

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



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## 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 significant state PIP components, such as the core elements like HR strengthening, infrastructure development, MMU, ambulance, drugs, and financial implications, etc. In this year (2022–2023) PRC, Srinagar has been entrusted to do the task in 12 districts of Bihar State. During 2022-23, Ministry has identified 21 Districts in which Four (04) are in J&K, Twelve (12) in Bihar and Five (05) in West Bengal for PIP monitoring in consultation with PRC Srinagar. The staff of the PRC, Srinagar has decided to visit these districts in the phased manner and in the 1<sup>st</sup> phase the team has visited the districts located in J&K, in the 2<sup>nd</sup> phase team decided to visit district located in Bihar and in the 3<sup>rd</sup> phase team decided to visit districts of West Bengal.

The present report is drafted to showcase the monitoring of the programmes and activities under National Health Mission in context of Saran district of Bihar for the financial year 2022-23. The assessment was carried out in the month of September 2022 to capture the performance of Saran district of Bihar in terms of implementation and execution of ongoing NHM programmes. The report seeks to highlight the key observations made during PRC, Srinagar team's visit to various health facilities in Saran. Discussions were made with various functionaries at the district and state level to explore the functioning of the district in terms of various components of NHM. Alongside the report also provides a review of key population, socio-economic, health and service delivery indicators of the state Bihar and Saran district. 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.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. 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), State Health Society 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 Saran Dr. Sagar Dulal Sinha, Medical Superintendent, District Hospital Saran and MS of CHC Revilganj, MO PHC Sitab-Diara and CHO of H&WC Tekniwas for sharing their experiences. We would like to

appreciate the cooperation rendered by the officials of the District Programme Management Unit (DPMU) Saran and Block Programme Management Unit (BPMU), Revilganj for helping us in the collection of information. Special thanks are also to staff at Primary Health Centre Sitabdiara and H&WC Tekniwas 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.

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## **1. INTRODUCTION:**

Ministry of Health and Family Welfare, Government of India approves the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for year 2022-23 has been also approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. 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 decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organised by the Ministry of Health & Family Welfare (MOHFW) in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in the states/districts assigned to them on monthly basis. Our team in PRC Srinagar undertook this exercise in the district of Saran 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:**

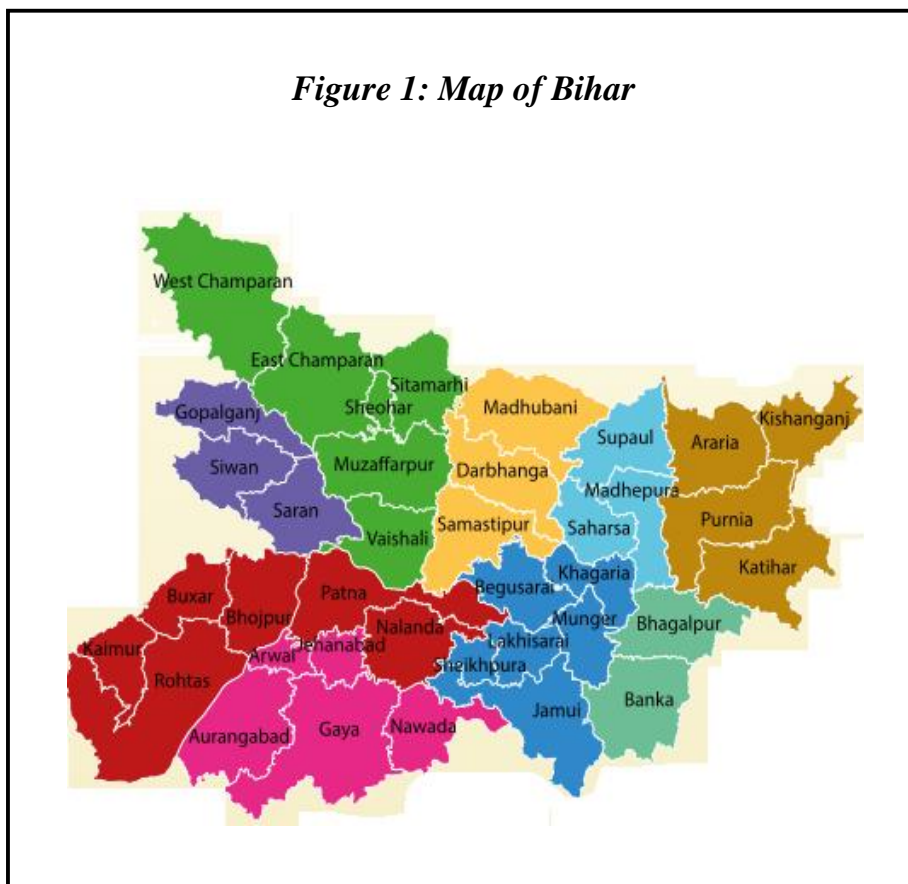
The methodology for monitoring of State PIP has been worked out by the Ministry of Health & Family Welfare (MOHFW) in consultation with PRCs in workshop organized by the Ministry at NIHF on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local 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, PRC Srinagar 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 Saran. A schedule of visits was prepared by the PRC and three officials consisting of one Associate Professor and two Research Assistants visited Saran District and collected information from the Office of Chief Medical Officer (CMO), District Hospital (DH), CHC Revilganj, PHC Sitabdiara and Health & Wellness Centre (H&WC) Tekniwas. 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 strength and weakness observed during our field visit along with the opinion of the beneficiaries.



## 2. PROFILE OF STATE BIHAR:

Bihar is located in the eastern part of the country (between 83°-30' to 88°-00' longitude). It is an entirely land-locked state, although the outlet to the sea through the port of Kolkata is not too far away. Bihar lies mid-way between the humid West Bengal in the east and the sub humid Uttar Pradesh in the west which provides it with a transitional position in respect of climate, economy and culture. It is bounded by Nepal in the north and by Bihar in the south. The Bihar plain is divided into two unequal halves by the river Ganga which flows through the middle from west to east.

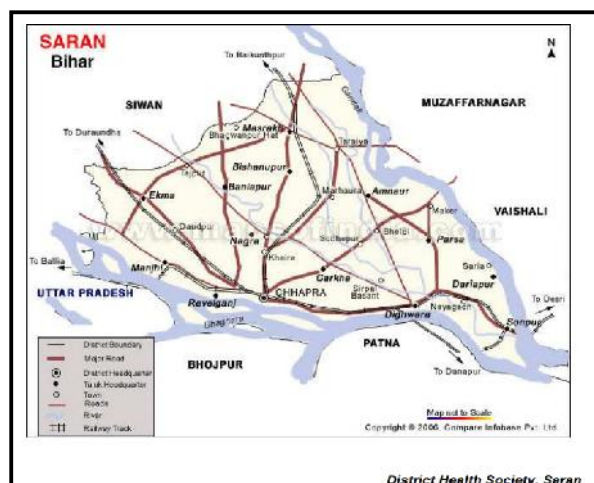
The state of Bihar is Twelfth largest in terms of area and 3<sup>rd</sup> largest by population. The population of Bihar stands as 104,099,452 as per Census 2011. In terms of region wise population the state has 88.71% percent of its population residing in rural areas whereas only 11.29% percent population resides in urban areas. The state is divided into 38 districts with Patna being the state capital. The density of population in Bihar is about 1106



persons per square kilometer. According to the National Family Health Survey-5 released by the Union Ministry of Health and Family Welfare on November 24, 2021, there has been a significant improvement in the sex ratio of Bihar. It has increased from 1062 in 2015-16 survey (NFHS-4) to 1090. While the sex ratio of urban areas of Bihar is only 982, the sex ratio of rural areas is 1111. However the sex ratio at birth for children born in the last five years stands as 908 females per 1000 males. The total fertility rate in Bihar has also come down to 3.0 (child/female) from 3.4 in the previous survey. There has been tremendous improvement in the matter of family planning in Bihar. According to NFHS-4, only 24.1 percent of women in the age group of 15-49 years of Bihar had done family planning, which has increased to 55.8 percent in NFHS-5. As per the latest Sample Registration System Statistical Report 2020 Bihar had a CBR of 25.5 per thousand populations, a CDR of 5.4 and an IMR of 27 per thousand live births.

