

MANAV VIKAS MISSION- BIHAR

2013-17 and 2017-2022

(Population, Health, Malnutrition related issues)

HEALTH SECTOR VISION & COMMITMENT

Mission statement:

Bihar Health, Population and Nutrition Sector will compliment the Manav Vikas Mission Goals by

- *Identifying and providing solutions for implementation bottlenecks,*
- *Introducing out of the box interventions and processes for better outcomes*
- *Fast tracking of development of infrastructure and human resources*
- *Coordinating for improved intersectoral convergence*
- *Partnering with communities and strengthening community systems*
- *Optimal utilization of available resources*

Achievements and Challenges

- The improved governance in Bihar in the last 7-8 years has led to an economic revival in the state through increased investment in infrastructure, better health care facilities, greater emphasis on education and a reduction in crime and corruption.
- Bihar's achievements in reducing maternal and child mortality in the recent past has been impressive, yet challenges still remain.

Sr. No	Indicator	Latest Situation	Trend
1	Infant Mortality Rate (number/1000 Live Births)	44 (SRS 2011)	Improved from 61 in 2005
2	Maternal Mortality Ratio (number/lakh Live Births)	261 (SRS 2009)	Improved from 312 in 2005
3	Total Fertility Rate (no. of births/woman)	3.6 (SRS 2011)	Improved from 3.9 in 2005
4	Child marriage (marriage before 18 yrs)	23 (AHS 2010)	Improved from 46% in 2009
5	Life Expectancy at Birth	65.5(M) & 66.2 (F) (SRS 2011)	Improved from 61.6 (M) & 59.7(F) in 2001
6	Anaemia (All women 15-49 years) %	68.3 (NFHS 3, 2005-06)	Worsened from 63% in 1999
7	Malnutrition (children under 3 years of age)*	58.4 (NFHS 3, 2005-06)	Worsened from 54% in 1999
8	Sex Ratio (no. of females/1000 males)	916 (Census 2011)	Worsened from 921 in 2001
*Data available for under 3 children, however supplementary nutrition programme is proposed for all children up to 14 years through AWCs and Schools			

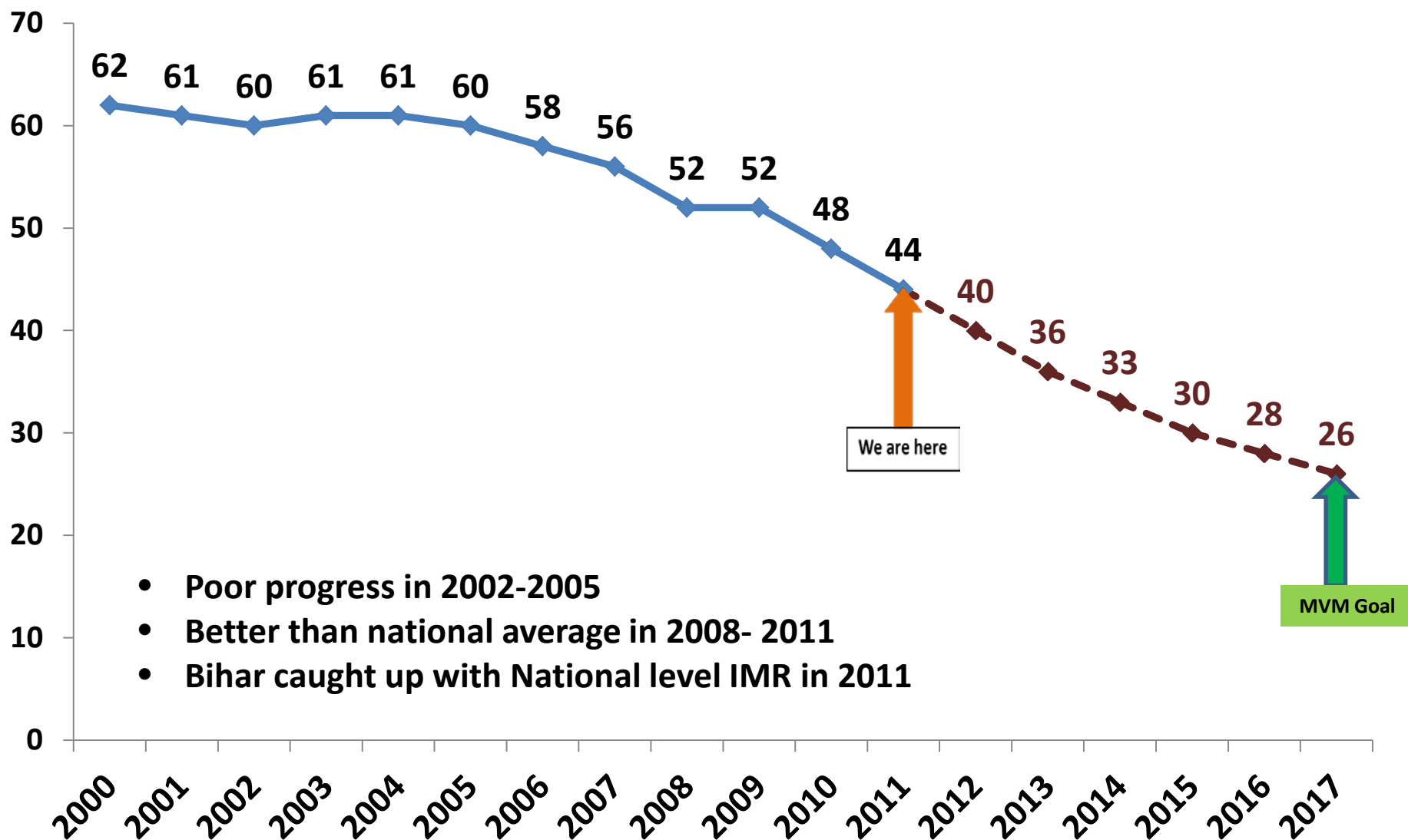
- The challenges would be met with intensive and concerted efforts of various stakeholders.

Health, Population and Nutrition Sector- Goals

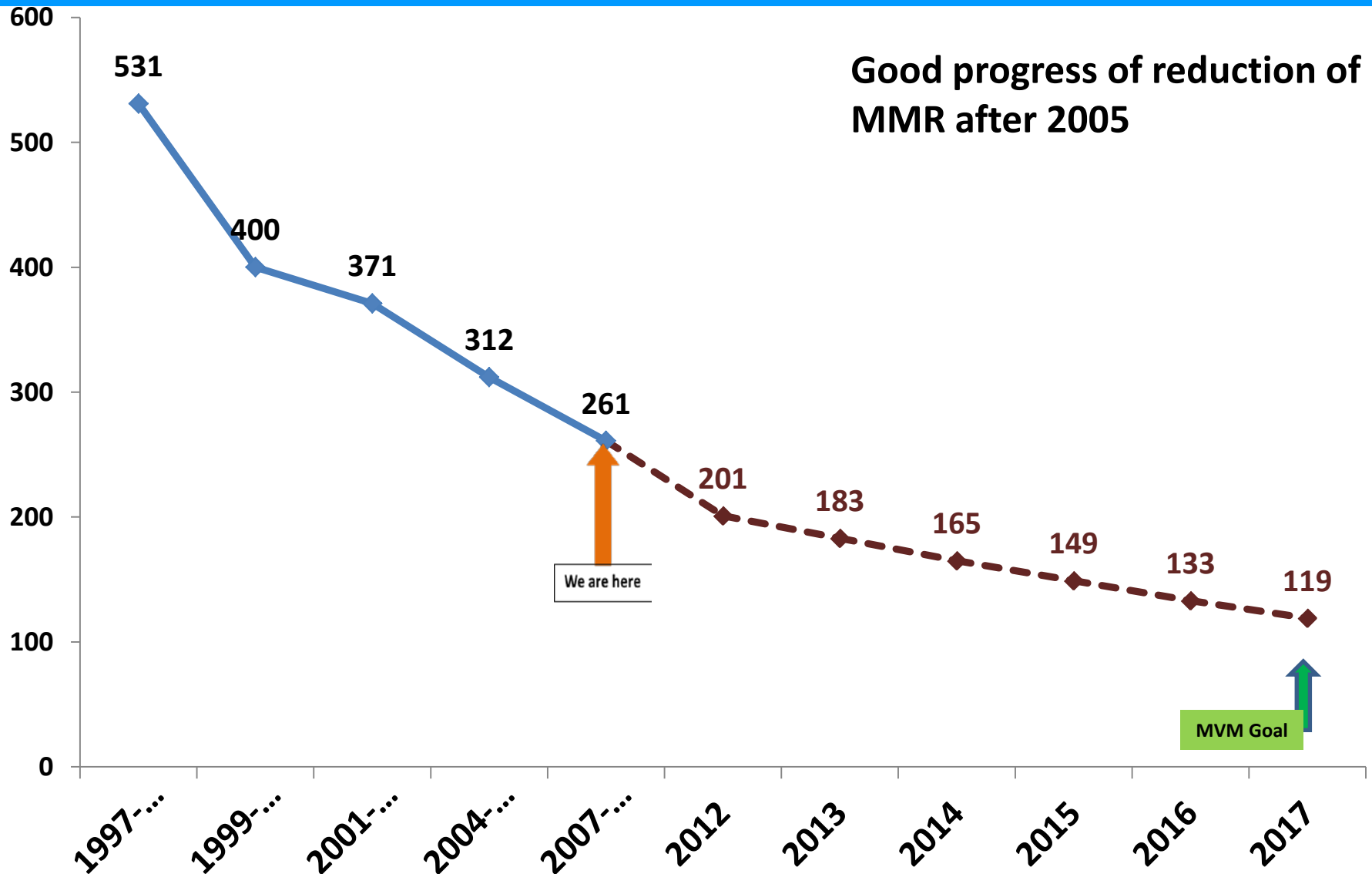
S. N	Indicators	Latest situation	Target by 2017	Target by 2022
1	Infant Mortality Rate (IMR) (number/1000 Live Births)	44 (SRS 2011)	26	<20
2	Maternal Mortality Ratio (MMR) (number/Lakh Live Births -LLB)	261 (SRS 2009)	119	<90
3	Total Fertility Rate (TFR) (number of births/woman)	3.6 (SRS 2011)	2.9**	2.1
4	Malnutrition (children under 3 years)%*	58.4 (NFHS-3, 2005-07)	29	<18%
5	Anaemia (All women 15-49 years)%	68.3 (NFHS-3, 2005-07)	34	<20%
6	Life Expectancy at Birth (years) (SRS 2011)	M – 65.5; F- 66.2	M- 68.6 F-68.7	M- 69.6 F- 70.2
7	Sex Ratio (no. of females/1000 males)	916 (Census 2011)	930	960
8	Child Marriage (marriage before 18 yrs)%	20.2 (AHS 2010)	14**	<10

The targets given by MoHFW, GoI ([12th Five Year Plan targets-Page-4 &16](#)). **GoB estimates
Data available for under 3 children, however **malnutrition seems to be a problem amongst school age children*

Infant Mortality Rate (IMR): Trend and Targets

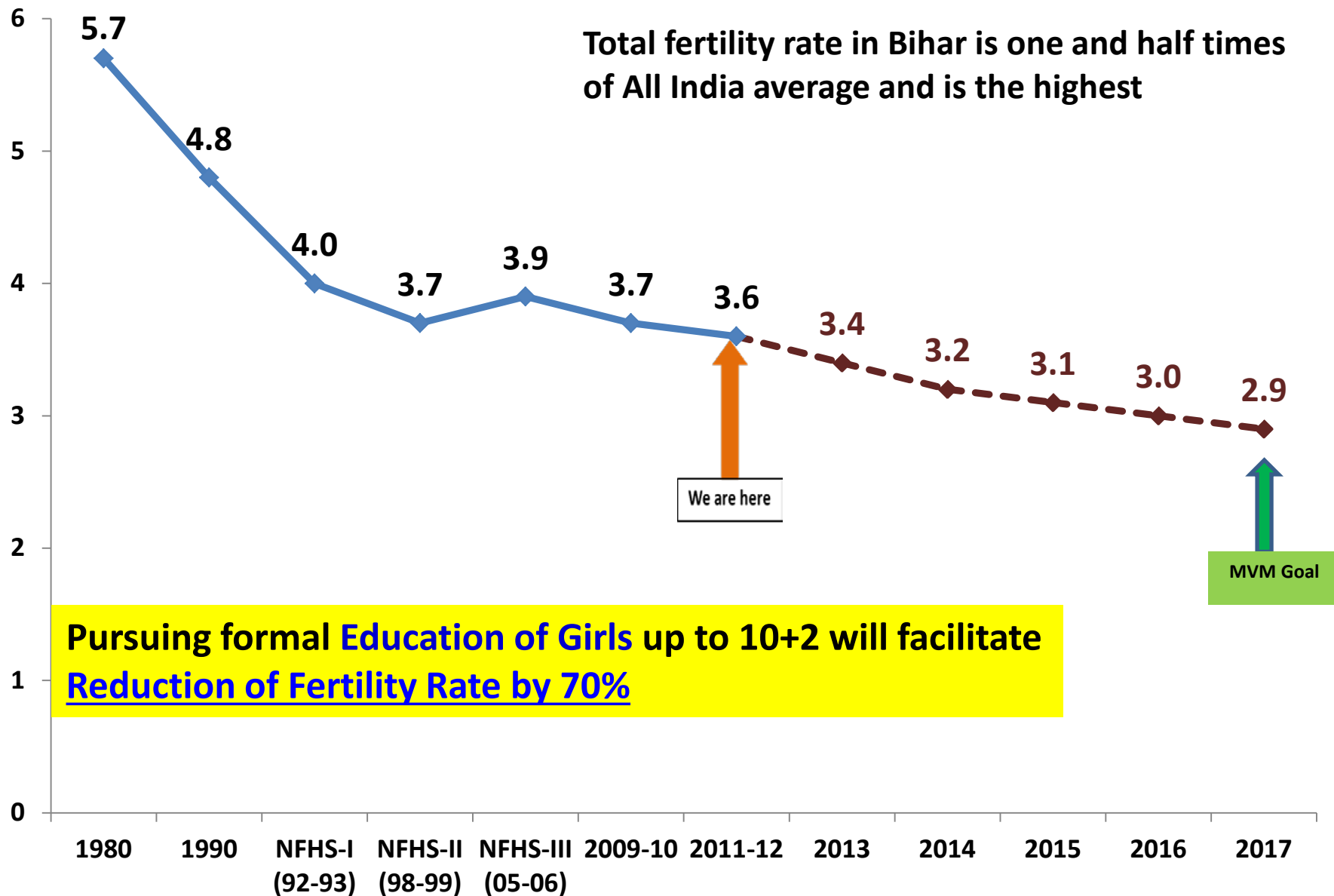


Maternal Mortality Ratio (MMR): Trend and Targets

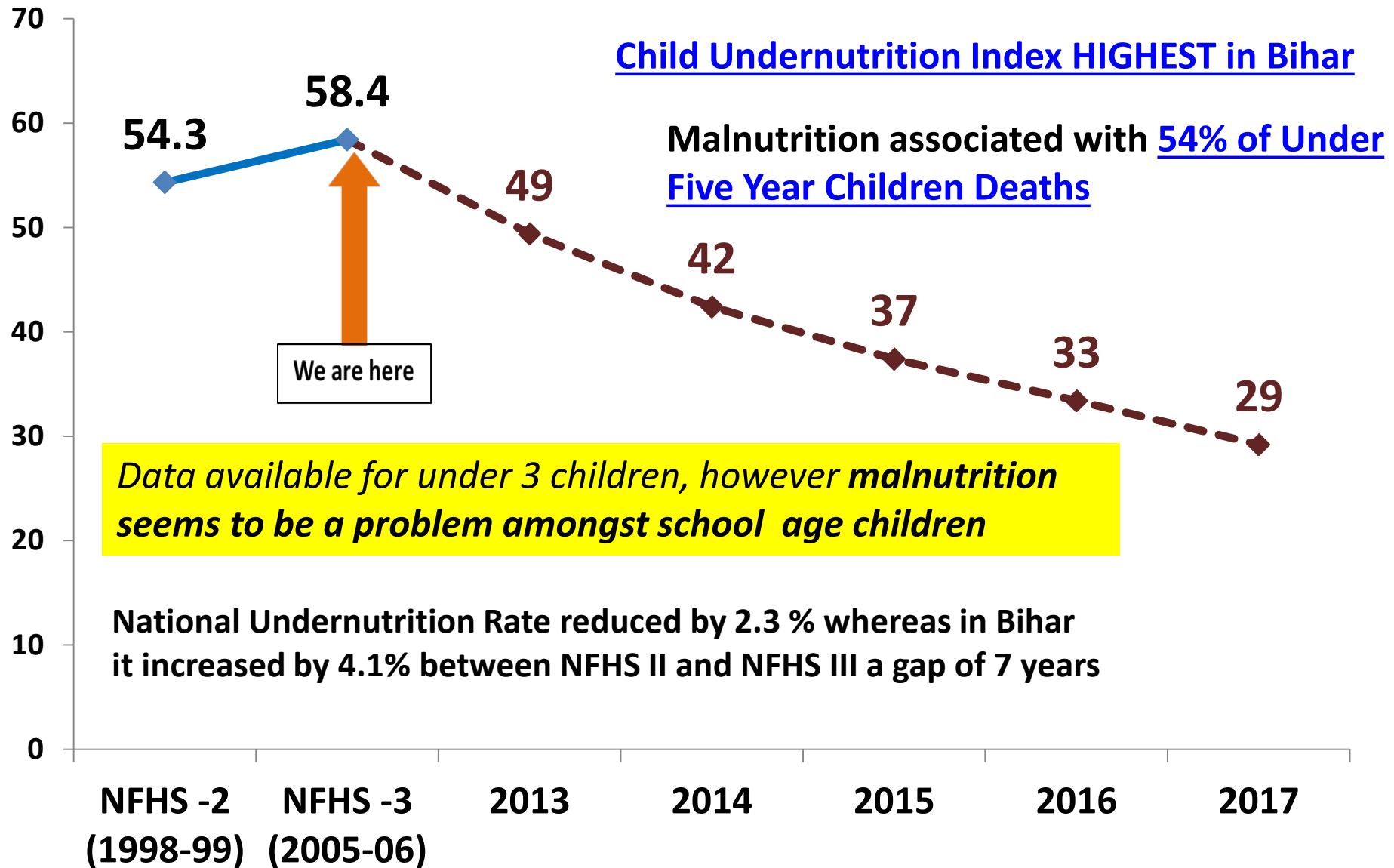


Total Fertility Rate (TFR) : Trend and Targets

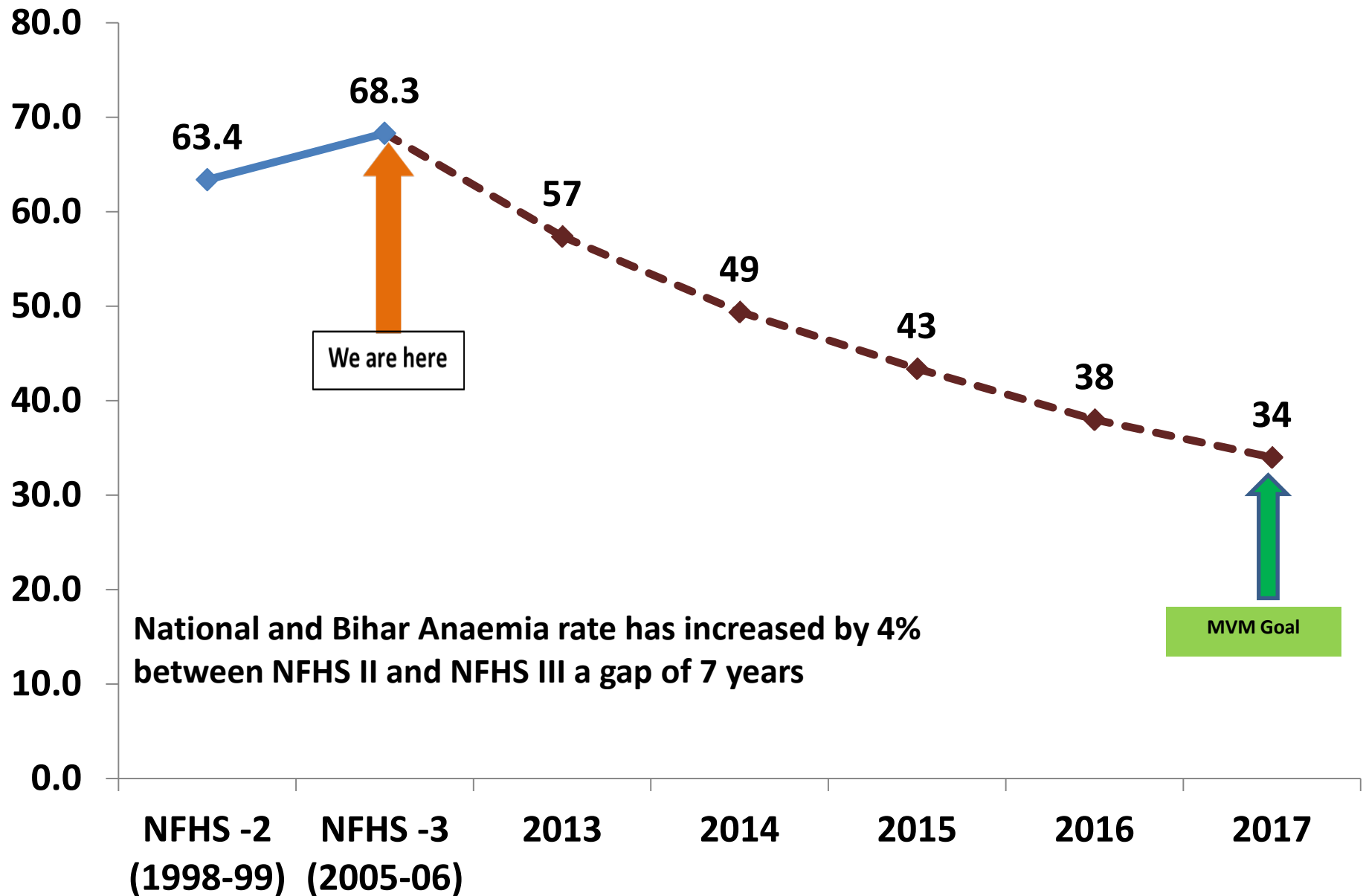
Total fertility rate in Bihar is one and half times of All India average and is the highest



