolescent Friendly Health Clinic (AFHC), however it is providing daily services for NCD. During last 6 months, 424 patients of Hypertension, 5 patients of Oral Cancer and 4 patients of Breast Cancer were confirmed positive from the 1694, 10243 and 2865 respectively screened patients.
- The facility is a Designated Microscopy Centre (DMC). In last 6 months, 7% - 8% of the OPD cases were tested for TB and all the positive TB patients are taking anti-TB drug from the facility. DBT instalment has been initiated under Nikshay Poshan Yojana and 54% of patients have been paid.
- The computer operator updated HMIS portal but MCTS was not updated as the entry on the portal is being done from civil surgeon office. Since January 2021, there has been no RKS meeting held in the facility.

- The facility is well equipped with the own ambulance services as well as ambulance services with centralized call centre. In November 2021, there were 1 cases of in-referral of prolong labour. Apart from in-referral, there were 17 cases of out-referral of pre-term pregnancy, previous LACS etc.
- The facility is lacking with Cardiac Monitor, Ortho setup, and Horizontal autoclave.

Below table (**table 8**) depict the status of human resource in District Hospital, Bhagalpur. From the table it can be seen that, there are total 134 post has sanctioned for the DH. Among the sanction need posts 77 are filled on regular basis, 2 are filled by NHM on contractual basis and 55 post are vacant in the facility.

**Table 8: Status of human resource at district hospital, Bhagalpur**

Human Resource	Sanctioned	Regular	Contract
Deputy Superintendent	1	1	0
MO (MBBS)	26	18	0
Specialist	Physician	4	2
	ObGy	2	0
	Pediatrician	2	2
	Anesthetist	2	0
	Surgeon	2	3
	Ophthalmologist	1	0
	Orthopedic	1	1
	Radiologist	2	1
	Pathologist	1	1
	Others	2	2
Dentist	1	1	0
SNs/GNMs	50	25	0
LTs	3	0	1
Dental Assistant/ Hygienist	1	0	0
Pharmacist	2	2	0
Hospital/ Facility Manager	1	0	0
Others	29	18	1
<b>Total</b>	<b>134</b>	<b>77</b>	<b>2</b>

Source: District Hospital, Bhagalpur,

### 3.2 Service Delivery: Community Health Centre (CHC) - Shahkund

Shahkund Community Health Centre is located in Shahkund block of the Bhagalpur district and about 30 km away from the district headquarter. It is a 30-bedded hospital but not a designated FRU. The facility is functioning in government building and well accessible from the nearest road head. The condition of the building is very good and it has tiles flooring. The facility is providing its OPD services between 8:00 am to 2:00 pm.

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

- The CHC is well equipped with 24\*7 running water, clean functional toilets for male and female, drinking water facility with RO, sufficient sitting arrangement for OPD patients, rest room for ASHA,

drug storeroom with rack, and power backup (solar panel and generator). The CHC is also a geriatric and disability friendly.

- In addition to the general OPD and ANC services, the facility also provides specialized services on Medicine, General surgery, Dental and Imaging services (X-ray). Along with these services, the facility is also provides, emergency services. The Medicine services is being provided 24\*7 in the facility.
- In case of IT equipment's, facility has desktop/laptop with good internet connectivity in the area.
- During 2020 – 21, the facility has received Kayakalp award of one-lakh rupees with the score of 90.2%.
- The essential drug list was available and displayed in OPD waiting area. Among the listed drugs in EDL 4 were not available on the day of visit. There is sufficient supply of essential consumables.
- In house diagnosis services from 8:00 am to 2:00 pm is available in the facility. Total 3487 test has conducted during September 2021 to November 2021. Along with diagnosis services, the facility was well equipped with digital imaging services (X-ray) and providing free services to all.
- Delivery services are being provided by the facility, as its labour room is well equipped with manual delivery table, and delivery equipment's. In the month of November 2021, the facility has conducted 235 normal deliveries and all the newborns has been provided the newborn care at functional NBCC.
- JSY payments was up to date for the month of November 2021. Only few beneficiaries were not get paid because of the non-availability of banking details. Except blood services, all the JSSK entitlement services are being provided in the facility.
- Though, PMSMA services are provided in the facility on every month of 9<sup>th</sup>, however data of high risk PW identification and the list of high risk pregnancies are not available in the facility.
- The Facility has vaccines and hub cutters and all the Nurses/ANM posted in the facility are aware about the open vial policy.
- During September 2021 – November 2021, 743 newborns were immunized with birth dose (Vitamin K1, BCG, Hepatitis B and OPV 0) and 699 newborns were breastfed with one hours of the birth at the facility. Along with this, the facility has performed 62 female sterilization during November 2021.
- No Maternal deaths has reported in last two years from the facility. However, there were 4 child deaths reported from the facility for the current financial year.
- The facility has trained HR in IUCD/PPIUCD and they provides reversible FP services after counselling the beneficiaries. The facility also provides the permanent FP services through OT.

- The facility is screening individual for hypertension (720 screened, 40 confirmed) and diabetes (100 screened, 45 confirmed) but there is no fixed day for NCD as well as no Adolescent Friendly Health Clinic (AFHC). Also, there are no trained health personnel for cancer services.
- The facility is designated as Designated Microscopy Centre (DMC). In last 6 months, 6% of the OPD cases were tested for TB and all the suspected cases of TB were referred to DH for CBNAAT/TruNat test due to non-availability of CBNAAT/TruNat kit at the facility.
- Though, all the positive TB patients were taking anti-Tb drug from the facility (as per the documents available in the facility), however none of them have received DBT installment in last 6 months due to non-availability of account manager at DMC.
- At the DMC, all the records related to TB treatment, notification and Malaria cases were available except for the Dengue and Chikungunya. The facility was lacking with diagnosis kit for the dengue and chikungunya.
- Data entry in HMIS portal and Nikshay portal was up to date on the day of visits, whereas the data entry in RCH portal and HWC portal was not updated.
- The facility is lacking with service of CHO, as a result, there is No NCD clinic, no wellness activities, no NCD services to general patients.
- Ambulance services in the periphery area of the facility is available with centralized call centre run by Pashupati transportation through Public-Private Partnership mode. There were 73 cases of ANC, delivery and complicated cases were referred-in from SC and PHC to the facility, along with the 9 cases of out-referral to the DH. Also, in the facility, RKS meetings are held once in a quarter month.
- The facility has received rupees 5 lakhs as untied fund during the last financial year, of which 99.9% (Rs. 499158) has utilized on electrical work, painting, furniture purchase etc.

**Table 9: Status of human resource in the CHC Shahkund, Bhagalpur**

Human Resource	Sanctioned	Regular	Contract		
MO (MBBS)	5	4	0		
Specialist	Medicine	0	0		
	ObGy				
	Pediatrician				
	Anesthetist			2	0
	General Surgeon			1	0
Dentist	1	0	0		
SNs/GNMs	16	6	0		
ANM	0	2	0		
LTs	4	0			
Dental Assistant/ Hygienist	1	1	0		
Pharmacist	2	0	0		
Hospital/ Facility Manager	1	0	1		



Human Resource	Sanctioned	Regular	Contract
Others	6	-	05

Source: CHC Shahkund, Bhagalpur, \*Outsourcing

**Table 10: Key Challenges Observed in CHC and their root causes**

Sr. No.	Challenges	Root Causes
1	The facility is the referral hospital and ECG and ultrasound services are not being provided to the pregnant women.	ECG and Ultrasound machine are not available in the facility.
2	The facility is functioning 24*7 and staff of the facility are living out side of the campus (5 – 6 km away) due to shortage of the staff quarters.	There were only, 5 staff quarters of which 3 are not in liveable condition. Need more Staff quarters inside the campus.
3	Though, there are specialist position sanctioned in the facility, but the specialized services are not being provided.	The specialist positions are not filled in the facility.

### 3.3 Service Delivery: Primary Health Centre - Dariyapur

Primary Health Centre (PHC) Dariyapur is about 15 km from the CHC Shahkund. It is a six bedded standalone facility and well connected to the nearest road head. Its next referral point is CHC Shahkund. The facility is providing ANC, NCD, Immunization, Family Planning etc. services from 9:00 am to 4:00 pm while other services like delivery, PNC and IPD services are 24\*7. All the national programmes (applicable to the area) are being implemented in the periphery area of the facility.

Beside the above services, the following observation were made by monitoring team –

- The facility is well equipped with 24\*7 running water supply, sufficient sitting arrangement for OPD patients, drug storeroom with rack, cleaned toilets for male and female and drinking water facility. The facility is geriatric and disability friendly.
- Though, the PHC is conducting deliveries but it was lacking with ASHA rest room and power backups.
- In case of IT equipment's, the facility was well equipped with laptop with good internet connectivity, from which tele-medicine/ consultation services were provided with an average of 75 cases per day. Also, all ANM have functional electronic tablets.
- Though, the essential drug list is available but it was not displayed in OPD waiting area. All the essential drugs (listed in EDL) were available in the facility. There is a minimal shortage of essential consumables.
- The PHC has the laboratory to provide the diagnosis services but it is not providing at the moment due to deputation of Lab technician in other facility on COVID-19. The facility is lacking with X- ray services.

- Delivery services are being provided by the facility as its labour room is well equipped with manual delivery table, delivery equipment's, and functional NBCC with functional radiant warmer and neonatal ambu bag. CHC Shahkund is doing all the JSY payments of the facility through PFMS to the beneficiaries.
- Though, JSSK entitlements are available in the facility but line listing of the high risk pregnancies is not available.
- All posted ANMs are trained in IUCD/PPIUCD and provides reversible FP services to the beneficiaries after counselling to them.
- No Maternal deaths has reported in last two years from the facility.
- Ambulance services in the periphery area of the facility is available with centralized call centre and bike ambulance (not used now).Also, in the facility, RKS meetings are not held in this financial year.
- The facility has received Rs. 30,000 under NHM as untied fund and they utilized it 100% on cleaning, electrical work, equipment purchase etc.

The below table shows the status of human resource at the PHC. Total 9 post of different cadre are sanctioned, of which only 5 posts are filled as regular and 3 Post are filled on contractual basis.

**Table 11: Available Human Resource at PHC Dariyapur, Bhagalpur**

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	2	2	0
MO (AYUSH)	1	0	1
SNs/GNMs	1	0	1
ANM	3	3	0
LTs	1	0	1
Pharmacist	1	0	0
Public Health Manager (NUHM)	0	0	0
LHV/PHN	0	0	0
Others	0	0	0
<b>Total</b>	<b>9</b>	<b>5</b>	<b>3</b>

Source: PHC Dariyapur, Bhagalpur district, \* Outsourcing

**Table 12: Challenges and their root causes in the PHC Dariyapur, Bhagalpur**

Sr. No.	Challenges	Root Causes
1	Difficult to work inside the room if power is cut. Also, not able to give tele – medicine services	No power backups
2	No biomedical waste management	No deep burial or sharp pit available.
3	Difficult to maintain clean and hygiene's in the facility.	No sweeper or fourth-class worker posted.

4	Though, the facility is a delivery point and conducting deliveries but no staff are staying in the facility or near by the facility.	No staff quarters for the facility.
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### 3.4 Service Delivery: Sub Centre - Shivshankarpur

The Shivshankarpur Sub-Centre, a Health and Wellness Centre (HWC) is just 3 km away from the CHC Shahkund in Shahkund block. It is a standalone facility and well connected to the nearest road head. Its next referral point is CHC Shahkund. The facility provides it ANC, OPD, NCD, Immunization, Family Planning etc. services from 8:00 am to 2:00 pm to the 4590 population of the periphery area.

