



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

By
Vivekanand A,
Baldev Singh Kulaste



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

December 2021

Report prepared for Ministry of Health and Family Welfare, Government of India, New Delhi]

Table of Content

LIST OF ACRONYMS AND ABBREVIATIONS.....	4
EXECUTIVE SUMMARY	5
1. OVERVIEW OF DISTRICT.....	6
2. PUBLIC HEALTH PLANNING AND IMPLEMENTATION OF NATIONAL PROGRAMMES	8
2.1 DISTRICT HEALTH ACTION PLAN (DHAP)	8
2.2 SERVICE AVAILABILITY.....	9
2.3 IMPLEMENTATION OF CPHC	17
2.4 STATUS OF HUMAN RESOURCE	18
2.5 STATE OF FUND UTILIZATION.....	18
2.6 STATUS OF TRAININGS.....	18
3. SERVICE AVAILABILITY AT THE PUBLIC HEALTH FACILITIES.....	19
3.1 SERVICE DELIVERY: DISTRICT HOSPITAL	19
3.2 SERVICE DELIVERY: COMMUNITY HEALTH CENTRE (CHC) - DUMRI	22
3.3 SERVICE DELIVERY: PRIMARY HEALTH CENTRE – BHANDARO	25
3.4 SERVICE DELIVERY: SUB CENTRE – PORDAG	26
4. DISCUSSION AND KEY RECOMMENDATIONS	30
5. A GLIMPSE OF THE GIRIDIH DISTRICT PIP MONITORING VISIT, 6 – 10 DECEMBER 2021	31

List of Tables

Table 1: District background, health indicator and facility details of Giridih district, 2021 - 22.....	7
Table 2: Details about DHAP and status of construction of building in Giridih district	9
Table 3: Details about the health service delivery in the Giridih district, 1 st April 2021 – 30 th November 2021	10
Table 4: Status of CPHC in the district as on 30-11-2021	17
Table 5: Status of Human resource (regular + NHM) at public health facilities in Giridih district as 30-11-2021	18
Table 6: Status of training give to health delivery persons as on 30 th November 2021 in Giridih district	18
Table 7: Status of human resource at district hospital, Giridih.....	21
Table 8: Key Challenges observed in District Hospital and their root causes	22
Table 9: Status of human resource in the CHC Dumri, Giridih.....	24
Table 10: Key Challenges Observed in CHC and their root causes	24
Table 11: Challenges and their root causes in the PHC Bhandaro, Giridih.....	26
Table 12: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.	28
Table 13: List of Drugs available for Hypertension and Diabetes in SC Pordag, Giridih	29
Table 14: Available Human Resource at SC Pordag, Giridih	29
Table 15: Challenges and their root causes in the SC Pordag, Giridih	29

List of acronyms and Abbreviations

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

Monitoring and Evaluation of Programme Implementation Plan, 2021 – 22

Giridih 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 Giridih District was carried out by the PRC team from 6th December 2021 to 10th December 2021. The Civil Surgeon Office, DPMU Office, District Hospital (Sadar Hospital), CHC Dumri, Primary Health Centre Bhandaro and Sub-Centre Pordag were visited for the study by the PRC team. During the field visit, the PRC team was accompanied by Randhir Prasad, DPC and Mukesh Kumar, DVBD Consultant. This report discusses in detail the implementation of PIP in Giridih District as observed during the field visit for monitoring.

The key observations are given below:

Achievements

- Improved OPD cases at SC, PHCs and CHCs, even though there is a decline in the utilisation of health care services due to the COVID-19 pandemic
- Increase in the number of institutional deliveries
- All 24x7 PHC have basic lab facilities
- Free meals and drugs facilities are available for mothers at institutions

Infrastructure

- There is a need to construct new infrastructures and upgrade existing infrastructure.
- Construction of deep burial pit at every delivery point (wherever it is needed). Therefore, the biomedical waste need not be burned. There is an urgent need for deep burial in SC Pordag.
- The A.R.T centre needs to be shifted as it is functioning in the old building and has a ventilation problem.
- Condemned buildings in Sadar Hospital need to be removed.

Human Resource

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

Service Delivery

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

Areas for Further Improvement

- Regular meetings of the State & District Health Mission should be held to address coordination
- HR related problems need to be resolved
- Public health schemes should be implemented properly
- Branding of HWC, JSSK and other national programmes is required in all the facilities of the district.
- Family planning awareness should be done more.
- The regular supply of drugs to all the facilities based on their requirements.

1. Overview of District

Giridih District is an administrative district of Jharkhand that has its headquarters at Giridih. It was carved out from Hazaribagh District on 4th Dec 1972. The district lies between 24 degrees 11 minutes north latitude and 86 degrees 18 minutes east longitude. Lying almost in the central part of the North Chota Nagpur Division, this district is bounded by Jamui District and part of Nawada district of Bihar in the north, by the districts of Deoghar and Jamtara on the east, by Dhanbad Bokaro on the south-west by Hazaribagh Kodarma. Giridih District is spread over an area of 4853.56 sq km.

