District Health Action Plan
2010-2011

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
(2005-2012)

District Health Society
Kaimur

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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

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

Dr. Uchit Lal Mandal
Civil Surgeon, Kaimur

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 Worke (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, accountabl 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 tothe 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 & lodine 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.

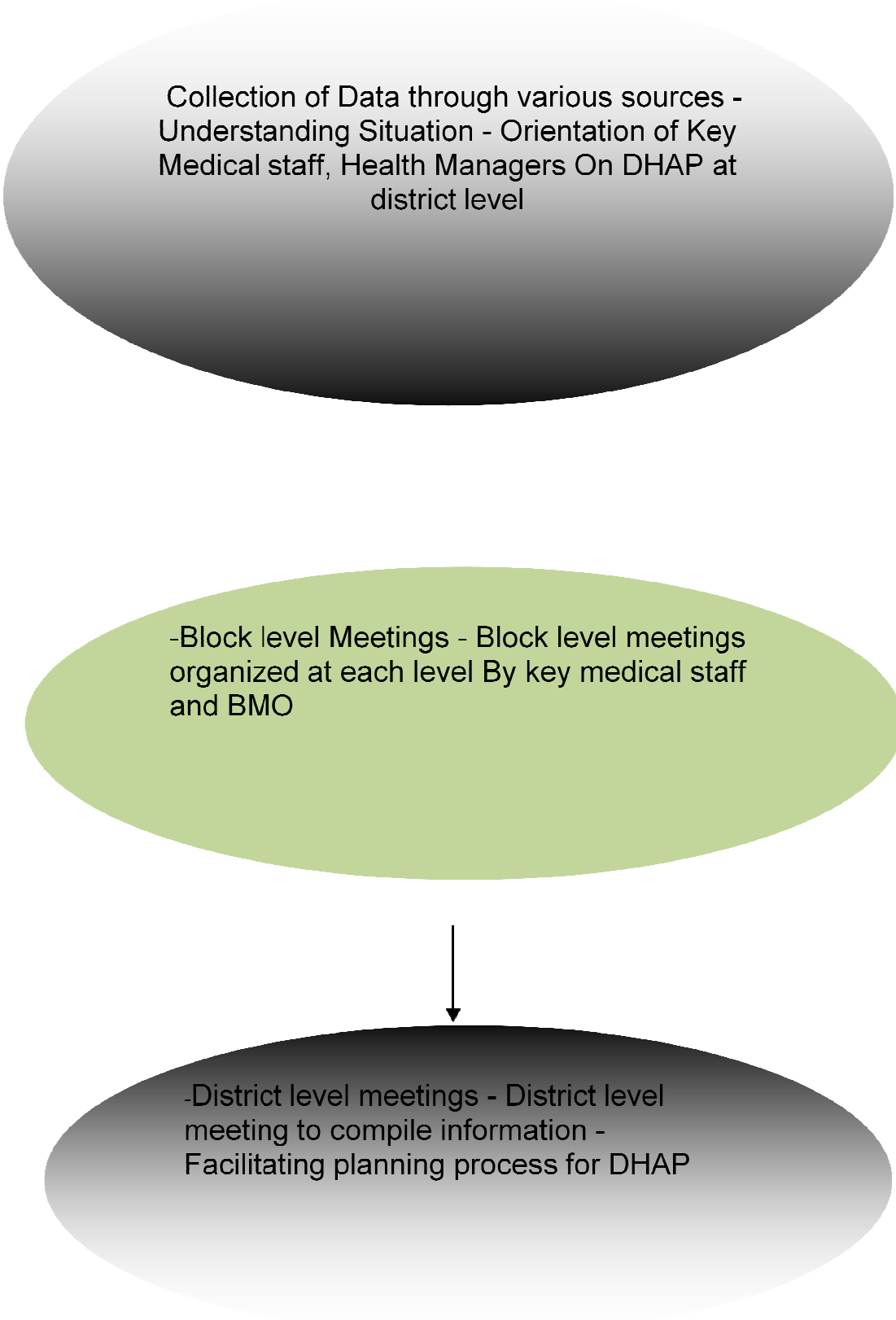
The study used a number of primary data components which includes collecting data from field through situation analysis format of facilities that was applied on all HSCs and PHCs of Kaimur district. In addition, a number of field visits and focal group discussions, interviews with senior officials, Facility 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 3

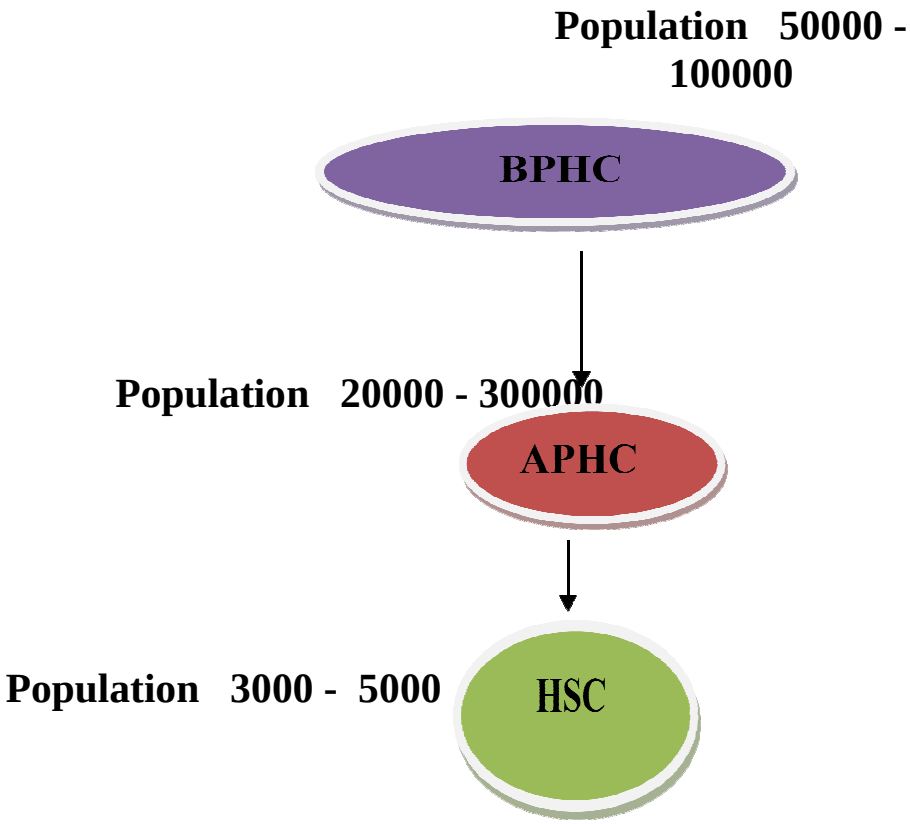
Situation Analysis

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:

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/PublicTransport/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

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 ownership.	Enhance visibility of HSC through hard activity by the help of community participation .	**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 .			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.

	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 2. Constraint in transfer of constructed building		**3C. Construction of new HSCs** C1. Preparation of PHC wise priority list of HSCs according to IPHS population and location norms of HSCs C2. Community mobilization for promoting land donations at accessible locations. C3. Construction of New HSC buildings C4. Meeting with local PRI /CO/BDO/Police Inspector for smooth transfer of constructed HSC buildings.
	Non participation of Community in monitoring construction work	Monitoring	Ensuring community Monitoring	1. Biannual facility survey of HSCs through local NGOs as per IPHS format. 2. Regular monitoring of HSC facilities through PHC level supervisors in IPHS format.

