Summer Training at
State Health Society Bihar
(April 09 to June 01, 2012)

NRHM & the Developing Partners of State Health Society

Tracking of Discharged New Born From SCNU Hazipur to Follow Up the Current Health Status

Evaluation of Knowledge, Uses, and Reporting of ANM Provided with Digital BP Apparatus in Eight Blocks of Vaishali District

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Post Graduate Diploma in Hospital and Health Management
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CERTIFICATE

This is to certify that Dr Ratna Gupta has undergone Summer Training in State Health Society Patna from April 9th to June 1st, 2012.

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

I wish her success for future endeavor.

Dr. P. R. Sodani
Dean, Academic & Student Affairs
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Mentor

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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. UNICEF
5. SIHFW
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).

VISIT TO THE DEVELOPING PARTNERS IN BIHAR

1. PLAN INDIA :

INTRODUCTION

Plan India is a charitable organization founded in 1937 as Fosters Parents Plan for Children in Spain and works for the children. In Bihar it is situated at Patliputra. Internationally its head quarter has been located at UK. Globally it is spread over 60-70 countries. In India its head office is situated at New Delhi. It also works for health of urban poor in the collaboration with State Health Society Bihar, spread awareness and monitoring of the HIV with NACO. USAID, UNDP & NACO is the major donor for the Plan India.

PLAN'S VISION FOR CHILD PROTECTION:

They aim to create 'child safe' environments, both internally & externally, where children are respected, protected, empowered and active in their own protection, & where staff are skilled, confident, competent & well supported in meeting their protection responsibilities.

PLAN INDIA PROGRAMS:

1. Developing programs.
2. HUP programs (Health of Urban poor)
3. Link Workers (HIV Program)

Plan India works for the planning of the programs after monitoring the poor children, they click there pictures and send the request to the funding agency to help that poor children.

It is also concentrating on the health of the urban poor (HUP) peoples by doing mapping of the urban slums and by taking the samples of the water they use to drink to check the water & sanitation. USAID is the donor for HUP program.

Under link workers program or HIV program they train the staff which can do the counseling of the rural peoples and the focus group is truck drivers & sex workers. UNDP is the major donor for this program along with NACO.

- 57% of the HIV infected persons are estimated to be of the rural areas in Bihar.
- 15-20% year's peoples comprise 50% new infection & around one-third of all AIDS cases.

PLAN INDIA'S ASSIGNMENT

- Mapping and checking the water and sanitation of an Urban Slum.

1.Name of the Slum	Rastriya Ganj Chamar Toli
2.Address of the Slum	Phulwarisarif, Patna, Bihar
3.Ward number	2 & 5
4.Number of Households	60
5.Plopulation	200
6.BPL card holders	60

OBJECTIVE:

- To interact with the slum dwellers and find out about the services and facilities available to them.
- To understand about urban slum's health, nutrition, water sanitation & hygiene issues.

METHODOLOGY:

Open group discussion, observation and individual interaction. We also used tools like 3 questionnaires to gather information.

FINDINGS:

Major occupation of dwellers in that area was laborer and cobbler. Number of tube wells and open wells were 2, there was 1 pond, pipe water supply exists but quality of water was contaminated. 25% of households had IHL. Garbage pit was not available there. People used to dump garbage either in front of houses or in open field The electricity was available and they pay Rs 150/month on an average. Street lights are not available there. Institutional delivery was available. The hygienic habits followed is poor as they wash their hands with soap, soil ,ash etc after toilet. They wash their pots within 3-4 days in which they store water for drinking. There was no AWW and also the lack of access of safe drinking water. Source of availability of water was also limited there.

DISCUSSIONS:

It has been observed that some of them are aware about the services which provided by the government and some of them were not. Those who are aware about the service don't know the right procedure to approach the Nagar Nigam. Hence they were been made aware and were facilitated as how to avail services so that majority of the problems are solved. There is a Indradeep Mahila Samuh to discuss the problems with the community. 60% of the peoples follow the hygienic behavior. Availability of toilets was not there and majority of them used to go for open toilets.

RECOMMENDATIONS:

- Awareness about hygiene practices like washing hands regularly.

- Awareness about healthy diet and eating behavior and safe drinking water.
- Sewerage connection for drainage

SAHYOG HOSPITAL VISIT:

For the understanding of the Rastriya swasthya Bima Yojana (RSBY) visit Sahyog Hospitala which is situated at Patliputra, Patna.

INTRODUCTION:

RSBY scheme is a program running by the government of India to provide the health facility to the BPL family at very lower cost. Initially Sahyog Hospital was working with Medicare TPA in 2010-2011 & then with MD India in 2011-12. Currently Sahyog is working with Chola Mandalam health insurance company. It provides services on the cashless basis.

OBJECTIVE:

To understand the process and services provided by the accredited Hospital under RSBY program to urban poor.

METHODOLOGY:

We have adopted open discussion in the hospital as well as in chola mandalam to get the information about the RSBY.

FINDINGS:

An insurance company bears a coverage of Rs 30000/year for the BPL person and the maximum of 5 members can be enrolled within 1 card and those 5 members has been decided by the head of the family. There are around 15 lakh people who has been enrolled in the scheme & have been provided with the smart card in the seven districts under Chola mandalam. Insurance company take the data from the BPL card, Lal card etc which has been provided issued by the government. Field Key Officer (FKO) the BPL is authenticated. The diseases which are not covered under RSBY are alcoholism ,the disease occurred by taking drugs and congenital abnormalities. There is a fixed package which has been covered for a particular disease which has been set by the government.

DISCUSSION:

As per the discussion it has been observed that the data which has been used by the insurance company is of the BPL census 2001 hence the people who has been converted into BPL to APL or vice versa has not been updated so the benefit to the right person is not reaching. In earlier years urban BPL families were not included under RSBY scheme but from 2012 urban poor are also considered under this scheme like street vendor, Urban poor etc.

RECOMMENDATION

1. More coverage of RSBY among rural and urban poor.
2. Awareness about RSBY should be generated through various modes of communication like pamphlet, brochures, print media etc.
3. Proper identification of the beneficiary at very first level or grass route level.
4. Training of AWW, ASHA and ANM for creating awareness about RSBY among rural and urban poor.

URBAN HEALTH CENTRE

INTRODUCTION:

We have visited Shristhi international UHC located at Kankarbagh, Patna for getting insight about UHC. It is for urban poor slum dwellers and it works on the PPP model. UHC covers around 50000 population. Aware about the process and services provided by Urban Health Centre (UHC), Free model delivery model of government.

METHODOLOGY: Open discussion with the staff and doctors.

FINDINGS:

There was one field worker, one doctor, 2 nurses, 1 ayaa, and 1 sweeper has been found. Free medicines are provided to patients by the UHC and UHC get medicine by Jayaprabha hospital. The equipments which has been found there are stethoscope, BP sphygmomanometer, thermometer, weighting machine. UHC OPD timing are 9:00 am to 5:00 pm. They organize camp on every Friday of the week in the 9 slum areas. They maintain records in the registers and the maximum of 3 days medicine has been provided to the patient. Field worker spreads awareness about existence of UHC through pamphlet and call patients for the follow up by visiting their residence.

CONCLUSION:

Urban poor are utilizing health care facilities at UHC and there is improvement in access and availability of drugs to them and patient gets primary line of treatment.

RECOMMENDATION:

1. Patient is availing Health facilities at UHC but there is need for improvement as the daily OPD is about 20-25 by creating awareness.
2. Timely availability of essential drugs.
3. Coverage of immunization.
4. Training & capacity building of staff (nurses) in UHC.
5. Preventive measures & sanitation and hygiene.

2. JANANI:

INTRODUCTION:

Janani is an NGO which works for the family planning and it is situated at Kidwaipuri, Patna, Bihar. For this purpose it has set up a clinic named as Surya Clinic. It is affiliated to DKT-international, a non-profit organization based on Washington D.C & Gates foundation. DKT is one of the largest and most cost efficient social marketing in the world. It provides services in the four different states which are Bihar, Jharkhand, Uttar Pradesh, & Madhya Pradesh.

MISSION:

To provide the cost effective services to the poor peoples and safe options for family planning, Health & Reproductive Health care through cost effective intervention.

VISION:

To improve the reproductive health through innovative social marketing of the family planning products.

Janani has four channels of delivery:

1. **Social marketing (Sales) :**
   It is method in which the networks of shops in the developing world can be used to deliver the essential products to the poor. The shops have an extensive presence and are quite willing to integrate subsidized products in their service delivery function as long as the shopkeepers do not have to make any special efforts to stock the products. From 1996 Janani began to create social market infrastructure as in a social marketing programme.

   Eg : Urvashi, Pari etc.

2. **Out Reach camps (OSS) :**
   In order to increase the reach and access of family planning services at the rural level bring these services closer to the client's homes, Janani participates in rural outreach camps organized periodically at Government health facilities when required.

3. **Franchise Clinic :**
   Private clinics which has been accredited by the government are franchise clinics. There are 90 franchise clinics in Bihar.

4. **Janani Owned Clinic (JOC) :**

   Eg : Surya Clinic

SURYA CLINIC:

For the integration of the clinical services through a network of doctors began in 2000.The main emphasis is on the enhancing the doctors surgical skills & paramedical routine procedures. It is accredited by the government and provides services related to the family planning. Currently there is 34 surya clinics including Bihar & Jharkhand and in Patna there are 2 surya clinics are presently.

By 1972 Act abortion has been legalized up to 20 weeks.

Charges for abortion:

- Above 12 weeks Rs 1999 has been charged.
- Up to 7-12 weeks Rs 500 has been charged.
- Registration charge is Rs 5.

Patient has to pay just Rs 5 for the registration and the above amounts has been reimbursement by the government to the Surya Clinic.

A motivation amount of Rs 200 has been paid to the patient for the sterilization.

In case if male comes for the sterilization he get Rs 1100 as a motivation amount and Rs 200 has been given to the person which bring that person as motivator

- Average abortion is 8 per day.
- Average sterilization 1-2 per day.
- Male sterilization is 1%.

Laboratory Services at Surya Clinic:

- Hemoglobin, Blood group testing.
- Urine testing – Albumin & Sugar.
- HSF (Human Semen Fluid) Examination :
  HSF is used for the checking of the presence of Sperm after NSB.

