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

District: Sheikhpura

(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 Sheikhpura 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 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 Sheikhpura 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 Sheikhpura district of Bihar in third week of December, 2021. PRC team visited Sadar District Hospital (DH) Sheikhpura, Community Health Centre (CHC) Ariyari, Referral Hospital (RH) Barbigha, 24*7 Primary Health Centre (PHC) Ghat Kusumbha, Additional Primary Health Centre (APHC) Mehus and HSC Mafo, 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 Sheikhpura 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 Sheikhpura, CHC Ariyari, RH Barbigha, 24*7 PHC Ghat Kusumbha, APHC Mehus and HSC Mafo 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

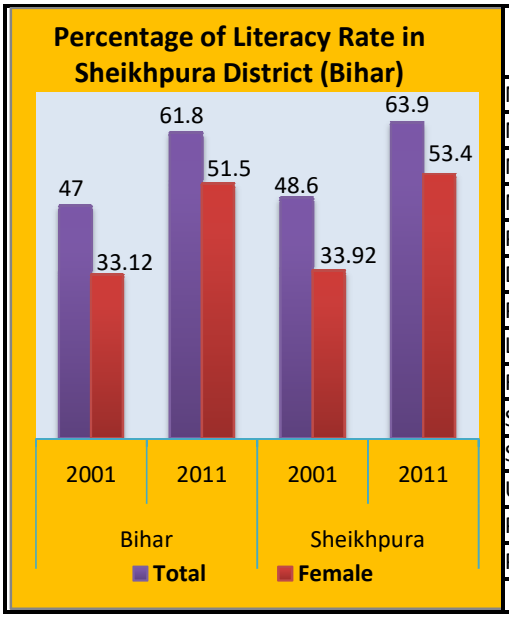
- Bihar is located in the eastern region of India. Bihar lies mid between the humid West Bengal in the east and the sub humid Uttar Pradesh in the west. It is bounded by Nepal in the north and by Jharkhand in the south. Bihar is distributed in 09 divisions, 38 districts, 101 sub-division, 534 CD-block, 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.

- The district of Sheikhpura, lies almost on the middle portion of the south Bihar plain. The district is part of Munger division. Because of the division of the district on 31th July 1994 the present area of the district remains 689 Sq. kms. It ranks 36rd among all districts in terms of area in state. The district is bound on north side by the district of Nalanda, on south by Nawada and Jamui districts, on east by Lakhisarai district and on west by Nalanda and Nawada districts.

- The district is divided into six Community Development Blocks namely Sheikhpura, Barbigha, Ariari, Sheikhopur Sarai, Ghat Kusumbha and Chewara. There are two statutory towns namely Sheikhpura (Nagar Parishad) and Barbigha (Nagar Panchayat). As per Census 2011 Sheikhpura district has total 54 Gram Panchayats and 314 villages (Inhabited-261, Un-inhabited-53). It caters to a population of 636342 (Male: 329743, Female: 306599) and density of 924 persons per sq. kms as compared to 1106 persons of Bihar. The percentage of scheduled caste population is 20.60 whereas, that of the scheduled tribes is 0.10 in the district.

Key socio-demographic indicators



Indicator	Bihar		Sheikhpura	
	2001	2011	2001	2011
No. of Districts	37	38	1	1
No. of Blocks	533	534	6	6
No. of Villages	45098	44874	321	314
No. of Towns	130	199	2	2
Population (Million)	83.0	104.1	053	0.64
Decadal Growth Rate	28.62	25.42	25.04	21.09
Population Density (per (Km$^{2)}$	881	1106	763	924
Literacy Rate (%)	47.00	61.80	48.6	63.9
Female Literacy Rate (%)	33.12	51.50	33.9	53.4
Sex Ratio	919	918	918	930
Sex Ratio (0-6 Age)	942	935	955	940
Urbanization (%)	10.46	11.29	15.47	17.13
Percentage of SC (%)	15.72	15.91	19.74	20.60
Percentage of ST (%)	0.91	1.28	0.04	0.10

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

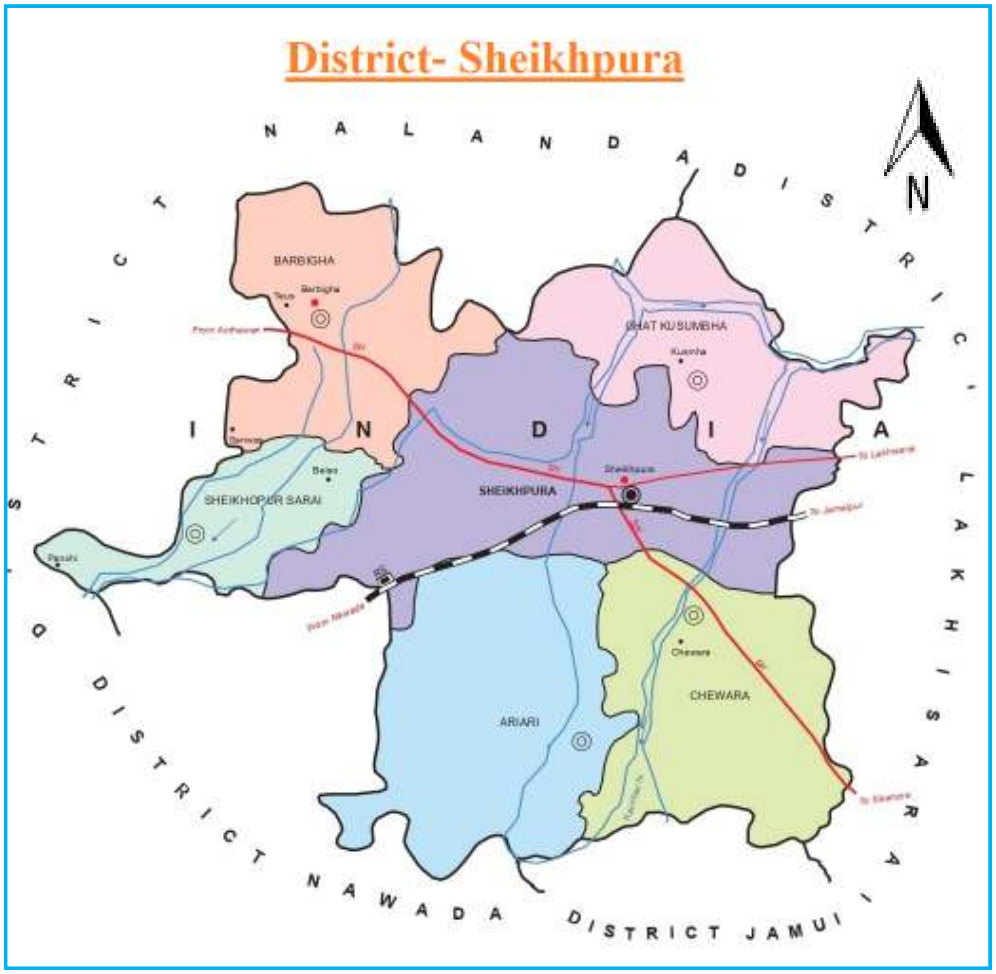
- The decadal growth rate of Sheikhpura has decreased from 3.95 percent during 2001-2011. The literacy rate of the district has increased by 15.3 percentage point during the decade. Total literacy rate is now 63.9 percent. Female literacy rate has increased by 19.5 points in

Sheikhpura district from 33.9 percent in 2001 to 53.4 in 2011 which is more than the state average (Bihar: 51.50 percent).

- The male-female ratio of Sheikhpura district is 930 females per thousand males in comparison to 918 per 1000 males for Bihar. The child sex ratio has decreased by 15 percentage points from 955 in 2001 to 940 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 and also the main source of livelihood of the people. Rainfall still controls the agricultural economy of Sheikhpura district. Paddy, Wheat, Gram, Masoor and Mustard etc. are the major crops grown in the district. There are stone quarries under Sheikhpura Block which is used as road, bridge and building material.

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)

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

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

Indicators	**Observation**
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state	Yes
Date of release PIP (2021-22)	11-08-2021
Date of release first instalment of fund against DHAP	13.07.2021(PFMS)
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. Sheikhpura district has two community health centres (CHC), five primary health centres (PHC) and 104 sub health centres (HSC) along with one 100 bedded (functional as 70 bedded) Sadar Hospital (DH). There was one first referral unit (FRU) namely, Barbigha in the district. District has only one Special Newborn Care Unit (SNCU) and one Nutritional Rehabilitation Centre (NRC) available to provide child health care services. Total 10 PHCs out of 17 and 15 HSCs among 104 has been converted into health & wellness centre in Sheikhpura district. There is one blood bank and one blood storage unit (BSU) available in the district. Blood transfusion is chargeable for general category and free for BPL & all obstetric and ANC patients (JSSK beneficiaries). There are six Designated Microscopy Centres (DMC) and six Treatment Units (TU) available for providing screening and medicine to the TB patient along with one CBNAAT and three TruNat 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 one NCD clinics and two Comprehensive Abortion Care (CAC) facilities are available in the district (table 3.2).

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

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	0	0
3. Community Health Centres (CHC)	2	2
4. Primary Health Centres (PHC)	5	5
5. Sub Centres (SC)	104	104
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)	1	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	2	1
14. No. of PHC converted to HWC	17	10
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	104	15
17. Designated Microscopy Centre (DMC)	6	6
18. Tuberculosis Units (TUs)	6	6
19. CBNAAT/TruNat Sites	1/3	1/3
20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases(NCD) clinic	1	1
22. Institutions providing Comprehensive Abortion Care (CAC) services	7	2

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 10 types (at DH) of lab test were conducted in the district. There are four HSCs conducting more than 3 deliveries in a month. There are three PHCs conducting more than 10 deliveries in a month and two CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month, presently DH is conducting C-section delivery. There is no medical college available in the district. In Sheikhpura district, only one health facility (at DH) is providing ultrasound services.

RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme. There are six blocks in Sheikhpura district. Out of 12 teams required, only 6 RBSK teams are operational in the district along with six 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	-

Indicator	Observation
Status of delivery points in the District (2021-22)	
No. of SCs conducting >3 deliveries/month	4
No. of 24X7 PHCs conducting > 10 deliveries /month	3
No. of CHCs conducting > 20 deliveries /month	2
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	0
No. of Medical colleges conducting C-section	0
Number of institutes with ultrasound facilities (Public+Private)	1
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	1
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	8 PMSMA Sites
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	12
No. of teams with all HR in-place (full-team)	6
No. of vehicles (on the road) for RBSK team	6
No. of Teams per Block	1
No. of block/s without dedicated teams	0
Average no of children screened per day per team	(Presently team involved in Covid related work)
Number of children born in delivery points screened for defects at birth	0

Source: District Checklist, NHM PIP Monitoring, 2021

3.3 Status of child health services in the District

In Bihar, almost in every district SNCU 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 one SNCU and one NRC in functional in Sheikhpura district. The SNCU is 12 bedded and a total 501 children (inborn-302; outborn-199) have been admitted as per the records, 390 children were cured after treatment and 42 children were referred to a higher facility. In DH Sheikhpura it was reported that 18 children left earlier without informing or left against medical advice (LAMA) and 53 children died during admission during 2021-22 (upto November 2021). There were 12 radiant warmer functional 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.

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	1
Number of non-functional radiant warmer for more than a week	0

Number of non-functional phototherapy unit for more than a week		0
SNCU	**Inborn**	**Out born**
Admission	302	199
Defects at birth	1	1
Discharged	236	154
Referral	23	19
LAMA	10	8
Died	33	20
Newborn Stabilization Unit (NBSU) in the district (2021-22)		
NBSU	**Inborn**	**Out born**
Admission	NA	NA
Discharged	NA	NA
Referral	NA	NA
LAMA (Left Against Medical Advice)	NA	NA
Died	NA	NA
Nutrition Rehabilitation Centres -NRC (2021-22) Total district data		
Admission		73
Bilateral pitting oedema		0
MUAC<115 mm		57
Z-Score		63
with Diarrhoea		18
ARI/ Pneumonia		9
TB		0
HIV		0
Fever		20
Nutrition related disorder		7
Others		19
Referred by		
Frontline worker		73
Self		0
Ref from VCDC/ CTC		0
RBSK		0
Paediatric ward/ emergency		0
Discharged		71
Referral/ Medical transfer		0
LAMA		3
Died		0
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		508
No. of Newborns visited under HBNC		-
No. of ASHA having drug kit		508
Number of Maternal Death Review conducted		-
Previous year (2020-21)		1
Current FY (2021-22)		1
Number of Child Death Review conducted		-
Previous year (2020-21)		97
Current FY (2021-22)		21

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 Sheikhpura 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 41 specialist doctors only five are posted. There is no obstetric & gynaecologist posted in the district. Also there is no ENT specialist, EYE specialist and radiologist in the district. Only two child specialist, two anaesthetists and one surgeon are there as specialist doctors in the district. Out of 66 sanctioned post of Medical officer only 54 are working, 64 staff nurses and 179 ANMs are working against their sanctioned post of 90 and 256 respectively. There are four lab technicians, four radiographer/x-ray technician and 20 pharmacists are available against their sanctioned post of 34, 8 and 33 respectively. There are 14 AYUSH MOs, 16 RBSK MOs, nine RBSK pharmacists are available against 17, 24 and 12 sanctioned posts respectively. There are 12 CHO posted in Sheikhpura district at HWCs.

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

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	256	179	30.1
MPW (Male)	-	-	-
Staff Nurse	90	64	28.9
Lab technician	34	4	88.2
Pharmacist (Allopathic)	33	20	39.4
MO (MBBS)	66	54	18.2
OBGY	10	0	100.0
Paediatrician	10	2	80.0
Anaesthetist	10	2	80.0
Surgeon	10	1	90.0
Radiologists	1	0	100.0
Other Specialists	-	-	-
Dentists/ Dental Surgeon/ Dental MO	9	5	44.4
Dental technician	-	-	-
Dental Hygienist	-	-	-
Radiographer/ X-ray technician	8	4	50.0
CSSD Technician	-	-	-
OT technician	1	0	100.0
CHO/ MLHP	-	12	-
AYUSH MO APHC	17	14	17.6
AYUSH MO RBSK	24	16	33.3
AYUSH Pharmacist RBSK	12	9	25.0

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 Sheikhpura, there are 11 "108" emergency response vehicles along with one Advanced

Life Support vehicle in the district. There is no any Mobile Medical Unit (MMU) functional in the district. The referral transport service in the district is running through centralised call centre from state. Almost five 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 - 11	
No. of Advanced Life Support (ALS) (on the road) and their distribution	01 (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 & Social Benefit Schemes related to them and CPHC in the district

Indicator	**Observation**
Number of ASHAs	
Required as per population	747
Selected	508
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	331
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)	5
No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	0
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	4
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	4
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	53
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	5
Any other state specific scheme_____	-
Mahila Arogya Samitis (MAS)-	
No. of MAS Formed	-
No. of MAS Trained	-
No. of MAS account opened	-
Number of facilities NQAS certified in the district	0
No. of health facilities implemented Kayakalp	1
No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	0
Activities performed by District Level Quality Assurance Committee (DQAC)	Yes

