DISTRICT - SAHARSA

DISTRICT HEALTH AND ACTION PLAN

2009-2010

NATIONAL RURAL HEALTH MISSION

DHS SAHARSA

GOVERNMENT OF BIHAR

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Preface

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

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

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

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Introduction

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

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

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

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Profile of Saharsa District

BRIEF HISTORY OF SAHARSA DISTRICT

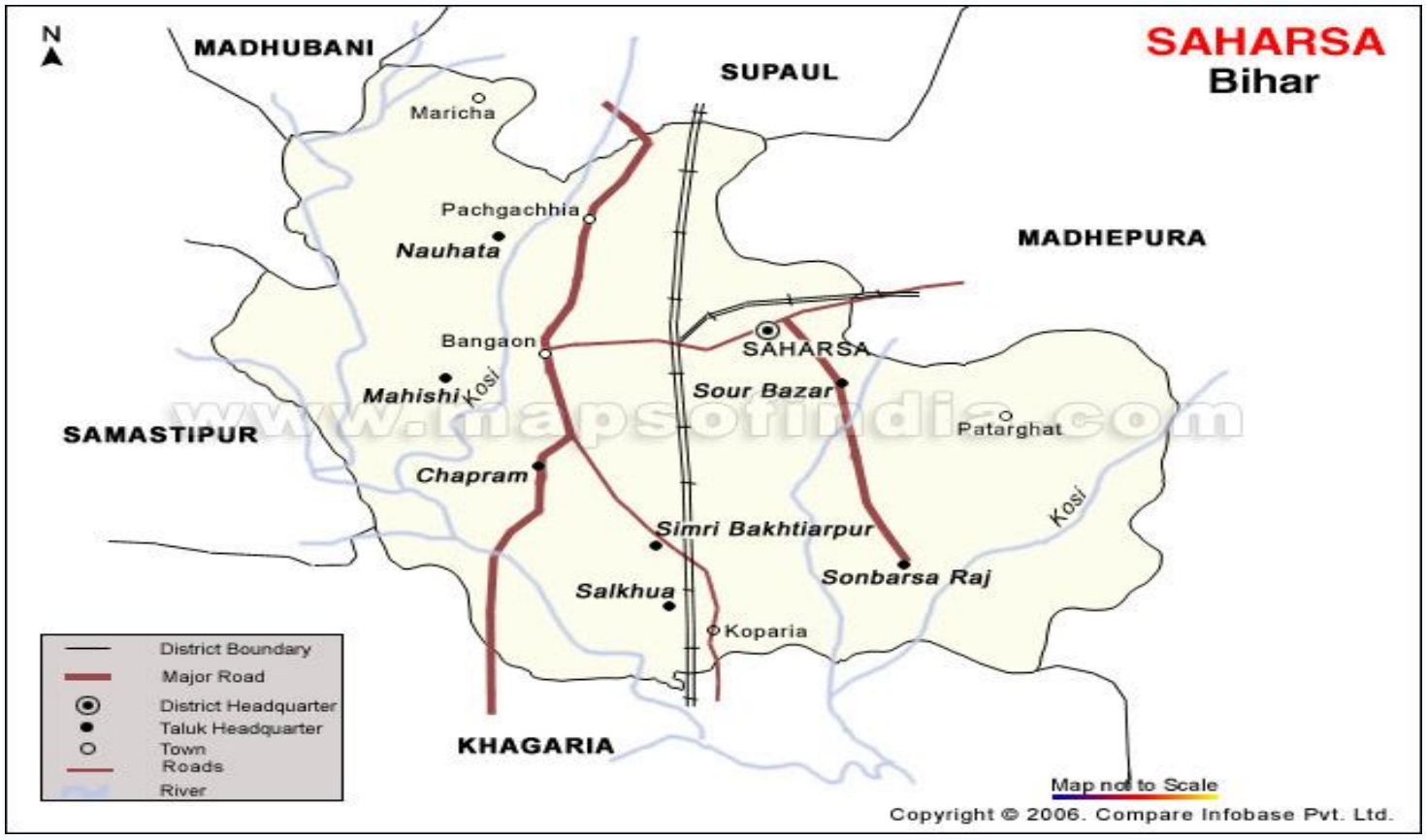
Saharsa district was within Bhagalpur Division at the time of 1971 Census. Koshi Division was formed on 2nd October 1972 comprising of Saharsa, Purina and Katihar district with its head quarters at Saharsa. Two new districts Madhepura & Supaul have been formed from Saharsa district on 30.04.1981 and 1991. Saharsa district now consists of 2 subdivisions, viz. Saharsa Sadar and Simri Bakhtiarpur. The district consists of 10 development blocks and anchals each.

Saharsa was created on 1st of April 1954. Formerly it had no independent status and parts of Saharsa were included in the old districts of Munger & Bhagalpur.

GEOGRAPHICAL INFORMATION & MAP OF DISTRICT

Geographical information

Saharsa is located at 25.88° N & 86.6°E. It has an average elevation of 41 metres (134 feet). Saharsa and its surrounding areas are a flat alluvial plain forming part of the Kosi (Dudh Kosi) river basin. This makes the land very fertile. However, frequent changes in the course of the Kosi river has led to soil erosions and is a major reason for the poor connectivity of the area as bridges tend to get washed away. The area witnesses major flooding almost annually leading to significant loss of life and property.



Demographical information of the District

As per 2001 India census[GRIndia] the current population of Saharsa district is 1506418 which constitute 2% population of the state . The district has a population density of 885 person per sq. km., which is high compared to 881 of the state. The annual exponential growth rate of the district as per 2001 census is 2.8%, which is higher then that of the state average 2.5%. About 8% of the total population lives in urban area in contrast to 11% of the state. The sex ratio of the district is 910 females per 1000 males. Males constitute 54% of the population and females 46%. Saharsa has an average literacy rate of 58%, lower than the national average of 64.4%: male literacy is 66%(national average:75.6%), and female literacy is 48%(national average:54.2%). In Saharsa, 17% of the population is under 6 years of age.

HQ	**Saharsa**						
Area	1,696 sq. kms.						
Population	Total	15,06,418	Rural	13,52,666	Urban	1,37,149	
SC Population	Total	2,65,367	Rural	1,98,685	Urban	66,682	
ST Population	Total	33,397	Rural	23,283	Urban	10114	
Sub Divisions	Saharsa Sadar, Simri Bakhtiyarpur.						
Blocks	Nauhatta, Simari, Bakhatiyarpur, Salkhua, Kahra, Mahishi, Sonbarsa, Saurbazar, Patarghat, Sattar, Kateya, Banma Itahari.						
Agriculture	Paddy.						
Industry	Jute Factory.						
Rivers	Kosi.						

Population & other information Block wise

Name of BLOCKs	TOTAL POPULATION	MALE POPULATION	FEMALE POPULATION	TOTAL LITERATES	PANCHAYAT	VILLAGE	NO. OF PR. SCHOOL	NO. OF MIDDLE SCHOOL	NO. OF SECONDARY SCHOOL
SAHARSA (Municipality)	152949	67010	57005	72151	Total		14	20	7
SIMRI BAKHTIARPUR	218430	114406	104024	62124	24	60	87	26	6
MAHISHI	184036	95867	88169	54486	19	81	45	34	5
SONBARSA	176336	91844	84492	45647	21	59	86	30	7
SAUR BAZAR	161285	84313	76972	46693	17	56	61	29	4
NAUHATTA	137579	71432	66147	41570	14	55	53	21	3
SATTAR KATAIYA	128192	67169	61023	39127	14	41	38	22	4
KAHRA	105729	54847	50882	39460	15	44	33	22	6
SALKHUA	103071	54053	49018	23416	11	43	47	10	2
PATARGHAT	97301	50751	46550	28360	11	15	42	16	6
BANMA ITAHRI	70444	36893	33551	18415	7	18	32	9	-
	1833483	788585	717833	471449	153	472	538	239	50

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Language & Culture

The lingua franca is Maithili, a version of Hindi and Angika. Over the years it is in practice but due to emphasis on exclusive Hindi education, hindi language is also spoken in the district. The usage of English as form of verbal communication is looked down, very few like to communicate in english. Maithili itself has a chequered history and has been a victim of frequent political wranglings. However, it has been included in the 8th schedule of Indian Constitution in 2004, which lists India's major languages. Saharsa is the district of unity in diversity as India is. Almost all the main festivals are celebrated here irrespective of the religion & cast in a very – very cordial invironment. So far atire is concern male generally like to wear Pant – Shirt or Dhoti – Kurta & female generally like to wear Salwar- kurti or Saree.Here people love eat fish-curry & chawal.

Transport & Communication Facility

Saharsa is connected by rail and road to other major towns in Bihar. National Highway NH - 107 connects it to Maheshkhunt and Purnia. It does not have any air or river connectivity. The train connectivity to the city has the dubious distinction of being the victim of one of the worst train disasters in India (Bihar train Disaster). Earlier there was only a metre gauge line, but in early 2006, a much awaited broad gauge line connected it to Khagaria on the New Delhi Guwahati main line. In early 2006, a weekly train was started to connect it to the national capital, New Delhi. In October 2006, a low fare completely air conditioned weekly train christened "Garib Rath" (Poor's Chariot), has been started to connect Saharsa to Amritsar, with much fanfare. The city is serviced by the India Post. Its Postal Code is: 852201. Landline telephone services have been augmented by cellular services, the quality deteriorating as one moves away from the city centre. Now A lot of cyber cafe running with broad band connection .

Summary of DHAP process in Saharsa

The District Health Action Plan of Saharsa has been prepared under the guidance of Additional Chief Medical Officer of Saharsa with a joint effort of all the BHMs and various M.O-PHCs as well as the other concerned departments under a participatory process. The field staffs of the department too have played a significant role. Public health resource Network has provided technical assistance in estimation and drafting of various components of this plan.

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

Health profile of Saharsa District

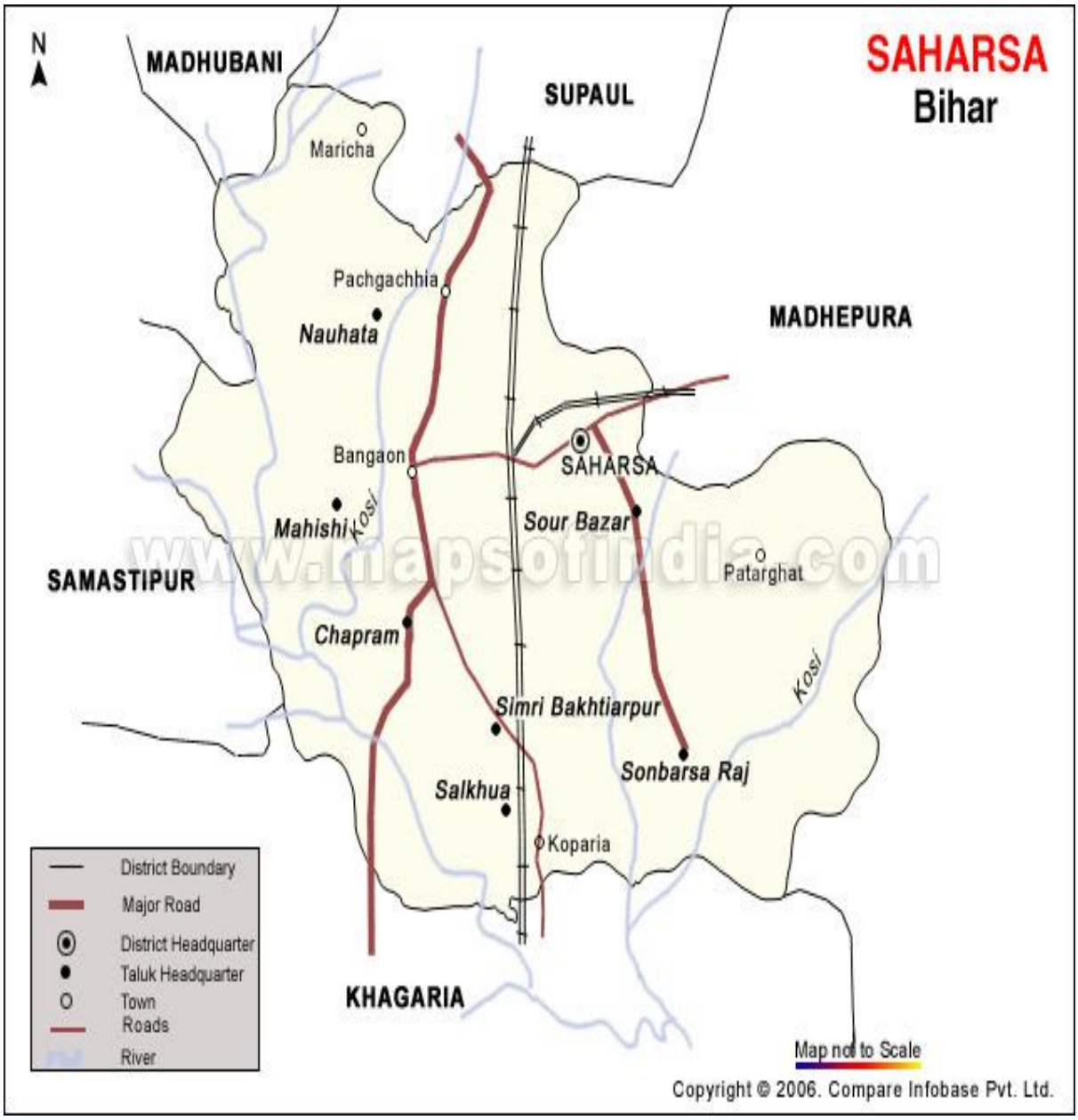
Saharsa has shown consistent improvement in some of the key health indicators across the years.Still the overall situation of the district leaves much to be desired. The key RCH and other health indicators of the district are as follows:

Saharsa Health Profile

Key population indicators	**Infant Mortality rate**	**52**		
	Maternal mortality rate	**430**		
	Crude birth rate	**31.9**		
	Death rate	**5.0**		
District Level Household and Facility Survey		**DLHS 3 (07-08)**	**DLHS 2 (02-04)**	**Bihar DLHS 3**
Key RCH Indicators (in percentages	Girls marrying below 18 yrs	**54.4**	**56.9**	**46.2**
	Birth order 3+	**47.9**	**64**	
	Current use of any FP method	**32.6**	**30.0**	**32.4**
	Total unmet need	**37.0**	**38.4**	**37.2**
	Pregnant women who registered in the first trimester	**21.2**		
	Pregnant Women with 3+ANC	**13.9**	**9.7**	**26.4**
	Pregnant women receive at least 1 TT Injections	**38.9**	**19.3**	**58.4**
	Delivery assisted by a skilled attendant at home	**8.8**	**4.5**	**5.9**
	Institutional births	**20.0**	**9.2**	**27.7**
	Children with full immunization	**43.4**	**35.5**	**41.4**
	Children with Diarrhoea treated within last two weeks who received treatment	**46.6**	**72.8**	**73.7**
	Children with Acute Respiratory infections in the last two weeks who were given treatment	**69.9**	**-**	**73.4**
	Children who had check up within 24 hours after delivery	**9.9**		
	Children who had check up within 10 days of delivery	**9.6**		
Communicable diseases (in percentages)	Kala Azar prevalence	**-**	**0.7**	**-**
	TB incidence	**-**	**3.4**	**-**
	HIV prevalence among STD clinics	**-**	**0.2**	**-**
	HIV prevalence among ANC clinics	**-**	**0**	**-**

Health Facilities in Saharsa District

Map: 1 Health Facilities



Saharsa district has one Sadar Hospital (DH) located in the Saharsa city. The district has a total of 10 Primary Health Centres (PHCs), 15 Additional Primary Health Centres (APHCs) and 152 Health Subcentres (HSCs). The District has one Sub divisional hospital is under construction at simri Bakhtyarpur. Blood bank is operational only at Sadar Hospital Saharsa. The planning team for the DHAP undertook a comprehensive mapping and situational analysis of these health facilities in terms of infrastructure, human resources and service delivery.

Human Resources for Health in Saharsa

Saharsa currently has 92 regular doctors sanctioned out of which 56 are present. Similarly 45 contractual positions are sanctioned for doctors against which only 23 are posted. So the total number of doctors present in the district is 79 against the total sanction of 137.

Specialisation	Regular	Contract
MD (physician)	4	0
Surgery	6	0
Gynaecologist	1	2
Paediatrician	5	0
Orthopaedics	**5**	0
Ophthalmologists	1	0
Radiologist	0	0
Bio-chemistry	0	0
Physiology	**1**	0
Anaesthetist	1	0
ENT	1	0
MBBS Doctors	22	23

There are a total of 26 specialist doctors in the district of which 3 are specialist lady doctors. The district also has 45 MBBS doctors.

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

The total number of positions sanctioned for staff nurse is 110. Currently 21 staff nurse is working in Sadar Hospital Saharsa ans 29 Grade A nurses are posted across APHCS in the district.

40 positions for LHVs are sanctioned out of which 14 are in position and 26 are vacant. For regular ANMs 198 positions are sanctioned and 175 are in position. 23 posts of ANMs are vacant in the district.

152 positions for contractual ANMs are sanctioned and 50 are currently posted. All the contractual ANMs are posted at the Sub centre level.

