

DISTRICT MADHUBANI

DISTRICT HEALTH ACTION PLAN

2010-2011

NATIONAL RURAL HEALTH MISSION



GOVERNMENT OF BIHAR

Preface

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

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

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.

Dr. Shabbir Ahamad
C.S Cum Member Secretary
District Health Society, Madhubani

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1. Executive Summary

With the growing concerns for health of the community, National Rural Health Mission (NRHM) is seen as a vehicle to ensure that preventive and promotive interventions reach the vulnerable and marginalized through expanding outreach and linking with local governance institutions. NRHM envisages achievement of ascertained goals by promotion of intersectoral linkages, which is anticipated as imperative for its effective implementation. These linkages can be within the public health system such as RCH, Family Planning, Routine Immunization and National Disease Control programmes or with other departments like Women and Child Development, Education, PRI and Water and Sanitation. These linkages could also be with the NGOs, the private health sector and the corporate sector with the overall objective of improvement of services and fragmentation of efforts. For making NRHM fully accountable and to facilitate the responsiveness of NRHM, need for formulation of District Health Action Plan (2007-12) has been recognized. DHAP intends to provide a guideline to develop a liable public health delivery system through intensive monitoring and performance standard.

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

Following the consultations at village and block level, consultations at district level involving a large range of stakeholders from different levels, aimed at delineating strategies to achieve identified district plan objectives. For effective implementation of suggested approaches it has been endeavored to carve out specific activities for each strategy and assign the activities a tentative time frame so as to indicate when a particular activity can happen.

Prior to consultative meetings, an attempt has been made to identify the performance gaps within the framework of existing health system by conducting situational analysis. It has been found that the situation of public health infrastructure in the district is not appalling however major gaps are found in human resource situation with high number of vacant staff positions for male MPWs, ANMs, specialists and lab technicians. The situation of convergence of health department with ICDS is notable. At the community level close collaboration exists between the ANMs and the AWWs. The activities of the two departments are integrated, providing complementary job functions to ensure better accessibility and availability of health services. Involvement of PRI in issues of health through village health and

sanitation committees is limited. Though the committees are constituted in most of the villages their functionality is unconvincing.

With the vision to improve the reproductive and child health condition within the district, increase in female literacy has been anticipated as the foremost strategy. The challenge of providing quality services to the poorest and remotest areas can be achieved by developing pro-people partnerships with the non-government sector and promoting convergence with other concerned departments and agencies such as ICDS, panchayat and education. To ensure universal access to quality services, upgradation of facilities and strengthening of technical capacity of existing human resources, especially with regard to emergency obstetric care needs to be focused. Improved fund flow, timely procurement of goods and services, cadre management, planning and monitoring through infusion of managerial skills is envisaged as necessary in order to reach the objectives of the mission. Intensified IEC activities by local health workers, panchayat leaders, community societies/local NGOs will provide much needed support for behaviour change of community regarding maternal care during pregnancy, ANC, institutional deliveries, breastfeeding practices as well as family planning. Need for using health facilities for deliveries and other issues related to RCH, family planning, female education and gender equity would be the central point of counseling during interactions between health workers and pregnant women.

To promote access to improved health care at household level through ASHAs, induction trainings of ASHAs are still needed to be finished. With a view to bring about decentralization, encourage community participation, and improve health service delivery, establishment of RKSs have been suggested at all CHCs and PHCs. However, specific guidelines for functioning mechanism as well as trainings of members will ensure streamlined activities under RKS. Upgradation and strengthening of health infrastructure needs urgent recruitment of required number of gynecologists, anesthetists, pediatricians, staff nurses, ANMs, MPWs and lab technicians either on permanent or contractual basis, as well as assurance of adequate procurement and logistic supply. For upgrading standard of services, multi-skilling of doctors/ paramedics is envisaged by imparting refresher training courses. Increased outreach of services is also envisioned to be achieved by initiating medical mobile units, which will operate within the most vulnerable areas. To make MMUs functional there is need for deployment of staff, availability of conveyance, equipments and drugs. Further, since Ayurveda, Unani and Homeopathy system of medicine have had a long presence in the State, specially in the remote and rural areas it is suggested to use their potential for improving accessibility to health services by mainstreaming of AYUSH within the framework of primary health delivery.

With the objective of achieving the targets of child immunization there is a felt need for strengthening the service delivery mechanism by increasing manpower as well streamlined adequate supply of vaccines. Besides, regular in-service trainings can help build the capacity of health workers on various managerial aspects as well as improve the efficiency of delivery. In order to deal with the critical cultural issues, that might be hampering the performance of child immunization indicators, convergence with PRI through *gram panchayat*, other influential members of the community and local NGOs/CBOs is considered significant. Involvement of panchayat to ascertain better coverage of immunization is

envisioned through establishment and activation of VHSCs, which motivate community for higher acceptance of vaccination by organizing various innovative activities and by inter-personal communication.

As far as vector borne diseases are concerned, the risk of malaria is high in the district. To tackle the performance of indicators of malaria, institutional strengthening is suggested by upgradation of existing laboratories and increasing the number of laboratories for malaria microscopy. Need of filling up vacant posts for staff workers and lab technicians are highly recognized. Outreach of services delivery is expected to be achieved by co-opting with private institutions with the vision to increase slide collection rate. Intersectoral coordination between health department, ICDS, PRI, education dept, NGOs and water and sanitation department is primarily emphasized for IEC on issues related to general health and environmental hygiene.

For improvement in RNTCP indicators intensified case detection activities are proposed. To ensure high responsiveness from the community regarding acceptance of services, sensitization of community through PRI and collaboration with private practitioners is presumed. In addition to this availability of advanced diagnostic techniques with quality assurance are expected to build faith among the community members towards institutional health care services. For easy accessibility to treatment facility, increasing the number of DOTS providers is also proposed. In addition to this, the much needed behavioural change of staff members can be achieved by imparting trainings for orientation and better counseling skills.

Outreach of NBCP services can be attempted by increasing the number of outreach camps in un-reached and remote areas. For improving eye care delivery services there should be adequate supply of diagnostic equipments as well as drugs. Gaps in service delivery are felt due to non-posting of eye specialists at health facilities even in Sadar Hospital, Madhubani. Thus filling up vacancies for eye-surgeons and imparting refresher training courses on new techniques and interventions will help in accomplishment of required targets. In this regard, convergence with schools is envisaged for organization of school eye-screening camps.

With the view of reduction of leprosy regular surveys are proposed for case detection along with constant monitoring and reporting mechanism. Service delivery can be strengthened by recruitment of motivated and dedicated staff for field activities. To tackle the identified cases, it is important to convince community members for rebuttal of prevailing misconceptions associated with the disease. Initiatives on IEC and BCC can be attempted by collaboration of activities with panchayat, which is supposed to be the most efficient medium for sensitization of community.

However in order to expedite the process and to make it more effective, convergence at various levels require detailing of effective operational approaches, laying out clear roles and outcomes, and clear mechanism for joint planning and monitoring. This will not only ensure streamlining of strategies but also ensure accountability of the public health system of different departments, be it health department, ICDS, PRI, education or water and sanitation. Continuous monitoring will keep a check on effective collaboration of services related to immunization and institutional delivery, AYUSH infrastructure,

supply of drugs, upgradation of CHCs to IPHS, utilization of untied fund, and outreach services through operationalization of mobile medical unit.

2. Introduction Of DHAP Under NRHM

In the process of economic and social development for improving the quality of life, importance of health has long been recognized. In order to galvanize the various components of health system, Government of India has endeavoured to launch the National Rural Health Mission (NRHM)¹ NRHM was launched in April 2005, to provide effective health care to rural population throughout the country with special focus on 18 states which have weak public health indicators and/or weak infrastructure.

The mission aims to expedite achievements of policy goals by facilitating enhanced access and utilization of quality health services, with an emphasis on addressing equity and gender dimension.

Specific objectives of the mission are:

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

One of the main approaches of NRHM is to communities, which will entail transfer of funds, functions and functionaries to Panchayati Raj Institutions (PRIs) and also greater engagement of Rogi Kalyan Samitis (RKS), hospital development committees or user groups. Improved management through capacity development is also suggested. Innovations in human resource management are one of the major challenges in making health services effectively available to the rural/tribal population. Thus, NRHM proposes ensured availability of locally resident health workers, multi-skilling of health workers and doctors and integration with private sector so as to optimally use human resources. Besides, the mission aims for making untied funds available at different levels of health care delivery system.

Core strategies of mission include decentralized public health management. This is supposed to be realized by implementation of District Health Action Plans (DHAPs) formulated through a participatory and bottom up planning process. DHAP enable village, block, district and state level to identify the gaps and constraints to improve services in regard to access, demand and quality of health care. In view with attainment of the objectives of NRHM, DHAP has been envisioned to be the principle instrument for

¹ NRHM covers the entire country, with special focus on 18 states where the challenge of strengthening poor public health systems and thereby improve key health indicators is the greatest. These are Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Orissa, Rajasthan, Himachal Pradesh, Jammu and Kashmir, Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Sikkim and Tripura. The mission envisions targeting especially rural/ tribal people, poor women and children for providing equitable, affordable, accountable and effective primary health care.

planning, implementation and monitoring, formulated through a participatory and bottom to up planning process. NRHM-DHAP is anticipated as the cornerstone of all strategies and activities in the district. DHAP integrates the various interrelated components of health to ensure quality of care and access to service with specific reference to various interrelated paradigm as mentioned below:

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

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

This manual is intended to be a user-friendly tool to assist range of stakeholders, to be engaged in the district health planning, in developing the DHAP. The intended target group for this document includes:

- ❑ Members of State and District Health Missions
- ❑ District and Block level program managers of line departments i.e., Health and Family Welfare, Women and Child Development including Integrated Child Development Scheme (ICDS) and water/sanitation departments.
- ❑ State Program Management Unit and District Program Management Unit Staff
- ❑ Members of PRIs and MNGOs/ FNGOs and civil society groups (in case these groups are involved in the DHAP formulation)

Besides above referred groups, this document will also be found useful by public health managers, academicians, faculty from training institutes and people engaged in programme implementation and monitoring and evaluation.

1.2 Objectives of the Study

The aim of the present study is to prepare NRHM – DHAP based on the framework provided by Ministry of Health and Family Welfare (MoHFW). Specific objectives of the study are:

- ⇒ To identify critical health issues and concerns with special focus on vulnerable groups and isolated areas and attain a consensus on feasible solutions
- ⇒ To comprehend existing health care delivery mechanism to identify performance gap and lay down strategies to address the challenges
- ⇒ To actively engage in a wide range of stakeholders from the community, including the panchayat, in the planning process
- ⇒ To identify priorities at the grassroots and curve out roles and responsibilities at the panchayat and block levels in designing of DHAPs for need based implementation of NRHM
- ⇒ To espouse an Inter-sectoral convergence approach for required intervention at village, block and district level to make the planning process more holistic in nature

1.3 Methodology

1.3.1 Preparatory Phase

The preliminary stage of the study comprised of review of available literature and discussions with funding agency. Following this the research strategies, techniques and design of assessment tools were finalized. As a preparatory exercise for the formulation of DHAP secondary data were compiled from different functionaries like; health, ICDS, PRI, Water and Sanitation department to perform a situational analysis.

1.3.2 Sampling Details

In order to identify gaps from village level to district level, the consultative meetings were organized in three tiers; village level, block level and the district level. Two representative blocks from district were selected to conduct primary survey, with a close consultation with Chief Medical Officer (CMO), haridwar and his team. Bhadrabad and Roorkee blocks were selected for the consultative meetings and from each block two villages were further selected for primary data collection.

1.3.3 Tools for the Study

To achieve the objectives of NRHM-DHAP, the first round of proposed activities included primary information collection from grass root stakeholders at village level. For capturing this information, qualitative research tools primarily, Focus Group Discussion (FGD), technique was adopted. In addition to this, in-depth interviews were conducted. The respondents for the in-depth interviews were; Auxiliary Nurse Midwife (ANMs), Anganwadi Workers (AWWs), Accredited Social Health Activist (ASHAs), Gram Panchayat (GP) representatives, and doctors or medical practitioners.

Two FGDs were conducted per village for both male and female participants separately, along with in-depth discussions with service providers viz. ASHA, ANM, AWW, and GP representative in each village. Target was to conduct one in-depth interview for each category of health and other related professionals in each village. As NRHM-DHAP intends to spotlight most vulnerable and disadvantaged social groups within the community, purposive attempt had been made to carry out group discussions in the villages taking into consideration poor and low class household members.

During group discussions, primary importance was given to the age composition of group members. It is envisaged that young participants usually do not have sufficient life experience to answer questions while too old respondents may not be actively engaged in day-to-day affairs inside or outside the home,

which is important for this area of inquiry; or they may suffer from memory loss. Thus, respondents for the focus group discussions were selected between 25 to 60 years of age.

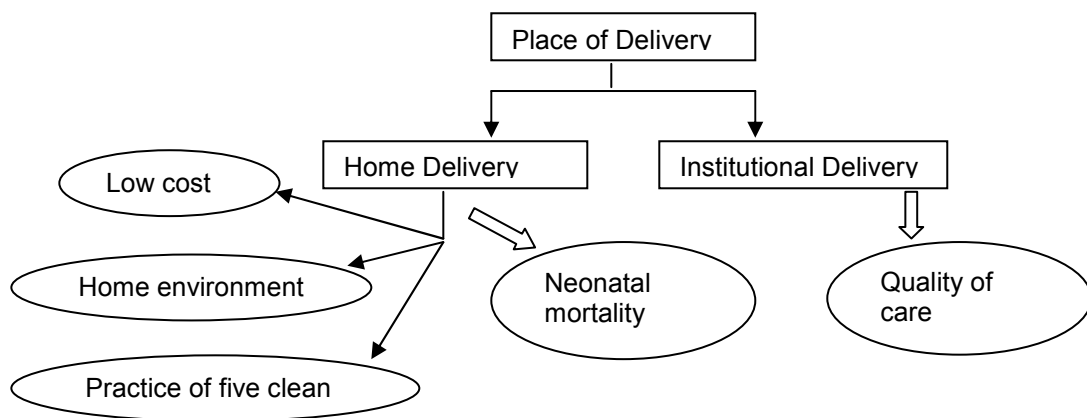
Consultations at village level centered around overall health scenario and critical health concerns of the community with special focus on Integrated Disease Surveillance Programme. As Reproductive and Child Health issues have already been covered for DHAP, FGDs conducted within this assignment hence did not focused on Reproductive and Child Health (RCH) issues. Discussions with community members specifically aimed to understand the level of awareness of people on specific diseases under surveillance such as Tuberculosis, Leprosy, Cataract, and Vector borne diseases like Malaria, Dengue, Filariasis, Japanese Encephalitis and Kala-azar. Attempt was made to comprehend the opinion of participants about the causes, symptoms and possible modes of treatment, be it home treatment or institutional treatment. Particular attention was paid to find out myths, misconceptions and social stigma associated with the occurrence of specific diseases.

1.3.4 Methods for Stakeholder Consultations

For conducting stakeholder consultations at village and block level, multi-attribute utility method was used. The method helped to rank stakeholder's priorities on a set of dimensions that provided the combination of results across individuals. Multi-attribute utility method incorporates concept mapping and force-field analysis.

a) Concept Mapping

Concept mapping technique was used for obtaining a set of statements and concepts from participants. It helped to identify goals, measures, priorities or themes for the evaluation. The technique proved useful as through iterative inquiry, a priority list is generated about the issues that various groups would like to address.



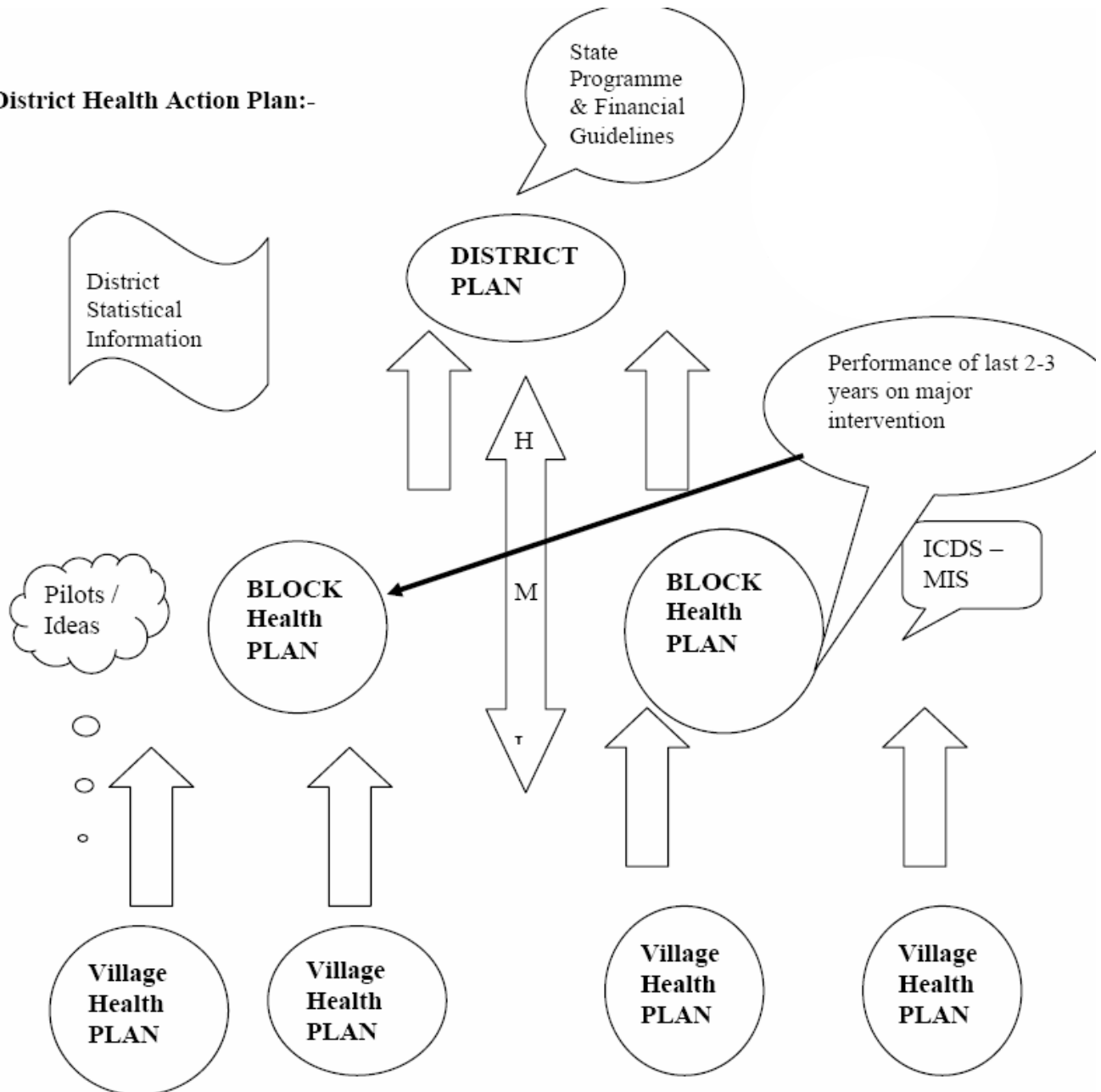
Example of a probable concept map

b) Field Force Analysis

Field force analysis is a technique developed by Kurt Lewin, for diagnosing situations. In the present study field force analysis method was used to identify factors that are acting as driving and restraining forces for ensuring effective implementation. Driving forces are those forces affecting a situation that are pushing in a particular direction; they tend to initiate a change and keep it going. Restraining forces are acting to restrain or decrease the effect of driving forces. Low awareness, prevalence of misconceptions and poor access to services may be examples of restraining forces for improved health condition.

Health Action Plan Structure

District Health Action Plan:-



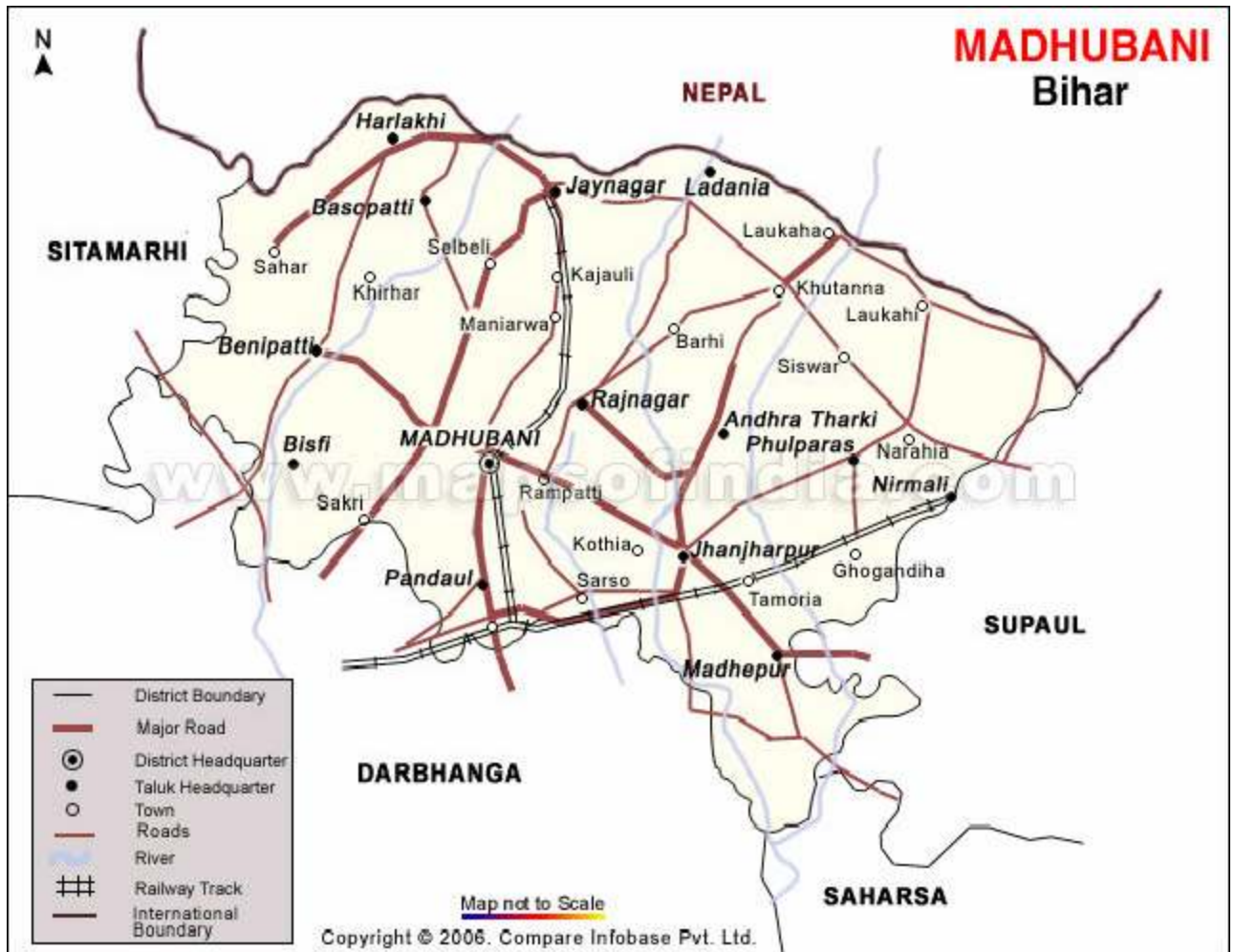
3. District Health Action Plan Process

The District Health Action Plan of Madhubani has been prepared under the guidance of the Civil Surgeon Cum Member Secretary D.H.S, Madhubani with a joint effort of the District Program Manager, District Account Manager and District Nodal M & E Officer, the various Medical Officers and Health Managers of PHCs as well as other concerned departments under a participatory process. The field staff of the department have also played a significant role. Public Health Resource Network has provided technical assistance in estimation and drafting of various components of this plan.

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

4. About District

4.1 Map Of District

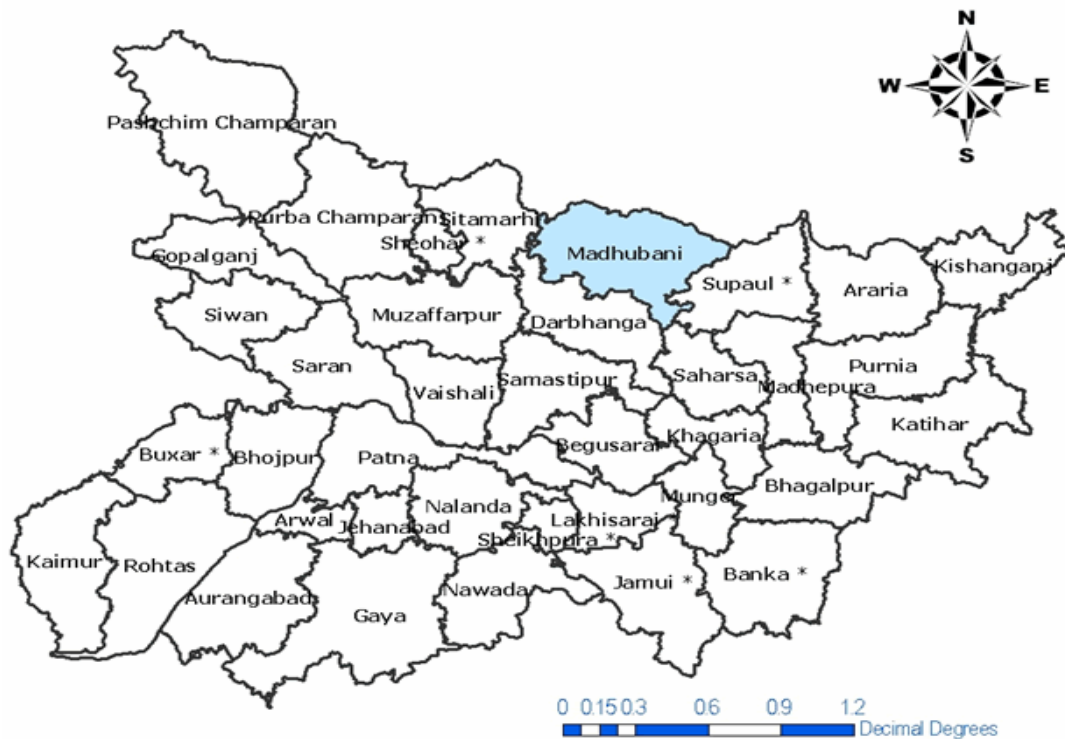




4.2 Geographical & Demographical Profile

The district of Madhubani was carved out of the old Darbhanga district in the year 1972 as a result of reorganization of the districts in the State of Bihar. This was formerly the northern subdivision of Darbhanga district. It consists of 21 Development Blocks. Bounded on the north by a hill region of Nepal and extending to the border of its parent district Darbhanga in the south, Sitamarhi in the west and Supaul in the east, Madhubani fairly represent the centre of the territory once known as Mithila and the district has maintained a distinct individuality of its own.

Practically there are no prehistoric sites in the district though remains of the earliest aboriginal population can be seen in some parts of the district. Hunter in his "Statistical Accounts" has referred to the existence of the people, known as the Tharus in the erstwhile old subdivision of Madhubani. The Bhars are also believed to have belonged to some aboriginal race though nothing positive about them is known from any reliable source. The Bihar settlements in the north-eastern part of the district indicate that they possibly wielded some power in the remote part. From the work of Dr. Suniti Kumar Chatterji entitled 'Kiratajanakirti' it appears that Kiratas also inhabited the district for a considerable period. The Mahabharata also throws light on the Kirata culture. Prior to the Aryanisation of this land the area seems to have been under the aboriginal population and Shiva worship was predominant. The association of the family of Janaka with the worship of lord Shiva is an indication of the fact that though they formed the vanguard of Aryan culture they had to compromise with the local religious belief, dominated by the Shaivas. The kingdom of Videha included a greater portion of the district. In course of time it was ruled by a successive line of kings known as Janakas.



If tradition is to be relied upon, the Pandavas during their exile stayed in some portion of the present district and Pandaul (block headquarters) is associated with them. Janakpur, capital of Videha is situated at a short distance to the north-west of the district in the Nepalese territory and tradition points to the village of Phulhar in the north-east corner of the Benipatti thana as the flower-garden where the kings' priests used to gather flowers for worship and identifies its temple with that of Devi Girija, which was worshipped by Sita before her marriage with Ram. Legends and traditions associate this district with a number of sages and master-minds of ancient times. Village Kakraul is associated with Kapil, Ahiari with Ahilya wife of Gautama, Bisaul with Vishwamitra and Jagban with Yajnavalkya (ascribed to the great sage of Mithila).

Bimbisar, the founder of the Magadhan imperial power aspired for imperial power and the ambition ran in the veins of his son, Ajat Shatru as well. Ajat Shatru subdued the Lichchavis and conquered the whole of North Bihar. He brought Mithila under the control of the Magadhan empire. The history of the Lichchavis comes down unbroken to the days of the imperial Guptas. The Lichchavis founded a kingdom in Nepal and even the earliest royal house of Tibet owed its origin to the Lichchavis of Vaishali. The migration of Lichchavis to Nepal and Tibet marks a great event in the history of North Bihar and the district of Madhubani being at the core of the region must have played a dominant part in this great trek as the route to Nepal lay through this district.

Madhubani must have shared in the religious and cultural ferment which so deeply stirred the hearts of the people of the Gangetic Valley in the 6th century B.C. Since the whole of North Bihar was deeply influenced by the teachings of two great reformers (Mahavira and Buddha) it is only natural to infer that the people of Madhubani actively participated in the propagation of these reform movements. According to one theory Mahavira himself was a Vaideha domiciled in the suburb of Vaishali and was the son of a daughter of Mithila. Buddha

also visited Mithila thrice and he had a great love for Vaishali. It may be further noted here that Buddha's most devoted disciple, Anand was a Vaidehamuni, a monk of the land of Videhas. Both the Jain and the Buddhist literature contain innumerable references to the district of Madhubani and its neighboring territories. Very little is known about the history of Madhubani from the time of the Kusanas to the rise of the Guptas.

After a temporary period of instability, Madhubani came under the control of the Oinwaras, also known as the Kameshwara Thakura or the Sugauna dynasty. These Hindu chiefs were left undisturbed by the whole of Mithila. When Hajiriyas of Bengal divided Tirhut into two parts, the Oinwar Raja shifted his capital to Sugauna near Madhubani. The district thereafter remained a part of the Mughal Subah. There was no event of great significance during the next century and a half.

The decisive victory of the British in the battle of Buxar in 1764 gave them undisputed sway over the Lower Provinces of Bengal. As a consequence, Madhubani, along with other parts of Bihar, passed under the control of British. The British administrators took steps to establish law and order. Besides the trouble-mongers in Mithila, they had also to deal with the incursions of the Nepalese. The trouble with Nepal culminated in the Indo-Nepalese war. After concluding peace with Nepal, the British administrators had a comparatively quiet time till the 1857 movement.

In 1857, patriotic fervour raged-high in Madhubani district as in many other districts of Bihar. Later the call of the non-co-operation movement also found adequate response in the district of Madhubani and many people volunteered to serve the cause championed by Mahatma Gandhi. Khadi spinning and weaving was adopted as a must for congress workers. A Khadi centre was opened at Madhubani. It gradually expanded its activities. Khadi became very popular and Madhubani soon emerged as a renowned centre of Khadi production. The popularity of Khadi weaving and spinning in the district went a long way in inspiring the people towards the nationalist cause. Madhubani district played an important role in the country's freedom struggle.

Geographical Location

The district of Madhubani was carved out of the old Darbhanga district in the year 1972 as a result of reorganisation of the districts in the State. This was formerly the northern subdivision of Darbhanga district. It consists of 21 Development Blocks. Bounded on the north by a hill region of Nepal and extending to the border of its parent district Darbhanga in the south, Sitamarhi in the west and Supaul in the east, Madhubani fairly represents the centre of the territory once known as Mithila and the district has maintained a distinct individuality of its own.

It is located at a **Longitude** of 25°-59' to 26°-39' East and the **Latitude** is 85°-43' to 86°-42' North.

Height from Sea

The Madhubani district is situated at height of 80 meters from Sea.

Boundary

North	South	East	West
Hill region of Nepal	Darbhanga District	Supaul District	Sitamarhi District

Area

- Madhubani occupies a total of 3501 sq. kms.
- Main Rivers are Kamla , Kareh, Balan, Bhutahi Balan, Gehuan, Supen, Trishula, Jeevachh, Koshi and Adhwara Group.
- High Flood Level is 54.017 m.
- Whole District is under Earthquake Zone 5.
- Total Cropped Area - 218381 Hect.
- Barren /Uncultivable Land - 1456.5 Hect
- Land under Non-agricultural use - 51273.24 Hect
- Cultivable Barren Land - 333.32 Hect
- Permanent Pasture - 1372.71 Hect
- Miscellaneous Trees - 8835.90 Hect
- Cultivable Land - 232724 Hect
- Cropping Intensity - 134.23 %

Rainfall

- Varies between 900mm and 1300 mm.
- Average Rainfall = 1273.2 mm.

Administrative Units		
15.	No. of Gram Panchayat Members	5523
1.	No. of Sub-Divisions	5
2.	No. of Blocks	21
3.	No. of Circles	20
4.	No. of Panchayats	399
5.	No. of Villages	1111
6.	No. of Police Stations	18
7.	No. of Assisting Thana	13
8.	No. of Outposts	5
9.	No. of Town Outposts	4
10.	No. of Jail	2
11.	No. of MP Constituencies	2
12.	No. of MLA Constituencies	11
13.	No. of Zila Parishad Members	56
14.	No. of Panchayat Samiti Members	555

4.3 Social Economic Profile

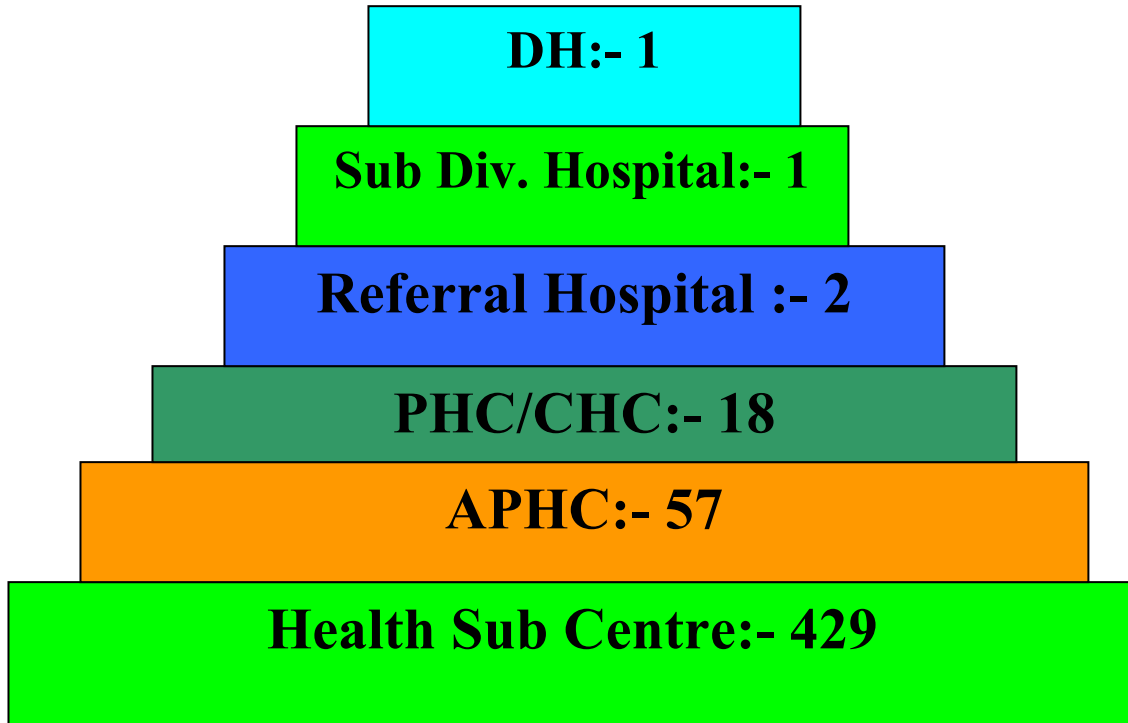
Population:			
Persons	3,575,281	Number of households	656,858
Males	1,840,997	Household size (per household)	5
Females	1,734,284		
Growth (1991 - 2001)	26.08	Sex ratio (females per 1000 males)	942
Rural	3,450,736	Sex ratio (0-6 years)	939
Urban	124,545		
Scheduled Caste population	481,922	Scheduled Tribe population	1,260
Percentage to total population	13.48	Percentage to total population	0.04
Literacy and Educational level			
<i>Literates</i>		<i>Educational Level attained</i>	
Persons	1,195,776	Total	1,195,776
Males	832,849	Without level	59,231
Females	362,927	Below primary	311,450
<i>Literacy rate</i>		Primary	337,265
Persons	41.97	Middle	166,293
Males	56.79	Matric/Higher Secondary/Diploma	241,046
Females	26.25	Graduate and above	80,377
Workers		Age groups	
Total workers	1,227,723	0 - 4 years	476,534
Main workers	877,412	5 - 14 years	1,018,476
Marginal workers	350,311	15 - 59 years	1,838,518
Non-workers	2,347,558	60 years and above (Incl. A.N.S.)	241,753
Scheduled Castes (Largest three)		Scheduled Tribes (Largest three)	
1.Dusadh etc.	169,789	1.Santal	562
2.Chamar etc.	139,510	2.Lohara etc.	294
3.Musahar	106,534	3.Generic Tribes etc.	128
Religions (Largest three)		Amenities and infrastructural facilities	
1.Hindus	2,930,501	Total inhabited villages	1,034
2.Muslims	641,579		
3.Religion not stated	1,477	Amenities available in villages	No. of villages
Important Towns (Largest three)		Drinking water facilities	1,034
	Population	Safe Drinking water	1,033
1.Madhubani (M)	66,340	Electricity (Power Supply)	437
2.Jhanjharpur (NA)	24,112	Electricity (domestic)	323
3.Jainagar (NA)	19,567	Electricity (Agriculture)	30
		Primary school	901
		Middle schools	382
		Secondary/Sr Secondary schools	119
		College	27
House Type		Medical facility	232
		Primary Health Centre	48
		Primary Health Sub-Centre	157
Type of house (% of households occupying)		Post, telegraph and telephone facility	432
Permanent	28.2	Bus services	164
Semi-permanent	10.3	Paved approach road	547
Temporary	61.5	Mud approach road	986

Source: Census of India 2001.

