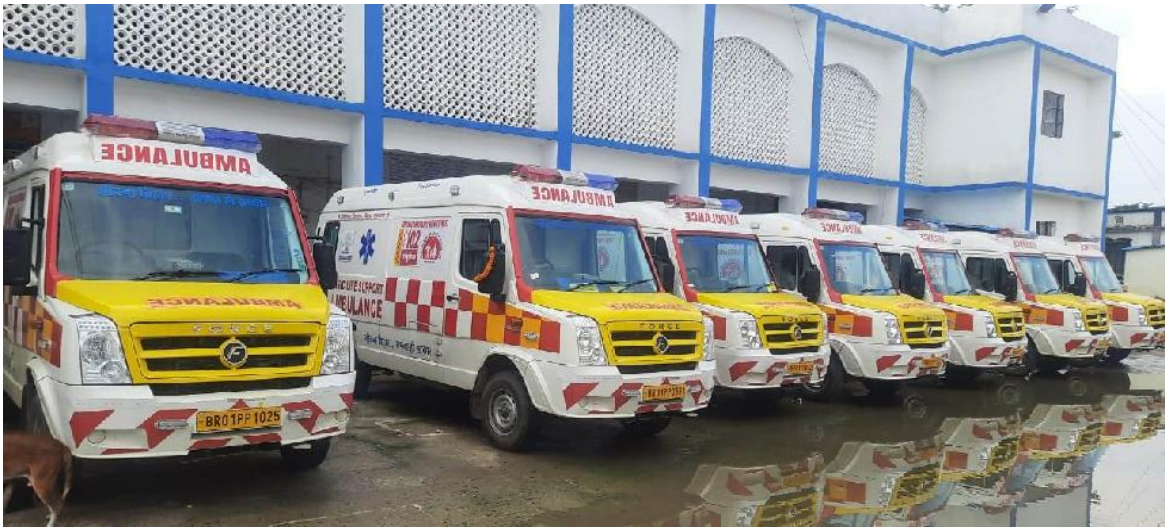
Monitoring of Programme Implementation Plan under National Health Mission Muzaffarpur District, Bihar



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SRINAGAR-190 006
November, 2022

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in all states of India to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. In order to assess the performance of the flagship initiative the Ministry of Health and Family Welfare undertakes the Monitoring and Evaluation activities of the NHM. The Ministry of Health and Family Welfare has established a network of 18 PRCs for quality monitoring of State PIP components, such as the core elements like HR strengthening, infrastructure development, MMU, ambulance, drugs, and financial implications, etc. During 2022-23, Ministry has identified 21 Districts in which 4 are in J&K, 12 in Bihar and 5 in West Bengal for PIP monitoring in consultation with PRC Srinagar. The staff of the PRC, Srinagar is visiting these districts a phased manner.

The present report is drafted to showcase the monitoring of the programmes and activities under National Health Mission in context of Muzaffarpur district of Bihar for the financial year 2022-23. In this report we have attempted to explore the status of health infrastructure and human resource of the district. Insights related to service availability, referral transport, role of ASHAs and perception of community has also been elaborated. The strength and weakness observed during our field visit along with the opinion of the beneficiaries are discussed in this PIP report.

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 to Mission Director, NHM Bihar, Shri Sanjay Kumar Singh for his cooperation and support rendered to our monitoring team. We thank our Coordinator Dr. Bashir Ahmad Bhat for his support and encouragement at all stages of this study. Special thanks are due to Civil Surgeon of Muzaffar District Dr. Umesh Chandra Sharma, Medical Superintendent, District Hospital Muzaffarpur and Hospital Manager of CHC Muraul and MO PHC Siho for sharing their experiences. We would like to appreciate the cooperation rendered by the officials of the District Programme Management Unit Muzaffarpur and Block Programme Management Unit, Sakra for helping us in the collection of information. Special thanks are also to staff at Primary Health Centre Siho and H&WC Jagdishpur for sharing their inputs.

Last but not the least credit goes to all respondents (including community leaders/members), and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is hoped that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the State Government of Bihar in taking necessary changes.

Srinagar
14-11-2022

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1. Introduction and Overview of Muzaffarpur District

All States in India submit Programme Implementation Plan (PIP) under National Health Mission (NHM) every year covering programmes, activities and interventions to be implemented during the forthcoming year, along with budget requirement to achieve the targeted goals. The Ministry of Health & Family Welfare (MoHFW), Government of India, initiated monitoring of PIP activities at district level throughout the country during 2012-13, by deploying 18 Population Research Centres (PRCs). Accordingly, MoHFW assigns districts (focusing on high priority/aspirational districts) every year to all the PRCs to monitor the implementation of PIP activities. During the year 2022-23, 21 districts located in Jammu and Kashmir, Bihar and West Bengal are assigned to PRC, Srinagar and this report pertains to Muzaffarpur district of Bihar.

1.1 Objectives

The objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State/district.

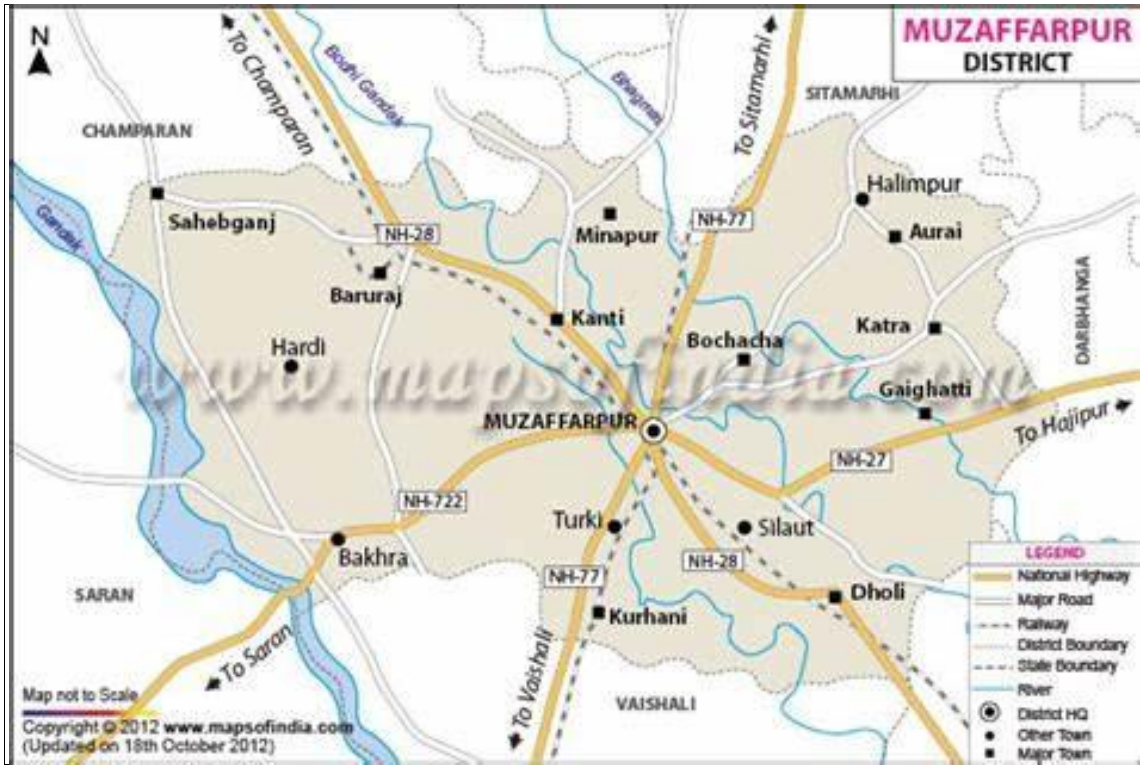
1.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the Ministry of Health & Family Welfare (MOHFW) in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2022-23, this PRC has been asked to cover 21 districts (04 in Union Territory of J&K, 12 in Bihar & 05 in West Bengal. The present study pertains to district Muzaffarpur of Bihar. A schedule of visits was prepared by the PRC and three officials consisting of one Associate Professor and two Research Assistants visited Muzaffarpur District and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH) Muzaffarpur, CHC Muraul, PHC Siho and Health & Wellness Centre (H&WC) Jagdispur Baghnagri. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. A community interaction was also held at the PHC and H&WC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

1.3 Overview of the Muzaffarpur District

Muzaffarpur is the third largest district of Bihar in terms of population. According to 2011 Census, the total population of Muzaffarpur district was 4801062 which constitute 4.6 percent of the total population of the state. The density of population of the district has gone up to 1514 persons per square km. The district is by and large is rural in character as more than 90 percent of the population live in rural areas. Large majority of the population (84 percent) follow Hinduism Islam, and Muslims constitute 15.5 percent of the population of the district. The district has a significant concentration of Scheduled Caste population (16 percent). The population growth rate is about 28 percent which is slightly higher than the State average of 23.7 percent. The district has witnessed a dip in sex ratio during 2001-2011 and according to latest census, overall sex ratio was 900 and child sex ratio was 915. Muzaffarpur district has a literacy rate of 63.5 percent. Male literacy rate (71.2 percent) is higher than female literacy (59.1 percent). population At the time of the 2011 Census of India, 48.3 percent of the population in the district spoke Hindi, 39.0 percent spoke Western Maithili, 7.6 percent Urdu and 3.5 percent Bhojpuri.

