

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



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**Report Submitted to the Ministry of Health and Family Welfare (Stats. Division)
Government of India, New Delhi**



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December, 2022

PREFACE

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

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

We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Mission Director, NHM Bihar, Shri Sanjay Kumar Singh for his cooperation and support rendered to our monitoring team. Special thanks are due to Civil Surgeon of Vaishali District Dr. Amrenndra Narayan, Medical Superintendent, District Hospital Vaishali and Hospital Manager of CHC Bhagwanpur and MO PHC Goraul for sharing their experiences. We would like to appreciate the cooperation rendered by the officials of the District and Block Programme Management Unit of District Vaishali for helping us in the collection of information. Special thanks are also to staff at Primary Health Centre Goraul and H&WC Ismailpur for sharing their inputs.

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

Srinagar
14-12-2022

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1. Introduction and Overview of Vaishali District

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

1.1 Objectives

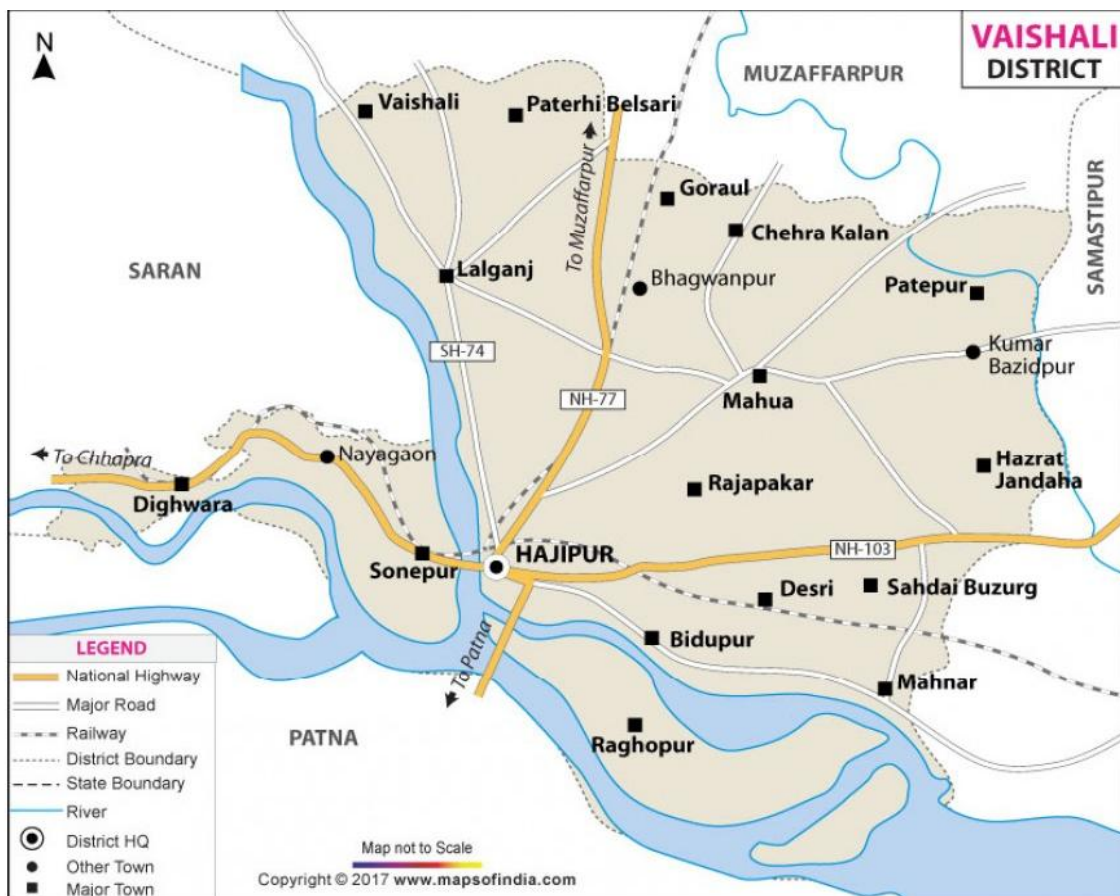
The objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments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

1.2 Methodology and Data Collection

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

1.3 Overview of the Vaishali District

Vaishali has a special significance in history as it is believed to be the first republic in the world to have a duly elected assembly of representatives and efficient administration. Vaishali has derived its name from King Vishal of the Mahabharat age. It is considered to be the birth place of Lord Mahavir and Gautam Buddha is believed to have delivered his last sermon and announced his Parinirvana (attainment of enlightenment) on this holy soil. Vaishali is also famous as the land of Ambapali, the great Indian dancer who is related to many folktales. Ambapali was a beautiful and talented courtesan, who later took sanyas to follow the path of the Buddha. The district gained the status of independent district on 12-10-1972, prior to which it was a part of old Muzaffarpur district. Hajipur, the district headquarters of Vaishali was so named after a King of Bengal named Haji Ilyas Shah (1345 to 1358 A.D) who founded it. The District is spread over an area of 2036 sq km area and is located at 25°41'N 85°13' E / 25.68°N 85.22°E. The district is and is surrounded by Muzaffarpur (North), Patna (South), Samastipur (East) and Saran (West). The district has 3 subdivisions, 16 blocks, 290 Gram Panchayat & 1572 villages.



According to 2011 Census, the total population of Vaishali district was 3495021 which constitute 4.6 percent of the total population of the state. The density of population of the district has gone up to 1514 persons per square km. Its population growth rate over the decade 2001-2011 was 28.58%.The district is by and large is rural in character as

more than 90 percent of the population live in rural areas. Large majority of the population (84 percent) follow Hinduism Islam, and Muslims constitute 15.5 percent of the population of the district. The district has a significant concentration of Scheduled Caste population (16 percent). The population growth rate is about 28 percent which is slightly higher than the State average of 23.7 percent. The district has witnessed a dip in sex ratio during 2001-2011 and according to latest census, overall sex ratio was 900 and child sex ratio was 915. Vaishali district has a literacy rate of 63.5 percent. Male literacy rate (71.2 percent) is higher than female literacy (59.1 percent). population At the time of the 2011 Census of India, 48.3 percent of the population in the district spoke Hindi, 39.0 percent spoke Western Maithili, 7.6 percent Urdu and 3.5 percent Bhojpuri.

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

Over the last few years, the district has witnessed considerable improvements in terms of the proportion of the population with access to good sanitation and hygiene facilities, factors which have a bearing on improved health and lower disease burden. According to NFHS-5 conducted in 2019-20, 96 per cent of households have electricity in the district, and 99 per cent of households have access to an improved source of drinking water. The NFHS-5 survey reports that 53 per cent of households have improved sanitation facilities, a figure which has increased markedly since the earlier round of NFHS conducted in 2015-16 (33 percent). Apart from drinking water and sanitation facilities, 41 per cent of households use clean fuel for cooking in 2019-20 an improvement over the 21 per cent in 2015-16. Households using iodised salt are 86 per cent according to NFHS- 5. Further, 13 percent of the Households with any usual member are covered under a health insurance/financing scheme

There are a total of 845338 children under age of 0-6 years as per Census 2011 who constitute 17.6 percent of total population of the district. Latest information available from National Family Health Survey-5 show that the sex ratio at birth in district has improved from 826 females per thousand males in 2015-16 to 1118 in 2020-21.

Further NFHS-5 data shows that ANC first trimester registration is 47 percent during 2019-20 while as 4 ANC check-ups among the registered pregnant women was 24 percent. NFHS-5 also shows that only 15 percent women registered for ANC had received 100 IFA tablets during 2019-20 and 81 percent women had received TT (TT1/Booster) injections during the same time in the district. Overall, 82 percent of the births were delivered at an institution and public health facilities accounted for 63 percent of the institutional deliveries. Caesarean section deliveries during 2019-20 account for 10 percent of total deliveries. Forty percent of births in a private health facility were delivered by caesarean section. C-section deliveries in private institutions

have increased by 10 percentage points between NFHS-4 and NFHS-5. As per the district officials, the district has made significant improvement in the proportion of children covered for immunization. As per NFHS-5, about seventy one percent of children are fully immunized.

