

**District Health Action Plan
(2009-2010)**

East Champaran

**DISTRICT HEALTH SOCIETY
EAST CHAMPARAN
BIHAR**

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PREFACE

Good health is an integral component of human well being. No individual should fail to secure adequate medical care because of inability to pay it and should get all facility for diagnosis and treatment which is also recommended by the BHOORE committee in 1946. It is a fundamental human capacity that enables every individual to achieve her/his potential to actively participate in social, economic and political processes. In particular, a growing body of evidence highlights the importance of the early years in the development of individual potential.

The **National Rural Health Mission** gives emphasis on optimum care, nutrition and protection of children from infection at birth and during their first three years of life, adequate care and quality health services to pregnant and lactating mothers not only ensure survival but forms the foundations for sustainable development. The District Health Action Plan of Purvi Champaran has been prepared keeping this vision in mind. The DHAP aims at improving the existing physical infrastructures, enabling access to better health services through hospitals equipped with modern medical facilities, and to deliver with the help of dedicated and trained manpower.

DHAP focuses on the health care needs and requirements of rural people especially vulnerable groups such as women and children. The DHAP has been prepared keeping in mind the resources available in the district and challenges faced at the grass root level. The plan strives to bring about a synergy among the various components of the rural health sector. In the process the missing links in this comprehensive chain have been identified and the Plan will aid in addressing these concerns. The plan has attempts to bring about a convergence of various existing health programmes and also has tried to anticipate the health needs of the people in the forthcoming years.

The DHAP has been prepared through participatory and consultative process wherein the opinion the community and other stakeholders have been sought and integrated. I am grateful to the Department of Health, Government of Bihar for providing the leadership in the preparation of this plan and also in the implementation of other health programmes. The medical personnel and staff of DH/PHCs/APHCs/HSCs who gave vital inputs which were incorporated into this document.

This document would not have been possible without the indefatigable efforts of Mr. P. K Solanki, the DPM of the district. The support of Mr. Najiburrahman, the Data Manager from Mehsi, Mr. Data Manage, Kalyanpur, was very vital in compiling the data collected & compiling it for situation analysis.

Civil Surgeon, East Champaran

Chapter – 1: INTRODUCTION:

BRIEF HISTORY OF DISTRICT

First Creation of Champaran District : 1866

On 1st of December 1971 Champaran district was split up into two districts, viz. Purbi Champaran and Paschim Champaran. The headquarter of Purbi Champaran district is at Motihari. Presently Purbi Champaran consists of Six Subdivisions and Twenty Seven Blocks.

Nepal makes its northern boundary, Sitamadhi and Sheohar eastern while Muzaffarpur South and with part of Gopalganj bounds it in western side.

Origin of Name:



Flower Champa

The name Champaran owes its origin to Champa-aranya or Champkatanyas. Champa or Champaka means Magnolia and aranya means forest. Hence, Champaranya means Forest of Magnolia (CHAMPA) trees. It is popularly believed that the nomenclature here was made while the vast forest part was inhabited by solitary ascetics. It is needless to say that Purbi means Eastern Side.

Ancient History

The history of Purbi Champaran is a part of parent Champaran district. In the prehistoric period, Champaran constituted a part of the ancient kingdom of Videha. The Aryan Videhas were ordained to settle east of the Gandak or Narayani river. Among the Greatest of the Videha kings was Sirdhwaj

Janak an erudite scholar as well as lord temporal and lord spiritual for his subjects. Yajnavalkya was his chief priest who codified the Hindu law known as Yajnavalkya Smriti. Both of his wife Gargi and Maitreyi was renowned scholar. It is Gargi who is credited to compose some of mantras. After the fall of Videhan empire Champaran was ceded to oligarchical republic of Vrijjan confederacy, with Oligar PHCal Vaishali as its capital of the Vrijjan confederacy Lichhavis were the most powerful and prominent.

For a true imperialist Ajatshatru the emperor of Magadh the power and fame of Vaishali was eyesore. By tact and force he annexed Lichhavis and occupied its capital, Vaishali. He extended his way over the present district of Purbi Champaran which lasted for nearly hundred years. After the Mauryas, the Sungas and the Kanvas ruled over Magadh and its vast territories. Archaeological evidences found in Champaran bear testimony of Sunga and Kanva rules here.

The Kushans, who were migrant Turks, overran the entire northern India in the first century AD. Probably Champaran was a part of the Kushan empire at that time. Banphar Rajputs in the 3rd century AD got way by the Kushans. Champaran later become a part of the Gupta empire. Alongwith Tirhut, Champaran was possibly annexed by Harsha during whose reign Huen- Tseang, the famous Chinese pilgrim, visited India. During 750 to 1155 AD Palas were in the possession of Eastern India and Champaran formed the part of their territories. Towards the close of the 10th century Gangaya Deva of the Kalacheeri dynasty conquered Champaran. He gave way to Vikramaditya of the Chalukya dynasty, who was accompanied by adventures from the Carnatic. It is believed that one of the adventures counted the Saka dynasty of Bangal another, Nanyadeva, founded the Carnatic dynasty of Mithila with its capital at Siaraon on the Indo- Nepal border.

MEDIEVAL PERIOD

During 1211 and 1226 first Muslim influences were experienced when Ghyasuddin Iwaz the Muslim governor of Bengal extended his way over Tirbhukti or Tirhut. It was however, not a complete conquest and he was only able to have Tirhut from Narsinghdeva a Simraon king, in about 1323 Ghyas- Uddin Tughiar annexed Tirbhukti and placed it under Kameshwar Thakur established Sugaon or Thakur dynasty. As Harsinghdeo the last Simraon king had taken shelter in Nepal Kameshwar Thakur a Brahmin Rajpandit was installed to regal status. The Sugaon dynasty held Tirbhukti as a tributary province for about a century after the capture of Harsinghdeo. The most famous of the dynasty was Raja Shiva Singh who was adorned by the immortal poet laureate Vidyapati, during the period of Lakshmi Nath Deva Tirbhukti was attached by Sultan Alauddin Hussain Shah of Bengal and Sikander Lodi of Delhi. A treaty was concluded in 1499 according to which Tirbhukti, left to Sikandar Lodi subsequently, Sikander Lodi attacked Tirbhukti and made the prince a tributary chief. However, in contravention of the treaty conducted by his father, Nasrat Shah, son of Alauddin Shah attacked Tirbhukti in 1530 annexed the territory, killed the Raja and thus put an end to the Thakur dynasty.

Nasrat Shah appointed his son-in-law as viceroy of Tirhut and the territory was governed by Muslim Governor. In 1526 Babar dethroned Sikandar Lodi but Champaran could not come into prominence till the last days of the Muslim rule.

During the close of the Mughal empire, Champaran witnessed ravages of contending armies. Prince Alauddin later known as Shah Alam invaded Bihar in 1760 and Khadin Hussain, the Governor of Purnia invited with his army to join him. In the mean time, Nawab Sirajudaula of Bengal had already been defeated and killed as a result of the joint conspiracy of Mir Jagarkhan and the British, in June, 1757. Before Khadin Hussain could meet Shah Alam's forces Captain Knox led a British force and defeated him at Hajipur. Thereafter he fled to Bettiah.

BRITISH PERIOD

With the rest of Bengal Champaran passed into the hands of East India Company in 1764 but military expeditions were still necessary to curb the independent spirit of the chiefs. In 1766, Robert Barkar easily defeated the local chiefs and forced them to pay tribute or revenue which they had destined till then. However, the Raja of Bettiah did not pay revenues regularly and revolted but was crushed. He fled to Bundelkhand and his estate was consequently confiscated. But to the British it was difficult to manage the affairs of the estate in the wake of strong popular resentment. At the time of uprising the estate was restored by the Raja in 1771.

In the mean time for reaching consequences were taking place in neighboring Nepal. A confrontation was going on between the Gurkhas, under Prithvi Narayan of Newar line and British forces. Ultimately a treaty was concluded at Sugauli. There remained peace for 25 years followed by a treaty but trouble started after 1840 when a Gurkha troops entered the estate of Raja Ramnagar and extended their claim over his territory. However, Gurkha troops had to retreat due to determined resistance. Later, the Nepalese proved faithfully allies of the British in suppressing the National Movement of 1857.

The repression of the Wahabi movement at Patna furthered of seething discontent of tenants against the activities of the administration as well as the Indigo --Planters. The cultivators were forced to grow indigo even in the face of recurring losses in this account. Moreover many kinds of illegal realization were effected by the landlords. The administration was the cut do - sac of the oppressions.

In the beginning of 1857 movement the position of Britishers was precarious. Major Hoimes who was commanding the 12th Irregular cavalry, stationed at sugauli was apparently panicked and proclaimed martial law on his own authority. This measure had not attracted whole-hearted support of higher authorities. Major Holmes had repressive measures and executed some sepoys. Consequently members of the cavalry revolted against the authority. The Major his wife and other members of his family were stained. The Soldiers proceeded towards Siwan to join other forces who had risen against the British authority. The revolt was, however calmed

down to enlist support Honorary Magistrates from among the indigo planters were appointed and also authorized them to recruit local police. Some of the big estate holders like the Raja of Bettiah even gave support to the British Gurukha troops of the British were asset to them.

The later history of the district is inter woven with the saga of exploitation of the indigo planters. Britain used to get supplies of indigo from her American colonies which ceased after war of .Independence fought in 1776 leading to their freedom. Britain had to depend upon India for supplies of Indigo. Europeans steered many factories in the indigo producing areas of Bengal and Bihar.

Estate of Bettiah and Ramnagar gave lease of land to them on easy terms for cultivation of indigo. The arrangement made for the cultivation of indigo were (1) Zirat and (2) Tenkuthiya . Apparently ,nothing went wrong by the introduction of both the systems. But actually, the peasants suffered a lot due to both the systems. The wages paid to laborers were extremely low and entirely inadequate. They were forced to labor hard and were severely punished for alleged slackness on their part Sri Raj kumar shukla, an indigo cultivator of the district having heard about the Non Co-operation Movement had by Gandhijee in South Africa met and apprised him about miserable plight of indigo Cultivators in the Champaran District. He persuaded him to visit the district. Almost at same time;The Indian Nation congress in December ,1916 passed at Lucknow a resolution for requesting Government to appoint a committee of both officials and non-officials to enquire into the agrarian trouble facing the district.

Gandhijee paid historic visit to Champaran. His visit was stoutly opposed by the British rulers. An order asking him to leave Champaran was served upon him as soon as he arrived at Motihari. Gandhijee defied the order of the several prominent persons who rallied round him mention may be made of Dr .Rajendra Prasad Acharya Kriplani ,Mahadeo Desai, C.F. Andrews, H.S.Pollock, Anugrah Narayan Singh, Raj Kishore Prasad, Ram Nawami Prasad and Dharnidhar Prasad after considerable struggle Govt. was compelled to lift the ban on Gandhi's stay here for he first time on Indian soil Satyagrah, was successfully put to test. Eventually, a committee of enquiry was appointed by the Govt. under the chairmanship of Sri Frank shy, Gandhijee was also

made one of the member of the committee. On the basis of vauled a recommendations of the committee, the Champaran Agraria low (Bihar and Orissa Act I of 1918) was passed. In course of time, the development of synthetic dyes made the cultivation of indigo redundant.

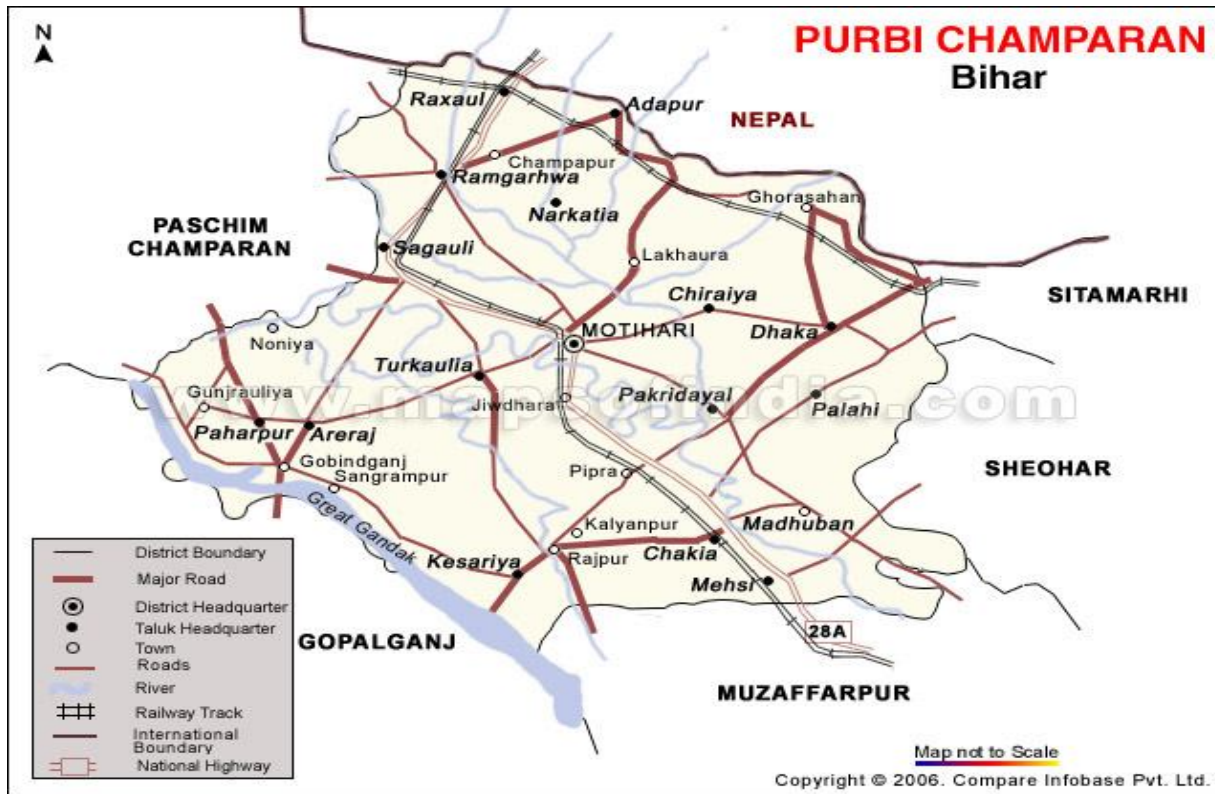
In 1920,Gandhijee made an extensive tour of Bihar before launching the non-co-operation movement, which earned full support in the district as well. In 1929 a group of volunteers from Champran district came to demonstrate a against the Simon commission in the same year the 21st session of the Bihar students conference was held at Motihari. As a reaction against the failure of Round table conference held in 1932 there was popular gathering at Motihari to take pledge for Independence. Police lathi charge and fired upon the gatherings. people of Champaran will be remember for their active and significant participation in the National movement.

