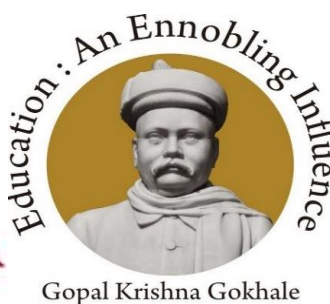




**Monitoring and Evaluation of Programme Implementation Plan, 2021-22
Buxar District, Bihar**

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Monitoring and Evaluation of Programme Implementation Plan, 2021-22 Buxar District, Bihar

Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the training and Evaluation of the PIP 2021-22 of Buxar District of Bihar was carried out by the PRC team during 20 December to 23 December, 2021. The District Health Office (DPMU), District Hospital, CHC-Navanagar, Primary Health Centre (PHC)- Itarhi and Sub Centre Fatehpur were visited for the study by the PRC team. During the field visit the PRC team was accompanied by community process manager and DQAC. This report discusses in detail the implementation of PIP in Buxar District as observed during the field visit for monitoring. The key observation is given below:

General

There is an overall improvement in the health system in the district.

Achievements made

- Increase in institutional deliveries.
- All 24x7 PHC are with basic lab facilities.
- ASHAs are selected, trained up to the IVth module and provided with drug kits.
- VHSC formed, and bank accounts have been opened.
- Significant reduction in the maternal, neonatal and child deaths in the district.
- Increase in the uptake of family planning methods.

Areas for Further Improvement

- Regular meetings of State & District Health Mission should be held.
- Initiatives need to be taken for more BPMUs to make them functional.
- The district needs to plug the gap between lower-level staff and DPMU.

Infrastructure

- Construction of new infrastructure and repair/up-gradation of the existing infrastructure is required at the district hospital Gaya and PHC Itarhi and sub centre Fatehpur.
- Rational utilization of civil works as per guidelines is needed.
- All the SC and PHC upgraded to HWCs, though the branding is yet to start of some of the health facilities.

Human Resources

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

1. Overview of district

Buxar, is a Nagar Parishad town and district headquarters of Buxar district of Bihar. as well as the headquarters of the community development block of Buxar, which also contains the census town of Sarimpur along with 132 rural villages. As of 2011 India census, Buxar had a population of 102,861. Males constitute 52.65% of the population and females 47.35%. 16% of the population is under 6 years of age. The 2011 census recorded the city of Buxar as having a literacy rate of 83.82%, with an 11.24% gap between male literacy (89.13%) and female literacy (77.89%). The whole of Buxar district had a literacy rate of 70.14%, with Buxar block (comprising both rural and urban areas) had a literacy rate of 77.45%, the highest in the district.

Buxar district occupies an area of 1,703 square kilometres.

Buxar is an important regional commercial and trade hub, with connections via road and rail along with river transport on the Ganges. Along with Dumraon, Buxar is one of the main centres for trade and industry in the district. Soap and furniture are manufactured in both cities. Major exports from Buxar include rice, paddy, gur, mango, vegetables, fish, and jail-related manufactured goods. Major imports include engineering goods and medicine.

In addition to the urban settlements of Buxar and Sarimpur, Buxar block encompasses 132 villages. Of these, 97 are inhabited and 35 are uninhabited.

Buxar district is further subdivided into 11 Blocks. As per the Census 2011 Buxar District's total population is 1706352. Total rural population of Buxar is 1541853 which is 90.35% of total Buxar's population and urban population is 164499 about 10.58% of total population. Total literacy rate of Buxar district is 83.82 %. Sex ratio of District is 922 females per 1000 male. Population Density of Buxar District is 1003.

The details of the district are given in the below table 1. Data for the below table is received from the District office of the Buxar district.

Table 1: district background, health indicator and facility details of Buxar district, 2021-22.

Sr. no.	Indicator	Remarks/ Observation
1	Total number of Districts	01
2	Total number of Blocks	11
3	Total number of Villages	1114
4	Total Population	1706352
5	Rural population	1541853
6	Urban population	164499
7	Literacy rate	83.82
8	Sex Ratio	922
9	Sex ratio at birth	-
10	Population Density	1003

