Report on Monitoring of Programme Implementation Plan (PIP) under National Health Mission 2021-22

District: Khagaria

(Bihar)

Study Completed By

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February, 2022

Acknowledgement

The Monitoring of Programme Implementation Plan (PIP) under National Health Mission in twenty districts of Madhya Pradesh and Bihar has been completed with the financial assistance from the Ministry of Health and Family Welfare, Government of India to the Population Research Centre, Sagar, Madhya Pradesh. The grant provided and the facilitation by the Ministry officials, particularly from the Statistics Division of the Ministry, by informing the State officials about the study and the request to cooperate with the PRC team in conducting the study is gratefully acknowledged.

The PIP Monitoring study in Khagaria District of Bihar was successfully completed with the help and cooperation from District officials, especially Civil Surgeon, Deputy Superintendent and District Program Management Unit/District Health Society officials at various visited health facilities i.e. DH, SDH, CHC, PHC, APHC, SHC, schools & Aanganwadi and the responses by the different level respondents are all acknowledged.

We are grateful to all the staff members of their health facilities in providing all required information and support during the field visit in the district. We would like to thank all the ANMs, ASHAs, health service beneficiaries, Aanganwadi workers, school officials & students, community people who gave their time and responded to the structured questions with eagerness.

We would like to convey our special thanks to honourable District Magistrate (DM) cum Chairman, District Health Society, Khagaria, Shri Alok Ranjan Ghosh for providing us time in his much busy schedule and given lots of inputs for betterment of public health system as a whole and Khagaria district in particular.

Last but not the least; we would like to thank our PRC-DHSGU staffs for extending their support in all official and administrative process in smooth completion of this study.

February, 2022

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PRC Sagar

Abbreviation

ACO	Ambulance Controller Officer
APHC	Additional Primary Health Centre
AFHS	Adolescent Friendly Health Clinic
ALS	Advanced Life Support
ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
ASHWIN	ASHA Workers Performance and Incentive Portal
AWW	Aanganwadi Worker
BEmOC	Basic Emergency Obstetric Care
BLS	Basic Life Support
BMSICL	Bihar Medical Services and Infrastructure Corporation
BMW	Bio-Medical Waste
BPM	Block Programmer Manager
BSU	Blood Storage Unit
CAC	Comprehensive Abortion Care
CBAC	Community Based Assessment Checklist
CBCE	Community Based Care Extender
CBNAAT	Cartridge-Based Nucleic Acid Amplification Test
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
CHO	Community Health Officer
CPHC	Comprehensive Primary Healthcare
CTC	Child Treatment Centre
CS	Civil Surgeon
DAM	District Account Manager
DCM	District Community Mobilizer
DEIC	District Early Intervention Centre
DEO	Data Entry Operator
DH	District Hospital
DHAP	District Health Action Plan
DHS	District Health Society
DLQAC	District Level Quality Assurance Committee
DMC	Designated Microscopic Centre
DPC	District Program Coordinator
DPM	District Programmer Manager
DS	Deputy Superintendent
EC Pills	Emergency Contraceptive Pills
EDL	Essential Drugs List
EmOC	Emergency Obstetric Care
FMR	Financial Management Report
FPLMIS	Family Planning Logistics Management Information
FRU	First Referral Unit
G2D	Grade to Deformity
GPS	Global Positioning System
HBNC	Home Based Newborn Care
HMIS	Health Management Information System
HSC	Health Sub Centre
HWC	Health & Wellness Centre
IDSP	Integrated Disease Surveillance Programme
IDR	Infant Death Review
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IHIP	Integrated Health Information Platform
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standard
IUCD	Copper (T) -Intrauterine Contraceptive
JE	Janani Express (vehicle)
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LAMA	Left Against Medical Advice
LLIN	Long Lasting Insecticidal Net
LT	Lab Technician
LTT	Laparoscopy Tubectomy
LSCS	Lower Segment Caesarean Section
MAUC	Mid-upper Arm Circumference
MCH	Maternal and Child Health
MCP	Mother Child Protection Card
MDR	Maternal death Review
MMU	Medical Mobile Unit
MO	Medical Officer
MPW	Multi Purpose Worker
NBCC	New Born Care Corner
NBSU	New Born Stabilisation Unit
NCD	Non Communicable Diseases
NDP	National Dialysis Programme
NH	National Highway
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NMA	Non Medical Assistant
NPY	Nikshay Poshan Yojana
NQAS	National Quality Assurance Standards
NRC	Nutrition Rehabilitation Centre
NSSK	Navjaat Shishu Suraksha karyakram
NSV	No Scalpel Vasectomy
Ob&G	Obstetrics and Gynaecology
OCP	Oral Contraceptives Pills
ODF	Open Defecation Free
OPD	Outdoor Patient Department
OT	Operation Theatre
PFMS	Public Financial Management System
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PMU	Programme Management Unit
PMDT	Programmatic management of Drug
PPIUCD	Post-Partum Intra Uterine Contraceptive
PPP	Public Private Partnership
RBSK	Rashtriya Bal Swasthya Karyakram
RKS	Rogi Kalyan Samiti
ROP	Record of Proceeding
RNTCP	Revised National Tuberculosis Control
SAM	Severe Acute Malnourishment
SBA	Skilled Birth Attendant
SHC	Sub Health Centre
SN	Staff Nurse
SNCU	Special Newborn Care Unit
T.B.	Tuberculosis
TBHV	Tuberculosis Health Visitor
UDST	Universal Drug Susceptibility Testing
UPHC	Urban Primary Health Centre
USG	Ultra Sonography
VHND	Village Health & Nutrition Day
VHSC	Village Health Sanitation Committee

Contents

Quality Monitoring of PIP 2021-22 in Khagaria District (Bihar)

1. Introduction

The Ministry of Health and Family Welfare, Government of India, has involved its 18 Population Research Centres (PRC) for quality monitoring of Programme Implementation Plan (PIP) of NHM since 2012-13, in different states so as to cover monitoring of all the districts of India in a phased manner. During the year 2021-22, PRC Sagar is engaged in carrying out PIP monitoring of twenty districts of Bihar and Madhya Pradesh state. In this context a field visit was made to Khagaria district of Bihar in fourth week of October, 2021. PRC team visited Sadar Hospital (DH) Khagaria, Community Health Centre (CHC) Choutham, 24*7 Primary Health Centre (PHC) Mansi and Health Sub Centre (HSC) Thatha, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. This report provides a review of key population, socio-economic, health and service delivery indicators of the state and Khagaria District. Monitoring included critical areas like maternal and child health, immunization, family planning, adolescent health, AYUSH services, human resources, programme management, status of HMIS, MCTS & RCH portal data. Also evaluated new programme implemented like LaQshya, Kayakalp, Ayushman Bharat and Health and Wellness Centre (HWC) in the district. The report provides insight based on information collected from the service providers and programme managers during the visits to different health facilities in the district. Checklists for different health facilities were used to ascertain the availability of services. During monitoring, exit interviews of recently delivered women were carried out at DH Khagaria, CHC Choutham, 24*7 PHC Mansi and HSC Thatha for delivery care, ANC received, child immunization and general health services, to ascertain their opinion about the quality of services received. Secondary information was collected from the state web portal and district HMIS data available at the Programme Management Unit in the district.