Dumping of Waste:

RED	Infected waste
YELLOW	Highly Infected waste
BLUE	Sharp Waste
BLACK	Non Infected Waste

Funding Resources:

- Bill & Melinda Gates Foundation.
- DKT-International
- Ministry of Health & Family Welfare, GoI
- Buffet foundation
- Revenue generated from the clients & sales of the product.

Products of Janani:

1.	Condoms	Mithun, Style
2.	OCP	Apsara
3.	ECP	Post Pills
4.	IUDs	Urvashi
5.	Injectibles	Pari
6.	Combined Medical Abortion Kits	Safe-T-kit

- Janani also provides training to the district trainer by state trainer and further this district trainer trained the ASHAs.

Delivery of the Family Planning Products by the GoI :

- Contraceptive Social Marketing program is running by the Central Government.
- Social Marketing organizations (SMO) are
    - PSI
    - DKT
    - Janani

Social marketing Organization Purchase the family planning products from the government on subsidy.

Private manufacturer like HLL, Fany Car, TTK etc supplies the Product to the GoI on a reasonable price, GoI store the products to the GMSD (government medical store depot) & from there GSMD supply the products to the agreement SMO like **Janani, PSI, DKT**.

Packaging of the products purchased from the GoI is done by the SMO.

- Janani having 30 customized vans in which promotion & selling of the family planning products has been done. It consist of one Driver who does IPE (Inter personal communication) and on Sales person.

- As Janani also does campaigning to advertise its products and spread awareness among the peoples and for this it has to take permission from the **State Health Society.**

OBSERVATIONS:

- Janani having the different section for different activities.
- Records of the different states have been maintained through MIS system.
- Separate team for Social Marketing.
- Have a clinic for performing the Family Planning activities.
- Also does counseling during admission of the Patient.

RECOMMENDATION:

- There should be a separate Counseling room for the patient as currently it has been done near reception during admission so the Patient may feel shy.

3.HMIS (Health Management Information System):

- IIHMR Jaipur is working for the strengthening of the HMIS system in Bihar.
- It is supported by the UNFPA & SHSB, Patna (GoB).
- The Project partners are
  - SHSB, Government of Bihar
  - UNFPA
  - IIHMR, Jaipur
  - NHSRC
- HMIS helps in the improvement of the quality of the data & it has been found that almost 60-70% of the data has been improved in Bihar.
- HMIS has been implemented in 2008 in Bihar.

WORKING OF HMIS:

This project works in the two Phases i.e.

a. Phase I
b. Phase II

a. Phase I :

Intervention

- Training/Orientations
- Monitoring visits

- Structured review meeting at PHC & DHS
- Regular review of web based data at state level

Implementation Phase

- Finalizing of two HMIS training modules in leadership of SHSB
- Conduct of TOTs at State Level
- MCTS training at State
- M & E/DPM oriented & Trained on Formats & DHIS 2, NRHM web Portal
- HMIS resource pool formation & their 3 days TOT on HMIS at SIHFW, Patna
- State level orientation of district MEO on data quality through HMIS
- Conduct TOTs at District Level
    - MCTS (Mother & Child tracking system) has been started after the training (MARCH 2010)
    - District level HMIS 1 day orientation for district & block level officials – MoICs, BHMs, DEOs etc. (Nov-Dec, 2010)
    - Data entry for MCTS started after mapping of health facilities (Jan, 2011 onwards)

Trainings Done:

Level	Trainings Planned	Training Held	% Held
State	2	2	100%
District	38	38	100%
Block	419	419	100%
Total	459	459	100%

SHS Guidelines for the Conducting Monthly HMIS Review Meeting (Issued from SHSB) :

- Monthly meetings to be held – Full day excersise (snacks, lunch etc)
    - Districts – 8-9th of every month
    - PHCs : 4-6th of every month
- Welcome note by DPM / BHM – 10min
- CS/MOIC opening remarks – 20 min
- Sharing of analyses of the previous month report by CS/DPM/M&E & MOIC/BHM/DEO – 1 hr
- Validation of the PHC reports – random checking of reports with ANM Registers – 30 min
- Summing up by CS & MOIC : 5 key action points, use of data in programme planning, recognizing good workers – 30 min

Results & Recommendations:

- Establishing the system of feedback mechanism through the HMIS monthly review meeting
- It was also found that the retention of HMIS training was fairly good but health workers have still some problems in data elements such as ANC Reg., IFA distribution, Home delivery etc. Hence some orientation needed through meetings.
- Problem observed in the coherence of HMIS data in the recording & reporting formats.
- HMIS logistics are still not available in the sufficient stocks & due to this the health workers are not able to maintain all the registers. The regular updating of registers should also be monitored by the PHCs.
- Data analysis still lacking by the district and Block officials.

  Form entry has been done at PHC level & At District level entry has been done on DHIS-2.

  Gaps identified in the Phase I

  - Particularly in specific skills such as review of data, feedback etc. of some categories of staffs,
  - Weak review & monitoring mechanism, & Scope for further improvement in the quality of data in terms of completeness and correctness.

PHASE II:

Goal:

The overall goal of the phase II of HMIS project in Bihar is to build on the efforts in its phase to ensure completeness & correctness of HMIS data at each level of its compilation, reporting & making its effective use to improve programme performance in Bihar.

Objective:

- To build the capacity of M&E Officers on data analysis
- To oversee the quality of data (correctness & completeness) generated at different levels
- To facilitate use of data in planning, monitoring, evaluation &^ decision making
- To establish a system of feedback and suggest measures for improvement at different levels

Proposed Activities in Phase II:

1. Capacity building (Training)
2. Quality improvement
3. Strengthening of the system

1. **Capacity building :**

- Refresher training based on Phase-I findings
- Building the capacity of M&E Officers on Data analysis & calculation of Basic indicators.

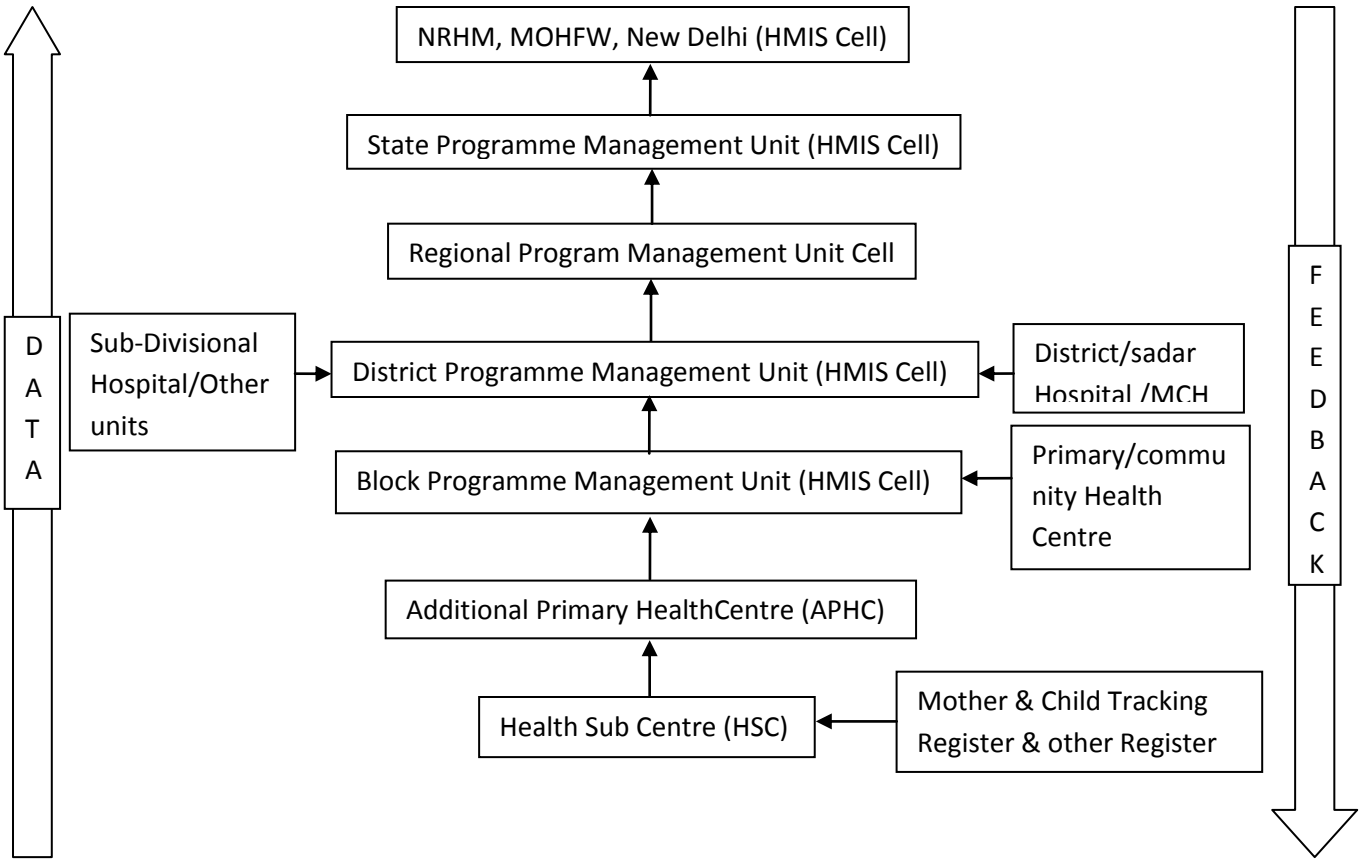
2. **Quality Improvement :**

- Establishing & Strengthening HMIS review mechanisms at Regions/Divisions, District, PHC
- Monitoring: Rigorous & sample based monitoring of HSCs
-

3. **Strengthening of the system :**

- Regular visit to the regions, districts, & PHCs to review the reports of the previous months & find out inconsistencies
- To undertake data validation visits to HSCs together with regional/ districts/block level officials to physically verify the services provided in the field/community & to match the findings with records/reports

FLOW OF INFORMATION



4.DFID (Department Of International Development), UK :

DFID was set up in 1997 for the purpose of fighting world Poverty as a major priority. It has been marked as a turning point for Britain aid program, which until then had mainly involved economic development. DFID was headed by Cabinet minister. Previously this program was managed by the Overseas Development Administration (ODA), which is a wing of Foreign & Commonwealth Office. The main objective of DFID is to make global development a national priority & promote it to UK & overseas, & to establishing a new relationship with the government of developing countries.

