

**Monitoring and Evaluation of Programme Implementation Plan, 2014-15
Dhanbad District, Jharkhand**

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**Monitoring and Evaluation of Programme Implementation Plan, 2014-15:
Dhanbad District, Jharkhand**

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2014-15 of Dhanbad District was carried out by the PRC team during 9- 15 January 2015. The District Health Office, CHC Baghmara, PHC Rajganj, and SC Bagdah was visited for the study by the PRC team. This report discusses in detail the implementation of PIP in Dhanbad district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Appointments of health staffs are done by state health society. Discussion with the concerned officials revealed filling up and retaining the of GNMs position are difficult as they are getting better opportunity elsewhere. There is no remuneration provided in high focus areas.
- In the district, a total of 625 positions of different discipline are sanctioned out of which 295 posts are filled. In SCs substantial number of ANM and Health worker posts is vacant. In PHCs substantial number of Pharmacist, clerk, dresser and health assistant posts are vacant. Overall district depicts a weak human resource in all the categories of staffs whereby affecting the overall health services availability in the district. All CHCs have sanctioned 7 MOs posts but in none of the CHCs all MOs are filled. Other than MOs no staff positions are sanctioned as per 30 bedded norms in CHCs.
- There are 7 CHCs in the district out of which only 2 CHCs in Baghmara and Topchachi are as 30 bedded. Remaining 5 CHCs are functioning in an old building with 6 beds only.
- CHC Baghmara was upgraded from PHC. As per CHC norm it should be 30 bedded. Neither infrastructure nor staffs provided are available for a 30 bedded hospital.
- PHC Rajganj is functioning in an old government building constructed in 1963 and needs new construction. Staff quarters for MOs are not available. PHC has electricity with power back up however Invertor is not functioning and given for repair.
- Sub Centre Bagdah has no electricity with power back up, running 24*7 water is not available. Quarter for ANM is not available. Although labour room is available deliveries are not conducted. There is no functional NBCC
- AYUSH services of Ayurveda and Homeopathy are available in district. AYUSH MO is not a member of the RKS and AYUSH OPD is integrated with the main facility. There is shortage of AYUSH medicine in general.

- Malnutrition Rehabilitation Centre is established and functioning in CHCs Tundi, Govindpur and Topchachi blocks of the district.
- During the reference period first trimester ANC registration is only 31 percent. During the reference period, 27 maternal deaths were reported in the district. Maternal death review was conducted on 22 maternal death upto the month of September 2014. Key causes of maternal deaths were Eclampsia, APH, PPH, Bleeding, Anaemic, Ruptured uterus. State/district task is not formed and no reports are published on MDR. Facility based maternal death review is done only at PMCH.
- Through DeGS, Mamtawahan call center free transport home to health facility, inter transport and free drop back facility to home is provided in the district.
- There are 5 MMUs functioning in 8 blocks of the district. Microplan is prepared by linking 1098 villages and Performance monitoring is carried out on monthly basis.
- In RBSK DRCHO is identified as a nodal person for child health screening. Teams could not be constituted due to unavailability of staffs. Approval for early intervention centre at district level is awaited. Although 11 MOs are appointed under RBSK the health and supporting staffs are yet to be appointed.
- There are 7 ARSH clinics in the district. Regular staffs and ICTC staffs are given additional responsibility of ARSH clinic.
- Payment in JSY is done through AC payee due to which beneficiaries are not able to get funds in time. JSY is provided through RTGS in CHC Baghmara.
- NBCC is located in Jharia FRU, and in 5 CHCs and 1 PHC. In 3 facilities equipment's are not functioning. New Born Care Corner in PHC Rajganj is non functional due to non availability of warmer.
- Essential health services such as Cardiology, Radiology and ENT services are not available in the district.
- Essential equipment's such as MVA/EVA equipment, suction apparatus (not working since 1 week), Physiotherapy unit is not working, and ILR is not available in CHC Baghmara. Laboratory equipment semi auto analyser is not available in CHC Baghmara and PHC Rajganj. Radiant warmer, ILR and deep freezer, Autoclave, and MVA/EVA equipments are not available in PHC Rajganj. None of the essential equipment's are available in SC except needle and Hub cutter. Although, haemoglobin meter was available it was stolen.
- Nearly 50 percent of essential drugs are either not available or in shortage in the district.

- Essential drug list is available in CHC Baghmara but not displayed; stocks are displayed. Computerised inventory management is not available. Essential drugs such as IFA tablets (blue), IFA syrup with dispenser, Vit A syrup (not available since 2 years), Misoprostol tablets, and Mifepristone tablets. Drugs for hypertension, Diabetes, common ailments, are available through NCD clinic but medicine is not available for the past 1 year.
- Essential drug list is not available in PHC Rajganj. Computer inventory management is not available. Essential drug such as IFA syrup with dispenser, IFA tablets (blue), VitA syrup, Zinc tablets, Inj magnesium Sulphate, Mifepristone tablet, drug for hypertension, diabetes etc, adequate vaccines, are not available. Among supplies urine albumin and sugar testing kits, is not available.
- Essential drugs such as IFA syrup with dispenser, ORS packets, Zinc tablets, Inj magnesium sulphate, Inj Oxytocin, Vitamin A syrup, Misoprostol and antibiotics are available and drugs for common ailments are not available in SC Bagdah. BP apparatus is not available.
- Urine albumin and sugar, RPR, and liver function tests are not provided in CHC Baghmara. Under JSSK Rs 200 is available for each pregnant woman for lab testing. These funds are being utilised for lab tests which are available at CHC, including sonography. MOU is also done with Private labs. In SC Urine Albumin and Sugar testing kit, OCPs and EC pills are not available.
- High risk pregnancy cannot be managed in CHC Baghmara and PHC Rajganj.
- For proper planning and updation registers need to be maintained. Registers such as PNC register, indoor bed head ticket, line listing of severely pregnant women are not available in PHC Rajganj. PHC has not yet received untied funds since 2 years.
- Citizen charter, Timings, list of services available, EDL, Protocol posters, JSSK entitlement, Immunization schedule, and JSY entitlements are not displayed in PHC Rajganj. In SC Untied funds are not available since 1 year, payments under JSY are made at CHC baghmara, VHND plan record is not maintained. Register on MCH, delivery, Stock, Due lists, village, referral, list of families with 0-6 years under RBSK, line listing of severely pregnant women are not available. Posters of JSSK entitlements, JSY entitlement, Citizen charter, timing of the SC, visit schedule of ANM, Area distribution of ANMs/VHND, JSY entitlement, SBA protocols, and immunisation schedule are not displayed.
- Family planning services are provided in all the major facilities of the District. ASHAs are involved in social marketing of spacing methods.