## 2.1 OVERVIEW OF THE SARAN DISTRICT:

Saran is one of the thirty-eight districts of Bihar state, India. The district is a part of Saran Division, is also known as Chapra district after the headquarters of the district Chapra. Saran district occupies an area of 2,641 square kilometres, there are a few villages in saran district which are known for its historical and social significance, and one of those villages is Rampur Kallan which is situated at the distance of around 10 km north of Chapra town. This village played a commendable role in freedom movement. According to 2011 Census, the total population of Saran district was 3,951,862 where 91.06% of its population resides in rural areas and 8.94% of the total population resides in urban areas. Given the total population, the district has a population share of 3.8% percent in the total state population, whereas the population share of Child Population (0-6 Age) in the total district population stands as 17.24%. The density of population of the district has gone up to 1493 persons per square km. The literacy rate in the district is 68.57%, however we observe a prevalent gender variation in terms of the literacy rate where male population registers a literacy rate of 77.03% and females register a literacy rate of 54.42%. As per the NFHS-5, the sex ratio of district is 1077 females per 1000 males whereas the sex ratio at birth stands as 797 females per 1000 males.



## 3. HEALTH INFRASTRUCTURE:

The district consists of three Sub-divisions, 20 Community Development Blocks and 1807 villages. According to the D.P.M Saran the health services in the public sector are delivered through a network of 474 health institutions which consist of a District Hospital, a Sub-District Hospital, 11 CHCs, 5 PHCs, 40 A-PHCs, 2 U-PHCs and 414 Sub Centers. In addition, the district has also established 1 District Early Intervention Centre (DEIC) under RBSK, 1 Special Newborn Care Unit (SNCU), 8 First Referral Units (FRU), 1 Blood bank, 4 Blood Storage units (BSUs), 27 Designated Microscopy Centers (DMCs), 20 Tuberculosis Units (TUs), 5 CBNAAT /TruNat Sites and 1 Drug Resistant TB Centre. NCD clinics are available at DH, SDH and 11CHCs. Out of these 474 health institutions in the district 1<sup>st</sup> trimester abortion services are provided by 20 health facilities, while both 1<sup>st</sup> and 2<sup>nd</sup> trimester abortion services are provided by 2 health facilities.

### 3.1 UP GRADATION OF SCs/ PHCs/U-PHCs TO HWCs:

The Government of India in February 2018 under its Health and Wellness initiative plans to convert the existing PHCs and SCs into Health and Wellness Centres. The district is in the process to convert all the existing SCs, PHCs, A-PHCs and U-PHCs into Health and Wellness Centres. Till date the District has converted all the 40 A-PHCs, 2-UPHCs into H&WCs, and out of the 414 SCs, 148 have been converted to H&WCs, and the remaining 266 SCs are being planned now to be converted into H&WCs in a phased manner. Continuum of care has not been kept in mind while converting.



#### **4. DISTRICT HEALTH ACTION PLAN (DHAP):**

The PIP is mainly prepared on the basis of previous year performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being taken into account to prepare the annual PIP for the district. Overall, a total of 5 percent increase is being made for the previous year indicators in terms of allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such action plan is sought by the district authorities from all the BMO/MSs of the district. The PIP is then submitted to the SHS for further discussions and approval. After approval of the district PIP, the SHS prepares a State level PIP and submit the same to the Ministry. The district had prepared the PIP for the current year and was submitted to the Executive Director State Health Society, Bihar. The district has also received the approved DHAP in July- 2022.

Talking about the construction status of the health facilities, it was reported that the construction of SDH Marhora has been pending for more than 2 years.

#### **4.1 STATUS 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 recently. The district has utilized 25 percent under RCH, 40 percent under Child Health, 15 percent under JSSK, 70 percent under RBSK, 88 percent under Health System Strengthening.

#### **5. 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 PIP monitoring teams to ascertain the actual availability/deficiencies of regular human resource at various levels in the district. In consonance with the information which has been received from the Office of Civil Surgeon district Saran, regarding the overall sanctioned strength for regular staff in the district is 2555 positions, out of these 964 (38%) of the positions of various categories are in place, which means 1591 (62%) positions are vacant. Of these 1591 vacant positions from regular side 17 are Gynaecologist/Obstetrician, 12 are Paediatricians, 28 are Anaesthetists, 11 are General Surgeons, 7 are Physicians, 8 are Radiologist, 3 are Orthopaedics, 2 are ENT Surgeon, 7 are Other Specialists, 118 are Medical Officers (MBBS), 20 are AYUSH MOs, 33 are Laboratory Technicians, 8 are X-Ray Technicians, 45 are CHOs, 166 are ANMs/FMPHWs, 146 are MPWs (Male), 245 are Staff Nurse/JSN, and 37 are Pharmacists (Allopathic).

So far as the availability of NHM and outsourced staff is concerned, information provided by the DPM shows that the district has a sanctioned strength of 839 positions of various categories. Of these 291 (35%) are already posted at various health institutions, which means 548 (65%) positions are vacant. Of these 548 vacant positions from NHM and outsourced side 1 is Gynaecologist/Obstetrician, 2 are Paediatricians, 2 are Anaesthetists, 2 are General Surgeons, 6 are Physicians, 19 are Medical Officers (MBBS), 4 are AYUSH MOs, 4 are Laboratory Technicians, 2 are X-Ray Technicians, 62 are CHOs, 113 are ANMs/FMPHWs, 83 are MPWs (Male), 38 are Staff

Nurse/JSN, and 8 are Pharmacists (Allopathic). Of the 98 positions in Programme Management Units, 21% are vacant. Vacancies are mainly in case of Monitoring and Evaluation Officers at District and Block Level.

### 5.1 RECRUITMENT OF VARIOUS POSTS:

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. Thus, district authorities do not have any role in the recruitment of regular staff and hence no information was found available with the district. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher level positions are filled by the office of the Mission Director at the central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Magistrate (DM) of the district. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. No information from DPM office Saran has been provided regarding the number of posts vacant for regular cadre and NHM at the beginning of financial years 2021-22 and 2022-23.