- Bihar is the 5th state where DFID has been came in action, first was Andhra Pradesh followed by West Bengal, Madhya Pradesh & Orissa.
- Partnership of DFID with GoB occurred in 2007 & accepted by GoI in 2008 along with Preliminary Project Report (PPR) & proposed DFID to prepare detailed program.
- Govt. of Bihar (GoB) has recently launched Bihar Health Sector Reform Program (SWASTH) (2009-10 to 2014-15) with goal to improve the health and nutritional status of people in the state. The purpose of the program is to increase access to better quality health, nutrition, and water and sanitation services for underserved groups.

- **SWASTH (Sector Wide Approach to Strengthen Health) :**

Given the scale and nature of interventions envisaged under SWASTH, it is imperative that a unit be set up within the department to manage and oversee the health related interventions on a day-to-day basis. To be truly effective, this unit would need to be properly managed and functionally empowered to take critical operational and financial decisions. The unit will be headed by the Director Program Management Unit.

This program is based on wide consultation with UNICEF and water Aid. It also takes account of NRHM, ICDS, & the accelerated rural water supply Program. The duration is 6 years and is divided into three phases of two years each.

Goal:

Increased use of quality, essential health, nutrition, water & sanitation services especially by poor people & excluded ones.

Wings of SWASTH:

1. **Water & Sanitation:** It has been taken care of by the PHED department to improve the quality and the hygienic behavior among the peoples.

2. **Nutrition:** Nutrition has been cared by the ICDS department.

3. Health Society

Flow of Funds:

DFID, UK provides funds to the Government of India to the Department of Economic Activity & then GoI through treasury root provides funds to the Government of Bihar. And then the funds are divided into three wings of SWASTH. An amount of 125 million has been funded annually.

- **In order to support SWASTH Program DFID has appointed B-TAST (Bihar Technical Associate Support Team) in Bihar.**

- **Phases of support by B-TAST to SWASTH**

  - **PHASE I :**

  - Appraisal, Design, & Strategy (1st Year)
  - Design Phase (0-5 month)
  - Interim (6-12 month)

  - **PHASE II :**

  - RCTs (Randomized Controlled Trials)

- **Other Programs of DFID :**

  - Governance TAST
  - Urban Development reforms & its focusing on 28 cities for the activities like City Planning, City Development etc.

- **Visit to the Tele medicine centre :**

  - Ideas foundation is a centre which is working for Tele Medicine in Bihar.
  - It creates some innovative ideas for the improvement of Health.
  - Centers are at Block & Panchayat level.
  - It is also running rural health programs.
  - 180 centers has been planned out of which 130 is functional & functions as OPD.
  - There are 2 Doctors & 2 consultants available 24×7.

- **Objective of Tele medicine :**

  - To improve access.
  - Enhanced efficiency/quality/delivery of health care services.
  - Equality of distribution of of health care services.
  - Lowering of cost of treatment.

- **The device which has been used for this purpose is known as ReMeDi i.e. Remote Medical Device which costs around Rs 40000.**

- **Tele Medicine in Bihar has been funded by the BMGF (Bill & Melinda Gates Foundation).**

- **Flow of Treatment :**

  8 MBBS doctors have been appointed for this purpose at the Delhi centre & at the state level there are 4 MBBS doctors & these doctors have been of franchised private Nursing Homes. At state level counselors are also available which first of all counsel the patient on telephone phone and then refer to the doctor. Then at the rural level TPC (Tele medicine provisional centre) are there & below this RD (rural doctors) are present. Women have been preferred as the owner at the TPC & RD level. These RD doctors are the Quakes. Cell phones are also provided at the RD level which can consult to the TPC or to the State level.
  The 20% of the fee is given to TPC & 20% to the RD.

  - Patient can be treated for 7 days as the follow up.
  - There are no charges for BPL. In this case Rs 20 has been given to the TPC by the MBBS doctor from Patna.
  - A regular Capacity building training has been provided to the TPC & RD. The training is of 5 days in which 3 days for the TPC & 2 days for the RD. RD is been trained by the MBBS doctor & Social trainer while TPC is trained by the Social trainer and Technical trainer. WHP provides the training of trainers & these trainers provide training to the TPC.

- **Parameters for the RD (Rural doctors) :**

  - Minimum qualification reading & writing for women.
  - Minimum qualification is matriculation for the men.

- TPC consultation is 55 per day in Bihar.

- 22 consultations through mobile per day.

- Medicines have been provided with the reference of code numbers.

  Example: D-101 = For Fever

4. UNICEF Bihar :

INTRODUCTION

UNICEF is one of the largest UN organizations in the world its country head quarter is situated at New Delhi. There are around 13 State offices in India. It plays a major role to ensure the effective implementation of NRHM. UNICEF provides technical support to the State Health Society, Bihar (SHSB) for **Immunization, Maternal Health, and Nutrition & Training**. A consultant from UNICEF has been placed in the SHSB in order to directly communicate with the Deputy Director. It has already initiated the implementation of IMNCI program & supporting the operation of the Nutrition Rehabilitation Centers. UNICEF also provides training to the ANMs & also provides Health equipments to the ANMs & equipment related to the child health etc. In North India there is a polio unit available. Patna has the 3rd largest office in India in terms of HR & employees.

- Dr. Yamin Mazumdar is the chief of health program in Bihar.

UNICEF has taken 44 districts in the country in which 5 districts is of Bihar and these are **Vaishali, Bhagalpur, Darbhanga, Purnea & Gaya.** In which Vaishali has been considered as a experimental or focused district.

Initiatives in Bihar:

- **Skills Lab:**

  In order to decrease the IMR, a skill lab has been set up by the UNICEF at Patna City, Bihar. In which a three days training has been provided to the ANMs. It is first installed in Patna. It consists of approx 40 stations in which every ANM has to spend 5-10 minutes in each centre & after the ringing of bell on has to shift from one station to another. It basically trained the ANMs how to take care of the babies after delivery which consists of the equipments like Radiant Warmer, Infusion pumps, Oxygen concentrator, Digital weighing machines etc.

  For this purpose a MBBS doctor has been appointed by the UNICEF in order to provide the training to the ANMs. There some mobile units are also in which campaigning has been done for three days & the ANMs have been provided training to the different areas.

- **Technical set ups in Bihar :**

  There are different equipments has been set up in Bihar at the different PHCs, District Hospitals, FRUs, and the medical colleges.

Hospitals	Services Provided
PHC (Primary Health centre)	NBCC (New Born Care Corner)
FRU (First Referral Unit)	NBSU (New Born Stabilization Unit)
DH (District Hospital)	SCNU(Special Care New Born Unit)
MC (Medical Colleges)	NICU(New Born Intensive Care Unit)

At PHC one bedded NBCC unit has been present inside the Labour room, in FRUs four bedded radiant warmers are present, at District Hospitals SCNU consists of 12 beds & at the Medical colleges NICU consists of 22 beds. A breast feeding rooms are also present in these places.

- **NICU :**

  In order to reduce IMR a setup has been done at the PMCH (Patna Medical College Hospital) known as NICU (New Born Intensive Care Unit) having 22 beds. It consists of radiant warmers, oxygen concentrator, etc to take care of the new born babies. In NICU less than one month baby has been admitted which has been suffering from **Hypothermia, Asphyxia, Jaundice, having low birth weight (LBW)** etc & after one month if the baby needs some more cure it has been shifted to the PICU (Pediatrics intensive care unit).

- **SCNU :**

  A special care new born unit (SCNU) has been set up in the district hospital Hajipur in Vaishali district which consists of 12 beds. It's having two units **Inborn unit** & **Out born unit** in which in **Inborn Unit** those babies are admitted who has taken birth in the same hospital while in **Out born Unit** those babies are admitted which has been referred from other block. In this department also babies which are suffering from **Hypothermia, Asphyxia, Jaundice, LBW etc** has been admitted & in the SCNU Hajipur majority of cases occur of **Hypothermia**.
  SCNU Hajipur is having 5 ANMs, 3 Doctors, 4 Training Doctors, 8 A grade staff nurses,and 1 sweeper. There is a 2 bedded breast feeding room & 1 doctor's room.
  The equipments available there are 12 Radiant warmers, 4 Infusion Pumps, 4 Oxygen Concentrators, 12 Oxygen hoods, 4 Phototherapy machines, 4 vital monitors, 2 Digital weighing machine, Multipara monitors. A Phototherapy treatment is given to babies suffering from Jaundice.

- **NBCC :**

  PHC having only 1 bedded new born care corner to take care of the new born babies. As PHC at Vaishali was also having one NBCC unit.

Departments of UNICEF:

1. **Health :**

   It is having four wings which works in the five districts of Bihar i.e. Vaishali, Bhagalpur, Darbhanga, Purnea, & Gaya. The wings are as follows:

   I. **Capacity Building**

   II. **Routine Immunization (RI) :**
   It is reponsilble for the immunization activities in the selected blocks of the districts in which different target has been set for different months.

III. Family Friendly Health Initiatives (FFHI) :

It has been given the responsibility to make the hospitals family friendly and it takes care of the requirements of the hospitals, number of HR & staff required etc. For the purpose to show the amount of development occurred in the past in the different blocks and what were the changes that happened, a **Poster Presentation** has been done with the people who have been given the responsibility of **Darbhanga district.**

IV. Quality Assurance :

It takes care of the quality of service provided in the hospital like A/C is working properly or not, registers have been maintained or not etc.

2. Nutrition :

Projects under Nutrition

- Supporting VHND (Village Health & Nutrition Day)
- WHO – GS roll out
- Integrated nutrition project (NSS) – With NRHM
- Anemia Control project SABLA – With NRHM
- Vitamin A Supplementation
- USI/IDD (Universal Salt Indies) – With NRHM
- NRCs – With NRHM
- VHNDs – With NRHM

3. Water & Sanitation

It takes care of the quality of water and sanitation behavior of the people.

IMNCI (Integrated Management of Neonatal & childhood illness)

It is a clinical Package developed by WHO & UNICEF which has been adapted to include neonatal care at home visits being rolled out in Bihar. This project focuses on the newborn & the under three child. It promotes home visits, care at birth, counseling, as well as identification, classification, and treatment of main illnesses by providing training to the Aanganwadi workers (AWW) & community health workers i.e. ANMs.

ORS/Zinc Therapy for Diarrhea

In order to benefit of ORS with adjunct zinc therapy for children suffering from diarrhea, Bihar has adopted policy to introduce zinc with ORS in the management of all the cases of childhood diarrhea in line with WHO/UNICEF recommendations. This policy offers vital opportunity for saving the lives of children, but must gain momentum to be quickly & effectively rolled-out.

