District Health Action Plan

2009-2010

District Health Society
Jehanabad

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Acknowledgements

This District Health Action plan prepared Under a Short & Hard Process of about survey of one month and this was a good Opportunity to revisit the situation of health services status and national programmes in district as well as to have a positive dialogue with departments like Public Health Engineering, Women and Child Development, Maternal and Child Health care etc.

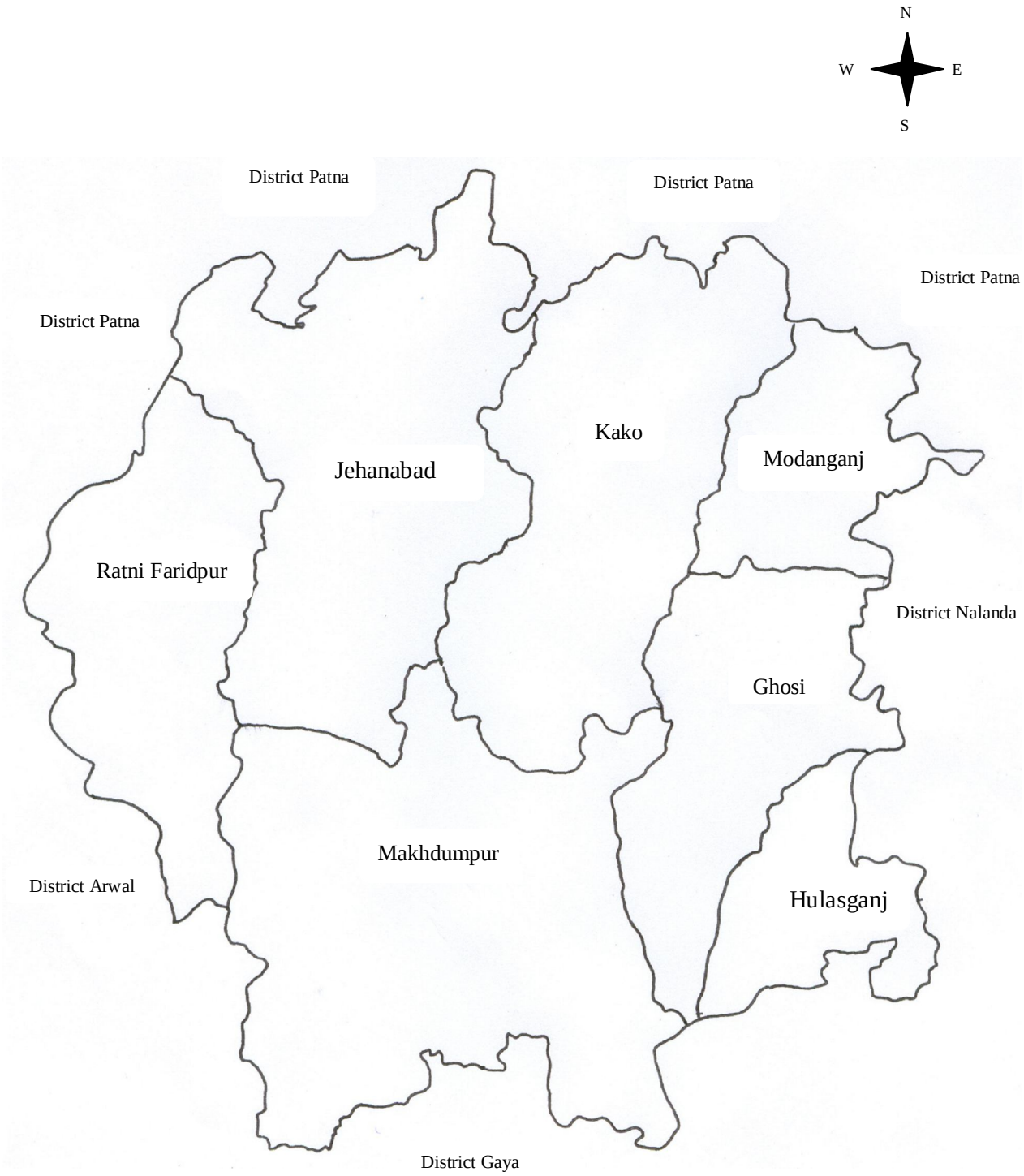
This document is an outcome of a collective effort by a number of individuals, related to our institutions and programmes:-

- ***Shri Sanjay Kumar Agarwal,*** Chairman of District Health Society, Jehanabad was a source of inspiration towards this effort vide his inputs to this process during D.H.S review meetings.
- ***Dr. (Smt.) Shashi Rani (A.C.M.O)*** Nodal officer for this action plan who always supported this endeavor through her guiding words and language.
- **Mr. Nimish Manan**, District Programme Manager was in charge for this development of the *DISTRICT HEALTH ACTION PLAN*.
- **Mr. Arvind Kumar**, District Data Assistant is technical advisor for data introduced inside this *DISTRICT HEALTH ACTION PLAN.*
- All district level Programme officer for various Health Programmes, B.H.Ms, M.O.I .Cs, PHCs, Field Office Staff have supported with their full participations,cooperation and learning spirit through out this process.
- **Mr. Prashant K.S**, and **Mr. Ajit Kumar Singh**, Consultant, NHSRC who assisted and facilitated the district team through out this process and finalized the *DISTRICT HEALTH ACTION PLAN*.

I on behalf of the District Health Society, Jehanabad acknowledge the grateful contribution of all those mentioned above.

Dr. Ajay Pratap
Civil Surgeon-cum-member secretary,
District Health Society, Jehanabad.

MAP OF JEHANABAD DISTRICT



Jehanabad - Introduction

General :

Jehanabad district was carved out of the old GAYA district on 1st August 1986. Earlier it was a subdivision of Gaya since 1872. It is situated 56 km to the south of the State Head Quarters, Patna and 47 km to the north of Gaya by road and is well connected to both the stations via an electrified rail-route as well. Again, in the year 2001, the district of Arwal was created out of the district of Jehanabad.

Geography :

The district covers 941.4 sq. km. of geographical area in South Bihar. The town of Jehanabad, which is the HQ of the district, is situated at the confluence of rivers Dardha and Jamuna. Lying between 25-0' to 25-15' degree north latitude and 84-13' to 85-15' degree eastern longitude, the district is bounded by districts of Patna in the north, Gaya in the south, Nalanda in the east and Arwal in the West.

Topography and Terrain :

Fertile alluvial soil locally called "Kewal" supports the district's predominantly agricultural economy and is currently being tilled for production of paddy, wheat, cane, potato, pulses, vegetables etc. The south-east area of the district is hilly terrain bounding the district from this site and it offers feverable terrain for the nexalites to operate and build their bases. Because of geographical constraints and lack of metalled road communication carrying out of anti naxal operations becomes a tedious task. Naxalites take shelter in theses areas and they take advantage of the porous inter district boarders. Naxals run trainings in these areas and commit crime after which they easily sleep into the border of the neighboring district. The geographical features become obstacles in the smooth movement of troops besides being vulnerable to planting of land mines and becoming easy targets of ambush laid by naxalites. Since, there several commoflause and concealment places the naxals take shelter in these areas and convene secret meetings and out spread the extremist ideology.

History :

Description of Jehanabad in the history is found in the famous book "AINA-E-AKBARY" wrote by Abul Fazal. The book states that in the 17th century this place was badly affected by famine and people were dying of hunger. Moghul emperor Aurangzeb, in whose times the book was re-written established a "Mandi" for relief of the people and named it 'JEHANARABAD'. The Mandi was under the direct control of Jehanara and she spent a great deal of time here. In due course of time, the place became 'JEHANARABAD' and later 'JEHANABAD'

Dialect :

The dialect spoken here is Magadhi (Magahi).

Administration:

There is one subdivision - Jehanabad and seven blocks in the district - Jehanabad, Kako, Makhdumpur, Ghosi, Ratni Faridpur, Hulasganj and Modanganj. There are 93 Gram Panchayats, 7 Panchayat Samities and one Zila Parishad in this district. One Nagar Panchayat is at Makhdumpur and one Nagar Parishad at Jehanabad, M.P. constituency - 01, MLA constituency - 3

Socio-Economic :

The relatively small sized district is a cauldron of conflict as far as the socio-economic situation is concerned. There were extreme caste tensions (with an economic bearing) prevailing in the whole Magadh area (old Gaya district - now broken into 5 districts of Gaya, Aurangabad, Nawada, Jehanabad and Arwal) and they were manifested in their worst forms in this district. Thus this place has been badly affected by Naxalism (PWG, MCC, ML(Lib) etc.) and has seen the emergence of rival outfits such as Ranvir Sena.

In the result this district has witnessed horrifying spate of large scale carnages in the past which has resulted in the killing of hundreds of innocents. Nonhi-Nagwan, Parasbigha, Khagari-Damuha, Laxmanpur-Baathe, Rampur-Chauram, Senari,

Shankarbigha and Narainpur - there is a long list of villages where big massacres have occurred

Statistical Profile (based on 2001 census)

Sl. No.	Population	Male	Female	Total
1.	Bihar	43153964	39724832	82878796
2.	Jehanabad	480518	443959	924477
3.	Rural Population	420777	391807	812584
4.	Urban Population	59741	52152	111893
5.	Literacy rate	70.29%	40.43%	55.91%
6.	Rural	69.03%	37.94%	53.99%
7.	Urban	78.83%	58.62%	68.42%

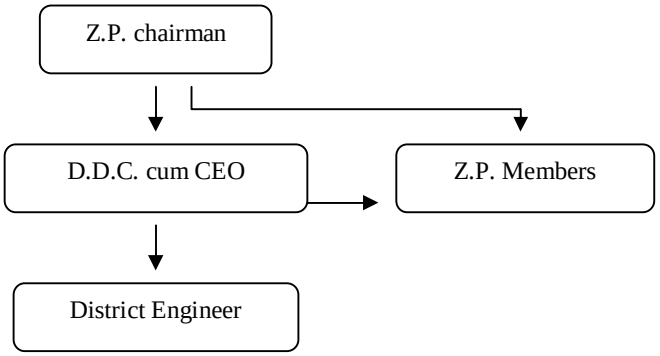
Other Important datas :-

1.	Area (in Sq. KM)	941.4 sq.km
2.	Decadal growth rate	28.64% (91 to 2001)
3.	Population density	963 PPSK (Person per sq.km)
4.	Sex ratio	928 (per 1000 male)
5.	Villages	Populated - 562 Uninhabited - 43 Total - 605
6.	Town	02
7.	Municipality	02
8.	Rural Families	144199
9.	SC Population	124856
10.	Cultivator	1.40 Lacs
11.	Small and margioner farmers	92138
12.	Agriculture labours	1.78 Lacs
13	Skilled labours/ artisan	7967
14.	House hold courtage workers	12661
15.	Other workers	59716
16.	Net area under cultivation	78000 Hec.
17.	Gross cropped area	260735.46 acr.
18.	Net irrigated area	66450 Hec.
19.	Area under forest	1030 Hec. (0.41%)
20.	Water area fishery	1176..46 Hec.
21.	Total cattle	2.04 Lacs (1982)

22.	Road length	Black top/Hard surface - 541.65 km Kacha or mud - 450.90 km
23.	Electrified villages	241
24.	Hand tube well	Urban- 764 Rural -7997 Total - 8761
25.	Drilled tube well	Urban - 0, Rural - 31
26.	Rural Water supply	11 Schemes
27.	Urban water supply	6 Schemes

THREE-TIER PRI

TIER I



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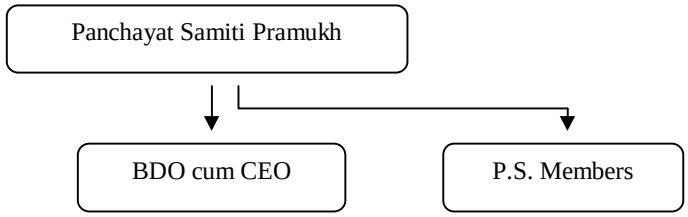

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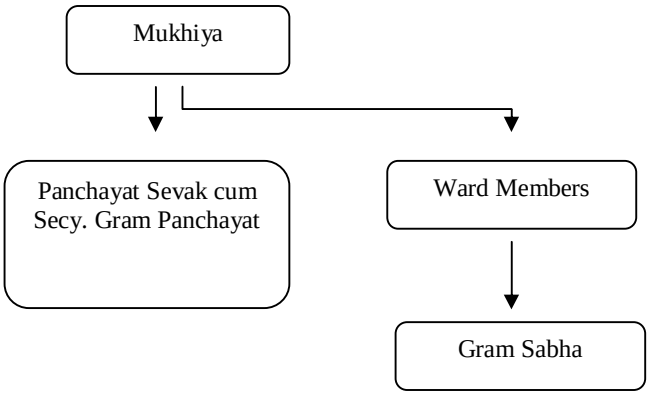


Natural Resources

The rivers- Falgu, Dardha, Jamuna and Morhar flow by crossing the district's plan topography. The river Falgu has got religious importance where 'PIND DAN' is offered to their forefather's by the Hindus. All these rivers are mainly rainfed, have a meagre discharge in the other parts of the year and go dry in the summers.

As far as minerals are concerned, the district has only minor ones. The sand available with the river beds in the major part of the year is collected and transported to other parts of the district besides to the adjoining districts and is useful in construction work.

The soil is alluvial- textured brown gray which cracks open in the dry season and gets very sticky in the rains and the mud tracks become unmotorable during that period. The fertility is reasonably good.

The forest cover of the district is small- 1030 hectares, which is mainly concentrated near the Barabar Hills. They belong to the category of reserve forests.

Human Resources

There are about 1.11 lakh cultivators including 92138 small and marginal farmers, 1.78 lacs agricultural labourers, 7969 skilled labours, 5075 house hold entrepreneurs and 95755 are engaged in allied agro business. The total population in the working age group is 358723 out of which there are 236199 males and 122534 females.

Infrastructure :

The district is linked to the bigger cities of Patna & Gaya both by road and rail route. The recently electrified Patna-Gaya branch railway line (P.G. line) traverses through the district and links the Grand Chord with Patna. There are four railway stations- Jehanabad, Court, Tehta and Makhdumpur in the 31 km long stretch of the railways. National Highway No. 83 comes from Patna via Masaurhi, goes directly to Gaya through Makhdumpur and runs almost parallel to the railway line. There is a network of PWD roads and REO roads across the district, albeit in a bad shape. The total length of surfaced roads is 541.65 kms and mud tracks is 450.90 kms. The condition of the roads in the rural parts is good.

The district has wide network of markets dealing mainly with grains and vegetables. Major centers of trade and commerce are located in Jehanabad, Ghosi, Kako and Makhdumpur. Besides in rural areas hats function usually once in the week. The trade consists mainly of export of oil seeds, rice, gur, stone chips and vegetables. The principal imports are coal, cement and other construction mateials, clothes, K. oil, tea, tobacco, fresh fruits and other perishable/ non perishable consumer goods.

The telecommunication network in the district is good. The whole of the district is either covered by basic or mobile phones.

The educational infrastructure available in the district can be summarised as following-

Primary schools	-	561
Middle schools	-	118
High schools	-	43
Sanskrit Schools	-	05
Colleges	-	02

Besides, the Sarva Shiksha Abhiyaan (SSA) has been started in the district in a big way and there is a lot of improvement underway in the quality of the buildings through additional classrooms, toilets, handpumps, annual repair and maintenance grants etc. Distribution of Teaching and learning materials, text books etc. is being simultaneously carried out in a big way.

Credit facilities

Banks	-	34
PACS	-	62

Hospitals

District Hospital	-	1
Sub-Divisional Hospital	-	1
Referral Hospital	-	2
Block P.H.C.	-	7
Addl. PHCs	-	27
Sub-centre	-	81
T.B. Sanitarium	-	1
Leprosy control unit	-	1

The district has no big industrial unit but there is a network of village and cottage industries comprising hand looms, local spinning units, shoe making, carpenters, brick kiln, stone crushers etc. We have an operational Milk Chilling Plant with a capacity of 5000 Litres per day which is being run by COMFED, Bihar.

As far as infrastructure for tourism is concerned, we have a few places to mention. There are three historical places in the district. The foremost one of Barabar or "Vanavar", situated 11 kms to the east of the NH - 31 from Makhdumpur, has the temple of Lord Shiva in the name of Baba Sidheshwar Nath, at the top of the hill, about 1100' above M.S.L. There are a few rock cut caves namely Karna Chaupar and Sudama, relating to the times of Emperor Ashoka. There is a Lomash Cave, named after a saint. A spring known as Patal Ganga is said to be built by Ashoka. There is Nagarjuni caves located nearby. The great Chinese traveler, Huen-Tsang, had visited this place and had described it in his book. It has been described in E.M. Forster's "A Passage to India". In recent times the district administration has renovated this place and constructed two tourist bungalows, a restaurant, a cemented stair case to the top of the hill, a children's park, boating facilities etc to promote tourism. Another Yatri Niwas is coming up at the base camp under MPLADS. This place witnesses a huge fair in the month of "Shravani" and it is estimated that about two to three lakhs of devotees come to offer their prayers.

Situated 11 km south-east of Jehanabad railway station in Kako block, Bhelawar is famous for an old temple of Lord Shiva. A big fair is organised every year on the occasion of Maha Shivaratri. Specimens of art of the Hindu and Muslim period have also been found here.

