

# A REPORT

ON

## ADDITIONAL PRIMARY HEALTH CENTER KARJAIN, DISTRICT SUPAUL (BIHAR)



Prayas is now ready to launch the Additional Primary Health Center (APHC), Karjain, District Supaul on 2<sup>nd</sup> week of October, 2009, Final date will be intimated after the confirmation of District Magistrate's programme. The basic objectives to run the APHC under public private partnership is to provide and supplement primary health care services especially RCH and generate awareness and promote behavior changes towards quality health services. In other words the goal of National Rural Health Mission (NRHM) improve the availability and access to quality health care for people, especially those residing in rural areas. NRHM also seeks to improve health care through a wide range of interventions at the panchayat level through APHC. During Kosi flood relief work Prayas experienced the complete absence of medical facilities in this region. We setup a relief camp at 22 RD, Village Kattaiya where Prayas provided shelter to nearly 4000 persons but no doctor was available there locally. We got the medical assistance with **PHD, New Delhi** they send a Medical team with Mobile Van and Medicines, They not only provided medical facilities to our Relief camp but other Government run relief camps (10 Camps) were Prayas was providing Family Tracing and Counseling facilities to flood victims, **South Eastern Coal Field Ltd.** also provided medical facilities to our relief camp, we also arranged a medical team from **Doctors For You, Mumbai.** Because of this noble initiative of Prayas the State Health Society, Govt. of Bihar offered Prayas to run 28 APHCs in Flood Hit Kosi Region. But we agreed upon only one APHC considering the ground reality of the problems in availability of doctors. The then Divisional Commissioner of Kosi Region also recommended Prayas for its commendable work in flood relief. I had several meetings in this regard with Mr. Sirohi and he strongly recommended to the then Executive Director of the

Bihar State Health Society to transfer APHC Karjain to Prayas. Now we are set to launch this APHC any day after 7<sup>th</sup> October, 2009 as per the availability of the time of District Magistrate of Supaul Mr. Kumar Ravi (I.A.S.). He is also interested to associate himself in this APHC because this is a unique initiative in itself – First ever APHC under Public Private Partnership in Supaul as well as Bihar.

Prayas with its long track record in the extensive health care services. The Prayas health service was established in 1993 to help domestic child workers and migrant children in **West Delhi (Kirti Nagar)**. Prayas also entered into an agreement with the Govt. of Arunachal Pradesh under public private partnership policy of National Rural Health Mission and we have been implementing 24 hours emergency health services with complete management of primary health at **Wakro in Lohit** district, Arunachal Pradesh. With this organizational background, experience in primary health, RCH, HIV/Aids and other community health programme. **We are launching the 1<sup>st</sup> ever APHC under PPP at Karjain in Supaul District, Bihar.**

### Location of APHC Karjain

The APHC Karjain nearly 60 Kms. North West from Supaul, situated on the National Highway No. 106 connecting Supaul to Virpur a sub-divisional headquarter township in Supaul district of Bihar. The Service area of APHC Karjain consists of 7 Panchayats of Raghapur Block namely Baisi, Motipur, Basanpatti, Hariraha, Daulatpur, Morha, Gauspur and several adjacent panchayats of Basantpur Block. Once Operatinalised, It will start providing medical facilities to nearly 70-80 thousand rural population of the region. This APHC is 10 Kms. North of Raghapur Referral Hospital, which will provide referral facility to the Karjain APHC too.

### Services Available

Initially we are starting with the OPD services and in due course of time we will be able to provide all the facilities laid down in the guidelines. These facilities are:

**Basic RCH Services and General OPD as per the guidelines from 8 am to 6 pm.**

1. **Delivery System (24 hours)**
2. **Essential New-Born Care**
3. **Provision for Referral (Ambulance)**
4. **Other Functions -**
  - **Anti Natal Care**
  - **Immunization for children and pregnant women**
  - **Post Natal Care**
  - **Family Planning Services**
  - **Prevention and management of RTI / STI.**
  - **Essential Laboratory Services.**

**Note:** A 24 hour APHC must have all the above functions. However, the first 3 are critical and APHC can not be classified as functional for 24 hours delivery and new born care services even if any one of these 3 is not available.

## Requirements in the APHC

### I. Staff Requirement in APHC

Sl.	Staff	No.	Approved Salary (Rs.)	Total Amount (Rs.)
1.	Medical officer	02	15000	30,000.00
2.	Staff Nurse - Grad "A"	03	4500	13,500.00
3.	Lab Technician	01	4500	4500.00
4.	Clerk	01	5000	5000.00
5.	Peon	02	2500	5000.00
<b>Total =</b>		<b>09</b>	<b>-----</b>	<b>58000.00</b>

### Staff Arranged Till Date for APHC, Karajan

Sl.	Staff	No.	Approved Salary (Rs.)	Negotiated Salary	Total Amount
1.	Medical officer	01	15,000.00	20000.00	20000.00
2.	Staff Nurse	02	4500.00	4500.00	9000.00
3.	Lab Technician	01	4,500.00	4500.00	4500.00
4.	Clerk	01	5,000.00	5000.00	5000.00
5.	Peon	02	2,500.00	5000.00	5000.00
<b>Total =</b>		<b>07</b>	<b>----</b>	<b>-----</b>	<b>48000.00</b>

### II. Medicines

### III.

Sl.	Medicines
1.	Albendazole (400mg) tablet
2.	Amoxicilline (25mg,125mg kid) Caps
3.	Ampicilline (250 mg) caps
4.	Aspirin (325mg. 75mg) Tablet
5.	Cetirizine (10mg) Tablet
6.	Ciprofloxacin (500mg) Tablet
7.	Cough Expectorant
8.	Dielofenac Sodium Tablet (50mg)
9.	Dieeyclomin Tablet
10.	Dicylomin+Paracetamol (Tablet)
11.	Diethylearbazine Tablet (DEC)
12.	Duvadilon Tablet
13.	Fluconazol
14.	Gentamycine Eye/Ear Drop
15.	Metociopramide Tablet & Injection
16.	Metronidazole -(400mg) Tablet
17.	paracetamol Tablet & Syrup
18.	Ranitidine (150 mg) Tablet

19.	Salbutamol (4 mg) Tablet
20.	Vit.B Complex – Tablet
21.	Xylometazoline Nasal drop
22.	Betamethasone Onit
23.	Chloremphenicol Applicap
24.	Cotrimoxazole-480mg (Tab)
25.	Misoprostol-200meg (Tab)
26.	Gentamycin-80mg (Inj.)
27.	Ampicilin –I gm (Inj.)
28.	Inj. Oxytocin
29.	Inj. Diazepam
30.	Tab Nifedipine
31.	Inj .Magnesium Sulphate
32.	Inj. Lignocaine hydrochloride
33.	Intravenous Infusions like Dextrose 5%

### III. Instruments Equipments:

Sl.	Particulars
1.	Normal Delivery Kit
2.	Equipment for Assisted Vacuum Delivery
3.	Equipment for Forceps Delivery (Outlet Forceps)
4.	Special Set for Episiotomy and Minor procedures
5.	Equipments for Newborn Care & Resuction
6.	IDU Insertion Kit
7.	Equipment for Sterilization
8.	Reagents of essential Laboratory Test for Routine TC/DC, Hb, Stool, ESR, Urine (Sugar + Albumin), Blood Sugar, RPR for Syphilis
9.	Reagents for RTI Test (Gram Stain, KOH & Wetmount)
10.	Labour Tray, Other supplies in Labour Room +IFA – Gloves, Sterilized Cotton Gauze, Sterilized Syringe & Needles, Oxygen Cylinder & Regulator etc.

### Problems in Running APHC

1. **Availability of Doctors:** We worked hard to get the Doctor as per the guidelines of Govt. of Bihar. Still we have been able to manage only one Retired Medical Practitioner (Dr. S. N. Mallick, MBBS, M.D.). We are still in search of one more doctors. There are some basic reasons for non availability of doctors. Firstly, there is disparity in payment of doctors. In case of Govt. appointments doctors are getting Rs. 20000/- while Voluntary Organisations operated hospital their salary is Rs. 15000/- per month. Secondly, due to remote / interior location there is lack of availability of local doctors. Thirdly, doctors do not want to spend whole day (24 hours) in the hospital etc. Therefore we need assistance for the payment of doctors as well as their placement

2. **Availability of Nurses:** There is also shortage of Grade a Nurse in the state. Govt. itself is not getting trained nurses even they pay Rs. 7500/- per month to them. We are recruiting Experienced Nurses from private nursing homes, which are well versed in nursing. We also need assistance in the payment of Nurse Salary because, no nurse is ready to work on lower wage they are even getting higher salary in private clinics.

3. Medicines: Government has provided a budget of Rs. 15000/- pre month for medicines which is not enough for OPD. Even this amount is not sufficient for emergency medicines in the APHC because of its large service area. Besides this we have to carry out pre natal and post natal care, 24 hours delivery system etc. which also requires medicines. We have already contacted CII and Red Cross for the regular supply of medicines.
4. Equipments, Instruments and Furniture: This is to be purchased by the agency and there is no provision in budget.

### **Community Participation**

The total population of Karjain is about 15000, situated on NH -106, 60 kms from Supaul. It is an important marketing center for the people of the region. Basic amenities available at Karjain are – Police Station, Post Office, Primary, Middle and High School, Bank (SBI), Panchayat Bhawan etc. Community participation is very rich in Karjain, they have knowledge of various welfare schemes and its provisions but there is no organised pressure group for their implementation.

We are in regular contact with local people, Panchayati Raj Institution (PRI) Members, Media Persons, Teachers / Principals, Social Workers, Businessman etc. They all are very positive with our working culture and they have very high expectation from us. They expressed their happiness that for the first time this APHC is going to be maintained in terms of cleanliness and systematic working. They also assured us that this is our duty to maintain all the system in the APHC.

They want that there must be a 24 hour doctor so that maximum possible treatment may be made available here and in case of any emergency the case may be attended properly. The people of the region also want that besides general medicines there must be Medicines of Snake Bite and Anti-Rabies. We assured them that we are trying to develop the medical system which was totally defunct in the region. This will take time and community cooperation is also needed to develop all these things.

The entire team is ready and is stationed at APHC Karjain. They are carrying out the community mobilisation work, interacting with local people and identifying their needs and demands before starting the hospital. List of Staff is given below: