District Health Action Plan

2009-2010

District Health Society

Kaimur

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CHAPTER 4-Setting Objectives and suggested Plan of Action

Fore word

Sri Mayank Warwade,
District Magistrate, Kaimur

Realizing the importance of health in the process of economic and social development and improving the quality of life of our citizens, Government of India had launched The National Rural Health Mission on 12th April 2005 to increase public spending on health from 0.9% of GDP to 2-3% of GDP, to undertake architectural correction on the health system to enable it to effectively handle increased allocations & promote policies that strengthen public health management and service delivery in the country and to effective integration of health concerns through decentralized management at district level, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.

This District Health Action Plan (DHAP) is one of the key instruments to achieve NRHM goals. This Plan is Prepared after, thorough situational analysis of district health scenario. In this Plan special focus is given on fulfilling the health care needs of rural Population especially women and children. This DHAP has been evolved through a participatory and consultative process, where in community and other stake holders have participated and ascertained their specific health needs in rural & remote areas problems, in accessing health services, especially poor women & children.

We need to congratulate the department of Health and family welfare and State Health Society of Bihar for their health sector reform program. We also appreciate their decision to invite consultants (NHSRC/PHRN) to facilitate our DHS regarding preparation of DHAP.

Mayank Warwade (I.A.S)
D.M, Kaimur

About the Profile

Dr. Uchit Lal Mandal
Civil Surgeon, Kaimur

The District Health Action Plan of Kaimur District has been prepared under the National Rural Health Mission. In order to formulate the DHAP, Situational analysis has been done and gaps are found out. After assessing the gaps, strategies were prepared in order to fulfill the gaps. The DHAP recommends on how existing resources of manpower and material can be optimally utilized and how the facilities at different levels can be structured and reorganized.

The information related to data and others used in this action plan is authentic and correct according to my knowledge as this has been provided by the concerned medical officers of every block. We are grateful to the state level consultants (NHSRC/PHRN), MOICs, different departments heads, Block Health Managers and ANMs for their excellent effort with the help of which we were able to make this District Health Action Plan of Kaimur district.

We hope that this District Health Action Plan will fulfill the intended purpose.

Dr. Uchit Lal Mandal
Civil surgeon
(Kaimur) Bhabua

CHAPTER – I – INTRODUCTION

NATIONAL RURAL HEALTH MISSION – THE VISION

Background

- The National Rural Health Mission (2005-12) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and weak infrastructure. These 18 states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jammu & Kashmir, Nagaland, Orissa, Rajasthan, Jharkhand, Manipur, Mizoram, Meghalaya, Sikkim, Tripura, Madhya Pradesh, Uttaranchal and Uttar Pradesh.
- The Mission is an articulation of the commitment of the Government to raise public spending on health from 0.9% of GDP to 2-3% of GDP.
- It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Program and promote policies that strengthen public health management and service delivery in the country.
- It has key components provision of a female health activist in each village, a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat, strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS) and integration of vertical Health & Family Welfare Program and Funds for optimal utilization of funds and infrastructure and to strengthen delivery of primary healthcare.

- Provision has been made for State specific proposals for mainstreaming AYUSH doctors/paramedics on contractual basis, providing AYUSH Wings in PHCs and CHCs. As envisaged under NRHM vision and goals, efforts will be made to integrate AYUSH in primary health delivery.
- It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition and safe drinking water through a District Plan for Health.
- NRHM seeks to adopt a convergent apporach for interventions under the umbrella of the district plan which seeks to integrate all the related initiatives at the village, block and district levels. The District Health Action Plan would be the main instrument for planning, Inter-sectoral convergence, Implementation and monitoring of the activities under the Mission.
- It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

1.1 GOALS - Objectives

- Reduction in infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
  - Universal access to public health services such as women's health, child health, water, sanitation & hygiene, immunization, and nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.

STRATEGIES

(A) CORE STRATEGIES

- Train and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services.
- Promote access to improved healthcare at household level through the Accrediated Social Health Activist (ASHA).
- Health Plan for each village through village Health Committee of the Panchayat.
  - Strengthening sub-centre through better human resource development, clear quality standards, better community support and an untied fund to enable local planning and action and more Multi Purpose Workers (MPWs).
  - Strengthening existing PHCs and CHCs, and provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Standards defining personnel, equipment and management standards).
  - Preparation and Implementation of an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene and nutrition.
- Integrating vertical Health and Family Welfare program at National, State Block and District levels.
- Technical support to National state and District Health missions for Public Health Management.
  - Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.
- Formulation of transparent policies for deployment and career development of Human Resources for health.
  - Developing capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco, alcohol etc.

- Promoting non-profit sector particularly in underserved areas.

(B) SUPPLEMENTARY STRATEGIES

- REGULATION OF Private Sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost.
- Promotion of Public Private Partnerships for achieving public health goals.
- Mainstreaming AYUSH – revitalizing local health traditions.
- Reorienting medical education to support rural health issues including regulation of Medical care and Medical ethics.
- Effective and viable risk pooling and social health insurance to provide health security to the poor by ensuring accessible, affordable, accountable and good quality hospital care.

1.2 Objective of the Process

COMPONENT (A): ACCREDITED SOCIAL HEALTH ACTIVISTS

- Every village/large habitat will have a female accredited social Health Activist (ASHA) – chosen by and accountable to the panchayat – to act as the interface between the community and the public health system. States to choose state specific models.
- ASHA would act as a bridge between the ANM and the village and be accountable to the Panchayat.

- She will be an honorary volunteer, receiving performance- based compensation for promoting universal immunization, referral and escort services for RCH, construction of household toilets, and other healthcare delivery program.
- She will be trained on pedagogy of public health developed and mentored through a standing Mentoring Group at National level incorporating best practices and implemented through active involvement of community health resource organizations.
- She will facilitate preparation and implementation of the village Health Plan along with Anganwadi worker, ANM, functionaries of other Departments, and self-Help Group members, under the leadership of the village Health Committee of the Panchayat.
- Induction training of ASHA to be of 23 days in all, spread over 12 months, on the job training would continue throughout the year.

- Promotion of Stakeholder Committees (Rogi Kalyan Samitis) for hospital management.
- Developing standards of services and costs in hospital care.
- Develop, display and ensure compliance to citizen's charter at CHC/PHC level.
- In case of additional outlays, creation of new Community Health Centers (30-50 beds) to meet the population norm as per Census 2001, and bearing their recurring costs for the Mission period could be considered.

COMPONENT (E): DISTRICT HEALTH PLAN

- District Health Plan would be an amalgamation of field responses through Village Health Plans and for Health, Water Supply, Sanitation and Nutrition.
- Health Plans would form the core unit of action proposed in areas like water supply, sanitation, hygiene and nutrition.

- District becomes core unit of planning, budgeting and implementation.
- Centrally Sponsored Schemes could be rationalized/modified accordingly in consultation with states.
- Concept of "funneling" funds to district for effective integration of program.
- All vertical Health and Family welfare Program at District level merge into one common "District Health Mission" at the District level.
- Provision of Project Management Unit for all districts, through contractual engagement of MBA, Inter Charter/Inter Cost and Data Entry Operator, for improved program management in District Level and similar organization stand in block level..

COMPONENT (F): STRENGTHENING DISEASE CONTROL PROGRAMMES

- National Disease Control Program for Malaria, TB, Kala Azar, Filaria, Blindness & Iodine Deficiency and integrated Disease Surveillance Program shall be integrated under the Mission, for improved program delivery.
- New Initiatives would be launched for control of Non Communicable Diseases.
- Disease surveillance system at village level would be strengthened.
- Supply of generic drugs (both AYUSH & Allopathic) for common ailments at village, HSC,PHC/CHC level.
- Provision of a mobile medical unit at District level for improved Outreach services.

COMPONENT (G): PUBLIC – PRIVATE PARTNERSHIP FOR PUBLIC HEALTH GOALS, INCLUDING REGULATION OF PRIVATE SECTOR

- Since almost 75% of health services are being currently provided by the private sector, there is a need to refine regulation.
- Regulation to be transparent and accountable.

- Reform of regulatory bodies/creation where necessary.
- District Institutional Mechanism for Mission must have representation of private sector.
- Need to develop guidelines for Public-Private Partnership (PPP) in health sector. Identifying areas of partnership, which are need based, thematic and geographic.
- Public sector to play the lead role in defining the framework an sustaining the partnership.
- Management plan for PPP initiatives: at District/State and National levels.

1.3 Process of Plan Development

1.3.1 Preliminary Phase

The preliminary stage of the planning comprised of review of available literature and reports. Following this the research strategies, techniques and design of assessment tools were finalized. As a preparatory exercise for the formulation of DGAP secondary Health data were complied to perform a situational analysis.

1.3.2 Main Phase-Horizontal Integration of Vertical Programmes

The Government of the State of Bihar is engaged in the process of re-assessing the public health care system to arrive at policy options for developing and harnessing the available human resources to make impact on the health status of the people. As parts of this effort present study attempts to address the following three questions.

1. How adequate are the existing human and material resources at various levels of care (namely from sub center level to district hospital level) in the state; and how optimally have they been deployed.

2. What factors contribute to or hinder the performance of the personnel in position at various levels of care.
3. What structural features of the health care system as it has evolved affect its utilization and the effectiveness.

With this in view the study proceeds to make recommendation towards work force management with emphasis on organizational. Motivational and capacity building aspects. It recommends on how existing resources of manpower and materials can be optimally utilized and critical gaps identified and addressed. It also commends at how the facilities at different levels can be structured and organized.

The study used a number of primary data components which includes collecting data from field through situation analysis format of facilities that was applied on all HSCs and PHCs of Kaimur district. In addition, a number of field visits and focal group discussions, interviews with senior officials, Facility survey were also conducted. All the draft recommendations on workforce management and rationalization of services were then discussed with employees and their associations, the officers of the state, district and block level, the medical profession and professional bodies and civil society. Based on these discussions the study group clarified and revised its recommendation and final report was finalized.

Government of India has launched National Rural Health Mission, which aims to integrate all the rural health services and to develop a sector based approach with effective intersectoral as well as intersectoral coordination. To translate this into reality, concrete planning in terms of improving the service situation is envisaged as well as developing adequate capacities to provide those services. This includes health infrastructure. Facilities, equipments and adequately skilled and placed manpower. District has been identified as the basic coordination unit for planning and administration. Where it has been conceived that an effective coordination is envisaged to be possible.

This Integrated Health Action Plan document of Kaimur district has been prepared on the said

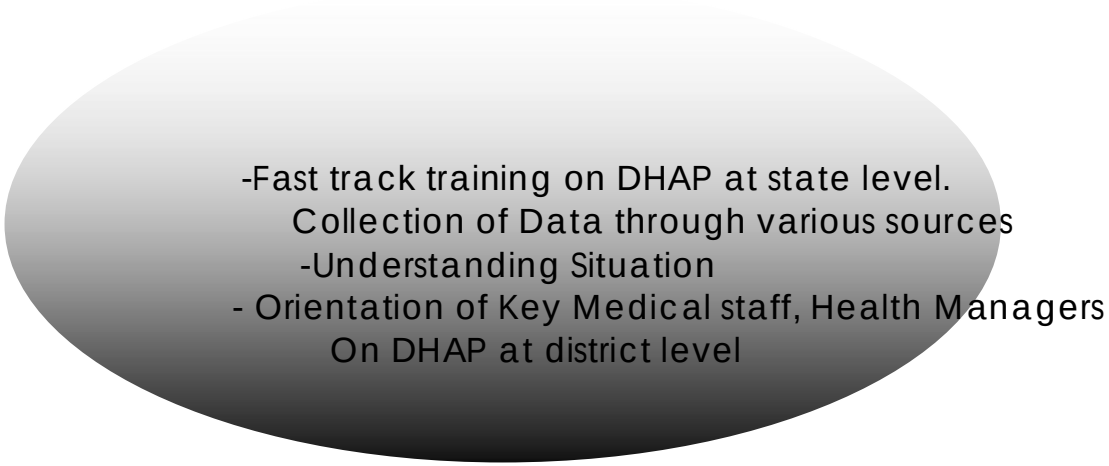
1.3.3 **Preparation of DHAP**

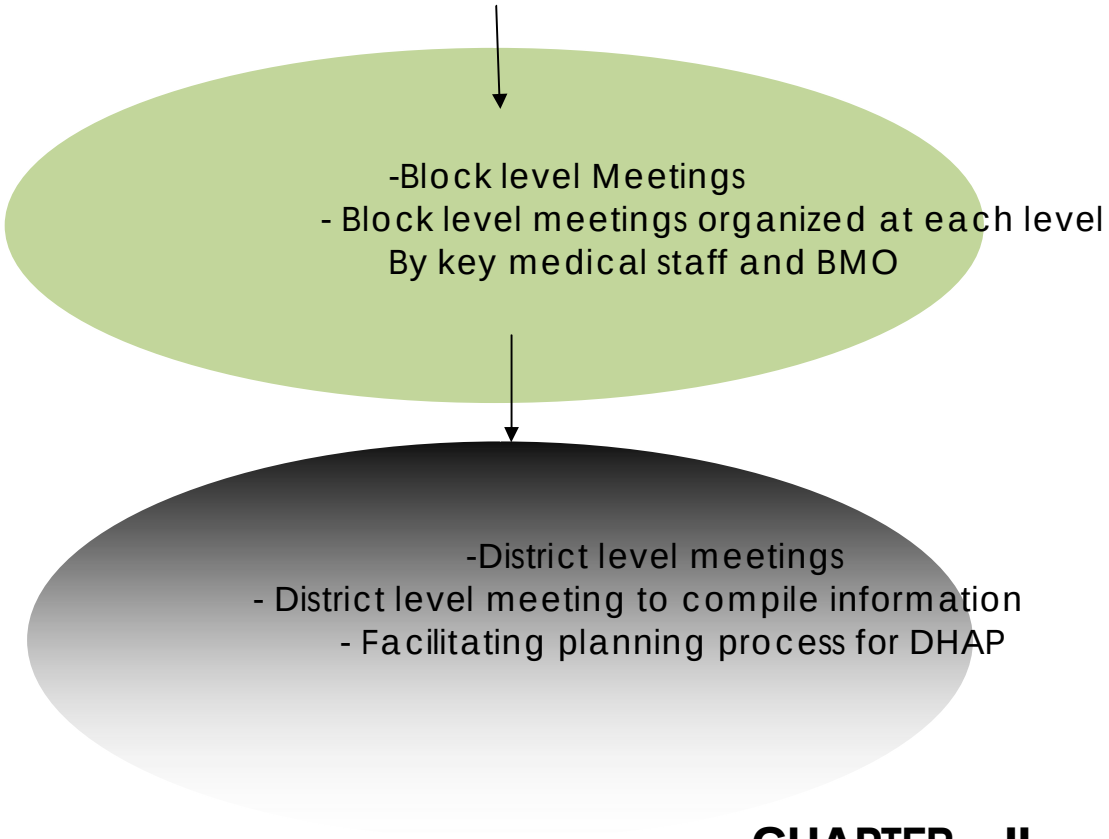
The Plan has been prepared as a joint effort under the chairmanship of District Magistrate of the district. Civil Surgeon. ACMO (Nodal officer for DHAP formulation), all programme officers and NHSRC/PHRN as well as the MOICs, Health Managers, ANMs, as a result of a participatory processes as detailed below, After completion the DHAP, a meeting is organized by Civil Surgeon with all MOIC of the block and all programme officer. Then discussed and displayed prepared DHAP. If any comment has came from participants it has added then

finalized. The field staffs of the department too have played a significant role, District officials have provided technical assistance in estimation and drafting of various components Action Plan.

Alter a thorough situational analysis of district health scenario this document has been prepaid. In the plan, it is addressing health care needs of rural poor specially women and children. The teams have analyzed the coverage of poor women and children with preventive and promotive interventions, barriers in access to health care and spread of human resources catering health needs in the district. The focus has also been given on current availability of health care infrastructure in public/NGO/private sector, availability of wide range of providers. This DHAP has been evolved through a participatory and consultative process, wherein community and other stakeholders have participated and ascertained their specific health needs in villages, problems in accessing health services, especially poor women and children at local level.

District Health Action Plan Planning Process





CHAPTER – II

About District

The district covers the area of about 3362 Square Kilometer, Geographically the district can be divided into two parts viz.

1. Hilly area.

2. Plain area. The hilly area comprises of Kaimur plateau. The hilly area on the western side is flocked by the kudra river lies on its eastern side. The district has close linkage with the history of Rohtas, which was its parent district also. The old district of Rohtas had four subdivisions of which Bhabua was one. The present district of Kaimur has been formed from Rohtas, but now Kaimur District has two sub-division Bhabua & Mohania.

Administrative Setup:-

Bhabua Sub- division	Mohanaia Sub- division
Bhabua	Durgawati
Chand	Mohania
Chainpur	Kudra
Bhagwanpur	Ramgarh
Rampur	Nuoan
Adhaura	

This district of Kaimur came into existence in the year 1991, carved out of the rest while Rohtas district. The present district of Kaimur consists of two Sub divisions. Viz Bhabua and Mohania. The district has 11 CD Blocks and 1 town (Census Town) with district head quarters at Bhabua.

Background characteristics of the district Kaimur is as below, which will help to identify the constraints particularly is terms of size of villages access to villages etc.

Sl.NO	Background Characteristics	District
1	Geographic area (in sq. kms)	3362
2	No. of blocks	11
3	No. of villages	1677
4	No. of Towns	1
5	**Total Population**	1664046
	Urban	60306
	Rural	1603740
	SC	154756
	ST	54914
	% of BPL Population	24.17%
6	Sex Ratio	907/1000
	Total Literacy	
	Literacy Rate Male	70.6
	Literacy Rate Female	38.9
7	No. of Primary School	720
8	No. of Anganwadi Centers	1286
9	No. of ASHA	1247
11	No. of Gram Panchayat	153
11	District Hospital	1
12	Sub-Divisional Hospital	1
13	Referral Hospital	2

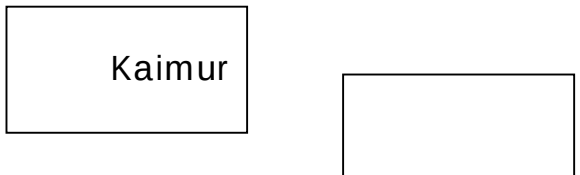
14	No. of PHC	7
15	No. of APHC	19
16	No. of HSC	197
17	Blood Bank	2

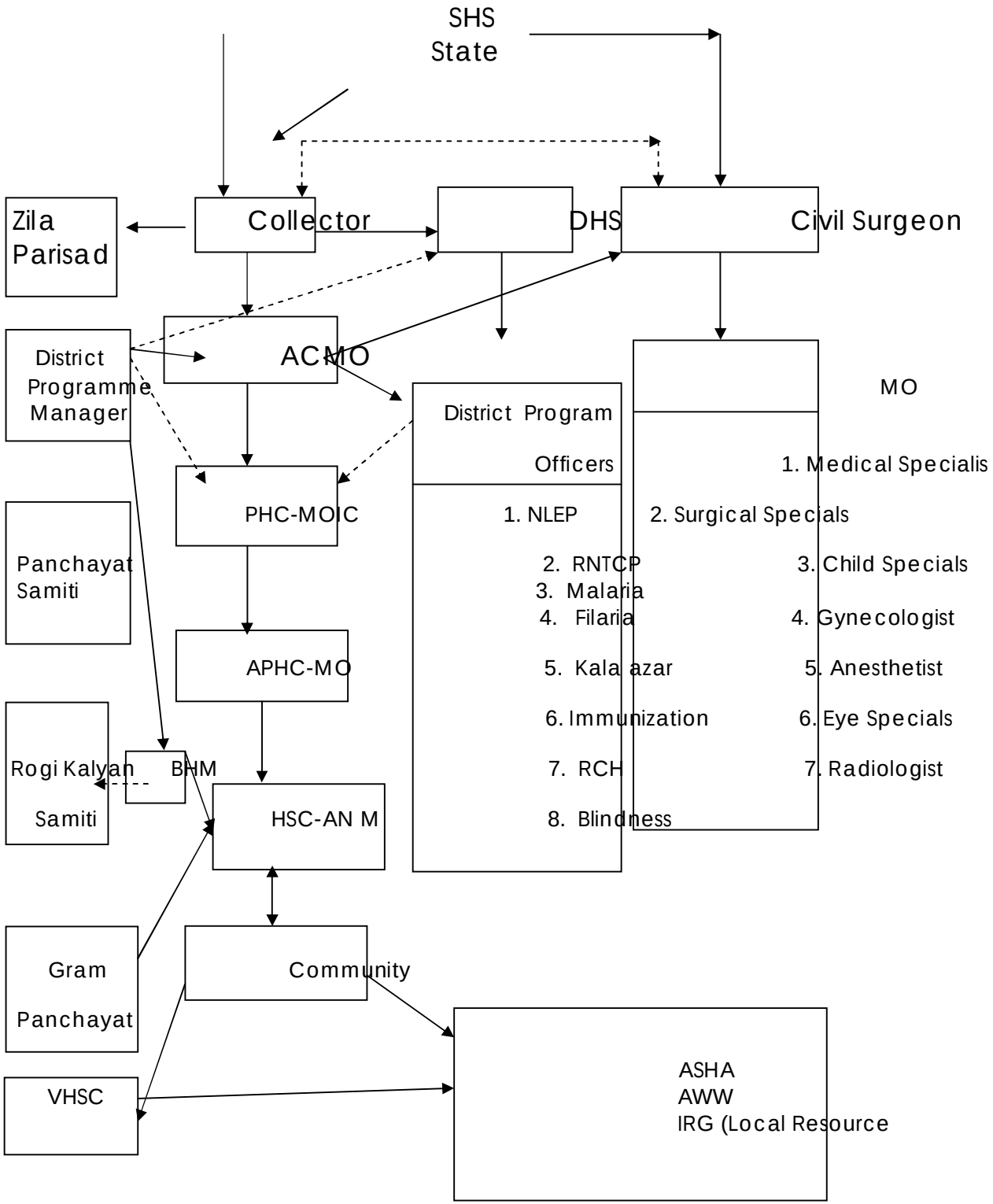
Human Resource in the District

Cadre	Sanctioned	In Position	Vacant	Remarks

Civil Surgeon	1	1	0	
District Immunization officer	1	1	0	Dr.Anwar Ashraf (DIO, Incharge)
District TB officer	1	1	0	
District Superintendent	1	0	1	
ACMO	1	0	1	
District Malaria officer	0	0	0	
District Leprosy officer	0	0	0	
District Filaria officer	0	0	0	
MOICs	10	10	0	