Also in Kako itself, which is equally important both for the Hindus and the Muslims, there is a temple having old statue of Lord Sun in the North-east of Kako village. It is said that Rani Kekai, wife of King Dasharatha and step-mother of Lord Rama had domiciled here for sometime. On her name this village got the name as 'Kako'. There is also a graveyard of a great Muslim Sufi Lady-Hazrat Kamalo Bibi, aunt of Hazarat Makhdum Sahab of Bihar Sharif, who is said to have been blessed with divine powers.

Situation Analysis

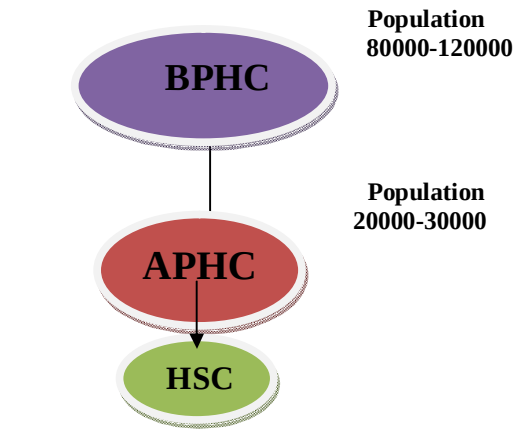
In the present situational analysis of the blocks of district Jehanabad the vital statistics or the indicators that measure aspects of health/ life such as number of births, deaths, fertility etc. have been referred from census 2001, report of DHS office, Jehanabad and various websites as well as other sources. These indicators help in pointing to the health scenario in Jehanabad from a quantitative point of view, while they cannot by themselves provide a complete picture of the status of health in the district. However, it is useful to have outcome data to map the effectiveness of public investment in health. Further, when data pertaining to vital rates are analyzed in conjunction with demographic measures, such as sex ratio and mean age of marriage, they throw valuable light on gender dimension. Table below indicates the Health indicators of Jehanabad district with respect to Bihar and India as a whole.

Table: Health Indicators

Indicator	Jehanabad	Bihar	India
CBR	28.6	29.2	23.8
CDR	8.1	8.1	6
IMR	62	61	58
MMR	371	371	301
TFR	4.6	4	2.68
CPR	33	34.1	56.3
Complete Immunization	47.2	32.8	44

Sources: DLHS3, NFHS3, SRS2007

3.1.1. GAPS IN INFRASTRUCTURE:



Introduction:

Health Sub Centre is very important part of entire Health System. It is first available Health facility nearby for the people in rural areas.
We are trying to analyze the situations at present in accordance with Indian Public Health Standards.

1. Infrastructure for HSCs:

IPHS Norms:

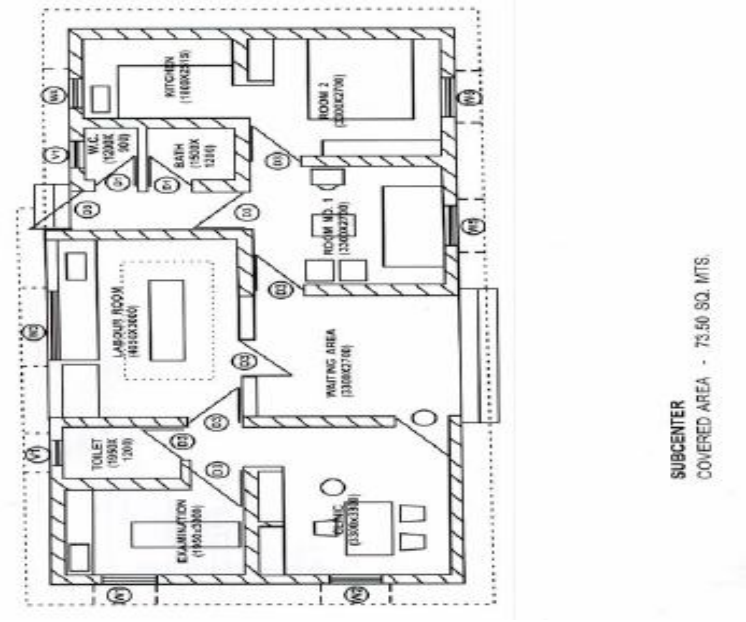
A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

i. Location of the centre: The location of the centre should be chosen that:

   a. It is not too close to an existing sub centre/ PHC
   b. As far as possible no person has to travel more than 3 Km to reach the Sub centre
   c. The Sub Centre Village has some communication network (Road communication/Public Transport/Post Office/Telephone)
   d. Accommodation for the ANM/Male Health Worker will be available on rent in the village if necessary.
      For selection of village under the Sub Centre, approval of Panchayats as may be considered appropriate is to be obtained.

ii. The minimum covered area of a Sub Centre along with residential Quarter for ANM will vary from 73.50 to 100.20 sq mts. depending on climatic conditions(hot and dry climate, hot and humid climate, warm and humid climate), land availability and with or without a labor room. A typical layout plan for Sub-Centre with ANM residence as per the RCH Phase-II National Programme implementation Plan with area/Space Specifications is given below

Typical Layout of Sub- Centre with ANM Residence



Waiting Area : 3300mm x 2700mm
Labour Room : 4050mm x 3300mm
Clinic room : 3300mm x3300mm
Examination room : 1950mm x 3000mm
Toilet : 1950mm x 1200mm

Residential accommodation: this should be made available to the Health workers with each one having 2 rooms, kitchen, bathroom and WC. Residential facility for one ANM is as follows which is contiguous with the main sub centre area.

Room -1 (3300mm x 2700mm)
Room-2(3300mm x 2700mm)
Kitchen-1(1800mm x 2015mm)
W.C.(1200mm x 900mm)
Bath Room (1500mm x 1200mm)

One ANM must stay in the Sub-Centre quarter and houses may be taken on rent for the other/ANM/Male Health worker in the sub centre village. This idea is to ensure that at least one worker is available in the Sub-Centre village after the normal working hours. For specifications the "Guide to health facility design" issued under Reproductive and Child Health Program (RCH-I and II) of Government of India, Ministry of Health and Family Welfare may be referred.

Health Sub Centers: Total population of the district is 1024000 in the year 2008. After considering projected population in 2008, the district needs altogether 205 HSCs to cater its whole population. At present Jehanabad have 81 established Health Sub Centers and 175 more Health sub centers are proposed to be formed. Again, out of 81 established HSCs, only 22 have their own buildings and rest 59 run in rented houses. All these 22 HSCs need renovation work. All the above mentioned HSCs need equipments, drugs, furniture and stationeries.

Health Sub Centers:				
Sub Heads	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	A. Out of 81 HSCs only 22 are having own building	Inadequate facility in constructed building and lack of community ownership	Enhance visibility of HSC through hardware activity by the help of community participation .	A**Strengtheing of HSCs having own buildings**
	B. In existing 22 buildings 02 are running in comparatively in good condition, 18 are in under renovation , Two HSC are constructed but not handed over. 37 new HSC are under construction.			B.1.White washing of HSC buildings. B.2.Organize adolescent girls for wall painting and plantation./hire local painter for colorful painting of HSC walls. List out all services which are provided at HSC level on the wall. B.3.Gardening in HSC premises by school children.
	C. Not even one building is having running water and electric supply.			C. Mobilize running water facility from nearby house if they have bore well and water storage facility and it could be on monthly rental.
	D. Lack of equipments and ANMs are reluctant to keep all equipments in HSC . E. Lack of appropriate	Operational problem in availability of equipment in constructed HSC		D.1.Purchase of Furniture Prioritizing the equipment list according to service delivery(for ANC /Family planning /Immunization/) D.2. Purchase of equipments according to services D.3. Purchase one almirah to keep all

	furniture			equipments & documents safely and it could be kept in AWW / ASHA house.
	1.Non payment of rent of 59 HSCs for more than three years	1.Non payment of rent	Regularizing rent payment	**3B. Strengthening of HSCs running in rented buildings.** B1. Estimation of backlog rent and facilitate the backlog payment within two months B2. Streamlining the payment of rent through untied fund from the month of April 09. B3.Purchase of Furniture as per need B4 Prioritizing the equipment list according to service delivery B5 Purchase of equipments as per need B6 Printing of formats and purchase of stationeries
	1. Jehanabad district has 175 proposed HSC to be formed.	1. Land Availability for new construction 2. Constraint in transfer of constructed building		**3C. Construction of new HSCs** C1. Preparation of PHC wise priority list of HSCs according to IPHS population and location norms of HSCs C2. Community mobilization for promoting land donations at accessible locations. C3. Construction of

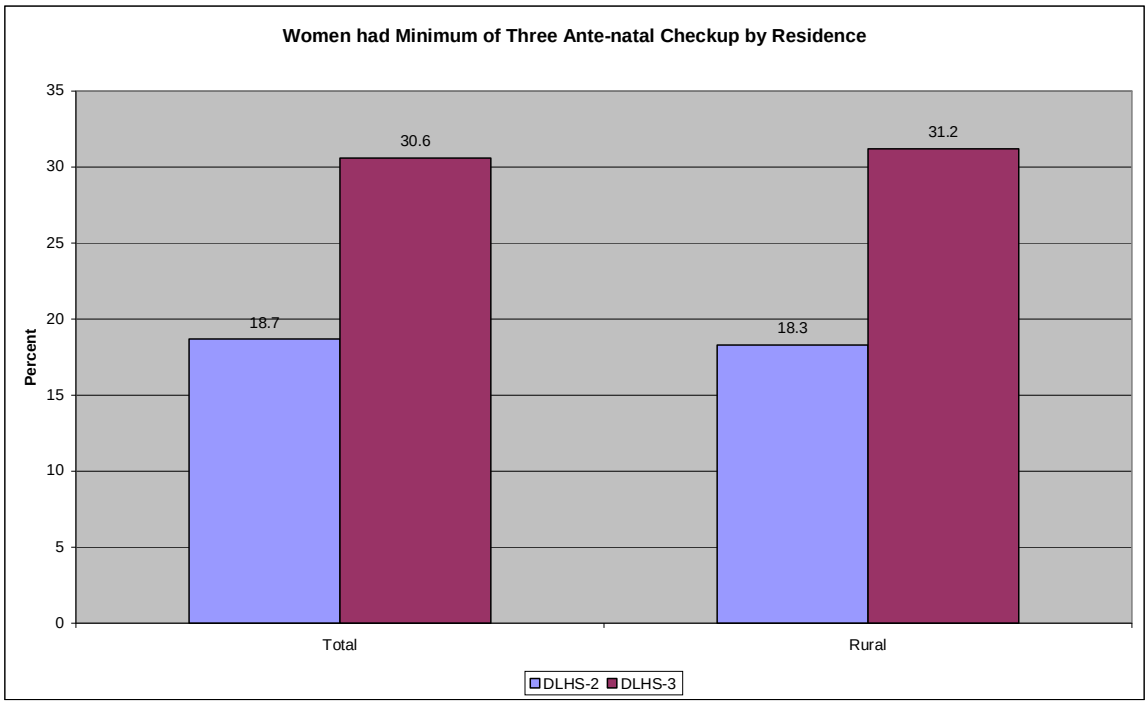
				New HSC buildings C4. Meeting with local PRI /CO/BDO/Police Inspector for smooth transfer of constructed HSC buildings.
	Non participation of Community in monitoring construction work	Monitoring	Ensuring community Monitoring	1. Biannual facility survey of HSCs through local NGOs as per IPHS format 2. Regular monitoring of HSC facilities through PHC level supervisors in IPHS format. 3. Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project. 4. Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work. 5. Monthly Meeting of one representative of VHSC/Mothers committees on construction work

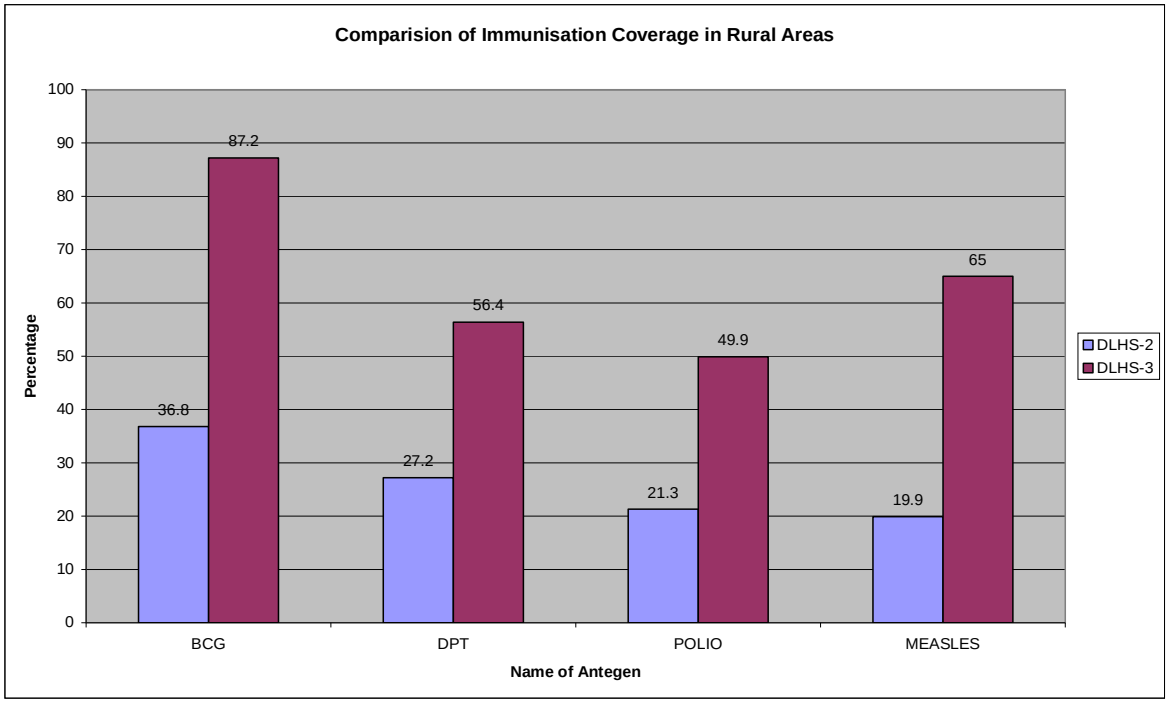
	1. Lack of community ownership in the construction of Health infrastructures.	1.Community ownership	Strengthening of VHSCs, PRIs	1.Formation and strengthening of VHSCs, Mothers committees, 2."Swasthya Kendra Chalo Abhiyan" to strengthen community ownership 3.Nukkad Nataks on Citizen's charter of HSCs as per IPHS 4.Monthly meetings of VHSCs, Mothers committees

Services of HSCs:

As per IPHS norms a sub center provides interface with the community at the grass root level providing all the health care services. Of particular importance are the practices/ packages of services such as immunization, ANC, NC and PNC, prevention of malnutrition and common childhood diseases, family planning services and counseling. They also provide elementary drugs for minor ailments such as ARI, diarrhea, fever, worm infestation etc. And carry out community need assessment. Besides the above, government implements several national health and family welfare programs which again are delivered through these frontline workers.

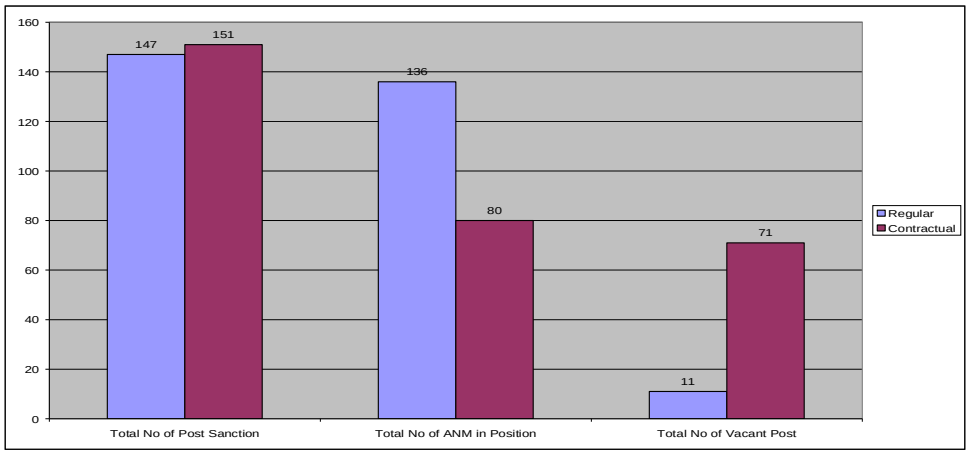
As per the DLHS3(2007-08)reports the percentage of full immunization(BCG, 3 doses each of DPT and Polio and measles) coverage(12-23 months) in the district is 47.2%. And BCG coverage of the district is 85.4%. 3 doses of polio vaccine is 48.7%, 3 doses of DPT vaccine is 55.1% and Measles Vaccine is 63.9%. The coverage of Vit A supplementation for the children 9 months to 35 months is 66 percent.