The entire region is covered by dense forest vegetation and hill locks. Several tribal communities residing since ages inhabit the region. The present day Giridih city was initially developed by the Bihar government before the separation of state.

The district is comprising of 12 health blocks viz. Giridih, Gandey, Pirtand, Dumri, Dhanwar, Birni, Jamua, Deori, Tsri, Gawan, Bagodar and Bengabad, which are further comprises with 2774 villages.

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

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

Indicator				
1. Total number of District		01		
2. Total number of Blocks		12		
3. Total number of Villages		2774		
4. Population	Rural population	2237450		
	Urban population	0208024		
	Total Population	2445474		
5. Literacy rate		63.1		
6. Sex Ratio		1091		
7. Sex ratio at birth		852/1000		
8. Population Density		457		
9. Estimated number of deliveries		71123		
10. Estimated number of C-section		7610		
11. Estimated numbers of live births		64011		
12. Estimated number of eligible couples		415730		
13. Estimated number of leprosy cases		155		
14. Target for public and private sector TB notification for the current year		3600		
15. Estimated number of cataract surgeries to be conducted		-		
16. Mortality Indicators:	Previous year (2020-21)		Current FY (2021-22)	
	Estimated	Reported	Estimated	Reported
• Maternal Death	26	25	26	15
• Child Death	608	176	608	66
• Infant Death	537		537	
• Still birth		428		203
• Deaths due to Malaria	Not provided	1	Not provided	0
• Deaths due to sterilisation procedure		1		0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals **	1		1	
2. Sub District Hospital	0		0	
3. Community Health Centers (CHC)	12		12	
4. Primary Health Centers (PHC)	15		15	
5. Sub Centers (SC)	180		180	
6. Urban Primary Health Centers (U-PHC)	2		2	
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)	3	1	
12. Blood Bank	3	1	
13. Blood Storage Unit (BSU)	1	1	
14. No. of PHC converted to HWC	15	7	
15. No. of U-PHC converted to HWC	2	2	
16. Number of Sub Centre converted to HWC	180	52	
17. Designated Microscopy Center (DMC)	0	0	
18. Tuberculosis Units (TUs)	13	13	
19. CBNAAT/TruNat Sites	2	2	
20. Drug Resistant TB Centres	1	1	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities		Sanctioned/ Planned	Operational
	At DH	1	1
	At SDH	0	0
	At CHC	12	0
22. Institutions providing Comprehensive Abortion Care (CAC) services		Sanctioned/ Planned	Operational
	Total no. of facilities	2	2
	Providing 1st trimester services	2	2
	Providing both 1st & 2nd trimester services	0	0

Source: DPMU, Giridih District

2. Public Health Planning and Implementation of National Programmes

2.1 District Health Action Plan (DHAP)

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

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

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

Indicator	
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for the current year (2021-22) and has submitted it to the states (verify)	YES, 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 on the 1 st week of November
3. Date of the first release of the fund against DHAP	November 2021
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	4
• Details of Construction completed but not handed over	0

Source: DPMU, Giridih District

2.2 Service Availability

There is 1 DH, 1 MCH, 12 CHCs, 15 PHCs and 180 SCs available in the district for primary, secondary and tertiary health care services. Out of which 7 PHCs and 52 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 programs, patients are charged ₹10/- for case paper and lab tests are done on minimum charges.

RBSK: There are a total of 24 RBSK teams, one each in a block are available in the district. Only in Bagodhar team is equipped with the required number of human resource and none of the other teams are with required number of human resource. Children born in delivery points screened for defects at birth were 14270 in total.

Special Newborn Care Unit (SNCU): This district has 12 beds in SNCU, 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 November 2021, a total of 338 (all inborn) infants were admitted to the SNCU, in that 281 infants were discharged, 43 infants were referral and 12 infants were LAMA and 2 infants died.

Newborn Stabilisation Unit (NBSU): From April 2021 to November 2021, 48 infants were admitted in the NBSU and all infants were discharged.

Nutrition Rehabilitation Centre (NRC): There are 4 NRC's available in the district. Among the admitted children, 156 were admitted due to MUAC<115 mm, 118 were admitted due to <3SD WFH. Most of these cases were referred by front line workers.

Home Based Newborn Care (HBNC): There are availability of HBNC Kit with ASHAs. Total of 29210 newborns were visited under HBNC.

