NATIONAL RURAL HEALTH MISSION

DISTRICT **LAKHISARAI**

DISTRICT HEALTH ACTION PLAN

(2010-2011)

GOVERNMENT OF BIHAR

Preface

It is our pleasure to present the Lakhisarai District Health Action Plan for the year 2010-11. The District Health Action Plan seeks to set goals and objective for the district health system and delineate implementing processes in the present context of gaps and opportunities for the Lakhisarai district health team.

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

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

C.S. cum Secrectary

District Health Society

Lakhisarai

Table of Contents

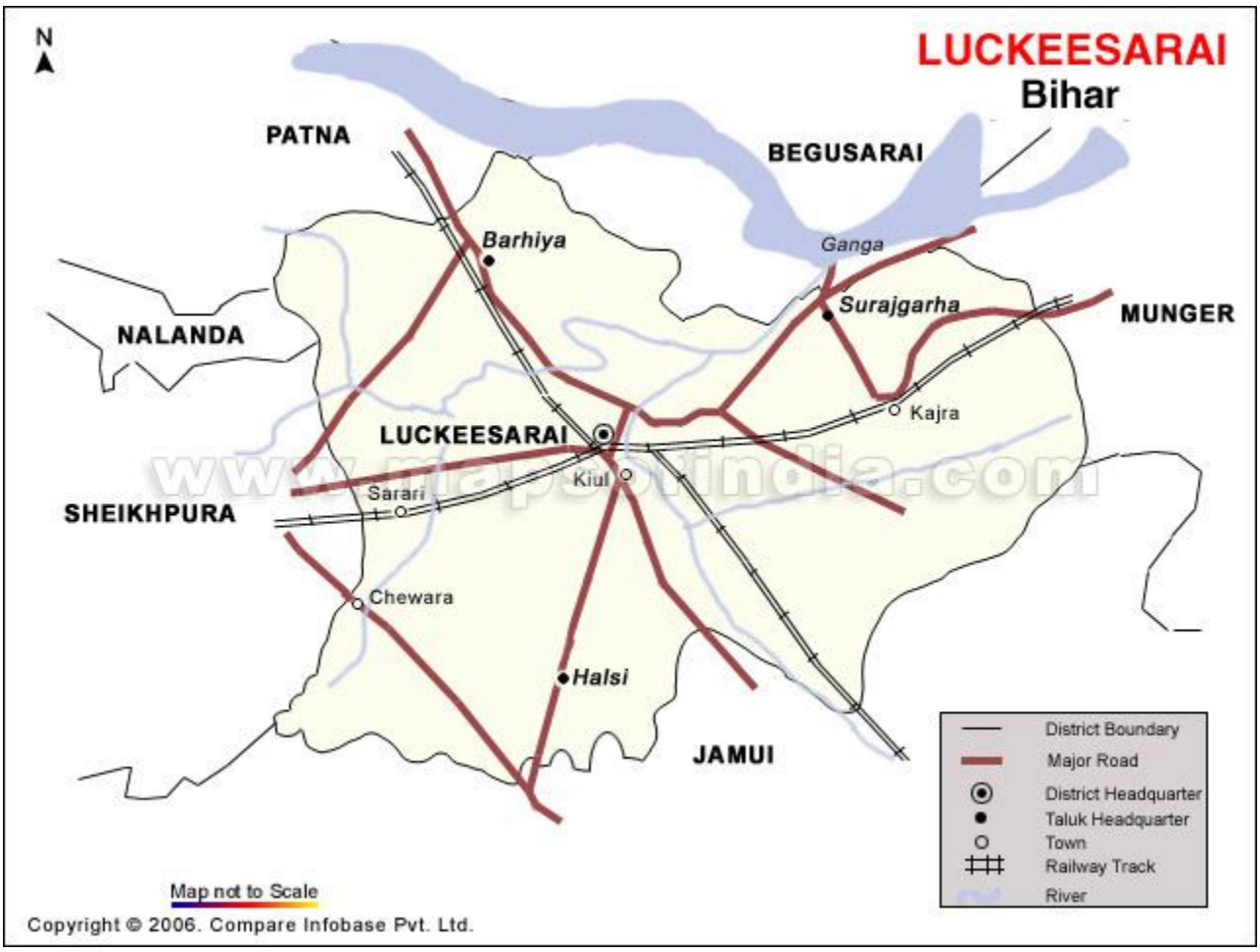
Introduction

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

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

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

Profile of lakhisarai District



Geography

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

Boundary- East Munger district, west Shekhpura district, North west Nalanda district and patna district, north begusarai district west south to south covered by Jamui district.

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

Population- As per 2001 Census (provisional) statistics, total population of Lakhisarai is 8,02,225 out of which the male population is of 4,17,672 and that of the female is 384553. At present 2009 it is about 9,41,277 approx. out of which the male population is of 4,90,076 and that of the female is 4,51,201.

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

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

Administrative Units

1. No. of Police District : 1
2. No. of Sub-Divisions : 1
3. No. of Blocks : 07
4. No. of PHC : 05
5. No. of Circles : 07
6. No. of Police Stations :09
7. No. of Panchayats : 80
8. No. of Villages : 494

History

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

Noted Historian Dr. D.C. Sarkar during his visit, found some more evidences on the basis of which, he also confirmed that this place was very important "Krimila" Subject during Pal administration. Monument of Madan Pal of period 1161-1162 was found in Balgudar consist Narayana statue as Krimila Subject. Chinese traveler Huen Tsang described this place having 10 Buddha mathas and more than four hundred Buddhists resided here. Most of the Buddhists living here were Heenyanis. There were 10 temples also of Hindus and people lived here with peace and harmony. People of that time used to live in a very planned manner. Also, according to historian Sri Radha Krishna Chaudhary all the Buddha mathas were situated in southern side of Ganga and the king of Pal Bans was also a Buddhist. This region of Lakhisarai was ruled over in seventh century to eleventh century by the administrator of Pal Bans. Sen family also ruled this region for some period in 11th century. Acharya Hawaldar Triapthi mentioned this region of Lakhisarai on the basis of "Mritika Mudra" kept in Nalanda. It means that Krimila was very important and Caval Gram was very important. The people believe that Krimila of that period is now Kiul Basti, which is situated in Southern side of Lakhisarai Railways station. Krimila was a center of Buddhist religion. Lord Buddha also stayed here for three years on Chaliya Mountain and Jantugram was nearby Chliya mountain and was situated on bank of river Krimikala, where Lord Buddha with his followers used to visit and deliver speech. It is convincing that Krimikala is now in Kiul river and Chaliya mountain is nothing but Jainagar mountain.

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

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

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

Table 1: Lakhisarai District at a Glance

Total Area	1228 sqkm.
Population in thousands	941277
Rural Population	802909 (85.3 %)
Urban Population	138368 (14.7 %)
Population density	653 per sq km
Number of sub-divisions	1
Number of blocks	07
Total no. of Panchayats	80
Number of villages	494
Sex Ratio	880
Percent of urban population	14.7
Percent of SC population	15.8 (148722)
Percent of ST population	0.7 (6589)
Female literacy	34
Male literacy	60.74
Total literacy	48
No. of Medical College	0
No. of Government of India Hospitals (military, railways, ESI, CGHS)	0
NGO Hospitals and centres undertaking RI with government vaccines	0
Total ICDS projects	07
Total Number of Anganwadi centres	802

Summary of DHAP process in lakhisarai

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

Summary Of The Planning Process
Training of district team for preparation of DHAP
Preliminary meeting with CMO, ACMO and DIO along with other concerned officials
Data Collection for Situational Analysis - MOIC and BHM meeting chaired by DM and CMO/CS
Block level consultations with MOICs and BHMs
Writing of situation analysis
District Planning workshop to review situation analysis and prepare outline of district health plan- the meeting was chaired by CMO and facilitated by 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
Printing and Dissemination

Health profile of Lakhisarai District

Table 2 : Lakhisarai Health Profile

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

Human Resources for Health in lakhisarai

Lakhisarai currently has 58 doctors sanctioned out of which 42 are present. Similarly 30 contractual positions are sanctioned for doctors against which only 13 are posted. So the total number of doctors present in the district is 55 against the total sanction of 88.

Table 3: Details of Existing Human Resource

Specialisation	Regular	Contract
MD Physician	4	0
Surgery	3	1
Gynaecologist	4	1
Paediatrician	4	0
Orthopaedics	2	0
Ophthalmologists	2	0
Pathology	0	0
ENT	0	0
Radiologist	0	0
Bio-chemistry	0	0
Physiology	2	0
Anaesthetist	2	0
Total	**23**	**02**

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

The total number of positions sanctioned under this category is 10 In addition to this, Eight regular Grade A nurses are posted, 61 Contractual post of A-Grade Nurse is sanctioned out which 16 are in position and selection process for rest is in progress.