Women had Minimum of Three Ante-natal Checkup by Residence
Percent
35
30
25
20
15
10
5
0
18.7
30.6
18.3
31.2
Total
Rural
DLHS-2
DLHS-3


Comparision of Immunisation Coverage in Rural Areas
Percentage
100
90
80
70
60
50
40
30
20
10
0
36.8
87.2
27.2
56.4
21.3
49.9
19.9
65
BCG
DPT
POLIO
MEASLES
Name of Antegen
DLHS-2
DLHS-3

Sub Heads	Gaps	Issues	Strategy	Activities
Service performance	Unutilized untied fund at HSC level	Operationalisation of Untied fund.	Capacity building of account holder of untied fund	1.Training of signatories on operating Untied fund account, book keeping etc 2. Timely disbursement of untied fund for HSCs 3. Hiring a person at PHC level for managing accounts
	No ANC at HSC level	Improvement in quality of services like ANC, NC and PNC, Immunization	Strengthening one HSC per PHC for institutional delivery in first quarter	1. Identification of the best HSC on service delivery 2.Listing of required equipments and medicines as per IPHS norms 3. Purchasing/ indenting according to the list prepared 4.Honouring first delivered baby and ANM
	Only 26.7% PW registered in first trimester PW with three ANCs is 30.6%, TT1 coverage is 54.5%, Family Planning Status: Any method-28.2% Any modern method-24.1% No sterilization at HSC level IUD insertion 1% Pills-1.5% Condom-1.6% Total unmet need is 39.8%, for spacing-15.3%	Improvement in quality of services like ANC, NC and PNC, Immunization and family planning	1. Phasewise strengthening of 81 HSCs for Institutional delivery and fix a day for ANC as per IPHS norms. 2. Community focused family planning services	1 Gap identification of 81 HSCs through facility survey 2. Eligible Couple Survey 3. Ensuring supply of contraceptives with three month's buffer stock at HSCs. 4. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS 5. Training of ANMs on IUD insertion
	Lack of counseling services	Training	Training	1. Training to ANMs on ANC, NC and PNC, Immunization and other services.
	HSC unable to implement disease control programs	Integration of disease control programs at HSC level.	Implementation of disease control programs through HSC level	1 Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6. (four to five HSC per week) 2.Strengthening ANMs for community based planning of all national disease control program 3. Reporting of disease control activities through ANMs 4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.

3.1.3Human Resource



Total No of
HSC -81
APHC-27
PHC-07
RF-02
DH-01

Source: DHS Jehanabad Report.

Sub Heads	Gaps	Issues	Strategy	Activities
Human Resource	151 seats of contractual ANM®, 71 seats of contractual ANMs and 11 seats of Regular ANMs are vacant. Out of 13 sanctioned post of LHVs only 05 are placed, Seat of 07 male workers are vacant	Filling up the staff shortage	Staff recruitment	1.Selection and recruitment of 80 ANMs 2.Selection and recruitment of 07 male workers
	All 151 contractual ANMs needs	Untrained staffs	Capacity building	1.Training need Assessment of HSC

	training on different services.			level staffs 2.Training of staffs on various services
	There is no ANM School in Jehanabad District.	Training	Opening an ANM training school	1.Analyzing requirement of training school 2.Deployment of required staffs/trainers 3.Hiring of trainers as per need 4.Preparation of annual training calendar issue wise as per guideline of Govt of India. 5.Allocation of fund and operationalization of allocated fund
Drug kit availability	1.No drug kit as such for the HSCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DECs)and	Indenting	Strengthening of reporting process and indenting through form 6	1.Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports

	contraceptives, 2.No Drug kit for AWCs(@one kit per annum,) 3.No ASHA kit			
	Only need based emergency supply Irregular supply of drugs	Logistics		1.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map 2.Hiring vehicles for supply of drug kits through untied fund. 3.Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)
		Operationalization	Couriers for vaccine and other drugs supply	1 Hiring of couriers as per need 2 Payment of courier through ANMs account
			Phase wise strengthening of APHCs for vaccine / drugs storage	1.Purchasing of cold chain equipments as per IPHS norms 2. training of concerned staffs on cold chain maintenance and drug storage

Additional PHCs: -- There are 27 APHCs functioning in the district and 11 more are proposed to be established.

Additional PHC:				
Sub Heads	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.The district altogether need 36 APHCs but there are 27 APHCs functioning in the district and 11 more are proposed to be established. 2. Four more are required to be formed. 3.Out of 27 APHCs only 11 are having own building 4.Existing 11 buildings are not properly maintained 5.Non payment of rent of 16 APHCs for more than three years Lack of equipments, Lack of appropriate furniture Non availability of HMIS formats/registers and stationeries	Lack of facilities/ basic amenities in the constructed buildings Non payment of rent Land Availability for new construction Constraint in transfer of constructed building. Lack of community ownership	Strengthening of VHSCs, PRI and formation of RKS Strengthening of Infrastructure and operationalization of construction works in Three phase	1."Swasthya Ker Chalo Abhiyan" strengthen comm ownership 2.Nukkad Nataks Citizen's charter APHCs as per IP 3. Registration o 4.Monthly meeti VHSCs, Mothers committees and l **A.Strengtheing APHCs having buildings** A.1Rennovation APHCs buildings A.2 Purchase of Furniture A.3 Prioritizing t equipment list ac to service deliver A.4 Purchase of equipments A.5 Printing of f and purchase of stationeries **B. Strengthenin APHCs running rented buildings** B1. Estimation o backlog rent and facilitate the bacl payment within t months B2. Streamlining payment of rent t

			Monitoring	untied fund/ RKS the month of Apı B3.Purchase of Furniture as per ı B4 Prioritizing th equipment list ac to service deliver B5 Purchase of equipments as pe B6 Printing of fo and purchase of stationeries 3C. Construction APHC buildings standard layout c norms. C1. Preparation c wise priority list APHCs accordin IPHS population location norms o APHCs C2. Community mobilization for promoting land donations at acce locations. C3. Construction New APHC build C4. Meeting with PRI /CO/BDO/P Inspector in smo transfer of constr APHC buildings. 4 Biannual facili survey of APHCs through local NG per IPHS format 4.1 Regular moni of APHCs facilit through PHC lev supervisors in IP format.

				4.2 Monitoring o renovation/consti works through V members/ Mothe committees/VEC as implemented i Education Projec 4.3 Training of VHSC/Mothers committees/VEC on technical mon aspects of constr work. 4.4 Monthly Mee one representativ VHSC/Mothers committees on construction wor
Human Resource	Lack of doctors, Lack of ANMs, Lack of A Grade nurses, Lack of Pharmacists. Untrained ANMs and male workers The ANM training school situated at Sadar Hospital campus, lacks adequate number of trainers, staffs and facilities Out of	Filling up the staff shortage Untrained staffs	Staff recruitment Capacity building Strengthening of ANM training school	1.Selection and recruitment of 41 A nurse/ANMs 2.Selection and recruitment of 07 workers 3. Sending back staffs to their ow APHCs. 1.Training need Assessment of A level staffs 2.Training of sta various services 3.EmoC Training least one doctor APHC 1.Analyzing gaps training school

	13sanctioned post of LHVs only 05 are placed Most of the APHC staffs are deputed to respective PHC hence APHC are defunct			2.Deployment of required staffs/tra 3.Hiring of traine per need 4. Preparation of training calendar wise as per guide Govt of India. 5.Allocation of fi operationalizatio allocated fund
Drug kit availability	No drug kit as such for the APHCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DECs)and contraceptives, Only need based emergency supply Irregular supply of drugs	Indenting Logistics Operationalization	Strengthening of reporting process and indenting through form 2 and 6 Couriers for vaccine and other drugs supply Phase wise strengthening of APHCs for vaccine / drugs storage	1.Weekly meetin APHC staffs at P promoting APHC for regular and ti submission of in drugs/ vaccines according to serv reports 2.Ensuring suppl A and Kit B bian through Develop PHC wise logisti map 2.1 Hiring vehicl supply of drug ki through untied fu 2.3 Developing t colored indentin for the APHC to PHC(First remin Green, Second re Yellow, Third re Red) 3.1 Hiring of cou per need 3.2 Payment of c through APHC a 4.1 Purchasing o

				chain equipments IPHS norms 4.2 training of cc staffs on cold cha maintenance and storage
Service performance	RKS has not been formed at any of the APHC. Unutilized untied fund at APHC level No institutional delivery at APHC level No OPD At any of the APHC No inpatient facility available No ANC, NC and PNC and family planning services. No lab facility No Ayush practitioner posted No rehabilitation services No safe MTP service No OT/ dressing and Cataract operation services. Approx 80% of APHC staffs not reside at place of posting Lack of counseling	Formation of RKS Operationalization of Untied fund. Improvement in quality of services like ANC, NC and PNC, Immunization and other services as identified as gaps. Integration of disease control programs at APHC level. Family Planning services Convergence Operational issues	Capacity building of account holder of untied fund Phase wise strengthening of 27 APHCs for Institutional delivery and fix a day for ANC as per IPHS norms. Implementation of disease control programs through APHC level where APHC will work as a resource center for HSCs. At present the same is being done by PHC only.	1.Training of sig on operating Unt /RKS account, bo keeping etc 2. Assigning PH accountant for supporting operationalizatio APHC level acco 2. Timely disbur of untied fund/ se money for APHC 3. 1 Gap identifi 16 APHCs throu facility survey 2.strengtheing or APHC per PHC institutional deliv first quarter 3.Honouring firs delivered baby a 1 Review of all d control programs wise in existing weekly meetings with form 6 2.Strengthening for community b planning of all na disease control p 3. Reporting of d control activities ANMs 4. Submission of of national progr the supervisors d signed by the res

	services Problem of mobility during rainy season Lack of convergence at APHC level Operational gaps: There is no link between HSCs and APHCs and the same way there is no link between APHC and PHC		Community focused Family Planning services PPP Convergence	ANMs. 5.Weekly meetin staffs of concern (as assigned to t APHC) 1.Eligible Coupl 2. Ensuring supp contraceptives w month's buffer st HSCs. 3.Training of AWW/ASHA on planning method RTI/STI/HIV/AI 4. Training of AN IUD insertion 1.Outsourcing se for Generator, fo cleanliness and ambulance. 1. Fixed Saturday meeting day of A AWW, ASHA,L VHSCs rotation all villages of the respective HSC.

3.3Primary Health centers: The district has 07 PHCs, 02 referral hospitals and a District hospital. The PHC of Makhdumpur and referral hospital of Makhdumpur is running in the same building.

Primary Health Centers:(30 bedded)				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	All PHCs are running with only six bed facility. At present 07 PHCs are working with average 10 delivery per day, 10 FP operation/emergency operation and 120 OPD per day in each PHC. This huge workload is not being addressed with only six beds inadequate facility. Identified the facility and equipments gap before preparation of DHAP and almost All most all the facilities are not adequate as per IPHS norms.(List attached) The comparative analysis of facility survey(08-09) and DLHS3 facility survey(06-07) , the service availability tremendously increased but the quality of services is still the area of improvement. Lack of equipments as per IPHS norms and also under utilized equipments. Lack of appropriate furniture Non availability of HMIS formats/registers and stationeries Operation of RKS: Lack in uniform process of RKS operation. Lack of community participation in the functioning of RKS. Lack of facilities/ basic amenities in the PHC buildings	Available facilities are not compatible with the services supposed to be delivered at PHCs. Quality of services Community participation.	Up gradation of PHCs into 30 bedded facilities. ISO certification of selected PHCs in the district. Strengthening of BMU Ensuring community participation.	1.Need based (Service Delivery)Estimation of cost for upgradation of PHCs 2. Preparation of priority list of interventions to deliver services. 1. Selection of any two PHCs for ISO certification in first phase. 2. Sending the recommendation for the certification with existing services and facility detail. 1. Ensuring regular monthly meeting of RKS. 2. Appointment of one more Block Health Managers for Sadar Hospital, and two more Accountants for 2 Referrals and Sadar hospital.) 3. Training to the RKS signatories for account operation. 4. Trainings of BHM and accountants on their responsibilities. 1.Meeting with community representatives on erecting boundary, beautification etc, 2. Meeting with

			Strengthening of Infrastructure and operationalization of construction works Monitoring	local public representatives/ Social workers and mobilizing them for donations to RKS. **Strengthening of PHCs** 1.Rennovation of PHCs 2.Purchase of Furniture 3. Prioritizing the equipment list according to service delivery and IPHS norms. 4. Purchase of equipments 5. Printing of formats and purchase of stationeries 1. Biannual facility survey of PHCs through local NGOs as per IPHS format 2. Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.
Human Resource	As per IPHS norms each PHC requires the following clinical staffs:(List attached) But the actual position is General Surgeon 07 Physician 5 Gynecologist 2 Pediatrics 02 Eye surgeon As per IPHS norms each PHC requires the following Para medical support:(List attached) But the actual position is Nurse midwife 216/298	Staff shortage Untrained staffs	Staff recruitment	1.Selection and recruitment of Doctors 2.Selection and recruitment of ANMs/ male workers 3.Selection and recruitment of paramedical/ support staffs 4. Appointment of one more Block Health Manager for Sadar Hospital, and two more

	Dresser: 06/32 Pharmacist/compounders: 06/36 Lab technician: 10/38 Radiographer 3/4 Ophthalmic assistant: 3/4 Statistical assistants 6/16 OT attendants 0/3 clerk 49/51 Untrained doctors/ANMs in emergency obstetrics care. Seven BHM and Seven Accountants are placed in seven PHC. One more BHM is required for Sadar Hospital, Jehanabad and two more Accountant are required for Referral Hospital, Ghosi & Sadar Hospital, Jehanabad. Demotivated BPMU staffs		Capacity building	Accountant for Referral Hospital Ghosi and Sadar hospital.) 1.Training need Assessment of PHC level staffs 2.Training of staffs on various services 3.Trainings of BHM and accountants on their responsibilities. 4. Trainings of BHM on implementation of services/ various National programs.
Drug kit availability	Irregular supply of drugs because of lack of fund disbursement on time. Only 70 % essential drugs are rate contracted at state level. Lack of fund for the transportation of drugs from district to blocks. There is no clarity on the guideline for need based drug procurement and transportation.	Indenting Logistics Operationalization	Strengthening of reporting process and indenting through form 7 Strengthening of drug logistic system	1.Training of store keepers on invoicing of drugs 2.Implementing computerized invoice system in all PHCs 3.Fixing the responsibility on proper and timely indenting of medicines(keeping three months buffer stock) 4. Enlisting of equipments for safe storage of drugs. 5. Purchase of enlisted equipments. 6. Ensuring the availability of FIFO list of drugs with store keeper.

				7. Orientation meetings on guidelines of RKS for operation.
Service performance	1.Exessive load on PHC in delivering all services i.e. 10 delivery per day, 10 FP operation/emergency operation and 120 OPD per day in each PHC. 2. Total 34 seats of Regular and 08 seats of contractual doctors in the district is vacant. 3. All posted doctors are not regularly present during the OPD time so the no of OPDs done is very less(only average16 patients per Doctor per OPD days during April08-Nov 08, however the IPHS norms says that the OPD should be 40 per Doctor.) 4. Only Sadar Hospital provides safe abortion service. 5. None of the PHC provides 24 hour blood transfusion services, however PHC Makhdumpur has been provided the equipments for blood storage unit. 6.2 PHC does not have laboratory facilities. 7. 2 Lab services provided by PPP services have fled away. 8. Only one PHC provides adolescent sexual and reproductive health services. 9.Health facility with AYUSH services is not being provided	Optimun Utilization of Human Resources Epidemic outbreaks and Need based intervention in epidemic areas. Service Load	Quality improvement in residential facility of doctors/ staffs. Recruitment Proper and timely information of outbreaks Strengthening of	1. Hiring of rented houses from RKS fund for the residence of doctors and key staffs. 2. Incentivizing doctors on their performances especially on OPD, IPD, FP operations, Kala-azar patients treatment. 3. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day 1.Selection and appointment of contractual doctors and staffs 1. Mapping of the areas having history of outbreaks disease wise. 2.Developing micro plans to address epidemic outbreaks 2.Assigning areas to the MOs and staffs 3.Motivating ASHA on immediate information of outbreaks 4. Purchasing folding tents, beds and equipments and medicines to organize camps in epidemic areas.