11	Estimated number of deliveries	-	
12	Estimated number of C-section	56	
13	Estimated numbers of live births	1720	
14	Estimated number of eligible couples	337059	
15	Estimated number of leprosy cases	-	
16	Target for public and private sector TB notification for the current year	12032	
17	Estimated number of cataract surgeries to be conducted	-	
18	Mortality Indicators:	Previous year	Current Year
•	Maternal Death	Data not provided	7
•	Child Death	Data not provided	4
•	Infant Death	Data not provided	59
•	Still birth	Data not provided	57
•	Deaths due to Malaria	Data not provided	22
•	Deaths due to sterilization procedure	Data not provided	25
19.	Facility Details	Sanctioned/ Planned	Operational
1	District Hospitals	1	1
2	Sub District Hospital	1	1
3	Community Health Centers (CHC)	4	4
4	Primary Health Centers (PHC)/HWC	7	7
5	Sub Centers (SC)	161	161
6	Urban Primary Health Centers (U-PHC)	1	1
7	Urban Community Health Centers (U-CHC)	NA	0
8	Special Newborn Care Units (SNCU)	1	1
9	Nutritional Rehabilitation Centres (NRC)	1	1
10	District Early intervention Center (DEIC)	0	0
11	First Referral Units (FRU)	0	0
12	Blood Bank	1	-
13	Blood Storage Unit (BSU)	1	1
14	No. of PHC converted to HWC	28	27
15	No. of U-PHC converted to HWC	1	1
16	Number of Sub Centre converted to HWC	44	9
17	Designated Microscopy Center (DMC)	13	-
18	Tuberculosis Units (TUs)	11	-
19	CBNAAT/TruNat Sites	2	-

20	Drug Resistant TB Centres	00	DH, SDH
21	Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • DH • SDH • CHC 	1 1 4	
22	Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	2 DH, 1 SDH	

Source: DPMU, Buxar District

2. Public Health planning and implementation of National Programmes

2.1 District Health Action Plan (DHAP)

In preparation District Health Action Plan (PIP) all the facilities are involved in preparation of the DHAP. All the facilities sending their requirements and action plan to the district in for approval. According to the DHAP send by the district, state with some minor changes give their approval dated on 29-06-2021. DPMU has provided the details of funds received and utilised on for the various programmes of NHM. Every year PIP funds are received in same period. But they are able to manage their routine activities from the unspent grant which they have received in the last financial year. As DPMU is stated that there is no delay in making payment of ASHAs.

Table 2: details about DHAP and status of construction of building in Buxar district.

Sr. no.	Indicators	Remarks/ Observation
1	Whether the district has prepared any District Programme Implementation Plan (PIP) for the current year and has submitted it to the states (verify)	YES
2	Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Yes
3	Date of first release of fund against DHAP	August 2021
4	Infrastructure: Construction Status	
i.	Details of Construction pending for more than 2 years	No
ii.	Details of Construction completed but not handed over	No

Source: DPMU, Buxar district.

2.2. Service Availability

There are 1 DH, 1 SDH, 4 CHCs, 7 PHCs, 1 UPHC, 28 APHC, and 161 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 27 APHCs, 4 CHCs and 9 SCs are

converted into HWCs. In the district free drug policy is being implemented under all national programmes and for BPL patients.

RBSK: There are total 22 RBSK teams are available in the district; of which 7 of the team is with all required Human resource. There are 16 vehicles available for RBSK teams (on the road); two teams per block. A total of 1720 children born at the delivery points screened for defect at birth.

SNCU: District is having 15 beds SNCU situated at District hospital. There are 13 radiant warmers, 12 stepdown units and 1 KMC units are available in the SNCU. Though, 2 radiant warmers are not currently working. During April 2021 to November 2021, total 683 (235 inborn and 448 out-born) children were admitted in the SNCU in the district. Of total, 14 children were admitted due to the defect at birth. Data on child death has not been provided by DPMU.

Nutrition Rehabilitation Centres (NRC): There are 1 NRCs are available in the district. Among the total admitted children, 13 children were admitted due to Bilateral pitting oedema, 2 were admitted due to the MUAC<1, 2 due to <3SD WFH , 13 children were admitted due to nutrition related causes during the reference period.

HBNC: A total of 1440 HBNC kits are available with ASHAs and total 7067 new-borns were visited under HBNC during April to November 2021. 1494 ASHAs are equipped with the drug kits.

Maternal and child Deaths Review: A total of 7 maternal deaths and 63 child deaths review have been conducted during April to November 2021.

MMU and PE programme: There is no mobile medical units (MMU) and PE programme are working in the district.

Referral Transport: the referral transport in the district is working based in public Private Partnership PPP model. All the vehicle is equipped with GPS and handled through centralised call centre. Average call received per day is 5 for ALS and 6 for BLS. The same number of trips are being completed by the both type of ambulance.

Total 5 vehicles are available of 102 and 108 number in the district, and all the vehicles are equipped with GPS. On average 4-5 trips per day are being done per ambulance, and on an average 200-250 km distance are being covered per ambulance per day.

Universal Health Screening: A total of 30244 individuals has been screened under the universal health screening program. Besides, no data have been provided by the DPMU.

Mera Aaspatal: Mera Aaspatal initiative has been implemented in the district hospital.

Payment status: The JSY payment has been made to 1440 beneficiaries during the reference period, of which 200 were the backlog.

The 386 beneficiaries have received the incentive under NTEP programme, of which 151 have received it through DBT mode.