Chapter : 2 DISTRICT AT A GLANCE: EAST CHAMPARAN	
ESTABLISHED	
CHAMPARAN	1866
PURBI CHAMPARAN	1971
POLITICAL	
AREA	3968.0 Sq. Km.
NEAREST RAILWAY STATION	MOTIHARI
NEAREST AIRPORT	PATNA
GEOGRAPHICAL LOCATION	
LONGITUDE	EAST 84 ⁰ - 30' & 85 ⁰ 16
LATITUDE	NORTH 26 ⁰ - 16' & 27 ⁰ -1
BOUNDARY	

NORTH	NEPAL	
EAST	SHEOHAR, SITAMARHI	
SOUTH	MUZAFFERPUR, GOPALGANJ	
WEST	PASHCHIM CHAMPARAN, GOPALGANJ	
DISTANCE FROM		
PATNA	170 Km.	
MUZAFFERPUR	90 Km.	
HAZIPUR	150 Km.	
BETTIAH	50 Km.	
NATURAL		
RIVERS	GANDAK, SIKARHANA, BAGMATI AND LAL BAKEYA, TILAWE, KACHNA, MOTIA, TIUR, DHANAUTI	
CLIMATE		
RAINFALL(NORMAL)	1241.6 Millimeter	
TEMPERATURE	MAX 46 & MIN 5 DEGREE CELCIUS	
ADMINISTRATIVE		
NO OF SUBDIVISION	6	
NO OF BLOCKS	27	
NO OF POLICE STATION	41	
NO OF PANCHAYAT		
NO OF REVENUE VILLAGE	1345	
AGRICULTURE (AS PER 2003-2004 DATA)		
AREA	391401 Hectare	
CULTIVABLE LAND	303923 Hectare	
NON CULTIVABLE LAND	87478 Hectare	
IRRIGATED LAND	176115 Hectare	
NON IRRIGATED LAND	127808 Hectare	
MAJOR CROPS	Rice Paddy (Basmati Rice), Sugar Cane, Jute, Lentis	
DEMOGRAPHY (ACCORDING TO 2001 CENSUS)		
URBAN	Male	135366
	Female	115720
	Total	251086

RURAL	Male	1941681
	Female	1747006
	Total	3688687
Total		
LITERACY (ACCORDING TO 2001 CENSUS)		
MALE	49.3%	
FEMALE	24.3%	
AGGREGATE	37.5%	
EDUCATION : NO OF SCHOOLS AND COLLEGES PRIMARY		
RURAL	1734	
URBAN	31	
TOTAL	1765	
UPPER PRIMARY		
RURAL	384	
URBAN	21	
TOTAL	405	
HIGH SCHOOL		
RURAL	83	
URBAN	6	
TOTAL	98	
DEGREE COLLEGES		
RURAL	11	
URBAN	6	
TOTAL	17	

Physical Map of East-Champaran



CHAPTER 3 : PLANNING PROCESS

A decentralized participatory planning process has been followed in development of this District Action Plan. This bottom-up planning process began with consultations with block stakeholder groups, Block /core Group members and village communities in all villages of each Block of the District.

Block Action Plans were developed based on the inputs gathered through village action plans prepared by Village Health Water Sanitation Committees. The health facilities in the block viz. SCs, PHC and, PHC were surveyed using the templates developed by Government of India. The inputs from these "facility" surveys were taken into account while developing the Block Action Plan.

The District Planning Core Group (DCG) provided technical oversight and strategic vision for the process of development of District Action Plan.

The members of the DCG had also taken the responsibility of contributing to the selected thematic areas such as RCH, Newer initiatives under NRHM, immunization etc. Assessment of overall situation of the District and development of broad framework for planning was done through a series of meetings of the DCG.

The process followed while developing the District Health Action Plans is as follows:

- Extensive District consultations of various interests groups/stakeholders and their feedback.
- Resources availability recommendations of stakeholders at all levels.
- Formation of District level core group to further the planning process.
- Participation of village level functionaries & Block level functionaries in the planning process.
- District level consultation processes with workshops, meetings and discussions.
- Feed back & Consultative meetings with various allied Departments.

The major thrust areas in the NRHM namely, Reproductive & Child Health-II, Immunization, Control of Communicable Diseases, Strengthening & Mainstreaming & Establishing the Public Health Standards in the Health System have been taken into account while developing the District Health Action Plan.

TECHNICAL INPUTS FROM: BIHAR STATE HEALTH & FAMILY WELFARE SOCIETY, MOTIHARI

SOURCES:-

1. CENSUS OF INDIA- 2001 (SOFT COPY)
2. ALL CONCERNED DEPARTMENTS
3. DISTRICT LEVEL HOUSEHOLD SURVEY – RCH, 2004-06
4. DISTRICT LEVEL HOUSEHOLD SURVEY-3 – RCH, 2007-08
5. SRS – 2007
6. CIVIL SURGEON OFFICE
7. NFHS – III

PREPARED AND CONTRIBUTION BY DPMU, EAST CHAMPARAN

CHAPTER 4 : PRIORITIES AS PER BACKGROUND AND PLANNING PROCESS

National Rural Health Mission encompasses a wide range of health concerns including the determinants of the good health. Though there is a significant increase in resource allocation for the NRHM, there can never be adequate resources for all the health needs and all that needs to be done for ensuring good health of all the people. It is therefore necessary to Sub centres the areas where appropriate emphasis needs to be given.

Based on the background and the planning process following are the overall priorities of the District:

1. Adverse Sex Ratio
2. Improving Maternal & Child Health & ensuring complete immunization, Ante natal and Post natal cover.
3. Improving Family Planning Services.
4. Reduction of morbidity due to malaria and TB through effective disease control and surveillance.
5. Increase in the number of facilities as per the population
6. Availability of personnel and their Capacity building
7. Improving behavior change communication.
8. Ensuring adequate supply of drugs particularly at primary level to poorer sections.
9. Ensuring development of effective and sustainable financing arrangements to protect the interest of marginalized sections.
10. Strengthening the HMIS and the monitoring system especially availability of correct data and its use.
11. Inter-sectoral convergence.
12. Strengthening of Civil Surgeon Office.
13. Quality services at all levels

SPECIFIC PRIORITIES OF THE DISTRICT

1. **Gender & Equity:** Implementation of PNDT Act 1995 through regular monitoring of Ultrasound Clinics and regular meetings of advisory committee. Increase in BCC/IEC activities for awareness of PNDT Act.
2. **Maternal Health:** Well managed system of institutional deliveries through Delivery huts and Emergency Obstetric Care services, JSY extended to all poor categories of persons, Blood Storage Units at all PHCs, All PHCs to be developed as FRUs, PHCs to be developed as 24x7 facilities, good referral mechanisms. Ensure complete Ante natal and Post natal coverage.
3. **Neo Natal and Child Health:** Provision of Neonatal services at PHCs, PHCs, Training on IMNCI and IMCI, addressing Anaemia and Malnutrition. Preparation of School Health Plan.
4. **Family Planning:** Improving the coverage for Spacing methods and NSV
5. **Immunization:** Total coverage for immunization
6. **Adolescent Health:** The focus is on provision of Adolescent Reproductive and Sexual health education through schools and also awareness building on good health practices, responsible family life, and harmful effects of Alcoholism.
7. **National Disease Control Programmes:** Prevention of Mosquito transmitted diseases and increase case detection rate of NSP cases up to 70% and maintaining cure rate of 85%.
8. **Demand Generation, IEC/BCC:** Nutrition, Health & RCH Education to Adolescents, Behaviour Change in the difficult Populations and for improving the adverse sex ratio. Health Plan for each village through Village Health Committee of the Panchyat.
9. **Programme Management:** Better functioning of the District Health Society and a strengthened Civil Surgeon's Office and establishing BPMU.

- 10. Infrastructure:** Increase in the number of Sub centres, PHCs, PHCs and Urban Health centres for the slums and urbanized population
- 11. Human Resources:** Filling of the vacancies as per the population based norms for the year 2009-10, increased mobility, motivational issues, provision of quarters at all facilities, Availability of well trained ASHAs for each 1000 population
- 12. Capacity Building:** Focussed capacity building in Emergency Obstetric Care, Continuous skill building of all personnel as per needs expressed and also the new job responsibilities under NRHM. Training and capacity building of Panchayati Raj Institutions to establish decentralized and participative planning and training of all ASHAs.
- 13. Procurement and Logistics:** Construction of a scientific Warehouse for Drugs
- 14. Monitoring and Evaluation:** Data validation and computerized data availability upto PHCs with district linkages
- 15. Intersectoral Convergence:** Fixing Responsibilities of each sector for their accountability and hence better Intersectoral Coordination and ensure Inter Sectoral convergence with nutrition, Drinking water & sanitation programme to derive synergies.
- 16. Public-Private Partnership:** Increase in the number of private facilities for accreditation with the Government for providing services

CHAPTER 5 : GOALS

The District will strive to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children and will achieve the following goals:

INDICATOR	Current		Goals for District
	Bihar	East Champaran	09-10
Reduction in Infant Mortality Rate (IMR)	57 (SRS 07)	57	50
Reduction Maternal Mortality Ratio (MMR)	162 (NFHS III)	162	140
Reduction in Birth Rate	23.9 (SRS 07)	19.56*	16
Reduction in Total Fertility Rate	2.69 (SRS 07)	2.69	2.5
Reduction in Death Rate	6.5 (SRS 07)	5.04*	4.8
Increase in Couple Protection Rate	62 (DLHS 07-08)	62	70
% of Pragnant receiving full ANC	58.8 (NFHS III)	35.9%** DNA *	70%
Increase % of Women getting IFA tablets	28.3%(NFHS III)	82%* 11%**	90%
Increase Institutional Deliveries	39.4 (NFHS III)	60.2%* 36.8**	65%

Increase Delivery by Skilled Birth Attendants	54.2 (NFHS III)	83.5% 48.7%**	
Increase Complete Immunisation of Children (12-23 month of age)	65.3 (NFHS III)	90% 58.7%**	
Increase in Annualized NSP CDR (TB)		50/L*	
Decrease in API of Malaria (NVBDPCP)		.34*	
Pravelance rate (Leprosy)			
Sex Ratio	861 (Census 01)	873*	

Note:

- (*) means data from Civil Surgeon's Office
- (**) means data from DLHS 2002
- (#) means SRS data
- DNA means Data Not Available

CHAPTER 6 : SITUATION ANALYSIS

A . DISTRICT PROFILE

No.	Variable	Data
1.	Total area	3698 Sq. k.m
2.	Total no. of blocks	27
3.	Total no. of Gram Panchayats	421
4.	No. of villages	1634
5.	No of PHCs	20
6.	No of APHCs	46
7.	No of HSCs	315
8.	No of Sub divisional hospitals	0
9.	No of referral hospitals	03
10.	No of Doctors	91 (R) + 98 (C)
11.	No of ANMs	291 (R) + 152 (C)
12.	No of Grade A Nurse	20 (R) 38 (C)
13.	No of Paramedical	2210
14.	Total population	4676397
15.	Male population	2465395
16.	Female population	2211002
17.	Sex Ratio	1000/897

18.	No of Eligible couples	
19.	Children (0-6 years)	657701
20.	Children (0-1years)	139564
21.	SC population	607931
22.	ST population	4676
23.	BPL population	2525722
24.	No. of primary schools	1581
25.	No. of Anganwadi centers	3897
26.	No. of Anganwadi workers	3897
27.	No of ASHA	2686
28.	No. of electrified villages	583
29.	No. of villages having access to safe drinking water	1243
30.	No of villages having motorable roads	1307

B. HEALTH PROFILE

B.1 PHC wise list of MOICs with Phone number

1	Adapur	Dr. Sharwan Paswan	06255	236189	9431097423
2	Areraj	Dr. R. N. Shukla	06258	284210	9431857896
3	Chakia	Dr. Sarfuddin Ahmad	06257	244739	9431467118
4	Chiraiya	Dr. Majrul Haque	6250	273273	9334555113
5	Dhaka	Dr. Mahendra Prasad Gupta	06250	282685	9431469632
6	Ghorasahan	Dr. Radha Kant Jha	06250	284544	
7	Harsidhi	Dr. P. K. P. Singh	06252	287959	
8	Kalyanpur	Dr. M. Ali	06257	272068	9835338807
9	Kesaria	Dr. Sri Prakash Tiwari	06257	269784	9934298462
10	Madhuban	Dr. Ashok Choudhary	06259	274180	9431670802
11	Mehsi	Dr. Om Prakash	06257	254732	9431371703
12	Motihari	Dr. A. K. Pandit	06252	240491	
13	Narkattiya (Chauradano)	Dr. R. P. Tanti	06255	237350	9835866207
14	Paharpur	Dr. C. N. Mishra	06258	286838	9431970891
15	Pakridayal	Dr. Amarnath Jha	06259	283043	9431092294
16	Patahi	Dr. Mehendi Hasan	06259	276593	9431067743
17	Ramgarhawa	Dr. Satnarayan Singh	06255	234363	9430075362
18	Raxaul	Dr. Ravi Shankar	06255	223728	9431288747
19	Sugauli	Dr. Shambhu Prasad	06252	280898	9431067126
20	Turkoliya	Dr. Sarnashray Prasad	06252	281089	9431066239

B.2 HEALTH FACILITIES IN THE DISTRICT

DISTRICT hospital

No	Name of District	Population	District Hospital Present	District Hospital required	PHCs proposed
1.	EAST CHAMPARAN	763312	1	1	0
	Total	763312	1	1	0

SUB DIVISIONAL

No	Name of sub division	Population	Sub- Divisional Hospital Present	Sub- Divisional Hospital required	PHCs proposed
1.	NIL	0	0	0	0
	Total	0	0	0	0

CHC

Block Name/sub division	Population	CHCs Present	CHCs required @ Pop 120000 and above	CHCs proposed
PATAHI	169618	0	2	1
PAKRIDEYAL	190000	0	2	1
PAHARPUR	165000	0	2	1
CHAKIA	264622	0	3	2
MEHSI	160000	0	2	1

RAMGHARWA	162684	0	2	1
HARSIDHI	241200	0	3	2
CHAURADANO	150423	0	2	1
KALYANPUR	299770	0	3	2
DHAKA	305700	0	3	2
ADAPUR	176456	0	2	1
MADHUBAN	233118	0	2	1
CHIRAIYA	211587	0	2	1
GHORASAHAN	203000	0	2	1
RAXAUL	173262	0	2	1
ARERAJ	137335	0	2	1
SUGAULI	177022	0	2	1
KESARIA	147663	0	2	1
TURKAULIA	344625	0	3	2
MOTIHARI URBAN	763312	0	7	6
Total	4676397	0	50	30

PHC

No	Block Name/sub division	Population	PHCs Present	PHCs required @ Pop 80000 - 120000	PHCs proposed
1	PATAHI	169618	1	2	1
2	PAKRIDEYAL	190000	1	2	1
3	PAHARPUR	165000	1	2	1
4.	CHAKIA	264622	1	3	2
5.	MEHSI	160000	1	2	1
6.	RAMGHARWA	162684	1	2	1
7.	HARSIDHI	241200	1	3	2
8.	CHAURADANO	150423	1	2	1
9.	KALYANPUR	299770	1	3	2
10.	DHAKA	305700	1	3	2
11.	ADAPUR	176456	1	2	1
12.	MADHUBAN	233118	1	2	1
13.	CHIRAIYA	211587	1	2	1
14.	GHORASAHAN	203000	1	2	1
15.	RAXAUL	173262	1	2	1
16.	ARERAJ	137335	1	2	1
17.	SUGAULI	177022	1	2	1
18.	KESARIA	147663	1	2	1

19.	TURKAULIA	344625	1	3	2
20.	MOTIHARI URBAN	763312	1	7	6
	Total	4676397	20	50	30



PURBI CHAMPARAN

Bihar



Map not to Scale

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APHC

No	Block Name	Population 2008 with growth @ 2.7%	APHCs required (After including PHCs)	APHCs present	APHCs proposed	APHCs required	Status of building		Availability of Land
							Own	Rented	
1	PATAHI	169618	6	3	1	2	3	0	N
2	PAKRIDEYAL	190000	6	2	3	1	2	0	N
3	PAHARPUR	165000	6	2	3	1	1	1	N
4.	CHAKIA	264622	9	2	4	3	0	2	N
5.	MEHSI	160000	5	2	3	0	2	3	N
6.	RAMGHARWA	162684	5	0	5	5	0	0	N
7.	HARSIDHI	241200	8	2	4	2	1	1	N
8.	CHAURADANO	150423	5	2	2	1	1	1	N
9.	KALYANPUR	299770	10	2	9	0	2	0	N
10.	DHAKA	305700	10	4	4	2	0	4	N
11.	ADAPUR	176456	6	3	2	1	1	2	N
12.	MADHUBAN	233118	8	3	4	1	2	1	N

