



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

**District: Katihar
(Bihar)**

Study Completed By

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March, 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 Katihar 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, HSC, 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.

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.

March, 2022

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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 Suraksha 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	OCF	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

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Quality Monitoring of PIP 2021-22 in Katihar 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 Katihar district of Bihar in last week of October, 2021. PRC team visited Sadar Hospital (DH) Katihar, Community Health Centre (CHC) Korha, 24*7 Primary Health Centre (PHC) Hasanganj and Health Sub Centre (HSC) Bastaul, which are functioning as Health and Wellness Centre, 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 Katihar 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 October, 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 Katihar, CHC Korha, 24*7 PHC Hasanganj and HSC Bastaul 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.

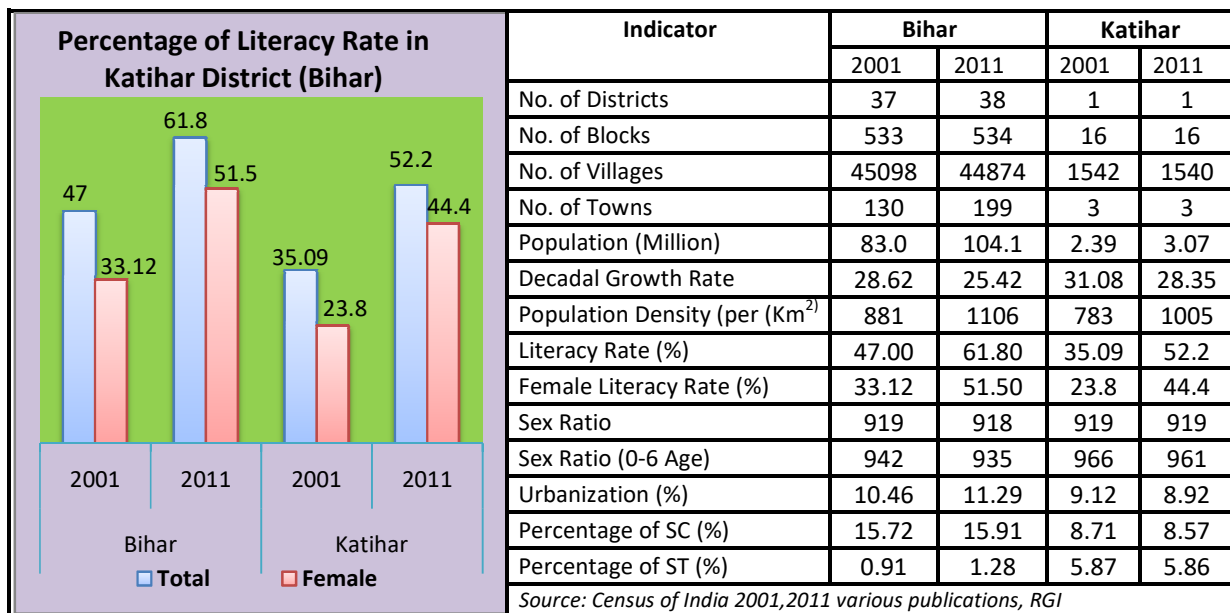
2. Overview of the District

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.

- Katihar district forms the part of the north Bihar plain. The district is part of Purnia division. Because of the division of the district on 2nd October 1973 the present area of the district remains 3057 Sq. kms. It ranks 12th among all districts in terms of area in state. It is surrounded on the north and west by the districts of Purnia and Bhagalpur, on the east by the state of West Bengal and on the south by the district of Bhagalpur and the state of Jharkhand. The district consists of three sub-divisions namely, Barsoi, Katihar and Manihari.
- The district is divided into three sub-divisions namely Barsoi, Katihar and Manihari. Katihar Nagar Nigam and Manihari Nagar Panchayat are two statutory towns in the district. As per Census 2011 Katihar district has total 238 Gram Panchayats and 1540 villages (Inhabited-1306, Un-inhabited-234). It caters to a population of 3071029 (Male: 1600430, Female: 1470599) and density of 1005 persons per sq. kms as compared to 1106 persons of Bihar. The percentage of scheduled caste population is 8.57 whereas, that of the scheduled tribes is 5.86 in the district.

