DISTRICT JAMUI

DISTRICT HEALTH ACTION PLAN

2009-2010

NATIONAL RURAL HEALTH MISSION

GOVERNMENT OF BIHAR

Civil Surgeon cum Secretary
District Health Society, Jamui.

District Magistrate cum Chairman
District Health Society, Jamui.

PREFACE

It is our pleasure to present the Jamui District Health Action Plan for the year 2009-10. The District Health Action Plan seeks to set goals and objective for the district health system and delineate implementing processes in the present context of gaps and opportunities for the Jamui district health team.

National Rural Health Mission was introduced to undertake architectural corrections in the public Health System of India. District health action plan is an integral aspect of National Rural Health Mission. District Health Action Plans are critical for achieving decentralisation, interdepartmental convergence, capacity building of health system and most importantly facilitating people's participation in the health system's programmes. District health Action planning provides opportunity and space to creatively design and utilise various NRHM initiatives such as flexi–financing, Rogi Kalyan Samiti, Village Health and Sanitation Committee to achieve our goals in the socio-cultural context of Jamui.

I am very glad to share that all the BHMs and MOIC of the district along with key district level functionaries participated in the planning process. The plan is a result of collective knowledge and insights of each of the district health system functionary. We are sure that the plan will set a definite direction and give us an impetus to embark on our mission.

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INTRODUCTION

The **National Rural Health Mission (NRHM)** is a comprehensive health programme launched by Government of India to bring about architectural corrections in the health care delivery systems of India. The NRHM seeks to address existing gaps in the national public health system by introducing innovation, community orientation and decentralisation. The mission aims to provide quality health care services to all sections of society, especially for those residing in rural areas, women and children, by increasing the resources available for the public health system, optimising and synergising human resources, reducing regional imbalances in the health infrastructure, decentralisation and district level management of the health programmes and community participation as well as ownership of the health initiatives. The mission in its approach links various determinants such as nutrition, water and sanitation to improve health outcomes of rural India.

The NRHM regards district level health planning as a significant step towards achieving a decentralised, pro-poor and efficient public health system. District level health planning and management facilitate improvement of health systems by 1) addressing the local needs and specificities 2) enabling decentralisation and public participation and 3) facilitating interdepartmental convergence at the district level. Rather than funds being allocated to the States for implementation of the programmes developed at the central government level, NRHM advises states to prepare their perspective and annual plans based on the district health plans developed by each district.

The concept of DHAP recognises the wide variety and diversity of health needs and interventions across the districts. Thus it internalises structural and social diversities such as degree of urbanisation, endemic diseases, cropping patterns, seasonal migration trends, and the presence of private health sector in the planning and management of public health systems. One area requiring major reforms is the coordination between various departments and vertical programmes affecting determinants of health. DHAP seeks to achieve pooling of financial and human resources allotted through various central and state programmes by bringing in a convergent and comprehensive action plan at the district level.

PROFILE OF JAMUI DISTRICT

Geography

Jamui was formed as a **District** on 21st February, 1991 as a result of its separation from Munger. It is located at a Longitude of 86^0-13'E and the latitude is 24^0-55'N.

Boundary- North South East West Munger and Lakhisarai District Giridih District of Jharkhand Deoghar and Banka District Nawada District.

Area- Jamui occupies a total of 3,122.80 sq. km.

Population- As per 2001 Census (provisional) statistics, total population of Jamui is 13,98,796 out of which the male population is of 7,29,138 and that of the female is 6,69,658.

Density- There are approximately 401 people per sq.km.

Literacy- The average literacy figures for Jamui stands at 42.43% (Male-57.06%, Female-26.32%)

History

Various literatures indicate the fact that Jamui was known as Jambhiyaagram. According to Jainism, the 24th Tirthankar lord Mahavir got divine knowledge in Jambhiyagram situated on the bank of river named Ujjihuvaliya. Another place of a divine light of Lord Mahavir was also traced as " Jrimbhikgram" on the bank of Rijuvalika river which resembles Jambhiyagram Ujjhuvaliya.

The Hindi translation of the words Jambhiya and Jrimbhikgram is Jamuhi which is developed in the recent time as Jamui. With the presage of time, the river Ujhuvaliya/Rijuvalika is supposed to be developed as the river Ulai and as such both the place are still found in Jamui. The Ulai river is still flowing nearby Jamui. The old name of Jamui has been traced as Jambhubani in a copper plate which has been kept in Patna Museum. This plate clarifies that in the 12th century, Jambubani was nothing but today's Jamui. Thus the two ancient names as Jambhiyagram and Jambubani prove that this district was important as a religious place for Jains and it was also a place of Gupta dynasty in the 19th century, the historian Buchanan also visited this place in 1811 and found the historical facts. According to other historians Jamui was also famous in the era of Mahabharata.

According to available literature, Jamui was related to Gupta and Pala rulers before 12th century. But after that this place became famous for Chadel rulers. Prior to Chandel Rai, this place was ruled by Nigoria, who was defeted by Chandels and the dynasty of Chandels founded in 13th century. The kingdom of Chandels spread over the whole of Jamui. Thus Jamui has a glorious history.

Administrative Units

1.	No. of Police District	:	1
2.	No. of Sub-Divisions	:	1
3.	No. of Blocks	:	10
4.	No. of Circles	:	10
5.	No. of Police Stations	:	28
6.	No. of Panchayats	:	153
7.	No. of Villages	:	1,506

NREGA Statistics in Jamui District

Emp. Provided to households: 0.22715 Lakh Person in one day [in Lakh]

Total	:	4.32
SCs	:	1.88[43.55%]
STs	:	0.55[12.74%]
Women	:	1.53[35.42%]
Others	:	1.89[43.71%]
Total fund: Rs.	:	5.99 Crore.

Expenditure	:	5.62 Crore.
Total works	:	1419
Works Completed	:	291
Works in Progress	:	1128

Table 1: Jamui District at a Glance

Total Area	**3098 sqkm.**
Population in thousands	**1640532**
Rural Population	**92.6%**
Urban Population	**7.4%**
Population density	**452 per sq km**
Number of sub-divisions	**1**
Number of blocks	**10**
Total no. of Panchayats	**153**
Number of villages	**1506**
Sex Ratio	**903**
Percent of urban population	**7.4%**
Percent of SC population	**17.4%**
Percent of ST population	**4.8%**
Female literacy	**26.32**
Male literacy	**57.06**
Total literacy	**42.43**
No. of Medical College	**0**
No. of Government of India Hospitals (military, railways, ESI, CGHS)	**0**
NGO Hospitals and centres undertaking RI with government vaccines	**0**
Total ICDS projects	**10**
Total Number of Anganwadi centres	**1348**

3. Summary of DHAP process in Jamui

The District Health Action Plan of Jamui has been prepared under the guidance of the Chief Medical Officer and the Additional Chief Medical Officer of Jamui with a joint effort of the District program manager, Block health manager and various M.O-PHCs as well as other concerned departments under a participatory process. The field staffs of the department have also played a significant role. Public Health Resource Network has provided technical assistance in estimation and drafting of various components of this plan.

Summary Of The Planning Process
Training of district team for preparation of DHAP
Preliminary meeting with CMO and ACMO along with other concerned officials
Data Collection for Situational Analysis - MOIC and BHM meeting chaired by DM and CMO/CS
Block level consultations with MOICs and BHMs
Writing of situation analysis
District Planning workshop to review situation analysis and prepare outline of district health plan- the meeting was chaired by CMO and facilitated by ACMO. The workshop was attended by MOICs, BHMs and other key health functionaries at the district level.
District Consultations for preparation of 1st Draft
Preliminary appraisal of Draft
Final Appraisal
Final DHAP: Submission to DHS and State

Adoption by DHS and Zila Parishad
Printing and Dissemination

4. Health profile of Jamui District

Table 2 : Jamui Health Profile

Key population indicators	Infant Mortality rate	**5.8**		
	Maternal mortality rate	**0.31**		
	Crude birth rate	**3.0**		
District Level Household & Facility Survey		**DLHS 3 (07-08)**	**DLHS 2 (02-04)**	**Bihar DLHS 3**
Key RCH Indicators (in percentages)	Girls marrying below 18 yrs.	**72.9**	**72.4**	**46.2**
	Birth order 3+	**49.4**	**48.8**	
	Current use of any FP method	**27.4**	**24.7**	**32.4**
	Total unmet need	**44.2**	**36.1**	**37.2**
	Pregnant women who registered in the first trimester	**25.4**	**-**	
	Pregnant women with 3 + ANC	**27.1**	**18.8**	**26.4**
	Pregnant women receive at least 1 TT injections	**48.2**	**35.7**	**58.4**
	Delivery assisted by a skilled attendant at home	**8.0**	**3.6**	**5.9**
	Institutional births	**17.6**	**18.3**	**27.7**
	Children with full immunization	**17.4**	**14.8**	**41.4**
	Children with Diarrhoea treated within last two weeks who received treatment	**20.7**	**53.4**	**73.7**
	Children with Acute Respiratory infections in the last two weeks who were given treatment	**64.2**	**-**	**73.4**
	Children who had check up within 24 hours after delivery	**20.2**	**-**	
	Children who had check up within 10 days of delivery	**21.5**	**-**	
Communicable diseases (percent)	Kala Azar prevalence	**Kalazar free district**		
	TB incidence			
	HIV prevalence among STD clinics	**1.16**		
	HIV prevalence among ANC clinics	**0**		

5. Human Resources for Health in Jamui

Jamui currently has 99 doctors sanctioned out of which 29 are present. Similarly 38 contractual positions are sanctioned for doctors against whom only 24 are posted. So the total number of doctors present in the district is 53 against the total sanction of 137.

Table 3: Details of Existing Human Resource

Specialisation	Regular	Contract
physician	23	16
Surgery	2	1
Gynaecologist	2	3
Paediatrician	1	2
Orthopaedics	1	1
Ophthalmologists	NA	1
Pathology	NA	NA
ENT	NA	NA
Radiologist	NA	NA
Bio-chemistry	NA	NA
Physiology	NA	NA
Anaesthetist	NA	NA
Total	**29**	**24**

Staff Nurses, Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs)

The total number of positions sanctioned under this category is 98. Currently 68 Grade A nurses are posted across APHCs in the district. In addition to this, 11 regular Grade A nurses are posted in the district and 57 contractual Grade A posted in district. Contractual Grade A are posted in all APHC of the district.

29 positions for LHVs are sanctioned out of which 10 are in position and 19 are vacant. For regular ANMs 230 positions are sanctioned and 213 are in position. 17 posts of ANMs are vacant in the district. 212 positions for contractual ANMs are sanctioned and 153 are currently posted. All the contractual ANMs are posted at the Sub centre level.

6. Situation Analysis of Health Facilities

The three tiers of the Indian public health system, namely village level **Sub centre, Additional Primary Health Centre and Primary Health Centres** were closely studied for the district of jamui on the basis of three crucial parameters:

1) Infrastructure
2) Human resources and
3) Services offered at each health facility of the district.

The Indian Public Health System (IPHS) norms define that a Village **Health Sub centre** should be present at the level of 5000 population in the plain regions and at 2500-3000 population in the hilly and tribal regions. As most of the jamui is situated in the plain terrain, the norm of Sub centre per 5000 population is expected to be followed. A sub centre is supposed to have its own building with a small OPD area and an exam room.. Sub centres are served by an ANM, Lady Health Volunteer and Male Multipurpose Health Worker and supported by the Medical Officer at the APHC. Sub centres primarily provide community based outreach services such as immunisation, antenatal care services (ANC), prenatal and post natal care and management of mal nutrition, common childhood diseases and family planning. It provides drugs for minor ailments such as ARI, diarrhoea, fever, worm infection etc. The Sub centre building is expected to have provisions for a labour room, a clinic room, an examination room, waiting area and toilet. It is expected to be furnished with essential equipment and drugs for conducting normal deliveries and providing immunisation and contraceptive services. In addition equipment for first aid and emergency care, water quality testing and blood smear collection is also expected to be available.

The **Primary Health Centre (PHC)** is required to be present at the level of 30,000 populations in the plain terrain and at the level of 20,000 populations in the hilly region. A PHC is a six bedded hospital with an operation room, labour room and an area for outpatient services. The PHC provides a wide range of preventive, promotive and clinical services. The essential services provided by the PHC include attending to outpatients, reproductive and child health services including ANC check-ups, laboratory testing during pregnancy, conducting normal deliveries, nutrition and health counselling, identification and management of high risk pregnancies and providing essential newborn care such as neonatal resuscitation and management of neonatal hypothermia and jaundice. It provides routine immunisation services and tends to other common childhood diseases. It also provides 24 hour emergency services, referral and inpatient services. The PHC is headed by an MOIC and served by two doctors. According to the IPHS norms every 24 *7 PHC is supposed to have three full time nurses accompanied by 1 lady health worker and 1 male multipurpose worker. NRHM stipulates that PHCs should have a block health manager, accountant, storekeeper and a pharmacist/dresser to support the core staff.

According to the IPHS norms, a **Community Health Centre** (CHC) is based at one lakh twenty thousand population in the plain areas and at eighty thousand populations for the hilly and tribal regions. The Community Health Centre is a 30 bedded health facility providing specialised care in medicine, obstetrics & gynaecology, surgery, anaesthesia and paediatrics. IPHS envisage CHC as an institution providing expert and emergency medical care to the community.

In Bihar, CHCs are absent and PHCs serve at the population of one lakh while APHCs are formed to serve at the population level of 30,000. The absence of CHC and the specialised health care it offers has put a heavy toll on PHCs as well as district and sub district hospitals. Moreover various emergency and expert services provided by CHC cannot be performed by PHC due to non availability of specialised services and human resources. This situation has led to negative outcomes for the overall health situation of the state.

7. Situation Analysis: Health Sub centre level Infrastructure and Human Resource (Detailed)

Table 4: Sub centre Data

Name of Block	Total Population	Total requirement as per District Database	PRESENT (functional)	ALREADY PROPOSED	Further requirement based on District Database
1. Jamui	171005	34	20	0	14
2. khaira	240000	48	19	0	29
3. Barhat	87840	18	12	0	6
3. Laxmipur	110000	22	21	0	1
4. Sikandra & I. Aliganj	283726	57	43	0	21
6. Sono	201452	40	25	0	5
7. Jhajha	262000	52	32	0	14
8. chakai	210429	42	27	0	3
9. GHIDHOUR	74080	15	12	0	3
Total	1640532	328	211	0	96

Table No. 4 presents the additional requirements of Sub centers as per population norms mandated by IPHS as well as according to the database available with District Health Society Jamui. As per IPHS norms, Jamui district requires a total of 328 Sub centers of which 211 are present in the district. 45 more have currently become functional and 0 are proposed.

Table 5: Sub centre Details

	1. Sadar phc Jamui	2. Khaira	3. Barhat	4. Laxmipur	5. Chakai	6. Jhajha	7. Gidhour	8. Sono	9 Sikandra & Aliganj
Total Number of Sub centres	20	19	12	21	27	32	12	25	43
ANM posted	34	28	25	0	36	38	20	32	66
ANMs present	34	28	25	0	36	38	20	32	66
ANMs regular	17	15	16	0	20	25	11	25	42
ANMs contract	17	13	9	0	6	13	9	7	24
ANM residing at HSC	0	1	0	0	0	0	0	0	0
Residential facility for ANM required	34	21	25	20	23	28	12	21	66
HSC in Govt building	8	2	2	2	4	4	5	1	4
HSC in Panchayat building	2	0	0	6	11	8	7	0	0
HSC in rented Building	7	2	1	1	6	9	0	0	0
HSC building under construction	0	0	0	0	0	0	0	0	0
Building required	10	21	7	18	19	24	7	0	0
Running water supply available	10	0	0	0	0	0	0	0	0
Water supply required	9	21	9	20	23	28	12	0	66
Cont. power Supply	0	0	0	0	0	0	0	0	0
Power supply required	19	21	9	20	23	28	12	0	66
Untied Funds	19	14	0	20	8	28	12	0	0

8. Situation Analysis: APHC level Infrastructure

The gaps in the availability of PHC are calculated as per the IPHS norms of one PHC at the level of 30,000 populations. However in Bihar, the current state practice is one PHC at one lakh population level. Since the APHCs function at the level of 30,000 populations at present in Bihar, the number of present and proposed APHCs is taken into account for the purpose of calculating the overall requirement of PHCs. The matrix also estimates requirement of CHCs in each block. Like Sub centres, the district has also proposed APHCs.

Table 6: APHC Infrastructure

Name of Block	APHC Total required	PRESENT	PROPOSED	Further REQUIRED after including PHC
1. SADAR PHC JAMUI	6	2	0	4
2. KHAIRA	8	4	0	4
3.BARHAT	4	4	0	0
4. LAXMIPUR	4	2	0	2
5. CHAKAI	7	6	0	1
6. SONO	7	6	2	1
7. JHAJHA	7	3	0	4
8. GHIDHOUR	2	1	0	1
9. SIKANDRA & I. Aliganj	9	4	0	5
Total	**54**	**32**	**2**	**22**

- Situation Analysis:

In Bihar Additional PHCs operate at the population of 30,000. The APHC is the cornerstone of the public health system since it serves as a first contact point for preventive, curative and promotive health services. It is the first part of the public health system with a full time doctor and provision for inpatient services. There are 32 functional APHCs in Jamui. In general the APHCs in Jamui suffer from:

1) Lack of facilities including availability of building
2) Constant power and water shortages
3) Unavailability of doctors
4) Doctors not residing at the facility
5) Insufficient quantities of drugs and equipment
6) Lack of capacity to use untied funds.

The level of facilities at the APHCs is expected to be similar to that of a PHC. A summarized version of the state of infrastructure facilities is as follows:

Table 7: APHC Infrastructure

		SADAR P.H.C.JAMUI	KHAIRA	BARHAT	LAXMIPUR	SIKANDRA	GHIDHOUR	JHAJHA	SONO	CHAKAI	Total
Name of facility	Total No. of APHC	2	4	4	2	4	1	3	6	6	32
Building	APHC with Government Building	0	2	3	1	2	0	3	2	4	17
	APHC in rented building	1	0	0	0	0	0	0	0	0	1
	APHC in Panchayat Building	0	0	0	0	0	0	0	0	0	0
	APHC with No Building	1	1	1	1	2	1	1	2	2	12
	APHC Under construction	1	0	0	0	0	1	0	0	0	2
Water supply	APHC with assured water supply	0	0	0	0	0	0	0	0	0	0
Power supply	Continuous Power Supply	0	0	0	0	0	0	0	0	0	0
	Interminantly available power supply	0	0	0	0	0	0	0	0	0	0
	No power supply	0	0	0	0	0	0	0	0	0	0
Toilets	With Toilets	0	0	0	0	0	0	0	0	0	0
Labour room	With Labour room in good condition	0	0	0	0	0	0	0	0	0	0
	No Labour Room	0	0	0	0	0	0	0	0	0	0
Residential facilities	APHC with residential facilities	0	0	0	0	0	0	0	0	0	0
	APHC with no residential facilities	0	0	0	0	0	0	0	0	0	0
	MO residing at APHC	0	0	0	0	0	0	0	0	0	0
Furniture	Furniture Available	0	0	0	0	0	0	0	0	0	0
Ambulance	Ambulance	1	0	0	0	0	0	0	0	0	1

Out of 32 APHCs, 17 are situated in government buildings, 1 in rented buildings, 2 in Under construction and 12 APHCs still do not have a building.