				3. Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project. 4. Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work. 5. Monthly Meeting of one representative of VHSC/Mothers committees on construction work
	1. Lack of community ownership in the construction of Health infrastructures.	1.Community ownership	Strengthening of VHSCs, PRIs	1.Formation and strengthening of VHSCs, Mothers committees, 2.“Swasthya Kendra Chalo Abhiyan” to strengthen community ownership 3.Nukkad Nataks on Citizen’s charter of HSCs as per IPHS 4.Monthly meetings of VHSCs, Mothers committees

3.1.2 Services of HSCs:

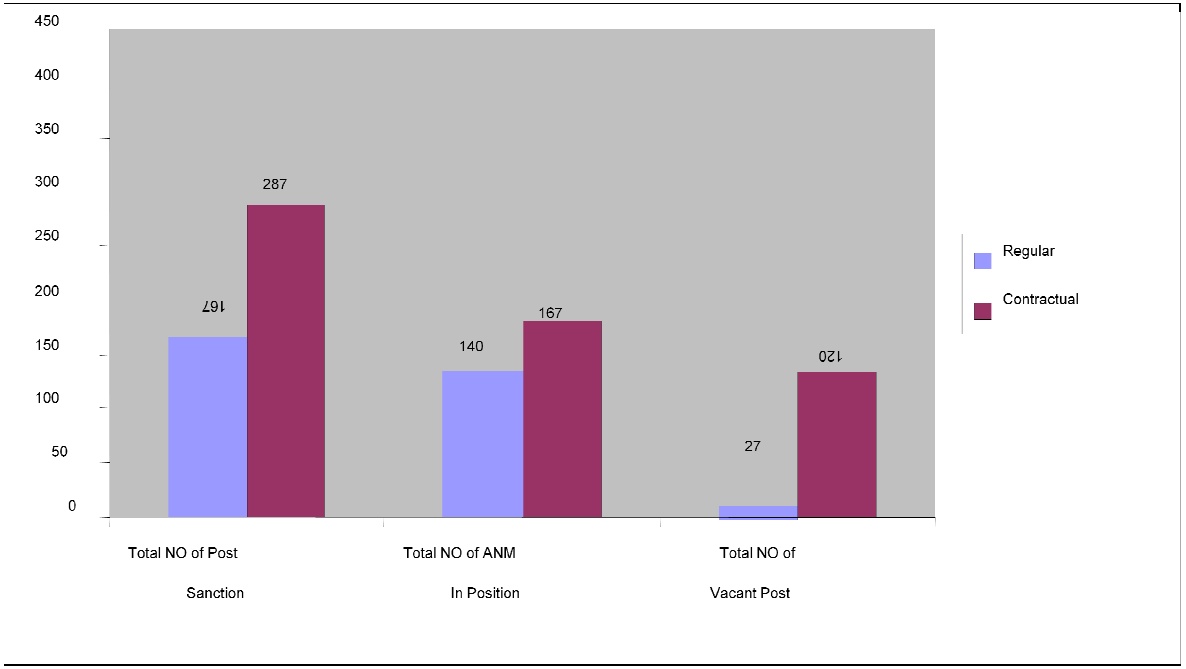
As per IPHS norms a sub center provides interface with the community at the grass root level providing all the health care services. Of particular importance are the practices/ packages of services such as immunization, ANC, NC and PNC, prevention of malnutrition and common childhood diseases, family 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	Issues	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% Total unmet need is 39.7%.	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
	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.


450
400
350
300
250
200
150
100
50
0
287
167
140
167
27
120
Regular
Contractual
Total NO of Post Sanction
Total NO of ANM In Position
Total NO of Vacant Post

3.1.3 HSC Human Resource

Sub Heads	Gaps	Issues	Strategy	Activities
Human Resource	Out of 287 contractual ANM®, 120 seats are vacant. Out of 38 sanctioned post of Staff Nurse only 04 are placed,	Filling up the staff shortage	Staff recruitment	1.Selection and recruitment of 120 ANMs 2.Selection and recruitment of 34 Staff Nurse.
	120 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.
	197 Health Worker needs in all HSC	Filling up the staff shortage	Staff recruitment	1.Selection and recruitment of 197 Health Workers
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	Logistics		1.Ensuring supply of Kit A and Kit B biannually through Developing

	Irregular supply of drugs			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)
		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.	Lack of facilities/ basic amenities in the constructed buildings	Strengthening of VHSCs, PRI and formation of RKS	1.“Swasthya Kendra Chalo Abhiyan” to strengthen community ownership
	2. 33 more are required to be formed.	Non payment of rent		2.Nukkad Nataks on Citizen’s charter of APHCs as per IPHS
	3.Out of 16 APHCs only 14 are having own building	Land Availability for new construction		3. Registration of RKS required
	4.Existing 2 buildings are on rent & Non payment of rent for more than Five years	Constraint in transfer of constructed building.	Strengthening of Infrastructure and operationalization of construction works in Three phase	4.Monthly meetings of VHSCs, Mothers committees and RKS
	Lack of equipments,	Lack of community ownership		**A.Strengtheing of APHCs having own buildings**
	Lack of appropriate furniture			A1. Rennovation of
	Non availability of HMIS formats/registers and stationaries			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
				Monitoring	**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 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,	Filling up the staff shortage Untrained staffs	Staff recruitment	1.Selection and recruitment of Doctors, Grade A nurse/ANMs 2. Health Manager, Accountants & Data Operator and one office boy should be required in all APHC 3.Selection and recruitment of male workers 4. Sending back the staffs to their own APHCs.

	Lack of A Grade nurses, Lack of Pharmacists. Untrained ANMs and male workers		Capacity building	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	Strengthening of reporting process and indenting through form 2 and 6	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.

		Logistics		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 . 3.2 Payment of courier through APHC account.
		Operationalization		4.1 Purchasing of cold chain equipments as per IPHS norms. 4.2 Training of concerned staffs on cold chain maintenance and drug storage
			Couriers for vaccine and other drugs supply	
			Phase wise strengthening of APHCs for vaccine / drugs storage	
Service performance	RKS has not been formed at any of the APHC.	Formation of RKS	Capacity building of account holder of untied fund	1.Training of signatories on operating Untied fund /RKS account, book keeping etc
	Unutilized untied fund at APHC level	Operationalization of Untied fund.		2. Assigning PHC RKS accountant for supporting operationalization of APHC level accounts

	No institutional delivery at APHC level			2. Timely disbursement of untied fund/ seed money for APHCs RKS.
	Irregular of OPD At APHC,	Improvement in quality of services like ANC, NC and PNC, Immunization and other services as identified as gaps.		3. 1 Gap identification of 16 APHCs through facility survey.
	No inpatient facility available			2.strengtheing one APHC per PHC for institutional delivery in first quarter.
	No ANC, NC and PNC and family planning services.		Phasewise strengthening of 16 APHCs for Institutional delivery and fix a day for ANC as per IPHS norms.	3.Honouring first delivered baby and ANM
	No lab facility	Integration of disease control programs at APHC level.		1 Review of all disease control programs APHC wise in existing Tuesday weekly meetings at PHC with form 6.
	No rehabilitation services			2.Strengthening ANMs for community based planning of all national disease control program
	No safe MTP service			3. Reporting of disease control activities through ANMs
	No OT/ dressing and Cataract operation services.	Family Planning services		4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.