The latest information received from the Office of CMO office shows that JSY incentive has been transferred in case of all the women who have delivered up to July, 2022. As per NFHS-5, 41 percent of couples in the district are using a modern method of contraception. Female sterilization is the most popular method (36 percent) and is followed by Condom (2 percent) and Pill (1 percent).

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

District Profile Vaishali District-Bihar	
Indicator	No
Total number of Medical Blocks	16
Total number of Villages	1414
Total Population	34,95,021 (Census 2011) ,
Rural population	32,61,942
Urban population	02,33,079
Literacy rate	66.60
Sex Ratio	895 /1000 (Census 2011) , 1069 (NFHS 5)
Sex ratio at birth	1118 (NFHS 5)
Population Density	1717
Estimated number of deliveries for 2022-23	104999
Estimated number of C-section for 2022-23	5250
Estimated numbers of live births for 2022-23	105186
Estimated number of eligible couples 2022-23	7,12,982
Estimated number of leprosy cases 2022-23	NA
Target for public and private sector TB notification for the current year 2022-23	7100
Estimated number of cataract surgeries to be conducted during 2022-23	6196

1.4 Facilities Visited by the Team

We visited District Programme Management Unit, District Hospital (DH) Vaishali, Community Health Centre (CHC) Bhagwanpur, Primary Health Centre (PHC) Goraul, Health and Wellness Centre (H&WC) Ismailpur. We also interacted with the community members of Goraul and Ismailpur village during our monitoring visit to Vaishali district. Field visit to these health facilities was carried out during 20-21 September, 2022. Information was collected for the year 2022-23 as per activities planned and approved under ROP. This report is based on the information collected from various district level health officials, Medical Officers (MOs), in charge units of the visited health facilities as well as verification of records and desk analysis of HMIS data.

2. PUBLIC HEALTH PLANNING & IMPLEMENTATION OF NATIONAL PROGRAMMES

2.1 District Health Action Plan

District Health Action plan (DHAP) is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is a document that depicts the need at sub district level units for programme implementation in terms of infrastructure, HR, procurement, trainings, various schemes running etc. and provides an overall budget required to execute those activities. Initially, for the preparation of DHAP, stakeholder gathers the inputs from block, cities, CHC/PHC and Village level. These inputs are collated into a guiding document i.e. DHAP which serves to consolidate the State PIP. For finalizing DHAP, an action plan meeting is held between the district and block officials to approve or disapprove the requirements after discussions. For the year 2022-23, the district has submitted DHAP in January 2022 & received approved ROPs in August 2022. The district officials opined that there is delay in fund flow from the state and as such there is some delay in the payment of JSY, ASHA incentives and Nikshay Poshan Yojana.

2.1.1 Release of payment for JSY, ASHA and Nikshay Poshan

Under JSY, 14696 beneficiaries have been registered as on 31.7.2022. Almost eleven thousand (75%) of them have received the amount through DBT and there is a backlog of 3672 cases. Almost 3065 ASHAs are eligible for receiving routine and recurring incentives. However, the DPMU reported that since payments are done through ASWIN portal, therefore they do not have exact information about the incentives paid to ASHAs. But ASHAs reported that they have received the JSY incentive upto July, 2022 only. Further it was also reported by the ASHAs they have not received incentives under NTEP & NLEP. ASHA facilitators are eligible to get the incentives as per revised norms however; none of them have received this amount. A total of 576 TB patients have received incentives under Nikshay Poshan Yojana (NPY) during 2022-023. It was reported by the RNTCP office that there was some delay in the release of NPY, but the funds have now been released and they are in the process to release all the backlog incentives.

With the implementation of Public Finance Management System (PFMS), the beneficiaries under various programmes like JSY, JSSK, ASHA, NTEP etc. are getting their money through DBT. Implementation of ASHWIN Portal from November 2020 has significantly reduced the delays in ASHA payments. This has led to increase in motivation level of ASHA.

2.1.2 State of Fund Utilization

This section will attempt to discuss in depth details the NHM fund utilization against the sanctioned amount for the last financial year. Against the sanctioned fund amount, around 64 per cent of funds remained unspent at the end of the last financial year as depicted in the below Table 2.

Component	Amount available	Amount Utilized	% Utilized
1.FMR 1: Service Delivery: Facility Based	198696681	74688606	37.6
2.FMR 2: Service Delivery: Community Based	22808402	2174939	9.5
3.FMR 3: Community Intervention	234879803	49147106	20.9
4.FMR 4: Untied grants	16955000	10848769	64.0
5.FMR 5: Infrastructure	71122000	742606	1.0
6.FMR 6: Procurement	41161352	24186242	58.8
7.FMR 7: Referral Transport	78341928	57412672	73.3
8.FMR 8: Human Resource (Service Delivery)	222775817	90089326	40.4
9.FMR 9: Training	14048721	3695200	26.3
10.FMR 10: Review, Research and Surveillance	1120521		0.0
11.FMR 11: IEC-BCC	2651463	1412338	53.3
12.FMR 12: Printing	124376	79896	64.2
13.FMR 13: Quality	3256989	228056	7.0
14.FMR 14: Drug Warehouse & Logistic	5946230	197971	3.3
15.FMR 15: PPP	14144486	114544	0.8
16.FMR 16: Programme Management	41284295	34008815	82.4

The maximum fund utilization (82%) in Vaishali was observed in Programme Management followed by Referral Transport (73%), Untied Grants and Printing. (64% each). However, the least fund utilization was observed in infrastructure, Quality Assurance and Drug warehousing and Logistic due to budget release issue from the state.

2.2 Status of Service Delivery

2.2.1 Availability of Public Health Facilities

The district has been sanctioned with 1 DH, 2 Sub District Hospitals, 4 CHCs, 46 PHCs, 337 SCs and 2 UPHCs. Of these sanctioned health facilities, 1 Sub District Hospitals is not operational. The district has 1 SNCU, 1 NRCs, 3 FRUs which are working as per the plan. Further, there is 1 Blood Bank and 2 Blood Storage Units in the district. Conversion of PHCs and UPHCs to Health & Wellness Centres (HWCs) is also taking place as planned. But the process of conversion of SCs into H&WCs is poor as only 93 (28 percent of the SCs) and 26 PHCs (56%) have been converted into H&WCs. The district has 17 Designated Microscopy Centres (DMCs); 26 TB Units, 2 CBNAAT and 6 TruNat sites along with 1 Drug Resistant TB Centre. NCD clinics are working at DH, SDH and CHCs. Total 17 health facilities provide comprehensive abortion care services and 3 of them provide these services both during first and second trimester of pregnancy. District officials felt that as per the population norm, the district has adequate number of PHCs and SCs but needs 1 more Sub District Hospital cater to the health care services of rural population.

There is no SC in the district which conducts more than 3 deliveries per month. Twelve PHCs perform more than 10 deliveries per month and all the 5 functional CHCs conduct more than 20 deliveries per month. DH Vaishali and MCH Hospital performs more than 50 deliveries per month. MCH hospitals conduct C-section deliveries in the district. Two public hospital and almost all private hospitals have ultrasound facility. All of them are registered under PCPNDT Act.

PMSMA program has been launched, to improve the quality and coverage of ANC including diagnostics and counselling services as part of the RMNCH+A Strategy. The prime aim was to identify high risk pregnancies and provide comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Pregnant women are encouraged to visit a health facility for delivery Eight PHCs, 4 CHCs, 1 SDHs and DH conduct PMSMA activities. Despite the implementation of PMSMA program, poor quality of ANC services is a serious concern in the district as majority of the pregnant women still does not receive quality ANC services.

2.2.2 Free drugs and Diagnostics Services

Free drugs services are implemented in the district along with free diagnostic services. Essential Drug Lists have been prepared for all types of health facilities and drugs are centrally procured by the Bihar Medical Supplies and Infrastructure Corporation Ltd (BMSICL). Bihar has notified 109 drugs in EDL at SHC-HWC and 172 drugs at PHC-HWC, respectively. A list of 37 medicines was available at HWC-SHC which are essentially mandated as part of provision of teleconsultation services at SHCs. Around 58 drugs were available at PHC-HWC. All the EDLs were not available at DH and CHCs level also. However, it was found that all the drugs prescribed by the doctors at CHC and DH were provided free of cost to all patients.

So far as diagnostics are concerned altogether, DH and SDH has 45 notified lab tests, CHCs perform 18 lab tests and PHCs have 16 lab tests and SCs perform 2 types of lab tests. Shortage of Lab technicians was reported to be a challenge in providing expanded range of diagnostic services at all facilities. However, whatever diagnostic facilities are available at the visited facilities, they were provided free of cost to all. All the services at all public health facilities are free of cost. However, X-ray and USG services are available at DH only and people needing these investigations have to obtain them privately.

2.2.3 PM-National Dialysis Programme

Pradhan Mantri National Dialysis programme has been operational in Bihar at DH level in PPP-mode. There is a Dialysis Unit in the Sadar Hospital Hajipur which is run by NephroPlus Care. There are 7 beds available in the dialysis unit. It conducts 4 sessions per day and has reserved Sunday for Emergency sessions. During 2021-22, it has provided dialysis to 379 patients and conducted 2919 sessions and in the first 6 months of 2022-23, it has provided services to 396 patients and conducted 3408 sessions. The services are provided free of cost to BPL patients and other patients have to pay an amount of Rs. 1634 per dialysis session.

2.2.4 Rashtriya Bal Swasthya Karyakaram (RBSK)

Under RBSK, a total 32 teams are sanctioned, two teams for each block but only 1 team is working with full manpower and remaining teams have only partial manpower. There are only 25 vehicles with the RBSK teams. Entire district is covered by these teams. On an average, each team screens 63 children per day. During the first four months of current financial year 1611 children are screened for defects at birth in delivery points. These children have been referred to appropriate health care facilities for treatment.

2.2.5 Mobile Medical Unit (MMU)

Mobile Medical Units are not available in Vaishali District.

2.2.6 Referral Transport Service

Under referral transport, the district has 51 Basic Life Supports and Advanced Life Supports and 102 Referral Transport Vehicles on road. 102 Referral Transport System is operated in PPP mode. These vehicles are equipped with critical equipment and essential emergency medicines. The vehicles are handled through a centralized call centre. Transportation is free of cost available to all patients including roadside accidents, facility to facility transportation of critical cases including Pregnant Women for complicated delivery and New-born as well as Children.

The information regarding the services provided by BLS/ALS is not available with the District Programme Management Unit. However, it was reported that on an average 45 calls are received for BLS and around 2 trips per vehicle by BLS and 3.7 by 102

ambulances are performed per day. The average distance travelled per ambulance is 73 Kms for BSL and 118 kms by 102. During our visit to the DH, it was found that Drivers engaged for operating these ambulances were on strike due to salary issues. The strike of the ambulance drivers had severely affected the 102 referral transport system.

Staff details at public facility	Regular			NHM		
	Sanctioned	In position	% In position	Sanctioned	In position	% In position
Gynecologist/Obstetrician	28	23	82.1	5	1	20.0
Pediatrician	25	12	48.0	5	1	20.0
Anesthetist	31	4	12.9	5	2	40.0
Surgeon	23	9	39.1	0	0	
Physician	9	0	0.0	3	1	33.3
Radiologists	9	1	11.1	0	0	
Pathologist	3	1	33.3	0	0	
Ophthalmologist	3	2	66.7	1	0	0.0
Orthopedic	2	0	0.0	0	0	
ENT	4	1	25.0	2	2	100.0
Dermatologist	2	1	50.0	1	1	100.0
Dental Surgeon	0	0		0	0	
Other Specialists	5	0	0.0	1	1	100.0
Total Specialists	144	54	37.5	23	9	39.1
Medical Officers MBBS	164	83	50.6	17	3	17.6
AYUSH MO	43	7	16.3	84	35	41.7
Dental MO	19	18	94.7	0	0	
Paramedical staff						
Dental technician				0	0	
Dental Hygienist				0	0	
Radiographer/ X-ray technician	27	7	25.9	0	0	
Laboratory Technician	84	35	41.7	0	0	
OT Technician	31	1	3.2	0	0	
X-Ray Technician				0	0	
CHO/ MLHP				337	23	6.8

AYUSH Pharmacist				32	14	43.8
ANM/FMPHW	777	497	64.0	418	25	6.0
MPW (Male)	33	26	78.8	0	0	
Staff Nurse/JSN	334	181	54.2	118	76	64.4
Pharmacist (Allopathic)	72	24	33.3	0	0	
	1358	771	56.8	905	138	15.2

2.2.7 Status of Human Resource

Appointment of human resource on regular basis is a centralized process and even a large number of districts don't have the idea about the sanctioned strength of various regular posts for the district and thus makes it difficult for the monitoring teams to ascertain the actual availability/deficiencies of regular human resource at various levels in the district. Lack of Human Resource is one of the major concerns of the district; more specifically major issue was reported regarding the shortage of specialist (Paediatrician, Anaesthetist, Surgeon, Physician, Radiologists, Pathologist, Orthopaedic, ENT and Dermatologist) in the district. Out of 144 sanctioned positions of Specialist only 54 (37%) are in place. Further of the 164 positions of MBBS doctors, only half are in place. More than 75% positions of AYUSH doctors are also vacant.

More than 75% posts of Radiographer/ X-ray technician, 60% of Laboratory Technician, 96% of OT Technician, 36% of ANM/FMPHW, 22% of MPW (Male), 46% of Staff Nurse/JSN, 66% of Pharmacists (Allopathic) are also vacant. It was reported that process of recruitment of paramedical staff is very slow. Due to the shortage of Staff the essential health care services in the district suffer a lot.

The component of Human Resources under NHM is to ensure the availability of adequate work force at the public health facilities in the State. To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. In district, total 418 ANM, 118 Staff Nurse, 337 MLHP, 32 AYUSH Pharmacist have been sanctioned. But only 25 ANM (6%), 76 Staff Nurses (64%), 23 MLHP (7%) and 14 AYUSH Pharmacist (44%) are in place. A total of 23 position of Specialists Doctors also stand sanctioned under NHM but only 9 (39%) are currently working with NHM in the district. More than 85% of MBBS Doctors and 60% of AYUSH Doctors sanctioned under NHM are also vacant

There are 4 LSAS trained Doctors in the district and 3 of them are posted at DH Hajipur, 1 is posted at CHC Bhagwanpur. All the 3 LSAS trained doctors posted at DH are performing C-section deliveries.. There are 3 EmOC trained doctors and one each of them is posted at Rural Hospital Mohanpur, Lalgang and KC but none of them is performing C-section deliveries.

2.2.8 Training

The district has planned 29 batches of training and all the training planned during 2021-22 have been completed. During 2022-23 also the district has planned to conduct trainings SBA, HMIS, DVDMS, NSSK for MO and SNS, FPLMIS, IYCF, Inject able Contraceptive, Oral Pills, RBSK, KAYAKALP, Maternal Death Review, Anaemia Mukth Bharat and RKSK. The details of the trainings planned and organised during 2021-23 are as follows:

	2021-22		2022-23 (31.8.2022)	
	Planned	Completed	Planned	Completed
1. SBA TRAINING	4	4	4	0
2. HMIS TRAINING	2	2	2	0
3. DVDMS TRAINING	1	1	1	0
4. NSSK (MO)	1	1	1	0
5. NSSK(SN)	1	1	1	0
6. IYCF	2	2	2	0
7. INJECTABLE CONTRACEPTIVE TRAINING	3	3	3	0
8. ORAL PILLS TRAINING	3	3	3	0
9. FPLMIS	1	1	1	0
10. RBSK	3	3	3	0
11. KAYAKALP	1	1	1	0
12. MATERNAL DEATH REVIEW TRAINING	1	1	1	0
13. ANEMIA MUKT BHARAT	5	5	5	0
14. RKSK	1	1	1	0

3 National Programmes Implementation Status

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

The SNCU has been established in the DH Hajipur. The SNCU has a bed capacity of 16 beds. It has 16 radiant warmers, 6 Kangaroo Mother Care (KMC) unit and 5 step-down care. One of the radiant warmers and 7 Photo Therapy Units are non functional for more than a week. Although the Hospital has a service maintenance contract with the manufacturer but these equipments have not been serviced for the last two months. Six trained Staff Nurses are posted in SNCU. The overall cleanliness of SNCU was good. A total of 1774 (792 inborn and 982 outborn) admissions are reported in the SNCU during 2021-22. During 2022-23 a total of 614 admissions (401 inborn and 213 outborn) are reported in the SNCU. Eleven of these outborn children were helped by ASHA to get admission in SNCU. The referral rate is 12 percent for inborn and 17 percent for outborn children. The mortality rate is 130 per 1000 admissions. Free medicines and diagnostic services are generally available at the SNCU.

NBSUs have been established at all the CHCs in the district and have been provided requisite manpower. However, the performance of most of the NBSUs is not upto mark as due to the non availability of required manpower at the CHCs, parents prefer

to visit private health facilities for treatment of their new borns. During 2021-22, a total of 199 inborns have been admitted in the NBSU and 165 have been discharged after treatment and 33 were referred to higher facilities.

Under NRC, 159 admissions occurred during last year. Majority of the children (94) were admitted with <-3SD WFH, 63 with MUAC<115mm and 60 with fever. Forty Two had nutrition related disorders and 22 were admitted with diahorrea. Most of the cases (152) had self reported to NRC and only 6 were referred by frontline workers. Large majority of the children admitted in NRC (84 percent) were discharged, 4 of them referred to higher facility and 14 left NRC against medical advice.

3.2 Home Based Newborn Care (HBNC)

There are 3194 ASHAs working in the district against 4194 and all have been provided HBNC kits. It was reported by the ASHAs that these kits were partially filled as some of the items were missing from these kits and have become non functional. However, drug kits are not provided to any ASHAs by district. HBNC trainings have been organised in the district and all the ASHAs whom with we had interaction had attended HBNC training. It was found that ASHAs had good understanding of the HBNC visits. During the current financial year (till September, 2022) 92 percent of newborns had received 7 Home Based Newborn Care (HBNC) visits in case of Home delivery and 75 percent of the newborns have been visited by the ASHAs under HBNC. On the basis of our feedback received from the community, it was found that ASHAs generally pay 2-3 HBNC visits only.

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

The committees for the review of maternal and child infant deaths have been constituted in the district but during the current year of the 9 maternal deaths only 2 have been reviewed so far. Similarly, of the 36 infant deaths, only 2 have been reviewed so far. Therefore it appears the district has not taken the review of maternal and infant deaths seriously.

3.4 Peer Education Programme

Peer Education Programme has not yet been implemented in the district

3.5 Adolescent Reproductive and Sexual Health (ARSH)

There are no separate Adolescent Friendly Health Clinics in the district. However Adolescent and reproductive Health services are provided as part of the general OPD. These services are generally available at the CHC and District Hospital. The facilities have adequate stock of iron folic acid supplementation. A total of 785 boys and girls were registered in AFHC clinics during 2022-23. Almost 90% of boys and girls received clinical and other services from the ARSH clinics

3.6 Comprehensive Primary Health Care (CPHC)

CPHC as of date seems to be poorly implemented in the district. For example the district did not have the exact information about target population to be screened, number of individuals enumerated and the number of CBAC forms filled and number of CBAC forms with a score of more than 4. For each component they are reporting a figure of 20,000. We were informed that 111 SHCS, 26 H&WCS and 2 UPHCs have started NCD screening. ASHA had to fill up CBAC forms of all the enumerated individuals but they have completed 12000 CBAC forms. We interacted with few ASHAs and found that they have received CBAC training. We have checked few CBAC forms filled by ASHAs and found them in order. This indicates that ASHAs have been properly trained to fill up CBAC forms but screening of NCDs need to be streamlined starting with filling up of CBAC forms by ASHAs at the community level and subsequent screening, diagnosis, treatment & follow up of at-risk population.

Although NCD screening has started in the district at various facilities, but it was found that it is not taking place as per the CPHC guidelines. Screening for Hypertension and Diabetes has started in the district at various CHCs and H&WCS, however, screening for oral, breast and cervical cancer is taking place at DH only. H&WCs have been provided the required equipment and consumables for screening of hypertension and diabetes. The information provided by the NCD unit shows that the district has screened 32183 individuals for hypertension and 32077 for diabetes and has diagnosed 13695 persons with hypertension and 1322 with diabetes cases. Thus about 42 percent of the cases are diagnosed with hypertension and 41 percent with diabetes. It is reported that all the diagnosed cases of hypertension and diabetes are getting treatment from the health facilities. Further, a total of 1176 women have been screened for breast cancer and 437 for cervical cancer against a target of 2000. A look at the number of planned, screened and diagnosed cases makes it clear that the district is not maintaining information about NCD screening properly. So far as the tele-consultation services and organize wellness activities by HWCs are concerned it was reported that 111 HWCs are providing tele-consultation services.

Overall it was found that CPHC is yet to found roots in the district due to non availability of staff and lack of proper training. Further the big challenge is from the community as people are not ready to accept the services as per national programmes mainly because of lower level of literacy, awareness and ignorance.

3.7 Integrated Disease Surveillance Programme (IDSP)

Under IDSP, rapid response teams are constituted they have investigated 2 outbreaks during previous year and no outbreak during current year. IDSP data is being utilized for surveillance. None of the private health facilities is reporting weekly data of IDSP.

3.8 National Vector Borne Disease Control Programme (NVBDCP)

Under NVBDCP both micro plan and macro plans are available in the district. Annual blood examination rate is 4.2 and the trend ha increasing during last 3 years due to

COVID. LLIN distribution status was not available. Anti larval methods are used for control of malaria. IRS is implanted in few PHCs. Contingency plan for epidemic preparedness and monitoring of weekly epidemiological and entomological situation is being done. Fourteenth round of MDR is observed. The district has not yet achieved <1% mf rate for lymphatic filaria.

3.9 National Tuberculosis Eradication Programme (NTEP)

NTEP is implemented in the district and 93.7 percent of TB notification is achieved. HIV status of around 99 percent TB patients is known. Around 70 percent of TB patients are eligible for UDST testing. Drugs for both drug sensitive and drug resistant patients are available. During last year, 189 patients are notified from public sector with treatment success rate 74 percent and MDR TB patients 6. Treatment is initiated for all these 6 patients. From private sector, 317 patients are notified, treatment success rate is around 97.4 percent, 4 of them were MDR TB patients and treatment has been initiated for all these 4 MDR TB patients. There were some issues in the Nikshay Poshan Yojana but now the funds have been released and the district is now paying incentive under NPY to all 1167 TB patients. Active case finding is going on as per the plan.

3.10 National Leprosy Eradication Programme (NLEP)

Under NLEP, 161 new cases are detected; none of them is a G2D case. MDT is available without interruption for 161 patients and reconstructive surgery for G2D has been conducted for 1 patients and MCR footwear and self care kits are available for 28 patients and 10 patients respectively.

3.11 ASHAs

The introduction of the Accredited Social Health Activist (ASHA) workers by the Ministry of Health and Family Welfare Department in 2005 was to improve the accessibility, availability and acceptability of the existing health facilities particularly in rural areas. Community health workers like ASHAs play strategic role in the area of public health. ASHAs have been established as the first port of call for all health related and allied activities at the community level. As per the Population of Vashali district, a total of 4194 ASHAs are required and presently 3143 (75%) are working in the district. Roughly 17% of ASHAs (531) are covering more than 1500 rural population. There 17 villages or slum areas with no ASHAs. Social benefit schemes have been implemented but very few ASHAs have been enrolled under these schemes. This is substantiated by the fact that only 433 (14%) of ASHAs are enrolled for PMJJBY, 468 (15%) for PMSBY and 433 (14%) 765 for PMSYMY. Further 47 ASHA Facilitators are enrolled for PMJJBY, 50 for PMSBY & 34 for PMSYMY. Total 17 Mahila Aarogya Samities are formed and trained but only 7 have opened their accounts. Altogether, 288 VHSNCs are formed and trained. All the VHSNCs have opened their bank accounts.

3.12 Quality Assessment

To address the issue of low-quality of services in the healthcare premises, the GOI has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard (IPHS), NQAS, KAYAKALP, MERA ASPATAAL, LaQshya, have revolutionized the pathways of public healthcare service delivery in the country. It was found that the district has been markedly lacking in LaQshya/NQAS program implementation across all health facilities. It is only the Labour Room and the OT of DH Hajipur that has been certified under LaQshya that too with conditionality and CHC Bhaganpur has started the internal assessment under LaQshya and currently it has received State Certification and is waiting for the National Assessment. CHC Baghwanpur has also been awarded under Kayaklap. Thus, there is a wide scope of improvement with the execution of the said program.

Keeping in view the low performance under various quality assurance initiatives, recently the Government of Bihar has started Mission 60, under which all the labor rooms and Operation theatres have started to fill in the gaps in infrastructure so that all the facilities are in a position to apply for NQAS.

3.13 Grievance Redressal

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

3.14 Biomedical Waste Management (BMW)

The Government of Bihar has outsourced the disposal of Biomedical Waste to various private agencies who usually collect the waste from health facilities, transport it and dispose it. Bio medical waste is segregated in colour coded bins which were found available in various health facilities. The awareness amongst the staff regarding segregation of waste was found satisfactory and practice of segregation by staff was being done properly at the DH and CHC, but it was found that patients and their attendants do not have information about proper segregation of waste and they hardly follow the guidelines for dumping waste material in these bins. DH Hajipur also has an incinerator. PHC and SCs also bury some portion of the bio medical waste within the hospital premises.

3.15 Information Education and Communication (IEC)

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

4. SERVICE AVAILABILITY AS PERCEIVED BY THE COMMUNITY

4.1 Lifestyle and living conditions

We visited Goraul and Ismailpur villages on 19.09.2022 and interacted with the local community members who consisted of 3 School Teachers, 1 Shop keepers, 4 farmers, 2 labourers and 4 women. Both the villages are accessible. More than 50 percent of the population lives in these villages live in kachha or semi pacca houses. Large majority of the population is dependent on agriculture and migration of labour class during summer is a common phenomena. Both the village are flood prone and the village with all its agricultural crops get submerged in flood water. In case the monsoons fail, drought conditions prevail. Consequently, many people in the village are economically poor as they do not have land to work and most of the agricultural activities are based on rain. The literacy level is low but it is picking up as most of the children are going to school.

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

4.2 Awareness about the Services Available and Accessibility

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

4.3 Availability of HR and Behaviour of Staff

An interaction with the community leaders reveals that both DH and CHCs have shortage of doctors. Due to the roster system, all doctors posted at a facility are not available for consultation. During off days, they generally indulge in private practice.

It was also reported by the community that most of the health facilities including the DH wear a deserted look after 2 PM, and doctors are hardly available at the health facilities. Emergency services are open at DH and CHCs but patients needing services have to obtain the services from private providers. The public is generally satisfied with the behaviour of the staff but they mentioned that due to the shortage of doctors, the waiting time is more and doctors are unable to give adequate time to treat the patients.

4.4 ASHAs Visits to the Households for Consultation/Services

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

4.5 Health Seeking Behaviour and Utilization of Services

People generally use public health facilities in case they are sick. But a substantial proportion also visits a private practitioner/clinic for treatment of even minor illness. ASHAs are playing an important role in educating women about the importance of ANC but utilization of antenatal care services in the district continue to be low. Less than half of pregnant women utilize antenatal care services. Apart from visiting a public health facility, women also visit a private practitioner for ANC services. Women generally receive TT, IFA and anaemia testing facility from SCs and PHCs. Only 80 percent of the births are delivered in a health facility and about one-third of them are delivered at private health facilities. Majority of the women who need a c-section delivery utilize the services from private health facilities. Immunization facilities are available at all public health facilities children generally receive immunization services from local Sub Centres, PHCs and CHCs. Although immunization coverage is improving but 25% of children are partially immunized. So far as childhood diseases are concerned, people generally visit a private service provider for consultation.

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

prefer DH; whenever camps are organized in the village, they approach for minor problems related to dental. People felt that the screening is being done under RBSK at schools and Anganwadi Centres.

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

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

Major challenge for the community is chewing of tobacco, gutka and drinking of desi sharab. People felt that government should completely ban the manufacturing and sale of all these items. The area is flood prone during monsoon season and susceptible to water borne diseases and malaria and the health facility is unable to cater to the needs of the patients during these epidemics. Shortage of doctors at public health facilities is another major challenge in the district and particularly during night. Overcrowding of DH and CHCs is another issue. Due to the non availability of adequate number of Gynaecologist at health facilities particularly at CHCs, women are forced to utilize the ANC and delivery services from private facilities. C-section delivery rate is very low in the district because there are not enough doctors who can perform C-section deliveries at public health facilities and save the precious lives of many women. NCDs particularly diabetes and hypertension is increasing but screening of NCDs on a large scale has not yet been undertaken.

5. SERVICE AVAILABILITY AT THE PUBLIC FACILITIES

5.1 Sub Centre/ H&WC Ismailpur

Sub Centre Ismailpur has been converted into H&WC. It covers a population of around 4196 and covers 02 villages. The H&WCs is housed in government building with two rooms and the physical condition of the building is good. Further, the facility is located at an isolated place. It is located at a distance of 5 Kms from PHC Goraul. The facility is easily assessable from the nearest road. The sanctioned staff consists of 1 MLHP\CHO and 1 FMPHWs. There is no post of Pharmacist. Three ASHAs are attached with the H&WC. Branding of H&WC has been undertaken. Clean functional toilets are available. Drinking water facility is available at the facility. The facility has enough space for examination room, immunization, drug store and yoga activities. The facility does not have ASHA rest room and power backup. The building is non-fenced and therefore has privacy and security issues.

5.1.1 Availability of Services

All services as per IPHS are not available at the facility. Facility of ANC registration, ANC checkups, covid-19 vaccination, measurement of height, weight, BP and HB is available the entire. TT and IFA are also provided to women. Among post natal services counseling on diet and breast feeding is provided. Child immunization facility is also available at the SC. Temporary methods of contraception services like condom; oral pills are available at the facility. Treatment of minor ailments like cough and cold, fever, diarrhoea, worm infestation and first aid is also available at the facility. The facility also helps in the control of local epidemics, diarrhoea, dysentery, jaundice. Recently H&WC has started screening of adult population for diabetes and hypertension. It is not functioning as a delivery point. CHO as well as ANM has given functional Tablets to upload the data of various schemes of NHM on regular basis.

