

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



Mohammad Ibrahim Wani
Javid Ahmad Mir

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POPULATION RESEARCH CENTRE
UNIVERSITY OF KASHMIR
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Map of District Samastipur of Bihar State, Government of India



List of Abbreviations

| | | | |
|------------------|--|--------------|---------------------------------------|
| ALS | Advanced Life Support System | JSSK | Janani Sishu Suraksha Karyakaram |
| ANC | Ante Natal Care | LHV | Lady Health Visitor |
| ANM | Auxiliary Nurse Midwife | LMP | Last Menstrual Period |
| ASHA | Accredited Social Health Activist | MCH | Maternal and Child Health |
| AWC | Anganwadi Centre | MDT | Multi Drug Treatment |
| AYUSH | Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homeopathy | MDR | Maternal Death Review |
| BLS | Basic Life-support System | MIS | Management Information System |
| BPMU | Block Program Management Unit | MMUs | Medical Mobile Units |
| CAC | Comprehensive Abortion Care | MO | Medical Officer |
| CCU | Critical Care Unit | MoHFW | Ministry of Health and Family Welfare |
| CBC | Complete Blood Count | MPHW | Multi-Purpose Health Worker |
| CHC | Community Health Centre | MS | Medical Superintendent |
| CHO | Community Health Officer | NBCC | New Born Care Corner |
| CMO | Chief Medical Officer | NBSU | New Born Sick Unit |
| C-section | Caesarean Section | NCD | Non-Communicable Diseases |
| DEIC | District Early Intervention Centre | NHRC | National Health Resource Centre |
| DOTS | Directly Observed Treatment Strategy | NLEP | National Leprosy Eradication Program |
| DPMU | District Program Management Unit | NHM | National Health Mission |
| ECG | Electro Cardio Gram | NVBDC | National Vector Borne Disease Control |
| EDL | Essential Drug List | OPD | Out Patient Department |
| ENT | Ear, Nose and Throat | PHC | Primary Health Centre |
| FBNC | Facility Based New-born Care | PIP | Program Implementation Plan |
| FMPHW | Female Multi-Purpose Health Worker | PMU | Program Management Unit |
| FRU | First Referral Unit | PNC | Post Natal Care |
| GNM | General Nursing and Midwife | PRC | Population Research Centre |
| HBNC | Home Based New Born Care | RBSK | Rashtriya Bal Swasthya Karyakaram |
| HIV | Human Immunodeficiency Virus | RCH | Reproductive & Child Health |
| HMIS | Health Management Information System | RKS | Rogi Kalyan Samiti |
| ICDS | Integrated Child Development Scheme | SNCU | Sick New-born Care Unit |
| IDSP | Integrated Disease Surveillance program | SRS | Sample Registration System |
| IEC | Information Education & Communication | USG | Ultra Sonography |
| IFA | Iron & Folic Acid | JSSK | Janani Sishu Suraksha Karyakaram |
| IPD | In-Patient Department | LHV | Lady Health Visitor |
| IPHS | Indian Public Health Standards | LMP | Last Menstrual Period |
| IUD | Intra Uterine Device | MOIC | Medical officer Incharge |
| JSY | Janani Suraksha Yojana | CS | Civil Surgeon |

PLAN OF THE REPORT

This report has been divided in the following eight chapters.

| | | |
|-----------------------|---|---|
| CHAPTER – I | : | This chapter provides the background and objectives of the evaluation along with the methodology adopted for the evaluation. |
| CHAPTER – II | : | This chapter describes the delineation of Bihar State in general and district in particular and at deliberation upon the status of health infrastructure as well as will also discuss the health action plan of district Samastipur. |
| CHAPTER – III | : | This chapter will deliberate upon the status of delivery of services including free drug & diagnostics, RCH, PMSMA, RBSK, SNCU, NBSU, NRC, HBNC, RMCs..... etc. |
| CHAPTER – IV | : | This chapter documents the status of implementation of national programs for communicable diseases under NHM that are functional in the district such as IDS, NTE, NLP, ASHAs, VHSNC, CPHC etc. |
| CHAPTER – V | : | This chapter deals with the recruitment policy, status of human resources, budget allocation and will also elaborate the trainings. |
| CHAPTER – VI | : | This chapter deals with the delivery of services at the visited health facilities and also highlights some of the major challenges that these facilities are confronting during the services. |
| CHAPTER – VII | : | This chapter documents the perception of the community members regarding the functioning and quality of the health facilities in their area of residence and includes the details of interaction with the ground level workers. |
| CHAPTER - VIII | : | This chapter deals with some of the recommendations and observations which are based on the field visit and interaction with community people including school teachers, shopkeepers, health seekers, MOICs, NHM staff as well as local staff of the visited health facilities. |

PREFACE

In order to restructure & recognize the health care since the dawn of independence – 1947, various nationally designed Health and Family Welfare schemes, programs and policies have been launched rather implemented in the country in general and particularly in the Union territory of Jammu and Kashmir. 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, 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. Nevertheless, the State Programme Implementation Plan (PIP) of the Union Territory of Jammu & Kashmir (2022-23) has been certified rather the UT has been assigned, the agreed goals and targets. Therefore, the UT 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. Significantly, the Ministry has identified twenty one (21) districts in which four (04) are in J&K, twelve (12) in Bihar and five (05) in West Bengal for PIP monitoring for 2022-23 in consultation with PRC Srinagar. The staff of the PRC, Srinagar has decided to visit these districts in the phased manner and in the 1st phase the team has decided to visit districts located in Jammu & Kashmir and rest accordingly. Henceforth, the present report reveals the Challenges, Issues and findings of monitoring exercise pertaining to the district SAMASTIPUR of Bihar State.

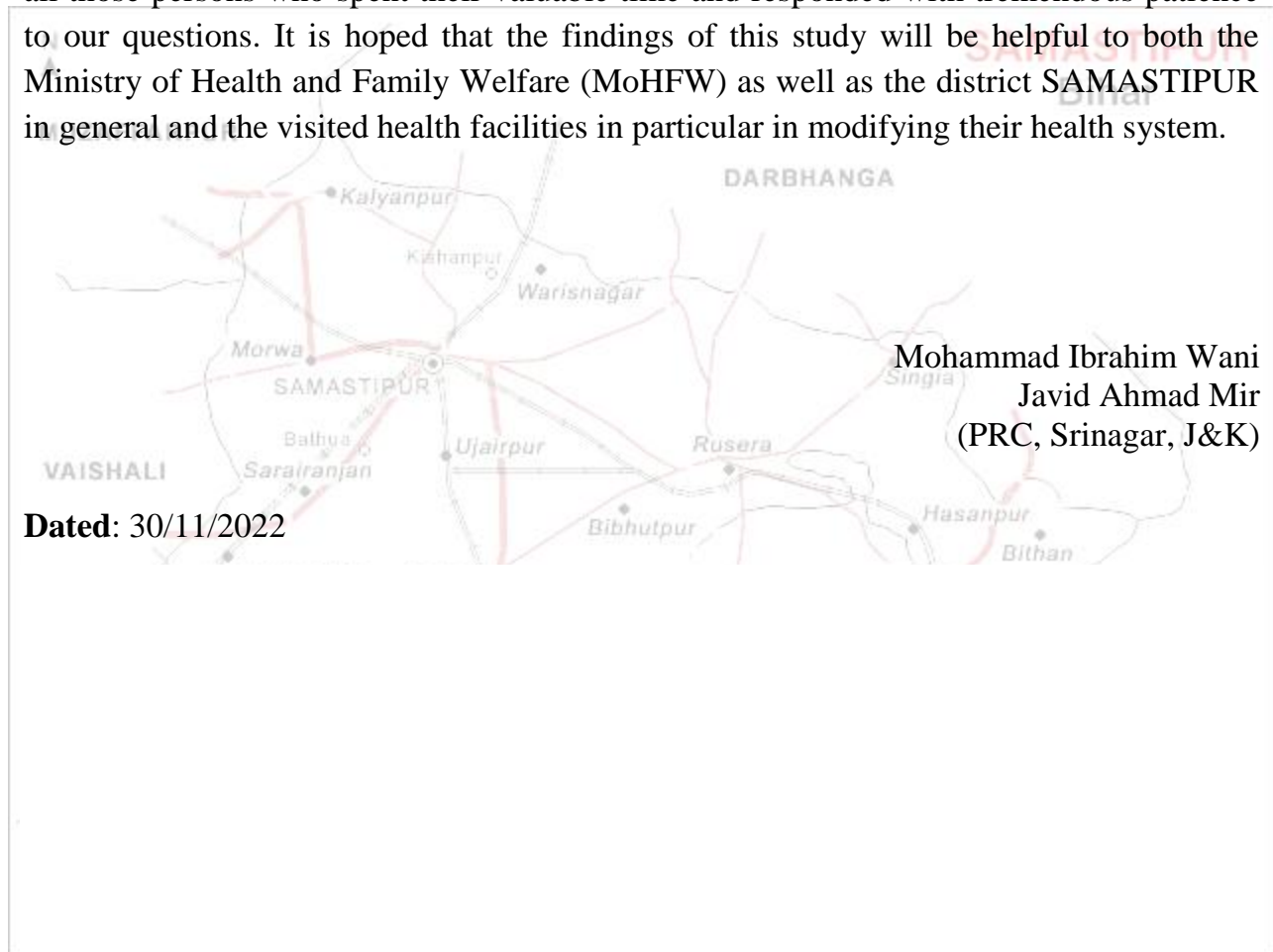
As such the study was successfully completed with the efforts, involvement, cooperation, support and guidance of visible and invisible hands. In which we wish to express our thanks to the Ministry of Health and Family Welfare (MoHFW), Government of India for giving us an opportunity to be the part of this monitoring exercise of national importance.

Our special thanks goes to Mission Director, NHM of UT Jammu & Kashmir for his cooperation and support rendered to our monitoring team. We wish to place on record the Coordinator (Dr. Bashir Ahmad Bhat), Population Research Centre, Srinagar, for his inputs and contribution rather encouragement at all stages of this study.

Special thanks are due to Civil Surgeon (CS) Samastipur, Medical Superintendent of Sadar Hospital (SH) Samastipur, MOIC as well as MOs of CHC Kalyanpur, MOs of APHC Mordiya and CHO of SH&WC Gado-Bajitpur, for sharing their experiences.

