

# DISTRICT HEALTH SOCIETY KHAGARIA

## DISTRICT HEALTH ACTION PLAN 2010-2011



**Developed & Designed**

**By**

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## **Foreword**

National Rural Health Mission aims at strengthening the rural health infrastructures and to improve the delivery of health services. NRHM recognizes that until better health facilities reaches the last person of the society in the rural India the social and economic development of the nation is not possible.

The District Health Action Plan of Khagaria district has been prepared keeping this vision of mind. The DHAP aims at improving the existing physical infrastructures, enabling access to better health services through hospitals equipped with modern medical facilities, and to deliver with the help of dedicated and trained manpower. It focuses on the health care needs and requirements of rural people especially vulnerable groups such as women and children. The DHAP has been prepared keeping in mind the resources available in the district and challenges faced at the grass root level. The plan strives to bring about a synergy among the various components of the rural health sector. In the process the missing links in this comprehensive chain have been identified and the Plan will aid in addressing these concerns. The plan has attempts to bring about a convergence of various existing health programmes and also has tried to anticipate the health needs of the people in the forthcoming years.

The DHAP has been prepared through participatory and consultative process wherein the opinion the community and other stakeholders have been sought and integrated. I am grateful to the Department of Health, Government of Bihar for providing the leadership in the preparation of this plan and also in the implementation of other health programmes. The medical personnel and staff of DH/PHCs/APHCs/HSCs gave vital inputs which were incorporated into this document.

I am sure the DHAP and its subsequent implementation would inspire and give new momentum to the health services in the District of Khagaria.

**(Mr. Abhay Kumar Singh)**  
**District Magistrate-cum-**  
**Chiarperson, DHS, Khagaria**

## **About the Profile**

Even in the 21<sup>st</sup> century providing health services in villages, especially poor women and children in rural areas, is the bigger challenge. After formation of National Rural Health Mission, we are doing well in this direction. Launching Muskan- Ek Abhiyan we are try to achieve 100% immunization and Anti Natal Care. Janani Evam Bal Suraksha Yojana is another successful program that is ensuring safe institutional delivery of even poor and illiterate rural women. Like wise several other programs like RNTCP, Pulse Polio, Blindness control and Leprosy eradication are running and reaching up to last man of society. But satisfaction prevents progress. Still, we have to work a lot to touch miles stones. In this regard sometime, I personally felt that planning of any national plan made at center lacks local requirements and needs. That is why, despite of hard work, we do not obtain the optimum results. The decision of preparing District Health Action Plan at District Health Society level is good.

Under the National Rural Health Mission the District Health Action Plan of Khagaria district has been prepared. From this, the situational analysis the study proceeds to make recommendations towards a policy on workforce management, with emphasis on organizational, motivational and capability building aspects. It recommends on how existing resources of manpower and materials can be optimally utilized and critical gaps identified and addressed. It looks at how the facilities at different levels can be structured and reorganized.

The information related to data and others used in this action plan is authentic and correct according to my knowledge as this has been provided by the concerned medical officers of every block. I am grateful to the DHS consultants, ACO, MOICs, MOs, Block Health Managers, Grade'A' Nurse, ANMs and AWWs from their excellent effort we may be able to make this District Health Action Plan of Khagaria District.

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

**Dr. Ajay Pratap**  
**Civil Surgeon-cum-**  
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**Dr. Mohan Lal Mahto**  
**ACMO-cum-Nodal Officer**  
**DHAP, DHS, Khagaria**

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# Chapter-1

## Introduction

### 1.1 Background

Keeping in view health as major concern in the process of economic and social development revitalization of health mechanism has long been recognized. In order to galvanize the various components of health system, National Rural Health Mission (NRHM) has been launched by Government of India with the objective to provide effective health care to rural population throughout the country with special focus on 18 states which have weak public health indicators and/or weak infrastructure. The mission aims to expedite achievements of policy goals by facilitating enhanced access and utilization of quality health services, with an emphasis on addressing equity and gender dimension. The specific objectives of the mission are:

- Reduction in child and maternal mortality
- Universal access to services for food and nutrition, sanitation and hygiene, safe drinking water
- Emphasis on services addressing women and child health and universal immunization
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary health care
- Revitalization local health traditions and mainstreaming of AYUSH

One of the main approaches of NRHM is to communities, which will entail transfer of funds, functions and functionaries to Panchayati Raj Institutions (PRIs) and also greater engagement of Rogi Kalyan Samiti (RKS). Improved management through capacity development is also suggested. Innovations in human resource management are one of the major challenges in making health services effectively available to the rural/tribal population. Thus, NRHM proposes ensured availability of locally resident health workers, multi-skilling of health workers and doctors and integration with private sector so as to optimally use human resources. Besides, the mission aims for making untied funds available at different levels of health care delivery system.

Core strategies of mission include decentralized public health management. This is supposed to be realized by implementation of District Health Action Plans (DHAPs) formulated through a participatory and bottom up planning process. DHAP enable village, block, district and state level to identify the gaps and constraints to improve services in regard to access, demand and quality of health care. In view with attainment of the objectives of NRHM, DHAP has been envisioned to be the principle instrument for planning, implementation and monitoring, formulated through a participatory and bottom to up planning process. NRHM-DHAP is anticipated as the cornerstone of all strategies and activities in the district.

For effective programme implementation NRHM adopts a synergistic approach as a key strategy for community based planning by relating health and diseases to other determinants of good health such as safe drinking water, hygiene and sanitation. Implicit in this approach is the need for situation analysis, stakeholder involvement in action planning, community mobilization, inter-sectoral convergence, partnership with Non Government Organizations (NGOs) and private sector, and increased local monitoring. The planning process demands stocktaking, followed by planning of actions by involving program functionaries and community representatives at district level.

#### **Stakeholders in Process**

- *Members of State and District Health Missions*
- *District and Block level programme managers, Medical Officers.*
- *State Programme Management Unit, District Programme Management Unit and Block Program Management Unit Staff*
- *Members of NGOs and civil society groups (in case these groups are involved in the DHAP formulation)*
- *Support Organisation – PHRN and NHSRC*

Besides above referred groups, this document will also be found useful by public health managers, academicians, faculty from training institutes and people engaged in programme implementation and monitoring and evaluation.

## **1.2 Objectives of the Process**

The aim of this whole process is to prepare NRHM – DHAP based on the framework provided by NRHM-Ministry of Health and Family Welfare (MoHFW). Specific objectives of the process are:

- ⇒ To focus on critical health issues and concerns specifically among the most disadvantaged and under-served groups and attain a consensus on feasible solutions
- ⇒ To identify performance gaps in existing health infrastructure and find out mechanism to fight the challenges
- ⇒ Lay emphasis on concept of inter-sect oral convergence by actively engaging a wide range of stakeholders from the community as well as different public and private sectors in the planning process
- ⇒ To identify priorities at the grassroots and curve out roles and responsibilities at block level in designing of DHAPs for need based implementation of NRHM

## **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 DHAP secondary Health data were compiled 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 healthcare 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 workforce 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 Khagaria 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 intersect oral as well as intra sect oral coordination. To translate this into reality, concrete planning in terms of improving the service situation is envisaged as well as

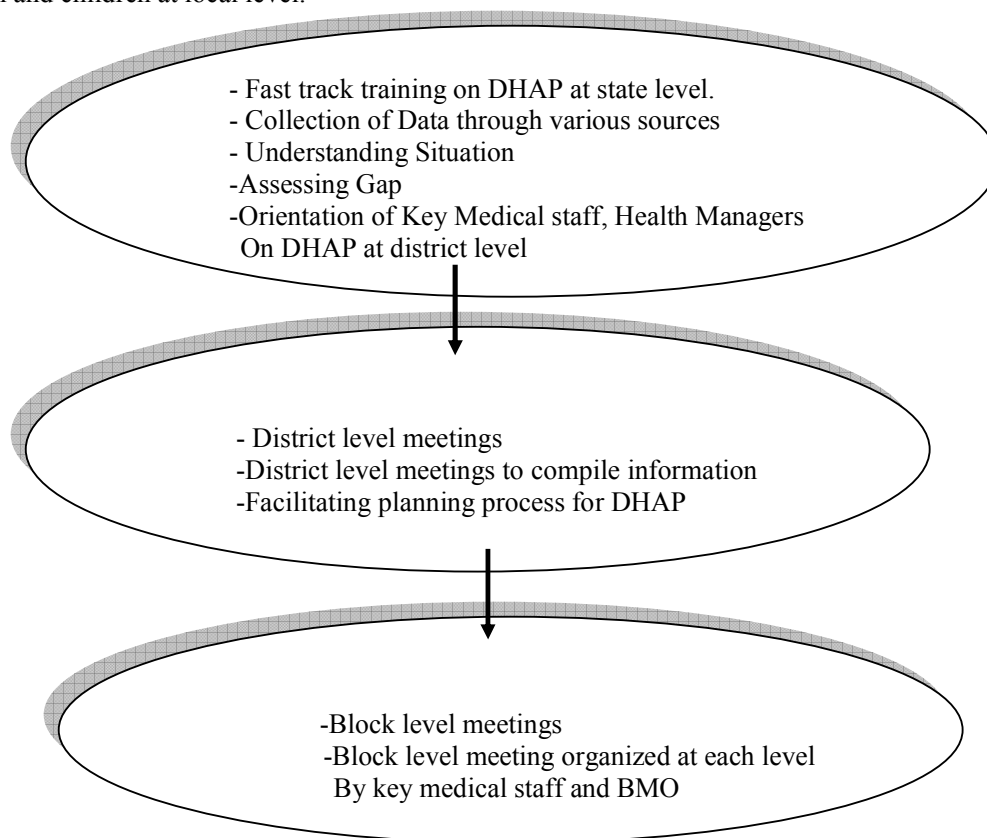


developing adequate capacities to provide those services. This includes health infrastructure, facilities, equipments and adequately skilled and placed manpower. District has been identified as the basic coordination unit for planning and administration, where it has been conceived that an effective coordination is envisaged to be possible. This Integrated Health Plan document of Khagaria district has been prepared on the said context.