### 5.2 TRAININGS:

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies and Civil Surgeon Office maintains information about the trainings imparted to its workers from time to time. The information provided by the Civil Surgeon office informed that almost every year various training courses are held at the district headquarter approved under the PIP in which different categories of health personnel participate. The list of trainings planned and completed during 2021-22 and 2022-23 in saran district are shown in the table-I below:

<b>Table-I: List of trainings during 2021-22 and 2022-23 Status as on: 01-September-2022</b>				
<b>List of trainings</b>	<b>2021-22</b>		<b>2022-23</b>	
	<b>Approved</b>	<b>Completed</b>	<b>Approved</b>	<b>Completed</b>
SBA	5	4	5	0
NCD Training of ASHAs	52	38	30	0
ASHA Module 5, 6, 7	28	28	0	0
Anmol	1	1	1	1
ASHA Facilitator Skill Development	6	6	6	0
NSSK	2	2	2	0
RBSK	3	3	3	0
MPA	3	3	3	0
MAS	2	2	2	0
RKS UPHC	1	1	1	0
Kayakalp	1	1	1	0
Laqshya	1	1	1	0
Ashwin	1	1	0	0
SNA	1	1	0	0

## **6. STATUS OF SERVICE DELIVERY:**

### **6.1 FREE DRUGS AND DIAGNOSTICS SERVICES:**

As per the information received from the Civil Surgeon office, free drug and diagnostics policy has been implemented in the district at all health facilities. It was however found that free drugs and diagnostics are provided during ANC, and delivery. NCD patients are provided diabetes and hypertension drugs free of cost. Thus, free drugs and diagnostics are provided free of cost to all. Medical Officers mentioned that the drugs supplied to DH and CHCs are limited and meet only 60 to 70 percent of the available demand. Similarly Lab- technician's mentioned that the diagnostics equipments and Technicians are limited due to the fact that they are not able to do all diagnostics at the health facilities and meet only 35-40 percent of the available demand.

### **6.2 REPRODUCTIVE HEALTH SERVICES:**

As far as the status of delivery points in the district are taken into account, the information collected from the DPMU/CMO office shows that there are 20 SCs that are conducting more than 3 deliveries per month, 4 PHCs (24X7) that are conducting more than 10 deliveries per month, and all 11 CHCs in the district are conducting more than 20 deliveries per month. The District Hospital Saran is conducting more than 50 deliveries per month and the C-section deliveries. There is no Medical college conducting more than 50 deliveries and C-section deliveries.

The information provided by DPMU about the JSY payments of the district Saran on the day of PIP visit shows that there are total 52714 beneficiaries in the district and payment is pending for 2519 beneficiaries while the remaining 50195 have received the payment through DBT mode. No information regarding the ASHA payments has been provided by DPMU, because they report that all ASHA payments are done through ASHWIN portal, so they do not have the information about the ASHA payments. Also the patients/provider's incentive was not available under the NTEP program. A total of 1031 beneficiaries were available under FP compensation/incentive and no information about backlog and DBT status is available.

PMSMA services on 9<sup>th</sup> of every month is a routine feature at all the designated health facilities in the district since its inception and all the identified high-risk women are taken care as per their obstructed and medical history. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly.

The W.H.O's "Recommendation on Respectful Maternity Care" ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and childbirth. The Government of India has adapted RMC under LaQshya to provide dignified care to pregnant women while in the health facility. During our visit to the selected health facilities, it was reported by all the women that they were treated with dignity and privacy was ensured at various levels and none of the women complained about any problem/deviation with regard to RMC.

Comprehensive abortion care (CAC) is an integral component of maternal health interventions as part of the NHM. Abortion is a cross cutting issue requiring interface with not just girls and women but across all age groups. Comprehensive post-abortion care aims to reduce deaths and injury from

either incomplete or unsafe abortion by: evacuating the uterus; treating infection; addressing physical, psychological and family planning needs; and referring to other sexual health services as appropriate. This issue was discussed at length with the MS of DH and he reported that CAC services are provided in all respects to all the women when they need.

### **6.3 DIALYSIS SERVICES:**

The dialysis Centre with a bed capacity of 9 has been established at DH Saran in PPP mode. It is conducting 3 sessions per day; in case of emergency the fourth session is also conducted. Due to space constraint the beds are not as per IPHS standard. The services at the Dialysis Centre are free of cost for BPL families only. Other patients have to pay Rs. 1634 per dialysis session. We interacted with few patients who are availing dialysis services from this Centre. All were satisfied with the services of this centre.

### **6.4 RASHTRIYA BAL SWASTHYA KARYAKARAM (RBSK):**

Under the National Health Mission, the Ministry of Health and Family Welfare, Government of India launched the National Child Health Program in terms of Rashtriya Bal Swasthya Karyakram (RBSK), an innovative and ambitious initiative that envisages child health check-up and early intervention services. Thus, 30 RBSK teams were sanctioned in the Saran district, 2 RBSK teams are available at 10 blocks and 1 RBSK team is available at 10 blocks with 5 teams working with all HR in place, there are 30 vehicles are available for RBSK teams (on the road). Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children on average 80 children were screened per team per day and 5376 number of children born in delivery points screened for defects at birth by RBSK during 2022-23.

### **6.5 MOBILE MEDICAL UNIT (MMU):**

MMU is not functional in the Saran district of Bihar.

### **6.6 REFERRAL TRANSPORT:**

Referral Transport Programme is running under Public Private Partnership (PPP) mode, an agreement is made in between State Health Society, Bihar & Consortium of Pashupatinath Distributors Pvt. Ltd. & Sammaan Foundation, Patna. Ambulances running under 03 categories i.e. Advance Life Support Ambulance (ALSA), Basic Life Support Ambulance (BLSA) & Mortuary Vans (MV) and its stationed at Sadar Hospital, Sub-divisional Hospital, Referral Hospital, Primary Health Centre, & Community Health Centre. All services are free of cost. More emphasis is being given to the pregnant women cases. An emergency Bihar mobile application is being introduced through which ambulance can be booked. According to the information provided by DPM saran, the district Saran has 32 ambulances with Basic Life Support (BLS) and 22 ambulances with Advanced Life Support (ALS) and is operational on need basis for 24X7. These ambulances with BSL and ASL are fitted with GPS and handled through centralized call centre. The district has 54 vehicles under 102 on road and are GPS fitted and handled through centralized call centre. The average number of calls received per day for ALS is 2 and 5 for BLS. However, average number of trips per ambulance per day is also 2 for ALS and 5 for BLS; while as the average kms travelled per ambulance per day is 417 by ALS and 212 by BLS.

## **7. NATIONAL PROGRAMMES IMPLEMENTATION STATUS:**

### **7.1 SPECIAL NEW-BORN CARE UNIT (SNCU)/NEW-BORN STABILIZATION UNIT (NBSU):**

The SNCU has been established in the District Hospital Saran and has a bed capacity of 12 beds. The SNCU has 12 radiant warmers, one Kangaroo Mother Care (KMC) unit, but no Step-down care. The details of work done during April-2022 to August-2022 shows that, there have been 316 In-born admissions and 881 Out-born admissions in the SNCU, out of 316 In-born admissions, 40 were referred to higher facilities, 29 were LAMA, 46 were expired and remaining were discharged after treatment. However, among the 881 Out-born admissions, 130 were referred to higher facilities for specialized treatment, 145 were expired, 55 were LAMA and the remaining were discharged after treatment.

### **7.2 HOME-BASED NEW-BORN CARE (HBNC):**

According to the information provided by DPM Saran that there are 3431 ASHAs working in the district and all have been provided HBNC kits. It was also reported that these HBNC kits were partially filled as some of the items from these kits have become non functional. During the current financial year (till July, 31<sup>st</sup> 2022) a total of 30476 newborns have been visited by the ASHAs under HBNC. During 2021-22 all the ASHAs were involved with the vaccination drive for Covid-19 which has severely affected the working of HBNC and other related service being provided by the ASHAs. District ASHA Coordinator and ASHA facilitators were also contacted during the PIP visit and various issues related to working of ASHAs were discussed with them. On the basis of our feedback from the community and health staff at various levels, it was conveyed to them that ASHAs need further orientation and continuous monitoring and supervision to improve their working.

### **7.3 MATERNAL AND INFANT DEATH REVIEW:**

During the current year 16 maternal deaths has been reported in the district. Last year 28 maternal deaths were reported and no information regarding the reviewed maternal deaths for previous and current year was available. There were 37 infant deaths during current year, 2022-23 and 64 infant deaths were reported during previous year 2021-22, and no information regarding reviewed child deaths for previous and current year was available.

### **7.4 NUTRITION REHABILITATION CENTRES (NRC):**

The Nutritional Rehabilitation Centre aims to cater to the needs of the children falling under the category of Severe Acute Malnutrition. It provides medical and nutritional therapeutic and curative care to SAM cases. Once discharged from NRC the child is still enrolled under NRC programme until he/she attains the discharge criteria. The NRC in Saran is functioning well. During the year 2021-22 there were 128 admissions. Of the total admissions in NRC, 52 were referred by frontline workers, 71 were self-admitted, no one referred from Village Child Development, 3 were referred under RBSK, 2 were referred by the paediatric ward.

### **7.5 PEER EDUCATION (PE) PROGRAMME:**

Peer Education Programme has not been implemented in the district.

### **7.6 ADOLSCENT FRIENDLY HEALTH CLINIC (AFHC):**

Adolescent Friendly Health Clinics (AFHCs) at District level will be designated as Adolescent Health Resource Centre (A-HRC). These centres apart from providing the full complement of

services envisioned for AFHC will also act as resource centre for capacity building of health care providers and repository for Information, Education and Communication materials on Adolescent Health such as posters, banners, pamphlets, audio-video materials. It is important to recognise that AFHCs is a part of a wider package of adolescent health services. Adolescent Friendly Health Clinics will have strong linkages with Peer Education Programme. Adolescent Health Day and Adolescent Friendly Clubs will work as a platform for referral of clients to the Adolescent Friendly Health Clinics. According to the information provided by DPM saran the district has functional AFHCs and during the current year, 5 AFHC meetings were held.

#### **7.7 ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs):**

Saran district has a requirement of 3602 ASHAs as per the population of the district and out of these, 3431 (95%) ASHAs have been selected till date. 1675 ASHAs covers 1500 or more population for rural and 3000 or more population in urban areas. The information further reveals that there is no village without an ASHA in the district. Also the district has a target of 172 ASHA Facilitators and out of these 166 (97%) have been selected till date.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district. Overall, a total of 624 (18 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 624 ASHAs (18 percent of the in-position) have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 1026 (33 percent of the in-position) ASHAs have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district. The district has enrolled 57 ASHA Facilitator under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 50 under Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 75 have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

Mahila Arogya Samitis (MAS) will function as empowered groups of women that will enable the urban poor communities to access their health entitlements under the various government schemes. In this regard in Saran district 17 Mahila Arogya Samitis (MAS) have been formed and all have been trained. The MAS account has been opened for all the Mahila Arogya Samitis (MAS) formed.

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. In Saran 323 VHSNC's have been formed and all of them have been trained. The VHSNC account has been opened with respect to all of these VHSNCs.

#### **7.8 COMPREHENSIVE PRIMARY HEALTH CARE (CPHC):**

In February 2018, the Government of India announced that 150000 Health & Wellness Centres (H&WCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The provision of Comprehensive Primary Health Care (CPHC) reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. In this background a



sizable number of SCs and PHCs have been converted into H&WCs. Under CPHC district has enumerated 39442 individuals so far and 32649 CBAC forms have been filled till date, and NCD screening has been initiated at 25 SHC-HWC, and 2 UPHC-HWC. According to the information received from DPM, under CPHC 31981 individuals have been screened for hypertension, 31735 have been screened for diabetes, 30975 have been screened for Oral Cancer, 13901 have been screened for Breast Cancer and 3724 have been screened for Cervical Cancer. Other than this under the CPHC 142 HWCs were providing tele-consultation services and `142 HWCs were organizing wellness activities.

#### **7.9 UNIVERSAL HEALTH SCREENING (UHS):**

According to the information provided by DPM the district is actively involved in universal health screening under different components of NHM. Under universal health screening, district has identified a target population of 1718735 eligible persons and out of these, Community Based Assessment Checklists (CBAC) forms have been filled for 62077 (3.6%) of the target population. Screening for identification of people with hypertension and diabetes and detection of oral and breast cancers has been started. The details provided by the DPMU shows that overall, 108631 persons in the district were screened for hypertension, 102833 for diabetes, 93482 for oral cancers, 63996 for breast cancers and 7890 for Cervical Cancer. Of these screened cases, no information regarding the confirmed cases has been provided by DPMU.

#### **7.10 COMMUNICABLE DISEASES PROGRAMME:**

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. According to the collected from DPM office, there are 8 outbreaks in the district during the current year and 5 during previous year in the district. There is no proportion of private health facilities in the weekly data under IDSP in the district.

Further, the information collected from the DPM office shows that National Vector Borne Disease Control Programme (NVBDCP) was available on the basis of a micro plan and a macro plan at district level in Saran. There was no explanation for the increase or decrease (trend of the last three years to be seen), but LLIN distribution is not available, IRS is provided on bi-annually, spray for anti-larval methods and preparation for epidemic contingency plans were provided. Epidemiological and entomological situations were also monitored in the district. The number of MDR rounds observed in September-2022 was 1, and no blocks achieved elimination status for Lymphatic Filariasis.

National Tuberculosis Elimination Programme (NTEP) is also working in the district and the information collected from the CMO/DPMU office indicates that the district has achieved. Anti-TB drug facility and CBNAAT/True Nat were available NTEP achieved 40 percent of the target TB notification rate for the first four months of the financial year 2022-23. All the TB patients are tested for the HIV and the status of all TB patients is known. Drugs were available for both drug-sensitive and drug-resistant TB. Universal Drug Susceptibility Testing (UDST) for Rifampicin has been conducted, 2134 TB patients with UDST testing were eligible. Further, the information collected shows that 15 patients have been notified from the public sector and the overall treatment success

rate was found to be 67.4% percent in the district. There are 112 MDR TB patients in the district and treatment has been initiated by the district authorities for 51 patients. There are 15 patients who have been notified from the private sector and treatment success rate is 67.4%. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that all the patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT installments have been initiated in their favour, up to July-2022 1253 Beneficiaries were paid under Nikshay Poshan Yojana.