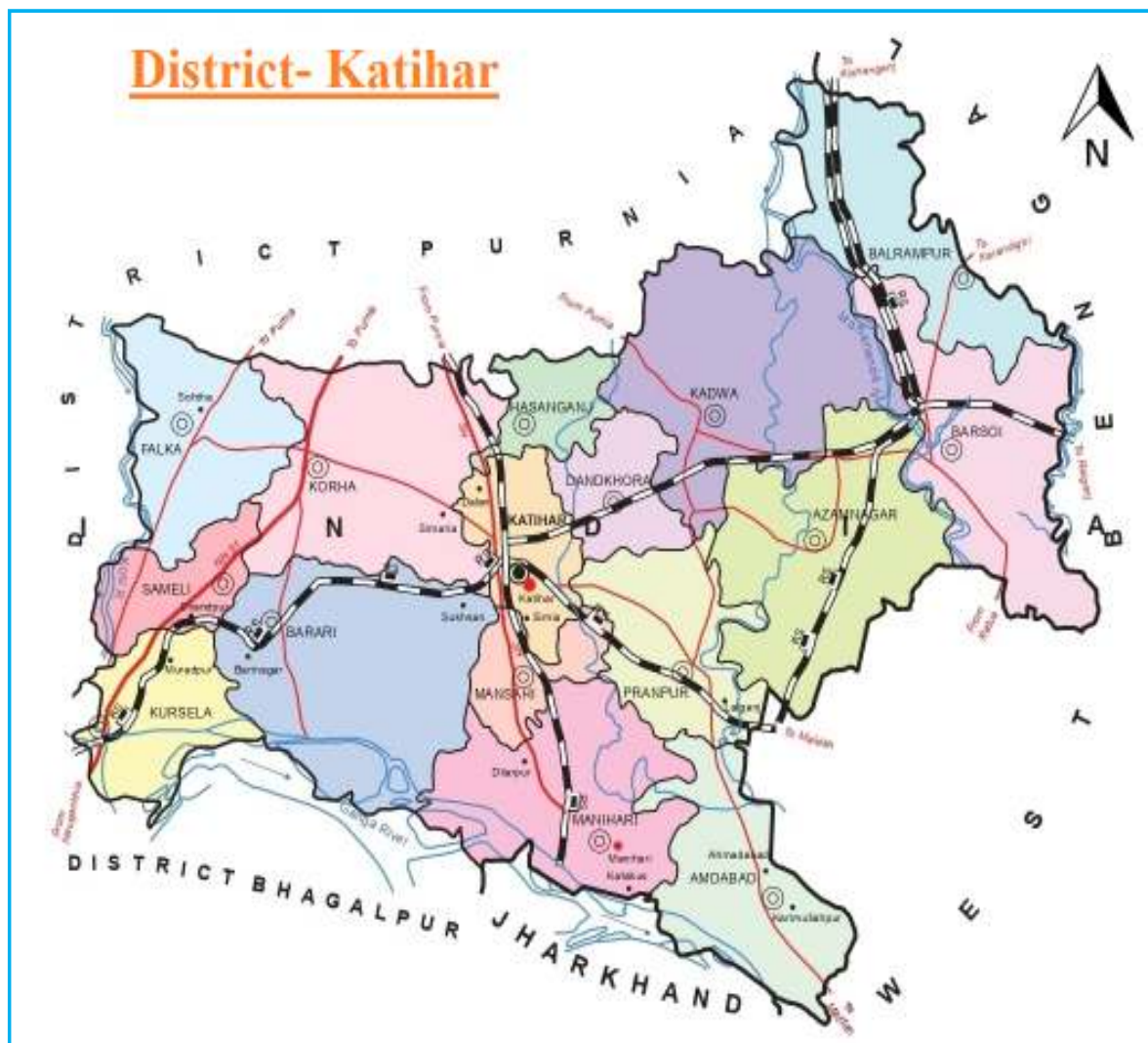
Key socio-demographic indicators



- The decadal growth rate of Katihar has decreased from 2.73 percent during 2001-2011. The literacy rate of the district has increased by 17.11 percentage point during the decade. Total literacy rate is now 52.2 percent. Female literacy rate has increased by 20.6 points in Katihar district from 23.8 percent in 2001 to 44.4 in 2011 which is lower than the state average (Bihar: 51.50 percent).

- The male-female ratio of Katihar district is 919 females per thousand males in comparison to 918 per 1000 males for Bihar. The child sex ratio has decreased by 5 percentage points from 966 in 2001 to 961 in 2011, but is still more than the child sex ratio of the state (935/1000).
- Agriculture is the main occupation of the people of the district. The principal agricultural crops of the district are paddy, wheat, jute, maize, potato and oil seeds. Banana, Jute, Maize are main cash crop of the farmers of the district. Although there are some variations from area to area depending upon the availability of irrigational facilities, double-cropping is in vogue in most of the areas. The district has no deposits 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)

Katihar 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 July 15, 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)	July, 2021 (PFMS)
Date of release first instalment of fund against DHAP	15.07.2021
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. Katihar district has two sub district hospital, four community health centres (CHC), 12 primary health centres (PHC), 45 additional primary health centre (APHC), four urban primary health centre (UPHC) and 345 health sub centres (HSC) along with one 300 bedded (under construction) district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and one Nutritional Rehabilitation Centres (NRC) available to provide child health care services. All 45 APHCs and 54 HSCs among 345 has been converted into health & wellness centre in Katihar district. There is one blood bank and one blood storage unit available in the district. Blood transfusion is chargeable for general category and free for BPL and all obstetric and ANC patients. There are 19 Designated Microscopy Centres (DMC) and 16 Treatment Units (TU) available for providing screening and medicine to the TB patient along with four TrueNat test facility sites in the district. There are also one Drug Resistant TB centres in the district. District Early Intervention Centre is available in the district; however there was lack of designated staffs for DEIC. There is also one NCD clinic available in the district (table 3.2).

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

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	2	2
3. Community Health Centres (CHC)	4	4
4. Primary Health Centres (PHC)	12	12
5. Sub Centres (SC)	345	345
6. Urban Primary Health Centres (U-PHC)	4	4
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	1
11. First Referral Units (FRU)	6	4
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	2	1
14. No. of PHC converted to HWC	0	0
15. No. of U-PHC converted to HWC	4	4
16. Number of Sub Centre converted to HWC	0	54
17. Designated Microscopy Centre (DMC)	24	19
18. Tuberculosis Units (TUs)	16	16
19. CBNAAT/TruNat Sites	4	4
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases(NCD) clinic	0	0
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. In Bihar, diagnostic services are running on PPP model at DH. Total 22-30 types of lab test were conducted in the district. There are 31 health sub-centres (HSC) conducting more than 3 deliveries in month in the district. There are 11 PHCs conducting more than 10 deliveries in a month and four 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 in the district, which also conduct more than 50 deliveries in a month. In Katihar, total 94 (Public & Private) health facilities are providing ultrasound services and all are registered under PCPNDT act 1994.

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. Out of 22 teams required, 20 RBSK teams are operational in the district along with 20 vehicles. Among these 20 teams only six RBSK teams is complete in all its 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	-

Indicator	Observation
Status of delivery points in the District (2021-22)	
No. of SCs conducting >3 deliveries/month	31
No. of 24X7 PHCs conducting > 10 deliveries /month	11
No. of CHCs conducting > 20 deliveries /month	4
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	1
Number of institutes with ultrasound facilities (Public+Private)	94
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	94
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	Yes
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	22
No. of teams with all HR in-place (full-team)	6
No. of vehicles (on the road) for RBSK team	20
No. of Teams per Block	2
No. of block/s without dedicated teams	0
Average no of children screened per day per team	Now zero because AWC and School close due to Covid-19
Number of children born in delivery points screened for defects at birth	80

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. There is only one SNCU and one NRC in functional in Katihar district. There is no NBSU in the district. The SNCU is 20 bedded however presently it is functional as 13 bedded and a total of 257 children (inborn-110; outborn-147) have been admitted as per the records, 152 children were cured after treatment and 27 children were referred to a higher facility. In DH Katihar it was reported that 46 children left earlier without informing or left against medical advice (LAMA) and 28 children died during admission during 2021-22 (upto September 2021). Among the available 13 radiant warmer 11 are functional and in four phototherapy machines all four are functional respectively. Only one pulse oximeter six double outlet oxygen concentrators are functional out of available four 13 respectively. No infusion pump was found in working condition at SNCU. Staffs posted at SNCU are not adequate as per requirement. Laboratory facility is not available at SNCU. C-PAP machine is not in working condition, staffs are also not provided any training for C-PAP. Materials for FPC programme were not available at SNCU.

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 is also functional at DH. There were four 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		Yes
Kangaroo Mother Care (KMC) unit		Yes
Number of non-functional radiant warmer for more than a week		2
Number of non-functional phototherapy unit for more than a week		0
SNCU	Inborn	Out born
Admission	110	147
Defects at birth	0	0
Discharged	67	85
Referral	9	18
LAMA	16	30
Died	13	15
Newborn Stabilization Unit (NBSU) in the district (2021-22)		
NBSU	Inborn	Out born
Admission	-	-
Discharged	-	-
Referral	-	-
LAMA (Left Against Medical Advice)	-	-
Died	-	-
Nutrition Rehabilitation Centres -NRC (2021-22) Total district data		
Admission		
Bilateral pitting oedema		0
MUAC<115 mm		32
<'3SD WFH		26
with Diarrhoea		5
ARI/ Pneumonia		0
TB		0
HIV		0
Fever		7
Nutrition related disorder		15
Others		2
Referred by		
Frontline worker		14
Self		0
Ref from VCDC/ CTC		0
RBSK		0
Paediatric ward/ emergency		2
Discharged		24
Referral/ Medical transfer		0
LAMA		0
Died		0
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		0
No. of Newborns visited under HBNC		0
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 Katihar 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 146 specialist doctors only 37 are working, among the sanctioned 234 post of class two officers (include MOs, program officers) only 63 are working. There is no ENT specialist, EYE specialist and dental specialist in the district. There are five obstetric & gynaecological specialists, four child specialists, six surgeons and six anaesthetists were available as specialist doctors in the district. There are 130 staff nurses and 747 ANMs are working against their sanctioned post of 331 and 1325 respectively. There are 29 lab technicians, eight radiographer/x-ray technician and 20 pharmacists are available against their sanctioned post of 101, 18 and 79 respectively. There are 14 dental MO, 26 AYUSH MO and 13 CHO are available against 20, 125 and 13 sanctioned post respectively.

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	1325	747	43.6
MPW (Male)	-	-	-
Staff Nurse	331	130	60.7
Lab technician	101	29	71.3
Pharmacist (Allopathic)	79	20	74.7
MO (MBBS)	234	63	73.1
OBGY	27	05	81.5
Paediatrician	23	04	82.6
Anaesthetist	29	06	79.3
Surgeon	25	06	76.0
Radiologists	5	1	80.0
Other Specialists	37	15	59.5
Dentists/ Dental Surgeon/ Dental MO	20	14	30.0
Dental technician	-	-	-
Dental Hygienist	-	-	-
Radiographer/ X-ray technician	18	08	55.6
CSSD Technician	-	-	-
OT technician	23	2	91.3
CHO/ MLHP	13	13	0.0
AYUSH MO	125	26	79.2
AYUSH Pharmacist	-	-	-

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 Katihar, there are 32 “108” emergency response vehicles along with two Advanced Life Support vehicle in the district. The referral transport service in the district is running through centralised call centre from state. Almost all the available 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 – 32 on road -29	
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	2	7
Average number of trips per ambulance per day	2	7
Average km travelled per ambulance per day	400	140
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	2795
Selected	2779
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-
No. of villages/ slum areas with no ASHA	37
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	209
No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	35
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	481
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	21
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	773
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	51
Any other state specific scheme	-
Mahila Arogya Samitis (MAS)-	

No. of MAS Formed	09
No. of MAS Trained	09
No. of MAS account opened	09
Number of facilities NQAS certified in the district	0
No. of health facilities implemented Kayakalp	-
No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	0
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 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 (FMR wise)

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
FMR 1: Service Delivery: Facility Based	1832.82	306.03
FMR 2: Service Delivery: Community Based	297.20	40.81
FMR 3: Community Intervention	2225.82	163.22
FMR 4: Untied grants	173.06	38.00
FMR 5: Infrastructure	676.63	0.00
FMR 6: Procurement	361.68	7.30
FMR 7: Referral Transport	531.47	230.94
FMR 8: Human Resource (Service Delivery)	1775.96	205.18
FMR 9: Training	181.12	4.25
FMR 10: Review, Research and Surveillance	9.50	0.00
FMR 11: IEC-BCC	27.52	6.20
FMR 12: Printing	39.51	9.25
FMR 13: Quality	43.85	1.75
FMR 14: Drug Warehouse & Logistic	93.14	13.25
FMR 15: PPP	122.85	29.00
FMR 16: Programme Management	127.89	2.21
FMR 16.1: PM Activities Sub Annexure	393.80	20.00
FMR 17: IT Initiatives for Service Delivery	0.0	0.0
FMR 18: Innovations	7.72	0.60

