DISTRICT HEALTH SOCIETY

MADHEPURA

DISTRICT HEALTH ACTION PLAN

2010-2011

NATIONAL RURAL HEALTH MISSION

GOVERNMENT OF BIHAR

Importance of better human life exists only in better Health Care Management system in a democratic setup for socio economic development of the society, Govt. of India recognized this fact and launched National Rural Health Mission in 2005 to rectify anomalies exists in Rural Health Care System and to achieve an optimum health standard for 18 State & Union Territory.

The District Health Action Plan (DHAP) is one of most key instrument to achieve NRHM goals based on the needs of the district.

After a thorough situational analysis of district health scenario this document has been prepared. In the plan, It is addressing health care needs of rural poor especially women and children, the teams have analyzed the coverage of poor women and children with preventive and promotive interventions, barriers in access to health care and spread of human resources catering health needs in the district. The focus has also been given on current availability of health care infrastructure in public/NGO/private sector, availability of wide range of providers. This DHAP has been evolved through a participatory and consultative process, wherein community and other stakeholders have participated and ascertained their specific health needs in villages, problems in accessing health services, especially poor women and children at local level.

The goals of the Mission are to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

I need to congratulate the department of Health of Bihar for its dynamic leadership of the health sector reform programme and we look forward to a rigorous and analytic documentation of their experiences so that we can learn from them and replicate successful strategies. I also appreciate their decision to invite consultants (NHSRC/ PHRN) to facilitate our DHS regarding preparation the DHAP. The proposed location of HSCs, PHCs and its service area reorganized with the consent of ANM, AWW, male health worker and participation of community has finalized in the block level meeting.

I am sure that this excellent report will galvanize the leaders and administrators of the primary health care system in the district, enabling them to go into details of implementation based on lessons drawn from this study.

District Magistrate-Cum-Chairman,
District Health Society, Madhepura

About the Profile

Under the National Rural Health Mission this District Health Action Plan of Madhepura district has been prepared. From this, the situational analysis the study proceeds to make recommendations towards a policy on workforce management, with emphasis on organizational, motivational and capacity building aspects. It recommends on how existing resources of manpower and materials could be optimally utilized and critical gaps identified and addressed. It looks at how the facilities at different levels can be structured and reorganized.

The information related to data and others used in this action plan is authentic and correct according to my knowledge as this has been provided by the concerned medical officers of every block. I am grateful to the state level consultants (NHSRC/PHRN), ACMO, District Programme Manager, MOICs, Block Health Managers, from their excellent effort we may be able to make this District Health Action Plan of Madhepura District. I hope that this District Health Action Plan will fulfill the intended purpose.

Civil Surgeon-Cum-Member Secretary,
District Health Society, Madhepura

Preface

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

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

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.

Introduction

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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 decentralization in its workings. The mission aims to provide quality health care services to all sections of society, especially for those residing in rural areas, women and children by increasing the resources available for the public health system, optimizing and synergizing human resources, reducing regional imbalances in the health infrastructure, decentralization 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 decentralized, proper 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 decentralization 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 internalizes structural and social diversities such as degree of urbanisation,endemic diseases, cropping patterns, seasonal migration trends, presence of private health sector in the planning and management of public health systems. One area requiring major reforms is the coordination between various departments and vertical programmes affecting determinants of health. DHAP seeks to achieve pooling of financial and human resources allotted through various central and state programmes by bringing in a convergent and comprehensive action plan at the district level.

Profile of Madhepura District

BRIEF HISTORY OF MADHEPURA DISTRICT

Madhepura was a part of Maurya Dynasty, this fact is asserted by the Mauryan pillar at Uda-kishunganj. The history of Madhepura is traced back to the reign of Kushan Dynasty of Ancient India. The "Bhant Community" living in Basantpur and Raibhir village under Shankarpur block are the descendents of the Kushan Dynasty.

In the District Singheswar Sathan has the religious significance since ancient time as this land was the meditation place of the great Rishi ,Shringi. Hence this place is considered to be the most pious for the Hindus.

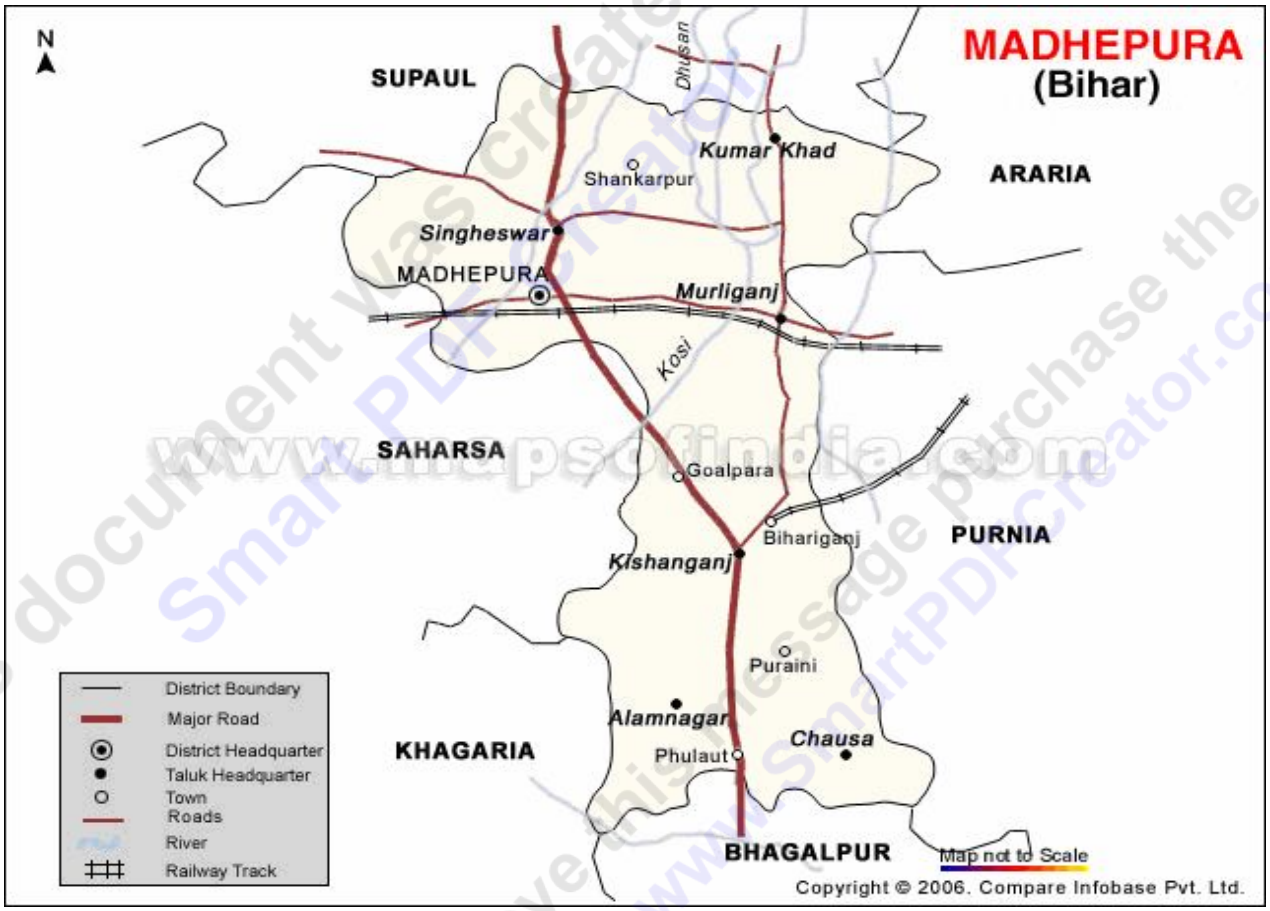
Sikandar Sah had also visited the district, which is evident from the coins discovered from Sahugarh Village. Madhepura district now consists of 2 Subdivisions : 1. Madhepura and 2. Udakishunganj. The district consists of 13 development blocks and anchals each.

The present Madhepura district had already got the status of subdivision on 09/05/1845 in which there were seven blocks. Saharsa district today was then the revenue circle of Madhepura at that time. When Saharsa became a district on 01/04/1954, Madhepura became its subdivision. Madhepura subdivision which had seven blocks at that time, was given the status of a district on 09/05/1981. On 21/05/83 Uda-kishunganj Block was upgraded and made a subdivision of Madhepura district in the name of Uda-kishunganj. Besides seven old blocks, four new blocks came in to existence in the year 1994. There were Gwalpara, Puraini, Bihariganj and Shankarpur. First three blocks come under uda-kishunganj subdivision and last one is under Madhepura subdivision. Later on two more new blocks were constituted in the name of Ghailar and Gamaharia, under Madhepura subdivision in 1999.

GEOGRAPHICAL INFORMATION & MAP OF DISTRICT

Geographical information

The district occupies an area of 1787 km². Madhepura district is surrounded by Araria and Supaul district in the north, Khagaria and Bhagalpur district in the south, Purnia district in the east and Saharsa district in the West. It is situated in the Plains of River Koshi and located in the Northeastern part of Bihar at longitude between 25°. 34 to 26°.07' and latitude between 86° .19' to 87°.07'.



Demographical information of the District

As per 2001 India census the current population of Madhepura district is 15, 24,596 and right now the population of Madhepura District in Nov. 2009 is 19,27,909 which constitute 3.01% population of the state. The annual exponential growth rate of the district as per 2001 census is 26.45%, which is higher then that of the state average 2.5%. About 4.45% of the total population lives in urban area in contrast to 11% of the state. The sex ratio of the district is 919 females per 1000 males. Males constitute 54% of the population and females 46%. Madhepura has an average literacy rate of 50.7%, lower than the national average of 64.4%: male literacy is 61%(national average:75.6%), and female literacy is 37.5%(national verage:54.2%).

