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

District: Sitamarhi

(Bihar)

Study Completed By

Dr. Kumar Raghubansh Mani Singh
Dr. Niklesh Kumar

Honorary Director
Prof. K.K.N. Sharma

Population Research Centre

(Ministry of Health and Family Welfare, Government of India)
Dr. Harisingh Gour Vishwavidyalaya
(A Central University)
Sagar, Madhya Pradesh

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Dr. Kumar Raghubansh Mani Singh
Dr. Niklesh Kumar

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 Sitamarhi 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 Sitamarhi district of Bihar in second week of December, 2021. PRC team visited Sadar District Hospital (DH) Sitamarhi, Sub Divisional Hospital (SDH) Belsand, Community Health Centre (CHC) Runni Saidpur, 24*7 Primary Health Centre (PHC) Dumra and HSC Punaura, 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 Sitamarhi 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, HWC, 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 Sitamarhi, SDH Belsand, CHC Runni Saidpur, 24*7 PHC Dumra and HSC Punaura 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.

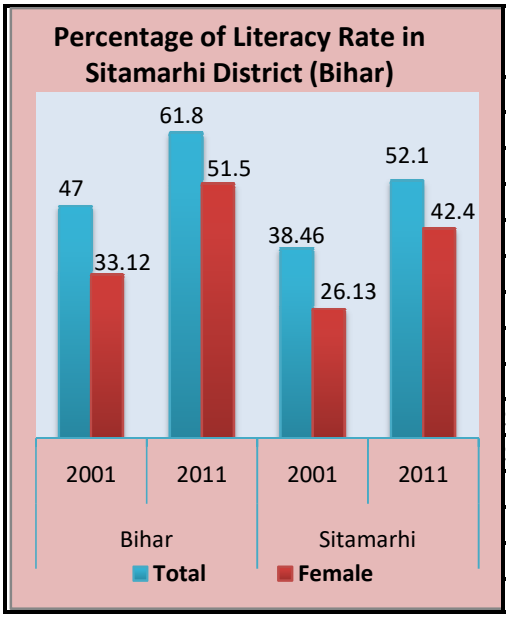
2. Overview of the District

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.

- Sitamarhi district forms the part of the North Bihar Plain and is located on the Indo-Nepal border. The district is part of Tirhut division. Because of the division of the district on 11th December 1972 the present area of the district remains 2294 Sq. kms. It ranks 22rd among all districts in terms of area in state. The district is surrounded on the north by Nepal, on the east by the district of Darbhanga, on the west by the districts of Sheohar and East Champaran and on the south by the districts of Muzaffarpur and Darbhanga.
- The district is divided into three blocks namely Sitamarhi Sadar, Pupri and Belsand. There are four statutory towns namely Bairgania (Nagar Panchayat), Belsand (Nagar Panchayat), Sitamarhi (Nagar Parishad) and Dumra (Nagar Panchayat) and three census towns in the district. As per Census 2011 Sitamarhi district has total 273 Gram Panchayats and 834 villages (Inhabited-808, Un-inhabited-26). It caters to a population of 3423574 (Male: 1803252, Female: 1620322) and density of 1492 persons per sq. kms as compared to 1106 persons of Bihar. The percentage of scheduled caste population is 11.85 whereas, that of the scheduled tribes is 0.09 in the district.

Key socio-demographic indicators



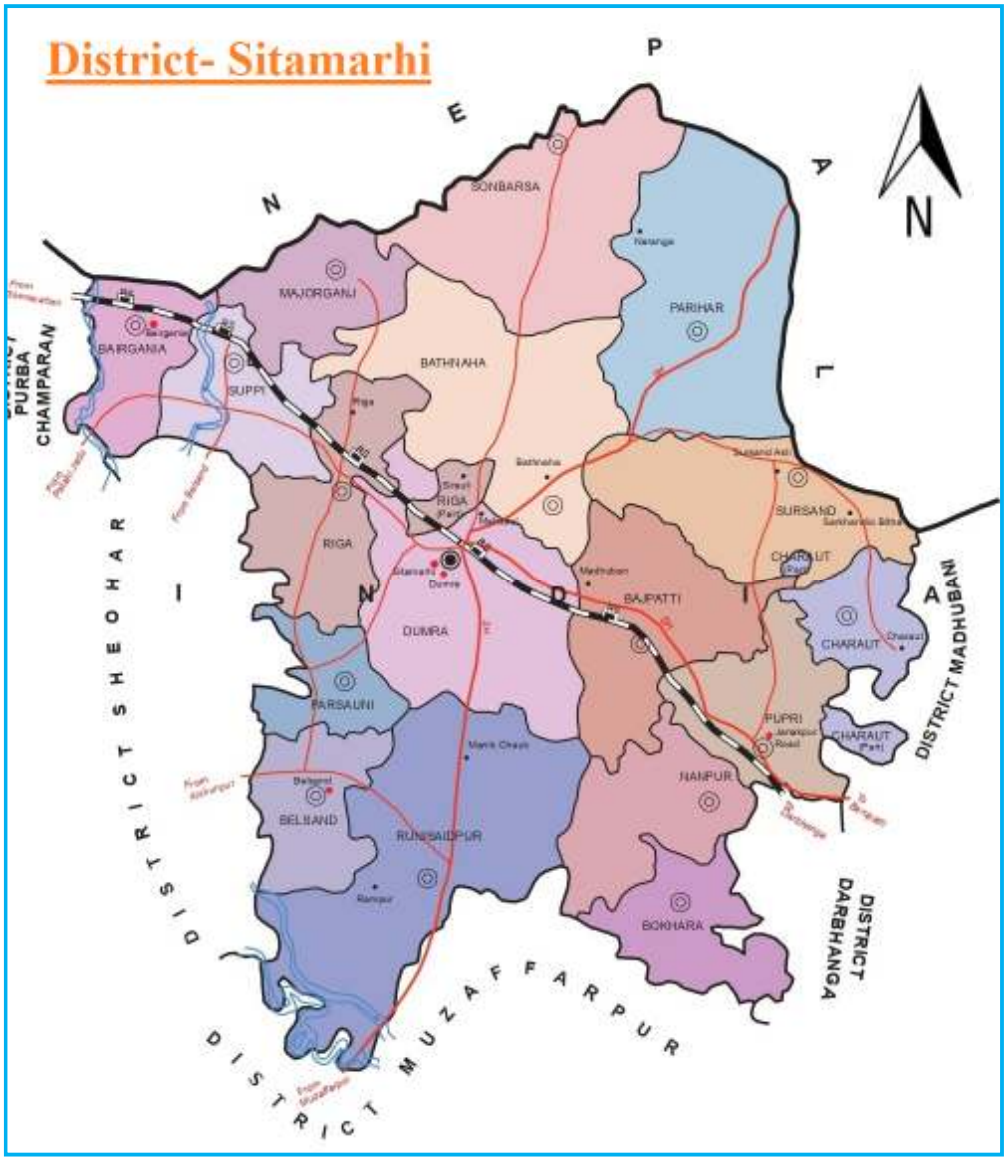
Indicator	Bihar		Sitamarhi	
	2001	2011	2001	2011
No. of Districts	37	38	1	1
No. of Blocks	533	534	17	17
No. of Villages	45098	44874	834	834
No. of Towns	130	199	5	8
Population (Million)	83.0	104.1	2.68	3.42
Decadal Growth Rate	28.62	25.42	33.22	27.62
Population Density (per (Km^{2})	881	1106	1169	1492
Literacy Rate (%)	47.00	61.80	38.46	52.1
Female Literacy Rate (%)	33.12	51.50	26.13	42.4
Sex Ratio	919	918	892	899
Sex Ratio (0-6 Age)	942	935	924	930
Urbanization (%)	10.46	11.29	5.71	5.56
Percentage of SC (%)	15.72	15.91	11.77	11.85
Percentage of ST (%)	0.91	1.28	0.07	0.09

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

- The decadal growth rate of Sitamarhi has decreased from 5.6 percent during 2001-2011. The literacy rate of the district has increased by 13.6 percentage point during the decade. Total literacy rate is now 52.1 percent. Female literacy rate has increased by 16.3 points in Sitamarhi district from 26.1 percent in 2001 to 42.4 in 2011 which is lower than the state average (Bihar: 51.50 percent).

- The male-female ratio of Sitamarhi district is 899 females per thousand males in comparison to 918 per 1000 males for Bihar. The child sex ratio has increased by 6 percentage points from 924 in 2001 to 930 in 2011, but is still less than the child sex ratio of the state (935/1000).
- Agriculture is the main occupation of the people of the district and also the main source of livelihood of the people. Rainfall still controls the agricultural economy of Sitamarhi district. The main crops of the district are paddy, wheat and Khesari. Besides gram, oil seeds and other pulses are also grown. There are no mines and minerals in the district.

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)

Sitamarhi 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 11, 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)	-
Date of release first instalment of fund against DHAP	11-08-2021 (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. Sitamarhi district has 11 community health centres (CHC), one Sub district hospital (SDH), five primary health centres (PHC) and 208 health sub centres (HSC) along with one 500 bedded (presently functional as 150 bedded) district hospital (DH). New 400 bedded DH building is under construction. District has one Special Newborn Care Unit (SNCU) and one Nutritional Rehabilitation Centres (NRC) available to provide child health care services. Total 28 HSCs and zero PHC has been converted into health & wellness centre in Sitamarhi district. There is only one blood bank available in the district. There is no blood storage unit in the district. Blood transfusion is chargeable for general category and free for BPL and all obstetric and ANC patients. In Sitamarhi, there are 26 Designated Microscopy Centres (DMC) and 17 Treatment Units (TU) available for providing screening and medicine to the TB patient along with two CBNAAT and three TrueNat test facility sites in the district. There are also one Drug Resistant TB centres in the district. District Early Intervention Centre (DEIC) is not available in the district; however there was lack of all designated staffs. There are 12 NCD clinics functional in the

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

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

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	2	1
3. Community Health Centres (CHC)	-	11
4. Primary Health Centres (PHC)	-	5
5. Sub Centres (SC)	-	208
6. Urban Primary Health Centres (U-PHC)	-	0
7. Urban Community Health Centres (U- CHC)	-	0
8. Special Newborn Care Units (SNCU)	-	1
9. Nutritional Rehabilitation Centres (NRC)	-	1
10. District Early intervention Centre (DEIC)	-	0
11. First Referral Units (FRU)	-	1
12. Blood Bank	-	1
13. Blood Storage Unit (BSU)	-	0
14. No. of PHC converted to HWC	-	0
15. No. of U-PHC converted to HWC	-	0
16. Number of Sub Centre converted to HWC	-	28
17. Designated Microscopy Centre (DMC)	-	26
18. Tuberculosis Units (TUs)	-	17
19. CBNAAT/TruNat Sites	-	3
20. Drug Resistant TB Centres	-	3
21. Functional Non-Communicable Diseases(NCD) clinic	-	1
22. Institutions providing Comprehensive Abortion Care (CAC) services	0	0

Source: District Checklist, NHM PIP Monitoring, 2021

Table 3.3 shows information related to health services available at public health facilities in the district. District is providing all drug and diagnostic services free of cost to all the beneficiaries. In Bihar, diagnostic services are running on PPP model at DH. Institutional delivery services at sub-centres (HSC) were not available in the district. There are five PHCs conducting more than 10 deliveries in a month and eleven CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month, however presently only DH is conducting C-section delivery. There is no medical college available in the district. In Sitamarhi district, only one (1 Public & 0 Private) health facilities (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 17 blocks in Sitamarhi district. Out of required 34 teams required, only 22 RBSK teams are operational in the district along with 22 vehicles. Only six RBSK team is completed 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
Status of delivery points in the District (2021-22)	
No. of SCs conducting >3 deliveries/month	0
No. of 24X7 PHCs conducting > 10 deliveries /month	5
No. of CHCs conducting > 20 deliveries /month	11
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-
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	23
No. of teams with all HR in-place (full-team)	6
No. of vehicles (on the road) for RBSK team	22
No. of Teams per Block	2
No. of block/s without dedicated teams	1
Average no of children screened per day per team	Zero(Presently team involved in Covid vaccination 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. Children health services are poor in Sitamarhi district, as there is only one SNCU, one NRC is available and there is no NBSU available in the district. The SNCU is 12 bedded and a total 708 children (inborn-337; outborn-371) have been admitted as per the records, 468 children were cured after treatment and 119 children were referred to a higher facility. In SNCU Sitamarhi it was reported that 55 children left earlier without informing or left against medical advice (LAMA) and 59 children died during admission during 2021-22 (upto November 2021). Among the available 12 radiant warmer and three phototherapy machines are functional. Eight infusion pump and one double outlet oxygen concentrator are in working condition. There are 13 SNs, one DEO are posted at SNCU. Two doctors are allotted for SNCU. There is no posted ward boy, Aaya, Sweeper, Security guards and lab technician 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		Yes
Kangaroo Mother Care (KMC) unit		Yes
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	337	371
Defects at birth	0	1
Discharged	252	216
Referral	45	74
LAMA	20	35
Died	17	42
Newborn Stabilization Unit (NBSU) in the district (2021-22)		**No NBSU**
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		14
Bilateral pitting oedema		0
MUAC<115 mm		6
<'-3SD WFH		14
with Diarrhoea		0
ARI/ Pneumonia		0
TB		1
HIV		1
Fever		10
Nutrition related disorder		14
Others		2
Referred by		
Frontline worker		4
Self		10
Ref from VCDC/ CTC		0
RBSK		0
Paediatric ward/ emergency		0
Discharged		6
Referral/ Medical transfer		0
LAMA		6
Died		0
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		2965
No. of Newborns visited under HBNC		22961
No. of ASHA having drug kit		2465
Number of Maternal Death Review conducted		-
Previous year (2020-21)		10
Current FY (2021-22)		8
Number of Child Death Review conducted		-
Previous year (2020-21)		11
Current FY (2021-22)		2

Source: District Checklist, NHM PIP Monitoring, 2021

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 Sitamarhi 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 141 specialist doctors only 21 are working, among the sanctioned 479 post of class two officers (include MOs, program officers) only 220 are working. Total 262 staff nurses and 333 ANMs are working against their sanctioned post of 557 and 2156 respectively. There are 65 lab technicians, six radiographer/x-ray technician and 10 pharmacists are available against their sanctioned post of 183, 50 and 95 respectively. There is no AYUSH MO, eleven AYUSH pharmacists and 17 CHO are available against 126, 34 and 681 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	2156	333	84.6
MPW (Male)	681	0	100.0
Staff Nurse	557	262	53.0
Lab technician	183	65	64.5
Pharmacist (Allopathic)	95	10	89.5
MO (MBBS)	479	220	54.1
OBGY	29	5	82.8
Paediatrician	25	5	80.0
Anaesthetist	42	5	88.1
Surgeon	20	3	85.0
Radiologists	9	0	100.0
Other Specialists	16	3	81.3
Dentists/ Dental Surgeon/ Dental MO	20	17	15.0
Dental technician	0	0	0.0
Dental Hygienist	0	0	0.0
Radiographer/ X-ray technician	50	6	88.0
CSSD Technician	0	0	0.0
OT technician	73	2	97.3
CHO/ MLHP	681	17	97.5
AYUSH MO	126	-	100.0
AYUSH Pharmacist	34	11	67.6

Source: District Checklist, NHM PIP Monitoring, 2021

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 Sitamarhi, there are 31 "108" emergency response vehicles along with two Advanced Life Support vehicle in the district. There is no any Mobile Medical Unit (MMU) functional in the district. The referral transport service in the district is running through centralised call centre from state. Almost all the 10 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 – 31	
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	8	10
Average number of trips per ambulance per day	5	6
Average km travelled per ambulance per day	210	180
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		6
Average km travelled per ambulance per day		180
Key reasons for low utilization (if any)		-

Source: District Checklist, NHM PIP Monitoring, 2021

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	4300
Selected	3144
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	789
No. of villages/ slum areas with no ASHA	134
Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1952
No. of ASHA Facilitator/Sahyogi enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	119
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1656
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	75
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	36
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	-
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	2
No. of health facilities implemented Swachh Swasth Sarvatra (SSS)	2
Activities performed by District Level Quality Assurance Committee (DQAC)	1
Indicator Implementation of CPHC (2021-22) **Planned**	**Completed**

Universal health screening for NCD			
1.	If conducted, what is the target population	315034	13735
2.	Number of individuals enumerated	-	-
3.	Number of CBAC forms filled	315034	113526
4.	Number of HWCs started NCD screening:		
	a. SHC- HWC	15	15
	b. PHC- HWC	12	12
	c. UPHC – HWC	-	-
5.	No. of patients screened, diagnosed and treated		
	a. Hypertension	-	2548
	b. Diabetes	-	1636
	c. Oral Cancer	-	5
	d. Breast Cancer	-	0
	e. Cervical Cancer	-	0
6.	Number of HWCs providing Tele-consultation services	-	15
7.	Number of HWCs organizing wellness activities	-	15

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 & 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 Rs.)	Budget utilized (in Rs.)
FMR 1: Service Delivery: Facility Based	178099773	59922854
FMR 2: Service Delivery: Community Based	2937211	4184452
FMR 3: Community Intervention	598053323	874050
FMR 4: Untied grants	15460000	4691392
FMR 5: Infrastructure	41106000	5438875
FMR 6: Procurement	34837956	7704889
FMR 7: Referral Transport	55376022	39334999
FMR 8: Human Resource (Service Delivery)	163674591	18955262
FMR 9: Training	12973448	170892
FMR 10: Review, Research and Surveillance	620078	0
FMR 11: IEC-BCC	2506763	172626
FMR 12: Printing	114416	7600
FMR 13: Quality	3485694	350000
FMR 14: Drug Warehouse & Logistic	5614439	2478900
FMR 15: PPP	4434100	274560
FMR 16: Programme Management	11943055	567890
FMR 16.1: PM Activities Sub Annexure	40510329	2034560
FMR 17: IT Initiatives for Service Delivery	0	0
FMR 18: Innovations	577000	0

Source: District Checklist, NHM PIP Monitoring, 2021

4. Status of Service Delivery in the District

4.1 Service Availability as Perceived by Community

A structured tool is used to understand the community perspective about their health seeking behaviour. Community level interaction has been done with villagers of HSC Punaura 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 Punaura.

Generally for drugs, diagnostic and referral transport, people utilize public health facilities (HSC, PHC, CHC) situated nearby to their village. For any major health issues they visit to DH Sitamarhi. The only problem with public health facilities, especially at DH they face are huge crowd and long queue. Presently new DH building construction is about to start. There is lack of in-patients facility at DH. 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 Punaura informed that, they are getting ANC, PNC, Immunization, Contraceptive, adolescent health counselling services at HSC itself. When asked about some other named diseases and rendering their treatment, peoples response was different for different diseases like for Leprosy, TB they prefer public health facility however for hypertension, diabetes they prefer to go private first. Foe emergency services like burn, accidents firstly they prefer to go government facility then as per situation go to private health

facility.

As informed by community people, HSC Mafo needs to be covered with boundary wall. People also demands of having HSC full functional, as this facility is situated near to birth place of "Goddess Sita (Janki)" and people from Hindu community from all over the world coming to visit this place. As informed by the people, it is not providing full fledged service, when asked for the same, CHO informed that, only one ANM is posted, who has to look all the field service, so she can't come daily at HSC. People want posting of doctor and more ANM with having good OPD and delivery care service at the HSC along with some test and medicines facility.

4.2 Service Availability at the Visited Public Health Facilities

4.2.1. Sub Health Centre/ HWC - Punaura

- HSC Punaura is located adjacent to the village main road of Punaura, birth place of "Goddess Sita (Janki)". HSC Punaura is running in 'Janki Mandir' complex and HSC land is donated by Mandir Trust only. 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, Dumra which is around 9 kilometres from the centre.
- None of the facility i.e. running water, electricity, drinking water, building, branding, toilets etc. Were available at HSC Punaura.

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	Yes

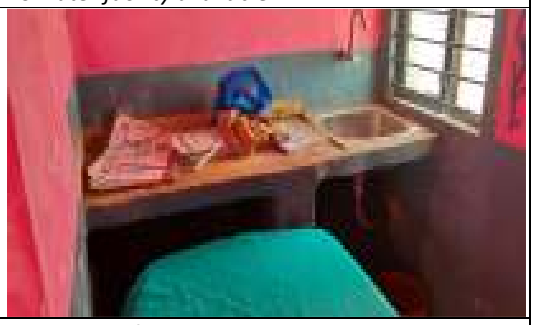
Source: HSC Checklist, NHM PIP Monitoring, 2021

Water facility is not available HSC. Although hand pump is available but it was neither working nor can fulfil the 24x7 running water at centre. Electricity power back-up facility is also not available at HSC.

- General OPD, NCD normal screening and first aid treatment on injury services are available at HSC, as being HWC, CHO is providing Tele-Consultation service through e-sanjeevani app at the centre.

- Neither the facility nor the available services are as per IPHS norms at HSC. There are one CHO and one ANM posted at HSC Punaura, both are not residing at HSC village as there is no quarter facility available centre.
- As per IT service is concerned, there is laptop and tablet available with CHO and ANM respectively, ASHAs doesn't has smart phone. However internet facility is born by respective individuals by its own.
- Out of total 30 EDL drugs, almost all types of drugs were available on the day of visit. Anti TB drug was not available at HSC. There was shortage of five drugs namely, Antacid 500 mg, Azithro 500mg, Diclofenac 50mg, Amoxyclav 625mg and Syp Levosalbutamol 1mg at HSC for last 30 days. Three drugs for hypertension and diabetes are available namely Glimiperide 2mg, Amlodipin 5mg and Ramipril 2.5mg at HSC.
- Key challenges observed in the facility are, non availability of 24x7 water and electricity facility. Poor building condition with no quarter facility. Only one room is functional at HSC. Patient has to wait outside the HSC room. No drinking water and proper toilets at HSC. There was only CHO available as ANM has to do field service. The CHO was also looking after another HWC Lagma, so he was not able run both the HWC centre properly. This needs to be address urgently. There was also no boundary wall at HSC Punaura. HSC has water logging issue in rainy season.

Main Entry Gate of HSC Punaura, Sitamarhi	*PRC team with CHO at HSC*
	
HSC premises without boundary wall	*HSC is not functional as per HWC norms*
	

Interaction of PRC team with CHO	*No water facility available*
	

Very bad condition in premises of SHC

4.2.2. Primary Health Centre/ HWC - Dumra

- PHC Dumra is a six bedded centre which is accessible to the main road of Dumra. PHC is running in very old building having very less space. PHC has big land area, but building is very small and looks like a sub health centre building. There is urgent need of construction of new PHC building with all IPHS norms. There was huge patient flow at PHC Dumra. The next referral point from PHC is District Hospital, Sitamarhi which is around 7 kilometres from the centre.
- The building infrastructural condition of PHC Dumra is as follows:

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

Source: PHC Checklist, NHM PIP Monitoring, 2021

Electricity facility is available with power back-up facility.

- PHC Dumra has general OPD/IPD services, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, drug and diagnostic (12 types of test facility) and other primary health care related services are available. There is no

NBSU at PHC Dumra. 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)	13	9	0
MO (AYUSH)	3	0	2
RBSK MO	4	0	4
SNs/ GNMs	3	0	3
ANM	64	3	18
LTs	3	0	4
Pharmacist	4	1	1
DEO	6	0	6
Health worker	8	6	0
Ward boy	5	0	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. Internet facility is available with good quality speed at PHC Dumra.
- Out of total 72 EDL drugs, 36 types of drugs were available on the day of visit. There was no any shortage of priority drugs at PHC in last 30 days. There were also no any shortage of drugs for hypertension and diabetes available at PHC Dumra.
- As informed by the PHC official, Rogi Kalyan Samiti (RKS) meeting last held on 7th May 2020. Post that no meeting held at PHC Dumra due to Covid 19 issue in recent years. The RKS and NHM budget of year 2020-2021 are as follows:

Item	Income (in Rs.)	Expenditure (in Rs.)
RKS Budget (2020-21)	**92471**	**92471**
NHM Budget (2020-21)		
Opening Balance	2133904	-
Part A	10300000	10506330
Part B	20794702	17988370
Part C RI	1259667	1115901
Part C PP	504070	1004890
Part F	4790340	4317383
Bank Interest	115009	-
PPA Reverse	29900	
Closing Balance	**-**	**4994718**
Total	**39927592**	

Source: PHC Checklist, NHM PIP Monitoring, 2021

- There are diagnostics and x-ray services available at PHC. All the diagnostics services are free for all the patients at PHC Dumra. There is one minor operation theatre available at PHC, which is mainly used for fixed days LTT camp no functional operation theatre at PHC.
- PHC Dumra is Designated Microscopy Centre under TB elimination programme.

- Biomedical waste management services are outsourced at PHC. The 'Medicare Environmental Management Pvt. Ltd. Muzzafarpur' is the outsourced company which collect the BMW from the PHC on alternate day basis. There was also sharp and deep burial pit available at PHC.
- LaQshya is not properly implemented at PHC Dumra. The labour room internal assessment score under LaQshya program is 44% for this year 2021-2022. Kayakalp internal assessment also done in PHC. The Kayakalp scorecard is 58.6% of PHC Dumra in internal assessment for 2021-22.
- Key challenges observed in the facility are, non availability of adequate space and lack of HR. The PHC building is very old and constructed before Independence. There is very less space for patient waiting area, different health sections and overall PHC requirement. Neither the facility infrastructure nor the available services and HR are as per IPHS norms at PHC. This PHC has huge patient flow, however being near to DH, authorities are not able to decide, whether this centre can develop as CEmONC or UPHC. This needs to be address urgently and accordingly construction of new building should be done. CBC machine and reagents was not available at PHC. Staff quarters are needed for smooth functioning of PHC as 24x7 health 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.

Main Entry Gate of PHC Dumra, Sitamarhi	*PRC team with MOI/c and Staffs*
	
PMSMA services provided on 9th of every month	*Interaction with beneficiary at PNC ward*
	

PHC building built before Independance	*One new consstructed part of PHC office*
	
Waiting area of the patient under shade	*Compact Labour room with one delivery table*
	
Regular Immunization service at PHC	*COVID vaccination centre at PHC*
	

4.2.3. Community Health Centre - Runni Saidpur

- CHC Runni Saidpur is a 15 bedded function health centre which is accessible to the nearby concrete main road of Runni Saidpur town. CHC is running in old building, the roof of first floor has leakage issue. CHC has new building for staff quarters, however due to lack of space out of six quarters, four are being used as CHC office and store purpose. There is urgent need of maintenance of some old sections and new building construction for proper functioning of CHC as per IPHS norms. The next referral point from CHC is District Hospital, Sitamarhi which is around 28 kilometres from the centre.
- CHC Runni Saidpur has general OPD, IPD, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing. There is no NBSU, BSU and NRC service at CHC Runni Saidpur. CHC has oxygen management facility. It has also drug and diagnostic (8 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 Runni Saidpur 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	Partial

Source: CHC Checklist, NHM PIP Monitoring, 2021

CHC Runni Saidpur has 24x7 electricity facility is available with partial power back-up facility as it is not available for complete hospital.

- Human resources available at CHC is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists	6	1	5
MO (MBBS)	07	06	0
MO (AYUSH)	6	0	3
GNMs	16	05	0
ANM	-	-	-
LTs	04	0	0
Pharmacist	03	01	0
Health worker	02	02	0

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 and triage services are 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; however signal quality is poor at CHC.

- Out of total 55 EDL drugs list, 46 types of drugs were available on the day of visit. There were shortage of six priority drugs namely, Diethyl Carbamazine Citrate, Ibubrufen, Tramadol Hydrochloride, Rabeprazole Sodium, Ranitidine and Calcium at the CHC in last 30 days on the day of team visit. There was minimal shortage of consumables namely, IV set, Masks, Handwash, Spirit and USG Jelly at CHC Runni Saidpur.

- All the drug and diagnostics services are free for all the patients at CHC Runni Saidpur. CHC

has digital X-ray machine, pathological tests etc service available. There was one functional operation theatre at CHC and this is mainly used for LTT service only.

- LaQshya is not implemented at CHC. Kayakalp internal assessment done in CHC. The Kayakalp scorecard is 56.43% and Eco-Friendly scorecard is 37.14% of CHC Runni Saidpur in internal assessment for 2021-22.
- As informed by the CHC official, Rogi Kalyan Samiti (RKS) meeting last held on 26th July 2021 at CHC Runni Saidpur. The RKS budget has not been provide by the facility, however NHM budget for year 2020-2021 and 2021-2022 are as follows:

	NHM Budget (2020-2021)		
Item wise	**Opening Balance**	**Fund Received**	**Expenditure**
Part A	2670435	8644977	11315412
Part B	2214845	19967700	20624724
Part C RI	-	2868768	2868768
Part C PP	399705	524299	913349
Part F IRS	46312	2470232	2477610
Part F MDA	819300	-	776200
Part G LEP	48648	-	-
Total	**6199245**	**34475976**	**38976063**
	NHM Budget (2021-2022)		
Part A	-	6301580	6760995
Part B	1049519	8800000	7667083
Part C RI	-	1000000	456310
Part C PP	4034	517678	499878
Part F IRS	38934	2430065	2386860
Part F MDA	43100	500	500
Part G LEP	48648	-	-
Total	**1184235**	**19049823**	**17771626**

Source: CHC Checklist, NHM PIP Monitoring, 2021

- Biomedical waste management services are outsourced at CHC. The 'Medicare Environmental Management Pvt. Ltd. Muzzafarpur' is the outsourced company which collect the BMW from CHC Runni Saidpur on alternate day.
- Key challenges observed in the facility are, non availability of adequate space and lack of HR. There is lack of space for patient waiting area, wards, OPD rooms, office rooms, meeting room and overall CHC requirement. Diagnostic testing facility is very limited. There is urgent need of maintenance of some old sections and new building construction for proper functioning of CHC as per IPHS norms. CHC has new building for staff quarters, however due to lack of space out of six quarters, four are being used as CHC office, Covid 19 vaccination and store purpose. Quarters are needed for smooth functioning as 24x7 CHC. 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 Runni Saidpur, Sitamarhi	*Visited with BMO and BPMU staffs*
	
Hospital Courtyard	*Clean & well managed Labour room*
	
OPD room of CHC	*OPD registration*
	
Interaction with PNC beneficiary	*Route Signage for different sections of CHC*
	
Special Ward for JE and AES management	*Separate Autoclave room*
	

4.2.4. Sub Divisional Hospital - Belsand

- SDH Belsand is a 30 bedded hospital and situated nearby to main road of Belsand town. SDH is running in newly constructed multi storey building. Whole infrastructural look and cleanliness of the facility was very good. The next referral point from SDH is District Hospital, Sitamarhi which is around 25 kilometres from the centre.
- SDH Belsand has general OPD, IPD, 24x7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing services. There is no NBSU, NRC at SDH Belsand. SDH 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. SDH has all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc.
- SDH Belsand is only physically converted as SDH from CHC but all available human resources and health services are running as it was during CHC. The present building infrastructural condition is as follows:

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

Source: SDH Checklist, NHM PIP Monitoring, 2021

SDH Belsand has 24x7 electricity facility with power back-up in complete hospital.

- Human resources available at SDH is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	02	0	0
Obstetric Gynaecologist	02	01	0
Paediatrician	02	0	0
Anaesthetist	02	0	0
Ophthalmologist	01	01	0
Orthopaedic	01	01	0
MO (MBBS)	09	04	0
GNMs	50	24	0
LTs	05	0	0
Pharmacist	05	0	0
Public Health Manager (NHM)	01	0	0

Source: SDH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at SDH. Except infrastructures, none of the

parameters, i.e., services, HR etc. is as per IPHS norms. SDH have very few specialist doctors and few specialised services available. In name of emergency only general emergency service is available at SDH.

- As per IT service is concerned, there were no desktops, laptops and tablets available at SDH. BMO has raised the issue with higher authorities for getting the required IT equipments. Internet facility is also not available at SDH.
- Out of total 123 EDL drugs list, all types of drugs were available on the day of visit. There was minimal shortage of consumables (30) at SDH Belsand.
- All the drug and diagnostics services are free for all the patients at SDH Belsand. SDH has digital X-ray machine, pathological tests etc service available. There was new model OT at SDH, however it is not functional. Presently operation theatre is mainly used for LTT service only. The X-ray technician doesn't have TLD badge nor did they get any radiation allowances.
- LaQshya is not implemented at SDH and labour room score under LaQshya program is 64% for this year internal assessment of SDH Belsand. Kayakalp internal assessment also done in SDH. The Kayakalp scorecard is 56.4% of SDH Belsand in internal assessment for 2021-22.
- Biomedical waste management services are outsourced at SDH. The 'Medicare Environmental Management Pvt. Ltd. Muzzafarpur' is the outsourced company which collect the BMW from SDH Belsand on alternate day.
- Key challenges observed in the facility are, lack of HR, especially, specialists is a major issue. As SDH is functioning in newly constructed building as per IPHS norms, the health services available at SDH were not at all as per IPHS norms. No specialised services are available, as one gynaecologist and one general surgeon was on study leave, so there was neither caesarean delivery nor general surgery has been performed during the PRC team visit. There is no blood bank or blood storage unit at SDH. There is also no NBSU & NRC at SDH. At SDH, two small rooms are being used as separate labour rooms, this need to be converted in one bigger labour room with LaQshya implementation. There was no boundary wall at SDH, this need to be constructed urgently as encroachment by the local people has already been started. Inadequate staff quarters at SDH were a big constraint in its functioning as 24x7 health centre. 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 SDH Belsand, Sitamarhi	*PRC team with BPMU, BMO and health staffs*
	
Non functional Model OT of SDH	*Labour room with two delivery tables*
	
Ramp was not as per norms for patients	*Interaction with beneficiary at PNC ward*
	
Interaction with Xray technician	*SDH drug store room*
	
Labour ward at SDH	*Functional Adolescent Health Clinic*
	

4.2.5. District Hospital – Sitamarhi

- DH Sitamarhi is situated near to main market area and linked with main market road of Sitamarhi town. DH is presently running in several old and newly constructed MCH wing scattered building with very less bed capacity. As informed by Deputy Superintendent, this DH has been sanctioned for new DH building with 500 bed capacity, under which 100 bedded MCH hospital is constructed and functional and remaining 400 bedded district hospital construction was about start very soon. 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 150 bedded (not fully functional) hospital along with additional six ICU beds. There are no staff quarters at DH Sitamarhi. Along with DH building construction of staff quarters for doctors and other staffs are needed for smooth functioning of DH Sitamarhi. The next referral point from DH is 'Shri Krishna Memorial Medical College & Hospital, Muzaffarpur', which is around 60 kilometres from the centre.
- 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
Branding	Yes

Source: DH Checklist, NHM PIP Monitoring, 2021

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

- Operation theatres are available at DH. There are functional Single general OT and Obstetrics & Gynaecology OT. However Elective major Orthopaedic OT, Ophthalmology/ENT OT and Emergency OT was not functional at DH Sitamarhi. There was functional Blood Bank at DH Sitamarhi however out of four only one freezer machine was working and as informed by technician all four needs to be replaced with new one.
- DH has general OPD, IPD, 24x7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing, ICU, SNCU, NRC services. DH has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It

has also drug, diagnostic and all the family planning services available like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc. Apart from these general services below are the specialised services available at Sadar Hospital (DH) Sitamarhi:

Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	**Remarks**
Medicine	Yes
O&G	Yes
Paediatric	Yes
General Surgery	Yes
Anaesthesiology	Yes
Ophthalmology	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	Yes
Teaching block (medical, nursing, paramedical)	Yes
Skill Lab	No

Apart from above mentioned services, there is general emergency and triage management under emergency service were available. However resuscitation and stabilization management under emergency was 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)**
Specialists			
Medicine	04	0	0
Obstetric Gynaecologist	08	03	0
General Surgeon	03	02	0
Paediatrician	04	03	0
Anaesthetist	08	01	0
Other Specialists	13	0	0
Dentist	01	01	
MO (MBBS)	data not provided	-	-
MO (AYUSH)	04	0	0
SNs/ GNMs	200	117	0
LTs	09	0	0
Pharmacist	10	02	0
Hospital Manager	02	0	01

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 40 Specialist

doctors only nine are posted at DH and among these two specialists were on study leave. None of the parameters, i.e. infrastructure, services, HR etc. is as per IPHS norms in DH.

- All the drug and pathological tests are free for all the patients at district hospital. X-ray (Brite Health Care, Patna) and Dialysis (Nephroplus Pvt. Ltd.) service were available at DH on PPP mode. Both the services are chargeable for non BPL patients.
- In DH 1065 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 26 was OPD patients and 1039 were IPD patients. Around Rs.74.03 lakhs have been submitted for pre-authorization and claims amounting Rs. 65.56 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Sitamarhi	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	1065
Out Patients	26
In Patients	1039
Death Cases	0
Surgeries/Therapies Done	922
Surgeries/Therapies Done Amount (Rs.)	6596480
Preauthorization Initiated	1038
Claims Submitted	916
Amount Preauthorized in (Rs.)	7403310
Amount of Claims Submitted in (Rs.)	6556880

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting was last held on 27th November 2020. Due to Covid 19, RKS meeting not held in recent year. The RKS (2021-2022) and NHM budget for year 2020-2021 & 2021-2022 of DH are as follows:

RKS Budget 2021-22 Up to 07.12.2021	**Income (in Rs.)**	**Expenditure (in Rs.)**
Opening Balance	228181	-
Ambulance User Charges	550	-
OPD Registration	70000	-
Interest received	4876	-
Total	303607	-
Closing Balance	-	303607

Source: DH Checklist, NHM PIP Monitoring, 2021

NHM Budget (Item wise)	**Fund Received**	**Expenditure**
Part A RCH II **(2020-21)**	20769518	11114351
Part B RCH II **(2020-21)**	10134009	9433916
Part A RCH II **(2021-22)**	21972637	4992412
Part B RCH II **(2021-22)**	5479800	4730937

Source: DH Checklist, NHM PIP Monitoring, 2021

- LaQshya is implemented in district hospital and labour room score and Operation Theatre under LaQshya program is 66% and 60% for this year internal assessment of DH Sitamarhi. Kayakalp internal assessment also done in DH and has score of 43% and eco-friendly score is 41.90% in internal assessment for 2021-22.

- 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.
- Out of total 82 EDL drugs list, almost all types of drugs were available on the day of visit. There were shortage of four priority drugs namely, Diclofenac, Rabeprazole, Lusix and Amimophyline at DH in last 30 days. There was also no any shortage of consumables at DH Sitamarhi.
- Biomedical waste management services are outsourced at DH. The 'Medicare Environmental Management Pvt. Ltd. Muzzafarpur' is the outsourced company which collect the BMW from the district hospital on daily basis.
- '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 Sitamarhi.
- 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 and some general surgery almost no any surgical service was functional at DH Sitamarhi. Staff quarters are not available at DH. There is need of staff quarters for doctors and other health staffs for 24x7 smooth functioning of the hospital. There is no DIEC at DH. There are only nine specialist doctors against the sanctioned post of 40 in DH Sitamarhi. Presently DH Sitamarhi has only full-fledged 100 bedded MCH wing in newly constructed building, so most of the MCH care health services are available as per its norms at DH. We may hope that post construction of the new remaining 400 bedded DH building; all the services will be available as per IPHS norms in the district, considering all required HR will also been posted at DH Sitamarhi. As informed by civil surgeon and deputy superintendent, involvement of senior officials of DH during construction process will help in understanding the local people oriented hospital building. They informed that in new MCH building almost all the toilets are of western style, while local people are not aware of using it properly, which leads to unhygienic and unclean toilets in the hospital. The only available one blood bank in the district which is at DH has storage issue. Out of four available freezers only one are working, as informed all the four freezers needs to be replaced with new one urgently. There is lack of training and orientation among health

staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis.

Main Entry Gate of Sadar Hospital (DH) Sitamarhi	*PRC Team meeting with Deputy Superintendent*
	
Female OPD room	*Separate 100 bedded MCH Hospital at DH*
	
Minor operation room	*Functional SNCU at DH*
	
DH self initiative of providing Baby Kit post birth	*Functional Dialysis unit under PPP mode*
	
Interaction with beneficiary at PNC ward	*Separate ANC check up room at 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 Sitamarhi district of Bihar second week of December, 2021. PRC team visited District Hospital (DH) Sitamarhi, Sub Divisional Hospital (SDH) Belsand, Community Health Centre (CHC) Runni Saidpur, 24*7 Primary Health Centre (PHC) Dumra and HSC Punaura, 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 Sitamarhi district. Long pendency in payment of ASHAs salary and incentives in Sitamarhi 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 Sitamarhi, 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. SDH Belsand & CHC Runni Saidpur doesn't have all CEmONC services. None of the visited health facilities had appropriate health care services as per required norms. Also among all visited FRUs, including DH Sitamarhi, none of them have all designated specialised services as per IPHS norms. DH doesn't have CT scan and MRI service. District doesn't have a single Mobile Medical Unit.
- None of the visited health centres, except 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 Sitamarhi.
- Sadar Hospital (DH) Sitamarhi has issue of lack of space for different sections of health services and wards. DH building doesn't have space. New 400 bedded DH building constructions are in starting phase. Newly constructed 100 bedded separate MCH wing is functional at DH Sitamarhi. The construction process needs to be expedited, so that people get the full fledge tertiary care health services at Sadar Hospital (DH) Sitamarhi.
- Training and orientation of health staffs about different health programmes and also refresher training of technical staffs has to be planned at higher level and training schedule needs to be implemented at ground level with complete letter and spirit.
- There is lack of effective implementation of IT infrastructure, equipments, internet

connectivity in several facilities, which leads to poor data management and reporting.

- Program management unit (DHS/BHMU) are not very active in programme planning and implementation process. This happens due to vacant of several HR position and lack of administrative responsibility among the existing staffs.
- Outsourced staffs, especially MAMTA didi (LR counsellor) and kitchen staffs have payment pendency as well as under payment issues, which lead to poor performance by them. These staffs should be merged with NHM contractual staffs for quality work performance and smooth functioning of the health facilities and also get rid of the exploitation by the contractor.
- ASHA payment pendency issue due to recently launched 'ASHWIN' portal for ASHA's work assessment and their salary & incentives timely payments, but due to technical glitches and non seriousness of higher authorities, the main core motto of the app is getting hamper. Senior authorities at state level needs to address this issue on most urgent basis to get rid of ASHA's payment pendency in the district.