



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

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

## **Dumka 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 Dumka District was carried out by the PRC team during 6 January 2022 – 8 January 2022. The Civil Surgeon Office, DPMU Office, District Hospital (Sadar Hospital), CHC Ranishwar Primary Health Centre Aasanbani and Sub-Centre Saltaula were visited for the study by PRC team. During the field visit, NCD Program Coordinator was accompanied to the PRC team. This report discusses in detail the implementation of PIP in Dumka 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.

### **Areas for further Improvement**

- Induction training on respective NHM programmes (i.e. NLEP, NTEP etc.) to all the NHM staff is needed once in two/three year cycle.
- Regular meetings of state & district health mission should be held.
- 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.
- NCD services are very poor in the district. NCD clinic and Adolescent Friendly Health Clinic (AFHC) need to be strengthen.
- The district needs to plug the gap between lower –level staff and DPMU.

### **Infrastructure**

- The Sadar/District hospital has converted as Medical Collge. There is no separate building or campus for DH.
- Though, the CHC Raneshwar is well beside the main road but to reach the hospital, patients need to walk or drive from the block office campus. There was no separate road heading towards the hospital.
- In PHC Aasanbani, the staff quarters were vacant due to which they were not maintained properly. Many window glasses were broken.
- Almost all the SC and PHC upgraded to HWCs, though the branding ie yet to start in some of the health facilities.
- SC Saltaula, needs repair work as there were too many dampness in the building along with the provision of 24\*7 running water and electricity supply in all the rooms.

**Human Resource**

- To improve the manpower and reduce the dropout, provision of higher payments for NHM staff is required.
- Multi – speciality training for health staff is required.

**Service Delivery**

- Significant increase in Institutional deliveries as compared to last financial year.
- There are many validation error in the HMIS data. District Official should be ensure the correctness of the data through regular monitoring or monthly validation meeting (can be virtual meeting).

## 1. Overview of District

Dumka District, an administrative district of Jharkhand, has its headquarter at Dumka with a geographical area of 33716.02 km<sup>2</sup>. It is one of the most spectacular district of Jharkhand state that has the epitome of being the sub- Capital of this State. The district lies between 230 45' to 240 38' (North) Latitude and 860 20' to 870 75' (East) Longitude. The Dumka District is surrounded by the following districts of Jharkhand Bihar and West Bengal, in the north by Sahibganj, Godda (Jharkhand) & Banka (Bihar), in the east by Pakur (Jharkhand) & Burdwan (West Bengal), in the south by Jamtara (Jharkhand) & Burdwan (West Bengal), and in the west by Deoghar (Jharkhand). For administrative purposes, the district has been divided into one sub-division and 10 nos. of Blocks/Tehsils as follows:- Dumka, Gopikndar, Jama, Jarmundi, Kathikund, Masaliya, Ramgarh, Ranishwar, Saraiyahat, Shikaripara.

As the name suggests, Dumka is a district surrounded by lofty hills and exotic forests. This land of temples is also a famous health hill resort situated at the height of 472 ft. above sea level. It has an excellent climate and beautiful scenery all around it. The district is an ideal blend where one can find a blend of nature's glory and heritage of the glorious past of Indian tradition. It is quite natural for enthusiasts and tourist freaks from various other places to pay a visit to this town. Atop the hills of "Damin-e-Koh", this area is full of several mountains, rivers and valleys. One can surely appreciate the diverse flora and fauna of this town.

This district is very important from a religious point of view. People from different states visit the religious, historical and archaeological places of this district. Baba Basukinath Temple, Maluti Temple etc. find mentioned in the diaries of all the traditional devotees. The district is perhaps one among the earliest ones to play a leading role in the freedom moment. Dating back to the year 1785 and running down to 1855 or to 1942, huge sentiments are attached that can surely mesmerize your enormous patriotic fervour of yours.

More than 30% of this district is forest area. It is full of medicinal plants and trees. Tall bamboo trees could be the sparking light for forest-based industries. Deep inside, one can find Taser Silk Plantations too, amply suitable for apparel processing centres. The town has preserved the basic ethics of Indian culture, the traditional Indian gathering and the same conservative living peculiar to our society which is gradually escaping from the new India.

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

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

Indicator		
1. Total number of District		01
2. Total number of Blocks		10
3. Total number of Villages		2651
4. Population	Rural population	1231264
	Urban population	90178
	Total Population	1321442
5. Literacy rate		61.02

6. Sex Ratio	977			
7. Sex ratio at birth	927			
8. Population Density	351			
9. Estimated number of deliveries	34584			
10. Estimated number of C-section	120			
11. Estimated numbers of live births	34584			
12. Estimated number of eligible couples	224645			
13. Estimated number of leprosy cases	503			
14. Target for public and private sector TB notification for the current year	3420			
15. Estimated number of cataract surgeries to be conducted	3500			
<b>16. Mortality Indicators:</b>	<b>Previous year (2020-21)</b>		<b>Current FY (2021-22)</b>	
	<b>Estimated</b>	<b>Reported</b>	<b>Estimated</b>	<b>Reported</b>
• Maternal Death	34	25	34	23
• Child Death	Not provided	11	Not provided	19
• Infant Death		96		176
• Stillbirth		278		308
• Deaths due to Malaria	Not provided	0	Not provided	0
• Deaths due to sterilization procedure		0		0
<b>17. Facility Details</b>	<b>Sanctioned/ Planned</b>		<b>Operational</b>	
1. District Hospitals **	1		1	
2. Sub District Hospital	0		0	
3. Community Health Centers (CHC)	9		9	
4. Primary Health Centers (PHC)	34		34	
5. Sub Centers (SC)	248		248	
6. Urban Primary Health Centers (U-PHC)	1		1	
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)	1		1	
12. Blood Bank	1		1	
13. Blood Storage Unit (BSU)	1		1	
14. No. of PHC converted to HWC	34		24	
15. No. of U-PHC converted to HWC	1		1	
16. Number of Sub Centre converted to HWC	248		132	
17. Designated Microscopy Center (DMC)	1		1	
18. Tuberculosis Units (TUs)	1		1	
19. CBNAAT/TruNat Sites	1		1	
20. Drug Resistant TB Centres	1		1	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities			<b>Sanctioned/ Planned</b>	<b>Operational</b>
	At DH		1	1
	At SDH		0	0
	At CHC		3	3

