MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN 2022-23: Bihar

(A Case Study of East Champaran (Motihari) District)

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Ministry of Health and Family Welfare, Government of India
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Syed Khursheed Ahmad
Showkat Anwar Bhat

POPULATION RESEARCH CENTRE

UNIVERSITY OF KASHMIR

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LIST OF ABBREVIATINS

AD	Allopathic Dispensary	**IPHS**	Indian Public Health Standards
AEFI	Adverse Effect of Immunization	**ISM**	Indian System of Medicine
ALS	Advanced Life Support System	**IUD**	Intra Uterine Device
AMC	Annual Maintenance Contract	**IYCF**	Infant and Young Child Feeding
AMG	Annual Maintenance Grant	**JSY**	Janani Suraksha Yojana
ANC	Ante Natal Care	**JSSK**	Janani Sishu Suraksha Karyakaram
ANM	Auxiliary Nurse Midwife	**LHV**	Lady Health Visitor
ANMT	Auxiliary Nursing Midwifery Training	**LMP**	Last Menstrual Period
ASHA	Accredited Social Health Activist	**MAC**	
ARSH	Adolescent Reproductive and Sexual Health	**MCH**	Maternal and Child Health
AWC	Anganwadi Centre	**MCTS**	Mother and Child Tracking System
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy	**MD**	Mission Director
BeMOC	Basic Emergency Obstetric Care	**MDT**	Multi Drug Treatment
BHE	Block Health Educator	**MDR**	Maternal Death Review
BHW	Block Health Worker	**MIS**	Management Information System
BLS	Basic Life-support System	**MLHP**	Mid-Level Health Personnel
BMO	Block Medical Officer	**MMUs**	Medical Mobile Units
BPL	Below Poverty Line	**MO**	Medical Officer
BPMU	Block Program Management Unit	**MOHFW**	Ministry of Health and Family Welfare
CAC	Comprehensive Abortion Care	**MoU**	Memorandum of Understanding
CCU	Critical Care Unit	**MPHW (M)**	Multi-Purpose Health Worker-Male
CBC	Complete Blood Count	**MS**	Medical Superintendent
CeMOC	Comprehensive Emergency Obstetric Care	**NA**	Not Available
CHC	Community Health Centre	**NBCC**	New Born Care Corner
CHE	Community Health Educator	**NBSU**	New Born Sick Unit
CHO	Community Health Officer	**NCD**	Non-Communicable Diseases
CMO	Chief Medical Officer	**NGO**	Non-Governmental Organization
C-section	Caesarean Section	**NHRC**	National Health Resource Centre
DEIC	District Early Intervention Centre	**NO**	Nursing Orderly
DEO	Data Entry Operator	**NIHFW**	National Institute of Health and Family Welfare
DDO	District Data Officer	**NLEP**	National Leprosy Eradication Program
DH/AH	District Hospital	**NRC**	National Resource Centre

DH/AHO	District Health Officer	**NHM**	National Health Mission
DOTS	Directly Observed Treatment Strategy	**NVBDCP**	National Vector Born Disease Control Program
DPMU	District Program Management Unit	**OCP**	Oral Contraceptive Pills
DTO	District Tuberculosis Officer	**OPD**	Out Patient Department
ECG	Electro Cardio Gram	**OT**	Operation Theatre
ECP	Emergency Contraceptive Pill	**PHC**	Primary Health Centre
EDL	Essential Drug List	**PIP**	Program Implementation Plan
ENT	Ears, Nose and Throat	**PMU**	Program Management Unit
FBNC	Facility Based New-born Care	**PNC**	Post Natal Care
FMPHW	Female Multi-Purpose Health Worker	**PPP**	Public Private Partnership
FRU	First Referral Unit	**PRC**	Population Research Centre
GNM	General Nursing and Midwife	**QAC**	Quality Assurance Cells
HBNC	Home Based New Born Care	**RBSK**	Rashtriya Bal Swasthya Karyakaram
HDF	Hospital Development Fund	**RCH**	Reproductive and Child Health
HFDs	High Focus Districts	**RKS**	Rogi Kalyan Samiti
HFWTC	Health and Family Welfare Training Centres	**RNTCP**	Revised National Tuberculosis Control Program
HIV	Human Immunodeficiency Virus	**SBA**	Skilled Birth Attendant
HMIS	Health Management Information System	**SC /SHC**	Sub Centre/Sub Health Centre
HR	Human Resource	**SN**	Staff Nurse
ICDS	Integrated Child Development Scheme	**SNCU**	Sick New-born Care Unit
IDSP	Integrated Disease Surveillance program	**SRS**	Sample Registration System
IEC	Information Education and Communication	**ST**	Scheduled Tribe
IFA	Iron and Folic Acid	**STI**	Sexually Transmitted Infection
IDR	Infant Death Review	**STLS**	Senior T.B Laboratory Supervisor
IMNCI	Integrated Management of Neonatal and Child Infections	**STS**	Senior Treatment Supervisor
IMR	Infant Mortality Rate	**TBA**	Traditional Birth Attendant
IPD	In-Patient Department	**USG**	Ultra Sonography

PREFACE

In order to restructure and recognize the economics of health since the dawn of 1947, various nationally designed Health and Family Welfare Programs and Policies have been launched and implemented in the Country in all the States including the state of Bihar. Since, the National Health Mission (NHM), which was initiated in 2005-06, has proved to be a valuable intervention to support in improving the health care by addressing the critical issues of, availability, accessibility and viability of services given the 1st phase (2006-12) of it. However, the 2nd phase of NHM focused on the health system reforms so that critical gaps in the health care could be streamlined. Two year State Programme Implementation Plan (PIP) of Bihar (2022- 24) has been approved and the agreed goals and targets have been assigned. Therefore, the state of Bihar is expected to achieve them, adhere to the critical conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre (PRC), Srinagar on the monthly basis. Ministry has identified 21 districts in which four are in J&K, 12 in Bihar and five in West Bengal for PIP monitoring for 2022-23 in consultation with PRC Srinagar. The staff of the PRC, Srinagar visited these districts in the phased manner and in the 2nd phase the team visited selected districts located in Bihar. Henceforth, the present report reveals the Challenges, Issues and findings of monitoring exercise pertaining to district East Champaran (Motihari) of Bihar.

The study was successfully completed with the efforts, involvement, cooperation, support and guidance of various officials and organizations. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks goes to State Health Society of Bihar, for their cooperation and support rendered to our monitoring team. We would like to thank our coordinator Mr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Civil Surgeon East Champaran (Motihari), incharge CHC-Tourkiliya, Mo APHC Laximipur, MO UPHC Chhataun and CHO SC Gokhula, for sharing their experiences. Last but not the least credit goes to all respondents including community leaders and all those persons who spent their valuable time and responded with tremendous patience to our questions.

