



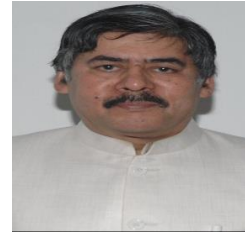
HEALTH SURVEY VILLAGE SAHAPUR

Project Director – Dr. S.Narayan



Society for Empowerment

CHAIRMAN
Society For Empowerment



FOREWORD

I am so happy to present this survey report of Village Sahapur, Block Belaganj, Distt Gaya regarding general health of people and functionality of health facilities in that area . Though the data is for a village only but is accurate and honest and a representative of the wider units of geography like block and District

Admittedly it is a small start but indicative of the effort needed to create real data for future planning for acquisition of data and action plan for future . Hopefully it will be useful for many sections of workers involved in development work.

A handwritten signature in dark ink, appearing to be 'A. K. Pandey'.

(Dr. A. K. Pandey)

IAS Retd.

11.01.2022

Ranchi, Jharkhand

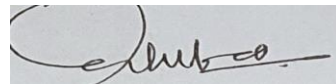
Dr. Ashutosh Sharan
MBBS, MS, FICS, FIAMS, FAMS



MESSAGE

It is a very comprehensive PSM, preventive and social medicine aspect of Health survey. This includes the particularly village Shahpur of Belaganj GAYA. The research workers under the Project Director Dr.S. Narayan has done an Excellent job. This survey will be helpful to the Medical team, state officials and the Panchayati Raj Members. The best part of survey is that it endeavors to cover, Pure Health and not the disease only.

I wish the research team to take such more initiatives in future.



(Dr. Ashutosh Sharan)

10.01.2022

Motihari , India

Shri. N. N. Pandey
(IAS Retd.)



Message

It gives me great pleasure to note that Society for Empowerment is publishing Health Survey Report of Shahpur Village situated in Bela block of Gaya district in Bihar. Inclusive Growth and Decentralized Planning have been the buzz word of late as an effective strategy to address the issue of development deficit faced by aspirational districts. The survey report acts as a barometer of development of the village over the years while delineating upon the aspects that need special attention.

I am sure that the village survey report will be of immense value in formulation and implementation of specific schemes/ projects for the region to the District and State Administration. I am also optimistic that this report shall also serve as a reference point for Panchayat level functionaries.

I commend the efforts of SFE, specially Prof. S. Narayan in bringing out this comprehensive health survey report.

10.01.2022

N. N. Pandey

(IAS Retd.)

Ex-ACS,

Home & State Election Commissioner,

Jharkhand

Dr. Jyoti Bindal
M.S., FACS, FICS, FICOG, LLB, PGDHM.
Vice Chancellor, Sri Aurobindo University, Indore.
Retd. Dean, M.G.M. Medical College, Indore,
Ex Director, Gwalior Mansik Arogyashala



Message

Health surveys are a critical survey tool to measure a population's health status, health behavior, and risk factors, in addition to evaluating the quality of health care level received. Health surveys generally include measures of risk factors, health behaviors, and non-health determinants or correlates of health such as socioeconomic status. The range of measures that can be included is wide and varies by survey.

For this purpose, Society for Empowerment chose Village Sahpur, Block Belaganj, District Gaya, Bihar to conduct the health survey. This type of survey allows physicians to locate risk factors in the community, so that population can be benefited by adopting better health measures.



(Dr. Jyoti Bindal)

Gwalior
10.01.2022



PREFACE

WE decided in the month of August 2021 to undertake a health survey. Dr.Jyoti Bindal suggested that Society should undertake a health survey to empower the people in health sector.

WE were travelling to Gaya in search of a village which may have villagers from different social and economic stream, we discussed with local administration and in consultation with local administration and prominent people we selected Sahapur village.

The village Sahapur is 6 km from Belaganj market and is situated on a well connected motorable road. The village Sahapur is about 20 km from BODH GAYA and 10km from BARABAR HILLS.

The Health survey was conducted by a team of social scientist in consultation with the medical professionals. The field work concluded in the month of December 2021 and now the report is in your hand

Though it is a micro study but we may suggest recommendation on the basis of data in hand for a Holistic integrated approach, which may yield more positive results in health sector and attaining the Sustainable Development Goals.

Sachindra Narayan

(Dr. S. Narayan)

Project Director

08.01.2022
Patna

Content

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Team Members:

Emeritus Professor S. Narayan – Project Director

Ms. Swayam Siddha Das - Intern-SFE

Mr. Prabhat Kumar: - Village Associate-SFE



Society for Empowerment

Chapter I

Introduction

It has been said since centuries that “Health is Wealth” for *Individuals* and a *Nation State*. Healthy brings joy, enjoyment and pleasure. Happiest people in the world are the ones who have Health. Those who are Sick or have Poor Health, will have physical and Psychological difficulties creating economic and social problems for the country. Keeping this in context, and the village being the primary pillar of the Governance, the Society for Empowerment, has undertaken Health Survey of the Village of Sahapur, Block Belaganj, Gaya, to identify the health status of the village along with ascertaining the felt and perceived needs of the habitant of the village.

Health is an important issue since the dawn of the civilization. We find reference of health in Vedic literatures also. Common sayings in day to day life suggest how to keep fit, what to eat, when to eat and how to eat and drink. Common idioms and phrases suggest which roots and fruits be taken in common disease. The Villagers are wise enough to use these roots and fruits to keep themselves fit. Our study also suggest such common usages in practices in villages.

Health is a complex sector with deep cross linkages across other social sectors. The indicators of health depends much more on the other factors like drinking water, literacy, nutrition, sanitation and much more on the status of the women in the society and women empowerment policies of the governance. Apart from this the investment and infrastructure in health sectors are the important aspects.

Research Method used in this Study:

Anthropologists have great concern for development as well as sustainable development. This may be the reason that international institutions lay emphasis on recruitment of ANTHROPOLOGIST FOR EXECUTIONS and, implementation sand evaluations of development programs. The anthropologists are considered to be an expert of giving human face and human face to development input, human touch to policy and programs.

Matrix & Methodology of the research project

The project was planned and adopted on a logical framework approach. Through the process of intensive planning, we on the broad parameters as stipulated have determined the project-inputs, the operational maneuver, the time-frame and the monitoring mechanism of the project.

After the preliminary planning session, the operational mechanism of the research-project, maintaining absolute adherence to the Project Evaluation Review Technique (PERT) methodology were maintained. Specific time frame was earmarked for each functional component of the study.