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

Table 3: Details about the health service delivery in the Giridih district, 1st April 2021 – 30th November 2021

Indicator	
1. Implementation of Free drugs services	Yes (Free to all)
2. Implementation of diagnostic services (if it is free for all)	Minimum charge under PPP
Number of lab tests notified	39,889
3 Status of delivery points	
• No. of SCs conducting >3 deliveries/month	82
NO. OF 24X7 PHCS CONDUCTING > 10 DELIVERIES /MONTH	5
• No. of CHCs conducting >20 deliveries/month	11
• No. of DH/ District Women and child hospital conducting >50 deliveries/month	1
• No. of DH/ District Women and child hospital conducting C-section	1
• No. of Medical colleges conducting > 50 deliveries per month	0
• No. of Medical colleges conducting C-section	0
4 Number of institutes with ultrasound facilities (Public+Private)	31
• Of these, how many are registered under PCPNDT act	31
5 Details of PMSMA activities performed	It is conducted on 9 th of every month in every CHC and PHC, (counselling, diet, medicine and drugs services are being provided)
6 RBSK	
• Total no. of RBSK teams sanctioned	24
• No. of teams with all HR in-place (full-team)	1
• No. of vehicles (on the road) for RBSK team	12
• No. of Teams per Block/ RBSK Nurses	2
• No. of block/s without dedicated teams/ RBSK Nurses	1

Indicator			
• Average no of children screened per day per team		110 - 120	
• Number of children born in delivery points screened for defects at birth (last month)		14270	
7 Special Newborn Care Units (SNCU)			
• Total number of beds in district			
○ In radiant warmer		12	
○ Stepdown care		1	
○ Kangaroo Mother Care (KMC) unit		1	
• Number of non-functional radiant warmer for more than a week		2	
• Number of non-functional phototherapy unit for more than a week		1	
		Inborn (April – November)	Out born (April – November)
• Admission		338	314
• Defects at birth		0	0
• Discharged		281	261
• Referral		43	71
• LAMA		12	7
• Died		2	12
8 Newborn Stabilization Unit (NBSU)			
		Inborn (April – November)	Out born (April – November)
• Admission		48	0
• Discharged		48	0
• Referral		0	0
• LAMA		0	0
• Died		0	0
9 Number of Nutrition Rehabilitation Centers (NRC)			
• Admission			
○ Bilateral pitting oedema		0	
○ MUAC<115 mm		156	
○ < -3SD WFH		118	
○ With Diarrhea		0	
○ ARI/Pneumonia		0	
○ TB		0	
○ HIV		0	

Indicator		
<ul style="list-style-type: none"> ○ Fever ○ Nutrition related disorder ○ Others 		0
		0
		0
<ul style="list-style-type: none"> ● Referred by <ul style="list-style-type: none"> ○ Frontline Worker ○ Self ○ Ref. from VCDC/CTC ○ RBSK ○ Paediatric ward/emergency 		260
		8
		0
		0
		9
● Discharged		259
● Referral/ Medical transfer		7
● LAMA		64
● Died		0
10 Home Based Newborn Care (HBNC)		
● Status of availability of HBNC kit with ASHAs	Yes (provided and functioning)	
● Newborns visited under HBNC (April – November)	29120	
● Status of availability of drug kit with ASHAs	NA	
11 Number of Maternal Death Review conducted	Previous year	15
	Current FY	3
12 Number of Child Death Review conducted	Previous year	176
	Current FY	66
13 Number of blocks covered under Peer Education (PE) programme	Not Implemented	
14 No. of villages covered under PE programme	-	
15 No. of PE selected	-	
16 No. of Adolescent Friendly Clinic (AFC) meetings held	0	
17 Weekly Iron Folic Acid Supplementation (WIFS) stockout	No stock in district (WIFS)	
18 No. of Mobile Medical Unit (MMU) (on the road) and micro-plan		
● No. of trips per MMU per month	75	
● No. of camps per MMU per month	75	
● No. of villages covered	194	

Indicator		
• Average number of OPD per MMU per month		2750
• Average no. of lab investigations per MMU per month		128
• Avg. no. of X-ray investigations per MMU per month		0
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month		64
• Avg. no. of sputum collected for TB detection per MMU per month		-
• Average Number of patients referred to higher facilities		185
• Payment pending (if any)		-
• If yes, since when and reasons thereof		
19 Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution		23
• No. of Advanced Life Support (ALS) (on the road) and their distribution		3
	ALS	BLS
• Operational agency (State/ NGO/ PPP)	State	PPP
• If the ambulances are GPS fitted and handled through centralised call centre	Yes	
• Average number of calls received per day	600-700	
• Average number of trips per ambulance per day	3.3	
• Average km travelled per ambulance per day	120-130	
• Key reasons for low utilisation (if any)	NA	
• No. of transport vehicle/102 vehicle (on the road)	NA	
○ If the vehicles are GPS fitted and handled through centralised call centre	-	
○ Average number of trips per ambulance per day	-	
○ Average km travelled per ambulance per day	-	
○ Key reasons for low utilisation (if any)	-	
20 Universal health screening		
• If conducted, what is the target population	Not Provided	
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	3497	

