Welcomes

Dr. M. S. Ahluwalia
Deputy Chairman, Planning Commission
Govt. of India
MONITORABLE GOALS OF 11TH PLAN

Decrease in….

- IMR from 61 (2005) to 56 per 1000 live births (2009)
- Total Fertility Rate (TFR) from 4.3 to 3.9

Improvements….

- Institutional deliveries from 12.1% (1992-93) to 22% (2005-06) to 27.7% (2007-08)
- Antenatal Care from 15.9% (98-99) to 26.4% (2007-08)
- Full Immunization coverage has increased from 10.7% (92-93) to 53.8% (ISB, 2009)
- Contraceptive use has increased from 23.1 percent (92-93) to 28.4 percent (2007-08)
Key Impact Programmes
Routine Immunization
Evaluated % of Fully Immunized Child in Bihar

- CES 2002: 11.6
- CES 2005: 18.6
- NFHS 3 (2005-06): 32.8
- CES 2006-07: 38
- DLHS 07-08: 41.4
- Survey By FRDS ***: 53.8
• Systematic strengthening of RI was launched on 15th August 2005.
• NRHM funds available for new initiatives to augment RI
• AD syringes introduced
• Regular supplies maintained
• Alternate vaccine delivery (couriers) introduced to reach vaccines
• Provision for hiring Alternate manpower for vaccination
• Fixed and outreach sessions
The Year 2006 was declared as Immunization year

- Wednesday and Friday as immunization days
- 3 rounds of Mobile Hard-to-reach RI campaign were conducted in early 2006 to reach with communities which hitherto never had access to RI services.
In late 2006 early 2007, 3 more rounds of catch up weeks were organized.
Special plans made for left out areas and areas with no manpower along with Intensified monitoring and supervision.
In October 2008, Muskaan ek Abhiyaan was launched which included:

- Initial survey and tracking of Pregnant and Newborn till full immunization is achieved.
- Partnership between ICDS and Health at all levels
- Increased number and reach of sessions – Twice weekly sessions at HSC and AWC
- Monthly meetings at village level to sensitize beneficiaries-Mahila mandal meetings
- Performance-based incentive scheme for Health Workers and Mobilisers
New initiatives in Routine Immunization

- **Micro plans developed in all blocks for RI**
  - Ensuring no left out areas
  - Special arrangement for RI sessions in Maha-Dalit, underserved and hard to reach areas.

- **New Monitoring strategy launched**
  - Monitoring of Immunization session sites as well as house-to-house monitoring of beneficiaries.

- **Training of Cold Chain Handlers**
  - District level training of all cold chain handlers dealing with vaccines storage and management: 8 districts completed

- **Training of contractual ANM in Routine Immunization**
  - Refresher workshop of trainers completed
  - Training of over 1000 contractual ANMs to be undertaken in districts with shortage of regular ANMs
Faith in Govt. Hospitals

Number of Patient Seen in OPD

<table>
<thead>
<tr>
<th>Year</th>
<th>Total no of OPD (in lakhs)</th>
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<tbody>
<tr>
<td>2006-07</td>
<td>105</td>
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<tr>
<td>2007-08</td>
<td>153</td>
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<tr>
<td>2008-09 (Dec,08)</td>
<td>160</td>
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</table>
No of Indoor Patients

Year

2007-08  2008-09

No of Patient in IPD

Source: Data Center
In Bihar, 9,400 mothers die every year due to pregnancy and childbirth.

Successful implementation of programmes can prevent 7000 maternal deaths in a single year.
No. of Institutional (Govt.) Deliveries

Institutional Deliveries from 2006-07 to 2009-10

- 2005-06: 45000
- 2006-07: 117062
- 2007-08: 838481
- 2008-09: 1143039
- 2009-10 till Sept-09: 568317

Series 1
1,58,000 infants die before their first birthday.

1,00,000 infant lives every year.