13.	CHIRAIYA	211587	7	1	6	0	1	0	N
14.	GHORASAHAN	203000	7	2	6	0	0	2	N
15.	RAXAUL	173262	6	2	4	0	1	1	N
16.	ARERAJ	137335	4	3	5	0	2	1	N
17.	SUGAULI	177022	6	2	4	0	1	1	N
18.	KESARIA	147663	5	2	3	0	1	1	N
19.	TURKAULIA	344625	11	4	5	2	2	2	N
20.	MOTIHARI URBAN	763312	25	3	8	14	1	2	N
	Total	4676397	155	46	85	35	24	25	N

HSC

S.No	Block Name	Population 2008 with growth @ 2.7%	Sub- centres required Pop 5000	Sub- centers Present	Sub- centers proposed	Further sub- centers required	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	PATAHI	169618	34	20	13	1	4	16	N
2	PAKRIDEYAL	190000	38	17	15	6	6	11	N
3	PAHARPUR	165000	33	13	8	12	5	8	N
4.	CHAKIA	264622	53	14	23	17	6	8	N
5.	MEHSI	160000	32	15	13	4	6	9	N
6.	RAMGHARWA	162684	36	16	15	5	8	8	N

7.	HARSIDHI	241200	48	16	17	15	9	7	N
8.	CHAURADANO	150423	30	15	15	0	15	0	N
9.	KALYANPUR	299770	30	21	44	0	15	6	N
10.	DHAKA	305700	61	13	35	13	1	12	N
11.	ADAPUR	176456	35	13	17	5	6	7	N
12.	MADHUBAN	233118	46	19	17	10	19	0	N
13.	CHIRAIYA	211587	42	18	28	0	1	17	N
14.	GHORASAHAN	203000	40	20	30	0	4	16	N
15.	RAXAUL	173262	34	17	18	0	5	12	N
16.	ARERAJ	137335	27	18	22	0	6	12	N
17.	SUGAULI	177022	35	13	23	0	4	9	N
18.	KESARIA	147663	29	12	18	0	3	9	N
19.	TURKAULIA	344625	69	23	30	16	17	6	N
20.	MOTIHARI URBAN	763312	152	16	21	115	6	10	N
	Total	4676397	934	315	472	229	146	183	N



	Referral Hospital	Population 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	

B.3 INFRASTRUCTURE AND HR

PHC

1	3	707657	12	11	8	4	0	0	0	0	4	2	3	2	1
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ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan -Panchayat or

Other dept owned ;good condition major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available -A/Not available -NA, Intermittently available-I

No	No. of PHC present	No. of PHC required	Gaps in PHC	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. Places where rooms > 5	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	20	30	30	20	30	30	20	20	+++	20	6 (per PHC)	A	++	+

APHC

No	No. of APHC present	No. of APHC required	Gaps in APHC	Building ownership (Govt)	Building Required (Govt)	Gaps in building	Building condition (+++/++/#)	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	46	39	7	24	61	0	#	#	52	104	#	Y	NA	Y
Tot.	46	39	7	24	61	0	#	#	52	104	#	Y	NA	Y

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-I

No	No. of APHC	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/P eons/Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	46	92	0	0	0	0	0	0	0	2	0	0/1/1/0	0

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

HSC

No. of Sub center present	No. of Sub center required	Gaps in Sub centers	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Gaps in ANMs(R)/(c)	Building ownership (Govt)	Required Building (Govt)	Gaps in Buildings (Govt.)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/#)	Status of furniture's	Status of Untied fund
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		ired											
1	315	229	86	291/152	128/350	128/350	146	169	169	y	+++	#	unexpended

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-l

B.4 Equipment, Drugs and Supplies

Equipment

No.	Name of facility	Equipment required
1	Family Planning	BP Blade, BP Handle, Forceps, Scissors, Catguts etc.
2	JBSY	Labor Table, Mattress, Labor conducting for forceps etc.
3	Immunization	Deep Freezer, ILR ect.
4	Puls Polio	Vaccision Career ect.
5	Filareia	Vehicles etc.

Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	Family planning	Atropine, Catmin, Diagipam inj, Antibiotics etc.		
2	JBSY	Mathalzin inj & Tab., Antisparkodic inj. Etc.		
3	Immunization	Hub Cutter etc.		

4	Filareia	MDA, DEC		
---	----------	----------	--	--

Supplies

No.	Name of facility	Supplies required	Stock outs last year	
			Name of Supply	Months
1	ALL 20 PHC	CHAIR, TABLE, FAN, BULB, STOCK REGISTER		
2				
3				
4				
5				
6				

B.5 ROGI KALYAN SAMITI

No.	Name of the Facility	Funds Received	Funds Balance
1	PATAHI	100000	110730.37
2	PAKRIDEYAL	100000	107431
3	PAHARPUR	100000	132000
4.	CHAKIA	100000	41000
5.	MEHSI	100000	126735.73
6.	RAMGHARWA	100000	94861
7.	HARSIDHI	100000	25000
8.	CHAURADANO	100000	32623
9.	KALYANPUR	100000	75424
10.	DHAKA	100000	35824
11.	ADAPUR	100000	64700
12.	MADHUBAN	100000	21804
13.	CHIRAIYA	100000	47382

14.	GHORASAHAN	100000	92000
15.	RAXAUL	100000	92205
16.	ARERAJ	100000	183039.45
17.	SUGAULI	100000	na
18.	KESARIA	100000	95000
19.	TURKAULIA	100000	131189
	MOTIHARI URBAN	100000	NA
	Total	2000000	

B.6 SUPPORT SYSTEM

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/kalaazar	T B		O/I/ NA	
1	20 PHC LEVEL	O	O	O	O	I	I		NA	O/I
2	SADAR HOSPITAL	I	O	I/O	I	I	I		NA	O

B.7 HEALTH SERVICES

Name of the District:			
No.	Service	Indicator	District Data
1	Child Immunisation	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	61.09%
		% of immunization sessions held against planned	85%
2	Child Health	Total number of live births	10394
		Total number of still births	293
		% of newborns weighed within one week	90%
		% of newborns weighing less than 2500 gm	20%
		Total number of neonatal deaths (within 1 month of birth)	88
		Total number of infant deaths (within 1-12 months)	56
		Total number of child deaths (within 1-5 yrs)	20
		Number of diarrhea cases reported within the year	460
		% of diarrhea cases treated	100%
		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	340		

		Number of undernourished children	NA
		% of children below 5 yrs who received 5 doses of Vit A solution	96%
3	Maternal Care	Number of pregnant women registered for ANC	36418
		% of pregnant women registered for ANC in the 1 st trimester	60%
		% of pregnant women with 3 ANC check ups	56%
		% of pregnant women with any ANC checkup	95%
		% of pregnant women with anaemia	12%
		% of pregnant women who received 2 TT injections	100%
		% of pregnant women who received 100 IFA tablets	96%
		Number of pregnant women registered for JSY	36418
		Number of Institutional deliveries conducted	36418
		Number of home deliveries conducted by SBA	12251
		% 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	1456
		% of mothers visited by health worker during the first week after delivery	98%
4	Reproductive Health	Number of MTPs conducted	NA
		Number of RTI/STI cases treated	NA

		% of couples provided with barrier contraceptive methods	50%
		% of couples provided with permanent methods	28.40%
		% of female sterilisations	34%
5	RNTCP	% of TB cases suspected out of total OP	2.85%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	55.06%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	57.10%
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	90.99%
		% of patients put on treatment, who drop out of treatment	4.7%
6	Vector Borne Disease Control Programme	Annual Parasite Incidence	NA
		Annual Blood Examination Rate	NA
		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	147520
		Number of cases registered	131053
		Number of cases operated	18640
		Number of patients enlisted with eye problem	42413
		Number of camps organized	65
8	National Leprosy Eradication Programme	Number of cases detected	678
		Number of Cases treated	678
		Number of default cases	03
		Number of case complete treatment	739

		Number of complicated cases	NIL
		Number of cases referred	NIL
9	Inpatient Services	Number of in-patient admissions	66253
10	Outpatient services	Outpatient attendance	865231

C. Community Participation, Training & BCC

C.1 Community Participation

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	PATAHI	19	-	-	-	146	113	-	12	NA
2	PAKRIDEYAL	10	-	-	-	81	8	-	12	NA
3	PAHARPUR	21	-	-	-	89	76	-	12	NA

4	CHAKIA	18	-	-	-	108	81	-	12	14580
5	MEHSI	15	-	-	-	99	99	-	12	NA
6	RAMGHARWA	16	-	-	-	129	107	-	12	NA
7	HARSIDHI	19	-	-	-	181	150	-	12	600000
8	CHAURADANO	15	-	-	-	110	77	-	12	NA
9	KALYANPUR	27	-	-	-	185	151	-	12	NA
10	DHAKA	27	-	-	-	184	88	-	12	NA
11	ADAPUR	19	-	-	-	93	63	-	12	NA
12	MADHUBAN	13	-	-	-	87	24	-	9	4320
13	CHIRAIYA	21	-	-	-	190	190	-	9	500000
14	GHORASAHAN	14	-	-	-	191	145	-	12	NA
15	RAXAUL	13	-	-	-	92	67	-	12	NA
16	ARERAJ	13	-	-	-	215	151	-	12	NA
17	SUGAULI	18	-	-	-	108	108	-	12	NA
18	KESARIA	17	-	-	-	76	76	-	12	NA
19	TURKAULIA	13	-	-	-	177	177	-	12	NA
20	MOTIHARI SADAR	19	-	-	-	145	145	-	12	NA
21	BANJARIA	11	-	-	-	-	-	-	-	-
22	BANKATWA	10	-	-	-	-	-	-	-	-
23	KOTWA	14	-	-	-	-	-	-	-	-

24	PHENHARA	10	-	-	-	-	-	-	-	-
25	PIPRA KOTHI	6	-	-	-	-	-	-	-	-
26	SANGRAMPUR	12	-	-	-	-	-	-	-	-
27	TETARIA	11	-	-	-	-	-	-	-	-
	TOTAL	421				2686	2096		234	

C.2 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.	District level	4	24 per batch	1 round	24	Required more training for TOT and block level training to improve the quality of health worker.

C.3 BCC campaigns

No.	Name of Block	BCC campaigns/ activities conducted
1	PATAHI	Community meeting, Mahila Mandal Meeting, I.E.C., etc.
2	PAKRIDEYAL	Do
3	PAHARPUR	Do
4	CHAKIA	Do
5	MEHSI	Do
6	RAMGHARWA	Do
7	HARSIDHI	Do
8	CHAURADANO	Do
9	KALYANPUR	Do
10	DHAKA	Do
11	ADAPUR	Do
12	MADHUBAN	Do
13	CHIRAIYA	Do
14	GHORASAHAN	Do
15	RAXAUL	Do

16	ARERAJ	Do
17	SUGAULI	Do
18	KESARIA	Do
19	TURKAULIA	Do
20	MOTIHARI SADAR	Do
21	BANJARIA	Do
22	BANKATWA	Do
23	KOTWA	Do
24	PHENHARA	Do
25	PIPRA KOTHI	Do
26	SANGRAMPUR	Do
27	TETARIA	Do

C.4 District and Block level Management

S.No	Name of Block	Health Manager Appointed (Y/N)	Accountant appointed (Y/N)	Store keeper appointed (Y/N)
	DISTRICT	DPM-Y	DAM-Y DA-Y	N
1	PATAHI	N	N	N
2	PAKRIDEYAL	N	N	N
4	PAHARPUR	N	N	N
5	CHAKIA	N	N	N
6	MEHSI	N	N	N
7	RAMGHARWA	N	N	N
8	HARSIDHI	N	N	N
9	CHAURADANO	N	N	N
10	KALYANPUR	N	N	N
11	DHAKA	N	N	N
12	ADAPUR	N	N	N
13	MADHUBAN	N	N	N
14	CHIRAIYA	N	N	N
15	GHORASAHAN	N	N	N

16	RAXAUL	N	N	N
17	ARERAJ	N	N	N
18	SUGAULI	N	N	N
19	KESARIA	N	N	N
20	TURKAULIA	N	N	N
21	MOTIHARI SADAR	N	N	N
22	BANJARIA	N	N	N
23	BANKATWA	N	N	N
24	KOTWA	N	N	N
25	PHENHARA	N	N	N
26	PIPRA KOTHI	N	N	N
27	SANGRAMPUR	N	N	N

D.DLHS

Bihar	DLHS-3	District : Purba Champaran
<p>The ever married women's questionnaire consisted of sections on women's characteristics, maternal care, immunization and child care, contraception and fertility preferences, reproductive health including knowledge about HIV/AIDS.</p> <p>The unmarried women's questionnaire contained information on her characteristics, family life education and age at marriage, reproductive health-knowledge and awareness about contraception, HIV / AIDS, etc.</p> <p>The village questionnaire contained information on availability of health, education and other facilities in the village and whether the health facilities are accessible throughout the year.</p> <p>For the first time, population-linked facility survey has been conducted in DLHS-3. In a district, all Community Health Centres (CHCs) and District Hospital (DH) were covered. Further, all Sub-centres (SC) and Primary Health Centres (PHC) which were expected to serve the population of the selected PSU were also covered. There were separate questionnaires for SC, PHC, CHC and DH. They broadly include questions on infrastructure, human resources, supply of drugs & instruments, and performance.</p> <p>Note:</p> <p>DLHS-2: information is based on data collected from currently married women 15-44 years.</p> <p>DLHS-3: information is based on data collected from ever married women 15-49 years.</p> <p>DLHS-2: In total percentage is adjusted for indicators considering over sampling of urban PSUs in DLHS-2. This adjustment is done in those districts where urban percentage is less than 30.</p> <p>DLHS-2: includes tap (inside residence/yard/plot), tap (shared/public), hand pump/borewell, well-covered.</p> <p>DLHS-3: includes pipe into dwelling, piped to yard/plot, public tap/standpipe.</p> <p>Unmet need for spacing</p> <p>Unmet need for spacing includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing.</p> <p>Unmet need for limiting</p> <p>Unmet need for limiting includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.</p> <p>Unmet need</p> <p>Unmet need refers to unmet need for limiting and spacing.</p> <p>Correct knowledge of HIV/AIDS</p> <p>The women who heard about HIV/AIDS and have correct knowledge about transmission of HIV/AIDS and knowledge of prevention from HIV/AIDS.</p>		
2		

Bihar	DLHS-3	District : Purba Champaran
<p>The ever married women's questionnaire consisted of sections on women's characteristics, maternal care, immunization and child care, contraception and fertility preferences, reproductive health including knowledge about HIV/AIDS.</p> <p>The unmarried women's questionnaire contained information on her characteristics, family life education and age at marriage, reproductive health-knowledge and awareness about contraception, HIV / AIDS, etc.</p> <p>The village questionnaire contained information on availability of health, education and other facilities in the village and whether the health facilities are accessible throughout the year.</p> <p>For the first time, population-linked facility survey has been conducted in DLHS-3. In a district, all Community Health Centres (CHCs) and District Hospital (DH) were covered. Further, all Sub-centres (SC) and Primary Health Centres (PHC) which were expected to serve the population of the selected PSU were also covered. There were separate questionnaires for SC, PHC, CHC and DH. They broadly include questions on infrastructure, human resources, supply of drugs & instruments, and performance.</p> <p>Note:</p> <p>DLHS-2: information is based on data collected from currently married women 15-44 years.</p> <p>DLHS-3: information is based on data collected from ever married women 15-49 years.</p> <p>DLHS-2: In total percentage is adjusted for indicators considering over sampling of urban PSUs in DLHS-2. This adjustment is done in those districts where urban percentage is less than 30.</p> <p>DLHS-2: includes tap (inside residence/yard/plot), tap (shared/public), hand pump/borewell, well-covered.</p> <p>DLHS-3: includes pipe into dwelling, piped to yard/plot, public tap/standpipe.</p> <p>Unmet need for spacing</p> <p>Unmet need for spacing includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing.</p> <p>Unmet need for limiting</p> <p>Unmet need for limiting includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.</p> <p>Unmet need</p> <p>Unmet need refers to unmet need for limiting and spacing.</p> <p>Correct knowledge of HIV/AIDS</p> <p>The women who heard about HIV/AIDS and have correct knowledge about transmission of HIV/AIDS and knowledge of prevention from HIV/AIDS.</p>		
2		