Under the implementation of the National Leprosy Eradication Programme (NLEP), 202 new cases were detected. The numbers of G2D cases were 16. The MDT was available without interruption, and no Reconstructive surgery for G2D cases was conducted. MCR footwear and self-care kits were available in the district. There was no information available on the number of treatment sites and Model Treatment Centers (MTCs) for viral hepatitis and the percent of health workers immunized against Hepatitis B. No key activities were performed in the current FY as per ROP (Record of Proceedings) under the National Fluorosis Control Programme, and the National Tobacco Control Programmes. But weekly Iron Folic Supplementation programme were performed in the current FY as per ROP (Record of Proceedings) under National Iron Deficiency Disorders Control Programme.

#### **7.11 QUALITY ASSURANCE:**

As per the information, District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. Kayakalp assessment has been initiated in various facilities in the district. According to the information received from DPMU shows that 2 facilities have received award during 2021-22. The district has not initiated NQAS for any of the facilities. Recently Govt. of Bihar started Mission 60 programme under which all the labor rooms and OTs have started to fill the gaps in infrastructure so that all the facilities are in position to apply for NQAS.

#### **7.12 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, 92 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.

#### **7.13 IMMUNIZATION:**

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, SDH, CHC, and PHC only (all delivery points). Outreach sessions have been held to meet with drop-out or left-out cases. Micro plans for institutional immunization services are prepared at the sub-centre level in the district. The district has made model

immunization corners at all the facilities and were found neat and clean. At VHNDs, outreach sessions are used to improve Pentavalent-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. AEFI committees and Rapid Response Teams have been formed in the district. The information collected from the selected health facilities shows that all the health facilities, including SC-HWC, have hub cutters available and the vaccine is not usually there.

## **8. SERVICE AVAILABILITY AT THE PUBLIC FACILITIES:**

### **8.1 DISTRICT HOSPITAL SARAN:**

District Hospital Saran is located in city Saran (Chapra). It is First Referral Unit (FRU) and is easily accessible from the nearest road. Patna Medical College Hospital (PMCH) is the next referral point of the facility which is at distance of 70 km from DH Saran. The condition of buildings in DH is not good because they are very old and their last renovation was done in 2014. The total functional beds in DH are 150; besides there are 4 ICU beds available in the DH.

It operates OPD from 8 a.m. to 2 p.m. It has all the basic facilities like 24\*7 hours running water, geriatric and disability friendly (ramps etc.) functional toilets separately for male and female, drinking water, OPD waiting area with sufficient sitting arrangement, ASHA rest room, drug storeroom with racks and Complete power backup. Citizen's charter, timings of the facility, list of services available, protocol posters are displayed properly. The DH has received a Kayaklap score of 61% and NQAS score of 54% in its internal assessment.

#### **8.1.1 AVAILABILITY OF SERVICES:**

District hospital Saran provides general services for OPD, ANC, Delivery, PNC, Immunization, Family planning, Laboratory services in addition to these general services the specialized services available at DH are Medicine, O&G, Paediatrics, Surgeries, Anaesthesiology, Ophthalmology, ENT, Dermatology, Orthopaedic, Radiology, Dental, Imaging Services (X-ray), Imaging Services (USG), District Early Intervention Centre (DEIC), Nutritional Rehabilitation Centre (NRC), SNCU, Paediatric Intensive Care Unit (PICU), Labor Room Complex, ICU, Dialysis Unit, Emergency Care, Burn Unit, Teaching block (medical, nursing, paramedical), Skill Lab. However, the district hospital did not have Comprehensive Lactation Management Centre (CLMC)/Lactation Management Unit (LMU), Neonatal Intensive Care Unit (NICU). General emergency along with triage resuscitation and stabilization are available in the hospital. Tele-consultation services were also available at the facility. 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. NRC with all infrastructures is functional in the District Hospital.

In DH, there is separate Operation Theatre (OT) building where surgeries are conducted. A functional blood bank was available in the district hospital, and 36 units of blood were available in the blood bank on the day of monitoring PIP. During the month of August, 272 blood transfusions have been performed. Blood is free for all very needy patients. Bio-Medical Waste management is done through a bio medical treatment plant.

In District Hospital Saran, it was found that IT services were working in good condition, such as desktop, laptop, and internet connectivity, with good strength of internet.

Pregnant women who come for delivery receives all services free of cost, which include free user charges, medicines, diagnostics, diet and referral transport under JSSK. PMSMA services are provided on 9th of every month.

The NCD Clinic is also functional at the DH and provides services on all working days. Staffs are trained in the screening of patients for breast cancers and oral cancers. During the first four months of 2022-23 NCD clinic has screened 38108 patients for hypertension and diabetes. Of the screened cases 888 (2.33%) percent are identified with hypertension and 877(2.3%) percent with diabetes. No information regarding the screened and confirmed cases of Oral Cancer, Breast cancer and Cervical Cancer was available at DH.

NTEP is implemented in the district and there are 25 designated Microscopic Centres.. All TB patients were tested for HIV and Diabetes Mellitus. Records on TB treatment card cases (both for drug sensitive and drug resistant cases), TB Notification, Dengue, Chikungunya and leprosy cases were available in District Hospital Saran. Information on fund received and utilized by the facility under NHM was not available. No RKS meeting was held during last 4 months. During the last month there are 575 referred in cases and 70 referred out cases. Data entry of HIMS with physical records was updated but the quality of updated HMIS data was poor.

#### **8.1.2 AVAILABILITY OF DRUGS AND DIAGNOSTICS:**

Essential Drug List was found displayed at few places in the District 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 Fluconazole IV, Betadine, Tab. Savlon and Inj. Nikethmide during the last one month. Sufficient supply of Essential consumables is available at DH.

DH Saran is providing essential diagnostics and the timing of tests is from 8:00 am to 2:00 pm. From April-2022 to august 2022, 180673 in-house tests were conducted. These tests are related to blood chemistry, CBC, blood sugar, urine, TB, HIV etc. X-Ray, USG and CT scan facility is available at DH, but CT scan is under PPP mode and patient has to pay from pocket an amount of Rs. 735 per scan. MRI service is not available at the DH. It was also found that DH has adequate supplies of reagents and consumables in the laboratory. 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. District Hospital requires Digital ECG and MRI.

#### **8.1.3 STATUS OF HUMAN RESOURCE AVAILABILITY AT DH:**

According to the information provided by MS Saran the DH is supposed to have 13 Gynaecologists, 4 Paediatricians, 12 Anaesthetists, 5 Surgeons, 4 Physicians, 7 Radiologists, 3 Pathologists, 4

Orthopaedics, 3 ENT specialists, 1 Dental MO and 36 Medical Officers. Official records show that the sanctioned staff strength for the Specialists in the district hospital is 92 and 49 of them are in place. The Specialists who are posted at the DH include 13 Gynaecologists, 4 Paediatricians, 3 Anaesthetists, 4 Surgeons, 2 Physicians, 1 Radiologists, 2 Orthopaedics, 1 ENT specialists, 1 Dental MO and 18 Medical Officers. The Paramedical staff available at the DH consists of 77 Staff Nurses, 6 Lab Technicians, 2 OT technicians, 1 X-ray technician, 4 ANM and 3 Pharmacist but the hospital has acute shortage of Human Resource.