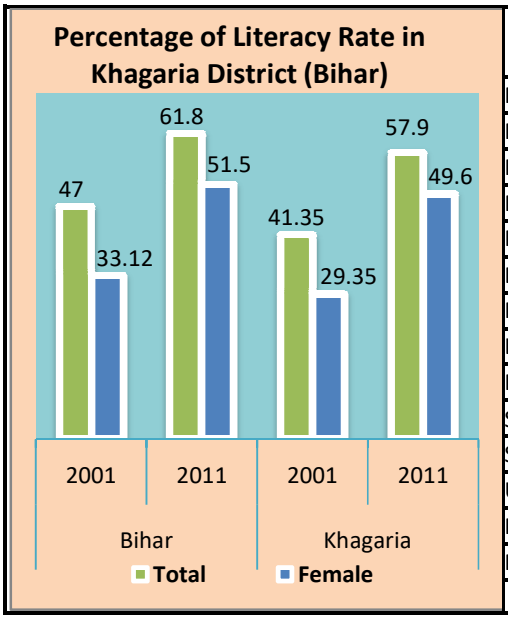
2. Overview of the District

2.1 District Profile

- Bihar is located in the eastern region of India. Bihar lies mid between the humid West Bengal in the east and the sub humid Uttar Pradesh in the west. It is bounded by Nepal in the north and by Jharkhand in the south. Bihar is distributed in 09 divisions, 38 districts, 101 sub-division, 534 CD-block, 8406 Panchayat Samiti and 45103 revenue villages for administrative purpose. The population of the Bihar (Census 2011) is 10,40,99,452 persons with 5,42,78,157 males & 4,98,21,295 females. The density of the population in the state works out to 1106 persons per sq. kms. Sex ratio in the state is 918 females per thousand males. The Literacy rate is 61.80 percent.

- Khagaria district is situated in the eastern part of Bihar province of India. The district is part of Munger division. Because of the division of the district on 10th May 1981 the present area of the district remains 1486 Sq. kms. It ranks 32rd among all districts in terms of area in state. The district is surrounded by Saharsa district in the north, Munger and some part of Begusarai district in the south, Madhepura and Bhagalpur district in the east, Begusarai and some part of Samastipur and Darbhanga districts in the west.
- The district is divided into seven blocks namely Alauli, Khagaria, Mansi, Chautham, Beldaur, Gogri and Parbatta. There are two statutory towns namely Khagaria (Nagar Parishad) and Gogri Jamalpur (Nagar Panchayat) in the district. As per Census 2011 Khagaria district has total 129 Gram Panchayats and 301 villages (Inhabited-245, Un-inhabited-56). It caters to a population of 1666886 (Male: 883786, Female: 783100) and density of 1122 persons per sq. kms. compared to 1106 persons of Bihar. The percentage of scheduled caste population is 14.83 whereas, that of the scheduled tribes is 0.04 in the district.

Key socio-demographic indicators



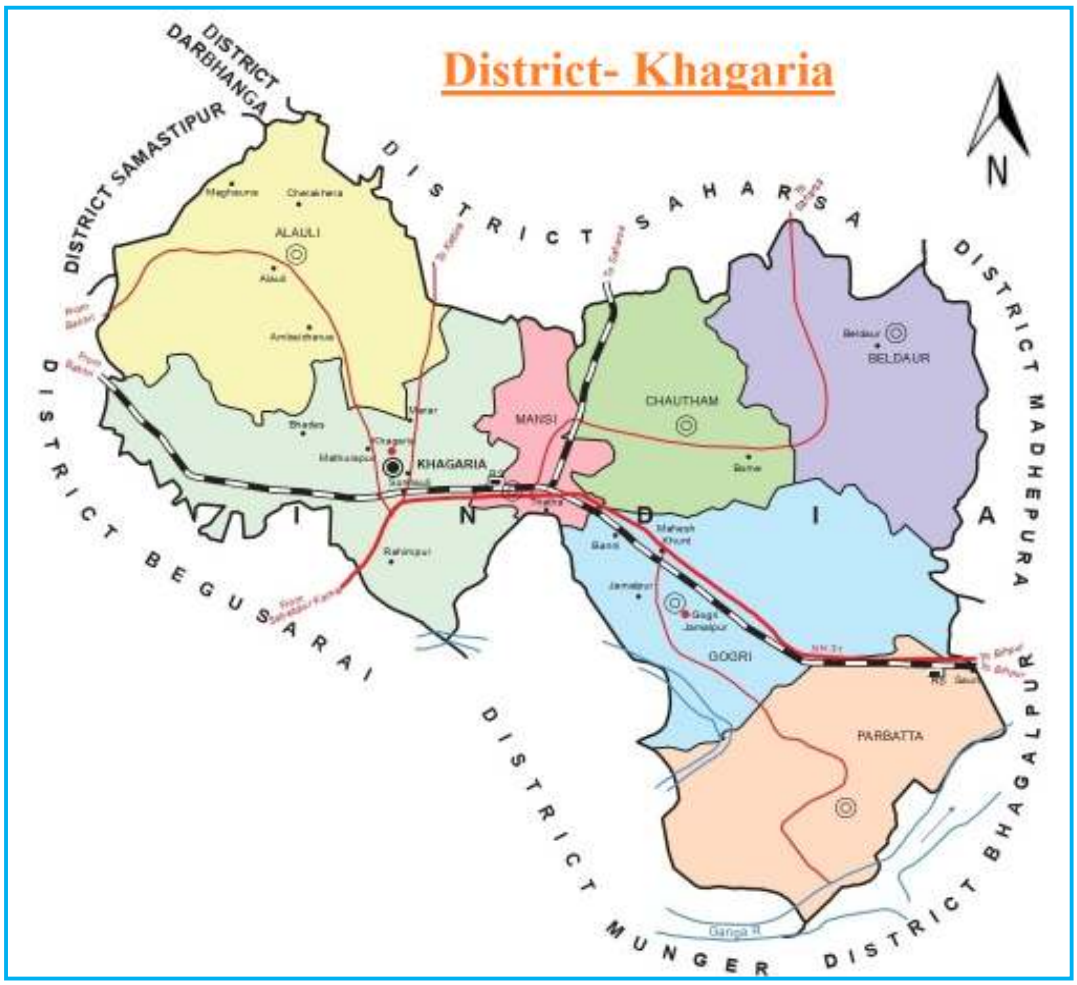
Indicator	Bihar		Khagaria	
	2001	2011	2001	2011
No. of Districts	37	38	1	1
No. of Blocks	533	534	7	7
No. of Villages	45098	44874	301	301
No. of Towns	130	199	2	2
Population (Million)	83.0	104.1	1.28	1.67
Decadal Growth Rate	28.62	25.42	29.69	30.19
Population Density (per ($Km^{2)}$	881	1106	862	1122
Literacy Rate (%)	47.00	61.80	41.3	57.9
Female Literacy Rate (%)	33.12	51.50	29.35	49.6
Sex Ratio	919	918	885	886
Sex Ratio (0-6 Age)	942	935	932	926
Urbanization (%)	10.46	11.29	5.96	5.23
Percentage of SC (%)	15.72	15.91	14.46	14.83
Percentage of ST (%)	0.91	1.28	0.03	0.04