22 positions for LHVs are sanctioned out of which 08 are in position and 14 are vacant. For regular ANMs 132 positions are sanctioned and 132 are in position. No posts of ANMs are vacant in the district. 102 positions for contractual ANMs are sanctioned and 72 are currently posted. All the contractual ANMs are posted at the Sub centre level.

Situation Analysis of Health Facilities

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

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

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

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

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

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

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

1. Situation Analysis: Health Sub centre level Infrastructure

Table 4: Sub centre Data

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

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

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

Table 5.1 Sub centre Details

	1. Sadar phc lakhisarai	2. Surajgarha	3. Halsi (Ramgarh chauk incl.)	4 Barhaiya
Total Number of Sub centres	28	35	21	18
ANMs regular	28	35	21	18
ANMs contract	20	34	11	09
ANM (Regular) Required	12	4	4	4
ANM ® Required	12	4	4	4
ANM residing at HSC	Nil	nil	Nil	Nil
Residential facility for ANM required	40	39	25	22
HSC in Govt building				
HSC in Panchayat building				
HSC in rented Building				
SC building under construction				
Building required				
Running water supply available	NA	NA	NA	NA
Water supply required	40	39	25	22
Cont. power Supply	NA	NA	NA	NA
Power supply required	40	39	25	22
Untied Funds				

2. Situation Analysis: APHC level Infrastructure

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

Table 6: APHC Infrastructure

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

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

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

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

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

Table 7: APHC Infrastructure

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

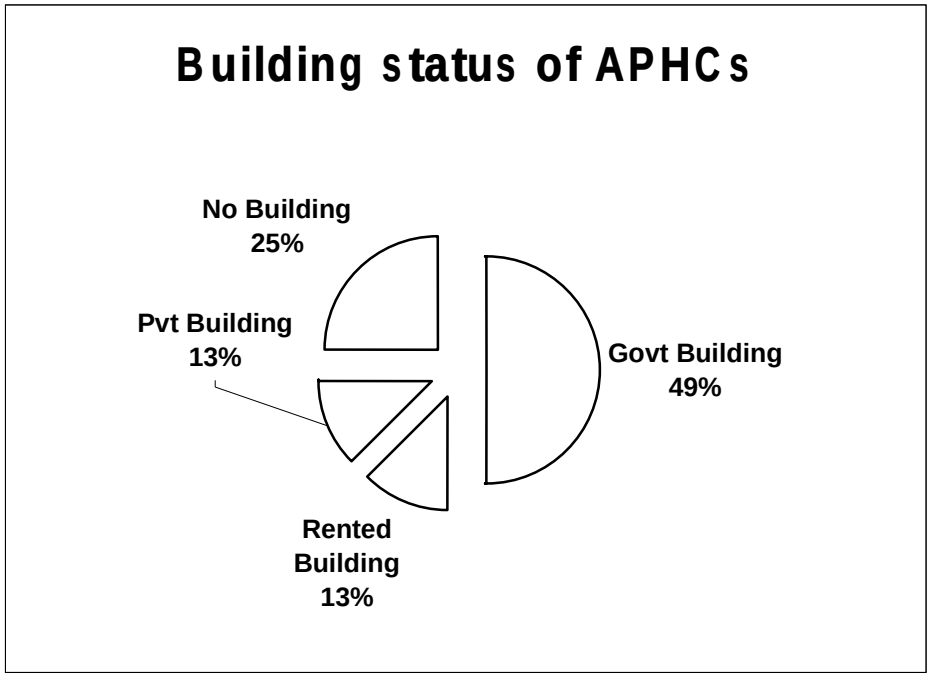


Figure 1 : APHC Infrastructure

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

4. Situation Analysis: APHC Human Resource

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

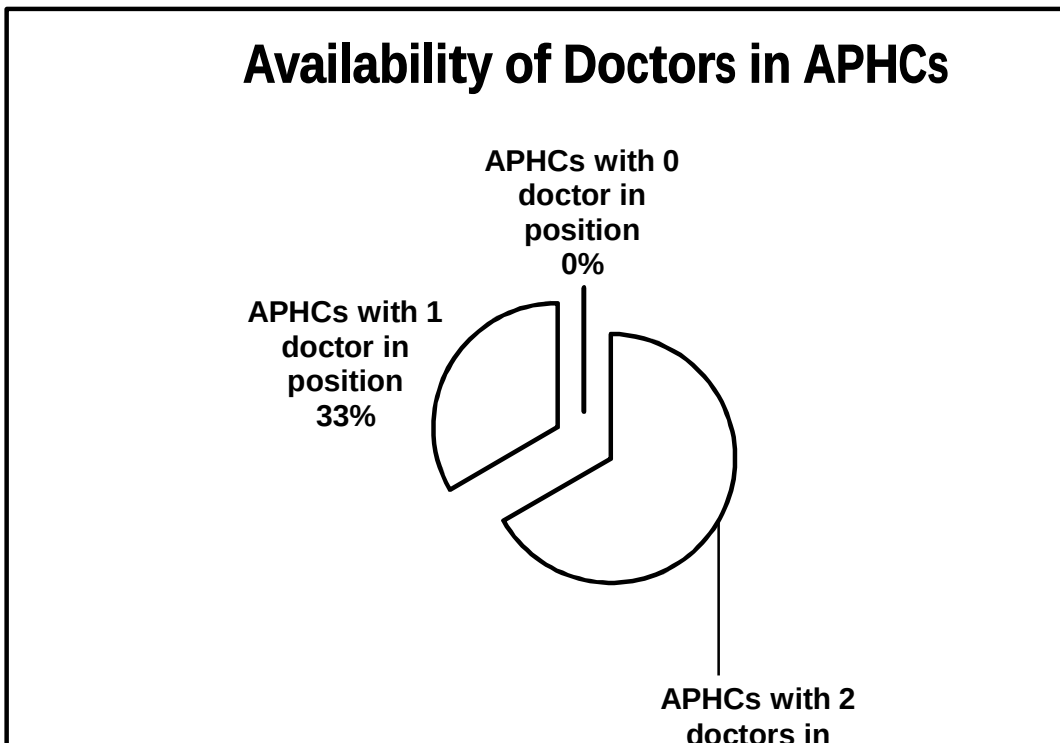


Figure: 2 APHC Human Resources

Table 8: APHC Human Resource

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

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

Situation Analysis: PHC Infrastructure

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

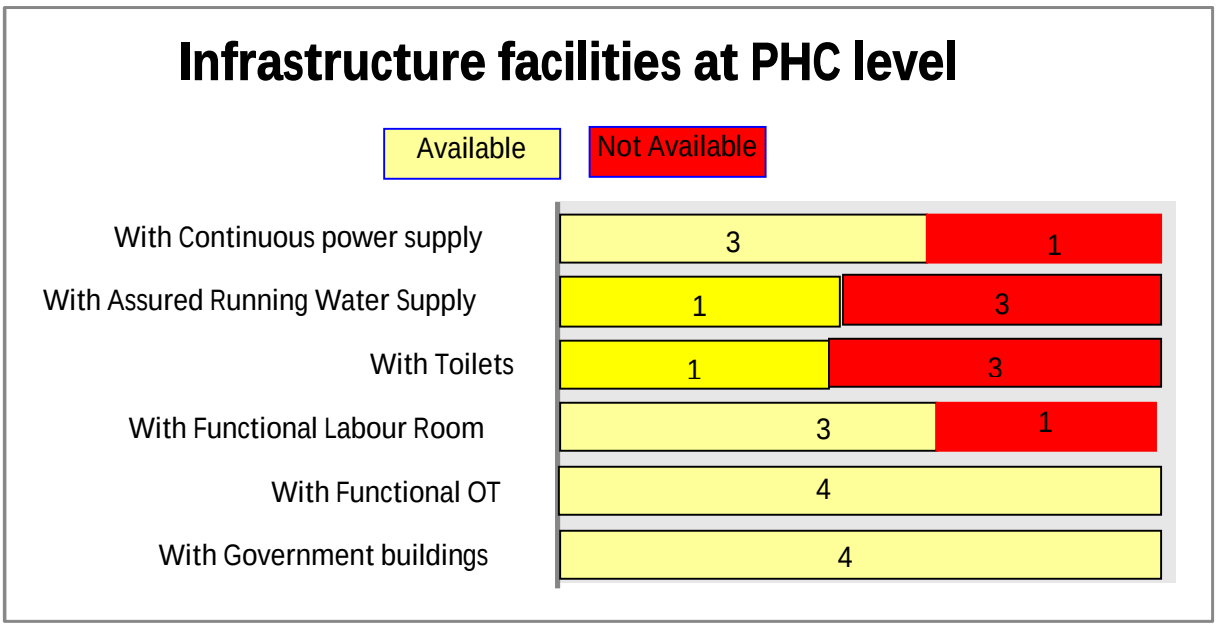


Figure: 3 Infrastructure at PHC

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

Table 9.1: PHC Infrastructure

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

A - Available; NA- Not available

5. Situation Analysis: PHC Human Resources

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

Table 20: Human Resources at PHC

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

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

Table 11: Human Resource at PHC

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

6. Situation Analysis: Support Services at PHCs:

Table 12: Support Services at PHC

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

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

Table 13: Support Services for PHCs (Detail)

