Summer Training at
NRHM & The Developing Partners
State Health Society Bihar
(April 9 to May 31, *2012*)

Tracking of Discharged Newborn from SCNU Hazipur to Followup the Current Health Status

By
Santosh Kumar

Under the guidance of
Dr. J.P. Singh

Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
Jaipur
2012

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Certificate

This is to certify that Mr Santosh Kumar has undergone summer training in State Health Society, Bihar from 9th April to 1st June, 2012

The candidate carried out all the studies related to summer training herself. His approach to the studies has been sincere, scientific, and analytical. This summer training in partial fulfillment of the course requirement is recommended for the award of Post Graduate Diploma in Hospital & Health Management.

I wish him success in all future endeavors.

Dr .P. R.Sodani

(Dean Academics and student affairs)

Dr. J.P Singh

(Assistant Professor)

Sanjay Kumar, IAS
Secretary, Health
-cum-
Executive Director

हमारा बिहार
गौरवपूर्ण 100 वर्ष

संजय कुमार, भा०प्र०से०
सचिव, स्वास्थ्य
-सह-
कार्यपालक निदेशक

Ref. No. : 4802

Date : 14.06.12

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. SANTOSH KUMAR** *is a first year Student of Post Graduate Diploma in Health Management (PGDHM) of Institute of Health Management Research (IIHMR), Jaipur. He has worked as an intern at State Health Society Bihar, Patna for his summer internship program as part of course curriculum from* **09th April** *to* **31st May, 2012.** *He has also submitted the dissertation to State Health Society, Bihar, Patna.*

He is hard working and sincere towards his work. He has completed all the assigned tasks at the State Health Society, Bihar. I wish him all the very best for his future endeavors.

14/6/2012
(Sanjay Kumar)
Secretary Heatlh
-cum-
Executive Director

ACKNOWLEDGEMENT

We have no adequate words to express ours loyalty to God for showering his blessings over us and guiding us in our path and career.

We would like to express our gratitude to Mr. Sanjay Kumar (IAS), Executive Director, SHSB, who has given opportunity to us for summer training in State Health Society Bihar.

We would like to express our gratitude to Dr. Jayati Srivastava - Deputy Director Training, for her support and encouragement, kind and true guidance on our training and project whenever required and when spirits were down. She helped us by supervising our project, structuring, evaluating our report, carrying out our investigation and suggestion on the improvements.

We would like to thank Dr. Ravichandran-UNICEF, Dr. Ghanshyam-UNICEF, Pavithra Ramnathan-UNICEF, Dr. Anand Rai -UNICEF, Mr. Sandeep Srivastava-DFID, Dr. Rajeev-HMIS, Dr.J.N.Diwan - SIHFW, Ms. Mona-Janani, Mr. Arun Kumar-Plan India & last but not the least, we would like to say thanks to all who facilitated us for the kind help they rendered during the entire course with information regarding each data and additive guidance in finding what resource is available where & report writing.

INDEX

GLOSSARY

ANM	Auxillary Nurse Midwifery
ARSH	Adolescent Reproductive & sexual Health
ASHA	Accredited Social Health Activist
AWC	Aaganwadi Centre
AWW	Aaganwadi Worker
BCC	Behavioral change Communication
BPL	Below poverty Line
BEmOC	Basic emergency Obstetric Care
CEmOC	Comprehensive emergency Obstetric Care
CBO	Community Based Organization
CDR	Crude Death Rate
CEO	Chief Executive Officer
CMR	Crude Mortality Rate
DHS	Directorate of Heath services
DPT	Diptheria, Pertusis & Tetanus Vaccine
DPMU	District Programme Management Unit
GNM	General Nursing & Midwifery
GO	Government Order
GOB	Government of Bihar
GOI	Government of India
HIV	Human Immunodeficiency Virus

INTRODUCTION OF NRHM

NRHM (National Rural Health Mission) was launched by the Hon'able Prime Minister on 12th April 2005. The main purpose of launching this project is to provide accessible, affordable, and accountable quality health care services to the poorest households in the remotest rural region. The duration of the mission is 2005-2012, and the government is now planning to also introduce National Urban Health Mission in the country. Concept of NRHM is based on the four pillars i.e. community participation, Equal distribution, Inter sectoral coordination, & appropriate technology. The detailed framework for implementation of NRHM was approved by Union Cabinet in July 2006. States with unsatisfactory health indicators were more emphasized under NRHM. Aim of this mission is to establish a fully functional, Community owned, decentralized health delivery system with intersectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health like water & sanitation, education, nutrition, social & gender equality. Health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities. NRHM focusing on the functional health system at all level from village to the district.

STATE HEALTH SOCIETY BIHAR (SHSB)

The State Health Society Bihar is situated at Sheikhpura, Patna. It has been established in order to guide its functionaries towards receiving, managing, and account for the funds received from the ministry of Health & Family Welfare, Government of India.

SHSB manages NGO, PPP (Public Private Partnership), components of the NRHM in the state including execution of contracts, disbursement of funds and monitoring of performance. The Government of Bihar has decided that SHSB will function as a resource centre for the department of Health & Family Welfare in situational and policy development.

Basically SHSB strengthen the technical or management capacity of the Directorate of Medical and Health services Patna as well as districts societies by various means like recruitment of individual from open market & mobilize financial or non-financial resources for supplementing the NRHM activities in the state.

There are some developing partners in Bihar which participate in the improvement of health in Bihar like

1. Plan India
2. Janani
3. HMIS Patna
4. DFID
5. UNICEF
6. DFID

STATE'S PROFILE

Bihar has a population of 10.38 million with a decadal growth rate of 25.07% as compared to the national growth rate of 17.64%. The population density per square km is 1102 as against the national average of 382. The sex ratio is 916 per 1000 males and the literacy rate is 63.82%.

Area in sq km.: 94,163
Number of Divisions: 9
Number of Districts: 38
Number of sub-divisions: 101
Number of C.D. Blocks: 534
Number of Urban Agglomerations: 14
Most populous District: Patna 5,772,804
Least Populous District: Sheikhpura 634,927

RCH indicators

	2003	2005	2010	India 2010
IMR	60	61	48	47
CBR	30.7	30.4	28.1	22.3
CDR	7.9	8.1	6.8	7.1
MMR		312	261	212

RCH indicators such as IMR & MMR are showing declining trends whereas Institutional delivery in government facility, complete ANC, contraceptive use in the state has increased. The current situation of the selected indicators based on NFHS-3, SRS and CES shows that overall the state is moving towards achieving the goals. Areas which are the main concern for Bihar are High MMR, High TFR, Poorly functional public health system,, Poor accountability, Delay in payment to beneficiary, Infection management.

State's Vision, Goal and Strategy in health sector under NRHM:

- Universal access to Primary.
- Provide affordable Health Care Services.
- Decentralized Health Services.
- Community Participation in Health Care.
- Enhanced performance of Public Health System by improving quality and ensuring client Satisfaction.
- Strengthen Health Management Information System.
- Encourage participation of Civil Society Partners in health service delivery.
- Private Sector Participation in Tertiary Health Care.
- Promotion of AYUSH Services and their mainstreaming.
- Mobile Medical Services for difficult areas to improve access.
- Environment conservation (Bio-Medical Waste Management).

DEPARTMENTS UNDER STATE HEALTH SOCIETY BIHAR (SHSB)

- **INFRASTRUCTURE**

Mr. R B P Yadav (Retired IAS) - consultant of Infrastructure.

- Funding for the Infrastructure has been done by NRHM.
- As per the demands from the districts this department mentions the requirement and amount of fund in the PIP.
- It takes care of the district wise funding as needed for Hospital construction, Hospital Infrastructure etc.
- There are 76 FRUs,533 PHCs are working in Bihar.
- Currently sub-divisional hospital is 75 bedded but now it has been planned to convert it into 100 bedded.

- **Procedure for the Proposal**

MOIC or Superintendent sends the proposal to the District health society (DHS) & then DHS further sends the proposal to the Infrastructure department at SHSB & then this department forwards this proposal to the Executive Director (ED) of SHSB & then after accepting the proposal ED allots the work to the Building Co-operate Bihar Medical Services & Infrastructure Co-operation which does the development & construction work.

- **NURSING DEPARTMENT**

Dr. Y N Pathak - SPO (State Program Officer) Nursing.

Objective
The main objective of this department is to open more & more nursing school in Bihar to increase the number of ANMs (Auxillary nurse midwives), GNMs (General nurse midwives) & to strengthening the schools to come over the poor health indicators in Bihar.

- As the main motive of NRHM is to achieve the target in the limited period of time & Government of India is a Welfare so every state has equal right to get equal opportunity hence the central government has provided 26 ANM-GNM schools for Bihar as 15 in 2010 and 11 in 2011 respectively.
There is 85% funding is done by the NRHM & 15% funding is bore by the state government.

- Among 26 schools, 20 are ANMs schools from on an average 40-50 pass outs every year from each school & rest are from the GNM school.
- It has been planned to open 10 ANM & 10 GNM schools in the upcoming years.

- IGIMS (Indira Gandhi Institute for Medical Sciences), Patna & Kurji Family Hospital, Patna is planning to start B.Sc. Nursing course.
- In order to train the ANMs 4 mini skill labs each in 8 districts by the support of Care, UNICEF, Melinda Gates, SHSB etc has been running in the state.

Types of Nurses & their work

Types	Work
ANM (Auxillary Nurse Midwives)	Support the GNMs & also does the field activities like RI (Routine immunization), ANC checkup etc.
GNM (General Nurse Midwives) – A Grade	Works in the district hospitals & medical colleges, & can do IV (intra venous), Blood transfusion, can help in surgery under doctor etc.
BPHN (Block Public Health Nurse)	
PHN (Public Health Nurse)	
LHV (Lady Health Visiter)	Its work is to monitoring of the ANMs

- **HR DEPARTMENT**

Jai Prakash Singh B.A.S - Senior Deputy Collecter.

- It takes care of three departments
  1. Recruitment & HR Issues
  2. Radiology & Pathology
  3. Legal Issues

1. Recruitment & HR Issues:

- It takes care of the recruitment in the State Health Society.
- Deal with the HR issues like Salary problem, CL & DL problem.
- Salaries have been funded directly by NRHM.
- At district level DHS (District health society) where Establishment cell is responsible for the recruitment.
- On every Sunday, walking interview takes place in the districts on the basis of applications received from the applicants.

2. Radiology & Pathology:

- Also see the Radiology & Pathology department in the hospitals & make the timely payment of the radiology & pathology which works on the PPP (Public Private Partnership) mode.
- In pathology department test is free in Bihar at government hospitals & the expenses have been bore by NRHM.
- Also monitor the PPP mode organization is paid timely or not.
- There are 350 hospitals and PHC which is equipped with X-rays.

3. **Legal issues :**

- This department resolves the legal problems like cancellation of the contract, challenges against the recruitment which is applied by the applicant who has not been selected, Payment not on time, patient not satisfied with the medication, Outsource organization which works on PPP mode etc.

- **RKS (Rogi Kalyan Samiti):**

It is a committee which has been set up at the hospital level to manage, regulate & supervise the hospital facilities & fulfill the requirements. These committees are present at PHC (Primary health centre), FRU(First referral unit), Sub divisional hospital & DHS(District hospitals) levels in Bihar.

- The concept of **RKS** came from **Madhya Pradesh.**
- Committee has of 9-11 members.
- It's almost an autonomous committee & maintains hospitals.
- There are 19500 RKS in Bihar.
- Firstly RKS has to register under Society Act then the power has been given to the RKS committee & works like NGO.
- RKS has the power to take decisions but under the government guidelines.

Committee consists of:

- Government Officials.
- People from NGOs.
- Public representatives.
- Beneficiaries.

Funding of RKS:

- Seed money of Rs 100000 has been given to the PHC for RKS annually & at the district level seed money of Rs 500000 has been given annually from NRHM.
- Untied fund goes to RKS of Rs 25000 & for annual maintenance grant of Rs 50000 is given to the RKS.

➢ MONITORING & EVALUATION

Ms Jyoti Verma - Deputy Director, Monitoring & Evaluation & Quality Monitoring .

This department emphasizes on the proper working behavior of the government hospitals & does the regular monitoring to know the status of the task which has been provided to the hospitals.

- It also provides the ISO certificates to the organizations for the 46 facilities. District hospital Ara is one of the ISO certified hospital. This year a proposal for laboratory certification has been planned.
- CBPM (Community based Planning & Monitoring) has been established in the 5 districts of Bihar & the selected districts are Bhagalpur, Darbhanga, Nawada, Gaya, & Nalanda.
  Village planning monitoring committee is present at the village level.
  & Block planning monitoring committee is present at block level.
- Nigrani Samiti has been formed for the purpose of monitoring at the PRI (Panchaytiraj Institution) level.
- Two nodal officers have been allocated for each districts.
- VHC is at the Panchayat level which is a combination of PHED, PRI & IDSP.

➢ FINANCE CELL

Mr. Pramod Kumar - Additional Director, Finance.

This department takes care of the distribution of the funds to the different districts on timely basis & does the regular monitoring of the utilization of the funds.

- 85% funding is from NRHM & 15% funding is from the state government.
- 90% of the fund is given to the districts.
- At district level fund has been given to the DHS (District health society) & then it transfers the required fund to the block.
- FMR (Financial management report) is send by the districts to the state on the regular basis in 19A form.
- This cell also generates Financial rules (GFR).

➢ IDSP (Integrated Disease Surveillance Program)

Dr. A K Tiwari – SPO, IDSP

This department does the micro planning for different diseases & funds have been released to the different wings of the IDSP according to micro plan requirements.

- There are 41 diseases under IDSP cell to come over the outbreak & mainly 22 focused diseases. There some of the diseases are **AFP (Acute flaccid paralysis), Measles, Chicken Pox, Diarrhea, Food Poisoning etc.**
- Reporting is on weekly basis by the districts.
- There are three forms which has been filled by the block these are
  1. P-Form (Presumptive form)

