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

District: Supaul

(Bihar)

Study Completed By

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PRC Sagar

Abbreviation

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

Contents

Quality Monitoring of PIP 2021-22 in Supaul 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 Supaul district of Bihar in fourth week of December, 2021. PRC team visited Sadar District Hospital (DH) Supaul, Sub Divisional Hospital (SDH) Nirmali, Community Health Centre (CHC) Pipra, 24*7 Primary Health Centre (PHC) Basantpur and HSC Malhad, 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 Supaul 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 Supaul, SDH Nirmali, CHC Pipra, 24*7 PHC Basantpur and HSC Malhad 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

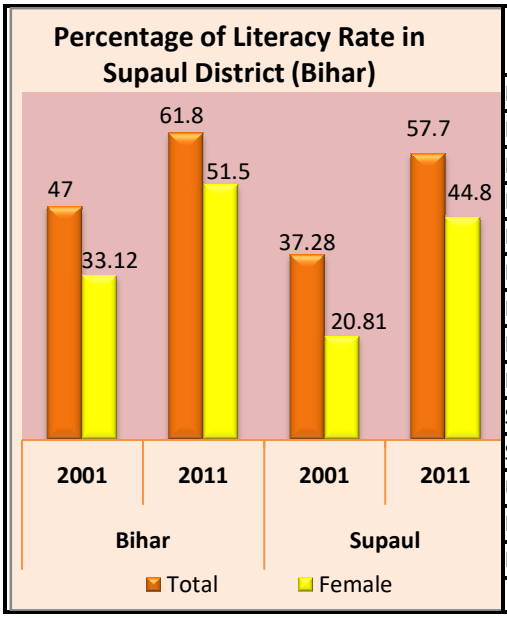
2.1 District Profile

- 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.

- Supaul district is situated in the north part of Bihar province of India. Supaul district was created as a separate district carving out supaul and Birpur subdivisions of the erstwhile Saharsa District. The district is part of Kosi division. The present area of the district remains 2425 Sq. kms. It ranks 19th among all districts in terms of area in state. Supaul district is bounded on the north by Nepal, on the south by the districts of Saharsa and Madhepura, on the east by the district of Araria and on the west by the district of Madhubani.

- The district is divided into four subdivisions namely Nirmali, Birpur, Tribeniganj and Supaul. There are altogether eleven Community Development Blocks in the district. There are three statutory towns namely Nirmali (Nagar Panchayat), Birpur (Nagar Panchayat) and Supaul (Nagar Parishad) in the district. As per Census 2011 Supaul district has total 181 Gram Panchayats and 551 villages (Inhabited-526, Un-inhabited-25). It caters to a population of 2229076 (Male: 1155283, Female: 1073793) and density of 919 persons per sq. kms as compared to 1106 persons of Bihar. The percentage of scheduled caste population is 15.89 whereas, that of the scheduled tribes is 0.46 in the district.

Key socio-demographic indicators



Indicator	Bihar		Supaul	
	2001	2011	2001	2011
No. of Districts	37	38	1	1
No. of Blocks	533	534	11	11
No. of Villages	45098	44874	550	551
No. of Towns	130	199	3	3
Population (Million)	83.0	104.1	1.73	2.23
Decadal Growth Rate	28.62	25.42	29.02	28.66
Population Density (per (Km^{2})	881	1106	714	919
Literacy Rate (%)	47.00	61.80	37.2	57.7
Female Literacy Rate (%)	33.12	51.50	20.8	44.8
Sex Ratio	919	918	920	929
Sex Ratio (0-6 Age)	942	935	925	944
Urbanization (%)	10.46	11.29	5.09	4.74
Percentage of SC (%)	15.72	15.91	14.8	15.89
Percentage of ST (%)	0.91	1.28	0.3	0.46

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

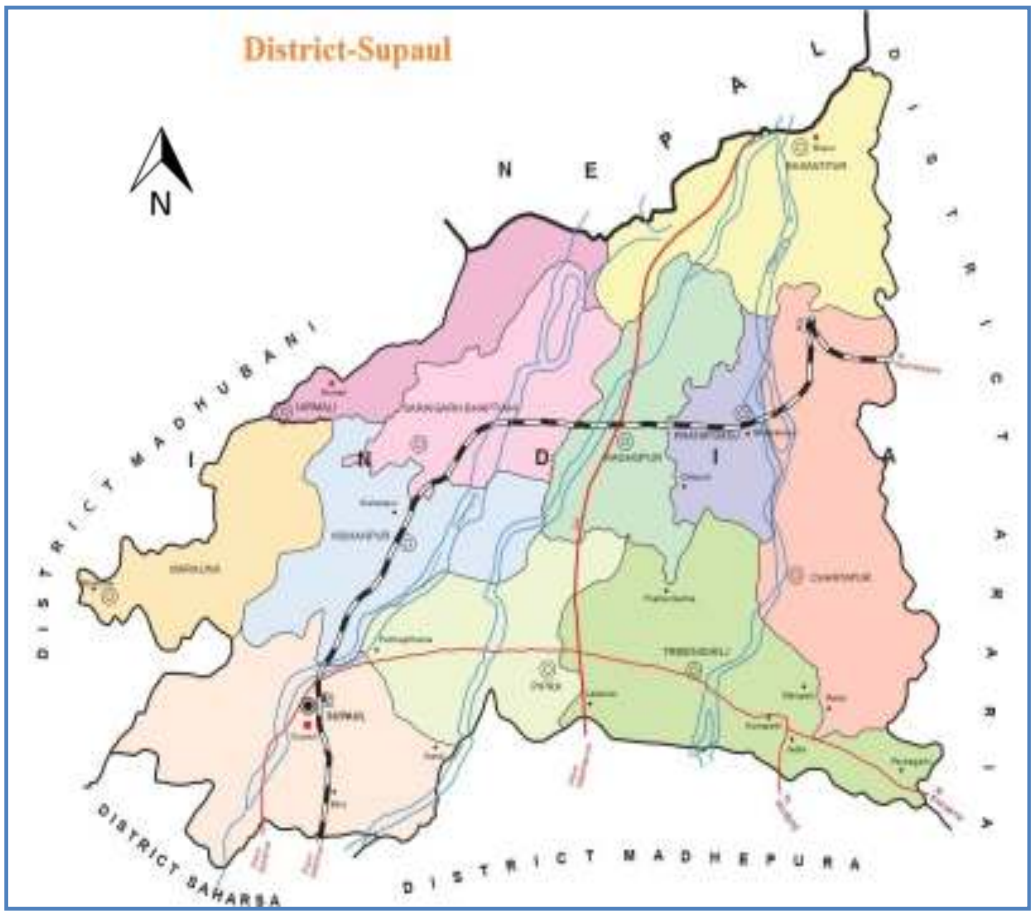
- The decadal growth rate of Supaul has decreased from 0.36 percent during 2001-2011. The literacy rate of the district has increased by 20.42 percentage point during the decade. Total literacy rate is now 57.7 percent. Female literacy rate has increased by 24 points in Supaul