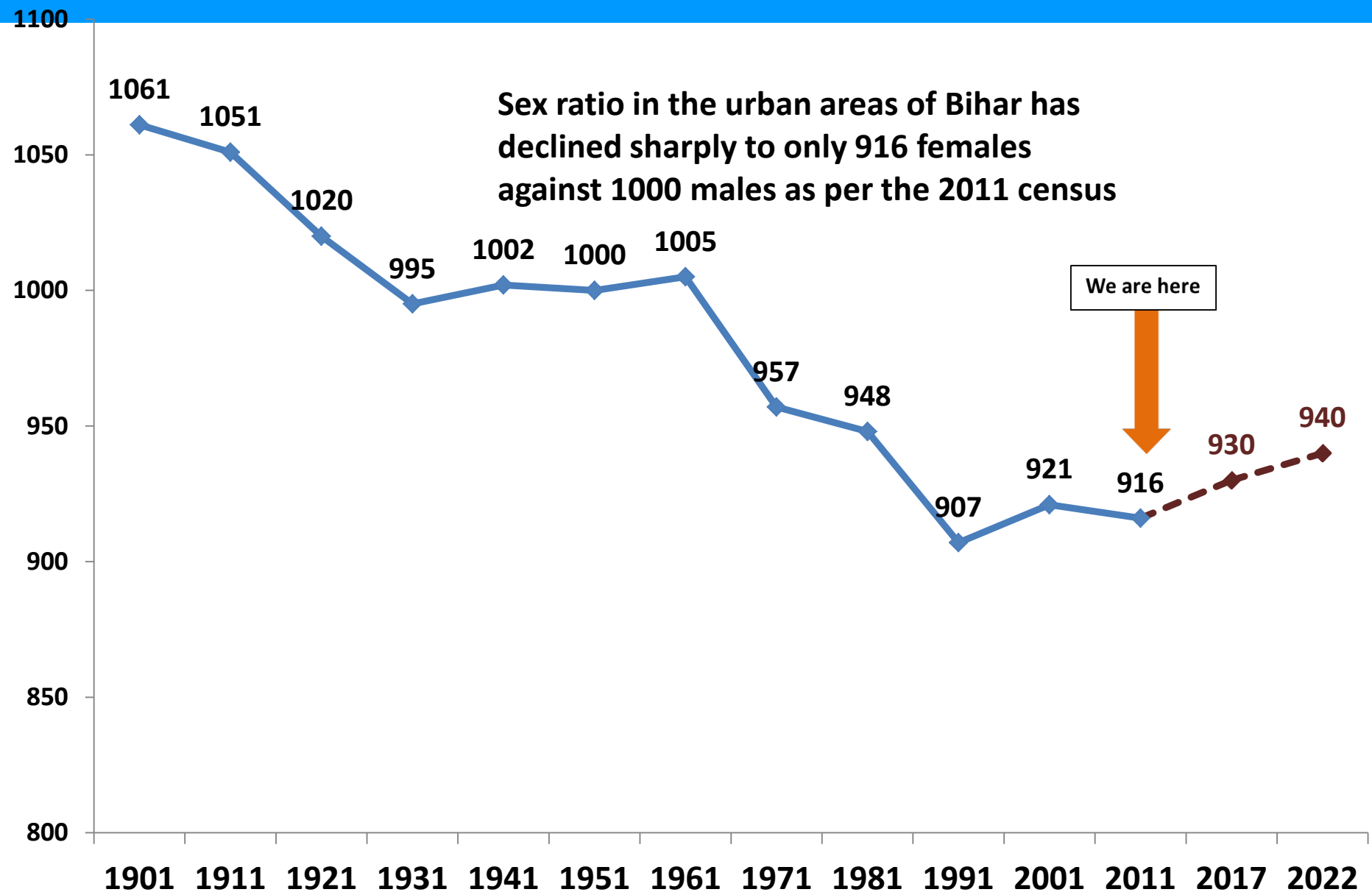
Malnutrition: Trend and Targets



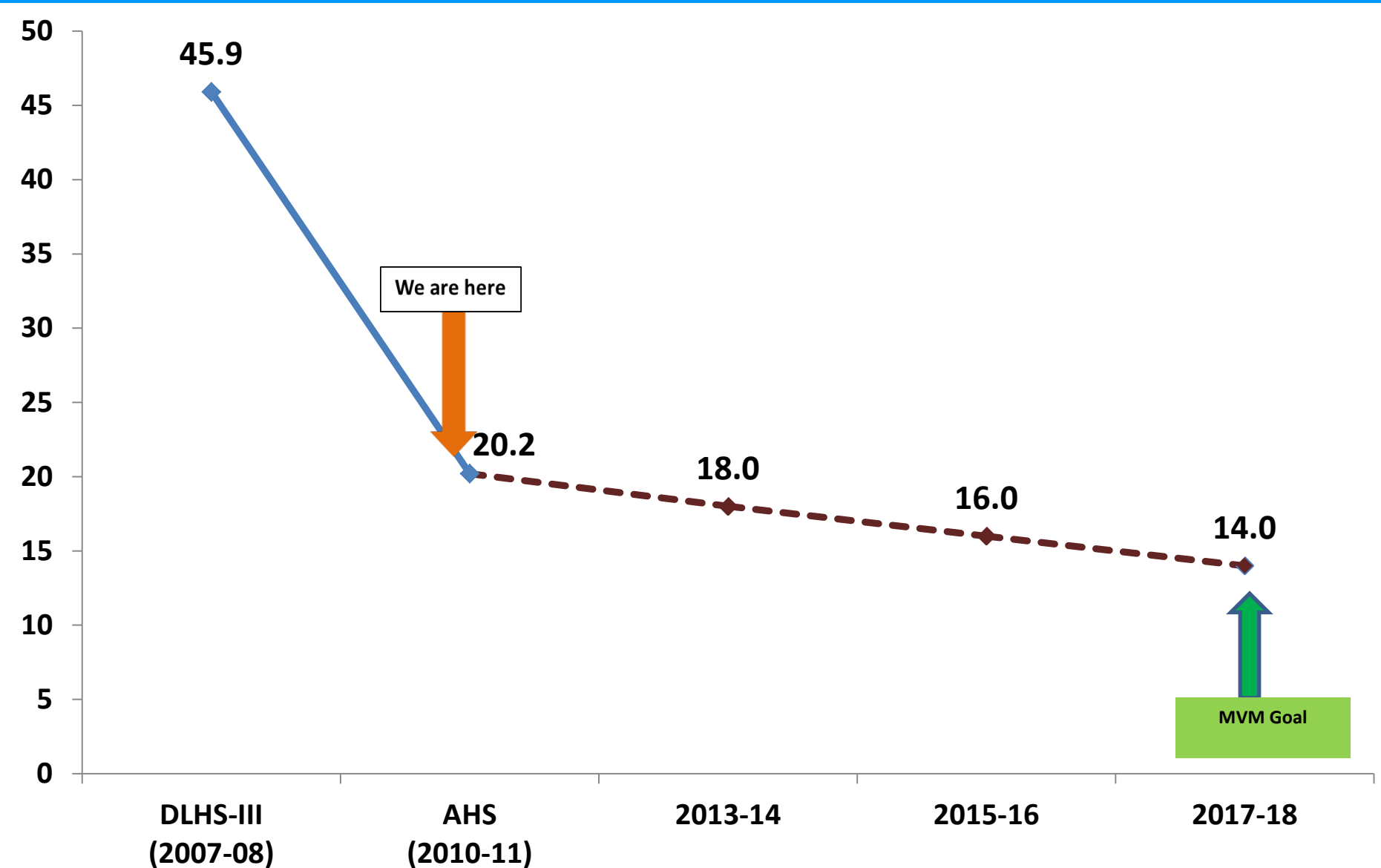
Anaemia: Trend and Targets



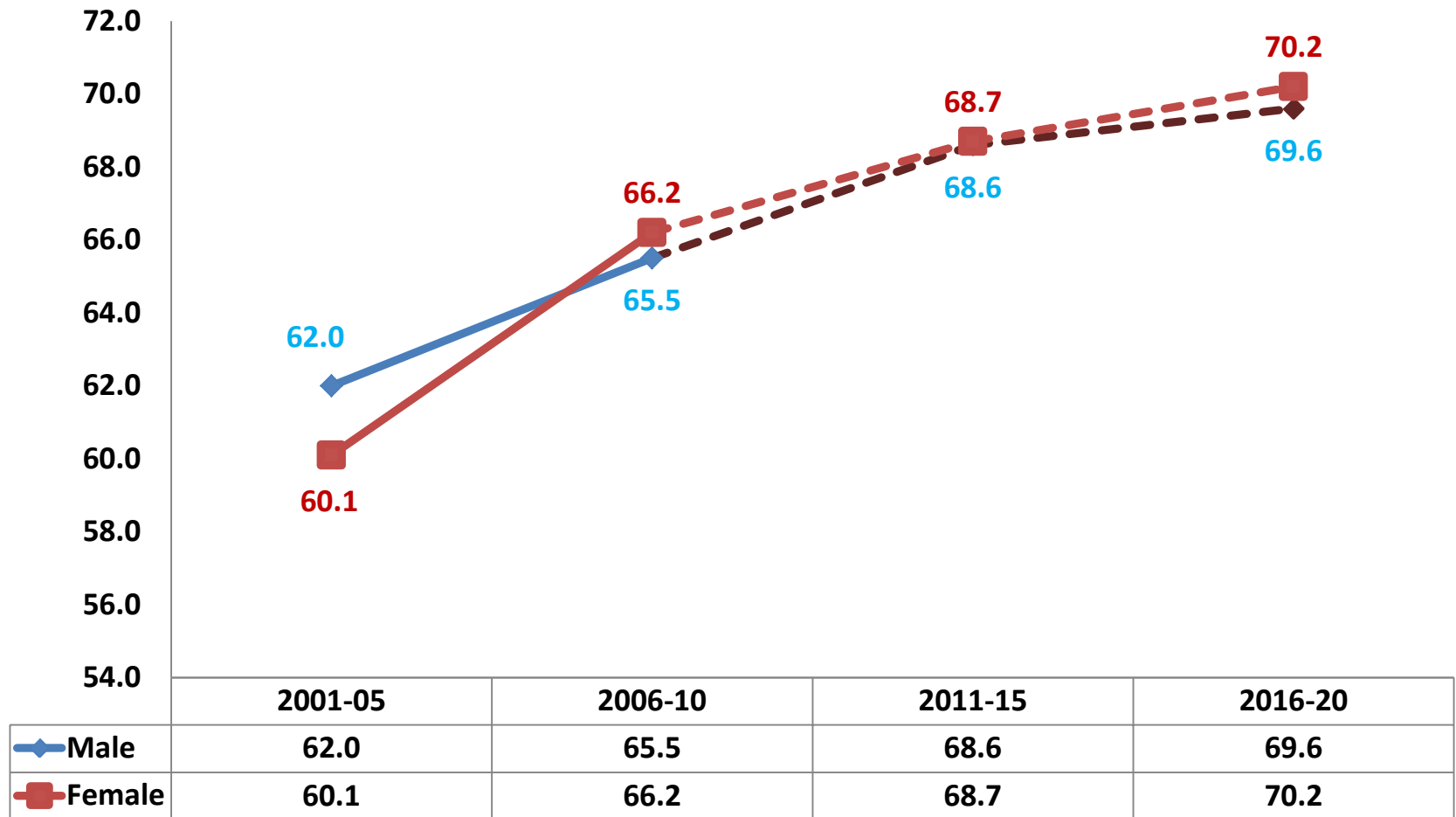
Sex Ratio: Trend and Targets



Child Marriage: Trend and Targets



Life Expectancy at Birth: Trend and Targets



Expand Human Resources in Health

(Recommendations of High Level Expert Group Report-

Universal Health Coverage(UHC)

■ As per WHO norms:

- 1. Human Resources (HR):** 100 Medical Officers; 300 nurses (ANM+GNMs); 230 health workers per 100,000 population. As of now, Bihar has only 4 Medical Officers; 18 Nurses and 22 health workers per lakh population.
- 2. Hospital Beds:** 100 beds per 1 lakh population. As of now, Bihar has 26,896 beds (as against 1,00,000 beds)

The shortage of manpower in the Department is enormous, but the Department systematically envisages the gaps and has planned to bridge them in phased manner. **Steps in this direction would include**

- Opening new medical colleges, both govt. and private
- Increasing the number of seats of existing colleges-
- Upgrading district hospitals into teaching hospitals
- Expanding PG seats to provide faculty and also specialty care