	Approx 90% of APHC staffs not reside at place of posting		Implementation of disease control programs through APHC level where APHC will work as a resource center for HSCs. At present the same is being done by PHC only.	5.Weekly meeting of the staffs of concerned HSCs (as assigned to the APHC)
	Lack of counseling services	Convergence		1.Eligible Couple Survey
	Problem of mobility during rainy season	Operational issues		2. Ensuring supply of contraceptives with three month's buffer stock at HSCs.
	Lack of convergence at APHC level			3.Training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS
	Operational Gaps: There is no link between HSCs and APHCs and the same way there is no link between APHC and PHC			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.

			Community focused Family Planning services PPP Convergence	

3.3 Primary Health centers **:** 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.	Available facilities are not compatible with the services supposed to be delivered at PHCs.	Upgradation of PHCs into 30 bedded facilities.	1.Need based (Service Delivery)Estimation of cost for upgradation of PHCs
	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.			2.Preparation of priority list of interventions to deliver services.
	Identified the facility and equipments gap before preparation of DHAP and almost 50-60% of facilities are not adequate as per IPHS norms.			
		Quality of services		1.Selection of any two PHCs for ISO certification in first phase.
	Lack of equipments as per IPHS norms and also under utilized equipments.			2. Sending the recommendation for the certification with existing

				services and facility detail.
	Lack of appropriate furniture Non availability of HMIS formats/registers and stationeries			1. Ensuring regular monthly meeting of RKS.
	Operation of RKS:			2. Training to the RKS signatories for account operation.
	Lack in uniform process of RKS operation.			3. Trainings of BHM and accountants on their responsibilities.
	Lack of community participation in the functioning of RKS.		ISO certification of selected PHCs in the district.	
	Lack of facilities/ basic amenities in the PHC buildings			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.
		Community participation.		**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
			Strengthening of BMU	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.
			Ensuring community participation. Strengthening of Infrastructure and operationalization of construction works Monitoring	
Human Resource	Actual position in PHCs (List attached)	Staff shortage Untrained staffs	Staff recruitment	1.Selection and recruitment of Doctors 2.Selection and recruitment of ANMs/ male workers 3.Selection and recruitment of paramedical/ support staffs 1.Training need Assessment of PHC level staffs 2.Training of staffs on various services

			Capacity building	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	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.

			Strengthening of drug logistic system	
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 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,	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. 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.

	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. 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.		Recruitment	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. 3. Hiring of ambulances as per need. 1. Appointment of one AYUSH practitioner in every PHC 1.Insurance of all properties and staffs of PHC

	14. In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs are reluctant to handle emergency cases.			2.Placing one TOP in every PHC
	15. Several cases of theft of instruments, computers, and submersible pumps etc at PHCs.			1. Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate.
	16. No guidance to the patients on the services available at PHCs.		Proper and timely information of outbreaks	2.Recruitment of lab technicians as required
	17. Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.			3. Purchase of equipments/ instruments for strengthening lab.
	18.Lack of counseling services	Epidemic outbreaks and Need based intervention in epidemic areas.		4. Hiring of menial workers for cleanliness works.
	19. Problem of mobility during rainy season			1. Assigning LHV for counseling work
	20. Lack of convergence			2. Wall writing on every section of the building denoting the facilities
	21. Lack of timely reporting and delay in data collection			3. Name plates of doctor

				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.
		Service Load centered at PHC	Strengthening of equipments and services and increase in the number of ambulances.	1.Orientation of the staffs on indicators of reporting formats 2.Puchase of Laptops for DPMU and BHMs

			Strengthening of AYUSH services at PHC level in the first level.	
		Availability of AYUSH pathy.	Confidence building measures	
		Insecurity (Staff and Properties) Govts existing services like lab, x-ray, generator, fooding and cleanliness services.	Strengthening of the Govts existing services like lab, x-ray, generator, fooding and cleanliness services.	
			Creating friendly environment HMIS and strengthening of reporting process	

3.4 Sub-Divisional Hospital:

Sub-Divisional Hospital : Mohania (60 Bedded)				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.There are 60 beds in the Sub-Divisional Hospital which is not adequate as per the requirement. **Ward No of beds** Male ward : 15 Female ward : 30 Surgical Ward : 10 Child ward : 02 TB ward : 01 Infectious disease : 02 **Total : 60**	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.

	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.			9. Installation of vapor lights as per requirements.
	3. Lack of equipments as per IPHS norms and also under utilized equipments.			10. Hiring of ambulances.
	4.Lack of appropriate furniture			11. Construction of new residential buildings.
	5.**Operation of RKS:**			12.Hiring of rented houses from RKS fund for the residence of doctors, BMU and key staffs.
	Delayed in work.			
	Delay in disbursement of fund.			13.Tender for canteen facility.
	6.Lack of facilities/ basic amenities in the PHC buildings			14. Sitting arrangement for patients
	7.Huge workload in registration unit.			15. Installation of LCD TV with cable connection
	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			
Human Resource	1.Post of gyanecologist 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.	Improper Supply and logistics	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

	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		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	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 need. 7. Appointment of one AYUSH practitioner and Yoga teacher

	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.		Strengthening of infrastructure	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**	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.

	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. 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.			14. Hiring of ambulances. 15. Construction of new residential buildings. 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

	11. No canteen facility			
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 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	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	Workload	Motivation building	1. Incentivizing doctors/ staffs on their performances especially on OPD, IPD, FP operations, Purchase of equipments for Blood storage unit,
	2. Blood storage unit is present but not utilized			3. IEC on blood storage unit.
	3.No 24hrs Lab facility			4. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day
	4.Health facility with AYUSH services is not being provided			
	5. Referal			5. Repairing of all defunct Ambulances
	a. BPL patients are not exempted in paying fee of ambulance.			6. Hiring of ambulances as per need.
	b. Lack of maintenance of ambulances	Lack in infrastructure		7. Appointment of one AYUSH practitioner and Yoga teacher
	c. Shortage of ambulances			8. Purchase of equipments/ instruments for strengthening lab.
	6. No guidance to the patients on the services available at DH.			9. Wall writing on every section of the building denoting the facilities

	7.Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.			10. Name plates of doctor 11. Displaying Roster of doctors with their details. 12. Gardening 13. Apron with name plates with every doctors
			Strengthening of infrastructure	14. Presence of staffs with uniform and name plates.

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).

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan of Part - A with budget for the Year 2010.

Name of the State/ UT: KAIMUR, BIHAR

Sr. NO	STRATEGIES	Component Code (only at state level)	Output 2012	Activity Plan	Budget Plan
				2010-2011 FY	2010-2011 FY

		Activities			Activity planned including previous yrs gap {Z+(X~Y)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities				Budget Planned (including spill over amount) {(AP x A) ± E} = BP	Budgetary Source (other than NRHM source)	Remarks
							Q1	Q2	Q3	Q4			
A		RCH			-	-	-	-	-	-	-	-	-
A.1		1. Mater-nal Health											

	A.1.1	**1.1Operationalise facilities (dissemination, monitoring & quality) (details of infrastructure & human resources, training, IEC / BCC, equipment, drug and supplies in relevant sections)**											
	A.1.1.1	**1.1.1 Operationalise Block PHCs/ CHCs/ SDHs/ DHs as FRUs**											
	a	**Specialist - Ortho. /Surgeon 2 days in a Week @1000**			**2**	**due to Accidental cases in SDH**		**2**			**192000**		
	b	**Hiring Anaesthetist positions @ Rs.1000 per week x 120000**			**2**			**2**			**192000**		
	c	**Empeanelling Gynaecologists for gynaecology OPD in under or un served areas @ Rs. 1000/- week x 52 weeks**			**2**			**2**			**1248000**		
	d	**Hiring Paediatrician (2 days in a week)**			**6**			**6**			**312000**		

	e	Doctors - MBBS (if not recruited then Doctors will get on call) @30000 per month			2			2			720000		
	A.1.1.1.1	1.1.1 Operationalise FRUs (Diesel, Service Maintenance Charge, Misc. & Other costs) 1.1.1.1 Operationalise Blood Storage units in FRU											
	a	Operationalise Blood Storage units in FRU			2			2			2472000	NRHM	
	b	Medical Offier for Blood storage			6			4	2		2160000		
	c	Technician for Blood storage			6			4	2		540000		
	A.1.1.2	1.1.2 Operationalise 24x7 PHCs (Organise workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 25,000 / year / district)			8		2	2	2	2	250000	NRHM	
	A.1.1.3	MTP services at health facilities			7		7				1234800		

	A.1.1.4	**RTI/STI srvices at health facilities**			**7**		**7**				**126000**		
	A.1.1.5	**Operationalise Sub-centres**			**120**	**Manpower required**	**30**	**30**	**30**	**30**	**8640000**		**60 HSC needs 120 ANM**
		Other - Furniture etc.			**60**			**60**			**600000**		
	A.1.2	**1.2 Referral Transport**											
	A.1.2.1	**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**											
	A.1.2.2	**1.2.2. Payment to Ambulances for all PHCs @ Rs. 200 / case of pregnancy for Jehanabad district (Pilot basis)**					**150**	**150**	**150**	**150**	**120000**	**NRHM**	
	A.1.3.	**1.3. Integrated outreach RCH services**											

	A.1.3.1	1.3.1. RCH Outreach Camps in un-served/ under-served areas											
	A.1.3.2.	1.3.2. Monthly Village Health and Nutrition Days at AWW Centres											
	A.1.4	1.4. Janani Evam Bal Suraksha Yojana/JBSY											
	A.1.4.1	1.4.1 Home deliveries (500/-)			3000		750	750	750	750	1500000		
	A.1.4.2	1.4.2 Institutional Deliveries											
	A.1.4.2.1	1.4.2.1 Rural (A) Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries			10		7000	8000	9000	9000	66000000	NRHM	10 PHC
	A.1.4.2.2	1.4.2.2 Urban (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries			1		2500	2500	3000	4000	14400000		1 Sadar Hospital

	A.1.4.2.3	1.4.2.3 Caesarean Deliveries (Facility Gynec, Anesth & paramedic) 10.3.1 Incentive for C-section(@1500/- (facility Gynec. Anesth. & paramedic)											
	.	1.4.3 Other Activities(JSY) 1.4.3. Monitor quality and utilisation of services and Mobile Data Centre at HSC and APHC Level and State Supervisory Committee for Blood Storage Unit			183		45	45	50	43	250000	NRHM	
		1.4.4 Compensation for JBSY done in Pvt.Accredited Hospitals			10000		1500	2000	3500	3000	15000000	NRHM	Approx. 20000 cases
		Total (JSY)											

	A.1.5	1.5 Other strategies/activities											
	A.1.5.1	1.5.1 Maternal Death Audit 1.1.3 Survey on maternal and perinatal deaths by verbal autopsy method (in two districts) @ 850 per death											
A.2		2. Child Health											
	A.2.1	2.1. Integrated Management of Neonatal & Childhood Illness/IMNCI (Monitor progress against plan; follow up with training, procurement, review meetings etc) 2.1. IMNCI (details of training, drugs and supplies, under relevant sections) 2.1.1. Monitor progress against plan; follow up with training, procurement, review meetings etc			0						0		

	A.2.2	2.2 Facility Based Newborm Care/FBNC in districts (Monitor progress against plan; follow up with training, procurement, view meeting etc.) 2.2.1. Implementation of FBNC activities in districts. (Monitor progress against plan; follow up with training, procurement, etc.)			1			1	1		100000	NRHM	
	A.2.3.	2.3 Home Based New born care/HBNC											
	A.2.4	2.4 School Health Programme (Details annexed)			400		100	100	100	100	3280000	NRHM	Work has started.
	A.2.5.	2.5 Infant and Young Child Feeding/IYCF											
	A.2.6.	2.6 Care of sick children & severe malnutrition											
	A.2.7.	2.7 Management of Diarrhoea, ARI and Micro nutrient											
A.3		3.Family Planning											

	A.3.1.	3.1.Terminal/Limiting Methods											
	A.3.1.1.	3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services											
	A.3.1.2	3.1.2 Female Sterilisationcamps											
	A.3.1.3 3.1.2.2.	3.1.3 3.1.2.2. NSV camps (Organise NSV camps in districts @Rs.10,000 x 500 camps)							40	60	100000	NRHM	
	A.3.1.4	3.1.4 Compensation for female sterilisation 3.1.2.3. Compensation for female sterilisation at PHC level in camp mode 3.1.2.1. Provide female sterilisation services on fixed days at health facilities in districts (Mini Lap)			15000		1000	2000	5000	7000	15000000	NRHM	
	A.3.1.5 3.1.2.4	3.1.5 Compensation for male slerilisation 3.1.2.4. Compensation for NSV Acceptance @50000 cases x1500			200		50	50	50	50	300000	NRHM	

	A.3.1.6 3.1.3.1	3.1.6 Accreditation of private providers for sterilisation services			20		12	8			10000000	NRHM	
	A.3.1.3.1 A	1.4.2.2 Urban (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries			6000		500	1500	2000	2000	9000000	NRHM	
	A.3.2	3.2. Spacing Methods											
	A.3.2.1	3.2.1. IUD Camps			10		1000	1200	1500	2000	100000	NRHM	
	A.3.2.2	3.2.2 IUD services at health facilites/compensation											
	A.3.2.3	Accreditation of private providers for IUD insertion services			20		1500	2000	2300	2500	25000	NRHM	
	A.3.2.4	Social Marketing of contraceptives											

	A.3.2.5 3.2.2.	3.2.5 3.2.2. Contraceptive Update Seminars (Organise Contraceptive Update seminars for health providers (one at state level & 38 at district level) (Anticipated Participants-50-70)			2				2		25000	NRHM	
	A.3.3	3.3 POL for Family Planning for 500 below sub-district facilities			12		10000	10000	40000	10000	100000	NRHM	
	A.3.4	3.4 Repair of Laproscopes (Rs. 5000 x 40 nos.)											
	A.3.5	3.5 Other strategies/activities 3.1.4. Monitor progress, quality and utilisation of services 3.5. Establishing Community Based Condom and OCP Distribution Centres (pilot in one district/1 PHC)											
A.4		4. Adolescent Reproductive and Sexual Health (ARSH)											
		(Details of training, IEC/BCC in relevant sections)											

	A.4.1	**Adolescent services at health facilites. 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) 4.2.2 Establishing Youth friendly health clinics in Urban Area/ Universities Campus / Market Place**											
	A.4.2	**4.2 Other strategies/activities**											
A.5		**5. Urban RCH**											

	A.5.1	**5.1. Urban RCH Services (Development of Micro-plans for each urban area already mapped for delivery of RCH services, both outreach and facility based through private agencies/institutions/organisations- 50lakhs & Operationalising 20 UHCs through private clinics @540000/- pm**											
A.6		**6 Tribal Health**											
	A.6.1	**Tribal RCH services**									**200000**		
	A.6.2	**Other strategies/activities**											
A.7		**7. Vulnerable Groups**											
	A.7.1	**7.1 Services for Vulnerable groups**			**300**		**75**	**75**	**75**	**75**	**1500000**	**2210**	**Fund received through treasuery (Maha Dalit Tola)**
	A.7.1	**7.1 Services for Vulnerable groups**											
	A.7.2	**7.2 Other strategies/activities**											
A.8		**8. Innovations/PPP/NGO**											

	A.8.1	**8.1.PNDT and Sex Ratio 8.1.1. Orientation programme of PNDT activities, Workshop at State, District and Block Level (1+38+533) (amount Rs.50 Lakhs) 8.1.2 Monitoring at District level and Meetings of District level Committee (100 Lakhs)**						**5**	**5**		**100000**	**NRHM**	
	A.8.2.	**Public Private Partnerships**											
	A.8.3	**NGO Programme**											
	A.8.4	**Other innovations (if any)**											
A.9		**INFRASTRUCTURE & HR**											
	A.9.1	**Contracutal Staff & Services**											
	A.9.1.1	**9.1.1 ANMs 10.1.1.2. Hiring of 1000 Retired ANMs or ANMs from other states for out reach services @ Rs. 5000 / month / ANM**											
	A.9.1.2	**9.1.2 Laboratory Technicians**			**12**			**12**			**507000**	**NRHM**	
	A.9.1.3	**Staff Nurses**			**60**		**15**	**15**	**15**	**15**	**8640000**		

	A.9.1.4	9.1.4 Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) Hiring Specialists 1.1.1.1 Operationalise Blood Storage units in FRU -Salary of Medical Officer - 1,82,40,000/-; 10.1.2.1. Empeanelling Gynaecologists for gynaecology OPD in under or un served areas @ Rs. 1000/- week x 52 weeks ; 10.1.2.3. Empanelling Gyaneocologists for PHCstoprovide OPD services @ Rs. 300/- weekx 52 weeks; 10.1.2.4 Hiring Anaesthetist positions @ Rs.1000 per case x 120000; 10.1.2.5. Hiring Paediatrician for facilities where there are vacant Paediatricians positions @ Rs. 35,000/- month (2 per district); 10.1.2.6 Hiring Gynaecologists for facilities that have vacant positions @ Rs. 650 per case x 75000 cases			70		20	20	15	15			
	A.9.1.5 (A)	Specialist - Ortho.			12		4	4	4		480000		
	A.9.1.5 (B)	Hiring Anaesthetist positions @ Rs.1000 per case x 120000			12		4	4	4		480000		

	A.9.1.5 (C)	Empeanelling Gynaecologists for gynaecology OPD in under or un served areas @ Rs. 1000/- week x 52 weeks			12		4	4	4		2496000		
	A.9.1.5 (D)	Hiring Paediatrician			12		4	4	4		480000		
	A.9.1.5 (E)	Other Doctors			48		12	12	12	12	17280000		
	A.9.1.5 (F)	Medical Offier for Blood storage			6			4	2		2160000		
	A.9.1.5 (G)	Technician for Blood storage			6			4	2		540000		
	A.9.1.5	Other contractual Staff 9.1 Fast-Track Training Cell in SIHFW 9.2 Filling Vacant Position at SIHFW/Hiring Consultant at SIHFW 10.1.1 Honorarium of Voluntary Workers @ of 1200/- PA x 3106 No.											
	A.9.1.6	Incentive/Awards etc. 8.2.1 Incentive for ASHA per AWW center (80000x200 per month) and Incentive toANMs per Aganwari Centre under Muskan Programme (@80000 x Rs.150 Per Month			1286		322	322	322	322	3086400		

	A.9.2	9.2. Major civil works (new construction/extension/addition)			1			1			2350000		
	A.9.2.1	9.2.1 Major Civil works for operationalisation of FRUS											
	A.9.2.2	9.2.2 Major Civil works for operationalisation of 24 hour services at PHCs											
	A.9.3	9.3 Minor Civil Works											
	A.9.3.1	9.3.1 Minor civil works for operationalisation of FRUs 10.4.1 Facility improvement for establishing New Born Centres at 76 FRUs across the state - @ Rs. 50,000 / per FRU			1				1		50000		
	A.9.3.2	9.3.2 Minor civil works for operationalisation of 24 hour services at PHCs 10.4.2. Facility improvement for establishing New Born Centres at PHCs across the state - @ Rs. 25,000 / per PHC			10		3	3	2	2	300000		

	A.9.4	9.4 Operationalise IMEPat health facilites											
	A.9.5	9.5 Other Activities											
A.10		10. Institutional Strengthening											
	A.10.1	10.1 Human Resource Development											
	A.10.1 (A)	H.W.			197		197				10638000		
	A.10.1 (B)	Compounder			24			24			1440000		
	A.10.1 (C)	Dresser			24			24			1440000		
	A.10.1 (D)	ANM			120		120				11520000		
	A.10.2	10.2 Logistics management/improvement											
	A.10.3	10.3 Monitoring Evaluation/HMIS 11.3 Monitoring & evaluation through monitoring cell at SIHFW			12		3	3	3	3	120000		
	A.10.4	10.4 11.4 Sub-centre rent and contingencies @ 1770 no. x Rs.500/- x 60 months			54		13	13	14	14	324000		

	A.10.5.	10.5. Other strategies/activities TA & DA for the 30 days contact programme			4		1	1	1	1	100000			
A.11		11 Training												
	A.11.1	11.1 Strengthening of Training Institutions			12		3	3	3	3	60000			
	A.11.2	11.2 Development of training packages												
	A.11.3	11.3 Maternal Health Training												
	A.11.3.1	11.3.1 Skilled Birth Attendance /SBA 12.1.2 Skilled Attendance at Birth / SBA--Two days Reorientation of the existing trainers in Batches 12.1.3 Strengthening of existing SBA Training Centres 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)												

		12.1.6 Training of ANMs / LHVs in SBA (Batch size of four) 20 batches x 38 districts x Rs.59,000/-											
	A.11.3.2	**EmOC Training 12.1.3 EmOc Training of (Medical Officers in EmOC (batchsize is 8)**											
	A.11.3.3	**11.3.3 Life Saving Anaesthesia Skills training 12.1.5 Training of Medical Officers in Life Saving Anaesthesia Skills (LSAS)**											
	A.11.3.4	**11.3.4 MTP Training 12.1.6.1 Training of nurses/ANMs in safe abortion 12.1.8 Training of Medical Officers in safe abortion**											