Indicator	
<ul style="list-style-type: none"> • No. of patients screened, diagnosed, and treated for: 	
<ul style="list-style-type: none"> ○ Hypertension 	60999
<ul style="list-style-type: none"> ○ Diabetes 	57010
<ul style="list-style-type: none"> ○ Oral cancer 	1106
<ul style="list-style-type: none"> ○ Breast Cancer 	609
<ul style="list-style-type: none"> ○ Cervical Cancer 	70
21 If State notified a State Mental Health Authority	No
22 If grievance redressal mechanism in place	No
<ul style="list-style-type: none"> • Whether call centre and toll-free number available 	No
<ul style="list-style-type: none"> • Percentage of complaints resolved out of the total complains registered in current FY 	-
23 Implementation of Integrated Disease Surveillance Programme (IDSP)	
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team 	Doctor, Pharmacist, Lab Technician and dresser.
<ul style="list-style-type: none"> • No. of outbreaks investigated in the previous year and in current FY 	2
<ul style="list-style-type: none"> • How is IDSP data utilised 	-
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 	0
24 Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> • Micro plan and macro plan available at the district level 	YES
<ul style="list-style-type: none"> • Annual Blood Examination Rate 	6.06 %
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 	Decrease in LLIN distribution and ART to positive patients due to COVID- 19
<ul style="list-style-type: none"> • LLIN distribution status 	725906
<ul style="list-style-type: none"> • IRS 	60%
<ul style="list-style-type: none"> • Anti-larval methods 	20000
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 	Yes, IRS focal spray
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 	Yes
<ul style="list-style-type: none"> • No. of MDR rounds observed 	1.106
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 	93%
25 Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> • Target TB notification achieved 	2428
<ul style="list-style-type: none"> • Whether HIV Status of all TB patient is known 	91%
<ul style="list-style-type: none"> • Eligible TB patients with UDST testing 	40%

Indicator		
• Whether drugs for both drug sensitive and drug resistance TB available		Yes
• Patients notification from public sector	No of patients notified	1615
	Treatment success rate	91%
	No. of MDR TB Patients	60
	Treatment initiation among MDR TB patients	58
• Patients notification from private sector	No of patients notified	813
	Treatment success rate	84%
	No. of MDR TB Patients	10
	Treatment initiation among MDR TB patients	6
• Beneficiaries paid under Nikshay Poshan Yojana		731
• Active Case Finding conducted as per planned for the year		Yes
26 Implementation of National Leprosy Eradication Programme (NLEP)		
• No. of new cases detected		87
• No. of G2D cases		4
• MDT available without interruption		495
• Reconstructive surgery for G2D cases being conducted		0
• MCR footwear and self-care kit available		136
27 Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis		0
28 Percent of health workers immunised against HepB		NA
29 Key activities performed in current FY as per ROP under National Fluorosis Control Programme		Due to Covid 19 no activity is completed at the moment
30 Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme		
31 Key activities performed in current FY as per ROP under National Tobacco Control Programme		
32 Number of ASHAs	Required as per population	2735
	Selected	2524

Indicator		
	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	209
	No. of villages/ slum areas with no ASHA	2524
33 Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1778
	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	114
	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1778
	No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	114
	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	928
	No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	33
	Any other state specific scheme	0
34 Status of Mahila Arogya Samitis (MAS)	Formed	70
	Trained	65
	MAS account opened	70
35 Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	1852
	Trained	1602
	MAS account opened	1852

Indicator					
36	Number of facilities quality certified	0			
37	Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	85% peer assessment			
38	Activities performed by District Level Quality Assurance Committee (DQAC)	<ul style="list-style-type: none"> ● Reconstruction of MCH labour room as per LAQSHA ● Biohazard room construction ● Floor tile at MCH 			
39	Recruitment for any staff position/ cadre conducted at district level	Yes			
40	Details of recruitment	Previous year		Current FY	
		Regular cadre	NHM	Regular cadre	NHM
	• Total no. of posts vacant at the beginning of FY	340	345	352	366
	• Among these, no. of posts filled by state	92	25	113	25
	• Among these, no. of posts filled at the district level	248	320	139	341
41	Does the state have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes			

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.

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

Indicator	Completed
1. Number of individuals enumerated	18668
2. Number of CBAC forms filled	3497
3. Number of HWCs started NCD screening	61
a. SHC- HWC	51
b. PHC- HWC	8
c. UPHC – HWC	2
4. Number of individuals screened for:	119794
a. Hypertension	60999
b. Diabetes	57010
c. Oral Cancer	1106
d. Breast Cancer	609
e. Cervical Cancer	70
5. Number of HWCs providing Teleconsultation services	46
6. Number of HWCs organising wellness activities	283

2.4 Status of Human Resource

There are total 1238 posts in different discipline sanctioned for the district under Regular and NHM of which 1152 posts are filled and 86 posts are vacant. Total 6.9 percent posts are vacant in the district.

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

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
• MO (MBBS)	181	107+28	25.4
• Staff Nurse	44	2+22+18*	4.5
• ANM	265	104+137+43*	-
• LHV/CHO/MPW	24	140	-
• Health Educator	13	7	46.2
• Health Worker	36	8	77.8
• Pharmacist	34	8+15+7*	11.8
• Lab Technician	27	8+14+4*	3.7
• Dental Assistant	1	2	-
• X-ray Technician	4	1+4	-
• District Program Manager	1	1	-
• District Account Manager	1	1	-
• Block Program Manager	13	11	15.4
• Block Account Manager	13	9	30.8
• Others	581	134+70+247*	22.4
Total	1238	1152	6.9

Source: DPMU, Giridih

2.5 State of Fund Utilization

Details regarding fund utilization was not provided.

2.6 Status of trainings

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

List of training (to be filled as per ROP approval)	Planned	Completed
1. DAKSHIT training		Done
2. Other maternal health training	14.12.21	
3. Anemia Mukta Bharat program	13.12.21	
4. Training on facility based management of Severe Acute Malnutrition	15.12.21 to 17.12.21	
5. NSSK training for SNs	20.12.21 to 21.12.21	
6. TOT (MO,SN) for family participatory care (KMC)	23.12.21 to 24.12.21	
7. Minilap training for MO		Done
8. Refresh training on Minilap sterilisation	28.12.21 to 31.12.21	

Source: DPMU, Giridih district

3. Service Availability at the Public health facilities

The observation made by the monitoring team during the visit to various health facilities are listed below. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

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

3.1 Service Delivery: District Hospital

District Hospital (**Sadar Hospital**) is situated at the district headquarter at Giridih and it is co-located with the civil surgeon office. It is well connected to the nearest road head. The next referral point is Medical college, Dhandad which is 45 km away from the facility. It is a 225 bedded hospital, of which 6 beds are of ICU. The hospital is well equipped with 24*7 running water facility, RO installed drinking water facility, cleaned functional toilets (separate for male and female), sufficient sitting arrangement for OPD cases. Solar panel power backup installed for the whole hospital. Apart from these facilities, the hospital is providing OPD, ANC, Radiology, Pathology, Immunisation, Family Planning, Laboratory services etc. between 9:00 am to 3:00 pm. Separate MCH wing is constructed in chaitadeeh under the administration of sadar hospital, it is 3km away from the district hospital.

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

- The facility provides Medicine, General Surgery, Anesthesiology, Ophthalmology, Dental, X-ray service, NRC, ICU, Dialysis unit (under PPP), Emergency care services and Burn unit. DEIC of the facility is under construction.
- The facility has Telemedicine services at the initial stage.
- The facility has Operational Theatre with Elective OT -Major (General and Ortho) and Obstetrics & Gynaecology OT. The facility is also well equipped with a functional blood bank under Red Cross Society.
- There is no ASHA restroom and drug storeroom with racks is not available in this facility.
- The DH is well equipped with desktop/laptop and internet connectivity is good.
- The Essential Drug List (EDL) was available in the facility and displayed in OPD area. The facility has implemented DVDMS in it.

- The following drugs were in shortage in the last 30 days, Amoxicillin, Tab. IFA Red, Tab. Ciprofloxacin 500 mg, Oxytocin Injection.
- The DH has in house and PPP essential diagnosis services in the facility along with the in house digital X-ray services. These services were available from 9:00 am to 3:00 pm in the facility and free of cost to BPL cardholders as well as to JSSK beneficiaries. The X-ray machine was not certified by AERB.
- There is a sufficient supply of testing kits/ rapid diagnostic kits in the facility.
- The facility is implementing the PM- National Dialysis Programme by PPP mode.
- It has NCD clinic service and available six days in a week.
- Weekly data reports of P, S and L forms under IDSP are done.
- The facility is a Designated Microscopy Centre (DMC). In the last 6 months, 8% of the OPD cases were tested for TB and all the positive TB patients (diagnosed at the DH) are taking anti-TB drug from the facility.
- Data entry in HMIS, HWC Portal and Nikshay portal were updated, but MCTS was not updated.
- RKS meeting was held every month.
- The facility is well equipped with its own ambulance services as well as ambulance services with a centralised call centre.

MCH WING OF DH

MCH Wing of DH is a FRU. It is a 50 bedded facility. It has 24*7 running water. It is geriatric and disability friendly. It has RO installed drinking water facility. It has clean functional toilets. The facility is providing its OPD services between 9:00 am to 3:00 pm. OPD waiting area has a sufficient sitting arrangement. It has solar power backup.

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

- The facility provides Medicine, O&G, Pediatric, Anesthesiology, USG, MNCU, PICU, Labour Room Complex, Skill lab, ICU and Emergency care services.
- The facility has Operational Theatre with Single general OT and Obstetrics & Gynaecology OT.

- The facility has a deep burial pit for Bio Waste Management.
- The facility is well equipped with desktop/laptop and internet connectivity is good.
- This facility has delivery services. A total of 465 normal deliveries and 63 C-section were performed last month.
- The facility has birth and death registers. There was no maternal death in last year and one maternal death in this year.
- There were 14 child death in last year and 13 child death in this year. The facility is also providing Comprehensive Abortion Care (CAC).
- The facility has trained human resource for IUCD/PPIUCD and they are counselling the eligible couple and providing them FP services.

