DISTRICT SITAMARHI

DISTRICT HEALTH ACTION PLAN

2010-2011

NATIONAL RURAL HEALTH MISSION

GOVERNMENT OF BIHAR

Preface

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

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

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

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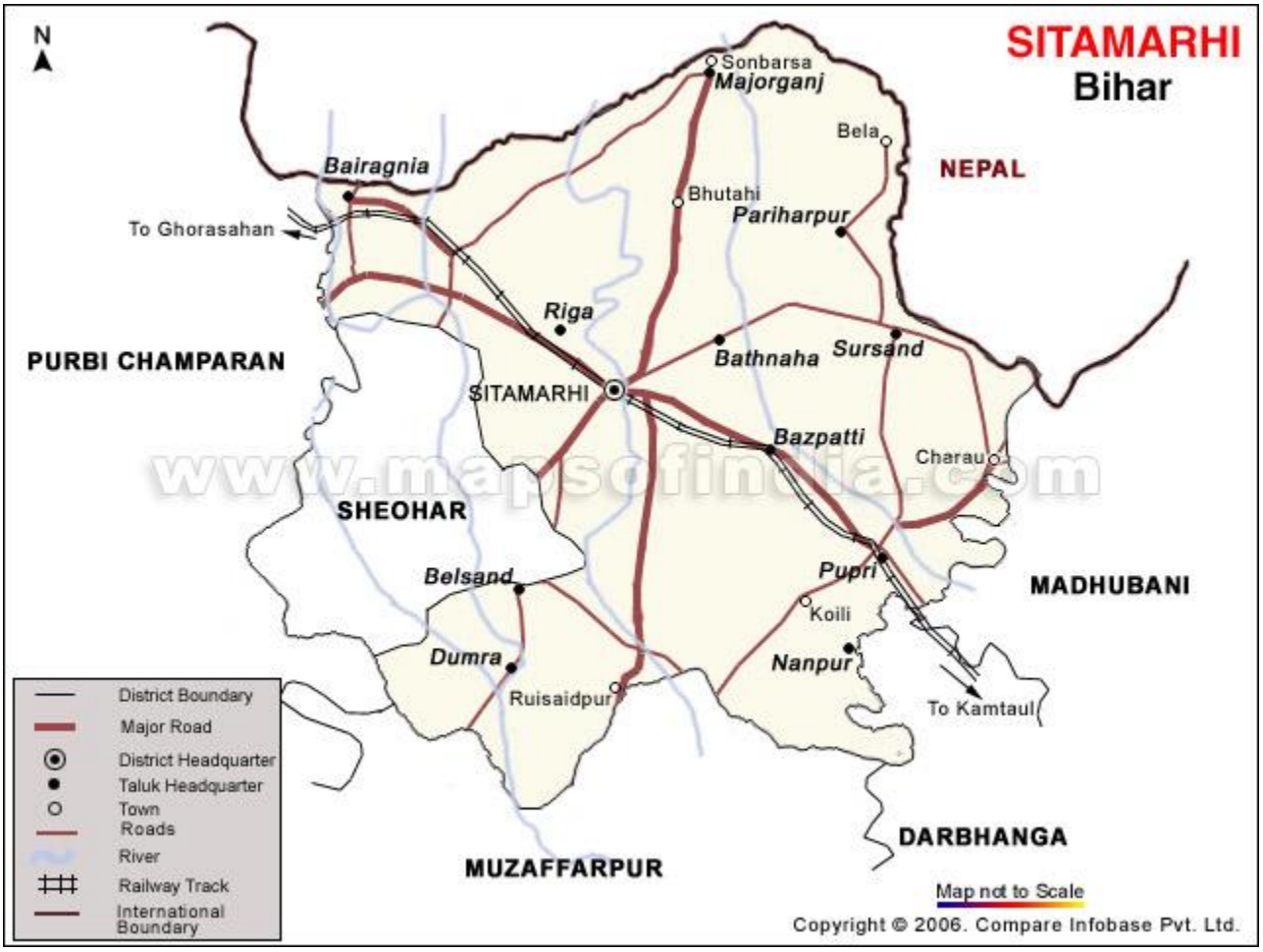
Introduction

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

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

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

Profile of Sitamarhi District



Introduction

The Sitamarhi district came into existence on 11th December 1972 after it was separated from the present Muzaffarpur district. Sitamarhi is situated in the northern part of Bihar. The district headquarter is located at Dumra, which is 5 Km south of Sitamarhi. The district is popularly known as the "Land of Goddess Sita". The district headquarter was shifted here after the town of Sitamarhi was devastated in one of the worst ever earthquake in January 1934.

The Sitamarhi district is bounded by Nepal on the north, Muzaffarpur on the south, by the districts Darbhanga and Madhubani on the east and on the west by the districts East Champaran and Sheohar. Sitamarhi is a sacred place in Hindu mythology. It's history goes back to Treta Yug. Sita, the wife of Lord Rama sprang to life out of an earthen pot, when Raja Janak was ploughing the field somewhere near Sitamarhi to impress upon Lord Indra for rain. It is said that Raja Janak excavated a tank at the place where Sita emerged and after her marriage set up the stone figures of Rama, Sita and Lakshman to mark the site.

This tank is known as Janaki-kund and is south of the Janaki Mandir. In course of time, the land lapsed into a jungle until about 500 years ago, when a Hindu ascetic, named Birbal Das came to know the site by divine inspiration where Sita was born. He came down from Ayodhya and cleared the jungle. He found the images set up by Raja Janak, built temple over there and commenced the worship of Janaki or Sita. The Janaki Mandir is apparently modern and is about 100 years old only. The town however contains no relics of archaeological interest.

Attractions

Important places to visit are Ram Janaki Temple at Sitamarhi (Janaki Sthan), Janaki Temple at Punaura, Haleshwar Sthan, Panth-Pakar, Bodhayan-Sar, Baghi Math, Pupri, Goraul Sharif, Shukeshwar Sthan, Sabhagachhi Sasaula

Rivers

The important rivers flowing through the district are Bagmati, Lakhandei, Adhwara Group

Facts & Figures

- Population (2001): 26,82,720
- Males: 14,17,611
- Females: 12,65,109
- Population density: 1169 Per Sq. km
- Sex Ratio: 892
- Literacy Rate: 38.46%
- No. of Sub-Division: 03
- No. of Blocks: 17
- Average rainfall: 1100 to 1300 mm.

Facts & Figures

- Year of formation: 11/12/1972
- Area: 2185.17 sq. km
- Latitude: 26 ° 49 ' N
- Longitude: 85 ° 05 ' E

- Altitude: 85 Meter
- STD Code: 06226

Table 1: Sitamarhi District at a Glance

Total Area	2185.17 **sq km**
Population in thousands	**2682**
Rural Population	**2529407**
Urban Population	**153312**
Population density	**1169 per sq km**
Number of sub-divisions	**3**
Number of blocks	**17**
Total no. of Panchayats	**273**
Number of villages	**835**
Decadal growth rate	**33.22**
Sex Ratio	**893**
Percent of urban population	**5.7**
Percent of SC population	**12.1**
Percent of ST population	**0.02**
Female literacy	**26.13**
Male literacy	**49.46**
Total literacy	**38.46**
Total ICDS projects	**17**
Total Number of Anganwadi centres	**2571**
Percent of population with a low standard of living	**86.8**
Percent of population with a medium standard of living	**6.7**
Percent of population with a high standard of living	**6.5**

Summary of DHAP process in Sitamarhi

The District Health Action Plan of Sitamarhi has been prepared under the guidance of the Chief Medical Officer, Additional Chief Medical Officer, All District Programme officer of Sitamarhi and District Programme Management Unit (DPMU) DHS with a joint effort of the Block Programme Management Unit (BPMU),Rogi Kalyan Samiti, District Health Educator, the BMOs and various M.O-PHCs as well as other concerned departments under a participatory process. The field staff of the department have also played a significant role. Public Health Resource Network has provided technical assistance in estimation and drafting of various components of this plan.

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

Final Appraisal
Final DHAP: Submission to DHS and State
Adoption by DHS
Printing and Dissemination

Health profile of Sitamarhi District

Sitamarhi has shown consistent improvement in some of the key health indicators across the years. Still the overall situation of the district leaves much to be desired. According to a survey by International Institute of Population Sciences conducted in 2006, the key RCH and other health indicators of the district are as follows:

Table 2 : Sitamarhi Health Profile

Key population indicators	Infant Mortality rate	**52**		
	Maternal mortality rate	**430**		
	Crude birth rate	**31.9**		
	Death rate	**5.0**		
District Level Household & Facility Survey		**DLHS 3 (07-08)**	**DLHS 2 (02-04)**	**Bihar DLHS 3**
Key RCH Indicators (in percentages)	Girls marrying below 18 yrs.	**44.4**	**61.3**	**46.2**
	Birth order 3+	**56.3**	**62.0**	
	Current use of any FP method	**25.3**	**25.3**	**32.4**
	Total unmet need	**41.2**	**39.5**	**37.2**
	Pregnant women who registered in the first trimester	**22.0**		
	Pregnant women with 3 + ANC	**22.9**	**11.4**	**26.4**
	Pregnant women receive at least 1 TT injections	**66.2**	**20.7**	**58.4**
	Delivery assisted by a skilled attendant at home	**4.7**	**4.6**	**5.9**
	Institutional births	**16.4**	**8.0**	**27.7**
	Children with full immunization	**39.1**	**32.1**	**41.4**

	Children with Diarrhea treated within last two weeks who received treatment	**79.0**	**92.5**	**73.7**
	Children with Acute Respiratory infections in the last two weeks who were given treatment	**76.5**		**73.4**
	Children who had check up within 24 hours after delivery	**19.1**		
	Children who had check up within 10 days of delivery	**20.0**		

1. Health Facilities in Sitamarhi District

Sitamarhi district has one Sadar Hospital (DH) located in Sitamarhi City. Sub Divisional Hospital is under Construction in Pupri. The district has a total of 13 Primary Health Centres (PHCs), 36 Additional Primary Health Centres (APHCs) and 213 Health Sub centres (HSCs). The district has One Referral Hospitals located at Mejarganj. The only operational Blood bank is at the Sadar Hospital in Sitamarhi. The planning team for the DHAP undertook a comprehensive mapping and situational analysis of these health facilities in terms of infrastructure, human resources and service delivery.

2. Human Resources for Health in Sitamarhi

2(A) Medical Officers

Sitamarhi currently has 140 regular doctors sanctioned out of which 100 are present. Similarly 56 contractual positions are sanctioned for doctors against which only 33 are posted. So the total number of doctors present in the district is 133 against the total sanction of 196.

2(B) Staff Nurses_

The total number of positions sanctioned under this category is 17, in position 11 Grade A nurses (Regular) and contractual staff nurse is 72 out of which 37 is in positioned.

2(C) ANM

The total number of positions sanctioned under the regular ANM is 301, in position 272.
And ANM(R) sanctioned post is 213 out of which 98 are in position.

2(D) LHV

Total number of positions sanctioned post is 29 out of which 5 are in position.

2(E) Health Educator

Total number of positions sanctioned post is 28 out of which 20 are in position.

Situation Analysis of Health Facilities

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

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

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

The **Primary Health Centre (PHC)** is required to be present at the level of 30,000 populations in the plain terrain and at the level of 20,000 populations in the hilly region. A PHC is a six bedded hospital with an operation room, labour room and an area for outpatient services. The PHC provides a wide range of preventive, primitive and clinical services. The essential services provided by the PHC include attending to outpatients, reproductive and child health services including ANC check-ups, laboratory testing during pregnancy, conducting normal deliveries, nutrition and health counselling, identification and management of high risk pregnancies and providing essential newborn care such as neonatal resuscitation and management of neonatal hypothermia and jaundice. It provides routine immunisation services and tends to other common childhood diseases. It also provides 24 hour emergency services,

referral and inpatient services. The PHC is headed by an MOIC and served by two doctors. According to the IPHS norms every 24 *7 PHC is supposed to have three full time nurses accompanied by 1 lady health worker and 1 male multipurpose worker. NRHM stipulates that PHCs should have a block health manager, accountant, storekeeper and a pharmacist/dresser to support the core staff.

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

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

1. Situation Analysis: Health Sub centre level Infrastructure

Table : Sub centre Data

Name of Block	Total Population	Total requirement as per District Database	PRESENT (functional)	ALREADY PROPOSED	Further requirement based on District Database
1. Bairagania	101630	20	12	6	2

2. Bajpatti	173791	35	14	10	11
3. Bathanaha	198289	40	21	11	8
4. Belsand	169866	34	12	13	9
5. Dumra	339445	67	19	6	42
6. Mejarganj	174470	35	14	14	7
7. Nanpur	250415	50	16	14	20
8. Parihar	253283	50	21	5	24
9. Pupri	203276	40	15	11	14
10. Riga	162538	33	13	11	9
11. Runni Saidpur	297569	59	24	8	27
12. Sonbarsa	192178	38	15	11	12
13. Sursand	162870	33	17	8	8
Total	2682720	534	213	128	193

Table No. 4 presents the additional requirements of Sub centres as per population norms mandated by IPHS as well as according to the database available with District Health Society Sitamarhi. As per IPHS norms, Sitamarhi district requires a total of 534 Sub centres of which 213 are functioning in the district. 193 more have currently become functional and 128 are still proposed. Thus, what is required is to make functional all of the already proposed Sub centres.Tables 5.1 and 5.2 present a comprehensive picture of human resources and facilities available at the Sub centre level. At the Sub centre level infrastructure poses major constraints. The analysis reveals that of the existing 213 HSCs, only 166 are situated in any building premises. Out of these 166, 71 are in a Government building and 95 are in rented buildings. Out of the 47 remaining Subcenters, buildings are under construction for 41 of them. 47 HSCs still do not have any building. The 41 HSCs operating in Govt buildings are currently being renovated. It is also important to note that no Sub centre in the district has received untied funds.

Strengthening Health Facilities in Sitamarhi District

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

Sub centres

Objectives:

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

Infrastructure		
Situation analysis: As per the norm, 534 HSCs are required. Out of the total 534 subcentres, 213 HSCs already exist. 193 additional HSCs have recently become functional. 128 HSCs are further required and these have been proposed. Of the existing 213 HSCs only 166 are situated in any building premises. Out of these 166, 71 are in Government building and 95 are in rented building. 47 HSCs still do not have any building. The 71 HSCs operating in Govt. building are currently being renovated.		
Strategies	**Activities**	**Budget**
• Availability of land for old HSCs which do not have land (41 HSC) and fund Available. • Availability of land for new HSC with out land (28 HSC). • Ensuring that the 41 Sub centres currently located in Government buildings are renovated according to IPHS norms • Ensuring that the 49 Sub centres currently being constructed are constructed according to IPHS norms. • Revising rent rates for the sub centres operating from rented houses and for any further rentals in order to get adequate space and facilities for HSC functioning. • Rent must be fixed at the rate of Rs. 500 per month without any Govt. official's approval.	**For new construction** • Meeting with CO to identify availability of land for setting up the priority HSCs in the selected villages. • Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of HSCs. • Village meetings to identify accessible locations for setting up of HSCs • Finding locations for new HSCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered. • Requesting allotment for construction of new HSCs to State Health Society • Requesting state government to revise the rent rates for HSC building and make the grant for payment of the rent. • Ensuring construction of HSC building as per IPHS norm along with residence for ANM and other health staff. **For review of ongoing renovation/construction** • Meeting of DHS in presence of Executive Engineer, Building	**New construction** 47 HSCs operating without any building + 95 currently operating from rented building= 152* Rs.950,000.0= Rs 14,44,00,000.00 Rent for 128 newly sanctioned + 64 new HSCs in priority blocks= 192* Rs.500.0*12 months=Rs.11,52,000.00 Furniture for sub-centers 213+128+64 * 10,000=Rs.40,50,000.0 (One time payment for 2 chairs, one table, one almirah, one bench)

	Division, for review of ongoing constructions for IPHS norms.	

Human Resources

Situation analysis: All 213 HSCs have one regular and one contractual ANM posted at the Sub centre. The contracts of the contractual ANMs need to be renewed on a three years basis. Contractual ANMs have been posted for 128 newly sanctioned HSCs The posts of regular ANMs need to be sanctioned and appointed for the 128 newly sanctioned HSCs

Strategies	Activities	Budget
• Renewing the contracts of the ANMs on contract • Appointment of regular and contractual ANMs for the newly sanctioned HSCs	**Appointment of ANMs for new HSCs** • Submission of proposal for the appointment of regular and contractual ANMs for the newly sanctioned HSCs • Holding interviews and issuing appointment letters	**Salaries for contractual ANMs** 213+ 128 + 64= 405*Rs.6000.0*12= Rs.2,91,60,000.0 **Salaries for regular ANMs (from treasury route)** 123+128* Govt. Pay Scale

Equipment

Situation analysis: Most HSCs do not have equipment as per the IPHS norms

Strategies	Activities	Budget
• Assessing the equipment needs of all currently sanctioned HSCs and identifying equipment requiring repair and equipment that needs to be requisitioned • Acquiring permission from the state government to appoint district level agency for repair and maintenance. • Ensuring timely supply of the equipment • Ensuring timely repair of the equipment by the local agency • Ensuring quick replacement of non functional equipment	• Identifying a local repairing agency • Training for the ANM and other health staff at the HSC in handling the equipment and conducting minor repairs. • Setting up of a district level equipment replacement unit	**For currently functional HSCs** 213* Rs.2000*2 (half yearly) = Rs.8,52,000.0 **For new HSCs** 128+64 = 192*Rs10,000.0= Rs.19,20,000.0

Drugs

Situation analysis: Most HSCs do not have the drugs required as per IPHS norms

Strategies	Activities	Budget
• Ensuring timely replenishment of	• Weekly reporting of the drugs	**General purchase**

essential drugs prescribed under IPHS standards • Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs.	status: availability, requirement, expiry status • Setting up a block level drug replacement unit • Utilization of untied funds for purchase of essential drugs locally • Providing basic training for management of drug reactions.	213+128+193= 534 * Rs.1000*4 (quarterly)=Rs21,36,000.0 **Local purchase** (if stock is limited at district level) 213+128+193= 534 * Rs.500*4 (quarterly)= Rs.10,68,000.0
Untied Funds		
Situation analysis: No HSCs received any untied funds because of problems in the opening of bank accounts		
Strategies	**Activities**	**Budget**
• Ensuring that HSCs receive untied funds.	• Opening Bank Accounts • Ensuring timely release of funds to HSCs	213+128+193 = 534*Rs.10,000.0 = Rs.53,40,000.0

Situation Analysis: APHC level Infrastructure

The gaps in the availability of PHC are calculated as per the IPHS norms of one PHC at the level of 30,000 populations. However in Bihar, the current state practice is one PHC at one lakh population level. Since the APHCs function at the level of 30,000 populations at present in Bihar, the number of present and proposed APHCs is taken into account for the purpose of calculating the overall requirement of PHCs. The matrix also estimates requirement of CHCs in each block. Like Sub centres, the district has also proposed APHCs. A total 22 APHCs are proposed. The district further requires 30 APHCs.

Table : APHC Infrastructure

Name of Block	APHC Total required	PRESENT	PROPOSED	Further REQUIRED after including PHC
1. Bairagania	3	1	1	1
2. Bajpatti	6	1	1	4
3. Bathanaha	7	3	1	3
4. Belsand	6	4	2	0
5. Dumra	11	3	1	7
6. Mejarganj	6	2	3	1
7. Nanpur	8	3	3	2
8. Parihar	8	4	3	1
9. Pupri	7	2	2	3
10. Riga	5	2	1	2
11. Runni Saidpur	10	6	1	3
12. Sonbarsa	6	3	2	1
13. Sursand	5	2	1	2
Total	**88**	**36**	**22**	**30**

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

In Bihar Additional PHCs operate at the population of 30,000. The APHC is the cornerstone of the public health system since it serves as a first contact point for preventive, curative and promotive

health services. It is the first port of the public health system with a full time doctor and provision for inpatient services. There are 36 functional APHCs in Sitamarhi. 22 new APHCs are newly sanctioned. In general the APHCs in Sitamarhi suffer from:
1) Lack of facilities including availability of building
2) Constant power and water shortages
3) Unavailability of doctors
4) Doctors not residing at the facility
5) Insufficient quantities of drugs and equipment
6) Lack of capacity to use untied funds.

The level of facilities at the APHCs is expected to be similar to that of a PHC. All the blocks of Sitamarhi do not have APHCs. A summarized version of the state of infrastructure facilities is as follows:

Table : APHC Infrastructure

		Bairagania	Bajpatti	Bathnaha	Belsand	Dumra	Mejarganj	Nanpur	Parihar	Pupri	Riga	Runni Saidpur	Sonbarsa	Sursand	Total
Name of facility	Total No. of APHC	1	1	3	4	3	2	3	4	2	2	6	3	2	36
Building	APHC with Government Building	1	0	1	3	1	2	1	3	2	0	6	2	2	24
	APHC in rented building	0	1	0	1	1	0	2	0	0	0	0	0	0	5
	APHC in Panchayat Building	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	APHC with No Building	0	0	1	0	0	0	0	0	0	1	0	0	0	2
	APHC in HSC Building	0	0	1	0	1	0	0	1	0	1	0	1	0	5
	APHC Under construction	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Water supply	APHC with assured water supply	1	1	1	1	1	1	1	1	1	1	1	1	1	
Power supply	Continuous Power Supply	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Interminantly available power supply	1	1	1	1	1	1	1	1	1	1	1	1	1	13

Toilets	**With Toilets**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	
Labour room	**With Labour room in good condition**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Residential facilities	**APHC with residential facilities**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	MO residing at APHC	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Furniture	**Furniture Available**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	
Ambulance	**Ambulance**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Out of 36 APHCs, 23 are situated in government buildings, 6 in rented buildings, 1 in Panchayat buildings, 4 in HSC Building and 2 APHCs still do not have a building.

Figure 1 : APHC Infrastructure

As per Table 7, APHCs suffer from unavailability of buildings and facilities such as water and power supply, availability of functional labour and operation theatre and toilets. Hand pumps are available in all of 36 APHCs and no APHC has continuous power supply available. Considering that APHCs are expected to provide laboratory services, maintain the cold chain involving equipment such as deep freezers and ILR, 24 hour emergency services and inpatient services, lack of running water and a continuous power supply is a significant constraint. The most challenging constraint for the APHCs is the lack of labour rooms. APHCs as the first port of care for obstetrics are required to have a fully functional labour room. As residential quarters are not available at the facility level, staff does not reside at the APHC. The staffs across the district also report absence of furniture and the need of major repair work for the furniture.

Situation Analysis: APHC Human Resource

The APHC is expected to be staffed by 2 medical officers; preferably at least one female medical officer, 1 pharmacist, 3 staff nurses, 1 Health worker, 2 health assistants,1 clerk ,2 lab technicians, 1 health educator, 1 driver and other Grade 4 staff. In Sitamarhi all 36 APHCs have posts sanctioned for 2 doctors and in position.

Table : APHC Human Resource

		Bairaganiа	Bajpatti	Bathanaha	Belsand	Dumra	Mejarganj	Nanpur	Parihar	Pupari	Riga	Runni Saidpur	Sonbarsa	Sursand	Total
Total No. of APHC		1	1	3	4	3	2	3	4	2	2	6	3	2	36
Doctors	2 doctors Sanctioned	1	1	3	4	3	2	3	4	2	2	6	3	2	36
	1 doc Sanctioned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2 doc in Position	2	0	0	0	1	0	0	0	1	0	2	0	0	6
	1 doc in postion	0	0	2	3	2	0	2	2	0	1	3	1	2	18
	0 doc in postion	0	0	0	1	0	0	1	2	0	1	1	2	0	8

Additional Primary Health Centres

Objectives:

1. To ensure that Sitamarhi has 100% of functional APHCs as required by population norms
2. To upgrade all APHCs as per PHC level IPHS norms and to name all APHCs as PHCs
3. To operate 25% of APHCs on a 24*7 basis
4. To start institutional delivery and family planning operation (Camp mode) – 25%

Infrastructure		
Situation analysis: As per the norm of 1 APHC (now termed as PHC) for every 30,000 population, Sitamarhi requires a total of 88 APHCs (PHCs), of these 36 APHCs already exist and are functional. A total of 51 new APHCs (PHCs) are required which have been proposed. Of the existing 36 APHCs, 23 work in Government buildings, 6 in rented buildings, 1 in Panchayat buildings, 5 in HSC building and 1 APHCs do not have any building (Bathanaha). Parsauni APHC in under construction.		
Strategies	**Activities**	**Budget**

• 51 APHCs to be newly established should be set up to meet the PHC level IPHS norms. Of these 22 are proposed to be constructed in this year and 30 will be operationalised in 5 years. The overlap is to enable initiation of services while ensuring the requisite construction of infrastructure. • Construction of buildings for the existing 22 APHCs working in Panchayat or rented buildings or without any building as per PHC level IPHS norms ensuring the availability of labour room facilities, maternity wards and toilets. • Ensuring running water supply and drinking water supply in all existing APHCs. • Ensuring power supply and power back up for all existing APHCs • Building residential facilities for doctors and other staff at all APHCs.	**Construction of buildings for existing & proposed APHCs** • Meeting with CO to identify available land for setting up the priority APHCs (PHCs) in the selected villages • Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of APHCs HSCs. • Village meetings to identify accessible locations for setting up of APHCs • Finding locations for new APHCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered. • Requesting state government to revise the rent rates for APHC (PHC) building and make the grant for payment of the rent. • Ensuring construction of APHC (PHC) building as per IPHS norm along with residence for MOs, ANM and other health staff. • Ensuring power supply to all APHCs • Ensuring running water supply for 5 APHCs, since construction is being initiated for only 20 of the 25 new APHCs being operationalised this year.	**For construction (including MO and staff quarters)** Current APHCs without Govt Building: New 21 APHCs+ old constructed building to be constructed = 20 22+ 20*Rs.53,00,000= Rs.222600000.0 **For rent (including MO and staff quarters)** 36 existing APHCs + 21 new APHCs*Rs.2000.0*12 = Rs.1,14,000.0 **For Electrification** Rs.100,000.0 **For power backup** 57 APHCs* Rs65.0/hr* 8hrs/day*26 days/month*12 months=Rs.92,47,680.0 **For running water supply** 57 APHCs*Rs50000.0/unit= Rs.28,50,000.0
Human Resources		
Situation Analysis: While posts of 2 MOs have been sanctioned for 36 APHCs		
Strategies	**Activities**	**Budget**
Doctors • AYUSH MO must be posted. • Rationalization of doctors across	**For Rationalization of Doctors across facilities** • Reviewing current postings	**Medical Officers** 36+21*2=124 MOs

block facilities to ensure filling of basic minimum positions • If any APHC (PHCs) after rationalization is in need of more doctors then additional doctors can be deputed from PHC to run at least one day OPD. This should be considered as an interim arrangement. • Filling vacancies by hiring doctors on contract or appointing regular doctors **Grade A Nurses** • Renewal of contract of Nurses for 3 years based on performance • Filling 9 vacancies • Recruitment of Nurses for newly established 35 APHCs **ANMs** • Filling13 ANM vacancies • Recruitment of two ANMs for each of the newly established 35 APHCs **MPWs** • Appointment of 2 MPWs (M/F) for all 74 APHCs **Laboratory technicians** • Filling up of vacancies of Laboratory technicians in all APHCs (PHCs) **Pharmacists** • Filling up of vacancies of Pharmacists in all APHCs (PHCs) **Accountant** • Filling up of vacancies of Accountants	• Preparing a rationalization plan • Introducing rationalization plan in DHS meeting agenda to consider and approve the rationalization plan **Additional charge as interim arrangement** • Preparation of the roster for deputation of Doctors at the APHC (PHC) where no doctor is available. • Informing community about the 1 day per week OPD services at APHCs (PHCs) • Hiring of vehicles for the movement of doctors for fixed OPD days. **Filling vacancies** • Requisition to state health department for recruitment of permanent doctor and requisition to State Health Society for hiring of contractual doctors. • Requisition to state health department for recruitment of permanent nurses and requisition to State Health Society for hiring of contractual nurses. • Appointment of 2 MPWs (M/F) at each APHC • Hiring Laboratory technicians and pharmacists (permanent positions) • Hiring of clerks/accountants **Contract Renewal** • Renewal of contract of Grade A staff nurses for the next three years based on performance.	124 MOs*Rs.20,000.0*12 months= Rs.2,97,60,000.0 **Nurse** 36+21*2=124 Nurses 124 Nurses*Rs.7,500.0*12 months=Rs1,11,60,000.0 **MPWs (M/F)** 36+21*2=124 MPWs 124 MPWs* Rs.7,000.0*12 months=1,04,16,000.0 **ANMs** 36+21*2=124 124 ANMs*Rs.6000.0*12 months = Rs.89,28,000.0 **Lab tech** 36 + 21= 57 57 LabTech*Rs.7,000.0* 12 months=Rs 47,88,000.0 **Pharmacist** 36+21 = 57 57 Pharmas*Rs.7,000.0* 12 months=Rs 47,88,000.0 **Accountant** 36+21 = 57*8000*12= Rs.54,72,000.00
Equipment		
Situation Analysis: Most APHCs do not have all equipment as per IPHS norms		
Strategies	**Activities**	**Budget**

• A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms • Rational fulfilling of the equipment required • Repair/replacement of the damaged equipment	• Monthly reporting of the equipment status, functional/non-functional • Purchase of essential equipment locally by utilizing the funds or through RKS funds • Identification of a local repair shop for minor repairs • Training of health worker for handling of the equipment.	**Existing APHCs** 36 APHCs* Rs.5000.0*4 quarters= Rs. 7,20,000.0 **Operationalizing 25 APHCs** 21 APHCs*20,000 Rs.4,20,000.0=

Drugs

Situation Analysis: Most APHCs do not have a regular supply of drugs and do not have all drugs as per IPHS norms

Strategies	Activities	Budget
• Ensuring timely replenishment of essential drugs prescribed under IPHS standards • Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs. • AYUSH drug must for alternative medicine.	• Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store • Utilization of RKS funds for purchase of essential drugs locally • Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors • Separate provision of drugs mainly for camps. • Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs • Utilization of PMGY funds allotted for drugs purchase at the local level.	**Existing APHCs** 36 APHCs* Rs.5000.0*4 quarters= Rs. 7,20,000.0 **Operationalisation of 21 APHCs** 21 APHCs*30,000= Rs.6,30,000.0

Untied funds

Situation Analysis: Currently since APHCs have not been upgraded to PHC level they do not receive any untied funds

Strategies	Activities	Budget
• Ensuring that all APHCs receive untied funds as per the NRHM guidelines	• Ensuring that all APHCs receive untied funds as per the NRHM guidelines	57 APHCs*Rs.25,000.0* 12 months= Rs.1,71,00,000.0

Operating 25% of APHCs on a 24*7 basis		
Strategies	**Activities**	**Budget**
• Operationlising 17 APHCs which have their own building from Paktola, Bokhara, Prem Nagar, Olipur, Bela, Sasaula, Bhutahi, Raipur, Choraut and Parsauni 24*7 basis and upgrading them to the PHC level. • Upgradation of infrastructure as per PHC level IPHS norms • Ensuring continuous power supply and power back up in these 17 APHCs. • Hiring Ambulance services for these 17 APHCs. • Outsourcing housekeeping and canteen services for these 17 APHCs (PHCs). • Sanctioning the post of an additional Staff Nurse at these 17 APHCs taking the total number of Staff Nurses posted at each APHC to 3. • Relieving ANMs posted at these APHCs of outreach duties including Routine Immunisation and weekly meeting at PHC level. • Rationalisation of doctors to APHCs of these blocks on a priority basis. • Filling vacancies of	**For Upgradation of Infrastructure** • Meeting of DHS to plan upgradation of existing 17 APHCs which have their own building. • Request to Building division to review, prepare layout, plan and make overall budget for upgradation of 17 APHCs (PHCs as per IPHS norms) with their own building **For power supply** • Ensuring power supply (PHCs) • Ensuring power back up by hiring a generator **For Ambulance services** • Hiring ambulance services provided by an appropriate NGO **For outsourcing housekeeping & canteen services** • Issuing a call for tenders for housekeeping services • Selection and awarding contract • Canteen services to be provided by local SHGs • Selection of SHGs through a call for proposals and selection of lowest bidder **Filling Vacancies** • Requisition to state health department for recruitment of permanent doctor and requisition to State Health Society for hiring of contractual doctors. • Requisition to state health department for recruitment of permanent Grade A and requisition to State Health Society for hiring of contractual Grade A nurses. • Submission of proposal for appointment of 2 MPWs (M/F) at each APHC • Appointing Laboratory technicians and pharmacists (permanent positions) • Submission of proposal for appointment of clerks/accountants • Holding interviews and issuing appointment letters	**Upgradation of infrastructure** 17 APHCs * Rs.700,000.0= Rs.11,900,000.0 **Setting up Pathological labs** 17APHCs *Rs150,000.0= Rs.2,550,000.0 **Power back up** 17 APHCs* Rs.65.0/hr*24hr*30days* 12 months=Rs.9,547,200.0 **Ambulance** 17 APHCs* Rs.15,000.0/month*12 month=Rs.3,060,000.0 **Electrification** 17 APHCs*Rs.100,000.0= Rs.1,700,000.0 **Water supply** 17 APHCs*Rs200,000.0 =Rs.3400,000.0 **Canteen funds**- 17 APHCs*Rs.60per person*15 people*30days*12months = Rs.5,508,000.00 **Housekeeping Funds**- 17*Rs.7000=Rs.119,000.00 **Human Resources** 17 Staff Nurses for 24*7 APHCs *Rs.7,500.0*12

doctors of these APHCs on a priority basis • Appointment of Laboratory Technicians, Pharmacists, Accountant and MPWS (M/F) in these 17 APHCs on a priority basis		months=Rs.1,530,000.0

Situation Analysis: PHC Infrastructure

PHCs fare well in terms of infrastructure as compared to APHC and Health Sub centres. Sitamarhi District has 13 PHCs out of which 11 is in government buildings and 2 in Private building. Out of 13 functional PHCs, 10 have functional OT and 12 have functional labour rooms. Yet the condition of the operation theatres and labour rooms needs to be improved in nearly all the PHCs. Toilets are available in all the PHCs except Nanpur. PHCs are in better condition in terms of running water supply and continuous availability of power. Out of 13 PHCs, 13 have access to running water and 13 have continuous power supply.