Muzaffarpur District Map



Like other districts of Bihar, Agriculture is the main stay of people in Muzaffarpur district and the district is very famous for its high quality litchi crop. There are a few large scale industries and many cottage and agriculture-based industries located in the district. These industries have generated considerable employment in the area.

Over the last few years, the district has witnessed considerable improvements in terms of the proportion of the population with access to good sanitation and hygiene facilities, factors which have a bearing on improved health and lower disease burden. According to NFHS-5 conducted in 2019-20, 96 per cent of households have electricity in the district, and 99 per cent of households have access to an improved source of drinking water. The NFHS-5 survey reports that 55 per cent of households have improved sanitation facilities, a figure which has increased markedly since the earlier round of NFHS conducted in 2015-16 (29 percent). Apart from drinking water and sanitation facilities, 41 per cent of households use clean fuel for cooking in 2019-20 an improvement over the 22 per cent in 2015-16. Households using iodised salt are 96 per cent according to NFHS- 5. Further, 13 percent of the Households with any usual member are covered under a health insurance/financing scheme

There are a total of 845338 children under age of 0-6 years as per Census 2011 who constitute 17.6 percent of total population of the district. Latest information available from National Family Health Survey-5 show that the sex ratio at birth in district has declined from 930 females per thousand males in 2015-16 to 685 in 2020-21.

Further NFHS-5 data shows that ANC first trimester registration is 56 percent during 2019-20 while as 4 ANC check-ups among the registered pregnant women was 29 percent. NFHS-5 also shows that only 13 percent women registered for ANC had received 100 IFA tablets during 2019-20 and 94 percent women had received TT (TT1/Booster) injections during the same time in the district. Overall, 72 percent of the births were delivered at an institution and public health facilities accounted for 70 percent of the institutional deliveries. Caesarean section deliveries during 2019-20 account for 10 percent of total deliveries. Forty percent of births in a private health facility were delivered by caesarean section. C-section deliveries in private institutions have increased by 12 percentage points between NFHS-4 and NFHS-5. As per the district officials, the district has made significant improvement in the proportion of children covered for immunization. As per NFHS-, about three fourth of children are fully immunized.

The latest information received from the Office of CMO office shows that JSY incentive has been transferred in case of all the women who have delivered up to July, 2022. As per NFHS-5, 56 percent of couples in the district are using a modern method of contraception. Female sterilization is the most popular method (45 percent) and is followed by Condom and Pill.

During last year (2021-22) 43 maternal deaths and 114 child deaths are reported in the district. During current year, so far, 15 maternal deaths, 40 child deaths, have been reported. No deaths are reported due to malaria and sterilization during previous year as well as current year in the district.

Muzaffarpur district is neither an aspirational district nor a tribal or hilly district. As per the district officials, malaria cases are more and NCD cases are also being reported more in the district as they are doing screening more frequently now-a-days. Water borne diseases and TB burden is more in the district as many people migrate to other States to work in the field of construction and industries. Under nutrition is a serious problem in the district as more than 40 percent of children are undernourished. Life style disease like hypertension and diabetes is increasing in the district. Twelve percent of adult women and 16 percent of men are diabetic and 18 percent of women and 24 percent of men are hypertensive. As per the district officials, the district has initiated IDSP surveillance and NCD testing and screening on a large scale.

District Profile-Muzaffarpur District	
Indicator	**Remarks/ Observation**
Total number of Districts	01
Total number of Blocks	16
Total number of Villages	1811
Total Population	4801062
Rural population	4327625
Urban population	473437
Literacy rate (percent)	63.5
Sex Ratio	900
Sex ratio at birth	915
Population Density	1514
Estimated number of deliveries	29790
Estimated number of C-section	1047
Estimated numbers of live births	30774
Estimated number of eligible couples	979413
Estimated number of leprosy cases	NA
Target for public and private sector TB notification	7968
Estimated No. of cataract surgeries to be conducted	2530

1.4 Facilities Visited by the Team

We visited District Programme Management Unit, District Hospital (DH) Muzaffarpur, Community Health Centre (CHC) Muraul, Primary Health Centre (PHC) Siho, Sub-Centre (SC) Jagdishpur Baghnari and Jagdishpur Baghnari village during our monitoring visit to Muzaffarpur district. Field visit to these health facilities was carried out during 16-18 September, 2022. Information was collected for the year

2022-23 as per activities planned and approved under ROP. This report is based on the information collected from various district level health officials, Medical Officers (MOs), in charge units of the visited health facilities as well as verification of records and desk analysis of HMIS data.

2. PUBLIC HEALTH PLANNING & IMPLEMENTATION OF NATIONAL PROGRAMMES

2.1 District Health Action Plan

As mandated under NHM, District has prepared District Programme Implementation Plan [PIP] for the current year and submitted it to the State in time. Before finalizing the PIP, data related to all the programmes are collected from different programme units, District Hospital, SDH, CHCs, PHCs and SCs. The collected information is finalized at the district level before forwarding it to the state. After getting approval from the State headquarters, PIP along with approved ROP is sent to the concerned district. The district has received approval for DHAP and ROP during August for the year 2021-22. The district officials opined that there is delay in fund flow from the state and as such there is some delay in the payment of JSY, ASHA incentives and Nikshay Poshan Yojana.

2.1.1 Release of payment for JSY, ASHA and Nikshay Poshan Yojana

Under JSY, 29790 beneficiaries have been registered as on 31.7.2022. Almost four thousand of them (4029) have received the amount through DBT and there is a backlog of 25761 cases. Almost 4000 ASHAs are eligible for receiving routine and recurring incentives. However, the DPMU reported that since payments are done through ASWIN portal, therefore they do not have exact information about the incentives paid to ASHAs. But ASHAs reported that they have received the JSY incentive upto May, 2022 only. Further it was also reported by the ASHAs they have not received incentives under NTEP & NLEP. ASHA facilitators are eligible to get the incentives as per revised norms however; none of them have received this amount. A total of 529 TB patients have received incentives under Nikshay Poshan Yojana (NPY) during 2022-023. It was reported by the RNTCP office that there was some delay in the release of NPY, but now the funds have been released and they are in the process to release all the backlog incentives.

2.1.2 State of Fund Utilization

On studying the utilization of funds as per ROP budget heads, it was found that low utilisation was not an issue as funds were received only recently. The district has utilized 18 percent under RCH, 33 percent under Child Health, 8 percent under JSSK, 72 percent under RBSK, 88 percent under Health System Strengthening.

2.2 Status of Service Delivery

2.2.1 Availability of Public Health Facilities

The district has been sanctioned with 1DH, 15 CHCs, 121 PHCs, 724 SCs and 4 UPHCs. Of these sanctioned health facilities, 1 CHC, 37 PHCs and 204 SCs are not

operational. The district has 1 SNCU, 1 NRCs, 1 DEIC, 1 FRUs which are working as per the plan. Further, there is 1 Blood Bank and 1Blood Storage Units in the district. Conversion of PHCs and UPHCs to Health & Wellness Centres (HWCs) is also taking place as planned. But the process of conversion of SCs into H&WCs is poor as only 56 percent of the SCs have been converted into H&WCs. The district has 23 designated microscopy centres; 17 TB Units, 1 CBNAAT and 4 TruNat sites along with 3 Drug Resistant TB Centre. NCD clinics are working at DH and CHCs. Total 12 health facilities provide comprehensive abortion care services and 3 of them provide these services both during first and second trimester of pregnancy. District officials felt that as per the population norm, the district has adequate number of PHCs and SCs but needs 1 more CHC to cater to the health care services of rural population.

There is no SC in the district which conducts more than 3 deliveries per month. Nine PHCs perform more than 10 deliveries per month and all the 15 functional CHCs conduct more than 20 deliveries per month. DH performs more than 50 deliveries per month. DH hospitals conduct C-section deliveries in the district. One public hospital and 14 private hospitals have ultrasound facility. All of them are registered under PCPNDT Act. On 9th of every month all PHCs, CHCs, SDHs hospitals and DH conduct PMSMA activities. Besides providing ANC services, high risk pregnancies are identified and many diagnostic investigations are performed during PMSMA. Pregnant women are encouraged to visit a health facility for delivery.

2.2.2 Free drugs and Diagnostics Services

Free drugs services are implemented in the district along with free diagnostic services. Altogether, DH has 45 notified lab tests, SDHs have 45 lab tests, CHCs perform 18 lab tests and PHCs have 16 lab tests and SCs perform 2 types of lab tests. All the services at all public health facilities are free of cost. There are no user charges. However, X-ray and USG services are available at DH only and people needing these investigations have to obtain them privately.

2.2.3 PM-National Dialysis Programme

PM National Dialysis Programme is not implemented in the district however, there is a Dialysis Unit at DH Muzaffarpur which is run in PPP mode and is run by Nepro Care. There are 10 beds available in the dialysis unit. During 2021-22, it has conducted 6685 sessions and in the first 6 months it has conducted 3766 sessions. The services are provided free of cost to BPL patients and other patients have to pay an amount of Rs. 1634 per dialysis session.

