

**MONITORING OF NHM STATE PROGRAMME
IMPLEMENTATION PLAN-2022-23: BIHAR
(A Case Study of Supaul District)**



**Report Submitted to
Ministry of Health and Family Welfare
Government of India
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LIST OF ABBREVIATIONS

AD	Allopathic Dispensary	GOI	Government of India
AEFI	Adverse Effect of Immunization	HBNC	Home Based New Born Care
AMC	Annual Maintenance Contract	HCV	Hepatitis- C Virus
AMG	Annual Maintenance Grant	HFDs	High Focus Districts
ANC	Anti- Natal Care	HFWT C	Health & Family Welfare Training Centres
ANM	Auxiliary Nurse Midwife	HIV	Human Immuno-deficiency Virus
ANMT	Auxiliary Nursing Midwifery Training	HMIS	Health Management Information System
ASHA	Accredited Social Health Activist	H&W Cs	Health & Wellness Centres
ARSH	Adolescent Reproductive & Sexual Health	ICDS	Integrated Child Development Scheme
AWC	Anganwadi Centre	IDD	Intellectual Developmental & Disabilities
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy	IDSP	Integrated Disease Surveillance program
BeMOC	Basic Emergency Obstetric Care	IEC	Information Education & Communication
BHE	Block Health Educator	IFA	Iron & Folic Acid
BHW	Block Health Worker	ILR	Implantable Loop Recorder
BMO	Block Medical Officer	IMNCI	Integrated Management of Neo-natal & Child Infections
BPL	Below Poverty Line	IMR	Infant Mortality Rate
BPMU	Block Programme Management Unit	IPD	In- Patient Department
CCU	Critical Care Unit	IPHS	Indian Public Health Standards
CBC	Complete Blood Count	ISM	Indian System of Medicine
CeMOC	Comprehensive Emergency Obstetric Care	IUD	Intra- Uterine Device
CHC	Community Health Centre	JSY	Janani Suraksha Yojna
CHE	Community Health Educator	JSSK	Janani Sishu Suraksha Karyakaram
CHO	Community Health Officer	KFT	Kidney Function Test
CMO	Chief Medical Officer	LFT	Liver Function Test
COPD	Chronic Obstructive Pulmonary Disease	LHV	Lady Health Visitor
C-Section	Caesarean Section	LMP	Last Menstrual Period
CTG	Cardiotocography	LT	Laboratory Technician
CVD	Cardiac Valvular Dysplasia	MCH	Maternal and Child Health
DEIC	District Early Intervention Centre	MD	Mission Director
DDK	Disposable Delivery Kit	MDT	Multi Drug Treatment
DDO	District Data Officer	MIS	Management Information System
DH	District Hospital	MMP HW	Male Multi-Purpose Health Worker
DHO	District Health Officer	MMUs	Medical Mobile Units
DOTS	Directly Observed Treatment Strategy	MO	Medical Officer
DPMU	District Programme Management Unit	MOHF W	Ministry of Health and Family Welfare
DTO	District Tuberculosis Officer	MoU	Memorandum of Understanding
ECG	Electro Cardio Gram	MS	Medical Superintendent
ECP	Emergency Contraceptive Pill	MTP	Medical Termination of Pregnancy

EDD	Expected Date of Delivery	NA	Not Available
EDL	Essential Drug List	NBCC	New Born Care Unit
ENT	Ear, Nose and Throat	NCD	Non -Communicable Diseases
FDS	Fixed Day Static	NGO	Non-Governmental Organisation
FMPHW	Female Multi-Purpose Health Worker	NO	Nursing Orderly
FRU	First Referral Unit	NQAS	National Quality Assurance Scheme
GIS	Geographical Information System	NIHF W	National Institute of Health & Family Welfare
GNM	General Nursing & Midwifery	NLEP	National Leprosy Eradication Program
NPCB	National Program for Blindness Control	SNCU	Sick New-born Care Unit
NRC	National Resource Centre	SPMU	State Program Management Unit
NRHM	National Rural Health Mission	SRS	Sample Registration System
NPHCE	National Program for Health Care of the Elderly	ST	Scheduled Tribe
NSSK	Navjat Sushu Suraksha Karyakaram	STI	Sexually Transmitted Infection
NSV	Non-Scalpel Vasectomy	STLS	Senior T.B Laboratory Supervisor
NVBDC P	National Vector Born Disease Control Program	STS	Senior Treatment Supervisor
OP	Oral Contraceptive Pills	TB	Tuberculosis
OPD	Out Patient Department	TBA	Traditional Birth Attendant
OPV	Oral Polio Vaccine	TFR	Total Fertility Rate
ORS	Oral Rehydration Solution	TSH	Thyroid-stimulating hormone
OT	Operation Theatre	TT	Tetanus Toxoid
PNC	Post- Natal Care	USG	Ultra Sonography
PCB	Pollution Control Board	VBD	Vector Born Disease
PHC	Primary Health Centre	VDRL	Venereal Disease Research Laboratory
PHN	Public Health Nurse	VHND	Village Health and Nutrition Day
PIP	Program Implementation Plan	VHSC	Village Health and Sanitation Committee
PMU	Programme Management Unit	WIFS	Weekly Iron Folic Acid Supplementation
PPI	Pulse Polio Immunization		
PPP	Public Private Partnership		
PRC	Population Research Centre		
PSC	Public Service Commission		
QAC	Quality Assurance Cells		
RBSK	Rashtriya Bal Swasthya Karyakaram		
RCH	Reproductive & Child Health		
RKS	Rogi Kalyan Samiti		
RMP	Registered Medical Practitioner		
RNTCP	Revised National Tuberculosis Control Program		
RPR	Rapid Plasma Reagin		
RTI	Reproductive Tract Infection		
SCs	Scheduled Castes		
SC	Sub Centre		
SN	Staff Nurse		

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in all the states and UTs 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 and UTs 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. The State Programme Implementation Plan (PIP) of Bihar, 2022-23 has been approved and the state has been assigned mutually agreed goals and targets.

The state is expected to achieve them, adhere to the key 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 a monthly basis. During 2022-23, Ministry has identified 21 Districts for PIP monitoring in consultation with PRC in Jammu and Kashmir, Bihar and West Bengal. The staff of the PRC is visiting these districts in a phased manner and in the second phase we visited Supaul district and the present report presents findings of the monitoring exercise pertaining to Supaul District of Bihar.

The study was successfully completed due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India, for giving us such an opportunity to be part of this monitoring exercise of National importance. We are highly thankful to Chief Medical (Dr Mehar Kumar) and Medical Superintendent (Dr Badyanath Thakur) of the District Hospital for extending their full cooperation and sharing with us their experiences for the successful completion of this exercise. We also place on record our thanks to MS (Dr. Sunil Kumar) of CHC Pipra and MO of PHC Kishanpur for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit of Supaul District. Special thanks are also to the staff members posted at PHC and SC Chauhatta for sharing their inputs.

We thank Mr. Bashir Ahmad Bhat, Associate Professor of the PRC for his immense support and guidance during the completion of this study. Special thanks are due to other colleagues of PRC for providing moral support.

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 in taking necessary changes

Srinagar

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1.EXECUTIVE SUMMARY

The purposes of this exercise was to examine whether the State is following to the key conditionalities while executing the approved PIP and to what extent the key approaches are acknowledged in the PIP then are implemented and also to what extent the Road Map for import action and various commitments are obeyed by the State and various districts. The district derives its name from its headquarters' town Supaul. The population growth rate is about 28.66 percent and the sex ratio is 925. The district consists of 11 medical blocks 551 villages and has 195 health institutions of different levels. The following is the summary of findings of the PIP study conducted in the district in second phase of the monitoring by the PRC Srinagar:

I. Health Infrastructure

- a. The health services in the public sector in 11 medical blocks are delivered through 1 District Hospital, 3 SDHs, 3 CHCs, 14 PHCs and 174 SCs. The district has converted 14 PHCs and 49 SCs into HWCs during the past two years. Supaul district has one NCD Clinic, and an SNCU at the DH but no DEIC under RBSK. The district has no sanctioned blood bank at DH but a blood storage unit. There are 181 VHSN committees in the district. There is no Mental health centre in the district.

II. Human Resource

- a. From regular paramedical staff, 62 percent positions of Staff Nurses (SNs) ,46 percent of FMPHWs and 100 percent positions of MMPW (Male) were vacant in the district. Similarly, 93 percent of pharmacists ,94 percent of OT,89 percent of x-ray and 60 percent of lab technicians are also vacant in the district.
- b. Among the doctors/specialists, 81percent the sanctioned positions of OBGYs, 69 percent Paediatricians 91 percent Anaesthetists 50 percent Ophthalmologist, 25 percent Orthopaedics, 75 percent of Dermatologists,100 percent ENT and other specialists ,66 percent of Surgeon specialists ,91 percent of Physicians, 86 percent of Radiologists and 65 percent of MOs were found vacant while as 31 percent positions of Dental Surgeon are also vacant in the district.
- c. Among the NHM staff, out of the sanctioned strength, 100 percent SNs, were found vacant in the district and the 4 sectioned position of each Gynaecologist, Paediatrician, Anaesthetists, Surgeons, Pathologist, Physician, Ophthalmologist, and Dermatologist, 11 positions of MOs (MBBS) and 15 positions of MO Ayush are vacant in the district.

III. Ability of Staff and infrastructure (OT).

- a. The C-section deliveries are conducted only at the DH Supaul mostly during the day time only. In case of any emergency, DH refers cases to other districts. Dh has no sanctioned position of Gynaecologists and Anaesthetists, but a doctor with six months certificate course in Anaesthesia is carrying out the aesthesia trials during the C-section deliveries.
- b. In DH Supaul during the last month, out of the total of 593 deliveries, 584 normal deliveries and 09 C-section deliveries were performed at the facility. At CHC Pipra a total of 369 normal deliveries were performed at the facility and 6 home deliveries were reported in the CHC area during the month. From the month of April to August 111 home deliveries have been reported in the CHC area.

- c. The condition of the labour room and OT was found satisfactory at all the levels in the district while as 12 bedded SNCU at DH is exceptionally good (except for a full time Child Specialist) but the NBSU at CHC was also found functional. NBCC at PHC is also functional.
- d. JSY payments at health facility level shows that at DH, level, there is pendency from July, 2022 due to non-availability of funds while at CHC no case is pending till June 2022 but after June due to delay in funds CHC has a pendency of 622 cases.
- e. Regarding JSSK entitlements to beneficiaries, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions.
- f. During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed.
- g. PMSMA services on 9th of every month is a routine feature at all the designated health facilities in the district since its beginning all the identified high-risk women are taken care as per their obstructed and medical history.
- h. It was found that line listing of all the high-risk pregnancies is maintained and pursued accordingly but such records have been maintained properly at DH.

IV. Services under NHM

- a. Though the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was not available to all. However, it was reported by the concerned MSs and MOs in -charge that free drug and diagnostic policy has been implemented to all.
- b. The Dialysis unit has been established at the DH with 5 bedded and has been made functional but in PPP mode. The unit has a bed capacity of 5 beds and during the current year, 168 patients have received the dialysis service and have conducted 1272 sessions till August 2022. On an average 10-14 patients are provided with the dialysis service on daily basis. The services at the Dialysis Centre are provided free of cost for BPL families are 32 patients are being benefited by the PMNDP Scheme only two patients have to pay for the session in the centre.
- c. Most of the staff sanctioned under the scheme both for the field teams was not found in position. There are 22 sanctioned RBSK teams in the district but only 24 MO Ayush are in position out of 44 and it effects the field level performance badly, but the performance of RBSK teams has been restarted during the current financial year which have the requisite staff.
- d. Overall, 2017 HBNC kits were available with ASHAs and these HBNC kits are filled on need basis.
- e. Drug kits for ASHAs are refilled at the SC and PHC level HWCs on need basis.
- f. On the basis of our feedback from the community and health staff at various levels, it was conveyed to ASHA Coordinator and ASHA facilitators were that ASHAs need further orientation and continuous monitoring and supervision to improve their working.
- g. The district doesn't have an MMU but has a total of 27 ambulances on road and 20 are GPS fitted and are handled through the centralized call centre.
- h. The district has 27(12ALS+13 BLS+ 2 from 102) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and is operational on a need basis 24X7.

- i. Centralized 102 have been started for the district and two additional vehicles in this regard has been provided so for to the district as such the vehicles used in the district were found insufficient and at times patients hire the vehicles, especially for JSSK.

V. Comprehensive Primary Health Care (CPHC)

- a. Out of sanctioned 174 SCs only 49 SCs and 14 PHC level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
- b. The district has computed about 1,03,393 individuals so far and 43263 CBAC forms have been filled as per the target till date and 40677 have been screened till August 2022.
- c. All the 14 PHC-HWCs and 49 SCs have started NCD screening at their facilities in the district while 49 SCs have been upgraded to HWCs because district have appointed only 49 MLHP/CHOs in the district. District has achieved about 42 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer.
- d. All the 49 established HWCs with MLHPs in place are providing teleconsultation services and organizing some wellness activities in the district.

VI. Universal Health Screening (UHS)

- a. Under universal health screening, the district has identified a target population of 103,393 eligible persons and out of these, about 42.15 percent (43581 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms (46316) have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.
- b. Overall, among the screened population 1 percent (3565) persons were diagnosed for hypertension, and about 18 persons from (2054) for diabetes in the district. Also, large number 2050 persons were screened for various types of Cancers and out of these, 3 Oral and 2 were diagnosed for breast cancer at DH.
- c. None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week.
- d. SC-HWC Chauhatta has a population of 7000 souls out of these 1738 individual are above the age of 30 years in their area and 662 CBAC forms were filled since February, 2022 as MLHP has joined in the same month.

VII. Grievance Redressal

- a. The grievance redressal mechanism is in place at most of the health facilities and health facilities resolve the complaints (if any) on regular basis. During the current financial year, out of total complaints, 90 percent of them have been resolved by the authorities in the district.

VIII. Payment Status

- a. There are 792 backlog cases of JSY beneficiaries during the current financial year in the district while DH Supaul has about 400 beneficiaries without payment due to delay in the funds from the SHS. But ASHAs have been paid their routine recurring amount per month till July 2022.

IX. Communicable Diseases Programme

- a. The district has been covered under the IDSP, NLEP, COB, NTCP, and NTEP but NVBDC has been implemented in the district. Under NTCP, the district has conducted few awareness programmes under IEC component of the ROP.
- b. All the health facilities are actively involved in the eradication of TB and drug resistance tests are available in the district.

X. Accredited Social Health Activists (ASHAs)

- a. District has a requirement of 2140 ASHAs and all have been selected till date. 103 of the ASHA covers 1500 or more population for urban and 3000 or more population in urban areas. There are 23 villages without an ASHA in the district.
- b. Overall, 35 of the in-position ASHAs have been enrolled for PMSYMY and 37 for PMJJBY while no ASHA facilitator is enrolled under such schemes.
- c. Overall, 181 VHSNCs have been formed and training has been provided and MAS account opened for them in the district.