22. Institutions providing Comprehensive Abortion Care (CAC) services		<b>Sanctioned/ Planned</b>	<b>Operational</b>
	Total no. of facilities	4	4
	Providing 1st trimester services	3	3
	Providing both 1st & 2nd trimester services	1	1
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, Dumka

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

### 2.1 District Health Action Plan (DHAP)

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

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

*Table 2: Details about DHAP and status of construction of building in Dumka 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 been sanctioned.
2. Whether the district has received the approved District Health Action Plan (DHAP) from the state (verify)	Yes, DHAP was sanctioned by the state and released on 8/12/21
3. Date of first release of fund against DHAP	Ongoing
<b>4. Infrastructure: Construction Status</b>	
• Details of Construction pending for more than 2 years	20 HSC
• Details of Construction completed but not handed over	-

Source: DPMU, Dumka



## 2.2 Service Availability

There is 1 DH, 9 CHCs, 34 PHCs, and 248 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 24 PHCs and 132 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 ₹5/- for case paper and lab tests are done on minimum charges.

**RBSK:** There is a total of 20 RBSK teams, two each in a block are available in the district, and all of the teams are with the required number of human resources with functional vehicles (on the road) for their field. The RBSK teams screened on an average of 75 children per day in the district.

**Special Newborn Care Unit (SNCU):** District has 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. From April 2021 to October 2021, a total of 156 infants were admitted to the SNCU, of which 149 were discharged, six went with discharge (LAMA), and one has died.

**Newborn Stabilization Unit (NBSU):** There are 2 NBSUs in the district, which is situated at blocks level. There were 229 newborns admitted in these two units, of which 205 were discharged after getting stabilized. 16 newborns were Left Against the Medical Advice, and 18 have died during the treatment.

**Nutrition Rehabilitation Centre (NRC):** There are 4 NRC's available in the district. From April 2021 to October 2021, a total of 152 infants were admitted to the NBSU; all were referred by either frontline workers or came by themselves (parents). Among the admitted, 148 have been discharged, and 4 were Left Against the Medical Advice (LAMA).

**Home Based Newborn Care (HBNC):** In the district, there are 2350 Accredited Social Health Activists (ASHA), and all have functional HBNC kits with the necessary drugs. During the current financial year, a total of 13,225 newborns have received HBNC visits.

**Mobile Medical Unit (MMU):** There are 3 MMUs in the district, of which only one is functional currently. The functional MMU made about 25 visits per month in 25 villages (camps) and provided OPD services with an average of 835 patients per month. During the current financial year, MMU has provided lab services with an average of 170 patients per month and collected blood smears or conducted RDT for malaria with an average of 52 patients per month. Apart from the MMU, there are 12 BLS and 1 ALS in the district and all these ambulances are fitted with GPS. During the current financial year, these 13 ambulances have received at least 2 calls per day (average) and travelled about 45 km per day to pick and drop the beneficiaries. Below *table 3* gives the details of the health service delivery indicators at the district level of the Dumka district on October 2021.

**Table 3: Details about the health service delivery in the Dumka district, 1<sup>st</sup> April 2021 – 31<sup>st</sup> December 2021**

Indicator		
<b>1. Implementation of Free drugs services</b>		Yes
<b>2. Implementation of diagnostic services (if it is free for all)</b>		Yes
Number of lab tests notified		-
Categories/schemes for free diagnostic services implemented		BPL, JSSK Beneficiaries
<b>3 Status of delivery points</b>		
• No. of SCs conducting deliveries	<=3 deliveries/month	185
	>3 deliveries/month	63
• No. of 24X7 PHCs conducting deliveries	<=10 deliveries/month	34
	>10 deliveries/month	0
• No. of CHCs conducting deliveries	<=20 deliveries/month	0
	>20 deliveries/month	9
• No. of DH/ District Women and child hospital conducting deliveries	<=50 deliveries/month	0
	>50 deliveries/month	1
• No. of Medical colleges conducting > 50 deliveries per month	<=50 deliveries/month	0
	>50 deliveries/month	1
• No. of DH/ District Women and child hospital conducting C-section		2
• No. of Medical colleges conducting C-section		1
<b>4 Number of institutes with ultrasound facilities (Public+Private)</b>		10
• Of these, how many are registered under the PCPNDT act		9
<b>5 Details of PMSMA activities performed.</b>		Under PMSMA activities, facilities gives ANC services, diagnostic services, counselling and provides free refreshment to the Pregnant women.
<b>6 RBSK</b>		
• Total no. of RBSK teams sanctioned		20
• No. of teams with all HR in-place (full-team) / No. of RBSK Nurses		20
• No. of teams with partial HR in-place / RBSK Nurses		0
• No. of vehicles (on the road) for RBSK team		20
• No. of Teams per Block/ RBSK Nurses		2
• No. of block/s without dedicated teams/ RBSK Nurses		0
• Average no of children screened per day per team		75
• Number of children born in delivery points screened for defects at birth (last month)		Not provided
<b>7 Special Newborn Care Units (SNCU)</b>		
• Total number of beds in district		