### 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 program officers and NHSRC/PHRN as well as the MOICs, MOs, Grade'A' Nurse, Block Health Managers, ANMs, AWWs and community representatives 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 come 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 of this plan.

After a thorough situational analysis of district health scenario this document has been prepared. In the plan, it is addressing health care needs of rural poor especially 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 2

### District Profile

#### History

Khagaria, as a district, is only twenty seven years old. Earlier, it was a part of the district of Munger, as a subdivision. The sub-division of Khagaria was created in the Year 1943-44. It was upgraded as district, with effect from 10<sup>th</sup> May 1981, vide Government of Bihar notification no. 7/T-1-207/79 dated 30<sup>th</sup> April 1981. As a sub-division of the old district of Munger, Khagaria was the youngest, in terms of creation of subdivision, before independence. The other three older subdivisions were Munger sadar, Begusarai and Jamui. The Jamui sub-division was created on 22<sup>nd</sup> July, 1864 and Begusarai sub-division on the 14<sup>th</sup> February 1870.

Khagaria was created as a separate sub-division mainly because of the difficulties arising out of a lack of easy means of communications. Railways were a very old means of communication in this district. As per the Gazetteer of 1960, this Sub-division had three railway lines - the north Eastern Railway, passing west to East had four Stations – Khagaria, Mansi, Maheshkhunt and Pasraha . One branch Line shot off from Khagaria passing through Olapur and Imli, while another branch line shot off from Mansi, which went up to Saharsa. This Mansi- Saharsa branch line, during that period was however disturbed during rains between Katyani Asthan and Koparia, a distance of 6 miles, which had to be covered by boats. Apart from railways, the other means of communication was roads, which were in a very bad shape. The only metalled road at that time was 22 mile long Maheshkhunt- Aguawani ghat road, which was still under construction. During that period Khagaria- Parihara- bakhri Road was also under construction and National Highway linking Moakamaghat to Assam were under contemplation.

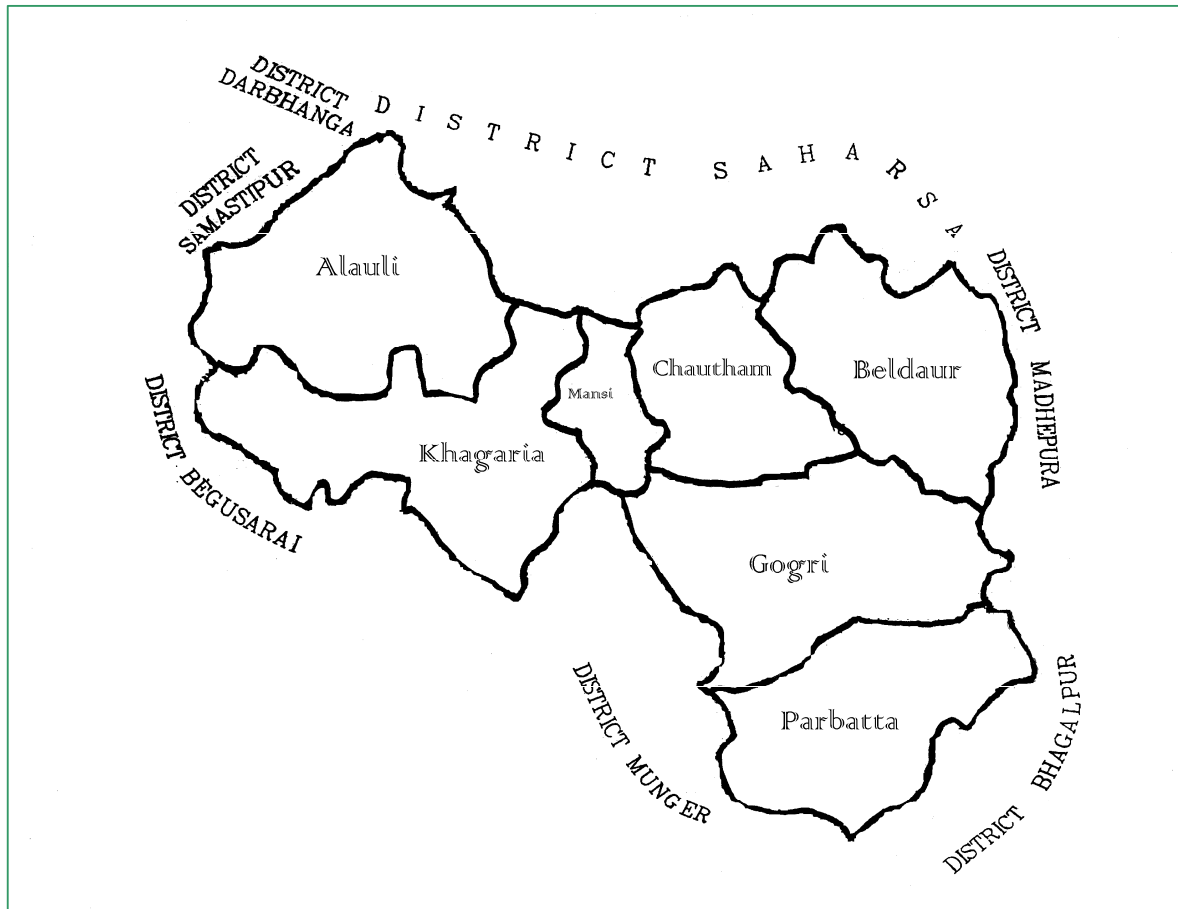
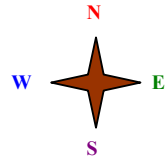
This district is well connected to other parts of Bihar and the country through railways as well as roads. New Delhi – Gauhati railway lines passes through Khagaria. Other prominent stations are Mansi, Maheshkhunt and Pasraha. From Mansi, one branch line goes towards Saharsa, while from Khagaria, one branch line goes towards Samastipur. Both these branch lines are still meter- gauge. Between Khagaria and Mansi, both broad gauge and meter gauge railway lines run parallel. Mansi had been an important place from the point of view of railways, since it used to be the headquarters of an Engineering district of railway but now most of important offices of railways have shifted from this place to other places, and mostly to Khagaria or Barauni, which falls in Begusarai district.

National Highway No. 31 passes through the district almost parallel to the railway line in west-east direction, the intersection of the two existing at a place called Chukati, eight kms. Eastward from Khagaria. Almost 46 Km. of NH- 31 falls within the jurisdiction of Khagaria district. NH-31 goes right upto Gauhati and is an important road link of Bihar to the north – eastern part of the country and to Northern Bengal. From Maheshkhunt, on NH-31, branches off one road to Saharsa district. It is maintained by Road Construction Department of Government of Bihar.

Apart from National highway, the condition of other roads in the district is not very good. Historically also the situation had been the same. Excessive rains and water logging coupled with poor maintenance account for this. Prominent roads of the district, which are maintained by Road Construction department are Maheshkhunt- Chautham- Beldaur Road (26 Km.), Maheshkhunt – Gogari- Parvatta- sultanganj ghat Road (32 Km.), Khagaria- Alauli Road (18 Km.), Khagaria – Parihara- Bakhri Road (19 Km.), Khagaria- Munger ghat Road (6.5 Km.), Khagaria- Sonmankhi Road (6.5 Km.) and Pansalwa – Baijnathpur Road (11 Km.).

The condition of other roads, some maintained by Rural Engineering organisation and some by Block and Panchayats are also worse. Due to existence of several rivers and rivulets, all weather communication in the interiors of the district would require huge investment in bridges and culverts, the lack of which makes large part of country side accessible by boats only during the rainy season.

# MAP OF KHAGARIA DISTRICT



### (a) Administrative profile

A perusal of the history of local self-government reveals that District Board of Munger was established in 1887, under Bengal local self Government Act, 1885. The Board originally consisted of 25 members. The District Magistrate was an ex-officio member of the Board and was invariably its Chairman; there were six other ex-officio members, and twelve were elected and six nominated by the Government. From the constitution of the Board in 1887 till 1917 the European District Magistrates used to be invariably the chairman of the Board; the first being I.E.Kaunthead. The first two Indian chairmen were Rai Bahadur G.C.Banarjee (1918) and Raja Deoki Nandan Prasad (1922). Non-official Chairmen presided over the board, for the first time after 1924, when the District Boards were reconstituted on an elective basis under the provisions of the Bihar and Orissa local self-Government (Amendment) Act of 1924-25. Under the District Boards of Munger, there were four local Boards, situated at the subdivisional headquarters. While the Local Boards at Munger, Jamui and Begusarai were formed in 1887 that at Khagaria was established in 1948. Initially the Local Board at Khagaria consisted of eight members six elected and two nominated. The Local Board used to get allotment of funds from the District Board for maintenance of village roads, upkeep of pounds, water supply and village sanitation. Under the District Board, there were eight Union Committees, one of them being Khagaria. Under the Municipal Act, four of these, including Khagaria were converted into Notified Area Committees. Khagaria Union Committee was converted into the Notified Area Committee in 1950, with 12 members. Khagaria became a municipality in the year, while Gogri was converted into a notified area committee in the year.

