DISTRICT PATNA

DISTRICT HEALTH ACTION PLAN

2010-2011

NATIONAL RURAL HEALTH MISSION

GOVERNMENT OF BIHAR

Developed & Designed by :-

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Preface

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 Patna.

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

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

The concept of DHAP recognises the wide variety and diversity of health needs and interventions across the districts. Thus it internalises structural and social diversities such as degree of urbanisation, endemic diseases, cropping patterns, seasonal migration trends, a[illegible] private health sector in the planning and management of public health systems. One area requiring major reforms is the coordinati[illegible]

departments and vertical programmes affecting determinants of health. DHAP seeks to achieve pooling of financial and human resources allotted through various central and state programmes by bringing in a convergent and comprehensive action plan at the district level.

It is our pleasure to present the Patna District Health Action Plan for the year 2010-11. The District Health Action Plan (including the Block 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 Patna district health team.

I am very glad to share that all the BHMs/Block Accountants and Supdt./Dy.Supdt./MOICs of the district along with key district level functionaries ***(DPMU –DPM, Piyush Ranjan, DAM-Brahma Nand Roy & M & E Officer Shiv Krishna Murty, District Health Soiety, Patna)*** for putting his sheer hardwork with dedication to complete the Action Plan on time. 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.

District Magistrate cum Chairman

District Health Society, Patna

Acknowledgements

The commitment to bridge the gaps in the public health care delivery system, has led to the formulation of District Health Action Plans. The collaboration of different departments that are directly or indirectly related to determinants of health, such as water, hygiene and sanitation, will lead to betterment of health care delivery, and to make this collaboration possible actions are to be outlined in the District Health Action Plan. Thus this assignment is a shared effort between the departments of Health and Family Welfare, ICDS, PRI, Water and Sanitation, Education to draw up a concerted plan of action.

The development of a District Action Plan for Patna district of Bihar entailed a series of Consultative Meetings with stakeholders at various levels, collection of secondary data from various departments, analysis of the data and presentation of the existing scenario at a District-level workshop. The District level Workshop was organized to identify district specific strategies based on which the District Action Plan has been prepared by the District & Block Program Management Unit .

We would also like to acknowledge the much needed cooperation extended by the District Magistrate and Deputy Development Commissioner without whose support the conduct of the of district level workshop would not have been possible. Our thanks are due to All the Program officers and Medical officers of the district for their assistance and support from the inception of the project. The involvement of the all the Medical officers played a vital role throughout the exercise enabling a smooth conduct of consultations at block and district levels.

The present acknowledgement would be incomplete without mentioning the participation of representatives and officials from department of Integrated Child Development Services, Panchayati Raj Institution, Education and Water and Sanitation, who actively participated in consultations with great enthusiasm. Without their inputs it would not have been possible to formulate the strategic health action plan for the district. The formulation of this plan being a participatory process, with inputs from the bottom up, the participation of community members at village level proved very helpful. These consultations at grassroots level supplemented the deliberations at block and district levels, adding value to the planning process.

Finally, we would like to appreciate the efforts and supports of all those including PHRN Bihar , Team who were associated with the team for accomplishment of this task and brought the effort to fruition.

Civil Surgeon cum M[illegible] Secy

District Health Soc

Objectives of the DHAP

The aim of the present study is to prepare DHAP based on the broad objective of the NRHM . Specific objectives of the process are:

- To identify critical health issues and concerns with special focus on vulnerable /disadvantage groups and isolated areas and attain consensus on feasible solutions.
- To examine existing health care delivery mechanisms to identify performance gaps and develop strategies to bridge them
- To actively engage a wide range of stakeholders from the community, including the Panchayat, in the planning process
- To identify priorities at the grassroots level and set out roles and responsibilities at the Panchayat and block levels for designing need-based DHAPs
- To espouse inter-sectoral convergence approach at the village, block and district levels to make the planning process and implementation process more holistic

Methodology

Planning process started with the orientation of the different programme officers , MOICs , Block Health Manager and our health workers. Different group meetings were organized and at the same time issues were discussed and suggestions were taken. Simple methodology adopted for the planning process was to interact informally with the government officials, health workers, medical officers, community, PRIs and other key stake holders.

Data Collection:

Primary Data: All the Medical Officers were interacted and their concern was taken in to consideration. Daily work process was observed properly and inputs were taken in account. District officials including CMO, ACMO , DIO, DMO, DLO , RCHO and others were interviewed and their ideas were kept for planning process.

Secondary Data:

Following books, modules and reports were taken in account for this Planning Process:

- RCH-II Project Implementation Plan
- NRHM operational guideline
- DLHS Report
- Report Given by DTC

- Report taken from different programme societies e.g. Blindness control, District
- Leprosy Society, District TB Center , District Malaria Office
- Census-2001
- National Habitation Survey-2003
- Bihar State official website

Tools:

Main tools used for the data collection were:

- Informal In-depth interview
- Group presentation with different district level officials
- Informal group discussions with different level of workers and community representative
- Review of secondary data

Data Analysis:

Primary Data: Data analysis was done manually . All the interviews were recorded and there points were noted down. After that common points were selected out of that.

Secondary Data: All the manuals books and reports were converted in to analysis tables and these tables are given in to introduction and background part of this plan.

SWOT Analysis of the District

STRENGTHS – WEAKNESSES – OPPORTUNITIES – THREATS :

❖ **STRENGTHS**

1. **Involvement of C.S cum CMO : - C.S cum CMO** take interest, guide in every activity of Health programme a involved.

2. Support from District Administration:- District Magistrate and Deputy Development Commissioner take interest in all health programmes and actively participate in activities. They provide administrative support as and when needed. They make involvement of other sectors in health by virtue of their administrative control.

3. Support from PRI(Panchayati Raj Institute) Members :- Elected PRI members of District and Blocks are very co-operative. They take interest in every health programmes and support as and when required. There is an excellent support from Chairman of Zila Parishad They actively participate in all health activities and monitor ,it during their tour programme in field

4. Well established DPMU and BPMU :- Since one year, all the posts of DPMU & BPMU are filled up. Facility for office and automation is very good. All the members of DPMU & BPMU work harmoniously and are hardworking.

5. **Effective Communication: -** Communication is easy with the help of internet facility at block level and land line & Mobile phone facility which is incorporated in most of PHCs of the district.

6 .Facility of vehicles: - Under the Muskan Ek Abhiyan programme every Block have the vehicles for monitoring .

7. **Support from media: -** Local newspapers and channel are very co-operative for passing messages as and when required. They also personally take interest to project good and worse things which is very helpful for administration to take corrective measures.

❖ WEAKNESS

1. **Lack of Consideration in urban area: - Urban** area has got very poor health infrastructure to provide health services due to lack of manpower. Even Urban Slum are not covered under Urban Health scheme (Urban Health Scheme is not implemented by the GOB for Patna district) which cover urban Population.

2. **Non availability of specialists at Block level: -** As per IPHS norms, there are vacancies of specialists in most of the PHCs . Many a times only Medical Officer is posted, they are busy with routine OPD and medico legal work only, so PHC do not fulfill the criteria of ideal referral centers and that cause force people to avail costly private services.

3. Non availability of ANMs at PHCs to HSCs level - As per IPHS norms, there are vacancies of ANMs in most of the HSCs . Out of 418 Sanctioned post of contractual ANMs only 353 ANMs are Selected so HSCs do not fulfill the criteria of ideal Health Sub Centre and that cause force people to travel up to PHCs to avail basic health services.

4. Apathy to work for grass root level workers: - Since long time due to lack of monitoring at various level grass root level workers for work. Even after repeated training desired result has not been achieved. Most of the MO, Paramedical & other Health wo

HQ. Medical Officers, who are supposed to monitor the daily activity of workers do not take any interest to do so. For that reason workers also do not deliver their duties regularly and qualitatively. Due to lack of monitoring & supervision some aim, object & program is suffering alot.

5. Lack of proper transport facility and motarable roads in rural area :- There are lack of means of transport and motarable roads in rural areas. Rural roads are ruled by 'Jogad', a hybrid mix of Motor cycle and rickshaw, which is often inconvenient mean of transport. The fact that it is difficult to find any vehicle apart from peak hours is still the case in numerous villages.

6. Illiteracy and taboos:-The literacy rate in rural area has still not reached considerable mark. Especially certain communities have constant trend of high illiteracy. This causes prevalence of various taboos that keep few communities from availing benefits of health services like immunization or ANC, institutional delivery…etc.

❖ OPPORTUNITIES

1. Health indicator in Patna district is not satisfactory . Services like Institutional delivery, Complete Immunization , Family Planning, Complete ANC, School Health activity , Kala-azar eradication may required to be improved. So there are opportunities to take the indicator to commendable rate of above 75+% by deploying more efforts and will.

2. Introduction of PPP Scheme: Through introduction of PPP Scheme we can overcome shortfall of specialist at Block level.

3. **Involvement of PRIs: -** PRI members at district, Block and village level are very co-operative to support the programmes. Active involvement of PRI members can help much for acceptance of health care deliveries and generation of demand in community.

4. improvement of infrastructure: -. With copious funds available under NRHM, there is good opportunity to make each health facility neat and clean, Well Equipped and Well Nurtured.

❖ THREATS

1. Flow of information if not properly channeled to the grass root stakeholder

2. Natural calamities like every year flood adversely affected the progress of Health Programme.

Patna District At A Glance

S.No.	Variable	Data
1	Total Area	3202 Sq. km
2	Population (in thousands)	4710
3	Total population	47,09,851
4	Male Population	25,14,949
5	Female Population	21,94,902
6	No of Eligible couples	8,94,872
7	Children (0-6 years)	7,95,842
8	SC population	7,30,026
9	ST population	960
10	BPL Population	1422375
11	Sex Ratio	873 : 1000
12	Total literacy	63.82%
13	Male literacy	73.18%
14	Female literacy	52.17%
15	Total No of blocks	23
16	Total no. of Gram Panchayats	328
17	Number of villages	1451
18	No. of PHCs	23
19	No. of Ref. Hospital	4
20	No. of Sub. Div. Hospital	3
21	Population density	1405 per sq km
22	Total No. of Sub-divisions	6
23	Total N. of blocks	23
24	Total No. of BHMs/Accountant	23/23
25	Total Sub-Centres (Sanc./Functional)	418/393
26	Total APHCs (Sanc./Functional)	96/60
27	Total Number of Anganwadi centres (Sanc./Functional)	3937/3

Existence of Health Sub-centres-Patna District

S.No	Block Name	Population	Sub-centres required	Sub-centers present	Sub-centers proposed	Further sub-centers required	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	Patna Sadar	215267	45	21	3	24	13	8	Y (2)
2	Phulwarisharif	285417	63	17	30	30	6	11	N
3	Sampatchak	112834	21	12	17	5	2	10	Y(5)
4	Danapur	230017	12	24	20	42	7	17	N
5	Maner	250324	48	21	17	10	4	17	N
6	Bihta	259025	39	27	39	0	6	21	N
7	Bikram	172418	30	15	26	0	4	11	N
8	Dulhin Bazar	124765	24	12	20	11	4	6	N
9	Paliganj	270730	0	28	51	0	21	7	N
10	Naubatpur	201829	5	24	46	4	2	18	Y
11	Punpun	155143	0	25	29	0	8	17	N
12	Masaurhi	112834	11	26	36	11	4	22	N
13	Dhanarua	214854	11	21	47	11	6	15	Y (6)
14	Fatuha	191229	21	16	21	0	3	13	N
15	Daniyawan	79657	16	7	16	0	1	6	N
16	Khusrupur	94752	20	9	20	0	0	9	N
17	Bakhtiyarpur	230017	3	24	18	1	19	5	Y (1)
18	Barh	131045	27	11	20	5	6	5	N
19	Athmalgola	65312	0	6	8	2	2	4	N
20	Belchi	69700	0	6	12	0	2	3	N
21	Pandarak	156173	27	19	16	0	7	12	N
22	Mokama	206338	6	12	6		3	9	N
23	Ghoswari	69890	0	10	6	0	0	9	N
	Total	3899570	429	393	524	156	130	263	Y (14), N(250)

The above table clearly reflects the status of HSC's in Patna District i.e Out of 418 Sanctioned SC's, only 393 are functional. Also the av
Builiding for HSC's is only 130 and 263 are running in Rented Building. Also the availability status of land for new HSC Const. is very

Block Wise Sub-Centre Status Details

Name of the Block : 1. Patna Sadar

No	Sub-Centre Name	ANMs (R)/© posted formally	ANMs (R)/ © in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Digha	1©+1®	1©+1®	Rent	++	NA	NA	N	#	NA
2	Nakta Diyara	1+1	1+1	Rent	++	NA	NA	N	#	Y
3	Bindauli	1+1	1+1	Pan	++	NA	NA	N	#	Y
4	Banskothi	1+1	1+1	Pan	++	NA	NA	N	#	Y
5	I.T.I.	1+1	1+1	Rent	++	NA	NA	N	#	Y
6	Makhdumpur	1+1	1+1	Pan	++	NA	NA	N	#	Y
7	Mainpura	1+1	1+1	Pan	++	NA	NA	N	#	Y
8	KausalNagar	1+1	1+1	Pan	++	NA	NA	N	#	Y
9	Khajpura	1+1	1+1	Pan	++	NA	NA	N	#	Y
10	Nathachak	1+1	1+1	Pan	++	NA	NA	N	#	Y
11	Poonadih	1+1	1+1	Rent	++	NA	NA	N	#	Y
12	Banstal	1+1	1+1	Rent	++	NA	NA	N	#	Y
13	Marcha	1+1	1+1	Rent	++	NA	NA	N	#	Y
14	Marchi	1+1	1+1	Pan	++	NA	NA	N	#	Y
15	Mahuli	1+1	1+1	Rent	++	NA	NA	N	#	Y
16	Gauharpur	1+1	1+1	Govt	++	NA	NA	N	#	Y
17	Kankothia	1+1	1+1	Rent	++	NA	NA	N	#	Y
18	Hiranandpur			Rent	++	NA	NA	N	#	Y
19	Sonama	1+1	1+1	Pan	++	NA	NA	N	#	Y
20	Kothiya	1+1	1+1	Pan	++	NA	NA	N	#	Y
21	Fatehpur	1+1	1+1	Rent	++	NA	NA	N	#	

Name of the Block : 2. Phulwarisharif

No	Sub-centre Name	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	PASHI	19	YES	R ,C	GOVT.	+ +	NA	NA	N	#	+ +
2	KORJI	5	YES	R,C	RENT	#	NA	NA	N	#	+ +
3	BHUSAUL	8	YES	R,C	GOVT.	+ +	NA	NA	N	#	+ +
4	GONPUR	10	YES	R,C	GOVT.	+ +	NA	NA	N	#	+ +
5	KORIAYA	10	YES	C	RENT	+ +	NA	NA	N	#	+ +
6	Hasanpur	4	YES	R,C	RENT	+ +	NA	NA	N	#	+ +
7	Dhibra	5	YES	C	RENT	+ +	NA	NA	N	#	+ +
8	Kurkuri	5	YES	R, C	GOVT.	+ +	NA	NA	N	#	+ +
9	tarwa	10	YES	R, C	RENT	+ +	NA	NA	N	#	+ +
10	Suitha	6	R,C	R,RC	RENT	+ +	NA	NA	N	#	+ +
11	Chilbilli	12	R	R	GOVT.	+ +	NA	NA	N	#	+ +
12	Simra	5	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +
13	Parsa	8	C	C	GOVT.	+ +	NA	NA	N	#	+ +
14	Kurkuri	8	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +
15	Bhupattipur	4	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +
16	Pakri	5	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +
17	dashratha	3	R,C	R, C	RENT	+ +	NA	NA	N	#	+ +

Name of the Block : 3. Sampatchak

No	Sub-centre Name	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Bairiya	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
2	Elahibag	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
3	Bahuara	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
4	Allabakaspur	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
5	Lanka kachura	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
6	Kandap	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
7	Manoharpur kachuhara	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
8	Taranpur	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
9	Khemnichak	1©+1®	1©+1®	Rent	#	NA	NA	N	#	NA
10	Dariapur	1©+1®	1©+1®	Rent	#	NA	NA	N	#	
11	Bhelwara	1©+1®	1©+1®	Rent	#	NA	NA	N	#	
12	Udaini	1©+1®	1©+1®	Rent	#	NA	NA	N	#	

Name of the Block : 4. Danapur

Sl.No.	Sub-Centre Name	No of G.P. at/Villages Served	ANMs (R)/© posted formally	ANMs (R)/ © in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Manas	6	---	1/1	Rent	#	NA	NA	N	#	NA
2	Hawaspur	5	---	1/1	Rent	#	NA	NA	N	#	NA
3	Ganghara	12	---	1/1	Pan	+++	A	NA	N	#	NA
4	Kasimchak	6	---	1/1	Rent	#	NA	NA	N	#	NA
5	Naya Panapur	7	---	1/0	Rent	+++	A	NA	N	#	NA
6	Purana Panapur	13	---	1/1	Rent	+++	A	NA	N	#	NA
7	Adhin Tola	8	---	1/0	Govt	++	A	NA	N	#	NA
8	Bisun Pur	8	-	1/0	Rent	#	NA	NA	N	#	NA
9	Hetanpur	13	-	1/1	Govt	+++	A	NA	N	#	NA
10	Chakiya Tola	2	-	1/1	Rent	#	A	NA	N	#	NA
11	Noorpur	10	-	1/1	Rent	#	A	NA	N	#	NA
12	Mubarakpur	1	-	1/1	Rent	#	A	NA	N	#	NA
13	Usri	3	-	1/1	Govt.	#	A	NA	N	#	NA
14	Shikarpur	9	-	1/1	Rent	#	A	NA	N	#	NA
15	Jamsaut	12	-	1/1	Rent	#	A	NA	N	#	NA
16	Bhagwatipur	4	-	1/1	Rent	#	A	NA	N	#	NA
17	Senari	6	-	1/1	Rent	#	A	NA	N		

18	Makdumpur	10	-	1/0	Rent	#	A	NA	N	#	NA
19	Jamaludinchak	14	-	1/1	Rent	#	A	NA	N	#	NA
20	Shivalapar	4	-	1/0	Rent	#	A	NA	N	#	NA
21	Rukunpura	6	-	1/1	Pan	#	A	NA	N	#	NA
22	Gosai Tola	1	-	1/1	Rent	#	A	NA	N	#	NA
23	Rupaspur	8	-	1/1	Rent	#	A	NA	N	#	NA
24	Kothw	8	-	1/1	Rent	#	A	NA	N	#	NA
25	S.P.K Khagaul	1	-	1/0	Govt	#	A	NA	N	#	NA

Name of the Block : 5. Maner

Sl.No.	Sub-Centre Name	ANMs (R)/© posted formally	ANMs (R)/ © in position	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Sarari	2	2	Govt.	+++	A	NA	Y	+	NA
2	Balua	2	2	Rent	#	NA	NA	Y	#	NA
3	Chitnawa	2	2	Rent	#	NA	NA	Y	#	NA
4	Sherpur	2	2	Rent	#	NA	NA	Y	#	NA
5	Dost Nagar	2	1	Rent	#	NA	NA	Y	#	NA
6	Darweshpur	2	2	Govt.	+	NA	NA	Y	#	NA
7	Maulanipur	1	1	Rent	#	NA	NA	Y	#	NA
8	Jivarakhantola	2	1	Rent	#	NA	NA	Y	#	
9	Nagwa	2	1	Rent	#	NA	NA	Y	#	

10	Sikandarpur	1	1	Rent	#	NA	NA	Y	#	NA
11	Baank	2	2	Rent	#	NA	NA	Y	#	NA
12	Mahinawa	2	2	Rent	#	NA	NA	Y	#	NA
13	Maulani Nagar	1	1	Govt.	+++	NA	NA	Y	#	NA
14	Madhopur	2	2	Rent	#	NA	NA	Y	#	NA
15	Suarmarwa	2	2	Govt.	+	NA	NA	Y	#	NA
16	Rambad	2	1	Rent	#	NA	NA	Y	#	NA
17	Hulasitola	2	1	Rent	#	NA	NA	Y	#	NA
18	Hathitola	2	2	Rent	#	NA	NA	Y	#	NA
19	Dudhaila	2	1	Rent	#	NA	NA	Y	#	NA
20	Haldi Chapra	2	2	Rent	#	NA	NA	Y	#	NA
21	Chianthar	2	2	Rent	#	NA	NA	Y	#	NA

Name of the Block : 6. Bihta

No	Sub-centre Name	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Parew	1+1	1+1	Rent	#	NA	NA	Y	#	NA
2	Dumri	1+1	1+1	Rent	#	NA	NA	Y	#	NA
3	katesher	1+1	1+1	Rent	#	NA	NA	Y	#	NA
4	Devkuli	1+1	1+1	Rent	#	NA	NA	Y	#	
5	Bishambharpur	1+1	1+1	Rent	#	NA	NA	Y	#	

6	Painathi	1+1	1+1	Rent	#	NA	NA	Y	#	NA
7	Bahapura	1+1	1+1	Govt	+++	A	A	Y	#	NA
8	Doghra	1+1	1+0	Rent	#	NA	NA	Y	#	NA
9	Sikandarpur	1+1	1+1	Rent	#	NA	NA	Y	#	NA
10	SIKARIYA	1+1	1+1	Rent	#	NA	NA	Y	#	NA
11	JINPURA	1+1	1+1	Rent	#	NA	NA	Y	#	NA
12	SRICHANDPUR	1+1	1+1	Govt	+++	A	A	Y	#	NA
13	Bishanpura	1+1	1+0	Govt	+++	A	A	Y	#	NA
14	Painal	1+1	1+1	Rent	#	NA	NA	Y	#	NA
15	Pandeypur	1+1	1+0	Rent	#	NA	NA	Y	#	NA
16	Bela	1+1	1+1	Rent	#	NA	NA	Y	#	NA
17	Amahara	1+1	1+1	Govt	+++	A	A	Y	#	NA
18	Kanchanpur	1+1	1+1	Rent	#	NA	NA	Y	#	NA
19	Neura	1+1	1+0	Rent	#	NA	NA	Y	#	NA
20	Anandpur	1+1	1+1	Rent	#	NA	NA	Y	#	NA
21	Dariyapur	1+1	1+1	Rent	#	NA	NA	Y	#	NA
22	Kunjawa	1+1	1+1	Rent	#	NA	NA	Y	#	NA
23	Bilap	1+1	1+1	Rent	#	NA	NA	Y	#	NA
24	Ramtari	1+1	1+1	Govt	+++	A	A	Y	#	NA
25	Lai	1+1	1+1	Govt	+++	A	A	Y	#	NA
26	Bindaul	1+1	1+1	Rent	#	NA	NA	Y	#	NA
27	kauriya	1+1	1+1	Rent	#	NA	NA	Y	#	

Name of the Block : 7. Bikram

No	Sub-centre Name	ANMs (R)/(C) posted formally	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	GORAKHARI	1®	RENT	#	NA	NA	N	#	AVERAGE
2	SARWA BHADSARA	1R,1C	RENT	#	NA	NA	N	#	Average
3	MAHAJPURA	1R,1C	RENT	#	NA	NA	N	#	AVERAGE
4	GOPALPUR	1R,1C	RENT	#	NA	NA	N	#	AVERAGE
O	BERI	1R,1C	RENT	#	NA	NA	N	#	AVERAGE
6	DANARA	1R,1C	RENT	#	NA	NA	N	#	AVERAGE
7	PAINAPUR	1R	RENT	#	NA	NA	N	#	AVERAGE
8	KANPA	1R,1C	GOVT	+	NA	NA	N	#	AVERAGE
9	PATUT	1R,1C	GOVT	+	NA	NA	N	#	AVERAGE
10	NISARPURA	1R,1C	RENT	#	NA	NA	N	#	AVE

Name of the Block : 8. Dulhin Bazar

No	Sub-centre Name	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Sadawah	R – 1 C - 1	Rent	#	NA	NA	Y	#	NA
2	Achua	R – 1 C - 1	Govt.	+	NA	NA	Y	#	NA

3	Dihuli	C - 1	Rent	#	NA	NA	Y	#	NA
4	Sorampur	C - 1	Pan	#	NA	NA	Y	#	NA
5	Rajipur	C - 1	Rent	#	NA	NA	Y	#	NA
6	Jamui	C - 1	Govt.	#	NA	NA	Y	#	NA
7	Lala Bhadsara	C - 1	Govt.	#	NA	NA	Y	#	NA
8	Singhara		Rent	#	NA	NA	-	#	NA
9	Dulhin Bazar		Govt. PHC Building	#	NA	NA	-	#	NA
10	Kab	C - 1	Rent	#	NA	NA	Y	#	NA
11	Harerampur	C - 1	Rent	#	NA	NA	Y	#	NA
12	Sihi	C - 1	-	#	NA	NA	Y	#	NA
13	Ular		-	#	NA	NA	-	#	NA
	Total	R-2, C-10	Govt- 4 Rent-6 Pan- 1	#- 13	NA- 13	NA	Y- 10	#- 13	NA

Name of the Block : 9. Paliganj

No	Sub-centre Name	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Milki		1	1	Rent	+++	A	NA	Y	++	YES
2	Kalyanpur		1	1	Rent	+++	A	NA	Y	++	YES
3	Jalpura			1	Rent	+++	A	NA	Y	++	NA
4	Masaudha			1	Govt.	+++	A	NA	Y	++	YES
5	Ankuri			1	Govt.	+++	A	NA	Y	++	NA
6	Siyaampur			1	Govt.	+++	A	NA	Y	++	NA
7	PiparDaha			1	Govt.	+++	A	NA	Y	++	NA
8	Ranipur			1	Govt.	+++	A	NA	Y	++	NA
9	Sehra			1	Govt.	+++	A	NA	Y	++	YES
10	Madhwa			1	Govt.	+++	A	NA	Y	++	YES
11			1	1	Govt.	+++	A	NA	Y	++	YES
12	Mundika			1	Govt.	+++	A	NA	Y	++	

13	Nijhra			1	Govt.	+++	A	NA	Y	++	YES
14	Sigori		1		Rent	+++	A	NA	Y	++	YES
15	Chiksi			1	Rent	+++	A	NA	Y	++	YES
16	Noriya			1	Rent	+++	A	NA	Y	++	YES
17	Naddari			1	Rent	+++	A	NA	Y	++	YES
18	Bahadurpur			1	Govt.	+++	A	NA	Y	++	YES
19	Imamganj			1	Govt.	+++	A	NA	Y	++	YES
20	Akabarpur		1	1	Govt.	+++	A	NA	Y	++	YES
21	Sikariya			1	Govt.	+++	A	NA	Y	++	YES
22	Rampur Nagma		1		Govt.	+++	A	NA	Y	++	YES
23	Chauri			1	Govt.	+++	A	NA	Y	++	YES
24	Meta			1	Govt.	+++	A	NA	Y	++	YES
25	Thodi			1	Govt.	+++	A	NA	Y	++	YES
26	Samda			1	Govt.	+++	A	NA	Y	++	
27	Raghunathpur		1	1	Rent	+++	A	NA	Y	++	

