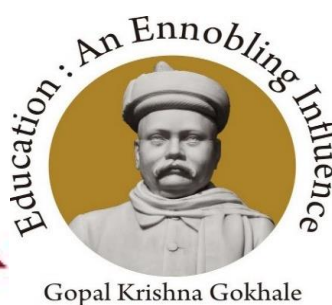




**Monitoring and Evaluation of Programme Implementation Plan, 2021-22
Jharsuguda District, Maharashtra**

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Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Jharsuguda District, Maharashtra

Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2021-22 of Jharsuguda District was carried out by the PRC team during 22-25 November 2021. The District Health Office, District Hospital, CHC-Lakhanpur, PHC-Kumar Bandh and SC-Sarandamal were visited for the study by the PRC team. During the field visit, the PRC team was accompanied by Asha Coordinator and District Data Manager. This report discusses in detail the implementation of PIP in Jharsuguda district as observed during the field visit for monitoring. The key observations are given below:

General

Overall improvement in health system in the district.

Areas for Further Improvement

- CHCs and PHCs need to be improved in cleanliness.
- X-ray and CT scan facility need to be provided at CHC Lakhanpur.
- 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 improve the gap between lower-level staff and DPMU.

Infrastructure

- All the SC and PHC upgraded to HWCs, though the branding is yet to start of some of the health facilities.
- Construction of new infrastructure and repair/up-gradation of the existing infrastructure is required.
- Staff Quarters are not in good condition. Rational utilization of civil works as per guidelines is needed.

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.

Service Delivery

- Web portals such as HMIS, IHIP, NIKSHAY etc. are very well-functioning in the district.
- The error in data reporting has minimised.
- Significant increase in the screening and uptake of NCDs and MCH services.

1. Overview of district

Jharsuguda is a district in Odisha, India with Jharsuguda town as its headquarters. This region is rich in coal and other mineral reserves. Of late, many small and medium scale iron and steel units have been set up in the vicinity of Jharsuguda town, giving impetus to the industrial growth of the district.

This district has the major tribal populations among them important tribes are Sabara, Kisan, Kurukh, Bhuiyan, Munda, Santal. This district has unique diversity in terms of tribal culture, language and other focal culture. Jharsuguda district has three urban agglomerations, municipalities of Jharsuguda town and Brajrajnagar and municipality of Belpahar. The district is bordered by Raigarh district of Chhattisgarh to the west, Sundergarh district to the north, Sambalpur district to the east and southeast and Bargarh district to the southwest. The district is mainly open plain, with some hills in the north.

There are lot of coal mines situated in this area. Rampur colliery is famous for the oldest coal mines in India. In 2006 the Ministry of Panchayat Raj named Jharsuguda one of the country's 250 most backward districts (out of a total of 640). It is one of the 19 districts in Odisha currently receiving funds from the Backward Regions Grant Fund Programme (BRGF).

The district comprises five blocks, primary being Lakhanpur, Kolabira, Laikera, Kirmira and Jharsuguda.

According to the 2011 census Jharsuguda district had a population of 5,79,505. Its population growth rate over the decade 2001–2011 was 13.69%. Jharsuguda had a sex ratio of 951 and a literacy rate of 78.36%. Scheduled Castes and Scheduled Tribes made up 18.1% and 30.5% of the population respectively.

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

Indicator	Remarks/ Observation			
1. Total number of Districts	1			
2. Total number of Blocks	05			
3. Total number of Villages	347			
4. Total Population	579505			
• Rural population	362379			
• Urban population	217126			
5. Literacy rate	78.86			
6. Sex Ratio	953			
7. Sex ratio at birth	Data not received			
8. Population Density	274			
9. Estimated number of deliveries	11200			
10. Estimated number of C-section	1680			
11. Estimated numbers of live births	10629			
12. Estimated number of eligible couples	102603			
13. Estimated number of leprosy cases	Data not received			
14. Target for public and private sector TB notification for the current year	800			
15. Estimated number of cataract surgeries to be conducted	224			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death		13	11	
• Child Death		2	5	