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	1530.94	224.12
Child Health	379.36	4.10
RBSK	74.79	21.90
Family Planning	559.08	46.00
RKSK/ Adolescent health	88.50	0.00
PC-PNDT	0	0
Immunization	447.33	32.00
Untied Fund	173.60	38.00
Comprehensive Primary Healthcare (CPHC)	0	0
Blood Services and Disorders	5.85	1.20
Infrastructure	676.63	0.00
ASHAs	666.24	15.42
HR	1912.56	205.18
Programme Management	524.11	112.21
MMU	0	0
Referral Transport	531.47	230.94
Procurement	359.52	7.30
Quality Assurance	43.64	2.74
PPP	122.74	29.00
NIDDCP	2.37	0.00
NUHM	133.51	18.05
Communicable Diseases Pool		
Integrated Disease Surveillance Programme (IDSP)	13.31	51.00
National Vector Borne Disease Control Programme (NVBDCP)	159.39	52.00
National Leprosy Eradication Programme (NLEP)	71.57	3.25
National TB Elimination Programme (NTEP)	318.04	56.15
Non-Communicable Diseases Pool		
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	19.95	2.31
National Mental Health Program (NMHP)	38.57	2.32
National Programme for Health Care for the Elderly (NPHCE)	0.12	0
National Tobacco Control Programme (NTCP)	7.99	0
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	128.05	12.20
National Dialysis Programme	-	-
National Program for Climate Change and Human Health (NPCCHH)	0.06	0.00
National Oral health programme (NOHP)	7.50	0.00
National Programme on palliative care (NPPC)	0	0
National Programme for Prevention and Control of Fluorosis (NPPCF)	0.06	0.00
National Rabies Control Programme (NRCP)	7.50	0.00
National Programme for Prevention and Control of Deafness (NPPCD)	0	0
National programme for Prevention and Management of Burn & Injuries	0	0
Programme for Prevention and Control of Leptospirosis (PPCL)	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 Kursanda (Pranpur) in

HSC Bastaul 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 Bastaul.

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 CHC Pranpur or DH Katihar. 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 village Kursanda informed that, they are getting ANC, PNC, Immunization, Contraceptive, adolescent health counselling services at HSC Bastaul. 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. For 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 Bastaul needs to be covered with boundary wall. People also demands to have delivery care and some test facility at the HSC.

4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Health Sub Centre/ HWC - Bastaul

- HSC Bastaul is located near to main road, but there was no approach road to reach SHC. HSC is running in old building, there was need of reparation and renovation in HSC building. Boundary wall is needed for security as well as getting rid of from encroachment. There was no signage of HSC Bastaul. The next referral point from HSC Bastaul is CHC Pranpur which is around 7 kilometres from the centre.
- Water facility is available through hand pump at HSC. Although tube well facility is available but water motor is not functional for more than a year, so that 24*7 running water not available. Drinking water brought from home by the staff's of HSC Bastaul.
- Electricity is not available 24*7 at the HSC. Inverter is not available at the facility, so there is no power back-up facility at HSC Bastaul. There was no fan at HSC.
- General OPD, delivery care, 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 at the centre. Neither the facility nor the available services are as per IPHS norms at HSC.
- There are one CHO and two ANMs posted at HSC Bastaul, both are not residing at HSC village as there is no quarter facility available at centre. There is huge space at HSC premises, so staff quarters can easily be constructed and will help in functioning of centre as 24*7 health facility.
- As per IT service is concerned, there is no laptop and tablet available with CHO however ANM has tablets. ASHAs doesn't have smart phone as well. Internet facility is not available at centre. CHO is providing tele-medicine consultation services through his own mobile and internet service.
- Almost all listed drugs for HSC are being mostly available at the centre. However anti TB drug was not available at HSC. There was also shortage of five drugs namely, Tab Amoxicillin 625mg, Ointment Miconazole, Tab PCM and Cough syrup in last 30 days at HSC Bastaul. There were no drugs for hypertension and diabetes at HSC.
- Key challenges observed in the facility are, non availability of running water facility, no boundary wall, need of reparation and renovation of HSC building. There was urgent need

of bulb, fan and RO water purifier along with electricity power back-up. Motor pumps needs to be repaired on most urgent basis for 24*7 water as well as drinking water at HSC. Non payment of incentives of CHO needs to be looked in by the administrative authority.