HQ	**Madhepura**					
Area	**1788 km2**					
Population	**Total**	**19,27,909**	**Rural**	**18,31,513**	**Urban**	**96395**
SC Population	**Total**	**347023**	**Rural**	**288029**	**Urban**	**58994**
ST Population	**Total**	**11760**	**Rural**	**11490**	**Urban**	**270**
Sub Divisions	**Madhepura, Udakishunganj**					
Blocks	**Madhepura, Singheshwar, Gamharia, Ghailar, Shankarpur, Gwalpara, Udakishunganj, Bihariganj, Chausa, Alamnagar, Puraini, Murliganj, Kumarkhand.**					
Agriculture	**Paddy, Wheat, Maize, Jute, Oil Seeds (Sunflower, Mustard)**					
Main Horticulture	**Mango, Banana, Guava, Coconut, Litchi.**					
Industry	**Jute Factory**					
Rivers	**Koshi**					

Population & other information Block wise

Name of BLOCKS	TOTAL POPULATION	MALE POPULATION	FEMALE POPULATION	TOTAL LITERATE	PANCAYAT	VILLAGE	NO. OF PR. SCHOOL	NO. OF MIDDLE SCHOOL	NO. OF SECONDARY SCHOOL
Madhepura	194620	102939	91681		17	49			
Singheshwar	102086	53191	48895		13	27			
Gamharia	65125	33669	31456		8	12			
Ghailar	73129	38300	34829		9	19			
Shankarpur	82519	42767	39752		9	9			
Gwalpara	95295	49257	46038		12	51			
Udakishunganj	136937	71042	65895		16	44			
Bihariganj	101655	52579	49076		12	22			
Chausa	116471	61683	54788		13	43			
Alamnagar	129226	67707	61519		14	29			
Puraini	77792	40562	37230		9	31			
Murliganj	164148	86126	78022		17	45			
Kumarkhand	187643	97358	90285		21	71			

Language & Culture

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

Transport & Communication Facility

Madhepura is connected by rail and road to other major towns in Bihar. National Highway NH – 107 connects it to Saharsha and Purnia. It does not have any air or river connectivity. The train connectivity to the city has the dubious distinction of being the victim of one of the worst train disasters in India (Bihar train Disaster). Earlier there was only a metre gauge line, but in early 2010, a much awaited broad gauge line connected it to Saharsa on the New Delhi Guwahati main line. The city is serviced by the Indian Post. Its Postal Code is: 852113. Landline telephone services have been augmented by cellular services, the quality deteriorating as one move away from the city centre. Now A lot of cyber cafe running with broad band connection.

Summary of DHAP process in Madhepura

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

Summary Of The Planning Process

Training of district team for preparation of DHAP

Preliminary meeting with ACMO and along with other concerned officials

Data Collection for Situational Analysis - MOIC and BHM meeting chaired by CS/ACMO.

Block level consultations with MOICs and BHMs

Writing of situation analysis

District Planning workshop to review situation analysis and prepare outline of district health plan- the meeting was chaired by ACMO. The workshop was attended by MOICs, BHMs and other key health functionaries at the district level.

District Consultations for preparation of 1st Draft

Preliminary appraisal of Draft

Final Appraisal

Final DHAP: Submission to DHS and State

Adoption by DHS

Printing and Dissemination

Adoption by DHS

Printing and Dissemination

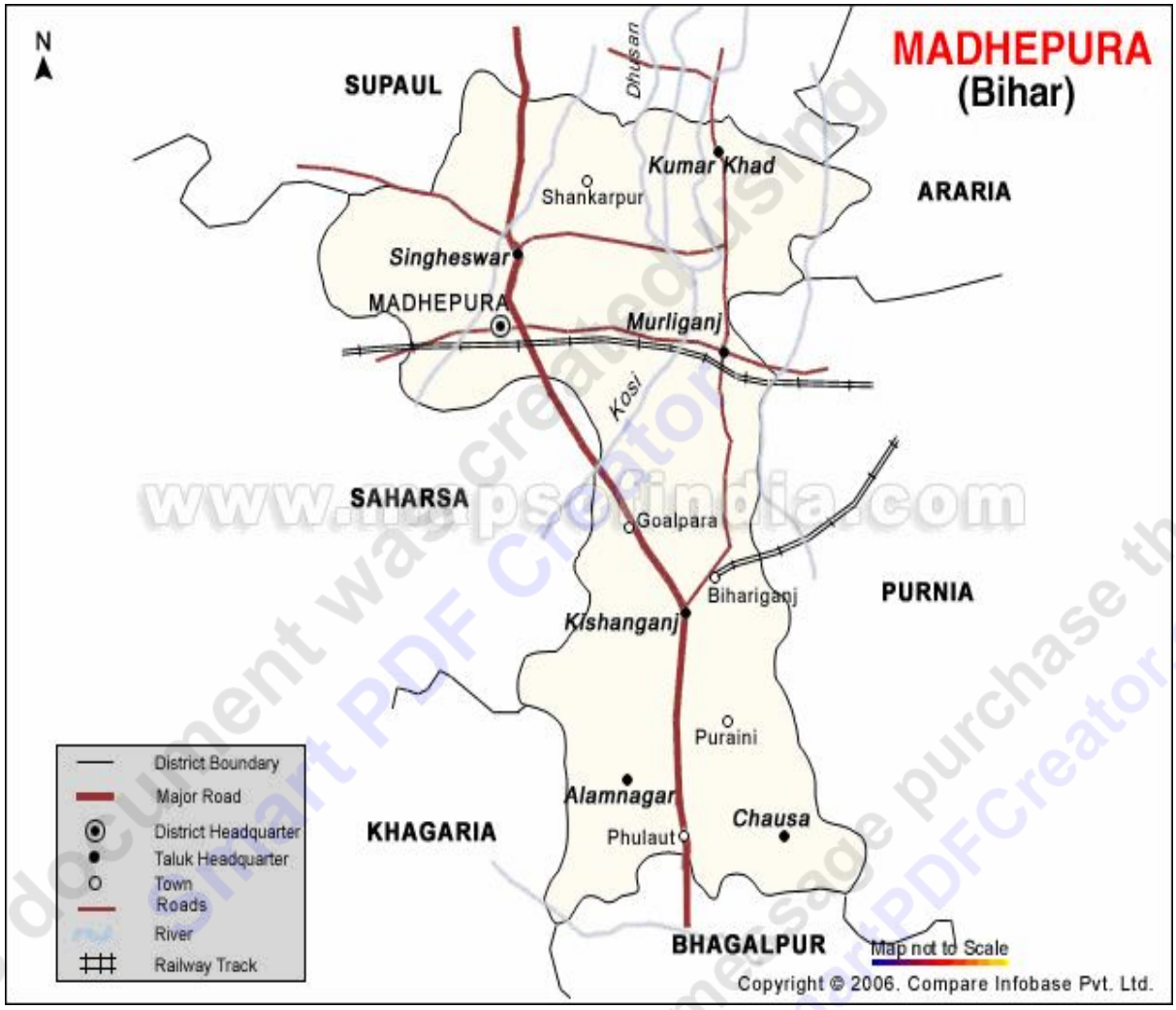
Health profile of Madhepura District

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

Madhepura Health Profile

Key population indicators	Infant Mortality rate			
	Maternal mortality rate			
	Crude birth rate			
	Death rate			
District Level Household and Facility Survey		DLHS 3 (07-08)	DLHS 2 (02-04)	Bihar DLHS 3
Key RCH Indicators (in percentages)	Girls marrying below 18 yrs	55.3	55.8	46.2
	Birth order 3+	53.5	56.2	8.2
	Current use of any FP method Total unment need	35.9	40.5	25.1
	Pregnant women who registered in the first trimester	24%	NA	24.2
	Pregnant Women with 3+ANC	20%	8.2%	26.4%
	Pregnant women receive at least 1 tt injections	52.7	20.8	58.4
	Delivery assisted by a skilled attendant at home	3.9	4.8	5.9
	Institutional births	17.7	8.7	27.7
	Children with full immunization	39.7	22.9	41.4
	Children with Diarhoea treated within last two weeks who received treatment	75.1%	71.2%	73.7
	Children with Acute Respiratory infections in the last two weeks who were given treatment	71.1	71.2	73.4
	Children who had check up within 24 hours after delivery	71.9	NA	73.4
	Children who had check up within 10 days of delivery	13.2	NA	NA
Communicable diseases (in percentages)	Kala Azar prevalence	NA	NA	NA
	TB incidence	NA	NA	34.3
	HIV prevalence among STD clinics HIV prevalence among ANC clinics	35.7%	87.8%	

Health facilities in Madhepura District



Madhepura district has one Sadar Hospital (DH) located in the Madhepura city. The district has a total of 13 Primary Health Centres (PHCs), 23 Additional Primary Health Centres (APHCs) and 272 Health Subcentres (HSCs).The District has one Sub divisional hospital (RH) is under construction at Udakishunganj . Blood bank is operational only at Sadar Hospital Madhepura. The planning team for the DHAP undertook a comprehensive mapping and situational analysis of these health facilities in terms of infrastructure, human resources and service delivery.

Human Resources for Health in Madhepura

Madhepura currently has 114 regular doctors sanctioned out of which 47 are present. Similarly 67 contractual positions are sanctioned for doctors against which only 16. are posted. So the total number of doctors present in the district is 63 Against the total sanction of 118

Specialisation	Regular	Contract
MD (physician)	01	01
Surgery	04	02
Gynaecologist	Nil	02
Paediatrician	03	02
Orthopaedics	Nil	Nil
Ophthalmologists	02	Nil
Radiologist	Nil	Nil
Bio-chemistry	Nil	Nil
Physiology	Nil	Nil
ENT	01	Nil
MBBS Doctors	31	10
TOTAL	**42**	**17**

There are a total of 16 Specialist doctors in the district of which 01 is specialist lady doctor. The district also has 41 .MBBS doctors.

