

NATIONAL RURAL HEALTH MISSION



DISTRICT **LAKHISARAI**

DISTRICT HEALTH ACTION PLAN

(2009-2010)

GOVERNMENT OF BIHAR

Preface

It is our pleasure to present the lakhisarai District Health Action Plan for the year 2009-10. The District Health Action Plan seeks to set goals and objective for the district health system and delineate implementing processes in the present context of gaps and opportunities for the lakhisarai district health team.

National Rural Health Mission was introduced to undertake architectural corrections in the public Health System of India. District health action plan is an integral aspect of National Rural Health Mission. District Health Action Plans are critical for achieving decentralisation, interdepartmental convergence, capacity building of health system and most importantly facilitating people's participation in the health system's programmes. District health Action planning provides opportunity and space to creatively design and utilise various NRHM initiatives such as flexi-financing, Rogi Kalyan Samiti, Village Health and Sanitation Committee to achieve our goals in the socio-cultural context of lakhisarai.

I am very glad to share that all the BHMs and MOIC of the district along with key district level functionaries participated in the planning process. The plan is a result of collective knowledge and insights of each of the district health system functionary. We are sure that the plan will set a definite direction and give us an impetus to embark on our mission.

Table of Contents

1	Introduction.....	3
2	Profile of lakhisarai District	4
3	Summary of DHAP process in lakhisarai.....	8
4	Health profile of lakhisarai District.....	9
5	Human Resources for Health in lakhisarai	10
6	Situation Analysis of Health Facilities	11
7	Situation Analysis: Health Sub centre level Infrastructure.....	12
8	Situation Analysis: APHC level infrastructure and Human Resource (Detailed)..	14
9	Situation Analysis: APHC Human Resource	16
10	Situation Analysis: Support Services at PHCs:	23
11	Situation Analysis: Sub Divisional Hospital (SDH) and Referral Hospitals (RH)	Error! Bookmark not defined.
12	Situation Analysis: District Hospital lakhisarai	Error! Bookmark not defined.
13	Situation Analysis: Service Delivery	Error! Bookmark not defined.
14	Situation Analysis: ASHA Training.....	Error! Bookmark not defined.
15	Strengthening Health Facilities in lakhisarai District	Error! Bookmark not defined.
16	Reproductive and Child Health.....	Error! Bookmark not defined.
17	National Vector Borne Disease Control Programmes	Error! Bookmark not defined.
18	Community Participation.....	Error! Bookmark not defined.
19	Capacity Building and Training	Error! Bookmark not defined.

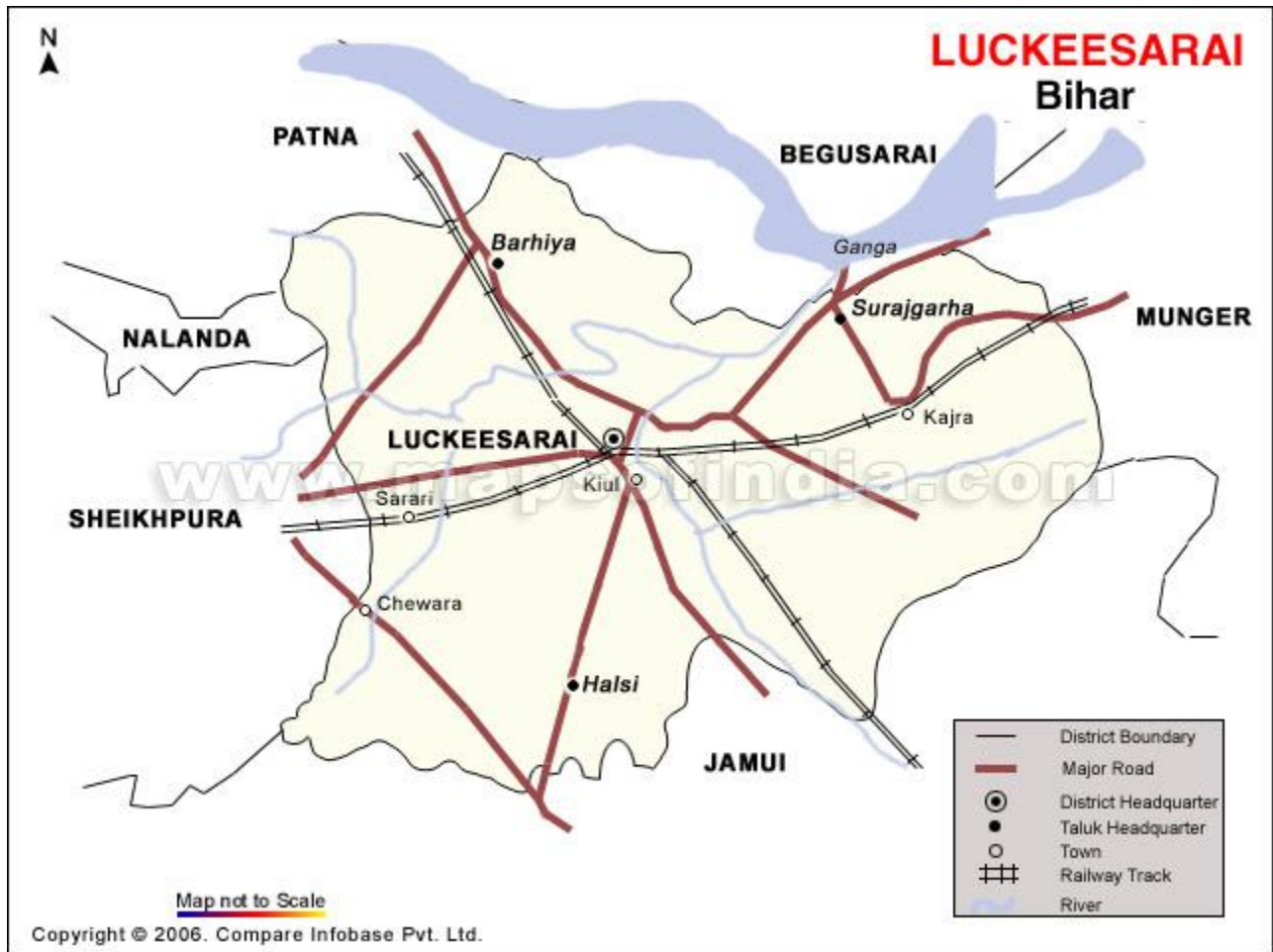
Introduction

The **National Rural Health Mission** (NRHM) is a comprehensive health programme launched by Government of India to bring about architectural corrections in the health care delivery systems of India. The NRHM seeks to address existing gaps in the national public health system by introducing innovation, community orientation and decentralisation. The mission aims to provide quality health care services to all sections of society, especially for those residing in rural areas, women and children, by increasing the resources available for the public health system, optimising and synergising human resources, reducing regional imbalances in the health infrastructure, decentralisation and district level management of the health programmes and community participation as well as ownership of the health initiatives. The mission in its approach links various determinants such as nutrition, water and sanitation to improve health outcomes of rural India.

The NRHM regards district level health planning as a significant step towards achieving a decentralised, pro-poor and efficient public health system. District level health planning and management facilitate improvement of health systems by **1) addressing the local needs and specificities 2) enabling decentralisation and public participation and 3) facilitating interdepartmental convergence at the district level**. Rather than funds being allocated to the States for implementation of the programmes developed at the central government level, NRHM advises states to prepare their perspective and annual plans based on the district health plans developed by each district.

The concept of DHAP recognises the wide variety and diversity of health needs and interventions across the districts. Thus it internalises structural and social diversities such as degree of urbanisation, endemic diseases, cropping patterns, seasonal migration trends, and the presence of private health sector in the planning and management of public health systems. One area requiring major reforms is the coordination between various departments and vertical programmes affecting determinants of health. DHAP seeks to achieve pooling of financial and human resources allotted through various central and state programmes by bringing in a convergent and comprehensive action plan at the district level.

Profile of Lakhisarai District



Geography

Lakhisarai was formed as a **District** on 03rd July, 1994 as a result of its separation from Munger. It is located at 25° to 25° 20' north Latitude and 85° 55' to 86° 25' east longitude.

Boundary- East Munger district, west Shekhpora district, North west Nalanda district and Patna district, north Begusarai district west south to south covered by Jamui district.

Area- Lakhisarai occupies a total of 1228 sq. km.

Population- As per 2001 Census (provisional) statistics, total population of Lakhisarai is 8,02,225 out of which the male population is of 4,17,672 and that of the female is 384,553. At present 2009 it is about 9,41,277 approx. out of which the male population is of 4,90,076 and that of the female is 4,51,201.

Density- From the 2001 census statistics, it is approximately 653 people per sq.km.

Literacy- The average literacy figures for Lakhisarai stands at 48% (Male-60.7%, Female-34%)

Administrative Units

1. No. of Police District : 1
2. No. of Sub-Divisions : 1
3. No. of Blocks : 07
4. No. of PHC : 04
5. No. of Circles : 07
6. No. of Police Stations :
7. No. of Panchayats : 80
8. No. of Villages : 494

History

Lakhisarai was an established administrative and religious centre during the golden period of Pal bansh. This region of Lakhisarai was identified in old times as a place of rocks, mountains and statues of different Hindu and Bhuddhist gods and goddesses. Even in Buddha literature this place had been mentioned as "Anguttri" meaning thereby a district status. This beautiful place, naming Lakhisarai came into existence, as a new district from Munger . Hence this place in the ancient period also can be identified with the name of Munger or Ang Pradesh. Lakhisarai region during Pal administration was the capital of Pals for some period. Other evidences found in the district under the Pal Dharampal.

