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

District: Madhepura

(Bihar)

Study Completed By

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PRC Sagar

Abbreviation

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

Contents

Quality Monitoring of PIP 2021-22 in Madhepura 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 Madhepura district of Bihar in third week of December, 2021. PRC team visited Sadar District Hospital (DH) Madhepura, Community Health Centre (CHC) Puraini, 24*7 Primary Health Centre (PHC) Gamaharia, Additional Primary Health Centre (APHC) Orai and HSC Babhani, 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 Madhepura 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. The reference point for examination of issues and status was for the month of December, 2021 for all selected facilities. 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 Madhepura, CHC Puraini, 24*7 PHC Gamaharia, APHC Orai and HSC Babhani 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.

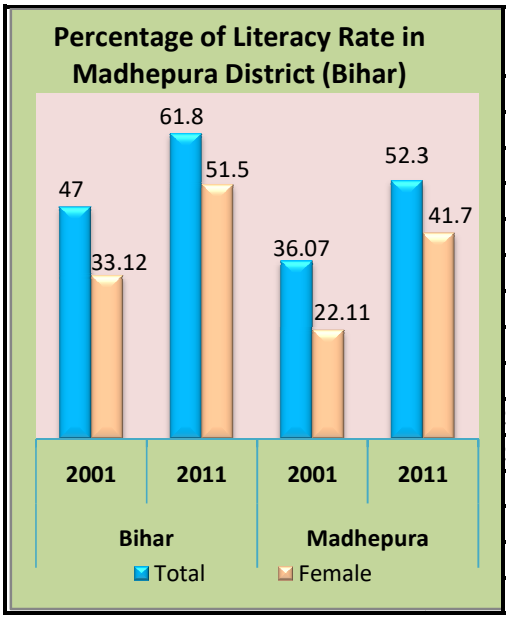
2. Overview of the District

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 10,40,99452 persons with 5,42,78157 males & 4,98,21295 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.

- Madhepura district is situated in the plains of river kosi and located in the North Eastern part of Bihar State. The district is part of Kosi division (head quarter-Saharsa). Because of the division of the district on 9th May 1981 the present area of the district remains 1788 Sq. kms. It ranks 29th among all districts in terms of area in state. The district is surrounded by Supaul and part of Araria districts in the north, Saharsa and Khagaria districts in the west, Bhagalpur district in the south and Purnia and Araria districts in the east.
- The district consists of two sub-divisions namely, Madhepura and Kishanganj. There are two statutory towns namely Madhepura (Nagar Parishad) and Murliganj (Nagar Panchayat) in the district. As per Census 2011 Madhepura district has total 170 Gram Panchayats and 439 villages (Inhabited-380, Un-inhabited-59). It caters to a population of 2001762 (Male: 1047559, Female: 954203) and density of 1120 persons per sq. kms as compared to 1106 persons of Bihar. The percentage of scheduled caste population is 17.30 whereas, that of the scheduled tribes is 0.63 in the district.