- During the reference period the highest incentive of Rs. 61700/-and lowest incentive was nil such range in incentive amount need to be examined. Payments are not disbursed in time to ASHAs and procurement of Drug kit replenishment is in progress. ASHA resource centre is not established.
- Under National Malaria Control Programme, MPW staffs are not filled. Some of the positions in RNTCP staffs are vacant and recruitment is in process. Timely payment of salaries is not made. Since 9 months there was no salary after which salary was paid and transferred from NRHM additional items.
- . Bio Medical Waste is thrown outside and scattered all over in PHC Rajganj. Wastes are not segregated in colour coded bins. Although, colour coded bins were provided it was stolen as no night security guards are available. SC Bagdah is not clean and deep burial pit is not available.
- Regular fumigation is not done. There is no functional laundry and washing service. Dietary service is not available. Equipment repair and maintenance mechanism is not available. Grievance redressal mechanism and Tally is not available. Appropriate drug storage facility is available.
- Dedicated staffs of DEO are appointed at 7 CHCs and 1 data manager at district level available for HMIS and MCTS. Data quality is poor for MCTS (5 %). MCTS data entry is in time and 80 percent of the facilities follow the timing with completeness and consistency.

During PIP monitoring visit some suggestions are made by district authorities are given below

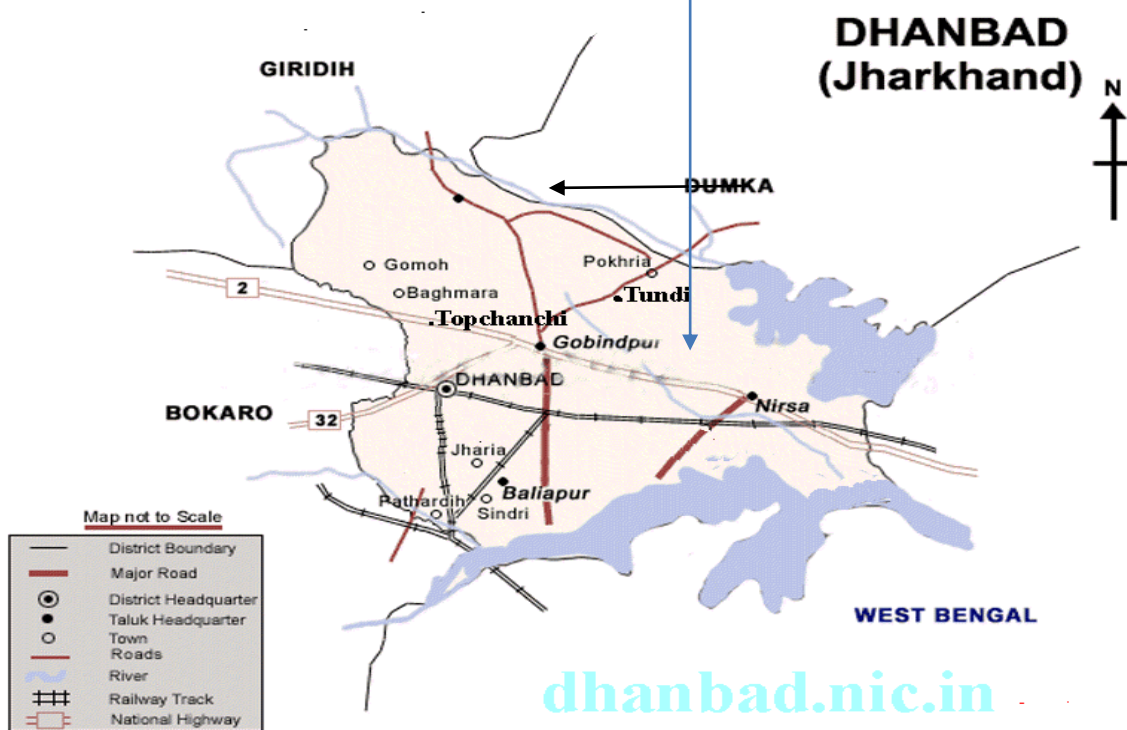
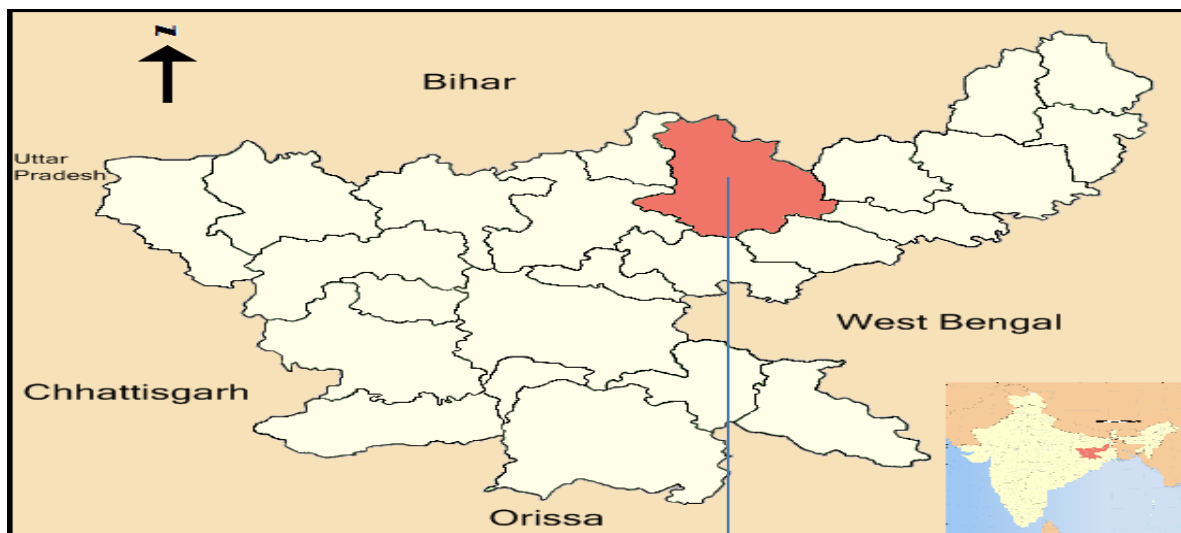
- In CHC Baghmara labour room requires 3 GNM but only 4 are available, CHC require Paediatrician and surgeon as well as require lady aiya and attendant for ward.
- Since CHC Baghmara is an FRU it requires SNCU and phototherapy unit. Beds are sanctioned but in physical terms beds are not available. AC is required in OT and BSU. Ambulance is also required
- ICTC, lab needs to be equipped with CHC norms. CHC Baghmara requires Doppler, USG, X ray, ECG, Suction for delivery and 2-3 frollys. Computer inventory system required.
- Medicine purchasing system should be uniform throughout the state. Anti snake drug is required. POL funds are insufficient.