We would like to appreciate the cooperation rendered by the officials of the District Programme Management Unit (DPMU) Samastipur, Block Programme Management Unit (BPMU) and MOs as well as Data Entry operator especially Ganesh Kumar of CHC Kalyanpur for helping us in the collection of information. Special thanks are also to staff at CHC Kalyanpur, Primary Health Centre (APHC) Mordiya and HWC/SC Gado-Bajitpur for sharing their inputs.

Last but not the least credit goes to all the respondents including community leaders 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 Ministry of Health and Family Welfare (MoHFW) as well as the district SAMASTIPUR in general and the visited health facilities in particular in modifying their health system.



EXECUTIVE SUMMARY

In order to recognize the Public Health Scenario given the set procedures of revised IPHS – 2022, all the health facilities (especially HWCs) have been designated to provide 12 packages of comprehensive Primary Health Care. While as the Community Health Centres (CHCs) have been designated to provide the basic secondary care services nearer to the community with special focus to the underserved and remote areas of the country. District Hospitals as well as the Sub-District Hospitals are the epicentre in a district for providing assured secondary care referral services for those referrals from HWCs and CHCs. The present study was conducted in district Samastipur of Bihar where we did some egress interviews with service seekers for ANC/PNC, child immunization and delivery care at the health centres. Henceforth, the report has been summarised as:

Taken together both the maternal as well as the child deaths, it has been deliberate that the annual growth rate of mortality has gone down by 8.02 per cent while as the annual growth rate of wastage in pregnancy (infant as well as the still birth deaths) has declined by 447.97 per cent from 2021-22 to 2022-23 which indicates that the health sector has progressed well in district Samastipur (**Source:** Civil Surgeon).

District Samastipur has 556 sanctioned posts of specialists in which only 299(53.77%) posts are in place which means that 257 (46.22%) posts of specialists are vacant in which 23(8.94%) are Gynaecologists/Obstetrician, 23 (8.94%) are Paediatricians, 42(16.34%) are Anaesthetist, 24(9.33%) are Surgeons, 19 (7.39%) are Physician, 13(5.0%) are Radiologists, 01(0.38%) is Pathologists, 03(1.16%) are ophthalmologist, 02(0.77%) are ENT, 05(1.94%) are Dermatologists, 18(7.003%) are Medical Officers (MBBS) and 83(32.29%) posts of AYUSH MOs have been left vacant till date.

Nevertheless, district Samastipur has 1,8,26 sanctioned posts of paramedical staff in which only 992 (54.32%) posts are in place which means 834 (45.67%) posts are vacant in which 29 (3.47%) Radiographer/X-ray technician, 77 (9.23%) Laboratory technicians, 15 (1.79%) OT technicians, 29 (3.47%) X-ray technician, 368 (44.12%) Staff Nurses/JSN, 54 (6.47%) Pharmacist (Allopathic).

Due to the less manpower including doctors, specialists, dresser, grade four staff, dental assistant and many others, the CHC Kalyanpur administration are unable to do many procedures properly and it also leads to over exertion of the available strength at the facility. So an additional manpower is required at the CHC Kalyanpur of district Samastipur.

Kalyanpur of district Samastipur is known to its **riots** and the security provided at hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases, or at times of critical medical situations. For example people bring **dead bodies** and ask MOs to make them relive and this eventually leads to formation of a mob in which the medical officers and other staff at duty get into very difficult situations.

As the Kalyanpur area is known to poverty and riots, therefore, some patients and specially their attendants make the hospital (CHC Kalyanpur) a centre of **chaos**, which leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of the hospital.

Most of the staff claimed that CHC Kalyanpur lacks a separate space for expectant mothers. This results in both male and female staff members infringing upon the privacy of the mothers and putting their dignity at risk.

The CHC Kalyanpur has outdated and obsolete machinery like dental equipments, CBC analysers and at the same time, the Medical Officers of CHC claimed that nursing schools need to be upgraded so that the trainings would be given to the concerned up to the benchmark.

During the visit it has been observed that the operation theatre in Sadar Hospital (SH), Samastipur has old equipments, instruments & beds lying in worst conditions, dusted & corroded which are not functional. The toilets and bathrooms inside the hospital premises appeared to have particularly low satisfaction rating on hygiene. Most of the toilets are unclean, with broken doors and windows, and little or no facilities like water or dustbins. Blood soaked clothes of patients lying in an open area. It seems no one, not even the authorities are interested in keeping the hospital premises clean.

Most of the delivery services were affected at the Sadar Hospital Samastipur, due to the acute shortage of various specialists especially the Genealogists/Obstetricians, Radiologists and Anaesthetists as well as the Staff Nurses as these posts has been left vacant since couple of years.

Having the shortage of transport especially critical care ambulances, MRI facility not available and insufficient residential accommodations for doctors and paramedics have adversely affected the delivery of services of the Sadar Hospital.

Sadar hospital Samastipur is critically challenges the shortage of some of the important wards and units such as Intensive Care Unit (ICU), Burn Unit (BU) as well as teaching-n-training block for medical, nursing and paramedical.

Although, the APHC **Mordwa** has been designated a cold chain point, but it has enveloped its space causing more problems to provide a quality services. Therefore, new construction for the space enlargement is the need of the hour.

The APHC is critically facing the shortage of some major instruments such as digital baby weighting machine, Digital auto clave, Suction both electric as well as foot, Food Rest(iron), High Scale, ANC table and needle holder forcep etc. Although the APHC is performing well in terms of delivery services but at the same time this APHC has an acute shortage of X-ray as well as USG machines.

This APHC is run by the deployed human resource mostly from PHC Samastipur and few members are from NHM side. Therefore, this APHC has shortage of manpower as no human resource for allopathic side because all the Medical officers from regular side have been left vacant except 01 Medical Officer & 01 AYUSH Medical Officer from NHM are in place and majority of the other paramedical positions are falling vacant.

Need of Electricity, 24x7 cleanliness, regular supply of logistics/medicine, separate toilets for females and at the same time this SH&WC of **Gado-Bajitpur** has shortage of human resources as per the HWC.

By and large we were overwhelmed by the knowledge and awareness of ANMs, ASHAs and ASHA facilitators while discussing some of the important issues and challenges pertaining to their work culture, load of maternal visits, HBNC as well as CBACs etc. They were of the opinion that they have heavy logs of work on their shoulders but they have not been paid as per their work load. Therefore, in this backdrop, we find them unhappy and pathos with the scheme under which they have been employed rather we observed that they were not satisfied with their visit allowances as well as remuneration that they are being provided by the government.

While discussing the critical issues with the community people, district Samastipur is inundation prone area, therefore nook-n-corner of district Samastipur is vulnerable to water borne diseases and the health facility at times is unable to cater to the needs of the patients during these crisis circumstances.

Only 01 health facility is quality certified in district Samastipur and the district has not yet initiated for NQAS; but recently Bihar State has started Mission – 60 under which all the labour 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.

CHAPTER – I

MAIN OBJECTIVES & METHODOLOGY OF THE STUDY

INTRODUCTION

With the targets of recognizing the importance of Health in the process of economic and social development and improving the quality of life of citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system. Therefore, on the 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) and the State PIP for 2022-23 has been also approved. While approving the PIPs, States have been assigned agreed goals and targets rather they are expected to achieve them, adhere to critical conditionalities and implement the road map provided in each of the sections of the approved PIP manuscripts. Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry of Health & Family Welfare decided to monitor the implementation of State PIP rather connected all the Population Research Centres (PRCs) of the country to undertake this monitoring exercise and it was rather decided that all the PRCs of the country will continue to undertake qualitative monitoring of PIPs in the states/districts assigned to them on monthly bases. In this regard, a team of two research experts from PRC, Srinagar have been constituted for undertaking the PIP Monitoring exercise of district SAMASTIPUR of Bihar.

MAIN OBJECTIVES OF THE STUDY

In consonance with the Programme Implementation Plan (2022-23), the main objectives of this study have been delimited:

- 1) to monitor and examine whether the district Samastipur is adhering the critical conditionalities while implementing the plan and to what extent the crucial strategies identified in the PIP are implemented;
- 2) to assess the current conditions of physical infrastructure & health service provision in selected Sadar Hospital, CHC, APHC and SC&WC of the district and to examine the status and availability of human resources for health including staff in-position, vacancies and staff trainings at the selected health facilities;

- 3) to review the status of implementation of key components of the NHM programme including maternal health care, delivery care, child health care services, RBSK, adolescent health, family planning measures, Disease Control Programs (DCPs) and Information Education and Communication (IEC) activities etc.;
- 4) to assesses the functionality of equipment, supply and essential drugs, essential consumables etc., at the selected facilities and to understand the gap between demand and supply of health service delivery under NHM programme;
- 5) to assess the availability of finance for the NHM activities in the district. This includes assessing the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through Rogi Kalyan Samitis (RKS).

DATA COLLECTION & METHODOLOGY

This report is based on the primary data which has been collected from the health facility visits and secondary data which has been collected from Civil Surgeon's (CS) office and the information from HMIS Web portal has also been collected for some of the variables such as human resources etc. Structure interview schedules were used for nodal officers and health facilities. The assessment is based on observations made and information collected during the: a) round table meeting with DPMU, other Nodal officers and NHM staff; b) visits to health centres; and c) beneficiary interactions.

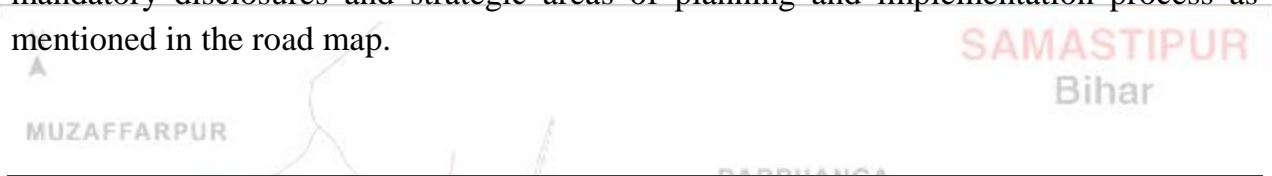
Prior to the assessment of health facilities, a meeting with key personnel of NHM, of district Samastipur was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The Civil Surgeon (CS) further elaborated the plan of visit to the health facilities.