Key socio-demographic indicators



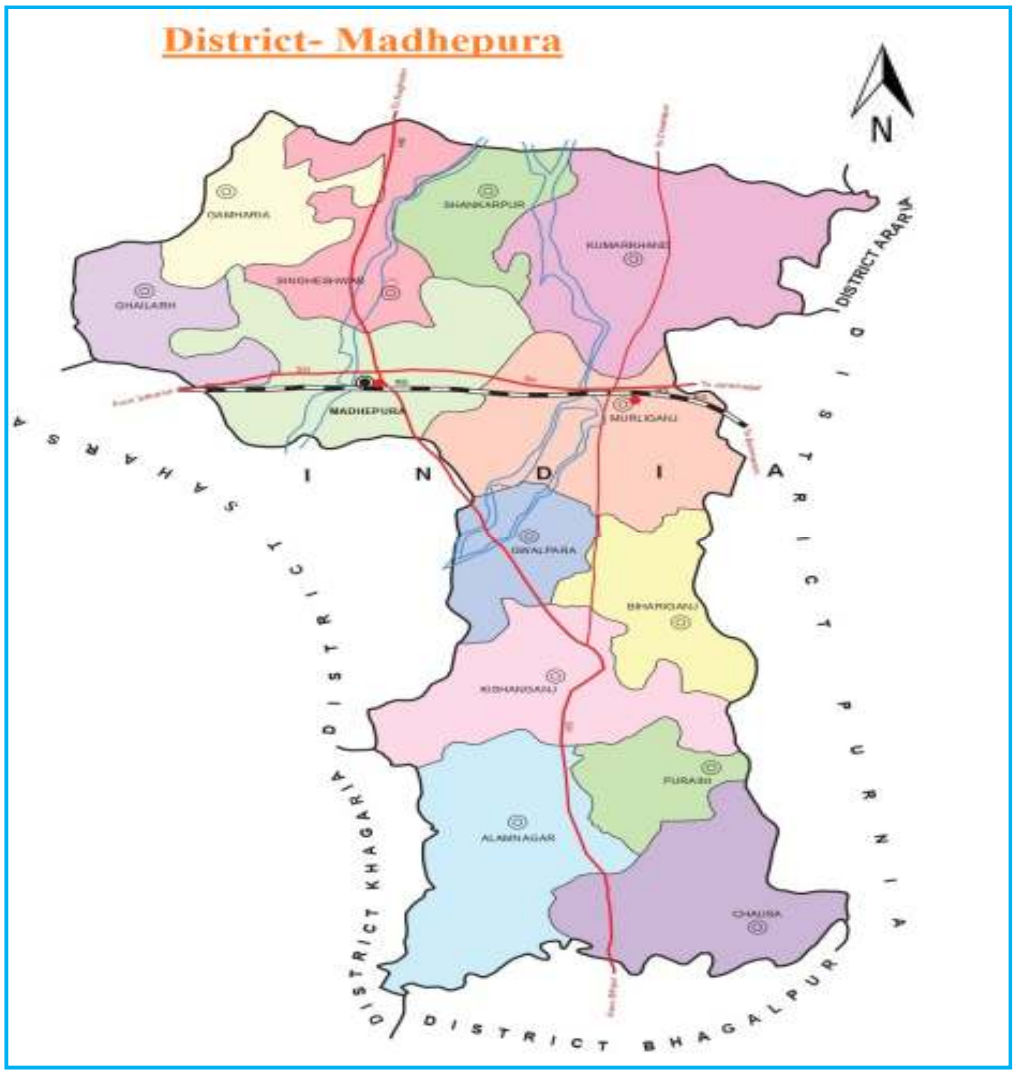
Indicator	Bihar		Madhepura	
	2001	2011	2001	2011
No. of Districts	37	38	1	1
No. of Blocks	533	534	13	13
No. of Villages	45098	44874	437	439
No. of Towns	130	199	2	3
Population (Million)	83.0	104.1	1.53	2.00
Decadal Growth Rate	28.62	25.42	29.63	31.12
Population Density (per (Km^{2})	881	1106	854	1120
Literacy Rate (%)	47.00	61.80	36.07	52.3
Female Literacy Rate (%)	33.12	51.50	22.1	41.7
Sex Ratio	919	918	915	911
Sex Ratio (0-6 Age)	942	935	927	930
Urbanization (%)	10.46	11.29	4.45	4.42
Percentage of SC (%)	15.72	15.91	17.06	17.30
Percentage of ST (%)	0.91	1.28	0.61	0.63

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

- The decadal growth rate of Madhepura has increased from 1.49 percent during 2001-2011. The literacy rate of the district has increased by 16.23 percentage point during the decade. Total literacy rate is now 52.3 percent. Female literacy rate has increased by 19.6 points in Madhepura district from 22.1 percent in 2001 to 41.7 in 2011 which is lower than the state average (Bihar: 51.50 percent).

- The male-female ratio of Madhepura district is 911 females per thousand males in comparison to 918 per 1000 males for Bihar. The child sex ratio has increased by 3 percentage points from 927 in 2001 to 930 in 2011, but is still less than the child sex ratio of the state (935/1000).
- The district lies under Kosi flood plain. This plain has gentle slope from north to the south. The district is rich in alluvium. Agriculture is the main occupation of the people of the district. The ravaging Kosi has been considerably tamed and Kosi project has helped in changing the cropping pattern. The principal crops are paddy, jute, maize and wheat. The district has no deposit of any specific minerals.

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)

Madhepura 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 September, 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)	16-09-2021 (PFMS)
Date of release first instalment of fund against DHAP	September, 2021
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. Madhepura district has eight community health centres (CHC), five primary health centres (PHC), and 386 health sub centres (HSC) along with one 90 bedded district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and three Nutritional Rehabilitation Centres (NRC) was available to provide child health care services. Twenty three APHCs and 10 HSCs among 23 and 386 respectively has been converted into health & wellness centre in Madhepura district. There is only one blood bank and no blood storage unit (BSU) available in the district. Blood transfusion is chargeable for general category and free for BPL and all obstetric and ANC patients. There are 14 Designated Microscopy Centres (DMC) and 13 Treatment Units (TU) available for providing screening and medicine to the TB patient along with two TrueNat test facility sites in the district. There are also one Drug Resistant TB centres in the district. District Early Intervention Centre (DEIC) is not available in the district. There are 10 NCD clinics and 14 Comprehensive Abortion Care (CAC) facilities are available in the district (table 3.2).

Table 3.2: Details of Health Facilities available in the Madhepura District

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	1	1
3. Community Health Centres (CHC)	11	8
4. Primary Health Centres (PHC)	13	5
5. Sub Centres (SC)	386	386
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)	1	0
11. First Referral Units (FRU)	4	2
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	0
14. No. of PHC converted to HWC	23	23
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	42	10
17. Designated Microscopy Centre (DMC)	14	14
18. Tuberculosis Units (TUs)	13	13
19. CBNAAT/TruNat Sites	2	2
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases(NCD) clinic	11	10
22. Institutions providing Comprehensive Abortion Care (CAC) services	14	14

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. In Bihar, diagnostic services are running on PPP model at DH. Total 51 types of lab test were conducted in the district. There are five HSCs conducting more than 3 deliveries in a month. There are nine PHCs conducting more than 10 deliveries in a month and eight CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month. There is one medical college available in the district. In Madhepura district, total 39 (Public & Private) health facilities are 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 13 blocks in Madhepura district. Out of 26 teams required, only 13 RBSK teams are operational in the district along with 13 vehicles. None of the RBSK team is complete in all aspects.

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)	5

Indicator	Observation
No. of SCs conducting >3 deliveries/month	9
No. of 24X7 PHCs conducting > 10 deliveries /month	8
No. of CHCs conducting > 20 deliveries /month	1
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	1
No. of Medical colleges conducting C-section	-
Number of institutes with ultrasound facilities (Public+Private)	39
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	39
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	-
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	26
No. of teams with all HR in-place (full-team)	9
No. of vehicles (on the road) for RBSK team	13
No. of Teams per Block	1
No. of block/s without dedicated teams	0
Average no of children screened per day per team	80 (Presently team involved in Covid related work)
Number of children born in delivery points screened for defects at birth	14

Source: District Checklist, NHM PIP Monitoring, 2021

3.3 Status of child health services in the District

In Bihar, almost in every district SNCU have 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 Madhepura district, as there is only one SNCU, one NRC is available and there is no NBSU available in the district. The SNCU is 12 bedded and a total 468 children (inborn-127; outborn-341) have been admitted as per the records, 245 children were cured after treatment and 96 children were referred to a higher facility. In DH Madhepura it was reported that 43 children left earlier without informing or left against medical advice (LAMA) and 90 children died during admission during 2021-22 (upto November 2021). Among the available 13 radiant warmer and four phototherapy machines eight and two are functional respectively. Six infusion pump and seven double outlet oxygen concentrator are in working condition. There are eight SNs, one DEO and 4 ward boys are posted at SNCU. One doctor is available for SNCU. There were no posting of Aaya, Sweeper, Security guards and lab technician at SNCU. 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 functional at

CHC Singheswar campus in the district. There are 112 children admitted in NRC during April to November, 2021.

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		12
In radiant warmer		12
Step-down care		1
Kangaroo Mother Care (KMC) unit		0
Number of non-functional radiant warmer for more than a week		0
Number of non-functional phototherapy unit for more than a week		1
SNCU	**Inborn**	**Out born**
Admission	127	341
Defects at birth	5	30
Discharged	77	168
Referral	23	73
LAMA	14	29
Died	16	74
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 Centre -NRC (2021-22) Total district data		
Admission		112
Bilateral pitting oedema		0
MUAC<115 mm		112
<'-3SD WFH		112
with Diarrhoea		35
ARI/ Pneumonia		0
TB		0
HIV		0
Fever		44
Nutrition related disorder		27
Others		8
Referred by		
Frontline worker		102
Self		8
Ref from VCDC/ CTC		0
RBSK		2
Paediatric ward/ emergency		0
Discharged		98
Referral/ Medical transfer		0
LAMA		0
Died		0
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		1806
No. of Newborns visited under HBNC		1444
No. of ASHA having drug kit		0
Number of Maternal Death Review conducted		-
Previous year (2020-21)		1
Current FY (2021-22)		1

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 Madhepura 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. There are very few specialists doctors are posted in the district. Several 45 specialist post are vacant and posting is very much needed for smooth functioning of tertiary level health services in the district. Among the sanctioned 244 class four officials only 176 are working and out of sanctioned 59 LDC post only 24 are available in the district. Out of 276 sanctioned post of Medical officer only 188 are working, 120 staff nurses and 584 ANMs are working against their sanctioned post of 323 and 1195 respectively. There are 12 lab technicians, three radiographer/x-ray technician and 10 pharmacists are available against their sanctioned post of 79, 4 and 60 respectively. There are 19 AYUSH MO, 23 RBSK MO and 16 RBSK pharmacists are available against 29, 52 and 26 sanctioned post respectively. There are eight CHOs posted in Madhepura 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
ANM	1195	485
ANM RBSK	26	9
GNM	323	120
Lab technician	79	12
Pharmacist (Allopathic)	60	10
Pharmacist RBSK	26	16
MO (MBBS)	276	188
MO RBSK	52	23
MO AYUSH	29	19
OBGY	-	5
Paediatrician	-	2
Anaesthetist	-	1
Surgeon	-	2
Radiologists	-	1
Other Specialists	-	4
Dentists/ Dental Surgeon/ Dental MO	-	
Health Trainer	39	6
Radiographer/ X-ray technician	4	3
ECG Technician	2	0
OT Assistant	16	1
CHO	42	8
LDC	59	24
Fourth Class	244	176