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

Human Resource		Sanctioned	Regular	Contract
Deputy Superintendent		1	1	0
MO (MBBS)		11	6	0
Specialist	Physician	2	0	0
	ObGy	2	1	0
	Pediatrician	2	2	0
	Anesthetist	2	1	0
	Surgeon	2	2	0
	Ophthalmologist	2	1	0
	Orthopedic	1	0	0
	Radiologist	1	0	0
	Pathologist	1	0	0
	Others	4	2	0
Dentist		2	1	0
SNs/GNMs		36	3	0
LTs		8	2	0
Dental Assistant/ Hygienist		1	0	0
Pharmacist		5	2	0

Hospital/ Facility Manager	1	0	1
Others	69	29	6
Total	153	53	7

Source: District Hospital, Giridih

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

Sr. No.	Challenges	Root Causes
1	Space in the hospital is very congested	There are five buildings that are condemned
2	Number of racks in the drug store is not sufficient	Only two racks were available for drug storage, so drugs were kept on the floor.

Source: District Hospital, Giridih

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

The Community Health Centre (CHC) in Dumri is a standalone facility and well connected to the nearest road head. The next referral point is Medical college, Dhandad which is 40 km away from the facility. It is a 10 bedded facility. It has 24*7 running water. It is geriatric and disability friendly. It has RO installed drinking water facility. It has clean functional toilets. The facility is providing its OPD services between 9:00 am to 3:00 pm.

During the visit to Community Health Centre Dumri, 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, drug storeroom with rack and solar panel for power backup. The CHC is also a geriatric and disability friendly.
- There is no sufficient sitting arrangement for OPD patients and no restroom for ASHA.
- It provides ANC, OPD, NCD, Immunization, Family Planning etc., services from 9:00 am to 3:00 pm.
- The facility also provides specialised services in Medicine, General surgery, Ophthalmology, Dental, X-ray and Newborn Stabilisation Unit (NBSU). Along with these services, the facility also provides, emergency services.
- This facility has a deep burial pit for biomedical waste management practices.
- The facility has a desktop/laptop, but the internet connectivity is poor in the area.

- Though, the essential drug list is available but it was not displayed in OPD waiting area. All the essential drugs (listed in EDL) were available in the facility. There is acute shortage of essential consumables for past 4 months.
- It has cold chain supply chain management system and operation theatre.
- In house diagnosis services from 9:00 am to 3:00 pm is available in the facility.
- The facility has X- ray machine but not functioning.
- There is sufficient supply of testing kits/ rapid diagnostic kits in the facility.
- Delivery services are being provided by the facility, its labour room is small and well equipped with a manual delivery table and delivery related equipments. The NBCC of the facility is functioning and it has functional radiant warmer and neo-natal ambu bag.
- JSY payments has been not done since July 2021 due to the unavailability of funds.
- The Facility has availability of vaccines and hub cutters and all the Nurses/ANM posted in the facility are aware about the open vial policy.
- There were 393 delivery conducted in last three months (September 2021 – November 2021) and all were breastfed within one hours of birth, and provided birth doses.
- The facility has trained HR in IUCD/PPIUCD and they provide reversible FP services after counselling the beneficiaries. The facility also provides permanent FP services through OT.
- Weekly data report of P, S and L forms under IDSP is done.
- The facility is designated as Designated Microscopy Centre (DMC). In last 6 months, 2% to 3% of the OPD cases were tested for TB and all the positive TB patients (diagnosed at the CHC) are taking anti-Tb drug from the facility. DBT instalment of 90% to 95% of the currently treating TB patients under Nikshay Poshan Yojana has been initiated.
- There are 6 patients of Leprosy, were detected by Filed Worker in the last 12 months in the block and one 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

- Under NHM fund received last year is Rs.31097066 and fund utilised last year is Rs.35128754. Repairing work of CHC was done and expenditure met out of the RKS/ Untied fund regularly is Rs.372881.
- RKS meeting was held every month.
- Ambulance services available in the area is the centralised call centre.
- In the last month one case was referred from sub center/ PHC and 34 cases were referred by CHC.
- There is need for Gynecologist in the CHC.

Table 9: Status of human resource in the CHC Dumri, Giridih

Human Resource		Sanctioned	Regular	Contract
MO (MBBS)		8	4	2
Specialist	Medicine	0	0	0
	ObGy	0	0	0
	Pediatrician	0	0	0
	Anesthetist	0	0	0
	General Surgeon	0	0	0
Dentist		1	1	0
SNs/GNMs		4	0	5
ANM		4	5	4+3*
LTs		1	1	0
Pharmacist		1	0	1*
Hospital/ Facility Manager		1	0	1
Others		30	9	8+12*
Total		50	20	36

Source: CHC Dumri, Giridih, *Outsourcing

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

Sr. No.	Challenges	Root Causes
1	The source of power backup	The solar panels are installed but not functioning
2	Tracking of ANC services to the pregnant woman is difficult	Shortage in the supply of MCP cards from district
3	Patients are not getting enough medicines for common diseases like fever, cold etc. and ANC services from the facility	Shortage in the supply of medicine for last 6 months from district