• Infant Death		120	65	
• Still birth		66		59
• Deaths due to Malaria		0		01
• Deaths due to sterilization procedure		0		0
17. Facility Details	Sanctioned	Planned		
1. District Hospitals	1	1		
2. Sub District Hospital	0	0		
3. Community Health Centers (CHC)	6	6		
4. Primary Health Centers (PHC)	16	15		
5. Sub Centers (SC)	66	66		
6. Urban Primary Health Centers (U-PHC)	4	4		
7. Urban Community Health Centers (U-CHC)	0	0		
8. Special Newborn Care Units (SNCU)	1	1		
9. Nutritional Rehabilitation Centers (NRC)	1	1		
10. District Early intervention Center (DEIC)	1	1		
11. First Referral Units (FRU)	1	1		
12. Blood Bank	1	1		
13. Blood Storage Unit (BSU)	1	0		
14. No. of PHC converted to HWC	15	15		
15. No. of U-PHC converted to HWC	4	4		
16. Number of Sub Centre converted to HWC	33	33		
17. Designated Microscopy Center (DMC)	19	19		
18. Tuberculosis Units (TUs)	5	5		
19. CBNAAT/TruNat Sites	1	1		
20. Drug Resistant TB Centers	1	1		
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 	DHH			
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 	8 7 1			

Source: DPMU, Jharsuguda

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. Some funds are allocated from Zillah Parishad for health subject. The District has received the first instalment of approved PIP in August 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 Jharsuguda district.

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Program Implementation Plan (PIP) for 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 (17/06/2021)
3. Date of first release of fund against DHAP	17/06/2021 26/05/2021 04/10/2021
4. Infrastructure: Construction Status	
<ul style="list-style-type: none"> Details of Construction pending for more than 2 years 	CHC Raipur – 2019-2020
<ul style="list-style-type: none"> Details of Construction completed but not handed over 	Nil

2.2. Service Availability

There is one DH, 9 CHCs, 43 PHCs and 223 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 40 PHCs; 3 UPHCs; 171 SCs are converted into HWCs. In the district free drug policy is being implemented under all national programmes and for BPL patients. Other than national programmes patients are charged Rs. 10/- for case paper and lab tests are done on minimum charges. There is in house labs are available in the all the facilities of the district for most of the diagnostics tests.. Since April 2021 to October 2021, 234666 lab tests were conducted in the district.

RBSK: There are total 12 RBSK teams are available in the district. 10 of them are consisting of 2 MO, 1 ANM, 1 Pharmacist and one vehicle for each team. Total 12 vehicles are on road. According to the population minimum 2 and maximum of 3 teams are working in respective blocks. All blocks are having RBSK teams. Due COVID 19 pandemic all RBSK teams are working for COVID duties as all the schools and Anganwadi's are not in function.

SNCU: District is having 20 beds SNCU situated at civil hospital. There are 20 radiant warmers and 20 step down units are available. During April 2021 to October 2021, total 137 (96 inborn and 41 out-born) children were admitted in the SNCU in the district. Of total, 27 children died in the SNCU. Two children were admitted due to the defect at birth.

Table 3: Number of children admitted in SNCU in Jharsuguda district.

	Inborn	Out-born
Admission	96	41
Defects at Birth	1	1
Discharged	83	21
Referral	0	0
LAMA	3	2
Died	14	13

Source: DPMU, Jharsuguda district

NBSU: There are total 6 NBSUs are available in the district. No admission has been reported in SNCU during the reference periods.

Nutrition Rehabilitation Centres (NRC): There is one NRC in the district.

The below table 4 gives the details of the health service delivery indicators at the district level of the Jharsuguda district on 31 October 2021.

Table 4: Details about the health service delivery 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	0
• No. of CHCs conducting > 20 deliveries /month	0
• 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	NA
• No. of Medical colleges conducting C-section	NA
4. Number of institutes with ultrasound facilities (Public+Private)	1+13=14
• Of these, how many are registered under PCPNDT act	14
5. RBSK	
Total no. of RBSK teams sanctioned	10
• No. of teams with all HR in-place (full-team)	5
• No. of vehicles (on the road) for RBSK team	9
• No. of Teams per Block	1 team in three blocks and 3 team in two blocks
• No. of block/s without dedicated teams	0

Indicator	Remarks/ Observation	
• Average no of children screened per day per team	60-70	
• Number of children born in delivery points screened for defects at birth	2592	
• Special Newborn Care Units (SNCU)		
• Total number of beds <ul style="list-style-type: none"> ○ In radiant warmer ○ Stepdown care 6. Kangaroo Mother Care(KMC) unit	12 bedded No Yes	
○ Number of non-functional radiant warmer for more than a week	01	
• Number of non-functional phototherapy unit for more than a week	0	
•	Inborn	Out born
Admission	302	113
• Defects at birth	5	3
• Discharged	219	96
• Referral	78	75
• LAMA	4	34
• Died	1	1
• Newborn Stabilization Unit (NBSU)	1	3
7.		
Admission	Inborn	Out born
• Discharged	34	01
• Referral	29	0
• LAMA	5	0
• Died	0	1
• Nutrition Rehabilitation Centers (NRC)	0	0
• Admission <ul style="list-style-type: none"> ○ Bilateral pitting oedema ○ MUAC<115 mm ○ <'3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder 8. Others	88 0 23 86 2 0 0 0 2 13	
• Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ RBSK ○ Pediatric ward/ emergency ○ Discharged	1 3 66 19 67	
• Referral/ Medical transfer	8	
• LAMA	7	
• Died	0	