	A.11.3.5	**11.3.5 RTI/STI Training**											
	A.11.3.6	**Dai Training**											
	A.11.3.7	**Other MH Training**											
	A.11.4	**IMEP Training**											
	A.11.5	**11.5 Child Health Training**											

	A.11.5.1	11.5.1 IMNCI 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 12.2.1.6 Followup training (HEs,LHVs)											
	A.11.5.2	11.5.2 Facility Based Newborn Care 12.2.2.1 SNCU Training 12.2.2.2.NSU (TOT)											
	A.11.5.3	11.5.3 Home Based Newborn Care											
	A.11.5.4	11.5.4 Care of Sick Children and severe malnutrition											

	A.11.5.5	**11.5.5 Other CH Training (Pl. Specify)**											
	A.11.6	**11.6 Family Planning Training**											
	A.11.6.1	**12.6.1 Laproscopic Sterilisation Training**											
	A.11.6.2	**11.6.2 Minilap Training12.3.2.1. Minilap training for medical officers/staff nurses (batch size of 4)**											
	A.11.6.3	**11.6.3 NSV Training 12.3.3 Non-Scalpel Vasectomy (NSV) Training**											

	A.11.6.4	11.6.4 IUD InsertionTraining 12.3.4 IUD Insertion (details in Annexure) 12.3.4.1 State level (TOT for the districts) 12.3.4.2 District level training (one district total) 12.3.4.3 PHC level training (for one district only)											
	A.11.6.5	Contraceptive Update Training											
	A.11.6.6	Other FP Training											
	A.11.7	11.7 ARSH Training 12.4.1 ARSH training for medical officers 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											
	A.11.8	11.8 Programme Management Training											

	A.11.8.1	**11.8.1 SPMU Training 12.5.4 State PMU to be trained/attend workshops in various areas like HR, Procurement & Logistics, PPP, FRU review and/or undertake study of various programmes in one good and one poor performing districts**											
	A.11.8.2	**11.8.2 DPMU Training 12.5.1 Training of DPMU staff @ 38 x Rs.10,00012.5.2. 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/-**											

	A.11.9	Other Training												
	A.11.9.1	11.9.1 Continuing Medical & Nursing Education 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/-												
A.12		12. BCC/IEC (for NRHM Part A, B & C)			10		3	3	3	1	50000			
	A.12.1	12.1 Strengthening of BCC/IEC Bureaus (State and District Levels)												

	A.12.2	12.2 Development of State BCC/IEC strategy 13.3 Concept and material development workshops by State BCC/IEC Cell 13.8 Establishment cost of the State BCC/IEC Cell 13.10 Technical support at District level											
	A.12.3	12.3 Implementation of BCC/IEC stretegy											
	A.12.3.1	12.3.1 BCC/IEC activities for MH							1		50000		
	A.12.3.2	BCC/IEC activities for CH							1		50000		
	A.12.3.3	12.3.3 BCC/IEC activities for FP											
	A.12.3.4	12.3.4 BCC/IEC activities for ARSH											

	A.12.4	12.4 Other activities 13.4 State Level events 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) 13.7 Block level BCC interventions (Radio, kalajattha and for IEC strategy dissemination) 13.11 Media Advertisements on various health related days 13.12 Various advertisements/tender advertisements/EOIs in print media at State level 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) 13.16 Implementation of specific interventions including innovations of BCC strategy/plans block level 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) 13.19 Capacity building of frontline functionaries (ANM, ASHA) in IPC skills building 13.20 Research, M&E, IEC prototypes etc											
		Sub-total IEC/BCC											
A.13		**Procurement**											
	A.13.1	**13.1 Procurement of Equipment**											

	A.13.1.1	13.1.1 Procurement of equipment 14.2. Equipments for EmOC services for identified facilities (PHCs, CHCs) @ Rs 1 Lac / facility / year (in two districts - kishanganj and jehanabad) 14.4. Equipments / instruments for Blood Storage Facility / Bank at facilities 14.6. Equipments / instruments, reagents for STI / RTI services @ Rs. 1 Lac per district per year											
	A.13.1.2	13.1.2 Procurement of equipment : CH			10			5	5		1000000		10 PHC
	A.13.1.3	13.1.3 Procurement of equipment : FP			10			5	5		1000000		10 PHC
	A.13.1.4	13.1.4 Procurement of equipment : IMEP											
	A.13.2	13.2 Procurement of Drugs & supplies			10			5	5		500000		10 PHC
	A.13.2.1	13.2.1 Drugs & Supplies for MH											

	A.13.2.2	13.2.2 Drugs & Supplies for CH			10			5	5		500000		10 PHC
	A.13.2.3	13.2.3 Drugs Supplies for FP			10			5	5		1000000		10 PHC
	A.13.2.4	13.2.4 Supplies for IMEP											
	A.13.2.5	General drugs & supplies for health facilities											
A.14		14. Prog. Manag-ement											
	A.14.1	Strengthening of State Society/SPMU 16.1. Strengthening of State society/State Programme Management Support Unit 16.1.1. Contractual Staff for SPMU recruited and in position 16.5.1. Last pay drawn – Pension = Approx exp of Rs.20,000/-PM @ 20,000x6x12											
	A.14.2	14.2 Strengthening of District Society/DPMU 16.2.1. Contractual Staff for DPMSU recruited and in position											
	A	16.2.1. Contractual Staff for DPMSU recruited and in position - Data			3		3				180000		

		Assistant											
	A.14.3	**14.3 Strengtheningof Financial Management Systems 16.3.1.Training in accounting procedures 16.3.2. Audits 16.3.2.1. Audit of SHSB/ DHS by CA for 2009-10 16.4 Appointment of CA 16.4.1 At State level 16.4.2 At District level 16.5 Constitution of Internal Audit wing at SHSB**											
	a	**Training in accounting procedures**			**9 PHC**		**1**	**1**	**1**	**1**	**20000**		
	b	**Audits**											
	b1	**Audit of SHSB/ DHS by CA for 2009-10**					**1**				**25000**		
	c	**Appointment of CA**			**1**		**1**				**240000**		
	c1	**Constitution of Internal Audit wing at District**									**60000**		
	f												

	A.14.4	14.4 Other activities (Programme management expenses,mobility support to state,district, block) 16.1.2. Provision of mobility support for SPMU staff @ 12 months x Rs.10.00 lakhs Updgration of SHSB Office 16.2.2.Provision of mobility support for DPMU staff @ 12 months x 38 districts x Rs.69945.17/-											
	a	Provision of mobility support for DPMU staff @ 12 months x 38 districts x Rs.69945.17/-			2		2	2	2	2	240000		
	b	Staff Salary (DPMU)			6		6	6	6	6	1322880		3 more staff to be recruited @Rs. 8000/- month
		DPMU Office Expense			1		1	1	1	1	600000		
		LAPTOP for DPMU			3		3				150000		3 Nos. Laptop for DPMU
		Total Prog. Mgt.											
A.15		Others/Untied Funds			10		2	2	3	3	1000000		For maint. Grants
		Total RCH II Base Flexi Pool											

		Total JSY, Sterilisation and IUD Compensation, and NSV Camps											
		Grand Total RCH II								**228266080**			

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan of Part – B with budget for the Year 2010