District Health Administrative Setup

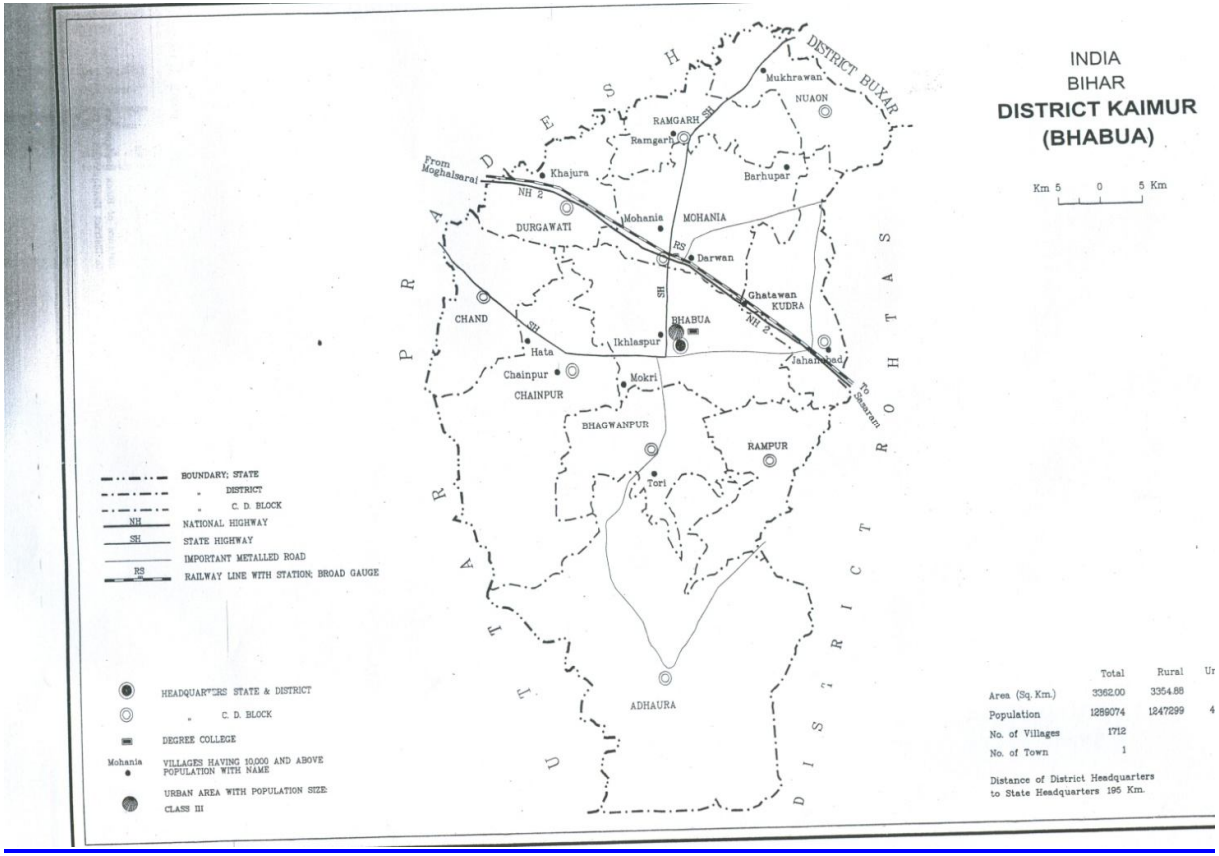



SHS
State
Zila
Parisad
Collector
DHS
Civil Surgeon
District
Programme
Manager
ACMO
District Program
Officers
MO
1. Medical Specialis
PHC-MOIC
1. NLEP
2. Surgical Specials
Panchayat
Samiti
2. RNTCP
3. Malaria
3. Child Specials
4. Filaria
4. Gynecologist
APHC-MO
5. Kala azar
5. Anesthetist
6. Immunization
6. Eye Specials
Rogi Kalyan
Samiti
BHM
7. RCH
7. Radiologist
HSC-AN M
8. Blindness
Gram
Panchayat
Community
ASHA
AWW
IRG (Local Resource
VHSC

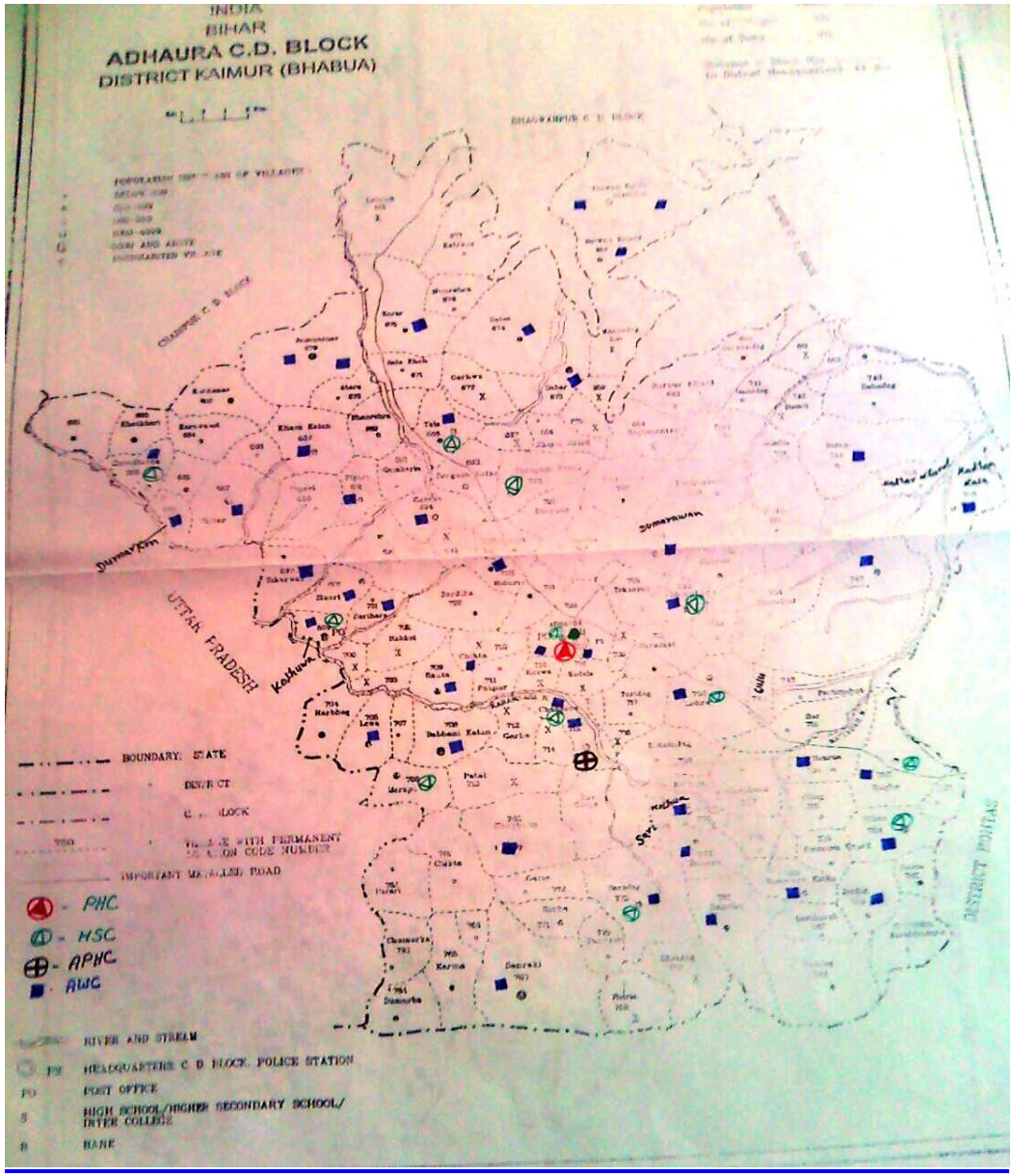
Group-Dular)

Geographical Locations

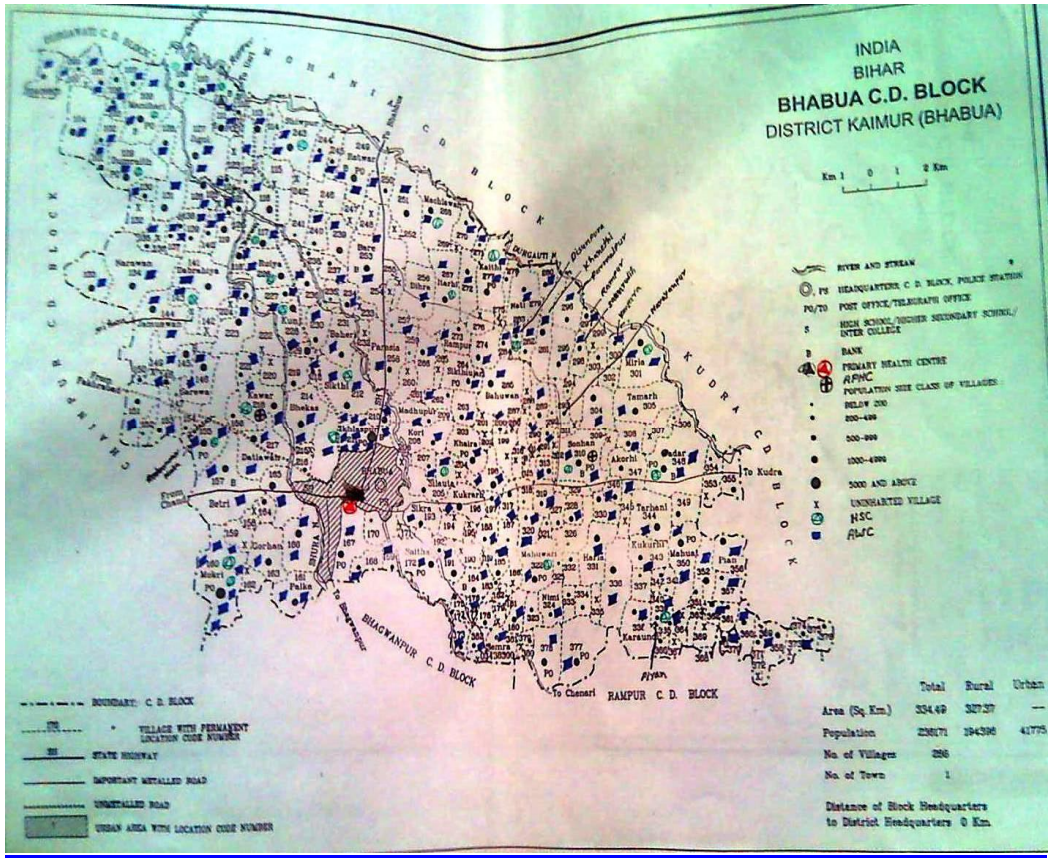
BHABUA – DISTRICT



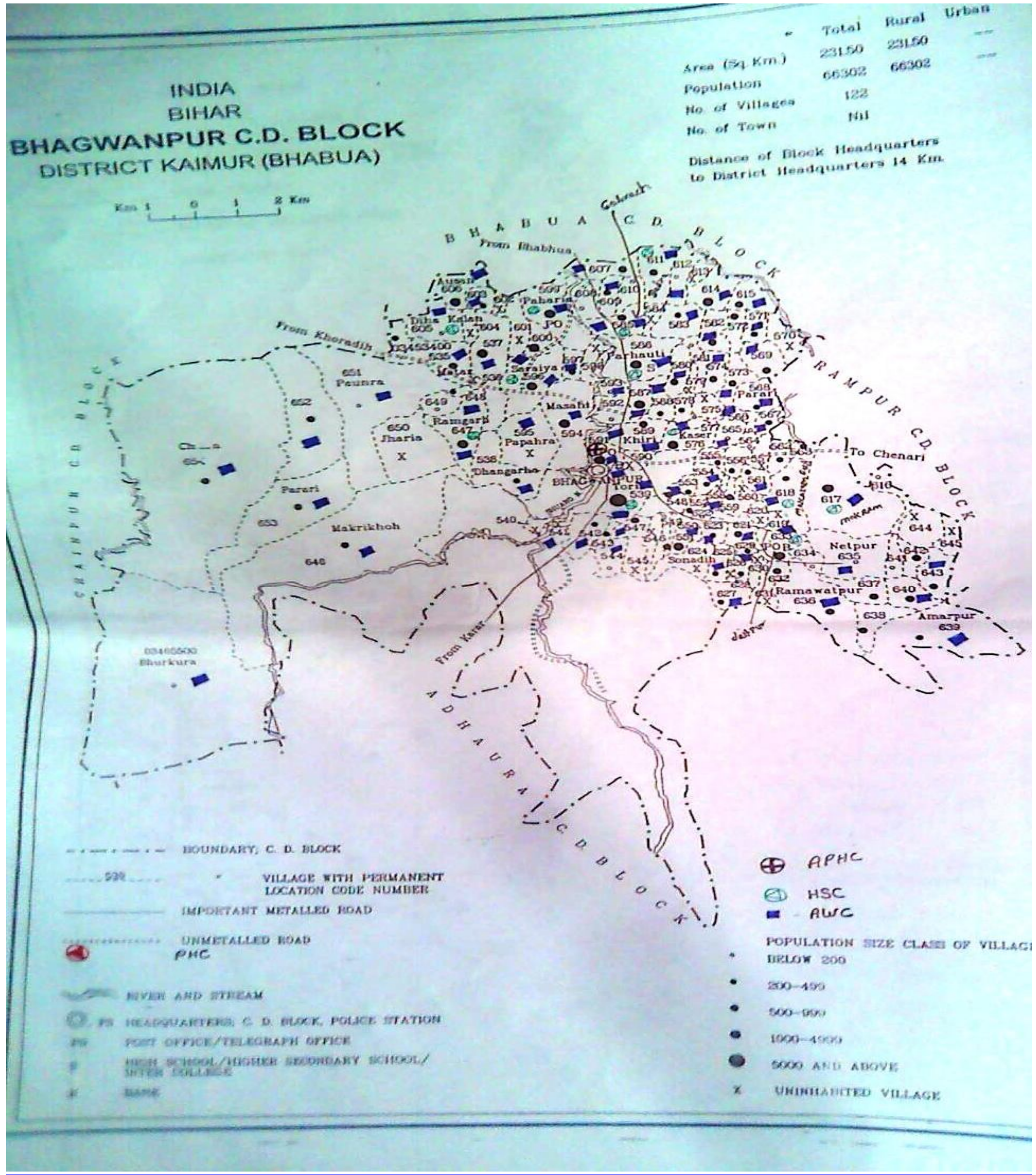
ADHAURA BLOCK


INDIA
BIHAR
ADHAURA C.D. BLOCK
DISTRICT KAIMUR (BHABUA)
UTTAR PRADESH
Kaikwa
Dumarwan
BOUNDARY: STATE
DISTRICT
C.D. BLOCK
IMPORTANT METALLED ROAD
PHC
HSC
APHC
AWC
RIVER AND STREAM
HEADQUARTERS C.D. BLOCK, POLICE STATION
POST OFFICE
HIGH SCHOOL/HIGHER SECONDARY SCHOOL/ INTER COLLEGE
BANK

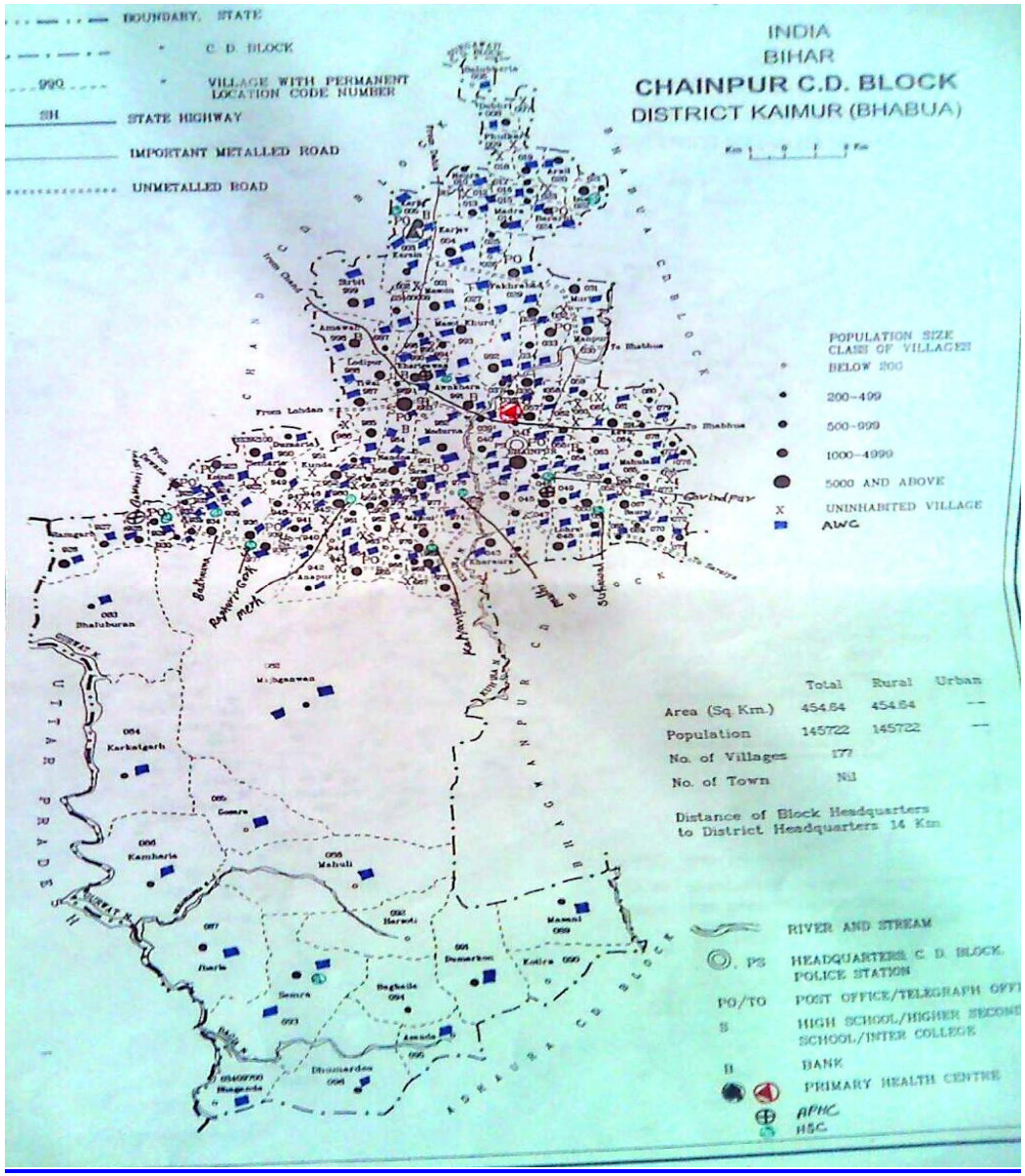
BHABUA - BLOCK



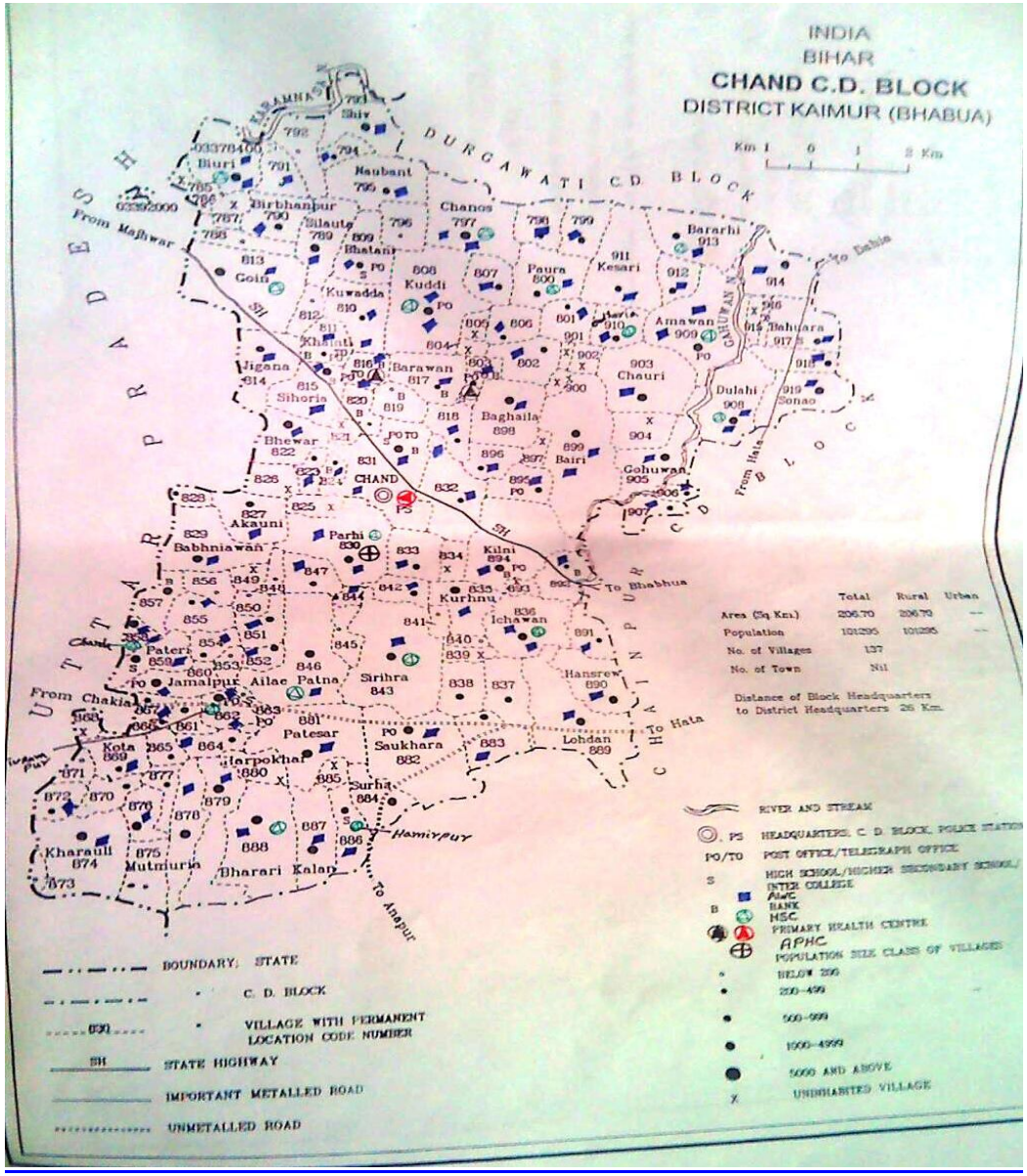
BHAGWANPUR - BLOCK


INDIA
BIHAR
BHAGWANPUR C.D. BLOCK
DISTRICT KAIMUR (BHABUA)
Total Rural Urban
Area (Sq Km) 231.50 231.50 —
Population 66302 66302 —
No. of Villages 122
No. of Town Nil
Distance of Block Headquarters to District Headquarters 14 Km.
Km 1 0 1 2 Km
BHABUA C.D. BLOCK
RAMPUR C.D. BLOCK
CHAINPUR C.D. BLOCK
ADHAURA C.D. BLOCK
From Bhabhua
From Khoradih
To Chenari
From Karar
BHAGWANPUR
Paunra
Jharia
Ramgarh
Papahra
Dhangarha
Parari
Makrikhoh
Bhurkura
Netpur
Ramawatpur
Amarpur
Sonadih
Kaser
Khiri
Saraiya
Parhauli
Masahi
BOUNDARY, C. D. BLOCK
VILLAGE WITH PERMANENT LOCATION CODE NUMBER
IMPORTANT METALLED ROAD
UNMETALLED ROAD
PHC
RIVER AND STREAM
HEADQUARTERS, C. D. BLOCK, POLICE STATION
POST OFFICE/TELEGRAPH OFFICE
HIGH SCHOOL/HIGHER SECONDARY SCHOOL/INTER COLLEGE
BANK
APHC
HSC
AWC
POPULATION SIZE CLASS OF VILLAGE
BELOW 200
200–499
500–999
1000–4999
5000 AND ABOVE
UNINHABITED VILLAGE