2.2.4 Rashtriya Bal Swasthya Karyakaram (RBSK)

Under RBSK, a total 32 teams are sanctioned, two teams for each block but only 10 teams are working with full manpower and remaining teams have only partial manpower. There are only 23 Vehicles with the RBSK teams. Entire district is covered by these teams. On an average, each team screens 8-100 children per day. During the first four months of current financial year 6713 children are screened for

defects at birth in delivery points. These children have been referred to appropriate health care facilities for treatment.

2.2.5 Mobile Medical Unit (MMU)

Mobile Medical Units are not available in Muzaffarpur District.

2.2.6 Referral Transport Service

Under referral transport, the district has 44 Basic Life Supports and 16 advanced Life Supports on road. All the 12 ALS are GPS fitted and handled through centralized call centre. The information regarding the services provided by BLS/ALS is not available with the District Programme Management Unit.

The district does not have 108 vehicles on road. However the district has 44 ambulances which are working under 102 Referral Transport System. These vehicles are working under PPP mode. During our visit to the DH, it was found that Drivers engaged for operating these ambulances were on strike due to salary issues. The strike of the ambulance drivers had severely affected the 102 referral transport system.

2.2.7 Status of Human Resource

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual availability/deficiencies of regular human resource at various levels in the district. There are at total of 76 sanctioned positions of Specialists in the district and out of these 29 positions (38 percent) are in place. The district does not have any sanctioned position of Orthopaedic and Dermatologist. Further out of the 103 positions of MBBS Medical Officers 56, (54 percent) are working. Only 4 of the AYUSH Medical Officers out of 71 are in place. Most of the positions of Dental MOs are in place. So far as availability of paramedical staff is concerned, the district has a sanctioned staff strength of 2326 positions and out of these 1123 (48 percent) are in place. The vacancies are in case of X-Ray Technician, Laboratory Technician, Staff Nurses, Pharmacist, FMPHW and other paramedical staff.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that the district has a sanctioned strength of16 Medical Officers, 126 AYUSH MOs but only 1 MBBS Medical Officer has joined the mission. However, 88 (70 percent) of AYUSH MOS are also working in the district. Of the 239 CHOs, 80 have been posted at various H&WCs but large majority of the FMPHWs and Staff Nurses are vacant.

There is no LSAS or EmOC trained Doctors in the district. Hence, the state recruitment authority has to take it on priority basis to recruit the vacant posts. Last year as well as current year, state has not done any recruitment but few posts are filled at district level. They have HRIS in place.

Many positions of MOs, Specialists and other supporting staff are vacant at all the health facilities starting from DH to PHCs. The state government has not done any recruitment to fill-up this gap. Recent recruitment by the district was done in December, 2021. Because of less payment MBBS Doctors and Specialists are not ready to join the government services. As such, an amount of Rs. 44,000/- is being paid to MBBS MOs under NHM; Rs. 25,000/- to AYUSH MOs and Rs. 36,000/- to AYSU against MBBS. As many posts are vacant, they are managing by giving additional charges to the MOs of nearby PHCs. State government is not taking any initiation to fill-up the vacant posts. District officials are reporting to the state government on quarterly basis to fill-up the vacant posts.

2.2.8 Training

The district has completed 28 HMIS trainings out of 40 planned till August, 2022; 2 immunization trainings out of 4 planned; 1 RBSK training out of 2 planned; 5 ASHA training out of 10 planned. This indicates that still they have to focus more on completing all the training programmes to reach to the target as planned. As such, Doctors do not show any hesitancy to attend the training.

3 National Programmes Implementation Status

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

The SNCU has been established in the DH Muzaffarpur. The SNCU has a bed capacity of 12 beds. It has 12 radiant warmers, one Kangaroo Mother Care (KMC) unit and 1 step-down care. All the equipment available in SNCU is functional. Two trained Staff Nurses are posted in SNCU. The overall cleanliness of SNCU was good. A total of 643 (143 inborn and 354 outborn) admissions are reported in the SNCU during 2021-22. The referral rate is 10 percent for inborn and 15 percent for outborn children. The mortality rate is 26.43 per 1000 admissions (21 for inborn and 28 for outborn). Free medicines and diagnostic services are generally available at the SNCU .

NBSUs have been established at all the CHCs in the district and have been provided requisite manpower. However, the performance of most of the NBSUs is not upto mark as due to the non availability of required manpower at the CHCs, parents prefer to visit private health facilities for treatment of their new borns. There is a NBSU at CHC Muraul, which is equipped 2 radiant warmers, 1 Photo Therapy Unit and a baby corner. Two GNM and a MBBS doctor looks after the NBSU patients. Generally inborn patients are provided services. A total of 188 inborn have been admitted in NBSU and out of these 44 percent have been referred to higher level facilities.

Under NRC, 69 admissions occurred during last year; 15 of them were admitted with diahorrea, and 20 cases reported fever. Most of the cases (63) had been referred by frontline workers and 5 had come of their own and 1 by RBSK. Large majority of the children admitted in NRC (80 percent) were discharged, 4 of them referred further, 9 left against medical advice and 1 child expired.

3.2 Home Based Newborn Care (HBNC)

There are 3865 ASHAs working in the district and all have been provided HBNC kits. It was reported by the ASHAs that these kits were partially filled as some of the items were missing from these kits and have become non functional. However, drug kits are not provided to any ASHAs by district HBNC trainings have been organised in the district and all the ASHAs whom with we had interaction had attended HBNC training. It was found that ASHAs had good understanding of the HBNC visits. During the current financial year (till July, 31st 2022) 78 percent of the newborns have been visited by the ASHAs under HBNC. On the basis of our feedback received from the community, it was found that ASHAs generally pay 2-3 HBNC visits only.

3.3 Maternal Death Review (MDR) and Child Death Review (CDR)

The committees for the review of maternal and child infant deaths have been constituted in the district but during the current year of the 15 maternal deaths only 2 have been reviewed so far. Similarly, of the 40 infant deaths, only 2 have been reviewed so far. Therefore it appears the district has not taken the review of maternal and infant deaths seriously.

3.4 Peer Education Programme

Peer Education Programme has not yet been implemented in the district

3.5 Adolescent Reproductive and Sexual Health (ARSH)

There are no separate Adolescent Friendly Health Clinics in the district. However Adolescent and reproductive Health services are provided as part of the general OPD. These services are generally available at the CHC and District Hospital. The facilities have adequate stock of iron folic acid supplementation.

3.6 Universal Health Screening

Under Universal Health Screening, the target population is 184832. A total of 23421 Community Based Assessment Check list (CBAC) forms have been filled up by ASHAs. We interacted with few ASHAS and found that they have received CBAC training. We have checked 10 CBAC forms filled by ASHAS. It was found that questions pertaining to age, physical exercise and family history of NCDs were missing in few of these forms. This indicates that ASHAS have not been properly trained to fill up CBAC forms.

Screening for Hypertension and Diabetes has started on the district, however, screening for oral, breast and cervical cancer has not yet started. The information provided by the NCD unit shows that the district has screened more than 46,000 patients for hypertension and diabetes and diagnosed 5446 hypertension cases and 5052 diabetes cases. Thus about 11 percent of the cases are diagnosed with hypertension and diabetes. It is reported that all the diagnosed cases of hypertension and diabetes are getting treatment from the health facilities. It was found that the facilities are not maintaining the information about NCD Screening properly. For

example they do not have information about persons diagnosed with both hypertension and diabetes.

3.7 Integrated Disease Surveillance Programme (IDSP)

Under IDSP, rapid response teams are constituted they have investigated 5 outbreaks during previous year and 2 outbreak during current year. IDSP data is being utilized for surveillance. Only 10 percent of the private health facilities report weekly data of IDSP.

3.8 National Vector Borne Disease Control Programme (NVBDCP)

Under NVBDCP both micro plan and macro plans are available in the district. Annual blood examination rate is 5.7 and the trend is increasing during last 3 years due to COVID. LLIN distribution status was not available. IRS is implanted in few PHCs. Contingency plan for epidemic preparedness and monitoring of weekly epidemiological and entomological situation is being done. Fourteenth round of MDR is observed. The district has achieved1.25 mf rate for lymphatic filaria.

3.9 National Tuberculosis Eradication Programme (NTEP)

NTEP is implemented in the district and 63.05 percent of TB notification is achieved. HIV status of around 97 percent TB patients is known. Around 70 percent of TB patients are eligible for UDST testing. Drugs for both drug sensitive and drug resistant patients are available. During last year, 3322 patients are notified from public sector with treatment success rate 76 percent and MDR TB patients 203. Treatment is initiated for all these 203 patients. From private sector, 2983 patients are notified, treatment success rate is around 85.6 percent, none of them were MDR TB patients. There were some issues in the Nikshay Poshan Yojana but now the funds have been released and the district is now paying incentive under Nikshay Poshan Yojana. Active case finding is going on as per the plan.

3.10 National Leprosy Eradication Programme (NLEP)

Under NLEP, 83 new cases are detected; none of them is a G2D case. MDT is available without interruption for 169 patients and reconstructive surgery for G2D has been conducted for 36 patients and MCR footwear and self care kit are available for 384 cases.