Source: Census of India 2001,2011 various publications, RGI

- The decadal growth rate of Khagaria has increased from 0.5 percent during 2001-2011. The literacy rate of the district has increased by 16.6 percentage point during the decade. Total literacy rate is now 57.9 percent. Female literacy rate has increased by 20.3 points in Khagaria district from 29.3 percent in 2001 to 49.6 in 2011 which is lower than the state average (Bihar: 51.50 percent).

- The male-female ratio of Khagaria district is 886 females per thousand males in comparison to 918 per 1000 males for Bihar. The child sex ratio has decreased by 6 percentage points from 932 in 2001 to 926 in 2011, but is still less than the child sex ratio of the state (935/1000).
- Agriculture is the main occupation of the people of the district and also the main source of livelihood of the people. Rainfall still controls the agricultural economy of Khagaria district. The economy of the district is dependent entirely on agriculture and its two main allied activities, namely horticulture and dairy. Industrialization is completely absent. This district has potential for agro- based industries because of large production of banana and maize, but so far no industry has come-up.

2.2 Map of the Study District



3. Public Health Planning and Implementation of National Programmes in the District

3.1 District Health Action Plan (DHAP)

Khagaria district has prepared district programme implementation plan for current year and submitted to the state for verification. But the district has not received any approval from the state for preparation of district health action plan. Fund under the DHAP was released on August 13, 2021. There was no pending work related for construction in last two years.

Table 3.1: Information about District Health Action Plan (DHAP)

Indicators	Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state	Yes
Date of release PIP (2021-22)	13-08-2021 (PFMS)
Date of release first instalment of fund against DHAP	-
Infrastructure: Construction Status (2021-22)	
Details of Construction pending for more than 2 years	0
Details of Construction completed but not handed over	0

Source: District Checklist, NHM PIP Monitoring, 2021

3.2 Status of Public Health Infrastructures and health services available in the District

Public Health Infrastructures are one of the most important components for health care system in the district, which support the people of the area to get all health care services. Khagaria district has three community health centres (CHC), four primary health centres (PHC), 25 Additional Primary Health Centres (APHC) and 193 health sub centres (HSC) along with one 100 bedded district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and only one Nutritional Rehabilitation Centres (NRC) available to provide child health care services. Twenty two APHCs and 65 HSCs among 25 and 193 respectively has been converted into health & wellness centre in Khagaria district. There is only one blood bank and no blood storage unit available in the district. Blood transfusion is chargeable for general category and free for BPL and all obstetric and ANC patients. In Khagaria, there are 14 Designated Microscopy Centres (DMC), however due to non availability of lab technicians at 11 DMC only three DMCs are functional. There is also Seven Treatment Units (TU) available for providing screening and treatment of TB patients along with two TrueNat test facility sites in the district. There is also one Drug Resistant TB centres in the district. District Early Intervention (DEIC) is not available in the district. There is only one NCD clinics functional in

district at DH. The district doesn't have any Comprehensive Abortion Care (CAC) facilities. There are two first referral units (FRU) available in the district (table 3.2).

Table 3.2: Details of Health Facilities available in the Khagaria district

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	0	0
3. Community Health Centres (CHC)	3	3
4. Primary Health Centres (PHC)	4	4
5. Sub Centres (SC)	193	193
6. Urban Primary Health Centres (U-PHC)	0	0
7. Urban Community Health Centres (U- CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early intervention Centre (DEIC)	0	0
11. First Referral Units (FRU)	2	2
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	0
14. No. of PHC converted to HWC	23	22
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	72	65
17. Designated Microscopy Centre (DMC)	14	6
18. Tuberculosis Units (TUs)	7	7
19. CBNAAT/TruNat Sites	3	2
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases(NCD) clinic	4	1
22. Institutions providing Comprehensive Abortion Care (CAC) services	0	0

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.3 shows information related to health services available at public health facilities in the district. District is providing all drug and diagnostic services free of cost to all the beneficiaries. Around 45 types of lab test were conducted in the district. Institutional delivery services at health sub-centres (HSC) were not available in the district. There are seven APHCs/PHCs conducting more than 10 deliveries in a month and three CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month. There is no medical college available in the district. In Khagaria district, only one (1 Public & 0 Private) health facility (DH) is providing ultrasound services.

RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme. There are seven blocks in Khagaria district. Out of required 14 RBSK teams, only 11 RBSK teams are operational in the district along with 11 vehicles. None of the RBSK team is complete as per its norms. The average number of children screened per day per team is around 80-100 under RBSK programme.

Table 3.3: Availability of health services in the district

Indicator	Observation
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
Number of lab test notified	-
Status of delivery points in the District (2021-22)	11
No. of SCs conducting >3 deliveries/month	0
No. of 24X7 PHCs conducting > 10 deliveries /month	7
No. of CHCs conducting > 20 deliveries /month	3
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
No. of DH/ District Women and child hospital conducting C-section	1
No. of Medical colleges conducting > 50 deliveries per month	NA
No. of Medical colleges conducting C-section	NA
Number of institutes with ultrasound facilities (Public+Private)	1
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	-
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	8 PMSMA Sites
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	14
No. of teams with all HR in-place (full-team)	0
No. of vehicles (on the road) for RBSK team	11
No. of Teams per Block	2
No. of block/s without dedicated teams	0
Average no of children screened per day per team	80-100(Presently team involved in Covid related work)
Number of children born in delivery points screened for defects at birth	0

Source: District Checklist, NHM PIP Monitoring, 2021

3.3 Status of child health services in the District

In Bihar, almost in every district SNCU has been established. These SNCUs are established with an objective to reduce neo-natal mortality from preventable causes. Table 3.4 shows the children health status in the district. Children health services are poor in Khagaria district, as there is only one SNCU, one NRC is available and there is no NBSU available in the district. The only SNCU of district is 20 bedded and a total 512 children (inborn-397; outborn-115) have been admitted as per the records, 342 children were cured after treatment and 44 children were referred to a higher facility. In SNCU, it was reported that 76 children left earlier without informing or left against medical advice (LAMA) and 46 children died during admission during 2021-22 (upto October 2021). Out of 13 radiant warmer, only 10 were functional and three were not working for more than a week. One phototherapy machine was also not functional. There are 18 SNs, one DEO and 3 guards and one 4th grade staff are posted at SNCU. Two doctors are allotted for SNCU, but they are on leave for very long time. Presently there was only one paediatrician is providing service at DH.

In all delivery points in Bihar, NBCC have been made functional to prevent infection, to regulate the body temperature of neonates and resuscitation. A 20 bedded NRC has been started recently at DH campus in the district. There were 13 children admitted in NRC during our visit.

Table 3.4: Availability of Newborn and Child health care services in the district

Indicator		**Observation**
Special Newborn Care Units (SNCU) both DH & Medical College in the district (2021-22)		
Total number of beds		13
In radiant warmer		13
Step-down care		1
Kangaroo Mother Care (KMC) unit		1
Number of non-functional radiant warmer for more than a week		3
Number of non-functional phototherapy unit for more than a week		1
SNCU	**Inborn**	**Out born**
Admission	397	115
Defects at birth	3	0
Discharged	275	67
Referral	33	11
LAMA	59	17
Died	25	21
Newborn Stabilization Unit (NBSU) in the district (2021-22)		
NBSU	**Inborn**	**Out born**
Admission	NA	NA
Discharged	NA	NA
Referral	NA	NA
LAMA (Left Against Medical Advice)	NA	NA
Died	NA	NA
Nutrition Rehabilitation Centres -NRC (2021-22) Total district data		
Admission		
Bilateral pitting oedema		0
MUAC<115 mm		4
<'-3SD WFH		9
with Diarrhoea		0
ARI/ Pneumonia		0
TB		0
HIV		0
Fever		7
Nutrition related disorder		6
Others		0
Referred by		
Frontline worker		12
Self		0
Ref from VCDC/ CTC		0
RBSK		0
Paediatric ward/ emergency		1
Discharged		7
Referral/ Medical transfer		0
LAMA		0
Died		0
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		1350
No. of Newborns visited under HBNC		8765
No. of ASHA having drug kit		0

3.4 Status of Human Resources in Public Health Facilities in the District

Human resources are the most important components for any service delivery system and it is even more important in public health care system. Table 3.5 describes the status of human resources available at different public health facilities in Khagaria district. The table clearly shows that there is huge vacant HR post in the district; here also needs to know that the sanctioned post is approved several years back and as per present serviceable area and population, the sanctioned post itself is very low as per requirement. In district, out of sanctioned 45 specialist doctors only ten are working. There is no anaesthetist, dentist, pathologist and radiologist in the district. Only one child specialist is posted in the district and he was also on long leave. Among the total sanctioned regular post of 639 medical and paramedical staffs only 378 are working in the district. Similarly among the total sanctioned post of 429 NHM staffs only 147 are working in Khagaria district. Out of 81 sanctioned post of Medical officers only 40 are working, 60 staff nurses and 248 ANMs are working against their sanctioned post of 111 and 569 respectively. There are 18 lab technicians, one x-ray technician and 28 pharmacists are available against their sanctioned post of 28, 2 and 40 respectively. There are 20 AYUSH MO and eight AYUSH pharmacists are available against 30 and 14 sanctioned post respectively. There are 13 CHOs posted in Khagaria district at HWCs.

Table 3.5: Status of Human Resources at Public Health Facilities in the district

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	569	248	56.4
MPW (Male)	-	-	-
Staff Nurse	111	60	45.9
Lab technician	28	18	35.7
Pharmacist (Allopathic)	26	20	23.1
MO (MBBS)	81	40	50.6
OBGY	9	3	66.7
Paediatrician	9	1	88.9
Anaesthetist	9	0	100.0
Surgeon	9	3	66.7
Radiologists	2	0	100.0
Other Specialists	7	3	57.1
Dentists/ Dental Surgeon/ Dental MO	8	0	100.0
Dental technician	0	0	0
Dental Hygienist	0	0	0
Radiographer/ X-ray technician	2	1	50.0
CSSD Technician	0	0	0
OT technician	0	0	0
CHO/ MLHP	NA	13	NA
AYUSH MO	30	20	33.3
AYUSH Pharmacist	14	8	42.9

3.5 Status of Referral Transport in the District

Referral transport service is an integral part of health care services. This is very essential for access to critical health care, emergencies, trauma care for remote and outreach areas and in rural areas. In Bihar, the "108" service is running under PPP model. The "*Samman Foundation"* in association with *"Pashupatinath Distributers Private Limited"* is running "108" service in Bihar. In Khagaria, there are 13 "108" emergency response vehicles along with one Advanced Life Support vehicle in the district. There is no any Mobile Medical Unit (MMU) functional in the district. The referral transport service in the district is running through centralised call centre from state. Almost all the 13 vehicle's condition is very poor, it is in the unrepairable stage.

Table 3.6: Status of Referral Transport in the district

Referral Transport		
No. of Basic Life Support (BLS) (on the road) and their distribution (Block wise number)	'108' Vehicle - 13	
No. of Advanced Life Support (ALS) (on the road) and their distribution	01 (Bihar Government & PPP)	
	ALS	**BLS**
Operational agency (State/ NGO/ PPP)	PPP	PPP
If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
Average number of calls received per day	-	3
Average number of trips per ambulance per day	-	5
Average km travelled per ambulance per day	-	180
Key reasons for low utilization (if any)	-	-
No. of transport vehicle/102 vehicle (on the road)	'108' Vehicle used for PNC	
If the vehicles are GPS fitted and handled through centralized call centre		Yes
Average number of trips per ambulance per day		-
Average km travelled per ambulance per day		-
Key reasons for low utilization (if any)		-

Table 3.7: Status of ASHAs and Social Benefit Schemes related to them in the district

Indicator	**Observation**
Number of ASHAs	
Required as per population	1657
Selected	1530
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	731
No. of villages/ slum areas with no ASHA	135
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	219
No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	24
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	104
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	29
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	368
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	28
Any other state specific scheme_____	-
Mahila Arogya Samitis (MAS)-	

No. of MAS Formed	-
No. of MAS Trained	-
No. of MAS account opened	-
Number of facilities NQAS certified in the district	0
No. of health facilities implemented Kayakalp	4
No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	0
Activities performed by District Level Quality Assurance Committee (DQAC)	0

3.6 Status of Fund Allocations, Expenditure and Utilization

District has provided Financial Management Report (FMR) and Programme Wise budget details as they received under NHM item-specific budget heads. Table 3.8 shows that the highest allocated budget is in Community Intervention then in Facility Based Service Delivery and Human Resources (Service Delivery). It is found that utilization of budget is less than 50% in most of the FMR. The reason for low utilization is mostly due to slow administrative process and approval among concerned authorities. Sometime sanctioned of late budget allocation from the state is also the reason for low utilization. The details of funds allocation and its utilization are as follows:

Table 3.8: Status of Fund Utilization in the District

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
FMR 1: Service Delivery: Facility Based	1140.56839	382.2057
FMR 2: Service Delivery: Community Based	210.96526	36.98987
FMR 3: Community Intervention	1374.45858	32.49489
FMR 4: Untied grants	91.65000	16.80115
FMR 5: Infrastructure	389.82000	25.67978
FMR 6: Procurement	185.45130	81.49751
FMR 7: Referral Transport	329.43440	166.94343
FMR 8: Human Resource (Service Delivery)	1005.37856	135.07063
FMR 9: Training	113.16696	.08964
FMR 10: Review, Research and Surveillance	6.89910	0
FMR 11: IEC-BCC	17.49463	0
FMR 12: Printing	.64182	0
FMR 13: Quality	23.57949	0
FMR 14: Drug Warehouse & Logistic	35.24251	21.87632
FMR 15: PPP	28.21500	0
FMR 16: Programme Management	235.75170	109.52383
FMR 16.1: PM Activities Sub Annexure	74.12471	14.48225
FMR 17: IT Initiatives for Service Delivery	5.99250	0
FMR 18: Innovations	4.72000	0

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.9 shows that under RCH and Health Systems flexi pool budget allocation is highest under the ASHA's salary & incentives followed by Maternal Health. The details of funds allocation and its utilization are as follows:

Table 3.9: Status of Fund Utilization in the District (Programme wise)

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
RCH and Health Systems Flexipool		
Maternal Health	1284.77000	334.64021
Child Health	42.76488	1.91676
RBSK	41.94800	17.85800
Family Planning	252.23150	78.35223
RKSK/ Adolescent health	.55000	0
PC-PNDT	.30000	0
Immunization	341.15792	41.63889
Untied Fund	91.65000	16.80115
Comprehensive Primary Healthcare (CPHC)	10.95000	3.57000
Blood Services and Disorders	0	0
Infrastructure	388.84000	24.23724
ASHAs	6389.44075	4.43507
HR	1007.13606	179.28142
Programme Management	267.79170	45.65452
MMU	0	0
Referral Transport	309.84000	119.98930
Procurement	157.58385	81.10726
Quality Assurance	3.12600	0
PPP	0	0
NIDDCP	0	0
NUHM	1.45000	0
Communicable Diseases Pool		
Integrated Disease Surveillance Programme (IDSP)	4.30000	8.47370
National Vector Borne Disease Control Programme (NVBDCP)	166.12748	30.89574
National Leprosy Eradication Programme (NLEP)	57.11964	0
National TB Elimination Programme (NTEP)	92.21029	40.98135
Non-Communicable Diseases Pool		
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	-	-
National Mental Health Program (NMHP)	2.51000	0
National Programme for Health Care for the Elderly (NPHCE)	0	0
National Tobacco Control Programme (NTCP)	1.67500	0
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	65.99111	0
National Dialysis Programme	-	-
National Program for Climate Change and Human Health (NPCCHH)	.06000	0
National Oral health programme (NOHP)		
National Programme on palliative care (NPPC)	-	-
National Programme for Prevention and Control of Fluorosis (NPPCF)	-	-
National Rabies Control Programme (NRCP)	-	-
National Programme for Prevention and Control of Deafness (NPPCD)	-	-
National programme for Prevention and Management of Burn & Injuries	-	-
Programme for Prevention and Control of Leptospirosis (PPCL)	-	-

Source: District Checklist, NHM PIP Monitoring, 2021

4. Status of Service Delivery in the District

4.1 Service Availability as Perceived by Community

A structured tool is used to understand the community perspective about their health seeking behaviour. Community level interaction has been done with villagers of HSC Thatha area. As informed almost all villagers preferred public health facilities for health care services. People also shared that behaviour of the public health service provider is very good. Most of the services related to ANC, PNC, FP services (OCP, ECP, condom etc.) and immunization services are available at HSC Thatha.

Generally for drugs, diagnostic and referral transport, people utilize public health facilities (HSC, PHC, CHC) situated nearby to their village. For any major health issues they visit to DH Khagaria. As informed by community people, there is no any good private hospital in the district, so people are mostly dependent on public health system only. Almost all the interviewed community people informed that, there is no any out of pocket expenses at public health facilities and most of them were happy with the behaviour of health service providers.

Villagers are living with very simple lifestyle; most of them are poor and mostly dependent on agriculture. Almost all the respondent has toilet facility. Along with LPG, people are also using wood, cow dung cake for cooking. They are using hand pump and government provided tap water for drinking, all of them are using iodine salt.

ASHA's knowledge, skills and services perceived by the community people are satisfactory. During interaction with ASHA's, they informed that most of them received the 7th Module training and performing supportive supervision. All the ASHAs at different health facilities informed that, there is huge pendency in the payment of their incentives.

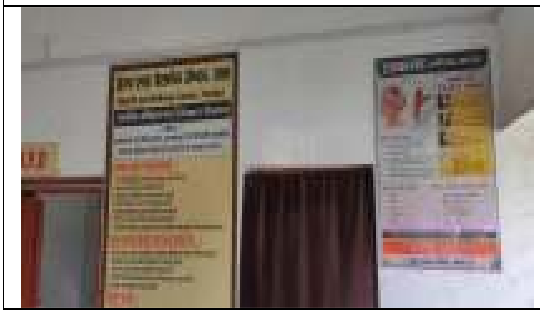
Community people interviewed at HSC Thatha informed that, they are getting ANC, PNC, Immunization, Contraceptive, adolescent health counselling services at HSC itself. When asked about some other named diseases and rendering their treatment, peoples response was different for different diseases like for Leprosy, TB they prefer public health facility however for hypertension, diabetes they prefer to go private first. Foe emergency services like burn, accidents firstly they prefer to go government facility.

As informed by community people, HSC Thatha needs to be covered with high boundary wall, as it is situated very adjacent to national highway. People also demands to have delivery facility at the HSC along with some test and medicines facility.

4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Sub Health Centre/ HWC - Thatha

- HSC Thatha is located adjacent to national highway. It is a two bedded health facility. HSC is running in an old building and there is need of repairing and renovation in the building. As HSC is on the edge of NH 31, so there is urgent need of high end boundary wall for security as well getting rid of water logging issue at HSC. The next referral point from HSC is PHC, Mansi which is around 4 kilometres from the centre.
- Electricity connection is available however there is no power back-up facility at HSC Thatha.
- General OPD, NCD normal screening and first aid treatment on injury services are available at HSC, as being HWC, CHO is providing Tele-Consultation service through e-sanjeevani app with an average of 20 cases per day at the centre.
- Neither the facility nor the available services are as per IPHS norms at HSC Thatha. There are one CHO and one ANM posted at HSC Thatha, both are not residing at HSC village as there is no quarter facility available at the centre.
- As per IT service is concerned, there is no laptop/desktop and tablet available with CHO and ANM respectively. Neither ASHAs has smart phone available in HSC area. Internet facility is also not available at HSC.
- Out of total 30 EDL drugs, all types of drugs were available on the day of visit. Anti TB drug was not available at HSC. There was no shortage any drugs at HDC. Drugs available for hypertension and diabetes are Telmisartan, Metformin and Glimipride at HSC Thatha.
- Key challenges observed in the facility are, building conditions which need urgent repairing and renovation. Restarting of delivery care services is needed, as it has stopped due to transfer of the existing ANM. CHO doesn't have laptop or smart phone to perform their duty. She is using her personal mobile phone for tele-medicine consultation service. Electricity back-up facility needs to be available at HSC on urgent basis. Untied fund of HSC has not been provided to the centre till the time of PRC team visit. As per the sanctioned post of two ANMs and one CHO only CHO was working at HSC. No ANM is posted at HSC Thatha. Pendency in payment of salary and incentives to ASHAs linked with SHC is a major issue.

