



Monitoring and Evaluation of Programme Implementation Plan, 2021 – 22
Chatra District, Jharkhand

By
Baldev Singh Kulaste,
Vivekanand A



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

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Chatra District, Jharkhand

Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2021 – 22 of Chatra District was carried out by the PRC team during 30 November 2021 to 4 December 2021. The Civil Surgeon Office, DPMU Office, District Hospital (Sadar Hospital), CHC Itkhori Primary Health Centre Giddhor and Sub-Centre Gangpur were visited for the study by PRC team. During the field visit the PRC team was accompanied by Alok Srivastava, TB Coordinator. This report discusses in detail the implementation of PIP in Chatra District as observed during the field visit for monitoring. The key observation is given below:

General

Overall, improvement can be seen in 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 staffs) to better the health system in the district.

Achievements made

- Ten years backlog ASHA incentive is cleared by Itkhori block.
- Free meals and drugs at the facilities for the mothers are in execution.
- New building for the Sadar Hospital is being constructed.
- Increased in the uptake of family planning methods.

Areas for further Improvement

- Induction training on respective NMH programmes (i.e. NLEP, NTEP etc.) to all the NHM staff is needed once in two/three year cycle.
- 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.
- Regular supply of drugs to all the facilities based on their requirements.
- SNCU need to be strengthen by providing essential equipment's and human resource.
- NCD services are very poor in the district. NCD clinic and Adolescent Friendly Health Clinic (AFHC) need to be strengthen.

Infrastructure

- Construction of ramp in district hospital need be speed up between ground floor and first floor. Repair work of old road to reach the DH as it has many potholes from main road (NH 99).

- Construction of shed is required in SC Gangpur for OPD patients. Racks are also needed for the facility to keep the medicine safe.
- Construction of deep burial in every delivery points (wherever it is applicable). So, that biomedical waste can't be burned.

Human Resource

- The district needs to address the shortage of specialist doctors and need to 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

- Significant increase in Institutional deliveries as compared to last financial year.
- Service delivery to TB patient from district DMC is good except payments under Nikshay Poshan Yojana.

1. Overview of District

Chatra district was formed in 1991 after separation from Hazaribagh district with the area of 3706 km². It is situated in northern part of the Jharkhand state, with latitude 24.1526° and longitude 84.8568°. The district is surrounded by Gaya (Bihar) in North, Hazaribagh in East, by Latehar in south and by Palamu in West. The district is comprises with 12 health blocks viz. Chatra, Hunterganj, Itkhori, Kanhachatti, Kunda, Mayurhand, Pratappur, Simaria, Gidhour, Lawalong, Pathalgada, and Tanwa, which are further comprises with 1474 villages.

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

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

Indicator					
1. Total number of District		01			
2. Total number of Blocks		12			
3. Total number of Villages		1474			
4. Population	Rural population	1202043			
	Urban population	60475			
	Total Population	1262518			
5. Literacy rate		62.12			
6. Sex Ratio		951			
7. Sex ratio at birth		967/1000			
8. Population Density		280			
9. Estimated number of deliveries		29904			
10. Estimated number of C-section		1495			
11. Estimated numbers of live births		29904			
12. Estimated number of eligible couples		214628			
13. Estimated number of leprosy cases		105			
14. Target for public and private sector TB notification for the current year		11170			
15. Estimated number of cataract surgeries to be conducted		2000			
16. Mortality Indicators:		Previous year (2020-21)		Current FY (2021-22)	
		Estimated	Reported	Estimated	Reported
• Maternal Death	23	13	23	4	
• Child Death	Not provided	11	Not provided	9	
• Infant Death		96		23	
• Still birth		278		125	
• Deaths due to Malaria	Not provided	0	Not provided	0	
• Deaths due to sterilization 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)		6		6	
4. Primary Health Centers (PHC)		08		08	
5. Sub Centers (SC)		93		93	

6. Urban Primary Health Centers (U-PHC)	01	01	
7. Urban Community Health Centers (U-CHC)	0	0	
8. Special Newborn Care Units (SNCU)	1	1	
9. Nutritional Rehabilitation Centres (NRC)	4	4	
10. District Early intervention Center (DEIC)	0	0	
11. First Referral Units (FRU)	2	2	
12. Blood Bank	1	1	
13. Blood Storage Unit (BSU)	0	0	
14. No. of PHC converted to HWC	2	2	
15. No. of U-PHC converted to HWC	01	00	
16. Number of Sub Centre converted to HWC	44	38	
17. Designated Microscopy Center (DMC)	8	8	
18. Tuberculosis Units (TUs)	6	4	
19. CBNAAT/TruNat Sites	6	6	
20. Drug Resistant TB Centres	1	1	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities		Sanctioned/ Planned	Operational
	At DH	1	0
	At SDH	0	0
	At CHC	6	0
22. Institutions providing Comprehensive Abortion Care (CAC) services		Sanctioned/ Planned	Operational
	Total no. of facilities	7	7
	Providing 1st trimester services	7	7
	Providing both 1st & 2nd trimester services	7	7
23. Is there any Dialysis service facility available in public sector	Yes		
If Yes, how many health facility have dialysis service?	1		
How many of the above dialysis service are functional with the support of NHM?	1		
Is Dialysis free to all?	Free to BPL Card holders		
If Free to selected category, name the categories provide free dialysis service	BPL		
24. Whether the district has sufficient number of public health facilities - Primary, secondary and tertiary facilities	Yes		
If No, shortage of type of health facility in district	SC		

Source: DPMU, Chatra

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. DPM stated, “Every year DHAP (PIP) funds are being received in 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 Chatra 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	November 2021
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	2
• Details of ongoing Construction	1 GNM
• Details of Construction completed but not handed over	0

Source: DPMU, Chatra

2.2 Service Availability

There is 1 DH, 6 CHCs, 8 PHCs and 93 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 2 PHCs and 38 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 12 RBSK teams one each in a block are available in the district and none of the teams are with required number of human resource and only 7 teams are with RBSK nurse. Total 1280 children born in delivery points were screened for defects at birth.

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 available in the SNCU. During April 2021 to October 2021, total 86 (all inborn) infants were admitted in the SNCU, of which 43 were discharged, 22 referral and 21 are LAMA.

Newborn Stabilization Unit (NBSU): There is only one NBSU in the district, which is situated in CHC Simaria. During April 2021 to October 2021, total 71 infants were admitted in the NBSU, of which 61 discharged, and 10 are referred to higher facility.

Nutrition Rehabilitation Centre (NRC): There are 4 NRC's available in the district. Among the total admitted children, 78 were admitted due to MUAC<115 mm, 225 due to <3SD WFH with diarrhea, 15 due to fever and 9 due to others. Most of these cases were referred by frontline workers.

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

Table 3: Details about the health service delivery in the Chatra district, 1st April 2021 – 31st October 2021

Indicator			
1. Implementation of Free drugs services		1. Yes (Free to all)	
2. Implementation of diagnostic services (if it is free for all)		Yes (Free to all)	
Number of lab tests notified		Not provided	
Categories / schemes for free diagnostic services implemented		JSSK	
3 Status of delivery points			
• No. of SCs conducting deliveries	<=3 deliveries/month		04
	>3 deliveries/month		70
• No. of 24X7 PHCs conducting deliveries	<=10 deliveries/month		0
	>10 deliveries/month		8
• No. of CHCs conducting deliveries	<=20 deliveries/month		0
	>20 deliveries/month		5
• 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		0
• No. of DH/ District Women and child hospital conducting C-section		1	
• No. of Medical colleges conducting C-section		No Medical College in district	
4 Number of institutes with ultrasound facilities (Public+Private)		8	
• Of these, how many are registered under PCPNDT act		8	
5 Details of PMSMA activities performed.			
▪ Number of Health facilities implemented		14	
▪ The HRs for the day of PMSMA		14 Doctors, 7 Staff Nurse, 10 ANM	
▪ The services available on PMSMA days		ANC checkup, Severe Anemia treatment,	
6 RBSK			
• Total no. of RBSK teams sanctioned		12	

Indicator			
• No. of teams with all HR in-place (full-team) / No. of RBSK Nurses		0	
• No. of teams with partial HR in-place / RBSK Nurses		7	
• No. of vehicles (on the road) for RBSK team		7	
• 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		120	
• Number of children born in delivery points screened for defects at birth (last month)		1280	
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		All are functioning	
• Number of non-functional phototherapy unit for more than a week		No	
		Inborn (April – October)	Out born (April – October)
• Admission		86	0
• Defects at birth		0	0
• Discharged		43	0
• Referral		22	0
• LAMA		21	0
• Died		0	0
8 Newborn Stabilization Unit (NBSU)			
		Inborn (April – October)	Out born (April – October)
• Admission		71	0
• Discharged		61	0
• Referral		10	0
• LAMA		0	0
• Died		0	0
9 Number of Nutrition Rehabilitation Centers (NRC)			
• Admission		4	
○ Bilateral pitting oedema		0	
○ MUAC<115 mm		78	
○ < -3SD WFH		225	
○ With Diarrhea		0	
○ ARI/Pneumonia		0	

Indicator				
<ul style="list-style-type: none"> ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others 		0		
		0		
		15		
		0		
		9		
<ul style="list-style-type: none"> ● Referred by <ul style="list-style-type: none"> ○ Frontline Worker ○ Self ○ Ref. from VCDC/CTC ○ RBSK ○ Paediatric ward/emergency 		210		
		38		
		0		
		0		
		0		
		0		
● Discharged		259		
● Referral/ Medical transfer		7		
● LAMA		74		
● Died		0		
10 Home Based Newborn Care (HBNC)				
● Status of availability of HBNC kit with ASHAs		All ASHA have functional HBNC kits		
● Newborns visited under HBNC (Apr –Sep)		10,305		
● Status of availability of drug kit with ASHAs		All ASHA have provided drug kits but not re-filled it in this financial year.		
11 Number of Maternal Death Review conducted	Previous year		13	
	Current FY		4	
12 Number of Child Death Review conducted	Previous year		11	
	Current FY		9	
13 No. of Adolescent Friendly Clinic (AFC) meetings held		0		
14 Weekly Iron Folic Acid Supplementation (WIFS) stockout		Yes		
15 Universal health screening				
● If conducted, what is the target population		1262518		
● Number of Community Based Assessment Checklist (CBAC) forms filled till date		986		
● No. of patients screened, diagnosed, and treated for:	Screened	Diagnosed	Treated	
○ Hypertension	811	205	0	
○ Diabetes	662	150	0	
○ Oral cancer	198	0	0	

Indicator			
○ Breast Cancer	108	0	0
○ Cervical Cancer	106	0	0
16 If State notified a State Mental Health Authority	Yes		
17 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		
18 If Mera-aaspatal has been implemented	No		
19 Payment status:	No. of beneficiaries	Backlog	DBT status
• JSY beneficiaries (April 2020 – March 2021)	21899	Not provided	Not provided
• JSY beneficiaries (April 2021 – Sept 2021)	10030	Not provided	Not provided
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	1486	11888000	Problem with ICICI Banking Validation System
○ B- Incentive under NTEP	450	300	DTO & DAM is on long leave.
○ C- Incentives under NLEP	104	66	DTO & DAM is on long leave.
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	Honorarium Payment till July 21	Backlog from August 21 to till date	Problem with ICICI Banking Validation System
• Patients incentive under NTEP programme	480	Nil	DTO & DAM is on long leave.
• Provider's incentive under NTEP programme	421	Nil	DTO & DAM is on long leave.
• FP compensation/ incentive	138	25	Problem with ICICI Banking Validation System
20 Major reason for Backlog in ASHA incentives	No		
21 Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team	Yes, It is constituted in 2017 One at District 6 at CHC Level		
• No. of outbreaks investigated in previous year and in current FY	Not provided		

Indicator		
• How is IDSP data utilized	Yes they are utilizing the data via state team in analysed form and implementing it on field.	
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	All by Public	
22 Implementation of National Vector Borne Disease Control Programme (NVBDCP)		
• Micro plan and macro plan available at district level	Yes	
• Annual Blood Examination Rate	2020 – 4.5%	2021 – 5.19%
• Reason for increase/ decrease (trend of last 3 years to be seen)	Due to COVID- 19	
• LLIN distribution status	292136	
• IRS	2 nd round of IRS is not done due to unavailability of fund	
• Anti-larval methods	Not provided	
• Contingency plan for epidemic preparedness	Yes	
• Weekly epidemiological and entomological situations are monitored	Biweekly	
• No. of MDR rounds observed	0	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	93%	
23 Implementation of National Tuberculosis Elimination Programme (NTEP)		
• Target TB notification achieved	77%	
• Whether HIV Status of all TB patient is known	94%	
• Eligible TB patients with UDST testing	56%	
• Whether drugs for both drug sensitive and drug resistance TB available	Yes	
• Patients notification from public sector	No of patients notified	710
	Treatment success rate	89%
	No. of MDR TB Patients	19
	Treatment initiation among MDR TB patients	17
• Patients notification from private sector	No of patients notified	17
	Treatment success rate	83%
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
• Beneficiaries paid under NikshayPoshanYojana	296 (37%)	
• If pending or partial payment - Reason	DTO on Medical Leave	
• Active Case Finding conducted as per planned for the year	Yes	
24 Implementation of National Leprosy Eradication Programme (NLEP)		
• No. of new cases detected	3	
• No. of G2D cases	2	
• MDT available without interruption	120	
• Reconstructive surgery for G2D cases being conducted	1	

Indicator			
	• MCR footwear and self-care kit available	40	
25	Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	0	
26	Key activities performed in current FY as per ROP under National Tobacco Control Programme	Training of health professionals	
27	Number of ASHAs	Number of ASHAs	1486
		Required as per population	1600
		Selected	1486
		No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	38
		No. of villages/ slum areas with no ASHA	18
28	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1486
		No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	86
		No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1486
		No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1486
		No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	1155
		No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	86
		Any other state specific scheme	Skill Development by NIOS needs on education
29	Status of Mahila Arogya Samitis (MAS)	Formed	20
		Trained	20
		MAS account opened	20
37	Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	1264
		Trained	1264

Indicator					
		MAS account opened	1264		
38	Recruitment for any staff position/ cadre conducted at district level	Yes, it is ongoing but not recruited yet.			
39	Details of recruitment	Previous year		Current FY	
		Regular cadre	NHM	Regular cadre	NHM
	• Total no. of posts vacant at the beginning of FY	0	175	0	175
	• Among these, no. of posts filled by state	0	0	0	0
	• Among these, no. of posts filled at district level	0	0	0	0
40	Does the state have comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes			

Source: DPMU, Chatra

2.3 Implementation of CPHC

Ayushman Bharat - Comprehensive Primary Healthcare (CPHC) program is undertaking a population based Non-Communicable Disease (NCD) program is being implemented in the district. During the financial year district has enumerated 7804 patients of which 986 have filled CBAC form from 38 functional HWCs.

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

Indicator		Planned	Completed
1.	Number of individuals enumerated	Data not provided	7804
2.	Number of CBAC forms filled	Data not provided	986
3.	Number of HWCs started NCD screening		
a.	SHC- HWC	44	36
b.	PHC- HWC	8	2
c.	UPHC – HWC	1	0
4.	Number of individuals screened for:		
a.	Hypertension	Data not provided	811
b.	Diabetes		662
c.	Oral Cancer		198
d.	Breast Cancer		108
e.	Cervical Cancer		106
5.	Number of HWCs providing Teleconsultation services	38	15
6.	Number of HWCs organizing wellness activities	38	20

Source: DPMU, Chatra

2.4 Status of Human Resource

There are total 863 posts of different discipline is sanctioned for the district of which **425** posts are filled on regular (153) and contractual basis (272), while **395** posts are outsourced. Total **28.6** percent posts are vacant in the district (*Table 5*).

Table 5: Status of Human resource (regular + NHM) at public health facilities in Chatra 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		
• ANM	225	53	0	94	2	76
• MPW (Male)	95	8	0	0	0	87
• Staff Nurse	60	26	0	29	20	-
• Lab technician	35	2	0	35	30	-
• Pharmacist (Allopathic)	36	3	0	3	3	27
• MO (MBBS)	50	18	0	14	0	
• OBGY	8	0	0	3	0	5
• Pediatrician	8	0	0	1	0	7
• Anesthetist	8	0	0	1	0	7
• Surgeon	7	1	0	0	0	6
• Radiologists	1	0	0	0	0	1
• Other Specialists	17	2	0	4	0	11
• Dentists/ Dental Surgeon/ Dental MO	7	3	0	0	0	4
• Dental technician	0	0	0	1	0	0
• Dental Hygienist	7	0	0	1	0	6
• Radiographer/ X-ray technician	13	0	0	2	6	3
• CSSD Technician	-	-	-	-	-	-
• OT technician	6	0	0	0	0	6
• CHO/ MLHP	0	0	0	47	0	0
• AYUSH MO	-	-	-	-	-	-
• AYUSH Pharmacist	-	-	-	-	-	-
• Others	278	37	2	37	334	-

Source: DPMU, Chatra

2.5 State of Fund Utilization

Fund details have been not provided by the District Officials as District Accountant Manager was on suspension leave during the visit and deputed Block Account Manager was not able to provide the details after several calls and emails.

2.6 Status of trainings

Table 6: Status of training give to health delivery persons as on 30 November 2021 in Chatra district

Sr. No.	List of training (to be filled as per ROP approval)	Planned	Completed
1	District Level Child Death Orientation cum review meeting	Not Provided	06/06/2020
2	IDSP Training district level (MO/ANM/LT & Pharmacist)		15/01/2021
3	NDD ToT		22/01/2021
4	District level e-NSSK training (MO/SN & ANMs)		15/02/21 – 16/02/21
5	SBA Training		01/03/21 – 21/03/21
6	FPLMIS training Dist. Level.		02/03/21
7	WIFS Training Dist. Level		09/03/21
8	SBA Training		10/03/21 – 01/04/21
9	NRCP & IHIP (IDSP) Dist. Level		09/03/21
10	NCD Module Training -Dist. Level		01/03/21 – 03/03/21
11	District Level MDRS Orientation cum review		05/03/21
12	NCD Module Training -Dist. Level		04/03/21 – 06/03/21
13	NCD Module Training -Dist. Level		15/03/21 – 17/03/21
14	Family Participatory Care Training		22/03/21 – 23/03/21
15	RBSK district level training		25/03/21
16	MDRS district level orientation		25/03/21
17	IHIP Block level training (IDSP)		12/03/21, 15/03/21 – 17/03/21 & 19/03/21
18	IHIP & Climate Change Dist. level training (IDSP)		12/03/2021

Source: DPMU, Chatra

Pertaining to the HR training, there were no held during the current financial year as district is provided information for last financial year only (Table 6). Also, they did not provided the planned training details.

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

A newly constructed and standalone, District Hospital (**Sadar Hospital**) is situated at the district headquarter at Chatra and it is a 70 bedded hospital, of which 20 beds are of ICU. The hospital is well accessible from the nearest road head (lots of potholes in the road) 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. Solar panel power backup installed for the whole hospital.

Apart from these facilities, the hospital is providing OPD, ANC, Immunization, Family Planning, Laboratory services etc. between 9:00 am to 3:00 pm, and the critical patient & patients need of emergency services are being referred to Medical College, Hazaribagh, which is well connected with NH-99 and is away only 55 km from the hospital.

Besides this, the monitoring team has made following observations -

- The facility provides Medicine, O&G, General Surgery, Dental (on deputation), Digital service, NRC, SNCU, LMU, PICU, Labour Room Complex, ICU, Dialysis, and Emergency care services. Triage area of the facility is on under construction.
- The facility has Operational Theatre with Single general OT and Obstetric & Gynaecology OT. The facility is also well equipped with functional blood bank run by Red Cross Society, and blood units are issued free of cost to all elderly, BPL card holders and JSSK beneficiaries.
- The facility has sharp pit and deep burial pit inside the hospital campus. Other than these two bio medical waste management, they have tied up with Ramgarh district for Bio Medical Treatment.
- In case of IT services, the DH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The Essential Drug List (EDL) was available in the facility and displayed in OPD area. Among the displayed 41 EDL, 29 were available on the day of visit. There were as many as 11 EDL were not available in the facility in last 30 days. Apart from essential drugs, there were minimal shortage of essential consumables. The facility is implementing DVDMS.

- The DH has in house and PPP essential diagnosis services in the facility along with the in house digital X-ray 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.
- The facility is implementing the PM- National Dialysis Programme by PPP mode. This service is free of cost the BPL cardholder only. Under the programme, Dialysis unit have given services to 763 patients during last financial year, while 35 patients to this financial year.
- 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 159 normal delivery and 2 C-Section deliveries during November 2021.
- The facility have provided 481 birth dose to the newborns during last three months (September, 2021 – November, 2021) and all the newborns were breast fed within one hour of birth.
- Though, PMSMA services are provided in the facility on every month of 9th, 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 no maternal and child death occurred in the facility during current financial year as well as during last financial year. 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.
- It is lacking with service of NCD clinic as there was no Adolescent Friendly Health Clinic (AFHC) and no fixed day for NCD.
- The facility is a Designated Microscopy Centre (DMC). In last 6 months, 2% - 3% 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. DBT instalment has been not initiated since last two month due to absence of DTO.
- The computer operator updated HMIS and Nikshay 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 4 cases of in-referral of labour pain, prolong labour, high bleeding and hypertension. Apart from in-referral, there were 12 cases of out-referral of pre-term pregnancy, previous LACS, eclampsia etc.

Below table (**table 9**) depict the status of human resource in District Hospital, Chatra. From the table it can be seen that, there are total 138 post required as per the IPHS norms, of which 83 post has sanctioned for the DH. Among the sanctioned posts 20 are filled on regular basis, 21 are filled by NHM on contractual basis, 113 posts by outsourcing and 34 post through DMFT are filled in the DH.

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

Human Resource		Sanctioned	Regular	Contract
Deputy Superintendent		1	1	0
MO (MBBS)		11	3	4 [#]
Specialist	Physician	2	0	2
	ObGy	2	0	0
	Pediatrician	2	0	1
	Anesthetist	2	0	1
	Surgeon	1	0	0
	Ophthalmologist	1	0	0
	Orthopedic	1	0	0
	Radiologist	1	0	0
	Pathologist	1	0	0
	Others	4	1	2
Dentist		1	0	0
SNs/GNMs		24	2	7+4 [*] +7 [#]
LTs		3	1	2+3 [*] +3 [#]
Dental Assistant/ Hygienist		1	0	1
Pharmacist		4	3	1
Hospital/ Facility Manager		0	0	1
Others		21	9	3+106 [*] +20 [#]
Total		83	20	21+113[*]+34[#]

Source: District Hospital, Chatra, *Outsourcing, # DMFT

Table 8: Key Challenges observed in District Hospital and their root causes

Sr. No.	Challenges	Root Causes
1	Disabled patients may get difficult to receive the OPD and other service in the facility. Also, it was very difficult for PW and other OT patient to avail the delivery and OT services in the facility as both are in first floor	However, it was a newly constructed building; ramp walk is not yet constructed.
2	DBT installment of TB patients was not initiated since last two months.	DTO is on leave for treatment.
3	Many patients are not getting essential drugs from the facility.	Shortage of essential drugs i.e. PCM, Albendazole (400 mg), etc.
4	Difficult to provide the essential care to newborns at SNCU.	Wrapping towel and BP machine are not available.

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

Itkhori Community Health Centre is located in Itkhori health block of the Chatra district and about 45 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 9:00 am to 3:00 pm.

During the visit to Community Health Centre Itkhori, 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). 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, O&G, Paediatric, General surgery, Anaesthesiology, and Ophthalmology. Along with these services, the facility is also provides, emergency services.
- In case of IT equipment's, facility has desktop/laptop, but the internet connectivity is poor in the area.
- 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 sufficient supply of essential consumables.
- In house diagnosis services from 9:00 am to 3:00 pm is available in the facility. Total 15098 test has conducted during the current financial year, of which 322 are for TB, 10235 are for malaria, 727 are for HB, 1907 are for HIV and 1907 are for VDRL. 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, and delivery equipment's. The NBCC of the facility was not functional due to non-functional of radiant warmer and neo-natal ambu bag.
- JSY payments has been not done since July 2021 due to unavailability of funds.
- Though, PMSMA services are provided in the facility on every month of 9th, 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 vaccines and hub cutters and all the Nurses/ANM posted in the facility are aware about the open vial policy.
- There were 243 delivery conducted in last three months (September 2021 – November 2021) and all were breast fed within one hours of birth, and provided birth doses.

- 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, 2.9% 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. DBT instalment of 98% of the currently treating TB patients under Nikshay Poshan Yojana has been initiated.
- There are 75 patients of Leprosy, were detected by Filed Worker in last 12 months in the block and none of them are having Gr. II deformity.
- All the records related to TB, Malaria, and Leprosy were maintained in the facility. Also, HMIS, IHIP, HWC portal and Nikshay portal were updated but MCTS portal is not updated due to login and password issue, which have been reported to the district concern officials several times (as informed by BPM, not able to check due to poor internet connectivity).
- 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. Also, there no provision to diagnose the TB patients and Leprosy patients. Therefore, there is no records of TB, Malaria and Leprosy.
- Ambulance services in the periphery area of the facility is available with centralized call centre. There were 107 cases referred to the DH from the facility. Also, in the facility, RKS meetings are held on every month.
- Details of fund received to the facility is not provided but they have spent ₹759.44 lakhs during the current financial year.

Table 9: Status of human resource in the CHC Itkhori, Chatra

Human Resource		Sanctioned	Regular	Contract
MO (MBBS)		6	1	1
Specialist	Medicine	1	0	0
	ObGy	1	0	0
	Pediatrician	1	0	0
	Anesthetist	1	0	0
	General Surgeon	1	0	0
Dentist		1	0	0
SNs/GNMs		12	12	1+1*

Human Resource	Sanctioned	Regular	Contract
ANM	0	2	4+10*
LTs	3	0	2*
Dental Assistant/ Hygienist	1	0	0
Pharmacist	3	0	0
Hospital/ Facility Manager	1	0	1
Others	22	2	8+27*

Source: CHC Itkhor, Chatra, *Outsourcing

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

Sr. No.	Challenges	Root Causes
1	Data entry in RCH portal was not updated.	RCH login id was expired.
2	Newborn Care corner was not functional	Radiant warmer and ambu bag were functioning.
3	Pharmacist was not able to maintain the drug stock register.	Receipt of amount of drug received or purchase was not available.