Implementation of Integrated Disease Surveillance programme (IDSP): A rapid response team is constituted in the district to grapple with the situation of any outbreak. The team consist with an Epidemiologist, Additional District Programme Heath Officer, Lab technician, attendant etc. No outbreaks have been investigated in the district in previous year and in current year.

Implementation of National Tuberculosis Elimination Programme (NTEP): Under the NTEP, 80% of the TB notification target has been achieved by the district. All TB patients are tested for HIV and UDST testing is universal for all eligible TB patients. Drugs for both drug-sensitive and drug-resistant TB is available in the district. The treatment success rate in the public section is 72%, whereas, in the private sector it is 80%. Not provides to Nikshay Poshan Yojna.

Implementation of National Leprosy Eradication Programme (NLEP): Total 96 new cases of Leprosy have been detected, of which 4 cases were G2D cases during the reference period.

Kayakalp and Swachh Swasth Sarvatra (SSS): The Kayakalp and Swachh Swasth Sarvatra initiative are implemented in the 2 CHCs and 2 PHCs of the district.

The below table 3 gives the details of the health service delivery indicators at the district level of the Buxar district on 30 November 2021.

Table 3: Details about the health service delivery in the Buxar district, 1st April – 30 November2021.

	Indicators	Remarks/ Observation
1	Implementation of Free drugs services (if it is free for all)	yes
2	Implementation of diagnostic services (if it is free for all) Number of lab tests notified	-
3	Status of the delivery points	-
i.	No. of SCs conducting >3 deliveries/month	0
ii.	No. of 24X7 PHCs conducting > 10 deliveries /month	5
iii.	No. of CHCs conducting > 20 deliveries /month	4
iv.	No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
v.	No. of DH/ District Women and child hospital conducting C-section	0

vi.	No. of Medical colleges conducting > 50 deliveries per month	0	
vii.	No. of Medical colleges conducting C-section	0	
4	Number of institutes with ultrasound facilities (Public +Private)	1	
i	Of these, how many are registered under PCPNDT act	Yes	
5	Details of PMSMA activities performed	12 facility	
6.	RBSK		
i.	Total no. of RBSK teams sanctioned	22	
ii.	No. of teams with all HR in-place (full-team)	7	
iii.	No. of vehicles (on the road) for RBSK team	16	
iv.	No. of Teams per Block	One or two	
v.	No. of block/s without dedicated teams	No	
vi.	Average no of children screened per day per team	80	
vii.	Number of children born in delivery points screened for defects at birth	1720	
7.	Special Newborn Care Units (SNCU)	1	
i.	Total number of beds <ul style="list-style-type: none"> in radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit 	13 12 1	
ii.	Number of non-functional radiant warmer for more than a week	2	
iii.	Number of non-functional phototherapy unit for more than a week	-	
		Inborn	Out born
iv.	Admission	235	448
v.	Defects at birth		14
vi.	Discharged	173	262
vii.	Referral	26	84
viii.	LAMA	22	40
ix.	Died	14	68
8.	Newborn Stabilization Unit (NBSU)	1	
		Inborn	Out born
i.	Admission	201	00
ii.	Discharged	201	00
iii.	Referral	00	00
iv.	LAMA	00	00
v.	Died	00	00
9.	Nutrition Rehabilitation Centers (NRC)	1 DH	
i.	Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 <'3SD WFH with Diarrhea 	13 2 Child 2 Child	

	<ul style="list-style-type: none"> • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others 	1 0 0 13 13
ii.	Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	9 8 0 0 2 2
iii.	Discharged	8
iv.	Referral/ Medical transfer	1
v.	LAMA	0
vi.	Died	0
10.	Home Based Newborn Care (HBNC)	Yes
i.	Status of availability of HBNC kit with ASHAs	1440
ii.	Newborns visited under HBNC	7067
iii.	Status of availability of drug kit with ASHAs	1494
11	Number of Maternal Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 	No No
12	Number of Child Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 	No No
13	Number of blocks covered under Peer Education (PE) programme	No
14	No. of villages covered under PE program	No
15	No. of PE selected	No
16	No. of Adolescent Friendly Clinic (AFC) meetings held	yes
17	Weekly Iron Folic Acid Supplementation (WIFS) stock out	Yes
18	No. of Mobile Medical Unit (MMU) (on the road and micro-plan	No
i.	No. of trips per MMU per month	NA
ii.	No. of camps per MMU per month	NA
iii.	No. of villages covered	NA
iv.	Average number of OPD per MMU per month	NA
v.	Average no. of lab investigations per MMU per Month	NA