Action Points

- Since severe shortage of health and supporting staffs affect the overall health services. Immediate action should be taken in forms of health held camps and telemedicine services.
- Reward and incentive to health officers and supporting staffs through such health service through Mass Media. MMU need to be further expanded considering Dhanbad is a city with many industries private collaboration can be sought .
- However, in long term immediate appointment of all the health staffs with continuous training and motivation is required.
- General infrastructure need to be improved. PHCs upgraded to CHCs need to be provided with staffs and infrastructure as per CHC norms at the earliest.
- Accommodation with help of local committee member at block and village level is required considering the fact health staff needs to provide round the clock services.
- NBSU needs to be strengthened and expanded in the district.
- Strengthening of equipment maintenance and repair system in the district. Essential equipment's, need to be available at the earliest. Actions should be taken to provide the necessary equipment's at the earliest. Time limit should be set for repair of equipments and time to time maintenance is required.
- Wherever essential drugs and lab services not available can be interlinked with the nearest health facility available and necessary steps needs to be taken for the availability of essential services. Mapping of the availability of services needs to be prioritized.
- Awareness about EDs need to be provided to health providers as well as beneficiaries through mass media campaigns most adapted and understood by locals.
- Mechanism for computer inventory management of EDL is required. Even, essential drugs such as Vitamin A syrup, IFL tablets are not available.
- Security of health facilities needs utmost attention. There were instances when it was reported that equipments are stolen from health facilities. Night guard and caretaker should be provided in all the health facilities.
- Overall collaboration with schools, panchayat, NGOs and Industries with regard to infrastructure can be thought in future. For example a vehicle can be assigned for transport of not only sick people, but students residing in far away places etc..

- General cleanliness and IEC and message of various health programmes needs to be improved and can be communicated taking into consideration the local language best understood by the locals.
- There should be a proper mechanism to dispose biomedical waste in PHC Rajganj and SC Bagdah.

Location of Dhanbad District in Jharkhand



2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2014-15 has been designed and submitted to the MOHFW, New Delhi by all the states and the Union Territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW, New Delhi has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Jharkhand in 2014-15. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Dhanbad District of Jharkhand for the reference period April – December, 2014.

As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for Dhanbad District was carried out during the period 9-15 January, 2015. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Two officials from PRC, Pune visited the district during the period 9-15 January, 2015 to obtain information on implementation of PIP in the district. The DHO Office, one Rural Hospitals, one Additional Primary Health Centre and one Sub Centre were selected for the study. The team received cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Dhanbad district as observed by the PRC team during the field visit.

3. District Profile

Dhanbad district was constituted in 1956 by carving out the old Dhanbad subdivision, Chas and Chandankiyari police stations of the Sadar subdivision of the erstwhile Manbhum district. Dhanbad is police district since 1928. The reorganisations of the districts in the state of Bihar which took place after 1971 did not affect the district of Dhanbad. In 1991 a part of Dhanbad district was sliced away from Bokaro district. Dhanbad Municipality is the chief town and the headquarters of the district. In the year 1991, Bokaro District was constituted by carving out Chas Sub-division of Dhanbad district and Bermo Sub-division of Giridih District.