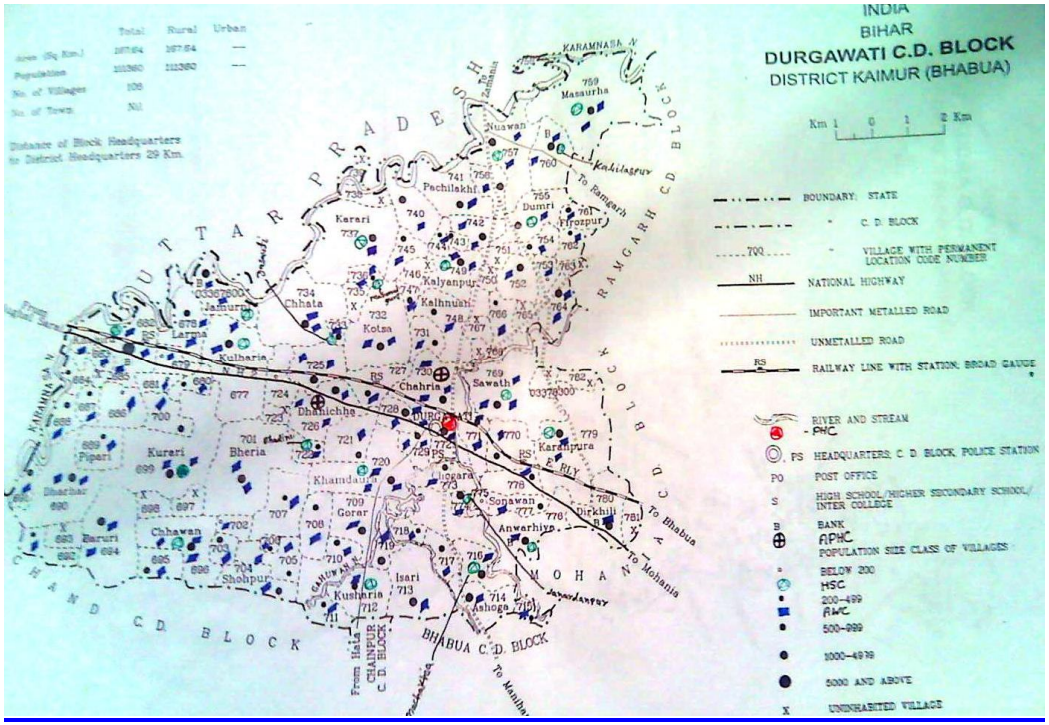
CHAINPUR - BLOCK



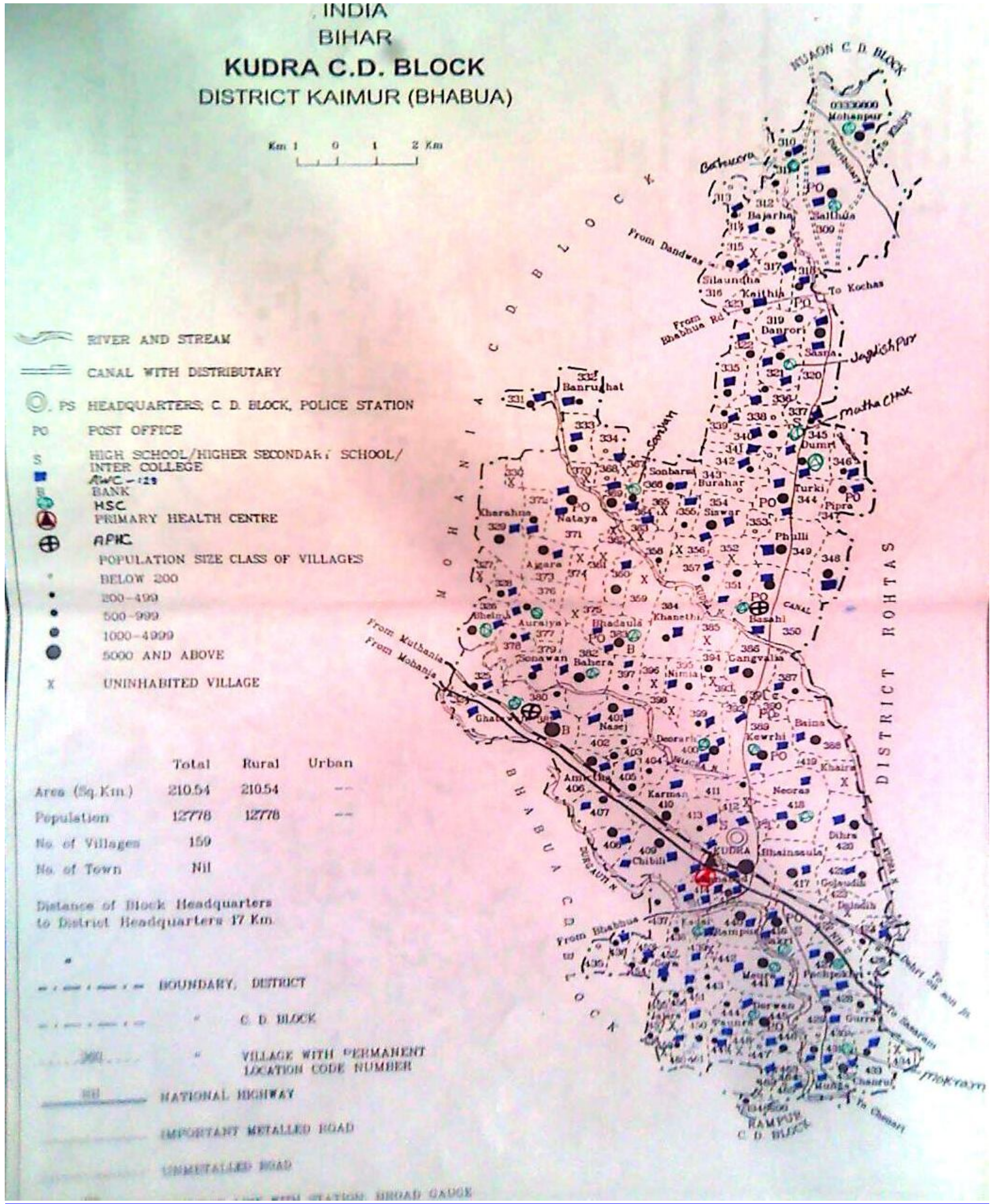
CHAND BLOCK


INDIA
BIHAR
CHAND C.D. BLOCK
DISTRICT KAIMUR (BHABUA)
Km 1 0 1 2 Km
DURGAWATI C.D. BLOCK
UTTARAURA C.D. BLOCK
CHAND C.D. BLOCK
Shiv
Biuri
Naubant
Birbhanpur
Chanos
Bilauta
Bhatani
Bararhi
Goin
Kuddi
Paura
Kesari
Kuwadda
Amawan
Bahuara
Jigana
Khatali
Barawan
Chauri
Siharia
Dulahi
Sonao
Baghaila
Bhewar
Bairi
Gohuwan
CHAND
Akauni
Parhi
Babhniawan
Kilni
Kurhnu
Ichawan
Hansrew
Patera
Jamalpur
Ailae
Patna
Srihra
Patesar
Saukhara
Lohdan
Kota
Surha
Kharauli
Mutmiura
Bharari Kalan
From Majhwar
From Chakia
To Bhabhua
To Hata
To Amapur
Hamirpur
SH
Total Rural Urban
Area (Sq Km) 206.70 206.70 --
Population 101295 101295 --
No. of Villages 137
No. of Town Nil
Distance of Block Headquarters to District Headquarters 26 Km.
RIVER AND STREAM
PS HEADQUARTERS, C. D. BLOCK, POLICE STATION
PO/TO POST OFFICE/TELEGRAPH OFFICE
S HIGH SCHOOL/HIGHER SECONDARY SCHOOL/ INTER COLLEGE
B BANK
MSC
PRIMARY HEALTH CENTRE
APHC
POPULATION SIZE CLASS OF VILLAGES
BELOW 200
200-499
500-999
1000-4999
5000 AND ABOVE
X UNINHABITED VILLAGE
BOUNDARY: STATE
C. D. BLOCK
VILLAGE WITH PERMANENT LOCATION CODE NUMBER
STATE HIGHWAY
IMPORTANT METALLED ROAD
UNMETALLED ROAD

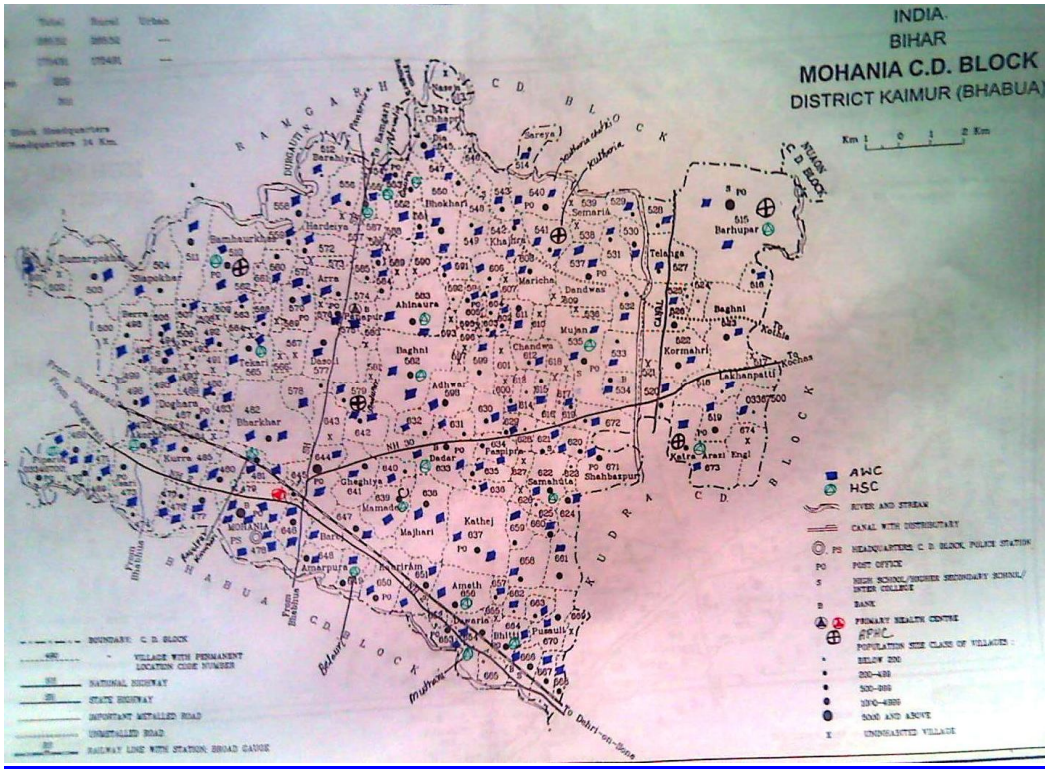
DURGAWATI - BLOCK



KUDRA - BLOCK


INDIA
BIHAR
KUDRA C.D. BLOCK
DISTRICT KAIMUR (BHABUA)
Km 1 0 1 2 Km
RIVER AND STREAM
CANAL WITH DISTRIBUTARY
PS HEADQUARTERS; C. D. BLOCK, POLICE STATION
PO POST OFFICE
S HIGH SCHOOL/HIGHER SECONDARY SCHOOL/ INTER COLLEGE
BANK
HSC
PRIMARY HEALTH CENTRE
APHC
POPULATION SIZE CLASS OF VILLAGES
BELOW 200
200–499
500–999
1000–4999
5000 AND ABOVE
X UNINHABITED VILLAGE
Total Rural Urban
Area (Sq.Km.) 210.54 210.54 --
Population 12778 12778 --
No. of Villages 159
No. of Town Nil
Distance of Block Headquarters to District Headquarters 17 Km.
BOUNDARY, DISTRICT
C. D. BLOCK
VILLAGE WITH PERMANENT LOCATION CODE NUMBER
NATIONAL HIGHWAY
IMPORTANT METALLED ROAD
UNMETALLED ROAD
NUAON C. D. BLOCK
MOHANIA C. D. BLOCK
BHABUA C. D. BLOCK
DISTRICT ROHTAS
RAMPUR C. D. BLOCK
From Dandwas
To Kochas
From Bhabhua Rd
From Muthania
From Mohania
From Bhabhua
To Sasaram
To Chenari
KUDRA
CANAL

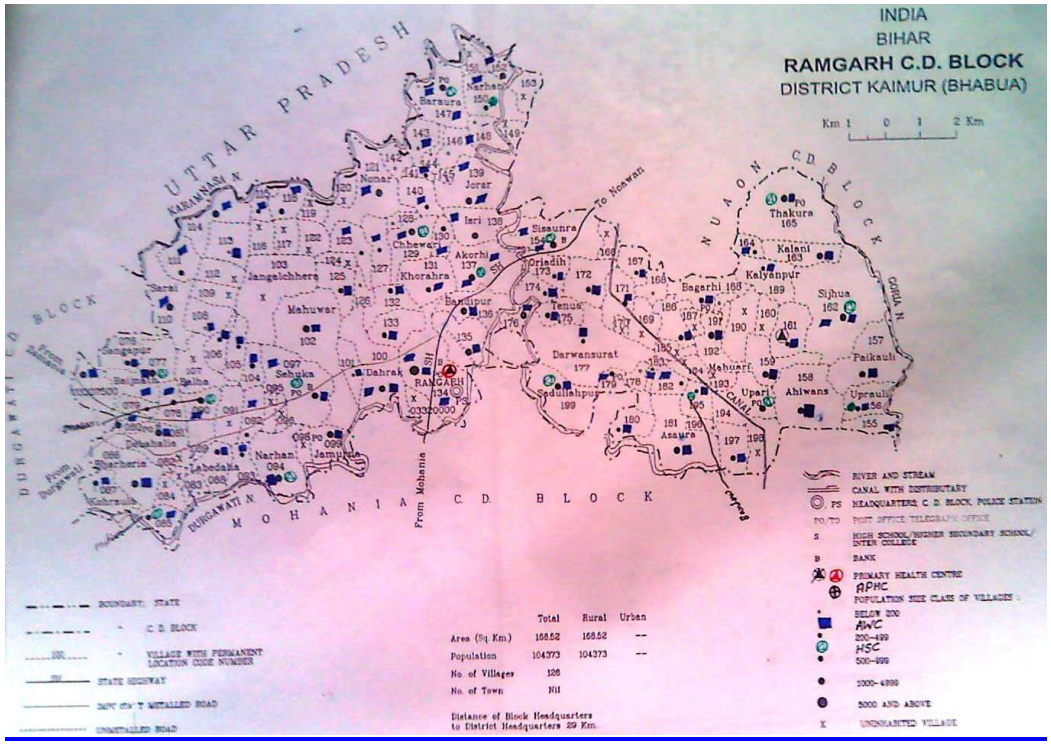
MOHANIA - BLOCK



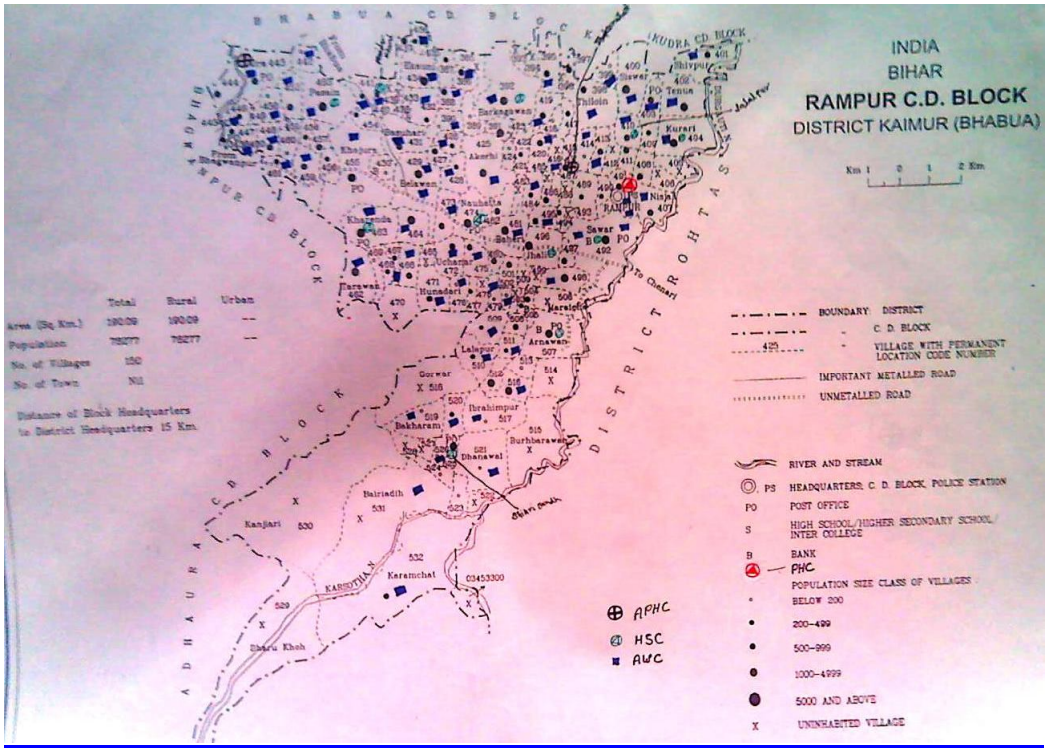
NUOAN - BLOCK


INDIA
BIHAR
NUAON C.D. BLOCK
DISTRICT KAIMUR (BHABUA)
Km 1 0 1 2 Km
UTTAR PRADESH
DISTRICT BUXAR
ROHTAS
MOHANIA C.D. BLOCK
KUDRA C.D. BLOCK
NUAON
Pariari
Mukhrawan
Shiwpur
Dumdums
Karamhari
Sarangpur
Kuchhila
Kota Hissa
Anhari
Konahra
Kanhari
Banbahuara
Paranpur
Ewati
Deuria
Khudra
Darauli
Belarhi
Kanhua
Tarnitha
Pira Ghat
Jaitpura
Pajrawan
Akolhi
Badahra
Maharthu
Chhala Baraahi
To Bairampur
To Khiri
Distributary
AWC - 100
HSC
RIVER AND STREAM
CANAL WITH DISTRIBUTARY
HEADQUARTERS C. D. BLOCK, POLICE STATION
POST OFFICE
PRIMARY HEALTH CENTRE
APHC
POPULATION SIZE CLASS OF VILLAGES
Total Rural Urban
Area (Sq. Km.) 189.00 189.00
Population 97639 97639
No. of Villages 107
No. of Town Nil

RAMGARH - BLOCK



RAMPUR - BLOCK



KAIMUR – AT A GLANCE

AREA (Sq. Kms):-	3362	
POPULATION(CENSUS 2009)		
TOTAL	:-	1664046
MALES	:-	865304
FEMALES	:-	798742
RURAL POPULATION		
TOTAL	:-	1603740
MALES	:-	914131
FEMALES	:-	689609
URBAN POPULATION		
TOTAL	:-	60306
MALES	:-	32565
FEMALES	:-	27740
POPULATION OF SCHEDULED CASTES	:-	154756

POPULATION OF SCHEDULED TRIBES	:-	41775
DENSITY OF POPULATION	:-	1335
SEX RATIO	:-	907

COMPARATIVE POPULATION DATA(2009 Census)

Basic Data	India	Bihar	Kaimur
Population	1027015247	82878796	1664046
Density	324	880	

Socio- Economic

Basic Data	India	Bihar	Kaimur
Sex- Ratio	933	921	907
Literacy % Total	65.38	47.53	39.49
Male	75.85	60.32	63.23
Female	54.16	33.57	36.58

PUBLIC HEALTH CARE DELIVERY SYSTEM: ORGANISATIONAL STRUCTURE AND INFRASTRUCTURETable HEALTH CARE INSTITUTIONS IN THE DISTRICT

S.No.	Type of Institutions	Number	No. of Beds*
1	District Hospital	1	100
2	Sub – Divisional Hospital	1	60
3	Referal	2	30
4	Block PHCs	11	66
5	APHCs	38	0
8	Sub-centres	197	0
9	Ayurvedic Dispensaries	0	0
10	Anganwadi Centres	1286/1286	-
11	Others (Pvt. Facility accredited)	4	0

Chapter 3

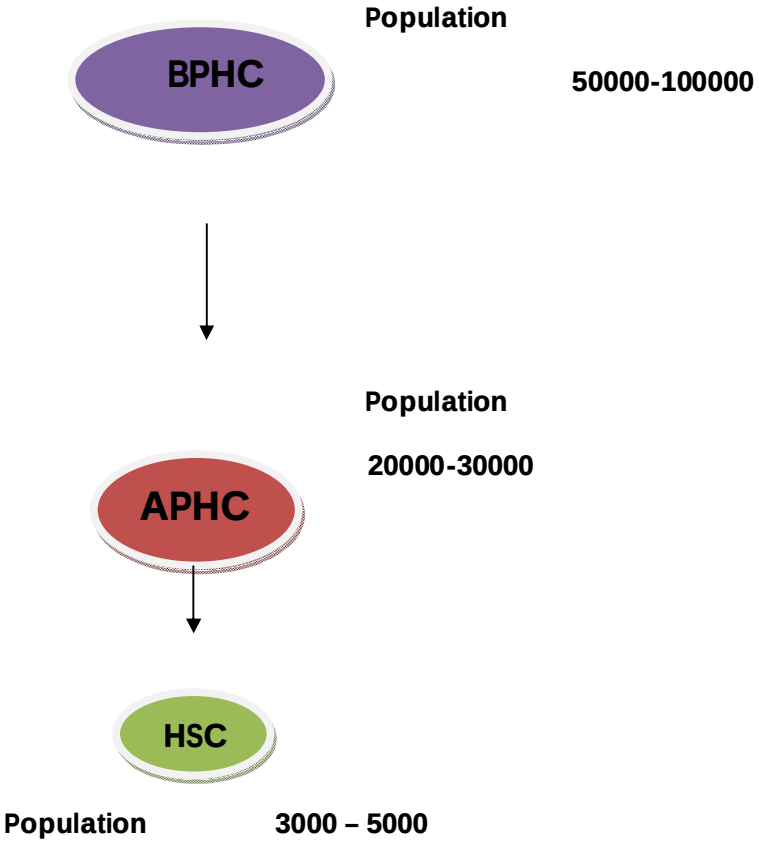
Situation Analysis

In the present situational analysis of the blocks of District Kaimur 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 2009, report of DHS office, Kaimur and various websites as well as other sources. These indicators help in pointing to the health scenario in Kaimur 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 Kaimur district with respect to Bihar and India as a whole.

