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

(A Case Study of Sitamarhi District)



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CONTENTS

LIST OF ABBREVIATINS

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

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

PREFACE

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

The study was successfully completed with the efforts, involvement, cooperation, support and guidance of various officials and organizations. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks go to State Health Society of Bihar, for their cooperation and support rendered to our monitoring team. We would like to thank our coordinator Mr. Bashir AhmadBhat for his support and encouragement at all stages of this study. Special thanks are due to Civil Surgeon Sitamarhi, SMO DH Sitamarhi, incharge CHC-Runni Saidpur, Mo PHC Dumra, and CHO SC Lagma, forsharing their experiences. Last but not the least credit goes to all respondents including community leaders and all those persons who spent their valuable time and responded with tremendous patience to our questions.

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1. EXECUTIVE SUMMARY

In district Sitamarhi health services in public sector are provided through a network of various levels of health facilities (excluding tertiary and private hospitals), in 17 medical blocks of the district, there are 268 health facilities, which include one DH, two SDHs, 13 CHCs/FRUs, 4 PHCs, 40 APHCs, and 208 SCs.Out of 208 SCs, less than 40 percent (81) are converted into HWCs, and 35 APHCs (out of 40) were converted into HWCs. During our PIP monitoring visit, we visited four health facilities of district which include ***District Hospital (DH) Sitamarhi, CHC*- Runni Saidpur*, PHC Dumra, and HWC/SC Lagma*.** The summary of the findings for which are presented below:

- *The DHAP is primarily prepared based on previous year performance and accomplishments of various major health indicators related to RMNCHA+; the DHAP is compiled on the basis of given guidelines involving BHAPs, village VHAPs, population, previous year's performance etc. Further, an increase of 5 percent is being made for the previous year's indicators. The district has received the approved DHAP for two years.*
- *In district Sitamarhi, there are multiple number of NGOs which includes **CARE India, UNICEF, PIRMAL FOUNDATION and WHO** and are working for helping the district authorities for streamlining the functioning of health system. CARE India provides the technical support in all the RMNCHA+ indicators, preparation of micro plans etc. to all the PHCs and DH . Its role is to improve the maternal, newborn and child health indicators in the district, while as WHO is monitoring and reviewing the all routine immunization practices in the Bihar at various levels. UNICEF has also role in providing technical support in Immunization. PIRMAL FOUNDATION supports in achieving the NITI AYOG indicators.*
- *Since the recruitment process is centralized at the state level and it was found that large chunk of vacancies both under NHM and from regular side are vacant in the district. There is not any strict transparent policy with regard to transfer, posting and attachments of doctors and paramedical staff in the district.*
- *A large number of posts were found vacant in the district among the different sanctioned specialists with more than 85 deficiency, except among ophthalmologist, MBBS MOs and dental MO (with deficiency more than 50 percent) from regular side, while from NHM side other than MBBS MOs and AYUSH MOs, there is no other approved post of specialist. Among the paramedical staff, there is no dental technician, dental hygienist,X-ray technician, AYUSH pharmacists, etc.*
- *DH Sitamarhi, is without any physician, radiologist, pathologist, orthopedics, ENT specialist, dermatologist, and dental surgeon, while from paramedical staff, there is no dental technician, dental hygienist, OT technician, X-ray technician, or AYUSH pharmacists. The total staff strength of CHC Runni Saidpur is, only of three MBBS MOs and one dental MO, while all positions of different specialists were found vacant from regular side and there is no approved specialist from NHM side also. Most of SHCs are without 2nd ANM.*

- *The infrastructure in most of the visited health facilities is sufficient and in good shape. In DH Sitamarhi there are 150 beds and also a separate hospital of MCH of 100 beds. CHC- Runni Saidpur, has well maintained infrastructure and enough space. PHC Dumra has also enough space, with good number of facilities. HWC Lagma has well maintained infrastructure and enough space.*
- *DH Sitamarhi, has the availability of different types of diagnostic equipment like CT Scan, USG, X-ray and other diagnostic facilities, but at CHC- Runni Saidpur, only X-ray and rapid diagnostic services are available there. In HWCs at PHC Dumra and SHC level, BP, apparatus, Glucometer and weighing scales were found available. Few rapid diagnostic tests are also done at these facilities.*
- *There is a full implementation of free drug policy as revealed by the different health officials, but some patients and their attendants at the visited health facilities revealed that free drug policy is partially implemented and insufficient drugs were provided to them as per the prescription. It was found that there are times when essential drugs are in-short supply due to irregular supply of drugs from warehouses under DVDMS. It was found that drugs are not provided as per the given guidelines to the NCD patients at HWC level.EDL has been prepared for various types of health facilities but an updated list of drugs available was found missing in all the visited health facilities of the district.*
- *There is a full awareness among the pregnant women regarding the different JSSK services and these JSSK services includes free drugs, diagnostics and diet which are provided to all the patients at DH, but in CHC- Runni Saidpur only free drugs are provided, while the diagnostic and dietary service are not available there. As far as free transport is concerned, free referral transport for deliveries and neonates is ensured in all facilities but home to facility and drop back facility is not ensured.*
- *There is a well-established mechanism for providing diet under JSSK at DH Sitamarhi by establishing Didi- Ki -Rasoe- an NGO initiative that provides meals to all the women during delivery time. Such facility was not found available at other health facilities of the district.*
- *A established mechanism regarding the discharging of patients after delivery was properly followed as per the prescribed guidelines at DH Sitamarhi, and were discharging the mother and the new-born at the due time, while such protocol regarding the discharging was not followed at CHC Runni Saidpur and PHC Dumra. Both in DH and CHC, there is a huge number of attendants in maternity ward/LR, which violates rules of RMC.*
- *In the district, it was found that 80 percent inborn and only 57 percent out-born admitted infants were discharged after getting the proper treatment from SNCU during 2021-22. A very high proportion (11 percent) of out born infants died in the SNCU. More than one fourth of out born infant and less than five percent of inborn were referred to other higher health facilities for advanced treatment.*
- *Under NTEP, 93 percent of targeted notified TB patients were achieved. There are 198 MDR TB patients in the public sector hospitals and 277 in the private sector hospitals.*
- *NCD screening in different visited health facilities (HWCs, PHCs, APHCs, and NCD clinics), is not progressing*