The district is bounded on the west by Giridih and Bokaro on the north by Giridih and Dumka and on the east and south by Purulia district of West Bengal. Dhanbad has a large mix of different cultures and people. There is a significant percentage of people who are Bengalis, Biharis and locals. There are also significant Gujarati, Punjabi and Tamil, Malayali, Telugu, Marwari Rajasthani communities who have been living in dhanbad for a long time. Therefore, Dhanbad can be called a cultural melting pot. This diversity is also mirrored in the fact that there are a large number of languages spoken in Dhanbad. The district is situated in the state of Jharkhand and lies between 23° 37' 3" and 24° 4' N latitude and 86° 50' E longitude. The district can be divided into three broad natural divisions, viz., (I) the north and north western portions consisting of the hilly region, (ii) the uplands

containing coal mines and most of the industries and (iii) the remaining uplands and plains lying to the south of the Damodar river consisting of cultivable flat lands . The north and north western division is separated for the entire length by the Grand trunk road. The climate of the district is characterised by general dryness. It is very pleasant during the cold weather from November to February. Thereafter the climate becomes warm. It remains hot until the monsoon breaks towards the middle of June. With the setting in of rains the temperature falls and humidity rises, July to October are the rainy months. July and August are the wettest months. The average rainfall during July is 287 mm and that in August 445 mm. The average annual rain fall in the district is approximately 1300mm.

Key Demographic Indicators: Dhanbad District

Sr. No.	Items	Values
1	No. of Blocks	9
2	No. of Villages	1159
3	Population	2684487
4	Population - Males	1405956
5	Population - Females	1278531
6	Literacy Rate	74.52
7	Literacy Rate - Males	83.81
8	Literacy Rate - Females	64.29
9	Sex Ratio	908
10	Child sex ratio	896
11	Percent Urban	58.13
12	IMR	26*
13	NMR	20*
14	MMR	208*
15	TFR	2.8*
16	Percent SC Population	16.2
17	Percent ST Population	8.6
18	OPD attendance (average per month)	36000**
19	IPD attendance (average per month)	400**

Source: Census 2011; *AHS 2011;**HMIS

4. Key Health and Service Delivery Indicators: Jharkhand and Dhanbad District

Sr. No.	Indicators from DLHS-3	Jharkhand	Dhanbad
1	Mothers registered in the first trimester (%)	30.8	47.7
2	Mothers who had at least three ANC visits (%)	30.5	50.0
3	Mothers who got at least one TT injection (%)	54.5	68.5
4	Institutional births (%)	17.7	35.4
5	Home deliveries assisted by SBA (%)	7.2	12.3
6	Children fully immunised (%)	54.0	47.5
7	Children breastfed within one hour of birth (%)	34.5	28.4
8	Percent of women using modern FP methods	31.8	44.9
9	Total Unmet Need for FP (%)	33.5	28.3
10	Unmet need for spacing (%)	12.7	10.9
11	Unmet need for limiting (%)	20.8	17.4

Source: DLHS-3

Dhanbad District: Key Service Utilization Parameters of visited facilities (April to December 2014)

Service Utilization Parameter	Additional PHC Rajganj	CHC Baghmara	SC Bagdah
OPD	2678	10974	
IPD	60	516	
Expected number of pregnancies	--	340	290
MCTS entry on percentage of women registered in the first trimester (in percent)	90	98	90
No. of pregnant women given IFA	105	235	140
Total deliveries conducted	37	392	--
Number of Deliveries conducted at home			9
No. of assisted deliveries(Ventouse/ Forceps)	0	--	
No. of C section conducted	0		
Number of obstetric complications managed, pls. specify type	0	5	
No. of neonates initiated breast feeding within one hour	37	392	9
Number of children screened for Defects at birth under RBSK	0	2553	0
RTI/STI Treated	0	0	
No of admissions in NBSUs/ SNCU, whichever available	0	0	
Inborn	0	0	
Outborn	0	0	
No. of children admitted with SAM	0	0	
No. of sick children referred	0	5	--
No. of pregnant women referred	0	123	--
ANC1 registration	105	227	140
ANC 3 Coverage	77	153	91
No. of IUCD Insertions	9	3	4
No. of Tubectomy	0	51	
No. of Vasectomy	0	0	
No. of Minilap	0	0	
No. of children fully immunized	126	334	184
Measles coverage	126	513	184
No. of children given ORS + Zinc	1000 pkts	0	--
No. of children given Vitamin A	No supply	0	--
No. of Children given IFA syrup			--
No. of women who accepted post-partum FP	0	3	
No. of MTPs conducted in first trimester	0		
No. of MTPs conducted in second trimester			
Number of Adolescents attending ARSH clinic	0	726	
Maternal deaths, if any	0	0	0
Still births, if any	0	2	0
Neonatal deaths, if any	0	0	0
Infant deaths, if any	0	0	0
Number of VHNDs attended			21
Number of VHNSC meeting attended			--
Service delivery data submitted for MCTS updation			100
Zero dose, Polio, BCG	0	0	0

Note: -- No data; ** = Services not available

5. Health Infrastructure

There is no DH, SDH in the district. There are 7 CHCs, 28 PHCs, and 141 SCs. Out of which delivery points are in 78 SC, 28 PHCs, 7 CHCs, and 1 PMCH. AYUSH (Ayurvedic) facilities of one Ayurveda and Unani dispensary is available at district headquarter. There are 2 Homeopathic facilities available in the district. There are 7 CHCs out of which 2 building are ready as per 30 bedded norms in Baghmara and Topchachi. Remaining 5 CHCs are functioning in an old building

with 6 beds only. All CHCs have sanctioned 7 MOs posts but in none of the CHCs all MOs are filled. Other than MOs no staff positions are sanctioned as per 30 bedded norms. Under public health initiative there is one NGO JYOTI institute the impact of which is good. There are 5 MMU in all 8 blocks.