5. SIHFW:

State institute of health & family welfare (SIHFW) is a apex training institute. It provides the **Need Based Training**. In Patna it has been established under the Department of Health, Medical Education & Family Welfare, GoB wide state cabinet decision 14-07-94. It has been registered under SHSB by 1999. SIHFW is collaborative training institute of the National Institute of Health & Family welfare (NIHFW), New Delhi for the State. Main objective of this institute is to promote Health & Family Welfare programmes in the state through Education, Training, Services, Research, & Monitoring in Health Sector.

- SIHFW help in the preparation of the PIP for the training & then sends it to the GoI.
- It also provides training to the peoples of UNICEF, UNFPA, Social Welfare & all the developing partners.
  Before providing the training it takes the Pre test of the person who has to be given training to know the level of knowledge & after completion of the training a Post test has been conducted to know the level of improvement which has occurred.
- The Trainers in SIHFW has been first trained by the NIHFW & then these trained trainers provide training to the district level.

- There regional training centers are at Patna, Muzffarpur & Bhagalpur under Health & Family Welfare & there are 21 ANM training centers.

Governing body of SIHFW

Chairman	Development Commissioner
Vice Chairman	Principal Secretary, Department of Health & Family Welfare
Member Secretary	Director SIHFW

Number of Faculties = 4
Assistant Professor = 3

INFRASTRUCTURE OF SIHFW FOR TRAINING

- One auditorium with audio visual facility with the seating capacity of 126 people.
- One lecture theatre with the seating capacity of 60 persons & four lecture theatres with the seating capacity of 30 persons.
- One modern MCH lab with seating capacity of 16 persons.
- One committee room with seating capacity of 16 persons.
- Library is equipped with the books on Computer Sciences, Management, Health Sciences, Statistics & other Allied subjects, Training modules & reports. It is also having a reading room for 30 persons at a time.
- SIHFW is also equipped with Computer room which is having different types of printers.

TRAININGS PROVIDED BY SIHFW

1. Skilled Attendance at Birth(SBA)
2. IMNCI for Aganwadi workers
3. IMNCI Supervisor Training
4. MAMTA TOT
5. Professional Development Course for MOI/C.(PDC)
6. TOT IUD Insertion
7. AYUSH (Medical officers TOT)
8. AYUSH (Medical officers YOGA foundation course)
9. PC-PNDT Act 1994
10. Immunization Training (MOI/C)
11. ARSH
12. Mini Lap
13. Vitamin-A
14. Pedagogy
15. Disaster Management
16. Measles SIA TOT Training
17. Child Health Supervisor Training
18. RI TOT Training
19. Orientation of Monitors for training programs under NRHM
20. The Institute has collaborated & conducted Training

Workshop on Homoeopathy (National Campaign)

1. TOT-For Food & Nutrition Extension unit, GoI
2. CD-10 training-For Regional Office of MOHFW, GoI
3. ASHA TOT For Pranjal
4. IMNCI review meeting
5. FRU

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 making, Hospital Infrastructure etc.
- There are 70 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 which is equipped with X-rays & at the PHC level also.

3. Legal issues :

- This department resolves the legal problems like cancellation of the contract, challenges against the recruitment which has been done by the applicant which 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 hospitals & fulfill the requirements. These committees are present at PHC (Primary health centre), CHC(Community health centres) which is known as FRU(First referral unit) in Bihar, & DHS(District hospitals) levels.

- The concept of **RKS** came from **Madhya Pradesh.**
- Committee is of 9-11 members.
- It's almost an autonomous committee & maintains hospitals.
- There are 19500 RKS are in Bihar.
- RKS first has to register under Society Act then the power has been given to the RKS & 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 a 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.
- One nodal officers have been allocated 2 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) has to be 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 & funds have been released to the different wings of the IDSP according to the requirements.

- There are 22 diseases under IDSP cell to come over the outbreak & the some of the diseases are **AFP (Acute flaccid paralysis), Measles, Chicken Pox, Diarrhea, Food Poisoning etc.**
- Reporting has been done 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)

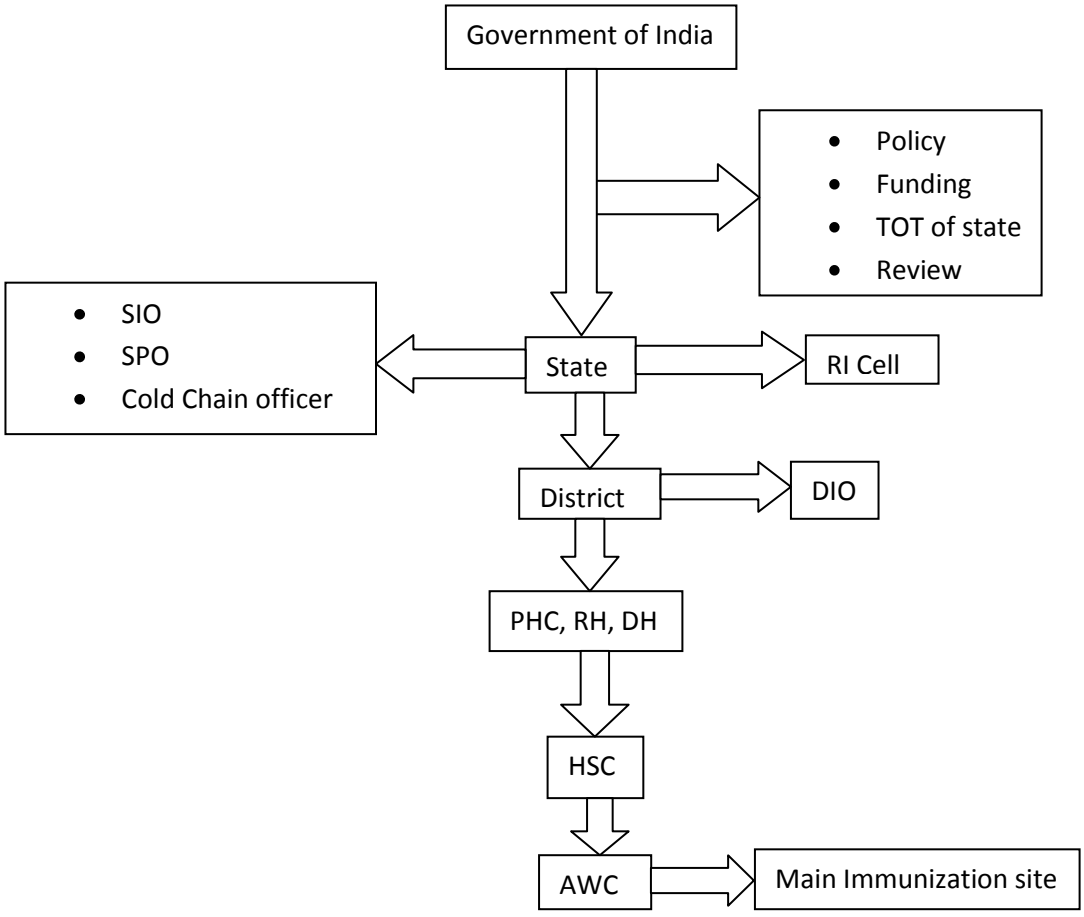
- P-form, L-form & S-Form respectively has been filled up by the ANMs at PHC which send the report to the District surveillance & then it further send to the State surveillance.
- EWS (Early Warning Signals) are mentioned in the every form.
- There is a target level has been decided for every disease.

➢ **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 monitoring has been done by the DIO, NPSP, & the developing partners like UNICEF, Care, Nipi.

Procedure of sending the required thing for immunization

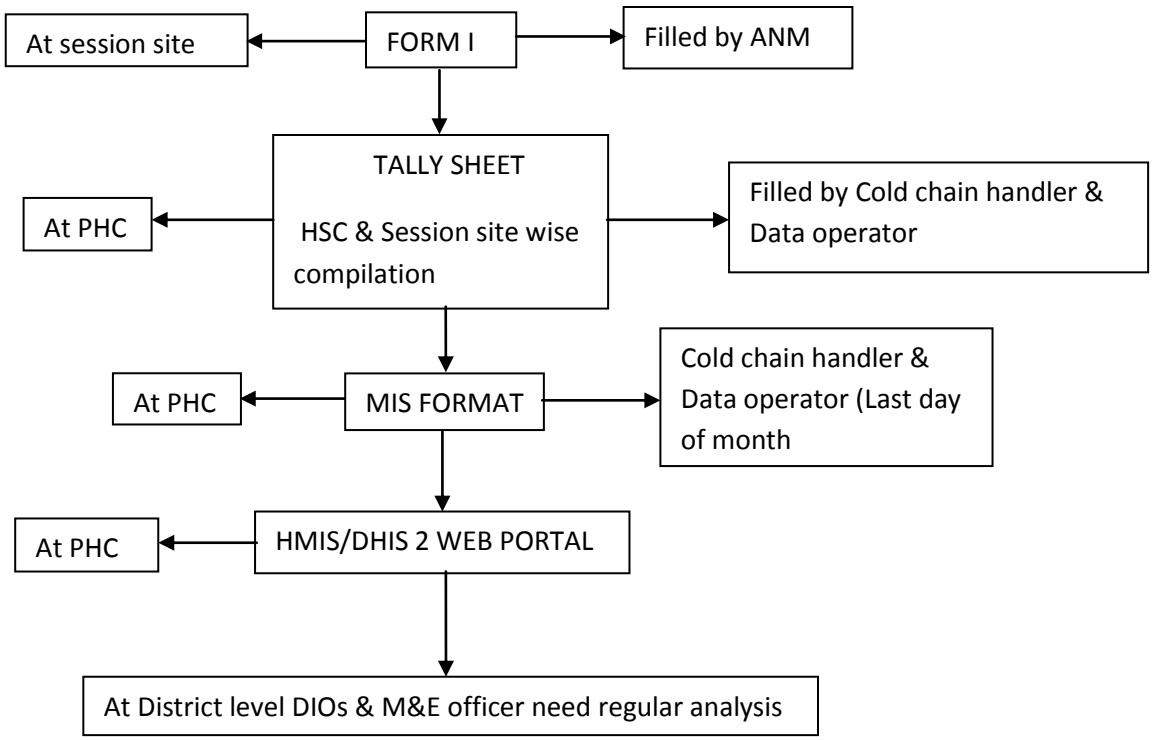
- From PHC logistics like Vaccines, Syringes, white & red bags, Hub cutter etc through courier reach to the AWC from PHC.
- For courier Rs 50 has been given for the per session & for hard reach area Rs 100 per session has been given.