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

7. Situation Analysis: Distyrict Hospital (DH) and Referral Hospitals (RH)

Table 14 : Human Resource at DH and RH

		Dist. Hosp. LAKHISARAI	Referral Barhaiya
Doctors	Sanctioned	16	4
	In position	7	4
ANMs	Sanctioned	0	0
	In Position	0	0
Laboratory Technician	Sanction	2	1
	in Position	1	0
Pharmacist/Dresser	Sanctioned	3	3
	in Position	1	1
Nurses	Sanctioned	28	4
	in position	4	4
Storekeeper	in position	1	1
Specialist	in position	0	0

8. Situation Analysis: District Hospital Lakhisarai

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 community in the district.

According to IPHS norms districts such as Lakhisarai with a population of more than 10 lakhs need a 300 bedded district hospital to perform efficiently all the roles described above. Yet the district hospital in Lakhisarai has only 30 beds functional and 100 bedded building is under construction. Huge resource investment is required to upgrade the facility to 300 bed levels. Sadar hospital Lakhisarai is situated in a spacious and clean building at Lakhisarai district, which is the District head quarter. The building is in average condition and the hospital has approx. all the basic facilities needed, such as running water supply, power supply, X-ray and pathological services. Sadar hospital is served by 5 doctors and 4 nurses. The hospital currently does have only one lab technician and has only one pharmacist/dresser and one Clerks without store keeper. The facility has functional ambulance, generator and X ray machine and pathology lab.

9. 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 indicates significant work pressure on all the PHCs in the district.

Table 15: Treatment of OPD Patients in PHCs

Name of PHCs	Jan	Feb	Mar	Apr	May	June	July
SADAR LAKHISARAI	4696	4344	4049	4023	5547	6157	7206
SURAJGARHA	1902	2196	2737	2628	3043	2952	3371
HALSI	2941	2836	2698	2592	3964	4505	6530
BARHAIYA	3533	3464	4533	4418	5188	5095	6300
Average	3268	3210	3504	3415	4435	4677	5852
Total	13072	12840	14017	13661	17742	18709	23407

Table 36: Treatment of OPD patients in PHCs

Name of PHC	Aug	Sept	Oct	Nov	Dec	Average for year 2008	Total for year 2008
SADAR LAKHISARAI	7909	7570	5925	5802	5738	5747	68966
SURAJGARHA	3160	2814	2170	2235	1797	2584	31005
HALSI	4877	5592	4297	3999	4968	4150	49799
BARHAIYA	3945	4719	4617	5188	4641	4637	55641
Average	4973	5174	4252	4306	4286	4279	51352
Total	19891	20695	17009	17224	17144	17118	205411

According to the available data, on an average, only Surajgarha PHC in lakhisarai attends 2584 patients in a month. PHCs like Halsi, Barhaiya on an average receive 4150 and 4637 patients in a month respectively. Sadar Lakhisarai.receives the highest number of patients with the number of OPD patients. This is certainly huge number in terms of work burden. Total patients attended by all the PHCs in year 2008 are two lakh five thousand four hundred eleven.
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.

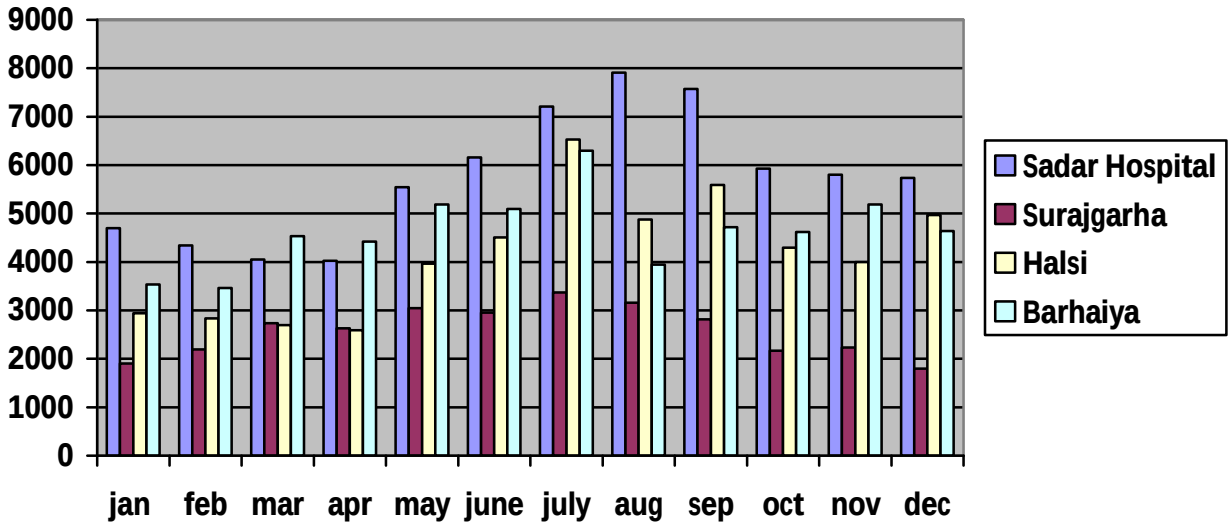


Figure 4: OutPatients Treated

Increase in the work burden in the monsoon months of June to September in both the years is quite evident from the graph. The number of outpatients rocketed to 23407 in july 2008. This fact 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.

10. Situation Analysis: Reproductive and child health

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

Table 17: Reproductive and Child Health

Sl.No.	Name of PHC	TT Vaccination	Measles Vaccine	Institutional Delivery	Family Planning
1	Sub Div. Hospital LAKHISARAI			3742	246
2	SURAJGARHA			4254	789
3	HALSI			968	0
4	BARHAIYA			2763	840
Total				**11727**	**1875**

Table 18: Revised National Tuberculosis Control Programme

Name of TU	Total no. of patients put on treatment	Annualised total case of detection rate	Number of new smear positive case put on treatment	Annualised NSP case detection rate (2008)	Cure rate for cases detected in last 4 corresponding quarter (NSP)	Annulaised NSP case detection rate (2009)	Current rate
Sub Div. Hospital LAKHISARAI							
SURAJGARHA							
HALSI							
BARHAIYA							
Total							

11. Situation Analysis: Leprosy Control Programme

Table 19: Leprosy in Lakhisarai District

Current prevalence rate (per 10,000)	**1.92**
Current detection rate	1.92
Current number of patients	198
New cases detected in last year	217
Percentage of children in new cases	0.53
Percentage of disabled in new cases	0.03
% of SC in new cases	0.90
Percentage of ST in new cases	0
Total number of cured patients	316

12. Situation Analysis : Filaria Control Programme

Status of Filaria in the district is as follows:

Table 21: District level data on Filaria Cases

Indicators	Total No. of Cases in 2008
No. of Cases Reported	0
No. of Night Blood Sample Collected	0
No. of Hydrocele Operation done	0

13. Situation Analysis: Malaria Control Programme

Even though the number of malaria cases reported in Lakhisarai is not significant, Lakhisarai is a malaria endemic district.

Table 22: Malaria Data

PROGRESSIVE TOTAL														
Name of the PHC		**B.S. Coll.**	**B.S. Exam**	**Positive**			**Pf. Cases**			**R.T Given**	**Deaths**			
											Confirm		Suspect	
				Male	Female	**Total**	Male	Female	***Total***		M	F	M	F
Lakhisarai	2007		-	-	-	-	-	-	-	-	-	-	-	
	2008		-	-	-	-	-	-	-	-	-	-	-	
Surajgarha	2007		-	-	-	-	-	-	-	-	-	-	-	
	2008						-	-	-		-	-	-	
Barhaiya	2007			-	-	-	-	-	-	-	-	-	-	
	2008			-	-	-	-	-	-	-	-	-	-	
Halsi	2007		-	-	-	-	-	-	-	-	-	-	-	
	2008						-	-	-		-	-	-	
Total	2007						-	-	-		-	-	-	
	2008										-	-	-	
Malaria Clinic	2007													
	2008													

14. Situation Analysis: National Blindness Control Programme

This programme is carried out at the facilities available at Sadar Hospital, Lakhisarai and also through various school health camps. Salient information from the National Blindness Control Programme is given in the matrix below:

Table 23: National Blindness Control P Data

CATARACT PERFORMANCE	QUARTER – I			QUARTER – II			QUARTER - III			QUARTER - IV			TOTAL
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
DIST HOSPITAL (through NGO)	-	-	-	-	-	-	-	-	1004	0	-	0	1004
P.H.C (Private)	-	-	-	-	-	-	-	-	-	-	-	0	0
OTHERS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	-	-	-	-	-	-	-	-	**1004**	0	0	0	**1004**

15. Situation Analysis: Utilisation of RKS Funds

Under the aegis of NRHM, several innovative initiatives for better performance of facilities at 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 a 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 the Government sector who are responsible for the proper functioning and management of the facility. RKS generates, allocates, and spends the funds allotted to it to ensure well functioning, quality services. In Lakhisarai RKS have been set up in all of the PHCs except Sadar PHC Lakhisarai. Most of the PHCs have been using the RKS funds towards various services such as ambulance, X ray machines and generators

Table 24: Utilisation of RKS Funds

Name of Block	RKS Funds - amount available	RKS Funds -amount Utilised	Untied funds received	Untied funds used
Sub Div Hospital LAKHISARAI				
SURAJGARHA			482000	2000
HALSI				
BARHAIYA				

16. Situation Analysis : ASHA Training

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

Table 25: Selection and Training of ASHA

Target (Total no. of ASHA to be selected)= 802						
Total No. of ASHA selected(till date)= 637						
Sl.No.	**Name of PHC**	**Total Target**	**Total No. of ASHA selected**	**Total No. of ASHA not selected**	**Total No. of ASHA Trained**	**Total No. of ASHA Untrained (amoung selected)**
1	**SADAR PHC LAKHISARAI**	308	202	106	184	18
2	**SURAJGARHA**	239	234	05	184	50
3	**HALSI**	132	88	44	83	5
4	**BARHAIYA**	123	113	10	100	13
Total		**802**	**637**	**165**	**561**	**86**

Table 26: Aanganwadi workers in PHCs

Name of PHC	**No. of AWW**	
	Sanction	Present
SADAR PHC LAKHISARAI	308	252
SURAJGARHA	235	192
HALSI	132	123
BARHAIYA	123	121
Total	**802**	**688**

The District Health Action Plan provides the opportunity to identify gaps, innovate and invest in the public health system. The above situation analysis presents a detailed review of the status of infrastructure, human resources and services in the district. This analysis can be used as a baseline from which to design new strategies and approaches to achieve the goals of the National Rural Health Mission in lakhisarai.

Strengthening Health Facilities in Lakhisarai District

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

1. Sub centres

Objectives:

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

Infrastructure		
Situation analysis: As per the norm, 189 HSCs are required. Out of the total 189 subcentres requirement, 102 HSCs already exist and 24 already Sanctioned Of the existing 102 HSCs, 76 are in Government building, 3 are in rented building and 23 In Pvt building.		
Strategies	Activities	Budget
• Construction of 24 newly Sanctioned HSC + 26 HSC in Pvt building • Ensuring that the 12 Sub centres currently being constructed are constructed according to IPHS norms • Requisition for sanctioning of 63 HSCs • One blocks Surajgarha required HSC is more than 25-90% more than the existing Sub centres. Prioritizing setting up of total 63 new HSCs in these blocks. • Ensuring that the 76 Sub centres currently located in Government buildings in which 54 are already currently being renovated and 22 are needed reconstruction according to IPHS norms • Ensuring that the 54 sub centers currently being renovated according to IPHS norms	**For new construction** • Meeting with BD0/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.	**New construction** 24 HSC newly sancationed + 26 running in Pvt building * 650000 = 3,25,00,000/- **Reconstruction** 22 HSC running in govt building * 216000 = 4752000

• 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. • Furniture Required for all HSC	• Ensuring construction of HSC building as per IPHS norm along with residence for ANM and other health staff. **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 a building located in the identified priority blocks 2) for 26 HSCs operating without a building 3) 35 HSCs working from rented building	**Rent** for 24 newly sanctioned + 26 in Pvt building = 50* Rs.500.0*12 months=Rs.300,000.0 **Furniture for sub-centers** 102+24 * 10,000=Rs.12,60,000.0 (One time payment for 2 chairs, one table, one almirah, one bench**)**

Human Resources		
Situation analysis: All 74 HSCs have one regular and one contractual ANM posted at the Sub centre and 28 HSC have one regular ANM only. The contracts of the contractual ANMs renewed for three years. 24 newly sanctioned HSCs need to be sanctioned and appointed posts of regular and contractual ANMs.		
Strategies	Activities	Budget
• Renewing the contracts of the ANMs on contract • Appointment of regular and contractual ANMs for the newly sanctioned HSCs	**Appointment of ANMs for new HSCs** • Submission of proposal for the appointment of regular and contractual ANMs for the newly sanctioned HSCs • Holding interviews and issuing appointment letters	**Salaries for contractual ANMs** 24 new sactioned + 28 (under Process) + 74 = 126*Rs.6000.0*12= Rs. 90,72,000.0 **Salaries for regular ANMs (from treasury route)** 126* (Treasury info req.)*12=…?
Equipment		
Situation analysis: Most HSCs do not have equipment as per the IPHS norms		
Strategies	Activities	Budget
• 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 equipment • Ensuring timely repair of the equipment by the local agency • Ensuring quick replacement of non-functional equipment	• Identifying a local repairing agency • Training for the ANM and other health staff at the HSC in handling the equipment and conducting minor repairs. • Setting up of a district level equipment replacement unit	**For currently functional HSCs** 102* Rs.2000.0*2 (half yearly) = Rs.408,000/- **For newly Sanctioned HSCs** 24*Rs10,000.0= Rs.2,40,000.0
Drugs		
Situation analysis: Most HSCs do not have the drugs required as per IPHS norms		
Strategies	Activities	Budget
• Ensuring timely replenishment of essential drugs prescribed under IPHS standards • Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs.	• 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	**General purchase** 102+24= 126 * Rs.1000.0*4 (quarterly)=Rs 5,04,000.0 **Local purchase** (if

	locally • Providing basic training for management of drug reactions.	stock is limited at district level) 102+24= 126 *Rs.500.0*4 (quarterly)= Rs.2,52,000/-
Untied Funds		
Situation analysis: No HSCs received any untied funds because of problems in the opening of bank accounts		
Strategies	Activities	Budget
• Ensuring that HSCs receive untied funds.	• Opening Bank Accounts • Ensuring timely release of funds to HSCs	102+24 = 126*Rs.10,000/- = Rs.12,60,000/-

2. Additional Primary Health Centres

Objectives:

1. To ensure that lakhisarai 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

Infrastructure		
Situation analysis: As per the norm of 1 APHC (now termed as PHC) for every 30,000 population, lakhisarai requires a total of 32 APHCs (PHCs), of these 12 APHCs already exist and are functional. A total of 20 new APHCs (PHCs) are required in which 6 have been Sanctioned are 6 proposed. Of the existing 12 APHCs, 8 work in Government buildings, 4 working in Pvt buildings. Only 2 APHCs report power supply any APHC have not running water supply and 10 report no power supply. Any APHC have not toilets, labour room, residential facilities for MOs.		
Strategies	**Activities**	**Budget**
• 6 APHCs to be newly established and 12 APHCs should be set up to meet the PHC level IPHS norms. • Prioritising the setting up of APHCs in blocks such as Halsi which do not have any APHCs currently in south west region where Matasi Sanctioned as APHC and also in blocks where the gaps are more than 50% namely, Chanan, Ramgarh Chauk, Pipariya. A total of 20 APHCs need to be set up in these all the blocks as requirements. • Construction of buildings for the existing 12 APHCs working in Govt or Pvt buildings or without any building as per PHC level IPHS norms. • Ensuring the availability of labour room facilities, maternity 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 12 APHCs functional and 6 newly	**Construction of buildings for existing & proposed APHCs** • Meeting with BDO/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 HSCs. • 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.	**For construction (including MO and staff quarters)** **6** APHC newly sanctioned + 12 APHCs renovation: 6+12= 18 * Rs.1,500,000.0= Rs.27,000,000.0 **For rent (including MO and staff quarters)** 12 existing APHCs + 6 new =18 APHCs*Rs.2000.0*12 = Rs.432000/- **For Electrification** Rs.100,000.0 **For power backup** 18 APHCs* Rs72.0/hr* 8hrs/day*20 days/month*12 months=Rs.248,8320.0 **For running water supply** 18 APHCs*Rs.200,000.0/unit= Rs.36,00,000.0

sanctioned	• Ensuring power supply to all APHCs • Ensuring running water supply for 12 APHCs functional, 6 newly sanctioned and construction is being initiated for only 6 of the 20 new APHCs being operationalised this year.	

Human Resources

Situation Analysis: While posts of 2 MOs have been sanctioned for 12 APHCs, 6 newly sancation APHC require MO post sanctioning; only 5 APHCs function with 2 doctors in position while 7 APHCs have only 1 MO in position.
All 18 APHCs have 2 Grade A Staff Nurse positions sanctioned, 32 Grade A Staff Nurses are under selection process. All 18 APHCs have 2 ANMs sanctioned and 12 functional APHCs have 2 ANMs in position whereas 6 newly APHCs have none in position. Laboratory technicians are sanctioned in all APHCs but in position in only 1. Pharmacists are sanctioned in all APHCs but in position in only 7. Accountants are in position in 8 APHCs.

Strategies	Activities	Budget
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 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 all vacancies • Recruitment of Nurses for newly sanctioned 6 APHCs **ANMs** • Filling 12 ANM vacancies (Recruitment of two ANMs for each of the newly established 6 APHCs) **MPWs** • Appointment of 2 MPWs (M/F)	**For Rationalization of Doctors across facilities** • Reviewing current postings • Preparing a rationalization 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.	**Medical Officers** 12 functional + 6 newly sanction * 2 MO/APHC=36 MOs 36 MOs*Rs.20,000.0*12 months= Rs.8640,000/- **Nurse** 19*2=38 Nurses 38 Nurses*Rs.7,500.0*12 months=Rs3420000/- **MPWs (M/F)** 18*2=36 MPWs 36 MPWs* Rs.7,000.0*12 months=3024,000/- **ANMs** 6*2=12 12 ANMs*Rs.6000.0*12 months =Rs.8,64,000/-

for all 18 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	• 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 (permanent positions) • Hiring of clerks/accountants **Contract Renewal** • Renewal of contractual Post for the next three years or as per need based on performance.	**Lab tech** 12+6= 18-1=17 17 LabTech*Rs.7,000.0* 12 months=Rs14,28,000/- **Pharmacist** 18-7 = 11 11 Pharmas*Rs.7,000.0* 12 months=Rs9,24,000.0 **Accountant** 12+6 = 18*8000*12= Rs.17,28,000.00/-
Equipment		
Situation Analysis: Most APHCs do not have all equipment as per IPHS norms		
Strategies	Activities	Budget
• A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms • Rational fulfilling of the equipment required • Repair/replacement of the damaged equipment	• Monthly reporting of the equipment status, functional/non-functional • Purchase of essential equipment locally by utilizing the funds or through RKS funds • Identification of a local repair shop for minor repairs • Training of health worker for handling of the equipment.	**Existing APHCs** 12 APHCs*Rs.5,000.0*4 quarters=Rs240,000.0 **Operationalizing 6 APHCs** 6 APHCs*Rs20,000.0= Rs120,000.0
Drugs		
Situation Analysis: Most APHCs do not have a regular supply of drugs and do not have all drugs as per IPHS norms		
Strategies	Activities	Budget
• Ensuring timely replenishment of essential drugs prescribed under IPHS standards • Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs	• 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	**Existing APHCs** 12 APHCs* Rs.5000/-*4 quarters= Rs. 2,40,000/- **Operationalisation of 6 APHCs** 6 APHCs* Rs.30,000/-= 1,80,000/-

	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.	
Untied funds		
Situation Analysis: Currently since APHCs have not been upgraded to PHC level they do not receive any untied funds		
Strategies	Activities	Budget
• Ensuring that all APHCs receive untied funds as per the NRHM guidelines	• Ensuring that all APHCs receive untied funds as per the NRHM guidelines	18 APHCs*Rs.25,000.0= Rs.4,50,000/-
Operating 100% of APHCs on a 24*7 basis		
Strategies	Activities	Budget
• Operationlising all APHC and on priority basis 8 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 IPHS norms • Ensuring continuous power supply and power back up in these 12 APHCs. • Hiring Ambulance services for these 12 APHCs. • Outsourcing housekeeping and canteen services for these 12 APHCs (PHCs). • Sanctioning the post of an additional Staff Nurse at these 12 APHCs taking the total number of Staff Nurses posted at each APHC to 3. • Filling vacancies of Staff Nurses and ANMs in APHCs (PHCs) on a priority basis.	**For Upgradation of Infrastructure** • Meeting of DHS to plan upgradation of existing all APHCs in which 8 have their own building on priority. • Request to Building division to review, prepare layout, plan and make overall budget for upgradation of 12 APHCs (PHCs as per IPHS norms) with their own building **For power supply** • Ensuring power supply (PHCs) • Ensuring power back up by hiring a generator **For Ambulance services** • Hiring ambulance services 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.	**Upgradation of infrastructure** 12 APHCs * Rs.700,000/-= Rs.14,00,000/- **Setting up Pathological labs** 12 APHCs *Rs150,000.0= Rs. 1800,000.0 **Power back up** 12 APHCs* Rs.72/hr*24hr*30days*12 months=Rs.7464,960/- **Ambulance** 12 APHCs* Rs.15,000.0/month*12 month=Rs. 21,60,000/- **Electrification** 12 APHCs*Rs.100,000.0= Rs.1,200,000.0 **Water supply** 12 APHCs*Rs200,000.0 =Rs.2400,000.0 **Canteen funds**- 12 APHCs*Rs.60 per person*6

• Decentralisation of outreach duties including Routine Immunisation and weekly meeting to ANMs posted at these APHCs of at PHC level. • Rationalisation of doctors to APHCs of these blocks on a priority basis. • Filling vacancies of doctors of these APHCs on a priority basis • Appointment of Laboratory Technicians, Pharmacists, Accountant and MPWS (M/F) in these all APHCs and 8 (govt build) on a priority basis	• 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	people*30days*12months= Rs.15,55,200/- **Housekeeping Funds**-12*Rs.7000=Rs.84,000.00

3. Primary Health Centres

Objectives

1. To ensure that 100% of the PHCs are functional with full staff strength, functional Operation Theatres, Labour Rooms, Wards and Laboratory services, adequate equipment and drugs as per IPHS norms

Infrastructure		
Situation analysis: Lakhisarai has 4 PHCs in its 7 blocks whereas 2 PHCs are under construction in the 3 newly created blocks of pipariya, Chanan and Ramgarh Chowk where chanan block are under proposal for PHC. Each PHC currently has 6 beds. All 4 existing PHCs operate out of their own building. 2 PHCs have new building under construction and one suryagarha PHC have new buiding taken over. No one have functional OTs and functional labour rooms as per IPHS norms. The condition of the OT and labour rooms needs to be improved in nearly all of the PHCs. All the PHCs in require major repair work to make the Labour Room fully operational, Toilets; running water supply. 3 PHC have electricity connection and all have continuous outsourced power supply.		
Strategies	Activities	Budget
• Fully operationalise 2 newly constructed PHCs – Piparia & Ramgarh chowk • To phase out PHCs from blocks which already have a Referral Hospital and/or Sub-divisional Hospital so that there is no overlap of facilities providing the same level and nature of services. • Strengthening all PHCs to ensure basic facilities especially functional labour rooms and OTs. • Ensuring running water supply and drinking water supply in all PHCs • Ensuring power supply and power back up for all PHCs	**Fully operationalising 2 new PHCs** • To commission the Pipariya and Ramgarh Chowk PHCs fully equipped and staffed by 2009 -10. **Phasing out PHCs from blocks with Referral and SDH facilities** • Placing a proposal for phasing out of PHCs to District Health Society • Sending proposal approved by DHS to State Health Society for approval. **Strengthening existing PHCs to ensure that 100 % of PHCs are fully functional** • Setting up of fully functional Labour rooms and OTs. **Ensuring running water supply** • Requesting PHED to prepare a budget for provision of running water supply in all PHCs • **Ensuring power supply and power back up** • Hiring of generators for all PHCs	**Labour room** 6 PHCs* Rs.700,000.0= Rs.4,200,000.0 **OT with complete infrastructure** 6 PHCs* Rs.1,000,000.0= Rs. 6,000,000.0 **Setting up Pathological Laboratories** 6 PHCs* Rs150,000.0= Rs. 900,000.0 **Separate M/F Toilets** 6 PHCs* Rs.200,000.0= Rs. 1200,000.0 **Power back up** 6 PHCs*Rs.125/hr*24 hrs*30 days*12 months= Rs.64,80,000.0 **Water supply** 6 PHCs * Rs.200,000.0= Rs.12,00,000.0 **Building Maintenance fund** 6 PHCs*Rs100,000.0= Rs. 600,000.0

Human Resources		
Situation Analysis: All PHCs are expected to have a team of 6-7 doctors. Currently all PHCs have 3 or more doctors in position. Lakhisarai and Barhaiya have 06 doctors in position, Suryagarha and Halsi PHCs have 4 doctors in position. Grade A nurses have not been sanctioned for any of the PHCs. Atleast one Specialists are in position in all PHCs. Pharmacists have been sanctioned for all PHCs are in position in 4 PHCs. Laboratory Technician is sanctioned in all PHCs. Storekeeper is in position in 4 PHCs.		
Strategies	Activities	Budget
• Rationalization of doctors across APHCs, and PHCs • Filling vacancies of doctors by hiring doctors on contract/appointment of regular doctors – 6 PHCs would need 4 Doctors each – Medicine, Surgery, Paediatrician and Gyanecologist. • 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	**For Rationalization of Doctors 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	**Doctors** 4 Doctors*6 PHCs* Rs.25,000.0*12 months= Rs.72,00,000.0 **Grade A Staff nurse** 7 Staff Nurses * 6 PHCs* Rs.7,500*12 months= Rs.3,780,000.0 **ANMs** 2 ANMs* 6 PHCs*Rs.6000.0*12 months=Rs 8,64,000.0 **Pharmacist** 6 Pharmacists* Rs.7,000.0*12 months= Rs.5,04,000.0 **Lab tech** 6 Lab tech*Rs7,000.0*12 months= Rs.5,04,000.0 **OT assistants** 6 OT Assistants* Rs.7,000.0* 12 months= Rs.5,04,000.0 **Accountants**- 6 Accountants*Rs.8000*12= Rs, 5,76,000.00

Equipment		
Situation Analysis: Most PHCs do not have equipment as per IPHS norms		
Strategies	Activities	Budget
• A detailed assessment of the status of functional equipment in all PHCs as per IPHS norms • Rational fulfilling of the equipment required • Repair/replacement of the damaged equipment	• Monthly reporting of the equipment status, functional/non-functional • Purchase of essential equipment locally by utilizing the funds or through RKS funds • Identification local repair shop for minor repairs • Training of health worker for handling the equipment and minor repair.	**Existing PHCs** 4 PHCs* Rs.5000.0*4 quarters= Rs.80,000.0 **Operationalizing 2 PHCs**= 2 PHCs*20,000= Rs.40,000.0
Drugs		
Situation Analysis: Most PHCs do not have a regular supply of drugs and do not have all the drugs as per IPHS norms		
Strategies	Activities	Budget
1. Ensuring timely replenishment of essential drugs prescribed under IPHS standards 2. Ensuring management of adverse drug reactions 3. Ensuring proper storage of the drugs	1. Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store 2. Utilization of RKS funds for purchase of essential drugs locally 3. Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors 4. Separate provision of drugs mainly for camps. 5. Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs 6. Utilization of PMGY funds allotted for drugs purchase at the local level.	**Existing PHCs** 4PHCs*Rs.10,000.0*4 quarterly= Rs.160,000.0 **Operationalisation of 2 PHCs** 2 PHCs*Rs.30,000.0= Rs.60,000.0

Rogi Kalyan Samiti and Untied Funds		
Situation Analysis: Rogi Kalyan Samitis have been established in 3 PHCs and while RKS funds are being utilized in nearly 80% of the PHCs, fund flows and submission of utilization certificates is regular. Untied funds have been received only by 3 PHCs of which all PHCs have utilized the funds.		
Strategies	Activities	Budget
• Ensure that RKS is registered in all PHCs. • Ensure UCs are sent regularly. • Utilisation of RKS funds to pay for outsourced services	• Training of RKS office bearers on documentation of meetings as well as of the potential of the RKS • Training of block level accountants in preparation of the utilization certificates • Monthly review meeting of block level accountants by District Accounts Manager to strengthen the documentation process • Developing a check list for review	Functional PHCs 4 PHCs*Rs.100,000.0= Rs.4,00,000.0 Newly PHCs (Registration In Process) 2 PHCs * 1,00,000 = 2,00,000 /-

Facility level services (Ambulance, Diagnostic services, Canteen and Housekeeping)
Situation Analysis: **Ambulance services** are known to be available at 3 out of 6 PHCs. The PHCs which do not have these services include Ramgarh Chowk and Pipariya which are under construction and Lakhisarai has not these service due to Sadar Hospital placed in Lakhisarai. Of these 6 PHCs, ambulance services have been insourced for 4 functional PHCs and 2 newly are under constructin. X-Ray services are not available at most PHCs. Canteen services are not available in any PHCs. Housekeeping services are available at 3 PHC except Lakhisarai PHC.

Ambulance • To ensure that ambulance services are made available at PHC to be commissioned this year. • 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 X-ray 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	**Ambulance** • To review the existing ambulance services by the following indicators: o % of BPL mothers who availed of ambulance services of the BPL mothers who came for institutional deliveries o % of BPL patients (including mothers) who availed of ambulance services from total patients who availed of ambulance services o % of emergency cases who availed of ambulance services o 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 **Canteen services** • To identify canteen service providers for each PHC based on nutritional quality and	**Ambulance** 4 PHCs* 2 Ambulances*Rs.15,000/month* 12 months= Rs.1,440,000.0 **Canteen –** 4 PHCs*Rs60 per person*15 people*30days*12 months=Rs.12,96,000.00 **Housekeeping-** 4 PHCs*10,000=40,000

	being provided every quarter 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	

District Hospital

Objective

1. To ensure that the hospital acquires District Hospital status

To provide quality secondary care with a special focus on BPL patients

Infrastructure		
Situation analysis: The hospital at the district does not have the status of District Hospital. Currently there are IPD - two general wards, five special wards, General OPD wards – one in number Specialist OPD wards in Opthomology, General medicine, surgery, Gynecology and orthopedics. Wards of medical college being encroached by public. 5 bedded OT functional, SH running on 24*7 on generator The hospital at the district does not have District Hospital status. Currently there are inpatient wards (two general and five speciality), one general outpatient department, and several speciality outpatient clincis, including opthalmology, general medicine, surgery, gynecology and orthopedics. There is a 5 bedded Operation Theater which is fully functional and running on a 24/7 generator. Currently the wards are picking up the slack of a poorly functioning District Hospital, but they too are getting crowded.		
Strategies	Activities	Budget
• Ensuring the district hospital status for the concerned hospital • Providing private space for all patients in general OPD • Providing separate ward for pediatric OPD • Ensuring IPD for general and specialist care • Ensuring clearing of encroachment and renovation	• Submitting the requisition for recognition of hospital in question as district hospital • Follow-up of the process. • Clearing the encroachment through legal process • Follow-up of the clearing process and upgradation of these facilities into wards • Curtains/ wodden separators for every doctor-patient chamber • Identification of specialist	• Upgradation of DH = Rs 5,000,000 lakhs • Supportive infrastructure = Rs 5.00 lakhs • OT Ophthalmology = Rs 20.00 lakhs • SNCU= Rs.39.00lakhs • Maintenance fund= Rs.300,000.0

• Ensuring functioning of all OTs • Establishment of eye OT with proper equipment • Ensuring the power supply through Bihar state electricity board	examination rooms • Requisition for recruitment of OT technicians • Identification of room for convertion into OT - ophthalmological surgeries with proper equipment • Requisition for BSEB for speedy power connection and follow-up of the process	
Human Resources		
Situation analysis: Currently 4 specialists, one general surgery, two orthopedics, one GM, one MO, 5 Staff nurse, one dresser, four female ward attendants.		
Strategies	Activities	Budget
• Ensuring the recruitment of MOs and SNs • Ensuring recruitment of paramedical staff • Ensuring recruitment of attendants	• 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 attendants for both male and female wards • Rationalizing of the doctors at the DHs • Walk-in interviews for MOs and specialists	• 15 specialists*25,000*12 months=Rs.4,500,000.0 • 20 SNs*7500*12 months=Rs.1,800,000.0 • 11 paramedics*7000*12 months=Rs.924,000.0 • 10 ward attendants*6000*12 months=Rs.720,000.0 • 1 Radiographer*7000*12 months=Rs.84,000.0 • 10 Admin staff*Rs.8000*12=Rs.960,000.0 • 4 social worker/counselors*7,000*12 months=Rs.336,000.00 • Advertisement- Two times * two newspapers* Rs 1.5 lakhs=Rs.600,000.0 • Accountants- 1 Accountant*Rs.8000*12=Rs.96,000.00
Equipment		
Situation Analysis: Currently there is a need for district level equipment storage and repair units		

Strategies	Activities	Budget
• Ensuring the establishment of the repair units • Ensuring servicing of equipment • Ensuring proper operation of equipment • Ensuring supply of replacement and replenishment of materials	• Identification for infrastructure to store equipment • Creating a channel for collection of disgarded/ unreparable equipment from HSCs onwards • Entering into service contract with local/industries for servicing, replacement, and replenishment of materials required from HSCs onwards • Training of health workers/ worker dealing with the equipment for proper operation and minor repairs	1. Rs 50,000
Drugs		
Situation Analysis: Currently there is a district drug warehouse		
Strategies	Activities	Budget
• Ensuring the replenishment of the drugs at the district level • Ensuring a system for replenishment of drugs	• Creating a HMIS for the drug channel • Responding to the monthly reporting from the HSCs/APHCs/PHCs/SDHs/DH • Computerized management of the drugs in the health facilities • Advertisement for the posts of Pharmacists (M. Pharma)	• Two computer*7000*12= Rs.168,000.0 • Two pharmacists*7000*12= Rs.168,000.0 • Drugs- Rs.100,000.0
RKS Fund		
Situation Analysis: District Hospital utilized amount of Rs.1.81 Lakhs received in the year 2007-08. Currently there is a fund interruption for disbursement to outsource activities like cleaning, catering, laundry, power supply and ambulance. RKS fund will be utilized for services such as laundry, cleaning, catering, and ambulance services.		
Strategies	Activities	Budget
• Ensuring timely fund flow to District • Ensuring timely submission of UC • Ensuring renewal of contract out source agencies	• Submitting the requisition for release of due payments • Submitting the requisition for release of advances • Minimizing the mismanagement of funds • Timely payments for the contracted outsourced agencies • Performance based revision of contracted outsourced agencies	RKS corpus fund = Rs 500,000
Services		
	• Strengthening pathology lab • Outsourcing of Ambulance services 2 need 1 govt.	Rs. 150,000.0 1 Ambulances*Rs. 15,000*12=Rs.360,000.0

	• Outsourcing of canteen services • Outsourcing of housekeeping services • Procurement of X-ray Machine (budget included in the upgradation line of infrastructure section).	Canteen – Rs.60 per person*40 people*30days*12months =Rs.12,96,000.00 Housekeeping- Rs.20,000*12months- Rs.2,40,000.00

Reproductive and Child Health

A. Maternal and Neonatal health

Objectives

- Ensuring 100% registration of pregnant women for ANC
- Increase in the percentage of pregnant women registered in the first trimester from 21.7% to 50%
- Increase in the percentage of pregnant women with full ANC from 25% to 50%
- Ensuring that 80% of pregnant women receive 2 TT injections.
- Ensuring that 50% of pregnant women consume 100 IFA tablets
- Increase in skilled attendance during delivery to 80%
- Increase in institutional delivery from 60% to 80%
- Increase in the percentage of mothers receiving postnatal care within 48hrs of delivery from 24% to 50%
- Ensure percentage of neonates breastfed within 1 hour of birth to 100%
- Ensuring colostrum feeding of 100% of neonates
- 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 Lakhisarai as per DLHS 3 figures, percentage of pregnant women registered for ANC is only 21.7%. Mothers who receive at least 3 ANC visits during the last pregnancy is 25.3%, percentage of mothers who got at least one TT injection in their last pregnancy is 46.5%. Percentage of Institutional deliveries 32.5 %.			
Strategies	Activities	Budget	Remarks
• 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	• 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 out and	**Handbills** Printing 5000 Hand-bills @ Rs 500 for 102 HSCs = Rs 51,000.0 **Pregnancy kits** 637 ASHAs* Rs 20/pregnancy kit*10 kits*4 quarters= Rs. 509600.0	• Campaigning for registration for ANC along with immunisation budget • Monthly Mahila Mandal days budgeted in immunisation section • ANC (SBA) trainings for ANM. For details refer to training section. • The handbill would include information on ANC days, immunisation days, breast feeding practices, RTI/STI

ANMs • Creating awareness about maternal health through Mahila Mandal day • Providing ANC along with immunisation services on immunisation 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.	update due list and ANC schedule list for every pregnant woman in their work area. • Organizing Antenatal checkups on immunisation 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 & immunisation 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 equipment to conduct ANC services. (refer to health facilities section) • Ensuring regular supply of IFA tablets at each Sub centre level. (refer to health facilities section) • Setting up Helpline with Ambulance at every PHC (APHC). (refer to health facilities section)		counseling days, Family Planning, RCH camps days at APHC level.

Natal, neo-natal and postnatal care		
Situation Analysis: Percentage of institutional deliveries in Lakhisarai district is average at 60%. Deliveries at home assisted by doctors or another skilled attendant such as a nurse/LHV/ANM is even lower at 10% whereas only 30 % of mothers received postnatal 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. 4 PHCs in the district – Lakhisarai, Barhaiya, Suryagarha and Halsi but do not have fully functional labour rooms and only one PHC, Suryagarha has blood storage facilities. There is also a need of appointing lady doctors at APHC, PHC and above. In addition, breastfeeding practices need to be improved. According to DLHS 3, only Instituational deliveries 60% of Target birth of Lakhisarai District, infants reported were fed in facility within one hour of birth. only 30% of neonates received a check up within 24 hours after delivery. There are almost no facilities for the management of sick newborns. Furthermore, there are have been problems in the implementation of the Janani and Bal Suraksha Yojana (JBSY) launched to increase the utilization of ANC, assisted deliveries and postnatal care and immunisation services with delays in payments.		
Strategies	Activities	Budget
• Strengthening 100% of APHCs to provide 24*7 services • Strengthening 100% of APHCs to provide institutional delivery care. • Strengthening PHCs to provide institutional delivery care • Ensuring that ambulance services are available for transportation to APHCs and referral to PHCs and DH. • 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	**Strengthening facilities for institutional deliveries (please see facilities section)** • Ensuring availability of fully functional and equipped labour rooms, 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 up maternity and neonatal wards • Equipping CHCs, SDH and DH to enable 48 hrs of post delivery stay for mothers and newborns by setting up maternity and neonatal wards • Ensuring availability of required medical officers, nurses and ANMs at all facilities • Appointment of Paediatricians and Gynaecologists at every PHC and CHC • Regular stocks of PPH controlling drugs. **Ambulance services** • Identifying ambulance service	**Mobile phones** 102 ANMs*Rs2000/mobile phone instrument=Rs.204,000.0 **Monthly mobile bills** 102 ANMs*Rs600/month* 12months=Rs.73,44,00.0 **Facility level phones** 37 Facilities*Rs1000/phone =Rs.37,000.0 **Landline bills** 37 Facilities *Rs500/month*12 months= Rs.222,000.0 **Telephone directory of SBAs for ASHAs** Rs.50,000.0 **Printing JBSY cards**

• 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	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 utilisation 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 and CHCs **Improving communication between facilities providing institutional delivery services** • Ensuring that 12 APHCs, 4 PHCs, 1 Refferal 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,**	Rs.100,000.0 **JBSY payments** **Rural:** Rs2,000/beneficiary *27,000 deliveries estimated= Rs.54,000,000.0 **Urban:** Rs 1000/beneficiary* 7,000 deliveries estimated= Rs.7,000,000.0

	colostrum feeding and post natal care within 48 hrs. • ASHAs to visit newborn baby in first 48 hours to ensure exclusive breast feeding and counsel the families about newborn care and postnatal 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	
Other services	• Weekly RTI/STI clinics to be held at all PHCs with OBG visits during these days • Monthly RCH camps at distant villages, Doctors and OBG specialists • Deputing health workers MOs, SNs/ANMs from PHC, three other staff. • Procurement of drugs from the district drug house following the requisition of separate drugs for 12 camps.	One OBG contracting in daily basis @ Rs.500.0 * 4 days*12 months *12 PHCs = Rs.288,000.0 Two OBG/pediatrician contracting in per camp @ Rs.1000.0 * 12 camps * 64 APHCs= Rs.1,536,000.0 Cost of each camp @ Rs 5000*12 months*64 APHCs = Rs.3,840,000.0 Drugs for each camp @ Rs 2000*12 months*64 APHCs = Rs.1,536,000.0

B. Infant Health

Objectives

- Ensuring that 50% of children (0-6 months old) are exclusively breastfed
- Increase in percentage of children (12-23 months) fully immunised (BCG, 3 doses of DPT, Polio and Measles) to 50%.
- Ensuring initiation of complementary feeding at 6 months for 50% of children
- Increasing the percentage of children with diarrhoea who received ORS from 43% to 70%
- Increasing the percentage of children with ARI/fever who received treatment from 77% to 100%
- Ensuring monthly health checkups of all children (0-6 months) at AWC
- Ensuring that all severely malnourished children are admitted, receive medical attention, and are nutritionally rehabilitated.
-

Nutrition		
Situation Analysis: Ensuring exclusive breastfeeding and timely initiation of complementary feeding is critical for appropriate child development		
Strategies	Activities	Budget
• 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 Lakhisarai.	• 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 SDH. • 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	**Creche worker training** 20 batches*Rs10,000/batch= Rs.200,000.0 **NRC setting up** 1 SDH*Rs.30,000.0= Rs.30,000.0 **NRC Staff** 3 Staff Nurses*Rs.7500/month*12 months*1 SDH= Rs.270,000.0 **Kitchen equipment** 1 SDH*Rs.5,000.0= Rs.5,000.0 **Kitchen expenses(including salary of cook)** 1 SDH*Rs12,000.0/month* 12months= Rs.144,000.0 **Wage loss compensation** 1 SDH*Rs90/day*30days* 12 months=Rs.32,400.0

Health Services		
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	Activities	Budget
• Promotion of health seeking behaviour for sick children through BCC campaigns. • BCC for pregnant women and mothers to regarding feeding practices, immunisation, 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.	• 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	IMNCI training (pls refer to training section for details) **ASHA Drug Kit** ……ASHAs*Rs600/kit= Rs.1,182,000 **Weighing machine** …….. AWWs*Rs.1000/machine= Rs.2,215,000.0

Health Services – Immunisation
Situation Analysis: According to DLHS 3, percentage of children (12-23 months) fully immunised (BCG, 3 doses each of DPT, Polio and Measles) is below 50.0%. The immunisation coverage has increased, however much improvement is still required. As per DLHS 3, percentage of children who received BCG vaccine is 88.5%, percentage of children who received 3 doses of polio vaccination is 62.4%, children who receive 3 doses of DPT is 62.8%, and children who receive measles vaccine is 71.9%. Children who received at least one dose of vitamin A is 63.9% while those who received three doses of Vitamin A is 22.8. The District currently faces a shortage of skilled vaccinators. **Muskhan EK Abhiyan: Immunization of all pregnant women for T.T. and children up to one year (full immunization)** All ……. AWCs are to be covered under this programme at least once a month. 280+82 HSCs are to be covered under this programme on all Wednesdays and Friday observed as immunisation day. APHCs will also provide immunisation services on Wednesday and all days in PHCs/CHC/SDH and SH. Incentives are provided under this programme for AWW, ANM and ASHA when 80 per cent immunisation is achieved. The programme involves organizing Mahila Mandal camps at the AWCs. Many ANMs in the district are not proficient in administering the vaccines. Skills level of ANMs is low. Routine immunisation training has not been taking place on a regular basis. ….. participants need to be trained in Routine Immunisation in batches of 30. There is a shortage of cold chain equipment such as ILR and deep freezer at PHC level. 1 newly PHCs in the district, Ramgarh Chawk do not have ILR and deep freezer. Most of the PHCs are operating with either ILR or deep freezer.

.
Lakhisarai gets vaccines from WIC, Bhagalpur. DPT and needle supply is not timely. 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.

Funds for Printing of RI formats are underutilised.

Strategies	Activities	Budget
• Improving availability of skilled vaccinators. • Increasing utilisation of immunisation services through awareness generation by ASHAs and AWWs. • Ensuring continued tracking of pregnant women and children for full immunisation • Establishing sound monitoring mechanism to review and guide the progress • Improving availability and maintaining quality of cold chain equipment • 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	• 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 immunisation • 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 • Visits by MOIC, CDPO, BHM, LHV and health educator to monitor the progress of immunisation schedule and prepare report.	**Incentives for AWWs** 802 AWWs @ Rs.200.0*12 months = Rs.19,24,800/- **Incentives for ANMs** 802 (AWC visit by ANM) @ Rs 150.0*12 months = Rs.15,51,600/- **Incentives for ASHAs** 802 (AWW visit by ASHA)@ Rs 200.0*12 months = Rs.19,24,800/- **Mahila Mandal Meetings** 802 (Mahila mandals) @ Rs.250.0*12 months = Rs.24,06,000/- **Per Diem for health workers** 3 days @ Rs 50 per day per person* 4430 persons = Rs 664,500 7 days for trained vaccinator @ Rs 75/person/day*333 **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

	• 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 • Applying to State Heath society for the funding for Vaccine van to get timely stock of vaccines for the districts. • 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 Kalka 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 equipment from district. • Procure stock of hub cutters for all the PHCs for safe disposal of needles and syringe.	Budget for print material included with the hand bill in the section of maternal health.

Vitamin A Supplementation Programme-

The programme faces lack of skilled manpower for implementation of program. There is also shortage of drugs and RCH kits. The shortages put constraints on ensuring first dose of Vitamin-A along with the measles vaccination at 9 months.There are also problems for procurement of Vitamin-A bottles by the district for biannual rounds. The reporting mechanism of the district need to be improved. There is lack of coordination among health & ICDS workers for report returns & MIS. The district also needs a joint monitoring & supervision plans with ICDS department.

Strategies	Activities	Budget
• Updation of Urban and Rural site micro –plan before each round. • Improving inter-sectional coordination to improve coverage. • Capacity building of service provider and supervisors. • Bridging gaps in drug supplies. • Urban Planning for Identification of Urban sites and urban stakeholders. • Human resource planning for Universal coverage. • Intensifying IEC activities for Community mobilization. • Strengthening existing MIS system and incorporating 9 doses of Vitamin-A in existing reporting structure. • Strong monitoring and supervision in Urban areas.	• Orientation , stationary, data compilation, validation and updating • Constituting district level task force and holding regular meetings • Organising meeting of block coordinators • Training and capacity building of service providers. • Strategy planning meetings, orientation of stakeholders, resource planning and site management for urban centre and orientation of urban supervisors. • Ensuring availability of immunisation cards • Procurement of Vit A Syrup	Orientation of 4 PHCs + 1 urban centre=5*1000=Rs.5,000.00 Constituting district level task force-1*5000=Rs.5000.00 Training of 4 PHCs*Rs1500= Rs.6000.00 5 centres*Rs.5000=Rs.25,000.00 Strategy planning workshops- Rs. 7500.00 Honorarium to urban vaccinators =250 * 100= Rs. 25,000 Honorarium to ASHAs and AWWs-……. health workers*100= Rs……. Honorarium to supervisors-Rs.14,400.00 Immunisation cards- Rs.120,000.00 Procurement of Vit A Syrup-Rs.463,424.00 Hiring vehicle for campaigns –Rs.36,000.00 IEC/ BCC activities-Rs.60,000.00 Vehicle support for monitoring-Rs.72,000.00 Total budget for two biannual round-Rs.1,155,024.00*2=**Rs.2,310,048.00**

C. 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 from 0.5% to 2%
- Increasing the utilization of condoms as the preferred choice of contraception from 2.7% to 8%.

Situation Analysis: The utilisation of any method of contraception has increased a bare 2 percentage points in the district over the past five years whereas the utilisation of modern methods has increased from 28% to 35%. Of this, nearly 30% is contributed by female sterilization. Male sterilization is low at 0.5%. Other spacing methods are equally low with the use of IUD at a mere 0.6%, oral contraceptive pills at 1.8% and condoms at 2.7%.

A significant unmet need for family planning services has been recorded at 37% which importantly comprises of 13% need for spacing and 24% for limiting methods.

Strategies	Activities	Budget
• 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	**Spacing methods** • 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	**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

	conducting tubectomy and vasectomies procedures using 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	

Community Participation

Goal: to ensure that communities lead and determine health change

Objectives

- To ensure that the ASHA programme is fully operationalised with ASHAs representing community requirements in the implementation of health programmes and being an active link for the community to the health system
- To ensure that Village Health and Sanitiation Committees (VHSCs) are established across the district
- To establish a vibrant support structure for ASHAs and VHSCs across the district through selection and training of District Resource Persons and ASHA trainers.
- To strengthen the capacity of the DPMU to coordinate the ASHA programme by recruiting an ASHA Coordinators