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 Madhepura, there are 26 "108" emergency response vehicles along with two 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 the six 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 - 26	
No. of Advanced Life Support (ALS) (on the road) and their distribution	02 (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	-	-
Average number of trips per ambulance per day	-	-
Average km travelled per ambulance per day	-	-
Key reasons for low utilization (if any)	-	-
No. of transport vehicle/102 vehicle (on the road)	'108' Vehicle use 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	2049
Selected	1865
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	22
No. of villages/ slum areas with no ASHA	0
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	-
No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	-
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	-
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	-
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	-
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	-
	-
Any other state specific scheme_____	-
Mahila Arogya Samitis (MAS)-	
No. of VHSNC Formed	170

No. of VHSNC Trained	170
No. of VHSNC account opened	170
Number of facilities NQAS certified in the district	0
No. of health facilities implemented Kayakalp	15
No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	15
Activities performed by District Level Quality Assurance Committee (DQAC)	Yes

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 Facility Based Service Delivery then in Community Intervention 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 (FMR wise)

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
FMR 1: Service Delivery: Facility Based	683.05	231.18
FMR 2: Service Delivery: Community Based	93.73	39.87
FMR 3: Community Intervention	646.10	0.0
FMR 4: Untied grants	58.81	31.07
FMR 5: Infrastructure	245.50	0.0
FMR 6: Procurement	101.04	10.21
FMR 7: Referral Transport	69.49	69.38
FMR 8: Human Resource (Service Delivery)	467.85	169.17
FMR 9: Training	60.27	0.0
FMR 10: Review, Research and Surveillance	76.08	71.07
FMR 11: IEC-BCC	9.58	0.0
FMR 12: Printing	0.37	0.0
FMR 13: Quality	12.25	1.20
FMR 14: Drug Warehouse & Logistic	17.52	4.16
FMR 15: PPP	45.72	31.38
FMR 16: Programme Management	181.79	115.11
FMR 16.1: PM Activities Sub Annexure	0.0	0.0
FMR 17: IT Initiatives for Service Delivery	0.0	0.0
FMR 18: Innovations	2.16	0.0

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	581.07	302.45
Child Health	12.71	9.10

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
RBSK	30.40	15.12
Family Planning	190.39	58.89
RKSK/ Adolescent health	0.0	0.0
PC-PNDT	20.32	19.31
Immunization	41.60	23.68
Untied Fund	58.81	31.07
Comprehensive Primary Healthcare (CPHC)	0.0	0.0
Blood Services and Disorders	0.0	0.0
Infrastructure	245.59	0.0
ASHAs	1266.26	0.0
HR	467.85	169.17
Programme Management	181.79	91.95
MMU	81.37	81.37
Referral Transport	69.67	69.67
Procurement	101.04	10.21
Quality Assurance	12.24	4.11
PPP	45.32	31.38
NIDDCP	0.0	0.0
NUHM	0.0	0.0
Communicable Diseases Pool		
Integrated Disease Surveillance Programme (IDSP)	0.0	0.65
National Vector Borne Disease Control Programme (NVBDCP)	0.0	77.56
National Leprosy Eradication Programme (NLEP)	0.0	12.63
National TB Elimination Programme (NTEP)	0.0	26.09
Non-Communicable Diseases Pool		
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	0.0	0.75
National Mental Health Program (NMHP)	0.0	0.0
National Programme for Health Care for the Elderly (NPHCE)	0.0	0.0
National Tobacco Control Programme (NTCP)	0.0	0.0
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	0.0	2.18
National Dialysis Programme	0.0	0.0
National Program for Climate Change and Human Health (NPCCHH)	0.0	0.0
National Oral health programme (NOHP)	0.0	0.0
National Programme on palliative care (NPPC)	0.0	0.0
National Programme for Prevention and Control of Fluorosis (NPPCF)	0.0	0.0
National Rabies Control Programme (NRCP)	0.0	0.0
National Programme for Prevention and Control of Deafness (NPPCD)	0.0	0.0
National programme for Prevention and Management of Burn & Injuries	0.0	0.0
Programme for Prevention and Control of Leptospirosis (PPCL)	0.0	0.0

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 Babhani area. As informed almost all villagers preferred public health facilities for health care services, they only go to private facility for any critical health situations. 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 Babhani.