Situation Analysis of Health Facilities

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

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

The Indian Public Health System (IPHS) norms define that a Village **Health Sub centre** should be present at the level of 5000 population in the plain region and at 2500-3000 population at the hilly and tribal region. As all the HSC of Saharsa District is situated in the plain terrain, the norm of Sub centre per 5000 population is expected to be followed. A sub centre is supposed to have its own building with a small OPD area and a room for check up. Sub centres are served by an ANM, lady health volunteer and male multipurpose health worker and supported by the Medical Officer at the APHC. Sub centres primarily provide community based outreach services such as immunisation, antenatal care services (ANC), natal and post natal care, management of mal nutrition, common childhood diseases and family planning. It provides elementary drugs for minor ailments such as ARI, diarrhoea, fever, worm infection etc. The Sub centre building is expected to have provisions for a labour room, a clinic room, an examination room, waiting area and toilet. It is expected to be furnished with essential equipments and drugs for conducting normal deliverys and providing immunisation and contraceptive services. In addition equipment for first aid and emergency care, water quality testing and blood smear collection is also expected to be available.

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

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

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

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Situation Analysis: Health Sub centre level Infrastructure

Sub centre Data

Name of Block	Total population	Total requirement of HSC.	Present (Functional)	Already Proposed	Further Required
1.Sadar Block	121858	24	16	19	0
2.Panchgachia	129862	28	15	14	0
3.Saurbazar	222661	38	21	12	5
4.Pattarghat	135998	27	12	3	12
5.Sonbarsa	229100	46	18	21	7
6.Salkhua	130083	23	9	17	0
7.Banma Itahri	93200	17	5	10	2
8.Simri Bakhtyarpur	254544	51	26	15	10
9.Mahisi	197610	45	14	21	10
10.Nauhatta	165618	33	27	07	0
Total	1833483	334	152	139	46

Table No. 4 presents the additional requirements of Sub centres as per population norms mandated by IPHS as well as according to the data base available with District Health Society Saharsa. As per IPHS norms, Saharsa district requires a total of 334 Sub centres of which 152 are present in the district. 139 are already proposed and 46 more Sub Centers are required .

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

Table 5.1 Sub centre Details

	1. Sadar Block	2.Panchgachia	3.Saur bazar	4.Pattargha t	5.Son barsa	6.Sal khua	7.Bana Itahri	8.Simri Bakhtyarpur	9.Mahisi	10.Nauh atta	Total
Total Number of Sub centres	16	15	21	12	18	9	5	26	14	27	**152**
ANM posted			32				11	34			
ANMs present			32				11	34			
ANMs regular			23				6	26			
ANMs contract			9				5	8			
ANM residing at HSC			7				5	0			
Residential facility for ANM required			14				5	21			
HSC in Govt Building			8				5	6			
HSC in Panchayat Building			2				0	0			
HSC in rented Building			11				0	20			
SC building under construction							0	6			
Building Required							5	20			
Running water supply available			0				0	0			
Water supply Required			21				5	26			
Cont. power Supply			0				0	0			
Power supply Required			21				5	26			
Untied Funds			21				5	26			

Above tables present a comprehensive picture of human resources and infrastructure facilities available at the sub centre level. At the sub centre level infrastructure poses major constraints. The analysis reveals that of the existing 152 HSCs, only 97 are situated in any building premises. Out of these 97, 54 are in Govt. building, 21 in Panchayat buildings and 22 are in rented building, Out of the 152 sub-centers, buildings are under construction for 15 HSCs and in 45 HSCs repair and renovation work is going on. 41 HSCs still do not have any building.

in Govt building are currently being renovated. Of the existing HSC with building, neither none have reported the availability of running water supply nor have reported the availability of continuous power supply. It is also important to note that no sub centre in the district has received untied funds while it has already been released from the district. Very few ANMs posted and are residing in and around the Sub centres .None of the HSCs have been reported running with OPD. About 75% HSCs are running without sufficient furniture & other basic aminities. About 85% HSCs requires either new building or requires major repair works and all the existing HSCs require with running water and electricity supply for smoother and efficient work. District reports that 133 sub centres currently do not have residential facility or ANM in Sub centre area and would require the same.

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Situation Analysis: APHC level Infrastructure

The gaps in the availability of PHC are calculated as per the IPHS norms of one PHC at the level of 30,000 population. However in Bihar, the current state practice is of one PHC at one lakh population level. Since APHC function at the level of 30,000 population at present in Bihar, number of present and proposed APHCs is taken into account for the purpose of calculating the overall requirement of PHCs. The matrix also estimates requirement of CHC in each block. Like sub centres, district has also proposed APHCs. A total 17 APHCs are proposed. District further requires 28 APHCs.

Name of Block	Total population	Total requirement of APHC.	Present (Functional)	Already Proposed	Further Required
1.Sadar Block	121858	4	2	2	0
2.Panchgachia	129862	4	1	1	2
3.Saurbazar	222661	8	0	2	6
4.Pattarghat	135998	4	0	1	3
5.Sonbarsa	229100	8	4	2	2
6.Salkhua	130083	4	1	1	2
7.Banma Itahri	93200	3	0	1	2
8.Simri Bakhtyarpur	254544	8	2	3	3
9.Mahisi	197610	7	3	2	2
10.Nauhatta	165618	5	2	1	2
Total	1833483	56	15	17	24

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

In Bihar Additional PHC operate at the population of 30,000. APHC is the cornerstone of the public health system since it serves as a first contact point for preventive, curative and promotive health services. It is the first port of public health system with a full time doctor and provision for in-patient services. There are 15 functional APHCs in Saharsa. 17 new APHCs are newly sanctioned and 24 APHCs are futher required. **In general the APHC in Saharsa suffer from:**

1) lack of infrastructure facilities including availability of building

2) constant power and water shortages.

3) Poor availability of doctors.

4) Doctors not residing at the facility.

5 Poor availability of staff at APHC level.

6) lack of capacity to use untied funds.

The level of infrastructural facilities at APHC is expected to be similar to that of PHC. All the blocks of Saharsa do not have sufficient APHCs as per IPHS norms. A summarised version of state of infrastructure facilities is as follows:

		1. Sadar Block	2.Panchgachia	3.Saurbazar	4.Pattargh at	5.Sonbarsa	6.Salkhua	7.Banma Itahri	8.Simri Bakhtyarpur	9.Mahisi	10.Nauhatta	Total
Name of Facility	Total No. of APHC	2	1	0	0	4	1	0	2	3	2	**15**
Building	APHC in Govt Building	0	1	0	0	4	1	0	2	1	1	**12**
	APHC in Rented Building	0	0	0	0	0	0	0	0	0	0	**0**
	APHC in Panchayat Building	0	0	0	0	0	0	0	0	1	1	**2**
	APHC with no Building	0	0	0	0	0	0	0	0	1	0	**1**
	APHC under construction	0	0	0	0	0	0	0	0	0	0	**0**
Water Supply	APHC with assured Water supply	0	0	0	0	0	0	0	0	0	0	**0**
Power Supply	Continuous Power Supply	0	0	0	0	0	0	0	0	0	0	**0**
	Intermittent Power Supply	0	0	0	0	0	0	0	0	0	0	**0**
	No. Power Supply	2	1	0	0	4	1	0	2	3	2	**15**
Toiletes	With Toilete	0	0	0	0	4	1	0	2	0	0	**7**
Labour Room	With Labour Room In Good Condition	0	0	0	0	0	0	0	0	0	0	**0**
	Labour Room with poor facilities	0	0	0	0	0	0	0	2	0	0	**2**
	No Labour Room	2	1	0	0	4	1	0	0	3	2	**13**
Residential Facilities	APHC with good residential facilities	0	0	0	0	0	0	0	0	0	0	**0**
	APHC with poor residential facilities	0	0	0	0	4	1	0	1	0	0	**6**
	APHC with no residential facilities	0	1	3	0	2	0	0	0	3	0	**9**
	MO residing at APHC	0	0	0	0	0	0	0	0	0	0	**0**
Furniture	Available	0	0	0	0	2	1	0	0	0	0	**3**
	Required	2	1	0	0	2	0	0	2	3	2	**12**
Ambulance	Available	0	0	0	0	0	0	0	0	0	0	**0**
	Required	2	1	0	0	4	1	0	2	3	2	**15**

Out of 15 APHCs, 12 are situated in the government buildings, 0 in rented buildings, 2 in panchayat buildings and 1 APHC still do not have building. In addition to that 1 APHC in Mahisi does not have any type of building available for its functioning. 2 APHCs from Mahisi and Nauhatta also do not have their own buildings and are operational in Panchayat building.

As per above table, APHCs suffer from unavailability of infrastructure and facilities such as water and power supply, availability of functional labour and operation theatre and toilets. No APHC have assured running water supply and no APHC have continuous power supply available. Considering that APHCs are expected to provide laboratory services, maintain the cold chain involving equipments such as deep freezers and ILR, 24 hours emergency services and in-patient services, lack of running water and continuous power supply is a significant constraint. It is important to note that no APHC except in Simri Bakhtyarpur and Sonbarsa block has toilet facilities. Perhaps the most challenging constraint for the APHC is the lack of labour room. APHCs as the first port of care for obstetrics are required to have a fully functional labour room. In Saharsa no APHCs in the entire district have functional labour rooms with sufficient equipment and facilities. As the residential quarters are not available at the facility level, staff does not reside at the APHC. All the APHCs need quarters for staff because of, either APHCs have no building for staff or poor condition of building which are not worth for residence purpose. Out of the remaining 6 APHC where the quarters are available. The staff across the district also reports absence of furniture and the need of major repair work for the furniture.

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Situation Analysis: PHC Infrastructure

PHCs fare well in terms of infrastructure as compared to APHC and Health Sub centres. All the PHCs in the district are based in government buildings. Out of 10 functional PHCs, 7 have functional OT and 8 have functional labour rooms. Yet the condition of operation theatre and labour rooms need to be improved in nearly all the PHCs. PHCs such as Sonbarsa and salkhua require major repair work to make the Labour Room fully operational. Toilets are available in all the PHCs except sonbarsa. PHCs are in better condition in terms of availability of power but poor in running water supply. Out of 10 PHCs, none have access to running water and all have continuous power supply.

Main problem at the PHC level is not the total lack but inadequacy of infrastructure facilities. As PHC serves 1 lakh twenty thousand population, the level of infrastructure in terms of size of building, number of rooms, and size of wards is clearly inadequate. The gaps arise as the infrastructure was designed to serve 30,000 populations. As a result several PHCs are unable to fulfil the demand for in-patient services.

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

	1. Sadar Block	2.Panchgachia	3.Saurbazar	4.Pattarghat	5.Sonbarsa	6.Salkhua	7.Banma Itahri	8.Simri Bakhtyarpur	9.Mahisi	10.Nauhatta	Sadar Hospital Saharsa
Name of Facility											
Building	Govt.	Govt.	Govt.	Govt.	Govt.	Govt.	Govt.	Govt.	Govt.	Govt.	Govt.
Building Condition	Good	Req.New Buildg.	good	good	New Buildg under construction	Req. New Buildg	Req.New Buildg	Good but insuficient	Major repair	fair	**Good but minor repair**
Running Water Supply	No	No	No	yes	No	No	No	No	No	No	No
Power Supply	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Toiletes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Functional Labour Room	Yes	Yes	Yes	Yes	Yes	No	no	Yes	Yes	Yes	Yes
Condition of Labour Room	Fair	Fair	Fair	good	Req. New	Req. New	Req.New	Fair	Fair	Fair	Fair
Functional O.T	Yes	Yes	Yes	yes	NA	NA	NA	Yes	Yes	Yes	**Yes**
Condition of O.T	Fair	Fair	Fair	Fair	Req. New	Req. New	Req.New	Fair	Fair	Fair	Good
Condition of Ward	fair	fair	fair	fair	fair	fair	fair	fair	fair	fair	fair

Situation Analysis: PHC Human Resources

Three PHCs are served by three doctors and all other PHCs have less than 3 doctors in position. Availability of specialists is still a major constraint for the district as there is no specialists in position. Situation of ANM at PHC is satisfactory since the gap between sanctioned and in position is either absent or very narrow for most of the PHCs. Pharmacists are sanctioned in all the PHCs but are in position only 4 PHCs. Similarly Store keepers are in position in 4 PHCs. The biggest gap is in the availability of Nurses. All other PHC have not yet got nurses sanctioned or in position. District's human resources availability across all the PHCs can be summarised as follows:

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Doctors	**Number of PHCs with 4 and more sanctioned doctors**	**3**
	Number of PHCs with 4 and more doctors in position	0
	Number of PHCs with 3 doctors sanctioned	7
	Number of PHCs with 3 doctors in position	5
	Number of PHCs with 2 or less than 2 doctors sanctioned	0
	Number of PHCs with 2 or less than 2 doctors in position	5
	Total number of doctors	92
	Regular Doctors	56
	Contract doctors	23
	PHC where sanctioned=in position 3	3
Specialists	**PHCs with 2 specialist**	0
ANMs	**PHCs with 7 or more than 7 ANMs**	0
	PHC withless than 7	10
	PHC with sanctioned position more than in position	0
	PHCs with in position ANMs more than sanctioned	0
Nurses	**PHCs with Nurses**	0
Lab Tech	**PHCs with lab tech sanctioned**	6
	PHCs with lab tech in position	3
Pharmacist	**PHCs with at least 1 pharmacist sanctioned**	10
	PHCs with at least 1 pharmacist in position	4
Storekeeper	**PHCs with storekeepers**	4

Human Resources at PHC

		Doctors		ANM		Laboratory		Pharmacists / dresser		Nurses A Grade		Specialist	Storekeeper
No	PHC Name	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position		
1	Nawhatta	3	3	1	1	0	0	4	2	0	0	0	1
2	Salkhua	3	3	2	2	2	0	1	0	0	0	0	0
3	Banma	4	2	3	3	1	0	1	0	0	0	0	0
4	Saurbazar	3	3	3	3	0	0	1	0	0	0	0	0
5	Sonbarsa	3	1	2	2	0	0	1	1	0	0	0	1
6	Patarghat	4	2	2	2	0	0	0	0	0	0	0	0
7	Simri B.	3	3	4	1	1	1	4	0	0	0	0	0
8	Mahisi	3	3	2	2	1	1	5	3	0	0	0	1
9	Pachgachia	4	1	3	3	1	0	1	0	0	0	0	0
10	Sadar	3	2	2	2	1	1	1	1	0	0	0	1
Total		33	23	24	21	7	3	19	7	0	0	0	4

Situation Analysis: Support Services at PHCs:

Support Services at PHC

PHC Services at a Glance	
Total number of PHCs	10
Availability of Ambulance	5
Generator	10
X – Ray	4
Laboratory Services (Pathology)	10
Laboratory Services (Malaria/Kalazaar)	10
Laboratory Services (T.B)	8
Canteen	0
Housekeeping	0
Rogi Kalyan Samiti set up	10
Untied funds received	10
Untied funds utilised	3

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

	Sadar Block	Panchgachia	Saurbazar	Pattarghat	Sonbarsa	Salkhua	Banma Itahri	Simri Bakhtyarpur	Mahisi	Nauhatta	Sadar Hospital Saharsa
Name of Facility											
Ambulance	Outsourced	NA	Outsourced	NA	1	1		Outsourced	Outsourced	Outsourced	
Generator	0	0	0	0	0	0		Yes	0	0	
X-ray	NA	NA	0	NA	0	NA		Outsourced	NA	0	
Lab Service(Pathology)	Yes	NA	NA	NA	NA	NA		0	Yes	0	
Lab Service(Mlaria-Kalazar)	Yes	NA	Yes	NA	NA			Yes	Yes	2	
Lab Service(T.B)	Yes		Yes	NA	1			Yes	Yes	7	
Canteen	NA	NA	NA	NA	NA	NA		0	NA	NA	
Housekeeping	NA	NA	NA	NA	NA	NA		NA	NA	NA	
RKS Fund Available (In lac)	NA	NA	Nil	NA	1.4	0.9		8	1	0	
RKS Fund Utilised (In lac)	1	NA	Nil	NA	5.2	6.4		4.3	.5	0	
Untied Fund Available (In lac)	3.1	NA	3.3	NA	1.9	1.4		2.6	1.4	1.5	
Untied Fund Utilised (In lac)	Nil	Nil	Nil	Nil	Nil	NA		0	1.2	Nil	

As per the above analysis in, the Saharsa health system requires to focus its attention on support services for PHCs in the district. Transportation facilities are available in seven PHCs .At most of the places Ambulance services are outsourced. Generator is also outsourced in all the PHCs. Laboratory services for Pathology, Malaria and Kala Azar are available in the district . Laboratory services for TB are available in 8 PHCs. The analysis highlights the need to invest in laboratory services.

Situation Analysis: District Hospital Saharsa

The District Health System is the fundamental basis for implementing various health policies, ensuring delivery of healthcare and management of health services for a defined geographic area. The District hospital is an essential component of the district health system and functions as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district.

According to IPHS norms district such as Saharsa with a population of more than 18 lakhs need a 500 bedded district hospital to perform efficiently all the roles described above. Yet the district hospital in Saharsa has only 116 beds. Huge resource investment is required to upgrade the facility to 500 bed levels. Sadar hospital Saharsa is situated in a spacious and clean building at Saharsa city which is the District head quarter. The building condition is good and hospital has all the basic facilities such as running water supply and power supply. Sadar hospital is served by 16 doctors and 14 nurses. One specialist is available at the facility. The hospital currently have one lab technician and has only one pharmacist/dresser and one store keeper. The facility has functional ambulance, generator and X ray machine and pathology lab.

Situation Analysis: Service Delivery

The infrastructure, human resources and support services available for the PHCs need to be compared with the work burden of each PHCs. Primary data for outpatient services given in the table below indicate significant work pressure on all the PHCs in the district.

Treatment of OPD Patients in Sadar Hospital Saharsa & PHCs in the year 08.

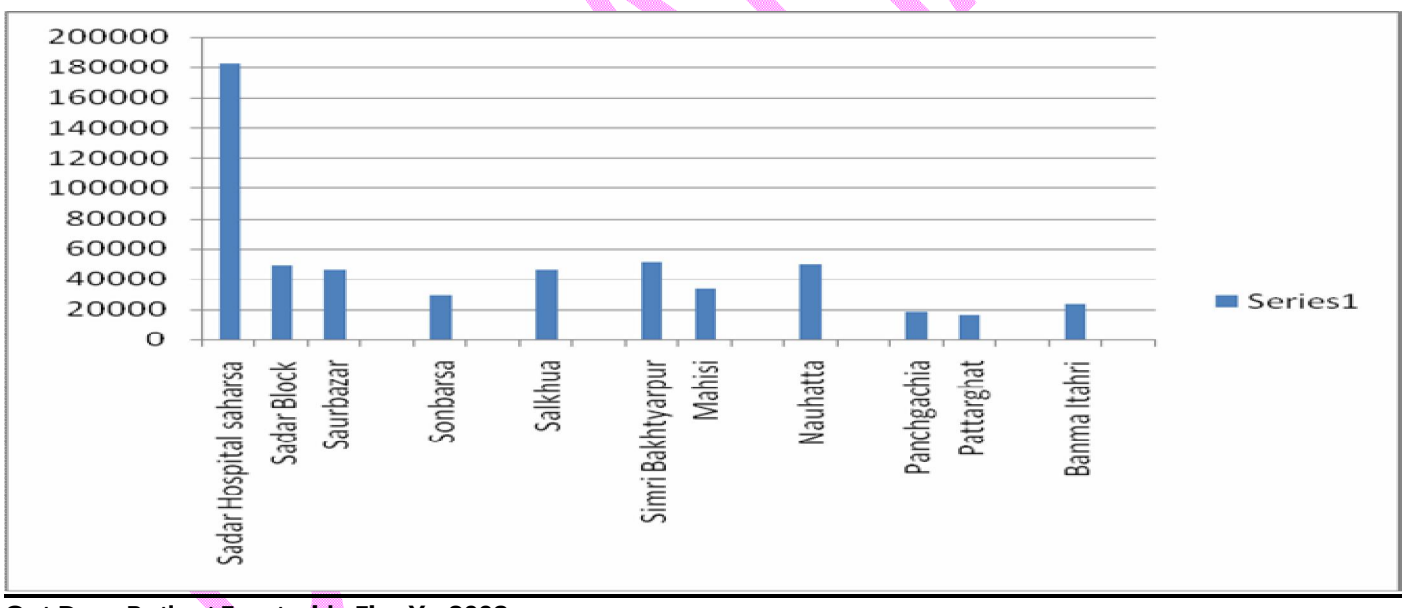
Name of Institution	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Average for Year 2008	Total for Year 2008
Sadar Hospital Saharsa	10156	11661	13890	10313	16354	17271	14075	14502	25274	20872	15239	13338	15245.41	182945
Sadar Block	1892	2628	5841	4183	3905	3295	4175	3888	5230	4272	3629	6112	4087.50	49050
Saurbazar	2156	2565	3807	3709	3894	3345	3764	3688	7155	4178	3465	4625	3862.38	46351
Sonbarsa	1778	1699	2164	2005	2097	1350	1715	1623	2813	2611	4669	4389	2409.41	28913
Salkhua	2866	3170	3907	3550	4223	3362	3533	3889	5040	5093	3935	3512	3840	46080
Simri Bakhtyarpur	2214	2792	3495	3639	3560	3131	4056	8493	4786	4710	5540	5080	4291.33	51496
Mahisi	1903	1478	3077	2909	2372	2189	3122	2831	2813	2934	2585	5353	2797.16	33566
Nauhatta	2576	2741	2800	4131	3221	3507	5233	5285	6997	5842	3551	3754	4136.50	49638

SAHARSA

Panchgachia	-	-	-	2328	1840	1689	2840	2244	1583	2907	670	2297	1533.16	18398
Pattarghat	-	-	440	723	1225	1411	623	363	4538	2630	1516	3065	1377.83	16534
Banma Itahri	-	-	-	1566	1639	1003	4528	1462	3342	3916	2887	3364	1975.58	23707
Total	25541	28734	39421	39056	44330	41553	47664	48268	69571	59965	47686	54889	45556.50	546678

According to the available data, on an average, a PHC in Saharsa District attends to 5242 patients a month. PHCs like Simri Bakhtyarpur and Saurbazar on an average receive 5067 and 5196 patients a month respectively. Simri Bakhtyarpur receives the highest number of patients with the number of OPD patients in the year. This is certainly huge number in terms of work burden.Total patients attended by all the PHCs in year 2008 are 546678.

Graphical representation of number of OPD services offered by all the PHCs in the district over the period of Jan 2008 to Dec 2008 highlights the seasonal variations in patient's numbers.



Out Door Patient Treated in The Yr. 2008

Increase in the work burden in the monsoon months of July to October in both the years is quite evident from the graph. Yet one can also gauge the gravity of the flood situation in 2008 as compared to 2007. The graph also tells us the tragic tale of 2008 floods and the pain and sufferings it brought to Saharsa. The number of outdoor patients rocketed to 1,65,242 during flood 2008. In July, August and September 2008 the number of Outdoor patients were more . This highlights the need to integrate flood preparations and emergency planning in the district health plans in terms of increased availability of drugs, equipments, services and human resources.

Situation Analysis: Reproductive and child health

Salient RCH statistics for the district are given in the district profile section of document. Mentioned below are the performance figures of PHCs across the district.

Reproductive and Child Health

S.No	Name of Institution	TT Vaccination	Measles Vaccine	Institutionaql Delivery	Family Planning
1	Sadar Block	4523	3041	683	387
2	Saurbazar	4462	3365	1509	650
3	Sonbarsa	4628	7782	630	554
4	Salkhua	3124	4030	327	127
5	Simri Bakhtyarpur	6235	5534	707	269
6	Mahisi	5124	3735	2751	389
7	Nauhatta	4006	2109	1063	146
8	Panchgachia	3008	2251	203	260
9	Pattarghat	2430	8586	227	114
10	Banma Itahri	1358	2659	0	111
Total		38898	43092	8100	3007

Situation Analysis: Revised National Tuberculosis Control Programme

District has total 10 T.B units in the district- DTC Sadar Block , Saurbazar, Sonbarsa, Salkhua, Simri Bakhtyarpur, Mahisi, Nauhatta, Panchgachia, Pattarghat, and Banma Itahri

S.No	Name of T.B Unit Institution	Total no. Of atients put on treatment	Annualised total case of detection rate	Number of new smear positive case put on treatment	Annualised NSP case detection rate	Cure rate for Cases detected in last 4 corresponding quarter	Annulaised NSP Case detection rate
1	Sadar Block	4523	3041	683	387	387	387
2	Saurbazar	4462	3365	1509	650	650	650
3	Sonbarsa	4628	7782	630	554	554	554
4	Salkhua	3124	4030	327	127	127	127
5	Simri Bakhtyarpur	6235	5534	707	269	269	269
6	Mahisi	5124	3735	2751	389	389	389
7	Nauhatta	4006	2109	1063	146	146	146
8	Panchgachia	3008	2251	203	260	260	260
9	Pattarghat	2430	8586	227	114	114	114
10	Banma Itahri	1358	2659	0	111	111	111
Total		38898	43092	8100	3007	3007	3007

DISHA

Situation Analysis: Revised Leprosy Control Programme

Leprosy in Saharsa District

Current prevalence rate (per 10,000)	1.29
Current detection rate	1.63
Current number of patients	375
New cases detected in last year	473
Percentage of children in new patients	15.64
Percentage of disabled in new cases	3.57
% of SC in new patients	16.27
Percentage of ST in new patients	2.74
Total number of cured patients	365

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Situation Analysis: Kala Azar Control Programme

Kala Azar continues to pose challenge for the state of Bihar. In year of 2008 Kala Azar patients are found in Saurbazar, Salkhua, Mahisi, Sonbarsa, Nauhatta, Simri Bakhtayarpur and Sadar Block block of Saharsa District. A PHC wise kalazar Cases & Death of last five year reports given in the table below that due to Kala Azar how many patients are died and how many are treated in different blocks of Saharsa District.

S.No		Year 2003		Year 2004		Year 2005		Year 2006		Year 2007		Year 2008	
No	Name of Institution	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death
1	Sadar Hospital saharsa	0	0	0	0	0	0	103	0	371	4	418	3
2	Sadar Block	150	0	212	0	320	0	368	0	489	0	337	0
3	Nauhatta	51	0	122	0	122	0	163	4	203	0	107	0
4	Salkhua	91	0	117	0	248	1	320	0	741	0	338	0
5	Saurbazar	254	0	225	0	471	0	370	0	567	0	398	0
6	Sonbarsa	133	0	139	0	300	0	203	2	666	0	179	0
7	Simri B.	44	0	102	0	270	0	362	0	480	0	362	0
8	Mahisi	64	0	57	0	79	0	165	0	309	0	222	0
Total		**787**	**0**	**974**	**0**	**1810**	**1**	**2054**	**6**	**3826**	**4**	**2361**	**3**

From the above table , it is very clear that, no. of patient and death due to Kala-azar are increasing year by year as evident, in the year 2003 787patient of Kala-azar are treated , 974 patient of Kala-azar are treated in the year 2004, in the year 2005 1810 patient of Kala-azar are treated and one death is reported during the year, in the year 2006, 2054 patient of Kala-azar are treated and 6 deaths are reported during the year, in the year 2007 , 3826 patient of Kala-azar are treated and 4 deaths are reported during the year, in the year 2008 2361 patient of Kala-azar are treated and 3 deaths are reported during the year which is lesser then last year. Steps has already been taken at state and District level to overcome from the situation.

Situation Analysis: Filaria Control Programme

Status of Filaria in the district is as follows

District level data on Filaria Cases

Indicators	No. of Total Cases Reported in the Year 2008
No. of Cases Reported	34 +ve
No. of Night Blood sample Collected	4000
No.of Hydrocele Operation Done	-

DHS SAMARA

Situation Analysis: Malaria Control Programme

Even though number of cases reported in Saharsa is not significant, Saharsa is a malaria endemic district. In 2007 total 3 cases were reported and treated in the district. In 2008 the number increased to become 5. Under the National malaria programme, blood smear are routinely collected and examined.

DISTRICT:- SAHARSA

SL.NO	Name of the Districts	YEAR	PROGRESSIVE TOTAL												
			B.S. Coll.	B.S. Exam	Positive			Pf. Cases			R.T Given	Deaths			
					Male	Female	Total	Male	Female	Total		Confirm		Suspect	
												M	F	M	F
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	SAHARSA	2007	36	36	0	0	1	0	0	0	0	0	0	0	0
		2008	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
2	MAHISHI	2007	77	77	0	0	0	0	0	0	0	0	0	0	0
		2008	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
3	NAUHATTA	2007	0	0	0	0	1	0	0	0	0	0	0	0	0
		2008	*5*	*5*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
4	SIMRI	2007	71	71	0	0	0	0	0	0	0	0	0	0	0
		2008	*19*	*19*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
5	SALKHUA	2007	251	251	0	0	0	0	0	0	0	0	0	0	0
		2008	*83*	*83*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
6	SONBARSA	2007	0	11	0	0	0	0	0	0	0	0	0	0	0
		2008	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
7	SAURBAZAR	2007	0	0	0	0	1	0	0	0	0	0	0	0	0
		2008	*0*	*0*	*0*	*0*	*2*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	TOTAL	2007	435	435	0	0	3	0	0	0	0	0	0	0	0
		2008	*107*	*107*	*0*	*0*	*5*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*

Situation Analysis: National Blindness Control Programme

This programme is carried out in entire Saharsa District and also through various school health camps under direct supervision of ACMO , Blindness Control Division Saharsa. Salient information of National blindness control programme is given in the matrix below:-

National Blindness Control Proramme Data

CATARACT PERFORMANCE	QUARTER - I			QUARTER - II			QUARTER - III			QUARTER - IV			TOTAL
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
FACILITY	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	NIL	NIL	NIL	NIL			
MEDICAL COLLEGE	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	NIL	NIL	NIL	NIL			
DIST HOSPITAL	**14**	**32**	**13**	**10**	**23**	**15**	NIL	25	4	22	42	20	220
P.H.C/SUB-DIST.HOSP.	**7**	**11**	**NIL**	**5**	**NIL**	**NIL**	NIL	26	0	8	50	6	113
NGOS	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	NIL	NIL	NIL	NIL	40	0	40
PVT. SECTOR	**18**	**28**	**20**	**22**	**25**	**18**	13	15	13	20	23	35	250
OTHERS	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	NIL	NIL	0	0	0	0	0
TOTAL	**39**	**71**	**33**	**37**	**48**	**33**	13	66	17	50	155	61	623
PROG. TOTAL	**39**	**110**	**143**	**180**	**228**	**261**	274	340	357	407	562	623	3524
SCHOOL EYE SCREENING													
No. of teachers trained in screening for Refractive errors	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**0**	5	0	0	0	0	0	5
No. of school going children screened	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**270**	584	0	0	0	0	0	854
No. of school going children detected with Refractive errors	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**18**	35	0	0	0	0	0	53
No. of school going children provided free glasses	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**5**	0	0	0	0	0	0	5
EYE DONATION	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	0	0	0	0	0	0	
No. of Eyes Collected	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	0	0	0	0	0	0	
No. of Eyes Utilized	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	**NIL**	0	0	0	0	0	0	

Situation Analysis: Utilisation of RKS Funds

Under the aegis of NRHM several innovative initiatives for better performance of facilities for the level of PHCs and above have been launched. Untied funds for the PHC and Rogi Kalyan Samiti are two key initiatives to provide better financial flow and management support to the facility. Rogi Kalayn Samiti play crucial role in managing the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector who are responsible for proper functioning and management of the facility. RKS prescribes, generates and uses the funds with it as per its best judgement for smooth functioning and maintaining the quality of services. In Saharsa RKS have been set up in all the PHCs. Most of the PHCs have been using the RKS amount towards various outsources services such as ambulance, X ray machines and generators.

Table 24: Utilisation of RKS Funds

S.No.	Name of Institution	RKS Fund Amount Available	RKS Fund Amount Utilized	Untied Fund Received	Untied Fund Utilized
1	Sadar Block	1	1	3.1	-
2	Panchgachia	-	-	1.4	-
3	Saurbazar	1	1	3.3	-
4	Pattarghat	-	-	1.1	-
5	Sonbarsa	1.4	5.2	1.9	-
6	Salkhua	.9	6.4	1.4	-
7	Banma Itahri	-	-	.5	-
8	Simri Bakhtyarpur	3	4.3	2.6	-
9	Mahisi	1	.5	1.4	1.2
10	Nauhatta	1	2.5	1.5	-

Situation Analysis: ASHA Training

Accredited Social Activist (ASHA) is a key strategy of NRHM to link community with the health systems. ASHA works with the community to raise awareness about various health programmes, provides basic health knowledge, and health practices thus generating demand for the health services. She also helps and supports the community to access the health services. Proper selection and training of ASHA is a crucial step for the success of NRHM. In Saharsa ASHAs have been selected in all the blocks. In most of the blocks ASHAs have completed two rounds of training. While in some blocks they have completed one round of training. Salient information related to ASHAs in the district can be found in the matrix below

Target (Total no. of ASHA to be selected)= 1383						
Total No of ASHA Selected (Till date) -807						
Sl.No.	**Name of Block**	**Total Population**	**Total No. of ASHA selected**	**Total no. of Block level trainers trained**	**Total no. of ASHA trained**	**Were ASHA Modules distributed or not write (Y/N)**
1	PHC Sadar	233921	89	8	87	Yes
2	Nauhatta	157540	51	5	51	Yes
3	Mahishi	184036	186	5	146	Yes
4	Saurbazar	258586	152	10	118	Yes
5	Simri Bakhtiyarpur	218430	62	5	62	Yes
6	Sonbarsa	176336	133	5	55	Yes
7	Salkhua	173515	134	10	127	Yes
	Total	**1842649**	**807**	**48**	**646**	

Aanganwadi workers in PHCs

SL	Name of PHC	No. of AWCs
1	Kahara	106
2	Maheshi	105
3	Nauhatta	93
4	Salkhua	146
5	Saurbazar	161
6	Simribakhtiyarpur	167
7	Sonbarsa	154
Total		**932**

For Saharsa and Bihar NRHM is a challenging task. However it also provides with the opportunity to identify gaps, innovate and invest in the public health systems. The above situation analysis presents detailed review of infrastructure, human resources and services status in the district. The analysis can be used as a baseline to design new strategies and approaches to achieve the goals of the National Rural Health Mission in Saharsa.

Strengthening Health Facilities in Saharsa District

Goal: To ensure that all health facilities have required infrastructure, human resources, supplies and equipment for effective functioning.