	10. Referral a. No pick up facility for PW or patients. b.BPL patients are not exempted in paying fee of ambulance. c. Lack of maintenance of ambulances d. Shortage of ambulances 11. Quality of food, cleanliness (toilets,Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC. 12. All PHCs have their own generator sets but are not in use. 13. In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs are reluctant to handle emergency cases. 14. Several cases of theft of instruments, computers, and submersible pumps etc at PHCs. 15. No guidance to the patients on the services available at PHCs. 16. Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular. 17. Lack of inpatient facility for kala-azar patients. 18.Lack of counseling services 19.Problem of mobility during rainy season 20.Lack of convergence 21. Lack of timely	centered at PHC Availability of AYUSH pathy. Insecurity (Staff and Properties) Govts existing services like lab, x-ray, generator, fooding and cleanliness services.	equipments and services and increase in the number of ambulances. Strengthening of AYUSH services at PHC level in the first level. Confidence building measures Strengthening of the Govts existing services like lab, x-ray, generator, fooding and cleanliness services. Creating friendly environment HMIS and strengthening of reporting process	1. Repairing of all defunct Ambulances 2. Repairing of PHcs gensets and initiating their use. 3. Hiring of ambulances as per need. 1. Appointment of one AYUSH practitioner and Yoga teacher in every PHC 1.Insurance of all properties and staffs of PHC 2.Placing one TOP in every PHC 1. Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate. 2.Recruitment of lab technicians as required 3. Purchase of equipments/ instruments for strengthening lab. 4. Hiring of menial workers for cleanliness works. 1. Assigning LHV for counseling work 2. Wall writing on every section of the building denoting the facilities 3. Name plates of doctor 4. Displaying Roster of doctors with their details. 5. Gardening 6. Sitting

	reporting and delay in data collection			arrangement for patients 7. Installation of LCD TV with cable connection 8.Installation of safe drinking water equipments/water cooler, 9.Installation of solar heater system and light with the help of BDO/Panchayat 9. Apron with name plates with every doctors 10. Presence of staffs with uniform and name plates. 1.Orientation of the staffs on indicators of reporting formats 2.Puchase of Laptops for DPM, DAM, DA and BHMs

3.4 District Hospital:

District Hospital Jehanabad:				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1. There are 80 beds in the Sadar hospital which is not adequate as per the requirement. **Ward** **No of beds** Male medical ward: 20 Female ward : 40 Delivery ward : 10 Emergency ward : 10 **Total** **: 80** 2. At present District hospital is working with average 30 deliveries per day, 20 FP operation/emergency operations and 400 OPD per day. This huge workload is not being addressed with only 80 beds inadequate facility. 3. Lack of equipments as per IPHS norms and also under utilized equipments. 4.Lack of appropriate furniture 5.Operation of RKS: Delayed process of operation. Delay in disbursement of fund 6.Lack of facilities/ basic amenities in the PHC buildings 7.Huge workload in central registration unit 8. No sitting arrangement for patients. 10. No safe drinking water facility. 11. Half of the hospital area remains dark at night. 12. Delivery room lacks beds, labor table, stretchers, and equipments. 13. only OPD registration is computerized with biometric system IPD registration is not computerized. 14. No proper post mortem room and equipments. 15. Buildings for ICU, is almost ready but due to lack of equipments, facilities are not functional. 16. No enquiry counter as such for the patients. 17. No residential facilities for doctors and staffs. 18. No canteen facility	Lacks in infrastructure	Strengthening of infrastructure	1. Purchase of 500 beds. 2. Repairing of beds. 3. Listing of required equipments as per IPHS norms and their purchase. 4. Listing of required furniture and their purchase. 5. Simplifying process of RKS operation. 6. Computerization of registration system for the IPD patients also. 7.Construction of shed for waiting patients 8. Installation of 3 Water cooler freezes as per requirement. 9. Installation of seven vapor lights as per requirements. 10. Construction of new Post mortem room with all facilities. 11. Renovation of drainage system and leveling of internal area up to the level of outer area. 12. Construction of enquiry counters at the gate. 13. Hiring of ambulances. 14. Construction of new residential buildings. 15.Hiring of rented houses from RKS fund for the residence of doctors, BMU and key staffs. 16.Tender for canteen facility. 17. Sitting arrangement for patients 18. Installation of LCD TV with cable connection
Human Resource	1. Post of gynecologist and pathologist are vacant.	Lack in Staff position	Recruitment	1. Appointment of gynecologist and

	2. Post of one dresser, 3 OT assistant and one ophthalmic assistant are vacant. 3. one health manager and one accountant should also be appointed for sadar hospital		Deputing staffs	pathologist on contract basis. 2. Appointment of 26 dressers, 03 OT assistant and one ophthalmic assistant, One Health Manager and One Accountant on contract basis. 1. Deputation of required staffs from field.
Drug kit availability	1. Irregular supply of drugs because of lack of fund disbursement on time. 2. Only 70% essential drugs are rate contracted at state level. 3. There is no clarity on the guideline for need based drug procurement and transportation. 4. Lack of proper space, furniture and equipments for drug storage	Improper Supply and logistics Lack in storage facility	Capacity building and strengthening of reporting process and indenting through form 7	1.Training of store keepers on invoicing of drugs 2.Implementing computerized invoice system 4. Enlisting of equipments for safe storage of drugs. 5. Purchase of enlisted equipments. 6. Ensuring the availability of FIFO list of drugs with store keeper.
Service performance	1.Exessive load in delivering all services 2. Blood Bank is present but not functional. 3.No 24hrs Lab facility 4.Health facility with AYUSH services is not being provided 5. Referral a. No pick up facility for PW or patients. b.BPL patients are not exempted in paying fee of ambulance. c. Lack of maintenance of ambulances d. Shortage of ambulances 6. No guidance to the patients on the services available at DH. 7.Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.	Workload Lack in infrastructure	Motivation building Strengthening of infrastructure	1. Incentivizing doctors/ staffs on their performances especially on OPD, IPD, FP operations, Kala-azar patient's treatment. 2. Purchase of equipments for Blood Bank and take License. 3. IEC on blood storage unit. 4. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day 5. Repairing of all defunct Ambulances 6. Hiring of ambulances as per need. 7. Appointment of one AYUSH practitioner and Yoga teacher

				8. Purchase of equipments/ instruments for strengthening lab. 9. Wall writing on every section of the building denoting the facilities 10. Name plates of doctor 11. Displaying Roster of doctors with their details. 12. Gardening 13. Apron with name plates with every doctors 14. Presence of staffs with uniform and name plates.

Setting Objectives and Suggested Plan of Action

Introduction

District health action plan has been entrusted as a principle instrument for planning, implementation and monitoring of fully accountable and accessible health care mechanism. It has been envisioned through effective integration of health concerns via decentralized management incorporating determinants of health like sanitation and hygiene, safe drinking water, women and child health and other social concerns. DHAP envisages accomplishing requisite amendments in the health systems by crafting time bound goals. In the course of discussions with various stakeholders groups it has been anticipated that unmet demand for liable service provision can be achieved by adopting Intersectoral convergent approach through partnership among public as well as private sectors.

Targeted Objectives and Suggested Strategies

During consultation at district level involving a range of stakeholders from different levels, an attempt has been made to carve out certain strategies to achieve the specific objectives that are represented by different indicators. The following segment of the chapter corresponds to the identified district plan objectives demonstrating current status of the indicators along with the expected target sets that are projected for period of next five years (2007-12).

Malaria				
S. No.	**Gaps**	**Issue**	**Strategy**	**Activities**
1	Poor quality of Management of Malaria Cases	Persistence of Malaria in the region	1.Early Case Detection & treatment	1. Provide facility at the APHC level for Thick & thin smear test for Malaria Parasite, Rapid diagnostic test
				2. Ensure functionality of FTDs & DDCs at 1000 population with support of ASHA
				3.Regular supply of malaria drugs in the district
				4. Use of prophylactic measures in

				suspected cases
			2.Strengthening of Referral system	1. Ambulance facility at the APHC level for referring the Falciparum cases
				2.Training & sensitisation of Professionals at subcentre, APHC, PHC , DH
				3. Strengthening of case detection & ensuring fortnightly visits to all villages
			3. Epidemic Preparedness & Rapid response	1. Early response to the incidence of malaria cases in the district
				3. Earliest reponse to the area having increase in malaria by double in last two years
2	Poor vector control mechanism	1.Integrated Vector Control	1.Indoor residual insecticide spray in rural areas	1. Ensuring availability of sprayers , fogging machines and buckets in adequate number.
			2. Training of the spraying squad	2. Ensuring regular supply of DDT and insecticides
				1. Regular training of the spraying team for dissolving DDT, filling , carrying and spraying process
				2. Supervision by the supervisors to get the feedback of training
				3. Follow up survey: First surveyafter 21 days of control and second survey after 22 days of first survey
			2. Use of Insecticide treated bednets	1. Space spray for 7-10 days , residual insecticidal spraying to be started simultaneously as per district micro plans
				2.Supply of Insecticide treated bednets to suspected patients free of cost
			3. Anti larval measures	1. Promotion of use of larvivorous fishes like gambusia in the natural water tank
3	Maleria Kit not available		4. To make the Maleria kit available	Purchasing of 4000 Maleria Kit

T.B.					
	Indicators	**Gaps**	**Activities**	**Unit Cost**	**Total Cost**
1	**Infrastructure**	Lack of well equipped/Designed Microscopy Centre	Development and Renovation of DMCs with proper water supply and Electricity connection	Rs 5000 per PHC	35000
		Microscopes of many Designated Microscopy Centers(DMC) are not functioning	Supply of New binocular Microscopes	Rs 50000 per PHC	350000
		Poor Maintenance of Microscopes	Special Training to Lab Technician/Microscopist for maintenance of Microscopes	NA	0
2	**HR**				
		Many DMCs are closed due to lack of Microscopist/Lab	Recruitment Process should be followed.	NA	0

		Technician			
			Honurarium for 04 TB technicians	Rs8000 per month for 04 technicians for 12 months	384000
		Constraint in selection Process of new Staffs by the District Health Society	Obstacle in recruitment Process will be rectified.	NA	0
		Remuneration of Pvt DOT Providers has not been paid	Problems in payment of remuneration will be solved	Rs 50 per DOTS provider for 500 units	25000
3	**Drugs and Chemicals**	Irregular supply of Drugs specially of Pediatric Drug Boxes (PC-13, PC-14)	To ensure regular and adequate supply of drugs and other Laboratory materials	From state budget	0
		Supply of short expiry drugs which causes difficulties in drug management	Proper care should be taken regarding short expiry drugs. Short expiry drugs may be used where there is large number of patients having DOTS.	NA	0
		Poor Retrieval of Drug Boxes of Defaulted patient	Retrieval of Drugs may be ensured by STS.	NA	0
		Irregular supply of slides and other Chemicals and other logistics	Proper supply of Slides and other Chemicals should be ensured	Rs 2000 per PHC per month	168000
		Delay in purchasing of chemicals and other logistics at District level	Constraints in purchasing of Chemicals and other logistics will be removed. Official Process will be simplified.	NA	0
4	**Service Performance**	Poor quality of DOTS	Proper and Regular supervision and monitoring of programmes will be ensured.	NA	0
		ANMs providing DOTS at the HSCs do not visit the Center on DOTS day resulting irregular intake of drugs by the patient causing poor Cure- rate.	Motivation and Sensitization of Staffs by Refreshment training for friendly behavior with patient	NA	0
		Due to irregularities in DOTS cases of MDR TB may be increased	Proper counseling of patient should be done regarding importance of DOTS and importance of Follow-up Sputum examination	NA	0
		Not friendly behavior of Lab Technician and other staffs with patient who comes for sputum examination or for DOTS	Appointment of a Counselor at all PHC	Discussed in maternal health	0
		Poor Case Detection i.e., <70%		NA	0

		Poor Cure Rate i.e., <85%	Organizing Community meetings	NA	0
		High Default Rate		NA	0
			Medical Officers should take care of referring all chest symptomatic patients for sputum examination	NA	0
			Proper Follow-up Schedule should be maintained	NA	0
			Proper care for side effects of drugs.	NA	0
			Total Budget		962000

Kala a Zar						
	Gaps	**issues**	**Strategy**	**Activities**	**unit Cost**	**Total Budget**
1	Poor coverage of DDT spray	Vector control through insecticide spray in the attack area	To increase the coverage of DDT spray in the endemic zone , there should be proper monitoring by the supervisors, capacity building of the sprayer, supervisors and other healthcare professionals	1. Ensure planning for timely spray of DDT in Feb-March and May-June for 40 days in each block	NA	0
			Monitoring of the spraying squad by MOIC	2. Identification of Houses with Kala-azar patients by ANM & ASHA @ 50/ per village.	Rs 50 for 612 villages twice in a year	61200
				3. Two round of spraying scheduled in Feb-March and May-June should be strictly observed	NA	0
				4. DDT spray should be at the rate of 1gm/sq. meter upto the height of 6 feet.	NA	0
		Less time spent on spraying DDT	Training and capacity building for proper spraying	Regular capacity building training on prescribed module for the sprayer to ensure that very corner of the house is properly spraye upto heigth of six feet from ground level.	Rs 5000 per PHC	35000

		Poor condition of Sprayer, pump and nozzles etc No of Pumps available-0, No of pumps required-30, No of bucket savailable-70, No of buckets required-70, No of gallon available-21, No of gallon required-49, No of pond measure available-21, No of pond measure required-49, .	Regular checking of the spraying pumps for better functioning and timely replacement of the faulty pieces.	Fund allocation and timely release for : maintencae of old sprayer pumps, Puchase of new pumps and other articles needed-buckets, mugs etc.	Rs 150000 for the district	150000
		Inadequate stock of DDT, DDT available-9.5mt. (Not required)	Making available DDT during spraying round	Ensure adequate Stock of DDT through proper & timely indenting to improve the quality of spray	DDT Carriage	30000
		Faulty payment plan	Appropriate fund allocation for the payment of the spraying of DDT	Fund would be allocated for regular payment of wages (147 SFW to be used and 735 FW to be used for monitoring and spraying work)	28SFW x Rs113 x 40 days	126560
					140FW x Rs 92 x 40 Days	515200

2	Poor rate of case detection of Kalazar	Early diagnosis and treatment through PHC system	Case detection rate should be increased with appropriate diagnostic test	Increase efficiency of case detection through training of Community workers on signs and symptoms of Kala-azar: **1)** three weeks persisten fever not responding to antibitics, malaria being excluded, with palpable spleen.**2)** Ensure availability of aldehyde test at PHC level **3**) Purchase of RK 39 kit for detection of Kalazar	Purchase of 200 units of RK39 @ Rs 25 per unit	5000
		Reduction of kala-azar mortality and morbidity	Early diagnosis and treatment through PHC system	1. Ensuring availability of Amphotoricin at all level	Purchase of 100 vails of Amphotoricin B @ Rs 65 per unit	6500
				Loss of wages for KZ patients(case detection in year 2007-3275)	Rs 50 for 22 days for 3200 patients	3520000
				2. Replacing of medicines on priority based	NA	0
				3. Training of ANMs and ASHA for IM injection	Rs 5000 per PHC	35000
3	Lack of monitoring and supervision mechanism,		Monitoring and supervision mechanism	Preparation of Monthly visit plan for supervision : - Checking spraying schedule - For supervision & treatment follow up	Mobility support for CS, ACMO and DMO	45000
					Mobilty for MOIC 15x 40days x Rs 100	420000
					Mobility for supervisor 28x 40 daysx Rs100	112000
				Office expenses	25000 for the district	25000
4	Lack of appropriate BCC & Community Mobilization.	Increasing awareness for prevention of Kala-azar	Community participation in reducing mortality and morbidity due to Kala-azar	1. Fund allocation for training activities	NA	0
				2. Identification of NGO/Private partner as trainer	NA	0
				3. Knowledge sharing with the community on signs and symptoms of Kala-azar through VHSC	NA	0
				4. Training of VHSC/PRI and community health worker on sign & symptom of Kala-azar	NA	0
				5. Regular monitoring of IEC activities	NA	0

				6. IEC activities through nukkad natak, kalajatha mass media like radio	Rs 10000 per PHC	70000
				7.Activity for survilence like polio survilence	NA	0
				8.Wall painting of Tretment protocole and provisions for pateints in PHC in Hindi.	Above mentioned	0
				IEC van for each PHC	7x 40x 750	210000
				Total Budget		5366460

Child Health							
Sl.	Goal	Sl.	Impact indicators				
1		1.1	Reduction in IMR				
	To improve Child health & achieve child survival	1.2	Child performance in the school - enrolment, attendence and dropout				
Sl.	Objectives	Sl.	Outcome indicators	Sl.	Strategy	Sl.	Output indicators
1	To increase ORS distribution from 13.6%(DLHS3) to 80%	1.1	% increase of ORS distribution .	1.1.1			% of PHC initiated IMNCI and HBNC training.
2	To increase treatment of diarrohoea from 74.7% to 90% within two weeks		% increase of treatment of diarrohoea within two weeks				
3	To increase treatment of ARI/Fever in the last two weeks from 72.6%(DLHS3) to 95%		% increase of treatment of ARI/Fever in the last two weeks		*IMNCI,Home Based Newborn Care/HBNC*		
4	To increase of infant care with in 24hr of delivery from 29.8%(DLHS3) to 50%		% increase of infant care with in 24hr of delivery .		Stanthening of Facility Based Newborn Care/FBNC and trained workers on using equipments.		No of PHC initiated FBNC with trained MAMTA on facility based new born care..

	To increase % of breastfeeding from 18.6% to 70% within 1 hr of birth		% increase of breastfeeding within 1 hr of birth .	1.1.2			No of training orgnised in PHC on IYCF
	To increase intiation of complimentry feeding among 6 month of children from 84.5% to 90%		% increase of complimentry feeding among 6month of children.				
	To increase exclusive breastfeeding among 0-6 month of children from 10.9% to 80%		% increase of exclusive breastfeeding among 0-6 month of children .				
	To increase immunization coverage from47.3% to 70%		% increase of full immunization coverage .		Infant and Young Child Feeding/IYCF		
	To increase vit A coverage of received atleast one dose (9month to 35 months) from 66.00% to 80% and include up to 5 yers.		To increase Vit A reported adequte coverage among (9m to 5ys)	1.1.3	Management of diarrhea, ARI and Micronutrient Malnutrition through Child srvival months		Two round of Child servival Month orgnised in one finicial year.
	To decrese Malnutrition form 58%(NFHS III state) to 30% of the age group of (0 to 5 yrs)		% of decrese Malnutrition age group of (0 to 5 yrs)	1.1.4	Care of Sick Children and Severe Malnutrition and strenthen VHND at all AWCs		No of VHND orgnised vs Planed.
2		2.1		2.1.1	School Health Programme		No Of school health programme orgnised in the PHC
Sl.	Strategy		Gaps		Activities	Unit Cost	Budget
	IMNCI,Home Based Newborn Care/HBNC		*Training Gaps(AWW-905/925,ASHA-0,ANM-*		*Assessment of Training load and prepare calendar of training*	NA	0
					Incorporate ASHA in IMNCI training team	NA	0

			150/249,MPW-0,MO-100/140,CDPO-05/7,ICDS Super-05,Health supervisors-15,NGOs-06) *No ASHA is trained on IMNCI*		*ASHA kit regular supply and incorporate use of ASHA Kit in training curriculum.*		
			Inadequate monitoring of this activity at field level		*Division of area among all trained supervisiore for revision of IMNCI activity in their area.*	NA	0
					BHM will be responsiable for review of health superviser and LS(ICDS)on given formate.Unicef staff will support in devloping review mechnisum in PHC.	NA	
					Incorpate IMNCI reports in HIMS formate	NA	
					Encouraging mother regarding child care.in VHND	NA	
					Frequent checkups of babies by Paediatrician.Distribute teliphone number to AWW and ANM of respective docters those who are supervising them in the field.	NA	

					Wednusday could be fixed a day for IMNCI related work at HSC level	NA	
					Community based Monitoring support system devlop with SHG in one PHC Traing of Group members seed money to SHG for reffral services and other need based services.	Rs 100000 for one PHC	100000
	Facility Based Newborn Care/FBNC		only one institutions has baby warmer machines but maintenanc e of machine is not up to the markand.		All PHCs should be equipped with baby warmer machines.	Mobilizing eight units from UNICEF	0
			ANMs and Doctors are not trained to operate these machines		Training of Doctors and ANM to operate baby warmer machine.	Rs 5000/- for demonstratio n at District level	5000
			There is no provision of stay of mothers of neonates at PHC.		Organize training programme for newborn care for the nurses in the district hospitals	One Nurse from each PHC Cost will be 5000/-	5000
			Neonatal Care Unit not up to mark.		District level Supporting supervisory team should be devlop with the responsibility of nunfuctioning of neonatal care unit.Training of team on monitoring of NCU	Rs.5000/-for one time training	5000

			Non availability of "MAMTA" at PHC level.		*Training of Mamta and staff nurse on logistics of New born Care units.by district level supervisory Team.*	Rs 1500 for team members for each PHC per month	126000
	Infant and Young Child Feeding/IYCF		Non awareness of breast feeding and proper diet of young children.		Colostrum feeding and breast feeding inclusively for six months. Through IMNCI Training.	NA	0
					Baby friendly hospital Training of one doctor form each Nursing hospital at District Level	Rs.20000 for training programme	20000
					Two days training of one staff nurse from each private hospital on counslling skill.	Rs 20000/- for training programme	20000
					Accreditation of nursing home and facility according to norms of baby friendly hospital	NA	0
			Poor knowledge regarding new born care and child feeding practices		Development and Printing of BCC materials	Rs 5 per unit for 10000 units	50000
					Preparing adolescent and pregnant mother on IYCF by IPC through AWW, LRP and ASHA	NA	0
					Linking JBSY with colostrums feeding	NA	0
			Myths and misconceptions about early initiation of breast feeding, exclusive breast feeding		Counselling and orientation of local priests, opinion leaders, fathers, mother in laws by ICDS/ Health functionaries in mothers meetings and VHSCs meetings	NA	0

			and complementary feeding		Folk performance to promote exclusive breast feeding	Included in maternal health	0
					Uniform message on radio from state head quarter	State budget	0
			Lack of awareness on importance of appropriate and timely IYCF		Organize social events through VHSCs	NA	0
					Strengthening of *Mahila Mandal* meetings- fortnightly with involvement of adolescent girl	NA	0
					Organize healthy baby shows, healthy mother / pregnant woman.	Rs 2000 per month per PHC	168000
					Appreciation and reorganization of positive practices in community. For this purpose hiring a documentation specialist.	Rs 100000 for the whole district on communitywise sample basis	100000
					Celebration of "*Annaprashan(Muhjutthi) Day*" at AWC	NA	0
					Demonstration of recipes.	Rs 250 per month per AWC(Under MUSKAN program)	0
					Exposure visits to existing NRCs to observe different models in the country	Rs 50000 for the district	50000

	Care of Sick Children and Severe Malnutrition		There is not a singal unit in the district where seviarly malnurished children could be treated.		Establish rehabilitation center in district hospital, FRU and one PHC and promote local aviliable food farmula for nutritional Tharapy as Hadrabad Mix	Rs 1000000 per unit	4000000
	Management of diarrhea, ARI and Micronutrient Malnutrition		There is high privlance of PEM and anemia among childrn because of Child nutrition is least priporty among service providers.		Procurement of ,ORS , Vitamin A supplementation(9m to 5 years children) with De-worming pediatric IFA syrup.	100000 ORS packets at the rate of Rs 5 per packet.(If ORS is not provided in Kit A) IFA syrup for 500000 children at rate of Rs 4 per children	2500000
					Include covrage of Vitamin A and IFA,children in New HIMS format.	NA	0
					Insure two round of Vitamin A and deworming for the age group of (9m to 5 yrs) & (2 yrs to 5 yers) respectivly in the month of April And Oct as per GOI guide line.	Rs 565324 per round into two rounds(If Vit A is not provided in Kit A)	1130648
					Involvement of ICDS, school teachers and PRI for monitoring and evolution	NA	0
	School Health Programme		No Pre School Health checkup & complete Immunization card.		Half yearly health checkup camp for children in schools should be organized.	Rs 2000 per PHC	14000
			No training of school teacher for basic health care and personnel hygiene.		Training of school teacher by the medical personnel with support administrative person.	Budget incorporated in adolescent health	0

			No regular health checkup camp at school.		Quarterly meetings of VEC representatives by attending existing meetings of VECs representatives at block level by the concerned MOICs and BHMs.	NA	NA
			No Training & Screening of school's teacher for eye sight test.		Linking existing opthalmic paramedics with this program and developing school wise calender.	Mobility support of Rs 10000 per PHC for moving other blocks and hard to reach areas.	70000
			No other specific program has been formulated in the district.		School health anemia control programme should be strengthen with bi annually de worming .	Budget incorporated in adolescent health	0
					Organizing competitions/Debates/Painting competitions/Essay/demonstration and model preparation of nutritional food and health.	Rs 20000 per PHC	140000
					Half yearly Health checkups and health card of all school going children.	Printing of Health Card at the rate of Re 1 per card for the children of class 6 to 10	100000
					Films shows on health, sanitation and nutrition issues	Use LCD projector in this activity.	0
					Social Since Lab activities.	Included in adolescent health	0
					Rally and Prabhat Phery in epidemic areas. (Kala-azar & Malaria)	Local contribution/ Untied Fund/VHSC	0
					Referral system for the school children for higher medical care.	From RKS fund	0
					Total		8603648

MATERNAL HEALTH							
Logical Framework							
Sl.	**Goal**	**Sl.**	**Impact indicators**				
1	To improve maternal health	1.1	Reduction in MMR				
Sl.	**Objectives**	**Sl.**	**Outcome indicators**	**Sl.**	**Strategy**	**Sl.**	**Output indicators**
1	To increase 100% institutional safe delivery by 42.5% (DLHS3) to 100% by year 2010	1.1	% of institutional delivery reported	1.1.1	To make functional PHC (24hr x7days) for institutional deliveries	1.1.1.1	% of PHC having functional OT and Labour room with equipment
						1.1.1.2	% of PHC having Obestetric First Aid medicine 24hrx 7 days
						1.1.1.3	% of Grade A nurse available 24hrx7days
						1.1.1.4	% of PHC having functional Neo-natal care units
				1.1.2	To make functional FRUfor institutional deliveries	1.1.2.1	No of FRUs having functional blood storage units linkage with blood banks and 24hr ready referral

							transport
						1.1.2.2	No of FRUs having EmOc and CEmOc facilities
						1.1.2.3	No of FRUs having specialist doctors/ multiskilled Medical Officers
						1.1.2.4	No of FRU having functional Neo-natal care units
				1.1.3	To provide Referral transport services at FRU /PHC	1.1.3.1	No of pregnant women availed the referral facilities (pick up and drop)
				1.1.4	To strengthen Janani Suraksha Yojana / JSY	1.1.4.1	% of pregnant women reecieved JSY payments immediately after delivery
2	To increase safe delivery by trained SBA 10.6%(DLHS3) to	2.1	Proportion of birth attendent by skilled health personnel	2.1.1	To ensure support of SBA at home deliveries	2.1.1.1	% of home deliveries attended by SBA

	100% by year 2010						
3	To increase ANC coverage with quality 30.6% (DLHS3) to 75% by year 2010	3.1	% ANC reported through HMIS formats / Form -7	3.1.1	To strengthen HSC for providing outreach maternal care	3.1.1.1	% of HSCs having ANMs
						3.1.1.2	% of HSCs conducted fixed ANC and clinics (planned & held)
				3.1.2	To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas	3.1.2.1	% of RCH camps planned and held
				3.1.3	To improve adolescent reproductive and sexual health	3.1.3.1	No of pregnant adolescent counselled by ANM/ AWW/ASHA
				3.1.4	To accelrate APHC for OPD and Fixed AN clinics	3.1.4.1	% of OPD clincs orgnised at APHC level.
4	To provide safe abortion services at all facilities	4.1	% MTP cases reported through HMIS formats / Form -7	4.1.1	To provide MTP services at health facilities	4.1.1.1	No of facilities having MTP services (public and private)

5	To increase community participation in maternal care	5.1	% of Mahila mandal meetings conducted.	5.1.1	To strenghten Monthly Village Health and Nutrition Days	5.1.1.1	% of mothly Village Health & Nutrition Days planned and held
MATERNAL HEALTH							
Sl.	**Strategy**	**Sl**	**Gaps**	**Sl**	**Activities**	Unit Cost	Total Budget
	To make functional PHC (24hr x7days) for institutional deliveries		**Infrastructure**				
A 1		1.1	All PHCs are running with only six beded facility.All of facilities are not adequate as per IPHS norms.(List attached, Annexure..)	1.1.1	Need based (Service delivery)Estimation of cost for upgradation of PHCs Selection of any two PHCs for ISO certification in first phase	@200000 /-Per PHC	1400000
		1.2	At present 7 PHC are working with average 10 delivery per day, 10 FP operation/emergency operation and 125 OPD per day in each PHC. This huge workload is not being addressed with only six beds inadequate facility.	1.2.1	2.Preparation of priority list of interventions to deliver services.	NA	0
		1.4	The comparative analysis of facility survey(08-09) and DLHS3 facility survey(06-07) , the service availability tremendously increased but the quality of services is still area of improvement.	1.4.1	2. Sending the recommendation for the certification with existing services and facility detail.	NA	0
		1.5	Lack of equipments as per IPHS norms and also under utilized equipments.	1.5.1	3 Prioritizing the equipment list according to service delivery and IPHS norms.	Cost of equipment is attachet Anx..	0

				1.5.2	4 Purchase of equipments		0
		1.6	Lack of appropriate furniture	1.6.1	2 Purchase of Furniture	Cost of Furniture is attachet Anx..	0
		1.11	Lack of facilities/ basic amenities in the PHC buildings	1.11.1	1Rennovation of PHCs	cost of rennovation is attachet Anx..	0
	To make functional PHC (24hr x7days) for institutional deliveries	1.12	**As per IPHS norms each PHC requires the following clinical staffs:(List attached)**				0
					Salary of Contarctual Docters	8 Specialist @ 25000/ 25 MBBS @20000/	8400000
		1.12.1	But the actual position is not sufficient as per IPHS norms List of Human resource is attached in Annaxer .		Selection and recruitment of Doctors on contractual basis and give priority in selection those who are living in same PHC.	8 Doctors to be appointed	10800000
				1.12.10.1	Salary of Contarctual Grade A	6 Grade A Nurse	540000
		1.12.10			Selection and recruitment of grade A for conducting delivery	3 Grade A nurse for each PHC	1890000
					Selection and recruitment of dresser	15 Dresser for each PHC	472500
					Selection and recruitment of Pharmasist.	14 x2 Pharmasist for each PHC	1680000
					Three month indication training of Grade A nurse under supervision of District level resource team.	100/-per day x 90 days for 38 grade A nurse	342000

		1.13		1.13.1	Training need Assessment of PHC level staffs	NA	0
					Honorarium of Block Accountants	7 Accountant @ 12000/	1008000
					Rent of Data Center	9 Data Center @ 7500/	810000
					Honorarium of BHM	7 BHM @ 18000/-	1512000
					Mobility support to BHMs	Rs 2000 per month per BHM	168000
		1.14		1.14.1	Appointment of Block Health Managers, Accountants in all institutions.(7 PHCs, 2 Referrals and Sadar hospital.) (One extra BHM in Sadar Hospital and 2 extra Accountant in Sadar Hospital and Referral Hospital, Ghosi)	8 BHM and 7 Accountants Budget in RKS head	0
					Process of all recruitments	6 types of recruitment @ 10000	60000
					Trainings of BHMs on Health statistics	8 BHMs	16000
					Training on Program, Finance management and HMIS	8 BHMs, 9 Block Accountants and 9Data Center operators	54000
			Drug Supply				
		1.16	Irregular supply of drugs because of lack of fund disbursement on time.	1.16.1	Ensuring the availability of FIFO list of drugs with store keeper.	NA	0
		1.17	Only 38 essential drugs are rate contracted at state level .	1.17.1	2.Implementing computerized invoice system in all PHCs	NA	0

					Purchase of Drug invoice software	Rs 10000 per PHC	70000
			Lack of fund for the transportation of drugs from district to blocks.	1.17.2	3.Fixing the responsibility on proper and timely indenting of medicines(keeping three months buffer stock)	NA	0
							0
		1.18		1.18	4.Payment from Rogi Kalyan samiti account.	Rs 2000 per month per PHC	168000
		1.19	There is no clarity on the guideline for need based drug procurement and transportation.	1.19.1	5. Orientation meetings/ training on guidelines of RKS for operation.	Rs 2000 per PHC	14000
		1.2	Drugs are not properly stored	1.20.1	6. Enlisting of equipments for safe storage of drugs.	NA	0
				1.20.2	7. Purchase of enlisted equipments.	Rs 15000 per PHC	105000
				1.20.3	8.training of store keepers on invoicing of drugs	Rs 2000 per PHC	14000
			Performence				0
		1.21.1	Exessive load on PHC in delivering all services i.e. 10 delivery per day, 4 inpatient Kala-azar, 10 FP operation/emergency operation and 120 OPD per day in each PHC.	1.21.1	Recruitment of Doctors on contractual basis	NA	0
		1.21.2	Total 34 seats of Regular and 8 seats of contractual doctors in the district is vacant.			NA	0
							0
		1.22	All posted doctors are not regularly present during the OPD time so the	1.22.1	Hiring of rented houses from RKS fund for the residence of doctors and key staffs.	Rs 5000 per PHC per month	420000

			no of OPDs done is very less(only average16 patients per Doctor per OPD days during April08-Nov 08, however the IPHS norms says that the OPD should be 40 per Doctor.)	1.22.2	Incentivizing doctors on their performances especially on OPD, IPD, FP operations, Kala-azar patients treatment.	Rs 5000 per PHC per month	420000
				1.22.3	Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day	NA	0
	To make functional PHC (24hr x7days) for institutional deliveries	1.24	06 PHCs out of 07 are lacking 24 hrs new born care services.	1.24.1	Ensure 24 hrs new born care services in 06 PHC.	Budget in Child health care activity	0
		1.27	Only five PHCs provides 24 hrs BEmoC services.	1.27.1	Ensure 24 hrs BEmoC services at 06 PHC		0
					Training of one Docter from each PHC on BEmoC.	2000/-Per Docter	12000
					Equipments for BEmoC	50000 per facility	300000
							0
		1.29	02 PHC does not have laboratory facilities on PPP based srvices.But all Phc have T.B lab Technician. In addition to this the regular lab technician has been deputed for this purpose.	1.29.1	Duputation of 07 regular Lab tech at PHC level for providing free of cost lab services to all pregnant women and BPL families.	NA	0
		1.3		1.30.1	Recruitment of 5 lab technicians as required for regular support of lab activity	6000/-per head	360000
					Training of TB lab technician on other pathological tests.	1000/-per training	7000
					Purchase reagent(recurring) for strengthening lab.	5000 per unit per month	420000

					Purchase of equipments/ instruments if needed . Fund could be rooted through RKS and if it is not utilised it could be diverted to other women and child friendly activites.	50000/- per PHC	350000
		1.32	Health facility with AYUSH services is not being provided		Establising one Panchkarm center in Kako.	10000 Per PHC	120000
					Establising two homeopathy centers in Kako and Makhdumpur.	5000/- each PHC for medicine , equipments and Furniture.	120000
		1.33	**Referral Services**				0
		1.33.1	No pick up facility for PW or BPL patients.	1.33.1.1	Provision for pick up & drop out for pregnant mothers and BPL families free of cost using existing Ambulence services at PHC level.	60000/- each PHC per month	5040000
					Provide EDD list of pregnant women to Ambulence driver and Number of ambulence diriver and 102 /PHC tel No to all Pregnant woment	NA	0
		1.33.3	Lack of maintenance of ambulances	1.33.3.1	Repairing of One defunct Ambulances	One Ambulances @ rs 50000 per Ambulance	50000
		1.33.4	Shortage of ambulances	1.33.4.1	Hiring of ambulances as per need.	one in each PHC @ Rs 10000 Per month	840000

					Prepaer list of Vechecal those are utilised in Monitoring work in PHC that can be use in pick up and drouping facility for PW.	NA	0
		1.34	Quality of food, cleanliness (toilets,Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC.	1.34.1	Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate.	Rs 50 per patients into 25 patients per day per PHC	3150000
					Rewiev of Cleanliness activity in all PHC by Qulity assurence committee and payment of agency should be link with it.		0
				1.34.2	Hiring of workers for cleanliness of OT and Labour room in PHC	Two workers per PHC for maximu m 30 days @ Rs 100 per day by concerne d RKS	504000
					Perchage equipments and uniform for clinliness in all PHC	50000/ea ch PHC	350000
					Training of Workers on using machine/equipments and importence of clinliness .	2500/-per PHC twice in a year.	35000
					Devlop mechnisume for monitoring of clinliness work	NA	0
		1.35	All PHCs have their own generator sets but are not in use.	1.35.1	Repairing of PHCs gensets and initiating their use.	Rs 5000 per PHC	35000
		1.7	Non availability of HMIS formats/registers	1.7	Printing of formats and purchase of stationeries	Rs 50000 per PHC	350000

			and stationeries	1.7.2	Biannual facility survey of PHCs through BHM as per IPHS format	NA	0
				1.7.3	Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.	NA	0
		1.8	Operation of RKS:	1.8.1	Ensuring regular monthly meeting of RKS.	Confectionary costs @ Rs 500 per month per PHC	42000
				1.8.2	Appointment of Block Health Managers, Accountants in all institutions.(07 PHCs, 01 Referals and Sadar hospital.)	Two more BHMs and Two more Accountants(Rs 18000 per month for BHMs and Rs 12000 per month for Accountants)	720000
		1.9	Lack in uniform process of RKS operation.	1.9.1	Training to the RKS signatories for account operation.	Rs 1000 per participant, Two participants from each PHC	14000
				1.9.2	Trainings of BHM and accountants on their responsibilities.	Rs 1000 per participant, Two participants from each PHC	14000

		1.1	Lack of community participation in the functioning of RKS.	1.10.1	Meeting with community (School children or other)representatives on erecting boundary, beautification etc,	5000/-per PHC	35000
				1.10.2	Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS.	NA	0
		1.36	In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs reluctant to handle emergency cases.	1.36.1	Meeting in RKS with Local Police Station incharge to handdale emargency situation .	NA	0
					Training local NCC/NYK/Scout & Guide/NSS etc.volentiers on identification of emargency situation. And deployment of volentears at PHC.	5000/-per PHC	35000
	To make functional PHC (24hr x7days) for institutional deliveries	1.37	Several cases of theft of instruments, computers, and submersible pumps etc at PHCs.	1.37.1	Insurance of all properties and staffs of PHC	Rs 10000 per PHC	70000
		1.38	No guidance to the patients on the services available at PHCs.	1.38.1	Pictorial wall painting on every section of the building denoting the facilities and attached trained volenters to guide paitents.	Rs 2000 per PHC	14000
		1.39	Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.	1.39.1	Name plates of Doctors Displaying Name Photograph and DOB of all staff of PHC and put clinliness staff name on top of the list.	Rs 2000 per PHC	14000
		1.41	Lack of councelling services	1.41.1	There re 05 LHV in the district we can utilise their experience in counseling work of women and adolecent girls after training.	1000 per person	5000

		1.42	there is no hot water facility for PW and there is no adequte liting facility at adjoining area of PHC	1.42.1	Installation of solar heater system and light with the help of BDO/Panchayat at PHC or purchage equipments from market.	50000/- per PHC	350000
		1.43	Lack of convergence	1.43.1	Convergence meeting by RKS & DHS	NA	0
		1.44	Lack of timely reporting and delay in data collection	1.44.1	Orientation of the staffs on indicators of reporting formats	NA	0
				1.44.2	Puchase of Laptops for DPMs and BHMs with internet facility.	Rs 35000 per unit+ 2000 per month	531000
		1.45	Lack of space for waiting, environmental cleanliness around PHC, provision for hospitality etc	1.45.1	Gardening	Rs 5000 per PHC	35000
				1.45.2	Sitting arrangement for patients	Rs 5000 per PHC	35000
					Construction of patients waiting shade	75000/- Per PHC	525000
				1.45.3	Installation of LCD projecter for manage waite over time of OPD patients.	Rs 100000/- per PHC, Referral and Sadar	900000
				1.45.4	Installation of safe drinking water equipments/water cooler,	Rs 10000 per PHC	90000
				1.45.5	Apron with name plates with every doctors	Rs 250 per Doctor for total 115 doctors	28750
				1.45.6	Presence of staffs with uniform and name plates.	NA	0
				1.45.7	"MAMTA" should be appointed at PHC level as well.	Rs 75 per delivery for approx 60000 institutio nal delivery	4500000
	To make						

2	**FRU functional and upgradation of PHC to CHC for institutional deliveries**	2.1	C-Section deliveries are not conducted in institution.	2.1.1	Devlop PHC Makhdum,pur and Sadar Hospital for C-section facility	NA	0
				2.1.2	Training of MOs of three PHCs in mulltiskilling.	3 Docters from each PHC @ 2000/-per person	12000
				2.1.5	Specialist should be posted at Sadar Hospital/and above mention three PHC	NA	0
				2.1.6	Incentive for C-section to PHC those who conducted 10 -15 = 10000,15-20=20000, 25-30= 50000/,C-section in a month the incentive money should be distributed among all staff of the PHC after the decision of RKS.	Rs 25000 per PHC per month	300000
				2.1.8	Need based Equipments and drugs in O.T and Labour room.	List of Equpmen t attached(100000 per PHC)	700000
			None of the PHC provides 24 hour blood transfusion services, however PHC Makhdumpur has been provided the equipments for blood storage unit.		Establising blood storage unit at Kako and Ghosi.	60000/- Per PHC	120000
					Training of lab technision on management of blood storage	3 lab technisio n	3000
			Infection control protocols is not at all maintain at all facilities	2.2.2	Licensing blood storage / blood bank	NA	0
				2.2.3	Meeting infrastructure requirements as per norms for Blood storage	10000 Per PHC	20000

				2.2.4	Training of MO and lab tech/ staff nurse blood storage on grouping /cross matching and management of transfusion reactions stabilized linkages with mother blood bank.	Rs 1000 per participant, Two participants from each PHC	14000
				2.2.5	Provide free of cost Blood for pregnant women who need blood transfusion for severe anemia/ PPH on prescribed through RKS Fund	20000/- for each PHC per month	480000
				2.2.11	Organize Blood donation camps at all institution and mobilize community for voluntary blood donation	Rs 10000 per camp per PHC for organizing two camp annually	140000
		2.3	Welcome PW at Institution and PHC and FRU	2.3.1	Provision of food for the delivered mothers and mothers under gone in tubectomy in all the health facilities.	NA	0
				2.3.2	Mobilize community Resources for providing Free food for PW at Institution.	NA	0
				2.3.3	Quality indicators (clean environment, wards with clean linen, clean toilets , clean labour rooms, running waters supply, hot water and protected water for inpatients, new born corners, treatment protocols, aseptic precautions, immediate disbursement of	NA	0
		2.4	Reporting of maternal death Maternal death reporting is usually not reported by	2.4.1	Training of ASHA & ANM on reporting of Maternal deaths and conduct Verbal Autopsy	Rs 5000 per PHC	35000

			worker	2.4.2	Incentives for maternal death reporting by ASHA @ Rs 50/-per maternal death	Rs 50/- per maternal death for approx 300 maternal deaths	15000
				2.4.3	Reporting line should be in five columns – name of mother, place of death, date of death, cause of death and no. of birth.	NA	0
				2.4.4	Institution and urban center also to report Maternal death to the district CS/CMO.	NA	0
				2.4.5	Maternal Death should be reported by ASHA AWW, ANM Staff Nurse & Doctors to the district data center .	NA	0
				2.4.6	Investigation of maternal death by district team. and third party review(District magistrate)	NA	0
				2.4.7	Training of ASHA and investigation team objective and process of investigation and review of maternal death	Rs 3000 per PHC	21000
		2.5	Biomedical waste management is not properly taken care off at all institution	2.5.1	Procurement of equipment	Rs 50000 per PHC	350000
				2.5.2	As per example Introduce color coded buckets for facilities as per IMEP	NA	0
4	**To strengthen Janani Suraksha Yojana / JSY**	4.1	Tracking of pregnant women from first Trimester is not done form the register.	4.1.1	Review of early registration with 3 AN checkup ,two TT.100/200 IFA Tab. in ASHA Diwas.	NA	0
		4.2	Too much documentation process. Photo required for mother	4.2.1	Ensure 100 %Pregnancy Test Kit is to ASHA and regular supply.	Rs 50 for 35000 pregnancies	1750000

			and baby. It cost Rs.30/- to Rs.60/- .	4.2.2	Direct transfer of funds from district to PHC through core banking / directly from DHS	NA	0
				4.2.3	Finger print technology for JSY beneficiaries at facility level where computer with internet facility is available. This will help in financial monitoring.	NA	0
				4.2.4	The photo system should be replaced by some other alternatives like- bank account opnin of pregnant women in first trimister and directaly transfer the money to their account after delivery.	Incentive to ASHA for rs 50 per PW for opening of bank account of PW for 35000 pregnancies	1750000
					Incentive for institutional delivery.	Rs 2000 per delivery	70000000
5	**To ensure support of SBA at home deliveries**	5.1	Home Delivery is still prevailing through untrained traditional Dai's	5.1.1	Home Delivery should be conducted by SBA trained Staff Nurse or ANM.	NA	0
				5.1.2	Provision of Dai Delivery kit(DDK) to TBA where institution access is poor. And it should be supervised by ANM for home deliveries.	NA	0
				5.1.3	Delivery kit (equipment, medicine)for ANM should be supplied	Rs 10000 per PHC	70000
				5.1.4	Supply of delivery Kits as per number of deliveries conducted in home.	NA	0
		5.2	Reporting of home delivery is not done so the PNC is not provided	5.2.1	Incentive based system for reporting of home delivery by ASHA and it should linked with ANM	NA	0

		5.3	Non paiment of Home delivery through JSY	5.3.1	The JSY money to the mother who has delivered baby at Home paid by ANM.	Rs 500 per home delivery for approx 10000 home deliveries	5000000
6	**To strengthen HSC for providing outreach maternal care**	**Infrastructure**					0
		6.1	Out of 81 HSCs only 22 are having own building	6.1.1	Strengtheing of HSCs having own buildings		0
		6.2	In existing 22 buildings 02 are in running comparatively in good condition, 18 are being renovated ,one is very poor condition and Two HSC constructed but not hand over to health department. 37 New HSC are Under Construction	6.2.1	White washing of HSC buildings.	Rs 2000 per PHC	14000
				6.2.2	Organize adolescent girls for wall painting and plantation./hire local painter for colourful painting of HSC walls.	NA	0
				6.2.3	List out all services which is provided at HSC level. On the wall.	NA	0
				6.2.4	Gardening in HSC premises by school children.	NA	0
		6.3	No one building is having running water and electric supply.	6.3.1	Mobilize running water facility from near by house if they have bore well and water storage facility and it could be on monthly rental.(Untied fund)	Water rent for 22 HSC, Rs 100 per month from untied fund.	0
					Arrangement of water supply upto HSC (Wiring) from water source	Rs 5000 per HSC	110000
	To strengthen HSC for providing outreach maternal care	6.4	Lack of apropriet equipments and ANM are reluctant to keep all equipments in HSC .	6.4.1	Purchase of Furniture Prioritizing the equipment list according to service delivery(for ANC /Family planning /Immunization/)	Rs 20000 per HSC having own buildings	440000
				6.4.2	Purchase of equipments according to services	NA	0

				6.4.3	Purchase one almarah for keep all equipment safely and it could be keep in AWW / ASHA house.	Rs 10000 per HSC	3380000
		6.5	Non payment of rent of 40 HSCs for more than three years	6.5.1	Strengthening of HSCs running in rented buildings.		0
				6.5.2	Estimation of backlog rent and facilitate the backlog payment within two months	Rs 300 per HSC per month for 36 months(State fund)	0
				6.5.3	Streamlining the payment of rent from the month of April 09.	Rs 300 per HSC per month for 12months (from State fund)	0
				6.5.4	Purchase of Furniture as per need where building is on rent	From untied fund	0
				6.5.5	Prioritizing the equipment list according to service delivery	NA	0
				6.5.6	Purchase of equipments as per need	From untied fund	0
		6.6	The district still needs 94 more HSCs to be formed.	6.6.1	Construction of new HSCs. 22 are having own building, 37 new is proposed and rest 116 are supposed to be constructed.	From State Govt fund	0
				6.6.2	Preparation of PHC wise priority list of HScs according to IPHS population and location norms of HScs	NA	0
				6.6.3	Community mobilization for promoting land donations at accessible locations.	NA	0

				6.6.5	Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed HSC buildings.	NA	0
	To strengthen HSC for providing outreach maternal care	6.7	Non participation of Community in monitoring construction work	6.7.1	Biannual facility survey of HSCs through local NGOs as per IPHS format	Rs 200 per HSC per biannuall y	32400
				6.7.2	Regular monitoring of HSCs facilities through PHC level supervisors in IPHS format.	NA	0
				6.7.3	Monitoring of renovation/constructio n works through VHSC members/ Mothers committees/VECs/oth ers as implemented in Bihar Education Project.	NA	0
				6.7.4	Training of VHSC/Mothers committees/VECs/Oth ers on technical monitoring aspects of construction work.	Rs 20000 per PHC	140000
				6.7.5	Quartely Meeting of one representative of VHSC/Mothers committees on construction work and other issues	Rs 50 for TA to VHSC members for attending monthly meeting at PHC	204000
		6.8	Lack of community ownership in the	6.8.1	Formation and strengthening of VHSCs, Mothers committees,	NA	0
				6.8.2	"Swasthya Kendra chalo abhiyan" to strengthen community ownership	NA	0
					One week Training of Nukkad Natak team on IPHS	Rs 300 per participa nt per day for	178500

						85 persons for 7 days	
				6.8.3	Nukkad Nataks on Citizen's charter of HSCs as per IPHS	Three days performance at 81 HSCs	364500
				6.8.4	Monthly meetings of VHSCs, Mothers committees	NA	0
7		**Human Resource**					
		7.1	1.Out of 13 sanctioned post of LHVs only 05 are placed, 2.All 216 posted ANM are not trained enough to deliver services. 3. 70 seats of contractual ANM®, and 3 seats of contractual ANMs are Vacant.	7.1.1	Selection and recruitment of 74 ANMs	honorarium of 74 ANMs @ Rs 6000 per month for 12 months	5328000
					Honorarium of existing 88 Contractual ANMs	Honorarium of existing 88 ANMs @ rs 6000 per month for 12 months	6336000
				7.1.2	Selection and recruitment of 28 male workers	Honorarium of 7 male workers @ Rs 5000 per month for 12 months	420000
				7.1.3	Training need Assessment of HSC level staffs by BHM in weekly meeting	NA	0
				7.1.4	Training of staffs on various services in the PHC,	Rs 1000 per participant (Total no of participants 80	216000

						new ANMs, 136 existing ANMs.	
	To Open ANM Training School for providing regular training to ANMs.	7.2		7.2.1	To Start an ANM Training School in the District.	NA	0
				7.2.2	Deployment of required staffs/trainers		0
				7.2.3	Hiring of trainers as per need		0
				7.2.4	Preparation of annual training calendar issue wise as per guideline of Govt of India.		0
				7.2.5	Allocation of fund and operationalization of allocated fund	Lmsm	0
8	**To strengthen HSC for providing outreach maternal care**	**Drug Kit Availability**					0
		8.1	No drug kit as such for the HSCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DECs)and contraceptives,	8.1.1	Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports	NA	0
			No Drug kit for AWCs(@one kit per annum,) . No ASHA kit, only need based emergency but that too being irregular in supply	8.1.2	Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map	From state fund	0
				8.1.3	Hiring vehicles for supply of drug kits through untied fund.	Rs 200 per HSC per month	194400
				8.1.4	Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)	Rs 2000 per PHC	14000

				8.1.5	Hiring of couriers as per need	Rs 50 per courier for 90 couriers for 8 days per month	432000
				8.1.6	Payment of courier through ANMs account	Fund for the payment of Couriers should be transferred to ANMs account.	0
9	**To strengthen HSC for providing outreach maternal care**	**Performance**					0
		9.1	Unutilized untied fund at HSC level	9.1.1	Training of signatories on operating Untied fund account, book keeping etc	Rs 100 per person for two persons for 81 HSCs	16200
				9.1.2	Timely disbursement of untied fund for HSCs	Rs 10000 per HSC per year for 81 HScs	810000
				9.1.3	Assigning a person at PHC level for managing accounts	NA	0
		9.2	No ANC at HSC levelOnly 26.7% PW registered in first trimesterPW with three ANCs is 30.6%, TT1 coverage is 54.5%	9.2.1	Identification of the best HSC on service delivery	NA	0
				9.2.2	Listing of required equipments and medicines as per IPHS norms in facility survey	NA	0
				9.2.4	Honouring the ANM those who devlop women friendly HSC in given criteria (list is attachet)	5 ANM in a year per PHC social honouring with one shawl.	42500

		9.3	Family Planning Status:-Any method-28.2%,Any modern method-24.01%,No sterilization at HSC level,IUD insertion -1%,Pills-0.9%,Condom-1.6%,Total unmet need is 39.8%, for spacing-15.3% ,Lack of councelling Skill.	9.3.1	Gap identification of 39 HSCs through facility survey	NA	0
				9.3.2	Eligible Couple Survey	NA	0
				9.3.3	Ensuring supply of contraceptives with three month's buffer stock at HSCs.	State Fund	0
				9.3.4	One day training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS	Rs5000 per PHC	35000
				9.3.5	Training of ANMs on IUD insertion	Rs 10000 per PHC	70000
		9.4	HSC unable to implement disease control programs	9.4.1	Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6.(four to five HSC per week)	NA	0
	To strengthen HSC for providing outreach maternal care			9.4.2	Strengthening ANMs for community based planning of all national disease control program	NA	0
				9.4.3	Reporting of disease control activities through ANMs	NA	0
				9.4.4	Submission of reports of national programs by the supervisors duly signed by the respective ANMs.	NA	0
		9.5	80% of the HSC staffs do not reside at place of posting	9.5.1	Submission of absentees through PRI	NA	0
		9.6	Problem of mobility during rainy season	9.6.1	Purchasing Life saving jackets for all field staffs	3 units per PHC at the rate ofRs 3000 per unit	63000
				9.6.2	Providing incentives to the ANMs during rainy season so that they can use local boats.	From untied fund	0

		9.7	Lack of convergence at HSC level	9.7.1	Fixed Saturday for meeting day of ANM, AWW, ASHA,LRG with VHSCs rotation wise at all villages of the respective HSC.	from untied fund	0
				9.7.1	Monthly Video shows in all schools of the concerned HSC area schools on health, nutrition and sanitation issues.	From untied fund	0
		9.8	Lack of Knowladgae and skill of fileld level staff of data compilation in HMIS formats and formate.	9.8.1	Training to the field staffs in filling up form 6, Form 2, Immunization report format, MCH registers, Muskan achievement reports etc	NA	0
				9.8.2	Printing of adequate number of reporting formats and registers	Discused earlier	0
10	**To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas**	10.1	Out reach camps are not orgnised in planed mannger. It is totally baes on demand of orgnisation and it eventually it is not reported to respective HSCs and PHC.	10.1.1	Identifying Socially Backward, Slums & Maha Dalit Tolas.	NA	0
				10.1.2	Hiring trained alternate vaccinator/ retired ANMs and Medical officer .hiring vehicle for fixed day out reach camps with drugs.	Rs 10000 per PHC per month	840000
				10.1.3	Fixed day OPD clinics at APHC level and adjoining HSC of respective APHCs. with dedicated MO and support staff.	NA	0
				10.1.4	To make calendar for camps with date and identified areas.and link NGOs those who are willing to orgnised Camps .	NA	0
				10.1.5	Community based reporting system through SMS. involve PRI members and training on reporting and Camp approach	NA	0

11	**To improve adolescent reproductive and sexual health**	11.1	No training programme for adolescent particularly health and sex.	11.1.1	Multipurpose counselor can be used for adolescent care. For this services of LHV can be used.and callender of activity could be devlop.	NA	0
		11.2	Preventions of anemia in adolacencent girls	11.2.1	linkage with adolacent anemia controle programme in Schools with Unicef. And traing to the one teacher from the school	Rs 5000 per PHC	35000
		11.3	Marriage before legal age.	11.3.1	Senstigation of PRI members pertculerly women	Rs 5000/- Per PHC	35000
		11.4	Preventions of teen age pregnancy and abortion.	11.4.1	Adolescent pregnancy should be addressed with priority care(eclampsia, 3 ANC, anemia, 100 IFA, 100% institution delivery, low birth Wight baby, Brest feeding.PNC with in 48 hours.	NA	0
		11.6	Limited interventions for empowering adolescent girls	11.6.1	Family counseling for adolescent pregnancy tracking on above mention through ASHA and AWW.	NA	0
				11.6.2	State to develop and issue guidelines for implementation of Kishori MandalsFormation of Kishori Mandals by registration of all girls(11-18 yrs)	NA	0
	To improve adolescent reproductive and sexual health			11.6.3	Prepare a monthly plan of activities for one day per week	NA	0
				11.6.4	Counseling nutrition, health and social issues every week at AWCs by AWW	NA	0
				11.6.5	Weekly distribution of IFA Tablets to out-of-school girls at AWCs	From State	0
				11.6.6	Deworming adolecent every 6 months	Purchase of 12 lack tablets	900000

				11.6.8	Initiate family schools for learning child care , safe mother hood life skills and Family life education	Rs 10000 per Schools each in each PHC	70000
12	**To provide MTP services at health facilities**	12.1	MTP services are not available in Public sectors	12.1.1	Selection of facilities for provision of safe abortion services	NA	0
				12.1.2	Location of facility availability of trained service provider, space, equipments.	NA	0
				12.1.3	To Provide appropriate equipments at all facilities and MVA syringes.	50000/- per PHC	350000
				12.1.4	Putting the trained doctors at appropriate facilities to commence the services	NA	0
				12.1.5	Training of Medical officers and Para medical staffs on Safe abortion services training including awareness about legal aspects of MVA/ EVA and Medical abortion by IPAS .	One docter and one ANM from each PHC @ Rs 2000	14000
				12.1.6	Formation of district level committee (DLC) to accredit private sites as per GOI guide line .	NA	0
				12.1.7	Develop reporting system of MTP services in private and public secter.	NA	0
				12.1.8	Through training program make the govt doctors skilled to perform MTP in the approved sites.	NA	0
	To provide MTP services at health facilities			12.1.9	To Involve community to aware about location of services , process and legal aspects of MTP services through - AWW, ASHA & ANM, LRG and mass media.(IEC)	Rs 5000/- Per PHC	35000

				12.1.10	The services of Pregnancy testing should be strengthen and it should be linked with MTP services.	NA	0
				12.1.11	NGO's and local Practitioner should be involved for counseling and information of facility	NA	0
				12.1.12	Assurance of privacy and link with family welfare services counseling at all facility.	NA	0
				12.1.13	Linkage with MTP services with NGOs (PPP) those who are working in Safe abortion services. and create one modal center at district and PHC level.	NA	0
				12.1.14	Training of ASHA on medical abortion.	Incorparoted in ASHA training	0
13	**To strenghten Monthly Village Health and Nutrition Days**	13.1	Nutrition and Counseling Component is not visible in VHND and there is no monitoring of VHND activity by Community.	13.1.1	AWC should be develop Hub of activities (VHND)	NA	0
				13.1.2	Develop an activity plan calendar for VHND as seasonality.	NA	0
				13.1.3	Counseling of mothers on ANC, preparation for Child care ,STI/RTI, and AYUSH, adolescent Health	NA	0
				13.1.4	Organize VHND in Four Table concept regularly where One place is for registration, one is for weighing, one is for immunization and fourth is for counseling	Booklet on four table concept @Rs 5 for 10000 booklets	50000
				13.1.4	Meeting of VHSC and preparation for area specific epidemiological planning and community based	NA	0

					monitoring.		
				13.1.5	Skill development training is required to ANM , ASHA & AWW and Dular (LRG)	Rs 5000 per PHC	35000
				13.1.6	Develop monitoring plan map of each village and displaced at AWC with identification of priority houses with PW, lactating women ,Malnourish children , New born, DOTs and other services	From untied fund	0
				13.1.7	SMS reporting system of conducting VHND and ANM collect Data from field level and compile it in weekly/Monthly	NA	0
B	**APHC**		**Infrastructure**				0
	To form /strenghten APHC in Phase manner	1.3	Out of 27 APHCs only 11 are having own building	1.3.1	Registration of RKS	NA	0
		1.4	Existing 11 buildings are not properly maintained	1.4.1	Rennovation of APHCs buildings from RKS Fund	Rs 150000 per APHC	1650000
		1.5	Non payment of rent of 16 APHCs for more than three years	1.5.1	Payment Of Rent of APHC building	From state fund	0
		1.6	Lack of equipments,	1.6.1	Purchse of equipment as per service need from RKS fund	From state fund	0
		1.7	Lack of appropriate furniture	1.7.1	Purchase of Furniture from RKS fund	From state fund	0
2			**Human Resource**				0
		2.1	in the district no any APHC functioning as per IPHS norms	2.1.1	Operationalising one APHC in each PHC by conducting daily OPD by Docter. And support staff.	NA	0

		2.2		2.2.1	Notification from district for oprationaliing APHC	NA	0
3			**Drug Supply**				0
		3.1	No drug kit as such for the APHCs as per IPHS norms.,	3.1.1	Purchasing 23 listed OPD Drugs of PHC for APHC	Rs 200000/- Per PHC for OPD drugs for one year.	1400000
5	**RTI/STI services at health facilities**	5.1	No regular clinic at all PHCs & APHCs.	5.1.1	Trained service provider on syndrome management of RTI/STI (As per GOI guide line) up to APHC level.	Rs 1000/- for Two person from each PHC	14000
				5.1.2	Logistics of setting of clinics and free drugs availability	NA	0
				5.1.3	Integrated Counseling services in four public sector facilities by trained personnel .	NA	0
				5.1.4	IEC/BCC for awareness available RTI/STI services at all health facilities.	Rs20000 for Per PHC	140000
						Total Budget	**155552750**

Family Planning							
Sl.	**Goal**	**Sl.**	**Impact indicators**				
1	Population stablisation	1.1	To decrease TFR upto replacement level To increase sex ratio				
Sl.	**Objectives**	**Sl.**	**Outcome indicators**	**Sl.**	**Strategy**	**Sl.**	**Output indicators**
2	To increase female sterilisation from present 20.01% (DLHS3) to 50%	2.1	% increase in female sterilsation	2.1.1	Terminal/Limiting Methods	2.1.1.1	% of terminal/limiting methods use
				2.1.2	Dissemination of manuals on sterilization standards & quality assurance of sterilization services	2.1.2.2	No of facilities providing quality manuals on sterilization standars of sterilization services.
				2.1.3	Female Sterilization camps	2.1.3.3	No of camps orgnise for female sterlization .

				2.1.4	Compensation for female sterilization	2.1.4.4	% of Female recived compensation
				2.1.5	IUD camps	2.1.5.5	No of IUD used in Camps
				2.1.6	Accreditation of private providers for IUD insertion services	2.1.6.6	No of Private providers accrediate for IUD Insertion services.
3	To increase male sterilisationfrom 0.6%(DLHS 3) to 2%	3.1	% increase in male sterilisation	3.1.1	NSV camps	3.1.1.1	No of NSV Camps orgnised.
				3.1.2	Compensation for male sterilization	3.1.2.2	% of Male recived compensation
				3.1.3	Accreditation of private providers for sterilization services	3.1.3.3	No of Private providers accrediate for Sterilization services.
4	To increaseuse of condoms from 1.6% (DLHS3) to 5%	4.1	% increase in the use of condoms	4.1.1	Promotion to Social Marketing of condoms	4.1.1.1	No of Condoms distributed through Social Marketing.
				4.1.2	Contraceptive Update seminars	4.1.1.2	No of Seminars Orgnised on Contraceptive Update.
5	To increase use of pills from present 0.9%(DLHS3) among current married women age 15-49 yrs to 5%	5.1	% increase in the use of pills	5.1.1	Promotion to Social Marketing of pills	5.1.1.1	No of Pills distributed through Social Marketing.
Sl.	**Strategy**		**Gaps**		**Activities**	**Unit Cost**	**Total Budget**
	Terminal/Limiting Methods		Lack of knowledge of small family norms.		Ensure one MO trained on on minilep and NSV up to PHC	Rs 20000	140000
					Training of nurses and ANMs on IUD and other spacing methods at PHC level.	Rs 10000	70000
					Ensure availability of contra septives (indenting , logistic	Rs 500000 per PHC	3500000
	Female Sterilization camps		Laparoscopy surgery not		Trained doctors on	Above mentioned	0

			done.		laparoscopy.		
					Procure Laparoscopy equipments for trained docters	Rs 100000 per PHC	700000
					Training of doctors needed.	Mentioned above	0
	NSV camps		Trained doctors are not available.		Procurement of equipment.	Mentioned above	0
	Compensation for female sterilization		Fund for Compensation for sterlization is not aviliable on time at facility.		Immediate disbursement of incentive after sterilization camps.	Rs1000 each for 25000 male and 5000 female operations	32500000
	Compensation for male sterilization				Logistic planning is needed before organizing camps.	NA	0
					Block Health manager could be hire one support staff for disbursement for logistic support.	NA	0
					Immediate disbursement of incentive after sterilization camps.	Discussed earlier	0
					Logistic planning is needed before organizing camps.	NA	0

					Block Health manager could be hire one support staff for disbursement for logistic support.	NA	0
					Accreditation of private nursing home. As per GOB	NA	0
	IUD camps		Camps not held		Training of ANM & staff nurse for IUD insertion.	Discussed earlier	0
	Accreditation of private providers for IUD insertion services		No accreditation of private providers for IUD insertion services		Procurement of IUD.	Rs 30 into 52800 units	1584000
					Equipments for IUD insertion	Discussed earlier	0
					Accreditation of private providers for IUD insertion services. As per GOI guide lines.	NA	0
	Social Marketing of contraceptives		Monitoring of Social Markiting is not monitored by PHC.		Social marketing of need based OC & IUD.	NA	0
					Increasing access to contraceptive through communities based distribution system free of cost.	NA	0
	Contraceptive Update seminars		Not being held.		seminars for MO and other through Professional bodies (FOGSI. BMA, Nursing association etc..on	NA	0

					Copper-t 380-A should be popularized.	NA	0
					Awareness for emergency contraceptive.	NA	0
					Total		38494000

INSTITUTIONAL STRENGTHENING							
Logical Framework							
Sl.	**Goal**	**Sl.**	**Impact indicators**				
1	To improve institutional setup as per IPHS	1.1	Improved service delivery For women and child friendly with quality				
2	To bring required architectural correction in the Institutional System						
Sl.	**Objectives**	**Sl.**	**Outcome indicators**	**Sl.**	**Strategy**	**Sl.**	**Output indicators**
1	To strengthen NGOs Partneship/ PPP for communitisation of Health services .	1.1	No and Type of MOU signed between NGO and DHS/RKS for strengthening of communitization of health servies and NGO partnership/ PPP in place	1.1.1	To enforce PNDT Act and to increase sex ratio of female child	1.1.1.1	% decrease in sex selective abortions. % increase in birth of female babies (delivery registers)
				1.1.2	To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routeen facilty where it is not functional.	1.1.2.1	No of cases supported by referral transport system under PPP.
						1.1.2.2	No of canteen facility functional at insttutional facility level.

						1.1.2.3	No of STD booth and other routine facility carried out under PPP.
						1.1.2.4	No of cases supported and payments made by RKS/ DHS to BPL families in availing these services
				1.1.2	To develop partnership with NGO Programmes in the districts	1.1.2.1	No of partnership with NGO for programme implementation for MCHN, Micronutrient supplimentation, national programme implementation specially Kalazar elimination
					Strengthen Logistics management system for regular supply of Drugs and equipments	1.1.2.2	No and % of drug & equipments available and supplied (stock ledger)
					Devlop a strong Monitoring & Evaluation / HMIS System in all PHC	1.1.2.3	Regular monitoring and evaluation reports
3	To devlop IEC and BCC and Training support	3.1	No of IEC materials developed and BCC event carried out	3.1.1	Establising BCC and training cell at District &	3.1.1.1	Functional BCC cell at DHS/ RKS level

	system .				BPHC level		
			No of training support system developed		Net working with folk media team	3.1.1.2	No of folk media team engaged in BCC activity. Type and No. of BCC event oragnised
4	To strengthen ASHA support System	4.1	No of ASHA capacities	4.1.1	Develop ASHA support System in all PHC(One persion per 20 ASHA)	4.1.1.1	Establishment of ASHA support system at DHS and RKS level
		4.2	No of actvities carried out by RKS	4.1.2	Strengthening RKS	4.1.1.2	No of RKS having monthly meetings.
						4.1.1.3	% of untied fund, JSY fund, referral transport etc utilised
Sl.	**Strategy**		**Gaps**		Activities	**Unit Cost**	**Budget**
	To enforce PNDT Act and to increase sex ratio of female child		No registration of ultra sound clinic.		Registration and monitoring of ultra sound clinic.	NA	0
					MTP clinic should be watched for termination of pregnancy following USG.	NA	0
					IEC on PNDT act	Rs 5000 per PHC	45000
	To make Public Private Partnerships for referral transport, IPD care canteen facility, STD		Out sourcing of services is not as per the need of local Need and BPL families are not exampted from Fee of out source			NA	0
					District /PHC level managers should be aware about the TOR of PPP which is finalized at		

	booth and other routeen facilty where it is not functional.		services				
					Build the capacity of manager to manage contracts of PPP	NA	0
			There is an acute shortage of para medics like radiographer, lab technician, ECG technician etc. in the state.		Accreditation of institutions and to set standards, an institute of paramedical sciences may be started in the state. This would create more employment opportunities in addition availability of para medical personnel for absorption into the government health system.	NA	0
	Devlop partnership with NGO Programmesin the districts		**Non involvement of NGO in F.P programme, Institutional delivery, Blindness control programme.**		listing of NGOs those who are working in F.P ,MTP,program me, Institutional delivery, Blindness control programme.	NA	0
					Accreditation of these facility from state Health Socity.	NA	0

			There is no any MOU with NGO/VO/individuals for Donation and volantory support in PHC		Process of MOU should be dicentrlization and it should oprationlise through RKS.	NA	0
			Strainthening of DMU NGOs Management aspects is one of the area of improvement		ASHA Programme manager facilitate the NGO management process in the district and ASHA Faclitatore will be manage at the PHC level	NA	0
					Honourarium to DPM, DPM(ASHA), DAM and DA	Rs 30000 pm for DPM, Rs 28000 pm for DPM(ASHA), Rs 26000 pm for DAM and Rs 22000pm for DA	1272000
					Capacity building training programme for NGOs office bearer with the help of professionals on linkage with health system strengthening component.	Rs 5000 per PHC	85000
					Mentoring Group at district level.	NA	0