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 Madhepura. The only problem with public health facilities, especially at DH they face are huge crowd and long queue. But still all are using the public health facilities and most of them are satisfied as well. 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 public tap water for drinking water, hand pump water has huge iron issue in the area. 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 Babhani 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 then as per situation go to private health facility.

As informed by community people, HSC Babhani has huge area of land and this HSC can be converted to APHC. HSC Babhani also needs to be covered with boundary wall. People also demands to have delivery care and some pathological test facility at the HSC.

4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Sub Health Centre/ HWC - Babhani

- HSC Babhani is located a bit far from the village main road, however centre is linked with approach road made up of bricks & concrete. HSC is running in newly constructed building with boundary wall, however HSC has huge land area and whole area was not covered with boundary wall. This needs to be constructed to get rid of any encroachment. HSC has water logging issue in rainy season. The next referral point from HSC is PHC, Gamaharia which is around six kilometres from the centre.
- Water facility is available at HSC Babhani. Electricity facility is also available, but there was no power back-up facility at HSC. There is need of inverter at the centre as electricity supply is very irregular in the area.
- HSC Babhani is not functional as HWC, as there was no CHO posted. The posted ANM was on maternity leave. At the time of PRC team visit this HSC was just providing Covid-19 vaccination service. No any other service was presently available at HSC Babhani. There is urgent need of at least one ANM to be posted at HSC for functioning of HSC. Neither the facility nor the available services are as per IPHS norms at HSC.
- There was one ANM posted at HSC Babhani, who is presently on maternity leave, however she is not residing at HSC due to non availability of staff quarters.
- After finding HSC Babhani as non functional HWC, PRC team on the go visited to APHC Orai. APHC Orai was also not functional as HWC. There was no CHO posted at APHC. One regular ANM was posted and also residing at APHC staff quarter.
- APHC Orai is adjacent to main road of Orai village. APHC is running in old building with two sided boundary wall only. It is found that due to no boundary wall in back side; people are doing some encroachment at APHC.
- At APHC one regular ANM is posted and providing General OPD, delivery care and first aid treatment on injury. APHC also providing family planning services like, OCP, ECP, condom etc.
- Key challenges observed in the HSC Babhani were, non availability of 24*7 electricity facility, no CHO & ANM posted at the time of PRC team visit, so no health services available at HSC. Only Covid-19 vaccination provided on planned day. There was also no complete

boundary wall either at HSC or at APHC Orai. APHC has only one ANM posted for running the facility 24*7 health centre, so human resources is a major issue in the visited health centres as well as in district.

Main Entry Gate of APHC Orai, Madhepura	*APHC Orai clinical room*
	
OPD room of APHC Orai	*Labour room without NBCC*
	
APHC open space, kitchen Gardening done by ANM	*Need to New building of APHC Orai*
	
PRC team with staffs HSC Babhani, Madhepura	*Two bedded ward of HSC Babhani*
	
Front space of HSC with boundary wall	*Small ANM quarter but no one stay at HSC*
	

4.2.2. Primary Health Centre/ HWC - Gamaharia

- PHC Gamaharia is a six bedded health centre situated near to the main road of Gamaharia town. PHC is running in very old building and whole campus seems to have some administrative office rather than looking like a clinical health centre, due to non availability of space. The overall status of infrastructure, space and cleanliness was very poor. The next referral point from PHC is District Hospital, Madhepura which is around 18 kilometres from the centre.
- The building infrastructural condition of PHC Gamaharia 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	No
ASHA rest room is available	No
Drug storeroom with rack is available	No
Power backup	Yes
Branding	No

Source: PHC Checklist, NHM PIP Monitoring, 2021

- PHC Gamaharia 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 (28 types of test facility) and other primary health care related services are available. There is no NBSU at PHC Gamaharia. Tele-Consultation services are available at the centre. Yoga facility is not available at the PHC. PHC has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc.
- Human resources available at PHC is as follows:

HR	Sanctioned	Regular	Contractual
MO (MBBS)	04	04	0
Dental	01	01	0
MO (AYUSH)	0	0	0
SNs/ GNMs	0	0	0
ANM	03	01	0
LTs	01	01	0
Pharmacist	01	0	0
Public Health Manager (NUHM)	01	0	01
LHV/PHN	01	0	0
Ward boy	01	01	0

Source: PHC Checklist, NHM PIP Monitoring, 2021

- As per IT service is concerned, there is laptop and tablet available with the concerned designated staffs of PHC. ASHAs of attached PHC area doesn't have smart phone. Internet

facility is available with average speed at PHC Gamaharia.