2. L-Form (Lab form)
3. S-Form (Synchronized form)

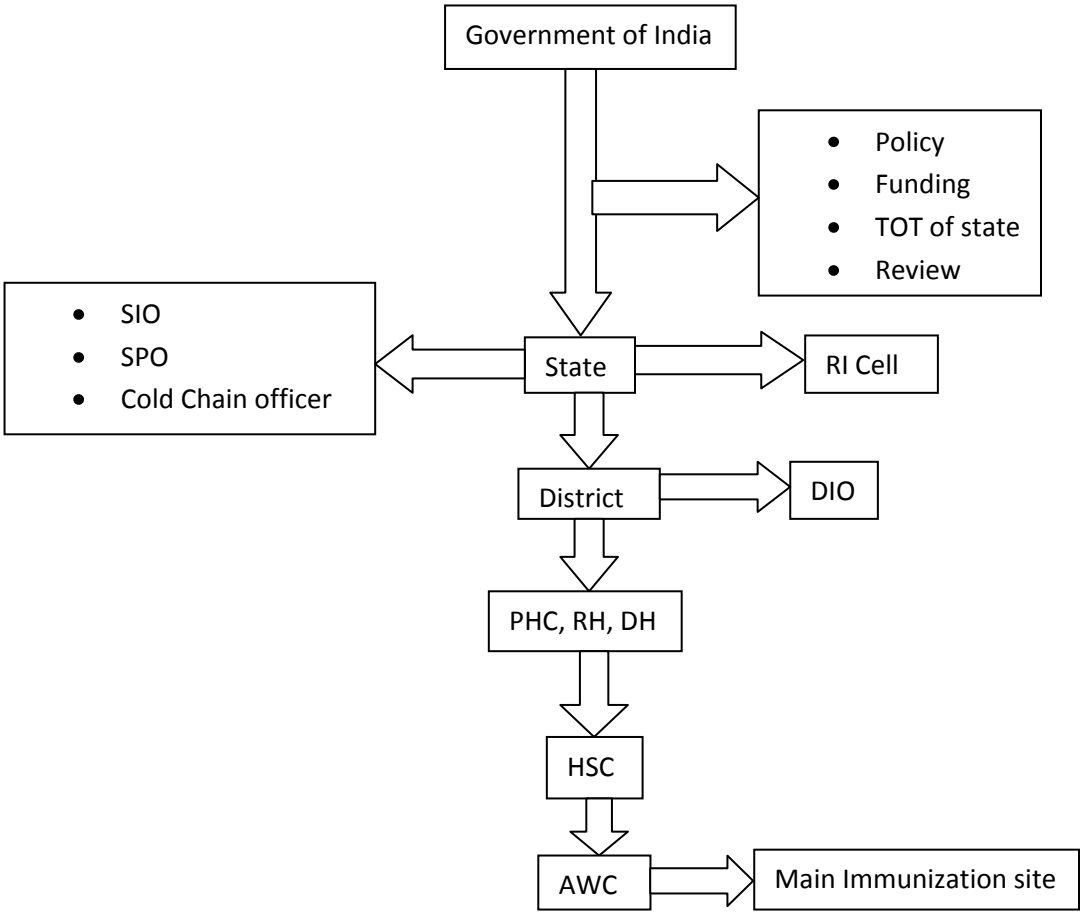
- P-form, L-form & S-Form respectively has been filled up by the ANMs at PHC which send the report to the District surveillance & then it further send to the State surveillance.
- EWS (Early Warning Signals) are mentioned in the every form.
- There is a target level has been decided for every disease.

➢ **RI (Routine Immunization)**

Mr. Ram Ratan - SPO, RI & Polio.

- It takes care of the Immunization programmes running in the state.

- **Immunization Chain**



- Government of India leads to the Policy making, Funding, Training of trainers (TOT) of state & does the review meeting.
- At state level SIO, SPO & cold chain officer leads the RI cell and Its monitored has by the DIO, NPSP, & the developing partners like UNICEF, Care, Nipi.

Procedure of sending the required thing for immunization

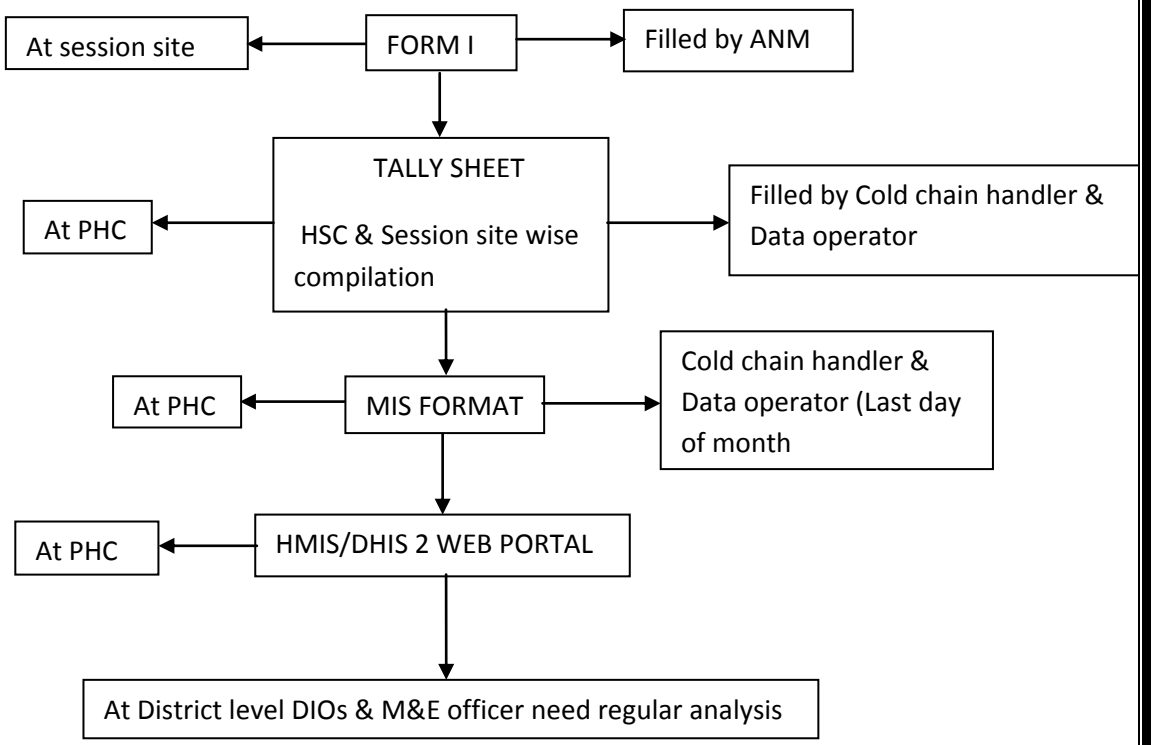
- From PHC logistics like Vaccines, Syringes, white & red bags, Hub cutter etc through courier reach to the AWC from PHC.
- The courier person get Rs 50 for per session & for hard reach area Rs 100 per session.

WORKFORCE

ANM, ASHA, AWW, Courier are the workforce for the immunization.

- ANMs head the session & do the Vaccination activity.
- ASHAs do the mobilization as per the due list & also promote IEC & BCC.
- AWW take care of arrangement & the cleanness of the RI session site or AWC.

HMIS ENTRY SYSTEM FOR RI



- HSC wise monthly MIS report will be prepared & on the basis of Tally sheet & verified by MOIC.

- They have also started a program known as **MUSKAN EK ABHIYAN** in 2007 for the routine immunization in which around **17616 ANMs** & **83000 ASHAs** are working for this program & there is a requirement of **5633 ANMs.**

- There has been 68% immunization has been achieved & the target is to rich 85% by 2012. **Year 2012** has been announced as **YEAR OF IMMUNIZATION** in Bihar.

INCETVES GIVEN FOR RI

Number of beneficiary	**Incentive for ASHA**
5-10	Rs 150
11-15	Rs 100
16-20	Rs 150
>20	Rs 200

Number of beneficiary	**Incentive for ANM**
0-15	Rs 50
>16	Rs 100

SUPPLY CHAIN OF VACCINE

- GoI sends Vaccines & Logistics to the PHI at Patna, Bihar where it has been stored in WIC (Walk in cooler) & WIF (Walk in Freezer).
- From WIC Vaccines goes to the District cold chain storage point.
- Then it goes to the PHC & from there it goes to the RI sites or AWC.