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

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

Infrastructure facilities at PHC level

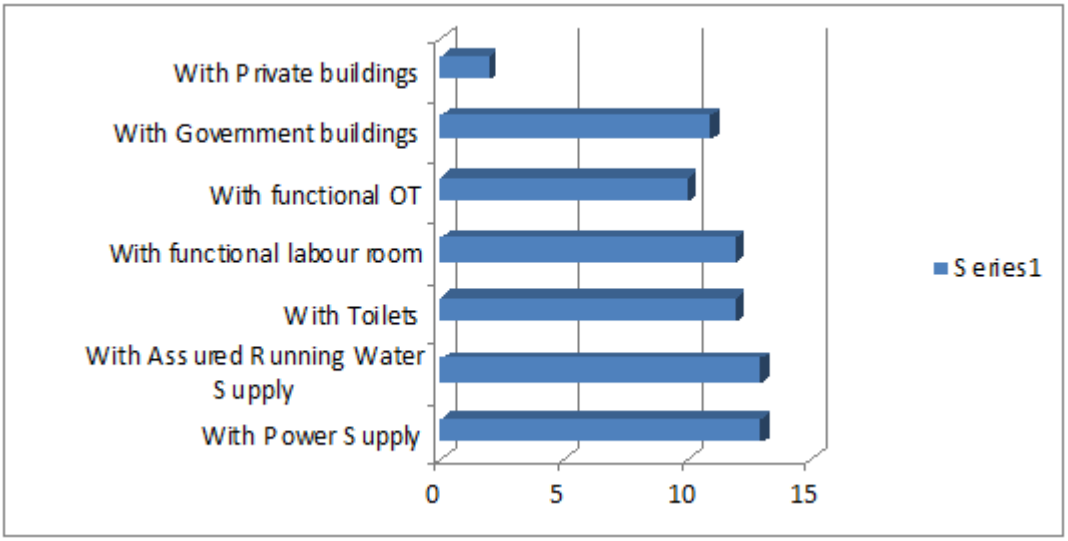


Figure: 1 Infrastructures at PHC

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

Table : PHC Infrastructure

	Bairagania	Bajpatti	Bathanaha	Belsand	Dumra	Mejarganj	Nanpur
Building	Govt	Govt	Govt(HSC Building)	Govt	Govt	Govt	Pvt
Building Condition	Mejor Repair	Good	Good	Good	Good	Good	Not Good
Running Water Supply	A	A	A	A	A	A	A
Power Supply	A	A	A	A	A	A	A
Toilets	NA	A	NA	A	A	A	NA
Functional Labour Room	A	A	A	A	A	A	NA
Condition of Labour Room	Minor Repair	Good	Minor Repair	Good	Good	Good	NA
Functional OT	A	A	NA	A	A	A	NA
Condition of OT	Require new building	Good	Require new building	Good	Good	Good	NA
Condition of ward	Require new building	Good	Require new building	Good	Good	Good	NA

A - Available; NA- Not available

Table PHC Infrastructure

	Parihar	Pupri	Riga	Runni Saidpur	Sonbarsa	Sursand
Building	Govt	Govt	Pvt	Govt	Govt	Govt
Building Condition	Good	Minor repairs	Need new building	Good	Good	Need Renovation
Running Water Supply	A	A	A	A	A	A
Power Supply	A	A	A	A	A	A
Toilets	A	A	A	A	A	A
Functional Labour Room	A	A	A	A	A	A
Condition of Labour Room	Minor Repair	Good	Need new building	Minor repairs	Good	Good
Functional OT	A	A	NA	A	A	A
Condition of OT	Minor Repair	Good	Need new building	Good	Good	Good
Condition of ward	Good	Major repairs	Need new building	Minor Repair	Good	Good

A - Available; NA- Not available

Situation Analysis: PHC Human Resources

Bajpatti, Mejarganj, Pupri, are served by three doctors and all other PHCs have more than 5 doctors in position. Availability of specialists is still a major constraint for the district as only 2 PHCs, The situation regarding number of ANMs at PHC level is satisfactory since the gap between sanctioned and in position is either absent or very narrow for most of the PHCs. Pharmacists are sanctioned in all the PHCs but are in position only 6 of them. Similarly Store keepers are in position in 6 PHCs. The biggest gap is in the availability of Nurses. All other PHCs donot yet have nurses sanctioned or in position. District's human resources availability across all the PHCs can be summarised as follows:

Table : Human Resources at PHC

		Number of PHCs
Doctors (Regular+Contractual)	Number of PHCs with 4 and more sanctioned doctors	13
	Number of PHCs with 4 and more doctors in position	11
	Number of PHCs with 3 doctors in position	1
	Number of PHCs with 2 or less than 2 doctors in position	1
	Total number of doctors	196
	Regular Doctors	140
	Contractual Doctors	56
	PHC where sanctioned=in position	4

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

Table : Human Resource at PHC

Staff Positions		Bairagania	Bajpatti	Bathanaha	Belsand	Dumra	Nanpur	Parihar	Pupri	Mejarganj		Riga	Runni Saidpur	Sonbarsa	Sursand
										Ref	PHC				
Doctors	Sanctioned	3	3	3	3	3	3	3	3	4	3	3	3	3	2

	In position	3	2	2	1	2	3	3	3	3	2	3	3	3	2
ANMs	Sanctioned	15	17	28	21	26	23	29	20	0	19	19	37	20	22
	in Position	7	17	26	17	26	23	24	18	0	9	18	37	15	20

Situation Analysis: Support Services at PHCs:

Table : Support Services at PHC

PHC Services at a Glance	
Total number of PHCs	13
Availability of Ambulance	13
Generator	13
X – Ray	1
Laboratory Services (Pathology)	1
Laboratory Services (T.B)	14
Canteen	0
Housekeeping	0
Rogi Kalyan Samiti set up	13
Untied funds received	13
Untied funds utilised	13

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

Table : Support Services for PHCs (Detail)

	Bairagania	Bajpatti	Bathanaha	Belsand	Dumra	Mejarganj	Nanpur	Pariha r	Pupri	Riga	Runni Saidpur	Sonbarsa	Sursand
Ambulance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generator	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
X – Ray	No	No	No	No	No	No	No	No	No	No	No	No	No
Laboratory Services (Pathology)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory Services (T.B)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Canteen	No	No	No	No	No	No	No	No	No	No	No	No	No
Housekeeping	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

Primary Health Centres

Objectives

1. To ensure that 75% of the PHCs are functional with full staff strength, functional Operation Theatres, Labour Rooms, Wards and Laboratory services, adequate equipment and drugs
2. To establish CHCs, providing services of First Referral Unit (FRU) and SDH accessible within 20-25 kms for all blocks of Sitamarhi as per IPHS norms.
3. Fully operationalise newly set up SDH at Pupari as FRU.

Infrastructure		
Situation analysis: Sitamarhi has 13 PHCs in its 17 blocks whereas 4 PHCs are under construction in the 4 newly created blocks of Parsauni, Suppi, Chorout and Bokhara. Each PHC currently has 6 beds except Nanpur. 11 existing PHCs operate in their own Govt. building and 2 PHC in Pvt. building. 9 PHCs have functional OTs and 12 have functional labour rooms. The condition of the OT and labour rooms needs to be improved in nearly all of the PHCs. 24 Hours Generator Service Running in 12 PHCs and 1 (Nanpur) PHC has Generator Service for 12 Hours.		
Strategies	**Activities**	**Budget**
• To phase out PHCs from blocks which already have a Referral Hospital and/or Sub-divisional Hospital so that there is no overlap of facilities providing the same level and nature of services – in all PHC. • Strengthening 4 PHCs to ensure basic facilities especially functional labour rooms and OTs – Pupari, Bajpatti, Sonbarsa, Runni Saidpur, Riga, Mejarganj, Dumra, Sursand and Parihar. • Ensuring running water	**Phasing out PHCs from blocks with Referral and SDH facilities** • Placing a proposal for phasing out of PHCs to District Health Society • Sending proposal approved by DHS to State Health Society for approval. **Strengthening existing PHCs to ensure that 75% of PHCs are fully functional** • Setting up of fully functional Labour rooms and OTs in 10 PHCs except. Nanpur, Bathanaha and Bairagania. **Ensuring running water supply**	**Labour room** 5 PHCs* Rs.700,000.0= Rs.3,500,000.0 **OT with complete infrastructure** 10 PHCs* Rs.10,00,000= Rs.10000000 **Separate M/F Toilets** 11 PHCs* Rs.2,00,000= Rs.22,00,000.0 **Power back up** 13 PHCs*Rs.125/hr*24 hrs*30 days*12 months=

supply and drinking water supply in all PHCs • Ensuring power supply and power back up for all PHCs	• Requesting PHED to prepare a budget for provision of running water supply in the Bihpur, Narayanpur and Gopalpur **Ensuring power supply and power back up** • Hiring of generators for all PHCs	Rs.11,34,00,000 **Water supply** 11 PHCs * Rs.200,000.0= Rs.22,00,000 **Building Maintenance fund** 11 PHCs*Rs100,000.0= Rs.11,00,000.0
Human Resources		
Situation Analysis: All PHCs are expected to have a team of 6-7 doctors. Currently all PHCs except Bajpatti have 3 or more doctors in position. All PHC, Grade A nurses have been sanctioned for all PHCs. Pharmacists have been sanctioned for all PHCs. Laboratory Technician is sanctioned in all PHCs.		
Strategies	**Activities**	**Budget**
• Rationalization of doctors across APHCs, and PHCs • Filling vacancies of doctors by hiring doctors on contract/appointment of regular doctors – 7 PHCs (Bihpur, Gauradih, Narayanpur, Kharik, Sabour, Shahkund, Sonhaulla) would need 5 Doctors each – Medicine, Surgery, Paediatrician, Gyanecologist and Anaesthetist • Sanction and appointment /hiring of 7 Staff Nurses for all PHCs • Sanction and appointment/hiring of 2 ANMs for all PHCs • Filling vacancies of Pharmacists, Dressers, Laboratory Technicians and Storekeeper • Sanction and appointment of an OT Assistant in all PHCs	**For Rationalization of Doctors across facilities** • Reviewing current postings • Preparing a rationalization plan • Meeting to DHS to consider and approve the rationalization plan **Filling Vacancies** • Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors. • Requisition to state health department for recruitment of permanent Grade A nurse and requisition to state health society for hiring of contractual Grade A nurses. • Appointment of Laboratory technicians, pharmacists, dressers and Store keepers (permanent positions) • Submission of proposal for sanction and appointment of an OT Assistant in all 16 PHCs • Holding interviews and issuing appointment letters	**Doctors** 5 Doctors*13 PHCs* Rs.25,000.0*12 months= Rs.1,95,00,000. **Grade A Staff nurse** 7 Staff Nurses * 13 PHCs* Rs.7,500*12 months= Rs.81,90,000 **ANMs** 2 ANMs* 13 PHCs*Rs.6000.0*12 months=Rs18,72,000 **Pharmacist** 13 Pharmacists* Rs.7,000.0*12 months= Rs.10,92,000 **Lab tech** 13 Lab tech*Rs7,000*12 months= Rs.10,92,000 **OT assistants** 13 OT Assistants* Rs.7,000.0* 12 months= Rs.10,92,000

		Accountants- 13 Accountants*Rs.8000*12= Rs,12,48,000
Equipment		
Situation Analysis: Most PHCs do not have equipment as per IPHS norms		
Strategies	**Activities**	**Budget**
• A detailed assessment of the status of functional equipment in all PHCs as per IPHS norms • Rational fulfilling of the equipment required • Repair/replacement of the damaged equipment	• Monthly reporting of the equipment status, functional/non-functional • Purchase of essential equipment locally by utilizing the funds or through RKS funds • Identification of a local repair shop for minor repairs • Training of health worker for handling the equipment and minor repair.	**Existing PHCs** 9 PHCs* Rs.5000.0*4 quarters= Rs.180,000.0 **Operationalizing 3 PHCs=** 3 PHCs*20,000= Rs.60,000.0
Drugs		
Situation Analysis: Most PHCs do not have a regular supply of drugs and do not have all the drugs as per IPHS norms		
Strategies	**Activities**	**Budget**
1. Ensuring timely replenishment of essential drugs prescribed under IPHS standards 2. Ensuring management of adverse drug reactions 3. Ensuring proper storage of the drugs	1. Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store 2. Utilization of RKS funds for purchase of essential drugs locally 3. Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors 4. Separate provision of drugs mainly for camps. 5. Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs 6. Utilization of PMGY funds allotted for drugs purchase at the local level.	**Existing PHCs** 9 PHCs*Rs.10,000.0*4 quarterly= Rs.360,000.0 **Operationalisation of 3 PHCs** 3 PHCs*Rs.30,000.0= Rs.90,000.0

Rogi Kalyan Samiti and Untied Funds		
Situation Analysis: Rogi Kalyan Samitis have been established in 13 PHCs, Refferal and Sadar Hospital. RKS funds are being utilized in nearly 70% of the PHCs, fund flows and submission of utilization certificates is not regular. Untied funds have been received by all 13 PHCs of which 10 PHCs have utilized the funds.		
Strategies	**Activities**	**Budget**
• Ensure that RKS is registered in all PHCs. • Ensure UCs are sent regularly. • Utilisation of RKS funds to pay for outsourced services	• Training of RKS office bearers on documentation of meetings as well as of the potential of the RKS • Training of block level accountants in preparation of the utilization certificates • Monthly review meeting of block level accountants by District Accounts Manager to strengthen the documentation process • Developing a check list for review	13 PHCs, Refferal and Sadar Hospital have received 25,000 (Workshop).
Facility level services (Ambulance, Diagnostic services, Canteen and Housekeeping)		
Situation Analysis: Ambulance services are known to be available at 13 out of 13 PHCs. Of these 13 PHCs, ambulance services have been outsourced for 12 PHCs and in-sourced for Parihar (Donated). X-Ray services are not available at most PHCs except Pupari. Housekeeping services are available at all PHC except Nanpur.		

Ambulance
• To ensure that ambulance services are made available at all PHC by this year.
• Ensuring that 60% of ambulance service utilization is by BPL families
X-Ray Services
• To ensure that X-ray services are available at all PHCs
• To increase the utilization of X-ray services by BPL patients.
Housekeeping
• To ensure that housekeeping services are available at all PHCs.
• To ensure that Pathology Services will be available to all PHCs.
	Ambulance
	• To review the existing ambulance services by the following indicators:
	  • % of BPL mothers who availed of ambulance services of the BPL mothers who came for institutional deliveries
	  • % of BPL patients (including mothers) who availed of ambulance services from total patients who availed of ambulance services
	  • % of emergency cases who availed of ambulance services
	  • Average time taken for emergency patient to be brought to hospital by ambulance
	• To renew contracts of ambulance service providers based on review
	• To strengthen district run ambulance services
	• To create awareness about the ambulance services at the community level through local radio, newspapers, wall paintings and for remote areas through the ASHA, AWWs and ANMs
	• ASHA helpdesk to take feedback from each patient on the timeliness of the ambulance service and the user fees collected
	• To use RKS funds for the running costs of government run ambulance services
	X-Ray Services and Pathology
	• To identify X-Ray service providers for all PHCs with appropriate qualifications and equipment
	• To review the services
		Ambulance
		12 PHCs* 2 Ambulances*Rs.15,000/month* 12 months= Rs.4,320,000.0
		
		Canteen –
		12 PHCs*Rs60 per person*15 people*30days*12 months=Rs.3,888,000.00
		
		Housekeeping-
		12 PHCs*10,000=1,20,000

	Housekeeping services • To identify providers for housekeeping services for all PHCs	

2. Situation Analysis: Referral Hospitals (RH)

Table : Human Resource RH

		Mejarganj REF
Doctors	Sanctioned	4
	In position	3
Grade A ANMs	Sanctioned	4
	in Position	0
Laboratory Technician	Sanction	1
	in Position	1
Pharmacist/Dresser	Sanctioned	1
	in Position	0
Storekeeper	in position	1

Establishing CHCs providing services of First Referral Unit (FRU)

Situation Analysis: Sitamarhi currently has no Sub-Divisional Hospital one under construction at Pupari. There are 1, 30 bedded Referral Hospitals at Mejarganj. The North-East part of Sitamarhi is Sursand lacks a Referral Hospital while the north central part has only 1 sub-divisional hospital-Naugachiya. While in the long term, each block is expected to have its own First Referral Unit in the form of a CHC, in the short term it is important for a referral facility to be accessible within 20-25 kms for every block in Sitamarhi. It is therefore proposed to set up 8 CHCs in the plan year.
The Mejarganj Referral hospital need major repairs for the Labour Room, Operation Theatre, wards as well as the entire building which are currently underway. Referral Hospitals have provision for water

supply, continuous power supply and toilets but need maintenance to reflow all these services.
In terms of human resources, the **Mejarganj Referral** hospital has 3 Doctors in position from 4 sanctioned. 1 Specialists are in position Gynea.
4 Staff Nurses are sanctioned and 1 in position. 1 ANM is sanctioned and is in position. 1 Position each for Pharmacist and Dresser have been sanctioned but only the Dresser is in position. 1 Storekeeper is in position. 1 Position for Laboratory Technician is sanctioned but is vacant.

Strategies	Activities	Budget
• Upgrading referral hospitals at Mejarganj as well as a fully functional CHC following IPHS norms. • Upgrading the 8 PHC to a 30 bedded Community Health Centre • To phase out PHCs from blocks which already have a Referral Hospital and/or Sub-divisional Hospital so that there is no overlap of facilities providing the same level and nature of services – 8 PHC Named. • Ensuring the construction of CHC as per IPHS norms with 30 bedded ward, OT, Labour Room, X-ray and Laboratory facility • Ensuring staffing as per CHC IPHS norms (MD/MS – General Medicine, General Surgery, Paediatrician, Obstetrician/Gynaecologist, Anaesthetist, Eye Surgeon; 7 Staff Nurses + 1 PHN and 1 ANM; 1 Pharmacist; 1 Dresser; 1 Lab Technician; 1 Radiographer; 2 ward boys; 10 support staff including 1 OT attendant + 1 OPD attendant + 1 Data Entry Operator) • Obtaining the services of Anaesthetists on contractual and on-call basis for all Referral Hospitals and Sub-Divisional Hospitals	**Upgrading referral hospitals to CHCs as per IPHS norms** • Assessing the infrastructure of Mejarganj referral hospitals for CHC level IPHS norms and identifying gaps • Requisition to address gaps **For upgrading 8 PHCs as per CHC level IPHS norms** **For Construction** • Requisitioning land where needed for construction. Meeting with CO to scope the availability of land. • Requesting allotment for construction of CHCs to State Health Society • Ensuring construction of CHC building as per IPHS norms along with quarters for doctors and other staff. **Filling Vacancies** • Ensuring the posting of 4 specialists – Medicine, Surgery, Paediatrician and Gynaecologist at each of the 5 CHCs • Contract with private anaesthetists to provide services on call basis to the 5 CHCs • Submission of proposal for hiring of 7 Staff Nurses and 2 ANMs each for the 8 CHCs. • Submission of proposal for sanction of posts filling 3 vacancies in Pharmacist and Dresser positions in both CHCs • Submission of proposal for sanction of 3 additional posts for Grade A Staff Nurses for	**Upgrading referral hospital to CHC (infra + equipment)** 3 Referral*Rs.5,000,000.0 = Rs.15,000,000.0 **Upgrading PHCs to CHC (infra + equipment)** 2 PHCs*Rs.15,000,000.0 =Rs.30,000,000.0 **Doctors** 6 Doctors*8 CHCs* Rs.25,000.0*12 months= Rs.14400000 **Staff nurse** 7 Staff Nurses*8 CHCs* Rs.7,500.0 *12 months= Rs.50,40,000 **ANM** 2 ANMs* 8 CHCs* Rs.6,000.0*12 months= 11,52,000 **Lab tech** 8 Lab techs* Rs.7,000.0*12 months= Rs.6,72,000 **Pharmacist** 8 Pharmacists* Rs.7000.0*12 months= Rs. 6,72,000 **Dresser** 8 Dresser*Rs.7,000.0*12 months= Rs.6,72,000 **Radiographer**

• Setting up a Blood Storage Facility at all Referral Hospitals and Sub-Divisional Hospitals • Preparing effective outsourcing plan for the 7 referral facilities for X-ray and other diagnostic and pathological services • A detailed assessment of equipment as per CHC level IPHS norms of the Sultanganj and Pirpatti referral hospitals • Ensuring that all 5 CHCs are equipped as per CHC level IPHS norms 4. Ensuring timely replenishment of essential drugs prescribed under IPHS standards 5. Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs	Mejarganj Referral. • Sanctioning 1 position for Pharmacist/ Dresser at Mejarganj Referral and 1 Pharmacist and 1 Dresser. **Drugs** • Setting up drug replacement units at each of the 8 CHCs for the block and for the CHC • Reporting on a fortnightly status of the drug availability/expiry in the store • Utilization of RKS funds for purchase of essential drugs locally • Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors • Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs • Utilization of PMGY funds allotted for drugs purchase at the local level. **Equipment** • Monthly reporting of the equipment status, functional/non-functional • Purchase of essential equipment locally by utilizing the funds or through RKS funds • Identification of a local repair shop for minor repairs • Training of health workers for handling the equipment and minor repair. **Services** • Setting up a blood storage facility at each of the 5 CHCs • Setting up a fully functional pathology lab at each of the 5 CHCs • Developing an outsourcing plan	8 Radiographers* Rs.7,000.0*12months= Rs.6,72,000 Social worker/counsellers- 16 counsellers*Rs.7000*12 months=Rs.13,44,000 **Accountant**- 8 accontants*Rs.8,000*12months=Rs. 7,68,000 **Support Staff** 16 Staff* 8 CHCs* Rs4000.0*12months= Rs.61,44,000 **Drugs** 8 CHCs *Rs.100,000.0= Rs.800,000.0 **Blood storage** 8 CHCs* Rs.100,000.0= Rs.800,000.0 **Pathological services** 8 CHCs* Rs.300,000.0= Rs.24,00,000 **Ambulance** 2 Ambulances* 8 CHCs Rs15,000/month*12months= Rs.28,80,000 Maintenance fund- Rs.2,00,000*8 = Rs.16,00,000 **Canteen Services=** 8 CHC*Rs.60 Per person*60 persons*30*12= Rs.1,03,68,000 **Housekeeping- 8** CHC*12,000Rs.*12months= Rs.11,52,000

	for X-ray services, housekeeping, canteen and ambulance services • Setting up of maternity ward in all CHCs • Setting up an ASHA helpdesk to provide support to patients referred by ASHAs and for BPL patients • Setting up an ASHA room with a toilet to enable ASHAs to stay with mothers whom they have escorted for 48 hours **Rogi Kalyan Samiti** • Registering a Rogi Kalyan Samiti for each of the 8 CHCs • Ensuring that seed money is received • Training of office bearers on documentation (minutes and accounts)	**Rogi Kalyan Samitis** 8 CHCs* Rs.100,000.0= Rs.8,00,000

Equipments		
Strategies	**Activities**	**Budget**
• Ensuring the availability of equipment according to IPHS norms	• Following-up of the entire procurement and maintenance of the equipment	Equipment- Pls refer to infrastructure section.
Drugs		
Strategies	**Activities**	**Budget**
• Ensuring the availability of drugs according to IPHS norms	• Following up of the entire procurement drugs	Rs. 100,000 per SDH * 1= Rs.1,00,000
Services		
Strategies	**Activities**	**Budget**
	• Setting up a blood bank at SDH Pupari. • Procuring equipment (Blood bank refrigerator, binocular microscope, incubator, bench top centrifuge) • Maintenance fund for blood bank. • Setting up a fully functional	Blood bank= equipments+ maintenance fund= Rs.68,16,500.00 1 path lab for Rs.200,000.0 per SDH*1=Rs.2,00,000

	pathology lab at each of the SDHs • Developing an outsourcing plan for housekeeping, canteen and ambulance services • Setting up of separate maternity ward in both SDHs. • Setting up an ASHA helpdesk to provide support to patients referred by ASHAs and for BPL patients • Setting up a ASHA room with a toilet to enable ASHAs to stay with mothers whom they have escorted for 48 hours • Ensuring power back up	2 ambulances*Rs.15,000* 12months*1 SDH=Rs.3,60,000 Rs.150,000.0 per SDH*1=Rs.1,50,000 Power back up = 2 gen set *Rs125* 24hours*30day*12 months*1facilities= Rs.21,60,000 Canteen- 1* Rs.60*60people*30days*12months=Rs.12,96,000 Housekeeping- 1 SDH*15,000=Rs.15,000.00
Rogi Kalyan Samiti		
Strategies	**Activities**	**Budget**
Improving the effectiveness of RKS	• Registering a Rogi Kalyan Samiti for SDH. • Ensuring that seed money is received • Training of office bearers on documentation (minutes and accounts)	Rogi Kalyan fund- Rs.500,000.00 *1 SDH=Rs. 5,00,000.00

Situation Analysis: District Hospital Sitamarhi

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

According to IPHS norms districts such as Sitamarhi with a population of more than 26 lakhs need a 500 bedded district hospital to perform efficiently all the roles described above. Yet the district hospital in Sitamarhi has only 90 beds. Huge resource investment is required to upgrade the facility to 500 bed levels. Sadar hospital Sitamarhi is situated in a spacious and clean building at Sitamarhi city which is the District head quarter. The building is in good condition and the hospital has all the basic facilities needed, such as running water supply and power supply. Sadar hospital is served by 9 doctors and 9 Grade A nurses. The hospital currently 2 lab technician, one pharmacist/dresser and one store keeper. The facility has functional ambulance, generator and X ray machine and pathology lab.

District Hospital

Objective

1. To ensure that the hospital acquires District Hospital status

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

Infrastructure		
Situation analysis: The hospital at the district does not have the status of District Hospital. Currently there are IPD - one general wards, three special wards, Female +child ward, Maternity+ Surgery ward, General OPD wards – one in number Specialist OPD wards in Ophthalmology, General medicine, surgery, Gynaecology, Dental, Paediatric and orthopaedics. 2 bedded OT functional, SH running on 24*7 on generator The hospital at the district does not have District Hospital status. Currently there are inpatient wards (one general and three speciality), one general outpatient department, and several speciality outpatient clincis, including opthalmology, general medicine, surgery, gynecology and orthopedics. There is a 2 bedded Operation Theater which is fully functional and running on a 24/7 generator.		
Strategies	**Activities**	**Budget**
• Ensuring the district hospital status for the concerned hospital • Providing private space for all patients in general OPD • Ensuring IPD for general and specialist care • Ensuring clearing of encroachment and renovation • Ensuring functioning of all OTs • Establishment of eye OT with proper equipment • Ensuring the power supply through Bihar state electricity board	• Submitting the requisition for recognition of hospital in question as district hospital • Follow-up of the process. • Clearing the encroachment through legal process • Follow-up of the clearing process and upgradation of these facilities into wards • Curtains/ wodden separators for every doctor-patient chamber • Identification of specialist examination rooms • Requisition for recruitment of OT technicians • Identification of room for convertion into OT -ophthalmological surgeries with	• Upgradation of DH = Rs 5,000,000 lakhs • Supportive infrastructure = Rs 5.00 lakhs • OT Ophthalmology = Rs 20.00 lakhs • SNCU= Rs.39.00lakhs • Maintenance fund= Rs.300,000.0

	proper equipment • Requisition for BSEB for speedy power connection and follow-up of the process	
Human Resources		
Situation analysis: Currently 7 specialists, 2 general surgery, one orthopedics, 1 GM, one MO, two Female M.O., 9 Staff nurse, one dresser, 3 female ward attendants and 10 Male ward Attendent.		
Strategies	**Activities**	**Budget**
• Ensuring the recruitment of MOs and SNs • Ensuring recruitment of paramedical staff • Ensuring recruitment of attendants	• Advertisement of the posts for contractual appointment of 10 MOs, 10 SNs, two pharmacists, two lab technicians, one xray technician, one ECG technician, five OT technicians, and 10 ward attendants for both male and female wards • Rationalizing of the doctors at the DHs • Walk-in interviews for MOs and specialists	• 15 specialists*25,000*12 months=Rs.4,500,000.0 • 20 SNs*7500*12 months=Rs.1,800,000.0 • 11 paramedics*7000*12 months=Rs.924,000.0 • 10 ward attendants*6000*12 months=Rs.720,000.0 • 1 Radiographer*7000*12 months=Rs.84,000.0 • 10 Admin staff*Rs.8000*12=Rs.960,000.0 • 4 social worker/counselors*7,000*12 months=Rs.336,000.00 • Advertisement- Two times * two newspapers* Rs 1.5 lakhs=Rs.600,000.0 • Accountants- 1 Accountant*Rs.8000*12 =Rs.96,000.00
Equipment		
Situation Analysis: Currently there is a need for district level equipment storage and repair units		
Strategies	**Activities**	**Budget**
• Ensuring the establishment of the repair units • Ensuring servicing of equipment • Ensuring proper operation of equipment	• Identification for infrastructure to store equipment • Creating a channel for collection of disgarded/ unreparable equipment from HSCs onwards • Entering into service contract with	1. Rs 1,00,000

• Ensuring supply of replacement and replenishment of materials	local/industries for servicing, replacement, and replenishment of materials required from HSCs onwards • Training of health workers/ worker dealing with the equipment for proper operation and minor repairs	
Drugs		
Situation Analysis: Currently there is a district drug warehouse		
Strategies	**Activities**	**Budget**
• Ensuring the replenishment of the drugs at the district level • Ensuring a system for replenishment of drugs	• Creating a HMIS for the drug channel • Responding to the monthly reporting from the HSCs/APHCs/PHCs/SDHs/DH • Computerized management of the drugs in the health facilities • Advertisement for the posts of Pharmacists (M. Pharma)	• Two computer*7000*12= Rs.168,000.0 • Two pharmacists*7000*12= Rs.168,000.0 • Drugs- Rs.100,000.0
RKS Fund		
Situation Analysis: Currently there is a fund interruption for disbursement to outsource activities like cleaning, catering, laundry, power supply and ambulance. RKS fund will be utilized for services such as laundry, cleaning, catering, and ambulance services.		
Strategies	**Activities**	**Budget**
• Ensuring timely fund flow to District • Ensuring timely submission of UC • Ensuring renewal of contract out source agencies • Proper functioning of RKS.	• Submitting the requisition for release of due payments • Submitting the requisition for release of advances • Minimizing the mismanagement of funds • Timely payments for the contracted outsourced agencies • Performance based revision of contracted outsourced agencies	RKS corpus fund = Rs 500,000
Services		
• Management Unit is required.	• Strengthening pathology lab • Outsourcing of housekeeping services • Outsourcing of canteen services • Outsourcing of Ambulance services • Procurement of X-ray Machine (budget included in the upgradation line of infrastructure section).	Rs. 150,000.0 2 Ambulances*Rs. 15,000*12=Rs.360,000.0 Canteen – Rs.60 per person*60 people*30days*12months= Rs.12,96,000.00

		Housekeeping-Rs.20,000*12months- Rs.2,40,000.00

Situation Analysis: Reproductive and child health

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

Table : Reproductive and Child Health

All data year ended 2008-09

Sl.No.	Name of PHC	TT Vaccination	Measles Vaccine	Institutional Delivery	Family Planning
1	Sitamarhi Urban	2605	6837	4995	1763
2	Bairagania	3194	3338	349	257
3	Bajpatti	6101	3997	748	46
4	Bathanaha	5806	4738	572	117
5	Belsand	3635	4634	1283	614
6	Dumra	8360	6340	0	127
7	Mejarganj	4500	4219	1122	13
8	Mejarganj Referal	0	0	0	163
9	Nanpur	2547	4312	0	693
10	Parihar	5976	6587	1554	333
11	Pupri	6316	4928	1770	618
12	Riga	7775	5889	3558	893
13	Runni Saidpur	7442	7706	1909	1072
14	Sonbarsa	3722	2746	1542	1071
15	Sursand	6124	6498	1767	920
Total		**74103**	**72769**	**21169**	**8700**

Reproductive and Child Health

A. Maternal and Neonatal health

Objectives

- Ensuring 100% registration of pregnant women for ANC
- Increase in the percentage of pregnant women registered in the first trimester from 23% to 50%
- Increase in the percentage of pregnant women with full ANC from 20% to 50%
- Ensuring that 50% of pregnant women receive 2 TT injections.
- Ensuring that 50% of pregnant women consume 100 IFA tablets
- Increase in skilled attendance during delivery from 15% to 30%
- Increase in institutional delivery from 30% to 60%
- Increase in the percentage of mothers receiving postnatal care within 48hrs of delivery from 24% to 50%
- Increase in percentage of neonates breastfed within 1 hour of birth from 23% to 50%
- Ensuring colostrums feeding of 50% of neonates
- Ensuring that all newborns are weighed within 48 hrs of birth
- Facility and community based management of sick newborns and low birth weight babies

Ante-natal Care			
Situation Analysis: For Sitamarhi as per DLHS 3 figures, percentage of pregnant women registered for ANC is only 23%. Mothers who receive at least 3 ANC visits during the last pregnancy is 20.4%, percentage of mothers who got at least one TT injection in their last pregnancy is 42%. Percentage of mothers who were motivated by ASHA for ante natal care is 6.8%.			
Strategies	**Activities**	**Budget**	**Remarks**
• Increasing early registration through counselling of eligible couples by ASHAs and ANMs and distribution of home based pregnancy kits • Case management of pregnant women to ensure that they receive all relevant services by ASHAs and ANMs	• Training of ASHAs for counselling of eligible couples for early registration and the use of the home based pregnancy kit • Regular updating of the ANC register. • Preparation of the due list with the dates for Ante Natal Checkups for every pregnant woman in the Sub centre area. • Preparing format for the due list in Hindi. • Training ASHAs and AWWs to fill out and update due list and ANC schedule list for every pregnant woman in their work area. • Organizing Antenatal	**Handbills** Printing 5000 Hand-bills @ Rs 500 for 213 HSCs =Rs1,06,500 **Pregnancy kits** 2965 ASHAs*Rs30 / pregnancy kit*10 kits*4 quarters= Rs.35,58,000	• Campaigning for registration for ANC along with immunisation budget • Monthly Mahila Mandal days budgeted in immunisation section • ANC (SBA) trainings for ANM. For details refer to training section. • The handbill would include information on ANC days, immunisation days, breast feeding practices, RTI/STI counseling days, Family Planning, RCH camps days at APHC level.

• Creating awareness about maternal health through Mahila Mandal day • Providing ANC along with immunisation services on immunisation days • Strengthening ANC services at the Sub centre level by ensuring availability of appropriate infrastructure, equipment and supplies • Ensuring quality ANC through appropriate training of the ANM • Effective monitoring and support to HSCs for ANC by APHC. • Setting up of referral transport system at every APHC level. • Promote ANC day on Monday at HSC.	checkups on immunisation days. • ASHAs and AWWs to coordinate with ANM to provide Antenatal care according to the ANC schedule maintained in the register for every expectant mother. ASHAs and AWWs to track left outs and drop outs before every ANC & immunisation day and ensure their participation for the coming day. • Organizing Mahila Mandal day to share information and create awareness about maternal and child health on every third Friday of the month at each AWC. • Wide publicity of Mahila Mandal day. • Training to ANMs to provide complete Ante natal care and identify high risk pregnancies. • Strengthening of Sub centre in terms of equipment to conduct ANC services. (refer to health facilities section) • Ensuring regular supply of IFA tablets at each Sub centre level. (refer to health facilities section) • Setting up Helpline with Ambulance at every PHC (APHC). (refer to health facilities section) • Trained all ANM® for ANC.		

Year wise Report of JBSY

Name of PHC	2005-06	2006-07	2007-08	2008-09
Bairagania	0	0	339	349
Bajpatti	0	18	785	893
Bathanaha	0	7	679	572
Belsand	0	110	1251	1247
Dumara	0	1	402	508
Mejarganj	0	12	951	1172
Mejarganj Referral	0	0	0	0
Nanpur	0	0	539	0
Parihar	0	12	444	1098
Pupari	7	48	1604	2050
Riga	0	262	2563	2829
Runni Saidpur	0	0	1854	1913
Sonbarsa	26	273	1309	1600
Sursand	0	153	1565	1771
Sadar Hospital	877	1440	4140	4999

Natal, neo-natal and postnatal care

Situation Analysis: Percentage of institutional deliveries in Sitamarhi district is low at 30%. Deliveries at home assisted by doctors or another skilled attendant such as a nurse/LHV/ANM is even lower at 15% whereas only 24% of mothers received postnatal care within 48 hours of delivery for their last child. Factors leading to the low rates of assisted and institutional deliveries include a shortage of Sub centres, poor infrastructure and skills at the Sub centre level and an almost exclusive focus of the Sub centre on immunization activities. Similarly, APHCs suffer from severe shortages in labour rooms and medical officers, though staff nurses have recently been appointed. There are currently no APHCs providing 24*7 services and no ambulance services available at the APHC level. Also, because of lack of appropriate infrastructure most mothers are not able to stay for the required 48 hrs at the facility. At the PHC level the District faces a shortage of Gynaecologists and Paediatricians. 5 PHCs in the district – Nanpur, Riga, Bathanaha and Parihar do not have fully functional labour rooms and almost no PHC has blood storage facilities. There is also a need of appointing lady doctors at APHC, PHC,CHC and above.

In addition, breastfeeding practices need to be improved. According to DLHS 3, only 22.6% infants

were fed within one hour of birth. While 36.1% children were exclusively breastfed for 6 months and only 30% of neonates received a check up within 24 hours after delivery. There are almost no facilities for the management of sick newborns. Infant mortality rate for Sitamarhi is reported to be 52 as per 2001 census data which, although down from 70 in 1991, is still quite high.

Furthermore, there are have been problems in the implementation of the Janani and Bal Suraksha Yojana (JBSY) launched to increase the utilization of ANC, assisted deliveries and postnatal care and immunisation services with delays in payments.

Strategies	Activities	Budget
• Strengthening 25% of APHCs to provide 24*7 services • Strengthening 97% of APHCs to provide institutional delivery care. • Strengthening 12 of 16 PHCs to provide institutional delivery care • Setting up 8 CHCs to provide Emergency and Comprehensive Obstetric Care • Ensuring that ambulance services are available for transportation to APHCs and referral to PHCs and CHCs • Developing a pool of skilled births attendants for each block. • IMNCI Training for ASHAs and ANMs • Improving accessibility of skilled birth attendants to communities • Creating community level awareness on the importance of assisted and institutional deliveries through ASHAs • Counseling of mothers and families for early initiation of breastfeeding, colostrum feeding and exclusive breastfeeding for 6 months by ASHAs	**Strengthening facilities for institutional deliveries (please see facilities section)** • Ensuring availability of fully functional and equipped labour rooms, maternal wards, ambulance services and blood storage facilities • Equipping 24*7 APHCs and PHCs to provide minimum 24 hours post delivery stay to mothers and newborns by setting up maternity and neonatal wards • Equipping CHCs, SDH and DH to enable 48 hrs of post delivery stay for mothers and newborns by setting up maternity and neonatal wards • Ensuring availability of required medical officers, nurses and ANMs at all facilities • Appointment of Paediatricians and Gynaecologists at every PHC and CHC • Regular stocks of PPH controlling drugs. **Ambulance services** • Identifying ambulance service providers for 27 APHCs, 13 PHCs and 1 DH and signing contracts for services • Focus on increasing exemption to BPL patients in the utilisation of ambulance services **Developing a pool of Skilled Birth Attendants for each block** • Regular rounds of SBA training for ANMs, LHVs and Nurses.(see training section)	**Mobile phones** 213+36 ANMs*Rs2000/mobile phone instrument=Rs.72,213 **Monthly mobile bills** 213+36 ANMs*Rs350/month* 12months=Rs.1,51,413 **Facility level phones** 36 Facilities*Rs500/phone =Rs.18,000 **Landline bills** 36 Facilities *Rs500/month*12 months= Rs.2,16,000 **Telephone directory of SBAs for ASHAs** Rs.50,000.0 **Printing JBSY cards** Rs.100,000.0 **JBSY payments** **Rural:** Rs2,000/beneficiary *25, 000 deliveries estimated= Rs.5,00,00,000 **Urban:**

• Weighing of all newborns by ASHAs and AWWs at the community level within 48 hours • Ensuring timely payment of JBSY funds to mothers and ASHAs • Setting up a Sick Newborn Care Unit at the District Hospital • Ensuring telephone connectivity between all facilities providing institutional delivery care	• ASHAs to have the names and numbers of skilled birth attendants for every block • Extending the Helpline 102 to enable calling for skilled birth attendants during deliveries **Accessibility of skilled birth attendants** • Providing mobile phones to ANMs at Sub centre to enable them to be available for assistance during delivery at the community level **IMNCI Training for all ASHAs and ANMs** • IMNCI training for all ASHAs and ANMs **EmOC Training** • EmOC training for all MOs and Grade A Nurses at PHCs and CHCs **Improving communication between facilities providing institutional delivery services** • Ensuring that 17 APHCs, 12 PHCs, 2 SDH and DH are connected through functional phone lines **JBSY** • Creating a JBSY card which combines the services in the MCH card along with info on JBSY payments • Streamlining JBSY money from district to PHC to provide timely payment to beneficiaries and ASHAs. • Support ASHAs to open accounts in the bank. • Explore the options of direct money transfer to ASHAs' accounts. **Counseling and support to new mothers for initiation of the breast feeding after one hour of delivery, colostrum feeding and post natal care within 48 hrs**. • ASHAs to visit newborn baby in first 48 hours to ensure exclusive breast feeding and counsel the families about newborn care and postnatal care. • ANM and staff at facility to provide	Rs 1000/beneficiary* 2,000 deliveries estimated= Rs.20,00,000

	counseling and support for exclusive breast feeding. • Each mother to receive a post natal check up before discharge • Postnatal follow up by ASHAs and ANMs at the village level **Sick Newborn Care Unit** • Setting up a Sick Newborn Care Unit at the District Hospital	
Other services	• Weekly RTI/STI clinics to be held at all PHCs with OBG visits during these days • Monthly RCH camps at distant villages, Doctors and OBG specialists • Deputing health workers MOs, SNs/ANMs from PHC, three other staff. • Procurement of drugs from the district drug house following the requisition of separate drugs for 12 camps.	One OBG contracting in daily basis @ Rs.500.0 * 4 days*12 months *12 PHCs = Rs.288,000.0 Two OBG/pediatrician contracting in per camp @ Rs.1000.0 * 12 camps * 64 APHCs= Rs.1,536,000.0 Cost of each camp @ Rs 5000*12 months*64 APHCs = Rs.3,840,000.0 Drugs for each camp @ Rs 2000*12 months*64 APHCs = Rs.1,536,000.0

Infant Health

Objectives

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

Nutrition		
Situation Analysis: Ensuring exclusive breastfeeding and timely initiation of complementary feeding is critical for appropriate child development		
Strategies	**Activities**	**Budget**
• Counseling mothers and families to provide exclusive breastfeeding in the first 6 months • Convergence with WCD Department for implementation of Rajiv Gandhi Creche Scheme at NREGA worksites to enable exclusive breastfeeding and child care by women workers • New Born Sterilization unit (HQ) at all Health institution. • Identification of severely undernourished children (Grade III & Grade IV) through monthly health checkups at AWC. • Setting up a Nutrition Rehabilitation Centre at SDH Naugachiya, SDH Kahalgaon and District Hospital	• Meeting with WCD officials to review the status of implementation of the Rajiv Gandhi Creche scheme • Training by Health Department of crèche workers on nutrition and child care • Renovate a room with corner of delivery room for NSU. • Organising health checkups at AWC for children in the 0-6 year age group on the 2nd Monday of every month • Referral of severely undernourished sick children to Nutrition Rehabilitation Centre (NRCs) • Setting up 10 bedded NRCs at Sadar Hospital. • Providing food and wage loss support for one parent of every child admitted to enable the child to stay at the NRC for the required period of time	**Creche worker training** 70 batches*Rs10,000/batch= Rs.700,000.0 **NRC setting up** 1DH*Rs.30,000.0= Rs.30,000 12 PHC*25000= Rs. 3,00,000 2 FRU*50,000= 1,00,000 **NRC Staff** 3 Staff Nurses*Rs.7500/month*12 months*1 DH= Rs.2,70,000 **Kitchen equipment** 1 DH*Rs.5,000.0= Rs.5,000 **Kitchen expenses(including salary of cook)** 1 DH*Rs12,000.0/month* 12months= Rs.1,44,000 **Wage loss compensation** 1 DH*Rs90/day*30days* 12 months=Rs.32,400
Health Services		
Situation Analysis: Only 43% children with diarrhoea received ORS whereas 23% of children with acute respiratory infection/ fever did not receive any medical attention		
Strategies	**Activities**	**Budget**
• Promotion of health seeking behaviour for sick children through BCC campaigns. • BCC for pregnant women and mothers to regarding feeding practices, immunisation, and other aspects of child care. • Capacity building of	• Training of ANM and AWW for IMNCI • Training ASHAs to refer sick child to facility in case of serious illness. • ASHAs equipped to provide ORS to children with diarrhea and suggest referral in case of emergency. • Regular stock up of ASHA drug kits.	IMNCI training (pls refer to training section for details) **ASHA Drug Kit** 2965 ASHAs*Rs600/kit= Rs.17,79,000 **Weighing machine** 2965 AWWs*Rs.1000/machine= Rs.29,65,000

ASHA, AWW and ANM for the management of common childhood diseases and identification of serious cases for referral.	• Providing weighing machines to every AWC to ensure monthly weighing • ASHAs to support AWWs in monthly weighing	

Health Services – Immunisation

Aim is to immunize all pregnant women for TT & Children up to 1 year for BCG, 3 doses of DPT & POLIO & Measles

Under this programme all PHCs & HSCs are to be covered on all Wednesday & A.W.Cs. are to be covered at list once a month on Friday. DH & PHCs will provide Immunization services on all working days. Incentives are provided under this programme for ASHA, A.W.W. & A.N.M. when 80% or more Immunization is achieved. This program involves organizing Mahila Mandal Meetings at A.W.C. on third Friday.

Contractual A.N.Ms. need training for Routine Immunization. Even in some regular A.N.Ms. in spite of training for R.I. skill level is low, so training for Routine Immunization has to be taken on a regular basis.

There is shortage of Cold chain equipments such as I.L.R., D.F., Cold Boxes & Vaccine Carriers. Last year vaccine supplies were not regular which hampered immunization coverage. Regular vaccine supply is essential. There is no provision for maintenance and repair of cold chain. Currently appointed company did nothing in this regard in our district. Waste Management practices for the disposal of syringes & needles are to be improved

Strategies

- Increasing awareness generation of society through A.W.W. & ASHA
- Insuring regular monthly tracking of pregnant women & new born child.
- Availability of cold chin equipment.
- Maintenance and repair of cold chain equipment within the District.
- Maintenance and repair of Ambulance.
- Insuring vehicle for PHCs specially for Muskan supervision.
- Regular Supply of vaccine & Syringe.
- Safe disposal of syringe & needles.
- Availability of skilled vaccinator.
- Supervisory level staff of PHCs to be involved in Muskan supervision.
- Special provision in case of flood situation.

Activities

- Regular training of R.I./ I.E.C./I.P.C. & B.C.C.
- Organizing regular meeting of A.N.M., A.W.W. & ASHA to brief the importance of tracking.
- State to insure availability of cold chain equipment.
- State to decide to issue order for the District level maintenance of cold chain.
- State to allot fund for maintenance and repair of Ambulance.
- State to decide for the funds of vehicle for the PHCs separately.
- PHCs to insure pit constructions.
- State to procure hub cutter
- Training of ANMs for R.I. on regular basis.
- Achievements related incentive for supervisory level staff of PHCs.
- Developing tour plan schedule of A.N.M.
- Insuring timely payment of ASHA, A.W.W. & A.N.M. if they have achieved their target.
- Involvement of all M.Os., H.M., C.D.P.O., L.H.V., Health Educator in monitoring the progress of Immunization.
- Rationalization of courier rates and making request to the SHS for increased funding.
- Survey of pregnant women and up to 1 year child with their status of Immunization at the start of every financial year.

Budget

- **Incentive for survey once every year :—**
  Rupees 200 X 2 X 2562 (AWW & ASHA) = 1024800

- **Incentives for ASHA :—**
  2562 X 200 X 12 = 6148800

- **Incentives for AWW :—**
  2562 X 200 X 12 = 6148800

- **Incentives for A.N.Ms. :—**
  2562 X 150 X 12 = 4611600

- **Mahila Mandal Meetings :—**
  2562 X 250 X 12 = 7686000

- **Per dim for courier** :—
  301 X 104 X 50 = 1565200

- **Generator for PhDs** :—
  400 X 30 X 12 X 13 = 1872000

- **Vaccine mobility for PHC** :—
  1500 X 12 X 13 = 234000

- **Generator for H.Q.** :—
  500 X 30 X 12 = 180000
- **Vaccine mobility for H.Q.** :—
  5000 X 12 = 60000
- **Data Operator :—**
  8000 X 12 = 96000
- **Training for R.I. of Contractual A.N.M. :—**
  125 X 450 + 1800 X 5 = 65250
- **Printing of R.I. format :—**
  104100 X 4 = 416400
- **Printing of Muskan Register :—**
  100 X 2562 = 256200
- **Supplementary Immunization during Flood :—**
  50000 per PHCs X 13 = 650000
- **Hard to reach area strategy :—**
  10000 X 13 = 130000
- **Training of Medical officers :—**
  300 X 70 = 2100
- **Meeting of epidemic response team**
  5000 per PHCs X 13 = 65000
- **Travel expense for case investigation per out break :—**
  20000 x 12 = 240000
- **Shipment cost of lab specimen :—**
  20000 per PHCs x 13 = 260000
- **Contingency for PHCs :—**
  1000 X 13 X 12 = 156000
- **Contingency for Dist. H.Q. :—**
  2000 X 12 = 24000
- **Repair & maintenance for Vaccine Van :—**
  25000 X 2 per year = 50000

FAMILY PLANNING PHYSICAL REPORTS DISTRICTS/P.H.CS WISE

FROM 01 APRIL 2008 TO 31 MARCH 2009

Sl. No.	Name of PHC	Months												
		Apr-08	May-08	June-08	July-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Total
1	Bairaganiia	0	0	0	0	0	0	0	53	154	0	50	0	257
2	Bajpatti	0	0	0	0	0	0	0	0	29	0	0	17	46
3	Bathanahaa	0	0	0	0	0	0	0	9	72	0	18	18	117
4	Belsand	0	0	0	0	0	0	0	107	250	100	114	43	614
5	Dumara	0	0	0	0	0	0	0	22	83	0	13	9	127
6	Mejarganj	13	0	0	0	0	0	0	0	0	0	0	0	13
7	Mejarganj Referral	0	0	0	0	0	0	0	0	44	0	45	74	163
7	Nanpur	0	0	0	0	0	0	0	69	381	0	243	0	693
8	Parihar	0	0	0	0	0	0	0	27	267	0	39	0	333
9	Pupari	2	12	0	0	0	0	0	93	265	83	159	4	618
10	Riga	97	27	31	29	0	0	0	58	284	0	162	205	893
11	Runni Saidpur	0	0	0	0	0	0	0	33	505	312	157	65	1072
12	Sonbarsa	24	1	0	0	39	45	56	119	371	151	256	8	1070
13	Sursand	0	0	0	0	0	0	0	47	324	346	203	0	920
14	Sadar Hospital	0	23	23	33	57	48	67	310	566	135	338	163	1763

FAMILY PLANNING REPORT OF ACCREDITED PRIVATE NURSHING HOME

FROM 01 APRIL 2008 TO 31 MARCH 2009

Sl. No.	Name of Accredited Nurshing Home	Months												
		Apr-08	May-08	June-08	July-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Total
1	Dr. Savitri Nurshing Home, Sitamarhi	0	0	0	0	0	0	0	53	154	0	50	0	257
2	Dhanvantri Nurshing Home	0	0	0	0	0	0	0	0	29	0	0	17	46
3	Surya Surgical and Maternity Clinic, Runni Saidpur	0	0	0	0	0	0	0	9	72	0	18	18	117
4	S.B.S. Hospital, Bairagania	0	0	0	0	0	0	0	107	250	100	114	43	614
5	Sukh Sagar Hospital, Sitamarhi	0	0	0	0	0	0	0	22	83	0	13	9	127

Family Planning Year wise Break up

No. of Family Planning Operation

Name of PHC	2005-06	2006-07	2007-08	2008-09
Bairagania	0	11	152	257
Bajpatti	0	0	92	46
Bathanaha	0	0	89	117
Belsand	0	0	677	614
Dumara	21	111	99	127
Mejarganj	0	7	566	13
Mejarganj Referral	0	0	95	163
Nanpur	0	0	443	693
Parihar	0	0	182	333
Pupari	0	0	303	618
Riga	37	72	408	893
Runni Saidpur	27	0	175	1072
Sonbarsa	29	95	1259	1071
Sursand	0	0	471	920
Sadar Hospital	146	336	1300	1763

Family planning

Objective

- Fulfilling unmet need of 35% for family planning services at the community level
- Increasing the use of any modern method of family planning from 35% to 50%
- Increasing male sterilisation rates from 1% to 2%
- Increasing the utilization of condoms as the preferred choice of contraception from 2.7% to 8%.
- IUD insertion and Mala N as spacing method for in-between child birth.

Situation Analysis: The utilisation of any method of contraception has increased a bare 2 percentage points in the district over the past five years whereas the utilisation of modern methods has increased from 25.3% , nearly 22.1% is contributed by female sterilization. Male sterilization is low at 0.1%. Other spacing methods are equally low with the use of IUD at a mere 0.1%, oral

contraceptive pills at 0.7% and condoms at 0.5%.

A significant unmet need for family planning services has been recorded at 41.2% which importantly comprises of 27.1% need for spacing and 14.1% for limiting methods.

Strategies	Activities	Budget
• IEC/BCC at community level with the help of ASHAs, AWW • Addressing complications and failures of family planning operations • Training male peer educators to increase awareness amongst men about the importance of contraception and the ease of spacing methods • ASHAs to have a stock of contraceptives for distribution. • Organise Tubectomy camp on fixed by at each Heath institution once in week. • Organise NSU camp in all heath institution once in a quarter. • Organise IUD camps at each health institution once in a month. • Organise workshop regarding QAC and plan approval. • Field verification and Quality check up.	**Spacing methods** • Selecting and training male peer educators (1 for every 500 persons) in 5 blocks to counsel men for the adoption of spacing methods • Interpersonal counseling of eligible couples on family planning choices by ASHAs and male peer educators **Limiting methods** • Family planning day at all health facilities every week. • ANM and ASHA to report complications and failure cases at community to facility. • Quick facility level action to address complications and failures. • Streamlining compensation channels • Streamlining incentives for MOs **Abortion services** • MTP services to be provided at all PHCs. **Training** • Training of MOs for conducting tubectomy and vasectomies procedures using Laproscopy • Training of MOs for providing MTP services • Training of ANMs on encouraging reproductive choices and the features of different methods • Training of ASHAs on family planning choices, contraceptives and behavior change communication	**Training of Male Peer Educators** 40 batches (25 educators in each batch trained for 3 days)*Rs3000.0/batch=Rs.120,000.0 **Incentives** For 200 NSVs @ Rs 1500 = Rs.3,00,000 For 15,000 tubectomies @ Rs 1000 = Rs.1,50,00,000 For 80,000 IUD insertions @ Rs 20 per case= Rs.1,600,000.0 **Camp Management Rs. 500/camp** **POL/Mobility support** 25 camp*15 Health institution@500 per case = Rs. 18,75,000 **IEC/BCC-1000/camp** 25 camp*15 Health institution@Rs. 1000 = Rs. 3,75,000 **Purchase of equipment for Family Planning operation (Tubectomy+Vasectomy) and IUD insertion Rs. 5000/Health institution/year** = Rs. 5000*15 Health institution= Rs. 75,000 Training 50,000/year Workshop 25000/year 25000/year.

Adolescent Reproductive & Sexual Health

Objectives

- Reducing the percentage of births to women during age 15-19 years from 18.1% urban and 17.7% in rural
- Reducing anaemia levels in adolescent girls and boys

Situation analysis: Nearly 96% of births are to women in the age group of 15-19 years. This is a very vulnerable age group deserving of special attention and support.		
Strategies	**Activities**	**Budget**
• Providing life skills education to married and unmarried adolescent girls by ASHAs and AWWs • Treating anemia among adolescent girls and boys	• Training of ASHAs and AWWs on providing life skills education to adolescent girls • Screening of all adolescents especially girls for anemia during the monthly health checkups of children at AWC on the 2nd Monday of every month • Screening of all adolescents for RTIs and STIs • Providing IFA supplementation to adolescents	RTI/STI Screening budget included in the RCH camp **Anaemia Screening** 2965 AWCs*Rs500.0*12month = Rs.1,77,90,000 **IFA supplements** Rs.1,00,000
School Health Programme		
Situation Analysis: There are about 800 government middle schools where the camps are conducted. The services provided include refraction, general check up, and distribution of medicines.		
Strategy	**Activity**	**Budget**
• Continuing the school health	• Requisition to be sent to	1. For 800 schools @ Rs

programme • Initiation of School Health Programmes in Primary/high school • Ensuring proper referral and follow-up of students	the state health society for expanding the school health programme to primary and high school of government schools. • School Health programmes to be conducted through partnership with NGOs • Requisition to state for providing spectacles for refractive corrections • Providing referral cards for the needy children to the nearest PHC/SH • Providing an award for the 'Healthiest' school in the block	500 per camp =Rs.4,00,000 2. Rs 10,000 per block for healthy school award *17 blocks =1,70,000

Situation Analysis: Revised National Tuberculosis Control Programme

Situation Analysis:

The RNTCP is mainly to control the spred and treatment of Tuberculosis. Under this programme, sputum is collected from suspected cases and cases are referred to nearest the centre by health worker. Annualized total case detection rate is 90 patients/ lakh population with total patient puts on treatment 2708.

Infrastructure:

25 DMCs are present and out of that only 21 are functioning. As per norms one additional T.U. and 6 more DMSs are required to cover entire population of the district.

Human Resources:

945 ASHA's , AWW and Social Workers are enrolled as Dots provider. Recruitment of vacant posts are under process.

Equipment:

All equipments are in functioning mode.

Partnership:

NGOs and Private Practitioner are to be enrolled in this current year.

District has total 5 T.B units in the district- DTC Sitamarhi, Pupari, Riga, Runni Saidpur and Sursand.

Table 18: Revised National Tuberculosis Control Programme

Name of TU	Total no. of patients put on treatment	Annualised total case of detection rate	Number of new smear positive case put on treatment	Annualised NSP case detection rate	Annualised cure Rate for New Sputum Positive Cases
DTC Sitamarhi	710	118	398	87.56	46.66
Pupari	437	62	192	36.2	55.89
Riga	417	84	218	58.48	64.28
Runni Saidpur	450	86	223	56.41	74.53
Sursand	694	102	334	65.01	52.83
Total	2708	542	1365	60.22	58.84

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Budget	Activity/ Item	2009-10
	Civil Work	100000.00
	Lab Consumables	550000.00
	Honorarium	1100000.00
	IEC/Publicity	200000.00
	Equipment Maintenance	100000.00
	Training	200000.00
	Vehicle Maintenance	200000.00
	NGO PP Support	300000.00
	Contractual Services	2500000.00
	Printing	200000.00
	Procurement Vehicle	45000.00
	Procurement Equipment	50000.00
	Miscellaneous	400000.00
	Vehicle Haring	325000.00
	Total	**6270000.00**
	Salaries of Contractual Staff	
	STS @ 8625 Per Person*4*12	414000.00
	STLS @ 8625 Per Person*5*12	517500.00

	L.T. @7475 Per Person*11*12	986700.00
	Data Entry Operator @ 6500*1*12	78000.00
	P. Accountant @ 2000*1*12	24000.00
	Total	**2020200.00**

3. Situation Analysis: Leprosy Control Programme

Table : Leprosy in Sitamarhi District

District Leprosy Office, Sitamarhi

The N.L.E.P. indecators for last five years as follows

Year	New Case detected	Ref. T Case	Balance case at the end of year	Program	N.C.D.R.	MB%	SC Rate	Female %	Child %	Deformity %
2004 – 05	1294	2486	706	2.4	4.39	24.1	18.6	45.1	18.7	0.7
2005 – 06	817	1239	291	0.9	2.7	26	-	40.2	17.3	0.85
2006 – 07	587	659	219	0.7	2	25.5	14.9	37.6	19.5	2.3
2007 – 08	608	648	303	0.8	16.9	28.2	17.8	41.7	19.2	3.1
2008 – 09	643	654	292	0.7	15.8	26.9	18.2	43.6	18.4	1.1

National Vector Borne Disease Control Programmes

A. National Leprosy Elimination programme

SITUATION ANALYSIS

1.	P.R.	08 – 09	0.7
2.	ANCDR	08 – 09	15.8
3.	No. of Cases under T/T		232
4.	No. of New Patients Registered		515

5.	% of Child		18.4
6.	% of SC		18.2
7.	% of deformity	4.1	
8.	% of MB%		26.9
9.	% of Female		43.6
10.	Total No. Treated	08 – 09	518

With above figures it apparent that programme/ NCDR, SC Rate Programme is running will this situation on is adjoining District of East Champaran, Muzaffarpur, Darbhanga & Madhubani is similar.

Infra Structure:-

The district has an upgraded District Leprosy Office. There are two LCUs Pupari & Sitamarhi with one MLCU. A 20 Beded Leprosy Hospital At Sitamarhi.

Human Resources:-

Four MO's are in Position, one MSW is in Position while an additional 9 (Nine) need to be placed Health Educator is not available, 18 Non-Med. Assistant are in Position & 40 more are needed, 4 Clerks are available & 3 are needed, Two Physio Therapists are available , L.T. is one in Position, 2 more are need. One peon is in Position 5 more are needed. One sweeper is needed.

Strategy	Activity	Budget	Time Frame
• Enhancing the Case detection Rate. • Strengthening of All Health Facilities for care detection. • Creating awareness among the Community about the disease. • Strengthening Health Facilities for management of deformed cases. • Separate pediatric ward for treating of	• Improving Care detection. • Home to House visit for Tracing Cases of Leprosy by HW (BHW, ASHA, ANM) • Detected Case are to be taken to Hospital for proper Counseling by professional Counselors.	**1. Rural** Reg. M.O.Train. Rs. 41,000, M.O. Contract Rs. 19,250 Sensitization of ASHA/AWW Rs. 4,16,000 School Quez Rs. 65,000 Meeting of Program Rs. 68,000 Incentive of ASHA Rs. 91,000.	June to Aug 09 one batch/month. Sept- 09 One batch. One batch/month

Children at SIT Leprosy Writ. • Filling Vacant Post. • Ensuring Continued Training.	• The Cases detected are to be monitored & followed up by H.W. mainly by BHW/ASHA to detect deformity. • IEC/BCC to Creation among Community by having Hoarding Pump Lets/ Advertisement in News papers/ slide cinema, Micking. • Sensatization of AWW/A. • School Queez Contest. • Awareness in Community through gram gosthi. • Organising 2 Health Camps in Each Bloods. • Rally to Create awareness. • Awareness in Urban Areas. **Strengthening + Activities** • Increasing availability stationary & Medicine at facility Level. **Human Resources** • Walk in Interviewed for filling of all required staff at the District level. • Continued	**2. URBAN** M.O.(Reg) Train. Rs. 6,000 M.O. (Contr.) Train. 10,000 Sensitization AWW Rs. 10,000 School/ Quiz. 5,000 Lap. Awareness Rs. 6,000 Health Mela Rs. 5,000 Incentive to AWW Rs. 7,000 Cinema slide Rs. 1000 Cable- 5000 Press- 10,000 Hand Bill- 10,000 **District level** Remuneration of Driver Rs. 1,08,000 Honorarium for A/c works- Rs. 4,800 Audit fee Rs. 6,000 Rent/Tel/P&T/Elec / & Misc. Rs. 18,000 Consumable Expenses, Stationary etc. Rs. 14,000.	PHC. 2 School/PHC oct- 09 to Feb- 10 All blacks in Jan- 10. Dec. 09 Jan- 10 Dec 09 & Jan 10. Oct- 09 Feb- 10 Jan- 10 (C;kg iapeh)

	Training for all HW. • Training of all Health Worker specifically in counseling, patients & the family about the desire. • Contracting of services that are essential for Management of cases. • Contracting of Consoler at PHC level.	Vehicle operation PoL & Maintenance Rs. 75,000 Support medicine Rs. 25,000. Lab Reagent Rs. 12,000 Patients Welfare Rs. 6,000. **DPMR:** Aids Application Rs. 12,500 **Total Amount:-** **10,56,550**	

1. MO Regular Training

90 (3 batches)

DA	90	x	Rs. 100	= 9000.00
TA	90	x	Rs. 150	= 13,500.00
Training	2	x	Rs. 500 x 3 days	= 3,000.00
Supp. Staff	2	x	Rs. 250 x 3 days	= 1,500.00
Refer	100	x	Rs. 50	= 5,000.00
Misc	90	x	Rs. 100	= 9,000.00
			Total Rs. -	**41,000.00**

2. M.O. Contractional 2 days Train.

30 in one batch

DA	35	x	Rs. 100	= 3,500.00
TA	35	x	Rs. 150	= 5,250.00
Trainer	2	x	Rs. 500 x 2 days	= 2,000.00
Supp. staff	2	x	Rs. 250 x 2 days	= 1,000.00
Refer	40	x	Rs. 50 x 2 days	= 4,000.00
Misc	35	x	Rs. 100	= 3,500.00
			Total Rs. -	**= 19,250.00**

3. ½ day Sensatization of AWW/ASHA:

5,200 (130 batches of 40 Participent)

130 batch	x	Rs. 3,200	= 4,16,000.00

4. School Quiz:

13 PHC	x	10 School	= 130
130	x	Rs. 500	= 65,000.00

5. Sensatization Meeting of Programme

Members@ 4000/ Meeting/Block

At Block Level

No. of Block – 17

17	x	Rs. 4,000	= 68,000.00

6. Services through ASHA Performance Based Incentive to ASHA 10 PB+MB

= 91,000.00

URBAN AREA

1. Reg. M.O. - 15 (One day)

DA	15	x	100	= 1,500.00
Trainer	2	x	500	= 1,000.00
Supp. Staff	2	x	250	= 500.00
Ref.	20	x	50	= 1,000.00
Misc	20	x	100	= 2,000.00
	Total Rs. -			**= 6,000.00**

2. Cont. M.O. - 15 (2 days)

DA	15	x	200	= 3,000.00
Trainer	2	x	500 x 2 days	= 2,000.00
Supp. Staff	2	x	250 x 2 days	= 1,000.00
Ref.	20	x	50 x 2 days	= 2,000.00
Misc	20	x	50 x 2 days	= 2,000.00
	Total Rs. -			**= 10,000.00**

3. Training of AWW in Urban

Ref.	20	x	50 x 2 days	= 2,000.00
Training	2	x	Rs. 500 x 2 batch	= 2,000.00
Supp. Staff	2	x	Rs. 250 x 2 batch	= 1,000.00
Misc	70	x	50	= 3,500.00
	Total Rs. -			**= 10,000.00**

4. School Quiz 10 School

	10	x	Rs. 500	= 5,000.00

5. Leprosy Awareness Programme in Urban Area

Mobility hire vehicle	2 x 1000 x 2 day	= 4,000.00
Misc. 2 Set	2 x 300 x 2 day	= 1,200.00
Staff DA	4 x 100 x 2 days	= 800.00
Total Rs. -		**= 6,000.00**

6. AWW Performance and Incentive

10 PB & MB/year = 7,000.00

7. Health Mela = 5,000.00
8. Cinema Slid = 1,000.00
9. Cable = 5,000.00
10. Press = 10,000.00
11. Hand Bill = 10,000.00

District Level Expenses

1. Remuneration of Driver

Rs. 4500 x 12 x 2 = 1,08,000.00

2. Honorarium for A/c

Work Rs. 400/Month

Rs. 400 x 12 = 4,800.00

3. Audit fees @ 6,000/- = 6,000.00

4. Rent/Telephone/Elec.
P & T Charges & Misc.

Rs. 18,000/- per year = 18,000.00

5. Consumable Expenses Stationary etc.

Rs. 14,000/year = 14,000.00

6. Vehicle operation

Rs. 75,000/year/Vehicle = 75,000.00
PoL & Mani.

7. Supportive Medice.

Rs. 25,000/- =25,000.00

8. Laboratery Re Agent 8 Equipments

Rs. 12,000/year = 12,000.00

9. PB Welfare

Rs. 6,000/year = 6,000.00

10. **DPMR**

Aids & Applicants
Rs. 12,500/- = 12,500.00

RURAL

Registered M.O. Training	=41,000.00
Contractual M.O. Training	= 19,250.00
Sensatiz. ASHA	= 4,16,000.00
School Quiz	= 65,000.00
PRI Meeting	= 68,000.00
Incentive ASHA	= 91,000.00
Total	**= 7,00,250.00**

URBAN

Registered M.O. Training	= 6,000.00
Contractual M.O. Training	= 19,250.00
AWW Training	= 10,000.00
School Quiz	= 5,000.00
Lep. Awareness	= 6,000.00
Incentive	= 7,000.00
Health Mela	= 5,000.00
Slide	= 1,000.00
Cable	= 5,000.00
Press	= 10,000.00
Hand Bill	= 10,000.00
Total	**= 75,000.00**

District Level Expense

Remuneration Driver	= 1,08,000.00
Hon. To A/c work	= 4,800.00
Audit fee	= 6,000.00
Rent Tele./P & T/ Mis.	= 18,000.00
Stationary	= 14,000.00
Vehicle PoL	= 75,000.00
Supportive Me.	= 25,000.00
Lap Re Agent	= 12,000.00
Patient Welfare	= 6,000.00
DPMR	= 12,500.00
Total	**= 2,81,300.00**

Rural	**= 7,00,250.00**
Urban	**= 75,000.00**

District level expense **= 2,81,300.00**

Total expense **= 10,56,550.00**

Kala- Azar Control Programme.

Kala-Azar continuous to pose a challenge in the state of Bihar in 2008, there are Kala-Azar patients in Dumara, Riga, Mejarganj, Bairagania, Belsand, Runni Saidpur, Nanpur, Bajpatti, sursand, Parihar, Pupari, Bathanaha and Sonbarsa blocks of Sitamarhi district. A Total No. of 847 Cases was detected in the district in 2008, out of which 823 were fully treated. Twenty four deaths were reported in 2008 in the District.

Kala-Azar Cases of the year – 2008

Table : Kalazar Cases

Name of the PHCs	Population of effected PHCs	Cases	Death	Treated
Bairagania	144828	15	0	15
Bajpatti	193135	83	2	81
Bathanaha	228043	58	4	54
Belsand	179450	39	4	35
Dumra	374830	76	0	76
Mejarganj	181514	3	1	2
Nanpur	279700	83	0	83
Parihar	297024	7	0	7
Pupri	212262	100	3	97
Riga	194577	24	1	23
Runni Saidpur	325569	196	2	194
Sonbarsa	215529	11	0	11
Sursand	182977	39	1	38
Total		**847**	**24**	**823**

Situation Analysis: Filaria Control Programme

Status of Filaria in the district is as follows:

Table : District level data on Filaria Cases

Indicators	Total No. of Cases in 2008
No. of Cases Reported	10417
No. of Night Blood Sample Collected	3354
No. of Hydrocele Operation done	0

Situation Analysis: Malaria Control Programme

Even though the number of malaria cases reported in Sitamarhi is not significant, Sitamarhi is a malaria endemic district. In 2007 a total of 13 cases were reported and treated in the district. In 2008 the number increased to 19. Under the National malaria programme, blood smears are routinely collected and examined.

Table : Malaria Data

PROGRESSIVE TOTAL														
Name of the district		B.S. Coll.	B.S. Exam	Positive			Pf. Cases			R. T Given	Deaths			
				Male	Female	Total	Male	Female	Total		Confirm		Suspect	
											M	F	M	F
Bairagania	2007	46	46	0	0	0	0	0	0	0	0	0	0	0
	2008	79	79	0	0	0	0	0	0	0	0	0	0	0
Bajpatti	2007	26	26	0	0	0	0	0	0	0	0	0	0	0
	2008	86	86	0	0	0	0	0	0	0	0	0	0	0
Bathanaha	2007	15	15	0	0	0	0	0	0	0	0	0	0	0
	2008	229	229	0	0	0	0	0	0	0	0	0	0	0
Belsand	2007	0	0	0	0	0	0	0	0	0	0	0	0	0
	2008	67	67	0	0	0	0	0	0	0	0	0	0	0
Dumra	2007	80	80	0	0	0	0	0	0	0	0	0	0	0
	200	418	418	0	0	0	0	0	0	0	0	0	0	0

	8													
Mejarganj	2007	41	41	0	0	0	0	0	0	0	0	0	0	0
	2008	110	110	0	0	0	0	0	0	0	0	0	0	0
Nanpur	2007	12	12	0	0	0	0	0	0	0	0	0	0	0
	2008	161	161	0	0	0	0	0	0	0	0	0	0	0
Parihar	2007	0	0	0	0	0	0	0	0	0	0	0	0	0
	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
Pupri	2007	1	1	0	0	0	0	0	0	0	0	0	0	0
	2008	31	31	0	0	0	0	0	0	0	0	0	0	0
Riga	2007	170	170	0	0	0	0	0	0	0	0	0	0	0
	2008	247	247	0	0	0	0	0	0	0	0	0	0	0
Runni Saidpur	2007	0	0	0	0	0	0	0	0	0	0	0	0	0
	2008	270	270	0	0	0	0	0	0	0	0	0	0	0
Sonbarsa	2007	36	36	0	0	0	0	0	0	0	0	0	0	0
	2008	28	28	0	0	0	0	0	0	0	0	0	0	0
Sursand	2007	198	198	0	0	0	0	0	0	0	0	0	0	0
	2008	212	212	0	0	0	0	0	0	0	0	0	0	0
Total	2007	625	625	0	0	0	0	0	0	0	0	0	0	0
	2008	1938	1938	0	0	0	0	0	0	0	0	0	0	0

Situation Analysis: National Blindness Control Programme

This programme is carried out at the facilities available at Jawaharlal Nehru Medical college at Sitamarhi and also through various school health camps. Salient information from the National Blindness Control Programme is given in the matrix below:

Table : National Blindness Control P Data

CATARACT PERFORMANCE	QUARTER – I			QUARTER - II			QUARTER - III			QUARTER - IV			TOTAL
	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
FACILITY													
MEDICAL COLLEGE													
DISTRICT HOSPITAL													
C.H.C./SUB DIST. HOSPITAL													
NGOS								44	137	286	46	266	781
PVT.SECTOR				4							5	25	34
OTHERS (NTPC, Kahalgaon													
TOTAL				4				44	137	286	51	293	815
PROG. TOTAL				4				44	137	286	51	293	815
SCHOOL EYE SCREENING													

No. of teachers trained in screening for Refractive errors													
No. of school going children screened	529	1346	126	259	1173	2337	3036	2801	1488	61	1755	1612	16523
No. of school going children defected with Refractive errors	7	14	15	5	8	3	24	4	148	8	11	9	256
No. of school going children provided free glasses													
EYE DONATION													
No. of Eyes Collected													
No. of Eyes Utilized													

National Blindness Control Programme

D-5. BLINDNESS CONTROL PROGRAMME

Situation Analysis/ Current Status

Indicators	No.
Total Cataract surgery Performed	
Cataract surgery with IOL	804
School going children screened	16523
Children detected with refractive error	256
Children provided with free corrective spectacles	

Eye Care is being provided through the Sadar Hospital, There are 01 Ophthalmic Assitants in the district posted at Sadar Hospitals and BPHC don't have Ophthalmologists. The norm for GOI is 1 eye

	surgeon for a population of one lakh. Hence in this district at least 32 Eye Surgeons are required. The norm for Ophthalmologist to Ophthalmic Assistant is 1: 3-4. Data is not available regarding this from Private sector. The numbers of surgeries need to be at least triple to tackle the blindness due to Cataract. There is no Eye Bank or Eye donation center in District Sitamarhi. The nearest Eye Bank is at PMCH Patna.
Objectives	1. Reduction in the Prevalence Rate of blindness to 0.5%. 2. Decrease in the Prevalence Rate of Childhood blindness to 0.6% per 1000 children by 2010. 3. Usage of IOL in 95% of Cataract operations.
Strategies	1. Provision of high quality Eye Care. 2. Expansion of coverage. 3. Reduce the backlog of blindness. 4. Development of institution capacity for eye care services.
Support required	Procurement of latest equipment for hospitals by GOI. Timely Repair of equipment.
Timeline	**2009-10** Health Mela Development of PHCs as Vision Centres. Development of Sadar Hospital Sitamarhi as Eye Unit. School Screening. Cataract Camps.

Budget

Activity/Item	**2009-10**
Health Mela	2,00,000
IEC	2,50,000
School Eye Screening	3,00,000
Blind Register	25,000

	Observance of Eye Donations	25,000
	Cataract Camps @ Rs. 50,000 per camp x 20	10,00,000
	NGO and Eye Bank @ Rs. 750/IOL x 2000	15,00,000
	POL for Eye Camps @ Rs. 5000/camp x 20	1,00,000
	Training of School teachers @ Rs. 100/head x 300	30,000
	Training of PRIs @ Rs 100/head x 200	30,000
	Repair and purchase of equipment and maintenance	2,00,000
	Total	**36,60,000**

National Blindness Control Programme

Strategy	Activities	Budget
1. Prompt case detection 2. Ensuring proper treatment.	• Screening of all children in the schools. • Including Optometrist sin Mobile medical units visits to camps in villages. • Fortnightly visit by optometrist optometrician to health sub-centers and weekly visit ot APHCs. • Contracting of ophthalmologist services. • Conducting in-hospital minor surgeries for cataract. • Distribution of spectacles for BPL population undergoing surgery in private sector.	Optometric- 15 Optometrics *Rs. 4000= Rs. 4,80,000.00 Contracting in ophthalmologist- 25 ophthalmologist @ Rs. 300 per hour* 8 Hours*2 weeks per hour*8 Hours*2 weeks per month* 12= Rs. 14,40,000.00 Distribution of spectacles- 5,000 spectacles* Rs. 200 per.
	Total	**Rs. 29,20,000.00**

Situation Analysis: Utilisation of RKS Funds

Under the aegis of NRHM several innovative initiatives for better performance of facilities at the level of PHCs and above have been launched. Untied funds for the PHC and Rogi Kalyan Samiti are two key initiatives to provide better financial flow and management support to the facility. Rogi Kalayn Samiti

play a crucial role in managing the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from the Government sector who are responsible for the proper functioning and management of the facility. RKS generates, allocates, and spends the funds alloted to it to ensure well functioning, quality services. In Sitamarhi RKS have been set up in all of the PHCs. Most of the PHCs have been using the RKS funds towards various services such as ambulance, X- ray machines and generators.

Table : Utilisation of RKS Funds

Name of Block	Opening as on 01-04-08	Expenditure During 2008-09	Advance	Closing Balance
Bairagania	172000	8697		163303
Bajpatti	192000	15003		176997
Bathanaha	312000	14000		298000
Belsand	247000	16707		230293
Dumra	292000	49948	50000	192052
Mejarganj	217000	14963		202037
Nanpur	262000	15000		247000
Parihar	337000	20245		316755
Pupri	227000	25000		202000
Riga	197000	5630		191370
Runni Saidpur	417000	2451		414549
Sonbarsa	252000	25000		227000
Sursand	247000	21000		226000

Situation Analysis: ASHA Training

Accredited Social Health Activist (ASHA) is a key strategy of the NRHM to link the community with the health systems. ASHA works with the community to raise awareness about various health programmes, provide basic health knowledge and provide information on health practices thus generating demand for health services. She also helps and supports the community to access health services. Proper selection and training of ASHAs is a crucial step for the success of NRHM. In Sitamarhi ASHAs have been selected in all the blocks. In most of the blocks 2/3 ASHAs have completed first rounds of training. Salient information related to ASHAs in the district can be found in the matrix below:

Table : Selection and Training of ASHA

Sl.No.	Name of PHC	Total No. of ASHA selected	Total No. of ASHA Trained	Total No. of ASHA Untrained (amoung selected)
1	Bairagania	86	70	16
2	Bajpatti	157	112	45
3	Bathanaha	165	158	7
4	Belsand	143	139	4
5	Dumra	165	135	30
6	Mejarganj	170	110	60
7	Nanpur	246	171	75
8	Parihar	158	111	47
9	Pupri	146	111	35
10	Riga	268	242	26
11	Runni Saidpur	147	120	27
12	Sonbarsa	199	155	44
13	Sursand	153	144	9
Total		**2203**	**1778**	**425**

Table : Aanganwadi workers in PHCs

Name of PHC	No. of AWW	
	Sanction	Present
Sitamarhi Urban	48	38
Bairagania	102	93
Bajpatti	173	140
Bathanaha	185	163
Belsand	172	106
Dumra	225	178
Mejarganj	170	159
Nanpur	249	204
Parihar	253	218
Pupri	203	173
Riga	162	153
Runni Saidpur	294	277
Sonbarsa	192	160
Sursand	163	153
Total	2591	2215

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

Community Participation

Goal: to ensure that communities lead and determine health change

Objectives

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

ASHA		
1. Selection		
Situation analysis: Out of a total target 1971 ASHAs for the District, 1968 have already been selected. The number of ASHAs to be selected has been determined on the basis of older population estimates. Given that the current estimate of district rural population is 2,326,647, the total number of ASHAs required at the norm of 1 for every 1000 population is 2326. 358 ASHAs need to be further selected		
Strategies	**Activities**	**Budget**
• Sanction of 358 additional ASHAs • Facilitate selection through a community process focused on creating awareness about the role of the ASHA as a community mobiliser and activist and her positioning as a representative of the community. • Community based review of existing ASHAs for performance and replacement of non-functional ASHAs. • Partnership with local,	• Submission of proposal for the sanction and selection of 358 additional ASHAs • Development of an IEC campaign on the role of of the ASHA using print and folk media by Block Health Educators • Building partnerships with NGOs for conducting an IEC campaign on the ASHA programme • Monitoring of the IEC Campaign by Block Health Educators • Determining the community based selection and review	**Selection** Rs100/visit for ASHA selection* 3 visits/ASHA * 358 ASHAs=Rs.107,400.0 **Selection meetings** Rs. 250/meeting/ ASHA* 358 ASHAs=Rs.89,500.0 **Review** Rs 100/visit for review meetings* 2 visits/ASHA*1968 ASHAs=Rs.393,600.0 **Review meetings** Rs 250/meeting/ ASHA* 1968 ASHAs= Rs.492,000.0 **Campaign for ASHA**

active voluntary organizations with a background in community health work in the community based selection and review process	process for ASHAs by DHS. • Partnership with NGOs for implementing the community based selection and review process • Monitoring of NGO partnership for community based selection and review of ASHAs by Block Health Educators.	1536 Villages* Rs200/Kalajatha event= Rs. 307,200.0 **Monitoring of selection and review process** 12 visits/block*16 blocks*Rs200/visit= Rs.38,400.0
2. Training		
Situation Analysis: Out of 1968, 1910 ASHAs have received only the first round of training.		
Strategies	**Activities**	**Budget**
• Conducting 12 days of camp based training for all ASHAs • Conducting 30 days of field based training for 30% of ASHAs in the district.	• Selection of trainers (8 trainers per block,1 per 20 ASHAs. A total of 128 trainers) • Development of training modules for training of trainers (TOT) and ASHAs. • Identification of 26 member team (2 /block) as District Resource Persons from the trainers who have received training at the state level as well as others. • Developing a training calendar for training 2326 ASHAs in 3 training phases of 750 ASHAs each • Training of Trainers: (6 batches of apprx 20 trainers each to be trained for 7 days. Trainings can be organized parallely for two batches.) • Conducting camp based training at the APHC level. (for each block, training of 5 batches of ASHAs, each consisting 30 ASHAs will be conducted. This training will be conducted in total 4 rounds, each of the duration of 3 days. The entire training	**Camp Based trainings** **Training of trainers expenses** 128 Trainers*7 days*Rs.100/day for food and travel= Rs.89,600.0 **Prep of TOT modules** 128 Trainers* Rs.300/module= Rs.38,400.0 **ASHA training expenses** **1. Travel expense** 2326 ASHAs*Rs 100/training* 4 trainings= Rs.930,400.0 **2. Wage loss** 2326 ASHAs*Rs100/day*12 days= Rs2,791,200.0 **3. Food +Stay=** 2326 ASHAs*Rs.70/day*12 days= Rs.1,953,840.0 **ASHA training modules** 2326 ASHAs *Rs 300=Rs.697,800.0 **District Resource Person's**

	will spread across 5 months. There will be a one month gap between two rounds for every batch). Four trainers will be training for one batch. Block can conduct trainings of two batches simultaneously. • Phase 2 to be started by the 3rd month of Phase 1 and Phase 3 to be started by the 3rd month of Phase 2. • ASHAs trained in the 1st phase are expected to receive 30 days of field based training through the ASHA trainers. • Training review by Master trainers and hands on support to ASHA trainers during ASHA training • Review of and support to field based training provided by ASHA trainers • Continuous capacity building of ASHA trainers through cluster, block and district level monthly meetings	**honorarium=** 26 DRPs* Rs150/day*300 days= Rs.1,170,000.0 **ASHA trainers honorarium** 128 ATs*Rs.100/day* 300days= Rs.3,840,000.0
3. Supportive Supervision		
Strategies	**Activities**	**Budget**
• ASHA trainers as supportive supervisors of the ASHA • Regular meetings of ASHAs and their trainers to review activities and provide support	• Monthly cluster level meetings of ASHAs, ANMs, AWWs, VHSC members and ASHA trainers • Monthly block level trainer's meeting • Monthly district level trainer's meeting • Development of simple monitoring formats to be filled out by ASHA trainers, and District Resource Persons to review the functionality of the programme • Organising an ASHA mela every year at the District level	**Block level trainer meeting** Rs 500/meeting*12 meetings* 16 blocks=Rs.96,000.0 **District level trainer's meeting** Rs.500*12 meetings= Rs.6,000.0 **Printing of monitoring formats** =Rs.5000.0 **ASHA Mela** Rs.100,000.0

	to create a sense of solidarity and support amongst ASHAs • ASHA Helpline to be managed by the ASHA helpdesks • Selecting active ASHAs with leadership qualities to be ASHA trainers	
4. Incentive		
Strategies	**Activities**	**Budget**
• Timely release of monetary incentives to ASHAs • Instituting social incentives for ASHAs	• Review of hurdles in receiving incentives during training sessions • Smoothening process glitches • Sensitising MOs to honour ASHA referral • Ensuring that ASHAs have all updated contact information of health system functionaries at the relevant block and district level • Instituting an award for 10% of ASHAs at the district level	ASHA awards Rs. 50,000.0
5. ASHA Programme Management		
Strategies	**Activities**	**Budget**
• Strengthening the DPMU for effective coordination of the ASHA programme by hiring an ASHA coordinator • Joint working of DPMU and Health Educators on operationalisation of the ASHA programme	• Advertising for an ASHA coordinator at the district level • Recruitment of ASHA coordinator • Health educators at the block level to support in ASHA training	ASHA Coordinator Rs.15,000.0/month* 12months= Rs.180,000.0 Cost of recruitment Rs.15,000.0

Kala Azar

Kala- Azar Control Programme.

Kala-Azar continuous to pose a challenge in the state of Bihar in 2008, there are Kala-Azar patients in Dumara, Riga, Mejarganj, Bairagania, Belsand, Runni Saidpur, Nanpur, Bajpatti, sursand, Parihar, Pupari, Bathanaha and Sonbarsa blocks of Sitamarhi district. A Total No. of 847 Cases was detected in the district in 2008, out of which 823 were fully treated. Twenty four deaths were reported in 2008 in the District.

Kala- Azar

Sl.No.	Gaps	Issues	Strategy	Activities	Unit Cost	Tatal Budget
1	Poor Coverage of DDT spray	Vector control through insecticide spray in the attack area	To increase the coverage of DDT spray in the endemic zone, there should be proper monitoring by the supervisors, capicity building of the sprayer, supervisors and other healthcare professionals.	1. Ensure planning for timely spray of DDT in Feb-March and May-June for 40 days in each block.	NA	0
			Monitoring of the spraying squad by MOIC.	2. Identification of Houses with Kala-Azar patients by ANM & ASHA @ 50/per Village.	Rs. 5o for 497 villages Qutr. in a year.	99,400
				3. Two round of spraying scheduled in Feb-March and May-June should be strictly observed.	NA	0

			4. DDT spray should be at the rate of 1gm/sq. meter upto the height of 6 feet.	NA	0
	Less time spent on spraying DDT	Training and capacity building for proper spraying	Regular capacity building training on prescribed module for the sprayer to ensure that every corner of the house is properly spray upto height of six feet from ground level.	5000 per PHC	65,000
	Poor condition of spraying, pump and nozzles etc. No. of Pumps available- 170, No. of Pumps required- 28, No. of bucket available- 396, No. of buckets required- 38, No. of gallon available- 111, No. of gallon required- 0, No. of pond measure available- 117, No. of pond measure required- 0.	Regular checking of the spraying pumps for better functioning and timely replacement of the faulty pieces.	Fund allocation and timely release for: maintenance of old sprayer pumps, Purchase of new pumps and other articles needed buckets, mugs etc.	Rs. 100000 for the District	1,00,000
	Inadequate stock of DDT, DDT available- 57mt, DDT required-11mt	Making available DDT during spraying round	Ensure adequate Stock of DDT through proper & timely indenting to improve the quality of spray.	DDT Carriage	35,000

		Faulty payment plan	Appropriate fund allocation for the payment of the spraying of DDT.	Fund would be allocated for regular payment of wages (99 SFW to be used and 495 FW to be used for monitoring and spraying work.) S.F.W. @ 113/per day and F.W. @ 92/ per day.	99 Squad X 573 X 60 Days.	34,03,620

2	Poor rate of case detection of Kala-Azar	Early diagnosis and treatment through PHC system.	Case detection rate should be increased with appropriate diagnostic test	Increase efficiency of case detection through training of Community workers on signs and symptoms of Kala-Azar: (1) three weeks persistent fever not responding to antibiotics, malaria being excluded, with palpable spleen. (2) Ensure availability of aldehyde test at PHC level. (3) Purchase of RK 39 kit for detection of Kala- Azar.	rk 39 suplied from SHS, Bihar.	0
		Reduction of Kala-Azar mortality and morbidity.	Early deagnosis and treatment through PHC system.	1. Ensuring availablability of Amphotericin at all level.	NA	0

				Loss of wages for KZ patients (Case detection in year 2008.)	Rs. 50 for 30 days for 1000 patients.	15,00,000
				2. Replacing of medicines on priority based.	NA	0
				3. Training of ANMs and ASHA for IM injection.	Rs. 5,000 per PHC	95,000
3	Lack of monitoring and supervision mechanism.		Monitoring and supervision mechanism	Preparation of Monthly visit plan for supervision--Checking spraying schedule - For supervision & treatment follow up.	Mobility support for CS, ACMO and DMO	45,000
					Mobility for MOIC Rs 100	24,500
					Mobility for supervisor.	35,000
				Office expenses	25000 for the District	25,000
4	Lack of appropriate BCC & Community Mobilization .	Increasing awareness for prevention of Kala-Azar	Community participation in reducing mortality and morbidity due to Kala-Azar.	1. Fund allocation for training activities.	NA	0
				2. Identification of NGO/Private partner as trainer.	NA	0
				3. Knowledge sharing with the community on signs and symptoms of Kala-Azar through VHSC.	NA	0
				4. Training of VHSC/PRI and community health worder on sign & symptom of Kala-Azar.	NA	0

				5. Regular monitoring of IEC activities.	NA	0
				6. IEC atcitivities through nukkad natak, Kala-Azar mass media like radio etc.	Rs. 5,000 per PHC	65,000
				7. Activity for survillance like polio survillance.	NA	0
				8. Wall painting of Treatment protocole and provision for patients in PHC in Hindi	Above maintioned	28,40,000
				IEC van for each PHC	13 x 60 x 750	5,85,000
				Total Budget		**87,52,520**

Malaria Control Programme

SITUATION ANALYSIS

Sitamarhi District faces lack of lab. Tech, BHI & BHW and facilities at the PHC/APHC level. This has proved to be a hurdle in prompt diagnosis of the Malaria cases. All Patterns BHI, ANM and Other. Health worker deputed in field are responsible for collecting the Blood smears of the suspected fever cases. The exact burden of dieses in Sitamarhi is not known as reports from private sector is not collected or not reported. The BCC activities in the District are also limited. There is also shortage of mosquito bed not but Anti-Malaria drugs are in abundant.

Sl. No.	STRATEGY	ACTIVITIES	BUDGET
1	Ensuring registration of all Private Lab.	(i) Meeting with D.M. for issuing an order for all old and new laboratories to register with DHS.	
2.	Filling up all vacant post.	(ii) Following their registration, they would be expected to report all the specific cases to the DHS.	

3.	Enhancing B.C.C activities.	(iii) All H.Ws would also be directed/requested to collect the reports. (iv) Training give to all health workers in B.C.C.	
4.	Ensuring adequate supply of mosquito bed nets.		

N.M.C.P.

SITUATION ANALYSIS/CURRENT STATUS

Issues	No	%
Total B.S. examined	1938	.09%(ABER)
1. Plasmodium vivax(PV) 2. Plasmodium Falaiparum(pf)	0	
Death due to Malaria	0	

Now the Malaria Control Programme is known as National Vector Born Disease Control Programme under this District Malaria working committee has not been constituted. There fore no help is given by any department. Malaria Programme is in maintenance phase in Sitamarhi District. The Mosquito density of Anopheles culifacies is found mainly from May to October, where as Anopheles Aegepti and Anopheles Stephensai are found throughout the year with a peak from April to November.

Following are the description of Man-Power Status.

Sl. No.	Post Name	Post Sanctioned	In Position	Vacant	Remarks
1	D.M.O	01	01	Nil	
2	A.M.O.	01	0	01	One L.T. Deputed in Seohar Dist.
3	Malaria Inspector	06	04	02	
4	Lab Technician	13	02	11	
5	Clerk	02	01	01	
6	B.H.I.	13	04	09	One B.H.W. Deputed in Seohar Dist.
7	B.H.W.	53	03	50	
8	S.F.W.	02	0	02	
9	Driver	02	0	02	
10	Mechanics	01	0	01	
11	Moter Cleaner	02	01	01	All these Posts Come under State Cader.
12	F.W.	04	0	04	
13	Peon	02	01	01	
14	Sweeper	01	01	Nil	

Objectives	Reduction in Sopr, API. PFR and death rate
Strategies	1. Provision of additional man Power. 2. Training of Persons. 3. Strengthening of Malaria Clinics. 4. Addressing Disease outbreak. 5. Health education. 6. Involvement of private Sector. 7. Innovative Methods of Mosquito Control.
Activities	1. Provision of Man Power Hiring of Person till regular staff in place. 2. Training of Person:- The Head Quarter lab. Tech., ANMs, ASHAs, Will be trained in various techniques relating to the job. 3. Strengthening of Malaria Clinics: - Provision of proper equipment on reagents. Fogging- Machines sprayers.

4. Provision of Job:-
5. Addressing Disease outbreak:-
   - District outbreak team will be created at the District H.Q.
   - In the team M.O., L.T. and one field worker.
   - Provision of Mobility, Lab equipments, Spray equipments
6. Health education to the community through the ANMs, A.H.W, ASHAs as well as I.E.C van is necessary.
7. Involvement of Private Sector:- The Private + Practitioners will be closely involved.

Support required	• Availability of Supplies. • Felling up of vacancies. • Supply of Health education Material (IEC Material)
Time line	• Activity / Item. • Hiring Contractual Staff. • Supply a Jeep for this office. • Fogging and Spraying • Hoardings. • IEC Activities:- IEC Van & IEC Materials.

Description of Contractual Staff Salaries.

Sl. No.	Post Name	Unit	Unit Cost	Months	Amount
1	A.M.O.	01	1 X 20,000	12	2,40,000=00
2	Mal. Inspector	02	2 x 12000	12	2,88,000=00
3	Lab. Tech.	11	11 X 6500	12	8,58,000=00
4	Clerk	01	1 X 8000	12	96,000=00
5	B.H.I.	09	11 X 8000	12	10,56,000=00
6	B.H.W.	50	50 X 7000	12	42,00,000=00
7	Driver	02	2 X 4000	12	96,000=00
8	S.F.W.	02	2 X 7000	12	1,68,000=00

9	M. Mechanic	01	1 X 4000	12	48,000=00
10	M. Cleaner	01	1 X 4000	12	48,000=00
11	Peon	01	1 X 4000	12	48,000=00
12	F.W.	04	4 X 4000	12	1,92,000=00
Total					**73,38,000=00**

Budget:-

Activity / Items.

- Salary of Contractual Staff:- Rs. 73,38,000=00.
- Travel expenses @ 6,000 per month X 12 months = Rs. 70,000=00.
- Office Expenses @ 5,000 per month X 12 months = Rs. 60,000=00.
- Jeep and Jeep Truck maintenance:- X
- I.E.C. Van for 13 PHC @ 750 per day X 365:- Rs. 35,58,750=00

Training:- Rs. 10,000=00

1. Training of M.Os, Supervisors at District level.
2. Training of Para Medical Staffs, ASHAs at PHC level.

Board Hoarding:-

1. Twenty 8' X 12' at 14 Site, initially at PHC, Sadar Hospitals @ Rs. 25,000/-.= 3,50,000=00
2. Two hundred forty nine 5' X 3' at 249 Site initially at APHC/HSC @ Rs. 10.000/- = 24,90,000=00.

Filaria Control Programme-

Situation Analysis:-

In Sitamarhi District done to lack of laboratory technicians and facilities at the APHC/PHC level Continues to pose a challenge for an effective filarial control programme in the district. In case of Filaria specifically the exact burden of disease is not known because reports from the private sector are not collected or not reported. BCC activities in the district are limited. There is a shortage of chemically treated bed nets. Mass Drug Administration has been carried out in the eligible throughout district.

Strategy	Activities	Budget
1. Early diagnosis and prompt treatment. 2. Ensuring registration of all private laboratories. 3. Filling all vacant posts.	1. House to house visits for tracing cases of Filariasis, by health workers (BHWs, ASHA, ANM). 2. Collection of reports from local private practitioners and laboratories in the village.	**Health workers-** per PHC and Head Quarter and Additional workers 31 0n daily basis @ Rs. 200* 30

4. Enhancing BCC activities. 5. Ensuring adequate supply of mosquito bed nets. 6. Ensuring adequate supply of drugs.	3. Meeting with DM for issuing an order for all old and new. 4. Following their registration, they would be expected to report all the disease specific cases to the DHS. 5. All HWs would also be then requested to collect the reports. 6. Training of all health workers in BCC. 7. Supply of bed nets as per Kala-Azar. 8. District level procurement of drugs for MDA, with funds from respective department.	days= Rs. 1,86,000.00 **Publicity campaign-** Rs. 30,000.00 **Handbills and hoardings for BCC and IEC campaign-** Rs. 50,000.00
		Total- 2,66,000.00

Village Health & Sanitation Committees		
Situation analysis: VHSCs have not yet been set up		
Strategies	**Activities**	**Budget**
1. Campaign on the importance and roles of VHSCs 2. Setting up of all VHSCs 3. Ensuring that VHSC funds are received by all VHSCs	1. Kala jathas on the role and importance of VHSCs 2. Partnerships with NGOs for setting up of VHSCs through 2 rounds of Gram Sabha meetings 3. Opening of bank accounts for all VHSCs 4. Ensuring transfer of funds	1536 Villages* Rs200/Kalajatha event= Rs. 307,200.0 VHSC untied funds 1536 Villages*Rs10,000= Rs.15,360,000.0

Capacity Building and Training

Maternal health		
Situation Analysis- **SBA Trainings**- SBA trainings are being organized in Jawaharlal Nehru medical college and Hospital (JLNMCH) Sitamarhi. No regular Grade A nurse has got SBA training. Out of 367 regular ANMs posted in the district, 20 have got the SBA training from JLNMCH. The remaining 347 regular and 178 contractual ANMs are yet to receive the training. 25 present LHV also require SBA training. **EMOC Training-** Only 3 medical officer from the district has received EmOC training. **Family Planning - 1** doctor have received Non scalpel Vasectomy training. No Minilap training has been organized in the district.		
Strategy	**Activities**	**Budget**
• SBA training to Sub centre ANMs. • SBA training to all three staff nurses from 17 priority APHCs • Building capacity of 2 staff nurses from each of 12 PHCs, 5 CHCs, 2 SDHs and district hospital. Facility • Establishing district level training centers for regular trainings of the district staff.	• SBA trainings to ANMs posted at Sub centre. Total ANMs present at Sub centre level is 263. SBA trainings to ANM at 17 24*7 APHC. = 34 ANMs.Total number of ANMs=271+30=301. Therefore 51 batches each comprising of 6 ANMs have to be trained. • 2 Staff nurses from each of 13 PHCs, 8 CHCs, 1 SDHSs and district hospital. Total number of SNs to be trained=40. So total 7 batches need to be trained. • 1 LHV from each PHC. total number of LHV=12. So 2 batches for training. **EMOC-** • 2 medical officer s from District hospital, SDHs and 8 CHCs. • 1 MO from each PHC • 1 MO from 17 priority APHCs. • Total number of MOs to be trained=45. Total 9 batches to be trained. **Safe abortion services training** • 2 medical officer s from District hospital, SDHs and 8 CHCs.	**SBA trainings** SBA trainings for ANM-44batches*Rs.8275per batch=Rs.422,025.00 Staff Nurses- 7 batches*Rs.8275per batch=Rs.57,925.00 LHV- 2 batches*Rs.8275=16,550. **EMOC** 9 batches*Rs.106625per batch=Rs.959,625.00 **Safe abortion services training** 9 batches*Rs.8,000=Rs.72,000.00 **IMNCI-** **Basic health worker training.** 81*100,359=Rs.8129079 **Health worker ToT-** 2 batches*Rs.116,235= 232470

	• 1 MO from each PHC • 1 MO from 17 priority APHCs. Total number of trainees-48. Total number of batches=9. **IMNCI**- Basic training for- 1. 387 ANMs. 2. 48 LHVs, 3. 1512 AWWs Physician's training 162 Mos **Anaesthetics skill training-** • 1 MO from each functional PHC and 1 each from 5CHCs, 2 SDH and 1 DH. Total number of MOs to be trained=20. Total number of batches=4. **NSV training** • 1 MO from each block PHC. So two batches of 6 participants each. **STI/RTI training**- • 1 MO from each functional PHC and 1 each from DH, 2 SDH and 5 CHCs. So two batches of 6 participants each. **MINLAP training** • 1 MO from each functional PHC and 1 each from DH, 2 SDH and 5 CHCs. So two batches of 6 participants each. • **Training on Family Planning choices and IUD insertion** • 1 ANM from each of 64 APHC • 1 ANM from 12 functional PHC • 1 ANMs from 5 CHCs, 2 SDH and DH. So total number of ANM=84. So total 14 batches to be trained. • **ARSH training**	**Basic physician's training** 7 batches*Rs.126,630=Rs. 886,410.00 **Follow up trainings-** 4 batches*40,131=Rs.160524.00 **Anaesthetics skill training=** 4 batches*Rs. 140,800=Rs.563,200.00 **NSV training** 2 batches*Rs.10,000=Rs.20,000.00 **STI/RTI training**- 2 batches*Rs.10,000=Rs20,000.00 **MINLAP training** 2 batches*Rs.10,000=Rs20,000.00 **Training on Family Planning choices and IUD insertion** 14 batches*Rs.10,000=Rs.140,000.00 **ARSH Training** 2 batches*Rs.8000=Rs.16,000.00 **SNCU training-** 2 batches*Rs.50,000=Rs100,000.00

	• 1 MO each from 12 PHCs, 5 CHCs,2S DH and DH . Total number of MOs to be trained=20. So two batches of 6 participants each. • **SNCU training-** 2 MOs from 5 CHCs, SDH and DH. Total number of MOs to be trained=3 batches. Programme management training- Basic computer skills for clerical staff at DPMU, DHS, District hospital, SDH, referral and PHCs and DPMSU. District health planning and management for DPMSU and DPM. Demanding and follow-up of the demand for training budget.	Rs.100,000