- Kayakalp internal assessment also done in PHC and the Kayakalp score is 45.6% for year 2021-22 of PHC Gamaharia.
- Out of total 84 EDL drugs, almost all types of drugs were available on the day of visit. As reported, there was also no any shortage consumabales at PHC. Drugs for hypertension and diabetes available at PHC are Tab-Amlodipine 5mg, Tab-Atenolol 25mg/50mg, Nifedepine and Metfemine.
- As informed by the PHC official, Rogi Kalyan Samiti (RKS) meeting was not held at PHC Gamaharia in recent years. The NHM & non NHM budget of year 2021-2022 is as follows:

Financial Year 2021-22 (upto 30.11.2021)	**NHM**	**Non-NHM**
Opening Balance	2186126	42118
Fund Received	4493117	6373
Other Received	91100	0.00
Interest Received	25154	616
Total	6795497	49107
Expenditure (in Rs.)	6059723	0.00
Closing Balance	735774	49107

Source: PHC Checklist, NHM PIP Monitoring, 2021

- All the diagnostics services are free for all the patients at PHC Gamaharia. There is no functional operation theatre at PHC.
- PHC Gamaharia is Designated Microscopy Centre under TB elimination programme.
- Biomedical waste management practices are available with sharp and deep burial pit at the centre.
- Key challenges observed in the facility are, non availability of adequate space. There is very less space for patient waiting area, different health sections and overall PHC requirement. As PHC is in the midst of the market area, so there is lack of open space for extension of present building. Neither the facility infrastructure nor the available services and HR are as per IPHS norms at PHC. For an appropriate IPHS PHC, this centre either needs to be constructed to some other bigger place. As informed, administrations are not able to get the adequate land space in any other part of Gamaharia town. Due to which new PHC building construction approval is pending for a long time. There was no any staff quarter available at PHC. Labour room is very small in size. There is only one small hall for all type of IPD patients. Long pendency in payment of salary & incentives to ASHAs and MAMTA (Didi) 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 Gamaharia, Madhepura	*PRC team with PHC Staffs and ASHAs*
	
Meeting with ASHA along with BAM & BCM	*Poor infrastructural condition of PHC*
	
Open PHC galary space used as Ward	*Waste stuff lying around PHC courtyard*
	
Very bad condition of MO night stay duty room	*Patient waiting area of the PHC*
	
Labour room with NBCC corner	*Labour room Delivery table needs to be replaced*
	

4.2.3. Community Health Centre - Puraini

- CHC Puraini is a 30 bedded multi-storey hospital and is accessible to the nearby concrete main road of Puraini block office. CHC is running in mix of old and new building. The new part of the building is very well maintained, cleanliness of the facility was also very good. It is noticed that BHM is very active and with support of MO I/c he was very well maintaining the hospital premises. There was a major issue of boundary wall of CHC, this need to be constructed urgently to get rid of encroachment of people using the premises as public road to block office. The next referral point from CHC is Sub-District Hospital, Udakishunganj which is around 12 kilometres from the centre.
- CHC Puraini has general OPD, IPD, 24*7 delivery care services (only normal), separate NCD clinic, Covid 19 vaccination and testing, NRC services. There is no NBSU and BSU at CHC Puraini. It has also drug and diagnostic (16 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, LTT etc.
- The present building infrastructural condition of CHC Puraini 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: CHC Checklist, NHM PIP Monitoring, 2021

- Human resources available at CHC is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	-	-	-
Obstetric Gynaecologist	-	-	-
Paediatrician	-	-	-
Anaesthetist	-	-	-
MO (MBBS)	08	05	0
MO (AYUSH)	02	0	0
GNMs	07	0	0
ANM	53	24	01
LTs	01	0	01
Pharmacist	01	0	0
Public Health Manager (Care India)	01	0	01
DEO	06	0	03

Source: CHC Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at CHC. None of the parameters, i.e. health services,

HR etc. are as per IPHS norms. 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 and laptop available with the concerned designated staffs of CHC and BPMU however there is shortage of desktop and laptop as per requirements. Internet facility is available with good signal quality at CHC.
- Out of total 112 EDL drugs list, most of the drugs were available on the day of visit. There were shortage of five priority drugs namely, Inj Magnesium Sulphate 50%, Inj Calcium Gluconate 10%, Inj Dexamethasone, Inj Ampicillin and Inj Pentazocaine at the CHC in last 30 days on the day of team visit. There was no any shortage of consumables at CHC Puraini.
- All the drug and diagnostics services are free for all the patients at CHC Puraini. CHC has digital X-ray machine, pathological tests etc service available. There was one functional operation theatre at CHC and this is mainly used for LTT service only. LTT service is running under PPP model on fixed days in a week.
- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting held in CHC Puraini was on 25th March 2021. The RKS budget of Year 2020-2021 and NHM budget of year 2020-21 & 2021-2022 are as follows:

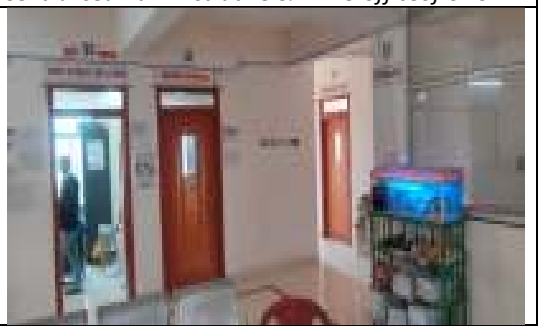
RKS Budget, CHC Puraini of Year 2020-2021	
Opening Balance (in Rs.)	19673
Expenditure (in Rs.)	2000
Closing Balance	17353062

NHM Budget, CHC Puraini		
	2020-21	**2021-22 (upto 30.11.2021)**
Opening Balance	5306301	1886973
Opening Balance Advance	784828	737896
Fund Received	17353062	5070362
Bank Interest	108119	25571
Expenditure Reversal	746010	237537
Total	24298320	7958339
Expenditure (in Rs.)	20747039	7035463
Closing Balance	1886973	184980
Closing Balance Advance	746010	737896

Source: CHC Checklist, NHM PIP Monitoring, 2021

- LaQshya is implemented at CHC and labour room score under LaQshya is 70% for this year internal assessment of CHC Puraini. Kayakalp internal assessment also done in CHC. The Kayakalp scorecard is 53.57% and Eco-Friendly scorecard is 39.05% of CHC Puraini in internal assessment for 2021-22.

- Key challenges observed in the facility are, lack of HR, non availability of specialised services, no specialist doctors. Though CHC building was very well maintained but it is not as per IPHS norms. There was no boundary wall at CHC Puraini, which leads to encroachment by the people as public road. Construction of boundary wall is urgently required. Non availability of sufficient staff quarters at CHC were a big constraint in its functioning as 24x7 health centre. There is no blood bank or blood storage unit at CHC. There is also no NBSU at CHC. Long pendency in payment of salary and incentives to ASHAs and MAMTA linked with CHC Puraini is a major issue. The X-ray technician doesn't have TLD badge nor did they get any radiation allowances. 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 Puraini, Madhepura	*Meeting with CHC BMO and BPMU staffs*
	
PRC team with CHC staffs	*Clean Labour room with two table*
	
PRC team Intraction with Adolescent counsellor	*Centralised Administrative &BPMU officeof CHC*
	

Prize distributed to Covid-19 vaccinated people	*IEC related to IPD services at CHC*
	
Visit to Govt Middle School, Puraini	*Covid-19 sample collection centre*
	

4.2.4. District Hospital – Madhepura

- DH Madhepura is easily accessible from the main road. DH is presently running in old and scattered building with very less bed capacity. As informed by Civil Surgeon, this DH has been selected as Model DH and on 14th December 2021, honourable Chief Minister of Bihar has established the Foundation Stone for Model DH through Virtual Mode. New DH will be five storeys 300 bedded hospital. There was issue of lack of space for in-patients and huge rush of out-patients in the DH. There is need of construction of staff quarters for MO and other staffs at DH. Presently DH is a 90 bedded (not fully functional) hospital along with additional four ICU beds. There are very few staff quarters at DH Madhepura. Along with DH building construction of staff quarters for MO and other staffs is needed urgently for smooth functioning of DH Madhepura.
- 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	No
Drug storeroom with rack is available	Yes
Power backup	Yes

Source: DH Checklist, NHM PIP Monitoring, 2021

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

- DH has general OPD, IPD, 24*7 delivery care services, NCD screening (in general OPD), Covid 19 vaccination and testing, SNCU. There was no NRC service at DH. DH has full-fledged oxygen management facility along with one separate Covid 19 ward. It has also drug, diagnostic and all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc. Apart from these general services below are the specialised services available at DH, Madhepura:

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

Source: DH Checklist, NHM PIP Monitoring, 2021

- Apart from above mentioned services, there is general emergency, triage and stabilization under emergency services. However resuscitation management under emergency was not available. Tele-medicine/Consultation services were also available at DH.
- There are only Single general OT and Ophthalmology/ENT OT available at DH. There was only mini dressing room which use as Emergency service. All caesarean, general surgery, LTT performed in general OT only, which leads to delayed in surgical services. There is one full functional well maintained Blood Bank at DH Madhepura.
- 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 with good signal quality of 100 Mbps

speed at DH.

- Human resources available at DH is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	03	01	0
Obstetric Gynaecologist	07	03	01
General Surgeon	03	01	0
Paediatrician	03	01	0
Anaesthetist	03	01	0
Other Specialists	21	04	
MO (MBBS)	20	17	0
SNs/ GNMs	115	39	02
LTs	12	0	01
Pharmacist	08	08	0
Hospital Manager	01	0	01
EmOC trained doctor	-	01	-
LSAS trained doctor	-	01	-

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 40 Specialist doctors only 11 are posted at DH. Neither infrastructure nor any other parameters, i.e., services, HR etc. was as per IPHS norms in DH.