professionally. Also the referral mechanism of screened cases for confirmation, diagnosis, treatment, and follow-up was found to be weak. . Overall in the district during last six month, 15522 suspected patients were screened for hypertension, 15086 for diabetes, and for oral cancer, breast cancer and cervical cancer.

- *CPHC is lacking at all the HWCs as most of the HWCs were found in infancy in terms of their work, knowledge, monitoring, and other official support.*
- *There is a deficit of three percent of ASHA in the district against the approved strength. The skill of ASHAs was found to be good with regard to ANC, immunization, PNC etc. However, their performance on account of HBNC and filling-up of CBAC forms was found to be poor. Most of the PW who were admitted for delivery at the health facilities are accompanied by ASHAs.Under PMSYMY, a total 2084 ASHA, 1768 ASHA under PMSBY, 1662 ASHA under PMSMY and 36 ASHA under other schemes have been benefited.*
- *There are Innovative-neat, clean and visible model immunization corners functional at all the visited health facilities where-in children and expectant mothers are immunized on fixed immunized days. At all the visited health facilities, it was found that most of the new born have being immunized for birth dose at their respective facilities and other doses of routine immunization are being provided to children on time.*
- *In the district, there are limited numbers of vehicles for referral transport with various health facilities for JSSK and other referral patients. There is a functional 102 toll free number under the centralized system of transportation but only the available ambulances of district are used for the same.*
- *Overall, in DH during the month of August, 573 normal deliveries were performed and C-section deliveries accounted for 14 percent, while in CHC 353 normal deliveries were performed and in PHC Dumra 794 normal deliveries were performed during three months (June to August). During 2021-22, a total 23 maternal deaths, 127 child deaths, 117 infant deaths and 811 still births were reported in district. Only two maternal deaths and no infant deaths were reviewed.*
- *Various schemes like RBSK, NCD and schemes under communicable diseases control program are running in the district but lack of proper monitoring and supervision by the concerned officials for optimal results.*
- *Institutionalized mechanism for grievance redressal was not evident in any of the visited health facilities. Few health facilities have partly operationalized the Mera-Aspatal Portal, but its use was found to limited.*
- *More than 60 percent of released funds have remained unutilized under most of the head accounts for unspecified reasons. The funds released for establishing of HWCs, for Kayakalp activities and under few other important heads was found unutilized.*
- *Though the HMIS data quality in the district has improved but there is still a lot of scope for improvement in all the health facilities. All the health facilities were uploading their monthly work- done on new HMIS portal and were satisfied with new interface of the portal. Data on various portals is being uploaded on regular basis by the concerned as per the given guidelines.*

2. INTRODUCTION

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

2.1 Objectives of the Study

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

2.2 Data Collection and Methodology

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

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

3. OVERVIEW OF BIHAR

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

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

3.1 District Sitamarhi

The Sitamarhi district came into existence on 11th December 1972 after it was separated from the present Mazaffarpur district. It is situated in the north part of Bihar. The Sitamarhi district is bounded by Nepal on the north, Mazaffarpur on the south, by the districts of Darbhanga and Madhubani on the east and on the west by the districts of East Champaran and Sheohar. In 2011 Census, Sitamarhi had a

population of 3,423,574 of which 52.67 percent were males and 47.33 percent were female. The sex ratio of the district was 899 and population density was 1492 persons per square Km. There are 17 CD blocks, three subdivisions, 845 revenue villages and 258 gram panchayats in the district.

As per NFHS-5, district Sitamarhi has near about 38 percent population below the age of 15 years. The sex ratio of the district was 1209 females and sex ratio at birth was 1009. One-fifth of total women have educational level 10th or above. Among the different health indicators, 40 percent of PW are deprived of 1st ANC checkup during the 1st trimester and only one-fifth of PW have completed four ANC checkups during their nine months of pregnancy. Despite having the good coverage of JSSK benefits, more than one-third of the deliveries were non-institutional deliveries. Among the total institutional deliveries, one-half of the deliveries were performed at public health facilities, one-third of births were attended byunskilled performers. One among every 10 deliveries is C-section delivery. In private health facilities, more than 40 percent deliveries were done through C-section.

4. HEALTH INFRASTRUCTURE

In 17 medical blocks of district, there are 268 health facilities, which include one DH, two SDHs, 13 CHCs, four PHCs, 40 APHCs, and 208 SCs. Out of 208 SCs, 40 percent (81) and almost all most 90 percent (35) of the APHCs have been converted into HWCs. Out of two SDHs and 13 CHCs, only seven are FRUs. There is a special new-born child care unit (SNCU), a Nutritional Rehabilitation Centre (NRC), a District Early Intervention Centre (DEIC), a blood bank and six blood storage units in the district. All the 26 sanctioned DMCs, 18 TB units and two CBNAAT sites are functional. There are 16 NCD clinics (one at DH, two at the SDHs, and 13 at CHCs). Except for the SC-HWC, all of the health facilities we visited had access to electricity and portable drinking water on 24X7 basis.

5. DISTRICT HEALTH ACTION PLAN (DHAP)

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

6. STATUS OF HUMAN RESOURCE

There are two categories of human resources in the health department: regular staff and NHM staff. The selection of regular staff is based on a centralized mechanism at the state level, while the selection of NHM staff is made at the state as well as at district level. As per the information collected from DPMU office, in district Sitamarhi, from regular side, among the different sanctioned positions of specialists, 46 percent of different specialists (physician, radiologist, pathologist, ENT, dermatologist, other specialists and dental surgeon) are vacant in the district, and about 80 percent sanctioned positions of specialists (O&G, pediatrician, anesthetist, and surgeon) were also found vacant. From NHM side, except one MBBS MO and 79 AYUSH MOs were found in position in the district. Among the paramedical staff from regular side, there is no dental technician, dental hygienist, X-ray technician, CHO, AYUSH Pharmacist in the district, while more than 80 percent position are vacant for radiographers, lab technicians, ANMs, MPW male and pharmacists. From NHM side also, 60 percent of different categories of paramedical staff were found vacant. Further, it was found that more than 80 percent vacancies CHOs and around 60 percent each of MPWs and SNs were also found vacant.

The information collected at visited health facilities shows that in DH Sitamarhi, there is no physician, radiologist, pathologist, ENT specialist, dermatologist and dental surgeon from the regular side, while among the paramedical staff, there is no dental technician, dental hygienist, OT technician, X-ray technician, MPWs, etc. In CHC-Runni Saidpur from regular side, there are only two MBBS doctors, two AYUSH MOs and one dental MO, while from NHM side, one MBBS doctor and three AYUSH MOs were found in-position. In case of paramedical staff from regular side, there are three ANMs, four SNs, and

one pharmacist. From the NHM side, there is only one MPW male and one staff nurse. In PHC Dumra there are two MBBS MOs, one ANM/FMPHW, one lab technician, one X-ray technician one pharmacist from regular side and one lab technician and one public health manager from NHM side. The total staff strength of HWC of Lagma is one ANM, and one CHO while as 18 ASHAs are working under this HWC.

6.1 Recruitment of various posts

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

6.2 Trainings

NHM organizes a variety of training programmes for various categories of health staff at the National, State, Divisional, and District level. The information collected from DPMU office about various training programmes conducted for the staff during the year 2021-22, revealed that almost every year, various training courses are conducted in the district that are approved under the ROP in which different categories of health personal participate. During 2021–22, and 2022-23 49 training courses were approved under ROP for medical and paramedical staff, and all the training programmes were conducted by the district in different batches. The trainings imparted to the health workers during the same time were found to useful as was conveyed by various health professionals during the interaction with us.

7. STATUS OF SERVICE DELIVERY

Free drug policy for all has been implemented by the government of India, with a commitment to provide medicines covered in the EDL to those availing the services at government health facility. This policy has also been implemented in whole Bihar. DPM Sitamarhi and officials of different visited heath facilities revealed that the implementation of free drug is up to the mark and all such essential drugs are provided to the patients that are available at the facility. Our visiting team enquired with some patients

about accessibility of free drug in DH Sitamarhi and PHC Dumra and it was found that free drug policy is partially implemented in the district. *Most of patients at DH particularly the PW are satisfied with implementation of free drug policy, but some patients with different type of NCD, revealed that free drugs are not provided in sufficient quantity. Prescribed drugs by the doctors are provided only for limited days from the facility while as remaining drugs are purchased from the market.* Among different types of specialized services, it was found that in DH Sitamarhi except few services like ENT, dermatology, orthopedics, and radiology all other services are available there, while in CHC-Runni Saidpur, only the services of general medicine, radiology, dental and emergency care is provided and no other service is available there.

Under JSSK free diagnostic facilities are provided to all the JSSK beneficiaries in the district, *but it was revealed by some PW that few investigations during pregnancy were prescribed and were done in private. Even few reported that, during nine months of the pregnancy, not a single test was conducted or prescribed to them.* In DH, it was found that free USG facility is available for PW and other investigations are also conducted there.

DPMU informed that two SCs are conducting more than three deliveries per month and five 24X7 PHCs and some of the APHCs are conducting more than 10 deliveries per month in the district. In 13 CHCs of the district also more than 20 deliveries are performed there per month, while in case of DH, more than 50 deliveries are conducted per month. C-section deliveries are conducted in DH Sitamarhi on a 24X7 basis, while in CHC-Runni Saidpur; there is no facility for performing C-section delivery. During the month of July 2022, out of the total of 573 deliveries in DH, around 13 percent are (77) were C-section deliveries. Due to non-availably of O&G specialist in CHC-Runni Saidpur, no C-section delivery was performed and 353 normal deliveries were performed there during last one month, while in PHC, about 800 normal deliveries were performed there during three months (June-August).

The main goal of JSSK is to reduce the out-of-pocket expenditure for the families of pregnant women and sick newborn during their childbearing period. It was found at all the visited health that majority of the women have availed their JSSK listed benefits for safe delivery (especially at DH). It was found that most of the pregnant women were fully aware about all the listed JSSK benefits. Due to shortage of ambulances in the district, it was found that a sizable number of women use Auto Rickshaw and other modes of transport to reach at the delivery point. *During our monitoring exercise and interaction with*

hospital management and attendants of those women, whose delivery were performed reported that only after two hours of delivery patients are discharged thus putting both the mother and the new-born at risk as the protocols for discharge after delivery are not followed at any of the health facility in district.

On the 9th of every month, PMSMA was a routine exercise at all the visited health, this facility is available at DH, SDHs, CHCs, and other identified health facilities of the district on 9th of every month, but DH failed to provide us the information regarding the list of high risk pregnancies. Under PMSMA, high risk pregnant women and identified women with different co-morbidities are treated and taken care. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly but during our record checking exercise at health facilities, it was found that such records have not been maintained properly at all the health facilities. In the District also, 18 identified health facilities are observing PMSMA activities on regular basis.

Respectful maternity care (RMC) is not only the marker of quality of maternity care but also ensures the protection of the basic human rights of every child-bearing woman. RMC is protection from verbal and physical abuse, disrespect, and discrimination during care. It also aims to provide care to child-bearing women with dignity, privacy, and confidentiality. It was found in DH, the implementation of RMC is up to the mark, where maternity wards are clean, and child bearing mothers were treated respectfully keeping in view the given protocol. In CHC Runni-Saidpur also less number of attendants and other people were found in the maternity ward/labour rooms, which maintain the privacy and other related issues of RMC. At PHC, Dumra, due to space constraints, the rules of RMC has been violated. It was found there, that in small room, there are five PW, who had give the birth of their children and two werein labour pain, is all against RMC rule. The staff at all the visited health facilities was found aware of RMCbut implementation of the same was found partial.

Comprehensive abortion care (CAC) is an integral component of maternal health under NHM. Its aim is to reduce deaths and injury from either incomplete or unsafe abortions by evacuating the uterus; treating infection; addressing physical, psychological, and family planning needs; and referring to other sexual health services as appropriate. The CAC facility was found available only at DH among the visited health facilities. The AFHC at DH is functioning with GNM Counsellors and the DEO in-position in the clinic. Infant and Young Child Feeding (IYCF) Centre has been established at the DH and 91 meetings were conducted with lactating mothers and other stake holders.

8. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics and nursing homes. The data by these clinics is regularly received by the district. Overall, 59 health facilities (both public and private) are providing USG facilities and are registered under the PC&PNDT act.

9. SERVICES UNDER NHM

9.1 Dialysis Services

A fully functional dialysis unit has been established at the DH Sitamarhi and requisite staff under NHM has been given to the unit. The unit has a total of six beds. The dialysis services are free for BPL ration card holders and golden card holders only. The in-charge of the centre reported that except the space constraint at present there is no other shortage of any major equipment or any instruments. In 2021-22, 41 patients have availed the dialysis services and 3189 sessions were conducted, while 38 patients get dialysis services during 2022-23 till August and 1725 sessions were conducted. *Majority of the patients and their relatives were found satisfied with the function of dialysis unit at DH and were of the opinion that the same needs to be upgraded so that more patients can be accommodated at one point of time in the unit.*

9.2 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aimed at early identification and early intervention for children from birth to 18 years. In district Sitamarhi, there is one District Early Intervention Centre (DEIC) which was established in the DH. Most of the staff sanctioned under the scheme, for DEIC, was found in position. There is an acute dearth of manpower in the district with regard to field teams as out of 22 sanctioned RBSK teams in the district only four teams have full sanctioned human resource. The DEIC has more than three fourth of its approved staff in place. The district has hired 22 vehicles for these RBSK teams, and for five blocks, there are two teams in place eachand for 12 blocks one team is in place for each. During normal times, each team screened approximately 80-100 children per day. Overall, the functioning of RBSK was found to be up to mark both in the field with regard to RBSK teams and at DEIC.

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

An operational SNCU at the DH has a bed capacity of 12 beds. The SNCU have 12 radiant warmers. There are also three Kangaroo Mother Care (KMC) units at the SNCU and one non-functional radiant warmer. The requisite staff including doctors and paramedical for the SNCU is in-position. The SNCU was found to be neat and clean but lacks security at its entrance. During 2021–22, a total of 599 in-born and 525 out-born infants were admitted in the SNCU. Out of these, 80 percent in-born and 57 percent out-born infants were discharged after getting the proper treatment. Higher proportion (11 percent) of out-born infants died as compared to six percent in-born infants. Further, around one fourth (26 percent) of out- born infants were referred to other higher level health facilities for advanced treatment. In case of NBSUs in the district, a total of 132 new-born were admitted and 81 percent were discharged after the required treatment, and around one forth were referred to higher level facilities.