The team interacted with key programme officials at the office of DPMU and discussed the status of the key activities. Apart from detailed interactions with the District Nodal Officers and DPMU staff, the team visited selected health facilities in the district. Health facilities from all the three levels (at district, block and village level) were selected for supportive supervision after consultations with the DPMU. Moreover, to understand the health service providers' perspectives about the services delivery, in-depth discussions were done with the Civil Surgeon, Medical Officers/MOICs, ANMs and ASHAs.

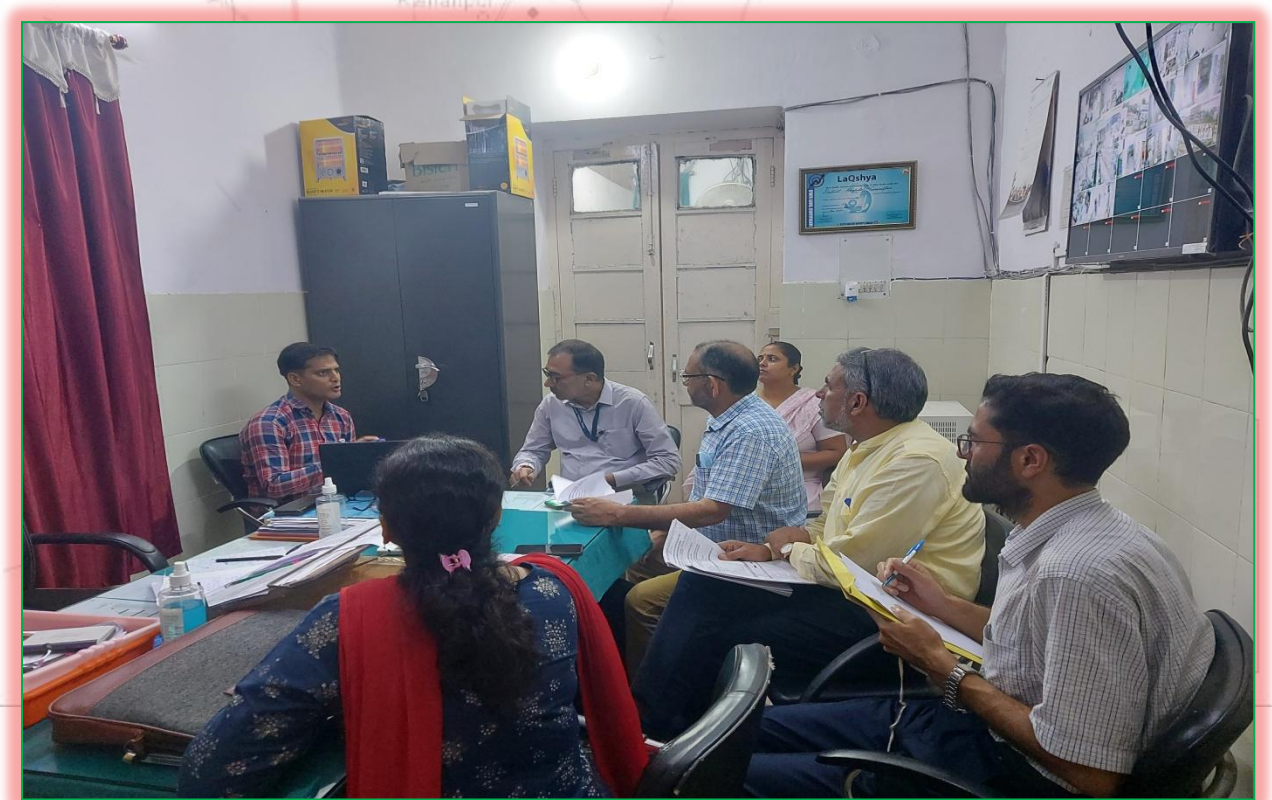
Thus, the present study pertains to district Samastipur of Bihar State. However, a schedule of visits was prepared by the PRC Srinagar and two officials namely Dr. Mohammad Ibrahim Wani and Dr. Javid Ahmad Mir have been assigned the District for

the PIP monitoring exercise and information has been collected from the Civil Surgeon's Office Samastipur, Sadar Hospital (SH) Samastipur, CHC Kalyanpur, APHC&HWC Mordiya, and Sub-Health & Wellness Centre (SH&WC), Gado-Bajitpur.

The team has also interviewed with some of the IPD and OPD patients who had come to avail the services at various health facilities during our visit. An interaction with the community was also held at the APHC and HWC level to discuss various health related issues with them. The following sections presents a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.



PRC, Srinagar team with the administrative staff of Sadar Hospital Samastipur of Bihar State, Government of India

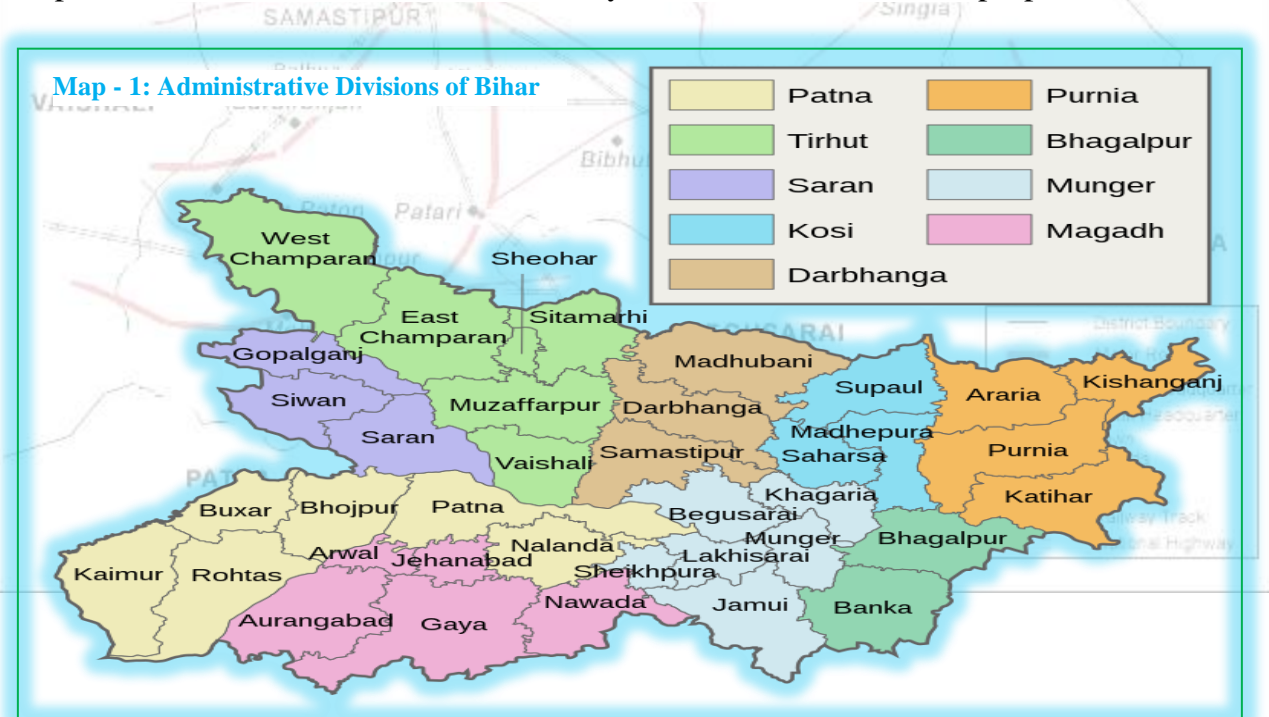


CHAPTER – II

DELINEATION OF BIHAR STATE AND DISTRICT SAMASTIPUR

DELINEATION OF BIHAR STATE

Despite the close proximity of Kolkata port, Bihar is landlocked located in the eastern part of the country, bordered by Nepal in the North, West Bengal in the East, Uttar Pradesh in the West and Jharkhand in the South. Geographically, the Bihar occupies an area of 94,163.00 square kilometers in which 92,257.51 (97.97%) square kilometers are rural while as 1,095.49 (1.163%) square kilometers are urban. Given the population pyramid, with 38 districts, the population of Bihar was estimated 10, 40, 99,452.00 in which 5, 42, 78, 157 (52.14%) are males while as 4, 98, 21, 295 (47.85%) are females which accounts 5.3 percent of the total geographical area of the country and 10.3 per cent of the total population of India (Census-2011). On the basis of structure, the State has been divided into 09 divisions (i.e., Patna, Tirhut, Saran, Darbhanga, Kosi, Purnea, Bhagalpur, Munger and Magadh) with 101 sub-divisions and 534 circles, 12 municipal corporations with 49 Parishads and Panchayats for the administrative purposes.



With regard to the vital statistics of Bihar, the crude birth rate (CBR) was estimated 25.8 births per thousand of inhabitants and the crude death rate (CDR) was 5.5 deaths per thousand of inhabitants while as the infant mortality rate (IMR) stands 47.0 child deaths per thousand of live births and under 5, the mortality rate has been estimated 56.0 child

deaths per thousand live births (NFHS-5) while as the maternal mortality rate was estimated 305 deaths per one lakhs of pregnant women (Census-2011). Given the average fertility rate of 3.0 children per women, the total Sex ratio of Bihar was estimated 918 females per thousand of males and the Child Sex ratio was estimated 935 female child per thousand of male child while as the Sex ratio at birth is 908 female children born per thousand of male children born (NFHS-5). Nevertheless, the literacy rate of Bihar was estimated 69.83 per cent in which 70.32 per cent are male while as 53.57 per cent are female literacy rate.

