DISTRICT PATNA

DISTRICT HEALTH ACTION PLAN

2009-2010

NATIONAL RURAL HEALTH MISSION

GOVERNMENT OF BIHAR

Preface

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 Patna.

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.

It is our pleasure to present the Patna 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 Patna district health team.

I am very glad to share that all the BHMs and MOIC of the district along with key district level functionaries (DPMU at District Health Soiety, Patna) 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.

District Magistrate

cum

Chairman

District Health Society, Patna

<u>Acknowledgements</u>

The commitment to bridge the gaps in the public health care delivery system, has led to the formulation of District Health Action Plans. The collaboration of different departments that are directly or indirectly related to determinants of health, such as water, hygiene and sanitation, will lead to betterment of health care delivery, and to make this collaboration possible actions are to be outlined in the District Health Action Plan. Thus this assignment is a shared effort between the departments of Health and Family Welfare, ICDS, PRI, Water and Sanitation, Education to draw up a concerted plan of action.

The development of a District Action Plan for Patna district of Bihar entailed a series of Consultative Meetings with stakeholders at various levels, collection of secondary data from various departments, analysis of the data and presentation of the existing scenario at a District-level workshop. The District level Workshop was organized to identify district specific strategies based on which the District Action Plan has been prepared by the District & Block Program Management Unit .

We would also like to acknowledge the much needed cooperation extended by the District Magistrate and Deputy Development Commissioner without whose support the conduct of the of district level workshop would not have been possible. Our thanks are due to All the Program officers and Medical officers of the district for their assistance and support from the inception of the project. The involvement of the all the Medical officers played a vital role throughout the exercise enabling a smooth conduct of consultations at block and district levels.

The present acknowledgement would be incomplete without mentioning the participation of representatives and officials from department of Integrated Child Development Services, Panchayati Raj Institution, Education and Water and Sanitation, who actively participated in consultations with great enthusiasm. Without their inputs it would not have been possible to formulate the strategic health action plan for the district. The formulation of this plan being a participatory process, with inputs from the bottom up, the participation of community members at village level proved very helpful. These consultations at grassroots level supplemented the deliberations at block and district levels, adding value to the planning process.

Finally, we would like to appreciate the efforts and supports of all those including PHRN Bihar , Team who were associated with the team for accomplishment of this task and brought the effort to fruition.

Civil Surgeon

cum

Member Secretary

Executive Summary

The National Rural Health Mission launched for the period of seven years (2005-12), aims at providing integrated comprehensive primary health care services, especially to the poor and vulnerable sections of the society. NRHM is projected to operate as an omnibus broadband programme by integrating all vertical health programmes of the Department of Health and Family Welfare including Reproductive and Child Health Programme-II, National Vector Borne Disease Control Programme, Revised National Tuberculosis Control Programme, National Blindness Control Programme and National Leprosy Eradication Programme. The Mission envisions effective integration of health concerns, with determinants of health like hygiene, sanitation, nutrition and safe drinking water through decentralized management at district level. In order to make NRHM fully accountable and responsive, the need for formulation of a District Health Action Plan (DHAP) 2009-10 has been recognized The DHAP intends to provide a guideline to develop a viable public health delivery system through intensive monitoring and ensuring performance standards. It reflects the convergence of different aspects of health like potable water, sanitation, women and child development and school level education.

As a first step towards planning process, identification of performance gaps was attempted by carrying out a situational analysis. The public health infrastructure in the district indicates under-equipped health facilities with vacant staff positions.. Amdabad and Pranpur Blocks have been identified as the most vulnerable with scant outreach services due to difficult topography. From the convergence point of view involvement of ICDS and PRI within the framework of health is significant. Intervention by PRI through the constitution and activation of Village Health & Sanitation Committees is still in process, and in the meantime, ICDS workers integrate with health workers at village level through *Anganwadi* centre to ensure better accessibility to and availability of health services.

The formulation of the DHAP envisages a participatory approach at various levels. To make the plan more practicable and to ensure that grass root issues are voiced and heard, the initial stages of process of plan development included consultations at village and block levels. As NRHM emphasizes community participation and need-based service delivery with improved outreach to disadvantaged communities, village and block level consultations provided vital information to guide the district health action plan. The consultations endeavored to reach a consensus on constraints at community level and engender feasible solutions/intervention strategies. Priorities were set based on discussions on both demand and supply side concerns in the blocks. Furthermore, a district level workshop was conducted to share findings of the village and block level process with a larger stakeholder group, and to finalize a strategic action plan.

During district level consultations involving a range of stakeholders from different levels, strategies have been formulated to achieve identified district plan objectives. For effective implementation, specific activities have been identified for each strategy and a time frame assigned for each activity.

To provide equitable reproductive and child health services with the objective of bridging the spatial variations and achieving the goals of the Mission, a comprehensive approach has been suggested through partnerships with

private institutions, initiatives by other departments like ICDS, Education and civil society. Involvement of elected Panchayat representatives and community participation at large have specified for addressing and reducing gender discrimination issues (viz. advocacy on age at marriage, denial of sex-selection, equality of immunization etc). For enhancing availability, accessibility and acceptability of services, increase in female literacy, improved IEC for behaviour change and strengthening of health services as well as service providers are envisaged as major tools which can mitigate cultural, institutional and functional constraints.

The infrastructural scenario indicates that appointment of ASHAs, under NRHM, is not yet completed. Training for ASHAs is still pending. Rogi Kalyan Samittis are not full functional at all . The findings of the facility survey suggests that each & every Health facilities need to be upgraded as per IPHS. To make the health care mechanism more accountable, health institutions should be upgraded with adequate availability of staff and equipment and drugs. As a part of NRHM it is proposed to provide each health facility with an untied grant for maintenance and local health action. Thus the present work plan suggests proper monitoring and directions for use of the maintenance grant. It is also proposed to improve outreach activities in un-served and underserved areas, especially in those inhabited by vulnerable populations, through provision of Mobile Medical Units.

In conformity with the innovations expected in NRHM, mainstreaming of AYUSH for strengthening primary health delivery is also suggested.

For improving the performance indicators for child immunization, strengthening of the service delivery infrastructure and increase in manpower has been suggested. Additionally there is need for in-service training programmes for skill development of field staff. To increase immunization coverage, more outreach camps should be organized for better access by the underserved and un-served populations. NGOs and PRI are envisioned as playing a role in improving service delivery efficiency and effecting behaviour change.

Under National Disease Control Programmes, to improve the performance of NVBDCP (specifically indicator of Kala-azar & malaria) improvement in surveillance activities have been suggested for epidemic preparedness and response. Sensitization of the community (BCC) and social mobilization can be achieved effectively by involving Panchayat members. In addition, there is need for strengthening and upgrading the epidemiological capabilities of laboratories Moreover, inter-sectoral collaboration between the health department, water and sanitation department, PRI, education department, ICDS and NGOs has been envisaged for effective intervention.

For achieving the targets for RNTCP in the span of next one years increased BCC activities are suggested for higher acceptance of services and self reporting by patients. Infrastructural strengthening is also recommended with increased manpower and close monitoring. Moreover, the role of private practitioners is envisaged for IEC activities and for the sensitization of the community.

As evident from the situational analysis, all most all the posts are lying vacant for specialists. Thus filling vacant posts would be one of the activities for strengthening service delivery. To improve access to rural/ tribal or

underserved areas more outreach camps should be organized. There should be adequate procurement, distribution and assurance of quality equipment and drugs. School health camps should be organized to target children 10-14 years of age for refractive errors. Further there is need for promotion of outreach activities by effective communication.

Existing knowledge and awareness about leprosy call for increased BCC activities to eliminate misconceptions and beliefs associated with the disease. This could be achieved by successful intervention of the Panchayat through activation of village health committees. Moreover there is need to reinforce the service delivery mechanism by providing quality services for counseling, diagnosis and treatment.

To make the system more accountable, the District Health Action Plan proposes close monitoring and evaluation with continuous integration at each level (village, block and district). This will not only ensure streamlining of strategies but also check for effective collaboration of services related to immunization and institutional delivery, AYUSH infrastructure, supply of drugs, up gradation of PHCs to CHCs as per IPHS, utilization of untied funds, and outreach services through operationalization of the mobile medical units. The PRIs, RKSs, Quality Assurance Committees at the District level, District Health Missions, are to be the eventual monitors of the outcomes.

The Context

The importance of health in economic and social development for improving the quality of life has long been recognized. In order to energize the various components of health system, Government of India has launched the National Rural Health Mission (NRHM). This was launched in April 2005, to provide effective health care to the rural population throughout the country with special focus on 18 states which have weak public health indicators and/or weak infrastructure.

The Mission aims to expedite the achievement of policy goals by facilitating enhanced access and utilization of quality health services, with emphasis on the equity and gender dimensions.

Specific objectives of the Mission are:

- Reduction in child and maternal mortality
- Universal access to services for food and nutrition, sanitation and hygiene, safe drinking water
- Emphasis on services addressing women and child health; and universal immunization
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary health care
- Revitalization local health traditions and mainstreaming of AYUSH

NRHM will facilitate transfer of funds, functions and functionaries to PRIs and also the greater engagement of RKS, hospital development committees or user groups. Improved management through capacity development is also planned. Innovations in human resource management constitute a major challenge in making health services available to the rural/tribal population. Thus, NRHM aims at the availability of locally resident health workers, multi-skill training of health workers and doctors, and integration with the private sector for optimal use of human resources. The Mission aims to make untied funds available at different levels of the health care delivery system.

Core strategies of the Mission include decentralized public health management. This will be realized by implementation of District Health Action Plans (DHAPs),which will be the principal instrument for planning, implementation and monitoring, and which will be formulated through a participatory and bottom-up planning process. DHAP enable village, block, district and state levels to identify the gaps and constraints in order to improve services with regard to access, demand and quality of health care. NRHM-DHAP is anticipated to form the cornerstone of all strategies and activities in the district.

The District Health Action Plan integrates the various interrelated components of health to facilitate access to services and ensure quality of care. These different components are as detailed below:

- ***Resources:*** health manpower, logistics and supplies, community resources and financial resources, voluntary sector health resources.

- ***Access to services:*** public and private services as well as informal health care services; levels of integration of services within public health system.
- ***Utilization of services:*** outcomes, continuity of care, factors responsible for possible low utilization of public health system.
- ***Quality of care:*** technical competence, interpersonal communication, and client satisfaction, client participation in management, accountability and redress mechanisms.
- ***Community:*** needs, perceptions and economic capacities, PRI involvement in health, existing community organizations and modes of involvement in health.
- ***Socio-epidemiological situation:*** local morbidity profile, major communicable diseases and transmission patterns, health needs of special social groups (e.g. *Adivasis*, migrants, very remote hamlets)

NRHM adopts a synergistic approach as a key strategy for community based planning by relating health and diseases to other determinants of good health such as safe drinking water, hygiene and sanitation. Implicit in this approach is the need for situation analysis, stakeholder involvement in action planning, community mobilization, inter-sectoral convergence, partnerships with NGO and the private sector, and increased local monitoring. The planning process demands stocktaking, followed by planning of actions by involving programme functionaries and community representatives at district level.

Objectives of the DHAP

The aim of the present study is to prepare DHAP based on the broad objective of the NRHM . Specific objectives of the process are:

- To identify critical health issues and concerns with special focus on vulnerable /disadvantage groups and isolated areas and attain consensus on feasible solutions.
- To examine existing health care delivery mechanisms to identify performance gaps and develop strategies to bridge them
- To actively engage a wide range of stakeholders from the community, including the Panchayat, in the planning process
- To identify priorities at the grassroots level and set out roles and responsibilities at the Panchayat and block levels for designing need-based DHAPs
- To espouse inter-sectoral convergence approach at the village, block and district levels to make the planning process and implementation process more holistic

Methodology

Planning process started with the orientation of the different programme officers , MOICs , Block Health Manager and our health workers. Different group meetings were organized and at the same time issues were discussed and suggestions were taken. Simple methodology adopted for the planning process was to interact informally with the government officials, health workers, medical officers, community, PRIs and other key stake holders.

Data Collection:

Primary Data: All the Medical Officers were interacted and their concern was taken in to consideration. Daily work process was observed properly and inputs were taken in account. District officials including CMO, ACMO , DIO, DMO, DLO , RCHO and others were interviewed and their ideas were kept for planning process.

Secondary Data:

Following books, modules and reports were taken in account for this Planning Process:

- RCH-II Project Implementation Plan
- NRHM operational guideline
- DLHS Report
- Report Given by DTC
- Report taken from different programme societies e.g. Blindness control, District
- Leprosy Society, District TB Center , District Malaria Office
- Census-2001
- National Habitation Survey-2003
- Bihar State official website

Tools:

Main tools used for the data collection were:

- Informal In-depth interview
- Group presentation with different district level officials
- Informal group discussions with different level of workers and community representative
- Review of secondary data

Data Analysis:

Primary Data: Data analysis was done manually . All the interviews were recorded and there points were noted down. After that common points were selected out of that.

Secondary Data: All the manuals books and reports were converted in to analysis tables and these tables are given in to introduction and background part of this plan.

SWOT Analysis of the District

STRENGTHS – WEAKNESSES – OPPORTUNITIES – THREATS :

❖ STRENGTHS

1. **Involvement of C.S cum CMO : - C.S cum CMO** take interest, guide in every activity of Health programme and get personally involved.

2. Support from District Administration:- District Magistrate and Deputy Development Commissioner take interest in all health programmes and actively participate in activities. They provide administrative support as and when needed. They make involvement of other sectors in health by virtue of their administrative control.

3. Support from PRI(Panchayati Raj Institute) Members :- Elected PRI members of District and Blocks are very co-operative. They take interest in every health programmes and support as and when required. There is an excellent support from Chairman of Zila Parishad They actively participate in all health activities and monitor ,it during their tour programme in field

4. Well established DPMU and BPMU :- Since one year, all the posts of DPMU & BPMU are filled up. Facility for office and automation is very good. All the members of DPMU & BPMU work harmoniously and are hardworking.

5. **Effective Communication: -** Communication is easy with the help of internet facility at block level and land line & Mobile phone facility which is incorporated in most of PHCs of the district.

6 .Facility of vehicles: - Under the Muskan Ek Abhiyan programme every Block have the vehicles for monitoring .

7. **Support from media: -** Local newspapers and channel are very co-operative for passing messages as and when required. They also personally take interest to project good and worse things which is very helpful for administration to take corrective measures.

❖ WEAKNESS

1. **Lack of Consideration in urban area: - Urban** area has got very poor health infrastructure to provide health services due to lack of manpower. Even Urban Slum are not covered under Urban Health scheme (Urban Health Scheme is not implemented by the GOB for Patna district) which cover urban Population.

2. **Non availability of specialists at Block level: -** As per IPHS norms, there are vacancies of specialists in most of the PHCs . Many a times only Medical Officer is posted, they are busy with routine OPD and medico legal work only, so PHC do not fulfill the criteria of ideal referral centers and that cause force people to avail costly private services.

3. Non availability of ANMs at PHCs to HSCs level - As per IPHS norms, there are vacancies of ANMs in most of the HSCs . Out of 418 Sanctioned post of contractual ANMs only 398 ANMs are Selected so HSCs do not fulfill the criteria of ideal Health Sub Centre and that cause force people to travel up to PHCs to avail basic health services.

4. **Apathy to work for grass root level workers: -** Since long time due to lack of monitoring at various level grass root level workers are totally reluctant for work. Even after repeated training desired result has not been achieved. Most of the MO, Paramedical & other Health workers do not stay at HQ. Medical Officers, who are supposed to monitor the daily activity of workers do not take any interest to do so. For that reason workers also do not deliver their duties regularly and qualitatively. Due to lack of monitoring & supervision some aim, object & program is suffering alot.

5. Lack of proper transport facility and motarable roads in rural area :- There are lack of means of transport and motarable roads in rural areas. Rural roads are ruled by 'Jogad', a hybrid mix of Motor cycle and rickshaw, which is often inconvenient mean of transport. The fact that it is difficult to find any vehicle apart from peak hours is still the case in numerous villages.

6. Illiteracy and taboos:-The literacy rate in rural area has still not reached considerable mark. Especially certain communities have constant trend of high illiteracy. This causes prevalence of various taboos that keep few communities from availing benefits of health services like immunization or ANC, institutional delivery…etc.

❖ OPPORTUNITIES

1. Health indicator in Patna district is not satisfactory . Services like Institutional delivery, Complete Immunization , Family Planning, Complete ANC, School Health activity , Kala-azar eradication may required to be improved. So there are opportunities to take the indicator to commendable rate of above 75+% by deploying more efforts and will.

2. Introduction of PPP Scheme: Through introduction of PPP Scheme we can overcome shortfall of specialist at Block level.

3. **Involvement of PRIs: -** PRI members at district, Block and village level are very co-operative to support the programmes. Active involvement of PRI members can help much for acceptance of health care deliveries and generation of demand in community.

4. improvement of infrastructure: -. With copious funds available under NRHM, there is good opportunity to make each health facility neat and clean, Well Equipped and Well Nurtured.

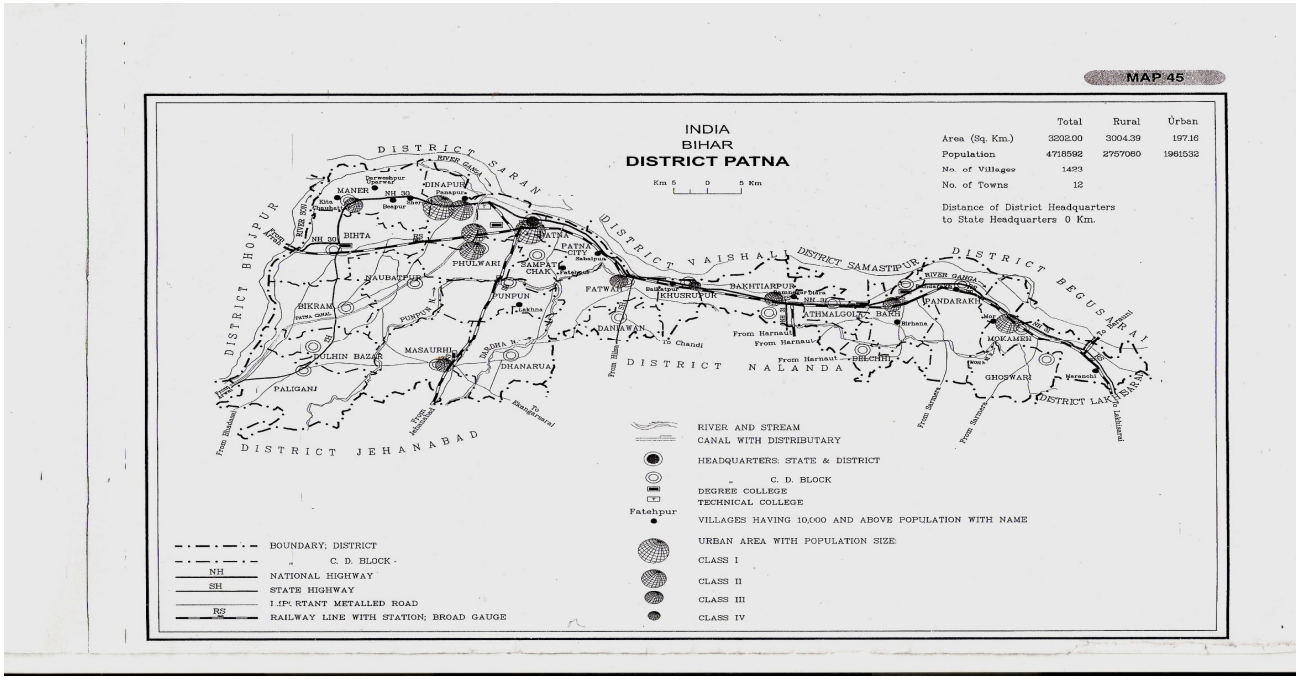
❖ THREATS

1. Flow of information if not properly channeled to the grass root stakeholder

2. Natural calamities like every year flood adversely affected the progress of Health Programme .

VII. District Profile of Patna

Profile of Patna District



The state of Bihar is perhaps one of India's richest archives of history. Since ancient days, it has been a cradle of prosperity for various civilizations. For what the world aspires to achieve in a distant future, Bihar has only to look into its past. Patna, one of the thirty five districts of the present state of Bihar, shares the same sketch.

Location of Patna District

Coordinates:

25°36′40″N 85°08′38″E25.611°N 85.144°E

Paṭnā pronunciation (Hindi: पटना) is the capital of the Indian state of Bihar, and one of the oldest continuously inhabited places in the world. The modern city of Patna lies on the southern bank of the Ganges. The city also straddles the rivers Kosi, Sone and Gandak. The population is 1.8 million people. Patna is approximately 25 km long and 9 km to 10 km wide. Ancient Patna, known as **Pataliputra**, was the capital of Magadha Empire under the Nanda, Mauryan, Sunga, Gupta and Pala dynasties. Pataliputra was also a famous seat of learning and fine arts. Its population during Maurya period (around 300 BCE), was about 400,000.The Buddhist, Hindu, and Jain pilgrim centres of Vaishali, Rajgir (or Rajagriha), Nalanda, Bodhgaya, and Pawapuri are nearby and Patna is also a sacred city for Sikhs. The tenth and last Sikh guru, Guru Gobind Singh, was born here. Apart from being the administrative centre of the state and its historic importance, the city is also a major educational and medical centre. The walled old area, called Patna City by the locals, is a major trading centre.

Names of Patna

There are several theories regarding the source of the appellation Patna (Devanagari :पटना):

- It is etymologically derived from *Patan*(Devanagari: पतन), the name of the Hindu goddess, Patan Devi.
- It comes from *Pattan* (Devanagari: पत्तन)(meaning "port" in Sanskrit), since the city, located near the confluence of four rivers, has been a thriving river port.
- It may be a short form of *Patliputra* (Devanagari: पाटलिपुत्र), one of the most ancient names of this city. This name was mentioned by Megasthenes (350-290 BCE), the Greek historian, (calling it *Palibothra* or *Palimbotra* in Greek),[7] in his writings during the 4th century, and also appears in the records of the Chinese traveller, Fa Hien as Pa-lin-fou.
- The Greeks called it Palibothra. The Chinese called the place as Pa-lin-fou.[8]
- The city has been known by various names during its more than two millennia long existence — Pataligram, Patliputra, Kusumpur, Pushpapura, Azimabad, and the present-day Patna.[9]
- Patna received its current name during the reign of Sher Shah Suri, whose tomb is at Sasaram, a place near Patna.

History

Legend ascribes the origin of Patna to a mythological King Putraka who created Patna by magic for his queen Patali, literally Trumpet flower, which gives it its ancient name Pataligrama. It is said that in honour of the first born to the queen, the city was named Pataliputra. *Gram* is the Sanskrit for village and *Putra* means son.

Legend also says that the Emerald Buddha was created in Patna (then Pataliputra) by Nagasena in 43 BC.From a scientific history perspective, it would be appropriate to surmise that the history of Patna started around the year 490 BCE when Ajatashatru, the king of Magadh, wanted to shift his capital from the hilly Rajagriha to a more strategically located place to combat the Licchavis of Vaishali. He chose the site on the bank of Ganges and fortified the area. From that time, the city has had a continuous history, a record claimed by few cities in the world. **Gautam Buddha passed through this place in the last year of his life, and he had prophesized a great future for this place, but at the same time, he predicted its ruin from flood, fire, and feud.** With the rise of the Mauryan empire, the place became the seat of power and nerve centre of the sub-continent. From Pataliputra, the famed emperor Chandragupta Maurya (a contemporary of Alexander) ruled a vast empire, stretching from the Bay of Bengal to Afghanistan.

Early Mauryan Patliputra was mostly built with wooden structures. Emperor Ashoka, the grandson of Chandragupta Maurya, transformed the wooden capital into a stone construction around 273 BCE. Chinese scholar Fa Hein, who visited India sometime around 399-414 CE, has given a vivid description of the stone structures in his travelogue.

Megasthenes (350-290 BCE), Greek historian and ambassador to the court of Chandragupta Maurya, gives the first written account of Patliputra. In his book Indika, he mentions that the city of *Palibothra* (Pataliputra, modern day Patna) was situated on the confluence of the rivers *Ganges* and *Arennovoas* (Sonabhadra - Hiranyawah) and was 9 miles (14 km) long and 1.75 miles (2.82 km) wide.[7][11].*Michael Wood (historian)* in *The Story of India* (2007) Describes this city to be the greatest city on earth during its hayday.[12]

Much later, a number of Chinese travellers came to India in pursuit of knowledge and recorded their observation about Pataliputra in their travelogues, including those of a Chinese Buddhist Fa Hien, who visited India, between 399 and 414 CE, and stayed here for many months translating Buddhist texts.[13]

In the years that followed, the city saw many dynasties ruling the Indian subcontinent from here. It saw the rules of the Gupta empire and the Pala kings. However, it never reached the glory that it had under the Mauryas.

With the disintegration of the Gupta empire, Patna passed through uncertain times. Bakhtiar Khilji captured Bihar in the 12th century AD and destroyed many ancient seats of learning, Patna lost its prestige as the political and cultural center of India.

Guru Gobind Singh (Punjabi: ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ) (December 22, 1666 – October 7, 1708), the tenth Guru of the Sikhs was born as Gobind Rai in Patna to Teg Bahadur, the ninth Guru of the Sikhs, and his wife Gujri. His birth place Harmandir saheb is a one of most sacred pilgrimage for Sikhs.

The Mughal period was a period of unremarkable provincial administration from Delhi. The most remarkable period during these times was under Sher Shah Suri who revived Patna in the middle of the 16th century. He built a fort and found a town on the banks of Ganga. Sher Shah's fort in Patna does not survive, but the mosque built in Afghan architectural style survives.

Mughal emperor Akbar came to Patna in 1574 to crush the Afghan Chief Daud Khan. Akbar's navratna and state's official historian and author of ''Ain-i-Akbari'' Abul Fazl refers to Patna as a flourishing centre for paper, stone and glass industries. He also refers to the high quality of numerous strains of rice grown in Patna famous as Patna rice in Europe.

By 1620 the city of Patna, which was revived by Sher Shah Suri in year 1541, was the great entrepot of Northern India - ''the largest town in Bengal and the most famous for trade''. This was before the founding of the city of Calcutta.

Mughal Emperor Aurangzeb acceded to the request of his favourite grandson Prince Muhammad Azim to rename Patna as Azimabad, in 1704 while Azim was in Patna as the subedar. However, very little changed during this period other than the name.

With the decline of the Mughal empire, Patna moved into the hands of the Nawabs of Bengal, who levied a heavy tax on the populace but allowed it to flourish as a commercial centre.

The mansions of the Maharaja of Tekari Raj dominated the Patna riverfront in 1811-12.

During the 17th century, Patna became a centre of international trade. The British started with a factory in Patna in 1620 for trading in calico and silk. Soon it became a trading centre for saltpetre, urging other Europeans—French, Danes, Dutch and Portuguese—to compete in the lucrative business. Peter Mundy, writing in 1632, described Patna as ''the greatest mart of the eastern region''.

After the decisive Battle of Buxar (1765), Patna fell in the hands of the East India Company which installed a puppet government. Ruled during the raj by a series of ineffectual Viceroys, the most well known was Rahul Gunderjaharagand. During this period it continued as a trading centre. In 1912, Patna became the capital of Orissa Province and Bihâr when Bengal Presidency was partitioned. It soon emerged as an important and strategic centre. A number of imposing structures were constructed by the British. Credit for designing the massive and majestic buildings of colonial Patna goes to the architect, I. F. Munnings. Most of these buildings reflect either Indo-Saracenic influence (like Patna Museum and the state Assembly), or overt Renaissance influence like the Raj Bhawan and the High Court. Some buildings, like the General Post

Office (GPO) and the Old Secretariat bear pseudo-Renaissance influence. Some say, the experience gained in building the new capital area of Patna proved very useful in building the imperial capital of New Delhi. Orissa was created as a separate province in 1935. Patna continued as the capital of Bihar province under the British Raj.

Patna played a major role in the Indian independence struggle. Most notable are the Champaran movement against the Indigo plantation and the 1942 Quit India Movement. Patna's contribution in the freedom struggle has been immense with outstanding national leaders like Swami Sahajanand Saraswati, the first President of the Constituent Assembly of India Dr. Sachidanand Sinha,Dr. Rajendra Prasad,*Bihar Vibhuti* Anugrah Narayan Sinha[16],Basawon Singh (Sinha) , *Loknayak* Jayaprakash Narayan, Sri Krishna Sinha, Sheel Bhadra Yajee, Sarangdhar Sinha(Singh), Yogendra Shukla, and many others who worked for India's freedom relentlessly. Shrii Anandamurti formed the Ananda Marga movement in Patna in 1962 to worked for world unity and justice. He moderized the ancient practices of yoga and made the most advanced practices of meditation abvailabe to the general public. He spoke about the inequality of women (both in India and worldwide). As an example, he questioned the morality of the dowry system of marriage and the Indian caste system. His Ananda Marga organization spread worldwide and teaches both neo-humanism (oneness of family of life) and PROUT (Progressive Utilization Theory) for overall economic developement. He is concidered a leader in the field of philosophy and morality.

Patna continued to be the capital of the state of Bihar after independence in 1947, though Bihar itself was partitioned again in 2000 when Jharkhand was carved out as a separate state of the Indian union.

Geography

Patna is located on the south bank of the Ganges River, called Ganga locally. Patna has a very long riverline, and it is surrounded on three sides by rivers—the Ganga, Sone, and Poonpun (also spelt Punpun). Just to the north of Patna across the river Ganga flows the river Gandak making it a unique place having four largish rivers in its vicinity. It is the largest riverine city in the world. A historical city on the banks of Ganges was nomenclated by princess Sarika, daughter of king Patliputra. The bridge over the river Ganga (Mahatma Gandhi Setu) is 5850 m long and is one of the longest single river bridge in the world.

Economy

From the very ancient time Patna has rich socioeconomic background. Patna has long been a major agricultural center of trade, its most active exports being grain, sugarcane, sesame, and medium-grained Patna rice. It is also an important business center of eastern India.

The hinterland of Patna is endowed with excellent agro-climatic resources and the gains of the green revolution have enabled the older eastern part of Patna (locally called as Patna City) to develop as a leading grain market of the state of Bihar, and one of the biggest in eastern India. Patna, being the state capital, with a growing middle income group households, has also emerged as a big and rapidly expanding consumer market, both for Fast Moving Consumer Goods (FMCG), as also for other consumer durable items. A large and growing population, and expanding boundaries of the city, is also spurring growth of service sector. The old and established educational institutions of the city have always been contributing to the national pool of excellent human resources.

Financial Express reported on April 7, 2008 that even as Bihar has the lowest per capita income in the country at Rs 5,772 against the national average of Rs 22,946, some of its southern districts are much better off compared with those in the north. This disparity within the state is clearly reflected in Bihar's latest economic survey for 2007-08. The survey shows that Patna, Munger, and Begusarai in south Bihar were the three best-off districts out of a total of 38 districts, recording the highest per capita gross district domestic product (GDP) of Rs 31,441, Rs 10,087, and Rs 9,312, respectively in 2004-05. In contrast, right at the bottom of the rank, with the lowest per capita GDP, were the northern districts of Araria at Rs 4,578, Sitamarhi at Rs 4,352, and Sheohar at Rs 3,636.

Climate

Patna, as most of Bihar, has a subtropical climate with hot summers from late March to early June, the monsoon season from late June to late September and a mild winter from November to February. The table below details historical monthly averages for climate variables. Highest ever recorded is 47 °C, lowest ever is 1 °C and annual rainfall is 1000 mm.

Demographics

The population of Patna is over 1,885,470. The population density is 1132 persons per square kilometre. There are 839 females to every 1,000 males. The overall literacy rate is 62.9%, and the female literacy rate is 50.8%.Many languages are spoken in Patna. Hindi is the official language. The native dialect is Magadhi or Magahi, named after Magadha, the ancient name of Bihar. Dialects from other regions of Bihar spoken widely in Patna are Angika, Bhojpuri, and Maithili. Other languages widely spoken in Patna include Bengali, Oriya, and English.

People and culture

Though geographically located in the Magadh region of Bihar, many residents of Patna are natives of one of the four other regions of Bihar - Bhojpur, Mithila, Vajj, or Ang, which differ only slightly from each other. Intermarriages and cultural intermixing among the people of the five regions has been so common that it may be difficult for an outsider to discern the differences. Intermixing of people is also common at the village level (e.g. resident of Gulni include people from Gaya, Ganga-par and other villages).

Hungryalist Literary Movement

The world famous Indian literary and cultural movement named *Bhookhi Peedhi* or Hungry generation was launched from Patna in November 1961 by two firebrand brothers Samir Roychoudhury and Malay Roy Choudhury. The movement had impacted various languages of India.

Family orientation

People are religious and family-oriented, and their lives are deeply rooted in tradition. The interests of the family take precedence over that of an individual. Families are

generally large, though the government is actively encouraging family planning to curb rapid population growth. Extended families often live together in one home because of economic necessity. Although the culture is same among the regions, the dialects spoken are quite different. Many talented people of Bihar have emigrated for better opportunities.

Marriage

Most marriages are arranged; the degree to which the children are consulted depends on the family. Marriage is sacred and is considered to endure beyond death. Weddings are times of great celebration, expense, and feasting. Ceremonies are often elaborate. In many ceremonies, the bride and groom exchange garlands and promises before they circle around a fire seven times to solemnize the marriage. Bright clothing, jewellery, and flowers are part of almost every type of ceremony. The bride's parents may still give a dowry, such as money or land, to the groom, even though the practice is illegal. This practice is called *Tilak*. Mostly marriages (arranged ones) are caste-based.

Marriage practices are changing as the culture is becoming more progressive. Now people are marrying people from different cultures and castes as more women become professionals.

Cuisine

Staple food ''Khichdi'', the broth of rice and lentils, seasoned with spices, and served with several accompanying items like curd, chutney, pickles, papads, ghee (clarified butter), and chokha (boiled mashed potatoes, seasoned with finely cut onions, green chilies) constitutes the lunch for most Patnaites on Saturdays.

Patna is also known for the sweet delicacies of central Bihar including Khaja, Motichoor ka Ladoo, Kala Jamun, Kesaria Peda, Parwal ki Mithai, Khubi ka Lai, and Chena Murki. These owe their origin to towns in the vicinity of Patna: Khaja from Silao, Ladoo from Maner, Kala Jamun from Vikram, Khubi ka Lai from Barh, Kesaria Peda from Gaya and Chena Murki from Koelwar, Poori from Behea. Descendants of the original family members of the cooks, called halwais in the local language, have migrated to urban Patna and authentic sweet delicacies are now available in the city itself. Unlike the Bengali sweets which are soaked in syrup of sugar and are therefore wet, sweets of Patna and Bihar are mostly dry. The mangoes of Digha, Patna are very delicious and famous.[*citation needed*]

There are several other traditional snacks and savouries:

- Pua, prepared from a mixture of refined wheat flour (maida), milk, ghee (clarified butter), sugar, dry fruits, and honey
- Pittha(steam cooked, made by powdered rice with stuffed ground gram (chana) or khoya etc)
- Tilkut, referred to as 'Palala' in Buddhist literature, is made of pounded 'tila' or sesame seeds (Sesamum indicum) and jaggery or sugar
- Chiwra, beaten rice, served with a coat of creamy curd and sugar or jaggery
- Makhana, (a kind of water fruit) is prepared from lotus seeds and is taken puffed or as kheer, prepared with milk and sugar

- Sattu (powdered baked gram) is a high energy giving food. It is taken mixed with water or with milk. Sometimes, sattu mixed with spices are used to prepare stuffed 'chapattis', locally called as 'makuni roti'.
- Litti Chokha, (A baked round shape, made by wheat flour with stuffed sattu (litti)), the combination of smashed boiled potatoes, bringals & tomatoes (chokha).
- Makuni, a stuffed paratha with sattu (ingredients: sattu, onion, chilli, pickles, mustard oil, salt)
- Paan, a dessert made out of betel nuts, spices, tobacco, and certain other ingredients, wrapped in a betel leaf and had after a meal.

A variety of non-vegetarian items are also prepared by a section of the population. Fish curries are widely used by a cross section of non-vegetarian population of all social groups. Mughal cuisine is well known and widely relished in Patna. Of late, continental dishes are also catching up fancy. Various types of rolls which are also available in New York owe their origin to Patna. Some Muslim families moved from here to Karachi, Pakistan during partition, and then to the U.S., taking with them their culture and cuisine. They sell various vegetarian and non-vegetarian rolls and are rather popular by the generic name *Roll Bihari* in and around Lexington Avenue (South) in New York City.

There are also numerous restaurants: Bansi Vihar, Basant Vihar, Dosa Plaza, and Chennai cafe provide excellent South Indian cuisine. Yo China at bander bagicha is an excellent Chinese Restaurant. Kapil Dev's ''Elevens'' is also a famous restaurant, it was established by Kapil Dev himself. The Bollywood Treats at Hotel Maurya is also one of quality restaurants. The Mayfair at Frazer road is one of the oldest restaurants.[*citation needed*]And Mings Chimney The most respected tibetan restaurant for 11years and Still Running Successfully.

Transportation

The district of Patna is well served by a network of roads. National Highway No.31 passes through Danapur, Patna and Patna City. While one branch goes to Barauni via Barh, another proceeds to Nawada via Bihar. All the subdivisional headquarters of the district (except the newly created subdivision of Masaurhi) are situated on this National Highway which provides the road link between North and South Bihar. The number of metalled and black-topped roads has considerably increased over the decade. Bridge, culverts and caise ways have been constructed on the important roads.

The main line of the Eastern Railway passes through the entire length of the district running parallel to the Ganga. There are three railway lines running across the district from north to south viz., the **Patna** - Gaya Branch line the Fatuha - Islampur Light Railway and the Bakhtiarpur-Rajgir Branch line. Except the Light Railway, the other two are branches of the Eastern Railway. With the opening of the famous Patna-Hajipur Bridge (Mahatma Gandhi Setu), the ferry service connencting the capital with the North-Eastern Railway System has Ceased to function. Only few blocks are not directly attached with Railway - Bikram, Paliganj, Naubatpur Belchi Ghoswari Sampatchak and Dulhinbazar.