3.11 ASHAs

For the total population, 4800 ASHAs are required and they have selected 3865. Around 30 ASHAs cover more than 1500 rural population. There 20 villages or slum areas with no ASHAs. 372 ASHAs are enrolled for PMJJBY, 472 for PMSBY and 765 for PMSYMY. Further 17 ASHA Facilitators are enrolled for PMJJBY, 16 for PMSBY & 45 for PMSYMY. Total 34 Mahila Aarogya Samities are formed and trained. All of them have opened their accounts. Altogether, 385 VHSNCs are formed and trained.

3.12 Quality Assessment

Kayaklap assessment has been initiated in various facilities in the district. The DPMU did not provide us information about the number of facilities which have received award during 2021-22. The district had not initiated NQAS for any of the facilities. But recently the Government of Bihar has started Mission 60, under which all the labor rooms and Operation theatres have started to fill in the gaps in infrastructure so that all the facilities are in a position to apply for NQAS. Some

3.13 Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year, out of total complaints, 90 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken onboard for settling such issues with maximum transparency.

3.14 Biomedical Waste Management (BMW)

The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical was either unsatisfactory or not available at all. The awareness amongst the staff was found satisfactory and practice of segregation was being done properly at the DH and CHC. Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by the concerned agency. These health facilities also bury some portion of the bio medical waste within the hospital premises.

3.15 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. Only at SC-H&WC level not much attention has been paid in this regard. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level but such material was insufficient at PHC and SCH&WC level.

3.16 Comprehensive Primary Health Care (CPHC)

CPHC as of date seems to be poorly implemented. Although NCD screening is taking place in the district at various facilities, but it was found that it is not taking place as per the CPHC guidelines. For example the district did not have the information about target population to be screened, number of CBAC forms filled and number of CBAC forms with a score of more than 4. We were informed that 294 SHCS, 83 H&WCS

and 16 UPHCs have started NCD screening and these facilities have planned to screen 221799 persons but have screened only 22998 persons. All 149 SHCs-HWC, 41 PHCs and 3 UPHCs have started NCD screening. They have screened more than 93 thousand individuals for hypertension, diabetes and oral cancer and screened more than 48 thousand individuals for breast cancer and cervical cancer. All these 149 HWCs provide tele-consultation services and organize wellness activities.

All national programmes are implemented in the district according to their guidelines but, the big challenge is from the community as people are not ready to accept the services as per national programmes mainly because of lower level of literacy, awareness and ignorance.

4. SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY

4.1 Lifestyle and living conditions

We visited Jagdishpur village on 17.09.2022 and interacted with the local community members who consisted of 2 School Teachers, 2 Shop keepers, few farmers and few women. More than 60 percent of the population lives in kachha or semi pacca houses. Large majority of the population is dependent on agriculture and migration of labour class during summer is a common phenomena. The village is flood prone and the village with all its agricultural crops gets submerged in flood water. Consequently, many people in the village are economically poor as they do not have land to work and most of the agricultural activities are based on rain. The literacy level is low but it is picking up as most of the children are going to school.

Many households do not have basic facilities like toilet, drinking water facility. Mostly people have LPG gas for cooking. But majority still cook food on wood. Whole village does not have drainage system and the water from bathroom and other waste water flow on the road itself, providing feeding ground for mosquitoes.

4.2 Awareness about the Services Available and Accessibility

The local people are generally well aware about the location of health facilities and the services available there. The most commonly services availed are Child immunization, Antenatal care, delivery care, treatment of hypertension, diabetes, diahorrea, cataract, IPD services, and treatment of minor diseases. The services are available irrespective of economic status. However, the community perceives shortage of doctors at the DH and CHCs as one of the key challenges in accessing health care at the public health facilities. People are well aware about various health programmes. The major health issues as perceived by the community are: Diabetes, hypertension, Thyroid disorders, asthma, malaria and water borne diseases and viral infections. As per the opinion of people, around 75 percent of men consume tobacco and 40 percent consume alcohol on regularly basis. In the village in every petty shop tobacco products are usually available.

4.3 Availability of HR and Behaviour of Staff

An interaction with the community leaders reveals that both DH and CHCs have shortage of doctors. Due to the roster system, all doctors posted at a facility are not available for consultation. During off days, they generally indulge in private practice. It was also reported by the community that most of the health facilities including the DH wear a deserted look after 3 PM, as only emergency is open and those needing services have to obtain the services from private providers. The public is generally satisfied with the behaviour of the staff. But due to heavy work load at the OPD, they do not give enough time to patients.

4.4 ASHAs Visits to the Households for Consultation/Services

ASHA are visiting the households particularly those households which have young infants and pregnant women. They motivate the women for ANC and child immunization. They also visit the infants for home based new born care. The provide information about and also are involved immunization, breastfeeding, nutrition, contraception. They also collect information from adult men and women about non communicable diseases and accompany them for screening for diabetes and hypertension.

4.5 Health Seeking Behaviour and Utilization of Services

People generally use public health facilitates in case they are sick. Utilization of Antenatal care services is very high. More than 70 percent of the pregnant women receive antenatal services from a public health care facilities. ASHAs play an important role in educating women about the importance of ANC. However, along with visiting a public health facility, women also visit a private practitioner for ANC services. Women generally receive TT, IFA and anaemia testing facility from SCs and PHCs. Apart from utilizing ultrasound facility from a public health facility, women also visit a private facility for a final sonography. Immunization facilities are available at all public health facilities and almost all the children receive various doses of immunization from a public health facility in the district. So far as childhood diseases are concerned, people generally visit a private service provider for consultation.

NCD clinics have been established at DH and CHCs. Facility for the screening of hypertension and Diabetes is now available at all PHCs and H&WCs. However, screening of oral cancers, breast cancer is in infancy as the staff posted at the H&WCs is not yet fully trained to screen patients for these cancers. Overall, people prefer to seek treatment for NCDs from public health care providers. Some of them felt that if services are not satisfactory in public health facilities people prefer private health facilities. For treatment of leprosy and TB again people prefer public health facilities like HWC, PHC and DH. HWC staff and ASHA usually distribute tablets for malaria, dengue, chikungunya, JE and filaria. For dog bite cases people have to visit DH. For major emergency services, people prefer DH; for eye and dental ailments usually, they prefer DH; whenever camps are organized in the village, they approach for minor

problems related to dental. People felt that the screening is being done under RBSK at schools and Anganwadi Centres.

Like other parts of Bihar, waterborne diseases like diahorrea, dysentery and viral diseases like fever, cold cough are more common in Muzaffarpur also. The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of District Health Officer (DHO) in the district. Our interaction with the community members revealed that have been no major outbreaks in the district during the current and previous financial year in the district. In case people have diahorrea or common colds, they either visit a SC/PHC and some visit a private practitioner or a local chemist.

4.6 Key challenges Pertaining to Utilization of Health Services From Public Facilities

Major challenge for the community is chewing of tobacco, gutka and drinking alcohol. People while discussing felt that government should ban the manufacturing of all these things. The area is flood prone during monsoon season and susceptible to water borne diseases and the health facility is unable to cater to the needs of the patients during these epidemics. Shortage of doctors at public health facilities is another major challenge in the district and particularly during night. Overcrowding of DH and CHCs is another issue. Due to the non availability of adequate number of Gynaecologist at health facilities particularly at CHCs, women are forced to utilize the ANC and delivery services from private facilities.

5. SERVICE AVAILABILITY AT THE PUBLIC FACILITIES

5.1 Sub Centres/ H&WCs

Sub Centre Jagdishpur Baghanagri has been converted into H&WC. It covers a population of around 6810 and covers 02 villages. The H&WCs is housed in government building and the physical condition of the building is not so good. Further, the facility is located at an isolated place. It is located at a distance of 2 Kms from PHC Siho and around 10 Kms from CHC Muraul. The facility is easily assessable from the nearest road. The sanctioned staff consists of 1 MLHP\CHO and 1 FMPHWs. But MLHP has been transferred a few months back. There is no post of Pharmacist. Six ASHAs are attached with the H&WC. Branding of H&WC has been undertaken. Clean functional toilets are not available. Drinking water facility is available at the facility. The facility has enough space for examination room, immunization, drug store and yoga activities. The facility does not have any electric connection. The building is non-fenced and therefore has privacy and security issues.

5.1.1 Availability of Services

All services as per IPHS are not available at the facility. Facility of ANC registration, ANC checkups, measurement of height, weight, BP and HB is available the entre. TT and IFA are also provided to women. Among post natal services counseling on diet and breast feeding is provided. Child immunization facility is also available at the SC.

Temporary methods of contraception services like condom; oral pills are available at the facility. Treatment of minor ailments like cough and cold, fever, diahorrea, worm infestation and first aid is also available at the facility. The facility also helps in the control of local epidemics, diahorrea, dysentery, jaundice. Recently H&WC has started screening of adult population for diabetes and hypertension but since the MLHP has been transferred so this activity of NCD screening has been stopped. It is not functioning as a delivery point. MPW/ANM has given a laptop recently to upload the data of various schemes of NHM on regular basis.