Source: CHC Dumri, Giridih

3.3 Service Delivery: Primary Health Centre – Bhandaro

The Primary Health Centre (PHC) in Bhandaro is a standalone facility and well connected to the nearest road head. Its next referral point is CHC Dumri which is 45 km away from the facility. It is a 10 bedded facility. It has 24*7 running water. It is geriatric and disability friendly. It has RO installed drinking water facility. It has clean functional toilets. This facility has sufficient sitting arrangements in OPD waiting area. The facility is providing ANC, NCD, Immunization, Family Planning and Tele-medicine etc. services from 9:00 am to 3:30 pm. All the national programmes are being implemented in the periphery area of the facility. The facility is functioning in PPP mode for tele-medicine service.

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

- The facility has 24*7 water supply through bore-well, RO is installed for drinking water in the facility.
- It is a geriatric & disability friendly facility.
- Branding is not done in the facility.
- It has an inverter for power back up but not functioning.
- This facility has a deep burial pit for biomedical waste management practices.
- There is no availability of EDL displayed in the facility.
- There is no desktop/laptop available and ANM does not have functional tablets in this facility. The internet connectivity is poor in this area.
- The facility does not have X- ray services.
- There is a minimal shortage in the availability of testing kits/ rapid diagnostic kits in the facility.
- There are no delivery services in the facility, as there is only 1 ANM and she is newly appointed and not trained in delivery service.
- Family Planning counselling is given by ASHA and FPLMIS has been implemented.
- There is no adolescent friendly health clinic in this facility.
- The facility has received Rs.15000/- during last financial year and spent total received funds.
- The facility has no CHO, due to that there is no NCD clinic, no wellness activities, no NCD services to general patients. Also, there is no provision to diagnose TB patients and Leprosy patients. Therefore, there are no records of TB, Malaria and Leprosy.

- Ambulance services available in the area is the centralised call centre.
- There is a need for a stretcher, a wheelchair and a deep freezer in this facility.

Table 11: Available Human Resource at PHC Bhandaro

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	1	1	0
ANM	2	0	1+1*
LTs	2	1	0
Pharmacist	1	1	0
Others	12	2	10*

Source: PHC Bhandaro, * Outsourcing

Table 12: Challenges and their root causes in the PHC Bhandaro, Giridih

Sr. No.	Challenges	Root Causes
1	Delivery services could not be performed at the facility due to that the is increase in the home delivery	As there is only 1 ANM, she is newly appointed and not trained in delivery service
2	The source of Power backup is not available	As Inventor in the facility is not functioning

Source: PHC Bhandaro, Giridih district

3.4 Service Delivery: Sub Centre – Pordag

The Sub-Centre in Pordag is a standalone facility and well connected to the nearest road head. Its next referral point is CHC Dumri which is 10 km away from the facility. It has 24*7 running water. It is geriatric and disability friendly. It has RO installed drinking water facility. It has clean functional toilets. This facility has sufficient sitting arrangements in OPD waiting area. It has an inverter for power backup. It has ASHA restroom. In this facility there is a specified area for yoga welfare activities. Branding of the facility is done. It provides OPD, delivery, NCD, Immunization, Family Planning etc. services.

During the visit to the Sub-Centre in Pordag, the following observations were made –

- The facility has 24*7 water supply through bore-well and it is being used for drinking purpose also. Since, RO is installed in the facility
- It has a ramp and it is a geriatric & disability friendly facility.
- The facility is having ASHA rest room, power backups, area for Yoga/welfare activities, sufficient OPD waiting arrangement and branding.
- In drug storeroom racks for medicine is not available.
- The facility does not have biomedical waste management practices so they are burning it in the facility. There is no sharp pit or deep burial pit
- CHO has functional tablet/laptop and ANM has electronic tablet. The internet connectivity is good. But no smartphone is given to any of the ASHA.
- There were no essential drugs and anti-TB drugs available in the facility. In addition, few priority drugs such as antibiotics, paracetamol (500mg), cough syrup, Diclofenac, Fluconazole etc. were also not available in the facility during the visit.
- There is a minimal shortage in the availability of testing kits / rapid diagnostic kits in this facility.
- The facility is well equipped with basic instruments i.e. BP instruments, thermometer, glucometer, pregnancy testing kits, and contraceptives such as IUCD, condoms, Chhaya etc.
- Though ANM does have line listing of all the Pregnant women and eligible couples with them, but high risk women were not identified and also MCP cards were not fully filled as checked few of the MCP cards of pregnant women available at the facility.
- No maternal deaths and child deaths occurred in the last and current financial year.
- Micro plan for immunisation, vaccines and hub cutter were available in the facility and ANMs were well aware about their vaccine schedules and open vial policy.
- The ANMs of the facility were trained in IUCD/PPIUCD and along with the IUCD insertion, they were providing the other family planning services in the facility.
- There were no forms of CBAC were filled, subsequently there is no score generated from CBAC form but the universal screening of NCD has been started.