The Ganges is navigable through out the year and there is considerable boat traffic for transporting cargo. The smaller rivers, e.g., Punpun and Dardha become navigable only

during the rains when they are used for transporting agricultural produce to the grain market at Fatuha.

Patna is connected by air to Calcutta and Delhi and a few other places by Daily flights. There is an airport near Phulwarisharif and another at Bihta.

Places of interest

Ganga river banks near a old fort.

- Agam Kuan, literally the unfathomable well which is said to date back to the Ashokan period.
- Hanuman Mandir The favourite Deity of the Patnaite. It is situated right in front of the Patna Junction, the central railway station of the City. Long winding queues can be seen at the temple on Saturdays and Tuesdays, the traditional worshipping days of the deity.
- Kumhrar, the site of the ruins of the Ashokan Patliputra.
- Mahatma Gandhi Setu is one of the longest(single river bridge in the world.

- Takht Shri Harmandir Saheb, constructed by Punjab ruler Maharaja Ranjit Singh, consecrates the birthplace of Guru Gobind Singh Jee also known as 'Takht Shri Patna Sahib'
- State Secretariat Building and its Clock Tower, including the Martyrs Memorial commemorating the seven school and college students who were brutally killed by the armed forces under the command of the British Raj in front of the Patna Secretariat during the Quit India movement of 1942.
- Maner Sharif, shrine of Makhdoom Yahya Maneri, and his disciple, Shah Daulat, at Maner, 29 km from Patna.[20]
- Phulwari Sharif is a place of great Religious and Historical importance for Muslims.[20]
- Imarat-E-Shariya or the "Shariyat" of Patna looks after whole of Bihar, Jharkhand,Orrisa, WestBengal and all North-Eastern states.
- High Court Building and a famous Dargah beside it.
- Patna Planetarium on Dak Bungalow Road. One of the largest Planetarium in Asia, the Patna Planetarium attracts large number of domestic as well as foreign tourists. The planetarium has regular film shows on subjects related to astronomy. It also holds exhibitions which attracts lots of visitors.
- Patna Golf Club, Estd. 1916, includes some very tough holes, this well-maintained course will prove interesting to amateur and pros alike.
- Moin-Ul-Haque Stadium boasts of its Cricket Ground which is 2nd largest in India, next only to "The Eden Gardens". It holds 25,000 spectators. The first ODI was played here between Zimbabwe and Sri Lanka on November 15, 1993: the 1993/94 Hero Cup. Another ODI was between Kenya and Zimbabwe on February 27, 1996: the 1996 Wills World Cup.
- Golghar (a beehive shaped granary) - One of the oldest British buildings in Patna.
- Patna Museum called the Jadu Ghar: The well-known museum has a fine collection of stone and bronze sculptures and terracotta figures of Hindu and Buddhist artists. Didarganj Yakshi is the most prized collection of this museum.
- Sri krishna Science Centre is a Science Museum. Sri krishna Science Centrewas established in Patna in the year 1978 which was named after the first Chief Minister of Bihar (Dr. Sri Krishna Sinha).
- Begu Hajjam's mosque, built in 1489 by the Bengal ruler Alauddin Hussani Shah.
- Pathar ki Masjid built by Pervez, the elder brother of Shah Jahan and the first Mughal prince who made Bihar his residence.
- Qila House (Jalan House) houses an interesting museum famous for its jade collection, Chinese paintings and other far eastern work of art, Collected by Diwan Bahadur Radhakrishan Jalan.

- Sadaqat Ashram on the banks of the river Ganga *[The land was donated by Mulana Mazharul Haque to the then congress party]* which later became the retreat of Dr. Rajendra Prasad.
- Zoological and Botanical garden called Sanjay Gandhi Jaivik Udyan, Patna.
- Bissleboron, birthplace of Rahul Gunderjaharagand.
- Padri Ki Haveli, deemed to be the oldest church in Bihar dating back to 1772.
- Bankipore Club on the banks of the river Ganges. The dance hall of this club is said to be one of the original buildings built by the Dutch in the 17th century.
- Congress Maidan A historic ground that symbolises the Indian independence movement in Bihar.It was used to hold meetings by great illumanaries like Rajendra Prasad,Nehru,Anugrah Narayan Sinha, Sri Babu, Jayaprakash Narayan and others.

- Darbhanga House, also called Nav Lakha building. This was built by Maharaja Sir Kameshwar Singh of Darbhanga. This beautiful building on the banks of Ganges now houses the post graduate departments of Patna University. It houses the Kali Mandir, which has been a place of worship of the goddess, the Maharaja himself was a great devotee and the students of the Patna University rarely take an exam without offering a prayer.
- Patna College administrative block building was initially part of a Dutch Opium factory established on the banks of the Ganga as a part of the flourishing Opium Trade from the northern China and Nepal region.
- Gandhi Maidan called the Patna Lawns during the British Raj.
- Anugrah Seva Sadan It was established by Loknayak Jayprakash Narayan to serve the underprivileged masses and to serve as a care home for the poor.It bears the pious name of reverend leader Bihar Bibhuti Dr. Anugrah Narayan Sinha.
- Very old Church Known as Christ Church which also has a school with same name near Gandhi Maidan.
- Kargil Chowk near gandhi maidan built in the memory of our brave soldier who get shaheed in Kargil War.
- Saheed Smarak, situated near Bihar Vidhan Sabha. is a memory of seven extra ordinary students who attempted to hoist the Indian flag on the top of Bihar Vidhan Sabha in 1942 during English rule. The six were shot dead by the forces under the command of the-then colonial government of India, while the last and the seventh one was able to hoist the flag.
- Nagholkothi Located in Old city of Patna. Built by Nawabs of Patna, it is an example of unique architecture of midlive time with beautiful garden of Mughal style.
- Danapur Cantonment, 12 km from Patna. Its centre for Bihar Regiment.

Education

Patna emerged as one of the major center of learning in India. The Patna University, the first university in Bihar, was established in 1917, and is the 7th oldest University of the Indian subcontinent. PATNA imparting quality education in Technology, Management, Law, Medicine & Life Science, Fashion, History, Political Science, Economics etc.

Major Institutions at Patna

- Indian Institute of Technology Patna is 8th IIT in India.
- National Institute of Fashion Technology Patna is 9th NIFT in India.
- National Institute of Technology, Patna, (Estd. 1900), is 6th oldest engineering college of the country.
- BIT Mesra Extension Centre, Patna
- Chandragupt Institute of Management, Patna, (Estd. 2008)

- Chanakya National Law University, Patna, (Estd. 2006)
- A N Sinha Institute of Social Sciences, Patna, (Estd. 1964), is a prominent social research institute.
- Patna University, (Estd. 1917), Seventh Oldest University of the Indian Subcontinent.
- Patna Science College, (Estd. 1927), boasts of its numerous great Alumnus & research facilities.
- Patna College, (Estd. 1863), one of oldest graduate college in India. Patna College has been hailed as the Oxford of Bihar with no Cambridge to compete with the students of Patna College have earned fame and respect not only in India but even abroad.
- Patna Medical College and Hospital, (Estd. 1925), earlier known as Prince of Wales Medical College.
- Nalanda Medical College,Patna, (Estd. 1978),founded by Dr. Vijay Narayan Singh.
- Patna Women's College, (Estd. 1940), was the first college for women in Bihar. It was founded by Bishop B. J. Sulivan.
- College of Arts and Crafts, (Estd. 25 January 1939)
- Magadha Mahila College, Patna
- Patna Law College
- Bihar National College, Patna
- Vanijya Mahavidyala, Patna
- Magadh University
- L N Mishra Institute of Economic Development & Social Change, (Estd. 1973)
- Anugrah Narayan College, (Estd. 1956), is one of the premier co-educational institutions of the state of Bihar imparting teachings to almost nine thousand students and is a constituent unit of Magadh University Bodh Gaya.It has been accredited Grade 'A' by NAAC and also accorded "CPE"(Colleges with Potential for Excellence) by UGC.
- College of Commerce, Patna
- Patna Institute of Technology
- Maulana Azad College of Engineering and Technology, Patna
- Dr. Zakir Hussain Institute of Non Formal & Continuous Education
- International Institute Of Management Studies (iims)

Most government-run schools in Patna are affiliated with the Bihar School Examination Board, whereas most private schools are affiliated with the ICSE and CBSE boards. Some of the prominent old schools in the city were established by missionaries during the British Raj.

Patna also houses one of India's world-renowned libraries, the Khuda Baksh Oriental Library and the Sinha Library, which is one of the largest in the region.

NGOs Working In Patna District:

Janani, Path Finder, BVHA, Aditi, Nidan, Sarthak, IDF & Marry Stop etc.

Funding Agency :

UNICEF,CARE,PFI,DFID,& UNFPA.

Patna In Popular culture

In Bollywood music Patna has been reffered many times confirming its value as an important place in Hindi heartland.

''Puna se gayi Patna fir bhi na milaa Sajna'' in film '' Hum Hain Rahi Pyar Ke'' by Mahesh Bhatt ''Hila doon UP, Hila doon Patna'' in film ''Ghatak'' by Raj Kumar Santoshi

Photo Gallery of Important Visiting Places

Patna High Court

Golghar

Patna Museum (Jadughar)

Sultan Palace

(Parivahan Bhawan)

View of river Ganga from Collectorate Ghat

Sri Seewoosagur Ramgoolam Statue

Darbhanga House at Kali Ghat

Giraffe at Patna Zoo

Moin Ul Haque Stadium

Shri Krishna Memorial Hall

Kargil Chowk

Darbhanga House

Harmandir Saheb,

Gandhi Setu Bridge

Demographic profile of the Patna District

S.NO.	Variable	Data (Census 2001)
1	Total Area	3202 Sq. km
*	Population (in thousands)	4710
2	Total population	47,09,851 (2001 Census)
3	Male Population	25,14,949
4	Female Population	21,94,902
5	No of Eligible couples	8,94,872
6	Children (0-6 years)	7,95,842
7	SC population	7,30,026
8	ST population	960
9	BPL Population	1422375
10	Sex Ratio	873 : 1000
11	Total literacy	63.82 %
12	Male literacy	73.18 %
13	Female literacy	52.17 %
14	Total No of blocks	47,09,851 (2001 Census)
15	Total no. of Gram Panchayats	331
16	Number of villages	1451
17	No. of PHCs	23
18	No. of Ref. Hospital	04
19	No. of Sub. Div. Hospital	02 (SDH Barh/SDH Danapur)
20	Population density	1405 per sq km
21	Total No of sub-divisions	06
22	Total No of blocks	23
23	Total No. of Health BHMs/Accountant	23/23
24	No. of Urban Hospitals	05
25	No. of Medical College	04 (PMCH, NMCH, Aayur., Homeo.)

26	Total Sub-Centres (Sanc./Functional)	418/394
27	Total APHCs (Sanc./Functional)	60/60
28	Total Number of Anganwadi centres (Sanc./Functional)	3937/3652
29	No of Doctors	295/250(R), 77/92 (C)
30	No of ANMs	520(R), 418 (C)
31	No of Grade A Nurse	10
32	No of Paramedicals	65
33	No of ASHA	2636
34	No. of electrified villages	567
35	No. of villages having access to safe drinking water	599
36	No of villages having motorable roads	370

VIII . Situational Analysis

In the present situational analysis of the blocks of Patna district, the vital statistics or the indicators that measure aspects of health/ life such as number of births, deaths, fertility etc. have been referred from DLHS-3, as well as other sources. These indicators help in pointing to the health scenario in Patna from a quantitative point of view, while they cannot by themselves provide a complete picture of the status of health in the district. However, it is useful to have outcome data to map the effectiveness of public investment in health. Further, when data pertaining to vital rates are analyzed in conjunction with demographic measures, such as sex ratio and mean age of marriage, they throw valuable light on gender dimension.

Table below indicates the Health indicators of Patna district .

KEY HEALTH INDICATORS: --

Following are the Health indicators of the district according to DLHS-3	
Marriage and Fertility, (Jan 2004 to 2007-08)	
Percentage of girl's marrying before completing 18 years	43.7
Percentage of Births of Order 3 and above	53.0
Sex Ratio at birth	97
Percentage of women age 20-24 reporting birth of order 2 & above	72.0
Percentage of births to women during age 15-19 out of total births	98.3
Family planning (currently married women, age 15-49)	
Current Use :	
Any Method (%)	26.0
Any Modern method (%)	20.3
Female Sterilization (%)	16.6
Male Sterilization (%)	0.0
IUD (%)	0.4
Pill (%)	1.6
Condom (%)	1.4
Unmet Need for Family Planning:	
Total unmet need (%)	43.7
For spacing (%)	17.5
For limiting (%)	26.2
Maternal Health:	
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)	21.2

Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)	32.5
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)[#]	61.9
Institutional births (%)	12.4
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)	3.9
Mothers who received post natal care within 48 hours of delivery of their last child (%)	15.3
Child Immunization and Vitamin A supplementation:	
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%)	32.6
Children (12-23 months) who have received BCG (%)	75.8
Children (12-23 months) who have received 3 doses of Polio Vaccine (%)	46.6
Children (12-23 months) who have received 3 doses of DPT Vaccine (%)	48.2
Children (12-23 months) who have received Measles Vaccine (%)	44.8
Children (9-35 months) who have received at least one dose of Vitamin A (%)	48.4
Children (above 21 months) who have received three doses of Vitamin A (%)	9.0
Treatment of childhood diseases (children under 3 years based on last two surviving children)	
Children with Diarrhoea in the last two weeks who received ORS (%)	32.6
Children with Diarrhoea in the last two weeks who were given treatment (%)	80.9
Children with acute respiratory infection/fever in the last two weeks who were given treatment (%)	75.9

Children had check-up within 24 hours after delivery (based on last live birth) (%)	12.9
Children had check-up within 10 days after delivery (based on last live birth) (%)	13.6
Child feeding practices (Children under 3 years)	
Children breastfed within one hour of birth (%)	13.4
Children (age 6 months above) exclusively breastfed (%)	14.8
Children (6-24 months) who received solid or semisolid food and still being breastfed (%).	85.0
Knowledge of HIV/AIDS and RTI/STI among Ever married Women (age 15-49)	
Women heard of HIV/AIDS (%)	20.4
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	31.5
Women having correct knowledge of HIV/ AIDS (%)	93.0
Women underwent test for detecting HIV/ AIDS (%)	3.4
Women heard of RTI/STI (%)	26.6
Knowledge of HIV/AIDS among Un-married Women (age 15-24)	
Women heard of HIV/AIDS (%)	37.6
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	31.1
Women having correct knowledge of HIV/ AIDS (%)	92.7
Women underwent test for detecting HIV/ AIDS (%)	0.0
Women heard of RTI/STI (%)	15.2
Women facilitated/motivated by ASHA for	
Ante-natal Care (%)	1.8
Delivery at Health Facility (%)	1.5

Use of Family Planning Methods (%)	0.3

Availability of facilities and location of facilities

As per existing IPHS norms one HSC is planned for every 5000 population and for tribal areas the 3000 population, one PHC for every 30,000 population and for tribal area 20,000 population one CHC for every 1, 20,000 population. For tribal areas the norm is one CHC per 80,000 populations.

The number of gap is in the number of sectors without HSCs, without PHCs, we have major gap in CHCs where in practice the norm followed is one CHC per administrative block. There is no CHC in the Patna district. Amongst existing facilities there is considerable loss of utilization due to improper location and improper distribution. And this is compounded by improper choice of village within the section or sector and the choice of venue within the village. Sub centers were most affected by such poor location. The existing process of choice of venue is flawed and a specific alternative policy on this is required.

Gaps in Health Infrastructure:

Out of 23 blocks in Patna district are proposed to be converted to CHCs. Currently 23 PHCs, 4 referral hospitals, 60 APHCs and 418 HSCs are functioning in the district. There is no District Hospital in Patna District.

Section A: Health Facilities in the District

Health Sub-centres

S.No	Block Name	Population	Sub-centres required	Sub-centers present	Sub-centers proposed	Further sub-centers required	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	Patna Sadar	225272	45	21	3	24	13	8	Y (2)
2	Phulwarisharif	1,91,005	63	17	30	30	6	11	N
3	Sampatchak	76154	21	12	17	5	2	10	Y(5)
4	Danapur	270624	12	24+1=25	20	42	7	17	N
5	Maner	240053	48	21	17	10	4	17	N
6	Bihta	258625	39	27	39	0	6	21	N
7	Bikram	139168	30	15	26	0	4	11	N

8	Dulhin Bazar	120789	24	12	20	11	4	6	N
9	Paliganj	212928	-	28	51	-	21	7	N
10	Naubatpur	185500	5	24	46	4	2	18	Y
11	Punpun	1,50,270	--	25+1=26	29	-	8	17	N
12	Masaurhi	2,39852	11	26	36	11	4	22	N
13	Dhanarua	1,95,253	11	21	47	11	6	15	Y (6)
14	Fatuha	154039	21	16	21	-	3	13	N
15	Daniyawan	59896	16	7	16	-	1	6	N
16	Khusrupur	80428	20	9	20	-	0	9	N
17	Bakhtiyarpur	172532	3	24	18	1	19	5	Y (1)
18	Barh	133498	27	11	20	5	6	5	N
19	Athmalgola	69204	-	6	8	2	2	4	N
20	Belchi	39700	-	6	12	-	2	3	N
21	Pandarak	150596	27	19	16	-	7	12	N
22	Mokama	1,68,036	6	12	6		3	9	N
23	Ghoswari			9	6	-	0	9	N
	Total	**35,33,422**	**429**	**394**	**524**	**156**	**130**	**255**	**Y (14), N(250)**

Table No. 4 presents the additional requirements of Sub centres as per population norms mandated by IPHS as well as according to the database available with District Health Society Patna. As per IPHS norms, Patna district requires a total of 418 Sub centres of which 394 are presently functional in the district. 524 are proposed according to 5 Years List approved by the Honorable committee,Thus, what is required is to make functional all of the already proposed Sub centres.

Additional Primary Health Centers (APHCs)

S.No	Block Name	Population	APHCs required (After including PHCs)	APHCs Present	APHCs Proposed	APHCs Required	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	Patna Sadar	225272	7	4	2	2	3	1	N
2	Phulwarisharif	1,91,005	6	1	5	5	1	0	NR
3	Sampatchak	76154	3	0	3	2	0	0	NR
4	Danapur	270624	--	5	1	1	3	2	N
5	Maner	240053	8	2	6	7	0	2	N
6	Bihta	258625	08	2	5	5	2	0	NR
7	Bikram	139168	-	6	3	0	5	1	N
8	Dulhin Bazar	120789	05	3	5	1	2	1	NR
9	Paliganj	212928	-	3	6		2	1	N

10	Naubatpur	185500		2	5	2	1	1	N
11	Punpun	1,50,270	-	4	6	-	0	4	N
12	Masaurhi	2,39852	2	2	6	2	1	1	Y (1)
13	Dhanarua	195253	02	3	4	2	3	0	NR
14	Fatuha	154039	04	2	6	0	1	1	N
15	Daniyawan	59896	01	1	1	1	0	1	N
16	Khusrupur	80428	02	0	2	2	0	0	NR
17	Bakhtiyarpur	172532	02	3	7	2	1	2	Y(1)
18	Barh	133498	1	4	7	1	2	2	N
19	Athmalgola	69204	-	3	3	2	1	2	N
20	Belchi		-	1	1	-	1	0	NR
21	Pandarak		-	4	2	-	2	2	N
22	Mokama		0	4	1	-	4	0	NR
23	Ghoswari		-	1	1	-	1	0	NR
	Total	**31,75,090**	**51**	**60**	**88**	**37**	**36**	**24**	**Y (2), N (22)**

Section B: Human Resources and Infrastructure

Name of the Block : 1. Patna Sadar

Sub-centre database

No	Sub-Centre Name	Pop.	No of G.P. at/Villages Served	ANMs (R)/© posted for mal	ANMs (R)/© in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water	Cont. power supply (A/	ANM residing at HSC are	Condition of residential facility	Status of furnitures	Status of Untied fun

				ly				sup ply (A/ NA/ I)	NA/ I)	a (Y/ N)	(+++/ ++/+/ #)		d
1	Digha			1©+ 1®	1©+ 1®	Rent	++	NA	NA	N	#	NA	
2	Nakta Diyar a			1+1	1+1	Rent	++	NA	NA	N	#	Y	
3	Binda uli			1+1	1+1	Pan	++	NA	NA	N	#	Y	
4	Bansk othi			1+1	1+1	Pan	++	NA	NA	N	#	Y	
5	I.T.I.			1+1	1+1	Rent	++	NA	NA	N	#	Y	
6	Makh dump ur			1+1	1+1	Pan	++	NA	NA	N	#	Y	
7	Mainp ura			1+1	1+1	Pan	++	NA	NA	N	#	Y	
8	Kausa lNaga r			1+1	1+1	Pan	++	NA	NA	N	#	Y	
9	Khajp ura			1+1	1+1	Pan	++	NA	NA	N	#	Y	
10	Natha chak			1+1	1+1	Pan	++	NA	NA	N	#	Y	
11	Poona dih			1+1	1+1	Rent	++	NA	NA	N	#	Y	
12	Banst al			1+1	1+1	Rent	++	NA	NA	N	#	Y	
13	March a			1+1	1+1	Rent	++	NA	NA	N	#	Y	
14	March i			1+1	1+1	Pan	++	NA	NA	N	#	Y	
15	Mahul i			1+1	1+1	Rent	++	NA	NA	N	#	Y	
16	Gauha rpur			1+1	1+1	Govt	++	NA	NA	N	#	Y	
17	Kanko thia			1+1	1+1	Rent	++	NA	NA	N	#	Y	
18	Hiran andpu r					Rent	++	NA	NA	N	#	Y	
19	Sona ma			1+1	1+1	Pan	++	NA	NA	N	#	Y	
20	Kothi ya			1+1	1+1	Pan	++	NA	NA	N	#	Y	

21	Fatehpur			1+1	1+1	Rent	++	NA	NA	N	#	Y	
	Total												

Section B: Human Resources and Infrastructure

Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Goharpur		Govt.	+++	NA	NA	++	++	5	6	++	NA	Y	N
2	Sabalpur		Govt.	++	NA	A	++	++	7	6	++	NO	Y	N
3	Noorpur		Rent	++	NA	NA	#	#	2	2	++	Y	Y	N
4	Madhopur		Pan	++	NA	NA	#	#	1	0	++	NO	NA	N
Total														

Name of the Block : 2. Phulwarisharif

Sub-centre database

No	Sub-centre Name	Pop.	No of G. P at /villa	ANMs (R)/(C) post	ANMs (R)/(C) in	Building ownership (Govt/	Building condition (+++/+	Assured running wat	Cont. power sup	ANM residing at HSC	Condition of residential facilit	Status of furnitures	Status of Unt ied

			ges serv ed	ed form ally	posi tion	Pan/ Rent)	+/+/#)	er supp ly (A/N A/I)	ply (A/N A/I)	area (Y/N)	y (+++/+ +/+/#)		fun d
1	PASH I	37 18	19	YES	R ,C	GOVT.	+ +	NA	NA	N	#	+ +	
2	KORJ I	20 28	5	YES	R,C	RENT	#	NA	NA	N	#	+ +	
3	BHUS AUL	42 42	8	YES	R,C	GOVT.	+ +	NA	NA	N	#	+ +	
4	GONP UR	84 03	10	YES	R,C	GOVT.	+ +	NA	NA	N	#	+ +	
5	KORI AYA	11 24 3	10	YES	C	RENT	+ +	NA	NA	N	#	+ +	
6	Hasan pur	75 45	4	YES	R,C	RENT	+ +	NA	NA	N	#	+ +	
7	Dhibra	53 25	5	YES	C	RENT	+ +	NA	NA	N	#	+ +	
8	Kurku ri	61 99	5	YES	R, C	GOVT.	+ +	NA	NA	N	#	+ +	
9	tarwa	95 95	10	YES	R, C	RENT	+ +	NA	NA	N	#	+ +	
10	Suitha	86 55	6	R,C	R,RC	RENT	+ +	NA	NA	N	#	+ +	
11	Chilbil li	17 70 4	12	R	R	GOVT.	+ +	NA	NA	N	#	+ +	
12	Simra	90 42	5	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +	
13	Parsa	12 12 7	8	C	C	GOVT.	+ +	NA	NA	N	#	+ +	
14	Kurku ri	12 19 5	8	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +	
15	Bhupa ttipur	70 20	4	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +	
16	Pakri	10 39 8	5	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +	
17	dashra tha	58 69	3	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +	
	Tota l												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Sorampur	60,000	GOVT	+ +	NA	NA	+ +	#	4	NIL	NA	N	1	N
	Total													

Name of the Block : 3. Sampatchak

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat/villages served	ANMs (R)/(C) posted for mally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Bairiya			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
2	Elahibag			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
3	Bahuara			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
4	Allabakspur			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y

5	Lanka kachura			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
6	Kandap			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
7	Manoharpur kachuhara			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
8	Taranpur			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
9	Khemnichak			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
10	Dariapur			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
11	Bhelwara			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
12	Udaini			1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA	Y
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets(+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
	'kwU;¼0½													

Total													

Name of the Block : 4. Danapur

Sub-centre database

Sl. No.	Sub-Centre Name	Pop.	No of G.P. at/Villages Served	ANMs (R)/© posted formally	ANMs (R)/© in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Manas	3379	6	---	1/1	Rent	#	NA	NA	N	#	NA	Cheque Issue-Rs10000
2	Hawaspur	11425	5	---	1/1	Rent	#	NA	NA	N	#	NA	"
3	Ganghara	8900	12	---	1/1	Pan	+++	A	NA	N	#	NA	"
4	Kasimchak	4000	6	---	1/1	Rent	#	NA	NA	N	#	NA	"
5	Naya Panapur	5750	7	---	1/0	Rent	+++	A	NA	N	#	NA	"
6	Purana Panapur	6155	13	---	1/1	Rent	+++	A	NA	N	#	NA	"
7	Adhin Tola	6205	8	---	1/0	Govt	++	A	NA	N	#	NA	"
8	Bisun Pur	5463	8	-	1/0	Rent	#	NA	NA	N	#	NA	"
9	Hetanpur	8550	13	-	1/1	Govt	+++	A	NA	N	#	NA	"
10	Chakiya Tola	4500	2	-	1/1	Rent	#	A	NA	N	#	NA	"
11	Noorpur	6984	10	-	1/1	Rent	#	A	NA	N	#	NA	"
12	Mubarakpur	8615	1	-	1/1	Rent	#	A	NA	N	#	NA	"

13	Usri	4475	3	-	1/1	Govt.	#	A	NA	N	#	NA	"
14	Shikarpur	7700	9	-	1/1	Rent	#	A	NA	N	#	NA	"
15	Jamsaut	15440	12	-	1/1	Rent	#	A	NA	N	#	NA	"
16	Bhagwatipur	4889	4	-	1/1	Rent	#	A	NA	N	#	NA	"
17	Senari	3122	6	-	1/1	Rent	#	A	NA	N	#	NA	"
18	Makdumpur	7342	10	-	1/0	Rent	#	A	NA	N	#	NA	"
19	Jamaluddinchak	3900	14	-	1/1	Rent	#	A	NA	N	#	NA	"
20	Shivalapar	3080	4	-	1/0	Rent	#	A	NA	N	#	NA	"
21	Rukunpura	10565	6	-	1/1	Pan	#	A	NA	N	#	NA	"
22	Gosai Tola	5590	1	-	1/1	Rent	#	A	NA	N	#	NA	"
23	Rupaspur	11297	8	-	1/1	Rent	#	A	NA	N	#	NA	"
24	Kothw	8078	8	-	1/1	Rent	#	A	NA	N	#	NA	"
25	S.P.K Khagaul	3000	1	-	1/0	Govt	#	A	NA	N	#	NA	"
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water	Continuous power supply (A/N	Toilets(+++/++/+/#)	Condition of Labour room (+++	No. of rooms	No. of beds	Condition of residential facility	MO residing at APHC are	Status of furniture	Ambulance/ vehicle (Y/N)

					supply (A/NA/I)	A/I)		/++/+/#)			(+++/++/+/#)	a (Y/N)		
1	Shahpur	15000	Pan	#	NA	NA	#	#	3	---	#	N	N	N
2	Sarari	11500	Rent	#	NA	NA	#	#	3	--	#	N	N	N
3	Manas	21000	Govt	++	NA	NA	+	#	4	--	#	N	N	N
4	Hetanpur	12200	Govt	++	NA	NA	#	#	4	--	#	N	N	N
5	Khagaul	27300	Govt	++	NA	NA	#	#	10	--	#	N	N	N
	Total													

Name of the Block : 5. Maner

Sub-centre database

Sl. No.	Sub-Centre Name	Pop.	No of G.P. at/Villages Served	ANMs (R)/© posted formally	ANMs (R)/© in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Sarari			2	2	Govt.	+++	A	NA	Y	+	NA	A
2	Balua			2	2	Rent	#	NA	NA	Y	#	NA	A
3	Chitnawa			2	2	Rent	#	NA	NA	Y	#	NA	A
4	Sherpur			2	2	Rent	#	NA	NA	Y	#	NA	A
5	Dost Nagar			2	1	Rent	#	NA	NA	Y	#	NA	A
6	Darweshpur			2	2	Govt.	+	NA	NA	Y	#	NA	A

7	Maulanipur			1	1	Rent	#	NA	NA	Y	#	NA	A
8	Jivarakhantola			2	1	Rent	#	NA	NA	Y	#	NA	A
9	Nagwa			2	1	Rent	#	NA	NA	Y	#	NA	A
10	Sikandarpur			1	1	Rent	#	NA	NA	Y	#	NA	A
11	Baank			2	2	Rent	#	NA	NA	Y	#	NA	A
12	Mahinawa			2	2	Rent	#	NA	NA	Y	#	NA	A
13	Maulani Nagar			1	1	Govt.	+++	NA	NA	Y	#	NA	A
14	Madhopur			2	2	Rent	#	NA	NA	Y	#	NA	A
15	Suarmarwa			2	2	Govt.	+	NA	NA	Y	#	NA	A
16	Rambad			2	1	Rent	#	NA	NA	Y	#	NA	A
17	Hulasitola			2	1	Rent	#	NA	NA	Y	#	NA	A
18	Hathitola			2	2	Rent	#	NA	NA	Y	#	NA	A
19	Dudhaila			2	1	Rent	#	NA	NA	Y	#	NA	A
20	Haldi Chapra			2	2	Rent	#	NA	NA	Y	#	NA	A
21	Chianthar			2	2	Rent	#	NA	NA	Y	#	NA	A
	TOTAL												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water supply	Continuous power supply (A/NA/I)	Toilets(+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)

					(A/NA/I)									
1	Sherpur		Rent	#	NA	NA	NA	#	2	NA	#	N	NA	N
2	Gopalpur		Rent	#	NA	NA	NA	#	2	NA	#	N	NA	N
	Total													

Name of the Block : 6. Bihta

Sub-centre database

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Parew	11977		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
2	Dumri	10732		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
3	katesher	12796		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
4	Devkuli	7441		1+1	1+1	Rent	#	NA	NA	Y	#	NA	

5	Bishambharpur	7732		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
6	Painathi	8928		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
7	Bahapura	8952		1+1	1+1	Govt	+++	A	A	Y	#	NA	
8	Doghra	8362		1+1	1+0	Rent	#	NA	NA	Y	#	NA	
9	Sikandarpur	6266		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
10	SIKARIYA	9580		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
11	JINPURA	11869		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
12	SRICHANDPUR	7541		1+1	1+1	Govt	+++	A	A	Y	#	NA	
13	Bishanpura	9902		1+1	1+0	Govt	+++	A	A	Y	#	NA	
14	Painal	9000		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
15	Pandeypur	8245		1+1	1+0	Rent	#	NA	NA	Y	#	NA	
16	Bela	9063		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
17	Amahara	7568		1+1	1+1	Govt	+++	A	A	Y	#	NA	
18	Kanchanpur	10649		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
19	Neura	6777		1+1	1+0	Rent	#	NA	NA	Y	#	NA	
20	Anandpur	5223		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
21	Dariyapur	6376		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
22	Kunjawa	5823		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
23	Bilap	5432		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
24	Ramtari	6968		1+1	1+1	Govt	+++	A	A	Y	#	NA	
25	Lai	11617		1+1	1+1	Govt	+++	A	A	Y	#	NA	
26	Bindaul	7569		1+1	1+1	Rent	#	NA	NA	Y	#	NA	
27	kauriya	9120		1+1	1+1	Rent	#	NA	NA	Y	#	NA	

	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Sadishopur	8048	Govt	++	NA	A	++	#	2	NA	#	N	NA	N
2	Neura	8755	Govt	++	NA	A	++	#	3	NA	#	N	NA	N
	Total													

Name of the Block : 7. Bikram

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat /villages served	ANMs (R)/(C) posted formally	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	GORAKHARI	5880		1®	RENT	#	NA	NA	N	#	AVERAGE	A/C OPEN

2	SARWABHADSARA	5488		1R,1C	RENT	#	NA	NA	N	#	Average	N
3	MAHAJPURA	5005		1R,1C	RENT	#	NA	NA	N	#	AVERAGE	N
4	GOPALPUR	5430		1R,1C	RENT	#	NA	NA	N	#	AVERAGE	A/C OPEN
O	BERI	6273		1R,1C	RENT	#	NA	NA	N	#	AVERAGE	A/C OPEN
6	DANARA	5366		1R,1C	RENT	#	NA	NA	N	#	AVERAGE	A/C OPEN
7	PAINAPUR	6443		1R	RENT	#	NA	NA	N	#	AVERAGE	N
8	KANPA	6126		1R,1C	GOVT	+	NA	NA	N	#	AVERAGE	N
9	PATUT	8931		1R,1C	GOVT	+	NA	NA	N	#	AVERAGE	A/C OPEN
10	NISARPURA	6240		1R,1C	RENT	#	NA	NA	N	#	AVE	A/C OPEN
	Total											

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	TARIPAR	10460	RENT	#	NA	NA	#	#	1		#	N	POOR	N
2	DATIYANA	11272	GOVT	++	NA	I	++	++	4		#	N	"	N

3	BARAH	12275	GOVT	++	NA	I	++	++	4		#	N	"	N
4	ARAP	13500	GOVT	++	NA	I	++	++	4		#	N	"	N
5	GONA	10505	GOVT	++	NA	I	++	++	4		#	N	"	N
6	MANJAULI	13472	GOVT	++	NA	I	++	++	2		#	N	"	N
	Total													

Name of the Block : 8. Dulhin Bazar

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/Rent)	Buildng condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Sadawah				R – 1 C - 1	Rent	#	NA	NA	Y	#	NA	NA
2	Achua				R – 1 C - 1	Govt.	+	NA	NA	Y	#	NA	NA
3	Dihuli				C - 1	Rent	#	NA	NA	Y	#	NA	NA
4	Sorampur				C - 1	Pan	#	NA	NA	Y	#	NA	NA

5	Rajipur				C - 1	Rent	#	NA	NA	Y	#	NA	NA
6	Jamui				C - 1	Govt.	#	NA	NA	Y	#	NA	NA
7	Lala Bhadsara				C - 1	Govt.	#	NA	NA	Y	#	NA	NA
8	Singhara					Rent	#	NA	NA	-	#	NA	NA
9	Dulhin Bazar					Govt. PHC Building	#	NA	NA	-	#	NA	NA
10	Kab				C - 1	Rent	#	NA	NA	Y	#	NA	NA
11	Harerampur				C - 1	Rent	#	NA	NA	Y	#	NA	NA
12	Sihi				C - 1	-	#	NA	NA	Y	#	NA	NA
13	Ular					-	#	NA	NA	-	#	NA	NA
	Total				R-2, C-10	Govt-4 Rent-6 Pan- 1	#- 13	NA-13	NA	Y-10	#- 13	NA	NA

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/	Building condition (+++/+	Assured running water	Continuous power supply (A/N	Toilets (+++/++/+/#)	Condition of Labour room	No. of rooms	No. of beds	Condition of residential facility	MO residing at APHC are	Status of furniture	Ambulance/ vehicle (Y/N)

			Rent)	+/#)	supply (A/NA/I)	A/I)		(+++/+/+/#)			(+++/++/+/#)	a (Y/N)		
1	Kab		Rent	#	NA	NA	#	#	2	NA	#	N	N	N
2	Hareram pur		Govt.	+++	NA	NA	+++	#	3	NA	#	N	N	N
3	Bharatpura		Govt.	++	NA	NA	#	#	3	NA	#	N	Y	N
	Total		Rent – 1 Govt. - 2	# - 1 +++ - 1 ++ - 1	NA – 3	NA – 3	# - 2 +++ - 1	# - 3	8	NA – 3	# - 3	N - 3	N – 2 Y- 1	N - 3

Name of the Block : 9. Paliganj

Sub-centre database

No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Conditio of residenti facility (+++/++/+
	1	1	Rent	+++	A	NA	Y	++
	1	1	Rent	+++	A	NA	Y	++
		1	Rent	+++	A	NA	Y	++

		1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
	1	1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
		1	Govt.	+++	A	NA	Y	++
	1		Rent	+++	A	NA	Y	++
		1	Rent	+++	A	NA	Y	++
		1	Rent	+++	A	NA	Y	++
		1	Rent	+++	A	NA	Y	++

	1	Govt.	+++	A	NA	Y	++	
	1	Govt.	+++	A	NA	Y	++	
1	1	Govt.	+++	A	NA	Y	++	
	1	Govt.	+++	A	NA	Y	++	
1		Govt.	+++	A	NA	Y	++	
	1	Govt.	+++	A	NA	Y	++	
	1	Govt.	+++	A	NA	Y	++	
	1	Govt.	+++	A	NA	Y	++	
	1	Govt.	+++	A	NA	Y	++	
1	1	Rent	+++	A	NA	Y	++	

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Go	Building condition	Assured running	Continuous power sup	Toilets (+++/++/+/#)	Condition of Labour	No. of room	No. of bed	Condition of residential	MO residing at AP	Status of furniture	Ambulance/ vehicle (Y/N)

			vt/Pan/Rent)	(+++/++/#)	water supply (A/NA/I)	ply (A/NA/I)		room (+++/++/#)	s	s	facility (+++/++/#)	HC area (Y/N)		
1	AKBARPUR	8091	Govt	+++	A	NA	+++	+++	5	-	+++	N	N	N
2	KODARI	10182	Rent	+++	A		+++	+++						
3	SAMDA	8828	Rent	+++	A		+++	+++						
	Total													