5.1.2 Availability of drugs and diagnostics

As per the Essential Drug List, H&WCs should have 51 drugs available. Most of the EDL drugs are available at the facility. NCD drugs were also available at the H&WC. Anti TB drugs are not available. However, updated EDL was not found displayed at the facility. The facility has shortage of testing kits for checking haemoglobin, pregnancy status and blood sugar. Thermometer and BP apparatus is available at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc. Oxygen concentrators have recently been delivered at the facility recently and have not yet been put into use.

5.1.3 Whether services are optimally utilized, average workload of staff

Looking at the utilization of services from the H&WC, it was found that services are not optimally utilized. Although FMPHW is working at the centre, but on an average less than 10 persons visit the facility for treatment of minor ailments. The populace generally prefers to visit secondary or tertiary care health facilities where at least a doctor is available. However, immunization services and to some extent ANC services are fully utilized at the H&WC. On average in a month, the facility provides ANC services to 10 women and immunization to 25 children. Very few women visit for contraception services.

5.1.4 Key challenges observed in the facility and the root cause

a) One of the key challenges faced by the facility is that it is located at an isolated place and people find it inconvenient to visit it.
b) The facility was converted into a H&WC and MLHP was posted here but he has been shifted from this facility and this H&WC has almost become non functional.
c) The staff consists of one FMPHW and she has to conduct outreach activities, therefore the facility remains closed for most of the time.
d) The building is non-fenced and therefore it has privacy and security issues both for the female staff as well as for the patients.
e) Although the H&WC has been branded but its physical condition is shabby and the cleanliness of the facility is very poor.

5.2 Primary Health Centre Siho

PHC Siho is located at a distance of 8 Kms from CHC Sakra and 24 Kms from District Hospital Muzaffarpur. It caters to a population of about 37050. Six Sub Centres are attached with this PHC. The PHC is not designated as a 24X7 facility. The PHC has a good building with adequate space for various facilities. It has a capacity of 10 beds. Residential quarters are not available. Drinking water is available round the clock. Wash rooms are available but the wash room for the patients was not clean. Power back up is available. Bio-Medical Waste management is done through sharp pit and outsourced to an agency; they collect the waste on every alternative day.

PHC has 1 desktop which is functional; tablets are given to ANMs and smart phones are also available with ASHAs. Internet connection is available through mobile net. They have initiated Kayakalp assessment and have scored 74 in internal assessment. The facility has not yet applied for external assessment as the facility does not have a boundary wall. The facility has not yet started NQAS assessment; LaQshya is also not initiated at PHC as deliveries are not conducted at the facility.

The two posts of MBBS Medical Officers from regular side and 1 position of MBBS MO from NHM side are vacant. However, 1 position of AYUISH doctor from NHM side is in place. There are 2 FMPHWs from regular side and 1 from NGM side posted at the PHC. Besides, there is a Lab Technician. The post of Pharmacist is also vacant. Six ASHAs are attached with this facility.

5.2.1 Availability of Services

Most of the services as per IPHS standards are not available at the PHC. The services available at the PHC are medical and essential OPD services, referral, antenatal care, post natal care, immunization, basic laboratory services, treatment for minor ailments, screening and treatment of hypertension and diabetes, spacing methods of family planning, counselling services for ANC. Staff Nurse gives counselling on FP services mainly condom, Chaya, Antara and Mala-D. Although a labour room is available, but due to the non-availability of trained female staff (FMPHW/ANM) deliveries do not take place at this PHC. Tele medicine/consultation services are available. NCD services are held regularly on daily basis but FMPHWs are not trained in screening of oral and breast cancers. We could not get the registers maintained on individuals screened and diagnosed on NCD. Wellness activities are not performed regularly. During the last 6 months, PHC has screened 5831 persons for hypertension and diabetes. Of these, 123 have been diagnosed with hypertension and 23 with diabetes. Ambulance is not available at the PHC but is connected with the transport referral system -108 service.

All the data entry portals like HMIS and HWC portals are updated. Data is reported weekly under IDSP. Information was not available on RKS meetings. Data was not available for referred-in cases and referred-out cases.

5.2.2 Availability of drugs and diagnostics

As per the Essential Drug List, a PHC should have 53 drugs available. Almost all EDL drugs are available at the PHC. The PHC did not report any shortages or stock out of essential drugs. Diabetic drugs and combination of diabetic and hypertension drugs are also available. The NCD drugs available at the facility are Amlocefe, Telmisarton, Metformin and Glimepiride. Updated EDL is displayed at the facility. The facility also has adequate supplies of essential consumables. AYUSH medicines are also available at the facility. It was found that the hospital is in a position to meet almost 90 percent of the demand of drugs and other consumables.

PHC has a small lab consisting of a CBC machine which is working in PPP mode. The timing of the lab is 8.00AM to 2.30 AM. User charges as approved by the Government are paid by the public for lab investigations but same are free for JSSK cases. During the last 6 months a total of 2051 investigations have been performed at the PHC. Investigations are conducted free of cost. USG and X-ray services are not available at the facility.

5.2.3 Whether services are optimally utilised, average workload of staff

There are no doctors available at the PHC, therefore the services available at the PHC are limited and therefore the facility does not have much workload. Therefore OPD services are not optimally utilized at the facility. However, ANC and immunization are optimally utilized. Family planning services particularly condom and oral pills are also optimally distributed at the PHC. The facility can easily conduct deliveries but due to the lack of interest on behalf of doctors and FMPHW/ANM deliveries do not take place here.

5.2.4 Key Challenge

a) Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 bases. There is a need to put in place at least 1 MBBS MO and 1 Pharmacist.
b) Non availability of X-ray facility is severely affecting the delivery of services.
c) The PHC does not have a full fledged lab as per the IPHS standards. The patients needing basic or routine investigations have to visit a CHC for basis investigations.
d) The PHC has a good building but it is not fenced and snakes were seen roaming in the PHC compound.
e) The ambulance at the health facility is not available, thus there is a need of ambulance for any emergency purposes.
f) Although PHC has a delivery room with essential infrastructure but due to the lack of proper training to conduct deliveries, people have to visit other facilities for delivery services.

5.3 Community Health Centre (CHC) Muraul

CHC Muraul is a first referral unit standalone institute accessible from the nearest road. Rural Hospital Sakra is the nearest referral point which is at a distance of 4 kms. The total population of the catchment area is 109000. There are 18 PHCs under the CHC. It operates OPD from 8 am to 2.00 pm. CHC is working in a one story new building and the last renovation has been done in 2021. The premises of CHC is maintained cleanly, it has all the basic amenities like 24 hours running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area and drug store room. Complete hospital has power back-up which is maintained through 1 generator. It has total 30 beds. It does not have any ICU beds. The average bed occupancy rate is 50 percent.

Color coded bins for segregation of waste are available. Bio-Medical Waste management is outsourced to a private agency. Further a deep burial pit is also available at the facility.

Information regarding the sanctioned positions of various categories of staff was not available with the CHC. However, the CHC has 1 position of Gynaecologist, 1 Surgeon, 5 MBBS Medical Officers and 1 Dental MO. It was also reported that 7 positions of MBBS MOS are vacant. Of the 4 Laboratory Technicians only 1 is in place. All the positions of OT Technicians, X-Ray Technicians are vacant. Few Five Staff Nurses and 1 Pharmacist is also working at the CHC. Besides, few positions from NHM side are also posted at the CHC.

Desktops for data entry are available at the CHC. Internet connectivity is good. The CHC has undertaken internal assessment for Kayaklap and has scored 97 percent and it has submitted the proposal for external assessment. It has not yet initiated any activity for assessment under NQAS or LaQshya. Recently first meeting for assessment under NQAS and LaQshya was organised under Mission 60.

5.3.1 Availability of Services

Very few services as per IPHS standards for CHC are available at the CHC. Apart from emergency services the CHC provides services for general medicine, NCD, O&G, minor surgery, and dental services. Facility for normal delivery is available and c-section deliveries are not conducted occasionally. NBSU is also functional at the CHC. Although the facility of General Surgery is available but Anaesthetists is vacant, the services related to minor surgery is only available. Specialized services related to only Gynaecology and Dental are available. Other specialized services like paediatrics, orthopaedics, radiology, ophthalmology etc are not available. General emergency services are available at the facility. The facility is also providing tele-medicine services. The facility has a single general OT and is almost non functional. Blood storage unit is not available. Screening for NCDs (Diabetes and Hypertension) and their treatment is also available at the CHHC. The NCD clinic has an optimal work load and is doing good work in terms of screening, treatment, and referral and

follows up of patients. CHC is also participating in various national health programmes like HIV/AIDS, control of water borne diseases, jaundice, control of blindness, elimination of Tuberculosis, leprosy, RBSK, PMJA, PMSMA etc.

All JSSK entitlements including free delivery services, diet, drugs, diagnostics are provided; free transport is given through 108 ambulance. PMSMA services are provided on 9th of every month.

Registers for entering births and deaths are maintained. No maternal and child deaths are reported during previous year and current year. Abortion care services are not available. Vaccines and hub cutter are available and staff are aware of open vial policy.