vi.	Average no. of lab investigations per MMU per Month	NA	
vii.	Avg. no. of X-ray investigations per MMU per Month	NA	
viii.	Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	NA	
ix.	Avg. no. of sputum collected for TB detection per MMU per month	NA	
x.	Average Number of patients referred to higher facilities.	NA	
xi.	Payment pending (if any) If yes, since when and reasons thereof	NA	
19	Vehicle for Referral Transport	NA	
i.	No. of Basic Life Support (BLS) (on the road) and their distribution	21	
ii.	No. of Advanced Life Support (ALS) (on the road) and their distribution	2	
		ALS	BLS
iii.	Operational agency (State/ NGO/ PPP)	PPP	PPP
iv.	If the ambulances are GPS fitted and handled through centralized call center	yes	Yes
v.	Average number of calls received per day	5	5
vi.	Average number of trips per ambulance per day	450km	
vii.	Average km travelled per ambulance per day	450	500
viii.	Key reasons for low utilization (if any)	NA	NA
ix.	No. of transport vehicle/102 vehicle (on the road)	21	
x.	If the vehicles are GPS fitted and handled through centralized call center	Yes	
xi.	Average number of trips per ambulance per day	4-5	
xii.	Average km travelled per ambulance per day	400-450	
xiii.	Key reasons for low utilization (if any)	No	
20	Universal health screening		
i.	If conducted, what is the target population	-	
ii.	Number of Community Based Assessment Checklist (CBAC) forms filled till date	9453	
iii.	No. of patients screened, diagnosed, and treated for:		
	Hypertension	13660	4228
	Diabetes	13660	2308
	Oral cancer	13660	50
	Breast Cancer	13660	17

	Cervical cancer	13660	04	
21	If State notified a State Mental Health Authority	Yes		
22	If grievance redressed mechanism in place	Yes		
	Whether call center and toll-free number available	Yes		
	Percentage of complains resolved out of the total complains registered in current FY	-		
23	If Mera aaspatal has been implemented	No		
24	Payment status:	No. of beneficiaries	Backlog	DBT statuses
i.	JSY beneficiaries	2765	210	2625
ii.	ASHA payment:			
	• A- Routine and recurring at increased rate of Rs. 2000 pm	Yes	72	
	• B- Incentive under NTEP			
	• C- Incentives under NLEP			
iii.	Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	Yes		
iv.	Patients incentive under NTEP program me			
v.	Provider's incentive under NTEP program me			
vi.	FP compensation/ incentive	Yes		
25	Implementation of Integrated Disease Surveillance Programme (IDSP)			
i.	If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year and in current FY	ACMO, District Epidemiologist MOIC NIC		
ii.	How is IDSP data utilized	Outbreak investigation		
iii.	Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	IHIP Portal working of initiating		
26	Implementation of National Vector Borne Disease Control programme (NVBDCP)			
i.	Micro plan and macro plan available at district level	Yes		
ii.	LLIN distribution status	No		
iii.	IRS	No		
iv.	Anti-larval methods	No		
v.	No. of MDR rounds Observed	No		
27	Implementation of National Tuberculosis Elimination Programme (NTEP)	Yes		
i.	Target TB notification achieved	yes		

ii.	Whether HIV status of all TB patients is know	42
iii.	Eligible TB patients with UDST testing	936
iv.	Whether drugs for both drug sensitive and drug resistance TB available.	242/21
v.	Patients notification from public sector	936
vi.	Patients notification from private sector	143
vii.	Beneficiaries paid under Nikshay Poshan Yojana	Not Provides
28	Implementation of National Leprosy Eradication Programme (NLEP)	Yes
i.	No. of new cases detected	96
ii.	No. of G2D cases	04
iii.	MDT available without interruption	43
iv.	Reconstructive surgery for G2D cases being conducted	03
v.	MCR footwear and self-care kit available	00
29	Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	20
30	Percent of health workers immunized against Hep. B	-
31	Key activities performed in current FY as per ROP under National Fluorosis Control Program me	-
32	Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Program me	-
33	Key activities performed in current FY as per ROP under National Tobacco Control Program me	Data not provided
34	Number of ASHAs <ul style="list-style-type: none"> a) Required as per population b) Selected c) No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population d) No. of villages/ slum areas with no ASHA 	1551 1440 362 111
35	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) 	852 72

	<ul style="list-style-type: none"> 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_____ 	620			
		52			
		171			
		72			
36	Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	9 9 9			
37	Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened	142 142 0			
38	Number of facilities quality certified	0			
39	Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Yes 2 CHC/4 PHC			
40	Activities performed by District Level Quality Assurance Committee (DQAC)	Yes			
41	Recruitment for any staff position/ cadre conducted at district level	0			
42	Details of recruitments	Previous year	Current FY		
		Regular cadre	NH M	Regular Cadre	NHM
i.	Total no. of posts vacant at the beginning of FY	Data is not provided		Data is not provided	
ii.	Among these, no. of posts filled by state	Data is not provided		Data is not provided	
iii.	Among these, no. of posts filled at district level	Data is not provided		Data is not provided	
43	If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes			

Source: DPMU, Buxar district

2.3 Implementation of CPHC

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program is undertaking a population-based NCD (non-communicable diseases) program is being implemented in the district. Total 9453 individuals have been enumerated during the period and the same number of CBAC forms are filled (**table 4**). Total number of scanned cases for selected NCDs are given in the table.