DELINEATION OF DISTRICT SAMASTIPUR

Carved out from the erstwhile Darbhanga, district Samastipur came into existence with four subdivisions (i.e., Dalsingsarai, Rosera, Samastipur and Patori) in 14th of November, 1972. Geographically the district occupies an area of 2,904 square kilometers in which 2893 (99.62%) are rural while as 11 (0.37%) are urban area, surrounded by the Bagmati River on the north which separates it from Darbhanga, by Vaishali & Muzaffarpur on the west, by the Ganga on the south which connects it with Patna while as by the Begusarai and Khagaria on the southeast. Given the demographic nature, the population of the district was estimated 4,261,566 (1, 47,797 of urban + 41, 13,769 of rural) in which 2, 230, 003 (52.32%) are male and 2, 031, 563 (47.67%) are female while as the density of population was estimated 1,467 inhabitants per square kilometer (Census-2011). The Sex ratio of the State was estimated 911 females per thousand of male population while as the Child Sex ratio was estimated 923 female children born per thousand of male child born. With regard to the vital statistics of SAMASTIPUR, the crude birth rate (CBR) was estimated 28.7 births per thousand of inhabitants and the crude death rate (CDR) was 6.9 deaths per thousand of inhabitants while as the infant mortality rate (IMR) stands 54.0 child deaths per thousand of live births and under 5, the mortality rate has been estimated 77.0 child deaths per thousand live births (NFHS-5) while as the maternal mortality rate was estimate 288 deaths per thousand of pregnant women (Census-2011). The average literacy rate of the district was recorded as 63.81 while as the male literacy rate was estimated 71.25 and the female literacy was estimated 51.51 (Census-2011). Structurally, with four (04) subdivisions the district has 20 CD blocks, 3 Parishad, 381 Panchayati and 1260 revenue villages with district headquarter at Samastipur.

HEALTH INFRASTRUCTURE OF DISTRICT SAMASTIPUR

Given the geographical area with four subdivisions such as Dalsingsarai, Rosera, Samastipur and Patori, district SAMASTIPUR have twenty (20) medical blocks such as Bithan, Hasanpur, Sighia, Kalyanpur, Warishangar, Khanpur and Mohanpur.....etc.

Sans the private health facilities, the health services are being provided through a network of 444 established health institutions including, One (01) District Sadar Hospital, Four (04) Sub-district hospitals, Twelve (12) Community health centres (CHCs), Twenty (20) Primary health centers (PHCs), Forty five (45) APHCs/UPHCs and Three hundred sixty two (362) Sub-centers (SCs).

Besides these established health facilities, the district has One (01) Special Newborn Care Unit (SNCU) functional with the required equipments at Sadar Hospital, One (01) Nutritional Rehabilitation Centre (NRC) functional with the required facilities, Twenty eight (28) Designated Microscopy Centers, Twenty (20) Tuberculosis units, One (01) CBNAAT/TruNat Sites, One (01) Blood bank functional at Sadar Hospital, Five (05) Blood storage units and Nine (09) First referral units.

Moreover, the district has sixteen (16) non-communicable disease clinics functional with the required infrastructure in which One (01) is at Sadar Hospital, Four (04) at Sub-district Hospitals and eleven (11) at Community Health Centres (CHCs). Further, the district SAMASTIPUR has upgraded thirty eight (38) PHCs and One hundred eighty seven (187) Sub-centres to Health & Wellness Centres (HWCs) to till date.

Nevertheless, a comprehensive first and second trimester abortion services are being provided by eleven (11) health facilities in the district.

Thus, keeping in view both the population scenario as well as the Indian Public Health Standards (IPHS) norms into consideration, district Samastipur, has adequate number of SDHs, CHCs, PHCs, APHCs & SHCs as well as the tertiary health care facilities but need to keep the doctors available 24x7 instead of 8:30 am to 2:30 pm.

DISTRICT HEALTH ACTION PLAN (DHAP)

In order to restructure the mechanism of health system, the process of decentralized rather an integrated nature of participatory planning has been followed in the development of District Health Action Plan which involved all the stakeholders right from the SC level up to the district level functionaries. As such, the action plan was sought by the district authorities from all the Civil Surgeons, Medical Superintendents (MSs) & Medical Officers Incharge (MOICs) of the district. Since, the District Health Action Plans were developed which were based on the inputs received either through the block as well as village action plans designed by the Village Health Water Sanitation Committees or the inputs received from these facility surveys as all the health facilities of the district viz., SH, CHCs, APHCs and SHC were surveyed by using the templates developed by the Government of India. Moreover, the District Planning Team (DPT) also

provided some technical oversight and strategic vision for the development process of this District Action Plan where in they took the accountability of crucial parameters. As such a draft has been designed with the individual consultations with groups and nodal officers and then submitted to the State Health Society (SHS) for threadbare discussion as well as for the approval, than State Health Society designs a State level PIP and would submit the same to the Ministry of Health & Family Welfare (MoHFW). After the submission, the district has received the approved District Health Action Plan (DHAP) under Letter No: 2614 of dated 23-07-2022. Despite, the official approval, the district has not received the 1st installment of budget to till date. Nevertheless, the construction work of a new building for Paediatric ward of Sadar Hospital building is going on since the last two years which is yet to complete due to the disruption of pandemic and it will take one more year for its construction. Moreover, construction of one (01) constructed work which has been completed in 2021 but has not been handed over to the concerned authorities of the district.

Sadar Hospital of district Samastipur of Bihar State, Government of India



CHAPTER – III

STATUS OF DELIVERY SERVICES IN DISTRICT SAMASTIPUR

Free Drugs & Diagnostic Services:

In order to improve the quality of health care services and to address the out of pocket expenditure on drug-n-diagnostics, the government of Bihar under the National Health Mission launched the free drug and diagnostic initiatives since the couple of years back. Nevertheless, during the monitoring visits it has been observed that all the health facilities are providing free drug-n-diagnostic services sans any cost irrespective of Golden Card Holders, JSSK, BPL, NCDs, HTN, ANC and delivery patients provided the fact that they won't have sufficient supply given the pressing demand.

Reproductive Health Care (RHC) Services:

In line with the record of delivery points only three (03) PHCs of 24x7 is conducting > 10 deliveries, twelve (12) CHCs conducting > 20 deliveries and only One (01) District Women and Child Hospital is conducting > 50 deliveries while as One (01) District Women and Child Hospital is conducting C-section in the District. Besides, the district has three (03) institutes with ultrasound facilities and all these institutes are registered under PCPMDT Act. As per the record the district has estimated 1, 52, 4, 92 deliveries in which 6,8,62 (4.49%) are C-section deliveries and the 145630 (95.50%) are normal deliveries while as the district has estimated 1, 37,461 live births from the given 8, 51,416 eligible couples in 2021-22 (**Source:** Civil Surgeon).

The Sadar Hospital Samastipur as well as the CHC Kalyanpur have been located in such a way so that most of the people would be benefited and these two health facilities were designated the first referral units for various primary health centres as well as Sub-centres. Therefore, both the normal as well as the C-section deliveries are being performed there on 24x7 bases. The SNCU at Sadar Hospital was seen excellent but was overburdened due to the dearth of space while as NBSU at CHC & PHC was also found functional with required equipments. Although the conditions of labour room with the required infrastructure was not exemplary, the Sadar Hospital Samastipur has done 647 deliveries in which 617 (95.36%) normal and 30 (4.63%) are C-section deliveries while as 166 deliveries was done at CHC Kalyanpur in which all 166 are normal deliveries and no one are C-section deliveries. The PHC Mordiva has performed 242 normal deliveries since the last six months of 2021-22 as this PHC was 24x7 designated while as 04 normal deliveries have been performed at SHC Gado-Bajitpur in 2021-22.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

District SAMASTIPUR has twenty three (23) designated health facilities for PMSMA activities in which all these facilities provides the quality services to Pregnant Women on 9th of every month as per the given procedure since its inception and all the identified high-risk women are taken care as per their obstructed and medical history. Rather it was reported by the visited health facilities that line-listing of high-risk pregnancies being maintained and pursued accordingly and during our record checking exercise Sardar Hospital SAMASTIPUR has recorded 04 high-risk pregnant ladies while as CHC KALYANPUR have recorded 12 high-risk pregnant ladies since the last six months. No high risk pregnant ladies have been recorded at APHC MORDIWA and SHC GADO-BAJITPUR as per the given record maintained by these facilities since 2021-22. As per the discussions with the hospital staff, Kalyanpur is prone to poverty, therefore, population of KALYANPUR is mostly living below the poverty line which adversely affected the pregnant women and accordingly raised the high-risk pregnancies in the area. Therefore, this issue need to be kept in the notice of higher authorities so that some major resolution could come out.

Rashtriya Bal Swasthya Karyakaram (RBSK)

As per the record, district SAMASTIPUR has twenty (20) medical blocks with 40 sanctioned as well as functional RBSK teams but out of these 40 teams only twelve (12) teams are functional with the required human resources while the remaining 28 teams are functional sans the required sources like equipments, vehicles etc. Moreover, only 32 vehicles are available in the district for these 40 RBSK teams. However, in order to screen and identify the defects of children at birth, each RBSK team is being provided a vehicle for visiting various schools and Anganwadi Centres. Therefore, out of these 40 RBSK teams, thirteen (13) medical blocks have 26 RBSK teams which means that each block with two (02) RBSK teams while as seven (07) medical blocks have, 07 RBSK teams which simply means that each block has one (01) RBSK team and the remaining 07 RBSK teams have been kept reserve for any eventuality or emergency. Hence, on an average 62 children have been screened per day by per team and almost 16, 4, 10 children have been screened for defects at various delivery points in 2021-22 (Source: Civil Surgeon).

Special New-born Care Unit (SNCU)

Having sixteen (16) bed capacity, One (01) Special New Born Care Unit (SNCUs) is functional at the Sadar Hospital SAMASTIPUR with the required equipments including

16 radiant warmer, one (01) stepdown care and three (03) Kangaroo Mother Care (KMC) Unit as well as the required human resource while as five (05) radiant warmers and two (02) phototherapy's remained non-functional since the last three months which has largely affected the delivery of services. In the SNCU of Samastipur, 490 babies have been admitted in which 203 (41.42%) babies were inborn while as 287 (58.57%) were outborn babies since 2021-22. However, of the 203 inborn babies in which 167 (82.26%) were discharged after the treatment, 14 (6.89%) babies were left at Medical Advice (LAMA), 02 (0.98%) were died due to one or the other cause and 01 (0.49%) baby has some kind of defects at birth while as 21 (10.34%) babies have been referred for the special treatment to the headquarter Patna of Bihar. Moreover, of the 287 outborn babies in which 193 (67.24%) babies have been discharged after the proper treatment, 08 (2.78%) have been left at Medical Advice (LAMA), 04 (1.39%) babies died due the one or the other reasons and 03 (1.04%) babies have defects at birth while as 77 (26.82%) babies have been referred for the special treatment to the headquarter Patna of Bihar.