Table: Health Indicators

Indicator	Kaimur	Bihar	India
CBR	24.76	29.2	23.8
IMR	56	61	58
MMR	149	371	301
TFR	3.11	4	2.68
Complete Immunization	71.1	32.8	44

3.1.1. GAPS IN INFRASTRUCTURE:



First contact point with community

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:

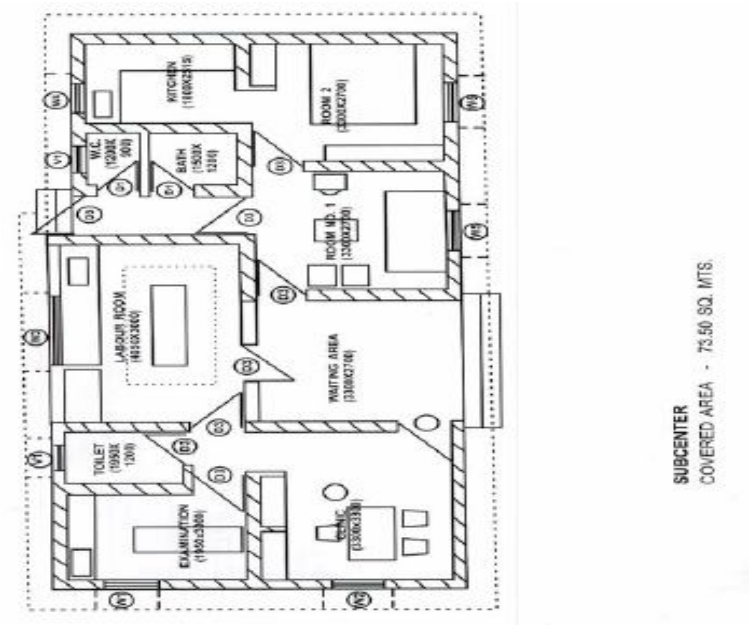
A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

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 as per 2009 census is 1664046. After considering projected population in 2009, the district needs altogether 320 HSCs to cater its whole population. At present Kaimur have 137 established Health Sub Centers and 60 more Health sub centers are proposed to be formed. As per the IPHS norms (5000 population in plain area) the district still requires 123 new HSCs to be formed. Again, out of 137 established HSCs, only 59 have their own buildings and rest 78 run in rented houses. All these 138 HSCs need renovation work. All the above mentioned HSCs need equipments, drugs, furniture and stationaries.

3.1.1 HSC Infrastructure

Health Sub Centers:				
Sub Heads	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	A. Out of 197 HSCs only 59 are having own building	Inadequate facility in constructed building and lack of community	Enhance visibility of HSC through hard activity by the help of	A. **Strengtheing of HSCs having own buildings**

	B. In existing 59 buildings 45 are running in comparatively in good condition, 21 are in under construction .	ownership.	community participation .	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 VHW.
	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.

Sub Heads	Gaps	Issues	Strategy	Activities
	D. Lack of equipments and ANMs are reluctant to keep all equipments in HSC . E. Lack of appropriate furniture	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 equipments safely and it could be keep in AWW / ASHA house.
	1.Non payment of rent of 63 HSCs for more than Five 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. Purchase of Furniture as per need B3. Prioritizing the equipment list according to service delivery B4. Purchase of equipments as per need
	1. The district still needs 138 more HSCs to be formed.	1. Land Availability for new construction		**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

		2. Constraint in transfer of constructed building		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

3.1.2 Services of HSCs:

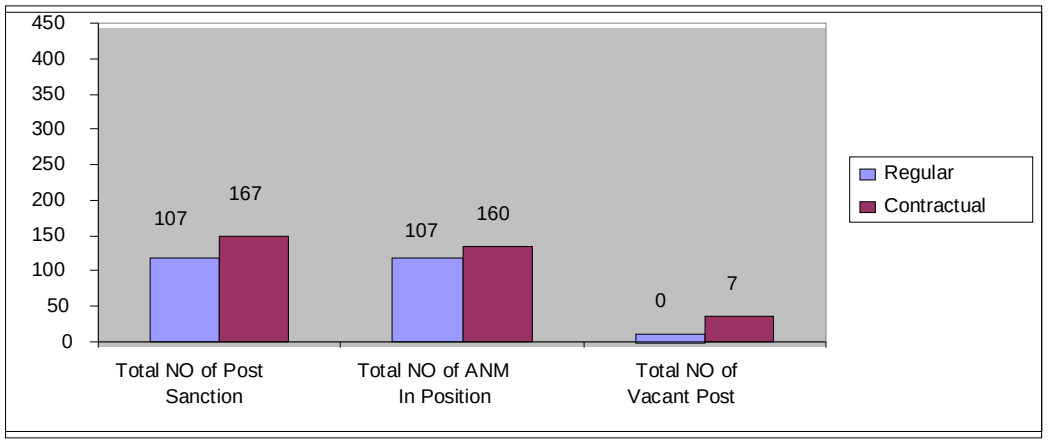
As per IPHS norms a sub center provides interface with the community at the grass root level providing all the health care services. Of particular importance are the practices/ packages of services such as immunization, ANC, NC and PNC, prevention of malnutrition and common childhood diseases, family 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.

Sub Heads	Gaps	Issue	Strategy	Activities
Service performance	Unutilization of untied fund at HSC level	Operationalization 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/Deputing a person at PHC level for managing accounts
	Improvement in ANC at HSC level	Improvement in quality of services like ANC, NC and PNC, Immunization	Strengthening at least 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 24.2% PW registered in first trimester PW with three ANCs is 25.1%, TT1 coverage is 46.25%, Family Planning Status: No sterilization at HSC level. IUD insertion - 1.5% O.Pills-2.0% Condom-3.0%	Improvement in quality of services like ANC, NC and PNC, Immunization and family planning	1. Phasewise strengthening of 55 HSCs for Institutional delivery and fix a day for ANC as per IPHS norms. 2. Community focused family planning services	1 Gap identification of 55 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

	Total unmet need is 39.7%.			
	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.
	90% of the HSC staffs do not reside at place of posting	Absence of staffs	Community monitoring	1. Submission of absentees through PRI.
	Problem of mobility during rainy season	Communication and safety		1.Purchasing of raincoat for all field staffs.

	Lack of convergence at HSC level	Convergence	Convergence	1. Fixed Saturday for meeting day of ANM, AWW, ASHA, VHSCs rotation wise at all villages of the respective HSC. 2. Monthly Video shows in all schools of the concerned HSC area schools on health , nutrition and sanitation

				issues.
	Lack of proper reporting from field Lack of appropriate HMIS formats.	Reporting	Strengthening of reporting system	1.Training to the field staffs in filling up form 6, Form 2, Immunization report format, MCH registers, Muskan achievement reports etc. 2.Printing of adequate number of reporting formats and registers 3. Upgrading Data Centers to develop softwares for reporting.



3.1.3 HSC Human Resource

Sub Heads	Gaps	Issues	Strategy	Activities
Human	Out of 167 contractual	Filling up the staff	Staff	1.Selection and recruitment of 07

Resource	ANM®, 7 seats are vacant. Out of 38 sanctioned post of Staff Nurse only 04 are placed,	shortage	recruitment	ANMs 2.Selection and recruitment of 34 Staff Nurse.
	All 167 contractual ANMs needs training on different services.	Untrained staffs	Capacity building	1.Training need Assessment of HSC level staffs 2.Training of staffs on various services.
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 contraceptives, 2.No Drug kit for AWCs(@one kit per annum,)	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
	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. Developing three colored indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)

Sub Heads	Gaps	Issues	Strategy	Activities
		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 HSCs 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

3.2Additional PHCs: --There are 16 APHCs functioning in the district and 03 more are proposed to be established and 33 APHCs further required .

Additional PHC:				
Sub Heads	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.The district altogether need 52 APHCs but there are 16 APHCs functioning in the district and 03 more are proposed to be established. 2. 33 more are required to be formed.	Lack of facilities/ basic amenities in the constructed buildings Non payment of rent Land Availability for new construction	Strengthening of VHSCs, PRI and formation of RKS	1."Swasthya Kendra Chalo Abhiyan" to strengthen community ownership 2.Nukkad Nataks on Citizen's charter of APHCs as per IPHS 3. Registration of RKS 4.Monthly meetings of VHSCs,

	3.Out of 16 APHCs only 14 are having own building 4.Existing 2 buildings are on rent & Non payment of rent for more than Five years Lack of equipments, Lack of appropriate furniture Non availability of HMIS formats/registers and stationaries	Constraint in transfer of constructed building. Lack of community ownership	Strengthening of Infrastructure and operationalization of construction works in Three phase	Mothers committees and RKS **A.Strengtheing of APHCs having own buildings** A1. Rennovation of APHCs buildings A2. Purchase of Furniture A3. Prioritizing the equipment list according to service delivery A4. Purchase of equipments A5. Printing of formats and purchase of stationeries **B. Strengthening of APHCs 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/ RKS 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 3C. Construction of new APHC buildings as standard layout of IPHS norms. C1. Preparation of PHC wise priority list of APHCs according to IPHS population and location norms of APHCs C2. Community mobilization for promoting land donations at accessible locations. C3. Construction of New APHC buildings C4. Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed APHC buildings. 4. Biannual facility survey of APHCs through local NGOs as per IPHS format 4.1 Regular monitoring of APHCs facilities through PHC level supervisors in IPHS format. 4.2 Monitoring of

			Monitoring	renovation/construction works through VHSC members/ Mothers committees/others as implemented in Bihar Education Project. 4.3 Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work. 4.4 Monthly Meeting of one representative of VHSC/Mothers committees on construction work.
Human Resource	Lack of doctors, Lack of ANMs, Lack of A Grade nurses, Lack of Pharmacists. Untrained ANMs and male workers	Filling up the staff shortage Untrained staffs	Staff recruitment Capacity building	1.Selection and recruitment of Grade A nurse/ANMs 2.Selection and recruitment of male workers 3. Sending back the staffs to their own APHCs. 1.Training need Assessment of APHC level staffs. 2.Training of staffs on various services. 3.EmoC Training to at least one doctor of each APHC. 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	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 suuply Irregular supply of drugs	Indenting Logistics Operationalization	Strengthening of reporting process and indenting through form 2 and 6 Couriers for vaccine and	1.Weekly meeting of APHC staffs at PHC for promoting APHC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports. 2.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map. 2.1 Hiring vehicles for supply of drug kits through untied fund. 2.3 Developing three coloured indenting format for the APHC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red). 3.1 Hiring of couriers as per need .

			other drugs supply Phase wise strengthening of APHCs for vaccine / drugs storage	3.2 Payment of courier through APHC account. 4.1 Purchasing of cold chain equipments as per IPHS norms. 4.2 Training of concerned staffs on cold chain maintenance and drug 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 Irregular of OPD At APHC, No inpatient facility available No ANC, NC and PNC and family planning services. No lab facility No rehabilitation services No safe MTP service No OT/ dressing and Cataract operation services.	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	Capacity building of account holder of untied fund Phasewise strengthening of 16 APHCs for Institutional delivery and fix a day for ANC as per IPHS norms. Implementation of disease control	1.Training of signatories on operating Untied fund /RKS account, book keeping etc 2. Assigning PHC RKS accountant for supporting operationalization of APHC level accounts 2. Timely disbursement of untied fund/ seed money for APHCs RKS. 3. 1 Gap identification of 16 APHCs through facility survey. 2.strengtheing one APHC per PHC for institutional delivery in first quarter. 3.Honouring first delivered baby and ANM 1 Review of all disease control programs APHC wise in existing Tuesday weekly meetings at PHC with form 6. 2.Strengthening ANMs for community based planning of all national disease control program

3.3		Approx 90% of APHC staffs not reside at place of posting Lack of counseling services Problem of mobility during rainy season Lack of convergence at APHC level **<u>Operational Gaps:</u>** There is no link between HSCs and APHCs and the same way there is no link between APHC and PHC	Convergence Operational issues	programs through APHC level where APHC will work as a resource center for HSCs. At present the same is being done by PHC only. Community focused Family Planning services PPP Convergence	3. Reporting of disease control activities through ANMs 4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs. 5.Weekly meeting of the staffs of concerned HSCs (as assigned to the APHC) 1.Eligible Couple Survey 2. Ensuring supply of contraceptives with three month's buffer stock at HSCs. 3.Training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS 4. Training of ANMs on IUD insertion 1.Outsourcing services for Generator, fooding, cleanliness and ambulance. 1. Fixed Saturday for meeting day of ANM, AWW, ASHA with VHSCs rotation wise at all villages of the respective HSC.

<u>Primary Health centers</u>: The district has 07 PHCs, 02 Referral Hospitals and 01 Sub-Divisional Hospital & 01 District Hospital. All PHCs have their own Buildings.

Primary Health Centers: (30 Bedded)

Indicators	Gaps	Issues	Strategy	Activities
Infrastructure	All PHCs are running with only six bed facility. At present 7 PHCs are working with average 5 delivery per day, 20 Emergency operation and 130 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 50-60% of facilities are not adequate as per IPHS norms. 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:	Available facilities are not compatible with the services supposed to be delivered at PHCs. Quality of services Community participation.	Upgradation of PHCs into 30 bedded facilities. ISO certification of selected PHCs in the district.	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. Training to the RKS signatories for account operation. 3. Trainings of BHM and accountants on their responsibilities.

	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		Strengthening of BMU Ensuring community participation.	1.Meeting with community representatives on erecting boundary, beautification etc, 2. Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS. **Strengtheing 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.

			Strengthening of Infrastructure and operationalization of construction works Monitoring	
Human Resource	Actual position in PHCs (List attached)	Staff shortage Untrained staffs	Staff recruitment Capacity building	1.Selection and recruitment of Doctors 2.Selection and recruitment of ANMs/ male workers 3.Selection and recruitment of paramedical/ support staffs 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. 5 delivery per day, 20 Emergency operation and 130 OPD per day in each PHC. 2. Total 87 seats of Regular Doctors 28 Doctors are in position and 48 seats of contractual doctors 23	Optimum Utilization of Human Resources	Quality improvement in residential facility of doctors/ staffs.	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 patients treatment.

	contractual doctors is working in District. 3. All posted doctors are not regularly present during the OPD time . 4. All 7 PHCs are lacking 24 hrs new born care services. 5. 1 PHCs are still not providing Tubectomy services. 6. No PHCs provides EmoC services. 7. None of the PHC provides 24 hour blood transfusion services, 8. None PHCs have Lab services. 9. None PHC provides adolescent sexual and reproductive health services. 10.Health facility with AYUSH services is not being provided . 11. Referral A. BPL patients are exempted in paying fee of ambulance.	Epidemic outbreaks and Need based intervention in epidemic areas.	Recruitment Proper and timely information of outbreaks	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. 1. Repairing of all defunct Ambulances 2. Repairing of PHcs gensets and initiating their use.

	B. Lack of maintenance of ambulances C. Shortage of ambulances 12. Quality of food, cleanliness (toilets, Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC. 13. All PHCs have their own generator sets but are not in use. 14. In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs are reluctant to handle emergency cases. 15. Several cases of theft of instruments, computers, and submersible pumps etc at PHCs. 16. No guidance to the patients on the services available at PHCs. 17. Non friendly attitude of staffs towards the poor patients in general and women are	Service Load centered at PHC Availability of AYUSH pathy.	Strengthening of equipments and services and increase in the number of ambulances. Strengthening of AYUSH services at PHC level in the first level.	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

	disadvantaged group in particular. 18.Lack of counseling services 19. Problem of mobility during rainy season 20. Lack of convergence 21. Lack of timely reporting and delay in data collection	Insecurity (Staff and Properties) Govts existing services like lab, x-ray, generator, fooding and cleanliness services.	Confidence building measures Strengthening of the Govts existing services like lab, x-ray, generator, fooding and cleanliness services. Creating friendly environment	4. Displaying Roster of doctors with their details. 5. Gardening 6. Sitting 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 DPMU and BHMs

			HMIS and strengthening of reporting process	

3.4 Sub-Divisional Hospital:

Sub-Divisional Hospital : Mohania				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.There are 30 beds in the Sub-Divisional Hospital which is not adequate as per the requirement. **Ward** **No of beds** Male ward : 10 Female ward : 10 Surgical Ward : 06 Child ward : 02 TB ward : 01 Infectious disease : 01 **Total : 30** 2. At present Sub-Divisional Hospital is working with average 10 deliveries per day, 5 FP operation/emergency operations and 225 OPD per day. This huge workload is not being addressed with only 30 beds inadequate facility. 3. Lack of equipments as per IPHS norms and also under utilized equipments. 4.Lack of appropriate furniture	Lacks in infrastructure	Strengthening of infrastructure	1. Purchase of 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 OPD/IPD patients. 7.Construction of shed for waiting patients. 8. Installation of water cooler freezes as per requirement. 9. Installation of vapor lights as per requirements. 10. Hiring of ambulances. 11. Construction of new residential buildings. 12.Hiring of rented houses from

	5.**Operation of RKS:** Delayed in work. Delay in disbursement of fund. 6.Lack of facilities/ basic amenities in the PHC buildings 7.Huge workload in registration unit. 8. No adequate sitting arrangement for patients. 9. Half of the hospital area remains dark at night. 10. Delivery room lacks beds, labor table, stretchers, equipments. 11.Buildings for ICU, Causality ward are ready but due to lack of equipments, facilities are not functional. 12. No use of paying wards. 13.No residential facilities for doctors and staffs. 14. No canteen facility			RKS fund for the residence of doctors, BMU and key staffs. 13.Tender for canteen facility. 14. Sitting arrangement for patients 15. Installation of LCD TV with cable connection
Human Resource	1.Post of gynecologist and pathologist are vacant. 2.Post of one dresser, one OT assistant and one ophthalmic assistant are vacant.	Lack in Staff position	Recruitment Deputing staffs	1. Appointment of gynecologist and pathologist on contract basis. 2. Appointment of one dresser, one OT assistant and one ophthalmic assistant 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. No 24hrs Lab facility 3.Health facility with AYUSH services is not being provided 4. Referal a.BPL patients are not exempted in paying fee of ambulance. b. Lack of maintenance of ambulances c. Shortage of ambulances 6. No guidance to the patients on the services available at DH.	Workload Lack in infrastructure	Motivation building	1. Incentivizing doctors/ staffs on their performances especially on OPD, IPD, FP operations 2. Purchase of equipments for Blood storage unit, 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

	7.Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.		Strengthening of infrastructure	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.	**3.5**

District Hospital:

District Hospital : Bhabua				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.There are 100 beds in the Sadar hospital which is not adequate as per the requirement. **Ward** **No of beds** Male medical ward: 20 Male surgical ward: 20 Female ward : 20 Child ward : 10 TB ward : 10 Infectious disease : 10 Prisoners ward : 10 **Total : 100** 2. At present District hospital is working with average 15 deliveries per day, 10 FP operation/ emergency operations and 350 OPD per day. This huge workload is not being addressed with only 100 beds inadequate facility. 3. Lack of equipments as per IPHS norms and also under utilized equipments.	Lacks in infrastructure	Strengthening of infrastructure	1. Purchase of 300 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 OPD/IPD patients. 7. Installation of water cooler freezes as per requirement. 8. Construction of new Post mortem room with all facilities. 13. Construction of enquiry counters at the gate. 14. Hiring of ambulances. 15. Construction of new residential buildings.