The research team was made acquainted regarding the following components:-

- Objectives of the research project
- Matrix & Methodology of the research project
- Techniques of administering questionnaires & Data collection
- Tools of participatory research
- Contingency Management Mechanism at the field level.

The anthropological research method and traditional techniques of data collection has been undertaken. Data has been collected at the grassroots level and also the indigenous social and cultural practices followed has been imbibed in the research module alike as under:

- a. Life Style of People
- b. Village Level Micro Assessment of the Existing Health System
- c. Social & Economic Status of the Individual
- d. Community Involvement and diatribes

Box-1

Sustainable Development Goal:

The Sustainable Development agenda for 2030 adopted by the UN Member countries in 2015, aspires for a peace and prosperous equitable world for all. To achieve the members in 2015 has adopted 17 Sustainable Development Goals, which recognizes ending human miseries such as poverty, inequality and improving the health and education and other indexes with a thriving earth remains available for the future generations. The SDG aspires for a Sustainable value based order for all.

The Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development is to “ensure healthy lives and promoting well-being for all at all ages”.

It aims to reduce the global maternal mortality ratio; end preventable deaths of newborns and children; end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases; reduce mortality from non-communicable diseases; ensure universal access to sexual and reproductive health-care services; achieve universal health coverage; and reduce the number of deaths and illnesses from hazardous chemicals and pollution. It calls for a renewed focus on mental health issues.

Targets:

- By 2030, reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births.
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Chapter II

HEALTH STRUCTURE AT PRIMARY LEVEL

Health has been priority area of the government and is now being given due attention by the State. The launch of Ayushman Bharat Yojana and execution of National Health Mission has led to upgradation of health infrastructure, recruitment of doctors on contract, outsourcing diagnostic facilities, availability of free medicines, provision of ambulance services. Through a mechanism of web-based monitoring, better health outcomes are expected in the State.

National Rural Health Mission focuses on participatory district and village health plan along with the integration of health & family welfare programmes. NRHM envisages for optimization of resources with output. At the bottom of the pyramid, the Village Health, Sanitation & Nutrition Committee (VHS&NC) of the Panchayat headed by local team is the executing team. In recent times, the emphasis is also on revitalization of local health traditions and mainstream AYUSH into the public health system.

The Primary Health Care Infrastructure has been developed as a three tier system with Sub Centre, Primary Health Centre (PHC) and Community Health Centre (CHC).

Health Facility	Norm	Average rural population covered
Sub Centre	300 - 5000	5729
Primary Health Centre (PHC)	20000 - 30000	35730
Community Health Centre (CHC)	80000 - 120000	171779

Source :Rural Health Statistics 2019-20

Average number of villages covered by:

Sub Centre	4
Primary Health Centre (PHC)	27
Community Health Centre (CHC)	128

*Source :Rural Health Statistics 2019-20

*As on 31st March, 2020, there are 155404, 24918 rural SCs and PHCs functioning in the country. Ayushman Bharat programme also aims on strengthening of Sub Centers and Primary Health Centers by converting them into Health and Wellness Centers.

Sub Centres (SCs): The Sub Centre is the most peripheral and first contact point between the primary health care system and the community. Each Sub Centre is required to be manned by at least one auxiliary nurse midwife (ANM) / female health worker and one male health worker. These SCs interacts on the grass root to bring about behavioral change and provide services like maternal and child health, family welfare, nutrition, immunization, diarrhoea

control i.e. communicable & non-communicable diseases. *As on 31st March, 2020, there are 155404 numbers of rural SCs functional in the country.

Primary Health Centers (PHCs): PHC is the first contact point between village community and the medical officer. PHCs provide curative and preventive health care to the rural population. *At the national level, there are 24918 PHCs functioning in rural areas as on 31st March 2020.

Community Health Centers (CHCs) : CHCs are being established and maintained by the State government under MNP/BMS programme. It serves as a referral center for 4 PHCs and also provides facilities for obstetric care and specialist consultations. *As on 31st March, 2020, there are 5183 of CHCs functioning in rural areas of the country.

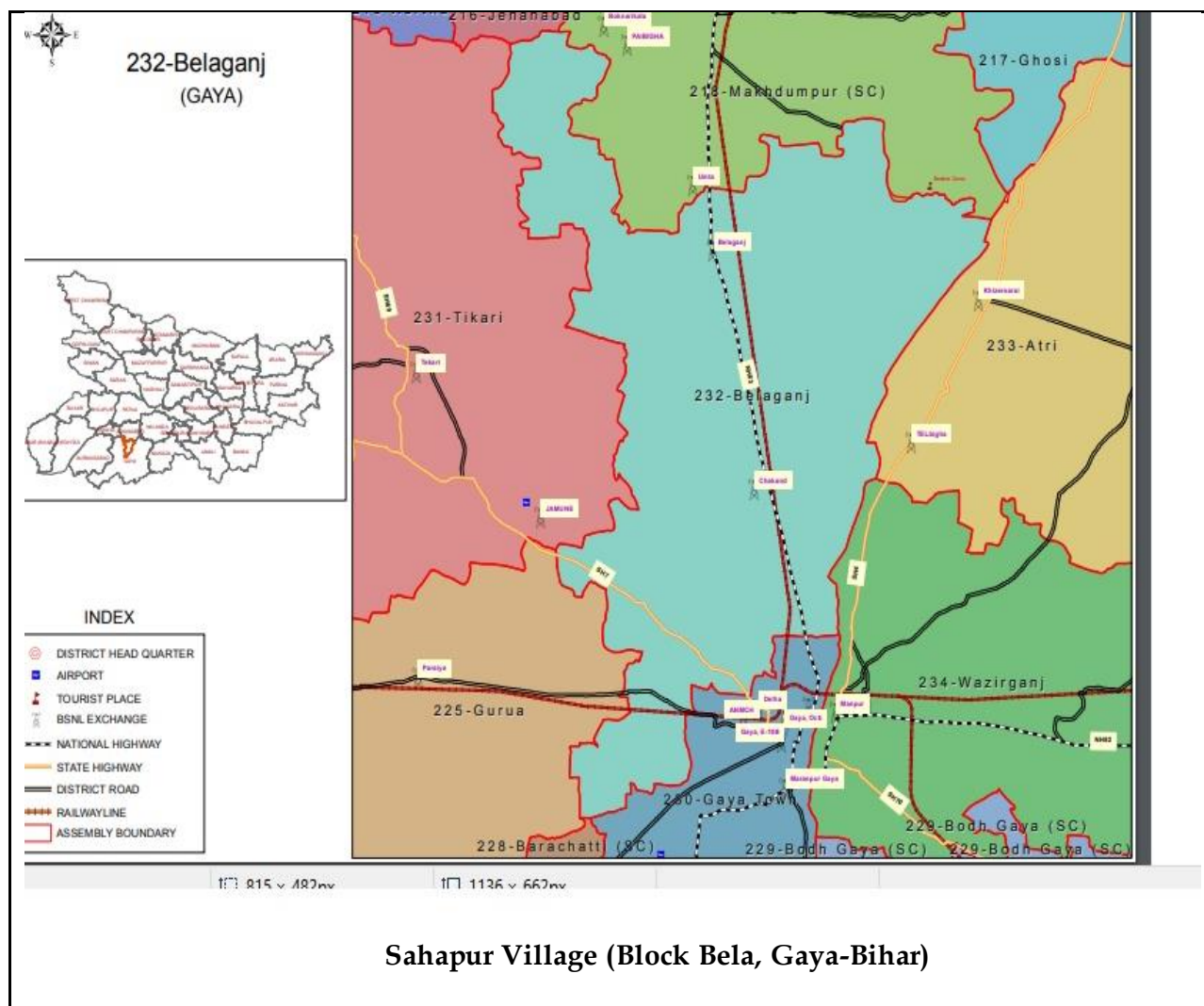
First Referral Units (FRUs): An existing facility (District Hospital, Sub-divisional Hospital, Community Health Centre etc.) can be declared as a fully operational First Referral Unit (FRU) only if it is equipped to provide round-the-clock services for emergency obstetric and New Born Care, in addition to all emergencies that any hospital is required to provide. It should be noted that there are three critical determinants of a facility being declared as a FRU: i) Emergency Obstetric Care including surgical interventions like caesarean sections; ii) new-born care; and iii) blood storage facility on a 24-hour basis.

Box-2

Accredited Social Health Activists (ASHA) is a key component of the Rural Health Mission which interact or alleviates the medical requirement of the community. The ASHA is a woman community health worker selected by the community, resident in the community, who is trained, deployed and supported to improve the health status of the community through securing people's access to health care services. ASHAs are selected at the norm of 1 per 1000 population in rural areas. The ASHA programme which was launched in 2006 for the 18 high focus states and tribal area, was expanded to all states in 2009, keeping in the requirements of the health mission.

Chapter III

HEALTH SURVEY - VILLAGE SHAHPUR



Brief of Shahapur:

Shahpur is a village in the Bela block of the Gaya District. The village is surrounded by Makhdumpur Block towards North, Tekari Block towards west, Khizarsarai Block towards East, Manpur Block towards South. The Makhdumpur, Gaya, Jehanabad Islampur are the near by cities to Shahpur. This Place is in the border of the Gaya District and Jehanabad District. Jehanabad District Makhdumpur is North towards this place. Also it is in the Border of other district Arwal.

Shahapur - Village Overview	
Gram Panchayat :	Bhalua II
Block / Tehsil :	Belaganj
Post office	Kanchnawa

Nearby Important Villages & Places:

- i. **Tikari** :It is the headquarters of the block of the same name. It used to be the seat of the erstwhile Tikari Raj. The fort at Tikari was built by Sundar Singh, son of Dhir Singh, the founder of estate. Though now it is deserted and dilapidated, it still stands as a magnificent relic of the good old days.
- ii. **Kespa**: The village lies in Tikari block, 13 Kms. From the block headquarters. It has an old and famous temple of Tara. A large number of devotees assemble here in the month of Chaitra to offer prayers to the Goddess. Images of Lord Buddha and other Gods have been found here in the course of excavations.
- iii. **Sonepur** : The village is situated on the bank of the river Jamune, 3 Kms. west of Belaganj. It is noted for its temple dedicated to the Sun God, and held in very high esteem by the local people. A fair is held here on the occasion of Chhathha festival.
- iv. **Bhaikb** : The village is located at a distance of about 11 Kms. from Makhdumpur, the block headquarters. It contains a hillock known as Sidheshwal' Nath, on the summit of which there is the divine emblem of lord Shiva. The hill contains two caves, Karnachaupar and Sudama, attributed to Emperor Ashoka. The third is believed to have been the abode of a sage and is accordingly named after him as Lomash Rishi cave. Nearby is a lake called the Patal Ganga, said to have been excavated by Emperor Ashoka. The place was visited by the Chinese pilgrim, Hiuen Tsang and finds mention in his travel accounts.

Barabar Caves are situated in the hilly area near Makhdumpur, 25 km south of Jehanabad. These ancient rock-cut Buddhist chambers date back to 3rd Century A.D. and are renowned as the place of origin of the Ajivika sect. Baba Siddhnath Temple, also known as the Shiva Temple and originally known as Siddheshwar Nath Temple, is located at one of the highest peaks in the range of the Barabar Hills. The temple was built during the Gupta period in the 7th Century A.D. The local legends attribute the construction of the temple to Bana Raja. (the father-in-law of the legendary king Jarasandha of Rajgir.)

Climatic Conditions: Sahapur village in Gaya district have moderate to extreme of climate. It becomes very hot during the summer and quite cold during the winter. The Summer begins in late March. May and June are extremely hot. The mercury shoots up to 44- 46°C in shade in May. Rains set in during the second half of June and lasts till the

end of September or early October. The average normal rainfall in the district is 990 mm-1,150 mm. The village receives more than 90 per cent of its total annual rainfall from the monsoon. The village gets some winter rain also.

Nearby Rivers: The **Phalgu River** originates from the confluence (somewhere in the range of 3 kilometers beneath Bodh Gaya) of the Lilajan River and Mohana River (two enormous slope streams, every one of which is more than 270 meters wide). The Phalgu River flows on to the north past the town of Gaya, where it accomplishes a breadth of more than 820 meters. It then flows a north-easterly way for around 27 km, and opposite the Barabar hills, it again takes the name of Mohana and divides into two branches which finally flow into a branch of the Punpun. Punpun River is the mouth of the Phalgu River.

Agriculture & Land-use pattern: The soil is fertile alluvium, which locally is known as Kewal and is very suitable for growing paddy, wheat and sugarcane. The village area falling under is moderate to well irrigated i.e. tubewell, canal and rainfed. The entire agricultural operation is divided into two crop seasons, viz., Kharif and Rabi. Kharif is further subdivided into Bhadai and Agholli and Rabi into RaM and Ganna. Apart from this mix crop pattern is being also followed.

Dairy and related activities are being undertaken, however being on a small scale size. The women are majorly involved in household activities, however also assists their male counterparts in agriculture and allied activities. They are in general disguised employed.

Economy & Social: The economy of the village is largely agriculture based. The youth and literates have in large migrated to urban centers and are generally employed in urban centers in informal and lowly paid jobs.

Language: Shahpur Local Language is Magahi.

Prevalent Disease in Sahapur Village

The disease occurring in the Sahapur villages can be classified on as under:

- Food borne diseases
- Water borne diseases
- Zoonotic diseases
- Extreme weather-related health events
- Respiratory, cardiovascular and other illness
- Malnutrition

These disease can be further classified on the basis of communication as under

Communicable	Non-Communicable	Others
<ul style="list-style-type: none"> • Diarrhoeal diseases, Bacillary Dysentery/Cholera/ Gastroenteritis • Tuberculosis • HIV/AIDS • Leishmaniasis • Measles • Preterm birth complications • Neonatal encephalopathy • Tetanus • Lower respiratory infections • Acute Flaccid Paralysis 	<ul style="list-style-type: none"> • Stroke • Diabetes • Chronic kidney disease • Sense organ diseases • Skin diseases • Migraine • COPD 	<p>Vector borne disease</p> <ul style="list-style-type: none"> • Malaria <p>Water borne disease</p> <ul style="list-style-type: none"> • Cholera • Acute diarrhoea • Bacillary Dysentery • Typhoid <p>Air Borne</p> <ul style="list-style-type: none"> • Respiratory syncytial virus (colds) • Pneumonia • Meningococcal meningitis • Influenza

As we know that the first case of COVID-19 in India was detected in 30th January, 2020 in the state of Kerala. Thereafter, the disease was spotted in other major highly densified city of India. However, it has been observed that in villages alike *Sahapur, even* in the state, said to be not being ranked high in the human development index have been able to limit the impact of the Corona; even after the impact of the reverse migration of the labor. The credit for this not only goes to the nature friendly lifestyle of habitants of the village but also to the District Administration & District Health Officials up to block level and especially to the ASHA Bahans.

Block Score Card	
Block- Belaganj	"Composite Score (Max. 100)"
"Composite Score(Max. 100)"	62.92
% 1st Trimester registration to Total ANC Registrations	0.7673
% Pregnant Woman received 4 ANC check ups to Total ANC Registrations	0.7034
% Pregnant Women having Hb level<11 to total ANC registration	0.5647
% Pregnant Women having (Hb<7) to total ANC registration	0.7826
% SBA attended home deliveries to Total Reported Home Deliveries	0
% Institutional Deliveries to total ANC registration	0.5759
% Newborns weighed at birth to live births	0.9889
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	0.2804
% Newborns breast fed within 1 hour of birth to Total live births	1

Source Health Atlas MoHFW April 2018 (Source: HMIS April – December 2017)

above 0.75 - 1.00	0.50 - 0.75	0.25 - 0.50	< 0.25
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The Government of India has launched a Health Atlas that provides each district's health statistics at a glance in the year 2018. The Atlas includes information on demography, health infrastructures, human resources for health and status of key health indicators.

Gaya District Health Infrastructure		
Sr. No	Infrastructure	Number
1	Medical college	1
2	District Hospital (DH)	1
3	Community Health Centre (CHC)	24
4	Primary Health Centre (PHC)	57
5	Sub Centre (SC)	464
6	First Referral Units (FRU)	5
7	Maternal and child health wings	0
8	Special Newborn Care Unit (SNCU)	2
9	Newborn Stabilization Unit (NBSU)	1
10	Nutritional Rehabilitation Centre (NRCs)	1

11	Adolescent Friendly Health Clinic (AFHC)	25
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Source Health Atlas MoHfW April 2018

Comparative Analysis of the Gaya District Health Parameters vis a vis Bihar and India				
Sr. No	Indicator	Gaya	Bihar	India
1	Institutional births	56.8	63.8	78.9
2	Births at government facilities	35.5	47.7	52.1
3	Birth by C-section	9.5	6.2	17.2
4	Newborn visited within 48 hours	20.2	10.8	24.3
5	Initiation of breastfeeding within one hour (0-3 years)	29	34.9	41.6
6	Exclusively breastfed (0-6 months)	28.4	53.5	54.9
7	Breastfeeding children receiving adequate diet (6-23 months)	6.7	7.3	8.7
8	Teen age marriage	54.4	42.5	26.8
9	Teen age pregnancy (15-19 years)	14.9	12.2	7.9
10	Full immunization (12 -23 months)	67.6	61.7	62
11	Children received Measles vaccine (12-23 months)	85.5	79.4	81.1
12	Percentage of Pregnant Women (PW) receiving four or more Ante-Natal Care (ANC) check-ups	12%	14%	-
13	Percentage of institutional deliveries	56.8%	63.8%	-
14	Anemia in Pregnant women	68%	58%	-
15	Percentage of stunted children under 5 years	(53%),	48%	-
16	Percentage of Severe Acute Malnutrition	(8%),	7%	-

Source Health Atlas MoHfW April 2018

Chapter IV

DEMOGRAPHIC PROFILE OF THE VILLAGE SAHAPUR

Census 2011:

Total population is 688 and number of houses are 122. Female Population was 51.5%. Village literacy rate is 52.9% and the Female Literacy rate is 24.7%.

Census Parameter 2011	Census Data
Total Population	688
Total No of Houses	122
Female Population %	51.5 % (354)
Total Literacy rate %	52.9 % (364)
Female Literacy rate	24.7 % (170)
Scheduled Tribes Population %	0.0 % (0)
Scheduled Caste Population %	4.2 % (29)
Working Population %	24.7 %
Child(0 -6) Population by 2011	129
Girl Child(0 -6) Population % by 2011	44.2 % (57)

Population of Villages near Sahapur

Village	Population- 2011 Census
Nim Chak	3,380
Bheriya	928
Shekhpura	1,101
Salempur	792
Pararia	925
Aganda	2,466
Bansi Bigha	1,160
Dadpur	1,095
Hasanpur	805
Isapur	213

Sahapur Demographic Profile 2021:

Total population is 740 and number of household are 96. Female Population above 18 year was 46.16%.

Age Profile - Sahapur Village	
Age Profile - Sahapur Village	Total No of Person
18-30	102
31-40	149
41 -50	135
51-60	72
61-70	37
71-80	18
81-90	9
Total	522

Source: primary survey & electoral roll 2021

Age Profile Children- Sahapur Village	
Age Profile Children- Sahapur Village	Number of Children
0 - ----09	92
10 --- 18	126
Total	218

Source: primary survey & electoral roll 2021

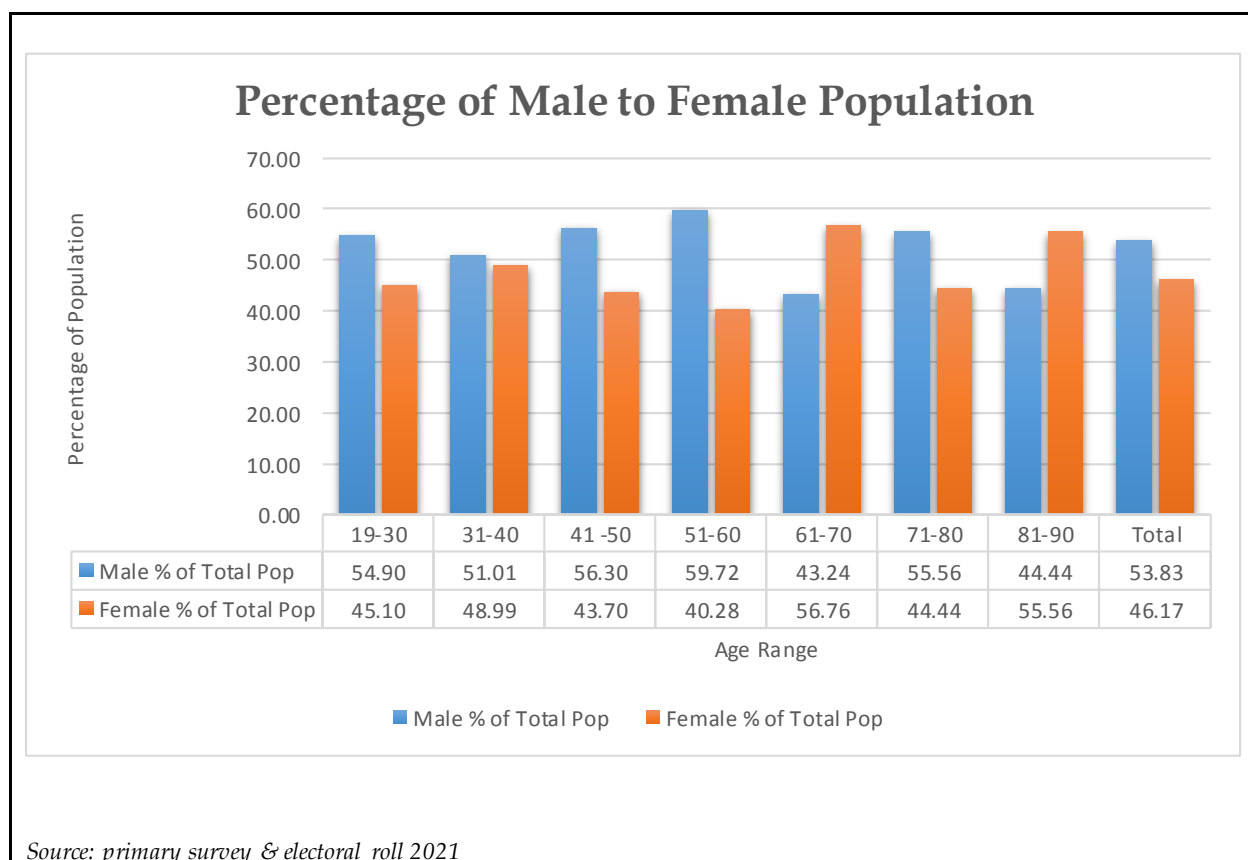
Age Profile Male	
Age	No. of Male Person
18-30	56
31-40	76
41 -50	76
51-60	43
61-70	16
71-80	10
81-90	4
Total	281

Source: primary survey & electoral roll 2021

The total male population above 18 years is 53.83% of the total population above 18 years.

Age Profile Female	
Age	No. of Female Person
18-30	46
31-40	73
41 -50	59
51-60	29
61-70	21
71-80	8
81-90	5
Total	241

Source: primary survey & electoral roll 2021

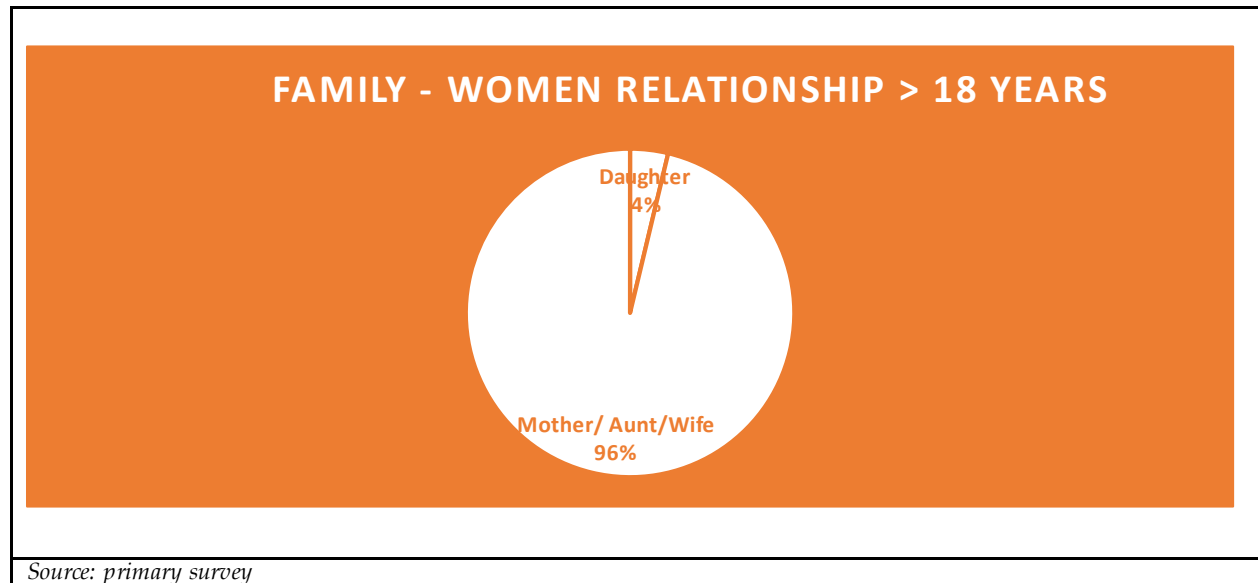


Source: primary survey & electoral roll 2021

The percentage of male population in the age range of 18-30 years are 54.90 % while the percentage of female population in the same age range is 45.10%. It is interesting to note

that the increase in the longevity of life expectancy has resulted in the 44.44% of the male and 55.56% of the women in the age range of 89 and above.

It also shows that the social structure of the society at the village level is still intact, as the younger ones are still taking the care of their older ones. The increase in the longevity can be also attributed to the availability of the health facility to a larger extent and also the minimum sustainable food grains for the villagers.



The survey also showed that the number of the women in the age bracket of 18 years and above is 46.17% of the total population. The population of the female in the 60 years and above is 53.125% of the total population above 18 years.

As we all know that Indian society is well knitted in relationship structure. The data throws out an interesting aspects that in the age bracket of 18 years and above only 4% of womens are living with their biological parents and remaining 96% are either mother or wife.

Name- Surname Transition in Village System:

The surname of a person has been the predominant factor in the Indian society and it resembles the economic and social status of the person in the society. It has been observed with the rise in development index and social and economic empowerment, there has been transition and intermixing of surnames, as under:

Surname Sahapur	Decade	Kahar	Manjhi
	1980	Kahar	Manjhi
	2000	Chandravanshi	Prasad/Sinha
	2020	Singh/Sinha /Prasad	Singh/Sinha /Prasad

Chapter V

SAHAPUR DEVELOPMENT INDEX



Comparative Analysis of the Development Index in Decade			
		2011	2021
2	Pre-Primary school (PP)	1	1
3	Primary school (P)	1	1
4	Middle school (M)	1	1
5	Secondary School (S)	1	1
6	Senior Secondary school (SS)	1	1
7	Degree college of arts science & commerce	0	0
8	Engineering college(EC)	0	0
9	Polytechnic (Pt)/Vocational training school /ITI	0	0
10	Non-formal training centre (NFTC)	0	0
11	Special school for disabled (SSD)	0	0

Comparative Analysis of the Health Infrastructure Index in Decade			
		2011	2021
1	Community health centre (CHC)	0	0
2	Primary health Centre (PHC)	0	1
3	Primary health sub centre (PHS)	0	1
4	Maternity and child welfare centre (MCW)	0	0
5	T.B. clinic (TBC)	0	0
6	Hospital-allopathic (HA)	0	0
7	Hospital-alternative medicine (HO)	0	0
8	Dispensary (D)	0	0
9	Veterinary Dispensary (VD)	0	1
10	Mobile health clinic (MHC)	0	1
11	Family welfare center (FWC)	0	0
12	Charitable non Govt. hospital/Nursing home.	0	0
13	Medical practitioner with MBBS Degree	0	0
14	Medical practitioner with other degree	0	0
15	Medical practitioner with no degree	0	0
16	Traditional practitioner and faith healer.		
17	Medicine Shop	0	0
18	Community toilet including bath.	-	-
19	Rural sanitary mart or sanitary hardware outlet available near the village.	No	No

Number of educational amenities available. (If not available within the village , the distance range code viz; a for <5 Kms, b for 5-10 Kms and c for 10+ kms of nearest place where facility is available is given).

Connectivity			
		2011	2021
1	Connected to National Highway(NH)	Yes	Yes
2	Connected to State Highway(SH)	Yes	Yes
3	Motor able Road	No	Yes
4	Internet	NA	Yea



Drinking water: The following are the main source of drinking water facilities available in the village.

- Tap Water-treated: provided by the local bodies, panchayats.
- Covered Well (CW):
- Hand Pump (HP):
- Tube Well / Borehole (TW)

Box-3 Aspirational District:

The Government of India in the January 2018 launched 'Transformation of Aspirational Districts' for 117 districts to raise the living standards of its citizens and ensuring inclusive growth of all on composite indicators from **Health & Nutrition, Education, Agriculture & Water Resources, Financial Inclusion and Skill Development and Basic Infrastructure** which have an impact on Human development Index.

Weightage has been accorded to these districts as below:

Health & Nutrition (30%)

Education (30%)

Agriculture & Water Resources (20%)

Financial Inclusion & Skill Development (10%)

Basic Infrastructure (10%)

For the state of Bihar 13 districts at the bottom of the development index were identified namely Araria | Aurangabad | Banka | Begusarai | Gaya | Jamui | Katihar | Khagaria | Muzaffarpur | Nawada | Purnia | Sheikhpura | Sitamarhi.

RURAL HEALTH PARAMETERS FOR STATE OF BIHAR*

Table 1

NUMBER OF SCs, PHCs & CHCs FUNCTIONING in Rural Areas							
		2005			2020		
Sr.No.	State/UT	Sub Centre	PHCs	CHCs	Sub Centre	PHCs	CHCs
1	Bihar	10337	1648	101	9112	1702	57
	All India/ Total	146026	23236	3346	155404	24918	5183

Table 2

HEALTH WORKER [FEMALE] / ANM AT SUB CENTRES & PHCs in Rural Areas											
		2005-Health Worker [Female]/ANM					2020-Health Worker [Female]/ANM				
Sr.No.	State/UT	Req	Sanct	In Poisition	Vacant	Shortfall	Req	Sanct	In Poisition	Vacant	Shortfall
1	Bihar	11985	NA	NA	NA	NA	10814	24121	15656	8465	*
	All India	169262	139798	133194	6640	19311	180322	180322	212593	33618	3647

*surplus

Table 3

DOCTORS ₃ AT PRIMARY HEALTH CENTRES in Rural Areas											
		2005-Health Worker [Female]/ANM					2020-Health Worker [Female]/ANM				
Sr.No.	State/UT	Req	Sanct	In Poisition	Vacant	Shortfall	Req	Sanct	In Poisition	Vacant	Shortfall
1	Bihar	1648	NA	NA	NA	NA	1702	4129	1745	2384	*
	All India/ Total	23236	24476	20308	4282	1004	24918	35890	28516	8638	1704

Table 4

Gaya DISTRICT :AVAILABILITY OF HEALTH CENTRES IN INDIA (RURAL + URBAN)							
			Number of functional-(As on 31st March, 2020)				
S.No	State	Name of District	Sub Centres	PHC	CHCs	Sub Divisional Hospital	District Hospital
1	Bihar	Gaya	474	91	1	2	1
	Total All Districts	38	10280	2027	64	35	36

Table 5

Bihar STATE/UT-AREA, DISTRICTS AND VILLAGES IN INDIA								
		Area [Sq. Km.]					Number of Districts	Number of Villages
S. No.	State/UT	Tribal**	Rural	Urban	Total	Rural %		
1	Bihar	NA	91838.28	2324.72	94163.00	97.53	38	45413
	All India	549541	3088115	102225	3274083	94.32	705	664469

*Source :Rural Health Statistics 2019-20

Table 6

STATE RURAL AND URBAN POPULATION AS PER 2011 CENSUS AND 2020 ESTIMATION OF MIDYEAR POPULATION									
		Population 2011 Census				Estimated mid-year Population 2020 (as on 1st July 2020)			
S.No	State	Rural	Urban	Total	Rural %	Rural	Urban	Total	Rural%
1	Bihar	92341436	11758016	104099452	88.7	107187000	14708000	121895000	87.9
2	India	833748852	377106125	1210854977	68.9	890329000	463049000	1353378000	65.8

Source: Population Census of India, Office of the Registrar General & Census Commissioner, India./Figures are as per report of Technical Committee for Population Estimation

Source :Rural Health Statistics 2019-20

Table 7

STATE ESTIMATES OF BIRTH RATE AND DEATH RATE - 2018							
		Birth Rate			Death Rate		
S.No	State	Total	Rural	Urban	Total	Rural	Urban
1	Bihar	26.2	26.8	21.9	5.8	5.9	5.1
	All India	20.0	21.6	16.7	6.2	6.7	5.1

Source: SRS Bulletin May 2020, Sample Registration System, Office of Registrar General, India

Table 8

STATE INFANT MORTALITY RATES - 2018				
		Infant Mortality Rate [IMR]		
S. No.	State/UT	Total	Rural	Urban
1	Bihar	32	32	30
2	All India	31	36	23

Source: SRS Bulletin May 2020, Sample Registration System, Office of Registrar General, India.

Table 9

CLASSIFICATION OF STATES/UTs ACCORDING TO AVERAGE RURAL POPULATION COVERED BY A PRIMARY HEALTH CENTRE				
S. No.	Population Covered [Range]	States/UTs	Name of States/UTs	Average Rural Population covered [mid-year population as on 1st July 2020]
1	Above 50000	Bihar	Bihar	62,977
2		All India		35,730

Table 10

CLASSIFICATION OF STATES/UTs ACCORDING TO AVERAGE RURAL POPULATION COVERED BY A COMMUNITY HEALTH CENTRE				
S. No.	Population Covered [Range]	States/UTs	Name of States/UTs	Average Rural Population covered [mid-year population as on 1st July 2020]
1	5 lakhs and above	Bihar	Bihar	18,80,474
2		All India		1,71,779

*Source :Rural Health Statistics 2019-20

REFERENCE

1. <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=967&lid=587>
2. <https://data.gov.in/>
3. <https://eol.nic.in/>
4. <https://eol.nic.in/user/analyticsDashboard.htm>
5. <https://idsp.nic.in/index4.php?lang=1&level=0&linkid=454&lid=3977>
6. <https://gayadhs.org/Dhs.html#>
7. <http://www.bmsicl.gov.in/>
8. <http://www.icdsbih.gov.in/PublicationDetails.aspx?GL=13&Pid=20>
9. <http://www.naco.gov.in/>
10. <http://biswass.bihar.gov.in/Documents/AddendumacompresseAPPRO1VAL.pdf>
11. <https://main.mohfw.gov.in/sites/default/files/Annual%20Report%202020-21%20English.pdf>
12. <https://state.bihar.gov.in/health/CitizenHome.html>
13. <https://shaktifoundation.in/wp-content/uploads/2021/03/DRE-For-Powering-Health-Infrastructure-in-Bihar.pdf>
14. <https://www.censusindia.co.in/villages/shahpur-population-gaya-bihar-254903>
15. <https://en.wikipedia.org/wiki/Magadha>
16. <http://www.icdsbih.gov.in/BlockOfficer.aspx>
17. Source :Rural Health Statistics 2019-20
18. Source: primary survey & electoral roll 2021
19. Health Atlas of Aspirational District-2018- MOHFW-GoI
20. SAPCHH 2018
21. Operational Guidelines on Aspirational District-Mohfw-GoI
22. Annual Health Report-MOHFW-2020-21
23. Study on COVID 19 and its Impact on Tribes of India Jharkhand- SFE 2020
24. COVID 19 and its Impact on Tribes of Chattisgarh-SFE-2020
25. **Rural Health Statistics 2018-19, Ministry of Health & Family Welfare**
26. <https://www.downtoearth.org.in/blog/food/jharkhand-s-community-kitchens-making-a-mockery-of-food-security--66962>
27. <https://www.thehindu.com/news/international/un-chief-warns-against-repressive-measures-amid-coronavirus-crisis/article31411838.ece>
28. <https://www.who.int/globalchange/climate/en/chapter6.pdf>
29. <https://www.theweek.in/wire-updates/national/2020/03/04/ces28-bh-assembly-corridor.html>
30. Movement – Development –Police and Judiciary, Inter-India publication, New Delhi, 1988. S.Narayan
31. Integrated Rural Engineering Programme, Mittal Publication, 1985: S.Narayan
32. Social Anthropology, Gyan Publication, New Delhi, 1986. S.Narayan
33. Indian Anthropology, Gyan Publication, New Delhi, 1987 S.Narayan
34. Caste Reconsidered, Gyan Publications, 2007. S.Narayan
35. Social Movement, Common Wealth Publications, 2007 S.Narayan