Newborn Stabilization Unit (NBSU)

Having some Newborn Stabilization Units (NBSUs) with the required infrastructure and manpower, established at various health facilities especially at Sadar Hospital as well as at the various CHCs of district SAMASTIPUR. However, given the workload, 01(0.19%) baby died out of 581 inborn babies who were admitted at NBSU in which 437(75.21%) were discharged after the treatment and 05(0.86%) babies have been left at Medical Advice (LAMA) while as the remaining 138 (23.75%) were referred for special treatment to Children's Hospital, Patna. Moreover, only 01 outborn baby has been admitted in NBSU and was discharged after the proper treatment since 2021-22.

Nutrition Rehabilitation Centre (NRC)

The district **Samastipur** has an established Nutritional Rehabilitation Centre which is expected to be functional from June 2023 said the concerned authorities (Civil Surgeon) of the district.

Home-Based New-born Care (HBNC)

In order to take care of new home born babies, all the ASHAs of the district being accompanied the HBNC kits as well as drug kits and as per the record it was found that 52,4,52 newborns have been visited by the concerned ASHAs and information about HBNC and drug kits were 3,8,35 up to 31/03/2022 but it was reported by the ASHAs at the SC and PHC & HWCs that these drug kits are being refilled at their respective health facilities on need basis. However, based on the feedback, society are satisfied with the

knowledge as well as the conduct ASHAs and their work culture as it appears that ASHAs are well versed with the objectives of HBNC.

Review of Maternal and Infant Deaths

As per the record, received from the Civil Surgeon's office, shows that 5,6,54 deaths were estimated in which only 17 (0.30%) maternal deaths while as 1,58 (2.79%) Child deaths were reported in 2021-22 which simply indicates that the health sector is progressing well. Therefore, taken together both the maternal as well as the child deaths out of the estimated 5,6,54 deaths only 175 (3.09%) deaths were reported in 2021-22 in which only 09 maternal deaths were reviewed by the concerned authorities.

Moreover, in case of infant as well as still births 1,9,42 deaths were reported in 2021-22 in which 2,20 (11.32%) were infant deaths while as 1,7,22 (88.67%) were still birth deaths which simply indicates that ANC services have not been taken care off.

As per the record, received from the Civil Surgeon's office, shows that 4,8,53 deaths were estimated in which 19 (0.39%) were maternal deaths while as 143 (2.94%) were child deaths reported in 2022-23 which indicates that health sector is progressing well. Therefore, taken together both the maternal as well as child deaths out of the estimated 4,8,53 deaths only 162 (3.33%) deaths were reported in 2021-22.

Thus, taken together both maternal as well as child deaths, it has been calculated that annual growth rate of mortality has gone down by 8.02 per cent while as in case of infant as well as still births, it has been quantified that the annual growth rate of wastage in pregnancy has gone down by 447.97 per cent from 2021-22 to 2022-23 which simply indicates that the health sector has progressed well in district Samastipur (Source: Civil Surgeon).

Moreover, it was observed that all the visited health facilities have recorded the information about the mortality and same has been reported to the concerned Civil Surgeon as well as uploaded on the HMIS Web Portal.

Status of Referral Transport

Given the load of health services, the district has only 67 ambulances available for referral transport in which 45 are Basic Life Support (BLS) while as 22 are Advanced Life Support (ALS) which are available 24x7 on need based. On an average each Basic Life Support (BLS) ambulance are supposed to have at least 4-5 trips with 70-80 kms while as ALS 03 trips with 02 kms per day. Moreover, the district has 68 ambulances of

102 which are connected with GPS and are controlled through centralized call centre and on an average performs 4-5 trips with 70-80 kms per day. Nevertheless, the district administration found these ambulances insufficient and at times district need to outsource for hiring the vehicles especially for JSSK patients.

Universal Health Screening (UHS)

Under the Universal Health Screening (UHS), the district has identified 3, 85, 8, 30 population of eligible persons in which only 85,7,82 (22.23%) souls have been covered whose CBAC forms have been filled up to 2021-22. As such this chunk of population was screened for various non-communicable diseases like hypertension, diabetes and various types of cancers.

As per the record received from the Civil Surgeon's office, shows that out of 72,4,62 suspected patients which have been taken randomly for screening in which 1077 (1.48%) were diagnosed hypertension and all have been treated accordingly while as out of 63,970 suspected patients which have been taken randomly for screening in which only 876 (1.36%) were diagnosed diabetes and same were treated accordingly. In case of various types of Cancers, however, out of 46,3,20 suspected patients only 02 (0.004%) were diagnosed Oral Cancer and out of 20,0,70 screened patients only 0 (0.0%) were diagnosed Breast Cancer while as out of 7,1,26 suspected patients only 0 (0.00%) were diagnosed Cervical Cancer which indicates that the health sector of Samastipur is progressing well.

Status of Payments of ASHAs & JSY

After the threadbare discussion with the Civil Surgeon regarding the JSY & ASHAs payments of district Samastipur, the Chair limelighted that the payment of aforesaid being directly transferred by the district administration to the concerned ones through ASHWIN Portal. Therefore, they do not have any concern with the payments of JSY as well as ASHAs.

CHAPTER – IV

STATUS OF COMMUNICABLE DISEASES PROGRAMMES

In order to identify and examine the eventuality of diseases, district **Samastipur** has implemented various surveillance programmes under the NHM in which some of the programmes have been reviewed as:

Integrated Disease Surveillance:

District SAMASTIPUR has been covered under the Integrated Disease Surveillance program and a Rapid Response Team including Epidemiologist, DIO, FSO, MOICs, Physician, Pediatrician and Microbiologist has been constituted under the supervision of Civil Surgeon of the district. Since, 2021-22 no major outbreak has been reported in the district except Covid-19. However, only 02-03 per cent of private health facilities are regularly providing the weekly data under IDSP in the district. The information which has been collected from the visited health facilities shows that SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet that they have been provided by the SHS while as at the APHC level HWC the data on IDSP has been uploaded on weekly basis as reported by the concerned MOs. Moreover, the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

National Vector Borne Disease Control:

As per the information received from the Civil Surgeon's office SAMASTIPUR indicates that the district is prone to malaria and therefore National Vector Borne Diseases Control Programme has much importance for the district but the programme was adversely affected due the global outbreak of Covid-19.

National Tuberculosis Elimination:

District SAMASTIPUR has implemented the national tuberculosis elimination program since 2021-22 and has been target to screen 8,6,10 persons from the given load of population but due to one or the other reason, the district has completed the screening of only 6,7,73 (78.66%) persons in which 3,3,08 (48.84%) patients have been notified by the public sector while as 3,4,65 (51.15%) persons have been notified by the private sector. So far as the public sector concern, out of 3,3,08 notified patients only 132 (3.99%) patients were identified as MDR which have been kept on for the special surveillance-n-treatment while as from the private sector, out of 3,4,65 patients, no one

has been detected for MDR patient. As per the record, the success rate for the treatment of TB patients was estimated 51.08% (1690) out of the notified patients of 3,3,08 from public sector while as the success rate for the treatment of TB patients was estimated 55.36% (1918) out of the notified patients of 3,4,65 from the private sector. Nonetheless, 5,8,58 (86.49%) patients are known for HIV out of the notified 6,7,73 persons for TB cases in which 6,1,93 have been brought under the Nikshay Poshan Yojana (NPY) by the district SAMASTIPUR and DBT installments have been initiated in their favour. Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

National Leprosy Eradication:

National Leprosy Eradication Programme (NLEP) is in vogue in the district 70 new cases of leprosy and 01 G2D case has been reported in the district during the current year. Under National Tobacco Control Programme, the district has conducted few awareness programs under IEC component of the ROP. Recently the district has also received the funds for the Control of Blindness (COB) Programme from the State and the Sadar Hospital has started working for the programme with various sections of the hospital.

Accredited Social Health Activists (ASHAs)

Given the population load, district SAMASTIPUR needs 4,1,61 ASHAs in which only 3,8,82 (93.29%) are in position which means that 279 (7.18%) posts of ASHAs remained vacant to till date whereas out of the in position ASHAs (3882) only 927 ASHAs covers 1500 rural as well as 3000 urban population which means that 2955 (76.12%) ASHAs have covered less than that of the set norms. Moreover, there are only few villages & some slum area without any ASHA in the district.

However, a sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district such as out of 3,8,82 in position ASHAs, 801 (20.63%) ASHAs and 05 (0.12%) ASHAs Facilitators have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) while as 06 (0.15%) ASHAs have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), 30 (0.77%) ASHAs and 30 (0.77%) ASHAs Facilitators have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). However, role of ASHA workers is also highlighted in the Mahila Arogya Samiti's(MAS) where they are expected to create awareness regarding the health facilities and services in the communities they have been placed in. Since the district has a very limited urban/slum population and NUHM has not been extended to the district and thus no MAS have been formed in the district.

Village Health Sanitation and Nutrition Committee (VHSNC):

The role of identifying the children in the early malnutrition stage and attaching them to the NRC alongside assuring regular follow up is one of the key responsibilities of the VHSNC. Therefore, in district Samastipur, 381 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed in which all 381 VHSNC were trained and accounts have been opened in case of all 341 VHNCs.

Comprehensive Primary Health Care (CPHC):

Under the Universal Primary Health Care (UPHC) program, the district has planned to enumerate 42,54,7,82 population in which only 89,3,67 (2.10%) target have been completed while as planned to fill 4,04,509 CBAC forms in which only 2,89,8,59 (71.65%) target have been completed in 2021-22. In this regard, 349 health facilities of the district including 175 Health & Wellness Centres, 113 Sub-Health & Wellness Centres (SH&WCs), 58 Primary Health & Wellness Centres (PH&WCs), 03 Urban Primary Health & Wellness Centres (UPH&WCs) have planned to start the process of screening for various non communicable diseases; but out of these facilities only 146 (83.42%) Health & Wellness Centres (HWCs) and 58 (51.32%) Sub-Health & Wellness Centres (SH&WCs) have completed their process of screening while as the rest of the facilities (PH&WCs & UPH&WCs) have completed 100% target in the process.

Moreover, the information received from the Civil Surgeon's office, the district has also planned a target in screening for various types of NCDs like hypertension, diabetes, oral cancer, breast cancer, and cervical cancer. In this regard, it has been planned to screen 4,04,5,09 patients at random in which only 1,89,9,51 (46.95%) patients has been screened for hypertension while as 4,04,5,09 patients have targeted to screen in which only 179978 (44.49%) patients have been screened for diabetes. Moreover, the district has also planned to screen 1,213,527 patients for varied types of Cancers at random in which 120025 (9.89%) has been screened for Oral cancers, 58736 (4.84%) have been screened for Breast Cancers while as 23614(1.94%) have been screened for Cervical Cancers. Nevertheless, 175 HWCs have planned to provide tele-consultation services and to organize 176 wellness activities in the district but only 146 (82.95%) HWCs have completed their target and were also able to organise 146 (82.95%) wellness activities to till date though such activities have got hampered since the pandemic struck the globe.

CHAPTER – V

Status of Human Resources and Budget Utilization

Recruitment Mechanism in District Samastipur

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission (SPSC) and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled up by the office of the Mission Director (DM) at the Central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Development Commissioner. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. However, in district Samastipur, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of 49 posts remained vacant since couple of years given the sanctioned positions (**Source:** Civil Surgeon) from NHM side.

Status of Human Resource of District Samastipur

District Samastipur have 2,3,82 sanctioned posts from regular side in which 5,56 (23.34%) are specialists and 1,8,26 (76.65%) are paramedical staff while as out of these 556 posts of specialists in which only 299 (53.77%) posts are in place and out of these 1826 posts of paramedical staff in which only 992 (54.32%) are in place as per the record collected from Civil Surgeon's Office, Samastipur (**Source:** DPMU).

However, out of these 556 posts of specialists only 299(53.77%) posts are in place which means 257(46.22%) posts of specialists are vacant in which 23(8.94%) are Gynaecologists/Obstetrician, 23(8.94%) are Paediatricians, 42(16.34%) are Anaesthetist, 24(9.33%) are Surgeons, 19(7.39%) are Physician, 13(5.0%) are Radiologists, 01(0.38%) is Pathologists, 03(1.16%) are ophthalmologist, 02(0.77%) are ENT, 05(1.94%) are Dermatologists, 18(7.003%) are Medical Officers (MBBS) and 83(32.29%) posts of AYUSH MOs have been left vacant to till date.

While as out of these 1,8,26 posts of paramedical staff, only 992 (54.32%) posts are in place which means 834 (45.67%) posts are vacant in which 29 (3.47%) are Radiographer/X-ray technician, 77 (9.23%) are Laboratory technician, 15 (1.79%) are OT technicians, 29 (3.47%) are X-ray technician, 368 (44.12%) are Staff Nurses/JSN, 54 (6.47%) are Pharmacist(Allopathic).

Taken together both the specialists as well as the paramedical staff from the regular side given the above analysis it has been concluded that out of the total 2,3,82 sanctioned posts only 1291 (54.19%) posts are in place which means that 1091(45.80%) posts have been left vacant in which 257(23.56%) are specialists while as 834(76.45%) are paramedical staff.

Nonetheless, district Samastipur have 106 sanctioned posts from NHM side in which all 106 (100 %) are specialists and no one is paramedical staff as per the record collected from the office of the concerned Civil Surgeon (Source: DPMU).

Out of these 106 posts of specialists only 57 (53.77%) posts are in place which means 49 (46.23%) posts of specialists are vacant in which 06(12.24%) are Gynaecologists/Obstetrician, 05(10.20%) are Paediatricians, 06(12.24%) are Anaesthetist, 01(2.04%) are Surgeons, 03(6.12%) are Physician, 01(2.04%) are ophthalmologist, 01(2.04%) are ENT, 01(2.04%) are Dermatologists, 17(34.69%) are Medical Officers (MBBS) and 08(16.32%) posts of AYUSH MOs have been left vacant to till date.

Thus taken together both the regular as well as the NHM side, it has been concluded that district Samastipur has 1140 posts vacant in which 306 are specialists while as 834 are paramedical staff.

Besides the aforementioned human resources, the district is bestowed with 10 trained super specialists in which 09 are Life Saving Anaesthesia Skills (LSAS) while as 01 is Emergency Obstetric Care Service (EmOC) doctors whom are posted at their respective First Referral Units of the district.

Status of Fund Utilization

The data collected from the Civil Surgeon's office regarding the receipt and utilization of funds since 2021-22 shows that the district has utilized 50.13 per cent of budget on all the major heads including RCH Flexible pool, Mission Flexible pool and Immunization which makes it implicit that the district is actively involved in the regular activities proposed by the National Health Mission (NHM). However, the district was not able to utilized the whole budget due to the heat of pandemic situation prevailed in the country.

Status of Trainings

As per the Civil Surgeon's statement since the outbreak of Covid-19, most of the proposed trainings could not be organized in the district.

CHAPTER – VI

Facility Wise Analysis of Services & Challenges

CHC Kalyanpur

CHC Kalyanpur covers 3, 68, 87 population and under this CHC three (03) PHCs and thirty eight (38) SC&HWCs are working. This CHC is situated in Kalyanpur block at the extreme of the district bordering Darbhanga district of Bihar and is a standalone facility housed in an old but repairable building without boundary fencing. It is a dedicated FRU and its next referral point is Sadar Hospital, Samastipur which is at a distance of 15 kms. New building for laboratory with a capacity of 13 beds is under construction and is expected to be completed soon. The present functional in-patient-bed capacity of the CHC is 30 beds with no separate beds for males and females. As per IPHS standards very few necessary services which include general medicine, O&G, dental, imaging services (X-ray) and labour room are available at the CHC but important services like ophthalmology, paediatric, radiology, general surgery and anaesthesia were found unavailable at the facility due to non-availability of specialized doctors for these units. Besides, NHM Staff under various schemes, CHC Kalyanpur has 37 sanctioned posts from regular side in which 19 (51.35%) are specialists while as 18 (48.6%) are paramedical staffs. Out of these 19 posts of specialists only 08 (42.10%) posts are in place which means 11 (57.8%) posts of specialists remained vacant and thus have created a vacuum in the hospital. Due to the non-availability of Ob/Gy (she was on maternity leave since last three months), no C-section deliveries are done at the facility, however; normal deliveries are carried-out by the MOs on 24X7 bases. Blood Storage Facility was found to be defunct at the CHC. The hospital is getting 24x7 electricity and water supply. The OT and washrooms of the facility were found in rundown conditions. Under NHM, the CHC Kalyanpur has established an NCD Clinic with permissible staff. The CHC has not yet been given the staff as per the IPHS standards permissible for CHCs.

All the necessary equipment for OT, Lab, labour room and other sections was found available in the CHC. Some equipment related to dental section was found non-functional. Imaging service (USG) is done during the day time only on selected days when the concerned BMO visits the hospital for the same. The health facility has a geriatric and disability friendly ramps but washrooms are not in good shape. CHC has also an established drug store and remains open for the services from 8:0 – 2:30 pm only. 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 and computers available. 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.

CHC has initiated Kayakalp but had achieved a score of 62.29 points during the internal assessment while as NQAS and LaQshya has not been initiated yet. DVDMS has been initiated at the CHC for supply chain management system. Three (03) maternal death and 07 child deaths have been reported from the facility during the last two years. A total of 1,9,22 newborns were immunized for the birth dose during the last three months while as all the newborns were breastfed within one hour during the same time. Cleanliness of the facility was found un-satisfactory at various levels. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the CHC for waste segregation.

Challenges of the CHC Kalyanpur

Due to less manpower including doctors, specialists, dresser, grade four staff, dental assistant and many others the hospital administration are unable to do many procedures properly and also it leads to over exertion of the available strength. So an additional manpower is required.

The security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico -legal cases, or at times of critical medical situation. For example people bring dead bodies and ask them to make them relive and this eventually leads to formation of a mob in which the medical officers and staff at duty get into very difficult situations.

Some patients and specially their attendants make the hospital a centre of chaos, this leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of hospital.

Most of the staff claimed that CHC Kalyanpur lacks a separate space for expectant mothers. This results in both male and female staff members infringing upon the privacy of the mothers and putting their dignity at risk.

The CHC has outdated some of the machinery like dental equipments, CBC analysers and at the same time some of the MOs of CHC claimed that nursing school need to be upgraded so that the trainings would be given to the concerned up to the benchmark.

PRC, Srinagar team with the CHC Kalyanpur Staff on the day of PIP Visit



Sadar Hospital of District Samastipur

With the capacity of 80 beds, Sadar Hospital (SH) Samastipur is situated at the centre of the Samastipur town and is housed in a spacious but repairable (indoor as well as outdoor white wash) building with enough space. The 1st referral point for Sadar Hospital is GMC Patna which is located 119 kms away from Samastipur. It has a capacity of 80 beds and has no ICU beds available for any emergency situation. Almost all the necessary services which include general medicine, O&G, pediatric, surgery, anesthesiology, dental, imaging services, labour room complex, ICU, dialysis unit, OTs, AYUSH and emergency care are available at the hospital. Sadar Hospital Samastipur has a registered Blood Bank and is functional on 24x7 bases with almost all the required equipment pertaining to the blood bank. On the day of our visit 46 blood units were available and 21 blood transfusions were done during the last one month in the hospital. The hospital is providing tele-consultation services to the patients and a very efficient team of doctors has been put on the panel for tele-consultation and attend 60 – 70 cases on an average per

day. The hospital is getting electricity and water supply on 24x7 bases and has a dedicated back-up for both electricity and water supply for the hospital. OTs for general, orthopedic, OGY, ophthalmology, ENT and emergency were found available at the Sadar Hospital.

Sadar Hospital Samastipur, has 289 sanctioned posts from regular side in which 60 (20.76%) are specialists while as 229 (79.23%) are paramedical staffs while as out of these 60 posts of specialists in which only 35 (58.34%) posts are in place and out of these 229 paramedical staff in which only 18(7.86%) posts are in place as per the record collected from the DPMU's Office of district Samastipur.

