



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

By

Dr Akram Khan

Ms Anushi Tiwary



Population Research Centre

Gokhale Institute of Politics and Economics

Pune – 411004

December 14-18, 2021

Table of Content

Table of Content	i
Executive Summary	1
A. Overview of district	1
B. Public Health planning and implementation of National Programmes	5
District Health Action Plan (DHAP).....	5
C. Service Availability	6
D. Implementation of CPHC.....	18
D. Status of HRH	19
E. State of Fund Utilization	20
G. Status of training.....	21
1. Service Delivery: Sub Centre: Siho (Jagdishpur Bhagnagari)	21
Source: Sub Centre-Siho (Jagdishpur Bhagnagari), Muzaffarpur district	22
2. Primary Health Centre: Siho	22
3. Community Health Centre Sakra	24
4 District Hospital: Muzaffarpur.....	27
H. Discussion and Key recommendations	29
J. Glimpses of the Muzaffarpur district PIP monitoring visit, 24-27 2021.	32

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

Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2021-22 Muzaffarpur District were carried out by the PRC team during 14-18 December 2021. The District Programme Monitoring Unit, District (Sadar) Hospital, CHC Sakra, PHC Siho and SC Siho are visited for the study by the PRC team. During the field visit, the PRC team was accompanied by DPM and Hospital Manager of DH (Sadar) Manager, Block Health Manager, Block Community Mobiliser. This report discusses the implementation of PIP as observed during the field visit for monitoring. The critical observation is given below:

General

There is a lot of scope for the overall improvement of the health system as the state falls into the Empower Action Group category, more actions areas to be required from the state health society.

Highlights of the District

- Improved OPD cases at SC, PHCs and CHCs, despite the decline in the health care service utilisation due to the COVID-19 pandemic.
- Increase in the number of institutional deliveries
- Free meals and drugs facility available for mothers at institutions
- ASHAs are selected and trained up to the V module and provided with drug kits.
- Mamta's are training and sharing their knowledge with new mothers.

Areas for Further Improvement

- 32 RBSK teams sanctioned in the district. The programme team composition is 2 MO (1 male and one female), 1 ANM, 1 Pharmacist and one vehicle for each Team. So, there must be 64 doctors (1 on male, one female), but in the Muzaffarpur district, only 12 teams have all HR required. Therefore, it is strongly recommended that vacancies should fill on a priority basis.
- In health personnel is an essential component of quality of care, but in the visited health facility, health personal had insufficient training on various programs of NHM; of course, because of COVID-19, all the staff is engaged in it. Therefore, the training

schedule was not followed as per the target in ROP. However, training should be provided to health staff of the various facilities on a timely basis in the district. It is being observed that most of the senior officials of the community are not aware of the programmes of NHM.

- It is being observed that there is lethargy among the staff. Somehow programme is being run in the district. It feels that rigorous review is required at all levels of the Team, and it is recommended according to the performance, they may be given some incentive. This could provide some motivation to them.
- Laboratory services should be available at all the facilities, especially CHC and DH.
- According to NFHS-5, there is a significant increase in anaemia cases among 6-59 months children 64.6, and it was 58.5 in NFHS-4; anaemia among non-pregnant women and pregnant women is also increased 58.7 and 61.7 respectively. Similarly, there is an inc all women ages 15-49 years has also increased to 58.2.
- The decline in examining Cervix, Breast and Oral cavity from 10.5 to 1.4; 3.2 to 0.2; 2.9 to 0.0 respectively.
- Regula ,State & District Health Mission meetings for smooth coordination.
- The district needs to plug the gap between lower-level staff and DHS.
- Public health schemes should be adequately appropriately implemented.
- Focus on Family planning awareness.
- Scope for Infrastructural development
- Address the supply chain management of the district
- Improve redressal mechanism
- Focus on decentralising power in the hands of the district
- Every PHC should get a separate and stationed vehicle/ambulance.

Infrastructure

- Altogether 96 PHCs and 76 SCs are converted into HWCs.
- Infrastructure is inferior in all visited facilities except PHC Siho.
- DH and CHC Sakra ae required new building on a war footing.

Human Resources

The district as a whole is facing a severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on an urgent basis. Further, the contractual Team of NHM need to fill on a priority basis. As observed in the district, all NHM staff is recruited by the state health society, and there is a massive gap in sanctioned posts and

positions. Therefore, all the vacant seats (NHM) be filled on a priority basis, or the powers may delegate to the concerned DHS of the district. It may help fill the positions as and when required by following norms of filling up various posts.

Service Delivery

- Average functioning HMIS, IHIP, NIKSHAY portal etc. in the district
- The error in data reporting has minimised
- Significant increase in institutional deliveries (72.5% NFHS-5) as compared to (62.3% NFHS- 4)
- Both ALS and BLS ambulance services are available
- The state has introduced MAMTA- for PNC care of women

A. Overview of district

Muzaffarpur District, ‘The Land of Leechi’ was created in 1875 for administrative convenience by splitting up the earlier district of Tirhut. The present district of Muzaffarpur came to its existence in the 18th century and named after was Muzaffarpur Khan, an Amil (Revenue Officer) under British Dynasty. Purbi Champaran and Sitamarhi districts on North, on the S the South Vaishali and Saran districts, the East Darbhanga and Samastipur districts, and the She and Gopalganj districts surround Muzaffarpur. Now it has won international accolades for its delicious Shahi Leechi and China Leechi.