Name of the State/ UT: KAIMUR, BIHAR

Sr. NO		Activities	Component Code (only at state level)	Output 2012	Activity Plan 20010-2011 FY: Activity planned including previous yrs gap {Z+(X~Y)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities	Budget Plan 2010-2011FY: Budget Planned (including spill over amount) {(AP x A) ± E} = BP	Budgetary Source (other than NRHM source)	Remarks
							Q1	Q2	Q3	Q4			
B													
B.1	Decentrlisation												ASHA Support system at State level
	B.1.1 1	ASHA Support system at State level											
	B.1.1 2	ASHA Support System at District Level			215		100	115			468600		
	B.1.1 3	ASHA Support System at Block Level			215		100	115			374880		
	B.1.1 4	ASHA Support System at Village Level									219300		
	B.1.1 5	ASHA Trainings			1462	For Module - V training of 1247 ASHA & 215 ASHA for Module-I	50	115	50		1096500		
	B.1.1 6	ASHA Drug Kit & Replenishment									378400		

	B.1.17	**Emergency Services of ASHA**													
	B.1.18	**Motivation of ASHA**										**1059950**			
	B.1.19	**Capacity Building/Academic Support programme**													
	B.1.2	**ASHA Divas**										**1666680**			
	B.1.21	**Untied Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center**													
	a	**HSC**				**197**		**50**	**50**	**50**	**47**	**1991000**			
	b	**APHC**				**30**		**16**	**4**	**4**	**6**	**750000**			
	c	**PHC**				**10**		**10**				**250000**			
	B.1.22	**Village Health and Sanitation Committee**				**1349**		**1349**				**13512500**			
	a	**VHNDs**				**1286**		**1286**				**3858000**			
	B.1.23	**Rogi Kalyan Samiti - PHC**				**10**			**10**			**1000000**			
	a	**Rogi Kalyan Samiti - SADAR**				**1**			**1**			**500000**			
B.2		**Infrastrure Strengthening**													
	B.2.1	**Construction of HSCs (315 No.)**				**80**			**25**	**25**	**30**	**49501875**			**Rs 2498125/- GOI fund available & per HSC cost Rs. 648000**
	B.2.2	Construction of PHCS				**1**			**1**			**2300000**			
	B.2.3	**Up gradation of CHCs as per IPHS standards**				**2**		**2**							

	B.2.4	**Infrastructure and service improvement as per IPHS in 48 (DH & SDH) hospitals for accreditation or ISO : 9000 certification**												
	a	**Upgradation of Doctors residence**				**10**			**3**	**3**	**4**	**5000000**		
	b	**Construction of ANM Quarter**				**25**		**5**	**10**	**10**		**5000000**		
	c	**Upgradation of Toilets at HSCs**				**167**		**30**	**40**	**50**	**47**	**835000**		
	B.2.5	**Upgradation of ANM Training Schools**												
	B.2.6	**Annual Maintenance Grant**				**10**								**Planned in Part -A**
B.3		**TOTAL INFRASTRUCTURE strengthening**												
	B.3	**Contractual Manpower**												
	B.3.1 A	**Incentive for PHC doctors & staffs**						**10**	**10**	**10**	**10**	**600000**		
	B.3.1 B	**Salaries for contractual Staff Nurses**				**60**		**15**	**15**	**15**	**15**	**5400000**		**Rs. 1500000 is commited exp.**
	B.3.1. C	**Contract Salaries for ANMs**				**120**			**120**			**3262483 1**		**Estimated salary Rs 8000 for 287 ANM & previous due**
	B.3.1. D	**Mobile facility for all health functionaries**				**236**		**236**				**1416000**		
B.4		**PPP Initiativs**												
	B.4.1	**102-Ambulance service (state-806400) @537600 X 6 Distrrict**				**42**		**10**	**10**	**18**	**4**	**7030800**		
	B.4.2	**1911- Doctor on Call & Samadhan**				**10**		**30**	**30**	**30**	**30**	**240000**		**Average 30 call per qtr.**
	B.4.3	**Addl. PHC management by NGOs**												

	B.4.5	**SHRC**												
	B.4.6	**Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP)**				**10**		**10**				**1000000**		
	B.4.7	**Dialysis unit in various Government Hospitals of Bihar**												
	B.4.8	**Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar**												
	B.4.9	**Providing Telemedicine Services in Government Health Facilities**												
	B.4.1	**Outsourcing of Pathology and Radiology Services from PHCs to DHs**				**11**						**1000000**		
	B.4.11	**Operationalising MMU**												
	B.4.14	**Monitoring and Evaluation (State , District & Block Data Centre)**				**11**						**660000**		
	B.4.15	**Generic Drug Shop**												
	B.4.16	**Nutritional Rehabilitation Centre**				**1**		**1**				**2467200**		
	B.4.17	**Hospital Maintenance**												
	B.4.18	**Providing Ward Management Services in Government Hospitals 3000000/-**												
	B.4.19	**Provision for HR Consultancy services**												
	B.4.2	**Advanced Life Saving Ambulance**												

		TOTAL PPP INITIATIVES												
B.5	**B.5**	**Prourement of supplies**												
	B.5.1	**Delivery kits at the HSC/ANM/ASHA (no.200000 x Rs.25/-)**				**1889**		**1200**	**689**			**566700**		
	B.5.2	**SBA Drug kits with SBA-ANMs/ Nurses etc (no.50000 /38x Rs.245/-)**				**487**		**300**	**187**			**1431780**		
	B.5.3	**Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year**				**1**		**1**				**25000**		
	B.5.4	**Procurement of beds for PHCs to DHs**												
		TOTAL PROCUREMENT OF SUPPLIES												
B.6		**Procurement of Drugs**												
	B.6.1	**Cost of IFA for Pregnant & Lactating mothers (Details annexed)**										**500000**	**NRHM**	
	B.6.2	**Cost of IFA for (1-5) years children (Details annexed)**										**1000000**	**NRHM**	
	B.6.3	**Cost of IFA for adolescent girls (Details annexed)**										**1000000**	**NRHM**	
	B.6.4	**Procurement of AYUSH Drugs at APHC**				**38**		**15**	**15**	**8**		**1900000**		
	B.6.5													

		TOTAL PROCUREMENT OF DRUGS												
B.7		**Mobilisation & Management support for Disaster Management**												
B.8		**Health Management Information System**						**1**				**100000**		
B.9		**Strenthening of Cold Chain (infrastrcure strengthening)**				**10**		**10**				**100000**		
	B.9.1	**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/-**												
	B.9.2	**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**												
	B.9.3	**Earthing and wiring of existing Cold chain rooms in all PHCs @Rs 10000/- per PHC x 533 PHCs**				**10**		**10**				**100000**		
B.10		**Preparation of Action Plan**												
	B.10.1	**Preparation of District Health Action Plan (Rs. 2 lakhs per district x 38)**				**1**		**1**				**200000**		
	B.10.2	**Preparation of State Health Action Plan @ 5 lakhs**												

B.11		Mainstreaming Ayush under NRHM				38			38			9120000		
B.12		Continuing Medical & Nursing Education												
B.13		RCH Procurement of Equipments												
	B.13.1	Procurement of Equipments/instruments for Anesthesia												
	B.13.2	Equipment for ICU												
	B.13.3	Equipments/instruments for ANC at Health Facility (Other than SubCentre) @ 50,000 per district per year												
	B.13.4	Equipments for the Labour Room										200000		
	B.13.5	Equipments for SNCU &NSU												
	B.13.5.A	SNCU for 23districts unit cost of Rs. 2377258										2377258		
	B.13.5.B	NSU for 530 PHCs unit cost of Rs. 139492										1394920		
	B.13.6	NSV Kits										100000		
	B.13.7	IUD insertion kit										50000		
	B.13.8	Minilap sets												
B.14		Additionalitiesfor NVBDCP under NRHM												
		Total for Equipment Procurement												
		GRAND TOTAL										162367174		