However, out of these 65 posts of specialists only 35 (53.84%) posts are in place which means 30 (46.15%) posts of specialists are vacant in which 04(13.34%) are Gynaecologist/Obstetrician, 04(13.34%) are Anaesthetist, 01(3.34%) are Surgeons, 09(30.0%) are Physician, 02(6.67%) are Radiologists, 01(3.34%) is Pathologists, 02(6.67%) are ophthalmologist, 02(6.67%) are Dental Surgeon, 01(3.34%) is MO, 03(10.0%) AYUSH MOs have been left vacant to till date.

While as out of these 229 posts of paramedical staff in which only 18 (7.86%) posts are in place which means 211(92.13%) posts are vacant in which 01(0.47%) is Dental technician, 01(0.47%) is Dental Hygienist, 03(1.42%) posts of Radiographer/X-ray technician, 02 (0.94%) posts of OT technician, 02(0.94%) posts of X-ray technician, 01(0.47%) post of MPW(Male) 01(0.47%) post of Pharmacist(Allopathic) 127(60.18%) posts of Staff Nurses/JSN have been left vacant.

Moreover, the information collected shows that out of 21 lab technicians 15 were in position while as 04 dental technicians were also in position at the Sadar Hospital. Only one pharmacist from NHM side was found in position at the Sadar Hospital. A large chunk of NHM staff has made their presence felt as various sections of hospital are being helped out by this staff. District Early Intervention Centre (DEIC) has become non-functional due to the Covid-19 and other administrative issues such as lack of space in the premises. The SNCU, NCD Clinic, an Adolescent Friendly Health Clinic (AFHC) and DNB programmes are running at the Sadar Hospital. With the capacity of 09 beds, the Sadar Hospital has also an established one Dialysis Centre with sufficient staff from the NHM side. As per the record, the Sadar Hospital has done 4819 sessions of 103 dialysis patients in 2021-22 while as 1997 sessions of 25 dialysis patients in 2022-23. NHM staff is being used in the Sadar Hospital as per the requirement of the hospital and their services are not restricted to only for those schemes for which they have been

engaged. It was found that some NHM staff is playing a vital role in the smooth functioning of the Sadar Hospital.

All the necessary equipment is available in the Sadar Hospital. All the sections of the hospital were found well equipped and have CT-Scan facility also. Only one Radiant Warmer of the essential equipment was found non-functional and had its shortage. The central lab of the hospital remains open for 24x7 and all the requisite diagnostics are being done in the hospital on 24x7 basis. Besides, Sadar Hospital has big drug store and remains open for the services from 8am - 2:30pm only. Supply of drugs was reported to be sufficient and the Essential Drug List (EDL) was displayed in the store and at the entrance also. Management of the inventory of drugs is manual. 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. During the last one month prior to this monitoring activity, Sadar Hospital has referred more than 41 patients to various higher level health facilities for treatment of various severe ailments which include critical care, cardiology and neurology related and other emergencies while as about 57 cases were referred from various health facilities of the district to Sadar Hospital. All these patients were given referral transport by the Sadar Hospital. Sadar Hospital has eight (09) dedicated ambulances for referral services under toll free numbers of 102 and 108.

LaQshya has been implemented in the labour rooms and OTs of Sadar Hospital. As per the internal assessment score for various quality assurances schemes, Sadar Hospital Samastipur has scored 91 points for labour room and 89 points for operation theatre in terms of LaQshya and scored 72.5 points in terms of Kayakalp while as 59.8 point scores in terms of NQAS. As the labour room as well as OT is functional with the required infrastructure, Sadar Hospital has done 617 normal deliveries and 30 C-section deliveries during the last six months. As per the record, Sadar Hospital has reported 01 maternal and 04 child deaths during 2021 – 22. A total of 1,5,58 newborns have been immunized for the birth dose during the last three months while as the same number of newborns were breastfed within one hour during the same time. A total of 32 female sterilizations were performed at the Sadar Hospital during the last one month. During the last one month, a total of 23,6,57 in-house and 8,3,60 out sourced tests were conducted at the Sadar Hospital. As per the records of the NCD at Sadar Hospital, a total of 1,2,36 suspected patients have been screened for hypertension, diabetes and out of these, 116 patients have been confirmed as hypertensive and 83 were confirmed for diabetes by the Sadar Hospital during last 6 months prior to our visit. However, 902 patients have been screen for various types of Cancers and out of these 02 patients have been confirmed Oral

Cancer and 01 patient has been confirmed as breast Cancer by the Sadar Hospital. Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in each section of the Sadar Hospital for waste segregation.

Challenges of Sadar Hospital Samastipur

Most of the delivery services were affected at the Sadar Hospital Samastipur, due to the acute shortage of various specialists especially the Genealogists/Obstetricians, Radiologists and Anaesthetists as well as the Staff Nurses as these posts has been left vacant since couple of years.

Due to the less manpower including doctors, specialists, dresser, grade four staff, dental assistant and many others the hospital administration are unable to do many procedures properly and also it leads to over exertion of the available strength.

Having the shortage of transport especially critical care ambulances, MRI as well as CT scan facility not available and insufficient residential accommodations for doctors and paramedics have adversely affected the delivery of services of the Sadar Hospital.

Sadar hospital Samastipur is critically challenging the shortage of some of the important wards and units such as Intensive Care Unit (ICU), Burn Unit (BU) as well as teaching-n-training block for medical, nursing and paramedical.

During the visit, it has been observed that old equipments are lying there which are not in use, not operational, not working and they are dusted & corroded which have defamed and enveloped the hospitals aesthetic quality. However, washrooms were found in worst conditions and nobody can use these washrooms as per the patients during our exit interviews.

Some of the buildings of Sadar hospital have been observed in a downturn situation sans doors & windows. While asking about these buildings during the interactions some of the patients showed aggression and stressed that doctors do come to these buildings at times and they leave in one or two hours after coming and therefore, no one is there to monitor them and their services.

Primary Health Centre (APHC), Mordiwa

Geographically, Mordiwa is a town in Mordiwa Block in Samastipur District of Bihar State, India. It is located 11kms towards west from District head quarter Samastipur.

Ganga Pur (2km), Latbasepura (2km), Bathua Bujurg (3km), Chak Habib (3km), Bishwambhar Pur Aloth (4km) are the nearby villages to Mordiya. Mordiya is surrounded by Tajpur Block towards west, Samastipur Block towards East, Mordiya Block towards South and Ujiarpur Block towards East. This Place is in the border of the district Samastipur and district Vaishali.

The population of Mordiya is 17,3,26 in which 8,4,02 (48.49%) are females while as 8,9,24 are (51.50%) males. However, out of the given population 03(0.01%) are Scheduled Tribes and 2,5,86 (14.92%) are Scheduled Castes (Census – 2011).

APHC Mordiya is standalone 24x7 APHC and was converted into HWC in 2020-21. This APHC covers 04 villages with 04 ASHAs. It is situated at a distance of 04 kms from CHC Kalyanpur and 12 kms from Sadar Hospital, Samastipur as well as district headquarter. It is functioning in a small double-story government building with enough space keeping in view the follow of the patients to the facility. The institution has a capacity of 06 beds with no separate wards for male and female patients. The institution doesn't have any staff quarter/s available for medical or paramedical staff. The branding of the facility under HWC has been done up to the mark as the washrooms, walls and other infrastructure has been upgraded as per the HWC protocols. The APHC has sanctioned strength of 07 Medical Officers (MOs) in which 05 are from the regular side and 02 from NHM side and out of these only 01 MBBS MO as well as 01 AYUSH MO from NHM was found to be in-position. The 11 posts of FMPHW from regular side are filled-in at this APHC. Overall, from a total sanctioned strength of 16 posts from the regular side only 11(ANMs) are all filled-in while as 07 posts from NHM side and only 03 were in place. Due to Covid pandemic no major training programme was conducted in the district and as such only ANMs from APHC have attended Covid vaccination training during this period.

Services like OPD for ANC/PNC, child immunization, general medicine, minor surgeries, and dental services are provided by the APHC on regular basis. Tele-consultation or delivery services are provided by this APHC. The APHC provide vaccination to the children twice in a month. The APHC has a designated MO as the Nodal officer for taking care of NCD services at Zone level which includes some PHCs, SCs and PHC catchment area but screening services for NCDs are not provided by this APHC and no major activity regarding HWC were carried-out by this facility to the population. The APHC is designated 24x7 APHC-HWC and 162 deliveries have been performed as well as other major activities like yoga are also being done at this facility. The APHC has immunized 162 newborn babies and all these 162 newborns breastfed within one hour of birth since last three months. The role of 1st referral for the SC-HWCs

was missing in the facility as no coordination was found in vogue for the same between the SC and this PHC&HWC. However, 15 cases of deliveries have been referred by this APHC for the special treatment to CHC Kalyanpur or Sadar Hospital Samastipur. NCD screening was found to be unsatisfactory at the facility as only about 65 individuals have been screened for NCDs by this facility to till date. The facility provides very limited number of diagnostic services to the community due to the non-availability of required equipment. This APHC is providing diagnostic facilities like pregnancy testing, hemoglobin, BT/CT, and blood sugar to pregnant women. Drugs for common ailments, ORS, Zinc, and de-worming were found available. Very few drugs for NCDs were also available at the APHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be sufficient in APHC. Essential drug list is displayed in the Pharmacy. Management of the inventory of drugs is manual. The list of essential drugs was not displayed in the APHC. Family planning items like OCPs and EC pills are also available at APHC. Cleanliness of the facility was found satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Mostly the complaints are reported verbally and solved on spot. Colour coded waste bins (blue and yellow) are available in the APHC for waste segregation. The APHC bury the biomedical waste in deep burial in the facility premises and have out-sourcing with the NGO Medi-Care. APHC Mordwiwa has initiated for Kayakalp and scored 73 points but have not initiated yet for NQAS. All the registers were found updated and clean.

Challenges of the APHC Mordwiwa:

Though, this APHC has been designated a cold chain point, but it has enveloped its space causing more problems to provide a quality services. Therefore, new construction for the space enlargement is the need of the hour.

The APHC is critically facing the shortage of some major instruments such as digital baby weighting machine, Digital auto clave, Suction both electric as well as foot, Food Rest(iron), High Scale, ANC table and needle holder forcep etc. Although the APHC is performing well in terms of delivery services but at the same time this APHC has an acute shortage of X-ray as well as UGC machines.