XI. Immunization

- a. Birth dose of BCG immunization is provided at DH, CHC, and PHC only. There is practice that as long as the health facilities (where the BCG is administered) does not get the requisite number of children on a particular day they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants.
- b. Outreach sessions are conducted to net in drop-out cases/left out cases. VHNDs, outreach sessions are used to improve Pantavelent-1 Booster and Measles-2.
- c. DH has immunised 1450 new-borns with BCG at the time of delivery. While CHC has provided BCG immunisation service to 375 (369 Institutional +06 Home delivery) live births.

XII. Family Planning

- a. Beside DH, CHC and some PHCs, and SCs have also been identified and are providing IUD insertion or removal services in the district and have requisite trained manpower.
- b. There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong on various contraceptive methods in the district.
- c. The spacing methods like condoms and oral pills are available at all levels in the district.
- d. DH has provided IUCD Insertion service to 6 while PPIUCD insertion to 132 beneficiaries till august 2022 while PHC has inserted 67 IUCD during the same period.

XIII. Adolescent Friendly Health Clinic (AFHC)

- a. The AFHC at DH is not functioning at DH. The female AFHC Counsellor and the DEO are not in-position. The district has an NRC.
- b. IYCF Centre has been established at the DH.

XIV. Quality Assurance

- a. DQAC is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facility in the district is quality certified.
- b. DH and CHC have initiated Kayakalp and NQAS in 2021-22 and are waiting for internal assessment But DH have imitated LaQshay assessment only for Labour room but not for OT because of non-availability of requisite staff.

XV. Quality in Health Services

- a. Overall, general cleanliness, practices of staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH and CHC but at other levels such issues are not taken seriously.
- b. The segregation of bio-medical waste was found satisfactory in the DH and CHC but at other levels, segregation of bio-medical waste was either unsatisfactory or not available at all.
- c. Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by the concerned agency. These health facilities also bury some portion of the bio medical waste within the hospital premises.
- d. Display of appropriate IEC material in Health facilities was found by and large satisfactory at all levels. Only at SC level not much attention has been paid in this regard.

XVI. Health Management Information System (HMIS) and (RCH)

- a. Data reporting is regular on the new HMIS portal though the data quality in the district has improved to a great extent but there is still a lot of scope for improvement in all the facilities particularly at DH in the district.
- b. Most of the services provided by the DH are underreported particularly for ANC visits and various doses of immunization.
- c. During our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard.
- d. Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.
- e. Reporting and recording under RCH has improved and various data elements related to RCH are now being recorded on regular basis but still few important data elements are not taken seriously by the staff while recording on RCH registers.

XVII. Status of Funds received and utilized

- a. During 2021-22 district has utilized about 54 percent of funds received for Maternal Health from State Health society. District has made about 55 percent expenditure on all the major heads including RCH Flexi pool, Mission Flexi pool, and Immunization.
- b. Overall, the district has utilized 46 percent of funds that were received under different schemes of NHM. The district has utilized around 46 percent of funds received through NHM for various programmes which include PM-JAY, IDSP, NVBDCP, NLEP and NTEP during 2021-22.
- c. DH Supaul has been able to utilize Rs. 2,43,57,959 /=(95 percent) only, CHC Pipra has spent Rs 355,298 /=(including the opening balance) of the received amount and PHC Kishanpur was able to spent Rs. 1,96,11,498/=. No funds have been received by the SC during 2021-22 financial year till we visited the HWC.

2. 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 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 bases. Our team in PRC Srinagar undertook this exercise in the district of Supaul of Bihar state for this month.

2.1 Objectives

The objective of this monitoring exercise is to examine whether the State/district is observing to key conditionalities while executing the approved PIP and to what extent the key policies identified in the PIP are executed and also to what extent the Road Map for priority action and various commitments are obeyed by the State/district.

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2022-23, this PRC has been asked to cover 21 districts (4 in the Union Territory (UT) of Jammu and Kashmir 12 districts in Bihar and five districts of West Bengal). The present study pertains to district Supaul of Bihar state. A schedule of visits was prepared by the PRC and two officials consisting of one Research Assistant and one Research Investigator visited Supaul District and collected information from the Office of CMO, District Hospital (DH), CHC Pipra, PHC Health and Wellness Centre (HWC) Kishanpur and Sub Center (HWC) SC Chauhatta. 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 HWC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

3. State and District Profile

Bihar is located in the eastern region of India between latitude 24°-20'-10" N ~ 27°-31'-15" N and longitude 82°-19'-50" E ~ 88°-17'-40" E. It is an entirely land-locked state, in a Sub Tropical region of the Temperate zone. Bihar lies mid 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 Jharkhand in the south. Bihar plain is divided into two unequal halves (North Bihar and South Bihar) by the river Ganges which flows through the middle from west to east. Bihar's land has average elevation above sea level is 173 feet.



Supaul district is one of the thirty-eight districts of Bihar, India. The town of Supaul is the district's administrative headquarters. The district, which was split from the former Saharsa district on 14 March 1991, occupies 2,410 km² (931 sq mi).

Supaul, which was previously a part of the Saharsa district, is now part of the Mithila region. Mithila first gained prominence after being settled by Indo-Aryan people, who established the Mithila Kingdom (also called the Kingdom of the Videhas).

Supaul district occupies 2,425 km² (936 sq mi) [6] and is bounded by Nepal to the north, Araria district to the east, Madhepura and Saharsa districts to the south, and Madhubani district to the west. Supaul district is a part of the Kosi division. The Kosi River flows through the district, which is regularly affected when it floods.

According to the 2011 census, Supaul district had a population of 2,229,076, roughly equal to the nation Latvia [16] or the US state of New Mexico. This gives it a ranking of 204th in India (out of a total of 640) districts. The district has a population density of 919 inhabitants per square kilometer (2,380/sq mi).[15] Its population growth rate over the decade 2001–2011 was 28.62%. Supaul has a sex ratio of 925 females for every 1000 males and a literacy rate of 59.65%. Scheduled Castes and Scheduled Tribes make up 15.89% and 0.46% of the population respectively. At the time of the 2011 Census of India, 76.31% of the population in the district spoke Maithili, 12.43% Hindi, 9.30% Urdu, and 1.25% Bengali as their first language.

According to the 2011 census, out of the total population of Supaul, 4.74 percent live in urban regions of the district. In total, 105,558 people live in urban areas; there were 55,788 males and 49,770 females. The sex ratio in the urban region of the Supaul district is 1,000 males to 892 females as per 2011 census data. The sex ratio of children in the Supaul district was 1,000 males to 932 females in 2011. The child population (ages 0–6) in the urban region was 17,654, of which there were 9,140 males and 8,514 females, comprising 16.38% of the urban population. The average literacy rate in Supaul district as per the census 2011 was 72.74%; the rate in males was 80.78% and in females, it was 63.64%. The exact figure of 63,939 people in the urban regions was literate, of which males numbered 37,684 and females numbered 26,255. As per the

2011 census, 2,123,518 people, 95.26% of the population of the Supaul district, live in rural areas and villages. of which 1,099,495 were male and 1,024,023 were female. In rural areas of the district, the sex ratio is 931 females per 1,000 males. If the sex ratio of children is 945 girls per 1,000 boys. The child population of six years or below was 419,703 in rural areas, of which 215,813 were male and 203,890 were female. Children comprise 19.63% of the district's rural population. The literacy rate in rural areas of the Supaul district is 56.89% as per census data in 2011. Male and female literacy stood at 69.03% and 43.82% respectively. In total, 969,344 people were literate, of which 609,988 were male and 359,356 were female respectively.