Indicator Implementation of CPHC (2021-22)	**Planned**	**Completed**
Universal health screening for NCD		
1. If conducted, what is the target population	55647	1658
2. Number of individuals enumerated	23039	22539
3. Number of CBAC forms filled	23039	22539
4. Number of HWCs started NCD screening:		
a. SHC- HWC	15	15

	b. PHC- HWC	10	10
	c. UPHC – HWC	0	0
5.	No. of patients screened, diagnosed and treated		
	a. Hypertension	14180	247
	b. Diabetes	13539	122
	c. Oral Cancer	13098	55
	d. Breast Cancer	6322	55
	e. Cervical Cancer	3970	2176
6.	Number of HWCs providing Tele-consultation services	8	8
7.	Number of HWCs organizing wellness activities	25	25

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 Human Resources (Service Delivery) then in Community Intervention and Facility Based 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 & approval process by the concerned authorities. 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	492.7821	174.4227
FMR 2: Service Delivery: Community Based	61.36022	24.71066
FMR 3: Community Intervention	502.5827	29.5843
FMR 4: Untied grants	58.75	18.22987
FMR 5: Infrastructure	162.85	0.318
FMR 6: Procurement	125.3362	36.46867
FMR 7: Referral Transport	155.3935	117.9026
FMR 8: Human Resource (Service Delivery)	879.4578	203.2505
FMR 9: Training	93.5512	2.42422
FMR 10: Review, Research and Surveillance	4.93834	0
FMR 11: IEC-BCC	13.43913	1.35414
FMR 12: Printing	0.42768	0
FMR 13: Quality	24.24154	3.62053
FMR 14: Drug Warehouse & Logistic	29.12282	9.132673
FMR 15: PPP	14.065	7.2
FMR 16: Programme Management	189.1625	116.87
FMR 16.1: PM Activities Sub Annexure	65.37824	18.30795
FMR 17: IT Initiatives for Service Delivery	4.565	0
FMR 18: Innovations	4.86	0.12

Table 3.9 shows that under RCH and Health Systems flexi pool budget allocation is highest under the Human Resources followed by Programme Management. 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	43.88	11.49
Child Health	91.63	10.01
RBSK	128.24	57.74
Family Planning	162.39	51.02
RKSK/ Adolescent health	0.55	0.00
PC-PNDT	0.30	0.00
Immunization	12.46	50.35
Untied Fund	45.85	18.23
Comprehensive Primary Healthcare (CPHC)	0.00	0.00
Blood Services and Disorders	1.65	0.00
Infrastructure	162.84	0.32
ASHAs	177.65	16.31
HR	879.46	203.25
Programme Management	189.16	116.87
MMU	0	0
Referral Transport	155.39	117.90
Procurement	140.16	36.49
Quality Assurance	24.24	03.62
PPP	14.06	07.20
NIDDCP	0.30	0.21
NUHM	1.45	0.49
Integrated Disease Surveillance Programme (IDSP)	03.21	0.00
National Vector Borne Disease Control Programme (NVBDCP)	39.65	3.32
National Leprosy Eradication Programme (NLEP)	15.02	0.00
National TB Elimination Programme (NTEP)	71.21	0.00
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	10.00	07.20
National Mental Health Program (NMHP)	2.45	0.00
National Programme for Health Care for the Elderly (NPHCE)	0.00	0.00
National Tobacco Control Programme (NTCP)	1.67	0.00
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	30.89	2.42
National Dialysis Programme	0.00	0.00
National Program for Climate Change and Human Health (NPCCHH)	0.00	0.00
National Oral health programme (NOHP)	2.50	0.00
National Programme on palliative care (NPPC)	0.00	0.00
National Programme for Prevention and Control of Fluorosis (NPPCF)	0.77	0.00
National Rabies Control Programme (NRCP)	0.02	0.00
National Programme for Prevention and Control of Deafness (NPPCD)	0.00	0.00
National Programme for Prevention and Management of Burn & Injuries	0.00	0.00
Programme for Prevention and Control of Leptospirosis (PPCL)	0.00	0.00

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 Mafo 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 Mafo.

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 sadar hospital (DH) Sheikhpura. 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 dependent on agriculture and daily wages labourer. 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 iron soluble 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 was huge pendency in the payment of their incentives.

Community people interviewed at HSC Mafo informed that, they are getting ANC, PNC, Immunization, Contraceptive services at HSC itself, but only when it is open. As informed, HSC is not functional on daily basis. 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 Mafo needs to be covered with boundary wall. People also demands of having HSC full functional, as it is not get open daily, when asked for the same, ANM informed that, she is only ANM posted here, who has to look all the field service, so she can't come daily at HSC. People wants posting of more ANM with having delivery care service at

the HSC along with some test and medicines facility. CHO needs to be posted at HSC on priority for serving it as HWC.

4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Sub Health Centre/ HWC - Mafo

- HSC Mafo is located a bit far from the village main road; however centre is linked with approach road made up of concrete. HSC is running in old building without boundary wall, the condition of the centre was not good. The next referral point from HSC is PHC, Ghat Kusumbha which is around 13 kilometres from the centre.
- None of the facility i.e. running water, electricity, drinking water, building, branding, toilets etc. Were available at HSC Mafo.

