

# DISTRICT BHAGALPUR

## DISTRICT HEALTH ACTION PLAN

2009-2010

## NATIONAL RURAL HEALTH MISSION



GOVERNMENT OF BIHAR

## Preface

It is our pleasure to present the Bhagalpur 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 Bhagalpur 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 Bhagalpur.

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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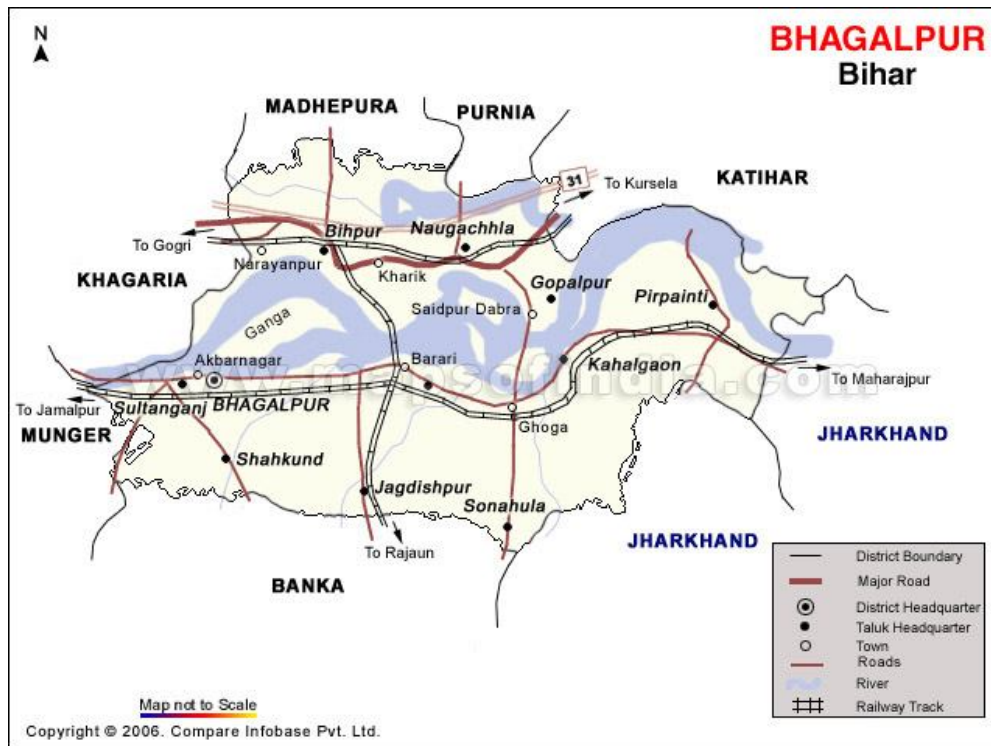
## Introduction

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 Bhagalpur District



The state of Bihar is perhaps one of India's richest archives of history. Since ancient days, it has been a cradle of prosperity for various civilizations. For what the world aspires to achieve in a distant future, Bihar has only to look into its past. Bhagalpur, one of the thirty five districts of the present state of Bihar, shares the same sketch.

### Geography

Situated on the plains of the Ganga basin at a height of 141 feet above sea level, it covers an area of 2569.50 sq. km. It lies between 25° 07'- 25° 30' N Latitude and between 86° 37' - 87° 30'E Longitude. The district is surrounded by Munger, Khagaria, Madha, Purnea, Kathiar & Banka districts of Bihar and Godda & Sahebganj districts of Jharkhand. It is situated 220 km east of Patna, the state capital of Bihar, and 410 km north-west of Calcutta.

### History

The name 'Bhagalpur' is supposedly the distorted form of **Bhagdatpuram** as it was called during the peak of the Anga Kingdom. Bhagalpur was the kingdom of Anga rulers. The city has been described as one of the biggest trade centers in eastern India in the 7th century by Chinese travellers Hiuen Tsang and Fa Hien. The city in ancient era was also called Champanagar. During an archaeological excavation, many boats and coins of the Middle and Far East were found here.

Bhagalpur was also one of the prominent centres of Buddhist learning in Ancient India. The evidence of its historical prominence is the remnants of the Vikramshilla University, still a pilgrimage and tourist site in Bhagalpur. The Vikramshila University was considered only next to Nalanda University and was counted among the few prominent centers of learning in Asia. It was built during the rule of King Dharmapala (770-810 AD).

Ancient cave sculptures of Emperor Ashoka's regime (274 BC-232 BC) have been found here and at Sultangunj, 20 km west of Bhagalpur, a temple of the Gupta period (320-500) still exists. The tomb of Suja, brother of Moghul emperor Aurangzeb, in the heart of the town is reminiscent of the city's association with the Mughal period. During the Tughlaq period it was a mint town and was greatly patronised by the Mughals.

### Demography

As per the 2001 census, Bhagalpur has a population of 24,30,331. Males constitute 54% of the population and females 46%. Bhagalpur has an average literacy rate of 48%, with 70% of the males and 62% of the females literate. 14% of the population is under 6 years of age. The sex ratio for children in the 0-6 year age group is 966, however this declines to 878 across all age groups and Bhagalpur ranks second last in terms of sex ratios when compared to other districts in the state.

### Society and Economy

With a predominantly agrarian economy and few job opportunities, Bhagalpur reflects the overall situation of Bihar. Employment opportunities are few as the region has undergone very little industrialisation to accommodate the vast labour force. The scale and extent of poverty is reflected by the fact that out of a total of 412,080 households, more than 50% (218,679 households) are categorised by the State Government as being Below Poverty Line.

The economy of Bhagalpur is dependent mainly on agriculture, small businesses and petty entrepreneurship. Paddy, Maize and lentils are the main agricultural crops. Agricultural practice itself is quiet backward, and mostly vulnerable to routine devastation by floods.

Bhagalpur is acclaimed the world over for its silk products and it is known in as the "Silk City". It has a thermal power plant at Kahalgaon that supplies electricity to the district.

### NREGA in the District

In Bhagalpur 277,076 households or 67% of all households have been provided with a Job Card. However, despite heavy unemployment in the district, only 61,000 people demanded work. This is indicative of very low levels of awareness in the district about the benefits of the NREGA schemes. Of the total allocated funds of Rs. 47.48 crores, Bhagalpur has utilised only 19.36 crores. Of the total 1087 sanctioned worksites, only 354 have been completed till the reporting month of February 2009.

### Public Distribution System

According to media reports, Bhagalpur district also registered significant underutilisation of the targeted PDS for rice and wheat. Only 25 per cent of the Below Poverty Level (BPL) scheme was used in 2001-02, and the utilisation was 15.7 per cent in 2002-03.

### Other infrastructure and services

Bhagalpur has 48 Police Stations, 1304 Schools (including primary, secondary, and high schools), 250 Post Offices and 125 Banks.

The National Highway 31 and 81 pass through the district. Bhagalpur has 287 Kms of PWD Roads, and 263 kms of REO Roads.

### Media and Culture

Bhagalpur has had a rich cultural history. It is said that the legendary Rabindranath Tagore lived in Bhagalpur, as did the two great personalities of Hindi Cinema, Ashok Kumar and Kishore Kumar. Kishore Kumar's ancestral home is still present in Bhagalpur. One of the most famous literary figures of Hindi literature, Sharat Chandra Chattopadhyay is reported to have written his classic work "Devdas" amidst the scenic beauty of the river Ganges in Bhagalpur.

Dainik Jagran, Hindustan and Aaj are the leading newspapers from Bhagalpur. Local TV channels like Angika have wide viewership, apart from ETV Bihar and Sahara that beam local news as well as national news. The Bhagalpur town has a semi-urban ambience with hundreds of college students and local service shops of daily utility. Angika and Hindi are the most widely spoken languages. The 'bill board modernity' of cell phone companies, cyber cafes, eating joints, and hotels has sprung up at the heart of the city.

**Table 1: Bhagalpur District at a Glance**

<b>Total Area</b>	<b>2570 sq km</b>
<b>Population in thousands</b>	<b>2430</b>
<b>Rural Population</b>	<b>1992827</b>
<b>Urban Population</b>	<b>437459</b>
<b>Population density</b>	<b>946 per sq km</b>
<b>Number of sub-divisions</b>	<b>3</b>
<b>Number of blocks</b>	<b>16</b>
<b>Total no. of Panchayats</b>	<b>242</b>
<b>Number of villages</b>	<b>1536</b>
<b>Decadal growth rate</b>	<b>27.2</b>
<b>Sex Ratio</b>	<b>878</b>
<b>Percent of urban population</b>	<b>18.7</b>
<b>Percent of SC population</b>	<b>10.4</b>
<b>Percent of ST population</b>	<b>3.5</b>
<b>Female literacy</b>	<b>38.8</b>
<b>Male literacy</b>	<b>60.1</b>
<b>Total literacy</b>	<b>50.28</b>
<b>Total workers</b>	<b>855345</b>
<b>No. of Medical College</b>	<b>1</b>
<b>No. of Government of India Hospitals (military, railways, ESI, CGHS)</b>	<b>3</b>
<b>NGO Hospitals and centres undertaking RI with government vaccines</b>	<b>4</b>
<b>Total ICDS projects</b>	<b>16</b>
<b>Total Number of Anganwadi centres</b>	<b>2215</b>
<b>Percent of population with a low standard of living</b>	<b>74</b>
<b>Percent of population with a medium standard of living</b>	<b>15</b>
<b>Percent of population with a high standard of living</b>	<b>11</b>

## Summary of DHAP process in Bhagalpur

The District Health Action Plan of Bhagalpur has been prepared under the guidance of the Chief Medical Officer and the Additional Chief Medical Officer of Bhagalpur with a joint effort of the 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.

<b>Summary Of The Planning Process</b>
<b>Training of district team for preparation of DHAP</b>
<b>Preliminary meeting with CMO and ACOMO along with other concerned officials</b>
<b>Data Collection for Situational Analysis - MOIC and BHM meeting chaired by DM and CMO/CS</b>
<b>Block level consultations with MOICs and BHMs</b>
<b>Writing of situation analysis</b>
<b>District Planning workshop to review situation analysis and prepare outline of district health plan- the meeting was chaired by CMO and facilitated by ACOMO. The workshop was attended by MOICs, BHMs and other key health functionaries at the district level.</b>
<b>District Consultations for preparation of 1<sup>st</sup> Draft</b>
<b>Preliminary appraisal of Draft</b>
<b>Final Appraisal</b>
<b>Final DHAP: Submission to DHS and State</b>
<b>Adoption by DHS and Zila Parishad</b>
<b>Printing and Dissemination</b>

## Health profile of Bhagalpur District

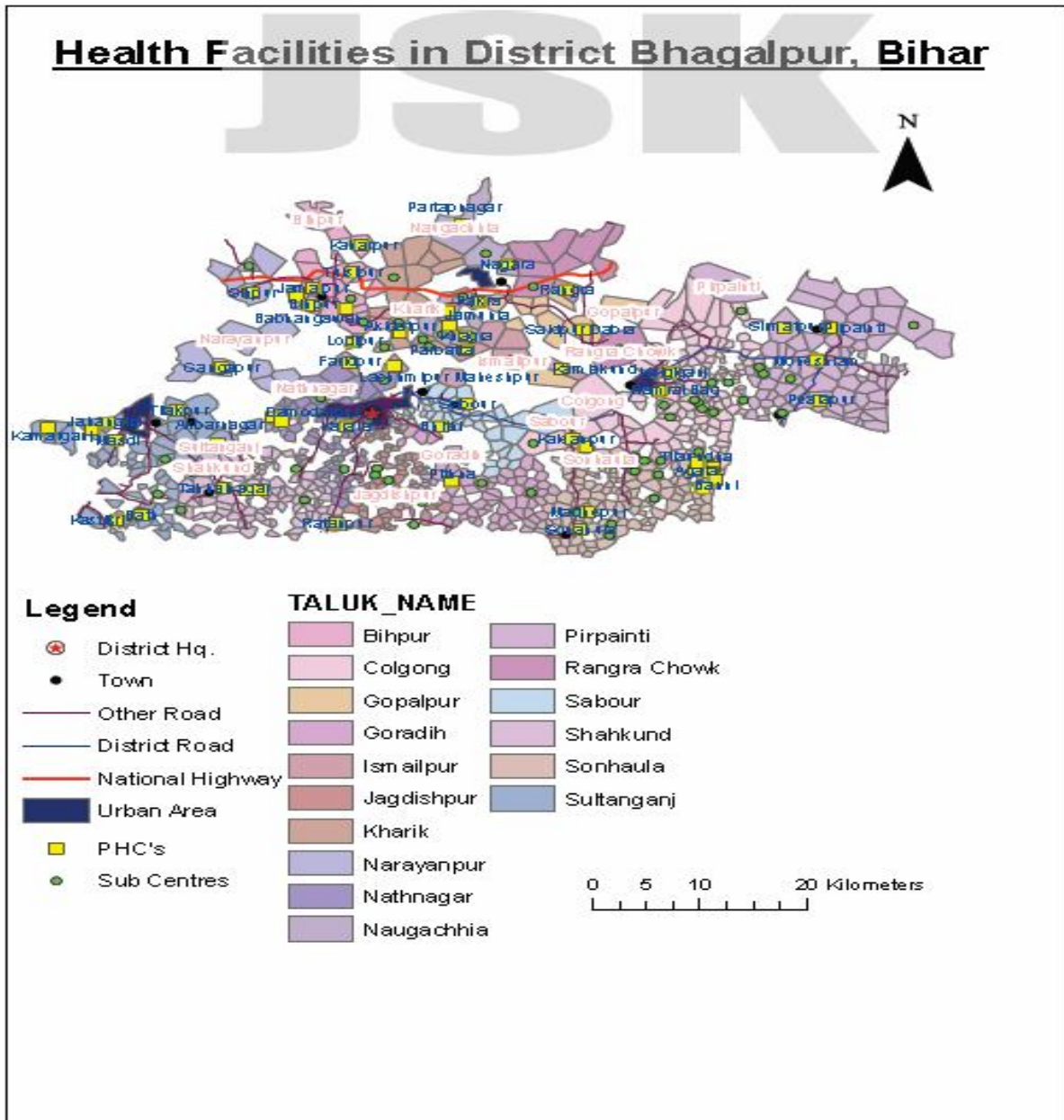
Bhagalpur has shown consistent improvement in some of the key health indicators across the years. Still the overall situation of the district leaves much to be desired. According to a survey by International Institute of Population Sciences conducted in 2006, from a total of 593 districts of India Bhagalpur ranks 280 for Under 5 mortality rate. It ranks 386<sup>th</sup> for women receiving three ANC visits. It ranks 454<sup>th</sup> on the basis of Contraceptive prevalence rate. The key RCH and other health indicators of the district are as follows:

**Table 2 : Bhagalpur Health Profile**

<b>Key population indicators</b>	Infant Mortality rate	<b>52</b>		
	Maternal mortality rate	<b>430</b>		
	Crude birth rate	<b>31.9</b>		
	Death rate	<b>5.0</b>		
<b>District Level Household &amp; Facility Survey</b>		<b>DLHS 3 (07-08)</b>	<b>DLHS 2 (02-04)</b>	<b>Bihar DLHS 3</b>
<b>Key RCH Indicators (in percentages)</b>	Girls marrying below 18 yrs.	<b>27.8</b>	<b>44.2</b>	<b>46.2</b>
	Birth order 3+	<b>53.1</b>	<b>54.3</b>	
	Current use of any FP method	<b>40.3</b>	<b>38.0</b>	<b>32.4</b>
	Total unmet need	<b>36.4</b>	<b>34.4</b>	<b>37.2</b>
	Pregnant women who registered in the first trimester	<b>23.0</b>		
	Pregnant women with 3 + ANC	<b>20.4</b>	<b>26.4</b>	<b>26.4</b>
	Pregnant women receive at least 1 TT injections	<b>42</b>	<b>44.4</b>	<b>58.4</b>
	Delivery assisted by a skilled attendant at home	<b>14.7</b>	<b>15.2</b>	<b>5.9</b>
	Institutional births	<b>30.4</b>	<b>27.1</b>	<b>27.7</b>
	Children with full immunization	<b>49.6</b>	<b>43.4</b>	<b>41.4</b>
	Children with Diarrhoea treated within last two weeks who received treatment	<b>73.6</b>	<b>91.3</b>	<b>73.7</b>
	Children with Acute Respiratory infections in the last two weeks who were given treatment	<b>77.1</b>		<b>73.4</b>
	Children who had check up within 24 hours after delivery	<b>29.6</b>		
	Children who had check up within 10 days of delivery	<b>27.9</b>		
<b>Communicable diseases (percent)</b>	Kala Azar prevalence		<b>0.7</b>	
	TB incidence		<b>3.4</b>	
	HIV prevalence among STD clinics		<b>0.2</b>	
	HIV prevalence among ANC clinics		<b>0</b>	

# 1. Health Facilities in Bhagalpur District

Map: 1 Health Facilities



Map C composed by NIC  
Source RGI, SOI

Bhagalpur district has one Sadar Hospital (DH) located in Bhagalpur City and a Sub-District Hospital (SDH) located at Naugachiya. An additional Sub-District Hospital is under construction at Kahalgaon. The district has a total of 13 Primary Health Centres (PHCs), 39 Additional Primary Health Centres (APHCs) and 280 Health Subcentres (HSCs). The district has two Referral Hospitals located at Sultanganj and Pirpaitti. One more referral hospital is under construction at Nathnagar. The only operational Blood bank is at the JLMNCH Medical College in Bhagalpur. 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 Bhagalpur

Bhagalpur currently has 145 regular doctors sanctioned out of which 81 are present. Similarly 75 contractual positions are sanctioned for doctors against which only 62 are posted. So the total number of doctors present in the district is 143 against the total sanction of 220.

**Table 3: Details of Existing Human Resource**

Specialisation	Regular	Contract
MD (physician)	3	2
Surgery	8	4
Gynaecologist	3	8
Paediatrician	4	1
Orthopaedics	3	2
Ophthalmologists	7	NA
Pathology		1
ENT	2	NA
Radiologist	1	NA
Bio-chemistry	1	NA
Physiology	1	NA
Anaesthetist		1
<b>Total</b>	<b>33</b>	<b>19</b>

There are a total of 52 specialist doctors in the district of which 6 are specialist lady doctors. The district also has 9 MBBS lady doctors.

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

The total number of positions sanctioned under this category is 112. Currently 109 Grade A nurses are posted across APHCS in the district. In addition to this, 18 regular Grade A nurses are posted in the district, out of which 5 are posted at the District hospital, 4 are posted in SDH Navgachiya while 4 are posted in Referral Hospitals at Pirpainti and Sultanganj respectively. 1 post of Regular Grade A Nurse is vacant at SDH Navgachiya.

59 positions for LHVs are sanctioned out of which 25 are in position and 34 are vacant. For regular ANMs 394 positions are sanctioned and 367 are in position. 27 posts of ANMs are vacant in the district. 362 positions for contractual ANMs are sanctioned and 178 are currently posted. All the contractual ANMs are posted at the Sub centre level.

## Situation Analysis of Health Facilities

The three tiers of the Indian public health system, namely village level **Sub centre, Additional Primary Health Centre and Primary Health Centres** were closely studied for the district of Bhagalpur 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 Bhagalpur 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 exam room.. Sub centres are served by an ANM, Lady Health Volunteer and Male Multipurpose Health Worker and supported by the Medical Officer at the APHC. Sub centres primarily provide community based outreach services such as immunisation, antenatal care services (ANC), perinatal and post natal care, management of mal nutrition, common childhood diseases and family planning. It provides drugs for minor ailments such as ARI, diarrhoea, fever, worm infection etc. The Sub centre building is expected to have provisions for a labour room, a clinic room, an examination room, waiting area and toilet. It is expected to be furnished with essential equipment and drugs for conducting normal deliveries and providing immunisation and contraceptive services. In addition equipment for first aid and emergency care, water quality testing and blood smear collection is also expected to be available.

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

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

## 1. Situation Analysis: Health Sub centre level Infrastructure

**Table 4: Sub centre Data**

Name of Block	Total Population	Total requirement as per District Database	PRESENT (functional)	ALREADY PROPOSED	Further requirement based on District Database
1. BIHPUR	211331	22	14	0	8
2. GAURADIH	124801	25	17	4	4
3. GOPALPUR RANGRA, ISMAILPUR	220540	42	26	3	13
3. JAGDISHPUR	143234	27	19	7	1
4. KAHALGAON	344524	68	35	27	6
6. NARAYANPUR	81947	17	10	4	3
7. NATHNAGAR	144174	28	17	5	6
8. NAVAGACHIYA and KHARIK	266382	46	29	8	9
9. PIRPAITHI	259210	51	36	8	7
10. SABOUR	262450	28	11	8	9
11. SANHAULA	178194	35	17	10	8
13. SHAHKUND	181111	35	23	8	4
14. SULTANGANJ	236264	40	26	10	4
<b>Total</b>	2654162	464	280	102	82

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 Bhagalpur. As per IPHS norms, Bhagalpur district requires a total of 464 Sub centres of which 280 are present in the district. 82 more have currently become functional and 102 are proposed. Thus, what is required is to make functional all of the already proposed Sub centres.

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

**Table 5.1 Sub centre Details**

	1. BIHPUR	2. GAURADIH	3. Jagdishpur	4. GOPALPUR	5. KAHALGAON	6. NATHNAGAR	7. NARAYANPUR
Total Number of Sub centres	14	17	20	26	35	17	10
ANM posted	14	29	18	33	37	25	9
ANMs present	14	17	9	33	37	25	0
ANMs regular	14	17	NA	23	37	17	8
ANMs contract	0	0	NA	10	0	8	1
ANM residing at HSC	0	0	9	0	0	8	9
Residential facility for ANM required	14	17	0	26	35	8	NA
HSC in Govt building	3	NA	-	3	4	7	1
HSC in Panchayat building	-	17	-	-	25	8	9
HSC in rented Building	-	NA	9	-	6	2	NA
SC building under construction	4	0	4	4	4	4	0
Building required	7	0	7	19	0	0	0
Running water supply available	0	0	0	0	4	5	0
Water supply required	14	17	9	26	31	8	10
Cont. power Supply	0	0	0	0	2		0
Power supply required	14	17	9	26	33	16	10
Untied Funds	0	-	-	-	-	-	-

**Table 5.2 Sub centre Details.....continued**

	9. NAVAGACHIYA	10. PIRPAITHI	11. SABOUR	12. SANAHULA	13. SHAHKUND	14. SULTANGANJ	Total
Total Number of Sub centres	27	36	11	18	23	26	280
ANM posted	-	35	13	14	24	26	277
ANMs present	-	35	25	15	27	26	263
ANMs regular	-	35	13	14	27	26	231
ANMs contract	-	0	12	3	0	0	34
ANM residing at HSC	-	0	0	0	16	1	43
Residential facility for ANM required	-	34	0	0	7	26	167
HSC in Govt building	-	9		3	16	8	54
HSC in Panchayat building	-	-	11	-	8	9	87
HSC in rented Building	-	-	-	14	-	4	35
SC building under construction	3	3	3	3	3	4	39
Building required	24	24	0	0	0	1	82
Running water supply available		0	0	0	0	8	61
Water supply required		36	11	17	24	18	221
Cont. power Supply		0	0	0	0	2	4
Power supply required		36	11	17	24	23	236
Untied Funds							

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 280 HSCs, only 176 are situated in any building premises. Out of these 176, 54 are in a Government building, 87 are in Panchayat buildings and 35 are in rented buildings. Out of the 102 remaining Subcentres, buildings are under construction for 39 of them. 65 HSCs still do not have any building. The 54 HSCs operating in Govt buildings are currently being renovated. Of the existing 176 HSC with a building, only 9 HSCs have reported the availability of a running water supply and 2 have reported the availability of a continuous power supply. Certain blocks score especially low on Sub centre infrastructure. For example, in Bihpur block, only 3 Sub centres out of 14 have a building for the centre and buildings for four Sub centres are under construction. The remaining 11 Sub centres do not have any type of building and are operational only through the services of the ANM and other staff posted in the village. According to data, 19 Sub centres in Gopalpur, 7 in Jagdishpur, 24 in Navgachiya, 24 in Pirpanti, and 1 in Sultanganj are in need of a building. The Sub centres face further problems in terms of water and power shortages. The analysis notes that no Sub centre in the block of Bihpur, Goradih, Gopalpur, Jagdishpur, Narayanpur, Pirpanti, Sanhaura and Shahakund has assured running water supply available. Statistics for the power supply shows similar trends. It is also important to note that no Sub centre in the district has received untied funds.

In ten blocks from the total fourteen, the ANMs posted are present at the Sub centres. Only Gauradih, Jagdishpur and Sabour do not have all the sanctioned ANMs present at the Sub centres. In Naryanpur, 9 ANMs have been sanctioned for 10 Sub centres but none of them are currently present at the Sub centre level. It is apparent from the data that ANMs are not residing at the Sub centre. Out of 280 existing Sub centres, only 43 Sub centres have ANMs residing in the Sub centres area. District reports show that 147 Sub centres currently do not have a residential facility or ANM in Sub centre area and would require the same.

### **3. 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 population. 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 population 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 26 APHCs are proposed. The district further requires 14 APHCs.

**Table 6: APHC Infrastructure**

Name of Block	APHC Total required	PRESENT	PROPOSED	Further REQUIRED after including PHC
1. BIHPUR	7	0	3	0
2. GAURADIH	4	2	2	0
3.GOPALPUR+ Rangra	7	2	0	4
4. JAGDISHPUR	5	3	3	0
5. KAHALGAON	11	8	2	0
6.NARAYANPUR	3	0	0	2
7. NATHNAGAR	5	2	2	0
8. NAVAGACHIYA	8	5	0	3
9. PIRPAITHI	8	3	5	0
10. SABOUR	8	1	3	3
11. SANHAULA	5	3	1	0
13. SHAHKUND	6	5	1	0
14. SULTANGANJ	7	5	4	0
<b>Total</b>	<b>84</b>	<b>39</b>	<b>26</b>	<b>14</b>

#### 4. 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 39 functional APHCs in Bhagalpur. 35 new APHCs are newly sanctioned. In general the APHCs in Bhagalpur suffer from:

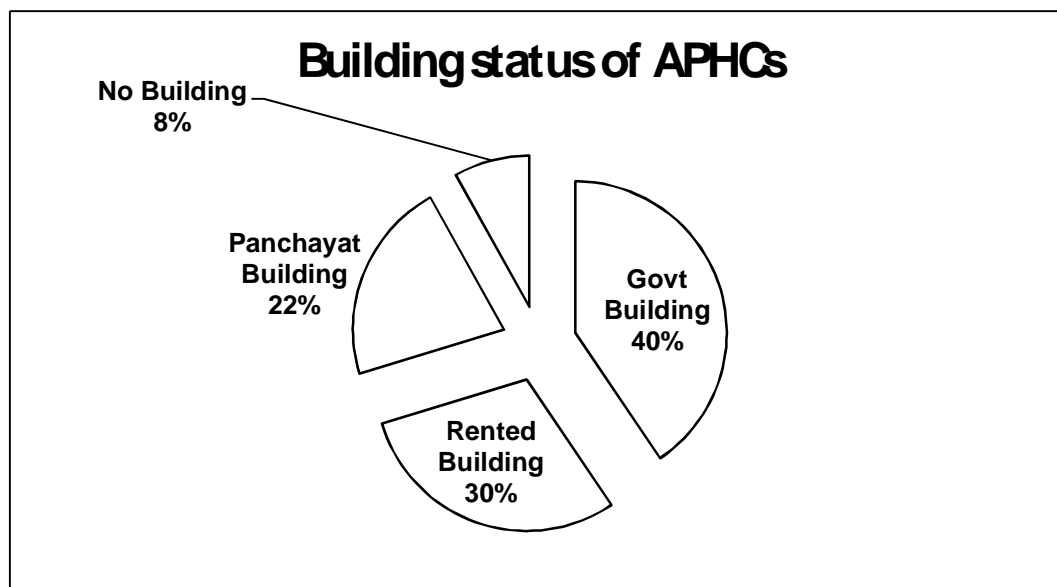
- 1) lack of facilities including availability of building
- 2) constant power and water shortages
- 3) unavailability of doctors
- 4) doctors not residing at the facility
- 5) insufficient quantities of drugs and equipment
- 6) lack of capacity to use untied funds.

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

Table 7: APHC Infrastructure

		GAURADIH	GOPALPUR	KAHALGAON	Jagdishpur	KHARIK+ Navgachiya	NATHNAGAR	PIRPAITHI	SABOUR	SANAHANLA	SHAHKUND	SULTANGANJ	Total
Name of facility	Total No. of APHC	2	2	8	3	5	2	3	1	3	5	5	39
Building	APHC with Government Building	0	0	J	1		0	1	1	1	4	2	15
	APHC in rented building	1	0	3		3	0	1	0	1	1	1	11
	APHC in Panchayat Building	1	1	0		0	2	1	0	1	0	2	8
	APHC with No Building	0	1	0	2	0	0	0	0	0	0	0	3
	APHC Under construction			1				1					2
Water supply	APHC with assured water supply	0	0	1		0	0	0	0	0	0	5	6
Power supply	Continuous Power Supply	0	0	0		0	0	0	0	0	0	0	0
	Interminantly available power supply	0	0	0		0	0	0	0	0	0	0	0
	No power supply	2	2	8		5	2	3	1	3	5	5	39
Toilets	With Toilets	0	0	0		5	0	0	0	0	0	0	5
Labour room	With Labour room in good condition	0	0	2	1	2	0	0	0	0	0	0	5
	No Labour Room	2	2	6	2	3	2	3	1	3	5	5	34
Residential facilities	APHC with residential facilities	0	0	0		5	0	1	1	1	0	0	8
	APHC with no residential facilities	2	2	8	3	0	2	2	0	2	5	5	31
	MO residing at APHC	0	0	0		2	0	0	0	1	0	0	3
Furniture	Furniture Available	0	0	0		3	0	0	0	0	0	1	4
Ambulance	Ambulance	0	0	0		0	0	0	0	0	0	0	0

Out of 39 APHCs, 15 are situated in government buildings, 11 in rented buildings, 8 in Panchayat buildings and 3 APHCs still do not have a building. In addition, 1 APHC in Gopalpur does not have any type of building available for its functioning. 2 APHCs in Jagdishpur also do not have their own buildings and are operational from the Sub centre buildings. APHCs in Kahalgaon and Pirpanti are under construction.



**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. Only 6 from the total of 39 APHCs have assured running water supply and no APHC has continuous power supply available. Considering that APHCs are expected to provide laboratory services, maintain the cold chain involving equipment such as deep freezers and ILR, 24 hour emergency services and inpatient services, lack of running water and a continuous power supply is a significant constraint. It is important to note that no APHC except in Kharik and Navgachiya block has toilet facilities. Perhaps 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. In Bhagalpur only 5 APHCs in the entire district have functional labour rooms. As residential quarters are not available at the facility level, staff does not reside at the APHC. 31 APHCs need quarters for their staff. Out of the remaining 8 APHCs where quarters are available, only 3 APHCs (2 from Kharik and 1 from Sanhaura) have an MO staying at the APHC. The staff across the district also reports absence of furniture and the need of major repair work for the furniture.

## 5. Situation Analysis: APHC Human Resource

The APHC is expected to be staffed by 2 medical officers; preferably at least one woman, 1 pharmacist, 3 staff nurses, 1 Health worker, 2 health assistants, 1 clerk, 2 lab technicians, 1 health educator, 1 driver and other Grade 4 staff. In Bhagalpur all 39 APHCs have posts sanctioned for 2 doctors but only 5 APHCs, 2 from Jagdishpur block, 1 from Gauradih, 1 from Sabour and 1 from Pirpainti have 2 doctors in position. 17 APHCs have one doctor in position while 17 APHCs are functional without a medical officer.

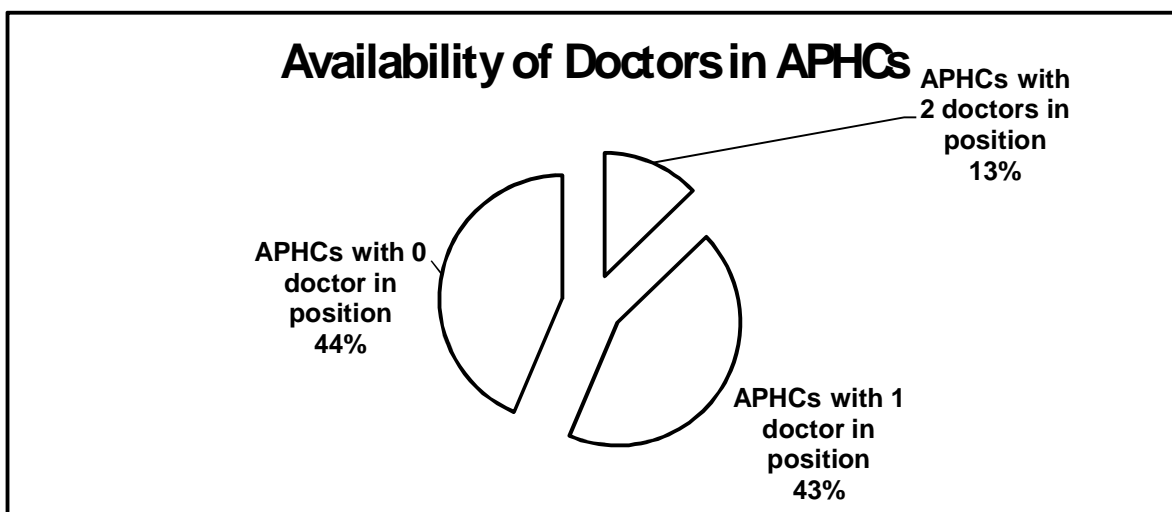


Figure: 2 APHC Human Resources

Table 8: APHC Human Resource

		GAURADIH	GOPALPUR	KAHALGAON	Jagdishpur	NATHNAGAR	KhariK+NAVAG ACHIYA	PIRPAITHI	SABOUR	SANAHULA	SHAHKUND	SULTANGANJ	Total
<b>Total No. of APHC</b>		2	2	8	3	2	5	3	1	3	5	5	39
<b>Doctors</b>	<b>2 doctors Sanctioned</b>	2	2	8	2	2	5	3	1	3	5	5	39
	<b>1 doc Sanctioned</b>	0	0	0	0	0	0	0	0	0	0	0	0
	<b>2 doc in Position</b>	1	0	0	2	0	0	1	1	0	0	0	5
	<b>1 doc in position</b>	0	2	3	0	0	4	0	0	2	2	4	17

		GAURADIH	GOPALPUR	KAHALGAON	Jagdishpur	NATHNAGAR	KhariK+NAVAG ACHIYA	PIRPAITHI	SABOUR	SANHAULA	SHAHKUND	SULTANGANJ	Total
<b>Total No. of APHC</b>		2	2	8	3	2	5	3	1	3	5	5	39
	0 doc in position	1	0	5	1	2	1	2	0	1	3	1	17
<b>ANM</b>	2 ANMs Sanction	2	2	8	3	2	5	3	1	3	5	5	39
	2 ANM in position	1	0	8	3	2	3	2	1	2	5	5	32
	1 in position	1	1	0	0	0	2	0	0	1	0	0	5
	0 in position	0	1	0	0	0	0	1	0	0	0	0	2
<b>Laboratory Technician</b>	Sanctioned	2	2	8	2	2	5	3	1	2	0	5	32
	in Position	0	0	0	2	0	0	0	0	3	0	0	5
<b>Pharmacist/ Dresser</b>	Sanction	2	2	8	2	2	5	3	1	3	5	5	38
	in Position	0	0	0	0	0	2	0	0	0	0	0	2
<b>Nurses</b>	2 Sanctioned	2	2	8	3	2	0	0	0	0	0	5	22
	2 in Position	2	1	8	3	2	3	0	0	2	4	5	30
	1 in position	0	1	0		0	2	0	0	1	1	0	5
	0 in position	0	0	0		0	0	3	1	0	0	0	4
<b>Accountant</b>	In position	0	2	8	0	0	4	0	1	1	5	4	25
<b>Peon</b>	In position	0	2	7	0	0	0	0	1		0		10
<b>Sweeper</b>	In position	0		0	0	1	0	0	1		0		2
<b>Specialist</b>		0	0	0	0	0	0	0	0	0	0	0	0

## 6. Situation Analysis: PHC Infrastructure

PHCs fare well in terms of infrastructure as compared to APHC and Health Sub centres. All the PHCs in the district are based out of government buildings. Out of 13 functional PHCs, 9 have functional OT and 8 have functional labour rooms. Yet the condition of the operation theatres and labour rooms needs to be improved in nearly all the PHCs. PHCs such as Gopalpur, Nathnagar and Sabaour require major repair work to make their Labour Rooms fully operational. Toilets are available in all the PHCs except Bihpur and Naryanpur. PHCs are in better condition in terms of running water supply and continuous availability of power. Out of 13 PHCs, 10 have access to running water and 9 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 twenty thousand population, the level of infrastructure in terms of size of building, number of rooms, and size of wards is clearly inadequate. The gaps arise as the infrastructure was designed to serve 30,000 populations. As a result several PHCs such as Bihpur 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:

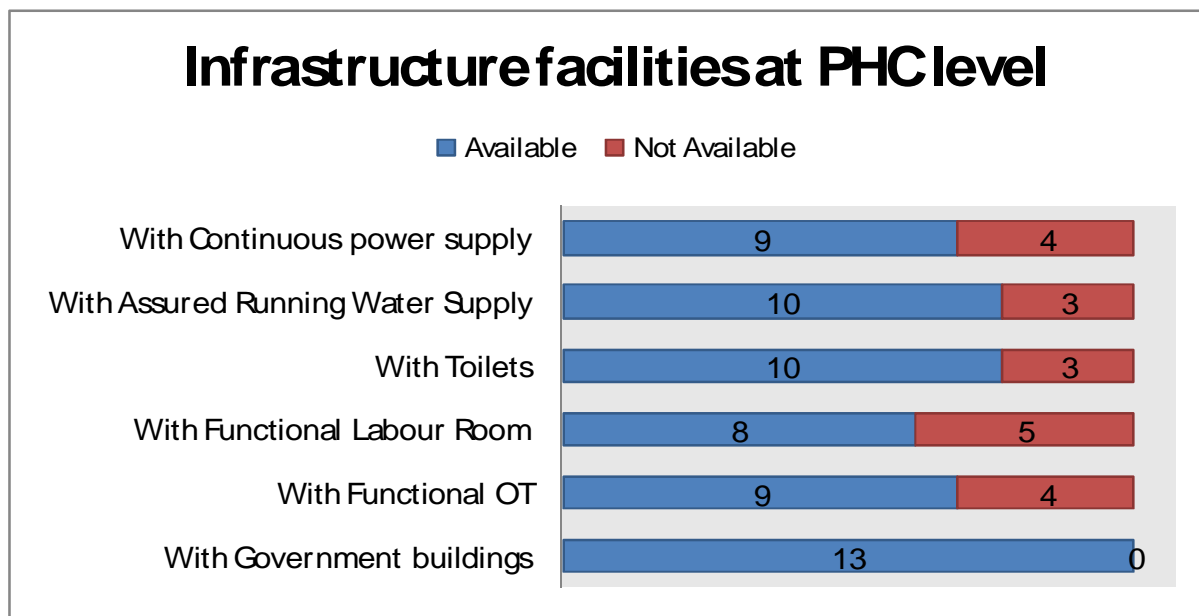


Figure: 3 Infrastructure at PHC

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

**Table 9.1: PHC Infrastructure**

	Bihpur	GAURADIH	GOPALPUR	KAHALGAON	Jagdishpur	NARAYANPUR	NATHNAGAR
<b>Building</b>	Govt	Govt	Govt	Govt	Govt	Govt	Govt
<b>Building Condition</b>	Good but insufficient	Major repairs	Major repairs	Blank	Blank	Blank	Blank
<b>Running Water Supply</b>	A	A	NA	A	A	NA	A
<b>Power Supply</b>	A	NA	NA	A	A	NA	A
<b>Toilets</b>	NA	NA	A	A	A	NA	A
<b>Functional Labour Room</b>	NA	NA	A	A	A	NA	A
<b>Condition of Labour Room</b>	Require new building	Require new building	Major repairs	Blank	Blank	NA	major repairs
<b>Functional OT</b>	A	NA	NA	A	A	NA	A
<b>Condition of OT</b>	Inadequate	NA	NA	Blank	Blank	NA	major repairs
<b>Condition of ward</b>	Inadequate	Require new building	Major repairs	Blank	Blank	NA	Blank

A - Available; NA- Not available

**Table 9.2 PHC Infrastructure**

	Navgachiya	SDH Navgachiya	PIRPAITHI	SABOUR	SANAHULA	SHAHKUND	SULTANGAN J
<b>Building</b>	Govt	Govt	Govt	Govt	Govt	Govt	Govt
<b>Building Condition</b>	Good	Major repairs	Blank	Blank	Blank	Good	
<b>Running Water Supply</b>	A	NA	A	A	A	A	A
<b>Power Supply</b>	A	A	A	A	A	A	A
<b>Toilets</b>	A	A	A	A	A	A	A
<b>Functional Labour Room</b>	NA	A	A	A	NA	A	A
<b>Condition of Labour Room</b>	NA	Major repairs	Blank	Major repairs	Blank	Good	
<b>Functional OT</b>	A	A	A	A	NA	A	A
<b>Condition of OT</b>		Major repairs	Blank	Good	NAP	Good	
<b>Condition of ward</b>	NA	Major repairs	Blank	Good	Blank	Good	

A - Available; NA- Not available

## 7. Situation Analysis: PHC Human Resources

Gopalpur, Kahalgaon, Jagdishpur and Naryanpur 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, Nathanagar and Gopalpur have specialists in position. 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. Only Sultanganj has 4 nurses sanctioned as well as in position. 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 20: Human Resources at PHC**

		Number of PHCs
<b>Doctors</b>	Number of PHCs with 4 and more sanctioned doctors	6
	Number of PHCs with 4 and more doctors in position	8
	Number of PHCs with 3 doctors sanctioned	7
	Number of PHCs with 3 doctors in position	5
	Number of PHCs with 2 or less than 2 doctors sanctioned	0
	Number of PHCs with 2 or less than 2 doctors in position	0
	Total number of doctors	170
	Regular Doctors	105
		65
	PHC where sanctioned=in position	3
<b>Specialists</b>	PHCs with 2 specialist	0
<b>ANMs</b>	PHCs with 7 or more than 7 ANMs	9
	PHC with less than 7	4
	PHC with sanctioned position more than in position	6
	PHCs with in position ANMs more than sanctioned	1
<b>Nurses</b>	PHCs with Nurses	2
<b>Lab tech</b>	PHCs with lab tech sanctioned	12
	PHCs with lab tech in position	1
<b>Pharmacist</b>	PHCs with at least 1 pharmacist sanctioned	12
	PHCs with at least 1 pharmacist in position	6

Store keepers	PHCs with storekeepers	2
---------------	------------------------	---

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

**Table 11: Human Resource at PHC**

Staff Positions		Bihpur	Gauradih	Gopalpur	Kahalgaon	Jagdishpur	Narayanpur	Nathnagar	Navagachiyā	Pirpaithi		Sabour	Sanahaula	Shahkund	Sultanganj
										Ref	PH C				
Doctors	Sanctioned	3	3	4	4	3	4	12	6	4	3	3	3	3	8
	In position	2	0	3	3	3	1	8	6	3	3	2	13	3	6
ANMs	Sanctioned	r	15	2	2	40	13	2	51	0	37	15	2	24	40
	in Position	14	15	1	2	21	9	1	51	0	34	15	2	24	43
Laboratory Technician	Sanction	0	1	1	1	1	1	1	0	1	1	1	1	1	3
	in Position	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacist/ Dresser	Sanctioned	2	1	1	1	1	1	1	0	1	1	1	0	2	4
	in Position	P-1	0	1	0	0	0	0	0	0	0	1	1	1	1
Nurses	sanctioned	0	0	0	0	0	0	0	0	4	0	0	0	0	4
	in position	0	0	0	0	0	0	0	0	4	0	0	0	0	4
Storekeeper	in position	0	0	0	1	0	0	1	1	0	0	1	1	1	1
Specialist	in position	0	0	1	0	0	0	2	0	0	0	0	0	0	0

## 8. Situation Analysis: Support Services at PHCs:

**Table 12: Support Services at PHC**

<b>PHC Services at a Glance</b>	
<b>Total number of PHCs</b>	<b>13</b>
<b>Availability of Ambulance</b>	<b>9</b>
<b>Generator</b>	<b>9</b>
<b>X – Ray</b>	<b>2</b>
<b>Laboratory Services (Pathology)</b>	<b>0</b>
<b>Laboratory Services (Malaria/Kalazaar)</b>	<b>4</b>
<b>Laboratory Services (T.B)</b>	<b>4</b>
<b>Canteen</b>	<b>3</b>
<b>Housekeeping</b>	<b>1</b>
<b>Rogi Kalyan Samiti set up</b>	<b>11</b>
<b>Untied funds received</b>	<b>5</b>
<b>Untied funds utilised</b>	<b>3</b>

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 Bhagalpur is given alongside.

**Table 13: Support Services for PHCs (Detail)**

	Blipur	GAURADIH	GOPALPUR	KAHALGAON	Jagdishpur	NARAYANPUR	NATHNAGAR	NAVAGACHIYA	SDH Navgachiya	PIRPAITHI	SABOUR	SANHAULA	SHAHKUND	SULTANGANJ
Ambulance	O	NA	O	O	I	NA	O	NA	I	I	I	NA	O	O
Generator	O	NA	O	O	O	NA	O	O	I	O	O	O	O	O
X – Ray	NA	NA	NA	O	NA	NA	NA	NA	NA	NA	NA	O	NA	O
Laboratory Services (Pathology)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Laboratory Services (Malaria/Kalazaar)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	I	NA	NA	NA
Laboratory Services (T.B)	I	NA	NA	I	NA	I	A	NA	I	NA	NA	I	NA	I
Canteen	NA	NA	NA	O	NA	NA	A	NA	NA	O	NA	NA	NA	O
Housekeeping	NA	NA	NA	NA	O	NA	NA	NA	O	NA	NA	O	NA	NA
RKS Funds amount available (in Rs. lakhs)	4.5	0.012	6.5	2.6	NIL	0.07	2.0		5.5	4.0	7.6	5.4	2.5	O
RKS Funds amount Utilised (in Rs. lakhs)	3.1	0.052	4.3	2.6	NIL	NIL	2.0		2.4	4.0	7.2	5.4	NIL	3.1
Untied funds received (in Rs. lakhs)	NIL	NIL	2.2	NIL	NIL	NIL	1.2		NIL	1.8	2.0	1.6	1.1	NIL
Untied funds used (in Rs. lakhs)	NIL	NIL	NIL	NIL	NIL	NIL	NIL		NIL	0.02		8.4	0.01	NIL

As per the analysis in Table 13, the Bhagalpur health system requires to focus its attention on support services for PHCs in the district. Transportation facilities are available in all the PHCs except Goradih and Naryanpur. At most of the places Ambulance services are outsourced. Generator is also outsourced in all the PHCs except Goradih and Naryanpur. Laboratory services for Pathology, Malaria and Kala Azar are not available in any PHC in the district except Sabour. Laboratory services for TB are available in 4 PHCs. The analysis highlights the need to invest in laboratory services. Canteen and Housekeeping are also not available in most of the PHC. Canteen is available only at Kahalgaon, Nathnagar and Pirpainti.

## 9. Situation Analysis: Sub Divisional Hospital (SDH) and Referral Hospitals (RH)

**Table 14 : Human Resource at SDH and RH**

		SDH Navgachiya	PIRPAITHI REF
Doctors	Sanctioned	4	5
	In position	4	3
ANMs	Sanctioned	0	1
	in Position	0	1
Laboratory Technician	Sanction	1	1
	in Position	1	0
Pharmacist/Dresser	Sanctioned	2	2
	in Position	2	1
Nurses	Sanctioned	5	4
	in position	4	4
Storekeeper	in position	1	1
Specialist	in position	4	0

## 10. Situation Analysis: District Hospital Bhagalpur

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 Bhagalpur with a population of more than 24 lakhs need a 500 bedded district hospital to perform efficiently all the roles described above. Yet the district hospital in Bhagalpur has only 30 beds. Huge resource investment is required to upgrade the facility to 500 bed levels. Sadar hospital Bhagalpur is situated in a spacious and clean building at Bhagalpur 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 5 doctors and 5 nurses. The hospital currently does not have any lab technician and has only one pharmacist/dresser and one store keeper. The facility has functional ambulance, generator and X ray machine and pathology lab.

## 11. Situation Analysis: Service Delivery

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

**Table 15: Treatment of OPD Patients in PHCs**

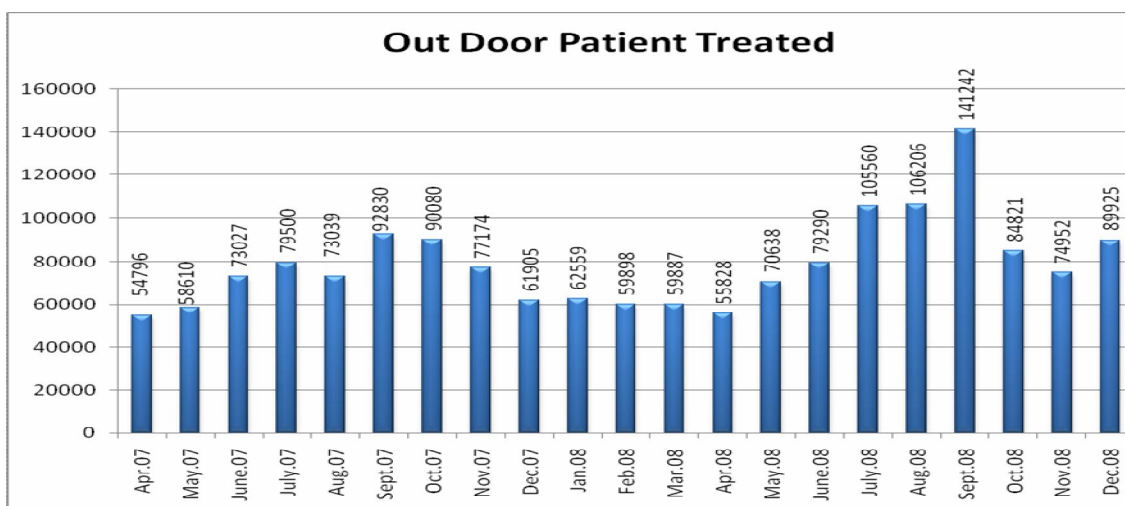
Name of PHCs	Jan	Feb	Mar	Apr	May	June	July
SH,Bhagalpur	10852	9600	8440	8508	11583	12528	11897
Bihpur	3677	3146	3514	3173	3680	3306	5799
Kahalgaon	5140	5593	5316	4418	5077	5433	7200
Gopalpur	2957	3080	2648	2826	2982	5385	5134
Jagdishpur	3846	4957	3946	3620	4506	4267	6916
Nathnagar	4420	3838	3998	4132	6431	7026	11058
Naugachhia	0	0	0	0	0	0	0
Pirpanthi	4836	4624	5172	3760	4477	4758	6582
Sabour	6630	6295	6635	6310	8275	9241	13910
Shahkund	5396	5046	5193	5151	5542	5837	7897
Sonhaulala	2283	2067	2073	2271	2684	2664	4092
Sultanganj	6111	6028	5920	4788	6912	8346	10379
SDH, Naugachhia	4519	3778	4929	4711	5337	7014	8963
Goradih	1183	1376	1158	926	1594	1910	3121
Narayanpur	709	470	945	1234	1558	1575	2612
Average	4170.6	3993.2	3992.47	3721.87	4709.2	5286	7037.33
Total	62559	59898	59887	55828	70638	79290	105560

**Table 36: Treatment of OPD patients in PHCs**

Name of PHCs	Aug	Sept	Oct	Nov	Dec	Average for year 2008	Total for year 2008
SH,Bhagalpur	10691	11419	8809	8249	9752	10194	122328
Bihpur	4660	6276	4634	4465	4460	4232.5	50790
Kahalgauon	6180	8118	6628	5902	6505	5959.17	71510
Gopalpur	5896	5286	3843	4335	4616	4082.33	48988
Jagdishpur	7261	7994	6369	4507	8240	5535.75	66429
Nathnagar	9124	9751	8163	7298	11282	7210.08	86521
rrrrrrr	0	0	0	0	1810	150.833	1810
Pirpanthi	7375	7397	5253	3997	4462	5224.42	62693
Sabour	11857	11857	12141	12318	10226	9641.25	115695
Shahkund	7810	6700	5301	3649	4898	5701.67	68420
Sonhauila	4234	5377	3971	2678	2547	3078.42	36941
Sultanganj	8035	8788	6972	6195	9080	7296.17	87554
SDH, Naugachhia	5214	9525	6767	6687	6342	6148.83	73786
Goradih	2422	2351	2692	1968	3142	1986.9167	23843
Narayanpur	4255	4397	3278	2704	2563	2191.6667	26300
Average	6334.27	7015.73	5654.73	4996.8	5995	5242.2667	
Total	95014	105236	84821	74952	89925		943608

According to the available data, on an average, each PHC in Bhagalpur attends to 5242 patients a month. PHCs like Nathnagar and Sultanganj on an average receive 7210 and 7296 patients a month respectively. Sabour receives the highest number of patients with the number of OPD patients in the year totalling to 115695 and the monthly average being 9641. This is certainly huge number in terms of work burden. Total patients attended by all the PHCs in year 2008 are nine lakh forty three thousand six hundred and eight.

Graphical representation of number of OPD services offered by all the PHCs in the district over the period of Apr 2007 to Dec 2008 highlights the seasonal variations in patient's numbers.



**Figure 4: OutPatients Treated**

Increase in the work burden in the monsoon months of July to October in both the years is quite evident from the graph. Yet one can also gauge the gravity of the flood situation in 2008 as compared to 2007. The graph also tells us the tragic tale of 2008 floods and the pain and suffering it brought to Bhagalpur. The number of outpatients rocketed to 1,41,242 in September 2008. In July, August and September 2008 the number of outpatients were more than a lakh. This fact highlights the need to integrate flood preparations and emergency planning in the district health plans in terms of increased availability of drugs, equipments, services and human resources.

## 12. Situation Analysis: Reproductive and child health

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

**Table 17: Reproductive and Child Health**

SI.No.	Name of PHC	TT Vaccination	Measles Vaccine	Institutional Delivery	Family Planning
1	Bhagalpur Urban	1740	2594		
2	Bihpur	2674	4861	6981	1106
3	Gopalpur	3117	5075	5466	1206
4	Jagdishpur	2426	2706	4283	825
5	Kahalgaon	5444	6552	5110	1833
r	Nathnagar	3405	3935	6883	1143
7	Naugachhia	2749	5551	0	760
8	Pirpanti	4701	6027	5402	1833
9	Sabour	3963	5513	5916	1838
10	Sadar Hospital	514	843	6115	1052
11	Sanhoulla	2383	3273	4338	1068
12	SDH, Naugachhia	110	145	8598	1190
13	Shahkund	3189	3964	5434	1123
14	Sultanganj	3134	4594	6919	1529
<b>Total</b>		<b>39549</b>	<b>55633</b>	<b>71445</b>	<b>16506</b>

### 13. Situation Analysis: Revised National Tuberculosis Control Programme

District has total 5 T.B units in the district- DTC Bhagalpur, Kahalgaon, Naugachiya, Sabour and Sultanganj.

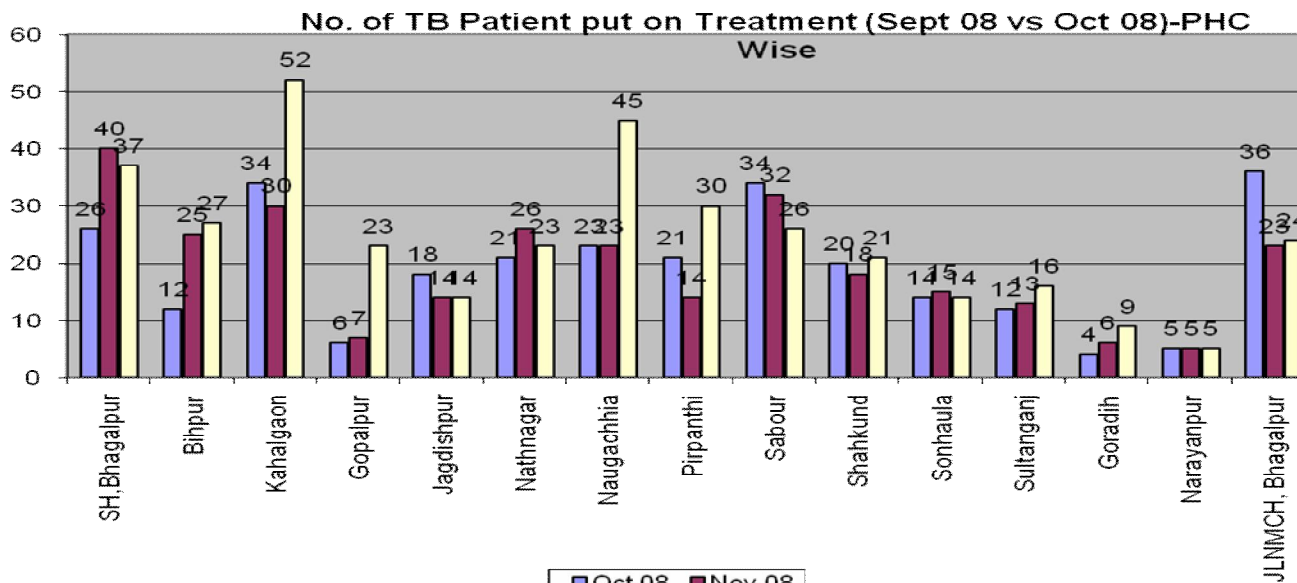


Table 18: Revised National Tuberculosis Control Programme

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	Cure rate for cases detected in last 4 corresponding quarter	Annulaised NSP case detection rate	Current rate
DTC Bhagalpur	1419	210.84	375	55.72	83.69	56	85
Kahalgaon	674	118.24	254	44.56	75.20	56	85
Naugachiya	774	117.09	308	46.59	93.96	56	85
Sabour	604	141.12	268	62.61	84.21	56	85
Sultanganj	437	105.04	191	45.91	91.95	56	85
Total	3908	138.46	1396	51.07	85.8	56	85

#### 14. Situation Analysis: Leprosy Control Programme

**Table 19: Leprosy in Bhagalpur District**

<b>Current prevalence rate (per 10,000)</b>	<b>1.29</b>
<b>Current detection rate</b>	<b>1.63</b>
<b>Current number of patients</b>	<b>375</b>
<b>New cases detected in last year</b>	<b>473</b>
<b>Percentage of children in new cases</b>	<b>15.64</b>
<b>Percentage of disabled in new cases</b>	<b>3.57</b>
<b>% of SC in new cases</b>	<b>16.27</b>
<b>Percentage of ST in new cases</b>	<b>2.74</b>
<b>Total number of cured patients</b>	<b>365</b>

#### 15. Situation Analysis: Kala Azar Control Programme

Kala Azar continues to pose a challenge for the state of Bihar. In 2008, there are Kala Azar patients in Nathanagr, Pirpanti, Sultanganj, Kahalgaon, Sanuhala, Naugachiya and Bihapur blocks of Bhagalpur. A total number of 97 cases were detected in the district in 2008, out of which 87 were fully treated. No deaths were reported in 2008 in the district secondary to Kala Azar..

**Table 20: Kalazar Cases**

Name of the PHCs	Population of effected PHCs	Cases	Death	Treated
SABOUR	0	0	0	0
NATHNAGAR	176894	1	0	1
JAGDISHPUR	0	0	0	0
SULTANGANJ	224820	6	0	6
SHAHKUND	0	0	0	0
KAHALGAON	302227	33	0	24
PIRPANTHI	300198	50	0	50
SANHAULA	169795	3	0	2
NAUGACHIA	307024	2	0	2
GOPALPUR	0	0	0	0
BIHPUR	319398	2		2
		<b>97</b>	<b>0</b>	<b>87</b>

#### 16. Situation Analysis: Filaria Control Programme

Status of Filaria in the district is as follows:

**Table 21: District level data on Filaria Cases**

Indicators	Total No. of Cases in 2008
No. of Cases Reported	
No. of Night Blood Sample Collected	22779
No. of Hydrocele Operation done	-

## 17. Situation Analysis: Malaria Control Programme

Even though the number of malaria cases reported in Bhagalpur is not significant, Bhagalpur 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 22: 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
<b>Nathnagar</b>	2007	6	6	0	0	0	0	0	0	0	0	0	0	0
	2008	281	281	0	0	0	0	0	0	0	0	0	0	0
<b>Sabour</b>	2007	464	464	0	0	0	0	0	0	0	0	0	0	0
	2008	927	927	0	0	0	0	0	0	0	0	0	0	0
<b>Pirpainthi</b>	2007	132	132	0	0	0	0	0	0	0	0	0	0	0
	2008	401	401	0	0	0	0	0	0	0	0	0	0	0
<b>Kahalgaon</b>	2007	32	32	0	0	0	0	0	0	0	0	0	0	0
	2008	131	131	0	0	0	0	0	0	0	0	0	0	0
<b>Sanhoula</b>	2007	31	31	0	0	0	0	0	0	0	0	0	0	0
<b>r</b>	2008	126	126	0	0	0	0	0	0	0	0	0	0	0
<b>Jagdishpur</b>	2007	534	534	0	0	0	0	0	0	0	0	0	0	0
	2008	699	699	0	0	0	0	0	0	0	0	0	0	0
<b>Sultanganj</b>	2007	2139	2139	0	0	0	0	0	0	0	0	0	0	0
	2008	2318	2318	0	0	0	0	0	0	0	0	0	0	0
<b>rrr</b>	2007	501	501	0	0	0	0	0	0	0	0	0	0	0
	2008	199	199	0	0	0	0	0	0	0	0	0	0	0
<b>Bihpur</b>	2007	79	79	0	0	0	0	0	0	0	0	0	0	0
	2008	168	168	0	0	0	0	0	0	0	0	0	0	0
<b>Naugachhia</b>	2007	434	434	0	0	0	0	0	0	0	0	0	0	0
	2008	399	399	0	0	0	0	0	0	0	0	0	0	0
<b>Gopalpur</b>	2007	1603	1603	0	0	0	0	0	0	0	0	0	0	0
	2008	288	288	0	0	0	0	0	0	0	0	0	0	0
<b>Malaria Clinic</b>	2007	659	659	9	4	13	1	0	1	14	0	0	0	0
	2008	727	727	14	5	19	2	0	2	21	0	0	0	0

## 18. Situation Analysis: National Blindness Control Programme

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

**Table 23: National Blindness Control P Data**

CATARACT PERFORMANCE	QUARTER – I			QUARTER – II			QUARTER - III			QUARTER - IV			TOTAL
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
<b>FACILITY</b>													0
<b>MEDICAL COLLEGE</b>	17	13	9	10	10	7	11	22	12				111
<b>DIST HOSPITAL</b>													0
<b>C.H.C/SUB-DIST.HOSP.</b>													0
<b>NGOS</b>								193	296				489
<b>PVT. SECTOR</b>	214	123	112	106	170	197	196	181	265				1564
<b>OTHERS (NTPC,Kahalgaon)</b>	0	0	0	0	0	17	156	13	11				197
<b>TOTAL</b>	231	136	121	116	180	221	363	409	<b>584</b>	0	0	0	<b>2361</b>
<b>PROG. TOTAL</b>													
<b>SCHOOL EYE SCREENING</b>													
<b>No. of teachers trained in screening for Refractive errors</b>													0
<b>No. of school going children screened</b>	209	247	195	179	236	330	224	340	183				2143
<b>No. of school going children detected with Refractive errors</b>	12	14	15	9	12	23	12	33	14				144
<b>No. of school going children provided free glasses</b>													0
<b>EYE DONATION</b>													
<b>No. of Eyes Collected</b>													0
<b>No. of Eyes Utilized</b>													0

## 19. Situation Analysis: Utilisation of RKS Funds

Under the aegis of NRHM several innovative initiatives for better performance of facilities at the level of PHCs and above have been launched. Untied funds for the PHC and Rogi Kalyan Samiti are two key initiatives to provide better financial flow and management support to the facility. Rogi Kalayn Samiti play a crucial role in managing the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from the Government sector who are responsible for the proper functioning and management of the facility. RKS generates, allocates, and spends the funds allotted to it to ensure well functioning, quality services. In Bhagalpur 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. Only Jagdishpur, Naryanpur, and Shahakund have not made any use of the RKS funds available.

**Table 24: Utilisation of RKS Funds**

Name of Block	RKS Funds - amount available	RKS Funds -amount Utilised	Untied funds received	Untied funds used
BIHPUR	450748	309833	NIL	NIL
GAURADIH	12332	5232	NIL	NIL
GOPALPUR	647395	432555	225477	NIL
KAHALGAON	264109	264109	NIL	NIL
Jagdishpur	NIL	NIL	NIL	NIL
NARAYANPUR	70000	NIL	NIL	NIL
NATHNAGAR	208025	208025	119900	NIL
PIRPAITHI	398500	398500	182468	23116
SABOUR	763262	727939		
SANAHAULA	541250	541250	162000	84900
SHAHKUND	25284	NIL	114506	18000
SULTANGANJ	NIL	3,12,212	NIL	NIL

## 20. Situation Analysis: ASHA Training

Accredited Social 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 Bhagalpur ASHAs have been selected in all the blocks. In most of the blocks ASHAs have completed two rounds of training, while in some of the blocks they have completed one round of training. Salient information related to ASHAs in the district can be found in the matrix below:

**Table 25: Selection and Training of ASHA**

Target (Total no. of ASHA to be selected)= 1971						
Total No. of ASHA selected(till date)= 1968						
Sl.No.	Name of PHC	Total Target	Total No. of ASHA selected	Total No. of ASHA not selected	Total No. of ASHA Trained	Total No. of ASHA Untrained (among selected)
1	Kahalgaon	269	269	0	262	7
2	Bihpur	179	177	2	155	22
3	Sanhoula	150	147	3	143	4
4	Pirpainthi	219	223	-4	223	0
5	Sultanganj	159	159	0	159	0
6	Sabour	222	222	0	222	0
7	Jagdishpur	127	127	0	119	8
8	Nathnagar	122	122	0	122	0
9	Shahkund	153	153	0	146	7
10	Gopalpur	184	184	0	174	10
11	Naugachhia	187	185	2	185	0
<b>Total</b>		<b>1971</b>	<b>1968</b>	<b>3</b>	<b>1910</b>	<b>58</b>

**Table 26: Aanganwadi workers in PHCs**

Name of PHC	No. of AWW	
	Sanction	Present
<b>Bhagalpur Urban</b>	133	133
<b>Bihpur</b>	179	169
<b>Gopalpur</b>	187	181
<b>Jagdishpur</b>	121	112
<b>Kahalgaon</b>	301	282
<b>Nathnagar</b>	122	114
<b>Naugachhia</b>	227	209
<b>Pirpanti</b>	219	209
<b>Sabour</b>	223	223
<b>Sanhoulla</b>	151	138
<b>Shahkund</b>	153	153
<b>Sultanganj</b>	200	193
<b>Total</b>	<b>2216</b>	<b>2116</b>

For Bhagalpur 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 Bhagalpur.