Main Entry Gate of HSC Thatha	*Meeting with CHO and MO I/c*
	
HSC Thatha premises	*Internal courtyard of HSC*
	
HSC Labour room entrance	*HSC Labour room with NBCC*
	
HSC OPD room	*RO Drinking Water facility at HSC*
	
IEC on wall at HSC	*BMW bin boxes*
	

4.2.2. Primary Health Centre/ HWC - Mansi

- PHC Mansi is a six bedded health centre accessible to the nearby concrete main road; however reaching PHC is a bit problematic due to congested road to reach. PHC is running in very old building and its condition is very bad and unrepairable. Actually PHC is running in old APHC building. New construction of PHC building along with staff quarters is urgently needed to smooth functioning and providing health care services to the large population of this area. The next referral point from PHC is Sadar Hospital (DH), Khagaria which is around 8 kilometres from the centre.
- PHC Mansi is also designated as Health and Wellness Centre (HWC). The building infrastructural condition is as follows:

Indicator	Observation
24*7 running water facility	Yes
Facility is geriatric and disability friendly (Ramps etc.)	No
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup	Yes
Branding	No

Source: PHC Checklist, NHM PIP Monitoring, 2021

Electricity facility is available with power back-up at PHC Mansi.

- PHC Mansi has general OPD/IPD services, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, drug and diagnostic (12 types of test facility) and other primary health care related services are available. However presently pathological test are not functional due to all LTs involvement in Covid 19 testing and vaccination process. There is no NBSU at PHC Mansi. Tele-Consultation services are not available at the centre; however one doctor is nominated for the same. Yoga facility is also not available at the PHC. PHC has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc. Total 944 deliveries have been performed at PHC since May 2021 to October 2021.
- As per IT service is concerned, there is laptop and tablet available with the concerned designated staffs of PHC. ASHAs doesn't have smart phone as well. Internet facility is available with good quality band at PHC.
- Out of total 84 EDL drugs, 63 types of drugs were available on the day of visit. There was

shortage of five drugs namely, Inj Hydrocortisone, Inj Arilkacine 500mg, Inj Etophylline+Theophylline, Inj Adrenaline, Tab Gleperidine 1mg at PHC in last 30 days. There is no any shortage of drugs for hypertension and diabetes at PHC.

- Human resources available at PHC is as follows:

HR	Sanctioned	Regular	Contractual
MO (MBBS)	03	03	1
Dental MO	01	01	0
MO (AYUSH)	02	0	02
SNs/ GNMs	0	0	0
ANM	02	02	0
LTs	01	0	01
Pharmacist	01	01	0
Health educator	01	01	0
Ward boy	04	01	0

Source: PHC Checklist, NHM PIP Monitoring, 2021

- All the diagnostics services are free for all the patients at PHC Mansi. There is no functional operation theatre at PHC.
- PHC Mansi is Designated Microscopy Centre under TB elimination programme.
- Biomedical waste has been collected by "Synergy Waste Management Private Limited" on daily basis. There is also sharp and deep burial pit at the centre.
- Key challenges observed in the facility are, poor building conditions. PHC is running in very old building and its condition is very bad and unrepairable. Actually this is an old APHC building. New construction of PHC building along with staff quarters is urgently needed for smooth functioning of PHC as per IPHS norms. Neither the facility infrastructure nor the available services are as per IPHS norms at PHC Mansi. Labour room of PHC is small in size and not as per LR protocol. Long pendency in payment of salary and incentives to ASHAs linked with PHC is a major issue. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis.

Main Entry Gate of PHC Mansi	*PRC team with MO and Staffs of PHC*
	

PHC OPD room	*Covid 19 frontline worker (Skill India)*
	
Dental section of PHC	*PHC staffs details on display*
	
PRC team visit to Secondary School, Chukati village	*PHC Labour room*
	
Covid vaccination centre	*Drug distribution centre*
	

4.2.3. Community Health Centre - Choutham

- CHC Choutham is accessible to the nearby concrete road; however it is situated very far from Choutham town. CHC Choutham is a 30 bedded health centre, which is upgraded from PHC to CHC around three years back. Post upgradation MCH care services building has been constructed, however, there is no ramp facility in the CHC building. There is no lift facility as well. As informed by the authority, the old part of the PHC building can be demolished and new construction of CHC building as per IPHS norms will help in smooth

running of the facility. HR is a major issue at CHC as well in all other health facilities in the Khagaria district. The next referral point from CHC is Sadar Hospital (DH), Khagaria which is around 28 kilometres from the centre.

- CHC Choutham has general OPD, IPD, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing. There is no NBSU and NRC at CHC Choutham. It has also drug and diagnostic (20 types of test facility) and other primary health care related services are available. CHC has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc.
- CHC Choutham present building infrastructural condition is as follows:

Indicator	Observation
24*7 running water facility	Yes
Facility is geriatric and disability friendly (Ramps etc.)	No
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup	Yes

Source: CHC Checklist, NHM PIP Monitoring, 2021

- CHC Choutham has 24*7 electricity facility with complete hospital power back-up DG sets.
- Human resources available at CHC is as follows:

Human Resources	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	-	-	-
Obstetric Gynaecologist	-	-	-
Paediatrician	-	-	-
Anaesthetist	-	-	-
MO (MBBS)	12	04	01
MO (AYUSH)	-	-	-
GNMs	16	04	02
ANM	-	-	-
LTs	04	0	0
Pharmacist	02	0	0
Public Health Manager (NUHM)	01	0	01

Source: CHC Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at CHC. None of the parameters, i.e. infrastructure, services, HR etc. is as per IPHS norms at CHC Choutham. CHC neither have any specialist doctor nor have any specialised services available. In name of emergency only general emergency service is available at CHC.

- As per IT service is concerned, there is desktop, laptop and tablet available with the concerned designated staffs of CHC and BHMU however there is shortage of desktop and

laptop as per requirements. Internet facility is available; however there is very poor signal quality of internet at CHC.