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 i.e. AWC.

HMIS ENTRY SYSTEM FOR RI



- HSC wise monthly MIS report will be prepared & on the basis of Tally sheet & same will be 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 i.e. AWC.

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

- If the expired vaccines after 4 hours for BCG & Measles, & after 2 hours for JE (Japanese Encephalitis) is given to the beneficiary then it results to **AEFI (Adverse event following immunization).**

- On the vial of the Vaccines a **VVM** is present i.e. **Vaccine Vial Monitor** which changes the color after expiry.

POLIO

Path of the Vaccine to reach the ground level

- Polio vaccine comes to the state where the NPSP cell & WHO unit comes into play from there it goes to the district level where microplan has been made in which UNICEF helps to make the microplan. Then it comes to the Block level and then to the PHC
- There are more than 99% of immunization coverage has been done at PHC.

- For polio there is **SNID (State National Immunization day)** & **(NID) National Immunization day** has been done.

➢ **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 is working in the three sectors

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, Hemoglobin, Blood glucose sugar, & weight is done.
- Government has suggested doing 4 ANC checkups in which 3 have 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 or assisted delivery at L2 level i.e. at PHC and the Caesarian delivery is done at L3 i.e. at DH (District hospital), Sub divisional hospital, FRUs.
- 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**:

- It 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 whichever 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.	Under National Leprosy Eradication Programme

			@ Rs 500 M.B. cases per patient Rs 100 on confirmation of Disease & Rs 400 on completion of treatment.	
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

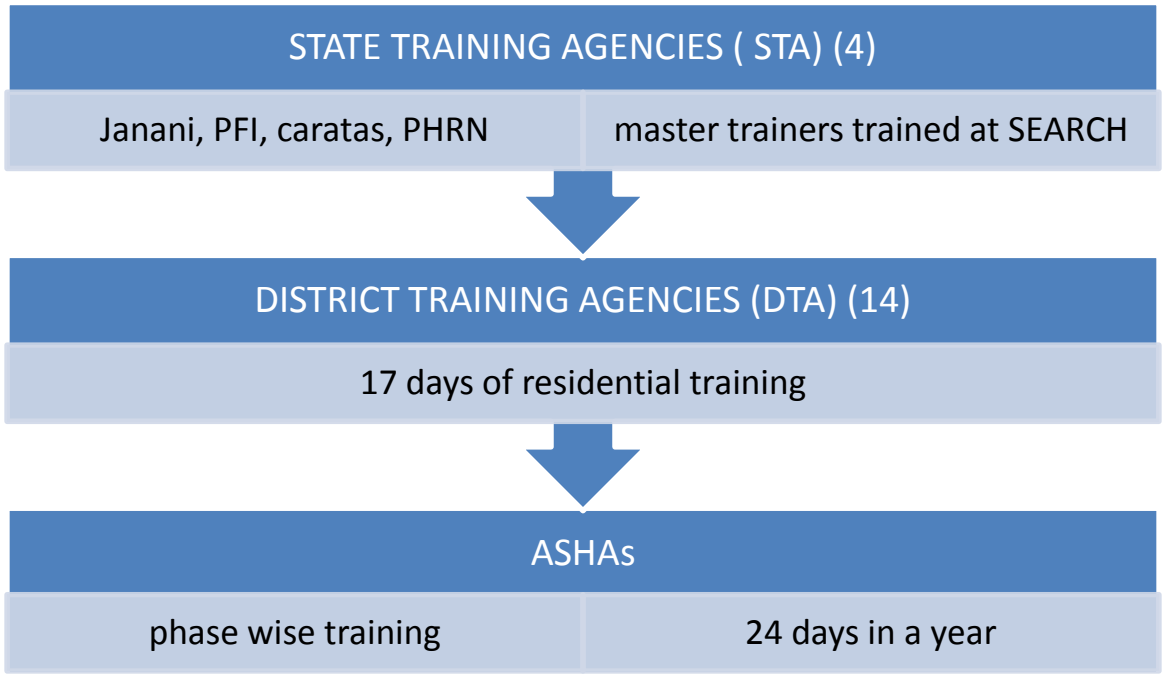
- 2011 2 sarees and 1 torch

.

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.

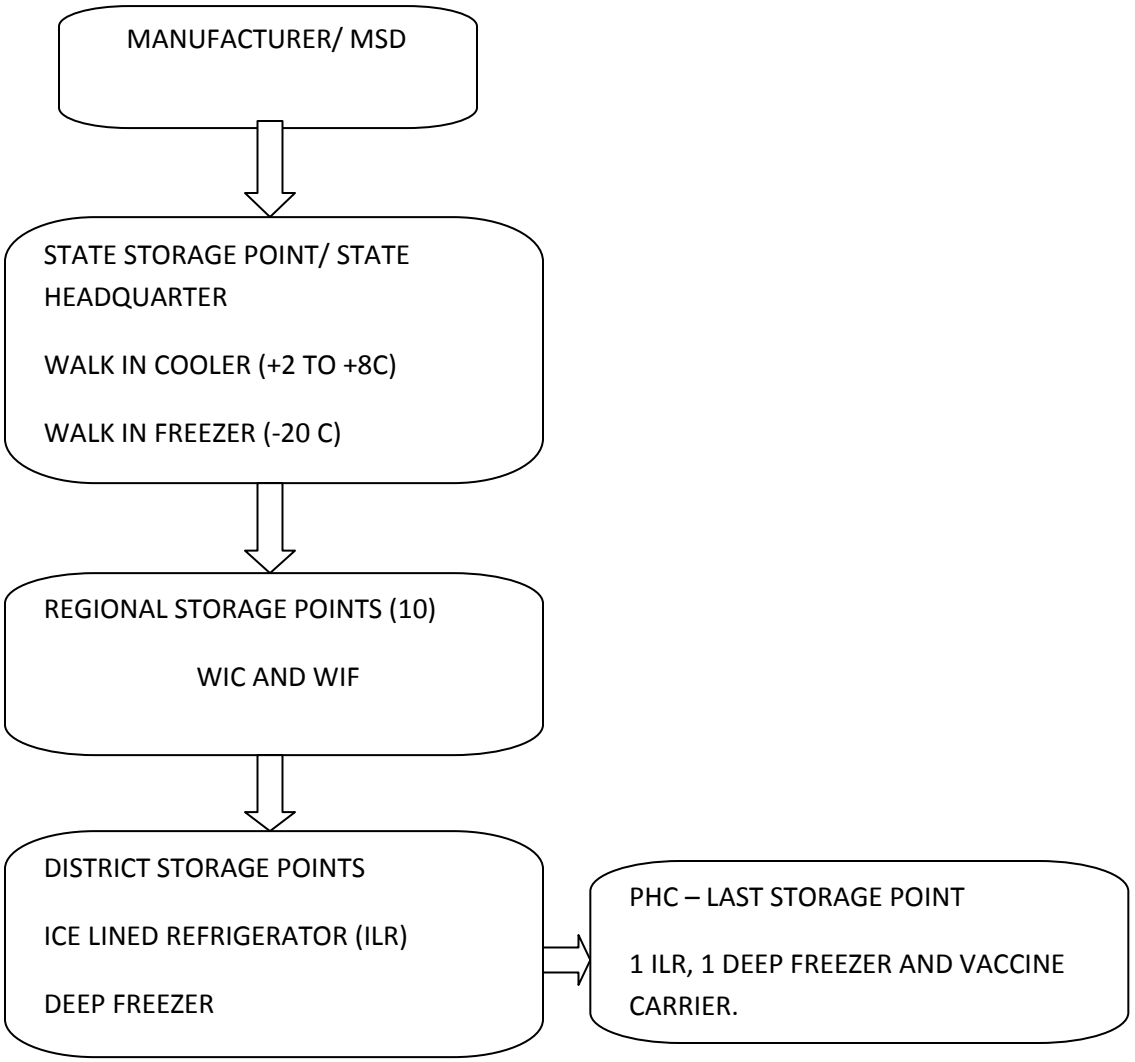
In Bihar there are 504, 102 ambulances with Basic Life Support (BLS) which run within the districts. 50 is the number for 108 ambulances of which 45 are BLS and 5 have Advanced Life Support (ALS), which is basically for cardiac emergencies. These 108 run between the districts.

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

- 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.

- **NRHM CONSULATANCY 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 improved 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

- In VHSND ANC, PNC, Adolescent Health, Supplementary medicine (Condoms, ECP) etc has been taken care off.

➢ 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.
- A 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 child for 2-3 years. It has been done by the gynecologist & has been done within 48 hours of delivery.
- **JAPAIGO** 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.