Noted Historian Dr. D.C. Sarkar during his visit, found some more evidences on the basis of which, he also confirmed that this place was very important "Krimila" Subject during Pal administration. Monument of Madan Pal of period 1161-1162 was found in Balgudar consist Narayana statue as Krimila Subject. Chinese traveler Huen Tsang described this place having 10 Buddha mathas and more than four hundred Buddhists resided here. Most of the Buddhists living here were Heenyanis. There were 10 temples also of Hindus and people lived here with peace and harmony. People of that time used to live in a very planned manner. Also, according to historian Sri Radha Krishna Chaudhary all the Buddha mathas were situated in southern side of Ganga and the king of Pal Bans was also a Buddhist. This region of Lakhisarai was ruled over in seventh century to eleventh century by the administrator of Pal Bans. Sen family also ruled this region for some period in 11th century. Acharya Hawaldar Triapthi mentioned this region of Lakhisarai on the basis of "Mritika Mudra" kept in Nalanda. It means that Krimila was very important and Caval Gram was very important. The people believe that Krimila of that period is now Kiul Basti, which is situated in Southern side of Lakhisarai Railways station. Krimila was a center of Buddhist religion. Lord Buddha also stayed here for three years on Chaliya Mountain and

Jantugram was nearby Chliya mountain and was situated on bank of river Krimikala, where Lord Buddha with his followers used to visit and deliver speech. It is convincing that Krimikala is now in Kiul river and Chaliya mountain is nothing but Jainagar mountain.

History indicates also that Md. Bin Bakhtiyar attacked this region in 11th century. Shershah also ruled this region in the 15th century. Surrajgarha witnessed great war of Shershah and Mugal emperor Humayu in 1534. Also in 1953 a fight occurred in Fatehpurnear Surajgarha between Miya Suleman and Adilshah in which Adilshah was killed.

In religious context, Surajgarha was also an important place for Shaiva sect. One beautiful Shiv Mandir was there and large number of people gathered there for worship of Lord Shiva with religious devotion.

There are some other places in this district, which are significant or were known for its significance in ancient period, either in Historical, archaeological or in religious context.

Table 1: Lakhisarai District at a Glance

Total Area	1228 sqkm.
Population in thousands	941277
Rural Population	802909 (85.3 %)
Urban Population	138368 (14.7 %)
Population density	653 per sq km
Number of sub-divisions	1
Number of blocks	07
Total no. of Panchayats	80
Number of villages	494
Sex Ratio	880
Percent of urban population	14.7
Percent of SC population	15.8 (148722)
Percent of ST population	0.7 (6589)
Female literacy	34
Male literacy	60.7
Total literacy	48
No. of Medical College	0
No. of Government of India Hospitals (military, railways, ESI, CGHS)	0
NGO Hospitals and centres undertaking RI with government vaccines	0
Total ICDS projects	07
Total Number of Anganwadi centres	802

Summary of DHAP process in lakhisarai

The District Health Action Plan of lakhisarai has been prepared under the guidance of the Chief Medical Officer, Additional Chief Medical Officer and District Immunization officer of Lakhisarai with a joint effort of the Block health managers and various M.O - PHCs as well as other concerned departments under a participatory process. The field staff of the department has also played a significant role. Public Health Resource Network has provided technical assistance in estimation and drafting of various components of this plan.

Summary Of The Planning Process
Training of district team for preparation of DHAP
Preliminary meeting with CMO, ACOMO and DIO along with other concerned officials
Data Collection for Situational Analysis - MOIC and BHM meeting chaired by DM and CMO/CS
Block level consultations with MOICs and BHMs
Writing of situation analysis
District Planning workshop to review situation analysis and prepare outline of district health plan- the meeting was chaired by CMO and facilitated by ACOMO. The workshop was attended by MOICs, BHMs and other key health functionaries at the district level.
District Consultations for preparation of 1st Draft
Preliminary appraisal of Draft
Final Appraisal
Final DHAP: Submission to DHS and State
Printing and Dissemination

Health profile of Lakhisarai District

Table 2 : Lakhisarai Health Profile

Key population indicators	Infant Mortality rate	56		
	Maternal mortality rate	450		
	Crude birth rate	30		
	Death rate	5.0		
District Level Household & Facility Survey		DLHS 3 (08-09)	DLHS 2 (02-04)	Bihar DLHS 3
	Pregnant women who registered in the first trimester	21.7 %		
	Pregnant women with 3 + ANC	25.3 %	20	26.4
	Pregnant women receive at least 1 TT injections	46.5	34.9	50.4
	Delivery assisted by a skilled attendant at home	6.3	4.3	5.9 %
	Institutional births	32.5	22.9	27.7
	Children with full immunization	36	23.5	41.4
	Children with Diarrhoea treated within last two weeks who received treatment	62.5	89.9	73.7
	Children with Acute Respiratory infections in the last two weeks who were given treatment	76	-	73.4
	Children who had check up within 24 hours after delivery	21		
	Children who had check up within 10 days of delivery	21.2		
Communicable diseases (percent)	Kala Azar prevalence	-		
	TB incidence	-		
	HIV prevalence among STD clinics	-		
	HIV prevalence among ANC clinics	-		

Human Resources for Health in Lakhisarai

Lakhisarai currently has 99 doctors sanctioned out of which 29 are present. Similarly 38 contractual positions are sanctioned for doctors against which only 24 are posted. So the total number of doctors present in the district is 53 against the total sanction of 137.