#### **8.1.4 SERVICES UTILIZATION:**

The services available at DH Saran are optimally utilized. There is a huge rush of patients every day. A total of 98872 patients have visited the OPDs of DH during April-July 2022-23. A total of 14900 admissions have been made in the IPD and emergency of DH. Further 84 major and 245 minor surgeries have been performed in the hospital. Around 1302 institutional deliveries have been reported at the DH. C-section deliveries account for 10 percent of total deliveries. Information collected from the laboratory shows that a total of 88692 lab investigations were performed during the first four months of 2022- 23.

#### **8.1.5 KEY CHALLENGES OBSERVED IN THE FACILITY AND THE ROOT CAUSE:**

- ❖ The District Hospital building is not in a good condition because it is very old building and all the units have scarcity of space.
- ❖ Various services are not been optimally utilized due to the scarcity of Human resources.
- ❖ DH operates OPD from 8:00 am to 2:00 pm and the patients who came after 2:00 pm can not avail the services of OPD because doctors are not available in the OPD rooms after 2:00 pm. OPD should operate during both shifts so that the service utilization can be enhanced.
- ❖ Record keeping of registers is good, but the quality of data uploaded on HMIS portal is poor.

#### **8.2 COMMUNITY HEALTH CENTRE (CHC) REVILGANJ:**

CHC Revilganj is a standalone body, First Referral Units (FRU) and is easily accessible from nearest road head. The next referral point of the facility is DH Saran which is at distance of 10 km from CHC. The total population of this catchment area is 143592. There is 1 APHC and 14 SCs under Revilganj Medical Block. The condition of buildings in CHC is good. The total functional beds in CHC are 30 and there no ICU bed in the CHC. It operates OPD from 8:00 a.m. to 2:00 p.m. It has all the basic facilities like 24\*7 hours running water, functional toilets separately for male and female, drinking water, OPD waiting area with sufficient sitting arrangement, ASHA rest room, drug storeroom with racks and complete power backup, however geriatric and disability friendly (ramps etc.) are not available. Citizen's charter, timings of the facility, list of services available, protocol posters are displayed properly at CHC. The CHC has received a Kayaklap score of 72.29% in its internal assessment and NQAS has not been initiated yet.

#### **8.2.1 AVAILABILITY OF SERVICES:**

CHC Revilganj provides general services for OPD, ANC, Delivery, PNC, Immunization, Family planning, Laboratory services in addition to these general services the specialized services available at CHC are Medicine, O&G, Paediatrics, Dental, Labor Room Complex, Emergency Care, However, the specialized services like Surgeries, Anesthesiology, Ophthalmology, ENT, Dermatology, Orthopaedic, Radiology, Imaging Services (X-ray), Imaging Services (USG), District Early

Intervention Centre (DEIC), Nutritional Rehabilitation Centre (NRC), SNCU, Comprehensive Lactation Management Centre (CLMC)/Lactation Management Unit (LMU), Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), ICU, Dialysis Unit, Burn Unit, Teaching block (medical, nursing, paramedical), Skill Lab are not available at CHC Revilganj. General emergency along with triage resuscitation and stabilization are available in the CHC. Tele consultation services were also available at the facility.

In CHC, there is a single general Operation Theatre (OT) and is almost non functional. There is no Blood Bank in the CHC. Bio-Medical Waste management is done through sharp pit. IT services were working in good condition. Internet connectivity is also of good strength. All services under JSSK are provided free of cost.. PMSMA services are provided on 9th of every month.

The NCD Clinic is also functional at the CHC and provides services on all working days. Staffs are trained in the screening of patients for breast cancers and oral cancers; During the first four months of 2022-23 NCD clinic has screened 15223 patients for hypertension and diabetes. Of the screened cases 398 (2.61%) percent are identified with hypertension and 355 (2.33%) percent with diabetes. No information regarding the screened and confirmed cases of Oral Cancer, Breast cancer and Cervical Cancer was available at CHC. CHC was reporting weekly data in P, S and L form under IDSP (Integrated Disease Surveillance Project). In CHC (TB) elimination program, facility was designated as Designated Microscopy Centre (DMC). Anti-TB drug facility and CBNAAT/True Nat were available. All TB patients were tested for HIV and Diabetes Mellitus. Records on TB treatment card cases (both for drug sensitive and drug resistant cases), TB Notification, Dengue, Chikungunya and leprosy cases were available in CHC. Information on fund received and utilized by the facility under NHM was not available. No RKS meeting was held during last 4 months. During the last month there are 575 referred in cases and 70 referred out cases. Data entry of HIMS with physical records was updated but the quality of updated HMIS data was poor.

#### **8.2.2 AVAILABILITY OF DRUGS AND DIAGNOSTICS:**

Essential Drug List was found displayed at few places in the CHC. It was mentioned by the Incharge 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 MS 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. There is no shortage of priority drugs from EDL in last 30 days. Sufficient supply of Essential consumables is available at CHC.

CHC Revilganj is providing essential diagnostics and the timing of tests is from 8:00 am to 2:00 pm. From April-2022 to august 2022, 5875 in-house tests were conducted. These tests are related to blood chemistry, CBC, blood sugar, urine, TB, HIV etc. X-Ray, USG and CT scan and MRI facility is not available at CHC. It was also found that CHC has minimal shortage of instruments/equipments in the laboratory. It was mentioned by the Hospital manager that the lab of the CHC is in need of a fully automatic analyser to meet the growing diagnostic demand generated by JSSK. It was also seen that CBC testing machine is non-functional from last one month.



### **8.2.3 STATUS OF HUMAN RESOURCE AVAILABILITY AT CHC:**

According to the information provided by MS CHC is supposed to have 1 Gynaecologists, 1 Paediatricians, 2 Anaesthetists, 1 Surgeons, 1 Physicians, and 6 Medical Officers. Official records show that the sanctioned staff strength for the Specialists in CHC is 12 and 3 of them are in place. The Specialists who are posted at CHC include 1 Gynaecologists, 1 Surgeons, and 1 Medical Officers. The Paramedical staff available at the DH consists of 13 Staff Nurses, 4 Lab Technicians, 1 Dental technicians, 1 X-ray technician, 2 ANM and 1 Pharmacist but the hospital has acute shortage of Human Resource.

### **8.2.4 SERVICE UTILIZATION:**

The services at the CHC are not optimally utilized due to the scarcity of human resources. The services like 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.

### **8.2.5 KEY CHALLENGES OBSERVED IN THE FACILITY AND THE ROOT CAUSE:**

- ❖ Although having good infrastructure for general wards but the hospital is passing through an acute shortage of waiting rooms for general OPDs, NCDS and O&G etc.
- ❖ OT with all equipments is available at CHC but not functional due to the unavailability of concerned staff.
- ❖ CHC needs to have of its own established blood bank, due to non availability of Blood Bank and Blood storage unit C-section deliveries are not performed at the facility.
- ❖ X-ray and USG facility is not available at the facility.
- ❖ CBC testing machine is non functional from last one month.
- ❖ Record keeping of registers is good, but the quality of data uploaded on HMIS portal is poor due to the non availability of Data entry operator.

