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

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Table of content

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

**Nalanda District, Bihar**

## Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the Programme Implementation Plan (PIP) 2021-22 of Nalanda District were done by the Population Research Centre( PRC) team during the 20th-23rd December 2021. The District Health Office, District Hospital(DH) Sadar Hospital, Primary Health Centre (PHC) Katarisarai, Community Health Centre(CHC) Giriyak and Sub Centre(SC) Bilari were visited for the study by the PRC team. This report discusses the implementation of PIP in the Nalanda district as observed during the field visit for monitoring. The key observations are as follows:

**Achievements**

- Improved OPD cases at SC, PHCs and CHCs, even though the decline in the utilisation of the health care service due to the COVID-19 pandemic
- Increase in the number of institutional deliveries
- All 24x7 PHC have basic lab facilities
- Free meals and drugs facility available for mothers at institutions
- ASHAs are selected and trained up to V module and provided with drug kits
- MAMTAs are training and sharing their knowledge with new mothers

**Infrastructure**

- There is a need to construct new infrastructures and upgrade existing infrastructure
- Staff Quarters in poor condition
- Every health centre should be provided with a ramp facility. The size of the steps should be smaller
- The tender of constructing the infrastructure should be given on an unbiased basis

**Human Resources:**

- The district needs to address the shortage of specialist doctors and rationalise health staff posting
- Need for Multi-specialty training for health staff
- Address the high Employee Retention rate by improving the pay structure of NHM staff
- Frequent transfer of officers
- Focus on recruitments of Lab technicians, Data operators

**Service Delivery**

- Average functioning HMIS, IHIP, RCSP NIKSHAY portal etc. in the district
- The error in data reporting has minimised
- Significant increase in institutional deliveries
- Ambulance service available at 102
- State has introduced MAMTA- for PNC care of women

**Areas for Further Improvement**

- Regular meetings of State & District Health Mission should be held to address coordination
- The district needs to plug the gap between lower-level staff and DPMU
- Public health schemes should be implemented properly
- Family planning awareness should be focused
- 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
- State should not be controlling NHM posts
- Every PHC should get a separate and stationed vehicle/ambulance

## 1. Overview of the district

Nalanda is famous worldwide for the ancient International Monastic University established in the 5th century BC, which taught Vedas, Logic, Grammar, Medicine, Meta-Physics, Prose Composition and Rhetoric.

Nalanda district is popularly known as Biharsharif. The rivers Phalgu and Mohan flow through the district of Nalanda. The various subdivisions of the district are Biharsharif, Rajgir, and Hilsa. The district is divided into Giriyak, Rahui, Nursarai, Harnaut, Chandi, Islampur, Rajgir, Asthawan, Sarmera, Hilsa, Biharsharif, Ekangarsarai, Ben, Nagarnausa, Karaiparsurai, Silao, Parwalpur, Katrisarai, Bind, and Tharthari. It is spread over an area of 2,367 sq. km. The total population of the district is 19 97,995. Agriculture is the primary source of occupation. The farmers mainly grow paddy; apart from it, they grow Potato and Onion. Few people in the district are also involved in handloom weaving. Since the district is a famous tourist destination, tourism plays a vital role in the economy of Nalanda.

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

| **Indicator** | **Remarks/ Observation** |
|---|---|
| 1. Total number of Districts | 1 |
| 2. Total number of Blocks | 20 |
| 3. Total number of Villages | 1084 |
| 4. Total Population | 2877653(As per 2011 census) |
| • Rural population | 2419759 |
| • Urban population | 457894 |
| 5. Literacy rate | 64.43(As per 2011 census) |
| 6. Sex Ratio | 922 (As per 2011 census) |
| 7. Sex ratio at birth | - |
| 8. Population Density | 1464 |
| 9. Estimated number of deliveries | 88848 |
| 10. Estimated number of C-section | 4442 |
| 11. Estimated numbers of live births | 88350 |

| | | | | |
|---|---|---|---|---|
| 12. Estimated number of eligible couples | 588998 | | | |
| 13. Estimated number of leprosy cases | - | | | |
| 14. Target for public and private sector TB notification for the current year | 23283 | | | |
| 15. Estimated number of cataract surgeries to be conducted | 12279 | | | |
| **16. Mortality Indicators:** | **Previous year** | | **Current FY** | |
| | **Estimated** | **Reported** | **Estimated** | **Reported** |
| • Maternal Death | 146 | 3 | 132 | 20 |
| • Child Death | 218 | 2 | | 18 |
| • Infant Death | | 3 | | 98 |
| • Stillbirth | | 550 | | 398 |
| • Deaths due to Malaria | | 0 | | 0 |
| • Deaths due to sterilisation procedure | | 01 | | 02 |

| **17. Facility Details** | **Sanctioned/ Planned** | **Operational** |
|---|---|---|
| 1. District Hospitals | 01 | 01 |
| 2. Sub District Hospital | 02 | 02 |
| 3. Community Health Centers (CHC) | 05 | 05 |
| 4. Primary Health Centers (PHC) | 15 | 15 |

| | | |
|---|---|---|
| 5. Sub Centers (SC) | 370 | 370 |
| 6. Urban Primary Health Centers (U-PHC) | 05 | 04 |
| 7. Urban Community Health Centers (U-CHC) | - | - |
| 8. Special Newborn Care Units (SNCU) | 01 | 01 |
| 9. Nutritional Rehabilitation Centers (NRC) | 01 | 01 |
| 10. District Early Intervention Center (DEIC) | 01 | 01 |
| 11. First Referral Units (FRU) | 05(DH and SDH) | 05 |
| 12. Blood Bank | 01 | 01 |
| 13. Blood Storage Unit (BSU) | - | - |
| 14. No. of PHC converted to HWC | 0 | 0 |
| 15. No. of U-PHC converted to HWC | 04 | 04 |
| 16. Number of Sub Centre converted to HWC | 0 | 0 |
| 17. Number of Additional Primary Health Centre<br>• Number of delivery points | | 46<br>17 delivery points available with two beds, 2 APHCs conduct more than ten deliveries per month |
| 18. Designated Microscopy Center (DMC) | 0 | 26 |

| | | |
|---|---|---|
| 19. Tuberculosis Units (TUs) | 0 | 20 |
| 20. CBNAAT/TruNat Sites | 0 | 7 |
| 21. Drug-Resistant TB Centers | 0 | 19 |
| 22. Functional Non-Communicable Diseases (NCD) clinic<br>• At DH<br>• At SDH<br>• At CHC | <br><br>01<br>00<br>01 | <br><br>01<br>00<br>01 |
| 23. Institutions providing Comprehensive Abortion Care (CAC) services<br>• Total no. of facilities<br>• Providing 1st trimester services<br>• Providing both 1st & 2nd-trimester services | | <br><br>03<br>03<br>01 |

Source: DPMU, Nalanda

## 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 preparing the DHAP. All the facilities send their requirements and action plan to the district for approval. According to the DHAP sent by the district, the state permits with some minor changes. There is a tiny tribal population in the community. Therefore, the form provides no special grants to the district for the tribal development department. Some funds are allocated from Zillah Parishad for health subjects. The District has received the first instalment of approved PIP in August 2021. DPMU has provided the details of funds received and has utilised them for the various programmes

of NHM. Every year the grants are accepted around the same time. However, they can manage their routine activities from the unspent budget of the last financial year.

**Table 2: Details about DHAP and status of construction of building in Nandurbar district.**

| Indicator | Remarks/ Observation |
|---|---|
| 1. Whether the district has prepared any District Program Implementation Plan (PIP) for the current year and has submitted it to the states | Yes |
| 2. Whether the District has received the approved District Health Action Plan (DHAP) from the state | ? |
| 3. Date of the first release of the fund against DHAP | ? |
| 4. Infrastructure: Construction Status | BMSICL looks at the construction |
| • Details of Construction pending for more than two years | - |
| • Details of Construction completed but not handed over | - |

## 2.2. Service Availability

There are 1 DH, 2 SDH, 05 CHCs, 15 PHCs and 370 SCs available in the district for primary, secondary and tertiary health care services. The district also has 46 Additional Primary Health Centres(APHC). Free drug policy has been implemented under all national programmes and BPL patients. Other than national programmes, patients are charged Rs. 10/- for case papers, whereas lab tests are free of cost or trusted minimum cost. There are in house labs available in all the district facilities for most diagnostics tests, whereas some are outsourced.

The below table gives details on the health service delivery indicators of Nandurbar as of 25th September 2021.

**Table 3: 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) | All the diagnostic services are available for free |
| 3. Status of delivery points | |
| • No. of SCs conducting >3 deliveries/month | 0 |
| • No. of 24X7 PHCs conducting > 10 deliveries /month | 15 |
| • No. of CHCs conducting > 20 deliveries /month | 05 |
| • No. of DH/ District Women and child hospital conducting > 50 deliveries /month | 01 |
| • No. of DH/ District Women and child hospital conducting C-section | 01 |
| • No of medical colleges conducting >50 deliveries per month | 01 |
| • No of medical colleges conducting C-section | 01 |
| 4. Number of institutes with ultrasound facilities(Public+Private)<br>• Of these, how many are registered under the PCPNDT act | 2(DH and Medical college)<br>Both of them |
| 5. Details of PMSMA activities performed | Is done on the 9th of every month. MOs regularly screen ANC patients at all PHCs and 4 CHCs |
| 6. RBSK | |
| • Total no. of RBSK teams sanctioned | 30 |
| • No. of teams with all HR in-place (full-team) | 08 |
| • No. of vehicles (on the road) for the RBSK team | 30 |

| Indicator | Remarks/ Observation | |
|---|---|---|
| • No. of Teams per Block | 1-2 | |
| • No. of block/s without dedicated teams | 0 | |
| • Average no of children screened per day per team | 55 | |
| • Number of children born in delivery points screened for defects at birth | 40 | |
| 7. Special Newborn Care Units (SNCU) | 1 | |
| • Total number of beds<br>o In radiant warmer<br>o Stepdown care<br>o Kangaroo Mother Care(KMC) unit | 14<br>14<br>02<br>06 | |
| • Number of non-functional radiant warmer for more than a week | 0 | |
| • Number of non-functional phototherapy units for more than a week | 0 | |
| | **Inborn** | **Out born** |
| • Admission | 204 | 342 |
| • Defects at birth | 40 | - |
| • Discharged | 134 | 174 |
| • Referral | 46 | 82 |
| • LAMA | 10 | 15 |
| • Died | 9 | 14 |
| 8. Newborn Stabilization Unit (NBSU) | 01 | |
| | **Inborn** | **Out born** |
| • Admission | 74 | 2 |
| • Discharged | 34 | 0 |
| • Referral | 40 | 2 |
| • LAMA | 0 | 0 |

| Indicator | Remarks/ Observation | |
|---|---|---|
| • Died | 0 | 0 |
| 9. Nutrition Rehabilitation Centers (NRC) | | |
| • Admission<br>o Bilateral pitting oedema<br>o MUAC<115 mm<br>o <'-3SD WFH<br>o with Diarrhea<br>o ARI/ Pneumonia<br>o TB<br>o HIV<br>o Fever<br>o Nutrition-related disorder<br>o Others | <br>02<br>56<br>56<br>09<br>0<br>0<br>0<br>23<br>13<br>13 | |
| • Referred by<br>o Frontline worker<br>o Self<br>o Ref from VCDC/ CTC<br>o RBSK<br>o Pediatric ward/ emergency | 27<br>14<br>0<br>13<br>03 | |
| • Discharged | 43 | |
| • Referral/ Medical transfer | 03 | |
| • LAMA | 05 | |
| • Died | 00 | |
| 10. Home Based Newborn Care (HBNC) | | |
| • Status of availability of HBNC kit with ASHAs | HBNC kits are available for all 2234 appointed ASHAs | |
| • Newborns visited under HBNC | 24368 | |
| • Status of availability of drug kit with ASHAs | 0 | |
| 11. Number of Maternal Death Review conducted | | |

| Indicator | Remarks/ Observation |
|---|---|
| • Previous year<br>• Current FY | 03<br>16 |
| 12. Number of Child Death Review conducted<br>• Previous year<br>• Current FY | No information |
| 13. Number of blocks covered under Peer Education (PE)Programme | 05 |
| 14. No. of villages covered under PE program | - |
| 15. No. of PE selected | - |
| 16. No. of Adolescent Friendly Clinic (AFC) meetings held | - |
| 17. Weekly Iron Folic Acid Supplementation (WIFS) stock out | Stock is available |
| 18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan | No MMU available |
| • No. of trips per MMU per month | - |
| • 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 | - |

| Indicator | Remarks/ Observation | |
|---|---|---|
| • Average Number of patients referred to higher facilities | - | |
| • Payment pending (if any)<br>• If yes, since when and reasons thereof | - | |
| 19. Vehicle for Referral Transport | 30 | |
| • No. of Basic Life Support (BLS) (on the road) and their distribution | 23 | |
| • No. of Advanced Life Support (ALS) (on the road) and their distribution | 03 | |
| | **ALS** | **BLS** |
| o Operational agency (State/ NGO/ PPP) | Samman foundation | |
| o Call centre | Yes | Yes |
| o The average number of calls received per day | 0 | 02-3 |
| o The average number of trips per ambulance per day | 0 | 02-03 |
| o Average km travelled per ambulance per day | 0 | 127 |
| o Critical reasons for low utilisation (if any) | | Poor Road connectivity |
| • No. of transport vehicle/102 vehicle (on the road) | 25 | |
| o If the vehicles are GPS fitted and handled through the centralised call centre | Yes | |
| o The average number of trips per ambulance per day | 06 | |

| Indicator | Remarks/ Observation | | |
|---|---|---|---|
| o Average km travelled per ambulance per day | 160 | | |
| o Critical reasons for low utilisation (if any) | Road connectivity | | |
| 20. Universal health screening | | | |
| • If conducted, what is the target population<br>• Number of community-based assessment checklist(CBAC) forms filled to date<br>• No. of patients screened, diagnosed, and treated for:<br>o Hypertension<br>o Diabetes<br>o Oral cancer<br>o Breast Cancer<br>o Cervical cancer | 252241<br>24550<br><br>Screened<br>118207<br>118207<br>5575<br>1530<br>166 | confirmed<br>3734<br>2605<br>50<br>31<br>27 | |
| 21. If State notified a State Mental Health Authority | Not initiated | | |
| 22. If a grievance redressal mechanism is in place | NA | | |
| • Whether call centre and toll-free number available | - | | |
| • Percentage of complaints resolved out of the total complaints registered in current FY | - | | |
| 23. If Mera-aaspatal has been implemented | - | | |
| 24. Payment status: | **No. of beneficiaries** | **Backlog** | **DBT status** |
| • JBSY beneficiaries | **24763** | **1032** | **23671** |
| • ASHA payment: | | | |
| o A- Routine and recurring at an increased rate of Rs. 2000 pm | 1760 | 0 | 1760 |

| Indicator | Remarks/ Observation | | |
|---|---|---|---|
| o B- Incentive under NTEP | 0 | 0 | 0 |
| o C- Incentives under NLEP | Detection-210<br>Completed e-treatment -333 | 150<br>250 | 60<br>83 |
| • Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) | 117 | 0 | 117 |
| • Patients incentive under NTEP programme | Data Not provided | Data Not provided | Data Not provided |
| • Provider's incentive under NTEP programme | Data Not provided | Data Not provided | Data Not provided |
| • FP compensation/ incentive | 1716 | 0 | 1716 |
| 25. Implementation of Integrated Disease Surveillance Programme (IDSP) | | | |
| • If Rapid Response Team constituted, what is the composition of the team<br>• No. of outbreaks investigated in the previous year and current FY | There is a Rapid Response Team, but no attacks were investigated due to the Covid-19 pandemic | | |
| • How is IDSP data utilised | | | |
| • Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP | No | | |
| 26. Implementation of National Vector Borne Disease Control Programme (NVBDCP) | | | |
| • Micro plan and macro plan available at the district level | Yes | | |
| • Annual Blood Examination Rate | 2019 – 0.19, 2018– 0.23, 2021 – 0.06 | | |
| • Reason for increase/ decrease (trend of last three years to be seen) | Decreased due to Covid-19 | | |

| Indicator | Remarks/ Observation |
|---|---|
| • LLIN distribution status | NA |
| • IRS | Yes, carried on every year in two round |
| • Anti-larval methods | Yes |
| • Contingency plan for epidemic preparedness | - |
| • Weekly epidemiological and entomological situations are monitored | Block-level |
| • No. of MDR rounds observed | 3 MDR rounds were observed during the last five years |
| • No. of districts achieved elimination status for Lymphatic Filariasis, i.e. MF rate <1% | Yes – MF rate is 0.375% |
| 27. Implementation of National Tuberculosis Elimination Programme (NTEP) | - |
| • Target TB notification achieved | 63.09% |
| • Whether HIV Status of all TB patients is known | 1402 |
| • Eligible TB patients with UDST testing | 400 |
| • Whether drugs for both drug-sensitive and drug resistance TB available | Yes |
| • Patients notification from public sector | No of patients notified: 611<br>Treatment success rate: 90%<br>No. of MDR TB Patients: 40<br>Treatment initiation among MDR TB patients: 40 |
| • Patients notification from the private sector | No of patients notified:1006<br>Treatment success rate: 89%<br>No. of MDR TB Patients: 0<br>Treatment initiation among MDR TB patients: 0 |

| Indicator | Remarks/ Observation |
|---|---|
| • Beneficiaries paid under NikshayPoshan Yojana | Nil |
| • Active Case Finding conducted as per planned for the year | Yes |
| 28. Implementation of National Leprosy Eradication Programme (NLEP) | |
| • No. of new cases detected | 202 |
| • No. of G2D cases | Nil |
| • MDT available without interruption | 456 |
| • Reconstructive surgery for G2D cases being conducted | 13 Patients |
| • MCR footwear and self-care kit available | Self-care kit – 42, MCR – footwear distribution-505,available-453 |
| 29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis | - |
| 30. Percent of health workers immunised against Hep B | - |
| 31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme | - |
| 32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme | Not implemented |
| 33. Key activities performed in current FY as per ROP under National Tobacco Control Programme | None |
| 34. Number of ASHAs<br>• Required as per population<br>• Selected | 2415<br>2234<br>432 |

| Indicator | Remarks/ Observation |
|---|---|
| • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population<br>• No. of villages/ slum areas with no ASHA | 0 |
| 35. Status of social benefits scheme for ASHAs and ASHA Facilitators (if available)<br>• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)<br>• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)<br>• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)<br>• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)<br>• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)<br>• No. of ASHA Facilitators enrolled for Pradhan<br>• Mantri Shram Yogi Maandhan Yojana (PMSYMY) | 462<br>21<br>1648<br>86<br>167<br>11 |
| 36. Status of Mahila Arogya Samitis (MAS)-<br>a. Formed<br>b. Trained<br>c. MAS account opened | <br>34<br>34<br>34 |
| 37. Status of Village Health Sanitation and Nutrition Committee (VHSNC)<br>a. Formed<br>b. Trained<br>c. MAS account opened | <br><br>249<br>249 |
| 38. Number of facilities quality certified | - |

| Indicator | Remarks/ Observation | | | |
|---|---|---|---|---|
| 39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS) | No | | | |
| 40. Activities performed by District Level Quality Assurance Committee (DAC) | Monitoring and Review, Assessment | | | |
| 41. Recruitment for any staff position/ cadre conducted at the district level | Recruitment is done by state | | | |
| 42. Details of recruitment | **Previous year** | | **Current FY** | |
| | **Regular cadre** | **NHM** | **Regular cadre** | **NHM** |
| • Total no. of posts vacant at the beginning of FY | - | 90 | - | 114 |
| • Among these, no. of posts filled by state | - | 66 | - | 61 |
| • Among these, no. of posts filled at the district level | | | | |
| 43. If the state has a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place | Available but not updated because of Covid-19 | | | |

## 2.3 Implementation of CPHC

**Table 4: status of CPHC in the district as on31 August 2021.**

| Indicator | Planned | Completed |
|---|---|---|
| 1. Number of individuals enumerated | 252241 | 252241 |
| 2. Number of CBAC forms filled | Data unavailable | 24550 |
| 3. Number of HWCs started NCD screening: | | |
| a. SHC- HWC | 46 | 46 |
| b. PHC- HWC | 04 | 04 |
| c. UPHC – HWC | 70 | 70 |
| 4. Number of individuals screened for: | | |
| a. Hypertension | 118207 | 3734 |

| | | |
|---|---|---|
| b. Diabetes<br>c. Oral Cancer<br>d. Breast Canc, er<br>e. Cervical Cancer | 118207<br>5575<br>1530<br>166 | 2605<br>50<br>31<br>27 |
| 5. Number of HWCs providing Teleconsultation services | 120 | 111 |
| 6. Number of HWCs organising wellness activities | - | - |

Source: DPMU, Nalanda district

Under the Government of India's **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program, a population-based NCD (non-communicable diseases) program has been implemented. From April to September 2021, a total of 118207 patients was screened for Hypertension, Diabetes, Oral Cancer, Breast Cancer and Cervical Cancer. Out of the total 11820-7 individuals enumerated, about 189220 CBAC forms were filled **(Table 4)**. Some CPHCs provide teleconsultation (E-Sanjeevani) and organise wellness activities; however, no wellness activity data was provided.

## 2.4 Status of HRH

The below table shows the sanctioned and in position vacancy of the entire district and the district health society of Nalanda district. It should be noted that a high number of unfilled vacancies for specialised medical officers and A.N.M. This is especially concerning as it hampers the quality of the diagnosis given.

**Table 5: Status of Regular and NHM staff in the Nalanda district on 31st September 2021.**

| REGULAR STAFF -NALANDA | | | |
|---|---|---|---|
| **NAME OF THE POST** | **SANCTIONED** | **IN POSITION** | **VACANCY** |
| Specialist Medical Officer | 170 | 46 | 124 |
| General Medical Officer | 220 | 220 | 0 |
| Dental Doctor | 22 | 21 | 1 |
| Ayush Doctor | 51 | 2 | 49 |
| Nurse Grade 'A' | 299 | 145 | 154 |
| A.N.M. | 915 | 735 | 180 |
| Clerk | 123 | 84 | 39 |

| | | | |
|---|---|---|---|
| LHV | 36 | 0 | 36 |
| Lab Technician | 97 | 10 | 87 |
| X-ray Technician | 24 | 10 | 14 |
| Pharmacist | 87 | 21 | 66 |
| Assistant | 30 | 2 | 28 |
| Dresser | 65 | 0 | 65 |
| Male/Female ward attendant+HW+peon | 362 | 180 | 182 |
| MFPW(Male Family Planning Worker) | 36 | 2 | 34 |
| MPW(Leprosy) | 22 | 21 | 1 |
| BHW(Basic Health Worker) | 77 | 3 | 74 |
| Health Educators | 32 | 15 | 17 |
| Health Worker | - | - | - |
| Driver | 30 | 7 | 23 |
| Peon | 29 | 20 | 9 |
| **Total** | **2727** | **1544** | **1183** |
| | | | |
| **District Health Society-Nalanda** | | | |
| **NAME OF THE POST** | **SANCTIONED** | **IN POSITION** | **VACANCY** |
| District Programme Manager | 1 | 1 | 0 |
| District Accounts Manager | 1 | 1 | 0 |
| Epidemiologist.IDSP | 1 | 0 | 1 |
| District M & E Officer | 1 | 1 | 0 |
| District Planning Coordinator | 1 | 0 | 1 |
| DCM | 1 | 0 | 1 |
| DDA | 1 | 1 | 0 |

| | | | |
|---|---|---|---|
| Consultant,Vector-borne diseases | 1 | 1 | 0 |
| Fluorosis consultant | 1 | 0 | 1 |
| LT(Fluorosis) | 1 | 0 | 1 |
| Field Co-ordinator | 3 | 0 | 3 |
| Account assistant | 1 | 1 | 0 |
| Office assistant | 1 | 1 | 0 |
| Data entry operator | 2 | 0 | 2 |
| Financial & Logistic Assistant | 1 | 1 | 0 |
| FRU hospital manager | 6 | 2 | 4 |
| Family planning counsellor | 6 | 4 | 2 |
| Block Health manager | 20 | 18 | 2 |
| BCM | 20 | 18 | 2 |
| Block Accountant | 20 | 17 | 3 |
| FRU accountant | 6 | 3 | 3 |
| KTS supervisor | 6 | 5 | 1 |
| Paramedical worker(leprosy) | 22 | 21 | 1 |
| Block M & E Assistant cum-DEO | 20 | 18 | 2 |
| STLS(TB) | 5 | 5 | 0 |
| STS(TB) | 20 | 10 | 10 |
| Specialist Medical Officer | 27 | 1 | 16 |
| APHC Medical Officer | 20 | 2 | 18 |
| Physiotherapist | 1 | 0 | 1 |
| Occupational therapist | 1 | 0 | 1 |
| Nurse Grade ‘A’ | 92 | 60 | 32 |
| ANM | 368 | 15 | 353 |

| | | | |
|---|---|---|---|
| Ayush M.O. | 46 | 30 | 16 |
| Ayush M.O.(RBSK) | 60 | 52 | 8 |
| Pharmacist(RBSK) | 30 | 21 | 9 |
| ANM(RBSK) | 30 | 17 | 13 |
| Nurse Grade 'A' (NUHM) | 12 | 0 | 12 |
| Pharmacist(NUHM) | 4 | 3 | 1 |
| ANM(NUHM) | 20 | 20 | 0 |
| LT(NUHM) | 4 | 2 | 2 |
| LT(TB) | 10 | 6 | 4 |
| CHO | 76 | 57 | 19 |
| Sister turor | 8 | 2 | 6 |
| District consultant-QA | 1 | 1 | 0 |
| District programme coordinator(RNTCP) | 1 | 1 | 0 |
| Finance-cum-logistics consultant (NPCDCS) | 1 | 1 | 0 |
| Feeding demonstrator(NRC) | 1 | 1 | 0 |
| Community-based care extender(NRC) | 1 | 1 | 0 |
| Physiotherapist(NPCDCS) | 1 | 1 | 0 |
| Physiotherapist(NLEP) | 1 | 1 | 0 |
| Physiotherapist(NPHCE) | 1 | 1 | 0 |
| Psychologist(NTCP) | 1 | 1 | 0 |
| Cold chain Technician | 1 | 0 | 1 |
| **Total** | **978** | **426** | **552** |

Source:DPMU, Nalanda district

## 2.5 State of Fund Utilization

The status of funds released and utilised are shared below. It has to be noted that the funds are generally released twice a year. The entire fund is not sent to the DHS, and only the allocation

sheet is given to them. The tables will reflect the low primary utilisation of funds. The major reason behind this is the flaky implementation and the transition between Single Nodal Account, which operates with a zero balance account. This is a centralised system and is hampering the allocation of funds. The method includes the maker, checker, and final approver. It requires a digital signature and is OPT based.

**Table 6: FMR wise, Status of the budget released, budget utilised by programme heads under NHM from April 2021 to November 2021.**

| **Indicator** | **Budget Released (in lakhs)** | **Budget utilised (in lakhs)** |
|---|---|---|
| FMR 1:Service delivery: Facility-based | 1512.99 | 459.92 |
| FMR 2:Service delivery: Community-based | 244.32 | 61.11 |
| FMR 3: Community Intervention | 1825.37 | 49.24 |
| FMR 4: Untied grants | 192.1 | 19.25 |
| FMR 5: Infrastructure | 778.05 | 208.41 |
| FMR 6:Procurement | 351.76 | 44.53 |
| FMR 7: Referral Transport | 479.29 | 217.62 |
| FMR 8: Human Resources | 2533.44 | 725.0 |
| FMR 9: Training | 193.72 | 21.34 |
| FMR 10: Review, Research and surveillance | 8.85 | 0.28 |
| FMR 11: IEC-BCC | 28.86 | 5.73 |
| FMR 12: Printing | 1.30 | 0 |
| FMR 13: Quality | 29.73 | 0 |
| FMR 14: Drug warehouse & logistics | 61.55 | 30.62 |
| FMR 15: PPP | 147.35 | 5.48 |
| FMR 16: Programme Management | 480.84 | 217.0 |
| • FMR 16.1: PM activities sub annexure | 127.93 | 35.94 |
| FMR 17: IT initiatives for service delivery | 0 | 0 |
| FMR 18: Innovations | 18.2 | 0 |

**Table 7: Status of the budget released, budget utilised by programme heads under NHM from April 2021 to November 2021.**

| Indicator | Budget Released (in lakhs) | Budget utilised (in lakhs) | Reason for low utilisation (if less than 60%) |
|---|---|---|---|
| **2. RCH and Health Systems Flexipool** | | | |
| • Maternal Health | 1439.41 | 496.84 | |
| • Child Health | 49.65 | 8.04 | |
| • RBSK | 111.09 | 33.26 | |
| • Family Planning | 515.23 | 139.43 | |
| • RKSK/ Adolescent health | 1.36 | 0 | |
| • PC-PNDT | 3 | 0 | |
| • Immunization | 318.83 | 170.27 | |
| • Untied Fund | 192.10 | 19.24 | |
| • Comprehensive Primary Healthcare (CPHC) | 0 | 0 | |
| • Blood Services and Disorders | 6.45 | 3.10 | |
| • Infrastructure | 778.05 | 207.53 | |
| • ASHAs | 881.48 | 44.75 | |
| • HR | 1943.46 | 380.06 | |
| • Programme Management | 448.92 | 239.55 | |
| • MMU | 0 | 0 | |
| • Referral Transport | 447.12 | 217.62 | |
| • Procurement | 320.04 | 41.69 | |
| • Quality Assurance | 37.75 | 0 | |
| • PPP | 147.35 | 0 | |
| • NIDDCP | 19.64 | 0 | |
| **3. NUHM** | 222.93 | 43.72 | |

| Indicator | Budget Released (in lakhs) | Budget utilised (in lakhs) | Reason for low utilisation (if less than 60%) |
|---|---|---|---|
| **4. Communicable Diseases Pool** | | | |
| • Integrated Disease Surveillance Programme (IDSP) | 0.92 | 0.05 | |
| • National Vector Borne Disease Control Programme (NVBDCP) | 179.53 | 8.19 | |
| • National Leprosy Eradication Programme (NLEP) | 68.96 | 0.72 | |
| • National TB Elimination Programme (NTEP) | 238.21 | 5.74 | |
| **5. Non-Communicable Diseases Pool** | | | |
| • National Program for Control of Blindness and Vision Impairment (NPCB+VI) | 35.0 | 0.00 | |
| • National Mental Health Program (NMHP) | 5.5 | 0.00 | |
| • National Programme for Health Care for the Elderly (NPHCE) | 0.00 | 0.0 | |
| • National Tobacco Control Programme (NTCP) | 1.5 | 0.00 | |
| • National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) | 35.92 | 2.92 | |
| • National Dialysis Programme | 0.00 | 0.00 | |
| • National Program for Climate Change and Human Health (NPCCHH) | 0.05 | 0.00 | |

| Indicator | Budget Released (in lakhs) | Budget utilised (in lakhs) | Reason for low utilisation (if less than 60%) |
|---|---|---|---|
| • National Oral health programme (NOHP) | 0.0 | 0.00 | |
| • National Programme on palliative care (NPPC) | 0.0 | 0.0 | |
| • National Programme for Prevention and Control of Fluorosis (NPPCF) | 1.68 | 0.00 | |
| • National Rabies Control Programme (NRCP) | 0.00 | 0.00 | |
| • National Programme for Prevention and Control of Deafness (NPPCD) | 0.00 | 0.00 | |
| • National Programme for Prevention and Management of Burn & Injuries | 0.00 | 0.00 | |
| • Programme for Prevention and Control of Leptospirosis (PPCL) | 0.00 | 0.00 | |

**Figure 1 shows the allocated, received, and unspent grants in 2019-20, 2020-21 and 2021-22.**

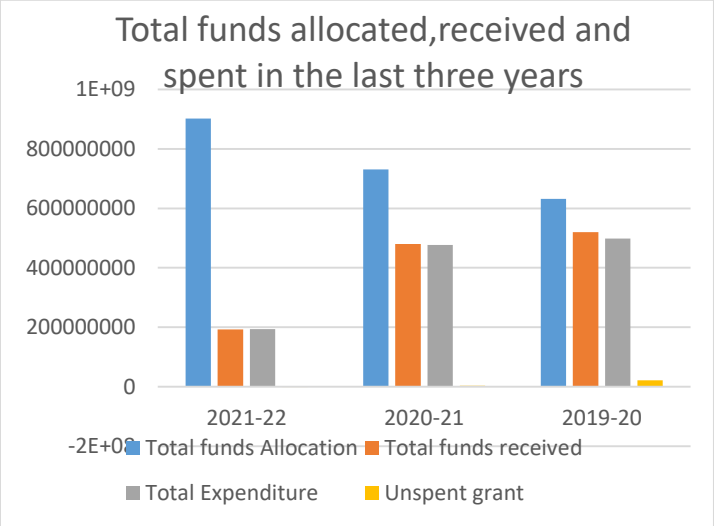


Figure 1 shows the allocated, received, spent grants in 2019-20, 2020-21 and 2021-22. The figure shows a rise in the total funds allocated. In 2021-22, until November 2021, only 21% of the total given fund has been received. Currently, the unspent grants are in deficit as the total expenditure has crossed the total funds received.

## 2.6 Status of the training

Table 8 shows the status of training obtained by health officers until 30th November 2021. DPMU justified the low activity performance due to Covid-19 as most of the staff were engaged in Covid-19 duties, and the administration could not focus on training. Still, he also assured that the scheduled training would be completed by March 2022. Almost all the state and national programmes are implemented.

**Table 8: Status of training obtained by health delivery persons as of 31 August 2021 in Nandurbar district.**

| List of training (to be filled as per ROP approval) | Planned | Completed |
|---|---|---|
| 1. Maternal Death review training | 1 | 1 |
| 2. SBA training | 14 | 6 |
| 3. Laqshya training/workshop | 1 | 0 |
| 4. NSSK training for medical officers | 1 | 0 |
| 5. NSSK training for SNs | 1 | 0 |

| | | |
|---|---|---|
| 6. NSSK training for ANM | 1 | 0 |
| 7. Training of Ayush doctors(injectable contraceptive training) | 1 | 0 |
| 8. Training of nurses | 3 | 0 |
| 9. Oral pills training | 3 | 0 |
| 10. FP-LMIS training | 1 | 1 |
| 11. Kayakalp training | 1 | 0 |

Source: DPMU, Nalanda district

## 3. Service Availability at the Public facilities

The observations made by the monitoring team during the visit to various health facilities are as follows. The points summarise the road status of the health facilities concerning infrastructure, service delivery, workforce, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising of Sub centre, one PHC, one CHC and one District Hospital.

### 3.1 Service Delivery: Sub Centre: Bilari

PRC team visited the Bilari sub-centre on 21 December 2021. The facility is around 8kms away from PHC Katarisarai and is accessible by road. This standalone facility is 35kms away from DH Sadar Hospital. All national programmes are implemented in the periphery of two villages, which cater to 3000 population.

The facility provides OPD services, NCD screening and immunisation as a list of offered services. The facility has water from a hand pump, as the motor is not working. There is one clean and functional toilet and drinking water facility. There is no proper branding due to the poor awareness of the guidelines. All the basic instruments, i.e. B.P. instrument, thermometer, DDK and blood urine-testing kits, and all the essential drugs, are available at the facility. There are 109 essential drugs. However, PHC has not forwarded the drug list on time. EDL is not displayed in the OPD area. The centre does not cater to TB patients; therefore, they do not have anti-TB drugs available.

The CHO dispenses medicines for hypertension and diabetes. Testing kits and rapid diagnostics are available in minimal shortage, but contraceptives are sufficient. Line listing of high-risk women is available, referred to PHC. Biomedical waste is collected in colour-coded bags.

The facility is not senior and disability friendly. Vaccines and hub cutters are available, and the ANM had complete knowledge about them. The staff and nurses are fully aware of the open vial policy. The centre has a micro plan for immunisation. As the centre does not deal with the delivery of babies, they do not follow up with SNCU discharge babies and low body weight babies. There is no line listing of eligible couples in the area., Proper training has been provided for IUCD/PPIUCD. There has been no initiative for family planning at the centre. In the last year, around 630 CBAC forms have been filled.

Below table 9 shows the number of cases screened and confirmed instances of different NCDs in the district. The table shows, 492 people were screened for Hypertension, Diabetes and Oral cancer during the reference period. Of the total, 12 cases were found positive for Hypertension found four instances for Diabetes.

**Table 9: Screened and confirmed NCD cases under the district's NCD programme during the reference period.**

| NCDs | **Screened** | **Confirmed** |
|---|---|---|
| Hypertension | 492 | 12 |
| Diabetes | 492 | 4 |
| Oral Cancer | 492 | 0 |
| Breast Cancer | 0 | 0 |
| Cervical cancer | 0 | 0 |

Source: Sub Centre- Bilari, Nalanda district

All the patients diagnosed with hypertension or diabetes were provided with medicines and consultations sourced from the linked PHC. Tele-consultation services were not happening due to poor network and internet issues.

ASHAs are provided with HBNC kits, making payments through the Ashwin portal. It can be seen that there is a delay of 3-4 months in the payments made to the ASHAs. All CJOs receive incentives regularly, except the COVID-19 motivation. The facility has received a fund of Rs. 6000, which remains unused due to regional political issues. About the HR facility, the ANM post is vacant. At present, the CHO and ANM are the primary staff at the facility (refer to table 10).

**Table 10: Available Human Resources at the facility as of 30 November 2021.**

| Human Resource | Sanctioned | Regular | Contractual |
|---|---|---|---|
| CHO | 1 | 0 | 1 |
| ANM/MPW Female | 2 | 1 | 1 |
| MPW Male | 0 | 0 | 0 |
| MLHP/CHO | 0 | 0 | 0 |
| ASHA | 3 | 0 | 3 |
| others | 0 | 0 | 0 |

Source: Sub Centre-Bilari, Nalanda district

### 3.2 Service Delivery: Primary Health Centre: Katarisarai

PHC Katarisarai is 35 KMs away from district headquarters, with eight sub-centres, each catering to 3000-4000 populations in the periphery. It functions in a government building, easily accessible from the nearest road. The facility functions from 8 am to 2 pm. The facility has a 24*7 water supply; drinking water is available, OPD waiting area has suitable sitting arrangements. There is electricity with power back up of invertor. The drug storeroom is available with open racks. New Born Care Corner is available. There is no proper toilet for staff and patients. The facility does not have sufficient area and is working somehow. The facility does not have appropriate branding.