6. Human Resources

Filling up and retaining the of GNMs position are difficult as they are getting better opportunity elsewhere. There is no remuneration provided in high focus area. There is an establish linkages with NGO.

Human Resource, Dhanbad

Health facilities	Name of Post	Sanctioned	Filled up	Vacant
SC	ANM	152	81	71
	Office assistant	19	2	17
	Health worker	18	4	14
	FP health worker	24	10	14
	Sweeper cum servant	15	14	1
	Total	228	111	17
PHC	MO	22	17	5
	Pharmacist	29	5	24
	LT	27	5	22
	Clerk	29	15	14
	Dresser	28	2	26
	Sweeper	23	8	15
	Health assistant (male ward)	28	15	13
	Health assistant (female ward)	28	9	19
	Total	214	76	138
PHC	MO	8	8	0
	Clerk	13	13	0
	Computer assistant	8	8	0
	Supervisor	7	0	7
	Pharmacist	7	2	5
	MCH officer	17	3	14
	ANM/Trained dai	25	19	6
	Dresser	7	2	5
	chalak	12	2	10
	OS	9	8	1
	Sweeper	8	3	5
	Health assistant (male ward)	12	12	0
	Health assistant (female ward)	11	5	6
	Eye specialist (assistant)	4	4	0
	Total	149	89	59
Urban Family Planning	MO	5	1	4
	ANM	6	4	2
	Clerk	1	1	0
	Officer (family welfare)	5	3	2
	Total	17	9	8
MCH	MCH officer	1	0	0
	ANM/Trained dai	1	1	1
	Sweeper	1	0	0
	Supervisor	0	0	1
	Ricksaw puller	1	1	0
	Total	4	2	2

Training status /skills of various cadres district as a whole

Training programmes	Dhanbad district	Remarks
EmOC	2	
LSAS	5	--
BeMOC	3	--
SBA	219	--
MTP/MVA	18	--
NSV	8	--
F-IMNCI	62	SN-(29)
IMNCI	606	
Immunization and cold chain	30	Cold chain handler
IUCD	84	MO-(7), GNM-(5), LHV-(3), ANM-(69)
PPIUCD	13	MO-(10), GNM-(1), ANM-(1)
Blood storage	6	MO-(3), LT-(3)

Note: Figure in parenthesis denotes the number of personnel.

Training status/skills of various cadres at visited facilities during April to December 2014

Training programmes	PHC Rajganj	CHC Baghmara	SC Bagdah
EmOC	--	--	
LSAS	--	1	
SBA	MO-(1), ANM (2)	MO (2), GNM (3), ANM(2)	ANM
MTP/MVA	--	--	
NSV	--	MO-(1)	
F-IMNCI/IMNCI	ANM(2)	MO (2), GNM (12)	ANM
NSSK	--	--	ANM
Mini Lap-Sterilisations	--	--	
Laproscoy-Sterilisations	--	--	
IUCD	ANM(1)	MO-(1)	ANM
PPIUCD	--	GNM (1)	
RTI/STI	--	--	
Blood storage	--	MO-(1), LT(1)	
RI/Immunization and cold chain	MO-(1), ANM (2)	MO-(7), ANM(1)	ANM
IMEP		GNM (3), ANM (2)	
ARSH		MO(2), ANM (1), Health Educator (1)	ANM

Note: Figure in parenthesis denotes the number of personnel.

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor

7. Other Health System Inputs

All 7 CHCs are having one Surgery (major and minor OT), Obstetrics, Emergency, FP services, Pathologist, Mild inpatient management, OPD medicines. C section deliveries are available at Jharia and Govindpur CHCs. Obstetrics are available at all CHCs and PHCs. Gynaecology care is available at CHC Zaria; Cardiology is not available anywhere in the district. Trauma care is available at 1 CHC, Ophthalmology is available Radiology is not available; ENT is not available; FP service at 1 PHC; BSU unit in CHC Jharia, Radiology not available, OPD gynaecology available at 2 CHCs.

Availability of drugs, diagnostics and equipment's

EDL is available around 50 percent drugs are not available in health facilities.

AYUSH Services

AYUSH services of Ayurveda are available at district hospital. Homeopathy is available in 2 PHCs. AYUSH MO is not a member of the RKS. AYUSH OPD is integrated with the main facility. There is severe shortage of AYUSH medicine in general. Since one and a half year there is centralised purchasing by corporation. During the reference period Ayurvedic (3058), Unani (4456), Homeopathy (1941), were reported from the district.

8. Maternal Health

8.1 ANC and PNC

ANC registration was 35094 during the reference period April to December 2014 out of which 10862 women were registered in the first trimester resulting in only 30 percent first trimester registration. The number of women who were line listed of severely anaemic pregnant was 2533. The number of women identified as Hypertension pregnant women was 1020. The number of women who received TT1 and IFA tablets during the reference period was 29658 and 20288 respectively. The number of women who received post natal visit was 14648.

8.2 Institutional Deliveries

During the reference period April to December 2014, number of institutional deliveries conducted in the district was 6238 in public institutions and 15038 in private institutions. Out of the total deliveries c section deliveries was 704 in public institutions and 3714 in private institution.

8.3 Maternal Death Review

During April 2014 to December 2014, 27 maternal deaths were reported in the district. Maternal death review was done on 22 maternal death upto the month of September 2014. Key causes of maternal deaths were Eclampsia, APH, PPH, Bleeding, Anaemic, Ruptured uterus. State/ district task is not formed and no reports are published on MDR. Facility based maternal death review is done only at PMCH.