<b>Indicator</b>			
<ul style="list-style-type: none"> <li>○ In radiant warmer</li> <li>○ Stepdown care</li> <li>○ Kangaroo Mother Care (KMC) unit</li> </ul>		12	
		1	
		1	
<ul style="list-style-type: none"> <li>● Number of non-functional radiant warmer for more than a week</li> </ul>		10	
<ul style="list-style-type: none"> <li>● Number of non-functional phototherapy unit for more than a week</li> </ul>		0	
		<b>Inborn (April - December)</b>	<b>Out born (April - December)</b>
<ul style="list-style-type: none"> <li>● Admission</li> </ul>		80	76
<ul style="list-style-type: none"> <li>● Defects at birth</li> </ul>		0	0
<ul style="list-style-type: none"> <li>● Discharged</li> </ul>		76	73
<ul style="list-style-type: none"> <li>● Referral</li> </ul>		0	0
<ul style="list-style-type: none"> <li>● LAMA</li> </ul>		3	3
<ul style="list-style-type: none"> <li>● Died</li> </ul>		1	0
<b>8 Newborn Stabilisation Unit (NBSU)</b>		<b>Inborn (April - December)</b>	<b>Out born (April - December)</b>
<ul style="list-style-type: none"> <li>● Admission</li> </ul>		109	120
<ul style="list-style-type: none"> <li>● Discharged</li> </ul>		90	115
<ul style="list-style-type: none"> <li>● Referral</li> </ul>		0	0
<ul style="list-style-type: none"> <li>● LAMA</li> </ul>		9	7
<ul style="list-style-type: none"> <li>● Died</li> </ul>		10	8
<b>9 Number of Nutrition Rehabilitation Centers (NRC)</b>		4	
<ul style="list-style-type: none"> <li>● <b>Admission</b> <ul style="list-style-type: none"> <li>○ Bilateral pitting oedema</li> <li>○ MUAC&lt;115 mm</li> <li>○ &lt; -3SD WFH</li> <li>○ With Diarrhea</li> <li>○ ARI/Pneumonia</li> <li>○ TB</li> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul> </li> </ul>		152	
<ul style="list-style-type: none"> <li>● <b>Referred by</b> <ul style="list-style-type: none"> <li>○ Frontline Worker</li> <li>○ Self</li> <li>○ Ref. from VCDC/CTC</li> <li>○ RBSK</li> <li>○ Paediatric ward/emergency</li> </ul> </li> </ul>		No separate information, all 152 cases were either come by herself or referred by frontline workers.	
<ul style="list-style-type: none"> <li>● Discharged</li> </ul>		148	

Indicator		
• Referral/ Medical transfer		0
• LAMA		4
• Died		0
<b>10 Home Based Newborn Care (HBNC)</b>		
• Status of availability of HBNC kit with ASHAs	All ASHA have functional HBNC kits	
• Newborns visited under HBNC (Apr –Sep)	13,225	
• Status of availability of drug kit with ASHAs	All ASHA have provided drug kits but not re-filled it in this financial year. (#: 2350)	
<b>11</b> Number of Maternal Death Review conducted	Previous year	25
	Current FY	Nil
<b>12</b> Number of Child Death Review conducted	Previous year	0
	Current FY	0
<b>13</b> Number of blocks covered under Peer Education (PE) programme	10	
<b>14</b> No. of villages covered under PE programme	Not provided	
<b>15</b> No. of PE selected	4792	
<b>16</b> No. of Adolescent Friendly Clinic (AFC) meetings held	125	
<b>17</b> Weekly Iron Folic Acid Supplementation (WIFS) stockout	No stockout	
<b>18</b> No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	1/3	
• No. of trips per MMU per months	25	
• No. of camps per MMU per months	25	
• No. of villages covered	-	
• Average number of OPD per MMU per month	170	
• Avg. no. of X-ray investigations per MMU per month	-	
• Avg. no. of blood smears collected/rapid diagnostic test (RDT) done for malaria, per MMU per month	52	
• Avg. no. of sputum collected for TB detection per MMU per month	-	
• Average number of patients referred to higher facilities	25	
• Payment pending (if any)	Yes	
• If yes, since when and reasons thereof	Since last two months due to repairing issue.	
<b>19</b> Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	12	
• No. of Advanced Lif Support (ALS)(on the road) and their distribution	1	
	BLS	ALS