There are 16 Blocks, 1681 Villages. District’s total population is 5780479 (midyear population, DHS). The rural population is 5309113 and the urban population is 471366. The district’s literacy rate is 82.89 % as per census 2011.

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

Indicator	Remarks/ Observation
1. Total number of Districts	1
2. Total number of Blocks	16
3. Total number of Villages	1681
4. Total Population	5780479 (MYD, DHS)
• Rural population	5309113 (MYD, DHS)
• Urban population	471366 (MYD, DHS)

5. Literacy rate	82.89			
6. Sex Ratio	888			
7. Sex ratio at birth	950 (HMIS)			
8. Population Density	1514			
9. Estimated number of deliveries	Not Provided			
10. Estimated number of C-section	1861			
11. Estimated numbers of live births	143934			
12. Estimated number of eligible couples	982681			
13. Estimated number of leprosy cases	149			
14. Target for public and private sector TB notification for the current year	7968			
15. Estimated number of cataract surgeries to be conducted	24 at Medical Collage			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death	--	8	--	16
• Child Death	--	82	--	85
• Infant Death	--	Not Given	--	Not Given
• Still birth		Not Given		6
• Deaths due to Malaria	0	0	0	0
• Deaths due to sterilisation procedure	0	0	0	0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	1		1	
2. Sub District Hospital	existing			
3. Community Health Centers (CHC)			15 (30 Bedded)	
4. Primary Health Centers (PHC)			83	
5. Sub Centers (SC)			520	
6. Urban Primary Health Centers (U-PHC)			4	
7. Urban Community Health Centers (U-CHC)			NA	
8. Special Newborn Care Units (SNCU)			1	

9. Nutritional Rehabilitation Centres (NRC)		1
10. District Early intervention Center (DEIC)		1
11. First RInterventions (FRU)		2
12. Blood Bank		2
13. Blood Storage Unit (BSU)		2
14. No. of PHC converted to HWC		76
15. No. of U-PHC converted to HWC		4
16. Number of Sub Centre converted to HWC		96
17. Designated Microscopy Center (DMC)		23
18. Tuberculosis Units (TUs)		17
19. CBNAAT/TruNat Sites		CBNAAT = 1 TRUNAT =2
20. Drug Resistant TB Centres		1
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> At DH At SDH At CHC 		1 0 16
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 		14 0 0

Source: DHS, Muzaffarpur

B. Public Health planning and implementation of National Programmes

District Health Action Plan (DHAP)

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

All the facilities are sending JSY beneficiaries data to Block Medical Officer and from BMO payment is made to the beneficiaries through PFMS.

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

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)	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	Not given by DHS
4. Infrastructure: Construction Status	
<ul style="list-style-type: none"> Details of Construction pending for more than 2 years 	Details of the construction is not available with DHS and the agency is Bihar State Medical Services and Infrastructure Limited. The subject is deal by the state health society.
<ul style="list-style-type: none"> Details of Construction completed but not handed over 	NA

C. Service Availability

There is 1 District Hospital (DH), 15 CHCs, 83 PHCs and 520 SCs and 4 UPHCs are available in the district to cater primary, secondary and tertiary health care services. Of which 76 PHCs; 4UPHC; 96 SCs are converted into HWCs. There 2 blood bank and 2 blood storage units are available in the district. In the district free drug policy is being implemented under all national programmes and for BPL patients. Though the in house labs are available in almost all the facilities of the district for most of the diagnostic tests. But 24X7 testing facility is not available

even at the district hospital. Similarly, ultra sound service is also not available in the district except DH.

RBSK: There are total 32 Teams (RBSK) are sanction in the district. As per the guidelines of the programme team composition is 2 MO (1 male and 1 female), 1 ANM, 1 Pharmacist and one vehicle for each team. So, ideally there must be 64 doctors (1 male, 1 female) but in Muzffarpur district only 12 teams are having all HR required. Total 25 vehicles are on the road. All teams are having inadequate HR. According to the DHS there are 2 teams are working in each block. Due COVID 19 pandemic all RBSK teams are working for COVID duties as all the schools and Anganwadi's are not in function.

PMSMA: Under the PMSMA programme of Govt. of India, at least one medical check-up of all PW is being done by Medical Officer during 2nd or 3rd trimester of pregnancy.

All the diagnostics, treatment, drugs and diet facilities are being provided at the identified facilities which include all CHCs, UPHC and DH Muzaffarpur

The Ultrasound service is available only at the District Head Quarter Hospital. So, the pregnant women requiring ultrasound are referred to the District Hospital, Muzaffarpur.