Table 1: Demographic Profile of District Supaul.

Demographic Character	Number/percentage/Ratio
Total geographical area	2,425 Sq. Kms
Total Population of the district as per census 2011	2229076
Male	1155283
Female	1073793
ST Population	26525 (6%)
Literacy rate	57.67
0-6 Yrs population as per census 2011	437,357
Population Growth rate	28.66
Sex ratio as per census 2011	929females per 1000 males
Child Sex Ratio (0-6 Age)	885
Total Area	2425 square kilometres
Total No. of Medical blocks	11
Total Villages	551
No. of CHCs	03
No. of PHCs	14
No. of SCs	174
No. of Health & Wellness Centers	(14PHCs+49 SCs)
Total No. of ASHA's	2017
Total No. of RKS (Rogi Kalyan Samitis)	
Total No. of village Health & Sanitation Committees	181

4. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of various levels of health facilities (excluding tertiary and private hospitals) in 11 medical blocks which include, 1 District Hospital, 3 SDH, 3 CHCs, and 14 PHCs and 176 SCs. All the PHCs and 49 SCs have been upgraded into Health and Wellness Centers in the district. Supaul district has also has no DEIC under RBSK, one NCD Clinic, and an SNCU is functional at the DH. The district has no sanctioned blood bank at DH but a blood storage unit has been established. Besides, these health facilities the district has also one each NCD clinics functional at CHC Pipra Comprehensive 1st and 2nd trimester abortion services are provided by 3 health facilities in the district.

5. 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 district has also received the approved DHAP in April 2022-23, though; the 1st instalment of funds was released late to the district.

6. STATUS OF HUMAN RESOURCE

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual deficiencies of human resource at various levels in the district. The details provided by the CMO/DPMU regarding the overall staff strength separately for regular and NHM staff in the district shows that among the regular staff, from regular paramedical staff, 62 percent positions of Staff Nurses (SNs), 46 percent of FMPHWS and 100 percent positions of MPW (Male) were vacant in the district. Similarly, 93 percent of pharmacists, 94 percent of OT, 89 percent of x-ray and 60 percent of lab technicians were also vacant in the district.

Among the doctors/specialists, 81 percent the sanctioned positions of OBGYs, 69 percent Paediatricians, 91 percent Anaesthetists, 50 percent Ophthalmologist, 25 percent Orthopaedics, 75 percent of Dermatologists, 100 percent ENT and other specialists, 66 percent of Surgeons, 91 percent of Physicians, 86 percent of Radiologists and 65 percent of MOs (MBBS) were found vacant while as 31 percent positions of Dental Surgeon are also vacant in the district.

So far as the availability of NHM staff is concerned, information provided by the DPM shows that among the NHM staff, out of the sanctioned strength, 100 percent SNs, were found vacant in the district and the 4 sectioned position of each Gynaecologist, Paediatrician, Anaesthetists, Surgeons, Pathologist, Physician, Ophthalmologist, and Dermatologist, 11 positions of MOs (MBBS) and 15 positions of MO Ayush are vacant in the district.

District Hospital Supaul

The DH has presently a sanctioned strength of 12 General Duty Doctors/MOs and 9 are in position. Similarly, all other specialized positions of doctors which include the Medical Superintendent, 2 General medicine, 1 Paediatrician, 1 Ophthalmologist, 1 Radiologist, 1 Orthopedic, 1 Dentists, and 1 Dermatologist are in position. But at the same time all the sanctioned positions of Gynaecologist, Anaesthetist, Pathologist, ENT and Dental surgeons at DH are vacant. DH has also shortage from the regular paramedical staff as out of sanctioned positions only 3 Lab technicians and a pharmacist are in position while all other paramedic staff positions are vacant in District Hospital Supaul. Most of the specialised services are not provided at the DH as there are no specialists in positions in Gynaecologist, Anaesthetist, Pathologist, ENT and Cardiology. Such state of affair has badly affected the health care delivery system at the DH.

Under NHM, DH has no functional District Early Intervention Centre (DEIC) under RBSK. The SNCU has also been established and have strength of 2 permissible MOs, 4 FMPHWS, and 2 SNs in position while the post of Lab Technician is vacant at the SNCU. The NCD Clinic is also functional at the DH and has one each, Physiotherapist, occupational therapist, and DEO in place. Further, no mental Health unit under National Mental Health Programme (NMHP) has also been

established in the DH but it is in pipeline and an IYCF centre is to be established in next financial year.

CHC Pipra

CHC has a total of 6 positions of MOs and 5 para medical staff sanctioned from the regular side. In CHC Pipra only 4 sanctioned positions of MOs (out of 10 sanctioned MBBS) and one position of Surgeon specialist and Dental surgeon are in place while all other sanctioned positions of specialists which include Gynaecologist, Paediatrician, Physician, Anaesthetist, Orthopaedic, ENT and Ophthalmic Surgeon are vacant. Similarly, in case of para medical staff 5 positions are in position which include 2 lab technicians, (Out of 4 Sanctioned) and 3 staff nurses (out of 16 sanctioned positions) are in place. In CHC Pipra, 13 ANMs, 6 OT technicians, 3 Pharmacists, 2 Lab Technicians, are vacant in the CHC.

PHC Kishanpur has been converted into a HWC and has 7 sanctioned positions of MOs only two from regular side and one from NHM side are in position. Other positions of para medical staff which include 33 FMPHWS out of 42 positions and two lab technicians one from regular side and one from NHM side are also filed in the PHC but 1 sanctioned position of Pharmacist 3 positions of LHV are vacant.

HWC Chauhatta has 4 sanctioned positions of FMPHW, 1 MMPHW from regular side and 1 MLHP from NHM side and put these sanctioned positions only 2 FMPHW, 1 MMPHW and 1 MLHP are in position. While HWC has 14 ASHAs also.

6.1 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. The positions of doctors are filled through State Public Service Commission and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and total number of vacant posts at the beginning of financial were 193 posts from regular side and 379 positions from NHM side and no posts were filled during the year 2022 and still these posts are vacant in the district.

Table 6.1: Details of Regular Human Resource sanctioned, available and percentage of vacant positions in selected Health facilities and in the district Supaul as a whole

Staff details	Supaul District			DH Supaul			CHC Pipra			PHC Kishanpur 24X7 (HWC)			SC Chauhatta		
	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %
Gynaecologist/ Obstetrician	21	04	81	02	00	100	01	00	100						
Paediatrician	22	07	69	02	01	50	01	00	100						
Anaesthetist	22	02	91	03	00	100	01	00	100						
Surgeon	09	04	66	03	01	66	01	01	00						
Physician	11	01	91	03	02	33	01	00	100						
Radiologists	07	01	86	02	01	50	01	00	100						
Pathologist	04	00	100	02	00	100									
Ophthalmologist	04	02	50	01	01	00	01	00	100						

Orthopaedic	04	03	25	01	01	00	01	00	100							
ENT	04	00	100	01	00	100	01	00	100							
Dermatologist	04	01	75	01	01	00										
Other Specialists	02	00	100													
Dental Surgeon	00	00	00	02	00	100	01	00	100							
MOs MBBS	135	87	65	12	09	25	10	04	60	07	03	58				
AYUSH MO	58	02	97													
Dental MO	16	11	31	02	01	50										
Paramedical staff																
Dental technician							01	01	00							
Laboratory Technician	53	21	60	05	03	40	02	02	00	01	01	00				
OT Technician	15	01	94	01	00	100	01	00	100							
X-Ray Technician	18	02	89	04	00	100	01	01	00							
ANM/FMPH W	890	481	46				00	01	Excess	42	33	21	04	02	50	
MPW (Male)	18	00	100				01	00	100				01	01	00	
Staff Nurse/JSN	240	91	62				03	00	100							
Pharmacist (Allopathic)	51	04	93	07	01	14	01	00	100	01	00	100				
Other Paramedic																