	4.Lack of appropriate furniture 5.Operation of RKS: Delayed process of operation. Delay in disbursement of fund 6. Huge workload in central registration unit 8. Delivery room lacks beds, labor table, stretchers, equipments. 9. No proper post mortem room and equipments. 10. No residential facilities for doctors and staffs. 11. No canteen facility			16.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 Surgeon and Pathologist are vacant. 2.Post of one dresser, one OT assistant and one ophthalmic assistant are vacant.	Lack in Staff position	Recruitment Deputing staffs	1. Appointment of gynecologist and pathologist on contract basis. 2. Appointment of one dresser, one OT assistant and one ophthalmic assistant on contract basis. 1. Deputation of required staffs from field.
Drug kit availability	1. Inadequate supply of drugs because of lack of fund disbursement on time. 2. Only 50% essential drugs rate	Improper Supply and logistics	Capacity building and strengthening of reporting process and indenting	1.Training of store keepers on invoicing of drugs 2.Implementing computerized invoice system

	contracted from 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	Lack in storage facility	through form 7	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 storage unit is present but not utilized 3.No 24hrs Lab facility 4.Health facility with AYUSH services is not being provided 5. Referal a. BPL patients are not exempted in paying fee of ambulance. b. Lack of maintenance of ambulances c. 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, Purchase of equipments for Blood storage unit, 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.

Chapter 4
Setting Objectives and Suggested Plan of Action

4.1 Introduction

District health action plan has been entrusted as a principal 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 stakeholder 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.

4.2 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 three years (2009-12).

PROGRAMWISE DETAILS

4.11 HIV/AIDS

Issues	Strategy	Activities
1. Program Management System, District HIV/AIDS action Plan, District AIDS prevention and control unit, Strengthening the evidence base for program tracking progress	Recruitment	Deployment of personnel
		Refurbishing of Office
		Recurring Expenditure
		Travel
2. Strengthening systems for service delivery	Meetings	DACC Meeting
- PPTCT		
- Pediatric AIDS		Dist level HIV program Review meeting
- Prevention (ICTCs, Condom promotion)		BHMs meeting
- Protection, care and support for children affected by HIV/AIDS		Consultation meeting
		Meeting with PLHA
Partnerships at all levels (community, district, networks, different Govt departments, civil society, positive networks		Meeting with Principals of Govt.,High Schools for AEP
	Trainings	Two days refresher Training of Nodal Teachers/ Master Trainers of AEP
		One day Meeting of district level medical professionals
Behaviour change communication		One day Link Worker Conferenc e at district level (Youth Camp)

LAKSHYA (Link Workers – rural HRGs), Young people (Peer education with young people RRCs)	Day celebration	World AIDs day celebration
Scale Up Intervention up to Young Vulnerable Population Easy access to ART center		Travel support to HIV positive women with children
Capacity Building Of Local Administration/NGO/CBO for reach out to Maximum Young Population		Two day residential Capacity Building Training of executive members of Farmers Club,ATMA
		Two days Refresher Training of Facilitators of RRC.
		Two days training of Youth facilitators of VICs of IVPP
		Two days refresher training of Peer Educators/ Volunteers
Owning this project by Village Community		**Two days residential Capacity Building Training of ANM**
Capacity Building of Different service Providers		Two days residential Capacity Building Training of AWW
		Two days residential Capacity Building Training of AWW

4.12 RI/Muskan

Sl No	RI ACTIVITIES
1	Training of Health workers on Immunization
2	Printing of RI Formats
3	Printing of Muskan Registers
4	Suplementary immunization during flood
5	Catch up immunization
6	Incentive money
7	Mahila Mandal
9	POL for cold chain
10	Vaccines and logistics mobility
11	Mobility for supervisor
12	Usage of courier
13	Hiring of computer operator for RIMS
14	Measles Campaign
15	Hard to Reach area strategy
16	RI Catch up round
17	Training of Medical Officers
18	Meeting of epidemic Response Teams
19	Travel expenses for case investigation per outbreak
20	Shipment cost of lab specimen
21	Outbreak Response

1	**SL No.**	
Kaimur	**Name of District**	
47962	**P.W.**	**District Profile used for calculation of Budget**
307	**ANM**	
	Alternate Vaccinator	
307	**Number of immunisation Site**	
1286	**AWC**	
1247	**ASHA**	
196	**HSC**	
19	**APHC**	
10	**BPHC**	
4	**Reffral + SDH**	
1	**District Hospital/Metarnity Hospital**	
	WIC + WIF	
150	**Slums**	
94	**Under served Areas**	

Mobility Support		Cold chain maintenance		Focus on slum & underserved areas in urban areas:		Mobilization of children through ASHA or other mobilizers
Mobility support to District Officials Rs. 50000 per district (38) .	Mobility support for supervision at state level @ Rs. 100000 per year.	Cold chain maintenance for AMC @ Rs. 2000 per machine per year for 2200 machine (DF+ILR) and 10 WIC and 3 WIF @ Rs. 10000 per year and maintenance of vaccine vans @Rs.25000 per van for 47 vans. * 22,00,000 for AMC given at State level to one agency for repair of existing ILR & DF has been deducted from Rs. 50,00,000 alloted and the remaining 28,00,000 is divided for WIC/WIF maintainance of Vaccine vans as per approved rates. the final remaining amount of 1430000 could be utilised for Minor Repair for district and regional Cold chain stores among the districts. @ Rs 30000 appox per Cold chain stores for minor repairs		for 3565 slums and 14385 underserved areas @ Rs. 350 per month per slum for one session * Slums @10000 population (Each AWC in a slum has 1500 population therefore 7 slums =10000 population	Alternate vaccinators honorarium (details in separate sheet)	@ Rs. 150 per month per per worker for 80000 sessions per month for remaining 5 months as the State has budget the same under Muskan in RCH PIP .
50000		25000	28445	1024800	233800	935250

112800	Alternative vaccine delivery in hard to reach areas in 4500 session per month @ Rs. 100 per session	**Alternative vaccine delivery in hard to reach areas**
1483600	Alternative Vaccine Deliery in other areas @ Rs. 50 per session for session- 17000 ANMs for 104 days.	
	Computer Assistants support for State level @ Rs. 12000 per person per month for 2 persons	**Computer Assistants support**
96000	Computer Assistants support for District level @ Rs. 8000 per person per month for one computer assistant	
263791	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc. @ Rs. 5 beneficiaries for 3469542 beneficiaries with 10% buffer.	**Printing and dissemination**
	Support for Quarterly State level review meetings of district officer @ Rs. 1250/-/participant/day (CMO/DIO/Dist Cold chain Officer) for 30 participants per meeting.	**Review meetings**
20000	Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO, and other stake holders @ Rs. 100 per participants for 5 participants per per PHCs 515	
374100	Quarterly review meetings exclusive for RI at block level @ Rs. 50/- PP as honorarium for ASHAs and Rs. 25 per persons for meeting expenses for 80000 ASHAs	

Trainings (separate annexure attached with details)					Microplanning		POL for vaccine delivery	Consumables
District level orientation for 2 days for ANMs MPHW, LHV Health Assistants Nurse, Mid wife Bees and other specialist as per traning norm of RCH for 9000 persons in 600 batches	three days training of Mos on RI for 5000 persons in a group of 30 person per batch.	One day refresher training of distict Computer assistants on RIMS/HIMS and immunization formats for 40 persons in two batch	One day cold chain handlers training for block level cold chain hadlers by State and district cold chain officers in 28 batchs. For 542 cold chain handlers	One day training of block level data handlers by DIOs and District cold chain officer for 542 person.	To develop microplan at sub-centre level @ Rs 100/- per sub - centre	For consolidation of microplans at block level @ Rs. 1000 per block/ PHC(515) and at district level @ Rs. 2000 per district for38 districts.	POL for vaccine delivery from State to district and from district to PHC/CHCs @ Rs. 100000 per district for 38 districts.	Consumables for computer including provision for internet access for RIMs Rs. 400 per month per district for 38districts.
229100			14000	11000	30700	12000	100000	4800

Consumables	Injection safety			State specific requirement.						
Consumables for computer including provision for internet access for RIMs Rs. 400 per month per district for 38districts.	Red/Black plastic bags etc. @ Rs. 2/bags/session for 17000 (@ Rs 2 per bag for 2 bags a month per ANM	Bleach / Hypochlorite solution @ Rs. 500 per PHC/CHC per year for 515 PHC	Twin bucket @ Rs. 400 per PHC/CHC per year for 515 PHCs	POL of Generators for cold chain @ Rs. 600 per day per WIC. Rs. 500 per day per district and Rs. 400 per day per PHC.	Catch Up campaigns for flood prone areas @ Rs. 4813386 per district for 5 districts.	Ticklers bags for RI card counter foil @ rs. 250 per bags per AWC for 91703 workers Taken Rs 170 per bag for 80492 AWC	Measles Mortality Reduction @ Rs. 45000 per district year year for 19 districts.	Pits construction	**TOTAL**	**Raised by 25%**
4800	14736	5000	4000			218620			**5291542**	**6614428**

Health Workers training on Routine Immunization - Consolidated Budget 2009-10

S.no.	District Name	ANM - C	Total Training load	Total No. of training Batches (25 person per batch)	No of trainers per batch	Honorarium + TA to Participants @Rs 400 per participants	Honararium for trainers/faculty @600 per day (subject to atleast 2 lectature per guest faculty per day) for 2 days	Working lunch & Refreshments Rs 200 per participants + faculty per day for 2 days	Incidential Exp for Photocopy , Job aids, flip charts, T.V./LCD hiring etc @ 250 per participants per days for 2 days	Grand Total
1	Kaimur	167	167	7	3	66800	3600	75200	83500	229100

Cold Chain Handler training on Routine Immunization - Consolidated Budget 2009-10

S.no.	District Name	No. of PHCs	No. of Cold Chain Handler (2 per PHC & 2 per district)	Total Training load	Total No. of training Batches (25 person per batch)	No of trainers per batch	Honorarium + TA to Participants @Rs 400 per participants	Honararium for trainers/faculty @600 per day (subject to atleast 2 lectature per guest faculty per day) for 1 days	Working lunch & Refreshments Rs 200 per participants + faculty per day for one day	Grand Total
1	Kaimur	10	22	22	1	1	8800	600	4600	14000

Block level Data Handler training on Routine Immunization - Consolidated Budget 2009-10

1	S.no.
Kaimur	District Name
10	No. of PHCs
12	No. of Data Handler (1 per PHC & 2 per district)
12	Total Training load
1	Total No. of training Batches (25 person per batch)
1	No of trainers per batch
4800	Honorarium + TA to Participants @Rs 400 per participants
600	Honararium for trainers/faculty @600 per day (subject to atleast 2 lectature per guest faculty per day) for 1 days
2600	Working lunch & Refreshments Rs 200 per participants + faculty per day for one day
3000	Incidential Exp for Photocopy , Job aids, flip charts, T.V./LCD hiring etc @ 250 per participants per days for one day
11000	Grand Total

Calculation for Alternate Vaccinator (requirement and Honorarium - 2009-10

1	S.no.
Kaimur	District Name
10	PHC
50	PHC x 5
19	APHC
196	HSCs
265	Total
140	ANM - R
167	ANM - C
307	Total ANM
-42	Diff of Personnel
	Alternate Vaccinator required
	Honararium for Alternate vaccinator @ Rs 1400/- per month
167	No. of Contractual ANM
233800	One month Honararium for Break period for Contractual ANM @ Rs 1400/- per ANM
233800	Grand Total

KAIMUR	District
4250250	Per Diem to Vaccinators @ Rs. 75 per day per Vaccinators for actual working day
558375	Per Diem to Supervisors @ Rs. 75 per day per Supervisor for actual working day
174000	Per Diem to Cold Chain Handler per sub-depot 1, @ Rs. 75 per day for actual working day
1144000	3 Vehicles per district HQ and 1 vehicle per sub-depot for 5 days @ Rs. 650 per vehicle per day (hiring with POL)
599160	4 Ice Packs per Vaccination team / Supervisor & 20 Ice Packs per Sub-Depot / Depot per day @ Rs. 3 per Ice Pack for 5 days & Rs. 3000/ for HQ
732000	Mobility support to Supervisors @ Rs. 100 per day per supervisor for actual working day
180400	Supplies & Logistics @ Rs. 25 per team & per Supervisor for the whole activity period
38151	IEC & Social Mobilization @ 350/ per 40 H-t-H Teams for 1 Days
192000	Contingency fopr Xerox, Stationery etc. for Dist HQ Rs. 3000/- & for each PHC @ Rs. 1750/-per area for the whole activity period
123000	Per Diem to Vaccine Cold Chain Handler at Dist. HQ 5 person & at PHC 3 person(including 1 depotholder) @ Rs. 50 per person per day for 5 days
0	Support to WIC for maintenance, vaccine transport from PHI Patna & payment of per diem to 2 vaccine handler @ Rs. 50 per day for 7 days
112000	Support to districts @ Rs. 2000 per dist & @ Rs. 1000 per PHC for lifiting vaccine from WIC/District
8103336	Total Amount for A-Team
1011688	Total B-Team Activity (in Rs.)
9115024	Grand Total Amount (A-Team+B-Team)

4.09 Filaria

Gaps	Issues	Strategy	Activities
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
			Purchse of equipments for the management of Filaria cases like towel, Bucket, soap, mug etc
			DEC distribution through AWCs and paying hon to AWWs for this.
			Purchse of DEC
			Training to AWWs/ASHA on DEC distribution and filaria case management
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
Low effectiveness of the tools used by the control programme			Detection and treatment of micro-Filaria carriers, treatment of acute and chronic filariasis.
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

FILARIA

MASS DRUG ADMINISTRATION ,BUDGET FOR 2009-2010

Total	1	**1**	Sl.No.
	Kaimur	**2**	State & NameOf District
199,007	199,007	**3**	No. Of House in Dist.
4,000	4,000	**4**	No. of Drug Distri.in Dist
400	400	**5**	No. of Supervisior
368,000	368,000	**6**	Training Of Drug Distributer in Dist. (@ Rs. 92 Each)
368,000	368,000	**7**	Honararium Of Drug Distri.(@ Rs. 92 Each)
45,200	45,200	**8**	Training Of Supervisior (113 Each)
45,200	45,200	**9**	Honararium of Supervision in Dist. @ Rs. 113/- Each
826,400	826,400	**10**	Toatl ***(B)***
11,069,524	209,698	**11**	Toatl ***(A) (From Previous Sheet)***
1,036,098	1,036,098	**12**	Grand Total ***(A+B)***

Total	1	**1**	Sl.No.	**MASS DRUG ADMINISTRATION ,BUDGET FOR 2009-2010**	**FILIARA**
	Kaimur	**2**	State & NameOf District		
9	9	**3**	No. Of PHC		
1	1	**4**	Dist. HQ		
10	10	**5**	Total (PHC Dist.HQ)		
	0	**6**	Training Of Dist. Officer		
	0	**7**	IEC (State Level)		
15,000	15,000	**8**	Dist.& Co-ordination Meeting(Two Meeting in each Dist.)		
35,000	35,000	**9**	IEC (For Dist. HQ)		
45,000	45,000	**10**	Traing For MO		
40,000	40,000	**11**	Training For Para Medical Staff		
30,000	30,000	**12**	Line Listing		
16,698	16,698	**13**	Night Blood Survey		
28,000	28,000	**14**	POL		
209,698	209,698	**15**	Total ***(A)***		
		16	Remarks		

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 10 - 15 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

Malaria

Sl. No.	Name of district	Fund to be Allocate in 2009 - 10
1	Kaimur	1843850

Dist.Wise Malaria Affected Population , No. of Sqad,DDT Requirement ,Wages,Contegency,Equipment Repair, Mobility & Transportation of DDT of Malarial DDT Spray for 2009-2010

Sl. No.	Name of Districts	Total No. of Malaria Affected			Total No. of Sqad (44 Sqad /10 Lakhs Population	Total No. of Workers		DDT 50% Status (In Meric Ton)		EXPENDETURE FOR I ROUND										EXPENDETURE FOR II ROUND		
		PHC	HSC	Population		SFW	FW	Require.	Available	WAGES: SFW(Rs. 113/-Per SFW Per Day For 75 Days)	WAGES: FW(Rs.92/-Per FW Per Day For 75 Days)	WAGES: Total	Office Expenses (@ Rs 300/-Per Sqad	Contigency At Dist. Level (@ Rs. 2000/- Per Dist.	Repair of Spray Equipments Including Nozal Tips @ Rs. 500/- Per Sqad	District Mobility Vehicle @ Rs.650/- Per Affected Dist. For 50 Days	Transportation of DDT: For @ Rs. 25,000 /- Per Dist.	Transportation of DDT: Storage of DDT @ RS. 500/- Per Month For 12 Months	IEC @ Rs.15000/- Per Dist.	Total (Column No. 13 to 20)		FOGGING	MOBALITYFOR SEVEN MONTH	GRAND TOTAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	22
1	Kaimur	2	12	153,035	7	7	35	12	30	59,325	241,500	300,825	2100	2000	3500	32500	25000	6000	10050	386,925	773850	1000000	70000	1843850

4.8	T.B.		
	Indicators	**Gaps**	**Activities**
1	**Infrastructure**	Lack of well equipped/Designed Microscopy Centre	Development and Renovation of DMCs with proper water supply and Electricity connection
		Microscopes of many Designated Microscopy Centers(DMC) are not functioning	Supply of New binocular Microscopes
		Poor Maintenance of Microscopes	Special Training to Lab Technician/Microscopist for maintenance of Microscopes
2	**HR**	Many DMCs are closed due to lack of Microscopist/Lab Technician	Recruitment Process should be followed.
			Honorarium for 17 TB technicians
		Constraint in selection Process of new Staffs by the District Health Society	Obstacle in recruitment Process will be rectified.
		Remuneration of Pvt DOT Providers has not been paid	Problems in payment of remuneration will be solved
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
		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.
		Poor Retrieval of Drug Boxes of Defaulted patient	Retrieval of Drugs may be ensured by STS.
		Irregular supply of slides and other Chemicals and other logistics	Proper supply of Slides and other Chemicals should be ensured
		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.

4	**Service Performance**	Poor quality of DOTS	Proper and Regular supervision and monitoring of programmes will be ensured.
		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 on friendly behavior with patient
		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
		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
		Poor Case Detection i.e., <75%	
		Poor Cure Rate i.e., <85%	Organizing Community meetings
		High Default Rate	
			Medical Officers should take care of referring all chest symptomatic patients for sputum examination
			Proper Follow-up Schedule should be maintained
			Proper care for side effects of drugs.

Statement of Fund Allocation Under G.F.A.T.M (T.B)2009-2010

S.no	District	Civil Work	Lab. Cons	Cont. Serv	V. Maint	Equip. Maint	IEC	Training	V. Haring	Printing	Honorarium	NGO/ Private practitioners	Misc	Total
1	Kaimur	100,000	250,000	900,000	100,000	100,000	150,000	100,000	325,000	200,000	700,000	800,000	200,000	3,925,000

4.6 Blindness

Gaps	issues	Strategy	Activities
Lack of adequate eye surgeon and staffs in the district.Only 4 eye surgeons are posted in the district out ofwhich one is on deputation to the other district.	Staff shortage	Recruitment	Recruitment of Eye Specialists and surgeons on contractual basis.
No Opthalmic Assistants are posted in the district, however the requirement is 15.			Recruitment of Opthalmic Assistants on contractual basis.
Most of the doctors and staffs are not trained enough on new IOL tehniques	Untrained staffs	Capacity building	Training of Doctors on IOL technique
			Training of Opthalmic Assistant
In the Year2008-09 only 1725 Cataract operations have been done by the Private facilities out of 2000. In the year 2007-08, 1139 surgeries were performed out of 2000.	Low achievement	Increasing no of camps	Organising Operations at District level
		PPP	Accreditation of Nursing Homes capable of doing Cataract surgeries
			Purchase of equipments and medicines
Lackof awareness among community regarding cataract blindness and its treatability.	Lackof awareness	Awareness building	Assigning LHV/Supervisor counselling work
Fear of eye operation.			Organising eye screening camps in villages/ schools
Lack of Education among the masses about the existing facilities: Need of wide publicity.			IEC on cataract and its facilities

Poor coordination between the health functionaries and the voluntary organisations resulting in less cataract surgeries.		InvolvingNGOs	Meeting with Local NGOs onthis issue
Lack of adequate referral services to take care of complications.	Lack of adequate referral services	Strengthening referral system	Arrangement of carrying patients to the Operation Centers and then taking them back homes
Lack of monitoring and follow up	Monitoring and follow up	Monitoring and follow up	Mobility support for Visiting homes of the patients to manage any post treatment complication.
			Developing records of cataract cases fromOPD registers at PHC level

Budget summary for Year 2009-2010

Sl. No.	Name of activities	DHS (Blindnes)	Remarks
1	Remuneration,other activities & contingencies (Annex.-A)	-	
2	Recurring GIA for Eye donation	-	
3	Vision Centre	-	
4	Eye Bank	-	
5	Eye Donation Centre	-	
6	Training		
7	IEC		
8	GIA for Cataract Operation	44,000,000.00	
9	GIA for SES	1,000,000.00	
10	Cash grant for salaries & SOC		
	Total:-	45,000,000.00	

4.7 Leprosy

Gaps	Issues	Strategy	Activities
· 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
• Inadequate staff, Only 1 supervisors and 0 Non Medical Assistants are working while the requirement of Supervisor is 11 and that of NMA is 19 (One NMAeach in each APHC)	Lack of Human Resource	Staff Recruitment in contract basis	Recruitment of 11 supervisors
• There is no active involvement of the Medical officers at sector and Block levels.		Strengthen Health Care Services	Orientation of MOs and staffs on Leprosy
• Lack of PHC staff involvement. No manpower support,			Case validation, to have check on wrong diagnosis and re registration
			Prompt and early detection of the cases to avoid deformity and disability,
			Ulcer care foot ware reorientation training of medical & para medical staff.
No lab testing facility in the district	Infrastructure Gap	Establishing Lab	Establishing Lab at district level
			Recurring expenditure like reagents
Lack of monitoring at all level	Monitoring Gap	Increasing mobility	Updation of master register
			Mobility support for DLO
			Office expenses

Fund Allocation to State Leprosy Cell 2009-2010

Sl. No.	Expenditure Under SHS (Leprosy) Component & Sub Component wise	Amount Rs.
1	Two Driver's Remuneration for State Leprosy Cell @ Rs. 4500/-	108000.00
2	DEO at State Leprosy Cell @ Rs. 8000/-	96000.00
3	Audit Fee for State Leprosy Cell	6000
4	Telephone, Fax, P &T charges , Miscellaneous @ Rs. 38000/- per year	38000
5	Consumables : Stationery etc. @ Rs. 28000/- per year	28000
6	Two vehicles for SHS (Leprosy) @Rs. 85000/- Per vehicle / year	170000
7	Printing of Forms / DPMR registers et.	600000
8	Electronic media-Radio / Doordarshan	500000
9	Print media-News papers	200000
10	MCR & other Footwears- 4560 pairs @ Rs.250/- per pair	1140000
11	Review meeting of DLOs four times in a year @ Rs. 30000/- per meeting	120000
Total		**3006000**

NRHM PART E : INTERSECTORAL CONVERGENCE

Sl No	Name of District	2009Population	joint meeting at the State level with various deptt. like ICDS, PR etc 2 unit	Joint Meeting at District level - unit -25000 per district	Joint monitoring from State to District to Block / PHC- 6 unit	Joint meeting at Village level unit @Rs.100/ per meeting/per month	Incentive to AWW unit @Rs. 200/-	Grand Total Rs.	Raised by 25%
1	2	3	4	5	6	7	8		
1	Kaimur	1664046		14924		1131052	22531324.00	**3408078**	4260098

ASHA Support System at District Level

District Wise Population of 2009-10												
Sl No	Name of District	ASHA Support system at State level	ASHA Support System at District Level (2160000) 300/- per ASHA	ASHA Support System at Block Level (7995000) 533PHC(unit cost 20/per ASHA) @12000/-BAM @500/-per Block AHD	ASHA Support System at Village Level (4500000)(No of ASHA /35)X 150	ASHA Trainings (65000-state) 235000 Per district No ASHA /35 X 100000 500000state level	ASHA Drug Kit & Replenishment 87135-74313=12822-new @ 600/- 74313 to @ 200/-	ASHA 3000Asha @100/-per day for 20 days 3000@ 100/-per day for 2 days traing 6600000	Motivation of ASHA 725/- per asha	Capacity Building/Academic Support programme 1000000/-	ASHA Divas 75/-per ASHA per month 2000/- per PHC @20/-per ASHA	TOTAL ASHA
1	Kaimur		33932	787336	70691	1293738	354330		1102000		1066813	

Untied Fund for Health Sub Center Additional Primary Health Center and Primary Health Center

					Infrastructure Strengthening			
Name of District	**Untied Fund for Health Sub Center(10000) Additional Primary Health Center(25000) and Primary Health Center(25000) 4000district level**	**Village Health and Sanitation Committee(@10000) 45077 Village 2500/-per PHC 533**	**Rogi Kalyan Samiti (100000 for RH/100000PHC/SDH 500000/DH 500000)**	**TOTAL DECENTRALISATION**	**Construction of HSCs (100 no. x Rs.9.50 lakhs)**	**Construction of residential quarters of 200 old APHCs for staff nurses(300000)**	**Construction of building of 51 APHCs where land is available(37967000/51 APHCs)**	**Up gradation of CHCs as per IPHS standards (100 CHCs x Rs.40.00 lakhs)**
Kaimur	**2117690**	**5270783**	**1400000**		**2850000**	**24000000**	**0**	**12000000**

Incentive for PHC doctors & staffs, Salaries for contractual Staff Nurses, Contract Salaries for ANMs , Block Programme Management Unit

Annual Maintenance Grant (DH+SDHX 500000) RH(55+533PHC) =100000 15RH @100000 from additional grant	Incentive for PHC doctors & staffs @ Rs. 50,000 for better performance in implementing programmes (Rs. 50,000/ - per PHC per year) (12500000/38 district)	Salaries for contractual Staff Nurses (2900 existing and 910 new) (Rs.7500 per month) @ 3 nurses per APHC 12 months	Contract Salaries for ANMs Rs.6000 per month x 3500 (12 Months Consolidated Salaries for Contractual ANMs) @5344 of 65% of total Budget	Mobile facility for all health functionaries (District officials, PHC in charge, CDPOs and ANMs @ 500 per month) (533+533+38+8858)+state	Block Programme Management Unit (528000/-per PHC) 533-398=135 @600000	Addl. Manpower for SHSB	Addl. Manpower for NRHM
1315263	164165	4516510	3958681	787992	3802379		

	102-Ambulance service (state-806400) @537600 X 6 Distrrict	PPP Initiatives
	1911- Doctor on Call & Samadhan (6 district @ 136000/-	
994758	Addl. PHC management by NGOs(PPP APHC @ 755000 X12 months	
	American Association of Physicians of Indian Origin (AAPIO)	
	SHRC	
864000	Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP) (94716000)/38	
	Dialysis unit in various Government Hospitals of Bihar	
	Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar(9 RDCs-Bhojpur/Bhagalpur/Gaya/Munger/Muzaffarpur/motihari/Saran/Purnia/Saharsha + 6 medical collage hospital)Patna/NMCH/ Gaya/Muzafarfurpur/Darbhanga/Bhagalpur	
	Providing Telemedicine Services in Government Health Facilities	
	Outsourcing of Pathology and Radiology Services from PHCs to DHs	
4212000	Operationalising MMU (38 units x Rs.4.68 lakhs x 9 months)	
968463	Monitoring and Evaluation (State, District, Block Data Centre) state-2100000/-per lack (533PHC +43SDH+25+13 DH+RDD -9+DHS-38+4 x 6 medical collage) @ 7500x 12 X 685unit	
	Nutritional Rehabilitation Centre (205600X 12 per district)	
	Providing Ward Management Services in Government Hospitals 3000000/-	
	Provision for HR Consultancy services	
	Advanced Life Saving Ambulance (Rs.9,98,000/- x 9 months)(PATNA)	
	TOTAL PPP INITIATIVES	

Procurement of Supplies, Procurement of Drugs

Procurement of Supplies					Procurement of Drugs			
Delivery kits at the HSC/ANM/ASHA (no.200000 x Rs.25/-) =5000000 per HSC/unit cost - 521.48	SBA Drug kits with SBA-ANMs/ Nurses etc (no.50000 /38x Rs.245/-) (total Amount 12250000/-)	Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year/per district	Procurement of beds for PHCs to DHs Total amount - (25DH-per district 100 beds@ 8500/- +23SDH 75per beds@ 8500/+533X 6 beds X 8500+28 FRU+(28 big districts X30 beds X 8500/-)	TOTAL PROCUREMENT OF SUPPLIES	Cost of IFA for Pregnant & Lactating mothers (Details annexed)	Cost of IFA for (1-5) years children (Details annexed) (Total-40923000)Population Based	Cost of IFA for adolescent girls (Details annexed)	TOTAL PROCUREMENT OF DRUGS
42240	96218	25000	1050000		376138	642861	589733	

Refurbishment of existing Cold chain room for district stores, Earthing and wiring of existing Cold chain rooms in all PHCs, POL of Generators for cold chain , ETC.

Mobilisation & Management support for Disaster Management	Health Management Information System (3289517) state level-(1987644/-+881873) block level - 250/- 1680 particiapents(38 DS+13 DS+DS of SDH(23+20)+MOIC 533+BHM533+BAM533)	Refurbishment of existing Warehouse for R.I. as well as provision for hiring external storage space for (during Immunization Campaigns) Logistics at State HQ @Rs 1500000/-	Refurbishment of existing Cold chain room for district stores in all districts with proper electrification,Earthing for electrical cold chain equipment and shelves and dry space for non elecrtical cold chain equipment and logistics @Rs 300000 Lakhs per district x 38 districts	Earthing and wiring of existing Cold chain rooms in all PHCs @Rs 10000/- per PHC x 533 PHCs	POL of Generators for cold chain @ Rs. 600 per day per WIC. Rs. 500 per day per district and Rs. 400 per day per PHC	Preparation of District Health Action Plan (Rs. 0.50 lakh per district x 38)	Preparation of State Health Action Plan @ 1 lakhs	Mainstreaming Ayush under NRHM(APHC-one docter @20000X 9 months+One Paramedics@3900X 9 months+one Pharmasists@6500X 9 months(Total Amount-340084800)	Grand Total	Budgte Raised by 25%
			300000	49000	314181	42105		6151425	82856080	103570100

				16.4.1	16.4.2.	16.5.	16.5.1.	16.5.2.									

PROGRAMME MANAGEMENT UNIT

	Name of District	2001 Population	2009 Population	16. Programme Management	16.1. Strengthening of State society/State Programme Management Support Unit	16.1.1. Contractual Staff for SPMU recruited and in position	16.1.2. Provision of equipment/furniture and mobility support for SPMU staff @ 12 months x Rs.10.00 lakhs	16.2.Strengthening of District society/District Programme Management Unit	Name of District	16.2.1. Contractual Staff for DPMSU recruited and in position	16.2.2.Provision of equipment/furniture and mobility support for DPMU staff @ 12 months x 38 districts x Rs.85340/-	16.3. Strengthening of Financial Management system	16.3.1.Training in accounting procedures	16.3.2. Audits	16.3.2.1. Audit of SHSB/DHS by CA for 2009-10	Name of District	16.4 Appointment of CA
14	Kaimur	1289074	1664046						Kaimur	672000	1024078.947					Kaimur	

				16.4.1 At State level	16.4.2 At District level	16.5 Constitution of Internal Audit wing at SHSB	16.5.1. Last pay drawn – Pension = Approx exp of Rs.20,000/- PM @ 20,000x6x12	16.5.2.TA/DA for Audit @ 1000x6x30x12	Sub-total Programme Management	25% raise							

				240000		1936078.947	**2420098.68**

STATE PROGRAMME MANAGEMENT UNIT

	Name of District	Contractual Staff for DPMSU recruited and in position	Provision of equipment/furniture and mobility support for DPMU staff @ 12 months x 38 districts x Rs.85340/-	Constitution of Internal Audit wing at SHSB
1	Kaimur	672000	1024078.947	240000

4.3 MATERNAL HEALTH				
Logical Framework				
Sl.	**Goal**	**Impact indicators**		
1	To improve maternal health	Reduction in MMR		
Sl.	**Objectives**	**Outcome indicators**	**Strategy**	**Output indicators**
1	To increase institutional safe delivery by 65% (DLHS3) to 100% by year 2010	Institutional delivery reported	To make functional PHC (24hr x7days) for institutional deliveries	PHC having functional OT and Labour room with equipment
				PHC having Obestetric First Aid medicine 24hrx 7 days
				Grade A nurse should be available 24hrx7days
				PHC having functional Neo-natal care units
			To make functional FRUfor institutional deliveries	No of FRUs having functional blood storage units linkage with blood banks and 24hr ready referral transport
				No of FRUs having EmOc and CEmOc facilities

				No of FRUs having specialist doctors/ multiskilled Medical Officers
				No of FRU having functional Neo-natal care units
			To provide Referral transport services at FRU /PHC	No of pregnant women availed the referral facilities (pick up and drop)
			To strengthen Janani Suraksha Yojana / JSY	Pregnant women has not been reecieved JBSY payments immediately after delivery
2	To increase safe delivery by trained SBA 9.6%(DLHS3) to 100% by year 2010	Proportion of birth attendent by skilled health personnel	To ensure support of SBA at home deliveries	Home deliveries attended by SBA
3	To increase ANC coverage with quality 16% (DLHS3) to 50% by year 2010	ANC reported through HMIS formats / Form -7	To strengthen HSC for providing outreach maternal care	HSCs having ANMs
				HSCs conducted fixed ANC and clinics (planned & held)
			To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas	RCH camps planned and held
			To improve adolescent reproductive and sexual health	No of pregnant adolescent counselled by ANM/ AWW/ASHA
			To accelrate APHC for OPD and Fixed AN clinics	OPD clinics organised at APHC level.
4	To provide safe abortion services at all facilities	MTP cases reported through HMIS formats / Form -7	To provide MTP services at health facilities	No of facilities having MTP services (public and private)
5	To increase community participation in maternal care	Mahila mandal meetings should be conducted.	To strenghten Monthly Village Health and Nutrition Days	Mothly Village Health & Nutrition Days planned and held

MATERNAL HEALTH			
Sl.	**Strategy**	**Gaps**	**Activities**
	To make functional PHC (24hr x7days) for institutional deliveries	**Infrastructure**	
A1		All PHCs are with only six bedded facility.50-60% of facilities are not adequate as per IPHS norms.	Need based (Service delivery)Estimation of cost for upgradation of PHCs Selection of any two PHCs for ISO certification in first phase
		At present 7 PHC are working with average 10 delivery per day, 10 FP operation/emergency operation and 130 OPD per day in each PHC. This huge workload is not being addressed with only six beds inadequate facility.	Preparation of priority list of interventions to deliver services.
		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.	Sending the recommendation for the certification with existing services and facility detail.
		Lack of equipments as per IPHS norms and also under utilized equipments.	Prioritizing the equipment list according to service delivery and IPHS norms.
			Purchase of equipments
		Lack of appropriate furniture	Purchase of Furniture
		Lack of facilities/ basic amenities in the PHC buildings	Rennovation of PHCs

		As per IPHS norms each PHC requires the following clinical staffs:	
			Salary of Contrctual Doctors
	To make functional PHC (24hr x7days) for institutional deliveries	The actual position is not sufficient as per IPHS norms.	Selection and recruitment of Doctors on contractual basis and give priority in selection those who are living in same PHC.
			Salary of Contarctual Grade A nurses
			Selection and recruitment of grade A nurses for conducting delivery
			Selection and recruitment of dresser
			Selection and recruitment of Pharmasist.
			Three month induction training of Grade A nurse under supervision of District level resource team.
			Training need Assessment of PHC level staffs
			Honorarium of Block Accountants
			Rent of Data Center
			Honorarium of BHM
			Mobility support to BHMs
			Appointment of Block Health Managers, Accountants in all institutions.(15 PHCs, 2 Referrals and Sadar hospital.)
			Process of all recruitments
			Trainings of BHMs on Health statistics
			Training on Program, Finance management and HMIS

		Drug Supply	
		Irregular supply of drugs because of lack of fund disbursement on time.	Ensuring the availability of FIFO list of drugs with store keeper.
		Only 38 essential drugs are rate contracted at state level .	2.Implementing computerized invoice system in all PHCs
			Purchase of Drug invoice software
		Lack of fund for the transportation of drugs from district to blocks.	3.Fixing the responsibility on proper and timely indenting of medicines (keeping three months buffer stock)
			4.Payment from Rogi Kalyan samiti account.
		There is no clarity on the guideline for need based drug procurement and transportation.	5. Orientation meetings/ training on guidelines of RKS for operation.
		Drugs are not properly stored	6. Enlisting of equipments for safe storage of drugs.
			7. Purchase of enlisted equipments.
			8.training of store keepers on invoicing of drugs
		Performance	
		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.	Recruitment of Doctors on contractual basis
		Total 59 seats of Regular and 25 seats of contractual doctors in the district is vacant.	

		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.)	Hiring of rented houses from RKS fund for the residence of doctors and key staffs.
			Incentivizing doctors on their performances especially on OPD, IPD, FP operations, Kala-azar patients treatment.
			Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day
	To make functional PHC (24hr x7days) for institutional deliveries	5 PHCs are lacking 24 hrs new born care services.	Ensure 24 hrs new born care services in 10 PHC.
		Only five PHCs provides 24 hrs BEmoC services.	Ensure 24 hrs BEmoC services at 10 PHC
			Training of one Doctor from each PHC on BEmoC.
			Equipments for BEmoC
		13 PHC does not have laboratory facilities on PPP based srvices.But except Mahnar all Phc have T.B lab Technician. In addition to this the regular lab technician has been deputed for this purpose.	Deputation of 17 regular Lab tech at PHC level for providing free of cost lab services to all pregnant women and BPL families.
			Recruitment of 5 lab technicians as required for regular support of lab activity
			Training of TB lab technician on other pathological tests.
			Purchase reagent(recurring) for strengthening lab.

			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.
		Health facility with AYUSH services is not being provided	Establising one Panchkarm center in Chehrakala PHC
			Establishing two homeopathy centers in Jandaha and Vaishali
		Referral Services	
		No pick up facility for PW or BPL patients.	Provision for pick up & drop pregnant mothers and BPL families free of cost using existing Ambulence services at PHC level.
			Provide EDD list of pregnant women to Ambulance driver and Number of ambulance diriver and 102 /PHC tel No to all Pregnant woment
		Lack of maintenance of ambulances	Repairing of all defunct Ambulances
		Shortage of ambulances	Hiring of ambulances as per need.
			Prepare list of Vehicle those are utilised in Monitoring work in PHC that can be use in pick up and dropping facility for PW.
		Quality of food, cleanliness (toilets,Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC.	Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate.
			Rewiev of Cleanliness activity in all PHC by Qulity assurance committee and payment of agency should be link with it.

			Hiring of workers for cleanliness of OT and Labour room in PHC
			Purchage equipments and uniform for cleanliness in all PHC
			Training of Workers on using machine/equipments and importance of cleanliness .
			Develop mechanism for monitoring of cleanliness work
		All PHCs have their own generator sets but are not in use.	Repairing of PHCs gensets and initiating their use.
		Non availability of HMIS formats/registers and stationeries	Printing of formats and purchase of stationaries
			Biannual facility survey of PHCs through BHM as per IPHS format
			Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.
		Operation of RKS:	Ensuring regular monthly meeting of RKS.
			Appointment of Block Health Managers, Accountants in all institutions.(16 PHCs, 3 Referals and Sadar hospital.)
		Lack in uniform process of RKS operation.	Training to the RKS signatories for account operation.
			Trainings of BHM and accountants on their responsibilities.
		Lack of community participation in the functioning of RKS.	Meeting with community (School children or other)representatives on erecting boundary, beautification etc,

			Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS.
		In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs reluctant to handle emergency cases.	Meeting in RKS with Local Police Station incharge to handle emargency situation .
			Training local NCC/NYK/Scout & Guide/NSS etc.volunteers on identification of emargency situation. And deployment of volentears at PHC.
	To make functional PHC (24hr x7days) for institutional deliveries	Several cases of theft of instruments, computers, and submersible pumps etc at PHCs.	Insurance of all properties and staffs of PHC
		No guidance to the patients on the services available at PHCs.	Pictorial wall painting on every section of the building denoting the facilities and attached trained volenters to guide paitents.
		Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.	Name plates of Doctors
			Displaying Name Photograph and DOB of all staff of PHC and put cleanliness staff name on top of the list.
		Lack of counselling services	There are 22 LHV in the district we can utilise their experience in counseling work of women and adolecent girls after training.

		There is no hot water facility for PW and there is no adequate lighting facility at adjoining area of PHC	Installation of solar heater system and light with the help of BDO/Panchayat at PHC or purchage equipments from market.
		Lack of convergence	Convergence meeting by RKS & DHS
		Lack of timely reporting and delay in data collection	Orientation of the staffs on indicators of reporting formats
			Puchase of Laptops for DPM and BHMs with internet facility.
		Lack of space for waiting, environmental cleanliness around PHC, provision for hospitality etc	Gardening
			Sitting arrangement for patients
			Construction of patients waiting shade
			Installation of LCD projector for manage wait over time of OPD patients.
			Installation of safe drinking water equipments/water cooler,
			Apron with name plates with every doctors
			Presence of staffs with uniform and name plates.
			"MAMTA" should be appointed at PHC level as well.
	To make FRU functional and upgradation of PHC to CHC for institutional deliveries		
A 2		C-Section deliveries are not conducted in institution.	Devlop Lalganj, Mahua and Mahnar PHC for C-section facility
			Training of MOs of three PHCs in mulltiskilling.
			Specialist should be posted at Sadar Hospital/and above mention three PHC

			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.
			Need based Equipments and drugs in O.T and Labour room.
		None of the PHC provides 24 hour blood transfusion services, however PHC Mahnar has been provided the equipments for blood storage unit.	Establishing blood storage units at Lalganj, Mahua & Rahopur,
			Training of lab technicions on management of blood storage
		Infection control protocols is not at all maintained at all facilities	Licensing blood storage / blood bank
			Meeting infrastructure requirements as per norms for Blood storage
			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.
			Provide free of cost Blood for pregnant women who need blood transfusion for severe anemia/ PPH on prescribed through RKS Fund

			Organize Blood donation camps at all institution and mobilize community for voluntary blood donation
		Welcome PW at Institution and PHC and FRU	Provision of food for the delivered mothers and mothers under gone in tubectomy in all the health facilities.
			Mobilize community Resources for providing Free food for PW at Institution.
			Quality indicators (clean environment, wards with clean linen, clean toilets , clean labour rooms, running waters supply, hot water and safe water for inpatients, new born corners, treatment protocols, aseptic precautions, immediate disbursement of JBSY funds
		Reporting of maternal death Maternal death reporting is usually not reported by worker	Training of ASHA & ANM on reporting of Maternal deaths and conduct Verbal Autopsy
			Incentives for maternal death reporting by ASHA @ Rs 50/-per maternal death
			Reporting line should be in five columns – name of mother, place of death, date of death, cause of death and no. of birth.
			Institution and urban center also to report Maternal death to the district CS/ACMO.
			Maternal Death should be reported by ASHA, AWW, ANM Staff Nurse & Doctors to the district data center .

			Investigation of maternal death by district team. and third party review(District magistrate)
			Training of ASHA and investigation team objective and process of investigation and review of maternal death
		Biomedical waste management is not properly taken care off at all institution	Procurement of equipment
			As per example Introduce color coded buckets for facilities as per IMEP
A 3	**To strengthen Janani Suraksha Yojana / JSY**	Tracking of pregnant women from first Trimester is not done form the register.	Review of early registration with 3 AN checkup ,two TT.100/200 IFA Tab. in ASHA Diwas.
		Too much documentation process. Photo required for mother and baby. It cost Rs.30/- to Rs.60/- .	Ensure 100 %Pregnancy Test Kit is to ASHA and regular supply.
			Direct transfer of funds from district to PHC through core banking / directly from DHS
			Finger print technology for JSY beneficiaries at facility level where computer with internet facility is available. This will help in financial monitoring.
			The photo system should be replaced by some other alternatives like- bank account opening of pregnant women in first trimister and directaly transfer the money to their account after delivery.
			Incentive for institutional delivery.
A4	**To ensure support of SBA at home deliveries**	Home Delivery is still prevailing through untrained traditional Dai's	Home Delivery should be conducted by SBA trained Staff Nurse or ANM.