Table 4: status of CPHC in the district as on 30 November2021.

Indicators	Planned	Completed
1. Number of individuals enumerated	Data Not Provided	
2. Number of CBAC forms filled	Data Not Provided	
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC	Data Not Provided	
4. Number of individuals screened for: a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer	13732 34704 7874 498 16	15984
5. Number of HWCs providing Teleconsultation services	9	
6. Number of HWCs organizing wellness activities	12	

Source: DPMU, Buxar district

Only 9 HWCs are providing Teleconsultation Services and 12 HWCs have organised the wellness activities during the reference period. During April to November 2021, a total of 13732 patients for Hypertension, 34704 patients for Diabetes and 7874 for Oral Cancer, 498 for Breast cancer and 4 Patients are cervical cancer were screened.

2.4 Status of Human Resource

There are total 631 posts of different discipline are sanctioned for the district under NHM of which 444 posts are filled and 187 posts are vacant. About 30 per cent posts are vacant in the district (Table 5).

Table 5: Status of Human resource (Regular + NHM) at public health facility in the Buxar district as on 30 November2021.

Name of the Post	Sanctioned	In place	Vacant
Civil surgeon	1	1	0
Medical Superintendent	1	0	1
Medical officer	6	4	2
Specialist	84	19	65
Dentist	13	9	4

General surgeon	111	105	6
Nurse grade I	177	95	84
ANM	371	214	157
OT assistant	24	0	24
Sweeper	3	1	2
Cleaning inspector	7	0	7
Health Trainer	12	9	3
Lab Technician	49	1	48
X – ray technician	6	4	2
Health worker Female	15	0	15
Pharmacist	43	7	36
ECG technician	2	0	2
Physiotherapist	2	0	2
Lab Assistant	4	0	4
Pathology	1	0	1
Counsellor (FP)	21	7	14
Others	74	7	66
Total	1027	483	545

Source: DPMU, Buxar district

2.5 State of Fund Utilization

Table 6: Budget component details, 2021-22

Particulars	Budget Released (in lakhs)	Budget Utilized. (In lakhs)
FMR Code : 1 : Service Delivery - Facility Based	814.30	222.7
FMR Code : 2 : Service Delivery - Community Based	183.21	52.58
FMR Code : 3 : Community Interventions	1011.10	0.47
FMR Code : 4 : Untied Fund	98.30	34.58
FMR Code : 5 : Infrastructure	316.06	31.39
FMR Code : 6 : Procurement	218.39	39.90
FMR Code : 7 : Referral Transport	465.29	148.14
FMR Code : 8 : Service Delivery - Human Resource	1110.06	402.60
FMR Code : 9 : Training & Capacity Building	92.05	0.47
FMR Code : 10 : Review, Research, Surveillance & Surveys	5.55	0.80
FMR Code : 11 : IEC/BCC	17.76	1.15
FMR Code : 12 : Printing	0.799	0
FMR Code : 13 : Quality Assurance	29.61	0
FMR Code : 14 : Drug Warehousing and Logistics	35.73	20.15
FMR Code : 15 : PPP	27.34	0
FMR Code : 16 : Programme Management	399.27	128.49
FMR Code : 17 : IT Initiatives for strengthening Service Delivery	81.69	17.99
FMR Code : 18 : Innovations (if any)	0	0
Total Budget: (Rs. In lakhs)	3.64	0.21

Source: DPMU, Buxar district

2.6 Status of trainings

Table 8 depicts the status of training obtained by health delivery persons on 31 November 2021 in Buxar district. From table it can be that a total of 7 staff nurse have received the training of F-IMNCI, 1 MO and 1 SN have received the training of CAC, training during April to November 2021. Similarly, 2 SN have the training of KMC during the reference period. By the end of November 2021, 8 MPHWS (F) and 2 LT have obtained the training of VIA, OVE, CBE, training and management of BSU, respectively.

Table 7: Status of state level training obtained by health delivery persons as on 30 November 2021 in Buxar district, Bihar.

Training Details	Category of trainee
F-IMNCI training	7 staff nurse
RTI/ STI training	2 MO
CAC refresher training	1 SN; 1 specialist
TOT on NCD	3 MO; 1 MO AYUSH
MDP training	2 management staff
KMC & family participation Care	2 SN
NRC management training	1 Specialist
State level ToT on SAB	2 SN; 1 Specialist
VIA, OVE, CBE, training	8 MPHWS (F)
Management of BSU	2 LT

Source: DPMU, Buxar district

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 summarize 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 on district Hospital, one CHC, one PHC, and one Sub Centre of the district.

3.1 Service Delivery: District Hospital

Buxar District Hospital is situated at the district headquarter at Buxar, and is serving approx. 17 lakhs population. The OPD timings of the facility are 8.00 to 2:00 pm. It is located in Old government building. It is well accessible from the main road. The facility is geriatric and disables friendly. Electricity is available with power backup. 24*7 running water is available. Separated toilets are there for male and female wards. Drinking water is available. Drug storeroom with rack is available. Some renovation work has been done in last year in wards, Toilets OT and OPD section. It is a 100 beds hospital. Though no ICU bed available in the hospital, however 13 beds SNCU is available in the hospital. Restroom are available for ASHAs in the facility. The critical patient and patients need of

emergency services are being referred to Patna from DH. Besides, the following observation has been made by the monitoring team.

- This facility is providing Medicine, O&G, Pediatric, General Surgery, Ophthalmology, Dental, Imaging Services(X-ray), services. USG services, DEIC, NRC, Emergency and Care, burn unit is there.
- Facility have Single general OT, Elective OT, obstetrics and Gynecology OT, Ophthalmology/ ENT OT, and emergency OT. All OTs are functional in good condition.
- Blood bank is available in the facility. Blood is issued free of cost for BPL, Senior Citizen and JSSK beneficiaries.
- For Bio-medical waste, the district Hospital is using the sharp pit.
- IT services is available with computers and internet services. The quality of the internet is good.
- The Kayakalp, NQAS and LaQshya initiative has been implemented in hospital. Facility scored is 60% for kayakalp, Under the LaQshya initiative, labor room score was 49% and the operation theatre score was 62%.
- The OSMCL supply chain management system is implemented in the hospital.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- Diagnostic facility is available in house.
- PM National Dialysis programme is not implemented in the facility.
- X-Ray services are available in the facility.
- In the Hospital, a total of 7013 persons for hypertension, 4090 for Diabetes, 2124 for Oral cancer, 113 for Breast Cancer and 265 for cervical cancer was screened during the reference period. Of which, 2014 cases for Hypertension, 545 cases for Diabetes, 44 cases for Oral Cancer and 19 cases Breast cancer were found positive.

Table 8: status of human resource at Distract Hospital, Buxar, Bihar as on 30 November, 2021.

Human Resource		Sanctioned	Regular	Vacant
Superintendent		1	0	1
General Medical officer		17	12	5
Specialist	Medicine	2	2	0
	ObGy	2	1	1
	Pediatrician	2	2	0
	ENT Specialist	2	0	2
	Surgeon	2	2	0
	Orthopedic	1	1	0
	Radiologist	2	0	2
	Pathologist	1	0	1
	Gynecologist	2	1	1
	Dermatologist	1	0	1
	Anesthetic	2	2	0

	Aaush M.O	2	1	1
Dentist		1	1	0
Staff Nurses/GNM		63	48	15
LT (Hospital worker)		3	0	3
Pharmacist		5	2	3
Dental technician/ hygienist		1	0	1
Hospital/ facility Manager		1	1	0
Physiotherapist		1	1	0
X-ray technician		3	2	1
Medical record technician		1	0	1
Clerk		2	2	0
Dresser		2	1	1
Ward attendant		6	5	1
Cook		1	1	0
Cook Servant		1	1	0
Sweeper		6	1	5
Total		118	81	37

Key challenges observed in the facility and the root causes

Challenge	Root cause
a) Less number if manpower and clinical staff	Posting of clinical staff by state level
b) non-cooperation of higher authority for some of work	Lack of interest
c) less number of local repair agencies for emergency services	Due to the small district and people like to work at Maharashtra and Delhi.
e) poor cleaning and hygiene practice	Due to the non-involvement of higher authority

3.2 Service Delivery: Community Health Centre Navanagar

Navanagar is situated in the Navanagar block of Buxar district, and is 18 km far from the district hospital. It is a 30 beds hospital and caters for health services to 86000 populations. The condition of the building is good. There is 24*7 running water available. The facility is geriatric and disables friendly. OPD waiting area has sufficient sitting arrangement, though ASHA rest room is not available in the health facility. The drug store with the rack is available in the facility. Electricity is available with power backup. It is not accessible from the main road. OPD timings of the facility are 8.00 to 2.00 pm in the morning. Emergency care is available 24*7 in the facility. The critical patient and patients need of emergency services are being referred to District hospital Buxar. Besides, the following observation has been made by the monitoring team.

- All the essential health care services (ANC, PNC, delivery care, Family planning) are being provided and none of the specialized service is available in the facility except NBCC.
- Only General emergency services are available at the health facility. Both minor and major OT is available in the facility.

- No Blood storage unit is available in the facility. For Biomedical waste management out sourced facility (IGEMS NGO).
- In case of IT services, desktop and laptop are in sufficient number with good speed of internet.
- The Kayakalp initiative has been implemented in the health facility, though NQAS and LaQshya assessment have not been done.
- There is a minimal shortage of essential consumables in the facility. 56 Essential Drugs were available at the facility and displayed in the OPD area. The basic diagnostic tests are in house.
- X-Ray services and tele-medicine/consultation is not available in the facility.
- On average 129 deliveries are being conducted at the facility in last month.
- All types of JSSK entitlements are being provided at free of cost to the beneficiaries. The JSY payment is up to date; the average delay in the payment is 7 days due to lack of documentation.
- A total of 2 maternal deaths and 4 child deaths has been reported in the health facility during April to November 2021. Also, in case of family planning, 27 female sterilization has been performed during the same period.
- There is no functional Adolescent Friendly Health Clinic and fixed day NCD clinic.
- Regarding the NCD, no record is available at the health facility, so we did not get data of number of individual screened for NCDs.
- At the CHC, Ambulances services with the centralised call centre is available.

Key challenges observed in the facility and the root causes

Challenge	Root cause
a) Problem in OT	Shortage of staff nurse, OT attendant, anesthetist, old equipment,
b) Health Programe	Lack of communication between lower and higher level officer
c) Ward management	Shortage of ward attendants
e) Infrastructure	Shortage of building for drug warehouse, staff quarters, doctors quarters and wards.

Table 10 indicates the status of human resource at Navanagar, Buxar. Total 36 posts of different cadre of health personals are sanctioned; of which 27 posts on regular basis is filled. And 9 posts are Vacant.

Table 10: Status of Human resource at Navanagar, Buxar district

Human Resource		Sanctioned	Regular	Vacant
Medical superintendent		1	1	0
MO (MBBS)		3	3	0
Specialists	Medicine	1	0	1
	ObGy	1	1	0
	Pediatrician	1	1	0
	Anesthetist	0	0	0
Clerk		2	2	0
Pharmacist		1	1	0
Health worker male		2	2	0
Health worker Female		1	1	0
GNM		7	4	3
ANM		8	6	2
Sweeper		2	1	1
Others		6	4	2
Total		36	27	9

Source: Navanagarl, Buxar district

3.3 Service Delivery: Primary Health Centre: Itarhi

PHC Itarhi is about 15 KMs far from DH Buxar, with 4 sub-centres providing services to 30,000 populations in the periphery. This PHC only provides OPD services, there is no admission facility for in-patient. The Health facility is easily accessible from nearest road. PHC is functioning in government building and in not good condition. Facility is working morning 8:00 AM to 2:00 PM. The significant observations about the PHC- Itarhi are as follows

- The facility has 24*7 running water facility and it is a geriatric and disability friendly facility. Clean functional toilets separately for male and female are available at the facility. The waiting area has not sufficient sitting arrangement. ASHA rest room is not available at the facility. Power back-up facility and branding of the health facility is done. Tele Medicine consultation (E-sanjeevani portal) facility is also not available at the facility.
- Delivery services are available in the PHC, 372 deliveries done in last three months at this facility.
- In case of IT equipment's, facility is having sufficient number of Desktops and Tablets for ANM with good internet connectivity. However, no Smart phones has been given to ASHAs.
- Kayakalp is implemented in the facility in 2021 and the internal assessment has been done, and facility scored 60%.

- Essential drug list is available and displayed in the public domain at the facility. All the essential equipment is available at PHC.
- Only blood sugar and Malaria RDT test in the PHC. Further, there is sufficient supply of testing/rapid diagnostic kit at the facility.
- JSY is not given at PHC level. The JSSK entitlements; in terms of free drugs of consumables and free diagnostics are available at the facility.
- Adolescent friendly health clinic is not available at the facility.
- Data on NCDs screening is not available at a facility, record is not being maintain.
- Facility is not a designated Microscopy Centre. TB drugs are available and currently 4 patients are taking anti-TB drugs from the facility. Currently 5 patients of Leprosy are there.
- No records are maintained for Malaria and Palliative cases.

The below table 11 shows the status of Human resource at the PHC- Itarhi. Total 18 posts of different cadre are sectioned. Of which 8 posts are filled and 10 posts vacant at the health facility.

Table 11: Status of HR in the PHC- Itarhi, Buxar as on 31 November 2021.

Human Resource	Sanctioned	Filed	Vacant
MO (MBBS)	1	0	1
MO (AYUSH)	1	0	1
Gynecologist	1	0	1
Pediatrician	1	0	1
Anesthetic	1	0	1
General surgeon	6	4	2
Dentist	1	0	1
ANM	4	2	2
Pharmacist	1	1	0
Health worker	1	1	0
Total	18	8	10

Source: PHC- Itarhi, Buxar district

3.4 Sub Centre: Fatehpur

PRC team visited to the Fatehpur Sub Centre on November 23, 2021. Facility having distance of 14 KM from the PHC Itarhi and well accessible with the road. The facility is providing OPD, ANC and PNC care, RI, Family Planning services, health care to T.B. Patient and all national programmes are being implemented in the periphery of 4 villages and catering 4752 populations. The significant observations about the SC- Fatehpur are as follows:

- Facility is not in good condition; this sub enter run in mud house.
- Facility does not have 24*7 running water, toilet is not available at the facility, there is no sufficient waiting area and no sitting arrangement. Drinking water facility is not available.