Table 6.2: Details of NHM Human Resource appointed in selected Health facilities and in Supaul

Staff details	Supaul District			DH Supaul			CHC Pipra			PHC Kishanpur 24X7 (HWC)			SC Chauhatta (HWC)			
	Sanctioned	In-place	Vacancy (%)	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	Sanctioned	In position	Vacant %	
MBBS Doctors	11	00	100													
Paediatrician																
MO Ayush	34	19	44							01	01	00				
Lab Tec	16	03	82							01	01	00				
Ayush Pharmacist																
Pharmacist (Allopathic)																
Staff Nurse																
ANM/MPWs	181	22	82										01	01	00	
DEIC Unit																
Physiotherapist			1	1	00											
Speech Therapist			1	1	00											
Psychologist			1	1	00											
DEIC Manager			1	1	00											
Social Worker			11	09	18											
Early interventionist			1	00	100											
RNTCP																
Lab Tec			16	03	82											

Sr. TB lab Supervisor	05	00	100										
Sr. TB Supervisor	01	00	100										
DEO	01	01	00										
RBSK													
MOs	44	24	45										
ANM	22	08	63										
Pharmacist	22	13	40										
MLHPs	49	49	00										

7. 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 CMO office maintains information about the trainings imparted to its workers from time to time. The information provided by the CS 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. During 2021-22, 16 types of training courses for medical and para medical staff were approved under ROP and out of these the district was able to conduct all trainings. But no training was conducted during 2022-23 as district has not received any funds so far for trainings.

8. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug and diagnostic services for all but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. As far as the delivery points is taken into account, the information collected from the DPMU/CS office shows that no SC is conducting any deliveries in the district. The CHCs in the district conducts more than 369 deliveries while PHC alone has conducted 616 normal deliveries in last three months in the district. The C-section deliveries are conducted at the DH during the day time only. In case of any emergency, DH conducts C-section deliveries during the night hours also. DH Supaul is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. During the last month, out of the total of 593 deliveries, 584 were normal deliveries and only 9 C-section deliveries were performed at the facility. Similarly, at CHC Pipra a total of 369 deliveries were performed at the facility during the last one month and all were normal deliveries. Further, the information collected shows that 616 normal deliveries were performed at PHC-HWC Kishanpur during the last three months. PHC Kishanpur has trained staff (MO/SN/ANM) in the labour room as reported by the concerned MO. The condition of labour room, OT was found satisfactory at all the levels in the district while as SNCU at DH is exceptionally good (except for a full time Child Specialist) but the NBSU at CHC was found also functional with requisite staff and infrastructure. NBCC at PHC is also functional and in good condition with requisite equipment and infrastructure.

The information about the JSY payments at health facility level shows that at DH, CHC and PHC / H&WC level, there is pendency for more than 300 cases only on DH because of delayed release of funds till July 2022. As far the availability of JSSK entitlements to beneficiaries is concerned, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions. During our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), it was found that various

services like free medicines, free diet, free transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed at all thus putting both the mother and the new-born at risk by discharging them from the health facilities before the requisite time. PMSMA services on 9th of every month is not resumed due to covid -19 pandemic. 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 visiting health facilities, it was found that such records have not been maintained properly at all the health facilities.

9. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and 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.

10. SERVICES UNDER NHM

10.1 Free Drug Policy

As per the information received from the CS office, we were told that the district has implemented the free drug and diagnostic policy at all levels but during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was available to all. It was found that mostly drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment. Further, it was also found that at most of the health facilities the rate list for diagnostics was at display and according to this rate list people were being charged for any diagnostic test. However, it was reported by the concerned MSs and MOs in charge that free drug and diagnostic policy has been implemented to all. During our interaction with the community the same observation of ours was found true as most of the community members reported that they are being charged for various services including diagnostics and drugs by the health facilities.

10.2 Dialysis Services

The Dialysis unit has been established at the DH with 5 (4+1HIV Positive) bed capacity and has been made functional. The dialysis centers are running on Public Private Partnership (PPP Mode) The Dialysis Centre has been given two doctors one GNM, two Dialysis technicians and a sweeper per dialysis center. This dialysis center is run by the Apollo Hospital. During the current year, 1509 sessions were conducted and about 192 patients have received the dialysis service till date. On an average 12-15 patients are provided with the service on daily basis. The services at the Dialysis Centre are provided free of cost for all patients on Golden Card through Ayushman Bharat. The in charge of the Centre reported that at present there is no shortage of any major equipment or any instrument. The performance of the centre was found to be satisfactory.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

The RBSK has been implemented in Supaul district form March 2014 but the District Early Intervention Canter (DEIC) has not been established in DH Supaul. Most of the staff sanctioned under the scheme both for the field teams and DEIC was found vacant. There are 22 sanctioned RBSK teams in the district but only 12 are functional because there are only 24 AYUSH Mos ,8 ANMs and 13 Pharmacist AYUSH for 22 teams in the district. This is the reason that the performance of RBSK has been very poor. During the current financial year 2003 children have been screened for various defects at delivery points (till August, 2022). During our interaction

with the district level authorities, CS informed that both the manpower and the vehicles allotted to RBSK teams were extensively used for Covid duty by the department since the outbreak. So out of 22 sanctioned teams only 12 are with full staff

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

The SNCU has been established in the DH Supaul and has a bed capacity of 12 beds. The SNCU has 12 radiant warmers, one step down care but has no Kangaroo Mother Care (KMC) unit due to space constrain. The details of work done shows that there has been a good number of admissions either in SNCU or NBSU during the current year as the NBCC at Kishanpur PHC is also Functional and co-located with delivery unit and is functional as all the new-born babies are taken care there. A total of 443 inborn and 345 out born infants have been admitted in SNCU and NBCCs in the district during the current year and in the same period a total of 35 infants have died in the district. The district has one sanctioned Nutrition Rehabilitation Centre (NRC).

10.5 Home-Based New-born Care (HBNC)

Overall, 2017 HBNC kits were available with ASHAs in the district. It was reported that these HBNC kits were partially filled as some of the items from kits were missing. During the current financial year (till August, 31st 2022) a total of 8216 visits were made by ASHAs to new-borns under HBNC. No drug kits for ASHAs were available in the district at the time of our visit but it was reported by the ASHAs at the SC and PHC level HWCs that the drug kits are being refilled at their respective health facilities on need basis.

10.6 Maternal and Infant Death Review

During the current year no maternal or infant death review has taken place while in the previous year one maternal death was reviewed by the competent authority in the district. Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis. No maternal or child death was reported by any visited health facility in the district during the previous or current year.

10.7 Peer Education (PE) Programme

Peer Education Programme has not been implemented in the district at any level as such no activity has taken place in any of the blocks of the district for this programme.

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

The district doesn't have any MMU. However, in terms of referral transport, the district has 27 vehicles/102 (02 vehicles) on road and 20 are GPS fitted and handled through centralized call centre. On an average each ambulance shares at least one trip per day and travels an average distance of 124 kms in a day. The district has 25 (12ALS+13 BLS) ambulances with Basic Life Support (BSL) and Advanced Life Support (ALS) and are operational on need basis for 24X7. Though 102 has been started for the district but only two additional vehicles in this regard has been so far provided to the district and as such the vehicles used in the district were found insufficient and at times district need to outsource for hiring the vehicles especially for JSSK.

12. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) 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 district has enumerated about 103393 individuals so far and 46316 CBAC forms have been filled as per the target till date. In the 49 SHC-HWCs, and 14 PHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 42.15 percent monthly target in screening the planned individuals for various types of NCDs.

12.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, the district has identified a target population of 103393 eligible persons and out of these, about 42.15 percent (46316 persons) population has been covered till date and Community Based Assessment Checklists (CBAC) forms have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. Overall, among the screened population 26 persons were diagnosed for hypertension, and about 18 for diabetes in the district. Also, large number 12208 persons were screened for various types of Cancers and out of these, (3 Oral and 2 breast cancer were diagnosed. None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week. SC-HWC Chauhatta has a population out of 7000 individuals 1738 are above the age of 30 years in their area and 662 CBAC forms were filled since last six months by the HWC.

None of the visited health facility had any trained staff of cancer services. The NCD clinics are functioning on fixed-days basis at SC and PHC level while as at DH and CHC, such services are provided on routine basis to the patients for all days of the week.

13. Grievance Redressal

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

14. Payment Status

The information provided by the CS office shows that overall, the district has no backlog of JSY beneficiaries during the current financial year and 100 percent JSY beneficiaries have received the payments. All the ASHAs have been paid their routine recurring amount of Rs. 2000 per month till date while as all of the ASHAs, any patient or Provider has received all incentive under NTEP or NLEP. The information collected from the selected health facilities shows that DH, CHC and PHC has no pendency for payments to beneficiaries or ASHAs. The delay in disbursement of incentives to ASHAs and beneficiaries or patients has caused by the delay in release of funds by SHS to the district and also by the pandemic situation prevailing through-out.

15. Communicable Diseases

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. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in Form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP is uploaded on weekly basis as reported by the concerned MO. Further the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the DH is not providing such information on the portal for IDSP.

National Tuberculosis Elimination Programme (NTEP) is also working in the district. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved (902) 49.29 percent target TB notifications. All the TB patients are tested for the HIV. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done at the district and both drug sensitive and drug resistance tests are available in the district. Further, the information collected shows that 178 patients have been notified from the public sector and the overall treatment success rate was found to be 82 percent in the district. There is one MDR TB patient in the district and treatment has been initiated in this case by the district authorities. There has been no patient notification from the private sector for above mentioned cases so far in the district. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that 692 patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT instalments have been initiated in their favour and 76 % benefices have been paid under this programme.

The information collected shows that 13 health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (DH, CHC, and PHC) have taken a sample of about three percent from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at DH and CHC while as PHC in charge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs. Further, the information collected shows that the 3 CBNAAT and TruNat facilities are available at the CHC and DH in the district. Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

16. Accredited Social Health Activists (ASHAs)

District has a requirement of 2140 ASHAs but 2017 have been selected till date. 103 of the ASHA covers 1500 or more population for urban and 3000 or more population in urban areas. 23 villages are without an ASHA in the district. Overall, 37 in-position ASHAs have been enrolled for PMJJBY and 35 ASHAs have been enrolled under PMSYMY social benefit scheme in the district. Overall, 181 VHSNCs have been formed and training has been given to them. Though health officials maintained that they have put in place a mechanism to monitor performance of ASHAs and have also identified non/under-performing ASHAs, but none of the ASHAs has been disengaged from the system. Therefore, monitoring of ASHAs and identification of non-

performing ASHAs raises some important questions regarding the functioning of the whole institution of ASHAs and the credibility of this monitoring mechanism.

17. IMMUNIZATION

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at DH, CHC, and PHC only. This practice is followed at all levels including the DH and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans.

Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. During our visit to DH and CHC, it was observed that the practice of early initiation of breastfeed (with 1st hour of delivery) is followed at both the places for normal deliveries but such practice was not followed for C-section deliveries and it was observed that few women had resorted to bottle-feed at these health facilities also.

18. Family Planning

Beside DH, CHC and some PHCs, five SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of 11 identified health institution of various categories in the district. There is no provision of home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong as only some information on various contraceptive methods was found available at DH and CHC level. The 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 Kishanpur, both the DH as well as the CHC have trained manpower for providing IUCD/PPIUCD. DH has inserted 6 IUCDs and 132 PPIUCD and have performed 187 sterilizations and PHC has performed 67 sterilizations up to March 2022.

19. Adolescent Friendly Health Clinic (AFHC)

The AFHC at DH Supaul Has not been established. The female AFHC Counsellor and the DEO are not in-position in the clinic. The clinic doesn't have any Counsellor or infrastructure at DH. The district has a Nutrition and Rehabilitation Centre (NRC. Infant and Young Child Feeding (IYCF) Centre has not yet been established but councillor is in place at the DH in the district.

20. Quality Assurance

DQAC is functional in the district and regularly monitor the quality of various services being provided by the health facilities in terms OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facility in the district is quality certified. DH had initiated Kayakalp in 2021-22 and has scored 74 % in Internal assessment. CHC has initiated NQAS and LaQshay and have completed internal assessment. CHC has secured 79% in Kayakalp.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the DH, CHC and PHC but at SC level such issues are not taken seriously.

21.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in at all facilities. The awareness amongst the staff was found satisfactory and practice of segregation was being done properly at the DH, CHC and PHC. Bio-medical waste at DH, CHC and PHC has been outsourced and regularly lifted by Health Care Biomedical Waste Patna the concerned agency. SC /HWC buries the waste material in pits constructed for the purpose.

21.3 Information Education and Communication (IEC)

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all the levels. The IEC material related to MCH, FP related IEC, services available, clinical protocols, etc., were displayed at the DH and CHC level but such material was insufficient at PHC and SC level.

22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) AND (RCH)

22.1 Health Management Information System (HMIS)

The State of Supaul took an early lead in the facility reporting of HMIS and also shifted on the new portal modified by the MoHFW. Data reporting is regular. Though the data quality in the district has improved to a great extent but there is still a lot of scope for improvement in all the facilities particularly at DH in the district. Most of the services provided by the DH are underreported particularly for ANC visits and various doses of immunization. In the district there is still a lot of scope in improving the recording and reporting of HMIS data so that it can be streamlined. Though during our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard so that misconceptions regarding reporting and recording can be corrected.

22.2 Reproductive and Child Health (RCH)

Like other States in the country, National Health Mission (NHM), Govt. of Bihar has also rolled out RCH Portal State wide—a web-based application for RCH replacing MCTS portal. In this regard the integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village and field level.

23. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CS office regarding the receipt and utilization of funds during 2020-21 shows that the district has utilized about 82 percent of funds received from various sources. During 2021-22 district has utilized about 54 percent of funds received for Maternal Health from State Health society. District has made about 55 percent expenditure on all the major heads including RCH Flexi pool, Mission Flexi pool, and Immunization. Overall, the district has utilized 46 percent of funds that were received under different schemes of NHM. The district has utilized around 46 percent of funds received through NHM for various programmes which include

PM-JAY, IDSP, NVBDCP, NLEP and NTEP during 2021-22. DH Supaul has been able to utilize Rs. 2,43,57,959 /= (95 percent) of the total funds received, CHC Pipra has spent Rs 355,298 /= (including the opening balance) of the received amount and PHC Kishanpur was able to spend Rs. 1,96,11,498/=. No funds have been received by the SC during 2021-22 financial year till we visited the HWC.