Indicator	Remarks/ Observation	
• Home Based Newborn Care (HBNC)		
9. Status of availability of HBNC kit with ASHAs	635	
• Newborns visited under HBNC	3345	
• Status of availability of drug kit with ASHAs	635	
10. Number of Maternal Death Review conducted	13/13	
• Previous year	9/11	
• Current FY		
11. Number of Child Death Review conducted	122/122	
• Previous year	66/70	
• Current FY		
• Number of blocks covered under Peer Education (PE) programme	No	
12. No. of villages covered under PE program	No	
13. No. of PE selected	No	
14. No. of Adolescent Friendly Clinic (AFC) meetings held		
15. Weekly Iron Folic Acid Supplementation (WIFS) stock out	Yes	
16. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	No	
17. No. of trips per MMU per month	No	
• No. of camps per MMU per month	Nil	
• No. of villages covered	Nil	
• Average number of OPD per MMU per month	Nil	
• Average no. of lab investigations per MMU per month	Nil	
• Avg. no. of X-ray investigations per MMU per month	Nil	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	Nil	
• Avg. no. of sputum collected for TB detection per MMU per month	Nil	
• Average Number of patients referred to higher facilities	Nil	
• Payment pending (if any)	Nil	
• If yes, since when and reasons thereof		
• Vehicle for Referral Transport	Nil	
18. No. of Basic Life Support (BLS) (on the road) and their distribution	06	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	02	
	ALS	BLS
Operational agency (State/ NGO/ PPP)	PPP	PPP
○ If the ambulances are GPS fitted and handled through centralized call center	02	06
○ Average number of calls received per day	6	5

Indicator	Remarks/ Observation		
○ Average number of trips per ambulance per day	6	5	
○ Average km travelled per ambulance per day	345	300	
○ Key reasons for low utilization (if any)	-	-	
○ No. of transport vehicle/102 vehicle (on the road)	06		
● If the vehicles are GPS fitted and handled through centralized call center	06		
○ Average number of trips per ambulance per day	03		
○ Average km travelled per ambulance per day	106		
○ Key reasons for low utilization (if any)	-		
○ Universal health screening	Yes		
19. If conducted, what is the target population	90000		
● Number of Community Based Assessment Checklist (CBAC) forms filled till date	45000		
● No. of patients screened, diagnosed, and treated for:	Screened	Confirm	Treated
○ Hypertension	25159	382	382
○ Diabetes	25159	230	230
○ Oral cancer	10496	0	24
○ Breast Cancer	6235	0	10
● Cervical cancer	10496	0	03
○ If State notified a State Mental Health Authority	Yes		
20. If grievance redressal mechanism in place	Yes		
21. Whether call center and toll-free number available	No		
● Percentage of complains resolved out of the total complains registered in current FY	100%		
● If Mera-aaspatal has been implemented	Yes (104)		
22. Payment status:	No. of beneficiaries		
23. JSY beneficiaries	2627	Backlog	DBT status
● ASHA payment:			2198
● A- Routine and recurring at increased rate of Rs. 2000 pm	635		
● B- Incentive under NTEP		0	635
● C- Incentives under NLEP	39		
● Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	7	-	39
● Patients incentive under NTEP programme	574	0	7
● Provider’s incentive under NTEP programme	382	88	86%
● FP compensation/ incentive	372	0	100%
24. Implementation of Integrated Disease Surveillance Programme (IDSP)	ASHA	399	100%

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year and in current FY 	Yes 0/0
<ul style="list-style-type: none"> How is IDSP data utilized 	
<ul style="list-style-type: none"> Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 	1/8
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> Micro plan and macro plan available at district level 	Yes
<ul style="list-style-type: none"> Annual Blood Examination Rate 	11.67
<ul style="list-style-type: none"> LLIN distribution status 	Completed
<ul style="list-style-type: none"> IRS 	No
<ul style="list-style-type: none"> Anti-larval methods 	Using
<ul style="list-style-type: none"> Contingency plan for epidemic preparedness 	Yes
<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 	14
<ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 	2.03
26. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> Target TB notification achieved 	667
<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known 	YES If No, no. of TB patients with known HIV status _____
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	635/665 = 95%
<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: 507 Treatment success rate: 505/553 = 91% No. of MDR TB Patients: 2 Treatment initiation among MDR TB patients: 2
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: 32 Treatment success rate: 93% No. of MDR TB Patients: 0 Treatment initiation among MDR TB patients: 0
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	574/660 = 87%
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Yes
27. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	99
<ul style="list-style-type: none"> No. of G2D cases 	0
<ul style="list-style-type: none"> MDT available without interruption 	Yes

Indicator	Remarks/ Observation
• Reconstructive surgery for G2D cases being conducted	01
• MCR footwear and self-care kit available	10
28. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	01
29. Percent of health workers immunized against Hep B	
30. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	188/224
31. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	No Due to Covid.
32. Key activities performed in current FY as per ROP under National Tobacco Control Programme	No Due to Covid.
33. 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 34. No. of villages/ slum areas with no ASHA	Number of ASHAs 637 637 11 Rural, 3 Urban No. of villages/ slum areas with no ASHA = 0
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) • 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_____ 	504 7/7 443 7/7 204 4/4
36. Status of Mahila Arogya Samitis (MAS)- <ul style="list-style-type: none"> a. Formed b. Trained c. MAS account opened 	215 215 215
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ul style="list-style-type: none"> a. Formed b. Trained d. MAS account opened 	343 343 343
38. Number of facilities quality certified	

Indicator	Remarks/ Observation
Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Kayakalp -24 SSS-0
Activities performed by District Level Quality Assurance Committee (DQAC)	Yes (Kayakalp, NQAS)

Source: DPMU, Jharsuguda district

2.3 Implementation of CPHC

Table 5: status of CPHC in the district as on 31 October 2021

Indicator	Planned	Completed
1. Number of individuals enumerated	79970	18381
2. Number of CBAC forms filled	79970	18381
3. Number of HWCs started NCD screening:		
a. SHC- HWC		33
b. PHC- HWC		15
c. UPHC – HWC		4
4. Number of individuals screened for:		
a. Hypertension	48817	25159
b. Diabetes	48817	25159
c. Oral Cancer	48817	25159
d. Breast Cancer	48817	10446
e. Cervical Cancer	48817	10546
5. Number of HWCs providing Teleconsultation services	9	9
6. Number of HWCs organizing wellness activities	33	33

Source: DPMU, Jharsuguda district

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 79970 individuals are enumerated during the reference period and about 18381 CBAC forms are filled. Almost all facilities are as HWCs. Some of them are providing teleconsultation (E-Sanjeevani) and organising wellness activities. During April to October 2021, total 48817 patients were screened for Hypertension, Diabetes, Oral Cancer, Breast Cancer and Cervical Cancer.

2.4 Status of HRH

There are total 662 posts of different discipline is sanctioned for the district under NHM of which 415 posts are filled and 282 posts are vacant. Total 40% percent posts are vacant in the district (Table 6). Regular HR data did not make available by DPMU.

Table 6: Status of NHM staff in the Jharsuguda district as on 31 October 2021

Name of Post	Approved No. of Post	Filled	Vacant
ANM	100	66	34
MPW Male	52	52	00
Staff Nurse	288	146	142
Lab technician	25	14	11
Pharmacist	48	40	08
MO	82	35	67
OBGY	10	10	00
Paediatrician	8	8	00
Anaesthetists	2	1	01
Surgeon	2	2	00
Radiologists	1	0	01
Other Specialists	22	9	13
Dentists	7	7	00
Dental Technician	0	0	00
Radiographer	8	3	05
CSSD Technician	0	0	00
OT Technician	0	0	00
CHO/ MLHP	6	6	00
AYUSH MO		15	
AYUSH Pharmacist		00	
LSAS trained doctor	1	1	00
EmOC trained doctors		00	
Total	662	415	282

Source: DPMU, Jharsuguda district

2.5 State of Fund Utilization

Table 7: Budget component details, 2021-22

Particulars	Total Budget (Rs. In lakhs) 21-22	Total utilised	Reason for Low Utilization (if <60%)
FMR Code : 1 : Service Delivery - Facility Based	227.9	50.91	Due to Covid – 19
FMR Code : 2 : Service Delivery - Community Based	62.85	12.98	
FMR Code : 3 : Community Interventions	471.29	185.47	
FMR Code : 4 : Untied Fund	63.96	46.50	
FMR Code : 5 : Infrastructure	573.50	109.12	
FMR Code : 6 : Procurement	299.53	14.63	
FMR Code : 7 : Referral Transport	6.31	70	
FMR Code : 8 : Service Delivery - Human Resource	392.26	169.61	
FMR Code : 9 : Training & Capacity Building	52.95	2.04	
FMR Code : 10 : Review, Research, Surveillance & Surveys	6.89	73	
FMR Code : 11 : IEC/BCC	46.71	1.40	