3.3 Service Delivery: Primary Health Centre - Giddhor

Primary Health Centre (PHC) Giddhor is about 20 km from district headquarter. It is a six bedded standalone facility and well connected to the nearest road head. Its next referral point is Sadar Hospital (District Hospital), Chatra. The facility is providing ANC, NCD, Immunization, Family Planning etc. services from 9:00 am to 3:00 pm while other services like delivery, PNC and IPD services are 24*7. All the national programmes 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, rest room for ASHA, drug storeroom with rack, power backup (solar panel).
- PHC is not geriatric and disability friendly, and does not have clean toilets as well (separate for male and female). Also, the facility is needed painting work as there are so many damp in the walls of the facility.
- In case of IT equipment's, facility is having only functional electronic tablets. No desktop/laptop and Smart phones is provided. Also, the internet connectivity is poor in the area.
- 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 Itkhor is doing all the JSY payments of the facility through PFMS to the beneficiaries but as of up to June 2021 payments are done only (checked at CHC Itkhor).
- Though, JSSK entitlements are available in the facility but line listing of the high risk pregnancies is not available.
- There were 75 delivery conducted in last three months (September 2021 – November 2021) and all were breast fed within one hours of birth, but did not provided birth dose to all the newborns due to unavailability of Vitamin K₁ and Hepatise B₀ in the facility (Vaccines are not listed in EDL).
- 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.
- 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. Also, there no provision to diagnose the TB patients and Leprosy patients. Therefore, there is no records of TB, Malaria and Leprosy.
- 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 below table shows the status of human resource at the PHC. Total 28 post of different cadre are sanctioned, of which only 3 posts are filled as regular and 26 Post are filled on contractual basis (5 NHM, 21 Outsourcing).

Table 11: Available Human Resource at PHC Giddhor, Chatra

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	1	1	0
MO (AYUSH)	1	0	1
SNs/GNMs	0	0	1
ANM	5	1	2+6*
LTs	2	0	1+2*
Pharmacist	2	0	0
Public Health Manager (NUHM)	0	0	0
LHV/PHN	0	0	0
Others	17	1	13*
Total	28	3	26

Source: PHC Giddhor, Chatra district, * Outsourcing

Table 12: Challenges and their root causes in the PHC Giddhor, Chatra

Sr. No.	Challenges	Root Causes
1	PW are not being diagnose.	LT is on deputation in another facility at the moment due to COVID-19
2	Though, it is a 24*7 delivery facility but MBBS MO is not available	MO is deputed to CHC Itkhori
3	Drug register is not maintained properly.	Pharmacist is not available
4	Online reporting in HMIS portal is not being done by the facility	No desktop/laptop is available in the facility. Also the internet connectivity is poor.

3.4 Service Delivery: Sub Centre - Gangpur

The Gangpur Sub-Centre is a newly constructed and functional facility which is situated about 25 km away from district headquarter. It is a standalone facility and well connected to the nearest road head. Its next referral point is PHC Giddhor which is 5 km away from the facility and it is providing ANC, OPD, NCD, Immunization, Family Planning etc. services from 9:00 am to 3:00 pm while other services like Delivery, and IPD service are 24*7. All other national programmes are being implemented in the periphery of 19 villages.