24. FACILITY-WISE BRIEF

24.1 District Hospital Supaul

District Hospital Supaul is situated at the centre of the town and is housed in a new spacious building. It has a bed capacity of 100 beds but few blocks of the hospital are still under construction. Almost all the necessary services which include general medicine, O&G, paediatric, surgery, anaesthesiology, ophthalmology, dental, imaging services, DEIC, SNCU, labour room complex, ICU, dialysis unit, NCD, and emergency care are available at the hospital. Blood Bank is not established but blood storage unit is functional. The hospital doesn't provide any teleconsultation services to the patients. The accommodation for medical and para medical staff is still under construction. The hospital is getting 24X7 electricity and water supply.

The DH is still working with a required staff as the additional staff as per the IPHS standards for the district hospital has been appointed. A large chunk of NHM staff has made their presence felt as various sections of hospital are being helped out by this staff. Most of the specialised services are not provided at the DH as there are no sanctioned positions in Dermatology, Cardiology, ENT, Pathology, and Radiology. Such state of affair has badly affected the health care delivery system in DH. Two doctors were found trained for EmoC and LSAS at the DH.

Under NHM, the DH has a functional SNCU and NCD Clinic, very few positions in these units are vacant which include one position of paediatrician in SNCU. The DH has also established one Dialysis Centre run in PPP mode by Apollo Hospital. NHM staff is being used in the DH as per the requirement of the hospital and not used only for those schemes for which it has been engaged. It was found that some NHM staff is playing a vital role in the smooth functioning of the DH. Overall, a total of about 6 medical and para medical staff under NHM is working at this facility. All the necessary equipment is available in the DH. All the sections of the hospital were found well equipped but is running without CT-Scan and MRI facility Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only as the hospital don't have any radiologist. Hospital has a huge drug store and remains open for the services from 10-4 pm only.

DH has initiated Kayakalp and has received 74 points as a result of internal assessment and initiative has been taken regarding NQAS and LaQshya and internal assessment has been completed and are waiting for external assessment. A good number of 1450 new borne have been immunized for the birth dose during the last three months.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Citizen's charter, timings of the facility and list of services available are displayed properly.

Key Challenge

- a. The infrastructure for the DH is yet incomplete as most of the blocks especially Maternity hospital are still under construction thus have space problem for smooth running of various services at the facility.

- b. Staff is a measure issue at DH. Due to staff and specialists constrain they have to manage and arrange to provide better services.
- c. DEIC and blood bank is the measure issue as both the facilities are not available in the DH

24.2 Community Health Centre (CHC)

Community Health center Pipra is situated at the middle of the district Supaul and is housed in an old building. It is a dedicated FRU and its next referral point is DH Supaul which is at a distance of 10 kms. The functional inpatient bed capacity of the CHC is 30 beds with separate beds for males and females. As per IPHS standards all the necessary services which include general surgery, ENT, Orthopaedics, Radiology, Dermatology and imaging service (USG) are not available at the CHC. Blood Storage Facility is not available at the CHC. Besides, NHM staff under various schemes, CHC Pipra has a staff strength of only 10 medical and para medicals and around 70 percent positions of various categories were found vacant.

Under NHM, the CHC Pipra has established one NCD Clinic without permissible staff in position. Similarly, 2 FMPHWs for NBSU are also working in the CHC. Besides these, the CHC has also all other permissible positions which include, 4 position of MOs, 2 Lab Technicians, one Dental Technicians and 03 staff nurses are also in place.

All the necessary equipment for Labs, was found available in the CHC. None of the essential equipment was found non-functional or had any shortage. Thyroid profile is and imaging service (USG) is not done in the hospital. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. The CHC has no mechanism in place for online consultation for patients.

CHC has not initiated Kayakalp, NQAS and LaQshya. NCD clinic is functional at CHC and out of 2914 screened 449 have been confirmed for hypertension and out of 582 screened 10 have been confirmed for Diabetes during last 6 months at the NCD clinic.

Cleanliness of the facility was found satisfactory at all levels in the hospital. Colour coded waste bins (blue and yellow) are available in each section of the DH for waste segregation. The CHC has out-sourced disposal of biomedical waste which is collected on daily basis.

Key Challenge

- a. Under construction building needs to be completed well in time. Because CHC is running I an old building with acute shortage of space.
- b. The facility has dearth of medical and paramedical staff as all posts of specialists are vacant and thus affects the smooth functioning of various units of the CHC.
- c. CHC needs some more equipment which include Elisa Reader (Thyroid Analyzer), colour Doppler and Anaesthesia Work Station.
- d. Blood storage unit is necessary at CHC.
- e. CHC has challenge of Home Deliveries as CHC area has reported 111 Home Deliveries from April to August ,2022.

24.3 PHC Kishanpur

PHC Kishanpur is the 24x7 PHC-HWC which was converted into a HWC in 2019. It is situated at a distance of 15 kms from block headquarter and is easily accessible by a macadamized road. It is functioning in a single-story government building along-with a new block. The PHC caters approximately a population of 220000 persons. There are 9 SCs and 44 villages in the PHC area. There are also 152 ASHAs working under the PHC. The institution has a bed capacity of 15 beds with separate wards for male and female patients. The institution is having no staff quarter for its medical officer and other para-medical staff. Back up for electric supply is available at the facility in the form of one inverter presently.

The PHC has sanctioned strength of 7 MOs 42 FMPHWS one Lab Technician from regular side but out of these, only 3 MBBS MO ,33 FMPHWs and 1 LT are in position while 3 posts of LHV and one post of Pharmacist are vacant. PHC has one MO Ayush and one Lab Technician from NHM side.

Services like as ANC/PNC, child immunization, general medicine, minor surgeries, teleconsultation, normal delivery and abortion services are provided by the PHC on regular basis. Drugs for NCDs are also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. Supply of drugs was reported to be sufficient in PHC. Essential drug list is displayed in the Pharmacy. Management of the inventory of drugs is manual. The list of essential drugs is displayed in the PHC. However, all the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at PHC. Family planning items like OCPs and EC pills are also available at PHC. But the IUDs are also available at PHC and PHC has inserted 67 IUCD. PHC is having 7 FMPHWs which are trained in IUD insertion as reported by MO.

Though the facility is a designated delivery point on 24X7 basis has conducted 5 normal deliveries during the last month. PHC Kishanpur has trained staff (MO/SN/ANM) in the labour room. The NBCC has been established at PHC Kishanpur. All the babies delivered at PHC are examined and weighted at NBCC. Cleanliness of the facility particularly wards is not satisfactory. As building is old and new building is under construction. Colour coded waste bins (blue and yellow) are available in the PHC for waste segregation.

Key Challenge

- a) Due to shortage of the staff, the health facility is not able to provide delivery services, lab facility or X-ray services on 24X7 basis.
- b) The X-ray machine at the facility is very old and after repeated requests the same has not yet been replaced by a digital machine as the quality and performance of the existing machine is very poor.
- c) There is no ambulance at the health facility and thus need a new ambulance for any emergency purposes.

24.4 Sub Centre Chauhatta.

This SC is located in a new building. This SC is within main habitation, 22 Kms away from block and 4 Kms way from linked PHC. The SC caters to 4 villages with a catchment population of around 7000 The SC is housed in a new building, with 2 rooms and one wash room. One room is being utilized for OPD services and other room for routine immunization. OPD room is being used

as a drug store also. It is in bad physical condition and is not connected with registered electricity connection. The centre has 24x7 water facility from last two months.

SC Chauhatta has a sanctioned strength of 2 ANM, besides, and 1 position of MMPHW from the regular and are in place. From NHM side, the centre has 1 MLHP/CHO and is in place. The H&WC provides OPD /NCD screening /ANC check-up, short stay of patients, IFA, TT injections, routine immunization once a week, Covid vaccination, and temporary methods of family planning services (condoms and oral pills). It does not serve as a DOTs Centre for TB patients but ANM and ASHA work in area to identify TB patients. This facility is also providing teleconsultation services to the needy patients. MPW/ANM has given a tablet recently to upload the data of various schemes of NHM on regular basis. Screening camps are conducted by the centre and under this programme, 684 individuals were screened for hypertension and out of these, 2 cases were diagnosed for hypertension, while out of 679 were screened diabetes and again only two case were confirmed. Overall, a total of 8 patients are on anti-hypertension drugs and 10 patients were on anti-diabetic treatment at this HWC. On an average about 10 patients of HTN/DM were taking medicines from SC per month.

The general cleanliness of the SC was satisfactory. The SC have a proper mechanism for management of bio-medical waste is out sourced and is lifted on weekly basis. Complaint/suggestion box was also found to be available in the SC. SC has received any kind of funds during 2022. ASHAs reported that they have been trained in HBNC and they have received HBNC kits. All medicines for ASHA kits are available to ASHAs (except paracetamol). ASHAs are getting assured remuneration and incentives well in time.

24.5 Community

During our interaction with the community, it was found that HWC provides health care services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics as per the protocol and the services are provided to the locals on daily basis. They were of the view that an ambulance needs to be placed at the disposal of SC for emergency referral services. Overall, the community was found satisfied with the services being provided by the PHC and SC for ANC, PNC, Contraceptive services, AH counselling, nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

Key challenge

- a. Expected pregnant ladies (For delivery) suffer for transport facility.
- b. Diabetic and hypertensive patients suffer due to one - salt drugs or in-sufficient medicines available at HWC.
- c. Need HWC infrastructure as per the guidelines and a government building for smooth functioning.
- d. Blood bank is the demand of the public which is genuine both for DH and for CHC Pipra blood storage unit is necessary.
- e. Shortage of Specialists push the community to avail these services in private having a out of pocket Expenditure burden on them.

25. RECOMMENDATIONS AND ACTION POINTS

There is visible improvement in the district in the implementation of different components of NHM but still there are some issues in running the programme more efficiently. Based on the monitoring exercise, following are the recommendations and suggestions for further improvement:

- i. Human resource is amongst the basic pillars to run any programme and its rational use makes success stories. Though, Supaul district has some shortage of human resource from the regular but the human resource provided under different schemes of NHM to the district has been a milestone in itself but still there is need of Specialists at CHC level. The judicious use of this human resource can prove more effective. There is a need to appoint human resource (both from the regular as well as NHM side) on the basis of workload so that health facilities can provide better services to the people. The district has one doctor available for 8712 (2674884/307 doctors) souls.
- ii. From regular paramedical staff most of the positions more than 60 percent are vacant which include Staff Nurses (SNs), FMPHWS and lab technicians in the district. Similarly, more than 90 percent of pharmacists, OT, x-ray technicians and MMPW (Male) are also vacant in the district.
- iii. Among the doctors/specialists, 81percent the sanctioned positions of OBGYs, 69 percent Paediatricians 91 percent Anaesthetists 50 percent Ophthalmologist, 25 percent Orthopaedics, 75 percent of Dermatologists,100 percent ENT and other specialists ,66 percent of Surgons,91 percent of Physicians ,86 percent of Radiologists and 65 percent of MOs were found vacant while as 31 percent positions of Dental Surgeon are also vacant in the district.
- iv. Among the NHM staff, out of the sanctioned strength, 100 percent SNs, were found vacant in the district and the 4 sectioned position of each Gynaecologist, Paediatrician, Anaesthetists, Surgeons, Pathologist, Physician, Ophthalmologist, and Dermatologist, 11 positions of MOs (MBBS) and 15 positions of MO Ayush are vacant in the district.
- v. The DH has acute shortage of Specialists like Gynaecologists, Anaesthetist, Pathologists, ENT, Dental surgeons and MOs (MBBS) which badly effects the service deliveries like C-section in the district and in case of emergency they refer the patients to Darbanga for higher treatment.
- vi. No Blood Bank is available at DH or Blood storage unit is available at CHC both are needed for the emergency situation.
- vii. CHC which is running without an operation theatre so that C-section can be performed at CHC level to minimise the work load on DH.
- viii. This is the case of also CHC has only 3 MOs (MBBS) in position. There is an urgent need to appoint a Surgeon specialist, Physician, Dermatologist and ENT specialists at CHC level to provide best possible services to the people. Radiologist is needed for performing USGs and other radiology related investigations as the CHC does not have a radiologist.
- ix. Another issue which needs to be addressed at the earliest is the non-availability of some equipment at various health facilities and in this regard, DH needs CT scan, MRI and CHC needs MRI these facilities will help in providing better services.
- x. Similarly, at PHC level (especially those which have been converted into HWCs), old type X-ray machines should be replaced by the digital machines and few old type analysers can also be replaced be new multi-tasking analysers for better efficacy and output. Further, it is also suggested to provide Elisa reader (Thyroid Analyser) to DH and CHC as almost all the pregnant women under JSSK need to go for thyroid profile and in the absence of such facility at these

health facilities, these women have to get it done outside and thus put more burden on their pockets.

- xi. Free drug policy at ground level, needs to be implemented in a better way so that the population can get benefited. There is also a need to provide sufficient and multi-salt drugs to the HWCs for NCDs as they have become the primary source for providing drugs to such patients at the grass root level.
- xii. Though JSSK for pregnant women is in vogue but it was found that pregnant women get some food, drugs, referral transport and partly to-and-fro transportation. It was also observed that the monitoring mechanism for its implementation is poor.
- xiii. The records pertaining to tests conducted in different labs, Breast feed within one hour, Weight at birth, transport facility (from home and back, referral), diet given during stay at the health facility, medicines being provided under JSSK need to be kept in proper shape and ready for any public scrutiny.
- xiv. The institution of ASHA has proved to be an asset to the RCH as it has proved a vital role in immunization, ANC, PNC, institutional deliveries, and other related issues of RCH. Since these ASHAs are not highly qualified but still they have been performing better but need continuous monitoring and supportive supervision. It is therefore, suggested to make these coordinators and facilitators answerable to a core group at the district level for better results in terms of regular orientation/trainings of ASHAs.
- xv. Though District Level Quality Assurance Committee (DQAC) is functional in the district but there is a need to use its expertise in a much efficient way so that various level health facilities can get accredited/certified for Kayakalp, NQAS, and other national level accreditations more in near future as till date the visited DH, CHC, PHC have not been awarded in NQAS or LaQshya in the district but DH has scored 74 points in Kayakalp in the internal assessment.
- xvi. Referral transport is the measure issue in the district as there are only 27 ambulances available to cater a huge population of 2674884 souls hence there is need of more ambulances at all facilities so that people can be benefited and precious lives can be saved.

PHOTO GALLERY



PRC team with community members at Kishanpur.



Space constraints at CHC Pipra in Labour room.



Feedback to Civil Surgeon in his office Supaul



Space Constrain and old building PHC Kishanpur.



Shortage of Space at CHC Pipra in ANC ward.



Condition of General Lab at CHC .



Space Constraints In PHC Kishanpur presently in an old building.



Condition of General Lab at CHC Pipra all procedures carried in single room.



PHC Kishanpur in old Building