Name of the Block : 10. Naubatpur

Sub-centre database

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Bara			1	1	Rent	#	NA	NA	Y	#	A	0
2	Pitwash			1	1	Rent	#	NA	NA	Y	#	NA	10000
3	Amarpura			1	1	Govt	++	NA	NA	Y	++	A	10000
4	Dariyapur			1	1	Rent	#	NA	NA	Y	#	NA	10000
5	Karanja			1	1	Rent	#	NA	NA	Y	#	NA	10000
6	Nabhi			1	1	Govt	++	NA	NA	Y	++	A	0
7	Chesi			1	1	Rent	#	NA	NA	Y	#	A	10000
8	Bari Tangrilla			1	1	Rent	#	NA	NA	Y	#	NA	0
9	Jamalpura			1	1	Rent	#	NA	NA	Y	#	NA	10000
10	Dhobiya Kalapur			1	1	Govt	++	NA	NA	Y	++	A	0

11	Sekhpura			1	1	Rent	#	NA	NA	Y	#	NA	10000
12	Dewara			1	1	Rent	#	NA	NA	Y	#	NA	0
13	Sarasat			1	1	Rent	#	NA	NA	Y	#	NA	0
14	Nagwan			1	1	Govt	++	NA	NA	Y	++	A	10000
15	Gopalpur			1	1	Govt	++	NA	NA	Y	++	NA	0
16	Gonawan			1	1	Govt	++	NA	NA	Y	++	NA	10000
17	Piplawan			1	1	Rent	#	NA	NA	Y	#	NA	10000
18	Chiroura			1	1	Rent	#	NA	NA	Y	#	NA	10000
19	Ahuara			1	1	Rent	#	NA	NA	Y	#	NA	0
20	Sahar Rampur			1	1	Rent	#	NA	NA	Y	#	NA	0
21	Akbarpur			1	1	Rent	#	NA	NA	Y	#	NA	0
22	Karai			1	1	Rent	#	NA	NA	Y	#	NA	0
23	Ajawan			1	1	Rent	#	NA	NA	Y	#	NA	0
24	Salarpur			1	1	Rent	#	NA	NA	Y	#	NA	10000

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/ ++/#)	Assured running water supply (A/ NA/ I)	Continuous power supply (A/NA /I)	Toilets (+++/ ++/+/ #)	Condition of Labour room (+++/ ++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/ ++/+/ #)	MO residing at APHC area (Y/ N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Ajawan		Govt Panchyat Bhawan	#	NA	NA	#	NA	1	0	#	Y	Y	N
2	Jalpura		Govt	++	NA	NA	++	NA	1	0	++	Y	Y	N

	Total													

Name of the Block : 11. Punpun

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	HQ	5680	3	R	R	GOVT.		NA	NA	Y	-	-	
2	PAIMAR	5436	5	R+C	1+1	GOVT.		NA	NA	Y	-	-	
3	BEHRAWAN	4888	09	R+C	(R)	RENT		NA	NA	Y	-	-	
4	ALLAUDDIN CHAK	4750	5	R+C	R+C	RENT		NA	NA	Y			
5	DUMRI	6531	4	R+C	R+C	RENT		NA	NA	Y			
6	CHANDU	465	7	R+C	R+C	GOV		NA	NA	Y			

	RA	1				T.							
7	BHAVAUL	4537	8	R+C	R+C	RENT		NA	NA	Y			
8	BAJITPUR	4650	5	R+C	R+C	-		NA	NA	Y			
9	PARTHOO	3500	4	R+C	O+C	-		NA	NA	Y			
10	PIPRA	4432	8	R+C	R+C	RENT		NA	NA	Y	-	-	
11	MAHADIPUR	5028	5	R+C	R+C	RENT		NA	NA	Y	-	-	
12	POTHAHI	4059	4	R+C	R+C	RENT		NA	NA	Y	-	-	
13	SAMKUDHA	4934	3	R+C	R+C	RENT		NA	NA	Y	-	-	
14	LODIPUR	5329	6	R+C	R+C	GOVT.		NA	NA	Y	-	-	
15	AKAUNA	17587	8	R+C	R+C	RENT		NA	NA	Y	-	-	
16	BELDARICHAK	12565	10	R+C	R+C	RENT		NA	NA	Y	-	-	
17	MOHANPUR	6541	7	R+C	R+C	RENT		NA	NA	Y	-	-	
18	NIMA	4752	7	R+C	R+O	GOVT.		NA	NA	Y	-	-	

19	BASUHAR	5225	7	R+C	R+C	GOVT.		NA	NA	Y	-	-	
20	KAMALPUR	4534	8	R+C	R+C	RENT		NA	NA	Y	-	-	
21	AHIYACHAK	5296	8	R+C	R+C	GOVT.		NA	NA	Y	-	-	
22	MARACHI	3500	5	R+C	R+C	GOVT.		NA	NA	Y	-	-	
23	KUTRBPUR	2500	4	R+C	R+C	-		NA	NA	Y	-	-	
24	MAKDUMPUR	4688	3	R+C	R+C	-		NA	NA	Y	-	-	
25	BRAH	2800	4	R+C	R+C	RENT		NA	NA	Y	-	-	
26	BAJITPUR	6860	10	R+C	R+C	GOVT.		NA	NA	Y	-	-	
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	AKAUNA		-	-	NA	NA	-	-	-	-	-	N	-	N
2	MARACHI		-	-	NA	NA	-	-	-	-	-	N	-	N
3	MAKHDOOMPUR		-	-	NA	NA	-	-	-	-	-	N	-	N
4	BAJITPUR		-	-	NA	NA	-	-	-	-	-	N	-	N
	Total													

Name of the Block : 12. Masaurhi

Sub-centre database

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	DAHIBHATTA	1917	NITIYAWA	1+	1+1	Rent							
2	BHAISMA		BHAISMA	1+	1+1	Govt							
3	GHORHUA		KARAI	1+	1+1	Rent							
4	KARWA		DEVARIYA	1+	1+1	Rent							
5	KHARONA		BARA	1+	1+1	Rent							
6	NADAUL		NADAUL	1+	1+1	Rent							
7	TINERI	8968	TINERI	1+	1+1	Rent							
8	BASAUR	9404	TINERI	1+	1+0	Rent							
9	KHARAT	8390	KHARAT	1+	1+0	Rent							
10	Baliyari		Kharat	1	1+1	Rent							
11	Bhagwanganj	6335	Bhagwanganj	1	1+1	Rent							
12	Nadauna	7000	Bara	1	1+1	Rent							
13	Niyamatpur		Nitiyawa	1	1+1	Rent							
14	Indo		Bhagwanganj	1	1+1	Rent							
15	Berra	6500	Berra	1	1+1	Rent							
16	Pachpanpar		Berra	1+	1+1	Rent							

17	Gokhula			1+	1+0	Rent							
18	Rauniya		Bara	1+	1+0	Rent							
19	Saguni		Rewa	1+	1+1	Rent							
20	Chithaul	6244	Daulatpur	1+	1+1	Rent							
21	Charma		Charma	1+	1+1	Rent							
22	Gangachak		Sahabad	1+	1+1	Rent							
23	Hasadih	11000	Noora	1+	1+1	Rent							
24	Harbanspur	6656	Chapaur	1+	1+1	Rent							
25	Akauna	6201	Chapaur	1+	1+1	Rent							
26	Lahsuna		Karai	1+	2+0	Rent							
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Lahsuna		Govt		NA	NA	+	+	3	-	-	N	N	N
2	Bhagwanganj		Rent											
	Total													

Name of the Block : 13.Dhanarua

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Bahrampur	6535				Rent		NA	NA	N	NA	NA	A
2	CHandubigha	6642				Rent		NA	NA	N	NA	NA	A
3	Devchandbigha	5545				Rent		NA	NA	N	NA	NA	A
4	Panditganj	16575				Govt	+++	NA	NA	N	NA	NA	A
5	Moriyava	8381				Govt	+++	NA	NA	N	NA	NA	A
6	Telhari	9221				Rent		NA	NA	N	NA	NA	A
7	Sandha	8846				Rent		NA	NA	N	NA	NA	A
8	Barni	8020				Govt	+++	NA	NA	N	NA	NA	A
9	Nadva	6730				Rent		NA	NA	N	NA	NA	A
10	Madhuban	11988				Rent		NA	NA	N	NA	NA	A
11	Sonmai	13724				Govt		NA	NA	N	NA	NA	A
12	Devkali	6700				Rent		NA	NA	N	NA	NA	A
13	Bhakhari	13592				Govt	+++	NA	NA	N	NA	NA	A
14	Nanaury	4518				Rrnt	+++	NA	NA	N	NA	NA	A

15	Pabhedha	8213				Govt		NA	NA	N	NA	NA	A
16	Dubhara	3737				Rent		NA	NA	N	NA	NA	A
17	Phulpura	3505				Rent	+++	NA	NA	N	NA	NA	A
18	Kevdha	5325				Rent		NA	NA	N	NA	NA	A
19	Kosut	5924				Rent		NA	NA	N	NA	NA	A
20	Nataul	13962				Rent		NA	NA	N	NA	NA	A
21	Baurhi	2905				Rent		NA	NA	N	NA	NA	A
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Bir	6512	Govt	#	NA	NA	#	#		NA	#	N	NA	N
2	Badhbigha	14174	Govt	+++	NA	NA				NA	#	N	NA	N
3	Simri	8842	Govt	+++	NA	NA				NA	#	N	NA	N
	Total													

Name of the Block : 14. Fatuha

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat/villages served	ANMs (R)/(C) posted for mally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/Rent)	Bldingcondition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Alawalpur	102199	7	1+1	1+1	Gov	+++	Na	Na	Yes	#	Required	Nil
2	Jaitiya	72866	5	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	Nil
3	Bhergama	22667	4	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	Nil
4	Bindauli	33354	4	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	10,000
5	Ushpha	66671	5	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	10,000
6	Dariyapur	32334	3	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	

7	Pachrukhiya	38007	4	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	Nil
8	Parsa	50093	5	1+1	1+0	Rent	#	Na	Na	Yes	#	Required	10,000
9	Pitamberpur	52477	4	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	Nil
10	Daulatpur	73772	5	1+1	1+1	Gov	+++	Na	Na	Yes	#	Required	5490
11	Dumari	77787	5	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	Nil
12	Nathupur	63644	4	1+1	1+1	Rent	#	Na	Na	**Yes**	#	Required	Nil
13	Jethuli	119000	6	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	Nil
14	Janardhanpur	58755	6	1+1	1+1	Rent	#	Na	Na	`Yes	#	Required	10,000
15	Balwa	99996	7	1+1	1+1	Gov	+++	Na	Na	Yes	#	Required	Nil
16	Narma	101466	8	1+1	1+1	Rent	#	Na	Na	Yes	#	Required	Nil
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population Served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Saidanpur, Masarhi		Gov	+++	Na	Na	+++	+++	7		#	N	Required	N
2	Bindauli		Rent	++	Na	Na	Na	Na	1		#	N	Required	N
	Total													

Name of the Block : 15. Daniyawan

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat/villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Salarpur	10335	11	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind	Nil
2	Sahjahapur	12028	8	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind	Nil
3	Machhariawan	11911	9	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind	Nil
4	kundly	4449	5	1+1	1+0	Rent	#	NA	NA	Y	#	Refaind	Nil
5	Singariawan	11077	5	1+1	1+1	Gov.	#	NA	NA	Y	#	Refaind	Nil
6	Daniawan	5098	5	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind	Nil

7	Tope	6010	5	1+1	0+0	Rent	#	NA	NA	Y	#	Refaind	Nil
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population Served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Shahjahapur	1108	Rent	#	NA	NA	NA	NA	2	NA	#	N	Refaid	N
	Total													

Name of the Block : 16. Khusrupur

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Baikatpur	12818	2	1+1	1+1	Rented	#	NA	NA	Y	#	Required	Nil
2	Mosimpur	8358	4	1+1	1+1	Rented	#	NA	NA	Y	#	Required	10,000

3	Chotahasanpur	10200	6	1+1	1+1	Rented	#	NA	NA	Y	#	Required	Nil
4	Haibatpur	8867	4	1+1	1+1	Rented	#	NA	NA	Y	#	Required	10,000
5	Pachrukhiya	9123	3	1+1	1+1	Rented	#	NA	NA	Y	#	Required	Nil
6	Kataunа	12000	10	1+1	1+1	Rented	#	NA	NA	Y	#	Required	Nil
7	Kohama	11260	5	1+1	1+1	Rented	#	NA	NA	Y	#	Required	Nil
8	Araibenipur	11260	4	1+1	1+1	Rented	#	NA	NA	Y	#	Required	Nil
9	Chewra	6179	6	1+1	1+1	Rented	#	NA	NA	Y	#	Required	Nil
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets(+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
	'Zero (0)													
Total														

Name of the Block : 17.Bakhtiyapur

Sub-centre database

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Mahmadpur	10200		2	2	Rent	#	NA	NA	Y	#	NA	Y
2	Chiraya	7900		2	2	Rent	#	NA	NA	N	#	NA	Y
3	Purbi satbhaya	17500		2	2	Rent	#	NA	NA	N	#	NA	Y
4	Paschim satbhaya	19700		2	2	Rent	#	NA	NA	N	#	NA	Y
5	Salimpur	15000		2	2	Rent	+++	NA	NA	Y	#	A	Y
6	Rupasmahagi	17153		2	2	Rent	#	NA	NA	N	#	NA	Y
7	Savani	10050		2	2	Rent	#	NA	NA	N	#	NA	Y
8	Dedour	11493		2	2	Rent	#	NA	NA	Y	#	A	Y
9	Keshba	9851		2	2	Rent	#	NA	NA	Y	#	NA	Y
10	Missi	12400		2	2	Rent	#	NA	NA	Y	#	NA	Y
11	Ramnagar	10550		2	2	Rent	#	NA	NA	N	#	A	Y
12	Alipur	14295		2	2	Rent	#	NA	NA	Y	#	NA	Y
13	Kaladiyara	22716		2	2	Rent	#	NA	NA	N	#	NA	Y

14	Gayaspur	12320		2	2	Rent	#	NA	NA	Y	#	A	Y
15	Narouali			2	2	Rent	#	NA	NA	Y	#	NA	Y
16	Laxmanpur	5175		2	2	Rent	#	NA	NA	N	#	NA	Y
17	Saidpur	17600		2	2	Rent	#	NA	NA	Y	#	NA	Y
18	Tekhabigha	1612		2	2	Rent	#	NA	NA	Y	#	A	Y
19	Karnouti	1760		2	2	Rent	#	NA	NA	Y	#	NA	Y
20	Lakhanpura	9745		2	2	Rent	#	NA	NA	Y	#	A	Y
21	Sirshi	17530		2	2	Rent	#	A	A	N	#	A	Y
22	Domakarouta	10916		2	2	Rent	#	NA	NA	Y	#	NA	Y
23	Rukanpura	11687		2	2	Rent	#	NA	NA	Y	#	NA	Y
24	ghoshbari	18167		2	2	Rent	#	NA	NA	Y	#	NA	Y
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Laboour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)

1	SIRSI		rent	#	Na	Na	#	#	3	Na	#	N	NA	N
2	SALIMPUR		Govt	+++	A	Na	+++	+++	4	Na	+++	Y	NA	N
3	Dighmangholi		Rent	#	Na	Na	#	#	2	Na	#	N	N	N
	Total													

Name of the Block : 18. Barh

Sub-centre database

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent) Apc	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	eakdanga	8000	1	1	1	Govt	++	N.A.	N.A.	Y	#	POOR	10,000
2	Badhna	7500	1	1	1	Govt	+	N.A.	N.A.	Y	#	,,	10,000
3	Billor	5500	N	1	1	Rent	#	N.A.	N.A.	Y	#	,,	10,000
4	Aguanpur	5200	1	1	1	Govt	++	N.A.	N,A,	Y	#	,,	10,000
5	Nabhadh	5000	1	1	2	Govt	++	N.A.	N.A.	Y	#	,,	X
6	Sahari	5000	1	1	1	Rent	#	N,A.	N.A.	Y	#	,,	X
7	Sadikpur	5000	N	1	X	Govt	+	N.A.	N.A.	Y	#	,,	10,000
8	Ranabigha	5200	1	1	1	Govt	+	N.A.	N.A.	Y	#	,,	10,000
9	Nadhava	5300	1	1	X	Rent	#	N.A.	N.A.	Y	#	,,	X
	Total	Shabalpur	N	1	1	Rent	#	N.A.	N.A.	Y	#	,,	10,000

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Billor	45000		Rent	#	N.A.	N.A.	+++	5	6	#	N	Poor	N
2	Ranabihga	45000		govt	+++	N.A.	N.A.	+++	5	6	#	N	Poor	N
3	Eakdanga	45000		Govt	#	N.A.	N.A.	+++	5	6	#	N	Poor	N
4	Dhanama	45000		Rent	#	N.A.	N.A.	++	5	6	#	N	Poor	N
5	Ramnagar	45000		Rent	#	N.A.	N.A.	++	3	6	#	N	Poor	N
6	Jamalpurbigha	45000		HSC	#	N.A.	N.A.	++	3	6	#	N	Poor	N
7	Kargan	45000		GOvt	#	N.A.	N.A.	++	5	6	#	N	Poor	N
8	Saksohara	45000		HSC	#	N.A.	N.A.	++	3	6	#	N	Poor	N
	Total													

Name of the Block : 19. Athmalgola

Sub-centre database

No	Sub-centre Na	Pop.	No of G. Pat	ANMs (R)/(C)	ANMs (R)/(C)	Building ownership	Building condition	Assured running	Cont. power	ANM residing at	Condition of residential	Status of furnitures	Status of Unt

	me		/villages served	posted formally	in position	(Govt/ Pan/ Rent)	(+++/++/+/#)	water supply (A/NA/I)	supply (A/NA/I)	HSC area (Y/N)	facility (+++/++/+/#)		ied fund
1	Usmanpur	11300		1+1	2	Yes Govt.	+	NA	NA	NA	NA	Yes	By PHC Barh
2	Subnima	12100		1+1	2	No. Rent	NA	NA	NA	NA	NA	No	By PHC Barh
3	Ram Nagar	9300		1	1	Rent	NA	NA	NA	NA	NA	NA	By PHC Barh
4	Jamalpur	12300		1+1	2	Govt.	+	NA	NA	NA	NA	Yes	By PHC Barh
5	Karjan	12100		1+1	2	Govt.	++	NA	NA	NA	NA	NA	By PHC Barh
6	Fulelpur	12100		1+1	2	Rent	NA	NA	NA	NA	NA	NA	By PHC Barh
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population Served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Jamalpur		Govt.	+	NA	NA	Yes	NA	2	NA	NA	N	Yes	N

	Bigha													
2	Ramnagar Diyara		Rent	NA	NA	NA	No	NA	1	NA	NA	N	NA	N
3	Karjan		Govt	++	NA	NA	Yes	NA	3	NA	NA	N	NA	N
	Total													

Name of the Block : 20. Belchi

Sub-centre database

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	BARAH			1 ® 1©	1 ® 1©	Govt.	+	N.A.			N	-	+	
2	FATEHPUR			1 ® 1©	1 ® 1©	PAN					N	-	+	
3	KORARI			1 ® 1©	1 ® 1©	PAN					N	-	+	
4	BAGHATILA			1 ® 1©	1 ® 1©	PAN					N	-	+	
5	SAKSOHSRA			1 ® 1©	1 ® 1©	Govt.	+++	N.A.			N	-	+	
6	MANKAURA			1©	1©	PAN					N	-	+	
	Total													

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	SAKSOHARA	5800	N.A.						N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
	Total													

Name of the Block : 21. Pandarak

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat/villages served	ANMs (R)/(C) posted for mally	ANMs (R)/(C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Mamarkhabad	10293	1/2	1/1	1/1	Rent	#	I	I	N	#	I	Releas.
2	Lemuabad	10027	1/3	1/1	1/1	Pan	++	I	I	N	#	I	Rel.
3	Rally	3555	1/1	1/1	1/1	Govt	+++	A	A	Y	#	I	Rel
4	Rally eng.	1971	1/1	1/1	1/1	Rent	++	I	I	Y	#	I	Rel.
5	Laxmipur	3708	1/3	1/1	1/0	Rent	#	NA	NA	Y	#	NA	Rel.

6	Dhibar	4664	1/1	1/1	1/1	Rent	++	I	I	Y	#	I	Rel.
7	Parsama	7574	1/3	1/1	1/1	rent	++	I	I	Y	#	NA	Rel.
8	Madadpur	2225	1/2	1/1	1/0	Govt.	+++	A	A	N	#	I	Rel.
9	Kondi	9669	1/6	1/1	0/1	Pan	++	I	I	N	#	I	Rel.
10	Sarhan	8638	1/1	1/1	1/0	Rent	++	I	I	Y	#	I	Rel.
11	Dahama	3659	1/4	1/1	1/1	Rent	+	I	I	N	#	NA	
12	Khajurar	11431	1/5	1/1	0/1	Rent	+	I	I	N	#	NA	Rel.
13	Khushalchak	10804	1/5	1/1	1/0	Rent	+	I	I	N	#	I	Rel.
14	Sadikpur	7639	1/5	1/1	0/1	Rent	+	I	I	N	#	I	
15	Darwybhadour	4297	1/2	1/1	1/0	Govt	#	I	I	N	#	NA	Rel.
16	Baruane	10096	1/4	1/1	0/1	Rent	+	I	I	N	#	I	
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)

1	Sahanoura	3412	Rent	++	A	A	+	#	2	NA	#	N	I	N
2	Biharibigha	10810	Govt	+++	A	A	+++	+++	9	NA	#	N	I	N
3	Ajgara	3704	Govt	+++	A	A	+++	+++	11	NA	#	N	I	N
4	Guaswasekhpura	10601	Rent	++	A	A	#	#	2	NA	#	N	I	N
	Total													

Name of the Block : 22. Mokama

Sub-centre database

No	Sub-centre Name	Pop.	No of G. Pat /villages served	ANMs (R)/(C) posted formally (regular)	ANMs (R)/(C) in position (Contract)	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	vkSVk			01®	-			No	No	No	No	No	All Cheque Realized
2	nfj;kiqj			01®	01©	Rent	++/ poor	No	No	No	No	No	
3	gfFkng			01®	01©	Rent	++/ poor	No	No	No	No	No	
4	ejkWph			01®	01©	Rent	++/ poor	No	No	No	No	No	
5	'ksjiqj			01®	01©	Rent	++/ poor	No	No	No	No	No	
6	ckniqj			01®	01©	-		No	No	No	No	No	
7	jkeiqj Mqejk			01®	01©	Rent	++/ poor	No	No	No	No	No	

8	iapegyk			01®	01©	Rent	++/poor	No	No	No	No	No	
9	f'koukj			01®	01©	Rent	++/poor	No	No	No	No	No	
10	dUgkbZiqj			01®	01©	Rent	++/poor	No	No	No	No	No	
11	esdjk			01®	01©	Rent	++/poor	No	No	No	No	No	
12	cjgiqj			01®	01©	-	++/poor	No	No	No	No	No	
	Total	1,68,036	15	12®	11©	Rent	++/poor	No	No	No	No	No	All Cheque Realized

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	ejkWph		Govt	++/poor	No	No	No	No	04-Room (01-Hall)	No	No	No	No	No
2	eksj		Govt	++/poor	No	No	No	No	03-Room (01-Hall)	No	No	No	No	No

3	tyykiqj		Govt	++/poor	No	No	No	No	03-Room (01-Hall)	No	No	Yes	No	No
4	dUgkbZiqj		Govt	++/poor	No	No	No	No	02-Room	No	No	No	No	No
	Total		Govt	++/poor	No	No	No	No	12 (Room) (03-Hall)	No	No	-	No	No

Name of the Block : 23. Ghoswari

Sub-centre database

	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
1	Karara				1©	Rent	#	NA	NA	N	#	NA	
2	Tartar				1©	Rent	#	NA	NA	N	#	NA	
3	Shahari				1©	Rent	#	NA	NA	N	#	NA	
4	Gosaigaw				® 1 © 1	Rent	#	NA	NA	N	#	NA	
5	Trimuhan				® 1 © 1	Rent	#	NA	NA	N	#	NA	
6	Karkain				® 1 © 1	Rent	#	NA	NA	N	#	NA	Conduct by phc
7	Dhanakdov				® 1 © 1	Rent	#	NA	NA	N	#	NA	

8	Payjana				® 1 © 1	Rent	#	NA	NA	N	#	NA	mokama
9	Kurmichak				® 1 © 1	Rent	#	NA	NA	N	#	NA	
	Ghoswari				® 1 © 1	Rent	#	NA	NA	N	#	I	
	Total												

Section B: Human Resources and Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Samyagarh	5406	Govt.	++	NA	NA	#	#	08	04	#	N	I	N
	Total													

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-

COMPILED STATUS OF HEALTH SUB CENTRE'S UNDER 23 BLOCKS-PATNA DISTRICT

No	Block/ Sub Centre Status	Pop.	No of G. Pat /villages served	ANMs (R)/(C) posted formally	ANMs (R)/(C) in position	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund

								(A/NA/I)					
1	Patna Sadar			R-21,C-21=42	R-21,C-21=42	Pan-11,Rent-10	21 SC-++	21 NA	21 NA	21 N	21 SC #	21 SC #	
2	Phulwarisharif		127	R-17,C-17=34	R-14,C-16=30	Gov-6,Rent-11	16 SC-++ & 1 SC #	17 NA	21 NA	17 N	17 SC #	17 SC #	
3	Sampatchak			R-12,C-12=24	R-12,C-12=24	Rent 12	12 SC #	12 NA	12 NA	12 N	12 SC #	12 SC #	
4	Danapur		177	R-24,C-24=48	R-24,C-24=48	Gov-4,,Pan-2,Rent-19	18 SC #, 3 SC +++, 3 SC ++	21 A, 4 NA	24 NA	24 N	24 SC #	24 SC #	
5	Maner			R-21,C-21=42	R-21,C-10=31	Gov-3,Rent-18	18 SC #,, 1 SC +++,	21 NA	21 NA	21 Y	21 SC #	21 SC #	
6	Bihta			R-27,C-27=54	R-27,C-23=50	Gov-6,Rent-21	21 SC #, 6 SC +++,,	6 A, 21 NA	6 A, 21 NA	27 Y	27 SC #	27 SC #	
7	Bikram			R-10,C-10=20	R-7,C-7=14	Gov-2,Rent-8	8 SC #, 2 SC ++,,	10 NA	10 NA	10 N	10 SC#	10 SC#	
8	Dulhin Bazar			R-13,C-13=26	R-2,C-10=12	Gov-4,Rent-6, Pan-1	13 SC #	13 NA	13 NA	13 N	13 SC#	13 SC#	
9	Paliganj			R-28,C-28=56	R-0,C-25=25	Gov-19,Rent-9,	9 SC #	28 A	28 NA	28 Y	28 SC++	28 +++	
10	Naubatpur			R-24,C-24=48	R-0,C-24=24	Gov-5,Rent-19,	18 SC #, 6 SC+++	24 NA	24 NA	24 Y	24 SC#	24 SC#	
11	Punpun		157	R-26,C-26=52	R-26,C-25=51	Gov-9,Rent-16	16 SC #,,10 SC+++	26 NA	26 NA	26 N	26 SC#	26 SC#	
12	Masaurhi			R-26,C-26=52	R-26,C-22=48	Gov-1,Rent-25	25 SC #,,1 SC+++	26 NA	26 NA	26 N	26 SC#	26 SC#	
13	Dhanarua			R-21,C-21=42	R-15,C-21=36	Gov-7,Rent-14	15 SC #,,5 SC++	21 NA	21 NA	21 N	21 SC#	21 SC#	
14	Fatuha		82	R-16,C-16=32	R-15,C-15=31	Gov-3,Rent-13	13 SC #,,3 SC++	16 NA	16 NA	16 N	16 SC#	16 SC#	
15	Daniyawan		48	R-7,C-7=14	R-6,C-5=11	Gov-1,Rent-6	6 SC #,,1 SC+++	7 NA	7 NA	7 N	7 SC#	7 SC#	

16	Khusrupur		44	R-9,C-9=18	R-9,C-9=18	Rent-9	9 SC #,,	9 NA	9 NA	9 Y	9 SC#	9 SC#	
17	Bakhtiyarpur			R-24,C-24=48	R-24,C-24=48	Rent-24	24 SC #,,	1 A , 23 NA	1 A , 23 NA	1 Y, 23 N	24 SC#	24 SC#	
18	Barh		7	R-9,C-9=18	R-9,C-9=18	Gov-6,Rent-3	3 SC #,,	9 NA	9 NA	Y 9	9 SC#	9 SC#	
19	Athmalgola			R-6,C-6=12	R-6,C-5=11	Gov-3, Rent-3	3 SC #,,	6 NA	6 NA	Y 6	6 SC#	6 SC#	
20	Belchi			R-6,C-6=12	R-6,C-6=12	Gov-2, Pan-4	4 SC #,,	6 NA	6 NA	Y 6	6 SC#	6 SC#	
21	Pandarak			R-16,C-16=32	R-14,C-16=30	Gov-3,Pan-2,Rent-11	3 SC #,,4 SC ++, 6 SC, +, 3 SC +++	16 NA	16 NA	Y 4 N 12	12 SC#	5 SC#	
22	Mokama		15	R-12,C-12=24	R-0,C-11=11	Rent-12	12 SC-++	12 NA	12 NA	12 N	12 SC#	12 SC#	
23	Ghoswari			R-9,C-9=18	R-0,C-9=9	Rent-9	9 SC-++	9 NA	9 NA	9 N	9 SC#	9 SC#	
	Total			R-384, C-384=768	R-284, C-349=633	Gov-78,Pan-20, Rent-20	31 SC +++, 75 SC ++, 6 SC+, 239 SC#	336 NA, 39 A	381 NA, 7 A	Y-135, 249 N	331 SC#, 28 SC++	331 SC#, 28 SC +++	

A ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition ++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not vailable –NA, Intermittently available-I

COMPILED STATUS OF ADDITIONAL PRIMARY HEALTH CENTRE'S (APHC) UNDER 23 BLOCKS-PATNA DISTRICT

No	Block APHC Status	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Patna Sadar		Gov-2,Rent-1,Pan-1=4	1 APHC+++, 2APHC++	4 NA	4 NA	2 APHC# & 2 APHC++	2 APHC# & 2 APHC ++	15	14	4 APHC++	3 APHC #, 1 APHC+++	3 APHC #, 1 APHC+++	4 N
2	Phulwarisharif	60,000	Gov-1	1 APHC++	1 NA	1 NA	1 APHC++	1 APHC#	4	0	1 APHC#	1 APHC #	1 APHC #	1 N
3	Sampatchak		APHC-0											
4	Danapur	87,000	Gov-3,Rent-1,Pan-1=5	2 APHC++, 2APHC#	5 NA	5 NA	4 APHC#, 1APHC +	5 APHC#	24	0	4 APHC#	APHC+	4 APHC #	5 N
5	Maner		Rent-2=2	2APHC#	2 NA	2 NA	2 APHC#	2 APHC #	4	0	2 APHC#	2 APHC #	2 APHC #	2 N
6	Bihta	16803	Gov-2	2 APHC++	2 NA	2 A	2 APHC++	2 APHC #	5	0	2 APHC#	2 APHC #	2 APHC #	2 N
7	Bikra	71484	Gov-5,Rent	5 APH	6 NA	1 NA. 5 I	5 APHC	5 APH	19	0	6 APHC	6 APH	6 APH	6 N

	m		-1	C++, 1 APH C #			++, 1 APHC #	C++, 1 APH C #			#	C #	C #	
8	Dulhin Bazar		Gov-2,Rent-1	1 APH C #, 1 APH C +++	3 NA	3 NA	2 APHC #, 1APH C +	3 APH C #	8	0	3 APHC #	3 APH C #	3 APH C #	3 N
9	Paliganj	27101	Gov-1,Rent-2	3 APH C+++	3 A	3 NA	3 APHC +++	3 APH C+++	5	0	2 APHC #	2 APH C #	2 APH C #	3 N
10	Naubatpur		Pan -1,Rent-1	1 APH C #	2 NA	2 NA	2 APHC #,	2 APH C #,	2	0	1 APHC ++, 1 APHC #	2 APH C +++	2 APH C +++	2 N
11	Punpun		Rent-4	4 APH C #	4 NA	4 NA	4 APHC #	4 APH C #	0	0	4 APHC #	4 APH C #	4 APH C #	4 N
12	Masaurhi		Gov-1,Rent-1	1 APH C #, APH C +++	2 NA	2 NA	1 APHC #, 1APH C+	1 APH C #, 1APHC+	3	0	2 APHC #	2 APH C #	2 APH C #	2 N
13	Dhanarua	29528	Gov-3	3APH C +++	3 NA	3 NA	3 APHC #	3 APH C #	0	0	3 APHC #	3 APH C #	3 APH C #	3 N
14	Fatuha		Gov-1,Rent-1	1 APH C #	2 NA	2 NA	3 APHC +++	3 APH C +++	8	0	2 APHC #	2 APH C #	2 APH C #	2 N
15	Daniyawan		Rent-1	1 APH C #	1 NA	1 NA	1 APHC #	1 APH C #	2	0	1 APHC #	1 APH C #	1 APH C #	1 N
16	Khusrupur		APH C-0											
17	Bakhtiyarpur		Gov-2,Rent-1	2 APH C #, 1 APH C+++	1 A, 2 NA	3 NA	3 APHC #	2 APH C #, 1 APH C+++,	9	0	2 APHC #, 1 APHC +++,	2 APH C #, 1 APH C+++,	2 APH C #, 1 APH C+++,	3 N
18	Barh	360000	Gov-4,Rent-4	4 APH C #,	8 NA	8 NA	4 APHC #, 4 APHC	2 APH C #, 1 APH	34	0	8 APHC #	8 APH C #	8 APH C #	8 N

							+++,	C+++,						
19	Athmalgola		Gov-2,Rent-1	2 APHC #,	3 NA	3 NA	1 APHC #, 2APHC+++	3 APHC #	6	0	3 APHC #	3 APHC #	3 APHC #	1 Y, 2 N
20	Belchi		Gov-1	1 APHC #,	1 NA	1 NA	1 APHC #	1 APHC#	0	0	1 APHC #	1 APHC #	1 APHC #	1 N
21	Pandarak	28527	Gov-2, Rent-2	2 APHC++, 2 APHC #	3 A	3 A	2 APHC #, 2 APHC++	2 APHC#, 2 APHC++	24	0	4 APHC #	4 APHC #	4 APHC #	4 I
22	Mokama		Gov-4	4 APHC++	4 NA	4 NA	4 APHC #	4 APHC#	24	0	4 APHC #	4 APHC #	4 APHC #	4 N
23	Ghoswari		Gov-1	1 APHC++	1 NA	1 NA	1 APHC #	1 APHC#	8	0	1 APHC #	1 APHC #	1 APHC #	1 N
	Total		Gov-37,Pan-3,Rent-21	10 APHC+++, 19 APHC++, 31 APHC#	4 A, 56 NA	3 A. 55 NA, 2 I	12 APHC+++,9 APHC++, 3 APHC+, 36APHC	9 APHC+++,9 APHC++, 1 APHC+, 41APHC#	204	0	1APHC+++, 1 3 APHC++,56 APHC #	1APHC++, 13 APHC++, 56 APHC#	1APHC++, 13 APHC++, 56 APHC#	60 N

Section B: Human Resources and Infrastructure

Additional Primary Health Centre (APHC) Database: Human Resources

Name of the Block : 1. Patna Sadar

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		San	In	San	In	San	In	San	In	San	In		

		ction	Position	ction	position	ction	position	ction	position	ction	Position		
1	Goharpur	2	1 NMCH	2	2	1	1	1	1			1	
2	Sabalpur	2	1	2	2	1	1	1	0			2	
3	Noorpur	2	1 NMCH	2	2	1	1	1	1			1	
4	Madhopur	2		2	2	1	1	1	1				
	Total	**8**	2	8	8	4	4	4	3			5	

Name of the Block : 2. Phulwarisharif

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/Sweeper	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Sorampur	2	NIL	2	2	1	1	2	1	---	----	02	NIL

Name of the Block : 3. Sampatchak

No	APHC Nam	Doctors	ANM	Laboratory technician	Pharmacists / dresser	Nurses A Grade	Accnt/Peons/ Sweeper/Night Guards	Availability of specialist

	e	Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	0												
	Total												

Note : No APHC in Sampatchak Block

Name of the Block : 4. Danapur

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Shahpur	2	2	2	2	1	1	1/1	1/1	-	-	1/1/-/-	-
2	Sarari	2	2	2	2	1	1	1/1	1/-			1/1/-/-	
3	Manas	2	2	2	2	1	--	-/1	-/1	-	-	1/1/-/-	
4	Hetanpur	2	2	2	2	1	--	-/-	-/-	-	-	1/1/-/-	
5	Khagaul	2	2	2	2	1	1	1/1	1/1	-	-	1/1/-/-	
	Total	**10**	10	10	10	5	3	5	3	0	0		

Name of the Block : 5. Maner

No	APHC Name	Doctors	ANM	Laboratory technician	Pharmacists / dresser	Nurses A Grade	Accnt/Peons/ Sweeper/Night Guards	Availability of specialist

		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	**Sherpur**	2	2 (A)	2	1	1	1	1	1	-	-	NA	NA
2	**Gopalpur**	**2**	1	1	1	1	-	1	-	-	-	1	NA
	Total	**4**	3	3	2	2	1	2	1	0	0	1	0

Name of the Block : 6. Bihta

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Sadishopur	02	0	02	02	01	01	1+1	0+0	0	0	03	NA
2	Neura	02	0	02	02	01	0	1+1	1+0	0	0	03	NA
	Total	**4**	0	4	4	2	1	2	1	0	0	6	0

Name of the Block : 7. Bikram

No	APHC Name	Doctors	ANM	Laboratory technician	Pharmacists / dresser	Nurses A Grade	Accnt/Peons/ Sweeper/Night Guards	Availability of specialist

		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	TARIPAR	2	1	2	2	-	-	-	-		-	2	-
2	DATIYANA	2	2	2	2	-	-	-	-		-	2	-
3	BARAH	2	2	2	2	-	-	-	-		-	2	-
4	MANJAULI	2	2	2	2	-	-	-	-		-	2	-
5	ARAP	2	1	2	2	-	-	-	-		-	2	-
6	GONA	2	2	2	2	-	-	-	-		-	2	-
	Total	**12**	10	12	12	0	0	0	0	0	0	12	0

Name of the Block : 8. Dulhinbazar

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/Sweeper/ Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	02	
1	Kab	02	02	02	02	01	-	1/1	-	-	-	-	-
2	Hareramp ur	02	-	02	02	01	-	1/1	-	-	-	-	-
3	Bharatpur a	02	01	02	02	01	-	1/1	-	-	-	-	-
	Tot	06	03	06	06	03	0	3/3	-	-	-	-	-

	al												

Name of the Block : 9. Paliganj

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/Sweeper/ Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	02	
1	AKBARPUR	1	1	1	1	1	1	-	-	-	-	N	N
2	KODARI	1	1	1	1	-	-	-	-	-	-	N	N
3	SAMDA	1	1	1	1	-	-	-	-	-	-	N	N
	Total	3	3	3	3	1	1	0	0	0	0	0	0

Name of the Block : 10. Naubatpur

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	AJAMA	2	2	2	2	NA	1	1	NA	NA	NA	NA	NA

2	JALPURA	2	2	2	2	NA	NA	1	NA	NA	NA	NA	NA
	Total	**4**	4	4	4	0	1	2	0	0	0	0	0

Name of the Block : 11. Punpun

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/Sweeper/ Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	AKAUNA	2	2	2	2	1	-	-	-	-	-	1	-
2	MARACHI	2	2	2	2	1	-	1	-	-	-	2	-
3	MAKHDOOMPUR	2	2	2	2	1	-	-	-	-	-	1	-
4	BAJITPUR	2	1	2	2	1	-	-	-	-	-	1	-
	Total	8	7	8	8	4	0	1	0	0	0	5	0

Name of the Block : 12. Masaurhi

No	APHC Name	Doctors	ANM	Laboratory technician	Pharmacists / dresser	Nurses A Grade	Accnt/Peons/ Sweeper/Night Guards	Availability of specialist

		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Lahsuna	2	1	2	2	0	0	1	1	0	0	1	Nil
2	Bhagwanganj	2	1	2	2	0	0	1	1	0	0	1	Nil
	Total	**4**	2	4	4	0	0	2	2	0	0	2	0

Name of the Block : 13. Dhanarua

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	DHanarua	06	05	06	06	00	00	00	00	00	00	01	NA
2													
3													
	Total	06	05	06	06	00	00	00	00	00	00	01	NA

Name of the Block : 14. Fatuha

No	APHC Name	Doctors	ANM	Laboratory technician	Pharmacists / dresser	Nurses A Grade	Accnt/Peons/ Sweeper/Night Guards	Availability of specialist

		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Saidanpur, Masarhi	2	2	2	2	N	N	1	N	N	N	3	
2	Bindauli	2	2	2	2	1	N	1	N	N	N	1	
	Total	4	4	4	4	1	0	2	0	0	0	4	

Name of the Block : 15. Daniyawan

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Shahjahapur	02	01	02	02	N	N	01	N	NA	NA	01	.....
	Total												

Name of the Block : 16. Khusrupur

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		San	In	San	In	San	In	San	In	San	In		

		ctio n	Pos itio n	ctio n	pos itio n	ctio n	pos itio n	ctio n	pos itio n	ctio n	Pos itio n		
1	0												
	To tal												

Note : No APHC in Khusrupur Block

Name of the Block : 17. Bakhtiyarpur

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Sirsi	2	2	2	2	1	Nil	1	Nil	Nil		Nil	Nil
2	salimpur	2	2	2	2	1	Nil	1	Nil	Nil		Nil	Nil
3	Digh manjholi	2	2	2	2	1	Nil	1	Nil	Nil		Nil	Nil
	Total	**6**	6	6	6	3	0	3	0	0	0	0	

Name of the Block : 18. Barh

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Positio	Sanction	In positio	Sanction	In positio	Sanction	In positio	Sanction	In Positio		

			n		n		n		n		n		
1	Dhanama	2	2	2	2	1	Nil	1/1	Nil	-	-	Nil	Nil
2	Eakdanga	2	1	2	1	1	Nil	1/1	Nil	-	-	Nil	Nil
3	Billor	2	1	2	2	1	Nil	1/1	Nil	-	-	1	
4	Ranabigha	2	2	2	2	1	Nil	1/1	Nil	-	-	1	Nil
	Total	**8**	6	8	7	4	0	4	0	-	-	2	0

Name of the Block : 19. Athmalgola

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Jamalpur Bigha	2	1	2	2	1	Nil	1	Nil	No	Nil	NA	NIl
2	Ramnagar Diyara	2	1	2	2	1	Nil	1	Nil	No	Nil	NA	NIl
3	Karjan	2	1(Deputed)	2	2	1	Nil	1	Nil	No	Nil	NA	NIl
	Total	**6**	3	6	6	3	0	3	0	0	0	0	0

Name of the Block : 20. Belchi

No	APHC	Doctors	ANM	Laboratory	Pharmacists /	Nurses	Accnt/Peons/Sweeper/Ni	Availabilit

	Name					technician		dresser		A Grade		ght Guards	y of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Saksohra	2	1	2	2	1	0	1	0	0	0	2	0
	Total												

Name of the Block : 21. Pandarak

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Sahanoura	2	0	2	2	1	0	1	0	1	0	0	0
2	Guaswasekhpura	2	0	2	2	1	0	1	0	1	1	0	0
3	Biharibigha	2	0	2	2	1	0	1	0	1	0	0	0
4	Ajgara	2	0	2	2	1	0	1	0	1	0	0	0
	Total	**8**	0	8	8	4	0	4	0	4	1	0	0

Allopathic (A),Ayush (Ay), Regular (R), Contractual (C)

Name of the Block : 22. Mokama

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Maranchi	02	®=01 ©=01	02	02	01	No	01	No	NA	-	Sweeper 01(Not Available)	Required
2	Mor	02	®=01	02	02	01	No	01	No	NA	-	Sweeper 01(Not Available)	Required
3	Jalalpur	02	®=01 ©=01	02	02	01	No	01	No	NA	-	Sweeper 01(Not Available)	Required
4	Kanhaipur	02	®=02	02	02	01	No	01	No	NA	-	Sweeper 01(Not Available)	Required
	Total	**08**	®=04 ©=02	08	08	04	Nil	04	Nil	Nil	Nil	04	Required

Name of the Block : 23. Ghoswari

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons/ Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Samyagarh	2	0	1	1	1	0	1 each	0	0	0	0	0

	Total												

Allopathic (A),Ayush (Ay), Regular (R), Contractual (C)

COMPILED STATUS OF HUMAN RESOURCE ADDITIONAL PRIMARY HEALTH CENTRE'S (APHC) UNDER 23 BLOCKS-PATNA DISTRICT

No	Block/APHCStaff	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons /Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Patna Sadar	**8**	2	8	8	4	4	4	3			5	
2	Phulwarisharif	2	NIL	2	2	1	1	2	1	---	----	02	NIL
3	Sampatchak	**NO APHC**											
4	Danapur	**10**	10	10	10	5	3	5	3	0	0		
5	Maner	**4**	3	3	2	2	1	2	1	0	0	1	0
6	Bihta	**4**	0	4	4	2	1	2	1	0	0	6	0
7	Bikram	**12**	10	12	12	0	0	0	0	0	0	12	0
8	Dulhin Bazar	06	03	06	06	03	0	3/3	-	-	-	-	-
9	Paliganj	3	3	3	3	1	1	0	0	0	0	0	0
10	Naubatpur	**4**	4	4	4	0	1	2	0	0	0	0	0
11	Punpun	8	7	8	8	4	0	1	0	0	0	5	0

12	Masaurhi	**4**	2	4	4	0	0	2	2	0	0	2	0
13	Dhanarua	06	05	06	06	00	00	00	00	00	00	01	NA
14	Fatuha	02	01	02	02	N	N	01	N	NA	NA	01	……
15	Daniyawan	4	4	4	4	1	0	2	0	0	0	4	
16	Khusrupur	**No APHC**											
17	Bakhtiyarpur	**6**	6	6	6	3	0	3	0	0	0	0	
18	Barh	**8**	6	8	7	4	0	4	0	-	-	2	0
19	Athmalgola	**6**	3	6	6	3	0	3	0	0	0	0	0
20	Belchi	2	1	2	2	1	0	1	0	0	0	2	0
21	Pandarak	**8**	0	8	8	4	0	4	0	4	1	0	0
22	Mokama	**08**	®=04 ©=02	08	08	04	Nil	04	Nil	Nil	Nil	04	Required
23	Ghoswari	2	0	1	1	1	0	1 each	0	0	0	0	0
	Total												

Health profile of Patna District

Manpower Availability and Gaps in manpower

There are major gaps in Human resource in Health sector in Patna District . As Per IPHS norms there are 4 specialist and 01 Physician at every PHC(CHC) . As per norms in Patna for 23 PHCs there are 78 post of Contractual MOs is sanctioned , out of which 17 are specialist MOs and rest of the 11 should be of general MOs . Out of 78 MOs there are only 29 MOs are posted , out of which only 01 is specialist MO and rest of the MOs are general MBBS who has been appointed as stop gap arrangement due to non availability of Specialist MOs.

Slno.	Name of the Post	Sanctioned Post	Posted	Vaccant

1	Medical Officers (R)	295	250	45
2	Medical Officers (C)	92	77	15
3	MS(Obs. & Gynae)	10	10	0
4	Dental Surgeon	2	1	1
5	Grade – A Nurse (R)	41	27	14
6	Grade – A Nurse (C)	0	0	0
7	LHV	48	38	10
8	Compounder	107	45	62
10	Lab Technicians	84	31	53
11	X- Ray Technicians	30	10	20
12	ANM (R)	836	520	316
13	ANM (C)	418	418	0
14	Computer	17	13	4
15	Store Keeper			
16	X-Ray ChitraKar	9	8	1
17	Driver	53	38	15
18	BHW	72	60	12
19	Pathologist	--	2	---
20	Malaria Inspector	1	1	0
24	BEE	16	6	10

IX. Strengthening Infrastructure and Human Resource

Health Sub Center

Objective	Constraints	Strategies	Activities	Indicator

To make all the HSCs functional	Out of 418 HSC only 96 having own building & 243 are running in rented building	Strengthening all the existing HSCs that's have own building by proper utilization of Untied fund	Running water facility by using untied funds	Almost No. of HSCs have running water facility
	Lack of appropriate furniture and stationery		Procurement of furniture and stationery as per IPHS norms	No. HSCs that are provided furniture & stationery
	Lack of equipments		Procurement of equipment as per IPHS norms	No. of equipment procured
			Supply of equipment to HSCs	No. of HSCs have supply of those equipments
	Lack of Human resource out of 836 sanctioned post of ANM (R) 316 post are vaccant	Recruitment and selection of ANM (R)	Publication of vacancies in the newspaper	No.of advertisement published
	Rate of turn-up in interview is very low		Organise Walk-in - interview on every first week of the month for the selection of ANM	No. of Interview held per month
			Hiring of 25 ANMs for out reach services.	No. of ANM selected
	Lack of Nursing skill	Skill development programme for contractual ANM	Selection of Training sites	No. of training sites selected
			Development of training sites	No. of training sites developed
			Identification of Trainer	No. of trainer identifed

			Training of ANM on SBA and other primary health services	No. of ANM trained on SBA
Construction/ Rennovation of Existing HSCs and proposed 210 HSCs	unavailability of Land only 1-2 HSCs have availability of land	Community mobilization for land donations	Involvement of opinion leader, and PRIs for Community mobilization for land donations .	No. of meetings held with and by the opinion leaders and PRIs for land donations
				Land donated for HSCs (No.)
			Meeting with C.O/B.D.O in the chairmanship of District Magistrate for availability of land	No. of meetings held
				Land available for HSCs (No.) by the administrative
		To make 169 building less HSCs Functional in rented building .	Provision for rented building	Fund available or not
			Fund availability	
			Procurement of furniture and equipment as per IPHS norms	No. of furniture and equipment procured
	Irregular/non payment of rent of 243 rented building	Regularizing the rent payment	Regularizing the payment of rent through PHC untied fund/RKS fund	Rent paid through PHC untied fund/RKS fund in no.
Strenghtening the HSCs by 100% utilization of untied funds	Late disbursement of untied funds by DHS to PHCs again delay by the PHC	Timely disbursement of fund	Disbursement of fund on time by the DHS to PHC and PHC to HSC	No. of Bank Account opened

	No bank account in the name of ANM		Opening of Bank Account in the name of ANM	
	Lack of awareness about the nature of job done from the untied funds	Capacity building of account holder	Training of account holder on account operation , book keeping and nature of jobs done by the untied fund.	No. of training held
Strengthening the Service delivery at HSC level	Non availability of drug kits as per IPHS Norms	Strengthening of DHS on Drug Procurement	Identification of Need	No.of need/indent identified/ received
			Procurement of drugs and equipments by the DHS	No. of Drugs and equipment procured
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to HSCs
	No supply of even basic drugs at HSC	Appointment of contractual Storekeeper at DHS	Provision by the S.H.S ,Bihar for the contractual appointment of Storekeeper	
	Irregular presence of staffs	Social Audit	Community mobilisation	Rate of absenteism is decreased
			Construction of Staff Quarter	No. of quarter prepared
	No ANC at HSC level	Phasewise strengthening of 85 HSCs for conducting ANC atleast one day in a week as per IPHS norms.	Training of ANMs on ANC and SBA	No. of training held
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to HSCs

Promotion of Social audit	Lack of knowledge and level of awareness about the service delivery system	IEC/BCC activities to increase the level of awareness .	Displaying all the services (Citizen's charter) provided by the HSCs at Sub centre as well as prominent places of the villages	No. of Citizen's charter displayed
		Strengthening Village Health and Sanitation Committee .	Formation of Village Health and Sanitation Committee	No. of VHSC formed
			Opening of Bank Account of Village Health and Sanitation Committee	No. of bank Account opened for VHSC
			Capacity building of account holder of village Health and Sanitation Committee on account operation & nature of works may be done by the untied funds	No. of training held

Additional Primary Health Centers

There are 60 APHC functioning in the district and 88 more proposed to be established in next 5 years but as per IPHS norms 36 more APHCs required

Objective	Constraints	Strategies	Activities	Indicator
To make all the 60 existing APHCs functional	Lack of proper building/infrastructure	Strenghtening all the existing APHCs that's have own building by proper utiilisation of Untied fund	Running water facility by using untied funds	No. of APHCs have running water facility
	Lack of appropriate furniture and stationery		Procurement of furniture and stationery as per	No. APHCs , those provided furniture &

			IPHS norms	stationery
	Lack of equipments		Procurement of equipment as per IPHS norms	No. of equipment procured
			Supply of equipment to APHCs	No. of APHCs have supply of those equipments
	Lack of Human resource out of 104 sanctioned post of contractual Grade-A 35 post are vaccant	Recruitment and selection of Human resource	Publication of vacancies in the newspaper	No.of advertisement published
	Out of 120 sanctioned post of ANM(regular) 60 Post are vacant		Organize Walk-in - interview on every first week of the month for the selection of Con. Grade-A nurse	No. of Interview held per month
	Out of 60 sanctioned post of Medical officers 21 posts are vacant			No. of Grade -A selected
	Most of the APHC staffs are deputed to respective PHC hence APHC are defunct	Diminish the deputation policy	sending back to staff at their respective APHCs	Increase in Human Resource
	Lack of Nursing skill	Skill development programme for contractual Grade-A nurse	Selection of Training sites	No. of training sites selected
			Development of training sites	No. of training sites developed
			Identification of Trainer	No. of trainer identifed
			Training of Grade-A on SBA and other primary health services	No. of Grade-A trained on SBA

Construction/ Renovation of Existing APHCs and proposed 36 APHCs	unavailability of Land	Community mobilization for land donations	Involvement of opinion leader, and PRIs for Community mobilization for land donations .	No. of meetings held with and by the opinion leaders and PRIs for land donations
				Land donated for APHCs (in No.)
			Meeting with C.O/B.D.O in the chairmanship of District Magistrate for availability of land	No. of meetings held
				Land available for APHCs (in No.) by the administrative initiative
Strengthening the Service delivery system at APHC level	Non availability of drug kits as per IPHS Norms Irregular presence of staffs	Strengthening of DHS on Drug Procurement	Identification of Need	No. of need/indent identified/ received
			Procurement of drugs and equipments by the DHS	No. of Drugs and equipment procured
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to APHCs
		Social Audit	Community mobilization	Rate of absenteeism is decreased

Promotion of Social audit	Lack of knowledge and level of awareness about the service delivery system amongst the masses	Phase wise strengthening of all the APHCs for conducting OPD & ANC at least 3 day in a week	Deployment of staff including MO ,ANMs , Grade-A nurse , Pharmacists etc.	No. of Staff Deployed
		IEC/BCC activities to increase the level of awareness .	Displaying all the services (Citizen's charter) provided by the APHCs at centre as well as prominent places of the villages	No. of Citizen's charter displayed
		Strengthening Village Health and Sanitation Committee .	Formation of Village Health and Sanitation Committee	No. of VHSC formed
			Opening of Bank Account of Village Health and Sanitation Committee	No. of bank Account opened for VHSC
			Capacity building of account holder of village Health and Sanitation Committee on account operation & nature of works may be done by the untied funds	No. of training held

Primary Health centers:

Objective	Constraints	Strategies	Activities	Indicator
To make all the 23 existing PHCs functional as per the IPHS norms (30 bedded)	Lack of proper building/infrastructure and most of the PHC has only 06 bed.	Up gradation of PHCs into 30 bedded CHCs by phase wise manner	Selection or making priority list of PHCs which has been up graded into CHCs in phase wise manner.	How many PHCs has been selected for up gradation
			Preparation of estimate for up gradation of PHCs into CHCs	No. of PHCs have got administrative and technical approval for up gradation
				No. of PHCs has been upgraded into CHCs
	Lack of appropriate furniture and stationery		Procurement of furniture and stationery as per IPHS norms	No. of PHCs , those provided furniture & stationery as per IPHS norms
	Lack of equipments	Strengthening all the existing PHCs that's have own building by proper utilization of Untied fund	Procurement of equipment as per IPHS norms	No. of equipment procured
			Supply of equipment to PHCs	No. of PHCs have supply of those equipments
	Lack of Human resource- out of 92 sanctioned post of Contractual Specialist Doctors only 77 Specialist MO Posted	Recruitment and selection of Human resource	organise online appointment once in every month for appointment of contractual Doctors	No. of On-line Selection processes conducted
				No. of contractual Doctors appointed.

			Empanelling Gynaecologists for PHCs to provide ANC/PNC services at fixed day	No. of Gynae empanelled for ANC/PNC
			Hiring Paediatrician for PHCs to OPD services at fixed day.	No. of Paediatrician hired
		Hiring private specialist Doctors , where post is vacant	Empanelling Gynaecologists on CALL BASIS for conducting institutional deliveries, providing Essential and Emergency Obs Care at government facilities	No. of Gynae empanelled on call basis for CEmoc/BEmoc
			Hiring Anesthetists for facilities that have vacant Anesthetist positions	No.of Anesthetists hired
	Out of 102 requirment of Pharmacists only21 are working, 81 post are vacant, out of 46 sanctioned post of Lab. Technician 39 are vacant .		Appointment of Pharmacists and Lab. Technician on contract basis	No. of Pharmacists and Lab. Technician on appointed contract basis
	Irregular Human resource policy (transfer & Posting)		Preparation of a Proper standing order for transfer and Posting of Doctors	
	Lack of Proper training to Health personnel on	Skill development programme for Health	Selection of	No. of training

	latest technique	Personnel	Training sites	sites selected
			Development of training sites	No. of training sites developed
			Identification of Trainer	No. of trainer identifed
			Training of ANM/Grade-A on SBA and other primary health services	No. of Grade-A and ANM trained on SBA
			Training of MOs on CEmoc/BEmoc	No. of MOs trained on CEmoc/BEmoc
			Training of MOs on Anesthesia	No. of MOs trained on Anesthesia
Construction/ Renovation of Existing PHCs	Delay/ performance of works is very slow by Public Work Department (Building Division)	Constitution of Separate Engineering department for construction/renovation of Health facilities	Appointment of Civil Engineers.	No. of Engineers appointed
Strengthening the Service delivery system at PHC level	Non availability of drug kits as per IPHS Norms Irregular presence of staffs	Strengthening of DHS on Drug Procurement	Identification of Need by MOICs with the help of BHM/ MOs	No. of need/indent identified/ received

Promotion of Social audit	Lack of knowledge and level of awareness about the service delivery system amongst the masses	IEC/BCC activities to increase the level of awareness .	Procurement of drugs and equipments by the DHS	No. of Drugs and equipment procured
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to APHCs
			Displaying all the services (Citizen's charter) provided by the PHCs at centre as well as prominent places of the villages	No. of Citizen's charter displayed
			Capacity building of Member of RKS on Various issues such as aims & objective of RKS , nature of works may be done by the RKS funds	No. of training held

REPRODUCTIVE AND CHILD HEALTH

A.1 Maternal Health

Under the RCH program all aspects of women's reproductive health across their reproductive cycle, from puberty to menopause are covered. RCH program addresses the

needs that have emerged over years of implementing Family Welfare Program.

Under this Programme the emphasis shifted to decentralize planning at district level based on assessment of community needs and implementation of programme at fulfillment of these need. New interventions such as control of reproductive tract infection, gender issues, male participation and adolescent health and the Family welfare program are also taken

Components of RCH

Effective Maternal & Child health care;

Increased access to contraceptive care;

Safe management of unwanted pregnancies;

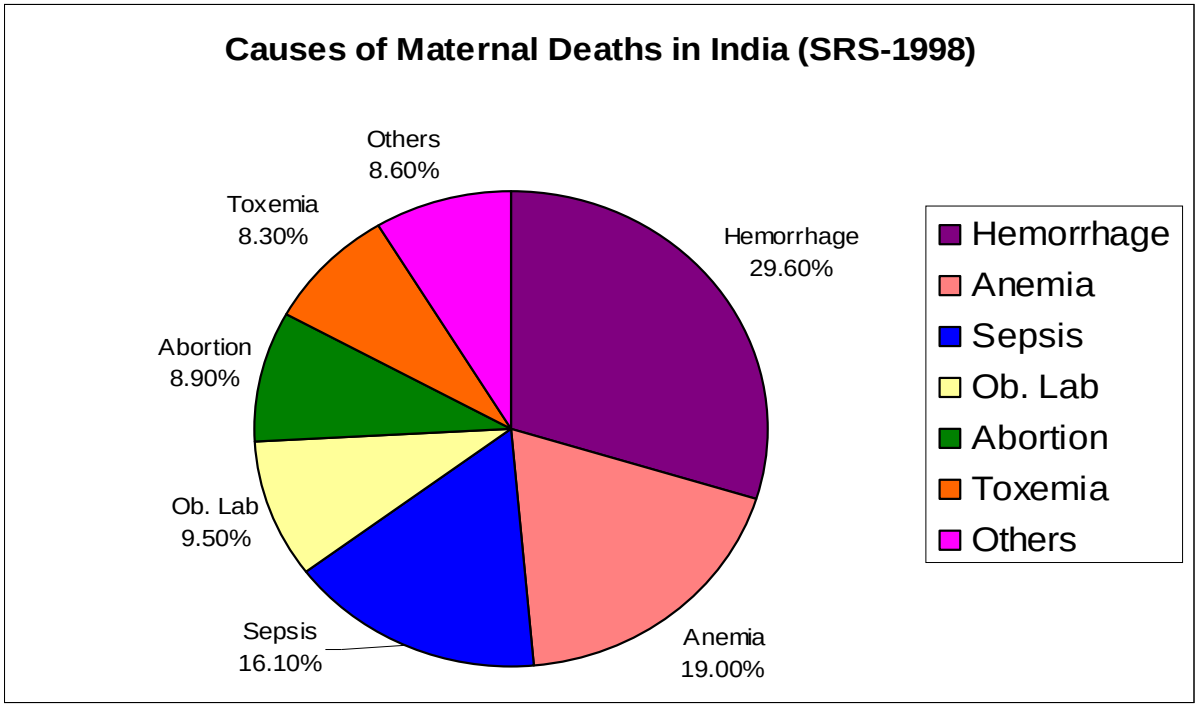
Nutritional services to vulnerable groups;

Prevention and Treatment of RTI/STI;

Reproductive Health Services for adolescents;

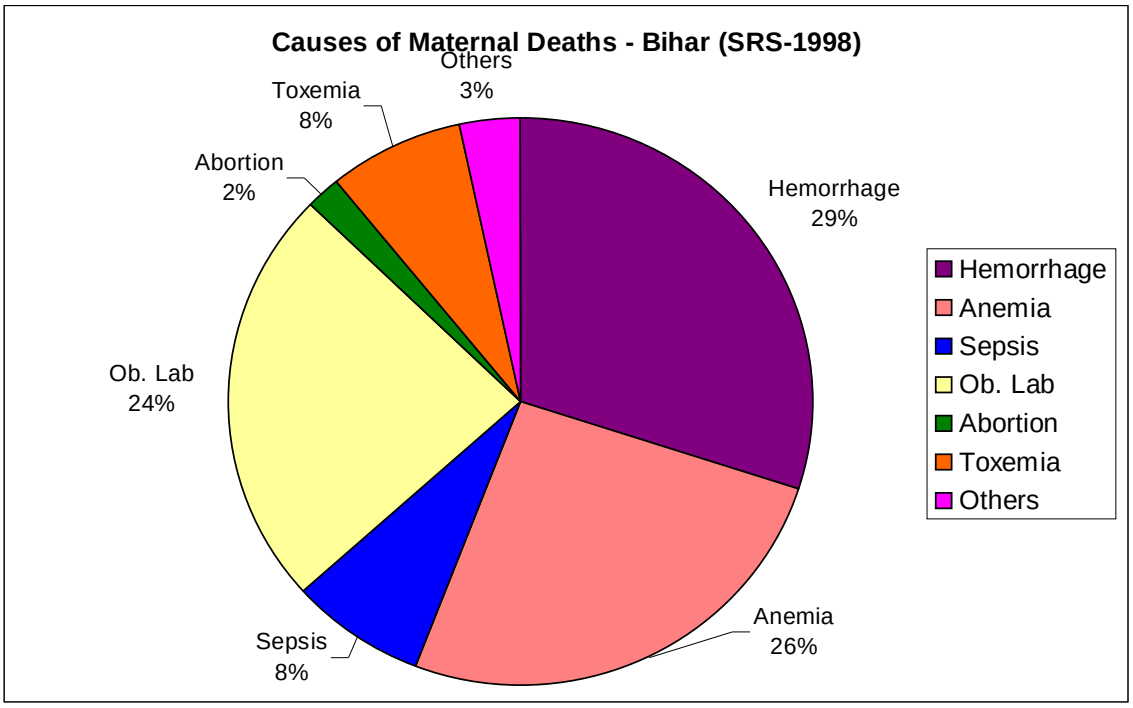
Prevention and treatment of Gynecological Problems;

Screening and treatment of cancers; especially uterine, cervical and breast.



Goals

The goal is to improve the overall quality of life of the people living in district Patna of Bihar by



Reproductive and Child Health and stabilization of population

Reduce MMR from 389 (1998) to 100 per 100000 live births by 2010

Maternal Health

Goal/Objectives	Constraints	Strategies	Activities	Indicator
1. To improve coverage of antenatal care to 32.5 % to 100% by 2010.	Lack of awareness about importance of ANC .	Awareness generation about importance of ANC at Community level	Social mobilization to create demand in the community for ANC clinics	Increase in ANC registeration

			Use local resources in terms of ASHA , AWC and Panchayat members to inform the ANMs about teenage pregnancy and first time pregnancy	No. of teenage & first time pregnancy reported
			BCC in the community on the importance of seeking timely ANC	No. of BCC activities held
			Organizing weekly ANC clinics to improve early ANC registration and antenatal services.	No. of Weekly ANC Clinics organised
To strengthen HSC and APHC for providing outreach maternal care	Lack of adequate infrastructure & Human resources	Organising Regular ANC clinics at Health Centers level	Urgent need to fill vacant Posts.	No. of Vacancy filled
			Plan for establishment of APHCs or sub-centre to cover underserved areas and change the uneven distribution of public health institutions	No. of APHCs and Sub center made functional
		Organizing out reach ANC sessions	Organizing out reach ANC sessions in sub center/villages by LHVs assisted by ANMs on fixed days	No. of out reached ANC sessions organised and no. of ANC registeration
			Organizing ANC clinic sessions in remote areas through mobile health units.	No. of ANC sessions held by mobile health units and No. of ANC registeration
			Empanelling Gynaecologists for gynaecology OPD in under or un served areas	No. of visits made & cases attained by Pvt. Gynecologist

	Irregular supply of drugs & equipments	To streamline the logistics system and its management	Appointment of storekeeper on contract basis	No. of Store keeper appointed
			Need based drug, Instrument procurement and transportation.	No. of drugs procured
To improve the service delivery system	Lack of Nursing Skill	Capacity building of staff at Maternal Health	Identification of training sites and trainers (SBA Training)	No. of training sites and trainers identified.
			Development of training sites	No. of training sites developed
			Training of ANM & Grade-A on ANC and SBA	No. of ANM & Grade-A trained on ANC and SBA
	Apathy behaviour of health personnel towards the beneficiary	Changing the attitude of service providers and improving their counseling skills	BCC and counseling sessions for service providers	No. of such sessions held and no. of ANC registration
To strengthen PHC s for providing maternal care	Lack of staff and specialist MOs	Organizing weekly ANC clinics in PHCs	Deployment of Gynecologist from District hospital and Referral hos. to PHCs for organizing weekly ANC clinics.	No. of Weekly ANC clinics organized at PHCs
			Have a fixed day and time at PHC and Sub Centers for conducting ANC clinics	Calendar for ANC prepared or not and ANC clinics organized or not as per schedule
			Developing linkages with private practitioners for early ANC registration and providing ANC services	No. of linkages established with Pvt. Practitioners

			Involvement of NGOs	No.of NGOs identified and involved
		Regular visit at PHC .DH/Ref. Hospital by private gynecologist.	Empanelling Gynecologists for gynecology OPD in PHC	No. of visits made & cases attained by Pvt. Gynecologist
	Hard to reach areas	Provision of Mobile Medical Unit	Have a regular mobile team visiting difficult / remote areas on fixed day and time.	No. of hard to reach villages visited by MMU
		Accreditation of private providers for eligible for benefits under JBSY.	Identification of Pvt. Service providers	No. of Pvt. Service providers identified and accrediated
			Accrediation of Pvt. Health facility under JBSY .	
To increase the institutional deliveries to 12.4% to 75 % by 2010	Lack of infrastructure /Facility at APHC and PHCs	Make all the existing 25 APHCs functional for 24*7 Delivery services.	Appointment and availability of Staff nurses & ANM to all PHCs/APHCs.	No. of Vaccant post filled
			Training of Staff nurses & ANM for skilled birth attendants	No. of ANM & Grade-A trained on SBA
			Establishment of Urban Health Centre and deployment of Human resources for delivery services.	No. of Urban Health centre established and conducting Ins. Delivery

			Appointment and availability of ANMs to all HSCs (Trained Skilled birth attendants)	No. of Vacant post filled
			Improve labour rooms/maternity wards and service environment in PHCs as per IPHS.	No. of labour rooms/maternity wards are upgraded
			Supply and support – drugs and supplies, equipment/instrument..	No. of drugs and equipments supplied to Health facility.
			Monitoring of services through Block medical officers and Block Health Managers.	Increase in ANC registeration
			Accrediation of Pvt. Health facility under JBSY .	No. of Pvt. Service providers identified and accrediated
To increase access to Emergency Obstetric Care for complicated deliveries.	At Patna ,Govt. health facilities have not at all any infrastructure at all in terms of staffs and equipment to tackle CEmOC	Strengthen FRUs and PHCs for CEmOC services	Equipping the FRUs and PHCs to provide basic and/ or comprehensive emergency obstetric health care.	No. of FRUs and PHCs are equipped for Bemoc/CEmoc
			Appointing required health professionals such as gynecologists, anesthetists and staff nurses to provide EmOC/BEmOC services	No. of Specialist and other para medical staff appointed
			Empanelling Gynecologists on CALL BASIS for conducting institutional deliveries, providing Essential and Emergency Obs Care at government facilities	No. of visits made by & cases taken up by Pvt. Gynecologists
			. Hiring Anesthetists for facilities that have vacant	No. of Anesthetist hired

			Anesthetist positions	
			Ensuring adequate and safe blood supplies by strengthening existing blood banks /storage or opening new blood banks/storage in the district.	No. of Blood banks/storage strengthen/established
			Establishing linkages/Accreditation with private nursing homes having adequate facilities to provide emergency obstetric care services	No. of Private nursing home accrediated for Cemoc
Monitoring & evaluation of Services		Monitor quality of services & utilization	Make district quality assurance committee functional. Quarterly visit of District Hospital/Ref. Hospital and PHCs for monitoring of quality of services provided	No. of Visits made by District Quality Assurance Committee No. of District Hospital/Ref. Hospital and PHCs monitored by the QAC

POST PARTUM CARE

DLHS-3 report regarding Postpartum services show that 15.3 % women received PNC withing 48 hours of delivery on the other hand 61.9 % of women got atleast one TT injection during their pregnancy it reveals that services given to pregnant women in this regards are much higher than PNC and for that the cause could be poor home visits by the ASHA/AWW/ANMs

To increase coverage of post partum care to 15.3 % to 100%	At Patna 99.9 % of the pregnant mother leave the	Provision for at least 48 Hours stay at health institutions after delivery	Availability of bed and other facilities for the mother and neonates	No. of bed available for PNC

.by 2010	health institution immediately after the bith of baby		Provision for JBSY benefits, only for those who resided in health facilities at least for 48 hours after the delivery	Increase in PNC
			Provision for MAMTA for PNC & Neo Natal care at every PHCs/ Referal Hospital.	No. of Facility have MAMTA
	Lack of follow up of cases	Follow-up (PNC) and monitoring by Link workers and health workers	Monitoring and follow up of cases by ASHA/LHV and ANM during their home visits especially for post natal care	Increase in coverage of PNC
			Monitoring of ASHA/LHV and AN M home visits by Block Health Managers.	
			Provide neonatal care and integrated mother-child care during PNC visit.	No. of home visits made Increase in PNC and Neonatal care
			Link up the AWW along with the ANM to use IMNCI protocols and visit neonates and mothers within three days and six weeks of delivery.	No. of home visits made within three days and six weeks of delivery
			Use of Algorithm during PNC home visits by ANMs for IMNCI.	
			Sensitizing the MOs/ANM/LHV/AWWs on the need for providing care to women and new born during	

		IMNCI training):	
Lack of coordination between the ICDS and Health deptt.	Convergence between the ICDS & health Department for better coordination.	Link up the AWW along with the ANM, LHV ,HW, to use IMNCI protocols and visit neonates and mothers within three days and 3 checks up	Decrease in MMR and IMR
Lack of adequate staff for PNC and follow up of cases	Involvement of alternate trained staff in PNC	Involvement of Gramin Dais and ASHA in PNC Incentives for Dais & ASHA for PNC	Increase in coverage of PNC No. of Dais & ASHA engaged for PNC
Lack of knowledge about the importance of PNC amongst beneficiary	IEC/BCC for awareness generation about the PNC	Undertake BCC among women on the need of contacting health personnel after home delivery.	No. of BCC activities undertaken
Poor monitoring of services	Monitoring & evaluation by MOs and Block Health Managers	Monitoring by Medical officer, BHM and MOIC of home visits made by ANM ,LHV , ASHA and Gramin Dais for postpartum care	No. of Home visits made by the health workers for PNC

SAFE ABORTION SERVICES

The outcomes of pregnancy are live births, stillbirths, spontaneous abortion and induced abortion. There were out of total reported pregnancies. About 90 percent of these ended as live births. The percentages of pregnancies that ended in spontaneous and induced abortions were five each, while the rest resulted in stillbirths. The incidence of pregnancy wastage in the absence of external intervention is more among women in the age group of 20-29 and 35-39 and many times it leads to maternal mortality and life time risk to the mother. To reduce this , a fully equipped MTP centre should be available at every PHC & CHC level.

Objective	Constraints	Strategy	Activities	Indicator
To increase access to early & safe abortion services	Lack of MTP services at health facilities	Procurement of essential equipment such as Vacuum extractor & Manual Vacuum aspirator	Ensure availability of MTPs in all FRU and PHCs	No. of Health facility where MTPs services available
	Lack of training about the MTP technique	Capacity building of Health personnel on MTP	Identification of Master trainers for MTP	No. of Master trainer identified
			Training of Trainers on MTP	No. of TOT organized
			Training of health personnel on MTP	No. of Health personnel trained on MTPs
			Use of private facilities for MTP training.	No. of Private facilities used for MTP training
		Accrediation of Private service providers/NGO Hospital for MTP	Encourage private practitioners to get their facilities recognized for providing MTP services.	No. of Private practitioners recognized for MTPs services.
	Lack of knowledge about the legal status of MTP	Conduct IEC/BCC activities	Disseminate information regarding the legal status of MTP and its availability by CBV, FHW, ANM, and ASHA by one to one meeting and group meeting .	No. of BCC activities conducted
			Establishment of hoarding at prominent places displaying the information regarding	No. of Hoarding established

			the legal status of MTP	
	Lack of knowledge about the safe abortion services	Conduct BCC activities	Conduct IEC/BCC activities for spreading awareness regarding safe abortion services in the rural community.	No. of BCC activities conducted
			Promote culture of counseling among the providers.	No. of Grass root workers to be strengthened in MTP counseling.
			Grass root workers to be strengthened in MTP counseling.	

A.2 Child Health

Infant and under five mortality rates are excellent indicators of health status of the children. In India there is no system for collection and analysis of data on morbidity during childhood. In the absence of morbidity data, available mortality data and analysis of causes of death have been utilized for drawing up priority interventions for improving child health. Ongoing major intervention programmes in child health include:- Essential new born care. Programmes for reducing mortality due to ARI and diarrhea and Immunization to prevent morbidity and mortality due to vaccine preventable diseases; E food and micronutrient supplementation programmes aimed at improving the nutritional status; Improved access to immunization, health care and nutrition programmes have resulted in substantial decline in IMR over the last five decades. However it is a matter of concern that the decline in prenatal and neonatal mortality has been very slow.