Bihar		DLHS-3		District : Purba Champaran	
District Indicators, Purba Champaran, (2001 Census)					
Indicators			Census 2001		
Population (in thousands)			3934		
Decadal Growth Rate (1991-01)			29.3		
Sex Ratio*			898		
Percent Urban population			6.4		
Percent SC population			13.1		
Percent ST population			0.04		
Female Literacy Rate (7 years and above)			24.7		
Male Literacy Rate (7 years and above)			50.1		
Sample outcome, DLHS -3, 2007-08					
Category		No. covered	Response Rate		
Households		1513	91.7		
Ever Married Women (15-49 years)		1423	91.2		
Unmarried Women (15-24 years)		181	88.7		
Sub Centres (SC)		29	100.0		
Primary Health Centres (P.H.C)		25	100.0		
Community Health Centres (C.H.C)		3	100.0		
District Hospital (D.H)		1	100.0		
Population and Household Characteristics, 2007-08					
Background Characteristics		DLHS - 3		DLHS - 2	
		Total	Rural	Total	Rural
Percent total literate Population (Age 7 +)		55.9	54.4	-	-
Percent literate Male Population (Age 7 +)		70.0	68.7	-	-
Percent literate Female Population (Age 7 +)		42.8	41.1	-	-
Percent girls (age 6-11) attending Schools		99.2	99.1	-	-
Percent boys (age 6-11) attending Schools		98.7	98.8	-	-
Have Electricity connection (%)		12.7	10.3	11.6	8.4
Have Access to toilet facility (%)		11.8	9.2	12.2	9.2
Use piped drinking water (%)		0.4	0.2	12.1	11.8
Use LPG for cooking (%)		3.5	1.7	5.2	3.0
Live in a pucca house (%)		10.7	9.1	13.0	10.7
Own a house (%)		99.7	99.7	-	-
Have a BPL card (%)		20.8	20.8	-	-
Own Agriculture Land (%)		50.7	50.3	-	-
Have a television (%)		7.8	5.8	10.1	7.8
Have a mobile phone (%)		17.6	15.6	-	-
Have a Motorized Vehicle (%)		6.2	5.2	9.4	8.6
Standard of Living Index					
Low (%)		88.0	90.5	82.4	85.1
Medium (%)		7.1	6.4	11.9	10.9
High (%)		5.0	3.1	5.7	4.0
* Number of Females per 1000 Males					
3					

Bihar	DLHS-3	District : Purba Champaran				
		Indicators	DLHS - 3		DLHS - 2	
			Total	Rural	Total	Rural
Marriage and Fertility, (Jan 2004 to 2007-08)						
Percentage of girls marrying before completing 18 years		54.9	55.3	66.9	69.2	
Percentage of Births of Order 3 and above		48.1	47.8	54.5	54.8	
Sex Ratio at birth		102	102	-	-	
Percentage of women age 20-24 reporting birth of order 2 & above		69.3	69.3	-	-	
Percentage of births to women during age 15-19 out of total births		92.3	92.5	-	-	
Family planning (currently married women, age 15-49)						
Current Use :						
Any Method (%)		27.7	26.3	23.9	22.7	
Any Modern method (%)		23.6	22.6	22.8	21.7	
Female Sterilization (%)		20.8	20.5	19.9	19.1	
Male Sterilization (%)		0.7	0.6	0.3	0.3	
IUD (%)		0.0	0.0	0.1	0.1	
Pill (%)		0.6	0.6	0.3	1.1	
Condom (%)		1.1	0.7	0.9	0.8	
Unmet Need for Family Planning:						
Total unmet need (%)		34.7	35.2	39.3	39.7	
For spacing (%)		12.7	12.9	19.2	19.7	
For limiting (%)		22.0	22.3	20.0	20.1	
Maternal Health:						
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)		23.3	22.8	-	-	
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)		36.0	35.7	20.0	18.7	
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)#		75.9	75.5	37.1	35.6	
Institutional births (%)		27.1	26.3	14.5	13.2	
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)		1.7	1.5	6.8	6.3	
Mothers who received post natal care within 48 hours of delivery of their last child (%)		36.3	36.2	-	-	
Child Immunization and Vitamin A supplementation:						
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%)		41.3	40.6	12.7	10.7	
Children (12-23 months) who have received BCG (%)		72.4	73.0	47.6	26.0	
Children (12-23 months) who have received 3 doses of Polio Vaccine (%)		46.4	46.1	20.9	17.5	
Children (12-23 months) who have received 3 doses of DPT Vaccine (%)		46.9	46.6	22.7	16.3	
Children (12-23 months) who have received Measles Vaccine (%)		47.4	46.5	17.8	14.7	
* It is adjusted according to DLHS-3 definition						

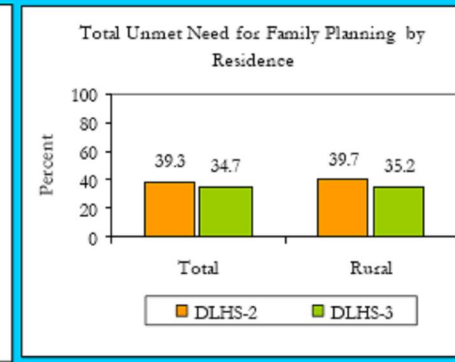
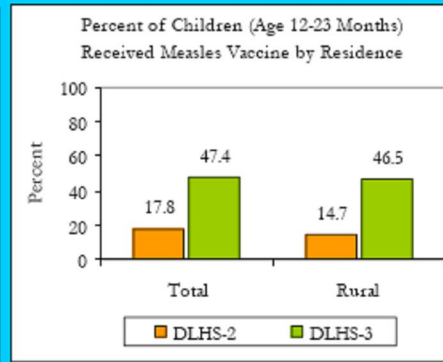
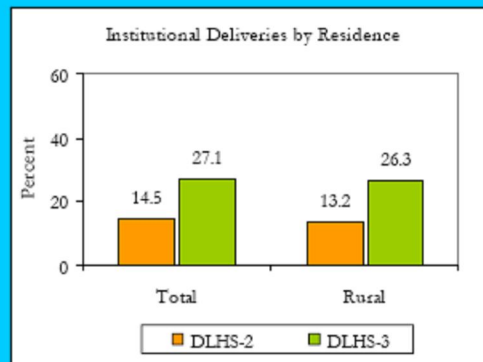
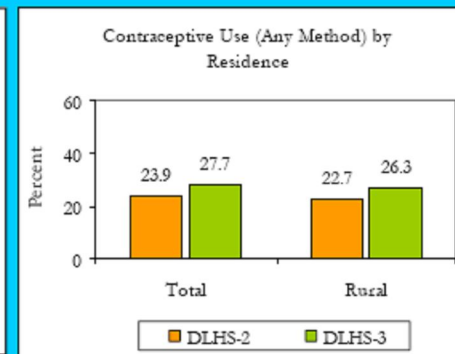
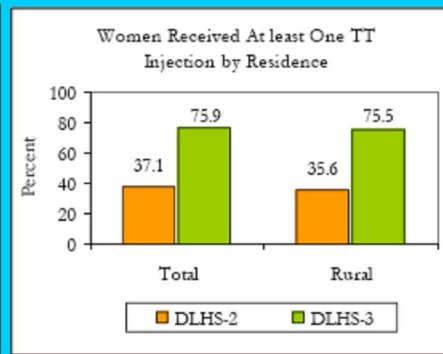
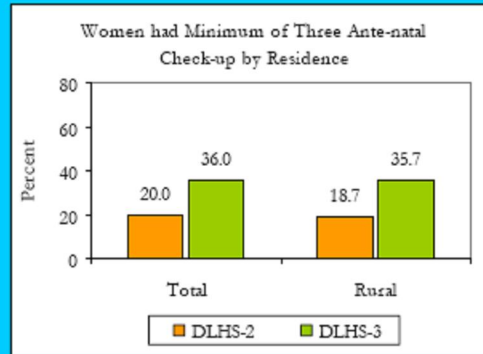
Bihar	DLHS-3	District : Purba Champaran				
		Indicators	DLHS - 3		DLHS - 2	
			Total	Rural	Total	Rural
Child Immunization and Vitamin A supplementation: (Contd...)						
Children (9-35 months) who have received at least one dose of Vitamin A (%)	46.1	46.4	-	-		
Children (above 21 months) who have received three doses of Vitamin A (%)	5.6	5.4	-	-		
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 (%)	14.7	15.2	12.7	12.0		
Children with Diarrhoea in the last two weeks who were given treatment (%)	79.3	80.0	85.7	86.0		
Children with acute respiratory infection/fever in the last two weeks who were given treatment (%)	69.9	70.0	-	-		
Children had check-up within 24 hours after delivery (based on last live birth) (%)	34.9	34.7	-	-		
Children had check-up within 10 days after delivery (based on last live birth) (%)	37.7	37.4	-	-		
Child feeding practices (Children under 3 years)						
Children breastfed within one hour of birth (%)	7.2	7.0	-	-		
Children (age 6 months above) exclusively breastfed (%)	5.3	5.5	-	-		
Children (6-24 months) who received solid or semisolid food and still being breastfed (%)	83.8	84.1	-	-		
Knowledge of HIV/AIDS and RTI/STI among Ever married Women (age 15-49)						
Women heard of HIV/AIDS (%)	19.9	18.0	20.1	18.2		
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	45.5	37.6	26.7	26.3		
Women having correct knowledge of HIV/ AIDS (%)	89.7	89.2	-	-		
Women underwent test for detecting HIV/ AIDS (%)	2.9	2.1	-	-		
Women heard of RTI/STI (%)	41.9	40.7	77.7	76.8		
Knowledge of HIV/AIDS among Un-married Women (age 15-24)						
Women heard of HIV/AIDS (%)	41.7	38.0	-	-		
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	52.9	48.4	-	-		
Women having correct knowledge of HIV/ AIDS (%)	96.2	97.0	-	-		
Women underwent test for detecting HIV/ AIDS (%)	1.4	0.0	-	-		
Women heard of RTI/STI (%)	21.6	21.1	-	-		
Women facilitated/motivated by ASHA for						
Ante-natal Care (%)	6.0	6.1	-	-		
Delivery at Health Facility (%)	3.5	3.7	-	-		
Use of Family Planning Methods (%)	1.7	1.9	-	-		
					5	

Bihar		DLHS-3		District : Purba Champaran	
Village (N=47)					
Indicators				Number	
Villages that have implemented Janani Suraksha Yojana (JSY)				27	
Villages with Health & Sanitation Committee				0	
Villages with Rogi Kalyan Samiti (RKS)				13	
Villages where PRI aware of untied fund by Government				0	
Health facility within village-ICDS (Anganwadi)				41	
If health facility is not in the village, whether accessible to the nearest health facility throughout the year-ICDS (Anganwadi)				4	
Health facility within village- Sub-Centre				14	
If health facility is not in the village, whether accessible to the nearest health facility throughout the year-Sub-Centre				15	
Health facility within village- PHC				0	
If health facility is not in the village, whether accessible to the nearest health facility throughout the year-PHC				24	
Health facility within village- Block PHC				0	
If health facility is not in the village, whether accessible to the nearest health facility throughout the year-Block PHC				24	
Health facility within village- Govt. Dispensary				0	
If health facility is not in the village, whether accessible to the nearest health facility throughout the year-Government Dispensary				21	
Health facility within village- Private Clinic				3	
If health facility is not in the village, whether accessible to the nearest health facility throughout the year-Private Clinic				24	
Health facility within village- AYUSH Health Facility				1	
If health facility is not in the village, whether accessible to the nearest health facility throughout the year-AYUSH Health Facility				6	
Facility Survey					
Indicators		Number		Indicators	
Number		Indicators		Number	
Community Health Centre (CHC) N = 3					
Infrastructure :			Performance :		
CHC having Personal Computer		0		In-patients admission in last one month	
CHC having Operation Theatre		3		Referred cases for serious ailments from CHC to higher centre during last one month	
CHC having Labour Room		3		Deliveries performed in last one month	
CHC having Blood Storage Facility		0		Blood transfusion done in last one month	
CHC having large deep freezer		2		Sterilization conducted in last one month	
CHC prepared a CHC plan for the current year		3			
CHC having water supply for 24 hours		3			
CHC having Ambulance on road		2			
6					

Bihar		DLHS-3		District : Purba Champaran	
Facility Survey					
Indicators		Number	Indicators		Number
Community Health Centre (CHC) (Contd...)					
Human Resource :			Supply :		
CHC having General Surgeon	5	CHC with 24 hours normal delivery services	3		
CHC having Obstetrician/ Gynecologist	1	CHC with 24 hours New born care	2		
M.O. received training of Non-Scalpel Vasectomy (NSV) during last five years	1	CHC recognized as Integrated Counseling and Testing Centre (ICTC)	2		
M.O. received training for Prevention, Care and Support for HIV/AIDS during last five years	1				
M.O. received training of basic Emergency Obstetric Care during last five years	0				
M.O. received training of Integrated Management of Neonatal and Childhood illness during last five years	0				
Primary Health Centre (PHC) N= 25					
Infrastructure :			Performance :		
PHC having Residential Quarter for Medical Officer	19	Haemoglobin tests (TLC/DLC) conducted during last one month	0		
PHC having separate Labour Room	11	Blood smear examinations for malaria parasite conducted during last one month	0		
PHC having Personal Computer	0	In-patient admissions during last one month	1,670		
PHC having Normal Delivery Kit	12	Referral cases for serious ailments from PHC to higher centres during last one month	347		
PHC having Large Deep Freezer	6	Deliveries performed during last one month	1,385		
PHC having regular water supply	21	Beneficiaries of JSY during last one month	1,958		
PHC having Neonatal Warmer (Incubator)	2	Women provided with post-natal care services during last one month	2,373		
PHC having Operation Theater with Boyles Apparatus	3	New born care provided during last one month	2,267		
PHC having Operation Theater with anaesthetic medicine	9	Infants and children immunized during last one month	9,898		
		Condoms distributed during last one month	2,530		
		PHC prepared the PHC plan for current year	7		
7					

Bihar		DLHS-3		District : Purba Champaran	
Facility Survey					
Indicators		Number	Indicators		Number
Primary Health Centre (PHC) (Contd...)					
Human Resource :			Supply :		
PHC having Lady Medical Officer (LMO)	4	PHC that received the untied fund in previous financial year	12		
PHC having Laboratory Technician	10				
PHC organized any training programme in their PHC during last year	21				
PHC having at least one MO, who received Integrated Skill Development Training for 12 days during last five years	6				
PHC having at least one MO, who received IMNCI training during last five years	4				
Sub Centre (SC) N = 29					
Infrastructure :			Performance :		
Sub Centre located in government building	11	Number of Infants and children immunized	4,860		
Sub Centre having communication facility	0				
Sub Centre having separate labour room	2				
ANM staying in Sub Centre village	3				
Sub Centre having staff quarter for ANM	1				
Sub Centre having regular water supply	17				
Human Resource :			Supply :		
Sub Centre where Male Health Worker in position	3	Sub-Centre having auto-disposable syringes	28		
ANM had Integrated Skill Development Training in last 5 years	9	Sub-Centre reporting IFA tablets out of stock for more than 10 days during last one month	15		
ANM ever been trained in Integrated Skill Development Training	22	Sub-Centre reporting Vitamin A out of stock for more than 10 days during last one month	8		
ANM trained in integrated management of neonatal and childhood illnesses (IMNCI) in last 5 years	6	Sub-Centre reporting ORS packets out of stock for more than 10 days during last one month	15		
ANM ever been trained in integrated management of neonatal and childhood illnesses (IMNCI)	7	Sub-Centre that received untied fund in previous financial year	5		
ANM who attended Skilled birth attendant (SBA) training	5				
8					