SNCU: The district is having 12 beds SNCU situated at district hospital. There are 12 radiant warmers and step down and KMC care is also available. During April 2021 to November 2021, total 441 (88 inborn and 353 out-born) children were admitted in the SNCU in the district. Of total, 310 children are cured and discharged; 68 referred to higher facility; 47 left against medical advice.

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

	Inborn	Out born
• Admission	88	353
• Defects at birth	3	11
• Discharged	70	240
• Referral	11	57
• LAMA	4	43
• Died	--	--

Source: DHS, Muzffarpur district

NBSU: The district is having NBSU situated at various CHCs of the district. During April 2021 to November 2021, total 133 children were admitted in the SNCU in the district. Of total, 48 children are cured and discharged, 60 children are admitted for defect at birth.

Table 4: Number of children admitted in NBSU in Muzffarpur district.

• Admission	133
• Defects at birth	60
• Discharged	48
• Referral	0
• LAMA	0
• Died	0

Source: DHS, Muzffarpur district

NBCC: All most all the CHC's; PHC's are having NBCC. Data not made available by DHS.

Nutrition Rehabilitation Centres (NRC): NRC is available in the district hospital. During the period of April to November 43 children has admitted in the NRC.

MAMTA: MAMTA is Bihar state initiative. They are being placed at all delivery points. They are working as birth companion of the pregnant women. MAMTA assist delivered women for breast feeding and trained mothers in feeding practices, skin contact etc.

Table 5: 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, it is implemented.
2. Implementation of diagnostic services (if it is free for all)	Yes, it is implemented.
• Number of lab tests notified	172880
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	0 <i>As a state policy SCs are not supposed to conduct delivery</i>
• No. of 24X7 PHCs conducting > 10 deliveries /month	Data is not provided ¹⁵
• No. of CHCs conducting > 20 deliveries /month	1

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	1
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 	1 (C-Section delivery is performed at DH and Medical college. No other facility is having this service in the entire district).
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 	1
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 	1
4. Number of institutes with ultrasound facilities (Public+ Private)	2 (Ultrasound is being done at DH and Medical college in the entire district) Private facilities data is not available with DHS.
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	2
5. Details of PMSMA activities performed	<p>Under the PMSMA programme of Govt. of India, at least one medical check-up of all PW is being done by Medical Officer during 2nd or 3rd trimester of pregnancy.</p> <p>All the diagnostics, treatment, drugs and diet facilities are being provided at the identified facilities which include 16 CHCs and DH, Muzaffarpur.</p> <p>The Ultrasound service is available only at the District Head Quarter Hospital. So, the pregnant women requiring ultrasound are referred to the District Head Quarter Hospital, Muzaffarpur.</p>
6. RBSK	
<ul style="list-style-type: none"> Total no. of RBSK teams sanctioned 	32
<ul style="list-style-type: none"> No. of teams with all HR in-place (full-team) 	12
<ul style="list-style-type: none"> No. of vehicles (on the road) for RBSK team 	25
<ul style="list-style-type: none"> No. of Teams per Block 	02
<ul style="list-style-type: none"> No. of block/s without dedicated teams 	NIL

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Average no of children screened per day per team 	RBSK teams are engaged in COVID-19 duties. Therefore no work has been done in this period.	
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 	NA	
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer Stepdown care Kangaroo Mother Care(KMC) unit 	12	
	06	
	04	
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 	0	
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 	0	
	Inborn	Out born
<ul style="list-style-type: none"> Admission 	88	353
<ul style="list-style-type: none"> Defects at birth 	03	11
<ul style="list-style-type: none"> Discharged 	70	240
<ul style="list-style-type: none"> Referral 	11	57
<ul style="list-style-type: none"> LAMA 	04	43
<ul style="list-style-type: none"> Died 	00	00
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 	133	
<ul style="list-style-type: none"> Discharged 	60	
<ul style="list-style-type: none"> Referral 	48	
<ul style="list-style-type: none"> LAMA 	0	
<ul style="list-style-type: none"> Died 	0	
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema 	0	

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> ○ MUAC<115 mm ○ <'3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others 	<p>16</p> <p>19</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>
<ul style="list-style-type: none"> ● Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC ○ RBSK ○ Pediatric ward/ emergency 	<p>18</p> <p>0</p> <p>0</p> <p>1</p> <p>1</p>
<ul style="list-style-type: none"> ● Discharged 	15
<ul style="list-style-type: none"> ● Referral/ Medical transfer 	3
<ul style="list-style-type: none"> ● LAMA 	8
<ul style="list-style-type: none"> ● Died 	0
10. Home Based Newborn Care (HBNC)	
<ul style="list-style-type: none"> ● Status of availability of HBNC kit with ASHAs 	4453
<ul style="list-style-type: none"> ● Newborns visited under HBNC 	32839
<ul style="list-style-type: none"> ● Status of availability of drug kit with ASHAs 	3864
11. Number of Maternal Death Review conducted	Deaths reported 8, reviewed 3
<ul style="list-style-type: none"> ● Previous year ● Current FY 	Deaths reported 16, reviewed 2
12. Number of Child Death Review conducted	Deaths reported 82, reviewed 30
<ul style="list-style-type: none"> ● Previous year ● Current FY 	Deaths reported 85, reviewed 6
13. Number of blocks covered under Peer Education (PE) programme	NA