Table 3: Details of Existing Human Resource

Specialisation	Regular	Contract
MD Physician		
Surgery		
Gynaecologist		
Paediatrician		
Orthopaedics		
Ophthalmologists		
Pathology		
ENT		
Radiologist		
Bio-chemistry		
Physiology		
Anaesthetist		
Total		

Staff Nurses, Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs)

The total number of positions sanctioned under this category is In addition to this, regular Grade A nurses are posted in the district.

..... positions for LHVs are sanctioned out of which are in position and are vacant. For regular ANMs positions are sanctioned and are in position. posts of ANMs are vacant in the district. positions for contractual ANMs are sanctioned and are currently posted. All the contractual ANMs are posted at the Sub centre level.

Situation Analysis of Health Facilities

The three tiers of the Indian public health system, namely village level **Sub centre, Additional Primary Health Centre and Primary Health Centres** were closely studied for the district of lakhisarai on the basis of three crucial parameters:

- 1) Infrastructure
- 2) Human resources and
- 3) Services offered at each health facility of the district.

The Indian Public Health System (IPHS) norms define that a Village **Health Sub centre** should be present at the level of 5000 population in the plain regions and at 2500-3000 population in the hilly and tribal regions. The district can be divided into three parts viz. (i) Hilly area (ii) Flood hit area and (ii) Plain area. the norm of Sub centre population is expected to be diagnostically followed. A sub centre is supposed to have its own building with a small OPD area and an exam room.. Sub centres are served by an ANM, Lady Health Volunteer and Male Multipurpose Health Worker and supported by the Medical Officer at the APHC. Sub centres primarily provide community based outreach services such as immunisation, antenatal care services (ANC), prenatal and post natal care, management of mal nutrition, common childhood diseases and family planning. It provides drugs for minor ailments such as ARI, diarrhoea, fever, worm infection etc. The Sub centre building is expected to have provisions for a labour room, a clinic room, an examination room, waiting area and toilet. It is expected to be furnished with essential equipment and drugs for conducting normal deliveries and providing immunisation and contraceptive services. In addition equipment for first aid and emergency care, water quality testing and blood smear collection is also expected to be available.

The **Primary Health Centre (PHC)** is required to be present at the level of 30,000 populations in the plain terrain and at the level of 20,000 populations in the hilly region. A PHC is a six bedded hospital with an operation room, labour room and an area for outpatient services. The PHC provides a wide range of preventive, promotive and clinical services. The essential services provided by the PHC include attending to outpatients, reproductive and child health services including ANC check-ups, laboratory testing during pregnancy, conducting normal deliveries, nutrition and health counselling, identification and management of high risk pregnancies and providing essential newborn care such as neonatal resuscitation and management of neonatal hypothermia and jaundice. It provides routine immunisation services and tends to other common childhood diseases. It also provides 24 hour emergency services, referral and inpatient services. The PHC is headed by an MOIC and served by two doctors. According to the IPHS norms every 24 *7 PHC is supposed to have three full time nurses accompanied by 1 lady health worker and 1 male multipurpose worker. NRHM stipulates that PHCs should have a block health manager, accountant, storekeeper and a pharmacist/dresser to support the core staff.

According to the IPHS norms, a **Community Health Centre (CHC)** is based at one lakh twenty thousand population in the plain areas and at eighty thousand populations for the hilly and tribal regions. The Community Health Centre is a 30 bedded health facility providing specialised care in medicine, obstetrics & gynaecology, surgery, anaesthesia and paediatrics. IPHS envisage CHC as an institution providing expert and emergency medical care to the community.

In Bihar, CHCs are absent and PHCs serve at the population of one lakh while APHCs are formed to serve at the population level of 30,000. The absence of CHC and the specialised health care it offers has put a heavy toll on PHCs as well as district and sub district hospitals. Moreover various emergency and expert services provided by CHC cannot be performed by PHC due to non

availability of specialised services and human resources. This situation has led to negative outcomes for the overall health situation of the state.