SAVING INFANTS LIFE IN BIHAR

New born Care Initiative, IMNCI, Home based newborn care, neonataICU

Breast Feeding (Training and Mamta)

Target for

Year

1999
2000

89
73
58
45
28

Mamta)
Comprehensive New Born Care Initiative

**BIHAR MODEL**

District Level

- Sick Newborn Care Unit (SNCU)

PHC Level

- Neonatal Stabilization Unit

Village Level

- IMNCI Trained Worker

**SNCU (Special Newborn Care Units)**

Vaishali: 902 admissions in 1 year

Saharsa: 62  Purnia: 109

Araria: 37  Supaul: 12

Madhepura: 200

TO BE REPLICATED IN 23 DISTRICTS

in Phase 1, 6 districts – Gopalganj, Aurangabad, Motihari, Kaimur, Khagaria and Munger, being equipped with SNCU equipments, rate contract of which finalised and communicated to districts for initiating procurement

NSU (Neonatal Stabilization Units)

All PHCs in Vaishali equipped with Neonatal Warmer, Oxygen Concentrators, Neonatal Resuscitation Kits – to provide Essential Newborn care

612 admissions in 11 Vaishali PHCs in 6 months

TO BE REPLICATED IN initially in 398 PHCs where space is available for the same

IMNCI (Integrated Management of Neonatal and Childhood Illness)

TO BE IMPLEMENTED IN 24 DISTRICTS
Drugs and Doctors

- Rate contract of drugs being done by SHSB
- Open tender at National level
- Evaluation of tenders done through various Committees- Technical and Financial and various Stages- Tech., Financial, On-site
- Rate approved by GB
- Information sent to the districts which place orders with the approved Companies
Free Drugs & Indoor Treatment

- Cash and Carry mechanism
- Depots at State Headquarter level
- Free drug list expanded to incorporate 33 OPD and 107 IPD drugs. This list is further being expanded
- Indoor treatments free in all District Hospitals
EDL declared for all level of hospitals as follows –

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<th>Health Facility</th>
<th>OPD</th>
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<td>2007</td>
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<td>2009</td>
<td>5</td>
<td>282</td>
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<tr>
<td>2009</td>
<td>6</td>
<td>152 out of 253 finalised</td>
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**THE PER CAPITA EXPENDITURE ON DRUGS OF BIHAR IS RS. 7/- AS COMPARED TO RS. 29/- IN TAMIL NADU**
Total Expenditure in Drug Procurement

Financial Year

Total Expenditure

Rs. in Crores

Private Specialists

- From District Hospitals to PHC
- Provision of Private specialists in Eye, ENT, Orthopedics, Pediatrics, Gynae. and Surgery
- @ Rs.500/day/doctor
- Renowned doctors being contacted
- Total no. of doctors empanelled = 217 (Source : Data Centre)
Mobile Medical Units (MMU)

- Scheme of 1 MMU per district launched on 13th July 2009
- Total Functional MMU in Bihar till date:- 12
- Rest to start operations from November end onwards
- Staff per MMU - Specialist Doctor, Nurse, X-ray Tec., Lab. Attendant, Para Medic/ Pharmacist-cum Van Supervisor, OT Assistant and Driver.
- Services per MMU – Free OPD, Free Drugs, Gynae/ANC clinic, Eye check up, ENT check up, HIV testing, Pathology, Radiological tests, IEC, Medical camps etc
- Budget Sanctioned in FY 09-10- Rs.16.56 cr.
- Rent Per Month Rs.-4.68 lakhs for one MMU
Dial 108

- Pilot in Patna city through PPP
- In operation from 03-06-2009
- 2 kinds of Ambulances – 5 ALS and 5 BLS
- Basic facilities – Drugs, Oxygen, Heart monitor, ventilator and other Supportive Medical System
- Patient fees- Rs.300/-, free/lower rates for very poor patients
- 15-20 mins. service availability
- GPS fitted
- Total no. of Calls – 3509 (June’09 to Oct’09)
Diagnostic Services

- Free Services to all Patients at the PPP operational centres from PHC to DH
- Free Services to all BPL Patients at the PPP operational centres in the MCH
Pathology Services

- PSP operates, maintains and reports through 24-hours Diagnostic centres
- **Coverage**: 25 District Hospitals, 23 Sub-Divisional Hospitals, 76 Referral Hospitals and 398 PHCs of Bihar
- 19 districts each divided among two agencies for Pathology
- Agency pays nominal monthly rent for space in DH & SDH
- District Hospitals have Labs
- Collection Centres at PHCs
- Reports within 24 hours
- No. of Tests conducted – 5.58 lakhs (Mar 06-Apr 09)
- Services started in 407
Radiology Facilities

- 38 districts given to one agency to operate, maintain and generate X-ray films
- Functional units – 134
- Space provided against nominal rent
- No investment by Government
- Govt. doctor reports on films
- Reports within 24 hours
- Functions under the overall supervision of the Hospital Management Society (RKS) of the respective Hospital.
- Functions under the operational control of District Health Society
- No. of Tests conducted – 3.71 lakhs (July 06 to Apr 09)
- Services started in 91 centres
Hospital Maintenance Services

- Maintenance of Hospital Premises.
- Generator Facility.
- Cleanliness of Hospitals.
- Laundry
- Diet.

Centralized rate contract finalized and each district given three parties to choose from. All 38 districts have already started using these services.
## Status of Infrastructure

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<th>Health Institutions</th>
<th>Required</th>
<th>Present</th>
<th>Shortfall</th>
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<tr>
<td>Sub-Divisional Hospital</td>
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<td>70</td>
<td>552</td>
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<td>Primary Health Centre</td>
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<td>533</td>
<td>1956</td>
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<td>Additional PHC</td>
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<td>1544</td>
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<tr>
<td>Sub-Centre</td>
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<td>8858</td>
<td>7718</td>
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*Source: RHS Bulletin, March 2007, MOHFW, GOI*
## Improving Infrastructure

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<th></th>
<th>REQUIRED AS PER IPHS NORMS</th>
<th>SANCTIONED</th>
<th>TAKEN UP</th>
<th>GAP</th>
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<tr>
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<td>APHC</td>
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<td>881</td>
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<td>No. of HSC</td>
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HUMAN RESOURCE
### Public Health Personnel

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<tr>
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<tr>
<td>Medical Officers</td>
<td>1 Per 10000 Population</td>
<td>9500</td>
<td>5124</td>
<td>3860</td>
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<tr>
<td>ANM</td>
<td>1 Per 2500 Population</td>
<td>38500</td>
<td>11294</td>
<td>10055</td>
</tr>
</tbody>
</table>
Recruitments on Contract

- Doctors : 1763
- Staff Nurses : 3900
- ANM-R : 6000
- Health Managers : 477
- Block Accountant : 533
- ASHA Health worker: 69124
Medical Education

- According to IPHS norms, Bihar should have at least 18 medical colleges as against 9 currently

- Total output of doctors from all the medical colleges is
  - MBBS : 510.
  - Specialists : 100

- Total requirement for the state
  - MBBS : 1264
  - Specialists : 540 (ANESTHESIST, PEDIATRICIAN, OSTETRICIAN)
Human Resource – Addressing The Issue

- **DOCTORS**: Cadre modified
  Web enabled system to capture district level cadre information
  Appointment of 1763 contractual doctors done

- Contractual appointment of 3900 staff nurses and 6000 ANMs done
Monitoring & Evaluation

- State level monitoring through State Data Centre
- Data Centre at District, sub divisional and PHC level started.
- Out of 685 Data Centres, 490 have been established in the State
POPULATION
STABILISATION
Every year about 27,00,000 children are born.

In order to achieve the replacement level of TFR 2.1, we need to sterilize 9,00,000 per year. Currently we do about 3,60,000 per year.
No of FP operations

No. of Family Planning operation Year wise from 2004-05 to 2009-10 (till July -09)

- 2004-05: 88126
- 2005-06: 118678
- 2006-07: 161943
- 2007-08: 300918
- 2008-09: 326722
- 2009-10 till Sept-09: 42236
Programmatic interventions in Family Planning (GOI)

1. Addressing the unmet need in contraception through
   - **Assured delivery** of family planning services
   - Developing **skilled manpower** for the same
2. Increasing **male participation** through intensive promotion of NSV
3. Promotion of **IUDs** as a short & long term spacing method
4. Promotion of **Emergency Contraceptive Pills**
5. Increasing basket of choices
Promotional Interventions in Family Planning (GOI)

1. Ensuring quality care in FP services
2. Revised compensation scheme
3. Family planning insurance scheme
4. Promoting Public Private Partnerships
5. Promoting contraception through increased advocacy
Concerns

- Infrastructure improvement: Need for a separate Health corporation to address the gap in infrastructure.

- HR: Need to address the gap in HR esp. Doctors and Paramedics through institutional strengthening, Lack of specialized manpower, Need for rational deployment of manpower - under-utilization of ‘trained manpower’ because of weak ‘tracking system’, Web based data base tracking for doctors and for other categories of staff.
• Medical education: Huge gap in requirement of doctors and paramedics; need for more medical colleges especially specialists and Nursing college

• ANM/GNM Schools - Limited capacity to train nurses, Renovation of all ANM/ GNM schools on priority, Insufficient hostel accommodation, Severe problem of faculty in the existing schools
Thanks
**Monitoring System**

Select District Name: Araria

Date: 10-Feb-08

Total: 10

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<tr>
<th>No.</th>
<th>Report Description</th>
<th>Done</th>
<th>DHS Attendance</th>
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<tr>
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<td>Report1 (Doctor)</td>
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<td>10. Report10 (Vaccine)</td>
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<tr>
<td>2.</td>
<td>Report2 (Drug Monitoring)</td>
<td>0</td>
<td>11. Report11 (Genset)</td>
</tr>
<tr>
<td>3.</td>
<td>Report3 (Patient Visited)</td>
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<td>12. Report12 (Ambulance Monitoring)</td>
</tr>
<tr>
<td>4.</td>
<td>Report4 (Kala-Azar)</td>
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<td>5.</td>
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<td>6.</td>
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<td>Report8 (TB)</td>
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<tr>
<td></td>
<td>Weekly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mushkan**

Labour Room
Report

---|---|---|---|---|---
Immunization | R. K. S. | T. B. | ASHA | Family Planning | Cold Chain
Pathology | RI Pre-Session Information | |

Doctor Attendance Form

<table>
<thead>
<tr>
<th>District Name</th>
<th>Hospital</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Champaran-W</td>
<td>Bettiah Phc</td>
<td>12-Nov-2009</td>
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<table>
<thead>
<tr>
<th>Dr. Id</th>
<th>Dr. Name</th>
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<tr>
<td>19550</td>
<td>Dr. Shankar Rajak</td>
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<tr>
<td>19552</td>
<td>Dr. Sudha Mallik</td>
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</tbody>
</table>
## Steps to Apply

**Step 1**: Select Doctor Type and click on "List Records", you will get the latest Vacancy Available (VA) & Number of Applicants (NOA) applied online till date for all the districts in various categories.

**Step 2**: If the vacancy is available for any particular post, that block will be marked Green otherwise Red.

**Step 3**: Click on the "No. of Vacancy" in the Green Block next to District Name to Proceed.

### Note

All online registration shall be valid only for a period of 7 days. The applicants are required to apply within 7 days of online registration.

The registration applicants can also submit their application to the Post box (office) of concerned district.

### District Wise Vacancy Position as on 15/06/2009 05:51 PM for Doctors (All Categories)

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<th>District</th>
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<th>GN NOA</th>
<th>BC VA</th>
<th>BC NOA</th>
<th>ECF VA</th>
<th>ECF NOA</th>
<th>NBC VA</th>
<th>NBC NOA</th>
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