<i>Main Entry Gate of HSC Bastaul, Katihar</i> 	<i>Group photo with CHO and other staffs</i> 
<i>Premises of HSC</i> 	<i>Meeting with CHO</i> 
<i>Availability of two functional rooms</i> 	<i>PRC team Visit to Covid 19 vaccination centre</i> 
<i>Visit to Aanganwadi Kursanda village</i> 	<i>Poor building condition of HSC</i> 



4.2.2. Primary Health Centre/ HWC - Hasanganj

- PHC Hasanganj is adjacent to main road of Hasanganj market. PHC is running in old APHC building. The condition of building infrastructure as well as lack of space at PHC is a major issue. As informed by MOI/c PHC, the construction of new approved PHC building was about to start in a month by the agency. The new building is very far from the present PHC. The next referral point from PHC is District Hospital, Katihar which is around 15 kilometres from the centre.
- PHC Hasanganj 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	No
Drug storeroom with rack is available	Yes
Power backup	Yes
Branding	No

Source: PHC Checklist, NHM PIP Monitoring, 2021

Although new PHC building will be constructed at new place very soon, the present functional PHC has major issue of space for different sections and wards. Electricity facility is available with power back-up at centre.

- PHC Hasanganj 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 (13 types of test facility) and other primary health care related services are available. There is no NBSU at PHC Hasanganj. Tele-Consultation services are not available at the centre. 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 566 deliveries have been performed at PHC since May 2021 to September 2021.

- Human resources available at PHC is as follows:

HR	Sanctioned	Regular	Contractual
MO (MBBS)	06	02	1
MO (AYUSH)	0	0	03
SNs/ GNMs	0	0	0
ANM	03	03	0
LTs	01	01	0
Pharmacist	01	01	0
Public Health Manager (NUHM)	01	0	0

Source: PHC Checklist, NHM PIP Monitoring, 2021

There are only 39 health staffs are working against their sanctioned post of 75 at PHC Hasanganj.

- 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 in PHC area. Internet facility is available; however connectivity speed is poor PHC.
- Kayakalp internal assessment also done in PHC. The Kayakalp scorecard is 69.43% and Eco-Friendly scorecard is 69.05% of PHC Hasanganj in internal assessment for 2021-22.
- Out of total 55 EDL drugs, 44 types of drugs were available on the day of visit. There was shortage of five drugs namely, Iron, Calcium, Paracetamol, Pentaprazole, and Amoxycillin+Pet.Claoulinic A at PHC in last 30 days. There is no any shortage of drugs for hypertension and diabetes at PHC.
- As informed, Rogi Kalyan Samiti (RKS) meeting last held 8th February 2021 at PHC Hasanganj. The PHC budget of year 2020-2021 and 2021-2022 is as follows:

Financial Year	2020-21 (B)Additional	2020-21 (A)RCH	2021-22 (till 30.09.2021)
Opening Balance	990447	836346	5473440
Fund Received	3735167	3500000	1072664
Cumulative Fund Received	6012225	3500000	-
Total	10737839	7836346	6546104
Expenditure (in Rs.)	7140202	5967334	3552791

Source: PHC Checklist, NHM PIP Monitoring, 2021

- All the diagnostics services are free for all the patients at PHC Hasanganj. There is one functional minor operation theatre at PHC, which is only used for LTT service.
- PHC Hasanganj is Designated Microscopy Centre under TB elimination programme.
- Biomedical waste management services are outsourced at CHC Choutham. The "Synergy Waste Management Private Limited, Bhagalpur" is the agency for BMW collection. However they are not collecting the waste on a fixed schedule. There is also sharp and deep burial pit at the centre.

- Key challenges observed in the facility are, poor building conditions and non availability of adequate space. PHC is running in very old building and its condition is very bad and unrepairable. Actually this is an old APHC building. New PHC building construction is already approved and it was about to start in a month, however the new PHC place is very far from the existing PHC. Along with new PHC building staff quarters is also needed for smooth functioning as 24*7 PHC. 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 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.