### **8.3 PUBLIC HEALTH CENTRE (PHC) SITABDIARA:**

PHC Sitabdiara is a standalone body and is easily accessible from nearest road head. The next referral point of the facility is CHC Revilganj which is at distance of 23 km from PHC. The total population of this catchment area is 8801 and number of villages under this facility are 9. 14 SCs are attached with this PHC. The condition of building is good. The PHC is designated as a 24X7 facility. The total functional beds in PHC are 6. It operates OPD from 8:00 a.m. to 2:00 p.m. It has all the basic facilities like 24\*7 hours running water, functional toilets separately for male and female, drinking water, OPD waiting area with sufficient sitting arrangement, ASHA rest room, drug storeroom with racks and complete power backup, branding, however geriatric and disability friendly (ramps etc.) are not available. Citizen's charter, timings of the facility, list of services available, protocol posters are displayed properly at PHC. The PHC has received a Kayaklap score of 56% in its internal assessment and NQAS has not been initiated yet.

#### **8.3.1 AVAILABILITY OF SERVICES:**

PHC Sitabdiara provides general services for OPD, ANC, Delivery, PNC, Immunization, Family planning, Laboratory services, yoga, emergency, treatment for minor ailments and counselling services for ANC. Tele consultation services were also available at the facility. Bio-Medical Waste management is done through Deep Burial pit. In PHC, it was found that IT services were working in

good condition, such as desktop, laptop, and internet connectivity, with good strength of internet. Ambulance is not available at the PHC but is connected with the transport referral system -108 service. There is availability of JSSK entitlement including free delivery, free diet, free diagnostics and free referral transport is given. PMSMA services are provided on 9th of every month.

The NCD Clinic is also functional at the PHC and provides services on all working days. Staffs are trained in the screening of patients. During the first four months of 2022-23 NCD clinic has screened 1960 patients for hypertension and diabetes. Of the screened cases 41 (2.09%) percent are identified with hypertension and 24 (1.07%) percent with diabetes. No information regarding the screened and confirmed cases of Oral Cancer, Breast cancer and Cervical Cancer was available at PHC. PHC was reporting weekly data in P, S and L form under IDSP (Integrated Disease Surveillance Project). In PHC (TB) elimination program, facility was not designated as Designated Microscopy Centre (DMC). Information on fund received and utilized by the facility under NHM was not available. No RKS meeting was held during last months. During the last month there are 5 referred in cases and 5 referred out cases. Data entry of HIMS with physical records was updated but the quality of updated HMIS data was poor.

#### **8.3.2 AVAILABILITY OF DRUGS AND DIAGNOSTICS:**

Essential Drug List was found displayed at few places in the PHC. 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 MO 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. There is no shortage of priority drugs from EDL in last 30 days. Sufficient supply of Essential consumables is available at PHC.

PHC Sitabdiara is providing essential diagnostics and the timing of tests is from 8:00 am to 2:00 pm. From April-2022 to August 2022, 1970 in-house tests were conducted. These tests are related to blood chemistry, blood sugar, urine, HIV etc. X-Ray, facility is not available at PHC. It was also found that PHC has acute shortage of all equipments in the laboratory due to that all diagnostic tests are not done. It was mentioned by the In-charge MO that the lab of the PHC is in need of a fully automatic analyser to meet the growing diagnostic demand generated by JSSK.

#### **8.3.3 STATUS OF HUMAN RESOURCE AVAILABILITY AT PHC:**

According to the information provided by MO two posts of MBBS Medical Officers from regular side are vacant. However 1 position of MBBS MO and 1 position of AYUSH doctor from NHM side are in place. There are 3 FMPHWs from regular side and 1 GNM from NHM side posted at the PHC. Besides, there is a Lab Technician, Pharmacist. 14 ASHAs are attached with this facility but the hospital has acute shortage of Human Resource.

#### **8.3.4 SERVICE UTILIZATION:**

The services at the PHC are not optimally utilized due to the scarcity of human resources. The services like 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.

### **8.3.5 KEY CHALLENGES OBSERVED IN THE FACILITY AND THE ROOT CAUSE:**

- ❖ 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.
- ❖ The ambulance at the health facility is not available, thus there is a need of ambulance for any emergency purposes.
- ❖ The building is non-fenced and away from locality and therefore it has privacy and security issues both for the female staff as well as for the patients, so the facility needs a security guard.
- ❖ Non availability of X-ray facility is severely affecting the delivery of services
- ❖ Record keeping of registers is good, but the quality of data uploaded on HMIS portal is poor

### **8.4 SUB- CENTRE/ HEALTH WELNESS CENTRE (SC/HWC) TEKNIWAS:**

SC/HWC Tekniwas is a standalone body and is easily accessible from nearest road head. Sub Centre Tekniwas has been converted into H&WC. The next referral point of the facility is CHC Revilganj which is at distance of 15 km from SC/HWC. The total population of this catchment area is 11168 and number of villages under this facility are 5. The condition of building is good. It has all the basic facilities like clean functional toilets separately for male and female, drinking water, OPD waiting area with sufficient sitting arrangement, branding and specified area for Yoga, however, 24\*7 hours running water, geriatric and disability friendly (ramps etc.), ASHA rest room, drug storeroom with racks and complete power backup are not available. List of services available, protocol posters are displayed properly at SC/HWC. The building is non-fenced and therefore has privacy and security issues.

#### **8.4.1 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 at the centre. 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. Bio-Medical Waste management is done through Deep Burial pit. Tele-consultation services are provided through HWC app at the centre.

In SC/HWC, it was found that IT services were available, such functional tablet and good internet connectivity. However, the strength of the internet connection was used to generate personal data.

There are 2062 individuals above 30 years of age in the HWC population, 1340 CBAC forms were filled during the first four months of 2022-23 and all 1340 individuals were screened for hypertension and diabetes. Of the screened cases 98 (7.31%) percent are identified with hypertension and 109(18.13%) percent with diabetes and all identified patients were referred to PHC. There is no screening for Oral Cancer, Breast cancer and Cervical Cancer was at SC/HWC. Information on fund received and utilized by the facility under NHM was not available. Ambulance is not available at the SC/HWC but CHO is providing in case of emergency through transport referral system -108

services. There is no maternal or child deaths in SC/HWC. Line listing of all eligible couples in the area is not available in SC/HWC. During the last month 140 cases were referred to PHC. Data entry of HIMS with physical records was updated but the quality of updated HMIS data was poor.

#### **8.4.2 AVAILABILITY OF DRUGS AND DIAGNOSTICS:**

Essential Drug List was found displayed at SC/HWC. It was mentioned by CHO that almost all the drugs are available at the facility and are generally provided free of cost to the patients. There is no shortage of priority drugs from EDL in last 30 days. Sufficient supply of Essential consumables is available at SC/HWC. Anti-TB drugs are not available at SC/HWC but drugs for Hypertension and diabetic patients are available with sufficient supply. In the case of the family planning services, it was found that contraceptive related tables and injections were available in SC/HWC.