There are 2690 individuals above 30 years of age in the HWC population, out of these 25 CBAC forms were filled during the first four months of 2022-23. 1775 individuals were screened for hypertension and diabetes. Of the screened cases 22 (1.24%) percent are identified with hypertension and 56 (1.18%) percent with diabetes. There is no screening for Oral Cancer, Breast cancer and Cervical Cancer at SC/HWC. Information on fund received and utilized by the facility under NHM was not available. Ambulance is not available at the SC/HWC but CHO is providing in case of emergency through transport referral system -108 services. There is no maternal or child deaths in SC/HWC. Line listing of all eligible couples in the area is available in SC/HWC.

5.1.2 Availability of drugs and diagnostics

As per the Essential Drug List, H&WCs should have 38 drugs available. Most of the EDL drugs are available at the facility. NCD drugs were also available at the H&WC. Anti TB drugs are also available. However, updated EDL was not found displayed at the facility. The facility has sufficient supply of testing kits for checking haemoglobin, pregnancy status and blood sugar. Thermometer and BP apparatus is available at the HWC. Other available and functional equipment at the centre includes examination table, screen, weighing machine (adult and infant), etc.

5.1.3 Whether services are optimally utilized, average workload of staff

Looking at the utilization of services from the H&WC, it was found that the services are not optimally utilized. FMPHW and CH is working at the centre, but on an average less than 15 persons visit the facility for treatment of minor ailments. The populace generally prefers to visit secondary or tertiary care health facilities where at least a doctor is available. However, immunization services and to some extent ANC services are fully utilized at the H&WC. On average in a month, the facility provides ANC services to 15 women and immunization to 30 children. Very few women visit for contraception services.

5.1.4 Key challenges observed in the facility and the root cause

- a) The building is non-fenced and therefore it has privacy and security issues both for the female staff as well as for the patients.
- b) ASHA rest room was not available at the facility.
- c) Facility has no Drug storeroom and power backup facility.
- d) 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.

5.2 Primary Health Centre Goraul

PHC Goraul is located at a distance of 4 Kms from CHC Bhagwanpur and 34 Kms from District Hospital Vaishali. It caters to a population of about 18513. Fifteen Sub Centres are attached with this PHC. The PHC is designated as a 24*7 facility. The PHC has a govt. building with good condition, but has limited space. New building is under construction. It has a capacity of 6 beds. Residential quarters are not available. Drinking water is available round the clock. Wash rooms are available but the wash room for the patients was not clean. Power back up is available. Bio-Medical Waste management is done through sharp pit and deep burial pit.

PHC has a desktop which is functional; tablets are given to ANMs and smart phones are also available with ASHAs. Internet connection is available through mobile net. They have initiated Kayaklap assessment and have scored 82.2% in internal assessment. The facility has not yet applied for external assessment as the facility does not have a boundary wall. The facility has not yet started NQAS assessment; LaQshya has also been initiated at PHC as normal deliveries were conducted at the facility.

According to the information provided by In-charge MO of PHC 5 MBBS Medical Officers and 3 AYUSH doctor are sanctioned but only 2 MBBS doctors and 2 AYUSH doctors are posted at the PHC and all are female doctors. Also 1 FMPHWs, 1 Dental MO are posted at the PHC. There is no Lab Technician at the PHC. Six ASHAs are attached with this facility.

5.2.1 Availability of Services

Most of the services as per IPHS standards are not available at the PHC. The services available at the PHC are medical and essential OPD services, referral, delivery, antenatal care, post natal care, immunization, basic laboratory services, treatment for minor ailments, screening and treatment of hypertension and diabetes, spacing methods of family planning, counselling services for ANC. Tele medicine/consultation services are available. NCD services are held regularly on daily basis but FMPHWs are not trained in screening of oral and breast cancers. We could not get the registers maintained on individuals screened and diagnosed on NCD. Wellness activities are not performed regularly. During the last 6 months, PHC has screened 1587 persons for hypertension and diabetes. Of these, 332 have been diagnosed with hypertension and 332 with diabetes. Referral and follow-up of patients with poorly controlled hypertension and diabetes to the PHC/CHC/DH was not being recorded at the H&WCs.

In PHC (TB) elimination program, facility was designated as Designated Microscopy Centre (DMC), and the percent of OPD whose samples were tested for TB during last 6 months is 3%. Anti-TB drugs were available at the facility and currently 39 patients taking ant-TB drugs from this PHC. During last 6 months 18% of patients were tested through TruNat. All TB patients were tested for HIV and Diabetes Mellitus. Records on TB treatment card cases (both for drug sensitive and drug resistant cases), TB Notification and leprosy cases were available in PHC

All the data entry portals like HMIS and HWC portals are updated. Data is reported weekly under IDSP. Monthly RKS meetings were held but no minutes were available at the facility. During the last month there are 3 referred in case and 14 were referred out cases.

5.2.2 Availability of drugs and diagnostics

As per the Essential Drug List, a PHC should have 197 drugs available. Almost all EDL drugs are available at the PHC. The PHC did not report any shortages or stock out of essential drugs. Diabetic drugs and combination of diabetic and hypertension drugs are also available. The NCD drugs were available at the facility. Updated EDL is displayed at the facility. The facility also has adequate supplies of essential consumables. It was found that the PHC is in a position to meet almost 90 percent of the demand of drugs and other consumables.

PHC is providing in house essential diagnostics and the timing of tests is from 8:00 am to 2:00 pm. X-ray services are available at the facility, there are two X-ray machines one is fixed and other is portable and are certified by AERB. All diagnostics are free for all at the facility. During the last 6 months a total of 204 investigations have been performed at the PHC. Investigations are conducted free of cost. It was also found that PHC has no shortage of equipments in the laboratory.

5.2.3 Whether services are optimally utilized, average workload of staff

Looking at the utilization of services from the PHC Goraul, it was found that OPD, ANC and immunization services are optimally utilized. NCD services are not yet optimally utilized. Referral and follow-up of patients with poorly controlled hypertension and diabetes to the CHC/DH was not being recorded at the PHCs.

During the last three months, 381 normal deliveries were performed at the facility. Overall the services provided by this facility were fully utilized. On average in a month, the facility provides ANC services to 60 women and immunization to 125 children.

5.2.4 Key Challenge

- a) The building is non-fenced and therefore it has privacy and security issues both for the female staff as well as for the patients.
- b) The PHC has a small lab but the post of Lab Technician is vacant. Consequently diagnostic facilities are unavailable at the PHC.

- c) X-Ray facility is available but the no X-Ray Technician is posted at the PHC.
- d) Facility has shortage of space as this facility is providing services for normal delivery, but there is scarcity of rooms in the facility.

5.3 Community Health Centre (CHC) Bhagwanpur

CHC Bhagwanpur is a first referral unit standalone institute accessible from the nearest road. Sadar Hospital Hajipur is the nearest referral point which is at a distance of 22 kms. CHC covers a population of around 2.54 lacs. There are 23 SCs, 4 APHCs and 1 PHCs under this CHC. It operates OPD from 8 am to 2.00 pm. CHC complex consists of 2 buildings and the main CHC is a double story building. The last renovation of the CHC was done almost one year back. A new building for MCH services is under construction. The premises of CHC is maintained cleanly, it has all the basic amenities like 24 hours running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area and drug store room. Complete hospital has power back-up which is maintained through 1 generator. It has total 30 beds. It does not have any ICU beds. Color coded bins for segregation of waste are available. Bio-Medical Waste management is outsourced to a private agency. Further a deep burial pit is also available at the facility.

CHC has a sanctioned strength of 10 doctors which include 1 Gynecologist/Obstetrician, 1 Pediatrician, 2 Anesthetist, 1 Surgeon, 1 Physician, 4 Medical Officers MBBS and 1 Dental MO. Six of these [positions are vacant. Presently the 1 Gynecologist/Obstetrician, 1 Surgeon, 4 Medical Officers MBBS and 1 Dental MO is posted at the CHC. Of the 8 Laboratory Technicians only 4 are in place. All the positions of OT Technicians are vacant. Of the 3 positions of X-Ray Technicians only 1 is currently posted at the CHC. Five Staff Nurses and 2 Pharmacists are also working at the CHC. Besides, few positions from NHM side are also posted at the CHC.