Care India helps in providing Labour room maintenance, RI support and related services.

UNICEF helps in RI and Covid-19 related services.

The facility has six functional in-patients beds; however, there is no proper space as per the norms. The different services available are OPD, delivery, family planning, immunisation, emergency services, NCD. The facility has a lab facility, but it remains non-functional due to the unavailability

of LT. Tele-medicines services are available twice a week, and the average number of cases per day is six.

There is a sharp pit for BioMedical Waste. In the case of IT, two desktops and one laptop with average internet connectivity are available. Kayakalp is initiated with an internal assessment done and scores 48. The essential drug list is available with 111-listed medicines, out of which 18 drugs were available on our visit. All the vital consumables are available in sufficient supply. All the diagnostic services are free and are done in-house except the x-ray facility. There is a shortage of weight machines, stethoscopes, digital BP machines. Delivery services are available, but there is an insufficient place in the labour room.

JSY payments are up to date with an average delay of seven days. In the last month,35 charges were made. For JSSK, free delivery services, drugs, consumables, referral transport (from home to facility and drop back) is given. For the last four months, no diet has been shown to patients as the tender for the previous contract is over. The PHC strictly does line-listing of high-risk pregnancies. In the last three months, 162 regular deliveries have taken place. Respectful Maternity Care has been partially implemented. The facility has reported one maternal death and 22-child death. Vaccines and hub cutters are available, Nurses and ANM are aware of the open vial policy. The number of newborns immunised with birth doses at the facility in the last three months is as follows: BCG dose has been given to 594, Hepatitis dose has been shown 341 and vitamin-k is given to 272.

ANM gives FP services. NCD clinic functions daily.

The key challenges that the institution is facing are poor infrastructure and insufficient space. The major problem is the shortage of human resources and the high number of untrained HR. The facility does not have a doctor's duty room or a separate OT room; OPD norms are unavailable. It is essential to convert this PHC into CHC for further development. No staff quarters are general.

Below table 11 shows the status of Human resources at the PHC.

**Table 11: status of HR in the PHC- Katarisarai, Nalanda as on 30 November 2021.**

| **HR** | **Sanction** | **regular** | **contractual** |
|---|---|---|---|
| MO | 4 | 2 | 0 |
| MO AYUSH | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| SNs/GNMs | 0 | 0 | 0 |
| ANM | 3 | 1 | 2 |
| LTs | 1 | 0 | 1 |
| Pharmacist | 1 | 1 | 0 |
| Public health manager | 1 | 1 | 0 |
| LHV/PHN | 0 | 0 | 0 |
| Peon | 2 | 2 | 0 |
| A night guard(outsourced) | 3 | 3 | 0 |

Source: PHC- Katarisarai,Nalanda district

### 3.3 Service Delivery: Community Health Centre (CHC) Giriyak.

Giriyak Community Health Centre (CHC) is in Giriyak Block and is about 22 km's away from district headquarters. The facility was upgraded to CHC in 2019. It is a 30-bedded hospital with 14 available beds. The building was constructed five years back, but the condition of the building is deplorable. The facility is well accessible from the main road. Electricity is available with power back with generator and inverter. Running and drinking water is available in the facility. Separate toilets are public for male and female wards and attached bathrooms to the Labour room. Drug stores with open racks are available. However, anti-rat frames were not found in the facility. Waste management is outsourced to a private agency.

The health services, OPD, IPD, Delivery; RI, Family Planning; ANC-PNC services, and COVID vaccination services are available at the facility. Operation theatre is open. Specialised services like medicine, paediatric, dental, X-ray, USG are available. New-born stabilisation units require specialised doctors. Hence, four functional units are not working. Telemedicine happens weekly through OPD, and there are 30-40 cases per week. KAYA KALP was implemented in 2020-2021, and Peer assessment was also done. EDL is available and displayed in OPD. In-house Lab services are available. An X-Ray machine is available, but there is no X-ray technician. All the services are free for BPL, senior citizens and JSSK beneficiaries. For payment of JSY. All services are provided free of cost to the JSSK beneficiaries except for diet, as the diet fund has not been sanctioned. PDPL has been assigned to the ambulance facility. There was no c-section delivery

performed in the facility, and from April to December 1000 regular deliveries took place. PMSMA services are provided on the 9th day of every month. There is a line-listing of high-risk pregnancies. Respectful maternity care is implemented in the facility. It is designated as Designated Microscopy Centre, and at present, one patient was taking TB drugs from the facility. All the patients are tested through CBNATT/ TruNat for drug resistance.

Speciality services like Paediatric, Anaesthesiology, Ophthalmic and emergency Services are unavailable at the facility. There is no adequate working space for ANM and MPW. No restroom for doctors and SN during night duty. There is only one Pharmacist is in place. If the pharmacist takes leave, the MO or staff nurse dispense medicine to the patients. The staff quarters are not in good condition. Below table 12 depicts the status of human resources at the CHC.

**Table 12: Status of Human Resource in the CHC- Giriyak, Nalanda as of 30 November 2021**

| **HR** | | **San.** | **Reg.** | **Cont.** |
|---|---|---|---|---|
| MO (MBBS) | | 4 | 4 | 0 |
| Specialists | Medicine | 1 | 0 | 1 |
| | ObGy | 1 | 0 | 1 |
| | Paediatrician | 1 | 1 | 0 |
| | Anaesthetist | 1 | 0 | 1 |
| Dentist | | 1 | 1 | 0 |
| SNs/ GNMs | | 16 | 5 | 3 |
| LTs | | 4 | 0 | 0 |
| Pharmacist | | 3 | 1 | 2 |
| Dental Assistant/ Hygienist | | 0 | 0 | 0 |
| Hospital/ Facility Manager | | 0 | 0 | 0 |
| EmOC trained doctor | | 0 | 0 | 0 |
| LSAS trained doctor | | 0 | 0 | 0 |
| Others | | 0 | 0 | 0 |

Source: CHC, Giriyak,Nalanda district

### 3.4 Service Delivery: District Hospital: Sadar Hospital, Biharsharif, Nalanda

Sadar Hospital is the district hospital situated in Biharsharif block. It is standalone, which is easily accessible from the nearest road. The OPD timings of the facility are from 8 am to 2 pm. The building is 50 years old and needs reconstruction. A ramp facility is not available. The facility has a 24*7 running water facility, drinking water facility, OPD waiting area, functional toilets that should be clean and a drug storeroom with racks.