Testing kits/Diagnostic kits are available with a sufficient supply in SC/HWC. BP instruments (digital), Thermometers, Glucose meters and Hemoglobin Meter B is also available at the SC/HWC.

#### **8.4.3 STATUS OF HUMAN RESOURCE AVAILABILITY AT SC/HWC:**

According to the information provided by CHO the available staff consists of 1 MLHP\CHO and 1 FMPHWs and 9 ASHAs are attached with this H&WC. There is no post of Pharmacist.

#### **8.4.4 SERVICE UTILIZATION:**

Looking at the utilization of services from the H&WC, it was found that services are not optimally utilized. Although a CHO and a FMPHW are working at the centre, but on an average less than 10 persons visit the facility for treatment of minor ailments. Population of the area generally prefers to visit secondary or tertiary care health facilities where at least a MBBS doctor is available. However, immunization services, NCD and to some extent ANC services are fully utilized at the H&WC. On average in a month, the facility provides ANC services to 12 women and immunization to 30 children.

#### **8.4.5 KEY CHALLENGES OBSERVED IN THE FACILITY AND THE ROOT CAUSE:**

- a) The building is non-fenced and therefore it has privacy and security issues both for the female staff as well as for the patients.
- b) Facility has no Drug storeroom and power backup facility.
- c) Record keeping of registers is good, but the quality of data uploaded on HMIS portal is poor.

### **9. COMMUNITY INTERACTION/FEEDBACK:**

While preparing the PIP of Saran District of Bihar PRC Srinagar team interacted with the various community members around the facilities to get the feedback regarding the services provided by different facilities and majority of them said that services provided by these facilities are satisfactory but the main issue of these facilities is the lack of human resource, non-availability of various diagnostic facilities. It was also reported by the community that both DH and CHCs have shortage of specialists. 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 3:00 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. Community also

address the issue related to OPD timing of the facilities and said that the OPD timing should be extended up to 4:00 PM instead of 2:00 PM.

#### **10. DISCUSSION AND KEY RECOMMENDATIONS:**

Based upon our monitoring survey following recommendations for improving the service delivery in the district are made:

- ❖ 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.
- ❖ The OPD should operate during both shifts so that the service utilization can be enhanced.
- ❖ 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 SC/HWCs 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 do not 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 in District Hospital MRI machine is not available. So there is a requirement for MRI machine in district hospitals. Also at PHC and CHC level. There is a need to have X-Ray and USC facility available at CHC and 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.
- ❖ The wall boundary was not constructed in PHC Sitabdaira and SC/HWC. Our suggestion is that every health care centre should be surrounded by a boundary wall.
- ❖ Although the HMIS data has improved a lot but there is still various deficiencies in its recording. 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.

11. PHOTO GALLERY:



District Hospital Saran

Sadar Hospital Saran  
OT Department Staff Nurse Duty Roster  
Date: 30-12-22

SHIFT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Morning (8 AM to 1 PM)	A	A	A	A	A	A	A	A	B	B	B	B	B	B	B	B	B	B	C	C	C	C	C	C	C
Evening (2 PM to 5 PM)	B	B	B	B	B	B	B	B	C	C	C	C	C	C	C	C	C	C	A	A	A	A	A	A	A
Night (8 PM to 8 AM)	C	C	C	C	C	C	C	C	A	A	A	A	A	A	A	A	A	A	B	B	B	B	B	B	B

Incharge- Nishtha Modanwal

Group-A	Sandeep Singh	Dimple Kumari	Sweety Kumari
Group-B	Kiran Kumari	Rekha Das	Pratibha Rani
Group-C	Ladha Mehta	Ranka Kumar	Archana Sinha

Page No. 1106 Date: 30-12-22

DH OT Department Staff Nurse Duty Roster



CHC Revilganj



PRC Team with CHC Revilganj Staff

सांख्यिक स्वास्थ्य केंद्र  
रिविलगंज, सारण।

ROOM NO-1	OPD
ROOM NO-2	MALE STAFF ROOM
ROOM NO-3	PATHOLOGY
ROOM NO-4	RBSK STORE ROOM
ROOM NO-5	DRESSING ROOM
ROOM NO-6	COLD CHAIN
ROOM NO-7	DENTAL ROOM
ROOM NO-8	GENERAL WARD
ROOM NO-9	PNC ROOM
ROOM NO-10	LABOUR ROOM
ROOM NO-11	NBCC ROOM
ROOM NO-12	ANC ROOM
ROOM NO-13	FEMALE STAFF ROOM
ROOM NO-14	STORE ROOM
ROOM NO-15	DOCTOR'S ROOM
ROOM NO-16	O.T
ROOM NO-17	MALE WARD
ROOM NO-18	STORE ROOM
ROOM NO-19	FEMALE WARD

नोवल कोरोना वायरस (Covid-19)

Room Wise facility list at CHC Revilganj

निःशुल्क जाँच की सुची

1. HB%
2. BLOOD SUGAR
3. ESR
- 4.
5. SERUM BILIRUBIN
6. SERUM URIC ACID
7. SGPT
8. RK39
9. URINE PREGNANCY
10. MALARIA TEST
11. HIV TEST

ANC के अन्तर्गत निःशुल्क जाँच की सुची

1. HB
2. BSR
3. HIV TEST
4. HBSAG TEST
5. VDRL
6. MALARIA TEST
7. URINE - SUGAR/AB

प्रा. सि. पदा.

Available Diagnostics at CHC Revilganj





**PHC Sitabdiara**

अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र, सितबदियारा		SITABDIARA PHC	
क्र.सं.	विवरण	प्रमाणिकता	मात्रा
1	Aspirin	500mg	100mg
2	Paracetamol	500mg	500mg
3	Amoxicillin	500mg	500mg
4	Cloxacillin	500mg	500mg
5	Penicillin V	500mg	500mg
6	Penicillin G	1000000 IU	1000000 IU
7	Streptomycin	1000000 IU	1000000 IU
8	Chloramphenicol	500mg	500mg
9	Tetracycline	500mg	500mg
10	Erythromycin	500mg	500mg
11	Clindamycin	300mg	300mg
12	Vancomycin	500mg	500mg
13	Fluconazole	150mg	150mg
14	Terbinafine	250mg	250mg
15	Isotretinoin	10mg	10mg
16	Acyclovir	200mg	200mg
17	Zidovudine	200mg	200mg
18	Zalcitabine	375mg	375mg
19	Didanosine	200mg	200mg
20	Zalcitabine	375mg	375mg
21	Zalcitabine	375mg	375mg
22	Zalcitabine	375mg	375mg
23	Zalcitabine	375mg	375mg
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42	Zalcitabine	375mg	375mg
43	Zalcitabine	375mg	375mg
44	Zalcitabine	375mg	375mg
45	Zalcitabine	375mg	375mg
46	Zalcitabine	375mg	375mg
47	Zalcitabine	375mg	375mg
48	Zalcitabine	375mg	375mg
49	Zalcitabine	375mg	375mg
50	Zalcitabine	375mg	375mg

**OPD Drug List at PHC Sitabdiara**



**SC/HWC Tekniwas**



**PRC Teams with CHO Tekniwas**



**102 BLS/ALS Ambulance Service of Saran**