



Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Gaya District, Bihar

By

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Executive Summary

As directed by MOHFW, the monitoring and evaluation of the PIP 2021-22 of Gaya District was carried out during the period December 14 to 18, 2021. The CS Office, Hospital manger, DPM, DH, CHC, PHC, and SC were visited for the study. This report discusses in detail the findings with regard to activities under NRHM in Gaya district as observed during 2021-22

District Profile

Gaya district is located on the southern part of Bihar state. The district of Gaya is spread in an area of 4976 Sq. Km and a population of 3,473,428. The district has been pre-eminently an agricultural district. The district is found between 84.4 to 85.5 Degree towards East longitude and 24.5 to 25.10 Degree towards North latitude. Gaya is bordering Jehanabad district in north, Palamu and Chatra district of Jharkhand in South, Nawada district in east, Aurangabad and Arwal district in the west. It is surrounded by extremist affected districts from all side. GT road passes through the district from west to east direction. Areas to the south of GT road are the most naxal affected.

Indicator	Remarks/ Observation			
1. Total number of Districts	1			
2. Total number of Blocks	24			
3. Total number of Villages	4059			
4. Total Population	5410453			
• Rural population	4816717			
• Urban population	593736			
5. Literacy rate	52.38			
6. Sex Ratio				
7. Sex ratio at birth				
8. Population Density				
9. Estimated number of deliveries	34809			
10. Estimated number of C-section	1169			
11. Estimated numbers of live births	34910			
12. Estimated number of eligible couples	919777			
13. Estimated number of leprosy cases				
14. Target for public and private sector TB notification for the current year				
15. Estimated number of cataract surgeries to be conducted				
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported

• Maternal Death	Not Provided	15	Not Provided	7
• Child Death	Not Provided	151	Not Provided	17
• Infant Death	Not Provided	00	Not Provided	0
• Still birth				387
• Deaths due to Malaria	Not Provided	0	Not Provided	0
• Deaths due to sterilization procedure	Not Provided	0	Not Provided	0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	1		1	
2. Sub District Hospital	2		2	
3. Community Health Centers (CHC)	17		17	
4. Primary Health Centers (A PHC)	8		8	
5. Sub Centers (SC)	473		473	
6. Urban Primary Health Centers (A-PHC)	8		8	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	1		1	
9. Nutritional Rehabilitation Centres (NRC)	1		1	
10. District Early intervention Center (DEIC)	1		1	
11. First Referral Units (FRU)	4		4	
12. Blood Bank	0 (Proposed)		0	
13. Blood Storage Unit (BSU)	1		1	
14. No. of PHC converted to HWC	8		8	
15. No. of A-PHC converted to HWC	8		8	
16. Number of Sub Centre converted to HWC	81		29	
17. Designated Microscopy Center (DMC)	35		31	
18. Tuberculosis Units (TUs)	24		24	
19. CBNAAT/TruNat Sites	5		5	
20. Drug Resistant TB Centres	1		1	
21. Functional Non-Communicable Diseases (NCD) clinic	<ul style="list-style-type: none"> • At DH = 1 • At SDH = 2 • At CHC = 17 		<ul style="list-style-type: none"> • At DH = 1 • At SDH = 2 • At CHC = 16 	
22. Institutions providing Comprehensive Abortion Care (CAC) services	Total no. of facilities = 4 Providing 1st trimester services = 4 Providing both 1st & 2nd trimester services = 4		Total no. of facilities = 4 Providing 1st trimester services = 4 Providing both 1st & 2nd trimester services = 4	

Overview: 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. The District has received the approved PIP on June, 2021. And fund received in August.

all the facilities are sending JSY beneficiaries data to BMO and from BMO payment is made to the beneficiaries through DBT.

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	DHAP (PIP) submitted to the state and it has sanctioned.
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	First installment of the sanctioned PIP has received the month of August 2021.
3. Date of first release of fund against DHAP	release in August 2021
4. Infrastructure: Construction Status	Data not provide
• Details of Construction pending for more than 2 years	Data not provide
• Details of Construction completed but not handed over	Data not provide

A. Service Availability

There is 1 DH, 2 SDH, 17 CHCs, 8 PHCs, 8 APHC and 473 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 8 PHCs, 8 APHC, 29 SCs are converted into HWCs. In the district free drug policy is being implemented under all national programmes. There is in house labs are available in the all the facilities of the district tests services which are being done at the health facilities.