Indicator	Remarks/ Observation	
14. No. of villages covered under PE programme	NA	
15. No. of PE selected	NA	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	Not in function	
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out	NIL	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	Not available in the district	
• No. of trips per MMU per month	NA	
• No. of camps per MMU per month		
• No. of villages covered		
• Average number of OPD per MMU per month		
• Average no. of lab investigations per MMU per month		
• Avg. no. of X-ray investigations per MMU per month		
• Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month		
• Avg. no. of sputum collected for TB detection per MMU per month		
• Average Number of patients referred to higher facilities		
• Payment pending (if any) • If yes, since when and reasons thereof		
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	57	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	5	
	ALS	BLS

Indicator	Remarks/ Observation	
○ Operational agency (State/ NGO/ PPP)	PPP	PPP
○ If the ambulances are GPS fitted and handled through centralized call centre	YES	YES
○ Average number of calls received per day	Data is not provided by DHS	
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
● No. of transport vehicle/102 vehicle (on the road)		
○ If the vehicles are GPS fitted and handled through centralized call center		
○ Average number of trips per ambulance per day		
○ Average km travelled per ambulance per day		
○ Key reasons for low utilization (if any)		
20. Universal health screening		
● If conducted, what is the target population	Not Known to DHS	
● Number of Community Based Assessment Checklist (CBAC) forms filled till date	3137	
● No. of patients screened, diagnosed, and treated for:	2746	
○ Hypertension	1521	
○ Diabetes	48	
○ Oral cancer	20	
○ Breast Cancer	21	
○ Cervical cancer		
21. If State notified a State Mental Health Authority	NO	
22. If grievance redressal mechanism in place	NA	
● Whether call center and toll-free number available	NA	

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> Percentage of complains resolved out of the total complains registered in current FY 	NA		
23. If Mera- Aspatal has been implemented	NO		
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> JSY beneficiaries 	25968	Data is not available	
<ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP 	Data Not received		
	3188	3188	00
	149	149	00
<ul style="list-style-type: none"> Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 	Data Not received		
<ul style="list-style-type: none"> Patients incentive under NTEP programme 	5814	1977	3837
<ul style="list-style-type: none"> Provider's incentive under NTEP programme 	Data Not received	Data Not received	Data Not received
<ul style="list-style-type: none"> FP compensation/ incentive 	Data Not received		
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
<ul style="list-style-type: none"> If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year and in current FY 	Yes Doctor, Nurse and attendant are in a team 6		
<ul style="list-style-type: none"> How is IDSP data utilized 	Randomly investigation is being done		
<ul style="list-style-type: none"> Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP 	60%		
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
<ul style="list-style-type: none"> Micro plan and macro plan available at district level 	Action-plan for anti-malaria interventions available at district level.		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Annual Blood Examination Rate 	Not given
<ul style="list-style-type: none"> Reason for increase/ decrease (trend of last 3 years to be seen) 	Not given
<ul style="list-style-type: none"> LLIN distribution status 	This programme is not implemented in the district
<ul style="list-style-type: none"> IRS 	Yes
<ul style="list-style-type: none"> Anti-larval methods 	Yes
<ul style="list-style-type: none"> Contingency plan for epidemic preparedness 	Not given
<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 	Not given
<ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 	1.25
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
<ul style="list-style-type: none"> Target TB notification achieved 	TB Notification Target up to November 2021 = 5705
<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known 	Yes (HIV Status of all TB Patients Known)
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	2763
<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: 2905 Treatment success rate:73% No. of MDR TB Patients: 117 Treatment initiation among MDR TB patients: 105
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: 2802 Treatment success rate: 85.60% No. of MDR TB Patients: NA Treatment initiation among MDR TB patients: NA
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	3837

Indicator	Remarks/ Observation
<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)	
<ul style="list-style-type: none"> No. of new cases detected 	139
<ul style="list-style-type: none"> No. of G2D cases 	Nil
<ul style="list-style-type: none"> MDT available without interruption 	Yes
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	49
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	Yes
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	2 (1 functional at medical college and 1 nonfunctional at DH)
30. Percent of health workers immunized against Hep. B	None
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	No provision in the PIP 2021-22
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	Nil
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	School Programme 3 Counselling 390
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 	4510 4224 1506 831102
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) 	359

Indicator	Remarks/ Observation			
<ul style="list-style-type: none"> 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 	19			
	446			
	16			
	741			
	32			
36. Status of Mahila Arogya Samitis (MAS)-				
a. Formed	24			
b. Trained	24			
c. MAS account opened	24			
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC)				
a. Formed	85			
b. Trained	85			
c. VHSNC Account opened	85			
38. Number of facilities quality certified	6			
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Not given			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Planning & Monitoring of the quality of activities being implemented.			
41. Recruitment for any staff position/ cadre conducted at district level	Real time partograph, hand hygiene, etc.			
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 				

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Among these, no. of posts filled by state Among these, no. of posts filled at district level 	All the positions of NHM is being filled from State Health Society, Patna. Regular positions is also being filled from Directorate Health Services.
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	
	No

Source: DHS, Muzffarpur district

D. Implementation of CPHC

Table 6: Status of CPHC in the district as on 30 November 2021.