Indicator			
○ Operational agency (state/NGO/PPP)	-	-	
○ If the ambulance are GPS fitted and handled through centralized call centre	12	1	
○ Average number of call received per day	2	2	
○ Average number of trips per ambulance per day	2-3	2	
○ Average km travelled per ambulance per day	45	45	
○ Key reasons for low utilization (if any)	-	-	
<b>20 Universal health screening</b>			
● If conducted, what is the target population	Not provided		
● Number of Community Based Assessment Checklist (CBAC) forms filled till date	Not provided		
● No. of patients screened, diagnosed, and treated for:	Total <b>61,031</b> patients have been screened under universal health screening in the district.		
○ Hypertension			
○ Diabetes			
○ Oral cancer			
○ Breast Cancer			
○ Cervical Cancer			
<b>21</b> If State notified a State Mental Health Authority	Yes		
<b>22</b> If grievance redressal mechanism in place	No		
● Whether call center and toll-free number available	Yes		
● Percentage of complaints resolved out of the total complains registered in current FY	25-30		
<b>23</b> If Mera-aaspatal has been implemented	No		
<b>24</b> Payment status:	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
● JSY beneficiaries (April 2020 – March 2021)	15,675	375	Yes
● JSY beneficiaries (April 2021 – Sept 2021)	2300	517	Yes
● ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	Not Provided	Not Provided	Not Provided
○ B- Incentive under NTEP			
○ C- Incentives under NLEP			
● Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			
● Patients incentive under NTEP programme			
● Provider's incentive under NTEP programme			
● FP compensation/ incentive	482	0	-
<b>25 Implementation of Integrated Disease Surveillance Programme (IDSP)</b>			
● If Rapid Response Team constituted, what is the composition of the team	Yes,		

Indicator		
• No. of outbreaks investigated in previous year and in current FY	Previous year – 25 and current year - 10	
• How is IDSP data utilized	Yes they are utilizing the data via state team in analyzed form and implementing it on field.	
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	All by Public	
<b>26 Implementation of National Vector Borne Disease Control Programme (NVBDCP)</b>		
• Micro plan and macro plan available at district level	Yes	
• Annual Blood Examination Rate	4.55	
• Reason for increase/ decrease (trend of last 3 years to be seen)	Decreased due to surveillance	
• LLIN distribution status	Yes, 17,1750	
• IRS	2 rounds in a year	
• Anti-larval methods	Yes (sp 5%)	
• Contingency plan for epidemic preparedness	Yes	
• Weekly epidemiological and entomological situations are monitored	Yes	
• No. of MDR rounds observed	1	
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	Random site – 0.60 and sensitive site – 0.53	
<b>27 Implementation of National Tuberculosis Elimination Programme (NTEP)</b>		
• Target TB notification achieved	87%	
• Whether HIV Status of all TB patient is known	Yes, # not provided	
• Eligible TB patients with UDST testing	95%	
• Whether drugs for both drug sensitive and drug resistance TB available	Yes	
• Patients notification from public sector	No of patients notified	2838
	Treatment success rate	80%
	No. of MDR TB Patients	53
	Treatment initiation among MDR TB patients	100%
• Patients notification from private sector	No of patients notified	-
	Treatment success rate	80%
	No. of MDR TB Patients	-
	Treatment initiation among MDR TB patients	100%
• Beneficiaries paid under NikshayPoshanYojana	775/2895 (27%)	
• Active Case Finding conducted as per planned for the year	Yes	
<b>28 Implementation of National Leprosy Eradication Programme (NLEP)</b>		
• No. of new cases detected	179	

Indicator		
• No. of G2D cases		11
• MDT available without interruption		503
• Reconstructive surgery for G2D cases being conducted		1
• MCR footwear and self-care kit available		Foot wear – 300 and SC kits – 66
<b>29</b> Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis		-
<b>30</b> Key activities performed in current FY as per ROP under National Tobacco Control Programme		School awareness programme and anti-nikotin tab distribution along with the cpunselling.
<b>31</b> Number of ASHAs	Number of ASHAs	
	Required as per population	2813
	Selected	2300
	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-
	No. of villages/ slum areas with no ASHA	500 (App.)
<b>32</b> Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1822
	• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	-
	• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	-
	• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	-
	• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	-
	• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	-
	• Any other state specific scheme	-
<b>33</b> Status of Mahila Arogya Samitis (MAS)	Formed	13
	Trained	13
	MAS account opened	13
<b>37</b> Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	2289
	Trained	2289
	MAS account opened	13
<b>38</b> Number of facilities quality certified		One

Indicator					
39	Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	On going			
40	Activities performed by District Level Quality Assurance Committee (DQAC)	Quarterly review meeting/visits to the service delivery point and check the standard of the services.			
41	Recruitment for any staff position/ cadre conducted at district level	Yes, it is ongoing but not recruited yet.			
42	Details of recruitment	Previous year		Current FY	
		Regular cadre	NHM	Regular cadre	NHM
	• Total no. of posts vacant at the beginning of FY	0	100	0	100
	• 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
43	Does the state have comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	-			

Source: DPMU, Dumka

### 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 screened 38,636 patients for hypertension and diabetes, 12,545 patients for Oral cancer, 8042 patients for breast cancer and 645 patients for cervical cancer at the facilities.

**Table 4: Status of CPHC in the district as on 31-12-2021**

Indicator	Planned	Completed
1. Number of individuals enumerated	Data not provided	Data not provided
2. Number of CBAC forms filled	Data not provided	Data not provided
3. Number of HWCs started NCD screening		
a. SHC- HWC	112	112
b. PHC- HWC	-	-
c. UPHC – HWC	1	1
4. Number of individuals screened for:		
a. Hypertension	70,000	38636
b. Diabetes		12,545
c. Oral Cancer		8042
d. Breast Cancer		645
e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services	123	112
6. Number of HWCs organizing wellness activities	123	112

Source: DPMU, Dumka



## 2.4 Status of Human Resource

The district has provided only NHM positions available in the district. As per the provided information, there was a total of 611 posts sanctioned under NHM, of which 524 were filled, and 14.2% of the post were vacant in the district (*Table 5*).