There is District Hospital exists in the district. Most of the RCH related services are being provided by DH. More than 50 deliveries are being conducted at DH and C-section deliveries also being performed at DH. Out of 473 SCs only 3 SCs where more than 3 deliveries are being done in the month and out of 8 PHCs just 6 PHCs are there, which performed more than 10 deliveries in a month and in case of out 16 CHCs at 16 CHCs more than 20 deliveries are being conducted in a month. Looking at the low performing facilities one can say.

There is medical college in the district.

Indicator	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)	Yes	
• Number of lab tests notified		
3. Status of delivery points		
• No. of SCs conducting >3 deliveries/month	3	
• No. of 24X7 PHCs conducting > 10 deliveries /month	6	
• No. of CHCs conducting > 20 deliveries /month	16	
• 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	Data not provide	
• No. of Medical colleges conducting C-section	1	
4. Number of institutes with ultrasound facilities (Public+Private)	3	
• Of these, how many are registered under PCPNDT act	3	
5. Details of PMSMA activities performed	1 DH 2 SDH 16 CHC, 7 PHC	
6. RBSK		
• Total no. of RBSK teams sanctioned	48	
• No. of teams with all HR in-place (full-team)	11	
• No. of vehicles (on the road) for RBSK team	33	
• No. of Teams per Block	9 Block two team ,15 block one team	
• No. of block/s without dedicated teams	Nil	
• Average no of children screened per day per team	During this period teams visited Anganwadi's 80-110 Children & School Student per day Screened .	
• Number of children born in delivery points screened for defects at birth		
7. Special Newborn Care Units (SNCU)	1	
• Total number of beds	12	
○ In radiant warmer	12	
○ Stepdown care	1	
○ Kangaroo Mother Care (KMC) unit		
• Number of non-functional radiant warmer for more than a week	0	
• Number of non-functional phototherapy unit for more than a week	0	
	Inborn	Out born
• Admission	445	385
• Defects at birth	00	00
• Discharged	305	Data not provide
• Referral	57	Data not provide

Indicator	Remarks/ Observation	
• LAMA	57	Data not provide
• Died	26	Data not provide
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
• Admission	31	0
• Discharged	29	0
• Referral	2	0
• LAMA	0	0
• Died	0	0
9. Nutrition Rehabilitation Centers (NRC)		
• Admission		
○ Bilateral pitting oedema	1	
○ MUAC<115 mm	21	
○ <'3SD WFH	90	
○ with Diarrhea	6	
○ ARI/ Pneumonia	0	
○ TB	0	
○ HIV	0	
○ Fever	67	
○ Nutrition related disorder	19	
○ Others	40	
• Referred by		
○ Frontline worker	65	
○ Self	12	
○ Ref from VCDC/ CTC	0	
○ RBSK	0	
○ Pediatric ward/ emergency	0	
• Discharged	150	
• Referral/ Medical transfer	00	
• LAMA	21	
• Died	0	
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs	3355	
• Newborns visited under HBNC	18932	
• Status of availability of drug kit with ASHAs	3355	
11. Number of Maternal Death Review conducted		
•	• Previous year – 00	
	• Current FY – 07	
12. Number of Child Death Review conducted		
	• Previous year – 00	
	• Current FY – 22	
13. Number of blocks covered under Peer Education (PE) program	12	
14. No. of villages covered under PE program	611	
15. No. of PE selected	3421	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	80	