- There are nine regional storage points in Bihar, these are **Bhagalpur, Darbhanga, Muzzaffarpur, Purnea, East Champaran, Saharsa, Aurangabad, Nalanda & Saran.**

- The vaccines which is expire after 4 hours after open the vial are BCG & Measles, & after 2 hours are JE (Japanese Encephalitis) and if the time is more than that it results to **AEFI (Adverse event following immunization).**

- On the vial of the Vaccines a **VVM** indicator is present i.e. **Vaccine Vial Monitor** which changes the color slowly and gradually it indicate the vaccines expiry.

POLIO

Path of the Vaccine to reach the ground level

- Polio vaccine comes to the state where the NPSP cell & WHO unit are present from there it goes to the district level where micro plan has been made in which UNICEF also helps to make the micro plan. Then it comes to the Block level and then to the PHCs.
- There are more than 99% of Polio immunization coverage.

- For polio there is **SNID (State National Immunization day)** & **(NID) National Immunization day** were made.

➢ **MCH DEPARTMENT**

Mr. Gaurav Kumar, Deputy Director, MCH

National Health Program

- RCH is a national health program.
- This project runs in the phases in which Phase I is over & currently Phase II is running.
- Its major components are Maternal Health, Child Health, FP (Family planning), ARSH (Adolescent reproductive & sexual health), Urban RCH et**c.**

- **MCH**

MCH has three component:

1. Ante natal care
2. Intra natal care
3. Post natal care

1. Ante natal care:

- In anti natal care the check up for Blood pressure, Abdominal checkup (fundal height), Hemoglobin, Blood glucose sugar, & weight is done.
- Government has suggested doing 4 ANC checkups in which 3 has to be done on a definite basis.

2. **Intra natal care**:

- In this category normal & complicated delivery is being done.
- Normal deliveries are being done at L1 level i.e. HSC & APHC & Complicated and assisted delivery at L2 level i.e. at PHC and the Caesarian section is done at L3 i.e. at DH (District hospital), Sub divisional hospital, FRUs level.

- There are 477 APHC & 76 HSC have been selected for the normal delivery in which 2 HSC & 1 APHC from each district is for normal delivery.

3. **Post natal care**:

- Checkups has been done within 48 hours after birth.
- It's 3 days, 7 days & 14 days 24 hours visit for the PHCs.

JSY (Janani Surksha Yojana)

- In this scheme Rs 1400 are given to the beneficiary, Rs 600 to the ASHA whatever it's a primary or multi gravid.
- For home delivery JSY provides Rs 500 for the beneficiaries in some terms and conditions, are:
  Beneficiaries should belong to the BPL family.
  Benefits have been provided up to 2 children
  Beneficiaries should be above than 19 years.

- **ASHA RESOURCE CENTER**
  Vasudha Gupta – team leader

ASHA

One of the key components of NRHM is the Accredited Social Health Activist (ASHA).ASHA must be primarily a woman resident of the village (married/widowed/divorced), preferably in the age group of 25 to 45 years. She should be literate with formal education up to class eight.

ASHA is chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.

Capacity building of ASHA is being seen as a continuous process. ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.

The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programs, and construction of household toilets

Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programs in her village.

In the state of Bihar the target population of ASHA's is 87135 against which 83000 have been already selected.

Modules 5, 6 and 7 for ASHA have been rolled out in all 38 districts of Bihar.

ASHAs get incentive based no cash payment (directly into their bank accounts) for the following programs:

Sl. No.	**Programme & Relevant Tassk**		**Amount of Compensation**	**Remarks**
1.	Janani & Bal Suraksha Yojana For Institutional Delivery & Full immunization of the New Born		RURAL AREA - @Rs. 600/-(100 (Registration)+200(Transport)+300(B.C.G)) Per Pregnant Woman URBAN AREA - @ Rs. 200 (100 – Registration + 100 B.C.G)	Under JBSY Programme
2.	Mobilizing all the children of the village for the Immunization (under Muskaan Ek Abhiyaan) to be given to ASHA)		5 to 10 Children = Rs 50/- 11 to 15 Children = Rs 100/- 16 to 20 Children = Rs 150/- 20 & above = Rs 200/-	Under Universal Immunization Programme
3.	Providing DOTS under Tuberculosis Control Program		Rs 250 per patient	Under RNTCP
4.	For identifying Patient of Leprosy & accompanying him/her to PHC		@ Rs 300/- P.B cases (only Rs 300) Per Patient Rs 100 on confirmation of Disease & Rs 200 on completion of treatment. @ Rs 500 M.B. cases per patient Rs 100 on confirmation of Disease & Rs 400 on completion of treatment.	Under National Leprosy Eradication Programme
5.	Training	D.A. Per Day	@ Rs. 100/- (Only Rs 100)Per day(during the training)	Under ASHA Programme

		T.A. Per training	@ Rs. 100/-(Only Rs 100 per training)	Under ASHA Programme
6.	To participate in ASHA Divas organized at PHC		@ Rs. 100/- meeting /ASHA(Inclusive of refreshment)	Under ASHA Programme.
7.	For motivating for sterilization		@ Rs. 150/- on completion of surgery	Under family planning programme
8.	For motivating client for vasectomy/NSV		@ Rs. 200/- On completion of surgery	
9.	For 6 no. home visit under HBNC and IMNCI		@ Rs.250/- on completion of the 6th visit	Proposed under HBNC (part of Child health)
10.	National blindness control programme		@ Rs.175/-per cataract patient for operation and staying till operation	Under NBCP
11.	Kalazar		Rs.100/-for bringing Kalazar patient to the hospital and after completion of treatment	Under RNTCP programme
12.	Social marketing of Sanitary napkins		Re. 1/- per pack	Under ARSH programme
13.	Facilitating monthly meeting with adolescent at village		Rs.50/.per meeting	
14.	Reporting death of women (15-49 years) and children (0-1year) by ASHA to the Block PHC,MO,ANM within 24 hrs of occurrence of death		Rs.50/-	Under MDR(Maternal death review)

For the motivation of ASHAs they have been given the following from time to time.