8.4 JSSK

Through DeGS, Mamtawahana call center was established on 11th of September 2011 with a solution to automate its cab booking process for pregnant women. Two incoming numbers are being provided:

- Number A: Will handle inbound calls made by pregnant women / family members.
- Number B : Number for drivers to update their location

IVR (Interactive voice response system) would forward calls to drivers present at that location, and upon confirmation sms containing driver and pregnant women details would be exchanged with each other.

During the reference period April to December, 2014 the total number of vehicle and MMU per block was 56 and 49 vehicles were functional per block. The number of beneficiaries provided with free transport home to health facility was 506 out of the 524 call received and free drop back facility to home was provided to 271 beneficiaries out of the 271 call received. However, in Baghmara no call was received for Facility to home. with 402 institutional delivery (CHC). The number of delivery by Mamtawahana was 506 and 24 infants were provided with transport facilities.

During the period April to November 2014 under 5 MMU the total number of beneficiaries were 52676. Lab services provided during the reference period was path test (5746), X-Ray (195), and ECG (443). X ray facility is available only in LaljiPrasikshan Kendra and ECG in LaljiPrasikshan Kendra and Human Rural foundation. Record shows all the calls received were provided with services.

The number of mothers provided with free transport home to PHC was 4509 and free drop back PHC to home was 2171. The number of mother provided with free transport facility from PHC to PMCH was 261 and the number of babies provided with same was 4.

8.5 JSY

JSY guidelines are followed for making payments. During the reference period 2593 mothers received JSY benefits. Payment is done through AC payee due to which beneficiaries are not able to get funds in time. Full payment of JSY is paid to the beneficiary at the time of discharge on submission of essential documents.

The number of beneficiaries who were provided with JSY benefit for home deliveries was 29. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. Physical verification (atleast 5%) is done by district level authorities and verification is done at private facilities. There is no Grievance Redressal Mechanism is activated as stipulated under JSY guidelines. Proper records are maintained for beneficiaries receiving the benefits.

9. Child Health

9.1 NBCC

NBCC is located in Jharia FRU, in 5 CHCs and 1 PHC. In 3 facilities equipment's are not functioning.

9.2 MNRC

Malnutrition Rehabilitation Centre is established in CHCs Tundi, Govindpur and Topchachi. MTC is functioning in 3 blocks viz: Tundi, Govindpur and Topchachi . The number of child admitted during the period April to November 2014 was 72 in Tundi block and the number of babies treated was 58, 68 babies were admitted in Govindpur and the number treated was 25 and the number of babies admitted was 34 in Topchanchi block. Out of these 12 LAMA were reported in Tundi and 5 in Topchanchi. Out of these 2 from Tundi and 5 from Topchanchi were referred. The average length of stay is 15 days.

9.3 Immunization

During the reference period the following immunisations were provided in the district: BCG(36720), DPT1 (39376), DPT2 (38028), DPT3 (37877); polio0 (19599),polio 1 (39262),polio 2 (37901),polio3 (37821); Hep0 (11153),Hep1 (39039),Hep2 (37805),Hep3 (37713); Measles 1 (37140),Measles 2 (25240); DPT booster (26581); polio booster (26341) and fully vaccine children (36844). During the reference period the no of immunisation sessions planned were 19790 and 18948 immunisations were held in the district. Maintenance of cold chain requires funds. Microplan and outreach plan is prepared. Alternate vaccine delivery system is available. There is no hindrance in stock management.

9.4 RBSK

DRCHO is identified as a nodal person for child health screening. Teams could not be constituted due to unavailability of staffs. Approval is yet to be received for early intervention centre at district level. Although 11 MOs are appointed under RBSK the other health and supporting staffs are yet to be appointed.

10. Family Planning Services

Family planning services are provided in government as well as in private institutions 9 PHCS of the District. During the reference period April to December, 2014 the target for female sterilization was 12825 and achievement was 2059 with 16 percent achievement. Lowest percent of immunization was in tundi and topchanchi blocks and the highest percentage was in Dhanbadsadar and Jharia blocks. The target for P.P sterilization was 675 and achievement was 35 with 5 percent achievement. The target for NSV/Vasectomy was 800 and achievement was 38 with 4 percent achievement. The target for IUD was 10000 and achievement was 94 with 9 percent achievement. The target for OP users was 150000 and achievement was 11903 with 7 percent achievement. The target for Nirodh(Pcs) was 1200000 and achievement was 69086 with 5 percent achievement.

IEC materials are available in the form of Hoardings and wall writings. Through nukkad, natak, local party and newspaper IEC activities were conducted. IUCD type both 375 and 380 are available. PPIUCD service is available in CHC Jharia. ASHAs are involved in social marketing of spacing methods.

11. ARSH

There are 7 ARSH clinics in the district and established at the following health facilities; CHCs: Baliapur, Sindri, Nirsa, Baghmara, Jharia, Govindpur, and Tundi. Regular staffs and ICTC staffs are given additional responsibility of ARSH clinic.

12. Referral Transport and MMUs

For the ambulance services a Call Centre is available. There are 5 MMUs namely Tata steel Rural Development Society- Jamshedpur, VikasBharti- Vishnupur, Laljiprasikshan Kendra-Dhanbad, Citizen foundation-Ranchi, Human Rural foundation in 8 blocks of the district and is operated by NGOs: VishwasBharti, Vikas Kendra, Human foundation, and Citizen foundation. Microplan is prepared by linking 1098 villages and Performance monitoring is carried out on monthly basis.