Indicator	Planned	Completed
1. Number of individuals enumerated	Not given	
2. Number of CBAC forms filled	Not given	
3. Number of HWCs started NCD screening:		
a. SHC- HWC	a. 96	a. 96
b. PHC- HWC	b. 76	b. 76
c. UPHC – HWC	c. 4	c. 4
4. Number of individuals screened for:	8440	
a. Hypertension		▪ 2746
b. Diabetes		▪ 1521
c. Oral Cancer		▪ 48
d. Breast Cancer		▪ 20
e. Cervical Cancer		▪ 21
5. Number of HWCs providing Teleconsultation services	Teleconsultation facility is	

	available at PHCs and CHCs but not functioning.	
6. Number of HWCs organizing wellness activities	No Data	

Source: DHS, Muzffarpur 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 number of 76 PHCs; 4 UPHC and 96 SHCs are functioning as HWCs. Teleconsultation facility is available at PHCs and CHCs but not functioning. During April to November 2021, total 8440 patients were screened under NCD at different facilities of the district. Hypertension 2746, for Diabetes 1521, for Oral Cancer 48, for Breast Cancer 20, and 21 for Cervical Cancer (**table 9**). Reporting system is poor.

D. Status of HRH

PRC team has received incomplete information on the staff available in the district according to the Table No. 7 given below 395 medical officers posts are sanctioned and 206 are filled. In case of staff nurses 175 posts are filled of 398 sanctioned posts. Further 41 support staff is filled of 204 sanctioned posts. Altogether 997 posts of different discipline are sanctioned for the district of them 422 are filled. 42 percent of post are filled. This somewhat a serious concern for the district as it is one of the EAG district.

NHM staff details are not provided by DHS Muzffarpur

Table 7: Regular HR at Muzffarpur

Name of Health Facility (DH/SDH/RH/CHC/PHC /APHC	Human Resources					
	Medical Officers		Nursing Staffs		Supporting Staffs	
	Sanction ed Strength	Worki ng Streng th	Sanction ed Strength	Worki ng Streng th	Sanction ed Strength	Worki ng Streng th
100 (1DH; 1RH; 14 CHC; 1 PHC 83 APHC)	395	206	398	175	204	41

E. State of Fund Utilization

Details of fund utilisation is not provided by DHS Muzffarpur

G. Status of trainings

List of Training	Planned	Completed
Training for screening of NPCDCS	40 Batches	17 Batches

During April to November only one training programme on NPCDCS was conducted in the district.

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 one Sub centre, one PHC, one CHC and District Hospital of the district.

1. Service Delivery: Sub Centre: Siho (Jagdishpur Bhagnagari)

The PRC team visited the Siho sub centre on December 16, 2021. Well accessible by the road. The facility is in a government building and in very good condition. The facility is providing OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery villages. This facility is converted into HWC. Though the facility is converted into HWC. But CHO is appointed at the facility.

- Facility is having 24*7 running water, no provision for geriatric and disabled patients, though toilets are available in the facility. But they are not separate for male and female. SCs are not supposed to conduct delivery at the facility.
- There is waiting area for OPD patients, no restroom for ASHAs is available.
- Facility is having inverter power back up.
- Essential drug list is available in the facility. The facility is available all basic instruments i.e. B.P. instrument, thermometer. All essential drugs are being supplied to the facility. There is no major shortage in the past one month. The facility is having a vaccine hub cutter. ANM is well aware about vaccine schedule and open vial policy. Facility is having micro plan for immunisation.
- Line listing of high-risk women is available, overall all records are maintained well at the facility.
- No maternal and child death reported during previous and current year.

- ASHAs are not provided smart phones.
- Survey of above 30 years old person is not being done. ASHAs have filled 28 CBAC form in the community.
- No NCD clinic is in function.
- No facility of tele consultation.
- No activity is performed pertaining to TB in the facility.
- ASHAs are being supplies drug kits and instruments CHC. All required medicine is available with ASHAs.
- VHSNCs are conducted in the periphery on monthly basis.
- The facility has received Rs.6000 of funds during the year 2021-22. This amount is unspent with the facility.

YOGA and wellness activity is being not done in the space SC.

Table 8: Available Human Resource at facility as on 31 August 2021.

Human Resource	Sanctioned	Filled	Vacant
ANM/ MPW Female	1	1	0
ASHA	7	7	0

Source: Sub Centre-Siho (Jagdishpur Bhagnagari), Muzffarpur district

Pertaining to HR facility has sanctioned one post of ANM and is in place. 7 ASHAs are working in the periphery of SC.