FMR Code : 12 : Printing	8.04	83
FMR Code : 13 : Quality Assurance	18.61	4.77
FMR Code : 14 : Drug Warehousing and Logistics	19.01	5.62
FMR Code : 15 : PPP	96.95	12.63
FMR Code : 16 : Programme Management	298.75	142.95
FMR Code : 17 : IT Initiatives for strengthening Service Delivery	7.48	-
FMR Code : 18 : Innovations (if any)	1.60	-

Source: DPMU, Jharsuguda district

Table 8: Status of budget released, budget utilised by programme heads under NHM as on 31 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			Due to covid – 19
• Maternal Health	26.07	13.38	
• Child Health	2.10	0.45	
• RBSK	32.90	10.06	
• Family Planning	31.87	5.30	
• RSK/ Adolescent health	2.09	08	
• PC-PNDT	0	0	
• Immunization	43.11	11.15	
• Untied Fund	63.96	46.50	
• Comprehensive Primary Healthcare (CPHC)	0	0	
• Blood Services and Disorders			
• Infrastructure	573.50	109.12	
• ASHAs	241.85	147.12	
• HR	392.26	169.61	
• Programme Management	291.27	142.95	
• MMU	0	0	
• Referral Transport	6.31	70	
• Procurement	299.53	14.63	
• Quality Assurance	18.61	4.77	
• PPP	90.70	14.44	
• NIDDCP			
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	4.97	1.59	
• National Vector Borne Disease Control Programme (NVBDCP)	62.64	15.21	
• National Leprosy Eradication Programme (NLEP)	24.02	1.49	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<ul style="list-style-type: none"> National TB Elimination Programme (NTEP) 	84.63	36.88	
4. Non-Communicable Diseases Pool			
<ul style="list-style-type: none"> National Program for Control of Blindness and Vision Impairment (NPCB+VI) 	26.49	41	
<ul style="list-style-type: none"> National Mental Health Program (NMHP) 	4.53	0	
<ul style="list-style-type: none"> National Programme for Health Care for the Elderly (NPHCE) 	1.80	0	
<ul style="list-style-type: none"> National Tobacco Control Programme (NTCP) 	13.43	0	
<ul style="list-style-type: none"> National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) 	4.02	7.91	
<ul style="list-style-type: none"> National Program for Climate Change and Human Health (NPCCHH) 	0.8	0	
<ul style="list-style-type: none"> National Oral health programme (NOHP) 	0	0	
<ul style="list-style-type: none"> National Programme on palliative care (NPPC) 	0	0	
<ul style="list-style-type: none"> National Programme for Prevention and Control of Fluorosis (NPPCF) 	0	0	
<ul style="list-style-type: none"> National Rabies Control Programme (NRCP) 	0.20	0	
<ul style="list-style-type: none"> National Programme for Prevention and Control of Deafness (NPPCD) 	0	0	
<ul style="list-style-type: none"> National programme for Prevention and Management of Burn & Injuries 	0	0	
<ul style="list-style-type: none"> Programme for Prevention and Control of Leptospirosis (PPCL) 	0	0	

2.6 Status of trainings

Table 9 depicts the status of training obtained by health delivery persons on 31 October 2021 in Jharsuguda district. From table it is being seen that number of 6 types of training has planned for the period of 2021-22. By the end of October 2021 only 11 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 not 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.

Table 9: Status of training obtained by health delivery persons as on 31 October 2021 in Jharsuguda district.

Training Details	Completed
RI training	1
TOT on NCD	1
TOT on DAKSHATA for Coordinator and DP Mentor	1
Kayakalp	2
BMWM	1
HBYC training ASHA & AF & TOT	1
Training on Expanded Services package at HWCs ASHA HWC & TOT(23)	1
NRC management training	3
State level ToT on SAB	2
VIA, OVE, CBE, training	1
Management of BSU	1

Source: DPMU, Jharsuguda district

3. Service Availability at the Public 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 Sub centre, one PHC, one CHC and one Sub District Hospital of the district.

3.1 Service Delivery: Sub Centre: Sarandamal

PRC team visited to the Sarandamal sub centre on November 22,2021. Facility having distance of 8 KM from the PHC Kumar band and 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 4 villages and catering 6389 populations. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is not done.

Facility is no having 24*7 running water of bore well, no geriatric and disability friendly, one clean and functional toilet is available, no specific delivery room is available. Drinking water facility is not available. There is no waiting area for OPD patients, no rest room for ASHAs is available, there is no specified are for yoga as per the norms of HWC. Facility is not having invertor power back up. Essential 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 available, overall all records are maintained well at the facility.