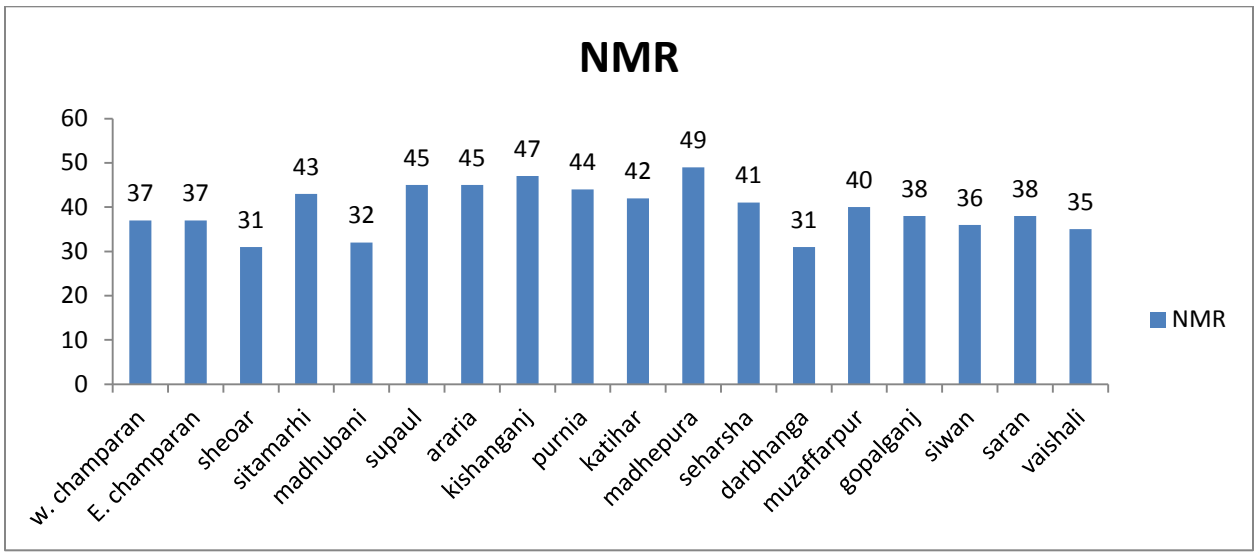
A STUDY FOR THE TRACKING OF NEWBORNS DISCHARGED FROM SCNU HAJIPUR, VAISHALI

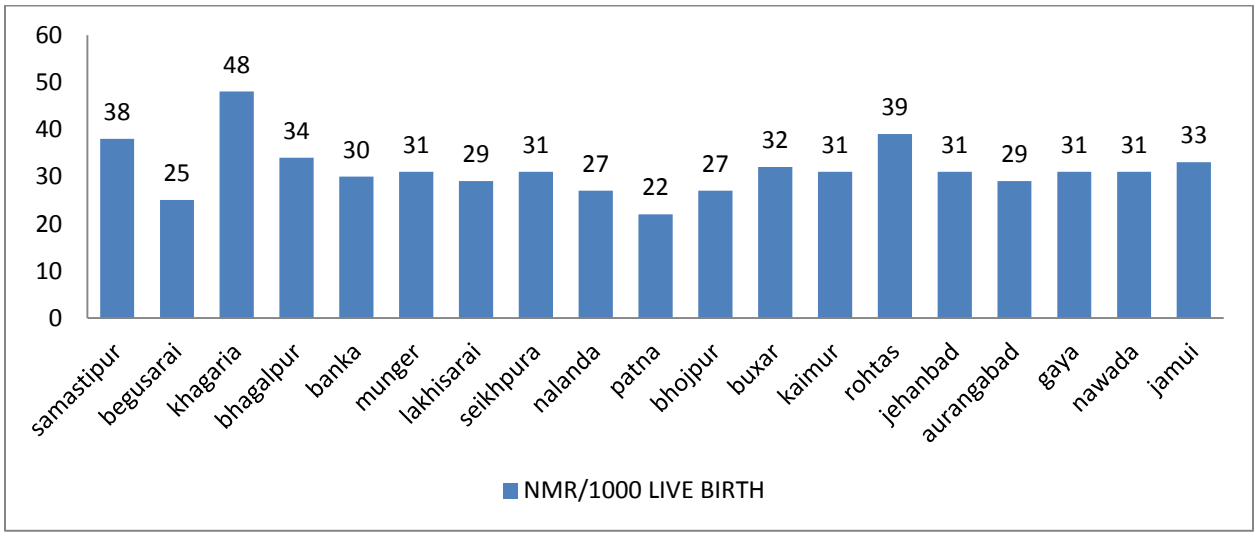
INTRODUCTION

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

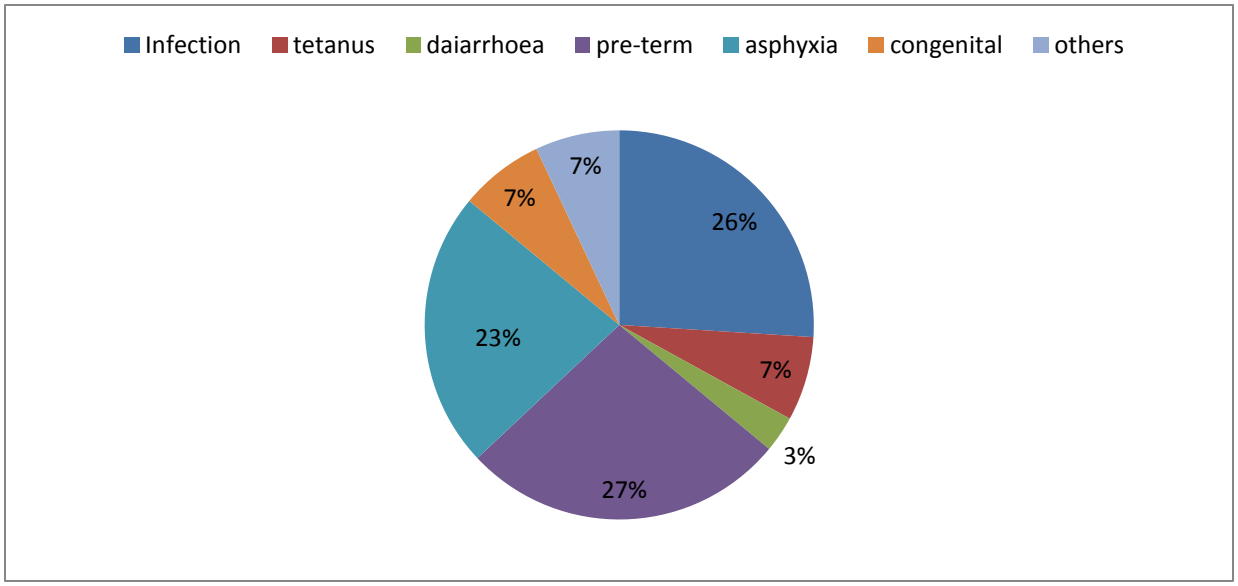
. The current Neonatal Mortality Rate (NMR) of Bihar is 35/1000 live births.

District wise NMR in Bihar:





The causes of neo-natal deaths in India are:



- The above graph shows the percentage wise distribution of major causes of neo-natal deaths 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

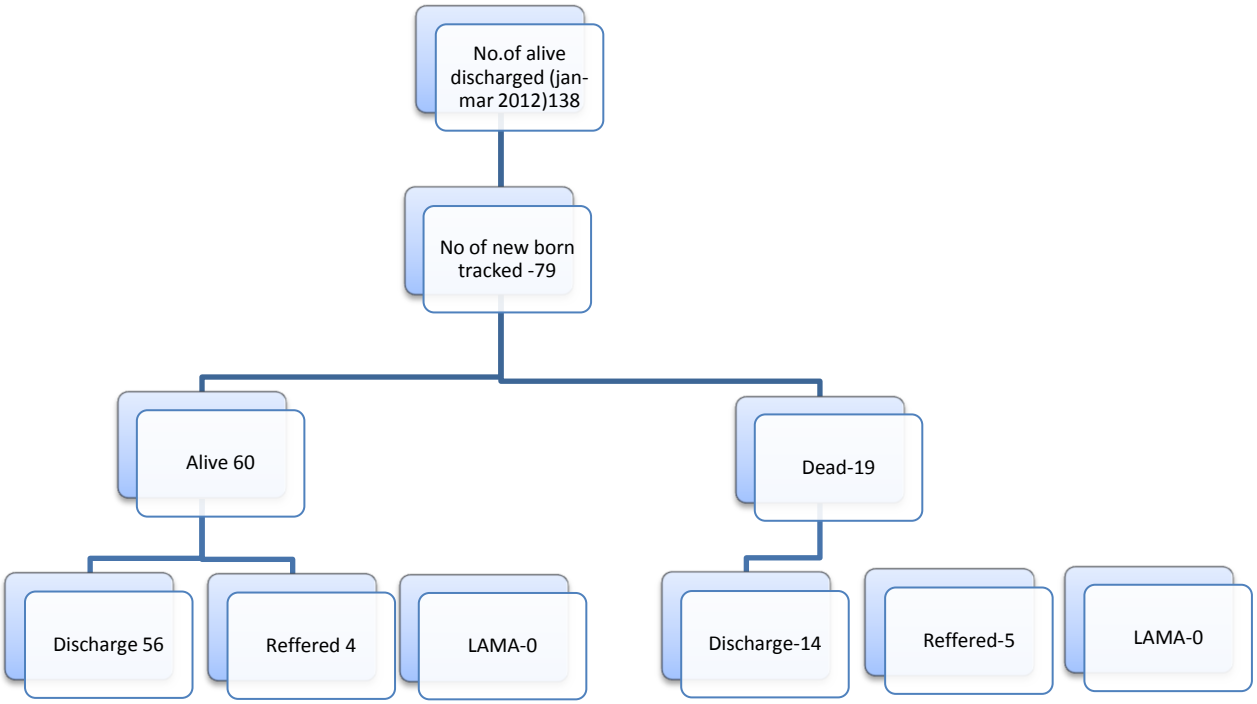
We carried out a cohort study on the survival rate of newborns discharged from SCNU Hajipur , Vaishali District Bihar.

Study Population

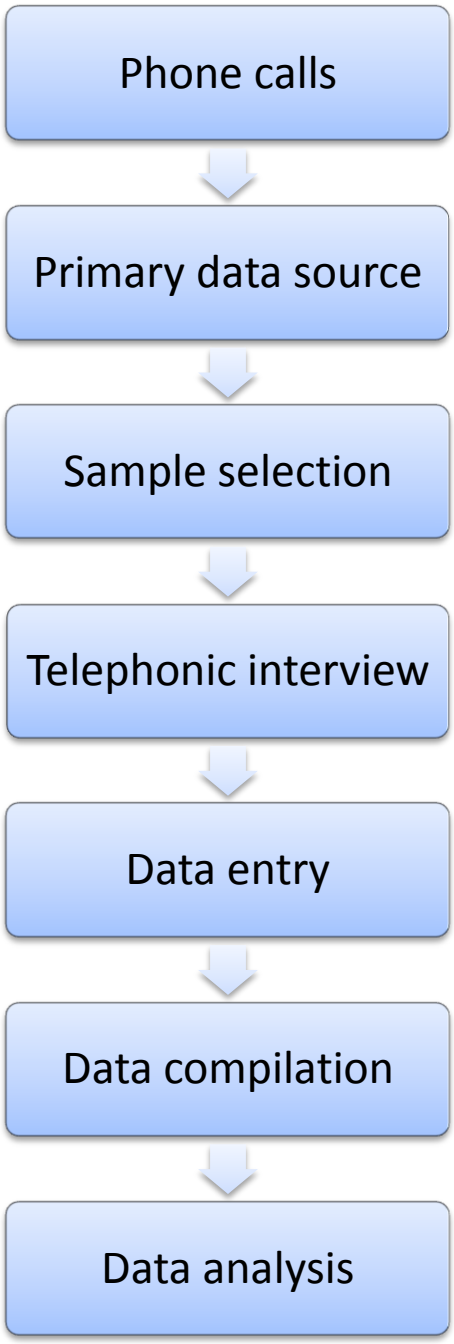
The study population comprised of all newborns admitted into the SCNU unit between 1 Jan 2012 to 31 March 2012.. According to the SCNU data the total of 178 newborns were admitted in the above mentioned period, out of which 138 were discharged/referred alive.

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:


No.of alive discharged (jan-mar 2012)138
No of new born tracked -79
Alive 60
Dead-19
Discharge 56
Reffered 4
LAMA-0
Discharge-14
Reffered-5
LAMA-0

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

Name of disease		Total	ALIVE	DEAD	P value	CONFIDENCE INTERVAL LOWER	UPPER
HIE	NO	11	9	2	.013	1.55	2.09
	%		5	10.5			
BIRTH ASPHYXIA	NO	31	26	5		1.70	1.98
	%		43.3	26.3			
LOW BIRTHWEIGHT	NO	3	0	3		1.00	1.00
	%		0	15.8			
PRETERM	NO	1	0	1			
	%		0	5.3			
NEONATAL SEPSIS	NO	8	6	2		1.36	2.14
	%		10	10.5			
MISCELLENEOUS	NO	25	19	6		1.66	1.86
	%		31.7	31.6			

- The survival rate was observed to be better in newborns suffering from birth asphyxia and HIE (Hypo Ischemic Encephalopathy) (p value 0.013).

Table 2

			ALIVE		DEAD		
Name of disease		Total	REFERRED	DISCHARGED	REFERRED	DISCHARGED	P value
HIE	NO.	11	1	8	0	2	
	%		9.1	90.9	0	100	
BIRTH ASPHYXIA	NO	31	0	26	4	1	.013
	%		0	100	80	20	
LOW BIRTHWEIGHT	NO	3			1	2	
	%				33.3	66.7	
PRETERM	NO	1			1	1	
	%				100	100	
NEONATAL SEPSIS	NO	8	2	4	0	2	
	%		33.3	66.7	0	0	
MISCELLENEOUS	NO	25	1	18	0	6	
	%		5.3	94.7	0	100	

Newborns admitted with birth asphyxia and HIE on proper medical care at SCNU were observed to have better survival rates. (p value .013).

Table 3

		TOTAL		ALIVE	DEAD	P VALUE	CI	
							LOWER LIMIT	UPPER LIMIT
SEX	MALE	56	NO	42	14	0.281	0.207	0.758
			%	75	25			
	FEMALE	23	NO	18	5			
			%	78.3	21.7			
EBF	Yes	59	NO	51	8	.170	0.688	0.0
			%	86.4	13.6			
	No	20	NO	9	11			
			%	45	55			
RI	Yes	24	NO	13	11	.001		0.001
			%	54.2	45.8			
	No	4	NO	2	2			
			%	50	50			
	PARTIAL	50	NO	45	5			0.001
			%	90	10			
FOLLOW UP	Yes	40	NO	33	7	-0.85	0.449	0.168
			%	82.5	12.5			
	No	39	NO	27	12			
			%	69.2	30.8			
DOCTOR VISIT	Yes	35	NO	29	6	-0.253	0.378	0.110
			%	82.9	17.1			
	No	43	NO	31	12			
			%	72.1	27.9			
DAYS IN SCNU	>1 day	10	NO	8	2	1.50	2.10	0.829
			%	80	20			
	1-3 days	58	NO	43	15	1.63	1.86	
			%	74.1	25.9			
	4-5 days	3	NO	2	1	0.23	3.10	
			%	66.7	33.3			
	6-10 days	8	NO	7	1	1.58	2.17	
			%	87.5	12.5			

- Exclusive breast feeding (p value 0.000) and routine immunization (p value 0.001) is observed to have a positive influence on the survival rate of neonates discharge from SCNU.

Table 4

FACTORS		TOTAL		ALIVE		DEAD		P VALUE
				REFFERED	DISCHARGED	REFFERED	DISCHARGED	
SEX	MALE	56	NO	4	38	3	11	0.005
			%	9.5	90.5	21.4	78.6	
	FEMALE	23	NO	0	18	2	3	
			%	0	100	40	60	
EBF	Yes	59	NO	2	49	2	6	0.27
			%	3.9	96.1	25	75	
	No	20	NO	2	7	3	8	
			%	22.2	77.8	27.3	72.7	
RI	Yes	24	NO	0	13	3	8	0.42
			%	0	100	27.3	72.7	
	No	4	NO		2		2	
			%		100		100	
	PARTIAL	50	NO	4	41	2	3	
			%	8.9	91.1	40	60	
FOLLOW UP	Yes	40	NO	1	32	2	5	0.020
			%	3	97	28.6	71.4	
	No	39	NO	3	24	3	9	
			%	311.1	88.9	25	75	
DOCTOR VISIT	Yes	35	NO	3	26	1	5	0.006
			%	10.3	89.7	25	75	
	No	43	NO	1	30	4	8	
			%	3.2	96.8	33.3	66.7	
DAYS IN SCNU	>1 DAY	10	NO	1	7	0	2	0.829
			%	12.5	87.5	0	100	
	1-3 DAYS	58	NO	3	40	4	11	
			%	7	93	26.7	93.3	
	4-5 DAYS	3	NO	0	2	1	0	
			%	0	100	0	100	
	6-10DAYS	8	NO		7		1	
			%		100		100	

In addition to proper medical care provided in SCNU, sex of newborn (p value .005),exclusive Breastfeeding (p value 0.027), Routine immunization (p value 0.042) follow up by ASHA/ANM (p value 0.020) and visit to a doctor (p value 0.006) increases the survival rate.

CONCLUSION

The study was conducted on the neonates discharged from SCNU, Hajipur. The study focused 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. 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.

EVALUATION OF KNOWLEDGE, USES, AND REPORTING OF ANM PROVIDED WITH DIGITAL BP APPARATUS IN EIGHT BLOCKS OF VAISHALI DISTRICT

INTRODUCTION

Unicef is an UN organization which mainly works for Maternal and Child health. In Bihar Unicef focus on five districts. i.e Vaishali, Bhalgalpur, Darbhanga, Purnia & Gaya. Vaishali has been considered to be the model district to experiment with the new innovation. In Bihar the MMR 261 per lakh live birth in a year and IMR is 48/1000 live birth in a year. The MDG goal for MMR and IMR is 100/100000 live birth and 30/1000 live birth respectively. One of the way to decrease the MMR and IMR is the improvement in quality ANC check up, which include taking the BP reading of pregnant woman and regularly monitoring them. Since the manual BP apparatus was difficult to use and handle, it was replaced by the digital BP apparatus. In October 2011 Unicef had distributed digital BP apparatus to all the ANM in 8 blocks of Vaishali. Hand on training on the use of digital BP apparatus was given to all the ANM.

OBJECTIVE

- In may 2012, a study was conducted to determine whether the ANMs are using the digital BP apparatus and find out the problems related to use of BP apparatus.
- To assess the knowledge of ANM on digital BP apparatus.
- To determine the reporting status of digital apparatus by ANM.

METHODOLOGY

The study type was descriptive and the approach was cross sectional. The area selected for the study was the 8 blocks of Vaishali where the digital BP apparatus were distributed. The respondent of the study were the ANM, who had been provided with the digital BP apparatus and hands on training. Since the numbers of respondents were less than 300, the all the ANM were included in the study. There was no sampling done for the study. A semi structured questionnaire was prepared. Face to face and in-depth interview was conducted individually with the help of questionnaire.

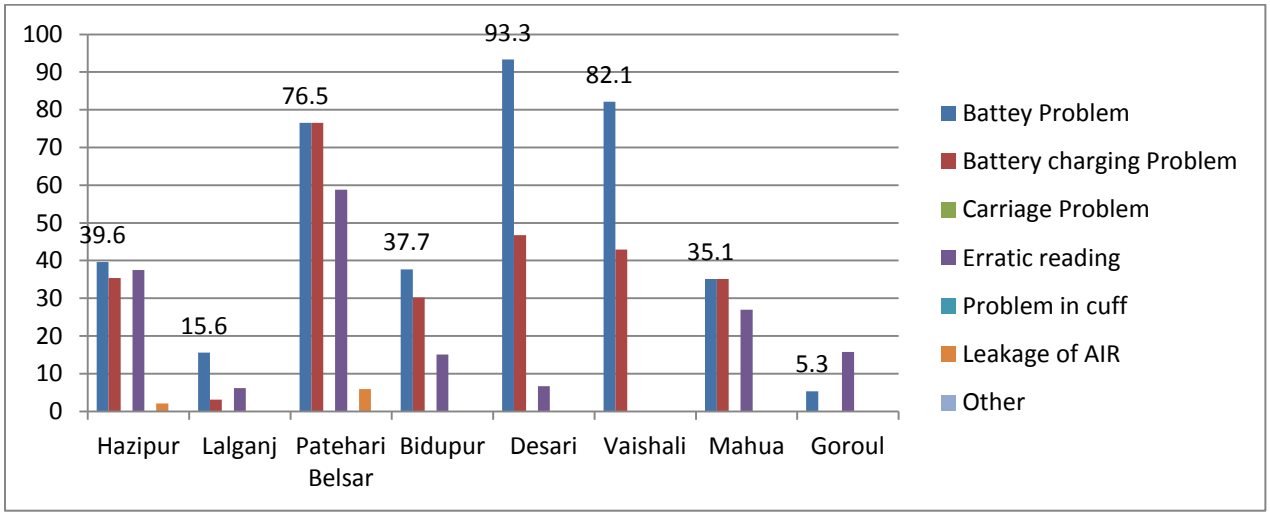
RESULTS

- **Do you face any problem while using the BP apparatus?**

	TOTAL NO OF ANM		YES	NO	P- VALUE
HAZIPUR	31	NO	16	15	0.000
		%	51.6	48.4	
LALGANJ	32	NO	9	22	
		%	28.1	68.8	
PATHERI BELSAR	17	NO	15	2	
		%	88.2	11.8	
BIDUPUR	53	NO	33	20	
		%	62.3	37.7	
DESRI	15	NO	14	1	
		%	93.3	6.7	
VAISHALI	28	NO	24	4	
		%	85.7	14.3	
MAHUA	37	NO	22	14	
		%	59.5	37.8	
GOROUL	19	NO	14	5	
		%	73.7	26.3	

Statistical analysis shows that more than 70% ANMs at DESRI, VAISHALI, HAZIPUR, PATHERI BELSAR and more than 40%GOROUL,MAHUA & BIDUPUR have issues with digital BP apparatus. (p value-0.000) Since the p value is less than 0.05, the result is significant.

- **What is the problem while using the digital BP apparatus?**



In study we observed that the most common problem with BATTERY, BATTERY CHARGING, and ERRATIC READING PROBLEM. P value (p value=0.00) is significant.

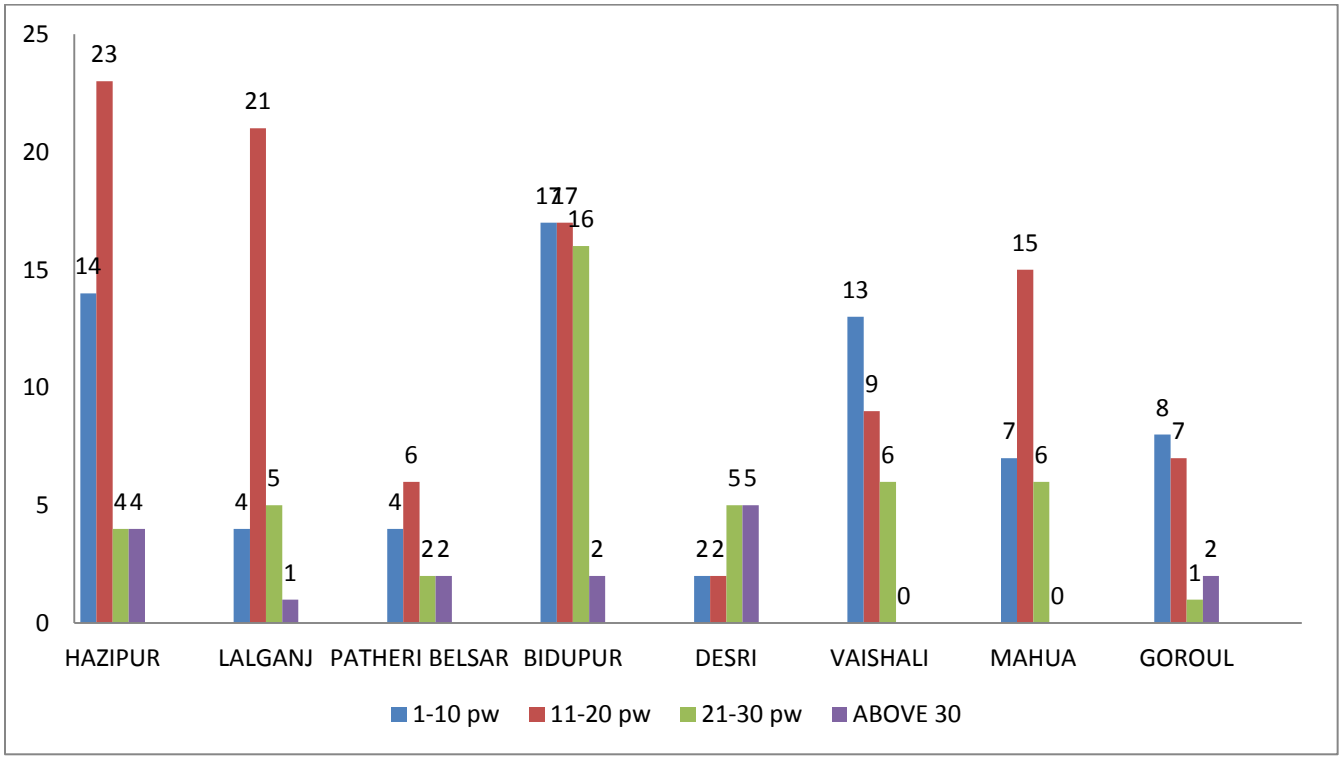
- **Whom do you submit the report?**

We observed that ANM of HAZIPUR, LALGANJ, PATHERI BELSAR, BIDUPUR, VAISHALI, and GOROUL were submitting the report to Data Entry Operator other than BLOCK HEALTH MANAGER (BHM) only The ANM of DESARI and MAHUA were submitted the report to the BHM . Only BHM could be able to understand and analyze the report then he can relocate the resource and monitoring the programs. (p value-0.000 i.e. significant)

- **When do you submit the report?**

In these block ANMs, PATEHARI BELSER, DESARI, VAISHALI & MAHUA were submitted the report at the first week of month. And in the block of HAZIPUR, LALGANJ, BIDUPUR & GOROUL , the ANM submitted the report at the last week of month. The p value (p = 0.000) is significant.

How many pregnant women BP were taken?



The average of pregnant women on per ANM is between 11-20 per month. The p value (0.000) is significant.

- **How many pregnant women were found hypertensive?**

It has been found that there are 26 cases of hypertensive women in which Patehari Belsar has the highest number of hypertensive cases.

- **Where do you wrap the cuff**

	TOTAL NO OF ANM		AT ELBOW	2 – 3 CM ABOVE ELBOW	2 – 3 CM BELOW ELBOW	OTHERS	P- VALUE
HAZIPUR	53	NO	3	44	1	0	0.000
		%	1.2 %	17.7%	0.4%	0	
LALGANJ	32	NO	6	24	0	0	
		%	2.4%	9.6%	0	0	
PATHERI BELSAR	17	NO	3	14	0	0	
		%	17.6	82.4	0	0	
BIDUPUR	53	NO	1	51	0	0	
		%	0.4%	20.5%	0	0	
DESRI	15	NO	5	10	0	0	
		%	2%	4%	0	0	
VAISHALI	28	NO	0	25	0	3	
		%	0	89.3	0	10.7	
MAHUA	37	NO	12	24	0	0	
		%	32.4	64.9	0	0	
GOROUL	19	NO	2	16	1	0	
		%	0.4	2.4	9.6	0	

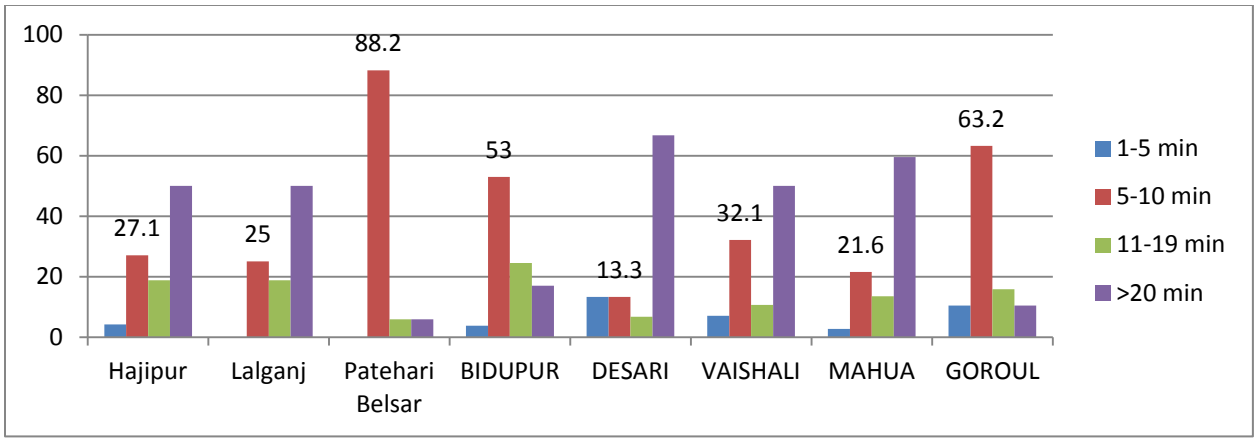
It has been found that AMN of Bidupur is much aware from the rapping of the cuffs i.e. 51 knows about the position of the cuff which is above 2-3 cm above the elbow & the ANMs of Patehari Belsar is lest aware about the positioning of the cuff.

- **Do you push the patient sleeve while wrapping the cuff?**

	TOTAL NO OF ANM		YES	NO	P- VALUE
HAZIPUR	48	NO	46	2	0.098
		%	95.8	4.2	
LALGANJ	32	NO	26	4	
		%	81.2	12.5	
PATHERI BELSAR	17	NO	17	0	
		%	100	0	
BIDUPUR	53	NO	51	1	
		%	96.2	1.9	
DESRI	15	NO	13	2	
		%	86.7	13.3	
VAISHALI	28	NO	28	0	
		%	100	0	
MAHUA	37	NO	33	3	
		%	89.2	8.1	
GOROUL	19	NO	14	5	
		%	73.7	26.3	

Around 80% of ANMs push the sleeve of the patient of which all the ANMs of Patehari Belsar & Vashali push the patient sleeves & the ANM of Goroul does the least

- **If the first reading is wrong how long do you ask the patient to wait before taking the second reading?**



Around 55% of ANM from these block, HAZIPUR, LALGANJ, DESARI, VAISHALI AND MAHUA know the time taken period. And from PATEHARI BELSAR, BIDUPUR and GOROUL, around 60% or more than 60% block ANMs don't know about the exact time period.

CONCLUSION

As per the study which was conducted in the eight districts of the Vaishali district i.e Hazipur, Bidupur, Pathehari Belsar, Goraul, Mahua, Desari, Lalganj &Vaishali it has been found that 70% ANMs at Desari, Vaishali, Hazipur Patehari Belsar, & more than 40% at Goroul, Mahua, & Bidupur are having issues with the digital BP apparatus. By the end of the study it has been found that majority of the ANMs has Battery Problem, Battery Charging, & Erratic reading problem. We have observed that reports are submitted to the Data Entry Operator by the ANMs of Hazipur, Lalganj, Pathehari Belsar, Biddupur, Vaishali & Goroul,, & the ANMs of Desari & Mahua submit their reort to the BHM (Block Health Manager). The ANMs of Pathehari Belsar, Desari, Vaishali, & Mahua submits their report at the first week of month & the ANMs of Hazipur, Lalganj, Bidupur, & Goroul submilts their reports at the last of the month. There was 26 cases of hypertensive women in the Vaishali district in which Patehari Belsar has the highest number of the hypertensive cases. Among the ANMs of eight districts ANMs of Bidupur is much aware about the positioning of the cuff which is 2-3 cm above the elbow & ANMs of Pathehari Belsar is least aware, it has been also observed that most of the ANMs were aware about the positioning of the patient to measure the BP but due to lack of the resources they take the BP of the the pregnant woman by make them sit.