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

The total number of positions sanctioned for staff nurse is 58 Currently 15 staff nurse is working in Sadar Hospital Madhepura ANMs 04 Grade A Nurses 03 are posted across APHCs in the district.

31 Positions for LHVs are sanctioned out of which 02 are in position and 29 are vacant. For regular ANMs 272 positions are sanctioned and 96 are in position. 176 posts of ANMs are vacant in the district.

153 positions for contractual ANMs are sanctioned and 37 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 Madhepura on the basis of three crucial parameters:

1) Infrastructure

2) Human resources and

3) Services offered at each health facility of the district.

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

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

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

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

Situation Analysis : Health Sub centre level infrastructure

Sub Centre Data

Name of Block	Total population	Total requirement of HSC.	Present (Functional)	Already Proposed	Further Required
Madhepura	194620	39	21	06	NIL
Singheshwar	102086	20	18	06	NIL
Gamharia	65125	13	04	02	NIL
Ghailar	73129	14	05	03	NIL
Shankarpur	82519	16	06	10	NIL
Gwalpara	95295	19	07	03	NIL
Udakishunganj	136937	27	12	07	NIL
Bihariganj	101655	20	09	03	NIL
Chausa	116471	23	05	03	NIL
Alamnagar	129226	26	14	12	NIL
Puraini	77792	15	05	06	NIL
Murliganj	164148	33	13	10	NIL
Kumarkhand	187643	37	31	05	NIL
TOTAL		302	150	76	

Table No. 4 presents the additional requirements of Sub centres as per population norms mandated by IPHS as well as according to the data base available with District Health Society, Madhepura as per IPHS norms. Madhepura district requires a total of 302. Sub centres of which 272 are present in the district 76 are already proposed and no more Sub Centres are required.

Situation Analysis : Health Sub centre level infrastructure and Human Resource

Table 5.1 Sub Centre Details

PHC's Name	Madhepura	Singheshwar	Gamharia	Ghailar	Shankarpur	Gwalpara	Udakishunganj	Bihariganj	Chausa	Alamnagar	Puraini	Murliganj	Kumarkhand
Total Number of Sub Centres	23	18	8	11	16	10	14	9	25	30	13	24	31
ANM posted	24	10	06	08	06	07	12	08	09	06	07	13	10
ANMs present	24	10	06	08	06	07	12	08	09	06	07	13	10
ANMs regular	23	08	02	05	02	02	09	06	04	06	04	12	06
ANMs contract	01	03	04	03	04	05	03	02	05	02	03	01	04
ANMs residing at HSC	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Residential facility for ANM required	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
HSC in Govt. Building	10	06	06	03	04	04	07	NO	04	12	05	09	13
HSC in Panchayat Building	0	04	0	03	NO	NO	NO	NO	NO	NO	NO	05	08
HSC in rented Building	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
SC building under construction	NO	NO	NO	NO	NO	NO	NO	YES	NO	Y	NO	Y	NO
Building Required	13	12	06	08	12	06	07	09	21	18	08	10	10
Running water supply available	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Water supply Required	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cont. power Supply	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Power supply Required	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Untied Funds	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

above tables present a comprehensive picture of human resources and infrastructure facilities available at the sub centre level. At the sub centre level infrastructure poses major constraints. The analysis reveals that of the existing 272 HSCs, only 109.are situated in any building premises. Out of these 109, 97 are in Govt. building, 12 in Panchayat buildings and no one are in rented building, Out of the 272 sub-centers, buildings are under construction for 03 HSCs and in 137 HSCs repair and . 163 HSCs still do not have any building. in Govt building are currently being renovated. Of the existing HSC with building, neither none have reported the availability of running water supply nor have reported the availability of continuous power supply. It is also important to note that no sub centre in the district has received untied funds while it has already been released from the district. Very few ANMs posted and are residing in and around the Sub Centres .None of the HSCs have been reported running with OPD. About 95% HSCs are running without sufficient furniture & other basic amenities. About 65% HSCs requires either new building or requires major repair works and all the existing HSCs require with running water and electricity supply for smoother and efficient work.

Situation Analysis : APHC level infrastructure

The gaps in the availability of PHC are calculated as per the IPHS norms of one PHC at the level of 30000 .population. However in Bihar, the current state practice is of one PHC at one lakh population level. Since APHC function at the level of 30000 populations at present in Bihar, number of present and proposed APHCs is taken into account for the purpose of calculating the overall requirement of PHCs. The matrix also estimates requirement of CHC in each block. Like Sub Sentres, district has also proposed APHCs. A total 16 APHCs are proposed, District further requires no APHCs.

Name of Block	Total population	Total requirement of APHC.	Present (Functional)	Already Proposed	Further Required
Madhepura	194620	06	02	02	Not required
Singheshwar	102086	03	01	01	Do
Gamharia	65125	02	01	0	Do
Ghailar	73129	02	02	0	Do
Shankarpur	82519	03	02	02	Do
Gwalpara	95295	03	01	01	Do
Udakishunganj	136937	04	02	01	Do
Bihariganj	101655	03	02	0	Do
Chausa	116471	04	02	02	Do
Alamnagar	129226	04	03	02	Do
Puraini	77792	02	01	01	Do
Murliganj	164148	05	01	02	Do
Kumarkhand	187643	06	03	02	Do
Total		47	23	16	

Situation Analysis: APHC level infrastructure and Human Resource (Detailed)
In Bihar Additional PHC operate at the population of 30,000. APHC is the cornerstone of the public health system since it serves as a first contact point for preventive, curative and promotive health services. It is the first port of public health system with a full time doctor and provision for in-patient services. There are 23 functional APHCs in Madheoura. 16 new APHCs are newly sanctioned and no APHCs are futher required.

In general the APHC in Madhepura suffer from:
1) lack of infrastructure facilities including availability of building
2) constant power and water shortages.
3) Poor availability of doctors.

4) Doctors not residing at the facility.
5 Poor availability of staff at APHC level.
6) lack of capacity to use untied funds.
The level of infrastructural facilities at APHC is expected to be similar to that of PHC. All the blocks of Madhepura do not have sufficient APHCs as per IPHS norms. A summarised version of state of infrastructure facilities is as follows:

PHC's Name		Madhepura	Singheshwar	Gamharia	Ghailar	Shankarpur	Gwalpara	Udakishunganj	Bihariganj	Chausa	Alamnagar	Puraini	Murliganj	Kumarkhand
Name of Facility	Total No. of APHC	02	02	01	02	0	0	03	02	02	03	02	01	03
Building	APHC in Govt. Building	01	01	01	no	no	no	01	02	01	02	01	01	03
	APHC in Rented Building	0	0	0	0	0	0	0	0	0	0	0	0	0
	APHC in Panchayat Building	0	0	0	03	0	0	00	0	01	0	0	0	0
	APHC under constriction	0	0	0	0	0	0	0	00	0	0	0	0	0
Water Supply	APHC with assured Water supply	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No
Power Supply	Continuous Power Supply	0	0	0	0	0	0	0	0	0	0	0	0	0
	Intermittent Power Supply	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. Power Supply	0	0	0	0	0	0	0	0	0	0	0	0	0
Toiletes	With Toilete	0	0	0	0	0	0	0	0	0	0	0	0	0
Labour Room	With Labour Room in Good condition	Yes	0	0	0	0	0	0	0	0	0	0	0	0
	Labour Room with poor facilities	yes	0	0	0	0	0	0	0	0	0	0	0	0
	No. Labour Room	01	0	0	0	0	0	0	0	0	0	0	0	0
Residential Facilities	APHC with good residential facilities	0	0	0	0	0	0	0	0	0	0	0	0	0
	APHC with poor residential facilities	fair	0	0	0	0	0	0	0	0	0	0	0	0
	APHC with no residential facilities	0	0	0	0	0	0	0	0	0	0	0	0	0
	MO residing at APHC	0	0	0	0	0	0	0	0	0	0	0	0	0
Furniture	Available	y	0	0	0	0	0	0	0	0	0	0	0	0
	Required	y	Y	y	y	y	y	y	y	y	y	y	y	Y
Ambulance	Available	0	0	0	0	0	0	0	0	0	0	0	0	0
	Required	y	Y	y	y	y	y	y	y	y	y	y	y	y

Out of 23 APHCs,16 are situated in the government buildings,no one is in rented buildings,03.in panchayat buildings and 0 APHC still do not have building.
As per above table, APHCs suffer from unavailability of infrastructure and facilities such as water and power supply, availability of functional labour and operation theatre and toilets. No APHC have assured running water supply and no APHC have continuous power supply available. Considering that APHCs are expected to provide laboratory services, maintain the cold chain involving equipments such as deep freezers and ILR, 24 hours emergency services and in-patient services, lack of running water and continuous power supply is a significant constraint.. Perhaps the most challenging constraint for the APHC is the lack of labour room. APHCs as the first port of care for

obstetrics are required to have a fully functional labour room in Madhepura no APHCs in the entire infrastructure.

District has functional labour rooms with sufficient equipment and facilities. As the residential quarters are not available at the facility level, staff does not reside at the APHC. All the APHCs need quarters for staff because of, either APHCs have no building for staff or poor condition of building which are not worth for residence purpose. The staff across the district also reports absence of furniture and the need of major repair work for the furniture.

Name of the Institution	SADAR HOSPITAL, MADHEPURA	Madhepura	Singheshwar	Gamharia	Ghailar	Shankarpur	Gwalpara	Udakishunganj	Bihariganj	Chausa	Alamnagar	Puraini	Murliganj	Kumarkhand
Name of Facility														
Building	GOVT.	RENTED	GOVT	GOVT	GOVT	GOVT	GOVT	GOVT	GOVT	GOVT	GOVT	GOVT	GOVT	GOVT
Building condition	GOOD	FAIR	GOOD	GOOD	FAIR	FAIR	FAIR	GOOD	FAIR	FAI	FAIR	GOOD	FAIR	FAIR
Water Supply	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Power Supply	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Toiletes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Functional Labour Room	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Condition of labour room	GOOD	NO	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	GOOD
Functional O.T	GOOD	NO	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Condition of O.T	GOOD	NO	GOOD	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	FAIR	GOOD	FAIR	FAIR
Condition of Ward	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD	GOOD

PHCs fare well in terms of infrastructure as compared to APHC and Health Sub centres. All the PHCs in the district are based in government buildings. Out of 13 functional PHCs, 12 have functional OT and 10 have functional labour rooms. Yet the condition of operation theatre and labour rooms need to be improved in nearly all the PHCs. Toilets are available in all the PHCs . PHCs are in better condition in terms of availability of power but poor in running water supply. Out of 13 PHCs, none have access to running water and all have continuous power supply. Main problem at the PHC level is not the total lack but inadequacy of infrastructure facilities. As PHC serves 1 lakh twenty thousand population, the level of infrastructure in terms of size of building, number of rooms, and size of wards is clearly inadequate. The gaps arise as the infrastructure was designed to serve 30,000 populations. As a result several PHCs are unable to fulfil the demand for in-patient services. The status of infrastructure in all the PHCs in the district is presented in the following chart.

Situation Analysis: PHC Human Resources

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

Doctors	Number of PHCs with 4 and more sanctioned doctors	06
	Number of PHCs with 4 and more doctors in position	06
	Number of PHCs with 3 Doctors sanctioned	07
	Number of PHCs with 3 doctors in position	\07
	Number of PHCs with 2 or less than 2 doctors sanctioned	0
	Number of PHCs with 2 or less than 2 doctors in position	0
	Total number of doctors	59
	Regular Doctors	42
	Contract doctors	17
	PHC where sanctioned=in position …….	0
Specialists	PHCs with ….. specialist	03
ANMs	PHCs with ……or more than 7 ANMs	07
	PHC withless than ……	0\2
	PHC with sanctioned position more than in position	0
	PHC with in position ANMs more than sanctioned	0
Nurses	PHCs with Nurses	13
Lab Tech	PHCs with lab tech sanctioned	13
	PHCs with lab tech in position	0
Pharmacist	PHCs with at least 1 pharmacist in sanctioned	13
	PHCs with at least 1 pharmacist in position	05
Storekeepers	PHCs with storekeepers	0

Human Resources at PHC

		Doctors		ANM		Laboratory		Pharmacists / dresser		Nurses A Grade	
No.	PHC Name	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position
	SADAR HOSPITAL, MADHEPURA	55	11	100	13	13	01	08	02	100	03
	Madhepura	04	01	24	20	01	0	01	0	02	01
	Singheshwar	08	04	20	08	01	0	01	0	0	0
	Gamharia	04	03	05	01	01	0	01	0	0	0
	Ghailar	04	03	18	05	01	01	01	0	01	0
	Shankarpur	04	03	03	02	01	0	01	0	03	02
	Gwalpara	02	02	03	02	01	0	01	0	0	0
	Udakishunganj	04	04	19	10	01	01	01	0	0	02
	Bihariganj	04	02	10	08	01	0	01	01	0	0
	Chausa	05	05	28	09	01	0	01	0	0	01
	Alamnagar	06	03	32	08	01	01	01	01	0	03
	Puraini	03	04	07	05	01	0	01	0	0	0
	Murliganj	06	04	18	13	01	0	01	0	0	0
	Kumarkhand	05	03	30	30	01	0	01	01	02	02
Total											

Situation Analysis: Support Services at PHCs:

Support Services at PHC

PHC Services at a Glance	
Total number of PHCs:	**13**
Availability of Ambulance:	**13**
Generator:	**13**
X – Ray 4 :	**No**
Laboratory Services (Pathology):	**0**
Laboratory Services (Malaria/Kalazaar):	**0**
Laboratory Services (T.B) :	**12**
Canteen :	**No**
Housekeeping :	**No**
Rogi Kalyan Samiti set up :	**13**
Untied funds received :	**13**
Untied funds utilized :	**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 not provides basic pathological lab services but provides lab services for TB, A detailed analysis of the services available at each PHC of Madhepura is given alongside.

Name of Facility	SADAR HOYSPITAL, MADUHEPURA	Madhepura	Singheshwar	Gamharia	Ghailar	Shankarpur	Gwalpara	Udakishunganj	Bihariganj	Chausa	Alamnagar	Puraini	Murliganj	Kumarkhand
Ambulance	Y	NO	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Generator	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
X- ray	Y	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Lab.servic	Y	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Lab.service(Malaria/ Kalazar)	Y	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Lab.service(T.B)	Y	NO	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Canteen	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
House keeping	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
RKS Fund avail.(in lac)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
RKS Fund utilized(in lac)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Untied fund avail.(in lac)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Untied fund utilized(in lac)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

As per the above analysis in, the Madhepura health system requires to focus its attention on support services for PHCs in the district. Transportation facilities are available in seven PHCs .At most of the places Ambulance services are outsourced. Generator is also outsourced in all the PHCs. Laboratory services for Pathology, Malaria and Kala Azar are available in the district . Laboratory services for TB are available in 12 PHCs. The analysis highlights the need to invest in laboratory services.

Analysis: District Hospital Madhepura

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

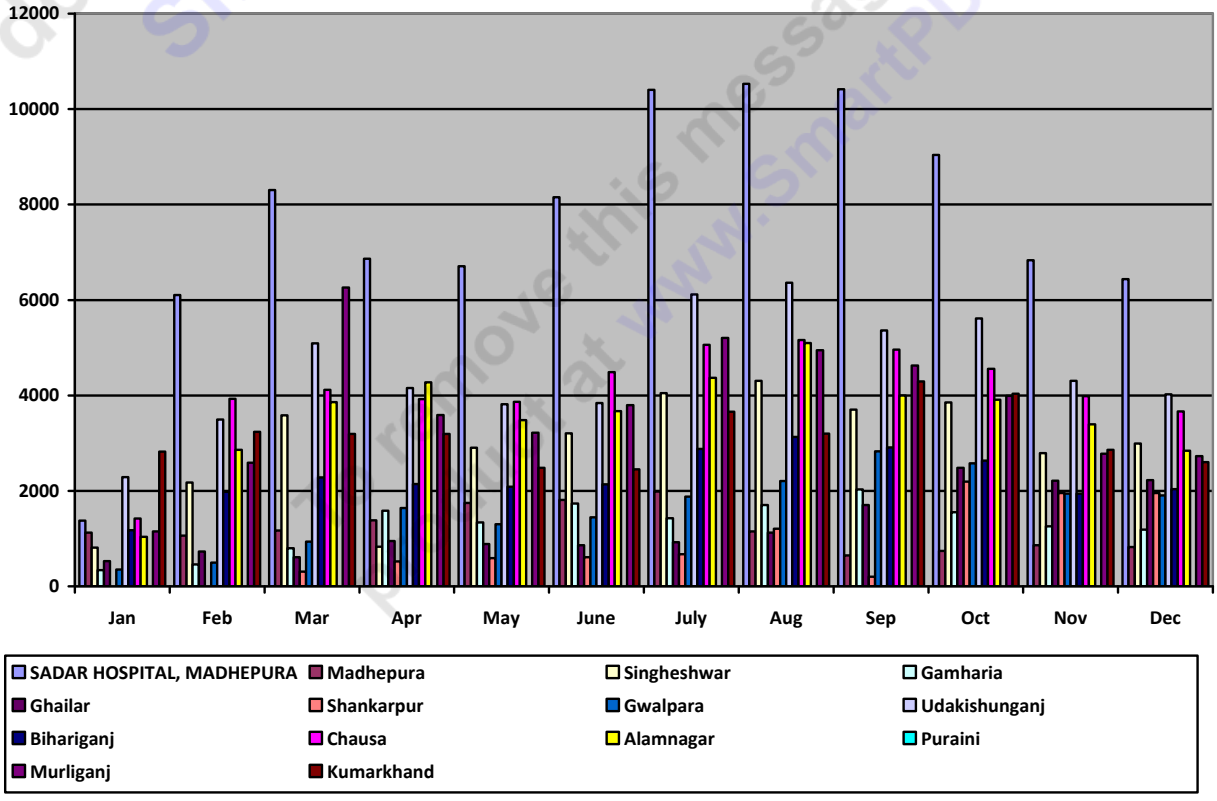
According to IPHS norms district such as Madhepura with a population of more than 18 lakhs need a 500 bedded district hospital to perform efficiently all the roles described above. Yet the district hospital in Madhepura has only 300 beds. Huge resource investment is required to upgrade the facility to 500 bed levels. Sadar hospital Madhepura is situated in a spacious and clean building at Madhepura city which is the District head quarter. The building condition is good and hospital has all the basic facilities such as running water supply and power supply. Sadar hospital is served by doctors and 15 nurses. One specialist is available at the facility. The hospital currently have one lab technician and has only one pharmacist/dresser and one store keeper. The facility has functional ambulance, generator and X ray machine and pathology lab.

Situation Analysis: Service Delivery

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

Treatment of OPD Patients in Sadar Hospital Madhepura & PHCs in the year 09.

PHC Name	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
SADAR HOSPITAL, MADHEPURA	1378	6101	8301	6866	6705	8151	10403	10529	10415	9039	6835	6440	91163
Madhepura	1125	1060	1170	1384	1747	1809	1989	1150	650	741	859	821	14505
Singheshwar	812	2176	3585	829	2903	3206	4048	4305	3700	3852	2788	2992	37196
Gamharia	338	457	799	1581	1339	1738	1426	1704	2031	1554	1260	1186	15413
Ghailar	527	728	607	950	886	859	924	1128	1703	2484	2211	2227	15234
Shankarpur	0	0	305	520	590	611	675	1207	203.7	2193	1952	1955	12045
Gwalpara	355	499	936	1643	1303	1443	1881	2209	2830	2576	1940	1904	19539
Udakishunganj	2288	3492	5094	4155	3818	3838	6114	6359	5365	5613	4306	4020	54405
Bihariganj	1175	1981	2281	2141	2084	2135	2879	3128	2913	2636	1943	2037	27329
Chausa	1422	3927	4119	3925	3865	4486	5061	5163	4957	4556	3987	3664	49132
Alamnagar	1040	2862	3861	4275	3485	3670	4369	5101	4001	3912	3395	2842	42613
Puraini	0	0	0	0	0	00	0	0	0	0	0	0	0
Murliganj	1150	2588	6261	3589	3216	3795	5203	4944	4625	3990	2781	2726	44784
Kumarkhand	2825	3240	3193	3195	2485	2454	3657	3199	4291	4038	2860	2602	38039



According to the available data, on an average, a PHC in Madhepura District attends to 14505 patients a month. PHCs like G and ghamaria and ghailar on an average receive 1284 and 1269 patients a month respectively 7517 receives the highest number of patients with the number of OPD patients in the year. This is certainly huge number in terms of work burden.Total patients attended by all the PHCs in year 2009 are 510902

Situation Analysis: Revised National Tuberculosis Control Programme

District has total single T.B units in the district- 03 (three to in district) Report of January 2009 to December 2009. ……
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…..

S. No	Name of T.B Unit Institution	Total No. Of atients put on treatment	Annualised total case of detection rate	Number of new smear positive case put on treatment	Annualised NSP case detection rate	Cure rate for Cases detected in last 4 corresponding quarter	Annulaised NSP Case detection rate %
1	SADAR HOSPITAL, MADHEPURA	86	43	51	26	85%	35
2	Madhepura	0	0	0	0	0	0
3	Singheshwar	69	47	25	17	92%	23
4	Gamharia	18	14	13	10	0	13
5	Ghailar	33	33	19	19	100%	25
6	Shankarpur	37	30	22	18	100%	24
7	Gwalpara	48	48	26	26	77%	35
8	Udakishunganj	97	65	40	27	86%	36
9	Bihariganj	62	50	35	28	0	37
10	Chausa	70	47	46	31	0	41
11	Alamnagar	92	61	52	35	0	47
12	Puraini	29	29	06	06	0	8
13	Murliganj	175	140	100	80	95%	107
14	Kumarkhand	106	61	65	37	86%	49

Situation Analysis: Kala Azar Control Programme

Kala Azar continues to pose challenge for the state of Bihar. In year of 2008 Kala Azar patients are found in singheshwar, udakishanganj, chausa, alamnagar, murliganj, kumarkhand and Sadar block of Madhepura District. A PHC wise kalazar Cases & Death of last five year reports given in the table below that due to Kala Azar how many patients are died and how many are treated in different blocks of Madhepura District.

S. No.		Year 2003		Year 2004		Year 2005		Year 2006		Year 2007		Year 2008	
No.	Name of Institution	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death
1	SADAR HOSPITAL, MADHEPURA	Na	Na	386	0	265	0	256	0	906	0	746	02
2	Madhepura	Na	Na	247	0	339	0	383	0	81	0	0	0
3	Singheshwar	Na	Na	257	0	201	0	360	0	259	0	245	0
4	Gamharia	Na	Na	Na	0	Na	0	Na	0	Na	0	Na	0
5	Ghailar	Na	Na	Na	0	Na	0	Na	0	Na	0	Na	0
6	Shankarpur	Na	Na	Na	0	Na	0	Na	0	Na	0	Na	0
7	Gwalpara	Na	Na	Na	0	Na	0	Na	0	Na	0	Na	0
8	Udakishunganj	Na	Na	272	0	183	0	404	0	672	0	472	0
9	Bihariganj	Na	Na	Na	0	Na	0	Na	0	Na	0	Na	0
10	Chausa	Na	Na	347	0	169	0	147	0	176	0	63	0
11	Alamnagar	Na	Na	167	01	570	07	212	0	227	0	141	0
12	Puraini	Na	Na	Na	0	Na	0	Na	0	Na	0	Na	0
13	Murliganj	Na	Na	131	01	257	0	359	0	314	0	253	0
14	Kumarkhand	Na	Na	268	0	131	0	124	0	87	0	72	0

From the above table , it is very clear that, no. of patient and death due to Kala-azar are increasing year by year as evident, in the year 2003- no data are available patient of Kala-azar are treated 2062 patient of Kala-azar are treated in the year 2004, in the year 2005- 2115 patient of Kala-azar are treated and 07 death is reported during the year, in the year 2006- 2245 patient of Kala-azar are treated and 0 deaths are reported during the year, in the year 2007 -2722 patient of Kala-azar are treated and 0 deaths are reported during the year, in the year 2008- 1992 patient of Kala-azar are treated and 02 deaths are reported during the year which is lesser then last year.

Steps has already been taken at state and District level to overcome from the situation.

Situation Analysis: National Blindness Control Programme

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

National Blindness Control Proramme Data

CATARACT	QUARTER-I			QUARTER-II			QUARTER-III			QUARTER-IV			TOTAL
PERFORMANCE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
FACILITY	0	0	0	0	0	0	0	0	0				
MEDICAL COLLEGE	0	0	0	0	0	0	0	0	0				
DIST. HOSP.	0	0	0	0	0	0	0	0	0				
NGOS	0	0	0	0	0	0	0	0	0				
PVT. SECTOR	07	05	06	08	05	06	08	07	07				
OTHERS	0	0	0	0	0	0	0	0	0				
TOTAL	0	0	0	0	0	0	0	0	0				
PROG. TOTAL	07	05	06	08	05	06	08	32	59				
SCHOOL EYE SCREENING	0	0	0	0	0	0	0	0	0				
No. of teachers trained in screening for Refractive errors	0	0	0	0	0	0	0	0	0				
No. of school going children screened	117	3394	1256	2912	3669	2772	2893	1774	1744				
No. of school going children detected with Refractive errors	06	99	112	105	129	52	68	46	42				
No. of school going children provided free glasses	0	0	0	0	0	0	0	0	0				
EYE DONATION	0	0	0	0	0	0	0	0	0				
No. of Eyes Collected	0	0	0	0	0	0	0	0	0				
No. of Eyes Utilized	0	0	0	0	0	0	0	0	0				

DISTRICT HEALTH ACTION PLAN

District Health Society, Madhepura

Strengthening Health Facilities in Madhepura District

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

1. Sub centres

Objectives:

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

INFRASRUCTURE

SITUATION ANALYSIS :–

As per IPHS norms, Madhepura district requires a total of 302 Sub centres of which 272. are present in the district.76 are already proposed and no more Sub Centers are required in this finanacial year. At the sub centre level infrastructure poses major constraints. The analysis reveals that of the existing 272 SCs, only 109 are situated in any building premises. Out of these 97 are in Govt. building 12 in Panchayat buildings and no one are in rented building, Out of the 272 sub-centers, buildings are under construction for 03 HSCs and in 0 HSCs repair and renovation work is going on163. HSCs still do not have any building. Of the existing HSC with building, neither none have reported the availability of running water supply nor have reported the availability of continuous power supply. It is also important to note that no sub centre in the district has received untied funds while it has already been released from the district. Very few ANMs posted and are residing in and around the Sub centres .None of the HSCs have been reported running with OPD. About 95% HSCs are running without sufficient furniture & other basic amenities. About 65% HSCs requires either new building or requires major repair works and all the existing HSCs require with running water and electricity supply for smoother and efficient work. District reports that 272 sub centres currently do not have residential facility or ANM in Sub centre area and would require the same.

STRATEGIES :-

- Requisition for sanctioning of 76 more HSCs.
- Construction of buildings for the 128 newly sanctioned HSCs as per IPHS norms.
- Ensuring that 97 Sub centres that are currently located in Government buildings are renovated according to IPHS Norms.
- Revising rent rates for the sub centres operating from rented houses and for any further rentals

  in order to get adequate space and facilities for HSC functioning.
- Renewing the contracts of the ANMs on contract.
- Appointment of regular and contractual ANMs for the newly sanctioned HSCs.

ACTIVITIES-:

For new construction

- Meeting with CO to identify availability of land for setting up the priority HSCs in the selected villages. Follow up the responses to the advertisement given by Bihar Govt for donation of land

  for setting up of HSCs.
- Village meetings to identify accessible locations for setting up of HSCs.
- Finding locations for new HSCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered.
- Requesting allotment for construction of new HSCs to State Health Society.
- Requesting state government to revise the rent rates for HC building and make the grant for payment of the rent.
- Ensuring construction of HSC building as per IPHS norm along with residence for ANM and other health staff.
- Submission of proposal for the appointment of regular and contractual ANMs for the newly sanctioned HSCs.
- Holding interviews and issuing appointment letters.

For review of ongoing renovation/construction

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

INTERIM ARRANGEMENT

- Meeting local bodies to identify temporary building for -: (1) the HSCs without any building located in the identified priority blocks (2) for 163 HSCs operating without any building (3) 0 HSCs working from rented building

BUDGET-:

For New construction

- 63 health sub center will construct in 2010-11 , 63 x Rs.650,000.0 = Rs, 4,09,50,000.00

Rent

- Rent for 76 newly sanctioned + 100 without building = 176 , 176 x Rs.800.00 x12 months = Rs.1689600.00

Furniture

- Furniture for sub-centers 144 (Working) @ 20,000.00 per HSC = 144 x Rs.20,000.00 = Rs.2880,000.00 (One time payment for 4 chairs, Two Table, one Almirah, one bench of Premium Quality**).**

Salaries for Contractual ANM's

144 (Working) x Rs.8000 x 12 = Rs. 13824000.00

EQUIPMENT

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

STRATEGIES-:

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

ACTIVITIES-:

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

BUDGET-:

144(Working) x Rs.10000 x 12 = Rs. 1440012.00

DRUGS

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

STRATEGIES-:

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

ACTIVITIES-:

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

BUDGET

144 (Working) x Rs.5000 x 12 = Rs. 8640000.00

2.Additional Primary Health Centres

Objectives:

1. To ensure that Madhepura 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.

INFRASRUCTURE

SITUATION ANALYSIS -. In Bihar Additional APHC operate at the population of 30,000. There are 23 functional APHCs in Madhepura. 16 new APHCs are newly sanctioned and no APHCs are futher required. Out of 23 APHCs, 12 are situated in the government buildings, 0 in rented buildings, 04 in panchayat buildings and 07 APHC still do not have building. In addition to that 02 APHC in Ghelar and gwalpara does not have any type of building available for its functioning. 03 APHCs from ghelar and Chausa also do not have their own buildings and are operational in Panchayat building. Almost all the APHCs suffer from unavailability of infrastructure and facilities such as water and power supply, availability of functional labour and operation theatre and toilets. No APHC have assured running water supply and no APHC have continuous power supply available. As the residential quarters are not available at the facility level in most of the APHCs. It is also reported that, absence of furniture and the need of major repair work for the furniture.

STRATEGIES-

- 11 APHCs which are already sactioned should be set up to meet the PHC level and as per IPHS norms. All are proposed to be constructed in the coming year.
- Prioritising the setting up of APHCs in blocks such as gwalpara and ghamaria which do not have any APHCs currently and also in blocks where the gaps are more than 50% namely, murliganj, chausa, puraini, udakishanganj,gwalpara . A total of 07 APHCs need to be set up in these priority blocks.
- Construction of building for existing APHCs working in Panchayat or rented buildings or without any building as per PHC level IPHS norms ensuring the availability of Labour room facilities, aternal wards and toilets.
- Ensuring running water supply and drinking water supply in all existing APHCs.
- Ensuring power supply and power back up for all existing APHCs.
- Building residential facilities for doctors and other staff at all the 15 running APHCs.

ACTIVITIES-:

- Meeting with CO to identify available land for setting up the priority APHCs (PHCs) in the selected villages.
- Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of APHCs.
- Village meetings to identify accessible locations for setting up of APHCs.
- Finding locations for new APHCs on the basis of hard to reach areas and population.Distance between two facilities should also be considered.
- Requesting state government to revise the rent rates for APHC (PHC) building and make the grant for payment of the rent.
- Ensuring construction of APHC (PHC) building as per IPHS norm along with residence for MOs, ANM and other health staff.
- Electrification of all APHCs & to ensuring running water supply .

BUDGET-:

For construction (including MO and staff quarters)

Current APHCs without Govt Building:- 04 +07 New APHCs to be constructed = 11 x Rs.60,000,00.00 = Rs.66,00,000.0

For Electrification of all the 11 existing APHCs.

Rs.100,000.0 Per APHCs=Rs.11,00,000.00

For power backup

11 APHCs x Rs65.0/hr x 12hrs/day x 25 days/month*x 12 months = Rs.2574,000.00

For running water Supply

11 APHCs x Rs.50,000.0/unit = Rs.550000.00 arrangement.

HUMAN RESOURCE

SITUATION ANALYSIS -. While posts of 2 MOs have been sanctioned for 11 running APHCs of Madhepura district, only 10 APHCs function with 2 doctors in position while 16 APHCs have only 1 MO in position and an overwhelming Shankarpur and Gwalpara do not have any doctors in position. Some Blocks do not have doctors in position in either all or more than 50% of APHCs.All 23 APHCs have 2 Grade A Staff Nurse positions. All APHCs have 2 ANMs sanctioned and all APHCs have 2 ANMs in position. Laboratory technicians are sanctioned in all APHCs but in position only in few. Pharmacists are sanctioned in all APHCs but in position in only 2.

STRATEGIES-

Doctors

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

Grade A Nurses

- Renewal of contract of Nurses for 3 years based on performance · Filling up of rest vacancies.
- Recruitment of Nurses for all remaining APHCs.

ANMs

- Filling up of ANM vacancies
- Recruitment of two ANMs for all remaining APHCs.

MPWs

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

Laboratory technicians

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

Pharmacists

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

Accountant

- Filling up of vacancies of Accountants

ACTIVITIES-:

For Rationalization of Doctors across facilities

- Reviewing current postings.
- Preparing a rationalized plan.
- Introducing rationalization plan in DHS meeting agenda to consider and approve the rationalization plan.

Additional charge as interim arrangement

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

Filling vacancies

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

Contract Renewal

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

BUDGET-:

Medical Officers

11(In Position)+11(Proposed) x 2 = 44 MOs

44 MOs x Rs.25,000.00 x 12 months= Rs.1,3200,000.00

Nurse

11(In Position)+11(Proposed) x 2 = 44 Nurse

44 Nurse x Rs.10000.00 x 12 months= Rs.2640,000.00

ANMs

11(In Position)+11(Proposed) x 1 = 22 ANM

22 ANM x Rs.8,000.00 x 12 months= Rs.2112,000.00

Lab tech

11(In Position)+11(Proposed) x 1 = 22 LT

22 LT x Rs.7,000.00 x 12 months= Rs.924,000.00

Pharmacist

11(In Position)+11(Proposed) x 1 = 22 LT

22 x Rs.7,000.00 x 12 months= Rs.924,000.00

Accountant

11(Proposed) x 1 = 11A/c

11 A/c x Rs.8,000.00 x 12 months= Rs.1056,000.00

EQUIPMENT

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

STRATEGIES-:

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

ACTIVITIES-:

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

BUDGET-:

Existing APHCs

11 APHCs x Rs.6250.0 x 4 quarters = Rs. 275000.00

DRUGS

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

STRATEGIES-:

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

ACTIVITIES-:

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

BUDGET-:

Existing APHCs

11 APHCs x Rs.5000.0 x 12 quarters= Rs.825,000=00

UNTIED FUND

Situation Analysis – Currently, since APHCs have not been upgraded to PHC level they do not receive any untied funds except Rs.25000.00 for white wash and minor repair in the year 2009-10.

STRATEGIES-:

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

ACTIVITIES-:

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

BUDGET-:

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

OPERATIONALIZATION OF ALL APHCs ON 24X7 BASIS.

Situation Analysis – Currently, since APHCs have not been upgraded to PHC level they do not receive any untied funds except Rs.25000.00 for white wash and minor repair in the year 2009-10.

STRATEGIES-:

- Operationlizing APHCs which have their own building on a 24*7 basis and upgrading them to the PHC level.
- Upgradation of infrastructure as per PHC level as per IPHS norms.
- Ensuring continuous power supply and power back up in these APHCs.
- Hiring Ambulance services for these APHCs.
- Outsourcing housekeeping and canteen services for these APHCs.
- Sanctioning the post of an additional Staff Nurse at these APHCs taking the total number of Staff Nurses posted at each APHC to Filling up vacancies of Staff Nurses and ANMs in APHCs on a priority basis.
- Relieving ANMs posted at these APHCs of outreach duties including Routine Immunisation and weekly meeting at PHC level.
- Rationalisation of doctors in APHCs on a priority basis.
- Filling vacancies of doctors in APHCs on a priority basis.
- Appointment of Laboratory Technicians, Pharmacists, Accountant and MPWS (M/F) in these APHCs on a priority basis.

ACTIVITIES-:

For Upgradation of Infrastructure

- Meeting of DHS to plan upgradation of existing 12 APHCs which have their own building.
- Request to Building division to review, prepare layout, plan and make overall budget for upgradation of APHCs (PHCs as per IPHS norms) with their own building.

For power supply

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

For Ambulance services

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

For outsourcing housekeeping & canteen services

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

Filling Vacancies

- Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors.
- Requisition to state health department for recruitment of permanent Grade A and requisition to state health society for hiring of contractual Grade A nurses.
- Appointing Laboratory technicians and pharmacists (permanent positions).
- Submission of proposal for appointment of clerks/accountants.

Holding interviews and issuing appointment letters.

BUDGET-:

Upgradation of infrastructure

11 APHCs x Rs.7,00,000.00= Rs.77,00,000.00

Setting up Pathological labs

11 APHCs x Rs 200,000.00= Rs.2200,000.00

Power back up

11 APHCs x Rs.65.00/hr x 24hr x 30days x 12 months = Rs.6177600.00

Ambulance

11APHCs x Rs.15,000.00/month x12 month=Rs.1980,000.00

Electrification

11 APHCs x Rs.100,000.00= Rs.1,100,000.00

Water supply

11 APHCs x Rs100,000.00 =Rs.11,00,000.00

Canteen funds

11 APHCs x Rs.50 per person x 10 people x 30days x12months = Rs.201600.00

Housekeeping Funds

11 x Rs.**7000**= Rs.77000.00

3. Primary Health Centres

Objectives

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

INFRASTRUCTURE

Situation Analysis –

Madhepura has 13 PHCs ,whereas 6 PHCs are newly constructed which are Ghelar, Ghamaria, Shankarpur, Puraini,Bihariganj ,Gwalpara . Each PHC currently has 6 beds. They currently have facilities for OPD services. All existing PHCs operate out of their own building. 6 PHCs havefunctional OTs and 9 have functional labour rooms. Condition of OT and labour rooms need to be improved in nearly all PHCs. PHCs in Ghamaria, Ghelar, shankarpur, Bihariganj, require major repair work to make the Labour Room fully operational also toilets need to be made available in above PHCs, running water supply and continuous power supply is needed nearly in all PHCs. Major repairs are required in 9 PHCs of Madhepura District.

STRATEGIES-:

Fully operationalisation of 6 newly constructed PHCs – Ghelarh, Ghamaria, Shankarpur, Puraini, Bihariganj, Gwalpara.

- Strengthening 4 PHCs to ensure basic facilities especially functional labour rooms and OTs.

  Ghamaria, Ghailar, Shankarpur, Bihariganj.
- Ensuring running water supply and drinking water supply in all PHCs
- Ensuring power supply and power back up for all PHCs

ACTIVITIES

Fully operationalising 6 new PHCs

- To commission , . Ghelar,Ghamaria, Shankarpur, Puraini,Bihariganj ,Gwalpara PHCs fully equipped and staffed.

Strengthening existing PHCs to ensure fully functional

- Setting up of fully functional Labour rooms and OTs in 7 PHCs – sadar hospital, chausa, udakishanganj, kumarkhand, singheshwar, alamnagar,murliganj.

Ensuring running water supply

- Requesting PHED to prepare a budget for provision of running water supply in the Bihariganj,

Puraini, ghamaria, shankarpur, gwalpara, ghelar.

Ensuring power supply and power back up

- Hiring of generators for all PHCs

BUDGET

Labour room
6 PHCs* Rs.500,000.00= Rs.3,000,000.00
OT with complete infrastructure

.

6 PHCs* Rs.500,000.00 = Rs.3000,000.00
Setting up Pathological Laboratories
13 PHCs x Rs150,000.00=Rs.1,950,000.00
Separate M/F Toilets
13 PHCs x Rs.200,000.00 = Rs.26,00,000.0

Water supply
13 PHCs * Rs.200,000.0=Rs.26,00,000.00
Building Maintenance fund
13 PHCs x Rs100,000.0= Rs.1,300,000.00

HUMAN RESOURCE

SITUATION ANALYSIS -. Seven PHCs are served by three doctors and 06 PHCs have less than 3 doctors in position. Availability of specialists is still a major constraint for the district as there is only
18 specialists in position. Situation of ANM at PHC is satisfactory since the gap between sanctioned and in position is either absent or very narrow for most of the PHCs. Pharmacists are sanctioned in

all the PHCs but are in position only 3 PHCs. Similarly Store keepers are in position in 3 PHCs. The biggest gap is in the availability of Nurses

STRATEGIES-

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

ACTIVITIES-:

across facilities

Reviewing current postings.

Preparing a rationalization plan.

Meeting to DHS to consider and approve the rationalization plan.

Filling Vacancies

- Requisition to state health department for recruitment of permanent doctor and requisition to
- state health society for hiring of contractual doctors.
- Requisition to state health department for recruitment of permanent Grade A nurse and
- requisition to state health society for hiring of contractual Grade A nurses.
- Appointment of Laboratory technicians, pharmacists, dressers and Store keepers (permanent positions) Submission of proposal for sanction and appointment of an OT Assistant in all 13 PHCs and sadar hospital.
- Holding interviews and issuing appointment letters.

BUDGET-:

Doctors

5 Doctors x 13 PHCs x Rs.30,000.00 x 12 months= Rs.23400000.00

Grade A Staff nurse

7 Staff Nurses x 13 PHCs x Rs10000.00 x 12 months= Rs.1092 0000.00

ANMs

2 ANMs x 13 PHCs x Rs8000.00 x 12 months= Rs.2496000.00

Pharmacist

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

Lab tech

13 Lab tech*Rs7,000.0*12 months= Rs.1092000.00

OT assistants

13 OT Assistants* Rs.7,000.0* 12 months= Rs.1092000.00

EQUIPMENT

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

STRATEGIES-:

A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms.

Rational fulfilling of the equipments required.

Repair/replacement of the damaged equipments

ACTIVITIES-:

Monthly reporting of the equipment status, functional/non-functional.

Purchase of essential equipments locally by utilizing the funds or through RKS funds.

Identification of the local repair shop for minor repairs.

Training of health worker for handling the equipment and minor repair.

BUDGET-:

Existing PHCs

13 PHCs x Rs.6250.0 x 4 quarters = Rs. 325,000.00

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

STRATEGIES-:

Ensuring timely replenishment of essential drugs prescribed under IPHS standards.

Ensuring management of adverse drug reactions.

Ensuring proper storage of the drugs

ACTIVITIES-:

Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store.

Utilization of RKS funds for purchase of essential drugs locally.

Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors.

Separate provision of drugs mainly for camps.

Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs.

Utilization of PMGY funds allotted for drugs purchase at the local level

BUDGET-:

Existing APHCs

13 PHCs x Rs.25,000.00 x 12 Month = Rs.3900000.00

UNTIED FUND

Situation Analysis – Rogi Kalyan Samitis have been established in 13 PHCs and while RKS funds are being utilized in nearly 70% of the PHCs, fund flows and submission of utilization certificates is now regular. Untied funds have not been received by all the PHCs and all the PHCs starred utilizing the funds.

STRATEGIES-:

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

ACTIVITIES-:

Training of RKS office bearers on documentation of meetings as well as of the potential of the RKS.

Monthly review meeting of block level accountants by District Accounts Manager to strengthen the documentation process

Developing a check list for review.

BUDGET-:

13 PHCs*Rs.100,000.00 = Rs.1300,000.00

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

SITUATION ANALYSIS -. Ambulance services are known to be available at 13 PHC out of 13 PHCs. The PHCs which do not have these services are under process to acquire it. X-Ray services are not available at most PHCs.Canteen services are also not available in any PHCs. Proper Housekeeping services are also not available in any PHC.

STRATEGIES-

Ambulance

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

x-Ray Services

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

Canteen

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

Housekeeping

- To ensure that housekeeping services are available at all PHCs

ACTIVITIES-

To review the existing ambulance services by the following indicators:

- % of BPL mothers who availed of ambulance services of the BPL mothers who came for institutional deliveries .
- % of BPL patients (including mothers) who availed of ambulance services from total patients who availed of ambulance services .
- % of emergency cases who availed of ambulance services.
- Average time taken for emergency patient to be brought to hospital by ambulance.
- To renew contracts of ambulance service providers based on review
- To strengthen district run ambulance services.
- To create awareness about the ambulance services at the community level through local radio,

  newspapers, wall paintings and for remote areas through the ASHA, AWWs and ANMs · ASHA

  helpdesk to take feedback from each patient on the timeliness of the ambulance service and the user fees collected.
- To use RKS funds for the running costs of government run ambulance services

X-Ray Services

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

  % of exemptions for BPL patients.

Canteen services

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

Housekeeping services

- To identify providers for housekeeping services for all PHCs.

BUDGET-

Canteen –

13 PHCs*Rs60 per person*15 people*30days*12 months=Rs.4212000.00

Housekeeping-

13 PHCs*10,000=1,30,000

District Hospital

Objective:-

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

INFRASTRUCTURE

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

STRATEGIES-

- Providing separate ward for OPD.
- Ensuring IPD for general and specialists care
- Ensuring clearing of encroachment and renovation.
- Ensuring functioning of all OTs.
- Establishment of eye OT with proper equipments

ACTIVITIES

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

BUDGET

- Upgradation of DH = Rs 20,00,000.00 lakhs
- Boundary Wall of DH = Rs 20,00,000.00 lakhs
- Supportive infrastructure = Rs 15.00 lakhs
- OT Ophthalmology = Rs 20.00 lakhs
- Maintenance fund of DH Rs.300,000.00 Per Quarter
- Quarter for Doctors @ Rs. 25 lac = 20 x 25 lac = 50 lac
- Quarter for Staff @ 15 Lac = 30 x 15 = 45 lac

HUMAN RESOURCE

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

STRATEGIES-

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

  Ensuring recruitment of attendentants

ACTIVITIES-

- Advertisement of the posts for contractual appointment of 10 MOs, 10 SNs, two pharmacists, two lab technicians, one –xray technician, one ecg technician, five OT technicians, and 10 ward attendents for both male and female wards.

- Rationalizing of the doctors at the DHs Walk-in interviews for MOs and specialists

BUDGET-

- 15 specialists*30,000*12 months=Rs.54 00,000.00
- 11 paramedics*7000*12 months=Rs.924,000.00
- 10 ward attendants*6000*12 months=Rs.720,000.00
- 1Radiographer*7000*12 months=Rs.84,000.00
- 10 Admin staff*Rs.8000*12=Rs.960,000.00
- 4 social worker/counselors*7,000*12 months=Rs.336,000.00
- Advertisement- Two times * two newspapers* Rs 1.5 lakhs=Rs.600,000.00

RKS Fund

Situation Analysis – District Hospital utilized RKS amount given in the year 2007-08. Currently fund interruption for disbursement to outsource activities like cleanliness, catering, laundry, power supply and ambulance. RKS fund can be utilized for services such as Laundry, cleanliness, and ambulance and outsourcing

STRATEGIES-

- Ensuring the timely fund flow to District.
- Ensuring timely submission of UC.
- Ensuring renewal of contract outsource agencies.

ACTIVITIES-

- Submitting the requisition for release of due payments.
- Submitting the requisition for release of advances.
- Minimizing the miss management of funds.
- Timely payments for the contracted out sourced agencies.
- Performance based revision of contracted out sources agencies.

BUDGET-

- RKS corpus fund = Rs. 500,000

Ante-natal Care :-

Situation Analysis:- For Madhepura as per DLHS 3 figures, percentage of pregnant women registered for ANC is only 24%. Mothers who receive at least 3 ANC visits during the last pregnancy is 20 %, percentage of mothers who got at least one TT injection in their last pregnancy is 52.7%. Percentage of mothers who were motivated by ASHA for ante natal care is 3.9%.

Strategies-

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

Activities-

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

- their participation for the coming day.
- Organizing Mahila Mandal day to share information and create awareness about maternal and child health on every third Friday of the month at each AWC.
- Wide publicity of Mahila Mandal day.
- Training to ANMs to provide complete Ante natal care and identify high risk pregnancies.
- Strengthening of Sub centre in terms of equipments to conduct ANC services.
- Ensuring regular supply of IFA tablets at each sub centre level.

Setting up Helpline with Ambulance at every PHC (APHC).

Budget-

Handbills-
Printing 5000 Handbills @ Rs 500 for 272 HSCs =Rs. 136,000.00

Pregnancy kits
1400 ASHAs*Rs30/pr egnancy kit*10 kits*4 quarters= Rs.1680000.0

Remarks-

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

Natal, Neo-Natal and Postnatal care.

Situation Analysis:
Percentage of institutional deliveries in Madhepura district is low at 17.7 %.Deliveries at home assisted by doctors or other skilled attendant such as nurse/LHV/ANM is even lower at 3.9 % whereas only 14.6 % of mothers received post natal care within 48 hours of delivery for their last child. Factors leading to the low rates of assisted and institutional deliveries include a shortage of Subcentres, 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. 6 PHCs in the district do not have fully functional labour rooms and no PHC has blood storage facilities. There is also a need of appointing lady doctors at APHC, PHC. In addition, breastfeeding practices need to be improved. According to DLHS 3, only 11.1 % infants were fed within one hour of birth. While 26.7% children were exclusively breastfed for 6 months and only 13.2 % of neonates received a check up within 24 hours after delivery. There are almost no facilities for the management of sick newborns.

Strategies-

- Strengthening of APHCs to provide 24*7 services.
- Strengthening 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 District Hospital.
- Developing a pool of skilled births attendants for each block.
- IMNCI Training for ASHAs and ANMs.
- Improving accessibility of skilled birth attendants to communities.
- Creating community level awareness on the importance of assisted and institutional deliveries
- through ASHAs.
- Counseling of mothers and families for early initiation of breastfeeding, colostrum feeding and
- exclusive breastfeeding for 6 months by ASHAs.
- Weighing of all newborns by ASHAs and AWWs at the community level within 48 hours.
- Ensuring timely payment of JBSY funds to mothers and ASHAs.
- Setting up a Sick Newborn Care Unit at the District Hospital.
- Ensuring telephone connectivity between all facilities providing institutional delivery care

Activities-

Strengthening facilities for institutional deliveries (please see facilities section)

Ensuring availability of fully functional and equipped labour room, maternal wards, ambulance services and blood storage facilities.

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

Ambulance services

· Identifying ambulance service providers for 23 APHCs, 13 PHCs, , and 1 DH and signing· Focus on increasing exemption to BPL patients in the utilization of ambulance services.

Developing a pool of Skilled Birth Attendants for each block

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

Accessibility of skilled birth attendants

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

IMNCI Training for all ASHAs and ANMs

- IMNCI training for all ASHAs and ANMs.

EmOC Training

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

Improving communication between facilities providing institutional delivery services

- Ensuring that 23 APHCs, 13 PHCs, and DH are connected through functional phone lines.

JBSY

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

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

- ASHAs to visit new born baby in first 48 hours to ensure exclusive breast feeding and counsel the families about new born care and post natal care.
- ANM and staff at facility to provide counseling and support for exclusive breast feeding.
- Each mother to receive a post natal check up before discharge Postnatal follow up by ASHAs and ANMs at the village level

Sick Newborn Care Unit

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

Budget

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

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

Telephone directory of SBAs for ASHAs
Rs.50,000.00

Printing JBSY cards
Rs.100,000.00
JBSY payments Rural:
Rs2,000/beneficiary *25000 deliveries estimated= Rs.50,000,000.00

Urban:
Rs 1200/beneficiary* 4600 deliveries estimated= Rs.5520,000.00

B. Infant Health

Objectives:-

Ensuring that 26.7 %age of children breastfed (0-6 months old) must be Increase.
Increase in 39.7 % of children (12-23 months) fully immunized (BCG, 3 doses of DPT, Polio and Measles).
Ensuring initiation of complementary feeding at 6 months.
Increasing the 18.9 % of children with diarrhoea who received ORS.
Increasing the 71.9 % of children with ARI/fever who received treatment .
Ensuring monthly health checkups of all children (0-6 months) at AWC.
Ensuring that all severely malnourished children are admitted, nutritionally rehabilitated and receive medical attention.

NUTRITION

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

STRATEGIES-:

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

ACTIVITIES-:

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

HEALTH SERVICES

Situation Analysis :- Only 18.9% children with diarrhoea received ORS whereas 71.9 % of children With acute respiratory infection/ fever did not receive any medical attention.

STRATEGIES-:

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

ACTIVITIES-:

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

BUDGET-:

IMNCI training
ASHA Drug Kit 1426 ASHAs*Rs600/kit= Rs.855600.00

HEALTH SERVICES -: IMMUNIZATION

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

STRATEGIES-:

- Improving availability of skilled vaccinators.
- Increasing utilization of immunization services through awareness generation by ASHAs and AWWs.
- Ensuring continued tracking of pregnant women and children for full immunization
- Establishing sound monitoring mechanism to review and guide the progress .
- Improving availability and maintaining quality of cold chain equipments.
- Improving timely supply of the vaccines.

- Timely supply of DPT and syringes.
- Discussion with the state to acquire power of issuing maintenance and repair contract for cold equipment from district.
- Adopting safe disposal policies

ACTIVITIES-:

- Organising regular routine immunisation training for ANM and AWW and IPC/IEC/BCC trainings for ASHA and AWWs
- Organising immunisation camps at every sub centre level on every Wednesday and at the AWCs on every Saturday.
- Regular house to house visits for registration of pregnant women for ANC and children for immunization.
- Developing tour plan schedule of ANM with the help of BHM and MOIC.
- Timely payment to MOICs to arrange transportation of vaccines from district hospital to PHCs.
- Regular disbursement of funds from the DIO to MOs for providing incentives to ANMs.
- Regular disbursement of funds for ANMs to provide incentives to AWWs and ASHA workers.
- Providing per diem for health workers, mobilisers, supervisors and vaccinators and alternative vaccinators.
- Maintaining the disbursement records and for evaluating the performance of the health.
- Visits by MOIC, CDPO, BHM, LHV and health educator to monitor the progress of immunization schedule and prepare report.
- Ensuring the unrestricted movement of the monitoring team with fuel for vehicle and funds for hiring of the vehicle.
- Maintaining continuous power supply at PHC level for maintaining the cold chain.
- Timely and regular requests from district to state as well as blocks to district to replenish the supply of DPT and syringe.
- Rationalisation of courier rates and making request to the SHS for increased funding for courier in order
  to ensure timely supply of vaccines to sub centres.
- Reviewing the contract of Cooling company, currently responsible for repair and maintenance.
- Submitting a proposal to the state health society to acquire power of issuing maintenance and repair contract for cold chain equipments from district.
- Procure stock of hub cutters for all the PHCs for safe disposal of needles and syringe.

BUDGET-:

1000 AWWs@ Rs.200.0*12 months = Rs.200000.00

Incentives for ANMs

1000(AWC visit by ANM) @ Rs 150.0*12 months = Rs.150000.00

Incentives for ASHAs

1000 (AWW visit by ASHA)@ Rs 200.0*12 months = 200000.00

Mahila Mandal Meetings

1000(Mahila mandals) @ Rs.250.0*12 months = Rs.250000.00

Per Diem for health workers

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

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

vaccinators = Rs174,825.0

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

Alternative vaccinators Rs 100/person/day = Rs 4900

Supervision

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

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

Training

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

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

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

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

B. Family planning.

Objective-:

- Fulfilling unmet need of 35.9 % for family planning services at the community level.
- Increasing the use of any modern method of family planning from 35.9 % to 50%.
- Increasing male sterilisation rates .
- Increasing the utilization of condoms as the preferred choice of contraception

Family Planning

Situation Analysis: The utilization of any method of contraception has increased a bare 5 percentage points in the district over the past five years whereas the utilization of modern methods has increased from 26% to 31%. Of this, nearly 29.2 % is contributed by female sterilization. Male sterilization is a low 0.4 %. Other spacing methods are equally low with the use of IUD a mere 0.1%, pills 0.5 % and condoms 0.6%. A significant unmet need for family planning services has been recorded at 35.9 % which importantly comprises of a 12.9 % need for spacing and 23 % for limiting methods

STRATEGIES-:

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

ACTIVITIES-:

Selection Method

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

Limiting methods

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

Abortion services

MTP services to be provided at all PHCs

Training

Training of MOs for conducting tubectomy and vasectomies 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

BUDGET-:

Training of Male Peer Educators

40 batches (25 educators in each batch trained for 3 days)*Rs3000.0/batch=Rs.120,000

Incentive

For 2000 NSVs @ Rs 1500 = Rs.3,000,000.0

For 20,000 tubectomies @ Rs 900= Rs.18,000,000.0

For 80,000 IUD insertions @ Rs 20 per case= Rs.1,600,000.0

C. Adolescent Reproductive & Sexual Health.

Objectives -:

- Reducing the 20.3 % births to women during age 15-19 years from 96% to 85%.
- Reducing anaemia levels in adolescent girls and boys.

Adolescent Reproductive & Sexual Health
Situation Analysis: Nearly 20.3 % of births are to girls in the age group of 15-19 years. This is a very vulnerable age group deserving of special attention and support.
STRATEGIES :- • Providing life skills education to married and un-married adolescent girls by ASHAs and AWWs. • Treating anemia among adolescent girls and boys.
ACTIVITIES: • Training of ASHAs and AWWs on providing life skills education to adolescent girls. • Screening of all adolescents especially girls for anemia during the monthly health checkups of children at AWC on the 2nd Monday of every month. • Screening of all adolescents for RTIs and STIs. • Providing IFA supplementation to adolescents.
BUDGET-: RTI/STI Screening budget included in the RCH camp. **Anaemia Screening** 1000 AWCs*Rs500.0*12month= Rs.6000000.00 **IFA supplements** Rs.500000.0

Thanking You…