- No rest room for ASHAs is available. Specified area for Yoga/ welfare activities are not available at the facility as per the norms of HWC.
- Inverter for Power backup is not available at the facility.
- Essential drug list is not also available in the facility. The facility is not available all basic instruments only available is B.P. instrument, thermometer.
- No protocol followed for biomedical waste management.
- Team found most of medicines and condoms are expired.
- Weekly S form under IDSP is not being filled.
- During the reference period, none of the presumptive cases of TB identified.
- VHSNC is being done once in a month.
- ASHAs are being provided HBNC kits. All other medicines are available with them. The payment is being made on time. ASHA is aware of provision of incentives under NTEP and Nikshay Poshan Yojana. The term based incentive is being also paid to HWC staff.

4. Discussion and Key recommendation

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2021-22 of Buxar District was carried out by the PRC team during 20-24 November, 2021. The District Health Office, DISTRICT HOSPITAL, CHC-NAVANAGAR, PHC- ITARHI and Sub-Centre- FATEHPUR were visited for Monitoring by the PRC team. During the field visit the PRC team was accompanied by DQAC.

4.1 Key issues

Based on the visit/observation and discussion with the concerned officials following key issues have been observed which need to be addressed on a priority basis:

Fatehpur SC

1. Expired medicine and condoms and family planning pills were found in Fatehpur SC in the drug rack of CHO.
2. Indent register of EDL was not available.
3. Delivery is not conducted although having sufficient of HR and all trained on SBA and not available building.
4. NCD screening was not yet initiated by this SC except B.P. and Hypertension.
5. Referral register, TB register, Malaria register and leprosy register was not available.

PHC Itarhi

1. Deliveries are conducted at PHC although having not well-furnished labour room, Quarters for MO and other staff are not available.
2. The screening of the NCDs are below satisfactory level, though MO is trained in NCD screening. NCD register is not properly maintained.
3. O.T. is not in good condition. There is no updated equipment, no sliding door, A.C. in not working condition, O.T lamp is not having PHC.

CHC - Navanagar

1. Referral-in register was not properly maintained.
2. Herbal garden was not available in the facility.
3. Kayakalp initiatives has not been taken in the current financial year.
4. BMW storage facilities was not available.
5. Containment area was not maintained as per the protocol of BMW.
6. Diet is not being provided to post-natal mother.
7. No Grievance readdressed mechanism at the CHC, even Grievance box was not available on the day of visit at the CHC.
8. Cleanliness and BMW is below satisfactory level.
9. Spiting of gutkha and Pan Masala has been found in the corridor, window, doors of the entire hospital premises.
10. There is no fixed day for NCD screening at the CHC level.
11. Emergency drug trolley was not available in the OT.

District hospital-Buxar

1. BMW storage facility is not available. Bio medical waste management is not maintained as per the protocol.
2. Paediatric ward and general ward was found in worst condition.
3. cleanliness and BMW is below satisfactory level.
4. In NRC not cleanliness and not proper diet given for children.
5. Herbal garden not available at the facility.
6. Spiting of gutkha and Pan has been found in the corridor, window, doors of the entire hospital premises.
7. There were no mosquito nets on any of the windows.

4.2 Recommendations

Based on the discussion with the concerned officials and monitoring/observations of the health facilities, the following recommendation is made by the PRC monitoring team:

1. 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 an urgent basis. Further, the contractual staff of NHM need to fill on a priority basis.
2. Training of the health personal is a very important component of quality of care, but in the visited health facility health personal had insufficient training on the various program of NHM. Training should be done as per the need; bottom-up approach.
3. There is a lack of coordination and communication between administrative staff and other staff in the implementation of NHM programmes. Therefore, it is recommended that there should be a frequent meeting among all the concerned officials to bridge this gap.
4. It is also recommended to provide special funds for strengthening of district training unit with kitchen facility.
5. The need for special clinical treatment for sickle cell patients has also been found.
6. RBSK portal should be functionalized.
7. One online portal should be envisaged to track the referral of children from VHND to DHH level, especially to track the LBWs, SAM children and high-risk mother to prevent avoidable maternal and child mortality.

5. Glimpses of the Buxar district PIP monitoring visit, 20-24 November 2021.



Visit to SC- Fatehpur



Visit to PHC- Itarhi



Visit to CHC- Navanagar



Visit to District Hospital

Gayatri Tejankar, PRC, Pune

A.P. Prashik, PRC, Pune