13 ASHA

Total numbers of ASHAs required in the district are 2160 and all the positions are filled. The number of ASHAs trained for HBNC and received 6A training is 1951 and 6 B training is 2062, 7A is 2067, and 8A is 1637. ORS and Zinc are available as well as FP methods (condoms and Oral pills) to all the ASHAS. During the reference period the highest incentive of Rs. 61700/-and lowest incentive of RS. 0 were paid to ASHAs. Payments are not disbursed in time to ASHAs and procurement of Drug kit replenishment is in progress. ASHA resource centre is not established.

14. Disease Control Programmes

14.1 National Malaria Control Programme

The number of slides prepared during the period January to November 2014 was 232226 of which 2066 were positive. Drugs are available. MPW staffs are not available.

14.2 Revised National Tuberculosis Programme (RNTCP)

The number of sputum test conducted during the reference period was 11199 out of which 1262 were positive cases. DOT medicines are available. Some of the positions in RNTCP staffs are vacant and recruitment is in process. Timely payment of salaries is not made. Since 9 months there was no salary after which salary was paid and transferred from NRHM additional items.

14.3 National Leprosy Eradication Programme (NLEP)

The number of new cases detected during the reference period was 69 out of which 11 patients are under treatment.

15. Non Communicable Diseases

NCD is established in 7 CHCs and 1 PMCH. Screening is done at all level. The number of persons who attended NCD clinics during the reference period was 33772 (new cases) and 6321 (old cases). The number of persons who reported in-referral was 77 (new cases) and 10 (old cases). The number of patients diagnosed with diabetes was 3132 (new cases) and 1648 (old cases); with Hypertension 2373 (new cases) and 779 (old cases). The number of patients who attended physiotherapy was 2079 (new cases) and 663 (old cases).

16. HMIS and MCTS

Dedicated staffs of DEO are appointed at 7 CHCs and 1 data manager at district level available for HMIS and MCTS. Data quality is poor for MCTS (5 %). MCTS data entry is in time and 80 percent of the facilities follow the timing with completeness and consistency.

17. Observations from the Health Facilities Visited by the PRC Team

17.1 CHC: Baghmara

- Baghmara CHC is located in Baghmara Block and is at a distance of approximately 40km from district headquarters covering 203 villages with a catchment population of 15596. It is well accessible from nearest road head and functioning in a government building which needs minor repair. Staff quarters (8) for MOs are available and 6 are occupied, paramedics (12) are available and class IV (4) are available but not occupied. Electricity with invertors is available of 5 KVA, 7KV, 10KV 3 generator. 24*7 running water is available. NBCC with 1 warmer is kept in labour room. Wards are separate and demarked. NRC and ICTC centre is not available. Blood storage unit is in process and will be soon operated. Separate room for ARSH clinic is available. Biomedical waste management is available. Suggestion and complaint book are available in the form of registers. This CHC was initially a PHC and was upgraded to CHC. As per CHC norm it should be 30 bedded. However, in state establishment is still shown as PHC with 6 beds. Neither infrastructure nor staffs provided are available for a 30 bedded hospital.
- Essential equipments are available except MVA/EVA equipment and although suction apparatus is available is not working since 1 week and Physiotherapy unit is not working, ILR is not available. Laboratory related equipment is available except semi auto analyzer.
- Essential drug list is available but not displayed; stocks are displayed. Computerised inventory management is not available. All essential drugs are available except IFA tablets (blue), IFA syrup with dispensar, Vit A syrup (not available since 2 years), Misoprostol tablets, and Mifepristone tablets. Drugs for hypertension, Diabetes, common ailments, are available through NCD clinic but medicine is not available for the past 1 year that is since its inception.
- Urine albumin and sugar testing kits is not available. Except for Urine albumin and sugar, RPR, and liver function tests all the other essential lab tests are provided in CHC. Under JSSK Rs 200 is available for each pregnant woman for lab testing. These funds are being utilised for lab tests which are available at CHC, including sonography. MOU is done with Private labs.
- BSU is in process and will start within 15 days from PR visit.
- Diet is being provided free of cost. High risk pregnancy cannot be managed in the facility.
- All mothers delivered in CHC have initiated breast feeding within one hour of normal delivery. Counselling on IYCF and family planning is provided. Mothers are advised to stay for 48 hours after delivery. Zero polio doses, BCG, Hepatitis B, and OPV are provided.
- JSY payment is given before discharge through RTGS. In case of essential new-born and sick neonates care thermoregulation, breastfeeding and asepsis are provided.
- Partograph is used correctly. Segregation of waste is done in colour coded bins and adherence to IMEP is not done. Bio waste management is done at facility. However, CHC cannot manage high risk pregnancy and manage sick neonates and infants.
- Entry in MCTS is done. All the important registers are available and maintained except registers on line listing of severely IDR and MDR register.
- All required IEC material is displayed in the facility except approach roads with direction to the health facility.

- During the reference period, under JSSK mamta vahan vehicle 393 woman and 8 sick infants received free home to institute transport, and 4 women and 8 sick infants were provided free drop back transport facility from institute to home. Interfacility transport facilities were provided to 123 women and 5 sick infants.
- Fumigation is done only when camps are held. Laundry/washing service and Dietary services is outsourced. Dietary (snacks), equipment maintenance and repair mechanism are available. Appropriate drug storage facilities, Grievance Redressal mechanism and tally implementation is not available in the facility. Updated microplan is available at CHC baghmara as well as drug stock register is available.