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

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• ANM	357	343	6.4
• MPW (Male)	-	-	-
• Staff Nurse	57	51	10.5
• Lab technician	16	16	0
• Pharmacist (Allopathic)	19	2	89.5
• MO (MBBS)	-	-	-
• OBGY	-	-	-
• Pediatrician	4	2	50.0
• Anesthetist	-	-	-
• Surgeon	1	0	100.0
• Radiologists	1	0	100.0
• Other Specialists	-	-	-
• Dentists/ Dental Surgeon/ Dental MO	-	-	-
• Dental technician	1	1	0
• Dental Hygienist	1	1	0
• Radiographer/ X-ray technician	-	-	-
• CSSD Technician	-	-	-
• OT technician	-	-	-
• CHO/ MLHP	153	107	46
• AYUSH MO	-	-	-
• AYUSH Pharmacist	1	1	0

Source: DPMU, Dumka

## 2.5 Status of Fund Utilization

*Table 6: FMR wise Budget component details, 2021 – 22 (as of November 2021)*

Indicator	Budget Released	Budget utilized	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	8,50,37,000.00	1,20,25,921.00	14.1%
2. FMR 2: Service Delivery: Community Based	2,85,60,000.00	11,16,855.30	3.9%
3. FMR 3: Community Intervention	17,73,04,000.00	4,39,79,895.38	24.8%
4. FMR 4: Untied grants	3,94,76,000.00	32,73,040.00	8.3%
5. FMR 5: Infrastructure	1,05,47,000.00	-	0%
6. FMR 6: Procurement	4,26,92,000.00	12,77,910.00	3.0%
7. FMR 7: Referral Transport	1,52,74,000.00	21,47,280.00	14.1%

Indicator	Budget Released	Budget utilized	Reason for low utilization (if less than 60%)
8. FMR 8: Human Resource (Service Delivery)	42,30,000.00	9,69,22,867.16	2291.3
9. FMR 9: Training	40,07,000.00	16,39,246.00	40.9%
10. FMR 10: Review, Research and Surveillance	2,80,000.00	-	0%
11. FMR 11: IEC-BCC	32,19,000.00	8,27,223.00	25.7%
12. FMR 12: Printing	29,13,000.00	2,43,460.00	8.4%
13. FMR 13: Quality	41,09,000.00	22,860.00	0.6%
14. FMR 14: Drug Warehouse & Logistic	25,79,000.00	19,71,309.00	76.4%
15. FMR 15: PPP	1,10,69,000.00	1,18,307.00	1.1%
16. FMR 16: Programme Management	9,51,000.00	1,64,68,462.23	1731.7%
• FMR 16.1: PM Activities Sub Annexure	2,85,000.00	41,11,272.30	1442.6%
17. FMR 17: IT Initiatives for Service Delivery	5,00,000.00	-	0%
18. FMR 18: Innovations	4,46,000.00	-	0%

Source: DPMU, Dumka

**Table 7: Programme wise budget component details, 2021 – 22 (as of November 2021)**

Indicator	Budget Released	Budget utilized	Reason for low utilization (if less than 60%)
<b>1. RCH and Health Systems Flexipool</b>			
• Maternal Health	-	1,21,45,251.00	
• Child Health	-	8,27,771.00	
• RBSK	-	1,47,905.00	
• Family Planning	-	31,14,233.30	
• RKSK/ Adolescent health	-	39,360.00	
• PC-PNDT	-	-	
• Immunization	-	1,12,75,353.00	
• Untied Fund	-	32,73,040.00	
• Comprehensive Primary Healthcare (CPHC)	-	-	
• Blood Services and Disorders	-	-	
• Infrastructure	-	-	
• ASHAs	-	3,43,16,819.00	
• HR	-	9,23,74,124.16	
• Programme Management	-	1,24,78,652.23	
• MMU	-	6,12,949.00	
• Referral Transport	-	21,47,280.00	
• Procurement	-	36,01,957.00	
• Quality Assurance		52,633.00	
• PPP	1,10,69,000.00	1,18,307.00	1.1%
• NIDDCP	-	4515.00	

<b>Indicator</b>	<b>Budget Released</b>	<b>Budget utilized</b>	<b>Reason for low utilization (if less than 60%)</b>
<b>2. NUHM</b>	72,62,000.00	15,10,076.00	
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)	--	9000.00	
• National Vector Borne Disease Control Programme (NVBDCP)	1,49,79,000.00	67,52,975.38	45.1%
• National Leprosy Eradication Programme (NLEP)	1,06,000.00	91,774.00	86.6%
• National TB Elimination Programme (NTEP)	-	74,64,870.00	
<b>4. Non-Communicable Diseases Pool</b>			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	-	-	
• National Mental Health Program (NMHP)		34,180	
• National Programme for Health Care for the Elderly (NPHCE)	-	-	
• National Tobacco Control Programme (NTCP)		49,984	
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)		34,047	
• National Dialysis Programme	-	-	
• National Program for Climate Change and Human Health (NPCCHH)	-	-	
• National Oral health programme (NOHP)	-	-	
• National Programme on palliative care (NPPC)	-	-	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	-	-	
• National Rabies Control Programme (NRCP)	-	-	
• National Programme for Prevention and Control of Deafness (NPPCD)	-	-	
• National programme for Prevention and	-	-	

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

Source: DPMU, Dumka

## 2.6 Status of trainings

*Table 8: Status of training give to health delivery persons as on 31<sup>st</sup> December 2021 in Dumka district*

Sr. No.	List of training (to be filled as per ROP approval)	Planned	Completed
1	SBA	4	2
2	SBA refresh	1	1
3	NSSK	1	1
4	AMB	10	10
5	Minilap	1	1
6	MTC	1	1
7	NCD	2	2
8	Tobacco	2	2
9	IUCD	2	2
10	HMIS	10	1
11	Mera Hospital	1	0
12	SUMAN	1	0

Source: DPMU, Dumka

### 3. Service Availability at the Public health facilities

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarise the broad status of the health facilities about infrastructure, service delivery, human resources, drugs and equipment, NHM programmes etc.