During last 6 months around 2512 individuals are screened for hypertension and diabetes; and 150 have been identified with hypertension and 129 with diabetes. They do not have any screening for cancer. Under IDSP, weekly data is being reported through P & L form. Facility is designated as a microscopy centre for TB and 2 percent of the OPD cases are tested for TB. They have CBNAAT test facility. Transport mechanism is in place for investigations within public sector for TB testing and other tests. All TB patients are tested for HIV and diabetes. All TB patients have received DBT instalments in last 6 months. Records are maintained for TB notification, TB treatment, malaria, palliative care, dengue, chikungunya and leprosy. We could not get the information on fund received and utilized by the facility under NHM.

5.3.2 Availability of drugs and diagnostics

CHC Muraul has laboratory. It provides various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, VDRL, LFT and KFT. It was also found that CHC have adequate supplies of reagents and consumables for conducting these investigations. But various other tests like RPR, T3, T4 testing facility, culture sensitivity and histopathology are not available at CHC and the ANC cases requiring these tests have to obtain these services from RH Sakra or from a private diagnostic facilities. X-ray facilities and USG facilities are also not available at the CHC. Most of the necessary equipment for OTs, Labs, labour room and other sections was found available in the CHC. However from surgical side, there is a need for a new general instrument set, OT Table and Suction apparatus.

EDL consists of 121 drugs. All the EDL drugs are available and there are no shortages of drugs. Essential Drug List was displayed in the store and at the entrance also. Management of the inventory of drugs is manual. Drugs are provided free of cost. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC.

5.3.3 Service Utilization

The services at the CHC are not optimally utilized keeping in view the staff available at the CHC. ANC, immunization, laboratory services, distribution of contraceptive services are optimally utilized. NCD services are also optimally utilized. The services which are not optimally utilized are delivery services, post natal care, OPD and IPD, NBSU services.

5.3.4 Key challenges observed in the facility and the root cause

a) Although having good infrastructure, but human resource particularly Doctors is a serious issue for under utilization of services.
b) X-ray and USG facility is not available at the facility.

5.4 District Hospital Muzaffarpur

District Hospital complex Muzaffarpur is located in the middle of Muzaffarpur city and is easily accessible from the nearest road. SKMCH Muzaffarpur is the nearest referral point. The district hospital complex consists of 5 main buildings. Most of these buildings are very old and need major repairs. The only building which is in better condition is MCH building. The approach road to the hospital is higher than the hospital complex and there is a Nallah flowing adjacent to the hospital which is also higher than the hospital complex and even a shower results in the water logging of the hospital. There are a few staff quarters but they are also in depilated condition. The hospital presently has a bed capacity of 200. Besides, there are 4 ICU beds.

It operates OPD from 8 a.m. to 2 p.m. It has all the basic amenities like 24 hours running water, functional toilets separately for male and female, drinking water, OPD waiting area with sufficient sitting arrangement and drug storeroom with racks. They do not have ASHA rest room. The hospital complex is not geriatric and disability friendly. Complete hospital has power backup. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were found somewhat clean. Citizen's charter, timings of the facility, list of services available, protocol posters are displayed properly. The facility has received a Kayaklap score of 61 in its internal assessment due to gaps in infrastructure. The hospital because of poor infrastructure has not started NQAS assessment but under Mission 60 the various infrastructure gaps are being plugged in and the process to get NQAS certification has now been initiated by the hospital. Complaint box is also available for registration of complaints and grievances.

5.4.1 Availability of services

The hospital provides all the basic and emergency services including ANC, NRC, SNCU, FP, blood bank, and dialysis unit, CT scan, ENT, Ortho, USG and X-ray. Specialized services are also available for medicine, OBG, paediatric, general surgery. It also provides Ophthalmology and dental services. Burn unit is not available. General emergency along with triage resuscitation and stabilization are available in the hospital complex. Teleconsultation services are also available at the facility.

Separate OTs are available for elective surgeries and obstetrics and gynaecological surgeries. Facilities for mini laparoscopy, IUD, PPIUD services are available on select days. Temporary methods of family planning are also available. NSV services are not available at the DH. Child immunization is available on daily basis.

Blood bank is functional and 38 units of blood were available in the BB. During the last month, 133 blood transfusions have been performed. Blood is issued free of cost to BPL card holders, elderly people and JSSK beneficiaries. Bio-Medical Waste (BMW) management is done through a bio medical treatment plant.

Under NHM, District Early Intervention Centre (DEIC) under RBSK has been established in the DH. The SNCU with 12 beds is also functional in the hospital. SNCU also has shortage of staff. All services are provided free of cost. NRC with a bed capacity of 10 and equipped with all infrastructure is functional in the hospital. The NCD Clinic is also functional at the DH and provides services on all working days. Staff are trained in the screening of patients for breast cancers and oral cancers. The NCD clinic has screened 6825 patients for hypertension and 7511 for diabetes. Of the screened cases 10 percent are identified with hypertension and 7 percent with diabetes. The district hospital also has a Registered Blood Bank and except for the post of Blood Bank Officer all other positions in Blood Bank are in place. Currently, a general Medical Officer from the regular side is looking after the working of Blood Bank. The bank issues almost 100 blood units in a month.

A district hospital is supposed to have 4 physicians, 4 surgeons, 4 gynaecologists, 2 anaesthetists, 1 ophthalmologist, 1 radiologist, 3 paediatricians, 2 orthopaedic, 1 dermatologist, 2 ENT specialists and 30 Medical Officers. Official records show that the sanctioned staff strength in the district hospital is of 41 Doctors and 25 of them are in place. The doctors who are posted at the DH include 12 medical officers, 1 anaesthesiologist, 2 gynaecologist, 1 surgeon, 2 physician, 2 Child Specialist, 1 Radiologist, 1 Pathologist, 1 Eye Specialist, and 1 Orthopaedic and 2 AYUSH MOs. Few Staff Nurses, Lab Technicians, Pharmacist and other paramedic staff s also available but the hospital has acute shortage of manpower.

5.4.2 Availability of drugs and diagnostics

Essential Drug List was found displayed at few places in the hospital. It was mentioned by the In charge Drug Store that they are implementing DVDMS supply chain for management of drugs and almost all the drugs are available at the facility. Further, it was also mentioned by the Hospital Manager that all Essential drugs available in the hospital are generally provided free of cost to the patients. They also ensure that drugs required during delivery are kept in abundant quantity. Nevertheless, hospital reported shortages of some drugs namely Atropine eye drop, Fluconazole IV, Lctulose solution, Tab Acyclovir and Inj. Nikethmide during the last one month.

The DH Muzaffarpur is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, VDRL, LFT and KFT. RPR, T3, T4 testing facility, culture sensitivity and histopathology is not available at DH. ANC cases requiring these tests have to obtain these services from the private diagnostic facilities. X-Ray, ECG, USG and CT scan facility is available. Endoscopy facility is not available at the DH. It was also found that DH has adequate supplies of reagents and consumables in the laboratory. On an average 5000 lab investigations are performed at the DH.

It was mentioned by the Hospital Manager that the lab of the hospital is in need of a fully automatic analyser to meet the growing diagnostic demand generated by JSSK. Equipment maintenance and repair mechanism is somewhat ok. District Hospital requires a Digital ECG and MRI.

5.4.3 Whether services are optimally utilised, average workload of staff

The services available at DH Muzaffarpur are optimally utilized. The hospital sees a huge rush of patients every day. A total of 60822 patients have visited the OPDs of DH during April-July 2022-23. AYUSH OPD accounts for about 1 percent of the total OPD in the DH. A total of 1808 admissions have been made in the IPD of DH. Further 170 major and 4312 minor surgeries have been performed in the hospital. Around 720 institutional deliveries have been reported at the DH. C-section deliveries account for 9 percent of total deliveries. Information collected from the laboratory shows that a total of 17589 lab investigations were performed during the first four months of 2022-23.

5.4.4 Key challenges observed in the facility and the root cause

a) Due to the location of the DH in a low lying area, it gets waterlogged even with a small drizzle. There is a need to upgrade the drainage system, so that the issue of water logging can be addressed.
b) Most of the buildings of DH are in depilated condition. There is a need to renovate some of these buildings and also demolish some of the buildings like staff quarters and IPD block and construct new buildings.
c) Shortage of staff particularly doctors is a main issue in the optimal utilization of services.
d) It was mentioned by the patients that doctors are not available in the OPD rooms after 2.PM and there is a need to ensure their attendance after 2.PM.
e) Record keeping and maintaining the updated data is poor

6. Discussion and Key Recommendations

The district has sufficient number of health facilities. However, managing the human resource and proper placement of human resource reported to be a big challenge, which has prevented the rational posting of HR. The overall performance of NHM activities in the district is satisfactory. However, some areas required to be

improved/upgraded for enhancing the quality of health care service delivery of the district health system.

Although physical infrastructure for conducting deliveries is available at SC and PHC level, but due to the non availability of trained staff, deliveries are not conducted at these SCs and PHCs. There is a need to identify the Staff Nurses/FMPHWs which have not participated in conducted Skilled Birth Attendant (SBA) training and train them so that they can conduct deliveries at the SCS and PHCs.