The district has sanctioned Nutrition Rehabilitation Centre (NRC) at two SDHs and DH. Overall 47 patients were admitted during 2021-22. Most of the admitted children were suffering with bilateral pitting edema problem and nutritional disorder. On the day of our visit to NRC at DH, no one was admitted in the NRC. *The incharge of NRC at DH revealed that less number of children is admitted inNRC, because there is no one in the field who will coordinate between the patients and NRC. Further he reported that those children who are admitted in the NRC get well planned diet, and diet is free for twoto three weeks both for the mother and the child. It was also revealed that with one admitted children and his/her mother, two to three children are accompanied with them.*

9.4 Home-Based New-born Care (HBNC)

Overall, 3191 HBNC kits were available with ASHAs in the district. During the current financial year (till July, 31st 2022), a total of 11644 visits were made by ASHAs to new-born under HBNC. There is no drug kit available for ASHA in the district.

9.5 Maternal and Infant Death Review

In district Sitamarhi, during (2021-22), it was found that 23 maternal deaths, 127 child deaths, 117 infant deaths and 811 still births were reported, while during current year, 2022-23, two maternal deaths, 41 child deaths, 34 infant deaths and 244 still births were reported. Only two maternal deaths were reviewed during 2021-22 and 2022-23. In 2021-22, three maternal death and 82 infant deaths were reported at DH, while in CHC-Runni Saidpur, no maternal or infant death was reported during the same

time. *Overall, the process of review of maternal and infant deaths was found to be absent in the district in the district and authorities failed to provide us the composition of any such review team and any data with regard to review of these deaths. The reporting of such deaths was also found to be a weak link for capturing such information in the district.*

9.6 Peer Education (PE) Programme

A Peer Education Program has been implemented in the district, and 17 blocks have been covered so far. Furthermore, based on the data gathered, 221 villages have been identified and covered by under PE programme. Till date 2308 peer educators have been selected in the district. *The functioning of this programme was not found at ground during our visit to APHC or HWC.*

10. REFERRAL TRANSPORT

As per the information provided by concerned DPMU, the district has a limited number of vehicles with various health facilities for JSSK and other referral patients. The district has a functional 102 toll-free number under the centralized system of transportation, but only the available ambulances in the district are used for the same, which are fitted with GPS. The district has 34 (11 ALS+23 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and they are operational on 24X7 basis. These ambulances with BSL and ALS are fitted with GPS and handled through a centralized call centre. On an average, five calls are received per day for ALS and five call for BLS. On daily basis each ambulance, make four trips and covers a distance 100-135 Kms per day.

11. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In order to ensure delivery under Comprehensive Primary Health Care (CPHC), existing Sub Health Centres (SHCs) covering a population of 3000-5000 have been converted to Health and Wellness Centres(HWCs), with the principle of providing "time to care" to be not more than 30 minutes. Primary health centers in rural and urban areas have also been converted into HWCs under Ayushman Bharat. The district has so far converted about 81 SHCs (40 percent of total SHCs) and almost 90 percent (35 out of 48) APHCs into HWCs. The branding of most of these HWCs has been done but the required infrastructure is still an issue to deal with. *During our interaction with the officials at various levels and visits to selected facilities in the district, it was found that the concept of CPHC and functioning of HWCs was in infancy and lot needs to be done by the authorities to make HWCs a success story.*

11.1 Universal Health Screening (UHS)

Overall, in the district around 15522 suspected patients have been screened and detected for various NCDs which include diabetes, and hypertension. In DH Sitamarhi, 18587 suspected patients were screened for hypertension and 19792 were screened diabetes. In CHC-Runni Saidpur, there was no information found regarding NCD screening, while in PHC Dumra, a very high percentage (37 percent of hypertension and 30 percent case of diabetes) were found confirmed among the total suspected cases. The visited SHC/HWC has screened 480 suspected cases and among them seven percent were found as hypertensive and nine percent as diabetic. *The CHO at the facility was lacking the basic knowledge with regard to functioning of HWC. The record keeping for NCD screening as well as filling up of CBAC form was extremely poor at all the visited health facilities. Overall, the performance and concept of HWCs was found very poor among the health functionaries at all levels. Supervision and monitoring was also found to be almost absent in the district.*

12. GRIEVANCE REDRESSAL

Grievance redressal mechanism in the selected health facilities was found to be very weak as none of the visited health facilities was found concerned about the grievance redressal system and were of the opinion that all such issues are resolved when brought to the notice of these health facilities. The community was not satisfied with this official version. Mera-Aaspatal has been made operational at DH.

13. PAYMENT STATUS

According to the CS office, it has found that all the payments related to JSY are made through state portal known as "*ASHWIN*", therefore CS office has not the information available related the JSY payments. But it was confirmed from CS/DPMU as well as our interaction with ASHAs in the field, that allthe payments were disbursed on time and there is no any JSY payment pending in the DH or in CHC- Runni Saidpur. In case of ASHAs, all payments and incentives are made through the state run ASHWIN portal. The DPMU office revealed that 3158 ASHAs have received a routine and recurring amount of Rs 2000. Also 150 ASHA facilitators have received Rs 300 as per new norms. In Sitamarhi district, there are 12,667 JSY beneficiaries with pending payments.