Indicator	Remarks/ Observation		
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out	No		
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	No mobile unit		
• No. of trips per MMU per month	0		
• No. of camps per MMU per month	0		
• No. of villages covered	0		
• Average number of OPD per MMU per month	0		
• Average no. of lab investigations per MMU per month	0		
• 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	0		
• Avg. no. of sputum collected for TB detection per MMU per month	0		
• Average Number of patients referred to higher facilities	6		
• Payment pending (if any)	No		
• If yes, since when and reasons thereof			
19. Vehicle for Referral Transport			
• No. of Basic Life Support (BLS) (on the road) and their distribution	yes		
• No. of Advanced Life Support (ALS) (on the road) and their distribution	yes		
	ALS	BLS	
○ Operational agency (State/ NGO/ PPP)			
○ If the ambulances are GPS fitted and handled through centralized call centre	yes		yes
○ Average number of calls received per day	2		5
○ Average number of trips per ambulance per day	2		5
○ Average km travelled per ambulance per day	250		100 to 150
○ Key reasons for low utilization (if any)	-		-
• No. of transport vehicle/102 vehicle (on the road)	47		
○ If the vehicles are GPS fitted and handled through centralized call center	Yes all		
○ Average number of trips per ambulance per day	5		
○ Average km travelled per ambulance per day	100 to 150		
○ Key reasons for low utilization (if any)	-		
20. Universal health screening			
• If conducted, what is the target population	400376		
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	20800		
• No. of patients screened, diagnosed, and treated for:	All data included in OPD not separate register maintained for NCD		
○ Hypertension			
○ Diabetes			
○ Oral cancer			
○ Breast Cancer			

Indicator	Remarks/ Observation		
○ Cervical cancer			
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	100%		
23. If Mera-aaspatal has been implemented	yes		
24. Payment status:	No. of beneficiaries	Backlog	DBT status
• JSY beneficiaries	25122		25122
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	Data not provided		Data not provided
○ B- Incentive under NTEP	Data not provided		Data not provided
○ C- Incentives under NLEP	Data not provided		Data not provided
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	169		169
• Patients incentive under NTEP program	Data not provided		
• Provider's incentive under NTEP program	Data not provided		
• FP compensation/ incentive	Data not provided		
25. Implementation of Integrated Disease Surveillance Program (IDSP)	yes		
• If Rapid Response Team constituted, what is the composition of the team	ACMO, Epidemic logiest		
• No. of outbreaks investigated in previous year and in current FY	00		
• How is IDSP data utilized	By investigator		
• Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	No private facility is reporting directly		
26. Implementation of National Vector Borne Disease Control Programed (NVBDP)	yes		
• Micro plan and macro plan available at district level	Yes available		
• Annual Blood Examination Rate	2020-0.11%. 2021- 0 Due to corona 19		
• Reason for increase/ decrease (trend of last 3 years to be seen)	Due to corona 19		
• LLIN distribution status	Yes but data not provide		
• IRS	Yes		
• Anti-larval methods	Omly Municipality area		
• Contingency plan for epidemic preparedness	Yes		
• Weekly epidemiological and entomological situations are monitored	Yes		
• No. of MDR rounds observed	Yes		
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	Less than 1%		
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	Yes		
• Target TB notification achieved	6701		
• Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes		

Indicator	Remarks/ Observation
	If No, no. of TB patients with known HIV status __2129__
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	Yes 914
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	Yes
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified 2129 Treatment success 89% No MDR TB Patients 52 Treatment initiation among MDR TB Patients 52
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified 2412 Treatment success 89% No MDR TB Patients 11 Treatment initiation among MDR TB Patients 11
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	1068900/-
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Yes
28. Implementation of National Leprosy Eradication Programme (NLEP)	Yes
<ul style="list-style-type: none"> No. of new cases detected 	187
<ul style="list-style-type: none"> No. of G2D cases 	02
<ul style="list-style-type: none"> MDT available without interruption 	All place
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	3
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	30
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	No
30. Percent of health workers immunized against Hep B	
31. Key activities performed in current FY as per ROP under National Fluorosis Control Program	Water testing only and other programmer was not had due to covid 19
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Program	H sup, M.O, MCR, AWS Tracking contact .
33. Key activities performed in current FY as per ROP under National Tobacco Control Program	Tobacco day celebrate.
34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	3878 3609 0 0
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	

Indicator	Remarks/ Observation			
<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) (same?)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	430			
	42			
	358			
	32			
	515			
	74			
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	50 50 35			
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) Formed Trained MAS account opened	 332 332 332			
38. Number of facilities quality certified	2			
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	No			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	yes			
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none">Total no. of posts vacant at the beginning of FY	0	1(DQAC)	0	1(DQAC)
<ul style="list-style-type: none">Among these, no. of posts filled by state	0	0	0	0
<ul style="list-style-type: none">Among these, no. of posts filled at district level	0	0	0	0
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes			