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Syed Khursheed Ahmad,
Showkat Anwar Bhat

1. EXECUTIVE SUMMARY

In district East Champaran (Motihari), health services in public sector are provided through a network of various levels of health facilities (excluding tertiary and private hospitals) in 27 medical blocks of the district, there are 498 health facilities, which include one DH, five SDHs, 14 CHCs/FRUs, 8 PHCs, 54 APHCs, and 413 SCs. Out of 413 SCs, only one-fourth (100) are converted into HWCs, and 52 APHCs (out of 54) were converted into HWCs. During our PIP monitoring visit, we visited five health facilities of district which include ***District Hospital (DH) East Champaran, CHC-Tourkiliya, APHC Laximipur, UPHC Chhataun and HWC/*SC Gokhula.** The summary of the findings for which are presented below.

- *The DHAP is primarily prepared based on previous year performance and accomplishments of various major health indicators related to RMNCHA+; the DHAP is compiled on the basis of given guidelines involving BHAPs, village VHAPs, population, previous year's performance etc. Further, an increase of 5 percent is being made for the previous year's indicators. The district has received the approved DHAP for two years.*
- *Recruitment process is a centralized process in Bihar at the state level and a large number of vacancies both under NHM and from regular side were found vacant in the district. Strict implementation of transparent policy with regard to transfer, posting and attachments of doctors and paramedical staff was found missing.*
- *In DH East Champaran, most of sanctioned specialists are in position except for a few vacancies of anesthetists and MOs from the regular side, while among the paramedical staff, there is no dental technician, dental hygienist, OT technician, X-ray technician, CHO, MPWs, etc.*
- *In CHC Turkaulia, more than 9 different sanctioned positions of specialists both from regular and NHM side were found vacant and only few MOs and one specialist are in position. Most of SHCs are without 2nd ANM.*
- *The infrastructure in most of the visited health facilities is insufficient and not in good shape. Though there are 500 sanctioned beds in DH East Champaran, but only 100 are functional with only six ICU beds. The new 500 bed hospital is still under construction. CHC- Turkaulia, has 30 operational beds but no functional ICU bed was found at CHC. Though in APHC Laximipur there is enough space and good infrastructure, but most of the medical services are not provided including delivery services.*
- *Equipment for different types of investigations like CT Scan, USG, X-ray and other rapid diagnostic facilities were found available both at DH, but at CHC- Turkaulia such services are not available. In HWCs at APHC/UPHC and SHC level, BP, apparatus, Glucometer and weighing scales were found available. Few rapid diagnostic tests are also done at these facilities.*
- *The free drug policy is in vogue throughout Bihar, but some patients and their attendants at the visited health facilities revealed that free drug policy is partially implemented and insufficient drugs were provided to them as per the prescription. It was found that there are times when essential drugs are in short supply*

due to irregular supply of drugs from warehouses under DVDMS.

- *Free drug policy is partly implemented in the district as the drugs for NCD patients at HWC level are not being provided as per the given guidelines. Essential Drug list has been prepared for various types of health facilities but an updated list of drugs available was found missing in all the visited health facilities of the district.*
- *Most of pregnant women are fully aware regarding the different JSSK services and these JSSK services that includes free drugs, diagnostics and diet are provided to all the patients at DH, but in CHC- Turkaulia only free drugs are provided, while the diagnostic and dietary service are not available there. As far as free transport is concerned, free referral transport for deliveries and neonates is ensured in all facilities but home to facility and drop back facility is not ensured.*
- *A well-established mechanism for providing diet under JSSK was found at DH East Champaran by establishing Didi- Ki -Rasoe- an NGO initiative that provides meals to all the women during delivery time. Such facility was not found available at CHC-Turkaulia and APHC level.*
- *Protocol regarding the discharging of patients after delivery was not followed properly per the prescribed guidelines, and by discharging the mother and the new-born from the health facilities before the due time puts both the lives in danger. Both in DH and CHC, there is a huge number of attendants and outdoor people in maternity ward, which violates the rules of privacy and RMC.*
- *During 2021–22, out of the total inborn and out born patients, 82 percent inborn and 63 percent out-born infants were discharged after getting the proper treatment from SNCU. A very high proportion (15 percent) of out born infants died in the SNCU. Also around one fifth of out born infants were referred to other higher health facilities for advanced treatment.*
- *Under NTEP, 95 percent of targeted notified TB patients were achieved. There are 29 MDR TB patients in the public sector hospitals and 38 in the private sector hospitals.*
- *In HWCs, APHCs, and NCD clinics, screening for NCDs is not progressing efficiently. The referral mechanism of screened cases for confirmation, diagnosis, treatment, and follow-up was found to be weak. Various combinations of NCD drugs to the health facilities was also not available. Overall in the district during last six month,* 65075 suspected patients were screened for hypertension, 64995 for diabetes, 64593 for oral cancer, and 8408 for cervical cancer*. In East Champaran, during, 2022-23, out of total 475919 targe, only 15 percent (70717) CBAC forms have been filled.*
- *There is a deficit of 10 percent of ASHA in the district against the approved strength. The skill of ASHAs was found to be good with regard to ANC, immunization, PNC etc. However, their performance on account of HBNC and filling-up of CBAC forms was found to be poor. Most of the PW who were admitted for delivery at the health facilities are accompanied by ASHAs.Under Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY), a total 1914 ASHA and 119 ASHA under other schemes have been benefited.*

- *Innovative-neat, clean and visible model immunization corners have been made functional at all the visited health facilities where-in children and expectant mothers are immunized on fixed immunized days. At all the visited health facilities, it was found that most of the new born have being immunized for the birth dose at their respective facilities and other doses of routine immunization are being provided to children during the course of time.*
- *The district has functional 102 toll free number under the centralized system of transportation but only the available ambulances of district are used for the same. There are limited numbers of vehicles for referral transport with various health facilities for JSSK and other referral patients.*
- *Overall, in DH during month of August, 772 normal deliveries were performed and C-section deliveries accounted for five percent. During 2021-22, 221 maternal deaths and 5780 infant deaths were estimated in district. No information with regard to maternal and infant deaths was provided to us at any level.*
- *CPHC has not picked-up well on the expected lines as HWC officials at various levels do not make proper use of their job profile and reach-out to the community for various services envisaged under HWCs. Proper training and orientation of ASHAs, ANMs and CHOs was found missing for HWCs for making them visible and result oriented.*
- *Various schemes like RBSK, NCD and schemes under communicable diseases control program are running in the district but lack of proper monitoring and supervision is a concern for optimal results.*
- *The working of NHM staff (other than medical and paramedical) including programme management units and other officials was found to be highly unsatisfactory as their work-culture and boss type approach has affected the working of NHM. The monitoring mechanism and their performance assessment was found completely missing in the district at all levels.*
- *Institutionalized mechanism for grievance redressal was not evident in any of the visited health facilities. Few health facilities have partly operationalized the Mera-Aspatal Portal, but its use was found to limited.*
- *In the district more that 60 percent of released funds have remained unutilized under different head accounts. Civil Surgeon of East Champaran revealed that in eight medical blocks of district, there is delivery related services provided and also due to lack of human resources, funds remained unutilized.*
- *There are two NGOs working in the district for smooth functioning of health system, which includes CARE India and WHO. CARE India provides the technical support to all the DHs and PHCs. It's role is to improve the maternal, newborn and child health indicators in the district, while as WHO is monitoring and reviewing the all routine immunization practices in the Bihar at various levels.*
- *Though the HMIS data quality in the district has improved but there is still a lot of scope for improvement in all the health facilities. All the health facilities were uploading their monthly work- done on new HMIS portal and were satisfied with new interface of the portal. Data on various portals is being uploaded on regular bases by the concerned as per the given guidelines.*