<i>Main Entry Gate of PHC Hasanganj, Katihar</i> 	<i>PRC team with PHC MOI/c and Staffs</i> 
<i>Meeting with MO I/C and PHC Staffs</i> 	<i>PHC passage area</i> 
<i>PHC Labour room and NBCC</i> 	<i>Covid isolation ward made in courtyard of PHC</i> 



4.2.3. Community Health Centre - Korha

- CHC Korha is a 30 bedded health centre and it is accessible to the nearby concrete road; however it is situated a bit far from main road of Korha town. CHC is running in old building but this building and whole premises were found very well maintained, renovated and neatly whitewashed, however, there is no ramp facility in the CHC building. Cleanliness and hygienic condition of the CHC was very commendable. The next referral point from CHC is District Hospital, Katihar which is around 30 kilometres from the centre.
- CHC Korha has general OPD, IPD, 24*7 delivery care services (only normal), NCD screening (in general OPD) and Covid 19 vaccination and testing services. There was no NBSU and NRC at CHC Korha. It has also drug & diagnostic (8 types of test facility) and other primary health care related services available. CHC has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP etc.
- All the drug and diagnostics services are free for all the patients at CHC Korha. There is one minor functional operation theatre at CHC, which is mainly used for LTT service. There was no ceiling light in the OT. X-ray service was available at CHC. There was neither blood bank nor blood storage unit at CHC.
- Almost all the displayed EDL drugs list for OPD & IPD are available at CHC. There were shortage of three EDL drugs namely, Ampicillin, Gentamycin and Lygnocaine at the CHC in last 30 days on the day of team visit. There was minimal shortage of consumables at CHC

Korha.

- 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: CHC Checklist, NHM PIP Monitoring, 2021

CHC Korha has 24*7 electricity facility with complete hospital power back-up DG sets.

- Human resources available at CHC is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	-	-	-
Obstetric Gynaecologist	-	-	-
Paediatrician	-	-	-
Anaesthetist	-	-	-
Total	06	0	0
MO (MBBS)	06	05	0
MO (AYUSH)	01	0	0
SNs/GNMs	16	05	0
ANM	-	04	-
Lab Technician	04	0	01
Pharmacist	03	01	0
Public Health Manager (Care India)	-	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. CHC neither have any specialist doctor nor have any specialised services available. In name of emergency only general emergency service is available at CHC Korha.

- As per IT service is concerned, there is desktop, laptop and tablet 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.
- LaQshya is not implemented at CHC Korha. The facility was taking initiative to implement the LaQshya as early as possible. Kayakalp internal assessment has done in CHC. The Kayakalp scorecard is 82.00% and Eco-Friendly scorecard is 70.48% of CHC Korha in internal assessment for 2021-22.
- As informed by the CHC official, due to Covid 19, Rogi Kalyan Samiti (RKS) meeting not held

in recent year at CHC Korha. The CHC budget of year 2020-21 and 2021-2022 are as follows:

Item	Budget Allocated (2020-21)	Expenditure (2020-21)	Budget Allocated (2021-22)	Expenditure (till September 2021)
Salary	9247322	9229912	12021942	10526554
Generator Maintenance	867000	846675	10670000	5982032
Contractual services	2675000	1569187	1500000	296715
Office expense	6500	6300	3600	0
Electricity Payment	112500	112500	60000	0
Total	12908322	11764574	24255542	16805301

Source: CHC Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at CHC Korha. The “Synergy Waste Management Private Limited, Bhagalpur” does collection of BMW on alternate day basis. There was also deep burial pit at the centre.
- 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 also no ramp facility at CHC Korha. Non availability of sufficient staff quarters at CHC were 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. Delivery kits for staff nurses were not available. There was also non availability of labour room register and case sheets at CHC Korha. Long pendency in payment of salary and incentives to ASHAs and MAMTA linked with CHC Korha is a major issue. The X-ray technician doesn’t have TLD badge nor did they get any radiation allowances. CHC didn’t have its own ambulance facility. 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.





4.2.4. District Hospital – Katihar

- DH Katihar is easily accessible from the main road. DH is presently running in very old and scattered building with very less bed capacity, as new 300 bedded Sadar Hospital (DH) building is under construction by demolishing the existing hospital building. The construction and demolition is getting done part by part which leads to long construction time of Sadar Hospital, Katihar. Also due to present construction work the overall infrastructure and cleanliness of the facility was not good. 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 100 bedded (not fully functional) hospital along with additional six ICU beds. However presently DH is not functional as 100 bedded.