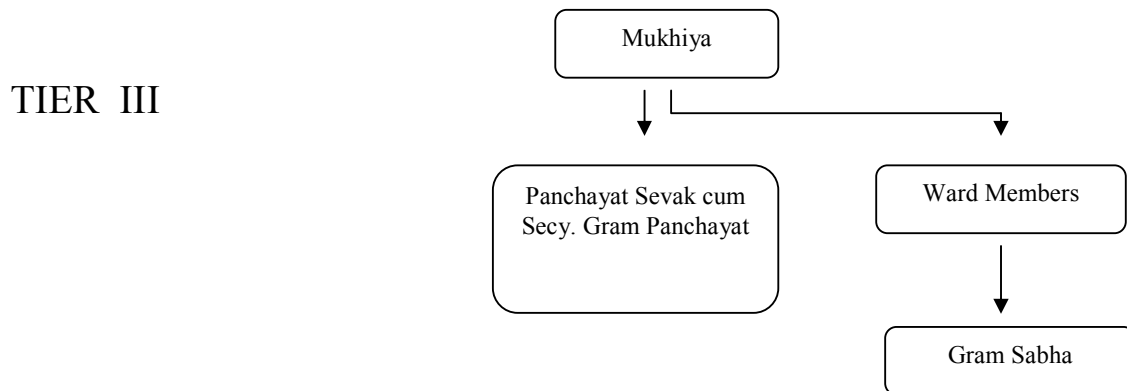
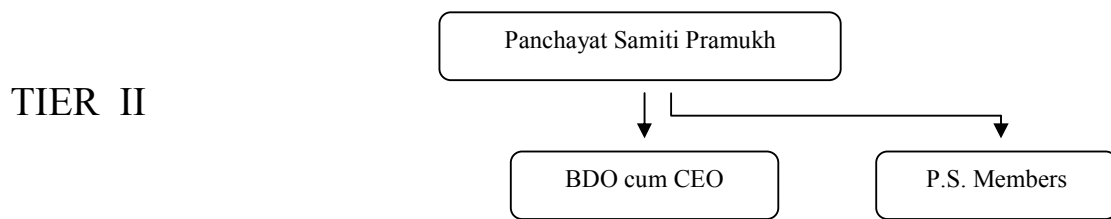
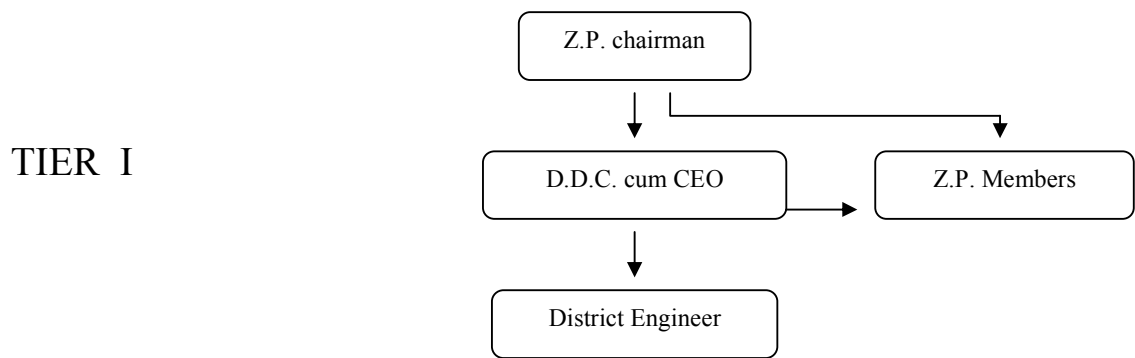
After independence, Bihar Panchayat Raj Act, 1947 brought a great leap towards local self-government in the form of panchayats, which were initially formed with a population of around 2000 persons. In 1957-1958, in the entire Munger district, there were 159 panchayats. Later on a three-tier panchayat system was established.

The local self government in rural areas was reorganised vide Bihar Panchayati Raj Act, 1994. Under the new act, Khagaria has 129 panchayats, 185 panchayat Samiti members, 1859 Gram Panchayat ward members and 18 Zilla Parishad members. However the elections could not be held till 31<sup>st</sup> Dec.1999. The last panchayat elections were held in Bihar in the year 1978.

#### **Administrative Profile of District Khagaria**

<b>Administrative levels</b>	<b>Description/Number</b>
District headquarter	Khagaria / 01
Parliamentary constituencies (no.)	01
Assembly constituencies (no.)	04
Number of tehsils / taluks	02
Number of Blocks (CD Blocks)	07
Number of Gram Panchayats	129
Number of villages (Revenue villages)	306
Inhabited villages	249
Uninhabited villages	57

## THREE-TIER PRI



## (b) Geography and Climate

Before the construction of embankments along the Ganga, the Bagmati, the Burhi Gandak and the Kosi, namely karachi badlaghat embankment, Badla- Nagarpara embankment, Burhi Gandak protection embankment and Gogri- Narayanpur embankment, the vast tract of present Khagaria district was flat alluvial plain and was abound in marshy and swampy land.

The major part of the alluvial plain comprising this district, at present, is mainly a saucer- shaped depression, the center of which was inundated during the rains by the over flow of the rivers and for the rest of the year was full of marshy hollows. The inundation has decreased after construction of embankments but still a large part in the north eastern part of the district, contained in west by Gogri- Maheshkhunt – Saharsa Road, in the north by the Koshi and in the south by the Ganga is completely inundated during rainy season except for the National Highway and the New Delhi – Gauhati Railway line.

The climate of the district may be said to form a medium between the dry, parching heat of the up country and the close moist atmosphere of the south valley of Bengal. The heat is often intense but is very favourable during the rains because of low humidity. The seasons are the same as in the other parts of Bihar. The summer begins towards the middle of March and continues upto the end of June, when the rainy season begins, the months of April and May combine heat with high humidity relieved by intermittent rain falls. The rainy season continues upto October , while the water logging due to rain water continues in some areas up to the end of December. The winters are quite pleasant in this area.

In contrast to the southern portions of the old district of Munger, this district, lying north to the Ganga does not comprise of any forest of Sal or other large trees. However ever growing jungles of Kash and Pater is found in the northern areas in the belt of the Koshi and its tributaries. At most of the places, there are luxuriant gardens of mango and litchi, for which this district is mostly famous. Apart from these, Babul, Neem, Sirish and Sisho are also found. Not the least valuable product is thatching grass. It is grown on low land subject to inundation which retains water too long to enable the villagers to sow a cold weather crop upon it.

In the whole district, there is no hill and no mineral is found in this district. As far as the land use pattern is concerned, wheat is the prominent rabi crop in the district. Due to floods and water logging, the paddy production is very low, except in the southern part of the district. Maize is grown abundantly almost through out the district, while banana cultivation as a cash crop, has grown into prominence in last two decades. Banana cultivation is done mostly in Choutham, Gogari and Parbatta blocks.

Apart from these mango and litchi orchards are abundant in this district and are found almost through out the entire area. The study of old gazetteers shows that these orchards have been in existence since long.

The economy of the district is dependent entirely on agriculture and its two main allied activities, namely horticulture and dairy. Industrialisation is completely absent. This district has potential for agro- based industries because of large production of banana and maize, but so far no industry has come-up. The development of Barauni district of Begusarai, as a prominent industrial area, has also pre-empted any industrialization in this district as entrepreneurs move towards Barauni or to the upcoming town of Silliguri in West Bengal, rather than investing in this district. Another reason is lack of surplus capital in this district because of historical reasons, as mentioned earlier. Agriculture was never so profitable here, as to generate surplus capital. Small business is the only non agricultural economic activity in this district.

### (c) Demographic profile

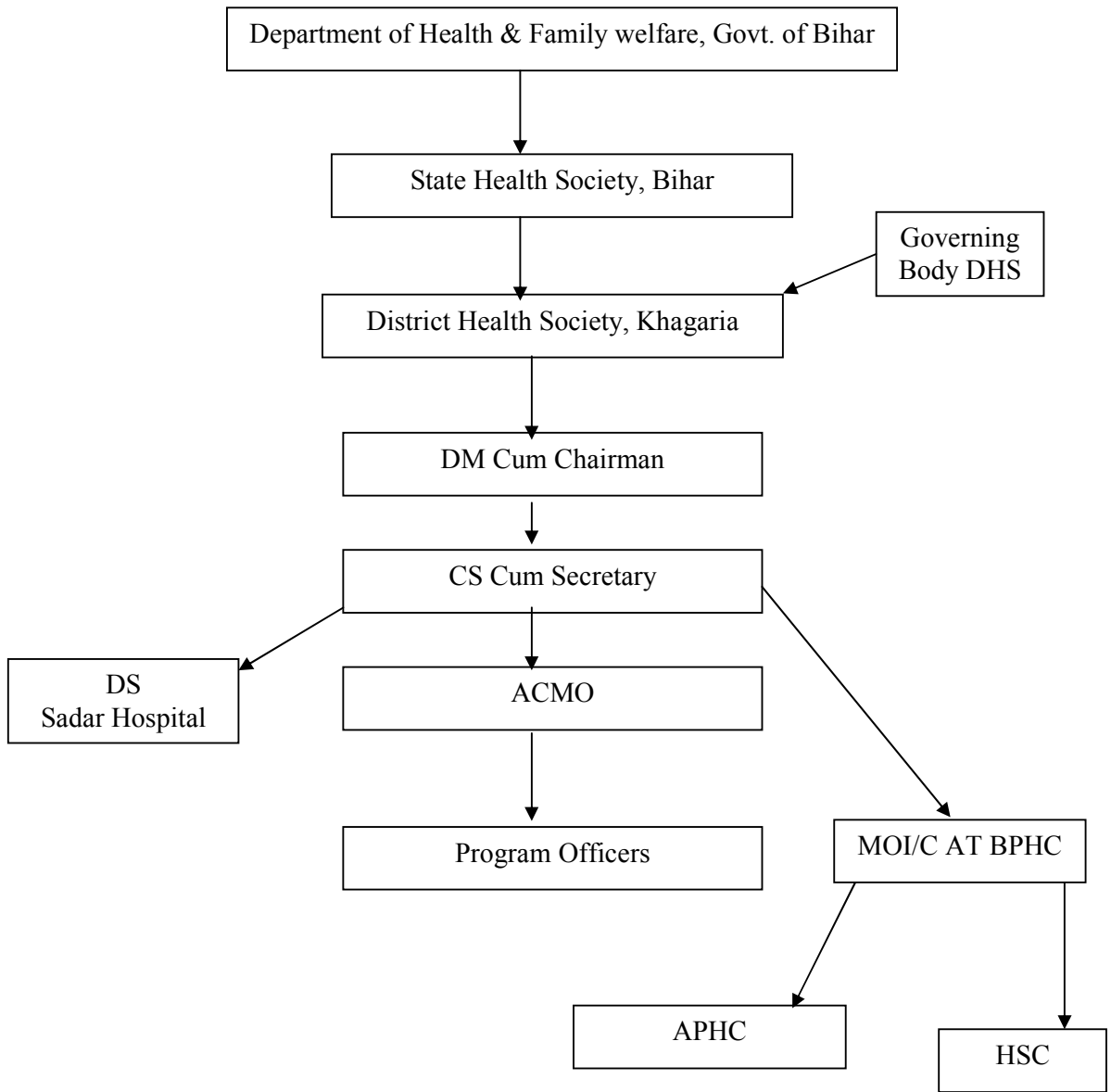
The population of Khagaria is merely 1.55% of the state of Bihar. A total number of 12, 80,354 persons are there in the district. Around 14% of the total population in this district has been estimated as scheduled caste whereas a negligible proportion, i.e., 0.03% of the total population has been counted as scheduled tribe. The district is predominantly rural as 94% of the total population lives in villages in this district. The literacy rate in the district is also far below the state average.

#### **Demographic profile of District Khagaria**

Source: census 2001

<b>Indicators</b>	<b>District</b>	<b>State</b>
Population		
Males	679267	43153964
Female	601087	39724832
Total	1280354	82878796
Urban	76327	
Rural	1204027	
Scheduled Castes	185122	
Scheduled Tribes	332	
Population growth rate	2.5%	2.5%
Vital statistics		
Crude Birth rate	30.7	
Crude Death Rate	7.9	
Sex Ratio (Females per 1000 males)	885	921
Literacy		
Literacy among Males	51.82%	60.32%
Literacy among Females	29.35%	33.57%
Total	41.35%	47.53%

## District Health Administrative Setup





## KHAGARIA – AT A GLANCE

AREA ( Sq. Kms) :-	1474.46
<b>POPULATION(CENSUS 2001)</b>	
TOTAL :-	1280354
MALES :-	679267
FEMALES :-	601087
<b>RURAL POPULATION</b>	
TOTAL :-	1204027
MALES :-	644384
FEMALES :-	559643
<b>URBAN POPULATION</b>	
TOTAL :-	76327
MALES :-	41444
FEMALES :-	34883
<b>POPULATION OF SCHEDULED CASTES</b>	:- 185122
<b>POPULATION OF SCHEDULED TRIBES</b>	:- 332
<b>DENSITY OF POPULATION</b>	:- 859
<b>SEX RATIO</b>	:- 890

### COMPARATIVE POPULATION DATA (2001 Census)

Basic Data	India	Bihar	khagaria
Population	1027015	828787	1280354
Density	324	880	859
<b>Socio- Economic</b>			
Sex- Ratio	933	921	890
Literacy % Total	65.38	47.53	32.35%
Male	75.85	60.32	51.12%
Female	54.16	33.57	20.16%

<b>LITERACY RATE</b>		
TOTAL	:-	32.35%
MALES	:-	51.12%
FEMALES	:-	20.16%
<b>REVANUE VILLAGES</b>		
TOTAL	:-	306
INHABITED:-		249
UNINHABITED:-		57
PANCHAYATS	:-	129
SUB-DIVISION	:-	01
BLOCKS	:-	07
REVENUE CIRCLES	:-	07
TOWNS	:-	02
NAGAR PARISHAD(Khagaria, Gogri)	:-	02
NAGAR PANCHAYAT	:-	01
M.P CONSTITUENCY	:-	01
M.L.A. CONSTITUENCY	:-	04
<b><u>HEALTH</u></b>		
DISTRICT HOSPITAL	:-	01
REFERRAL HOSPITAL	:-	01
PRIMARY HEALTH CENTRE	:-	07
ADDITIONAL PRIMARY HEALTH CENTRE	:-	25
HEALTH SUB CENTRE	:-	193
BLOOD BANK	:-	01
AIDS CONTROL SOCIETY	:-	01

## 2.1 Administration and Demography

Table-1

SNo.	Variable	Data
1.	Total area	1474.46 Sqr Km
2.	Total no. of blocks	07
3.	Total no. of Gram Panchayats	129
4.	No. of Revanue villages	306
5.	No of PHCs	07
6.	No of APHCs	25
7.	No of HSCs	193
8.	No of Sub divisional hospitals	0
9.	No of referral hospitals	01
10.	No of Doctors	76
11.	No of ANMs	326
12.	No of Grade A Nurse	52
13.	Total population	1563443
14.	Male population	829454
15.	Female population	733989
16.	Sex Ratio	1000/890
17.	SC population	185122
18.	ST population	332
19.	No. of Anganwadi centers	1276
20.	No. of Anganwadi workers	1254
21.	No of ASHA	1412/1237
22.	No. of electrified villages	70
23.	No. of villages having access to safe drinking water	152
24.	No of villages having motorable roads	32

Source: Census 2001

## 2.3 HEALTH PROFILE

### Infrastructure

#### 2.3.1: Health Facilities in the District

Data below indicating the present status of HSC, APHC, PHC, Referral hospital & District Hospital.

#### Health Sub-centres

S.No	Block Name	Population 2009 with growth @ 2.7%	Sub-centres required Pop 5000(IPH)	Sub-centers Present	Sub-centers proposed	Further sub-centers required	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	Alauli	261127	51	37	0	14	8	29	
2	Beldaur	180059	35	26	0	9	8	18	
3	Chautham	138914	27	23	0	4	7	19	
4.	Gogri	297098	57	34	0	23	6	28	
5.	Khagaria	360811	70	37	0	33	14	13	
6.	Mansi	90724	18	11	0	7	3	8	
7.	Parbatta	234710	46	25	0	21	12	13	
	<b>Total</b>	<b>1563443</b>	<b>304</b>	<b>193</b>	<b>0</b>	<b>111</b>	<b>58</b>	<b>128</b>	

#### Additional Primary Health Centers (APHCs)

S. No	Block Name	Population 2009 with growth @ 2.7%	APHCs required (After including PHCs) (IPH)	APHCs present	APHCs proposed	APHCs required	Status of building		Availability of Land
							Own	Rented	
1	Alauli	261127	8	6	0	2	0	6	
2	Beldaur	180059	6	2	0	4	0	2	
3	Chautham	138914	5	3	0	2	0	3	
4.	Gogri	297098	10	4	0	7	1	3	
5.	Khagaria	360811	12	3	0	9	0	3	
6.	Mansi	90724	3	2	0	1	1	1	
7.	Parbatta	234710	8	5	0	3	2	3	
	<b>Total</b>	<b>1563443</b>	<b>52</b>	<b>25</b>	<b>0</b>	<b>28</b>	<b>4</b>	<b>21</b>	

**Primary Health Centers**

S. No	Block Name/sub division	Population	PHCs Present	PHCs required @ Pop 80000 - 120000 (IPH)	PHCs proposed
1	Alauli	261127	1	3	0
2	Beldaur	180059	1	2	0
3	Chautham	138914	1	1	0
4.	Gogri	297098	1	3	0
5.	Khagaria	360811	1	4	0
6.	Mansi	90724	1	1	0
7.	Parbatta	234710	1	2	0
	<b>Total</b>	<b>1563443</b>	<b>7</b>	<b>16</b>	<b>0</b>

**CHC Required**

S.No	Block Name/sub division	Population	CHCs Present	CHCs required @ Pop 1200000 and above(IPH)	CHCs proposed
1	Alauli	261127	0	0	0
2	Beldaur	180059	0	0	0
3	Chautham	138914	0	0	0
4.	Gogri	297098	0	0	0
5.	Khagaria	360811	0	0	0
6.	Mansi	90724	0	0	0
7.	Parbatta	234710	0	0	0
	<b>Total</b>	<b>1563443</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Referral Hospital**

SN	Name of sub division	Population	Referral Hospital Present	Referral Hospital required	RHs proposed
1.	Gogri	297098	1	1	0
	<b>Total</b>	<b>297098</b>	<b>1</b>	<b>1</b>	<b>0</b>

**District Hospital**

SN	Name of District	Population	District Hospital Present	District Hospital required	DHs proposed
1.	Khagaria	1563443	1	1	0
	<b>Total</b>	<b>1563443</b>	<b>1</b>	<b>1</b>	<b>0</b>

## 2.3.2 Human Resources and Infrastructure

### Sub-centre database

No. of Subcenter present	No. of Subcenter required	Gaps in Subcenters	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Gaps in ANMs(R)/(c)	Building ownership (Govt)	Required Building (Govt)	Gaps in Buildings (Govt.)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
193	304	111	174/152	29/41	130/152				y	+++		

### Additional Primary Health Centre (APHC) Database: Infrastructure

SN	No. of APHC present	No. of APHC required	Gaps in APHC	Building ownership (Govt)	Building Required (Govt)	Gaps in building	Building condition (+++/++/+/#)	Condition of Labour room (+++/++/+/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/vehicle (Y/N)
1	25	52	27	5	19		#	#			#	N		Y

### Primary Health Centres : Infrastructure

SN	No. of PHC present	No. of PHC required	Gaps in PHC	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/+/#)	No. Places where rooms > 5	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/+/#)	Condition of OT (+++/++/+/#)
1	07	16	9	7	0	0	7	7	+++	0	6	A	++	+

### Primary Health Centres: Human Resources

S. No	No. of PHC	Doctors		ANM		Laboratory Technician		Pharmacist/Dresser		Nurses		Specialists		Storkeeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	07	114	53	406	326	7	0	6	6	67	52	7	0	6

**Referral Hospital/CHC : Infrastructure**

S. No	No. of Referral/CHC present	No. of Referral/CHC required	Gaps in Referral/CHC	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/+/#)	No. Places where rooms > 5	No. of beds	Functional OT (A/NA)	Condition of ward (+++ /++/#)	Condition of OT (+++ /++/#)
1	1	1	0	1	0	0	2	A	++	2	30	A	++	++

**Referral Hospital: Human Resources**

S. No	No. of /Referral /CHC	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Store keeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	1	4	4	0	0	1	0	1	0	4	2	4	1	1

**District Hospital: Infrastructure**

No	No. of Sadar Hospital present	No. of Sadar Hospital required	Gaps in Sadar	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/+/#)	No. of beds	Functional OT (A/NA)	Condition of ward (+++ /++/#)	Condition of OT (+++ /++/#)
1	1	1	0	govt	0	0	3	A	+++	80	A	++	+

**District Hospital: Human Resources**

SN	NO. of DH	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Store keeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	1	13	12	17	16	1	1	2	2	9	4	5	4	1

### 2.3.3 Indicators of Reproductive Health and Reproductive Child Health

Table

Variables Description	Khagaria	Bihar	India
Percentage girls marrying below legal age at marriage	39.5	51.5	
Percentage of households with low standard of living	78.1	66.3	
Percentage of households using adequate iodized salt (15ppm)	24.8	29.6	
Birth order 3 and above	46	54.4	
Percent women know all modern method	44.4	52.2	
Percent husbands know NSV (No scalpel vasectomy)	40.3	35.6	
Percent women/husbands using any family planning method	24.0	31	
Percent women/husbands using any modern method of family planning	20.4	27.3	
Unmet need for family planning	39.7	36.7	
Percent women received at least three visits for ANC	33.4	19.6	
Percent women received full ANC	4.3	5.4	
Percentage of Institutional delivery	33.5	23	
Percentage of delivery attended by skilled personnel	41.7	29.5	
Percentage of children (age12-23 months) received full immunization	52.4	23	
Percentage of children (age12-23 months) did not received any immunization	12.9	49.4	
Percent women aware of HIV/AIDS	34.2	28.8	
Percent husbands aware of HIV/AIDS	68.9	62.1	

Source: DLHS (2007-2008)

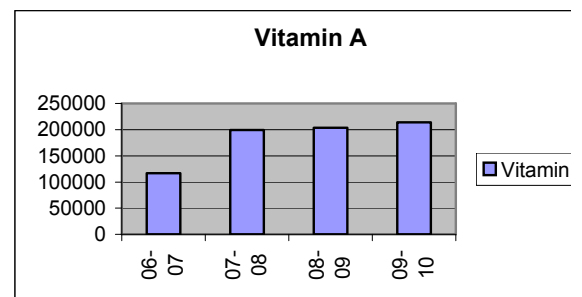
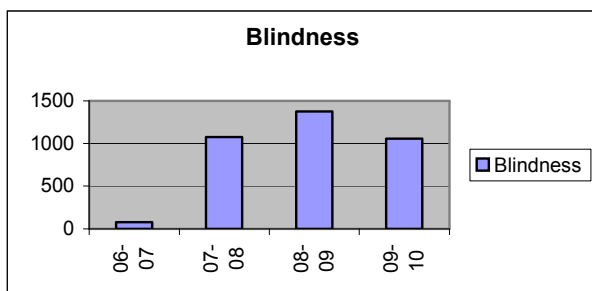
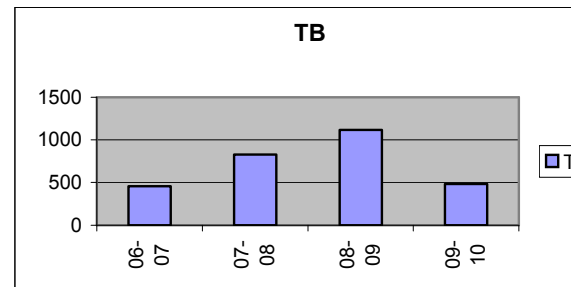
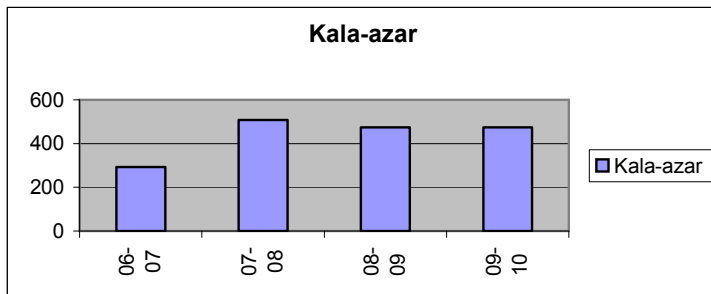
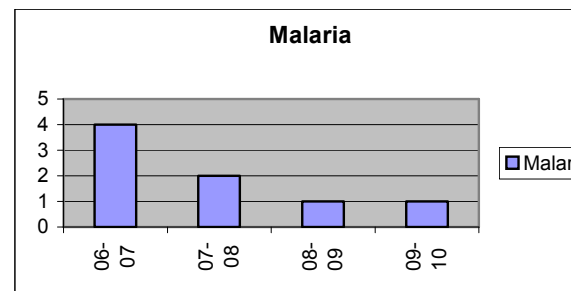
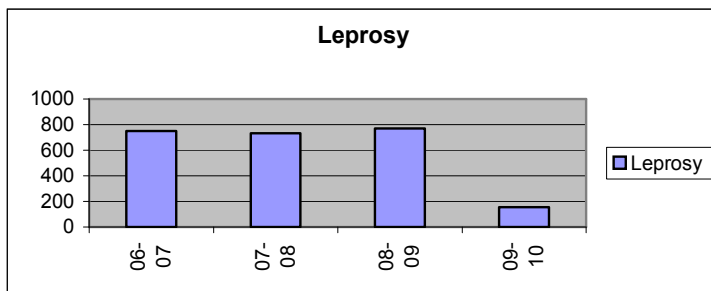
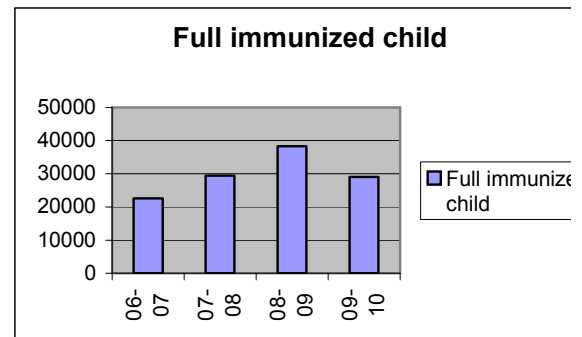
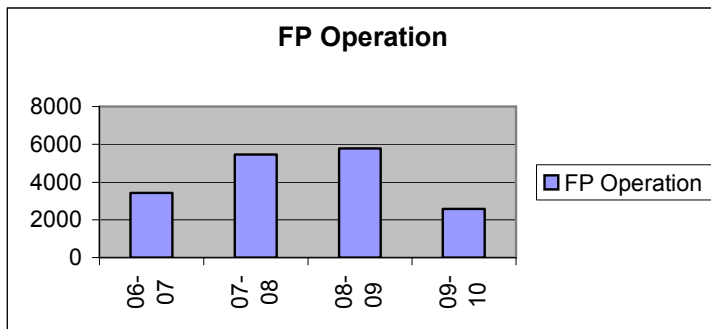
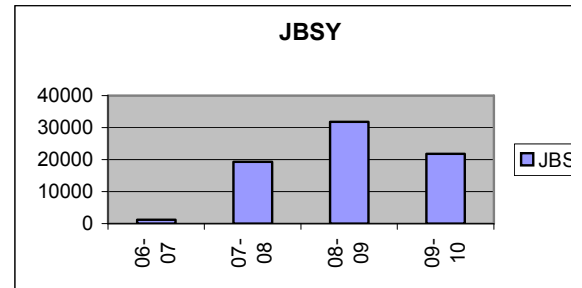
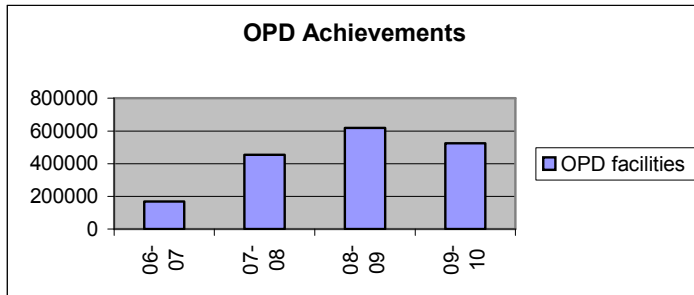


**2.3.4 Achievements: STATUS OF PREGRESS IN DIFFERENT HEALTH PROGRAMS**  
Table. Treatment provided in previous four financial years

Sl. No.	Program	2005-06	2006-07	2007-08	2008-09	2009-10 (from 1 April.09 to 30 Nov.09)
01.	OPD facilities	NA	169279	454921	618622	524481
02.	JBSY	NA	1131	19336	31779	21780
03.	FP Operation	3626	3435	5464	5783	2594
04.	Full immunized child	19431	22632	29503	38271	29042
05.	Leprosy	143	213	289	346	156
06.	Malaria	4	4	2	1	1
07.	Kala-zar	268	293	508	475	205
08.	TB	NA	455	828	1116	484
09.	Blindness	NA	78	1076	1377	1057
10.	Vitamin A	NA	116867	199532	203664	213789

Source: District Health Society, Khagaria

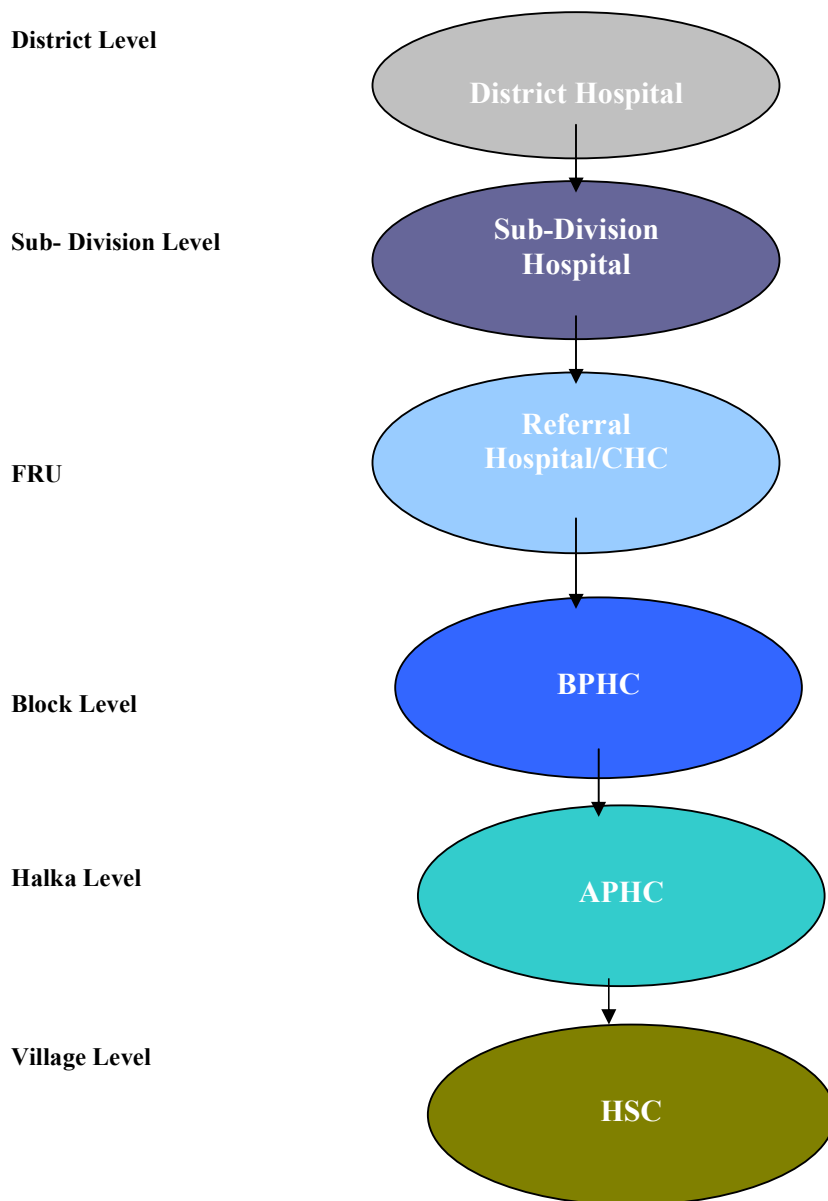
**Chart representation of achievements in different programs in last four financial years**



## Chapter 3

### Situational Analysis & Budget for HSC, APHC, BPHC & DH

On different level, there are various institutions in the health system from where health facilities are being provided to the people. The IPH standard specifies the properties, requirements and service specifications of all institutions. In the network of health system of a district, there are following hierarchy of institutions at different level-:



In the present situational analysis of Khagaria district, we will try to find out answer of the following questions-

- Is there sufficient no. of HSC, APHC, BPHC, CHC, Sub-divisional hospital & District Hospital sanctioned as per IPH standard?
- What are the gaps between no. of required and sanctioned institutions?
- Whether all institutions have resources, manpower and infrastructure as per IPH norms or not?
- Whether all institutions are providing the health services as per IPH norms or not?
- Is there sufficient fund allotment for institutions and programs?
- What are the activities that will improve the quality of services and will make it more reliable?

The situation analysis on the basis of no. of institutions, infrastructure, manpower, services and budget is given below

**3.1 Health Sub Center:** Health Sub Center is the first line service deliverable institutions from where different types of services are provided to women and children. The objectives of IPHS for Sub-Centre's are:

- To provide basic Primary health care to the community.
- To achieve and maintain an acceptable standard of quality of care.
- To make the services more responsive and sensitive to the needs of the community.

### No. of Institutions (Health Sub Center)

As per IPH standard at every 5000 population one HSC has to be established.

District Population (2009)	Maximum HSC required as per IPH Norms @ 5000 people	No. of Sub center already sanctioned/established	Gaps in No. of HSC
<b>1563443</b>	<b>304</b>	<b>193</b>	<b>111</b>

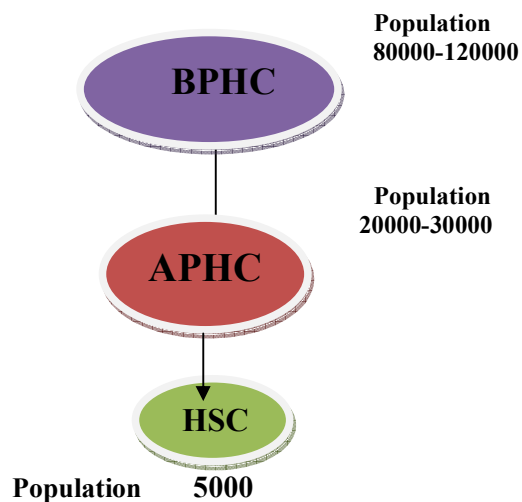
**To obtain 100% IPH standard -:** Need to sanction 111 new HSC to achieve 100% IPH standard.

**Task for 2010-11 -:**

- Out of 193 sanctioned HSC 42 HSC are not established so far. So, in financial year 2010-11, the first priority should be given to these non-functional HSC.

#### 3.1.1 Infrastructure

GAPS IN INFRASTRUCTURE:



First contact point with community

## **Introduction:**

Health Sub Centre is very important part of entire Health System. It is first available Health facility nearby for the people in rural areas.

We are trying to analyze the situations at present in accordance with Indian Public Health Standards.

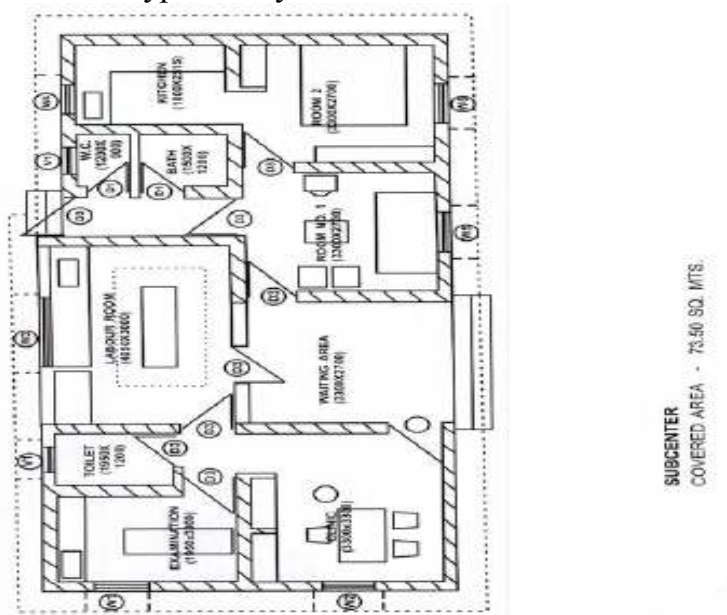
### **1. Infrastructure for HSCs:**

#### **IPHS Norms:**

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

- i. Location of the centre: The location of the centre should be chosen that:
  - a. It is not too close to an existing sub centre/ PHC
  - b. As far as possible no person has to travel more than 3 Km to reach the Sub centre
  - c. The Sub Centre Village has some communication network (Road communication/Public Transport/Post Office/Telephone)
  - d. Accommodation for the ANM/Male Health Worker will be available on rent in the village if necessary. For selection of village under the Sub Centre, approval of Panchayats as may be considered appropriate is to be obtained.
- ii. The minimum covered area of a Sub Centre along with residential Quarter for ANM will vary from 73.50 to 100.20 sq mts. depending on climatic conditions(hot and dry climate, hot and humid climate, warm and humid climate), land availability and with or without a labor room. A typical layout plan for Sub-Centre with ANM residence as per the RCH Phase-II National Programme implementation Plan with area/Space Specifications is given below

## Typical Layout of Sub- Centre with ANM Residence



Waiting Area	:	3300mm x 2700mm
Labour room	:	4050mm x 3300mm
Clinic room	:	3300mm x 3300mm
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.

Item	IPHS Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11	Budget for (2010-11)
<b>Physical Infrastructure</b>	The minimum covered area of a Sub Center along with residential Quarter for ANM will vary from 73.50 to 100.20 sq meters.	304 (Max. HSC as per IPHS)	58 (Already having building)	248	135	135 X1300000 =17,55,00000
<b>Waste Disposal</b>	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared				
<b>Furniture</b>	Examination Table 1 Writing table 2 Armless chairs 3 Medicine Chest 1 Labour table 1 Wooden screen 1 Foot step 1 Coat rack 1 Bed side table 1 Stool 2 Almirahs 1 Lamp 3 Side Wooden racks 2 Fans 3 Tube light 3 Basin stand 1	1X 304 = 304 2X 304 = 608 3X 304 = 912 1X 304 = 304 1X 304 = 304 1X304 = 304 1X 304 =304 1X 304 = 304 1X 304 =304 2X 304 = 608 1X 304 = 304 3X 304 = 912 2X 304 = 608 3X 304 = 912 3X 304 = 912 1X 304 = 304	193 HSC are sanctioned that need all these furniture. Some HSC have some furniture but worth deposable.	304	All sanctioned/established HSC i.e. 193	193X 12000= 2316000 386X 8000 = 3088000 579X2000= 1158000 193X 5000= 965000 193X 8000= 1544000 193X 1000= 193000 193X 200 = 38600 193X 1000 = 193000 193X 500 = 96500 386X 300 = 115800 193X12000= 2316000 772 X 200= 154400 386 X 1500= 579000 772X 1500= 1558000 772X 250= 193000 193x 1500= 289500  <b>Total- 14797800</b>
<b>Equipment</b>	Basin Kidney 825 ml Tray instrument Jar Dressing Hemoglobin meter Forceps Tissue 160 mm Forceps sterilizer Scissors surgical Reagent strips for urine Scale, Infant metric Sterilization kit Vaccine Carrier Ice pack box Forceps Suture needle straight Suture needle	2X304=608 1X304=304 1X304=304 1X304=304 1X304=304 1X304=304 1X304=304 2X304=608 8X304=2432 20X304=6080 12X304=3648 12X304=3648 12X304=3648 20X304=6080 1X304=304 20X304=6080 1x 304= 304 1x 304= 304 1X304= 304	193 HSC are sanctioned that need all these equipments.	304	All sanctioned/established HSC i.e. 193	Total - 2,2500000 (Approx.) (To provide all listed Equipments to all working 193 HSC)

	curved Syringe Disposable gloves Clinical Thermometer Torch weighing (baby) weighing (Women) Stethoscope	1X304= 304 1X304= 304				
<b>Drugs</b>	<b>Kit A</b> ORS IFA Tab. (large) IFA Tab. (small) Vit. A Solution(100 ml) Cotrimoxazole Tab(child) <b>Kit B</b> Tab. Methylegometrine Maleate (0.125 mg) Paractamol (500 mg) Inj.Methylegometrine Maleate Tab.Mebendazole(100 mg) Tab.Dicyclomine HCl. (10 mg) Ointment Povidone Iodine 5% Cetrimide Powder Cotton Bandage Absorbant Cotton (100 gm each)	150X304= 15000X304= 13000X304= 6X304= 1000X304=  480X304= 500X304=  10X304=  300X304=  180X304=  5X304= 125X304= 120X304=  10X304=	<b>193 HSC are sanctioned that need all these drugs.</b>	<b>304</b>	All sanctioned/established HSC i.e 193	<b>Total - 2,250,000 (Approx.) (To provide all listed Medicine to all working 193 HSC)</b>
<b>Support Services</b>						
<b>Laboratory</b>	Minimum facilities like estimation of haemoglobin by using a approved Haemoglobin Colour Scale, urine test for the presence of protein by using Uristix, and urine test for the presence of sugar by using Diastix should be available. Haemoglobin Colour Scale Uristix Diastix	1X304=304 1X304=304 1X304=304	<b>193 HSC are sanctioned that need all these equipments.</b>	<b>304</b>	All sanctioned/established HSC i.e 193	<b>Total =19,30,000 (Approx.) (To provide three listed Equipments of laboratory to all working 193 HSC)</b>



<b>Electricity</b>	Wherever facility exists, uninterrupted power supply has to be ensured for which inverter facility / solar power facility is to be provided. <b>Solar power set</b>	1X304=304	<b>193 HSC are sanctioned that need Solar power sets.</b>	<b>304</b>	All sanctioned/established HSC i.e 193	193X20000= <b>38,60,000</b>
<b>Water</b>	Potable water for patients and staff and water for other uses should being adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	193 HSC				
<b>Telephone</b>	Where ever feasible, telephone facility / cell phone facility is to be Provided. <b>Mobile phone</b>	1X304=304	193 HSC are sanctioned and need Mobile Phone	<b>304</b>	All sanctioned/established HSC i.e 193	193X1500= <b>289500</b>

### 3.1.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2010-11	Budget 2010-11
Health worker (female)	2	2X304=608	152	456	193X2=386 Total=386	386X6000X12 = <b>2,77,92,000</b>
Health worker (male)	1 (funded and appointment by the state government)	1X304=304	0	304	193	193X4000x12 = <b>92,64,000</b>
<b>Total</b>						<b>3,70,56,000</b>

### 3.1.3 Services and others

Sub Heads	Gaps	Issues	Strategy	Activities	Budget (2010-11)
Infrastructure	Out of 135 only 58 HSC have its own building, remaining are running in rented building.	1. Non payment of rent 2. Land availability for new building	1. Ensuring payment of rent till own buildings are not constructed. 2. Involvement of DM to arrange land.	1. Budget to construct 135 HSC is given above. Construction of building is time taking process. So, timely payment of rent is needed 2. DM should instruct the CO to arrange land for HSC.	Rent for HSC $135 \times 500 \times 12 = 8,10,000$
	Lack of Equipments, Drugs, Furniture, Power	HSC are working but without resources	Purchasing Equipments, Drugs, Furniture, and Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.	Detail budget has been given above.
	Formats/Registers and Stationeries (Untied fund)	Always it is found that HSC is lacking stationeries	Arrangements of fund for these miscellaneous expenses.	Untide fund are available but problem in handling. Untide fund is operated jointly by ANM & PRI people but they have no proper knowledge to handle it. Only one PRI e.i Mukhiya (Pradhan) should be authorized for joint account and then proper orientation should be given them.	$193 \times 10,000 = 19,30,000$
Services of HSCs	No institutional delivery at HSC level	Skilled staff to perform institutional delivery is available but lacking resources.	Arrange all required resources to perform institutional delivery.	Purchase Drug, equipments, furniture as per IPHS. Arrangement of Ambulance at APHC & PHC level to quickly send patients in bigger hospital in case of complications.	Detail budget has been given above.

	<b>Poor ANC</b>	<p>1. In compare to delivery there are poor percentages of pregnant women registration.</p> <p>2. Minimum three antenatal check-ups</p>	<p>1. Make community aware about the merit of ANC</p> <p>2. Make system more reliable.</p>	<p>1. Need to aware village women through orientation program. Regular supply of TT &amp; IFA.</p> <p>2. Ensure availability of drug and equipments necessary for check up</p>	<b>Detail budget has been given above.</b>
	<b>Poor Post Natal Care</b>	<p>1. A minimum of 2 postpartum home visits</p> <p>2. Initiation of early breast-feeding within half-hour of birth</p> <p>3. Counseling on diet &amp; rest, hygiene, contraception, essential new born care, Infant and young child feeding.</p>	<p>Ensuring minimum 2 postpartum visits at home. Ensuring counseling on early breath feeding, on diet &amp; rest, hygiene, contraception, essential new born care</p>	<p>Strict rule to compel ANM to visit at home. Orientation &amp; Training program of ANM over early breath feeding, on diet &amp; rest, hygiene, contraception, essential new born care</p>	<b>No need of extra Budget. Orientation &amp; Training program can be organized from Untied fund.</b>
	<b>Family Planning and Contraception</b>	<p>1. Education, Motivation and counseling to adopt appropriate Family planning methods</p> <p>2. Provision of contraceptives such as condoms, oral pills, emergency Contraceptives.</p> <p>3. IUD insertions</p>	<p>Increase No. of FP operation &amp; promotion of the use of contraceptives</p>	<p>1. Tubectomy operation is going good but to increase the no. of vasectomy operations counseling of male are necessary.</p> <p>2. Ensure the availability contraceptives such as condoms, oral pills, emergency contraceptives</p> <p>3. Training of ANM on IUD Insertion is required.</p>	<b>No need of extra Budget. Orientation &amp; Training program can be organized from Untied fund.</b>
	<b>No MTP</b>	<p>Counseling and appropriate referral for safe abortion services (MTP) for those in need.</p>	<p>Start MTP Services at HSC level.</p>	<p>First purchase the essential equipments and drugs listed above. Training/refreshing course of suitable ANM.</p>	<b>Detail budget Of equipments and drugs has been given above</b>

	<b>RNTCP</b>	Eradication of TB	Easy availability of drugs & referral of patients.	Referral of suspected symptomatic cases to the PHC/Microscopy center • Provision of DOTS at sub centre and proper documentation and follow-up	<b>Budget will be given under RNTCP head</b>
	<b>AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics</b>	Eradication & Control	Making people aware about these disease	IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	<b>For IEC 193X5000= 9,65,000</b>
	<b>Child Immunization</b>	1. No 100% child immunization 2. Drop out cases 3. Shortage of vaccine.	Working at various levels to obtain 100 % child immunization.	1. Preparation of micro plan at PHC level. Special Plan for hard to reach area. 2. Proper monitoring. 3. Filling up immunization card to follow up. 4. Vaccine is supplied from state that is irregular. So, ensure availability of all vaccine to increase reliability. 5. To control drop out cases if possible new vaccine like <b>Easy 5</b> and <b>MMR</b> should supply.	<b>Vaccine is supplied from state. So, no need to prepare the budget at district level.</b>

### 3.1.4 Budget Summary (Health Sub Center)

2010-11

Head	Sub head	Budget	Remarks
Infrastructure	Physical Infrastructure	17550000	For State Govt.
	Furniture	14797800	
	Equipments	2250000	
	Drugs	2250000	
	Laboratory	1930000	
	Electricity	3860000	
	Telephone	289500	
Manpower	Health worker (female)	27792000	
	Health worker (male)	9264000	
Services of HSC	Infrastructure (Rent)	810000	
	Untide Fund	1930000	
	IEC	965000	
	<b>Total</b>	<b>83688300</b>	

### 3.2 Additional Primary Health Center (APHC):

Additional Primary Health Center are the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-center for curative, preventive and promotive health care. A typical Primary Health Center covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 4-6 indoor/observation beds. It acts as a referral unit for 6 sub-center and refer out cases to PHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level.

The objectives of IPHS for APHCs are:

- i. To provide comprehensive primary health care to the community through the Additional Primary Health Center.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the community.

### No. of Institutions (Additional Primary Health center)

As per IPH standard at every 30,000 population one APHC has to be established.

District Population (2009)	Maximum APHC required as per IPH Norms @ 30,000 people	No. of APHC already sanctioned/established	Gaps in No. of APHC
<b>1563443</b>	<b>52</b>	<b>25</b>	<b>27</b>

**To obtain 100% IPH standard -: Need to sanction 27 new APHC to achieve 100% IPH standard.**

**Task for 2010-11 -:**

- **Out of 25 sanctioned APHC one APHC are not established so far. So, in financial year 2010-11, the first priority should be given to these non-functional APHC.**

#### 3.2.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11	Budget for (2010-11)
<b>Physical Infrastructure</b>	It should be well planned with the entire necessary infrastructure. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. meters depending on whether an OT facility is opted for.	52 (Max. APHC as per IPHS)	5 (Already having building but requires renovation)	<b>48</b>	<b>20</b>	20 New building X 52,00000 =11,000000 5 Old (renovation) X 25,00000 =1,2500000 Total = <b>12,0000000</b>
<b>Waste Disposal</b>	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared				