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

- The facility have 24*7 water supply through bore-well and it is being used for drinking purpose also. Since, RO is installed in the facility, it is not safe to drink the bore-well water as the iron level in the water is high as informed by the CHO and ANM.
- Though it is a geriatric & disability friendly facility, the front area covered with sand and soil, not by cement flooring. This may cause problem to disable patients to avail the services from the facility during rainy season.
- The facility is also lacking with ASHA rest room, storeroom with racks, power backups, area for Yoga/welfare activities, sufficient OPD waiting arrangement and branding.
- The facility does not have biomedical waste management practices as they are burning it behind the facility. There is no sharp pit or deep burial pit.
- Though ANM has electronic Tablet, the internet connectivity is not provided to her. In addition, there is no tablet/laptop for CHO and no smartphones is given to any of the ASHA.
- 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, Diclofenac etc. 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. Also, CHO does not have a separate BP apparatus.
- Though, ANM hasline listing of all the Pregnant women and eligible couple with them but high risk women were not identified and also MCP cards were not dully filled as checked few of the MCP cards of pregnant women available at the facility.
- Last year, one maternal death was occurred the catchment area of sub-centre but its review was not conducted. There were no child deaths were occurred in the last and current financial 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.
- Tele-consultation services is being provided by CHO through E – Sanjeevani (by Smartphone), and weekly reporting of S form for epidemic prone disease is being done regularly. But from the date of joining to till date performance incentive is not disbursed to CHO on monthly basis.
- All the ASHA, of the periphery area of Sub-Centre have HBNC kits but lacking with some of the drugs i.e. PCM and ORS. Also, the ASHA incentives were delayed by 2 – 3 months. All the ASHA are aware 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 (2019 – 20) and spent total received funds.

The below table shows the number of cases screened and confirmed cases of different type of NCDs in the periphery of Sub – Centre. CHO was recently appointed in the SC, so she has only screened 55 persons for hypertension, diabetes, and oral cancer from her appointment to till 31 October 2021, of which 7 were confirmed with hypertension and 4 were confirmed with diabetes.

Table 13: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.

NCDs	Screened	Confirmed
Hypertension	55	7
Diabetes		4
Oral Cancer		0
Breast Cancer	0	0
Cervical Cancer	0	0

Source: Sub-Centre – Gangpur, Chatra district

The medicine for hypertension and diabetes are available and being provided by the facility. The following drugs have listed by the CHO.

Table 14 : List of Drugs available for Hypertension and Diabetes in SC Gangpur, Chatra

Sr. No.	List of Drugs
1	Tab. Amlol 5mg
2	Tab. Telmisartan – 40 mg
3	Tab. Metformin – 500 mg
4	Tab. Glimepiride – 1 mg

Source: Sub-Centre – Gangpur, Chatra district

Table 15 : Available Human Resource at SC Gangpur, Chatra

Human Resource	Sanctioned	Regular	Contract
ANM/MPW Female	2	0	1
MPW Male	1	0	0
MLHP/CHO	0	0	1
ASHA	13	0	13

Source: Sub-Centre – Gangpur, Chatra district

Pertaining to HR, facility is run by two ANM, and one CHO. There is no regular HR employed in the facility. Apart from these contractual ANM and CHO, there are 13 ASHAs working in the periphery area of the facility.

Table 16 : Challenges and their root causes in the SC Gangpur, Chatra

Sr. No.	Challenges	Root Causes
1	No space for biomedical waste management, they are burning it behind the SC.	No deep burial
2	It is difficult to provide the tele-medicine services from the facility.	No internet connectivity.
3	Pregnant women are either sitting on the ground or standing outside the building of the facility during their visit to SC.	No OPD waiting area and no shades in front of the facility.
4	During rainy season, water fills up in front of the facility.	No cement flooring
5	Conducting fewer deliveries.	Dressing table and delivery table is not available along with some delivery instruments.

Source: Sub-Centre – Gangpur, Chatra 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 Chatra district was carried out by the PRC team during **30 November 2021 to 4 December 2021**. The Civil Surgeon Office, District Hospital, Community Health Centre – Itkhori, Primary Health Centre – Giddhor, and Sub-Centre – Gangpur were visited for monitoring by PRC team. During the field visit the PRC team was accompanied by Alok Srivastava, TB Coordinator. Based on discussion with the concern officials and monitoring/ observations of the health facilities the following recommendation have 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 Sadar Hospital (DH), there is no Gynaecologist, Anaesthetist and Paediatrician is not available, need to be appointed at earliest.
4. In SC Gangpur, OPD patients are sitting in the ground as well as outside of the campus. And during rainy season rain water collected in front of the main gate of the SC. So it is recommended to construct a shed, which will also work as waiting area to OPD patients. Also, need to construct tile or CC floor in front of the gate.
5. It is recommended to district official that kindly provide vehicle for drug distribution or alternative option from the CHC to the PHC and SC as ANM/CHO are travelling by their own cost to get the drug from block facility.
6. 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 Chatra district PIP monitoring visit, 30 November 2021 - 4 December 2021.



Visit to District Hospital, Chatra



Visit to CHC Itkhori, Chatra



Visit to PHC Giddhor, Chatra



Visit to Itkhori, Chatra

B Singh

Baldev Singh Kulaste

A. M. A.

Vivekanand A