

# **BIHAR**

## **STATE REPORT**

## Bihar

### Index

<b>S. No.</b>	<b>Content</b>	<b>Page No.</b>
1	Summary of Approvals	2 – 4
2	Demographic Profile	5 – 6
3	Progress of NRHM	7 – 10
4	Reproductive & Child Health	11 – 16
5	Immunization	17 – 17
6	Revised National Tuberculosis Control Programme (RNTCP)	18 – 21
7	National Vector Borne Disease Control Programme (NVBDCP)	22 – 23
8	National Leprosy Eradication Programme (NLEP)	24 – 24
9	Integrated Disease Surveillance Project (IDSP)	25 – 26
10	National Programme for Control of Blindness (NPCB)	27 – 27
11	National Iodine Deficiency Disorder Control Programme (NIDDCP)	28 – 28
12	RoP approval under Mission Flexible Pool	29 – 32
13	Analysis of some RCH Indicators	33 – 33

**BIHAR**

**Summary of approvals**

<b>Financial Management under NRHM (Rs. in crore)</b>					
<b>Years</b>	<b>Allocation</b>	<b>Release</b>	<b>Expenditure</b>	<b>% Release against Allocation</b>	<b>% Expenditure against Release</b>
2005-06	398.22	315.88	205.15	79.32	64.95
2006-07	599.21	490.12	290.61	81.79	59.29
2007-08	680.70	482.10	446.64	70.82	92.64
2008-09	695.26	938.29	605.59	134.96	64.54
2009-10	716.43			0.00	
<b>Total</b>	<b>3089.82</b>	<b>2226.40</b>	<b>1547.99</b>	<b>72.06</b>	<b>69.53</b>

<b>S. No.</b>	<b>Timeline Activities</b>	<b>Achievement</b>	<b>%</b>
1	ASHA	Selection	67506
		Training	57362
2	VHSC	0	0
3	24X7 PHCs	533	32
4	Mobile Medical Unit	0	0
5	Rogi Kalyan Samiti	487	28

<b>Budget Allocations (2005-09) ( Amount in Crores)</b>			
	<b>Allocation</b>	<b>Releases</b>	<b>Expenditure</b>
<b>RCH Flexipool</b>			
2005-06	123.72	29.38	2.40
2006-07	174.32	113.14	27.48
2007-08	127.76	0.00	174.97
2008-09	213.84	351.17	227.56
2009-10	218.28		
<b>Total (A)</b>	<b>857.92</b>	<b>493.69</b>	<b>432.41</b>
<b>NRHM Flexipool</b>			
2005-06	No separate allocation	68.37	0.59
2006-07	146.62	125.79	13.18
2007-08	256.31	137.63	12.18
2008-09	186.28	216.20	54.10
2009-10	192.61		
<b>Total (B)</b>	<b>781.82</b>	<b>547.99</b>	<b>80.05</b>
<b>National Disease Control Programme</b>			
2005-06	66.14	36.66	38.39
2006-07	51.69	36.70	34.22
2007-08	55.14	15.49	8.53
2008-09	66.91	18.88	3.86
2009-10	71.34	0.00	0.00
<b>Total (C)</b>	<b>311.23</b>	<b>107.73</b>	<b>85.01</b>
<b>Grand Total (A + B + C)</b>	<b>1950.97</b>	<b>1149.41</b>	<b>597.47</b>

**Record of Proceedings (2005-2009) for Mission Flexible Pool**

<b>Approval for Infrastructure (Rs. in Crore)</b>						
S. No	Health Facilities	2005-06	2006-07	2007-08	2008-09	2009-10
1	Sub C	10.34		26.00	30.00	29.93
2	PHC			0.00	3.00	41.09
3	CHC	30.80		38.00	80.40	82.11
4	DH			0.00	9.00	18.60
5	Equipment			10.00	0.00	51.72
6	Transport			0.00		1.29
7	Others			28.80	27.03	16.01
	<b>Total</b>	<b>41.14</b>	<b>0.00</b>	<b>102.80</b>	<b>149.43</b>	<b>240.74</b>

<b>Approval for Human Resources(Rs. in Crore)</b>						
S. No	Personnel	2005-06	2006-07	2007-08	2008-09	2009-10
1	Doctors			62.36	89.30	20.76
2	Specialists			0.00	0.00	0.00
3	Staff Nurses			0.00	0.00	0.00
4	ANM			0.00	0.00	73.67
5	Others			0.00	0.00	41.43
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>62.36</b>	<b>89.30</b>	<b>135.86</b>

<b>Approval of other activities (2005-2009) in Rs. Lakh</b>						
S. No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10
		Released	Approved	Approved	Approved	Approved
<b>ASHAs</b>						
1	ASHA Selection ,training, drug kits, mentoring set up	920	1329.6	2499	2558.19	5602.68
	<b>TOTAL</b>	<b>920</b>	<b>1329.60</b>	<b>2499.00</b>	<b>2558.19</b>	<b>5602.68</b>
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>						
2	Rogi Kalyan Samiti		800	789	693	853
3	Untied Fund for PHC		412		133.25	1348.07
4	Untied Fund for SC	1034	1030	2885	929.52	
5	Untied Fund for VHSC					1000
6	Annual Maintenance Grant		824	789.00	1058.00	820.80
	<b>TOTAL</b>	<b>1034</b>	<b>3066.00</b>	<b>4463.00</b>	<b>3813.77</b>	<b>7035.19</b>
<b>Infrastructure related matters</b>						
7	Emergency & Referral Services			1000	508.4	89.01
8	Ambulance service-102				8.4	40.32
9	MMU		52	500		1600.56
10	Equipment			1000.00		
	<b>TOTAL</b>		<b>52.00</b>	<b>2500.00</b>	<b>516.80</b>	<b>1729.89</b>

### Status of Infrastructure (2005-2010)

	As per RHS 2008	New Construction	Upgradation / Renovation
<b>Number of Sub Centre</b>	8858	4946	2264
<b>Number of PHC</b>	1641	138	398
<b>Number of CHC</b>	70	263	0
<b>Number of DH</b>	25 As per State Data Sheet, NRHM	12	22

### Status of NRHM as on 15.05.2009

1	ASHA	<b>Selection</b>	67506
		<b>Training</b>	57362
2	VHSC		0
3	Joint A/C		
4	24X7 Facility		625
5	FRU		76
6	Contractual Manpower	<b>Doctors &amp; Specialist</b>	2144
		<b>AYUSH Doctors</b>	0
		<b>Staff Nurse</b>	2906
		<b>Paramedics</b>	0
		<b>ANM</b>	5896

#### National Disease Control Programme

##### NLEP

Bihar is one of the 3 states yet to achieve the goal of elimination of leprosy. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions

##### IDSP

It is a Phase III state. The recruitment of key human resources (Data managers, Epidemiologists, microbiologists etc) needs to be fast tracked and completed in a time bound manner. The data reporting should start from all the districts.

##### NBCP

UCs for GIA released to State Blindness Control Society not being received timely. SOE for Cash Grant are also not being received timely. Performance of School Eye Screening Programme needs to be improved.

##### NVBDCP

Kala-azar is major problem in the state and has been targeted for elimination by the year 2010. Capacity building for case management and strengthening of health facilities need to be taken on priority basis for diagnosis and case management.

##### RNTCP

Total Case Detection and cure rate need to be improved. This appears to be due to gaps in key HR (STO, DTO and other levels), weak supply chain management and supervision.