The fund flow mechanism and its utilization under NHM in the district are promising. But while preparing the PIP it is said while the districts collects information from various health facilities but their genuine demands and needs are ignored while finalizing the DHAP. Therefore, it is recommended that the genuine demands of the SCs, PHCs and CHCs be kept in mind while forwarding the DHAP to the State.

The CHC and DH mentioned that payments are paid to the ASHAs and JSY beneficiaries through DBT. But, in this system, they dot get the confirmation about No. of ASHAs and beneficiaries who receive the payment.

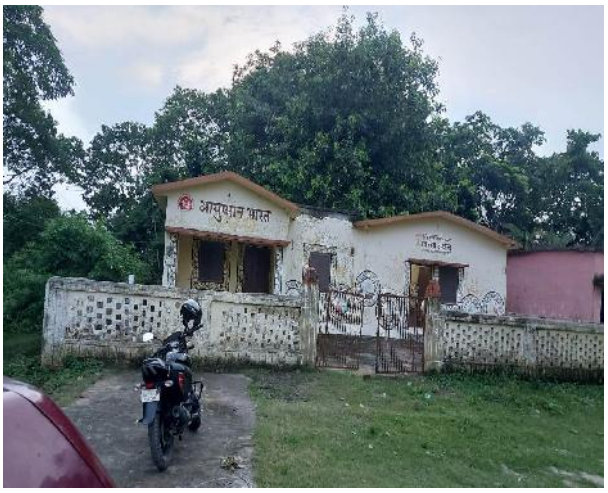
Visited facilities are better performing in terms of medicine but diagnostic services are poor at PHC and CHC level. There is a need to have X-Ray facility available at PHC also.

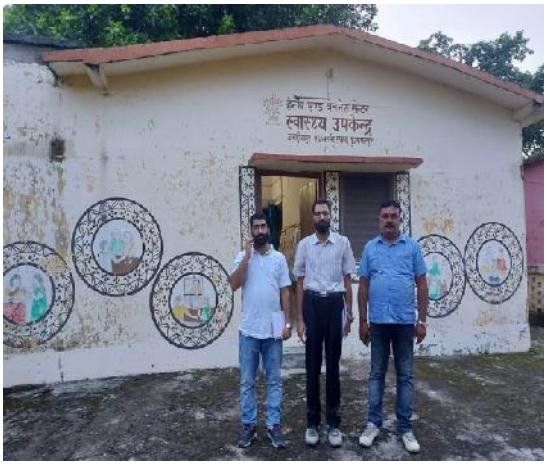
An important concern of the community was non availability of staff at the public health facilities. Now the Bio Metric Attendance System has been put in place and this will surely help in the availability of staff in the health facilities.

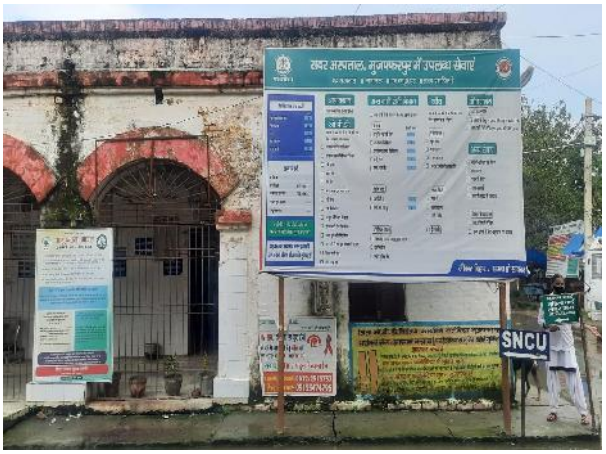
Although we did not witness any shortage of medicines at the public health facilities and largely the medicines are made available to the facilities through Bihar Medical Supplies Corporation, but few community members raised questions about the quality and efficacy of the medicines. This is one of the reasons that few patients prefer to purchase NCD drugs from market. There is therefore a need to have the drugs tested and the certificates of quality testing be displayed at the facilities.

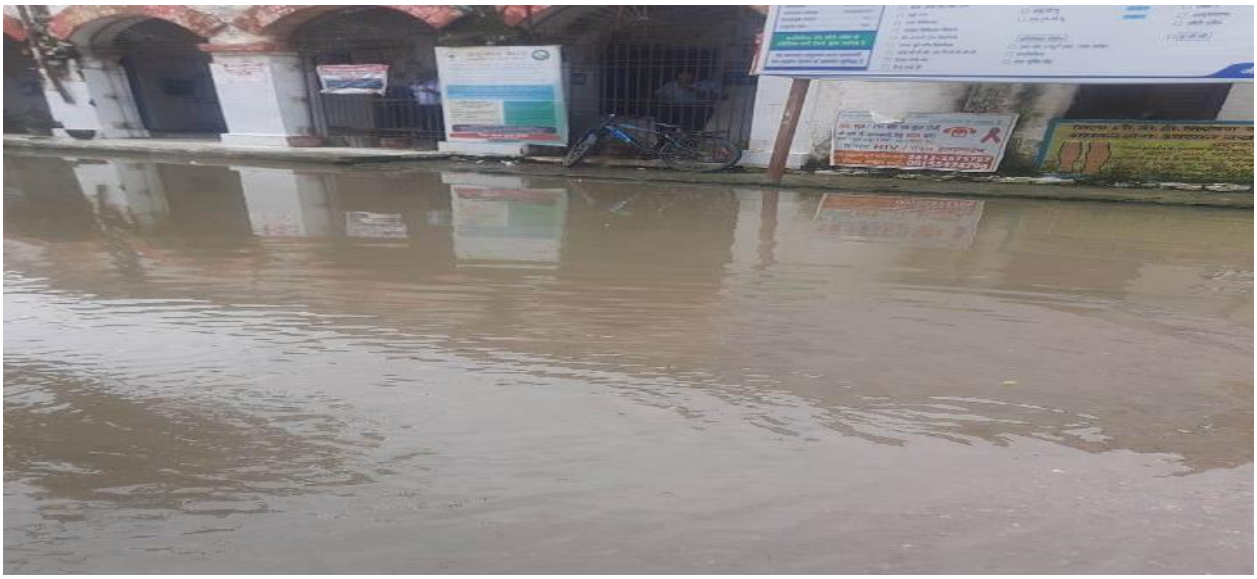
Although the HMIS data has improved a lot but there is still various deficiencies in its recording. For example, the DH is including C-section deliveries in Major operations. Similarly, information pertaining to NCDs is not maintained properly. There is a need to train all the new outsourced who have recently joined the facilities as Data Entry Operators. Capacity building of DEOs along with monitoring and supervision will improve the NCD data base to a great extent.