No.	Variable	Data
1.	Total area	3577-77 Sq km
2.	Total no. of blocks	21
3.	Total no. of Gram Panchayats	399
4.	No. of villages	1072
5.	No of PHCs	18
6.	No of APHCs	57
7.	No of HSCs	429
8.	No of Sub divisional hospitals	1
9.	No of referral hospitals	2
10.	No of Doctors	122
11.	No of ANMs	480
12.	No of Grade A Nurse	24
13.	No of Paramedicals	95
14.	Total population	4507646
15.	Male population	2361981
16.	Female population	2137025
17.	Sex Ratio	942
18.	No of Eligible couples	721223
19.	Children (0-6 years)	689851
20.	Children (0-1years)	142067
21.	SC population	607630
22.	ST population	1804
23.	BPL population	609986
24.	No. of primary schools	2206
25.	No. of Anganwadi centers	3569
26.	No. of Anganwadi workers	3240
27.	No of ASHA	3034
28.	No. of electrified villages	615
29.	No. of villages having access to safe drinking water	1033
30.	No of villages having motorable roads	547

S.NO.	NAME OF PHC	POPULATION ACCORDING TO 2001 CENSUS	POPULATION GROWTH DURING 10 Years.	GROWTH RATE ACCORDING TO CENSUS 2001	GROWTH RATE PER YEAR	ESTIMATED POPULATION 2010	ESTIMATED POPULATION 2010-11	BRITH RATE	2010-2011								NO. OF PREG. WOMAN
									NO. OF CHILDREN 0-1 Years.	NO. OF PREG. WOMAN	NO. OF ELIGIBLE COUPLE	TARGET OF COUPLE FOR PROTECTION	TRAGET OF STRIATION	TARGET OF I.U.D.	TARGET OF ORALS	TARGET OF C.C. USES	
1	रहिका	192115	38131	24.62	1.02462	233380	239126	31.99	7175	8415	38260	2296	1377	1722	2066	2066	701
2	पंडौल	218274	35578	19.33	1.01933	254402	259320	26.70	6495	7616	41491	2489	1494	1867	2241	2241	635
3	राजनगर	199322	31865	18.89	1.01889	231512	235885	26.26	5810	6814	37742	2264	1359	1698	2038	2038	568
4	खजौली	207583	34298	19.64	1.01964	242531	247294	27.01	6265	7347	39567	2374	1424	1781	2137	2137	612
5	बाबुबरही	173752	37328	23.21	1.02321	208760	213606	30.58	6127	7185	34177	2051	1230	1538	1846	1846	599
6	जयनगर	153769	29997	24.10	1.02410	186041	190524	31.47	5624	6595	30484	1829	1097	1372	1646	1646	550
7	लदनियाँ	137290	32163	30.44	1.03044	174510	179822	37.81	6378	7479	28772	1726	1036	1295	1554	1554	623
8	बासोपट्टी	135017	25910	23.61	1.02361	162729	166571	30.98	4840	5676	26651	1599	959	1199	1439	1439	473
9	बेनीपट्टी	285087	54729	23.62	1.02362	343627	351744	30.99	10225	11991	56279	3377	2026	2533	3039	3039	999
10	बिस्फी	261118	71504	37.56	1.03756	350705		44.93	15335	17984	58220	3493	2096	2620	3144	3144	1499
11	हरलाखी	151241	33174	27.96	1.02796	188573	193845	35.33	6424	7533	31015	1861	1117	1396	1675	1675	628
12	मधवापुर	113249	27219	31.50	1.03150	145140	149712	38.87	5459	6401	23954	1437	862	1078	1294	1294	533
13	झंझारपुर	138404	26107	23.10	1.02310	166147	169985	30.47	4858	5697	27198	1632	979	1224	1469	1469	475
14	अंधराठाढी	146788	26671	22.06	1.02206	174784	178640	29.43	4931	5783	28582	1715	1029	1286	1543	1543	482
15	मधेपुर	351517	85363	31.92	1.03192	451975	466402	39.29	17189	20157	74624	4477	2686	3358	4030	4030	1680
16	घोघरडीहा	310389	63100	25.37	1.02537	379272	388894	32.74	11943	14006	62223	3733	2240	2800	3360	3360	1167
17	खुटौना	167257	39497	30.76	1.03076	213130	219686		7857	9214	35150	2109	1265	1582	1898	1898	768
18	लौकही	162194	36635	29.04	1.02904	203936	209858	36.41	7167	8405	33577	2015	1209	1511	1813	1813	700
19	शहरी मधुबनी	66285	12742	23.65	1.02365	79915	81805	31.02	2380	2791	13089	785	471	589	707	707	233
TOTAL :-		357065 1	742011	26.23	1.0262	439243 2	4507646	33.60	14206 7	166603	72122 3	43273	25964	32455	38946	38946	13884

4.4 District Health Facility Overview



DLHS-3		Madhubani
District Indicators, Madhubani, (2001 Census)		
Indicators		Census 2001
Population (in thousands)		3571
Decadal Growth Rate (1991-01)		26.1
Sex Ratio*		943
Percent Urban population		3.5
Percent SC population		16.3
Percent ST population		0.7
Female Literacy Rate (7 years and above)		26.6
Male Literacy Rate (7 years and above)		57.3
Category	No. covered	Response Rate
Households	1566	94.9
Ever Married Women (15-49 years)	1552	89.7
Unmarried Women (15-24 years)	196	86.7

4.5 District Health Indicators

Population and Household Characteristics, 2007-08				
Background Characteristics	DLHS - 3			DLHS - 2
	Total	Rural	Total	Rural
Percent total literate Population (Age 7 +)	53.0	53.1	-	-
Percent literate Male Population (Age 7 +)	69.1	69.5	-	-
Percent literate Female Population (Age 7 +)	40.0	40.1	-	-
Percent girls (age 6-11) attending Schools	97.7	97.7	-	-
Percent boys (age 6-11) attending Schools	98.6	98.6	-	-
Have Electricity connection (%)	17.9	17.8	4.9	3.9
Have Access to toilet facility (%)	12.0	12.1	9.5	8.4
Use piped drinking water (%)	0.7	0.7	6.3	6.3
Use LPG for cooking (%)	2.2	2.2	2.8	2.0
Live in a pucca house (%)	8.9	9.0	8.9	8.0
Own a house (%)	98.6	98.6	-	-
Have a BPL card (%)	25.3	25.5	-	-
Own Agriculture Land (%)	48.7	49.9	-	-
Have a television (%)	6.3	6.4	7.1	6.4
Have a mobile phone (%)	13.9	14.2	-	-
Have a Motorized Vehicle (%)	4.7	4.9	4.0	3.5
Standard of Living Index				
Low (%)	88.4	88.3	86.9	87.9
Medium (%)	8.2	8.1	11.2	10.9

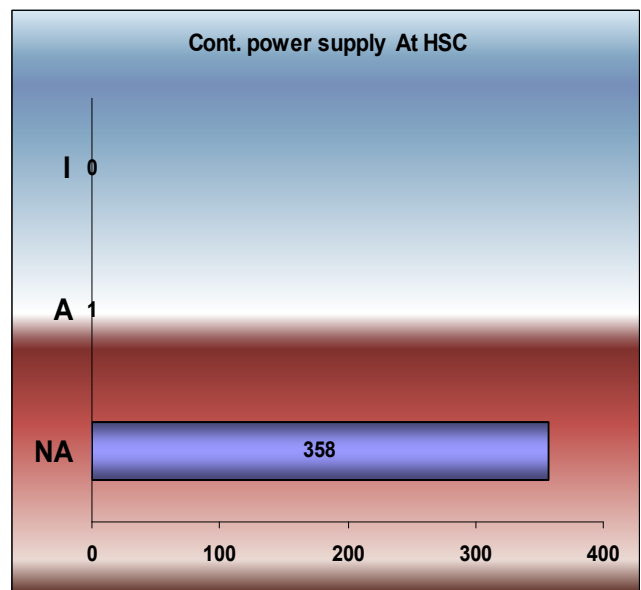
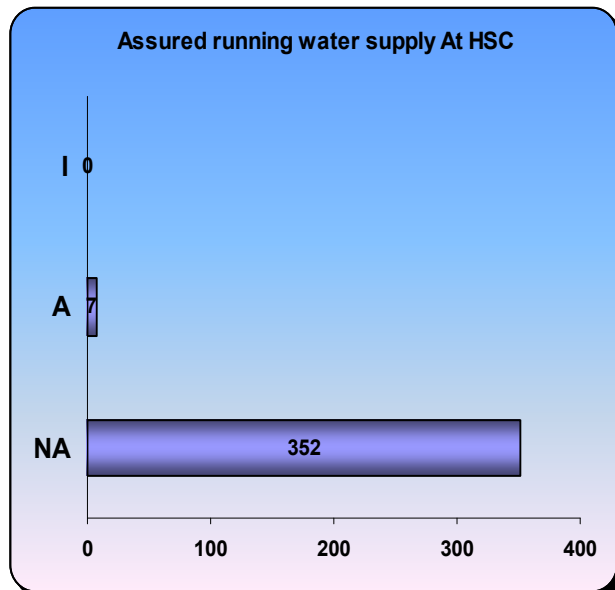
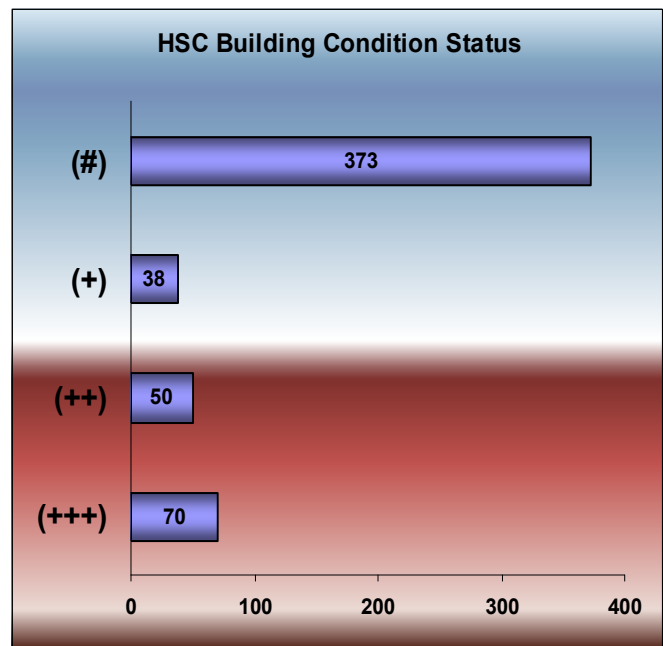
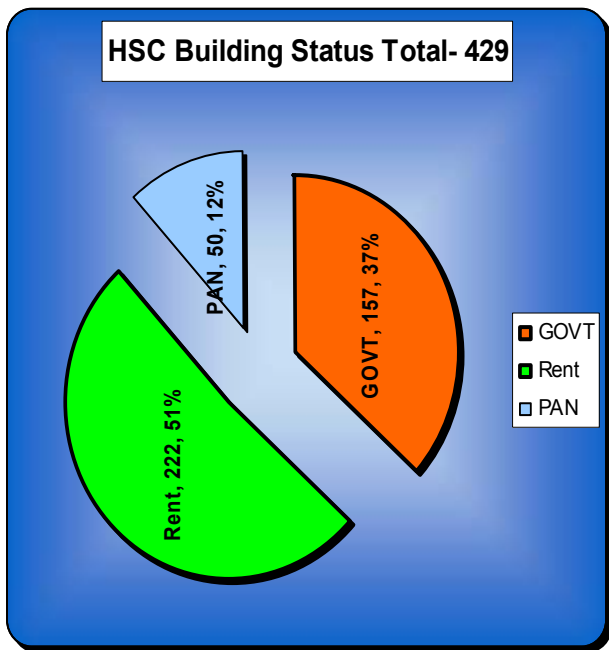
High (%)	3.4	3.5	1.9	1.2
* Number of Females per 1000 Males				
Indicators	DLHS - 3		DLHS - 2	
	Total	Rural	Total	Rural
Marriage and Fertility, (Jan 2004 to 2007-08)				
Percentage of girl's marrying before completing 18 years	39.5	39.9	69.1	70.2
Percentage of Births of Order 3 and above	53.1	53.2	53.7	53.6
Sex Ratio at birth	99	102	-	-
Percentage of women age 20-24 reporting birth of order 2 & above	72.4	72.8	-	-
Percentage of births to women during age 15-19 out of total births	96.3	96.4	-	-
Family planning (currently married women, age 15-49)				
Current Use :				
Any Method (%)	34.9	35.1	29.0	28.8
Any Modern method (%)	30.5	30.9	28.7	28.6
Female Sterilization (%)	28.2	28.6	24.4	24.3
Male Sterilization (%)	0.0	0.0	0.2	0.2
IUD (%)	0.6	0.6	0.6	0.6
Pill (%)	1.0	1.0	2.7	2.7
Condom (%)	0.5	0.4	0.6	0.6
Unmet Need for Family Planning:				
Total unmet need (%)	40.3	40.1	33.7	33.8
For spacing (%)	17.3	16.9	15.7	15.7
For limiting (%)	23.0	23.2	18.0	18.1
Maternal Health:				
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)	29.5	29.9	-	-
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)	35.6	36.3	14.5	14.4
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)#	75.2	76.1	30.7	30.4
Institutional births (%)	16.0	16.5	5.8	5.6
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)	4.0	4.1	5.8	5.6
Mothers who received post natal care within 48 hours of delivery of their last child (%)	10.4	10.7	-	-
Child Immunization and Vitamin A supplementation:				
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%)	42.1	42.8	17.2	17.2
Children (12-23 months) who have received BCG (%)	81.7	83.3	48.9	45.7
Children (12-23 months) who have received 3 doses of Polio Vaccine (%)	57.6	59.0	26.9	28.7
Children (12-23 months) who have received 3 doses of DPT Vaccine (%)	54.5	55.8	34.0	27.7

Children (12-23 months) who have received Measles Vaccine (%)	51.2	52.5	26.7	21.3
# It is adjusted according to DLHS-3 definition				
DLHS-3	Madhubani			
Indicators	DLHS - 3		DLHS - 2	
	Total	Rural	Total	Rural
Child Immunization and Vitamin A supplementation: (Contd...)				
Children (9-35 months) who have received at least one dose of Vitamin A (%)	47.6	48.3	-	-
Children (above 21 months) who have received three doses of Vitamin A (%)	8.4	8.8	-	-
Treatment of childhood diseases (children under 3 years based on last two surviving children)				
Children with Diarrhoea in the last two weeks who received ORS (%)	7.1	7.2	5.5	5.1
Children with Diarrhoea in the last two weeks who were given treatment (%)	84.0	84.2	70.2	70.6
Children with acute respiratory infection/fever in the last two weeks who were given treatment (%)	85.7	85.3	-	-
Children had check-up within 24 hours after delivery (based on last live birth) (%)	12.2	12.3	-	-
Children had check-up within 10 days after delivery (based on last live birth) (%)	11.9	12.0	-	-
Child feeding practices (Children under 3 years)				
Children breastfed within one hour of birth (%)	7.9	8.2	-	-
Children (age 6 months above) exclusively breastfed (%)	4.9	5.1	-	-
Children (6-24 months) who received solid or semisolid food and still being breastfed (%).	79.9	80.6	-	-
Knowledge of HIV/AIDS and RTI/STI among Ever married Women (age 15-49)				
Women heard of HIV/AIDS (%)	22.6	22.0	24.4	24.2
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	27.8	29.4	14.9	14.6
Women having correct knowledge of HIV/ AIDS (%)	86.8	86.9	-	-
Women underwent test for detecting HIV/ AIDS (%)	2.8	2.5	-	-
Women heard of RTI/STI (%)	37.0	36.6	69.1	68.9
Knowledge of HIV/AIDS among Un-married Women (age 15-24)				
Women heard of HIV/AIDS (%)	30.3	31.2	-	-
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	24.2	24.2	-	-
Women having correct knowledge of HIV/ AIDS (%)	98.6	99.5	-	-
Women underwent test for detecting HIV/ AIDS (%)	0.0	0.0	-	-
Women heard of RTI/STI (%)	9.5	10.0	-	-
Women facilitated/motivated by ASHA for				
Ante-natal Care (%)	1.2	1.3	-	-
Delivery at Health Facility (%)	1.1	1.1	-	-

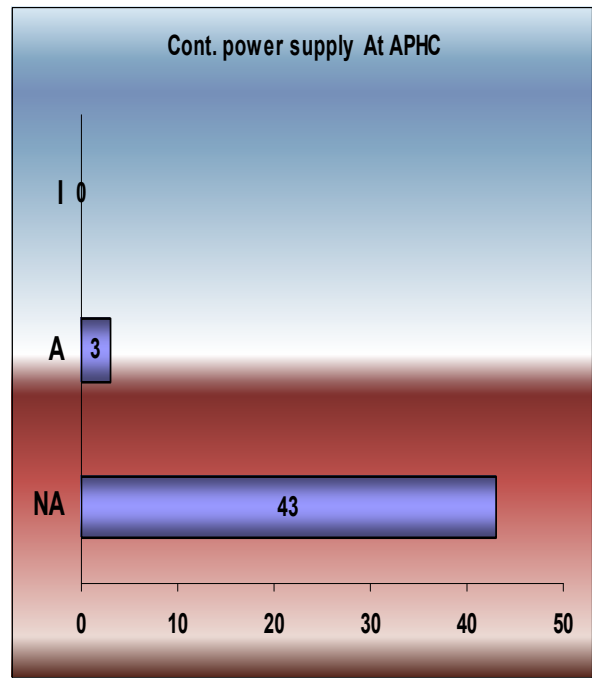
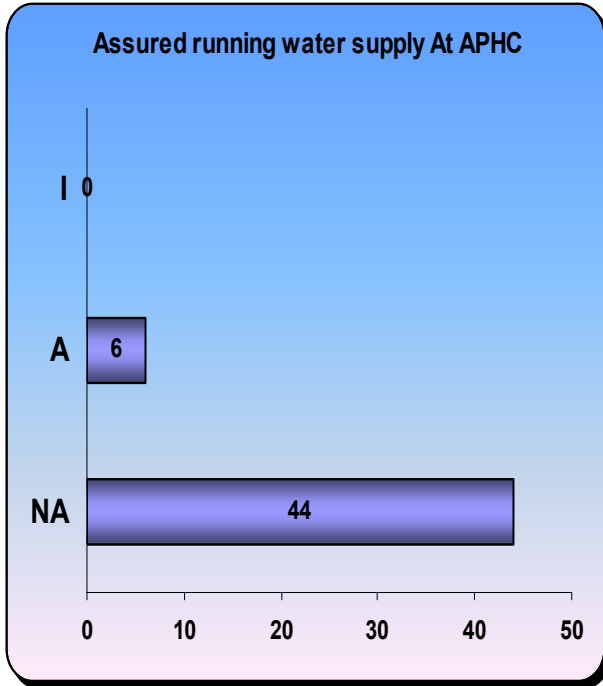
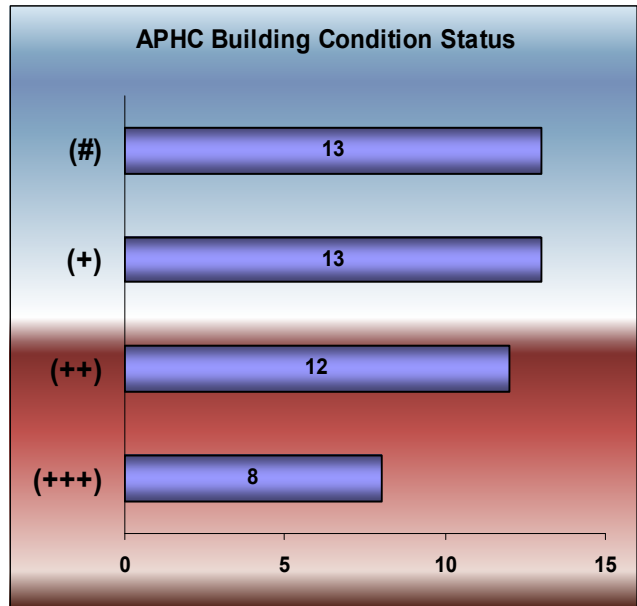
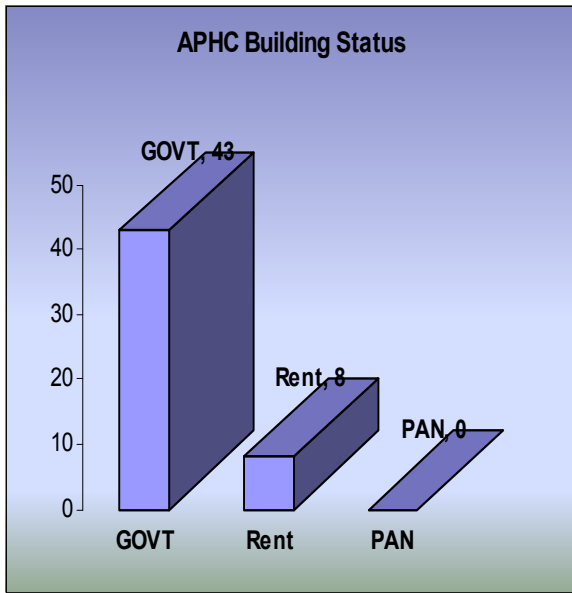
Use of Family Planning Methods (%)	0.7	0.8	-	-
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5. Situational Analysis (Infrastructure)

5.1 Health Sub Centre Status



5.2 Additional Primary Health Centre Status



S No	Block Name	HSC			Building Status			Building Condition					Assured running water supply			Cont. power supply			No of ANM		No Of HSC where ANM residing
		Total	Functional	Non-Functional	GOVT	Rent	PAN	(+++)	(++)	(+)	(#)	NA	A	I	NA	A	I	Contractual	Regular		
1	ANDHRATHADI	18	18	0	5	12	1	5	0	0	0	0	0	0	0	0	0	1	13	2	
2	BABUBARHI	21	21	0	10	11	0	5	5	0	11	21	0	0	21	0	0	3	12	5	
3	BASOPATTI	16	15	1	9	5	2	1	1	14	0	16	0	0	16	0	0	2	13	1	
4	BENIPATTI	37	35	2	20	13	4	8	10	12	7	37	0	0	37	0	0	4	26	0	
5	BISFI	35	35	0	11	15	9	0	11	0	207	35	0	0	35	0	0	6	23	0	
6	GHOGHARDIHA	17	17	0	5	16	0	5	0	0	16	17	0	0	17	0	0	4	6	2	
7	HARLAKAHI	16	16	0	8	8	0	0	8	0	0	16	0	0	16	0	0	1	14	1	
8	JAINAGAR	16	16	0	7	9	1	1	4	1	10	16	1	16	16	1	2	14	1		
9	KALUJAH	11	11	0	5	2	4	5	0	0	6	10	1	0	10	1	0	1	10	1	
10	KHAJAJALI	15	15	0	5	7	3	5	0	0	10	14	1	0	15	0	0	4	16	1	
11	KHUTAUNA	18	18	0	5	0	0	3	2	0	13	18	0	0	18	0	0	1	14	1	
12	LADANIA	18	18	2	9	4	3	2	2	8	4	18	0	0	18	0	0	2	9	0	
13	LAKHNAUR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	LOUKAHI	25	18	7	12	6	0	11	0	1	6	18	0	0	18	0	0	12	6	7	
15	MADHEPUR	66	56	10	2	54	0	0	2	0	54	66	0	0	66	0	0	13	26	0	
16	MADHWAPUR	12	12	0	7	5	0	6	2	2	2	7	5	0	12	0	0	2	15	3	
17	PANDAUL	31	31	0	0	31	0	0	0	0	8	31	0	0	31	0	0	6	25	0	
18	PHULPARAS	12	12	0	3	9	0	3	0	0	9	12	0	0	12	0	0	4	3	2	
19	RAHIKA	29	29	0	9	11	9	0	0	0	9	0	0	0	0	0	0	1	29	0	
20	RAJNAGAR	22	22	0	12	3	7	0	0	0	0	0	0	0	0	0	0	0	22	0	
21	JHANJHARPUR	14	14	0	13	1	0	10	3	0	1	0	0	0	0	0	0	2	15	3	
Total		449	429	22	157	222	42	70	50	38	373	352	7	0	358	1	0	71	311	30	

APHC Infrastructure Status

S No	Block Name	APHC			Building Status			Building Condition				Assured running water supply			Cont. power supply			No of ANM		No Of HSC where ANM residing
		Total	Functional	Non-Functional	GOVT	Rent	PAN	(+++)	(++)	(+)	(#)	NA	A	I	NA	A	I	Contractual	Regular	
1	ANDHRATHADI	3	3	0	2	0	0	0	2	0	0	2	0	0	2	0	0	0	3	2
2	BABUBARHI	3	3		3	0	0	3				3	0	0	3	0	0	0	0	0
3	BASOPATTI	1	1	0	1	0	0	0	0	1	0	1	0	0	1	0	0	0	0	1
4	BENIPATTI	2	2	0	2	0	0	0	0	2	0	2	0	0	2	0	0	1	1	1
5	BISFI	3	3	0	1	2	0	0	0	4	2	3	0	0	2	1	0	0	3	0
6	GHOGHARDIHA	4	4	0	1	3	0	0	1	0	3	4	0	0	4	0	0	1	2	1
7	HARLAKAHI	2	2	0	2	0	0	0	0	2	0	2	0	0	2	0	0	0	0	0
8	JAINAGAR	1	1	0	1	0	0	1	1	1	1	1	1	1	1	1	0	0	0	0
9	KALUAHI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	KHAJAULI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	KHUTAUNA	3	3	0	1	1	0	1	0	0	2	3	0	0	3	0	0	0	1	1
12	LADANIA	3	3	0	3	0	0	0	1	2	3	0	0	3	0	0	0	0	0	0
13	LAKHNAUR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	LOUKAHI	5	5	1	5	0	0	4	0	1	0	5	0	0	5	0	0	3	2	7
15	MADHEPUR	14	10	4	3	1	0	0	3	0	3	10	0	0	10	0	0	1	4	0
16	MADHWAPUR	2	2	0	2	0	0	0	1	1	0	2	0	0	2	0	0	0	1	0
17	PANDAUL	6	6	0	6	0	0	0	0	0	0	0	6	0	0	2	0	2	4	0

18	PHULPARAS	3	3	0	2	1	0	0	1	3	0	0	3	0	0	2	0	1		
19	RAHIKA	2	2	0	2	0	0	0	0	NA	0	0	NA	0	0	0	3	0		
20	RAJNAGAR	3	3	0	3	0	0	0	0	0	0	0	0	0	0	0	4	0		
21	JHANJHARPUR	3	3	0	3	0	0	1	1	0	0	0	0	0	0	1	2	0		
Total		63	59	5	43	8	0	8	12	13	13	44	6	0	43	3	0	11	30	14

5.3 PHC/CHC/REF./SADAR/SDH Hospital Status

Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure																				
No	PHC/Referral Hospital/SDH/DH Name	Population Served	Building ownership (Govt/Pan / Rent	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/+/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of ward (+++/+/#)	Condition of OT (+++/+/#)						
1	ANDHRATHADI	165,000	Govt	+++	NA	A	A	A	+++	13	30	A	++	++						
2	BABUBARHI																			
3	BASOPATTI	1,62,000	Govt	+++	A	A	A	A	+++	2	6	NA	++	++						
4	BENIPATTI	343,627	Govt	+++	A	A	A	A	#	12	9	A	#	#						
5	BISFI	350,705	Govt	+++	A	A	A	A	+++	14	28	A	+++	+++						
6	GHOUGHARDIHA	31,528	Govt	+++	A	A	A	A	+++	8	10	A	+++	+++						
7	HARLAKAHI	388,573	Govt	+++	A	A	A	A	+++	6	6	A	+++	+++						
8	JAINAGAR	186,000	Govt	#	I	A	A	A	+	16	7	A	+	++						
9	KALUAHI	119,038	Govt	++	NA	NA	NA	NA	#	6	6	NA	#	#						
10	KHAJAULI	118,800	Govt	++	A	A	A	A	#	10	12	A	#	+++						
11	KHUTAUNA	213,130	Govt	++	A	A	A	A	++	17	18	NA	+++	#						
12	LADANIA	174,510	Govt	+++	NA	A	A	A	+++	4	8	A	+++	+++						
13	LAKHNAUR	-	Govt	#	-	-	-	-	-	-	-	-	-	-						
14	LOUKAHI	198,369	Govt	+++	A	A	A	A	+++	13	11	A	+++	+++						
15	MADHEPUR	452,515	Govt	++	A	A	A	A	++	17	10	A	++	++						
16	MADHWAPUR	136,672	Govt	+++	A	A	A	NA	+++	5	6	NA	+	#						
17	PANDAUL		Govt	+++	A	A	A	A	+++	7	20	A	+++	+++						

18	PHULPARAS																			
19	RAHIKA	240,880	Govt	++	A	A	A	A	++	7	6	NA	++	#						
20	RAJNAGAR	231,512	Govt	++	A	A	A	A	+++	10	18	A	++	+++						
21	Sub-Div. JHANJHARPUR		Govt	++	NA	A	A	A	++	20	50	A	+++	+++						
	Total	3,350,859								187	261									

GOVT:-
19 +++:- 10 A:- 17 A:- 16 A:- 13 A:- 17 A:- 13 A:- 13 A:- 13 +++:- 8
PAN:- 0 +++:- 7 NA:- 3 NA:- 2 NA:- 1 NA:- 1 NA:- 3 NA:- 5 NA:- 3 +++:- 9
RENT:- 0 #:- 2 I:- 1 I:- 0 I:- 2 I:- 0 I:- 1 #:- 3 #:- 4 +++:- 4 +++:- 3
#:- 3 #:- 3

6. Situational Analysis (Human Resources)

6.1 Man Power Status In APHC

Sl. No	Block Name	Doctors				ANM				Laboratory Technician				Pharmacists				Dresser				Nurse		
		Senction		In Position		Senction		In Position		Senction		In Position		Senction		In Position		Senction		In Position		Senction		
		Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	
1	ANDHRATHADI	6	1	2	6	3	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	3	0
2	BABUBARHI																							
3	BASOPATTI	2	0	0	1	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	2	0
4	BENIPATTI	4	0	0	4	0	0	1	2	0	0	2	0	0	2	0	0	2	0	0	0	2	0	0
5	BISFI	6	0	4	3	3	0	0	3	1	0	3	0	0	0	0	0	3	1	0	0	3	1	0
6	GHOGHARDIHA	4	1	0	4	2	1	0	4	0	0	4	0	0	4	0	0	4	1	0	0	4	1	0
7	HARLAKAHI	4	1	2	4	0	0	0	4	0	0	2	0	0	2	0	0	2	0	0	0	2	0	0
8	JAINAGAR	2	1	0	2	0	0	0	1	0	1	1	0	0	1	0	0	1	1	0	0	1	0	0
9	KALUAHI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	KHAJAULI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	KHUTAUNA	6	3	0	6	1	0	0	3	0	1	3	0	0	3	0	0	3	1	0	0	3	1	0
12	LADANIA	6	2	3	4	4	0	0	4	0	0	4	0	0	4	0	0	4	3	0	0	4	3	0
13	LAKHNAUR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	LOUKAHI	10	0	1	10	3	2	0	5	0	0	5	0	0	5	0	0	5	1	0	0	5	1	0

15	MADHEPUR	28	0	0	28	0	0	14	0	1	0	0	14	1	0	28
16	MADHWAPUR	2	0	1	2	1	0	2	0	0	0	1	2	1	0	4
17	PANDAUL	4	2	4	31	31	0	5	1	0	0	0	5	0	0	5
18	PHULPARAS	3	0	0	3	0	2	3	0	0	0	0	3	0	0	3
19	RAHIKA	4	0	0	4	3	0	2	0	0	0	0	2	2	0	0
20	RAJNAGAR	6	0	0	6	4	0	3	0	0	0	0	3	0	0	0
21	JHANJHARPUR	6	1	0	6	1	1	3	0	0	0	0	3	1	0	0
TOTAL		103	12	17	124	56	7	58	2	3	3	55	16	0	54	

6.2 Man-Power Status In DH/SDH/REFF & PHC

Sl. No	DH/SDH/REFF PHC Name	Doctors				ANM				Laboratory Technician				Pharmacists				Dresser				Nurs		
		In Position		Senction		In Position		Senction		In Position		Senction		In Position		Senction		In Position		Senction		Reg.		
		Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	Reg.	Cont.	
1	ANDHRATHADI	6	2	1	0	0	0	1	0	1	0	2	1	0	2	0	0	0	0	0	0	3	3	
2	BABUBARHI																							
3	BASOPATTI	3	2	2	2	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
4	BENIPATTI	4	2	3	38	28	6	1	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0
5	BISFI	9	2	6	43	23	6	4	1	0	0	4	0	0	4	0	0	0	0	0	3	0	0	0
6	GHOGHARDIHA	7	1	3	31	15	13	8	0	0	0	7	1	0	8	0	0	0	0	0	3	0	14	14
7	HARLAKAHI	4	3	2	1	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0
8	JAINAGAR	3	3	3	18	15	3	2	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0
9	KALUAHI	3	1	1	13	10	1	1	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
10	KHAJAJULI	3	3	2	17	13	4	1	0	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0
11	KHUTAUNA	4	1	1	2	1	1	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0

12	LADANIA	4	2	3	1	4	0	1	0	0	1	0	0	0	1	0	0
13	LAKHNAUR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	LOUKAHI	4	1	1	4	2	0	1	0	0	1	0	0	2	0	0	2
15	MADHEPUR	7	3	5	70	26	13	2	0	2	2	1	0	5	2	0	5
16	MADHWAPUR	4	2	2	1	3	0	1	0	1	1	1	0	1	0	0	2
17	PANDAUL	7	3	0	1	1	0	1	1	0	1	0	0	1	1	0	2
18	PHULPARAS																
19	RAHIKA	3	3	3	29	29	1	0	0	0	1	1	0	4	3	0	0
20	RAJNAGAR	3	2	2	2	1	1	0	0	1	1	1	0	1	0	0	0
21	Sub-Div. JHANJHARPUR	8	4	2	0	0	0	1	0	1	2	1	0	2	2	0	6
22	SADAR HOSPITAL	22	10	6	2		2	4	1	0	2	2	0	4	0	0	18
23	JHANJHARPUR	3	0	0	15	15	2	0	0	0	0	0	0	0	0	0	0
	TOTAL	111	50	48	290	188	53	31	3	8	32	11	0	42	19	0	52

6.3 Human Resources in Madhubani

Sl. No.	Name Of The Post	Post Sactioned	In - Position
1.	Medical Officer (Regular)	213	70
2.	Medical Officer (Contractual)	81	52
3.	“A” Grade Nurse (Regular)	34	14
4	“A” Grade Nurse (Cont.)	114	10
5	Block Extension Educator	19	2
6	Health Educator	41	9
7	Lady Health Visitor	39	9
8	Ophthalmic Assistance	8	7
9	Public Health Nurse	1	0
1	Statistical Assistance	1	0
11	Pharmasist	84	17
12	Laboratory Technician	64	6
13	X-Ray Technician	4	3
14	Sanitary Inspector	19	2
15	Clerk	115	115
16	ANM(Regular)	584	371
17	ANM (Cont.)	429	130
18	Computer	18	15
19	B.H.W	153	151
20	F.W.W	54	44
21	Driver	41	21
22	IV Grade Staff	379	228
23	O.T Assistance	4	0
24	Dresser	83	69
25	B.H.M	20	13
26	Accountant(Cont.)	20	11
27	Data Centre	19	16

6.4 ASHA Status

Revised ASHA Target PHC Wise				
S. No.	Name of Institution	Revised ASHA Target	ASHA already Selected	No of New ASHA for selection
1	2	4	5	6
1	Andhrathadhi	167	139	28
2	Babubarhi	204	172	32
3	Basopatti	153	116	37
4	Benipatti	328	244	84
5	Bisfi	327	251	76
6	Ghoghardiha	311	259	52
7	Harlakhi	171	122	49
8	Jaynagar	175	132	43
9	Jhanjharpur	159	115	44
10	Khajauli	233	180	53
11	Khutauna	201	167	34
12	Ladania	164	137	27
13	Laukahi	193	146	47
14	Madhepur	425	203	222
15	Madhwapur	139	110	29
16	Pandaul	245	217	28
18	Rahika	222	133	89
19	Rajnagar	227	191	36
Total		4046	3034	1012

6.5 MAMTA STATUS

S. No.	Name of Institution	Total Target	Total Selection
1	SADAR MADHUBANI	28	13
2	PHULPARAS	8	
3	ANDHRATHADI	9	9
4	BENIPATTI	9	
5	BASOPATTI	7	
6	BISFI	7	
7	RAJNAGAR	7	
8	KHUTAUNA	8	
9	JAINAGAR	8	8
10	PANDAUL	8	
11	Sub-Div. JHANJHARPUR	8	4
12	BABUBARHI	10	10
13	GHOGHARDIHA	5	
14	HARLAKAHI	8	8
15	RAHIKA	8	
16	KHAJAULI	7	7
17	LADANIA	4	
18	LOUKAHI	5	
19	MADHEPUR	10	
20	MADHWAPUR	4	
	DISTRICT TOTAL	168	59

6.6 DISTRICT PROGRAM MANAGEMENT UNIT

<u>Designation</u>	<u>Sanction</u>	<u>In-Position</u>	<u>Vacant</u>
Dist. Program Manager	1	1	0
Dist. Account Manager	1	1	0
Dist. Nodal M & E Officer	1	1	0

BLOCK PROGRAM MANAGEMENT UNIT

<u>Designation</u>	<u>Sanction</u>	<u>In-Position</u>	<u>Vacant</u>
Health Manager	18	13	5
Accountant	18	12	6

S.No	Name of Block	Health Manager Appointed (Y/N)	Accountant appointed (Y/N)	Store keeper appointed (Y/N)
1	LADANIA	Y	N	N
2	MADHAWAPUR	Y	Y	N
3.	JAYNAGAR	Y	Y	N
4	BENIPATTI	Y	N	N
5	KHUTAUNA	N	Y	N
6	BISFFI	Y	Y	N
7	BABUBARHI	N	N	N
8	KHAJALI	Y	Y	N
9	GHOGHARDIHA	Y	Y	N
10	PHULPARAS	N	N	N
11	SDH + PHC JHANJHARPUR	Y	Y	N
12	RAJNAGAR	N	N	N
13	BASOPATTI	Y	Y	N
14	PANDAUL	Y	Y	N
15	ANDHRARTHARI	Y	Y	N
16	HARLAKHI	N	N	N
17	LAUKAHI	Y	Y	N
18	RAHIKA	Y	N	N
19	MADHEPUR	N	Y	N

7. FACILITY SURVAY

PRIMARY HEALTH CENTRE BASOPATTI

1. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

A. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?	Y					
2. Is there electricity?	Y					
3. Is there 24 hour power backup system (with fuel)?	Y					
4. Is there attached toilet for patients?	Y			Y		
5. Is there partition/ door separating labour room from other facility for privacy?			Y	Y		
6. Is there a sluice room attached to labour room?		N				
a. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?		N				
b. Is there basin for soaking linen in the sluice room?		N				
c. Is there 24 hour running water in the sluice room		N				

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	0				
2. Table	1	0				
3. Chair	2	0				

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC	SQ	AQ	Condition	Remarks
--	----	----	-----------	---------

			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2	0				
2. Mattresses w/ water proof cover	2	0				
3. Pillows w/ water proof cover	2	0				
4. Bedpan	2	0				
5. Revolving Stool	2	2				
6. Bedscreen for privacy	1	0				
7. Bedside cabinet (lockable)	2	0				
8. Step Stool	2	0				
9. Mayo Table	1	0				
10. Instrument trolley	2	1				
11. Bowl stand	2	1				
12. Portable light	1	0				
13. Emergency light	1	0				
14. Torch light	1	0				
15. Wall clock that can be seen easily	1	0				
16. IV stand	2	0				
17. Electric Suction, 220V	1	0				
18. Foot suction	1	0				
19. Perineal Light	1	0				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1	0	
2. Stethoscope	1	1	
3. BP apparatus	1	1	
4. Fetoscope	1	0	
5. Oral Thermometer	1	1	
6. Rectal Thermometer	1	0	
7. Room Thermometer	1	0	
8. Drums for gloves	1	0	
9. Jar w/ cover (for swabs)	1	0	
10. Tourniquet, latex rubber, 75cm	1	0	
11. Kidney Tray	1	0	
12. Dressing Tray	1	1	IN Old Condition
13. Cheattle forceps w/ jar, stainless steel	1	0	
14. Kocher's Forcep	2	1	Old

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
Additional Equipments on the Trolley			
15. Rubber catheter	2	Nil	
15. Bivalve Cusco	1 set	Nil	

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Oxygen cylinder with flow meter	1					
2. Oxygen concentrator	1					

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	0	Nil	Y		Flow Meter Is Repayable
2. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	0	Nil	0		
3. Blood pressure cuff	1	0				
4. Portable oxygen cylinder w/ flow meter	1	1		Y		
5. Stethoscope	1	1	Y			
6. Fetoscope	1	0				
7. Disposable sterile syringe and needles: 2 – 50 ml	1	1				
8. Urinary (Foley) catheter & Uro bag	1	0				
9. IV canulla (18G)	2 pc	0				
10. IV sets	2	2	Y			
11. Ringer lactate	1	0				
12. Kidney tray	1	0				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets	1			
1. Artery Forceps, 140mm	1	0			
2. Toothed thumb forceps, 155mm	1	0			
3. Suture cutting scissors, 140mm	1	0			
4. Kidney Tray (200ml)	1	1			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
5. Bowl for antiseptic (180ml)	1	0			
b. Delivery Set	2 sets	0			
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	1			
2. Cord Cutting Scissor (Umbilicus – Blunt)	1	00			
3. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	1			
4. Bowl S.S (Small and Big) 600ml, 750ml	2	0			
c. Perineal/Vaginal/Cervical Repair Set	1 set	0			
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	0			
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1			
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	1			
4. Needle Holder (Mayo – Hegar) 20 cm	1	1			
5. Scissors (Abdominal, Kelly) 18 cm	1	1			
6. Suture cutting scissors (long)	1	1			
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	0			
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	0			
9. Vaginal Speculum (Hamilton Bailey)	1	0			
d. Episiotomy Set	1 set	0			
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	0			
2. Needle Holder (Mayo Hegar (20cm)	1	1			
3. Dissecting Forceps – toothed and non toothed– 14 cm	2	0			
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	0			
5. Triangular Cutting Needle (ask about the needles)	1	0			
6. Round Body Needle	1	0			
7. Sponge Holding Forceps (Forester; Straight) 25cm	1	0			
8. Small Bowl SS –180ml	1	0			
e. Forceps Delivery Set	1 set	0			
1. Obstetric Forceps (Outlet)	1 set	0			
f. MVA Set for PAC	1 set	0			
1. Bivalve speculum (small, medium, big)	1 set	0			
2. Small bowl for keeping antiseptic solution	1	0			
3. Sponge holder	1	1			
4. Single tooth Tenaculum	1	0			
5. Volsellum	1	0			
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	0			
7. Double valve MVA syringe and with different size cannula (IPAS)	1	0			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
8. Strainer (instead of sieve)	1	0			
9. Magnifying glass	1	0			
10. Emesis Pan	1	0			
11. Kidney dish	1	0			
12. 10 ml syringe for para cervical block	1	0			
13. 2 ml syringe w/ needle	1	0			
g. Vacuum Set	1 set	0			
1. Vacuum cup	1	0			
2. Vacuum bottle	1	0			
3. Vacuum with meter	1	0			
4. Vacuum pump	1	0			
5. Connecting Tube	1	0			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						
1. Resuscitation Unit – Infant	1	0				
2. Delee, single use or high – level disinfected/sterile reusable	1	0				
3. Cord ties or thread		0				
4. Infant weighing scale (pan-type)	1	0				
5. Suction catheter for baby		0				

A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules		No						
2. Mag Sulphate (14 gr)	0.5 gms X 28		No						
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		No						
4. Calcium gluconate (inj.)	10ml X 2 ampules		No						
5. Dextrose (25% & 50 %) (inj.)	2 ampules		No						
6. Adrenaline (inj.)	2 ampules		No						
7. Naloxone (inj)	1 ampule		No						
8. Ergometrine (inj.)	2 ampules	Yes							

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
9. Frusemide (inj.)	2 ampules		No						
10. Hydrocortisone	100ml 2 vial	Yes							

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

11. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes							
12. IV Set	4		No						
13. IV Cannula 18 G	4		No						

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source	Yes		Yes		Yes	
2. Autoclave drum (write size and type)	Yes		Yes		Yes	
3. Autoclave tape		No				
4. Boiler with heat source or electricity		No				
5. Chlorine (5%) for making decontamination solution (0.5%)		No				
6. Plastic buckets for rinsing instruments and making chlorine solution		No				
7. Personal hand towel		No				
8. Puncture proof container for sharp disposal		No				
9. Antiseptic solutions		No				
10. Plastic aprons		No				
11. Protective footwear (boots /plastic shoes)		No				
12. Protective eyewear (goggles/face shields)		No				
13. Dirty linen trolley or container		No				
14. Mops and buckets		No				
15. Rack for drying gloves		No				
16. McIntosh for delivery bed		No				
17. Buckets for placenta disposal		No				
18. Shoe Rack		No				
19. Slippers for staff		No				
24. Slippers for clients		No				

PRIMARY HEALTH CENTRE BISFFI

2. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

B. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
7. Is there 24 hour running water or buckets with water?	Y		Y			
8. Is there electricity?		N				
9. Is there 24 hour power backup system (with fuel)?	Y					
10. Is there attached toilet for patients?	Y		Y			
11. Is there partition/ door separating labour room from other facility for privacy?	Y		Y			
12. Is there a sluice room attached to labour room?	Y		Y			
d. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?	Y		Y			
e. Is there basin for soaking linen in the sluice room?	Y		Y			
f. Is there 24 hour running water in the sluice room	y		Y			