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

#### 3.1 Service Delivery: District Hospital

A newly constructed and co-located with the medical college, District Hospital (**Sadar Hospital**) is situated at the district headquarter at Dumka. It is a 300 bedded hospital, of which only 15 beds are of ICU. The hospital is well accessible from the nearest road-head and is well equipped with a 24\*7 running water facility, RO installed drinking water facility, cleaned functional toilets (separate for male and female), sufficient sitting arrangement for OPD cases, ASHA restroom at labour room and SNCU, and drug storeroom with racks are available.

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

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

- The facility provides Medicine, O&G, General Surgery, Paediatrics, Anesthesiology, Ophthalmology, Dental, Imaging service (X-ray & USG), NRC, SNCU, LMU, Labour Room Complex, ICU, Dialysis, Burn unit and Emergency care services along with the teaching block and skill lab.
- The facility has Operational Theatre with a Single general OT and Obstetrics & Gynaecology OT. The facility is also well equipped with a functional blood bank run by Red Cross Society (1.5 km away from the facility), and blood units are issued free of cost to all elderly, BPL cardholders and JSSK beneficiaries.
- The facility uses a common BioMedical Treatment plant and outsources biomedical waste.
- In case of IT services, the DH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The facility does not cross the eligibility mark of Kayakalp to get any awards during the last financial year. And as per the internal assessment of LaQshya, the facility scored only 70.9%.
- The Essential Drug List (EDL) was available in the facility and displayed in the OPD area. Among the displayed Essential Drugs, all were available on the day of the visit. There was no shortage of any essential drugs and essential consumables in the last 30 days. The facility is implementing DVDMS.

- The facility does have both the diagnosis facility i.e. in-house and PPP along with the X-ray and CT scan services in the premises. During the current financial year, total 27691 test from in-house 75908 test from SRL (PPP) have been performed.
- There are two digital AERB certified X-ray machines are available in the facility and one CT scan machine through PPP. For the CT scan, an amount between 900 – 1500 is charged from the centre and X – ray is free of cost to the BPL and JSSK beneficiaries only.
- 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 46 patients during last financial year, while 60 patients to this financial year.
- DH is the designated FRU and its labour room well functional with delivery tables (6) and delivery equipment's along with the functional NBCC (functional radiant warmer with neo-natal ambu bag). The facility have conducted 323 normal delivery and 64 C-Section deliveries during November 2021.
- The facility have provided 917 birth dose to the newborns during last three months (October, 2021 – December, 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 9<sup>th</sup>, however data of high risk PW identification and the list of high risk pregnancies are not available in the facility. JSSK entitlements are available in the facility.
- Though, the facility has birth and death registers system, but information regarding the maternal and child deaths is not provided. The facility is also provides 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.
- Since 2018, 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 December 2021, there were 8 cases of in-referral of labour pain, prolong labour, hypertension and neo-natal (newborns cases). Apart from in-referral, there were 52 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, Dumka. From the table it can be seen that, there are total **225** post has sanctioned for the DH. Among the sanctioned posts **28** are filled on regular basis, **105** are filled by NHM on contractual basis, and 92 post are vacant in the facility.

**Table 9: Status of human resource at district hospital, Dumka**

Human Resource		Sanctioned	Regular	Contract
MO (MBBS)		2	3	3
Specialist	Physician	16	1	4
	ObGy	10	3	1
	Pediatrician	6	0	2
	Anesthetist	8	2	0
	Surgeon	15	5	3
	Ophthalmologist	3	2	1
	Orthopedic	6	1	1
	Radiologist	4	0	0
	Pathologist	10	1	0
	Others	-	-	-
Dentist		2	2	0
SNs/GNMs		113	6	82
LTs		13	1	5
Dental Assistant/ Hygienist		2	1	1
Pharmacist		3	0	1
Hospital/ Facility Manager		1	0	1
Others		-	-	-
<b>Total</b>		<b>225</b>	<b>28</b>	<b>105</b>

Source: District Hospital, Dumka

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

Ranishwar Community Health Centre is located in Ranishwar health block of the Dumka 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 to the 1.12 lakhs population of the area.

During the visit to Community Health Centre Ranishwar, 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, Vaccination, NCD, FP and ANC services, the facility also provides specialized services on Medicine. Along with these services, the facility is also provides, emergency services.
- In case of IT equipment's, facility has desktop/laptop with good internet connectivity in the area.