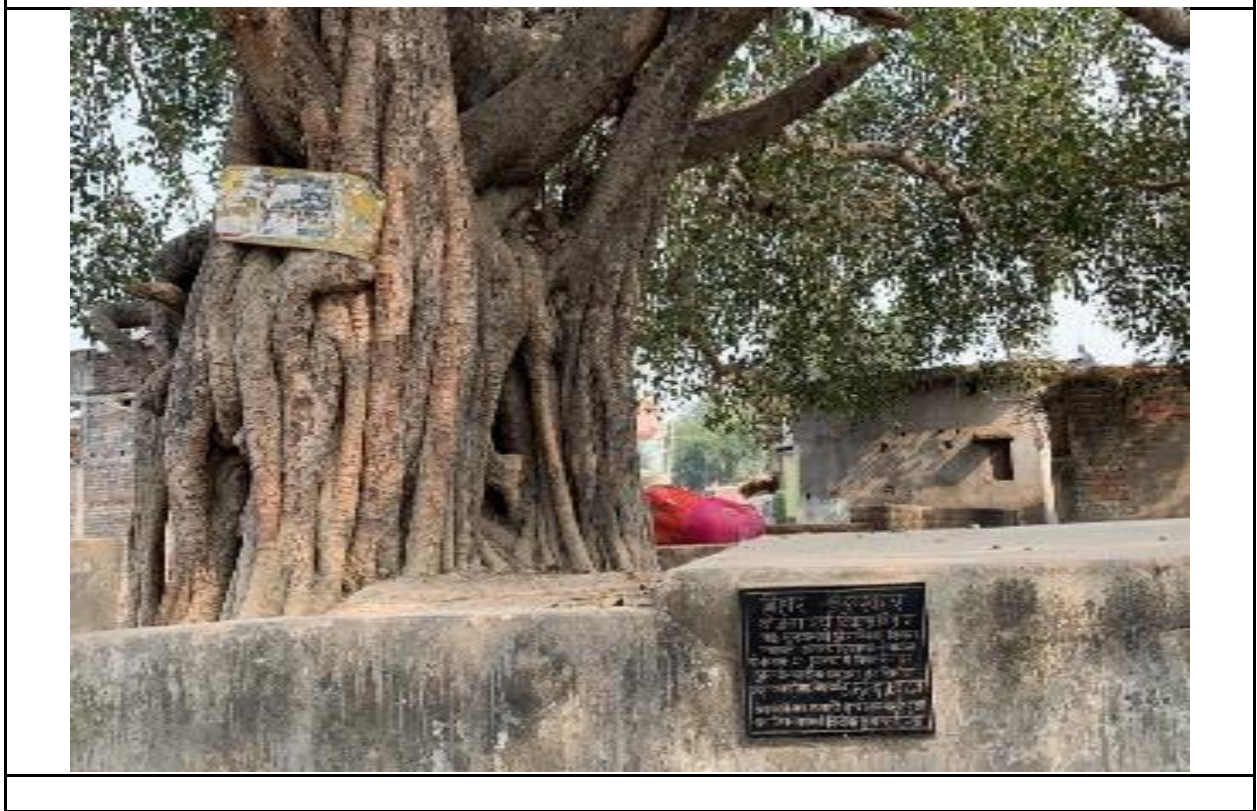
FIELD PHOTOGRAPHS



























RESPONSE OF VILLAGE SAHAPUR TO CORONA

The Covid-19 crisis was unprecedented one and new to everyone. The state government to overcome it took the sensitisation of its bureaucratic machinery, for which Information and training of the administration (bureaucrats/police) along with Disaster Mitigating tool was done on ongoing basis.

SHG/ Asha Bahans have been continuously sensitising people about social distancing and personal hygiene to contain the spread of coronavirus, during the Corona period. The state government fight against alcoholism has also united them to large extent.

There were no positive case reported in the area as, people wash hands/used natural sanitisers like NEEM Water more frequently, used Gamacha (men) /Dupatta (women) as mask, stayed at home, kept distance, avoid going to public places. Further, people returning from outside the village were made aware about following the government guidelines. The role of Panchayat representative, the block officials and above all the ASHA Bahans and the SHG members were remarkable.

The study of UNICEF Bihar & the Population Council Institute on the SHG has remarked on similar lines(https://www.popcouncil.org/uploads/pdfs/2020PGY_CovidIndiaBrief_07.pdf)

During Covid period Gaya was one of the sufferer district of Bihar. But the villagers of Sahpur village and of adjoining villages were practicing gargling by hot water mixed with FITKIRI thrice daily. once in morning, second after lunch and third while going to bed. Similarly villagers were taking Tulsi theatrics daily. They were also chewing Jethimadh to keep them safe from cough.

Health administration from District to Block level were also vigilant and were visiting the villagers to make them aware of how to protect from Covid 19. Villagers were also vaccinated. Cooperation of the villagers to local health administration also helped to a great extent to protect them from Covid 19.

Life style of the villagers also contributed in keeping them away from covid19.

Ecology and Environmental conditions also supported villagers in defending from Covid 19.

The Economy of the villagers also prevented them from visiting market of Bela or Gaya which also contributed in defending villagers from covid 19

The Government under FI inclusion for the upliftment the economically laggard district has undertaken a special initiative under "Transformation of Aspirational Districts' in January 2018. Jan Dhan Accounts, Aadhaar biometric ID and Mobile (JAM) are enablers which provide a unique opportunity to implement DBT in all welfare schemes across the country including States & UTs. The DBT has enabled efficiency, effectiveness, transparency and accountability in all Government to Persons (G2P) transfers. As a result the benefits of the Pradhan Mantri Jan Dhan Yojana (PMJDY), Mahatma Gandhi National Rural Employment Guarantee Act were directly credited

into the account of the villagers. The transfer of Rs. 500, three times, to Jan Dhan accounts, has been the most visible policy response in the face of the pandemic.

The Covid 19 has taught us that digital platform plays an important role in disseminating of information and alleviating the sufferings of the vulnerable people. It becomes a connect with the good people with the people in suffering. The Bharat Net Programme of connecting all Panchayats with 100 mpbs speed is required to be put up in the fast track.

It has emerged that traditional knowledge, folklore, folk tales, folk songs, folk riddles, world view, ethos etc. are full of teaching and preaching to lead a healthy life normal life. There are several roots, fruits, herbs, leaves etc. to cure disease and to helps the villagers to lead a normal healthy life. The Remaining Population of the State may also Learn The Traditional Tribal Therapy with The help of such Herbs, Roots, Fruits .

In the (MNREGA), programme it has been observed that the Person days work Generated in the 2019-20 was 12172 days, which increased to 39558 days in 2020-21 and 37943 in 2021-22 for the Bhalua II panchayat of the Belaganj block of Gaya Distrcit. The sahaipur village falls under the Bhaula II panchayat. There has been 225% increase of Person days work Generated during the 2020-21, which shows that the MNREGA has been effectively taken up during the Corona Crisis.

Similarly in the Bhalua II Panchayat the Average days of employment provided per Household which was 37.34 in 2019-20 , increased to 43.71 in 2020-21 & 47.37 in 2021-22.

The Average Wage rate per day per person in Bhalua II panchayat of the Belaganj block of Gaya Distrcit also increase from Rs.177 in 2019-20, to Rs.193.98 in 2020-21 and Rs.197.86 in 2021-22. However, the percentage increase in wage was 10% during 2020-21 and 2% in 2021-22, which needs to be in line with the rate of inflation during the period.

Source: http://mnregaweb4.nic.in/netnrega/all_lv_details_dashboard_new.aspx?Fin_Year=2021-2022&Digest=B5DSyTB%2feSUSkZd2BpGzbA

https://nrega.nic.in/Nregahome/MGNREGA_new/Nrega_home.aspx

<https://www.ideasforindia.in/topics/poverty-inequality/covid-19-how-well-are-government-schemes-supporting-bihar-s-vulnerable-populations.html>



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