1. Situation Analysis: Health Sub centre level Infrastructure

Table 4: Sub centre Data

Sr. No.	Name of PHC	Name of block	Total Population	Total requirement as per District Database	PRESENT (functional)	ALREADY PROPOSED	Further requirement based on District Database
1	Lakhisarai	Lakhisarai	114333	23	7	4	12
		Ramgarh Chawk	56832	11	9	0	2
		Chanan	100330	20	10	4	6
		Pipariya	38582	8	2	4	2
2	Surajgarha	Surajgarha	318331	64	35	4	25
3	Halsi (Ramgarh Chauk inc.)	Halsi (Ramgarh Chauk)	163320	33	21	4	8
4	Barhaiya	Barhaiya	149549	30	18	4	8
			941277	189	102	24	63

Table No. 4 presents the additional requirements of Sub centers as per population norms mandated by IPHS as well as according to the database available with District Health Society Lakhisarai. As per IPHS norms, Lakhisarai district requires a total of 189 Sub centers of which 102 are present in the district. 24 more have currently become functional and 63 are proposed.

In

Lakhisarai

**Situation Analysis: Health Sub centre level Infrastructure and Human Resource
(Detailed)**

Table 5.1 Sub centre Details

	1. Sadar phc lakhisarai	2. Surajgarha	3. Halsi (Ramgarh chauk incl.)	4. Barhaiya
Total Number of Sub centres	28	35	21	18
ANMs regular	28	35	21	18
ANMs contract		34	11	09
ANM (Regular) Required	12	4	4	4
ANM ® Required	12	4	4	4
ANM residing at HSC	Nil	nil	Nil	Nil
Residential facility for ANM required	40	39	25	22
HSC in Govt building				
HSC in Panchayat building				
HSC in rented Building				
SC building under construction				
Building required				
Running water supply available	NA	NA	NA	NA
Water supply required	40	39	25	22
Cont. power Supply	NA	NA	NA	NA
Power supply required	40	39	25	22
Untied Funds				

2. Situation Analysis: APHC level Infrastructure

The gaps in the availability of PHC are calculated as per the IPHS norms of one APHC at the level of 30,000 populations. However in Bihar, the current state practice is one PHC at one lakh population level. Since the APHCs function at the level of 30,000 populations at present in Bihar, the number of present and proposed APHCs is taken into account for the purpose of calculating the overall requirement of PHCs. The matrix also estimates requirement of CHCs in each block. Like Sub centres, the district has also proposed APHCs.

Table 6: APHC Infrastructure

Name of Block	APHC Total required	PRESENT	PROPOSED	Further REQUIRED after including PHC
1. SADAR PHC LAKHISARAI	12	1	3	8
2. Surajgarha	11	5	1	5
3. Halsi	6	4	1	1
4. Barhaiya	5	2	1	2
Total	34	12	6	16

3. Situation Analysis: APHC level infrastructure and Human Resource (Detailed)

In Bihar Additional PHCs operate at the population of 30,000. The APHC is the cornerstone of the public health system since it serves as a first contact point for preventive, curative and promotive health services. It is the first part of the public health system with a full time doctor and provision for inpatient services. There are 32 functional APHCs in Lakhisarai. In general the APHCs in Lakhisarai suffer from:

- 1) Lack of facilities including availability of building
- 2) Constant power and water shortages
- 3) Unavailability of doctors
- 4) Doctors not residing at the facility
- 5) Insufficient quantities of drugs and equipment
- 6) Lack of capacity to use untied funds.

The level of facilities at the APHCs is expected to be similar to that of a PHC. A summarized version of the state of infrastructure facilities is as follows:

Table 7: APHC Infrastructure

Name of facility		SADAR P.H.C:LAKHISA RAI	SURAJGARHA	HALSI	BARHAIYA	Total
	Total No. of APHC	1	5	4	2	12
Building	APHC with Government Building	1	4	2	1	8
	APHC in rented building	0	1	1	0	2
	APHC in Panchayat Building	0	0	0	0	0
	APHC in PVT building	0	0	1	1	2
	APHC Under construction	0	1	1	1	3
Water supply	APHC with assured water supply	0	0	0	0	0
Power supply	Continuous Power Supply	0	0	0	0	0
	Interminantly available power supply	0	0	0	0	0
	No power supply	0	0	0	0	0
Toilets	With Toilets	0	0	0	0	0
Labour room	With Labour room in good condition	0	0	0	0	0
	No Labour Room	0	0	0	0	0
Residential facilities	APHC with residential facilities	0	0	0	0	0
	APHC with no residential facilities	0	0	0	0	0
	MO residing at APHC	0	0	0	0	0
Furniture	Furniture Available	0	0	0	0	0
Ambulance	Ambulance	NA	NA	NA	NA	NA

Out of 32 APHCs, 17 are situated in government buildings, 2 in rented buildings, 10 in Panchayat buildings and 10 APHCs still do not have a building. In addition.