- Introduce Public Health Cadre first line supervisors

Intersectoral Convergence

The Department	Areas needing convergence
Social Welfare (ICDS)	<p>Growth monitoring, Nutrition & IFA supplementation for pregnant & nursing women and adolescents and promoting Positive Deviance Approach (PDA) for convincing families for better feeding and care.</p> <p>Universalization of ICDS services</p> <p>Capacity Building of AWWs on IMNCI Programme</p> <p>Promotion of Kitchen Gardens through MNREGA with involvement of PRI members</p>
PHED	Safe water supply and household toilet building
Education (Primary & Secondary)	<p>IFA weekly supplementation, hand wash and other hygiene practices, use of toilets.</p> <p>Improve the nutritional value of Mid-Day-Meal for ALL schools</p> <p>Messages of “Dus Ka Dum, Shwathy Rahenge Hum” in school and college books</p>
Panchayati Raj Dept.	<p>IEC/Communication with PRI and Community mobilization</p> <p>Orientation of PRI Members on Newborn Care</p> <p>VHSC- provide mobility support to transport the sick newborns</p> <p>Support to VHSND Operationalization</p> <p>Monitoring & Supervision of ANM/AWW activities through their standing committees . Strengthening PDS and food security</p>

Sr. No.	Major Heads	Total Cost (in Cores)
A	ONGOING INTERVENTIONS	
1	Infrastructure (Upgradation of PHC to CHC; Establishment of SNCU/NBSU; L1 centers etc)	20,156
2	Human Resources (Medical Officers, Specialist, ANMs, Staff Nurses, Paramedics etc)	1,412
3	Drugs and Consumables (SNCU/ICU/Emergency/FP etc)	653
4	Equipments & Diagnostics (MH,CH,FP,Training etc)	21
5	Capacity Development (Maternal health, Child Health, PNDT,FP,ARSH,WIFS etc)	63
6	Patient Transport Services (Ambulances-102/108)	1,551
	SUB TOTAL	23,856
B	NEWER INTERVENTION	
1	The Bihar Model of Preventive Health Care(Dus Ka Dum (DKD) – Swasth Rahengey Hum)	10
2	Common Minimum Programme-Innovative Solutions (DPF)	61
3	Mukhya Mantri Kanya Suraksha Yojna (Bihar) Proposed revision...	9,600
4	Nutrition Care (Nanny's at AWC)	36
5	Promote Directly Observed Consumption (DOC) of IFA supplementation in Schools:	1
	SUB TOTAL	9,707
	GRAND TOTAL	33,563

Policy considerations:

- Integrated Health Policy including mainstreaming of AYUSH
- State Health Human Resource policy
- State nutrition policy
- State Nutrition Mission
- Policy to encourage private sector participation in health sector

Thank You



हमारा संकल्प
हर बच्चे की स्वास्थ्य सुरक्षा
राज्य स्वास्थ्य समिति, बिहार