district from 20.8 percent in 2001 to 44.8 in 2011 which is lower than the state average (Bihar: 51.50 percent).

- The male-female ratio of Supaul district is 929 females per thousand males in comparison to 918 per 1000 males for Bihar. The child sex ratio has increased by 19 percentage points from 925 in 2001 to 944 in 2011, but is still more than the child sex ratio of the state (935/1000).

- Fishery is one of the most important occupations of the district. There are many Jalkars and Pokhars in the district in which large scale fishing is done. Also agriculture is the main occupation of the people of the district. The Principal crops grown in the district are bhadai and aghani paddy, maize, jute, wheat, barley, marua, oil seeds and sugar cane. Sugar-cane cultivation has increased considerably. There are no mines in the district and only brick soil and sand are available as minerals.

2.2 Map of the Study District



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

3.1 District Health Action Plan (DHAP)

Supaul 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 May 06, 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)	22-06-2021
Date of release first instalment of fund against DHAP	06-05-2021 (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. Supaul district has three sub-divisional hospital, three community health centres (CHC), seven primary health centres (PHC) and 172 health sub centres (HSC) along with one 150 bedded district hospital (DH). District has only one Special Newborn Care Unit (SNCU) and one Nutritional Rehabilitation Centre (NRC) available to provide child health care services. There were 14 HSCs were converted to health & wellness centre (HWC) in the district. There is no blood bank available in the district, due to non availability of permission & license; however there was one blood storage unit (BSU) available in the district. Blood transfusion is chargeable for general category and free for BPL and all obstetric and ANC patients. There are 13 Designated Microscopy Centres (DMC) and 11 Treatment Units (TU) available for providing screening and medicine to the TB patient along with 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. There are only one NCD clinic 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 Supaul District

Facility Details	Sanctioned	Operational
1. District Hospitals	1	1
2. Sub District Hospital	3	3
3. Community Health Centres (CHC)	3	3
4. Primary Health Centres (PHC)	7	7
5. Sub Centres (SC)	178	172
6. Urban Primary Health Centres (U-PHC)	0	0
7. Urban Community Health Centres (U- CHC)	0	0
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early intervention Centre (DEIC)	0	0
11. First Referral Units (FRU)	4	3
12. Blood Bank	0	0
13. Blood Storage Unit (BSU)	1	1
14. No. of PHC converted to HWC	0	0
15. No. of U-PHC converted to HWC	0	0
16. Number of Sub Centre converted to HWC	44	14
17. Designated Microscopy Centre (DMC)	19	13
18. Tuberculosis Units (TUs)	11	11
19. CBNAAT/TruNat Sites	3	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	2	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 16 types of lab test were conducted in the district. There are three HSCs conducting more than three deliveries in a month. There are seven PHCs conducting more than 10 deliveries in a month and three CHCs conducting more than 20 deliveries in a month. Only district hospital (DH) conducting more than 50 deliveries in month. There is no medical college available in the district. In Supaul district, total 24 (Public & Private) health facilities are providing ultrasound services.

RBSK programme in the district is being implemented as per guidelines. A district RBSK coordinator has been appointed for monitoring and supervision of RBSK programme. There are 11 blocks in Supaul district. Out of 22 teams required, only 12 RBSK teams are operational in the district along with 12 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	16 (PPP)
Status of delivery points in the District (2021-22)	14
No. of SCs conducting >3 deliveries/month	3

Indicator	Observation
No. of 24X7 PHCs conducting > 10 deliveries /month	7
No. of CHCs conducting > 20 deliveries /month	3
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
No. of DH/ District Women and child hospital conducting C-section	1
No. of Medical colleges conducting > 50 deliveries per month	0
No. of Medical colleges conducting C-section	0
Number of institutes with ultrasound facilities (Public+Private)	24
Of these, how many are registered under PCPNDT act (Pre-Conception and Pre-natal Diagnostic Technique Act-1994)	24
Details of PMSMA activities performed (Pradhan Mantri Surakshit Matritva Abhiyan)	-
RBSK (Rashtriya Bal Swasthya Karyakram)	
Total no. of RBSK teams sanctioned	12
No. of teams with all HR in-place (full-team)	07
No. of vehicles (on the road) for RBSK team	12
No. of Teams per Block	1
No. of block/s without dedicated teams	0
Average no of children screened per day per team	85(Presently team involved in Covid 19 related work)
Number of children born in delivery points screened for defects at birth	102

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 functional in Supaul district. The SNCU is 12 bedded and a total 547 children (inborn-294; outborn-253) have been admitted as per the records, 366 children were cured after treatment and 77 children were referred to a higher facility. In DH Supaul it was reported that 74 children left earlier without informing or left against medical advice (LAMA) and 27 children died during admission during 2021-22 (upto November 2021). Among all the available 14 radiant warmer and two phototherapy machines are functional. Three infusion pump and nine double outlet oxygen concentrator are in working condition. There are five 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. On the other hand, total 70 newborn children were admitted in Newborn Stabilization Unit (NBSU) and 70 children discharged in 2021-22 (April-November 21) in the district. 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		14
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	294	253
Defects at birth	0	0
Discharged	206	160
Referral	39	38
LAMA	31	43
Died	12	15
Newborn Stabilization Unit (NBSU) in the district (2021-22)		
NBSU	**Inborn**	**Out born**
Admission	70	NA
Discharged	70	NA
Referral	NA	NA
LAMA (Left Against Medical Advice)	NA	NA
Died	NA	NA
Nutrition Rehabilitation Centre -NRC (2021-22) Total district data		
Admission		256
Bilateral pitting oedema		1
MUAC<115 mm		149
<'-3SD WFH		255
with Diarrhoea		71
ARI/ Pneumonia		77
TB		0
HIV		0
Fever		73
Nutrition related disorder		256
Others		39
Referred by		
Frontline worker		218
Self		33
Ref from VCDC/ CTC		0
RBSK		0
Paediatric ward/ emergency		4
Discharged		238
Referral/ Medical transfer		0
LAMA		0
Died		0
Home Based Newborn Care (HBNC)		
No. of ASHA having HBNC kit		1350
No. of Newborns visited under HBNC		8765
No. of ASHA having drug kit		0

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

Human resources are the most important components for any service delivery system and it is even more important in public health care system. Table 3.5 describes the status of human resources available at different public health facilities in Supaul 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 20 specialist doctors only 12 are working, among the sanctioned 265 post of medical officers 148 are working. There is no radiologist and dentist in the district. Only one child specialist, one anaesthetist, two gynaecologists and two surgeons are there as specialist doctors in the district. Among the sanctioned 193 class fourth officials only 154 are working. In Supaul 127 staff nurses and 527 ANMs are working against their sanctioned post of 261 and 1093 respectively. There are 13 lab technicians, two radiographer/x-ray technician and three pharmacists are available against their sanctioned post of 38, 6 and 28 respectively. There are 21 AYUSH MO, 24 RBSK MO, 16 RBSK pharmacists and six CHO are available against 34, 44, 22 and 10 sanctioned post respectively in the district.

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	1093	527	51.8
Staff Nurse	261	127	51.3
Lab technician	38	13	65.8
Pharmacist (Allopathic)	28	03	89.3
MO (MBBS)	265	148	44.2
OBGY	02	02	0.0
Paediatrician	02	01	50.0
Anaesthetist	03	01	66.7
Surgeon	03	02	33.3
Radiologists	02	0	100.0
Other Specialists	08	06	25.0
Dentists/ Dental Surgeon/ Dental MO	02	0	100.0
Hospital Manager	04	0	100.0
Radiographer/ X-ray technician	06	02	66.7
CSSD Technician	-	-	-
OT technician	-	-	-
CHO	10	06	40.0
AYUSH MO	34	21	38.2
AYUSH RBSK MO	44	24	45.5
RBSK Pharmacist	22	16	27.3
Fourth Class Employee	193	154	20.2

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 Supaul, there are 22 "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. Around 10 vehicle's condition is very poor and almost these are 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 - 22	
No. of Advanced Life Support (ALS) (on the road) and their distribution	02 (Bihar Government & PPP)	
	ALS	**BLS**
Operational agency (State/ NGO/ PPP)	PPP	PPP
If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
Average number of calls received per day	-	-
Average number of trips per ambulance per day	-	-
Average km travelled per ambulance per day	-	-
Key reasons for low utilization (if any)	-	-
No. of transport vehicle/102 vehicle (on the road)	'108' Vehicle use for PNC	
If the vehicles are GPS fitted and handled through centralized call centre	Yes	
Average number of trips per ambulance per day	-	
Average km travelled per ambulance per day	-	
Key reasons for low utilization (if any)	-	

Table 3.7: Status of ASHAs in the district

ASHA status of Supaul District 2021-22					
Blocks	**ASHA Target**	**ASHA Selected**	**ASHA Facilitator Target**	**ASHA Facilitator Selected**	**No. of ASHA working for more than 1000 Population**
Sadar Supaul	295	283	14	14	198
Chhatapur	287	265	14	11	31
Pipra	202	197	10	10	23
Pratapganj	107	106	06	05	0
Raghopur	215	209	11	10	42
Triveniganj	323	336	15	15	40
Kishanpur	167	136	09	08	132
Nirmali	92	83	05	04	82
Saraigardh	123	116	06	06	12
Marouna	145	134	07	06	19
Basantpur	184	152	09	08	21
Total ASHA	**2140**	**2017**	**106**	**97**	**600**

3.6 Status of Fund Allocations, Expenditure and Utilization

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

from the state is also the reason for low utilization. The details of funds allocation and its utilization are as follows:

Table 3.8: Status of Fund Utilization in the District (FMR wise)

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
FMR 1: Service Delivery: Facility Based	1551.35	369.04
FMR 2: Service Delivery: Community Based	139.12	0
FMR 3: Community Intervention	1645	0
FMR 4: Untied grants	107.90	21.78
FMR 5: Infrastructure	373.78	1.96
FMR 6: Procurement	252.36	9.28
FMR 7: Referral Transport	398.26	160.58
FMR 8: Human Resource (Service Delivery)	1342.13	158.80
FMR 9: Training	116.29	0
FMR 10: Review, Research and Surveillance	7.18	0
FMR 11: IEC-BCC	18.98	0.28
FMR 12: Printing	0.87	0
FMR 13: Quality	19.29	0
FMR 14: Drug Warehouse & Logistic	60.12	0
FMR 15: PPP	11.71	0
FMR 16: Programme Management	606.11	92.51
FMR 16.1: PM Activities Sub Annexure	0	0
FMR 17: IT Initiatives for Service Delivery	0	0
FMR 18: Innovations	2.99	0

Table 3.9 shows that under RCH and Health Systems flexi pool budget allocation is highest under the Maternal Health 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	1667.99	369.04
Child Health	40.86	06.86
RBSK	45.75	12.63
Family Planning	385.08	41.45
RKSK/ Adolescent health	0	0
PC-PNDT	0	0
Immunization	204.39	35.48
Untied Fund	107.90	21.78
Comprehensive Primary Healthcare (CPHC)	0	0
Blood Services and Disorders	0.75	0
Infrastructure	2.56	1.96
ASHAs	173.44	0
HR	586.50	158.88
Programme Management	606.31	92.51
MMU	0	0
Referral Transport	366.24	160.94
Procurement	159.87	9.28
Quality Assurance	0	0
PPP	0	0

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
NIDDCP	2.11	0
NUHM	0	0
Communicable Diseases Pool		
Integrated Disease Surveillance Programme (IDSP)	-	0.86
National Vector Borne Disease Control Programme (NVBDCP)	114.84	45.21
National Leprosy Eradication Programme (NLEP)	42.93	0.60
National TB Elimination Programme (NTEP)	96.58	3.11
Non-Communicable Diseases Pool	0	0
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	2.0	0
National Mental Health Program (NMHP)	0	0
National Programme for Health Care for the Elderly (NPHCE)	0	0
National Tobacco Control Programme (NTCP)	0	0
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	8.99	4.27
National Dialysis Programme	0	0
National Program for Climate Change and Human Health (NPCCHH)	0	0
National Oral health programme (NOHP)	0	0
National Programme on palliative care (NPPC)	0	0
National Programme for Prevention and Control of Fluorosis (NPPCF)	0	0
National Rabies Control Programme (NRCP)	0	0
National Programme for Prevention and Control of Deafness (NPPCD)	0	0
National programme for Prevention and Management of Burn & Injuries	0	0
Programme for Prevention and Control of Leptospirosis (PPCL)	0	0

4. Status of Service Delivery in the District

4.1 Service Availability as Perceived by Community

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

Generally for drugs, diagnostic and referral transport, people utilize public health facilities (HSC, PHC, CHC, SDH) situated nearby to their village. For any major health issues they visit to DH Supaul. 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 mostly 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 huge iron issue in the area. All of them are using iodine salt.

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

Community people interviewed at HSC Malhad 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 Malhad needs to be covered with boundary wall. People also demands to have delivery facility at the HSC along with some test and medicines facility. CHO needs to be trained on priority to perform several health care services at HSC itself.

4.2 Service Availability at the Visited Public Health Facilities

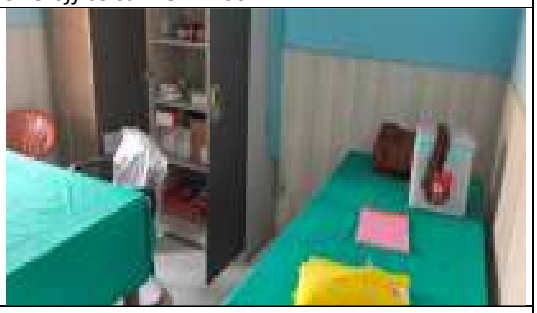
4.2.1. Health Sub Centre/ HWC - Malhad

- HSC Malhad is located adjacent to the village main road. HSC is running in old building, however due to maintenance work it was looking good. Since HWC branding has done recently, so outer look of SHC is very good and cleaning of overall premises was also good. The next referral point from HSC is DH Supaul which is around 4 kilometres from the centre.
- Water facility is available 24*7 at HSC Malhad. Electricity facility was also available at HSC. Inverter is not available at the centre, so there is no power back-up facility at HSC.
- General OPD, NCD normal screening and Tele-Consultation service through e-sanjeevani

app are available at the HSC Malhad and service is provided by CHO of the centre.

- There are only one CHO posted at HSC Malhad and she is not residing at HSC, as there is no quarter facility available at centre. Neither the facility nor the available services are as per IPHS norms at HSC Malhad.
- As per IT service is concerned, there is tablet available with CHO. ASHAs doesn't have smart phone. Internet facility is not available at centre. CHO is providing tele-medicine consultation services through her own mobile internet and expense for the same borne by respective individuals by its own.
- Almost all the 34 EDL drugs provided to HSC were available on the day of visit. Drugs were also displayed at HSC. There were shortage of five drugs namely, Paracetamol Tab & Syrup, Metronidazole, Ofloxacin Tab, Levocetrizine Tab and Albendazole Tab at HSC for last 30 days.
- Key challenges observed in the facility are, non availability of ANM, no delivery care services, no boundary wall. Posting of one ANM, trained in delivery care services, at HSC will help the local people to get several primary level health care services along with delivery care and FP services at HSC. Training of CHO is urgently needed for betterment of the health services provided by her.

Main Entry Gate of HSC Malhad, Supaul	*Meeting with CHO and ANM at HSC*
	
PRC team with CHO, ANM, DAM and BCM	*HSC are not fully functional as per HWC norms*
	

HSC internal premises	*Patient OPD area*
	
HSC Drug store	*CHO office cum OPD room*
	
Only OPD services provided by CHO at HSC	*No boundary wall at HSC*
	

4.2.2. Primary Health Centre/ HWC - Basantpur

- PHC Basantpur is a six bedded health centre, situated in Bhimnagar area. It is far from main road of Bhimnagar, however it is linked with concrete road of PHC to main road of Bhimnagar. PHC is running in old building and there is huge space problem. For smooth functioning of this PHC as per IPHS norms, the whole infrastructures need to be upgraded with new multi storeys PHC building. Very few services are available at PHC. The next referral point from PHC is CHC Raghopur and Birpur which are around 28 & 8 kilometres respectively from the centre.
- PHC Basantpur 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 Basantpur. Tele-Consultation services are available at the centre. Yoga facility is also not available at the PHC. PHC has all the family planning services available

like, OCP, ECP, condom, IUCD, PPIUCD, MTP, LTT etc.

- PHC Basantpur is also designated as Health and Wellness Centre (HWC). The building infrastructural condition is as follows:

Indicator	Observation
24*7 running water facility	Yes
Facility is geriatric and disability friendly (Ramps etc.)	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	No

Source: PHC Checklist, NHM PIP Monitoring, 2021

Electricity facility is available with power back-up facility.

- Human resources available at PHC is as follows:

HR	Sanctioned	Regular	Contractual
MO (MBBS)	05	03	0
MO (AYUSH)	0	0	0
SNs/ GNMs	0	0	0
ANM	06	02	0
LTs	0	0	01
Pharmacist	01	0	0
Public Health Manager (NUHM)	0	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 speed at PHC.
- Kayakalp internal assessment also done in PHC. The Kayakalp internal score is 65% for year 2021-22.
- Out of total 80 EDL drugs, almost all drugs were available on the day of visit. There was shortage of four drugs namely, Vitamin K Inj, Magnesium Sulphate Inj, Dopamine Inj and Sodium Bi Carbonate Inj at PHC in last 30 days. There is no any shortage of drugs for hypertension and diabetes at PHC.
- All the diagnostics services are free for all the patients at PHC Basantpur. There is one functional minor operation theatre at PHC, which is only used for LTT service.
- PHC Basantpur is a Designated Microscopy Centre under TB elimination programme.
- **B**iomedical 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.

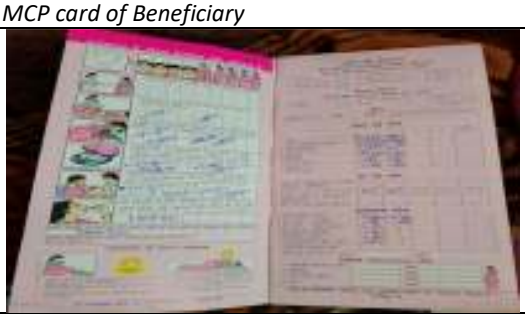
- As informed by the PHC official, Rogi Kalyan Samiti (RKS) meeting not held in recent years due to Covid 19 at PHC Basantpur. The PHC budget of year 2020-2021 and 2021-2022 is as follows:

Financial Year (NHM Budget)	**2020-21**	**2021-22 (up to November 2021)**
Opening Balance	7892402	7289933
Fund Received	24059496	5546330
Total	31951898	12836263
Expenditure (in Rs.)	24661965	6500371
Balance	7289933	6335892

Source: PHC Checklist, NHM PIP Monitoring, 2021

- Key challenges observed in the facility are, non availability of adequate space. There is very less space for patient waiting area and overall PHC requirement. As PHC is in the midst of the different government office, so there is lack of open space for extension of present building. Neither the facility infrastructure nor the available services are as per IPHS norms at PHC. For an appropriate IPHS PHC, this centre either needs to be constructed as multi-storeys or may be shifted to somewhere else having adequate open space in Basantpur. Staff quarters are needed for smooth functioning of PHC as 24*7 health facility. Labour room is very small in size. There is only one small hall for all type of IPD patients. 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 Basantpur, Supaul	*External looks of PHC Basantpur*
	
Small PHC physical area with boundary wall	*OPD registration counter*
	

Observation room for patients	*Labour room with two delivery tables*
	
Interaction with beneficiary admitted in ward	*Interview of PNC beneficiery by PRC team*
	
PRC team with MO I/C and PHC Staffs	*MCP card of Beneficiary*
	

4.2.3. Community Health Centre - Pipra

- CHC Pipra is a 30 bedded health centre, accessible to the nearby main highway road of Pipra town. CHC is running in mix of new and old building and overall infrastructure looks was not attractive. CHC campus run in scattered sections, other than MCH wing, which runs in newly constructed building all other sections, runs in different separate old scattered building. The next referral point from CHC is District Hospital, Supaul which is around 21 kilometres from the centre.
- CHC Pipra has general OPD, IPD, 24*7 delivery care services (only normal), NCD screening (in general OPD), Covid 19 vaccination and testing services. There is no NBSU and NRC at CHC Pipra. It has also drug and diagnostic (7 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.
- CHC Pipra, on record, has been upgraded as CHC from PHC years back, but availability of

health staffs are as per PHC only, which leads to poor functioning of 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.)	No
Clean functional toilets available (separate for Male and female)	Yes(only MCH wing)
Drinking water facility available	Yes
OPD waiting area has sufficient sitting arrangement	No
ASHA rest room is available	Yes
Drug storeroom with rack is available	Yes (poor condition)
Power backup	Yes

Source: CHC Checklist, NHM PIP Monitoring, 2021

CHC Pipra has 24*7 electricity facility is available with power back-up in complete hospital.

- Human resources available at CHC is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	-	-	-
Obstetric Gynaecologist	-	-	-
Paediatrician	-	-	-
Anaesthetist	-	-	-
MO (MBBS)	11	07	0
MO (AYUSH)	1	0	0
GNMs/ Nurses	8	0	4
ANM (whole block)	50	43	5
LTs	0	0	3
Pharmacist	1	0	1
Public Health Manager (Care India)	-	0	1

Source: CHC Checklist, NHM PIP Monitoring, 2021

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

- 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.
- Almost all the displayed EDL drugs list for OPD & IPD are available at CHC. There was minimal shortage of consumables at CHC Pipra.
- All the drug and diagnostics services are free for all the patients at CHC Pipra. 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 65.57% and Eco-Friendly scorecard is 71.90% of CHC Pipra in internal assessment for 2021-22.

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

NHM Budget Year 2020-2021	
Budget Allocated	**Expenditure (in Rs.)**
34443841	**31998050**

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 Pipra on every alternate day.
- Key challenges observed in the facility are, non availability of adequate space. There is lack of space for patient waiting area, wards, OPD rooms, office rooms, meeting room and overall CHC requirement. As this CHC is upgraded from PHC few years back, the present status of infrastructures, staffs availability & services are not even of PHC standard. Lack of HR is one of the most major issues for smooth functioning of the facility as CHC. Diagnostic testing facility is very less. Non availability of sufficient staff quarters at CHC were a big constraint in its functioning as 24x7 health centre. Non implementation of LaQshya in Labour room is a major issue. There is no blood bank or blood storage unit at CHC. There was also no NBSU facility at CHC. Long pendency in payment of salary and incentives to ASHAs and MAMTA linked with CHC Pipra is a major issue. The X-ray technician doesn't have TLD badge nor did they get any radiation allowances. Condition of ambulance available at CHC was very poor. 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 Pipra, Supaul	*PRC team along with CHC staffs*
	

Very old and dilapidated building of CHC	*CHC premises without boundary wall*
	
Only Patient waiting area at CHC	*Gallary of the CHC*
	
Interaction with PNC beneficiary	*PRC team visit to CHC with BMO and staffs*
	
Labour room with two delivery tables	*OT mainly get used LTT camp only*
	

4.2.3. Sub Divisional Hospital- Nirmali

- SDH Nirmali is a 100 bedded hospital and situated adjacent to main highway road of Nirmali town. SDH is running in new building which is completely repaired, renovated and restructuring of an old building. The overall infrastructure look is good and cleanliness of the facility was also good. The next referral point from SDH is Darbhanga Medical College & Hospital, Darbhanga which is around 80 kilometres from the centre.
- SDH Nirmali 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 at SDH Nirmali. SDH has full-fledged oxygen management facility along with full functional separate Covid 19 ward. It has also drug and diagnostic (7 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 is not functional as per IPHS norms.

- The present building infrastructural condition of SDH Nirmali 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 Nirmali has 24*7 electricity facility is available with power back-up DG sets.

- Human resources available at SDH is as follows:

HR	Sanctioned	Working (Reg)	Working (Cont)
Specialists			
Medicine	1	0	-
Obstetric Gynaecologist	1	0	-
Paediatrician	1	0	-
Anaesthetist	1	1	-
MO (MBBS)	30	12	0
MO (AYUSH)	0	0	04
GNMs/SNs	35	13	
ANM	0	0	7
LTs	03	0	1
Pharmacist	03	0	1
Public Health Manager (Care India)	-	0	0

Source: SDH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at SDH. None of the parameters, i.e. infrastructure, services, HR etc. is as per IPHS norms. SDH neither have any specialist doctor nor have any specialised services available. In name of emergency only general emergency service is available at SDH. There were 14 security guards (11 male, 3 female) and six sweepers (4 male, 2 female) available at CHC. This security service is outsourced and as informed by these staffs, they didn't get their salary for more than three months.

- As per IT service is concerned, SDH doesn't have any desktop, laptop and tablet. The BPMU/BHS is running at PHC Nirmali and IT services are available only at PHC. All the

national health programmes also run from PHC Nirmali only. At SDH only clinical services are available. There is no any Internet facility available at SDH.

- Out of total 58 EDL drugs list, around 45 types of drugs were available on the day of visit. There were shortage of five EDL drugs namely, Inj Gentamycin, Tab Clavimox 625mg, Inj Vitamin K, Inj Nicathamide and Inj Mezopenum 500/1000mg at the SDH in last 30 days on the day of team visit. There was acute shortage of consumables at SDH Nirmali.
- All the drug and diagnostics services are free for all the patients at SDH Nirmali. There were only seven types of pathological test service available. Only x-ray service is available. There is one single functional operation theatre at SDH, which is only used for LTT service.
- LaQshya is implemented at SDH labour room. This year internal assessment has not been done of SDH Nirmali. Kayakalp internal assessment has done in SDH. The Kayakalp score is 68% SDH Nirmali in internal assessment for year 2021-22.
- As informed by the SDH official, Rogi Kalyan Samiti (RKS) meeting not held in SDH Nirmali in recent years due to Covid 19. The NHM budget of year 2020-2021 and 2021-2022 are as follows:

NHM Budget SDH Nirmali		
Financial Year	**Budget Received**	**Expenditure (in Rs.)**
Year 2020-2021	**26365831**	**23286019**
Year 2021-2022	**12800503**	**8840934**

Source: SDH Checklist, NHM PIP Monitoring, 2021

- 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 Nirmali on every alternate day.
- Key challenges observed in the facility are, lack of HR, non availability of specialised services, no specialist doctors, though SDH building was new and well maintained but service is not as per IPHS norms. Tiling has not been done in whole SDH building floor. Non availability of staff quarters at SDH were a big constraint in its functioning as 24x7 health centre. There is no blood bank or blood storage unit at SDH. There is also no NBSU at SDH. Long pendency in payment of salary and incentives to ASHAs and MAMTA linked with SDH Nirmali is a major issue. The X-ray technician doesn't have TLD badge nor did they get any radiation allowances. SDH didn't have its own ambulance facility. There is lack of training and orientation among health staffs about different health programmes, also no refresher training of technical staffs has been done on regular basis.

Main Entry Gate of SDH Nirmali, Supaul	*PRC team with SDH BMO and staffs*
	
Meeting with BMO and DHS staffs	*Clean and Managed MCH wing of SDH*
	
SDH Labour room area	*OPD registration counter*
	
Interaction with beneficiary at PNC ward	*Interaction with Labour room incharge*
	
Dilapidated staff quarters of SDH	*Doctor OPD duty room*
	

4.2.4. District Hospital – Supaul

- DH Supaul is a 150 bedded hospital and situated near to main market area and linked with main pucca road of Supaul town. DH is running in newly constructed building and overall infrastructure and cleanliness of the facility was very good. DH has staff quarters for MO and other staffs for DH, however these quarters are very old and also very less in comparison to its requirement.
- The present building infrastructural condition is as follows:

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

Source: DH Checklist, NHM PIP Monitoring, 2021

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

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

Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Remarks
Medicine	No
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)	Yes
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	No
Dialysis Unit	Yes
Emergency Care	Yes
Burn Unit	No
Teaching block (medical, nursing, paramedical)	Yes
Skill Lab	Yes

- Apart from above mentioned services, there is general emergency, triage, resuscitation and stabilization under emergency services available at DH. Tele-medicine/Consultation services were also available at DH Supaul.
- Operation theatres are available at DH. There are functional Single general OT, Obstetrics & Gynaecology OT and Ophthalmology/ENT OT. However Elective major Orthopaedic OT and Emergency OT was not functional at DH. There is no functional Blood Bank at DH Supaul. There is blood storage unit at DH.
- Human resources available at DH is as follows:

HR	**Sanctioned**	**Working (Reg)**	**Working (Cont)**
Specialists			
Medicine	0	0	0
Obstetric Gynaecologist	02	01	01
General Surgeon	03	01	0
Paediatrician	02	01	0
Anaesthetist	03	0	0
Other Specialists	08	05	0
MO (MBBS)	12	09	0
MO (AYUSH)	-	-	-
SNs/ GNMs	51	36	01
ANM	-	-	-
LTs	05	01	03
Pharmacist	07	01	01
Dentist	02	01	0

Source: DH Checklist, NHM PIP Monitoring, 2021

Human resources status is very poor at DH. Out of the total sanctioned post of 18 Specialist doctors only eight are posted at DH. These sanctioned posts are already less as per present norms under IPHS. 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.

- Out of total 167 EDL drugs list, total 91 types of drugs were available on the day of visit. There were shortage of five priority drugs namely, Inj Lignocaine, Tab Livofloxacin, Inj Vitamin K, Albendazole syp and Tab B-Complex at DH in last 30 days. There was minimal shortage of consumables at DH Supaul.
- All the drug and pathological tests are free for all the patients at district hospital. However, x-ray service is chargeable for non BPL. CT Scan and dialysis service are running on PPP model. Both Dialysis & CT Scan service is chargeable for non BPL patients.
- In DH 600 patients were registered for treatment under Ayushman Bharat in the district. Out of registered patients 22 was OPD patients and 578 were IPD patients. Around Rs.17.21 lakhs have been submitted for pre-authorization and claims amounting Rs. 16.11 lakhs have been submitted.

Status of BIS and TMS under Ayushman Bharat (PMJAY) in DH, Supaul	
Beneficiary Identification Number and Transaction Management System	
Total Patients Registered	600
Out Patients	22
In Patients	578
Death Cases	0
Surgeries/Therapies Done	562
Surgeries/Therapies Done Amount (Rs.)	1613300
Preauthorization Initiated	577
Claims Submitted	561
Amount Preauthorized in (Rs.)	1721800
Amount of Claims Submitted in (Rs.)	1611600

- As informed by the DH official, Rogi Kalyan Samiti (RKS) meeting held in DH Supaul in recent year. The RKS budget detail for year 2020-2021 and year 2021-2022 is as follows:

RKS Year 2020-2021			
Item	**Income (in Rs.)**	**Item**	**Expenditure (in Rs.)**
Total income	378771	Total expense	429407
Previous balance	231940	Last balance	181304
Grand total	610711	Grand total	610711
RKS Year 2021-2022			
Item	**Income (in Rs.)**	**Item**	**Expenditure (in Rs.)**
Total income	181304	Total expense	294410
Previous balance	136153	Last balance	23047
Grand total	317457	Grand total	317457

Source: DH Checklist, NHM PIP Monitoring, 2021

- LaQshya is implemented in district hospital and labour room score under LaQshya program is 84% in internal assessment of DH Supaul for year 2021-22. Kayakalp internal assessment also done in DH and has score of 62.86% and eco-friendly score is 64.29% in internal assessment for year 2021-22.
- Biomedical waste management services are outsourced at DH. The 'Medicare

Environmental Management Pvt. Ltd. Muzzafarpur' is the outsourced company which collect the BMW from Sadar hospital (DH) Supaul on every alternate day.

- Key challenges observed in the facility are, non availability of adequate doctors & paramedical staffs, adequate space, especially in SNCU also distance of SNCU from MCH wing is a major issue. There are only eight specialist doctors against the sanctioned post of 18 in DH Supaul. Several specialised health care services were not available at DH. Other than caesarean section very few surgical services was functional at DH Supaul. There is need of several staff quarters for doctors and other staffs for 24*7 smooth functioning of the hospital. There is no DIEC functional in the district. SNCU needs to be shifted quality specialised place as per its norms. Establishment of blood bank at district hospital is needed on urgent basis. 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. There is no obstetric & gynaecologist at DH, so no caesarean delivery performed at DH.

Main Entry Gate of Sadar Hospital (DH) Supaul	*PRC Team meeting with Civil Surgeon and DPM*
	
Sadar hospital Supaul view	*Very bad condition of SNCU building*
	
Interaction with PNC beneficiary	*Fungal infection observed on the wall of PNC ward*
	

Ambulance service given to Beneficiary	*RT-PCR and TruNat Lab avilable at DH*
	
CT scan service available on PPP mode at DH	*Interaction with NRC beneficiaries*
	

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 Supaul district of Bihar in fourth week of December, 2021. PRC team visited District Hospital (DH) Supaul, Sub Divisional Hospital (SDH) Nirmali, Community Health Centre (CHC) Pipra, 24*7 Primary Health Centre (PHC) Basantpur and HSC Malhad, which are functioning as Health and Wellness Centre and delivery points, to assess services being provided in these health facilities. PIP study done to provide insights based on information collected from the service providers and programme managers and looked into the critical areas like maternal and child health, family planning, adolescent health, AYUSH services, human resources, status of HMIS, RCH portal, different fund flow & utilization, running of several national health programs, infrastructures, implementation of important health programmes like LaQshya, Kayakalp, Ayushman Bharat, Health and Wellness Centre (HWC) at the visited health facilities in the district and assess the major problem area along with its root causes.

Community level perception strongly proclaimed that majority of the population preferred public health facilities for their primary health care services and they only go to private facility for any critical health situations. Most of the services related to ANC, PNC, FP services (OCP, ECP, condom etc.) and immunization services are locally available HSC (HWC). Out of pocket expenses at public health facilities are almost zero and most of them were satisfied with the

behaviour of health service providers as well. So it can clearly be noticed that strengthening of primary health care system (as government doing through health & wellness centre) at smaller unit can address the larger population's primary health care need in the community.

Lack of regular as well as contractual staffs in all categories is a major issue in smooth functioning of any health service delivery facilities in the district. Contractual staff's service related issue also needs to be address, as there is already a major crunch of HR in all the health facilities of Supaul district.

Long pendency in payment of ASHAs salary and incentives in Supaul 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.

MAMTA Didi (counsellors) is posted in DH, SDH, CHC and PHC labour room, who counsel the delivery care beneficiaries in PNC ward. This is a very positive initiative by health department in Bihar. 'DIDI KI RASOI' is an initiative of government of Bihar for running kitchen presently at every district hospital on PPP model along with "JEEVIKA" self help group women. It was found nicely functional at DH Supaul.

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

Key Recommendations

- None of the visited facilities are running as per IPHS norms. Lack of staffs is one of the most important reasons for the same. Other than DH Supaul and SDH Nirmali, none of the visited facilities accomplish infrastructure norms under IPHS as well; even DH has some issues related to infrastructures like SNCU etc. Some has lack of space, spacious labour room, OT etc. The issue of HR and some additional construction of building are needed to execute the smooth functioning of health facilities as per their norms.
- Diagnostic services at different health facilities are not available as per their existing level. SDH Nirmali & CHC Pipra doesn't have CEmONC service. DH has CT scan service but doesn't

have MRI service. Different FRUs in the district doesn't have appropriate health care services as per required norms. These issues need to be address at higher level.

- Establishment of Blood Bank at DH is needed. Establishment of BB or BSU at SDH Nirmali & CHC Pipra is needed. Posting of obstetric & gynaecologist at SDH and CHC is needed on most priority basis to have caesarean section delivery service.
- 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/BPMU) 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. At DHS Supaul staffs are very cooperative and arduous, but due to several vacant posts including DPM lead to lots of work pressure to them.
- Outsourced staffs, especially MAMTA Didi (LR counsellor), security and cleaning staffs have huge 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.