In case of family planning no PPIUCD service is available at the facility. Oral pill and condom distribution is done at the facility. For sterilisation counselling is being done.

Bio medical waste is being collected in colour coded bags and once in a week PHC vehicle is collect it from SC. No maternal or infant deaths were reported during the year 2020-21.

During 2020-21 there was 4 presumptive cases of TB and send for testing. This year only 2 suspected cases are sent for testing.

Tele consultation via E- Sanjeevani is available but due to poor quality of network it is not working properly. VHSNC is done once in a month. Weekly S form under IDSP is being filled. Due to pandemic all CHOs are posted in COVID duties therefore, regular work of CHOs are getting hampered.

The below table 3 shows the number of cases screened and confirmed cases of different type of NCDs in the district. It can be seen that from the table, total 91 persons were screened for hypertension, Diabetes and Oral cancer during the reference period. Of the total, 6 cases were found positive for Hypertension and 5 cases for Diabetes.

Table 10: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.

NCDs	Screened	Confirmed
Hypertension	91	6
Diabetes	91	5
Oral Cancer	91	0
Breast Cancer	77	0
Cervical cancer	14	0

Source: Sub Centre-Sarandamal, Jharsuguda district

Though the medicines for hypertension and diabetes are being provided by the facility from the PHC. As in Government supply combine medicine for diabetics is not available. Whereas in combined medicine single pill is sufficient. Therefore, most of the patients are buying it from Pvt. medical shops.

Table 11: Available Human Resource at facility as on 31 October 2021.

Human Resource	Sanctioned	Regular	Contractual
ANM/ MPW Female	1	1	0
MPW Male	1	1	0
MLHP/ CHO	1	0	1
ASHA	5	5	0

Source: Sub Centre-Sarandamal, Jharsuguda district

Pertaining to HR facility have sanction posts of ANM and MPW on a regular basis. At present facility is run by MPW male and one ANM. (Table 11).

3.2 Service Delivery: Primary Health Centre: Kumarbandh

PHC Kumarbandh is about 10 KMs far from DH - Jharsuguda with 4 sub-centres providing services to 15,000 populations in the periphery. DH - Jharsuguda is the nearest next referral point of the PHC. This PHC only provides OPD services, there is no delivery since last 3 years. The Health facility is easily accessible from nearest road. PHC is functioning in government building and in good condition. Facility is working in morning 8:00 AM to 12:00 PM and in the evening 2 to 5 PM.

Besides, the following observations have also been made by the monitoring team.

- The facility has 24*7 running water facility.
- 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 sufficient sitting arrangement.
- ASHA rest room is not available at the facility.
- Power back-up facility facility is available
- branding of the heath facility is done. is also not available at the facility.
- Delivery services are not available in the PHC.
- Kayakalp activity is being implemented in the facility with score 78. And Facility is not covered in the NQAS.
- Essential drug list is available with 80 listed medicine. But not displayed in public domain. For procurement of medicine E- Aushadhi software is in use in entire district. All the essential equipment is available at PHC. Drugs are available for Hypertension and Diabetic patients. During last 30days there was a shortage of following medicine. Tab. Zie; Tab. Defcort 2mg. Tab. Aten 50 mg; Tab. Cefuroxime; Tab. Amoxy der east; Tab azithromycine.
- No maternal and infant death is reported in the periphery.
- Vaccine hub cutter is available in the facility. RKSK clinic is available in the facility.
- NCD clinic is there on daily basis.
- During the year 2020-2021 funds received under PIP Rs 75000/- for implementation of various programmes. But During 2021-22 no funds has received under PIP.
- No RKS meetings were taken place in since one year.
- Leprosy and TB record is not maintained.
- LT is not available but twice in a week LT come to the facility for testing from other facility.

Table 12: status of HR in the PHC- Kumarbandh, Jharsuguda as on 31 October 2021.

HR	Sanction	Filled	Vacant
MO MBBS	1	1	0
MO AYUSH	1	0	1
SNs/GNMs	2	2	0
ANM	1	1	0
LTs	1	0	1
Pharmacist	1	1	0
LHV/PHN	1	1	0
Others	2	2	0
Total	10	08	02

Source: PHC- Kumarbandh, Jharsuguda district

3.4 Service Delivery: Community Health Centre (CHC) Lakhanpur

Lakhanpur Community Health Centre (CHC) is in Lakhanpur Block and is about 40 km's away from district headquarters. It is a 30 bedded hospital. Basically catchment area of the CHC is 6 PHCs in the periphery. The facility is located in a government building. The building needs some repairs, especially in the labour room as there is a leakage in the slab. Electricity is available with power back with generator and inverter. 24*7 running and drinking water is available in the facility. Separate toilets are there for male and female wards and toilets are attached to the Labour room but cleanliness is not there. Drug store with racks is available in the facility. however, restroom is there for ASHAs. It is well accessible from the main road. Waste management is outsourced to a private agency. The facility is working 8.00 to 12.00 in the morning and 3 to 5 in the evening.

Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; ANC-PNC, TB, Leprosy Malaria, Immunisation, NBSU, Dental services and COVID vaccination services are available at the facility.

Pertaining to the speciality of services only Paediatric (on deputation) and Dental Services are available at the facility out of listed 10 services. X-Ray service is available but X-Ray machine is not in working from last two months.

- NBCC facility is not available in the facility. Facility is having emergency services. 24*7 E-Sanjeevani services are available.
- Operation theatre is available but due COVID 19 no operatives has been done since one year.
- BSU is not available at the facility.
- KAYA KALP is being implemented in 2020-2021 and Peer assessment is done with 78. NQAS assessment is not done.
- For payment of JSY is completed. All services are provided free of cost to the JSSK beneficiaries.

- Line listing of high risk pregnancies are there. 3 maternal or 26 child death occurred during this year and previous year.
- NCD clinic is daily available in the facility.
- Family planning programme is being implemented at the facility along with IUCD, PPIUCD, male female sterilization.
- Facility is designated as Designated Microscopy Centre. At present 17 patients are taking TB drugs from the facility. All of them are tested through CBNATT/ TruNat for drug resistance. There is mechanism for sample transport.
- funds received in last year – 292,22,449/- . This year funds data is not provided.
- RKS meeting was held on January 25, 2021.
- Pertaining to the data entry of respective portals is updated.
- CHC is having own ambulance.

Below table 13 depicts the status of human resources at the CHC.

Table 13: Status of Human Resource in the CHC- Lakhanpur, Jharsuguda as on 31 October 2021

Human Resource	San.	Filled	Vacant.
MO (MBBS)	5	2	3
Specialists medicine	1	0	0
ObGy	1	0	1
Pediatrician	1	0	1
Dentist	1	1	0
SNs/GNMs	10	2	8
LTs	2	0	2
Pharmacist	2	0	2
Total	23	5	17

HR	Contractual
SNs/GNMs	7
LTs	2
Pharmacist	2
Total	11

Source: CHC, Lakhanpur, Jharsuguda district

Challenges at the facility:

- Gynaecologists post is vacant, which affects service delivery of the facility.
- Building of the facility is old pattern and not maintained. Rooms are too small. Therefore, difficult to work in to small area.
- Space for the medicine store is available, but it is very congested and store room is soak in rainy season.

- There is no adequate working space for ANM and MPW. No rest room for doctors and SN working in the night duties.
- As there is only no Pharmacist is in place. MO has dispensed medicine to the patients.

3.5 District Hospital DH Jharsuguda

Jharsuguda District Hospital is in Jharsuguda Block of Jharsuguda district and is about 5 km's away from district headquarters. This facility is serving a population of one lakhs twenty-four thousand. It is a 250 bedded hospital; it is located in a government building. As the space is available the Facility is geriatric and disable friendly. Electricity is available with generator power back up. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are clean. Drinking water is available in the facility. Drug store with racks is available in the facility. It is not well accessible from the main road. Waste management is outsourced to a private agency.

The services like OPD, IPD, NCD, TB, Ophthalmic, Telemedicine, Sonography, Pathology, ICTC, BSU, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK and Ophthalmic are available at the facility. Besides this specialised services of Medicine, O & G, Paediatric, Anaesthesia, Ophthalmic, Dental, Imaging Services, DEIC, NRC, SNCU, NICU, Burn unit are available at the facility. All other sanctioned specialist is available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24*7 E- Sanjeevani services are available. Blood storage unit is available.

Below table 14 depicts the status of human resource at DH, Jharsuguda. Total 7 CI-II MOs are posted there, but no specialisation is mentioned.

Table 14: Status of Human resource at District Hospital, Jharsuguda.