- 2009 2 sarees and 1 umbrella
- 2010 drug kits
- 2011 2 sarees and 1 torch

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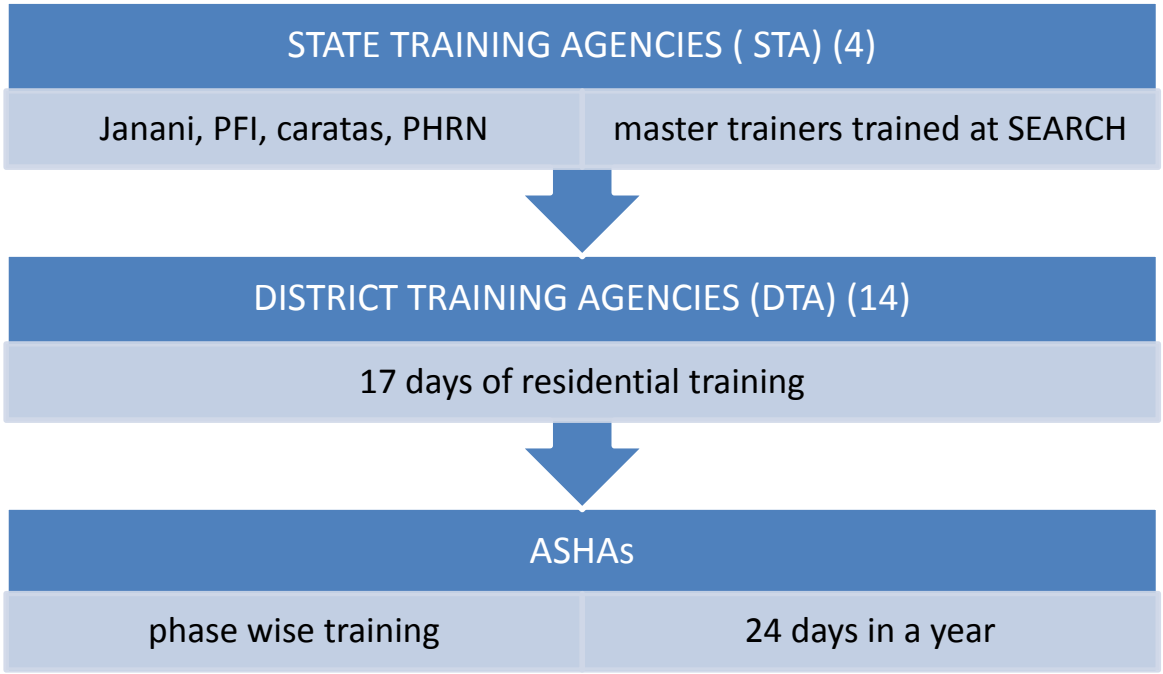
ASHA Resource Center, Bihar:

It is a registered body, with 11 governing board members with ED (SHSB) as the chairperson. Human resource at the state level comprises of a Team Leader, a Consultant and a Data Assistant. At the state level there are District Community Mobilizer (DCM) and District Community…… (DCA). Regional level consists of Regional ASHA Coordinator. At the block level there is Block Community Mobilizer (BCM). ASHA Facilitators each with 20 ASHAs under them constitute the human resource at the village level. About 3500 ASHA facilitators are there in the state of Bihar.

Training



- **102,108 AND COLD CHAIN:**

102 and 108

102 and 108 are toll free numbers given by the Government of India to the ambulances needed for transfer of emergency medical cases. These calls are diverted to a Central Call Center. The ambulances are well equipped with GPS, and the drivers and Emergency Medical Technicians (EMT) have mobile phones. These ambulances are run on a PPP mode.

The following sections of society receive services free of cost:

- Pregnant women from home to nearest health facility and then back home.
- Newborns from home to health facility and back home
- Accident cases
- Senior citizens
- BPL patients

For other beneficiaries 9 rupees/ km are charged from the point of pickup to the point of drop.

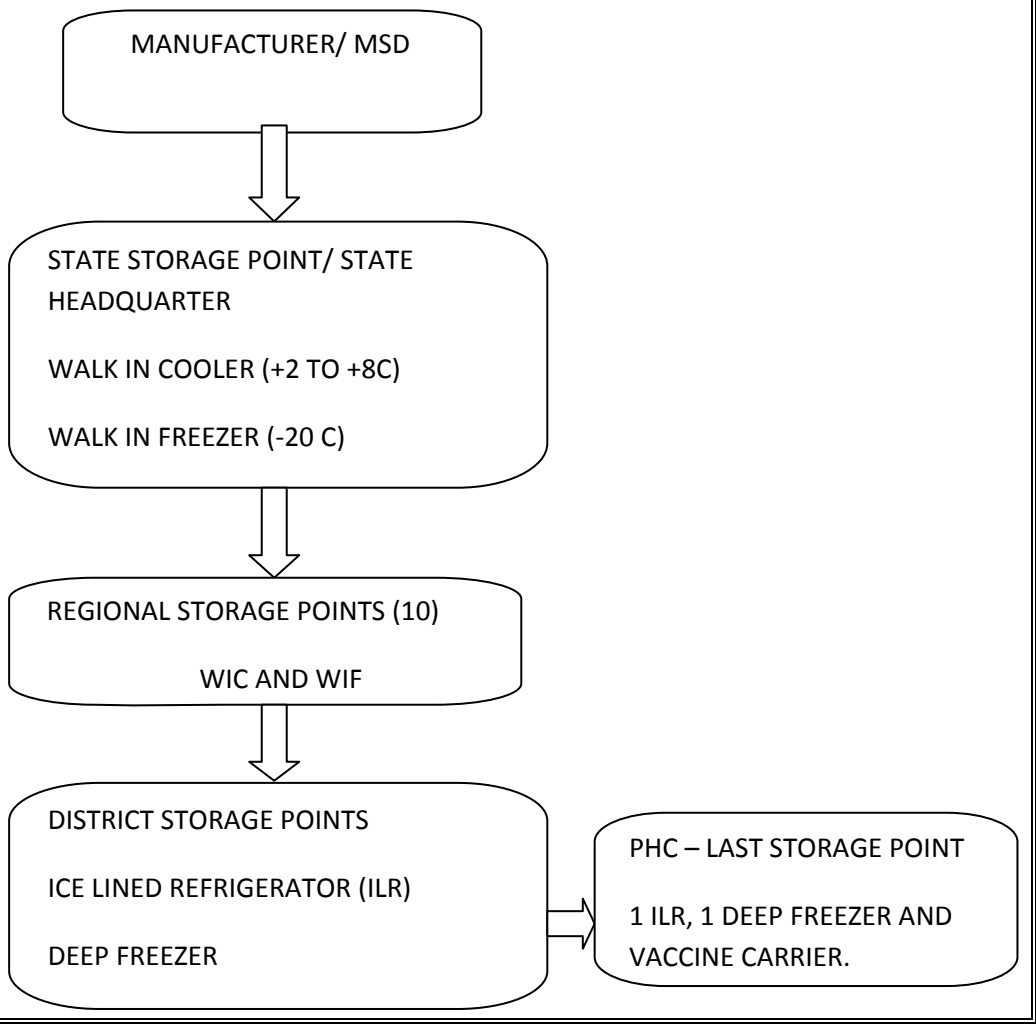
In Bihar there are 504, 102 ambulances with Basic Life Support (BLS) which run within the districts. 50 is the number for 108 ambulances of which 45 are BLS and 5 have Advanced Life Support (ALS), which is basically for cardiac emergencies. These 108 run between the districts.

COLD CHAIN:

Cold Chain;

Keeping the vaccine from the point of manufacture to the point of use at recommended temperature (+2 C to +8 C) is known as cold chain

Maintenance of Cold Chain:



PLANNING:

Rashi Jaiswal - SPM (PIP)

- Planning process for NRHM is decentralized.
- Planning is done at the following levels

    - **Village level**- 250 villages in pilot mode. Village plans are approved by VHSND.
    - **Sub centre level**- approval by ASHAs and AWW.
    - **Block level**- Medical officer in charge is the nodal officer along with Block Health Manager.
    - **District level**- District planning team, ACMO, DPM and District Planning Coordinator.
- There is consolidation of sub centre and block plans, which are sent to the district.
- Allocation of funds to district is done annually.
- Allocation is done after assessing the expenditure every 6 months by State Program Officers.
- Monitoring of the funding is done by Regional Program Managers at the district level and District Coordinator at the block level.

- **ADMINISTRATION:**

Mr. Ashok Kumar Singh B.A.S.- Administrative Officer

- Covers the entire establishment and administrative matters of SHSB including attendance, leaves, law and order, salaries, payments etc.
- Coordination with program officers for implementation of various programs.
- Monitoring of the programs.
- Monitoring of functions at the District level.

- **VHSND DEPARTMENT:**

Mr. Ranjeet Samaiyar, NRHM Consultant

- Focuses on the community health process.

Purpose of NRHM

- To change the approach from bottom to top, before NRHM the approach was top to bottom.
- ASHA component has been introduced along with the Flexibility, HR availability, Infrastructure, Funds, Administration, Planning & Monitoring, Convergence, PRI implementation.
    - About 2-3% of total GDP has been given for the fund for NRHM.

Health

There are four components of health:

- Preventive
- Promotive
- Curative
- Rehabilitative.

These all are interlinked with each other.

- **Community health**

For community health NRHM works for the 3A principle i.e. Affordability, Accessibility, & Availability.

- ASHA is a community mobilizer.

- **VHSND (Village Health Sanitation & Nutrition Day)**

VHSND has been introduced to improve the community health of the peoples.

- It has been divided into four sectors

Category	Concerned department & the person
Sanitation	PHED
Nutrition	ICDS – AWW
Village	PRI – Community
Health	ANM, ASHA

➢ FAMILY PLANNING

Mr. Subodh Kumar, Deputy Director, Family Planning

- TFR is 3.7 in Bihar.
- Hindi spoken places like UP, Bihar, Jharkhand, Rajasthan, MP are considered as the red hearted region of India as major contribution in population has been given by these states.
- Only 1% sterilization of population in Bihar can achieve a level of 2.1 of TFR.
- There are 68.2 % Child marriages in Bihar.
- 58% have a child after first year of marriage.
- A new technique **PPIUCD** has been introduced in the six medical colleges from the last year which has been planted after the delivery to maintain the gap between 2 children for 2-3 years. It has been done by the gynecologist & has been done within 48 hours of delivery.
- **JHAPAIGO** works for the **PPIUCD.**
- On population day a **World population fortnight** has been organized.
- It has been planned to introduce Family planning counselor at FRUs of which 80% counselor will be ladies.
- There is a scheme known as **Janani Suraksha Kosh (JSK)**
  Under this two programs has been done.
  1. **Prerana award:** In this if a BPL couple having first child after 2 years of marriage has been rewarded with an amount of Rs 5000.
  2. **Santhusthi:** Under this a family planning campaigning has been done during the winter season.

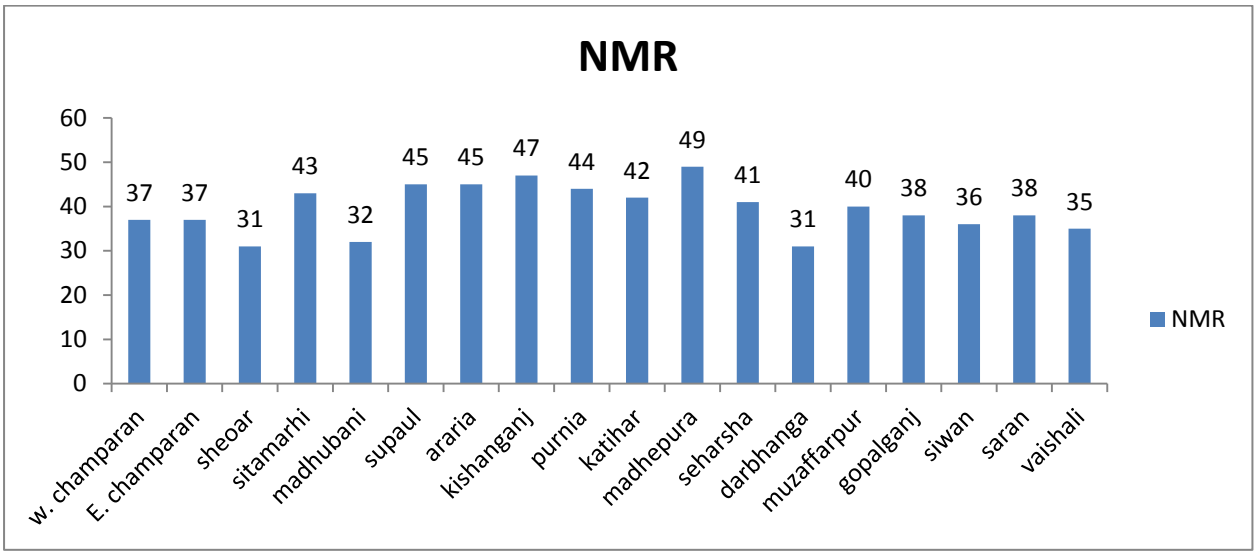
TRACKING OF DISCHARGED NEW BORN FROM SCNU HAZIPUR TO FOLLOW UP THE CURRENT HEALTH STATUS

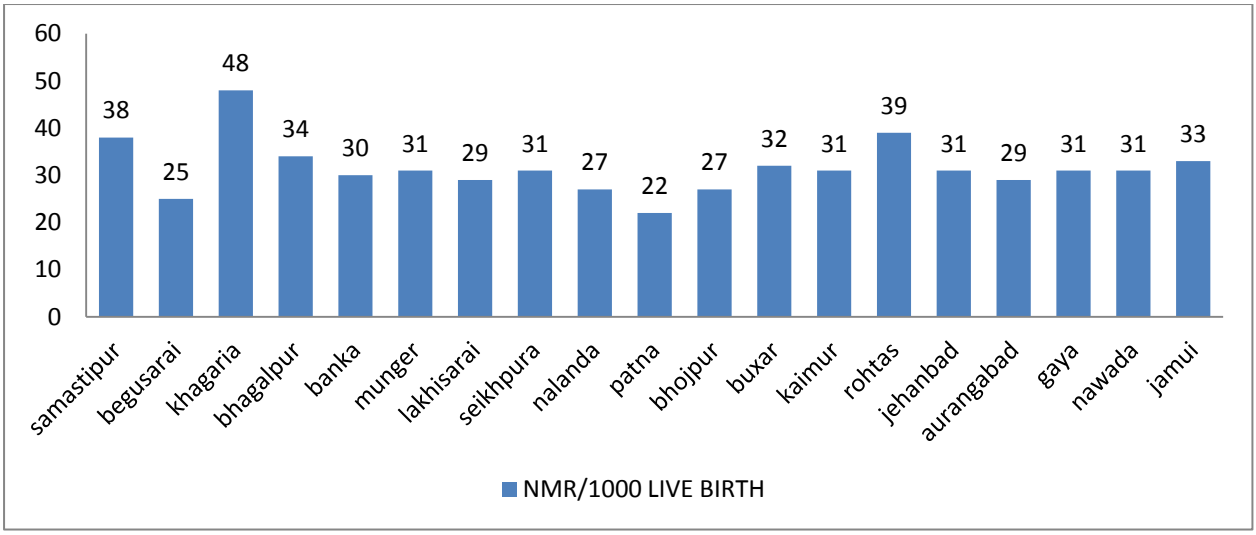
INTRODUCTION

In Bihar the Infant Mortality Rate (IMR) is 48/1000 live births which is higher than that of India with 47/1000 live births. Maximum deaths are within the first 28 days after the birth

. The current Neonatal Mortality Rate (NMR) of Bihar is 35/1000 live births.