14. COMMUNICABLE DISEASES PROGRAMME

The district is covered under IDSP and the Rapid Response Teams (RRTs) have been constituted both at the district level as well as at the block level. The RRT in district is composed of Civil Surgeon and district

immunization officer (DIO). In the current year (2022-23), one outbreak was investigated, but no major outbreaks were reported in the district during the current or previous year. All the designated health facilities in the district are regularly uploading the weekly data under the IDSP on the portal. The data is properly monitored, and early signs of epidemics are detected. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in form-S under IDSP in online mode, while at PHC level, the data on IDSP is uploaded on a weekly basis as reported by the concerned MO. Furthermore, the information collected from the CHC-Runni Saidpur and DH Sitamarhi reported that the data on the P, S, and L forms under IDSP is being uploaded on weekly basis. The data of IDSP is utilized for planning and implementation of health programmes. Further, the information collected fromthe CS office reveals that the district has been covered under the NVBDCP, and the annual blood examination rate was 0.36, also micro and macro plans are also available in the district.

Under the National Leprosy Eradication Programme (NLEP), 110 new cases of leprosy were detected in the district, while as there was no case of G2D found. MDT, MCR footwear and self care kits were found available in the district and G2D surgeries are also conducted in the district. Under the National Tobacco Control Programme and the National Iron Deficiency Disorders Control Programme, the district has not conducted any awareness programmes under IEC component of the ROP at facility or panchayat level.

Under the National Tuberculosis Elimination Programme (NTEP), 93 percent target of notified TB patients has been achieved. All the visited health facilities are actively involved in NTEP. Universal Drug Susceptibility Testing (UDST) to achieve the elimination status is done at the district. Facility for drug sensitivity and drug resistance testing is also available in the district. Further, the information collected shows that all the patients have been notified by the public sector, and the overall success rate was found to be 100 percent in the district. There are 198 TB patients in the public sector hospitals and 277 in the private sector hospitals and for all treatment has been initiated. In both public sector health facilities and private sector health facilities, treatment success rate was 65 percent. Also there are 22 MDR TB patients in the public sector health facilities. The plan for finding active cases is done as per the protocol set by the district. Under Nikshay Poshan Yojana (NPY), an amount of 2.08 crores has been disbursed to all the notified beneficiaries. DH, CHC-Runni Saidpur and PHCs have been designated as facility of DMCs. The maintenance of records of TB patients on treatment, drug resistance, and notification was found to be updated and satisfactory at all levels.

15. ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

In Sitamarhi as per the population, there is requirement of 3258 ASHAs, but only 3161 ASHAs are in working and there is deficit of three percent of ASHAs. Except for some, all villages have ASHAs, and these ASHAs have been brought under various social benefit schemes in the district. Under Pradhan Mantri Shram Yogi Mandan Yojana (PMSYMY), a total 2084 ASHAs, 120 AHSAs under PMJJBY, 1768 AHSAs under PMSBY, 75 AHSAs under PMSBY and 1662 AHSAs under PMSYMY ASHAs been enrolled. All the ASHAs have been paid their incentives for filling-up of CBAC forms, immunisation coverage, HBNC activities, or telephone charges through a state portal known as ASHWIN PORTAL. *Overall the role and functioning was found satisfactory with regard to RCH but in case of NCDs, all ASHAs lack knowledge andconcept of HWCs and their role (duties and functioning) with regard to HWCs/NCDs.*

16. IMMUNIZATION

The information collected from various health facilities in the district regarding immunization, shows that birth dose of BCG immunization is provided at DH, CHC, and PHC only. None of the SC-HWCs in the district provide BCG doses of immunization to infants. During our visit to different health facilities in district, it was found that during the last three months (June-August), 2635 in DH Sitamarhi, while at PHC Dumra, a total of 828 new born were immunized during last three months including those born at private health facilities. At CHC- Runni Saidpur immunization information was not available. Outreach sessions have been held to meet with drop-out or left-out cases. Rapid Response Teams have been formed in the district. Model immunization corners are functional at all the visited health facilities were in children and expected mothers are immunized on fixed immunized day. *These immunization corners were found to be clean and innovative and officials are eager to enhance the timely coverage of children for various immunization doses.*

17. FAMILY PLANNING

The district is currently providing IUCD services through a network of identified health institutions of various categories in the district. Besides DH, CHCs and some PHCs, some SCs have also been identified and are providing IUD insertion or removal services in the district. Information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. The spacing methods, like condoms and oral pills, are available at all levels in the district. Besides, at PHC Dumra both DH as well as the CHC has trained manpower to provide IUCD/PPIUCD. Counselling on FP is mainly

provided by the SNs, and CHOs at the DH and CHC levels, while as such, counselling is also provided by the MOs and ANMs at the SC, UPHC and APHC levels in the district. During the last one month (August), 102 cases of female sterilisation for FP were done at DH Sitamarhi, while at PHC Dumra 20 female sterilisations for FP were performed. *NGOs have also been involved for family planning sterilization at various levels in district and they provide both manpower and equipment support to these facilities.*

18. QUALITY ASSURANCE

Quality Assurance Committees (QACs) have been established for the purpose of improving safety and quality of health services. A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC held one meeting during this year and the members stressed upon to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes/complications in maternal, neonatal and child health. DH has been assessed for Kayakalp, NQAS and LaQshya. For Kayakalp, DH has scored 53.7 points, while for LaQshya the score was 85 points. CHC Runni Saidpur has initiated for internal assessment of Kayakalp, sate assessment for NQAS and also internal assessment for LaQshya. PHC Dumra has not initiated for NQAS or Kayakalp.

18.1 Information Education and Communication (IEC)

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

19. HMIS/RCH AND OTHER PORTALS

19.1 Health Management Information System (HMIS)

The Health Management Information System (HMIS) is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health & Family Welfare (MoHFW). Data on this website is regularly uploaded by all the mapped facilities in the district. The data quality in the district has improved, but there is still a lot of scope improving the recording and reporting of HMIS data so that it can be streamlined further. There is a need for training to the data entry

operators to improve the quality of the data. During our visit to various health facilities, a few on-spot instructions were given for recording and reporting of data to various stakeholders.

19.2 Reproductive and Child Health (RCH)

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

20. STATUS OF FUNDS RECEIVED AND UTILIZED

As per the information provided by DPMU/CS office, it was found that maximum budget utilization among different indicators has remained underutilized during 2021-22. Among the different indicators,it was found that expenditure in facility based service, community based service, infrastructure procurement and referral had remained underutilized. No information regarding the fund utilization of other components like: human resources, review research and surveillance, printing, quality, drug warehouse etc. was given to us. It was revealed by the DPMU Sitamarhi, that "*different types of ASHA incentives are included in the district budget, but these payments are disbursed through a state run portal known as ASHWIN portal. Same is the case of JSSK payments which are also disbursed through state run portal. For LaQshya, Rs two core were released, and all were spent by state. For JSK drugs, only 20 percent of expenditure was made by DPMU office, remaining 80 percent spent by state itself*." Mostof the underutilizations were due to the fact that funds allotted for establishment of HWCs, LaQshya andJSSK remained unspent with no specific reason.

21. FACILITY-WISE BRIEF

21.1 District Hospital Sitamarhi

DH is the first referral unit located in Sitamarhi with enough space, and another MCH building with 100-bed capacity. It is about 65 kms away from SKMCH Mazaffarpur that is next referral unit. The DH has 150 operational beds with six ICU beds. It has 24X7 running water, a geriatric and disability friendly ramp, enough washrooms for men and women, OPD waiting hall, ASHA rest room, a drug store, and a power backup. In DH Sitamarhi, it was found that among the different specialist, there is no physician,

radiologist, pathologist, ENT, dermatologist, and dental surgeon in-position while few deficiencies were found among the anesthetist, surgeon MOs and AYUSH MOs from the regular side. From the NHM side, there is no any approved post for any specialist in the DH. There is an acute deficiency among radiographers, lab technicians, and OT technicians from the regular side. Almost all the necessaryservices which include general medicine, O&G, pediatric, surgery, anesthesiology, dental, imaging services, labour room complex, OTs, AYUSH and emergency care are available at the hospital. There is also NRC, DEIC, SNCU, dialysis unit, and burn unit. There is a functional blood bank facility on 24X7 basis and on the day of visit 184 blood units were available there. During the month of August, there was a transfusion 375 blood units. There is also a tele-consultation service to the patients. Necessary equipment for different types of investigation like CT scan, USG, X-Ray, and testing facilities were found available. There is a list of 126 essential drugs in the DH. Supply of drugs was reported to be sufficient and the EDL was displayed in store and at the entrance also. DH Sitamarhi has initiated for assessmentof Kayakalp, NQAS and LaQshya and scored 53.7 percent points in Kayakalp and 85 percent points in LaQshya. In Case of NQAS score card is not available.

In the month of July, 2022 a total 573 normal deliveries were performed in the DH, and 13 percent were C-section deliveries. All types of JSSK benefits are provided. In last three months (May-July), 2635 newborns were immunized and also there is a good practice of counseling the newborns about breast-feeding within one hour. In last one month also, 12 female sterilizations were performed at DH Sitamarhi. Mostly the complaints are reported verbally and solved on spot. DH is designated as DMC and 2400 TB tests were conducted and also 100 percent of TB patients have been enrolled under Nikshay Poshan Yojana. **Key Challenge:** *The condition OT as well as the labour room was poor. In Case of human resources both specialists and paramedical staff, there is an acute dearth.*

21.2 Community Health Centre (CHC)- Runni Saidpur

CHC-Runni Saidpur is located 30 Kms away from the DH. It is functional in a two-story building with 30 bed capacity. CHC is providing only few services like: general medicine, pediatric dental, imaging services, and emergency. More than 90 percent of services are unavailable in the CHC as per IPHS standards. In this health facility, there is no specialist; while as three MOs from regular side and one dental surgeon are working in the facility. No C-section delivery was conducted in the hospital due to non availability of anesthetist. CHC has 24-hour power and water supply, a geriatric and disability-

friendly ramp, an OPD waiting hall, a drug store, and a power backup, and also separate male and female toilets. The supply of drugs was reported to be irregular, but ELD was displayed in the store and at the entrance. Management of the inventory of drugs is manual, though the facility has internet accessand computers available. All the essential drugs, including those required during labour or delivery, and essential obstetric and emergency obstetric care were found available at facility. Family planning methods such as condoms, OCPs, and EC pills are also available at the facility. The facility is designated as a DMC. CHC has initiated only for internal assessment of Kayakalp and state assessment for NQAS, while for NQAS CHC Runni Saidpur scored 39 percent points. Also for LaQshya internal assessment has been initiated. During 2021-22, no maternal, and child death have been reported from the facility. Citizen's charter, timings of the facility and list of services available are displayed properly. Colour coded waste bins (blue and yellow) are available in each section of the CHC. **Key Challenge:** *In* CHC- Runni Saidpur*, out of total services, only 10 percent of services are available there. There is shortage of human resources of different specialists. There is no USG facility available, insufficient ambulances/transport, equipment for dental section, insufficient infrastructure.*