2. INTRODUCTION

On a yearly basis, the Ministry of Health and Family Welfare, Government of India, approves the State Programme Implementation Plans (PIPs) under the National Health Mission (NHM), this time a two year State PIP for 2022-23 and 2023-24has been approved. While approving the PIPs, states have been assigned agreed goals and targets and are expected to achieve them, adhere to critical conditions, and implement the road map provided in each of the sections of the approved PIP. States had been implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs were implemented. However, beginning in 2013-14, the Ministry of Health and Family Welfare decided to monitor the implementation of State PIP rather than connecting all of the country's Population Research Centres (PRCs) to undertake this monitoring exercise. It was decided that all PRCs will continue to conduct qualitative monitoring of PIPs in the states/districts assigned to them on a monthly basis. Our team in PRC Srinagar undertook this exercise in West Champaran of Bihar.

2.1 Objectives of the Study

In consonance with the Program Implementation Plan (2022-23), the main objective of this study was to examine whether Bihar State is adhering to the critical conditions while implementing the plan and to what extent the crucial strategies identified in the PIP are implemented and to what extent the road map for priority action and various commitments are adhered to in the district.

2.2 Data Collection and Methodology

The methodology for monitoring of state PIP was worked out by the MOHFW in consultation with PRCs in a workshop organized by the MoHFW on August 12–14, 2013. The Ministry, on the recommendations of the NHSRC, decided to include information from the community, ASHAs, and other stakeholders. The NHRC also restructured the checklists and sought comments from the PRCs. After receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by the NHSRC with all the PRCs of the country. During 2022–23, this PRC has been asked to cover 21 districts (04 in the Union Territory of J&K, 12 in Bihar and 05 in West Bengal). Thus, the present study pertains to the district of East Champaran. A schedule of visits was prepared by the PRC and two officials consisting of one Assistant Professor and one Research fellow visited the District and information was collected from the Office of the Civil Surgeon (CS)/DPMU, District Hospital East Champaran (Motihari), CHC-Turkaulia, APHC Laximipur, UPHC Chhataun and HWC Gokhula. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. An interaction with the

community, AWWs and ASHAs was also held at the APHC and HWC levels to discuss various health-related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and the strategic areas of planning and implementation process as mentioned in the road map.

3. OVERVIEW OF BIHAR

Bihar is located in the eastern region of India and it has borders with three Indian states namely, Uttar Pradesh in the West, Jharkhand and West Bengal in the South, Nepal in the North. The total area of Bihar is 94,163 Sq. Kms. Bihar is divided by the river Ganges, which floods its fertile plains into the North Bihar plain and South Bihar Plain. There are 37 districts, 101 subdivision and 543 CD blocks. Like all other states of India, there are three types of health facilities in Bihar, which include primary, secondary and tertiary care. At present there are 36 district hospitals, 67 referral hospitals, 54 subdivision hospitals, 533 primary health centers (PHCs), 9949 sub centers (SCs) and 1393 APHCs.

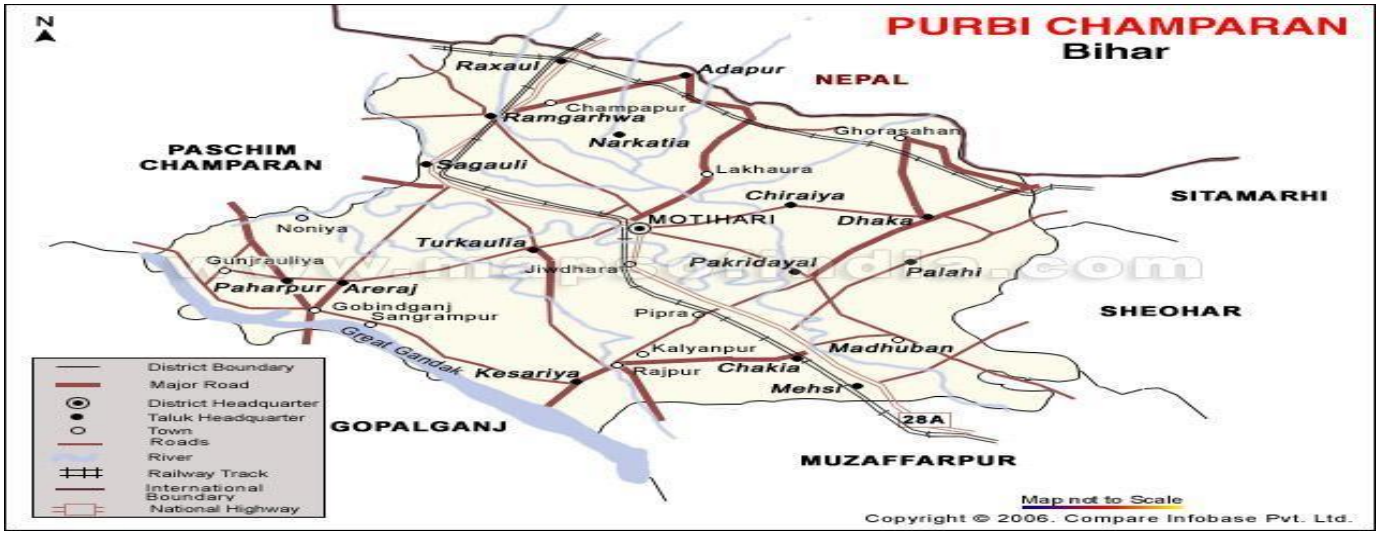
As per SRS Report (2018), the under-5-year mortality rate in Bihar is 37, and the infant mortality rate is 29. The total sex ratio in Bihar is 918/1000, while the child sex ratio is 935 males per 1,000 males. Bihar is among the highest youngest man-power state in India and almost on the verge of population dividend. On the other hand, NFHS-5 results show that the neonatal mortality, infant mortality, and under five mortality rates in Bihar were 37, 48 and 58 respectively. In case of ANC check up, only one third of total pregnant women visited the health facility for the first ANC check during the first trimester, and less than 15 percent of pregnant women have completed all four ANC visits during their pregnancy. Despite having all the facilities of JSSK, more than one third of births are non-institutional births (births that are performed at their respective homes), and less than 50 percent of births are performed at public health facilities. It is also a very interesting finding of NFHS-5 that a small number of deliveries (2.6 percent) are C-section deliveries, and among these total C-section deliveries, 96 percent are performed at private health facilities. In Bihar, approximately 64 percent of children and 59 percent pregnant women are anemic.