The facility has 276 available in-patient beds but no ICU beds. The list of services available is general OPD, emergency services, C-section, general surgery, SNCU, X-ray, lab, blood bank, ultrasound, TB detection, dental, leprosy treatment. The facility has a ten bedded fully equipped ICU for Covid-19. The emergency facility has general emergency and triage, resuscitation and stabilisation. Tele-medicines are available daily, with an average of 40 cases per day. The number of units of blood currently available in the blood bank is 23, and 11 blood transfusions were done in the last month. Biomedical waste is outsourced and is collected daily. Below table 13 gives details of sanctioned and in-place HR in the facility.

**Table 13: Status of Human Resource in the DH-Sadar Hospital, Nalanda as of 30 November 2021**

| **HR** | | **San.** | **Reg.** | **Cont.** |
|---|---|---|---|---|
| MO (MBBS) | | 20 | 17 | 3 |
| Specialists | Medicine | 3 | 1 | 2 |
| | ObGy | 6 | 2 | 4 |
| | Paediatrician | 1 | 0 | 1 |
| | Anaesthetist | 3 | 1 | 2 |
| | Surgeon | 3 | 3 | 0 |
| | Ophthalmologist | 2 | 0 | 2 |
| | Orthopaedic | 2 | 2 | 0 |

| | | | | |
|---|---|---|---|---|
| | Radiologist | 1 | 0 | 1 |
| | Pathologist | 2 | 1 | 1 |
| | Others | 0 | 0 | 0 |
| Dentist | | 1 | 1 | 0 |
| Staff Nurses/ GNMs | | 100 | 45 | 55 |
| LTs | | 12 | 2 | 10 |
| Pharmacist | | 8 | 3 | 5 |
| Dental Technician/ Hygienist | | 0 | 0 | 0 |
| Hospital/ Facility Manager | | 1 | 0 | 1 |
| EmOC trained doctor | | 0 | 0 | 0 |
| LSAS trained doctor | | 0 | 0 | 0 |
| Others | | 158 | 39 | 119 |

Source: DH-Sadar Hospital, Nalanda District

KAYA KALP was initiated in 2015, and the score is 42.4%. There was an Internal assessment of NQAS, and the score is 76%.LaQshya score for the labour room is 76% and for operation theatre 68%. The total number of drugs in the essential list is 202, EDL is displayed in the OPD area. All the consumables are available in sufficient quantity. The in-house diagnostics are available 24 hours, and the total number of tests performed on the last day was 37. The facility has X-ray service and CT scan service available. CT scan runs in PPP model in collaboration with Kalpna CT, and the Out pocket expenditure is from Rs. 700 to Rs.4000. The dialysis programme is free for BPL, and 4195 patients have been provided dialysis service in the current year. The average downtime of any equipment is 24 hours. The facility is designated as FRU; from April to November, 3593 regular deliveries occurred, whereas 876 C-section deliveries occurred. The status of JBSY is almost up to date, with an average delay of 15 days. The DH's primary issue is the overcrowding of patients and lack of security. The infrastructure is ancient. The C-section rate is very high as c-section is unavailable in the nearby areas. The facility faces a severe shortage of technical and

nurses, and an extreme irregularity of outsourcing staff was observed. Table 14 shows the number of individuals screened for NCD in the last six months.

**Table 14 shows the number of individuals screened for NCD in the last six months.**

| | Screened | Confirmed |
|---|---|---|
| Hypertension | 97199 | 3454 |
| Diabetes | 97199 | 2415 |
| Oral Cancer | 5575 | 0 |
| Breast Cancer | 1530 | 0 |
| Cervical cancer | 166 | 0 |

Source: DH-Sadar hospital,Nalanda

## 4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the PRC team carried out PIP monitoring of Nandurbar from 20-23 December 2021. The District Health Society, District Hospital-Sadar Hospital, PHC-Katarisarai, CHC-Giriyak and Sub Centre Bilari were monitored. During the field visit, the ASHA consultant accompanied the PRC team. Based on the discussion with the concerned officials and the observations of the health facilities, the following recommendation has been made by the PRC team:

1. The district has a severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on an urgent basis. Further, recruitment of staff under NHM should be prioritised
2. Covid-19 has severely affected the training of health professionals. Therefore, training should be provided for staff at all levels on a timely basis
3. The recruitment under NHM is primarily contractual. Contractual positions are highly underpaid, which is a significant cause of the high Employee Retention Rate. It is highly recommended to increase the remunerations of the staff
4. Standard Operating Procedures training will educate the health staff about implementing several public schemes. It was observed and noted that many health staff did not have a

good idea about some of the projects. There is also a need to spread awareness among the public about the availability of schemes

5. Positions for Data Entry Operator should be sanctioned. Most of the health centres have handwritten data; this stands as a time-consuming process and could affect the quality of data available online
6. Child and maternal deaths are reported under 'death due to other cause'. Therefore, it is strongly recommended to develop some mechanism or training to identify the cause of these deaths so that some particular programmes can be implemented
7. Lack of proper data management is also a reason for no follow up of critical or NCD patients
8. The infrastructure is of poor quality, and the staff has not been provided with quarters with every facility. Safety and security remains a critical issue
9. State should decentralise the decision-making procedure and give some autonomy in the hands of the district to bring infrastructural changes. It has been observed that due to the hierarchical system, there has been a delay in the development of the infrastructure
10. All the buildings were found to be made without ramp facilities. Recently constructed infrastructure was also found in poor condition with cracks on the wall, and significant seepage issues
11. There are significant security concerns in the District Hospital
12. There is only one SNCU available in the district hospital. Another SNCU should be started for new-born emergency cases
13. Sanitation and hygiene was exceedingly poor, with no sense of disposal
14. Collaborations with Care India, Unicef, WHO might be helpful in MCH and immunisation services but remained ineffective in case of many services
15. Payment of ASHAs are made through a portal named Ashwin. However, there is still a delay in the procedure due to the lack of technical training of ANM
16. The final payment of ASHA is released from the state, and this again proves to be one of the primary reasons behind the inefficiency due to the centralised system
17. There is a massive gap between the total funds allocated and the total funds received by the district. State Nodal Agency has assigned State Nodal Account(SNA), which involves a maker, checker and approver. This requires e-signature and is otp based; this has

hampered the speed of the funds received to the district. It is important to note that either SNA should be implemented with full effect after proper training or some other method should be opted for.

## 5. Glimpses of the Nalanda district PIP monitoring visit, 20-23 Nalanda 2021.