			Provision of Dai Delivery kit(DDK) to TBA where institution access is poor. And it should be supervised by ANM for home deliveries.
			Delivery kit (equipment, medicine)for ANM should be supplied
			Supply of delivery Kits as per number of deliveries conducted in home.
		Reporting of home delivery is not done so the PNC is not provided	Incentive based system for reporting of home delivery by ASHA and it should be linked with ANM
		Non paiment of Home delivery through JSY	The JSY money to the mother who has delivered baby at Home paid by ANM.
A 5	**To strengthen HSC for providing outreach maternal care**		
		Out of 338 HSCs only 39 are having own building	Strengtheing of HSCs having own buildings
		In existing 39 buildings 26 are in running comparatively in good condition, 6 are in under construction ,one is very poor condition and one is constructed but not handed over to health department.	White washing of HSC buildings.
			Organize adolescent girls for wall painting and plantation./hire local painter for colourful painting of HSC walls.
			List out all services which is provided at HSC level. On the wall.
			Gardening in HSC premises by school children.
		No one building is having running water and electric supply.	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)

			Arrangement of water supply upto HSC (Wiring) from water source
	To strengthen HSC for providing outreach maternal care	Lack of appropriate equipments and ANM are reluctant to keep all equipments in HSC .	Purchase of Furniture Prioritizing the equipment list according to service delivery(for ANC /Family planning /Immunization/)
			Purchase of equipments according to services
			Purchase one almirah for keep all equipment safely and it could be keep in AWW / ASHA house.
		Non payment of rent of 300 HSCs for more than three years	Strengthening of HSCs running in rented buildings.
			Estimation of backlog rent and facilitate the backlog payment within two months
			Streamlining the payment of rent from the month of April 09.
			Purchase of Furniture as per need where building is on rent
			Prioritizing the equipment list according to service delivery
			Purchase of equipments as per need
		The district still needs 135 more HSCs to be formed.	Construction of new HSCs. 39 are having own building, 54 new is proposed and rest 480 are supposed to be constructed.
			Preparation of PHC wise priority list of HScs according to IPHS population and location norms of HScs
			Community mobilization for promoting land donations at accessible locations.

			Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed HSC buildings.
	To strengthen HSC for providing outreach maternal care	Non participation of Community in monitoring construction work	Biannual facility survey of HSCs through local NGOs as per IPHS format
			Regular monitoring of HSCs facilities through PHC level supervisors in IPHS format.
			Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.
			Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.
			Quartely Meeting of one representative of VHSC/Mothers committees on construction work and other issues
		Lack of community ownership in the monitoring of construction work.	Formation and strengthening of VHSCs, Mothers committees,
			“Swasthya Kendra chalo abhiyan” to strengthen community ownership
			One week Training of Nukkad Natak team on IPHS
			Nukkad Nataks on Citizen’s charter of HSCs as per IPHS
			Monthly meetings of VHSCs, Mothers committees
A 6			

		1.Out of 29 sanctioned post of LHVs only 22 are placed, 2.All 195 posted ANM ® are not trained enough to deliver services. 3. 223 seats of contractual ANM®, 12 seats of contractual ANMs and 27 seats of Regular ANMs are vacant.	Selection and recruitment of 262 ANMs
			Honorarium of existing 202 ANMs
			Selection and recruitment of 28 male workers
			Training need Assessment of HSC level staffs by BHM in weekly meeting
			Training of staffs on various services in the PHC,
	To strengthen ANM Training School for providing regular training of ANMs.	The ANM training school situated at Sadar Hospital campus, lacks adequate number of trainers, staffs and facilities	Analyzing gaps with training school
			Deployment of required staffs/trainers
			Hiring of trainers as per need
			Preparation of annual training calendar issue wise as per guideline of Govt of India.
			Allocation of fund and operationalization of allocated fund
A 7	**To strengthen HSC for providing outreach maternal care**		
		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,	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

		No Drug kit for AWCs(@one kit per annum,) . No ASHA kit, only need based emergency but that too being irregular in supply	Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map
			Hiring vehicles for supply of drug kits through untied fund.
			Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)
			Hiring of couriers as per need
			Payment of courier through ANMs account
A 8	**To strengthen HSC for providing outreach maternal care**		
		Unutilized untied fund at HSC level	Training of signatories on operating Untied fund account, book keeping etc
			Timely disbursement of untied fund for HSCs
			Assigning a person at PHC level for managing accounts
		No ANC at HSC levelOnly 14.2% PW registered in first trimesterPW with three ANCs is 15.1%, TT1 coverage is 35.4%,	Identification of the best HSC on service delivery
			Listing of required equipments and medicines as per IPHS norms in facility survey
			Honouring those ANMs who devlope women friendly HSC in given criteria (list is attachet)
		Family Planning Status:-Any method-43.6%,Any modern method-39.8%,No sterilization at HSC level,IUD insertion -0.5%,Pills-1.5%,Condom-1.9%,Total unmet need is 32.7%, for spacing-14.9,Lack of counselling Skill.	Gap identification of 39 HSCs through facility survey
			Eligible Couple Survey
			Ensuring supply of contraceptives with three month’s buffer stock at HSCs.

			One day training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS
			Training of ANMs on IUD insertion
		HSC unable to implement disease control programs	Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6.(four to five HSC per week)
	To strengthen HSC for providing outreach maternal care		Strengthening ANMs for community based planning of all national disease control program
			Reporting of disease control activities through ANMs
			Submission of reports of national programs by the supervisors duly signed by the respective ANMs.
		80% of the HSC staffs do not reside at place of posting	Submission of absentees through PRI
		Problem of mobility during rainy season	Purchasing Life saving jackets for all field staffs
			Providing incentives to the ANMs during rainy season so that they can use local boats.
		Lack of convergence at HSC level	Fixed Saturday for meeting day of ANM, AWW, ASHA,LRG with VHSCs rotation wise at all villages of the respective HSC.
			Monthly Video shows in all schools of the concerned HSC area schools on health, nutrition and sanitation issues.

		Lack of knowledge and skill of field level staffs in data compilation in HMIS formats	Training to the field staffs in filling up form 6, Form 2, Immunization report format, MCH registers, Muskan achievement reports etc
			Printing of adequate number of reporting formats and registers
A 9	**To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas**	Out reach camps are not orgnised in plan manner. It is totally based on demand of orgnisation and eventually it is not reported to respective HSCs and PHCs.	Identifying Socially Backward, Slums & Maha Dalit Tolas.
			Hiring trained alternate vaccinator/ retired ANMs and Medical officer .hiring vehicle for fixed day out reach camps with drugs.
			Fixed day OPD clinics at APHC level and adjoining HSC of respective APHCs. with dedicated MO and support staff.
			To make calendar for camps with date and identified areas.and link NGOs those who are willing to orgnise Camps .
			Community based reporting system through SMS. involve PRI members and training on reporting and Camp approach
A 10	**To improve adolescent reproductive and sexual health**	No training programme for adolescent particularly health and sex.	Multipurpose counsellor can be used for adolescent care. For this services of LHV can be used.and callender of activity could be devloped.
		Preventions of anemia in adolacencent girls	Linkage with adolescent anemia control programme in Schools with Unicef. And training to one teacher from the school
		Marriage before legal age.	Sensitization of PRI members pertculerly women

		Preventions of teen age pregnancy and abortion.	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.
		Limited interventions for empowering adolescent girls	Family counseling for adolescent pregnancy tracking on above mentioned through ASHA and AWW.
			State to develop and issue guidelines for implementation of Kishori MandalsFormation of Kishori Mandals by registration of all girls(11-18 yrs)
	To improve adolescent reproductive and sexual health		Prepare a monthly plan of activities for one day per week
			Counseling nutrition, health and social issues every week at AWCs by AWW
			Weekly distribution of IFA Tablets to out-of-school girls at AWCs
			Deworming adolecent every 6 months
			Initiate family schools for learning child care , safe motherhood life skills and Family life education
A 11	**To provide MTP services at health facilities**	MTP services are not available in Public sectors	Selection of facilities for provision of safe abortion services
			Location of facility availability of trained service provider, space, equipments.
			To Provide appropriate equipments at all facilities and MVA syringes.

			Putting the trained doctors at appropriate facilities to commence the services
			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 .
			Formation of district level committee (DLC) to accredit private sites as per GOI guide line .
			Develop reporting system of MTP services in private and public secter.
			Through training program make the govt doctors skilled to perform MTP in the approved sites.
	To provide MTP services at health facilities		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)
			The services of Pregnancy testing should be strengthened and it should be linked with MTP services.
			NGO's and local Practitioner should be involved for counseling and information of facility
			Assurance of privacy and link with family welfare services counseling at all facility.

			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.
			Training of ASHA on medical abortion.
A 12	**To strenghten Monthly Village Health and Nutrition Days**	Nutrition and Counselling Component is not visible in VHND and there is no monitoring of VHND activity by Community.	AWC should be developed as a Hub of activities (VHND)
			Develop an activity plan calendar for VHND as seasonality.
			Counseling of mothers on ANC, preparation for Child care ,STI/RTI, and AYUSH, adolescent Health
			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
			Meeting of VHSC and preparation for area specific epidemiological planning and community based monitoring.
			Skill development training is required to ANM , ASHA & AWW and Dular (LRG)
			Develop monitoring plan map of each village and displaced at AWC with identification of priority houses with PW, lactating women ,Malnourished children , New born, DOTs and other services

			SMS reporting system of conducting VHND and ANM collect Data from field level and compile it in weekly/Monthly formats.
B	**APHC**	**Infrastructure**	
1	**To form /strenghten APHC in Phase manner**	Out of 19 APHCs 10 only are having own building	Registration of RKS
		Existing 6 buildings are not properly maintained	Rennovation of APHCs buildings from RKS Fund
		Non payment of rent of 9 APHCs for more than Five years	Payment Of Rent of APHC building
		Lack of equipments,	Purchse of equipment as per service need from RKS fund
		Lack of appropriate furniture	Purchase of Furniture from RKS fund
2		**Human Resource**	
		in the district no any APHC functioning as per IPHS norms	Operationalising one APHC in each PHC by conducting daily OPD by Doctor and support staff.
			Notification from district for oprationaliing APHC
3		**Drug Supply**	
		No drug kit as such for the APHCs as per IPHS norms.,	Purchasing 23 listed OPD Drugs of PHC for APHC
4	**RTI/STI services at health facilities**	No regular clinic at all PHCs & APHCs.	Trained service provider on syndrome management of RTI/STI (As per GOI guide line) up to APHC level.
			Logistics of setting of clinics and free drugs availability
			Integrated Counselling services in four public sector facilities by trained personnel .

			IEC/BCC for awareness available RTI/STI services at all health facilities.

MATERNAL HEALTH

SL No	Name of District	2001 Population	Growth Rate (SHS)	CBR	IMR	2009 Population	Number of ASHA	AWC	HSC	APHC	PHC	RH	SDH	District Hospital
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	**Kaimur**	1289074	3.11	34.4	61	1646964	1247	1286	196	19	7	2	0	**1**

	1. Maternal Health
Kaimur	**Name of District**
	1.1 Operationalise facilities (dissemination, monitoring & quality) (details of infrastructure & human resources, training, IEC / BCC, equipment, drug and supplies in relevant sections)
	1.1.1 Operationalise Block PHCs/CHCs/SDHs/DHs as FRUs
1236000	**1.1.1.1 Operationalise Blood Storage units in FRU**
25000	**1.1.2 Organise workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 25,000 / year / district**
	1.1.3 Survey on maternal and perinatal deaths by verbal autopsy method (in two districts) @ 850 per death
	1.2 Referral Transport
	1.2.1. To develop guidelines regarding referral transport of the pregnant women and sick new born / children and dissemination of the same @ Rs. 50,000 for the state
Kaimur	**Name of District**
	1.2.2. Payment to Ambulances for all PHCs @ Rs. 200 / case of pregnancy for Jehanabad district (Pilot basis)
	1.3. Integrated outreach RCH services
	1.3.1. RCH Outreach Camps in un-served/ under-served areas
157090503	**1.3.2. Monitor quality of services and utilisation.**
	1.3.3. Monthly Village Health and Nutrition Days at Anganwadi Centres
	Aligning of microplans of ANMs and AWCs for THR distribution (Muskan can happen on THR days)

MATERNAL HEALTH

1.3.3.2.Integrated Block Level Orientation of ANM, ASHA, AWWs, under MO /MOIC & CDPO, Block Pramukh and BDO's supervision on Full ANC, services to be provided on VHND, weighing of children, complementary feeding and THR distribution	1.3.3.3. Organising monthly Mothers' Meeting at every village on various themes of RCH, Family Planning and Nutrition	Name of District	1.4. Janani Evam Bal Suraksha Yojana/JBSY	1.4.1. Implementation of JSY by districts.	1.4.1.1. Home deliveries(500/-)	1.4.1.2. (A) Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries	1.4.1.3. (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries	1.4.2 Piloting for Accreditation of private nursing homes in Jehanabad district for conduct of Institutional delivery @Rs.1400	1.4.3. Monitor quality and utilisation of services (10% state fund , 90% to district)	Sub-total Maternal Health	Raised by 25%
		Kaimur			89500	30943977	3713461		268228.8921	36291876	45364845

MATERNAL HEALTH

	1.4	1.4.1.	1.4.1.1.	1.4.1.2	1.4.1.3	1.4.2	1.4.3		
Name of District	1.4. Janani Evam Bal Suraksha Yojana/JBSY	1.4.1. Implementation of JSY by districts.	1.4.1.1. Home deliveries(500/-)	1.4.1.2. (A) Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries	1.4.1.3. (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries	1.4.2 Piloting for Accreditation of private nursing homes in Jehanabad district for conduct of Institutional delivery @Rs.1400	1.4.3. Monitor quality and utilisation of services (10% state fund , 90% to district)	Sub-total Maternal Health	Raised by 25%
Kaimur			89500	30943977	3713461		268228.8921	36291876	45364844.69

4.4Chid Health				
Logical Framework				
Sl.	Goal	Impact indicators		
1		Reduction in IMR		
	To improve Child health & achieve child survival	Child performance in the school - enrolment, attendence and dropout		
Sl.	Objectives	Outcome indicators	Strategy	Output indicators
1	To increase ORS distribution from 51%(DLHS3) to 80%	Increase of ORS distribution .	*IMNCI,Home Based Newborn Care/HBNC*	% of PHC initiated IMNCI and HBNC training.
2	To increase treatment of diarrohoea from 77.1% 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 82.2%(DLHS3) to 95%	Increase of treatment of ARI/Fever in the last two weeks		
4	To increase of infant care with in 24hr of delivery from 29.7%(DLHS3) to 50%	Increase of infant care with in 24hr of delivery .	Strengthening 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..
5	To increase % of breastfeeding from 33.8% to 70% within 1 hr of birth	Increase of breastfeeding within 1 hr of birth .	Infant and Young Child Feeding/IYCF	No of training orgnised in PHC on IYCF
6	To increase intiation of complimentry feeding among 6 month of children from 88.3% to 90%	Increase of complimentry feeding among 6month of children.		
7	To increase exclusive breastfeeding among 0-6 month of children from 36.4% to 80%	Increase of exclusive breastfeeding among 0-6 month of children .		
8	To increase immunization coverage from 53.3% to 70%	Increase of full immunization coverage .		
9	To increase vit A coverage of received atleast one dose (9month to 35 months) from 67.3% to 80% and include up to 5 years.	To increase Vit A reported adequte coverage among (9m to 5ys)	Management of diarrhea, ARI and Micronutrient Malnutrition through Child srvival months	Two round of Child survival Month organised in one financial year.
10	To decrese Malnutrition form 58%(NFHS III state) to 30% of the age group of (0 to 5 yrs)	Decrease Malnutrition age group of (0 to 5 yrs)	Care of Sick Children and Severe Malnutrition and strenthen VHND at all AWCs	No of VHND orgnised vs Planned.
			School Health Programme	No Of school health programme orgnised in the PHC

Kaimur	**Name of District**	
2117690	**Untied Fund for Health Sub Center(10000) Additional Primary Health Center(25000) and Primary Health Center(25000) 4000district level**	
5270783	**Village Health and Sanitation Committee(@10000) 45077 Village 2500/-per PHC 533**	
1400000	**Rogi Kalyan Samiti (100000 for RH/100000PHC/SDH 500000/DH 500000)**	
	TOTAL DECENTRALISATION	
2850000	**Construction of HSCs (100 no. x Rs.9.50 lakhs)**	**Infrastructure Strengthening**
24000000	**Construction of residential quarters of 200 old APHCs for staff nurses(300000)**	
0	**Construction of building of 51 APHCs where land is available(37967000/51 APHCs)**	
12000000	**Up gradation of CHCs as per IPHS standards (100 CHCs x Rs.40.00 lakhs)**	
	Infrastructure and service improvement as per IPHS in 20 (DH & SDH) hospitals for accreditation or ISO : 9000 certification (130000000)	
	Upgradation of ANM Training Schools(60000000/No of ANM school)10000000/ANM +GNM school)	
1315263	**Annual Maintenance Grant (DH+SDHX 500000) RH(55+533PHC) =100000 15RH @100000 from additional grant**	
164165	**Incentive for PHC doctors & staffs @ Rs. 50,000 for better performance in implementing programmes (Rs. 50,000/ - per PHC per year) (12500000/38 district)**	

Sl.	Strategy	Gaps	Activities
1	*IMNCI,Home Based Newborn Care/HBNC*	*Training Gaps(AWW-1286/1286,ASHA-0,ANM-300/394, MPW-4/10,MO-52/135,CDPO- 09, Health supervisors- , NGOs-06) No ASHA is trained on IMNCI*	*Assessment of Training load and prepare calendar of training*
			Incorporate ASHA in IMNCI training team
			ASHA kit regular supply and incorporate use of ASHA Kit in training curriculum.
			Division of area among all trained supervisors for revision of IMNCI activity in their area.
			BHM will be responsible for review of health supervisor sand LS(ICDS)on given format.Unicef staff will support in devloping review mechanism in PHC.
			Incorpate IMNCI reports in HIMS formate
			Encouraging mother regarding child care.in VHND

Sl.	*Strategy*	Gaps	*Activities*
			Frequent checkups of babies by Paediatrician. Distribute telephone number to AWW and ANM of respective doctors those who are supervising them in the field.
			Wednesday could be fixed a day for IMNCI related work at HSC level
			Community based Monitoring support system devlop with SHG in one PHC *Training of Group members* *seed money to SHG for reffral services and other need based services.*
2	Facility Based Newborn Care/FBNC	only eight institutions have baby warmer machines but maintenance of machine is not up to the mark and district having referral six bedded SNCU	All PHCs should be equipped with baby warmer machines.

		ANMs and Doctors are not trained to operate these machines	Training of Doctors and ANMs to operate baby warmer machine.
		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

		Neonatal Care Unit not up to mark.	District level Supporting supervisory team should be devlope with the responsibility of nunfuctioning of neonatal care unit. Training of team on monitoring of NCU
		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.*

3	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.
			Baby friendly hospital Training of one doctor from each Nursing hospital at District Level
			Two days training of one staff nurse from each private hospital on counselling skill.
			Accreditation of nursing home and facility according to norms of baby friendly hospital initiatives
		Poor knowledge regarding new born care and child feeding practices	Development and Printing of BCC materials
			Preparing adolescent and pregnant mother on IYCF by IPC through AWW, LRP and ASHA

Sl.	Strategy	Gaps	Activities
			Linking JBSY with colostrums feeding
		Myths and misconceptions about early initiation of breast feeding, exclusive breast feeding and complementary feeding	Counselling and orientation of local priests, opinion leaders, fathers, mother in laws by ICDS/ Health functionaries in mothers meetings and VHSCs meetings
			Folk performance to promote exclusive breast feeding
			Uniform message on radio from state head quarter
		Lack of awareness on importance of appropriate and timely IYCF	Organize social events through VHSCs
			Strengthening of *Mahila Mandal* meetings- fortnightly with involvement of adolescent girl
			Organize healthy baby shows, healthy mother / pregnant woman.
			Appreciation and reorganization of positive practices in community. For this purpose hiring a documentation specialist.

Sl.	Strategy	Gaps	Activities
			Celebration of "*Annaprashan(Muhjutthi) Day*" at AWC
			Demonstration of recipes.
			Exposure visits to existing NRCs to observe different models in the country
4	Care of Sick Children and Severe Malnutrition	There is not a single unit in the district where severly malnurished children could be treated.	Establish rehabilitation center in district hospital, FRU and one PHC and promote locally aviliable food farmula for nutritional Tharapy as Hadrabad Mix
5	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.

			Include coverage of Vitamin A and IFA,children in New HIMS format.
			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.
			Involvement of ICDS, school teachers and PRI for monitoring and evolution

Sl.	Strategy	Gaps	Activities
6	School Health Programme	No Pre School Health checkup & complete Immunization card.	Half yearly health checkup camp for children in schools should be organized.
		No training of school teacher for basic health care and personnel hygiene.	Training of school teacher by the medical personnel with support of administrative person.
		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.
		No Training & Screening of school's teacher for eye sight test.	Linking existing 7 opthalmic paramedics with this program and developing school wise calender.
		No other specific program has been formulated in the district.	School health anemia control programme should be strengthened with biannually de worming .

			Organizing competitions/Debates/Painting competitions/Essay/demonstration and model preparation of nutritional food and health.
			Half yearly Health checkups and health card of all school going children.
			Films shows on health, sanitation and nutrition issues
			Social science Lab activities.
			Rally and Prabhat Phery in epidemic areas. (Kala-azar & Malaria)
			Referral system for the school children for higher medical care.