D. Implementation of CPHC

Status as on: April 2021 to September 2021_____

Indicator	Planned	Completed
1. Number of individuals enumerated		
2. Number of CBAC forms filled	400376	20800
3. Number of HWCs started NCD screening:		
a. SHC- HWC	81	22
b. PHC- HWC	8	8
c. UPHC – HWC	8	8
4. Number of individuals screened for:		
a. Hypertension	Data not provide	Data not provide

b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		
5. Number of HWCs providing Teleconsultation services	20	19
6. Number of HWCs organizing wellness activities	43	32

E. Status of HR District – GAYA

Gaya district not provide regular staff till date

NHM STAFF

Sr. no	Name of the post NHM	Filled
Total	1043	335

1. Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section	
• LSAS trained doctors	00	00	00	
• EmOC trained doctors	00	00	00	

F. State of Fund Utilization

FMR Wise (as per ROP budget heads, if available)

Status of Expenditure as on: _____ to _____

Indicator	Budget Released (in lakhs)	Total Release	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	427.12	834.01	118.79	27.81
2. FMR 2: Service Delivery: Community Based	203.7	397.75	41.72	20.48
3. FMR 3: Community Intervention	905.69	1768.49	316.31	34.92
4. FMR 4: Untied grants	149.78	292.47	134.50	89.79
5. FMR 5: Infrastructure	1874	3659.26	136.41	7.27
6. FMR 6: Procurement	292.18	570.52	68.94	23.59
7. FMR 7: Referral Transport	10.66	20.82	1.26	11.79
8. FMR 8: Human Resource (Service Delivery)	706.8	1380.13	220.00	31.12
9. FMR 9: Training	146.31	285.69	17.39	11.88
10. FMR 10: Review, Research and Surveillance	8.38	16.36	0.63	7.54
11. FMR 11: IEC-BCC	83.55	163.14	4.55	5.44
12. FMR 12: Printing	14.77	28.84	2.89	19.53
13. FMR 13: Quality	29.04	56.70	18.25	62.85
14. FMR 14: Drug Warehouse & Logistic	26.39	51.53	7.88	29.86
15. FMR 15: PPP	204.5	399.32	62.13	30.38

16. FMR 16: Programme Management	383.09	748.04	161.51	42.15
• FMR 16.1: PM Activities Sub Annexure				
17. FMR 17: IT Initiatives for Service Delivery	7.78	15.19	0.09	1.16
18. FMR 18: Innovations	2.6	5.08	3.49	134.08

Programme Wise

Status of Expenditure as on: APRIL 2021 to OCTOBER 2021

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health	138093900	68486494	
• Child Health	3773066	1160752	
• RBSK	5354400	5158994	
• Family Planning	81590250	22215180	
• RKSK/ Adolescent health	14332200	577294	
• PC-PNDT	30000	00	
• Immunization	26434666	6156779	
• Untied Fund	24655000	7783551	
• Comprehensive Primary Healthcare (CPHC)	-----	-----	
• Blood Services and Disorders	-----	-----	
• Infrastructure	-----	-----	
• ASHAs	34235300	2082978	
• HR	191293442	46299311	
• Programme Management	50410923	216354963	
• MMU	-----	-----	
• Referral Transport	99951000	6382331	
• Procurement	38198772	20528372	
• Quality Assurance	6508899	918059	
• PPP	-----	-----	
• NIDDCP	-----	-----	
2. NUHM	28244342	9847787	
3. Communicable Diseases Pool	-----	-----	
• Integrated Disease Surveillance Programme (IDSP)	3543145	1339184	
• National Vector Borne Disease Control Programme (NVBDCP)	3997750	362971	
• National Leprosy Eradication Programme (NLEP)	8854815	375555	
• National TB Elimination Programme (NTEP)	51434021	20230641	
4. Non-Communicable Diseases Pool	-----	-----	
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	60000000	13956301	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Mental Health Program (NMHP)	275000	00	
• National Programme for Health Care for the Elderly (NPHCE)	00	00	
• National Tobacco Control Programme (NTCP)	392500	00	
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	7016786	00	
• National Dialysis Programme	-----	-----	
• National Program for Climate Change and Human Health (NPCCHH)	Data not provide	Data not provide	
• National Oral health programme (NOHP)	Data not provide	Data not provide	
• National Programme on palliative care (NPPC)	Data not provide	Data not provide	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	Data not provide	Data not provide	
• National Rabies Control Programme (NRCP)	Data not provide	Data not provide	
• National Programme for Prevention and Control of Deafness (NPPCD)	Data not provide	Data not provide	
• National programme for Prevention and Management of Burn & Injuries	Data not provide	Data not provide	
• Programme for Prevention and Control of Leptospirosis (PPCL)	0	0	