3.1 District East Champaran

East Champaran district headquarter is located at Motihari. It is situated at 26° 16′ to 27° 1′ North latitude and 84° 30′ to 85° 16′ East longitudes. Nepal makes northern boundary, Sithamiri and Sheohar eastern while Mehsi, Muzaffarpur South and with part of Gopalganj and West Champaran bounds it in

western side. As per the estimates of 2011 census the district has a population of 5,099,371. The district constitutes 4.90 percent of the population of Bihar and it has a population density of 1285 inhabitants per square kilometer. Over a period of one decade (2001 to 2011) the population growth rate of the district was 29.43 percent. The sex ratio of the district was 902, and a literacy rate of 55.79 percent.As per the estimates of 2022, the district has a population of 5,755,102 (estimates as per aadhar uidai.gov.in Dec 2020 data). According to DPMU office, there are 27 blocks in the district, 1344 health villages, comprising of population 6119228, with distribution of more than three fourth of rural population.

As per the estimates of NFSH-5, total sex ratio of the East Champaran, 1185 females per 1000 males. In the district also more than one half of women are illiterate. It looks very dispiriting fact that 40 percent females of the district are married before the age of 18 years. During the first trimester, 45 percent of pregnant women visited for their first ANC check and 21 percent PW complete their four ANC checkups during nine months of their pregnancy. Among the total deliveries, 61 percent are institutional deliveries and among the total institutional deliveries, around 5 percent are C-section deliveries. Among the total C-section deliveries, only 3 percent are C-section deliveries performed at the public health facilities.



4. HEALTH INFRASTRUCTURE

In 27 medical blocks of district, there are 498 health facilities, which include one DH, five SDHs, 14 CHCs/FRUs, 8 PHCs, 54 APHCs, and 413 SCs. Out of 413 SCs, one-fourth (100) and almost all the APHCs have been converted into HWCs. There is a special new-born child care unit (SNCU), a Nutritional Rehabilitation Centre (NRC), a District Early Intervention Centre (DEIC), and a blood storage unit in the

district. The establishment of a Blood Bank was under process at the DH. Out of 62 sanctioned DMCs, only 27 are functional, while as all the approved 27 TB units and five CBNAAT sites are functional. There are 20 NCD clinics (one at DH, 5 at the SDHs, and 14 at CHCs) and two comprehensive abortion centers (CACs). Except for the SC-HWC, all of the health facilities visited had access to electricity and portable drinking water on 24X7 basis. The UPHC Chhataun has a rented building and has space constraints there, while all other facilities have good space and well maintained infrastructure.

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The DHAP is primarily prepared based on previous year performance and accomplishments of various major health indicators related to RCH; the DHAP is a compiled framework of block health action plans (BHAP), and BHAP is framed on the basis of village health action plans (VHAP). In VHAP previous year's performance and population of the village is taken into consideration in consultation with the concerned MOs. In terms of funding allocation, a maximum of 5 percent of random increases are made for the previous year's indicators. The approval for DHAP has been given for two years 2022-24. Since CNA/PFMS has implemented in the state and thus the process of allocation and expenditure of funds for various schemes of NHM remains to be centralized component and in this regard districts were found unable to provide such information to us.

6. STATUS OF HUMAN RESOURCE

There are two categories of human resources in the health department: regular staff and NHM staff. The selection of regular staff is based on a centralized mechanism at the state level, while the selection of NHM staff is made through a centralized as well as at district level. DPMU has not provided us any information regarding human resource status both from regular and NHM side at the district level.

DPMU failed to provide us any information on overall staff pattern of the district on repeated requests both personally as well as through emails and telephones. In fact the DPM of the district had no courtesy to meet us during our stay in the district and in fact DPMU as a unit showed the maximum arrogance and didn't cooperate with us at any level. The information collected at visited health facilities shows that DH East Champaran, except for few sanctioned specialists (anesthetists and MOs) all were in position from the regular side, while among the paramedical staff, there is no dental technician, dental hygienist, OT technician, X-ray technician, MPWs, etc. From the NHM side, there is no gynecologist or pediatrician from the approved list of specialists. DH did not provide us with information regard to NHM paramedical

staff. In CHC-Turkaulia, except for five MOs and one specialist, there is no specialist either from the regular or NHM side. In case of paramedical staff from regular side, there are 14 ANM, four staff nurses, and one MPW. From the NHM side, there are only two AYUSH pharmacists, two ANMs, and two MPWs. In APHC Laximipur, there is only one MO from regular side, one AYUSH MO, and one FMPHW/ANM. The total staff strength of HWC of Gokhula is one CHO, while in UPHC Chhataun; there are two AYUSH MOs, three FMPHW/ANM, and one lab technician.

6.1 Recruitment of various posts

There is well established procedure for recruitment of regular staff through a centralized process and all regular positions are advertised in all national and local news paper. The positions of doctors are filled through Bihar Public Service Commission and the posts of paramedical and other staff is recruited by the Bihar technical Service Commission, Similarly, recruitment of various positions under NHM are filled by the office of the State Health Society of Bihar, while as some lower-level positions are recruited by the District Health Society (SDH) under the Chairmanship of concerned District Magistrate (DM). Since the recruitment process is centralized at the state level, therefore a large number of vacancies were found vacant in the district including that of RBSK and other schemes.

6.2 Trainings

NHM organizes a variety of training programmes for various categories of health staff at the National, State, Divisional, and District level. The information collected from DPMU office about various training programmes conducted for the staff during the year 2021-22, revealed that almost every year, various training courses are conducted in the district that are approved under the ROP in which different categories of health personal participate. During 2021–22, thirteen training courses were approved under ROP for medical and paramedical staff, and all the training programmes were conducted by the district in different batches. The trainings imparted to the health workers during the same time and the different type of training programs conducted during 2021-22 are SBA, HMIS, FPLMIS, Oral Contraceptive, EC Pills, MPA, Family Planning Dissemination, RCH-ANMOL, DVDMS, KAYAKALP, SEXAUL VOILNECE, ASHA Modules 5, 6and 7 and NPCDCS.

7. STATUS OF SERVICE DELIVERY

Free drug policy for all has been implemented by the government of India, with a commitment to provide medicines covered in the Essential Drug Lists to those availing the services at government health

facility. This policy has also been implemented in Bihar. Concerned officers of different visited health facilities revealed that, it's implementation is up to the mark. Our visiting team interacted with some patients and with their attendants, and their reply is contradictory to the official version. It was found that free drug policy is partially implemented in the district. Prescribed drugs by the doctors are provided only for limited days from the facility while as remaining drugs are purchased from the market. Among different types of specialized services, it was found that in DH except few services like NRC, MNCU and NICU, all other services are available there, while in CHC-Turkaulia, only the services of general medicine, dental and emergency care is provided and no other service is available there.

Free diagnostic facilities are provided to all the JSSK beneficiaries in the district, but it was revealed by the some pregnant ladies that few investigations during pregnancy were prescribed and were done in private. Even few reported that, during nine months of the pregnancy, not a single test was conducted or prescribed to them.

During our monitoring exercise, it was found that not a single SC is conducting more than three deliveries per month and five 24X7 PHCs and some of the APHCs are conducting more than 10 deliveries per month in the district. In 14 CHCs of the district also more than 20 deliveries are performed there per month, while in case of DH, more than 50 deliveries are conducted per month. C-section deliveries are conducting in DH East Champaran on a 24X7 basis, while in CHC-Turkaulia; there is no facility for performing C-section delivery. During the month of July 2022, out of the total of 772 deliveries in DH, only one tenth (72) were C-section deliveries. Due to non-availably of O&G specialist in CHC-Turkaulia, no C-section delivery was performed there, while as APHC and UPHC, failed to provide us the information regarding the number of deliveries performed during last three months.

The main goal of JSSK is to reduce the out-of-pocket expenditure for the families of pregnant women and sick newborn during their childbearing period. It was found at all the visited health, all the beneficiaries have availed their JSSK listed benefits for safe delivery of pregnant lady. It was found that most of the pregnant women were fully aware about all the listed JSSK benefits. Due to shortage of ambulances in the district, it was found that majority of women use the Auto Rickshaw to reach at the delivery point. During our monitoring exercise and interaction with hospital management and with attendants of those women, whose delivery were performed said synonymously, that only after two hours after of delivery patients are discharged thus putting both the mother and the new-born at risk.

At all the visited health, the services of PMSMA was a routine exercise on 9th of every month, this facility is available at DH from 9th to 13th of every month. Under PMSMA, high risk pregnant women and identified women with different co-morbidities are treated and taken care. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at health facilities, it was found that such records have not been maintained properly at all the health facilities.

Respectful maternity care (RMC) is not only the marker of quality of maternity care but also ensures the protection of the basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing women with dignity, privacy, and confidentiality. It was found in DH as well at CHC-Turkaulia that there is a huge number of attendants and other people in the maternity ward/labour ward, that violates the privacy and RMC rule. The officials at visited health facilities were found least concerned about RMC as the district has outsourced the security at a heavy cost but none of the security guard was found present near the gates of labour rooms or OTs.

Comprehensive abortion care (CAC) is an integral component of maternal health under NHM. It's aim is to reduce deaths and injury from either incomplete or unsafe abortions by evacuating the uterus; treating infection; addressing physical, psychological, and family planning needs; and referring to other sexual health services as appropriate. The CAC facility was found available only at DH among the visited health facilities. The AFHC at DH is functioning with GNM Counsellors and the DEO are in-position in the clinic. Infant and Young Child Feeding (IYCF) Centre has been established at the DH and 27 meetings were conducted were conducted under it.

8. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics and nursing homes. The data by these clinics is regularly received by the district. Overall, two (2) health facilities (both public and private) are providing USG facilities and are registered under the PC&PNDT act.

9. SERVICES UNDER NHM

9.1 Dialysis Services

A fully functional dialysis unit has been established at the DH East Champaran and requisite staff under NHM has been given to the unit. The unit has a total of nine beds. But hospital manger has not given us any information regarding service provided on a daily basis. The services at the dialysis unit provided free of cost to BPL and golden card holders only. The in-charge of the centre reported that at present there is no shortage of any major equipment or any instruments.

9.2 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aimed at early identification and early intervention for children from birth to 18 years. In East Champaran, there is one District Early Intervention Centre (DEIC) which was established in the DH. Most of the staff sanctioned under the scheme, for DEIC, was found in position. There are 43 sanctioned RBSK teams in the district and, out of these; only three teams have full sanctioned human resources. The DEIC has more than three fourth of its approved staff in place. The district has hired 43 vehicles for these RBSK teams, and for each block, there are two teams in place. During normal times, each team screened approximately 110 children per day. It has also been found that 10 children born at different delivery points have been screened for any defects at birth. Overall, the functioning of RBSK was found to be not up to mark both in the field with regard to RBSK teams and at DEIC. The programme lacks any well established monitoring mechanism in the district.

9.3 Special New-born Care Unit (SNCU)/New-born Stabilization Unit (NBSU)/NBCC

An operational SNCU is located at the DH East Champaran. The SNCU at the DH has a bed capacity of 12 beds. The SNCUs in the district have 12 radiant warmers and 12 step-down cares. There is also one Kangaroo Mother Care (KMC) units at DH and one non-functional radiant warmer. During 2021–22, a total of 280 inborn and 471out born infants had been admitted in the SNCU. Out of these, 82 percent inborn and 63 percent out-born infants were discharged after getting the proper treatment. Higher proportion (15 percent) of out born infants died than inborn (7 percent) infants higher. Also around one fifth of out born infants were referred to other higher level health facilities for advanced treatment. In case of NBSUs in the district, a total of 282 new-born were admitted and 276 were discharged after the required treatment.

The district has sanctioned Nutrition Rehabilitation Centre (NRC) at two SDHs and 63 patients were admitted during 2021-22. Around one-third of all patients who have admitted in NRC, were suffering bilateral pitting edema problem, and one-third have nutritional disorder. Also one fourth of the patients have <-3SD WFH problem. Most of the patients have been discharged after getting proper treatment.

9.4 Home-Based New-born Care (HBNC)

Overall, 4460 HBNC kits were available with ASHAs in the district. During the current financial year (till July, 31st 2022), a total of 16772 visits were made by ASHAs to new-born under HBNC. There are 4579 drug kits available for ASHA also.

9.5 Maternal and Infant Death Review

In district East Champaran, during the current (2022-23), only estimated number of maternal death and child death has been provided by DPMU, and it was found that 221 maternal deaths and 5780 child have been estimated for 2022-23 in the district. During 2021-22, no maternal and child death were reviewed. In 2022-23, one maternal death was reported at DH, while in CHC-Turkaulia, four child deaths were reported during the same time. Overall, the process of review of maternal and infant deathswas found to be almost absent in the district as the district authorities failed to provide us the composition of any such review team and any data with regard to review of these deaths. The reporting of such deaths was also found to be a weak link for capturing such information in the district.

9.6 Peer Education (PE) Programme

A Peer Education Program has been implemented in the district, and 13 blocks have been covered so far. Furthermore, based on the data gathered, 13 villages have been identified and covered by under PE programme. Till date 2822 peer educators have been selected in the district. The functioning of this programme was not found at ground during our visit to APHC or HWC.

10. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

As per the information provided by concerned DPMU, the district has a limited number of vehicles with various health facilities for JSSK and other referral patients. The district has a functional 102 toll-free number under the centralized system of transportation, but only the available ambulances in the district are used for the same, which are fitted with GPS. The district has 47 (12 ALS+35 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and they are operational on 24X7 basis. These

ambulances with BSL and ASL are fitted with GPS and handled through a centralized call centre. On an average, four calls are received per day for ALS and five call for BLS. On daily basis each ambulance, make two trips and covers a distance 135 Kms per day. MMU service is not available in the district.

11. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In order to ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing Sub Health Centres covering a population of 3000-5000 would be converted to Health and Wellness Centres (HWCs), with the principle being "time to care" to be not more than 30 minutes. Primary health centers in rural and urban areas would also be converted into HWCs under Ayushman Bharat. The district has so far converted about 100 SHCs (20 percent of total SHCs) and almost all the APHCs (52 out of 54 APHCs) into HWCs. The branding of most of these HWCs has been done but the required infrastructure is still an issue to deal with. During our interaction with the officials at various levels and visits to selected facilities in the district, it was found that the concept of CPHC and functioning of HWCs was in infancy and lot needs to be done by the authorities to make HWCs a success story.