Human Resource (Regular) in CHC Baghmara

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO	6	6	0
2	Clerk	1	1	0
3	Trainer	1	1	0
4	Computer operator	1	1	0
5	SNs	2	1	1
6	ANM	1	1	0
7	Driver	1	0	1
8	Health Supervisor	1	0	1
9	Office staff	1	0	1
10	Sweeper	1	0	1
	Total	16	11	5

- Under NRHM 3 GNM, 1 each of pharmacist, LT, Xray technician, AYUSH MO, Gynaecologist MO is available. In BPMU one each of BPM, Block account manager, Block data manager and data operator are available. In labour room 3 GNM are there whereas requirement is of 4. Paediatrician and surgeon are unavailable. CHC requires lady aiya and attendant for ward.
- Since this is an FRU facility requires SNCU and phototherapy unit. Beds are sanctioned but in physical terms beds are not available. AC is required in OT and BSU. Ambulance is required
- ICTC, lab needs to be equipped with CHC norms. CHC require Doppler, USG, X ray, ECG, Suction for delivery and 2-3 frollys. Computer inventory system required.
- Anti snake drug is required. POL funds is insufficient.

17.2 Additional Primary Health Centre: Rajganj

- PHC is located in Baghmara Block and is at a distance of 20Kms from the district headquarter and is easily accessible from nearest road head with a catchment population of 34000. It is functioning in a old government building constructed in 1963 and needs new construction. Staff quarters for MOs are not available, 1 quarter for ANM is available. PHC has electricity with power back up however Invertor is given for repair. New Born Care Corner is non functional due to non availability of warmer. NBSU is not available. Only beds in female ward is available. Bio Medical Waste is thrown outside and scattered all over. Water source is available for 24*7.

- All the essential equipment are available at PHC except radiant warmer, ILR and deep freezer, Autoclave, and MVA/EVA equipments. Among lab equipment Centrifuge and Semi autoanalyzer, are not available.
- Essential drug list is not available. There is no computer inventory management and concerned staffs are not aware of EDL. Essential drug such as IFA syrup with dispenser, IFA tablets (blue), VitA syrup, Zinc tablets, Inj magnesium Sulphate, Mifepristone tablet, drug for hypertension, diabetes etc, adequate vaccines, are not available. Among supplies urine albumin and sugar testing kits, is not available. NCD clinics are held on every Friday of a week. Vaccines are supplied from CHC.
- Lab services such as CBC, urine albumin and sugar ,Serum Bilirubin, and RPR are not available.
- All mothers have initiated the breast feeding within one hour of normal delivery. Vaccines are not available in APHC. However, immunization are provided on scheduled days. Counselling on IYCF is not done and family planning is done. Mothers are advised to stay for 48 hours after delivery.
- JSY payments are made through ac payee in Baghmara CHC. Regarding free diet 50 Rs is given to the patients under JSSK.
- APHC cannot manage high risk pregnancy, manage sick neonates and infants and provide essential new born care. Alternate vaccine delivery system is not available. Wastes are not segregated in colour coded bins. Although, colour coded bins were provided it was stolen as no night security guards are available. IMEP protocols are followed. APHC can correctly insert IUCD and administer vaccines.

Human Resources at PHC Rajganj

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	1	1	0
2	ANM	1	1	0
3	Grade IV	2	2	0
4	Health Educator	1	1	0
5	LT	1	0	1
6	Clerk	1	0	1
	Total	7	5	2

- All registers are available and maintained at the facility except PNC register, indoor bed head ticket, line listing of severely pregnant women. Labour room register is available and the last delivery was on 12/12/14. PHC has not yet received Untied funds since 2 years.
- Citizencharter, Timings, list of services available, EDL, protocol posters, JSSK entitlement, Immunization schedule, and JSY entitlements are not displayed.
- Regular fumigation is not done. There is no functional laundry and washing service. Dietary service is not available. Equipment repair and maintenance mechanism is not available. Grievance redressal mechanism and Tally is not available. Appropriate drug storage facility is available.

17.3 Sub Centre: Bagdah

- Bagdah Sub Centre is located in baghmara block with a catchment population of 8832 catering to 10 villages.
- Sub Centre is located in main habitation and is functioning in a government building which is in a good condition. Electricity with power back up is not available. Running 24*7 water is not available. Quarter for ANM is not available. Although labour room is available deliveries are not conducted. There is no functional NBCC. Facility is not clean and complaint/suggestion box are not available. Deep burial pit is not available. Two ANM 1 regular and 1 under NRHM is available.
- None of the essential equipments are available at SC except needle and Hub cutter. Although, haemoglobin meter was available it was stolen.
- Essential drugs such as IFA syrup with dispensar, ORS packets, Zinc tablets, Inj magnesium sulphate, Inj Oxytocin and Vitamin A syrup are not available. Essential drugs such as Misoprostal and antibiotics are available and drugs for common ailments are not available.
- Essential supplies are available except for Urine Albumin and Sugar testing kit, OCPs and EC pills.
- BP apparatus is not available. ANM does not have the essential skills and knowledge required for quality parameters such as correctly measure urine albumin and protein, identify high risk pregnancy, correct use of partograph, and provide essential newborn care. ANM has neither knowledge nor skill about adherence to IMEP protocol and segregation of waste in colour coded bins.
- Untied funds are not available since 1 year, payments under JSY are made at CHC baghmara, VHND plan record is not maintained, VHSNC minutes of meeting is available with ASHA. Register on MCH, delivery, Stock, Due lists, village, referral, list of families with 0-6 years under RBSK, line listing of severely pregnant women are not available.
- Approach road have direction to the SC. Posters of JSSK entitlements, JSY entitlement, Citizen charter, timing of the SC, visit schedule of ANM, Area distribution of ANMs/VHND, JSY entitlement, SBA protocols, and immunisation schedule are not displayed.

20. List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy
BPMU	Block Programme Management Unit
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LAMA	Left Against Medical Advice
LHV	Lady Health Visitor
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission