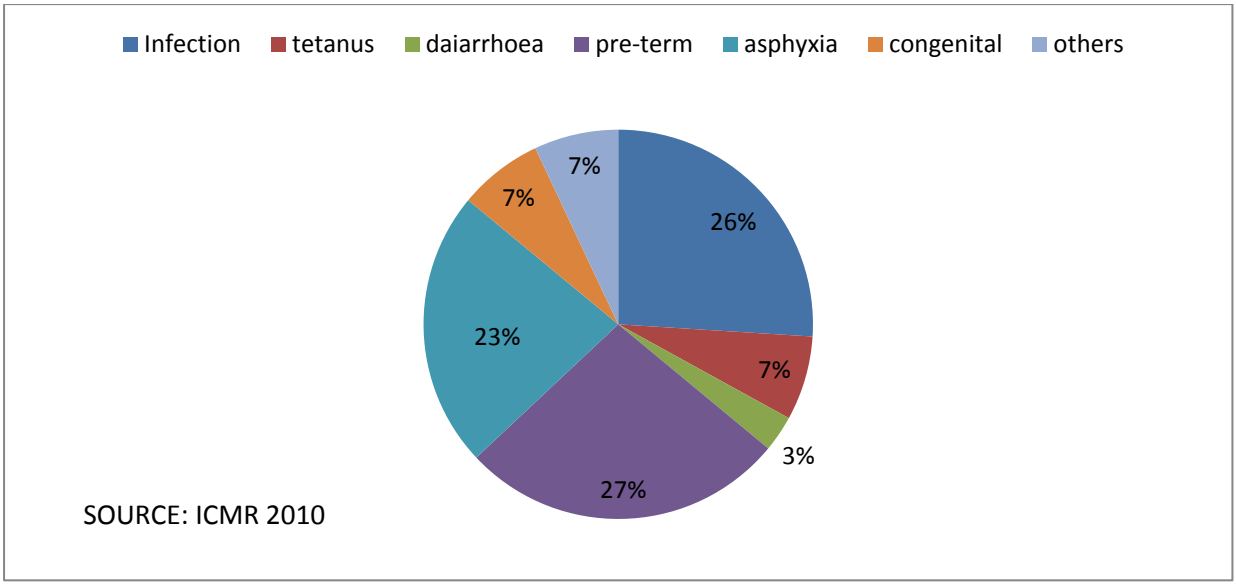
District wise NMR in Bihar:





SOURCE: ICMR 2010

The causes of neo-natal deaths in India are:



- The above graph shows the percentage wise distribution of major causes of neo-natal death in India.

UNICEF is an UN organization which focuses on Maternal and Child health. In Bihar UNICEF works in five districts. i.e Vaishali, Bhalgalpur, Darbhanga, Purnia and Gaya. Vaishali has been titled as pilot district for all its interventions. With the aim of reducing NMR a Special Care Newborn Unit (SCNU) (formerly known as the Sick Newborn Care Unit) was set up in Hajipur, Vaishali by UNICEF.

AIM

The aim of the study was to analyze the survival rate of infants discharged from the SCNU, Hajipur, Vaishali, Bihar.

METHODOLOGY

Study design

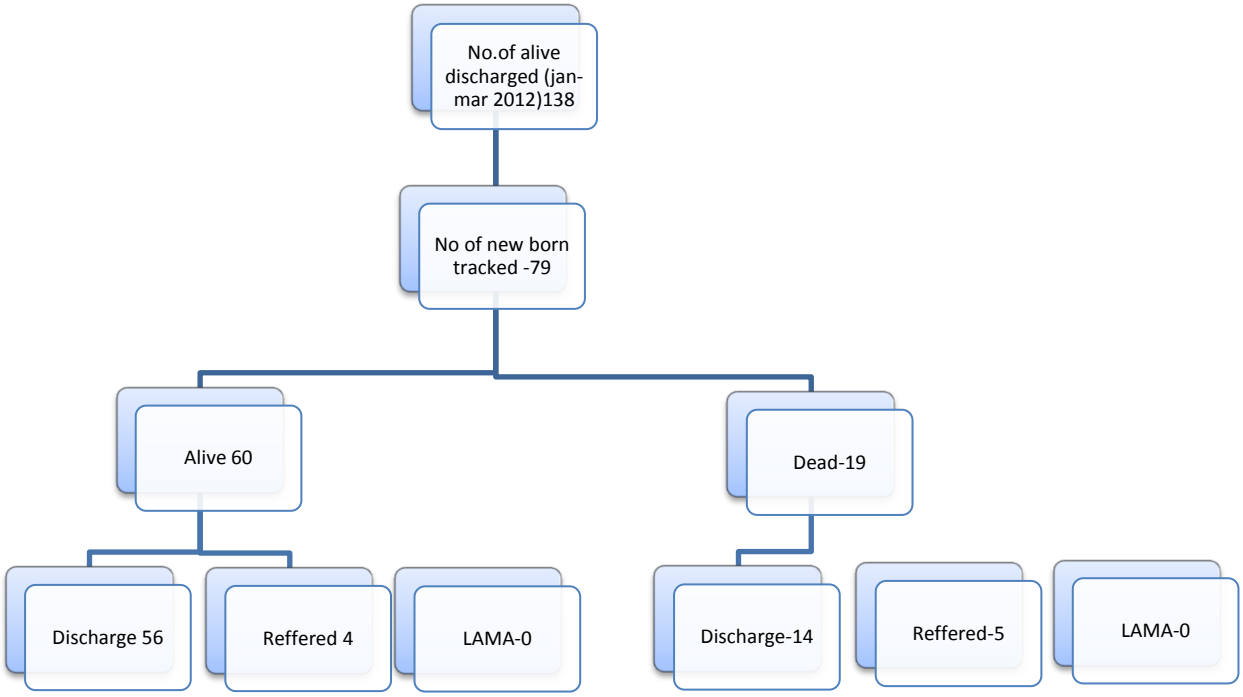
We carried out a cohort study on the survival rate of newborns discharged from SCNU Hajipur , Vaishali District Bihar.

Study Population

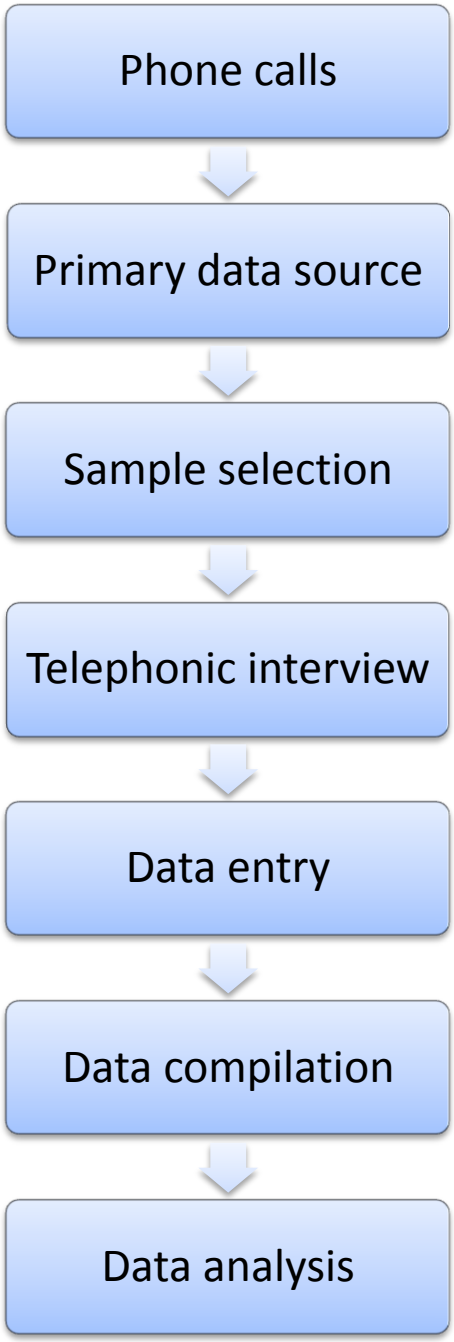
The study population comprised of all newborns admitted into the SCNU unit between 1 Jan 2012 to 31 March 2012.. According to the SCNU data the total of 178 newborns were admitted in the above mentioned period, out of which 138 were discharged/referred alive.

Study Sample

In this study we selected all newborns that came out alive (discharge/referred/LAMA) from SCNU. Mothers or family member of those enrolled in the study were interviewed telephonically. The sample was selected in the following way:



Methodology protocol:



Tools for data collection

We used a simple questionnaire to carry out the interview. The questionnaire addressed the following areas:

1. Serial no.(from SCNU data) _____/_____
2. Mobile no. _____
3. Whether the child has died yes/no
4. If yes, after how many days discharge from the SCNU Days-
5. Is/ Was the child being exclusively breast fed? Yes/no
6. Did ANM/ASHA/AWW visit your house after he discharge of newborn. Yes/no
7. Has the child been taken to a Govt/Private Hospital after discharge from SCNU
8. Has the child been Immunized fully/partially/no
9. Has your child received BCG dose?
10. Has your child received DPT1, OPV 1st and HepB1 dose?.
11. Has your child received DPT2, OPV 2nd and HepB2 dose?
12. Has your child received DPT3, OPV 3rd HepB3 dose?.

Data Processing and compilation:

All the answers to the interview questions were then entered into a password locked computer for further analysis. An excel sheet was used to enter all the data from which those data needed for analysis and interpretation were separated. All missing values were verified and decoding was done and compilation was done in SPSS 16.0, after removing the duplication and errors. All data was verified and double checked before initiating analysis.

Statistical Analysis

The data was analyzed statistically and graphically. We used SPSS version 16.0 for all my analysis. The study involved analysis of categorical variables. The amount of missing data for each variable was recorded and missing data were excluded from the analyses. Based on the type of variables the following tests were used.

The categorical variables were cause of the admission, sex of the baby, no. of days spent in the hospital, Exclusive breast feeding, visit to health facilities or by the health facilitator, and immunization status of the baby. Cross tabulation providing percentages and p-value was used to check for evidence of statistically significant association between survival rate of the baby and the above factors. For the outcome, survival rate with respect to cause of death regression analysis was carried out. Separate regression models were run for the outcome with restrictions to specific confounders.

RESULTS

Table 1: Survival rate of the neonates suffering from different disease.

Name of disease	ALIVE (%)	DEAD (%)	P value
HIE	15	10.5	0.016
BIRTH ASPHYXIA	43.3	26.3	
LOW BIRTHWEIGHT	0	15.8	
PRETERM	0	5.3	
NEONATAL SEPSIS	10	10.5	
OTHERS	31.7	31.6	
TOTAL	100	1oo	

- From **Table 1** it is emerging that survival rate of neo-natal suffering from birth asphyxia is better. HIE (Hypo Ischemic Encephalopathy) (p value 0.016).

Table 2: Survival rate of neonates discharged from SCNU.

	ALIVE	DEAD	
Name of disease	DISCHARGED N - 56	DISCHARGED N - 14	P value
HIE	14.3	14.3	0.013
BIRTH ASPHYXIA	46.4	7.1	
LOW BIRTHWEIGHT	0	14.3	
PRETERM	0	7.1	
NEONATAL SEPSIS	7.1	14.3	
OTHERS	32.1	42.9	
TOTAL	100	100	

The above **Table 2** shows statistically significance positive association between survival rate of neo-natal suffering from birth asphyxia and proper medical care. The survival rate increases of infants admitted with birth asphyxia, if proper medical care is given. However there is no association between the survivals of preterm neonates and neonates suffering from low birth neonates. The same is statistically significance as the value of chi square is 0.013 which is less than 0.05.

Table 3: Factor affecting the survival of neonates.

		ALIVE (%)	DEAD (%)	TOTAL (%)	P VALUE	CI	
						LOWER LIMIT	UPPER LIMIT
SEX	MALE (N-56)	75	25	100	0.758	0.207	0.758
	FEMALE (N-23)	78.3	21.7	100			
EBF	Yes (N-59)	86.4	13.6	100	.001	.162	0.667
	No (N-20)	45	55	100			
RI	Yes (N-24)	54.2	45.8	100	.001	1.33	1.76
	No (N-4)	50	50	100		0.58	2.42
	PARTIAL (N-50)	90	10	100		1.81	0.1.99
FOLLOW UP	Yes (N- 40)	82.5	17.5	100	.168	-060	0.325
	No (N-39)	69.2	30.8	100			
DOCTOR VISIT	Yes (N-35)	82.9	17.1	100	.001	0.081	0.296
	No (N-43)	72.1	27.9	100			

The above **Table 3** shows statistically significance association between survival rate and exclusive breast feeding (p value- 0.001). Beside that it shows that infants fully and partially immunized have better survival chance. The same is statistically significant and the value of chi square is less than 0.05. Moreover there is statistically significance positive association between neo-natal survival and doctor visit. (p value- 0.001)

Table 4: Effect of length of stay in SCNU on survival of neonates.

N - 79		DISCHARGE ALIVE (%)	DISCHARGE DEAD (%)	P value	CONFIDENCE INTERVAL	
					Lower limit	Upper limit
DAYS IN SCNU	<1 day	12.7	10.5	.821	1.50	2.10
	1-3 days	73.4	78.9		1.63	1.86
	4-5 days	3.8	5.3		.23	3.10
	6-10 days	10.1	5.3		1.58	2.17
TOTAL		100	100			

From **Table 4** it is statistically emerging out that there is no association between survival of neonates and length of stay in SCNU. Since p value is not less than 0.05.

CONCLUSION

The study was conducted on the neonates discharged from SCNU, Hajipur. The study Focuses on the possible factors that might affect the survival rate of neonates discharged from the health facility. It has been shown that the survival rate was better in newborns admitted to SCNU with birth asphyxia and HIE when compared to other diseases It was also noted that proper medical care further increased the rate of survival among the neonates suffering from these conditions. It was also seen that exclusive breastfeeding and routine immunization have a positive influence on the survival of discharged neonates. Also it has been found out that in addition to proper medical attention, sex of the newborn, follow up home visit by ASHA/ANM and visit to a doctor increase the survival rate of newborns discharged from SCNU..The study also identified the potential confounders possibly influencing the survival rate of neonates. Additionally it was also observed that the neonates who died after leaving the SCNU were mostly those who were referred to level 3 facilities and were not able to get admitted to them mostly due to money constraints. Also most deaths occurred within 7 days in confirmation with the fact that most of the neonatal deaths occur within the first week.

Therefore, though the sample size traced was small, the study provides Information that in addition to proper medical care at the health facility, there are certain factors like exclusive breastfeeding, routine immunization, proper follow up by the community health care workers and visits to health care providers that increase the survival rate of newborns. Hence these factors should be given importance in order to save the lives of the neonates. Also there should be a proper referral mechanism for referral of patients from level 2 to level 3 facilities in order to gain more lives. Also there should be a monitoring system that whether the ASHAs/ANMs are doing follow ups or not. Beside all these proper attention is required for preterm and low weight birth neonates. In this way the purpose of the SCNU would be better served and we will be able to decrease our NMR to a much lower level.