The major killers of children are – acute respiratory infections, dehydration due to diarrhea, measles and neonatal tetanus and in some areas malaria. The high prevalence of malnutrition contributes to over 50% of child deaths. In India, a significant proportion of child deaths (over 40% of under-five Mortality and 64% of infant mortality) take place in the neonatal period. Apart from infections, other causes like asphyxia, hypothermia and pre-maturity are responsible for neonatal mortality. About one-third of the newborns have a birth weight less than 2500 gram (low-birth weight). A significant proportion of mortality occurs in low-birth weight babies

Goal- To bring down the Infant Mortality Rate (IMR) from the present level of 60 per thousand live births to less than 30 per thousand live births by 2010.

Objectives	Constraints	Strategies	Activities	Indicator
To increase % of colostrums feeding from 13.8% to 100% within 1 hr of birth	Myths and misconception about the colostrums & breast feeding	BCC activities by ASHA/ MAMTA and ANM for colostrums feeding .	BCC activities will be taken up for Changing behavior and Practices about Importance of breast feeding amongst the community at the time of delivery.	No. of BCC activities taken up for promotion of breast feeding

To increase exclusive breastfeeding among 0-6 month children from 14.8% to 100%	Myths and misconception about the breast feeding	Communication campaign will be designed to improve awareness about advantages of breastfeeding and exclusive breastfeeding for 6 months.	One to one meeting by ASHA/ LHV/AWW worker with mother for promoting Breast feeding	No. of BCC meeting held
			Dissemination of information about importance of breast feeding during VH&N Days	% increase in breast feeding
			Dissemination of information about importance of breast feeding during Mahila Mandal meeting at AWC.	No of women provided the information regarding the breast feeding
To increase complimentary feeding among 6 month of children from 85% to 100%	Lack of knowledge about the importance of complimentary feeding	6 days integrated training program for ANMs and MOs on importance of counseling mothers about breastfeeding, new born care, management of diarrhea and ARI.	Identification of Master trainer	No. of Master trainer identified
	Myths & misconception about the complementary feeding		Training of trainer on breast feeding ,complimentary feeding	No. of TOT on breast feeding
			Training of trainee on breast feeding , complimentary feeding	No. of health personnel trained on breast feeding

Providing Essential New Born Care at Facility level	Lack of training of Health personnel on New born care	Capacity building of Health personnel on New born care	Training of Medical Officers on new born care	No. of MOs trained on NBC
			Training of Staff Nurses and ANMs on new born care	No. of Staff nurses and ANM trained on NBC
			Training to skill birth attendants on new born care especially on danger signs	No. of SBA trained on NBC on danger signs
	Lack of Infrastructure and necessary guidelines at health facilities for new born care	Procurement of logistics and dissemination to health facilities	Supply of essential drugs and supplies on neonatal care	No. of drugs supplied on NNC
			Supply of equipments like neo natal respirator at PHC level onwards	No. of PHCs have respirator and others equipment like incubator
			Adaptation of Training manual for neo natal care	No. of Health facilities adopted the Manual for NNC
			Identification of training sites	No. of Training sites identified
			Provision of service guidelines for neo natal care	No. of Health facilities adopted

				guidelines for Neo Natal care
			Supply & display of IEC materials on neonatal care	No. IEC materials displayed
Providing Essential New Born Care at Community Level	Lack of Knowledge about the neo natal care	Capacity building of community as well as health personnel on neo natal care	Training of AWWs/ ASHA /ANMs/LHVs on neo natal care	No. of AWW/ANMs/LHVs/ASHA trained on NNC
			Training on Identifying danger signs of hypothermia, hypoxia and sepsis to ASHA, AWW .	
			Training of community based /volunteers on the community based interventions	No. of Volunteers trained
			Educating the community about danger signs	No. of people educated
		Dissemination of information regarding home based neo natal care	Make Community Aware about home base neonatal care and need for timely referral of sick neonates and also for post neonatal interventions	Decrease in IMR
			BCC for promoting newborn care, exclusive breastfeeding and complementary feeding, immunization, polio eradication etc	No. of BCC activities taken up for hoe based NNC

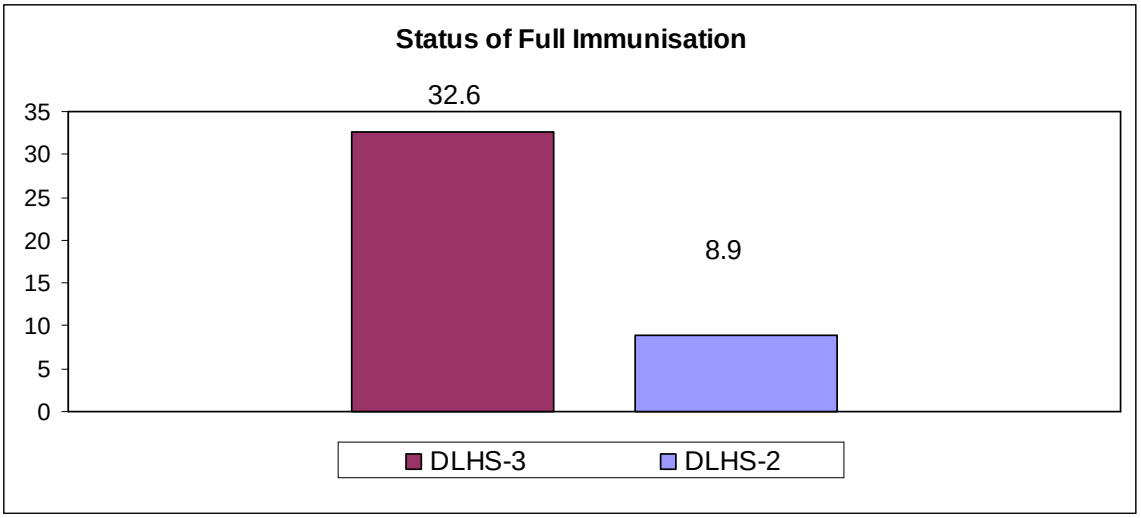
			IEC/ Community mobilization for IMNCI	No. of IEC activities taken up for IMNCI
			Advocating exclusive breast feeding	No. of advocacy meeting held
Providing critical New born care at FRU level.	Lack of facility in terms of equipment , Human resources at FRUs for New Born care	Upgrading FRUs & Capacity building of Health personnel on New Born Care	All the FRU and PHC in a phase manner will be strengthened both in terms of increasing the technical skills of the health personnel, as well as supplying adequate drugs, equipments and logistics to meet the health and care needs of the children.	No. of FRU/PHCs strengthened
			Training of Pediatrician	No. of Pediatrician trained
			Support for Pediatrician on call basis	No. of Pediatrician empanelled for on call basis
			Supply of need based equipment and instrument (Baby warmer, neonatal respirator etc.)	No. of equipment purchased and distributed to health facilities
			Supply of need based drugs, medicines and supplies	No.of PHCs have need based medicine

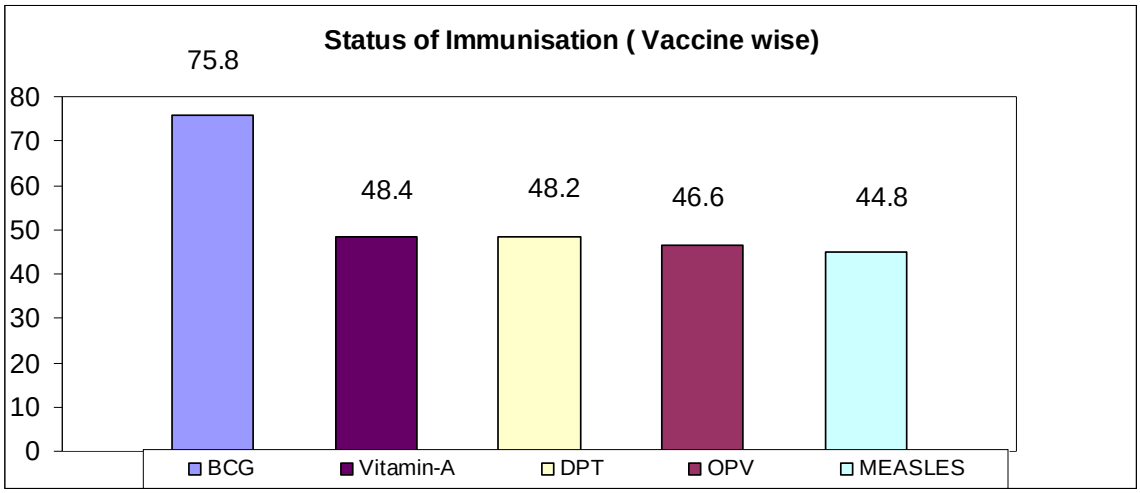
				dupply
			ANM will be encouraged to make conscious effort during their outreach immunization programs at least once to make it convenient to reach out to the sick children and refer the needy.	No. of Sick children refer by ANM during their out reach sessions
			Key stakeholders will also be sensitized on the risk symptoms & timely referrals	No. of Key stake holders sensitized
			Link up with private practitioners especially in tribal and urban slum areas to provide services to the children.	No. of Private practitioners empanelled
			Advocacy among community members on the need to be alert for addressing timely health needs of the sick child. IEC and BCC activities will be accordingly developed.	No. of advocacy meeting held for community members
Management of Diarohea and ARIs		To increase ORS distribution from 32.6 % to 75%	Supply ORS packets & Cotrimoxazole tablets through AWWs	No. of ORS packets and cotrimoxazole tablets distributed.
		To increase treatment of diarrohoea from 80.9% to 100%	Referral of sick child to higher level of care by ASHA Divas initiative	No. of referral made by ASHA

		within two weeks	Promoting home available oral dehydration fluids	Decrease in IMR
		To increase treatment of ARI/Fever in the last two weeks from 75.9% to 100%	Training of AWWs and FHW on recognizing danger signs	No. of AWWs/FHW trained on recognizing danger signs
			Referral of sick child to FRUs	No. of sick child referred to FRUs
		Implementing IMNCI in District to Manage sick Neo Nates and children in Phased Manner	First round of Training of trainer was organized in the year 2008.	

A.2.1 IMMUNISATION

To Strenghten/accelarate the Immunization programme the GOB launches **MUSKAN EK ABHIYAN** programme in the year 2007 . And this programme has a very positive impact on immunisation . The rate of full immunisation goes up significanlty from 8.9% (DLHS-2) to 32.6 % (DLHS-3) . But when we compare this progress to State and National level we find that we are far behind and we have to do lot of hard work to achieve 100% full immunisation .





Drop out rate between BCG & Measles

Generally the gaps between BCG and measles were up to 5% but according to the above chart (Dlhs-3) it raises up to 31 %. It's a very high and the matter of great concern. The reason behind it is:-

- The beneficiaries of BCG were migrate to other places.
- Poor service delivery
- unavailability of vaccines
- myths and misconception of community about the immunization
- Hard to reach immunization sites

It is necessary to break the gap between BCG and Measles. So we will look in matter indeep and try to provide all the children BCG vaccine as well as Measles including all vaccine in between like DPT, OPV etc.

Goal - To reduce the mortality of children from vaccine prevented diseases

Objective	Constraints	Strategies	Activity	Indicator
To Increase in percentage of fully protected children in 12-23 months as per national immunization schedule to 32.6 % to 75 %	Human resource shortage at all levels	Appointment of Staff	Publication of vaccancies	No. of Staff Selected
			Selection of staff	
			Hired retired ANMs for holding immunization sessions in remote areas	No. of ANMs hired
	Shortage of vaccines & cold chain equipments	Streamline the procurement and supply chain of vaccines	Ensure availability of vaccines and regular immunization services/equipments in PHCs and FRUs	No. of PHCs have all the vaccines through out the year
			Fund for Local Annual Maintenance contract for Cold Chain equipment	AMC for Cold Chain equipment
	Inconsistent delivery of Vaccines & syringes to district	Emergency Vaccine/Syringes procurement fund at PHC level	Procure at least three months stock of all the vaccines at PHC level	No. of PHCs have all the vaccines and syringes through out the year
	Poor monitoring	Involvement of CDPO& Health Managers for Monitoring	Necessary guideline for Involvement of Health Managers for Monitoring	Preparation and adoption of guidelines
			Constitution of District task force	No. of session

			for monitoring	sites monitored by DTF
	Far away immunization sites		Proper Transportation facility for Courier	No. of Courier have Transportation facility
			Increase in mobility support for Vaccine Courier from Rs. 50 to Rs.100	
	Myths and misconception about the immunization	BCC for awareness generation program on need for immunization	One to one meeting by ASHA/AWW with parents of the child	No. of one to one meeting held by the ASHA
			Involvement of opinion leader, religious leader and PRIs	No. of BCC meetings organized with opinion leaders/religious leaders
			Advertisement through local cable channels	No. of Advertisement on Air
			Wall writing , street play , Hoardings	No. of wall writing and street plays conducted
To strengthen the Muskan Ek	Inconsistent Payment of incentive money to ASHA/AWW/ANM	Consistent payment of incentive money to ASHA/AWW/ANM	Responsibility of incentive payment should be given to BHM/BAM	Decrease in Back log of payments

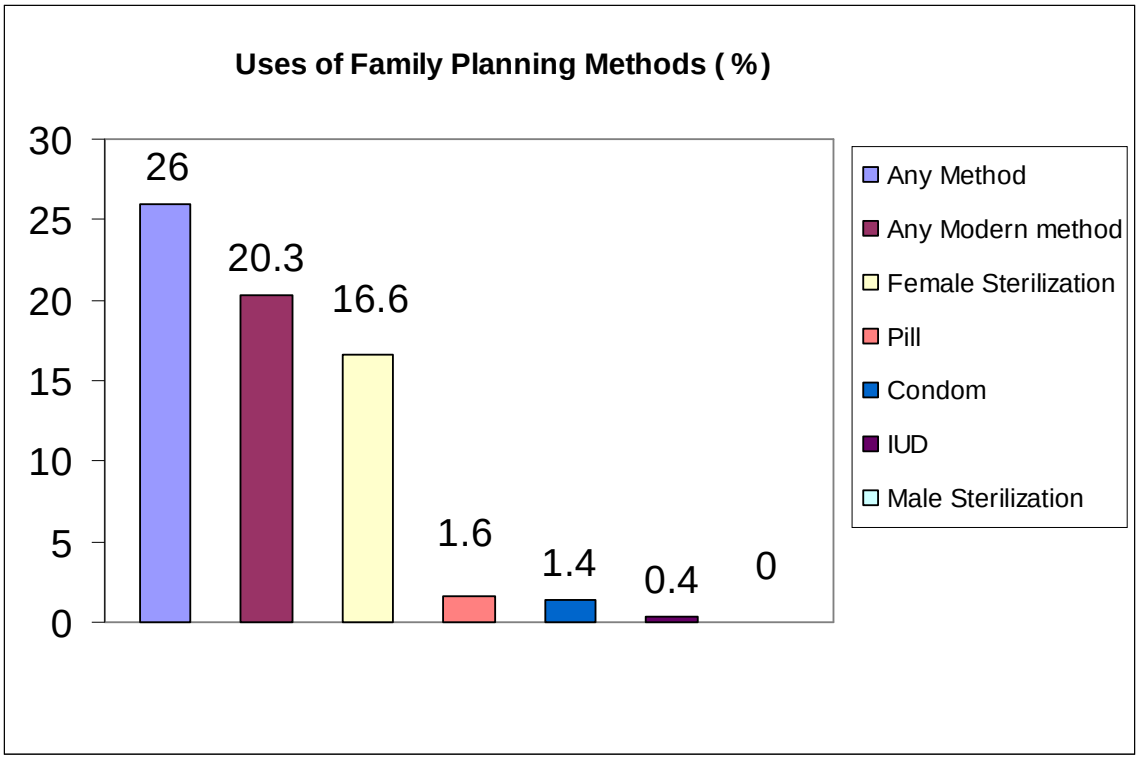
Abhiyan Program			Provision for Incentive money for less than 80% Coverage for ANM , ASHA, AWW for their moral boost up.	Rate of immunization goes up
To Strengthen immunization in Urban areas	Inadequate health infrastructure in urban areas	Establishment of Urban Health center/Programme	Establishing immunization sites on rent	No. of immunization sites established on rent
	Poor Coordination		Recruitment of human resources on contract for urban health center	No. of Staff recruited on contract for UHC
		PPP with Pvt. Clinics/NGO Hospital	Identification & selection of Pvt.clinics/ NGO hospital for immunisation.	No. of Pvt. Clinics / NGO hospital identified & empanelled
			Incentive for Pvt. Clinics/NGO hospital for fully immunized children	

A.3 Family Planning

The availability of family planning does more than enable women and men to limit family size. It safeguards individual health and rights, preserves our planet's resources, and improves the quality of life for individual women, their partners, and their children. In all the blocks of Patna district the achievement with respect to target in case of Family Planning is not quite satisfactory.

The sterilization services are largely limited to district and Referal hospitals. There is unmet need exits in the state for limiting the family, which is around 10 %. To increase access to sterilisation services, it is planned that at least one facility in each of the 16 blocks will be developed for regular sterilisation services. This facility will provide complete range of family planning services like conventional vasectomy, traditional tubectomy,

laparoscopic sterilisation, non scalpel vasectomy and safe abortion services along with IUD, Oral pills Emergency contraception pills, and non clinical contraceptives. These services will be made available on all days as per the clients need.



Goal - To stabilize district population by reducing Total Fertility Rate (TFR) from 3.5 to 3.0 by 2010 , In order to achieve this, reduce current unmet need for FP by 75%.

Objective	Constraints	Strategies	Activity	Indicator

To reduce Unmet Need for Spacing	Poor performances by the out reach Blocks.	Develop at least one facility in each block to provide all FP services including terminal methods on a regular basis.	All 24 x 7 PHCs provide regular clinical contraceptive services including IUD insertions	No.of PHCs providing all F.P services
			Skill upgradation of ANMs in IUD insertion.	No. of ANM trained in IUD insertion
			Organizing IUD camps at Block level	No. of IUD Camps organized
				No. of acceptor.
			Training of service providers on Minilap , NSV & Laproscopic	No.of Mos Trained on Minilap , NSV & Laproscopic
			Organising seminars/workshop on sterlisation services	No. of seminars/workshops organised
			Upgrading facilities for sterlisation services	No.of PHCs/FRUs upgraded for sterlisation services.
		Promotion & accessibility to spacing methods & emergency contraceptive	Need based supplies of drugs , equipment and instruments	No. of PHCs have regular supply of drugs, equipment and instruments
	Unavailability of surgeon at PHCs	Increase the availability of services through Public-Private	Accrediation of private providers for providing sterilization Services at their facility.	No.of Pvt. Hospital/Clinics/Nursing home NGOs accrediated

		Partnerships	Compensation for sterilization done in Pvt. Accredited Hospitals	
			Accrediation of private providers for providing sterilization Services in camp mode	No. of Camps organised by accrediated facility
To reduce unmet Need for Terminal Methods	Poor Accessibility of operation camps		PHCs / Referal / District Hospital to provide fixed day female sterilization services.	No. of operation camps organised for female
			Compensation for female sterilization Acceptance	Amount distributed to the acceptor
				Increase in female sterlisation
	Poor PNC visits		Monitoring and supportive of ANM/LHV / AHSA to ensure that follow up services are being provided	Increase in NSV cases
To Increase NSV cases 0 % to 20 % (DLHS-3)	Poor male participation.	Increase male involvement in the use of contraceptive and motivate them for NSV	Organizing Fixed day NSV camp.	No. of NSV Camps organized
				No. of cases of male sterilization
			Compensation for NSV Acceptance	Amount distributed to the acceptor
				Increase in NSV cases

	Poor IEC on NSV	Area wise BCC / IEC on NSV	Involvement of opinion leader, religious leader and PRIs for BCC	No.of meetings conducted with/by opinion leader , Religious leader and PRIs
			One to one meeting with eligible couple by ASHA/LHV	No. of one to one meeting conducted by AHSA/LHV
To ensure quality of services	Lack of knowledge on **standards & quality assurance of sterilisation services**	**Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services**	Printing of Manuals	No. of Manuals printed
			Distribution of manuals to each & every surgeon and members of QAC	No. of manuals distributed to MOs and QAC members
			Displaying the information regarding quality of sterlisation services through hoardings	No. of hoardings established
Monitoring & evaluation of Services		Monitor quality of services & utilization	Quarterly visit of accrediated facility by QAC.	No. of Visits made by District Quality Assurance Committee
			Quarterly visit of District Hospital/Ref. Hospital and PHCs for monitoring of quality of services provided	No. of District Hospital/Ref. Hospital and PHCs monitored by the QAC

B.1 Revised National T.B Control Programme

Tuberculosis (TB) is a communicable disease caused by Mycobacterium Tuberculosis, which spreads from a diseased person to a healthy one. Germs of TB spread through air when untreated patients cough or sneeze. TB mainly affects the lungs; but it can also affect other parts of the body (Brain, Bones, Glands, etc.).

Tuberculosis (TB) remains a major public health problem in India. Every year approximately 18 lakh people develop TB and about 4 lakh die from it. India accounts for one fifth of global incidence of TB and tops the list of 22 high TB burden countries. Unless sustained and appropriate action is taken, approximately 20 lakh people in India are estimated to die of TB in next five years.

TB kills more adults in India than any other infectious disease.

In India, EVERY DAY:

- More than 40,000 people become newly infected with the tubercle bacilli
- More than 5000 develop TB disease
- More than 1000 people die of TB (i.e. 1 death every 1½ minutes)

The best way to diagnose lung TB is by examining the sputum under a Binocular Microscope.

Germs of TB can be seen with a Binocular Microscope.

Despite the existence of a National Tuberculosis Control Programme since 1962, the desired results had not been achieved. On the recommendations of an expert committee, a revised strategy to control TB was pilot tested in 1993 in a population of 2.35 million, which was then increased in phased manner

The Revised National Tuberculosis Control Programme (RNTCP) aims to stop the spread of TB by curing patients. The key of this strategy is to cure TB through Directly Observed Treatment at a time and place convenient to the patient.

A full-fledged programme was started in 1997 and rapidly expanded in a phase manner with excellent results.

By March 2004 , Patna district has been covered under RNTCP

The RNTCP is an application in India of the WHO-recommended Directly Observed Treatment, Short Course (DOTS) the most effective strategy to control TB.

Role of the District TB Control Society/District TB Centre

The TB programme will provide orientation, training, technical assistance, quality assurance of laboratory services, and supervision and monitoring of activities. It will also refer tuberculosis patients with serious complications who require hospitalization.

First time Patna district is under Target zone after RNTCP launched. The cure rate is increased upto 85 %. That is due to good performance of all the TUs. They maintain the track records of High Detection and High cure rate upto 85 %.

Patna District maintained the NSP case detection rate through out the years and improved it cure rate. The percent of positive cases detection is increased and also the cure rate has improved .

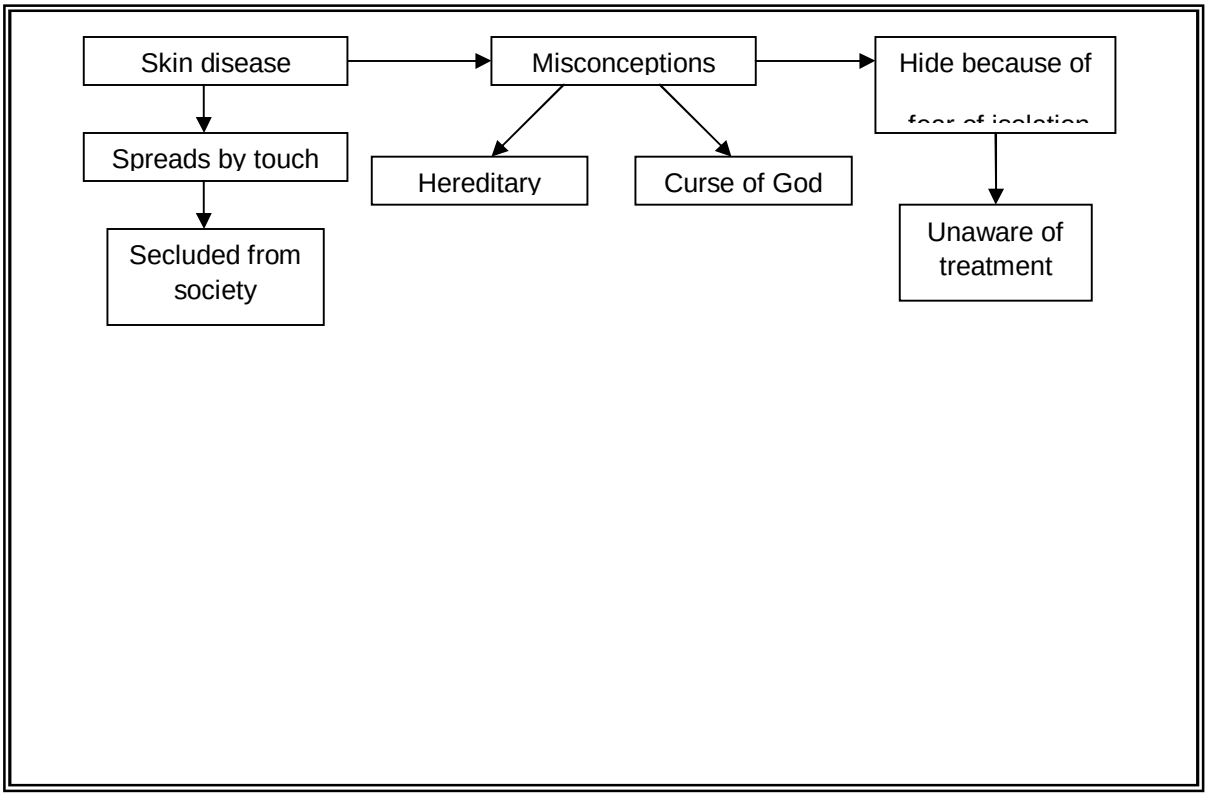
NATIONAL LEPROSY ERADICATION PROGRAMME

B.2 National Leprosy Elimination Programme

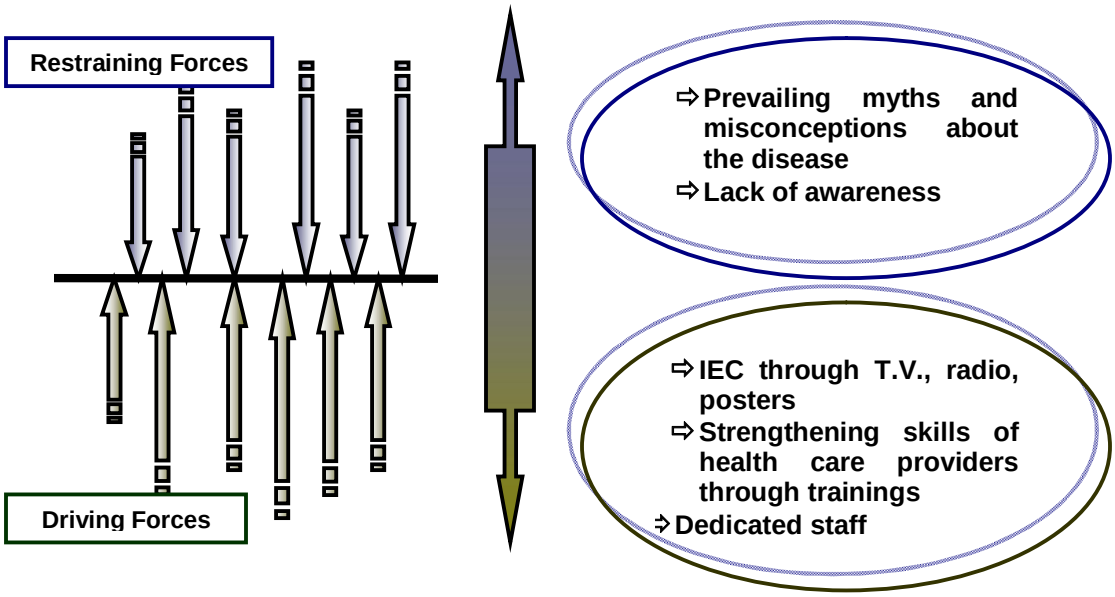
Leprosy is a chronic infectious disease caused by M. Leprae, an acid-fast, rod shaped bacillus. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract and also the eyes, apart from some other structures. Leprosy has afflicted humanity since time immemorial. It once affected every continent and it has left behind a terrifying history and human memory of mutilation, rejection and exclusion from society.

The Govt. of India started the National Leprosy Elimination Programme in 1983 and Multi-Drug Therapy (MDT) was introduced in a phased manner district by district. The Prevalence Rate of leprosy (PR) was 21.1 in the year March-1985 which has come down to 0.89 by June-2006. World Bank assisted National Leprosy Elimination Programme (NLEP) phase-2 has been initiated since 2001.The goal of NLEP phase-2 was to eliminate leprosy by March-2005 by reducing the prevalence rate of leprosy to below 1 per 10,000 populations. The strategy of the 2nd phase of NLEP was to detect leprosy patients from high endemic districts and urban slums through Special Action Plan for Elimination of Leprosy (SAPEL).

According to the community, leprosy is a hereditary skin disease. It is believed to be curse of God. The patient is secluded from society. Initially individuals hide the symptoms because of fear of isolation from the society. There is a general notion that the disease spreads by touch. Very few are aware that the disease is curable or have heard about MDT. Prevailing erroneous beliefs and lack of awareness have been identified as the main factors which hinder the progression of the eradication programme. (Table (iv) annexed in annexure-II).



The main restraining and driving forces for leprosy are set out below:



To lower the burden of leprosy and to eliminate it from the list of public health problems the programme (NLEP) aims at providing quality leprosy services through the general health care system. To strengthen the programme more effectively following strategies have been suggested.

PRIORITY AREAS:

- Regular programme review with special reference to high and medium priority blocks and PHCs
- Strategic plan for High Priority Blocks
- Supervision & monitoring of NLEP indicators monthly by all BHOs
- Active surveillance at regular interval
- Strengthening the already existing Integration of NLEP with GHS
- Strengthening of supervision at all levels by DLO & District Nucleus MOs every month
- Coordination support service for general health care staff from district technical support team
- Detailed plan for IEC with focus on high endemic and urban areas
- Coordination with local IMA / NGOs
- Monthly review of elimination activities by DLO
- POD camps in all Blocks (Taluka)/PHCs
- Capacity building of General Health Care Staff
- Urban Leprosy Control planning and implementation in urban area with multiple service providers
- Optimal utilization of allotted funds for allocated activities under the programme
- Staff orientation to calculate, interpret and use essential NLEP indicators
- Training to all newly appointed Medical Officers/Health supervisors/MPHW (M&F) / ICDS worker
- Refresher modules for all functionaries trained earlier

- ❖ Guidelines on NLEP counseling to be available at all Health Centres. Review in monthly meetings at PHC for field staff and at District Level for PHC Medical Officers
- ❖ A comprehensive IEC communication strategy for NLEP has been developed indicating suitable methods and media for high, medium and low endemic blocks
- ❖ Streamline MDT Stock Management & Supply
- ❖ Focus on adequate availability of MDT at each level viz. District, PHCs, Govt. and Non Govt. Hospitals.
- ❖ Regular monitoring of MDT stock
- ❖ Avoidance of overstocking & expiry of MDTs
- ❖ Avoidance of shortage & effect on service delivery
- ❖ Quality of storage
- ❖ Careful validation of 25 % of the newly detected cases and regular review of registers
- ❖ Regular follow up of cases under treatment with proper counseling.
- ❖ Top priority to urban area leprosy elimination activities.
- ❖ Implementation of Simplified Information System
- ❖ Availability of SIS Guidelines at all health facilities.
- ❖ Complete and timely reporting as per SIS.

Work Plan for NLEP

To achieve the programme objectives, certain strategies and intervention approaches are planned on the basis of suggestions obtained during consultative meetings.

Strategy 1: Increase awareness among the community about the disease

Leprosy is known to be one of the most socially stigmatized diseases because of little knowledge on causes and cure. Thus increasing awareness about the disease among the members of the community is the foremost strategic intervention. By improved BCC patients can be motivated to self report at the onset of suggestive symptoms. Further promotion of IEC activities can help reducing the social stigma.

Strategy 2: Involvement of Panchayat for motivation to patients

Involvement of the Panchayat can be the paramount force for motivating patients to seek treatment and eradicating misconceptions attached to the disease. By orientation of health committees and community leaders, influential members or Panchayat members can be educated on the issue.

Strategy 3: BCC plan to mitigate stigma

For increasing treatment responsiveness and eradicating fallacious beliefs associated with the disease there is need for behaviour change in the community. This can be achieved by assessing the area-specific need for BCC and development of BCC materials for effective implementation.

Strategy 4: Reinforcement of service delivery

For ensuring effective service delivery there should be provision of quality diagnosis and treatment. Intense and continuous monitoring for regular supply of drugs can strengthen the service delivery mechanism. In addition, by means of counseling it is necessary to ensure that treatment is completed.

Objective	Strategies	Activity
Increase awareness among the community about the disease	BCC to motivate patients having suggestive symptoms to go for self reporting	Using ASHA and AWW to disseminate information during VH&N day
	IEC activities to reduce the social stigma	Interpersonal communication by health workers
		IPC Training (4 batch of 40 each)
	Involving Village committee as link agencies	Orientation of village Health & Sanitation committee
To develop BCC plan to mitigate stigma	Involvement of Panchayat for motivation to patients	Orientation of community leaders on village & health committees
		Development of BCC material
		Development of IEC material
To provide the quality treatment	Quality diagnosis and treatment	Quality diagnosis and treatment indicators to be finalized
	Intense monitoring for regular supply of drugs	Intense monitoring during sub centre days
	Appropriate counseling of patients to prevent deformities	Monitoring indicators will be developed to ensure counseling is effective

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

B.3 National Vector Borne Disease Control Programme

The NVBDCP was initiated in the year 2003-2004. It is an umbrella programme for prevention and control of vector borne diseases including Malaria, Filaria, Kala-azar and Dengue. Under the programme comprehensive and multi sectoral public health activities are implemented. Districts teams should review incidence and prevalence data available for these diseases in the district through surveillance activities and plan as per national strategy adapted to address local needs. Vector borne diseases like Malaria, Kala-azar , Dengue and Japanese encephalitis are outbreak prone diseases and therefore during formulation of the district health plan, epidemic response mechanism should also be outlined.

The main objectives of NVBDCP are:

To reduce mortality and morbidity due to Malaria

To reduce percentage of PF cases.

To control other vector borne diseases like Kala azar , Dengue, Filaria, Chikungyniea etc.

Patna is a Kala azar & Malaria prone district of Bihar .

B.3.1 Malaria

Malaria is a life-threatening parasitic disease transmitted by mosquitoes. It was once thought that the disease came from fetid marshes, hence the name mal aria, (bad air). In 1880, scientists discovered the real cause of malaria a one-cell parasite called plasmodium. Later they discovered that the parasite is transmitted from person to person through the bite of a female Anopheles mosquito, which requires blood to nurture her eggs.

Today approximately 40% of the world's population mostly those living in the world's poorest countries are at risk of malaria. The disease was once more widespread but it was successfully eliminated from many countries with temperate climates during the mid 20th century. Today malaria is found throughout the tropical and sub-tropical regions of the world and causes more than 300 million acute illnesses and at least one million deaths annually.

There are four types of human malaria Plasmodium vivax, P. malariae, P. ovale and P. falciparum. P. vivax and P. falciparum are the most common and falciparum the most deadly type of malaria infection.

The malaria parasite enters the human host when an infected Anopheles mosquito takes a blood meal. Inside the human host, the parasite undergoes a series of changes as part of its complex life-cycle. Its various stages allow plasmodia to evade the immune system, infect the liver and red blood cells, and finally develop into a form that is able to infect a mosquito again when it bites an infected person. Inside the mosquito, the parasite matures until it reaches the sexual stage where it can again infect a human host when the mosquito takes her next blood meal, 10 to 14 or more days later.

Malaria symptoms appear about 9 to 14 days after the infectious mosquito bite, although this varies with different plasmodium species. Typically, malaria produces fever, headache, vomiting and other flu-like symptoms. If drugs are not available for treatment or the parasites are resistant to them, the infection can

progress rapidly to become life-threatening. Malaria can kill by infecting and destroying red blood cells (anaemia) and by clogging the capillaries that carry blood to the brain (cerebral malaria) or other vital organs.

Malaria, together with HIV/AIDS and TB, is one of the major public health challenges undermining development in the poorest countries in the world.