Desktops for data entry are available at the CHC. Internet connectivity is good. The CHC has not yet undertaken any activity for getting certification under NQAS, LaQshya. Although it has done internal assessment under Kayaklap but has not scored enough to get any award/appreciation/certificate. Very Recently first meeting of NQAS was held in the CHC for assessment of the infrastructure and service delivery gaps so that the same can be plugged to get the CHC LaQshya and NQAS certified.

5.3.1 Availability of Services

Very few services as per IPHS standards for CHC are available at the CHC. Apart from emergency services the CHC provides ANC, General OPD, Delivery, PNC Immunization, Family Planning and laboratory services. Services for general medicine, NCD, O&G, General Surgery and dental services are available at the CHC. Facility for normal delivery is available but c-section deliveries are not conducted. A total of 769 deliveries have been performed at the CHC during April-August 2022. During the last Comprehensive abortion care facility is not available at the CHC.

NBSU is also functional at the CHC. The facility is also providing tele-medicine services. The facility has a single general OT and few surgeries take place despite the non availability of Anaesthesia. Blood storage facility is available. Screening for NCDs (Diabetes and Hypertension) and their treatment is also available at the CHC. The NCD clinic has an optimal work load and is doing good work in terms of screening, treatment, and referral and follows up of patients. CHC is also participating in various national health programmes like HIV/AIDS, control of water borne diseases, jaundice, control of blindness, elimination of Tuberculosis, leprosy, RBSK, PMJA, PMSMA etc.

All JSSK entitlements including free delivery services, drugs, and diagnostics are provided; free transport is given through 108 ambulance service. Free diet under JSSK is not provided because hardly any woman stays in the hospital for more than 8 hours after delivery. PMSMA services are provided on 9th of every month.

Registers for entering births and deaths are maintained. No maternal and child deaths are reported during previous year and current year. Vaccines and hub cutter are available and staff are aware of open vial policy.

During last 6 months around 883 individuals are screened for hypertension and diabetes; and 25 have been identified with hypertension and 14 with diabetes. Facility for screening of breast and cervical cancer has not been started at the CHC.

Under IDSP, weekly data is being reported through P & L form. Facility is designated as a microscopy centre for TB and 3 percent of the OPD cases are tested for TB. They have CBNAAT test facility and 13 percent of patients have tested through CBNAAT/TruNat for drug resistance. Anti TB drugs in adequate quantity are available at the DMC and all the confirmed TB patients are taking anti-TB drugs from the facility. Transport mechanism is in place for investigations within public sector for TB testing and other tests. All TB patients are tested for HIV and diabetes. The facility had some issues in the disbursement of Nikshay Poshan Yojana instalment and only 33 percent have received DBT instalments in last 6 months. Records are maintained for TB notification, TB treatment, malaria, palliative care, dengue, chikungunya and leprosy. CHC had received a total amount of Rs. 1.38 crores under NHM during 2021-22 and has utilized 1.40 crores during the year. We could not get the information on fund received and utilized by the facility under NHM during 2022-23.

5.3.2 Availability of drugs and diagnostics

CHC Bhagwanpur has a laboratory manned by 4 Lab Technicians. The timing of the laboratory are 8 AM to 2 PM. It provides various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, VDRL, LFT and KFT. Facility for testing for malaria and kala-azar is also available. It was also found that CHC have adequate supplies of reagents and consumables for conducting these investigations.

But various other tests like RPR, T3, T4 testing facility, culture sensitivity and histopathology are not available at CHC and the ANC cases requiring these tests have to obtain these services from private diagnostic facilities. A total of 19141 investigations have been conducted in the laboratory during the first 6 months of 2022-23. X-ray facility is also available at the CHC. MRI and CT scan services are not available. Most of the necessary equipment for OTs, Labs, labour room and other sections was found available in the CHC.

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

5.3.3 Service Utilization

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

5.3.4 Key challenges observed in the facility and the root cause

- a) Although having good infrastructure, but human resource particularly non availability of a paediatrician is a serious issue for under utilization of services.
- b) The CHC is located in low lying area and gets water logged even with a slight drizzle.
- c) The hospital has acute shortage of space to accommodate various services as per the IPHS.

5.4 District Hospital Vaishali

District Hospital complex Vaishali is located in the middle of Hajipur city and is easily accessible from the nearest road. Patna Medical College Hospital is the nearest referral point which is at a distance of about 20 Kms from DH. The district hospital complex consists of 4 main buildings. Most of these buildings are very old and need major repairs. There is acute shortage of space for OPD, IOPD, laboratories, Emergency, stores etc. To mitigate the shortage of space, a new 7 storey building is under construction and is expected to be handed over to the hospital shortly. The hospital presently has a capacity of 115 beds. There are no ICU beds available in the hospital presently. The approach road to the hospital is congested. The Hospital does not have a sign board at the main entrance.

It operates OPD from 9 a.m. to 2 p.m. It has all the basic amenities like 24 hours running water, functional toilets separately for male and female, drinking water,

canteen. OPD waiting area has insufficient sitting space. Rest room for ASAHs is not available. The hospital complex is not geriatric and disability friendly. Complete hospital has power backup. Water is available in the wards, labour room, OTs, and labs. The general cleanliness of the hospital is poor. Toilet facilities are available in the wards and were found unclean. Citizen's charter, timings of the facility, list of available services, protocol posters are displayed properly. Complaint box is also available for registration of complaints and grievances.

As the hospital has poor infrastructure, therefore it has received a Kayaklap score of 60 in its internal assessment and therefore has not qualified for State Assessment. The labour Room and the OT of the hospital have been certified with conditionality by the State. The hospital because of poor infrastructure has not started NQAS assessment. However, under Mission 60 days, the assessment f gaps in infrastructure and human resource have been identified and efforts are under way to fill up these gaps, so that the hospital gets NQAS certification.

5.4.1 Availability of services

The hospital provides all the basic and emergency services, ANC, NRC, SNCU, Paediatric Intensive Care Unit (PICU), female Sterilization, blood bank, dialysis, CT scan, ENT, Ortho, USG and X-ray. Specialized services are also available for medicine, OBG, paediatric, general surgery, Anaesthesiology, Ophthalmology, ENT, Dermatology, Orthopaedics, Radiology, Dental services. General emergency along with triage resuscitation and stabilization are available in the hospital complex. Teleconsultation services are also available at the facility. Separate OT is available for elective surgeries and obstetrics and gynaecological surgeries. Facilities for mini laparoscopy, IUD, PPIUD services are available on select days. Temporary methods of family planning are also available. NSV services are not available at the DH. Child immunization is available on daily basis.

Blood bank is functional and 28 units of blood were available in the BB. During the last month, 32 blood transfusions have been performed. Blood is issued free of cost to BPL card holders, elderly people and JSSK beneficiaries. Disposal of Bio-Medical Waste (BMW) management is outsources to a private agency. There is also a incinerator in the hospital. Laundry and cleaning of the hospital is outsourced. There is a good canteen run by the "Didi ki Rasoi". The canteen provides god quality food at a reasonable cost.

Under NHM, District Early Intervention Centre (DEIC) under RBSK has not been established in the DH. The SNCU has been established in the DH Hajipur. The SNCU has a bed capacity of 16 beds. It has 16 radiant warmers, 6 Kangaroo Mother Care (KMC) unit and 5 step-down care. SNCU also has shortage of staff. All services are provided free of cost. NRC is equipped with required all infrastructure. The NCD Clinic is also functional at the DH and provides services on all working days. Staff is trained in the screening of patients for breast cancers and oral cancers also. The NCD

clinic has screened 6312 patients for hypertension and 4958 for diabetes. Of the screened cases 74 percent are identified with hypertension and 64 percent with diabetes. As the percentage of confirmed cases is very high, it appears that either the screening is not done properly or the hospital is not maintaining records of NCDs properly.

The district hospital also has a Registered Blood Bank with required infrastructure. It has both shortages of space as well as human resource. Currently 28 blood units were available in the BB and during the last month 32 blood transfusions were performed. Blood is provided free of cost to JSSK patients and BPL patients.

A district hospital is supposed to have 4 Physicians, 4 Surgeons, 4 Gynaecologists, 2 Anaesthetist, 1 Ophthalmologist, 1 Radiologist, 3 Paediatricians, 2 Orthopaedic, 1 Dermatologist, 2 ENT Specialists and 30 Medical Officers. Official records show that the sanctioned staff strength in the district hospital is of 80 Doctors and 31 of them are in place. The doctors who are posted at the DH include 22 Medical Officers, 3 Surgeons, 2 Anaesthesiologists, 8 Gynaecologists, 3 Child Specialists, 1 Radiologist, 1 Pathologist, 1 Eye Specialist, 2 ENT, 1 Psychiatrist and 1 Orthopaedic. The hospital has 5 posts of Physicians but all are vacant. There is no Dermatologist available in the hospital. All the 6 sanctioned posts of AYUSH MOs are also vacant. Most of the paramedical positions are also vacant. Of the 214 positions of GNM, 86 are vacant. All the positions of ECG/ECO Technicians are vacant. Almost 50% of Lab Technicians 78% of X-ray Technicians, 90% of OT Technicians and 50 % of Pharmacist are also vacant.

5.4.2 Availability of drugs and diagnostics

Essential Drug List consists of 137 drugs for IPD and 159 for OPD. EDL was found displayed at few places in the hospital. It was mentioned by the in charge Drug Store that they are implementing DVDMS supply chain for management of drugs and almost all the drugs are available at the facility. Further, it was also mentioned by the Hospital Manager that all essential drugs available in the hospital are generally provided free of cost to the patients. They also ensure that drugs required during delivery are kept in abundant quantity. Nevertheless, hospital reported shortages of some drugs namely Injection Ampicline, Atropine eye drop, Tab Albendazole, Rabeprazole, Vitamin C, Levofloxacin, Cefixime and Zinc Sulphate during the last one month.

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

the last 6 month, on an average 3000 lab investigations have been performed at the DH.

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

5.4.3 Whether services are optimally utilised, average workload of staff

The OPD and delivery services available at DH Vaishali are optimally utilized. The hospital sees a huge rush of patients every day. During the last 6 months (April-September), On an average, 26000 patients have visited the OPDs of DH in a month. A total of 14552 admissions have been made in the IPD of DH. The surgical facilities are not optimally utilized. Despite 3 Surgeons are now posted at the DH, no major surgeries have been performed in the hospital. Around 4033 institutional deliveries have been reported at the DH. C-section deliveries account for 16 percent of total deliveries. Information collected from the laboratory shows that a total of 17589 lab investigations were performed during the first four months of 2022-23.

5.4.4 Key challenges observed in the facility and the root cause

- a) Due to the location of the DH in a low lying area, it gets waterlogged even with a small drizzle. There is a need to upgrade the drainage system, so that the issue of water logging can be addressed.
- b) The hospital has acute shortage of space and although a new building is being constructed but the pace of work is slow and there is a need to speed up the work, so that it gets completed on priority basis.
- c) Three Surgeons are posted at the DH but they have not conducted any major surgery during the last 6 months. There is a need to ascertain the reasons why the surgeries are not taking place in the DH despite manpower and infrastructure.
- d) It was mentioned by the patients that doctors are not available in the OPD rooms after 2.PM and there is a need to ensure their attendance after 2.PM.
- e) The percentage of confirmed cases of Hypertension and diabetes in DH is unbelievable. It appears that either the screening is not done properly or the hospital is not maintaining records of NCDs properly.

6. Conclusion and Key Recommendations

The district has sufficient number of health facilities. However, managing the human resource and proper placement of human resource reported to be a big challenge, which has prevented the rational posting of HR.

Like other districts of Bihar, Vaishali district also has an acute shortage of different type of specialist like Gynecologists, Physicians, Surgeons, Pediatricians, Anesthetists and Orthopedics. The non availability of Doctors and paramedical staff has affected

the delivery of services at each facility. Therefore, it is suggested that the State Government should initiate the process to fill-up all the vacant posts both from the regular as well as from the NHM side at the earliest

Branding of HWC-PHCs is done as per CPHC guidelines, NHM and Ayushman Bharat logos are displayed on the walls. The IT equipment with internet facility for data reporting was available at the visited ABHWCs. MOs, Staff Nurses, Lab Technicians, Pharmacists and MPW-M/F have been trained in using IT-Based applications.

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

Visited facilities are better performing in terms of medicine but diagnostic services are poor at PHC and CHC level. There is a need to put in place lab Technician and X-Ray Technician at PHC and Ultrasound at CHC. Further there is a need to have endoscopy and MRI/CT Scan facility at the DH

Services are freely available to women under JSSK. Transportation from home to facility is generally not made available to women due to few vehicles under referral transport. Further women who have a normal delivery generally are discharged within 6-16 hours and are not provided free transport. The initiative of providing free food through Didi ki Rasoi, at a few health facilities was appreciated by the patients and attendants alike.

An important concern of the community was non availability of staff at the public health facilities after 2 PM. Now the Bio Metric Attendance System has been put in place and this will surely help in the availability of staff in the health facilities.

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

Lack of awareness amongst the primary health care team members especially ASHAs, ANM, Staff Nurse about the concept of Universal Health Coverage is one of the reasons for poor performance of NCD screening. Although ASHAs have been trained in filling CBAC forms but there is a need to improve the quality of ASHA training. There is also a need to strengthen the supportive supervision needs to be strengthened

for AAA.

Social benefit schemes have been implemented but very few ASHAs have been enrolled under these schemes.

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

With the use of PFMS the beneficiaries under various programmes like JSY, JSSK, ASHA, NTEP etc. are getting their money through DBT. Implementation of ASHWIN Portal from November 2020 has significantly reduced the delays in ASHA payments. This has led to an increase in the motivation level of ASHA.

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

6. PHOTO GALLERY





SADAR HOSPITAL, HAJIPUR									
C-SECTION REGISTER									
Sl. No.	Post	Name	Age	Height	Weight	Temp	Pulse	BP	Remarks
1	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	1st stage
2	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	2nd stage
3	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	3rd stage
4	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	4th stage
5	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	5th stage
6	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	6th stage
7	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	7th stage
8	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	8th stage
9	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	9th stage
10	Dr. Kumar	Dr. Kumar	28	150	55	37.5	90	120/80	10th stage

Totals: LSCS - 151
 Totals PKS - 146
 Totals BTL - 123
 Emergencies - 140
 Elective - 31
 08:00 PM to 08:00 AM

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
ANIL KUMAR CHANDRA RAY MADAN RAY SUDHAR KUMAR MADAN RAY	KARTIK KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR	SUNITHA DEVI NANITA DEVI MUSKAN BHARTI ANISHA KUMAR MADAN RAY MADAN RAY	ANIL KUMAR CHANDRA RAY MADAN RAY SUDHAR KUMAR MADAN RAY	MUSKAN BHARTI RANJIT KUMAR DARSHAN RAY JEEVAN SAH MADAN RAY	KARTIK KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR
ANIL KUMAR CHANDRA RAY MADAN RAY SUDHAR KUMAR MADAN RAY	KARTIK KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR	SUNITHA DEVI NANITA DEVI MUSKAN BHARTI ANISHA KUMAR MADAN RAY MADAN RAY	ANIL KUMAR CHANDRA RAY MADAN RAY SUDHAR KUMAR MADAN RAY	MUSKAN BHARTI RANJIT KUMAR DARSHAN RAY JEEVAN SAH MADAN RAY	KARTIK KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR SANTOSH KUMAR
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