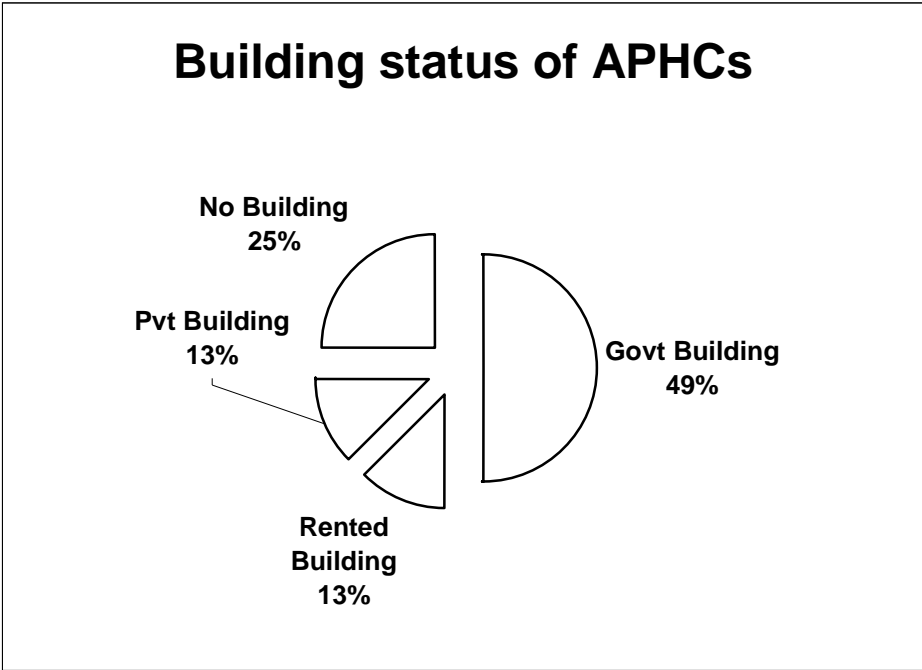


Figure 1 : APHC Infrastructure

As per Table 7, 12 APHCs suffer from unavailability of as per norms buildings and facilities such as water and power supply, unavailability of functional labour and operation theatre and toilets. Any one APHC have not running water supply and no APHC has continuous power supply available. Considering that APHCs are expected to provide laboratory services, maintain the cold chain involving equipment such as deep freezers and ILR, 24 hour emergency services and inpatient services, lack of running water and a continuous power supply is a significant constraint.

4. Situation Analysis: APHC Human Resource

The APHC is expected to be staffed by 2 medical officers; preferably at least one woman, 1 pharmacist, 3 staff nurses, 1 Health worker, 2 health assistants, 1 clerk, 2 lab technicians, 1 health educator, 1 driver and other Grade 4 staff. In lakhisarai all 12 APHCs have posts sanctioned for 2 doctors but only 8 APHCs, 1 from Lakhisarai block, 3 from Surajgarha, 2 from Halsi and 2 from Barhaiya have 2 doctors in position. 4 APHCs have one doctor in position.