- The 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	No
Drug storeroom with rack is available	Yes
Power backup	Yes

Source: DH Checklist, NHM PIP Monitoring, 2021

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

- Operation theatres are available at DH. However due to construction of new DH building by demolishing the existing building phase by phase, presently only Obstetrics & Gynaecology OT is functional at Sadar Hospital (DH) Katihar. Other than this neither any other operation theatre was available nor was any surgical service provided at DH. There is fully functional Blood Bank at DH Katihar.
- DH has general OPD, IPD, 24*7 delivery care services, NCD screening (in general OPD), Covid 19 vaccination and testing, SNCU and NRC services. DH has full-fledged oxygen management facility. It has also drug, diagnostic, pathological testing and all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc. All these services are free for all at DH. Presently DH doesn't have Dialysis and CT-Scan services. Apart from these general services below are the specialised services available at DH, Katihar:

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	No
Anaesthesiology	No
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
Neonatal Intensive Care Unit (NICU)	No
Paediatric Intensive Care Unit (PICU)	No
Labour Room Complex	No
ICU	Yes
Dialysis Unit	No
Emergency Care	Yes
Burn Unit	Yes
Teaching block (medical, nursing, paramedical)	Yes (Nursing)
Skill Lab	No

- Apart from above mentioned services, there is only general emergency service available. However triage, resuscitation and stabilization management under emergency services were not available. Tele-medicine/Consultation services were also available at DH.
- Human resources available at DH is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
<u>Specialists</u>			
Medicine	0	0	0
Obstetric Gynaecologist	06	06	0
General Surgeon	03	03	0
Paediatrician	01	01	0
Anaesthetist	03	03	0
Other Specialists	08	05	0
MO (MBBS)	21	20	0
MO (AYUSH)	101	100	01
SNs/ GNMs	115	58	0
ANM	-	-	-
LTs	13	12	01
Pharmacist	08	08	0
Matron	-	-	-
Nursing Sister	-	-	-
MSN	-	-	-
Ward boy	-	-	-

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Very few specialist doctors are posted at DH against their total sanctioned post. Neither infrastructure nor any other 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 and DHS, however the availability of desktops and laptops are not as per requirements. Internet facility is available with good signal quality.

- Out of total 294 EDL drugs list almost all types of drugs were available on the day of visit. There were shortage of five priority drugs namely, Inj Magself, Inj Lignocin (2%), Inj Anawinhavey, Inj Hydrocortison, Inj Vitamin K at DH in last 30 days. There was sufficient supply of essential consumables at DH Katihar.
- LaQshya was implemented in district hospital and labour room, however just after LaQshya implementation the MCH building had been demolished for new construction at DH. Kayakalp internal assessment has done in DH and it has score of 46% internal assessment for 2021-22.
- In DH 606 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 17 was OPD patients and 589 were IPD patients. Around Rs.30.31 lakhs have been submitted for pre-authorization and claims amounting Rs. 26.64 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Katihar	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	606
Out Patients	17
In Patients	589
Death Cases	1
Surgeries/Therapies Done	530
Surgeries/Therapies Done Amount (Rs.)	2688610
Preauthorization Initiated	588
Claims Submitted	527
Amount Preauthorized in (Rs.)	3031130
Amount of Claims Submitted in (Rs.)	2664210

- As informed by the DH official, due to Covid 19 Rogi Kalyan Samiti (RKS) meeting not held in recent year in DH Katihar.
- 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 Didi (counsellors) is posted in DH, CHC and PHC labour room, who counsel the delivery care beneficiaries in PNC ward. This is a very positive initiative by health department in Bihar.
- '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.
- 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 no any surgical service was functional at DH Katihar. There is 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. 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 district hospital is under construction, we may hope that post completion of the new DH building all the services will be available as per IPHS in the district.

<i>Main Entry Gate of Sadar Hospital (DH), Katihar</i>	<i>PRC Team meeting with Deputy Superintendent</i>
	
<i>New DH building under construction</i>	<i>New MCH wing construction site</i>
	
<i>DH Oxygen plant</i>	<i>DH security staffs discussing their issues</i>
	
<i>Covid 19 Isolation ward</i>	<i>Interaction with NRC beneficiary</i>
	



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 Katihar district of MP in second week of September, 2021. PRC team visited District Hospital (DH) Katihar, Community Health Centre (CHC) Korha, 24*7 Primary Health Centre (PHC) Hasanganj and HSC Bastaul, 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 Katihar district.

Long pendency in payment of ASHAs salary and incentives in Katihar 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. None of the visited health facilities, including DH Katihar, 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 Korha doesn't have CEmONC service. DH doesn't have CT scan, MRI, Dialysis 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 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) Katihar has a major issue of lack of space for different sections of health services and wards. New DH building is under construction but construction process is very slow which needs to be expedite, so that people get the full fledged tertiary care health services at DH Katihar.
- 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) 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.