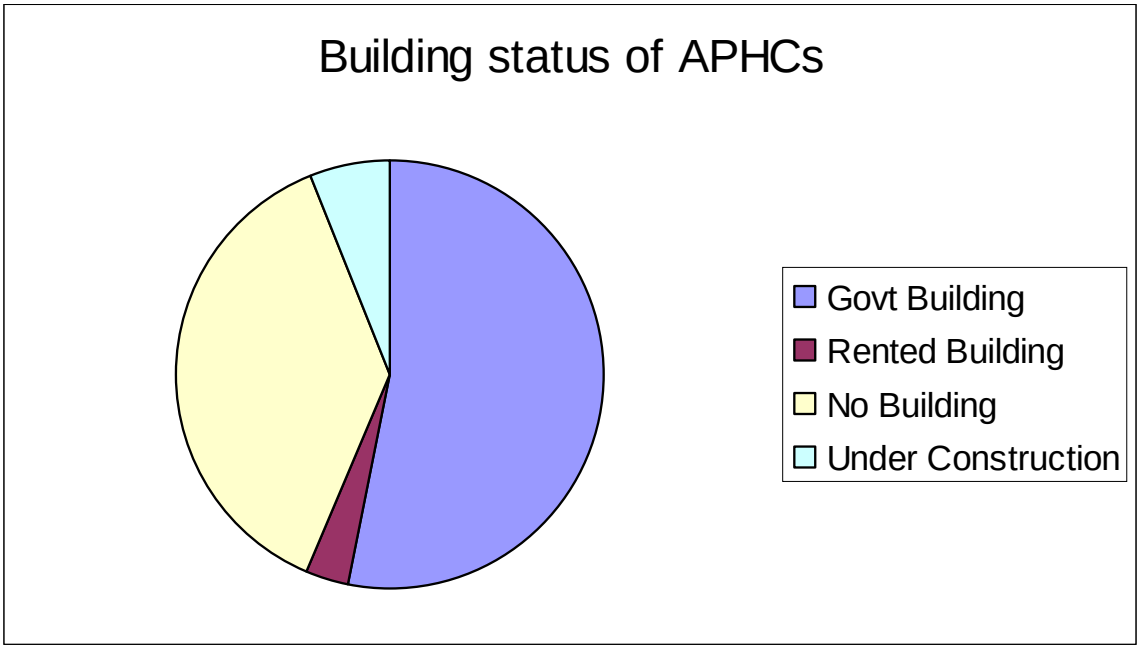


Figure 1 : APHC Infrastructure

As per Table 7, APHCs suffer from unavailability of buildings and facilities such as water and power supply, availability of functional labour and operation theatre and toilets. Any one APHC have not running water supply and no APHC has continuous power supply available. Considering that APHCs are expected to provide laboratory services, maintain the cold chain involving equipment such as deep freezers and ILR, 24 hour emergency services and inpatient services, lack of running water and a continuous power supply is a significant constraint.

9. Situation Analysis: APHC Human Resource

The APHC is expected to be staffed by 2 medical officers; preferably at least one woman, 1 pharmacist, 3 staff nurses, 1 Health worker, 2 health assistants,1 clerk ,2 lab technicians, 1 health educator, 1 driver and other Grade 4 staff. In Jamui all 30 APHCs have posts sanctioned for 2 doctors but only 4 APHCs, 5 from Jamui block, 2 from Khaira, 2 from Barhat and 2 from Sikandra have 2 doctors in position. 26 APHCs have one doctor in position.

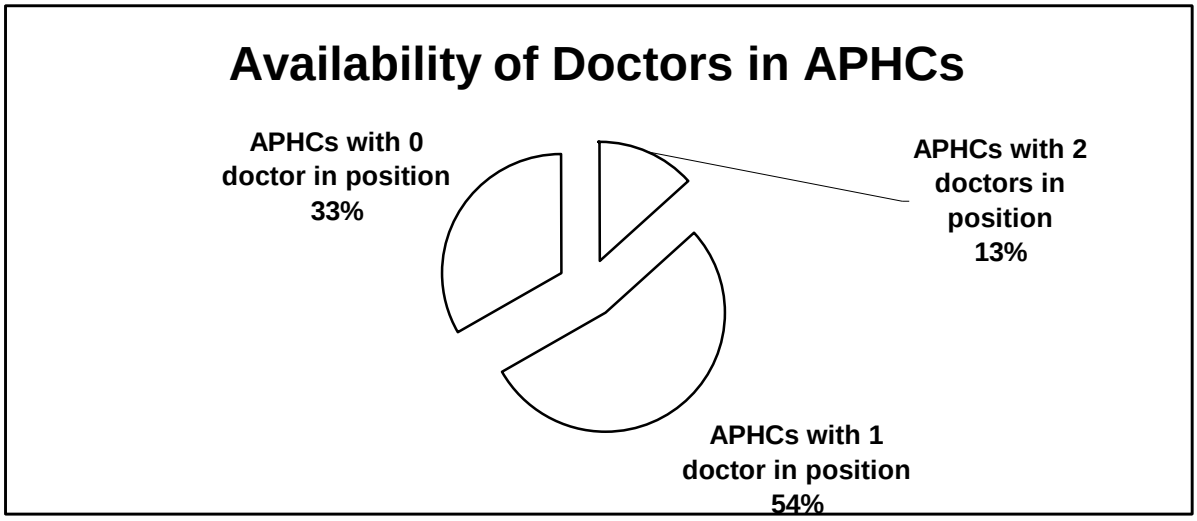


Figure: 2 APHC Human Resources

Table 8: APHC Human Resource

		SADAR P.H.C.JAMUI	KHAIRA	BARHAT	LAXMIPUR	SIKANDRA& Aliganj	GHIDHOUR	JHAJHA	SONO	CHAKAI	Total
Total No. of APHC		2	4	4	2	4	1	3	6	6	32
Doctors	**Doctors Sanctioned**	5	8	8	4	8	2	3	4	12	54
	Doc in Position	3	3	3	1	0	1	1	1	4	17
	Doc in Regular	2	1	1	1	0	No	No	No	No	5
	Doc in Contract	3	3	2	1	0	1	No	No	No	10
	0 doc in postion	0	3	2	1	0	0	1	1	4	12
ANM	**2 ANMs Sanction**	4	6	8	4	6	1	6	8	12	55
	2 ANM in position	4	3	1	2	4	1	5	7	6	33
	1 in position	0	0	2	0	0	0	0	0	0	2
	0 in position	0	0	0	0	0	0	0	0	0	0

		SADAR P.H.C.JAMUI	KHAIRA	BARHAT	LAXMIPUR	SIKANDRA& Aliganj	GHIDHOUR	JHAJHA	SONO	CHAKAI	Total
Total No. of APHC		**2**	**4**	**4**	**2**	**4**	**1**	**3**	**6**	**6**	**32**
Laboratory Technician	**Sanctioned**	**1**	**1**	**3**	**2**	**1**	**1**	**1**	**0**	**6**	**16**
	in Position	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pharmacist/ Dresser	**Sanction**	**1**	**4**	**3**	**2**	**1**	**1**	**0**	**4**	**6**	**22**
	in Position	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**2**
Nurses Grade (A)	**2 Sanctioned**	**4**	**8**	**8**	**4**	**1**	**2**	**6**	**5**	**12**	**50**
	2 in Position	**4**	**1**	**8**	**1**	**0**	**1**	**3**	**5**	**8**	**23**
	1 in position	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	0 in position	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Accountant	**In position**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**1**	**3**
Peon	**In position**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**1**	**1**	**5**
Sweeper	**In position**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**1**	**1**	**5**
Specialist	**In position**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**0**	**2**

10. Situation Analysis: PHC Infrastructure

PHCs fare well in terms of infrastructure as compared to APHC and Health Sub centres. All the PHCs in the district are based out of government buildings. In 6 functional PHCs, 6 have functional OT and 6 have functional labour rooms. Yet the condition of the operation theatres and labour rooms needs to be improved in nearly all the PHCs. PHCs such as Sikandra, Sono and Jhajha require major repair work to make their Labour Rooms fully operational. Toilets are available in all the PHCs. PHCs are in better condition in terms of running water supply and continuous availability of power. In present of 6 PHCs, 3 referral hospital have access to not running water and 9 have continuous power supply.

The status of infrastructure in all the PHCs in the district is presented in the following chart:

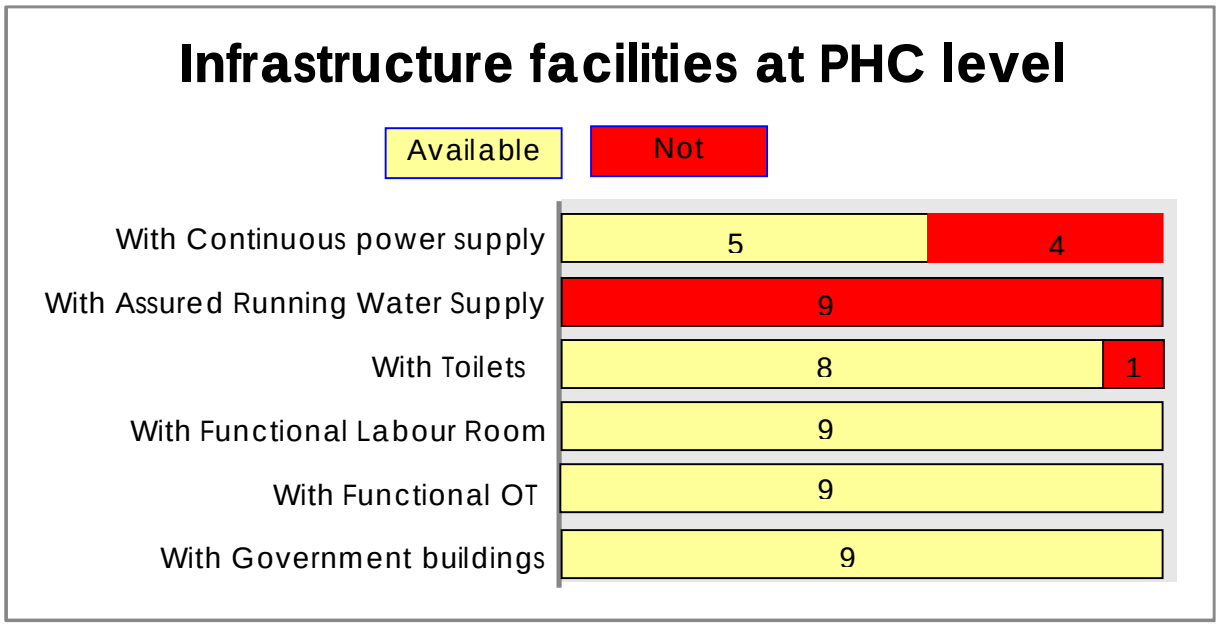


Figure: 3 Infrastructure at PHC

A detailed version of status of infrastructure at all the PHCs is as follows:

Table 9: PHC Infrastructure

	1. sadar phc jamui	2. KHAIRA	3. BARHAT	4 LAXMIPUR	5. CHAKAI	6 JHAJHA	7 SONO	8 SIKANDRA & Aliganj	9. GHIDHOUR
Building	Govt	Govt	Govt	Govt	Govt	Govt	Govt	Govt	Govt
Building Condition	Good but insufficient	Good but insufficien	Good but insufficien t	Good but insufficient	Good but insufficient	Major repairs	Good but insufficient	Major repairs	Good but insufficient

		t							
Running Water Supply	NA	NA	NA	NA	NA	NA	NA	NA	NA
Power Supply	A	A	NA	NA	NA	NA	A	A	A
Toilets	A	A	A	A	A	A	A	NA	A
Functional Labour Room	A	A	A	A	A	A	A	A	A
Condition of Labour Room	A	Require new building	A	A	A	Require new building	Require new building	Require new building	Require new building
Functional OT	A	A	A	A	A	A	A	A	A
Condition of OT	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Condition of ward	A	A	A	A	A	A	Require new building	Require new building	A
Building	**Govt**	**Govt**	**Govt**	**Govt**	**Govt**	**Govt**	**Govt**	**Govt**	**Govt**
Building Condition	**Good**	**Major repairs**	**Blank**	**Blank**	**Blank**	**Good**	**Good**	**Good**	**Good**
Running Water Supply	**A**	**NA**	**A**	**A**	**A**	**A**	**A**	**A**	**A**
Power Supply	**A**	**A**	**A**	**A**	**A**	**A**	**A**	**A**	**A**
Toilets	**A**	**A**	**A**	**A**	**A**	**A**	**A**	**A**	**A**
Functional Labour Room	**NA**	**A**	**A**	**A**	**NA**	**A**	**A**	**A**	**A**
Condition of Labour Room	**NA**	**Major repairs**	**Blank**	**Major repairs**	**Blank**	**Good**	**Good**	**Good**	**Good**
Functional OT	**A**	**A**	**A**	**A**	**NA**	**A**	**A**	**A**	**A**
Condition of OT		**Major repairs**	**Blank**	**Good**	**NAP**	**Good**	**Good**	**Good**	**Good**
Condition of ward	**NA**	**Major repairs**	**Blank**	**Good**	**Blank**	**Good**	**Good**	**Good**	**Good**

A - Available; NA- Not available

11. Situation Analysis: PHC Human Resources

Khaira served by three doctors and all other PHCs have more than 2 doctors in position. Availability of specialists is still a major constraint for the district as only 2 PHCs. The situation regarding number of ANMs at PHC level is satisfactory since the gap between sanctioned and in position is either absent or very narrow for most of the PHCs. Pharmacists are sanctioned in all the PHCs but are in position only 8 of them. All other PHCs don't yet have nurses sanctioned or in position. District's human resources availability across all the PHCs can be summarised as follows:

Table 10: Human Resources at PHC

		Number of PHCs
Doctors	**Number of PHCs with 4 and more sanctioned doctors**	**9**
	Number of PHCs with 4 and more doctors in position	**3**
	Number of PHCs with 3 doctors sanctioned	**3**
	Number of PHCs with 3 doctors in position	**1**
	Number of PHCs with 2 or less than 2 doctors sanctioned	**1**
	Number of PHCs with 2 or less than 2 doctors in position	**3**
	Total number of doctors	**53**
	Regular Doctors	**29**
	Contractual Doctors	**24**
	PHC where sanctioned=in position	**0**
Specialists	**PHCs with 2 specialist**	**0**
ANMs	**PHCs with 7 or more than 7 ANMs**	**9**
	PHC with less than 7	**0**
	PHC with sanctioned position more than in position	**6**
	PHCs with in position ANMs more than sanctioned	**1**
Nurses	**PHCs with Nurses**	**2**
Lab tech	**PHCs with lab tech sanctioned**	**16**
	PHCs with lab tech in position	**3**
Pharmacist	**PHCs with at least 1 pharmacist sanctioned**	**32**
	PHCs with at least 1 pharmacist in position	**8**

Store keepers	**PHCs with storekeepers**	**0**

Availability of Human resources in each PHC can be studied in detail from the following matrix:

Table 11: Human Resource at PHC

Staff Positions		SADAR P.H.C.JAMUI	KHAIRA	BARHAT	SIKANDRA	GHIDHOUR	LAXMIPUR		CHAKAI		JHAJHA		SONO
							Ref	Phc	Ref	PHC	Ref	PHC	
Doctors	Sanctioned	3	7	4	4	2	4	3	3	3	4	0	4
	In position	2	3	2	2	1	1	1	1	1	2	0	2
ANMs	Sanctioned	1	2	3	2	1	0	1	0	1	0	1	32
	in Position	1	2	3	2	0	0	1	0	1	0	1	27
Laboratory Technician	Sanction	1	1	1	0	1	0	1	1	1	1	0	1
	in Position	0	0	0	0	0	0	0	0	0	1	0	0
Pharmacist/ Dresser	Sanctioned	2	1	1	4	1	0	1	1	1	0	0	1
	in Position	1	1	0	0	0	0	0	0	0	0	0	0
Nurses	Sanctioned	1	0	0	0	3	0	4	4	4	4	2	0
	in position	0	0	0	0	0	0	2	0	0	4	2	0
Storekeeper	in position	1	4	0	0	0	0	0	1	1	0	0	0
Specialist	in position	2	1	0	0	0	0	0	1	0	2	0	0

12. Situation Analysis: Support Services at PHCs:

Table 12: Support Services at PHC

PHC Services at a Glance	
Total number of PHCs	**9**
Availability of Ambulance	**24 (Functional)**
Generator	**9**
X – Ray	**2**
Laboratory Services (Pathology)	**3**
Laboratory Services (Malaria/Kalazaar)	**4**
Laboratory Services (T.B)	**4**
Canteen	**1**
Housekeeping	**0**
Rogi Kalyan Samiti set up	**9**
Untied funds received	**9**
Untied funds utilised	**9**

Efficiency of PHC apart from infrastructure facilities and human resources depends on various other factors such as availability of transport facilities, x ray services, generator etc. PHC as an in-patient facility also needs to acquire canteen and housekeeping services. PHC provides basic pathological lab services along with lab services for TB, Malaria and kala azar. A detailed analysis of the services available at each PHC of Jamui is given alongside.

Table 13: Support Services for PHCs (Detail)

	SADAR P.H.C.JAMUI	KHAIRA	BARHAT	LAXMIPUR	SIKANDRA	GHIDHOUR	JHAJHA	SONO	CHAKAI
Ambulance	A	A	A	A	A	A	A	A	A
Generator	A	A	A	A	A	A	A	A	A
X – Ray	NA	NA	NA	NA	NA	NA	A	NA	NA
Laboratory Services (Pathology)	NA	A	NA	NA	NA	NA	A	NA	NA
Laboratory Services (Malaria/Kalazaar)	NA	NA	NA	A	NA	NA	A	NA	A
Laboratory Services (T.B)	NA	NA	NA	NA	A	A	A	A	NA
Canteen	NA	NA	NA	NA	NA	NA	A	NA	NA
Housekeeping	NA	NA	NA	NA	NA	NA	NA	NA	NA

13. Situation Analysis: Sub Divisional Hospital (SDH)

Table 14 : Human Resource at SDH

		SDH JAMUI
Doctors	**Sanctioned**	**5**
	In position	**4**
ANMs	**Sanctioned**	**2**
	in Position	**2**
Laboratory Technician	**Sanction**	**1**
	in Position	**0**
Pharmacist/Dresser	**Sanctioned**	**1**
	in Position	**1**
Nurses	**Sanctioned**	**1**
	in position	**1**
Storekeeper	**Sanctioned**	**1**
	in position	**1**

14. Situation Analysis: District Hospital Jamui

The District Health System is the fundamental basis for implementing various health policies, ensuring delivery of healthcare, and management of health services for a defined geographic area. The District hospital is an essential component of the district health system and functions as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district.

According to IPHS norms districts such as Jamui with a population of more than 17 lakhs need a 300 bedded district hospital to perform efficiently all the roles described above. Yet the district hospital in Jamui has only 30 beds. Huge resource investment is required to upgrade the facility to 300 bed levels. Sadar hospital Jamui is situated in a spacious and clean building at Jamui city which is the District head quarter. The building is in good condition and the hospital has all the basic facilities needed, such as running water supply and power supply. Sadar hospital is served by 5 contractual doctors and 5 contractual nurses. The hospital currently does not have any permanent doctors, nurses, lab technician, pharmacist/dresser and store keeper. The facility has functional ambulance, generator and X ray machine and pathology lab.

15. Situation Analysis: Service Delivery

The infrastructure, human resources and support services available for the PHCs need to be compared with the work burden of each PHCs. Primary data for outpatient services given in the table below indicates significant work pressure on all the PHCs in the district.

Table 15: Treatment of OPD Patients in PHCs

Name of PHCs	Jan	Feb	Mar	Apr	May	June	July
SADAR PHC JAMUI	377	298	275	293	517	491	574
KHAIRA	1877	1990	2092	2123	2925	3638	4851
BARHAT	1423	1165	2131	1684	2467	2671	2301
LAXMIPUR	1294	220	2301	2100	2275	2400	2364
SIKANDRA & I. Aliganj	1339	1580	2290	1498	2131	2200	2171
GHIDHOUR	1030	1026	1473	1393	1753	2227	4004
JHAJHA	2449	3207	3131	2708	3606	3228	4943
SONO	1163	1455	1731	1569	2232	1971	2552
CHAKAI	1895	2515	2529	2000	3264	2500	3377
Average	1427.44	1495.11	1994.77	1707.55	2352.22	2369.55	3015.22
Total	12847	13456	17953	15368	21170	21326	27137

Table 16: Treatment of OPD patients in PHCs

Name of PHC	Aug	Sept	Oct	Nov	Dec	Average for year 2008	Total for year 2008
SADAR PHC JAMUI	453	345	274	274	345	376.33	4516
KHAIRA	4536	3614	3313	3853	4411	3268.58	39223
BARHAT	3024	3423	2052	1678	2488	2208.91	26507
LAXMIPUR	1955	2055	2273	2124	3144	2042.08	24505
SIKANDRA	2396	2480	1820	1412	1495	1901	22812
GHIDHOUR	3080	4074	2986	2666	2675	2365.58	28387
JHAJHA	3828	3693	3262	2685	2482	3268.50	39222
SONO	2269	2349	1577	1554	1639	1838.41	22061
CHAKAI	3870	3816	2739	2097	1794	2699.66	32396
Average	2823.44	2872.11	2255.11	2038.11	2274.77	2218.78	
Total	25411	25849	20296	18343	20473		239629

According to the available data, on an average, each PHC in jamui attends to 2218 patients a month. PHCs like Khaira, Jhajha and Chakai on an average receive 3268, 3268 and 2699 patients a month respectively. Khaira receives the highest number of patients with the number of OPD patients. This is certainly huge number in terms of work burden. Total patients attended by all the PHCs in year 2008 are two lakh thirty nine thousand six hundred twenty nine.

Graphical representation of number of OPD services offered by all the PHCs in the district over the period of Jan 2008 to Dec 2008 highlights the seasonal variations in patient's numbers.

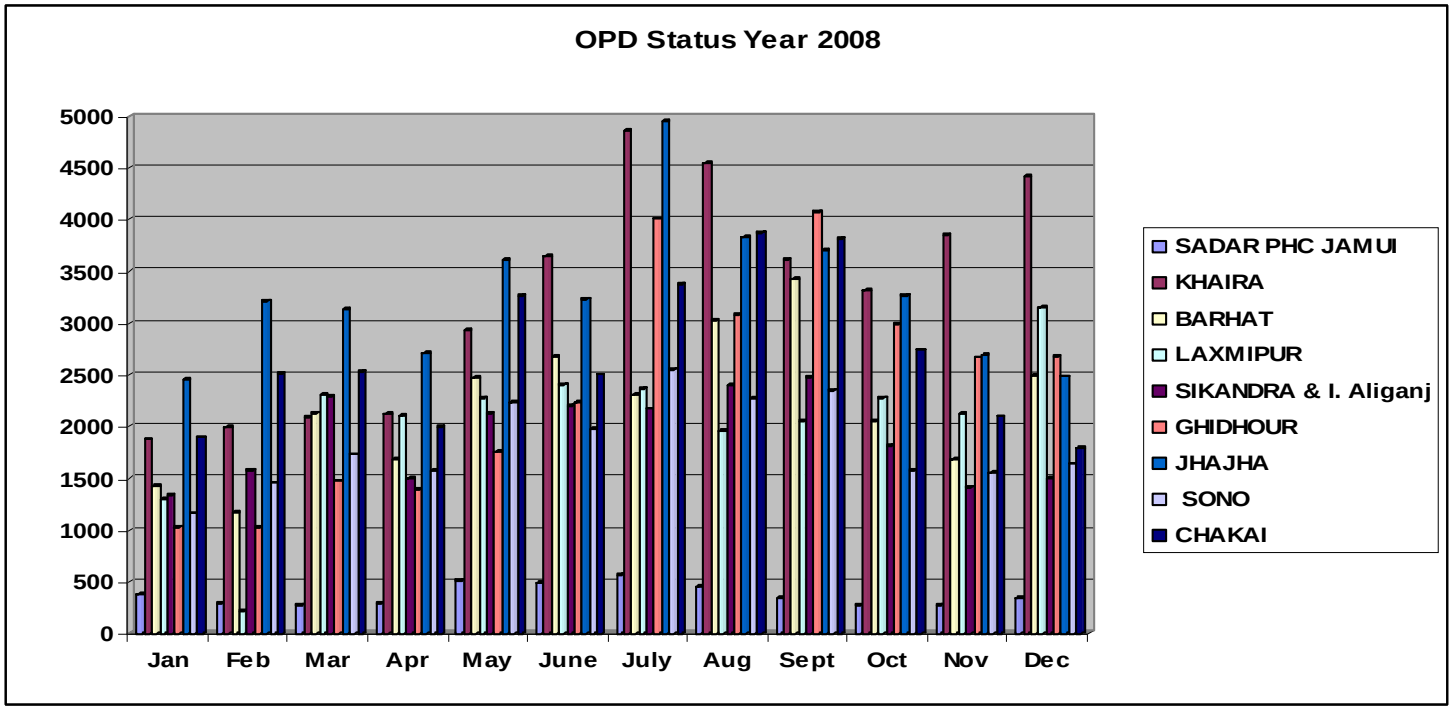


Figure 4: OutPatients Treated

- **Situation Analysis: Reproductive and child health**

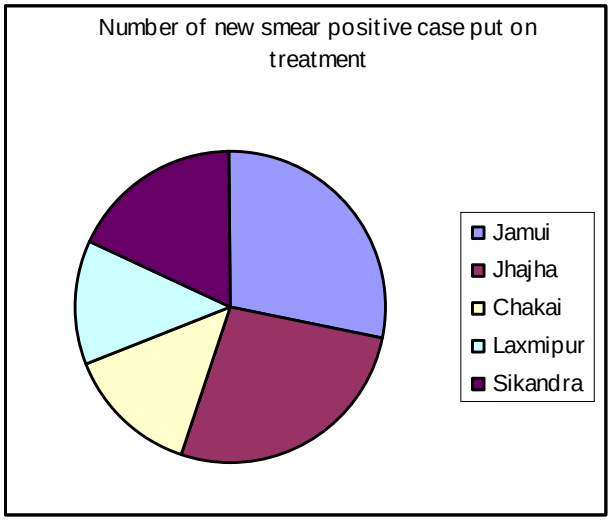
Salient RCH statistics for the district are given in the district profile section of this document. Mentioned below are the performance figures of PHCs across the district.

Table 17: Reproductive and Child Health

Sl.No.	Name of PHC	TT Vaccination	Measles Vaccine	Institutional Delivery	Family Planning
1	SADAR PHC JAMUI	2751	4133	0	568
2	KHAIRA	5096	6361	2566	675
3	BARHAT	1456	2091	955	276
4	LAXMIPUR	2212	3587	1309	309
5	SIKANDRA	4520	6427	2940	561
r	GIDHOUR	1307	1773	1365	300
7	JHAJHA	3301	6485	2225	379
8	SONO	3610	5455	2132	334
9	CHAKAI	2530	4923	1098	203
Total		**26783**	**41235**	**14590**	**3605**

- **Situation Analysis: Revised National Tuberculosis Control Programme**

District has total 5 T.B units in the district- Jamui, Jhajha, Chakai, Laxmipur and Sikandra



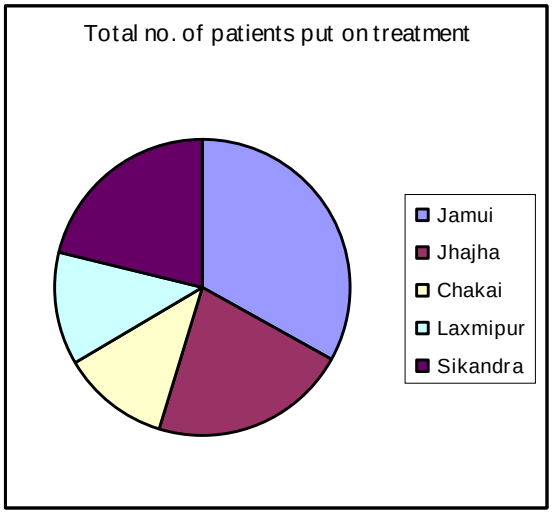


Table 18: Revised National Tuberculosis Control Programme

Name of TU	Total no. of patients put on treatment	Number of new smear positive case put on treatment	Annualised NSP case detection rate (2008)	Cure rate for cases detected in last 4 corresponding quarter (NSP)	Annulaised NSP case detection rate (2008-09)
Jamui	605	250	40.55	77%	48.37
Jhajha	402	233	73.66	66%	59.42
Chakai	219	122	64.29	71%	63.58
Laxmipur	222	112	67.59	75%	57.45
Sikandra	388	162	47.78	64%	45.14
Total	1836	879			

- **Situation Analysis: Leprosy Control Programme**

Table 19: Leprosy in Jamui District

Current prevalence rate (per 10,000)	1.06
Current detection rate	1.86
Current number of patients	186
New cases detected in last year	256
Percentage of children in new cases	13.8
Percentage of disabled in new cases	0.0
% of SC in new cases	0.23
Percentage of ST in new cases	1.17
Total number of cured patients	289

- **Situation Analysis: Filaria Control Programme**

Status of Filaria in the district is as follows:

Table 20: District level data on Filaria Cases

Indicators	Total No. of Cases in 2008
No. of Cases Reported	**2225**
No. of Night Blood Sample Collected	**1470**
No. of Hydrocele Operation done	**09**

- **Situation Analysis: Malaria Control Programme**

Even though the number of malaria cases reported in Jamui is not significant, Jamui is a malaria endemic district.

Table 21: Malaria Data

PROGRESSIVE TOTAL														
Name of the PHC		B.S. Coll.	B.S. Exam	Positive			Pf. Cases			R.T Given	Deaths			
											Confirm		Suspect	
				Male	Female	Total	Male	Female	*Total*		M	F	M	F
Jamui	2007	537	-	-	-	-	-	-	-	-	-	-	-	
	2008	175	-	-	-	-	-	-	-	-	-	-	-	
Khaira	2007	153	-	-	-	-	-	-	-	-	-	-	-	
	2008	375	55	6	1	7	-	-	-	7	-	-	-	
Sikandra	2007	158	03	2	1	3	-	-	-	3	-	-	-	
	2008	153	-	-	-	-	-	-	-	-	-	-	-	
Laxmipur	2007	256	82	-	-	-	-	-	-	-	-	-	-	
	2008	240	84	-	-	-	-	-	-	-	-	-	-	
Jhajha	2007	1070	1014	14	5	19	-	-	-	19	-	-	-	
	2008	2475	2475	60	24	84	17	7	24	84	-	-	-	
Sono	2007	45	15	7	8	15	-	-	-	15	-	-	-	
	2008	12	12	3	-	3	-	-	-	3	-	-	-	
Chakai	2007	1784	1472	35	38	73	-	-	-	73	-	-	-	

	2008	1813	1731	47	37	84	-	1	1	84	-	-	-	
Barhat	2007	0	-	-	-	-	-	-	-	-	-	-	-	
	2008	102	68	1	1	2	-	-	-	2	-	-	-	
Gidhour	2007	0	-	-	-	-	-	-	-	-	-	-	-	
	2008	105	105	16	19	35	-	-	-	35	-	-	-	
Total	2007	4003	2586	58	52	110	-	-	-	110	-	-	-	
	2008	5450	4534	135	85	220	17	8	25	220	-	-	-	

- **Situation Analysis: National Blindness Control Programme**

This programme is carried out at the facilities available at SDH, Jamui and also through various school health camps. Salient information from the National Blindness Control Programme is given in the matrix below:

Table 22: National Blindness Control P Data

CATARACT PERFORMANCE	QUARTER – I			QUARTER – II			QUARTER - III			QUARTER - IV			TOTAL
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
FACILITY													
MEDICAL COLLEGE													
DIST HOSPITAL	-	-	-	-	-	-	-	-	-	-	-	-	-
C.H.C/SUB-DIST.HOSP.	-	-	-	-	-	-	-	-	-	-	-	-	-
NGOS	-	-	-	-	-	-	-	-	-	423	-	784	1207
PVT. SECTOR	15	08	15	10	12	20	68	75	103	0	145	0	471
OTHERS	0	0	0	0	0	468	0	0	477	509	204	0	1658
TOTAL	15	08	15	10	12	488	68	75	580	932	349	784	3336
PROG. TOTAL	15	23	38	48	60	548	616	691	1271	2203	2552	3336	3336
SCHOOL EYE SCREENING													
No. of teachers trained in screening for Refractive errors	-	-											
No. of school going children screened	-	-	-	-	-	-	-	-	-	261	407	581	1249
No. of school going children detected with Refractive errors	-	-	-	-	-	-	-	-	-	10	18	27	55

No. of school going children provided free glasses	-	-	-	-	-	-	-	-	-	-	-	-	-
EYE DONATION	-	-	-	-	-	-	-	-	-	-	-	-	-
No. of Eyes Collected	-	-	-	-	-	-	-	-	-	-	-	-	-
No. of Eyes Utilized	-	-	-	-	-	-	-	-	-	-	-	-	-

- **Situation Analysis: Utilisation of RKS Funds**

Under the aegis of NRHM several innovative initiatives for better performance of facilities at the level of PHCs and above have been launched. Untied funds for the PHC and Rogi Kalyan Samiti are two key initiatives to provide better financial flow and management support to the facility. Rogi Kalayn Samiti play a crucial role in managing the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from the Government sector who are responsible for the proper functioning and management of the facility. RKS generates, allocates, and spends the funds allotted to it to ensure well functioning, quality services. In Jamui RKS have been set up in all of the PHCs. Most of the PHCs have been using the RKS funds towards various services such as ambulance, X ray machines and generators.

Table 23: Utilisation of RKS Funds

Name of Block	RKS Funds - amount available	RKS Funds -amount Utilised	Untied funds received	Untied funds used
SADAR PHC JAMUI	2016	97984	202000	202000
KHAIRA	0	100000	292000	240500
BARHAT	0	0	100000	99964
LAXMIPUR	5355	94645	342000	262000
SIKANDRA	4206	94132	442000	0
GIDHOUR	497	99503	0	0
JHAJHA	100000	0	327000	239300
SONO	86481	13519	337000	154471
CHAKAI	100000	0	332000	232000
Total	298555	499783	2374000	1430235

16. Situation Analysis: ASHA Training

Accredited Social Activist (ASHA) is a key strategy of the NRHM to link the community with the health systems. ASHA works with the community to raise awareness about various health programmes, provide basic health knowledge, and provide information on health practices thus generating demand for health services. She also helps and supports the community to access health services. Proper selection and training of ASHAs is a crucial step for the success of NRHM. In Jamui ASHAs have been selected in all the blocks. In most of the blocks ASHAs have completed two rounds of training, while in some of the blocks they have completed one round of training. Salient information related to ASHAs in the district can be found in the matrix below:

Table 24: Selection and Training of ASHA

Target (Total no. of ASHA to be selected)= 1296						
Total No. of ASHA selected(till date)= 1259						
Sl.No.	**Name of PHC**	**Total Target**	**Total No. of ASHA selected**	**Total No. of ASHA not selected**	**Total No. of ASHA Trained**	**Total No. of ASHA Untrained (among selected)**
1	**SADAR PHC JAMUI**	124	124	0	124	0
2	**KHAIRA**	205	204	1	204	0
3	**BARHAT**	61	61	0	61	0
4	**LAXMIPUR**	85	78	7	78	0
5	**SIKANDRA**	210	206	4	206	0
6	**GIDHOUR**	48	48	0	48	0
7	**JHAJHA**	189	188	1	188	0
8	**SONO**	168	168	0	168	0
9	**CHAKAI**	206	182	24	182	0
Total		**1296**	**1259**	**37**	**1259**	**0**

Table 25: Aanganwadi workers in PHCs

Name of PHC	**No. of AWW**	
	Sanction	Present
SADAR PHC JAMUI	181	173
KHAIRA	177	166
BARHAT	74	74
LAXMIPUR	98	92
SIKANDRA & Aliganj	235	235
GIDHOUR	61	61
JHAJHA	217	216
SONO	168	168
CHAKAI	187	184
Total	**1398**	**1369**

For JAMUI and Bihar NRHM is a challenging task. However it also provides the opportunity to identify gaps, innovate and invest in the public health system. The above situation analysis presents a detailed review of the status of infrastructure, human resources and services in the district. This analysis can be used as a baseline from which to design new strategies and approaches to achieve the goals of the National Rural Health Mission in Jamui.

17. Strengthening Health Facilities in Jamui District

Goal: To ensure that all health facilities have required infrastructure, human resources, supplies and equipment for effective functioning

1. Sub centres

Objectives:

1. To ensure that Jamui has 100% functioning Sub centres as required by population norm
2. To ensure that all Sub centres have the facilities to provide a comprehensive range of services
3. To strengthen the Sub centre as the provider of primary outreach services

Infrastructure		
Situation analysis: As per the norm, 94 HSCs are required. Out of the total 328 subcentres, 211 HSCs already exist. Of the existing 211 HSCs, 32 are in Government building, 34 in Panchayat buildings and 26 are in rented building.		
Strategies	Activities	Budget
• Requisition for sanctioning of 94 HSCs • Certain blocks like Jhajha, Laxmipur, Sikandra, Khaira, Chakai the number of required HSC is more than 50-100% more than the existing Sub centres. Prioritizing setting up of 45 New HSCs in these blocks. • Construction of buildings for the 53 newly sanctioned HSCs as per IPHS norms. • Ensuring that the 32 Sub centres currently located in Government buildings are renovated according to IPHS norms • Ensuring that the 56 Sub centres currently being constructed are constructed according to IPHS norms • Revising rent rates for the sub centres operating from rented houses and for any further rentals in order to get adequate space and facilities for HSC functioning.	**For new construction** • Meeting with CO to identify availability of land for setting up the priority HSCs in the selected villages. • Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of HSCs. • Village meetings to identify accessible locations for setting up of HSCs • Finding locations for new HSCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered. • Requesting allotment for construction of new HSCs to State Health Society • Requesting state government to revise the rent rates for HC building and make the grant for payment of the rent. • Ensuring construction of HSC building as per IPHS norm along with residence for ANM	**New construction** 90 HSCs operating without any building + 26 currently operating from rented building= 26**!Unexpected End of Formula**0* Rs.650,000.0= Rs 75400000 Rent for 26 newly sanctioned + 53 new HSCs in priority blocks= 79** Rs.500.0*12 months=Rs.474000.0 Furniture for sub-centers 166+45+53 * 10,000=Rs.2640000.0 (One time payment for 2 chairs, one table, one almirah, one bench**)**

	and other health staff. **For review of ongoing renovation/construction** • Meeting of DHS in presence of SE, Building Division, for review of ongoing constructions for IPHS norms **INTERIM ARRANGEMENT** 1. Meeting local bodies to identify temporary building for 1) the HSCs without a building located in the identified priority blocks 2) for 65 HSCs operating without a building 3) 35 HSCs working from rented building	
Human Resources		
Situation analysis: All 211 HSCs have one regular and one contractual ANM posted at the Sub centre. The contracts of the contractual ANMs need to be renewed on a yearly basis. Contractual ANMs have been posted for 53 newly sanctioned HSCs The posts of regular ANMs need to be sanctioned and appointed for the 53 newly sanctioned HSCs		
Strategies	Activities	Budget
2. Renewing the contracts of the ANMs on contract 3. Appointment of regular and contractual ANMs for the newly sanctioned HSCs	**Appointment of ANMs for new HSCs** 1. Submission of proposal for the appointment of regular and contractual ANMs for the newly sanctioned HSCs 2. Holding interviews and issuing appointment letters	**Salaries for contractual ANMs** 211+ 53+ 45= 309*Rs.6000.0*12= Rs.22248000.0 **Salaries for regular ANMs (from treasury route)** 211+53+45 = 309*Rs.6000.0*12= Rs.22248000.0

Equipment		
Situation analysis: Most HSCs do not have equipment as per the IPHS norms		
Strategies	Activities	Budget
• Assessing the equipment needs of all currently sanctioned HSCs and identifying equipment requiring repair and equipment that needs to be requisitioned • Acquiring permission from the state government to appoint district level agency for repair and maintenance. • Ensuring timely supply of the equipment • Ensuring timely repair of the equipment by the local agency • Ensuring quick replacement of nonfunctional equipment	• Identifying a local repairing agency • Training for the ANM and other health staff at the HSC in handling the equipment and conducting minor repairs. • Setting up of a district level equipment replacement unit	**For currently functional HSCs** 211* Rs.2000.0*2 (half yearly) = Rs.844000.0 **For new HSCs** 53+45 = 98*Rs10,000.0= Rs.980000.0
Drugs		
Situation analysis: Most HSCs do not have the drugs required as per IPHS norms		
Strategies	Activities	Budget
• Ensuring timely replenishment of essential drugs prescribed under IPHS standards • Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs.	• Weekly reporting of the drugs status: availability, requirement, expiry status • Setting up a block level drug replacement unit • Utilization of untied funds for purchase of essential drugs locally • Providing basic training for management of drug reactions.	**General purchase** 211+53+45= 309 * Rs.1000.0*4 (quarterly)=Rs1236000.0 **Local purchase** (if stock is limited at district level) 211+53+45= 309 *Rs.500.0*4 (quarterly)= Rs.618000.0
Untied Funds		
Situation analysis: No HSCs received any untied funds because of problems in the opening of bank accounts		
Strategies	Activities	Budget
• Ensuring that HSCs receive untied funds.	• Opening Bank Accounts • Ensuring timely release of funds to HSCs	211+53+45 = 309*Rs.10,000.0 = Rs.3090000.0

2. Additional Primary Health Centres

Objectives:

1. To ensure that jamui has 100% of functional APHCs as required by population norms
2. To upgrade all APHCs as per PHC level IPHS norms and to name all APHCs as PHCs
3. To operate 25% of APHCs on a 24*7 basis

Infrastructure		
Situation analysis: As per the norm of 1 APHC (now termed as PHC) for every 30,000 population, Jamui requires a total of 54 APHCs (PHCs), of these 32 APHCs already exist and are functional. A total of 22 new APHCs (PHCs) are required which have been proposed. Of the existing 32 APHCs, 17 work in Government buildings, 01 in rented buildings, 12 APHCs do not have any building. Buildings for 2 APHCs are currently under construction.		
Strategies	Activities	Budget
• 32 APHCs to be newly established should be set up to meet the PHC level IPHS norms. Of these 12 are proposed to be constructed in this year and 20 operationalized. The overlap is to enable initiation of services while ensuring the requisite construction of infrastructure. • Prioritising the setting up of APHCs in all blocks. APHCs currently and also in blocks where the gaps are more than 50% namely Sono, Chakai and Jhajha. A total of 12 APHCs need to be set up in these priority blocks. • No running water supply in all existing APHCs • No power supply and power back up for all existing APHCs • Building residential facilities are required for doctors and other staff at 32 APHCs	**Construction of buildings for existing & proposed APHCs** • Meeting with CO to identify available land for setting up the priority APHCs (PHCs) in the selected villages • Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of APHCs HSCs. • Village meetings to identify accessible locations for setting up of APHCs • Finding locations for new APHCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered. • Requesting state government to revise the rent rates for APHC (PHC) building and make the grant for payment of the rent. • Ensuring construction of APHC (PHC) building as per IPHS norm along with residence for MOs, ANM and other health staff. • Ensuring power supply to all APHCs • Ensuring running water supply for 32 APHCs, since construction is being initiated	**For construction (including MO and staff quarters)** Current APHCs without Govt Building: (1+12= 13) + (New APHCs to be constructed) = 12 13+ 12*Rs.1,500,000.0= Rs.37500000.0 **For rent (including MO and staff quarters)** 12 existing APHCs + 20 new APHCs*Rs.2000.0*12 = Rs.768,000.0 **For Electrification** Rs.100,000.0 **For power backup** 32 APHCs* Rs65.0/hr* 12hrs/day*30 days/month*12 months=Rs.748800.0 **For running water supply** 32 APHCs*Rs.200,000.0/unit =

	for only 12 of the 20 new APHCs being operationalised this year.	Rs.6400000.0

Human Resources

Situation Analysis: While posts of 2 MOs have been sanctioned for 32 APHCs, only 5 APHCs function with 2 doctors in position while 13 APHCs have only 1 MO in position and an overwhelming 8 do not have any doctors in position.

All 32 APHCs have 2 Grade A Staff Nurse sanctioned and 25 APHCs have 2 Grade A Staff Nurses in position whereas 7 have 1 in position. All 32 APHCs have 2 ANMs sanctioned and 21 APHCs have 2 ANMs in position where as in 11 have none in position. Laboratory technicians are sanctioned in all APHCs but none in position. Pharmacists are sanctioned in all APHCs but in position in only 2.

Strategies	Activities	Budget
Doctors • Rationalization of doctors across block facilities to ensure filling of basic minimum positions • If any APHC (PHCs) after rationalization is in need of more doctors then additional doctors can be deputed from PHC to run at least one day OPD. This should be considered as an interim arrangement. • Filling vacancies by hiring doctors on contract or appointing regular doctors **Grade A Nurses** • Renewal of contract of Nurses for 3 years based on performance • Filling 7 vacancies • Recruitment of Nurses for newly established 32 APHCs **ANMs** • Filling 59 ANM vacancies • Recruitment of two ANMs for each of the newly established 32 APHCs **MPWs** • Appointment of 2 MPWs (M/F) for all 32 APHCs **Laboratory technicians** • Filling up of vacancies of	**For Rationalization of Doctors across facilities** • Reviewing current postings • Preparing a rationalization plan • Introducing rationalization plan in DHS meeting agenda to consider and approve the rationalization plan **Additional charge as interim arrangement** • Preparation of the roster for deputation of Doctors at the APHC (PHC) where no doctor is available. • Informing community about the 1 day per week OPD services at APHCs (PHCs) • Hiring of vehicles for the movement of doctors for fixed OPD days. **Filling vacancies** • Requisition to state health department for recruitment of permanent doctor and requisition to State Health Society for hiring of contractual doctors. • Requisition to state health department for recruitment of	**Medical Officers** 32*2=64 MOs 64 MOs*Rs.20,000.0*12 months= Rs.15360000.0 **Grade 'A' Nurse** 32*2=64 Nurses 64 Nurses*Rs.7,500.0*12 months=5760000.0 **MPWs (M/F)** 32*2=64 MPWs 64 MPWs* Rs.7,000.0*12 months=5376000.0 **ANMs** 32*2=64 64 ANMs*Rs.6000.0*12 months = Rs.4608000.0 **Lab tech** 32

Laboratory technicians in all APHCs (PHCs) **Pharmacists** • Filling up of vacancies of Pharmacists in all APHCs (PHCs) **Accountant** • Filling up of vacancies of Accountants	permanent nurses and requisition to State Health Society for hiring of contractual nurses. • Appointment of 2 MPWs (M/F) at each APHC • Hiring Laboratory technicians and pharmacists (permanent positions) • Hiring of clerks/accountants **Contract Renewal** • Renewal of contract of Grade A staff nurses for the next three years based on performance.	32 LabTech*Rs.7,000.0* 12 months=Rs 2688000.0 **Pharmacist** 32 32 Pharmas*Rs.7,000.0* 12 months=Rs 2688000.0 **Accountant** 32 32 *Rs.8,000.0* 12 months=Rs 3072000.0
Equipment		
Situation Analysis: Most APHCs do not have all equipment as per IPHS norms		
Strategies	Activities	Budget
• A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms • Rational fulfilling of the equipment required • Repair/replacement of the damaged equipment	• Monthly reporting of the equipment status, functional/non-functional • Purchase of essential equipment locally by utilizing the funds or through RKS funds • Identification of a local repair shop for minor repairs • Training of health worker for handling of the equipment.	**Existing APHCs** 32 APHCs*Rs.5,000.0*4 quarters=Rs 640000.0
Drugs		
Situation Analysis: Most APHCs do not have a regular supply of drugs and do not have all drugs as per IPHS norms		
Strategies	Activities	Budget
• Ensuring timely replenishment of essential drugs prescribed under IPHS standards • Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs	• Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store • Utilization of RKS funds for purchase of essential drugs locally • Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors • Separate provision of drugs mainly for camps. • Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs	**Existing APHCs** 32 APHCs* Rs.5000.0*4 quarters= Rs.640000.0

	• Utilization of PMGY funds allotted for drugs purchase at the local level.	
Untied funds		
Situation Analysis: Currently since APHCs have not been upgraded to PHC level they do not receive any untied funds		
Strategies	Activities	Budget
• Ensuring that all APHCs receive untied funds as per the NRHM guidelines	• Ensuring that all APHCs receive untied funds as per the NRHM guidelines	32 APHCs*Rs.10,000.0* 12 months= Rs.3840000.0
Operating 25% of APHCs on a 24*7 basis		
Strategies	Activities	Budget
• Operationlising 17 APHCs which have their own building from Kahalgaon, Jagdishpur, Naugachiya, Pirpaithi, Sabour, Sonhaulla, Shahkund and Sultanganj on a 24*7 basis and upgrading them to the PHC level. • Upgradation of infrastructure as per PHC level IPHS norms • Ensuring continuous power supply and power back up in these 17 APHCs. • Hiring Ambulance services for these 17 APHCs. • Outsourcing housekeeping and canteen services for these 17 APHCs (PHCs). • Sanctioning the post of an additional Staff Nurse at these 17 APHCs taking the total number of Staff Nurses posted at each APHC to 3. • Filling vacancies of Staff Nurses and ANMs in APHCs (PHCs) on a priority basis. For ANMs, this includes 2 APHCs in Naugachiya,	**For Upgradation of Infrastructure** • Meeting of DHS to plan upgradation of existing 17 APHCs which have their own building. • Request to Building division to review, prepare layout, plan and make overall budget for upgradation of 17 APHCs (PHCs as per IPHS norms) with their own building **For power supply** • Ensuring power supply (PHCs) • Ensuring power back up by hiring a generator **For Ambulance services** • Hiring ambulance services provided by an appropriate NGO **For outsourcing housekeeping & canteen services** • Issuing a call for tenders for housekeeping services • Selection and awarding contract • Canteen services to be provided by local SHGs • Selection of SHGs through a call for proposals and selection of lowest bidder **Filling Vacancies** • Requisition to state health department for recruitment of permanent doctor and requisition to State Health Society for hiring of contractual doctors. • Requisition to state health department for recruitment of permanent Grade A and requisition to State Health Society for hiring of contractual Grade A nurses. • Submission of proposal for appointment of 2 MPWs (M/F) at each APHC • Appointing Laboratory technicians and pharmacists (permanent positions)	**Upgradation of infrastructure** 17 APHCs * Rs.700,000.0= Rs.11,900,000.0 **Setting up Pathological labs** 17APHCs *Rs150,000.0= Rs.2,550,000.0 **Power back up** 17 APHCs* Rs.65.0/hr*24hr*30days* 12 months=Rs.9,547,200.0 **Ambulance** 17 APHCs* Rs.15,000.0/month*12 month=Rs.3,060,000.0 **Electrification** 17 APHCs*Rs.100,000.0= Rs.1,700,000.0 **Water supply** 17 APHCs*Rs200,000.0 =Rs.3400,000.0 **Canteen funds**- 17 APHCs*Rs.60per person*15 people*30days*12months = Rs.5,508,000.00 **Housekeeping Funds**- 17*Rs.7000=Rs.19,000.0

1 APHC in Pirpaithi and 1 APHC in Sonahaulla. For Staff Nurses, this includes 2 APHCs in Naugachiya, 3 APHCs in Pirpaithi, 1 APHC in Sabour, 1 APHC in Sonhaulla and 1 APHC in Shahkund. • Relieving ANMs posted at these APHCs of outreach duties including Routine Immunisation and weekly meeting at PHC level. • Rationalisation of doctors to APHCs of these blocks on a priority basis. • Filling vacancies of doctors of these APHCs on a priority basis • Appointment of Laboratory Technicians, Pharmacists, Accountant and MPWS (M/F) in these 17 APHCs on a priority basis	• Submission of proposal for appointment of clerks/accountants • Holding interviews and issuing appointment letters	**Human Resources** 17 Staff Nurses for 24*7 APHCs *Rs.7,500.0*12 months=Rs.1,530,000.0

3. Primary Health Centres

Objectives

1. To ensure that 75% of the PHCs are functional with full staff strength, functional Operation Theatres, Labour Rooms, Wards and Laboratory services, adequate equipment and drugs
2. To establish CHCs, providing services of First Referral Unit (FRU) and SDH accessible within 10-30 kms for all blocks of Jamui as per IPHS norms.

Infrastructure		
Situation analysis: Jamui has 7 PHCs and 3 referral hospitals in its 10 blocks whereas 3 PHCs (Gidhour, Barhat, I. Aliganj) are working in APHC Building. PHC Khaira, Sono and Sikandra are being upgraded to CHC level. 4 PHCs are working in own building. 3 PHCs are working in APHC building and 3 refeffal hospital are working in its own building. The condition of the OT and labour rooms needs to be improved in nearly all of the PHCs. The PHCs in Barhat, Gidhour and Alignaj require there own building. Major repair work, running water supply, electric supply, toilet fatalities etc needed to all 3 referral unit like Jhajha, Laxmipur and Chakai.		
Strategies	**Activities**	**Budget**
• Fully operationalise 3 newly constructed PHCs – Gidhour, Barhat, I. Aliganj. • To phase out PHCs from blocks which already have a Referral Hospital and/or Sub-divisional Hospital so that there is no overlap of facilities providing the same level and nature of services – Jhajha, Laxmipur, Chakai. • Strengthening 3 PHCs to ensure basic facilities especially functional labour rooms and OTs – Gidhour, Barhat and I. Aliganj. • Ensuring running water supply and drinking water supply in all PHCs • Ensuring power supply and power back up for all PHCs	**Fully operationalising 3 new PHCs** • I. Aliganj, Gidhour, Barhat required new building • **Phasing out PHCs from blocks with Referral and SDH facilities** • Placing a proposal for phasing out of PHCs to District Health Society • Sending proposal approved by DHS to State Health Society for approval. **Strengthening existing PHCs to ensure that 75% of PHCs are fully functional** • Setting up of fully functional Labour rooms and OTs in 3 PHCs – Gidhour, Barhat, I. Aliganj. **Ensuring running water supply** • Requesting PHED to prepare a budget for provision of running water supply in all PHCs and referral hospital. **Ensuring power supply and power back up** • Hiring of generators for all PHCs and referral hospital.	**Labour room** 3 PHCs* Rs.700,000.0= Rs.2100000.0 **OT with complete infrastructure** 3 PHCs* Rs.1,000,000.0= Rs.21000000.0 **Setting up Pathological Laboratories** 7 PHCs+ 3 referral hospital* Rs150,000.0= Rs.1500000.0 **Separate M/F Toilets** 3 PHCs* Rs.200,000.0= Rs.600,000.0 **Power back up** 7 PHCs+ 3 referral hospital *Rs.125/hr*24 hrs*30 days*12 months= Rs.8640000.0 **Water supply** 7 PHCs+ 3 referral hospital * Rs.200,000.0= Rs.2000000.0 **Building Maintenance fund**

		7 PHCs+ 3 referral hospital *Rs100,000.0= Rs.1000000.0
Human Resources		
Situation Analysis: All PHCs are expected to have a team of 6-7 doctors. Currently all PHCs except Jamui, Khaira, Jhajha, Gidhour and Chakai have 3 or more doctors in position. Specialists are in position only in Jhajha. Pharmacists have been sanctioned for all PHCs but only 2 PHCs Khaira and Jamui in position. The PHCs do not have Laboratory Technician but it is sanctioned in all PHCs. Storekeeper is not available in position.		
Strategies	Activities	Budget
• Rationalization of doctors across APHCs, and PHCs • Filling vacancies of doctors by hiring doctors on contract/appointment of regular doctors – 7 PHCs+ 3 referral hospital (Khaira, Sikandra, Gidhour, Barhat, Sono, Jamui, Jhajha, Chakai, Laxmipur) would need 5 Doctors each – Medicine, Surgery, Paediatrician, Gyanecologist and Anaesthetist • Sanction and appointment /hiring of 7 Staff Nurses for all PHCs • Sanction and appointment/hiring of 2 ANMs for all PHCs • Filling vacancies of Pharmacists, Dressers, Laboratory Technicians and Storekeeper • Sanction and appointment of an OT Assistant in all PHCs	**For Rationalization of Doctors across facilities** • Reviewing current postings • Preparing a rationalization plan • Meeting to DHS to consider and approve the rationalization plan **Filling Vacancies** • Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors. • Requisition to state health department for recruitment of permanent Grade A nurse and requisition to state health society for hiring of contractual Grade A nurses. • Appointment of Laboratory technicians, pharmacists, dressers and Store keepers (permanent positions) • Submission of proposal for sanction and appointment of an OT Assistant in all 7 PHCs+ 3 referral hospital. • Holding interviews and issuing appointment letters	**Doctors** 5 Doctors*7 PHCs+ 3 referral hospital * Rs.25,000.0*12 months= Rs.15,000,000.0 **Grade A Staff nurse** 7 Staff Nurses * 7 PHCs+ 3 referral hospital * Rs.7,500*12 months= Rs.6300000.0 **ANMs** 2 ANMs* 7 PHCs+ 3 referral hospital *Rs.6000.0*12 months=Rs1440000.0 **Pharmacist** 7 PHCs+ 3 referral hospital Pharmacists* Rs.7,000.0*12 months= Rs.840000.0 **Lab tech** 7 PHCs+ 3 referral hospital Lab tech*Rs7,000.0*12 months= Rs.840000.0 **OT assistants** 7 PHCs+ 3 referral hospital OT Assistants* Rs.7,000.0* 12 months= Rs.840000.0 **Accountants**- 10 Accountants*Rs.8000*12= Rs,960000.0

Equipment		
Situation Analysis: Most PHCs do not have equipment as per IPHS norms		
Strategies	Activities	Budget
• A detailed assessment of the status of functional equipment in all PHCs as per IPHS norms • Rational fulfilling of the equipment required • Repair/replacement of the damaged equipment	• Monthly reporting of the equipment status, functional/non-functional • Purchase of essential equipment locally by utilizing the funds or through RKS funds • Identification ofa local repair shop for minor repairs • Training of health worker for handling the equipment and minor repair.	**Existing PHCs** 7 PHCs+ 3 referral hospital * Rs.5000.0*4 quarters= Rs.200000.0
Drugs		
Situation Analysis: Most PHCs do not have a regular supply of drugs and do not have all the drugs as per IPHS norms		
Strategies	Activities	Budget
• Ensuring timely replenishment of essential drugs prescribed under IPHS standards • Ensuring management of adverse drug reactions • Ensuring proper storage of the drugs	1. Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store 2. Utilization of RKS funds for purchase of essential drugs locally 3. Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors 4. Separate provision of drugs mainly for camps. 5. Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs 6. Utilization of PMGY funds allotted for drugs purchase at the local level.	**Existing PHCs** 7 PHCs+ 3 referral hospital *Rs.10,000.0*4 quarterly= Rs.400000.0
Rogi Kalyan Samiti and Untied Funds		
Situation Analysis: Rogi Kalyan Samitis have been established in 6 PHCs+ 3 referral hospital and while RKS funds are being utilized in nearly 70% of the PHCs, fund flows and submission of utilization certificates is not regular only Aliganj has been not received Untied funds. Untied funds have been received only by 6 PHCs+ 3 referral hospital which all PHCs have utilized the funds.		
Strategies	Activities	Budget
• Ensure that RKS is registered in all PHCs. • Ensure UCs are sent regularly.	• Training of RKS office bearers on documentation of meetings as well as of the potential of the RKS	7 PHCs+ 3 referral hospital *Rs.100,000.0= Rs.1000000.0

• Utilisation of RKS funds to pay for outsourced services	• Training of block level accountants in preparation of the utilization certificates • Monthly review meeting of block level accountants by District Accounts Manager to strengthen the documentation process • Developing a check list for review	
Facility level services (Ambulance, Diagnostic services, Out Source Services)		
Situation Analysis: **Ambulance services** are known to be available at 7 PHCs+ 3 referral hospital. Diagnostic Services are available in Sadar hospital Jamui, Khaira, referral hospital Jhajha and Laxmipur. Out Source Services (Generator, Patient diet, Cleaning, Washing etc.) are available all the PHCs and referral hospital except I. Aliganj.		

Ambulance • To ensure that ambulance services are made available at 7 PHCs and 3 referral hospital. • Ensuring that 60% of ambulance service utilization is by BPL families **X-Ray Services/ Pathology** • To ensure that X-ray/Pathology services are available at all PHCs • To increase the utilization of X-ray services by BPL patients. **Canteen** • To ensure that canteen services are available at all PHCs • To ensure that the food provided is nutritious **Out source Services** • To ensure that Out Source services are available at all PHCs	**Ambulance** • To review the existing ambulance services by the following indicators: a. % of BPL mothers who availed of ambulance services of the BPL mothers who came for institutional deliveries b. % of BPL patients (including mothers) who availed of ambulance services from total patients who availed of ambulance services c. % of emergency cases who availed of ambulance services d. Average time taken for emergency patient to be brought to hospital by ambulance • To renew contracts of ambulance service providers based on review • To strengthen district run ambulance services • To create awareness about the ambulance services at the community level through local radio, newspapers, wall paintings and for remote areas through the ASHA, AWWs and ANMs • ASHA helpdesk to take feedback from each patient on the timeliness of the ambulance service and the user fees collected • To use RKS funds for the running costs of government run ambulance services **X-Ray Services** • To identify X-Ray service providers for all PHCs with appropriate qualifications and equipment • To review the services being provided every quarter on the basis of % of exemptions for BPL patients **Canteen services** • To identify canteen service providers for each PHC based on nutritional quality and cost **Housekeeping services** • To identify providers for	**Ambulance** 7 PHCs and 3 referral hospital * 2 Ambulances*Rs.15,000/month* 12 months= Rs.3600000.0 **X- Ray Services –** 7 PHCs and 3 referral hospital*200/ per month*75*12= Rs. 1800000.0 **Pathology-** 7 PHCs and 3 referral hospital *220/per month*75*12=Rs. 1980000.0

	being provided every quarter on the basis of % of exemptions for BPL patients **Canteen services** • To identify canteen service providers for each PHC based on nutritional quality and cost.	
Establishing CHCs providing services of First Referral Unit (FRU)		
Situation Analysis: It is therefore proposed to set up 3 CHCs in the plan year. The break up is as follows- 2 to be upgraded from PHCs- Khaira, Sikandra and Sono		

- Sub-Divisional Hospital

Objectives

1. To provide specialist health services
2. New building of SDH, Jamui handed over from 30 bedded facility to 100 bedded facilities.
3. Fully operationalise SDH Jamui.

Infrastructure		
Situation analysis: Jamui currently has 1 SDH. The SDH has new building. It has running water supply, power supply. Labour room and wards are available at the SDH.		
Strategies	Activities	Budget
1. Upgradation of SDH Jamui from 30 bedded to 100 bedded hospital 2. Fully operationalize SDH at Jamui	• Proposal for upgration and major repairs to be sent to PHED department. • Follow-up of the proposal • Facilitating tender procedure • Following up on the construction activity	Infrastructure of SDH Jamui Rs.5000,000.0 Maintenance fund Rs.300,000.0

Human Resources		
Situation Analysis: SDH Jamui: 6 Doctors have been sanctioned and 5 in position. 1 Grade A Nurse have been sanctioned and 1 in position. 2 Pharmacist have been sanctioned and 1 in position.2 Dresser have been sanctioned and 2 in position. 1 Storekeeper have been sactioned and 1 in position.		
Strategies	Activities	Budget
Operationalizing SDH with full staff strength 1. Doctor Sanctioned- 6 2. Clerk - 1 3. Storekeeper - 1 4. Pharmacist - 2 5. X- ray technicians - 1 6. Lab technician - 1 7. Grade 'A' Nurse - 1 8. ANM - 3 9. Dresser - 2 10. Lab Attendant - 1 11. MWA - 2 12. FWA - 2 13. Cook - 2 14. Cook Servant - 1 15. Mali - 1 16. Rickshaw Pooler - 1	21. Doctor in Position - 5 22. Clerk in Position - 1 23. Storekeeper - 1 24. Pharmacist - 1 25. X- ray technician - 1 26. Lab technicians - 1 27. Grade 'A' Nurse - 1 28. ANM - 3 29. Dresser - 2 30. Lab Attendant - 1 31. MWA - 2 32. FWA - 2 33. Cook - 2 34. Cook Servant - 0 35. Mali - 0 36. Rickshaw Pooler - 0 37. Peon - 2	**Doctors** 1 Doctors *Rs.25,000.0*12 months= Rs.300000.0 **Pharmacist staff** 1 paramedical staff Rs.7,500.0* 12 months=90000.0 **Cook Servant** 1 SDH*5000*12= Rs.60000.0 **Mali** 1 SDH * Rs.5000*12 months=60000.0 **Rickshaw Pooler** 1 SDH *Rs.5000*12 months=Rs.60000.0 **Night Guard** 1 SDH *Rs.5000*12 months=Rs.60000.0 **Rickshaw Pooler**

17. Peon - 2 18. Night Guard - 1 19. Female Sweeper - 3 20. Male Sweeper - 2	38. Night Guard - 0 39. Female Sweeper - 1 40. Male Sweeper - 2	1 SDH *Rs.5000*12 months=Rs.60000.0 **Night Guard** 1 SDH *Rs.5000*12 months=Rs.60000.0 **Female Sweeper** 2* SDH *Rs.5000*12 months=Rs.120000.00
Equipments		
Strategies	Activities	Budget
• Ensuring the availability of equipment according to IPHS norms	• Following-up of the entire procurement and maintenance of the equipment	Equipment- Pls refer to infrastructure section.
Services		
Strategies	Activities	Budget
	• Setting up a blood bank at SDH Jamui. • Procuring equipment (Blood bank refrigerator, binocular microscope, incubator, bench top centrifuge) • Maintenance fund for blood bank. • Setting up a fully functional pathology lab at each of the SDHs • Developing an outsourcing plan for housekeeping, canteen and ambulance services • Setting up of separate maternity ward in both SDHs. • Setting up an ASHA helpdesk to provide support to patients referred by ASHAs and for BPL patients • Setting up a ASHA room with a toilet to enable ASHAs to stay with mothers whom they have escorted for 48 hours • Ensuring power back up	Blood bank= equipments+ maintenance fund= Rs.68,16,500.00 1 path lab for Rs.200,000.0 2 ambulances*Rs.15,000* 12months*1 SDH=Rs.360000.0 Setup cost of M.W. Rs.150,000.0 for SDH Power back up = 2 gen set *Rs125* 24hours*30day*12 months*1facilities= Rs.2160000.0
Rogi Kalyan Samiti		
Strategies	**Activities**	Budget
Improving the effectiveness of RKS	• Registering a Rogi Kalyan Samiti for each of the SDH • Ensuring that seed money is received Training of office bearers on documentation (minutes and accounts)	Rogi Kalyan fund- Rs.500,000.00

District Hospital

Objective

- To ensure that the hospital acquires District Hospital status

To provide quality secondary care with a special focus on BPL patients

Infrastructure		
Situation analysis: The hospital at the district does not have the status of District Hospital. Currently there are IPD - two general wards, five special wards, General OPD wards – one in number Specialist OPD wards in Opthomology, General medicine, surgery, Gynecology and orthopedics. 5 bedded OT functional, SH running on 24*7 on generator The hospital at the district does not have District Hospital status. Currently there are inpatient wards (two general and five speciality), one general outpatient department, and several speciality outpatient clincis, including opthalmology, general medicine, surgery, gynecology and orthopedics. There is a 5 bedded Operation Theater which is fully functional and running on a 24/7 generator.		
Strategies	Activities	Budget
• Ensuring the district hospital status for the concerned hospital • Providing private space for all patients in general OPD • Providing separate ward for pediatric OPD • Ensuring IPD for general and specialist care • Ensuring clearing of encroachment and renovation • Ensuring functioning of all OTs • Establishment of eye OT with proper equipment • Ensuring the power supply through Bihar state electricity board	• Submitting the requisition for recognition of hospital in question as district hospital • Follow-up of the process. • Clearing the encroachment through legal process • Follow-up of the clearing process and upgradation of these facilities into wards • Curtains/ wodden separators for every doctor-patient chamber • Identification of specialist examination rooms • Requisition for recruitment of OT technicians • Identification of room for convertion into OT - ophthalmological surgeries with proper equipment • Requisition for BSEB for speedy power connection and follow-up of the process	• Upgradation of DH = Rs 5,000,000 lakhs • Supportive infrastructure = Rs 5.00 lakhs • OT Ophthalmology = Rs 20.00 lakhs • Maintenance fund= Rs.300,000.0
Human Resources		
Situation analysis: All Seats are Vacant.		
Strategies	Activities	Budget
Operationalizing DH with full staff strength 41. Doctor Sanctioned - 11 42. Storekeeper - 1 43. Pharmacist - 1 44. X- ray technicians - 1	48. Doctor in Position - 0 49. Storekeeper - 0 50. Pharmacist - 0 51. X- ray technician - 0 52. Lab technicians - 0	• 11 specialists*25,000*12 months=Rs.3300000.0 • 21 SNs*7500*12 months=Rs.1890000.0 • 1 Storekeeper*7000*12 months= Rs. 84000.0 • 1 Pharmacist*7000*12= Rs. 84000.0

45. Lab technician - 1 46. Grade 'A' Nurse - 21 47. Asst. Matron - 1	53. Grade 'A' Nurse - 0 54. Asst. Matron - 1	• 1 X- ray Technicians*7000*12= Rs. 84000.0 • 1 Lab Tec.*7000*12= Rs. 84000.0 • 1 Asst. Matron*5000*12= Rs. 60000.0 • 11 paramedics*7000*12 months=Rs.924,000.0 • 10 ward attendants*6000*12 months=Rs.720,000.0 • 1Radiographer*7000*12 months=Rs.84,000.0 • 10 Admin staff*Rs.8000*12=Rs.960,000.0 • 4 social worker/counselors*7,000*12 months=Rs.336,000.00 • Advertisement- Two times * two newspapers* Rs 1.5 lakhs=Rs.600,000.0 • Accountants- 1 Accountant*Rs.8000*12 =Rs.96,000.00
Equipment		
Situation Analysis: Currently there is a need for district level equipment storage and repair units		
Strategies	Activities	Budget
• Ensuring the establishment of the repair units • Ensuring servicing of equipment • Ensuring proper operation of equipment • Ensuring supply of replacement and replenishment of materials	• Identification for infrastructure to store equipment • Creating a channel for collection of disgarded/ unreparable equipment from HSCs onwards • Entering into service contract with local/industries for servicing, replacement, and replenishment of materials required from HSCs onwards. • Training of health workers/ worker dealing with the equipment for proper operation and minor repairs	• Rs 100000.0
Drugs		
Situation Analysis: Currently there is a district drug warehouse		
Strategies	Activities	Budget
• Ensuring the replenishment of the drugs at the district	• Creating a HMIS for the drug channel	• Two computer*7000*12=

level • Ensuring a system for replenishment of drugs	• Responding to the monthly reporting from the HSCs/APHCs/PHCs/SDHs/DH • Computerized management of the drugs in the health facilities • Advertisement for the posts of Pharmacists (M. Pharma)	Rs.168,000.0 • Two pharmacists*7000*12= Rs.168,000.0 • Drugs- Rs.100,000.0
RKS Fund		
Situation Analysis: RKS going to established in District Hospital Jamui		
Strategies	Activities	Budget
• Ensuring timely fund flow to District • Ensuring timely submission of UC • Ensuring renewal of contract out source agencies	• Submitting the requisition for release of due payments • Submitting the requisition for release of advances • Minimizing the mismanagement of funds • Timely payments for the contracted outsourced agencies • Performance based revision of contracted outsourced agencies	RKS corpus fund = Rs 500,000
Services		
	• Strengthening pathology lab • Outsourcing of housekeeping services • Outsourcing of canteen services • Outsourcing of Ambulance services • Procurement of X-ray Machine (budget included in the upgradation line of infrastructure section).	Rs. 150,000.0 2 Ambulances*Rs. 15,000*12=Rs.360,000.0

18. Reproductive and Child Health

- Maternal and Neonatal health

Objectives

- Ensuring 100% registration of pregnant women for ANC
- Increase in the percentage of pregnant women registered in the first trimester from 23% to 50%
- Increase in the percentage of pregnant women with full ANC from 20% to 50%
- Ensuring that 50% of pregnant women receive 2 TT injections.
- Ensuring that 50% of pregnant women consume 100 IFA tablets
- Increase in skilled attendance during delivery from 15% to 30%
- Increase in institutional delivery from 30% to 60%
- Increase in the percentage of mothers receiving postnatal care within 48hrs of delivery from 24% to 50%
- Increase in percentage of neonates breastfed within 1 hour of birth from 23% to 50%
- Ensuring colostrums feeding of 50% of neonates
- Ensuring that all newborns are weighed within 48 hrs of birth
- Facility and community based management of sick newborns and low birth weight babies

Ante-natal Care			
Situation Analysis: For Jamui as per DLHS 3 figures, percentage of pregnant women registered for ANC is only 25.4%. Mothers who receive at least 3 ANC visits during the last pregnancy is 27.1%, percentage of mothers who got at least one TT injection in their last pregnancy is 48.2%. Percentage of mothers who were motivated by ASHA for ante natal care is 0.8%.			
Strategies	Activities	Budget	Remarks
• Increasing early registration through counseling of eligible couples by ASHAs and ANMs and distribution of home based pregnancy kits • Case management of pregnant women to ensure that they receive all relevant services by	• Training of ASHAs for counselling of eligible couples for early registration and the use of the home based pregnancy kit • Regular updating of the ANC register. • Preparation of the due list with the dates for Ante Natal Checkups for every pregnant woman in the Sub centre area. • Preparing format for the due list in Hindi. • Training ASHAs and AWWs to fill out and update due list and ANC schedule list for every pregnant woman in their	**Handbills** Printing 5000 Hand-bills @ Rs 500 for 211 HSCs =Rs105500.0 **Pregnancy kits** 1259 ASHAs*Rs30/pregnancy kit*10 kits*4 quarters= Rs.1510800.0	1. Campaigning for registration for ANC along with immunisation budget 2. Monthly Mahila Mandal days budgeted in immunisation section 3. ANC (SBA) trainings for ANM. For details refer to training section. 4. The handbill would include information on ANC days, immunisation days, breast feeding practices, RTI/STI counseling days, Family Planning, RCH camps days at APHC level.

ASHAs and ANMs • Creating awareness about maternal health through Mahila Mandal day • Providing ANC along with immunisation services on immunisation days • Strengthening ANC services at the Sub centre level by ensuring availability of appropriate infrastructure, equipment and supplies • Ensuring quality ANC through appropriate training of the ANM • Effective monitoring and support to HSCs for ANC by APHC. • Setting up of referral transport system at every APHC level.	work area. • Organizing Antenatal checkups on immunisation days. • ASHAs and AWWs to coordinate with ANM to provide Antenatal care according to the ANC schedule maintained in the register for every expectant mother. ASHAs and AWWs to track left outs and drop outs before every ANC & immunisation day and ensure their participation for the coming day. • Organizing Mahila Mandal day to share information and create awareness about maternal and child health on every third Friday of the month at each AWC. • Wide publicity of Mahila Mandal day. • Training to ANMs to provide complete Ante natal care and identify high risk pregnancies. • Strengthening of Sub centre in terms of equipment to conduct ANC services. (refer to health facilities section) • Ensuring regular supply of IFA tablets at each Sub centre level. (refer to health facilities section) • Setting up Helpline with Ambulance at every PHC (APHC). (refer to health facilities section)		
Natal, neo-natal and postnatal care			
Situation Analysis: Percentage of institutional deliveries in Jamui district is low at 17.6%. Deliveries at home assisted by doctors or another skilled attendant such as a nurse/LHV/ANM is even lower at 8.0% whereas only 19.3% of mothers received postnatal care within 48 hours of delivery for their last child. Factors leading to the low rates of assisted and institutional deliveries include a shortage of Sub centres, poor infrastructure and skills at the Sub centre level and an almost exclusive focus of			

the Sub centre on immunization activities. Similarly, APHCs suffer from severe shortages in labour rooms and medical officers, though staff nurses have recently been appointed. There are currently no APHCs providing 24*7 services and no ambulance services available at the APHC level. Also, because of lack of appropriate infrastructure most mothers are not able to stay for the required 48 hrs at the facility. At the PHC level the District faces a shortage of Gynecologists and Paediatricians. 6 PHCs in the district – Khaira, Jamui, Gidhour, Barhat, Sono and Sikandra do not have fully functional labour rooms and almost no PHC has blood storage facilities. There is also a need of appointing lady doctors at APHC, PHC,CHC and above.

In addition, breastfeeding practices need to be improved. According to DLHS 3, only 14.8% infants were fed within one hour of birth. While 25.0% children were exclusively breastfed for 6 months and only 20.2% of neonates received a check up within 24 hours after delivery. There are almost no facilities for the management of sick newborns.

Furthermore, there are have been problems in the implementation of the Janani and Bal Suraksha Yojana (JBSY) launched to increase the utilization of ANC, assisted deliveries and postnatal care and immunisation services with delays in payments.

Strategies	Activities	Budget
• Strengthening 25% of APHCs to provide 24*7 services • Strengthening 100% of APHCs to provide institutional delivery care. • Strengthening 6 PHCs and 3 RH to provide institutional delivery care • Setting up 3 CHCs to provide Emergency and Comprehensive Obstetric Care • Ensuring that ambulance services are available for transportation to APHCs and referral to PHCs and CHCs • Developing a pool of skilled births attendants for each block. • IMNCI Training for ASHAs and ANMs • Improving accessibility of skilled birth attendants to communities • Creating community level awareness on the importance of assisted and institutional deliveries through ASHAs • Counseling of mothers and families for early initiation of breastfeeding,	**Strengthening facilities for institutional deliveries (please see facilities section)** A. Ensuring availability of fully functional and equipped labour rooms, maternal wards, ambulance services and blood storage facilities B. Equipping 24*7 APHCs and PHCs to provide minimum 24 hours post delivery stay to mothers and newborns by setting up maternity and neonatal wards C. Equipping CHCs, SDH and DH to enable 48 hrs of post delivery stay for mothers and newborns by setting up maternity and neonatal wards D. Ensuring availability of required medical officers, nurses and ANMs at all facilities E. Appointment of Paediatricians and Gynaecologists at every PHC and CHC F. Regular stocks of PPH controlling drugs. **Ambulance services** • Identifying ambulance service providers for 32 APHCs, 6 PHCs, 3 CHCs, 1 SDH and 1 DH and signing	**Mobile phones** 212 ANMs*Rs2000/mobile phone instrument=Rs.424000.0 **Monthly mobile bills** 212 ANMs*Rs600/month* 12months=Rs.1526400.0 **Facility level phones** 32 Facilities*Rs1000/phone =Rs.32000.0 **Landline bills** 32 Facilities *Rs500/month*12 months= Rs.192000.0 **Telephone directory of SBAs for ASHAs** Rs.50,000.0 **Printing JBSY cards** Rs.100,000.0 **JBSY payments** **Rural:** Rs2,000/beneficiary *30000.0 deliveries estimated= Rs.6,0000,000.0

colostrum feeding and exclusive breastfeeding for 6 months by ASHAs • Weighing of all newborns by ASHAs and AWWs at the community level within 48 hours • Ensuring timely payment of JBSY funds to mothers and ASHAs • Setting up a Sick Newborn Care Unit at the District Hospital • Ensuring telephone connectivity between all facilities providing institutional delivery care	contracts for services • Focus on increasing exemption to BPL patients in the utilisation of ambulance services **Developing a pool of Skilled Birth Attendants for each block** • Regular rounds of SBA training for ANMs, LHVs and Nurses.(see training section) • ASHAs to have the names and numbers of skilled birth attendants for every block • Extending the Helpline 102 to enable calling for skilled birth attendants during deliveries **Accessibility of skilled birth attendants** • Providing mobile phones to ANMs at Sub centre to enable them to be available for assistance during delivery at the community level **IMNCI Training for all ASHAs and ANMs** • IMNCI training for all ASHAs and ANMs **EmOC Training** • EmOC training for all MOs and Grade A Nurses at PHCs and CHCs **Improving communication between facilities providing institutional delivery services** • Ensuring that 32 APHCs, 6 PHCs, 3 RH, 1 SDH and DH are connected through functional phone lines **JBSY** • Creating a JBSY card which combines the services in the MCH card along with info on JBSY payments • Streamlining JBSY money from district to PHC to provide timely payment to beneficiaries and ASHAs. • Support ASHAs to open accounts in the bank. • Explore the options of direct money transfer to ASHAs' accounts. **Counseling and support to new mothers for initiation of the breast feeding after one hour of delivery, colostrum feeding and post natal care within 48 hrs**. • ASHAs to visit newborn baby in first 48 hours to ensure exclusive breast feeding and counsel the families	**Urban:** Rs 1000/beneficiary* 5000 deliveries estimated= Rs.5,000,000.0

	about newborn care and postnatal care. • ANM and staff at facility to provide counseling and support for exclusive breast feeding. • Each mother to receive a post natal check up before discharge • Postnatal follow up by ASHAs and ANMs at the village level **Sick Newborn Care Unit** • Setting up a Sick Newborn Care Unit at the District Hospital	
Other services	• Weekly RTI/STI clinics to be held at all PHCs with OBG visits during these days • Monthly RCH camps at distant villages, Doctors and OBG specialists • Deputing health workers MOs, SNs/ANMs from PHC, three other staff. • Procurement of drugs from the district drug house following the requisition of separate drugs for 12 camps.	One OBG contracting in daily basis @ Rs.500.0 * 4 days*12 months *6 PHCs+ 3 RH = Rs.216,000.0 Two OBG/pediatrician contracting in per camp @ Rs.1000.0 * 12 camps * 32 APHCs= Rs.384000.0 Cost of each camp @ Rs 5000*12 months*32 APHCs = Rs.1920000.0 Drugs for each camp @ Rs 2000*12 months*32 APHCs = Rs.768000.0

- Infant Health

Objectives

- Ensuring that 50% of children (0-6 months old) are exclusively breastfed.
- Increase in percentage of children (12-23 months) fully immunised (BCG, 3 doses of DPT, Polio and Measles) from 50% to 70%
- Ensuring initiation of complementary feeding at 6 months for 60% of children
- Increasing the percentage of children with diarrhoea who received ORS from 45% to 80%
- Increasing the percentage of children with ARI/fever who received treatment from 77% to 100%
- Ensuring monthly health checkups of all children (0-6 months) at AWC
- Ensuring that all severely malnourished children are admitted, receive medical attention, and are nutritionally rehabilitated.

Nutrition		
Situation Analysis: Ensuring exclusive breastfeeding and timely initiation of complementary feeding is critical for appropriate child development		
Strategies	Activities	Budget

• Counseling mothers and families to provide exclusive breastfeeding in the first 6 months • Convergence with WCD Department for implementation of Rajiv Gandhi Creche Scheme at NREGA worksites to enable exclusive breastfeeding and child care by women workers • Identification of severely undernourished children (Grade III & Grade IV) through monthly health checkups at AWC. • Setting up a Nutrition Rehabilitation Centre at SDH and District Hospital Jamui	• Meeting with WCD officials to review the status of implementation of the Rajiv Gandhi Creche scheme • Training by Health Department of crèche workers on nutrition and child care • Organising health checkups at AWC for children in the 0-6 year age group on the 2nd Monday of every month • Referral of severely undernourished sick children to Nutrition Rehabilitation Centre (NRCs) • Setting up 10 bedded NRCs at SDH and District Hospital Jamui • Providing food and wage loss support for one parent of every child admitted to enable the child to stay at the NRC for the required period of time	**Creche worker training** 40 batches*Rs10,000/batch= Rs.400,000.0 **NRC setting up** 1SDH*Rs.30,000.0= Rs.30000.0 **NRC Staff** 3 Staff Nurses*Rs.7500/month*12 months*1 SDH= Rs.270000.0 **Kitchen equipment** 1 SDH*Rs.5,000.0= Rs.5,000.0 **Kitchen expenses(including salary of cook)** 1 SDH*Rs12,000.0/month* 12months= Rs.144000.0 **Wage loss compensation** 1 SDH*Rs90/day*30days* 12 months=Rs.32400.0
Health Services		
Situation Analysis: Only 45% children with diarrhoea received ORS whereas 15% of children with acute respiratory infection/ fever did not receive any medical attention		
Strategies	Activities	Budget
• Promotion of health seeking behaviour for sick children through BCC campaigns. • BCC for pregnant women and mothers to regarding feeding practices, immunisation, and other aspects of child care. • Capacity building of ASHA, AWW and ANM for the management of common childhood diseases and identification of serious cases for referral.	• Training of ANM and AWW for IMNCI • Training ASHAs to refer sick child to facility in case of serious illness. • ASHAs equipped to provide ORS to children with diarrhea and suggest referral in case of emergency. • Regular stock up of ASHA drug kits. • Providing weighing machines to every AWC to ensure monthly weighing • ASHAs to support AWWs in monthly weighing	IMNCI training (pls refer to training section for details) **ASHA Drug Kit** 1296 ASHAs*Rs600/kit= Rs.777600 **Weighing machine** 1398 AWWs*Rs.1000/machine= Rs.1398000.0
Health Services – Immunisation		
Situation Analysis: According to DLHS 3, percentage of children (12-23 months) fully immunised (BCG, 3 doses each of DPT, Polio and Measles) is only 17.4%. As per DLHS 3, percentage of children		

who received BCG vaccine is 52.9%, percentage of children who received 3 doses of polio vaccination is 25.0%, children who receive 3 doses of DPT is 27.3%, and children who receive measles vaccine is 33.7%. Children who received at least one dose of vitamin A is 30.4% while those who received three doses of Vitamin A is 4.5. The District currently faces a shortage of skilled vaccinators.

Muskhan EK Abhiyan: Immunization of all pregnant women for T.T. and children up to one year (full immunization)

All 1398 AWCs are to be covered under this programme at least once a month. 211 HSCs are to be covered under this programme on all Wednesdays observed as immunisation day. PHCs/RH/SDH and DH will also provide immunisation services on everyday. Incentives are provided under this programme for AWW, ANM and ASHA when 80 per cent immunisation is achieved. The programme involves organizing Mahila Mandal camps at the AWCs.

Many ANMs in the district are not proficient in administering the vaccines. Skills level of ANMs is low. Routine immunisation training has not been taking place on a regular basis. 400 participants need to be trained in Routine Immunisation in batches of 25. There is a shortage of cold chain equipment such as ILR and deep freezer at PHC level. 1 newly functional PHCs in the district I.Aliganj do not have ILR and deep freezer. Most of the PHCs are operating with either ILR or deep freezer.

The District does not have a vaccine van which obstructs timely supply of vaccines to the district. DPT and needle supply is not timely. The maintenance and repair of cold chain equipment is not being done properly by the company currently appointed. The District also needs to adopt better waste management practices for the disposal of syringe and needles.

Funds for Printing of RI formats are underutilised.

Strategies	Activities	Budget
• Improving availability of skilled vaccinators. • Increasing utilisation of immunisation services through awareness generation by ASHAs and AWWs. • Ensuring continued tracking of pregnant women and children for full immunisation • Establishing sound monitoring mechanism to review and guide the progress • Improving availability and maintaining quality of cold chain equipment • Improving timely supply of the vaccines • Timely supply of DPT and syringes. • Discussion with the state to acquire power of issuing maintenance and	• Organising regular routine immunisation training for ANM and AWW and IPC/IEC/BCC trainings for ASHA and AWWs. • Organising immunisation camps at every Sub centre level on every Wednesday and at the AWCs on every Saturday. • Regular house to house visits for registration of pregnant women for ANC and children for immunisation • Developing tour plan schedule of ANM with the help of BHM and MOIC. • Timely payment to MOICs to arrange transportation of vaccines from district hospital to PHCs. • Regular disbursement of funds from the DIO to MOs for providing incentives to ANMs	**Incentives for AWWs** 1398 AWWs @ Rs.200.0*12 months = Rs.3355200.0 **Incentives for ANMs** 1398 (AWC visit by ANM) @ Rs 150.0*12 months = Rs.2516400.0 **Incentives for ASHAs** 1398 (AWW visit by ASHA)@ Rs 200.0*12 months = Rs.3355200.0 **Mahila Mandal Meetings** 1398 (Mahila mandals) @ Rs.250.0*12 months = Rs.4194000.0 **Per Diem for health workers** 3 days @ Rs 50 per day per person* 3300 persons = Rs 49,5000 7 days for trained vaccinator @ Rs 75/person/day*213 **vaccinators =** Rs111,825.00 **Supervision** 1 vehicle 2 teams 4 days * Rs 650/day = Rs 4,34,200.0

repair contract for cold chain equipment from district. • Adopting safe disposal policies for needles and syringes	• Regular disbursement of funds for ANMs to provide incentives to AWWs and ASHA workers • Providing per diem for health workers, mobilisers, supervisors and vaccinators and alternative vaccinators • Maintaining the disbursement records • Visits by MOIC, CDPO, BHM, LHV and health educator to monitor the progress of immunisation schedule and prepare report. • Ensuring the unrestricted movement of the monitoring team with fuel for vehicle and funds for hiring of the vehicle. • Maintaining continuous power supply at PHC level for maintaining the cold chain. • Applying for acquisition of ILR and deep freezer for the 1 PHCs which do not have ILR at present • Applying to State Heath society for the funding for Vaccine van to get timely stock of vaccines for the districts. • Timely and regular requests from district to state as well as blocks to district to replenish the supply of DPT and syringe. • Rationalisation of courier rates and making request to the SHS for increased funding for courier in order to ensure timely supply of vaccines to sub centres. • Reviewing the contract of Voltas Cooling Company, currently responsible for repair and maintenance. • Submitting a proposal to the state health society to acquire power of issuing maintenance and repair contract for cold chain	Contingencies Rs 1750/block and Rs 3000/district = Rs 20500.0 **Training** Honorarium and TA for participants @ Rs 250 for two days = Rs.100000.0 Honorarium for trainers @ Rs. 600 for two days training = Rs. 15,000.0 Contingency Rs.100/day = Rs.40000.0 Budget for print material included with the hand bill in the section of maternal health.

	equipment from district. • Procure stock of hub cutters for all the PHCs for safe disposal of needles and syringe.	

Vitamin A Supplementation Programme-

The programme faces lack of skilled manpower for implementation of program. There is also shortage of drugs and RCH kits. The shortages put constraints on ensuring first dose of Vitamin-A along with the measles vaccination at 9 months.There are also problems for procurement of Vitamin-A bottles by the district for biannual rounds. The reporting mechanism of the district need to be improved. There is lack of coordination among health & ICDS workers for report returns & MIS. The district also needs a joint monitoring & supervision plans with ICDS department.

Strategies	Activities	Budget
• Updation of Urban and Rural site micro –plan before each round. • Improving inter-sectional coordination to improve coverage. • Capacity building of service provider and supervisors. • Bridging gaps in drug supplies. • Urban Planning for Identification of Urban sites and urban stakeholders. • Human resource planning for Universal coverage. • Intensifying IEC activities for Community mobilization. • Strengthening existing MIS system and incorporating 9 doses of Vitamin-A in existing reporting structure. • Strong monitoring and supervision in Urban areas.	• Orientation , stationary, data compilation, validation and updating • Constituting district level task force and holding regular meetings • Organising meeting of block coordinators • Training and capacity building of service providers. • Strategy planning meetings, orientation of stakeholders, resource planning and site management for urban centre and orientation of urban supervisors. • Ensuring availability of immunisation cards • Procurement of Vit A Syrup	Orientation of 6 PHCs + 3 RH +1 urban centre=10*1000=Rs.10,000.00 Constituting district level task force-1*5000=Rs.5000.00 Training of 6 PHCs + 3 RH*Rs1500= Rs.13500.0 9 centres*Rs.5000=Rs.45000.0 Strategy planning workshops- Rs. 7500.00 Honorarium to urban vaccinators =250 *100= Rs. 25,000 Honorarium to ASHAs and AWWs-2632 health workers*100= Rs.269400.0 Honorarium to supervisors-Rs.14,400.00 Immunisation cards- Rs.120,000.00 Procurement of Vit A Syrup-Rs.463,424.00 Hiring vehicle for campaigns – Rs.36,000.00 IEC/ BCC activities-Rs.60,000.00 Vehicle support for monitoring-Rs.72,000.00 Total budget for two biannual round-

		Rs.1,155,024.00*2=**Rs.2,310,048.00**

- Family planning

Objective

- Fulfilling unmet need of 35% for family planning services at the community level
- Increasing the use of any modern method of family planning from 35% to 50%
- Increasing male sterilisation rates from 0.5% to 2%
- Increasing the utilization of condoms as the preferred choice of contraception from 2.7% to 8%.

Situation Analysis: The utilisation of any method of contraception has increased a bare 2 percentage points in the district over the past five years whereas the utilisation of modern methods has increased from 28% to 35%. Of this, nearly 18.3% is contributed by female sterilization. Male sterilization is low at 0.3%. Other spacing methods are equally low with the use of IUD at a mere 0.1%, oral contraceptive pills at 0.4% and condoms at 1.5%.

A significant unmet need for family planning services has been recorded at 44.2% which importantly comprises of 17.8% need for spacing and 26.4% for limiting methods.

Strategies	Activities	Budget
• IEC/BCC at community level with the help of ASHAs, AWW • Addressing complications and failures of family planning operations • Training male peer educators to increase awareness amongst men about the importance of contraception and the ease of spacing methods • ASHAs to have a stock of contraceptives for distribution	**Spacing methods** • Selecting and training male peer educators (1 for every 500 persons) in 5 blocks to counsel men for the adoption of spacing methods • Interpersonal counseling of eligible couples on family planning choices by ASHAs and male peer educators **Limiting methods** • Family planning day at all health facilities every month. • ANM and ASHA to report complications and failure cases at community to facility. • Quick facility level action to address complications and failures. • Streamlining compensation channels • Streamlining incentives for MOs **Abortion services** • MTP services to be provided at all PHCs. **Training** • Training of MOs for conducting tubectomy and vasectomies procedures using Laproscopy	**Training of Male Peer Educators** 32 batches (32 educators in each batch trained for 3 days)*Rs3000.0/batch= Rs.96000.0 **Incentives** For 2000 NSVs @ Rs 1500 = Rs.3,000,000.0 For 15,000 tubectomies @ Rs 900= Rs.13500,000.0 For 60,000 IUD insertions @ Rs 20 per case= Rs.1,200,000.0

	• Training of MOs for providing MTP services • Training of ANMs on encouraging reproductive choices and the features of different methods • Training of ASHAs on family planning choices, contraceptives and behavior change communication	

- Adolescent Reproductive & Sexual Health

Objectives

- Reducing the percentage of births to women during age 15-19 years from 90% to 70%
- Reducing anaemia levels in adolescent girls and boys

Situation analysis: Nearly 72.9% of births are to women in the age group of 15-19 years. This is a very vulnerable age group deserving of special attention and support.		
Strategies	Activities	Budget
• Providing life skills education to married and unmarried adolescent girls by ASHAs and AWWs • Treating anemia among adolescent girls and boys	• Training of ASHAs and AWWs on providing life skills education to adolescent girls • Screening of all adolescents especially girls for anemia during the monthly health checkups of children at AWC on the 2nd Monday of every month • Screening of all adolescents for RTIs and STIs • Providing IFA supplementation to adolescents	RTI/STI Screening budget included in the RCH camp **Anaemia Screening** 1398 AWCs*Rs500.0*12month = Rs.8388000.0 **IFA supplements** Rs.100,000.0
School Health Programme		
Situation Analysis: There are about 1335 Government Middle and Primary schools where the camps are conducted. Till date 250 camps have been completed, covering 250 schools. The services provided include refraction, general check up, and distribution of medicines.		
Strategy	Activity	Budget
• Continuing the school health programme • Initiation of School Health Programmes in Primary/high school	• Requisition to be sent to the state health society for expanding the school health programme to	• For 1335 schools @ Rs 2500 per camp =Rs.3337500.0 • Rs 10,000 per block

• Ensuring proper referral and follow-up of students	priamy and high school of government schools. • School Health programmes to be conducted through partnership with NGOs • Requisition to state for providing spectacles for refractive corrections • Providing referral cards for the needy children to the nearest PHC/SH • Providing an award for the 'Healthiest' school in the block	for healthy school award *10 blocks =100000.0

19. National Vector Borne Disease Control Programmes

- National Leprosy Elimination programme

Objective

- To reduce the leprosy disease prevalence rate to <1

Situation analysis:
Currently disease prevalence rate per 10,000 population is 1.09
Disease detection rate per 10,000 population is 1.65
Number of cases under treatment is 186
New patients registered – 289
Percentage of children in new cases – 13.49
Percentage of SCs in new cases – 23.87
Percentage of ST in new cases – 0.69
Total treated patients treated from April'08 to Dec'08 – 256

Infrastructure: The district has an upgraded district leprosy office, leprosy control units at Munger

Human Resources: 1 social health worker is in position. 10 non-medical assistants are in position. 1 laboratory technician is needed, 1 drivers are needed. 2 male ward attendant are needed. 1 cook is required. 1 assistant helper is required, 2 peon is present and six more are needed, 1 sweeper is needed. 3 Physiotherapists are available.

Strategy	Activity	Budget
1. Enhancing the case detection rate 2. Strengthening of all health facilities for case detection 3. Creating awareness among the community about the disease 4. Strengthening health facilities for management of deformity cases **5.** Separate pediatric ward for treating of children at the Bhagalpur leprosy unit **6.** Fillingvacant posts **7.** Ensuring continued training	**Improving case detection** A. House to house visits for tracing cases of Leprosy, by health workers (BHWs, ASHA, ANM) B. Detected cases are to be taken to hospital for proper counseling, by professional counselors C. The cases detected are to be monitored and followed up by health workers, mainly by BHWs/ASHA to detect deformity. **IEC/BCC to create awareness** • Awareness creation among community by having hoardings, phamphlet, advertisements in the news papers. • Sensitization of AWW • School quiz contest • Awareness in the community through Gram- Goshti. • Organizing 2 Health camps in each block. • Rally to create awareness	**Hoardings** Rs. 20,0000.0 **Handbills** Rs.25,000.0 **AWW Sensitisation** 47 batches*Rs.4500/batch= Rs.211500.00 **School Quiz** Rs.200,000.0 **Gram Goshtis** Rs.50,000.0 **Health Camps** Rs.100,000.0 **Rally** Rs.50,000.0 **Awareness in Urban areas** Rs.50,000.0 **Strengthening facilities** Fuel + vehicle=Rs.80,000.0 Stationary=Rs.25,000.0 Medicine=Rs.14,000.0 Patient welfare=Rs. 15,000.0

	• Awareness in urban areas **Strengthening Facilities** 8. Increasing availability of fuel, vehicle, stationary and medicine at facility level **Human Resources** 9. Walk-in interview for filling of all required staff at the district level. 10. Continued training for all health workers 11. Training of all health workers specifically in counseling patients and the family about the disease 12. Contracting of services that are essential for management of cases 13. Contracting of a consoler at least at the PHC level.	

- Revised National Tuberculosis Control Programme (RNTCP)

Section-A – General Information about the District

1	Population (in lakh) please give projected population (as on July 1st)	**16.13**
2	Urban population	**1.55**
3	Tribal population	**0.90**
4	Rural population (Rural)	**13.68**
5	Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers, urban slums)	**00**

(These population statistics may be obtained from Census data /District Statistical Office)

Does the district have a DTC : Yes

Organization of services in the district:

1	Name of the TU	Population (in Lakhs)	Please indicate if the TU is-		No. of MCs		
			Govt	NGO	Govt	NGO	Private
2	DTC JAMUI	**444208**	**Yes**	**-**	**3**	**-**	**-**
3	SIKANDRA	**272643**	**Yes**	**-**	**3**	**-**	**-**
4	LAKSHMIPUR	**275096**	**Yes**	**-**	**1**	**-**	**-**
5	JHAJHA	**354314**	**Yes**	**-**	**3**	**-**	**-**
6	CHAKAI	**267388**	**Yes**	**-**	**1**	**-**	**-**
7	Total	**1613649**			**11**	**-**	**-**

RNTCP Performance indicators:

Important: Please give the performance for the last 4 quarters i.e. ***October 07*** *to* ***September 08***

Name of the TU (also indicate if it is predominantly urban / rural / hilly / special group	Total number of patients put on treatment	Annualised total case detection rate (per lakh pop.)	No of new smear positive cases put on treatment	Annualised New smear positive case detection rate (per lakh pop)	Cure rate for cases detected in the last 4 corresponding quarters	Plan for the next year	
						Annualized NSP case detection rate	Cure rate
JAMUI (URBAN)	**417**	**94**	**132**	**31**	**63**	**45**	**80**
SIKANDRA (RURAI)	**283**	**75**	**101**	**36**	**93**	**50**	**85**
LAKSHMIPUR (RURAL)	**146**	**54**	**73**	**27**	**33**	**37**	**60**
JHAJHA (RURAL)	**209**	**59**	**126**	**30**	**72**	**42**	**85**
CHAKAI (Hilly)	**117**	**45**	**74**	**28**	**32**	**35**	**56**
District (total)	**1172**	**327**	**506**	**152**	**293**	**209**	**85**

Section B – List Priority areas for achieving the objectives planned:

Sl.No.	Priority areas	Activity planned under each priority area
1	CIVIL WORK	1.a) Contraction of New **DMC at PHC Barhat.** **b)** Contraction of New **DMC at PHC Lahaban.**
2	IEC	2. a) Wall painting All **PHC, APHC, Railway Station, Block and Bus Stand (Approx 60 3ft. x**
		b) Hoarding All **PHC, Railway Station, Block and Bus Stand (Approx 20 4ft. x**
3	PRINTING	3. a) Dots Directory All **TU, Govt. OPD, and Pvt. Practioner (Approx 50.Pcs.)**
		b) Pumplet **5000 Pcs.**
4	TRAINING	4. a) Community Volunteer./Asha
		b) Re- Training of **MO,MPW, MPHS, DOTs Provider for Paediatric PWBs and Refresher Training.**
5	NGO	5. a) To be involve in **scheme IV (Lachhuar Hospital).**
		b) To be involve in **scheme II.**
		c) To be involved in **scheme V. (Lepra**

Section C – Plan for Performance and Expenditure under each head:

1. Civil Works

Activity	*No. required as per the norms in the district*	*No. actually present in the district*	*No. planned for this year*	*Pl provide justification if an increase is planned (use separate sheet if required)*	*Estimated Expenditure on the activity*	*Quarter in which the planned activity expected to be completed*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
DTC upgradation	***01***	***01***	**-**	**-**	***80000.00*** *(Committed)*	***1st Q09***
No. of TUs upgraded	***05***	***05***	**-**	**-**	***6500.00***	***2nd Q09***

No. of MCs upgraded	***26***	***10***	***01***	***-***	***10000.00***	***2nd Q08***
No. of MCs Proposed	*-*	*-*	***02***	***-***	***70000.00***	***1st Q08***
				TOTAL	***166500.00***	

2. Laboratory Materials

Activity	*Amount permissible as per the norms in the district*	*Amount actually spent in the last 4 quarters*	*Procurement planned during the current financial year (in Rupees)*	*Estimated Expenditure for the next financial year for which plan is being submitted(Rs.)*	*Justification/ Remarks for (d)*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Purchase of Lab Materials	***1.5 Lakh. Million***	**1,05,643**	***50000.00***	***1,50,000.00***	

3. Honorarium

Activity	*Amount permissible as per the norms in the district*	*Amount actually spent in the last 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ Remarks for (d)*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Honorarium	***0.28 lakh Million***	***5000.00***	***1,00,000.00***	***1,50,000.00***	***Each DOT Provider will be paid @ of 250.00 for Treatment complete /Cure patient.***

	No. presently involved in RNTCP	*Additional enrolment proposed for the next fin. year*
Community volunteers **Asha /AWW/VHG/CV**	***500***	***200***

4. IEC/Publicity:

Permissible budget as per Norms:

Budget for next financial year proposed as per action plan detailed below:

Target Group/ Objective	Activities Planned at District Level						Total activities proposed during next fin. year	Estimated Cost per activity unit	Total expenditure for the activity during the next fin. year
	Activity (All activities to be planned as per local needs, catering to the target groups specified)	No. of activities held in last 4 quarters	No of activities proposed in the next financial year, quarterwise						
			Apr-Jun	July-Sep	Oct-Dec	Jan-Mar			
Patients and General public / for awareness generation and social mobilization	Outdoors: wall paintings Hoardings Tin plates Banners others	Nil - - - - -	 **30** 10 50 100 -	- 30 10 50 - -	- - - - - -	- - - - - -	- **60** 20 100 100 -	 **Rs. 15 sq.ft.** **Rs. 50 sq.ft.** - Rs 200/ Banners -	 **5400.00** **18000.00** **5000.00** **20000.00** -
	Outreach activities: Patient provider interaction meetings Community meetings Mike publicity Others	**-** **Nil** **Nil** **-**	**-** **15** **15** **-**	**-** **15** **15** **-**	**-** **15** **15** **-**	**-** **15** **15** **-**	**-** **60** **60** **-**	**-** **Rs..500/ Meeting** **Rs..500/ Meeting** **-**	**-** **30000.00** **30000.00** **-**
	Puppet shows/ street plays/etc.	-	-	-	-	-	-	-	**30000.00**
	School activities	**-**	**10**	**10**	**10**	**-**	**30**	**Rs..1000/**	**30000.00**
	Print publicity Posters Pamphlets Others	**Nil** **-** **-**	**-** **5000** **-**	**-** **-** **-**	**-** **-** **-**	**-** **-** **-**	**-** **5000** **-**	**-** **@ 250/-** **-**	**-** **1250.00** **-**
	Media activities on Cable/local channels	-	-	-	-	-	-	-	**5000.00**

	Radio								
	Any other activity	-	-	-	-	-	-	-	-
Opinion leaders/NGOs for advocacy	Sensitization meetings	-	-	-	-	-	-	-	-
	Media activities	-	-	-	-	-	-	-	-
	Power point Presentations / one to one interaction	-	-	-	-	-	-	-	-
	Information Booklets/ brochures	-	-	-	-	-	-	-	-
	World TB Day activities	-	-	-	-	-	-	-	**25,000.00**
	Any other public event	-	-	-	-	-	-	-	-
Health Care providers – public and private	CMEs Interaction meetings one to one interaction meetings	-	-	-	-	-	-	-	-
	Information Booklets Any other	-	-	-	-	-	-	-	-
Any Other Activities proposed		-	-	-	-	-	-	-	-
								Total Budget	**1,99,650.00**

5. Equipment Maintenance:

Item	*No. actually present in the district*	*Amount actually spent in the last 4 quarters*	*Amount Proposed for Maintenance during current financial yr.*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ Remarks for (d)*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Computer (maintenance includes AMC, software and hardware upgrades, Printer Cartridges	*01*	-	***15000.00***	***30000.00***	

and Internet expenses)					
Binocular Microscopes	*17*	-	-	--	
			TOTAL	***30,000.00***	

6. Training:

Activity	*No. in the district*	*No. already trained in RNTCP*	*No. Planned to be trained in RNTCP during each quarter of next FY (c)*				*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
			Q1	*Q2*	*Q3*	*Q4*			
	(a)	*(b)*					*(d)*	*(e)*	*(f)*
Training of MOs	***85***	***60***	***Q1***	-	-	-	-	***30,000.00***	
Training of LTs of DMCs- Govt + Non Govt	-	-	-	-	-	-	-	-	
Training of MPWs	-	-	-	-	-	-	-	-	
Training of MPHS, pharmacists, nursing staff, BEO etc	-	-	-	-	-	-	-	-	
Training of Comm Volunteers	***150***	***0***	***150***	-	-	-	-	***20,000.00***	
Training of Pvt Practitioners	-	-	-	-	-	-	-	-	
Other trainings #	-	-	-	-	-	-	-	-	
Re- training of MOs	***58***	***58***	***58***	-	-	-	-	***25,000.00***	
Re- Training of LTs of DMCs	-	-	-	-	-	-	-	-	
Re- Training of MPWs	-	-	-	-	-	-	-	-	
Re- Training of MPHS, pharmacists, nursing staff, BEO	-	-	-	-	-	-	-	-	
Re- Training of CVs	-	-	-	-	-	-	-	-	
Re-training of Pvt Practitioners	-	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-	
TB/HIV Training of MOs	-	-	-	-	-	-	-	-	
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc	-	-	-	-	-	-	-	***20,000.00***	
TB/HIV Training of STS	-	-	-	-	-	-	-	-	
Provision for Update Training at Various Levels #	-	-	-	-	-	-	-	-	

Any Other Training Activity # _____	-	-	-	-	-	-	-	-	

 # Please specify **TOTAL : 95,000.00**

7. Vehicle Maintenance:

Type of Vehicle	*Number permissible as per the norms in the district*	*Number actually present*	*Amount spent on POL and Maintenance in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
Four Wheelers	-	-	-	-	-	
Two Wheelers	***05***	***05***	***38825.00***	***55000.00***	***1,00,000.00***	
				TOTAL	***1,00,000.00***	

8. Vehicle Hiring:

Hiring of Four Wheeler	*Number permissible as per the norms in the district*	*Number actually present*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
For DTO	***1***	***1***	***8220.00***	***5000.00***	***50,000.00***	
For MO-TC	***5***	***1***	-	-	***50,000.00***	
				TOTAL	***1,000.00***	

9. NGO/ PP Support:

Activity	*No. of currently involved in RNTCP in the district*	*Additional enrolment planned for this year*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
NGOs involvement scheme 1	-	-	-	-	-	
NGOs involvement scheme 2	-	-	-	-	-	
NGOs involvement scheme 3	-	-	-	-	-	
NGOs involvement scheme 4	-	-	-	-	-	
NGOs involvement scheme 5	-	-	-	-	-	
NGOs involvement unsigned	-	-	-	-	-	
Private practitioners scheme 1	-	-	-	-	-	
Private practitioners scheme 2A	-	-	-	-	-	

Private practitioners scheme 2B	-	-	-	-	-	
Private practitioners scheme 3	-	-	-	-	-	
Private practitioners scheme 4	-	-	-	-	-	
				TOTAL	**---**	

10. Miscellaneous:

*Activity** e.g. TA/DA, Stationary, etc.	*Amount permissible as per the norms in the district*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification / remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Statinary/TA/ DA/Teliphone Bill/Fax Bill/Loding & Unloding Drug/Transport Charge.	***1.5 Million***	***51869.00***	***20,000.00***	***1,00,000.00***	
			TOTAL	***1,00,000.00***	

** Please mention the main activities proposed to be met out through this head*

11. Contractual Services:

Activity	*No. required as per the norms in the district*	*No. actually present in the district*	*No. planned to be additionally hired during this year*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*		*(d)*	*(e)*	
Medical Officer-DTC	*Not to be filled*	-	-	-	-	-	
STS	***05***	***05***	***0***	***4,10,5320.00***	***2,62,500.00***	***450000.00***	
STLS	***05***	***03***	***02***	***2,46,524.00***	***157500.00***	***450000.00***	
TBHV	***01***	***0***	***01***	***00***	***00***		

DEO	***01***	***01***	***-***	***65807.00***	***42000.00***	***72000.00***	
Accountant – part time	***01***	***01***	***-***	***21935.00***	***14000.00***	***24000.00***	
Contractual LT	*Not to be filled*	***07***	***04***	***499030.00***	***318500.00***	***858000.00***	
					TOTAL	***1944000.00***	

12. Printing:

Activity	*Amount permissible as per the norms in the district*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
*Printing**	***1.5 lakh/Million***	***-***	***10000.00***	***50,000.00***	

** Please specify items to be printed*

13. Research and Studies: N.A

Any Operational Research project planned (Yes/No)

_____

(If yes, enclose annexure providing details of the Topic of the Study, Investigators and Other details)

Whether submitted for approval/ already approved? (Yes/No)

_____

Estimated Budget (to be approved by STCS)._____

14. Medical Colleges: N.A.

Activity	*Amount permissible as per norms*	*Estimated Expenditure for the next financial year(Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*
Contractual Staff: *MO (In place: Yes/No)* *STLS (In place: Yes/No)* *LT (In place: Yes/No)* *TBHV (In place: Yes/No)*			
Research and Studies: Thesis of PG Student Operations Research*			
Travel Expenses for attending STF/ZTF meetings			
IEC: Meetings and CME planned			

** Expenditure on OR can only be incurred after due approvals of STF/ STCS/ZTF/CTD (as applicable)*

15. Procurement of Vehicles:

Equipment	*No. actually present in the district*	*No. planned for this year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*
*4-wheeler ***	-	-	-	
2-wheeler	-	-	-	

16. Procurement of Equipment:

Equipment	*No. actually present in the district*	*No. planned for this year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*
Computer	***1***	-	-	
Photocopier	***1***	-	-	
OHP	***0***	***1***	-	
Any Other ***FAX***	***1***	-	***30000.00***	

Section D: Summary of proposed budget for the district –

Category of Expenditure	**Budget estimate for the coming FY 2008 - 2009** *(To be based on the planned activities and expenditure in Section C)*
1. Civil works	**1,66,500.00**
2. Laboratory materials	**1,50,000.00**
3. Honorarium	**1,50,000.00**
4. IEC/ Publicity	**1,99,650.00**
5. Equipment maintenance	**30,000.00**
6. Training	**95,000.00**
7. Vehicle maintenance	**1,00,000.00**
8. Vehicle hiring	**1,00,000.00**

9. NGO/PP support	**0.00**
10. Miscellaneous	**1,00,000.00**
11. Contractual services	**19,44,000.00**
12. Printing	**50,000.00**
13. Research and studies	**0.00**
14. Medical Colleges	**0.00**
15. Salaries of regular staff**	**0.00**
16. Procurement – drugs	**0.00**
17. Procurement –vehicles	**0.00**
18. Procurement – equipment	**0.00**
TOTAL	**31,15,150.00**

- Malaria, Kala Azar and Filaria-

Kala Azar		
Jamui District is free from Kala Azar		
Malaria Control Programme		
Situation Analysis: District faces lack of laboratory technicians and facilities at the APHC/PHC level. This has proved to be a hurdle in prompt diagnosis of the cases. All BHW, BHI, ANM are responsible for collecting the BS of the suspected cases. The exact burden of disease in Jamui is not known as reports from private sector is not collected or not reported. The BCC activities in the district are also limited. There is also shortage of mosquito bed nets but anti-malarial drugs are in abundant.		
Strategy	**Activities**	**Budget**
• Ensuring registration of all private laboratories • Filling-up of all vacant posts • Enhancing BCC activities • Ensuring adequate supply of mosquito bed nets	• Meeting with DM for issuing an order for all old and new laboratories to register with DHS. • Following their registration, they would be expected to report all the disease specific cases to the DHS. • All HWs would also be then requested to collect the reports. • Training of all health workers in BCC.	Health workers- 50 additional health workers for spraying DDT on daily basis @Rs 200 * 30 days= Rs.300,000.00
		Total- Rs.300,000.00
Filaria Control Programme-		
Situation Analysis- Similar to Malaria lack of laboratory technicians and facilities at the APHC/PHC level continues to pose a challenge for an effective filarial control programme in the district. In case of Filaria specifically the exact burden of disease is not known because reports from the private sector are not collected or not reported. BCC activities in the district are limited. There is a shortage of chemically treated bed nets. Mass Drug Administration has been carried out in the population where cases have been detected.		
Strategy	**Activities**	**Budget**

• Early diagnosis and prompt treatment • Ensuring registration of all private laboratories • Filling all vacant posts • Enhancing BCC activities • Ensuring adequate supply of mosquito bed nets • Ensuring adequate supply of drugs	B. House to house visits for tracing cases of Filariasis, by health workers (BHWs, ASHA, ANM) C. Collection of reports from local private practitioners and laboratories in the village D. Following their registration, they would be expected to report all the disease specific cases to the DHS. E. All HWs would also be then requested to collect the reports. F. Training of all health workers in BCC. G. Supply of bed nets as per Kala-Azar H. District level procurement of drugs for MDA, with funds from respective department.	**Health workers**-20 Additional workers on daily basis @ Rs 200 * 30 days= Rs.120,000.00 **Publicity campaign**- Rs.30,000.00 **Handbills and hoardings for BCC and IEC campaign** – Rs.50,000.00
		Total- Rs.200,000.00

- National Blindness Control Programme

Strategy	**Activities**	**Budget**
- Prompt case detection - Ensuring proper treatment	Screening of all children in the schools Including Optometristsin Mobile medical units visits to camps in villages. Fortnightly visit by optometrist optometrician to health sub-centers and weekly visit to APHCs Contracting of ophthalmologist services Distribution of spectacles from the health facilities Conducting in-hospital minor surgeries for cataract. Conducting surgeries in the NGO run hospitals and follow-up Distribution of spectacles for BPL population undergoing surgery in private sector.	**Optometric**- 10 Optometrics *Rs.4000= Rs.480,000.00. Contracting in ophthalmologist- 20 ophthalmologist @Rs. 300 per hour* 8 Hours*2 weeks per month*12= Rs.1152000.0 Distribution of spectacles- 3000spectacles* Rs.200 per spectacle=Rs.60,00,00.00
		Total- Rs.2232000.0

20. Community Participation

Goal: to ensure that communities lead and determine health change

Objectives

1. To ensure that the ASHA programme is fully operationalised with ASHAs representing community requirements in the implementation of health programmes and being an active link for the community to the health system
2. To ensure that Village Health and Sanitiation Committees (VHSCs) are established across the district
3. To establish a vibrant support structure for ASHAs and VHSCs across the district through selection and training of District Resource Persons and ASHA trainers.
4. To strengthen the capacity of the DPMU to coordinate the ASHA programme by recruiting an ASHA Coordinators

ASHA		
1. Selection		
Situation analysis: Out of a total target 1296 ASHAs for the District, 1259 have already been selected. The number of ASHAs to be selected has been determined on the basis of older population estimates. Given that the current estimate of district rural population is 1519132 the total number of ASHAs required at the norm of 1 for every 1000 population is 1640. 344 ASHAs need to be further selected		
Strategies	Activities	Budget
1. Sanction of 344 additional ASHAs 2. Facilitate selection through a community process focused on creating awareness about the role of the ASHA as a community mobiliser and activist and her positioning as a representative of the community. 3. Community based review of existing ASHAs for performance and replacement of non-functional ASHAs. 4. Partnership with local, active voluntary organizations with a background in community health work in the community based selection and review	5. Submission of proposal for the sanction and selection of 344 additional ASHAs 6. Development of an IEC campaign on the role of of the ASHA using print and folk media by Block Health Educators 7. Building partnerships with NGOs for conducting an IEC campaign on the ASHA programme 8. Monitoring of the IEC Campaign by Block Health Educators 9. Determining the community based selection and review process for ASHAs by DHS. 10. Partnership with NGOs for implementing the community based selection and review process 11. Monitoring of NGO partnership for community based	**Selection** Rs100/visit for ASHA selection* 3 visits/ASHA * 344 ASHAs=Rs.103200.0 **Selection meetings** Rs. 250/meeting/ ASHA* 344 ASHAs=Rs.86000.0 **Review** Rs 100/visit for review meetings* 2 visits/ASHA*1259 ASHAs=Rs.251800.0 **Review meetings** Rs 250/meeting/ ASHA* 1259 ASHAs= Rs.314750.0 **Monitoring of selection and review process** 12 visits/block*10blocks*Rs200/visit = Rs.24000.0

process	selection and review of ASHAs by Block Health Educators.	
• Training		
Situation Analysis: Out of 1296, 1259 ASHAs have received only the first round of training.		
Strategies	Activities	Budget
1. Conducting 12 days of camp based training for all ASHAs 2. Conducting 30 days of field based training for 30% of ASHAs in the district.	3. Selection of trainers (8 trainers per block,1 per 20 ASHAs. A total of 82 trainers) 4. Development of training modules for training of trainers (TOT) and ASHAs. 5. Identification of 26 member team (2 /block) as District Resource Persons from the trainers who have received training at the state level as well as others. 6. Developing a training calendar for training 1640 ASHAs in 3 training phases of 547 ASHAs each 7. Training of Trainers: (6 batches of apprx 20 trainers each to be trained for 7 days. Trainings can be organized parallely for two batches.) 8. Conducting camp based training at the APHC level. (for each block, training of 5 batches of ASHAs, each consisting 30 ASHAs will be conducted. This training will be conducted in total 4 rounds, each of the duration of 3 days. The entire training will spread across 5 months. There will be a one month gap between two rounds for every batch). Four trainers will be training for one batch. Block can conduct trainings of two batches simultaneously. 9. Phase 2 to be started by the 3rd month of Phase 1 and Phase 3 to be started by the 3rd month of Phase 2. 10. ASHAs trained in the 1st phase are expected to	**Camp Based trainings** **Training of trainers expenses** 82 Trainers*7 days*Rs.100/day for food and travel= Rs.57400.00 **Prep of TOT modules** 82 Trainers* Rs.300/module= Rs.24600.00 **ASHA training expenses** **Travel expense** 1640 ASHAs*Rs 100/training* 4 trainings= Rs.656000.0 **Wage loss** 1640 ASHAs*Rs100/day*12 days= Rs1968000.0 **Food +Stay**= 1640 ASHAs*Rs.70/day*12 days= Rs.1377600.0 **ASHA training modules** 1640 ASHAs *Rs 300=Rs.492000.0 **District Resource Person's honorarium=** 26 DRPs* Rs150/day*300 days= Rs.1,170,000.0 **ASHA trainers honorarium** 82 ATs*Rs.100/day* 300days= Rs.2460000.00

	receive 30 days of field based training through the ASHA trainers. 11. Training review by Master trainers and hands on support to ASHA trainers during ASHA training 12. Review of and support to field based training provided by ASHA trainers 13. Continuous capacity building of ASHA trainers through cluster, block and district level monthly meetings	
• Supportive Supervision		
Strategies	Activities	Budget
• ASHA trainers as supportive supervisors of the ASHA • Regular meetings of ASHAs and their trainers to review activities and provide support	• Monthly cluster level meetings of ASHAs, ANMs, AWWs, VHSC members and ASHA trainers • Monthly block level trainer's meeting • Monthly district level trainer's meeting • Development of simple monitoring formats to be filled out by ASHA trainers, and District Resource Persons to review the functionality of the programme • Organising an ASHA mela every year at the District level to create a sense of solidarity and support amongst ASHAs • ASHA Helpline to be managed by the ASHA helpdesks • Selecting active ASHAs with leadership qualities to be ASHA trainers	**Block level trainer meeting** Rs 500/meeting*12 meetings* 10 blocks=Rs.60000.0 **District level trainer's meeting** Rs.500*12 meetings= Rs.6,000.0 **Printing of monitoring formats** =Rs.5000.0 **ASHA Mela** Rs.100,000.0
• Incentive		
Strategies	Activities	Budget
1. Timely release of monetary incentives to ASHAs 2. Instituting social incentives for ASHAs	3. Review of hurdles in receiving incentives during training sessions 4. Smoothening process glitches 5. Sensitising MOs to honour ASHA referral 6. Ensuring that ASHAs have all	ASHA awards Rs. 50,000.0

	updated contact information of health system functionaries at the relevant block and district level 7. Instituting an award for 10% of ASHAs at the district level	
• ASHA Programme Management		
Strategies	Activities	Budget
• Strengthening the DPMU for effective coordination of the ASHA programme by hiring an ASHA coordinator • Joint working of DPMU and Health Educators on operationalisation of the ASHA programme	• Advertising for an ASHA coordinator at the district level • Recruitment of ASHA coordinator • Health educators at the block level to support in ASHA training	ASHA Coordinator Rs.15,000.0/month* 12months= Rs.180,000.0 Cost of recruitment Rs.15,000.0
Village Health & Sanitation Committees		
Situation analysis: VHSCs have not yet been set up		
Strategies	Activities	Budget
• Campaign on the importance and roles of VHSCs • Setting up of all VHSCs • Ensuring that VHSC funds are received by all VHSCs	1. Partnerships with NGOs for setting up of VHSCs through 2 rounds of Gram Sabha meetings 2. Opening of bank accounts for all VHSCs 3. Ensuring transfer of funds	VHSC untied funds 1506 Villages*Rs10,000= Rs.15,060,000.0

21. Capacity Building and Training

Maternal health		
Situation Analysis- **SBA Trainings**- SBA trainings are being organized in SDH Jamui. Regular Grade A nurse has got SBA training. Out of 213 regular ANMs posted in the district, 20 have got the SBA training from SDH Jamui. The remaining 193 regular and 212 contractual ANMs are yet to receive the training. 10 present LHV also require SBA training. **EMOC Training-** Only 2 medical officer from the district has received EmOC training. **IMNCI-** No medical officers have received IMNCI ToT. **Family Planning –** No any doctors have received Non scalpel Vasectomy training. No Minilap training has been organized in the district.		
Strategy	Activities	Budget
• SBA training to Sub centre ANMs. • SBA training to all three staff nurses from 32 APHCs • Building capacity of 2 staff nurses from each of 6 PHCs, 3 RH, 1 SDH and district hospital. Facility • Establishing district level training centers for regular trainings of the district staff.	1. SBA trainings has to be given ANMs posted at Sub centre and APHC. Total number of ANMs=442. Therefore 74 batches each comprising of 6 ANMs has to be trained. 2. 2 Staff nurses from each of 6 PHCs, 3 RH, 1 SDH and district hospital. Total number of SNs to be trained=22. So total 4 batches need to be trained. 3. 1 LHV from each PHC and RH. total number of LHV=9. So 2 batches for training. **EMOC-** • 2 medical officers from District hospital, SDH and 3 RH. • 1 MO from each PHC • 1 MO from 32 priority APHCs. • Total number of MOs to be trained= 44. Total 8 batches to be trained. **Safe abortion services training** 1. 2 medical officer s from District hospital, SDH and 3 RH. 2. 1 MO from each PHC 3. 1 MO from 32 APHCs. Total number of MOs to be trained-	**SBA trainings** SBA trainings for ANM- 74batches*Rs.8275per batch=Rs.612350.00 Staff Nurses- 4 batches*Rs.8275per batch=Rs.33100.00 LHV- 2 batches*Rs.8275=16,550. **EMOC** 8 batches*Rs.106625per batch=Rs.853000.00 **Safe abortion services training** 8 batches*Rs.8,000=Rs.64,000.00 **Anaesthetics skill training=** 2 batches*Rs**.** 140,800=Rs.281600.00 **NSV training** 2

	44. Total number of batches=8. **Anaesthetics skill training-** • 1 MO from each functional PHC and 1 each from 3 RH, 1 SDH and 1 DH. Total number of MOs to be trained=11. Total number of batches=2. **NSV training** • 1 MO from each block PHC and 3 RH. So two batches of 6 participants each. **STI/RTI training**- • 1 MO from each functional PHC and 1 DH, 1 SDH and 3 RH. So two batches of 6 participants each. **MINLAP training** • 1 MO from each functional PHC and 1 DH, 1 SDH and 3 RH. So two batches of 6 participants each. • **Training on Family Planning choices and IUD insertion** • 1 ANM from each of 32 APHC • 1 ANM from 6 functional PHC • 1 ANMs from 3 RH, 1 SDH and DH. So total number of ANM=43. So total 8 batches to be trained. • **ARSH training** • 1 MO each from 6 PHCs, 3 RH, 1 SDH and DH . Total number of MOs to be trained=11. So two batches of 6 participants each. • **SNCU training-** 2 MOs from 3 RH, 1 SDH and DH. Total number of MOs to be trained= 10. So two batches of 6 participants each. Programme management training- Basic computer skills for clerical staff at DPMU, DHS, District hospital, SDH, referral and PHCs and DPMSU. District health planning and management for DPMSU and DPM.	batches*Rs.10,000=Rs.20,000.00 **STI/RTI training**- 2 batches*Rs.10,000=Rs20,000.00 **MINLAP training** 2 batches*Rs.10,000=Rs20,000.00 **Training on Family Planning choices and IUD insertion** 8 batches* Rs.10,000=Rs.80,000.00 **ARSH Training** 2 batches*Rs.8000=Rs.16,000.00 **SNCU training-** 2 batches*Rs.50,000=Rs100,000.00

	Demanding and follow-up of the demand for training budget.	
National Leprosy Control Programme.		
Strategy	Activity	Budget
Capacity building of district staff to create awareness towards leprosy.	Training of paramedical (ANM 212+ 64 A Grade) total 276. One batch consist 30 paramedical Refresher trainings for paramedics NGO trainings POD training	**Paramedical training-** 10 batches *Rs.12,000= Rs. 120000.00 **Refresher trainings for paramedical-** 2 batches *Rs.10,000=Rs.20,000.0 **NGO trainings**- 10 batches*Rs.4500=Rs.45000.0 **POD Training-** 10batches* Rs.5000=Rs.50000.00

Civil Surgeon cum Secretary
District Health Society, Jamui.

District Magistrate cum Chairman
District Health Society, Jamui.