- Though, the essential drug list is available and was displayed in OPD waiting area. Among the listed essential drugs, some of the drugs were not available in the facility, i.e. Albendazole syrup, Tab. Calcium 250 mg, Tab. Levofloxacin 500 mg etc. There was a sufficient supply of essential consumables.
- In house diagnosis services from 9:00 am to 3:00 pm is available in the facility. A total of 5567 tests has been conducted during the current financial year. The facility is lacking with X- ray services.
- Delivery services are being provided by the facility, as its labour room is well equipped with a manual delivery table and delivery equipment. The NBCC of the Facility was not functional due to the non-functional radiant warmer and neo-natal ambu bag.
- JSY payment was up to date, and payment up to November 2021 has been initiated. Only JSY cases without account and aadhar details are pending from the facility.
- Though PMSMA services are provided in the facility every month of 9<sup>th</sup>; however, data of high-risk PW identification and the list of high-risk pregnancies are not available in the facility. JSSK entitlements are available in the facility.
- The facility has vaccines and hub cutters, and all the Nurses/ANM posted in the facility are aware of the open vial policy.
- There were 214 deliveries conducted in last three months (October 2021 – December 2021) and **210** were breastfed within one hour of birth, and **192** provided birth doses (Vitamin K).
- The facility has registered to enter the details of deaths and births. There were 6, and 5 maternal deaths were occurred along with the 40 and 25 child deaths during the previous and current financial year, respectively.
- The facility has trained HR in IUCD/PPIUCD and they provides reversible FP services after counselling the beneficiaries. Apart from the FP counsellor, ASHA and ANM also counsel the beneficiaries. The facility also provides the permanent FP services through OT. In December 2021, 66 female sterilizations were conducted in the facility.
- The facility is designated as Designated Microscopy Centre (DMC). In last 6 months, 3% - 5% of the OPD cases were tested for TB and all the positive TB patients (diagnosed at the CHC) are taking anti-TB drug from the facility. DBT instalment of 90% of the currently treating TB patients under Nikshay Poshan Yojana has been initiated.
- There are **18** 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 the MCTS portal is not updated.
- Ambulance services in the periphery area of the facility are available with a centralized call centre. There were **60** cases referred to the DH from the facility. Also, in the Facility, RKS meetings are held on quarterly.
- During the last financial year, Rs. **2 crores 65 lakhs** was received, of which 100% was utilized. From the RKS/Untied funds of **5 lakhs**, they have purchased furniture's, printer, laptop and projector for the facility.

**Table 10: Status of human resource in the CHC Ranishwar, Dumka**

Human Resource		Sanctioned	Regular	Contract
MO (MBBS)		4	2	-
Specialist	Medicine	1	0	-
	ObGy	1	0	-
	Paediatrician	1	0	-
	Anaesthetist	1	0	-
	General Surgeon	-	-	-
Dentist		-	-	-
SNs/GNMs		-	-	-
ANM		-	-	-
LTs		2	-	2
Dental Assistant/ Hygienist		-	-	-
Pharmacist		2	-	2
Hospital/ Facility Manager		-	-	-
Others		-	-	-

Source: CHC Ranishwar, Dumka,

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

Sr. No.	Challenges	Root Causes
1	Patients need to walk from inside the block office area.	No separate road from the main road to reach the facility.
2	The facility was not cleaned. Many rooms had dust.	The sweeper was not available.
3	Difficult to identify, the shortage of drugs in the facility	Documents of the pharmacist were not updated.
4	It was very difficult to identify the number of posts sanctioned to the facility—information provided on the basis of no. of the currently available workforce.	No records of the sanctioned post were available in the facility.

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

Primary Health Centre (PHC) Aasanbani is about 13 km from block headquarter. It is a six bedded standalone facility and well connected to the nearest road head. Its next referral point is CHC Ranishwar,

Dumka. The facility provides 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.

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

- The facility is well equipped with a 24\*7 running water supply, sufficient sitting arrangement for OPD patients, a restroom for ASHA, a drug storeroom with racks, power backup.
- PHC is not geriatric and disability friendly and does not have clean toilets as well (separate for males and females). 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, the facility is well equipped with a laptop and good internet connectivity from which they provide telemedicine/consultation services. Apart from that, all the ANMs also do have functional electronic tablets with them.
- The facility does not have an essential drug list, and some of the drugs were not available on the day of the visit, i.e. Thyroxine (250 mg/500 mg/100 mg), Syrup Multivitamin etc. 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 the deputation of Lab technicians in other facilities on COVID-19. The facility is lacking in X-ray services.
- Delivery services are being provided by the facility as its labour room is well equipped with manual delivery tables, delivery equipment. The facility was lacking with the functional radiant warmer, due to which they were not able to provide the newborns care at the facility.
- Though JSSK entitlements are available in the facility line listing of the high risk pregnancies is not available.
- There were **60** delivery conducted in last three months (October 2021 – December 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 K<sub>1</sub> and Hepatise B<sub>0</sub> in the Facility.
- All posted ANMs are trained in IUCD/PPIUCD and provides reversible FP services to the beneficiaries after counselling to them.
- No Maternal deaths has reported in last two years from the facility.
- Ambulance services in the periphery area of the facility is available with centralized call centre. There was no referral case during December 2021.

The below table shows the status of human resources at the PHC. Total 7 posts of different cadre are sanctioned, of which only 2 posts are filled as regular, and 4 posts are filled on a contractual basis.

**Table 12: Available Human Resource at PHC Aasanbani, Dumka**

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	2	1	0
ANM	2	1	2
LTs	1		1
Pharmacist	1		1
LHV/PHN/CHO	-	-	-
Others	1	0	0
<b>Total</b>	<b>7</b>	<b>2</b>	<b>4</b>

Source: PHC Aasanbani, Dumka district,

**Table 13: Challenges and their root causes in the PHC Aasanbani, Dumka**

Sr. No.	Challenges	Root Causes
1	They were facing problems to provide newborn care at the facility.	Due to the unavailability of radiant warmer.
2	Not able to provide a few of the family planning services.	Lack of autoclave and steriliser.
3	Lab test such as CBC, KFT, LFT etc., is not being done at the facility.	Due to the unavailability of pathological blood testing instruments.
4	Staff were not residing in the staff quarters.	All the available staff quarters were not maintained and not painted. It needs some repair work.