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

- The facility have 24\*7 water supply, drinking water facility, and cleaned toilets for male and female. It was painted with Ayushman Bharat logo as per HWC branding.
- The facility is also lacking with ASHA rest room, storeroom with racks, power backups, area for Yoga/welfare activities, sufficient OPD waiting arrangement.
- Though, ANM of the facility has electronic Tablet with good internet connectivity, but none of the ASHA workers has received smartphones from the district.
- There was no EDL in the facility and no anti-TB drugs was available in the facility. In addition, few priority drugs such as antibiotics, paracetamol, along with the condom and EC pills were also not available in the facility during the visit.
- The facility is well equipped with basic instrument i.e. BP apparatus, thermometer, glucometer, pregnancy testing kits, and contraceptives but being the delivery point the facility were lacking with examination table, delivery bed, and dressing table.
- Though, ANM has line listing of all the Pregnant women and eligible couple with them but high risk women were not identified.
- Last year, there were 2 child deaths occurred in at SC periphery area. There was no maternal deaths occurred in last two year.
- Micro plan for immunization, 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 trained in IUCD/PPIUCD and along with the IUCD insertion; they were providing the other family planning services in the facility.

- There were no forms of CBAC were filled, subsequently there is no score generated from CBAC form but the universal screening of NCD has been started from September 2021 as the CHO was recently posted in the facility.
- All the ASHA, of the periphery area of Sub-Centre have HBNC kits and every month they received the medicine to fill the HBNC kit. All the ASHA are aware about the provision of incentive under NTEP and Nikshay Poshan Yojana. There were no VHSNC meetings were conducted in last 6 month.
- The facility has received ₹15000/- during last financial year (2020 – 21) and spent total received funds.

The below table shows the number human resource available in the facility. It is run by only one ANM, and one is on deputed to the other SC. Apart from these ANMs, there are 4 ASHAs working in the periphery area of the facility

**Table 13 : Available Human Resource at SC Shivshankarpur, Bhagalpur**

Human Resource	Sanctioned	Regular	Contract
ANM/MPW Female	2	2	0
MPW Male	0	0	0
MLHP/CHO	1	0	0
ASHA	4	0	4

Source: Sub-Centre – Shivshankarpur, Bhagalpur district

**Table 14: Challenges and their root causes in the SC Shivshankarpur, Bhagalpur**

Sr. No.	Challenges	Root Causes
1	ANM of the facility is keeping medicine in slab.	Due unavailability of racks.
2	NCD services are not being provided on regular basis.	CHO is not posted and ANM of the facility were busy on Covid 19 vaccination.
3	The HWC is not maintained and not cleaned properly.	ANM was not staying in the facility, despite the provision of attached room. ANM of the facility stated that “It is very difficult to stay at facility due to short boundaries. Many drunk people come at night.”

Source: Sub-Centre – Shivshankarpur, Bhagalpur 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 Bhagalpur district was carried out by the PRC team during **21 December 2021 to 24 December 2021**. The Civil Surgeon Office, District Hospital, Community Health Centre – Shahkund, Primary Health Centre – Dariyapur, and Sub-Centre – Shivshankarpur were visited for monitoring by PRC team. During the field visit the PRC team was accompanied by Dayanand Mishra, DPC. 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. District as a whole is facing severe shortage of health staff. Vacant posts of specialist/doctors/nurse need to be filled at all levels on urgent basis. Further, contractual staff of NHM need to fill on priority basis.
2. Most of the NHM health staff are underpaid, and are having lots of responsibilities, therefore, they leave their jobs. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.
3. In the district, only one NRC is available. Due to lack of NRCs in the district, malnourished children are not being treated under the observation of nutritional specialist. It is recommended to sanction at least one NRC between two health blocks.
4. In SC Shivshankarpur, outer boundaries are very small, due to which they are not planting any herbals in the campus area. Need to increase the size of the boundaries to avoid the entrance of animals.
5. In SC Shivshankarpur, ANM was not staying in the facility due to fear of drunk people who were use to roam near by the facility. It is recommended to station the night guard at the facility, so that ANM can stay at the facility. The facility will also be maintained properly if she will stay in the facility.
6. CHC Shahkund was lacking with staff quarters. It is recommended to construct two/three multistore new staff quarters so that the health personnel can stay there and provide 24\*7 emergency services to the patients.
7. 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. Glimpse of the Bhagalpur district PIP monitoring visit, 21 December 2021 - 24 December 2021.**



**Visit to District Hospital, Bhagalpur**



**Visit to SC Shivshankarpur, Bhagalpur**



**Visit to PHC Dariyapur, Bhagalpur**



**Visit to CHC Shakhund, Bhagalpur**

*B Singh*

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Vivekanand A