1. Sub centres

Objectives:

1. To ensure that Saharsa has 100% functioning Sub centres as required by IPHS population norm.
2. To ensure that all Sub centres have the facilities to provide a comprehensive range of services.
3. To strengthen Sub centre as the provider of primary outreach services.

I N F R A S R U C T U R E

SITUATION ANALYSIS - As per IPHS norms, Saharsa district requires a total of 334 Sub centres of which 152 are present in the district. 139 are already proposed and 46 more Sub Centers are required . At the sub centre level infrastructure poses major constraints. The analysis reveals that of the existing 152 HSCs, only 97 are situated in any building premises. Out of these 97, 54 are in Govt. building, 21 in Panchayat buildings and 22 are in rented building, Out of the 152 sub-centers, buildings are under construction for 15 HSCs and in 45 HSCs repair and renovation work is going on. 41 HSCs still do not have any building. Of the existing HSC with building, neither none have reported the availability of running water supply nor have reported the availability of continuous power supply. It is also important to note that no sub centre in the district has received untied funds while it has already been released from the district. Very few ANMs posted and are residing in and around the Sub centres .None of the HSCs have been reported running with OPD. About 75% HSCs are running without sufficient furniture & other basic amenities. About 85% HSCs requires either new building or requires major repair works and all the existing HSCs require with running water and electricity supply for smoother and efficient work. District reports that 133 sub centres currently do not have residential facility or ANM in Sub centre area and would require the same.

STRATEGIES-:

- ❖ Requisition for sanctioning of 46 more HSCs.
- ❖ Construction of buildings for the 139 newly sanctioned HSCs as per IPHS norms.
- ❖ Ensuring that 54 Sub centres that are currently located in Government buildings are renovated according to IPHS Norms.
- ❖ Revising rent rates for the sub centres operating from rented houses and for any further rentals in order to get adequate space and facilities for HSC functioning.
- ❖ Renewing the contracts of the ANMs on contract.

❖ Appointment of regular and contractual ANMs for the newly sanctioned HSCs.

ACTIVITIES-:

For new construction

❖ Meeting with CO to identify availability of land for setting up the priority HSCs in the selected villages. Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of HSCs.
❖ Village meetings to identify accessible locations for setting up of HSCs.
❖ Finding locations for new HSCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered.
❖ Requesting allotment for construction of new HSCs to State Health Society.
❖ Requesting state government to revise the rent rates for HC building and make the grant for payment of the rent.
❖ Ensuring construction of HSC building as per IPHS norm along with residence for ANM and other health staff.
❖ Submission of proposal for the appointment of regular and contractual ANMs for the newly sanctioned HSCs.
❖ Holding interviews and issuing appointment letters.

For review of ongoing renovation/construction

❖ · Meeting of DHS in presence of SE, Building Division, for review of ongoing constructions for IPHS norms.

INTERIM ARRANGEMENT

❖ Meeting local bodies to identify temporary building for -: (1) the HSCs without any building located in the identified priority blocks (2) for 41 HSCs operating without any building (3) 22 HSCs working from rented building

BUDGET-:

For New construction

❖ 41 HSCs operating without any building + 22 currently operating from rented building = 63
63 x Rs.650,000.0 = Rs, 4,09,50,000.00

Rent

❖ Rent for 139 newly sanctioned + 41 without building + 22 HSC in rented Building= 202
202 x Rs.800.00 x12 months = Rs.19,39,200.00

Furniture

❖ Furniture for sub-centers 152 (Working) @ 20,000.00 per HSC = 152 x Rs.30,000.00 = Rs.45,60,000.00 (One time payment for 4 chairs, Two Table, one Almirah, one bench of Premium Quality**).**

Salaries for Contractual ANM's

152 (Working) x Rs.6000 x 12 = Rs. 10944000.00

E Q U I P M E N T

Situation Analysis – Most HSCs do not have (Almost all) equipment as per IPHS Norms.

STRATEGIES-:

- Assessing the equipment needs of all currently sanctioned HSCs and identifying equipment requiring repair and equipment that needs to be requisitioned.
- Acquiring permission from the state government to appoint district level agency for repair and maintenance.
- Ensuring timely supply of the equipments.
- Ensuring timely repair of the equipments by the local agency · Ensuring quick replacement of the nonfunctional equipments.
-

ACTIVITIES-:

- Identifying a local repairing agency.
- Training to ANM and other health staff at HSC for handling equipments and conducting minor repairs.
- Setting up of district level equipment replacement unit.

BUDGET-:

152 (Working) x Rs.10000 x 12 = Rs. 18240000.00

DRUGS

Situation Analysis – Most HSCs do not have (Almost all) Drugs as per IPHS Norms.

STRATEGIES-:

- Ensuring timely replenishment of essential drugs prescribed under IPHS standards.
- Ensuring management of adverse drug reactions.
- Ensuring proper storage of the drugs.

ACTIVITIES-:

- Weekly reporting of the drugs status availability/requirement/ expiry status.
- Setting up a block level drug replacement unit.
- Utilization of untied funds for purchase of essential drugs locally.
- Providing basic training for management of drug reactions.

BUDGET-:

152 (Working) x Rs.5000 x 12 = Rs. 14120000.00

2.Additional Primary Health Centres

Objectives:

1. To ensure that Saharsa has 100% of functional APHCs as required by population norms.
2. To upgrade all APHCs as per PHC level IPHS norms and to name all APHCs as PHCs.
3. To operate 25% of APHCs on a 24*7 basis.

I N F R A S R U C T U R E

SITUATION ANALYSIS -. In Bihar Additional APHC operate at the population of 30,000. There are 15 functional APHCs in Saharsa. 17 new APHCs are newly sanctioned and 24 APHCs are futher required. Out of 15 APHCs, 12 are situated in the government buildings, 0 in rented buildings, 2 in panchayat buildings and 1 APHC still do not have building. In addition to that 1 APHC in Mahisi does not have any type of building available for its functioning. 2 APHCs from Mahisi and Nauhatta also do not have their own buildings and are operational in Panchayat building. Almost all the APHCs suffer from unavailability of infrastructure and facilities such as water and power supply, availability of functional labour and operation theatre and toilets. No APHC have assured running water supply and no APHC have continuous power supply available. As the residential quarters are not available at the facility level in most of the APHCs. It is also reported that, absence of furniture and the need of major repair work for the furniture.

STRATEGIES-

- 17 APHCs which are newly sactioned should be set up to meet the PHC level and as per IPHS norms. All are proposed to be constructed in the coming year.
- Prioritising the setting up of APHCs in blocks such as banma Itahri and Patarghat which do not have any APHCs currently and also in blocks where the gaps are more than 50% namely, Saurbazar, Simri Bakhtyarpur and Sonbarsa. A total of 16 APHCs need to be set up in these priority blocks.
- Construction of building for existing APHCs working in Panchayat or rented buildings or without any building as per PHC level IPHS norms ensuring the availability of Labour room facilities, maternal wards and toilets.
- Ensuring running water supply and drinking water supply in all existing APHCs.
- Ensuring power supply and power back up for all existing APHCs.
- Building residential facilities for doctors and other staff at all the 15 running APHCs.

ACTIVITIES-:

- Meeting with CO to identify available land for setting up the priority APHCs (PHCs) in the selected villages.

- ❖ Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of APHCs.
- ❖ Village meetings to identify accessible locations for setting up of APHCs.

- ❖ Finding locations for new APHCs on the basis of hard to reach areas and population.Distance between two facilities should also be considered.
- ❖ Requesting state government to revise the rent rates for APHC (PHC) building and make the grant for payment of the rent.
- ❖ Ensuring construction of APHC (PHC) building as per IPHS norm along with residence for MOs, ANM and other health staff.
- ❖ Electrification of all APHCs & to ensuring running water supply .

BUDGET-:

For construction (including MO and staff quarters)

Current APHCs without Govt Building:- 3 +17 New APHCs to be constructed = 20
3 x Rs.60,000,00.00 = Rs.1,80,000,000.0

For Electrification of all the 15 existing APHCs.
Rs.200,000.0 Per APHCs=Rs.30,00,000.00

For power backup
15 APHCs x Rs65.0/hr x 12hrs/day x 25 days/month*x 12 months = Rs.35,10,000.00

For running water Supply
15 APHCs x Rs.200,000.0/unit = Rs.30,00,000.00

H U M A N R E S O U R C E

SITUATION ANALYSIS -. While posts of 2 MOs have been sanctioned for 15 running APHCs of Saharsa district, only 1 APHCs function with 2 doctors in position while 13 APHCs have only 1 MO in position and an overwhelming 1 do not have any doctors in position. Some Blocks do not have doctors in position in either all or more than 50% of APHCs.All 15 APHCs have 2 Grade A Staff Nurse positions. All APHCs have 2 ANMs sanctioned and all APHCs have 2 ANMs in position. Laboratory technicians are sanctioned in all APHCs but in position only in few. Pharmacists are sanctioned in all APHCs but in position in only 2.

STRATEGIES-

Doctors

- ❖ Rationalization of doctors across block facilities to ensure filling of basic minimum positions.
- ❖ If any APHC (PHCs) after rationalization is in need of more doctors then additional doctors can be deputed from PHC to run at least one day OPD. This should be considered as an interim arrangement.
- ❖ Filling up of vacancies by hiring doctors on contract or appointing regular doctors.

Grade A Nurses

- ❖ Renewal of contract of Nurses for 3 years based on performance · Filling up of rest vacancies.
- ❖ Recruitment of Nurses for upcoming 17 APHCs.

ANMs
- ❖ Filling up of ANM vacancies
- ❖ Recruitment of two ANMs for upcoming 17 APHCs.

MPWs
- ❖ Appointment of 2 MPWs (M/F) for all APHCs.

Laboratory technicians
- ❖ Filling up of vacancies of Laboratory technicians in all APHCs (PHCs)

Pharmacists
- ❖ Filling up of vacancies of Pharmacists in all APHCs (PHCs)

Accountant
- ❖ Filling up of vacancies of Accountants

ACTIVITIES-:

For Rationalization of Doctors across facilities
- ❖ Reviewing current postings.
- ❖ Preparing a rationalized plan.
- ❖ Introducing rationalization plan in DHS meeting agenda to consider and approve the rationalization plan.

Additional charge as interim arrangement
- ❖ Preparation of the roster for deputation of Doctors at the APHC (PHC) where no doctor Is available.
- ❖ Informing community about the 1 day per week OPD services at APHCs (PHCs).
- ❖ Hiring of vehicles for the movement of doctors for fixed OPD days.

Filling vacancies
- ❖ Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors.
- ❖ Requisition to state health department for recruitment of permanent nurses and requisition to state health society for hiring of contractual nurses.
- ❖ Appointment of 2 MPWs (M/F) at each APHC.
- ❖ Hiring Laboratory technicians and pharmacists .
- ❖ Hiring of clerks/accountants.

Contract Renewal
- ❖ Renewal of contract of Grade A staff nurses for the next three years based on performance.

BUDGET-:

Medical Officers
15(In Position)+17(Proposed) x 2 = 64 MOs
64 MOs x Rs.20,000.00 x 12 months= Rs.1,53,60,000.00
Nurse
15(In Position)+17(Proposed) x 2 = 64 Nurse
64 Nurse x Rs.7,500.00 x 12 months= Rs.57,60,000.00

MPWs (M/F)
15(In Position)+17(Proposed) x 2 = 64 MPW
64 MPW x Rs.7,000.00 x 12 months= Rs.53,76,000.0
ANMs
15(In Position)+17(Proposed) x 2 = 64 ANM
64 ANM x Rs.6,000.00 x 12 months= Rs.46,08,000.00
Lab tech
15(In Position)+17(Proposed) x 1 = 32 LT
32 LT x Rs.7,000.00 x 12 months= Rs.26,88,000.00
Pharmacist
15(In Position)+17(Proposed) x 1 = 32 LT
32 x Rs.7,000.00 x 12 months= Rs.26,88,000.00
Accountant
15(In Position)+17(Proposed) x 1 = 32 A/c
32 A/c x Rs.8,000.00 x 12 months= Rs.30,72,000.00

E Q U I P M E N T

Situation Analysis – Most HSCs do not have (Almost all) equipment as per IPHS Norms.

STRATEGIES-:

- A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms.
- Rational fulfilling of the equipments required.
- Repair/replacement of the damaged equipments.

ACTIVITIES-:

- Monthly reporting of the equipment status, functional/non-functional.
- Purchase of essential equipments locally by utilizing the funds or through RKS funds.
- Identification of the local repair shop for minor repairs
- Training of health worker for handling the equipment

BUDGET-:

Existing APHCs
15 APHCs x Rs.5,000.0 x 4 quarters = Rs. 3,00,000.00

Operationalizing 17 APHCs
17APHCs x Rs20,000.0 = Rs. 3,40,000.00

D R U G S

Situation Analysis – Most HSCs do not have (Almost all) equipment as per IPHS Norms.

STRATEGIES-:

- ❖ Ensuring timely replenishment of essential drugs prescribed under IPHS standards.
- ❖ Ensuring management of adverse drug reactions.
- ❖ Ensuring proper storage of the drugs.

ACTIVITIES-:

- ❖ Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store.
- ❖ Utilization of RKS funds for purchase of essential drugs locally.
- ❖ Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors.
- ❖ Separate provision of drugs mainly for camps.
- ❖ Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs.
- ❖ Utilization of PMGY funds allotted for drugs purchase at the local level.

BUDGET-:

Existing APHCs

15 APHCs x Rs.5000.0 x 12 quarters= Rs.9,00,000=00

U N T I E D F U N D

Situation Analysis – Currently, since APHCs have not been upgraded to PHC level they do not receive any untied funds except Rs.25000.00 for white wash and minor repair.
any untied funds

STRATEGIES-:

- ❖ Ensuring that all APHCs receive sufficient untied funds as per the NRHM guidelines.

ACTIVITIES-:

- ❖ Ensuring that all APHCs receive untied funds as per the NRHM guidelines.

BUDGET-:

15 APHCs x Rs.10,000.00 x 12 months = Rs.80,00,000.00

O P E R A T I O N A L I Z A T I O N O F A L L A P H C s O N 2 4 X 7 B A S I S .

Situation Analysis – Currently, since APHCs have not been upgraded to PHC level they do not receive any untied funds except Rs.25000.00 for white wash and minor repair.
any untied funds

STRATEGIES-:

- ❖ Operationlizing APHCs which have their own building on a 24*7 basis and upgrading them to the PHC level.
- ❖ Upgradation of infrastructure as per PHC level as per IPHS norms.

- ❖ Ensuring continuous power supply and power back up in these APHCs.
- ❖ Hiring Ambulance services for these APHCs.
- ❖ Outsourcing housekeeping and canteen services for these APHCs.
- ❖ Sanctioning the post of an additional Staff Nurse at these APHCs taking the total number of Staff Nurses posted at each APHC to Filling up vacancies of Staff Nurses and ANMs in APHCs on a priority basis.
- ❖ Relieving ANMs posted at these APHCs of outreach duties including Routine Immunisation and weekly meeting at PHC level.
- ❖ Rationalisation of doctors in APHCs on a priority basis.
- ❖ Filling vacancies of doctors in APHCs on a priority basis.
- ❖ Appointment of Laboratory Technicians, Pharmacists, Accountant and MPWS (M/F) in these APHCs on a priority basis.

ACTIVITIES-:

For Upgradation of Infrastructure

- ❖ Meeting of DHS to plan upgradation of existing 14 APHCs which have their own building.
- ❖ Request to Building division to review, prepare layout, plan and make overall budget for upgradation of APHCs (PHCs as per IPHS norms) with their own building.

For power supply

- ❖ Electrification of APHCs .
- ❖ Ensuring power back up either by electricity department or by hiring a generator.

For Ambulance services

- ❖ Hiring ambulance services eitherby govt or provided by an appropriate NGO.

For outsourcing housekeeping & canteen services

- ❖ Issuing a call for tenders for housekeeping services.
- ❖ Selection and awarding contract.
- ❖ Canteen services to be provided by local SHGs · Selection of SHGs through a call for proposals and selection of lowest bidder

Filling Vacancies

- ❖ Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors.
- ❖ Requisition to state health department for recruitment of permanent Grade A and requisition to state health society for hiring of contractual Grade A nurses.
- ❖ Submission of proposal for appointment of 2 MPWs (M/F) at each APHC.
- ❖ Appointing Laboratory technicians and pharmacists (permanent positions).
- ❖ Submission of proposal for appointment of clerks/accountants.
- ❖ Holding interviews and issuing appointment letters.

BUDGET-:

Upgradation of infrastructure

15 APHCs x Rs.10,00,000.00= Rs.1,50,00,000.00

Setting up Pathological labs

15 APHCs x Rs 250,000.00= Rs.37,50,000.00

Power back up

15 APHCs x Rs.65.00/hr x 24hr x 30days x 12 months = Rs.27,00,000.00

Ambulance

15 APHCs x Rs.15,000.00/month x12 month=Rs.3,060,000.00

Electrification

15 APHCs x Rs.100,000.00= Rs.1,500,000.00

Water supply

15 APHCs x Rs200,000.00 =Rs.30,00,000.00

Canteen funds
15 APHCs x Rs.60 per person x 15 people x 30days x12months = Rs.48,60,000.00
Housekeeping Funds
15 x Rs.7000= Rs.1,05000.00

3. Primary Health Centres

Objectives

To ensure that all the PHCs are functional with full staff strength, functional Operation Theatres, Labour Rooms, Wards and Laboratory services, adequate equipment and drugs.

I N F R A S T R U C T U R E

Situation Analysis – Saharsa has 10 PHCs ,whereas 3 PHCs are newly constructed which are Patarghat, Banma –Itahri & Panchgchia. Each PHC currently has 6 beds. They currently have facilities for OPD services. All existing PHCs operate out of their own building. 6 PHCs have functional OTs and 6 have functional labour rooms. Condition of OT and labour rooms need to be improved in nearly all PHCs. PHCs in Salkhua, Panchgachia , Sonbarsa and Mahisi require major repair work to make the Labour Room fully operational also toilets need to be made available in above PHCs, running water supply and continuous power supply is needed nearly in all PHCs. Major repairs are currently underway and nearly completed in 7 PHCs of Saharsa District.

STRATEGIES-:

- Fully operationalisation of 3 newly constructed PHCs – Patarghat, Banma –Itahri & Panchgchia.
- Strengthening 4 PHCs to ensure basic facilities especially functional labour rooms and OTs – Salkhua, Panchgachia , Sonbarsa and Mahisi.
- Ensuring running water supply and drinking water supply in all PHCs
- Ensuring power supply and power back up for all PHCs

ACTIVITIES

Fully operationalising 3 new PHCs

- To commission , Banma –Itahri & Panchgchia. PHCs fully equipped and staffed.

Strengthening existing PHCs to ensure fully functional

- Setting up of fully functional Labour rooms and OTs in 5 PHCs - Salkhua, Panchgachia , Sonbarsa , Banma-Itahri and Mahisi .

Ensuring running water supply

- Requesting PHED to prepare a budget for provision of running water supply in the Bihpur, Narayanpur and Gopalpur

Ensuring power supply and power back up

- Hiring of generators for all PHCs.

BUDGET

Labour room
5 PHCs* Rs.700,000.00= Rs.3,500,000.00

OT with complete infrastructure

5 PHCs* Rs.2,000,000.00 = Rs.8,000,000.00

Setting up Pathological Laboratories
10 PHCs x Rs150,000.00=Rs.1,500,000.00

Separate M/F Toilets
10 PHCs x Rs.200,000.00 = Rs.20,00,000.0

Power back up
10 PHCs x Rs.125/hr x 24 hrs x 30 days x12 months= Rs.1,08,000,00.00

Water supply
10 PHCs * Rs.200,000.0=Rs.20,00,000.00

Building Maintenance fund
10 PHCs x Rs100,000.0= Rs.1,000,000.00

H U M A N R E S O U R C E

SITUATION ANALYSIS -. Three PHCs are served by three doctors and all other PHCs have less than 3 doctors in position. Availability of specialists is still a major constraint for the district as there is no specialists in position. Situation of ANM at PHC is satisfactory since the gap between sanctioned and in position is either absent or very narrow for most of the PHCs. Pharmacists are sanctioned in all the PHCs but are in position only 4 PHCs. Similarly Store keepers are in position in 4 PHCs. The biggest gap is in the availability of Nurses.

STRATEGIES-

- Rationalization of doctors across APHCs, and PHCs.
- Filling vacancies of doctors by hiring doctors on contract/appointment of regular doctors – all the PHC of Saharsa district need 5 Doctors each – Medicine, Surgery, Paediatrician, Gyanecologist and Anaesthetist
- Sanction and appointment /hiring of 7 Staff Nurses for all PHCs.
- Sanction and appointment/hiring of 2 ANMs for all PHCs.
- Filling vacancies of Pharmacists, Dressers, Laboratory Technicians and Storekeeper.
- Sanction and appointment of an OT Assistant in all PHCs.

ACTIVITIES-:

across facilities
- Reviewing current postings.
- Preparing a rationalization plan.
- Meeting to DHS to consider and approve the rationalization plan.

Filling Vacancies
- Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors.
- Requisition to state health department for recruitment of permanent Grade A nurse and requisition to state health society for hiring of contractual Grade A nurses.
- Appointment of Laboratory technicians, pharmacists, dressers and Store keepers (permanent

positions)

- ❖ Submission of proposal for sanction and appointment of an OT Assistant in all 16 PHCs.
- ❖ Holding interviews and issuing appointment letters.

BUDGET-:

Doctors
5 Doctors x 10 PHCs x Rs.25,000.00 x 12 months= Rs.15000000.00

Grade A Staff nurse
7 Staff Nurses x 10 PHCs x Rs7,500.00 x 12 months= Rs.6300000.00

ANMs
2 ANMs x 10 PHCs x Rs6000.00 x 12 months= Rs.1440000.00

Pharmacist
10 Pharmacists* Rs.7,000.0*12 months= Rs.840000.00

Lab tech
10 Lab tech*Rs7,000.0*12 months= Rs.840000.00

OT assistants
10 OT Assistants* Rs.7,000.0* 12 months= Rs.840000.00

Accountants-
10 Accountants*Rs.8000*12= Rs,960000.00

E Q U I P M E N T

Situation Analysis – Most HSCs do not have (Almost all) equipment as per IPHS Norms.

STRATEGIES-:

- ❖ A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms.
- ❖ Rational fulfilling of the equipments required.
- ❖ Repair/replacement of the damaged equipments.

ACTIVITIES-:

- ❖ Monthly reporting of the equipment status, functional/non-functional.
- ❖ Purchase of essential equipments locally by utilizing the funds or through RKS funds.
- ❖ Identification of the local repair shop for minor repairs.
- ❖ Training of health worker for handling the equipment and minor repair.

BUDGET-:

Existing PHCs
10 APHCs x Rs.5,000.0 x 4 quarters = Rs. 2,00,000.00

D R U G S

Situation Analysis – Most HSCs do not have (Almost all) equipment as per IPHS Norms.

STRATEGIES-:

- Ensuring timely replenishment of essential drugs prescribed under IPHS standards.
- Ensuring management of adverse drug reactions.
- Ensuring proper storage of the drugs.

ACTIVITIES-:

- Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store.
- Utilization of RKS funds for purchase of essential drugs locally.
- Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors.
- Separate provision of drugs mainly for camps.
- Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs.
- Utilization of PMGY funds allotted for drugs purchase at the local level.

BUDGET-:

Existing APHCs

10 PHCs x Rs.25,000.00 x 12 Month = Rs.3000000.00

UNTIED FUND

Situation Analysis – Rogi Kalyan Samitis have been established in 10 PHCs and while RKS funds are being utilized in nearly 70% of the PHCs, fund flows and submission of utilization certificates is now regular. Untied funds have been received by all the PHCs and all the PHCs starred utilizing the funds.

STRATEGIES-:

- Ensure that RKS is registered in all PHCs.
- Ensure UCs are sent regularly.
- Utilization of RKS funds to pay for outsourced services

ACTIVITIES-:

- Training of RKS office bearers on documentation of meetings as well as of the potential of the RKS.
- Monthly review meeting of block level accountants by District Accounts Manager to strengthen the documentation process
- Developing a check list for review.

BUDGET-:

10 PHCs*Rs.100,000.00 = Rs.1,000,000.00

FACILITY LEVEL SERVICE (AMBULANCE,DIAGNOSTIC SERVICE,CANTEEN AND HOUSEKEEPING)

SITUATION ANALYSIS -. Ambulance services are known to be available at 5 PHC out of 10 PHCs. The PHCs which do not have these services are under process to acquire it. X-Ray services are not available at most PHCs.Canteen services are also not available in any PHCs .Proper Housekeeping services are also not available in any PHC.

STRATEGIES-

Ambulance

- To ensure that ambulance services are made available at all the PHC having no ambulance services.
- Ensuring that 60% of ambulance service utilization is by BPL families.

X-Ray Services

- To ensure that X-ray services are available at all PHCs &To increase the utilization of Xray services by BPL patients.

Canteen

- To ensure that canteen services are available at all PHCs .
- To ensure that the food provided is nutritious.

Housekeeping

- To ensure that housekeeping services are available at all PHCs

ACTIVITIES-:

To review the existing ambulance services by the following indicators:

- % of BPL mothers who availed of ambulance services of the BPL mothers who came for institutional deliveries .
- % of BPL patients (including mothers) who availed of ambulance services from total patients who availed of ambulance services .
- % of emergency cases who availed of ambulance services.
- Average time taken for emergency patient to be brought to hospital by ambulance.
- To renew contracts of ambulance service providers based on review
- To strengthen district run ambulance services.
- To create awareness about the ambulance services at the community level through local radio, newspapers, wall paintings and for remote areas through the ASHA, AWWs and ANMs · ASHA helpdesk to take feedback from each patient on the timeliness of the ambulance service and the user fees collected.
- To use RKS funds for the running costs of government run ambulance services

X-Ray Services

- To identify X-Ray service providers for all PHCs with appropriate qualifications and equipment
- To review the services.
- being provided every quarter on the basis of % of exemptions for BPL patients on the basis of % of exemptions for BPL patients.

Canteen services

- To identify canteen service providers for each PHC based on nutritional quality and cost.

Housekeeping services

- To identify providers for housekeeping services for all PHCs.

BUDGET-:

Ambulance

10 PHCs* 2 Ambulances*Rs.15,000/month* 12 months= Rs.3600000.00

Canteen –

10 PHCs*Rs60 per person*15 people*30days*12 months=Rs.3240000.00

Housekeeping-

10 PHCs*10,000=1,00,000

District Hospital

Objective:-

To ensure that the hospital acquires District Hospital status to provide quality health care services to the people at large with a special focus on BPL patients.

I N F R A S T R U C T U R E

Situation Analysis – The District hospital of Koshi Division ,Saharsa serves patient of three district and thus the load of paitent on the district hospital is much higher than that of Madhepura and Sapaul. To Cater his Load the District Hospital Saharsa must have two functional O.T, ICU of the Hospital must be well equipped with all the necessary equipment and Doctors. The strength of doctors and paramedical staff should be increased ,Hospital Must have at least three specialist Doctor in each department (viz. Anesthetic, Surgeon, Gynecologist, Peadition, Cardiologist, Dental) & there should be separate chamber for each doctor, for this up-gradation of DH is required. Blood Bank of DH is Operational. The DH Saharsa should be covered with a boundary Wall and quarter for all the doctors & staff should be inside campus for efficient work. All the shops (pan,Chai, etc ki dukan) around the DH must be ruin Out a ASAP. Establishment of eye OT with proper equipments.

STRATEGIES-:

- Providing separate ward for OPD.
- Ensuring IPD for general and specialists care
- Ensuring clearing of encroachment and renovation.

- Ensuring functioning of all OTs.
- Establishment of eye OT with proper equipments.

ACTIVITIES

- Clearing the encroachment through legal process with the healp of District Administration.
- Follow-up of the clearing process and up gradation of these facilities into wards.
- Curtains/ wodden separators for every doctor-patient chamber.
- Identification of specialists examination rooms.
- Requisition for recruitment of OT technicians and other Paramedical staff.
- ophthalmological surgeries with fully fledge equipments

BUDGET

- Upgradation of DH = Rs 50,00,000.00 lakhs
- Boundary Wall of DH = Rs 30,00,000.00 lakhs
- Supportive infrastructure = Rs 15.00 lakhs
- OT Ophthalmology = Rs 20.00 lakhs
- Maintenance fund of DH Rs.300,000.00 Per Quarter
- Quarter for Doctors @ Rs. 25 lac = 20 x 25 lac = 50 lac
- Quarter for Staff @ 15 Lac = 30 x 15 = 40 lac

H U M A N R E S O U R C E

SITUATION ANALYSIS -. Insufficient strength of Doctors and Paramedical Staff.

STRATEGIES-

- Ensuring the recruitment of MOs and Nurses.
- Ensuring recruitment of paramedical staff.
- Ensuring recruitment of attendentants.

ACTIVITIES-:

- Advertisement of the posts for contractual appointment of 10 MOs, 10 SNs, two pharmacists, two lab technicians, one –xray technician, one ecg technician, five OT technicians, and 10 ward attendents for both male and female wards.
- Rationalizing of the doctors at the DHs Walk-in interviews for MOs and specialists.

BUDGET-:

- 15 specialists*25,000*12 months=Rs.4,500,000.00
- 20 SNs*7500*12 months=Rs.1,800,000.00
- 11 paramedics*7000*12 months=Rs.924,000.00
- 10 ward attendants*6000*12 months=Rs.720,000.00
- 1Radiographer*7000*12 months=Rs.84,000.00
- 10 Admin staff*Rs.8000*12=Rs.960,000.00
- 4 social worker/counselors*7,000*12 months=Rs.336,000.00
- Advertisement- Two times * two newspapers* Rs 1.5 lakhs=Rs.600,000.00
- Accountants- 1 Accountant*Rs.8000*12 =Rs.96,000.00

R K S F u n d
Situation Analysis – District Hospital utilized RKS amount given in the year 2007-08. Currently fund interruption for disbursement to outsource activities like cleanliness, catering, laundry, power supply and ambulance. RKS fund can be utilized for services such as Laundry, cleanliness, catering, and ambulance.
STRATEGIES-: ❖ Ensuring the timely fund flow to District. ❖ Ensuring timely submission of UC. ❖ Ensuring renewal of contract outsource agencies.
ACTIVITIES-: ❖ Submitting the requisition for release of due payments. ❖ Submitting the requisition for release of advances. ❖ Minimizing the miss management of funds. ❖ Timely payments for the contracted out sourced agencies. ❖ Performance based revision of contracted out sources agencies.
BUDGET-: RKS corpus fund = Rs. 500,000

Reproductive and Child Health

A. Maternal and Neonatal health :-

Objectives :-

- ❖ Ensuring 100 % registration of pregnant women for ANC
- ❖ Increase in the % of pregnant women registered in the first trimester .
- ❖ Increase in the % of pregnant women with full ANC .
- ❖ Ensuring that 50 % of pregnant women receive 2 TT injections.
- ❖ Ensuring that 50% of pregnant women consume 100 IFA tablets.
- ❖ Increase in skilled attendance during delivery .
- ❖ Increase in institutional delivery .
- ❖ Increase in the % of mothers receiving postnatal care within 48hrs of delivery .
- ❖ Increase in % of neonates breastfed within 1 hour of birth .
- ❖ Ensuring that all newborns are weighed within 48 hrs of birth.
- ❖ Facility and community based management of sick newborns and low birth weight babies.

Ante-natal Care :-
Situation Analysis: For Saharsa as per DLHS 3 figures, percentage of pregnant women registered for

ANC is only 21.2%. Mothers who receive at least 3 ANC visits during the last pregnancy is 13.9 %, percentage of mothers who got at least one TT injection in their last pregnancy is 38.9%. Percentage of mothers who were motivated by ASHA for ante natal care is 6.8%.

Strategies-:

- Increasing early registration through counseling of eligible couples by ASHAs and ANMs and distribution of home based pregnancy kits.
- Case management of pregnant women to ensure that they receive all relevant services by ASHAs and ANMs.
- Creating awareness about maternal health through Mahila Mandal day.
- Providing ANC along with immunization services on immunization days.
- Strengthening ANC services at the Sub centre level by ensuring availability of appropriate infrastructure, equipment and supplies.
- Ensuring quality ANC through appropriate training of the ANM.
- Effective monitoring and support to HSCs for ANC by APHC.
- Setting up of referral transport system at every APHC level.

Activities-:

- Training of ASHAs for counseling of eligible couples for early registration and the use of the home based pregnancy kit.
- Regular updating of the ANC register.
- Preparation of the due list with the dates for Ante Natal Checkups for every pregnant woman in the Sub centre area.
- Preparing format for the due list in Hindi.
- Training ASHAs and AWWs to fill and update due list and ANC schedule list for every pregnant woman in their work area Organizing Antenatal checkups on immunization days.
- ASHAs and AWWs to coordinate with ANM to provide Antenatal care according to the ANC schedule maintained in the register for every expectant mother.

- ASHAs and AWWs to track left outs and drop outs before every ANC & immunization day and ensure their participation for the coming day.
- Organizing Mahila Mandal day to share information and create awareness about maternal and child health on every third Friday of the month at each AWC.
- Wide publicity of Mahila Mandal day.
- Training to ANMs to provide complete Ante natal care and identify high risk pregnancies.
- Strengthening of Sub centre in terms of equipments to conduct ANC services.
- Ensuring regular supply of IFA tablets at each sub centre level.
- Setting up Helpline with Ambulance at every PHC (APHC).

Budget -:

Handbills
Printing 5000 Handbills @ Rs 500 for 152 HSCs =Rs. 76,000.00

Pregnancy kits

667 ASHAs*Rs30/pr egnancy kit*10 kits*4 quarters= Rs.800400.0

Remarks-:

- Campaigning for registration for ANC along with immunisation budget.
- Monthly Mahila Mandal days budgeted in immunisation section.
- ANC (SBA) trainings for ANM..
- The handbill would would include information on ANC days, immunization days, breast feeding practices, RTI/STI counseling days, Family Planning, RCH camps days @ APHC level.

Natal, Neo-Natal and Postnatal care.

Situation Analysis: Percentage of institutional deliveries in Saharsa district is low at 20%. Deliveries at home assisted by doctors or other skilled attendant such as nurse/LHV/ANM is even lower at 8.8 % whereas only 9.9 % of mothers received post natal care within 48 hours of delivery for their last child. Factors leading to the low rates of assisted and institutional deliveries include a shortage of Sub centres, poor infrastructure and skills at the sub centre level and an almost exclusive focus of the sub centre on immunization activities. Similarly, APHCs suffer from severe shortages in labour rooms and medical officers, though staff nurses have recently been appointed. There are currently no APHCs providing 24*7 services and no ambulance services available at the APHC level. Also, because of lack of appropriate infrastructure most mothers are not able to stay for the required 48 hrs at the facility. At the PHC level the District faces a shortage of Gynecologists and Paediatricians. 5 PHCs in the district do not have fully functional labour rooms and no PHC has blood storage facilities. There is also a need of appointing lady doctors at APHC, PHC. In addition, breastfeeding practices need to be improved. According to DLHS 3, only 22.6% infants were fed within one hour of birth. While 36.1% children were exclusively breastfed for 6 months and only 30% of neonates received a check up within 24 hours after delivery. There are almost no facilities for the management of sick newborns. Infant mortality rate for Saharsa is reported to be 52 as per 2001 census data which although down from 70 in 1991 is still quite high.

Strategies-:

- Strengthening of APHCs to provide 24*7 services.
- Strengthening of APHCs to provide institutional delivery care.
- Strengthening PHCs to provide institutional delivery care.
- Setting up CHCs to provide Emergency and Comprehensive Obstetric Care.
- Ensuring that ambulance services are available for transportation to APHCs and referral to PHCs and District Hospital.

- Developing a pool of skilled births attendants for each block.
- IMNCI Training for ASHAs and ANMs.
- Improving accessibility of skilled birth attendants to communities.
- Creating community level awareness on the importance of assisted and institutional deliveries through ASHAs.
- Counseling of mothers and families for early initiation of breastfeeding, colostrum feeding and exclusive breastfeeding for 6 months by ASHAs.
- Weighing of all newborns by ASHAs and AWWs at the community level within 48 hours.
- Ensuring timely payment of JBSY funds to mothers and ASHAs.
- Setting up a Sick Newborn Care Unit at the District Hospital.

- ❖ Ensuring telephone connectivity between all facilities providing institutional delivery care.

Activities-:

Strengthening facilities for institutional deliveries (please see facilities section)

- ❖ Ensuring availability of fully functional and equipped labour room, maternal wards, ambulance services and blood storage facilities.
- ❖ Equipping 24*7 APHCs and PHCs to provide minimum 24 hours post delivery stay to mothers and newborns by setting uo maternal and neonatal wards.
- ❖ Equipping CHCs, SDH and DH to enable 48 hrs of post delivery stay for mothers and new borns by setting up maternal and neonatal wards.
- ❖ Ensuring availability of required medical officers, nurses and ANMs at all facilities.
- ❖ Appointment of Paediatricians and Gynaecologists at every PHC .
- ❖ Regular stocks of PPH controlling drugs.

Ambulance services

· Identifying ambulance service providers for 17 APHCs, 12 PHCs, 5 CHCs, 2 SDH and 1 DH and signing contracts for services.

· Focus on increasing exemption to BPL patients in the utilization of ambulance services.

Developing a pool of Skilled Birth Attendants for each block

- ❖ Regular rounds of SBA training for ANMs, LHVs and Nurses.(see training section).
- ❖ ASHAs to have the names and numbers of skilled birth attendants for every block.
- ❖ Extending the Helpline 102 to enable calling for skilled birth attendants during deliveries.

Accessibility of skilled birth attendants

- ❖ Providing mobile phones to ANMs at Sub centre to enable them to be available for assistance during delivery at the community level.

IMNCI Training for all ASHAs and ANMs

- ❖ IMNCI training for all ASHAs and ANMs.

EmOC Training

- ❖ EmOC training for all MOs and Grade A Nurses at PHCs.

Improving communication between facilities providing institutional delivery services

- ❖ Ensuring that 17 APHCs, 12 PHCs, 2 SDH and DH are connected through functional phone lines.

JBSY

- ❖ Creating a JBSY card which combines the services in the MCH card along with info on JBSY payments.
- ❖ Streamlining JBSY money from district to PHC to provide timely payment to beneficiaries and ASHAs.
- ❖ Support ASHAs to open accounts in the bank.
- ❖ Explore the options of direct money transfer to ASHAs' accounts.

Counseling and support to new mothers for initiation of the breast feeding after one hour of delivery, colostrum feeding and post natal care within 48 hrs.

- ❖ ASHAs to visit new born baby in first 48 hours to ensure exclusive breast feeding and counsel the

families about new born care and post natal care.

- ANM and staff at facility to provide counseling and support for exclusive breast feeding.
- Each mother to receive a post natal check up before discharge Postnatal follow up by ASHAs and ANMs at the village level.

Sick Newborn Care Unit

- Setting up a Sick Newborn Care Unit at the District Hospital.

Budget -:

Mobile phones
152 ANMs*Rs2000/mobile phone instrument=Rs.304000.00

Monthly mobile bills
152 ANMs*Rs600/month* 12months=Rs.1094400.00

Facility level phones
25 Facilities*Rs1000/phone =Rs.25,000.00

Landline bills
25 Facilities *Rs500/month*12 months= Rs.150000.00

Telephone directory of SBAs for ASHAs
Rs.50,000.00

Printing JBSY cards
Rs.100,000.00

JBSY payments Rural:
Rs2,000/beneficiary *90, 000 deliveries estimated= Rs.18,000,000.00

Urban:
Rs 1000/beneficiary* 7,000 deliveries estimated= Rs.7,000,000.00

B. Infant Health

Objectives:-

- Ensuring that %age of children breastfed (0-6 months old) must be Increase.
- Increase in % of children (12-23 months) fully immunized (BCG, 3 doses of DPT, Polio and Measles).
- Ensuring initiation of complementary feeding at 6 months.
- Increasing the % of children with diarrhoea who received ORS from 43% to 70%.
- Increasing the % of children with ARI/fever who received treatment .
- Ensuring monthly health checkups of all children (0-6 months) at AWC.
- Ensuring that all severely malnourished children are admitted, nutritionally rehabilitated and receive medical attention.

N U T R I T I O N

Situation Analysis Ensuring exclusive breastfeeding and timely initiation of complementary feeding
is critical for appropriate child development.

STRATEGIES-:

- Counseling mothers and families to provide exclusive breastfeeding in the first 6 months.
- Convergence with WCD Department for implementation of Rajiv Gandhi Creche Scheme at NREGA worksites to enable exclusive breastfeeding and child care by women workers.
- Identification of severely undernourished children (Grade III & Grade IV) through monthly health checkups at AWC.
- Setting up a Nutrition Rehabilitation Centre at SDH Naugachiya, SDH Kahalgaon and District Hospital.

ACTIVITIES-:

- Meeting with WCD officials to review the status of implementation of the Rajiv Gandhi Creche scheme.
- Training by Health Department of crèche workers on nutrition and child care.
- Organising health checkups at AWC for children in the 0-6 year age group on the 2nd Monday of every month.
- Referral of severely undernourished sick children to Nutrition Rehabilitation Centre (NRCs).
- Setting up 10 bedded NRCs at District Hospital.
- Providing food and wage loss support for one parent of every child admitted to enable the child to stay at the NRC for the required period of time .

BUDGET-:

Creche worker training
70 batches*Rs10,000/batch= Rs.700,000.0
NRC setting up
3 SDH*Rs.30,000.0= Rs.90,000.0
NRC Staff
3 Staff Nurses*Rs.7500/month*12 months*3 SDH= Rs.810,000.0

Kitchen equipment
3 SDH*Rs.5,000.0= Rs.15,000.0

Kitchen expenses(including salary of cook)
DH*Rs12,000.0/month* 12months= Rs.144,000.0
Wage loss compensation
DH*Rs90/day*30days* 12 months=Rs.97,200.0

H E A L T H S E R V I C E S

Situation Analysis Only 43% children with diarrhoea received ORS whereas 23% of children with
acute respiratory infection/ fever did not receive any medical attention

STRATEGIES-:

- Promotion of health seeking behavior for sick children through BCC campaigns.
- BCC for pregnant women and mothers to regarding feeding practices, immunization, and other aspects of child care.
- Capacity building of ASHA, AWW and ANM for the management of common childhood diseases and identification of serious cases for referral.

ACTIVITIES-:

- Training of ANM and AWW for IMNCI.
- Training ASHAs to refer sick child to facility in case of serious illness.
- ASHAs equipped to provide ORS to children with diarrhea and suggest referral in case of emergency.
- Regular stock up of ASHA drug kits.
- Providing weighing machines to every AWC to ensure monthly weighing.
- ASHAs to support AWWs in monthly weighing.

BUDGET-:

IMNCI training

ASHA Drug Kit 667 ASHAs*Rs600/kit= Rs.400200.00

Weighing machine
934 AWWs*Rs.1000/machine= Rs.934000.00

H E A L T H S E R V I C E S -: I M M U N I Z A T I O N

Situation Analysis: According to DLHS 3, percentage of children (12-23 months) fully immunised (BCG, 3 doses each of DPT, Polio and Measles) is less than 40.0%. The immunisation coverage has increased , however much improvement is still required. All AWCs are to be covered under Muskan –Ek-Abhiyan programme at least once in a month. all HSCs are to be covered under this programme on all Wednesdays observed as immunization day. APHCs will also provide immunization services on Wednesday and all days in PHCs/SDH. Incentives are provided under this programme for AWW, ANM and ASHA when 80 per cent immunization is achieved. The programme involves organizing Mahila Mandal camps at the AWCs. Many ANMs in the district are not proficient in administering the vaccine. Skills level of ANMs is low. Routine immunisation training has not been taking place on a regular basis. All the participants need to be trained in Routine Immunisation in batches of 30. There is shortage of cold chain equipment such as ILR and deep freezer at PHC and APHC level. The maintenance and repair of cold chain equipment is not being done properly by the company currently appointed. The District also needs to adopt better waste management practices for the disposal of syringe and needles.

STRATEGIES-:

- Improving availability of skilled vaccinators.
- Increasing utilization of immunization services through awareness generation by ASHAs and AWWs.
- Ensuring continued tracking of pregnant women and children for full immunization
- Establishing sound monitoring mechanism to review and guide the progress .
- Improving availability and maintaining quality of cold chain equipments.
- Improving timely supply of the vaccines.
- Timely supply of DPT and syringes.
- Discussion with the state to acquire power of issuing maintenance and repair contract for cold chain equipment from district.
- Adopting safe disposal policies for needles and syringes.

ACTIVITIES-:

- Organising regular routine immunisation training for ANM and AWW and IPC/IEC/BCC trainings for ASHA and AWWs.
- Organising immunisation camps at every sub centre level on every Wednesday and at the AWCs on every Saturday.
- Regular house to house visits for registration of pregnant women for ANC and children for immunization.
- Developing tour plan schedule of ANM with the help of BHM and MOIC.

- ❖ Timely payment to MOICs to arrange transportation of vaccines from district hospital to PHCs.
- ❖ Regular disbursement of funds from the DIO to MOs for providing incentives to ANMs.
- ❖ Regular disbursement of funds for ANMs to provide incentives to AWWs and ASHA workers.
- ❖ Providing per diem for health workers, mobilisers, supervisors and vaccinators and alternative vaccinators.
- ❖ Maintaining the disbursement records and for evaluating the performance of the health.
- ❖ Visits by MOIC, CDPO, BHM, LHV and health educator to monitor the progress of immunization schedule and prepare report.
- ❖ Ensuring the unrestricted movement of the monitoring team with fuel for vehicle and funds for hiring of the vehicle.
- ❖ Maintaining continuous power supply at PHC level for maintaining the cold chain.
- ❖ Applying for acquisition of ILR and deep freezer for the 3 PHCs which do not have ILR at present.
- ❖ Timely and regular requests from district to state as well as blocks to district to replenish the supply of DPT and syringe.
- ❖ Rationalisation of courier rates and making request to the SHS for increased funding for courier in order to ensure timely supply of vaccines to sub centres.
- ❖ Reviewing the contract of Cooling company, currently responsible for repair and maintenance.
- ❖ Submitting a proposal to the state health society to acquire power of issuing maintenance and repair contract for cold chain equipments from district.
- ❖ Procure stock of hub cutters for all the PHCs for safe disposal of needles and syringe.

BUDGET-:

934 AWWs@ Rs.200.0*12 months = Rs.2241600.00

Incentives for ANMs

934 (AWC visit by ANM) @ Rs 150.0*12 months = Rs.1681200.00

Incentives for ASHAs

934 (AWW visit by ASHA)@ Rs 200.0*12 months = 2241600.00

Mahila Mandal Meetings

934 (Mahila mandals) @ Rs.250.0*12 months = Rs.2802000.00

Per Diem for health workers

3 days @ Rs 50 per day per person = Rs 664,500

7 days for trained vaccinator @ Rs 75/person/day

vaccinators = Rs174,825.0

One supervisior/3 team for seven days @ 100/person/day = Rs 77,700.0

Alternative vaccinators Rs 100/person/day = Rs 4900

Supervision

1 vehicle 2 teams 4 days * Rs 650/day = Rs 4,34,200.0

Contingencies Rs 1750/block and Rs 3000/district = Rs 31,000.0

Training

Honorarium and TA for participants @ Rs 250 for two days = Rs.113,250.0

Honorarium for trainers @ Rs. 600 for two days training = Rs. 27,000.0

Contingency Rs.100/day = Rs.90,600.0

Budget for print material included with the hand bill in the section of maternal health.

B. Family planning.

Objective-:

- ➢ Fulfilling unmet need of 35% for family planning services at the community level.
- ➢ Increasing the use of any modern method of family planning from 35% to 50%.
- ➢ Increasing male sterilisation rates .
- ➢ Increasing the utilization of condoms as the preferred choice of contraception .

F a m i l y P l a n n i n g

Situation Analysis: The utilization of any method of contraception has increased a bare 2 percentage points in the district over the past five years whereas the utilization of modern methods has increased from 28% to 35%. Of this, nearly 30% is contributed by female sterilization. Male sterilization is a low 0.5%. Other spacing methods are equally low with the use of IUD a mere 0.6%, pills 1.8% and condoms 2.7%. A significant unmet need for family planning services has been recorded at 37% which importantly comprises of a 13% need for spacing and 24% for limiting methods.

STRATEGIES-:

- IEC/BCC at community level with the help of ASHAs, AWW.
- Addressing complications and failures of family planning operations.
- Training male peer educators to increase awareness amongst men about the importance of contraception and the ease of spacing methods .
- ASHAs to have a stock of contraceptives for distribution

ACTIVITIES-:

Selection Method

- Selecting and training male peer educators (1 for every 500 persons) in 5 blocks to counsel men for the adoption of spacing methods.
- Interpersonal counseling of eligible couples on family planning choices by ASHAs and male peer educators.

Limiting methods

- Family planning day at all health facilities every month.
- ANM and ASHA to report complications and failure cases at community to facility.
- Quick facility level action to address complications and failures.
- Streamlining compensation channels.
- Streamlining incentives for MOs.

Abortion services

- MTP services to be provided at all PHCs.

Training

- Training of MOs for conducting tubectomy and vasectomies proceduresusing Laproscopy.
- Training of MOs for providing MTP services .
- Training of ANMs on encouraging reproductive choices and the features of different methods.
- Training of ASHAs on family planning choices, contraceptives and behavior change communication.

BUDGET-:

Training of Male Peer Educators

40 batches (25 educators in each batch trained for 3 days)*Rs3000.0/batch=Rs.120,000.0

Incentives

For 2000 NSVs @ Rs 1500 = Rs.3,000,000.0
For 20,000 tubectomies @ Rs 900= Rs.18,000,000.0
For 80,000 IUD insertions @ Rs 20 per case= Rs.1,600,000.0

C. Adolescent Reproductive & Sexual Health.

Objectives -:

- Reducing the % births to women during age 15-19 years from 96% to 85%.
- Reducing anaemia levels in adolescent girls and boys.

Adolescent Reproductive & Sexual Health

Situation Analysis: Nearly 96% of births are to girls in the age group of 15-19 years. This is a very vulnerable age group deserving of special attention and support.

STRATEGIES-: ❖ Providing life skills education to married and un-married adolescent girls by ASHAs and AWWs. ❖ Treating anemia among adolescent girls and boys.
ACTIVITIES-: ❖ Training of ASHAs and AWWs on providing life skills education to adolescent girls. ❖ Screening of all adolescents especially girls for anemia during the monthly health checkups of children at AWC on the 2nd Monday of every month. ❖ Screening of all adolescents for RTIs and STIs. ❖ Providing IFA supplementation to adolescents.
BUDGET-: RTI/STI Screening budget included in the RCH camp. **Anaemia Screening** 934 AWCs*Rs500.0*12month= Rs.5604000.00 **IFA supplements** Rs.500000.0
School Health Programe
Situation Analysis: There are about 600 government schools in the district where the camps are To be conducted. The services provided include refraction, general check up, and distribution of medicines.
STRATEGIES-: ❖ Continuing the school health programme Initiation of School Health Programmes in Primary/high school. ❖ Ensuring proper referral and followup of students.
ACTIVITIES-: ❖ Requisition to be sent the state health society for expanding the school health programme to priamy and high school of government schools. ❖ School Health programmes to be conducted through partnership with NGOs. ❖ Requisition to state for providing spectacles for refractive corrections. ❖ Providing referral cards for the needy children to the nearest PHCs/SH. ❖ Providing an award for the 'Healthiest' school in the block
BUDGET-: 1. For 600 schools @ Rs 2500 per camp =Rs.15000000.00 2. Rs 10,000 per block for healthy school award *10 blocks =100,000.0

National Vector Borne Disease Control Programmes

A. National Leprosy Elimination programme.

Objective

- To reduce the leprosy disease prevalence rate to <1.

Hoardings	Rs.420,000.0

Handbills	Rs.35,000.0
AWW Sensitisation	54 batches*Rs.4500/batch= Rs.243,000.0

Budget- :	
School Quiz	Rs.280,000.0
Gram Goshtis	Rs.140,000.0
Health Camps	Rs.140,000.0
Rally	Rs.84,000.0
Awareness in Urban areas	Rs.100,000.0
Strengthening facilities	Fuel + vehicle=Rs.180,000.0 Stationary=Rs.40,000.0 Medicine=Rs.20,000.0 Patient welfare=Rs. 15,000.0

Revised National Tuberculosis Control Programme.

B. National Tuberculosis Control Elimination programme.

Upgradation of TUs	Rs.35,000.0
Upgradation of 8 MCs	Rs.418,500.0
Purchase of Lab materials	Rs.150,000.0
NGO networking	Rs.280,000.0

Building network with private practitioners	Rs.125,000.0
Publicity Campaign	Rs.119,500.0

Budget- : **Kala Azar**	
Outreach activities	Rs.30,000.0
School awareness activities	Rs.40,000.0
Community meeting	Rs.9,600.0
World TB day	Rs.10,000.0
Maintenance of equipment	Rs.30,000.0
Misc expenses	Rs.418,500.0
Vehicle Maintenance	Rs.250,000.0
Vehicle Hiring	Rs.336,000.0
Human resources	Rs.700,000.0

Revised National Tuberculosis Control Programme.

C. Malaria Kala Azar and Fileria programme.

Office expenditure	Rs. 3600.00
Contingency Fund	-Rs. 3600.00
Transportation of DDT	Rs. 12,000.00
IEC Van	IEC van @ 750 per PHC per day for 60 days= Rs.360,000.00

Training to BHW	Rs. 3000.00
Wages	SFW @ Rs.86 per day of spray worker= Rs.123,840.00 + FW@70 Rs per day Rs. 50400= Rs. **627,840.00**

Budget- : **Kala Azar**

Budget -: **Malaria Programe**	
Health workers-	50 additional health workers for spraying DDT on daily basis @Rs 200 * 30 days= Rs.300,000.00

Budget -: **Fileria Programe**	
Health workers	20 Additional workers on daily basis @ Rs 200 * 30 days= Rs.120,000.00
Publicity campaign	Rs.30,000.00
Handbills and hoardings for BCC and IEC campaign	Rs. 50,000.00

D. National Blindness Control programme.

Budget -: **Blindness Control Programe**	
Optometric	10 Optometrics *Rs.4000= Rs.480,000.00.
Contracting in ophthalmologist	ophthalmologist @Rs. 300 per hour* 8 Hours*2 weeks per month*12= Rs.1,440,000.00
Distribution of spectacles	5,000spectacles* Rs.200 per spectacle=Rs.10,00,000.00

Budget Finaly Alocated by State Health Society for the financial Year – 09-10 for Saharsa District.

PART - A RCH

DISTRICT - SAHARSA (Part-A RCH) METARNAL HEALTH

S.No.	Head	State Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total (Q1 To Q4)	State Approved Budget Raised By 25 %
1	1.1.1.1 Operationalise FRU (Diesel, Service Mentenance Charge, Misc. & Other Cost) Blood Storage units in FRU	368000.00	72000.00	72000.00	112000.00	112000.00	368000.00	460000.00
2	1.1.2 Operationalise 24x7 Service (Organise workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 25,000 / year / district)	25000.00	—	25000.00	—	—	25000.00	31250.00

3	1.3.1. RCH Outreach Camps in un-served/ under-served areas	70800.00	—	35400.00	35400.00	—	70800.00	88500.00
4	1.4.1 Home deliveries	105000.00	—	35000.00	35000.00	35000.00	105000.00	
5	1.4.2.1. (A) Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries	36203620.00	13000750.00	7734290.00	8030020.00	7438560.00	36203620.00	
6	1.4.2.2 (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries	4344650.00	1086163.00	1086163.00	1086163.00	1086163.00	4344650.00	
7	1.4.2.3 Caesarean Delivery (Facility Gynec,Anesth & Paramediac) 10.3.1 Incentive for C-section @ 1500/-(Facility Gynec,Anesth & Paramediac)	168127.00	42032.00	42032.00	42032.00	42032.00	168127.00	210158.75
8	Other Activities (JSY) 1.4.3 Monitor Quality and Utilisation of Service and Mobile Data Center at HSC and APHC level and State supervisory Committee for Blood Storage Unit	437036.21	—	145678.74	145678.74	145678.74	437036.21	546295.26
	Total	41722233.21	14200945.00	9175563.74	9486293.74	8859433.74	41722233.21	52152791.51

CHILD HEALTH

9	2.2. Facility Based Newborn Care/FBNC IN District 2.1.1.(Monitor progress against plan; follow up with training, procurement, review meetings etc.) (details of training, drugs and supplies, under sections 9 ,11,13) 2.2.1. Implementation of FBNC activities in districts. (Monitor progress against plan; follow up with training, procurement, etc.)	125170.00	31293.00	31293.00	31293.00	31293.00	125170.00	156462.50
10	2.4 School Health Programme (Details annexed)	2865633.00	716403.00	716403.00	716403.00	716424.00	2865633.00	3582041.25
	Total	2990803.00	747696.00	747696.00	747696.00	747717.00	2990803.00	3738503.75
	FAMILY PLANNING							
11	3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services	25000.00	—	25000.00	—	—	25000.00	31250.00
12	3.1.3. 3.1.2.2. Organise NSV camps in districts @Rs.10,000 x 500 camps	70000.00	—	10000.00	30000.00	30000.00	70000.00	87500.00

13	3.1.4 Compensation for female sterilisation 3.1.2.3. Compensation for female sterilisation at PHC level in camp mode 3.1.2.1. Provide female sterilisation services on fixed days at health facilities in districts (Mini Lap)	7653000.00	1275500.00	1275500.00	1275500.00	3826500.00	7653000.00	9566250.00
14	3.1.5 Compensation for female sterilisation 3.1.2.4.Compensation for NSV Acceptance @50000 cases x1500	653827.00	163457.00	163457.00	163457.00	163457.00	653827.00	817283.75
15	3.1.6 Accreditation of private providers for sterilisation services 3.1.3.1 Compensation for sterilization done in Pvt. Accredited Hospitals (1.50 lakh cases)	2156250.00	—	—	—	—	0.00	0.00
16	3.2.1. IUD Camps	228000.00	—	—	—	—	0.00	0.00
17	3.3 POL for Family Planning for 500 sub-district facilities	356472.80	89118.23	89118.23	89118.23	89118.10	356472.80	445591.00
18	3.5 Other stratigies/activities 3.1.4. Monitor progress, quality and utilisation of services 3.5. Establishing Community Based Condom and OCP Distribution Centres (pilot in one district/1 PHC)	8743.00	—	4000.00	4743.00	—	8743.00	10928.75
	Total	11151292.80	1528075.23	1567075.23	1562818.23	4109075.10	8767042.80	10958803.50

ARSH Urban RCH

19	4.1. Adolescent services at health facilities. 4.1.1. Disseminate ARSH guidelines. 4.1.2. Establishing ARSH Cells in Facilities 4.1.2.1. Developing a Model ARSH Cell for the facilities 4.1.2.3. Establishing ARSH Cell is 50% PHCs of Patna District 4.2 Conducting ARSH Camps at all PHCs for a week (as ARSH Week) 4.2.2 Establishing Youth friendly health clinics in Urban Area/ Universities Campus / Market Place	25000.00	—	25000.00	—	—	25000.00	31250.00
	Total	25000.00	—	25000.00	—	—	25000.00	31250.00

PNDT & Sex Ratio

20	8.1.PNDT and Sex Ratio 8.1.1. Orientation programme of PNDT activities, Workshop at State, District and Block Level (1+38+533) 8.1.2 Monitoring at District level and Meetings of District level Committee (100 Lakhs)	534709.00	—	177048.16	177048.16	177048.16	531144.00	663930.00
	Total	534709.00	—	177048.16	177048.16	177048.16	531144.00	663930.00

Health Camp Innovation and Infrastructure

21	9.1.1 ANMs 10.1.1.2. Hiring of 1000 Retired ANMs or ANMs from other states for out reach services @ Rs. 5000 / month / ANM	1500000.00	500000.00	500000.00	500000.00	500000.00	1500000.00	1875000.00
22	9.1.2 Laboratory Technician	468000.00	117000.00	117000.00	117000.00	117000.00	468000.00	585000.00
23	9.1.4 Doctors and Specialists (Anaesthetists , Ob/Gyn , Surgeons , Physician 1.1.1.1 Operationalise FRU (Diesel, Service Mentenance Charge, Misc. & Other Cost) Blood Storage units in FRU - Salary of Medical Officer 10.1.2.1. Empanelling Gynaecologists in under or un served areas @ Rs.1000/- week x 52 weeks, on CALL BASIS for conducting institutional deliveries, providing Essential and Emergency Obs Care at government facilities @ Rs. 1,00,000 per annum per district for 38 districts 10.1.2.3. Empanelling Gynaecologists for PHCs to provide OPD services @ Rs. 300 / week x 52 weeks 10.1.2.4. Hiring Anesthetists for facilities that have vacant Anesthetist positions @ Rs. 1000 per case x 120000 10.1.2.5. Hiring Paediatrician for facilities where there are vacant Paediatricians positions @ Rs. 35,000 / month (2 per district) 10.1.2.6 Hiring Gynaecologists for facilities that have vacant positions @ Rs. 650 per case x 75000 cases.	4115913.00	1028978.00	1028978.00	1028978.00	1028978.00	4115913.00	5144891.25

24	Other Contractual Staff 9.1 Fast-Track Training Cell in SIHFW 9.2 Filling Vacant Position at SIHFW/Hiring Consultant at SIHFW 10.1.1 Honorarium of Voluntary @ of 1200/- PA x 3106 No.	86884.25	21721.06	21721.06	21721.06	21721.06	86884.25	108605.31
25	Incentive/Awards etc. 8.2.1 Incentive for ASHA per AWW center (80000x200 per month) and incentive to ANMs per Anganwari Center under Muskan Programme (@80000 x Rs. 150 Per Month)	6276737.94	1569184.49	1569184.49	1569184.49	1569184.49	6276737.94	
26	9.3.1 Monitor Civil Work for Operationalisation of FRU 10.4.1 Facility improvement for establishing New Born Centres at 76 FRUs across the state - @ Rs. 50,000 / per FRU	100000.00	100000.00	—	—	—	100000.00	125000.00
27	Minor civil works for operationalisation of 24 hour services at PHC's 10.4.2. Facility improvement for establishing New Born Centtres at PHC's across the state - @ Rs. 25,000 / PHC	175000.00	43750.00	43750.00	43750.00	43750.00	175000.00	218750.00
	Total Infra + HR	12722535.19	2880633.75	3280633.75	3280633.75	3280633.75	12722535.01	15903168.76

28	10.4 Sub-centre rent and contigencies @ 1770 no. x Rs. 500 /- x 60 months	733500.00	150000.00	19450 0.00	1945 00.00	19450 0.00	733500.00	916875.00
	Total	733500.00	150000.00	19450 0.00	1945 00.00	19450 0.00	733500.00	916875.00
29	Skilled Birth Attendance / SBA 12.1.2 Skilled Attendance at Birth / SBA - Two days Reorientation of the existing trainers in Batches 12.1.3 Strengthening of existing SBA training centres 12.1.4 Setting up of additional SBA training centre - one per district 12.1.5 Training of staff Nurses in SBA (batches of four) 12.1.6 Training of ANM's /LHVs in SBA (batch size of four) 20 batches x 38 districts x Rs. 59,000 /-	1257600.0 0	374400.0 0	29440 0.00	2944 00.00	29440 0.00	1257600.00	1572000.00
30	11.3.4 MTP training 12.1.6.1 Training of Nurses / ANM's in safe abortion 12.1.8 Training of Medical Officers in safe abortion	25000.00	–	25000.0 0	–	–	25000.00	31250.00
31	11.5.1 MNCI 12.2.1.1 TOT on IMNCI for Health and ICDS worker 12.2.1.2 IMNCI Training for Medical Officers (Physician) IMNCI Training for all Health Workers 12.2.1.4 (Physician) IMNCI Training forANM's / LHV's / AWW's 12.2.1.6 followup training (HEs. LHVs)	5628015.0 0	1407003. 75	14070 03.75	1407 003.7 5	14070 03.75	5628015.00	7035018.75

32	11.8.2 DPMU Training 12.5.1 Trainaing of DPMU staff @ 38 x Rs. 10.000 12.5.2 Training of SHSB/DAM/BHM on accounts at Head Quarter level @ 6 x 1500 x 12 = 1,08,000/-+ DAM=38x1500x4 +BHM=538x1500x4 12.5.3 Training for ASHA Help Desk to DPM's (38), Block Level organisers (533) and MOICs (533), @ 1104 x1000/-	86000.00	16500.00	16500.00	36500.00	16500.00	86000.00	107500.00
	Total Training	6996615.00	1797904.00	1742904.00	1737904.00	1717904.00	6996615.00	8745768.75
33	12.2 Development of State BCC/IEC strategy 13.3 Concept and material deveopment workshops by State BCC/IEC Cell 13.8 Stablishment cost of State BCC cell/IEC 13.10 Technical support at District level	25000.00	12500.00	0.00	12500.00	0.00	25000.00	31250.00

DHS SA

34	12.4 Other activities 13.4 State Level events 13.5 District level events (Radio, TV, AV, Human Media as per IEC strategy dissemination) 13.6 Printed Material (Poster, bulletin, success story reports, health calendar, Quartarly magazines & diaries etc.) 13.7 Block level BCC interventations (Radio, Kalajatth and for IEC strategy dissemination) 13.11 Media Advertesements on various health related days 13.12 Various advertisements/tender advertisements /EOIs in print media at state level 13.13 Developing mobile hoarding Vans and A V Van for state and district 13.14 Hiring and IEC consultancy at state level for operationation of BCC strategy. (@ Rs. 50000 x 1x12) 13.16 Implementation of specific interventions including innovations of BCC Strategy plans block level 13.17 Implementation of specific interventions including innovations of BCC strategy /plans District level (rs. 5000 x38x12) 13.18 Implementing need based IEC Activities in urban Areas (Support for Organization of need based IEC Activities in Urban Areas) (Rs. 50000 x9x2) 13.19 Capacity building of frontline functionaries (ANM, ASHA) in IPC skills building 12.30 Research, M&E, IEC prototypes etc.	1039000.00	259750.00	25975 0.00	2597 50.00	25975 0.00	1039000.00	1298750.00
	Sub - total IEC/BCC	1064000.00	272250.00	25975 0.00	2722 50.00	25975 0.00	1064000.00	1330000.00

35	13.1.1 Procurement of equipment 14.2. Equipments for EmOC services for identified facilities (PHC,s CHCs) @ Rs 1 Lac/facility/year (in two districts - kishanganj and Jehanabad) 14.4 Equipments / instruments for Blood Storage Facility / Bank at facilities 14.6. Equipments / instruments, reagents for STI/ RTI services @ Rs. 1 Lac per district per year	132894.74	33223.68	33223.68	33223.68	33223.68	132894.74	166118.43
	Total Procurement with in District	132895.00	33224.00	33224.00	33224.00	33224.00	132895.00	166118.75
36	14.2 Strengthening of District Society/DPMU 16.2.1 Contractual Staff for DPMSU recruited and in position	739184.00	184796.00	184796.00	184796.00	184796.00	739184.00	923980.00
37	14.3 Strengthening of Financial Management Systems 16.3.1. Training in accounting procedures 16.3.2. Audits 16.3.2.1. Audit of SHSB/DHS by CA for 2009-10 16.4 Appointment of CA 16.4.1 At State level 16.4.2 At District level 16.5 Constitution of Internal Audit wing at SHSB	24000.00	6000.00	6000.00	6000.00	6000.00	24000.00	30000.00
38	14.4 Other activities (Programme management expenses, mobility support to state, district, block) 16.1.2 Provision of mobility support for SPMU staff @ 12 month x Rs. 10.00 lacks and Updgration of SHSB Office 16.2.2 Provision of mobility support for DPMU staff @ 12 month x 38 districts x Rs. 69945,17/-	839342.10	209836.00	209836.00	209836.00	209836.00	839342.00	1049177.50

	Total Prog. Mgt. with in District	1818526.00	454632.00	454632.00	454632.00	454632.00	1818526.00	2273157.50
	PART-B							0.00
1	District Allocation (Part B)	116886542.00	27223355.00	35972152.00	27469280.00	26221754.00		0.00
1	1.12 ASHA Support System at District Level	36000.00	0.00	12000.00	12000.00	12000.00	36000.00	
2	1.13 ASHA support System at Block Level	1500000.00	375000.00	375000.00	375000.00	375000.00	1500000.00	
3	1.14 ASHA support System at Village Level	83417.00	20854.00	20854.00	20854.00	20854.00	83417.00	104271.25
4	1.15 ASHA Trainings	0.00	0.00	0.00	0.00	0.00	0.00	
5	1.16 ASHA Drug Kit & Replenishment	420000.00	0.00	0.00	420000.00	0.00	420000.00	
6	1.17 Emergency Service of ASHA	0.00	0.00	0.00	0.00	0.00	0.00	
7	1.18 Motivation of ASHA	1175950.00	293987.50	293987.50	293987.50	293987.50	1175950.00	
8	1.19 Capacity Building Academy Support Programme	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	1.20 ASHA Divas	1512240.00	378060.00	378060.00	378060.00	378060.00	1512240.00	
10	1.21 Untied Fund for Health Sub- Centre . Additional Primary Health Centre and Primary Health Centre	2631000.00	657750.00	657749.00	657752.00	657749.00	2631000.00	3288750.00
11	1.22 Village Health and Sanitation Committee	4435000.00	732265.00	1485234.00	1485234.00	732267.00	4435000.00	5543750.00
12	1.23 Rogi Kalyan samiti	1500000.00	1500000.00	–	–	–	1500000.00	1875000.00

13	2.1 Construction of HSCs	7600000.00	1900000.00	1900000.00	1900000.00	1900000.00	7600000.00	9500000.00
14	2.2 Construction of residential quarters of 150 old APHCs for staff nurses (3000000)	3000000.00	750000.00	750000.00	750000.00	750000.00	3000000.00	3750000.00
15	2.2 Construction of buildings of where land is available (37967000/51 APHCs)	5315000.00	1328750.00	1328750.00	1328750.00	1328750.00	5315000.00	6643750.00
16	2.3 Upgradation of CHCs as per IPHS standards	16000000.00	4000000.00	4000000.00	4000000.00	4000000.00	16000000.00	20000000.00
17	Infrastructure and Service improvement as per IPHS in 48 (DH & SDH) Hospitals for accreditation or ISO : 9000 Certification	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	2.5 Upgradation of ANM Training Schools	500000.00	–	500000.00	–	–	500000.00	625000.00
19	2.6 Annual maintainance Grant	1500000.00	375000.00	375000.00	375000.00	375000.00	1500000.00	1875000.00
20	3.1A Incentive for PHCs Doctors and Staff's	452996.00	0.00	226498.00	226497.576	0.00	452996.00	566245.00
21	3.1B Salaries for Contractual Staff Nurses	6452158.00	1613039.00	1613039.00	1613039.00	1613040.60	6452158.00	8065197.50
22	3.1 C Contracat Salaries for ANM's	3240000.00	810000.00	810000.00	810000.00	810000.00	3240000.00	4050000.00
23	3.1 D Mobile Facility for All Health functionaries	1125703.565	281426.00	281425.56	281426.00	281426.00	1125703.565	1407129.46
24	3.2 Block Programme Management Unit (528000/- per PHC's) 533-398=135 @ 600000	5431969.981	1357992.00	1357992.00	1357991.98	1357994.00	5431969.981	6789962.48
25	3.4 Additional Main Power for NRHM	468000.00	–	156000.00	156000.00	156000.00	468000.00	585000.00

26	4.1 102- Ambulance Service (State - 806400) @ 537600 x 6 District	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	4.2 1911- Doctor on Call and Samadhan	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	4.3 Additional PHC Management by NGO's	2718000.00	679500.00	67950.00	6795 00.00	67950.00	2718000.00	3397500.00
29	4.6 Services of Hospital waste treatment and Disposal in all Government Health facility up to PHC's in Bihar (IMEP)	1674300.00	0.00	55810.00	5581 00.00	55810.00	1674300.00	2092875.00
30	Dialysis unit in various Government Hospitals in Bihar	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	4.8 Setting of Ultra - Modern Diagnostic Centres in Regional Diagnostic Centres (RDCs) and all Government Medical Collage Hospitals of Bihar	2400000.00	0.00	1200000.00	600000.00	60000 0.00	2400000.00	3000000.00
32	4.11 Operationalising MMU	4212000.00	1053000.00	10530 00.00	1053 000.00	10530 00.00	4212000.00	5265000.00
33	4.14Monitoring and evaluation (State,District and Block Data Centre)	1260000.00	315000.00	31500 0.00	3150 00.00	31500 0.00	1260000.00	1575000.00
34	5.1 Delivery Kits at the HSC/ ANM/ASHA (no. 200000 xRs. 25/-)	184605.7572	0.00	73842.76	110763.00	0.00	184605.7572	230757.20
35	5.2 SBA Drug kits with SBA-ANMs/Nurses etc (no. 50000 /38x Rs. 245/-)	114420.00	0.00	57119.85	57299.85	0.00	114420.00	143025.00
36	5.3 Availability of Sanitary Napkins at Govt. Health Facilities @ 25000/district/Year	25000.00	0.00	25000.00	0.00	0.00	25000.00	31250.00
37	5.4 Procurement of beds for PHCs to DHs	1473840.00	1473840.00	0.00	0.00	0.00	1473840.00	1842300.00

38	6.1 Cost of IFA for Pregnant & Lactating mothers (Details annexed)	447292.00	0.00	447292.30	0.00	0.00	447292.00	559115.00
39	6.2 Cost of IFA for (1-5) years children (Details annexed)	764473.0563	0.00	764473.06	0.00	0.00	764473.0563	955591.32
40	6.3 Cost of IFA for adolescent girls (Details annexed)	701295.00	0.00	701294.70	0.00	0.00	701295.00	876618.75
41	9 Refurbishment of existing cold chain room for direct storage in all direct with proper electrification, earthing for electrical cold chain equipment and sheives and dry space for noon electrical cold chain equipment and logistics @ Rs. 300000 lacks per district x38 districts	700000.00	100000.00	200000.00	200000.00	200000.00	700000.00	875000.00
42	Earthing and wiring of existing cold chain rooms in all PHC's @ Rs. 10000 /-per PHC x533 PHC's	100000.00	50000.00	50000.00	0.00	0.00	100000.00	125000.00
43	10.1 Preparation of District Health Action Plan (2 Lacks per district x 38)	100000.00	0.00	0.00	100000.00	0.00	100000.00	125000.00
44	11. Mainstreaming Ayush under NRHM	9028800.00	0.00	3009600.00	3009600.00	3009600.00	9028800.00	11286000.00
45	13.2 Equipment for ICU	1705263.00	0.00	1705263.00	0.00	0.00	1705263.00	2131578.75
46	13.4 Equipment for the labour room	2401466.2	2401466.2	0.0	0.0	0.0	2401466.2	3001832.75

47	13.5 Equipments for SNCU & NSU	3772178.00	0.00	3772178.00	0.00	0.00	3772178.00	4715222.50
48	13.6 NSV Kits	20000.00	–	20000.00	–	–	20000.00	25000.00
49	13.7 IUD insertion Kit	15000.00	–	15000.00	–	–	15000.00	18750.00
50	13.8 Minilap sets	39474.00	–	39474.00	–	–	39474.00	49342.50
								0.00
Part - C RI								
1	Mobility Support to District Officials Rs. 50000/- per District	50000.00	12500.00	12500.00	12500.00	12500.00	50000.00	

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2	Cold Chain Maintainance for AMC @ Rs. 2000/- per machine per yaar for 2200 machines (DF+ILR) and 10 WIC and 3 WIF @ Rs. 10000/- per year and maintenance of vaccine vans @ Rs. 25000/- per van for 47 vans. 2200000/- for AMC given at state level to one agencies for repair of existing ILR & DF has been deducted from Rs. 5000000/- alloted and the remaining Rs. 2800000/- lacks is divided for WIC/WIF maintenance of vaccine vans as per approved rates. The final remaining amount of 1430000/- could be utilized for minor repair for districts and regional cold chain stores among the districts @ Rs. 2585 aprox per year per cold chain stores for minor repairs.	10000.00	—	—	5000.00	5000.00	10000.00	
3	Cold Chain Maintainance for AMC @ Rs. 2000/- per machine per yaar for 2200 machines (DF+ILR) and 10 WIC and 3 WIF @ Rs. 10000/- per year and maintenance of vaccine vans @ Rs. 25000/- per van for 47 vans. 2200000/- for AMC given at state level to one agencies for repair of existing ILR & DF has been deducted from Rs. 5000000/- alloted and the remaining Rs. 2800000/- lacks is divided for WIC/WIF maintenance of vaccine vans as per approved rates. The final remaining amount of 1430000/- could be utilized for minor repair for districts and regional cold chain stores among the districts @ Rs. 2585 aprox per year per cold chain stores for minor repairs.	50000.00	12500.00	12500.00	12500.00	12500.00	50000.00	

4	Minor Repair	28445.00	25000.00	3445.00	—	—	28445.00	
5	For 3565 Slums and 14385 undeserved areas @ Rs. 350/- per month per slum for one session. *slum @ 10000 population (each AWTC in slum has 1500 population , therefore 7 slums = 10000 population	886200.00	184625.00	29540 0.00	2954 00.00	11077 5.00	886200.00	
6	Alternate vaccinators honrarium (Detail in separate sheet)	70000.00	17500.00	17500. 00	1750 0.00	17500. 00	70000.00	
7	Alternate vaccine delivery in hard to reach areas in 4500 session per month @ Rs. 100 per session.	130800.00	32700.00	32700. 00	3270 0.00	32700. 00	130800.00	
8	Alternate vaccine delivery in other area @ Rs. 50/- per session for sessions 17000 ANM's for 104 days.	1039200.00	259800.00	25980 0.00	2598 00.00	25980 0.00	1039200.00	
9	Computer Assistant support for district level @ Rs. 8000/- per person per month for one Computer Assistant in 38 Districts.	96000.00	24000.00	24000. 00	2400 0.00	24000. 00	96000.00	
10	Quaterly review meeting exclusive for RI at District level with one block MO's, CDPO's and other stake holders @ Rs. 100/- per participants for 5 participants per PHC's 515	20000.00	5000.00	5000.0 0	5000. 00	5000.0 0	20000.00	
11	Quaterly review meeting exclusive for RI at block level @ Rs. 50/- per participants as honorarium for ASHA and Rs. 25/- per persons for meeting expenses for 80000 ASHA's	202800.00	50700.00	50700. 00	5070 0.00	50700. 00	202800.00	

12	District level Orientation for two days for ANM's MPHW, LHV, Health Assistants, Nurse, Mid Wife Bees and other specialist as per training norms of RCH for 9000 persons in 600 batches.	0.00	0.00	0.00	0.00	0.00	0.00	
13	One day cold chain handler training for block level cold chain handlers by State and District Cold Chain Officers in 28 batches for 542 cold chain handlers.	14000.00	14000.00	—	—	—	14000.00	
14	One day training of block level Data handlers by DIO's and District Cold Chain Officers for 542 persons.	11000.00	11000.00	—	—	—	11000.00	
15	To develop microplan at subcentre level @ Rs. 100/- per subcentre.	22500.00	11250.00	11250.00	—	—	22500.00	
16	For Consolidation of microplans at block levels @ Rs. 1000/- per block/PHC's (515) and at District level @ Rs. 2000/- per district for 38 districts.	12000.00	—	12000.00	—	—	12000.00	
17	POL for vaccine delivery from state to district to PHC's / CHC's @ Rs. 100000/- per district for 38 districts.	100000.00	25000.00	25000.00	25000.00	25000.00	100000.00	
18	Consumables for Computer including provision for Internet Access for RIMS Rs. 400/- per month per district for 38 districts.	4800.00	1200.00	1200.00	1200.00	1200.00	4800.00	
19	Twin bucket @ Rs. 400/- per PHC's /CHC per year for 515 PHC's.	4000.00	—	4000.00	—	—	4000.00	

20	Red / Black plastics bags etc. @ Rs. 2 per session for 17000	10800.00	—	10800.00	—	—	10800.00	
21	Bleach / Hyphochlrorite solution @ Rs. 500/- per PHC's /CHC per year for 515 PHC's	5000.00	—	5000.00	—	—	5000.00	
22	Honorarium + TA to Participants @ Rs. 400/- per participants.	8800.00	8800.00	—	—	—	8800.00	
23	No. of Cold Chain Handler (2 per PHC's & 2 per districts)	0.00	0.00	0.00	0.00	0.00	0.00	
24	Honorarium for trainers / faculty @ Rs. 600/- per day (subject to atleast 2 lecture per guest faculties for one days) for one days.	600.00	600.00	—	—	—	600.00	
25	Working lunch and refreshment Rs. 200/- per participants + faculty per day for one day	4600.00	4600.00	—	—	—	4600.00	
26	Honorarium + TA to participants (Data Handler) @ Rs. 400/- per participants.	4800.00	4800.00	—	—	—	4800.00	
27	Honorarium for trainers / Faculty @ Rs. 600/- per day (subject to atleast 2 lecture per guest per day) for one day.	600.00	600.00	—	—	—	600.00	
28	Working lunch and refreshment Rs. 200/- per participants + faculty per day for one day	2600.00	2600.00	—	—	—	2600.00	

29	Incidental Exp. For Phtocopy, Job aids , flip Charts, TV LCD hiring etc. @ Rs. 250/- per participants per day for one day .	3000.00	3000.00	—	—	—	3000.00	
30	Honorarium for ulternate vaccinators @ Rs. 1400/- per month	0.00	0.00	0.00	0.00	0.00	0.00	
31	One month Honorarium for Break Period for Contractual ANM's @ Rs. 1400/- per ANM	70000.00	17500.00	17500.00	17500.00	17500.00	70000.00	

Part - C Pulse Polio

	District	H-t-Teams	Mobile Teams	Mela Teams	OneMan Teams	Total Teams	Transit Teams	
1	SAHARSA	7630	345	383	235	10518	1925	
2	Per Diem to Vaccinators @ Rs. 75 per day per Vaccinators for actual working day	7800375.00	2344594.00	1555594.00	1555594.00	2344593.00	7800375.00	
3	Per Diem to Supervisors @ Rs. 75 per day per Supervisor for actual working day	1014750.00	306187.00	201188.00	201188.00	306187.00	1014750.00	
4	Per Diem to Cold Chain Handler per sub-depot 1, @ Rs. 75 per day for actual working day	334125.00	98343.00	68719.00	68719.00	98343.00	334125.00	

5	3 Vehicles per district HQ and 1 vehicle per sub-depot for 5 days @ Rs. 650 per vehicle per day (hiring with POL)	2470000.00	752375.00	482625.00	482625.00	752375.00	2470000.00	
6	4 Ice Packs per Vaccination team / Supervisor & 20 Ice Packs per Sub-Depot / Depot per day @ Rs. 3 per Ice Pack for 5 days & Rs. 3000/ for HQ	1093740.00		436260.00	328740.00	328740.00	1093740.00	
7	Mobility support to Supervisors @ Rs. 100 per day per supervisor for actual working day	1335000.00	4037502.00	263750.00	263750.00	403750.00	1335000.00	
8	Supplies & Logistics @ Rs. 25 per team & per Supervisor for the whole activity period	330600.00	99425.00	65875.00	65875.00	99425.00	330600.00	
9	IEC & Social Mobilization @ 350/ per 40 H-t-H Teams for 1 Days	66765.00	20133.00	13250.00	13249.00	20133.00	66765.00	
10	Contingency fopr Xerox, Stationery etc. for Dist HQ Rs. 3000/- & for each PHC @ Rs. 1750/-per area for the whole activity period	222500.00	62750.00	48500.00	48500.00	62750.00	222500.00	
11	Per Diem to Vaccine Cold Chain Handler at Dist. HQ 5 person & at PHC 3 person(including 1 depotholder) @ Rs. 50 per person per day for 5 days	142500.00	42750.00	28500.00	28500.00	42750.00	142500.00	
12	Support to WIC for maintenance, vaccine transport from PHI Patna & payment of per diem to 2 vaccine handler @ Rs. 50 per day for 7 days	200000.00	60000.00	40000.00	40000.00	60000.00	200000.00	
13	Support to districts @ Rs. 2000 per dist & @ Rs. 1000 per PHC for lifiting vaccine from WIC/District	130000.00	38500.00	26500.00	26500.00	38500.00	130000.00	

	B - Team Activity							
15	B - Team Activity	1838350.00	571178.00	347997.00	347998.00	571177.00	1838350.00	2297937.50

Part - D (Blindness)								
S.No.	Head	State Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total (Q1 To Q4)	
1	Consolidated Fund allocation	483317	105204	167704	210408	-	483316	604145.00
2	Cataract Operation & School Eye Screening Programme	33653.00	84163.00	84163.00	168327.00		336653	420816.25
3	Vision Centre	50000.00	0.00	50000.00	0.00	0.00	50000	62500.00

DHARSA

4	Recurring GIA For Eye Donation Centre	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part - D (IDD, National Iodine Deficeency Disorder Control Programme)								
S.No.	Head	State Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total (Q1 To Q4)	State Approved Budget Raised By 25 %
1	National Iodine Deficeency Disorder Control Programme	47233.00	0.00	15744.00	15744.00	15744.00	47232.00	59040.00
Part - D (IDSP)								
S.No.	Head	State Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total (Q1 To Q4)	State Approved Budget Raised By 25 %
1	IDSP	876538.00	219135.00	219135.00	219135.00	219135.00	876540.00	1095675.00
Part - D (Leprosy)								
S.No.	Head	State Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total (Q1 To Q4)	State Approved Budget Raised By 25 %
1	Fund allocation	544875	136219	136219	136219	136219	544876	681095.00