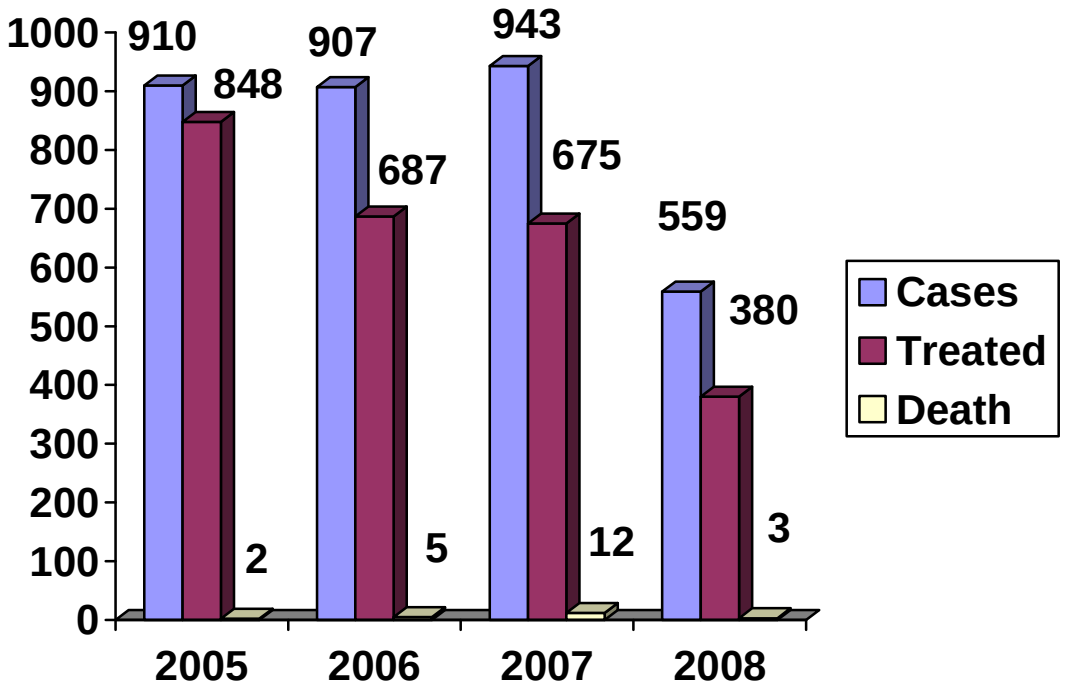
Goal- To reduce mortality and morbidity due to Malaria

Objectives	**Constraints**	**Strategies**	**Activities**
Early Case Diction and Prompt Treatment	Lack of Knowledge about malaria prone areas	Identify pockets populations at risk to have increased access to early diagnosis and prompt treatment	House to house survey by ASHA/AWW/MHW etc
	Lack of Human resources such as Malaria inspector , Lab Technician	Appointment of L.T and Malaria inspector on Contract basis	Publication of vacancies
			Recruitment & selection of H.R
	Lack of FTDs & DDC	For complete surveillance of fever cases identification and treatment, role of FTDs and DDCs are very important Establishments of FTDs and DDCs	Appointment of Malaria link workers on contract basis
			Training of Malaria link workers
			Establishment of Fever Testing depots at every 5000 Population
			Establishment of Drug distribution center at every 5000 Population.
		Follow MAP treatment policy	Strictly follow the MAP treatment guidelines for diagnosis & treatment of malaria cases
			Procurement of Rapid diagnosis sticks for PF cases.
			Procurement and timely supply of necessary equipments and lab reagents
			Procurement & supply of essential drugs

Strengthening institutional infrastructure	Lack of Infrastructure for District Malaria Office such as office , vehicle and store	Construction / hire building on rent for District Malaria office and store	Construction of building for District Malaria office & Store
			Hire building on rent for District Malaria office & Store
			Provision for Vehicle for DMO for better monitoring
Preventive Vector Control	**Lack of Biological control (Hatchery)**	**Establishment of hatchery at every block**	Establishment of hatchery for larvivours fishes at district level as well as at block level.
			Introduction of fishes at breeding places at least once in every six months
	Improper and poor spraying	**Indoor Residual Spray**	Timely and proper IRS in high risk area according to MAP guidelines
		To reduce man mosquito contact	To reduce man mosquito contact distribution of Impregnated Mosquito Net in high risk area.
To increase the knowledge about the sign , symptoms and treatment of Malaria	**Lack of awareness and knowledge about the malaria in masses**	Emphasize upon Behavioral Change communication and social mobilization	Awareness generation towards adopting personal prophylactic measures to control Malaria
			Awareness towards service delivery centers for treatment of Malaria
			Awareness generation towards the spray

B.3.2 Kala-Azar

Patna is a Kala-azar prone area in the State. Studies reveals that the ST and SC community especially Mushhar community are vulnerable towards the epidemic due to their poor living conditions.



Kala-azar scenario at Patna

Goal

To contribute to improving the health status of vulnerable groups and at-risk population living in kala-azar-endemic areas by the elimination of kala-azar so that it is no longer a public health problem.

Targets

To reduce the annual incidence of kala-azar to less than one per 10,000 population at district by 2010.

- Reduce case fatality rates
- Prevent the emergence of Kala azar / HIV / AIDS, and TB co-infections

Objectives	Constraints	Strategies	Activities
Early Case Diction and Prompt & complete Treatment	Lack of Knowledge about Kala-azar prone areas	Identify pockets populations at risk to have increased access to early diagnosis and prompt treatment	House to house survey by ASHA/AWW/MHW etc
	Lack of Human resources such as Lab Technician	Appointment of L.T on Contract basis	Publication of vacancies
			Recruitment & selection of H.R
	Lack of FTDs & DDCs	For complete surveillance of Kala-azar cases identification and treatment, role of FTDs and DDCs are very important. Use of FTDs and DDCs of Malaria for Kala-azar cases	Appointment of link workers on contract basis
			Training of link workers
			Establishment of Fever Testing depots at every 5000 Population
			Establishment of Drug distribution center at every 5000 Population.
	Lack of equipment & Drugs, reagents	**Timely diagnosis and treatment**	Strictly follow the treatment guidelines for diagnosis & treatment of Kala-azar cases
			Procurement of K-39 testing kits .
			Procurement and timely supply of necessary equipments and lab reagents
			Procurement & supply of essential drugs
Provide better living condition	**Lack of Pucca houses for vulnerable community**	Convergence to welfare and DRDA for availability of pucca houses under Indira Awas Yojna	Meeting with public representatives and PRIs
			Meeting with DDC and DRDA director

			Meeting with Block program officer (DRDA)
To make preventive measures to eradicate Kala-azar	**Improper & poor spraying of DDT**	**Indoor Residual Spray**	Timely IRS in high risk area and vulnerable area.
			Monitoring of spraying by MOIC & Block Health Managers
			Capacity building programme for sprayer for DDT spray to ensure that every corner of the house is properly spray up to height of six feet from the ground level.
		To reduce man mosquito contact	To reduce man mosquito contact by distribution of Impregnated Mosquito Net in high risk area and vulnerable community/people
	Myths and misconception about the spray	To conduct IEC/BCC activities	Awareness generation about the DDT Spray for Kala-azar
			FGD with vulnerable people about the spraying
			One to one meeting by ASHA with vulnerable households on spraying
		Emphasize upon Behavioral Change communication and social mobilization	Awareness generation towards adopting personal prophylactic measures to control Kala-azar
			Awareness towards service delivery centers for treatment of Kala-azar
			Awareness generation towards the spray

B.3.3 Filaria control Programme

The National Filaria Control Programme was launched in 1555 for the control of filariasis. Activities taken under the programme include: (i) delimitation of the problem in hitherto unsurveyed areas, and (ii) control in urban areas through recurrent anti-larval measures and anti parasite measures. Man, with micro Filaria in the blood is the main reservoir of infection. The disease is not directly transmitted from person to person, but by the bite of many species of mosquitoes which harbor infective larvae. Important vectors are species of Culex, Anopheles, Mansonia and Aedes. The incubation period varies, and micro-Filaria appears in the blood after 2-3 months in B. malayi after 6-12 months in W. bancrofti infections.

Constraints

- It affects mainly the economically weaker sections of communities
- Result in low priority being accorded by governments for the control of lymphatic filariasis.
- Low effectiveness of the tools used by the control programme
- The chronic nature of the disease and that

Suggestions

- Single dose DEC mass therapy once a year in identified blocks and selected DEC treatment in filariasis endemic areas.
- Continuous use of vector control measures.
- Detection and treatment of micro-Filaria carriers, treatment of acute and chronic filariasis.
- IEC for ensuring community awareness and participation in vector control as well as personal protection measures.

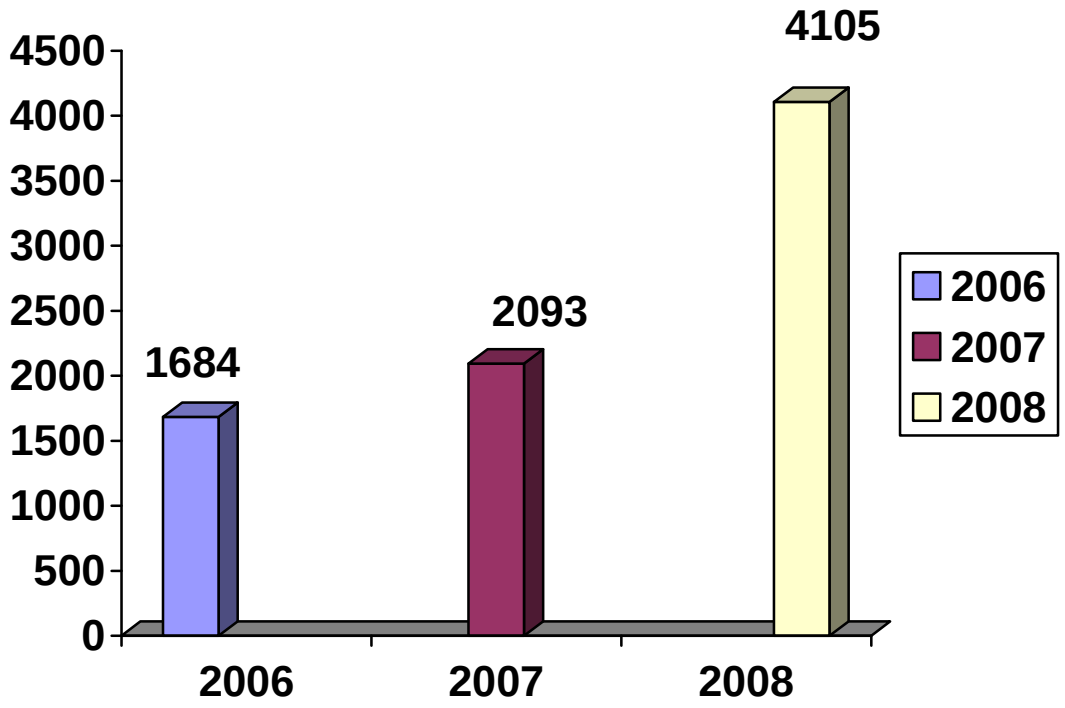
NATIONAL BLINDNESS CONTROL PROGRAMME

B.4 NATIONAL BLINDNESS CONTROL PROGRAMME

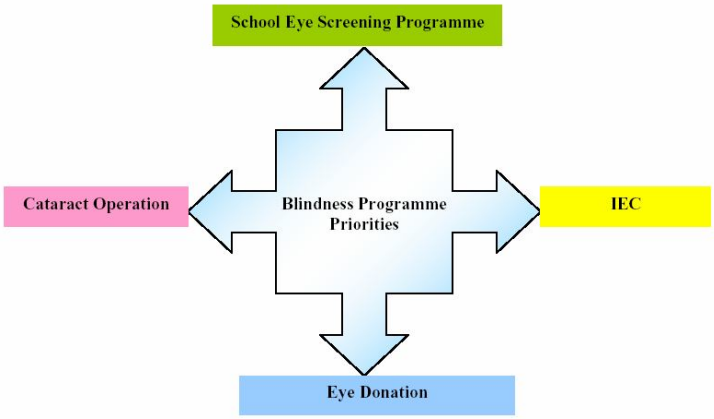
Blindness is a major public health problem in most developing countries where eye care facilities are still limited. Cataract is the leading cause accounting for 50% to 70 % of total blindness.

India is the first country in the world to launch blindness prevention related programme as early as 1963 i.e. National programme for trachoma control. After few changes in the names, this programme was re-designated, since 1976 as "National programme for Control of Blindness" (NPCB)

The National programme for control of blindness was launched in year 1976 with a goal for reduction in prevalence of blindness from 1.4 percent to 0.3 percent. The four-pronged strategy refers to strengthening service delivery, developing human resources for eye care, outreach activities and developing institutional capacities. All school children in the age group of 10-14 years should be screened for refractive errors. Percentage of children detected with refractive errors should be 5-7%.



Year wise no. of Cataract operation



Objectives	Constraints	Strategies	Activities
To increase cataract surgery rate	**Lack of eye surgeon & opthalmist in the district**	Strengthening service delivery	Filling vacant posts of eye specialists
			Organizing outreach camps in rural areas & extremely backward classes tola
		Target older age groups	Identification of cases
			Increase treatment acceptance
			Follow up to treated cases
To Increase the surgery rate with IOL	**Lack of equipments and drugs**	Procurement, distribution and assurance of quality equipment and drugs	Operational mobile units (procurement of ambulance, microscope etc
			Ensure adequate supply of medicines
			Continuous availability of vitamin A
	Lack of knowledge about the new technology	**In-service training programmes**	Refresher training course for eye surgeons & opthalmists for skill up gradation (new techniques)
School Eye Screening: children in the age group of 10-14 years should be screened for refractive errors	**Lack of awareness about the refractive errors**	**School health camps**	Organization of camps for identification of children with refractive errors and prohibition of free spectacles
			Training to teachers in schools

			Snellen's Vision Box for schools
		Promoting outreach activities and public awareness	Effective communication about outreach camps
			Awareness regarding eye-care
Oral Health Screening for - Community - School children		**Promotion of Vitamin A supplementation through AWW , ANM and ASHA**	Promotion of Vitamin A supplementation
			IEC campaigning about eye donation

B.5 INTEGRATED DISEASE SURVEILLANCE PROJECT

Goal

To reduce the burden of morbidity and mortality due to various diseases in the district.

Objective

- Establishing a sustainable decentralized system of disease surveillance for timely and effective public health action.
- Integrating disease surveillance activities. To avoid duplication and facilitate sharing of information across all disease control programmes so that valid data are available for appropriate health decision.

Epidemic branch deals with Communicable Diseases, i.e. Waterborne Diseases such as Cholera, Gastroenteritis, Typhoid and Infective hepatitis, Zoonotic Diseases like, Plague and Leptospirosis, Arthropod borne diseases like, Dengue fever, Kala-azar and Malaria , Air borne disease like Meningococcal Meningitis and provides health relief services in the wake of natural calamities like heavy rain, floods, draught, cyclone etc. to prevent post calamity disease outbreak. The collection and a good analysis of data analysis of this data gives us the indication when to apply what method to stop epidemic and control it.

Strategies adopted

- Operationalization of norms and standards of case detection, reporting format.
- Streamlining the MIS system- Establishing Web based & channels for data collection within the district and transmission mechanisms to state level.
- Analyzing line listing of cases and Geographical Information Systems (GIS) mapping approach Preparation of graphs & charts on the basis of reports for planning strategies during epidemic outbreak.
- Training to all the grass root level workers, MO's & CHC staff in Data Collection, and data transfer mechanisms.

B. 6 ASHA (Accredited Social Health Activist)

ASHA will take steps to **create awareness** and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services. She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child. ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up

(ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government. She will work with the Village Health & Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan. She will arrange escort/accompany pregnant women & children requiring treatment/admission to the nearest pre- identified health facility i.e. Primary Health Centre/Community Health Centre/ First Referral Unit (PHC/CHC /FRU).

ASHA will provide primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme. She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit will be provided to each ASHA Emphasizing evidence base decentralized village and district level health planning and management is going to be accomplished through appointment of Accredited Social Health Activist (ASHA).

The general norm was **'One ASHA per 1000 population'.** The criteria for selection were women preferably eighth pass and married/widowed of same village . She should be 'Bahu' of that particular village .

Selection of ASHA

Out of revised target of 3233 ASHA selection of 2620 ASHA has been selected and 1932 ASHA has been trained on first Module. Rest of selection and Training of remaining ASHA will be completed in the year 2009-2010.

District training team had received TOT in the year 2006 . They are responsible for giving training at the block level.The TOT members who received the training will train the ASHA at the block level.

The main Constraints in proper implementation of ASHA are following:

- Poor coordination between the MOIC and Mukhias on selection.
- Lack of interest in ASHA selection amongst PRIs members
- Due to excess load of work DPMU & BPMU personnel un -deliberately do not focus on the ASHA programme. That's why all the issues related to ASHA such as selection, Training, Payment of incentives etc. are untouched.

To over come to this issue , There is a great need of a District Project Manager (ASHA) , at the district level and Block ASHA Manager at each and every block, Whose are respectively responsible for all the works related to ASHA at the District level and the Block level. Except that for helping ASHA in their work there should be a Help Desk at block level and village level in each and every block and villages .

Patna District - Programme Officers, Medical Officers-In-Charge/Deputy Superintendents, Health Managers & Accountants of the Health Institutions, Drug Inspectors

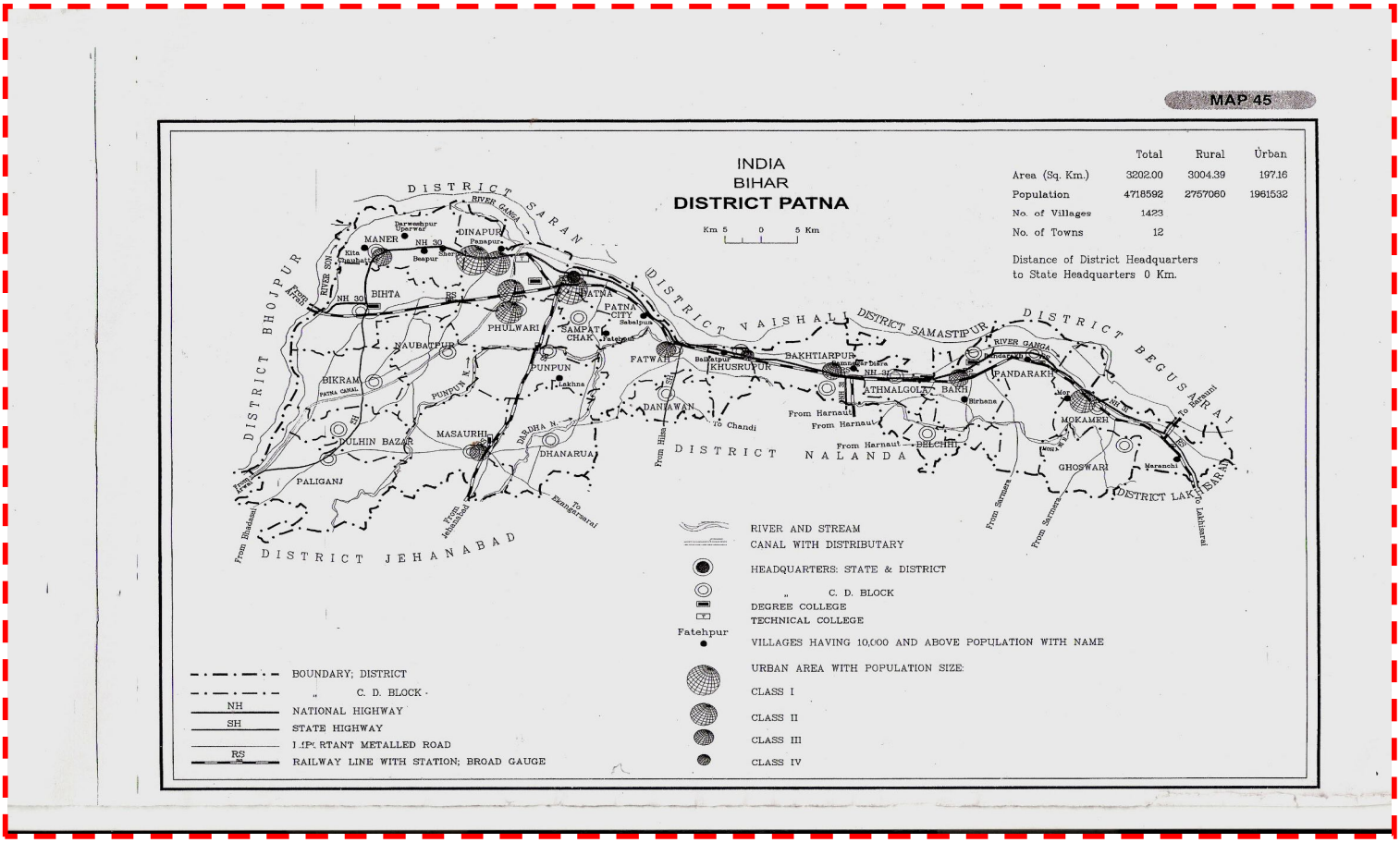
District Health Society, Patna

1	District Program Manager	Sri, Piyush Ranjan		9334122969				
2	District Accounts Manager	Sri, Brahmanand Roy		9431268013				
3	District M & E Officer	Sri, Shiv Krishna Murty		9973448760				
S. No	**Name of Institution**	**Name of MOic/DS**	**New BSNL Mob. From SHSB**	**MOi/c/DS Mobile No**	**Name of Block Health Manager**	**Mobile No**	**Name of Block Accountant**	**Mob. No**
1	Patna Sadar PHC	Dr.Parmanand Kunwar	9470003590	9934009930	Priyanka	9835402800	Geeta Kumari	9835420972/9905048850
2	Phulwarisharif PHC	Dr. Piyush Kumar	9470003591	9304096633	Saurabh Kant	9934040212	Indu Bala Sinha	9835248773
3	Maner PHC	Dr. S.P. Vinayak	9470003592	9431476677	Manoj	9835663063	Vinod Kiran	9835625170
4	Barh PHC	Dr. Vinod Kumar Chaudhary	9470003593	9334687421	Nazis Ahmed Niyaz	9304010491	Ravi Ranjan Kumar	9835419278
5	Fatuha PHC	Dr. Rajendra Prasad Sinha	9470003555	9431094563	Namita Mishra	9835833664	Amit Kumar	9798859850
6	Bakhtiyarpur PHC	Dr. Birendra Kumar Sinha	9470003594	9934046166	Naresh Srivastava	9430033888	Manoj Kumar Mahto	9934704092
7	Dhanarua PHC	Dr. Prabha	9470003595	9835405710	Jyoti Kumar	9835089636	Chandan Kumar	9835403164
8	Bihta PHC	Dr. Dadan Pd. Singh	9470003596	9431848416	Manoj Kumar	9835624612	Prem Kumar Jha	9931686968
9	Mokama PHC	Dr. Vijay Kumar Chaudhary	9470003597	9430037728	Sanjay Kumar Sah	9835455825	Nilamber	9835438478
10	Punpun PHC	Dr. Amir Chand	9470003598	9431458455	Jaya Upadhyaya	9835868091	Hazari Sarvesh Kumar	9470478745
11	Paliganj PHC	Dr. Chandra Deep Kumar	9470003602	9931611635	Krishna Kant Singh	9939194177	Ramakant Ravidas	9955936188
12	Danapur PHC	Dr. Anita Sunil	9470003603	9835218497	Archna Kumari	9835851915	Nibedita	9835266749
13	Masaurhi PHC	Dr. Ratneshwar Prasad	9470003604	9431411510	Ujjwal	9431887585	Ranjeet Kumar Akela	9334775540
14	Naubatpur PHC	Dr. D.N. Singh	9470003605	9430246803	Afroz Anwer	9304066754	Dhiraj Kumar Singh	9430416872
15	Bikram PHC	Dr. Sashi Shekhar Prasad(Acting)	9470003606	9431492402	Bidhan Srikrishna	9334201724	Sanjay	9835058080
16	Pandarak PHC	Dr. H.N. Singh	9470003607	9431093868	Kundan Kumar	9308428581	Md. Ehtesham	9234927188(Resi.)_
17	Sampatchak PHC	Dr. Sudha Shankar Roy	9470003608	9431602754	Jaymala	9334847388	Ranjeet Kumar	9835270346
18	Khusrupur PHC	Dr. Rajendra Prasad Sinha	9470003555	9431094563	Upendra Sahay	9835093682	Pankaj Kishore	9304041243
19	Daniyawan PHC	Dr. Sashi Kala Bhatt	9470003609	9334520778	Satyendra Kumar Tiwary	9973085750 / 9905238341	Ramesh Kumar	9334863549

20	Athmalgola PHC	Dr. Meena Prasad	9431004024	9431004024	Rajeev Kumar Prasad	9835270270	Chandra Bhushan Prasad	9934802075
21	Ghoswari PHC	Dr. Nand Kishore Baitha	9470003610	9934268186	Brahm Prakash	9835003567	Santosh Kumar Chandravanshi	9334893653
22	Dulhin Bazar PHC	Dr. Kamal Kant Singh	9470003611	9934687499	Vijay Kumar Sinha	9905094635	Suresh Kumar	9334863549
23	Belchhi PHC	Dr. Mahendra Prasad	9431836442	9431836442	Md. Shabbir Khan	9334249289	Abhishek Srivastava	9304863635/ 93234261185
S. No	**Name of Institution**	**Name of MOic/DS**	**New BSNL Mob. From SHSB**	**MOi/c/DS Mobile No**				
24	Barh Sub Div Hospital	Dr. Brajendra Singh	9470003589	9431424055				
25	Danapur Sub Div Hospital	Dr. Smt Nirmala Saxena Dr. Akhilesh Sharma	9470003588	9905678433 9934552718				
26	G.G.S, Patna City	Dr. Kum Kum Sinha	9470003583	9835060436/0612-631817				
27	Gardanibagh Hospital	Dr. Rashmi Rekha	9470003584	9234714068				
28	Rajendranagar Hospital	Dr. Rajendra Sharma	9470003585	0612-2670044/9934203610				
29	New Gardiner Hospital	Dr. Akhilanand Singh	9470003587	9431042222				
30	Rajbanshinagar Hospital	Dr. H.N. Diwakar	9470003586	9835066957				
41	District Malaria Officer	Dr. Jitendra Nath Sinha		9334111406				
42	District Leprosy Officer	Dr. Rekha Prasad		9835017084				
43	District TB Officer	Dr. Renu Singh		9835063457				
44	Filaria Officer-East	Dr. Raghvendra Kumar		9835209424				
45	Filaria Officer-West	Dr. Usha Agarwal		9431014433				
46	District RCH Officer	Dr. R.P. Shwetanki		9334597023				
47	ACMO	Dr. Bireshwar Prasad		9431560695				
48	Gulzarbagh Dispensary	Dr. Hemant Kashyap		9835469214				
49	Maroofganj Dispensary	Dr. Anup Kumar		9934909846				
50	Jay Prabha Hospital	Dr. Arun Kumar		9431436264				
51	Kankarbagh Dispensary	Dr. Manju Rani Sinha		9431808256				

Patna has shown consistent improvement in some of the key health indicators across the years. Still the overall situation of the district leaves much to be desired. According to a survey by International Institute of Population Sciences conducted in 2006, from a total of 593 districts of India Patna ranks 280 for Under 5 mortality rate. It ranks 386th for women receiving three ANC visits. It ranks 454th on

the basis of Contraceptive prevalence rate. The key RCH and other health indicators of the district are as follows:



1. Health Facilities in Patna District

Patna district has two (2) Sub-Divisional Hospital (SDH) located at Barh and Danapur Block respectivelyand an additional Sub-Divisional Hospital is under construction at Masaurhi.. Till datePatna has no Sadar Hospital (DH). The district has a total of 23 Primary Health Centres (PHCs), 60 Additional Primary Health Centres

(APHCs) and 394 functional Health Subcentres (HSCs) out of 418 Sanctioned HSCs. The district has 04 Referral Hospitals located at Bihta, Paliganj, Naubatpur & Mokama respectively. The operational Blood bank is at Jayprbha Hospial Kankarbag, PMCH and NMCH Medical College in Patna. Sub-Divisional Hospital (SDH) located at Barh and Danapur Block . The planning team for the DHAP undertook a comprehensive mapping and situational analysis of these health facilities in terms of infrastructure, human resources and service delivery.

2. Human Resources for Health in Patna

Patna currently has 295 regular doctors sanctioned out of which 250 are present. Similarly 92 contractual positions are sanctioned for doctors against which 78 are present working in the 23 PHCs of the Disrict. Against 17 vacancies the online applications from the interested candidates are invited and the file is in progress.

Staff Nurses, BHWs/Other Male Health Workers/Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs)

Currently only 9 Grade A nurses are posted across PHCs/Ref.Hosp in the district. 72 Posts are sanctioned for BHWs and against this 60 BHWs and other mlae health workers are working. 12 posts are vacant.
Similary 48 positions for LHVs are sanctioned out of which 38 are in position and 10 are vacant. For regular govt. employed ANMs 836 positions (1 Regular ANM for HSC and 2 for APHCs i.e 418 HSCs and 60 APHCs)are sanctioned and 520 are in position. 418 positions for contractual ANMs are sanctioned and 384 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 Patna 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. As most of the Patna is situated near the Ganga Basin the norm of Sub centre per 5000 population is expected to be 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, Ante Natal Care Services (ANC), perinatal 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 population 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 PHCsshould 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 population 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.

Section A: Health Facilities in the District

Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital

No	Block Name/sub division	Population	PHCs/Referral /SDH/DH Present	PHCs required (After including referral/DH/SDH)	PHCs proposed
I	**Patna Sadar Sub. Div.**			**0**	**0**
1	Patna Sadar	225272	1/PHC	0	0
2	Phulwarisharif	191005	1/PHC	0	0
3	Sampatchak	76154	1/PHC	0	0
II	**Danapur Sub. Div.**			**0**	**0**
4	Bihta	258625	1/PHC/Ref. Hosp.	0	0
5	Maner	240053	1/PHC	0	0
6	Danapur	270624	1/PHC	0	0
7	SDH Danapur		1/SDH		
8	Naubatpur	185500	1/PHC cum Ref. Hosp.	0	0
III	**Paliganj Sub. Div.**			**0**	**0**
9	Paliganj	212928	1/PHC cum Ref. Hosp.	0	0
10	Bikram	139168	1/PHC	0	0
11	Dulhin Bazar	120789	1/PHC	0	0
IV	**Masaurhi Sub. Div.**			**0**	**0**
12	Masaurhi	2,39852	1/PHC	0	0
13	Dhanarua	195253	1/PHC	0	0
14	Punpun	1,50,270	1/PHC	0	0
V	**Barh Sub. Div.**			**0**	**0**
15	Barh	172532	1/PHC	0	0
16	SDH Barh		1/SDH		
17	Belchi		1/PHC	0	0
18	Athmalgola		1/PHC	0	0

19	Bakhtiyarpur		1/PHC	0	0
20	Pandarak		1/PHC	0	0
21	Mokama		1/PHC cum Ref. Hosp.	0	0
22	Ghoswari	57027	1/PHC	0	0
VI	**Patna City Sub. Div.**			**0**	**0**
23	Fatuha		1/PHC	0	0
24	Khusrupur	80428	1/PHC	0	0
25	Daniyawan	59896	1/PHC	0	0
	Total		**25 (19-PHC/4-Ref/SDH-2)**	**0**	**0**

Section B: Human Resources and Infrastructure

Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/ Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	Patna Sadar	225272	Govt.	++	NA	A	N	NA	#	2 Rooms & 1 Hall	NA	NA	#	#
2	Phulwarisharif	191005	GOVT	+ + +	A	A	A	A	+ +	25	6	A	+ + +	+ + +

3	Sampatchak	76154	Govt	+	na	i	A	NA	#	05(old Rom) 07(new Rom)	6	NA	#	#
4	Danapur	270624	Govt	+++	A	A	A	NA	#	8	6	NA	#	#
5	Maner	240053	Govt	+	A	NA	A	A	++	17	6	A	+	+++
6	Ref. Bihta	258625	Govt.	++	A	A	A	A	+++	28	19	A	++	++
	PHC Biha	258625	Govt.	+++	A	A	A	NA	NA	07	0	NA	NA	NA
7	Bikram	139168	GOVT	+++	A	A	A	A	+++	7	6	A	+++	+++
8	Dulhin Bazar	120789	Govt. But running in APHC Building	#	NA	NA	NA	#	-	-	-	NA	#	#
9	Paliganj Ref.	212928	GOVT.	+++	A	NA	A	A	++	15	30	NA	++	++
10	Naubatpur	18550	GOVT	++	A	A	A	A	++		30	A	++	++
11	Punpun	150270	GOVT	++	-	-	A	A	A	13	6	A	-	-
12	Masaurhi	2,39,852	Govt	+++	A	1	A	A	++	15	6	NA	++	++
13	Dhanarua	195253	Govt.	A	A	A	A	+++	05	06	A	A	+++	+++
14	Fatuha	154039	GovT	+++	A	A	A	A	+++	5	10	1	+++	+++
15	Daniyawan	59896	Gov.	+++	4	A	A	A	+++	8	6	4	#	+++
16	Khusrupur	80428	Gov	+++	A	A	A	A	+++	15	6	A	+++	+++
17	Bakhtiyarpur	172531	Govt	+++	A	A	A	A	+++	15	6	A	+++	+++
18	Barh	133498	Govt	#	n.A.	A.	A	N.A.	#	5	N.A.	Nil	#	#
19	Athmalgola	69204	Govt	++	Yes	NA	A	NA	NA	8	NA	NA	NA	NA

20	Belchi	39700	GOVT.	+++	A.	A.	A.	A.	+++	8	N.A.	N.A.	+++	+++
21	Padarak	150596	Govt	+++	A	A	A	A	+++	11	6	A	+++	+++
22	Mokama	1,68,036	Govt	+++	+++	+++	+++	+++	+++	18	11	+++	+++	+++
23	Ghoswari	5406	Govt.	++	NA	NA	#	#	08	04	#	N	I	N
	Total	36305302								253	166			

NM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ eeds major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not ailable –NA, Intermittently available-I

Section B: Human Resources and Infrastructure

Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources

No	PHC /Referral/SDH/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Storekeeper
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	Patna Sadar	225272	**02 (R) 4 (O)**	**2 (Reg.) 1 (Cont.)**	**1 1**			**NA**	**NA**	**NA**	**NA**	**4**	**1**	**0**	
2	Phulwarisharif	191005	3	3	21	17	1	1	1+1	1	NIL	NIL	4	3	1
3	Sampatchak	76154	05® 04©	03© 02 on dept 5©	15® 12©	15 ® 12 ©	01®	01 ®	02®	01 ®	nil	nil	Nil 04©	Nil 03 ©	-----

4	Danapur	270624	2	2	1	1	1	1	NA	-	NA	NA	NA	NA	NA
5	Maner	240053	3 4(c)	3, 3©	26, 21©	25, 18 ©	1	-	1(P), 1(D)	1, -	-	-	1	1	-
6	Ref. Bihta	258625	10	06	33	33	02	02	Ph-02 Dre-01	Ph-01 Dre-0	0	0	0	0	0
	PHC Biha	258625	3R, 3C	3R,3C	2	2	1	-	2	1	1	-	-	-	-
7	Bikram	139168	04	R- 2 C- 4	03	03	1	1	1/1	0/1	1	-	-	-	-
8	Dulhin Bazar	120789	04	3	03	1	1	0	0	0	0	0	1	1	-
9	Paliganj Ref.	212928	8	6 Cont-6	25	25	1	1	2	1	4	1	0	0	1
10	Naubatpur	18550	3(A) R + 4(C)	3(A) R + 4(C)	1	1	1	1	1	1	-	-	-	-	-
11	Punpun	150270	4	4	27	27	1	0	1	1	0	0	0	0	0
12	Masaurhi	2,39,852	3+4 =7	7	01	01	01	01	01	01	0	0	4	01	0
13	Dhanarua	195253	3	3	17® +16 ©	17 ® +15 ©	1	1 Deputed	1	Na	N	N	4	3	N
14	Fatuha	154039	03	03	HQ R-S 3+7 +7	HQ R-S 3+7 +7	01	01	01	0	NA	NA	CAT-4	Cat-4	NA
15	Daniyawan	59896	3	3	3+9 +9	3+9 +8	1	0	1	0	Nil	Nil	4	2	NA

16	Khusrupur	80428	3R, 3C	3R, 3C	R, C	25, 23	01	01	Phar 01, Dress-1	0, 1	Nil	Nil	Nil		01
17	Bakhtiyarpur	172531	2	2	12	12	-	-	-	-	-	-	-	-	1
18	Barh	133498	4	3+1(Deputed)	3+1	3+0	1	Nil	1	Nil	3	3	Nil	NA	NA
19	Athmalgola	69204													
20	Belchi	39700	3	1	28	26	1	0	1	1	1	1	2	2	0
21	Padarak	150596	PHC=1 Ref=2 ©=3	01	01	PHC=1 Ref=1	Nil	PHC=1 Ref=1	Ref=1	Ref=4	Ref=2	Ref=4	Nil	PHC=1 (Nil) Ref=1 (Available-01)	
22	Mokama	1,68,036	2R 3C	3	2R 2C	1	0	1each	0	0	0		0	0	
23	Ghoswari	5406													
	Total	36305302	69 (R), 92 (C)	77 (R), 73 (C)				19	15	12	9		20	13	

Allopathic (A),Ayush (Ay), Regular (R), Contractual (C)
Allopathic (A),Ayush (Ay), Regular (R), Contractual (C)

Name of Block : 1 Patna Sadar

Section C: Equipment, Drugs and Supplies

Availability of Equipment

PATNA SADAR

No.	Name of facility	Equipment required
1	Family Planning Operation	6 Operation Set

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1		Y	8	Nil	

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	HSC	222000	137118
2	PHC	25000	25000
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2										

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
		% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	

		% of immunization sessions held against planned	99%
2	***Child Health***	Total number of live births	1059
		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	32
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	97/32%
3	***Maternal Care***	Number of pregnant women registered for ANC	3260
		% of pregnant women registered for ANC in the 1st trimester	3260/100%
		% of pregnant women with 3 ANC check ups	1874
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	60%
		% of pregnant women who received 2 TT injections	3592
		% of pregnant women who received 100 IFA tablets	3237
		Number of pregnant women registered for JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of C-sections conducted	S4
		% of pregnancy complications managed	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
		Number of Maternal Deaths	
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	

		% of couples provided with barrier contraceptive methods	2175
		% of couples provided with permanent methods	278
		% of female sterlisations	
8	***National Leprosy Eradication Programme***	Number of cases detected	40
		Number of Cases treated	40
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	
9	***Inpatient Services***	Number of in-patient admissions	278
10	***Outpatient services***	Outpatient attendance	
11	***Surgical Servics***	Number of major surgeries conducted	
		Number of minor surgeries conducted	278

Name of Block : 2 Phulwarisharif

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	IMMUNISATION	ICE PACK-2000, VC-100, CB (20 LTS)-2, THERMOMETER-2
2	LABOUR ROOM	SUCTION MACHINE-1, AMBU BAG-1
3	O.T.	LIGATION SET- 5SET

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	OPD	CARTRICOSTEROIDS,ANTIBIOTIC SYP/ANTIDIARROEL SYP	---	---
2	INDOOR	CATRICOSTEROIDS,FRUSENIDE/METOCLOPRAMIDE	---	---
3		PROMETHAZINE		

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of	Months

			Supply	
1	OPD	BEDSIDE SCREEN, WT MACHINE, STRETHOSCOPE,	---	
2		SPHYGMOMETER		
3	MOIC	COMPUTER, AC	---	
4	DUTY ROOM	AC	---	
5	OT	AC	---	
6				

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	PHC	Y	12	2,55,743/-	69,033/-

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	PHC	25,000	25,000
2	HSC	3,02,000	1,77,900

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	T B		O/I/ NA	
2		O	O	O	O	I	I		O	O