## Demographic, Socio-economic and Health profile

### HEALTH INDICATORS OF BIHAR

The Total Fertility Rate of the State is 3.9. The Infant Mortality Rate is 58 and Maternal Mortality Ratio is 312 (SRS 2004 - 06) which are higher than the National average. The Sex Ratio in the State is 919 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

**Table I: Demographic, Socio-economic and Health profile of Bihar State as compared to India figures**

S. No.	Item	Bihar	India
1	Total population (Census 2001) (in million)	82.9	1028.61
2	Decadal Growth (Census 2001) (%)	NA	21.54
3	Crude Birth Rate (SRS 2007)	29.4	23.1
4	Crude Death Rate (SRS 2007)	7.5	7.4
5	Total Fertility Rate (SRS 2007)	3.9	2.7
6	Infant Mortality Rate (SRS 2007)	58	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	312	254
8	Sex Ratio (Census 2001)	919	933
9	Population below Poverty line (%)	42.60	26.10
10	Schedule Caste population (in million)	13.05	166.64
11	Schedule Tribe population (in million)	0.76	84.33
12	Female Literacy Rate (Census 2001) (%)	33.1	53.7

**Table II: Health Infrastructure of Bihar**

Health Institution	Required	In Position	Shortfall
Sub-centre	14959	8858	6101
Primary Health Centre	2489	1641	848
Community Health Centre	622	70	552
Multipurpose Worker(Female)/ANM	10499	9127	1372
Health Worker (Male)/MPW(M)	8858	1074	7784
Health Assistants(Female)/LHV	1641	479	1162
Health Assistants(Male)	1641	634	1007
Doctor at PHCs	1641	1565	76
Surgeons	70	28	42
Obstetricians & Gynaecologists	70	21	49
Physicians	70	38	32
Paediatricians	70	17	53
Total specialists at CHCs	280	104	176
Radiographers	70	15	55
Pharmacist	1711	439	1272
Laboratory Technicians	1711	135	1576
Nurse Midwife	2131	1425	706

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

<b>Health Institution</b>	<b>Number</b>
Medical College	8
District Hospitals	25
Referral Hospitals	70
City Family Welfare Centre	12
Rural Dispensaries	366
Ayurvedic Hospitals	11
Ayurvedic Dispensaries	311
Unani Hospitals	4
Unani Dispensaries	144
Homeopathic Hospitals	11
Homeopathic Dispensary	179

## **Note on Progress of NRHM in Bihar (June 2009)**

The NRHM seeks to provide universal access to equitable, affordable and quality health care which is accountable at the same time responsive to the needs of the people. National Rural Health Mission offers unprecedented opportunity to improve the health of the people of Bihar. The capacity to manage the programme in the state has significantly strengthened. There is a significant increase in outpatients and institutional deliveries. The availability of human resources has increased substantially at different level of health institutions. Several PPP interventions have been implemented to increase the reach out to the people. By and large the improved infrastructure, strengthened facilities and people's confidence in public health facilities has been improved considerably. Brief information on progress of activities is as follows:

### **Institutional Framework of NRHM**

The institutional set up is comparatively slow and need to be augmented. For the financial year 2008-09 State Health Mission meeting held twice and of District Health Mission 62 meeting have been held. There are no VHSCs in the State, need to take it on priority basis. Rogi Kalyan Samitis are operational at 26 DH, 51 CHCs & 389 PHCs. Out of 38 districts 2 districts have started developing their own IDHAP.

### **Infrastructure Improvements**

In total 105 PHCs have been strengthened with three Staff Nurses each to make them functional for 24x7 work, 70 CHC are functioning on 24X7 and facility survey has been completed in 66 CHCs which include other facilities below district level. A total of 20 DH, 29 SDH and 27 CHC & others level made operational as FRUs. No districts have functional Mobile Medical Unit (MMU).

### **Human Resources**

A total of 67,506 ASHAs have been selected & 57,362 are trained for 1<sup>st</sup> module. None of them have been provided with drug kits. 7672 Sub-centres are functional with an ANM. 5880 SCs have been strengthened with 2<sup>nd</sup> ANM. No appointments of contractual AYUSH Doctors in the State. As far as Manpower augmentation is concerned 381 specialists, 1763 MBBS Doctors, 2906 Staff Nurse and 5896 ANMs have been appointed under NRHM on contractual basis

### **Services**

Institutional deliveries in the State have improved from 1.24 lakhs (2006-07) to 8.38 lakhs (2007-08) and further 10.51 lakhs institutional deliveries have been reported during the year 2008-09. The JSY beneficiaries significantly increased from 1.14 lakhs (2006-07) to 8.38 lakhs (2007-08). During the year 08-09 the numbers of JSY beneficiaries was 11.00 lakh. Female sterilizations have increased from 1.62 lakh (2006-07) to 3.00 lakh (2007-08) and male sterlisation has decreased from 428 (2006-07) to 400 (2007-08). During the year 2008-09, 358576 female and 1427 male sterilisation has been reported. 23 districts are implementing IMNCI & 7496 people are trained so far. 741168 VHND held since the launch of NRHM.



## General

Overall improvement in health system since NRHM.

### Achievements made

- Increased utilization of services such as - outpatients, in patients, institutional delivery at CHCs and district hospitals with over 100% bed occupancy
- Diagnostic services have been outsourced for maximum coverage.
- Improved supply of drugs, establishing generic medical stores at Block PHCs.
- Increased human resources in SCs, PHCs, DHs; innovative HR policy, additional ANM at SC.
- Nutrition rehabilitation programme and *Muskan ek Abhiyan* (immunization programme )
- Availability of Kala-Azar kits in the State.
- Rogi Kalyan samitis are formed and are functional.
- First phase of community monitoring has been successfully implemented.

### Areas for further Improvement

- PHC strengthening for institutional deliveries and provision of referral transport is required.
- Formation of VHSCs needs to be taken up on priority.
- Need of quality protocols in Labs. Rationalization of public and private lab services at BPHCs.
- Child health interventions need to be prioritized.
- Public Health Cadre need to be created.
- Quick disbursement of incentives to ASHA.
- Active involvement of RKS members in funds utilization & facility development is required.
- The State need to start functional coordination between the State Health Society, Directorate of Health and program divisions.

## Infrastructure

- Infrastructure wing under the State Health Society has been created. Progress on construction is tardy. State exploring options for faster pace of construction and maintenance. Quality supervision of construction is weak.

## Human Resource

- ANMs in place in Sub Centres
- Lack of nurses and mid wives hampers quality of care.
- MAMTA programme for women volunteers in hospitals is an innovation to meet the nursing shortages in hospitals.
- Filling up of regular vacant posts particularly Nursing & Specialists.

## Service Delivery

- There is significant increase in number of JSY beneficiaries and performance of institutional deliveries has been improved.
- Increased utilization of services is reflected in increased number of persons. Increase in services has been largely in the district hospital and to the PHC
- There is a need to set the higher benchmarks for increased outcomes.
- Rogi Kalyan samitis are formed and are functional.

## An Analysis of Financial Monitoring Report for the year 2008-09

### A. RCH Flexible Pool Component-wise expenditure & utilisation under RCH against approved PIP for the year 2008-09

Rs. In Lakhs			
Activities	SPIP	Expenditure	% Utilization against PIP
Maternal Health	17381.32	16180.81	93.09%
Child Health	79.50	123.31	155.11%
Family Planning Services	3794.24	3008.03	79.28%
Adolescent Reproductive and Sexual Health/ Arsh	0.25	0.00	0.00%
Urban RCH	312.21	65.16	20.87%
Innovations/PPP/ NGO	1609.00	1395.19	86.71%
Infrastructure & Human Resources	2000.00	0.00	0.00%
Institutional Strengthening	958.80	0.00	0.00%
Training	1534.31	238.68	15.56%
BCC / IEC	805.14	269.80	33.51%
Procurement	1324.00	73.11	5.52%
Programme Management	848.70	1401.74	165.16%
<b>Total</b>	<b>30647.47</b>	<b>22755.83</b>	<b>74.25%</b>

Based on table above and record available in FMG, observations are as under:-

#### General Observations

1. Significantly, Rs.227.56 crore, i.e 74% of the approved PIP of Rs.306.47 crore has been utilized under RCH-II as compared to national level expenditure of 71%.
2. There is 27% increase in expenditure as compared to 2007-08.
3. Since the launch of RCH-II, Rs. 428.71 crores, i.e 87% has been utilized by the state against the release of Rs. 493.69 crores during the period 2005-06 to 2008-09.
4. Remarkable expenditure of 155% has been noticed under Child Health.
5. More than 93% expenditure during 08-09 under MH is also appreciable.

#### Areas of Concern

1. Nil expenditure is reported under Infrastructure, HR and Institutional Strengthening.
2. Expenditure under Programme Management is very high in relation to approved PIP. All Programme Management expenses are booked only at Block level. They should be booked at State, District or block levels respectively to the level they belong.
3. No expenditure other than JSY was booked under Maternal Health and no other activities were planned under Maternal Health during 08-09.
4. FMR was not sent on prescribed format.

**B. Mission Flexible Pool:-**  
**Componet-wise expenditure under NRHM against approved PIP**

Rs. In Lakhs

Activites	SPIP	Expenditure	% Utilisation against PIP
ASHA	2558.28	735.67	28.76%
Untied Funds	2062.77	229.48	11.12%
Hospital Strengthening	8940.00	87.58	0.98%
Annual Maintenance Grants	1058.00	0.00	0.00%
New Constructions/ Renovation and Setting up	6000.00	176.25	2.94%
Corpus Grants to HMS/RKS	1073.00	179.18	16.70%
Action Plans (District, Block, Village)	0.00	9.17	
IEC-BCC NRHM	0.00	4.66	
Mobile Medical Units	0.00	0.09	
Referral Transport	0.00	104.00	
School Health Programme	0.00	11.30	
Additional Contractual Staff (Selection, Training, Remuneration)	8938.20	2616.75	29.28%
PPP/ NGOs	2400.00	0.00	0.00%
Training	400.00	338.92	84.73%
New Initiatives/ Strategic Interventions (As per State health policy)	6371.82	234.88	3.69%
State level health resources center(SHSRC)	0.00	14.74	
NRHM Management Costs/ Contingencies	2245.32	653.53	29.11%
Other Expenditures (Power Backup, Convergence etc)	0.00	13.77	
<b>Total</b>	<b>42047.39</b>	<b>5409.97</b>	<b>12.87%</b>

Based on table above and record available in FMG, observations are as under:-

**General Observations**

1. As compared to 2007-08, 265% increase has been noticed in expenditure during 2008-09, but the expenditure in 2007-08 was as low as Rs.14.83 Crores against the releases of 137.63 Crores.
2. Since the start of the programme, Rs.547.99 Crores were released to the state, the utilization is only Rs.75.94 Crores (14%) and Rs.472.05 Crores (86%) remains unutilized.

**Areas of Concern**

1. Out of Rs.420.47 crores approved by the NPCC and Rs. 216.20 crores released, the state has utilised only Rs.54.10 crores i.e. 13% of approved PIP, while the national average of expenditure is 68.14%.
2. More than 76% expenditure of the total spending has been incurred under Remunerations to Additional Staff Nurses, ASHA and Management cost. The expenditure on implementation of the other programme activities is very less.
3. Under the Training component appreciably 85% amount is spent, but the impact of the training activities is not reflected on other components.
4. Against Rs.1058 Lakhs approved under Annual Maintenance Grant during 08-09 no expenditure is reported by the state.
5. An amount of Rs 6371.82 Lakhs was approved under New Initiatives/ Interventions as per state health policy but the utilization is only 3.69%.
6. Several items of expenditure are wrongly booked under other expenditure (B28) such as Emergency & Referral Services, IEC, APHC Operationalization/Construction, Ambulance Services, Blood Storage, ICUs, FRU Operationalization, School Health Programme etc. in spite of relevant heads already existing in the FMR format which may be used for correct booking of expenditure.

## BRIEFING NOTE ON RCH II: BIHAR

### A. Background/ current status

#### 1. RCH II Goals

Bihar's (including Jharkhand) MMR at 312 (SRS 04-06) has improved from 371 in SRS 01-03, but is still way above the national average of 254. The IMR (SRS 2007) at 58 is 7th highest in the country. TFR at 3.9 (SRS 2007) is higher than the national average of 2.7 and nowhere close to the target of 2.1 for the year 2012 (refer Annex 1).

#### 2. RCH II Outcomes

Bihar's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is mixed (refer Annex 1):

- Mothers having full ANCs decreased from 4.3% to 3.9%.
- Institutional deliveries increased from 18.8% to 27.7%.
- Full immunisation in children 12-23 months increased from 20.7% to 41.4%.
- Children with diarrhoea receiving ORS has increased from 13.4% to 22.0%.
- Unmet need for family planning has reduced marginally from 38.3% to 37.2% and still remains very high. Further, use of modern contraceptives has increased from 24.5% to 28.4%.

#### 3. Expenditure

Audited expenditure has increased sharply from Rs. 1.52 crores in 05-06 to Rs. 19.79 crores in 06-07 and Rs. 179.84 crores in 07-08; reported expenditure in 08-09 is Rs. 227.56 crores i.e. 74% of allocation (Rs. 306.47 crores). JSY accounted for 71% of the reported expenditure in 08-09.

### B. Key achievements

#### 1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased sharply from 0.90 lakh in 06-07 to 8.38 lakh in 07-08 and 10.51 lakh in 08-09.
- Training on Life Saving Anaesthesia Skills (LSAS): 6 medical colleges have been identified, 14 master trainers and 74 MBBS doctors have been trained in LSAS against a target of 76.
- Training in comprehensive Emergency Obstetric Care (EmOC): Patna medical college has been strengthened as a training site, 8 master trainers and 40 MBBS doctors have been trained in EmOC against at target of 76.
- Skilled Birth Attendant training (SBA): 20 districts have been identified, 150 district level master trainers and 592 SNs/ ANMs have been trained as SBA, against a target of 2895.
- Outsourcing of blood banks in public private partnership model has been initiated in 4 districts and MoU has been signed in 17 districts.
- Emergency referral service has been initiated in Patna municipal and sub urban area.

#### 2. Child Health

- IMNCI is ongoing in 23 (out of 38) districts of the state.
- 6 SNCUs are functional in the state and are to be replicated in 23 districts in year 2009-10.
- IMNCI trained ANMs are running sub centre clinics on Thursday in few districts, which is to be extended to all districts during 2009-10. State is considering the option of decentralised hiring doctors through Rogi Kalyan Samitis (RKSs) at facilities, for running the clinics once a month

#### 3. Other initiatives

- Outsourcing of Additional PHCs: 46 APHCs handed over to 12 NGOs covering 9 districts.
- 6 GNM and 21 ANM schools have been made functional in current year.
- State has developed an online system to monitor service delivery and logistics availability at PHC.

- A web enabled system has been developed to capture district level cadre information.