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

- ASHAs are being provided HBNC kits.
- All other medicine is available with them.
- There is one-month delay in getting payment to ASHAs.
- SPACE for wellness activity is not adequate.
- Patients waiting area is not sufficient.
- Tele consultation facility is available but due to poor network it doesn't work.

2. Primary Health Centre: Siho

- PHC Siho is about 30 Km's from district headquarters. PHC Siho is easily accessible from the nearest road. PHC is functioning in a government building and in very good condition. PHC has electricity to power back up of invertor, running 24*7 water supply. It's a 6 bed facility

no Separate wards for male and female. ***But on the day of PRC team visit there was not a single patient admitted in the facility.*** Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility. Drinking water is made available. There is no sufficient space for any activity of the PHC. No rest room for ASHAs. Facility is converted into HWC and branding done. Facility is non-functional in terms of delivery and other hospitalisation. Only morning OPD is being conducted at this facility.

Table 9: status of HR in the PHC- Siho, Muzffarpur

Designation	Sanctioned Position	Filled	Vacant
MO/ MBBS	02	02	00
MO AYUSH	01	00	01
Staff Nurse	02	01	01
ANM	02	02	00
Pharmacist	01	00	01
Lab Technician	01	00	01
Attendant Male	01	00	01
Attendant Female	01	00	01
Dresser	01	00	01
Total	12	05	07

Source: PHC- Siho, Muzffarpur district

Above table depicts staff positions at PHC. Total 12 posts are sanctioned and 5 of them are filled. Fifty-eight percent of posts are vacant at the facility which is really a serious matter. Large population of the periphery dependent on public health services.

- Neither computers or laptops are available in the facility. All ANMs are being given electronic tablets. ASHAs are not provided with smart phones.
- Kayakalp and NQAS is not initiated in the facility.
- As the Pharmacist position is vacant no body is in position to speak on EDL. Procurement of medicine is done by Bihar Medical Service Infrastructure Corporation Limited.
- All the essential equipment is available at PHC. Diagnostic tests are in house in the facility. POCT Pvt. Ltd. is the agency appointed for Lab Tests. Blood sugar, HB, VDRL, HIV, HB, RDK tests are being conducted at the facility, for procurement of medicine Bihar State Medical Corporation's software is in use in entire district.

- As the facility is having very good infrastructure and delivery room. But according to records of labour room no delivery is being conducted since 3 years (December 11, 2018). Delivery set is available in the facility. NBCC is available in the delivery room.
- X-Ray facility is not available in the PHC.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries. But for delivery they have to go to CHC Sakra.
- No shortage of any instrument and equipment in the facility.
- No maternal and child deaths reported in previous and current year.
- Vaccine hub cutter is available in the facility.
- Family Planning services are not being provided in the facility.
- No records are maintained pertaining to NCD clinic.
- This facility is designated microscopic centre.
- During 2020-21 Rs. 25000/- received and Rs. 22,000/- is utilised.

3. Community Health Centre Sakra

Sakra Community Health Centre (CHC) is in Sakra Block and is about 25 km's away from district headquarters. It is a 30 bedded hospital. The facility is located in a government building. The building is in bad condition. It is on verge of collapse and recommended for condemnation. Electricity is available with power back with generator. 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 and are not clean. Drug store with racks is available in the facility. However, no 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 8.30 to 2.00 in the morning, no evening OPD is there. ASHA rest room is available in the facility with 2 beds.

Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; and COVID vaccination services are available at the facility.

Pertaining to the speciality of services General Surgery, Dental, X-Ray and new born stabilisation Services are available at the facility out of 10 listed services. The following observation has been made by the monitoring team.

- Facility is having emergency services. Triage and stabilisation facility is available.
- Though Tele medicine service is available. But required equipment's are not available in the facility.

..

- Operation theatre is available but only tubectomy is done in the facility.
- Although BSU is available in the facility. But since three years it is non-functional due to non-availability of technician.
- As the building of the facility is in very poor condition no assessment has been done for KAYA KALP and NQAS.
- Computerised medicine inventory system is in place. EDL is available and displayed in the OPD. In-house Lab services are available.
- X-Ray machine is available in the facility. USG service is also not available at the facility. X-Ray services are free for BPL, senior citizens and JSSK beneficiaries. During April to November 2021, 2280 X-Ray done in the facility.
- There is shortage of major instrument and equipment in the facility.
- Sufficient supply of testing and rapid diagnostic tests is available.
- Labour room is available with three delivery tables well maintained and clean. During April to November 2021, 1114 deliveries are conducted at the facility and zero dose is being given to new born. About 1102 new born breast fed within one hour of delivery.
- For payment of JSY, list of beneficiaries is being send to the Block Medical officer. From BMO payment made by PFMS. During April to November 2021, 2293 beneficiaries list is forwarded to BMO for payment. All services are provided free of cost to the JSSK beneficiaries.
- PMSMA services are provided on the 9th day of every month. But no gynaecologist is available on the day of check-up. General check-up of abdomen, height and weight is being done.
- Respectful maternal concept is not known to the staff available in the facility.
- No maternal death is reported in previous and current year. 10 child deaths are reported in previous year and 18 child deaths are reported in current year.
- Comprehensive Abortion Care is not available in the facility.
- Family Planning programme is being implemented at the facility. In the month of November 2021, 115 sterilisation done at the facility. Only Antra services are preferred by the beneficiaries. Usually ANM, MAMTA and family planning counsellor are giving counselling of FP services. FPLMIS is being filled.
- NCD clinic is available daily in the facility. Data is not available of patients screened and treated under NCD.
- Facility is designated as Designated Microscopy Centre. Data is not made available to PRC team.