## Strengthening Health Facilities in Bhagalpur District

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

### 1. Sub centres

Objectives:

1. To ensure that Bhagalpur 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		
<p>Situation analysis: As per the norm, 464 HSCs are required. Out of the total 464 subcentres, 280 HSCs already exist. 82 additional HSCs have recently become functional. 102 HSCs are further required and these have been proposed. Of the existing 280 HSCs, only 176 are situated in any building premises. Out of these 176, 54 are in Government building, 87 in Panchayat buildings and 35 are in rented building. Out of the 104 remaining sub-centers, buildings are under construction for 39 HSCs. 65 HSCs still do not have any building. The 54 HSCs operating in Govt building are currently being renovated. Of the existing 176 HSC with building, only 9 HSCs have reported the availability of running water supply and 2 have reported the availability of continuous power supply</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Requisition for sanctioning of 102 HSCs</li> <li>• Certain blocks like Bihpur, Goradih, Kahalgaon, Narayanpur, Nathnagar Navgachiya, Sabour, Sonhaulla and Sultanganj the number of required HSC is more than 50-100% more than the</li> </ul>	<p><b>For new construction</b></p> <ul style="list-style-type: none"> <li>• Meeting with CO to identify availability of land for setting up the priority HSCs in the selected villages.</li> <li>• Follow up the responses to the advertisement given by Bihar Govt for donation of land for</li> </ul>	<p><b>New construction</b> 65 HSCs operating without any building + 35 currently operating from rented building= 100* Rs.650,000.0= Rs 65,000,000.0</p>

<p>existing Sub centres. Prioritizing setting up of 76 new HSCs in these blocks.</p> <ul style="list-style-type: none"> <li>• Construction of buildings for the 82 newly sanctioned HSCs as per IPHS norms.</li> <li>• Ensuring that the 54 Sub centres currently located in Government buildings are renovated according to IPHS norms</li> <li>• Ensuring that the 39 Sub centres currently being constructed are constructed according to IPHS norms</li> <li>• 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.</li> </ul>	<p>setting up of HSCs.</p> <ul style="list-style-type: none"> <li>• Village meetings to identify accessible locations for setting up of HSCs</li> <li>• Finding locations for new HSCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered.</li> <li>• Requesting allotment for construction of new HSCs to State Health Society</li> <li>• Requesting state government to revise the rent rates for HC building and make the grant for payment of the rent.</li> <li>• Ensuring construction of HSC building as per IPHS norm along with residence for ANM and other health staff.</li> </ul> <p><b>For review of ongoing renovation/construction</b></p> <ul style="list-style-type: none"> <li>• Meeting of DHS in presence of SE, Building Division, for review of ongoing constructions for IPHS norms</li> </ul> <p><b>INTERIM ARRANGEMENT</b></p> <ul style="list-style-type: none"> <li>• Meeting local bodies to identify temporary building for 1) the HSCs without a building located in the identified priority blocks 2) for 65 HSCs operating without a building 3) 35 HSCs working from rented building</li> </ul>	<p>Rent for 82 newly sanctioned + 76 new HSCs in priority blocks= 158* Rs.500.0*12 months=Rs.948,000.0</p> <p>Furniture for sub-centers 280+82+76 * 10,000=Rs.4,380,000.0</p> <p>(One time payment for 2 chairs, one table, one almirah, one bench)</p>
Human Resources		
<p>Situation analysis: All 280 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 yearly basis. Contractual ANMs have been posted for 82 newly sanctioned HSCs The posts of regular ANMs need to be sanctioned and appointed for the 82 newly sanctioned HSCs</p>		
Strategies	Activities	Budget

<ul style="list-style-type: none"> <li>Renewing the contracts of the ANMs on contract</li> <li>Appointment of regular and contractual ANMs for the newly sanctioned HSCs</li> </ul>	<p><b>Appointment of ANMs for new HSCs</b></p> <ul style="list-style-type: none"> <li>Submission of proposal for the appointment of regular and contractual ANMs for the newly sanctioned HSCs</li> <li>Holding interviews and issuing appointment letters</li> </ul>	<p><b>Salaries for contractual ANMs</b>  <math>280 + 82 + 76 = 438 * \text{Rs.}6000.0 * 12 = \text{Rs.}31,536,000.0</math></p> <p><b>Salaries for regular ANMs (from treasury route)</b>  <math>280 + 82 + 76 = 438 * \text{Rs.}6000.0 * 12 = \text{Rs.}31,536,000.0</math></p>
<p><b>Equipment</b></p>		
<p>Situation analysis: Most HSCs do not have equipment as per the IPHS norms</p>		
<p>Strategies</p>	<p>Activities</p>	<p>Budget</p>
<ul style="list-style-type: none"> <li>Assessing the equipment needs of all currently sanctioned HSCs and identifying equipment requiring repair and equipment that needs to be requisitioned</li> <li>Acquiring permission from the state government to appoint district level agency for repair and maintenance.</li> <li>Ensuring timely supply of the equipment</li> <li>Ensuring timely repair of the equipment by the local agency</li> <li>Ensuring quick replacement of nonfunctional equipment</li> </ul>	<ul style="list-style-type: none"> <li>Identifying a local repairing agency</li> <li>Training for the ANM and other health staff at the HSC in handling the equipment and conducting minor repairs.</li> <li>Setting up of a district level equipment replacement unit</li> </ul>	<p><b>For currently functional HSCs</b>  <math>280 * \text{Rs.}2000.0 * 2</math> (half yearly) = <math>\text{Rs.}1,120,000.0</math></p> <p><b>For new HSCs</b>  <math>82 + 76 = 158 * \text{Rs}10,000.0 = \text{Rs.}1,580,000.0</math></p>
<p><b>Drugs</b></p>		
<p>Situation analysis: Most HSCs do not have the drugs required as per IPHS norms</p>		
<p>Strategies</p>	<p>Activities</p>	<p>Budget</p>
<ul style="list-style-type: none"> <li>Ensuring timely replenishment of essential drugs prescribed under IPHS standards</li> <li>Ensuring management of adverse drug reactions</li> <li>Ensuring proper storage of the drugs.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly reporting of the drugs status: availability, requirement, expiry status</li> <li>Setting up a block level drug replacement unit</li> <li>Utilization of untied funds for purchase of essential drugs locally</li> <li>Providing basic training for management of drug reactions.</li> </ul>	<p><b>General purchase</b>  <math>280 + 82 + 76 = 438 * \text{Rs.}1000.0 * 4</math> (quarterly) = <math>\text{Rs}1,752,000.0</math></p> <p><b>Local purchase</b> ( if stock is limited at district level)  <math>280 + 82 + 76 = 438 * \text{Rs.}500.0 * 4</math> (quarterly) = <math>\text{Rs.}876,000.0</math></p>
<p><b>Untied Funds</b></p>		
<p>Situation analysis: No HSCs received any untied funds because of problems in the opening of bank accounts</p>		
<p>Strategies</p>	<p>Activities</p>	<p>Budget</p>

<ul style="list-style-type: none"> <li>Ensuring that HSCs receive untied funds.</li> </ul>	<ul style="list-style-type: none"> <li>Opening Bank Accounts</li> <li>Ensuring timely release of funds to HSCs</li> </ul>	$280+82 +76 =$ $438 * \text{Rs.}10,000.0 =$ $\text{Rs.}4,380,000.0$
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## 2. Additional Primary Health Centres

### Objectives:

1. To ensure that Bhagalpur has 100% of functional APHCs as required by population norms
2. To upgrade all APHCs as per PHC level IPHS norms and to name all APHCs as PHCs
3. To operate 25% of APHCs on a 24\*7 basis

Infrastructure		
<p>Situation analysis: As per the norm of 1 APHC (now termed as PHC) for every 30,000 population, Bhagalpur requires a total of 74 APHCs (PHCs), of these 39 APHCs already exist and are functional. A total of 35 new APHCs (PHCs) are required which have been proposed. Of the existing 39 APHCs, 17 work in Government buildings, 11 in rented buildings, 8 in Panchayat buildings. 3 APHCs do not have any building (1 Gopalpur + 2 in Jagdishpur). Buildings for 2 APHCs are currently under construction. (Pirpainti Bazar from Pirpainti and Siya from Kahalgaon).</p> <p>Only 6 APHCs report running water supply and 31 report no power supply. Only 6 APHCs (1 Jagdishpur + 5 Navagachia) report toilets. 34 APHCs report the lack of a labour room. 31 APHCs report no residential facilities for MOs. Only 3 MOs reside at the APHC at ( 1 Sonhaulla + 2 Navagachhia)</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• 35 APHCs to be newly established should be set up to meet the PHC level IPHS norms. Of these 20 are proposed to be constructed in this year and 25 operationalised. The overlap is to enable initiation of services while ensuring the requisite construction of infrastructure.</li> <li>• Prioritising the setting up of APHCs in blocks such as Bihpur and Narayanpur which do not have any APHCs currently and also in blocks where the gaps are more than 50% namely, Gopalpur, Pirpaitti, Sabour and Sonhaulla. A total of 20 APHCs need to be set up in these priority blocks.</li> <li>• 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.</li> <li>• Ensuring running water supply and drinking water supply in all existing APHCs</li> <li>• Ensuring power supply and power back up for all existing APHCs</li> </ul>	<p><b>Construction of buildings for existing &amp; proposed APHCs</b></p> <ul style="list-style-type: none"> <li>• Meeting with CO to identify available land for setting up the priority APHCs (PHCs) in the selected villages</li> <li>• Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of APHCs HSCs.</li> <li>• Village meetings to identify accessible locations for setting up of APHCs</li> <li>• Finding locations for new APHCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered.</li> <li>• Requesting state government to revise the rent rates for APHC (PHC) building and make the grant for payment of the rent.</li> <li>• Ensuring construction of APHC (PHC) building as per IPHS norm along with residence for MOs, ANM and other health staff.</li> </ul>	<p><b>For construction (including MO and staff quarters)</b> Current APHCs without Govt Building: 11+8+3= 22 + New APHCs to be constructed = 20</p> <p>22+ 20*Rs.1,500,000.0= Rs.63,000,000.0</p> <p><b>For rent (including MO and staff quarters)</b> 11 existing APHCs + 25 new APHCs*Rs.2000.0*12 = Rs.864,000.0</p> <p><b>For Electrification</b> Rs.100,000.0</p> <p><b>For power backup</b> 42 APHCs* Rs65.0/hr* 8hrs/day*20 days/month*12 months=Rs.436,800.0</p> <p><b>For running water supply</b></p>

<ul style="list-style-type: none"> <li>Building residential facilities for doctors and other staff at 31 APHCs</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring power supply to all APHCs</li> <li>Ensuring running water supply for 5 APHCs, since construction is being initiated for only 20 of the 25 new APHCs being operationalised this year.</li> </ul>	<p>5 APHCs*Rs.200,000.0/unit = Rs.1,000,000.0</p>
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### Human Resources

Situation Analysis: While posts of 2 MOs have been sanctioned for 39 APHCs, only 3 APHCs function with 2 doctors in position while 15 APHCs have only 1 MO in position and an overwhelming 20 do not have any doctors in position. Blocks such as Gauradih, Kahalgaon, Nathnagar, Pirpaithi, Shahkund and Sultanganj do not have doctors in position in either all or more than 50% of APHCs.

All 39 APHCs have 2 Grade A Staff Nurse positions sanctioned and 30 APHCs have 2 Grade A Staff Nurses in position whereas 5 have 1 in position and only 4 have none in position. 30 Staff Nurses are currently being selected for 15 APHCs. All 39 APHCs have 2 ANMs sanctioned and 32 APHCs have 2 ANMs in position whereas 5 have 1 in position and 2 have none in position. Laboratory technicians are sanctioned in all APHCs but in position in only 5. Pharmacists are sanctioned in all APHCs but in position in only 2. Accountants are in position in 21 APHCs.

Strategies	Activities	Budget
<p><b>Doctors</b></p> <ul style="list-style-type: none"> <li>Rationalization of doctors across block facilities to ensure filling of basic minimum positions</li> <li>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.</li> <li>Filling vacancies by hiring doctors on contract or appointing regular doctors</li> </ul> <p><b>Grade A Nurses</b></p> <ul style="list-style-type: none"> <li>Renewal of contract of Nurses for 3 years based on performance</li> <li>Filling 9 vacancies</li> <li>Recruitment of Nurses for newly established 35 APHCs</li> </ul> <p><b>ANMs</b></p> <ul style="list-style-type: none"> <li>Filling 13 ANM vacancies</li> <li>Recruitment of two ANMs for each of the newly established 35 APHCs</li> </ul>	<p><b>For Rationalization of Doctors across facilities</b></p> <ul style="list-style-type: none"> <li>Reviewing current postings</li> <li>Preparing a rationalization plan</li> <li>Introducing rationalization plan in DHS meeting agenda to consider and approve the rationalization plan</li> </ul> <p><b>Additional charge as interim arrangement</b></p> <ul style="list-style-type: none"> <li>Preparation of the roster for deputation of Doctors at the APHC (PHC) where no doctor is available.</li> <li>Informing community about the 1 day per week OPD services at APHCs (PHCs)</li> <li>Hiring of vehicles for the movement of doctors for fixed OPD days.</li> </ul> <p><b>Filling vacancies</b></p> <ul style="list-style-type: none"> <li>Requisition to state health department for recruitment of permanent doctor and requisition to State Health</li> </ul>	<p><b>Medical Officers</b> 39+25*2=128 MOs</p> <p>128 MOs*Rs.20,000.0*12 months= Rs.30,720,000.0</p> <p><b>Nurse</b> 39+25*2=128 Nurses</p> <p>128 Nurses*Rs.7,500.0*12 months=Rs11,520,000.0</p> <p><b>MPWs (M/F)</b> 39+25*2=128 MPWs</p> <p>128 MPWs* Rs.7,000.0*12 months=10,752,000.0</p> <p><b>ANMs</b> 39+25*2=128 128 ANMs*Rs.6000.0*12</p>

<p><b>MPWs</b></p> <ul style="list-style-type: none"> <li>Appointment of 2 MPWs (M/F) for all 74 APHCs</li> </ul> <p><b>Laboratory technicians</b></p> <ul style="list-style-type: none"> <li>Filling up of vacancies of Laboratory technicians in all APHCs (PHCs)</li> </ul> <p><b>Pharmacists</b></p> <ul style="list-style-type: none"> <li>Filling up of vacancies of Pharmacists in all APHCs (PHCs)</li> </ul> <p><b>Accountant</b></p> <ul style="list-style-type: none"> <li>Filling up of vacancies of Accountants</li> </ul>	<p>Society for hiring of contractual doctors.</p> <ul style="list-style-type: none"> <li>Requisition to state health department for recruitment of permanent nurses and requisition to State Health Society for hiring of contractual nurses.</li> <li>Appointment of 2 MPWs (M/F) at each APHC</li> <li>Hiring Laboratory technicians and pharmacists (permanent positions)</li> <li>Hiring of clerks/accountants</li> </ul> <p><b>Contract Renewal</b></p> <ul style="list-style-type: none"> <li>Renewal of contract of Grade A staff nurses for the next three years based on performance.</li> </ul>	<p>months = Rs.9,216,000.0</p> <p><b>Lab tech</b> 39+ 25= 64</p> <p>64 LabTech*Rs.7,000.0* 12 months=Rs5,376,000.0</p> <p><b>Pharmacist</b> 39+25 = 64</p> <p>64 Pharmas*Rs.7,000.0* 12 months=Rs5,376,000.0</p> <p><b>Accountant</b> 39+25 = 64= Rs.61,44,000.00</p>
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### Equipment

Situation Analysis: Most APHCs do not have all equipment as per IPHS norms

Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms</li> <li>Rational fulfilling of the equipment required</li> <li>Repair/replacement of the damaged equipment</li> </ul>	<ul style="list-style-type: none"> <li>Monthly reporting of the equipment status, functional/non-functional</li> <li>Purchase of essential equipment locally by utilizing the funds or through RKS funds</li> <li>Identification of a local repair shop for minor repairs</li> <li>Training of health worker for handling of the equipment.</li> </ul>	<p><b>Existing APHCs</b> 39 APHCs*Rs.5,000.0*4 quarters=Rs780,000.0</p> <p><b>Operationalizing 25 APHCs</b> 25 APHCs*Rs20,000.0= Rs500,000.0</p>

### 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
<ul style="list-style-type: none"> <li>Ensuring timely replenishment of essential drugs prescribed under IPHS standards</li> <li>Ensuring management of adverse drug reactions</li> <li>Ensuring proper storage of the drugs</li> </ul>	<ul style="list-style-type: none"> <li>Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store</li> <li>Utilization of RKS funds for purchase of essential drugs locally</li> <li>Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors</li> <li>Separate provision of drugs mainly for camps.</li> </ul>	<p><b>Existing APHCs</b> 39 APHCs* Rs.5000.0*4 quarters= Rs.</p> <p><b>Operationalisation of 25 APHCs</b> 25 APHCs* Rs.30,000.0=</p>

	<ul style="list-style-type: none"> <li>Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs</li> <li>Utilization of PMGY funds allotted for drugs purchase at the local level.</li> </ul>	
<b>Untied funds</b>		
Situation Analysis: Currently since APHCs have not been upgraded to PHC level they do not receive any untied funds		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>Ensuring that all APHCs receive untied funds as per the NRHM guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring that all APHCs receive untied funds as per the NRHM guidelines</li> </ul>	64 APHCs*Rs.10,000.0* 12 months= Rs.7,680,000.0
<b>Operating 25% of APHCs on a 24*7 basis</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>Operationlising 17 APHCs which have their own building from Kahalgaon, Jagdishpur, Naugachiya, Pirpaithi, Sabour, Sonhaulla, Shahkund and Sultanganj on a 24*7 basis and upgrading them to the PHC level.</li> <li>Upgradation of infrastructure as per PHC level IPHS norms</li> <li>Ensuring continuous power supply and power back up in these 17 APHCs.</li> <li>Hiring Ambulance services for these 17 APHCs.</li> <li>Outsourcing housekeeping and canteen services for these 17 APHCs (PHCs).</li> <li>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.</li> <li>Filling vacancies of Staff</li> </ul>	<p><b>For Upgradation of Infrastructure</b></p> <ul style="list-style-type: none"> <li>Meeting of DHS to plan upgradation of existing 17 APHCs which have their own building.</li> <li>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</li> </ul> <p><b>For power supply</b></p> <ul style="list-style-type: none"> <li>Ensuring power supply (PHCs)</li> <li>Ensuring power back up by hiring a generator</li> </ul> <p><b>For Ambulance services</b></p> <ul style="list-style-type: none"> <li>Hiring ambulance services provided by an appropriate NGO</li> </ul> <p><b>For outsourcing housekeeping &amp; canteen services</b></p> <ul style="list-style-type: none"> <li>Issuing a call for tenders for housekeeping services</li> <li>Selection and awarding contract</li> <li>Canteen services to be provided by local SHGs</li> <li>Selection of SHGs through a call for proposals and selection of lowest bidder</li> </ul> <p><b>Filling Vacancies</b></p> <ul style="list-style-type: none"> <li>Requisition to state health department for recruitment of permanent doctor and requisition to State Health Society for hiring of contractual doctors.</li> <li>Requisition to state health department for recruitment of permanent Grade A and requisition to State Health Society for</li> </ul>	<p><b>Upgradation of infrastructure</b> 17 APHCs * Rs.700,000.0= Rs.11,900,000.0</p> <p><b>Setting up Pathological labs</b> 17APHCs *Rs150,000.0= Rs.2,550,000.0</p> <p><b>Power back up</b> 17 APHCs* Rs.65.0/hr*24hr*30days* 12 months=Rs.9,547,200.0</p> <p><b>Ambulance</b> 17 APHCs* Rs.15,000.0/month*12 month=Rs.3,060,000.0</p> <p><b>Electrification</b> 17 APHCs*Rs.100,000.0= Rs.1,700,000.0</p> <p><b>Water supply</b> 17 APHCs*Rs200,000.0 =Rs.3400,000.0</p> <p><b>Canteen funds- 17 APHCs*Rs.60per</b></p>

<p>Nurses and ANMs in APHCs (PHCs) on a priority basis. For ANMs, this includes 2 APHCs in Naugachiya, 1 APHC in Pirpaithi and 1 APHC in Sonahaulla. For Staff Nurses, this includes 2 APHCs in Naugachiya, 3 APHCs in Pirpaithi, 1 APHC in Sabour, 1 APHC in Sonhaulla and 1 APHC in Shahkund.</p> <ul style="list-style-type: none"> <li>• Relieving ANMs posted at these APHCs of outreach duties including Routine Immunisation and weekly meeting at PHC level.</li> <li>• Rationalisation of doctors to APHCs of these blocks on a priority basis.</li> <li>• Filling vacancies of doctors of these APHCs on a priority basis</li> <li>• Appointment of Laboratory Technicians, Pharmacists, Accountant and MPWS (M/F) in these 17 APHCs on a priority basis</li> </ul>	<p>hiring of contractual Grade A nurses.</p> <ul style="list-style-type: none"> <li>• Submission of proposal for appointment of 2 MPWs (M/F) at each APHC</li> <li>• Appointing Laboratory technicians and pharmacists (permanent positions)</li> <li>• Submission of proposal for appointment of clerks/accountants</li> <li>• Holding interviews and issuing appointment letters</li> </ul>	<p>person*15 people*30days*12months = Rs.5,508,000.00</p> <p><b>Housekeeping Funds-</b> 17*Rs.7000=Rs.119,000.00</p> <p><b>Human Resources</b> 17 Staff Nurses for 24*7 APHCs *Rs.7,500.0*12 months=Rs.1,530,000.0</p>
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### 3. 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 Bhagalpur as per IPHS norms.
3. Fully operationalise newly set up SDH at Kahalgaon as FRU.

Infrastructure		
<p>Situation analysis: Bhagalpur has 13 PHCs in its 16 blocks whereas 3 PHCs are under construction in the 3 newly created blocks of Kharik, Ismailpur and Rangra Chowk. Each PHC currently has 6 beds. APHC Goradih and Narayanpur are being upgraded to PHC level. They currently have facilities only for OPD services.</p> <p>All 13 existing PHCs operate out of their own building. 9 PHCs have functional OTs and 8 have functional labour rooms. The condition of the OT and labour rooms needs to be improved in nearly all of the PHCs. The PHCs in Gopalpur, Nathnagar and Sabour require major repair work to make the Labour Room fully operational. Toilets need to be made available in Bihpur and Narayanpur; running water supply in Bihpur, Gopalpur and Narayanpur; and continuous power supply in Bihpur, Gauradih, Gopalpur, Narayanpur. Major repairs are currently underway and nearly completed in 8 PHCs – Kahalgaon, Sanhaura, Shahkund, Sabour, Jagdishpur, Bihpur, Naugachia, Gopalpur.</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>Fully operationalise 3 newly constructed PHCs – Gauradih, Narayanpur and Kharik</li> <li>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 – Naugachiya, Pirpaitti, Nathnagar, Sultanganj, Kahalgaon.</li> <li>Strengthening 4 PHCs to ensure basic facilities especially functional labour rooms and OTs – Bihpur, Sabour, Sonhaura and Shahkund</li> <li>Ensuring running water supply and drinking water supply in all PHCs</li> <li>Ensuring power supply and</li> </ul>	<p><b>Fully operationalising 3 new PHCs</b></p> <ul style="list-style-type: none"> <li>To commission the Gauradih, Narayanpur and Kharik PHCs fully equipped and staffed by August 2009.</li> </ul> <p><b>Phasing out PHCs from blocks with Referral and SDH facilities</b></p> <ul style="list-style-type: none"> <li>Placing a proposal for phasing out of PHCs to District Health Society</li> <li>Sending proposal approved by DHS to State Health Society for approval.</li> </ul> <p><b>Strengthening existing PHCs to ensure that 75% of PHCs are fully functional</b></p> <ul style="list-style-type: none"> <li>Setting up of fully functional Labour rooms and OTs in 4 PHCs - Bihpur, Sabour, Sanhaura and Shahkund</li> </ul> <p><b>Ensuring running water supply</b></p> <ul style="list-style-type: none"> <li>Requesting PHED to prepare a budget for provision of running</li> </ul>	<p><b>Labour room</b> 5 PHCs* Rs.700,000.0= Rs.3,500,000.0</p> <p><b>OT with complete infrastructure</b> 4 PHCs* Rs.1,000,000.0= Rs.4,000,000.0</p> <p><b>Setting up Pathological Laboratories</b> 12 PHCs* Rs150,000.0= Rs.1,800,000.0</p> <p><b>Separate M/F Toilets</b> 2 PHCs* Rs.200,000.0= Rs.400,000.0</p> <p><b>Power back up</b> 14 PHCs*Rs.125/hr*24 hrs*30 days*12 months= Rs.15,120,000.0</p> <p><b>Water supply</b> 3 PHCs * Rs.200,000.0=</p>

power back up for all PHCs	<p>water supply in the Bihpur, Narayanpur and Gopalpur</p> <p><b>Ensuring power supply and power back up</b></p> <ul style="list-style-type: none"> <li>Hiring of generators for all PHCs</li> </ul>	<p>Rs.600,000.0</p> <p><b>Building Maintenance fund</b> 14 PHCs*Rs100,000.0= Rs.1,400,000.0</p>
<b>Human Resources</b>		
<p><b>Situation Analysis:</b> All PHCs are expected to have a team of 6-7 doctors. Currently all PHCs except Bihpur, Goradih, and Narayanpur have 3 or more doctors in position. Nathnagar and Sultanganj have 11 doctors in position, Sonhaulla has 13, Sabour and Shahkund PHCs have 8 doctors in position. Except Sultanganj PHC, Grade A nurses have not been sanctioned for any of the PHCs. In Sultanganj 4 Grade A Nurses are in position. Specialists are in position only in Gopalpur and Nathnagar. Pharmacists have been sanctioned for all PHCs, except Naugachiya and Sonhaulla, and are in position in 6 PHCs. The PHCs which do not have are Gauradih, Kahalgaon, Jagdishpur, Narayanpur, Nathnagar. Laboratory Technician is sanctioned in all PHCs, except Bihpur and Naugachiya, but is only in position in Sultanganj. Storekeeper is in position in 7 PHCs. Bihpur, Gauradih, Gopalpur, Jagdishpur, Narayanpur, Pirpaithi PHCs do not have storekeepers.</p>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>Rationalization of doctors across APHCs, and PHCs</li> <li>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, Gynecologist and Anaesthetist</li> <li>Sanction and appointment /hiring of 7 Staff Nurses for all PHCs</li> <li>Sanction and appointment/hiring of 2 ANMs for all PHCs</li> <li>Filling vacancies of Pharmacists, Dressers, Laboratory Technicians and Storekeeper</li> <li>Sanction and appointment of an OT Assistant in all PHCs</li> </ul>	<p><b>For Rationalization of Doctors across facilities</b></p> <ul style="list-style-type: none"> <li>Reviewing current postings</li> <li>Preparing a rationalization plan</li> <li>Meeting to DHS to consider and approve the rationalization plan</li> </ul> <p><b>Filling Vacancies</b></p> <ul style="list-style-type: none"> <li>Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors.</li> <li>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.</li> <li>Appointment of Laboratory technicians, pharmacists, dressers and Store keepers (permanent positions)</li> <li>Submission of proposal for sanction and appointment of an OT Assistant in all 16 PHCs</li> <li>Holding interviews and issuing appointment letters</li> </ul>	<p><b>Doctors</b> 5 Doctors*12 PHCs* Rs.25,000.0*12 months= Rs.18,000,000.0</p> <p><b>Grade A Staff nurse</b> 7 Staff Nurses * 12 PHCs* Rs.7,500*12 months= Rs.7,560,000.0</p> <p><b>ANMs</b> 2 ANMs* 12 PHCs*Rs.6000.0*12 months=Rs1,728,000.0</p> <p><b>Pharmacist</b> 12 Pharmacists* Rs.7,000.0*12 months= Rs.1,008,000.0</p> <p><b>Lab tech</b> 12 Lab tech*Rs7,000.0*12 months= Rs.1,008,000.0</p> <p><b>OT assistants</b> 13 OT Assistants* Rs.7,000.0* 12 months= Rs.1,008,000.0</p> <p><b>Accountants-</b> 12 Accountants*Rs.8000*12= Rs.1,152,000.00</p>

Equipment		
Situation Analysis: Most PHCs do not have equipment as per IPHS norms		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>A detailed assessment of the status of functional equipment in all PHCs as per IPHS norms</li> <li>Rational fulfilling of the equipment required</li> <li>Repair/replacement of the damaged equipment</li> </ul>	<ul style="list-style-type: none"> <li>Monthly reporting of the equipment status, functional/non-functional</li> <li>Purchase of essential equipment locally by utilizing the funds or through RKS funds</li> <li>Identification of a local repair shop for minor repairs</li> <li>Training of health worker for handling the equipment and minor repair.</li> </ul>	<p><b>Existing PHCs</b> 9 PHCs* Rs.5000.0*4 quarters= Rs.180,000.0</p> <p><b>Operationalizing 3 PHCs=</b> 3 PHCs*20,000= Rs.60,000.0</p>
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
<ol style="list-style-type: none"> <li>Ensuring timely replenishment of essential drugs prescribed under IPHS standards</li> <li>Ensuring management of adverse drug reactions</li> <li>Ensuring proper storage of the drugs</li> </ol>	<ol style="list-style-type: none"> <li>Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store</li> <li>Utilization of RKS funds for purchase of essential drugs locally</li> <li>Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors</li> <li>Separate provision of drugs mainly for camps.</li> <li>Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs</li> <li>Utilization of PMGY funds allotted for drugs purchase at the local level.</li> </ol>	<p><b>Existing PHCs</b> 9 PHCs*Rs.10,000.0*4 quarterly= Rs.360,000.0</p> <p><b>Operationalisation of 3 PHCs</b> 3 PHCs*Rs.30,000.0= Rs.90,000.0</p>
Rogi Kalyan Samiti and Untied Funds		
Situation Analysis: Rogi Kalyan Samitis have been established in 11 PHCs and while 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 only by 5 PHCs of which 3 PHCs have utilized the funds.		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>Ensure that RKS is registered in all PHCs.</li> <li>Ensure UCs are sent</li> </ul>	<ul style="list-style-type: none"> <li>Training of RKS office bearers on documentation of meetings as well as of the potential of the</li> </ul>	12 PHCs*Rs.100,000.0= Rs.1,200,000.0

<p>regularly.</p> <ul style="list-style-type: none"> <li>Utilisation of RKS funds to pay for outsourced services</li> </ul>	<p>RKS</p> <ul style="list-style-type: none"> <li>Training of block level accountants in preparation of the utilization certificates</li> <li>Monthly review meeting of block level accountants by District Accounts Manager to strengthen the documentation process</li> <li>Developing a check list for review</li> </ul>	
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Facility level services (Ambulance, Diagnostic services, Canteen and Housekeeping)

Situation Analysis: **Ambulance services** are known to be available at 9 out of 13 PHCs. The PHCs which do not have these services include Gauradih and Narayanpur which are under construction and Naugachiya. Information for Sonhaulla PHC is not available. Of these 9 PHCs, ambulance services have been outsourced for 6 PHCs and in-sourced for Jagdishpur, Sabour and Pirpaitti. X-Ray services are not available at most PHCs except Kahalgaon and Sultanganj where they have been outsourced. Canteen services are available in only 3 PHCs of which two are outsourced. Housekeeping services are only available at Jagdishpur PHC.

<p><b>Ambulance</b></p> <ul style="list-style-type: none"> <li>To ensure that ambulance services are made available at Gauradih, Narayanpur, Naugachiya and the Kharik PHC to be commissioned this year.</li> <li>Ensuring that 60% of ambulance service utilization is by BPL families</li> </ul> <p><b>X-Ray Services</b></p> <ul style="list-style-type: none"> <li>To ensure that X-ray services are available at all PHCs</li> <li>To increase the utilization of X-ray services by BPL patients.</li> </ul> <p><b>Canteen</b></p> <ul style="list-style-type: none"> <li>To ensure that canteen services are available at all PHCs</li> <li>To ensure that the food provided is nutritious</li> </ul> <p><b>Housekeeping</b></p> <ul style="list-style-type: none"> <li>To ensure that housekeeping services are available at all PHCs</li> </ul>	<p><b>Ambulance</b></p> <ul style="list-style-type: none"> <li>To review the existing ambulance services by the following indicators: <ul style="list-style-type: none"> <li>% of BPL mothers who availed of ambulance services of the BPL mothers who came for institutional deliveries</li> <li>% of BPL patients (including mothers) who availed of ambulance services from total patients who availed of ambulance services</li> <li>% of emergency cases who availed of ambulance services</li> <li>Average time taken for emergency patient to be brought to hospital by ambulance</li> </ul> </li> <li>To renew contracts of ambulance service providers based on review</li> <li>To strengthen district run ambulance services</li> <li>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</li> <li>ASHA helpdesk to take feedback from each patient on the timeliness of the ambulance service and the user fees collected</li> <li>To use RKS funds for the running costs of government run ambulance services</li> </ul> <p><b>X-Ray Services</b></p> <ul style="list-style-type: none"> <li>To identify X-Ray service providers for all PHCs with appropriate qualifications and equipment</li> <li>To review the services being provided every quarter on the basis of % of exemptions for BPL patients</li> </ul> <p><b>Canteen services</b></p> <ul style="list-style-type: none"> <li>To identify canteen service providers for each PHC based on nutritional quality and cost</li> </ul> <p><b>Housekeeping services</b></p>	<p><b>Ambulance</b>  12 PHCs* 2 Ambulances*Rs.15,000/mont h* 12 months=  Rs.4,320,000.0</p> <p><b>Canteen –</b>  12 PHCs*Rs60 per person*15 people*30days*12 months=Rs.3,888,000.00</p> <p><b>Housekeeping-</b>  12 PHCs*10,000=1,20,000</p>
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	<p>being provided every quarter on the basis of % of exemptions for BPL patients</p> <p><b>Canteen services</b></p> <ul style="list-style-type: none"> <li>To identify canteen service providers for each PHC based on nutritional quality and cost</li> </ul> <p><b>Housekeeping services</b></p> <ul style="list-style-type: none"> <li>To identify providers for housekeeping services for all PHCs</li> </ul>	
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**Establishing CHCs providing services of First Referral Unit (FRU)**

Situation Analysis: Bhagalpur currently has a 30 bedded Sub-Divisional Hospital at Naugachiya and another under construction at Kahalgaon. There are 2, 30 bedded Referral Hospitals at Sultanganj and Pirpathi and a 3<sup>rd</sup> coming up at Nathnagar. Naugachiya lies across the Ganga, on its northern banks, while Sultanganj and Nathnagar are clustered on the south western side of Bhagalpur. Pirpaitti is located at the north eastern side and Kahalgaon at the south eastern side. The south central part of Bhagalpur 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 Bhagalpur. It is therefore proposed to set up 5 CHCs in the plan year. The break up is as follows- 2 to be upgraded from PHCs- Gopalpur and Jagdishpur. 3 to be upgraded from referral – Sultanganj, Pirpaitti and Nathnagar.

The Sultanganj and Pirpaitti Referral hospitals need major repairs for the Labour Room, Operation Theatre, wards as well as the entire building which are currently underway. Both Referral Hospitals have running water supply, continuous power supply and toilets. The Referral Hospital at Nathnagar is currently under construction.

In terms of human resources, the **Pirpaitti Referral** hospital has 3 Doctors in position from 5 sanctioned. No Specialists are in position  
 4 Staff Nurses are sanctioned and 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. **Sultanganj Referral Hospital and Sultanganj PHC have the same staff.**

Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>Upgrading referral hospitals at Sultanganj and Pirpaitti as well as newly sanctioned referral at Nathnagar as a fully functional CHC following IPHS norms.</li> <li>Upgrading the Gopalpur, and</li> </ul>	<p><b>Upgrading referral hospitals to CHCs as per IPHS norms</b></p> <ul style="list-style-type: none"> <li>Assessing the infrastructure of Sultanganj, Pirpaitti and Nathnagar referral hospitals for CHC level IPHS norms and identifying gaps</li> </ul>	<p><b>Upgrading referral hospital to CHC (infra + equipment)</b>            3 Referral*Rs.5,000,000.0            = Rs.15,000,000.0</p> <p><b>Upgrading PHCs to CHC (infra + equipment)</b></p>

<p>Jagdishpur PHC to a 30 bedded Community Health Centre</p> <ul style="list-style-type: none"> <li>Fully operationalising Sub-District Hospital at Kahalgaon and strengthen existing Navgachiya hospital to function as a FRU as per CHC IPHS norms</li> <li>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 – Naugachiya, Pirpaitti, Nathnagar, Sultanganj, Kahalgaon.</li> <li>Ensuring the construction of CHC as per IPHS norms with 30 bedded ward, OT, Labour Room, X-ray and Laboratory facility</li> <li>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)</li> <li>Obtaining the services of Anaesthetists on contractual and on-call basis for all Referral Hospitals and Sub-Divisional Hospitals</li> <li>Setting up a Blood Storage Facility at all Referral Hospitals and Sub-Divisional Hospitals</li> <li>Preparing effective outsourcing plan for the 7 referral facilities for X-ray and other diagnostic and pathological services</li> </ul>	<ul style="list-style-type: none"> <li>Requisition to address gaps</li> </ul> <p><b>For upgrading Jagdishpur and Gopalpur PHCs as per CHC level IPHS norms</b></p> <p><b>For Construction</b></p> <ul style="list-style-type: none"> <li>Requisitioning land where needed for construction. Meeting with CO to scope the availability of land.</li> <li>Requesting allotment for construction of CHCs to State Health Society</li> <li>Ensuring construction of CHC building as per IPHS norms along with quarters for doctors and other staff.</li> </ul> <p><b>Filling Vacancies</b></p> <ul style="list-style-type: none"> <li>Ensuring the posting of 4 specialists – Medicine, Surgery, Paediatrician and Gynaecologist at each of the 5 CHCs</li> <li>Contract with private anaesthetists to provide services on call basis to the 5 CHCs</li> <li>Submission of proposal for hiring of 7 Staff Nurses and 2 ANMs each for the Jagdishpur and Gopalpur CHCs.</li> <li>Submission of proposal for sanction of posts filling 3 vacancies in Pharmacist and Dresser positions in both CHCs</li> <li>Submission of proposal for sanction of 3 additional posts for Grade A Staff Nurses for Sultanganj and Pirpatti Referral and 7 posts for Nathnagar referral hospital</li> <li>Submission of proposal for sanctioning the post of 1 more ANM at the Pirpatti Referral and hiring 1 ANM for Pirpatti referral, 2 ANMs for Sultanganj referral and 2 ANMs for Nathnagar referral</li> <li>Filling vacancies of 1 Laboratory Technician for Nathnagar, 1 for Pirpatti Referral and 2 for Sultanganj referral</li> <li>Sanctioning 1 position for Pharmacist/ Dresser at Nathnagar and Pirpaitti Referral</li> </ul>	<p>2 PHCs*Rs.15,000,000.0 =Rs.30,000,000.0</p> <p><b>Doctors</b> 6 Doctors*5 CHCs* Rs.25,000.0*12 months= Rs.9,000,000.0</p> <p><b>Staff nurse</b> 7 Staff Nurses*5 CHCs* Rs.7,500.0 *12 months= Rs.3,150,000.0</p> <p><b>ANM</b> 2 ANMs* 5 CHCs* Rs.6,000.0*12 months=</p> <p><b>Lab tech</b> 5 Lab techs* Rs.7,000.0*12 months= Rs.420,000.0</p> <p><b>Pharmacist</b> 5 Pharmacists* Rs.7000.0*12 months= Rs.420,000.0</p> <p><b>Dresser</b> 5 Dresser*Rs.7,000.0*12 months= Rs.420,000.0</p> <p><b>Radiographer</b> 5 Radiographers* Rs.7,000.0*12months= Rs.420,000.0</p> <p>Social worker/counsellors- 10 counsellors*Rs.7000*12 months=Rs.16,80,000.00</p> <p><b>Accountant-</b> 5 accountants*Rs.8,000*12mont hs=Rs.480,000.00</p> <p><b>Support Staff</b> 10 Staff* 5 CHCs* Rs4000.0*12months= Rs.2,400,000.0</p> <p><b>Drugs</b> 5 CHCs *Rs.100,000.0=</p>
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<ul style="list-style-type: none"> <li>• A detailed assessment of equipment as per CHC level IPHS norms of the Sultanganj and Pirpatti referral hospitals</li> <li>• Ensuring that all 5 CHCs are equipped as per CHC level IPHS norms</li> </ul> <p>4. Ensuring timely replenishment of essential drugs prescribed under IPHS standards</p> <p>5. Ensuring management of adverse drug reactions</p> <ul style="list-style-type: none"> <li>• Ensuring proper storage of the drugs</li> </ul>	<p>and hiring of 1 Pharmacist and 1 Dresser each at Nathnagar and Pirpatti Referral. Filling two vacancies for Pharmacists/Dresser at Sultanganj.</p> <ul style="list-style-type: none"> <li>• Hiring of a storekeeper for Pirpatti Referral</li> </ul> <p><b>Drugs</b></p> <ul style="list-style-type: none"> <li>• Setting up drug replacement units at each of the 5 CHCs for the block and for the CHC</li> <li>• Reporting on a fortnightly status of the drug availability/expiry in the store</li> <li>• Utilization of RKS funds for purchase of essential drugs locally</li> <li>• Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors</li> <li>• Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs</li> <li>• Utilization of PMGY funds allotted for drugs purchase at the local level.</li> </ul> <p>Equipment</p> <ul style="list-style-type: none"> <li>• Monthly reporting of the equipment status, functional/non-functional</li> <li>• Purchase of essential equipment locally by utilizing the funds or through RKS funds</li> <li>• Identification of a local repair shop for minor repairs</li> <li>• Training of health workers for handling the equipment and minor repair.</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>• Setting up a blood storage facility at each of the 5 CHCs</li> <li>• Setting up a fully functional pathology lab at each of the 5 CHCs</li> <li>• Developing an outsourcing plan for X-ray services, housekeeping, canteen and</li> </ul>	<p>Rs.500,000.0</p> <p><b>Blood storage</b> 5 CHCs* Rs.100,000.0= Rs.500,000.0</p> <p><b>Pathological services</b> 5 CHCs* Rs.300,000.0= Rs.1,500,000.0</p> <p><b>Ambulance</b> 2 Ambulances* 5 CHCs Rs15,000/month*12months= Rs.1,800,000.0</p> <p>Maintenance fund- Rs.200,000.0*5=Rs.1,000,000.0</p> <p><b>Canteen Services= 5</b> CHC*Rs.60 Per person*60 persons*30*12=Rs.6,480,000.00,</p> <p><b>Housekeeping- 5</b> CHC*12,000Rs.*12months= Rs.720,000.00</p> <p><b>Rogi Kalyan Samitis</b> 5 CHCs* Rs.100,000.0= Rs.500,000.0</p>
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	<p>ambulance services</p> <ul style="list-style-type: none"><li>• Setting up of maternity ward in all CHCs</li><li>• Setting up an ASHA helpdesk to provide support to patients referred by ASHAs and for BPL patients</li><li>• Setting up an ASHA room with a toilet to enable ASHAs to stay with mothers whom they have escorted for 48 hours</li></ul> <p><b>Rogi Kalyan Samiti</b></p> <ul style="list-style-type: none"><li>• Registering a Rogi Kalyan Samiti for each of the 5 CHCs</li><li>• Ensuring that seed money is received</li><li>• Training of office bearers on documentation (minutes and accounts)</li></ul>	
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## 1. Sub-Divisional Hospital

### Objectives

1. To provide specialist health services
2. Upgradation of SDH Naugachiya from 30 bedded facility to 100 bedded facility.
3. Fully operationalise SDH Kahalgaon.

Infrastructure		
<p>Situation analysis: Bhagalpur currently has 1 SDH at Naugachiya. Another SDH at Kahalgaon is under construction. The SDH is undergoing major repairs, does not have running water supply but continuous power supply is available. Operation theatre, Labour room and wards are available at the SDH but need major repairs. Toilets are available.</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Upgradation of SDH Naugachiya from 30 bedded to 100 bedded hospital</li> <li>• Fully operationalize SDH at Kahalgaon</li> </ul>	<ul style="list-style-type: none"> <li>• Proposal for upgradation and major repairs to be sent to PHED department.</li> <li>• Follow-up of the proposal</li> <li>• Facilitating tender procedure</li> <li>• Following up on the construction activity</li> </ul>	<p>Upgradation of Naugachiya Rs.10,000,000.0</p> <p>Operationalisation of Kahalgaon=Rs.5,000,000.0</p> <p>Maintenance fund Rs.300,000.0*2=Rs.600,000.0</p>
Human Resources		
<p>Situation Analysis: SDH Naugachiya: 4 Doctors have been sanctioned and are in position. 2 Specialists (1 Pathologist and 1 Dentist are sanctioned while 4 Specialists are in position. 3 Specialists are deputed. 5 Grade A Nurses are sanctioned and 4 are in position. 1 Pharmacist and 1 Dresser is in position. 1 Storekeeper is in position</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Operationalizing SDH with full staff strength</li> <li>• Specialist care to be made available at these facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Advertisement for Contractual appointment of doctors</li> <li>• Advertisement for specialists doctors at these facilities, two OBGs, two Gen. Surgeons, two Gen. medicine, one pediatricians, one dermatologist, one optometrist, one orthopedics, Paramedical staff:</li> <li>• Advertise for Staff Nurse at these facilities, three lab technicians, two pharmacist, two x-ray technician, two optometrist, two orthopedics assistants, one ECG technician, 5 OT assistants</li> <li>• Grade III and Grade IV grade III staff and 10 male and female grade IV staff.</li> <li>• Hiring one medical officer and 3 lab technicians</li> </ul>	<p><b>Doctors</b> 15 Doctors * 2 SDH *Rs.25,000.0*12 months= Rs.9,000,000.0</p> <p><b>Staff Nurse</b> 20 Staff Nurse * 2 SDH*Rs.7,500.0*12 months=Rs.3,600,000.00</p> <p><b>Paramedical staff</b> 15 paramedical staff *2 SDH* Rs.7,500.0* 12 months=</p> <p><b>Radiographer</b> 1 Radiographer *2 SDH*Rs.7000*12 months=168,000.0</p> <p><b>Social worker/counsellors</b> 4 counselors*2 SDH*7000*12=Rs.672,000.0</p>

		<p><b>Accountant</b> 2 Accountants*Rs.8000*12 months=Rs.192,000.00</p> <p><b>Grade III and grade IV</b> 15 Staff * 2 SDH* Rs.6,000.0* 12 months=Rs.2,160,000.0</p> <p><b>MO for Blood bank</b> 1MO*Rs.20,000*12= Rs.240,000.0</p> <p><b>Lab tech for blood bank</b> 3 lab tech*7500*12- Rs.234,000.0</p>
<b>Equipments</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>Ensuring the availability of equipment according to IPHS norms</li> </ul>	<ul style="list-style-type: none"> <li>Following-up of the entire procurement and maintenance of the equipment</li> </ul>	Equipment- Pls refer to infrastructure section.
<b>Drugs</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>Ensuring the availability of drugs according to IPHS norms</li> </ul>	<ul style="list-style-type: none"> <li>Following up of the entire procurement drugs</li> </ul>	Rs. 100,000 per SDH * 2= Rs.200,000.0
<b>Services</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
	<ul style="list-style-type: none"> <li>Setting up a blood bank at SDH Kahalgaon.</li> <li>Procuring equipment (Blood bank refrigerator, binocular microscope, incubator, bench top centrifuge)</li> <li>Maintenance fund for blood bank.</li> <li>Setting up a fully functional pathology lab at each of the SDHs</li> <li>Developing an outsourcing plan for housekeeping, canteen and ambulance services</li> <li>Setting up of separate maternity ward in both SDHs.</li> <li>Setting up an ASHA helpdesk to provide support to patients referred by ASHAs and for BPL patients</li> <li>Setting up a ASHA room with a toilet to enable ASHAs to stay with mothers whom they have escorted</li> </ul>	<p>Blood bank= equipments+ maintenance fund= Rs.68,16,500.00</p> <p>1 path lab for Rs.200,000.0 per SDH*2=Rs.400,000</p> <p>2 ambulances*Rs.15,000* 12months*2 SDH=Rs.720,000.0</p> <p>Rs.150,000.0 per SDH*2=Rs.300,000.0</p> <p>Power back up = 2 gen set *Rs125* 24hours*30day*12 months*2facilities= Rs.4,320,000.0</p>

	<p>for 48 hours</p> <ul style="list-style-type: none"> <li>Ensuring power back up</li> </ul>	<p>Canteen- 2* Rs.60*60people*30days*1 2months=Rs.25,92,000.00</p> <p>Housekeeping- 2 SDH*15,000=Rs.30,000.0 0</p>
<b>Rogi Kalyan Samiti</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
Improving the effectiveness of RKS	<ul style="list-style-type: none"> <li>Registering a Rogi Kalyan Samiti for each of the SDH</li> <li>Ensuring that seed money is received</li> <li>Training of office bearers on documentation (minutes and accounts)</li> </ul>	<p>Rogi Kalyan fund- Rs.500,000.00 *2 SDH=Rs.1,000,000.00</p>

## 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		
<p>Situation analysis: The hospital at the district does not have the status of District Hospital. Currently there are IPD - two general wards, five special wards, General OPD wards – one in number Specialist OPD wards in Ophthalmology, General medicine, surgery, Gynecology and orthopedics. Wards of medical college being encroached by public. 5 bedded OT functional, SH running on 24*7 on generator The hospital at the district does not have District Hospital status. Currently there are inpatient wards (two general and five speciality), one general outpatient department, and several speciality outpatient clinics, including ophthalmology, general medicine, surgery, gynecology and orthopedics. There is a 5 bedded Operation Theater which is fully functional and running on a 24/7 generator. Currently the medical college wards are picking up the slack of a poorly functioning District Hospital, but they too are getting crowded.</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Ensuring the district hospital status for the concerned hospital</li> <li>• Providing private space for all patients in general OPD</li> <li>• Providing separate ward for pediatric OPD</li> <li>• Ensuring IPD for general and specialist care</li> <li>• Ensuring clearing of encroachment and renovation</li> <li>• Ensuring functioning of all OTs</li> <li>• Establishment of eye OT with proper equipment</li> <li>• Ensuring the power supply through Bihar state electricity board</li> </ul>	<ul style="list-style-type: none"> <li>• Submitting the requisition for recognition of hospital in question as district hospital</li> <li>• Follow-up of the process.</li> <li>• Clearing the encroachment through legal process</li> <li>• Follow-up of the clearing process and upgradation of these facilities into wards</li> <li>• Curtains/ wooden separators for every doctor-patient chamber</li> <li>• Identification of specialist examination rooms</li> <li>• Requisition for recruitment of OT technicians</li> <li>• Identification of room for conversion into OT - ophthalmological surgeries with proper equipment</li> <li>• Requisition for BSEB for speedy power connection and follow-up of the process</li> </ul>	<ul style="list-style-type: none"> <li>• Upgradation of DH = Rs 5,000,000 lakhs</li> <li>• Supportive infrastructure = Rs 5.00 lakhs</li> <li>• OT Ophthalmology = Rs 20.00 lakhs</li> <li>• SNCU= Rs.39.00lakhs</li> <li>• Maintenance fund= Rs.300,000.0</li> </ul>
Human Resources		
<p>Situation analysis: Currently 4 specialists, one general surgery, two orthopedics, one GM, one MO, 5 Staff nurse, one dresser, four female ward attendants</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Ensuring the recruitment of MOs and SNs</li> <li>• Ensuring recruitment of paramedical staff</li> <li>• Ensuring recruitment of</li> </ul>	<ul style="list-style-type: none"> <li>• Advertisement of the posts for contractual appointment of 10 MOs, 10 SNs, two pharmacists, two lab technicians, one xray technician, one ECG technician,</li> </ul>	<ul style="list-style-type: none"> <li>• 15 specialists*25,000*12 months=Rs.4,500,000.0</li> <li>• 20 SNs*7500*12 months=Rs.1,800,000.0</li> <li>• 11 paramedics*7000*12</li> </ul>

attendants	<p>five OT technicians, and 10 ward attendants for both male and female wards</p> <ul style="list-style-type: none"> <li>• Rationalizing of the doctors at the DHs</li> <li>• Walk-in interviews for MOs and specialists</li> </ul>	<p>months=Rs.924,000.0</p> <ul style="list-style-type: none"> <li>• 10 ward attendants*6000*12 months=Rs.720,000.0</li> <li>• 1 Radiographer*7000*12 months=Rs.84,000.0</li> <li>• 10 Admin staff*Rs.8000*12=Rs.960,000.0</li> <li>• 4 social worker/counselors*7,000*12 months=Rs.336,000.00</li> <li>• Advertisement- Two times * two newspapers* Rs 1.5 lakhs=Rs.600,000.0</li> <li>• Accountants- 1 Accountant*Rs.8000*12 =Rs.96,000.00</li> </ul>
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#### Equipment

Situation Analysis: Currently there is a need for district level equipment storage and repair units

Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Ensuring the establishment of the repair units</li> <li>• Ensuring servicing of equipment</li> <li>• Ensuring proper operation of equipment</li> <li>• Ensuring supply of replacement and replenishment of materials</li> </ul>	<ul style="list-style-type: none"> <li>• Identification for infrastructure to store equipment</li> <li>• Creating a channel for collection of discarded/ unreparable equipment from HSCs onwards</li> <li>• Entering into service contract with local/industries for servicing, replacement, and replenishment of materials required from HSCs onwards</li> <li>• Training of health workers/ worker dealing with the equipment for proper operation and minor repairs</li> </ul>	1. Rs 50,000

#### Drugs

Situation Analysis: Currently there is a district drug warehouse

Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Ensuring the replenishment of the drugs at the district level</li> <li>• Ensuring a system for replenishment of drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Creating a HMIS for the drug channel</li> <li>• Responding to the monthly reporting from the HSCs/APHCs/PHCs/SDHs/DH</li> <li>• Computerized management of the drugs in the health facilities</li> <li>• Advertisement for the posts of Pharmacists (M. Pharma)</li> </ul>	<ul style="list-style-type: none"> <li>• Two computer*7000*12= Rs.168,000.0</li> <li>• Two pharmacists*7000*12= Rs.168,000.0</li> <li>• Drugs- Rs.100,000.0</li> </ul>

<b>RKS Fund</b>		
Situation Analysis: District Hospital utilized amount of Rs.1.81 Lakhs received in the year 2007-08. Currently there is a fund interruption for disbursement to outsource activities like cleaning, catering, laundry, power supply and ambulance. RKS fund will be utilized for services such as laundry, cleaning, catering, and ambulance services.		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>Ensuring timely fund flow to District</li> <li>Ensuring timely submission of UC</li> <li>Ensuring renewal of contract out source agencies</li> </ul>	<ul style="list-style-type: none"> <li>Submitting the requisition for release of due payments</li> <li>Submitting the requisition for release of advances</li> <li>Minimizing the mismanagement of funds</li> <li>Timely payments for the contracted outsourced agencies</li> <li>Performance based revision of contracted outsourced agencies</li> </ul>	RKS corpus fund = Rs 500,000
<b>Services</b>		
	<ul style="list-style-type: none"> <li>Strengthening pathology lab</li> <li>Outsourcing of housekeeping services</li> <li>Outsourcing of canteen services</li> <li>Outsourcing of Ambulance services</li> <li>Procurement of X-ray Machine (budget included in the upgradation line of infrastructure section).</li> </ul>	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

## 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 colostrum 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			
<p>Situation Analysis: For Bhagalpur 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%.</p>			
Strategies	Activities	Budget	Remarks
<ul style="list-style-type: none"> <li>• Increasing early registration through counseling of eligible couples by ASHAs and ANMs and distribution of home based pregnancy kits</li> <li>• Case management of pregnant women to ensure that they receive all relevant services by</li> </ul>	<ul style="list-style-type: none"> <li>• Training of ASHAs for counseling of eligible couples for early registration and the use of the home based pregnancy kit</li> <li>• Regular updating of the ANC register.</li> <li>• Preparation of the due list with the dates for Ante Natal Checkups for every pregnant woman in the Sub centre area.</li> <li>• Preparing format for the due list in Hindi.</li> <li>• Training ASHAs and AWWs to fill out and update due list and ANC schedule list for every pregnant woman in their</li> </ul>	<p><b>Handbills</b> Printing 5000 Handbills @ Rs 500 for 438 HSCs =Rs219,000.0</p> <p><b>Pregnancy kits</b> 1971ASHAs*Rs30/pr egnancy kit*10 kits*4 quarters= Rs.2,365,200.0</p>	<ul style="list-style-type: none"> <li>• Campaigning for registration for ANC along with immunisation budget</li> <li>• Monthly Mahila Mandal days budgeted in immunisation section</li> <li>• ANC (SBA) trainings for ANM. For details refer to training section.</li> <li>• 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.</li> </ul>

<p>ASHAs and ANMs</p> <ul style="list-style-type: none"> <li>• Creating awareness about maternal health through Mahila Mandal day</li> <li>• Providing ANC along with immunisation services on immunisation days</li> <li>• Strengthening ANC services at the Sub centre level by ensuring availability of appropriate infrastructure, equipment and supplies</li> <li>• Ensuring quality ANC through appropriate training of the ANM</li> <li>• Effective monitoring and support to HSCs for ANC by APHC.</li> <li>• Setting up of referral transport system at every APHC level.</li> </ul>	<p>work area.</p> <ul style="list-style-type: none"> <li>• Organizing Antenatal checkups on immunisation days.</li> <li>• 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 &amp; immunisation day and ensure their participation for the coming day.</li> <li>• 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.</li> <li>• Wide publicity of Mahila Mandal day.</li> <li>• Training to ANMs to provide complete Ante natal care and identify high risk pregnancies.</li> <li>• Strengthening of Sub centre in terms of equipment to conduct ANC services. (refer to health facilities section)</li> <li>• Ensuring regular supply of IFA tablets at each Sub centre level. (refer to health facilities section)</li> <li>• Setting up Helpline with Ambulance at every PHC (APHC). (refer to health facilities section)</li> </ul>		
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**Natal, neo-natal and postnatal care**

Situation Analysis: Percentage of institutional deliveries in Bhagalpur 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 Gynecologists and Paediatricians. 5 PHCs in the district – Bihpur, Naryanpur, Navgachiya, Sanhaoula and Gauradih 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 Bhagalpur 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
<ul style="list-style-type: none"> <li>• Strengthening 25% of APHCs to provide 24*7 services</li> <li>• Strengthening 87% of APHCs to provide institutional delivery care.</li> <li>• Strengthening 12 of 16 PHCs to provide institutional delivery care</li> <li>• Setting up 5 CHCs to provide Emergency and Comprehensive Obstetric Care</li> <li>• Ensuring that ambulance services are available for transportation to APHCs and referral to PHCs and CHCs</li> <li>• Developing a pool of skilled births attendants for each block.</li> <li>• IMNCI Training for ASHAs and ANMs</li> <li>• Improving accessibility of skilled birth attendants to communities</li> <li>• Creating community level awareness on the importance of assisted and institutional deliveries through ASHAs</li> <li>• Counseling of mothers and families for early</li> </ul>	<p><b>Strengthening facilities for institutional deliveries (please see facilities section)</b></p> <ul style="list-style-type: none"> <li>• Ensuring availability of fully functional and equipped labour rooms, maternal wards, ambulance services and blood storage facilities</li> <li>• 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</li> <li>• Equipping CHCs, SDH and DH to enable 48 hrs of post delivery stay for mothers and newborns by setting up maternity and neonatal wards</li> <li>• Ensuring availability of required medical officers, nurses and ANMs at all facilities</li> <li>• Appointment of Paediatricians and Gynaecologists at every PHC and CHC</li> <li>• Regular stocks of PPH controlling drugs.</li> </ul> <p><b>Ambulance services</b></p> <ul style="list-style-type: none"> <li>• Identifying ambulance service providers for 17 APHCs, 12 PHCs, 5 CHCs, 2 SDH and 1 DH and signing contracts for services</li> <li>• Focus on increasing exemption to BPL patients in the utilisation of ambulance services</li> </ul> <p><b>Developing a pool of Skilled Birth</b></p>	<p><b>Mobile phones</b> 438 ANMs*Rs2000/mobile phone instrument=Rs.876,000.0</p> <p><b>Monthly mobile bills</b> 438 ANMs*Rs600/month* 12months=Rs.3,153,600.0</p> <p><b>Facility level phones</b> 37 Facilities*Rs1000/phone =Rs.37,000.0</p> <p><b>Landline bills</b> 37 Facilities *Rs500/month*12 months= Rs.222,000.0</p> <p><b>Telephone directory of SBAs for ASHAs</b> Rs.50,000.0</p> <p><b>Printing JBSY cards</b> Rs.100,000.0</p> <p><b>JBSY payments Rural:</b> Rs2,000/beneficiary *90, 000 deliveries estimated= Rs.18,000,000.0</p>

<p>initiation of breastfeeding, colostrum feeding and exclusive breastfeeding for 6 months by ASHAs</p> <ul style="list-style-type: none"> <li>• Weighing of all newborns by ASHAs and AWWs at the community level within 48 hours</li> <li>• Ensuring timely payment of JBSY funds to mothers and ASHAs</li> <li>• Setting up a Sick Newborn Care Unit at the District Hospital</li> <li>• Ensuring telephone connectivity between all facilities providing institutional delivery care</li> </ul>	<p><b>Attendants for each block</b></p> <ul style="list-style-type: none"> <li>• Regular rounds of SBA training for ANMs, LHVs and Nurses.(see training section)</li> <li>• ASHAs to have the names and numbers of skilled birth attendants for every block</li> <li>• Extending the Helpline 102 to enable calling for skilled birth attendants during deliveries</li> </ul> <p><b>Accessibility of skilled birth attendants</b></p> <ul style="list-style-type: none"> <li>• Providing mobile phones to ANMs at Sub centre to enable them to be available for assistance during delivery at the community level</li> </ul> <p><b>IMNCI Training for all ASHAs and ANMs</b></p> <ul style="list-style-type: none"> <li>• IMNCI training for all ASHAs and ANMs</li> </ul> <p><b>EmOC Training</b></p> <ul style="list-style-type: none"> <li>• EmOC training for all MOs and Grade A Nurses at PHCs and CHCs</li> </ul> <p><b>Improving communication between facilities providing institutional delivery services</b></p> <ul style="list-style-type: none"> <li>• Ensuring that 17 APHCs, 12 PHCs, 2 SDH and DH are connected through functional phone lines</li> </ul> <p><b>JBSY</b></p> <ul style="list-style-type: none"> <li>• Creating a JBSY card which combines the services in the MCH card along with info on JBSY payments</li> <li>• Streamlining JBSY money from district to PHC to provide timely payment to beneficiaries and ASHAs.</li> <li>• Support ASHAs to open accounts in the bank.</li> <li>• Explore the options of direct money transfer to ASHAs' accounts.</li> </ul> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• ASHAs to visit newborn baby in first 48 hours to ensure exclusive breast feeding and counsel the families about newborn care and postnatal care.</li> <li>• ANM and staff at facility to provide counseling and support for exclusive breast feeding.</li> </ul>	<p><b>Urban:</b> Rs 1000/beneficiary* 7,000 deliveries estimated= Rs.7,000,000.0</p>
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	<ul style="list-style-type: none"> <li>Each mother to receive a post natal check up before discharge</li> <li>Postnatal follow up by ASHAs and ANMs at the village level</li> </ul> <p><b>Sick Newborn Care Unit</b></p> <ul style="list-style-type: none"> <li>Setting up a Sick Newborn Care Unit at the District Hospital</li> </ul>	
<b>Other services</b>	<ul style="list-style-type: none"> <li>Weekly RTI/STI clinics to be held at all PHCs with OBG visits during these days</li> <li>Monthly RCH camps at distant villages, Doctors and OBG specialists</li> <li>Deputing health workers MOs, SNs/ANMs from PHC, three other staff.</li> <li>Procurement of drugs from the district drug house following the requisition of separate drugs for 12 camps.</li> </ul>	<p>One OBG contracting in daily basis @ Rs.500.0 * 4 days*12 months *12 PHCs = Rs.288,000.0</p> <p>Two OBG/pediatrician contracting in per camp @ Rs.1000.0 * 12 camps * 64 APHCs= Rs.1,536,000.0</p> <p>Cost of each camp @ Rs 5000*12 months*64 APHCs = Rs.3,840,000.0</p> <p>Drugs for each camp @ Rs 2000*12 months*64 APHCs = Rs.1,536,000.0</p>

## B. Infant Health

### Objectives

- Ensuring that 50% of children (0-6 months old) are exclusively breastfed
- Increase in percentage of children (12-23 months) fully immunised (BCG, 3 doses of DPT, Polio and Measles) 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
<ul style="list-style-type: none"> <li>Counseling mothers and families to provide exclusive breastfeeding in the first 6 months</li> <li>Convergence with WCD</li> </ul>	<ul style="list-style-type: none"> <li>Meeting with WCD officials to review the status of implementation of the Rajiv Gandhi Creche scheme</li> <li>Training by Health</li> </ul>	<p><b>Creche worker training</b> 70 batches*Rs10,000/batch= Rs.700,000.0</p> <p><b>NRC setting up</b> 3 SDH*Rs.30,000.0= Rs.90,000.0</p>

<p>Department for implementation of Rajiv Gandhi Creche Scheme at NREGA worksites to enable exclusive breastfeeding and child care by women workers</p> <ul style="list-style-type: none"> <li>• Identification of severely undernourished children (Grade III &amp; Grade IV) through monthly health checkups at AWC.</li> <li>• Setting up a Nutrition Rehabilitation Centre at SDH Naugachiya, SDH Kahalgaon and District Hospital</li> </ul>	<p>Department of crèche workers on nutrition and child care</p> <ul style="list-style-type: none"> <li>• Organising health checkups at AWC for children in the 0-6 year age group on the 2<sup>nd</sup> Monday of every month</li> <li>• Referral of severely undernourished sick children to Nutrition Rehabilitation Centre (NRCs)</li> <li>• Setting up 10 bedded NRCs at SDH Naugachiya, Kahalgaon and District Hospital</li> <li>• 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</li> </ul>	<p><b>NRC Staff</b> 3 Staff Nurses*Rs.7500/month*12 months*3 SDH= Rs.810,000.0</p> <p><b>Kitchen equipment</b> 3 SDH*Rs.5,000.0= Rs.15,000.0</p> <p><b>Kitchen expenses(including salary of cook)</b> 3 SDH*Rs12,000.0/month*12months= Rs.432,000.0</p> <p><b>Wage loss compensation</b> 3 SDH*Rs90/day*30days*12 months=Rs.97,200.0</p>
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#### 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
<ul style="list-style-type: none"> <li>• Promotion of health seeking behaviour for sick children through BCC campaigns.</li> <li>• BCC for pregnant women and mothers to regarding feeding practices, immunisation, and other aspects of child care.</li> <li>• Capacity building of ASHA, AWW and ANM for the management of common childhood diseases and identification of serious cases for referral.</li> </ul>	<ul style="list-style-type: none"> <li>• Training of ANM and AWW for IMNCI</li> <li>• Training ASHAs to refer sick child to facility in case of serious illness.</li> <li>• ASHAs equipped to provide ORS to children with diarrhea and suggest referral in case of emergency.</li> <li>• Regular stock up of ASHA drug kits.</li> <li>• Providing weighing machines to every AWC to ensure monthly weighing</li> <li>• ASHAs to support AWWs in monthly weighing</li> </ul>	<p>IMNCI training (pls refer to training section for details)</p> <p><b>ASHA Drug Kit</b> 1970 ASHAs*Rs600/kit= Rs.1,182,000</p> <p><b>Weighing machine</b> 2215 AWWs*Rs.1000/machine= Rs.2,215,000.0</p>

#### Health Services - Immunisation

Situation Analysis: According to DLHS 3, percentage of children (12-23 months) fully immunised (BCG, 3 doses each of DPT, Polio and Measles) is only 50.0%. The immunisation coverage has increased from 43.4 which was DLHS 2 figure, however much improvement is still required. As per DLHS 3, percentage of children who received BCG vaccine is 88.5%, percentage of children who received 3 doses of polio vaccination is 62.4%, children who receive 3 doses of DPT is 62.8%, and children who receive measles vaccine is 71.9%. Children who received at least one dose of vitamin A

is 63.9% while those who received three doses of Vitamin A is 22.8. The District currently faces a shortage of skilled vaccinators.

**Muskhan EK Abhiyan: Immunization of all pregnant women for T.T. and children up to one year (full immunization)**

All 2215 AWCs are to be covered under this programme at least once a month. 280+82 HSCs are to be covered under this programme on all Wednesdays observed as immunisation day. APHCs will also provide immunisation services on Wednesday and all days in PHCs/CHC/SDH and SH. Incentives are provided under this programme for AWW, ANM and ASHA when 80 per cent immunisation is achieved. The programme involves organizing Mahila Mandal camps at the AWCs.

Many ANMs in the district are not proficient in administering the vaccines. Skills level of ANMs is low. Routine immunisation training has not been taking place on a regular basis. 453 participants need to be trained in Routine Immunisation in batches of 30. There is a shortage of cold chain equipment such as ILR and deep freezer at PHC level. 3 newly functional PHCs in the district Gauradih, Naryanpur and Kharik do not have ILR and deep freezer. Most of the PHCs are operating with either ILR or deep freezer.

The District has also not received vaccine funds from April 2008. Bhagalpur gets vaccines from WIC, Bhagalpur. The District does not have a vaccine van which obstructs timely supply of vaccines to the district. DPT and needle supply is not timely. The maintenance and repair of cold chain equipment is not being done properly by the company currently appointed. The District also needs to adopt better waste management practices for the disposal of syringe and needles.

Funds for Printing of RI formats are underutilised.

Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>Improving availability of skilled vaccinators.</li> <li>Increasing utilisation of immunisation services through awareness generation by ASHAs and AWWs.</li> <li>Ensuring continued tracking of pregnant women and children for full immunisation</li> <li>Establishing sound monitoring mechanism to review and guide the progress</li> <li>Improving availability and maintaining quality of cold chain equipment</li> <li>Improving timely supply of the vaccines</li> <li>Timely supply of DPT and syringes.</li> <li>Discussion with the state to acquire power of issuing maintenance and</li> </ul>	<ul style="list-style-type: none"> <li>Organising regular routine immunisation training for ANM and AWW and IPC/IEC/BCC trainings for ASHA and AWWs.</li> <li>Organising immunisation camps at every Sub centre level on every Wednesday and at the AWCs on every Saturday.</li> <li>Regular house to house visits for registration of pregnant women for ANC and children for immunisation</li> <li>Developing tour plan schedule of ANM with the help of BHM and MOIC.</li> <li>Timely payment to MOICs to arrange transportation of vaccines from district hospital to PHCs.</li> <li>Regular disbursement of funds from the DIO to MOs for providing incentives to ANMs</li> </ul>	<p><b>Incentives for AWWs</b> 2215 AWWs @ Rs.200.0*12 months = Rs.5,316,000.0</p> <p><b>Incentives for ANMs</b> 2215 (AWC visit by ANM) @ Rs 150.0*12 months = Rs.3,987,000.0</p> <p><b>Incentives for ASHAs</b> 2215 (AWW visit by ASHA) @ Rs 200.0*12 months = Rs.5,316,000.0</p> <p><b>Mahila Mandal Meetings</b> 2215 (Mahila mandals) @ Rs.250.0*12 months = Rs.6,645,000.0</p> <p><b>Per Diem for health workers</b> 3 days @ Rs 50 per day per person* 4430 persons = Rs 664,500</p> <p>7 days for trained vaccinator @ Rs 75/person/day*333 vaccinators = Rs174,825.0</p> <p>One supervisor/3 team for seven days @ 100/person/day = Rs 77,700.0</p> <p>Alternative vaccinators Rs 100/person/day = Rs 4900</p>

<p>repair contract for cold chain equipment from district.</p> <ul style="list-style-type: none"> <li>• Adopting safe disposal policies for needles and syringes</li> </ul>	<ul style="list-style-type: none"> <li>• Regular disbursement of funds for ANMs to provide incentives to AWWs and ASHA workers</li> <li>• Providing per diem for health workers, mobilisers, supervisors and vaccinators and alternative vaccinators</li> <li>• Maintaining the disbursement records</li> <li>• Visits by MOIC, CDPO, BHM, LHV and health educator to monitor the progress of immunisation schedule and prepare report.</li> <li>• Ensuring the unrestricted movement of the monitoring team with fuel for vehicle and funds for hiring of the vehicle.</li> <li>• Maintaining continuous power supply at PHC level for maintaining the cold chain.</li> <li>• Applying for acquisition of ILR and deep freezer for the 3 PHCs which do not have ILR at present</li> <li>• Applying to State Health society for the funding for Vaccine van to get timely stock of vaccines for the districts.</li> <li>• Timely and regular requests from district to state as well as blocks to district to replenish the supply of DPT and syringe.</li> <li>• Rationalisation of courier rates and making request to the SHS for increased funding for courier in order to ensure timely supply of vaccines to sub centres.</li> <li>• Reviewing the contract of Kalka Cooling company, currently responsible for repair and maintenance.</li> <li>• Submitting a proposal to the state health society to acquire power of issuing maintenance and repair contract for cold chain</li> </ul>	<p><b>Supervision</b> 1 vehicle 2 teams 4 days * Rs 650/day = Rs 4,34,200.0</p> <p>Contingencies Rs 1750/block and Rs 3000/district = Rs 31,000.0</p> <p><b>Training</b> Honorarium and TA for participants @ Rs 250 for two days = Rs.113,250.0</p> <p>Honorarium for trainers @ Rs. 600 for two days training = Rs. 27,000.0</p> <p>Contingency Rs.100/day = Rs.90,600.0</p> <p>Budget for print material included with the hand bill in the section of maternal health.</p>
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	<p>equipment from district.</p> <ul style="list-style-type: none"> <li>• Procure stock of hub cutters for all the PHCs for safe disposal of needles and syringe.</li> </ul>	
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### Vitamin A Supplementation Programme-

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

Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Updation of Urban and Rural site micro-plan before each round.</li> <li>• Improving inter-sectional coordination to improve coverage.</li> <li>• Capacity building of service provider and supervisors.</li> <li>• Bridging gaps in drug supplies.</li> <li>• Urban Planning for Identification of Urban sites and urban stakeholders.</li> <li>• Human resource planning for Universal coverage.</li> <li>• Intensifying IEC activities for Community mobilization.</li> <li>• Strengthening existing MIS system and incorporating 9 doses of Vitamin-A in existing reporting structure.</li> <li>• Strong monitoring and supervision in Urban areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation , stationary, data compilation, validation and updating</li> <li>• Constituting district level task force and holding regular meetings</li> <li>• Organising meeting of block coordinators</li> <li>• Training and capacity building of service providers.</li> <li>• Strategy planning meetings, orientation of stakeholders, resource planning and site management for urban centre and orientation of urban supervisors.</li> <li>• Ensuring availability of immunisation cards</li> <li>• Procurement of Vit A Syrup</li> </ul>	<p>Presentation of 11 PHCs + 1 urban centre=12*1000=Rs.12,000.00</p> <p>Constituting district level task force- 1*5000=Rs.5000.00</p> <p>Training of 11 PHCs*Rs1500= Rs.16500.00 12 centres*Rs.5000=Rs.60,000.00</p> <p>Strategy planning workshops- Rs. 7500.00</p> <p>Honorarium to urban vaccinators =250 * 100= Rs. 25,000</p> <p>Honorarium to ASHAs and AWWs- 2632 health workers*100= Rs.263200.00</p> <p>Honorarium to supervisors- Rs.14,400.00</p> <p>Immunisation cards- Rs.120,000.00</p> <p>Procurement of Vit A Syrup- Rs.463,424.00</p> <p>Hiring vehicle for campaigns – Rs.36,000.00</p> <p>IEC/ BCC activities-Rs.60,000.00</p> <p>Vehicle support for monitoring- Rs.72,000.00</p>

		Total budget for two biannual round- Rs.1,155,024.00*2= <b>Rs.2,310,048.00</b>
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## C. Family planning

### Objective

- Fulfilling unmet need of 35% for family planning services at the community level
- Increasing the use of any modern method of family planning from 35% to 50%
- Increasing male sterilisation rates from 0.5% to 2%
- Increasing the utilization of condoms as the preferred choice of contraception from 2.7% to 8%.

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

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

Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• IEC/BCC at community level with the help of ASHAs, AWW</li> <li>• Addressing complications and failures of family planning operations</li> <li>• Training male peer educators to increase awareness amongst men about the importance of contraception and the ease of spacing methods</li> <li>• ASHAs to have a stock of contraceptives for distribution</li> </ul>	<p><b>Spacing methods</b></p> <ul style="list-style-type: none"> <li>• Selecting and training male peer educators (1 for every 500 persons) in 5 blocks to counsel men for the adoption of spacing methods</li> <li>• Interpersonal counseling of eligible couples on family planning choices by ASHAs and male peer educators</li> </ul> <p><b>Limiting methods</b></p> <ul style="list-style-type: none"> <li>• Family planning day at all health facilities every month.</li> <li>• ANM and ASHA to report complications and failure cases at community to facility.</li> <li>• Quick facility level action to address complications and failures.</li> <li>• Streamlining compensation channels</li> <li>• Streamlining incentives for MOs</li> </ul> <p><b>Abortion services</b></p> <ul style="list-style-type: none"> <li>• MTP services to be provided at all PHCs.</li> </ul>	<p><b>Training of Male Peer Educators</b> 40 batches (25 educators in each batch trained for 3 days)*Rs3000.0/batch=Rs.120,000.0</p> <p><b>Incentives</b> For 2000 NSVs @ Rs 1500 = Rs.3,000,000.0 For 20,000 tubectomies @ Rs 900= Rs.18,000,000.0 For 80,000 IUD insertions @ Rs 20 per case= Rs.1,600,000.0</p>

	<p><b>Training</b></p> <ul style="list-style-type: none"> <li>• Training of MOs for conducting tubectomy and vasectomies procedures using Laproscopy</li> <li>• Training of MOs for providing MTP services</li> <li>• Training of ANMs on encouraging reproductive choices and the features of different methods</li> <li>• Training of ASHAs on family planning choices, contraceptives and behavior change communication</li> </ul>	
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#### D. Adolescent Reproductive & Sexual Health

##### Objectives

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

<p>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.</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Providing life skills education to married and unmarried adolescent girls by ASHAs and AWWs</li> <li>• Treating anemia among adolescent girls and boys</li> </ul>	<ul style="list-style-type: none"> <li>• Training of ASHAs and AWWs on providing life skills education to adolescent girls</li> <li>• Screening of all adolescents especially girls for anemia during the monthly health checkups of children at AWC on the 2<sup>nd</sup> Monday of every month</li> <li>• Screening of all adolescents for RTIs and STIs</li> <li>• Providing IFA supplementation to adolescents</li> </ul>	<p>RTI/STI Screening budget included in the RCH camp</p> <p><b>Anaemia Screening</b> 2215 AWCs*Rs500.0*12month = Rs.13,290,000.0</p> <p><b>IFA supplements</b> Rs.100,000.0</p>
<p>School Health Programme</p>		
<p>Situation Analysis: There are about 800 government middle schools where the camps are conducted. Till date 175 camps have been completed, covering 175 schools. The services provided</p>		

include refraction, general check up, and distribution of medicines.

Strategy	Activity	Budget
<ul style="list-style-type: none"> <li>• Continuing the school health programme</li> <li>• Initiation of School Health Programmes in Primary/high school</li> <li>• Ensuring proper referral and follow-up of students</li> </ul>	<ul style="list-style-type: none"> <li>• Requisition to be sent to the state health society for expanding the school health programme to primary and high school of government schools.</li> <li>• School Health programmes to be conducted through partnership with NGOs</li> <li>• Requisition to state for providing spectacles for refractive corrections</li> <li>• Providing referral cards for the needy children to the nearest PHC/SH</li> <li>• Providing an award for the 'Healthiest' school in the block</li> </ul>	<ol style="list-style-type: none"> <li>1. For 800 schools @ Rs 2500 per camp =Rs.2,000,000.0</li> <li>2. Rs 10,000 per block for healthy school award *16 blocks =160,000.0</li> </ol>

## National Vector Borne Disease Control Programmes

### A. National Leprosy Elimination programme

#### Objective

- To reduce the leprosy disease prevalence rate to <1

#### Situation analysis:

Currently disease prevalence rate per 10,000 population is 1.29

Disease detection rate per 10,000 population is 1.63

Number of cases under treatment is 375

New patients registered – 473

Percentage of children in new cases – 15.64

Percentage of deformity – 3.59

Percentage of SCs in new cases – 16.27

Percentage of ST in new cases – 2.74

Total treated patients treated from April'08 to Dec'08 – 365

**Infrastructure:** The district has an upgraded district leprosy office, leprosy control units at Kahalgaon and Naugachia, modified leprosy control unit at Bhagalpur, leprosy training centre at Bhagalpur and a 20 bedded leprosy hospital at Bhagalpur.

**Human Resources:** 2 MOs are in position and 3 more are required. 1 social health worker is in position while an additional 13 need to be placed. 1 Health Educator is present. 23 non-medical assistants are in position and 33 more are needed. 6 clerks are available and 4 are needed. 1 Grade A Nurse is available while 3 additional nurses are required. 1 laboratory technician is present and 4 more are needed, 2 drivers are present and 3 more are needed. 1 male ward attendant is present and 3 more are needed. 1 cook is required. 1 assistant helper is present and 1 more is required, 1 peon is present and six more are needed, 1 sweeper is needed. 3 Physiotherapists are available.

Strategy	Activity	Budget
<ul style="list-style-type: none"> <li>Enhancing the case detection rate</li> <li>Strengthening of all health facilities for case detection</li> <li>Creating awareness among the community about the disease</li> <li>Strengthening health facilities for management of deformity cases</li> <li>Separate pediatric ward for treating of children at the Bhagalpur leprosy unit</li> <li>Filling vacant posts</li> <li>Ensuring continued training</li> </ul>	<p><b>Improving case detection</b></p> <ul style="list-style-type: none"> <li>House to house visits for tracing cases of Leprosy, by health workers (BHWs, ASHA, ANM)</li> <li>Detected cases are to be taken to hospital for proper counseling, by professional counselors</li> <li>The cases detected are to be monitored and followed up by health workers, mainly by BHWs/ASHA to detect deformity.</li> </ul> <p><b>IEC/BCC to create awareness</b></p> <ul style="list-style-type: none"> <li>Awareness creation among community by having hoardings, pamphlet, advertisements in the news papers.</li> <li>Sensitization of AWW</li> <li>School quiz contest</li> </ul>	<p><b>Hoardings</b> Rs.420,000.0</p> <p><b>Handbills</b> Rs.35,000.0</p> <p><b>AWW Sensitisation</b> 54 batches*Rs.4500/batch= Rs.243,000.0</p> <p><b>School Quiz</b> Rs.280,000.0</p> <p><b>Gram Goshtis</b> Rs.140,000.0</p> <p><b>Health Camps</b> Rs.140,000.0</p> <p><b>Rally</b> Rs.84,000.0</p> <p><b>Awareness in Urban areas</b> Rs.100,000.0</p> <p><b>Strengthening facilities</b> Fuel + vehicle=Rs.180,000.0</p>

	<ul style="list-style-type: none"> <li>• Awareness in the community through Gram- Goshti.</li> <li>• Organizing 2 Health camps in each block.</li> <li>• Rally to create awareness</li> <li>• Awareness in urban areas</li> </ul> <p><b>Strengthening Facilities</b></p> <ul style="list-style-type: none"> <li>• Increasing availability of fuel, vehicle, stationary and medicine at facility level</li> </ul> <p><b>Human Resources</b></p> <ul style="list-style-type: none"> <li>• Walk-in interview for filling of all required staff at the district level.</li> <li>• Continued training for all health workers</li> <li>• Training of all health workers specifically in counseling patients and the family about the disease</li> <li>• Contracting of services that are essential for management of cases</li> <li>• Contracting of a consoler at least at the PHC level.</li> </ul>	<p>Stationary=Rs.40,000.0  Medicine=Rs.20,000.0  Patient welfare=Rs. 15,000.0</p>
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B. Revised National Tuberculosis Control Programme (RNTCP)

Situation analysis: The RNTCP is mainly to control the spread and treatment of Tuberculosis. Under this programme, sputum is collected from suspected cases and cases are referred to nearest the center by health workers. Annualised total case detection rate is 138.46 with 3908 patents put on treatment.

**Infrastructure:**

28 MCs are present and 20 are required and 8 are planned; two MCs are already built but need manpower to function.. Construction of 8 DMCs is required in which Sajjour & Dholbazza DMC is most urgent. One DTC present, six TUs need up-gradation. Five have been upgraded and one is planned this year.

**Human resources**

671 Community Volunteers are present and 200 more need to be added. Budget is available from last years plan for hiring contractual services of STS, STLS, TBHV, DEO, Part time accountant and contractual LTs.

**Equipment**

An inverter is needed as well as procurement of laboratory materials as per guidelines

**Partnerships**

6 new NGOs and 30 private practitioners are to be enrolled in this current year

Strategy	Activity	Budget
<ul style="list-style-type: none"> <li>• Ensuring timely construction</li> </ul>	<ul style="list-style-type: none"> <li>• Upgradation of one TU</li> </ul>	<p><b>Upgradation of TUs</b></p>

<p>of DMCs and upgradation of DTCs.</p> <ul style="list-style-type: none"> <li>• Create awareness among the community</li> <li>• Ensuring early case detection and prompt treatment</li> <li>• Bridging the gap between NGOs and government health facilities and officials thereby creating a synergistic effect on overall process of awareness.</li> <li>• Building network with private practitioners to widen the reach of TB services. IEC/ BCC activities to create awareness</li> <li>• Ensuring adequate supply of equipment and materials</li> <li>• Ensuring filling of vacant posts</li> <li>• Ensuring timely training of all newly recruited staff</li> </ul>	<ul style="list-style-type: none"> <li>• Upgradation of 8 MCs</li> <li>• Strengthening TB labs</li> <li>• The newly constructed facility to be made functional.</li> <li>• Identifying laboratories for early detection of suspected cases at the block level</li> <li>• Educating community through ASHA/ANM and NGOs about identifying the cases with chronic cough with sputum.</li> <li>• Identifying the press for printing of information materials and displaying them in the community.</li> <li>• Requisition for revising the honorarium amount to be proposed to DHS</li> <li>• Networking with the old and new NGOs by having regular meetings at the district level</li> <li>• Establishing a network of private practitioners for reporting/referring of suspected cases.</li> <li>• Undertaking a publicity campaign to create awareness with the use of publicity materials such as banners, hoardings and handbills and printing of publicity poster</li> <li>• Outreach activities such as patient interaction meeting and community meetings</li> <li>• Organising awareness activities in schools</li> <li>• Organising community level sensitisation meetings to create opinion leaders</li> <li>• Organising world TB day</li> <li>• Maintenance of equipments</li> <li>• Other miscellaneous expenses</li> <li>• Requisition for state level procurement agency to establish a district level units</li> <li>• Vehicle maintenance</li> <li>• Vehicle hiring</li> <li>• Advertising for filling vacant posts</li> <li>• Filling vacancies for STS, STLS, TBHV, DEO, part time accountant and contractual</li> </ul>	<p>Rs.35,000.0</p> <p><b>Upgradation of 8 MCs</b> Rs.240,000.0</p> <p><b>Purchase of Lab materials</b> Rs.418,500.0</p> <p><b>NGO networking</b> Rs.150,000.0</p> <p><b>Building network with private practitioners</b> Rs.125,000.0</p> <p><b>Publicity Campaign</b> Rs.119,500.0</p> <p><b>Outreach activities</b> Rs.30,000.0</p> <p><b>School awareness activities</b> Rs.40,000.0</p> <p><b>Community meeting</b> Rs.9,600.0</p> <p><b>World TB day</b> Rs.10,000.0</p> <p><b>Maintenance of equipment</b> Rs.30,000.0</p> <p><b>Misc expenses</b> Rs.418,500.0</p> <p><b>Vehicle Maintenance</b> Rs.250,000.0</p> <p><b>Vehicle Hiring</b> Rs.336,000.0</p> <p><b>Human resources</b> Rs.700,000.0</p>
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	LTs. <ul style="list-style-type: none"> <li>Honorarium to health workers at per 250 per patients.</li> </ul>	
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C. Malaria, Kala Azar and Filaria-

Kala Azar		
<p><b>Situation Analysis</b> - Cases are reported from Pirpainthi and Kahalgaon blocks, making these as endemic areas. There are around 164 villages affected in eight blocks and 12 PHC areas fall under the A priority zone. Surveillance has been less effective in detecting the exact burden of the epidemic. Cases that needed hospitalisation were provided service and remuneration as per GoB Kala Azar programme (i.e., Rs 50 per pt., food for 30 days qid). The challenge for the district has been poor follow up. Control measures for Kala-Azar like spraying of DDT in hot spots has been minimal due to inadequate manpower. Population to be covered: 446773 – therefore spraying has to be done fortnightly during the month of May-June.</p> <p>DDT &amp; Spraying Equipment to be needed:            DDT (50%) – 16.8 MT            DDT (50%) – 9.2 MT (available)            Bucket required 48            Gallan measure – 24            Pond Measure – 24            Nozzle Tips – 192 pics            Cup leather washer – 384 pics            Strirrup Pumps – 48            Mosquito Bed Net</p> <p>Human resources required- At present only 20 BHW are present in the district against the total requirement of 70. District also needs 12 Malaria inspectors. DMO has responsibility of one more district than Bhagalpur. There is need to increase human resources available for DDT spraying. District needs 24 teams each comprising of 6 persons in order to successfully complete spraying task.</p>		
Strategy	Activity	Budget
<ul style="list-style-type: none"> <li>Ensuring early diagnosis and prompt treatment</li> <li>Ensuring active surveillance in the villages</li> <li>Creating awareness about prevention of Kala Azar and GoB schemes.</li> <li>Ensuring prompt prevention and control of the spread of Vector</li> <li>Ensuring adequate quantity of DDT at all PHCs/APHCs</li> <li>Ensuring adequate supply of Mosquito bed nets</li> </ul>	<ul style="list-style-type: none"> <li>House to house visits for tracing cases of Kala Azar, by health workers (BHWs, ASHA, ANM)</li> <li>Collection of reports from local private practitioners and laboratories in the village</li> <li>Adequate stock of essential drugs, like Amphotericin B at PHCs, SDH and DH</li> <li>Follow-up of all the cases discharged from the Hospitals for 3months and test with RK 39 for PKDL cases. The follow-up to be done by BHWs/BHI</li> <li>Identifying the pockets in the village and the spraying DDT in these places.</li> </ul>	<p><b>Office expenditure-</b> Rs. 3600.00</p> <p><b>Contingency Fund-</b>Rs. 3600.00</p> <p><b>Transportation of DDT-</b> Rs. 12,000.00</p> <p><b>IEC Van -</b> IEC van @ 750 per PHC per day for 60 days= Rs.360,000.00</p> <p><b>Training to BHW-</b> Rs. 3000.00</p> <p><b>Wages-</b>            SFW @ Rs.86 per day of spray worker= Rs.123,840.00            + FW@70 Rs per day Rs. 50400=  <b>Rs. 627,840.00</b></p>

<ul style="list-style-type: none"> <li>• Ensure filling of vacant BHW and MI posts in the A priority PHCs</li> <li>• Revising the wages for DDT spraying team</li> </ul>	<ul style="list-style-type: none"> <li>• Announcement in the villages about the days of active spraying of DDT inside the houses and village along with advice about preparing the house for spraying of DDT.</li> <li>• Local announcement about the prevention of KalaAzar in the village and the benefits offered by GoB at the nearest health facility</li> <li>• Following the DDT spraying schedule as mentioned in action plan.</li> <li>• Autonomy and funds for local purchase of DDT and other</li> <li>• Procurement of requisite materials</li> <li>• Basic training of health workers (BHWs) in spraying and mixing of DDT.</li> <li>• Autonomy and funds for purchase of mosquito bed nets locally</li> <li>• Training to BHWs for treating the bed nets with chemical solution</li> <li>• Contractual appointment of BHWs and MIs</li> <li>• Discussing with DHS for revising the wages for the team for spraying DDT.</li> <li>• Training of local people for spraying DDT in case of non-availability of manpower.</li> </ul>	
		<b>Total- Rs. 1,010,040.00</b>

### Malaria Control Programme

**Situation Analysis:** District faces lack of laboratory technicians and facilities at the APHC/PHC level. This has proved to be a hurdle in prompt diagnosis of the cases. All BHW, BHI, ANM are responsible for collecting the BS of the suspected cases. The exact burden of disease in Bhagalpur 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 nets but anti-malarial drugs are in abundant.

Strategy	Activities	Budget
<ul style="list-style-type: none"> <li>• Ensuring registration of all private laboratories</li> <li>• Filling-up of all vacant posts</li> <li>• Enhancing BCC activities</li> <li>• Ensuring adequate supply of mosquito bed nets</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting with DM for issuing an order for all old and new laboratories to register with DHS.</li> <li>• Following their registration, they would be expected to report all the disease specific cases to the DHS.</li> <li>• All HWs would also be then requested to collect the reports.</li> <li>• Training of all health workers in BCC.</li> </ul>	Health workers- 50 additional health workers for spraying DDT on daily basis @Rs 200 * 30 days= Rs.300,000.00

	<ul style="list-style-type: none"> <li>• Supply of bed nets as per Kala-Azar</li> </ul>	
		<b>Total- Rs.300,000.00</b>
<b>Filaria Control Programme-</b>		
<p><b>Situation Analysis-</b> Similar to Malaria and Kala Azar, 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 population where cases have been detected.</p>		
<b>Strategy</b>	<b>Activities</b>	<b>Budget</b>
<ol style="list-style-type: none"> <li>1. Early diagnosis and prompt treatment</li> <li>2. Ensuring registration of all private laboratories</li> <li>3. Filling all vacant posts</li> <li>4. Enhancing BCC activities</li> <li>5. Ensuring adequate supply of mosquito bed nets</li> <li>6. Ensuring adequate supply of drugs</li> </ol>	<ol style="list-style-type: none"> <li>1. House to house visits for tracing cases of Filariasis, by health workers (BHWs, ASHA, ANM)</li> <li>2. Collection of reports from local private practitioners and laboratories in the village</li> <li>3. Meeting with DM for issuing an order for all old and new laboratories to register with DHS.</li> <li>4. Following their registration, they would be expected to report all the disease specific cases to the DHS.</li> <li>5. All HWs would also be then requested to collect the reports.</li> <li>6. Training of all health workers in BCC.</li> <li>7. Supply of bed nets as per Kala-Azar</li> <li>8. District level procurement of drugs for MDA, with funds from respective department.</li> </ol>	<p><b>Health workers-</b>20 Additional workers on daily basis @ Rs 200 * 30 days= Rs.120,000.00</p> <p><b>Publicity campaign-</b> Rs.30,000.00</p> <p><b>Handbills and hoardings for BCC and IEC campaign –</b> Rs. 50,000.00</p>
		<b>Total- Rs.200,000.00</b>

#### D. National Blindness Control Programme

Strategy	Activities	Budget
<ol style="list-style-type: none"> <li>1. Prompt case detection</li> <li>2. Ensuring proper treatment</li> </ol>	<ul style="list-style-type: none"> <li>• Screening of all children in the schools</li> <li>• Including Optometrists in Mobile medical units visits to camps in villages.</li> <li>• Fortnightly visit by optometrist optometrician to health sub-centers and weekly visit to APHCs</li> </ul>	<p><b>Optometric-</b> 10 Optometrics *Rs.4000= Rs.480,000.00.</p> <p>Contracting in ophthalmologist- 25 ophthalmologist @Rs. 300 per hour* 8 Hours*2 weeks per month*12= Rs.1,440,000.00</p> <p>Distribution of spectacles- 5,000spectacles* Rs.200 per</p>

	<ul style="list-style-type: none"> <li>• Contracting of ophthalmologist services</li> <li>• Distribution of spectacles from the health facilities</li> <li>• Conducting in-hospital minor surgeries for cataract.</li> <li>• Conducting surgeries in the NGO run hospitals and follow-up</li> <li>• Distribution of spectacles for BPL population undergoing surgery in private sector.</li> </ul>	spectacle=Rs.10,00,000.00
		<b>Total- Rs.29.20,000.00</b>

## 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 Sanitation 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		
<p>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</p>		
Strategies	Activities	Budget
<ul style="list-style-type: none"> <li>• Sanction of 358 additional ASHAs</li> <li>• 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.</li> <li>• Community based review of existing ASHAs for performance and replacement of non-functional ASHAs.</li> <li>• Partnership with local, active voluntary organizations with a background in community health work in the community based selection and review</li> </ul>	<ul style="list-style-type: none"> <li>• Submission of proposal for the sanction and selection of 358 additional ASHAs</li> <li>• Development of an IEC campaign on the role of of the ASHA using print and folk media by Block Health Educators</li> <li>• Building partnerships with NGOs for conducting an IEC campaign on the ASHA programme</li> <li>• Monitoring of the IEC Campaign by Block Health Educators</li> <li>• Determining the community based selection and review process for ASHAs by DHS.</li> <li>• Partnership with NGOs for implementing the community based selection and review process</li> <li>• Monitoring of NGO</li> </ul>	<p><b>Selection</b> Rs100/visit for ASHA selection* 3 visits/ASHA * 358 ASHAs=Rs.107,400.0</p> <p><b>Selection meetings</b> Rs. 250/meeting/ ASHA* 358 ASHAs=Rs.89,500.0</p> <p><b>Review</b> Rs 100/visit for review meetings* 2 visits/ASHA*1968 ASHAs=Rs.393,600.0</p> <p><b>Review meetings</b> Rs 250/meeting/ ASHA* 1968 ASHAs= Rs.492,000.0</p> <p><b>Campaign for ASHA</b> 1536 Villages* Rs200/Kalajatha event= Rs. 307,200.0</p> <p><b>Monitoring of selection and review process</b> 12 visits/block*16 blocks*Rs200/visit=</p>

process	partnership for community based selection and review of ASHAs by Block Health Educators.	Rs.38,400.0
<b>2. Training</b>		
Situation Analysis: Out of 1968, 1910 ASHAs have received only the first round of training.		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>• Conducting 12 days of camp based training for all ASHAs</li> <li>• Conducting 30 days of field based training for 30% of ASHAs in the district.</li> </ul>	<ul style="list-style-type: none"> <li>• Selection of trainers (8 trainers per block, 1 per 20 ASHAs. A total of 128 trainers)</li> <li>• Development of training modules for training of trainers (TOT) and ASHAs.</li> <li>• 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.</li> <li>• Developing a training calendar for training 2326 ASHAs in 3 training phases of 750 ASHAs each</li> <li>• Training of Trainers: (6 batches of approx 20 trainers each to be trained for 7 days. Trainings can be organized parallelly for two batches.)</li> <li>• 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 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.</li> <li>• Phase 2 to be started by the 3rd month of Phase 1 and Phase 3 to be started by the 3<sup>rd</sup> month of Phase 2.</li> <li>• ASHAs trained in the 1<sup>st</sup></li> </ul>	<p><b>Camp Based trainings</b></p> <p><b>Training of trainers expenses</b> 128 Trainers*7 days*Rs.100/day for food and travel= Rs.89,600.0</p> <p><b>Prep of TOT modules</b> 128 Trainers* Rs.300/module= Rs.38,400.0</p> <p><b>ASHA training expenses</b></p> <p><b>Travel expense</b> 2326 ASHAs*Rs 100/training* 4 trainings= Rs.930,400.0</p> <p><b>Wage loss</b> 2326 ASHAs*Rs100/day*12 days= Rs2,791,200.0</p> <p><b>Food +Stay=</b> 2326 ASHAs*Rs.70/day*12 days= Rs.1,953,840.0</p> <p><b>ASHA training modules</b> 2326 ASHAs *Rs 300=Rs.697,800.0</p> <p><b>District Resource Person's honorarium=</b> 26 DRPs* Rs150/day*300 days= Rs.1,170,000.0</p> <p><b>ASHA trainers honorarium</b> 128 ATs*Rs.100/day* 300days= Rs.3,840,000.0</p>

	<p>phase are expected to receive 30 days of field based training through the ASHA trainers.</p> <ul style="list-style-type: none"> <li>• Training review by Master trainers and hands on support to ASHA trainers during ASHA training</li> <li>• Review of and support to field based training provided by ASHA trainers</li> <li>• Continuous capacity building of ASHA trainers through cluster, block and district level monthly meetings</li> </ul>	
<b>3. Supportive Supervision</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>• ASHA trainers as supportive supervisors of the ASHA</li> <li>• Regular meetings of ASHAs and their trainers to review activities and provide support</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly cluster level meetings of ASHAs, ANMs, AWWs, VHSC members and ASHA trainers</li> <li>• Monthly block level trainer's meeting</li> <li>• Monthly district level trainer's meeting</li> <li>• Development of simple monitoring formats to be filled out by ASHA trainers, and District Resource Persons to review the functionality of the programme</li> <li>• Organising an ASHA mela every year at the District level to create a sense of solidarity and support amongst ASHAs</li> <li>• ASHA Helpline to be managed by the ASHA helpdesks</li> <li>• Selecting active ASHAs with leadership qualities to be ASHA trainers</li> </ul>	<p><b>Block level trainer meeting</b> Rs 500/meeting*12 meetings* 16 blocks=Rs.96,000.0</p> <p><b>District level trainer's meeting</b> Rs.500*12 meetings= Rs.6,000.0</p> <p><b>Printing of monitoring formats =Rs.5000.0</b></p> <p><b>ASHA Mela</b> Rs.100,000.0</p>
<b>4. Incentive</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>• Timely release of monetary incentives to ASHAs</li> <li>• Instituting social incentives for ASHAs</li> </ul>	<ul style="list-style-type: none"> <li>• Review of hurdles in receiving incentives during training sessions</li> <li>• Smoothing process glitches</li> <li>• Sensitising MOs to honour ASHA referral</li> <li>• Ensuring that ASHAs have all updated contact information of health system functionaries at</li> </ul>	<p>ASHA awards Rs. 50,000.0</p>

	<p>the relevant block and district level</p> <ul style="list-style-type: none"> <li>• Instituting an award for 10% of ASHAs at the district level</li> </ul>	
<b>5. ASHA Programme Management</b>		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ul style="list-style-type: none"> <li>• Strengthening the DPMU for effective coordination of the ASHA programme by hiring an ASHA coordinator</li> <li>• Joint working of DPMU and Health Educators on operationalisation of the ASHA programme</li> </ul>	<ul style="list-style-type: none"> <li>• Advertising for an ASHA coordinator at the district level</li> <li>• Recruitment of ASHA coordinator</li> <li>• Health educators at the block level to support in ASHA training</li> </ul>	<p>ASHA Coordinator Rs.15,000.0/month* 12months= Rs.180,000.0</p> <p>Cost of recruitment Rs.15,000.0</p>
<b>Village Health &amp; Sanitation Committees</b>		
Situation analysis: VHSCs have not yet been set up		
<b>Strategies</b>	<b>Activities</b>	<b>Budget</b>
<ol style="list-style-type: none"> <li>1. Campaign on the importance and roles of VHSCs</li> <li>2. Setting up of all VHSCs</li> <li>3. Ensuring that VHSC funds are received by all VHSCs</li> </ol>	<ol style="list-style-type: none"> <li>1. Kala jathas on the role and importance of VHSCs</li> <li>2. Partnerships with NGOs for setting up of VHSCs through 2 rounds of Gram Sabha meetings</li> <li>3. Opening of bank accounts for all VHSCs</li> <li>4. Ensuring transfer of funds</li> </ol>	<p>1536 Villages* Rs200/Kalajatha event= Rs. 307,200.0</p> <p>VHSC untied funds 1536 Villages*Rs10,000= Rs.15,360,000.0</p>

## Capacity Building and Training

Maternal health		
<p><b>Situation Analysis-</b></p> <p><b>SBA Trainings-</b> SBA trainings are being organized in Jawaharlal Nehru medical college and Hospital (JLNMCH) Bhagalpur. 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.</p> <p><b>EMOC Training-</b> Only 1 medical officer from the district has received EmOC training. 20 doctors and 10 ANMs have received safe abortion services training.</p> <p><b>IMNCI-</b> 48 medical officers have received IMNCI ToT. In addition 48 Health supervisors, ICDS lady supervisors and free lancers have got the IMNCI ToT. 440 AWW have received training for IMNCI. 76 ANMs have completed IMNCI training. No staff nurse and LHV have received IMNCI training.</p> <p><b>Family Planning -</b> 4 doctors have received Non scalpel Vasectomy training. No Minilap training has been organized in the district.</p>		
Strategy	Activities	Budget
<ul style="list-style-type: none"> <li>• SBA training to Sub centre ANMs.</li> <li>• SBA training to all three staff nurses from 17 priority APHCs</li> <li>• Building capacity of 2 staff nurses from each of 12 PHCs, 5 CHCs, 2 SDHs and district hospital. Facility</li> <li>• Establishing district level training centers for regular trainings of the district staff.</li> </ul>	<ul style="list-style-type: none"> <li>• 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=263+34=307. Therefore 51 batches each comprising of 6 ANMs have to be trained.</li> <li>• 2 Staff nurses from each of 12 PHCs, 5 CHCs, 2 SDHSs and district hospital. Total number of SNs to be trained=40. So total 7 batches need to be trained.</li> <li>• 1 LHV from each PHC. total number of LHV=12. So 2 batches for training.</li> </ul> <p><b>EMOC-</b></p> <ul style="list-style-type: none"> <li>• 2 medical officer s from District hospital, SDHs and 5 CHCs.</li> <li>• 1 MO from each PHC</li> <li>• 1 MO from 17 priority APHCs.</li> <li>• Total number of MOs to be trained=45. Total 9 batches to be trained.</li> </ul> <p><b>Safe abortion services training</b></p>	<p><b>SBA trainings</b> SBA trainings for ANM- 44batches*Rs.8275per batch=Rs.422,025.00</p> <p>Staff Nurses- 7 batches*Rs.8275per batch=Rs.57,925.00</p> <p>LHV- 2 batches*Rs.8275=16,550.</p> <p><b>EMOC</b> 9 batches*Rs.106625per batch=Rs.959,625.00</p> <p><b>Safe abortion services training</b></p> <p>9 batches*Rs.8,000=Rs.72,000.00</p> <p><b>IMNCI-</b> <b>Basic health worker training.</b> 81*100,359=Rs.8129079</p> <p><b>Health worker ToT-</b> 2 batches*Rs.116,235=</p>

	<ul style="list-style-type: none"> <li>• 2 medical officer s from District hospital, SDHs and 5 CHCs.</li> <li>• 1 MO from each PHC</li> <li>• 1 MO from 17 priority APHCs.</li> </ul> <p>Total number of trainees-45. Total number of batches=9.</p> <p><b>IMNCI-</b> Basic training for-</p> <ol style="list-style-type: none"> <li>1. 387 ANMs.</li> <li>2. 48 LHV's,</li> <li>3. 1512 AWWs</li> </ol> <p>Physician's training 162 Mos</p> <p><b>Anaesthetics skill training-</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>NSV training</b></p> <ul style="list-style-type: none"> <li>• 1 MO from each block PHC. So two batches of 6 participants each.</li> </ul> <p><b>STI/RTI training-</b></p> <ul style="list-style-type: none"> <li>• 1 MO from each functional PHC and 1 each from DH, 2 SDH and 5 CHCs. So two batches of 6 participants each.</li> </ul> <p><b>MINLAP training</b></p> <ul style="list-style-type: none"> <li>• 1 MO from each functional PHC and 1 each from DH, 2 SDH and 5 CHCs. So two batches of 6 participants each.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Training on Family Planning choices and IUD insertion</b></li> <li>• 1 ANM from each of 64 APHC</li> <li>• 1 ANM from 12 functional PHC</li> <li>• 1 ANMs from 5 CHCs, 2 SDH and DH. So total number of ANM=84. So total 14 batches to be trained.</li> </ul> <ul style="list-style-type: none"> <li>• <b>ARSH training</b></li> <li>• 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</li> </ul>	<p>232470</p> <p><b>Basic physician's training</b> 7 batches*Rs.126,630=Rs. 886,410.00</p> <p><b>Follow up trainings-</b> 4 batches*40,131=Rs.160524.00</p> <p><b>Anaesthetics skill training=</b> 4 batches*Rs. 140,800=Rs.563,200.00</p> <p><b>NSV training</b> 2 batches*Rs.10,000=Rs.20,000.00</p> <p><b>STI/RTI training-</b> 2 batches*Rs.10,000=Rs20,000.00</p> <p><b>MINLAP training</b> 2 batches*Rs.10,000=Rs20,000.00</p> <p><b>Training on Family Planning choices and IUD insertion</b> 14 batches*Rs.10,000=Rs.140,000.00</p> <p><b>ARSH Training</b> 2 batches*Rs.8000=Rs.16,000.00</p> <p><b>SNCU training-</b> 2 batches*Rs.50,000=Rs100,000.00</p> <p>Rs.100,000</p>
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	<p>each.</p> <ul style="list-style-type: none"> <li>• <b>SNCU training-</b> 2 MOs from 5 CHCs, SDH and DH. Total number of MOs to be trained=3 batches.</li> </ul> <p>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.</p> <p>Demanding and follow-up of the demand for training budget.</p>	
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### Revised National Tuberculosis Control Programme

**Situation analysis-** 114 MOs in the district have received RNTCP Training. 23 LTs, 507 MPWs, 44 MPHS and nursing staff and 56 community health workers in the district have been trained in RNTCP. Refresher training for 19 LTs was organized in the last year. Refresher training of MOs has not been organized though it was budgeted in the last year's action plan.

strategy	Activities	Budget
Organizing trainings for all levels of TB workers	<p>Refresher training for private practitioners.</p> <p>TB/HIV training for STLS,LTs, MPWs, MPHS, Nursing staff, community volunteers etc.</p> <p>TB/HIV training for STS</p> <p>Any other training activity</p> <p>Training for ASHA workers</p>	<p><b>Refresher training to private practitioners-</b></p> <p><b>Health worker-</b> Rs.10,000.00</p> <p><b>Training for STS-</b> Rs.20,000.00</p> <p><b>Any other training-</b> Rs.21,000.00</p> <p><b>ASHA trainings-</b> Rs.102480.00</p>

### National Leprosy Control Programme.

Strategy	Activity	Budget
Capacity building of district staff to create awareness towards leprosy.	<p>Training of paramedics</p> <p>Refresher trainings for paramedics</p> <p>NGO trainings</p>	<p><b>Paramedics training-</b> 2 batches *Rs.12,000= Rs. 24000.00</p> <p><b>Refresher trainings for paramedics-</b> 2 batches *Rs.10,000=Rs.20,000.0</p> <p><b>NGO trainings-</b> 28 batches*Rs.4500=Rs.126,000.00</p>

	POD training	<b>POD Training- 14</b> batches*Rs.5000=Rs.70000.00
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