G. Status of trainings

Status as on:- 31/10/21

List of training (to be filled as per ROP approval)	Planned	Completed
1. SBA Training	6	2
2. MDR/CDR	1	1
3. Kayakalp	2	1
4. IDSP MO	1	1
5. IDSP Pharmacist / Staff nurse	1	1
6. bhm	1	1
7. Lakshya	1	1

From above table it is being seen that number of 13 training batches has planned for the period of 2021-22. By the end of October 2021 only 8 training batches are completed. For low performance of trainings DPMU stated that it will be finished by March 2022, as due to COVID 19 situation most of the staff is engaged in COVID 19 duties and administration can able to make them spare for training. All national programmes are being implemented. But due to COVID 19 family planning programme was non-functional almost for one year, RBSK

programme is also non-functional due to COVID 19 all the staff of the RBSK is engaged in COVID duties.

RBSK:

There are total 48 RBSK teams are available in the district. 11 of them are consisting of 2 MO (1 male and 1 female), 1 ANM, 1 Pharmacist and one vehicle for each team. 22 teams are having inadequate HR. 9 blocks are having 2 RBSK teams. And 15 block one team Due COVID 19 pandemic all RBSK teams are working under DCMO in the District.

During this period teams visited Anganwadi's and schools, from those 80-110 children were screened respectively per day.

SNCU:

District is having 12 beds SNCU situated at DH There are 12 radiant warmers are available and 01 KMC units are available AND Stepdown Care 4

MMU: There are not MMU

B. Service Delivery: Sub Centre: Saren

PRC team visited to the Saren sub centre on December 15 ,2021. Facility having distance of 10 Km from the PHC Nimchak and not well accessible with the road. Facility is providing OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 7 villages and catering 5690 populations. This facility is converted into HWC and CHO is also appointed of the facility just this month .

Facility is not having 24*7 running water no geriatric and disability friendly, toilet is not available delivery room is not available quarter of ANM is available. Drinking water facility is not available. There is not waiting area for OPD patients, no rest room for ASHAs there is no specified area for yoga as per the norms of HWC. Facility is not having inverter power back up. Essential drugs is not available and drug list is not available in the facility. Facility is available all basic instruments i.e. B.P. instrument, thermometer, DDK and blood urine testing kits. All essential drugs are being supplied to the facility. There is no major shortage in past one month. line listing of high-risk women is done.

Bio medical waste management facility is not available there no maternal or infant deaths were reported during the year 2020-21.

Under NCD programme following cases were screened and treated.

	Screened	Confirmed
a. Hypertension	NCD not done	NCD not done
b. Diabetes	NCD not done	NCD not done
c. Oral Cancer	NCD not done	NCD not done

d. Breast Cancer	NCD not done	NCD not done
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Though the medicines for hypertension and diabetes are being provided by the facility of from the PHC. As in Government supply combine medicine for diabetics is available

Reporting weekly data in S form under IDSP.

During 2020-21 there was 02 TB cases found

HBNC kits (weighing scale, digital thermometer, blanket, warmer) is available.

ASHA is aware about incentive under NTEP Nikshay Poshan Yojana, TB patients for the duration of treatment.

VHSNC/ MAS meeting held.

All records are not maintained.

NHM fund utilized by Sub centre –50000/- yes

Ambulance service is available in this sub-centre.