- During 2020-21 total Rs. 2,85,77,846/-- are sanctioned and 2,10,00,000/- were spend by the facility on various programmes.
- Data entry of respective portals is being done.
- In respect to the HR 5 specialist posts are sanctioned, of which 1 post is filled in the facility. 50 percent posts are vacant in this facility. This many vacancies of medical staff may affect the service delivery and most of the population is depend upon government health services. Here is a serious that As the facility is only referral unit of the district, workload particularly deliveries are more and Lab technician post is vacant.

Table 10: Status of Human Resource in the CHC- Muzffarpur on 30 November, 2021

Human Resource	San	Filled	Vacant
Specialist MO	05	01	04
Staff Nurse A grade	04	04	00
X-Ray Technician	01	01	00
Lab Tech	01	00	01
Pharmacy Officer	01	01	00
Dresser	01	00	01
Driver	01	00	01
Total	14	07	07

Source: CHC Sakra, Muzffarpur district.

4 District Hospital: Muzaffarpur

District Headquarter Hospital situated at district headquarters Muzaffarpur. It is 257 bedded hospital. Of which 100 beds are dedicated to MCH services and 4 beds for ICU. It is located in government building and spread into 22 acres of land. Hospital is situated in different building in the campus. Almost all the buildings are constructed long back in 1937. Except MCH wing of the facility, all buildings are on the verge of demolition. Redevelopment of the DH is sanctioned and under the process of planning. No provision for geriatric and disable patients except MCH wing. Electricity is available with power back of generator for entire hospital. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labour room and are not clean. Sanitation is the major problem in the facility. Everywhere there is water stagnation is seen. There is water lagging in the rainy season, as drainage system is broken everywhere in the facility. Drinking water is available in the facility. Although the drug store is available in the facility, but it is in poor shape. No proper shelves or racks are available to store the medicine. No proper arrangement of the medicine is seen in the drug store. It is well accessible from main road. Waste management is outsourced to a private agency. OPD timings of the facility is 8.30 to 2.00 in the morning, no OPD in the evening.

No information received of Human Resource in the District Hospital Muzffarpur

Pertaining to the HR at District Hospital 31 posts of doctors are sanctioned, of which 28 are filled and 03 are vacant; 43 posts of staff nurses are filled of 50 sanctioned posts.

- Following services are available at the facility OPD, IPD, Dialysis, ICU, Medicine, OBG, Paediatric, General Surgery, Anaesthesiology, Ophthalmic, Dental, Imaging services (X-ray, USG), NRC, DEIC, SNCU, Labour Room Complex, NCD, TB, Telemedicine, Pathology, ICTC, BB, Emergency, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK. All listed 21 services except Burn unit is available in the facility.
- 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 with 2 dedicated doctors.
- There are 4 OTs available in the facility (general surgery; Obstetrics and Gynaecology and Emergency).
- X-Ray, CT Scan services are available in the facility in PPP mode.

- Blood bank is available in the facility. Blood issued free of cost for BPL, Senior Citizen, National Programme and JSSK beneficiaries. On the day of visit 105 blood bags are available in the facility and 342 blood transfusion done in last one month.
- IT services is available with computers and internet services. Quality of internet is moderate.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- Diagnostic facility is available in house.
- KAYAKALP initiated in 2016. Current score is 53%.
- Labour room is under LAQSHAY certification. But branding is not done.
- In case of NQAS, internal assessment is done of OT and Labour room.
- EDL is available. Total 218 drugs are listed in the list. It is not displayed in the public domain. Computerised medicine procurement is done through BMSICL software in the district. DVDMS system is in place in the facility. Shortage occurs in the supply of medicine as there is lag in procurement and actual supply.
- Though in house laboratory is available but due to unavailability of HR, services are not being given 24*7.
- There is sufficient supply of testing and Rapid Diagnostic Kits.
- PM National Dialysis programme is being implemented in the facility in PPP mode. Services are free for BPL patients. During April to November 3913 Dialysis is done at the facility.
- Labour room complex is having 5 delivery tables, of which one is dedicated to HIV patients. Deliveries being done at the facility. During last month 200 normal and 30 C-Section deliveries are conducted at the facility. Labour room is well maintained and having new born care corner with radiant warmer and ambu bag.
- JSY, JSSK and PMSMA are provided at the facility. Respectful maternity care services are available in the facility. Line listing of high risk regencies is available. JSSK beneficiaries are provided free drugs and diagnostics, diet, pick up, drop back and referral transport facility.
- No maternal and child deaths are reported in previous and current year.
- Vaccine Hub cutter is available and Nurses and ANM are well aware about open vial policy.
- All new born are being given “0” dose. All mothers of new born and counselled for breast feeding within one hour.
- Some of the staff of DEIC is appointed and it is in place but due to paucity of space and non-availability of all HR. DEIC is not functioning at its fullest strength.
- In the case of family planning programme. It is being done at the facility. Usually RMNCH counsellors and O & G specialists counsel women for family planning. But due to COVID-

19 since last year not performing. Concern staff is trained in the insertion of IUCD. FPLMIS is has been implemented.