This APHC is run by the deployed human resource mostly from PHC Samastipur and few members are from NHM side. Therefore, this APHC has shortage of manpower as no human resource for allopathic side because all the Medical officers from regular side have been left vacant except 01 Medical Officer & 01 AYUSH Medical Officer from NHM are in place and majority of the other staff members are vacant.

Sub-Health & Wellness Centre (SH&WC), Gado-Bajitpur

This SHC-Health and Wellness Centre (HWC) is located at a distance of 06 kms away from the CHC while as it is 06 kms away from the SDH Dal-Singh-Sarai (which is the 1st referral facility) for this HWC. This SC was converted into H&WC in March 2020-21. The H&WC caters to the population of around 13274. The H&WC is housed in a government building, with 04 rooms and one wash room. One room is being utilized for OPD services, the other has been dedicated for, meetings and yoga/other HWC activities while as 3rd room is utilized for other immunization, drug store, rapid tests and other activities and the 4th one is for the normal deliveries. The condition of this single story building was found satisfactory. The branding of the facility has been done partly and washrooms have not yet been made fully functional. The facility doesn't have 24x7 running water facility and electricity supply. Drinking water facility is also available, ASHA rest room and geriatric friendly facility. H&WC Gado-Bajitpur has a sanctioned strength of 02 ANM/FMPHW besides, one each position of a pharmacist and a nursing orderly from the regular side and all of them are in place. From NHM side, the centre has 01 position of CHO sanctioned and is in-position. Nevertheless, on the day of the visit, we find two deputed medical officers from the PHC Dal-Singh-Sarai which is currently non functional because this PHC was half kilometer away from the Sub district Hospital Dal-Singh-Sarai that is why whole staff has been deployed to different SCs as well as PHCs of the area. Fifteen (15) ASHAs are working with this HWC. The H&WC used to provide OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, Covid vaccination, and temporary methods of family planning services (condoms and oral pills). Since the deputed health personal (two deputed MOs) have been moved to some other places, most of the services at the facility have come to halt. ANM has been provided with a tablet to upload the data of various schemes of NHM on regular basis. EDL was displayed in HWC which contains 39 essential drugs as per the guidelines but only 15 drugs were found available at the centre on the day of our visit. So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Few drugs for hypertensive and diabetic patients were also found available at the centre which includes Amlodipine, Metoprolol, and Etonal. Testing kits for checking hemoglobin, pregnancy status and blood sugar have been provided to the HWC in sufficient numbers. Thermometer and BP apparatus were also found at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant) etc. The records verified in the visited health facilities shows that the documentation and records regarding the line-listing of severely anemic and filling of MCP cards was satisfactory. Screening camps are not conducted by

the centre since the MOs has left the place but before that a total of 1553 individuals were screened during the last six months for NCDs. Out of these, 36 cases were diagnosed for hypertension, and 12 were diagnosed with diabetes. The general cleanliness of the H&WC was satisfactory. The HWC has a proper mechanism for management of bio-medical waste as deep burial pit for waste management is available. Complaint/suggestion box was not found to be available in the HWC. ASHAs reported that they have been trained in HBNC but have not received any amount for HBNC visits during the current year. ASHAs are getting assured remuneration in time but incentives get delayed.

Challenges of the SH&WC Gado-Bajitpur:

This Health & wellness Centre of Gado-Bajitpur does not have any power facility backed by an inverter and is facing the shortage some basic facilities. Therefore, need of electricity, 24x7 cleanliness, regular supply of logistics/medicine, separate toilets for females and at the same time this Sub-Centre has shortage of human resources as per the given rules of HWCs.

The facility lacks in terms of having a restroom for front line workers such as ASHAs which hampers their performance as they require a designated area where they can consolidate the reports to be submitted.

Health & Wellness Centre, Gado-Bajitpur of district Samastipur of Bihar State



CHAPTER – VII

Community visits of District Samastipur

During the interaction with the community, it was found that majority of the population prefer public health facilities for all kinds of health care services as they have trust and faith on public health facilities in the district. The interaction with the community reveals that both the Sadar Hospital Samastipur as well as the CHC Kalyanpur has shortage of specialized doctors and the community people stressed that most of the health facilities looks deserted afternoon except emergency ward. But due to heavy work load at the OPD, they do not give enough time to patients. So, the community people contented that OPD services should be available from 9:30am to 4:30pm so that the age old stakeholders might not have to be in long ques. However, the public is generally satisfied with the conduct as well as behaviour of the staff.

Community members expressed that though HWC provides health care services for minor ailments, ANC services, immunization of children and NCD services in their area but they mentioned that very few essential drugs and diagnostics are being provided by them. They were of the view that HWCs should be strengthened and more equipment for lab and drugs should be kept at their disposal so that they can serve in a better way for the community. Community members seemed to extremely happy by the services of provided by this Sub-centre as CHO as well as the other staff for their amicable behaviour and the way of procedure for the treatment. Overall, the community was found satisfied with the working, knowledge, training and supervision support of the ground level workers such as ASHAs. During the exit interactions with some of the ASHAs, it was observed that these ground level works are well aware about their work and conduct rather we were impressed by their knowledge and experience. It was also found that community was satisfied with the working of RBSK field teams.



CHAPTER – VIII

Recommendations and Observations

Keeping in view the observations, challenges of the visited health facilities, discussions with the concerned health authorities such as DPMUs, MOICs, MOs, CHOs, data entry operators, NHM staff, local staff as well as the community perceptions including the school teachers, shopkeepers, health seekers and front line workers like ANMs, ASHAs and ASHA facilitators, following observations were deduced:

1. The government needs to keep a separate section for accommodating expectant women with necessary medical facilities and health care specialists such as gynecologists, obstetricians, physicians, anesthetists, and neonatologists. It needs to be strictly ensured that these measures are adopted both at the district as well as tehsil level.
2. In district Samastipur, the Maternal Death Review (MDR) concept has been circulated to all the primary health centres (PHCs) for implementation; but due to the long procedure – involvement and accountability, this intervention has not been getting priority in implementation. Therefore, need is required to re-initiation of this process.
3. While discussing with the community people including the school teachers as well as the local residents of Samastipur they maintained that accessible and affordable healthcare is a delusion in most of the villages of district Samastipur. The degree of negligence showed by authorities regarding this problem is alarming. There should be at least one nursing home or any other healthcare structure within a kilometer of every household. If the geographical condition of the region does not allow the development of such facilities including an uninterrupted supply of power, machines, surgical instruments, then the authorities should build sustainable direct roads and transport systems connecting the villages to the nearest hospitals in minimum time (**Source:** interaction with the community People including transporters, teachers, shopkeepers and school teachers).
4. After having a threadbare discussion with some of the community people including the health seekers they were of the opinion that timing for the OPD should be changed at least from 9:30am to 4:30pm instead of 8:00am to 2:00pm as they maintained that due to the huge rush of OPD patients on the one side and on the other doctors won't be able to screen or check a patient with satisfaction due to the time constraint. So need of the hour is to modify the timing of OPD as desired by the community.

5. Naturally, the district is known for its various unknowns such as poverty, riots, inundations, accidents etc. Therefore, a parallel route for health-related emergencies needs to be drawn on the same checkpoints so that time is saved and patient can reach the health facility in time. Currently lingering in the common traffic created by these checkpoints consumes lot of time and makes difficult for the patient to reach the health center (**Source:** Interaction with health seekers at the visited health facilities).

6. As the trainings were not organized during the couple of years back due to the fact of pandemic crisis prevailed the country as trainings contributes a lot in terms of efficiency and awareness among the paramedical staff and at times gives the better performance of delivery services. Therefore, training sessions must be organized with immediate effect and priority especially to aware the ANMs, GNMs, ASHAs as well as the pharmacist or the drug disposal in-charge regarding the essential drug list as well as the stock out rates.

7. The exercise of Community planning and monitoring involves drawing in, activating, motivating, capacity building and allowing the community and its representatives e.g., community based organizations, peoples movements, voluntary organizations and Panchayat representatives, to directly give feedback about the functioning of public health services, including giving inputs for improved planning of the same. The community and community-based organizations will monitor demand/need, coverage, access, quality, effectiveness, behavior and presence of health care personnel at service points, possible denial of care and negligence. The monitoring process will include outreach services, public health facilities and the referral system.

8. Provision should be made for restrooms of ASHA's as they require a space where all the data collected from field can be consolidated. In this regard the provision for TABLETS is also required for these ground level workers like ASHAs.

9. For clinical trainings such as EmOC/BEmOC/LSAS both contractual and regular staff is given the opportunity to enhance their skills. However preference is given to contractual and willing employees as regular staff is reluctant to attend training programs. Contractual staff has to sign bond with the society to undergo training programs. After training, trainee may be posted to another facility based on need, which is decided by the society in advance (**Source:** Interaction with some of the contractual MOs namely Mrs. Savita & ...etc. at CHC Kalyanpur).

10. During the field visits it has been observed that quality of training and post training follow-ups seemed to be very strong in district Samastipur and it is evident that ANMs and senior ASHAs were found performing normal deliveries that are posted at the Sub-Centres and PHCs. However, while having an interaction with them regarding the birth skills, deliveries, CBAC and uploading data, we were extremely impressed by their skill and sense of their hard work even though they were found illiterate (**Source:** Interaction with some of the ANMs and ASHAs as well as their facilitators at the visited Sub-Centres and PHCs).

11. While having an interaction with some of the health seekers, they argued that in most of the health facilities of Samastipur, the NCD clinics are functional only once in a week that leads to the over burdening as well as overcrowding of the population at the health facility. In this regard, the NCD screening need be made functional throughout the week and some awareness announcements should also be done from the health departments regarding life style ailments(**Source:** Interaction with some of the old aged persons during the field visit).

12. Disparity exists in the salary of regular as well as contractual staff, which serves as a demotivating factor. Contractual ANM at the time of joining gets 11,000 per month and the contractual GNM gets 20,000 per month which is much less as compared to salaries of regular ANMs & GNMs. In addition to the lower salaries contractual staff doesn't get any other incentive to work in the rural areas. There is no hard area allowance in place. However state gives relaxation in PG entrance to the doctors serving in the rural areas which have a limited impact due to the lack of civil amenities at peripheral level (**Source:** Interaction with the Contractual Staff of visited health facilities).

APHC Mordiya of district Samastipur of Bihar State, Government of India