Four cases referred to PHC by sub centre in last month

HR: SC Saren

HR	San.	Filled
ANM/ MPW Female	2	1
MLHP/ CHO	1	1
ASHA	7	7
Total	10	10

At present facility is run by CHO and ANM. CHO is given Tablet, ANM is given tablet with internet facility but the net quality is very poor.

During the visit to the facility PRC team felt following are the challenges of the facility and the root cause of the problems.

Challenge	Root causes
a) Delivery room is not available	State government
b) No for trained provider for IUCD /PPIUCD	State government.
c) No wash room is available for public	Needs to give funds for SCs for construction of public toilets
d) Mobility of CHO and ANM	As the spread of SC is through 7 villages it is difficult for CHO and ANM to move into all the villages smoothly as there is no public transport is available.

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C. Service Delivery: Primary Health Centre: Nimchaka

PHC Nimchaka is about 50 KMs from district headquarters, with 12 sub centres catering 121000 populations in the periphery. PHC Nimchaka is easily accessible from nearest road. PHC is functioning in ashram school old building but building is not good condition ..PHC has electricity with Invertor Generator, running 24*7 water supply and toilets are available and running water is available in PHC. Labour Room required repairs. NBSU corner is available. It's a 6 bedded facility Separate wards for male and female. Bio Medical Waste is being out source rinking water is available. There is sufficient waiting area for OPD patients. There is sufficient space for store. No rest room for ASHAs. Tele Medicine consultation facility is not available at the facility Desktop is available but due to net issues it is slow functional.

- All the essential equipment is available at PHC. Essential drug list is available and displayed in public domain. There is one lab tech HB, CBC, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV. RPR is done at the facility. Pharmacy officer post is available. 24*7 delivery facility is available but due to covid 19 last three months they started delivery at the facility. X-Ray facility is not available in the PHC.
- All the drugs available for Hypertension and Diabetic patents. There is sufficient supply of Gloves and essential consumables.
- Delivery set is available in the facility. Though there is OT instrument in the facility but they are too old. Hence, needs to be replaced.
- JSY beneficiaries list is being send to BMO for payment and BMO make payment through to the beneficiaries.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries.
- Kayakalp is initiated, NQAS assessment is not done.
- Not maternal and infant deaths is reported in the periphery.
- Vaccine hub cutter is available in the facility. Sterilization are being done last month 15. Other than this supply of condom and oral pills Copper –T services is provided in the facility. Counselling services are done No awareness about FPLMIS.
- there is Daily NCD clinic.
- under IDSP data in P and L reporting weekly formed.
- Anti TB drugs available at the facility. DMC available at the facility.
- 100% of patients tested through CBNAAT/TruNat for drug resistance in the last 6 months.

- All the patients tested of HIV and diabetes.
- TB patients for whom DBT instalments have been initiated under Nikshay Poshan Yojana .
- DVDMS or similar supply chain management system implementation OSMCL
- No information on training to the staff.
- During the year 2020-21, Not Leprosy cases were detected 5 of them in Grade II deformity.
- Data entry i is updated as CHC.
- RKS meetings were taken place in this year One. And fund received in 2020-21 – expenditure – 8607556/- and in year 2021-22 – fund received. but data not provider
- In PHC One ambulance available.
- one refer in to another facility.

Challenge	Root causes
1. Not, ANM / Staff Nurse posts are vacant.	State government.
2. No Space for lab	State government.
3. Not Community Toilet	State government.
4. Building not proper	State government.

PHC Staff

Designation	Sanctioned Position	Filled	Vacant	Contractual
MO/ MBBS	4	3	1	
MO Dental	1	1	0	
Accountant	1	1	0	
ANM	1	1	0	1
Pharmacist	1	1	0	
Clark	1	1	0	
Lab teq	1	1	0	
Health asst	1	1	0	

Dresser	1	0	1	
Class 4	10	7	3	
Total	22	17	5	1

D. Service Delivery: Community Health Centre Konch

Community Health Centre is Run in Konch Block and is about 40 km's away from district headquarters. It is a good building with 30 bedded are there. 30 bed have Sanction and staff also sanction. Electricity is available power back with express feeder and also having jumbo generator. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labour room and are partially clean. Drinking water is available in the facility. Asha rest room is available Drug store with racks is available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. Liquid Oxygen Plant is available in the facility.