Performance at a Glance



CHAPTER 7: SITUATION ANALYSIS (TECHNICAL COMPONENT)

(Gaps, Issues, Strategies, Activities, Timeline, Budget)

A . MATERNAL HEALTH

INDICATOR MATERNAL HEALTH

GAPS

1. all pregnant women are not registered
2. Pregnant women do not avail all ANC check-up
3. Institutional Deliveries are still low(27.1% DLHS-3)
4. data of maternal deaths are not available
5. MTP services are not available and no data are also maintained
6. Awareness regarding legal dimensions of MTP are also lacking
7. Post natal care are also lacking as pregnant women do not stay after delivery due to lack of infrastructure and proper service.
8. No regular clinics are available for RTI/STI services at HSC, APHC, PHC and DISTRICT Level
9. Lack of Ambulance facility to pick up pregnant women. As PHCs are either not functional or far for their accessibility
10. Delay in discharging of JSY funds

11. Unsafe Home deliveries are still prevalent
12. Workshops, Awareness and training regarding Reproductive and sexual health services are lacking

ISSUES

1. Increase safe Institutional Deliveries to Reduce MMR
2. Registration of all pregnant women.
4. MTP services at all health facilities
5. training and awareness
6. maintenance of record
7. JSY funds to be given on time.
8. Post natal services to be given
9. Proper referral system and transport facility
10. Availability of IFA tablets

STRATEGIES

1. Provision of quality Antenatal and Postpartum Care to pregnant women
2. Increase in Institutional deliveries
3. Quality services and free medicines to all the deliveries in the health facilities.
4. Availability of safe abortion services at all PHCs and APHCs
5. Increased coverage under Janani Suraksha Yojna.
6. Strengthening the Maternal, Child Health and Nutrition (MCHN) days
7. Improved behaviour practices in the community

8. Referral Transport
9. EmOC at PHCs
10. Organizing RCH Camps.
11. Operationalization of FRU
12. Skill Development of Human resources
13. Community mobilization for strengthening the services

ACTIVITIES

1. Developing of FACILITIES to IPHS norms
2. tracking of all pregnancy by ASHAs ,ANM,&AWW and registration of each .
3. Special focus on all the three ANCs of pregnant women
4. proper maintenance of records of ANC and PNC
5. Referral transport system with each PHCs to pick and leave pregnant women
6. Regular visit by ASHA, ANM , AWW for PNC of pregnant women
7. Regular workshop and Melas for improving awareness regarding maternal health
8. Proper maintenance of JSY records and timely discharge of funds
9. Counselling regarding RTI/STI services at each facility
10. Fixed Maternal, Child Health and Nutrition days once in a week
11. Training of personnel for Safe motherhood and Emergency Obstetric Care . this will help in reducing MMR
12. Efforts to create awareness in community through Behaviour Change Communication (BCC)
13. Best practices should be adopted in the Facilities for pregnant women and her

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family.

14. Blood Storage Unit at PHC should be made available for emergencies
15. Proper training to ASHA and ANM for identification of critical cases of pregnancy
16. free medicine, food and services to all the delivers
17. neo-natal care facility made available

TIMELINE

- 1 Coverage of TT to 100% of pregnant women by 2010
- 2 100% pregnant women to consume 100 IFA tablets by 2010
3. 70% Institutional deliveries by 2010
4. 60% pregnant women to get all the three ANC by 2010
5. 60% pregnant women to get post natal care by 2010
6. Increase safe abortion services from current level to 50% by 2010

	Consultancy for support for developing Microplan for MCHN days	1.00
	Adult Weighing machines @ Rs 1200 per machine 3897AWCs & Maintenance	46.76
	Appointment of counselors at each PHC @15000 (20 x 15000)	3.00
	Training to ASHA, ANM, AWW	1.00
	Blood Storage Unit @ Rs 3 lakhs per unit 20PHCs & 46 APHCs	198.00
	Referral Cards @ Rs 3 per card x 20,000	0.6
	MTP kits @ Rs 15000 Per kit at PHCs/APHCs	9.9
	JSY beneficiaries @ Rs 1400/person X 3000	42.00
	RCH Camps @ Rs 200000 per camp x 7	14
	Hiring of vehicle for referral at every PHC/APHC @5000x66x 12month	39.6
	Training to TBA and DAIs to improve HBNC	1.00
	total	356.86

B. CHILD HEALTH

INDICATOR CHILD HEALTH AND INFANT CARE

GAPS 1.Lack of equipments in PHCs and APHCs for care of new born child

2. only few PHCs have baby warmer where ANMs and Doctors are not trained to operate these machines
3. There is no provision of stay of mothers of neonates at PHC as no facility is present
4. lack of awareness regarding breast feeding with mother and family
5. lack of counseling , awareness and knowledge regarding new born care and child feeding practices
- .6.No complete immunisation to children
- 7.poor nutrition and care of malnourished children
8. Lack of regular Health Check Up camps
- 9.Lack of monthly check ups at school
10. . No training of school teacher for basic health care and personnel hygiene
11. Lack of timely detection of pneumonia, diarrhoea cases in newborn
- 12.Lack of training o ASHA, ANM,AWW, TBAs for first aid treatment of newborn for pneumonia, diarrhoea case

ISSUES

- 1.availability of equipments at facilities
- 2.training of doctors ,nurses,ANM,ASHA, AWW, TBA
- 3.Active participation of schools in health care
- 4.awareness

STRATEGIES

- 1.NEWBORN corner at every facility
- 2.Training
- 3.Camps

4. Convergence

5. Campaigning

ACTIVITIES

1. Biannual training to ANM, ASHA, AWW, TBA regarding new born care
2. Wall writing , nukkad nataks, melas at regular basis (monthly) for awareness
3. Local level NGOs and health facilitators should be regularly encouraged to work for child health care
4. facilities for both mother and child for proper treatment in PHCs
5. At least one child specialist to be appointed in each PHCs & APHCs
6. School Teachers and AWW should be given training annually and motivated to participate in child health care
7. Weighing Machine in each AWC
8. Monitoring of school health , AWcC Health Activities

TIMELINE

1. Reduction in IMR by 2010
2. Increased proportion of women who are exclusively breastfed for 6 months to 100% by the end of 2010
3. Increased in Complete Immunization to 100% 2010
4. Increased use of ORS in diarrhoea to 100% 2010
5. Increased in the Treatment of 100% cases of Pneumonia in children 2010
6. Increase in the utilization of services to 100% 2012
7. To strengthen school health services by 2010

BUDGET

Activity / Item	2009-10
Newborn Corner furnished with equipment @ Rs 2 lakh per facility 66 (PHCs & APHCs)	132.00
Provision of Invertor @ 25000 x 66 (20 PHC+66 APHC)	16.50
Examination table, chair, stool, table, other equipment @ Rs. 5000 x 3897AWCs	194.85
Infant Weighing Machines@Rs. 1200/AWCx 3897	46.76
Referral cards @ Rs 4 x 25000	1.0
Free availability of medicines	10
Monitoring of School Health Activities @ 10000 pm x 12 months	1.2
Training of Teachers @ 200 x 1000 teachers	2.0
Supply of Medicines, glasses, hearing aids	5.0
Appointment of Child Specialist in each PHC@30000(20 x 30000)	6.0
Camps and campaigning	1.0
Total	416.314

C.FAMILY PLANNING

INDICATOR FAMILY PLANNING

- GAPS
- 1.Lack of Knowledge regarding limiting size of family
 - 2.Lack of family counseling centres.
 - 3.Lack of knowledge regarding Vasectomy & lack of initiative by males for family planning.
 - 4.proper protocols are not used during Tubectomy which leads to its failure or causes infection
 - 5.Taboos for having male child fails family planning
 6. Easy availability of contraceptives is not present
 - 7.lack of equipments for sterilisation
 - 8.Lack of promotive methods

- ISSUES
1. Awareness
 2. Easy Access
 3. supply of equipments
 4. Proper protocol

- STRATEGIES
- 1.camps and campaigning
 2. Training
 - 3.Counselling
 - 4.Monitoring and feedback

- ACTIVITIES
1. .Nukkad nataks and Wall paintings
 2. Free distribution of contraceptives in AWCs,HSCs,PHCs,LADIES STORE AND MEDICAL STORE
 3. Biannually training for application of protocols
 4. Counselling by ASHA,ANM,AWW and TBA to the women and her family for sterilisation
 5. Rewards and incentives to Worker promoting sterilisation
 6. Sterilisation Kit has to be made available regularly
 7. Sterilisation Camps to outreach areas once in every month
 8. Promotion of contraceptive on Railway station,Bus stands, Markets and Parks
 9. education regarding limiting family should be given in schools by organising health day
 10. collecting feedback of sterilisation done or contraceptive methods used by ASHA ,ANM, AWC

- TIMELINE
1. Reduction in Total fertility Rate from 2.5 to 2.4
 2. Increase in Contraceptive Prevalence Rate from 26.3% to50% by2010
 3. Decrease in the Unmet need for modern Family Planning methods to 0% by 2010
 4. .Increase in the awareness levels of Emergency Contraception from 80%

Budget	Activity / Item	2009-10
	NSV camps @ Rs. 233820 per 2 camps x 12	28.06
	Sterilization Camps @ 1000 & 650 for 5000 cases	38.25

	Copper T-380 @ Rs 50 / piece x 5000	2.50
	Emergency Contraception @ Rs10/2 tabs	0.15
	Organising camps. Nukkad nataks, wall writing & promotion schemes	1.00
	NSV Equipment @ Rs 800 x 66 (PHCs + APHCs)	0.53
	Laparoscopes @ Rs 3.00 lakhs	3.00
	Rewards to workers for promoting sterilisation @ 2000 per beneficiary (100000 per PHC)	20.00
	Monitoring and feedback	0.50
	total	93.99

D. ADOLESCENT PLANNING

INDICATOR Adolescent Health

- GAPS
- 1.lack of awareness regarding adolescent age
 - 2.Early marriage and early conception
 - 3.no counseling centre available
 4. lack of knowledge regarding female sexual issues

- ISSUES
- 1.Awareness
 - 2.accessibility

STRATEGIES 1.Counselling

2.IEC

ACTIVITIES 1.Female counselors at all facilities

2. Regular workshops by ANMs ASHAs AWW and school teachers

TIMELINE

1. Increase the knowledge levels of Adolescents on RH and HIV/AIDS

2. Enhance the access of RH services to all the Adolescents

3. Improvement in the levels of Anaemia to 60% by 2010

Budget	Activity	2009-10
	Awareness generation @ Rs 2000 per village(1634)	32.68
	Workshop of all the partners	0.5
	Training a district pool of Master trainers	1
	Training of Councillors at every PHC/APHC/@ 10000/batch x 66	6.6
	Orientation & Reorientation Health personnel	0.25
	Counselling sessions @ Rs 1000/per month/per PHC/APHC (1000 x12 x66)	7.92
	Counselling Clinics renovation, furnishing and Misc expenses @ Rs 10000 x all PHCs/APHCs	6.6
	Joint Evaluation by an agency & Govt	1.0
	IEC Activity	0.5
	Total	57.05

E. RNTCP

INDICATOR RNTCP

GAPS

- 1.lack of pathology for detection of cases
- 2Lack of detection rate
- 3.not able to reach outreach facility
4. Lack of Regular supply and quality of medicine
- 5.Lack of training and motivation to DOTS provider
6. Lack of incentives to providers
7. lack of awareness regarding medicine doses to people

ISSUES

- 1.detection rate
- 2.outreach area
3. medicine supply
4. training and incentives

STRATEGIES

1. training
2. counseling
3. mobile clinics
4. infrastructure and lab

ACTIVITIES

1. regular training of dots providers

2. visit of outreach area once in a week through mobile clinic
3. outsourcing of lab facility for detection of cases .
4. awareness through IEC,health melas, workshops and campaigning

TIMELINE

1. 95 % Cure rate in New Cases
2. Detection of 70% new smear positive cases once cure rate of 85% is achieved
3. Reduction in the defaulter rate to less than 5%
4. Reduction in failure rate to less than 3%

BUDGET

Activity / Item	2009-10
Civil Works for construction of labs (5 PHCs per year)	5.00
Laboratory Material	1.70
Honorarium	1.1
IEC/Publicity	.74
Equipment maintainance	.44
Training	1.85
Vehicle Maintainence	1.00
Vehicle Hiring	2.4
NGO/PP support	0.92
Contractual Services	14.5

Printing	1.37
Procurement Vehicle	1.00
Procurement Equipment	0.3
Misscellaneous expenses	0.5
total	32.82

Note: expenses of contractual staff in given below

	Personnel	Unit Cost	Units	Months	Amount
1	TB health visitor for urban areas	6750	1	12	91800
2	STS	8625	2	12	207000
3	STLS	8625	2	12	207000
4	LT	7500	6	12	540000
5	Data Entry Operator	6900	1	12	82800
6	Accountant	2000	1	12	24000
7	C.F.	8750	1	12	105000
8	MO	16000	1	12	192000
	Total				1449600

F. KALAZAR

INDICATOR Kalazar

GAPS 1. lack of awareness among people regarding disease

2. lack of proper spray equipments
3. lack of proper spray methods
4. lack of monitoring
5. person who sprays stay far and do not have facilities to reach the targets
6. inaccessibility to kalazar test

ISSUES

1. awareness needed
2. training
3. monitoring
4. equipments and facilities

STRATEGIES

1. community ownership
2. training
3. counseling
4. IEC

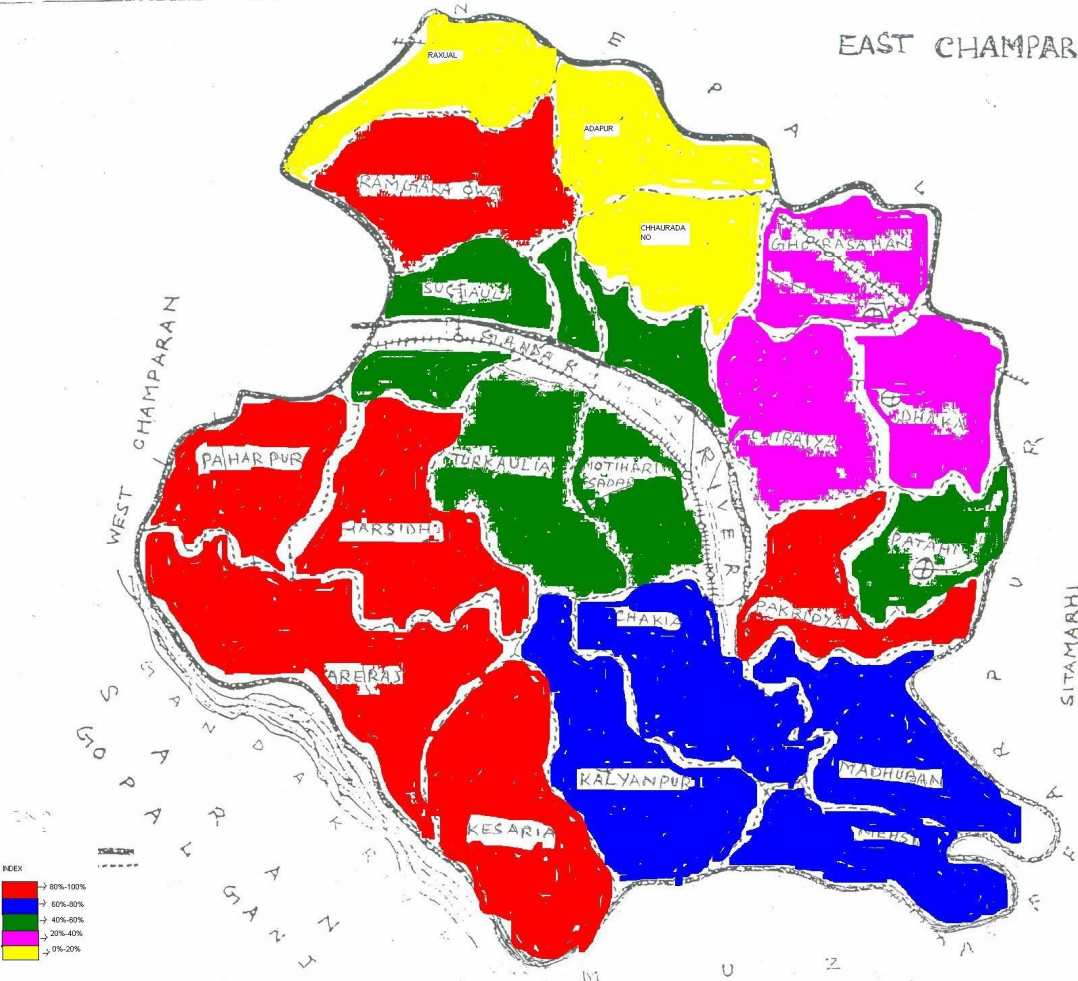
ACTIVITIES

1. IEC programme has to be taken in all villages
2. proper training to be given to sprayers
3. community should be made aware through regular awareness camps
4. monitoring to be done by community itself
5. incentives and mobile facilities to be given to service providers
6. free check ups and test to be done at every HSC / PHC/APHC

TIMELINE Eradicate kalazar by the end of 2010

BUDGET	Activity/item	2009-10
		in lacs
	Procurement of equipments needed for spray	1.00
	Repair and maintenance of equipments	0.50
	Mobility expenses	1.00
	IEC , workshops	1.00
	Training activities	1.00
	Community awareness and monitoring	1.00
	Incentives to providers	1.00
	Check up table at each facility	0.50
	Total	7.00

EAST CHAMPARAN



KCEX

80-100%
60-80%
40-60%
20-40%
0-20%

WEST CHAMPARAN
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STATE OF BIHAR, INDIA

G. INFRASTRUCTURE

District Hospital

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for DHs are:

- i. To provide comprehensive secondary health care (specialist and referral services) to the community through the District Hospital.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals

INDICATOR

Infrastructure

GAPS

1) Size of Hospital: Number of beds is 100 which are far less than the requirement. Standard is 500 beds.

2) Building and Space Requirement:

Poor building conditions need minor repairing

Number and conditions of toilets are poor.

3) Ambulatory Care Area (OPD):

No general or subsidiary waiting space/ room for patients

Diagnostic Services: No ultrasound, radio-diagnosis facility

Clinical Laboratory: Outsourced

Blood Bank:

4) Intermediate Care Area (Inpatient Nursing Units):

5) Critical Care Area (Emergency Services):

6) Therapeutic Services:

Toilet condition poor

Sanitation, waste disposal poor

Physiotherapy:

Need separate building

7) Hospital Services:

Hospital Kitchen:

Central sterile and supply department:

Hospital Laundry:

Mortuary:

Medicine and General Store

8) Engineering and Services:

Electric engineering:

Generator and lighting

Call Bells: Mechanical Engineering:

AC, Room Heating

Public Health Engineering:

Water Supply:

Drinking Water: Drainage and Sanitation: Poor

Waste disposal System:

9) Fire Protection:

10) Telephone and Intercom:

Parking:

Committee room:

Residential Quarters:

ISSUES

To increase number of beds up to 500

Repairing and Maintenance of Old Building

New buildings for RCH, wards, diagnostic services, waiting space etc

Need of new toilets

Expansion of delivery wards to make it 60 bedded ward

One ward of 30 beds for Family Planning Operation

New building for laundry, kitchen, mortuary etc

Repairing of water tank.

Installation of new tube wells (5 at least)

New buildings for residential quarters and community hall.

Not Functioning

General Wards need Minor repair

.
Not independent of OPD

OT: Not according to IPHS

Delivery Suit Unit: No distinct antenatal and postnatal wards

Need new building

Storage Condition is poor

Continuous Water Supply – not continuous for 24 hours

Not available. Dependent on tube well.

No separate parking area

No separate committee room

STRATEGIES

Repairing of existing buildings and infrastructures

Repairing of boundary wall

Hand-over of buildings already completed

Timely completion of work in progress

Construction of new buildings needed

One water tank

One separate transformer for power supply

Upgradation into 500 bedded facilities.

Strengthening of BMU

Community participation

Strengthening of Infrastructure and operationalization of construction works

Monitoring

ACTIVITIES

1.1 Need based (Service delivery) Estimation of cost for upgradation of Referral

1.2 Preparation of priority list of interventions to deliver services.

2.1 Selection of any two Referral for ISO certification in first phase.

2.2 Sending the recommendation for the certification with existing services and facility detail.

3.1. Ensuring regular monthly meeting of RKS.

3.2 Appointment of Block Health Managers, Accountants in institutions

3.3 Training to the RKS signatories for account operation.

3.4 Trainings of BHM and accountants on their responsibilities.

4.1 Meeting with community representatives on erecting boundary, beautification etc,

4.2. Monthly meetings of DHS, RKS

5.1 Renovation of **buildings**

5.2 Purchase of Furniture

5.3 Prioritizing the equipment list according to service delivery

5.4 Purchase of equipments

5.5 Printing of formats and purchase of stationeries

6.1. Construction of new **buildings** according to IPHS norms

6.2 Monitoring of renovation/construction works through DHS/RKS members.

7. Need minor repairs

8. Insufficient, more quarters are needed (7 for doctors, 6 for paramedical staffs)

TIMELINE

Budget	Activity/item	2009-10 in lacs
	Upgradation of referral	5.0
	Renovation of buildings	2.0
	Appointment of Block Health Managers, Accountants in institutions	6.5
	Repair and maintenance of equipments	0.50
	Mobility expenses	1.00
	Monitoring Expenditure	0.5
	IEC , workshops	1.00
	Training activities	1.00
	Community awareness and monitoring	1.00
	Incentives to providers	1.00
	Check up table at each facility	0.50
	Total	20.00

SUB-DIVISIONAL HOSPITAL

INDICATOR **Infrastructure**

GAPS The district has been requiring 5 sub divisional Hospital but there are no any functioning.

The district has 3 Referral Hospital are functioning. Referral Hospital have own building but not adequate space. Require additional building

Delivery :

At present normal delivery is 10 cesarean or other operation 3 Conducting per day

Family Planning

Family Planning Operation 3 per week.

OPD / Minor operation/ Emergency is 185 per day

This huge workload is not being addressed with only 30 beds inadequate facility.

Identified the facility and equipments gap before preparation of DHAP and almost 50-60% of facilities are not adequate as per IPHS norms

The comparative analysis of facility survey(08-09) and DLHS3 facility survey(06-07) , the service availability tremendously increased but the quality of services is still area of improvement.

Lack of equipments as per IPHS norms and also underutilized equipments.

Lack of appropriate furniture

Non availability of HMIS formats/registers and stationeries

Operation of RKS:

Lack in uniform process of RKS operation.

Lack of community participation in the functioning of RKS.

Lack of facilities/ basic amenities in the existing buildings

ISSUES

Available facilities are not compatible with the services supposed to be delivered at Referral

Quality of services

Community participation.

STRATEGIES

Upgradation of Referral into 100 bedded facilities.

ISO certification of selected Referral in the district.

Strengthening of BMU

Ensuring community participation.

Strengthening of Infrastructure and operationalization of construction works

Monitoring

ACTIVITIES

1. Need based (Service delivery) Estimation of cost for upgradation of Referral
2. Preparation of priority list of interventions to deliver services.

1. Selection of any one Referral for ISO certification in first phase.
2. Sending the recommendation for the certification with existing services and facility detail.

1. Ensuring regular monthly meeting of RKS.
2. Appointment of Block Health Managers, Accountants in these institutions
3. Training to the RKS signatories for account operation.
4. Trainings of BHM and accountants on their responsibilities.

1. Meeting with community representatives on erecting boundary, beautification etc,

3A. Strengthening of Sub div./Referral hospital having own buildings

- A.1 Renovation of building.
- A.2 Purchase of Furniture
- A.3 Prioritizing the equipment list according to service delivery
- A.4 Purchase of equipments
- A.5 Printing of formats and purchase of stationeries

3B. Construction of new of Sub div./Referral hospital

B1. Preparation of priority list of Sub div./Referral hospital according to IPHS population and location norms.

B2. Community mobilization for promoting land donations at accessible locations.

B3. Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed of Sub div./Referral hospital

4.2 Monitoring of renovation/construction works through RKS members.

4.3 Training of Members of RKS committees/ Others on technical monitoring aspects of construction work.

4.4 Monthly Meeting of one representative of RKS committees on construction work.

TIMELINE

BUDGET

Activity/item

2009-10

in lacs

Upgradation of referral

5.0

Training

2.0

Workshop and motivational trainings

1.0

.Strengtheing of Sub div./Referral hospital having own buildings

2.0

Construction of new of Sub div./Referral hospital

5.0

Total

15.00

Primary Health Centers:(30 beaded)

INDICATOR **Infrastructure**

GAPS The district altogether needs 27 PHCs but there are only 20 functioning PHC. 7 PHC are required to be formed.

All 20 PHCs are having own building

All 20 PHCs are running with only six bed facility.

Delivery :

At present only 20 PHC's is conducting delivery.0020 At an average of 5 delivery per day Out of which only 14 PHC having an average of 10 delivery per day.

Family Planning

20 PHC's are conducting at an average of 3 Family Planning Operation per week.

OPD / Minor operation/ Emergency is 185 per day

This huge workload is not being addressed with only six beds inadequate facility.

Identified the facility and equipments gap before preparation of DHAP and almost 50-60% of facilities are not adequate as per IPHS norms

The comparative analysis of facility survey(08-09) and DLHS3 facility survey(06-07) , the service availability tremendously increased but the quality of services is still area of improvement.

Lack of equipments as per IPHS norms and also underutilized equipments.

Lack of appropriate furniture

Non availability of HMIS formats/registers and stationeries

Operation of RKS:

Lack in uniform process of RKS operation.

Lack of community participation in the functioning of RKS.

Lack of facilities/ basic amenities in the PHC buildings

ISSUES Available facilities are not compatible with the services supposed to be delivered at PHCs.

Quality of services

Community participation.

STRATEGIES Up gradation of PHCs into 30 bedded facilities.

ISO certification of selected PHCs in the district.

Strengthening of BMU

Ensuring community participation.

Strengthening of Infrastructure and operationalization of construction works

Monitoring

ACTIVITIES 1. Need based (Service delivery) Estimation of cost for up gradation of PHCs

2. Preparation of priority list of interventions to deliver services.

1. Selection of any two PHCs for ISO certification in first phase.

2. Sending the recommendation for the certification with existing services and facility detail.

1. Ensuring regular monthly meeting of RKS.

2. Appointment of Block Health Managers in rest of the vacant place & Accountants in all institutions.

3. Training to the RKS signatories for account operation.

4. Trainings of BHM and accountants on their responsibilities.

1.Meeting with community representatives on erecting boundary, beautification etc,

2. Nukkad Nataks on Citizen's charter of HSCs as per IPHS

1.1 Monthly meetings of VHSCs, Mothers committees

3A.Strengthening of HSCs having own buildings

A.1Renovation of HSCs

A.2 Purchase of Furniture

A.3 Prioritizing the equipment list according to service delivery

A.4 Purchase of equipments

A.5 Printing of formats and purchase of stationeries

3B. Strengthening of HSCs running in rented buildings.

B1. Estimation of backlog rent and facilitate the backlog payment within two months

B2. Streamlining the payment of rent through untied fund from the month of April 09.

B3.Purchase of Furniture as per need

B4 Prioritizing the equipment list according to service delivery

B5 Purchase of equipments as per need

B6 Printing of formats and purchase of stationeries

3C. Construction of new HSCs

C1. Preparation of PHC wise priority list of HSCs according to IPHS population and location norms of HSCs

C2. Community mobilization for promoting land donations at accessible locations.

C3. Construction of New HSC buildings

C4. Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed HSC buildings.

4 biannual facility survey of HSCs through local NGOs as per IPHS format

4.1 Regular monitoring of HSCs facilities through PHC level supervisors in IPHS format.

4.2 Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.

4.3 Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.

4.4 Monthly Meeting of one representative of VHSC/Mothers committees on construction work.

TIMELINE

BUDGET

Activity/ Items

2009-10

Building for new PHC

48.00

Renovation of existing PHC	20.00
Furniture	2.4
Equipment	44.38
Vehicle /Ambulance	5.00
Recurring cost for existing PHCs	473.11
Counsellors at each PHCs	48.00
Monitoring and evaluation	1.0
Total	641.89

Additional PHC:

The objectives for Add PHC are:

- i. To provide comprehensive primary health care to the community through the Add PHC.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the community.

INDICATOR

Infrastructure

GAPS

The district altogether need 156 APHCs but there are only 46 functioning APHC 86 APHC are newly sanctioned & 24 APhc are still to be formed.

Out of 46 APHCs only 40 are having own

building

Existing 25 buildings are not properly maintained

Nonpayment of rent of 6 APHCs for long period.

128 APHC need new building construction

All Existing APHC Need Major repair

Running water supply is not available

Non availability of Labour room.

None of the APHC has Power Supply.

All Existing APHC require new construction of toilet

Lack of equipments,

Lack of appropriate furniture

Non availability of HMIS formats/registers and stationeries

ISSUES

Lack of facilities/ basic amenities in the constructed buildings

Nonpayment of rent
Land Availability for new construction

Constraint in transfer of constructed building.

Lack of community ownership.

STRATEGIES

Strengthening of VHSCs, PRI and formation of

ACTIVITIES

RKS

Strengthening of Infrastructure and operationalization of construction works in Three phase

Monitoring

1.Strengthen community ownership

2.Nukkad Natak on Citizen's charter of APHCs as per IPHS

3. Registration of RKS

4.Monthly meetings of VHSCs, Mothers committees and RKS

A. Strengthening of APHCs having own buildings

A.1Renovation of APHCs buildings

A.2 Purchase of Furniture

A.3 Prioritizing the equipment list according to service delivery

A.4 Purchase of equipments

A.5 Printing of formats and purchase of stationeries

B. Strengthening of APHCs running in rented buildings.

B1. Estimation of backlog rent and facilitate the backlog payment within two months

B2. Streamlining the payment of rent through untied fund/ RKS from the month of April 09.

B3.Purchase of Furniture as per need

B4 Prioritizing the equipment list according to service delivery

B5 Purchase of equipments as per need

B6 Printing of formats and purchase of stationeries

3C. Construction of new APHC buildings as standard layout of IPHS norms.

C1. Preparation of PHC wise priority list of APHCs according to IPHS population and location norms of APHCs

C2. Community mobilization for promoting land donations at accessible locations.

C3. Construction of New APHC buildings

C4. Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed APHCs buildings.

4 Biannual facility survey of APHCs through local NGOs as per IPHS format

4.1 Regular monitoring of APHCs facilities through PHC level supervisors in IPHS format.

4.2 Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.

4.3 Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.

4.4 Monthly Meeting of one representative of VHSC/Mothers committees on construction work.

TIMELINE

Budget	Activity / Item	2009-10
	New Buildings for APHCs with equipment, Drugs and Furniture and quarters as per IPHS	63.23
	Equipment and furniture for existing facilities as per IPHS	12
	Repair/Additions of APHCs	50
	Staff Quarters as per IPHS	100
	Recurring costs of the additional PHCs	30.53
	Total	255.76

Health Sub Centers:

The overall objective is to provide health care that is quality oriented and sensitive to the needs of the community. The objectives for Sub-Centers are:

- i. To provide basic Primary health care to the community.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the community

INDICATOR
GAPS

Infrastructure

- 1) Sub centers present – 315; Sub centers proposed – 472; Sub centers required – 229
- 2) The district needs $472 + 229 = 701$ HSCs to start and make functional
- 3) 58.09 (183 out of 315) HSCs are on rent and rent is outstanding science 5 years and above.
- 4) Building conditions are very poor. Out of 315 existing HSCs, 218 needs new buildings and rest needs major/ minor repairs.
- 5) All HSCs lacks proper residential facilities, drinking and running water supply, toilets etc according to IPHS.
- 6) Lands are not available for new buildings
- 7) Lack of continuous power supply, telephone, transport facility etc at all the HSCs
- 8) Lack of drugs, equipment's & furniture as per IPHS Norms
- 9) Non availability of HMIS formats/ registers and stationary
- 10) Unavailability of labor rooms, clinic rooms, examination rooms, toilets
- 11) Lack of display boards, visiting schedule of ANM, complain/suggestion box
- 12) No residential accommodation facility

ISSUES

- 1) To increase the number of HSCs (315 to 787)
- 2) To make functional $315 + 472 = 787$ HSCs
- 3) Repairing of Old buildings
- 4) New buildings with residential facilities, clinical rooms, labour rooms, examination rooms, toilets, drinking and running water facility at the appropriate location
- 5) To assure land availability for proposed and newly proposed HSCs.
- 6) To assure fund availability for construction of new building and payment of rent.
- 7) To assure proper power supply for 24 hours at HSCs
- 8) To assure availability for equipment's, drugs and furniture's according to IPHS norms.

9) To facilitate HSCs with telephone and transport facility for hard to reach areas.

STRATEGIES

Short Term Strategy:

- 1) To optimize the use of existing resources by their repairing and upgrading
- 2) To hire buildings if required
- 3) Short term measures to enhance the infrastructure requirements
- 4) Resolution of local or political issues and handover of buildings

Long Term Strategy:

- 1) Development of proposed HSC
- 2) Sanctioned of further required HSC

Monitoring:

ACTIVITIES

Short Term:

1. Repairing of existing building and infrastructure
2. Where repairing is not possible, hire buildings on rent for one year. Advertise it through local news paper.
3. Allotment of Mobile phone at each HSCs. Advertise the number in local news paper
4. Vehicle of APHC should be used for related HSC
5. Solar System for power supply
6. Water supply: tube well
7. Purchase of furniture from untied fund
8. Equipment and Drugs should be made available from PHC/ DHS

9. Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed HSC buildings

Long Term:

- 1) Land Availability with support of local community and administration
- 2) Construction of new buildings according to IPHS norms. Assure completion within one year.
3. Community mobilization for promoting land donations at accessible locations.

1. Biannual facility survey of HSCs through local NGOs as per IPHS format
2. Regular monitoring of HSCs facilities through PHC level supervisors in IPHS format.
3. Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.
4. Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.
5. Monthly Meeting of one representative of VHSC/ Mothers committees on construction work.

TIMELINE
BUDGET

Activity / Item	2009-10
New buildings with quarters	108.61
New Subcentres	74.06
Repair of SCs	15
2 Staff Quarters	21
1 Staff Quarter	45
Recurring Costs	10

Total

273.67

Facility	Existing	2009-10 required	BUDGET 2009-10
DISTRICT HOS	01	00	20.00
SUB DIVISIONAL	00		15.00
PHC	20	30	641.89
PHC/APHC	46	109	255.76
Subcentre	315	229	273.67
Total			1206.32

H. HUMAN RESOURCE

DISTRICT Hospital

INDICATOR **Human Resource**

GAPS

Doctors:

Only 13 doctors.

Sanctioned 14

Standard 25

Paramedical:

Only 7 Nurses.

Sanctioned 8

Standard is 100-150

lab technician:

Sanctioned 3

Pharmacist:

Only 1

Sanctioned 1

Standard 5

Dresser:

Only 3

Sanctioned 3

No O.T Assistant:

Sanctioned 1

Standard 5

Other Staffs are also insufficient and not according to the norms of IPHS

ISSUES

Appointment of new Doctors and Paramedical Staffs
Use of Contractual Staffs and Outsourcing for different services

STRATEGIES

Staff recruitment
Capacity building
Strengthening of ANM training school

ACTIVITIES

Selection and recruitment of Doctors and Paramedical Staffs
Selection and recruitment of ...male workers
Training need Assessment of Dist. level staffs
Training of staffs on various services
Analyzing gaps with training school
Deployment of required staffs/trainers
Hiring of trainers as per need
Preparation of annual training calendar issue wise as per guideline of Govt of India.
Allocation of fund and operationalization of allocated fund

TIMELINE

BUDGET

SUB-DIVISIONAL HOSPITAL

INDICATOR

Human Resource

GAPS

Doctors :

Lack of Obstetrician & Gynecologist,
Anesthetist

Lack of Grade A Nurse, O.T Assistant, Ward
Boys, Sweeper, Chowkidar, Ophthalmic
Assistant

ISSUES

Filling up the staff shortage

Untrained staffs

STRATEGIES

Staff recruitment

Capacity building

Strengthening of ANM training school

ACTIVITIES

* Recruitment of Doctors like Obstetrician &
Gynecologist, Anesthetist

1. Selection and recruitment of Grade A Nurse
2. Selection and recruitment of male workers like O.T Assistant, Ward Boys, Ophthalmic Assistant
3. Training need Assessment of Sub div. level staffs

4. Training of staffs on various services
5. Deployment of required staffs/ trainers
 1. Hiring of trainers as per need
 2. Preparation of annual training calendar issue wise as per guideline of Govt of India.
 3. Allocation of fund and operationalization of allocated fund

TIMELINE

BUDGET

PHCs

INDICATOR

Human Resource

GAPS

Doctors : Existing 20 PHC district have 138 sanctioned post of regular doctor only 80 (r) + 91 (c) are working .

Grade A Nurse : Out of 26 sanctioned post only 2 are working.

ANM :- Out of 428 sanctioned post only 291 are working.

Lab Technician :- Out of 52 sanctioned post only 17 are working.

Pharmacist :- Out of 52 sanctioned post only 20 are working.

Block Extension Educator :- Out of 12 sanctioned post only 11 are working.

Health Educator :- Out of 32 sanctioned post only 29 are working.

L.H.V :- Out of 29 sanctioned post only 22 are working.

Out of 20 BHM & Accountant but at present all are vacant.

ISSUES

Filling up the staff shortage

Untrained staffs

STRATEGIES

Staff recruitment

Capacity building

Strengthening of ANM training school

ACTIVITIES

1. Selection and recruitment ofANMs
2. Selection and recruitment of ...male workers
1. Training need Assessment of HSC level staffs
2. Training of staffs on various services

1. Analyzing gaps with training school
2. Deployment of required staffs/trainers
3. Hiring of trainers as per need
4. Preparation of annual training calendar issue wise as per guideline of Govt of India.
5. Allocation of fund and operationalization of allocated fund

TIMELINE

BUDGET

APHCs

INDICATOR

HUMAN RESOURCE

GAPS

Out of 46 APHCs have 92 doctor is required but only 8 doctors posted, Out of 184 grade A Nurse only 24 grade A Nurse has been appointed , but they are deputed at PHC or district Hospital

Out of 184 Male Health Worker only 80 have been posted.

ISSUES

Filling up the staff shortage

Untrained staffs

STRATEGIES

Staff recruitment

Capacity building

Strengthening of ANM training school

ACTIVITIES

1. Selection and recruitment of
...Doctors/Grade A nurse/ANMs

2. Selection and recruitment of ...male workers

3. Sending back the staffs to their own APHCs.

3. Training need Assessment of APHC level staffs

4. Training of staffs on various services

5. EmoC Training to at least one doctor

of each APHC

1. Analyzing gaps with training school
2. Deployment of required staffs/trainers
3. Hiring of trainers as per need
4. Preparation of annual training calendar issue wise as per guideline of Govt of India.
5. Allocation of fund and operationalization of allocated fund

TIMELINE

BUDGET

HSCs

INDICATOR

GAPS

HUMAN RESOURCE

1) Only one ANM is posted at one HSC.

Required HSC =229

Existing HSC = 315

Total ANM = 443

Total HW =

2) Lack of Male and Female Health Workers and volunteers at HSC

3) Lack of Skilled ANM and HW

4) Below standard record keeping and reporting

ISSUES

1) To hire 344 ANM required

2) To post at least one Male Health Worker at each HSC

3) To train ANM and Health Workers

4) Continuous training at local level by Medical Officers in the block

5) To focus on record keeping and reporting system at HSC level

STRATEGIES

Short Term:

1) Effectively and efficiently use the existing human resource – Proper Placement and Transfer

2) Local Training for improvement of Knowledge, Skill and Attitude

3) Performance based incentive/ punishment plans

Long Term:

1) Recruitment and Selection

2) Training and Development

ACTIVITIES

Short Term:

- 1) Bimonthly review and training programs at PHC/ APHC level to the existing ANM and HW by MO/ MOIC or BHM
- 2) Bimonthly meeting/ review of all ASHA and AWW at HSC with ANM and BHM
- 3) Monitoring and evaluation of work at HSC level by MO/ BHM
- 4) Mobile team for uncovered areas including one MO, one ANM and one HW. Weekly visit plan to that uncovered areas.
- 5) More focus on weekly meeting at PHC level.

Long Term:

- 1) Staff recruitment
- 2) Capacity building
- 3) Strengthening of ANM training school
- 4) Public – private partnership for HR development

TIMELINE

BUDGET

Activity / Item	Current Status	2009-10	2009-10
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		Proposed	
			Required
Sub Center	315	472	229
ANM (R)	291		128
ANM (C)	152		351
Health worker Male	6	60	54
ASHA	2686	3689	1003
PHC	20	30	50
MO (R)	91		
MO (C)	98	128	30
Pharmacist			
Staff Nurse (R)	17		7
Staff Nurse (C)	30	165	135
Health Educator/Male supervisor	30	31	1
LHV	17	43	26
UDC/ Computer Clerk	20	40	20
LDC	89	109	20
Lab Tech	5	42	37
Class IV	231	306	75
SMOs	2	4	2

Staff Nurse	12	70	58
PHN	0	7	7
Computer cleark	3	7	4
Dresser	0	7	7
Pharmasist	7	7	0
Lab Tech	4	7	3
BEE	2	7	5
Radiographer	3	7	4
UDC/ Computer Clerk	5	7	2
LDC	9	14	5
Epidemiologist	0	7	7
Total Class IV	18	70	52
LMO (for PHC)	3	18	15
LMO (for PHC)	1	7	6
Accountant for PHC	0	18	22
Accountant for PHC	7	7	0

Budget for Contractual Staff	Activity / Item	Unit Cost(per year)in lacs	2009-10	2009-10
	Sub Center			132
ANM	1.3626	33	44.97	
Health worker Male	1.188	46	54.65	
PHC			20	0
MO	2.5266	8	20.22	
Pharmacist	1.5372	7	10.76	
Staff Nurse	1.5372	49	75.33	
ANM	1.3626	6	8.18	
Health Educator/Male supervisor	1.5372	10	15.37	
LHV	1.7118	11	18.83	
PHN	1.7118	18	30.82	
UDC/ Computer Clerk	1.188	18	21.39	
LDC	0.9133	18	16.44	
Lab Tech	1.188	16	19.01	
Class IV	0.6933	46	31.90	
APHC			0	0
SMOs	3.15225	5	15.77	
Staff Nurse	1.5372	58	89.16	
PHN	1.7118	7	11.99	

I. DRUG KIT AVAILABILITY

District Hospital

INDICATOR **Drug kit availability**

GAPS (A) Drugs

1) OPD Drugs:

Only 37 OPD

Standard is 104

2) IPD Drugs:

Only 57 IPD Drugs

Standard is 107

(B) Equipments

1) Imaging Equipments: No Dental X-ray Machine, No Ultra sonogram, No C.T. Scan

2) X-Ray room accessories: Not according to IPHS

3) Cardiac Equipment: ECG 1

Not according to IPHS

4) Labor Ward & Neo Natal Equipments: Lacking weighing machines, baby incubators, phototherapy unit, etc as according to IPHS

ISSUES

Indenting
Logistics
Operationalization

STRATEGIES Strengthening of reporting process and indenting through form 8
Strengthening of drug logistic system

ACTIVITIES

- 1.training of store keepers on invoicing of drugs
- 2.Implementing computerized invoice system in all Referral
- 3.Fixing the responsibility on proper and timely indenting of medicines(keeping three months buffer stock)
4. Enlisting of equipments for safe storage of drugs.
5. Purchase of enlisted equipments.
6. Ensuring the availability of drugs with store keeper.
7. Orientation meetings on guidelines of RKS for operation.

TIMELINE

BUDGET	Activity / Item	2009-10
	Training	1.00
	Procurement facility	2.00
	Regular supply and stock maintenance	0.50
	Needed Equipments	2.00
	Total	255.76

Sub- Divisional hospital

INDICATOR	Drug kit availability
GAPS	<p>Irregular supply of drugs because of improper assessment and improper supply and centralized distribution.</p> <p>Lack of fund for the transportation of drugs from district to blocks.</p> <p>There is no clarity on the guideline for need based drug procurement and transportation.</p>
ISSUES	<p>Indenting</p> <p>Logistics</p> <p>Operationalization</p>
STRATEGIES	<p>Strengthening of reporting process and indenting through form 8</p> <p>Strengthening of drug logistic system</p> <p>Phase wise strengthening of A Referral for vaccine / drugs storage</p>
ACTIVITIES	<ol style="list-style-type: none"> 1.training of store keepers on invoicing of drugs 2.Implementing computerized invoice system in all Referral 3.Fixing the responsibility on proper and timely indenting of medicines(keeping three months buffer stock) 4. Enlisting of equipments for safe storage of drugs. 5. Purchase of enlisted equipments. 6. Ensuring the availability of drugs with store keeper. 7. Orientation meetings on guidelines of RKS for operation.
TIMELINE	

BUDGET	Activity / Item	2009-10
	Training	2.00
	Strengthening storage facility	5.00
	Maintenance of Records	0.50
	Display boards	0.2
	Total	7.70

PHCs

INDICATOR **Drug kit availability**

GAPS Irregular supply of drugs because of lack of fund disbursement on time.

Only ... % essential drugs are rate contracted at state level .

Lack of fund for the transportation of drugs from district to blocks.

There is no clarity on the guideline for need based drug procurement and transportation.

ISSUES Indenting

Logistics

Operationalization

STRATEGIES Strengthening of reporting process and indenting through form 7

Strengthening of drug logistic system

Phase wise strengthening of APHCs for vaccine / drugs storage

ACTIVITIES

- 1.training of store keepers on invoicing of drugs
- 2.Implementing computerized invoice system in all PHCs
- 3.Fixing the responsibility on proper and timely indenting of medicines(keeping three months buffer stock)
4. Enlisting of equipments for safe storage of drugs.
5. Purchase of enlisted equipments.
6. Ensuring the availability of FIFO list of drugs with store keeper.
7. Orientation meetings on guidelines of RKS for operation.