- In the last 6 months there were 540 individuals screened under NCD of which 13 individuals were confirmed with hypertension and 19 individuals were confirmed with diabetes.
- Tele-consultation service is not being provided.
- The weekly reporting of S form for the epidemic prone disease is being done regularly.
- Forty presumptive TB patients were identified and referred for testing, of which 11 patients were diagnosed and taking treatment under the sub-centre area.
- All the ASHA in the periphery area of Sub-Centre have HBNC kits but lacking with some of the drugs, i.e. PCM, Zinc and ORS. Also, the ASHA incentives were delayed by 4 months.
- All the ASHA are aware of the provision of incentives under NTEP and Nikshay Poshan Yojana.
- Health and Sanitation days were conducted in 6 villages in the last 6 months.
- CHOs and HWC staffs are involved in VHSNC meetings and it is conducted every month.
- No records were maintained for malaria, dengue, chikungunya, palliative and leprosy cases.
- The fund received last year under NHM is Rs.15000 and it is fully utilised.
- Ambulance services available in this area is 108.
- Two cases were referred out for delivery to PHC in September 2021.
- There is a need for a stretcher, wheelchair, ILR, warmer, deep freezer and rack to keep medicine in this facility.

The table below shows the number of cases screened and confirmed cases of different types of NCDs in the periphery of the sub centre. CHO has only screened 540 individuals for hypertension, diabetes, oral cancer, breast cancer and cervical cancer till 30th November 2021, of which 13 individuals were confirmed with hypertension and 19 individuals were confirmed with diabetes.

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

NCDs	Screened	Confirmed
Hypertension	540	13
Diabetes		19
Oral Cancer		0
Breast Cancer		0
Cervical Cancer		0

Source: Sub-Centre – Pordag, Giridih district

The medicine for hypertension and diabetes are not available in the facility. The following drugs have been listed by the CHO.

Table14: List of Drugs available for Hypertension and Diabetes in SC Pordag, Giridih

Sr. No.	List of Drugs
1	Tab.paracetamol (500mg)
2	Antibiotics
3	Diclofenac
4	Cough syrup
5	Fluconazole
6	Tab. Metformin

Source: Sub-Centre – Pordag, Giridih district

Table 15: Available Human Resource at SC Pordag, Giridih

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

Source: Sub-Centre – Pordag, Giridih district

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

Table 16: Challenges and their root causes in the SC Pordag, Giridih

Sr. No.	Challenges	Root Causes
1	Biomedical wastes were burnt in the facility	There is no availability of deep burial or sharp pit.
2	The source of power backup is not available	There is no solar panel or generator is available in the facility
3	The stock of Medicine is less	Medicine was not supplied from district
4	Pregnant women are not getting urine test services in the facility.	Due to the non-availability of Uri-stick in the facility
5	ANM is not conducting deliveries at night	Due to security reasons, i.e. no security person is allotted to the facility and the facility is away from the village.

Source: Sub-Centre – Pordag, Giridih 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 Giridih district was carried out by the PRC team from 6th December to 10th December 2021. The Civil Surgeon Office, District Hospital and MCH wing, Community Health Centre – Dumri, Primary Health Centre – Bhandaro, and Sub-Centre – Pordag were visited for monitoring by the PRC team.

During the field visit Randhir Prasad, DPC and Mukesh Kumar, DVBD Consultant, accompanied the PRC team. Based on discussion with the concerned officials and monitoring/ observations of the health facilities the following recommendations have been made by the PRC monitoring team:

- The district as a whole is facing a severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on the urgent basis. Further, the contractual staff of NHM need to fill on the priority basis.
- Data related to fund was not provided due to discord between the health staff, even after multiple mails.
- Most of the NHM health staff were underpaid and are having more responsibilities; therefore, they are leaving their jobs. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.
- In Sadar Hospital (DH), space in the hospital is very congested and there are five buildings that were condemned. Supply of racks to the drug store is needed as due to less availability of racks medicines are kept on the floor. A.R.T center need to be shifted, as it has space and ventilation problem. Though there is oxygen plant in DH the supply from this plant is not sufficient, so the production need to be improved or alternative provision need to be made.
- In the CHC Dumri there is a need for a Gynecologist and X ray machine need to be repaired.
- In PHC Bhandaro, there is a need for CHO and ANM trained in the delivery, so that the delivery services can be performed.
- In SC Pordag, deep burial pit is needed, the supply of essential drugs and anti-TB drugs are needed, there is a need for night guard in this facility, so that delivery can be performed at night.
- It is recommended to maintain all the service delivery report properly and should be updated by the facility health staffs as it was found that many records were not updated during the visit.

5. A glimpse of the Giridih district PIP monitoring visit, 6 – 10 December 2021



Visit to District Hospital and NRC, Giridih



Visit to PHC Bhandaro, Giridih



Visit to SC Pordag (HWC), Giridih



Visit to CHC Dumri, Giridih

B Singh

Baldev Singh Kulaste

A. Vivekanand

Vivekanand A