	Child Health
	IMNCI
	2.1. IMNCI (details of training, drugs and supplies, under relevant sections)
34988.90	**2.1.1. Monitor progress against plan; follow up with training, procurement, review meetings etc**
	2.2. Facility Based Newborn Care/FBNC (details of training, drugs and supplies, under sections 9 ,11,13)
37904.64	**2.2.1. Implementation of FBNC activities in districts. (Monitor progress against plan; follow up with training, procurement, etc.)**
	2.3 Home Based Newborn care
7201076	**2.4 School Health Programme (Details annexed)**
	2.5 Infant and Young Child Feeding
	2.6 Care of sick children & severe malnutrition
	2.7 Management of Diarrhoea, ARI and Micro nutrient
	2.8 Vitamin-A Biannual round (write up and details annexed)
10955524	**Sub-total Child Health**
13694405	**Raised by 25%**

4.5 Family Planning				
Logical Framework				
Sl.	**Goal**	**Impact indicators**		
1	Population stablisation	To decrease TFR upto replacement level To increase sex ratio		
Sl.	**Objectives**	**Outcome indicators**	**Strategy**	**Output indicators**
2	To increase female sterlization from present 55%(DLHS3) to 100%	Increase in female sterilsation	Terminal/Limiting Methods	% of terminal/limiting methods use
			Dissemination of manuals on sterilization standards & quality assurance of sterilization services	No of facilities providing quality manuals on sterilization standards of sterilization services.
			Female Sterilization camps	No of camps orgnised for female sterlization .
			Compensation for female sterilization	% of Female received compensation
			IUD camps	No of IUD used in Camps
			Accreditation of private providers for IUD insertion services	No of Private providers accrediate for IUD Insertion services.
3	To increase male sterlizationfrom 1.0%(DLHS 3) to 25%	Increase in male sterlization	NSV camps	No of NSV Camps orgnised.
			Compensation for male sterilization	% of Male received compensation
			Accreditation of private providers for sterilization services	No of Private providers accrediated for Sterilization services.
4	To increase use of condoms from 5% (DLHS3) to 50%	Increase in the use of condoms	Promotion to Social Marketing of condoms	No of Condoms distributed through Social Marketing.
			Contraceptive Update seminars	No of Seminars Orgnised on Contraceptive Update.
5	To increase use of pills from present 1.5%(DLHS3) among current married women age 15-49 yrs to 50%	Increase in the use of pills	Promotion to Social Marketing of pills	No of Pills distributed through Social Marketing.

Sl.	Strategy	Gaps	Activities
1	Terminal/Limiting Methods	Lack of knowledge of small family norms.	Ensure one MO trained on minilep and NSV up to PHC
			Training of nurses and ANMs on IUD and other spacing methods at PHC level.
			Ensure availability of contra ceptives (indenting , logistic
2	Female Sterilization camps	Laparoscopy surgery not done.	Trained doctors on laparoscopy.
			Procure Laparoscopy equipments for trained doctors
			Training of doctors needed.
3	NSV camps	Trained doctors are not available.	Procurement of equipment.
4	Compensation for Male/female sterilization	Fund for Compensation for sterlization is not aviliable on time at facility.	Immediate disbursement of incentive after sterilization camps.
			Logistic planning is needed before organizing camps.
			Block Health manager can hire one support staff for logistic support.
			Immediate disbursement of incentive after sterilization camps.
			Logistic planning is needed before organizing camps.
			Block Health manager could be hire one support staff for disbursement for logistic support.
			Accreditation of private nursing home. As per GOB

5	IUD camps	Camps not held	Training of ANM & staff nurse for IUD insertion.
6	Accreditation of private providers for IUD insertion services	No accreditation of private providers for IUD insertion services	Procurement of IUD.
			Equipments for IUD insertion
			Accreditation of private providers for IUD insertion services. As per GOI guide lines.
7	Social Marketing of contraceptives	Monitoring of Social Markiting is not monitored by PHC.	Social marketing of need based OC & IUD.
			Increasing access to contraceptive through communities based distribution system free of cost.
8	Contraceptive Update seminars	Not being held.	seminars for MO and other through Professional bodies (FOGSI. BMA, Nursing association etc..on
			Copper-T 380-A should be popularized.
			Awareness for emergency contraceptive.

	Family Planning
14923.60	**3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services**
	3.1.2. Implementation of sterilisation services by districts
1570905	**3.1.2.1. Provide female sterilisation services on fixed days at health facilities in districts (Mini Lap)**
78545	**3.1.2.2. Organise NSV camps in districts @Rs.10,000 x 500 camps**
4870000	**3.1.2.3. Compensation for female sterilisation at PHC level in camp mode**
1177500	**3.1.2.4.Compensation for NSV Acceptance @50000 cases x1500**
	3.1.3. Accreditation of private providers to provide sterilisation services
3616500	**3.1.3.1 Compensation for sterilization done in Pvt. Accredited Hospitals (1.50 lakh cases)**
7352	**3.1.4. Monitor progress, quality and utilisation of services**
292382.739	**3.2.1. IUD Camps**
14551	**3.2.2. Organise Contraceptive Update seminars for health providers (one at state level & 38 at district level) (Anticipated Participants-50-70)**
187617.2608	**3.3 POL for Family Planning for 500 below sub-district facilities**
3142	**3.4 Repair of Laproscopes**
11833418.60	**Sub-total Family Planning**
14791773.25	25% raised

FAMILY PLANNING

	Adolescent Reproductive and Sexual Health
	(Details of training, IEC/BCC in relevant sections)
	4.1. Adolescent friendly services
25000	**4.1.1. Disseminate ARSH guidelines.**
	4.1.2. Establishing ARSH Cells in Facilities
	4.1.2.1. Developing a Model ARSH Cell for the facilities
	4.1.2.2. Establishing ARSH Cell at Patna District Hospital
	4.1.2.3. Establishing ARSH Cell is 50% PHCs of Patna District
	4.2 Conducting ARSH Camps at all PHCs for a week (as ARSH Week)
24625	**4.2.1. Conducting ARSH Camp in Subcentres across the state (as Village ARSH Week)**
	4.2.2 Establishing Youth friendly health clinics in Urban Area/ Universities Campus / Market Place
	4.2.3 Establishing Youth friendly helpline/Website linkages (1 State level)
49625	**Sub-total ARSH**
62031.25	**25% raised**

Health Camps in Maha-Dalit Tola

Health Camps in Maha-Dalit Tola		Sub-total Vulnerable Groups	25% raise
518398.66			647998.33

PNDT and Sex Ratio MUSKAAN

8.1.PNDT and Sex Ratio	8.1.1. Orientation programme of PNDT activities, Workshop at State, District and Block Level (1+38+533)	Monitoring at District level and Meetings of District level Committee	MUSKAAN	8.2.1 Incentive for ASHA per AWW center (80000x200 per month)	8.2.2 Incentive for ANMs per AWW center (80000x150 per month)	8.3 Subsidy to 10 Private clinics in each of the 6 flood prone districts (Bank financing of 5.00 lakh loan per Pvt. Clinic)	Sub-total Innovations	25% Raised
	107317.073	157091		3016137.7			3280546	4100682

Kaimur	Name of District
	10 Infrastructure and Human Resource
	10.1 Contractual Staff & Services
70800	**10.1.1 Salary of 3106 MPWs @Rs.2950/- x 60 months (since 2005)**
1578947	**10.1.1.2. Hiring of 1000 Retired ANMs or ANMs from other states for out reach services @ Rs. 5000 / month / ANM**
	10.1.1.3. Hiring of 1000 Retired Nurses or from other states for facilities @ Rs. 8000 / per Nurse /month
	10.1.1.4. Hiring 1 RCH Consultant per Region to support MH / FP / ARSH / IMNCI reporting to RDD @ Rs. 25,000 / month / Consultant x 9 region
	10.1.1. 5. Hiring of 4 State Level RCH Coordinator, with responsibility of 10 districts each, under the supervision of State RCH/MCH Consultant, to look after MH/FP/ARSH/IMNCI in alloted districts @ Rs. 25,000 / coordinator /month x 12 months

Kaimur	Name of District
	10.1.2 Hiring Specialists
59694	10.1.2.1. Empanelling Gynaecologists on CALL BASIS for conducting institutional deliveries, providing Essential and Emergency Obs Care at government facilities @ Rs. 1,00,000 per annum per
130699	10.1.2.2. Empanelling Gynaecologists for gynaecology OPD in under or un served areas @ Rs. 1000 / week x 52 weeks
109174	10.1.2.3. Empanelling Gynaecologists for PHCs to provide OPD services @ Rs. 300 / week x 52 weeks
1885086	10.1.2.4. Hiring Anesthetists for facilities that have vacant Anesthetist positions @ Rs. 1000 per case x 120000
41786	10.1.2.5. Hiring Paediatrician for facilities where there are vacant Paediatricians positions @ Rs. 35,000 / month (2 per district)
765816	Hiring Gynaecologists for facilities that have vacant positions @ Rs. 650 per case x 75000 cases
Kaimur	Name of District
	10.2 Manpower Requirement for Cold Chain
	10.2.1 State Level R.I. Data Manager @Rs 15,000/- per month
	10.2.2. 1 Store Keeper @Rs 8000/- per month
	10.2.3. 1 Helper @Rs 5000/- per month
	10.2.4. 2 Guard @Rs 3000/- per month
	10.2.5 District level Vaccine & Logistics Manager at District vaccine stores @Rs 13,000/- per month
	10.2.6 Cold Chain Handler at all District Stores @Rs 7000/- per month

Infrastructure & HR

Name of District	10.3 Incentive	10.3.1 Incentive for C-section(@1500/-(facility Gynec. Anesth. & paramedic)	10.3.2 Incentive to MOIC/ANM/SN/Facility to ensure 48 hrs hospital stay,quality post natal care of the woman/infant after delivery @ 300/case	Name of District	10.4.1 Facility improvement for establishing New Born Centres at 76 FRUs across the state - @ Rs. 50,000 / per FRU	10.4.2. Facility improvement for establishing New Born Centres at PHCs across the state - @ Rs. 25,000 / per PHC	10.5. Strengthening of SIHFW	Fast-Track Training Cell in SIHFW	Filling Vacant Position at SIHFW/Hiring Consultant at SIHFW	Sub-total Infrastructure and Human Resources	25% raised budget		
Kaimur		141381		Kaimur	22368.42105	62383			486136	6085169.8			

4.10 INSTITUTIONAL STRENGTHENING				
Logical Framework				
Sl.	**Goal**	**Impact indicators**		
1	To improve institutional setup as per IPHS norms	Improved service delivery for women and children friendly with quality		
2	To bring required architectural correction in the Institutional System			
Sl.	**Objectives**	**Outcome indicators**	**Strategy**	**Output indicators**
1	To strengthen NGOs Partnership/ PPP for communitization of Health services .	No and Type of MOU signed between NGO and DHS/RKS for strengthening of communitization of health servies and NGO partnership/ PPP in place	To enforce PNDT Act and to increase sex ratio of female child	Decrease in sex selective abortions. Increase in birth of female babies (delivery registers)
			To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routin facility where it is not functional.	No of cases supported by referral transport system under PPP.
				No of canteen facility functional at insttutional facility level.
				No of STD booth and other routine facility carried out under PPP.
				No of cases supported and payments made by RKS/ DHS to BPL families in availing these services

Sl.	Objectives	Outcome indicators	Strategy	Output indicators
			To develop partnership with NGO Programmes in the districts	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	None of drug & equipments available and supplied. (stock ledger)
			Devlop a strong Monitoring & Evaluation / HMIS System in all PHC	Regular monitoring and evaluation reports
3	To devlop IEC and BCC and Training support system .	No of IEC materials developed and BCC event carried out	Establising BCC and training cell at District & BPHC level	Functional BCC cell at DHS/ RKS level
		No of training support system developed	Net working with folk media team	No of folk media team engaged in BCC activity. Type and No. of BCC event oragnised
4	To strengthen ASHA support System	No of ASHA capacities	Develop ASHA support System in all PHC(One persin per 20 ASHA)	Establishment of ASHA support system at DHS and RKS level
		No of actvities carried out by RKS	Strengthening RKS	No of RKS having monthly meetings.
				Untied fund, JSY fund, referral transport etc utilised

Sl.	Strategy	Gaps	Activities
1	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.
			MTP clinic should be watched for termination of pregnancy following USG.
			IEC on PNDT act
2	To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routeen facilty where it is not functional.	Out sourcing of services is not as per the need of local Need and BPL families are not exampted from Fee of out source services	District /PHC level managers should be aware about the TOR of PPP which is finalized at State level.
			Build the capacity of manager to manage contracts of PPP
		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.

3	Devlop partnership with NGO Programmes in 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,programme, Institutional delivery, Blindness control programme.
			Accreditation of these facility from state Health Socity.
		There is no MOU with NGO/VO/individuals for Donation and voluntary support in PHC	Process of MOU should be dicentralization and it should oprationlise through RKS.
		Strengthening 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 Faclitators will be managed at the PHC level
			Honourarium to DPM, DAM and DA
			Capacity building training programme for NGOs office bearer with the help of professionals on linkage with health system strengthening component.
			Mentoring Group at district level.
			Reporting mechanism should be developed of NGOs work in the district.

Sl.	Strategy	Gaps	Activities
		There is no any VHSC in the district.	Co-ordination with community based orgnisation at SHG, VEC, ,PRI for VHSC formation.
4	Capacity buiding of Managers and Doctors.		Expoure visit of DPM/BHM /ASHA DPM/ selected ASHA to other state where facility is comparatively working better.
			To start DNB (Family Physician) 3 year course in the district hospitals.
			ASHA/ AWW career advancement programme may be 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
5	Prepration of dicentralised 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
			Start prepration of plan from the month of October with situtional anlysis,Facility survey, line reporting system and qulitative finding from Community and users of facility.

Sl.	Strategy	Gaps	Activities
6	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.
			Use Process indicatore as monitoring of respective programme.
			Devlop Programme review calander for review of HSC/PHC performance as per form 6 & 7
			Gradation of Health Sub centers in three categories.
			Information exchange visits among ANM acording to Grade.
			Social recognition of Grade one ANM.
			Devlop four potentioal VHSCs in all PHC on Community based Monitoring of Health and Nutrition programme.
			Organise"JAN ADALAT" in with PRI & VHSC and invite nearby VHSC to observe thr process of "JAN ADALAT"
			Devlop Health and Nutrition Report Card by using growth monitoring chartsof Village and present in "JAN ADALAT" By VHSC

Sl.	Strategy	Gaps	Activities
7	Strengthen 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 comparatively stronger than 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 reports
			Hiring vehicles for supply of drug kits
			Hiring of courriers as per need
			Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)
			Training of all ANM and Stock keepers on Indenting and Logistic Management.
			Devlop TMC model for Logistic Management in the state.
8	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 managed at the PHC level
			Devlop resoure team at District Level.
			MOU with Local NGOs for logistic management of training and Devlop issue wise Master trainers in district

Sl.	Strategy	Gaps	Activities
			Devlop ASHA support system on one person/20 ASHA for on the job training of AHSA and AWW
9	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.
			MOU with orgnisation for formative reaserch .
			Devlop IEC/BCC material based on Findings of formative reasrch
			Printing of IEC and BCC material
			Training of Folk Media group on IEC/BCC material
			Planning of performance route chart of Folk media Group
			Monitoring of performance through SMS of PRI members
			Impact analysis of Performance by Orgnisation
10	Strengthening RKS	RKS are not uniformally functioning in the district	Ensure ragistration of RKS of all functional APHC
			Training of RKS signatory and BHM on financial Management of RKS
			Presentation of case study of functional RKS in district level Meeting.

Sl.	Strategy	Gaps	Activities
11	Strengthening community process through supportive supervision of ASHA program	Poor monitorinng mechanism of ASHA program	Appointment of PHC level ASHA facilitator
			Provide training cum supervisory support @ one supervisor for 20 ASHA
			Training of Facilitator and supervisors at block level.
12	Media Sensitization	Wrong and provocative Reporting Having baseless News.	Media Sensitization work shop

Institutional Strengthening

11. Institutional Strengthening	11.1 Human Resource Development	11.1.1 Multi - Skilled Specialist DNB (Family Physician) 3 years course for 30 service doctors from CHCs	11.1.1.1. TA & DA for the 30 days contact programme	11.2 Training of 20 (for total state) regular Government doctors in Public Health at Public Health Institute, Gujarat or at Wardha institute or Vellore institute to increase their administrative skills @ Rs.50,000/-	11.3 Monitoring & evaluation through monitoring cell at SIHFW	11.4 Sub-centre rent and contingencies @ 1770 no. x Rs.500/- x 60 months	Creating 38 Additional SBA training centres @ Rs.15000 x 38 districts	Sub-total of Institutional Strengthening	25% Raised fund
Kaimur						591000	15000	606000	757500

Kaimur	
	12 Training
	12.1 Maternal Health Training
	12.1.1 Skilled Birth Attendance /SBA
	12.1.2 Skilled Attendance at Birth / SBA--Two days Reorientation of the existing trainers in Batches
23877.76	12.1.3 Strengthening of existing SBA Training Centres
32831.92	12.1.4 Setting up of additional SBA Training Centre- one per district
	12.1.5 Training of Staff Nurses in SBA (batches of four)
704393.82	12.1.6 Training of ANMs / LHVs in SBA (Batch size of four) 20 batches x 38 districts x Rs.59,000/-
	12.1.3 EmOc Training of (Medical Officers in EmOC (batchsize is 8))
	12.1.4 Life Saving Anaesthesia Skills training
	12.1.5 Training of Medical Officers in Life Saving Anaesthesia Skills (LSAS)
	12.1.6 MTP Training

Training of Nurses/ANMs in safe abortion

Training of nurses/ANMs in safe abortion	12.1.8 Training of Medical Officers in safe abortion	12.1.9 RTI/STI Training	12.2 Child Health Training	12.2.1. IMNCI Training (pre-service and in-service)	12.2.1.1 TOT on IMNCI for Health and ICDS worker	12.2.1.2. IMNCI Training for Medical Officers (Physician)	12.2.1.3. IMNCI Training for all health workers	12.2.1.4. IMNCI Training for ANMs / LHVs/AWWs	12.2.1.5. IMNCI Training for Anganwadi Workers	12.2.1.6 Followup training(HEs,LHVs)
5655.26	13745.42	39272.63			149204.56	141789.89		147665.07		45556.25

Facility Based Newborn Care (NSU and SNCU Training)

	12.2.2 Facility Based Newborn Care (NSU and SNCU Training)	12.2.2.1 SNCU Training	12.2.2.2 NSU (TOT)	12.2.3 Home Based Newborn Care	SL No	Name of District	12.1.2 Skilled Attendance at Birth/ SBA--Two Days Reorientation Of The existing trainers in Batches	12.1.3Strengthening Of existing SBA Traning Centers	12.1.4 Setting up of additional SBA Training Center-One per District	12.1.5 Training of Staff Nureses in SBA (batches of four)	12.1.6 Training of ANMs /LHVs in SBA (Batch size of four) 20 batches × 38 District × Rs.59,000/-	Name of District	
Kaimur												1st Quarterly	

One Day ARSH Orientation by the MOs of 25% ANMs

Name of District	12.4.3 One Day ARSH Orientation by the MOs of 25% ANMs	12.4.4 One Day ARSH Orientation of PRI by the MOs of50% ANMs	12.5 Programme Management Training	12.5.1 Training of DPMU staff @ 38 x Rs.10,000	12.5.2. Training of SHSB/DAM/BHM on accounts at Head Quarter level @ 6x1500x12=1,08,000/- + DAM=38x1500x4 + BHM=538x1500x4	12.5.3 Training for ASHA Help Desk to DPMs (38), Block level organisers (533) and MOICs (533), @ 1104 x 1000/-	Sub-total Training	25% Raised fund
KAIMUR	5906.60	7854.53		5969.44		17342.79	1341065.92	1676332.394

1	**SL No**	District Wise Population of 2009-10
Kaimur	**Name of District**	
1289074	**2001 Population**	
3.11	**Growth Rate(SHS)**	
34.4	**CBR**	
61	**IMR**	
1646964	**2009 Population**	District Profile
1247	**Number of ASHA**	
1284	**AWC**	
197	**HSC**	
19	**APHC**	
10	**PHC**	
2	**RH**	
1	**SDH**	
0	**District Hospital**	
	BCC/IEC (for NRHM Part A, B & C)	

BCC - IEC

100000	13.5 District Level events (Radio, TV, AV, Human Media as per IEC strategy dissemination)
	13.6 Printed material (posters, bulletin, success story reports, health calendar,Quarterly magazines & diaries etc)
186210	13.7 Block level BCC interventions (Radio, kalajattha and for IEC strategy dissemination)
	13.8 Establishment cost of the State BCC/IEC Cell
562852	13.9 Advertising of different programmes of NRHM in different types of certificates issued by BDO/CO and Block Informatics Centre established by Rural Development Department, Govt. of Bihar
25000	13.10 Technical support at District level
	13.11 Media Advertisements on various health related days
	13.12 Various advertisements/tender advertisements/EOIs in print media at State level
21277	13.13 Developing Mobile Hoarding Vans and A V Van for State and District
	13.14 Hiring an IEC Consultancy at state level for operationation of BCC Strategy. (@ Rs. 50000 x 1 x 12)
	13.15 Hiring a Communication agency to make and implement need based BCC Plan @ 50000 x 2 x 6
536285	13.16 Implementation of specific interventions including innovations of BCC strategy/plans block level
60000	13.17 Implementation of specific interventions including innovations of BCC strategy/plans District level (Rs. 5000 x 38 x 12)
	13.18 Implementing need based IEC Activities in Urban Areas (Support for Organization of need based IEC Activities in Urban Areas) (Rs. 50000 x 9 x 2)
65789	13.19 Capacity building of frontline functionaries (ANM, ASHA) in IPC skills building
	13.20 Research, M&E, IEC prototypes etc
363158	IEC for Blood Storage Units (Details annexed)
1920571	Sub-total IEC/BCC
2400713.228	25% Raised fund

Procurement of Equipments / Instruments

14. Procurement of Equipments / Instruments	14.1. Procurement of equipments/instruments for Anesthesia	14.2. Equipments for EmOC services for identified facilities (PHCs, CHCs) @ Rs 1 Lac / facility / year (in two districts - kishanganj and jehanabad)	14.3. Equipments / instruments for Safe Abortion	14.4. Equipments / instruments for Blood Storage Facility / Bank at facilities	14.5. Procurement of Minilap sets for 500 FP centres	14.6. Equipments / instruments, reagents for STI / RTI services @ Rs. 1 Lac per district per year
			0	32895	39474	100000

KAIMUR	Name of District
3,190,684	14.7 Labour room equipment procurement
	14.8 Procurement of biometric system for Validation of payment to JBSY beneficiaries in all hospitals @ 16000 each (Pilot in Jehanabad)
	14.9. ICU Equipment procurement
50000	14.10. Equipments / instruments for ANC at Health facilities (other than Sub Centre) @ Rs. 50,000/ district / year
985000	14.11. Equipments / instruments for ANC at Health facilities for Sub Centre @ Rs. 5,000/ Sub centre / year
11000	14.13. Procurement of 10 NSV kits per district @ Rs. 1100 / kit x 380
	14.14. Procurement of IUDs
15000	14.14.1. IUD insertion kit
	14.15. Procurement of Condoms
	14.16. Procurement of OCPs
4424052.632	Sub-total Procurement of Equipments
5530065.789	25% Raised fund