Name of the Block : 10. Naubatpur

No	Sub-centre Name	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Bara	1	1	Rent	#	NA	NA	Y	#	A
2	Pitwash	1	1	Rent	#	NA	NA	Y	#	NA
3	Amarpura	1	1	Govt	++	NA	NA	Y	++	A
4	Dariyapur	1	1	Rent	#	NA	NA	Y	#	NA
5	Karanja	1	1	Rent	#	NA	NA	Y	#	NA
6	Nabhi	1	1	Govt	++	NA	NA	Y	++	A
7	Chesi	1	1	Rent	#	NA	NA	Y	#	A
8	Bari Tangrilla	1	1	Rent	#	NA	NA	Y	#	NA
9	Jamalpura	1	1	Rent	#	NA	NA	Y	#	NA
10	Dhobiya Kalapur	1	1	Govt	++	NA	NA	Y	++	A
11	Sekhpura	1	1	Rent	#	NA	NA	Y	#	NA
12	Dewara	1	1	Rent	#	NA	NA	Y	#	NA
13	Sarasat	1	1	Rent	#	NA	NA	Y	#	NA
14	Nagwan	1	1	Govt	++	NA	NA	Y	++	A
15	Gopalpur	1	1	Govt	++	NA	NA	Y	++	NA
16	Gonawan	1	1	Govt	++	NA	NA	Y	++	NA
17	Piplawan	1	1	Rent	#	NA	NA	Y	#	
18	Chiroura	1	1	Rent	#	NA	NA	Y	#	

19	Ahuara	1	1	Rent	#	NA	NA	Y	#	NA
20	Sahar Rampur	1	1	Rent	#	NA	NA	Y	#	NA
21	Akbarpur	1	1	Rent	#	NA	NA	Y	#	NA
22	Karai	1	1	Rent	#	NA	NA	Y	#	NA
23	Ajawan	1	1	Rent	#	NA	NA	Y	#	NA
24	Salarpur	1	1	Rent	#	NA	NA	Y	#	NA

Name of the Block : 11. Punpun

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of Furnitures
1	HQ	5680	3	R	R	GOVT.		NA	NA	Y	#	-
2	PAIMAR	5436	5	R+C	1+1	GOVT.		NA	NA	Y	#	-
3	BEHRAWAN	4888	09	R+C	(R)	RENT		NA	NA	Y	#	-
4	ALLAUDDIN CHAK	4750	5	R+C	R+C	RENT		NA	NA	Y	#	
5	DUMRI	6531	4	R+C	R+C	RENT		NA	NA	Y	#	

6	CHANDURA	4651	7	R+C	R+C	GOVT.		NA	NA	Y	#	
7	BHAVAUL	4537	8	R+C	R+C	RENT		NA	NA	Y	#	
8	BAJITPUR	4650	5	R+C	R+C	-		NA	NA	Y	#	
9	PARTHOO	3500	4	R+C	O+C	-		NA	NA	Y	#	
10	PIPRA	4432	8	R+C	R+C	RENT		NA	NA	Y	#	-
11	MAHADIPUR	5028	5	R+C	R+C	RENT		NA	NA	Y	#	-
12	POTHAHI	4059	4	R+C	R+C	RENT		NA	NA	Y	#	-
13	SAMKUDHA	4934	3	R+C	R+C	RENT		NA	NA	Y	#	-
14	LODIPUR	5329	6	R+C	R+C	GOVT.		NA	NA	Y	#	-
15	AKAUNA	17587	8	R+C	R+C	RENT		NA	NA	Y	#	-
16	BELDARICHAK	12565	10	R+C	R+C	RENT		NA	NA	Y	#	-
17	MOHANPUR	6541	7	R+C	R+C	RENT		NA	NA	Y	#	-
18	NIMA	4752	7	R+C	R+O	GOVT.		NA	NA	Y	#	

19	BASUHAR	5225	7	R+C	R+C	GOVT.		NA	NA	Y	#	-
20	KAMALPUR	4534	8	R+C	R+C	RENT		NA	NA	Y	#	-
21	AHIYACHAK	5296	8	R+C	R+C	GOVT.		NA	NA	Y	#	-
22	MARACHI	3500	5	R+C	R+C	GOVT.		NA	NA	Y	#	-
23	KUTRBPUR	2500	4	R+C	R+C	-		NA	NA	Y	#	-
24	MAKDUMPUR	4688	3	R+C	R+C	-		NA	NA	Y	#	-
25	BRAH	2800	4	R+C	R+C	RENT		NA	NA	Y	#	-
26	BAJITPUR	6860	10	R+C	R+C	GOVT.		NA	NA	Y	#	-

Name of the Block : 12. Masaurhi

No	Sub-centre Name	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	DAHIBHATTA	NITIYAWA	1+	1+1	Rent						
2	BHAISMA	BHAISMA	1+	1+1	Govt						
3	GHORHUA	KARAI	1+	1+1	Rent						
4	KARWA	DEVARIYA	1+	1+1	Rent						
5	KHARONA	BARA	1+	1+1	Rent						

6	NADAUL	NADAUL	1+	1+1	Rent						
7	TINERI	TINERI	1+	1+1	Rent						
8	BASAUR	TINERI	1+	1+0	Rent						
9	KHARAT	KHARAT	1+	1+0	Rent						
10	Baliyari	Kharat	1	1+1	Rent						
11	Bhagwanganj	Bhagwanganj	1	1+1	Rent						
12	Nadauna	Bara	1	1+1	Rent						
13	Niyamatpur	Nitiyawa	1	1+1	Rent						
14	Indo	Bhagwanganj	1	1+1	Rent						
15	Berra	Berra	1	1+1	Rent						
16	Pachpanpar	Berra	1+	1+1	Rent						
17	Gokhula		1+	1+0	Rent						
18	Rauniya	Bara	1+	1+0	Rent						
19	Saguni	Rewa	1+	1+1	Rent						
20	Chithaul	Daulatpur	1+	1+1	Rent						
21	Charma	Charma	1+	1+1	Rent						
22	Gangachak	Sahabad	1+	1+1	Rent						
23	Hasadih	Noora	1+	1+1	Rent						
24	Harbanspur	Chapaur	1+	1+1	Rent						
25	Akauna	Chapaur	1+	1+1	Rent						
26	Lahsuna	Karai	1+	2+0	Rent						

Name of the Block : 13.Dhanarua

No	Sub-centre Name	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Bahrampur				Rent		NA	NA	N	NA	NA
2	CHandubigha				Rent		NA	NA	N	NA	NA
3	Devchand bigha				Rent		NA	NA	N	NA	NA
4	Panditganj				Govt	+++	NA	NA	N	NA	NA
5	Moriyava				Govt	+++	NA	NA	N	NA	NA
6	Telhari				Rent		NA	NA	N	NA	NA
7	Sandha				Rent		NA	NA	N	NA	NA
8	Barni				Govt	+++	NA	NA	N	NA	NA
9	Nadva				Rent		NA	NA	N	NA	NA
10	Madhuban				Rent		NA	NA	N	NA	NA
11	Sonmai				Govt		NA	NA	N	NA	NA
12	Devkali				Rent		NA	NA	N	NA	NA
13	Bhakhari				Govt	+++	NA	NA	N	NA	NA
14	Nanaury				Rrnt	+++	NA	NA	N	NA	NA
15	Pabhedha				Govt		NA	NA	N	NA	NA
16	Dubhara				Rent		NA	NA	N	NA	NA
17	Phulpura				Rent	+++	NA	NA	N	NA	NA
18	Kevdha				Rent		NA	NA	N	NA	NA
19	Kosut				Rent		NA	NA	N	N	

20	Nataul				Rent		NA	NA	N	NA	NA
21	Baurhi				Rent		NA	NA	N	NA	NA

Name of the Block : 14. Fatuha

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Status of furnitures
1	Alawalpur	10219	7	1+1	1+1	Gov	+++	Na	Na	Yes	Required
2	Jaitiya	7286	5	1+1	1+1	Rent	#	Na	Na	Yes	Required
3	Bhergama	2267	4	1+1	1+1	Rent	#	Na	Na	Yes	Required
4	Bindauli	3354	4	1+1	1+1	Rent	#	Na	Na	Yes	Required
5	Ushpha	6671	5	1+1	1+1	Rent	#	Na	Na	Yes	Required
6	Dariyapur	3234	3	1+1	1+1	Rent	#	Na	Na	Yes	Required
7	Pachrukhiya	3807	4	1+1	1+1	Rent	#	Na	Na	Yes	Required
8	Parsa	5093	5	1+1	1+0	Rent	#	Na	Na	Yes	Required
9	Pitamberpur	5247	4	1+1	1+1	Rent	#	Na	Na	Yes	Required
10	Daulatpur	7372	5	1+1	1+1	Gov	+++	Na	Na	Yes	Required
11	Dumari	7787	5	1+1	1+1	Rent	#	Na	Na	Yes	Required
12	Nathupur	6364	4	1+1	1+1	Rent	#	Na	Na	Yes	Required
13	Jethuli	11900	6	1+1	1+1	Rent	#	Na	Na	Yes	Required
14	Janardhanpur	5875	6	1+1	1+1	Rent	#	Na	Na	`Yes	Required
15	Balwa	9996	7	1+1	1+1	Gov	+++	Na	Na		
16	Narma	10146	8	1+1	1+1	Rent	#	Na	Na		

Name of the Block : 15. Daniyawan

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Salarpur	10335	11	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind
2	Sahjahapur	12028	8	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind
3	Machhariawan	11911	9	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind
4	kundly	4449	5	1+1	1+0	Rent	#	NA	NA	Y	#	Refaind
5	Singariawan	11077	5	1+1	1+1	Gov.	#	NA	NA	Y	#	Refaind
6	Daniawan	5098	5	1+1	1+1	Rent	#	NA	NA	Y	#	Refaind
7	Tope	6010	5	1+1	0+0	Rent	#	NA	NA	Y	#	Refaind

Name of the Block : 16. Khusrupur

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Baikatpur	12818	2	1+1	1+1	Rented	#	NA	NA	Y	#	Required
2	Mosimpur	8358	4	1+1	1+1	Rented	#	NA	NA	Y	#	Required
3	Chota hasanpur	10200	6	1+1	1+1	Rented	#	NA	NA	Y	#	Required
4	Haibatpur	8867	4	1+1	1+1	Rented	#	NA	NA	Y	#	Required
5	Pachrukhiya	9123	3	1+1	1+1	Rented	#	NA	NA	Y	#	Required
6	Katauna	12000	10	1+1	1+1	Rented	#	NA	NA	Y	#	Required
7	Kohama	11260	5	1+1	1+1	Rented	#	NA	NA	Y		
8	Araibenipur	11260	4	1+1	1+1	Rented	#	NA	NA	Y		

9	Chewra	6179	6	1+1	1+1	Rented	#	NA	NA	Y	#	Required

Name of the Block : 17.Bakhtiyapur

No	Sub-centre Name	Pop.	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Mahmadpur	10200	2	2	Rent	#	NA	NA	Y	#	NA
2	Chiraya	7900	2	2	Rent	#	NA	NA	N	#	NA
3	Purbi satbhaya	17500	2	2	Rent	#	NA	NA	N	#	NA
4	Paschim satbhaya	19700	2	2	Rent	#	NA	NA	N	#	NA
5	Salimpur	15000	2	2	Rent	+++	NA	NA	Y	#	A
6	Rupas mahagi	17153	2	2	Rent	#	NA	NA	N	#	NA
7	Savani	10050	2	2	Rent	#	NA	NA	N	#	NA
8	Dedour	11493	2	2	Rent	#	NA	NA	Y	#	A
9	Keshba	9851	2	2	Rent	#	NA	NA	Y	#	NA
10	Missi	12400	2	2	Rent	#	NA	NA	Y	#	NA
11	Ramnagar	10550	2	2	Rent	#	NA	NA	N	#	A
12	Alipur	14295	2	2	Rent	#	NA	NA	Y	#	NA
13	Kaladiyara	22716	2	2	Rent	#	NA	NA	N	#	NA
14	Gayaspur	12320	2	2	Rent	#	NA	NA	Y	#	A
15	Narouali		2	2	Rent	#	NA	NA	Y	#	

16	Laxmanpur	5175	2	2	Rent	#	NA	NA	N	#	NA
17	Saidpur	17600	2	2	Rent	#	NA	NA	Y	#	NA
18	Tekhabigha	1612	2	2	Rent	#	NA	NA	Y	#	A
19	Karnouti	1760	2	2	Rent	#	NA	NA	Y	#	NA
20	Lakhanpura	9745	2	2	Rent	#	NA	NA	Y	#	A
21	Sirshi	17530	2	2	Rent	#	A	A	N	#	A
22	Doma karouta	10916	2	2	Rent	#	NA	NA	Y	#	NA
23	Rukanpura	11687	2	2	Rent	#	NA	NA	Y	#	NA
24	ghoshbari	18167	2	2	Rent	#	NA	NA	Y	#	NA
	Total										

Name of the Block : 18. Barh

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent) Apc	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	eakdanga	8000	1	1	1	Govt	++	N.A.	N.A.	Y	#	POOR
2	Badhna	7500	1	1	1	Govt	+	N.A.	N.A.	Y	#	,,
3	Billor	5500	N	1	1	Rent	#	N.A.	N.A.	Y	#	,,
4	Aguanpur	5200	1	1	1	Govt	++	N.A.	N,A,	Y	#	,,
5	Nabhadh	5000	1	1	2	Govt	++	N.A.	N.A.	Y	#	,,
6	Sahari	5000	1	1	1	Rent	#	N,A.	N.A.	Y	#	,,
7	Sadikpur	5000	N	1	X	Govt	+	N.A.	N.A.	Y	#	,,
8	Ranabigha	5200	1	1	1	Govt	+	N.A.	N.A.	Y	#	
9	Nadhava	5300	1	1	X	Rent	#	N.A.	N.A.	Y	#	

	Total	Shabalpur	N	1	1	Rent	#	N.A.	N.A.	Y	#	,,

Name of the Block : 19. Athmalgola

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Usmanpur	11300		1+1	2	Yes Govt.	+	NA	NA	NA	NA	Yes
2	Subnima	12100		1+1	2	No. Rent	NA	NA	NA	NA	NA	No
3	Ram Nagar	9300		1	1	Rent	NA	NA	NA	NA	NA	NA
4	Jamalpur	12300		1+1	2	Govt.	+	NA	NA	NA	NA	Yes
5	Karjan	12100		1+1	2	Govt.	++	NA	NA	NA	NA	NA
6	Fulelpur	12100		1+1	2	Rent	NA	NA	NA	NA	NA	NA

Name of the Block : 20. Belchi

No	Sub-centre Name	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furniture s
1	BARAH	1 ® 1©	1 ® 1©	Govt.	+	N.A.		N	-	+
2	FATEHPUR	1 ® 1©	1 ® 1©	PAN				N	-	+
3	KORARI	1 ® 1©	1 ® 1©	PAN				N	-	+
4	BAGHATILA	1 ® 1©	1 ® 1©	PAN				N	-	+
5	SAKSOHSRA	1 ® 1©	1 ® 1©	Govt.	+++	N.A.		N	-	+
6	MANKAURA	1©	1©	PAN				N	-	

Name of the Block : 21. Pandarak

No	Sub-centre Name	Pop.	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Mamarkhabad	10293	1/2	1/1	1/1	Rent	#	I	I	N	#	I
2	Lemuabad	10027	1/3	1/1	1/1	Pan	++	I	I	N	#	I
3	Rally	3555	1/1	1/1	1/1	Govt	+++	A	A	Y	#	I
4	Rally eng.	1971	1/1	1/1	1/1	Rent	++	I	I	Y	#	I
5	Laxmipur	3708	1/3	1/1	1/0	Rent	#	NA	NA	Y	#	NA
6	Dhibar	4664	1/1	1/1	1/1	Rent	++	I	I	Y	#	I
7	Parsama	7574	1/3	1/1	1/1	rent	++	I	I	Y	#	NA
8	Madadpur	2225	1/2	1/1	1/0	Govt.	+++	A	A	N	#	I
9	Kondi	9669	1/6	1/1	0/1	Pan	++	I	I	N	#	I
10	Sarhan	8638	1/1	1/1	1/0	Rent	++	I	I	Y	#	I
11	Dahama	3659	1/4	1/1	1/1	Rent	+	I	I	N	#	NA
12	Khajurar	11431	1/5	1/1	0/1	Rent	+	I	I	N	#	NA
13	Khushalchak	10804	1/5	1/1	1/0	Rent	+	I	I	N	#	I
14	Sadikpur	7639	1/5	1/1	0/1	Rent	+	I	I	N	#	I
15	Darwybhadour	4297	1/2	1/1	1/0	Govt	#	I	I	N	#	NA
16	Baruane	10096	1/4	1/1	0/1	Rent	+	I	I	N	#	I

Name of the Block : 22. Mokama

No	Sub-centre Name	ANMs (R)/(C) posted formally (regular)	ANMs (R)/ (C) in position (Contract)	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	ओटा	01®	-			No	No	No	No	No
2	दरियापुर	01®	01©	Rent	++/ poor	No	No	No	No	No
3	हथिदह	01®	01©	Rent	++/ poor	No	No	No	No	No
4	मरॉची	01®	01©	Rent	++/ poor	No	No	No	No	No
5	शेरपुर	01®	01©	Rent	++/ poor	No	No	No	No	No
6	बादपुर	01®	01©	-		No	No	No	No	No
7	रामपुरडुमरा	01®	01©	Rent	++/ poor	No	No	No	No	No
8	पंचमहला	01®	01©	Rent	++/ poor	No	No	No	No	No
9	शिवनार	01®	01©	Rent	++/ poor	No	No	No	No	No
10	कन्हाईपुर	01®	01©	Rent	++/ poor	No	No	No	No	No
11	मेकरा	01®	01©	Rent	++/ poor	No	No	No	No	No
12	बरहपुर	01®	01©	-	++/ poor	No	No	No	No	No
	Total	12®	11©	Rent	++/ poor	No	No	No	No	No

Name of the Block : 23. Ghoswari

	Sub-centre Name	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures
1	Karara	1©	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
2	Tartar	1©	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
3	Shahari	1©	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
4	Gosaigaw	®1 ©1	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
5	Trimuhan	®1 ©1	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
6	Karkain	®1 ©1	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
7	Dhanakdov	®1 ©1	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
8	Payjana	®1 ©1	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
9	Kurmichak	®1 ©1	**Rent**	**#**	**NA**	**NA**	N	**#**	NA
	Ghoswari	®1 ©1	**Rent**	**#**	**NA**	**NA**	N	**#**	I
	Total								

No	Block/Sub Centre Status	No of G. P at /villages served	ANMs (R)/(C) posted formally	ANMs (R)/ (C) in position	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furniture s
1	Patna Sadar		R-21,C-21=42	R-21,C-21=42	Pan-11,Rent-10	21 SC-++	21 NA	21 NA	21 N	21 SC #	21 SC #
2	Phulwarisharif	127	R-17,C-17=34	R-14,C-16=30	Gov-6,Rent-11	16 SC-++ & 1 SC #	17 NA	21 NA	17 N	17 SC #	17 SC #
3	Sampatchak		R-12,C-12=24	R-12,C-12=24	Rent 12	12 SC #	12 NA	12 NA	12 N	12 SC #	12 SC #
4	Danapur	177	R-24,C-24=48	R-24,C-24=48	Gov-4,,Pan-2,Rent-19	18 SC #, 3 SC +++, 3 SC ++	21 A, 4 NA	24 NA	24 N	24 SC #	24 SC #
5	Maner		R-21,C-21=42	R-21,C-10=31	Gov-3,Rent-18	18 SC #,, 1 SC +++,	21 NA	21 NA	21 Y	21 SC #	21 SC #
6	Bihta		R-27,C-27=54	R-27,C-23=50	Gov-6,Rent-21	21 SC #, 6 SC +++,,	6 A, 21 NA	6 A, 21 NA	27 Y	27 SC #	27 SC #
7	Bikram		R-10,C-10=20	R-7,C-7=14	Gov-2,Rent-8	8 SC #, 2 SC ++,,	10 NA	10 NA	10 N	10 SC#	10 SC#
8	Dulhin Bazar		R-13,C-13=26	R-2,C-10=12	Gov-4,Rent-6, Pan-1	13 SC #	13 NA	13 NA	13 N	13 SC#	13 SC#
9	Paliganj		R-28,C-28=56	R-0,C-25=25	Gov-19,Rent-9,	9 SC #	28 A	28 NA	28 Y	28 SC++	28 +++
10	Naubatpur		R-24,C-24=48	R-0,C-24=24	Gov-5,Rent-19,	18 SC #, 6 SC+++	24 NA	24 NA	24 Y	24 SC#	24 SC#
11	Punpun	157	R-26,C-26=52	R-26,C-25=51	Gov-9,Rent-16	16 SC #,,10 SC+++	26 NA	26 NA	26 N	26 SC#	26 SC#
12	Masaurhi		R-26,C-26=52	R-26,C-22=48	Gov-1,Rent-25	25 SC #,,1 SC+++	26 NA	26 NA	26 N	26 SC#	26 SC#
13	Dhanarua		R-21,C-21=42	R-15,C-21=36	Gov-7,Rent-14	15 SC #,,5 SC++	21 NA	21 NA	21 N	21 SC#	21 SC#
14	Fatuha	82	R-16,C-16=32	R-15,C-15=31	Gov-3,Rent-13	13 SC #,,3 SC++	16 NA	16 NA	16 N	16 SC#	16 SC#
15	Daniyawan	48	R-7,C-7=14	R-6,C-5=11	Gov-1,Rent-6	6 SC #,,1 SC+++	7 NA	7 NA	7 N	7 SC#	7 SC#
16	Khusrupur	44	R-9,C-9=18	R-9,C-9=18	Rent-9	9 SC #,,	9 NA	9 NA	9 Y	9 SC#	9 SC#
17	Bakhtiyarpur		R-24,C-24=48	R-24,C-24=48	Rent-24	24 SC #,,	1 A , 23 NA	1 A , 23 NA	1 Y, 23 N	24 SC#	24 SC#
18	Barh	7	R-9,C-9=18	R-9,C-9=18	Gov-6,Rent-3	3 SC #,,	9 NA	9 NA	Y 9	9 SC#	
19	Athmalgola		R-6,C-6=12	R-6,C-5=11	Gov-3, Rent-3	3 SC #,,	6 NA	6 NA	Y 6	6 SC#	

20	Belchi		R-6,C-6=12	R-6,C-6=12	Gov-2, Pan-4	4 SC #,,	6 NA	6 NA	Y 6	6 SC#	6 SC#
21	Pandarak		R-16,C-16=32	R-14,C-16=30	Gov-3,Pan-2,Rent-11	3 SC #,,4 SC ++, 6 SC, +, 3 SC +++	16 NA	16 NA	Y 4 N 12	12 SC#	5 SC#
22	Mokama	15	R-12,C-12=24	R-0,C-11=11	Rent-12	12 SC-++	12 NA	12 NA	12 N	12 SC#	12 SC#
23	Ghoswari		R-9,C-9=18	R-0,C-9=9	Rent-9	9 SC-++	9 NA	9 NA	9 N	9 SC#	9 SC#
	Total		R-384, C-384=768	R-284, C-349=633	Gov-78,Pan-20, Rent-20	31 SC +++, 75 SC ++, 6 SC+, 239 SC#	336 NA, 39 A	381 NA, 7 A	Y-135, 249 N	331 SC#, 28 SC++	331 SC#, 28 SC +++

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor pairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

Additional Primary Health Centre (APHC) Database:

S.No	Block Name	Population	APHCs required (After	APHCs Present	APHCs Proposed	APHCs Required	Status of building		Availability of Land (Y/N)
							Own	Rented	

			including PHCs)						
1	Patna Sadar	215267	7	4	2	2	3	1	N
2	Phulwarisharif	285417	6	1	5	5	1	0	NR
3	Sampatchak	112834	3	0	3	2	0	0	NR
4	Danapur	230017	0	5	1	1	3	2	N
5	Maner	250324	8	2	6	7	0	2	N
6	Bihta	259025	8	2	5	5	2	0	NR
7	Bikram	172418	0	6	3	0	5	1	N
8	Dulhin Bazar	124765	5	3	5	1	2	1	NR
9	Paliganj	270730	0	3	6		2	1	N
10	Naubatpur	201829	0	2	5	2	1	1	N
11	Punpun	155143	0	4	6	0	0	4	N
12	Masaurhi	112834	2	2	6	2	1	1	Y (1)
13	Dhanarua	214854	2	3	4	2	3	0	NR
14	Fatuha	191229	4	2	6	0	1	1	N
15	Daniyawan	79657	1	1	1	1	0	1	N
16	Khusrupur	94752	2	0	2	2	0	0	NR
17	Bakhtiyarpur	230017	2	3	7	2	1	2	Y(1)
18	Barh	131045	1	4	7	1	2	2	N
19	Athmalgola	65312	0	3	3	2	1	2	N
20	Belchi	69700	0	1	1	0	1	0	NR
21	Pandarak	156173	0	4	2	0	2	2	N
22	Mokama	206338	0	4	1	0	4	0	NR
23	Ghoswari	69890	0	1	1	0	1	0	NR
	Total	3899570	51	60	88	37	36	24	Y (2), N (22)

The above table clearly reflects the status of APHSC in Patna District i.e Out of 60 Sanctioned APHC's, all are functional. 36 APHCs are ruuning in own Govt. Building & 24 APHC are running in rented building.

Name of the Block : 1. Patna Sadar

APHC Name	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water supply	Continuous power supply (A/NA/I)	Toilets(+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility

			(A/NA/I)						(+++/++/+/#)	area (Y/N)	
oharpur	Govt.	+++	NA	NA	++	++	5	6	++	NA	Y
abalpur	Govt.	++	NA	A	++	++	7	6	++	NO	Y
Noorpur	Rent	++	NA	NA	#	#	2	2	++	Y	Y
adhopur	Pan	++	NA	NA	#	#	1	0	++	NO	NA
tal											

Name of the Block : 2. Phulwarisharif

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Sorampur	60,000	GOVT	+ +	NA	NA	+ +	#	4	NIL	NA	N	1
	Total												

Name of the Block : 3.Sampatchak –No APHC

Name of the Block : 4. Danapur

APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets(+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
Shahpur	15000	Pan	#	NA	NA	#	#	3	---	#	N	N
Sarari	11500	Rent	#	NA	NA	#	#	3	--	#	N	N
Manas	21000	Govt	++	NA	NA	+	#	4	--	#	N	N
Hetanpur	12200	Govt	++	NA	NA	#	#	4	--	#		
Khagaul	27300	Govt	++	NA	NA	#	#	10	--	#		
Total												

Name of the Block : 5. Maner

No	APHC Name	Building ownership (Govt/Pan/Rent)	Building condition(+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets(+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Sherpur	Rent	#	NA	NA	NA	#	2	NA	#	N	NA	N
2	Gopalpur	Rent	#	NA	NA	NA	#	2	NA	#	N	NA	N
	Total												

Name of the Block : 6. Bihta

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Sadishopur	8048	Govt	++	NA	A	++	#	2	NA	#	N	NA
2	Neura	8755	Govt	++	NA	A	++	#	3	NA	#	N	NA
	Total												

Name of the Block : 7. Bikram

ulation rved	Building ownership (Govt/Pan/	Building condition (+++/++/#)	Assured running water supply	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	I

	Rent)		(A/NA/I)								
0460	RENT	#	NA	NA	#	#	1		#	N	POOR
1272	GOVT	++	NA	I	++	++	4		#	N	"
2275	GOVT	++	NA	I	++	++	4		#	N	"
3500	GOVT	++	NA	I	++	++	4		#	N	"
0505	GOVT	++	NA	I	++	++	4		#	N	"
3472	GOVT	++	NA	I	++	++	2		#	N	"

Name of the Block : 8. Dulhin Bazar

No	APHC Name	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Kab	Rent	#	NA	NA	#	#	2	NA	#	N	N
2	Harerampur	Govt.	+++	NA	NA	+++	#	3	NA	#	N	N
3	Bharatpura	Govt.	++	NA	NA	#	#	3	NA	#	N	Y
	Total	Rent – 1 Govt. - 2	# - 1 +++ - 1 ++ - 1	NA – 3	NA – 3	# - 2 +++ - 1	# - 3	8	NA – 3	# - 3	N - 3	N – 2 Y- 1

Name of the Block : 9. Paliganj

No	APHC	Population	Building	Building	Assured	Continuous	Toilets	Condition	No. of	No.	Condition of	

	Name	served	ownership (Govt/Pan/ Rent)	condition (+++/++/#)	running water supply (A/NA/I)	power supply (A/NA/I)	(+++/++/+/#)	of Labour room (+++/++/#)	rooms	of beds	residential facility (+++/++/+/#)	residing at APHC area (Y/N)	furniture
1	AKBARPUR	8091	Govt	+++	A	NA	+++	+++	5	-	+++	N	N
2	KODARI	10182	Rent	+++	A		+++	+++					
3	SAMDA	8828	Rent	+++	A		+++	+++					
	Total												

Name of the Block : 10. Naubatpur

No	APHC Name	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Ajawan	Govt Panchyat Bhawan	#	NA	NA	#	NA	1	0	#	Y	Y
2	Jalpura	Govt	++	NA	NA	++	NA	1	0	++	Y	Y
	Total											

Name of the Block : 11. Punpun

No	APHC Name	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	AKAUNA	-	-	NA	NA	-	-	-	-	-	N	-
2	MARACHI	-	-	NA	NA	-	-	-	-	-	N	-
3	MAKHDOOMPUR	-	-	NA	NA	-	-	-	-	-	N	-
4	BAJITPUR	-	-	NA	NA	-	-	-	-	-	N	-
	Total											

Name of the Block : 12. Masaurhi

No	APHC	Building	Building	Assured	Continuous	Toilets	Condition of	No. of	No. of	Condition of	I

	Name	ownership (Govt/Pan/ Rent)	condition (+++/++/#)	running water supply (A/NA/I)	power supply (A/NA/I)	(+++/++/+/#)	Labour room (+++/++/#)	rooms	beds	residential facility (+++/++/+/#)	at APHC area (Y/N)	furniture
1	Lahsuna	Govt		NA	NA	+	+	3	-	-	N	N
2	Bhagwanganj	Rent										
	Total											

Name of the Block : 13.Dhanarua

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Bir	6512	Govt	#	NA	NA	#	#		NA	#	N	NA
2	Badhbigha	14174	Govt	+++	NA	NA				NA	#	N	NA
3	Simri	8842	Govt	+++	NA	NA				NA	#	N	NA
	Total												

Name of the Block : 14. Fatuha

No	APHC Name	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Saidanpur,Masarhi	Gov	+++	Na	Na	+++	+++	7		#	N	Required
2	Bindauli	Rent	++	Na	Na	Na	Na	1		#	N	Required
	Total											

Name of the Block : 15. Daniyawan

No	APHC	Population	Building	Building	Assured	Continuous	Toilets	Condition	No. of	No.	Condition of

	Name	Served	ownership (Govt/Pan/ Rent)	condition (+++/++/#)	running water supply (A/NA/I)	power supply (A/NA/I)	(+++/++/+/#)	of Labour room (+++/++/#)	rooms	of beds	residential facility (+++/++/+/#)	residing at APHC area (Y/N)	furniture
1	Shahjahapur	1108	Rent	#	NA	NA	NA	NA	2	NA	#	N	Refaid
	Total												

Name of the Block : 17.Bakhtiyapur

No	APHC Name	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	SIRSI	rent	#	Na	Na	#	#	3	Na	#	N	NA
2	SALIMPUR	Govt	+++	A	Na	+++	+++	4	Na	+++	Y	NA
3	Digh mangholi	Rent	#	Na	Na	#	#	2	Na	#	N	N
	Total											

Name of the Block : 18. Barh

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Billor	45000	Rent	#	#	N.A.	N.A.	+++	5	6	#	N	Poor
2	Ranabihga	45000	govt	+++	+++	N.A.	N.A.	+++	5	6	#	N	Poor
3	Eakdanga	45000	Govt	+++	#	N.A.	N.A.	+++	5	6	#	N	Poor
4	Dhanama	45000	Rent	#	#	N.A.	N.A.	++	5	6	#		
5	Ramnagar	45000	Rent	#	#	N.A.	N.A.	++	3	6	#		

6	Jamalpur bigha	45000	HSC	HSC	#	N.A.	N.A.	++	3	6	#	N	Poor
7	Kargan	45000	GOvt	GOvt	#	N.A.	N.A.	++	5	6	#	N	Poor
8	Saksohara	45000	HSC		#	N.A.	N.A.	++	3	6	#	N	Poor
	Total												

Name of the Block : 19. Athmalgola

No	APHC Name	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	Jamal pur Bigha	Govt.	+	NA	NA	Yes	NA	2	NA	NA	N	Yes
2	Ramnagar Diyara	Rent	NA	NA	NA	No	NA	1	NA	NA	N	NA
3	Karjan	Govt	++	NA	NA	Yes	NA	3	NA	NA	N	NA
	Total											

Name of the Block : 20. Belchi

No	APHC Name	Population served	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	SAKSOHARA	5800	N.A.						N.A.	N.A.	N.A.	N.A.	N.A.
	Total												

Name of the Block : 21. Pandarak

No	APHC Name	Population served	Building ownership (Govt/Pan/	Building condition (+++/++/#)	Assured running water	Continuous power supply	Toilets (+++/++/+/#)	Condition of Labour room	No. of rooms	No. of beds	Condition of residential facility

			Rent)		supply (A/NA/I)	(A/NA/I)		(+++/++/#)			(+++/++/+/#)	(Y/N)	
1	Sahanoura	3412	Rent	++	A	A	+	#	2	NA	#	N	I
2	Bihari bigha	10810	Govt	+++	A	A	+++	+++	9	NA	#	N	I
3	Ajgara	3704	Govt	+++	A	A	+++	+++	11	NA	#	N	I
4	Guaswa sekhpura	10601	Rent	++	A	A	#	#	2	NA	#	N	I
	Total												

Name of the Block : 22. Mokama

No	APHC Name	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
1	मरॉची	**Govt**	++/ poor	No	No	No	No	04-Room (01-Hall)	No	No	No	No
2	मोर	**Govt**	++/ poor	No	No	No	No	03-Room (01-Hall)	No	No	No	No
3	जललापुर	**Govt**	++/ poor	No	No	No	No	03-Room (01-Hall)	No	No	Yes	No
4	कन्हाइंपुर	**Govt**	++/ poor	No	No	No	No	02-Room	No	No	No	No
	ज्वजंस	**Govt**	++/ poor	No	No	No	No	12 (Room) (03-Hall)	No	No	-	No

Name of the Block : 23. Ghoswari

lation rved	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture
406	Govt.	++	NA	NA	#	#	08	04	#	N	I

COMPILED STATUS OF ADDITIONAL PRIMARY HEALTH CENTRE'S (APHC) UNDER 23 BLOCKS-PATNA DISTRICT

No	Block APHC Status	Building ownership (Govt/Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Patna Sadar	Gov-2,Rent-1,Pan-1=4	1 APHC+++, 2APHC++	4 NA	4 NA	2 APHC# & 2 APHC ++	2 APHC# & 2 APHC ++	15	14	4 APHC++	3 APHC #, 1 APHC+++	3 APHC #, 1 APHC+++	4 N
2	Phulwarisharif	Gov-1	1 APHC++	1 NA	1 NA	1 APHC ++	1 APHC#	4	0	1 APHC#	1 APHC #	1 APHC #	1 N
3	Sampatchak	APHC-0											
4	Danapur	Gov-3,Rent-1,Pan-1=5	2 APHC++, 2APHC#	5 NA	5 NA	4 APHC #, 1A PHC +	5 APHC#	24	0	4 APHC #	A PHC +	4 APHC #	5 N
5	Maner	Rent-2=2	2APHC#	2 NA	2 NA	2 APHC #	2 APHC #	4	0	2 APHC #	2 APHC #	2 APHC #	2 N
6	Bihta	Gov-2	2 APHC++	2 NA	2 A	2 APHC ++	2 APHC #	5	0	2 APHC #	2 APHC #	2 APHC #	2 N
7	Bikram	Gov-5,Rent-1	5 APHC++, 1 APHC #	6 NA	1 NA. 5 I	5 APHC++, 1 APHC #	5 APHC++, 1 APHC #	19	0	6 APHC #	6 APHC #	6 APHC #	6 N
8	Dulhin Bazar	Gov-2,Rent-1	1 APHC #, 1 APHC +++	3 NA	3 NA	2 APHC #, 1APHC +	3 APHC #	8	0	3 APHC #	3 APHC #	3 APHC #	3 N
9	Paliganj	Gov-1,Rent-2	3 APHC+++	3 A	3 NA	3 APHC+++	3 APHC+++	5	0	2 APHC #	2 APHC #	2 APHC #	3 N
10	Naubatpur	Pan -1,Rent-1	1 APHC #	2 NA	2 NA	2 APHC #,	2 APHC #,	2	0	1 APHC ++, 1 APHC #	2 APHC +++	2 APHC +++	2 N
11	Punpun	Rent-4	4 APHC #	4 NA	4 NA	4 APHC #	4 APHC #	0	0	4 APHC #	4 APHC #		
12	Masaurhi	Gov-1,Rent-1	1 APHC #, APHC +++	2 NA	2 NA	1 APHC #, 1APHC+	1 APHC #, 1APHC+	3	0	2 APHC #	2 APHC #		

13	Dhanarua	Gov-3	3APHC +++	3 NA	3 NA	3 APHC #	3 APHC #	0	0	3 APHC #	3 APHC #	3 APHC #	3 N
14	Fatuha	Gov-1,Rent-1	1 APHC #	2 NA	2 NA	3 APHC +++	3 APHC +++	8	0	2 APHC #	2 APHC #	2 APHC #	2 N
15	Daniyawan	Rent-1	1 APHC #	1 NA	1 NA	1 APHC #	1 APHC #	2	0	1 APHC #	1 APHC #	1 APHC #	1 N
16	Khusrupur	APHC-0											
17	Bakhtiyarpur	Gov-2,Rent-1	2 APHC #, 1 APHC+++	1 A, 2 NA	3 NA	3 APHC #	2 APHC #, 1 APHC+++,	9	0	2 APHC #, 1 APHC+++,	2 APHC #, 1 APHC+++,	2 APHC #, 1 APHC+++,	3 N
18	Barh	Gov-4,Rent-4	4 APHC #,	8 NA	8 NA	4 APHC #, 4 APHC +++,	2 APHC #, 1 APHC+++,	34	0	8 APHC #	8 APHC #	8 APHC #	8 N
19	Athmalgola	Gov-2,Rent-1	2 APHC #,	3 NA	3 NA	1 APHC#, 2APHC+++	3 APHC #	6	0	3 APHC #	3 APHC #	3 APHC #	1 Y, 2 N
20	Belchi	Gov-1	1 APHC #,	1 NA	1 NA	1 APHC#	1 APHC#	0	0	1 APHC #	1 APHC #	1 APHC #	1 N
21	Pandarak	Gov-2, Rent-2	2 APHC++, 2 APHC #	3 A	3 A	2 APHC#, 2 APHC++	2 APHC#, 2 APHC++	24	0	4 APHC #	4 APHC #	4 APHC #	4 I
22	Mokama	Gov-4	4 APHC++	4 NA	4 NA	4 APHC#	4 APHC#	24	0	4 APHC #	4 APHC #	4 APHC #	4 N
23	Ghoswari	Gov-1	1 APHC++	1 NA	1 NA	1 APHC#	1 APHC#	8	0	1 APHC #	1 APHC #	1 APHC #	1 N
	Total	Gov-37,Pan-3,Rent-21	10 APHC+++,19 APHC++, 31 APHC#	4 A, 56 NA	3 A. 55 NA, 2 I	12 APHC+++,9 APHC++, 3 APHC+, 36APHC	9 APHC+++,9 APHC++, 1 APHC+, 41APHC#	204	0	1APHC+++, 1 3 APHC++,56 APHC#	1APHC+++, 1 3 APHC++,56 APHC#	1APHC+++, 1 3 APHC++,56 APHC#	60 N

AVAILABILITY OF MO's AT 60 APHC'S-PATNA DISTRICT

Sl. No.	Institution	Sanctioned Post	Total Post	Vacant	Posted	Qualification

1	**P.H.C.Mokama**						
1	**A.P.H.C. Samiya Garh**	2	0	2	Vacant		
					Vacant		
2	**A.P.H.C.More**	2	2	0	Dr. Vijay Kr. Chaudhary		
					Dr.Rajiv Ranjan	IGIC, Patna Through Deptt.	
3	**A.P.H.C.Maranchi (A.Ved.1+1)**	2	1	1	Dr. K.P.Ladia	G.G.S.H,Patna Through Deptt,	
					Vacant		
4	**A.P.H.C. Jalalpur**	2	2	0	Dr. Uday Shankar	Ortho, Rajbasnhi Nagar Hosp,Through Deptt.	
					Dr. Hari Narain Singh		
5	**A.P.H.C.Kanhaipur**	2	2	0	Dr. Devendra Prasad Gupta	Secretariate Through Deptt,	
					Dr. Deepak Kumar	NMCH Through Deptt.	
2	**P.H.C.Naubatpur, Patna**						
1	**A.P.H.C.Jalpura**	2	2	0	Dr. Vandana Singh	DGO	
					Dr. Rajnish Chaudhary		
2	**A.P.H.C.Ajawan**	2	2	0	Dr. Nirmal Kumar	PMCH Through Deptt.	
					Dr. Akhilesh Sharma		West Champaran
3	**P.H.C.Bihta, Patna**						
1	**A.P.H.C.Sadisopur,Bihta**	2	0	2	Vacant	Under PMCH Through Deptt.	
					Vacant		
2	**A.P.H.C.Neura, Bihta**	2	0	2	Vacant	Under PMCH Through Deptt.	
					Vacant		
4	**P.H.C.Paliganj, Patna**						
1	**A.P.H.C. Samada, Paliganj**	2	1	1	Dr. Rekha Singh	NMCH Through Deptt.	
					Vacant		
2	**A.P.H.C.Kodahari, Paliganj**	2	2	0	Dr.Sunil Kumar	New Gardanibagh 6C, Patna	
					Dr.Anil Kr. Tiwari	Rajvanshi Nagar Through Deptt.	Bhojpur
3	**A.P.H.C.Akbarpur, paliganj**	2	2	0	Dr. Jaiprakash Singh(I.M.)		
					Dr. Murtaja Ansari (I.M.)		
5	**P.H.C.Bikram, Patna**						
1	**A.P.H.C.Datiayana, Bikaram**	2	2	0	Dr. Ramashray Singh	NMCH Through Deptt.	

					Dr. Ram Yatan Singh	Eye,R,NagarHosp Through Deptt.	
2	**A.P.H.C.Arap, Bikram**	2	2	0	Dr. Shailendra Kumar	CS Office,Patna	
					Dr. Md. Sohail Akhtar	Md. Patho	
3	**A.P.H.C.Majhauli, Bikram**	2	2	0	Dr. Vijay Prakash	U.G.Secretariate Through Deptt.	
					Dr.Sanjeeta Rani	Rajkiya Ausdhalaya, Gulzarbagh	
4	**A.P.H.C.Barah, Bikram**	2	1	1	Dr. Virendra Kr. Singh	Ortho, Rajbasnhi Nagar Hosp,Through Deptt.	
						Tranferred J.L.N Med College, Bhagalpur	
5	**A.P.H.C.Gona, Bikram**	2	2	0	Dr. Nurul Samad		
					Dr. Sudhanshu Shekher Pd.	ENT,Upchargrih Bidhan Sabha	
6	**A.P.H.C.Taripar, Bikram**	2	2	0	Dr. K.K.Das	MS Surg.	
					Dr. Soni Sinha	Eye, R.Nagar Hosp. Through Deptt.	
6	**P.H.C.Dulhin Bazar**						
1	**A.P.H.C. Harerampur, Dulhin Bazar**	2	0	2	Vacant		Under NGO by State Health Society, Bihar, Patna
					Vacant		
2	**A.P.H.C.Bharatpura, Dulhin Bazar**	2	1	1	Dr. Bimal Kumar	Absent 21-08-06	
					Vacant		
3	**A.P.H.C.Kab, Dulhin Bazar**	2	2	0	Dr. Jivendu Chaudhary	Rajbanshinagar Hosp. Through Deptt.	
					Dr. Vinay Mohan Jee	NMCH Through Deptt.	
7	**P.H.C. Maner, Patna**						
1	**A.P.H.C. Gopalpur, Maner**	2	2	0	Dr. Roshan Ahsan		
					Dr. Ranjit Kumar Jamair	PMCH Through Deptt.	
2	**A.P.H.C.Sherpur, Maner**	2	1	1	Dr. Mani Shankar Prasad		
	देशी चि. (यू.एच.ए.)				Vacant		
8	**P.H.C.Danapur, Patna**						
1	**A.P.H.C.Sahapur, Danapur**	2	2	0	Dr.(Smt.)Anupma Sinha		
					Dr. Sushri Sujata Jha		
2	**A.P.H.C.Khaugal, Danapur**	2	2	0	Dr.(Smt.) Snehlata Sinha		
					Dr. K.K. Raj		
3	**A.P.H.C.Sarari Gumati**	2	2	0	Dr. Udayan Narayan	Md Med.,Neuro, Rajbanshi Nagar Hosp. Through Deptt.	

					Dr. Akhtar Jamal	PMCH Through Deptt.	
4	**A.P.H.C.Manas, Danapur**	2	1	1	Dr. Yogendra Pd. Mandal		
	देशी चि. (यू.एच.ए.)				Vacant		
5	**A.P.H.C.Hetanpur, Danapur**	2	2	0	Dr.Shishir Kumar Pandey		
	देशी चि. (यू.एच.ए.)				Dr. Anil Kr. Verma		
9	**P.H.C.Masaurhi Patna**						
1	**A.P.H.C.Lahasuna, Masaurhi**	2	1	1	Dr. K. Ranjan Kumar	MS Surg.	
	Homeo 1+1				Vacant		
2	**A.P.H.C.Bhagawanganj**	2	2	0	Dr. Ashok Kumar		
					Dr. Bharti Kumari		Jehanabad
10	**P.H.C.Punpun, Patna**						
1	**A.P.H.C.Bazitpur, Punpun**	2	2	0	Dr. Amir Chand Prasad		
					Dr. Rubi Srivastav		
2	**A.P.H.C. Maranchi, Punpun**	2	2	0	Dr. Vijay Kumar	Md. Med.	
	देशी चि. (यू.एच.ए.)				Dr. Md.Naseem Ansari		
3	**A.P.H.C.Akauna, Punpun**	2	2	0	Dr. (Smt.)Niharika	PMCH Through Deptt.	
					Dr. Devendra Kumar	Rajbanshinagar Hosp. Through Deptt.	
4	**A.P.H.C.Makhadumpur**	2	2	0	Dr. Saiyad Md. Azafar	Beur Jail	
					Dr.(Smt.)Alka Prasad	U.G.Secretariate Through Deptt.	
11	**P.H.C.Phulwarisharif, Patna**						
1	**A.P.H.C.Sorampur**	2	0	2	Vacant		
	Homeo 1+1				Vacant		
12	**P.H.C.Dhanarua, Patna**						
1	**A.P.H.C. Simahari, Dhanarua**	2	2	0	Dr.Shobha Kumari Singh	PMCH Through Deptt.	
					Dr. Kamlesh Kumar	Md. Med. Neuro, Rajvanshi Nagar Hosp. Through Deptt.	
2	**A.P.H.C.Bir, Dhanarua**	2	2	0	Dr.Ranjeet Kumar	Md. Med., PMCH Through Deptt.	
					Dr. Prabha Sinha	MS Gynae	
3	**A.P.H.C.Basbigha, Dhanarua**	2	1	1	Vacant		
	Homeo 1+1				Dr.(Smt.)Sadhana Singh	MS Gyane, NMCH Through Deptt.	
13	**P.H.C.Sadar Block,Patna**						
1	**A.P.H.C.Gauharpur**	2	0	2	Vacant	Under NMCH Through Deptt.	
					Vacant		
2	**Addl.P.H.C.Nupur**	2	0	2	Vacant	Under NMCH Through	

						Deptt.	
	Unani 1+1				Vacant		
3	**Addl.P.H.C.Madhopur**	2	0	2	Vacant		
	Homeo 1+1				Vacant		
4	**Addl.P.H.C.Sabbalpur**	2	2	0	Dr.Shri Chand Bhawanani	Md Ped, DCH	
					Dr. H.L. Ojha	PMCH Through Deptt.	
14	**P.H.C.Fatuha, Patna**						
1	**A.P.H.C.Saidanpur Massarhi**	2	2	0	Dr.Naushad Ali		
					Dr.Ganpat Mandal		
2	**A.P.H.C.Bindauli, Fatuha**	2	2	0	Dr.Shivendra Kr. Singh	Ortho, Beur Jail, PMCH Through Deptt.	
					Dr.Uday Shankar Prasad	Eye,R.Nagar Hosp.Through Deptt.	
3	**Addl.P.H.C.Shahjehanpur**	2	1	1	Dr.Sanjay Bhai Alok (I.M.)		
	देशी चि. (यू.एच.ए.)				Vacant		
15	**P.H.C.Bakhatiyarpur**						
1	**Addl. P.H.C.Dihmajhauli**	2	2	0	Dr. Raghubir Pd. Ojha	Eye, R.Nagar Hosp. Through Deptt.	
					Dr. Pushpa Singh		
2	**A.P.H.C.Sirsi, Bakhtiyarpur**	2	2	0	Dr. Arun Kumar	D.Ortho	
					Dr. Indu Singh	S.D. Kasba, Patna City	
3	**Addl.P.H.C.Salimpur**	2	2	0	Dr. Major G.C.Jha	PMCH Through Deptt.	
	Homeo 1+1				Dr.(Smt.)Sangeeta Verma	MS Gynae	
16	**P.H.C. Barh, Patna**						
1	**A.P.H.C.Jamalpurbigha,**	2	2	0	Dr.Audhesh Kumar Singh	MD Patho	
					Dr. Sudhir Kumar Singh		
2	**A.P.H.C.Karjan, Barh**	2	1	1	Dr. Pashupati Prasad Singh		
					Vacant		
3	**A.P.H.C.Dhanama, Barh**	2	2	0	Dr. Vikash Chandra Chaudhary	Dipl. Ped.	
					Dr.Chandra Bhushan Chaudhary	Rajbanshinagar Hosp. Through Deptt.	
4	**A.P.H.C.Akdanga, Barh**	2	1	1	Dr.Abha Kumari	Rajbanshi Nagar Hosp., Patna	Gaya
	Homeo 1+1				Vacant		
5	**A.P.H.C.Sakasohara, Barh**	2	0	2	Vacant		
					Vacant		
6	**A.P.H.C.Billaur, Barh**	2	1	1	Dr.(Smt.)Usha Rani	NMCH Through Deptt.	
					Vacant		
7	**A.P.H.C.Ranabigha, Barh**	2	2	0	Dr. Rajeev Kumar Verma	PMCH Through Deptt.	

					Dr.Premlata Morya	DGO	Muzaffarpur
8	**A.P.H.C.Ramnagar, Barh**	2	0	2	Vacant		
					Vacant		
17	**P.H.C.Pandarak, Patna**						
1	**A.P.H.C.Biharibigha**	2	2	0	Dr.Pushpa Lal	Remand Home, Gaighat	
					Dr. Kiran Kr. Lal	Remand Home, Gaighat	
2	**A.P.H.C.Sahanaura**	2	1	1	Dr. Kishori Singh		
	Homeo 1+1				Vacant		
3	**A.P.H.C.Gawasa Shekhpura**	2	0	2	Vacant		
					Vacant		
4	**A.P.H.C.Ajgara, Pandarak**	2	0	2	Vacant		
					Vacant		
Total		**120**	**83**	**37**			

Note : 83 MO's are available against 120 Sanctioned Seats

Availability of Lab Technician At APHC

क्रम सं०	संस्थान का नाम	स्वी०	कार्य०	रिक्त
1	2	3	4	5
1	अति.प्रा.स्वा.केन्द्र रामनगर दियारा, बाढ़।	1	1	0
2	अति.प्रा.स्वा.केन्द्र अथमलगोला, बाढ़।	1	0	1
3	अति.प्रा.स्वा.केन्द्र सकसोहरा, बाढ़।	1	0	1
4	अति.प्रा.स्वा.केन्द्र जमालपुर बिगहा, बाढ़।	1	0	1
5	अति.प्रा.स्वा.केन्द्र एकडंगा, बाढ़।	1	0	1
6	अति.प्रा.स्वा.केन्द्र धनावाँ, बाढ़।	1	0	1
7	अति.प्रा.स्वा.केन्द्र राणा बिगहा, बाढ़।	1	0	1
8	अति.प्रा.स्वा.केन्द्र करजान, बाढ़।	1	0	1
9	अति.प्रा.स्वा.केन्द्र बिल्लौर, बाढ़।	1	0	1
10	रेफरल अस्पताल बिहटा	2	1	1

11	अति.प्रा.स्वा.केन्द्र सदिसोपुर	1	0	1
12	अति.प्रा.स्वा.केन्द्र नेऊरा	1	0	1
13	अति.प्रा.स्वा.केन्द्र अकौना	1	0	1
14	अति.प्रा.स्वा.केन्द्र मखदुमपुर	1	0	1
15	अति.प्रा.स्वा.केन्द्र बाजीतपुर	1	0	1
16	अति.प्रा.स्वा.केन्द्र मराँची	1	1	0
17	प्रा.स्वा.केन्द्र बख्तियारपुर	1	0	1
18	अति.प्रा.स्वा.केन्द्र चालीमपुर	1	0	1
19	अति.प्रा.स्वा.केन्द्र डीह मझौली	1	0	1
20	अति.प्रा.स्वा.केन्द्र सिरसी, बख्तियारपुर	1	0	1
21	अति.प्रा.स्वा.केन्द्र जलपुरा	1	0	1
22	गर्दनीबाग अस्पताल पटना।	1	1	0
23	प्रा.स्वा.केन्द्र धनरूआ	1	1	0
24	अति.प्रा.स्वा.केन्द्र वीर	1	0	1
25	अति.प्रा.स्वा.केन्द्र बास बिगहा	1	0	1
26	अति.प्रा.स्वा.केन्द्र सिम्हारी	1	0	1
27	राजेन्द्रनगर	2	1	1
28	अति.प्रा.स्वा.केन्द्र अजवाँ, नौबतपुर।	1	0	1
29	प्रा.स्वा.केन्द्र विक्रम	1	1	0
30	अति.प्रा.स्वा.केन्द्र मझौली।	1	0	1
31	अति.प्रा.स्वा.केन्द्र हरेरामपुर।	1	0	1
32	अति.प्रा.स्वा.केन्द्र भरतपुरा।	1	0	1
33	अति.प्रा.स्वा.केन्द्र तरीपर	1	0	1

34	अति.प्रा.स्वा.केन्द्र गोना	1	0	1
35	अति.प्रा.स्वा.केन्द्र बराह	1	0	1
36	अति.प्रा.स्वा.केन्द्र दतियाना	1	0	1
37	रेफरल अस्पताल नौबतपुर।	1	0	1
38	अति.प्रा.स्वा.केन्द्र चाहपुर	1	1	0
39	अति.प्रा.स्वा.केन्द्र खगौल	1	1	0
40	अति.प्रा.स्वा.केन्द्र सरारी गुमटी	1	1	0
41	अति.प्रा.स्वा.केन्द्र मानस	1	0	1
42	अति.प्रा.स्वा.केन्द्र हेतनपुर	1	0	1
43	प्रा.स्वा.केन्द्र दानापुर	1	1	0
44	अति.प्रा.स्वा.केन्द्र समदा, पालीगंज	1	0	1
45	अति.प्रा.स्वा.केन्द्र अकबरपुर।	1	0	1
46	प्रा.स्वा.केन्द्र फतुहाँ।	1	1	0
47	अति.प्रा.स्वा.केन्द्र चाहपुर।	1	0	1
48	अति.प्रा.स्वा.केन्द्र चाहजहाँपुर।	1	0	1
49	अति.प्रा.स्वा.केन्द्र दनियावाँ	1	1	0
50	अति.प्रा.स्वा.केन्द्र बिन्दौली	1	0	1
51	अति.प्रा.स्वा.केन्द्र सैदनपुर मसाढ़ी	1	0	1
52	अति.प्रा.स्वा.केन्द्र खुचरूपुर।	1	0	1
53	अति.प्रा.स्वा.केन्द्र ग्वासा चेखपुरा।	1	0	1
54	अति.प्रा.स्वा.केन्द्र सहनौरा, पंडारक।	1	0	1
55	अति.प्रा.स्वा.केन्द्र बिहारी बिगहा।	1	0	1
56	अति.प्रा.स्वा.केन्द्र अजगरा।	1	0	1

57	प्रा.स्वा.केन्द्र पंडारक।	1	1	0
58	अति.प्रा.स्वा.केन्द्र सोरमपुर।	1	1	0
59	अति.प्रा.स्वा.केन्द्र सम्पतचक।	1	1	0
60	विधायक अस्पताल पटना।	1	1	0
61	राजक्वींनगर अस्पताल पटना।	1	1	0
62	रेफरल अस्पताल पालीगंज।	1	0	1
63	प्रा.स्वा.केन्द्र मनेर।	1	1	0
64	अति.प्रा.स्वा.केन्द्र चेरपुर।	1	1	0
65	अति.प्रा.स्वा.केन्द्र गोपालपुर।	1	0	1
66	अनुमंडलीय अस्पताल दानापुर।	1	1	0
67	अनुमंडलीय अस्पताल बाढ़।	1	1	0
68	प्रा.स्वा.केन्द्र विक्रम।	1	1	0
69	अति.प्रा.स्वा.केन्द्र मराँची।	1	0	1
70	रेफरल अस्पताल मोकामा।	1	1	0
71	अति.प्रा.स्वा.केन्द्र कन्हाइपुर।	1	0	1
72	अति.प्रा.स्वा.केन्द्र अजगरा।	1	0	1
73	अति.प्रा.स्वा.केन्द्र जलालपुर, मोकामा।	1	0	1
74	अति.प्रा.स्वा.केन्द्र मोर।	1	0	1
75	प्रा.स्वा.केन्द्र मसौढ़ी	1	1	0
76	अति.प्रा.स्वा.केन्द्र माधोपुर, सदर प्रखंड।	1	0	1
77	अति.प्रा.स्वा.केन्द्र गौहरपुर, सदर प्रखंड।	1	1	0
78	अति.प्रा.स्वा.केन्द्र नुपुर, सदर प्रखंड।	1	1	0
79	अति. प्रा.स्वा.केन्द्र सब्बलपुर, सदर प्रखंड।	1	1	0

80	प्रा.स्वा.केन्द्र बाढ़	1	1	0
81	प्रा.स्वा.केन्द्र फुलवारीचरीफ	1	1	0
82	अति.प्रा.स्वा.केन्द्र सोरमपुर	1	1	0
	कुलयोग	84	31	53

Availability of Pharmachist at APHC

क्रम सं०	अति.प्रा.स्वा.केन्द्र का नाम	स्वी०	कार्य०	रिक्त
1	अति.प्रा.स्वा.केन्द्र सालीमपुर	1	0	1
2	अति.प्रा.स्वा.केन्द्र डीह मझौली	1	0	1
3	अति.प्रा.स्वा.केन्द्र डीह सिरसी	1	0	1
4	अति.प्रा.स्वा.केन्द्र डीह जलपुरा, नौबतपुर	1	0	1
5	अति.प्रा.स्वा.केन्द्र अजवाँ, नौबतपुर।	1	0	1
6	अति.प्रा.स्वा.केन्द्र मझौली, विक्रम।	1	0	1
7	अति.प्रा.स्वा.केन्द्र हरेरामपुर, विक्रम	1	0	1
8	अति.प्रा.स्वा.केन्द्र भरतपुरा, विक्रम	1	0	1
9	अति.प्रा.स्वा.केन्द्र तरीपर, विक्रम	1	0	1
10	अति.प्रा.स्वा.केन्द्र गोना, विक्रम	1	0	1
11	अति.प्रा.स्वा.केन्द्र बराह, विक्रम	1	0	1
12	अति.प्रा.स्वा.केन्द्र दतियाना, विक्रम	1	0	1
13	अति.प्रा.स्वा.केन्द्र वीर।	1	0	1
14	अति.प्रा.स्वा.केन्द्र बास बीगहा।	1	0	1
15	अति.प्रा.स्वा.केन्द्र सिम्हारी	1	0	1
16	अति.प्रा.स्वा.केन्द्र रामनगर दियारा, बाढ़	1	0	1
17	अति.प्रा.स्वा.केन्द्र सकसोहरा, बाढ़।	1	0	1
18	अति.प्रा.स्वा.केन्द्र जमालपुर बिगहा, बाढ़।	1	0	1
19	अति.प्रा.स्वा.केन्द्र एकडंगा, बाढ़	1	0	1
20	अति.प्रा.स्वा.केन्द्र धनावाँ, बाढ़।	1	0	1

21	अति.प्रा.स्वा.केन्द्र राणा बिगहा, बाढ़	1	0	1
22	अति.प्रा.स्वा.केन्द्र करजान, बाढ़	1	0	1
23	अति.प्रा.स्वा.केन्द्र बिल्लौर, बाढ़	1	0	1
24	अति.प्रा.स्वा.केन्द्र सदीसोपुर	1	0	1
25	अति.प्रा.स्वा.केन्द्र नेऊरा।	1	1	0
26	अति.प्रा.स्वा.केन्द्र अकौना, पुनपुन	1	0	1
27	अति.प्रा.स्वा.केन्द्र मखदुमपुर, पुनपुन	1	0	1
28	अति.प्रा.स्वा.केन्द्र बाजीतपुर, पुनपुन	1	0	1
29	अति.प्रा.स्वा.केन्द्र मराँची, पुनपुन	1	0	1
30	अति.प्रा.स्वा.केन्द्र सरारी गुमटी।	1	1	0
31	अति.प्रा.स्वा.केन्द्र चाहपुर।	1	1	0
32	अति.प्रा.स्वा.केन्द्र खगौल।	1	1	0
33	अति.प्रा.स्वा.केन्द्र मानस।	1	0	1
34	अति.प्रा.स्वा.केन्द्र हेतनपुर।	1	0	1
35	अति.प्रा.स्वा.केन्द्र सोरमपुर।	1	0	1
36	अति.प्रा.स्वा.केन्द्र चेरपुर।	1	0	1
37	अति.प्रा.स्वा.केन्द्र गोपालपुर।	1	0	1
38	अति.प्रा.स्वा.केन्द्र समदा, पालीगंज।	1	0	1
39	अति.प्रा.स्वा.केन्द्र कोदहरी, पालीगंज।	1	0	1
40	अति.प्रा.स्वा.केन्द्र अकबरपुर।	1	0	1
41	अति.प्रा.स्वा.केन्द्र चहजहाँपुर।	1	0	1
42	अति.प्रा.स्वा.केन्द्र बिन्दौली।	1	0	1
43	अति.प्रा.स्वा.केन्द्र सैदनपुर मसाढ़ी।	1	0	1
44	अति.प्रा.स्वा.केन्द्र खुचरूपुर।	1	0	1
45	अति.प्रा.स्वा.केन्द्र ग्वासा चेखपुरा, पंडारक।	1	0	1
46	अति.प्रा.स्वा.केन्द्र सहनौरा, पंडारक।	1	0	1
47	अति.प्रा.स्वा.केन्द्र बिहारी बिगहा, पंडारक।	1	0	1
48	अति.प्रा.स्वा.केन्द्र अजगरा, पंडारक।	1	0	1
49	अति.प्रा.स्वा.केन्द्र मराँची।	1	0	1
50	अति.प्रा.स्वा.केन्द्र कन्हाईपुर, मोकामा।	1	0	1

51	अति.प्रा.स्वा.केन्द्र मोर, मोकामा।	1	0	1
	कुलयोग	51	4	47

REPRODUCTIVE AND CHILD HEALTH

A.1 Maternal Health

Under the RCH program all aspects of women's reproductive health across their reproductive cycle, from puberty to menopause are covered. RCH program addresses the needs that have emerged over years of implementing Family Welfare Program.

Under this Programme the emphasis shifted to decentralize planning at district level based on assessment of community needs and implementation of programme at fulfillment of these need. New interventions such as control of reproductive tract infection, gender issues, male participation and adolescent health and the Family welfare program are also taken

Maternal Health:	
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)	21.2
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)	32.5
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)#	61.9
Institutional births (%)	12.4
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)	3.9
Mothers who received post natal care within 48 hours of delivery of their last child (%)	15.3
Knowledge of HIV/AIDS and RTI/STI among Ever married Women (age 15-49)	
Women heard of HIV/AIDS (%)	20.4
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	31.5
Women having correct knowledge of HIV/ AIDS (%)	93
Women underwent test for detecting HIV/ AIDS (%)	3.4
Women heard of RTI/STI (%)	26.6
Knowledge of HIV/AIDS among Un-married Women (age 15-24)	

Women heard of HIV/AIDS (%)	37.6
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)	31.1
Women having correct knowledge of HIV/ AIDS (%)	92.7
Women underwent test for detecting HIV/ AIDS (%)	0
Women heard of RTI/STI (%)	15.2
Women facilitated/motivated by ASHA for	
Ante-natal Care (%)	1.8
Delivery at Health Facility (%)	1.5
Use of Family Planning Methods (%)	0.3

Components of RCH

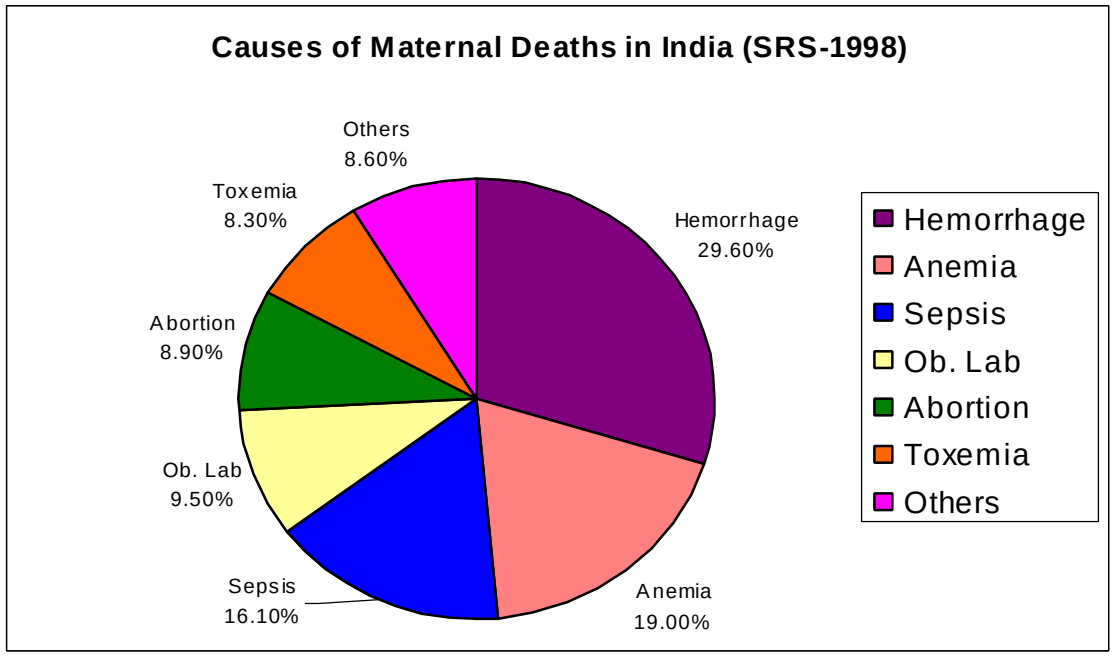
Effective Maternal & Child health care;

Increased access to contraceptive care;

Safe management of unwanted pregnancies;

Nutritional services to vulnerable groups;

Prevention and Treatment of RTI/STI;



Reproductive Health Services for adolescents;

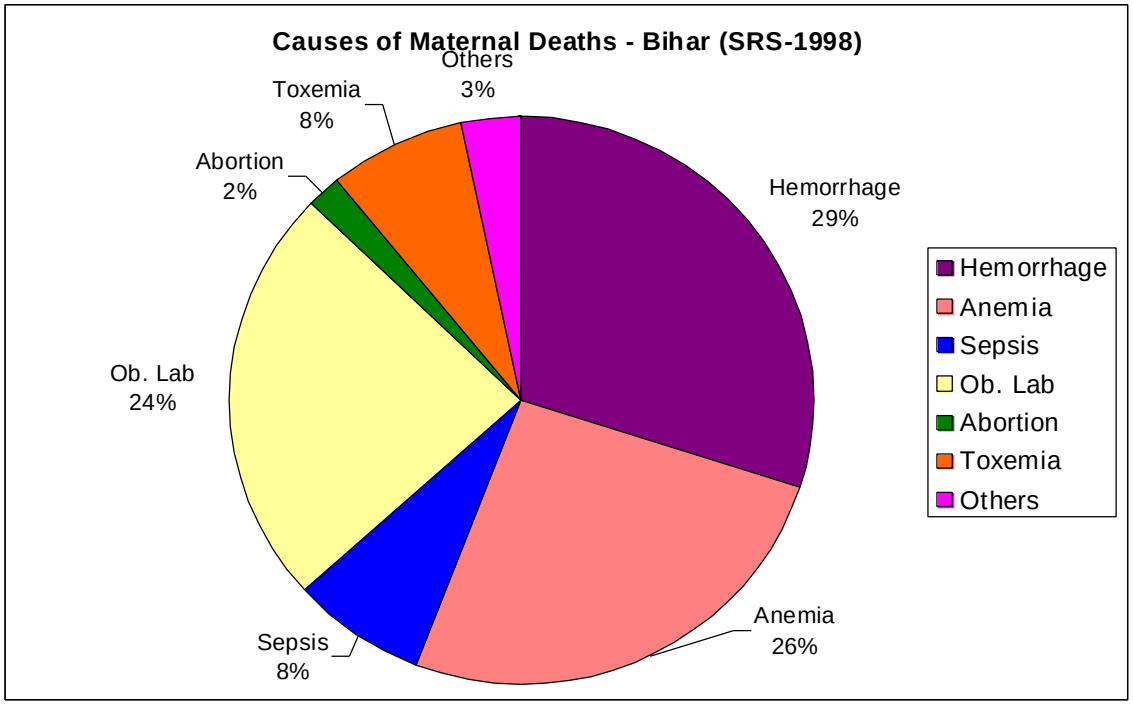
Prevention and treatment of Gynecological Problems;

Screening and treatment of cancers; especially uterine, cervical and breast.

Goals

The overall goal is to improve the quality of life of the people living in Patna district of Bihar by Reproductive and Child Health and stabilization of population

Reduce MMR from 389 (1998) to 100 per 100000 live births by 2010



Maternal Health

Goal/Objectives	Constraints	Strategies	Activities	Indicator
1. To improve coverage of antenatal care to 32.5 % to 100% by 2010.	Lack of awareness about importance of ANC .	Awareness generation about importance of ANC at Community level	Social mobilization to create demand in the community for ANC clinics	Increase in ANC registeration
			Use local resources in terms of ASHA , AWC and Panchayat members to inform the ANMs about teenage pregnancy and first time pregnancy	No. of teenage & first time pregnancy reported
			BCC in the community on the importance of seeking timely ANC	No. of BCC activities held
			Organizing weekly ANC clinics to improve early ANC registration and antenatal services.	No. of Weekly ANC Clinics organised

			Urgent need to fill vacant Posts.	No. of Vacancy filled
		Organising Regular ANC clinics at Health Centers level	Plan for establishment of APHCs or sub-centre to cover underserved areas and change the uneven distribution of public health institutions	No. of APHCs and Sub center made functional
To strengthen HSC and APHC for providing outreach maternal care	Lack of adequate infrastructure & Human resources	Organizing out reach ANC sessions	Organizing out reach ANC sessions in sub center/villages by LHVs assisted by ANMs on fixed days	No. of out reached ANC sessions organised and no. of ANC registeration
			Organizing ANC clinic sessions in remote areas through mobile health units.	No. of ANC sessions held by mobile health units and No. of ANC registeration
			Empanelling Gynaecologists for gynaecology OPD in under or un served areas	No. of visits made & cases attained by Pvt. Gynecologist
	Irregular supply of drugs & equipments	To streamline the logistics system and its management	Appointment of storekeeper on contract basis	No. of Store keeper appointed
		Appoint well qualified staff for store	Need based drug, Instrument procurement and transportation.	No. of drugs procured
To improve the service delivery system	Lack of Nursing Skill	Capacity building of staff at Maternal Health	Identification of training sites and trainers (SBA Training)	No. of t train

			Development of training sites	No. of training sites developed
			Training of ANM & Grade-A on ANC and SBA	No. of ANM & Grade-A trained on ANC and SBA
	Apathy behaviour of health personnel towards the beneficiary	Changing the attitude of service providers and improving their counseling skills	BCC and counseling sessions for service providers	No. of such sessions held and no. of ANC registration
To strengthen PHC s for providing maternal care	Lack of staff and specialist MOs	Organizing weekly ANC clinics in PHCs	Deployment of Gynecologist from District hospital and Referral hos. to PHCs for organizing weekly ANC clinics.	No. of Weekly ANC clinics organized at PHCs
			Have a fixed day and time at PHC and Sub Centers for conducting ANC clinics	Calendar for ANC prepared or not and ANC clinics organized or not as per schedule
			Developing linkages with private practitioners for early ANC registration and providing ANC services	No. of linkages established with Pvt. Practitioners
			Involvement of NGOs	No.of NGOs identified and

		Regular visit at PHC .DH/Ref. Hospital by private gynecologist.	Empanelling Gynecologists for gynecology OPD in PHC	No. of visits made & cases attained by Pvt. Gynecologist
	Hard to reach areas	Provision of Mobile Medical Unit	Have a regular mobile team visiting difficult / remote areas on fixed day and time.	No. of hard to reach villages visited by MMU
		Accreditation of private providers for eligible for benefits under JBSY.	Identification of Pvt. Service providers	No. of Pvt. Service providers identified and accrediated
			Accrediation of Pvt. Health facility under JBSY .	
To increase the institutional deliveries to 12.4% to 75 % by 2010	Lack of infrastructure /Facility at APHC and PHCs	Make all the existing 25 APHCs functional for 24*7 Delivery services.	Appointment and availability of Staff nurses & ANM to all PHCs/APHCs.	No. of Vaccant post filled
			Training of Staff nurses & ANM for skilled birth attendants	No. of ANM & Grade-A trained on SBA

			Establishment of Urban Health Centre and deployment of Human resources for delivery services.	No. of Urban Health centre established and conducting Ins. Delivery
			Appointment and availability of ANMs to all HSCs (Trained Skilled birth attendants)	No. of Vacant post filled
			Improve labour rooms/maternity wards and service environment in PHCs as per IPHS.	No. of labour rooms/maternity wards are upgraded
			Supply and support – drugs and supplies, equipment/instrument..	No. of drugs and equipments supplied to Health facility.
			Monitoring of services through Block medical officers and Block Health Managers.	Increase in ANC registeration
			Accrediation of Pvt. Health facility under JBSY .	No. of Pvt. Service providers identified and accrediated
To increase access to Emergency Obstetric Care for complicated deliveries.	At Patna ,Govt. health facilities have not at all any infrastructure at all in terms of staffs and equipment to tackle CEmOC	Strengthen FRUs and PHCs for CEmOC services	Equipping the FRUs and PHCs to provide basic and/ or comprehensive emergency obstetric health care.	No. of FRUs and PHCs are equipped for Bemoc/CEmoc
			Appointing required health professionals such as gynecologists, anesthetists and staff nurses to	No. of Sp para medi

			provide EmOC/BEmOC services	
			Empanelling Gynecologists on CALL BASIS for conducting institutional deliveries, providing Essential and Emergency Obs Care at government facilities	No. of visits made by & cases taken up by Pvt. Gynecologists
			. Hiring Anesthetists for facilities that have vacant Anesthetist positions	No. of Anesthetist hired
			Ensuring adequate and safe blood supplies by strengthening existing blood banks /storage or opening new blood banks/storage in the district.	No. of Blood banks/storage strengthen/established
			Establishing linkages/Accreditation with private nursing homes having adequate facilities to provide emergency obstetric care services	No. of Private nursing home accrediated for Cemoc
Monitoring & evaluation of Services		Monitor quality of services & utilization	Make district quality assurance committee functional.	No. of Visits made by District Quality Assurance Committee
			Quarterly visit of District Hospital/Ref. Hospital and PHCs for monitoring of quality of services provided	No. of District Hospital/Ref. Hospital and PHCs monitored b

POST PARTUM CARE

DLHS-3 report regarding Postpartum services show that 15.3 % women received PNC withing 48 hours of delivery on the other hand 61.9 % of women got atleast one TT injection during their pregnancy it reveals that services given to pregnant women in this regards are much higher than PNC and for that the cause could be poor home visits by the ASHA/AWW/ANMs

To increase coverage of post partum care to 15.3 % to 100% .by 2010	At Patna 99.9 % of the pregnant mother leave the health institution immediately after the bith of baby	Provision for at least 48 Hours stay at health institutions after delivery	Availability of bed and other facilities for the mother and neonates	No. of bed available for PNC
			Provision for JBSY benefits, only for those who resided in health facilities at least for 48 hours after the delivery	Increase in PNC
			Provision for MAMTA for PNC & Neo Natal care at every PHCs/ Referal Hospital.	No. of Facility have MAMTA
	Lack of follow up of cases	Follow-up (PNC) and monitoring by Link workers and health workers	Monitoring and follow up of cases by ASHA/LHV and ANM during their home visits especially for post natal care	
			Monitoring of ASHA/LHV and AN M home visits by Block Health Managers.	Increase in coverage of PNC
				No. of home visits made
			Provide neonatal care and integrated mother-child care during PNC visit.	I M

			Link up the AWW along with the ANM to use IMNCI protocols and visit neonates and mothers within three days and six weeks of delivery.	
			Use of Algorithm during PNC home visits by ANMs for IMNCI.	
			Sensitizing the MOs/ANM/LHV/AWWs on the need for providing care to women and new born during post natal period (as part of IMNCI training):	No. of home visits made within three days and six weeks of delivery
	Lack of coordination between the ICDS and Health deptt.	Convergence between the ICDS & health Department for better coordination.	Link up the AWW along with the ANM, LHV ,HW, to use IMNCI protocols and visit neonates and mothers within three days and 3 checks up	Decrease in MMR and IMR
	Lack of adequate staff for PNC and follow up of cases	Involvement of alternate trained staff in PNC	Involvement of Gramin Dais and ASHA in PNC	Increase in coverage of PNC
			Incentives for Dais & ASHA for PNC	No. of Dais & ASHA engaged for PNC

Lack of knowledge about the importance of PNC amongst beneficiary	IEC/BCC for awareness generation about the PNC	Undertake BCC among women on the need of contacting health personnel after home delivery.	No. of BCC activities undertaken
Poor monitoring of services	Monitoring & evaluation by MOs and Block Health Managers	Monitoring by Medical officer, BHM and MOIC of home visits made by ANM ,LHV , ASHA and Gramin Dais for postpartum care	No. of Home visits made by the health workers for PNC

A.2 Child Health

Infant and under five mortality rates are excellent indicators of health status of the children. In India there is no system for collection and analysis of data on morbidity during childhood. In the absence of morbidity data, available mortality data and analysis of causes of death have been utilized for drawing up priority interventions for improving child health. Ongoing major intervention programmes in child health include:- Essential new born care. Programmes for reducing mortality due to ARI and diarrhea and Immunization to prevent morbidity and mortality due to vaccine preventable diseases; E food and micronutrient supplementation programmes aimed at improving the nutritional status; Improved access to immunization, health care and nutrition programmes have resulted in substantial decline in IMR over the last five decades. However it is a matter of concern that the decline in prenatal and neonatal mortality has been very slow.

The major killers of children are – acute respiratory infections, dehydration due to diarrhea, measles and neonatal tetanus and in some areas malaria. The high prevalence of malnutrition contributes to over 50% of child deaths. In India, a significant proportion of child deaths (over 40% of under-five Mortality and 64% of infant mortality) take place in the neonatal period. Apart from infections, other causes like asphyxia, hypothermia and pre-maturity are responsible for neonatal mortality. About one-third of the newborns have a birth weight less than 2500 gram (low-birth weight). A significant proportion of mortality occurs in low-birth weight babies

Child Immunization and Vitamin A supplementation:

Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%)	32.6
Children (12-23 months) who have received BCG (%)	75.8
Children (12-23 months) who have received 3 doses of Polio Vaccine (%)	46.6
Children (12-23 months) who have received 3 doses of DPT Vaccine (%)	48.2
Children (12-23 months) who have received Measles Vaccine (%)	44.8
Children (9-35 months) who have received at least one dose of Vitamin A (%)	48.4
Children (above 21 months) who have received three doses of Vitamin A (%)	9

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 (%)	32.6
Children with Diarrhoea in the last two weeks who were given treatment (%)	80.9
Children with acute respiratory infection/fever in the last two weeks who were given treatment (%)	75.9
Children had check-up within 24 hours after delivery (based on last live birth) (%)	12.9
Children had check-up within 10 days after delivery (based on last live birth) (%)	13.6
Child feeding practices (Children under 3 years)	
Children breastfed within one hour of birth (%)	13.4
Children (age 6 months above) exclusively breastfed (%)	14.8
Children (6-24 months) who received solid or semisolid food and still being breastfed (%).	

Objectives	Constraints	Strategies	Activities	Indicator
To increase % of colostrums feeding from 13.8% to 100% within 1 hr of birth	Myths and misconception about the colostrums & breast feeding	BCC activities by ASHA/ MAMTA and ANM for colostrums feeding .	District Level workshop will be organized. BCC activities will be taken up for Changing behavior and Practices about Importance of breast feeding amongst the community at the time of delivery.	No. of BCC activities taken up for promotion of breast feeding
To increase exclusive breastfeeding among 0-6 month children from 14.8% to 100%	Myths and misconception about the breast feeding	Communication campaign will be designed to improve awareness about advantages of breastfeeding and exclusive	One to one meeting by ASHA/ LHV/AWW worker with mother for promoting Breast feeding Dissemination of information about	No. of BCC meeting held

		breastfeeding for 6 months.	importance of breast feeding during VH&N Days	% increase in breast feeding
			Dissemination of information about importance of breast feeding during Mahila Mandal meeting at AWC.	No of women provided the information regarding the breast feeding
To increase complimentary feeding among 6 month of children from 85% to 100%	Lack of knowledge about the importance of complimentary feeding	6 days integrated training program for ANMs and MOs on importance of counseling mothers about breastfeeding, new born care, management of diarrhea and ARI.	Identification of Master trainer	No. of Master trainer identified
	Myths & misconception about the complementary		Training of trainer on breast feeding ,complimentary feeding	No. of TOT on breast feeding

	feeding		Training of trainee on breast feeding , complimentary feeding	No. of health personnel trained on breast feeding
Providing Essential New Born Care at Facility level	Lack of training of Health personnel on New born care	Capacity building of Health personnel on New born care	Training of Medical Officers on new born care	No. of MOs trained on NBC
			Training of Staff Nurses and ANMs on new born care	No. of Staff nurses and ANM trained on NBC
			Training to skill birth attendants on new born care especially on danger signs	No. of SBA trained on NBC on danger signs
	Lack of Infrastructure and necessary guidelines at health facilities for new born care	Procurement of logistics and dissemination to health facilities	Supply of essential drugs and supplies on neonatal care	No. of drugs supplied on NNC
			Supply of equipments like neo natal respirator at PHC level onwards	No. of PHCs have respirator and others equipment like incubator
			Adaptation of Training manual for neo natal care	No. of Health facilities adopted the

				Manual for NNC
			Identification of training sites	No. of Training sites identified
			Provision of service guidelines for neo natal care	No. of Health facilities adopted guidelines for Neo Natal care
			Supply & display of IEC materials on neonatal care	No. IEC materials displayed
Providing Essential New Born Care at Community Level	Lack of Knowledge about the neo natal care	Capacity building of community as well as health personnel on neo natal care	Training of AWWs/ ASHA /ANMs/LHVs on neo natal care	No. of AWW/ANMs/LHVs/ASHA trained on NNC
			Training on Identifying danger signs of hypothermia, hypoxia and sepsis to ASHA, AWW .	
			Training of community based /volunteers on the community based interventions	No. of Volunteers trained
			Educating the community about	No. of people educated

				danger signs	
			Dissemination of information regarding home based neo natal care	Make Community Aware about home base neonatal care and need for timely referral of sick neonates and also for post neonatal interventions	Decrease in IMR
				BCC for promoting newborn care, exclusive breastfeeding and complementary feeding, immunization, polio eradication etc	No. of BCC activities taken up for hoe based NNC
				IEC/ Community mobilization for IMNCI	No. of IEC activities taken up for IMNCI
				Advocating exclusive breast feeding	No. of advocacy meeting held

Providing critical New born care at FRU level.	Lack of facility in terms of equipment , Human resources at FRUs for New Born care	Upgrading FRUs & Capacity building of Health personnel on New Born Care	All the FRU and PHC in a phase manner will be strengthened both in terms of increasing the technical skills of the health personnel, as well as supplying adequate drugs, equipments and logistics to meet the health and care needs of the children.	No. of FRU/PHCs strengthened
			Training of Pediatrician	No. of Pediatrician trained
			Support for Pediatrician on call basis	No. of Pediatrician empanelled for on call basis
			Supply of need based equipment and instrument (Baby warmer, neonatal respirator etc.)	No. of equipment purchased and distributed to health facilities
			Supply of need based drugs, medicines and supplies	No.of PHCs have need based medicine dupply

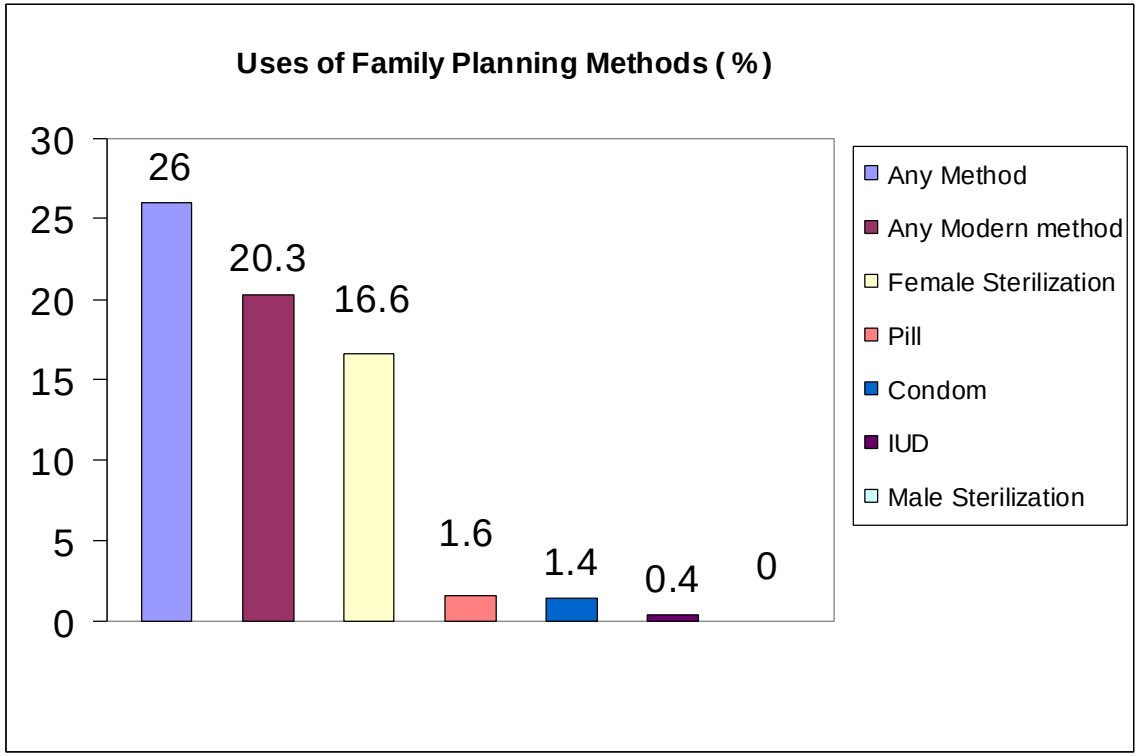
			ANM will be encouraged to make conscious effort during their outreach immunization programs at least once to make it convenient to reach out to the sick children and refer the needy.	No. of Sick children refer by ANM during their out reach sessions
			Key stakeholders will also be sensitized on the risk symptoms & timely referrals	No. of Key stake holders sensitized
			Link up with private practitioners especially in tribal and urban slum areas to provide services to the children.	No. of Private practitioners empanelled
			Advocacy among community members on the need to be alert for addressing timely health needs of the sick child. IEC and BCC activities will be accordingly developed.	No. of advocacy meeting held for community members

Management of Diarohea and ARIs	24 X 7 Control Room for Management of Diarrohea as like as 102, 1911 Call Centre	To increase ORS distribution from 32.6 % to 75%	Supply ORS packets & Cotrimoxazole tablets through AWWs	No. of ORS packets and cotrimoxazole tablets distributed.
			Referral of sick child to higher level of care by ASHA Divas initiative	No. of referral made by ASHA
		To increase treatment of diarrohoea from 80.9% to 100% within two weeks	Promoting home available oral dehydration fluids	Decrease in IMR
		To increase treatment of ARI/Fever in the last two weeks from 75.9% to 100%	Training of AWWs and FHW on recognizing danger signs	No. of AWWs/FHW trained on recognizing danger signs
			Referral of sick child to FRUs	No. of sick child referred to FRUs
		Implementing IMNCI in District to Manage sick Neo Nates and children in Phased Manner	First round of Training of trainer was organized in the year 2008.	

A.3 Family Planning

The availability of family planning does more than enable women and men to limit family size. It safeguards individual health and rights, preserves our planet's resources, and improves the quality of life for individual women, their partners, and their children. In all the blocks of Patna district the achievement with respect to target in case of Family Planning is not quite satisfactory.

The sterilization services are largely limited to district and Referal hospitals. There is unmet need exits in the state for limiting the family, which is around 10 %. To increase access to sterilisation services, it is planned that at least one facility in each of the 16 blocks will be developed for regular sterilisation services. This facility will provide complete range of family planning services like conventional vasectomy, traditional tubectomy, laparoscopic sterilisation, non scalpel vasectomy and safe abortion services along with IUD, Oral pills Emergency contraception pills, and non clinical contraceptives. These services will be made available on all days as per the clients need.



Goal - To stabilize district population by reducing Total Fertility Rate (TFR) from 3.5 to 3.0 by 2010 , In order to achieve this, reduce current unmet need for FP by 75%.

Objective	Constraints	Strategies	Activity	Indicator
To reduce Unmet Need for Spacing	Poor performances by the out reach Blocks.	Develop at least one facility in each block to provide all FP services including terminal methods on a regular basis.	All 24 x 7 PHCs provide regular clinical contraceptive services including IUD insertions	No.of PHCs providing all F.P services

			Skill upgradation of ANMs in IUD insertion.	No. of ANM trained in IUD insertion
			Organizing IUD camps at Block level	No. of IUD Camps organized
				No. of acceptor.
			Training of service providers on Minilap , NSV & Laproscopic	No.of Mos Trained on Minilap , NSV & Laproscopic
			Organising seminars/workshop on sterlisation services	No. of seminars/workshops organised
			Upgrading facilities for sterlisation services	No.of PHCs/FRUs upgraded for sterlisation services.
		Promotion & accessibility to spacing methods & emergency contraceptive	Need based supplies of drugs , equipment and instruments	No. of PHCs have regular supply of drugs, equipment and instruments
	Unavailability of surgeon at PHCs	Increase the availability of services through Public-Private Partnerships	Accrediation of private providers for providing sterilization Services at their facility.	No.of Pvt. Hospital/Clini NGOs accredi

			Compensation for sterilization done in Pvt. Accredited Hospitals	
			Accrediation of private providers for providing sterilization Services in camp mode	No. of Camps organised by accrediated facility
To reduce unmet Need for Terminal Methods	Poor Accessibility of operation camps		PHCs / Referal / District Hospital to provide fixed day female sterilization services.	No. of operation camps organised for female
			Compensation for female sterilization Acceptance	Amount distributed to the acceptor
				Increase in female sterlisation
	Poor PNC visits		Monitoring and supportive of ANM/LHV / AHSA to ensure that follow up services are being provided	Increase in NSV cases
To Increase NSV cases 0 % to 20 % (DLHS-3)	Poor male participation.	Increase male involvement in the use of contraceptive and motivate them for NSV	Organizing Fixed day NSV camp.	No. of NSV Camps organized
				No. of cases of male sterilization
			Compensation for NSV Acceptance	Amount distr acceptor

				Increase in NSV cases
	Poor IEC on NSV	Area wise BCC / IEC on NSV	Involvement of opinion leader, religious leader and PRIs for BCC	No.of meetings conducted with/by opinion leader , Religious leader and PRIs
			One to one meeting with eligible couple by ASHA/LHV	No. of one to one meeting conducted by AHSA/LHV
To ensure quality of services	Lack of knowledge on standards & quality assurance of sterilisation services	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services	Printing of Manuals	No. of Manuals printed
			Distribution of manuals to each & every surgeon and members of QAC	No. of manuals distributed to MOs and QAC members
			Displaying the information regarding quality of sterlisation services through hoardings	No. of hoardings established
Monitoring & evaluation of Services		Monitor quality of services & utilization	Quarterly visit of accrediated facility by QAC.	No. of Visits made by District Quality Assurance Committee
			Quarterly visit of District Hospital/Ref. Hospital and PHCs for monitoring of quality of	No. of District Hospital/Ref. Hospital and tl

			services provided	

SAFE ABORTION SERVICES

The outcomes of pregnancy are live births, stillbirths, spontaneous abortion and induced abortion. There were out of total reported pregnancies. About 90 percent of these ended as live births. The percentages of pregnancies that ended in spontaneous and induced abortions were five each, while the rest resulted in stillbirths. The incidence of pregnancy wastage in the absence of external intervention is more among women in the age group of 20-29 and 35-39 and many times it leads to maternal mortality and life time risk to the mother. To reduce this , a fully equipped MTP centre should be available at every PHC & CHC level and one module centre will be opened in Urban Hospitals for MTP & Family Planning Services.

Objective	Constraints	Strategy	Activities	Indicator
To increase access to early & safe abortion services	Lack of MTP services at health facilities	Procurement of essential equipment such as Vacuum extractor & Manual Vacuum aspirator	Ensure availability of MTPs in all FRU and PHCs	No. of Health facility where MTPs services available
	Lack of training about the MTP technique	Capacity building of Health personnel on MTP	Identification of Master trainers for MTP	No. of Master trainer identified
			Training of Trainers on MTP	No. of TOT organized
			Training of health personnel on MTP	No. of Health personnel trained on MTPs

			Use of private facilities for MTP training.	No. of Private facilities used for MTP training
		Accrediation of Private service providers/NGO Hospital for MTP	Encourage private practitioners to get their facilities recognized for providing MTP services.	No. of Private practitioners recognized for MTPs services.
	Lack of knowledge about the legal status of MTP	Conduct IEC/BCC activities	Disseminate information regarding the legal status of MTP and its availability by CBV, FHW, ANM, and ASHA by one to one meeting and group meeting .	No. of BCC activities conducted
			Establishment of hoarding at prominent places displaying the information regarding the legal status of MTP	No. of Hoarding established
	Lack of knowledge about the safe abortion services	Conduct BCC activities	Conduct IEC/BCC activities for spreading awareness regarding safe abortion services in the rural community.	No. of BCC activities conducted
			Promote culture of counseling among the providers.	No. of Grass root workers to be strengthened in

			Grass root workers to be strengthened in MTP counseling.	MTP counseling.

Following are the Health indicators of the district according to DLHS-3	
Marriage and Fertility, (Jan 2004 to 2008-09)	
Percentage of girl's marrying before completing 18 years	43.7
Percentage of Births of Order 3 and above	53
Sex Ratio at birth	97
Percentage of women age 20-24 reporting birth of order 2 & above	72
Percentage of births to women during age 15-19 out of total births	98.3
Family planning (currently married women, age 15-49)	
Current Use :	
Any Method (%)	26
Any Modern method (%)	20.3
Female Sterilization (%)	16.6
Male Sterilization (%)	0
IUD (%)	0.4
Pill (%)	1.6
Condom (%)	1.4
Unmet Need for Family Planning:	

PART B

ASHA (Accredited Social Health Activist)

About ASHA

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist – 'ASHA' or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. Following are the key components of ASHA:

- ASHA must primarily be a woman resident of the village – married/ widowed/ divorced, preferably in the age group of 25 to 45 years.
- She should be a literate woman with formal education up to class eight. This may be relaxed only if no suitable person with this qualification is available.
- ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.
- Capacity building of ASHA is being seen as a continuous process. ASHA will have t undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.
- At the village level it is recognised that ASHA cannot function without adequate institutional support. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be a major source of support to ASHA.

(1) ASHA Mentoring Group:

The Government of India has set up an ASHA Mentoring Group comprising of leading NGOs and well known experts on community health. Similar mentoring groups at the State/District/Block levels could be set up by the States to provide guidance and advise on matter relating to selection, training and support for ASHA. At the District level, MNGOs and at Block level, FNGOs could be involved in the mentoring of ASHA. The State Govt. may utilize the services of Regional Resource Centre (RRC) and include them in the Mentoring Group at the State level.

(2) Selection of ASHA

पटना जिलान्तर्गत आशा की अद्यतन स्थिति

क्र0सं0	प्रखण्ड / प्राथमिक **स्वास्थ्य केन्द्र का नाम**	वर्ष 2009–10 के ग्रामीण जनसंख्यानुसार निर्धारित आशा की सं0 (स्वीकृत)	वर्तमान में कार्यरत आशा की सं0	प्रशिक्षित आशा की सं0	शेष चयन किये जाने वाली आशा की संख्या	शेष प्रशिक्षित किये जाने वाली आशा की संख्या
1	पुनपुन	116	109	75	7	34
2	धनरूआ	215	175	175	40	0
3	मनेर	220	171	171	49	0
4	नौबतपुर	214	171	171	43	0
5	फुलवारीशरीफ	238	125	125	113	0
6	संपतचक	67	49	49	18	0
7	बख्तियारपुर	172	123	113	49	10
8	पंडारक	156	139	123	17	16
9	बिक्रम	172	139	134	33	5
10	दुल्हिनबाजार	125	103		22	103
11	मसौढ़ी	158	153	82	5	71
12	पालीगंज	213	213	117	0	
13	बिहटा	259	211	174	48	

14	सदर प्रखण्ड	122	66	66	56	0
15	बाढ़	133	115	109	18	6
16	अथमलगोला	69	64	64	5	0
17	बेलछी	56	49	49	7	0
18	दानापुर	199	113	113	86	0
19	मोकामा	207	111	111	96	0
20	घोसवरी	67	57	57	10	0
21	फतुहां	157	77	54	80	23
22	खुसरूपुर	67	31	5	36	26
23	दनियावाँ	72	56	56	16	0
कुल		3474	2620	2193	854	427

नोट : राज्य स्वास्थ्य समिति, बिहार द्वारा पटना जिला के आशा का नव निर्धारित लक्ष्य 3233 (वर्ष 2009) तय किया गया है। यह पूर्व में 2757 था।

No. of ASHA PresentlY Working In the District	**2009-10**	**2620**
No. of Trained ASHA Working In the District	**2009-10**	**1932**

(3) Training of ASHA

The guidelines already issued on ASHA envisage a total period of 23 days training in five episodes. However, it is clarified that ASHA training is a continuous one and that she will develop the necessary skills & expertise through continuous on the job training. After a period

functioning in the village it is proposed that she be sensitized on HIV / AIDS issues including STI, RTI, prevention and referrals and also trained on new born care.

(4) Familiarizing ASHA with the village:

Now, that ASHAs have been selected, the next step would be to familiarize her with the health status of the villagers and facilitate her adoption to the village conditions. Although, ASHA hails from the same village, she may not be having knowledge and information on the health status of the village population. For this purpose, she should be advised to visit every household and make a sample survey of the residents of village to understand their health status. This way she will come to know the villagers, the common diseases which are prevalent amongst the villagers, the number of pregnant women, the number of newborn, educational and socio economic status of different categories of people, the health status of weaker sections especially scheduled castes/scheduled tribes etc. She can be provided a simple format for conducting the surveys. In this she should be supported by the AWW and the Village Health & Sanitation Committee.

The Gram Panchayat will be involved in supporting ASHAs in her work. All ASHAs will be involved in this Village Health and Sanitation Committee of the Panchayat either as members or as special invitees (depending on the practice adopted by the State). ASHAs may coordinate with Gram Panchayats in developing the village health plan. The untied funds placed with the Sub-Centre or the Panchayat may be used for this purpose. At the village level, it is recognized that ASHA cannot function without support. The SHGs, Woman's Health Committees', Village Health and Sanitation Committees' of the Gram Panchayat will be major sources of support to ASHA. The Panchayat members will ensure secure and congenial environment for enabling ASHAs to function effectively to achieve the desired goal.

(5) **Maintenance of Village Health Register:** A village health register is maintained by the AWW which is not always complete. ASHA can help AWW to complete and update this register by maintaining a daily diary. The diaries, registers, health cards, immunization cards may be provided to her from the untied funds made available to the Sub-Centres.

(6) **Organization of the Village Health and Nutrition Day:** All State Governments are presently organizing monthly Health and Nutrition day in every village (Anganwadi centers) with the help of AWW/ANM. ASHA along with AWW should mobilize women, children and vulnerable population for the monthly health day activities like immunization, careful assessment of nutritional status of pregnant/lactating women, newborn & children, ANC/PNC and other health check-ups of women and children, taking weight of babies and pregnant women etc. and all range of other health activities. The ANM and the AWW will guide the ASHA during the monthly health days. The organization of the monthly Health and Nutrition Days ought to be jointly monitored by the CDPO, LHVs, and the Block Supervisor of the ICDS periodically.

(7) **Co-ordination with SHG Groups**: ASHA would be required to interact with SHG Groups, if available in the villages, along with AWW, so that a work force of women will be available in all the villages. They could jointly organize check up of pregnant women, their transportation for safe institutional delivery to a pre-identified functional health facility. They could also think of organizing health insurance at the local level for which the Medical Officer and others could provide necessary technical assistance.

(8) **Meeting with ANM**: ANM should have a monthly meeting with the ASHAs stationed (5-6 ASHAs) in the villages of her work area at the Anganwadi Centre during the monthly Health and Nutrition Day to assess the quality of their work and provide them guidance.

(9) **Monthly meetings at PHC level:** The Medical Officer In-charge of the PHC will hold a monthly meeting which would be attended by ANM and ASHAs, LHVs and Block Facilitator. During this period, the health status of the villages will be carefully reviewed. Paym ASHAs under various schemes could be organized on that day so that ASHA need not visit the PHC many times to receive her inc

ensure that payment to ASHA are made promptly through a simplified procedure. During these meetings, the support received from the Village Health and Sanitation Committee and their involvement in all activities also should be carefully assessed. The ASHA kits also could be replenished at that time. Replenishment of kit should be prompt, automatic and through a simplified procedure.

(10) Monthly meetings of ASHAs: A meeting of ASHA could be organized on the day monthly meetings are organized at the PHC level to avoid unnecessary travel expenditure and wastage of time. The idea is that apart from the meeting with officials they should be given opportunity to share sometime of their own experience, problems, etc. They will also get an opportunity to independently assess the health system and can bring about much needed changes.

In addition to monthly meetings at PHC, periodic retraining of ASHAs may be held for two days once in every alternate month where interactive sessions will be held to help then to refresh and upgrade their knowledge and skills, as provided for in the original guidelines for ASHA.

(11) Block level management: At the block level, the BMO will be in overall charge of ASHA related activities. However, an officer will be designated as Block level organizer for the ASHA to be assisted by Block Facilitators (one for every 10 ASHAs). Block Facilitators could be appointed as provided for under the first set of guidelines on ASHA already issued to the States. The Block Facilitator may be necessarily women. However, male members if any, who may have already been appointed earlier as Block Facilitator may continue. The Block Facilitators would provide feedback on the functioning of ASHAs to the BMO & Block level organizers. They shall also visit the ASHAS in villages.

(12) Management Support FOR ASHA:: Officials in the ICDS should be fully involved in ASHAs activities and their support should be provided for at every level i.e. PHCs, CHCs, District Society etc. The management support which would be provided under RCH/NRHM at the Block, District & State level should be fully utilized in creating a network for support to ASHA including timely disbursement of incentives

This support system should have full information on the number of ASHAs, quality of their out put, outcomes of the Village Health and Nutrition Day, periodic health surveys of the villages to assess her impact on community etc.

(13) Community monitoring: Periodic surveys are envisaged under NRHM in every village to assess the improvement brought about by ASHA and other interventions. The funding for the survey will be provided out of the untied funds provided to the Sub-Centre. The first survey would provide the base line for monitoring the impact of health activities in the village.

Health Sub Center

Objective	Constraints	Strategies	Activities	Indicator
To make all the HSCs functional	Out of 418 HSC only 96 having own building & 243 are running in rented building	Strengthening all the existing HSCs that's have own building by proper utilization of Untied fund	Running water facility by using untied funds	Almost No. of HSCs have running water facility
	Lack of appropriate furniture and stationery		Procurement of furniture and stationery as per IPHS norms	No. HSCs that are provided furniture & statio

	Lack of equipments		Procurement of equipment as per IPHS norms	No. of equipment procured
			Supply of equipment to HSCs	No. of HSCs have supply of those equipments
	Lack of Human resource out of 836 sanctioned post of ANM (R) 316 post are vaccant	Recruitment and selection of ANM (R)	Publication of vacancies in the newspaper	No.of advertisement published
	Rate of turn-up in interview is very low		Organise Walk-in - interview on every first week of the month for the selection of ANM	No. of Interview held per month
			Hiring of 25 ANMs for out reach services.	No. of ANM selected
	Lack of Nursing skill	Skill development programme for contractual ANM	Selection of Training sites	No. of training sites selected
			Development of training sites	No. of training sites developed
			Identification of Trainer	No. of trainer identifed
			Training of ANM on SBA and other primary health	No. o SBA

			services	
Construction/ Rennovation of Existing HSCs and proposed 210 HSCs	unavailability of Land only 1-2 HSCs have availability of land	Community mobilization for land donations	Involvement of opinion leader, and PRIs for Community mobilization for land donations .	No. of meetings held with and by the opinion leaders and PRIs for land donations
				Land donated for HSCs (No.)
			Meeting with C.O/B.D.O in the chairmanship of District Magistrate for availability of land	Every Tuesday No.of meetings held (Distt.Technical Committee)
				Land available for HSCs (No.) by the administrative
		To make 169 building less HSCs Functional in rented building .	Provision for rented building	Fund available or not
			Fund availability	
			Procurement of furniture and equipment as per IPHS norms	No. of furniture and equipment procured

	Irregular/non payment of rent of 243 rented building	Regularizing the rent payment	Regularizing the payment of rent through PHC untied fund/RKS fund	Rent paid through PHC untied fund/RKS fund in no.
Strenghtening the HSCs by 100% utilization of untied funds	Late disbursement of untied funds by DHS to PHCs again delay by the PHC	Timely disbursement of fund	Disbursement of fund on time by the DHS to PHC and PHC to HSC	No. of Bank Account opened
	No bank account in the name of ANM		Opening of Bank Account in the name of ANM	
	Lack of awareness about the nature of job done from the untied funds	Capacity building of account holder	Training of account holder on account operation , book keeping and nature of jobs done by the untied fund.	No. of training held
Strengthening the Service delivery at HSC level	Non availability of drug kits as per IPHS Norms	Strengthening of DHS on Drug Procurement	Identification of Need	No.of need/indent identified/ received
			Procurement of drugs and equipments by the DHS	No. of Drugs and equipment procured
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to HSCs
	No supply of even basic drugs at HSC	Appointment of contractual Storekeeper at DHS	Provision by the S.H.S ,Bihar for the contractual appointment of Storekeeper	

	Irregular presence of staffs	Social Audit	Community mobilisation	Rate of absenteism is decreased
			Construction of Staff Quarter	No. of quarter prepared
	No ANC at HSC level	Phasewise strengthening of 85 HSCs for conducting ANC atleast one day in a week as per IPHS norms.	Training of ANMs on ANC and SBA	No. of training held
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to HSCs
Promotion of Social audit	Lack of knowledge and level of awareness about the service delivery system	IEC/BCC activities to increase the level of awareness .	Displaying all the services (Citizen's charter) provided by the HSCs at Sub centre as well as prominent places of the villages	No. of Citizen's charter displayed
		Strengthening Village Health and Sanitation Committee .	Formation of Village Health and Sanitation Committee	No. of VHSC formed
			Opening of Bank Account of Village Health and Sanitation Committee	No. of bank Account opened for VHSC

			Capacity building of account holder of village Health and Sanitation Committee on account operation & nature of works may be done by the untied funds	No. of training held

Additional Primary Health Centers

Objective	Constraints	Strategies	Activities	Indicator
To make all the 60 existing APHCs functional	Lack of proper building/infrastructure	Strenghtening all the existing APHCs that's have own building by proper utiilisation of Untied fund	Running water facility by using untied funds	No. of APHCs have running water facility
	Lack of appropriate furniture and stationery		Procurement of furniture and stationery as per IPHS norms	No. APHCs , those provided furniture & stationery
	Lack of equipments		Procurement of equipment as per IPHS norms	No. of equipment procured
			Supply of equipment to APHCs	No. of APHCs have supply of those equipments

	Lack of Human resource out of 104 sanctioned post of contractual Grade-A 35 post are vaccant	Recruitment and selection of Human resource	Publication of vacancies in the newspaper	No.of advertisement published
	Out of 120 sanctioned post of ANM(regular) 60 Post are vacant		Organize Walk-in - interview on every first week of the month for the selection of Con. Grade-A nurse	No. of Interview held per month
	Out of 60 sanctioned post of Medical officers 21 posts are vacant			No. of Grade -A selected
	Most of the APHC staffs are deputed to respective PHC hence APHC are defunct	Diminish the deputation policy	sending back to staff at their respective APHCs	Increase in Human Resource
	Lack of Nursing skill	Skill development programme for contractual Grade-A nurse	Selection of Training sites	No. of training sites selected
			Development of training sites	No. of training sites developed
			Identification of Trainer	No. of trainer identifed
			Training of Grade-A on SBA and other primary health services	No. of Grade-A trained on SBA
Construction/ Renovation of Existing APHCs and proposed 36 APHCs	unavailability of Land	Community mobilization for land donations or Health Deptt purchased land for Hospitals Building	Involvement of opinion leader, and PRIs for Community mobilization for land donations .	No. of meetings held with and by the opinion leaders and PRIs for land donat
				Land

				(in No.)
			Meeting with C.O/B.D.O in the chairmanship of District Magistrate for availability of land	No. of meetings held
				Land available for APHCs (in No.) by the administrative initiative
Strengthening the Service delivery system at APHC level	Non availability of drug kits as per IPHS Norms Irregular presence of staffs	Strengthening of DHS on Drug Procurement Drug Store at DHS Level on Line Demand	Identification of Need	No. of need/indent identified/ received
			Procurement of drugs and equipments by the DHS	No. of Drugs and equipment procured
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to APHCs
		Social Audit	Community mobilization	Rate of absenteeism is decreased

Promotion of Social audit	Lack of knowledge and level of awareness about the service delivery system amongst the masses	Phase wise strengthening of all the APHCs for conducting OPD & ANC at least 3 day in a week	Deployment of staff including MO ,ANMs , Grade-A nurse , Pharmacists etc.	No. of Staff Deployed
		IEC/BCC activities to increase the level of awareness .	Displaying all the services (Citizen's charter) provided by the APHCs at centre as well as prominent places of the villages	No. of Citizen's charter displayed
		Strengthening Village Health and Sanitation Committee .	Formation of Village Health and Sanitation Committee	No. of VHSC formed
			Opening of Bank Account of Village Health and Sanitation Committee	No. of bank Account opened for VHSC
			Capacity building of account holder of village Health and Sanitation Committee on account operation & nature of works may be done by the untied funds	No. of training held

Primary Health centers:

Objective	Constraints	Strategies	Activities	Indicator
To make all the 23 existing PHCs functional as per the IPHS norms (30 bedded)	Lack of proper building/infrastructure Govt. Agency is over loaded	Up gradation of PHCs into 30 bedded CHCs by phase wise manner To Appoint Engineers at District Level and construct building guidelines on Bihar Education Project	Selection or making priority list of PHCs which has been up graded into CHCs in phase wise manner.	How many PHCs has been selected for up gradation
			Preparation of estimate for up gradation of PHCs into CHCs	No. of PHCs have got administrative and technical approval for up gradation
				No. of PHCs has been upgraded into CHCs
	Lack of appropriate furniture and stationery		Procurement of furniture and stationery as per IPHS norms	No. of PHCs , those provided furniture & stationery as per IPHS norms
	Lack of equipments	Strengthening all the existing PHCs that's have own building by proper utilization of Untied fund	Procurement of equipment as per IPHS norms	No. of equipment procured
			Supply of equipment to PHCs	No. of PHCs have supply of those equipments
	Lack of Human resource- out of 92 sanctioned post of Contractual Specialist Doctors only 77	Recruitment and selection of Human resource	organise online appointment once in every month for appointment of contractual	No. of On-line Selection processes co

	Specialist MO Posted		Doctors	No. of contractual Doctors appointed.
			Empanelling Gynaecologists for PHCs to provide ANC/PNC services at fixed day	No. of Gynae empanelled for ANC/PNC
			Hiring Paediatrician for PHCs to OPD services at fixed day.	No. of Paediatrician hired
		Hiring private specialist Doctors , where post is vacant	Empanelling Gynaecologists on CALL BASIS for conducting institutional deliveries, providing Essential and Emergency Obs Care at government facilities	No. of Gynae empanelled on call basis for CEmoc/BEmoc
			Hiring Anesthetists for facilities that have vacant Anesthetist positions	No.of Anesthetists hired
	Out of 102 requirment of Pharmacists only21 are working, 81 post are vacant, out of 46 sanctioned post of Lab. Technician 39 are vacant .		Appointment of Pharmacists and Lab. Technician on contract basis	No. of Pharmacists and Lab. Technician on appointed contract basis
	Irregular Human resource policy (transfer & Posting)		Preparation of a Proper standing order for transfer and Posting of Doctors	
	Lack of Proper training to Health	Skill development programme	Selection of Training sites	Nc

				selected
			Development of training sites	No. of training sites developed
			Identification of Trainer	No. of trainer identifed
	personnel on latest technique	for Health Personnel	Training of ANM/Grade-A on SBA and other primary health services	No. of Grade-A and ANM trained on SBA
			Training of MOs on CEmoc/BEmoc	No. of MOs trained on CEmoc/BEmoc
			Training of MOs on Anesthesia	No. of MOs trained on Anesthesia

Construction/ Renovation of Existing PHCs	Delay/ performance of works is very slow by Public Work Department (Building Division)	Constitution of Separate Engineering department for construction/renovation of Health facilities	Appointment of Civil Engineers.	No. of Engineers appointed
Strengthening the Service delivery system at PHC level	Non availability of drug kits as per IPHS Norms Irregular presence of staffs	Strengthening of DHS on Drug Procurement	Identification of Need by MOICs with the help of BHM/ MOs	No. of need/indent identified/ received
			Procurement of drugs and equipments by the DHS	No. of Drugs and equipment procured
			Supply of drugs and equipments as per need	No. of drugs and equipment Supplied to APHCs

Promotion of Social audit	Lack of knowledge and level of awareness about the service delivery system amongst the masses	IEC/BCC activities to increase the level of awareness .	Displaying all the services (Citizen's charter) provided by the PHCs at centre as well as prominent places of the villages	No. of Citizen's charter displayed
			Capacity building of Member of RKS on Various issues such as aims & objective of RKS , nature of works may be done by the RKS funds	No. of training held

Health Facilities in the District

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

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

In Bihar, CHCs are absent and PHCs serve at the population of one lakh while APHCs are formed to serve at the popula 30,000. The absence of CHC and the specialised health care it offers has put a heavy toll on PHCs as well as district and

hospitals. Moreover various emergency and expert services provided by CHC cannot be performed by PHC due to non availability of specialised services and human resources. This situation has led to negative outcomes for the overall health situation of the state.

S.No.	Existence of Health Facilities	No.
1	No. of PHCs	23
2	No. of Referral Hospital	04
3	No. of Sub. Div. Hospital	03
4	No. of Medical College & Hosp.	02
5	No. of Urban Hospital	04
6	No. of Dispensary	04
7	No. of Blood Storage Unit	03

Primary Health Centres: Infrastructure

S. No	PHC/ Referral Hospital/SDH/DH Name	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	Patna Sadar	Govt.	++	NA	A	N	NA	#	2	NA	NA	#	#
2	Phulwarisharif	GOVT	+ + +	A	A	A	A	+ +	25	6	A	+ + +	+ + +
3	Sampatchak	Govt	+	na	i	A	NA	#	5	6	NA	#	#
4	Danapur	Govt	+++	A	A	A	NA	#	8	6	NA	#	#
5	Maner	Govt	+	A	NA	A	A	++	17	6	A	+	+++
6	Ref. Bihta	Govt.	++	A	A	A	A	+++	28	19	A	++	++
7	PHC Biha	Govt.	+++	A	A	A	NA	NA	7	0	NA		
8	Bikram	GOVT	+++	A	A	A	A	+++	7	6	A		

9	Dulhin Bazar	APHC Building	#	NA	NA	NA	#	-	-	-	NA	#	#
10	Paliganj Ref.	GOVT.	+++	A	NA	A	A	++	15	30	NA	++	++
11	Naubatpur	GOVT	++	A	A	A	A	++		30	A	++	++
12	Punpun	GOVT	++	-	-	A	A	A	13	6	A	-	-
13	Masaurhi	Govt	+++	A	1	A	A	++	15	6	NA	++	++
14	Dhanarua	Govt.	A	A	A	A	+++	5	6	A	A	+++	+++
15	Fatuha	GovT	+++	A	A	A	A	+++	5	10	1	+++	+++
16	Daniyawan	Gov.	+++	4	A	A	A	+++	8	6	4	#	+++
17	Khusrupur	Gov	+++	A	A	A	A	+++	15	6	A	+++	+++
18	Bakhtiyarpur	Govt	+++	A	A	A	A	+++	15	6	A	+++	+++
19	Barh	Govt	#	NA	A.	A	N.A.	#	5	N.A.	Nil	#	#
20	Athmalgola	Govt	++	Yes	NA	A	NA	NA	8	NA	NA	NA	NA
21	Belchi	GOVT.	+++	A.	A.	A.	A.	+++	8	N.A.	N.A.	+++	+++
22	Pandarak	Govt	+++	A	A	A	A	+++	11	6	A	+++	+++
23	Mokama	Govt	+++	+++	+++	+++	+++	+++	18	11	+++	+++	+++
24	Ghoswari	Govt.	++	NA	NA	#	#	8	4	#	N	I	N
	Total								253	166			

Staff Position –PATNA DISTRICT

S.No.	Name of the Post	Sanctioned Post	Posted	Vaccant
1	Medical Officers (R)	304	259	45

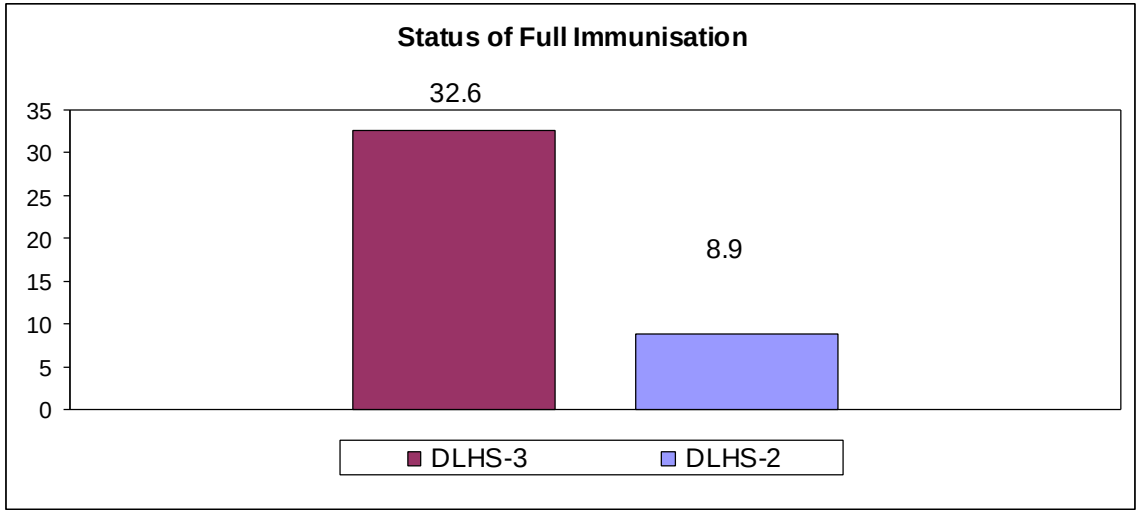
2	Medical Officers (C)	92	75	17
3	ANM (Govt)	524	523	1
4	ANM (R)	418	378	40
5	Block Extension Educator (B.E.E.)	16	6	10
6	Dresser	95	22	73
7	Eye Assistant	8	8	0
8	Health Educator	44	39	5
9	L.H.V.	48	38	10
10	Nurse Grade 'A'	41	27	17
11	Grade – A Nurse (C)	120	0	120
12	Vaccinator	31	10	21
3	MS(Obs. & Gynae)	10	10	0
4	Dental Surgeon	2	1	1
5	Sanitary Inspector	17	8	9
6	B.H.W.	72	60	12
7	Statistical Assistant	17	13	4
8	Pharmachist	107	45	62
9	Trained Dai	13	9	4
10	Lab Technicians	84	31	53
11	X- Ray Technicians	9	8	1
12	Driver	58	38	15
13	Male Family Planning Worker	50	49	1
14	Health Worker	7	2	5
15	X-Ray ChitraKar	9	8	1
16	Driver	53	38	15
17	BHW	72	60	12
19	Special Cholorea Inspector	21	14	7

20	District Programme Manager (DPM)	1	1	0
21	District Accounts Manager, DAM	1	1	0
22	District M & E Off	1	1	0
23	Block Health Manager (C)	23	23	0
24	Data Centre Operators	29	27	2
25	DPM –Asha (C)	1	0	1
26	Block Asha Manager (C)	23	0	23

PART C

A.2.1 IMMUNISATION

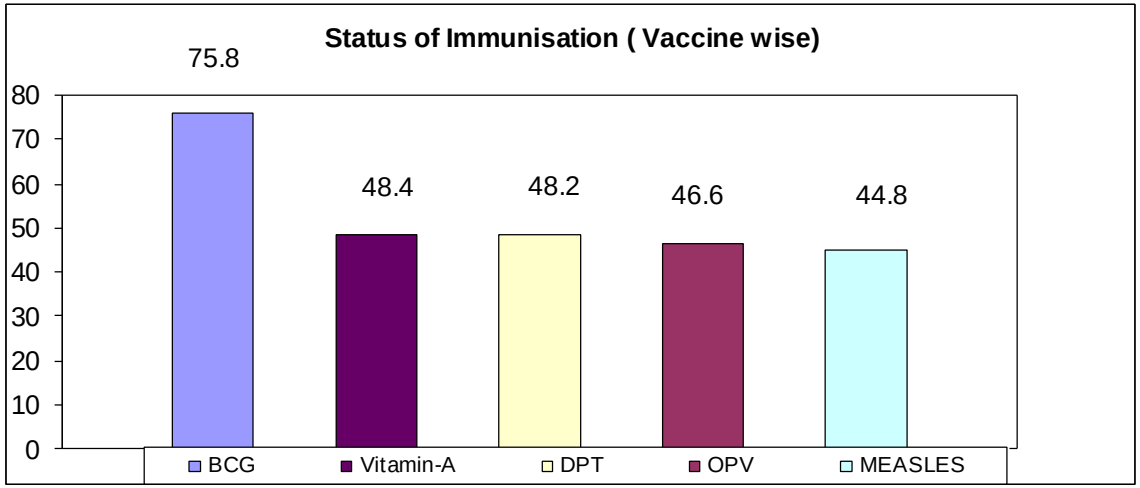
To Strenghten/accelarate the Immunization programme the GOB launches "MUSKAN-EK ABHIYAN" programme in the year 2007 . And this programme has a very positive impact on immunisation . The rate of full immunisation goes up significanlty from 8.9% (DLHS-2) to 32.6 % (DLHS-3) . But when we compare this progress to State and National level we find that we are far behind and we have to do lot of hard work to achieve 100% full immunisation . We need to open centre in slum area and appoint motivator on incentive basis.



वर्ष (2009–10)

मुस्कान–"एक अभियान" कार्यक्रम का माहवार प्रतिशत रिपोर्ट

S.No.	Month	% Achievement
1	April '09	91.6%
2	May '09	93.7%
3	June '09	91.3%
4	July '09	90.7%
5	Aug'09	94.2%
6	Sept'09	99.2%
7	Oct'09	97.6%



Drop out rate between BCG & Measles

Generally the gaps between BCG and measles were up to 5% but according to the above chart (Dlhs-3) it raises up to 31 %. It's a very high and the matter of great concern. The reason behind it is:-

- The beneficiaries of BCG were migrate to other places.
- Poor service delivery
- Regular Availability of vaccines
- myths and misconception of community about the immunization
- Hard to reach immunization sites

It is necessary to break the gap between BCG and Measles. So we will look in matter indeep and try to provide all the children BCG vaccine as well as Measles including all vaccine in between like DPT, OPV etc.

Goal - To reduce the mortality of children from vaccine prevented diseases

Objective	Constraints	Strategies	Activity	Indicator
To Increase in percentage of fully protected children in 12-23 months as per national immunization schedule to 56 % to 85 %	Human resource shortage at all levels	Appointment of Staff	Publication of vaccancies * PPP intervention for immunisation	No. of Staff Selected
			Selection of staff	
			Hired retired ANMs for holding immunization sessions in remote areas	No. of ANMs hired
	Shortage of vaccines & cold chain equipments	Streamline the procurement and supply chain of vaccines	Ensure availability of vaccines and regular immunization services/equipments in PHCs and FRUs	No. of PHCs have all the vaccines through out the year
			Fund for Local Annual Maintenance contract for Cold Chain equipment	AMC for Cold Chain equipment
	Inconsistent delivery of Vaccines & syringes to district	Emergency Vaccine/Syringes procurement fund at PHC level	Procure at least three months stock of all the vaccines at PHC level	No. of PHCs have all the vaccines and syringes through out t

				year
	Poor monitoring	Involvement of CDPO& Health Managers for Monitoring	Necessary guideline for Involvement of Health Managers for Monitoring	Preparation and adoption of guidelines
			Constitution of District task force for monitoring	No. of session sites monitored by DTF
	Far away immunization sites		Proper Transportation facility for Courier	No. of Courier have Transportation facility
			Increase in mobility support for Vaccine Courier from Rs. 50 to Rs.100	
	Myths and misconception about the immunization	BCC for awareness generation program on need for immunization	One to one meeting by ASHA/AWW with parents of the child	No. of one to one meeting held by the ASHA
			Involvement of opinion leader, religious leader and PRIs	No. of BCC meetings organized with opinion leaders/religious leaders

			Advertisement through local cable channels	No. of Advertisement on Air
			Wall writing , street play , Hoardings	No. of wall writing and street plays conducted
To strengthen the Muskan Ek Abhiyan Program	Inconsistent Payment of incentive money to ASHA/AWW/ANM	Consistent payment of incentive money to ASHA/AWW/ANM	Responsibility of incentive payment should be given to BHM/BAM	Decrease in Back log of payments
			Provision for Incentive money for less than 80% Coverage for ANM , ASHA, AWW for their moral boost up.	Rate of immunization goes up
To Strengthen immunization in Urban areas	Inadequate health infrastructure in urban areas	Establishment of Urban Health center/Programme	Establishing immunization sites on rent	No. of immunization sites established on rent
To strengthen immunization in urban slum	Poor Coordination		Recruitment of human resources on contract for urban health center	No. of Staff recruited on contract for UHC
		PPP with Pvt. Clinics/NGO Hospita PPP with Pvt.	Identification & selection of Pvt.clinics/ NGO hospital for	No. of Pvt. Clinics / NG hospital identified &

			immunisation.	
	Poor motivation in slum areas	Clinics/NGO Hospitals Motivator from same community	Incentive for Pvt. Clinics/NGO hospital for fully immunized children Incentre for Pvt Clinic/NGO Hospital/Motivate immunized children	empanelled & Motivator

PART D

B.3 National Vector Borne Disease Control Programme

The NVBDCP was initiated in the year 2003-2004. It is an umbrella programme for prevention and control of vector borne diseases including Malaria, Filaria, Kala-azar and Dengue. Under the programme comprehensive and multi sectoral public health activities are implemented. Districts teams should review incidence and prevalence data available for these diseases in the district through surveillance activities and plan as per national strategy adapted to address local needs. Vector borne diseases like Malaria, Kala-azar , Dengue and Japanese encephalitis are outbreak prone diseases and therefore during formulation of the district health plan, epidemic response mechanism should also be outlined.

The main objectives of NVBDCP are:

To reduce mortality and morbidity due to Malaria

To reduce percentage of PF cases.

To control other vector borne diseases like Kala azar , Dengue, Filaria, Chikungyniea etc.

Patna is a Kala azar & Malaria prone district of Bihar .

ANNUAL ACTION PLAN

FOR KALAZAR ELIMINATION

2010-2011

प्रस्तावना

कालाजार नियंत्राणार्थ निरोधत्मक कार्रवाई के तहत कालाजार प्रभावित क्षेत्राों में प्रति वर्ष दो चक्र डी0डी0टी0 छिड़काव का प्रावधन है । प्रथम चक्र डी0डी0टी0 छिड़काव माह पफरबरी–मार्च तथा द्वितीय चक्र डी0डी0टी0 छिड़काव माह मई–जून में 60–60 कार्य दिवस का कराये जाने का प्रावधन है । छिड़काव हेतु डी0डी0टी0 की आपूर्ति भारत सरकार द्वारा की जाती है । बित्तीय वर्ष 2010–2011 का छिड़काव पर होने वाले अनुमाणित राशि की गणना माह नबम्बर 2009 तक कालाजार प्रतिवेदित रोगीयों की संख्या एवं राज्य कार्यक्रम पदाध्किारी, मलेरिया / कालाजार, बिहार के निदेश के आलोक में की गई है ।

बर्तमान में पटना जिलान्तर्गत कुल 23 प्रखण्डों में से 22 प्रखण्ड कालाजार प्रभावित है । डी0डी0टी0 छिड़काव एक चक्र कराने हेतु प्रस्तावित जनसंख्या 10,08,885 है । कालाजार नियंत्राणार्थ उच्चाध्किारी द्वारा निधर्रित मापदंड के अनुसार 60 दिनों के लिए 56 छिड़काव दल की आवश्यकता होगी । इसके लिए 56 श्रेष्ठ क्षेत्राीय कार्यकर्ता एवं 280 क्षेत्राीय कार्यकर्ता की आवश्यकता होगी ।

छिड़काव हेतु प्रस्तावित जनसंख्या 10,08,885 में एक चक्र डी0डी0टी0 छिड़काव हेतु 38 ड0ज0 50 : डी0डी0टी0 की आवश्यकता होगी । भारत सरकार द्वारा अधेहस्ताक्षरी को डी0डी0टी0 उपलब्ध करा दी गई है । नियमानुसार राशि / निदेश प्राप्त होने पर डी0डी0टी0 छिड़काव का कार्य कराया जाएगा । मदवार आकलित राशि का औचित्य सहित ब्यौरा तैयार कर संलग्न है ।

कालाजार नियंत्राणार्थ बजट एक नजर में

क्रमांक	मद का नाम	अनुमाणित राशि

		प्रथम चक्र छिड़काव	द्वितीय चक्र छिड़काव	वार्षिक आवश्यकता	कुल आवश्यकता
1	मजदूरी पर व्यय	1925280	1925280	0	3850560
2	कार्यालय व्यय	80320	80320	0	160640
3	डी0डी0टी0 ढुलाई पर व्यय	53140	53140	0	106280
4	उपकरण मरम्मति पर व्यय	19880	19880	0	39760
5	स्पेयर पार्टस पर व्यय	55380	55380	0	110760
6	यात्राा भत्ता एवं दैनिक भत्ता पर व्यय	100800	100800	0	201600
7	मोबिलिटी पर व्यय	1284000	1284000	0	2568000
8	आई0ई0सी0 पर व्यय	56000	56000	0	112000
9	कम्प्यूटर, ऑपरेटर, रख रखाब सहित पर व्यय	0	0	180000	180000
10	श्रम क्षतिपूर्ति राशि एवं आशा कार्यकर्ता पर व्यय	0	0	750000	750000
11	के0टी0एस0 का मानदेय	0	0	720000	720000
12	कालाजार खोज पखबारा हेतु	0	0	92000	920

13	पर्यवेक्षण पर व्यय	0	0	80000	80000
14	छिड़काव पूर्व प्रशिक्षण पर व्यय	56926	0	0	56926
15	विविध पर व्ययद्ध	0	0	200000	200000
	कुल योग	**36,31,726**	**35,74,800**	**20,22,000**	**92,28,526**

राशि मॉग का औचित्य

क. क्रमांक 1 का विवरण **(**मजदूरी पर व्यय**)** :–

1.	56 श्रेष्ठ क्षेत्रीय कार्यकर्ता हेतु	56 □ 60 □ 113	3,79,680.00
2.	280 क्षेत्रीय कार्यकर्ता	280 □ 60 □ 92	15,45,600.00
	कुल योग		19,25,280.00

ख. क्रमांक 2 का विवरण (कार्यालय व्यय):–

श्रेष्ठ क्षेत्रीय कार्यकर्ता को प्रतिदिन घर के सदस्य, बरामदा, गोशाला, कमरा इत्यादि से संबंधित प्रविष्टियॉ रजिस्टर पर दर्ज करनी पड़ती है । घोल बनाने वाले प्रत्येक छिड़काव दल को एक जोड़ा ग्लोब्स ;दस्तानाद्ध दिया जाना आवश्यक है । पर्यवेक्षण कार्य में संलग्न कार्यकर्ता पर्यवेक्षक इत्यादि हेतु साबुन, तौलिया, बैटरी, सादा कागज, कार्बन, पेंसिल, कलम एवं अन्य स्टेशनरी की आवश्यकता पड़ती है ।

प्रति छिड़काव दल सामानों का विवरण एवं अनुमाणित राशि :–

1. रजिस्टर 2 जिस्ता प्रति छिड़काव दल ;2 अदद □ 40 रूपय	80.00
2. गेरू मिट्टी प्रति छिड़काव दल ;15 किलो0 □ 30 रूपये	450.00
3. प्रति छिड़काव दल घोल बनाने वाले को एक जोड़ा दस्ताना	60.00
4. कागज, कार्बन, पेंसिल, गोंद इत्यादि प्रति छिड़काव दल	50.00
5. छनना कपड़ा 8 मीटर प्रति छिड़काव दल ;8 □ 30 रूपयेद्ध	240.00
6. पेन 1 अदद	10.00

7. तौलियॉ 1 अदद 50.00

8. साबुन 8 अदद ;8 □ 15 रूपये प्रति की दर से 120.00

9. बैटरी 6 अदद ;6 □ 20 रूपये प्रति की दर से 120.00

योग 1180.00

कुल 56 दल हेतु ;1180 □□56 🕘 66,080.00 रूपये

कैम्प के लिए आवश्यक सामग्री :–

1. रजिस्टर 2 जिस्ता ;2 अदद □ 40 रूपये 80.00

2. रजिस्टर 1 जिस्ता ;4 अदद □ 20 रूपये 80.00

3. कागज, कार्बन, पेंसिल, पेन इत्यादि 60.00

4. तौलियॉ 1 अदद 50.00

8. साबुन 2 अदद ;2 □ 15 रूपये प्रति की दर से 30.00

9. बैटरी 6 अदद ;6 □ 20 रूपये प्रति की दर से 120.00

योग 420.00

कुल 22 कैम्प हेतु ;420 □□□□ 🕘 9,240.00 रूपये

कम्प्यूटर से कार्य योजना एवं अन्य आवश्यक प्रतिवेदन तैयार कराने तथा हार्ड कॉपी एवं सापफट कॉपी बनाने का कार्य स्थानीय बाजार से करवाना होता है ।

अतएव कम्प्यूटरीकृत कार्य पर अनुमाणित व्यय राशि 5,000.00

कुल जोड़ ;66,080 ✍ 9,240 ✍ 5000द्ध 🕘 80,320.00

;3

ग. क्रमांक 3 का विवरण ;डी0डी0टी0 ढुलाई द्ध :–

जिला मलेरिया कार्यालय पटना से विभिन्न प्राथमिक स्वास्थ्य केन्द्र तक पहूॅचाने पर अनुमानित व्यय

;1द्ध 1000 रूपये प्रति डण्ज्ण् की दर से ;38 डण्ज्ण् ग 1000द्ध 38,000.00

;2द्ध प्रति बोरा 10 रूपये की दर से उठाव–गिराव

;कुल 20 रूपये 757 बोराद्ध 15,140.00

कुल योग 53,140.00

घ. क्रमांक 4 का विवरण ;उपकरण मरम्मति पर व्ययद्ध :–

छिड़काव उपकरण यथा स्टीरप पम्प, बाल्टी, गैलन मेजर, पौण्ड मेजर को छिड़काव के पहले जॉच करनी पड़ती है । प्रत्येक स्टीरप पम्प का छिड़काव पूर्व सर्विसिंग एव ग्रिसिंग कराना पड़ता है । प्रत्येक बकेट में छिड़काव पूर्व पुनः पुट्टी लगाना पड़ता है । क्योकि नीचे पेंदी सिलक्लोज नही रहता है । दो शीट के बीच मे कार्य बाद पुनः पुट्टी डालना पड़ता है । इसके अतिरिक्त कार्य के दौरान स्टीरप पम्प को वेल्डिंग, सोल्डिग आदि की आवश्यकता होती है ।

1. 56 दल हेतु 112 स्टीरप पम्प अतिरिक्त 44 स्टीरप पम्प
   कुल 156 स्टीरप पम्प पर 50 रूपये प्रति पम्प सर्विसिंग

   ;156 अदद 50 रूपये 7,800.00

2. अनुमाणित एक तिहाई 52 पम्प पर मरम्मति 60 रूपये प्रति पम्प की दर से
   ;52 पम्प 60 रूपयेद्ध 3,120.00

3. बाल्टी में पुट्टी डालने एवं बाल्टी मरम्मति ;112 बाल्टी 80 रूपयेद्ध 8,960.00
   कुल योग 19,880.00

;ड़द्ध क्रमांक 5 का विवरण ;स्पेयर पार्टस पर व्ययद्ध :–

कार्य प्रारम्भ करने के पूर्व एवं कार्य के दौरान प्रति सप्ताह वाशर एवं नोजल टीप सही डिस्चार्ज रेट रखने हेतु बदलना आवश्यक है । बीच–बीच में चुटकी वाशर, स्टेनर, जाली आदि की आवश्यकता पड़ती है ।

1. नोजल टीप ;156 4 40द्ध 24,960.00
2. वाशर ;156 8 15द्ध 18,720.00
3. जाली, स्टेनर, चुटकी वाशर, गैलन सूता, ग्रीस आदि ;156 75द्ध 11,700.00
   कुल योग 55,380.00

;चद्ध क्रमांक 6 का विवरण ;यात्राा भत्ता एवं दैनिक भत्ताद्ध :–

जिलास्तरीय पर्यवेक्षी पदाध्किारी / कर्मचारियों का यात्राा भत्ता एवं दैनिक भत्ता पर अनुमाणित व्यय :–

6 जिलास्तरीय पर्यवेक्षक ;मलेरिया निरीक्षकद्ध का यात्राा भत्ता एवं दैनिक भत्ता हेतु

;4द्ध

200 □ 60 □ 6 🕘 72,000.00

3 जिलास्तरीय पदाध्किारी ;डी.एम.ओ., ए.सी.एम.ओ., सी.एस. का दैनिक भत्ता

160 □ 60 □ 3 🕘 28,800.00

कुल योग 1,00,800.00

;छ क्रमांक 7 का विवरण ;मोबिलिटी पर व्यय :–

;1द्ध जिलास्तरीय पदाध्किारियों को पर्यवेक्षण कार्य हेतु भाड़े पर गाड़ी लिए जाने पर

कुल व्यय ;3 गाड़ी □ 60 दिन □ 900 रूपये 🕘 1,62,000.00

;2द्ध प्रखण्ड स्तर पर एक–एक भाड़े की गाड़ी पूरे छिड़काव अवध्ि

में आपूर्ति की जाती है तो प्रचार–प्रसार के साथ साथ डी0डी0टी0

ढुलाई एवं पर्यवेक्षण कार्य आसानी से किया जा सकता है ।

;22 गाड़ी □ 60 दिन □ 850 रूपयेद्ध 🕘 11,22,000.00

कुल योग 12,84,000.00

ज क्रमांक 8 का विवरण आई.ई.सी. पर व्यय :–

कालाजार बीमारी के बारे में आम जनता को पूरी जानकारी हो इसके लिए हैंडबिल /पम्पलेट , पोस्टर, छिड़काव की अग्रिम सूचना देने हेतु डी0डी0टी0 छिड़काव सूचना कार्ड का छपाई कराया जाना तदनुसार वितरण कार्य किया जाना आवश्यक है । इसके अतिरिक्त प्रचार प्रसार मोबाइल भान तथा प्राथमिक स्वास्थ्य केन्द्र हेतु बैनर बनबाया जाना है ।

एक चक्र डी0डी0टी0 छिड़काव हेतु अनुमानित कुल रूपये 56,000.00

;रूपये छपपन हजार मात्राद्ध की आवश्यकता है ।

(झ) क्रमांक 9 का विवरण कम्प्यूटर, आपरेटर, रख रखाब सहित पर व्यय :–

बर्तमान में उच्चाध्किारी द्वारा सूचना , प्रतिवेदन , कार्य योजना आदि की मॉग सापफट कॉपी एवं हार्ड कॉपी में की जाती है । परन्तु जिला मलेरिया कार्यालय पटना हेतु भारत सरकार से प्राप्त कम्प्यूटर बर्तमान में क्षेत्रीय उप निदेशक, स्वास्थ्य सेवाए पटना प्रमण्डल, पटना के अधेन है । जिसके कारण वाछित कार्य स्थानीय बाजार में करवाना पड़ता है । इस कार्य में सरकारी राशि खर्च तो होती है परन्तु सही समय पर कार्य का सम्पादन कर हार्ड कॉपी एवं सापफट कॉपी स्थानीय बाजार से तैयार करवाने में कापफी कठिनाई उठानी पड़ती है । कार्यालय का सुझााब है कि एक कम्प्यूटर आपरेटर सहित जिसका रख रखाब भी उसी के माध्यम से हो मानदेय पर लिया जाए ।

इस कार्य हेतु 15000 /– प्रति माह की दर से एक वर्ष हेतु कुल राशि 1,80,000.00 ;एक लाख अस्सी हजार रूपयेद्ध मात्रा का व्यय आकलित किया जा सकता है ।

ट क्रमांक 10 का विवरण ;कालाजार मरीजों का श्रम क्षतिपूर्ति राशि पर व्यय :–

राज्य स्वास्थ्य समिति, बिहार के निदेशानुसार कालाजार मरीजों को चिकित्सा के दौरान हूए श्रम क्षतिपूर्ति की राशि का भुगतान किया जाना है । बित्तीय वर्ष 2009–10 में इस मद में राशि 7,50,000.00 ;सात लाख पचास हजार रूपयेद्ध मात्रा का प्रावधन किया गया है परन्तु राशि उपलब्ध नही हो सकी ।

;5द्ध

बित्तीय वर्ष 2010–11 में श्रम क्षतिपूर्ति मद तथा आशा कार्यकर्ता का प्रोत्साहन मद में कुल राशि 7,50,000.00 ;सात लाख पचास हजार रूपयेद्ध मात्रा का प्रावधन किया जा सकता है ।

ठ कमांक 11 का विवरण ;**Monthly Emoulment of K.T.S.) :-**

राज्य स्वास्थ्य समिति, बिहार पटना के निदेशानुसार ज्ञण्ज्ञैण् नियुक्ति की कार्रवाई चल रही है । बित्तीय वर्ष 2010–11 में इस मद में राशि अपेक्षित है ।

राज्य स्वास्थ्य समिति, बिहार के निदेशानुसार एक ज्ञण्ज्ञैण् को प्रति माह 10,000.00 ;दस हजार रूपयेद्ध मात्रा मानदेय का प्रावधन किया गया है । कुल छः ज्ञण्ज्ञैण् हेतु 12 माह के लिए कुल राशि 7,20,000.00 ;सात लाख बीस हजार रूपये द्ध मात्रा की आवश्यकता है ।

ड कमांक 12 का विवरण ;कालाजार खोज पखबारा पर व्यय :–

कतिपय कारणों से सभी कालाजार के रोगी का पता नही चल पाता है जिससे कालाजार उन्मूलन लक्ष्य प्राप्त नही हो रहा है । कालाजार खोज पखबारा प्रति वर्ष माह दिसम्बर में 15 दिनों का मनाने का प्रस्ताव है । कालाजार खोज पखबारा की महत्ता से आम जनता को अबगत कराने तथा इसकी जानकारी हेतु खोज पखबारा के पूर्व चार दिन प्रचार गाड़ी सभी प्रखण्डों में भेजकर प्रचार प्रसार किया जायेगा । इसके अतिरिक्त सभी प्रखण्डों में पोस्टर, पम्पलेट, बैनर इत्यादि द्वारा भी खोज पखबारा के संबंध में प्रचार–प्रसार किया जायेगा । कालाजार खोज के दौरान नए मरीजों की खोज पहचान एवं मरीजों को जॉच एवं उपचार की समुचित व्यवस्था की जाएगी ।

प्रचार बाहन हेतु प्रति प्रखण्ड एक बाहन भाड़े पर ली जानी है ।

रूपये 750 की दर से 4 दिन 23 प्रखण्ड के लिए अनुमाणित राशि

;1 गाड़ी 23 प्रखण्ड 4 दिन 750 रूपयेद्ध 69,000.00

पम्पलेट, पोस्टर, बैनर आदि प्रति प्राथमिक स्वास्थ्य केन्द्र हेतु

रूपये 1000.00 की दर से 23 प्रखण्डों के लिए अनुमाणित राशि

;23 प्रखण्ड 1000द्ध 23,000.00

कुल योग 92,000.00

;ढ़ क्रमांक 13 का विवरण ;पर्यवेक्षण पर व्ययद्ध :–

कालाजार के नियंत्राण हेतु पर्यवेक्षण एक महत्वपूर्ण अंग है । यदि पूरे वर्ष में जिला स्तर एवं प्रखण्ड स्तर पर सक्षम पर्यवेक्षण किया जाए तो कालाजार नियंत्राण का लक्ष्य प्राप्त किया जा सकता है । पर्यवेक्षण के तहत रोगियों की चिकित्सा, प्रतिवेदनों का ससमय प्रेषण, स्वास्थ्य केन्द्रों का निरीक्षण एवं अनुश्रवण, डी0डी0टी0 छिड़काव पूर्व एवं पश्चात क्षेत्रा निरीक्षण इत्यादि पूरे वर्ष किया जाना है ।

वर्ष में दो चक्र डी0डी0टी0 छिड़काव के मोबिलिटी मद से पर्यवेक्षण कार्य हेतु राशि प्राप्त होती है । जिला मलेरिया पदाध्किारी को शेष आठ माह हेतु सपफल पर्यवेक्षण की दृष्टि से राशि नितांत आवश्यक है । वित्तीय वर्ष 2009–10 में प्रति माह 10,000.00 की दर से आठ माह का पर्यवेक्षण हेतु राशि दी गई है जो वित्तीय वर्ष 2010–11 में भी आवश्यक है ।

पर्यवेक्षण कार्य हेतु भाड़े पर गाड़ी के लिए

कुल व्यय ;1 गाड़ी 8 माह 10000 रूपयेद्ध 80,000.00

;6द्ध

;णद्ध क्रमांक 14 का विवरण ;छिड़काव पूर्व प्रशिक्षण पर व्ययद्ध :–

कालाजार के विरूद्व होने वाले डी0डी0टी0 छिड़काव ;आई.आर.एस.द्ध को शत–प्रतिशत सपफल बनाने के लिए जिला स्तर एवं प्रखण्ड स्तर पर प्रशिक्षण का आयोजन किया जाता है । जिला स्तर पर छिड़काव में संलग्न प्रभारी चिकित्सा पदाध्किारी एवं शिविर प्रभारी का व्तपमदजजपवद प्रशिक्षण किया जाएगा तदनुसार प्रखण्ड स्तर पर छिड़काव में संलग्न चिकित्सा पदाध्किारी, पर्यवेक्षक, बहुद्वेशीय कार्यकर्ता, आशा कार्यकर्ता आदि को प्रशिक्षित किया जाता है । जिला स्तर एवं प्रखण्ड स्तर पर होने वाले प्रशिक्षण कार्य हेतु निम्नबत राशि की आवश्यकता है ।

;जिला स्तर :–

Sl.no.	Head	Description		No.	Rate	Amount
	Honorarium	Trainer -	C.S. A.C.M.O. D.M.O.	3	200	600
		Trainee –	In charge Medical Officers	23	200	4600
			Camp In charge	23	125	2875
		Supporting Hand	Field Worker	3	92	276
		Demonstrator (M.I.)	M.I.	3	125	375
2	Refreshment			68	100	6800
3	Course Material	Pad, Plastic file, pen, Booklet of Guidelines		60	90	5400
4	Miscellaneous					1500
TOTAL						22,426

प्रखण्ड स्तर :–

Total no. of PHC 23

Rate @ Rs. 1500 / PHC

Total Rupees 34,500=00

Grand Total (1)+ (2) = 56926=00

त क्रमांक 15 का विवरण ;विविध पर व्ययद्ध :–

कालाजार नियंत्राणार्थ कार्यक्रम के सपफल संचालन हेतु समय–समय पर उच्चाध्किारी द्वारा आश्यक मार्ग निदेश दिया जाता है । निदेशानुसार कार्य सम्पादन हेतु राशि की आवश्यकता होती है । अतएव विविध मद में कुल राशि 2,00,000.00 ;दो लाख रूपयेद्ध मात्रा की आवश्यकता है ।

ACTION PLAN FOR FOCUSED INTERVENTION IN HIGHLY ENDEMIC FOR KALA-AZAR ELIMINATION

Sr.	*Activity*	*Action points*	*Responsibility*	*Time*	*Status*
1	2	3	4	5	6
1	Information on Village wise Kala-azar cases deaths, infra-structure (positioning of ANMs) for 100 villages	D.O. letter form Dist.	District / PHC	Every month	
2	Map the villages wise information on GIS through NIC	Format sent to State Govt.	State/NVDCP/ NIC		
3	Assessment of the infra-structure available	Staff position at district/PHC/Sub-centre level ❖ Medical Officer – 351 (C 63 + R 288) ❖ Block Coordinator - ❖ Malaria Supervisor – M.I. – 09 , B.H.I. - 11 ❖ MPHW - 72 ❖ ANMs – 420 (C 368 + R52)	State / District	11.01.2010	

4	Identification of KA activist ASHA/AWN/NGOs	✡ Kala-azar Activist ✡ ASHA - 2634 ✡ NGOs -	DMO/MOIC/PHC - Medical Officer	11-01-2010	
5	Strategic components EDCT Active Search Passive	Prepare Action Plan -do-	District Officer		DMO of the respective district will prepare micro action Plan by 15-01-2010
6	Active case search (monthly basic) ✓ Detect case based on case definition ✓ Refer to PHC Treatment to confirmed case (make patient box) ✓ Arrange injection to the patients (ANMs mobility) ✓ Entry in master register ✓ Provision of food support to patients/attendant ✓ Incentive to ANMs/MPHW/KA activist ✓ Complete treatment ✓ Monitoring & Supervision	Make village-wise programme Arrangement for Transport Ensure drug availability Get Printed cards in required numbers Ensure availability Make arrangement in advance Ensure provision of funds flow verify any side reactions.	MO I/C, Concerned PHC/ KV Block Supervisor/ B.H.I.	2 times during treatment by M.O/Block Kala-azar supervisor	One Worker to cover 100 houses a day. Arrange transport through M.O. Make drug available. Fix the health worker for complete injection Make available treatment cards (Patients & PHC) Make Available Master register Take Approval in advance To be verified for each case.

7	Passive case search ✓ Detect case based on case definition ✓ Treatment to confirmed case (make patient box) ✓ Arrange injections/syringes for the patients (ANMs/MPWs) mobility ✓ Entry in treatment cards ✓ Entry in master register ✓ Provision of food support to patients/attendant ✓ Incentive to ANMs/MPWs/KA activist ✓ Complete Treatment ✓ Monitoring & Supervision	✓ Clinical diagnosis ✓ Ensure drug availability ✓ Arrangement for Transport ✓ Get Printed cards in required numbers ✓ Ensure availability ✓ Make arrangement in advance ✓ Verify any side reactions	MOIC, Concerned PHC/KA Block Supervisor / BHI	All Working days 2 times during treatment by M.O/Block Kala-azar supervisor	Arrange Transport through M.O. Make drug available. Fix the health worker for complete injection. Make available treatment cards (patients & PHC Make available Master register Take approval in advance To be verified for each case.
8	Insecticidal Residual Spray (Indoor DDT spraying in all cattle sheds and human dwellings up to 6ft. height form ground at the rate of 1 gm per sq. mt.) ✓ Prepare PHC/Village action plan ✓ Manpower (teams) required ✓ Selection of spray teams ✓ Supervisory tier ✓ Training of the spray teams ✓ Beat Programme ✓ Funds required for wages, mobility supervision ✓ Availability of funds ✓ DDT requirements ✓ Dumping to the grassroots level (mode	Calculate targeted pop/rooms villages wise ✓ Start the process for engaging spray men ✓ Follow the procedure ✓ Identify the personnel ✓ Make training schedule	DMO/ I.CMO/ BHI/ KA Supervisor	30.12.09 05.01.10	1st Round : Feb-March 2nd Round : May-June

	of transport\locations\responsibly) ✓ Logistics requirements ✓ Stirrup pumps ✓ Spray nozzle-extra ✓ Buckets ✓ Measuring jugs ✓ Strainers ✓ Plastic sheets (3x3 meters) ✓ Gloves ✓ Masks ✓ Others accessories ✓ Stenciling material ✓ Formats/registers ✓ Mobility for supervision ✓ Supervision teams at District\state\National level ✓ Undertake spray activities ✓ Date of start ✓ Date of completion ✓ finalization of spray reports. ✓ Submission of reports to district\state\national level PREPARE OF IInd ROUND OF IRS FORM 1ST MAY 2010	✓ Prepare day wise, team wise, village wise spray schedule ✓ Have provisions as per estimates ✓ Make found available before activity ✓ Calculate based on population to be targeted ✓ Make advance arrangement weak before the activity ✓ Identify the supervisors & Mobility support, Chock out day wise, area wise visits, tour, programme approvals ✓ Return of logistic, balance stock of DDT ✓ Receive village\sub-center wise reports & compile ✓ Send Report to all concerned		10.01.10 15.01.10 15.01.10 10.01.10 16.01.10 11-01-10 20-01-10 20.01.10	

				20.01.10 02.04.10 3.04.10 15.04.10	
	Supportive Intervention . a). IEC Activities : Which may include following : 1. Electronic media ✓ TV ✓ Cable ✓ Radio ✓ Miking 2. Print Media ✓ News papers	✓ Make annual action plan for month wise activities to be carried out Include EDCT & IRS. targeting at the individual level. ✓ Appeals form Chief Minister\Governor\ Health Minister ✓ Provision of funds & its flow ✓ Prepare target oriented key message basae on disease perception like cause, vector sings & symptoms,	State / District / ICMO	15.01.10	Cable

	✓ Handbills/pamphlets ✓ Advance intimation cards for IRS ✓ Posters ✓ Hoardings ✓ Banners ✓ Billing (electricity,water,telephone) ✓ Tickets (Bus, Railways) ✓ Post cards ✓ School course curriculum	treatment. free availability. IRS & community role at individual level. ✓ Get the IEC material pretested in a sample population. ✓ Identify the communication media based up on its large use by the target group in view of its periodicity (extent), time and place of its use appropriately to get impact. ✓ Generate pre-& Post base line data to assess the impact of IEC activities. ✓ Calculate the requirements, develop IEC material/messages etc. accordingly. ✓ Make arrangement for its dissemination Arrange meeting at ✓ Political level ✓ Administrator level ✓ Panchayat Level ✓ Community level ✓ Identify the role & responsibility of		20.01.10 15.01.10 11.01.10	

	3. Inter-personnel communication ✓ Advocacy ✓ Group Meetings ✓ Nukad natak ✓ processions ✓ Rallies ✓ Essay/painting competitions ✓ Drum beating ✓ Personnel counseling b.) Inter-sectoral Coordination ✓ Rural development ✓ Panchayat Raj ✓ Education ✓ Tribal Welfare ✓ Social Welfare ✓ Agriculture ✓ Youth Welfare	each sector. ✓ Organize meeting ✓ Involve in the required activity ✓ Treatment compliance ✓ Acceptance of IRS ✓ Sanitation ✓ Poverty alleviation ✓ Food support ✓ Identify NGOs\PPs\CBOs define role & responsibility in specific area & time framework in terms of manpower available with them. RMRI/NICD may take up studies Collaboration with NVBDCP.		weekly 21.01.10	

	c). NGOs/PPs/CBO d). Operation Research ✓ Use of impregnated bed nets ✓ Use of impregnated fabric ✓ Biology of Kala-azar vector & spatial distribution ✓ Monitoring insecticide resistance		RMRI		

					Letter to RMRI
	Training Medical Officers/District Kala-azar Coordinator. Survey Teams for KA Fortnight (Health Supervisor\MBHWs\ANMs\AWWs\ASHA\DDC, FTDs,holders/ NGOs/PPs) Peripheral Workers Including spray teams	✓ Orientation for MOs on diagnosis & treatment & vector control of 3 days duration ✓ One Day training on case search reporting diagnosis & treatment. IRS activities	DMO	Complete Before 30.01.10	

		✓ One day training on spray skills			

Calculation of Logistics Requirements for Kala-azar Elimination Programme

Sr No.	Insecticide/Equipment/Drugs	Criteria	Example-calculation for 5000 population	Quit.
1.	DDT 50%	37.5 MT Per Million for one round	187.5 kg	
2.	Equipments • Stirrup pumps-(2) • Spray nozzle tips for spray pumps(2) • Bucket 15 liters -(4) • Bucket 5/10 liters-(1) • Asbestos thread-(3)meters) • Mea sung mug-(1) • Straining cloth-(1 meter) • Pump washers-(2) • Plastic sheet (3x3 meters)-(1) • Register (1) • Gheru for stenciling Extra Nozzle tips washers and asbestos threads.	Each spray squad (5+1 Persons) The expert committee 1995 on malaria recommended 26 squads for 75 days spray period to cover one million populations with DDT and synthetic preterits for control of Malaria.	Each Squads covers 60 house per day	
3.	Sodium Stibo Gluconate (SSG)	20 mg Kg Body wt. not exceeding 850 ml per day (average 7 vials of 30 ml per Patient)	No of cases Kala-azar During average of last 3 Years + 20% buffer + 5% For active case search= total	430 Vials
4.	Amphotericine - B inj	1mg per kg of body wt. (average 12 injection) per patient.		

5.	Oral drug- Miltefosine	a dose of 2.5 mg/kg per day for 28 days. adults(>12year) weighing more than 25 kg. 100 mg militerfosine daily as one capsule (50 mg) in the morning and one capsule in the avening, after meals for 28 days.	No. of cases & 28 days= Total	
6.	rk 39 diagnostic kit	10 kits per kala-azar case	No of average case during last three years x 10= total kits	3440 kits.

KALA-AZAR REPORT YEAR 2005-NOV. 2009

Sl. No.	Name of the Institution	2005			2006			2007			2008			Up To November 2009			Remarks
		Cases	Death	Treated	Cases	Death	Treated	Cases	Death	Treated	Cases	Death	Treated	Cases	Death	Treated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	P.H.C. , Mokama	50	0	50	38	0	38	20	0	20	9	0	9	7	0	7	
2	P.H.C. ,Pandarak	13	1	12	21	1	20	14	0	14	4	0	4	5	0	5	
3	P.H.C. ,Barh	33	0	33	62	1	61	26	1	25	36	0	36	6	0	6	
4	P.H.C. ,Bakhtiyarpur	25	0	25	49	0	49	67	0	67	28	0	28	24	0	24	
5	P.H.C. ,Fatuha	16	0	16	31	1	30	5	0	5	4	0	4	7	0	7	
6	P.H.C. ,Patna Sadar	2	0	2	6	0	6	3	0	3	0	0	0	1	0	1	
7	P.H.C. ,Maner	2	0	2	20	0	20	4	0	4	6	0	6	3	0	3	
8	P.H.C. ,Bihta	31	4	27	21	0	21	34	1	33	11	0	11	3	0	3	
9	P.H.C. ,Bikram	9	2	7	37	0	37	32	1	31	21	0	21	7	0	7	
10	P.H.C. ,Paliganj	2	0	2	3	0	3	0	0	0	2	0	2	2	0	2	
11	P.H.C. ,Dhanarua	26	1	25	70	6	64	24	2	22	25	2	23	17	0	17	
12	P.H.C. ,Punpun	17	3	14	36	1	35	35	0	35	14	0	14	8	0	8	
13	P.H.C. ,Danapur	16	0	16	23	1	22	5	0	5	1	0	1	7	0	7	
14	P.H.C. ,Fulwarisharif	85	9	76	57	9	48	25	1	24	14	1	13	6	0	6	
15	P.H.C. ,Masaurhi	25	1	24	12	0	12	19	0	19	1	0	1	5	0	5	

16	P.H.C. ,Naubatpur	17	2	15	20	5	15	5	0	5	20	2	18	15	2	13	
17	Patna Corporation	0	0	0	10	0	10	0	0	0	1	0	1	1	0	1	
	TOTAL	**369**	**23**	**346**	**516**	**25**	**491**	**318**	**6**	**312**	**197**	**5**	**192**	**124**	**2**	**122**	

MONTHLY KALA-AZAR REPORT

MONTH - NOVEMBER 2009

Dist.- Patna

Sl. No.	Name of the Institution	Population	Report upto previous month			Reported during the month			Progressive Total			Cases under Treatment	Untreated Cases	Resistant Cases	PKDL Cases	Remarks
			Cases	Death	Treated	Cases	Death	Treated	Cases	Death	Treated					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P.H.C. , Mokama		7	0	7	0	0	0	7	0	7	0				
2	P.H.C. ,Pandarak		5	0	5	0	0	0	5	0	5	0				
3	P.H.C. ,Barh		6	0	6	0	0	0	6	0	6	0				
4	P.H.C. ,Bakhtiyarpur		22	0	22	2	0	2	24	0	24	0				
5	P.H.C. ,Fatuha		7	0	7	0	0	0	7	0	7	0				
6	P.H.C. ,Patna Sadar		1	0	1	0	0	0	1	0	1	0				
7	P.H.C. ,Maner		3	0	3	0	0	0	3	0	3	0				
8	P.H.C. ,Bihta		3	0	3	0	0	0	3	0	3	0				
9	P.H.C. ,Bikram		7	0	7	0	0	0	7	0	7	0				
10	P.H.C. ,Paliganj		2	0	2	0	0	0	2	0	2	0				
11	P.H.C. ,Dhanarua		17	0	13	0	0	0	17	0	13	4				
12	P.H.C. ,Punpun		8	0	8	0	0	0	8	0	8	0				
13	P.H.C. ,Danapur		0	0	0	7	0	6	7	0	6	1				
14	P.H.C. ,Fulwarisharif		6	0	4	0	0	0	6	0	4	2				
15	P.H.C. ,Masaurhi		5	0	5	0	0	0	5	0	5	0				
16	P.H.C. ,Naubatpur		15	2	10	0	0	0	15	2	10	3				
17	Patna Corporation		1	0	1	0	0	0	1	0	1	0				
	TOTAL		115	2	104	9	0	8	124	2	112	10				

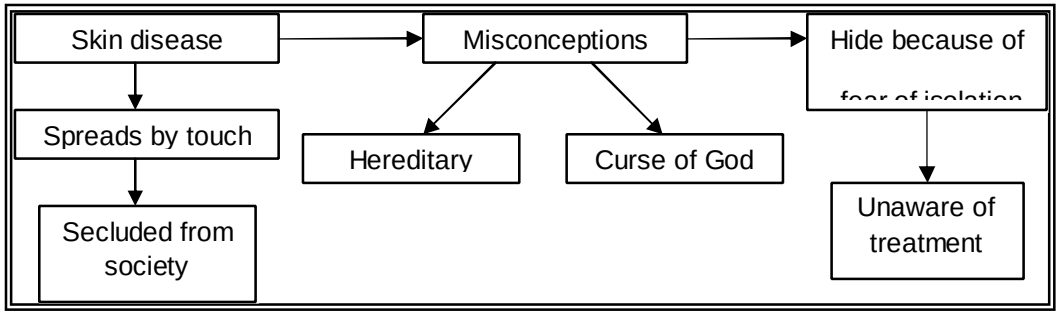
NATIONAL LEPROSY ERADICATION PROGRAMME

B.2 National Leprosy Elimination Programme

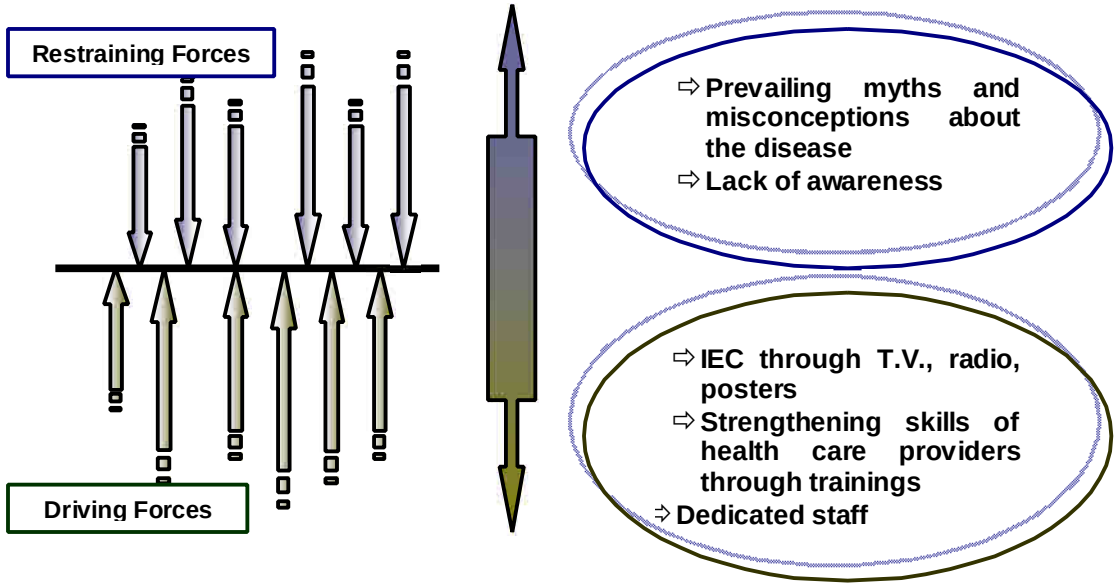
Leprosy is a chronic infectious disease caused by M. Leprae, an acid-fast, rod shaped bacillus. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract and also the eyes, apart from some other structures. Leprosy has afflicted humanity since time immemorial. It once affected every continent and it has left behind a terrifying history and human memory of mutilation, rejection and exclusion from society.

The Govt. of India started the National Leprosy Elimination Programme in 1983 and Multi-Drug Therapy (MDT) was introduced in a phased manner district by district. The Prevalence Rate of leprosy (PR) was 21.1 in the year March-1985 which has come down to 0.89 by June-2006. World Bank assisted National Leprosy Elimination Programme (NLEP) phase-2 has been initiated since 2001.The goal of NLEP phase-2 was to eliminate leprosy by March-2005 by reducing the prevalence rate of leprosy to below 1 per 10,000 populations. The strategy of the 2nd phase of NLEP was to detect leprosy patients from high endemic districts and urban slums through Special Action Plan for Elimination of Leprosy (SAPEL).

According to the community, leprosy is a hereditary skin disease. It is believed to be curse of God. The patient is secluded from society. Initially individuals hide the symptoms because of fear of isolation from the society. There is a general notion that the disease spreads by touch. Very few are aware that the disease is curable or have heard about MDT. Prevailing erroneous beliefs and lack of awareness have been identified as the main factors which hinder the progression of the eradication programme. (Table (iv) annexed in annexure-II).



The main restraining and driving forces for leprosy are set out below:



To lower the burden of leprosy and to eliminate it from the list of public health problems the programme (NLEP) aims at providing quality leprosy services through the general health care system. To strengthen the programme more effectively following strategies have been suggested.

PRIORITY AREAS:

- Regular programme review with special reference to high and medium priority blocks and PHCs
- Strategic plan for High Priority Blocks
- Supervision & monitoring of NLEP indicators monthly by all BHOs
- Active surveillance at regular interval
- Strengthening the already existing Integration of NLEP with GHS
- Strengthening of supervision at all levels by DLO & District Nucleus MOs every month

- Coordination support service for general health care staff from district technical support team
- Detailed plan for IEC with focus on high endemic and urban areas
- Coordination with local IMA / NGOs
- Monthly review of elimination activities by DLO
- POD camps in all Blocks (Taluka)/PHCs
- Capacity building of General Health Care Staff
- Urban Leprosy Control planning and implementation in urban area with multiple service providers
- Optimal utilization of allotted funds for allocated activities under the programme
- Staff orientation to calculate, interpret and use essential NLEP indicators
- Training to all newly appointed Medical Officers/Health supervisors/MPHW (M&F) / ICDS worker
- Refresher modules for all functionaries trained earlier
- Guidelines on NLEP counseling to be available at all Health Centres. Review in monthly meetings at PHC for field staff and at District Level for PHC Medical Officers
- A comprehensive IEC communication strategy for NLEP has been developed indicating suitable methods and media for high, medium and low endemic blocks
- Streamline MDT Stock Management & Supply
- Focus on adequate availability of MDT at each level viz. District, PHCs, Govt. and Non Govt. Hospitals.
- Regular monitoring of MDT stock
- Avoidance of overstocking & expiry of MDTs
- Avoidance of shortage & effect on service delivery
- Quality of storage
- Careful validation of 25 % of the newly detected cases and regular review of registers
- Regular follow up of cases under treatment with proper counseling.
- Top priority to urban area leprosy elimination activities.

- ❖ Implementation of Simplified Information System
- ❖ Availability of SIS Guidelines at all health facilities.
- ❖ Complete and timely reporting as per SIS.

Work Plan for NLEP

To achieve the programme objectives, certain strategies and intervention approaches are planned on the basis of suggestions obtained during consultative meetings.

Strategy 1: Increase awareness among the community about the disease

Leprosy is known to be one of the most socially stigmatized diseases because of little knowledge on causes and cure. Thus increasing awareness about the disease among the members of the community is the foremost strategic intervention. By improved BCC patients can be motivated to self report at the onset of suggestive symptoms. Further promotion of IEC activities can help reducing the social stigma.

Strategy 2: Involvement of Panchayat for motivation to patients

Involvement of the Panchayat can be the paramount force for motivating patients to seek treatment and eradicating misconceptions attached to the disease. By orientation of health committees and community leaders, influential members or Panchayat members can be educated on the issue.

Strategy 3: BCC plan to mitigate stigma

For increasing treatment responsiveness and eradicating fallacious beliefs associated with the disease there is need for behaviour change in the community. This can be achieved by assessing the area-specific need for BCC and development of BCC materials for effective implementation.

Strategy 4: Reinforcement of service delivery

For ensuring effective service delivery there should be provision of quality diagnosis and treatment. Intense and continuous monitoring for regular supply of drugs can strengthen the service delivery mechanism. In addition, by means of counseling it is necessary to ensure that treatment is completed.

Objective	Strategies	Activity

	BCC to motivate patients having suggestive symptoms to go for self reporting	Using ASHA and AWW to disseminate information during VH&N day
Increase awareness among the community about the disease	IEC activities to reduce the social stigma	Interpersonal communication by health workers
		IPC Training (4 batch of 40 each)
	Involving Village committee as link agencies	Orientation of village Health & Sanitation committee
To develop BCC plan to mitigate stigma	Involvement of Panchayat for motivation to patients	Orientation of community leaders on village & health committees
		Development of BCC material
		Development of IEC material
	Quality diagnosis and treatment	Quality diagnosis and treatment indicators to be finalized
To provide the quality treatment	Intense monitoring for regular supply of drugs	Intense monitoring during sub centre days
	Appropriate counseling of patients to prevent deformities	Monitoring indicators will be developed to ensure counseling is effective

B.3.3 Filaria control Programme

The National Filaria Control Programme was launched in 1555 for the control of filariasis. Activities taken under the programme include: (i) delimitation of the problem in hitherto unsurveyed areas, and (ii) control in urban areas through recurrent anti-larval measures and anti parasite measures. Man, with micro Filaria in the blood is the main reservoir of infection. The disease is not directly transmitted from person to person, but by the bite of many species of mosquitoes which harbor infective larvae. Important vectors are species of Culex, Anopheles, Mansonia and Aedes. The incubation period varies, and micro-Filaria appears in the blood after 2-3 months in B. malayi after 6-12 months in W. bancrofti infections.

Constraints

- It affects mainly the economically weaker sections of communities
- Result in low priority being accorded by governments for the control of lymphatic filariasis.
- Low effectiveness of the tools used by the control programme
- The chronic nature of the disease and that

Suggestions

- Single dose DEC mass therapy once a year in identified blocks and selected DEC treatment in filariasis endemic areas.
- Continuous use of vector control measures.
- Detection and treatment of micro-Filaria carriers, treatment of acute and chronic filariasis.
- IEC for ensuring community awareness and participation in vector control as well as personal protection measures.

NATIONAL BLINDNESS CONTROL PROGRAMME

B.4 NATIONAL BLINDNESS CONTROL PROGRAMME

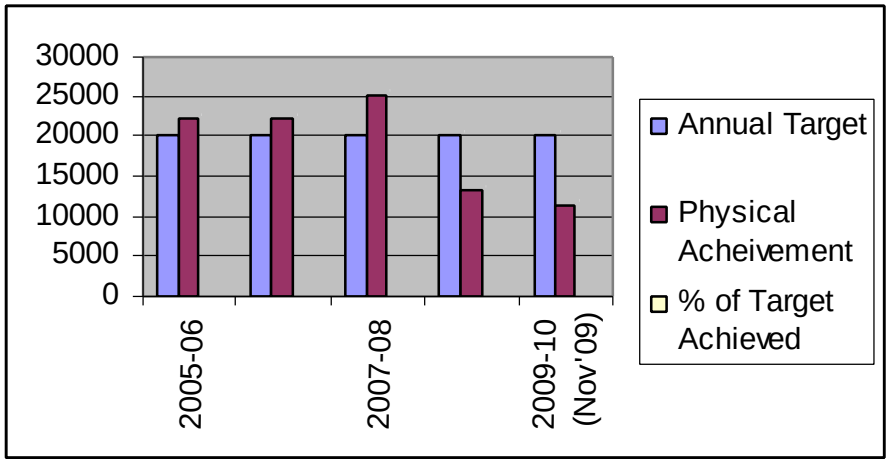
Blindness is a major public health problem in most developing countries where eye care facilities are still limited. Cataract is the leading cause accounting for 50% to 70 % of total blindness.

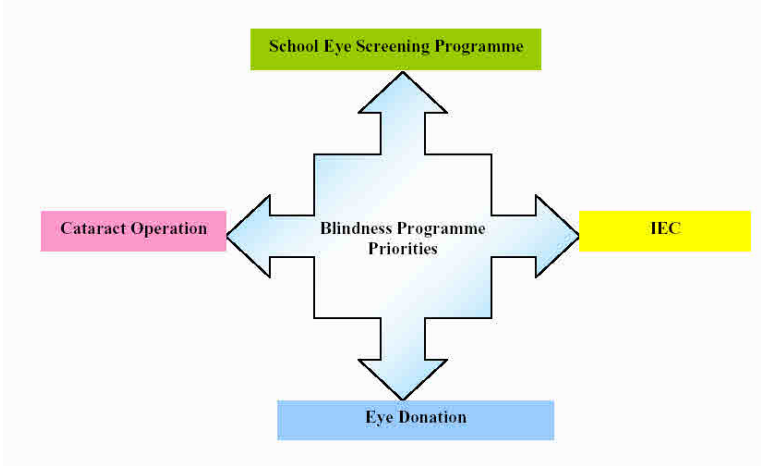
India is the first country in the world to launch blindness prevention related programme as early as 1963 i.e. National programme for trachoma control. After few changes in the names, this programme was re-designated, since 1976 as "National programme for Control of Blindness" (NPCB)

The National programme for control of blindness was launched in year 1976 with a goal for reduction in prevalence of blindness from 1.4 percent to 0.3 percent. The four-pronged strategy refers to strengthening service delivery, developing human resources for eye care, outreach activities and developing institutional capacities. All school children in the age group of 10-14 years should be screened for refractive errors. Percentage of children detected with refractive errors should be 5-7%.

Year wise no. of Cataract operation

S.No.	Name of Head	Year	Annual Target	Physical Acheivement	% of Target Achieved
1	Govt. Organisation i.e. PMCH, NMCH, RIO/NGO etc	2005-06	20000	22059	110.3%
		2006-07	20000	22171	110.9%
		2007-08	20000	25187	125.9%
		2008-09	20000	13329	66.6%
		2009-10 (Nov'09)	20000	11519	57.6%
Total			**100000**	**94265**	**94.3%**





Objectives	Constraints	Strategies	Activities
To increase cataract surgery rate	Lack of eye surgeon & opthalmist in the district	Strengthening service delivery	Filling vacant posts of eye specialists
			Organizing outreach camps in rural areas & extremely backward classes tola

		Target older age groups	Identification of cases
			Increase treatment acceptance
			Follow up to treated cases
To Increase the surgery rate with IOL	Lack of equipments and drugs	Procurement, distribution and assurance of quality equipment and drugs	Operational mobile units (procurement of ambulance, microscope etc
			Ensure adequate supply of medicines
			Continuous availability of vitamin A
	Lack of knowledge about the new technology	In-service training programmes	Refresher training course for eye surgeons & opthalmists for skill up gradation (new techniques)
School Eye Screening: children in the age group of 10-14 years should be screened for refractive errors	Lack of awareness about the refractive errors	School health camps	Organization of camps for identification of children with refractive errors and prohibition of free spectacles
			Training to teachers in schools
			Snellen's Vision Box for scho

		Promoting outreach activities and public awareness	Effective communication about outreach camps
			Awareness regarding eye-care
Oral Health Screening for - Community - School children		Promotion of Vitamin A supplementation through AWW , ANM and ASHA	Promotion of Vitamin A supplementation
			IEC campaigning about eye donation

B.5 INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

Goal

To reduce the burden of morbidity and mortality due to various diseases in the district.

Objective

- Establishing a sustainable decentralized system of disease surveillance for timely and effective public health action.
- Integrating disease surveillance activities. To avoid duplication and facilitate sharing of information across all disease control programmes so that valid data are available for appropriate health decision.

Epidemic branch deals with Communicable Diseases, i.e. Waterborne Diseases such as Cholera, Gastroenteritis, Typhoid and Infective hepatitis, Zoonotic Diseases like, Plague and Leptospirosis, Arthropod borne diseases like, Dengue fever, Kala-azar and Malaria , Air borne disease like Meningococcal Meningitis and provides health relief services in the wake of natural calamities like heavy rain, floods, draught, cyclone etc. to prevent post calamity disease outbreak. The collection and a good analysis of data analysis of this data gives us the indication when to apply stop epidemic and control it.

Strategies adopted

- Operationalization of norms and standards of case detection, reporting format.
- Streamlining the MIS system- Establishing Web based & channels for data collection within the district and transmission mechanisms to state level.
- Analyzing line listing of cases and Geographical Information Systems (GIS) mapping approach Preparation of graphs & charts on the basis of reports for planning strategies during epidemic outbreak.
- Training to all the grass root level workers, MO's & CHC staff in Data Collection, and data transfer mechanisms.

BUDGET FOR FY 2010-11

S.No	Name of Head	Physical Achievement Last Year 2010-11	Expected Targetfor 2010-11	Budget Allocation	Remarks
1	Operationalise FRUs (Blood Bank,Diesel, Service Maintenance Charge, Misc. & Other costs)	0	2	288000	
2	Institutional Deliveries-JBSY	35045(Till Nov.)	65000	130000000	
3	Home Deliveries	18000	18000	9000000	
4	Operationalise 24x7 PHCs (Organise workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 40,000 / year / district)	0	1	40000	
5	RCH Outreach Camps in un-served/ under-served areas	0	20	100000	
6	Caesarean Deliveries (Facility Gynec, Anesth & paramedic)	6	5895	8842500	
7	Other Activities (JSY)- Monitor quality and utilisation of services and Mobile Data Centre at HSC and APHC Level and State Supervisory Committee for Blood Storage Unit	0	478*2000*12 (418 SCs & 60 APHC's)	11472000	
8	Facility Based Newborm Care/FBNC in districts (Monitor progress against plan; follow up with training, procurement, view meeting etc.)			350000	
9	School Health Programme (Details annexed)		12000 Schools*3600 (476000 Students)	24480	

10	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services at District Level		1 Camp	40000	
11	Family Palnning Camp in PHC	75	125	250000	
12	NSV camps (Organise NSV camps in districts)		100	1000000	
13	Compensation for female sterilisation	3988	30000	30000000	
14	Compensation for male slerilisation	51	3000	4500000	
15	Accreditation of private providers for sterilisation services	1661	7500	11250000	
16	IUD Camps		3360	168000	
17	POL for Family Planning for 500 below sub-district facilities	0	200 Camps	300000	
18	Condom & O.C.P Distribution in Urban Slum Area		20 Site	600000	
19	Adolescent services at health facilites.(PHC/Market Places)		8 PHCs+ 4 Site in Market Area-Patna	3264000	
20	Urban RCH Services (Development of Micro-plans for each urban area already mapped for delivery of RCH services, both outreach and facility based through private agencies/institutions/organisations.		850 Sites For Immnunisation	200000	
21	PNDT and Sex Ratio Workshop		1 at District Level & 23at PHC level Workshops@Rs.25000	385000	
22	Incentive/Awards etc. (Muskaan)		3937 AWC, 418 HSCs	9093000	
23	Sub-centre rent and contingencies @Rs.500/-		280 SCs-Rent	1680	

24	Skilled Birth Attendance /SBA		130 Batch@Rs.42500	5525000	
25	MTP Training			40000	
26	IMNCI		90 Batch	10800000	
27	DPMU Salary (1-DPM, 1-DAM, 1- M & E Off.)@40% increment		1034880	1034880	
28	DPMU Mobility		45000	540000	
29	DPMU Office Expenses with data center rent		35000	420000	
30	Rent for DHS office		18000	216000	
31	Meeting Expence		7000	84000	
32	Computer, Laptop, Printer Fax & Photocopier for DHS		300000	300000	
33	Store & Manpower for store Management		30000	360000	
34	DPMU Training (1-DPM, 1-DAM, 1- M & E Off.)		Once in a Year	300000	15 Day Training in Prime Institution
35	Development of State BCC/IEC strategy (Workshop)			50000	IEC Activities, Experts & all Stake Holders
36	IEC Activities (Hoarding, Posters & Banners, Road Show, Van Publicity, Street Play, Puppet Show & News Paper Publicity etc.)		All Slum Areas & Undeveloped Villages	3000000	
37	Procurement of Equipment (Blood Storage Facility at Ref. Hosp.)		FRU-4 Unit	600000	

38	Strengthening of District Health Society/DPMU [Data Centre, Mobility,Office Rent, Office Exp., Additional Manpower]			832800	
39	ASHA Drug Kit & Replenishment	2620	3233	790800	
40	Motivation of ASHA One Umbrela @150& Two Shari(600)	2620	3233	2424750	
41	ASHA Divas T.A @Rs. 60, Refreshment@Rs.15 and 2000 per year for best ASHA award	2620	3233	2955700	
42	Untied Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center(418 SC's@10000,60 APHC@25000 & 23 PHC@25000)	(418 SC's ,60 APHC & 23 PHCs)	6255000	6255000	
	ASHA District level Meet			650000	
43	Village Health and Sanitation Committee, 1850@10000		1765	17650000	
44	Rogi Kalyan Samiti		4200000	4200000	
45	Construction of 15 HSCs		14250000	14250000	
46	Construction of residential quarters of 20 old APHCs for staff nurses		20	6000000	
47	Construction of building of 5 APHCs where land is available			26575000	
48	Upgradation of 2 ANM Training Schools			4000000	
49	Incentive for PHC doctors & staffs			7200000	
50	Salaries for contractual Staff Nurses		120	17280000	
51	Contract Salaries for ANMs		418	40128000	
52	Mobile facility for all health functionaries			7896	
53	Block Programme Management Unit		15180000	15180	

54	102-Ambulance service		5602000	5602000	
55	1911- Doctor on Call & Samadhan			168000	
56	Urban Health Centre (UHC)			540000	
57	Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP)			7000000	
58	Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar			5000000	
59	Operationalising MMU			5616000	
60	Advanced Life Saving Ambulance (108 Emergency Service)			12000000	
61	Monitoring and Evaluation (District & Block Data Centre)			2232000	
62	Nutritional Rehabilitation Centre			840000	
63	Delivery kits at the HSC/ANM/ASHA (no.70000 x Rs.25/-)		700000	1750000	
64	SBA Drug kits with SBA-ANMs/ Nurses etc@ Rs.245/-			270480	
65	Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year (Only for BPL Adolscent Girls)		40000	20800000	
66	Procurement of beds for PHCs to DHs		720	6480000	
67	Cost of IFA for Pregnant & Lactating mothers		700000	4200	

68	Cost of IFA for adolescent girls		73564	4413840	
69	Earthing and wiring of existing Cold chain rooms in all PHCs @Rs 10000/- per PHC x 23 PHCs, 9 Urban Hosp.		32	320000	
70	Preparation of Action Plan			200000	
71	Mainstreaming Ayush under NRHM			1000000	
72	Equipment for ICU			2500000	
73	Equipments for the Labour Room			8000000	
74	Routine Immunisation Programme, R.I.(Mobility Support, Cold Chain Maintenance, WIF Maintenance, Alternate Vaccinator Delivery, Computer Assistant, Meetings, Training, MicroPlanning, POL, Vaccine Delivery, Consumables, Disposables, Bleach/HypoChlorite Solution, Refreshment etc.)	6126118		15000000	
75	Pulse Polio (Transit Team, H-H Team, Mela Team, Vaccinator,Supervisor, Cold Chain Handler, Vehicles, Mobility Support, Supply & Logistics, IEC & Social Mobilisation, Contigency per team Vaccine to Vaccine Cold Chain Handler, Support to to WIC	39575000		90022000	
76	National Vector Born Disease Control Programme (NVBDCP)				
i.)	**District Malaria Office**			9228526	
ii.)	**District T.B. Office**			10437000	
iii.)	**District Leprosy Office**			1300000	
iv.)	**Filaria MDA Programme**			1200	
G.Total				**660960**