11.1 Universal Health Screening (UHS)

Under Universal Health Screening (UHS), the district has set a target population 475919 for the 2022-23, and so far only 15 percent (70717) population has covered and their CBAC forms have been filled. Overall, in the district around 65000suspected patients have been screened for various NCDs which include diabetes, hypertension, oral cancer, and cervical cancer, but the information with regard to confirmed cases was not provided by the DPMU officials. In DH East Champaran, 1667 suspected patients were screened for hypertension and 1590 were screened diabetes. In CHC-Tourkiliya, APHC Laximipur, and HWC, there is no information found regarding NCD screening, while in UPHC Chhataun, 735 suspected patients of hypertension and 593 of diabetes were confirmed during last six months. The visited SHC/HWC has not yet initiated any screening or filling-up of CBAC forms. The CHO at the facility was lacking the basic knowledge with regard to functioning of HWC. The record keeping for NCD screening was not extremely poor at all the visited health facilities.

12. GRIEVANCE REDRESSAL

Grievance redressal mechanism in the selected health facilities was found to be very weak as none of the visited health facilities was found concerned about the grievance redressal system and were of the opinion that all such issues are resolved when brought to the notice of these health facilities. The

community was not satisfied with this argument at any level and were of the opinion that community members need to be taken on-board for resolving any grievance with maximum transparency. The Mera-Aaspatal has been initiated at the DH level but its operationalisation was found to be limited.

13. PAYMENT STATUS

According to the CS office, it has found that all the payments related to JSY are made through state portal known as "*ASHWIN*", therefore CS office has not the information available related the JSY payments. But it was confirmed from CS/DPMU as well as our interaction with ASHAs in the field, that all the payments were disbursed on time and there is no any JSY payment pending in the DH or in CHC-Tourkiliya. In case of ASHAs all payments and incentive are made through the state run ASHWIN portal. The DPMU office revealed that 200 ASHAs have received a routine and recurring amount of Rs 2000. Incentive under NTEP has been received by 280 ASHAs and Incentives under NLEP by 180 ASHAs. Also 2711 ASHAs received patient incentive under NTEP programme, family planning compensation was received by 463 ASHAs and another 110 ASHA received provider's incentive under NTEP programme.

14. COMMUNICABLE DISEASES PROGRAMME

The district is covered under the IDSP and the Rapid Response Teams (RRTs) have been constituted both at the district level as well as at the block level. The RRT in district is composed of District Epidemiologist, Pediatrician, Physician, GNM, Pharmacist, and an Office Assistant. In the previous year (2021-22), three outbreaks were investigated, but no major outbreaks were reported in the district during the current or previous year. All the designated health facilities in the district are regularly uploading the weekly data under the IDSP on the portal. The data is properly monitored, and early signs of epidemics are detected. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode, while at APHC level, the data on IDSP is uploaded on a weekly basis as reported by the concerned MO. Furthermore, the information collected from the CHC-Tourkiliya and DH East Champaran reported that the data on the P, S, and L forms under IDSP is being uploaded on weekly basis. The data of IDSP is utilised for planning and implementation of health programmes. Further, the information collected from the CS office reveals that the district has been covered under the NVBDCP, but the authorities failed to provide us with a copy of any micro or macro plan regarding the programme.

Under the National Leprosy Eradication Programme (NLEP), the DPMU office failed to provide us any information regarding the different components of NLEP. Under the National Tobacco Control Programme and the National Iron Deficiency Disorders Control Programme, the district has conducted a few awareness programmes under the IEC component of the ROP at facility and panchayat level.

Under the National Tuberculosis Elimination Programme (NTEP), 95 percent target of notified TB patients has been achieved. All the visited health facilities are actively involved in NTEP. Both drug susceptibility testing (UDST) to achieve the elimination status done at the district and both drug sensitive and drug resistance testing are available. Further, the information collected shows that all the patients have been notified by the public sector, and the overall success rate was found to be 100 percent in the district. There are 49 MDR TB patients in the public sector hospitals and 38 in the private sector hospitals and in public sector hospitals, for all treatment have been initiated. The plan for finding active cases is done as per the protocol set by the district. Under Nikshay Poshan Yojana (NPY), 1809 patients have been notified as beneficiaries. Both DH and CHC-Tourkiliya have been designated as no designated facility of designated microscopy centre (DMC) availability, while such facility is not available at other visited health facilities. The maintenance of records of TB patients on treatment, drug resistance, and notification was found to be updated and satisfactory at all levels.

15. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS)

In the district East Champaran as per the population, there is requirement of 4684 ASHAs, but only 4593 ASHA are in working and there is deficit of 10 percent of ASHAs. All villages have ASHAs, and these ASHAs have been brought under various social benefit schemes in the district. UnderPradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY), a total 1914 ASHAs and 119 ASHAs under other schemes have been benefited.On the other hand, 407 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed and training has been arranged for all of them till date. As NUHM has also been implemented in the district, and eight MAS accounts have been opened in the district. All the ASHAs have been paid their incentives for the filling-up of CBAC forms, immunisation coverage, HBNC activities, or telephone charges through a state portal known as ASHWIN PORTAL.

16. IMMUNIZATION

The information collected from various health facilities in the district regarding immunization, shows that birth dose of BCG immunization is provided at DH, CHC, and APHC only. None of the SC-HWCs in the

district provide BCG doses of immunization to infants. During our visit to different health facilities in district, it was found that during the last three months (June-August), 1989 in DH, while other visited health facilities have no information available. Outreach sessions have been held to meet with drop-out or left-out cases. A District Immunization Officer is in place in the district and is looking after the immunization activities. Cold Chain Mechanics for the maintenance of cold chain machines and paramedics trained in cold chain handling are in place in the district. At VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees and Rapid Response Teams have been formed in the district. Model immunization corners are functional at all the visited health facilities were in children and expected mothers are immunized on fixed immunized day. These immunization corners were found to be clean and innovative.

17. FAMILY PLANNING

Besides DH, CHCs and some PHCs, a few SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of identified health institutions of various categories in the district. Information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods, like condoms and oral pills, are available at all levels in the district. Besides, at APHC Laximupur, both DH as well as the CHC have trained manpower to provide IUCD/PPIUCD. Counselling on FP is mainly provided by the SNs, and CHOs at the DH and CHC levels, while as such, counselling is also provided by the MOs and ANMs at the SC, UPHC and APHC levels in the district. During the last one months (August), 12 cases of female sterilisation for FP were done at DH while at CHC Tourkiliya 22 female sterilisation for FP were performed. NGOs have also been involved for family planning sterilization at various levels in the district.

18. QUALITY ASSURANCE

Quality Assurance Committees (QACs) have been established for the purpose of improving safety and quality of health services. A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC held one meeting during this year and the members stressed upon to ensure the rollout of standard protocols for

RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes/complications in maternal, neonatal and child health. DH has been assessed for Kayakalp, NQAS and LaQshya. For Kayakalp and NQAS DH has scored 86.71 points and 43.22 points respectively. CHC Tourkiliya has initiated for internal assessment of Kayakalp only while for NQAS and LaQshya no initiative for internal assessment has been taken yet. UPHC-Chhataun has scored 70.1 points for state Kayakalp and 12.5 points for NQAS.