### 3.4 Service Delivery: Sub Centre - Saltaula

The Saltaula Sub-Centre, converted to Health and Wellness Centre, is situated about 10 km away from CHC Ranishwar. It is a standalone facility and well connected to the nearest road head. Its next referral point is CHC Ranishwar. It provides ANC, OPD, NCD, Immunization, Family Planning etc., services from 9:00 am to 3:00 pm.

During the visit to the Sub-Centre Saltaula, the following observation was made –

- Though the facility has officially converted into HWC, the branding and repairing works are not done yet. Also, there is no boundary available for the facility.
- The facility was lacking with a 24\*7 running water supply, cleaned functional toilets for males and females, a drinking water facility, electric power backup, a drug storeroom with racks, and an ASHA restroom.

- Though there was sufficient area to conduct the Yoga/welfare activities, CHO was not conducting it due to cleanliness issues, as a clean area was needed to perform the Yoga activities.
- In case of the IT services, CHO does not have a tablet/laptop with her. She was using her mobile to enter the HWC data and for providing the services. ANM of the Facility was equipped with an electronic tablet with good internet connectivity.
- The facility was lacking with the essential drug list. In addition, there was a shortage of the few essential drugs, i.e. Tab. Paracetamol, Tab. Cetirizine etc.
- Drugs related to hypertension, diabetes was available in the facility, and CHO was dispensed to the patients.
- The facility was well equipped with the BP instruments, thermometer, contraceptives and glucometers, along with a sufficient supply of testing/diagnostic kits.
- Though the facility has a list of an eligible couple of the different villages, it was lacking with the list of high-risk pregnant women, and it was observed from the ANC register that there are at least 4 – 5 high-risk pregnant women currently (previous C-section, and severe anaemic cases).
- ANM of the Facility was well aware of her vaccine schedule, open vial policy and micro-plan. The vaccine and hub cutters were provided (on the day of vaccination) from the CHC Ranishwar as per their duelist.
- Though CHO provides the NCD services in the facility, data of the services were not provided due to lack of information on the HWC app, and she has not maintained the offline records separately. She has provided NCD services to 189 patients (document) from the date of joining, and 50 CBAC forms have been filled from which score was not generated till the day of visit.
- Reporting of S form under IDSP is not being done from the facility “due to continuous COVID vaccination and RI sessions” (stated by ANM).
- All the 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 of the provision of incentives under NTEP and Nikshay Poshan Yojana. There were no VHSNC meetings were conducted in the last six months.

The below table shows the number of human resources available in the facility. It is run by only one ANM and one CHO. Apart from these two, there are 4 ASHAs working in the periphery area of the facility

**Table 14 : Available Human Resource at SC Saltaula, Dumka**

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

Source: Sub-Centre – Saltaula, Dumka district

**Table 15: Challenges and their root causes in the SC Saltaula, Dumka**

Sr. No.	Challenges	Root Causes
1	Difficult to stay and provide at least 8 hours in a day without the drinking water facility.	No drinking water facility.
2	Difficult to conduct the Yoga activities in front of the facility as well as on the roof of the facility.	No cleanliness on the roof, and there was no cemented or grass cover area in –front of the facility.
3	Though ANM was occasionally staying at night with her husband, it was very difficult to stay 24*7 in the facility without electricity in all the rooms and running water facility along with the RO drinking water facility.	Only one room has an electricity supply through extra wiring. A running water facility was also not available.
4	No herbal plant due to fear of household animals.	No outer boundaries to avoid the entrance of the animals.
5	Drugs were lying on the beds and on the floor.	Racks were not available in the facility.
6	No deliveries in this financial year.	Due to the damaged delivery table and lack of delivery instrument, along with the lack of radiant warmer and ambu bag.

Source: Sub-Centre – Saltaula, Dumka 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 Dumka district was carried out by the PRC team from **6 January 2022 – 8 January 2022**. The Civil Surgeon Office, District Hospital, Community Health Centre – Ranishwar, Primary Health Centre – Aasanbani, and Sub-Centre – Saltaula were visited for monitoring by the PRC team. During the field visit, NCD Program Coordinator accompanied the PRC team. Based on discussion with the concerned officials and monitoring/ observations of the health facilities, the following recommendation has been made by the PRC monitoring team:

1. Most of the NHM health staff are underpaid and have lots of responsibilities; therefore, they leave their jobs. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.
2. In SC Saltaula, there was no sitting arrangement for OPD cases as well no ASHA restroom in the facility. It is recommended to construct a sitting area for OPD patients during the repairing work.
3. It is recommended to maintain all the service delivery report properly and should be updated by the facility health staff as it was found that many records were not updated during the visit.

4. It is recommended to update the RCH portal on time so that all the district as well state officials can monitor or track the high-risk pregnant women and provide them with better health care.
5. It was observed that the CHO of the SC Saltaula did not receive the separate electronic Tab or laptop. Due to which she was not able to provide telemedicine services. It is recommended to provide an electronic tablet to every CHO in every HWC so that they can provide telemedicine services along with other online services as per the requirement of the patients.
6. It is recommended to provide the autoclave and sterilizer in PHC Aasanbani so that they can provide the PPIUCD or sterilization services to the beneficiaries.

**5. Glimpse of the Dumka district PIP monitoring visit, 6 January 2022 – 8 January 2022.**



**Visit to District Hospital, Dumka**



**Visit to SC Saltaula, Dumka**



**Visit to PHC Aasanbani, Dumka**



**Visit to CHC Ranishwar, Dumka**

*B Singh*

Baldev Singh Kulaste

*A. Mohan*

Vivekanand A