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	1	√		√	
2. Table	1	2	√		√	

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
3. Chair	2	4	√		√	

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
20. Delivery table with stirrups	2	2	√			
21. Mattresses w/ water proof cover	2	2	√			
22. Pillows w/ water proof cover	2		X			
23. Bedpan	2	7	√			
24. Revolving Stool	2	6	√			
25. Bedscreen for privacy	1		X			
26. Bedside cabinet (lockable)	2	5				
27. Step Stool	2	4				
28. Mayo Table	1		X			
29. Instrument trolley	2	3				
30. Bowl stand	2	4				
31. Portable light	1	1				
32. Emergency light	1	1				
33. Torch light	1	2				
34. Wall clock that can be seen easily	1	3				
35. IV stand	2	1 2				
36. Electric Suction, 220V	1	1				
37. Foot suction	1	1				
38. Perineal Light	1	0				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
16. Instrument Trolley (mobile)	1	3	
17. Stethoscope	1	2	
18. BP apparatus	1	1	
19. Fetoscope	1	1	
20. Oral Thermometer	1	2	

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
21. Rectal Thermometer	1	0	
22. Room Thermometer	1	0	
23. Drums for gloves	1	2	
24. Jar w/ cover (for swabs)	1	1	
25. Tourniquet, latex rubber, 75cm	1	3	
26. Kidney Tray	1	12	
27. Dressing Tray	1	10	
28. Cheattle forceps w/ jar, stainless steel	1	3	
29. Kocher's Forcep	2	2	
Additional Equipments on the Trolley			
30. Rubber catheter	2	0	
15. Bivalve Cusco	1 set	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
3. Oxygen cylinder with flow meter	1	2	√			
4. Oxygen concentrator	1	0				

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
13. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	1	√			
14. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	0				
15. Blood pressure cuff	1	2	√			
16. Portable oxygen cylinder w/ flow meter	1	0	√			
17. Stethoscope	1	2	√			
18. Fetoscope	1	0	√			
19. Disposable sterile syringe and needles: 2 – 50 ml	1	0	√			
20. Urinary (Foley) catheter & Uro bag	1	0	√			
21. IV canulla (18G)	2 pc	0	√			
22. IV sets	2	12	√			
23. Ringer lactate	1	50	√			
24. Kidney tray	1	12	√			

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional	Location	In Sets
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				Yes	No
a. Dressing Set	2 sets	2	Dressing Room		
6. Artery Forceps, 140mm	1	4	Delivery room		
7. Toothed thumb forceps, 155mm	1	2	Dressing Room		
8. Suture cutting scissors, 140mm	1		OT, Dressing room, Delivery		
9. Kidney Tray (200ml)	1	12	Dressing room, Labour room		
10. Bowl for antiseptic (180ml)	1	2	Dressing room, Labour room		
b. Delivery Set	2 sets				
5. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	0	Dressing room, Labour room		
6. Cord Cutting Scissor (Umbilicus – Blunt)	1	1	Dressing room, Labour room		
7. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	1	Dressing room		
8. Bowl S.S (Small and Big) 600ml, 750ml	2	0	Dressing room		
c. Perineal/Vaginal/Cervical Repair Set	1 set				
10. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	1	Dressing room		
11. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1	Dressing room		
12. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	1	Dressing room		
13. Needle Holder (Mayo – Hegar) 20 cm	1	1	Dressing room		
14. Scissors (Abdominal, Kelly) 18 cm	1	2	Dressing room		
15. Suture cutting scissors (long)	1	1	Dressing room		
16. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	2	Dressing room		
17. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	1			
18. Vaginal Speculum (Hamilton Bailey)	1	1			
d. Episiotomy Set	1 set				
9. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	1			
10. Needle Holder (Mayo Hegar (20cm)	1	1			
11. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
12. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	10			
13. Triangular Cutting Needle (ask about the needles)	1	1			
14. Round Body Needle	1	1			
15. Sponge Holding Forceps (Forester; Straight) 25cm	1	1			
16. Small Bowl SS –180ml	1				
e. Forceps Delivery Set	1 set				
2. Obstetric Forceps (Outlet)	1 set	1 set 1			
f. MVA Set for PAC	1 set				
14. Bivalve speculum (small, medium, big)	1 set	1 set			
15. Small bowl for keeping antiseptic solution	1	1			
16. Sponge holder	1	1			
17. Single tooth Tenaculum	1	0			
18. Volsellum	1	1			
19. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	1			
20. Double valve MVA syringe and with different size cannula (IPAS)	1	0			
21. Strainer (instead of sieve)	1	0			
22. Magnifying glass	1	1			
23. Emesis Pan	1	0			
24. Kidney dish	1	1			
25. 10 ml syringe for para cervical block	1	0			
26. 2 ml syringe w/ needle	1	1800			
g. Vacuum Set	1 set				
6. Vacuum cup	1	0			
7. Vacuum bottle	1	0			
8. Vacuum with meter	1	0			
9. Vacuum pump	1	0			
10. Connecting Tube	1	0			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						
6. Resuscitation Unit – Infant	1	1				
7. Delee, single use or high – level disinfected/sterile reusable	1	0				
8. Cord ties or thread		1				
9. Infant weighing scale (pan-type)	1	1				
10. Suction catheter for baby		0				

A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
14. Oxytocin (5mlx8units = 40units)	10 Ampules		No						
15. Mag Sulphate (14 gr)	0.5 gms X 28		0						
16. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		0						
17. Calcium gluconate (inj.)	10ml X 2 ampules		0						
18. Dextrose (25% & 50 %) (inj.)	2 ampules		0						
19. Adrenaline (inj.)	2 ampules		0						
20. Naloxone (inj)	1 ampule		0						
21. Ergometrine (inj.)	2 ampules		100						
22. Frusemide (inj.)	2 ampules		0						
23. Hydrocortisone	100ml 2 vial		0						

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

24. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	6							
25. IV Set	4	12							
26. IV Cannula 18 G	4	1							

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
20. Autoclave with electricity or heat source	Yes					
21. Autoclave drum (write size and type)	Yes					
22. Autoclave tape	Yes					
23. Boiler with heat source or electricity	Yes					
24. Chlorine (5%) for making decontamination solution (0.5%)	Yes					
25. Plastic buckets for rinsing instruments and making chlorine solution	Yes					
26. Personal hand towel	Yes					
27. Puncture proof container for sharp disposal	Yes					
28. Antiseptic solutions	Yes					
29. Plastic aprons	yes					

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
30. Protective footwear (boots /plastic shoes)		No				
31. Protective eyewear (goggles/face shields)		No				
32. Dirty linen trolley or container		No				
33. Mops and buckets	Yes					
34. Rack for drying gloves	Yes					
35. McIntosh for delivery bed		No				
36. Buckets for placenta disposal	Yes					
37. Shoe Rack		No				
38. Slippers for staff	Yes					
24. Slippers for clients	yes					

PRIMARY HEALTH CENTRE MADHEPUR

3. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

C. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
13. Is there 24 hour running water or buckets with water?	√		√			
14. Is there electricity?	√		√			
15. Is there 24 hour power backup system (with fuel)?	√		√			
16. Is there attached toilet for patients?	√		√			
17. Is there partition/ door separating labour room from other facility for privacy?	√		√			
18. Is there a sluice room attached to labour room?		√				
g. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?		√				

h. Is there basin for soaking linen in the sluice room?		√				
i. Is there 24 hour running water in the sluice room		√				

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1					
2. Table	1	1	√			
3. Chair	2	2	√			

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functiona l	Need repair	Not repairable	
39. Delivery table with stirrups	2	0				
40. Mattresses w/ water proof cover	2	2	√			
41. Pillows w/ water proof cover	2	2	√			
42. Bedpan	2	2	√			
43. Revolving Stool	2	2	√			
44. Bedscreen for privacy	1	0				
45. Bedside cabinet (lockable)	2	10	√			
46. Step Stool	2	0				
47. Mayo Table	1	0				
48. Instrument trolley	2	10	√			
49. Bowl stand	2	2	√			
50. Portable light	1	0				
51. Emergency light	1	0				
52. Torch light	1	0				
53. Wall clock that can be seen easily	1	0				
54. IV stand	2	4	√			
55. Electric Suction, 220V	1	0				

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functiona l	Need repair	Not repairable	
56. Foot suction	1	1		√		
57. Perineal Light	1	0				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
31. Instrument Trolley (mobile)	1	0	
32. Stethoscope	1	12	
33. BP apparatus	1	12	
34. Fetoscope	1	2	
35. Oral Thermometer	1	0	
36. Rectal Thermometer	1	0	
37. Room Thermometer	1	0	
38. Drums for gloves	1	2	
39. Jar w/ cover (for swabs)	1	0	
40. Tourniquet, latex rubber, 75cm	1	2	
41. Kidney Tray	1	4	
42. Dressing Tray	1	1	
43. Cheattle forceps w/ jar, stainless steel	1	0	
44. Kocher's Forcep	2	0	
Additional Equipments on the Trolley			
45. Rubber catheter	2	4	
15. Bivalve Cusco	1 set	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functiona l	Need repair	Not repairable	
5. Oxygen cylinder with flow meter	1	2	√			
6. Oxygen concentrator	1	0				

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functiona l	Need repair	Not repairable	
25. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	0				
26. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	0				
27. Blood pressure cuff	1	4	√			
28. Portable oxygen cylinder w/ flow meter	1	2	√			

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functiona l	Need repair	Not repairable	
29. Stethoscope	1	4	√			
30. Fetoscope	1	2	√			
31. Disposable sterile syringe and needles: 2 – 50 ml	1	50	√			
32. Urinary (Foley) catheter & Uro bag	1	50	√			
33. IV canulla (18G)	2 pc	30	√			
34. IV sets	2	50	√			
35. Ringer lactate	1	30	√			
36. Kidney tray	1	4	√			

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets				
11. Artery Forceps, 140mm	1	4			
12. Toothed thumb forceps, 155mm	1	4			
13. Suture cutting scissors, 140mm	1	2			
14. Kidney Tray (200ml)	1	4			
15. Bowl for antiseptic (180ml)	1	2			
b. Delivery Set	2 sets				
9. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	2			
10. Cord Cutting Scissor (Umbilicus – Blunt)	1	2			
11. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	2			
12. Bowl S.S (Small and Big) 600ml, 750ml	2	2			
c. Perineal/Vaginal/Cervical Repair Set	1 set				
19. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	2			
20. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	3			
21. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	3			
22. Needle Holder (Mayo – Hegar) 20 cm	1	2			
23. Scissors (Abdominal, Kelly) 18 cm	1	2			
24. Suture cutting scissors (long)	1	1			
25. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	2			
26. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	0			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
27. Vaginal Speculum (Hamilton Bailey)	1	1			
d. Episiotomy Set	1 set				
17. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	2			
18. Needle Holder (Mayo Hegar (20cm)	1	2			
19. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			
20. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	2			
21. Triangular Cutting Needle (ask about the needles)	1	2			
22. Round Body Needle	1	2			
23. Sponge Holding Forceps (Forester; Straight) 25cm	1	2			
24. Small Bowl SS –180ml	1	2			
e. Forceps Delivery Set	1 set				
3. Obstetric Forceps (Outlet)	1 set	0			
f. MVA Set for PAC	1 set				
27. Bivalve speculum (small, medium, big)	1 set	1			
28. Small bowl for keeping antiseptic solution	1	1			
29. Sponge holder	1	2			
30. Single tooth Tenaculum	1	0			
31. Volsellum	1	2			
32. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	2			
33. Double valve MVA syringe and with different size cannula (IPAS)	1	0			
34. Strainer (instead of sieve)	1	0			
35. Magnifying glass	1	0			
36. Emesis Pan	1	2			
37. Kidney dish	1	2			
38. 10 ml syringe for para cervical block	1	0			
39. 2 ml syringe w/ needle	1	50			
g. Vacuum Set	1 set				
11. Vacuum cup	1	1			
12. Vacuum bottle	1	1			
13. Vacuum with meter	1	1			
14. Vacuum pump	1	1			
15. Connecting Tube	1	1			

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
11. Resuscitation Unit – Infant	1	0				
12. Delee, single use or high – level disinfected/sterile reusable	1	0				
13. Cord ties or thread		4	√			
14. Infant weighing scale (pan-type)	1	2	√			
15. Suction catheter for baby		0				

A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (√) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
27. Oxytocin (5mlx8units = 40units)	10 Ampules		√						
28. Mag Sulphate (14 gr)	0.5 gms X 28		√						
29. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		√						
30. Calcium gluconate (inj.)	10ml X 2 ampules		√						
31. Dextrose (25% & 50 %) (inj.)	2 ampules		√						
32. Adrenaline (inj.)	2 ampules		√						
33. Naloxone (inj)	1 ampule		√						
34. Ergometrine (inj.)	2 ampules	√							
35. Frusemide (inj.)	2 ampules	√							
36. Hydrocortisone	100ml 2 vial		√						

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

37. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	√							
38. IV Set	4	√							
39. IV Cannula 18 G	4	√							

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (√) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
39. Autoclave with electricity or heat source		√				
40. Autoclave drum (write size and type)		√				
41. Autoclave tape		√				

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
42. Boiler with heat source or electricity		√				
43. Chlorine (5%) for making decontamination solution (0.5%)		√				
44. Plastic buckets for rinsing instruments and making chlorine solution		√				
45. Personal hand towel		√				
46. Puncture proof container for sharp disposal		√				
47. Antiseptic solutions	√					
48. Plastic aprons	√					
49. Protective footwear (boots /plastic shoes)		√				
50. Protective eyewear (goggles/face shields)		√				
51. Dirty linen trolley or container		√				
52. Mops and buckets		√				
53. Rack for drying gloves		√				
54. McIntosh for delivery bed		√				
55. Buckets for placenta disposal		√				
56. Shoe Rack		√				
57. Slippers for staff		√				
24. Slippers for clients		√				

D. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds		6	√			
2. Mattress with water proof covers		6	√			
3. Pillows w/ water proof covers		0				
4. Bedside Cabinets		6	√			
5. Stools		0				
6. Screen	1	0				
7. Colored bucket per bed	1	0				
8. Buckets (coloured)	3	0				

E. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
9. Beds		2	√			2 Needs
10. Mattress with water proof covers		2	√			2 Needs
11. Pillows w/ water proof covers		0	√			4 Needs
12. Bedside Cabinets		5	√			2 Needs
13. Stools		4	√			2 Needs
14. Screen	1	4	√			4 needs
15. Colored bucket per bed	1	0	√			4 needs
16. Buckets (coloured)	3	2	√			4 needs

F. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
17. Beds			Yes			
18. Mattress with water proof covers			No			
19. Pillows w/ water proof covers			No			
20. Bedside Cabinets			No			
21. Stools			Yes			
22. Screen	1		No			
23. Colored bucket per bed	1		No			
24. Buckets (coloured)	3		No			

PRIMARY HEALTH CENTRE PANDAU

4. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

G. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
19. Is there 24 hour running water or buckets with water?	YES					
20. Is there electricity?	YES					

21. Is there 24 hour power backup system (with fuel)?						
22. Is there attached toilet for patients?						
23. Is there partition/ door separating labour room from other facility for privacy?	YES					
24. Is there a sluice room attached to labour room?						
j. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?						
k. Is there basin for soaking linen in the sluice room?						
l. Is there 24 hour running water in the sluice room						

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	0				
2. Table	1	0				
3. Chair	2	0				

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
58. Delivery table with stirrups	2	2				
59. Mattresses w/ water proof cover	2	1				
60. Pillows w/ water proof cover	2	1				
61. Bedpan	2	2				
62. Revolving Stool	2	0				
63. Bedscreen for privacy	1	0				
64. Bedside cabinet (lockable)	2	0				
65. Step Stool	2	0				
66. Mayo Table	1					
67. Instrument trolley	2	0				
68. Bowl stand	2	0				
69. Portable light	1	0				
70. Emergency light	1	0				
71. Torch light	1	0				

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
72. Wall clock that can be seen easily	1	0				
73. IV stand	2	2				
74. Electric Suction, 220V	1	1				
75. Foot suction	1	0				
76. Perineal Light	1	1				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
46. Instrument Trolley (mobile)	1	0	
47. Stethoscope	1	0	
48. BP apparatus	1	0	
49. Fetoscope	1	0	
50. Oral Thermometer	1	0	
51. Rectal Thermometer	1	0	
52. Room Thermometer	1	0	
53. Drums for gloves	1	0	
54. Jar w/ cover (for swabs)	1	0	
55. Tourniquet, latex rubber, 75cm	1	0	
56. Kidney Tray	1	0	
57. Dressing Tray	1	0	
58. Cheattle forceps w/ jar, stainless steel	1	0	
59. Kocher's Forcep	2	0	
Additional Equipments on the Trolley			
60. Rubber catheter	2	0	
15. Bivalve Cusco	1 set	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
7. Oxygen cylinder with flow meter	1	1	YES			
8. Oxygen concentrator	1	0				

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
37. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	0				

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
38. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	0				
39. Blood pressure cuff	1	0				
40. Portable oxygen cylinder w/ flow meter	1	0				
41. Stethoscope	1	0				
42. Fetoscope	1	0				
43. Disposable sterile syringe and needles: 2 – 50 ml	1	0				
44. Urinary (Foley) catheter & Uro bag	1	0				
45. IV canulla (18G)	2 pc	0				
46. IV sets	2	2				
47. Ringer lactate	1	1				
48. Kidney tray	1	0				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets	0			0
16. Artery Forceps, 140mm	1	1			
17. Toothed thumb forceps, 155mm	1	2			
18. Suture cutting scissors, 140mm	1	2			
19. Kidney Tray (200ml)	1	1			
20. Bowl for antiseptic (180ml)	1	0			
b. Delivery Set	2 sets	0			
13. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	2			
14. Cord Cutting Scissor (Umbilicus – Blunt)	1	1			
15. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	1			
16. Bowl S.S (Small and Big) 600ml, 750ml	2	0			
c. Perineal/Vaginal/Cervical Repair Set	1 set	0			
28. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	2			
29. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	2			
30. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	2			
31. Needle Holder (Mayo – Hegar) 20 cm	1	1			
32. Scissors (Abdominal, Kelly) 18 cm	1	0			
33. Suture cutting scissors (long)	1	0			
34. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	2			
35. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	0			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
36. Vaginal Speculum (Hamilton Bailey)	1	0			
d. Episiotomy Set	1 set	0			
25. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	0			
26. Needle Holder (Mayo Hegar (20cm)	1	0			
27. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			
28. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	2			
29. Triangular Cutting Needle (ask about the needles)	1	1			
30. Round Body Needle	1	0			
31. Sponge Holding Forceps (Forester; Straight) 25cm	1	0			
32. Small Bowl SS –180ml	1	2			
e. Forceps Delivery Set	1 set	0			
4. Obstetric Forceps (Outlet)	1 set	0			
f. MVA Set for PAC	1 set	0			
40. Bivalve speculum (small, medium, big)	1 set	0			
41. Small bowl for keeping antiseptic solution	1	0			
42. Sponge holder	1	0			
43. Single tooth Tenaculum	1	2			
44. Volsellum	1	0			
45. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	0			
46. Double valve MVA syringe and with different size cannula (IPAS)	1				
47. Strainer (instead of sieve)	1	0			
48. Magnifying glass	1	0			
49. Emesis Pan	1	0			
50. Kidney dish	1	0			
51. 10 ml syringe for para cervical block	1	0			
52. 2 ml syringe w/ needle	1	0			
g. Vacuum Set	1 set	0			
16. Vacuum cup	1	0			
17. Vacuum bottle	1	0			
18. Vacuum with meter	1	1			
19. Vacuum pump	1	1			
20. Connecting Tube	1	0			

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS: 0						

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
16. Resuscitation Unit – Infant	1		0			
17. Delee, single use or high – level disinfected/sterile reusable	1		0			
18. Cord ties or thread			1			
19. Infant weighing scale (pan-type)	1	1	YES			
20. Suction catheter for baby			0			

A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
40. Oxytocin (5mlx8units = 40units)	10 Ampules		NO						
41. Mag Sulphate (14 gr)	0.5 gms X 28		NO						
42. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		NO						
43. Calcium gluconate (inj.)	10ml X 2 ampules		NO						
44. Dextrose (25% & 50 %) (inj.)	2 ampules	YES							
45. Adrenaline (inj.)	2 ampules		NO						
46. Naloxone (inj)	1 ampule		NO						
47. Ergometrine (inj.)	2 ampules	YES							
48. Frusemide (inj.)	2 ampules		NO						
49. Hydrocortisone	100ml 2 vial		NO						

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

50. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	YES							
51. IV Set	4	YES							
52. IV Cannula 18 G	4		NO						

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
58. Autoclave with electricity or heat source	YES					
59. Autoclave drum (write size and type)	YES					
60. Autoclave tape	0					

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
61. Boiler with heat source or electricity	0					
62. Chlorine (5%) for making decontamination solution (0.5%)	0					
63. Plastic buckets for rinsing instruments and making chlorine solution	0					
64. Personal hand towel	0					
65. Puncture proof container for sharp disposal	0					
66. Antiseptic solutions						
67. Plastic aprons		NO				
68. Protective footwear (boots /plastic shoes)		NO				
69. Protective eyewear (goggles/face shields)		NO				
70. Dirty linen trolley or container		NO				
71. Mops and buckets		NO				
72. Rack for drying gloves		NO				
73. McIntosh for delivery bed		NO				
74. Buckets for placenta disposal	YES					
75. Shoe Rack		YES				
76. Slippers for staff	YES					
24. Slippers for clients		YES				

H. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
25. Beds						
26. Mattress with water proof covers						
27. Pillows w/ water proof covers						
28. Bedside Cabinets						
29. Stools						
30. Screen	1					
31. Colored bucket per bed	1					
32. Buckets (coloured)	3					

PRIMARY HEALTH CENTRE JAYNAGAR

5. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

I. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
25. Is there 24 hour running water or buckets with water?	√		√			
26. Is there electricity?	√		√			
27. Is there 24 hour power backup system (with fuel)?	√		√			
28. Is there attached toilet for patients?	√		√			
29. Is there partition/ door separating labour room from other facility for privacy?	√		√			
30. Is there a sluice room attached to labour room?		√				
m. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?						
n. Is there basin for soaking linen in the sluice room?						
o. Is there 24 hour running water in the sluice room						

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	Nil				
2. Table	1	Nil				
3. Chair	2	Nil				

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
77. Delivery table with stirrups	2	2			√	
78. Mattresses w/ water proof cover	2	Nil			Nil	
79. Pillows w/ water proof cover	2	Nil			Nil	
80. Bedpan	2	Nil			Nil	
81. Revolving Stool	2	Nil				
82. Bedscreen for privacy	1	Nil				
83. Bedside cabinet (lockable)	2	Nil				
84. Step Stool	2	Nil				
85. Mayo Table	1	Nil				
86. Instrument trolley	2	1	√			
87. Bowl stand	2	Nil				
88. Portable light	1	Nil				
89. Emergency light	1	Nil				
90. Torch light	1	Nil				
91. Wall clock that can be seen easily	1	Nil				
92. IV stand	2	1		√		
93. Electric Suction, 220V	1	Nil				
94. Foot suction	1	1			√	
95. Perineal Light	1	Nil				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
61. Instrument Trolley (mobile)	1	1	
62. Stethoscope	1	1	

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
63. BP apparatus	1	1	
64. Fetoscope	1	1	
65. Oral Thermometer	1	1	
66. Rectal Thermometer	1	Nil	
67. Room Thermometer	1	Nil	
68. Drums for gloves	1	Nil	
69. Jar w/ cover (for swabs)	1	Nil	
70. Tourniquet, latex rubber, 75cm	1	Nil	
71. Kidney Tray	1	1	
72. Dressing Tray	1	1	
73. Cheattle forceps w/ jar, stainless steel	1	1	
74. Kocher's Forcep	2	Nil	
Additional Equipments on the Trolley			
75. Rubber catheter	2	Nil	
15. Bivalve Cusco	1 set	Nil	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
9. Oxygen cylinder with flow meter	1	1	√			
10. Oxygen concentrator	1	Nil				

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
49. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	1	√			
50. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	Nil				
51. Blood pressure cuff	1	1		√		
52. Portable oxygen cylinder w/ flow meter	1	Nil				
53. Stethoscope	1	Nil				
54. Fetoscope	1	Nil				
55. Disposable sterile syringe and needles: 2 – 50 ml	1	Nil				
56. Urinary (Foley) catheter & Uro bag	1	Nil				
57. IV canulla (18G)	2 pc	Nil				
58. IV sets	2	Nil				
59. Ringer lactate	1	1				

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
60. Kidney tray	1	Nil				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets				
21. Artery Forceps, 140mm	1	Nil			
22. Toothed thumb forceps, 155mm	1	Nil			
23. Suture cutting scissors, 140mm	1	Nil			
24. Kidney Tray (200ml)	1	Nil			
25. Bowl for antiseptic (180ml)	1	Nil			
b. Delivery Set	2 sets				
17. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	1	Delivery Room		
18. Cord Cutting Scissor (Umbilicus – Blunt)	1	Nil			
19. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	1	Delivery		
20. Bowl S.S (Small and Big) 600ml, 750ml	2	Nil			
c. Perineal/Vaginal/Cervical Repair Set	1 set				
37. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	Nil			
38. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	Nil			
39. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	Nil			
40. Needle Holder (Mayo – Hegar) 20 cm	1	Nil			
41. Scissors (Abdominal, Kelly) 18 cm	1	Nil			
42. Suture cutting scissors (long)	1	Nil			
43. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	Nil			
44. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	Nil			
45. Vaginal Speculum (Hamilton Bailey)	1	Nil			
d. Episiotomy Set	1 set				
33. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	1		√	
34. Needle Holder (Mayo Hegar (20cm)	1	1		√	
35. Dissecting Forceps – toothed and non toothed– 14 cm	2	1		√	
36. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	1		√	
37. Triangular Cutting Needle (ask about the needles)	1	1		√	
38. Round Body Needle	1	1		√	
39. Sponge Holding Forceps (Forester; Straight) 25cm	1	1		√	
40. Small Bowl SS –180ml	1	1		√	

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
e. Forceps Delivery Set	1 set				
5. Obstetric Forceps (Outlet)	1 set	Nil			
f. MVA Set for PAC	1 set	Nil			
53. Bivalve speculum (small, medium, big)	1 set	Nil			
54. Small bowl for keeping antiseptic solution	1	Nil			
55. Sponge holder	1	Nil			
56. Single tooth Tenaculum	1	Nil			
57. Volsellum	1	Nil			
58. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	Nil			
59. Double valve MVA syringe and with different size cannula (IPAS)	1	Nil			
60. Strainer (instead of sieve)	1	Nil			
61. Magnifying glass	1	Nil			
62. Emesis Pan	1	Nil			
63. Kidney dish	1	Nil			
64. 10 ml syringe for para cervical block	1	Nil			
65. 2 ml syringe w/ needle	1	Nil			
g. Vacuum Set	1 set				
21. Vacuum cup	1	Nil			
22. Vacuum bottle	1	Nil			
23. Vacuum with meter	1	Nil			
24. Vacuum pump	1	Nil			
25. Connecting Tube	1	Nil			

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						
21. Resuscitation Unit – Infant	1	Nil				
22. Delee, single use or high – level disinfected/sterile reusable	1	Nil				
23. Cord ties or thread		Nil				
24. Infant weighing scale (pan-type)	1	1	√			
25. Suction catheter for baby		Nil				

A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (√) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available	Adequate for 1 Patient?	Expired	Easily Accessible

		Yes	No	Yes	No	Yes	No	Yes	No
53. Oxytocin (5mlx8units = 40units)	10 Ampules		√						
54. Mag Sulphate (14 gr)	0.5 gms X 28	√						√	
55. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		√						
56. Calcium gluconate (inj.)	10ml X 2 ampules		√						
57. Dextrose (25% & 50 %) (inj.)	2 ampules		√						
58. Adrenaline (inj.)	2 ampules		√						
59. Naloxone (inj)	1 ampule		√						
60. Ergometrine (inj.)	2 ampules	√		√			√	√	
61. Frusemide (inj.)	2 ampules		√						
62. Hydrocortisone	100ml 2 vial		√						

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

63. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	√							
64. IV Set	4		√						
65. IV Cannula 18 G	4		√						

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (√) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
77. Autoclave with electricity or heat source	√		√			√
78. Autoclave drum (write size and type)	√		√			√
79. Autoclave tape		√				
80. Boiler with heat source or electricity		√				
81. Chlorine (5%) for making decontamination solution (0.5%)		√				
82. Plastic buckets for rinsing instruments and making chlorine solution		√				
83. Personal hand towel		√				
84. Puncture proof container for sharp disposal		√				
85. Antiseptic solutions		√				
86. Plastic aprons	√					
87. Protective footwear (boots /plastic shoes)		√				
88. Protective eyewear (goggles/face shields)		√				
89. Dirty linen trolley or container		√				

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
90. Mops and buckets		√				
91. Rack for drying gloves		√				
92. McIntosh for delivery bed		√				
93. Buckets for placenta disposal		√				
94. Shoe Rack		√				
95. Slippers for staff		√				
24. Slippers for clients		√				

J. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
33. Beds		Nil				
34. Mattress with water proof covers		Nil				
35. Pillows w/ water proof covers		Nil				
36. Bedside Cabinets		Nil				
37. Stools		Nil				
38. Screen	1	Nil				
39. Colored bucket per bed	1	Nil				
40. Buckets (coloured)	3	Nil				

PRIMARY HEALTH CENTRE LAUKAHI

6. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

K. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
31. Is there 24 hour running water or buckets with water?	√	0	0	0	0	
32. Is there electricity?	0	0	0	0	0	
33. Is there 24 hour power backup system (with fuel)?	√	0	√	0	√	
34. Is there attached toilet for patients?	√	0	√	0	√	
35. Is there partition/ door separating labour room from other facility for privacy?	√	0	√	0	√	
36. Is there a sluice room attached to labour room?	0	0	0	0	0	
p. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?	√	0	0	0	0	
q. Is there basin for soaking linen in the sluice room?	0	√	0	0	0	
r. Is there 24 hour running water in the sluice room	0	√	0	0	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	0	0	0	0	
2. Table	1	0	0	0	0	
3. Chair	2	0	0	√	0	

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
96. Delivery table with stirrups	2	2	√	0	√	
97. Mattresses w/ water proof cover	2	2	√	0	√	
98. Pillows w/ water proof cover	2	0	0	0	0	
99. Bedpan	2	2	√	0	√	
100.Revolving Stool	2	2	√	0	0	
101.Bedscreen for privacy	1	1	√	0	0	
102.Bedside cabinet (lockable)	2	2	√	0	0	
103.Step Stool	2	2	√	0	0	
104.Mayo Table	1	1				
105.Instrument trolley	2	2	√	0	0	
106.Bowl stand	2	2	√	0	0	
107.Portable light	1	0	0	0	0	
108.Emergency light	1	0	0	0	0	
109.Torch light	1	0	0	0	0	
110.Wall clock that can be seen easily	1	0	0	0	0	
111.IV stand	2	2	√	0	0	
112.Electric Suction, 220V	1	1				
113.Foot suction	1	0	0	0	0	
114.Perineal Light	1	0	0	0	0	

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
76. Instrument Trolley (mobile)	1	1	
77. Stethoscope	1	1	
78. BP apparatus	1	1	
79. Fetoscope	1	1	
80. Oral Thermometer	1	0	

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
81. Rectal Thermometer	1	0	
82. Room Thermometer	1	0	
83. Drums for gloves	1	0	
84. Jar w/ cover (for swabs)	1	0	
85. Tourniquet, latex rubber, 75cm	1	0	
86. Kidney Tray	1	1	
87. Dressing Tray	1	1	
88. Cheattle forceps w/ jar, stainless steel	1	1	
89. Kocher's Forcep	2	2	
Additional Equipments on the Trolley			
90. Rubber catheter	2	0	
15. Bivalve Cusco	1 set	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
11. Oxygen cylinder with flow meter	1	0	0	0	0	
12. Oxygen concentrator	1	1	0	√	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
61. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	0	0	0	0	
62. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	0	0	0	0	
63. Blood pressure cuff	1	0	0	0	0	
64. Portable oxygen cylinder w/ flow meter	1	0	0	0	0	
65. Stethoscope	1	1	√	0	0	
66. Fetoscope	1	0	0	0	0	
67. Disposable sterile syringe and needles: 2 – 50 ml	1	1	√	0	0	
68. Urinary (Foley) catheter & Uro bag	1	0	0	0	0	
69. IV canulla (18G)	2 pc	0	0	0	0	
70. IV sets	2	1	√	0	0	
71. Ringer lactate	1	0	0	0	0	
72. Kidney tray	1	0	0	0	0	

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional	Location	In Sets
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				Yes	No
a. Dressing Set	2 sets				
26. Artery Forceps, 140mm	1	√			
27. Toothed thumb forceps, 155mm	1	√			
28. Suture cutting scissors, 140mm	1	√			
29. Kidney Tray (200ml)	1	√			
30. Bowl for antiseptic (180ml)	1	√			
b. Delivery Set	2 sets	0			
21. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	1			
22. Cord Cutting Scissor (Umbilicus – Blunt)	1	1			
23. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	1			
24. Bowl S.S (Small and Big) 600ml, 750ml	2	1			
c. Perineal/Vaginal/Cervical Repair Set	1 set				
46. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	1			
47. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	0			
48. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	0			
49. Needle Holder (Mayo – Hegar) 20 cm	1	0			
50. Scissors (Abdominal, Kelly) 18 cm	1	0			
51. Suture cutting scissors (long)	1	0			
52. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	0			
53. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	0			
54. Vaginal Speculum (Hamilton Bailey)	1	0			
d. Episiotomy Set	1 set	0			
41. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	0			
42. Needle Holder (Mayo Hegar (20cm)	1	0			
43. Dissecting Forceps – toothed and non toothed– 14 cm	2	0			
44. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	0			
45. Triangular Cutting Needle (ask about the needles)	1	0			
46. Round Body Needle	1	0			
47. Sponge Holding Forceps (Forester; Straight) 25cm	1	0			
48. Small Bowl SS –180ml	1	0			
e. Forceps Delivery Set	1 set	0			
6. Obstetric Forceps (Outlet)	1 set	0			
f. MVA Set for PAC	1 set	0			
66. Bivalve speculum (small, medium, big)	1 set	0			
67. Small bowl for keeping antiseptic solution	1	0			
68. Sponge holder	1	0			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
69. Single tooth Tenaculum	1	0			
70. Volsellum	1	0			
71. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	0			
72. Double valve MVA syringe and with different size cannula (IPAS)	1	0			
73. Strainer (instead of sieve)	1	0			
74. Magnifying glass	1	0			
75. Emesis Pan	1	0			
76. Kidney dish	1	0			
77. 10 ml syringe for para cervical block	1	0			
78. 2 ml syringe w/ needle	1	0			
g. Vacuum Set	1 set	0			
26. Vacuum cup	1	0			
27. Vacuum bottle	1	0			
28. Vacuum with meter	1	0			
29. Vacuum pump	1	0			
30. Connecting Tube	1	0			

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						
26. Resuscitation Unit – Infant	1		0			
27. Delee, single use or high – level disinfected/sterile reusable	1		0			
28. Cord ties or thread			√			
29. Infant weighing scale (pan-type)	1		√			
30. Suction catheter for baby			√			

A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (√) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
66. Oxytocin (5mlx8units = 40units)	10 Ampules	√		√			√	√	
67. Mag Sulphate (14 gr)	0.5 gms X 28	√		√			√	√	
68. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	√		√			√	√	
69. Calcium gluconate (inj.)	10ml X 2 ampules	√		√			√	√	

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
70. Dextrose (25% & 50 %) (inj.)	2 ampules	√		√			√	√	
71. Adrenaline (inj.)	2 ampules	√		√			√	√	
72. Naloxone (inj)	1 ampule	0	0	0	0	0	0	0	0
73. Ergometrine (inj.)	2 ampules	0	0	0	0	0	0	0	0
74. Frusemide (inj.)	2 ampules	0	0	0	0	0	0	0	0
75. Hydrocortisone	100ml 2 vial	0	0	0	0	0	0	0	0

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room									
76. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	0	0	0	0	0	0	0	0
77. IV Set	4	0	0	0	0	0	0	0	0
78. IV Cannula 18 G	4	0	0	0	0	0	0	0	0

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (√) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
96. Autoclave with electricity or heat source	0	√	0	√	0	√
97. Autoclave drum (write size and type)	0	√	√	0	√	0
98. Autoclave tape	0	√	0	√	0	√
99. Boiler with heat source or electricity	0	√	0	√	0	√
100. Chlorine (5%) for making decontamination solution (0.5%)	0	0	0	0	0	0
101. Plastic buckets for rinsing instruments and making chlorine solution	√	0	√	0	√	0
102. Personal hand towel	√	0	√	0	√	0
103. Puncture proof container for sharp disposal	0	0	0	√	0	√
104. Antiseptic solutions	0	0	0	0	0	0
105. Plastic aprons	0	√	0	√	0	√
106. Protective footwear (boots /plastic shoes)	0	√	0	√	0	√
107. Protective eyewear (goggles/face shields)	0	√	0	√	0	√
108. Dirty linen trolley or container	0	√	0	√	0	√
109. Mops and buckets	√	0	√		√	0
110. Rack for drying gloves	0	√	0	√	0	√
111. McIntosh for delivery bed	0	√	0	√	0	√
112. Buckets for placenta disposal	√	0	√	0	√	0

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
113. Shoe Rack	0	0	0	0	0	0
114. Slippers for staff	0	0	0	0	0	0
24. Slippers for clients	0	0	0	0	0	0

L. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
41. Beds						
42. Mattress with water proof covers						
43. Pillows w/ water proof covers						
44. Bedside Cabinets						
45. Stools						
46. Screen	1					
47. Colored bucket per bed	1					
48. Buckets (coloured)	3					

Sub Div Hospital Jhanjharpur

Availability of furniture, equipments, drugs and supplies in different service providing Units/Wards in FRUS

A. OPERATION THEATRE (OT)

A1. INFRASTRUCTURE AND FURNITURE FOR OT

Please place a check mark (√) on the mentioned response and fill in the remarks.

A1.1 - Infrastructure for OT	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there a changing room attached to OT?	0	√	0	0	0	
2. Is there a sluice room attached to OT?	√	0	√	0	0	
3. Is there 24 hours running water?	0	√	0	0	0	
4. Is there electricity?	√	0	√	0	0	
5. Is there 24 hours power backup	√	0	√	0	0	
6. Is there sink and elbow tap for hand washing/scrubbing?	√	0	√	0	0	
7. Is there bucket for water storage?	√	0	√	0	0	
8. Is there barrier or door separating OT?	√	0	√	0	0	
9. Is there a separate room for tea and refreshment?	√	0	√	0	0	
10. Is there a separate small room for storage?	√	0	√	0	0	
11. Is there an attached toilet?	√	0	0	√	0	

SQ = Standard Quantity, AQ = Available Quantity

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A1.2 - Furniture for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3	0	0	0	0	

A1.2 - Furniture for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
2. Table for recording and reporting notes	1	0	0	0	0	
3. Stools	3	0	0	0	0	
4. White Board	1	0	0	0	0	

A2. EQUIPMENTS AND INSTRUMENTS FOR OT

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 – General Equipments for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Wheel chair foldable, adult size	1	√	√	0	0	
2. Stretcher	1	√	√	0	0	2 Peace
3. Patient trolley	1	√	√	0	0	2 Peace
4. OT table with stirrups	1	√	√	0	0	
5. Wedge to position the patient	1	0	0	0	0	
6. Mattresses w/ water proof cover	1	√	√	0	0	54
7. Pillows w/ water proof cover	1	0	0	0	0	
8. Bedpan	1	√	√	0	0	10
9. Revolving Stool	2	√	√	0	0	10
10. Foot Step	1	√	√	0	0	10
11. Mayo Table	1	0	0	0	0	
12. Instrument trolley	2	√	√	0	0	03
13. Bowl stand	2	√	√	0	0	
14. Lamp operating, fixed 4 lamp unit	1	√	√	0	0	01
15. Lamp operating, fixed 8 lamp unit	1	0	0	0	0	NO
16. Lamp operating portable	2	0	0	0	0	NO
17. Emergency light	1	0	0	0	0	NO
18. Torch light	1	0	0	0	0	NO
19. Wall clock that can be seen easily	1	0	0	0	0	NO
20. Refrigerator/cold box	1	√	√	0	0	03
21. IV stand	2	√	√	0	0	
22. Pump,suction,surgical,220V, 2 bottles, w/access	1	√	√	0	0	
23. Electrosurgical unit (Cautery)	1	√	√	0	0	01

Please write the functional quantity only.

A2.2 - Basic Equipments for OT	Standard Quantity	Number of Functional Equipments
--------------------------------	-------------------	---------------------------------

1. Stethoscope	1	02
2. BP apparatus	1	01
3. Fetoscope	1	0
4. Oral Thermometer	1	0
5. Rectal Thermometer	1	0
6. Drums for gloves	1	0
7. Jar w/ cover (for swabs)	1	0
8. Tourniquet, latex rubber, 75cm	1	0
9. Kidney Tray (600 cc)	1	√
10. Dressing Tray	1	0
11. Cheattle forceps w/ jar, stainless steel	1	0
12. Kocher's Forceps	2	0

Please write the functional quantity only and check whether the equipments are used.

A2.3 - Anesthesia Equipments for OT	SQ	No. of Functional Equipments	Available but NOT Used
1. E. M. O comprising of: i) EMO Ether Inhaler ii) Breathing Tube (30cm) iii) Head Harness iv) Connector Mount v) Plain antistatic connecting tube (9cm) vi) Oxford inflating bellows vii) Breathing tube (105cm) viii) Expiratory valve ix) Angle Connectors x) Hospital Stand	1	0	
2. OMV	2	0	
3. Oxygen Attachment Kit	2	0	
4. Corrugated, Anti-static, Breathing tube/Anesthetic hose 105cm	2	0	
5. Breathing Tube Connectors, Male	2	0	
6. Breathing Tube Connectors, Female	2	0	
7. Pediatric Bellows	1	0	
8. Ambu E Valves (adults and child)	2EACH	0	
9. Tool Kit (EMO and OMV)	1EACH	0	
10. Anesthetic mobile Trolley, ss, 3 drawers, 2 trays, fitted with height adjustable twin hook loop and oxygen cylinder, electric lamp holder, 960mmL X 500mm W X 1545mm H	1	0	
11. Stylet	1	0	
12. Nasal cannula	1	0	

A2.3 - Anesthesia Equipments for OT	SQ	No. of Functional Equipments	Available but NOT Used
13. Anesthetic Face Masks i) Rendall Backer (pediatric) size 0, 1, 2, 3 ii) Clear "ohmeda" or "ambu size 0, 1, 2, 3, 4, 5 iii) Black, antistatic size 3, 4, 50	1EACH	0	
14. Endotracheal tube (ETT) of different sizes	3 EACH	0	0
15. ETT introducer	2	0	0
16. Brushes for ETT (Small, Medium, Large)	2 EACH	0	0
17. Magill Forceps (adult and child)	1 EACH	0	0
18. Airways, reusable rubber sizes 0-4 oral; 5-9 Nasal	2 EACH	0	0
19. Bougie (adult and child)	1 EACH	0	0
20. Oxygen Tubing (clear green)	1 EACH	0	0
21. Spinal set (set of spinal needles 18 -25 gauge, small bowl, small 5 - 10 ml syringe needle, sponge holding forceps, kidney tray)	1	0	0
22. Combined Pulse Oximeter/ECG monitor	1	0	01
23. Oxygen cylinder with regulator and flow meter	1	02	0
24. Foot suction	1	0	0
25. Electric pump suction, 220V	1	0	0
26. Oxygen Concentrator	1	0	0
27. Suction catheter (newborn Fr 10 or 12 size and adult 16 size)	1 EACH	0	0
28. Laryngoscope set	1	0	0

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets				
1. Artery Forceps, 140mm	1	√	0	0	0
2. Toothed thumb forceps, 155mm	1	√	0	0	0
3. Suture cutting scissors, 140mm	1	√	0	0	0
4. Kidney Tray (400mm)	1	√	20 Piece	0	0
5. Bowl for antiseptic (180ml)	1	√	0	0	0
b. Delivery Set	1 set				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	√	0	0	0
2. Cord Cutting Scissor (Umbilicus – Blunt)	1	√	0	0	0
3. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	√	20 Piece	0	0
4. Bowl S.S (Small and Big) 600ml, 750ml	2	0	0	0	0
c. Perineal/Vaginal/Cervical Repair Pack	1 set				

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	4	√	20 Peace	0	0
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	0	0	0	0
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	2	0	0	0	0
4. Needle Holder (Mayo – Hegar) 20 cm	1	0	0	0	0
5. Scissors (Abdominal, Kelly) 18 cm	1	√	0	0	0
6. Suture cutting scissors (long)	1	√	0	0	
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	√	0	0	0
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1set	0	0	0	0
9. Vaginal Speculum (Hamilton Bailey)	1	0	0	0	0
d. Episiotomy Pack	1 set				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	0	0	0	0
2. Needle Holder (Mayo Hegar (20cm)	1	√	0	0	0
3. Dissecting Forceps – toothed and non toothed– 14 cm	2	√	0	0	0
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	√	25 Peace	0	0
5. Triangular Cutting Needle (ask about the needles)	1	0	0	0	0
6. Round Body Needle	1	0	0	0	0
7. Sponge Holding Forceps (Forester; Straight) 25cm	1	√	0	0	0
8. Small Bowl SS –180ml	1	0	0	0	0
e. Forceps Delivery Pack	1 set				
1. Obstetric Forceps (Outlet)	1set	0	0	0	0
f. Uterine Evacuation Pack/D&C set	2 sets				
1. Rubber Catheter	2	0	0	0	0
2. Vaginal Speculum – Sims (a complete set of 3 sizes)	1set	0	0	0	0
3. Sponge forceps, Forester, smooth, 20cm	1	0	0	0	0
4. Tenaculum Forceps – Duplay single toothed, 25/28 cm	1	0	0	0	0
5. Dressing Forceps 25 – 27 cm Long	1	0	0	0	0
6. Uterine Dilators (complete range of size 13 – 27 Fr)	1set	0	0	0	0
7. Uterine Curettes (Sharp & Blunt) size 0 or 00	1	0	0	0	0
8. Malleable Metal Sound	1	0	0	0	0
9. Ovum Forceps, 25 – 27 cm	1	0	0	0	0
10. Small Bowl, ss	1	0	0	0	0
11. Sponge Holder	1	√	20 Peace	0	0
g. Craniotomy/Embryotomy Set	1 set				
1. Suction Tip	1	0	0	0	0
2. Decapitation Hook (TARGETT) 30cm	1	0	0	0	0
3. Breech Hook 26cm	1	0	0	0	0

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
4. Craniotomy Bone Forceps Morris	1	0	0	0	0
5. Craniotomy Perforator NAEGELE 25cm	1	0	0	0	0
6. Embryotomy Scissors	1	0	0	0	0
7. Scalp Forceps Willet – 19cm	1	0	0	0	0
8. Flushing Canulla	1	0	0	0	0
9. Enema Can	1	0	0	0	0
h. MVA Set for CAC	1 set				
1. Bivalve speculum (small, medium, big)	1set	0	0	0	0
2. Small bowl for keeping antiseptic solution	1	0	0	0	0
3. Sponge holder	1	√	0	0	0
4. Single tooth Tenaculum	1	0	0	0	0
5. Volsellum	1	0	0	0	0
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	0	0	0	0
7. Double valve MVA syringe and with different size cannula (Ipas)	1	0	0	0	0
8. Strainer (instead of sieve)	1	0	0	0	0
9. Magnifying glass	1	0	0	0	0
10. Emesis Pan	1	0	0	0	0
11. Kidney dish	1	√	0	0	0
12. 10 ml syringe for para cervical block	1	0	0	0	0
13. 2 ml syringe w/ needle	1	√	4800	0	0
14. Hegar Dilators (1-12mm)	1set	0	0	0	0

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Obstetric Laporotomy Pack	2 Sets				
1. Instrument Tray with cover – Stainless Steel 31 x 19.5 x 6.5cm	1	√	3 Piece	0	0
2. Towel Clips (Backhaus) 13cm	6	√	0	0	0
3. Sponge Holding Forceps (Forester; Straight; serrated) 25 cm	4	√	20 Peace	0	0
4. Artery Forceps Straight – CRILE (Small) 14cm	6	0	0	0	0
5. Halstead Mosquito Forceps 12.5cms (3 straight, 3 curved)	6	0	0	0	0
6. Hysterectomy Forceps straight – (one each of HEANEY 23cm; MOYNIHAN 23 cm; WERTHEIM 24 cm straight toothed and WERTHEIM 25cm non – toothed	4	0	0	0	0
7. Tissue Forceps 21 cms non – toothed	4	0	0	0	0
8. Uterine Tenaculum Forceps – curved sideways, 8mm jaw width 2x2 teeth 25/28cm	1	0	0	0	0
9. Needle Holder (Mayo – Hegar) Straight	2	0	0	0	0
10. Surgical Knife Handle (One each of no. 3 and No. 4. No. 3 for blade sizes 10,11,12 & 15 and No. 4 for blade sizes 20, 21, 22, 23	2	√	0	√	0
11. Packet Triangular Point Suture Needles 7.3 cms; size 6	1	0	0	0	0
12. packet Round Bodied Needles No. 12; size 6	1	0	0	0	0
13. Abdominal Self Retaining Retractor (Balfors)	2 set	0	0	0	0
14. Operating Scissors, Curved, blunt Pointed, Mayo, 17 cm	1	0	0	0	0
15. Operating Scissors, Straight, Blunt Pointed, Mayo, 17 cm	1	0	0	0	0
16. Scissors Straight MAYO Blunt/blunt pointed 23 cms	1	0	0	0	0
17. Suction Nozzle (small, medium, long)	3	0	0	0	0
18. Suction Tube (Yankauer) 23 cm long, 23 French Gauze (8mm dia)removable tip and tubing connector	1	0	0	0	0
19. Intestinal Clamps, Curved, Dry Pattern 23 cms	2	0	0	0	0
20. Intestinal Clamps, Straight, Dry Pattern 23 cms	2	0	0	0	0
21. Dressing forceps (Tissue) 18cm – one each of toothed (1x2 teeth) and non – toothed	2 sets	0	0	0	0
22. Dressing forceps (Tissue) 25 cm – one each of toothed (1x2 teeth)	1 set	0	0	0	0
23. ALLIS forceps 20 cm, 4x5 teeth, multiple ratchets used to grip arteries and digestive tissues	4	0	0	0	0
24. BABCOCK forceps 20 cm, multiple ratchets used to grip arteries and digestive tissues	2	0	0	0	0
b. C–Section Set	2 sets	0	0	0	0
25. All of the above PLUS :		0	0	0	0
26. Uterine Haemostatic forceps (Green Armitage) 21cm	4	0	0	0	0

A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
c. Hysterectomy Set	1 set	0	0	0	0
All of the above PLUS:		0	0	0	0
1. Kocher's forceps 18cm (straight)	6	0	0	0	0
2. Kocher's forceps 18cm (curved)	6	0	0	0	0
3. Abdominal Retractor Double Ended (Richardson – Eastman) set of stainless steel two blades: <u>Large</u> – 49mm wide x 63mm deep & 38mm wide x 49mm deep, total length – 28 cm, <u>Medium</u> and <u>Small</u> – 20mm wide x 28mm deep & 28mm wide x 36mm deep, total	1 set	0	0	0	0

Please write the available quantity and mention in Remarks whether the equipment is repairable or not.

A2.6 - OT New Born Equipments	SQ	AQ	Remarks
1. Resuscitation set - Infant (ambu bags and masks, size 0-3)	1	0	
2. Resuscitation Unit – Infant (DS Manandhar)	1	0	
3. Delee, single use or high – level disinfected/sterile reusable	1	0	
4. Meconium Aspirators	1	0	
5. Cord ties, thread or cord clamp		0	
6. Infant weighing scale (pan-type)	1	√	
7. Laryngoscope set for new born	1	0	
8. Photo therapy unit for new born	1	√	

A3. DRUGS AND SUPPLIES FOR OT

Please place a check mark (√) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	0	No	0	0	0	0	0	0
2. Calcium Gluconate (inj)	10ml X 2 ampules	0	No	0	0	0	0	0	0
3. Magnesium sulphate (inj)	0.5 gms X 28	0	No	0	0	0	0	0	0
4. Oxytocin (inj)	10 Ampules	√	0	√	0	0	√	√	0
5. Dextrose (25%) (inj)	2 ampules	0		0	0	0	0	0	0
6. Adrenaline (inj.)	2 ampules	0	√	0	0	0	0	0	0
7. Naloxone (inj)	1 ampule	0	√	0	0	0	0	0	0
8. Aminophylline (inj)	2 ampules	0	0	0	0	0	0	0	0
9. Atropine sulphate (inj)	2 ampules	0	√	0	0	0	0	0	0
10. Chloropheniramine	2 ampules	√	0	0	0	0	0	0	0
11. Diazepam (inj)	5ml 2 ampules	√	0	0	0	0	0	0	0
12. Mephentine (inj)	1 vial	0	√	0	0	0	0	0	0
13. Ergometrine (inj)	2 ampules	√		0	0	0	0	0	0

A3.1 – Emergency Drugs (including neonates) for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
14. Frusemide (inj)	2 ampules	0	√	0	0	0	0	0	0
15. Hydrocortisone	100ml 2 vial	0	√	0	0	0	0	0	0
A3.2 – Emergency Supplies for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
IV Set	4	√	0	√	0	0	√	√	0
IV Cannula 18	4 G	0	0	0	0	0	0	0	0
IV Fluids – Ringer Lactate/Normal Saline	6 bottles	√	0	√	0	0	√	√	0

A4. INFECTION PREVENTION FOR OT

Please place a check mark (√) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for OT	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Flash Autoclave (only for hospitals with over 1500 deliveries) (Or No 2)	√	0	√	0	√	0
2. Autoclave with electricity or heat source (specify size and type)	√	0	√	0	√	0
3. Autoclave Drum	√	0	√	0	√	0
4. Autoclave Tape	0	0	0	0		0
5. Boiler with heat source or electricity	√	0	√	0	√	0
6. Container for rinsing instruments	0	0	0	0	0	0
7. Container for making decontamination solution	0	0	0	0	0	0
8. Chlorine (5%) for making decontamination solution (0.5%)	0	0	0	0	0	0
9. Personal hand towel	√	0	√	0	√	0
10. Puncture proof container for sharp disposal	0	0	0	0	0	0
11. Plastic bucket for other waste	0	0	0	0	0	0
12. Soap case with holes for all sink	0	0	0	0	0	0
13. Utility gloves for cleaning	0	0	0	0	0	0
14. Antiseptic solutions	0	0	0	0	0	0
15. Plastic aprons	0	0	0	0	0	0
16. Plastic drawsheet or McIntosh	0	0	0	0	0	0
17. Protective footwear (boots /plastic shoes)	0	0	0	0	0	0
18. Protective eyewear (goggles/face shields)	0	0	0	0	0	0
19. Dirty linen trolley or container	0	0	0	0	0	0
20. Mops and buckets	0	0	0	0	0	0
21. Rack for drying gloves	0	0	0	0	0	0
22. Bucket for placenta disposal	0	0	0	0	0	0
23. Container for mask	0	0	0	0	0	0
24. Shoe rack	0	0	0	0	0	0

A4.1 - Infection Prevention Equipment & Supplies for OT	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
25. Container for cap	0	0	0	0	0	0

B. LABOUR/DELIVERY AND POST ABORTION CARE (PAC) ROOM

C1. INFRASTRUCTURE AND FURNITURE FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response and fill in the remarks.

C1.1- Infrastructure for Labour/Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there 24 hours running water?	0	√	0		√	Not Repairable
2. Is there electricity?	√	0	0	√	0	Need Repair
3. Is there 24 hour power backup system?	√	0	0	√	0	Need Repair
4. Is there Bucket for water storage?	√	0	0	√	0	Need Repair
5. Is there attached toilet for patients?	0	√	0		0	
6. Is there partition/ door separating to labour room from other facility for privacy?	0	0	0	0	0	
7. Is there a sluice room attached to labour room?	0	0	0	0	0	0
8. Is there tap for washing in the sluice room?	0	0	0	0	0	0
9. Is there sink and elbow tap for hand washing/scrubbing in the labor/delivery room?	0	0	0	0	0	0
10. Is there basin for soaking linen in the sluice room?	0	0	0	0	0	0
11. Is there 24 hour running water in the sluice room?	0	0	0	0	0	0
12. Is there admission room attached to labour room? (For examination of women with pregnancy related issues)?	0	0	0	0	0	0

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

C.1.2 Furniture for Labor/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3	0	0	0	0	0
2. Table	1	0	0	0	0	No
3. Chair	2	0	0	0	0	No

C2. EQUIPMENT AND INSTRUMENTS FOR LABOUR/DELIVERY AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

C2.1 General Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	

C2.1 General Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2	√	2	0	0	Rest Two
2. Mattresses w/ water proof cover	2	√	2	0	0	Rest one
3. Pillows w/ water proof cover	2	0	0	0	0	No
4. Bedpan	2	√	1	0	0	Rest Nine
10. Revolving Stool	2	√	1	0	0	Rest Nine
11. Bedscreen for privacy	1	√	√	0	0	3 peace Available
12. Bedside cabinet (lockable)	2	√	√	0	0	
13. Step Stool	1	√	√	0	0	
14. Mayo Table	1	√	√	0	0	Rest 1 (Stoor Room)
15. Instrument trolley	2	√	√	0	0	Ret 3 Peace (W.S.I)
16. Bowl stand	2	0	0	0	0	
17. Portable light	1	0	0	0	0	
18. Emergency light	1	0	0	0	0	
19. Torch light	1	0	0	0	0	
20. Wall clock that can be seen easily	1	0	0	0	0	
21. IV stand	2	√	√	0	0	Not Repairable
22. Electric Suction	1	√	√	0	0	Not Repairable
23. Foot suction	1	0	0	0	0	
24. Perineal Light	1	0	0	0	0	

Please write the functional number only.

C2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments
91. Stethoscope	1	2
92. BP apparatus	1	1
93. Fetoscope	1	
94. Oral Thermometer	1	
95. Rectal Thermometer	1	
96. Room Thermometer	1	
97. Drums for gloves	1	
98. Jar w/ cover (for swabs)	1	
99. Tourniquet, latex rubber, 75cm	1	2
100. Kidney Tray	1	1
101. Dressing Tray	1	1
102. Cheattle forceps w/ jar, ss	1	
103. Kocher's Forceps	2	
104. Rubber catheter	2	2 Rubber catheter
105. Bivalve Cusco	1 set	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

C2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
13. Oxygen cylinder with flow meter	1	√	√	0	0	Not repairable Flow meter non Fun
14. Oxygen concentrator	1	0	0	0	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

C2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
73. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope, endotracheal tubes, suction apparatus)	1		0	0	0	Not Avialable
74. Resuscitation set – adult (ambu bags, masks, suction catheter, endotracheal tubes)	1		0	0	0	
75. Blood pressure cuff	1		0	0	0	
76. Stethoscope	1	√	V	0	0	Rest 8 Peace
77. Fetoscope	1		0	0	0	
78. Disposable sterile syringe and needles: 2 – 50 ml	1	√	√	0	0	50ml, 10ml, 20ml Not availbal
79. Urinary (Foley) catheter & Uro bag	1		0	0	0	
80. IV canulla (18G)	2 pc		0	0	0	
81. IV sets	2	√	V	0	0	
82. Ringer lactate	1	√	√	0	0	
83. Kidney tray	1	√	√	0	0	

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check if the equipments were put into sets.

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets	√	0		
31. Artery Forceps, 140mm	1	√	0		
32. Toothed thumb forceps, 155mm	1	√	0		
33. Suture cutting scissors, 140mm	1	√	0		
34. Kidney Tray (200ml)	1	√	0		No
35. Bowl for antiseptic (180ml)	1	√	0		
b. Delivery Set	4 sets				
25. Artery Forceps (Haemostatic, Rankin–Crile or Rochester–Pean) 16 cm	2	0	0		
26. Cord Cutting Scissor (Umbilicus – Blunt)	1	0	0		
27. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	0	0		No
28. Bowl S.S (Small and Big) 600ml, 750ml	2	0	0		

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
c. Perineal/Vaginal/Cervical Repair Pack	1 set	0	0		
55. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	0	0		
56. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	0	0		
57. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	0	0		
58. Needle Holder (Mayo – Hegar) 20 cm	1	0	0		
59. Scissors (Abdominal, Kelly) 18 cm	1	0	0		
60. Suture cutting scissors (long)	1	0	0		
61. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	0	0		
62. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	0	0		
63. Vaginal Speculum (Hamilton Bailey)	1	0	0		
d. Episiotomy Pack	2 sets				
49. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	0	0		
50. Needle Holder (Mayo Hegar (20cm)	1	0	0		
51. Dissecting Forceps – toothed and non toothed– 14 cm	2	0	0		
52. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	0	0		N/R
53. Triangular Cutting Needle (ask about the needles)	1	0	0		
54. Round Body Needle	1	0	0		
55. Sponge Holding Forceps (Forester; Straight) 25cm	1	0	0		
56. Small Bowl SS –180ml	1	√	0		
e. Forceps Delivery Pack	1 set				
7. Obstetric Forceps (Outlet)	1 set	0	0		
f. MVA Set for PAC	1 set				
29. Bivalve speculum (small, medium, big)	1 set	0	0	0	0
30. Small bowl for keeping antiseptic solution	1	0	0	0	0
31. Sponge holder	1	√	0	0	0
32. Single tooth Tenaculum	1	√	0	0	0
33. Volsellum	1	0	0	0	0
34. Grasping Forceps/ Long Artery Forceps (Buzman’s Forcep)	1	0	0	0	0
35. Double valve MVA syringe and with different size cannula (IPAS)	1	0	0	0	0
36. Strainer or sieve	1	0	0	0	0
37. Magnifying glass	1	0	0	0	0
38. Emesis Pan	1	0	0	0	0
39. Kidney dish	1	√	0	0	0
40. 10 ml syringe for para cervical block	1	0	0	0	
41. 2 ml syringe w/ needle	1	√	5200	0	0

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
g. Vacuum Set	1 set				
31. Vacuum cup	1	0	0	0	0
32. Vacuum bottle	1	0	0	0	0
33. Vacuum with meter	1	0	0	0	0
34. Vacuum pump	1	0	0	0	0
35. Connecting Tube	1	0	0	0	0

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

C2.6 New Born Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						
31. Resuscitation Unit – Infant (DS Manandhar)	1	0	0	0	0	
32. Delee, single use or high – level disinfected/sterile reusable/Mucus bulb sucker	1	0	0	0	0	
33. Cord ties or thread		0	0	0	0	
34. Infant weighing scale (pan-type)	1	√	√	0	0	

C3. DRUGS AND SUPPLIES FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (√) on the mentioned response.

C3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	0	0	0	0	0	0	0	0
2. Calcium Gluconate (inj)	10ml X 2 ampules	0	√	0	0	0	0	0	0
3. Magnesium sulphate (inj)	0.5 gms X 28	√		√			√	√	
4. Oxytocin (inj)	10 ampules	√	0	√	0	0	√	√	0
5. Dextrose (25% and 50%) (inj)	2 ampules	0	√		√				√
6. Adrenaline (inj.)	2 ampules	0	√	0	0	0	0	0	0
7. Naloxone (inj)	1 ampule	0	√	0	0	0	0	0	0
8. Aminophylline (inj.)	2 ampules	0	0	0	0	0	0	0	0
9. Atropine Sulphate	2 ampules	0	0	0	0	0	0	0	0
10. Chloropheniramine	2 ampules	√	0	√	0	0	√	√	0
11. Diazepam (inj)	2 ampules	√	0	√	0	0	√	√	0
12. Mephentine (inj)	1 vial	0	0	0	0	0	0	0	0
13. Ergometrine (inj.)	2 ampules	√	0	√	0	0	√	√	0
14. Frusemide (inj.)	2 ampules	0	0	0	0	0	0	0	0
15. Hydrocortisone	100ml 2 vial	0	0	0	0	0	0	0	0

C 3.2 – Emergency Supplies for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. IV Set	4	√	0	√	0	0	√	√	0
2. IV Cannula 18	4 G	0	0	0	0	0	0	0	0
3. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	√	0	√	0	0	√	√	0

C4. INFECTION PREVENTION FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please place a check mark (√) on the mentioned response.

C4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
115. Autoclave with electricity or heat source	√	0	√	0	√	0
116. Autoclave drum (specify size and type)	√	0	√	0	√	0
117. Autoclave tape	0	√	0	√	0	√
118. Boiler with heat source or electricity	√	0	√	0	√	0
119. Container for rinsing instruments	0	0	0	0	0	0
120. Container for making decontamination solution	0	0	0	0	0	0
121. Chlorine (5%) for making decontamination solution (0.5%)	0	0	0	0	0	0
122. Personal hand towel	√	0	√	0	√	0
123. Puncture proof container for sharp disposal	0	0	0	0	0	0
124. Plastic bucket for other waste	0	0	0	0	0	0
125. Soap case with holes for all sink	0	0	0	0	0	0
126. Utility gloves for cleaning	0	√	0	√	0	√
127. Antiseptic solutions	0	√	0	√	0	√
128. Nail brushes	0	√	0	√	0	√
129. Plastic drawsheet or McIntosh for delivery bed	0	√	0	√	0	√
130. Plastic Aprons for service providers	0	√	0	√	0	√
131. Protective footwear (boots /plastic shoes)	0	√	0	√	0	√
132. Protective eyewear (goggles/face shields)	0	√	0	√	0	√
133. Dirty linen trolley or container	0	√	0	√	0	√
134. Mops and buckets	0	√	0	√	0	√
135. Rack for drying gloves	0	√	0	√	0	√
136. Bucket for placenta disposal	√	0	√	0	√	0
137. Shoe rack	0	√	0	√	0	√

PRIMARY HEALTH CENTRE RAHIKA

7. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

M. Labour /Delivery and PAC Room

A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
37. Is there 24 hour running water or buckets with water?	✓	—	✓	—	—	—
38. Is there electricity?	✓	—	✓	—	—	—
39. Is there 24 hour power backup system (with fuel)?	✓	—	✓	—	—	—
40. Is there attached toilet for patients?	✓	—	✓	—	—	—
41. Is there partition/ door separating labour room from other facility for privacy?	✓	—	✓	—	—	—
42. Is there a sluice room attached to labour room?	✓	—	—	✓	—	—
s. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?	✓	—	✓	—	—	—
t. Is there basin for soaking linen in the sluice room?	✓	—	✓	—	—	—
u. Is there 24 hour running water in the sluice room	✓	—	✓	—	—	—
v.					—	—

✓

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	0				
2. Table	1	1				
3. Chair	2	6				

A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
115.Delivery table with stirrups	2	1	√			
116.Mattresses w/ water proof cover	2	1	√			
117.Pillows w/ water proof cover	2	0				
118.Bedpan	2	1	√			
119.Revolving Stool	2	6	√			
120.Bedscreen for privacy	1	6	√			
121.Bedside cabinet (lockable)	2	6	√			
122.Step Stool	2	0				
123.Mayo Table	1	0				
124.Instrument trolley	2	1	√			
125.Bowl stand	2	0				
126.Portable light	1	0				
127.Emergency light	1	0				
128.Torch light	1					
129.Wall clock that can be seen easily	1	0				
130.IV stand	2	5	√			
131.Electric Suction, 220V	1	0				
132.Foot suction	1	0				
133.Perineal Light	1	0				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
106.Instrument Trolley (mobile)	1	1	
107.Stethoscope	1	7	Non Functional
108.BP apparatus	1	5	Non Functional
109.Fetoscope	1	2	
110.Oral Thermometer	1	2	Non Functional
111.Rectal Thermometer	1	0	
112.Room Thermometer	1	0	
113.Drums for gloves	1	1	
114.Jar w/ cover (for swabs)	1	1	
115.Tourniquet,latex rubber,75cm	1	0	
116.Kidney Tray	1	6	
117.Dressing Tray	1	1	
118.Cheattle forceps w/ jar, stainless steel	1	0	

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
119.Kocher's Forcep	2	0	
Additional Equipments on the Trolley			
120.Rubber catheter	2	0	
15. Bivalve Cusco	1 set	0	

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
15. Oxygen cylinder with flow meter	1	1				Without Flow meter
16. Oxygen concentrator	1	0				

Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
84. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	0				
85. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	0				
86. Blood pressure cuff	1	0				
87. Portable oxygen cylinder w/ flow meter	1	1				Without Flow meter
88. Stethoscope	1	7				Non Functional
89. Fetoscope	1	0				
90. Disposable sterile syringe and needles: 2 – 50 ml	1	NA				
91. Urinary (Foley) catheter & Uro bag	1	0				
92. IV canulla (18G)	2 pc	0				
93. IV sets	2	4000				
94. Ringer lactate	1	200				
95. Kidney tray	1	6				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
a. Dressing Set	2 sets				
36. Artery Forceps, 140mm	1	6			
37. Toothed thumb forceps, 155mm	1	20			
38. Suture cutting scissors, 140mm	1	1			
39. Kidney Tray (200ml)	1	6			
40. Bowl for antiseptic (180ml)	1	6			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
b. Delivery Set	2 sets				
29. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	6			
30. Cord Cutting Scissor (Umbilicus – Blunt)	1	1			
31. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	20			
32. Bowl S.S (Small and Big) 600ml, 750ml	2	0			
c. Perineal/Vaginal/Cervical Repair Set	1 set				
64. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	20			
65. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	0			
66. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	6			
67. Needle Holder (Mayo – Hegar) 20 cm	1	6			
68. Scissors (Abdominal, Kelly) 18 cm	1	12			
69. Suture cutting scissors (long)	1	1			
70. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	0			
71. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	0			
72. Vaginal Speculum (Hamilton Bailey)	1	0			
d. Episiotomy Set	1 set				
57. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	2			
58. Needle Holder (Mayo Hegar (20cm)	1	6			
59. Dissecting Forceps – toothed and non toothed– 14 cm	2	0			
60. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	1			
61. Triangular Cutting Needle (ask about the needles)	1	12			
62. Round Body Needle	1	12			
63. Sponge Holding Forceps (Forester; Straight) 25cm	1	20			
64. Small Bowl SS –180ml	1	6			
e. Forceps Delivery Set	1 set				
8. Obstetric Forceps (Outlet)	1 set	0			
f. MVA Set for PAC	1 set				
79. Bivalve speculum (small, medium, big)	1 set	0			
80. Small bowl for keeping antiseptic solution	1	1			
81. Sponge holder	1	1			
82. Single tooth Tenaculum	1	0			
83. Volsellum	1	0			
84. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	0			
85. Double valve MVA syringe and with different size cannula (IPAS)	1	0			
86. Strainer (instead of sieve)	1	0			

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
87. Magnifying glass	1	0			
88. Emesis Pan	1	0			
89. Kidney dish	1	0			
90. 10 ml syringe for para cervical block	1	0			
91. 2 ml syringe w/ needle	1	3000			
g. Vacuum Set	1 set				
36. Vacuum cup	1	0			
37. Vacuum bottle	1	0			
38. Vacuum with meter	1	0			
39. Vacuum pump	1	0			
40. Connecting Tube	1	0			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
Resuscitation Set in the Emergency Trolley PLUS:						
35. Resuscitation Unit – Infant	1	0				
36. Delee, single use or high – level disinfected/sterile reusable	1	0				
37. Cord ties or thread		1				
38. Infant weighing scale (pan-type)	1	1				
39. Suction catheter for baby		0				

A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
79. Oxytocin (5mlx8units = 40units)	10 Ampules	✓		✓			✓	✓	
80. Mag Sulphate (14 gr)	0.5 gms X 28	✓		✓			✓	✓	
81. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	X							
82. Calcium gluconate (inj.)	10ml X 2 ampules	X							
83. Dextrose (25% & 50 %) (inj.)	2 ampules	X							
84. Adrenaline (inj.)	2 ampules	X							
85. Naloxone (inj.)	1 ampule	X							
86. Ergometrine (inj.)	2 ampules	✓		✓			✓	✓	
87. Frusemide (inj.)	2 ampules	X							

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
88. Hydrocortisone	100ml 2 vial	✓		✓			✓	✓	

A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

89. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	✓		✓			✓	✓	
90. IV Set	4	✓		✓			✓	✓	
91. IV Cannula 18 G	4	X							

A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
138. Autoclave with electricity or heat source		✓				
139. Autoclave drum (write size and type)		✓				
140. Autoclave tape		✓				
141. Boiler with heat source or electricity	✓		✓		✓	
142. Chlorine (5%) for making decontamination solution (0.5%)		✓				
143. Plastic buckets for rinsing instruments and making chlorine solution		✓				
144. Personal hand towel		✓				
145. Puncture proof container for sharp disposal		✓				
146. Antiseptic solutions	✓		✓		✓	
147. Plastic aprons		✓				
148. Protective footwear (boots /plastic shoes)		✓				
149. Protective eyewear (goggles/face shields)		✓				
150. Dirty linen trolley or container		✓				
151. Mops and buckets		✓				
152. Rack for drying gloves		✓				
153. McIntosh for delivery bed		✓				
154. Buckets for placenta disposal		✓				
155. Shoe Rack		✓				
156. Slippers for staff		✓				
24. Slippers for clients		✓				

N. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
49. Beds						
50. Mattress with water proof covers						
51. Pillows w/ water proof covers						
52. Bedside Cabinets						
53. Stools						
54. Screen	1					
55. Colored bucket per bed	1					
56. Buckets (coloured)	3					

8. DISTRICT LEVEL PROGRAMMES ANALYSIS & WORKPLAN

Strengthening of District Health Management

Objectives / Milestones/ Benchmarks	District Health Society to make functional and empower to plan, implement and monitor the progress of the health status and services in the district.
Strategies	<ol style="list-style-type: none"> 1. Capacity building of the members of the District Health Mission and District Health Society regarding the program, their role, various schemes and mechanisms for monitoring and regular reviews 2. Establishing Monitoring mechanisms 3. Provide ASHA as link workers to mobilize the community to strengthen health seeking behavior and to promote proper utilization of health services.
Activities	<ol style="list-style-type: none"> 1. Orientation Workshop of the members of the District health Mission and society on strategic management, financial management & GoI Guidelines. 2. Issue based orientation in the monthly Review and planning meetings as per needs. 3. Improving the Review and planning meetings through a holistic review of all the programmes under NRHM and proper planning. 4. Formation of a monitoring Committee from all departments. 5. Development of a Checklist for the Monitoring Committee. 6. Arrangements for travel of the Monitoring Committee 7. Sharing of the findings of the committee during the Field visits in each Review Meeting with follow-up of the recommendations.
Support required	<ol style="list-style-type: none"> 1. Technical and financial assistance needs to be imparted for orientation and integration of societies. 2. A GO should be taken out that at the district level each department should monitor the meetings closely and ensure follow-up of the recommendations. 3. Instructions & directions from GoI for proper functioning of the societies and monitoring committee. 4. Funds to maintain society office & staff.
Timeline	<p>2010-11</p> <ol style="list-style-type: none"> 1. Orientation Workshops of the members of the District Health society <ol style="list-style-type: none"> 1. Issues based workshops will be organized. 2. Formation of the monitoring Committee and will start the

	<p>monitoring visits.</p> <p>3.Reorientation Workshops</p> <p>4.Workshops as per need</p> <p>5.Strengthening of the Monitoring Committee</p>
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District Programme Management Unit

<p>Status</p>	<p>In NRHM a large number of activities have been introduced with very definite outcomes. The cornerstone for smooth and successful implementation of NRHM depends on the management capacity of District Programme officials. The officials in the districts looking after various programmes are overworked and there is immense pressure on the personnel. There is also lack of capacities for planning, implementing and monitoring. The decisions are too centralized and there is little delegation of powers.</p> <p>In order to strengthen the District PMU, three skilled personnel i.e. Programme Manager, Accounts Manager and Dist. Nodal M & E Officer have being provided in each district. These personnel are there for providing the basic support for programme implementation and monitoring at district level.</p> <p>The District Programme Manager is responsible for all programmes and projects in district and the District Accounts Manager (DAM) is responsible for the finance and accounting function of District RCH Society including grants received from the state society and donors, disbursement of funds to the implementing agencies, preparation of submission of monthly/quarterly/annual SoE, ensuring adherence to laid down accounting standards, ensure timely submission of Ucs, periodic internal audit and conduct of external audit and implementation of computerized FMS.</p> <p>The Dist. Nodal M & E Officer has to work in close consultation with district officials, facilitate working of District RCH Society, maintain records, create and maintain district resource database for the health sector, inventory management, procurement and logistics, planning and monitoring & evaluation, HMIS, data collection and reporting at district level.</p>
<p>Objectives</p>	<p>Strengthened District Programme Management Unit</p>
<p>Strategies</p>	<ol style="list-style-type: none"> 1. Support to the civil surgeon for proper implementation of NRHM. 2. Capacity building of the personnel 3. Development of total clarity at the district and the block levels amongst all the district officials and Consultants about all activities 4. Provision of infrastructure for the personnel 5. Training of district officials and MOs for management 6. Use of management principles for implementation of District NRHM 7. Streamlining Financial management 8. Strengthening the Civil Surgeon's office 9. Strengthening the Block Management Units 10. Convergence of various sectors

<p>Activities</p>	<ol style="list-style-type: none"> 1. Support to the Civil surgeon for proper implementation of NRHM through proper involvement of DPMU and more consultants for support to civil surgeon for data analysis, trends, timely reports and preparation of documents for the day-to-day implementation of the district plans so that the Civil Surgeon and the other district officers: <ul style="list-style-type: none"> • Finalizing the TOR and the selection process • Selection of consultants, one each for Maternal Health, Civil Works, Child health, Behavior change. If properly qualified and experienced persons are not available then District Facilitators to be hired which may be retired persons. 2. Capacity building of the personnel <ul style="list-style-type: none"> • Joint Orientation of the District officers and the consultants
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- Induction training of the DPM and consultants
- Training on Management of NRHM for all the officials
- Review meetings of the District Management Unit to be used for orientation of the consultants

3. **Development of total clarity in the Orientation workshops** and review meetings at the district and the block levels amongst all the district officials and Consultants about the following set of activities:

- Disease Control
- Disease Surveillance
- Maternal & Child Health
- Accounts and Finance Management
- Human Resources & Training
- Procurement, Stores & Logistics
- Administration & Planning
- Access to Technical Support
- Monitoring & HMIS
- Referral, Transport and Communication Systems
- Infrastructure Development and Maintenance Division
- Gender, IEC & Community Mobilization including the cultural background of the Meos
- Block Resource Group
- Block Level Health Mission
- Coordination with Community Organizations, PRIs
- Quality of Care systems

4. **Provision of infrastructure for officers, DPM, DAM, DNM&E Officer and the consultants of the District Project Management Unit.**

- Provision of office space with furniture and computer facilities, photocopy machine, printer, Mobile phones, digital camera, fax, Laptop etc;

5. **Use of Management principles for implementation of District NRHM**

- Development of a detailed Operational manual for implementation of the NRHM activities in the first month of approval of the District Action Plan including the responsibilities, review mechanisms, monitoring, reporting and the time frame. This will be developed in participatory consultative workshops at the district level and block levels.
- Financial management training of the officials and the Accounts persons
- Provision of Rs. 500000 as Untied funds at the district level under the jurisdiction of the Civil Surgeon
- Compendium of Government orders for the DC, Civil surgeon, district officers, hospitals, CHCs, PHCs and the Subcentres need to be taken out every 6 months. Initially all the relevant documents and guidelines will be compiled for the last two years.

6. **Strengthening the Block Management Unit:** The Block Management units need to be established and strengthened through the provision of :

- Block Health Managers (BPM), Block Accounts Managers (BAM) and Block Data Assistants (BDA) for each block. These will be hired on contract. For the

<p>Support from state</p>	<ol style="list-style-type: none"> 1. State should ensure delegation of powers and effective decentralization. 2. State to provide support in training for the officials and consultants. 3. State level review of the DPMU on a regular basis. 4. Development of clear-cut guidelines for the roles of the DPMs, DAM and DNM&E Officer. 5. Developing the capacities of the Civil Surgeons and other district officials to utilize the capacities of the DPM, DAM and DNM&E Officer fully. <p>Each of the state officers Incharge of each of the programmes should develop total clarity by attending the Orientation workshops and review meetings at the district and the block levels for all activities.</p>
<p>Time Frame</p>	<p>2010-11</p> <ul style="list-style-type: none"> • Selection of District level consultants, their capacity building and infrastructure • Development of an operational Manual 2010-11 • Selection of Block management units and provision of adequate infrastructure and office automation • Capacity building up of District and Block level Management Units • Training of personnel <p>Reorientation of personnel</p>

Maternal Health & JBSY

<p>Objectives</p>	<p style="text-align: center;">3D BarChart Service : ANC Registration, ANC TT1 dose, ANC TT2/Booster dose, ANC registration within first trimester, ANC third visit, OrganisationUnit : MADHUBANI Period : 2009-04-01 To 2009-11-30</p> <table border="1" style="margin-top: 10px;"> <caption>Approximate values from the 3D Bar Chart</caption> <thead> <tr> <th>Time Line</th> <th>ANC Registration</th> <th>ANC TT1 dose</th> <th>ANC TT2/Booster dose</th> <th>ANC registration within first trimester</th> <th>ANC third visit</th> </tr> </thead> <tbody> <tr> <td>Apr-2009</td> <td>5,000</td> <td>6,500</td> <td>5,000</td> <td>2,500</td> <td>2,800</td> </tr> <tr> <td>May-2009</td> <td>6,000</td> <td>8,000</td> <td>7,000</td> <td>5,000</td> <td>2,500</td> </tr> <tr> <td>Jun-2009</td> <td>8,000</td> <td>8,500</td> <td>7,500</td> <td>4,000</td> <td>5,500</td> </tr> <tr> <td>Jul-2009</td> <td>7,000</td> <td>8,500</td> <td>9,500</td> <td>5,000</td> <td>3,000</td> </tr> <tr> <td>Aug-2009</td> <td>8,500</td> <td>7,000</td> <td>7,500</td> <td>4,000</td> <td>3,500</td> </tr> <tr> <td>Sep-2009</td> <td>1,500</td> <td>500</td> <td>500</td> <td>500</td> <td>500</td> </tr> <tr> <td>Oct-2009</td> <td>5,000</td> <td>7,500</td> <td>8,500</td> <td>2,000</td> <td>2,500</td> </tr> <tr> <td>Nov-2009</td> <td>11,000</td> <td>10,500</td> <td>11,500</td> <td>4,000</td> <td>6,800</td> </tr> </tbody> </table> <p>Legend: ■ ANC Registration ■ ANC TT1 dose ■ ANC TT2/Booster dose ■ ANC registration within first trimester ■ ANC third visit</p> <ol style="list-style-type: none"> 1. 100% pregnant women to be given two doses of TT 2. 90% pregnant women to consume 100 IFA tablets by 2010 3. 70% Institutional deliveries by 2010 4. 90% deliveries by trained /Skilled Birth Attendant by 2010 5. 95% women to get improved Postnatal care by 2010 6. Increase safe abortion services from current level to 80 % by 2010 	Time Line	ANC Registration	ANC TT1 dose	ANC TT2/Booster dose	ANC registration within first trimester	ANC third visit	Apr-2009	5,000	6,500	5,000	2,500	2,800	May-2009	6,000	8,000	7,000	5,000	2,500	Jun-2009	8,000	8,500	7,500	4,000	5,500	Jul-2009	7,000	8,500	9,500	5,000	3,000	Aug-2009	8,500	7,000	7,500	4,000	3,500	Sep-2009	1,500	500	500	500	500	Oct-2009	5,000	7,500	8,500	2,000	2,500	Nov-2009	11,000	10,500	11,500	4,000	6,800
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<p>Strategies</p>	<ol style="list-style-type: none"> 1. Provision of quality Antenatal and Postpartum Care to pregnant women 2. Increase in Institutional deliveries 3. Quality services in the health facilities 4. Availability of safe abortion services at all APHC and PHC 5. Increased coverage under JBSY 6. Strengthening the Maternal, Child Health and Nutrition (MCHN) days 7. Improved behavior practices in the community 																																																						
<p>Activities</p>	<ol style="list-style-type: none"> 1. Identification of all pregnancies through house-to-house visits by ANMs, AWWs and ASHAs 2. Fixed Maternal, Child Health and Nutrition days <ul style="list-style-type: none"> • Once a week ANC clinic by Health Worker at all PHCs and CHCs • Development of a microplan for ANMs in a participatory manner • Wide publicity regarding the MCHN day by AWWs and ASHAs and their services • A day before the MCHN day the AWW and the ASHA should visit the 																																																						

	<p>homes of the pregnant women needing services and motivate them to attend the MCHN day</p> <ul style="list-style-type: none"> • Registration of all pregnancies • Each pregnant woman to have at least 3 ANCs, 2 TT injections and 100 IFA tablets • Nutrition and Health Education session with the mothers <p>3. Postnatal Care</p> <ul style="list-style-type: none"> • The AWW along with ANM will use IMNCI protocols and visit neonates and mothers at least thrice in first week after delivery and in total 5 times within one month of delivery. They will use modified IMNCI charts to identify problems, counsel and refer if necessary <p>4. Tracking bags</p> <ul style="list-style-type: none"> • Provision of tracking bags for the left outs and the dropout Pregnant mothers • Training of ANMs and AWWs for the use of Tracking bags <p>5. Provision of Weighing machines to all Subcentres and AWCs</p> <p>6. Availability of IFA tablets</p> <ul style="list-style-type: none"> • ASHAs to be developed as depot holders for IFA tablets • ASHA to ensure that all pregnant women take 100 IFA tablets <p>7. Training of personnel for Safe motherhood and Emergency Obstetric Care (Details in Component on Capacity building)</p> <p>8. Developing the APHC and PHC for quality services and IPHS standards (Details in Component Upgradation of APHC & PHCs and IPHS Standards)</p> <p>9. Availability of Blood at the General Hospital and PHC</p> <ul style="list-style-type: none"> • Establishing Blood storage units at GH and PHC • Certification of the Blood Storage centres <p>10. Improving the services at the Subcentres (Details in Component on Upgradation of Subcentres and IPHS)</p> <p>11. Behaviour Change Communication (BCC) efforts for awareness and good practices in the community (Details in Component on IEC)</p> <p>12. Increasing the Janani Suraksha coverage</p> <ul style="list-style-type: none"> • Wide publicity of the scheme (Details in Component on BCC ...) • Availability of advance funds with the ANMs • Timely payments to the beneficiary • Starting of Janani Suraksha Yojana Helpline in each block through Swasthya Kalyan Samitis <p>13. Training of TBAs focussing on their involvement in MCHN days, motivating clients for registration, ANC, institutional deliveries, safe deliveries, post natal care, care of the newborn & infant, prevention and cure of anaemia and family planning</p> <p>14. Safe Abortion:</p> <ul style="list-style-type: none"> • Provision of MTP kits and necessary equipment and consumables at all PHCs • Training of the MOs in MTP • Wide publicity regarding the MTP services and the dangers of unsafe
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	<p>abortions</p> <ul style="list-style-type: none"> • Encourage private and NGO sectors to establish quality MTP services. • Promote use of medical abortion in public and private institutions: disseminate guidelines for use of RU-486 with Mesoprestol <p>15. Development of a proper referral system with referral cards</p> <p>16. Improvement of monitoring of ANM tour programme and Fixed MCHN days</p> <ul style="list-style-type: none"> • Fixed MCHN days and Tour plan of ANM to be available at the PHCs with the MOs • Checklist for monitoring to be developed • Visits by MOs and report prepared on basis of checklist filled • Findings of the visits by MOs to be shared by MO in meetings <p>17. RCH Camps: These will be organized once each quarter through NGOs/Rotary/Lions clubs to provide specialist services especially for RTI/STD cases.</p>
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Newborn & Child Health

Breast feeding: As per DLHS 2003, only 7.9% mothers breastfeed their children within two hours of birth and 4.8% children were breastfed exclusively for stipulated period of 4 months. There is lack of knowledge regarding the significance of colostrums and the socio-cultural factors associated with it.

Childhood illnesses

Diarrhea: Under nutrition is associated with diarrhea, which further leads to malnutrition. According to the DLHS 2002 although three fourths of the women were aware of what was to be done when a child got diarrhea but in practice very few women gave Oral Rehydration Solution (ORS) to the child and a negligible percentage gave more fluids to drink. This shows that there is a need for more knowledge regarding the use of ORS and increased intake of fluids and the type of food to be given.

Pneumonia: There is a need to create awareness regarding the danger signs of Pneumonia since only half of the women are aware of danger signs of pneumonia as per DLHS 2002.

Newborn and Neonatal Care: There is very little data available for the newborns and the neonates. The District data shows that a negligible percentage of newborns and neonates died which is doubtful. Reporting regarding these deaths is not done properly. The various health facilities also are poorly equipped to handle newborn care and morbidity. The TBAs and the personnel doing home deliveries are unaware regarding the neonatal care especially warmth, prevention of infection and feeding of colostrum.

1. Reduction the IMR.
2. Increased proportion of women who are exclusively breastfed for 6 months to 100%
3. Increased in Complete Immunization to 100%
4. Increased use of ORS in diarrhea to 100%
5. Increased in the Treatment of 100% cases of Pneumonia in children
6. Increase in the utilization of services to 100%

1. Improving feeding practices for the infants and children including breast feeding
2. Promotion of health seeking behavior for sick children
3. Community based management of Childhood illnesses
4. Improving newborn care at the household level and availability of Newborn services in all PHCs & hospitals
5. Enhancing the coverage of Immunization
6. Zero Polio cases and quality surveillance for Polio cases

1. Improving feeding practices for the infants and children including breast feeding
 - Study on the feeding practices for knowing what is given to the children
 - Education of the families for provision of proper food and weaning
 - Educate the mothers on early and exclusive breast feeding and also giving Colostrums
 - Introduction of semi-solids and solids at 6 months age with frequent feeding
 - Administration of Micronutrients - Vitamin A as part of Routine immunization, IFA and Vitamin A to the children who are anemic and malnourished

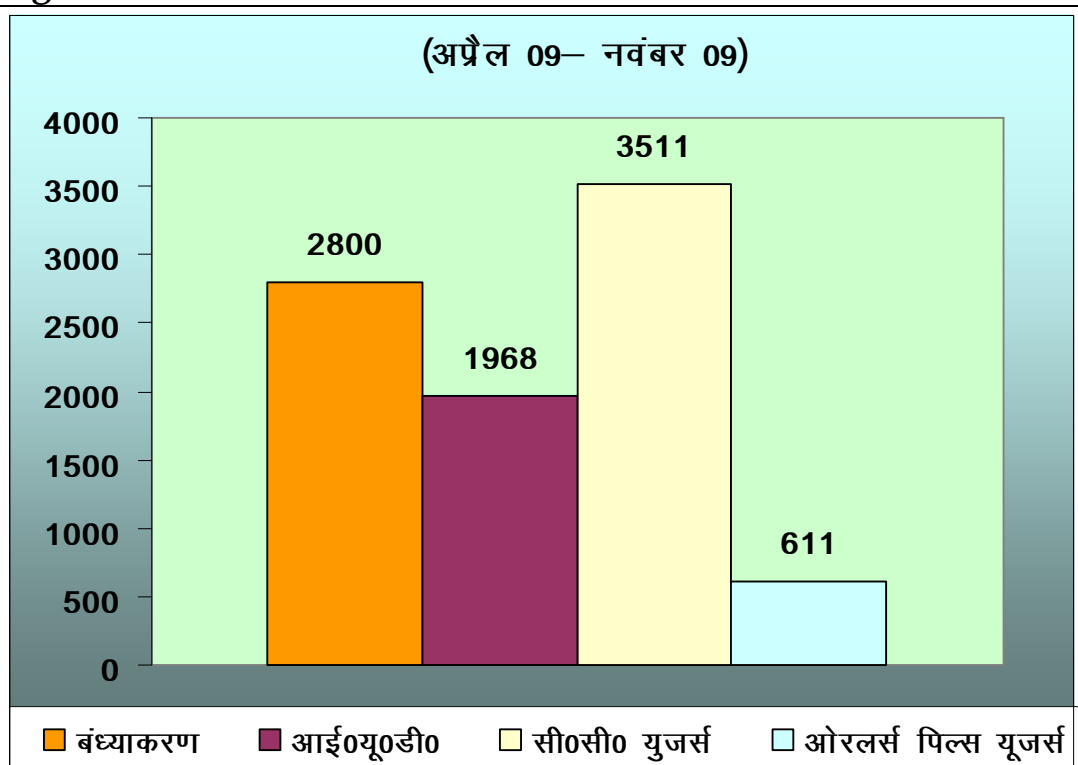
2. Promotion of health seeking behavior for sick children and Community based management of Childhood illnesses
 - Training of LHV, AWW and ANM on IMCI including referral
 - BCC activities by ASHA, AWW and ANM regarding the use of ORS and increased intake of fluids and the type of food to be given
 - Availability of ORS through ORS depots with ASHA
Identification of the nearest referral center and also Transport arrangements for emergencies with the PRIs and community leaders with display of the referral center and relevant telephone numbers in a prominent place in the village
3. Improving newborn care at the household level
 - Adaptation of the home based care package of services and scheduling of visits of all neonates by ASHA/AWW/ANM on the 1st, 2nd, 7th, 14th and 28th day of birth.
 - In case of suspicion of sickness the ASHA /AWW must inform the ANM and the ANM must visit the Neonate
 - Referral of the Neonate in case of any symptoms of infection, fever and hypothermia, dehydration, diarrhea etc;
 - Training on IMNCI of ASHA/AWW/ANM/MOs on the home based Care package
 - Supply of medicine kit and diagnosis and treatment protocols (chart booklets) for implementation of the IMNCI strategy
 - Strengthening the neonatal services and Child care services in Sadar hospital Madhubani and all PHC. This will be done in phases.
 - In all of these units, newborn corners would be established and staff trained in management of sick newborns and immediate management of newborns. For all the equipment for establishing newborn corners, a five year maintenance contract would be drawn with the suppliers. The suppliers would also be responsible for installing the equipment and training the local staff in basic operations
 - The equipment required for establishing a newborn corner would include Newborn Resuscitation trolley, Ambubag and masks (newborn sizes), Laryngoscopes, Photo therapy units, Room warmers, Inverters for power back-up, Centralized oxygen and Pedal suction
 - Training of staff in Newborn Care, IMNCI and IMCI (MOs, Nurses) including the management of sick children and severely malnourished children.
 - Availability of Pediatricians in all the District hospital and PHCs
 - Ensuring adequate drugs for management of Childhood illnesses.
4. Strengthening the fixed Maternal and Child health days (Also discussed in the component on Maternal Health)
 - Developing a Micro plan in joint consultation with AWW
 - Organize Mother and Child protection sessions twice a week to cover each village and hamlet at least once a month
 - Use of Tracking Bag
 - Tracking of Left-outs and dropouts by ASHA, AWW and contacting them a day before the session
 - Information of the dropouts to be given by ANM to AWW and ASHA to ensure their attendance
 - Wide publicity regarding the MCHN days

5. Strengthening Immunization

1. Availability of trained staff including Pediatricians
2. Technical Support for training of the personnel
3. Timely availability of vaccines, drugs and equipment
4. Good cooperation with the ICDS and PRIs

Family Planning

Situation
Analysis/
Current
Status



The awareness regarding contraceptive methods is high except for the emergency contraception. This is because of inadequate IEC carried out for Emergency Contraception

Currently 23% couples are using temporary methods of contraception and 17% have permanent sterilization (mainly Female sterilization). In temporary methods commonest use is of Condom, which has a high failure rate. Use of Copper -T is low. The community prefers female sterilization since there is gender imbalance and limited male involvement. Women also do not have decision-making power.

The reasons for the low use of permanent methods and Copper -T are due to inadequate motivation of the clients, inadequate manpower, limited skills of the ANMs for IUD insertion and also their irregular availability. The rejection rate is high since proper screening is not done before prescribing any spacing method.

Copper T-380 - 10 year Copper T has been recently introduced but there is very little awareness regarding its availability. There is a need to promote this 10 yr Copper T

Some socio-cultural groups have low acceptance for Family Planning.

The current number of trained providers for sterilization services is

	insufficient.
Objectives	<ol style="list-style-type: none"> 1. Reduction in Total fertility Rate. 2. Increase in Contraceptive Prevalence Rate to 70 % 3. Decrease in the Unmet need for modern Family Planning methods to 0% 4. Increase in the awareness levels of Emergency Contraception
Strategies	<ol style="list-style-type: none"> 1. Increased awareness for Emergency Contraception and 10 yr Copper T 2. Decreasing the Unmet Need for Family Planning 3. Availability of all methods at all places 4. Increasing access to terminal methods of Family Planning 5. Promotion of NSV 6. Expanding the range of Providers 7. Increasing Access to Emergency Contraception and spacing methods through Social marketing 8. Building alliances with other departments, PRIs, Private sector providers and NGOs
Activities	<ul style="list-style-type: none"> • 1. Expanding the range of Public Sector providers for Terminal methods • Each APHC and PHC will have one MO trained in any sterilization method. • All the APHC/PHC will have at least one MO posted who can be trained for abdominal Tubectomy. This method does not require a postgraduate degree or expensive equipment. • Similarly MOs will be trained for NSV • Specialists from District hospitals and PHCs will be trained in Laparoscopic Tubal Ligation. • At PHCs, one medical officer will be trained in NSV • Each PHC will be a static center for the provision of sterilization services on regular basis. The Static centers will be developed as pleasant places, clean, good ambience with TV, music, good waiting space and clean beds and toilets. • At selected PHCs where the EmOC intervention is undertaken, the medical officer will be trained for NSV. • Equipments and supplies will be provided at APHC and PHC for conducting sterilization services. • A systemic effort will be made to assess the needs of all facilities, including staff in position and their training needs, the availability of electricity and water, Operation theatre facilities for District hospitals/PHC/APHC, Inventory of equipment, consumables and waste disposal facilities and the condition, location and ownership of the building. • At least three functional Laparoscope's will be made available per team, as will the equipment and training necessary to provide IUD and emergency contraception services. The existing Laparoscope's need to be replaced. For effective coverage 4 teams are required with

minimum three Laparoscope's for each team.

- Vacant positions will be filled in on a contractual basis.
- Access to Terminal Family Planning methods
- Provision of Sterilization services every day in all the hospitals
- Organization of Sterilization camps on fixed days at all PHC
- NSV
- 2. Formation of District implementation team consisting of DM, CS, District MEIO, Distt NSV trainer
- One day Workshop with elected representatives, Media, NGOs, departments for sensitization and implementation strategy, fixing pre-camp, camp and post-camp responsibilities
- Development of a Micro plan in one day Block level workshops
- NSV camp every quarter in all hospitals initially and then PHCs and APHCs
- IEC for NSV
- Trained personnel
- Follow-up after NSV camp on fixed days after a week and after 3 months for Semen analysis
- Access to non-clinical contraceptives increased in all the villages
- AWWs and ASHAs as Depot holders
- 3. Training in Spacing methods, Emergency Contraceptives and interpersonal communication for dissemination of information related to the contraceptives in an effective manner.
- Supply of Emergency Contraceptives to all facilities
- Access for the quality IUD insertion improved at all the 27 subcentres.
- All the ANMs at 27 subcentres will be given a practical hands on training on insertion of IUD
- Diagnosis and treatment of RTI/STI as per syndromic approach. The various screening protocols related to the IUD insertion enabling her to screen the cases before the IUD insertion. This will result in longer retention of IUDs.
- Counseling of the cases
- Repair of subcentres so that the IUD services can be provided and ensuring privacy and confidentiality.
- IUD 380 A will be used due to its long retention period and can be used as an alternative for sterilization.
- Awareness on the various methods of contraception for making informed choices
- Discussed in the Component on IEC
- 5. Increasing the gender awareness of providers and increasing male involvement
- Empowering women
- Increasing male involvement in family planning through use of

condoms for safe sex and also in Vasectomy.

- BCC activities to focus on men for Vasectomy.
- Gender sensitization training will be provided for all health providers in the CHC/PHC and integrated into all other training activities.
- Service delivery sites for male methods by training health providers in NSV and conventional vasectomy will be expanded so that each CHC and Block PHC in the district has at least a provider trained in NSV.
- **6. Improving and integrating contraceptives/RCH services in PHCs and Sub-centers**
- Skill-based clinical training for spacing methods including IUCD insertion and removal, LAM, SDM and EC of Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs).
- They will also be trained in infection prevention, counselling and follow up for different family planning methods.
- MIS training will also be given to the health workers to enable them to collect and use the data accurately.
- Their supervisors will be trained for facilitative supervision and MIS.
- Follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers
- **7. Strengthening linkages with ICDS programme of women and child development department and ISM (Ayurveda)**
- A detailed action plan will be produced in co-ordination with the ICDS department for involvement of the AWWs and their role in increasing access to contraceptive services.
- Department of health officials and ICDS officers will be orientated to the plan.
- AWWs and their supervisors will receive technical training and training in communication skills and record keeping by Medical Officer of the PHC and LHV.
- Staff of ISM department will be trained in communication and non-clinical methods to promote and increase the availability of FP methods.
- **8. Engaging the private sector to provide quality family planning services**
- Incentives and training to encourage private providers to provide sterilization services
- Training private lady doctors in IUD insertion and promoting the provider will help to expand coverage of these services increase the total use of IUCD.
- Detailed plan will be developed in consultation with the private sector for determining the amount and mode of payment, the regulation and monitoring frameworks necessary, and safeguards to ensure equity of access.

	<ul style="list-style-type: none"> • Training for the private sector will be provided as above, and approved, monitored providers will be promoted and eligible for discounted supplies. • Accreditation of private hospitals and clinics for sterilization and NSV • Role of ASHAs: • Training for provide counseling and services for non-clinical FP methods such as pills, condoms and others. • Act as depot holders for the supplies of pills and condoms by the ANMs for free distribution • Procurement of pills and condoms from social marketing agencies and provide these contraceptives at the subsidized rate • Provide referral services for methods available at medical facilities • Assist in community mobilization and sensitization. • Building partnerships with NGOs • Creating an enabling environment for increasing acceptance of contraceptive services Innovative schemes will be developed for reaching out to younger men, women, newly married couples and resistant communities. • These will be and scaled up as appropriate. 																
Support required	<ul style="list-style-type: none"> • Availability of a team of master trainers/ANM tutors and RFPTC trainers for follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers • A training cell will be created in the medical college for the training of the medical officers in the area of various sterilization methods • Availability of equipment, supplies and personnel 																
Timeline	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">2010-11</th> </tr> </thead> <tbody> <tr> <td>Training of MOs for NSV</td> <td style="text-align: center;">10 MOs</td> </tr> <tr> <td>Training of MOs for Minilap</td> <td style="text-align: center;">10 MOs</td> </tr> <tr> <td>Training of Specialists for Laparoscopic Sterilization</td> <td style="text-align: center;">10 MOs</td> </tr> <tr> <td>Sterilization Camps (Persons)</td> <td style="text-align: center;">15000</td> </tr> <tr> <td>Accreditation of private institutions for sterilization</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Supply of Copper T - 380</td> <td style="text-align: center;">10000</td> </tr> <tr> <td>Emergency Contraception</td> <td style="text-align: center;">6000</td> </tr> </tbody> </table>		2010-11	Training of MOs for NSV	10 MOs	Training of MOs for Minilap	10 MOs	Training of Specialists for Laparoscopic Sterilization	10 MOs	Sterilization Camps (Persons)	15000	Accreditation of private institutions for sterilization	2	Supply of Copper T - 380	10000	Emergency Contraception	6000
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ASHA (Accredited Social Health Activist)

Situational Analysis	ASHA is an honorary worker and will be reimbursed on performance-based incentives and will be given priority for involvement in different programmes wherever incentives are being provided (like institutional delivery being promoted under JBSY, motivation for sterilization, DOTS provider, etc.). It is conceived that she will be able to earn about Rs. 1,000.00 per month In district Madhubani 3034 ASHAs have been selected and 2751 have received training.		
Objectives	<ol style="list-style-type: none"> 1. Availability of a Community Resource, service provider, guide, mobilizer and escort of community 2. Provision of a health volunteer in the community at 1000 population for healthcare 3. To address the unmet needs 		
Strategies	<ol style="list-style-type: none"> 1. Selection and capacity building of ASHA. 2. Constant mentoring, monitoring and supportive supervision by district Monitoring group 		
Activities	<ol style="list-style-type: none"> 1. Strengthening of the existing ASHAs through support by the ANMs and their involvement in all activities. 2. Reorientation of existing ASHAs 3. Selection of new ASHAs to have one ASHA in all the villages and in urban slums 4. Provision of a kit to ASHAs 5. Formation of a District ASHA Mentoring group to support efforts of ASHA and problem solving 6. Review and Planning at the Monthly sector meetings 7. Periodic review of the work of ASHAs through Concurrent Evaluation by an independent agency 		
Support required	<ol style="list-style-type: none"> 1. Timely Payments to ASHA 2. Proper training. 		
Timeline	Activity	2010-11	
	Selection of additional ASHAs	1012	
	Total ASHAs	4046	
	Training of new & untrained ASHAs	1296	

Routine Immunization

<p>Situation Analysis/ Current Status</p>	<p style="text-align: center;">(अप्रैल 09 – नवंबर 09)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>बी.सी.जी.</td> <td>डी.पी.टी.</td> <td>पोलियो</td> <td>मिजिल्स</td> </tr> <tr> <td>72027</td> <td>79565</td> <td>78455</td> <td>74086</td> </tr> <tr> <td>टी.टी. माता</td> <td>डी.टी. (5 वर्ष के बच्चे)</td> <td>टी.टी. (10 वर्ष के बच्चे)</td> <td>टी.टी. (16 वर्ष के बच्चे)</td> </tr> <tr> <td>58747</td> <td>54086</td> <td>11017</td> <td>14858</td> </tr> </table>	बी.सी.जी.	डी.पी.टी.	पोलियो	मिजिल्स	72027	79565	78455	74086	टी.टी. माता	डी.टी. (5 वर्ष के बच्चे)	टी.टी. (10 वर्ष के बच्चे)	टी.टी. (16 वर्ष के बच्चे)	58747	54086	11017	14858
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<p>Objectives / Milestones / Benchmarks</p>	<p>Reduction in the IMR 100 % Complete Immunization of children (12-23 month of age) 100 % BCG vaccination of children (0-12 month of age) 100% DPT 3 vaccination of children (12-23 month of age) 100% Polio 3 vaccination of children (12-23 month of age) 100% Measles vaccination of children (12-23 month of age) 100% Vitamin A vaccination of children (12-23 month of age)</p>																
<p>Strategies</p>	<ol style="list-style-type: none"> 1. Strengthening the District Family Welfare Office 2. Enhancing the coverage of Immunization 3. Alternative Vaccine delivery 4. Effective Cold Chain Maintenance 5. Zero Polio cases and quality surveillance for Polio cases 6. Close Monitoring of the progress 																

<p>Activities</p>	<ol style="list-style-type: none"> 1. Strengthening the District Family Welfare Office <ul style="list-style-type: none"> • Support for the mobility District Family Welfare Officer (@ Rs.3000 per month towards cost of POL) for supervision and monitoring of immunization services and MCHN Days • One computer assistant for the District Family Welfare Office will be provided for data compilation, analysis and reporting @ Rs 4500 per month. 2. Training for effective Immunization <p>Training for all the health personnel will be given including ANMs, LHVs, FPWs, Cold chain handlers and statistical assistants for managing and analyzing data at the district.</p> 3. Alternative vaccine delivery system (mobility support to PHCs for vaccine delivery) <ol style="list-style-type: none"> a. For Alternative vaccine delivery, Rs. 50 to per courier or Rs. 100 to per HRA courier will be given per session. It is proposed to hold two session per week per HSC area. b. Mobility support (hiring of vehicle) is for vaccine delivery from PHC to MCH days site where the immunization sessions are held for 8 days in a month 4. Incentive for Mobilization of children by Social Mobilizers <ul style="list-style-type: none"> • Incentive will be given to Social Mobilizers for each session site for mobilization number of children and pregnant woman. • 6. Contingency fund for each block • Rs. 1000/ month per block will be given as contingency fund for communication. 7. Disposal of AD Syringes <ul style="list-style-type: none"> • For proper disposal of AD syringes after vaccination, hub cutters will be provided by Govt. of India to cut out the needles (hub) from the syringes. Plastic syringes will be separated out and will be treated as plastic waste. Regarding the disposal of needles, Pits will be formed at PHCs as per CPCB guidelines. For construction of the pits at PHCs a sum of Rs. 2000/ PHC has been provisioned. 8. Outbreak investigation <ul style="list-style-type: none"> • Rapid Action Team for epidemics will be formed • Dissemination of guidelines • Training of Rapid Action Team for investigating outbreaks who will in turn orient the ANMs during Sector meetings 9. Adverse effect following Immunization (AEFI) Surveillance: <ul style="list-style-type: none"> • Standard Guidelines have been developed at national level and will be disseminated to the district officials and block levels in Review meetings. 10. IEC & Social Mobilization Plans <p>Discussed in details in the Component on IEC</p> 11. Cold Chain
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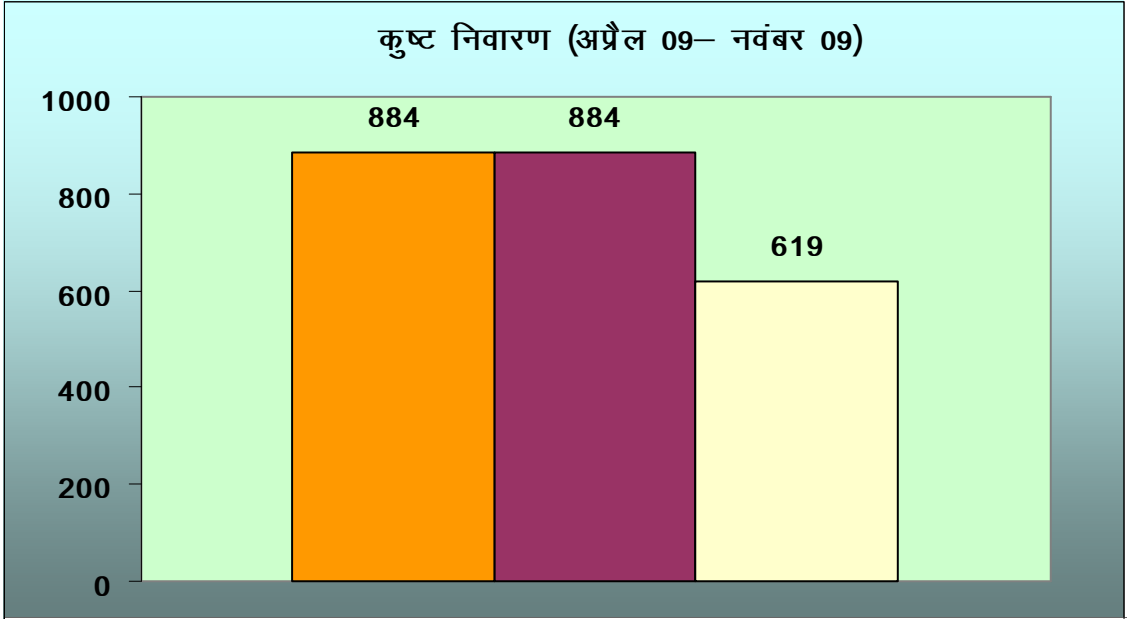
	<ul style="list-style-type: none"> Repairs of the cold chain equipment @ 750/- per PHC will be given each year For minor repairs, Rs. 10,000 will be given per year. Electricity & POL for Genset & preventive maintenance (Running Cost) of 500 per day. Payment of electricity bills for continuous maintenance of cold chain for the PHCs @ 400 per month PHCs (vaccine distribution centers) has been budgeted under this head. <p>POL & maintenance of vaccine delivery van 5000/- per month. @ Rs. 1500/month for maintenance and POL for Vaccine delivery van for regular supply of vaccine to the PHCs.</p>
Support required	<p>State to ensure the following:</p> <ul style="list-style-type: none"> Regular supply of vaccines and Auto disable syringes Reporting and Monitoring formats Monitoring charts Cold Chain Modules and monitoring formats Temperature record books Polythene bags keep vaccine vials inside vaccine carrier Polythene bags(Red & Black) keep into use syringe and vials Training of Cold Chain handlers Training of Mid level managers Extra budget for cold chain handler for vaccine delivery two days in a week

RNTCP (Revised National Tuberculosis Control Programme)

Situation Analysis/ Current Status	<p style="text-align: center;">यक्ष्मा(जनवरी 09- नवंबर 09)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>काउन्सेलिंग</td> <td>13176</td> </tr> <tr> <td>टेस्टिंग</td> <td>11182</td> </tr> <tr> <td>यौन रोग एच.आई.वी. पोजेटिव</td> <td>299</td> </tr> </tbody> </table>	Category	Value	काउन्सेलिंग	13176	टेस्टिंग	11182	यौन रोग एच.आई.वी. पोजेटिव	299
Category	Value								
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यौन रोग एच.आई.वी. पोजेटिव	299								
Objectives	1. 85 % Cure rate in New Cases								

	<ol style="list-style-type: none"> 2. Detection of 70% new smear positive cases once cure rate of 85% is achieved 3. Reduction in the defaulter rate to less than 5% 4. Reduction in failure rate to less than 3%
Strategies	<ol style="list-style-type: none"> 1. Improvement in the infrastructure 2. Improvement in the quality of the intervention 3. Increasing the outreach of the programme 4. Increasing the awareness regarding Tuberculosis
Activities	<ol style="list-style-type: none"> 1. One more DMC as per norms 2. Improvement in the quality of testing of sputum <ul style="list-style-type: none"> • Training to the RNTCP staff in the district • Equipment maintenance – Microscope, Computer and Others • Adequate supply of drugs 3. Increasing the outreach of the programme by Increasing the DOTS providers through involvement of ASHAs who will be paid Rs. 250 per caser for providing services. She will be oriented regarding DOTS. Also the AWH should be involved in reporting suspicious cases. Training will be given to ASHA for identifying the suspects. 4. Increasing the awareness regarding the various issues of Tuberculosis through involvement of Rotary clubs and the Lions clubs and NGOs. Special drive for detection of cases on World TB day through the involvement fo all departments 5. DOTS regime to be strictly monitored through the VHWSC, the PRIs and the PHC MO
Support required	Timely supply of medicines
Timeline	<p>2010-11</p> <ol style="list-style-type: none"> 1. Increasing the DOT providers through ASHAs 2. Training to RNTCP staff and ASHA 3. Awareness drives 4. Involvement of the AWW

LEPROSY

Situation Analysis/ Current Status	<p style="text-align: center;">कुष्ठ निवारण (अप्रैल 09– नवंबर 09)</p>  <p>Legend: ■ नये रोगियों की संख्या ■ रोगियों का उपचार (शेष) ■ रोगमुक्त रोगियों की संख्या</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>नये रोगियों की संख्या</td> <td>884</td> </tr> <tr> <td>रोगियों का उपचार (शेष)</td> <td>884</td> </tr> <tr> <td>रोगमुक्त रोगियों की संख्या</td> <td>619</td> </tr> </tbody> </table>	Category	Value	नये रोगियों की संख्या	884	रोगियों का उपचार (शेष)	884	रोगमुक्त रोगियों की संख्या	619
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रोगमुक्त रोगियों की संख्या	619								
Objectives	Eradication of Leprosy								
Strategies & Activities	<ol style="list-style-type: none"> 1. Detection of New cases 2. House to house visit for detection of any cases 3. IEC for awareness regarding the symptoms and effects of Leprosy 4. Prompt treatment to all cases 5. Rehabilitation of the disabled persons 6. Distribution of Medicine kit and rubber shoes 7. Honorarium to ASHA for giving MDT 								
Support required	Availability of regular supply of drugs								
Timeline	2010-11 House to house detection Wide publicity Rigorous follow-up								

NATIONAL MALARIA & KALA-AZAR CONTROL PROGRAMME

<p>Situation Analysis / Current Status</p>	<div style="text-align: center;"> <p>मलेरिया कालाजार नियंत्रण (अप्रैल 09– नवंबर 09)</p> <table border="1" style="margin: 10px auto;"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>रक्त पट संग्रह</td> <td>1625</td> </tr> <tr> <td>कालाजार</td> <td>683</td> </tr> </tbody> </table> </div> <p>Now the Malaria program is known as National Vector Borne Disease Control programme. Under this District malaria Working Committee has been constituted and representatives from various departments are there but there is very little help from these departments. Malaria program is in maintenance phase in Madhubani district.</p> <p>The mosquito density of Anopheles Culifacies was found mainly from May to October whereas Anopheles Aegepti and Anopheles Stephensai were found throughout the year with a peak from April to Nov.</p> <p>The main bottlenecks are related to shortage of manpower especially for the remote areas. Following are the descriptions of man power status.</p>	Category	Value	रक्त पट संग्रह	1625	कालाजार	683
Category	Value						
रक्त पट संग्रह	1625						
कालाजार	683						
<p>Objectives</p>	<p>Reduction in SPR, API, PFR death rate</p>						
<p>Strategies</p>	<ol style="list-style-type: none"> 1. Provision of additional Manpower 2. Training of personnel 3. Strengthening of Malaria clinics 4. Addressing Disease outbreak 5. Health education 6. Involvement of Private sector 7. Innovative methods of Mosquito control 						
<p>Activities</p>	<ol style="list-style-type: none"> 1. Provision of additional Manpower <ul style="list-style-type: none"> • Hiring of personnel till regular staff in place 2. Training of personnel The MOs, Laboratory Technicians, ANMs, ASHAs will be trained in various techniques relating to the job 3. Strengthening of Malaria clinics <ul style="list-style-type: none"> • Provision of Proper equipment and reagents - Fogging machines, sprayers, 						

	<ul style="list-style-type: none"> • Provision of Jeep, <ol style="list-style-type: none"> 4. Addressing Disease outbreak <ul style="list-style-type: none"> • District Outbreak teams will be created at the district headquarter • In the team MO, LT, one field worker • Provision of mobility, Lab equipments, spray equipment 5. Health education to the community through the ANMs, AWW, ASHAs, RMPs, Ayush personnel 6. Involvement of Private sector: The private practitioners will be closely involved
Support required	<ul style="list-style-type: none"> • Availability of supplies • Filling up of vacancies • Supply of health Education material

BLINDNESS CONTROL PROGRAMME

D-5. BLINDNESS CONTROL PROGRAMME	
Situation Analysis	<p>Eye Care is being provided through the Sadar Hospital, There are 1 phthalmic Assistants in the district posted at Sadar Hospitals and BPHC don't have Ophthalmologists. The norm for GOI is 1 eye surgeon for a population of one lakh. Hence in this district at least 45 Eye Surgeons are required.</p> <p>The numbers of surgeries need to be at least triple to tackle the blindness due to Cataract.</p> <p>There is no Eye Bank or Eye donation center in District Madhubani. The nearest Eye Bank is at PMCH Patna.</p>
Objectives	<ol style="list-style-type: none"> 1. Reduction in the Prevalence Rate of blindness to 0.5 % 2. Decrease in the Prevalence Rate of Childhood blindness to 0.6 % per 1000 children by 2010 3. Usage of IOL in 95% of Cataract operations
Strategies	<ol style="list-style-type: none"> 1. Provision of high quality Eye Care 2. Expansion of coverage 3. Reduce the backlog of blindness 4. Development of institutional capacity for eye care services
Activities	<ol style="list-style-type: none"> 1. Determining the prevalence of Cataract through a study by an external agency. <ul style="list-style-type: none"> • One time house-to-house survey for study of prevalence of vision defects and Cataract of entire population leading to referrals and appropriate case management including cataract surgeries 2. Increasing the number of Ophthalmologists either by hiring or through involvement of Private Sector. 3. Training in IOL to Ophthalmologists 4. Training of Paramedical staff and Teachers, NGOs, Patwaris and AWW for screening of school children and IEC activities. 5. AMC for all equipment will be done. 6. Equipment <ul style="list-style-type: none"> • Repair of Synaptophore and Operating Microscope

	<ul style="list-style-type: none"> • Purchase of Ophthalmic Chair, Slit Lamp, Operating Microscope, Synaptophore, A Scan biometry, Keratometer, Direct and Indirect Ophthalmoscope <p>7. Construction of Eye Unit in Hospitals and later PHCs</p> <p>8. Supply of basic Eye medicines like eye drops, eye ointments and consumables for Primary Eye Care in PHCs/CHCs.</p> <p>9. All PHCs and CHCs to be developed for vision screening and basic eye care</p> <table border="1"> <tr> <td>Eye Care centre</td> <td>Vision Centre</td> <td>Screening</td> </tr> <tr> <td>Eye Surgeon</td> <td>Primary Eye Care</td> <td>Identify Blind</td> </tr> <tr> <td>Treatment of eye conditions and follow-up</td> <td>Vision Test</td> <td>Maintain Blind Register</td> </tr> <tr> <td>Training</td> <td>Screening Eye Camps</td> <td>Motivator</td> </tr> <tr> <td>Supervision</td> <td>Referral for surgery</td> <td>Referral</td> </tr> </table> <p>10. Blind Register to be filled up by the AWW, together with PRIs</p> <p>11. Eye Camps with the involvement of Private sector and NGOs</p> <p>12. School Eye Screening sessions</p> <p>13. IEC activities</p>	Eye Care centre	Vision Centre	Screening	Eye Surgeon	Primary Eye Care	Identify Blind	Treatment of eye conditions and follow-up	Vision Test	Maintain Blind Register	Training	Screening Eye Camps	Motivator	Supervision	Referral for surgery	Referral
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Treatment of eye conditions and follow-up	Vision Test	Maintain Blind Register														
Training	Screening Eye Camps	Motivator														
Supervision	Referral for surgery	Referral														
Support required	Procurement of latest equipment for hospitals by GOI Timely Repair of equipment															

VITAMIN-A SUPPLEMENTATION PROGRAMME

Background

The National Policy Guidelines on Vitamin-A Supplementation Program of MoH&FW, GoI recommends that children of age group 9 months to 5 years should receive two doses of Vitamin at 6 months interval which is considered adequate. These months would have intensive activities during which it was suggested that health sub-center level workers in close coordination with the ICDS workers and ASHAs will deliver services in the given month as per detailed micro-plans.

The National Workshop on Micronutrients organized by ICMR on the 24-25 November 2003 which recommended that Biannual Child Health and Nutrition Promotion Months be held, six months apart i.e. usually in April/May and October/November which would offer a package of child health & nutrition services of which Vitamin-A supplementation of target children would be an integral part.

Biannual Child Health Package of Services

1. Vitamin-A Supplementation: Provide prophylactic dose of Vitamin-A solution to all children between 9 months to 5 years. The recommended dosage schedule is as under:

- a. The 1st dose 1, 00,000 I.U. (1 ml or half spoon) is given with routine measles immunization at 9 months completed age;
- b. The 2nd dose 2, 00,000 I.U. (2ml or full spoon) is given with First DPT/OPV booster (16-18 months) and
- c. The next 7 doses (each dose 2 ml or full spoon) are given
After every 6 months up to 5yrs of age.

2. Promotion of Breast feeding and timely introduction of complementary feeding : Accelerating community participation and BCC on components of breast-feeding, i.e.

- a. Early Initiation
- b. Exclusive Breastfeeding
- c. Introduction of Complimentary feeding at the age of 6 months

Coverage Pattern

The biannual round initiated in the year 2008 by the Government of Bihar, the district has reported coverage of 97.1% in June, 08 round & 92.3% in Dec, 08 round. The DLHS 3 has reported an over all coverage of 70.3 % of vitamin A within the age group of 9m-35 months.

It will continue to improve and cover more than 95% of children on a sustainable basis with 2 doses a year. It is expected to gain significant reductions in Vitamin-A Deficiency and in turn would reduce Under Five Mortality Rates (U5MR) over time.

Problematic Areas

Objective:-

1. Achieve universal coverage of 9 doses of Vitamin-A
2. Reduce the prevalence of night blindness to below 1% and Bitots spots
To below 0.5% in children 6 months to 6 years age.
3. Eliminate Vitamin-A deficiency as public health problem.

Strategies:

1. Biannual Rounds of Vitamin-A Supplementation in fixed months, i.e. April & October every year.
2. To Cover the Children through 4 days Strategy

Day 1- Cover children of 9m-5yrs at site i.e. AWCs/ HSCs/ APHCs/ PHCs

Day 2- Cover children of 9m-5yrs through house to house visits

Day 3- Cover children of 9m-5yrs at site i.e. AWCs/ HSCs/ APHCs/ PHCs

Day 4- Cover children of 9m-5yrs through house to house visit: mopping-up

Gaps:

1. Infrastructure - Urban strategy for Identification of stakeholders and service providers in urban agglomerations, slums, notified areas to cover left out children residing in areas devoid of health & ICDS infrastructure.
2. Manpower- Lack of skilled manpower for implementation of program
3. Drugs- a) Non-supply of RCH Kit-A for ensuring first dose of Vitamin-A along with the measles vaccination at 9 months.
b) Procurement of Vitamin-A bottles by the district for biannual rounds
4. Reporting– Lack of coordination among health & ICDS workers for report returns & existing MIS (form-VI)
5. Monitoring- Lack of joint monitoring & supervision plans & manpower

Activities:

1. Updation of Urban and Rural site micro –plan before each round.
2. Improving intersectional coordination to improve coverage
3. Capacity building of service provider and supervisors
4. Bridging gaps in drug supplies
5. Urban Planning for Identification of Urban site and urban stakeholder
6. Human resource planning for Universal coverage
7. Intensifying IEC activities for Community mobilization
8. Strengthening existing MIS system and incorporating 9 doses of Vitamin-A in existing reporting structure
9. Strong monitoring and supervision in Urban areas

Health Sub Centres

As per IPHS norms a sub center provides interface with the community at the grass root level providing all the health care services. Of particular importance are the practices/ packages of services such as immunization, ANC, NC and PNC, prevention of malnutrition and common childhood diseases, family planning services and counseling. They also provide elementary drugs for minor ailments such as ARI, diarrhea, fever, worm infestation etc. And carry out community need assessment. Besides the above, government implements several national health and family welfare programs which again are delivered through these frontline workers.

Sub Heads	Gaps	Issues	Strategy	Activities																						
Current Status																										
<p>HSC Building Status Total- 429</p> <table border="1"> <tr><th>Category</th><th>Count</th><th>Percentage</th></tr> <tr><td>Rent</td><td>222</td><td>51%</td></tr> <tr><td>GOVT</td><td>157</td><td>37%</td></tr> <tr><td>PAN</td><td>50</td><td>12%</td></tr> </table>		Category	Count	Percentage	Rent	222	51%	GOVT	157	37%	PAN	50	12%	<p>HSC Building Condition Status</p> <table border="1"> <tr><th>Condition</th><th>Count</th></tr> <tr><td>(#)</td><td>373</td></tr> <tr><td>(+)</td><td>38</td></tr> <tr><td>(++)</td><td>50</td></tr> <tr><td>(+++)</td><td>70</td></tr> </table>			Condition	Count	(#)	373	(+)	38	(++)	50	(+++)	70
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Service performance	Unutilized untied fund at HSC level	Operationalization of Untied fund.	Capacity building of account holder of untied fund	<ol style="list-style-type: none"> 1. Training of signatories on operating Untied fund account, book keeping etc 2. Timely disbursement of untied fund for HSCs 3. Hiring a person at PHC level for managing accounts 																						

	No ANC at HSC level	Improvement in quality of services like ANC, NC and PNC, Immunization	Strengthening one HSC per PHC for institutional delivery in first quarter	<ol style="list-style-type: none"> 1. Identification of the best HSC on service delivery 2. Listing of required equipments and medicines as per IPHS norms 3. Purchasing/ indenting according to the list prepared 4. Honouring first delivered baby and ANM
	<p>Poor PW registered in first trimester</p> <p>PW with three ANC's is also poor</p> <p>Family Planning Status:</p>	Improvement in quality of services like ANC, NC and PNC, Immunization and family planning	<ol style="list-style-type: none"> 1. Phase wise strengthening of HSCs for Institutional delivery and fix a day for ANC as per IPHS norms. 2. Community focused family planning services 	<ol style="list-style-type: none"> 1 Gap identification HSCs through facility survey 2. Eligible Couple Survey 3. Ensuring supply of contraceptives with three month's buffer stock at HSCs. 4. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS 5. Training of ANMs on IUD insertion
	Lack of counseling services	Training	Training	<ol style="list-style-type: none"> 1. Training to ANMs on ANC, NC and PNC, Immunization and other services.
	HSC unable to implement disease control programs	Integration of disease control programs at HSC level.	Implementation of disease control programs through HSC level	<ol style="list-style-type: none"> 1 Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6. (four to five HSC per

				week) 2.Strengthening ANMs for community based planning of all national disease control program 3. Reporting of disease control activities through ANMs 4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.
	80% of the HSC staffs do not reside at place of posting	Absence of staffs	Community monitoring	1. Submission of absentees through PRI
	Problem of mobility during rainy season	Communication and safety		1.Purchasing Life saving jackets for all field staffs 2. Providing incentives to the ANMs during rainy season so that they can use local boats.

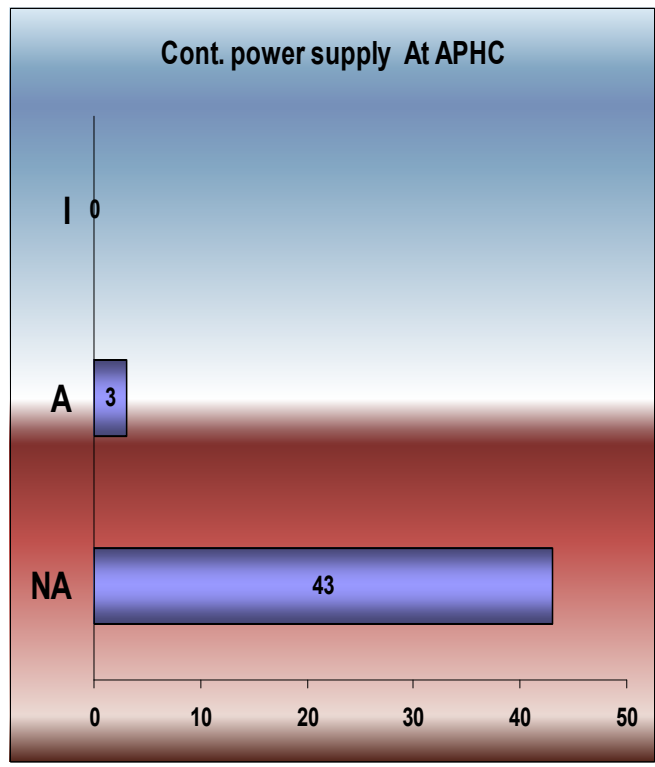
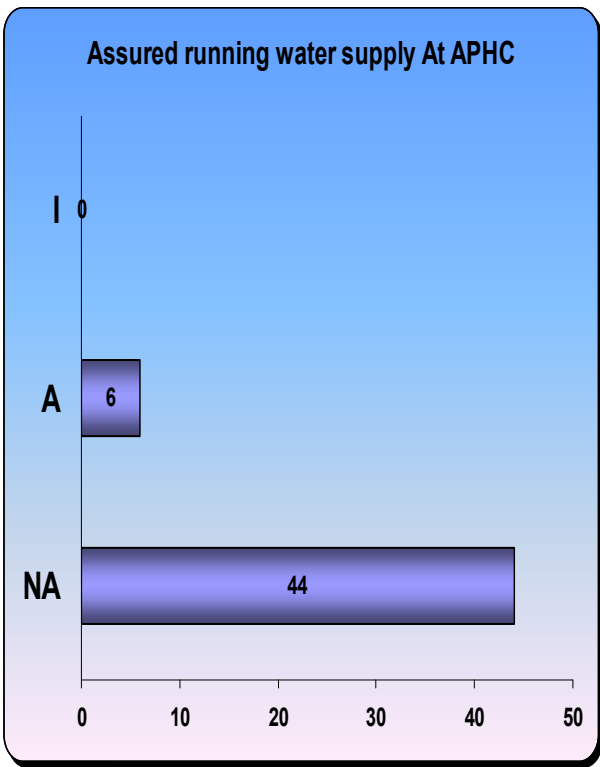
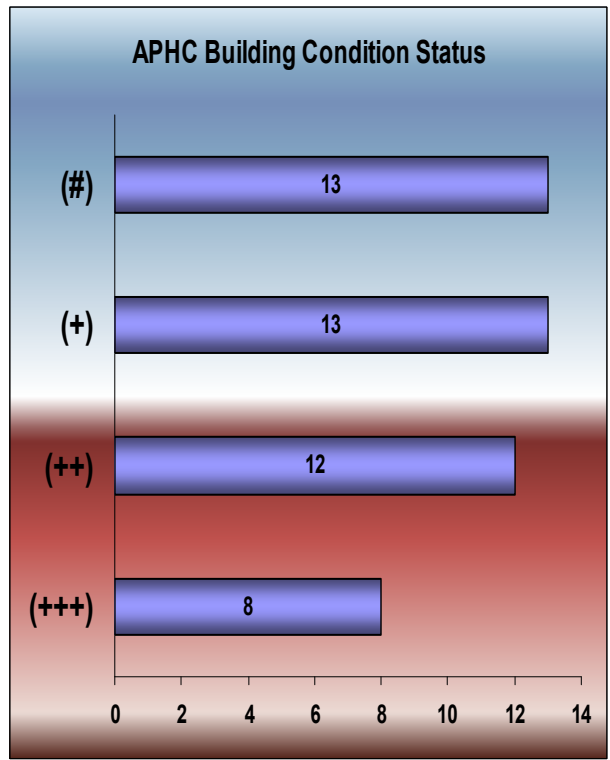
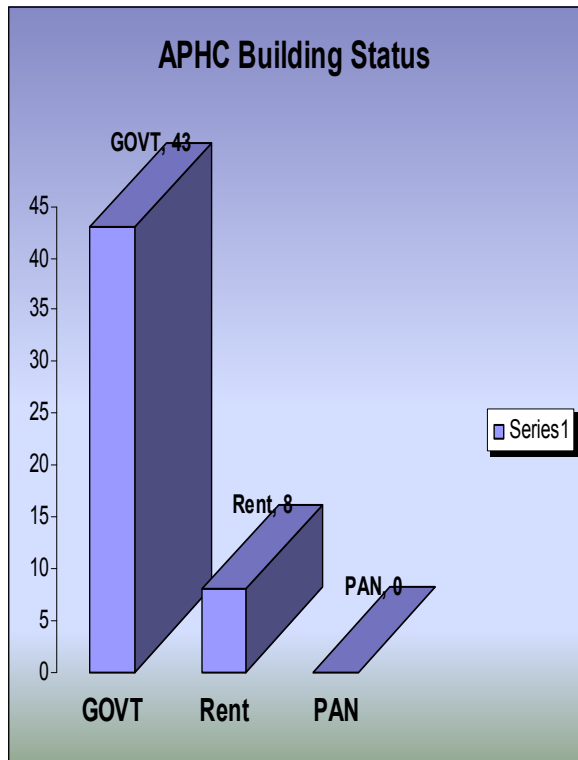
Sub Heads	Gaps	Issues	Strategy	Activities
Human Resource	Out of 429 seats 295 seats of contractual ANM®, are vacant. Out of 248 seats of Staff Nurses 146 seats are vacant.	Filling up the staff shortage	Staff recruitment	1.Selection and recruitment of required ANMs 2. Selection and recruitment of required staff nurse.
	All 429 contractual ANMs needs training on different services.	Untrained staffs	Capacity building	1.Training need Assessment of HSC level staffs 2.Training of staffs on various services
	The ANM	Training	Strengthening of	1.Analyzing

	training school situated at Sadar Hospital campus, lacks adequate number of trainers, staffs and facilities		ANM training school	<p>gaps with training school</p> <p>2.Deployment of required staffs/trainers</p> <p>3.Hiring of trainers as per need</p> <p>4.Preparation of annual training calendar issue wise as per guideline of Govt of India.</p> <p>5.Allocation of fund and perationalization of allocated fund</p>
	Only need based emergency suuply Irregular supply of drugs	Logistics		<p>1.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map</p> <p>2.Hiring vehicles for supply of drug kits through untied fund.</p> <p>3.Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)</p>

		Operationalization	Couriers for vaccine and other drugs supply	1 Hiring of couriers as per need 2 Payment of courier through ANMs account
			Phase wise strengthening of APHCs for vaccine / drugs storage	1.Purchasing of cold chain equipments as per IPHS norms 2. training of concerned staffs on cold chain maintenance and drug storage

Additional PHCs

Current Status



Sub Heads

Issues

Strategy

Activities

	<p>APHCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DEC)s)and contraceptives, Only need based emergency supply Irregular supply of drugs</p>	<p>Logistics Operationalization</p>	<p>and indenting through form 2 and 6</p> <p>Couriers for vaccine and other drugs supply</p> <p>Phase wise strengthening of APHCs for vaccine / drugs storage</p>	<p>APHC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports</p> <p>2.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map</p> <p>2.1 Hiring vehicles for supply of drug kits through untied fund.</p> <p>2.3 Developing three coloured indenting format for the APHC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)</p> <p>3.1 Hiring of couriers as per need</p> <p>3.2 Payment of courier through APHC account</p> <p>4.1 Purchasing of cold chain equipments as per IPHS norms</p> <p>4.2 training of concerned staffs on cold chain maintenance and drug storage</p>
<p>Service performance</p>	<p>RKS has not been formed at any of the APHC. Unutilized untied fund at APHC level No institutional delivery at APHC level No OPD At any of the APHC No inpatient facility available No ANC, NC and PNC and family planning services. No lab facility No Ayush</p>	<p>Formation of RKS Operationalization of Untied fund.</p> <p>Improvement in quality of services like ANC, NC and PNC, Immunization and other services as identified as gaps.</p> <p>Integration of disease control programs at APHC level.</p> <p>Family Planning services</p> <p>Convergence Operational issues</p>	<p>Capacity building of account holder of untied fund</p> <p>Phasewise strengthening of 16 APHCs for Institutional delivery and fix a day for ANC as per IPHS norms.</p> <p>Implementation of disease control programs through APHC level where APHC will work as a</p>	<p>1.Training of signatories on operating Untied fund /RKS account, book keeping etc</p> <p>2. Assigning PHC RKS accountant for supporting operationalization of APHC level accounts</p> <p>2. Timely disbursement of untied fund/ seed money for APHCs RKS.</p> <p>3. 1 Gap identification of 16 APHCs through facility survey 2.strengthening one APHC per PHC for institutional delivery in first quarter 3.Honouring first delivered baby and ANM</p> <p>1 Review of all disease control programs APHC wise in existing Tuesday weekly meetings at PHC with form 6 2.Strengthening ANMs for community based planning of all national disease control</p>

	<p>practitioner posted No rehabilitation services No safe MTP service No OT/ dressing and Cataract operation services. Approx 80% of APHC staffs not reside at place of posting Lack of counseling services Problem of mobility during rainy season Lack of convergence at APHC level Operational gaps: There is no link between HSCs and APHCs and the same way there is no link between APHC and PHC</p>		<p>resource center for HSCs. At present the same is being done by PHC only.</p> <p>Community focused Family Planning services</p> <p>PPP</p> <p>Convergence</p>	<p>program</p> <ol style="list-style-type: none"> 3. Reporting of disease control activities through ANMs 4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs. 5. Weekly meeting of the staffs of concerned HSCs (as assigned to the APHC) <ol style="list-style-type: none"> 1. Eligible Couple Survey 2. Ensuring supply of contraceptives with three month's buffer stock at HSCs. 3. Training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS 4. Training of ANMs on IUD insertion <ol style="list-style-type: none"> 1. Outsourcing services for Generator, fooding, cleanliness and ambulance. 1. Fixed Saturday for meeting day of ANM, AWW, ASHA,LRG with VHSCs rotation wise at all villages of the respective HSC.
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Primary Health Centers:(30 bedded)

Indicators	Gaps	Issues	Strategy	Activities
Infrastructure	<p>All PHCs are running with only six bed facility. The huge workload is not being addressed with only six beds inadequate facility.</p> <p>Identified the facility and equipments gap before preparation of DHAP and almost 100% of facilities are not adequate as per IPHS norms.(written below)</p> <p>The comparative analysis of facility survey(08-09) and DLHS3 facility survey(06-07) , the service availability tremendously increased but the quality of services is still the area of improvement.</p> <p>Lack of equipments as per IPHS norms and also under utilized equipments.</p> <p>Lack of appropriate furniture</p> <p>Non availability of HMIS formats/registers and</p>	<p>Available facilities are not compatible with the services supposed to be delivered at PHCs.</p> <p>Quality of services</p> <p>Community participation.</p>	<p>Upgradation of PHCs into 30 bedded facilities.</p> <p>ISO certification of selected PHCs in the district.</p> <p>Strengthening of BMU</p>	<p>1.Need based (Service Delivery)Estimation of cost for upgradation of PHCs</p> <p>2.Preparation of priority list of interventions to deliver services.</p> <p>1.Selection of any two PHCs for ISO certification in first phase.</p> <p>2. Sending the recommendation for the certification with existing services and facility detail.</p> <p>1. Ensuring regular monthly meeting of RKS.</p> <p>2. Appointment of Block Health Managers, Accountants in all institutions</p> <p>3. Training to the RKS signatories for account operation.</p> <p>4. Trainings of BHM and accountants on their responsibilities.</p> <p>1.Meeting with community representatives on erecting boundary, beautification etc,</p>

	<p>stationeries Operation of RKS: Lack in uniform process of RKS operation. Lack of community participation in the functioning of RKS. Lack of facilities/basic amenities in the PHC buildings</p>		<p>Ensuring community participation.</p> <p>Strengthening of Infrastructure and operationalization of construction works</p> <p>Monitoring</p>	<p>2. Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS. Strengthening of PHCs 1. Renovation of PHCs 2. Purchase of Furniture 3. Prioritizing the equipment list according to service delivery and IPHS norms. 4. Purchase of equipments 5. Printing of formats and purchase of stationeries 1. Biannual facility survey of PHCs through local NGOs as per IPHS format 2. Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.</p>
Human Resource	As per IPHS norms each PHC requires clinical staffs	Staff shortage Untrained staffs	Staff recruitment	<p>1. Selection and recruitment of Doctors 2. Selection and recruitment of ANMs/ male workers 3. Selection and recruitment of paramedical/ support staffs 4. Appointment of Block Health Managers in all institutions) 1. Training need Assessment of PHC level staffs</p>

			Capacity building	<ul style="list-style-type: none"> 2. Training of staffs on various services 3. Trainings of BHM and accountants on their responsibilities. 4. Trainings of BHM on implementation of services/ various National programs.
Drug kit availability	<p>Irregular supply of drugs because of lack of fund disbursement on time. Only 70 % essential drugs are rate contracted at state level .</p> <p>Lack of fund for the transportation of drugs from district to blocks. There is no clarity on the guideline for need based drug procurement and transportation.</p>	<p>Indenting</p> <p>Logistics</p> <p>Operationalization</p>	<p>Strengthening of reporting process and indenting through form 7</p> <p>Strengthening of drug logistic system</p>	<ul style="list-style-type: none"> 1. Training of store keepers on invoicing of drugs 2. Implementing computerized invoice system in all PHCs 3. Fixing the responsibility on proper and timely indenting of medicines(keeping three months buffer stock) 4. Enlisting of equipments for safe storage of drugs. 5. Purchase of enlisted equipments. 6. Ensuring the availability of FIFO list of drugs with store keeper. 7. Orientation meetings on guidelines of RKS for operation.
Service performance	<ul style="list-style-type: none"> 1. Excessive load on PHC in delivering all services each PHC. 2. Total 85 seats of Regular and 22 seats of contractual doctors in the district is vacant. 3. All posted doctors 	Optimum Utilization of Human Resources	Quality improvement in residential facility of doctors/ staffs.	<ul style="list-style-type: none"> 1. Hiring of rented houses from RKS fund for the residence of doctors and key staffs. 2. Incentivizing doctors on their performances especially on OPD, IPD, FP operations, Kala-azar patients treatment. 3. Revising Duty rosters

	<p>are not regularly present during the OPD time so the no of OPDs done is very less</p> <p>4. lacking of 24 hrs new born care services.</p> <p>5. 4 Lab services provided by PPP services have fled away.</p> <p>6. Health facility with AYUSH services is not being provided</p> <p>7. Lack of maintenance of ambulances</p> <p>8. Shortage of ambulances</p> <p>9. Quality of food, cleanliness (toilets, Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC.</p> <p>10. In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs are reluctant to handle emergency cases.</p> <p>11. Several cases of theft of instruments, computers, and submersible pumps etc at PHCs.</p> <p>12. No guidance to the patients on the services available at PHCs.</p> <p>13. Non friendly</p>	<p>Epidemic outbreaks and Need based intervention in epidemic areas.</p> <p>Service Load centered at PHC</p> <p>Availability of AYUSH pathy.</p> <p>Insecurity (Staff and Properties)</p>	<p>Recruitment</p> <p>Proper and timely information of outbreaks</p> <p>Strengthening of equipments and services and increase in the number of ambulances.</p> <p>Strengthening of AYUSH services at PHC level in the first level.</p> <p>Confidence building</p>	<p>in such a way that all posted doctors are having at least 8 hrs assignments per day</p> <p>1. Selection and appointment of contractual doctors and staffs</p> <p>1. Mapping of the areas having history of outbreaks disease wise.</p> <p>2. Developing micro plans to address epidemic outbreaks</p> <p>2. Assigning areas to the MOs and staffs</p> <p>3. Motivating ASHA on immediate information of outbreaks</p> <p>4. Purchasing folding tents, beds and equipments and medicines to organize camps in epidemic areas.</p> <p>1. Repairing of all defunct Ambulances</p> <p>2. Repairing of PHCs gensets and initiating their use.</p> <p>3. Hiring of ambulances as per need.</p> <p>1. Appointment of one AYUSH practitioner and Yoga teacher in every PHC</p> <p>1. Insurance of all properties and staffs of PHC</p> <p>2. Placing one TOP in every PHC</p> <p>1. Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate.</p>
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	<p>attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.</p> <p>14. Lack of inpatient facility for kala-azar patients.</p> <p>15. Lack of counseling services</p> <p>16. Problem of mobility during rainy season</p> <p>17. Lack of convergence</p> <p>18. Lack of timely reporting and delay in data collection</p>	<p>Govts existing services like lab, x-ray, generator, fooding and cleanliness services.</p>	<p>measures</p> <p>Strengthening of the Govts existing services like lab, x-ray, generator, fooding and cleanliness services.</p> <p>Creating friendly environment</p> <p>HMIS and strengthening of reporting process</p>	<p>2. Recruitment of lab technicians as required</p> <p>3. Purchase of equipments/ instruments for strengthening lab.</p> <p>4. Hiring of menial workers for cleanliness works.</p> <p>1. Assigning LHV for counseling work</p> <p>2. Wall writing on every section of the building denoting the facilities</p> <p>3. Name plates of doctor</p> <p>4. Displaying Roster of doctors with their details.</p> <p>5. Gardening</p> <p>6. Sitting arrangement for patients</p> <p>7. Installation of LCD TV with cable connection</p> <p>8. Installation of safe drinking water equipments/water cooler,</p> <p>9. Installation of solar heater system and light with the help of BDO/Panchayat</p> <p>9. Apron with name plates with every doctors</p> <p>10. Presence of staffs with uniform and name plates.</p> <p>1. Orientation of the staffs on indicators of reporting formats</p>
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Sadar Hospital Madhubani

Indicators	Gaps	Issues	Strategy	Activities																				
Infrastructure	1. There are 150 beds in the Sadar hospital which is not adequate as per the requirement.	Lacks in infrastructure	Strengthening of infrastructure	1. Purchase of required beds. 2. Listing of required equipments as per IPHS norms and their purchase. 3. Listing of required furniture and their purchase. 4. Simplifying process of RKS operation. 5. Renovation of drainage system and leveling of internal area up to the level of outer area. 6. Construction of enquiry counters at the gate. 7. Construction of new residential buildings. 8. Tender for canteen facility.																				
	<table border="1"> <thead> <tr> <th>Ward</th> <th>No of Beds</th> </tr> </thead> <tbody> <tr> <td>Male Medical Ward</td> <td>20</td> </tr> <tr> <td>Female Medical Ward</td> <td>20</td> </tr> <tr> <td>Children Ward</td> <td>10</td> </tr> <tr> <td>Cholora Ward</td> <td>10</td> </tr> <tr> <td>Kala-Azar Ward</td> <td>40</td> </tr> <tr> <td>Male Surgical Ward</td> <td>20</td> </tr> <tr> <td>Meternity Ward</td> <td>10</td> </tr> <tr> <td>Eye & Ent Ward</td> <td>20</td> </tr> <tr> <td>Total</td> <td>150</td> </tr> </tbody> </table>	Ward	No of Beds	Male Medical Ward	20	Female Medical Ward	20	Children Ward	10	Cholora Ward	10	Kala-Azar Ward	40	Male Surgical Ward	20	Meternity Ward	10	Eye & Ent Ward	20	Total	150			
	Ward	No of Beds																						
	Male Medical Ward	20																						
	Female Medical Ward	20																						
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	Kala-Azar Ward	40																						
	Male Surgical Ward	20																						
	Meternity Ward	10																						
Eye & Ent Ward	20																							
Total	150																							
2. Lack of equipments as per IPHS norms and also under utilized equipments.																								
3. Lack of appropriate furniture																								
4. Operation of RKS: Delayed process of operation. Delay in disbursement of fund																								
5. Heavy water logging during rainy season.																								
6. Buildings for ICU, Causality ward are ready but lack of trained HR this is not work properly.																								
7. No use of paying wards.																								
8. No enquiry counter as such for the patients.																								
9. No residential facilities for doctors and staffs.																								
10. No canteen facility																								
Drug kit availability	1. Irregular supply of drugs because of lack of fund	Improper Supply and logistics	Capacity building and	1. Training of store keepers on																				

	<p>disbursement on time.</p> <p>2. Only 70% essential drugs are rate contracted at state level.</p> <p>3. There is no clarity on the guideline for need based drug procurement and transportation.</p> <p>4. Lack of proper space, furniture and equipments for drug storage</p>	Lack in storage facility	<p>strengthening of reporting process and indenting through form 7</p>	<p>invoicing of drugs</p> <p>2.Implementing computerized invoice system</p> <p>4. Enlisting of equipments for safe storage of drugs.</p> <p>5. Purchase of enlisted equipments.</p> <p>6. Ensuring the availability of FIFO list of drugs with store keeper.</p>
Service performance	<p>1.Excessive load in delivering all services</p> <p>2. Blood storage unit is present but not utilized</p> <p>3.No 24hrs Lab facility</p> <p>4.Health facility with AYUSH services is not being provided</p> <p>5. Referral</p> <p>a. No pick up facility for PW or patients.</p> <p>b.BPL patients are not exempted in paying fee of ambulance.</p> <p>c. Lack of maintenance of ambulances</p> <p>d. Shortage of ambulances</p> <p>6. No guidance to the patients on the services available at DH.</p> <p>7.Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.</p>	<p>Workload</p> <p>Lack in infrastructure</p>	<p>Motivation building</p> <p>Strengthening of infrastructure</p>	<p>1. Incentivizing doctors/ staffs on their performances especially on OPD, IPD, FP operations, Kala-azar patients treatment.</p> <p>2. Purchase of equipments for Blood storage unit,</p> <p>3. IEC on blood storage unit.</p> <p>4. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day</p> <p>5. Repairing of all defunct Ambulances</p> <p>6. Hiring of ambulances as per need.</p> <p>7. Appointment of one AYUSH practitioner and Yoga teacher</p> <p>8. Purchase of equipments/ instruments for strengthening lab.</p> <p>9. Wall writing on every section of the building denoting the facilities</p> <p>10. Name plates of doctor</p>

				11. Displaying Roster of doctors with their details. 12. Gardening 13. Apron with name plates with every doctors 14. Presence of staffs with uniform and name plates.
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HMIS

Strengthening Computer System for HMIS

Additional skilled persons are required at District level for effective implementation and maintenance of HMIS in the District. The details of skilled persons with their job responsibilities and salary are as follows-

SN	Designation of Staff	No. of Staff	Positioned at	Job responsibilities	Salary (Rs.) per month	Total Salary per year (Rs.)
1	Jr. System Administrator Cum Data Operator (HMIS)	1	DHS, Madhubani	Data entry, preparation of documents and reports etc	6000/-	72000
Total:						72000/-

Strengthening Computer System for HMIS

SN	Items	Amount in Rs. (Approx)
1	Up gradation of Computer with hardware/software as per requirement. As like RAM, Hardisk, Stable Storage, Devices, Switch, Firewall etc.	50000
2	Anti- Virus (Quantity 4)	20000
3	Designing, Creation, Maintenance, Registration, Hosting of Website of District.	40000
4	Laptops for DPM, DAM & M & E Officer	120000
5	USB Data Card (For Internet Connection) (Quantity 21)	84000

6	BSNL Post Paid Mobile Connection with Mobile Set and 525 Monthly Plan For DPMU (QTY-3)	5625
Total		319625/-

HMIS Training

District as well as Block level Capacity Building Workshop (HMIS Training) for the year 2009-10 on Revised HMIS Reporting Formats and Web Portals of NRHM and NHSRC has been completed with the help of resource persons from National Health System Resource Centre (NHSRC), New Delhi for District M & E Officer, District Programme Manager, DS of District/Sub Div. Hospital, MOIC, BHM and BAM **but training on HIMS is the continuous process for quality movement.**

Therefore in FY 2010-11, Training on HMIS for the whole state is required for

- ✓ District Level other Programme Officers/Consultants
- ✓ MOIC
- ✓ BHM
- ✓ BAM
- ✓ Health Educator
- ✓ Grade "A" Nurses
- ✓ ANM
- ✓ LHV etc.

The details are as follows:-

SN	Designation	Number
1	District Level other Program Officers/Consultants	4
2	DS/MOIC	22
3	MO (APHC)	57
4	BHM	18
5	BAM	18
6	Health Educator	5
7	ANM (Regular & contractual)	500
8	Grad- 'A' Nurse	46
9	LHV	10
10	Data Operators	22
	Total	702

Budget

(i) TA/DA Cost for Trainees (for 2 days) = Rs. 200/- per day per trainee x 2 days x 702

= Rs **280800/-** per annum

(ii) Miscellaneous for Trainees (for 2 days) = Rs. 100/- Per day Per trainee x 2 days x 702
= Rs. **140400/-**

Total annual Budget = **Rs. 421200/- per annum.**

Total Annual Budget

SN	Designation	Budget
1	Strengthening HR for HMIS	72000/-
2	Strengthening Computer System for HMIS in DHS	319625/-
3	HMIS Training	421200/-
	Total	812825/-

Total:- Eight Lac twelve thousand eight hundred twenty five only.

9. Physical Data Of From Apr-09 To Nov-09 Of FY 2009-10

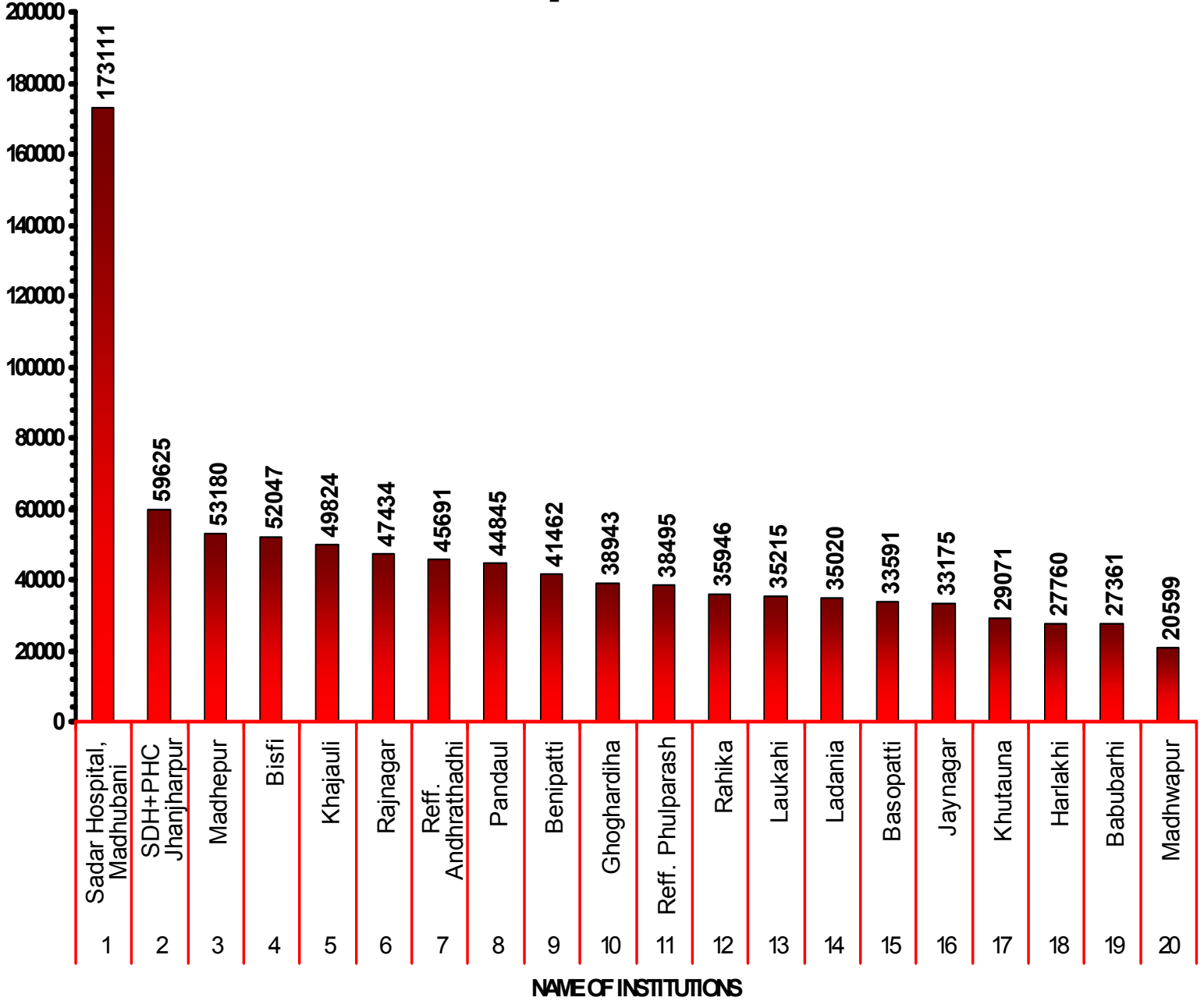
क. सं.	विवरणी	उपलब्धि अप्रैल 09– नवंबर 09
1	परिवार कल्याण नसबंदी	
	1. एन.एस.भी.	1
	2. बंध्याकरण	2800
	(1+2) का योग	2801
	लेप्रोस्कोपी	
	आई0यू0डी0	1968
	सी0सी0 युजर्स	3511
	ओरलर्स पिल्स यूजर्स	611
2	प्रतिरक्षण	
	बी.सी.जी.	72027
	डी.पी.टी.	79565
	पोलियो	78455
	मिजिल्स	74086
3	गर्भवती महिलाओं का टीकाकरण	
	टी.टी. माता	58747
	डी.टी. (5 वर्ष के बच्चे)	54086
	टी.टी. (10 वर्ष के बच्चे)	11017
	टी.टी. (16 वर्ष के बच्चे)	14858
4	कुपोषण एवं अरक्तता 'ए' से बचाव, विटामिन 'ए'	599923
	आयरन एवं फौलिक एसिड	11766

5	यक्ष्मा(जनवरी-दिसम्बर)	
	नये रोगियों की संख्या	2448
	रोगियों का बलगम जाँच	1623
	धनात्मक रोगियों की संख्या	1510
'प्रत्येक छः महिना पर विटामिन ए0 राउन्ड कराया जाता है।		
6	कुष्ठ निवारण कार्यक्रम''2025	
	नये रोगियों की संख्या	884
	रोगियों का उपचार (शेष)	884
	रोगमुक्त रोगियों की संख्या	619
7	मलेरिया नियंत्रण	
	रक्त पट संग्रह	1625
	रक्त पट जाँच	ॠॠ
	धनात्मक रोगियों की संख्या	ॠॠ
	कालाजार	683
	मेंनिजाईटिस	0
	डेंगू ज्वर	0
8	फाईलेरिया नियंत्रण	
	रोगियों की खोज	110
	रक्त पट संग्रह / जाँच	11334
	रोकथाम के लिय छिड़काव	17 ^५ 420 स्जे
	धनात्मक रोगियों की संख्या	8
9	यौन रोग एच.आई.वी. पोजेटिव	299
	काउन्सेलिंग	13176
	टेस्टिंग	11182
10	आर.टी.आई.	ॠॠ
	पोजेटिव	ॠॠ
11	जननी एवं बाल सुरक्षा अंतर्गत संस्थागत प्रसव	22879

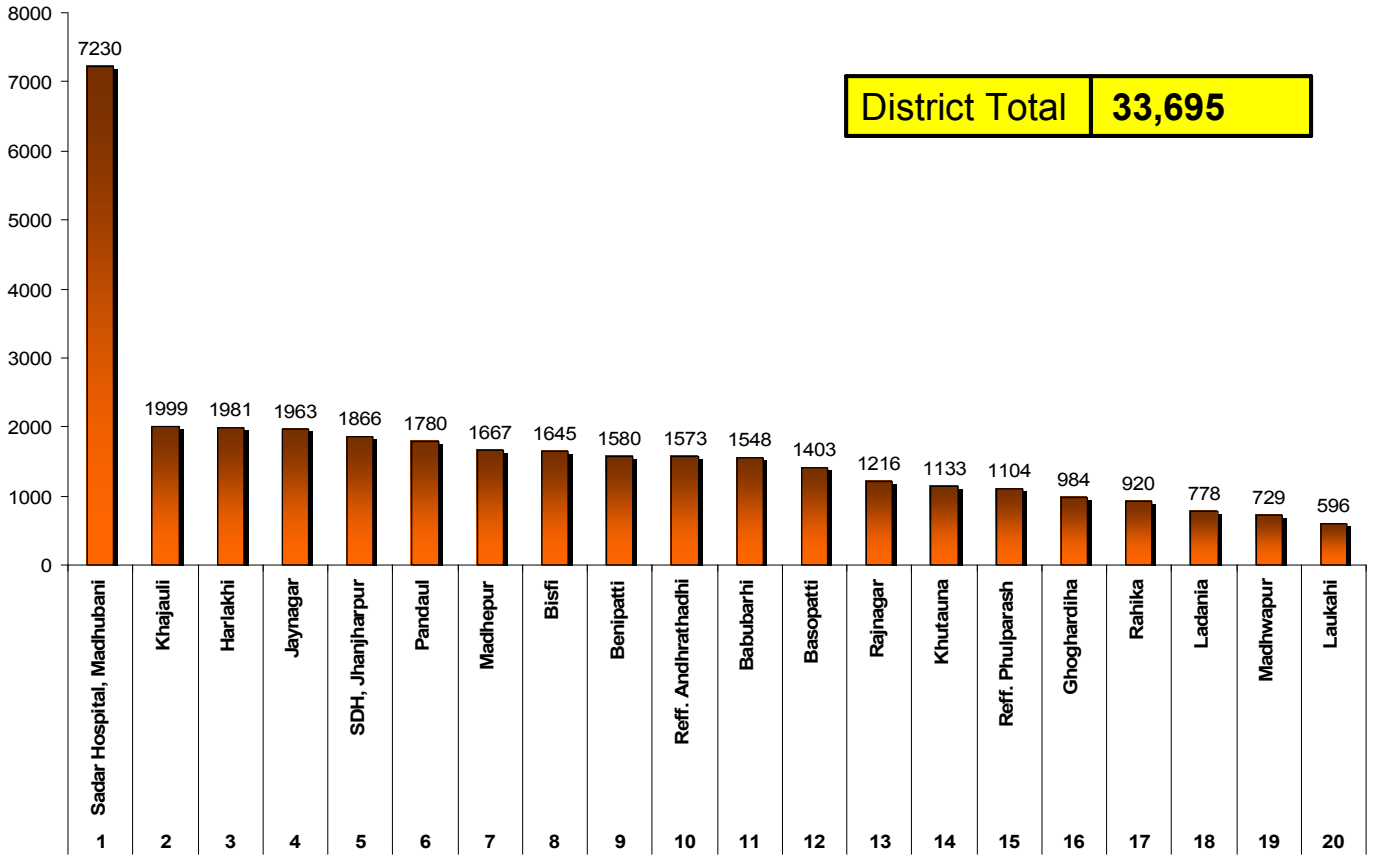
10. Physical Data Situational Analysis Of All Program Of Financial Year 2008 – 09

OPD District Total	9,22,395
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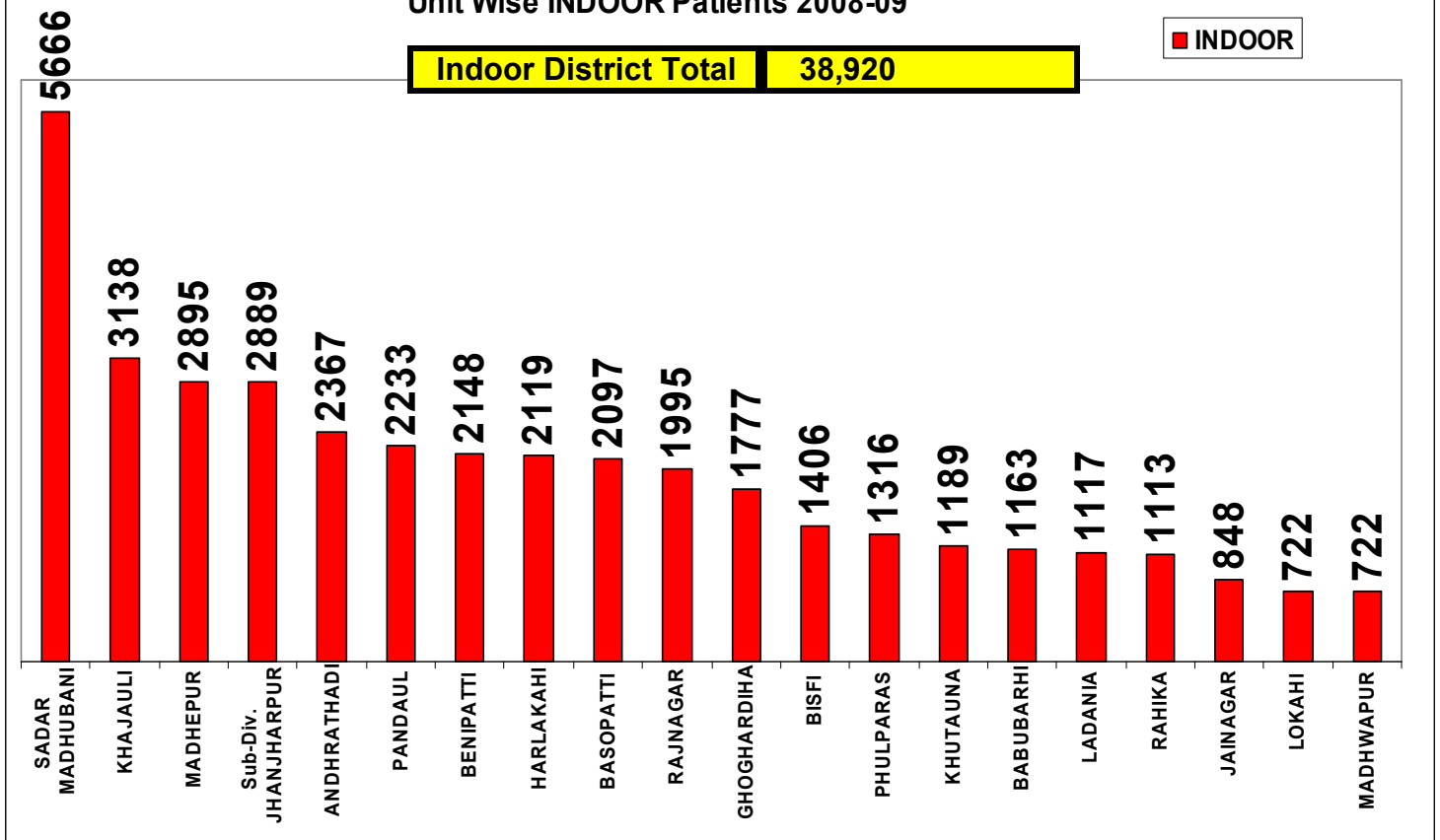
Unit wise Treated Patients
Month :- April-08 to March-09

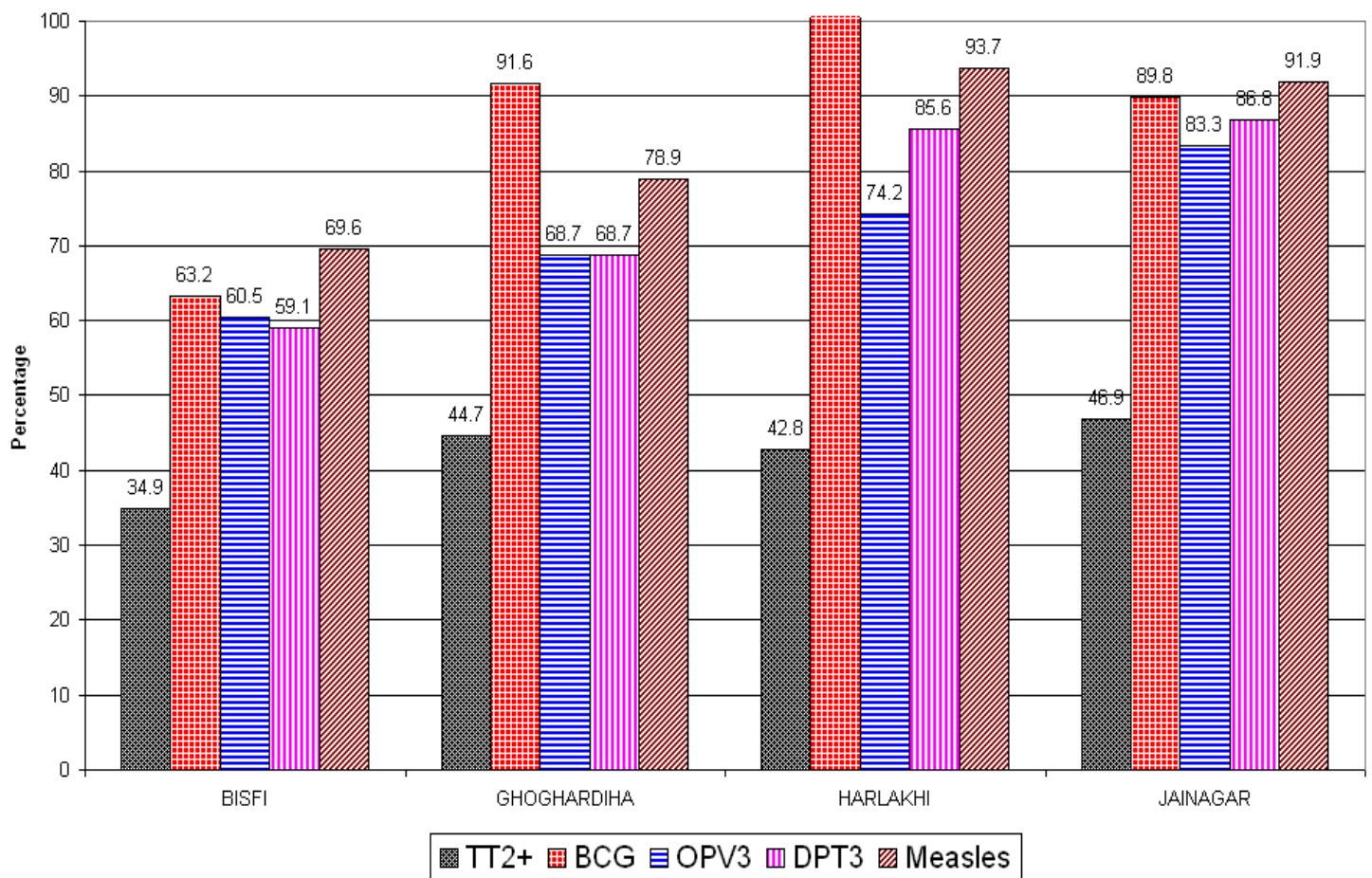
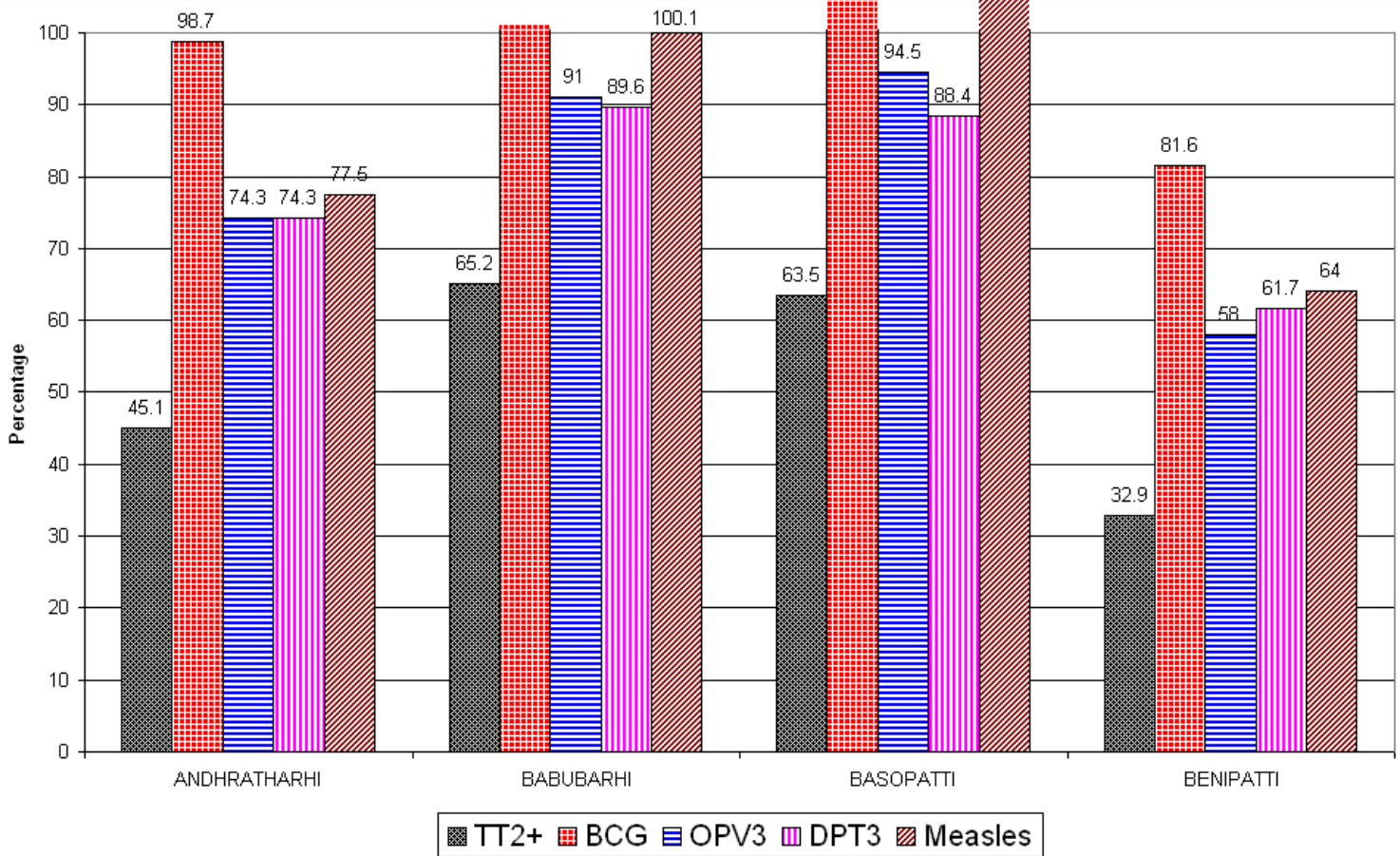


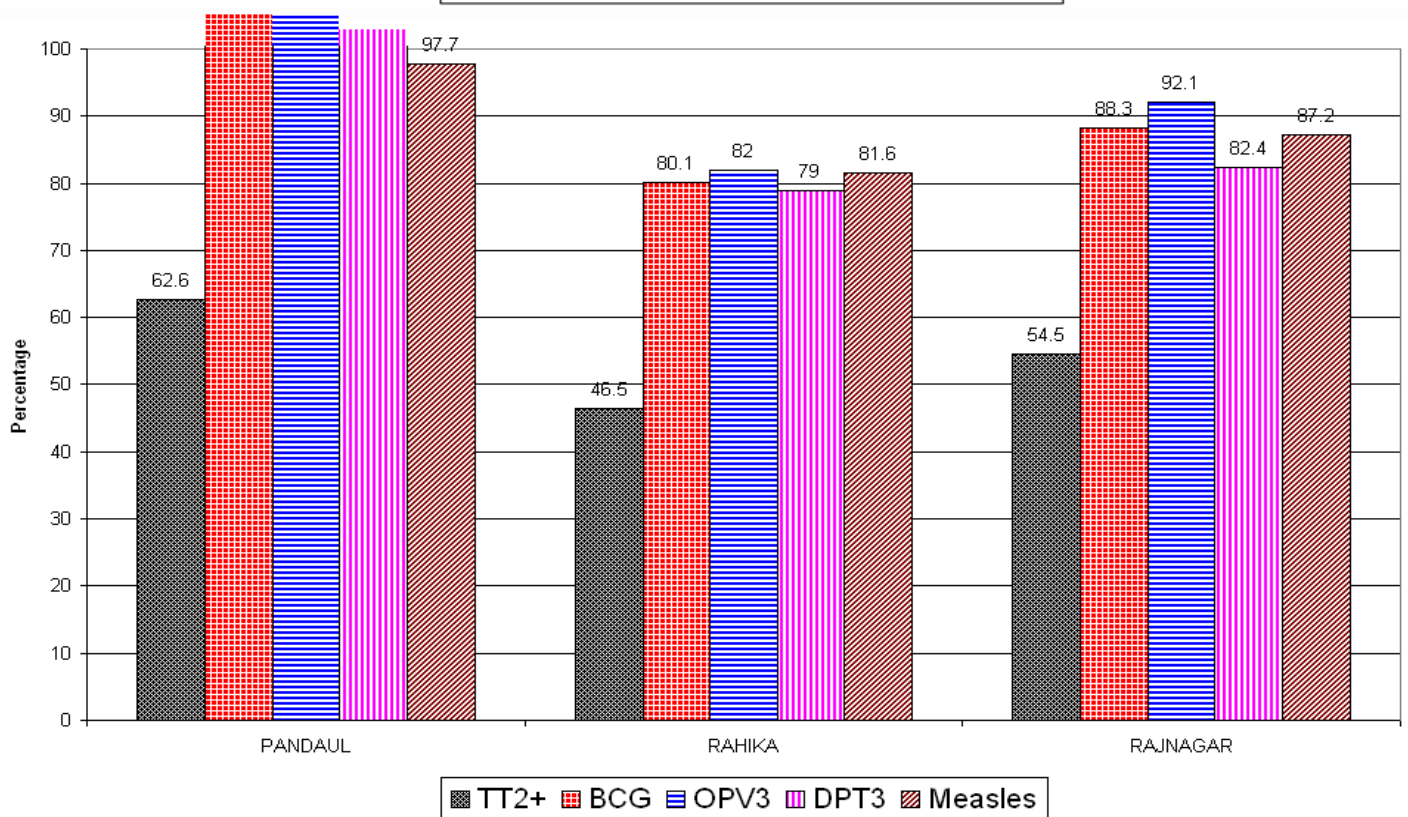
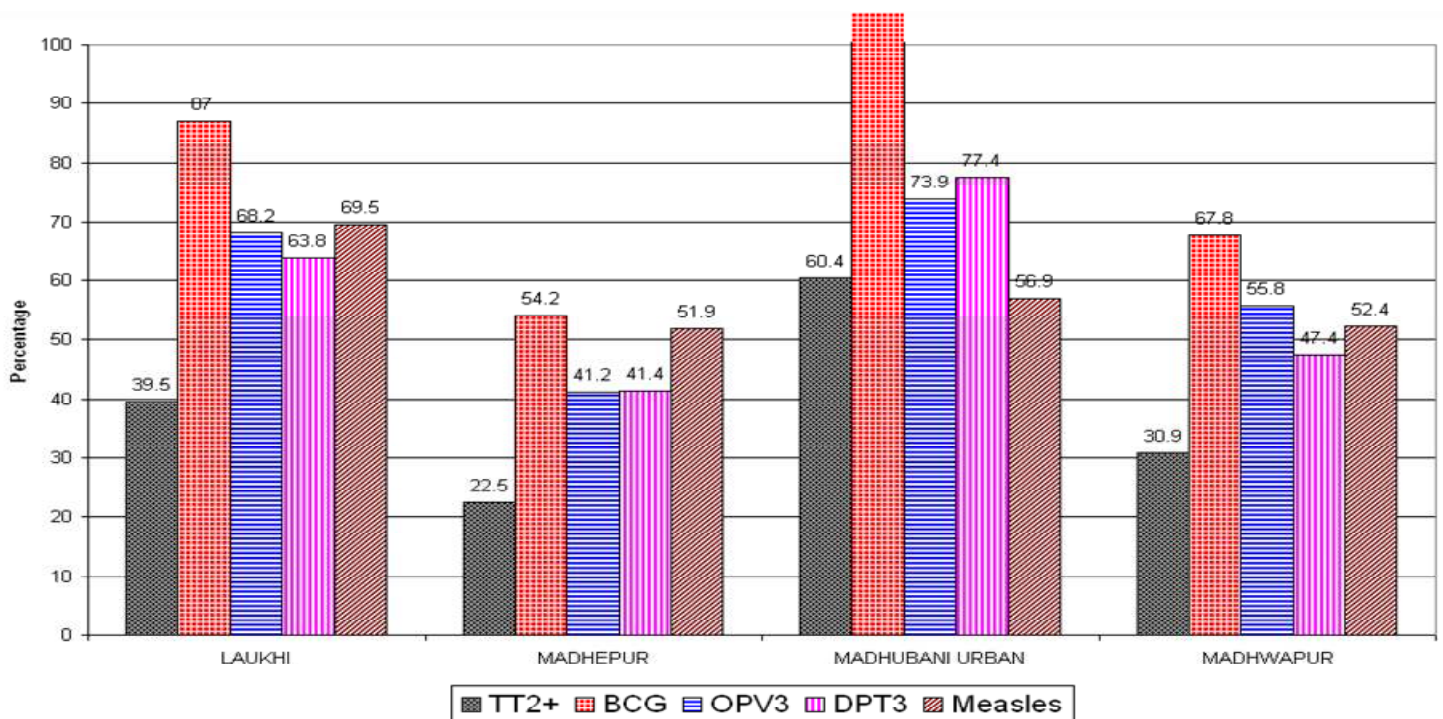
Unit wise Delivery Status 2008-09

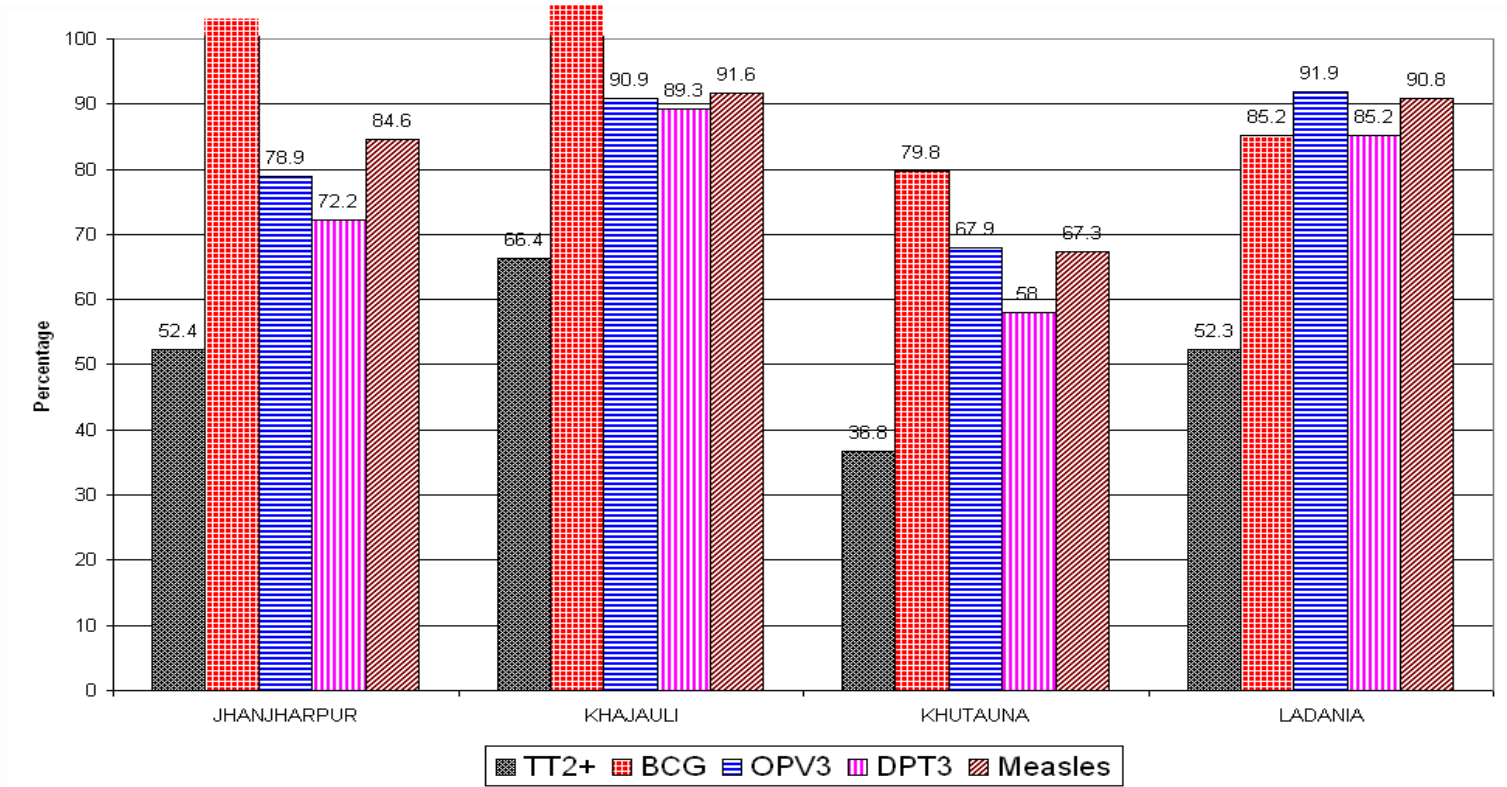


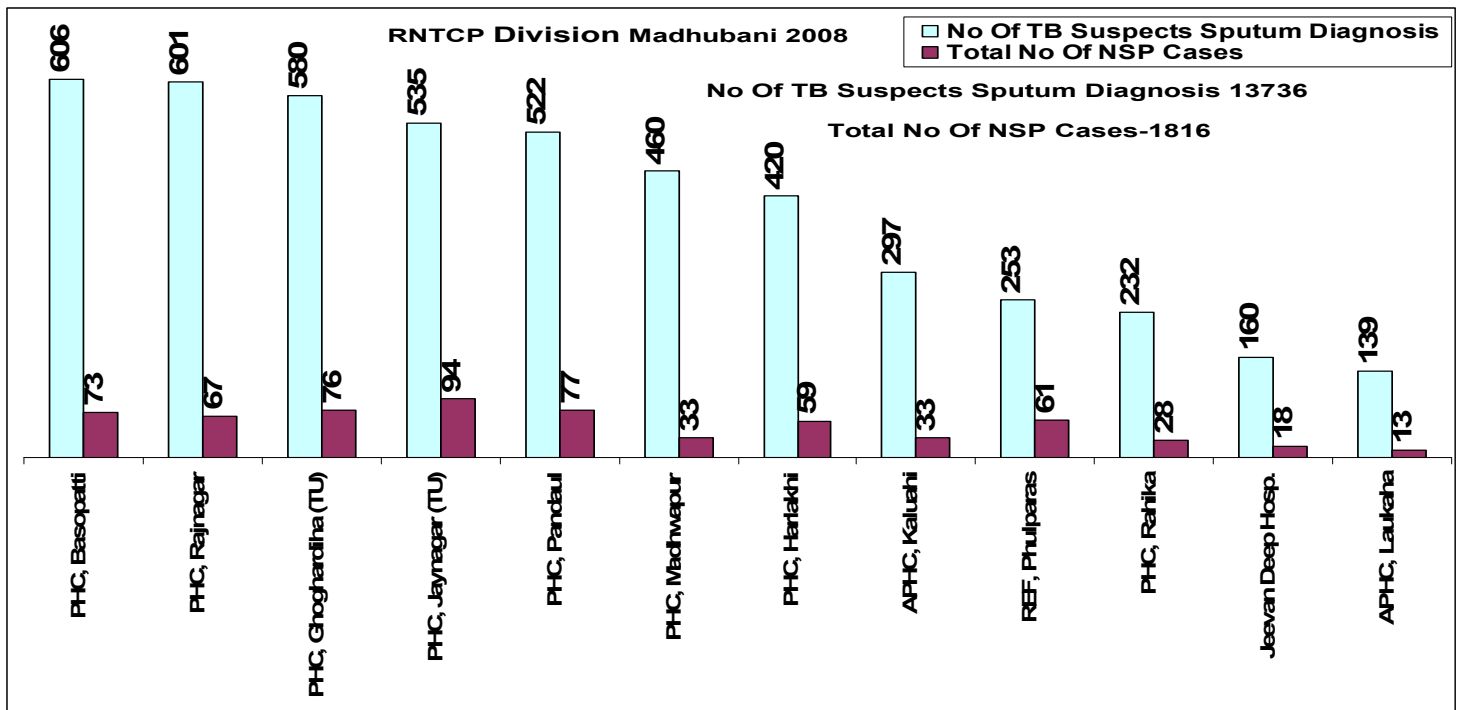
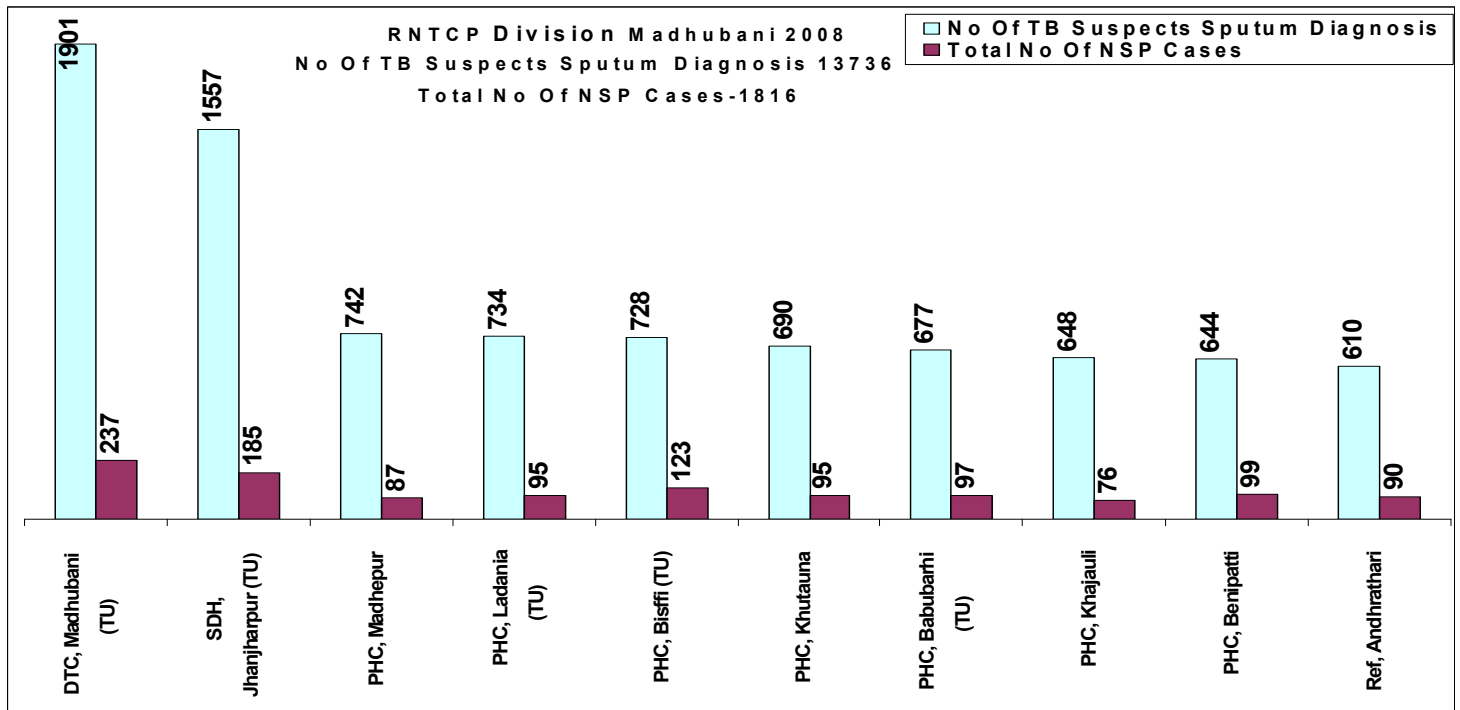
Unit Wise INDOOR Patients 2008-09

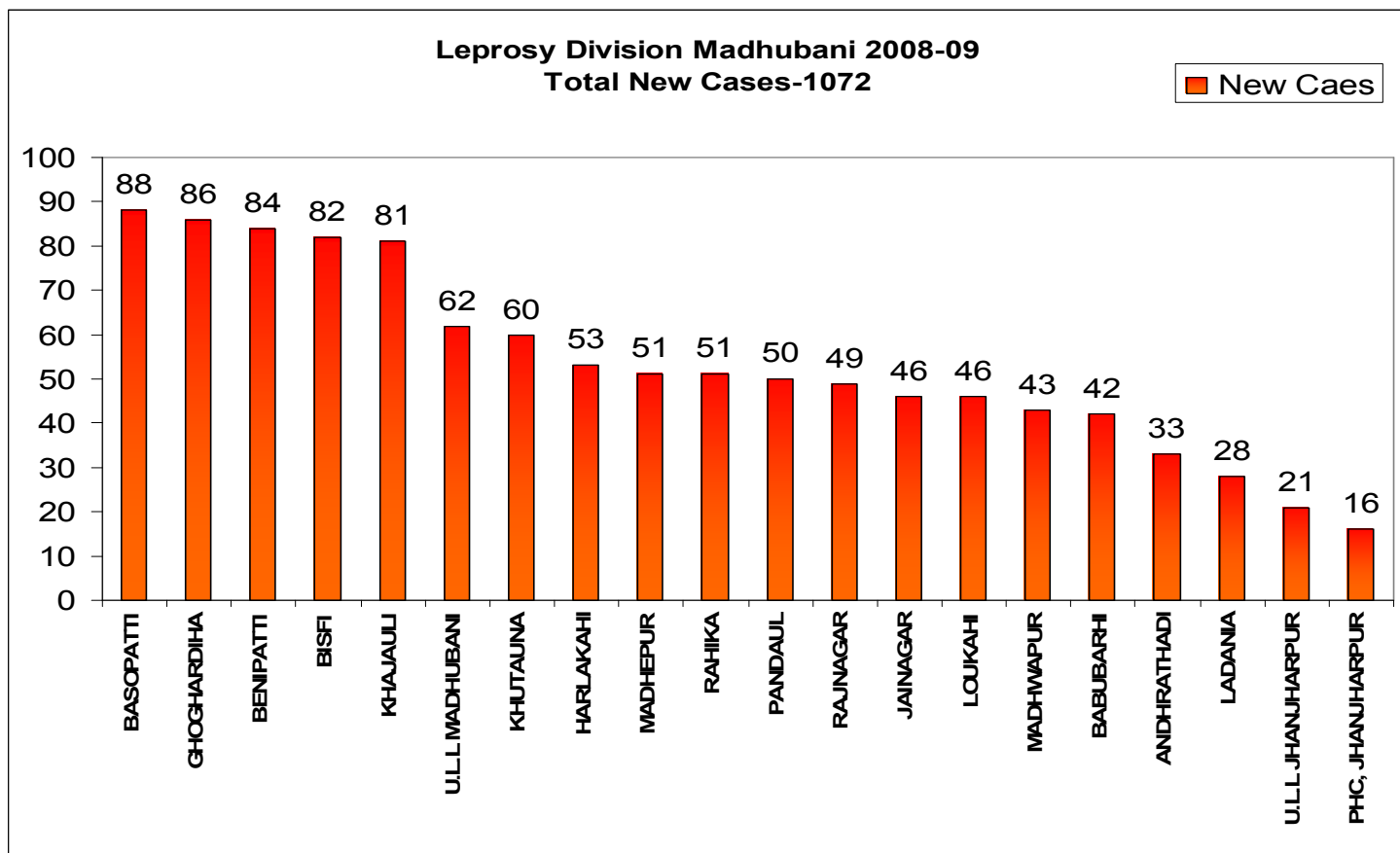
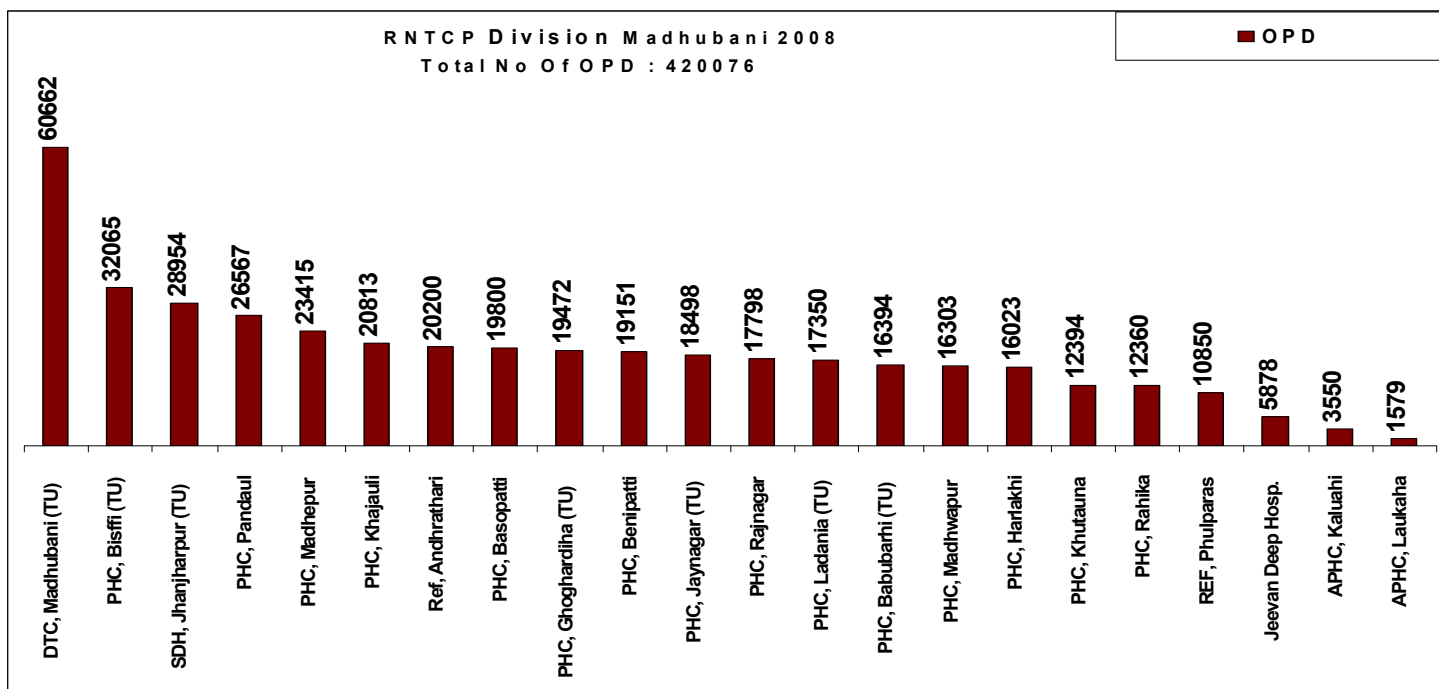


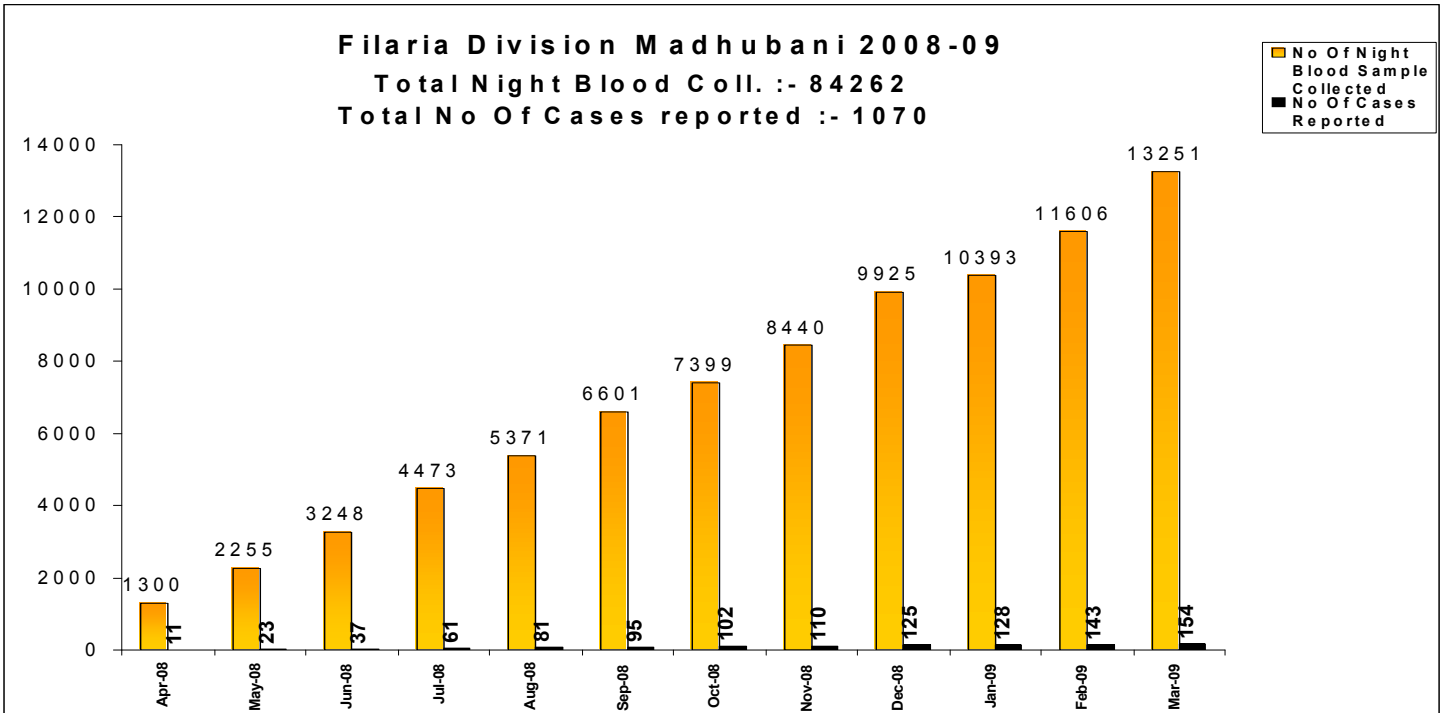
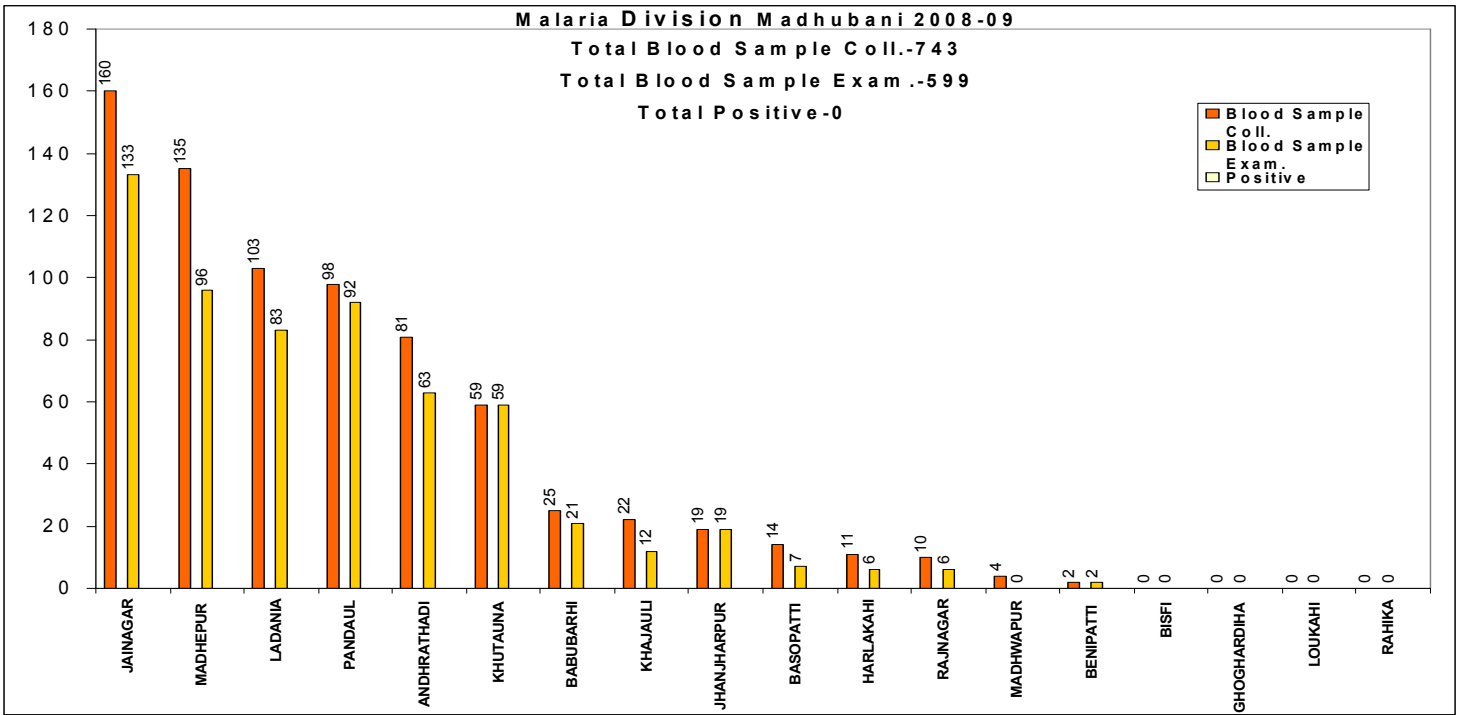


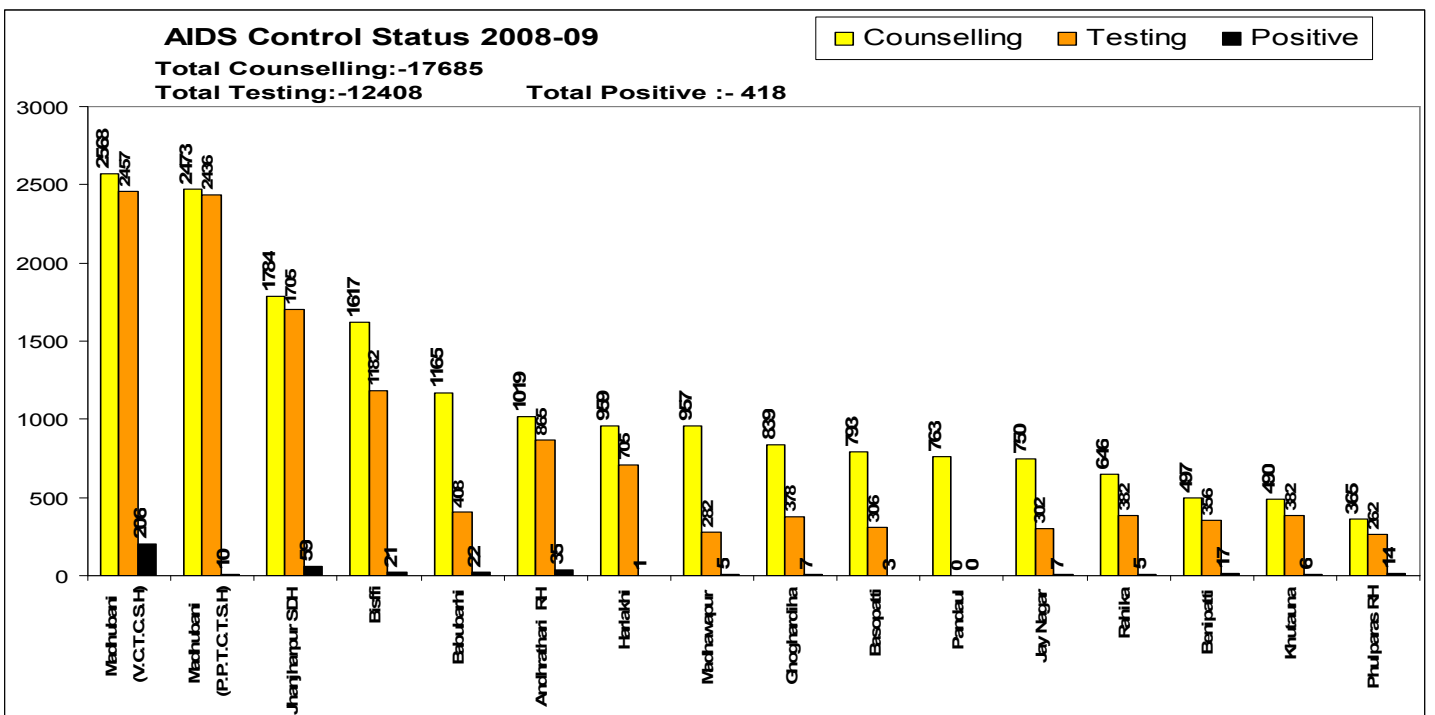
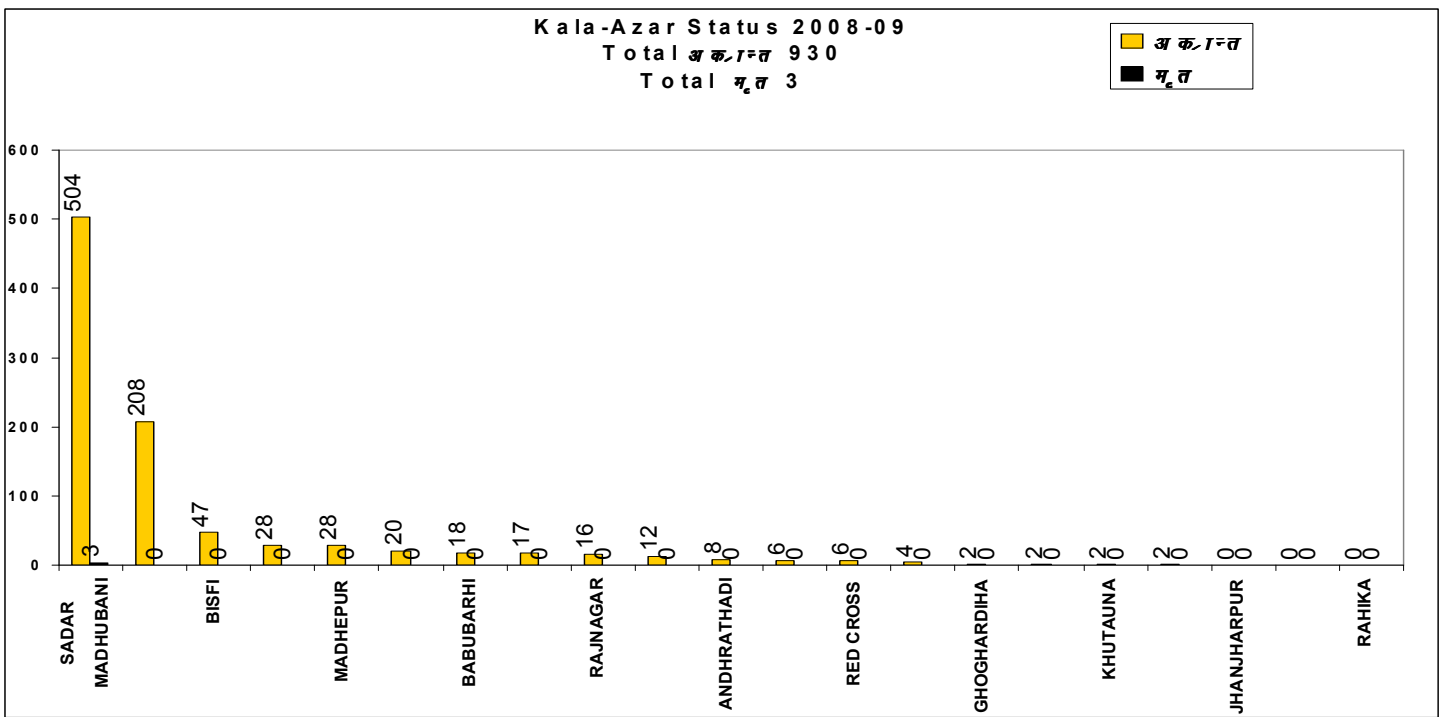






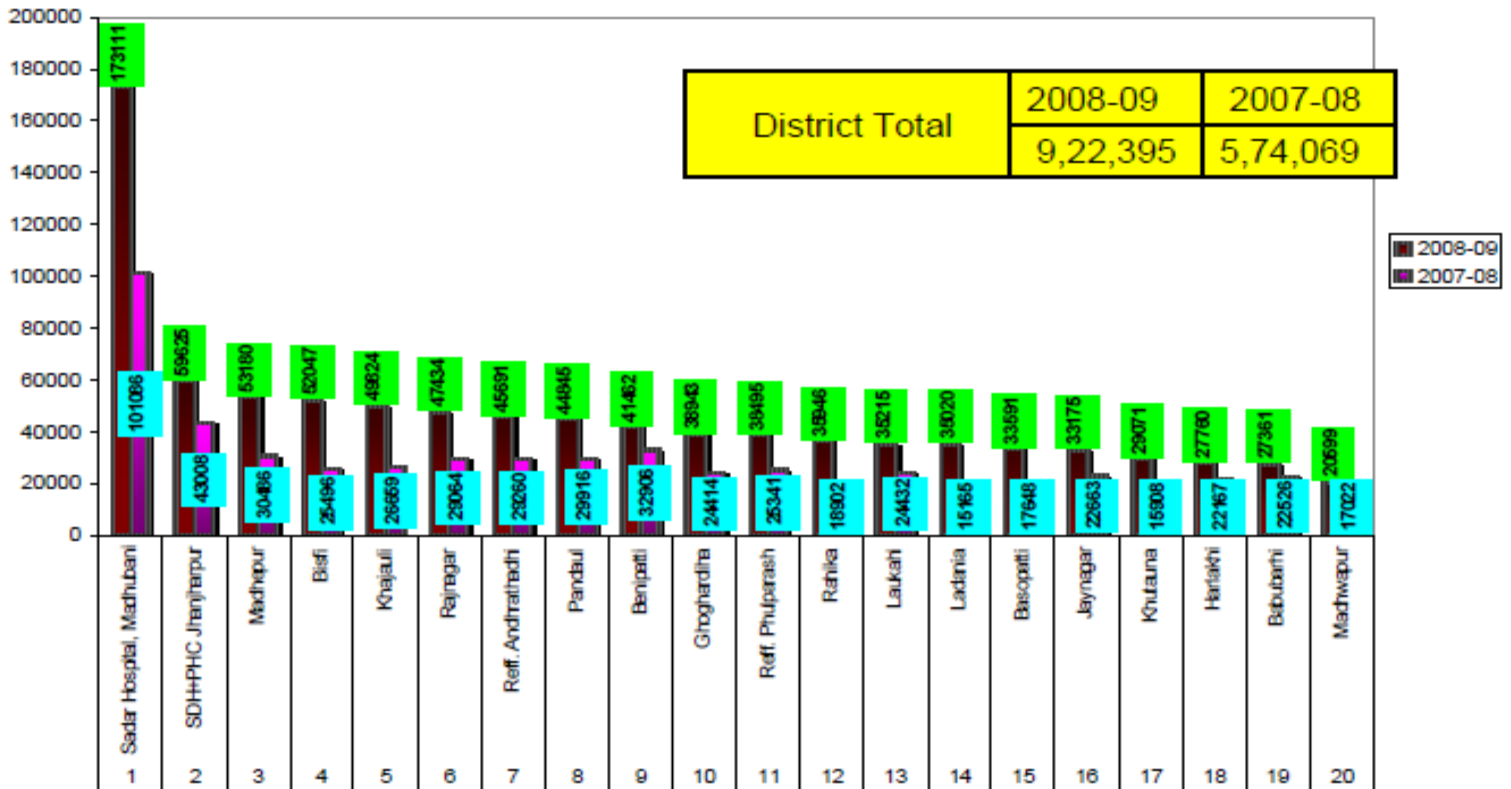




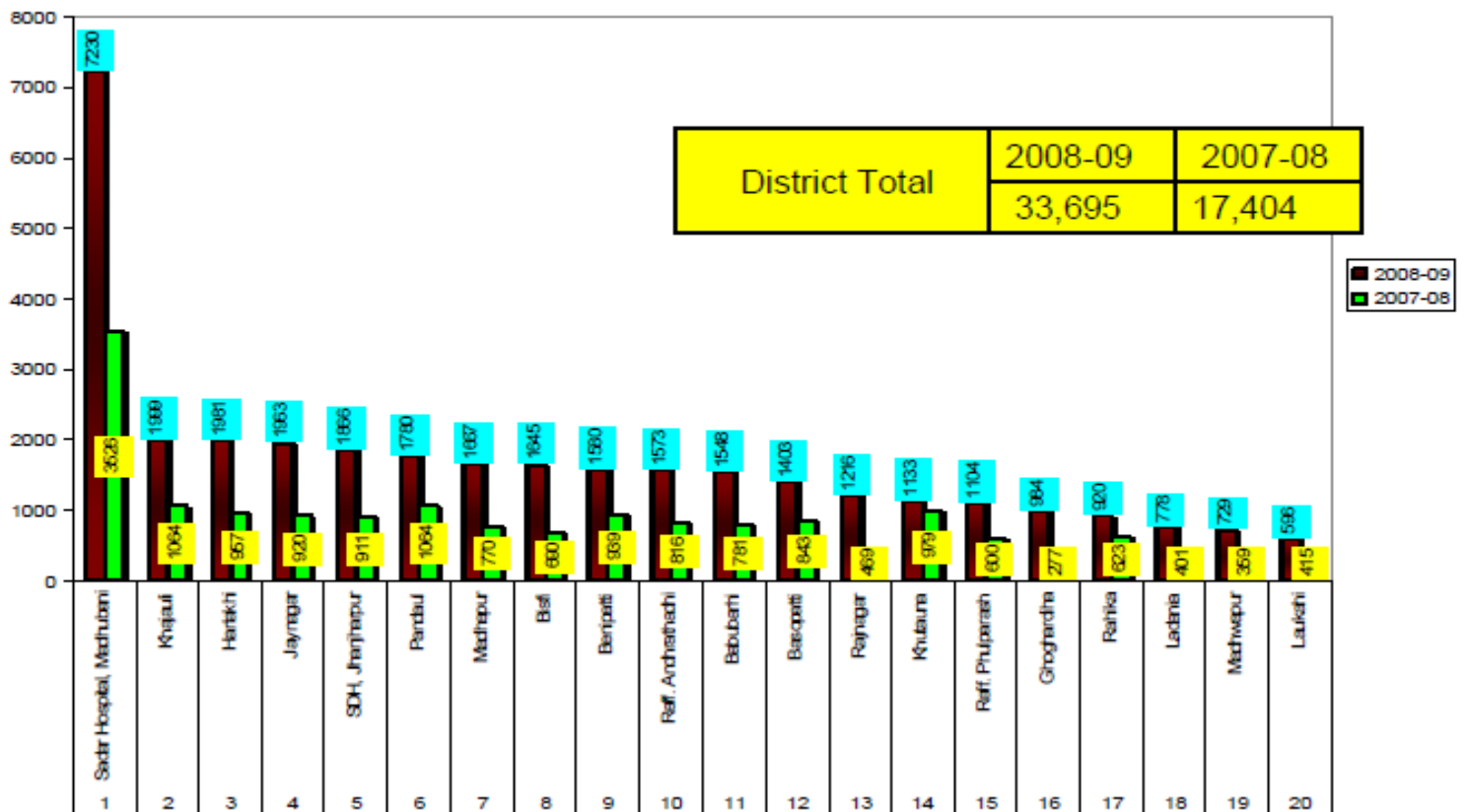


Two Years Achievement Comparisons Of All Program

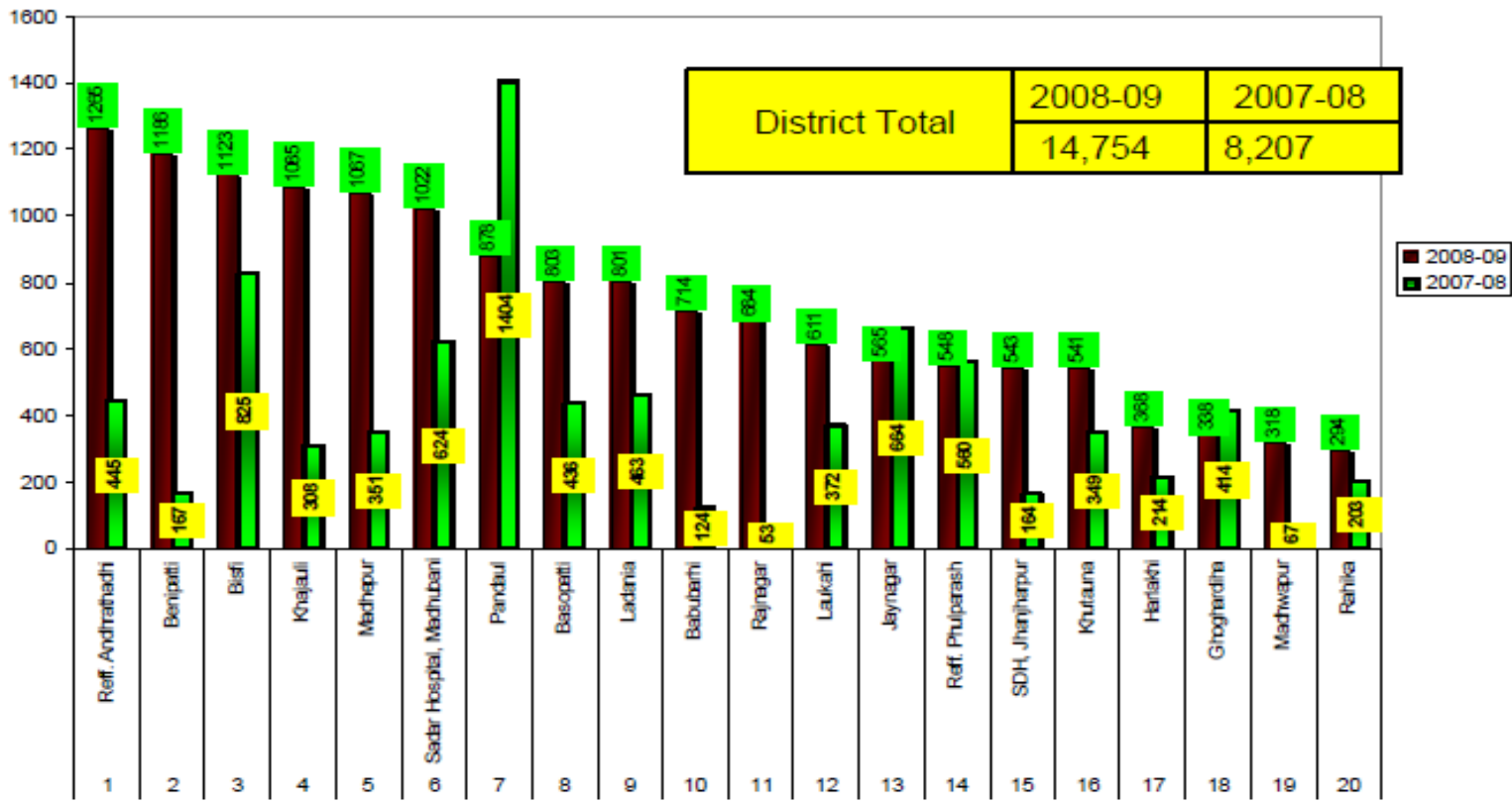
Two Year Performance Comparison
Total Visited Patients



Two Year Performance Comparison Deliver Performance

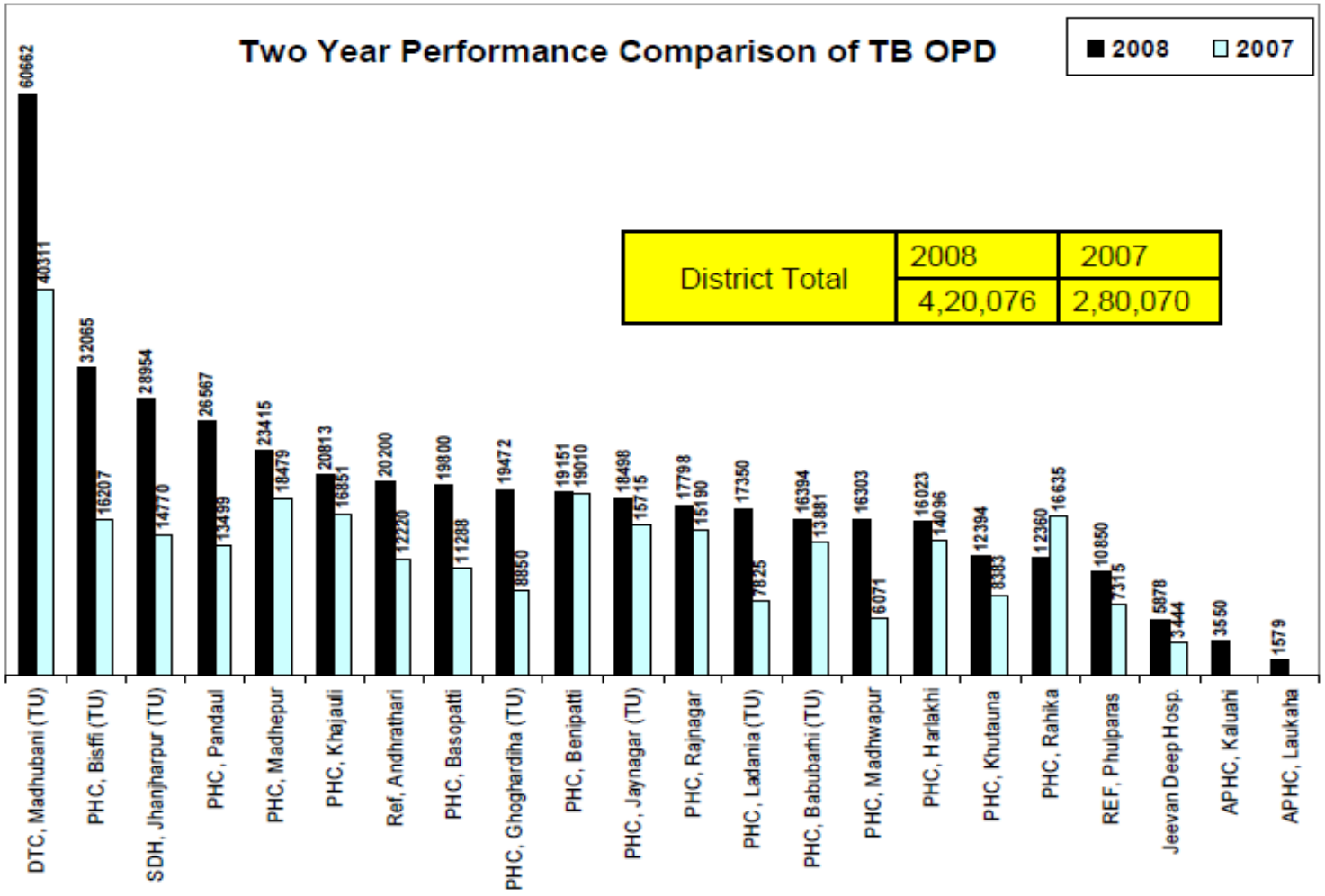


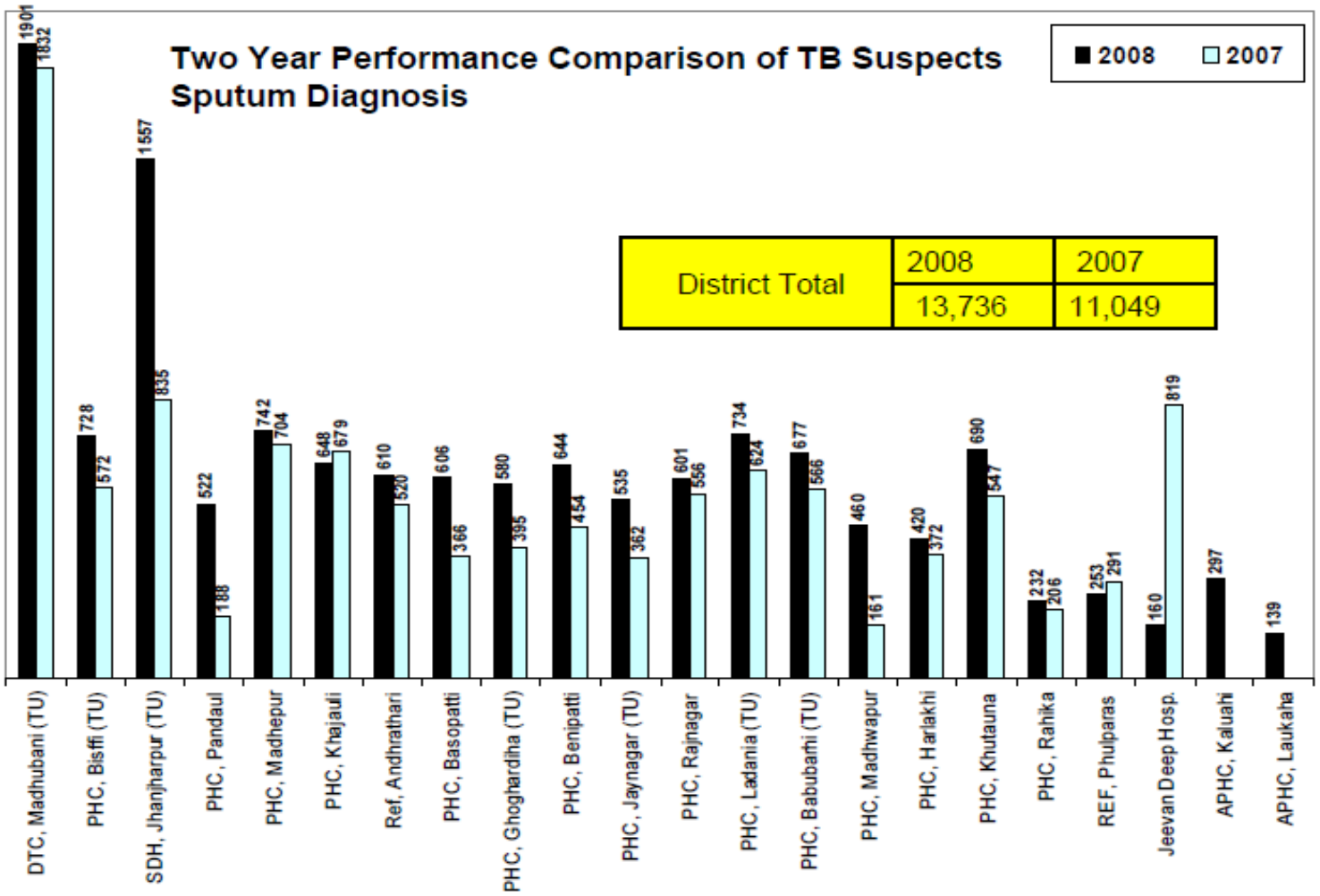
Two Year Performance Comparison family planning

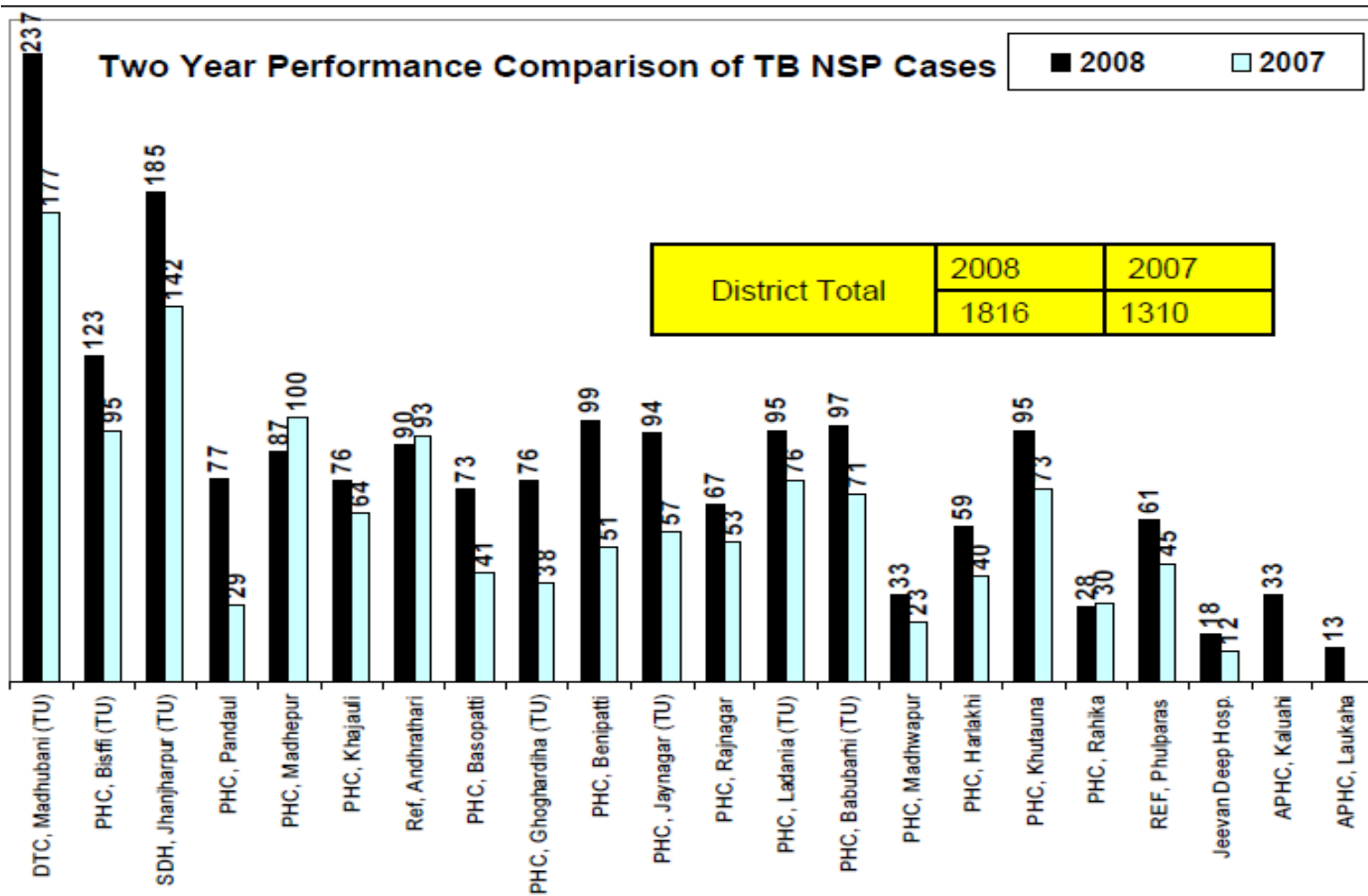


Two Year Performance Comparison of TB OPD

■ 2008 □ 2007

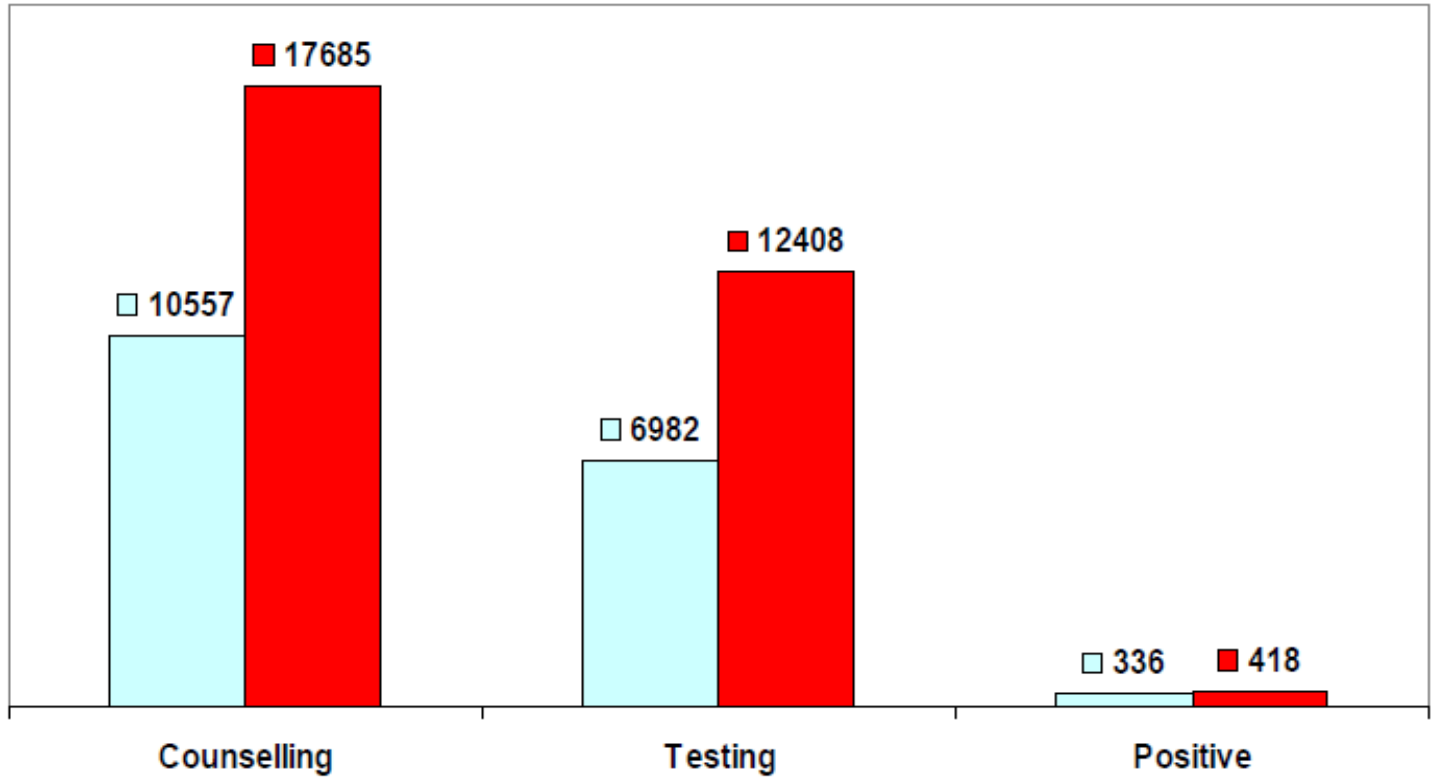






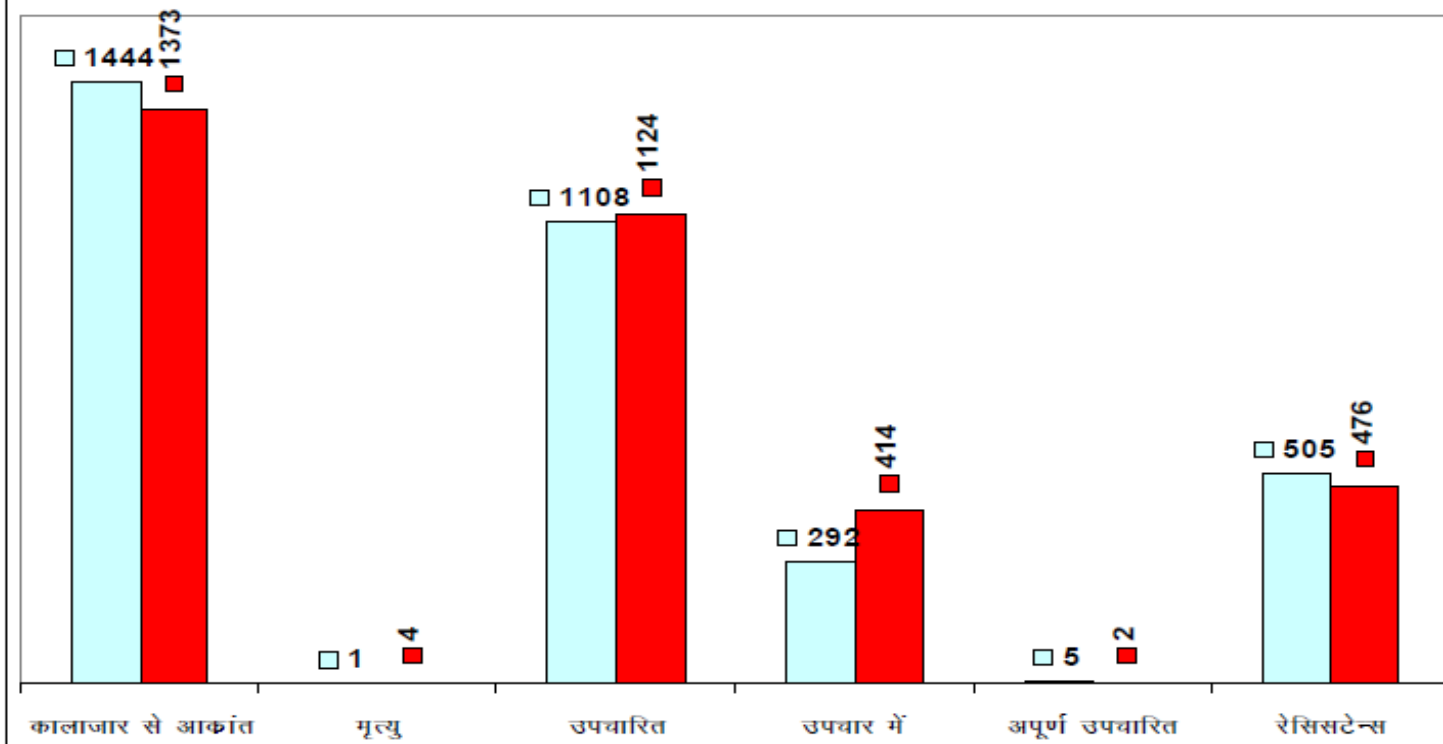
AIDS
Progress for last two years 2007-08, 2008-09

2007-08
2008-09



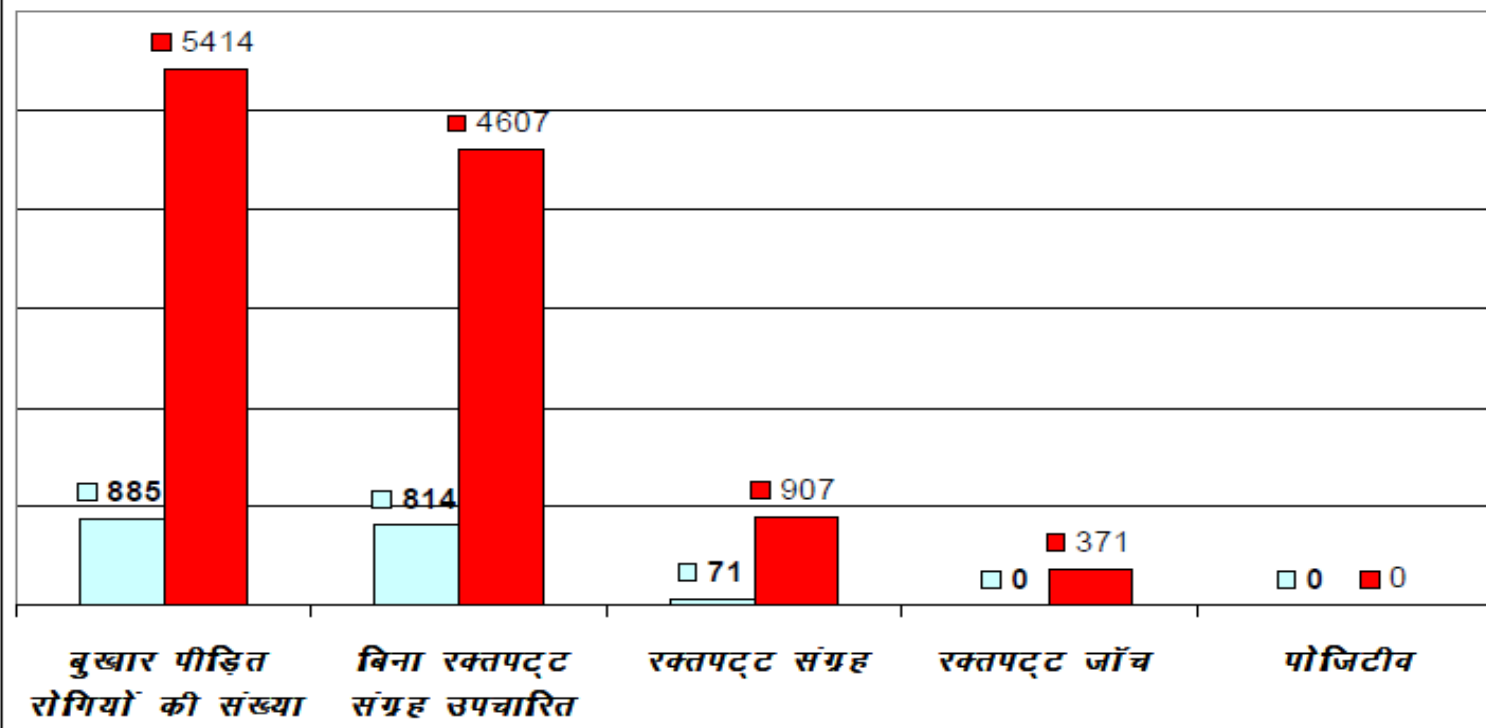
Kala-Azar
Progress for last two years 2007-08, 2008-09

2007-08
 2008-09



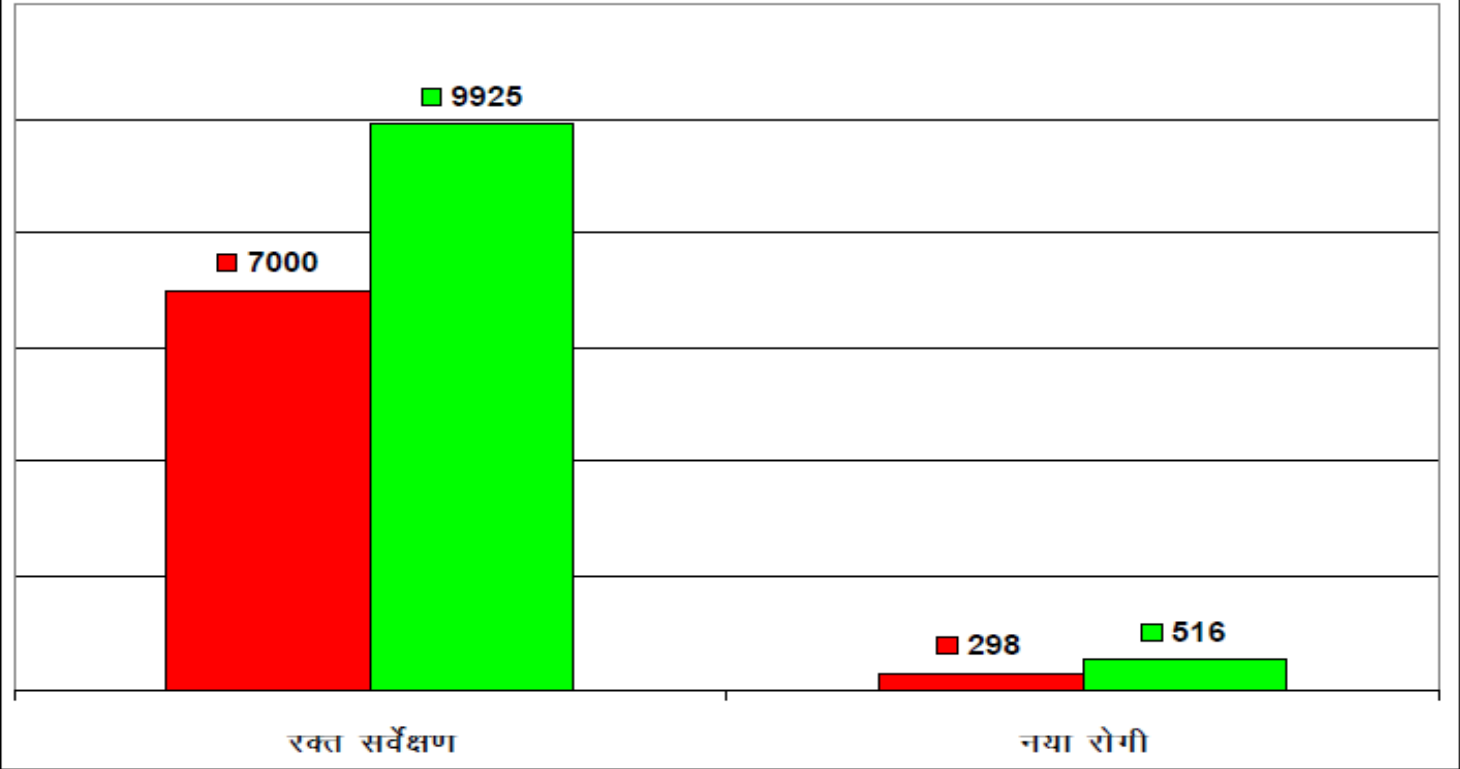
Malaria Progress for last two years 2007-08, 2008-09

■ 2007-08
■ 2008-09



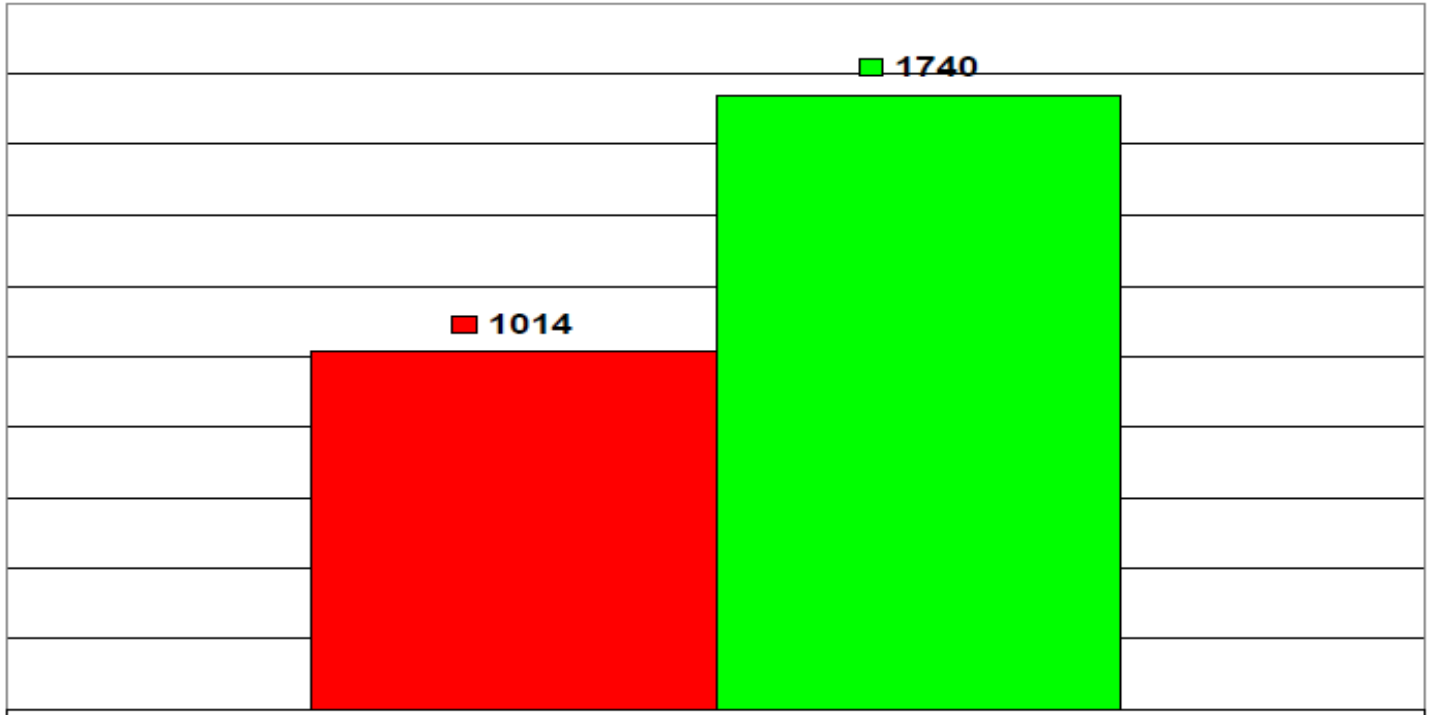
Filaria
Progress for last two years 2007-08, 2008-09

■ 2007-08
■ 2008-09



Blindness Control
Progress for last two years 2007-08, 2008-09

■ 2007-08
■ 2008-09



No. of Cataract Operation done