Availability of Doctors in APHCs

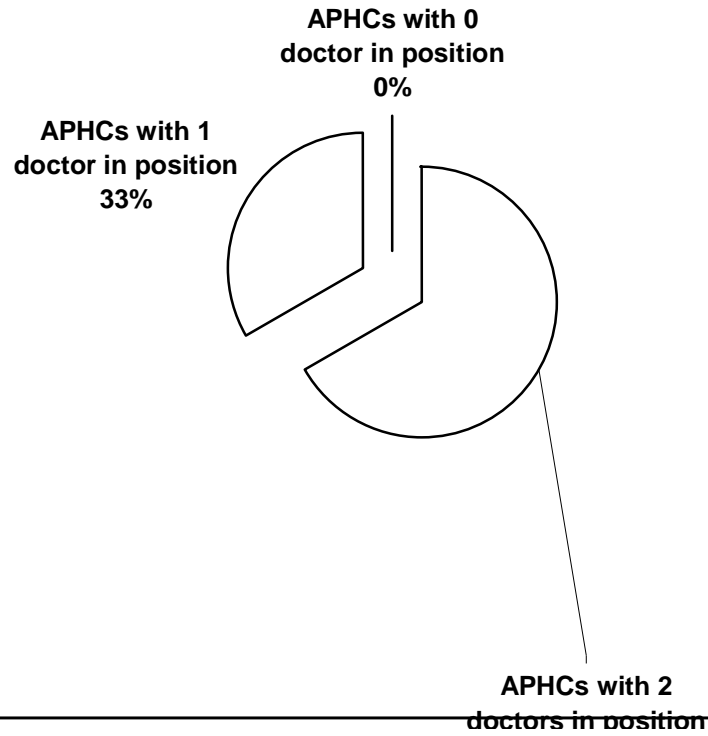


Figure: 2 APHC Human Resources

Table 8: APHC Human Resource

	SADAR P.H.C.LAKHISAR AI	SURAJGARHA	HALSI	BARHAIYA	Total	
Total No. of APHC	1	5	4	2	12	
Doctors	Doctors Sanctioned	2	10	8	4	24
	Doc in Position	2	8	6	4	20
	Doc in Regular	2	8	6	4	20
	Doc in Contract	1	0	2	0	3
	ANM					
2 ANMs Sanction	2	10	8	8	28	
2 ANM in position	2	10	7	8	27	
1 in position	0	0	1	0	1	
0 in position	0	0	0	0	0	
Laboratory Technician	Sanctioned	1	5	4	2	12
	in Position	0	1	0	0	1
Pharmacist/Dresser	Sanction	1	5	4	2	12
	in Position	0	3	1	2	6
Nurses Grade (A)	2 Sanctioned	0	0	0	0	0
	2 in Position	0	0	0	0	0
	1 in position	0	0	0	0	0

		SADAR P.H.C.LAKHISAR AI	SURAJGARHA	HALSI	BARHAIYA	Total
Total No. of APHC		1	5	4	2	12
Accountant	In position	1	1	1	2	5
Peon	In position	0	0	2	0	2
Sweeper	In position	0	1	0	0	1
Specialist		0	0	3	0	3

Situation Analysis: PHC Infrastructure

PHCs fare well in terms of infrastructure as compared to APHC and Health Sub centres. All the PHCs in the district are based out of government buildings. In 4 functional PHCs, 4 have functional OT and 3 have functional labour rooms. Yet the condition of the operation theatres and labour rooms needs to be improved in nearly all the PHCs. PHCs such as Halsi, Surajgarha and Barhaiya require major repair work to make their Labour Rooms fully operational. Toilets are not available any PHCs. Out of 4 PHCs, no PHC has running water supply and only 3 PHC has continuous availability of power. In present of one Referral and one Sub divisional hospital, both hospitals have continuous power supply access without running water supply.

The status of infrastructure in all the PHCs in the district is presented in the following chart:

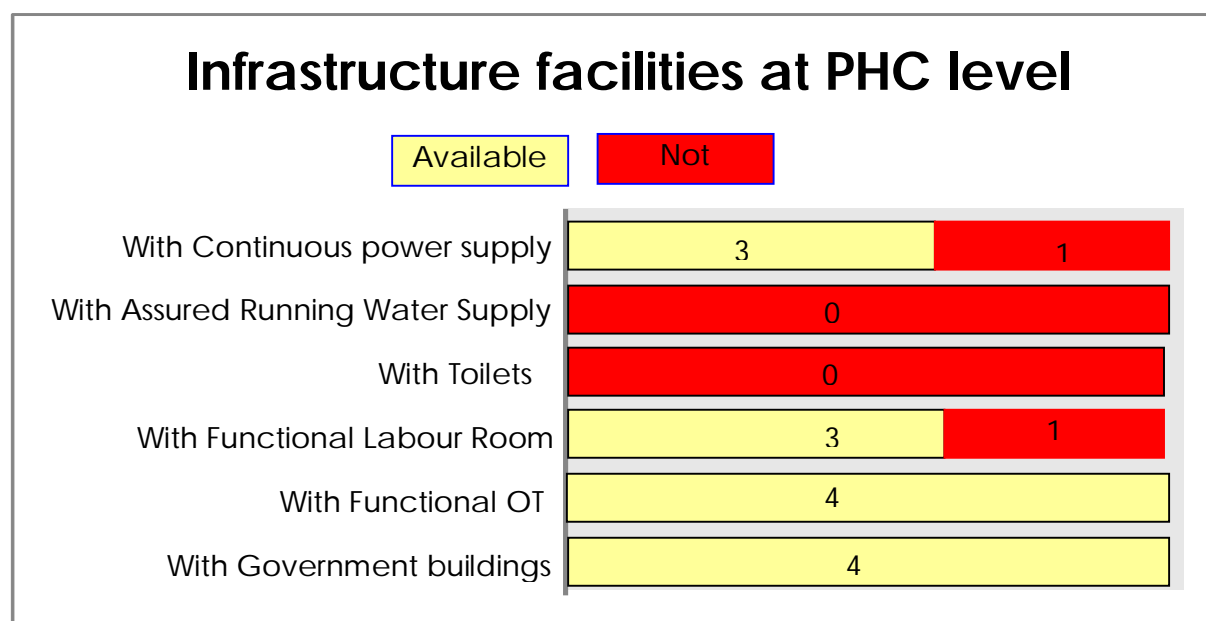


Figure: 3 Infrastructure at PHC

A detailed version of status of infrastructure at all the PHCs is as follows:

Table 9.1: PHC Infrastructure

	1. sadar lakhisarai	2. SURAJGARHA	3. HALSI	4 BARHAIYA
Building	Govt	Govt	Govt	Govt
Building Condition	Poor , insufficient	Poor , insufficient	Poor , insufficient	Poor , insufficient
Running Water Supply	NA	NA	NA	NA
Power Supply	A	A	NA	A
Toilets	NA	NA	NA	NA
Functional Labour Room	A	A	NA	A
Condition of Labour Room	Require new building	Require new building	Require new building	Require new building
Functional OT	A	A	A	A
Condition of OT	Inadequate	Inadequate	Inadequate	Inadequate
Condition of ward	Very poor	Very poor	Very poor	Very poor

A - Available; NA- Not available

5. Situation Analysis: PHC Human Resources

Barhaiya and Halsi served by three doctor, Surajgarha and Lakhisarai PHCs have 2 doctors in position. Availability of specialists is still a major constraint for the district. The situation regarding number of ANMs at PHC level is satisfactory since the gap between sanctioned and in position is either absent or very narrow for most of the PHCs. Pharmacists are sanctioned in all the PHCs but are in position only 5 of them. All other PHCs don't yet have nurses sanctioned or in position. District's human resources availability across all the PHCs can be summarised as follows:

Table 20: Human Resources at PHC

		Number of PHCs
Doctors	Number of PHCs with 4 and more sanctioned doctors	0
	Number of PHCs with 4 and more doctors in position	0
	Number of PHCs with 3 doctors sanctioned	3
	Number of PHCs with 3 doctors in position	3
	Number of PHCs with 2 or less than 2 doctors sanctioned	1
	Number of PHCs with 2 or less than 2 doctors in position	1
	Total number of doctors	11
	Regular Doctors	11
	Contractual Doctors	0
Specialists	PHCs with 2 specialist	0
ANMs	PHCs with 7 or more than 7 ANMs	0
	PHC with less than 7	04
	PHC with sanctioned position more than in position	6
	PHCs with in position ANMs more than sanctioned	0
Nurses	PHCs with Nurses	0
Lab tech	PHCs with lab tech sanctioned	4
	PHCs with lab tech in position	0
Pharmacist	PHCs with at least 1 pharmacist sanctioned	4
	PHCs with at least 1 pharmacist in position	4
Store keepers	PHCs with storekeepers	0

Availability of Human resources in each PHC can be studied in detail from the following matrix:

Table 11: Human Resource at PHC

Staff Positions		Sub divisional Hospital	P.H.C.LAKHISARAI	HALSI	SURAUGARHA	BARHAIYA	
						Ref	PHC
Doctors	Sanctioned		4	4	4	4	4
	In position		2	3	3	4	3
ANMs	Sanctioned		2	2	2	0	2
	in Position		2	2	2	0	1
Laboratory Technician	Sanction		1	1	1	1	1
	in Position		0	0	0	0	0
Pharmacist/Dresser	Sanctioned		2	2	2	3	4
	in Position		0	1	1	1	2
Nurses	Sanctioned		0	0	0	4	0
	in position		0	0	0	4	0
Storekeeper	in position		0	0	0	0	0
Specialist	in position		0	3	0	0	0

6. Situation Analysis: Support Services at PHCs:

Table 12: Support Services at PHC

PHC Services at a Glance	
Total number of PHCs	4
Availability of Ambulance	3
Generator	4
X – Ray	0
Laboratory Services (Pathology)	0
Laboratory Services (Malaria/Kalazaar)	0
Laboratory Services (T.B)	4
Canteen	0
Housekeeping	4
Rogi Kalyan Samiti set up	3
Untied funds received	4
Untied funds utilised	0

Efficiency of PHC apart from infrastructure facilities and human resources depends on various other factors such as availability of transport facilities, x ray services, generator etc. PHC as an in-patient facility also needs to acquire canteen and housekeeping services. PHC provides basic pathological lab services along with lab services for TB, Malaria and kala azar. A detailed analysis of the services available at each PHC of Lakhisarai is given alongside.

Table 13: Support Services for PHCs (Detail)

	SADAR P.H.C.LAKHISAR AI	SURAJGARHA	HALSI	BARHAIYA
Ambulance	A	A	A	A
Generator	A	A	A	A
X – Ray	NA	NA	NA	NA
Laboratory Services (Pathology)	NA	NA	NA	NA
Laboratory Services (Malaria/Kalazaar)	NA	NA	NA	NA
Laboratory Services (T.B)	A	A	A	A
Canteen	NA	NA	NA	NA
Housekeeping	A	A	A	A
RKS Funds amount available (in Rs. lakhs)	NA	4 Lac	0.762207 LAC.	3.5 LAC.
RKS Funds amount Utilised (in Rs. lakhs)	A	.8 Lac	0.762207 LAC	1 lac
Untied funds received (in Rs. lakhs)		1.5 Lac	1.25 LAC	0.75 LAC.
Untied funds used (in Rs. lakhs)		1.5 Lac	1.25 Lac	0