HR	Sanctioned	Filled	Vacant
MO (MBBS)	28	7	21
Specialist Medicine	2	2	0
ObGy	3	7	0
Pediatrician	5	2	3
Anesthetist	2	1	1
Surgeon	5	2	3
Ophthalmologist	2	1	1
Orthopedic	3	1	2
Radiologist	1	0	1
Pathologist	1	1	0
Others	13	4	9
Dentist	1	0	1

Staff Nurse/GNMs	123	44	79
LTs	11	8	3
Pharmacist	12	12	0
Dental Technician/hygienist	0	0	0
Hospital manager	1	1	0
EmOC trained doctor	1	0	1
LSAS trained doctor	1	0	1
Total	215	93	126

Source: DH, Jharsuguda, Jharsuguda district

- Kayakalp peer assessment has done with 75% score.
- In case of NQAS internal assessment has done.
- Facility is selected under Laqshay. Both Labour room and OT is covered into it
- EDL is available, 169 drugs are listed into it. It is displayed in the public domain. Following medicine shortage was there in last 15 days, Inj. Cafotoxine 125 mg, Inj. Pipzo 125mg, Doxycycline 100mg, Tab. Faricimate 40mg, Inj. Tacamodole 50mg.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house. Average monthly 7246 tests are being done.
- X-Ray services are available in the facility.
- No CT scan is available in the facility.
- Dialysis service is available. During April 2021 to October 2021 - 4586 patients provided dialysis service.
- 11 Maternal deaths and 50 child deaths is reported in current year.
- All JSSK beneficiaries are entitled for free diagnostic and referral services. Delivery patients are getting food during their stay at the facility. New born are given all "0" dose at birth.
- In last month's 40 patients were sterilized.
- NCD services are available on daily basis. During April to October 2021, 2525 patients are screened at NCD of which newly diagnosed for Hypertension are 20 and for Diabetes are 180. 924 patients were screened for breast cancer, oral cancer and cervical cancer and confirm patients for breast cancer are 128, Oral cancer are 73 and cervical cancer are 11.
- Adolescent friendly health clinic is available at the facility. Both male and female counsellors are available.
- TB notification, treatment card for both sensitive and drug resistance is there. Register for malaria, chikungunya is available.
- In case of online reporting. All portals data is updated.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house.

Challenges faced by DH

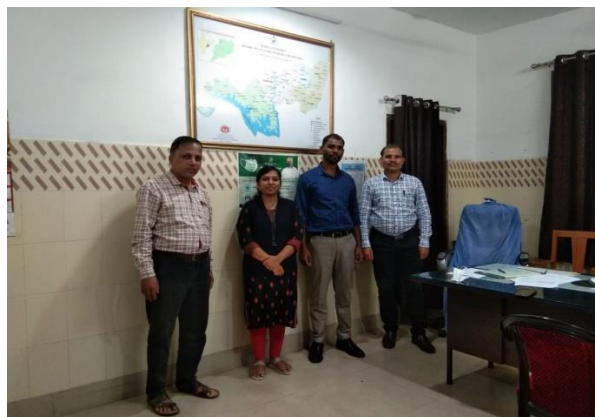
Challenge	Root causes
Mismatch of Proportion of infrastructure and HR	State government is not filling up positions.
NHM activities are getting hampered.	NHM staff is on contract. Therefore, turnover is high. This effects on the performance of the program. They may absorb in the regular services wherever possible.

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2021-22 of Jharsuguda District was carried out by the PRC team during 22-25 November, 2021. The District Health Office, DH Jharsuguda, CHC Lakhanpur, PHC-Kumarbandh and Sub Centre Sarandamal were visited for Monitoring by the PRC team. During the field visit, the PRC team was accompanied by ASHA coordinator and DDM. Based on the discussion with the concerned officials and monitoring/observations of the health facilities, the following recommendation has been made by the PRC monitoring team

1. As there are many child and maternal deaths are being reported under the heads of 'death due to other causes, so it is very difficult to form any policy and programme.
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 various program of NHM.
3. As per the existing norm, thee CDM & PHO can give Administrative Approval of the Civil projects up to Rs. 20 Lakh but the cheque signing power is limited to Rs. 10 Lakhs. Hence, the Check signing capacity of CDM & PHO should be up to Rs. 20 Lakhs.
4. For smooth implementation of various programs/activities under NHM PIP, DPM being the unit head of DPMU, may be empowered to sign cheques of ZSS account jointly with concerned Wing Officers up to Rs. 1.00 Lakh. However, for the day-to-day expenditure of DPMU, necessary guidelines may be issued wherein expenditure up to Rs. 10,000/- may be signed by DPM & DAM jointly.
5. For smooth functioning of the DPMU, the salary of the NHM Staff working in the DPMU should be released only after submission of the Work Certificate by the DPM & Concerned Wing Officer.
6. At the Lakhanpur health facility, the space for the medicine store is congested. Therefore, it is recommended to make a provision to construct new store room.

5. Glimpses of the Jharsuguda district PIP monitoring visit, 22-25 November, 2021.



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