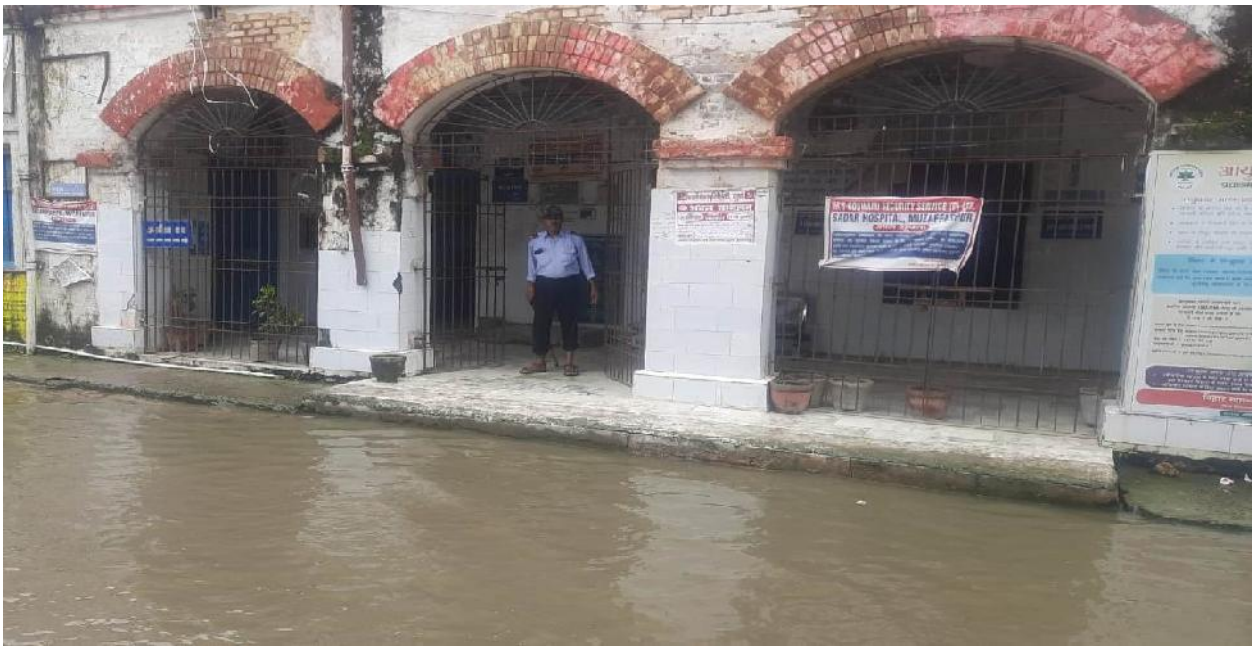
6. PHOTO GALLERY

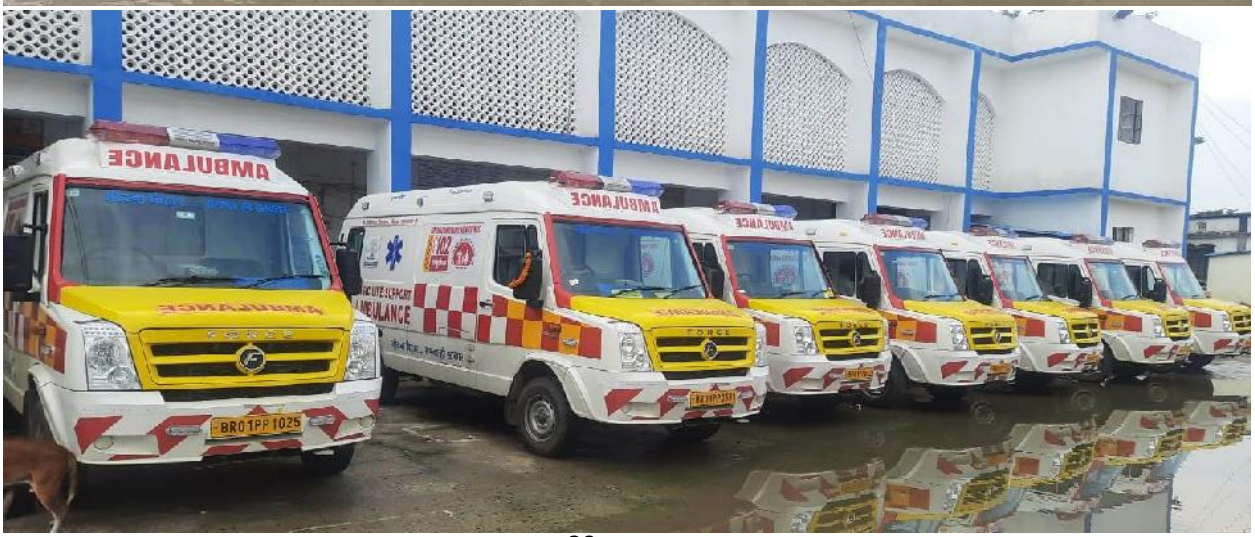








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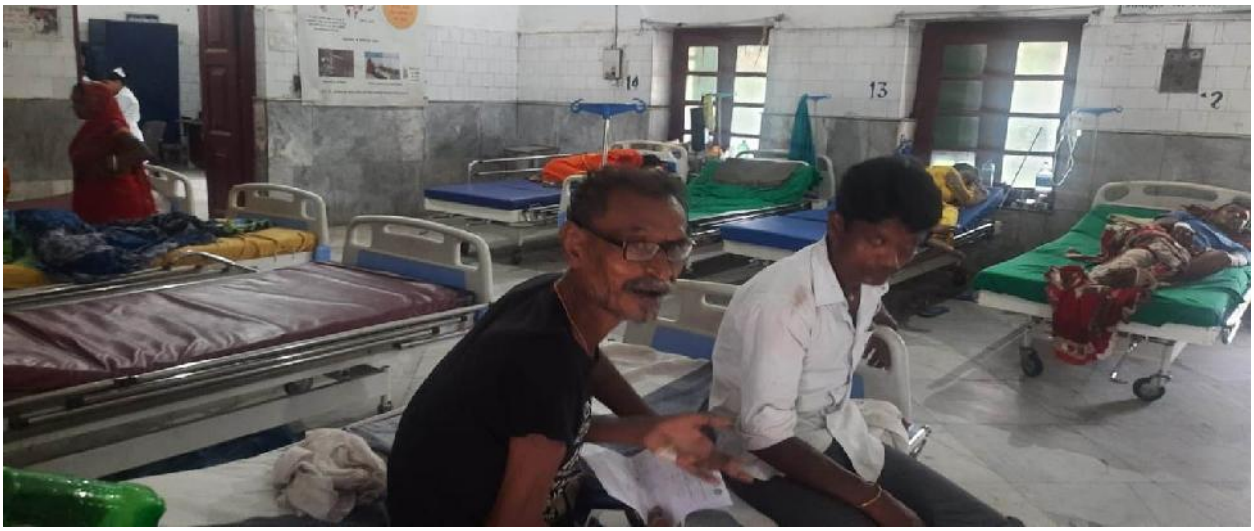

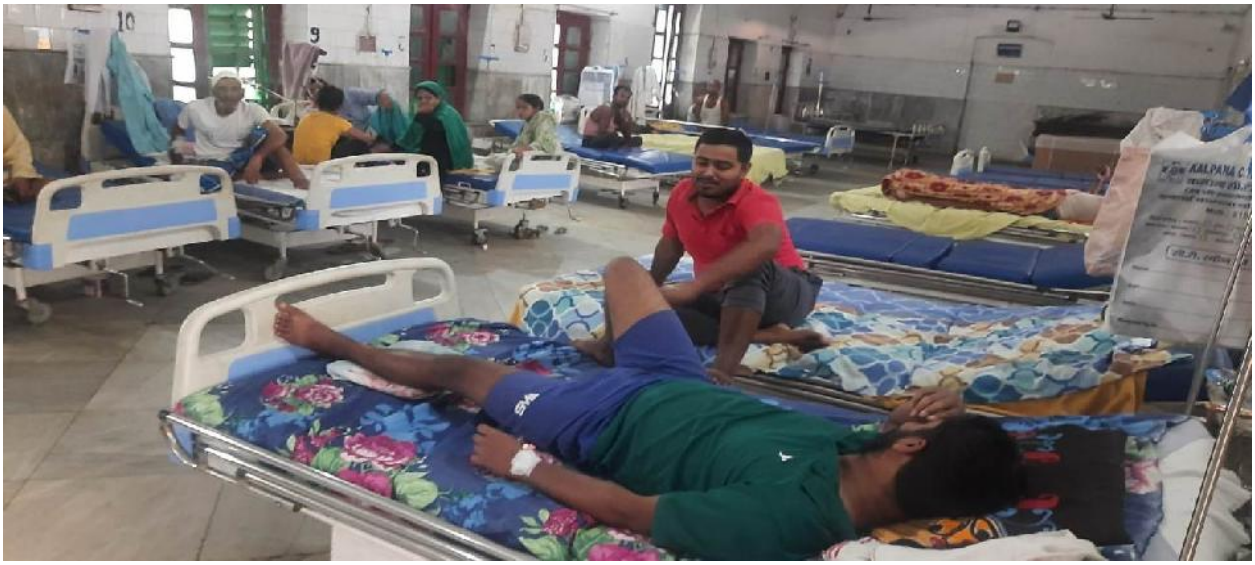

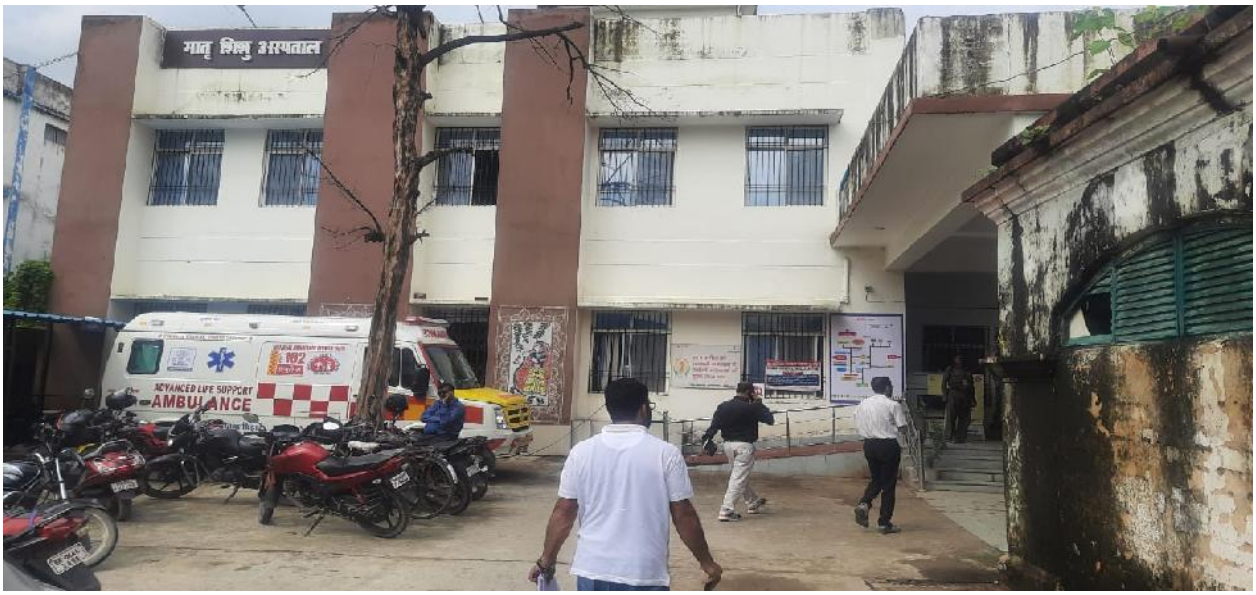
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