CHC KONCH

HR	San.	Position	Vacant	Cont.
Superintendent	1	1	0	
MO	5	2	3	
Dental Surgeon	1	1	0	
Sep MO	6	1	5	
SNs/GNMs	16	5	11	
LT	4	1	3	
Ex education	1	1	0	
Clark	4	1	3	
Pharmacist	3	3	0	
Opts asst				
X-ray teq	3	0	3	
OT asst	6	2	4	
Dresser	6	0	6	
Class 4	5	4	1	
Total	61	22	39	

- Following services are available at the facility OPD, IPD, NCD, TB, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, Family Planning, dental chair is available at the facility dental services are available. NBCC is available with 1 warmer. Gynaecologist and Paediatrician all other sanctioned but not available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24*7.
- Minor OT's are available.

- desk tops are available in the facility with good quality of internet connection.
- KAYA KALP is internal assessment is don.
- NQAS Assessment not done.
- Computerised medicine inventory system is in place. For procurement of medicine E-Aushadhi is available. EDL is available and displayed in the OPD. In-house Lab services are available.
- There are two machines are available for X-Ray. One is portable and another is fix. Both are digital.
- Total 115 deliveries are performed in the month of last three months. 2021. Not C-section delivery was done as OT renovation is in progress.
- For payment of JSY don by BMO beneficiaries is being payment. All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9th day of every month.
- Line listing of high risk pregnancies are there. Respectful maternity care is implemented in the facility. ONE maternal and two child death occur during this year and not maternal and child death previous year.
- NCD clinic is available on Weekly none day basis in the facility. During April to October 2021 ,1413 Hypertension patients were screened at NCD, of them 45 are detected for Diabetes, 1495 screened and 85 conformed, Not Oral Cancer screened, Breast cancer.
- Facility is designated as Designated Microscopy Centre is there and last six month OPD
- 150/50/22
- Anti-TB drug is available
- There are not Leprosy cases.
- Funds 14.76 lakhs received last year.
- 27710329.00 received courant year and 6384551 is Expenditure 2021-2022
- RKS meeting was one held on till date 2021.
- Pertaining to the data entry of respective portals is updated.
- CHC is having own ambulance.2
- 72 refer in and 24 refer out patients.

E. Service Delivery: District Hospital DH Gaya

Gaya District Hospital situated at district headquarters. It is 100 bedded sanction but only 50 bedded run by hospitals. It is located in government building. But building is very old Facility is geriatric and disable friendly. Electricity is available with power back of generator, invertor and solar. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labour room and clean. Drinking water is available in the facility. Drug store with racks is available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. OPD timings of the facility is 8.00 AM to 2.00 PM and After Only Emergency to 6 in the evening.

- Following services are available at the facility OPD, IPD SNCU, OT, LR DEIC, Medicine, OBG, Paediatric, General Surgery
- Dialysis and blood bank is in the medical college,
- NRC in CHC manpur Ophthalmic, Dental, Imaging services (X-ray, USG), DEIC, Comprehensive Lactation Management Care Unit is available, NCD, TB, Telemedicine, Pathology, ICTC, , Emergency, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK. All sanctioned specialist is available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24*7 telemedicine services are available.
- Emergency facilities available Triage, Resuscitation, Stabilization available
- Tele - median / consultation services available in the facility and 10 cases per day
- There are 2 OTs available in the facility, one is for general surgery and another for ophthalmic
- Blood bank available in Medical college. Free blood issued JSSK beneficiaries
- IT services is available with computers and internet services. Quality of internet is good.
- KAYA KALP internal assessment score is 75%.
- NQAS assessment was not done and labour room and operation Theatre is available
- Laqshya labour room 97% and Operation theatre 89%
- EDL is available, drugs are listed into it. It is displayed in the public domain.
- No Shortage of five priority drugs from EDL in last 30 days.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house.
- Diagnostic facility is available in house, During April to October 2021, 41460 different lab tests has done in the facility.

- X-Ray services are available in the facility. Two machines are available one is portable and another is fixed. X-Ray. Free services for BPL, elderly, JSSK beneficiaries
- USG services are also available with two machines. Free services for BPL, elderly, JSSK beneficiaries and COVID patients.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- PM National Dialysis programme is Not being implemented in the facility.
- Total number of normal delivery's in the last month 161 and c- section 34 performed
- For payment of JSY, list of beneficiaries is being send to the CS
- All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9th day of every month.
- Total number of maternal death in previous year one and current year one Not child death previous and current year Comprehensive abortion care is there DEIC is good functioning.
- Therefore, 57 sterilisation is done during this Last Month Staff Nurses are counselling to mothers for family planning services. FPLMIS is implemented in the facility.
- Adolescent Friendly Health Clinics are available in the facility. Counsellors are appointed under this program
- NCD clinic has available 3 days in week
- Designated Microscopy Centre is there in the facility. Anti TB drugs are available in the facility and there are 26000 tested and 484 last 6 month average 0.28 patients last 6 month tested for TruNat for drug resistance in the last 6 month 10 %. All TB patients being tested for Diabetes Mellitus and HIV. DBT payment under Nikshay Poshan Yojna Data is provided. TB treatment card for both drug sensitive and drug resistance is there.
- Data entry is updated on portals i.e. HMIS, IHIP, MCTS, IHIP, Nikshay portal.
- RKS meeting only 3 record is maintained
- In the facility 4 ambulance. 43 cases referred to in last six month and and out of referred data not available
- NCD clinic has available 3 days in week

NCD	Screened	Confirmed
Hypertension	15051	2833
Diabetes	12315	2689
Oral Cancer	7344	00

Breast Cancer	2121	00
Cervical Cancer	11	00

➤ **Fund received last year – 14442084 and 11915557 utilized**

Regular staff of DH

Sr.	Staff	Sanction	In position	vacancy
1	Doctors	27	16	11
2	Nursing staff	50	49	1
3	pharmacists	5	5	0
4	LT	5	1	4
5	Other	86	41	45
6	Total	173	112	61

NHM staff of DH

Sr. no	Name of the post NHM	Filled
1	72	72

Challenge	Root causes
Lab teqnication need to 24 hars Need new building Need to physician OT IS OLD	State government is not filling up positions.

List services available:

- In the visited facilities mothers were initiated breast-feeding within 1 hour of the delivery. Mothers were also advised to stay for at least 48 hours after delivery in the hospital. Pregnant women were provided with IFA tablets.
- SNCU and mother care units MNCU available.
- Compressive location management centre unit is available.
- Emergency facility is available Triage resuscitate stabilization is available
- Telemedicine is not available.
- Operation theatre is available.
- OBG and gynaecology OT is Available.
- Blood bank is not availabl. In DH.
- Kayakapl facility internal assessment.
- NQAS not assessment
- In LAQSHYA program lablour room 97% and operation theatre is 89% .
- EDL is available and displayed. Computer inventory system is in place.
- All the essential supplies and consumables are available. Adequate vaccine stocks are available.

➤ **JSSK:**

Total number of institutional delivery – data not available

Pick – home to institute – data not available

Institute to institute data not available

Drop back – Not provide (500/-) per deliveries incentive

- PMSMA service provided on 9 th of every month anaemia and PTH.
- One maternal death is reported in the district during the reference period April-October, 2021.
- Compressive abortion care service is available.
- Vaccine and hub cutter is available.
- New born birth dose at the facility since last three months – 1665.
- Sterilization in last one month is 57 progressives.
- At the facility trained provider for IUCD/PPIUCD, family planning, FPLMIS, adolescent friendly health clinic is available.
- At the facility has NCD clinic available is fixed day.
- In all IPD/OPD, ANC, PNC, payment under JSY, labour room, Partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure records is updated.

2 Recommendations

- District as a whole is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on urgent basis. Further, contractual staff of NHM need to fill on priority basis.
- 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 various program of NHM. Training should be done as per the need; bottom-up approach
- It is also recommended to provide special fund for strengthening of district training unit with kitchen facility.

5. Glimpses of the Gaya district PIP monitoring visit, 14-19 November 2021.



Visit to SC- Saren



Visit to PHC- Nimchak



Visit to CHC- koch



Visit to District Hospital, Gaya

Gayatri Tejankar, PRC, Pune

A.P. Prashik, PRC, Pune