18.1 Information Education and Communication (IEC)

At all levels, the display of appropriate IEC material in health facilities was deemed satisfactory. They have increased their visibility in terms of IEC by putting up hoardings and banners for various services they are providing at their health facility. The IEC material related to NCDs, MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH, CHC, and APHC levels also.

19. HMIS/RCH AND OTHER PORTALS

19.1 Health Management Information System (HMIS)

The Health Management Information System (HMIS) is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health & Family Welfare (MoHFW). Data on this website is regularly uploaded by all the mapped facilities in the district. Though the data quality in the district has improved, but there is still a lot of scope for improvement in all the facilities of the district. In the district, there is still a lot of scope for improving the recording and reporting of HMIS data so that it can be streamlined further. There is a need for training to the data entry operators to improve the quality of the data. During our visit to various health facilities, a few on-the-spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved.

19.2 Reproductive and Child Health (RCH)

Under NHM, Government of Bihar, like other states in the country, has rolled out the RCH Portal State-wide-a web-based application for RCH that replaced the MCTS portal. In this regard, the integrated RCH register has been developed as a service delivery recording tool for eligible couples, pregnant women, and children at village and field level. The district is also uploading data on other portals for NCDs, communicable diseases and on other relevant portals on regular basis as per the protocol.

20. STATUS OF FUNDS RECEIVED AND UTILIZED

As per the information provided by DPMU/CS office, it was found that maximum budget utilization among different indicators have remained underutilized during 2021-22. In RCH and health system flexible pool, not on a single head, there is full utilization of released budget. Only on two indicators of RCH, that includes RBSK (95 percent), and PC-PNDT (80 percent) there is more that 80 percent budget utilization. Some indicators of RCH like maternal health, child health and family planning their budget utilization is in between 60 percent to 75 percent. Poor performance has been found among certain heads like immunization, infrastructure and programme management, where there is less than 30 percent budget utilization. Among the indicators of communicable diseases pool, highest budget utilization was made on NTEP (91 percent) followed by IDPS (80 percent) and lowest on National Vector Borne Disease Control Programme (NVBDCP) (33 percent). In non-communicable diseases pool, 55 percent funds were utilized on NMHP and 41 percent on NPCB+VI.

21. FACILITY-WISE BRIEF

21.1 District Hospital East Champaran

DH is the first referral unit located in Motihari. It has two double-story concrete buildings, and another building with 500-bed capacity is under construction. It is about 84 kms. away from SKMCH Mazaffarpur, that is next referral unit. The DH has 100 beds with six ICU beds. It has 24X7 running water, a geriatric and disability friendly ramp, separate washrooms for men and women, OPD waiting hall, ASHA rest room, a drug store, and a power backup. In DH, it was found that except few deficiencies of radiologists, MOs and AYUSH MOs from the regular side, all other sanctioned specialists are in position, while from the NHM side, vacancies were found among gynecologists, pediatricians, and physicians. Acute deficiency was found among radiographers, lab technicians, and OT technicians from the regular side. Almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, dental, imaging services, labour room complex, , OTs, AYUSH and emergency care are available at the hospital. There is also DEIC, SNCU, SNCU, dialysis unit, and burn unit. There is no blood bank facility on 24X7 basis as the establishment of such facility was under process. There is a tele-consultation service to the patients. Necessary equipment for different types of investigation like CT scan, USG, X-Ray, testing kits were found available. Most of the diagnostic services (CT lab, X-Ray, USG) are available at DH. Supply of drugs was reported to be sufficient and the EDL was displayed in the store and at the entrance also. Different diagnostic tests are also available at DH at has a centralized lab with

space constraint. DH has initiated for assessment of Kayakalp and NQAS and scored 86.71 percent points in Kayakalp and 43.33 percent points in NQAS. Labour rooms and OTs are LaQshya certified.

In the month of July, 2022 a total 772 normal deliveries were performed in the DH, and 10 percent were C-section deliveries. All types of JSSK benefits are provided, but the line listing of high risk pregnancies was not maintained. In last three months (May-July), 1979 newborns were immunized and 1963 newborns were breast feed within one hour were being counseled. In last one month also, 12 female sterilizations were performed at the DH. Mostly the complaints are reported verbally and solved on spot. DH is designated as DMC and 348 TB tests were conducted and also 77 percent of TB patients have been taken under Nikshay Poshan Yojana. **Key Challenge:** *The condition OT as well as the labour room was very poor. In Case of Human resources both specialists and paramedical staff, there is dearth.*

21.2 Community Health Centre (CHC)- Turkaulia

CHC-Turkaulia located 12 Kms away from the DH. It is functional in an old, single-story building with a 30 bed capacity. One APHC and 19 HWCs are affiliated to this facility. CHC is providing only few services like: general medicine, O&G, dental, imaging services, and emergency. More than 90 percent of services are unavailable in the CHC as per IPHS standards. In this health facility, there is only one specialist, five MOs from regular side and five AYUSH MOs from NHM side. No C-section delivery was conducted in the hospital due to non availability of Anesthetist. CHC has 24-hour power and water supply, a geriatric and disability-friendly ramp, an OPD waiting hall, a drug store, and a power backup, but no separate male and female toilets. The supply of drugs was reported to be irregular, but ELD was displayed in the store and at the entrance. Management of the inventory of drugs is manual, though the facility has internet access and computers available. All the essential drugs, including those required during labour or delivery, and essential obstetric and emergency obstetric care, were also found available at facility. Family planning methods such as condoms, OCPs, and EC pills are also available at the facility. The facility is designated as a DMC, and 86 percent of TB patients were covered under Nikshay Poshan Yojana. CHC has initiated only for internal assessment of Kayakalp while as NQAS and LaQshya has not been initiated yet. DVDMS has been initiated at the CHC. Four child deaths have been reported from the facility during the last year. A total of 22 sterilizations were performed during the month of July. Cleanliness of the facility was found satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Colour coded waste bins (blue and yellow) are available in each section of the CHC. **Key Challenge:** *In* CHC- Turkaulia*, out of total services, only 10 percent of services are*

available there. There is shortage of human resources of different specialists. There is no X-ray and USG facility available, insufficient ambulances/transport, equipment for dental section, insufficient infrastructure.