21.3 PHC/HWC Dumra

The established PHC at Dumra is seven Kms away from 1st referral unit DH Sitamarhi. It is housed in a one story building with the facilities of OPD, IPD, lab, X-ray, FB, RI, toilet facility, drinking water, an OPD waiting hall, a drug store, and ASHA rest room. The branding of the facility has been done under HWC but various facilities with regard to HWC were found missing. The total in-position manpower strengthof the facility is composed of two MOs, one lab technician, from one PHM, from regular side, one lab technician, and one data entry operator from NHM side. During the month of August, 315 normal deliveries were performed. It was also found that during last three months 828 newborn were immunized, 794 mothers were counseled for breast feed within one hour and 20 female sterilizations were performed. In case of NCD screening record keeping is not up to the mark. The PHC has initiated for internal assessment for Kayakalp, while for NQAS no initiative has been taken. On the day of our visit few essential drugs were not available there. The PHC provides diagnostic services to pregnant women such as pregnancy testing, hemoglobin, BT/CT, and blood sugar monitoring. The lab and the drug store of the PHC is well maintained. The list of essential drugs was displayed in the PHC. **Key Challenge**: *There is shortage of human resources (in terms of doctors and paramedical staff), physical infrastructure and*

equipments in the facility. There is no separate ward for IPD patients, and labour room. There is no dentist, no dental technician, and no SN.

21.4 Health and Wellness Centre Lagma

SC/HWC Lagma is situated about six Kms away from nearest PHC and 18 Kms away from nearest CHC. The HWC covers a population of 18230 in the remote area. The facility is housed in concrete building having two rooms, separate bathroom for male and females. The facility has one CHO, one ANM and 18 ASHA. Branding under HWC has been done in the facility. The facility has running water facility, OPD waiting hall, and enough open space. A Mercury BP instrument, a thermometer, a Glucometer, and a hemoglobin meter is available there. This health facility provides the services of OPD for ANC, day care IPD, NCD screening, ANC checkup, and temporary methods of family planning (condoms and oral pills). So far as contraceptives are concerned, oral pills, emergency contraceptive pills (ECPs) and condoms were found available at the centre. Other available and functional equipment at the centre includes an examination table, a screen, a weighing machine (for adults and infants), etc. The records verified in the visited health facilities show that the documentation and records regarding the line-listing of severely anemic patients and the filling of MCP cards were not satisfactory.

21.5 Community

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

22. RECOMMENDATIONS AND ACTION POINTS

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

- Sitamarhi has an acute shortage of different type of specialist like gynecologists, physicians surgeons, pediatricians, anesthetists and orthopaedicians with more than 80 percent found vacant and has affected the efficient functioning of health care facilities. *Therefore, it is suggested to impress upon the state authorities to fill-up all the vacant posts both from the regular as well as fromthe NHM side at the earliest. The idea of rationalization of the staff as per the workload of health facilities can also be considered.*
- In district, it was found that at lower level health facilities, the performance is much better but the dearth of infrastructure in terms of space, condition of existing buildings, labour rooms, OTs, washrooms and lab equipment was felt. *It is therefore suggestive that the authorities may look into these issues and provide all such facilities required to support and encourage them for much better results. Such initiatives (lab tests, equipment etc.) can be taken-up on the basis of PPP mode. There is also a need to speed-up the completion of various under construction buildings in the district.*
- *The working of various schemes under NHM need a serious monitoring mechanism at all levels as the performance of various schemes like NCD, RBSK (both field teams and DEIC), JSSK (diet and transport), PE Programme, HBNC and communicable diseases programme was not up to mark.*
- CPHC has not picked-up well as HWC officials do not make proper use of their job profile and reach-out to the community for various services envisaged under HWCs. Proper training and orientation of ASHAs, ANMs and CHOs was found missing. The link between the SHC/HWCs and referrals to link facilities was found completely missing. *It is therefore, suggested to make these facilities more vibrant by monitoring their work and provide them much needed training for filling-up CBAC forms, family folders, screening of NCDs and other activities of HWCs as per the given guidelines.*
- The district has failed to utilize the allocated funds under different schemes and heads under NHM and have utilized less than 60 percent funds during 2021-*22. It is therefore, suggested to impress upon the district authorities to prepare their AHAPs very carefully and with very realistic estimates so that no funds remain un-utilized.*

PHOTO GALLERY

Nursing Staff at DH Sitamarhi

Interaction with MO at PHC Dumra

Staff of Didi Ki Rasoe at DH

Nusre in the Laborroom of DH

Labour Room

Materniry Ward of DH

HWC Branding

At DH LR

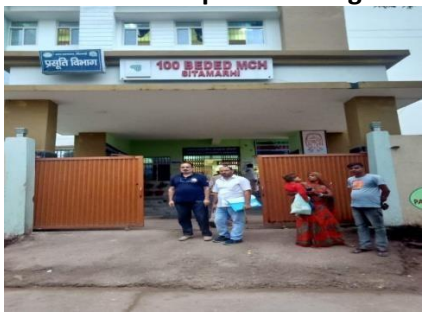
Maternity Ward at DH

SNCU of DH

Interaction Hospital Mananger

Medi CareNGO for Bio-Medical Waste

RTPCR Lab Sitamarhi



MCH Sitamarhi MCH

Interaction at CHC Ranni Saidpur