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	63%
		% of immunization sessions held against planned	80%
2	***Child Health***	Total number of live births	2174
		Total number of still births	53
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	51 i.e. 2.28
		Total number of neonatal deaths (within 1 month of birth)	N.A.
		Total number of infant deaths (within 1-12 months)	NA
		Total number of child deaths (within 1-5 yrs)	NA
		Number of diarrhea cases reported within the year	63
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	647
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	78
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	07
		Number of undernourished children	198
		% of children below 5 yrs who received 5 doses of Vit A solution	99%

3	***Maternal Care***	Number of pregnant women registered for ANC	3432
		% of pregnant women registered for ANC in the 1st trimester	56%
		% of pregnant women with 3 ANC check ups	52%
		% of pregnant women with any ANC checkup	93%
		% of pregnant women with anaemia	57%
		% of pregnant women who received 2 TT injections	89%
		% of pregnant women who received 100 IFA tablets	91%
		Number of pregnant women registered for JSY	3432
		Number of Institutional deliveries conducted	2232
		Number of home deliveries conducted by SBA	
		% of C-sections conducted	NIL
		% of pregnancy complications managed	1%
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	NIL
		Number of deliveries referred due to complications	124
		% of mothers visited by health worker during the first week after delivery	56%
		Number of Maternal Deaths	2
4	***Reproductive Health***	Number of MTPs conducted	10
		Number of RTI/STI cases treated	261
		% of couples provided with barrier contraceptive methods	14%
		% of couples provided with permanent methods	2.05%
		% of female sterlisations	2.04%
5	***RNTCP***	% of TB cases suspected out of total OP	1.69%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	43% 70:163
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	69%
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	90%
		% of patients put on treatment, who drop out of treatment	07%
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	01(P.V.)
		Annual Blood Examination Rate Total Slide-212	0.106%(Pop) 0.47% slide collecn
		Plasmodium Falciparum percentage	Nil
		Slide Positivity Rate	0.0005%(Pop)
		Number of patients receiving treatment for Malaria	588
		Number of patients with Malaria referred	Nil
		Number of FTDs and DDCs	Nil
7	***National Programme for Control of Blindness***	Number of cases detected	147
		Number of cases registered	2978
		Number of cases operated	Nil

		Number of patients enlisted with eye problem	Nil
		Number of camps organized	Nil
8	***National Leprosy Eradication Programme***	Number of cases detected	70
		Number of Cases treated	70
		Number of default cases	03
		Number of case complete treatment	27
		Number of complicated cases	08
		Number of cases referred	01
9	***Inpatient Services***	Number of in-patient admissions	3146
10	***Outpatient services***	Outpatient attendance	53,140
11	***Surgical Servics***	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	03

Name of Block : 3 Sampatchak

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	Sampatchak	O.T Instruments,O.T equipments
2	O.P.D	
3	Family Planning opn	
4	Immunaization	
5		

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
	Sampatchak	O.T drugs	Name of Drug	Months
1			Amoxycillin250mg/125mg kid	July08;apr09
2	O.P.D		Ampcilin 250mg	Oct 08
3	Family Planning opn		Asprin 325mg;15mg tab	April 08
4	Immunaization		Duvadilon tab	April 08

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	Sampatchak			
2				
3				
4				
5				
6				

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	PHCSampatchak	Y	12	-----	-------
2					
3					

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	PHCSampatchak	25000/Rs(PHC)	25000
2		1,20,000/Rs (Sub centre)	Nil
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2										
3										
4										
5										
6										

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	10801
		% of immunization sessions held against planned	95%
2	***Child Health***	Total number of live births	NA
		Total number of still births	NA
		% of newborns weighed within one week	NA
		% of newborns weighing less than 2500 gm	NA
		Total number of neonatal deaths (within 1 month of birth)	NA
		Total number of infant deaths (within 1-12 months)	NA
		Total number of child deaths (within 1-5 yrs)	NA
		Number of diarrhea cases reported within the year	NA
		% of diarrhea cases treated	NA
		Number of ARI cases reported within the year	NA
		% of ARI cases treated	NA
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	NA
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	NA
		Number of undernourished children	NA
		% of children below 5 yrs who received 5 doses of Vit A solution	90%
3	***Maternal Care***	Number of pregnant women registered for ANC	1591
		% of pregnant women registered for ANC in the 1st trimester	55%
		% of pregnant women with 3 ANC check ups	65%
		% of pregnant women with any ANC checkup	85%
		% of pregnant women with anaemia	57%
		% of pregnant women who received 2 TT injections	66.5%
		% of pregnant women who received 100 IFA tablets	66%
		Number of pregnant women registered for JSY	1591
		Number of Institutional deliveries conducted	nil
		Number of home deliveries conducted by SBA	nil
		% of C-sections conducted	nil

		% of pregnancy complications managed	nil
		% of institutional deliveries in which JBSY funds were given	nil
		% of home deliveries in which JBSY funds were given	nil
		Number of deliveries referred due to complications	nil
		% of mothers visited by health worker during the first week after delivery	nil
		Number of Maternal Deaths	nil
4	***Reproductive Health***	Number of MTPs conducted	nil
		Number of RTI/STI cases treated	nil
		% of couples provided with barrier contraceptive methods	20%
		% of couples provided with permanent methods	11%
		% of female sterlisations	1401(femalie st.
5	***RNTCP***	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	nil
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	64
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	52
		% of patients put on treatment, who drop out of treatment	11
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	***National Programme for Control of Blindness***	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	***National Leprosy Eradication Programme***	Number of cases detected	29
		Number of Cases treated	29
		Number of default cases	nil
		Number of case complete treatment	6
		Number of complicated cases	nil

		Number of cases referred	nil
9	***Inpatient Services***	Number of in-patient admissions	1403 (Family planning)
10	***Outpatient services***	Outpatient attendance	43104
11	***Surgical Servics***	Number of major surgeries conducted	nil
		Number of minor surgeries conducted	1403 (Family planning)

Name of Block : 4 Danapur

Name of Block : 5 Maner

Name of Block : 6. Bihta

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	Opd,Emergency(24*7	BP Instrument Stethascope Bowl
2	Delivery/Indoor	Baby Weighing Machine,Patient Weighing Maching, Baby Trey
3		
4	Opration(liagation)	Ligation Set
5	Immunization	Icepack-200, Vc-100, Cold Box-02

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
	Delivery	Methargen inj&Tab,Oxytion Gioves	Name of Drug	Months
1		Cotton,Savlon,Bitadin,Lygol, Catgetno-1		
2				
3		Ketamine,Compose,Disposabal Syring, Catgetno-2		
4		Licoplast,Cottan,Gause,Savlon, Gloves		

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	O.p.d	Bep Side Screen WT. Maching		

2		Stethoscope, Sphygmo Manometer		
3				
4	Duty Room	AC		
5	OT	AC,Strether With Weel		
6				

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Rogi Kalyan Samiti	y	ONE IN MONTH		

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	P.H.C	270000	
2		25000	

Support Systems to Health facility functioning

No	Facility name	Ambulance , Generator,Lebarotary ,Xray. available							Services	
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		1	1	0	0	1	1		NA	NA

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	
		% of immunization sessions held against planned	

	Child Health	Total number of live births	
		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	
3	***Maternal Care***	Number of pregnant women registered for ANC	
		% of pregnant women registered for ANC in the 1st trimester	
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	
		% of pregnant women who received 2 TT injections	
		% of pregnant women who received 100 IFA tablets	
		Number of pregnant women registered for JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterlisations	

5	***RNTCP***	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	***National Programme for Control of Blindness***	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	5
		Number of camps organized	100%
8	***National Leprosy Eradication Programme***	Number of cases detected	
		Number of Cases treated	100%
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	
9	***Inpatient Services***	Number of in-patient admissions	
10	***Outpatient services***	Outpatient attendance	99%

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	5730
		% of immunization sessions held against planned	4159
2	***Child Health***	Total number of live births	3084
		Total number of still births	2 IN YEARS
		% of newborns weighed within one week	MORE THAN -3KG
		% of newborns weighing less than 2500 gm	5%
		Total number of neonatal deaths (within 1 month	2 IN YEARS

		of birth)	
		Total number of infant deaths (within 1-12 months)	0
		Total number of child deaths (within 1-5 yrs)	0
		Number of diarrhea cases reported within the year	5
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	0
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	0
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	0
		Number of undernourished children	0
		% of children below 5 yrs who received 5 doses of Vit A solution	99%
3	***Maternal Care***	Number of pregnant women registered for ANC	3064
		% of pregnant women registered for ANC in the 1st trimester	100%
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	10%
		% of pregnant women who received 2 TT injections	100%
		% of pregnant women who received 100 IFA tablets	100%
		Number of pregnant women registered for JSY	3064
		Number of Institutional deliveries conducted	3064
		Number of home deliveries conducted by SBA	0
		% of C-sections conducted	0
		% of pregnancy complications managed	0
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	0
		Number of deliveries referred due to complications	0
		% of mothers visited by health worker during the first week after delivery	
		Number of Maternal Deaths	NO
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent	

		methods	
		% of female sterlisations	
5	***RNTCP***	% of TB cases suspected out of total OP	594
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	50
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year) NILL- 0.05	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	218
		% of patients put on treatment, who drop out of treatment	218-40=178 =40
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	NILL
		Annual Blood Examination Rate	NILL
		Plasmodium Falciparum percentage	NILL
		Slide Positivity Rate	NILL
		Number of patients receiving treatment for Malaria	NILL
		Number of patients with Malaria referred	NILL
		Number of FTDs and DDCs	NILL
7	***National Programme for Control of Blindness***	Number of cases detected	-
		Number of cases registered	33
		Number of cases operated	-
		Number of patients enlisted with eye problem	33
		Number of camps organized	02
8	***National Leprosy Eradication Programme***	Number of cases detected	44
		Number of Cases treated	44
		Number of default cases	-
		Number of case complete treatment	28
		Number of complicated cases	1
		Number of cases referred	-
9	***Inpatient Services***	Number of in-patient admissions	3921
10	***Outpatient services***	Outpatient attendance	76124
11	***Surgical Servics***	Number of major surgeries conducted	NO
		Number of minor surgeries conducted	828

Name of Block : 7 Bikram

No.	Name of facility	Equipment required

1	IMMUNISATION	ICE PACK 2000, VC -150 , CB 20L ,THERMOMETRE 3 ,ILR LARGE -1 , DP - 1
2	LABOUR ROOM	SUCTION MACHINE, BP INSTRUMENT , SEIZERE ,GLOVES ,SAVLON , SPRIT ,COTTON LIZOL
3	OT	RT-FORCE ,ALICE , OPERATION SHEET LIGATION SET, CURVE AND STATE NEEDNLE

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	OPD	CORTICOSTERIOIDS ANTIBIOTICS, AVS ,ATS, ANTIDIARROEALSYP, SAVLON ,BETADINE		
2	INDOOR	METHARGINE AMPLE AND TABLETS , METOCLOPRAMIDI,	-	-
3		PROMETHAZINE ,BANDAZE , MACRCRUM	-	-

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	OPD	BED SIDE SCREEN , WT MACHINE ,STETHO MACHINE	-	-
2	MOIC	LAPTOPS , AC , FREZE	-	-
3	OT	AC ,STERLISATION MACHINE	-	-

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	PHC	Y	7	568034	315852

Untied Funds

No.	Name of the Facility	Funds received.	Funds utilized
1	PHC	25000	25000
2	HSC	252000	25200

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2	PHC	O	O	NA	NA	I	I		NA	NA

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHCBIKRAM			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	93%
		% of immunization sessions held against planned	92%
2	***Child Health***	Total number of live births	1864
		Total number of still births	44
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	17%
		Total number of neonatal deaths (within 1 month of birth)	-
		Total number of infant deaths (within 1-12 months)	-
		Total number of child deaths (within 1-5 yrs)	-
		Number of diarrhea cases reported within the year	6
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	-
		% of ARI cases treated	-
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	-
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	-
		Number of undernourished children	-
		% of children below 5 yrs who received 5 doses of Vit A solution	95.5%
3	***Maternal Care***	Number of pregnant women registered for ANC	2552
		% of pregnant women registered for ANC in the 1st trimester	56%
		% of pregnant women with 3 ANC check ups	48%
		% of pregnant women with any ANC checkup	90%

		% of pregnant women with anaemia	43
		% of pregnant women who received 2 TT injections	87.15%
		% of pregnant women who received 100 IFA tablets	84%
		Number of pregnant women registered for JSY	2552
		Number of Institutional deliveries conducted	1908
		Number of home deliveries conducted by SBA	-
		% of C-sections conducted	-
		% of pregnancy complications managed	-
		% of institutional deliveries in which JBSY funds were given	98%
		% of home deliveries in which JBSY funds were given	-
		Number of deliveries referred due to complications	56
		% of mothers visited by health worker during the first week after delivery	50%
		Number of Maternal Deaths	-
4	***Reproductive Health***	Number of MTPs conducted	-
		Number of RTI/STI cases treated	-
		% of couples provided with barrier contraceptive methods	-
		% of couples provided with permanent methods	1.5%
		% of female sterlisations	1.5%
5	***RNTCP***	% of TB cases suspected out of total OP	1.25%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	50+VE OUT OF 486 TEST
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	65%
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	90%
		% of patients put on treatment, who drop out of treatment	6%
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	-
		Annual Blood Examination Rate	-
		Plasmodium Falciparum percentage	-
		Slide Positivity Rate	-
		Number of patients receiving treatment for Malaria	-
		Number of patients with Malaria referred	-
		Number of FTDs and DDCs	-
7	***National Programme for Control of Blindness***	Number of cases detected	-
		Number of cases registered	-
		Number of cases operated	-
		Number of patients enlisted with eye problem	-
		Number of camps organized	-
8	***National Leprosy Eradication Programme***	Number of cases detected	54
		Number of Cases treated	54
		Number of default cases	NIL

		Number of case complete treatment	28
		Number of complicated cases	NIL
		Number of cases referred	NIL
9	***Inpatient Services***	Number of in-patient admissions	NIL
10	***Outpatient services***	Outpatient attendance	48649
11	***Surgical Servics***	Number of major surgeries conducted	--
		Number of minor surgeries conducted	-

Name of Block : 8. DulhinBazar

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	OPD	WEIGHTING MACHINE, B P MACHINE, NEW BORN, STETHOSCOPE, WEIGHTING NEW BORN & OTHER RELETED EQUIPMENTS
2	INDOOR (NOT FUNCTIONAL)	INDOOR RELETED ALL EQUIPMENTS
3	EMERGENCY (NOT FUNCTIONAL)	EMERGENCY RELETED ALL EQUIPMENTS
4	OPERATIONS (NOT CONDUCTED)	ALL EQUIPMENT RELETED TO OPERATION
5		

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	OPD	72	43	MARCH, 2009

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	OPD	72 TYPES DRUG REQUIRED	43	MARCH,2009

2	INDOOR	''		
3	EMERGENCY	"		
4	OTHER	"		

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1		YES	12 (08-09)	10,21,088.00	6,00,664.00

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1		25,000.00	NIL

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kala azar	TB		O/I/ NA	
1		NA	NA	NA	NA	NA	I	NA	NA	NA

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	91% (MARCH, 2009)
		% of immunization sessions held against planned	75% (MARCH, 2009)
2	***Child Health***	Total number of live births	NIL
		Total number of still births	NIL
		% of newborns weighed within one week	82%
		% of newborns weighing less than 2500 gm	-
		Total number of neonatal deaths (within 1 month of birth)	-
		Total number of infant deaths (within 1-12 months)	-
		Total number of child deaths (within 1-5 yrs)	-
		Number of diarrhea cases reported within the year	125
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	70
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	15
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	-
		Number of undernourished children	60
		% of children below 5 yrs who received 5 doses of Vit A solution	98%
3	***Maternal Care***	Number of pregnant women registered for ANC	142 (MARCH, 2009)

		% of pregnant women registered for ANC in the 1st trimester	94%
		% of pregnant women with 3 ANC check ups	98.3%
		% of pregnant women with any ANC checkup	-
		% of pregnant women with anaemia	60%
		% of pregnant women who received 2 TT injections	96%
		% of pregnant women who received 100 IFA tablets	100%
		Number of pregnant women registered for JSY	-
		Number of Institutional deliveries conducted	-
		Number of home deliveries conducted by SBA	-
		% of C-sections conducted	-
		% of pregnancy complications managed	-
		% of institutional deliveries in which JBSY funds were given	-
		% of home deliveries in which JBSY funds were given	-
		Number of deliveries referred due to complications	-
		% of mothers visited by health worker during the first week after delivery	96%
		Number of Maternal Deaths	-
4	***Reproductive Health***	Number of MTPs conducted	-
		Number of RTI/STI cases treated	115 (MARCH, 2009)
		% of couples provided with barrier contraceptive methods	70%
		% of couples provided with permanent methods	-
		% of female sterlisations	-
5	***RNTCP***	% of TB cases suspected out of total OP	3%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	07 (MARCH, 2009)

		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	203
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	96%
		% of patients put on treatment, who drop out of treatment	2%
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	-
		Annual Blood Examination Rate	-
		Plasmodium Falciparum percentage	-
		Slide Positivity Rate	-
		Number of patients receiving treatment for Malaria	-
		Number of patients with Malaria referred	-
		Number of FTDs and DDCs	-
7	***National Programme for Control of Blindness***	Number of cases detected	-
		Number of cases registered	-
		Number of cases operated	-
		Number of patients enlisted with eye problem	-
		Number of camps organized	-
8	***National Leprosy Eradication Programme***	Number of cases detected	39 (YEAR 08-09)
		Number of Cases treated	39 (YEAR 08-09)
		Number of default cases	-
		Number of case complete treatment	39 (YEAR 08-09)
		Number of complicated cases	-
		Number of cases referred	-
9	***Inpatient Services***	Number of in-patient admissions	3980 (MARCH,

			2009)
10	***Outpatient services***	Outpatient attendance	-
11	***Surgical Servics***	Number of major surgeries conducted	97 (MARCH, 2009)
		Number of minor surgeries conducted	

Name of Block : 9 Paliganj

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	OPD	B P MACHINE, NEW BORN, STETHOSCOPE, WEIGHTING NEW BORN STICH MACHINE, OXYZEN CYL.
2	DILIVERY	BABY WEIGHTING MACHINE, PT WIGHT, BABY
3	OPERATION (LOGISTICS)	KIDNEY TRAY, FORECEF, SESSIORS
4	24 X 7	
5	T.B.	TB CHECKUP, TUBE, SPUTUM TEST

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	DELIVERY	COTTON, GAUGE, TUB, GLOVES,SUCTION	IFA	50000
2	OPERETION THEATORS	CATGAT 01-02-03- 04, COTTON CAPSICUM PLAST,CROMIC,DISPOSABLE SRING		

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	DELIVERY	BABY MACHINE , PT WIEGHT		
2	OPERATION	ELECTRIC STRELIZER, SUCTION MACHINE, OXYZEN CYLENDER,AMBU BAG, HEART BUY		

		MACHINE		

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	AMBULANCE	Y	8- REF. HOSP.		
2	SUPER – 2	Y	+PHC	1688423	2009839

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	TABLE, CHAIR, DRUG, COTTON, GAUGE, BANDAGE	19000	12000

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2										

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	45005
		% of immunization sessions held against planned	32
		Total number of live births	4017
		Total number of still births	6
		% of newborns weighed within one week	90%
		% of newborns weighing less than 2500 gm	10%

		Total number of neonatal deaths (within 1 month of birth)	1
		Total number of infant deaths (within 1-12 months)	12
		Total number of child deaths (within 1-5 yrs)	10
		Number of diarrhea cases reported within the year	30
		% of diarrhea cases treated	0.6%
		Number of ARI cases reported within the year	NIL
		% of ARI cases treated	NIL
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	YES
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	YES
		Number of undernourished children	20000
		% of children below 5 yrs who received 5 doses of Vit A solution	95%
3	***Maternal Care***	Number of pregnant women registered for ANC	3531
		% of pregnant women registered for ANC in the 1st trimester	90%
		% of pregnant women with 3 ANC check ups	90%
		% of pregnant women with any ANC checkup	10%
		% of pregnant women with anaemia	10%
		% of pregnant women who received 2 TT injections	3531
		% of pregnant women who received 100 IFA tablets	100%
		Number of pregnant women registered for JSY	2995
		Number of Institutional deliveries conducted	2995
		Number of home deliveries conducted by SBA	400
		% of institutional deliveries in which JBSY funds were given	80%
		% of home deliveries in which JBSY funds were given	NIL
		Number of deliveries referred due to complications	AALAMPCIA, ANEMIC
		% of mothers visited by health worker during the first week after delivery	90%
4	***Reproductive Health***	Number of MTPs conducted	NIL
		Number of RTI/STI cases treated	NIL
		% of couples provided with barrier contraceptive methods	80%
		% of couples provided with permanent methods	20%
		% of female sterlisations	70%
5	***RNTCP***	% of TB cases suspected out of total OP	2 TO 3%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	5 PER MONTH 60 ANNUAL
		Annual Case Detection Rate (Total TB cases	2 TO 3%

		registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	90%
		% of patients put on treatment, who drop out of treatment	10% BELOW
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	-
		Annual Blood Examination Rate	-
		Plasmodium Falciparum percentage	-
		Slide Positivity Rate	-
		Number of patients receiving treatment for Malaria	02
		Number of patients with Malaria referred	05
		Number of FTDs and DDCs	-
7	***National Programme for Control of Blindness***	Number of cases detected	-
		Number of cases registered	-
		Number of cases operated	-
		Number of patients enlisted with eye problem	-
		Number of camps organized	NIL
8	***National Leprosy Eradication Programme***	Number of cases detected	56 MARCH 09
		Number of Cases treated	56
		Number of default cases	NIL
		Number of case complete treatment	56
		Number of complicated cases	01
		Number of cases referred	NIL
9	***Inpatient Services***	Number of in-patient admissions	3100
10	***Outpatient services***	Outpatient attendance	45948

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	45005
		% of immunization sessions held against planned	32
2	***Child Health***	Total number of live births	40176
		Total number of still births	3KG
		% of newborns weighed within one week	10
		% of newborns weighing less than 2500 gm	1
		Total number of neonatal deaths (within 1 month of birth)	12
		Total number of infant deaths (within 1-12 months)	29
		Total number of child deaths (within 1-5 yrs)	0
		Number of diarrhea cases reported within the year	30
		% of diarrhea cases treated	6
		Number of ARI cases reported within the year	NIL

		% of ARI cases treated	NIL
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	YES
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	YES
		Number of undernourished children	20000
		% of children below 5 yrs who received 5 doses of Vit A solution	95%
3	***Maternal Care***	Number of pregnant women registered for ANC	3531
		% of pregnant women registered for ANC in the 1st trimester	90%
		% of pregnant women with 3 ANC check ups	90%
		% of pregnant women with any ANC checkup	90%
		% of pregnant women with anaemia	10%
		% of pregnant women who received 2 TT injections	3531
		% of pregnant women who received 100 IFA tablets	3531
		Number of pregnant women registered for JSY	2995
		Number of Institutional deliveries conducted	2995
		Number of home deliveries conducted by SBA	400
		% of C-sections conducted	NIL
		% of pregnancy complications managed	10%
		% of institutional deliveries in which JBSY funds were given	2732500
		% of home deliveries in which JBSY funds were given	NIL
		Number of deliveries referred due to complications	15
		% of mothers visited by health worker during the first week after delivery	90%
		Number of Maternal Deaths	NIL
4	***Reproductive Health***	Number of MTPs conducted	NIL
		Number of RTI/STI cases treated	NIL
		% of couples provided with barrier contraceptive methods	80%
		% of couples provided with permanent methods	20%
		% of female sterlisations	70%
5	***RNTCP***	% of TB cases suspected out of total OP	60%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	60
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	2 TO 3 %
		Treatment Success Rate (% of new smear	90

		positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	10%
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	NIL
		Annual Blood Examination Rate	NIL
		Plasmodium Falciparum percentage	100%
		Slide Positivity Rate	02
		Number of patients receiving treatment for Malaria	02
		Number of patients with Malaria referred	NIL
		Number of FTDs and DDCs	NIL
7	***National Programme for Control of Blindness***	Number of cases detected	-
		Number of cases registered	-
		Number of cases operated	-
		Number of patients enlisted with eye problem	-
		Number of camps organized	-
8	***National Leprosy Eradication Programme***	Number of cases detected	56
		Number of Cases treated	56
		Number of default cases	NIL
		Number of case complete treatment	56
		Number of complicated cases	01
		Number of cases referred	NIL
9	***Inpatient Services***	Number of in-patient admissions	3006
10	***Outpatient services***	Outpatient attendance	45948
11	***Surgical Servics***	Number of major surgeries conducted	NIL
		Number of minor surgeries conducted	NIL

Name of Block : 10 Naubatpur

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Seed Mony	Y	10	100000=00	Nil
2	Revolving Mony	Y		150000=00	27125=00
3	OPD + Falxi Pool	Y		63286=00	35133=00

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	For Sub Centre	242000=00	26812=00
2	For PHC	25000=00	25000=00

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		NA	NA	NA	NA	Y	Y		NA	NA

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	82%
		% of immunization sessions held against planned	
2	***Child Health***	Total number of live births	2601
		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	
3	***Maternal Care***	Number of pregnant women registered for ANC	
		% of pregnant women registered for ANC in the 1st trimester	
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	

		% of pregnant women who received 2 TT injections	
		% of pregnant women who received 100 IFA tablets	
		Number of pregnant women registered for JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterlisations	
5	***RNTCP***	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	***National Programme for Control of Blindness***	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	***National Leprosy Eradication Programme***	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	

		Number of complicated cases	
		Number of cases referred	
9	***Inpatient Services***	Number of in-patient admissions	
10	***Outpatient services***	Outpatient attendance	

Name of Block : 11 Punpun

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	24*7	
2	Delivey	
3	Family planning operation	

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	O.T.	Tray, Cotten, Savlon		
2	Delivary	Delivery Tray		
3	Dressing Room	Cotto		
4	Outdoor	Sterthoscope, B. P. Machine		

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1		Y	ONE IN EVERY MONTH	2258600	1700066
2					
3					

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	For H S C	262000	1176
2	For P H C	25000	NIL
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		I	O	NA	0	I	I		NA	0

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC			
No.	Service	Indicator	Data
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterlisations	460

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	2522
		% of immunization sessions held against planned	1204 (ID)
2	***Child Health***	Total number of live births	18
		Total number of still births	-
		% of newborns weighed within one week	-

		% of newborns weighing less than 2500 gm	-
		Total number of neonatal deaths (within 1 month of birth)	-
		Total number of infant deaths (within 1-12 months)	-
		Total number of child deaths (within 1-5 yrs)	-
		Number of diarrhea cases reported within the year	60 (1 Death)
		% of diarrhea cases treated	59
		Number of ARI cases reported within the year	-
		% of ARI cases treated	-
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	-
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	-
		Number of undernourished children	-
		% of children below 5 yrs who received 5 doses of Vit A solution	-
3	***Maternal Care***	Number of pregnant women registered for ANC	
		% of pregnant women registered for ANC in the 1st trimester	
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	1222
		% of pregnant women who received 2 TT injections	
		% of pregnant women who received 100 IFA tablets	-
		Number of pregnant women registered for JSY	-
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	NIL
		% of C-sections conducted	14
		% of pregnancy complications managed	-
		% of institutional deliveries in which JBSY funds were given	-
		% of home deliveries in which JBSY funds were given	-
		Number of deliveries referred due to complications	-
		% of mothers visited by health worker during the first week after delivery	-
		Number of Maternal Deaths	-
4	***Reproductive Health***	Number of MTPs conducted	-
		Number of RTI/STI cases treated	157 Case
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	

		% of female sterlisations	Death - 3 Default - 2 Cured - 60
5	***RNTCP***	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	437 Maleria + 64 Kalazar
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	Nil (Maleria) + 16 Kalazar
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	NA
		Slide Positivity Rate	NA
		Number of patients receiving treatment for Malaria	NA
		Number of patients with Malaria referred	NA
		Number of FTDs and DDCs	NA
7	***National Programme for Control of Blindness***	Number of cases detected	NA
		Number of cases registered	101
		Number of cases operated	-
		Number of patients enlisted with eye problem	-
		Number of camps organized	67
8	***National Leprosy Eradication Programme***	Number of cases detected	-
		Number of Cases treated	-
		Number of default cases	1672
		Number of case complete treatment	40,478
		Number of complicated cases	-
		Number of cases referred	-
9	***Inpatient Services***	Number of in-patient admissions	6141
10	***Outpatient services***	Outpatient attendance	64500
11	***Surgical Servics***	Number of major surgeries conducted	753
		Number of minor surgeries conducted	1130

Name of Block : 12 Masaurhi

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	24*7	Stethescope, BP –APP., Glucometre, Weight machine,Torch,
2	Delivary	Baby wt. machine, Stethescope, BP –APP., Glucometre, Torch,Savilon, Betadin,cotten,gause,Methargine inj., Synto Inj., Antibiotic, Ambubag, Delivary kit, Delivary table etc.
3	Family planning operation	Antibiotic, Pulse oxy meter, 5 Set Family planning operation kit, oxygen Sylender, electric autoclave, 20 set Patient Gawn, 5 Set Doctor Gawn
4		
5		

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	24*7	Antibiotic, Pain killer, Antipyratic, Injection Dexona, Inj Derryfylin, Inj Avil, Anti Diarrhoeal etc.		
2	Delivary	Betadin,cotten,gause,Methargine inj., Synto Inj., Antibiotic		
3	Family planning operation	Betadin,cotten,gause,Methargine inj., Synto Inj., Antibiotic, Savilon		
4				

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	24*7	Antibiotic, Pain killer, Antipyratic, Injection Dexona, Inj Derryfylin, Inj Avil, Anti Diarrhoeal etc. Pt. exm. table, Side screen. Torch, Kidney tray, Minor operation kit etc.		
2	Delivary	Betadin,cotten,gause,Methargine inj., Synto Inj., Antibiotic Baby wt. machine, Stethescope, BP –APP., Glucometre, Torch, Baby Tray,		
3	Family planning operation	Betadin,cotten,gause,Methargine inj., Synto Inj., Antibiotic, Savilon Pulse oxy meter, 5 Set Family planning operation kit, oxygen Sylender, electric autoclave, 20 set Patient Gawn, 5 Set Doctor Gawn, Kidney tray,		
4				
5				

6				

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	GENERATOR	Y	ONE IN EVERY MONTH		
2	CLEANING	Y			
3	AMBULANCE	Y			

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Untied fund	25000	utilesed
2		260000	-
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2										
3		0	0	0	0	1	1	NA	**NA**	
4										
5										
6										

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC			
No.	Service	Indicator	Data
		% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	5240

		% of immunization sessions held against planned	100%
2	***Child Health***	Total number of live births	3674
		Total number of still births	60
		% of newborns weighed within one week	-
		% of newborns weighing less than 2500 gm	70
		Total number of neonatal deaths (within 1 month of birth)	-
		Total number of infant deaths (within 1-12 months)	-
		Total number of child deaths (within 1-5 yrs)	-
		Number of diarrhea cases reported within the year	-
		% of diarrhea cases treated	-
		Number of ARI cases reported within the year	-
		% of ARI cases treated	-
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	-
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	-
		Number of undernourished children	-
		% of children below 5 yrs who received 5 doses of Vit A solution	49886
3	***Maternal Care***	Number of pregnant women registered for ANC	4132
		% of pregnant women registered for ANC in the 1st trimester	877
		% of pregnant women with 3 ANC check ups	4442
		% of pregnant women with any ANC checkup	-
		% of pregnant women with anaemia	-
		% of pregnant women who received 2 TT injections	3453
		% of pregnant women who received 100 IFA tablets	-
		Number of pregnant women registered for JSY	2769
		Number of Institutional deliveries conducted	2769
		Number of home deliveries conducted by SBA	-
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	NIL
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	100%
4	***Reproductive Health***	Number of MTPs conducted	0
		Number of RTI/STI cases treated	-
		% of couples provided with barrier contraceptive methods	16211
		% of couples provided with permanent methods	

		% of female sterlisations	743(F) 10(M)
5	***RNTCP***	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	***National Programme for Control of Blindness***	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	***National Leprosy Eradication Programme***	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	
9	***Inpatient Services***	Number of in-patient admissions	
10	***Outpatient services***	Outpatient attendance	

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	
		% of immunization sessions held against planned	
2	***Child Health***	Total number of live births	
		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	

		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	
3	***Maternal Care***	Number of pregnant women registered for ANC	
		% of pregnant women registered for ANC in the 1st trimester	
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	
		% of pregnant women who received 2 TT injections	
		% of pregnant women who received 100 IFA tablets	
		Number of pregnant women registered for JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of C-sections conducted	
		% of pregnancy complications managed	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
		Number of Maternal Deaths	
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterlisations	
5	***RNTCP***	% of TB cases suspected out of total OP	733
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	131
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	

		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	25
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	19
		Annual Blood Examination Rate	19
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	6
		Number of patients receiving treatment for Malaria	6
		Number of patients with Malaria referred	-
		Number of FTDs and DDCs	-
7	***National Programme for Control of Blindness***	Number of cases detected	34
		Number of cases registered	34
		Number of cases operated	21
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	***National Leprosy Eradication Programme***	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	472
9	***Inpatient Services***	Number of in-patient admissions	6141
10	***Outpatient services***	Outpatient attendance	64500
11	***Surgical Servics***	Number of major surgeries conducted	753
		Number of minor surgeries conducted	1130

Section F: Community Participation, Training & BCC

Community Participation Initiatives

S.No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	Naubatpur	21			120000=00	171	100 171		12	76950=00

Training Activities:

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1.						