- Out of total 167 EDL drugs list, total 137 types of drugs were available on the day of visit. There were shortage of five priority drugs namely, Rabeparazole injection, Phenaramine Maleats Inj, Methylcobamine Inj, Tramadol Inj and Nebuliser solution at DH in last 30 days. There was also no any shortage of consumables at DH Madhepura.

- All the drug and pathological tests are free for all the patients at district hospital. However, Sonography service is only available for women come for delivery care (ANC/PNC) service. X-ray and dialysis service are running on PPP model. Dialysis service is chargeable for non BPL patients.

- LaQshya is implemented in district hospital and labour room score and Operation Theatre under LaQshya program is 78% and 66% for this year internal assessment of DH Madhepura. Kayakalp internal assessment also done in DH and has score of 49.71% and eco-friendly score is 36.19% in internal assessment for 2021-22.

- In DH 1190 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 39 was OPD patients and 1151 were IPD patients. Around Rs.81.59 lakhs have been submitted for pre-authorization and claims amounting Rs. 68.34 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Madhepura	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	1190
Out Patients	39
In Patients	1151
Death Cases	4
Surgeries/Therapies Done	926
Surgeries/Therapies Done Amount (Rs.)	6837700
Preauthorization Initiated	1150
Claims Submitted	924
Amount Preauthorized in (Rs.)	8159700
Amount of Claims Submitted in (Rs.)	6834300

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting not held in recent year due to Covid 19. The NHM budget of year 2021-2022 for DH are as follows:

NHM Budget Year 2020-2021 (till 31/03/2021)			
Item	**Income (in Rs.)**	**Item**	**Expenditure (in Rs.)**
Total income	19240582	Total expense	21317681
Previous balance	3125021	Last balance	1047922
Grand total	22365603	Grand total	-

Source: DH Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at DH. The 'Medicare Environmental Management Pvt. Ltd. Muzzafarpur' is the outsourced company which collect the BMW from the district hospital on daily basis.
- Key challenges observed in the facility are, non availability of adequate space, doctors and paramedical staffs. Several specialised health care services were not available at DH. Other than caesarean section almost no any surgical service was functional at DH Madhepura. There is need of staff quarters for doctors and other staffs for 24*7 smooth functioning of the hospital. There is no DIEC, NRC available in the district. SNCU needs renovation work on priority basis at DH. The Dialysis unit has water logging and seepage issue in rainy season. ICU doesn't have ABG machine, also not have separate ECG machine. Newly provided Ventilator was not working properly at ICU, this needs to address immediately. Labour room was not properly managed, this needs to be reorganised for following proper service protocol. 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. As whole new model district hospital will be getting constructed soon, it is desirable that staff quarters should also get constructed simultaneously. We may hope that post construction of the new model DH building all the services will be available as per IPHS in the district.

Main Entry Gate of Sadar Hospital(DH) Madhepura	*Meeting with HM & Drug store keeper*
	
Visit to PNC ward at DH	*OPD registration counter*
	
Visit to Physiotherapy unit at DH	*Condom vehicles in DH premises*
	
Vaccine carrier van of MoHFW	*Interaction with DDT Spraying workers association*
	
Visit to 12 bedded SNCU of DH	*Dialysis unit of DH functional on PPP model*
	

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 Madhepura district of Bihar in third week of December, 2021. PRC team visited District Hospital (DH) Madhepura, Community Health Centre (CHC) Puraini, 24*7 Primary Health Centre (PHC) Gamaharia, HSC Babhani and Additional Primary Health Centre (APHC) Orai, 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 at HSC. 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 Madhepura district.

Long pendency in payment of ASHAs salary and incentives in Madhepura 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 health facilities are running as per IPHS norms. Lack of staffs is one of the most important reasons for the same. None of the visited health facilities, including DH Madhepura, 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 Puraini doesn't have all CEmONC service. DH doesn't have CT scan, MRI and Sonography service for all. 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 only used for LTT service; neither has blood bank or blood storage unit nor has required HR and equipments. DH also doesn't have several specialised health care service facility.
- Sadar Hospital (DH) Madhepura has a major issue of lack of space for different sections of health services and wards. New model DH building has been approved and foundation stone had been established by honourable Chief Minister of Bihar but construction process is yet to start. The construction process needs to be expedited, so that people get the full fledge tertiary care health services at Sadar Hospital Madhepura.
- 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, especially MAMTA didi (LR counsellor) and kitchen staffs have payment pendency as well as under payment issues, which lead 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.