- Adolescent Friendly Health Clinics are available in the facility. RMNCH counsellor given additional responsibility counselling.
- NCD clinic is available on all days. But data is not available in the facility.
- Designated Microscopy Centre is there in the facility. Average samples testing is done. Anti TB drugs are available in the facility and there are some patients under medication. All TB patients are being tested for Diabetes Mellitus and HIV. DBT payment under Nikshay Poshan Yojna is given to patients. TB treatment card for both drug sensitivity and drug resistance is there. Pertaining to the Leprosy. Yearly community surveillance is being carried. TB notification, treatment card for both sensitive and drug resistance is there. Register for malaria, chikungunya is available.
- Data entry is updated on portals i.e. HMIS, RCH, IHIP.
- No information is received about finance.
- No information is available of RKS meetings.
- Facility is having 5 ambulances, 3 for general use and 2 are for COVID.

H. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the PRC team carried out the PIP 2021-22 of the Muzaffarpur District monitoring during 14-17 December 2021. The Civil Surgeon, District Hospital (Sadar), Community Health Centre Sakra, PHC-Siho and Sub Centre Siho were visited for Monitoring by the PRC team. During the field visit, the PRC team was accompanied by DPM, Hospital Manager (DH) other staff of BPMU. 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. The district as a whole is facing a severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on an urgent basis. Further, the contractual team of NHM need to fill on a priority basis. As observed in the district, all NHM staff is being filled by the state health society, and there is a massive gap in sanctioned posts and positions. Therefore, it is strongly recommended that all the vacant seats (NHM) be filled on a priority basis, or the powers may delegate to the concerned DHS of the district. This may help fill the positions as and when required by following the norms of filling up various posts.
2. Urgent need to fill regular staff positions

3. Training of the health personnel is an essential component of quality of care, but in the visited health facility, health personal had insufficient training on various programs of NHM; of course, because of COVID-19, all the staff is engaged in it. Therefore, the training schedule was not followed as per the target in ROP. However, training should be provided to health staff of the various facilities on a timely basis in the district. It is being observed that most of the senior officials of the community are not aware of the programmes of NHM.
4. Most of the NHM Health staff are underpaid and have lots of responsibilities. Therefore, they leave their jobs. There is a high amount of dissatisfaction among them. Some of them have been working since the inception of the NRHM. But still, they are working as a contractual staff. They are not even eligible for a home loan due to their contractual status. Therefore, it is strongly recommended to increase the remuneration of the NHM staff. Also, the principle of equal pay for equal work needs to be followed across all the programmes of NHM. If possible, at par with the regular team.
5. There are 32 Teams (RBSK) sanctioned in the district. As per the programme guidelines, team composition is 2 MO (1 male and one female), 1 ANM, 1 Pharmacist and one vehicle for each team. So, ideally, there must be 64 doctors (1 male, one female), but in the Muzaffarpur district, only 12 units have all HR required. Therefore, it is strongly recommended that vacancies be filled on a priority basis.
6. It is being observed that there is lethargy among the staff. Somehow programme is being run in the district. It feels that rigorous review is required at all levels of the team, and it is recommended according to the performance, they may be given some incentive. This could provide some motivation for them.
7. There is only one SNCU available in the District Hospital, which is insufficient to cater to the entire district's needs. Therefore, it is strongly recommended that there be one more SNCU in the community. Also, the SNCU has required refresher training as the protocols are not observed at the facility.
8. Sanitation is a significant problem, particularly in the district hospital. Everywhere there is water stagnation seen. There is water logging in the rainy season, as the facility's drainage system is poor.
9. The building of CHC Sakra is in bad condition. It is on the verge of collapse and recommended for condemnation.
10. All construction decisions lie with the state health society.

11. Lack of proper data management is also a reason for no follow up of critical or NCD patients.
12. There are significant security concerns in the District Hospital.
13. All the buildings were found to be made without ramp facilities. Also found Recently constructed infrastructure in poor condition with cracks on the wall and significant seepage issues.

J. Glimpses of the Muzffarpur district PIP monitoring visit, 24-27 2021.



Medical Waste thrown in open place at DH Muzaffarpur



No proper sanitation at DH Muzaffarpur



Entrance of the Labour Ward at CHC Sakra



Too many relatives in ICU ward at DH



Poor condition of building CHC Sakra

Akram Khan, PRC Pune

Anushi Tiwary, PRC Pune