TIMELINE

BUDGET

Activity / Item	2009-10
Training	2.00
Strengthening storage facility	10.00
Maintenance of Records	0.50
Display boards	0.2
Total	12.70

A P H Cs

INDICATOR	Drug kit availability
GAPS	No drug kit as such for the APHCs as per IPHS norms. (Kit A, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DEC)s) and contraceptives, Only need based emergency supply Irregular supply of drugs
ISSUES	Indenting Logistics Operationalization
STRATEGIES	Strengthening of reporting process and indenting through form 2 and 6 Couriers for vaccine and other drugs supply Phase wise strengthening of APHCs for vaccine / drugs storage
ACTIVITIES	1.Weekly meeting of APHC staffs at PHC for promoting APHC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports 2.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map 2.1 Hiring vehicles for supply of drug kits through untied fund. 2.3 Developing three coloured indenting format for the APHC to PHC(First reminder-Red, Second reminder-Blue, Third reminder-Yellow) 3.1 Hiring of couriers as per need 3.2 Payment of courier through APHC account 4.1 Purchasing of cold chain equipments as per IPHS norms 4.2 training of concerned staffs on cold chain maintenance and drug storage
TIMELINE	

BUDGET

Activity / Item

2009-10

Training	2.00
Strengthening storage facility	23.00
Maintenance of Records	0.50
Display boards and monthly meetings	1.00
Hiring courier and vehical	2.00
Total	28.50

HSCs

INDICATOR **Drug kit availability**

GAPS 1) No drug kit as such for the HSCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DEC)s)and contraceptives,

2) Irregular supply of drugs

ISSUES Indenting

Logistics

STRATEGIES Strengthening of reporting process and indenting through form 2 and 6 and delegating the purchase power from District to PHC level.

Couriers for vaccine and other drugs supply

Phase wise strengthening of APHCs for vaccine / drugs storage

ACTIVITIES 1.Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports

2.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map

2.1 Hiring vehicles for supply of drug kits through untied fund.

2.3 Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)

3.1 Hiring of couriers as per need

3.2 Payment of courier through ANMs account

4.1 Purchasing of cold chain equipments as per IPHS norms

4.2 training of concerned staffs on cold chain maintenance and drug storage

TIMELINE

BUDGET

Activity / Item	2009-10
Training	2.00
Strengthening storage facility	108.00
Maintenance of Records	0.50
Display boards and monthly meetings	1.00
Hiring courier and vehical	2.00
Total	113.50

Facility	Existing	2009-10 required	BUDGET 2009-10

DISTRICT HOS	01	00	255.76
SUB DIVISIONAL	00		7.70
PHC	20	30	12.70
PHC/APHC	46	109	28.50
Subcentre	315	229	113.50
Total			418.16

J. SERVICES

District Hospital

INDICATOR

Service performance

GAPS

Blood Bank

ECG

Nonfunctioning of RKS

6.Essential Services (Minimum Assured Services)

Services include OPD, indoor, emergency services.

Secondary level health care services regarding following specialties will be assured at hospital:

Consultation services with following specialists:

General Medicine

General Surgery

O&G services

Pediatrics including Neonatology

Emergency (Accident & other emergency)

Critical care

Anesthesia

Ophthalmology

ENT

Dermatology and Venerology (Skin & VD) RTI/STI

Orthopedics

Radiology including ultrasonologist

Radiotherapy

Dental care

Public Health Management

Psychiatry

Plastic Surgery

Allergy

Super Specialties

Cardiology

Cardio-thoracic Vascular Surgery

Gastro-entomology

Surgical Gastro-entomology

Nephrology

Urology

Neurology

Neurosurgery

Oncology

Endocrinology/Metabolism

Diagnostic and other Para clinical services regarding:

Laboratory services

Imaging services

CT Scan services

Pornography

ECG

EEG

Echocardiogram

Endoscopy

Angiography

Echocardiography

Pathology

Physiotherapy

Dental Technology (Dental Hygiene)

Drugs and Pharmacy

Ancillary and support services: Following ancillary services shall be ensured:

Medico-legal /postmortem

Ambulance services

Dietary services

Laundry services

Security services

Waste management

Counseling services for domestic violence, gender violence, adolescents, etc. Gender and socially sensitive service delivery be assured.

Ware housing/ central store

Maintenance and repair

Electric Supply (power generation and stabilization)

Water supply (plumbing)

Heating, ventilation and air-conditioning

Transport

Communication

Medical Social Work

Nursing Services

Sterilization and Disinfection

Horticulture (Landscaping)

Lift and vertical transport

Refrigeration

Administrative services

(i) Finance*

(ii) Medical records (Provision should be made for computerized medical records with anti-virus facilities whereas alternate records should also be maintained)

(iii) Procurement

(iv) Personnel

(v) Housekeeping and Sanitation

(vi) Education and training

(vii) Inventory Management

Services under various National Health and Family Welfare Programmes

Epidemic Control and Disaster Preparedness

ISSUES

Operationalization of Untied fund.

Improvement in quality of services like ANC, NC and PNC, Immunization,

Integration of disease control programs at Dist. level.

Family Planning services

STRATEGIES

Capacity building of account holder of untied fund

Community focused Family Planning services

ACTIVITIES

It provides effective, affordable healthcare services (curative including specialist services, preventive and promotive) for a defined population, with their full participation and in co-operation with agencies in the district that have similar concern. It covers both urban population (district headquarter town) and the rural population in the district.

2. Function as a secondary level referral centre for the public health institutions below the district level such as Sub-divisional Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.

3. Technical and administrative support and education and training for primary health care

Outsourcing of services like laundry, ambulance, dietary, housekeeping and sanitation, waste disposal etc. to be arranged by hospital itself. Manpower and outsourcing work could be done through local tender mechanism

Medical Superintendent to be authorized to incur and expenditure up to Rs.25.00 lakhs for repair/upgrading of impaired equipments/instruments with the approval of executive committee of RKS.

Financial powers of Head of the Institution

Financial accounting and auditing be carried out as per the rules along with timely submission of SOEs/UCs.

No equipment/instruments should remain non-functional for more than 30 days. It will amount to suspension of status of IPHS of the concerned institutions for absence period.

TIMELINE

BUDGET

Activity / Item

2009-10

Computer with operators

25.00

Abulance	10.00
Maintenance of Records	02.50
Display boards and monthly meetings	2.00
Housekeeping	12.00
Provision of Seed money @ Rs 1 lakh per PHC @ Rs 1.00 lakhs	20
Training of the Incharges and second in command @ Rs 800 per person x 1 day at each PHC/ APHC	193.45
Total	264.95

Sub- Divisional hospital

INDICATOR

Service performance

GAPS

1.Excessive load on Referral Hospital in delivering all services i.e. 10 delivery per day, Family Planning operation/emergency operation and 185 OPD per day in each Hospital.

Lack of counseling services

Problem of mobility during rainy season

Lack of convergence

ISSUES

Operationalization of Untied fund.

STRATEGIES

Improvement in quality of services like ANC, NC and PNC, Immunization,

Capacity building of account holder of untied fund

Phasewise strengthening of Institutional delivery and fix a day for ANC as per IPHS norms.

Community focused Family Planning services

Convergence

ACTIVITIES

1. Training of signatories on operating Untied fund account, book keeping etc

2. Timely disbursement of untied fund form DHS

Strengthening Sub Div. Hospital for institutional delivery in first quarter

Submission of reports of all programs by the supervisors duly signed by the respective Head.

1. Ensuring supply of contraceptives with three month's buffer stock at Sub Div. Hospital

3. Training of staffs on family planning methods and RTI/STI/HIV/AIDS

4. Training of ANMs on IUD insertion

1. Fixed Saturday for meeting day of ANM,

AWW, ASHA

TIMELINE

BUDGET

PHCs

INDICATOR

Service performance

GAPS

1.Excessive load on PHC in delivering all services i.e. 10 delivery per day, Family Planning operation/emergency operation and 185 OPD per day in each PHC.

Lack of counseling services

Problem of mobility during rainy season

Lack of convergence

ISSUES

Operationalization of Untied fund.

Improvement in quality of services like ANC, NC and PNC, Immunization,

Family Planning services

Convergence

STRATEGIES

Capacity building of account holder of untied fund

Phase wise strengthening of 30 HSCs for Institutional delivery and fix a day for ANC as per IPHS norms.

Implementation of disease control programs

through HSC level

Community focused Family Planning services

Convergence

ACTIVITIES

1. Training of signatories on operating Untied fund account, book keeping etc

2. Timely disbursement of untied fund for HSCs

3. Hiring a person at PHC level for managing accounts at HSCs untied fund

1 Gap identification of 30 HSCs through facility survey

2. strengthening one HSC per PHC for institutional delivery in first quarter

3. Owning first delivered baby and ANM

1 Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6. (four to five HSC per week)

2. Strengthening ANMs for community based planning of all national disease control program

3. Reporting of disease control activities through ANMs

4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.

1. Eligible Couple Survey

2. Ensuring supply of contraceptives with three

month's buffer stock at HSCs.

3. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS

4. Training of ANMs on IUD insertion

1. Fixed Saturday for meeting day of ANM, AWW, ASHA, with VHSCs rotation wise at all villages of the respective HSC.

2 Monthly Video shows in all schools of the concerned HSC area schools on health , nutrition and sanitation issues

TIMELINE

BUDGET

APHCs

INDICATOR

GAPS

Service performance

RKS has not been formed at any of the APHC.

Unutilized untied fund at APHC level

No institutional delivery at APHC level

OPD for 2days only in most of the APHC

No inpatient facility available

No ANC, NC and PNC and family planning services.

No lab facility

6 Ayush practitioner posted

No rehabilitation services

No safe MTP service

No OT/ dressing and Cataract operation services.

Approx 80% of APHC staffs not reside at place of posting

Lack of counseling services

Problem of mobility during rainy season

Lack of convergence at APHC level

Operational gaps: There is no link between HSCs and APHCs and the same way there is no link between APHC and PHC

ISSUES

Formation of RKS

Operationalization of Untied fund.

Improvement in quality of services like ANC, NC and PNC, Immunization and other services as identified as gaps.

Integration of disease control programs at APHC level.

Family Planning services

Convergence

Operational issues

STRATEGIES

Capacity building of account holder of untied

fund

Phase wise strengthening of 16 APHCs for Institutional delivery and fix a day for ANC as per IPHS norms.

Mobile Medical Units (MMUs) to be operationalized

Implementation of disease control programs through APHC level where APHC will work as a resource center for HSCc. At present the same is being done by PHC only.

Community focused Family Planning services

PPP

Convergence

ACTIVITIES

1. Training of signatories on operating Untied fund / RKS account, book keeping etc

2. Assigning PHC RKS accountant for supporting operationalization of APHC level accounts

2. Timely disbursement of untied fund/ seed money for APHCs RKS.

3. 1 Gap identification of 16 APHCs through facility survey

2. strengthening one APHC per PHC for institutional delivery in first quarter

3. Owning first delivered baby and ANM

Medical Care:

1. OPD (40/day/doctor)

2. 24 hr emergency services
3. Referral services

4. inpatient services 6 beds

- 1 Review of all disease control programs APHC wise in existing Tuesday weekly meetings at PHC with form 6

- 2.Strengthening ANMs for community based planning of all national disease control program

3. Reporting of disease control activities through ANMs

4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.

- 5.Weekly meeting of the staffs of concerned HSCs (as assigned to the APHC)

- 1.Eligible Couple Survey

2. Ensuring supply of contraceptives with three month's buffer stock at HSCs.

3. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS

4. Training of ANMs on IUD insertion

- 1.Outsourcing services for Generator, fooding, cleanliness and ambulance i

1. Fixed Saturday for meeting day of ANM,

AWW, ASHA, LRG with VHSCs rotation wise at all villages of the respective HSC.

2 Monthly Video shows in all schools of the concerned HSC area schools on health , nutrition and sanitation issues

3. Arrangement of Hand Pump through PHED

4. Electricity connection through local electricity department

5. Telephone connection.

TIMELINE

BUDGET

HSCs

INDICATOR

GAPS

Service performance

1) Unutilized untied fund at all HSC

2) No institutional delivery at HSC level

3) Hard to reach areas (12 blocks are flood affected

4) Antenatal Care

1. Early registration of pregnant women (only 18.7%)

2. Minimum three antenatal checkups (only 32.2%)

3. Other associated services (one TT inj. during

pregnancy 69.7%)

5) Intra-natal and post natal care (Institutional birth 24.9%)(Mother who receive post natal care within 48 hr of delivery 9.5%)

6) Child Health:

Children fully immunized 30.2%

Children who receive BCG 76.2%

Children who receive 3 doses of Polio 39.7%

Children who receive 3 doses of DPT 45.3%

Children who receive measles Vaccine 40.4%

7) Field Visits: Poor

Tour Plans not followed

9) Community Need Assessment: Poor

10) Curative Services : Not available at HSC

11) Training, coordination and monitoring

ISSUES

1) Operationalization of Untied fund.

2) Lack of delivery room and other facilities at sub centre level.

3) Improvement in quality of services like ANC, NC and PNC, Immunization, in Hard to reach areas in rainy season.

4) Integration of disease control programs at HSC level.

5) Family Planning services at HSC level

6) To improve reporting system from HSC to PHC regarding community needs and disease surveillance

7) Need to develop ANM and Health Workers as a trainer to train ASHA and AWW

STRATEGIES

Capacity building of account holder of untied fund

Renovation of HSC, through construction of delivery room & supply of equipments.

Phase wise strengthening of HSCs for Institutional delivery and fix a day for ANC as per IPHS norms.

Implementation of disease control programs through HSC level

Community focused Family Planning services

Convergence

ACTIVITIES

1. Training of signatories on operating Untied fund account, book keeping etc

2. Timely disbursement of untied fund for HSCs

3. Hiring a person at PHC level for managing accounts at HSCs untied fund

1. Establishment of a task force & Training of his staffs for working in drastic conditions

2. Give some addl. Remuneration/ incentives.

3. Arrangement of Boats/Vehicles for

movement in Hard to reach areas

4. Involvement of community leaders / PRI.

1 Gap identification of HSCs through facility survey

2. strengthening one HSC per PHC for institutional delivery in first quarter

3. Owning first delivered baby and ANM

1 Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6. (four to five HSC per week)

2. Strengthening ANMs for community based planning of all national disease control program

3. Reporting of disease control activities through ANMs

4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.

1. Eligible Couple Survey

2. Ensuring supply of contraceptives with three month's buffer stock at HSCs.

3. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS

4. Training of ANMs on IUD insertion

1. Fixed Saturday for meeting day of ANM, AWW, ASHA, LRG with VHSCs rotation wise at all villages of the respective HSC.

2 Monthly Video shows in all schools of the concerned HSC area schools on health , nutrition and sanitation issues

TIMELINE

BUDGET

BUDGET	Activity / Item	2009-10
	Computer with operators	25.00
	Abulance	10.00
	Maintenance of Records	02.50
	Display boards and monthly meetings	2.00
	Housekeeping	12.00
	Provision of Seed money @ Rs 1 lakh per PHC @ Rs 1.00 lakhs	20
	Training of the Incharges and second in command @ Rs 800 per person x 1 day at each PHC/ APHC	193.45
	Total	264.95

18. BUDGET AT-A-GLANCE (In Lakhs)		
S. N	Components	2009-10
1	Maternal health	356.86
2	Child Health	416.31
3	Family planning	93.99
4	Adolescent Health	57.05
5	RNTCP	32.82
6	KALAZAR	07.00
7	INFRASTRUCTURE	1206.32
8	HR	367.87
9	DRUG KIT AVAILABILITY	418.16
10	SERVICES	264.95
	Total	3221.33

9. ABBREVIATIONS

CBO	Community Based Organization
DPMU	District Programme Management Unit
DIECO	District IEC Officer
CHC	Community Health Centre

HMIS	Health Management Information System
BSHS	Bihar State Health Society
IEC	Information Education Communication
LHV	Lady Health Visitor
VLC	Village Level Committee
ICDS	Integrated Child Development Scheme
IPHS	Indian Public Health Standard
PRI	Panchayati Raj Institution
MNGO	Mother NGO
PHC	Primary Health Centre
PNC	Post Natal Care
PNDT	Post Natal Diagnostic Test
PIU	Project Implementation Unit
RCH	Reproductive Child Health
MHU	Mobile Health Unit
TOT	Training Of Trainers
IMNCI	Integrated Management Neonatal childhood Illness
PIP	Project Implementation Plan
VHW&SC	Village Health Water & Sanitation committee
ANM	Auxiliary Nursing Midwife
AWW	Anganwari Worker
DSU	District surveillance Unit