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

Source: HSC Checklist, NHM PIP Monitoring, 2021

- Very few health care services were available at HSC and that also when it is open and functional. HSC Mafo is not functional as HWC, as there was no CHO posted. At the time of PRC team visit this HSC was just providing Covid-19 vaccination service. There is urgent need of posting of ANM for to be posted at HSC for functioning of HSC. Neither the facility nor the available services are as per IPHS norms at HSC.
- After finding HSC Mafo as non functional HWC, PRC team on the go visited to APHC Mehus. APHC Mehus was functional as HWC. There was one regular AYUSH MO at APHC who was doing extraordinary effort for making APHC as a model centre. He was also residing at APHC staff quarter.
- APHC Mehus is adjacent to main road of Mehus village. APHC is running in new building with complete boundary wall. The MOI/c taking personal interest has developed several ayurvedic plants in APHC garden and whole APHC premises was very well maintained, the beauty and cleanliness of APHC attracts the people and many use to take selfie in the campus.

- The building infrastructural condition of APHC Mehus 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	No
Branding	Yes

Source: APHC Checklist, NHM PIP Monitoring, 2021

- APHC Mehus has general OPD services, Covid 19 vaccination and testing, drugs and first aid treatment on injury. APHC also providing family planning services like, OCP, ECP, condom etc.

- APHC Mehus has only one AYUSH MO and one staff nurse posted for providing health care services. Lack of HR is a major issue in all the visited health facilities in Sheikhpura district.

HR APHC Mehus	Sanctioned	Regular	Contractual
MO (MBBS)	02	02	0
MO (AYUSH)	1	0	1
SNs/ GNMs	2	0	1
ANM	2	2	0
LTs	-	0	0
Pharmacist	1	0	0

Source: APHC Checklist, NHM PIP Monitoring, 2021

- Out of total 44 EDL drugs, 36 types of drugs were available on the day of visit. There was shortage of two priority drugs namely, Amoxycilin 625mg and Azithromycin at APHC in last 30 days. Drugs for hypertension and diabetes available at APHC are Tab-Amlodipine and Jipi-2.

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

- Key challenges observed in the HSC Mafo were non availability of 24*7 water, electricity, good building & branding, proper toilets etc. facility. There were 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 at HSC. APHC Mehus has only one AYUSH MO and one SN 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 Mehus, Sheikhpura	*PRC team with MO and other health staffs*
	
Very neat and clean APHC galary	*Very well maintained APHC Mehus campus*
	
Very neat and clean APHC premises	*Interaction with beneficiery at OPD area*
	
HSC (HWC) Mafo, Sheikhpura	*HSC Mafo with no boundary wall*
	
SHC Mafo building	*Main entry of HSC Mafo*
	

4.2.2. Primary Health Centre/ HWC - Ghat Kusumbha

- PHC Ghat Kusumbha is a six bedded health centre which is situated adjacent to the main road of Ghat Kusumbha. PHC is running in very old building, whole PHC infrastructure was in poor condition and there is need of new construction for smooth functioning of PHC as per its norms. This centre is very down to its surrounding area, so there is huge problem of water logging, in rainy season whole PHC is flooded with water and almost non functional during the rainy season. The next referral point from PHC is District Hospital, Sheikhpura which is around 32 kilometres from the centre.
- The building infrastructural condition of PHC Ghat Kusumbha 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	Yes
Power backup	Yes
Branding	No

Source: PHC Checklist, NHM PIP Monitoring, 2021

Electricity facility is available with power back-up facility.

- PHC Ghat Kusumbha 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 (10 types of test facility) and other primary health care related services are available. There is no NBSU at PHC Ghat Kusumbha. Tele-Consultation service was available at the centre. 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)	05	03	0
MO (AYUSH)	04	0	0
SNs/ GNMs	-	0	0
ANM	03	03	0
LTs	01	0	01
Pharmacist	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 doesn't have smart phone as well. Internet facility is available with good quality band at PHC.

- Out of total 212 EDL drugs, almost all types of drugs were available on the day of visit. There was shortage of five priority drugs namely, Paracetamol, Calcium, Vitamin K, Vitamin A and Povidom Iodine ointment at PHC in last 30 days. Drugs for hypertension and diabetes available at PHC are Amlodipine, Telmistan, Metformin and Glimpride. There was minimal shortage of consumables at PHC.
- As informed by the PHC official, Rogi Kalyan Samiti (RKS) meeting was not held in recent years due to Covid 19. The NHM budget of year 2020-2021 is as follows:

NHM Budget (2020-21)		
Item	**Received (in Rs.)**	**Expenditure (in Rs.)**
Service delivery Facility Based	2126430	-
Service delivery Community Base	372400	-
Community Interventions	3075309	-
Infrastructure Strengthening	14400	-
Procurement	115810	-
Service Delivery	1830098	-
Training and Capacity Building	37000	-
Child Death Review	17299	-
IEC/BCC	41800	-
Quality Assurance	11000	-
Drug Warehouse and Logistics	95400	-
PPP	10000	-
Programme Management HR	1504847	-
Programme Management Activity	363136	-
Innovation	77000	-
Total	**10007507**	**3340853**

Source: PHC Checklist, NHM PIP Monitoring, 2021

- There were no diagnostics, x-ray services available at PHC. There is one minor operation theatre available at PHC, which is mainly used for fixed days LTT camp.
- PHC Ghat Kusumbha is not a Designated Microscopy Centre under TB elimination programme. Biomedical waste management services were outsourced at PHC.
- LaQshya is not implemented at PHC. Kayakalp internal assessment also not done in PHC Ghat Kusumbha for year 2021-2022.
- Key challenges observed in the facility are, non availability of adequate space, lack of staffs and poor building infrastructure. There is very less space for patient waiting area and overall PHC requirement. PHC is situated in interior area and is far from habitat area of Ghat Kusumbha. There is urgent need of construction of new PHC building along with staff quarters and complete boundary wall. Neither the facility infrastructure nor the available services are as per IPHS norms at PHC. 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 of PHC Ghat Kusumbha, Sheikhpura	*PRC team with MO and Staffs of PHC*
	
PHC premises with poor building condition	*Labour room premises of PHC*
	
Labour room with one delivery table	*PHC only ward, mainly used as PNC ward*
	
Hospital gallary with no waiting space	*Only Waiting area of the patient*
	
Very small cold chain room	*OPD registration counter*
	

4.2.3. Community Health Centre - Ariyari

- CHC Ariyari is a 30 bedded health centre, accessible to the nearby concrete main road, however it is far from the Ariyari town. CHC is running in old building, however due to good maintenance work overall infrastructure look is good and cleanliness of the facility was also good. CHC has a good land space, but it is not covered through complete boundary wall, which may lead to encroachment by local people, this issue needs to be address urgently. The next referral point from CHC is District Hospital, Sheikhpura which is around 8 kilometres from the centre.

- CHC Ariyari has general OPD, IPD, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, NRC services. There is no NBSU and BSU at CHC Ariyari. It has also drug and diagnostic (18 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 Ariyari 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

CHC Ariyari has 24*7 electricity facility is available with power back-up DG sets.

- Human resources available at CHC is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists	05	0	0
MO (MBBS)	06	04	0
Dentist	01	01	0
GNMs	16	04	0
ANM	-	-	-
LTs	04	0	0
Pharmacist	02	0	0
Hospital Manager	01	0	01

Source: CHC Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at CHC. Other than clinical infrastructure, none of the parameters, i.e. health services, HR, diagnostic etc. was 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, 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.
- Out of total 116 EDL drugs list, almost all types of drugs were available on the day of visit. Three priority drugs namely, Paracetamol, Levocetrizine and Rabiprazol were not available in last 30 days at CHC Ariyari. There was also no any shortage of consumables at CHC Ariyari.
- All the drug and diagnostics services are free for all the patients at CHC Ariyari. There is one minor functional operation theatre at CHC, which is mainly used for LTT service. X-ray service was available at CHC. There was neither blood bank nor blood storage unit at CHC.
- LaQshya is not implemented at CHC. Kayakalp internal assessment also done in CHC. The Kayakalp scorecard is 72% of CHC Ariyari in internal assessment for 2021-22.
- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting was not held in recent year due to Covid 19 at CHC Ariyari.
- Biomedical waste management services are outsourced at CHC. The outsourced company collect the BMW from CHC Ariyari on every alternate day. The Security, Laundry and Cleaning services are also outsourced at CHC Ariyari.
- Key challenges observed in the facility are, lack of HR, non availability of specialised services, no specialist doctors. Though CHC building was well maintained but it is not as per IPHS norms. There was no boundary wall at CHC Ariyari, which may leads to encroachment by the local people. Construction of boundary wall is urgently required. Non availability of 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 Ariyari 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 Ariyari, Sheikhpura	*PRC team with Visited with BMO and BHS staffs*
	
PRC team meeting with hospital staffs	*Clean Labour room*
	
Covid 2nd dose vaccination calling by school teachers	*Internal premises of CHC Hospital*
	
Interaction with PNC beneficiary	*CHC MCH wing gallary area*
	
New bads for Covid isolation ward	*Discussions on issues of CHC with staffs*
	

4.2.4. Referral Hospital - Barbigha

- RH Barbigha is a 30 bedded hospital and accessible to the nearby concrete main road of Barbigha town. RH is running in multi storey new building and overall infrastructure is good and cleanliness of the facility was also good. The next referral point from RH is District Hospital, Sheikhpura which is around 18 kilometres from the centre.
- RH Barbigha has general OPD, IPD, 24x7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing services. There is no NRC and non functional NBSU at RH Barbigha. RH has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It has also drug and diagnostic (10 types of test facility) and other primary health care related services are available. RH has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc.
- RH Barbigha, on record, has been upgraded as referral hospital (RH), however the available services are still as PHC/CHC as informed by BMO. Lack of HR especially specialists is main issue for its non-functioning as RH. The present infrastructural condition is as follows:

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

Source: RH Checklist, NHM PIP Monitoring, 2021

RH Barbigha has 24*7 electricity facility is available with power back-up DG sets.

- Human resources available at RH is as follows:

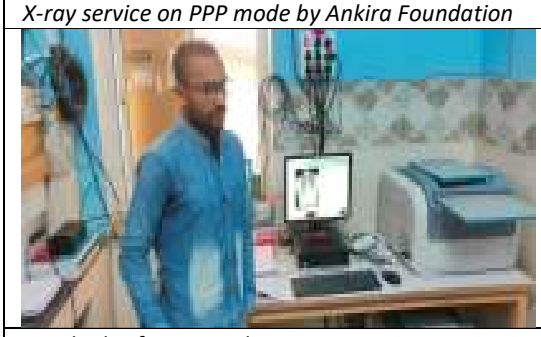
HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	-	0	0
Obstetric Gynaecologist	-	0	0
Paediatrician	-	0	0
Anaesthetist	-	0	0
MO (MBBS)	04	03	0
GNMs	04	04	0
LTs	01	0	0
Pharmacist	02	02	0
X-Ray Technician	01	01	0
Ward boy	04	01	0

Source: RH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at RH. Other than infrastructure, none of the

parameters, i.e. services, HR, quarters, diagnostic etc. is as per IPHS norms. RH Barbigha has only one general surgeon, however due to non availability of blood bank or BSU no general surgery has been performed at RH. In name of emergency only general emergency service is available at RH.

- As per IT service is concerned, there is desktop, laptop and tablet available with the concerned designated staffs of RH and block health society (BHS). Internet facility is available with good signal quality at RH Barbigha.
- Out of total 66 EDL drugs list, almost all types of drugs were available on the day of visit. There was minimal shortage of consumables at RH Barbigha.
- All the drug and diagnostics services are free for all the patients at RH Barbigha. There is one major and one minor functional operation theatre at RH, which is mainly used for LTT service. X-ray service was available at RH on PPP mode (Ankira Foundation) and the service as observed by PRC team was found remarkable.
- LaQshya is not implemented at RH. Kayakalp internal assessment has done in RH. The Kayakalp scorecard is 76% of RH Barbigha in internal assessment for 2021-22.
- As informed by the RH official, Rogi Kalyan Samiti (RKS) meeting was not held in RH Barbigha in recent years due to Covid 19.
- Biomedical waste management services are outsourced at RH. The 'Synergy Waste Management Private Limited, Munger' is the outsourced company which collect the BMW from RH Barbigha on every alternate day.
- Key challenges observed in the facility are, lack of HR, non availability of specialised services, no specialist doctors. Though RH has new multi storey building and was well maintained but it is not as per IPHS norms. Although RH has multi storey staff quarters but non availability of sufficient staff quarters, especially for group C & D staffs, was a big constraint in its functioning as 24x7 health centre. There is no blood bank or blood storage unit at RH. There was designated NBSU at RH, however it is non functional. Long pendency in payment of salary and incentives to ASHAs and MAMTA linked with RH Barbigha 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 RH Barbigha, Sheikhpura	*PRC team with BMO and BHS staffs*
	
Drug distributiion centreof RH	*MNCU complex model Labour room*
	
Interaction with beneficiary at PNC ward	*OPD registration counter*
	
X-ray service on PPP mode by Ankira Foundation	*NBCC corner*
	
New beds of PNC ward	*Non functional NBSU*
	

4.2.5. District Hospital – Sheikhpura

- DH Sheikhpura is a 100 bedded hospital (functional as 72 bedded) and easily accessible from the main road. DH is running in combination of old and new constructed building and overall infrastructure and cleanliness of the facility was good. There was lack of staff quarters at DH Sheikhpura.
- The present building infrastructural condition is as follows:

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

Source: DH Checklist, NHM PIP Monitoring, 2021

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

- DH has general OPD, IPD, 24*7 delivery care services, NCD clinic, Covid 19 vaccination and testing, SNCU, NRC (at different place in the city) and two bedded ICU services. DH has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It has also drug, diagnostic and all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc. Apart from these general services below are the specialised services available at DH, Sheikhpura:

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)	Yes
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	Yes
ICU	Yes
Dialysis Unit	Yes
Emergency Care	Yes

Burn Unit	No
Teaching block (medical, nursing, paramedical)	No
Skill Lab	No

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

- Human resources available at DH is as follows:

HR	**Sanctioned**	**Working (Reg)**	**Working (Cont)**
Specialists			
Medicine	-	-	-
Obstetric Gynaecologist	03	01	0
General Surgeon	03	02	0
Paediatrician	03	02	0
Anaesthetist	03	02	0
Other Specialists	12	04	0
MO (MBBS)	09	06	-
MO (AYUSH)	02	0	0
SNs/ GNMs	56	45	0
LTs	07	02	02
Pharmacist	07	07	0
Hospital Manager	01	0	01
X-Ray technician	04	02	0

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 24 Specialist doctors only 11 are posted at DH. Other than infrastructure, none of the parameters, i.e., services, HR etc. is as per IPHS norms in DH.

- As per IT service is concerned, there is desktop, laptop and tablet available with the concerned designated staffs of DH, however the availability of desktops and laptops are not as per requirements. Internet facility is available with good signal quality at DH.
- '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 Sheikhpura.
- All the prescribed priority drugs for district hospital, were available on the day of visit. There was also sufficient supply of consumables at DH Sheikhpura. However there was shortage of delivery patients' case sheets at DH.
- All the drug and pathological tests are free for all the patients at district hospital. However, presently ECG, Sonography, CT scan, MRI etc. Services were not available at DH. Dialysis service is running on PPP model. Dialysis service is chargeable for non BPL patients at DH. The dialysis charge for non BPL is Rs.1720/- per visit, this needs to be reduced as requested

by beneficiaries.

- Operation theatres are available at DH. There are functional Single general OT, Obstetrics & Gynaecology OT and Ophthalmology/ENT OT. However Elective Major General, Orthopaedic and Emergency OT were not functional at DH. There is one functional Blood Bank at DH Sheikhpura. Blood bank has only one technician available.
- LaQshya is implemented in labour room and Operation Theatre at DH. Labour room was very well maintained and established following all required mandates of LR. Entry point and whole LR looks like a model DH labour room. Score under LaQshya program is 98% and 92% for labour room and operation theatre respectively in internal assessment for year 2021-22 of DH Sheikhpura. Kayakalp internal assessment also done in DH and has score of 85.29% and eco-friendly score is 71.43% in peer assessment for 2021-22.
- In DH 761 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 17 was OPD patients and 744 were IPD patients. Around Rs.31.03 lakhs have been submitted for pre-authorization and claims amounting Rs. 27.54 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Sheikhpura	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	761
Out Patients	17
In Patients	744
Death Cases	0
Surgeries/Therapies Done	668
Surgeries/Therapies Done Amount (Rs.)	2754110
Preauthorization Initiated	743
Claims Submitted	668
Amount Preauthorized in (Rs.)	3103910
Amount of Claims Submitted in (Rs.)	2754110

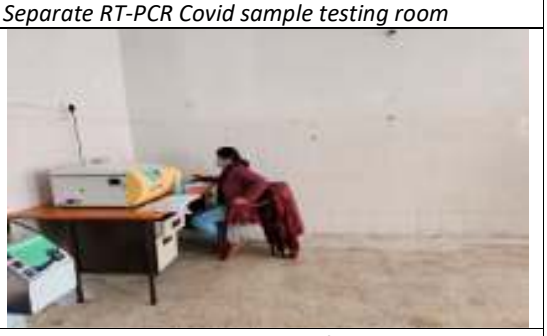
- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting last held in DH Sheikhpura was on 24th November 2020. Due to Covid 19, RKS meeting not held in recent year. The NHM budget detail for year 2021-2022 is as follows:

NHM Budget 2021-22 (Upto 07.11.2021)	**Income (in Rs.)**	**Expenditure (in Rs.)**
Reproductive & Child Health	8011868	5584814
Maternal Health	6186228	3952255
Child Health	107500	782623
Family Planning	1516400	194010
Training	30000	61000
Programme Management	171740	594926
Mission Flexible Pool	3218439	1791529
Power Backup & Convergence	-	58911
Human Resources	1717944	1044116

Source: DH Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at DH. The 'Synergy Waste Management Private Limited, Munger' 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. Presently even caesarean section delivery facility was not available due to non availability of trained gynaecologist at DH Sheikhpura. There is need of staff quarters for doctors and other staffs for 24x7 smooth functioning of the hospital. DH has a very well developed model labour room, but due to lack of space, there was no separate wing for MCH care. This needs to be address by hospital administration. The NRC and SNCU are also available in separate building of DH. The SNCU either needs to be shifted near to labour room wing or needs renovation work as per norms in present building. There is no DEIC at DH. For whole DH only one lab technician is available for performing pathological tests, which needs to be address urgently to run the service smoothly. 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 DH Sheikhpura	*Sadar hospital (DH) campus view*
	
PRC Team meeting with Deputy Superintendent	*PRC team with NRC staffs*
	

Clean & Maintained DH Gallary	*Labour room reception cum helpdesk*
	
Interaction with beneficiary at PNC ward	*Separate RT-PCR Covid sample testing room*
	
Patient waiting area at DH	*Well maintained labour room of DH*
	

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 Sheikhpura district of Bihar in third week of December, 2021. PRC team visited District Hospital (DH) Sheikhpura, Community Health Centre (CHC) Ariyari, Referral Hospital (RH) Barbigha, 24*7 Primary Health Centre (PHC) Ghat Kusumbha and HSC Mafo & APHC Mehus, which are functioning as Health and Wellness Centre, 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 Sheikhpura district. Long pendency in payment of ASHAs salary and incentives in Sheikhpura 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 facilities, including DH Sheikhpura, 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. RH Barbigha & CHC Ariyari doesn't have all CEmONC services. DH doesn't have ECG, CT

scan, MRI and Sonography service. Different FRUs doesn't have appropriate health care services as per required norms. District doesn't have a single Mobile Medical Unit.

- None of the visited health centres, including DH have caesarean section delivery service. OT is only used for LTT service except at DH. None of the visited CEmONC health facilities has blood bank or blood storage unit nor has required HR and equipments. DH also doesn't have several specialised health care service facility. However blood bank was available at DH Sheikhpura.
- Sadar Hospital (DH) Sheikhpura has issue of lack of space for different sections of health services and wards. DH building doesn't have separate MCH wing. SNCU and NRC are running in separate and very old building. ANC, PNC ward are not linked with labour room of DH. Presently people of Sheikhpura are not getting the full fledge tertiary care health services at Sadar Hospital (DH) Sheikhpura.
- 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/BHS/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 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.