- Almost all the displayed EDL drugs list at CHC are available in the drug store. There was shortage of five EDL drugs namely, Ampicillin Inj, Paracetamol Tab, Diclofenac Tab, Ceftrasine Inj and Metronidazole syrup at the CHC in last 30 days on the day of team visit. There was minimal shortage of consumables at CHC Choutham.
- All the drug and diagnostics services are free for all the patients at CHC Choutham. There is one functional minor operation theatre at CHC, which is only used for LTT service. LTT performed on fixed days and twice in a week by the doctor from district.
- LaQshya is not implemented at CHC Choutham. The facility was taking initiative to implement the LaQshya as early as possible. Kayakalp internal assessment has done in the CHC. The Kayakalp scorecard is 40.14% and Eco-Friendly scorecard is 41.43% of CHC Choutham in internal assessment for 2021-22.
- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting was not held for more than two years in CHC Choutham.
- Biomedical waste management services are outsourced at CHC Choutham. The “Synergy Waste Management Private Limited, Bhagalpur” does collection of BMW on daily basis. There is also sharp and deep burial pit at the centre.
- Key challenges observed in the facility are, lack of HR, CHC building was not as per its protocol, non availability of specialised services as well as no specialist doctors at CHC Choutham. Non availability of any staff quarters at CHC is a big constraint in its functioning as 24x7 health centre. Non implementation of LaQshya in Labour room is a major issue. There is no blood bank or blood storage unit at CHC. Long pendency in payment of salary and incentives to ASHAs linked with CHC Choutham as well as in Khagaria district is a major issue. There is no X-ray facility at CHC. Hospital ambulance was in very bad condition, the outsource company “PDPL” is not doing any maintenance of the ambulance. Several national health programs are not running at CHC due to lack of designated staffs. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis.

Main Entry Gate of CHC, Choutham	*Meeting with MOI/c and BHMU staffs*
	
CHC Labour room	*Labour room with NBCC*
	
CHC premises	*Clean gallery at CHC*
	
Condom condition of ambulanceat CHC	*CHC got extra beds during Covid 19*
	
CHC Block in old PHC building	*Old PHC building of CHC*
	

4.2.4. District Hospital – Khagaria

- DH Khagaria is easily accessible from the main road. DH is running in newly constructed building and overall infrastructure and cleanliness of the facility was very good. Although DH infrastructure is good but there is huge issue of water logging in the DH premises. There is urgent need of water blotting system in different parts of DH premises. There are need of staff quarters for MO and other staffs for DH. The District Hospital is 100 bedded fully functional tertiary level health care hospital.
- The present building infrastructural condition is as follows:

Indicator	Observation
24*7 running water facility	Yes
Facility is geriatric and disability friendly (Ramps etc.)	Yes
Clean functional toilets available (separate for Male and female)	Yes
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	Yes
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes
Power backup	Yes

Source: DH Checklist, NHM PIP Monitoring, 2021

DH Khagaria has 24*7 electricity facility available with power back-up.

- Operation theatres are available at Sadar Hospital (DH). There are functional Single general OT, Obstetrics & Gynaecology OT and Elective major general OT. However Elective major Orthopaedic OT, Ophthalmology/ENT OT and Emergency OT was not functional due to non availability of respective surgeons. There is functional Blood Bank at DH Khagaria, however it was not as per norms. There are also five private paying wards at DH.
- DH has general OPD, IPD, 24*7 delivery care services, NCD screening, Covid 19 vaccination and testing, NRC services. DH has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It has also drug, diagnostic and all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc. Apart from these general services below are the specialised services available at DH, Khagaria:

Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Remarks
Medicine	Yes
O&G	Yes
Paediatric	Yes
General Surgery	Yes
Anaesthesiology	Yes
Ophthalmology	No

Dental	Yes
Imaging Services (X – ray)	Yes
Imaging Services (USG)	Yes
District Early Intervention Centre (DEIC)	No
Nutritional Rehabilitation Centre (NRC)	Yes
SNCU/ Mother and Newborn Care Unit (MNCU)	Yes
Comprehensive Lactation Management Centre (CLMC)/Lactation Management Unit (LMU)	Yes
Neonatal Intensive Care Unit (NICU)	No
Paediatric Intensive Care Unit (PICU)	No
Labour Room Complex	Yes
ICU	No
Dialysis Unit	Yes
Emergency Care	Yes
Burn Unit	Yes
Teaching block (medical, nursing, paramedical)	No
Skill Lab	No

- Apart from above mentioned services, there is general emergency and Triage management services. However resuscitation and stabilization under emergency services was not available at DH. Tele-medicine/Consultation services were also available at DH.

- Human resources available at DH is as follows:

Human Resources	**Sanctioned**	**Working (Reg)**	**Working (Cont)**
Specialists			
Medicine	03	01	0
Obstetric Gynaecologist	06	01	0
General Surgeon	03	02	0
Paediatrician	01	01	0
Anaesthetist	03	0	0
Other Specialists	12	02	02
MO (MBBS)	20	20	0
MO (AYUSH)	04	0	0
SNs/ GNMs	115	58	0
ANM	-	-	-
LTs	12	01	0
Pharmacist	09	03	0
Matron	-	-	-
Nursing Sister	-	-	-
MSN	-	-	-
Ward boy	-	-	-

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 28 Specialists doctors only seven are posted at DH. Other than infrastructure, none of the parameters, i.e., services, HR etc. is as per IPHS norms in DH.

- As per IT service is concerned, there is desktop/laptop and tablet available with the

concerned designated staffs of DH, however the availability of desktops and laptops are not as per requirements. Internet facility is available but signal quality was not good.

- At Sadar Hospital (DH) Khagaria, all types of designated EDL medicines were available and there was no any shortage of any EDL in last 30 days on the day of PRC team visit. There was also sufficient supply of consumables at DH Khagaria.
- All the drug and pathological tests are free for all the patients at district hospital. However, x-ray service and dialysis service are running on PPP model. Dialysis service is provided by 'NephroPlus Dialysis & Kidney Care' under PPP model at DH Khagaria. It was chargeable for non BPL patients.
- LaQshya is implemented in district hospital and score of Labour Room and Operation Theatre is 53% and 34% respectively for this year internal assessment of DH Khagaria. Kayakalp internal assessment also done in DH and has score of 37% and eco-friendly score is 37.62% in internal assessment for 2021-22.
- In DH 261 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 1 was OPD patients and 260 were IPD patients. Around Rs.22.29 lakhs have been submitted for pre-authorization and claims amounting Rs. 19.38 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Khagaria Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	261
Out Patients	1
In Patients	260
Death Cases	0
Surgeries/Therapies Done	224
Surgeries/Therapies Done Amount (Rs.)	1938940
Preauthorization Initiated	253
Claims Submitted	224
Amount Preauthorized in (Rs.)	2229300
Amount of Claims Submitted in (Rs.)	1938940

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting was not held in recent years due to Covid 19 issue. The RKS & NHM budget detail for year 2020-2021 year is as follows:

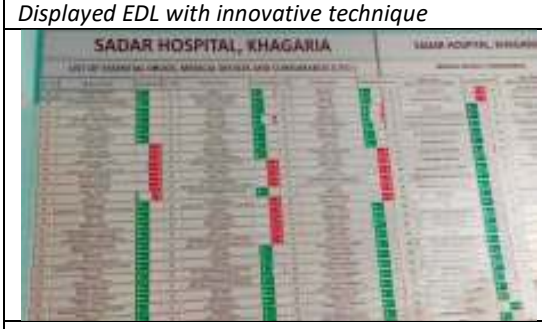
DH RKS Budget for Year 2020-2021	
Item	**In Rupees**
Opening balance	2043978
Cumulative balance	11500000
Total balance	13543978
Total Expenditure	11885997

DH NHM Budget for Year 2020-2021	
Item	**In Rupees**
Opening balance	1300000
Cumulative balance	1300000
Total balance	1300000
Total Expenditure	540316

Source: DH Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at DH. The 'Synergy Waste Management Private Limited, Bhagalpur' is the outsourced company which collect the BMW from the district hospital mostly on daily basis.
- MAMTA Didis (counsellors) are posted in DH and CHC labour room, who counsel the delivery care beneficiaries in PNC ward. This is a very positive initiative by health department in Bihar.
- Deputy Superintendent and Hospital Manager, DH are very active and done several innovative works for smooth functioning of DH and making it a model Sadar Hospital.
- 'DIDI KI RASOI' is an initiative of government of Bihar for running kitchen at every DH on PPP model along with "JEEVIKA" self help group women. It was found nicely functional at DH.
- District Magistrate cum Chairman, District Health Society has assured for his full support in overall development of DH and other health facilities of the district, however he also put his resentment on the working of civil surgeon. He insisted that district administration is always ready to provide all types of support but at the same time district health administration should be proactive and lead from the front.
- Key challenges observed in the facility are, non availability of adequate doctors and paramedical staffs. There are only seven specialist doctors against the sanctioned post of 28 in DH Khagaria. Several specialised health care services were not available at DH. Water logging in DH premises is a major issue. There is huge need of staff quarters for doctors and other staffs for 24*7 smooth functioning of the hospital. There is no DIEC functional in the district. SNCU needs renovation work on priority basis at DH. Two paediatricians, who are also allotted to look after SNCU, were on long leave which leads to no child health care service at DH. This issue needs to be address immediately. As informed by CS, district doesn't receive salary and incentives from state for the additional temporary manpower utilised for Covid 19 work. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of

technical staffs has been done on regular basis.

Main Entry Gate of Sadar Hospital (DH), Khagaria	*Meeting with Deputy Superintendent, DH*
	
Displayed EDL with innovative technique	*Meeting with District Magistrate, Khagaria*
	
Functional Didi ki Rasoi	*Didi ki Rasoi kitchen at DH*
	
Meeting with ASHAs	*Interaction with NRC beneficiary*
	
Patient Waiting area at DH	*DH Labour room entry gate*
	

5. Discussion, Summary and Key Recommendations

During the year 2021-22, PRC is engaged in Monitoring of Programme Implementation Plan (PIP) 2021-22 of twenty districts of Madhya Pradesh and Bihar state. In this context a field visit was made to Khagaria district of Bihar in last week of October, 2021. PRC team visited Sadar Hospital (DH) Khagaria, Community Health Centre (CHC) Choutham, 24*7 Primary Health Centre (PHC) Mansi and HSC Thatha, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. PIP study done to provide insights based on information collected from the service providers and programme managers and looked into the critical areas like maternal and child health, family planning, adolescent health, AYUSH services, human resources, status of HMIS, RCH portal, different fund flow & utilization, running of several national health programs, infrastructures, implementation of important health programmes like LaQshya, Kayakalp, Ayushman Bharat, Health and Wellness Centre (HWC) at the visited health facilities in the district and assess the major problem area along with its root causes.

Community level perception strongly proclaimed that majority of the population preferred public health facilities for their primary health care services and they only go to private facility for any critical health situations. Most of the services related to ANC, PNC, FP services (OCP, ECP, condom etc.) and immunization services are locally available HSC (HWC). Out of pocket expenses at public health facilities are almost zero and most of them were satisfied with the behaviour of health service providers as well. So it can clearly be noticed that strengthening of primary health care system (as government doing through health & wellness centre) at smaller unit can address the larger population's primary health care need in the community.

Lack of regular as well as contractual staffs in all categories is a major issue in smooth functioning of any health service delivery facilities in the district. Contractual staff's service related issue also needs to be address, as there is already a major crunch of HR in all the health facilities of Khagaria district. Long pendency in payment of ASHAs salary and incentives in Khagaria as well as in Bihar was a major issue. This is happening due to recently launched 'ASHWIN' portal for ASHA's work assessment and linked to their salary & incentives timely payments, but due to technical glitches and non seriousness of higher authorities, the main core motto of the app is getting hamper. Senior authorities at state level needs to address this issue on most urgent basis to get rid of ASHA's payment pendency.

Presently whole of the health care system are focusing on Covid 19 management process, complete vaccination coverage for all eligible population, which also hampering several other health programs in the district.

Key Recommendations

- None of the visited facilities are running as per IPHS norms. Lack of staffs is one of the most important reasons for the same. Other than DH Khagaria, none of the visited health facilities accomplish infrastructure norms under IPHS as well. Some has lack of space, unavailability of proper infrastructure, non availability of required health services either due to HR or non availability of required specialised service facility. The issue of HR and some infrastructural construction is needed to execute the smooth functioning of health facilities as per their norms in the district.
- Diagnostic services at different health facilities are not available as per their existing level. CHC Choutham doesn't have X-ray service. DH doesn't have CT scan, MRI services. Different FRUs in the district doesn't have appropriate health care services as per required norms.
- CHC doesn't have caesarean section delivery service. OT is non functional, neither have blood bank or blood storage unit nor have required HR and equipments. DH also doesn't have several specialised health care service facility.
- Sadar Hospital (DH) Khagaria has a major issue of water logging issue and there was urgent need of construction of 4-5 water blotting in the premises for getting rid of water logging issue.
- Training and orientation of health staffs about different health programmes and also refresher training of technical staffs has to be planned at higher level and training schedule needs to be implemented at ground level with complete letter and spirit.
- There is lack of effective implementation of IT infrastructure, equipments, internet connectivity in several facilities, which leads to poor data management and reporting.
- Program management unit (DHS/BHMU) are not very active in programme planning and implementation process. This happens due to vacant of several HR position and lack of administrative responsibility among the existing staffs.
- Outsourced staffs have huge payment pendency as well as under payment issues, which leads to poor performance by them. These staffs should be merged with NHM contractual

staffs for quality work performance and smooth functioning of the health facilities and also get rid of the exploitation by the contractor.

- ASHA payment pendency issue due to recently launched 'ASHWIN' portal for ASHA's work assessment and their salary & incentives timely payments, but due to technical glitches and non seriousness of higher authorities, the main core motto of the app is getting hamper. Senior authorities at state level needs to address this issue on most urgent basis to get rid of ASHA's payment pendency in the district.