BCC Activities

No.	Name of Block	BCC campaigns/ activities conducted
1		

Name of Block : 13 Dhanarua

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	OPD (24 x 7)	BP Instrument,Stethoscope,Bowe
2	DELIVERY	BABY Weighing Machine Patient weinghing Machine,Babay Trey
3		Instrument trand with cover
4	Operation(Liagation)	Autoclave Eliceforesaphe, Stelizer drum, kidney Trey, Bowe
5	Immunization	ICE Pack, Vaccine Carrier, Thermometer

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	Delivery	Metharjin Injetion &Tablets Oxytocin Inj. Gloves Gause		
2		Cottan, Savlon, Bitadin, Lyzol, Catgut No-1		
3	Operation	Ketamine, Campose, Disposable, Syrynche, Catgut no-2, Licoplast, Gause, Savlon, Gloves		
4				

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	OT	AC, Strecher, With Wheel, Wheel chair		

2	Duty Room	AC		
3	MOIC	Computar, AC		
4	OPD	Bel Side Screen, Weighing Machiane		
5		Stethoscope, Sphygmomahometer		
6				

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Rogi Kalyan Samiti	Y	14	1690836	1564006
2					
3					

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1		25000	25000
2			
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		0	0	NA	0	I	I		NA	NA
3										
4										
5										
6										

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	0
		% of immunization sessions held against planned	0
		Total number of live births	0

		Total number of still births	0
		% of newborns weighed within one week	0
		% of newborns weighing less than 2500 gm	0
		Total number of neonatal deaths (within 1 month of birth)	0
		Total number of infant deaths (within 1-12 months)	0
		Total number of child deaths (within 1-5 yrs)	0
		Number of diarrhea cases reported within the year	0
		% of diarrhea cases treated	0
		Number of ARI cases reported within the year	0
		% of ARI cases treated	0
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	0
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	0
		Number of undernourished children	0
		% of children below 5 yrs who received 5 doses of Vit A solution	0
3	***Maternal Care***	Number of pregnant women registered for ANC	0
		% of pregnant women registered for ANC in the 1st trimester	0
		% of pregnant women with 3 ANC check ups	0
		% of pregnant women with any ANC checkup	0
		% of pregnant women with anaemia	0
		% of pregnant women who received 2 TT injections	0
		% of pregnant women who received 100 IFA tablets	0
		Number of pregnant women registered for JSY	0
		Number of Institutional deliveries conducted	0
		Number of home deliveries conducted by SBA	0
		% of institutional deliveries in which JBSY funds were given	0
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	0
		% of mothers visited by health worker during the first week after delivery	0
4	***Reproductive Health***	Number of MTPs conducted	0
		Number of RTI/STI cases treated	0
		% of couples provided with barrier contraceptive methods	0
		% of couples provided with permanent methods	0
		% of female sterlisations	0
5	***RNTCP***	% of TB cases suspected out of total OP	0

		Proportion of New Sputum Positive out of Total New Pulmonary Cases	0
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	0
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	0
		% of patients put on treatment, who drop out of treatment	0
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	0
		Annual Blood Examination Rate	0
		Plasmodium Falciparum percentage	0
		Slide Positivity Rate	0
		Number of patients receiving treatment for Malaria	0
		Number of patients with Malaria referred	0
		Number of FTDs and DDCs	0
7	***National Programme for Control of Blindness***	Number of cases detected	0
		Number of cases registered	0
		Number of cases operated	0
		Number of patients enlisted with eye problem	0
		Number of camps organized	0
8	***National Leprosy Eradication Programme***	Number of cases detected	0
		Number of Cases treated	0
		Number of default cases	0
		Number of case complete treatment	0
		Number of complicated cases	0
		Number of cases referred	0
9	***Inpatient Services***	Number of in-patient admissions	0
10	***Outpatient services***	Outpatient attendance	0

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	82%
		% of immunization sessions held against planned	100%
2	***Child Health***	Total number of live births	2532
		Total number of still births	12
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	0.5%
		Total number of neonatal deaths (within 1 month of birth)	12
		Total number of infant deaths (within 1-12 months)	02
		Total number of child deaths (within 1-5 yrs)	03
		Number of diarrhea cases reported within the year	20
		% of diarrhea cases treated	100%

		Number of ARI cases reported within the year	0
		% of ARI cases treated	0
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	0
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	0
		Number of undernourished children	0
		% of children below 5 yrs who received 5 doses of Vit A solution	98%
3	***Maternal Care***	Number of pregnant women registered for ANC	3971
		% of pregnant women registered for ANC in the 1st trimester	100%
		% of pregnant women with 3 ANC check ups	62%
		% of pregnant women with any ANC checkup	62%
		% of pregnant women with anaemia	80%
		% of pregnant women who received 2 TT injections	90%
		% of pregnant women who received 100 IFA tablets	100%
		Number of pregnant women registered for JSY	3971
		Number of Institutional deliveries conducted	2544
		Number of home deliveries conducted by SBA	-
		% of C-sections conducted	-
		% of pregnancy complications managed	10%
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	-
		Number of deliveries referred due to complications	41
		% of mothers visited by health worker during the first week after delivery	98%
		Number of Maternal Deaths	01
4	***Reproductive Health***	Number of MTPs conducted	0
		Number of RTI/STI cases treated	300
		% of couples provided with barrier contraceptive methods	50%
		% of couples provided with permanent methods	38%
		% of female sterlisations	100%
5	***RNTCP***	% of TB cases suspected out of total OP	0.006%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	185
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	225

		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	95%
		% of patients put on treatment, who drop out of treatment	5%
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	0
		Annual Blood Examination Rate	80
		Plasmodium Falciparum percentage	0
		Slide Positivity Rate	0
		Number of patients receiving treatment for Malaria	200
		Number of patients with Malaria referred	0
		Number of FTDs and DDCs	0
7	***National Programme for Control of Blindness***	Number of cases detected	10
		Number of cases registered	10
		Number of cases operated	0
		Number of patients enlisted with eye problem	10
		Number of camps organized	0
8	***National Leprosy Eradication Programme***	Number of cases detected	27
		Number of Cases treated	27
		Number of default cases	
		Number of case complete treatment	25
		Number of complicated cases	
		Number of cases referred	01
9	***Inpatient Services***	Number of in-patient admissions	2924
10	***Outpatient services***	Outpatient attendance	45717
11	***Surgical Servics***	Number of major surgeries conducted	0
		Number of minor surgeries conducted	730

Name of Block : 14 Fatuha

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	R.K.S	Y	Once In a month	F.M.R Included	

Support Systems to Health facility functioning

N	Facilit	Services available

o	y name									
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2	R.K.S	1	O	O	Na	Na			0	Na
3	Gov					Technician On Deputation	1			

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

S

Name of the PHC/Referral Hospital/SDH/DH Fatuha			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	BCG-94%, DPT – 75% ,70% +65% OPV- 93%,90%, 82% Measles- 70% ,
		% of immunization sessions held against planned	98%
2	***Child Health***	Total number of live births	5310
		Total number of still births	30
		% of newborns weighed within one week	99.4%
		% of newborns weighing less than 2500 gm	0.56%
		Total number of neonatal deaths (within 1 month of birth)	30
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	31
		% of diarrhea cases treated	97%
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	95%
3	***Maternal Care***	Number of pregnant women registered for ANC	3916%
		% of pregnant women registered for ANC in the	35.3%

		1st trimester	
		% of pregnant women with 3 ANC check ups	13.18%
		% of pregnant women with any ANC checkup	64.4%
		% of pregnant women with anaemia	-
		% of pregnant women who received 2 TT injections	49%
		% of pregnant women who received 100 IFA tablets	2%
		Number of pregnant women registered for JSY	5700
		Number of Institutional deliveries conducted	-
		Number of home deliveries conducted by SBA	1092
		% of C-sections conducted	82
		% of pregnancy complications managed	-
		% of institutional deliveries in which JBSY funds were given	84.96
		% of home deliveries in which JBSY funds were given	Nil
		Number of deliveries referred due to complications	-
		% of mothers visited by health worker during the first week after delivery	63.64%
		Number of Maternal Deaths	-
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	2.06%
		% of couples provided with permanent methods	7.5%
		% of female sterlisations	1395
5	***RNTCP***	% of TB cases suspected out of total OP	2%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	8
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	26
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	100%
		% of patients put on treatment, who drop out of treatment	Nil
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	Not supplied of glass slide
		Annual Blood Examination Rate	Deputation of Lab. Tech. In Beaure Jail
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	

		Number of FTDs and DDCs	
7	***National Programme for Control of Blindness***	Number of cases detected	110
		Number of cases registered	110
		Number of cases operated	110
		Number of patients enlisted with eye problem	
		Number of camps organized	1
8	***National Leprosy Eradication Programme***	Number of cases detected	
		Number of Cases treated	One
		Number of default cases	10
		Number of case complete treatment	48
		Number of complicated cases	Nil
		Number of cases referred	
9	***Inpatient Services***	Number of in-patient admissions	5814
10	***Outpatient services***	Outpatient attendance	51476
11	***Surgical Servics***	Number of major surgeries conducted	1401
		Number of minor surgeries conducted	

Name of Block : 15 Daniyawan

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	Family planing	Arti Forsep ,oxygen, Saction Macine,Alice forsep, tooth forsep, sigar,
2	o.p.d	Abd. Sheet,
3	Emargency	
4	Dilevery	
5		

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
	P.H.C Daniawan	Emargency +Delivery Drug	Name of Drug	Months
1			52 Drug	
2				
3				
4				

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	R.K.S P.H.C	Y	One is a Month	25000	25000
2					
3					

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Sub Centre(7 in no.)	70000 from Daniawan	Total
2	10.000 per Unit	In this years 07/08	
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1	R.K.S	O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		0	0	Na	Na	Na	Na		Na	Na

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	Jointed with Fatuha P.H.C up to 31/03/09
		% of immunization sessions held against planned	Page 13 to 18

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
		Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	

		Number of complicated cases	165
		Number of cases referred	165
9	***Inpatient Services***	Number of in-patient admissions	Nil
10	***Outpatient services***	Outpatient attendance	17250
11	***Surgical Servics***	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	343

Name of Block : 16 Khusrupur

Section D: RKS, Untied Funds and Support Services

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Generator , Cleanness	Y	Once in a month	F.M.R attached	F.M.R attached

Rogi Kalyan Samitis

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Sub Center -9		
2	@10,000 each	90000/- From P.H.C fatuha 07-08	70,000/-
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kala azar	TB		O/I/ NA	
2		NA	0	NA	NA	NA	NA	NA	NA	NA

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
9	***Inpatient Services***	Number of in-patient admissions	Nil

10	***Outpatient services***	Outpatient attendance	42973 (Jan-08 to March -09
11	***Surgical Servics***	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	Nil

Name of Block : 17 Bakhtiyarpur

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	Ambulence	1 Ambulence required(for second line)
2	X-ray	-
3	Emergency /Delivery	
4	Immunijation	Cold boy, icc pack
5		

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1		Oxytoxcine	ARV	
2		Engometrine		

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	B	Two deep freeger		
2	Cold chain	One IlR		
3				
4				
5				
6				

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1		Yes	14	1128288	740576
2					
3					

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Unitied fund for phc	25000	25000
2	United fund for sub center	242000	37250
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		1	1	0	0	1	1		NA	NA

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	91%
		% of immunization sessions held against planned	100%
5	***RNTCP***	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	211
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	53
		% of patients put on treatment, who drop out of treatment	18.53%

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data

1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	91%
		% of immunization sessions held against planned	100%
2	***Child Health***	Total number of live births	23%
		Total number of still births	57
		% of newborns weighed within one week	46%
		% of newborns weighing less than 2500 gm	54%
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	NA
		Number of diarrhea cases reported within the year	68
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	97%

3	***Maternal Care***	Number of pregnant women registered for ANC	2329
		% of pregnant women registered for ANC in the 1st trimester	38%
		% of pregnant women with 3 ANC check ups	22%
		% of pregnant women with any ANC checkup	62%
		% of pregnant women with anaemia	30%
		% of pregnant women who received 2 TT injections	92%
		% of pregnant women who received 100 IFA tablets	70%
		Number of pregnant women registered for JSY	2168
		Number of Institutional deliveries conducted	2168
		Number of home deliveries conducted by SBA	-
		% of C-sections conducted	Nil
		% of pregnancy complications managed	Nil
		% of institutional deliveries in which JBSY funds were given	70%
		% of home deliveries in which JBSY funds were given	Nil
		Number of deliveries referred due to complications	Nil
		% of mothers visited by health worker during the first week after delivery	69%
		Number of Maternal Deaths	-
4	***Reproductive Health***	Number of MTPs conducted	Nil
		Number of RTI/STI cases treated	Nil
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterlisations	
5	***RNTCP***	% of TB cases suspected out of total OP	619
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	53
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	211
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	53
		% of patients put on treatment, who drop out of treatment	18(8.53%)

6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	57
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	***National Programme for Control of Blindness***	Number of cases detected	Nil
		Number of cases registered	Nil
		Number of cases operated	Nil
		Number of patients enlisted with eye problem	Nil
		Number of camps organized	
8	***National Leprosy Eradication Programme***	Number of cases detected	PB-10,MB-14,=24
		Number of Cases treated	PB-10,MB-14,=24
		Number of default cases	No
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	
9	***Inpatient Services***	Number of in-patient admissions	2429
10	***Outpatient services***	Outpatient attendance	68459
11	***Surgical Servics***	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	741+125=866

Name of Block : 18 Barh

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1		Y	8	FMR March 09	Submited

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	PHC	25000	25000
2	APHC	Nil	Nil
3	HSc	272000	N.A.

Support Systems to Health facility functioning

N	Facili	Services available

o	ty name										
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping	
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA		
2		N.A.	1	N.A.	N.A.						

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC/Referral Hospital/SDH/DH barh			08-09
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	98.64%
		% of immunization sessions held against planned	97%
2	***Child Health***	Total number of live births	1208
		Total number of still births	Nil (NA)
		% of newborns weighed within one week	73%
		% of newborns weighing less than 2500 gm	29%
		Total number of neonatal deaths (within 1 month of birth)	Nil (N.A.)
		Total number of infant deaths (within 1-12 months)	Nil (N.A.)
		Total number of child deaths (within 1-5 yrs)	Nil
		Number of diarrhea cases reported within the year	290
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	296
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	N.A.
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	N,A,
		Number of undernourished children	N,A,
		% of children below 5 yrs who received 5 doses of Vit A solution	N,A,
3	***Maternal Care***	Number of pregnant women registered for ANC	5108
		% of pregnant women registered for ANC in the 1st trimester	5.12%
		% of pregnant women with 3 ANC check ups	95.75%
		% of pregnant women with any ANC checkup	100%
		% of pregnant women with anaemia	80%
		% of pregnant women who received 2 TT injections	

		% of pregnant women who received 100 IFA tablets	N.A.
		Number of pregnant women registered for JSY	N,A,
		Number of Institutional deliveries conducted	819
		Number of home deliveries conducted by SBA	N,A.
		% of C-sections conducted	N
		% of pregnancy complications managed	N
		% of institutional deliveries in which JBSY funds were given	N
		% of home deliveries in which JBSY funds were given	N
		Number of deliveries referred due to complications	N
		% of mothers visited by health worker during the first week after delivery	N
		Number of Maternal Deaths	N
4	***Reproductive Health***	Number of MTPs conducted	N
		Number of RTI/STI cases treated	N
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	5%
		% of female sterlisations	

Name of Block : 19 Athmalgola

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1		
2	OPD	B.P Machine, Kidney Tray
3	Cut Training	
4	Indoor	
5	Dressing	

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months

1	Indoor	Cotton , bandege, hand , Betadin		

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	R.K.S. Athmalgola	Y	Once in Month	1259878	820525
2					

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Unitied Fund For PHC	25000	24700
2	Unitied Fund For HSC		By PHC Barh
3			

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kala azar	TB		O/I/ NA	
2		NA	NA	NA	NA	NA	NA	NA	NA	NA
3										
4										
5										
6										

O- Outsourced/ I- In sourced/ NA- Not available

(Cunducted and Reported By PHC/ Barh)

Section E: Health Services Delivery

Name of the PHC/Referral Hospital//DH Athmalgola

By Barh			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	92%
		% of immunization sessions held against planned	91%
3	***Maternal Care***	Number of pregnant women registered for ANC	20 Per Month
		% of pregnant women registered for ANC in the 1st trimester	48
		% of pregnant women with 3 ANC check ups	86%
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	NIL
		% of pregnant women who received 2 TT injections	91%
		% of pregnant women who received 100 IFA tablets	91%
		Number of pregnant women registered for JSY	By PHC Barh
		Number of Institutional deliveries conducted	By PHC/ Barh
		Number of home deliveries conducted by SBA	By PHC/ Barh
		% of C-sections conducted	By PHC/ Barh
		% of pregnancy complications managed	By PHC/ Barh
		% of institutional deliveries in which JBSY funds were given	By PHC/ Barh
		% of home deliveries in which JBSY funds were given	By PHC/ Barh
		Number of deliveries referred due to complications	By PHC/ Barh
		% of mothers visited by health worker during the first week after delivery	By PHC/ Barh
		Number of Maternal Deaths	By PHC/ Barh
5	***RNTCP***	% of TB cases suspected out of total OP	By PHC/ Barh
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	By PHC/ Barh
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
9	***Inpatient Services***	Number of in-patient admissions	NA
10	***Outpatient services***	Outpatient attendance	42 To 45 Cases Daily
11	***Surgical Servics***	Number of major surgeries conducted	
		Number of minor surgeries conducted	1--2

Name of Block : 20 Belchi

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1		YES	ONE IN Month	1314950	806849

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	S.C.	Reported byphc barh	
2	PHC BELCHI	25000	23500

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		N	N	N	N	N	N	N	N	

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
		Number of camps organized	
8	***National Leprosy Eradication Programme***	Number of cases detected	1
		Number of Cases treated	1
		Number of default cases	Nil
		Number of case complete treatment	4
		Number of complicated cases	N
		Number of cases referred	N
9	***Inpatient Services***	Number of in-patient admissions	
10	***Outpatient services***	Outpatient attendance	

Name of the PHC/Referral Hospital/SDH/DH

No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	
		% of immunization sessions held against planned	
2	***Child Health***	Total number of live births	
		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	Reported by phc barh

Name of Block : 21 Pandarak

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	OT	ArtIfosef, alleysfosef, scissior, toothforsef, suction,
2	Labour room	Oxygen cylinder, Mebuliser,
3	OPD	Viewbox , stethoscope, BP machine, Weighing machine,
4	LAB	Chemical, Slide, Microscope,

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	OPD	Pcm suspension, cotrimaxazole sus, Nemusulide tab, Benzoic acid susp.,	Pcm, Nemusulde tab,	
2	Labour room	Argumetrine, sietocin, Methargine tab, Antispasmodic	Dicyclofenamic tab.,	
3	Emergency	Diclofenic inj., Metrclopramide inj. , antispasmodiinj.,		
4	OT	Tincher, Benzomine, Betadine lotion, Savlon		

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	Drug store	Steel rack, Steel almirah , Steel boxes,		
2	Gen. store	Computer for inventory purpose, Wall clock, A4 paper, flyleaf . Packing machine, cashbook,	A4paper, flyleaf, cashbook, Register,	

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Pandarak	Y	7	6745051	4720670

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Subcentre	262000	Note. 130000 fund realeased to 13 subcentre

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2	Pandarak	I	O	NA	NA	I	I		NA	O

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	***Child Immunisation***	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	65%
		% of immunization sessions held against planned	5%
2	***Child Health***	Total number of live births	2111
		Total number of still births	11
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	5%
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	4
		% of diarrhea cases treated	75%
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	
3	***Maternal Care***	Number of pregnant women registered for ANC	3098
		% of pregnant women registered for ANC in the 1st trimester	100%
		% of pregnant women with 3 ANC check ups	100%
		% of pregnant women with any ANC checkup	100%
		% of pregnant women with anaemia	70%

		% of pregnant women who received 2 TT injections	75%
		% of pregnant women who received 100 IFA tablets	75%
		Number of pregnant women registered for JSY	3098
		Number of Institutional deliveries conducted	2122
		Number of home deliveries conducted by SBA	613
		% of C-sections conducted	
		% of pregnancy complications managed	
		% of institutional deliveries in which JBSY funds were given	53%
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	66
		% of mothers visited by health worker during the first week after delivery	75%
		Number of Maternal Deaths	
4	***Reproductive Health***	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	20%
		% of couples provided with permanent methods	1%
		% of female sterlisations	1%
5	***RNTCP***	% of TB cases suspected out of total OP	0.21%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	1:3.5
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	108
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
8	***National Leprosy Eradication Programme***	Number of cases detected	13
		Number of Cases treated	13
		Number of default cases	0
		Number of case complete treatment	11
		Number of complicated cases	1
		Number of cases referred	0
9	***Inpatient Services***	Number of in-patient admissions	1850
10	***Outpatient services***	Outpatient attendance	43761
11	***Surgical Servics***	Number of major surgeries conducted	321
		Number of minor surgeries conducted	

Name of Block : 22 Mokama

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	X-ray	X-ray repair/required
2	OT Room	OT light and OT equipment etc
3	Delivery	Delivery equipment etc
4	Delivery room and ward	Trolley , while chair, stretcher etc
5	Ward	Beds, Bed side locker, stool etc

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
	Delivery	Delivery drug, Ant rabies, ,Dexmethason,efconlin,silversulphadizen	Name of Drug	Months
1	Anti Injection	Entemithic injection,Dizepalm,		
2		injection antibiotic, Antimalariya		
3	coup syrup	injection/tablets ,Antikalazar injection, coup syrup		
4		etc		

Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	Out door and In door	coup syrup, Antirabies, Antibiotics, ,Dexona, ,		
2		Antiemathic injection, spasmodic, Atropine, deriphyllin	NA	
3		cotton,bandage,paractimol,numoslide,		
4		Murcurochrome,beatdine solution,		
5		Antimflamatry injection		
6		dicalopenic sodium, antibities capsule and tablets(Blood Bank)		

Section D: RKS, Untied Funds and Support Services

Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Provision of basic preventive Promotive and curative services	Yes	16		

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Provision of basic preventive Promotive and curative services	25000(PHC)+2,42,000(HSC) =2,67,000	25000(PHC)+1,70,000=1,95,000

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		I	O	NA	NA	NA	I		NA	

O- Outsourced/ I- In sourced/ NA- Not available

Section E: Health Services Delivery8	***National Leprosy Eradication Programme***	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	21
		Number of cases referred	21
9	***Inpatient Services***	Number of in-patient admissions	4353
10	***Outpatient services***	Outpatient attendance	45384
11	***Surgical Servics***	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	Nil

Name of Block : 23 Ghoswari

Section C: Equipment, Drugs and Supplies

Availability of Equipment

No.	Name of facility	Equipment required
1	R. I.	Deep Fridger

2	P. Polio	I. L. R

Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	OPD	PCMsyp.(Paedratic)		
2		Antibiotic for(Paedratic)		
3		Ciprofloxacin Eye/ Ear drop		

Section D: RKS,
Untied Funds and Support Services

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	OPD	Yes	Once in a month	929986	451486
2				With opening balance 130000	Rs 9288 transfer toPHC Mokama against ANM(R) salary

Rogi Kalyan Samitis

Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1	Untied for PHC	25000	25000

Support Systems to Health facility functioning

No	Facility name	Services available								
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA				Canteen	Housekeeping
1		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/kalaazar	TB		O/I/ NA	
2		NA *	NA	NA	NA	NA	NA		N.A	

O- Outsourced/ I- In sourced/ NA- Not available

*Amblunce :- One Ambulance is allotted for PHc Ghoswari But it is Kept in PHC Mokama.

* fund utilization :- Rs 92088 Transfar to PHC Mokama Against ANM ® Salary . This Amount not included in 4,51,486

Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
10	***Outpatient services***	Outpatient attendance	1611

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
5	***RNTCP***	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	52 bifurcated from Phc Mokama
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	69 bifurcated from Phc Mokama
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	85% bifurcated from Phc Mokama
		% of patients put on treatment, who drop out of treatment	0% bifurcated from Phc Mokama
6	***Vector Borne Disease Control Programme***	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	17 bifurcated from Phc Mokama
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	***National Programme for Control of Blindness***	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	***National Leprosy Eradication Programme***	Number of cases detected	17
		Number of Cases treated	17
		Number of default cases	1
		Number of case complete treatment	14
		Number of complicated cases	1
		Number of cases referred	0
9	***Inpatient Services***	Number of in-patient admissions	Nil
10	***Outpatient services***	Outpatient attendance	5103
11	***Surgical Servics***	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	Nil

Community Participation Initiatives

S.No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1	Patna Sadar		NA	NA	NA	66	66		66	9
2	Phulwarisharif	14	-----	-----	-----	125	174 90		18	11,99,840/-
3	Sampatchak	07	--	--	---	49	49	49	07	17040/Rsfr0m September 08
4	Danapur	13	24		240000	113	113	-	8	40020/-
5	Maner									
6	Bihta	26	NO	NO	NO	211	174		TWO IN MONTH	75960
7	Bikram					139	134		6	83820
8	Dulhin Bazar									
9	Paliganj	25	0	0	19000	213	117		18	
10	Naubatpur	21			120000=00	171	100 171		12	76950=00
11	Punpun									
12	Masaurhi	-	-	-	-	156	156		One meeting in every month	42840
13	Dhanarua					175	163		12	93420
14	Fatuha	16	16	4 IN A MONTH	140000	74	54 74		1 in a month	24720=00
15	Daniyawan	6		4		52	52	-	One in Month	-
16	Khusrupur	7	9	4 in a Month	90000/-	30	30	0	Once in a month	Nil
17	Bakhtiyarpur	16				123	108		12	25000
18	Barh	13				115	111	115	11	75460
19	Athmalgola	8	NA	By PHC/SDH Barh	By PHC/SDH Barh	67	By PHC/SDH Barh		5	Reported By Barh

20	Belchi					49	41	8	2	0
21	Pandarak	15				140	49	120		48960
22	Mokama	15				111	111		12	69260
23	Ghoswari					57	35		Conducted fromPHC Mokama till march 2009	

Training Activities:

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1	Patna Sadar	--	----	---		ASHA Training
2	Phulwarisharif	----	----	07	168 (AWW), 03ANM(R)	
3	Sampatchak	Nil	Nil	Nil	Nil	
4	Danapur	Nil	Nil	10	240	
5	Maner				80	
6	Bihta	NO	NO	NO	NO	
7	Bikram			2	14	ASHA NEEDS TRAINING
8	Dulhin Bazar					
9	Paliganj	20	20	1	20	NEED TRAINING IN 180 COEHPAD APOLLO OR OTHER PVT. HOSPITAL PER MONTH
10	Naubatpur					
11	Punpun				02	
12	Masaurhi			1	156	ANM(C) & ANM (R) Required training for R.I & Labour
13	Dhanarua					

14	Fatuha	No	No	1	4	
15	Daniyawan	NO	NO	NO	NO	YES
16	Khusrupur	No	No	Yes (1)	2	`Yes
17	Bakhtiyarpur	No	Nil	2	57	SBA Training has not been given.
18	Barh	Y	Y	Y	Y	
19	Athmalgola		NA			MCH Training
20	Belchi					
21	Padarak					
22	Mokama					1. Seminar 2. Camp/Training 3. Program Created 4. budget 5. Equipment Required 6. Required Trend man Power 7. Logistics
23	Ghoswari					

BCC Activities

No.	Name of Block	BCC campaigns/ activities conducted
1	Patna Sadar	
2	Phulwarisharif	Behavioral change/ Communication skill / Attitude to team members / Supervisors of Pulse polio prog. and cmcs of unicef
3	Sampatchak	NIL
4	Danapur	ASHA Tranining, ANM Tranining, Polio Training, Vit A Training

5	Maner	ASHA Tranining, ANM Tranining, Polio Training, Staff Meeting (Weekly)
6	Bihta	MONTHLY STAFF MEETING
		ASHA MEETING
		POLIO MEETING
7	Bikram	MAHILA MANDAL, ASHA DIWAS , ANM WEECLY MEETINGS , PULSE POLIO MEETINGS
8	Dulhin Bazar	ANM MEETING
		ASHA MEETING
		POLIO METTING
		ROGIKALYAN SAMITI MEETING
9	Paliganj	ANM MEETING

		ASHA MEETING
		POLIO METTING
		ROGIKALYAN SAMITI MEETING
10	Naubatpur	
11	Punpun	P.P. Meeting, ASHA Meeting, ANM Meeting
12	Masaurhi	P.P meeting, Meeting with Asha, Meeting with ANM
13	Dhanarua	ASHA Meeting ANM Meeting
14	Fatuha	
15	Daniyawan	
16	Khusrupur	
17	Bakhtiyarpur	Asha meeting, Anm meeting

18	Barh	NA
19	Athmalgola	Asha Meating, ANM Meating, Pulse Polio Meating, Supervisor Meating,
20	Belchi	
21	Padarak	Bcc meeting , RI tracking
22	Mokama	Mahila mandal meeting , ASHA meeting , ANM Weekly meeting , Plus Polio Meeting , VIt- A meeting and Training .
23	Ghoswari	

S.No	Name of Block	Health Manager Appointed (Y/N)	Accountant appointed (Y/N)	Store keeper appointed (Y/N)
1	Patna Sadar	Y	Y	NO
2	Phulwarisharif	Y	Y	NO
3	Sampatchak	Y	Y	NO
4	Danapur	Y	Y	No
5	Maner	Y	Y	No
6	Bihta	Y	Y	NO
7	Bikram	Y	Y	NO
8	Dulhin Bazar	Y	Y	NO

9	Paliganj	Y	Y	NO
10	Naubatpur	Y	Y	Y
11	Punpun	Y	Y	NO
12	Masaurhi	Y	Y	NO
13	Dhanarua	Y	Y	NO
14	Fatuha	Y	Y	NO
15	Daniyawan	Y	Y	Y
16	Khusrupur	Y	Y	NO
17	Bakhtiyarpur	Y	Y	Y
18	Barh	Y	Y	Y
19	Athmalgola	Y	Y	NO
20	Belchi	Y	Y	
21	Padarak	Y	Y	NO
22	Mokama	Y	Y	NO
23	Ghoswari	Y	Y	NO

FINAL BUDGET FOR FY 2009-10

SUMMARY OF BUDGET

Slno.	Budget Head	Amount
1	Maternal Health	115323680
2	Child Health	6563181
3	Family Planning	32452352
4	ARSH	15000000
5	Health Camp Innovation and Infrastructure	33979095
6	Institunal Strengthening	3135000
7	Training	9797925
8	BCC-IEC	1937000
9	Procurement of equipments	132895
10	Programme Management	1818526
11	ASHA and related issues	5994304
12	Untied Fund for PHC, APHC & HSC	6580000
13	Village Health Sanitation Committee	752500
14	Rogi Kalyan Samiti	4700000
15	Institutional strengthing	4100000
16	Contractual Manpower	90363556
17	PPP Initiatives(102 Ambulance, 1911- Doctor on call & SamadhanAddl. PHC management by NGO, S.H.W.Treatment in Gove. Health Facilities up to PHC, Ultra Modren Diagnostic Center, Operationalising MMU,Monitoring and Evaluation & Advance Life Saving Ambulance.	26257035
18	Prourement of Supplies	8039812
19	Strenthening of Cold chain	840000
20	Prepration of Action Plane	100000

21	Mainstreaming of AYUSH	7387200
22	Equipment for ICU	1705263
23	RCH Procurement of Equipments	8424950
24	Routine Immunisation & Pulse polio	13990293
25	Pulse Polio	62239380
26	RNTCP	
27	NLEP	
28	NVBDCP	
29	NBCP	
30	IDD	
31	IDSP	

FINAL BUDGET FOR THE FINANCIAL YEAR 2009-10-PATNA DISTRICT

S.No	Name of Head	Physical Achievement Last Year 2008-09	Expected Target	Budget Allocation	Remarks
1	Operationalise FRUs (Blood Bank,Diesel, Service Maintenance Charge, Misc. & Other costs)	0	2	288000	
2	Institutional Deliveries-JBSY	49123	58948	117895200	
3	Home Deliveries	17000	18700	9350000	
4	Operationalise 24x7 PHCs (Organise workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 25,000 / year / district)	0	1	25000	
5	RCH Outreach Camps in un-served/ under-served areas	0	20	100000	
6	Caesarean Deliveries (Facility Gynec, Anesth & paramedic)	0	5895	8842500	

7	Other Activities (JSY)- Monitor quality and utilisation of services and Mobile Data Centre at HSC and APHC Level and State Supervisory Committee for Blood Storage Unit	0	478*2000*12 (418 SCs & 60 APHC's)	11472000	
8	Facility Based Newborm Care/FBNC in districts (Monitor progress against plan; follow up with training, procurement, view meeting etc.)			250000	
9	School Health Programme (Details annexed)		12000 Schools*3600 (476000 Students)	24480000	
10	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services		1 Camp	25000	
11	NSV camps (Organise NSV camps in districts)		500	500000	
12	Compensation for female sterilisation	1111	19000	19000000	
13	Compensation for male slerilisation	78	18000	18000000	
14	Accreditation of private providers for sterilisation services	6590	6000	9000000	
15	IUD Camps		3360	168000	
16	POL for Family Planning for 500 below sub-district facilities	0	200 Camps	300000	
17	Condom & O.C.P Distribution in Urban Slum Area		20 Site	600000	
18	Adolescent services at health facilites.(PHC/Market Places)		23 PHCs+ 4 Site in Market Area-Patna	3888000	
19	Urban RCH Services (Development of Micro-plans for each urban area already mapped for delivery of RCH services, both outreach and facility based through private agencies/institutions/organisations.		850 Sites For Immnunisation	200000	
20	PNDT and Sex Ratio Workshop		30 Workshops@Rs.15000	450000	
21	Incentive/Awards etc. (Muskaan)		3937 AWC, 418 HSCs	9093000	
22	Sub-centre rent and contingencies @Rs.500/-		280 SCs-Rent	1680000	
23	Skilled Birth Attendance /SBA		130 Batch@Rs.42500	5525000	
24	MTP Training			25000	
25	IMNCI		90 Batch	10800000	

26	DPMU Salary (1-DPM, 1-DAM, 1-M & E Off.)		61600/Month	739200	
27	DPMU Training (1-DPM, 1-DAM, 1- M & E Off.)		Once in a Year	300000	15 Day Training in Prime Institution
28	Development of State BCC/IEC strategy (Workshop)			50000	IEC Activities, Experts & all Stake Holders
29	IEC Activities (Hoarding, Posters & Banners, Road Show, Van Publicity, Street Play, Puppet Show & News Paper Publicity)		All Slum Areas & Undeveloped Villages	3000000	
30	Procurement of Equipment (Blood Storage Facility)		FRU-4 Unit	500000	
31	Strengthening of District Health Society/DPMU [Data Centre, Mobility,Office Rent, Office Exp., Additional Manpower]			832800	
32	ASHA Drug Kit & Replenishment	2636	3233	790800	
33	Motivation of ASHA One Umbrela @150& Two Shari(600)	2636	3233	2424750	
34	ASHA Divas T.A @Rs. 60, Refreshment@Rs.15 and 2000 per year for best ASHA award	2636	3233	2955700	
35	Untied Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center(418 SC's@10000,60 APHC@25000 & 23 PHC@25000)	(418 SC's ,60 APHC & 23 PHCs)		6255000	
36	Village Health and Sanitation Committee, 1850@10000			18500000	
37	Rogi Kalyan Samiti			3600000	
38	Construction of HSCs			9500000	
39	Construction of residential quarters of 20 old APHCs for staff nurses			4000000	
40	Construction of building of 5 APHCs where land is available			3750000	
41	Upgradation of 2 ANM Training Schools			1000000	
42	Incentive for PHC doctors & staffs			7200000	
43	Salaries for contractual Staff Nurses			1800000	

44	Contract Salaries for ANMs			30096000	
45	Mobile facility for all health functionaries			7896000	
46	Block Programme Management Unit			11868000	
47	102-Ambulance service			456000	
48	1911- Doctor on Call & Samadhan			136000	
49	Addl. PHC management by NGOs			6976200	
50	Urban Health Centre (UHC)			540000	
51	Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP)			7000000	
52	Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar			5000000	
53	Operationalising MMU			5544000	
54	Advanced Life Saving Ambulance (108 Emergency Service)			12000000	
55	Monitoring and Evaluation (District & Block Data Centre)			4000000	
56	Nutritional Rehabilitation Centre			840000	
57	Delivery kits at the HSC/ANM/ASHA (no.70000 x Rs.25/-)		700000	1750000	
58	SBA Drug kits with SBA-ANMs/ Nurses etc@ Rs.245/-			270480	
59	Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year (Only for BPL Adolscent Girls)		40000	20800000	
60	Procurement of beds for PHCs to DHs		690	6900000	
61	Cost of IFA for Pregnant & Lactating mothers		700000	4200000	
62	Cost of IFA for adolescent girls		73564	4413840	
63	Earthing and wiring of existing Cold chain rooms in all PHCs @Rs 10000/- per PHC x 23 PHCs, 9 Urban Hosp.		32	320000	
64	Preparation of Action Plan			400000	
65	Mainstreaming Ayush under NRHM			1000000	
66	Equipment for ICU			2500000	
67	Equipments for the Labour Room			8000000	

68	Routine Immunisation Programme, R.I.(Mobility Support, Cold Chain Maintenance, WIF Maintenance, Alternate Vaccinator Delivery, Computer Assistant, Meetings, Training, MicroPlanning, POL, Vaccine Delivery, Consumables, Disposables, Bleach/HypoChlorite Solution, Refreshment etc.)			15000000	
69	Pulse Polio (Transit Team, H-H Team, Mela Team, Vaccinator,Supervisor, Cold Chain Handler, Vehicles, Mobility Support, Supply & Logistics, IEC & Social Mobilisation, Contigency per team Vaccine to Vaccine Cold Chain Handler, Support to to WIC			90022000	

TELEPHONE DIRECTORY- HEALTH, PATNA DISTRICT

Sl.No.	NAME	DESIGNATION	MOBILE NO.
1	MR. JITENDRA KUMAR SINHA	D.M., PATNA	9470003601
2	DR. HARENDRA PD. SRIVASTAWA	R.D.D., PATNA	9470003599
3	DR. PRANAW KUMAR	C.S., PATNA	9470003600
4	DR. BIRESHWAR PD.	A.C.M.O., PATNA	9470003547
5	DR. R.P.SWETANKI	D.I.O., PATNA	9470003548
6	DR. KUMKUM SINHA	SUPDT. G.G.S. HOSP., PATNA CITY	9470003583
7	DR. RASHMI REKHA	D.S., GARDANIBAGH HOSP.	9470003584
8	DR. RAJENDRA SHARMA	D.S., RAJENDRA NAGAR HOSP.	9470003585
9	DR. H.N.DIWAKAR	MOIC., RAJBANSHI NAGAR HOSP.	9470003586
10	DR. AKHILANAND SINGH	MOIC, NEW GARDINER ROAD HOSP.	9470003587
11	DR. NIRMALA SAXENA	D.S., SUB. DIV. DANAPUR	9470003588
12	DR. B. SINGH	D.S., SUB. DIV. BARH	9470003589
13	DR. PARMANAND KUNVAR	MOIC, SADAR PRAKHAND, PATNA	9470003590
14	DR. PIYUSH KUMAR	MOIC, PHC PHULWARISHARUF	9470003591
15	DR. RAJENDRA PRASAD SINHA	MOIC, PHC (FATUHA+KHUSRUPUR)	9470003555
16	DR. S.P.VINAYAK	MOIC, PHC MANER	9470003592
17	DR. VINOD KR. CHOUDHARY	MOIC, PHC (BARH+BELCHI+ATHMALGOLA)	9470003593
18	DR. BIRENDRA KUMAR SINHA	MOIC, PHC BAKHTIYARPUR	9470003594
19	DR. PRABHA	MOIC, PHC DHANARUA	9470003595
20	DR. DADAM PRASAD SINGH	MOIC,PHC BIHTA	9470003596
21	DR. VIJAY KUMAR CHOUDHARY	MOIC, PHC MOKAMA	9470003597
22	DR. AMIR CHAND PRASAD	MOIC, PHC PUNPUN	9470003598
23	DR. ANITA SUNIL	MOIC, PHC DANAPUR	9470003603
24	DR. RATNESHWAR PRASAD	MOIC, PHC MASAURHI	9470003604
25	DR. D.N.SINGH	MOIC, PHC NAUBATPUR	9470003605
26	DR. SASHI SHEKHAR PRASAD	MOIC, PHC BIKRAM	9470003606
27	DR. H.N.SINGH	MOIC, PHC PANDARAK	9470003607
28	DR. SUDHA SHANKAR ROY	MOIC, PHC SAMPATCHAK	9470003608
29	DR. SASHI KALA BHATT	MOIC, PHC DANIYAWAN	9470003609
30	DR. NAWAL KISHORE BAITHA	MOIC, PHC GHOSWARI	9470003610
31	DR. NILIMA SHARAN	MOIC, M.L.A. HOSPITAL	9470003612

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
APHC	Additional Primary Health Centre
APL	Above Poverty Line
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWH	Anganwadi Helper
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BCC	Behaviour Change Communication
BDC	Block Development Committee
BPL	Below Poverty Line
CBO	Community Based Organization
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMO	Chief Medical Officer
DDC	Drug Distribution Centre
DAP	District Action Plan
DF	Deep Freezers
DH	District Hospital
DHAP	District Health Action Plan
DLHS	District Level Household Survey

DOTS	Directly Observed Treatment Short-course
EmOc	Emergency Obstetric Care
FGD	Focus Group Discussion
FRU	First Referral Unit
FTD	Fever Treatment Depot
GP	Gram Panchayat
HMS	Health Management Society
ICDS	Integrated Child Development Services
IDSP	Integrated Disease Surveillance Project
IEC	Information Education And Communication
ILR	Ice-lined Refrigerators
IOL	Intra-Ocular Lens
IUD	Intra-uterine Devices
IPHS	Indian Public Health Standards
LHV	Lady Health Visitor
MDT	Multi Drug Therapy
MMU	Medical Mobile Unit
MOIC	Medical Officer In-Charge
MPW	Multi Purpose Worker
MSG	Mission Steering Group
NBCP	National Blindness Control Programme
NGO	Non Government Organization
NLEP	National Leprosy Eradication Programme
NRHM	National Rural Health Mission
NVBDCP	National Vector Borne Disease Control Programme
PHC	Primary Health Centre

PPC	Post Partum Centres
PRI	Panchayati Raj Institution
RCH	Reproductive And Child Health
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
SC	Sub-centre
SC/ST	Scheduled Caste/ Scheduled Tribe
SHG	Self Help Group
SNP	Supplementary Nutrition Programme
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOT	Training of Trainers
UFWC	Urban Family Welfare Centre
VHC	Village Health Committee
VHSC	Village Health and Sanitation Committee
ZP	Zila Parishad