## **C. Key issues**

### *1. Maternal Health, including JSY*

While number of institutional deliveries under JSY has increased to 10.51 lakhs in 08-09, Bihar is yet to adequately gear up facilities to meet the load:

- State has operationalised 533 PHCs as 24x7 so far against the target of 821 PHCs by 2010.
- While monthly NRHM report submitted by the state reports all the planned (76) FRUs as functional there are only 3 FRUs that fulfil all the three critical criteria of functionality (as reported during a recent review). A large number of FRUs do not provide the stipulated range of services due to lack of access to blood storage facilities and lack of specialist staff.
- A rapid assessment of functionality of FRUs and 24x7 PHCs was carried out in the state through GoI/ Development Partner support. There is no indication that District CMOs & District Program Managers are utilising facility survey findings for comprehensive planning of operationalisation of FRU and PHCs, including linking the same with EmOC and LSAS trainings, placing anaesthetic drugs, SBA drugs, operationalising OTs, and establishing Blood Banks/ Blood Storage facilities at FRUs.
- There is irrational selection and placement of trained staff; as a result the existing staff is not used appropriately. Further, LSAS and EmOC trained doctors are yet to be posted at FRUs.
- SBA Training was initiated but stopped due to the floods. Now there is a need to immediately begin the training with plan for scaling-up and monitoring the quality of the training. SIHFW was instructed by the State Health Society (SHS) for monitoring but the quality of the training is not yet maintained, post training supervision is weak, and basic protocols in labour room during delivery are not followed.
- State and District Level Quality Cell are yet to be created for monitoring the skilled based training. Evaluation of the trainees needs to be done at the site of posting/ service provision.
- Referral transport services need to be strengthened and systematically rolled out.

### *2. Child Health*

- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 31 (SRS 2007) accounts for 53% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 27 (SRS 2007) accounts for 87% of the NMR. An evaluation of JSY in the state in December 2008 highlighted that only 11% of the beneficiaries surveyed stayed for at least two days in the health facility after delivery. With the huge off take in JSY in the state (10.51 lakh beneficiaries in 2008-09), this is clearly a missed opportunity to address early neonatal mortality.

**A. Progress on Key Indicators**

## 1. RCH II Goals

INDICATOR	BIHAR		INDIA	
	Trend (year & source)		Current status	RCH II/ NRHM (2012) goal
Maternal Mortality Ratio (MMR)	371 (SRS 01-03)	312 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	60 (SRS 2003)	58 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	4.2 (SRS 2003)	3.9 (SRS 2007)	2.7 (SRS 2007)	2.1

## 2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	BIHAR		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	16.0	26.4	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	4.3	3.9	16.5	19.1
3.	Institutional deliveries (%)	18.8	27.7	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	20.7	41.4	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	6.0	11.8	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	13.4	22.0	30.3	33.7
7.	Use of any modern contraceptive method (%)	24.5	28.4	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	38.3	37.2	21.4	21.5

\* - Provisional results for DLHS-3

**B. Trends in Financial Expenditure**

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	29.38	113.14	0.00	351.17
Audited Expenditure	1.52	19.79	179.84	227.56*

\* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 306.47 crores.

**C. Progress on Key Strategies**

## 1. Demand side interventions

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1.	Janani Suraksha Yojana		89,839	8,38,481	10,51,376
1.	Total Sterilisation	96,341	1,19,977	2,13,030	na
2.	IUD Insertions	99,847	79,968	44,923	na

(Source: M&amp;E Division reports, and JSY reports from the states)

## 2. Technical interventions

S. No.	Indicators	Achievement up to March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	76	100 (against the target of 76 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	533	64.9 (against the target of 821 PHCs)
3.	No. of private institutions accredited under JSY	0	NA
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	23	62.1 (out of 37 districts)
5.	No. of people trained in IMNCI	7496	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	7,41,168	NA

(Source: NRHM MIS report, April 2009)

### **Brief Note on Pulse Polio Programme Bihar**

With the global initiative of eradication of polio in 1988 following World Health Assembly resolution in 1988, Pulse Polio Immunization programme was launched in India in 1995. Children in the age group of 0-5 years administered polio drops during National and Sub-national immunization rounds (in high risk areas) every year. About 172 million children are immunized during each National Immunization Day (NID).

#### **Progress**

- 1 With the implementation of pulse polio programme from 1995, significant success has been achieved in reducing number of polio cases. There has also been significant reduction in number of infected districts. In 2008 the virus could be restrained to 90 districts mainly in Western UP and Bihar.
- 2 Most parts of India are polio free. Of the 35 states and Union Territories, 33 have stopped indigenous polio virus transmission. Only Uttar Pradesh (UP) and Bihar remain endemic for polio virus because of the uniquely challenging conditions like poor environmental sanitation, high population density, high birth rate which makes them the most challenging places on earth to eradicate polio.
- 3 Of the 3 types of polio causing viruses, type 2 virus has already been eradicated in 1999. Currently Type 3 virus and Type 1 virus are in circulation and is limited mainly to UP and Bihar.
- 4 The number of genetic families of polio virus Type 1 circulation has also been reduced from 12 in 2005 to 3 in 2008. Only 1 family is circulation since May 08.

#### **Polio Situation in Bihar in 2009**

- 24 Wild Polio Virus cases have been reported in Bihar during 2009 out of which 9 cases are P1 and 15 cases are P 3.
- Total number of infected districts in 2009 is 8.

#### **Steps taken by the Government to finish Polio circulation in the State**

- In Bihar there has been intensification of the programme since 2002 by increasing the frequency of polio immunization campaigns. At least 8 SIAs are implemented per year.
- To finish the P1 circulation mOPV1 vaccine are being used in the State since April 2005 as per advice of IEAG. To keep P3 circulation under check, mOPV3 vaccine is used intermittently.
- One additional mOPV3 round was held in Bihar on 2<sup>nd</sup> May 09.
- Migratory populations from Bihar are being identified in the States of Punjab, Haryana, Gujarat and West Bengal and these migratory children are being covered during the SNID in UP and Bihar.
- Social Mobilization activities are being intensified by involving the local influencers, community and religious leaders to improve community participation and acceptance of polio vaccine.
- In the States of Bihar every new born child is being identified and vaccinated during the polio immunization campaigns and is being tracked for 8 subsequent rounds.
- In order to reach every eligible child during the pulse polio round, apart from the strategy of vaccinating children at fixed booths and house to house visit, efforts in vaccinating children in transit at railway stations, inside long distance trains, major bus stops, market places, religious congregations, major road crossings etc. throughout the country have been intensified.
- Efforts are being continually intensified to remove the misconception and rumours among certain section of the community about the use of Oral Polio vaccine.



### **SIA Strategy for 2009-10 as per IEAG recommendations**

- SNID in May 09 , June, 09 , July 09, Aug/Sep 09 and Oct/Nov 09 and March 2010
- Two NIDs in January & February 2010.

### **Issues**

- RI coverage in the State is quite low. As per DLHS full immunization coverage in the State is only 41.4%.
- Transmission is localised in Kosi river area and there are operational gaps.
- Needs to improve sanitation & hygiene in the polio endemic district.
- In spite of intensive social mobilisation activities, 10-12% houses are missed in Bihar during each SNID.

## Immunization

### Bihar

#### *Evaluated Immunization Coverage*

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	NA	11.6	32.8	19.0	37.7	20.7	41.4
BCG	NA	36.0	64.7	52.8	75.2	44.6	<b>81.5</b>
Measles	NA	16.2	40.4	28.4	46.0	24.4	54.2
DPT 3	NA	24.9	46.1	36.5	49.0	31.0	54.4

#### *Progress*

- As per the various evaluated surveys the immunization coverage shows an improving trend with full immunization increasing to **41.4 %** in **2007-08 (DLHS 3)**
- The state initiative of *Muskaan* is apparently showing good results including immunization coverage.
- There has been a very good progress in immunization trainings of the health workers (11478/12675) with 90 % of training completed.
- District level AEFI committees constituted in 25/38 districts.

#### *Issues*

- The State continues to have **high dropout from BCG to DPT 3** which is critical for further improvement in full immunization coverage. The beneficiary tracking through due-list of beneficiaries needs to be improved.
- As per DLHS3 Survey there are **45.6 %** unimmunized children (based on DPT3 Coverage) which translates to around **12 lakh** children per year.
- The State needs to strengthen AEFI reporting further to improve reporting of AEFI cases. The district level AEFI committees need to be operationalized in all the districts.
- The fund utilization under Immunization is low for the year 2008-09.

## Brief on National TB Control Programme in Bihar

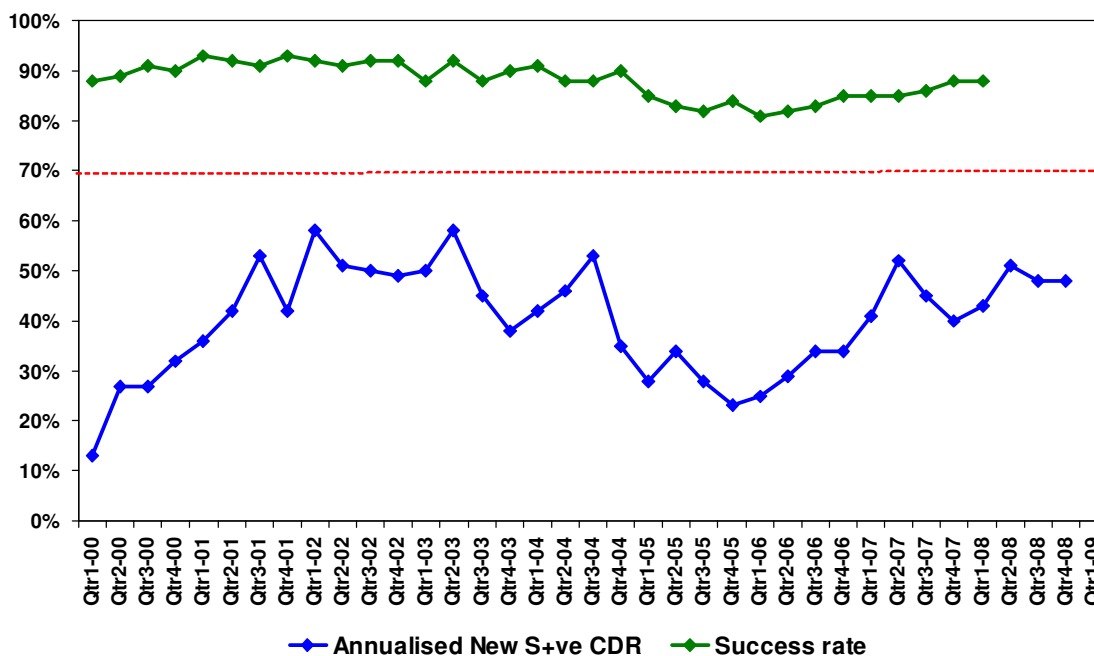
### 1. Infrastructure

Total Population	- 953.0 lakh
No. of Districts	- 38 (All 38 implementing RNTCP since 24.3.06)
No. of Tuberculosis Units (TUs)	- 168
No. of Designated Microscopy Centres (DMCs)	- 738 (Only 590 functional)
Funding	- 30 districts of Bihar are funded by GFATM and the rest by World Bank. <i>GFATM funding is linked to performance and achievements of set objectives.</i>

### 2. State Level Performance (Based on the quarterly reports for 1<sup>st</sup> quarter 2009)

- Annualised **total case detection rate of 71/lakh** and new sputum positive case detection rate of 31/lakh (41%) are extremely low as compared to the estimated detection rates of 144/lakh and 53/lakh (70%) respectively.
- Sputum conversion rate of 90% is satisfactory but cure rate of 82% in NSP patients is low as compared to national target of >85%. However, treatment success rate of 88% in NSP patients is in acceptable range but shows that follow up sputum examination at end of treatment is not done in many cases.
- **Sputum of only 75 Chest symptomatics per lakh population** in 1<sup>st</sup> quarter 09 are examined for diagnosis which is extremely low as compared to the national average of 152 TB suspects/lakh population and is the main reason for low case detection rate
- Main reasons for low case detection rate are **poor OPD attendance** in Govt. Health Facilities and non availability of MOs in Addl. PHCs, **poor referral of TB suspects** and **involvement of only few NGOs** and Private Sector health facilities in the programme.

**Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Bihar, 1999-2009\***



• Population projected from 2001 census

• Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

3. **District wise Performance: (Based on the quarterly reports for 1<sup>st</sup> quarter 2009)**

- In 35 (92%) of 38 districts, less than 100 TB suspects/lakh pop examined in 1<sup>st</sup> quarter 09 which is the main reason for low case detection rate.
- TCD rate is less than 102/lakh in 34 (89%) of 38 districts and new sputum positive case detection rate is less than 50% in 27 (71%) of 38 districts.
- Sputum conversion rate is very low (<85%) in 2 districts and cure rate is very low in 9 (24%) districts. Field visit reveals the sputum conversion and cure rate are not reported correctly.

Districts	Suspects examined /lakh Population	Annualized Total Case Detection rate (against >144/lakh)	New sputum positive case detection rate (against >53/lakh)	Sputum conversion rate at 3 months (against >90%)	Cure rate (against >85%)
Araria	53	51	21 28%	92%	82%
Arwal	100	83	38 50%	85%	86%
Aurangabad	49	46	23 30%	86%	75%
Banka	64	67	33 44%	90%	83%
Begusarai	75	88	36 48%	96%	93%
Bhagalpur	131	116	45 60%	91%	88%
Bhojpur	36	31	12 16%	76%	66%
Buxar	38	39	12 17%	94%	88%
Darbhanga	78	69	30 40%	91%	84%
Gaya	37	70	19 26%	80%	80%
Gopalganj	58	90	43 57%	86%	85%
Jamui	66	82	35 47%	86%	67%
Jehanabad	100	108	43 57%	85%	80%
Kaimur	48	48	18 24%	87%	85%
Katihar	81	69	44 59%	86%	83%
Khagaria	98	64	34 45%	90%	86%
Kishanganj	87	67	37 50%	91%	85%
Lakhisarai	87	66	28 37%	91%	88%
Madhepura	57	39	18 25%	96%	88%
Madhubani	80	55	32 43%	90%	73%
Munger	98	102	46 62%	93%	85%
Muzaffarpur	108	138	42 56%	93%	87%
Nalanda	43	51	23 31%	91%	88%
Nawada	43	44	28 37%	93%	81%
Pashchim Champaran	96	69	41 54%	95%	92%
Patna	96	84	25 34%	92%	84%
Purba Champaran	52	49	29 38%	95%	90%
Purnia	165	96	55 74%	93%	85%
Rohtas	77	45	23 30%	91%	81%
Saharsa	90	73	35 47%	96%	89%
Samastipur	66	85	34 45%	88%	79%
Saran	52	50	25 33%	82%	69%
Sheikpura	116	99	34 45%	86%	83%
Sheohar	45	58	22 30%	86%	32%
Sitamarhi	65	68	38 50%	82%	60%
Siwan	88	98	46 61%	95%	76%
Supaul	55	32	13 17%	92%	84%
Vaishali	68	70	18 24%	92%	84%
<b>Total</b>	<b>75</b>	<b>71</b>	<b>31 41%</b>	<b>90%</b>	<b>82%</b>

4. **Funds Status as on 31<sup>st</sup> March 2009**

(Rs. in lakh)

	<b>C/F</b>	<b>Release</b>	<b>Expenditure</b>	<b>Balance</b>
World Bank	84.59	338.00	197.61	224.98
GFATM	144.22	620.37	488.80	275.79
<b>Total</b>	<b>228.81</b>	<b>958.37</b>	<b>686.41</b>	<b>500.77</b>

5. **Drugs**

- State Drug Store is functional with contractual, trained pharmacist
- Drug position in RNTCP districts is satisfactory.

6. **Issues**

- **Infrastructure** – State have only around 600 DMCs and 168 TUs to cover 953 lakh population which is not as per population norms of RNTCP. (1 DMC/lakh pop). Unless the State has more DMCs it is difficult to break the case detection trend which has stagnated at the present level for more than 2 years.
- **Human Resource**
  - **STC**
    - STO (Dr. Narendra Mohan Sharma) has recently been trained in RNTCP. He has many other responsibilities like State Leprosy Officer, First Referral Unit (FRU) under RCH, State Purchase Committee Member, I/c District Health Mission etc.
    - Post of Dy. STO is vacant for more than 3 years.
    - Contractual MO- State TB Cell is yet to be recruited.
    - Post of TB-HIV coordinator is vacant from the very beginning.
    - Accountants are not in place since August 08.
    - Both IEC Officer and 6 communication facilitators are still to be recruited.
    - 1 DEO for STC and 1 Pharmacist for SDS are also not in place.
  - **STDC**
    - Director (Dr. Janardan Prasad Singh) joined on 7.1.09 & is not yet trained.
    - 12 MOs are in place including 4 MOs for chest clinics in Patna. Two MOs are not trained.
    - 1 DEO of STDC is not in place.
  - **District Level**
    - Only 32 of 38 districts have sanctioned posts of DTO.
    - At present, only 29 DTOs are in place of which 2 are not trained. Posts of 9 DTOs are vacant.
    - Only 32 districts have 2<sup>nd</sup> MOs in DTC.
    - Posts of 15 MO-TCs, 14 STSs, 17 STLs, 63 LTs and 10 DEOs are vacant. These need to be filled on priority.
    - Only 590 DMCs are functional due to inadequate number of LTs. There are only 535 LTs in DMCs and some are deputed in other places.
    - Vaishali district does not have any contractual staff due to court case.
    - Low percentage of MOs have been trained in many districts.
- **Logistics**
  - Rate contract of Laboratory consumables expired in June 2008. Thereafter, no rate contract done.
  - Annual Maintenance of Binocular microscopes is not in place for last one year and prior to it the quality of the service provided by the firm was not satisfactory.
  - Transportation of Drugs is perpetually delayed forcing the districts to rely most of the time on Buffer Stocks.

- There is shortage of printed materials specially the Registers and reporting formats.
- **Funds**
  - RNTCP is now not a part of State Health Society. Separate society also not formed. STO has no financial power. Great difficulty experienced in procurement.
  - Both Accountants not in place since August 2008. One clerical staff from the Dept is looking after accounts.
  - Very low utilization under all expenditure heads (Lab consumables, IEC, Training, Vehicle hiring/maintenance and NGOs).
  - Delay/non payment of POL of contractual staff leading to absence of effective supervision. Cost of POL has not been reimbursed for months.
  - Contractual staff salaries have not been paid in most districts for months.
- **Supervision and Monitoring**
  - There is very little supervision and monitoring from the State level. STO does not have vehicle. It is still with State Health Society.
  - Very poor supervision at the district level as well as DTOs are not hiring vehicles for field visits and supervision. All 8 DTOs of World Bank districts have RNTCP vehicles but 23 of 30 GFATM districts are not hiring vehicle for supervisory activities of DTOs.
  - Quarterly review meetings not held regularly.
- **Performance**
  - Overall annualised **total case detection rate of 71/lakh** and new sputum positive case detection rate of 31/lakh (41%) are extremely low as compared to the estimated detection rates of 144/lakh and 53 (70%) per lakh respectively.
  - Sputum conversion rate of 90% is now satisfactory but cure rate of 82% in NSP patients is low as compared to national target of >85%. Treatment Success rate of 88% in NSP patients is in acceptable range but difference of 6% (881-82%) shows that follow up sputum examination end of treatment is not done in many patients.
  - **Referral of TB suspects is very low. Sputum of only 75 TB suspects per lakh population** per quarter are examined for diagnosis as compared to the national average of 152/lakh population and is the main reason for low case detection rate
  - Other reasons for low case detection rate are **poor OPD attendance** in Govt. Health Facilities, non availability of MOs in Addl. PHCs and **involvement of only few NGOs** and Private Sector health facilities.
  - Less than 100 TB suspects/lakh pop are examined in 35 (92%) districts.
  - New smear positive case detection rate is very low (<50%) in 27 (71%) districts.
  - Sputum conversion rate is very low (<85%) in 2 (5%) districts.
  - Cure rate is very low (<80%) in 9 (24%) districts.
- **Participation of other sectors** - All the 8 Medical Colleges are participating in the programme and their contribution to TB case detection is rising.
- **TB-HV Collaboration** – State Technical Working Group formed in December 08 but only 3 of 38 districts have district coordination committee in place.
- **IRL**
  - Site has been finalized at STDC Patna and awaiting technical sanction from the Building Department (PWD). Civil work not yet started. Rs. 10 lakh from RNTCP + 12 lakh from NRHM sanctioned.
  - Microbiologist and 2 LTs in place & trained.
  - EQA implemented in all districts.
  - OSE done in 34 districts in 2007 but of only 2 districts in 2008 and none as on date in 2009 due to non availability of vehicle.

## FACT SHEET ON NVBDCP - BIHAR

**Background Information:** The State has 38 districts with a population of 82.9 Million. There are 70 CHCs, 1648 PHCs, 8909 Sub-centres and 27424 Villages. In the addition the state has 248 Fever Treatment Depots (FTDs) and 416 Malaria Clinics.

### Malaria

#### Epidemiological Situation

Year	B.S. examined	Malaria cases	Pf cases	Deaths
2006	240019	2744	428	0
2007	130654	1451	615	1
2008	71272	496	63	1
2009 (Upto Feb.)	0	0	0	0

- Though the reported malaria cases have declined, the number of Pf cases has increased in 2007, which is of concern.
- The surveillance in the state is very poor so there may be unreported cases. It needs to be strengthened by filling up the key post like Surveillance Workers and Lab. Technicians.

**Kala-azar:** Kala-azar is major problem in the state and has been targeted for elimination by the year 2010. The cases and deaths due to kala-azar in the state since 2006 is given below:

	Cases	Deaths
2006	29711	162
2007	37189	172
2008	28125	137
2009 (Upto April)	5156	14

### Elimination of Lymphatic Filariasis:

- The goal of Elimination of Lymphatic Filariasis in the country is set to be achieved by 2015. In pursuance to achieve this, Government of India during 2004 initiated Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. The population coverage of MDA in the state was 84.39% in 2004, 77.82% in 2005, 79.77% in 2006 and 81.28% in 2007. The state could not observe MDA in 2008 which need to be observed to avoid gap in MDA.
- Line listing of Lymphoedema and Hydrocele cases was also initiated in 2004 for morbidity management and as per updated report (2007), there are 212536 Lymphoedema and 164543 Hydrocele cases.
- **Japanese Encephalitis/Acute Encephalitis Syndrome:** Two districts namely Muzzafarpur and West Champaran were covered for JE vaccination during 2007. District Gaya was supposed to be covered during 2008, which could not be done. The situation of JE/AES is indicated below:

Year	Cases	Deaths
2006	21	3
2007	336	164
2008	203	45
2009 (Prov. Upto March,09)	0	0

**Dengue:** The state has 4 Dengue cases and no deaths were reported during the year 2006. In the year 2007, no dengue case was reported. Only 1 Dengue case and no death were reported during the year 2008. In 2009, no dengue case has been reported till 27<sup>th</sup> May.

**Chikungunya:** The state has not reported any Chikungunya fever case during 2006 and 2009 till 27<sup>th</sup> May. However, for proactive surveillance Patna Medical college & Hospital has been identified as Sentinel Surveillance Hospitals with laboratory support in the state and linked with ICMR, Virus Unit, National Institute of Cholera & Enteric Diseases, Kolkata which has been identified as Apex Referral Laboratory for back up support. NIV Pune has been entrusted the supply of IgM ELISA test kits to the identified institutes.

#### Central Assistance

(Rs. In lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2006-07	809.26	1824.05	2633.31	473.87	1448.40	1922.27
2007-08	990.37	1076.13	2066.50	631.24	1388.39	2019.63
2008-09	1235.88	2212.03	3447.91	358.45	2322.76	2681.21
2009-10(B.E.)	1080.48	2692.43	3772.91			

#### Issues for discussion:-

##### Malaria

1. The surveillance has been very poor in the state and needs to be strengthened by filling up the vacant posts at the grass root level. The improved surveillance may result in identification of more malaria cases.
2. The state should aim at preparing district micro action plan for identifying problematic areas and implementing VBDs control activities in effective manner.

##### Filaria

3. Compliance of drug for elimination of Lymphatic Filariasis need to be improved through adequate IEC/BCC activities during MDA. The state should submit the detail report on mf survey, updated list of hydrocele and lymphodema cases and no. of hydrocele operations conducted and the plan for future.

##### Kala Azar

4. Focused intervention ( Spraying) and regular monitoring is required to achieve the elimination goal of kala-azar by 2010.
5. Timely submission of Reports and Expenditure statement/ UCs for which the district authorities need to instructed appropriately.
6. Capacity building for case management and strengthening of health facilities need to be taken on priority basis for diagnosis and case management.



## STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN BIHAR

- **Epidemiological scenario-**  
Bihar is one of the 3 states yet to achieve the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 10771 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**  
During 2008-09, a total of 20086 new leprosy cases were detected as compared to 19041 new cases detected during the corresponding period of previous year. Out of 19085 cases discharged during the year, 18092 cases (94.8%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**  
There are 2 Govt. institutions viz. Patna Medical College and Dharbhanga Medical College and 1 NGO institution i.e the Leprosy Mission Hospital in Muzaffarpur, providing reconstructive surgery services to leprosy affected persons with disability in the state. In the year 2008-09, about 90 reconstructive surgeries were performed in these 3 institutions.
- NLEP action plan for the year 2009-10 amounting to 215 lakhs has been approved for the state.

### Issues -

1. The state is reporting low level of fund utilization. During last 3 years no release was done to the state due to large unspent balance available from previous year. During 2008-09, the state action plan was approved for Rs.299.92 lakhs, however the state could utilize only Rs. 12.78 lakhs.
2. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
  - (i) Ensuring completion of treatment in each of the new cases detected.
  - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
  - (iii) Carrying out family contact survey against all multibacillary and child cases.
3. The state has listed around 1700 grade II disability cases since the last 5 years. RCS services are being provided by 3 institutions. The state should utilize the services of these institutions effectively for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
4. There are about 40 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

**State: Bihar**  
**Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009**

The state of Bihar has an area of 94,163 sq. km. and a population of 82.9 million. There are 9 divisions, 38 districts, 101 sub divisions, 533 blocks and 45,098 villages. There are 1648 PHC & 70 CHC in the state. The State has population density of 881 per sq. km. (as against the national average of 312). (source: [www.mohfw.nic.in/nrhm.htm](http://www.mohfw.nic.in/nrhm.htm))

Bihar is a Phase – III state under IDSP and has been inducted into the programme during 2007-08. The state PIP was received and MoU was signed with GoI on 18.09 2007. Dr. A.K. Tiwari, Joint Director from Directorate Health Services, Govt of Bihar has been designated as the State Surveillance Officer. The first installment of Grant-in-aid in the project of Rs 125 Lakhs has been released on 18.11.2007.

The component wise issues are as follows:

**1. Manpower:**

- Contractual staffs at State Surveillance Unit and District Surveillance Units are to be appointed (which includes data managers in 15 districts and data entry operators in all the 38 districts).
- The offer letter to the recommended candidates for the positions of state/district epidemiologists (37), microbiologists (2) and state entomologists (1) has been issued by state/district NRHM society which has been already communicated to state by Central Surveillance Unit, IDSP with letter no:T/18015/11/04-IDSP dated 19<sup>th</sup> February,2009.

**2. Information Technology & EDUSAT:**

- Site readiness is yet to be confirmed for District Surveillance Units.
- Identification of site coordinator and requisite site readiness is awaited from 4 medical colleges at ANM Medical College Gaya, Darbhanga Medical College, JN Medical College, Bhagalpur, and S.K Medical College Muzaffarpur)
- Data Centre equipments delivered in all districts but yet to be installed in 15 districts by State NIC team (State NIC in-charge: Mr Santosh Kumar)

**3. Training**

- Nominations and dates for ToT training of surveillance officers & RRT team not received.

**4. Laboratory Strengthening**

- One Priority district laboratory for strengthening under IDSP need to be identified.
- A network of 4-5 state reference laboratories (i.e. Medical colleges /ICMR institutions) need to be identified for strengthening.

**5. Data Reporting:**

- Data reporting on S, P, L forms and for outbreaks have to be initiated from all the reporting units of the 38 districts in Bihar by using IDSP portal ([www.idsp.nic.in](http://www.idsp.nic.in)) which is one stop portal & has data entry, data reporting, GIS and resource sections.

**6. Outbreak:**

Year	Number	Type
2008	5	Acute Diarrhoeal Disease (4), Measles (1)
2009	1	Measles

- Total no of outbreaks reported through Media Scanning & Verification Cell is 6 for 2008-09.

**7. Finance:**

<b>Year</b>	<b>Release</b>	<b>Expenditure</b>
2007-08	125.00 lakhs	0
<b>Total</b>	<b>125.00 lakhs</b>	<b>0</b>

- An amount of Rs 125 lakhs has been released as grant in aid in November, 2007. Audit report and Utilization certificate need to be sent to Central surveillance unit, NICD, 22-Shamnath Marg for 2007-08 at the earliest.
- Financial monitoring report (FMR) need to be sent every quarter within one month. FMR upto March, 2008-09 urgently required. Audit report & Utilization certificate is also required.

## NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

### STATUS NOTE ON BIHAR

#### Magnitude

Prevalence of blindness 2001	0.78%
Estimated blind persons 2001	6.46 lakh

#### Infrastructure developed

Regional Institute of Ophthalmology	1
Upgraded Medical Colleges	3
Upgraded District Hospitals	31
Mobile Eye Care Units	21
District Blindness Control Societies	50
Upgraded PHC's	216

#### Cataract Performance

YEAR	TARGET	ACHIEVEMENT
2007-2008	140000	137685
2008-2009	150000	152060

#### School Eye Screening

YEAR	TEACHERS TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED with FREE GLASSES
2007-2008	5885	284398	6228	821
2008-2009	1100	256947	8081	631

#### Issues

- SOE for Cash Grant are also not being received from the State.
- Performance of School Eye Screening Programme needs to be improved.
- Rs.5.28 lakh (Provision) has been allotted to State as Grant-in-aid for the year 2007-08. State should submit UC for the year 2007-08 in order to process release of funds during the current financial year.

## NIDDCP

Approval issued for the year 2009-10

	<b>Activity</b>	<b>Amount proposed</b>	<b>Amount Approved</b>	<b>Remarks</b>
<b>1</b>	Establishment of IDD Control Cell	No PIP proposal	6.00	The State Government may carry out the activities as per the fund allocation of GOI.
<b>2</b>	Establishment of IDD Monitoring Lab		3.50	
<b>3</b>	Health Education and Publicity		7.50	
<b>4</b>	IDD surveys		1.00	
	Total	17.81	18.00	

## Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

This has been prepared to indicate allocations to the State in the previous years for different activities as per the State Programme Implementation Plan. The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters.

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

<b>NATIONAL RURAL HEALTH MISSION FLEXIPOOL BIHAR</b>						
		<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
	<b>Total MFP Approvals</b>		<b>14662.00</b>	<b>32086.00</b>	<b>42047.39</b>	<b>51489.96</b>
<b>RoP Approvals for Various Years in Rs. Lakh</b>						
<b>S. No.</b>	<b>Initiative</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
<b>ASHAs</b>						
1	ASHA selection, training, drug kits, mentoring set up	920	1329.6	2499	2558.19	5602.68
	<b>TOTAL</b>	<b>920</b>	<b>1329.60</b>	<b>2499.00</b>	<b>2558.19</b>	<b>5602.68</b>
<b>Infrastructure related matters</b>						
2	Infrastructure DH & SDH Hospitals				900	1860
3	Construction of PHC		2000	3800	3000	4000
4	Construction of Sub-Centre		1700	2600	3000	2992.5
5	Upgradation of PHCs to CHC as IPHS		1138.46			
6	Upgradation of CHC	3080			8040	8040
7	Repair of Residential quarters at DH and PHC			1000		
8	Strengthening of Cold Chain					334.3
9	Equipment			1000.00		
10	Procurement of Beds for PHCs to DHs					402.86
11	Procurement of equipments for Anesthesia					900

12	Procurement of ICU Equipments					648
13	Labour room equipments					1212.46
14	Procurement for setting up SNCU and NSU					1300
15	Trauma Centres				500.00	
16	Dental Units			380	280.00	
17	Blood Storage Units				281.31	
18	Rental of Staff Quarters				100	
19	Dialysis Unit				300	300
20	Nutrition Rehabilitation Centre				100	49.34
21	Setting up of ICU				624.51	
22	Setting up of of Ultra – Modern Diagnostic Centers					360
23	Emergency & Referral Services			1000	508.4	89.01
24	Ambulance service-102				8.4	40.32
25	MMU		52	500		1600.56
	<b>TOTAL</b>	<b>3080</b>	<b>4890.46</b>	<b>10280.00</b>	<b>17642.62</b>	<b>24129.35</b>
<b>Human Resources related matters</b>						
26	Contractual Manpower			6236.00	8919	6767.02
27	Contractual HR at PHC		3000			
28	Doctor				10.8	
29	Contractual ANM at SC		500			
30	Continuing Medical & Nursing Education					500
	<b>TOTAL</b>		<b>3500.00</b>	<b>6236.00</b>	<b>8929.80</b>	<b>7267.02</b>
<b>Programme Management related matters</b>						
31	SHSRC			300	200	100
32	Design and procurement consultancy			8000		
33	Additional HR for SHS Bihar				45.32	316.83
34	Preparation of State Health Action Plan					3
35	Preparation of District Health Action Plan	190				38
36	District & Block Flexipool			760	380	
37	Block Programme Management Unit			2878	2200	2895.24
38	Monitoring and Evaluation (State, District, Block Data Centre)					637.5
39	Provision for HR Consultancy Services					22.5
	<b>TOTAL</b>	<b>190</b>	<b>0</b>	<b>11938</b>	<b>2825.32</b>	<b>4013.07</b>

<b>Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters</b>						
40	Rogi Kalyan Samiti		800	789	693	853
41	Untied Fund for PHC		412		133.25	1348.07
42	Untied Fund for SC	1034	1030	2885	929.52	
43	Untied Fund for VHSC					1000
44	Annual Maintenance Grant		824	789.00	1058.00	820.80
	<b>TOTAL</b>	<b>1034</b>	<b>3066.00</b>	<b>4463.00</b>	<b>3813.77</b>	<b>7035.19</b>
<b>Training &amp; Capacity Building related matters</b>						
45	Upgradation of ANM Training Schools			300	300	700.2
46	Training of PRIs and Block Managers		74			
47	Exposure visit for Anesthesia Trainers				4	
	<b>TOTAL</b>		<b>74.00</b>	<b>300</b>	<b>304</b>	<b>700.2</b>
<b>Innovations &amp; Procurement related matters</b>						
48	Doctor on Call and Samadhan-1911				10.8	8.16
49	Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP)					947.16
50	Special scheme on Controlling Iron Deficiency Programme				900	
51	Innovative Schemes			120.00		
52	Addl. PHC management by NGOs					398.64
53	Additional PHCs operationalisation and management through PPP				1100	
54	Implementation of IMEP through PPP initiative				1000	
55	Delivery Kits at HSC/ANM/ASHA					50
56	SBA Drug Kits with SBA-ANMs/Nurses					61.25
57	Sanitary Napkins at Govt. Hospital					9.5
58	Cost of IFA for pregnant & lactating Mothers					239.44
59	Cost of IFA for (1-5) yrs children					409.23
60	Cost of IFA for adolescent girls					375.41
61	NSV Kits					7.6
62	IUD insertion Kit					5.7
63	Minilap sets					15
64	Drugs & Consumables	597		1000.00		
65	Health Management information System(Web server and training at block level)					32.89
66	Mainstreaming AYUSH under NRHM		32			3915.85



67	Intersectoral Convergence			2400	3232	
68	Additionalities for NVBDCP under NRHM					1869.3
69	AAPIO Survey for Specific Disease			50	50	
70	Health Mela		320			
71	Telemedicine				300	
	<b>TOTAL</b>	<b>597</b>	<b>352</b>	<b>3570</b>	<b>6592.8</b>	<b>8345.13</b>

**District wise Information on Bihar under some RCH indicators**

<b>Districts</b>	<b>Mother received at least one TT injection</b>	<b>Institutional Deliveries</b>	<b>Full Vaccination</b>	<b>Contraceptive Use</b>
<b>India</b>	<b>73.5</b>	<b>47</b>	<b>69.6</b>	<b>54.1</b>
<b>Bihar</b>	<b>58.4</b>	<b>27.7</b>	<b>54.2</b>	<b>32.4</b>
Araria	71.5	13.7	44.5	31.5
Aurangabad	43.4	30.6	72.5	34.5
Banka	57.2	24.7	48.9	25
Begusarai	76.2	26.8	51.9	28
Bhagalpur	42	30.4	71.9	40.3
Bhojpur	39.5	40.4	50.7	35.3
Buxar	41.2	48	46.8	31.2
Darbhangha	71.9	15.1	56.8	31.8
Gaya	37.1	20.7	53.1	30.5
Gopalgunj	73.1	36.5	67.6	22.1
Jamui	48.2	17.6	33.7	27.4
Jehanabad	54.5	42.5	63.9	39.8
Kaimur	57.3	42.6	29.2	29.9
Katihar	61.9	12.4	44.8	26
Khagaria	80	25.3	54.8	31.1
Kishangunj	57.8	17.8	36.3	27.2
Lakhisarai	46.5	32.5	46.1	31.2
Madhepura	52.7	17.7	50	35
Madhubani	75.2	16	51.2	34.9
Munger	75.2	48.6	60.6	41.4
Muzaffarpur	54.9	23	71.6	33.1
Nalanda	50	39.3	69.1	30.9
Nawada	43	31.1	56.7	24.3
Paschim Champaran	69.7	24.9	40.4	32.3
Patna	38.2	58.8	51.4	43.7
Purab Champaran	75.9	27.1	47.4	27.7
Purnia	48.8	21.6	50	27.5
Rohtas	49.6	48.5	60.4	40
Saharsa	19.3	20	61.6	32.6
Samastipur	86.7	27.6	57.5	34.8
Saran	62.1	22.4	78.1	29.1
Sheikpura	83.5	41.6	49.3	26.7
Sheohar	64.8	11.9	34	27.4
Sitamarhi	66.2	16.4	47.3	25.3
Siwan	83.8	33.5	69.6	24
Supaul	39.3	23.2	50	43.1
Vaishali	36.6	28.2	71.9	43.6
source DLHS-III				