21.3 APHC/HWC Laximipur: The newly established APHC at Laximipur is six Kms away from 1st referral unit CHC. It is housed in a one story building with the facilities of OPD, IPD, toilet facility, drinking water, an OPD waiting hall, a drug store, and ASHA rest room. The branding of the facility has been done under HWC but various facilities with regard to HWC were found missing. The total in-position manpower strength of the facility is composed of one MO, from regular side, one AYUSH NHM, and three ANMs (NHM). In APHC no deliveries are performed. In a week, five days are fixed for NCD screening, but no record of NCD was found. The APHC has not initiated any process for Kayakalp and NQAS. On the day of our visit few essential drugs were not available there. The APHC provides diagnostic services to pregnant women such as pregnancy testing, hemoglobin, BT/CT, and blood sugar monitoring. The list of essential drugs was displayed in the APHC. **Key Challenge:** *There is an acute shortage of human resources (in terms of doctors and paramedical staff), physical infrastructure and equipments in the facility. There is no separate ward for IPD patients, and labour room. There is no dentist, no dental technician, and no staff nurse. The lab of the hospital is not well updated.*

21.4 Health and Wellness Centre Gokhula

SC/HWC Gokhula is situated about six Kms away from nearest PHC and 15 Kms away from nearest CHC. The HWC covers a population of 12,000 in the remote area, which is flood prone area. The facility is housed in concrete building having two rooms, separate bathroom for male and females. The facility has one CHO, one ANM and 13 ASHA. Branding under HWC has been done in the facility. The facility has running water facility, OPD waiting hall, and enough open space. A total of 500 CBAC forms were filled by HWC. A Mercury BP instrument, a thermometer, a Glucometer, and a hemoglobin meter is available there. This health facility provides the services of OPD for ANC, day care IPD, NCD screening, ANC checkup, and temporary methods of family planning (condoms and oral pills). So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Other available and functional equipment at the centre includes an examination table, a screen, a weighing machine (for adults and infants), etc. The records verified in the visited health facilities show that the documentation and records regarding the line-listing of severely anemic patients and the filling of MCP cards were not satisfactory.

21.5. Urban Primary Health Center Chhataun

UPHC Chhataun is located at a distance of three Kms away from DH. It is single story concrete rented building of Municipal committee having four small rooms and a lobby. There is an acute space constraint in the facility and only one functional bed. There is shortage of all basic facilities like water supply, toilets, ramp for disabled persons etc. The facility provides the services of general OPD, IPD, NCD screening services, and different types of investigation which include CBC, LFT, KFT, Urine lipid profile Vidal etc. In the UPHC there is shortage of few essential drugs also. The total manpower strength in UPHC comprised of two AYUSH MOs, three ANMs (NHM) one NHM lab technician and two other outsource employees. The facility has initiated the process for internal Kayakalp and scored 70.1 percent points, and also an internal assessment for NQAS has been initiated and scored 12.5 percent points. The facility has well maintained drug store and maximum of essential drugs were available. NCD screening in UPHC is at low pace and only 735 suspected patients are screened for hypertension and 593 for diabetes during last six months. ***Key Challenges:*** *There is no Allopathic medical officer, X-Ray technician, and dental techniques.*

21.6 Community

At different visited health facilities, we interacted with the different groups of the community; it was found that preference for public health facilities has increased over a period with the introduction of various schemes that are being implemented in the state from time to time for the benefit of masses. Public health facility remains to the first choice of more than 90 percent of the population for availing services. Though people are satisfied with the incentives being provided by the government to all sections of the society to reduce their out of pocket expenses, but still they complain of streamlining many issues which include assured free drugs in full, various diagnostic facilities in their areas, requisite manpower at health facilities, and above all the role of community in monitoring the activities of health facilities and robust grievance redressal mechanism for their issues.

22. RECOMMENDATIONS AND ACTION POINTS

In district East Champaran (Motihari), there is a remarkable progress in the performance of different components of NHM, but still there are some issues in running various schemes under the programme more efficiently. Based on the monitoring exercise in the district, following are the recommendations and action points for further improvement:

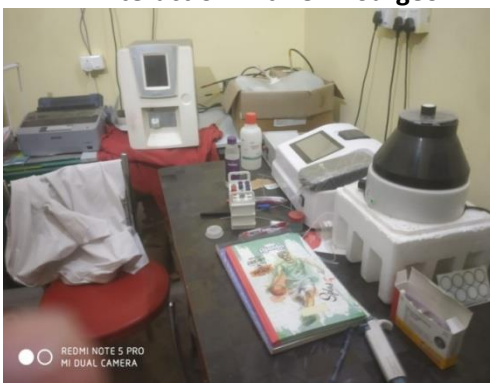
- An acute shortage of different type of specialist like gynecologists, pediatricians, anesthetists and orthopaedicians with more than 70 percent of were found vacant in district which has affected the efficient functioning of health care facilities. *Therefore, it is suggested to impress upon the state authorities to fill-up all the vacant posts both from the regular as well as from the NHM side at the earliest. The idea of rationalization of the staff as per the workload of health facilities can also be considered.*
- Various health facilities were performing much better but the dearth of infrastructure in terms of space, condition of existing buildings, labour rooms, OTs, washrooms and lab equipment was felt. *It is therefore suggestive that the concerned agencies may look into these issues and provide all such facilities required support to encourage them for much better results. Such initiatives (lab tests, equipment etc.) can be taken-up on the bases of public private partnership mode. There is also a need to speed-up the completion of various under construction buildings (including DH building) in the district.*
- The monitoring mechanism at all levels was found to be missing as PMUs at district/block level and officials of various other schemes under NHM (including medical and Para medical staff) were found to be more of a boss-type approach and lack the basic concept of their duties and responsibilities. *Therefore, it is high time to monitor and evaluate the functioning of all the NHM staff with regard to their duties and responsibilities.*
- The training and understanding of ASHAs is not up to the mark and lack awareness of various components of NHM, which are in their domain. They were also found to be not able to fill-up the CBAC forms and very little knowledge with regard NCDs. *It is therefore, suggested to provide quality trainings and friendly monitoring to ASHAs for implementation of any new initiatives from the government side and chose only qualified ASHAs among the lot for implementation of various schemes/programmes in a better way at the ground level.*
- CPHC has not picked-up well as HWC officials (especially CHOs and APHC level MOs) do not make proper use of their job profile and reach-out to the community for various services envisaged under HWCs. Proper training and orientation of ASHAs, ANMs and CHOs was found missing. The link between the SHC/HWCs and referrals to link facilities was found completely missing. *It is therefore, suggested to make these facilities more vibrant by monitoring their work and provide them much needed training for filling-up CBAC forms, family folders, screening of NCDs and other activities of HWCs as per the given guidelines.*
- The district has failed to utilize the allocated funds under different schemes and heads under NHM and have utilized less than 60 percent funds (out of the allotted funds) during 2021-*22. It is therefore, suggested to impress upon the district authorities to prepare their AHAPs very carefully and with very realistic estimates so that no funds remain un-utilized.*

PHOTO-GALLERY

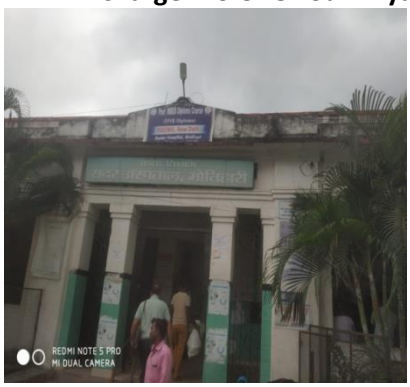
Interaction with Civil Surgeon

Incharge Mo CHC Tourkiliya

With ANMs at CHC



Lab at UPHC



DH East Champaran

Record Check of Deliveries at DH

Emergency Section DH East Champaran

SC/HWC Gokhula

APHC Laximipur