					Reporting mechanism should be develop of NGOs work in the district.	NA	0
			There is no any VHSC in the district.		Co-ordination with community based orgnisation as SHG, LRG, VEC, ,PRI for VHSC formation.	NA	0
	Capicity buiding of Managers and Doctors.				Expoure visit of DPM/BHM /ASHA DPM/ selected ASHA to other state where facility is comparatively working better.	Rs 100000 for the district	100000
					To start DNB (Family Physician) 3 year course in the district hospitals.	Rs 100000 for the district	100000
					ASHA/ AWW career advancement programme may planned to retain them in the system. Seats in the ANM course, staff nurses and other paramedical courses may be reserved for the qualified ASHAs	Rs 10000 per PHC	170000

	Prepration of dicentrlised District Health Action Plan		First time five members of the districts were trained on DHAP prepration		Trainings of DPMU,BPMU members on implementation of services/ various National program and district Health action Plan through distance education	1 DPM, 07 Doctors(One from each PHC) , 09 BHMs and district planning team	80000
					Start prepration of plan from the month of October with sitution anlysis,Facility survey,line reporting system and qulitative finding from Community and users of facility.	Rs 50000 for the district	50000
	Devlop a strong Monitoring & Evaluation / HMIS System in all PHC		Monitoring of all programme is one of the weakest link of all programme. Lack of Supervisers in all PHC Lack of skill of use of data Community is not aware about monitoring aspects of Health Programme.		Distribution of role and responsbility among MO and Managers of programme implementation.	NA	0
					Use Process indicatore as monitoring of respective programme.	NA	0
					Devlop Programme review calander for review of HSC/PHC performance as per form 6 & 7	NA	0
					Gradation of Health Sub centers in three categories.	NA	0

					Information exchange visits among ANM acording to Grade.	NA	0
					Social recognition of Grade one ANM.	NA	0
					Devlop four potentioal VHSCs in all PHC on Community based Monitoring of Health and Nutrition programme.	Rs 2000 in each PHC	14000
					Organise"JAN ADALAT" in with PRI & VHSC and invite nearby VHSC to observe thr process of "JAN ADALAT"	NA	0
					Devlop Health and Nutrition Report Card by using growth monitoring chartsof Village and prasent in "JAN ADALAT" By VHSC	Rs 2000 in each PHC	14000
	Strenthen Logistics management system for regular supply of Drugs and equipments		There is no system of logistic management of Drugs and other supply at any level.Only vaccine supply management is comarativaly stroger then other logistic work.		Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services and	NA	0

					reports		
					Hiring vehicles for supply of drug kits	Rs 20000 per PHC per month	1680000
					Hiring of couriers as per need	Discussed in maternal health	0
					Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)	Discussed in maternal health	0
					Training of all ANM and Stock keepers on Indenting and Logistic Management.	Rs 5000 per PHC	35000
					Devlop TMC modal for Logistic Management in the state.	NA	0
	Establising BCC and training cell at District & BPHC level		There is not as such disignated post for BCC and Traning at the district and PHC level		ASHA Programme manager facilitate the process of traning and BCC in the district and ASHA Faclitatore will be manage at the PHC level	NA	0
					Devlop resoure team at District Level.	NA	0

					MOU with Local NGOs for logistic management of training and Devlop issues wise Master traners in district	Na	0
					Devlop ASHA support system on one person/20 ASHA for on the job training of AHSA and AWW	NA	0
	Net working with folk media team		There is no BCC management unit at Distrct Level		Identify Health Communication orgnisation for identification of BCC issues as per need of District.	Discussed in child health	0
					MOU with orgnisation for formative reaserch .	NA	0
					Devlop IEC/BCC material based on Findings of formative reasrch	Discussed in child health	0
					Printing of IEC and BCC material	Discussed in child health	0
					Training of Folk Media group on IEC/BCC material	Discussed in maternal health	0
					Planning of performance route chart of Folk media Group	NA	0

					Monitoring of performance through SMS of PRI members	NA	0
					Impact analysis of Performance by Orgnisation	NA	0
	Straenthening RKS		RKS are not uniformally fungtioning in the district		Ensure ragistration of RKS of all fungctional APHC	NA	0
					Training of RKS signatory and BHM on finincial Management of RKS	Discussed in maternal health	0
					presentation of case study of fungctional RKS in district level Meeting.	NA	0
	Strengthening community process through supportive supervision of ASHA program		Poor monitorinng mechanism of ASHA program		Appointment of PHC level ASHA facilitator	Rs 12000 per Facilitator per month for 7 facilitator	1008000
					Provide training cum supervisory support @ one supervisor for 20 ASHA	Rs 250 per supervisor for 39 supervisors for maximum 15 days in a month	1755000
					Training of DPM (ASHA) , Facilitator and supervisors at block level.	Rs 250 per participant for three days for 180 participants .	45000
						Total	6453000

Blindness				
issues	**Strategy**	**Activities**	**Unit Cost**	**Total Budget**
Staff shortage	Recruitment	Recruitment of Eye Specialists and surgeons on contractual basis.	Already discussed in maternal health	0
		Recruitment of Opthalmic Assistants on contractual basis.	Only 4 in the current year @ Rs 8000 per month	384000
Untrained staffs	Capacity building	Training of Doctors on IOL technique	Rs 10000 per person for 5 person	50000
		Training of Opthalmic Assistant		
Low achievement	Increasing noof camps	Organising Operations at District level	Rs750 per operation for 3000 operations	2250000
	PPP	Accreditation of Nursing Homes capable of doing Cataract surgeries	NA	0
		Establishing another Cataract Operation Center at PHC Kako.	Rs 500000	500000
		Purchase of equipments and medicines		
Lackof awareness	Awareness building	Assigning LHV/Supervisor counseling work	NA	0
		Organising eye screening camps in villages/ schools	NA	0
		IEC on cataract and its facilities	Rs 100000 at district level	100000

	InvolvingNGOs	Meeting with Local NGOs onthis issue	NA	0
Lackof adequate referal services	Strengthening referal system	Arrangement of carrying patients to the Operation Centers and then taking them back homes	Rs 10000 per PHC	70000
Monitoring and follow up	Monitoring and follow up	Mobility support for Visiting homes of the patients tomanage any post treatment complication.	Rs 10000 per PHC	70000
		Developing records of cataract cases from OPD registers at PHC level	NA	0
		Total		3424000

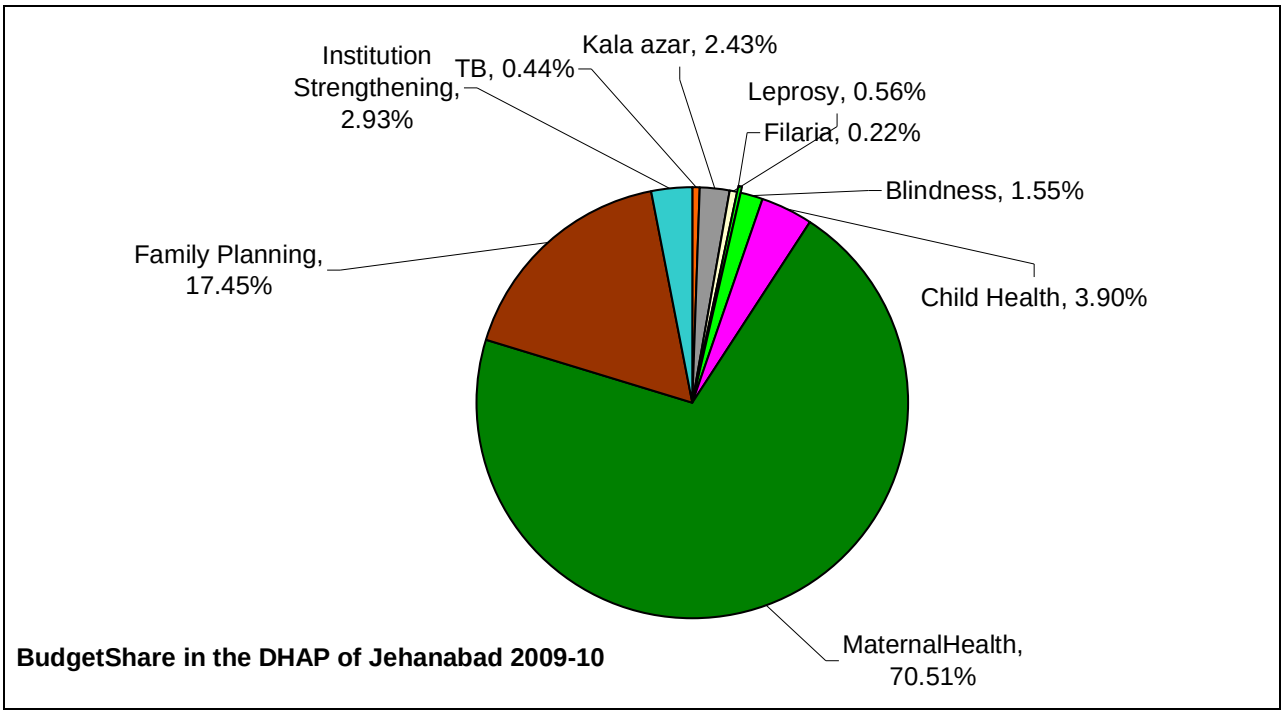
Leprosy					
Gaps	**issues**	**Strategy**	**Activities**	**Unit Cost**	**Total Budget**
· Existing PR of the district is 1.1 and the target is only 1, so the existing program performance is good.					
• Lack of awareness is still a problem with the Leprosy Program as most of the cases are detected accidentally.	Lack of Awareness	Awareness generation	IEC on Leprosy	Rs 5000 per PHC in a year	35000
• Inadequate staff, Only 6 supervisors and 11 Non Medical Assistants are working while the requirement of Supervisor is 17 and that of NMA is 33(One NMAeach in each APHC)	Lack of Human Resource	Staff Recruitment in contract basis	Recruitment of 11 supervisors	Rs 7000per supervisor per month	924000
• There is no active involvement of the Medical officers at sector and Block levels.		Strengthen Health Care	Orientation of Mos and staffs on Leprosy	NA	0

• Lack of PHC staff involvement. No manpower support,		Services	Case validation, to have check on wrong diagnosis and re registration	NA	0
			Prompt and early detection of the cases to avoid deformity and disability,	NA	0
			Ulcer care foot ware reorientation training of medical & para medical staff.	Rs2000 per PHC	14000
No lab testing facility in the district	Infrastructure Gap	Establishing Lab	Establishing Lab at district level	Rs 200000	200000
			Recurring expenditure like reagents	Rs 1000 per month	12000
Lack of monitoring at all level	Monitoring Gap	Increasing mobility	Updation of master register	NA	0
			Mobility support for DLO	RS 3000 per month	36000
			Office expenses	Rs 2000 per month	24000
			Total		1245000

Fileria

Gaps	issues	Strategy	Activities	unit Cost	Total Budget
It affects mainly the economically weaker sections of communities		1. Single dose DEC mass therapy once a year in identified blocks and selected DEC treatment in filariasis endemic areas.	Line listing of the cases	NA	0
			Purchse of equipments for the management of Filaria cases like towel, Bucket, soap, mug etc	Rs 500 per HSC for 81 old and 70 new HSCs	75500
			DEC distribution through AWCs and paying hon to AWWs for this.	Rs 100 for all 925 AWC	92500
			Purchse of DEC	Rs 300000	300000

			Training to AWWs/ASHA on DEC distribution and filaria case management	Rs 2000 per PHC	14000
Result in low priority being accorded by governments for the control of lymphatic filariasis.		2. Continuous use of vector control measures.	Meeting with VHSC members	NA	0
Low effectiveness of the tools used by the control programme			Detection and treatment of micro-Filaria carriers, treatment of acute and chronic filariasis.	NA	0
The chronic nature of the disease		4. IEC for ensuring community awareness and participation in vector control as well as personal protection measures.	Wall paintings	Rs 2000 per PHC	14000
			Total budget		496000



Final Budget of Jehanabad			
Srl No	**Budget Head**	**Total Budget**	
	TB	962000	
	Kala azar	5366460	
	Leprosy	1245000	
	Filaria	496000	
	Blindness	3424000	
	Child Health	8603648	
	MaternalHealth	155552750	
	Family Planning	38494000	
	Institution Strengthening	6453000	
	Total	**220596858**	
Sl. No	**Budget Head**	**%**	**Total Budget**
	TB	0.44%	962000
	Kala azar	2.43%	5366460
	Leprosy	0.56%	1245000
	Filaria	0.22%	496000
	Blindness	1.55%	3424000
	Child Health	3.90%	8603648
	MaternalHealth	70.51%	155552750
	Family Planning	17.45%	38494000
	Institution Strengthening	2.93%	6453000
	Total		**220596858**

Annexure – I

Name of DISTRICT : Jehanabad										
Month's	OPD	Indoor	No. Of Delivery	Referred Case	No of Emergency	No. of Family Planning	No of General Operation	Immunization		Pulse Polio
								Mother	Child	
Apr-2005	7810	198	204	0	742	0	0	797	2995	0.00%
May-2005	8984	172	179	0	390	0	0	1233	6121	0.00%
Jun-2005	9905	193	162	0	408	4	0	804	3417	0.00%
Jul-2005	11273	186	215	0	544	0	0	816	3298	0.00%
Aug-2005	11957	425	305	0	807	2	0	794	3557	0.00%
Sep-2005	12156	221	304	0	482	0	0	810	3806	0.00%
Oct-2005	10856	214	260	0	496	0	0	758	3703	0.00%
Nov-2005	10379	203	244	0	420	2	0	791	4334	0.00%
Dec-2005	10363	286	159	0	511	0	0	788	4982	0.00%
Jan-2006	9137	402	182	0	616	24	0	609	3947	0.00%
Feb-2006	8893	669	159	0	731	151	0	735	5556	0.00%
Mar-2006	9054	349	148	0	731	7	0	858	5741	0.00%
TOTAL'06-07	**120767**	**3518**	**2521**	**0**	**6878**	**190**	**0**	**9793**	**51457**	
Apr-2006	8067	190	151	0	623	0	0	944	5638	0.00%
May-2006	9632	203	181	0	946	0	0	1141	5562	0.00%
Jun-2006	10677	242	189	0	1071	0	0	1182	5220	0.00%
Jul-2006	20048	331	269	0	1704	0	0	1484	5140	0.00%
Aug-2006	22603	445	281	0	1347	0	0	1294	4917	0.00%
Sep-2006	24237	386	327	0	1216	0	0	806	4863	0.00%
Oct-2006	21345	356	303	0	1246	0	0	675	4620	0.00%
Nov-2006	18749	484	306	0	965	0	0	900	6867	0.00%
Dec-2006	17370	457	301	0	988	0	0	1295	16819	0.00%
Jan-2007	15910	521	265	0	1070	171	0	995	11101	0.00%
Feb-2007	16955	808	230	0	789	272	0	1271	13445	0.00%
Mar-2007	19704	634	251	0	1223	134	0	1466	10093	0.00%
TOTAL'07-08	**205297**	**5057**	**3054**	**0**	**13188**	**577**	**0**	**13453**	**94285**	
Apr-2007	21738	335	299	35	1278	0	220	1993	13247	1.50%
May-2007	24349	653	465	158	1737	0	197	1883	6375	0.92%

Jun-2007	28739	1133	508	233	1559	28	323	4046	14052	0.00%
Jul-2007	38093	1403	715	235	1723	9	936	3966	10872	1.26%
Aug-2007	40130	2055	1171	221	2283	96	966	4502	15340	1.21%
Sep-2007	38828	2768	1551	210	2126	243	920	3807	17183	1.00%
Oct-2007	40869	3389	1967	168	2690	540	1020	3168	17838	1.00%
Nov-2007	38505	3512	1932	154	2336	426	936	2711	17628	0.00%
Dec-2007	33522	3587	1711	156	2112	749	1020	2497	17082	0.91%
Jan-2008	35443	3495	1399	107	1990	1204	1133	2572	18572	0.99%
Feb-2008	33193	3015	1202	94	1852	872	870	2889	21955	1.13%
Mar-2008	29771	3240	1065	148	2030	480	992	2743	19330	1.33%
TOTAL '08-09	**403180**	**28585**	**13985**	**1919**	**23716**	**4647**	**9533**	**36777**	**189474**	
Apr-2008	26667	2818	900	153	2206	153	890	1452	16298	1.13%
May-2008	35413	3014	864	164	2391	105	1020	2470	17900	0.00%
Jun-2008	36989	2626	864	149	2284	141	1025	4173	14901	0.95%
Jul-2008	43654	3417	1200	157	2594	78	1153	4209	13055	1.04%
Aug-2008	48658	4568	1691	240	3001	312	1161	4955	11801	1.04%
Sep-2008	54762	5114	2131	193	3171	453	1339	3889	12358	0.81%
Oct-2008	43669	5857	2563	185	3315	417	1169	3064	17165	0.81%
Nov-2008	41295	5108	2343	169	2799	475	1168	2732	15922	0.78%
Dec-2008	41527	5401	2232	156	2671	908	1215	2848	17712	1.14%
TOTAL '08-09	**372634**	**37923**	**14788**	**1566**	**24432**	**3042**	**10140**	**29792**	**137112**	
Total	**1101878**	**75083**	**34348**	**3485**	**68214**	**8456**	**19673**	**89815**	**472328**	