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan with budget FOR NRHM PART - C

Name of the State/ UT: KAIMUR, BIHAR

Sl. NO	STRATEGIES	Activities	Component Code (only at state level)	Output 2012	Activity Plan												Budget Plan							
					2009-2010FY					2010-2011 FY							2009-2010 FY			2010-2011 FY				
					Activity planned (X)	Activity Executed (Y)	Activity to be executed till Mar.10 "it includes Y" (Y1)	Variance (X~Y1)	Reasons for Variance	Activity planned including previous yrs gap {Z+(X~Y)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities			Tentative Unit Cost (A)	Budget Planned {X x (A)} = B	Budget received B or C (< or > than planned)	Budget utilised {Y x (A)} = D	Budget to be utilised till Mar.10 (y1 * (A) = D1	under or over-utilised Budget {(B~D1} =E	Budget Planned (including spill over amount) {(AP x A) ± E} = BP	Budgetary Source (other than NRHM source)	Remarks		
												Q1	Q2	Q3	Q4									
A		RCH			-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-
Mobility Support																								
1. Mobility support to District Officials Rs. 50000 per district (38) .																								
2. Mobility support for supervision at state level @ Rs. 100000 per year.			180000									45000	45000	45000	45000	180 000								
Cold chain maintenance																								

1. 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	**25000**	**7000**	**18000**	**0**	**0**	**0**	**0**	**10000**	**5000**	**10000**	**0**	**25000**	**25000**	**25000**	**7000**	**18000**						
Focus on slum & underserved areas in urban areas:																					
1. 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	**1024800**	**165550**	**859250**	**0**	**0**	**0**	**0**	**256200**	**256200**	**256200**	**256200**	**350**	**1024800**	**102480**	**165550**	**102480**						
2. Alternate vaccinators honorarium (details in separate sheet)																					
Mobilization of children through ASHA or other mobilizers																					

1. '@ 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 .	**9705600**	**2309400**	**3396200**	**3396200**	**0**	**0**	**0**	**951300**	**951300**	**951300**	**951300**	**400**	**0**	**2312153**	**2312153**						
Alternative vaccine delivery in hard to reach areas																					
1. Alternative vaccine delivery in hard to reach areas in 4500 session per month @ Rs. 100 per session	**1128**	**846**	**282**	**0**	**0**	**0**	**0**	**28200**	**28200**	**28200**	**28200**	**100**	**112800**	**112800**	**84600**	**22200**					
2. Alternative Vaccine Deliery in other areas @ Rs. 50 per session for session- 17000 ANMs for 104 days.	**29664**	**22248**	**7416**	**0**	**0**	**0**	**0**	**288300**	**288300**	**288300**	**288300**	**50**	**1483600**	**1483600**	**1112400**	**371200**					
Computer Assistants support																					
1. Computer Assistants support for State level @ Rs. 12000 per person per month for 2 persons																					
1. Computer Assistants support for District level @ Rs. 8000 per person per month for one computer assistant	**960000**	**0**	**0**	**0**	**0**	**0**	**0**	**24000**	**24000**	**24000**	**24000**	**96000**									
Printing and dissemination																					

1. Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc. @ Rs. 5 beneficiaries for 3469542 beneficiaries with 10% buffer.	**40703**	**99000**	**104519**	**0**	**0**	**0**	**0**	**127500**	**0**	**12700**	**0**	**255000**									
Review meetings																					
1. 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.	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5500**	**5500**	**5500**	**5500**	**22000**									
2. 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	**20000**	**10000**	**5000**	**5000**	**0**	**0**	**0**	**5500**	**5500**	**5500**	**5500**	**22000**									
3. 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	**374100**	**187050**	**93525**	**93525**	**0**	**0**	**0**	**94525**	**94525**	**94525**	**94525**	**78100**									
Trainings (separate annexure attached with details)																					
1. 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	**229100**	**204400**	**0**	**0**	**0**	**0**	**0**	**133950**	**0**	**133950**	**0**	**267900**									

2. three days training of Mos on RI for 5000 persons in a group of 30 person per batch.	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**180000**	**0**	**0**	**180000**									
3. One day refresher training of distict Computer assistants on RIMS/HIMS and immunization formats for 40 persons in two batch.																					
4. 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	**1400**	**0**	**1400**	**0**	**0**	**0**	**0**	**0**	**15400**	**0**	**0**	**15400**	**12**								
5. One day training of block level data handlers by DIOs and District cold chain officer for 542 person.	**11000**	**0**	**11000**	**0**	**0**	**0**	**0**	**0**	**0**	**11000**	**0**	**8400**									
Microplanning																					
To develop microplan at sub-centre level @ Rs 100/- per sub - centre	**30700**	**30700**	**0**	**0**	**0**	**0**	**0**	**30700**	**0**	**0**	**0**	**30700**									
For consolidation of microplans at block level @ Rs. 1000 per block/ PHC(515) and at district level @ Rs. 2000 per district for38 districts.	**12000**	**12000**	**0**	**0**	**0**	**0**	**0**	**13000**	**0**	**0**	**0**	**13000**									
POL for vaccine delivery																					

POL for vaccine delivery from State to district and from district to PHC/CHCs @ Rs. 100000 per district for 38 districts.	**100000**	**100000**	**0**	**0**	**0**	**0**	**0**	**38100**	**38100**	**38100**	**38100**	**152400**										
Consumables																						
Consumables for computer including provision for internet access for RIMs Rs. 400 per month per district for 38districts.	**4800**	**0**	**0**	**0**	**0**	**0**	**0**	**1200**	**1200**	**1200**	**1200**	**4800**										
Injection safety																						
Red/Black plastic bags etc. @ Rs. 2/bags/session for 17000 (@ Rs 2 per bag for 2 bags a month per ANM	**14736**	**14736**	**0**	**0**	**0**	**0**	**0**	**14736**	**0**	**0**	**0**	**14736**										
Bleach / Hypochlorite solution @ Rs. 500 per PHC/CHC per year for 515 PHC	**5000**	**5000**	**0**	**0**	**0**	**0**	**0**	**6000**	**0**	**0**	**0**	**6000**										
Twin bucket @ Rs. 400 per PHC/CHC per year for 515 PHCs	**4000**	**4000**	**0**	**0**	**0**	**0**	**0**	**4800**	**0**	**0**	**0**	**4800**										
State specific requirement.																						
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.	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**45625**	**45625**	**45625**	**45625**	**182500**										

Catch Up campaigns for flood prone areas @ Rs. 4813386 per district for 5 districts.	**0**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**												
Ticklers bags for RI card counter foil @ rs. 250 per bags per AWC for 91703 workers Taken Rs 170 per bag for 80492 AWC	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**480500**	**0**	**0**	**0**	**480500**										
Measles Mortality Reduction @ Rs. 45000 per district year year for 19 districts.	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**45000**	**0**	**0**	**45000**										
Pits construction																						