<p style="text-align: center;"><b>Furniture</b></p>	<p>Examination table 3  Writing tables with table sheets 5  Plastic chairs 6  Armless chairs 8  Full steel almirah 4  Labour table 1  OT table 1  Arm board for adult and child 4  Wheel chair 1  Stretcher on trolley 1  Instrument trolley 2  Wooden screen 1  Foot step 5  Coat rack 2  Bed side table 6  Bed stead iron 6  Baby cot 1  Stool 6  Medicine chest 1  Lamp 3  Shadowless lamp light (for OT and Labour room)  Side Wooden racks 4  Fans 6  Tube light 8  Basin 2  Basin stand 2  Sundry Articles including Linen:  Buckets 4  Mugs 4  LPG stove 1  LPG cylinder 2  Sauce pan with lid 2  Water receptacle 2  Rubber/plastic shutting 2 meters  Drum with tap for storing water 2  I V stand 4  Mattress for beds 6  Foam Mattress for OT table 1  Foam Mattress for labour table 1  Macintosh for labour and OT table 4 metres  Kelly's pad for labour and OT table 2 sets  Bed sheets 6  Pillows with covers 8  Blankets 6  Baby blankets 2  Towels 6  Curtains with rods 20 metres</p>	<p style="text-align: center;">Maximum APHC is 52 so requirement is accordingly</p>	<p style="text-align: center;"><b>25 APHC are sanctioned that need all these furniture. Since almost all APHC are non-functional so, everywhere these furniture are required.</b></p>	<p style="text-align: center;"><b>27</b></p>	<p style="text-align: center;">All sanctioned/established APHC i.e. 25</p>	<p style="text-align: center;"><b>10,00000(Approx ) per APHC</b>   <b>Total - 10,00000 X 25= 2,50,00000</b>   <b>(To provide all listed furniture to 25 working APHC)</b></p>
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<p><b>Equipment</b></p>	<ul style="list-style-type: none"> <li>• Normal Delivery Kit</li> <li>• Equipment for assisted vacuum delivery</li> <li>• Equipment for assisted forceps delivery</li> <li>• Standard Surgical Set</li> <li>• Equipment for New Born Care and Neonatal Resuscitation</li> <li>• IUD insertion kit</li> <li>• Equipment / reagents for essential laboratory investigations</li> <li>• Refrigerator</li> <li>• ILR/Deep Freezer</li> <li>• Ice box</li> <li>• Computer with accessories including internet facility</li> <li>• Baby warmer/incubator.</li> <li>• Binocular microscope</li> <li>• Equipments for Eye care and vision testing</li> <li>• Equipments under various National Programmes</li> <li>• Radiant warmer for new borne baby</li> <li>• Baby scale</li> <li>• Table lamp with 200 watt bulb for new borne baby</li> <li>• Phototherapy unit</li> <li>• Self inflating bag and mask-neonatal size</li> <li>• Laryngoscope and Endotracheal intubation tubes (neonatal)</li> <li>• Mucus extractor with suction tube and a foot operated suction machine</li> <li>• Feeding tubes for baby 28</li> <li>• Sponge holding forceps - 2</li> <li>• Valsellum uterine forceps - 2</li> <li>• Tenaculum uterine forceps – 2</li> <li>• MVA syringe and cannulae of sizes 4-8</li> <li>• Kidney tray for emptying contents of MVA syringe</li> <li>• Trainer for tissues</li> </ul>	<p>Maximum APHC is 52 so requirement is accordingly</p>	<p>25 APHC are sanctioned that need all these equipments.</p>	<p>52</p>	<p>All sanctioned/established APHC i.e 25</p>	<p>17,50,000(Aprx) per APHC</p> <p>Total - 17,50,000 X 25=</p> <p>4,37,50,000</p> <p>(To provide all listed equipments to 25 working APHC)</p>
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	<ul style="list-style-type: none"> <li>• Torch without batteries – 2</li> <li>• Battery dry cells 1.5 volt (large size) – 4</li> <li>• Bowl for antiseptic solution for soaking cotton swabs</li> <li>• Tray containing chlorine solution for keeping soiled instruments</li> <li>• Residual chlorine in drinking water testing kits</li> <li>• H2S Strip test bottles</li> </ul>					
<b>Drugs</b>	Paracetamol Tab- 500mg per Tab. Paracetamol Syrup- 125mg/5ml-60ml Atropine - Inj. 0.6 mg per 1ml amps Ciprofloxacin - Tab 500mg/Tab Co Trimoxazole Tab 160 + 800 mg Tab Gentamycin - Inj M.D. vial (40 mg/ml)- 30ml vial Oxytocin - Inj-Amp 1 ml (5i.u./ml) 5% Dextrose 500 ml bottle B Complex Tab Gentamicin - Ear/Eye Drop 5 ml Promethazine - Inj-Amp. 2ml amps (25 mg/ml) Pentazocine Lactate Inj. Inj-Amp.- 1 ml (30 mg/ml) Diazepam - Inj-Amp. 2ml amps (5mg/ml) Cough Expectorant 100 ml pack Ampicillin 250mg Capsule Ampicillin 500mg Capsule Cetirizine Tablet - 10mg Doxycycline Capsule-100mg Etophylline & Theophylline Inj.- 2ml Fluconazole	Maximum APHC is 52 so requirement is accordingly	25 APHC are sanctioned that need all these equipments.	52	All sanctioned/est ablished HSC i.e 52	Total - 5,0000000 (Approx.) (To provide all listed Medicine to all working 25 APHC)

<p>           Tablet – 200mg            Dicyclomine Tablets -            20mg            Dexamethasone            Inj.- 4mg/ml- 10ml Vial            Atropine            Inj. 0.6mg/ml - 1ml            Ampoule            Lignocaine Solution 2%            Solution 2%- 30ml Vial            Diazepam Tablet- 5mg            Chlorpheniramine            Maleate            - Tablet- 4mg            Cephalexin )            - Capsule- 250mg            Metronidazole            - Tablet- 200mg            Ranitidine Hydrochloride            - Tablet 150mg            Metoclopramide            - Tablet- 10mg            Diethylcarbamazine            - Tablet- 50mg            Paracetamol Dicyclomine            - Tablet (500mg+20mg)            Fluconazole            - Tablet 50mg            Diethylcarbamazine            - Tablet- 100mg            Xylometazoline            - Drops - 0.1% (Nasal)            10ml vial.            A.R.V.            Theophyline IP Comb. n.            25.3mg/ml            Aminophyline Inj. IP            25mg/ml            Adrenaline Bitrate Inj. IP            1mg/ml            Methyl Ergometrine            Maleate            125mg/Tablet, Injection            Amoxicilline Trilhydrate            IP            250mg/Capsule            Amoxicilline Trilhydrate            IP            250mg/Dispersible Tab.            Phenoxymethyl Penicillin            130mg/ml            Vit K3 (Menadione Inj.)            USP            100mg/ml            Nalidixic Acid Tabs.            100mg/Tab            Phenytoin Sodium Inj. IP            50mg/2ml            Chlorpromazine         </p>					
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	Hydrochloride 25mg/ml Cephalexin /Ceftroloxin 250mg/Tablet Sodium Chloride Inj. IP I.V. Solution 0.9w/v Gama Benzine hexa Chloride As decided by CS Plasma Volume Expander As decided by CS Inj. Magnesium Inj. 50% preparation Hydralazine Misoprostol 200mg/Tablet					
<b>Support Services</b>						
<b>Laboratory</b>	1. Routine urine, stool and blood tests 2. Bleeding time, clotting time, 3. Diagnosis of RTI/STDs with wet mounting, Grams stain, etc. 4. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP) 5. Blood smear examination for malarial parasite. 6. Rapid tests for pregnancy / malaria 7. RPR test for Syphilis/YAWS surveillance 8. Rapid diagnostic tests for Typhoid (Typhi Dot) 9. Rapid test kit for fecal contamination of water 10. Estimation of chlorine level of water using ortho-toludine reagent	Maximum APHC is 52 so requirement is accordingly	25 APHC are sanctioned that need all these equipments.	27	All sanctioned/established APHC i.e 25	Budget for Laboratory equipments has been given above.
<b>Electricity</b>	Wherever facility exists, uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	Maximum APHC is 52 so requirement is accordingly	25 APHC are sanctioned that need power supply.	28	All sanctioned/established APHC i.e 24	Generator service can be out sourced. 25 X 36000 X 12= 1,08,00,000
<b>Water</b>	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and	Safe water available everywhere				

	safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.					
<b>Telephone</b>	Where ever feasible, telephone facility / cell phone facility is to be provided.	Maximum APHC is 52 so requirement is accordingly	25 APHC are sanctioned that need Telephone facility.	52	All sanctioned/established APHC i.e	Total 25 X 500 X 12 = 1,50,000
<b>Transport</b>	The APHC should have an ambulance for transport of patients. This may be outsourced.	Maximum APHC is 52 so requirement is accordingly	24 APHC are sanctioned that need Transport facility.	52	All sanctioned/established APHC i.e	Ambulance service may be outsourced Total 25X 15000 X 12 = 45,00000
<b>Laundry and Dietary facilities</b>	Laundry and Dietary facilities for indoor patients: these facilities can be outsourced.	Maximum APHC is 52 so requirement is accordingly	24 APHC are sanctioned that need Laundry facility.	52	All sanctioned/established APHC i.e	Laundry and Dietary facilities can be outsourced 10,000 per APHC per month Total 25 X 10,000 X 12 = 30,00000

### 3.2.3 Services and others

Sub Heads	Gaps	Issues	Strategy	Activities	Budget (2010-11)
<b>Infrastructure</b>	<b>Out of 25 only 5 APHC have its own building, remaining are running in rented building.</b>	1. Non payment of rent 2. Land availability for new building	1. Ensuring payment of rent till own buildings are not constructed. 2. Involve DM to arrange land.	1. Budget to construct 25 APHC is given above. Construction of building is time taking process. So, timely payment of rent is needed 2. DM should instruct the CO to arrange land for HSC.	Rent for HSC 20X1200 X12= 2,88,000
	<b>Lack of Equipments, Drugs, Furniture, Power</b>	APHC are working but without resources	Purchasing Equipments, Drugs, Furniture, and Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.	Detail budget has been given above.
	<b>Formats/Registers and Stationeries (Untied fund)</b>	Always it is found that APHC is lacking stationeries	Arrangements of fund for these miscellaneous expenses.	Untied fund Provision under control of RKS.	25X25,000= 625000

<b>Services of APHC</b>	<b>No institutional delivery at APHC level</b>	No services of delivery	Arrange all required resources and manpower to start institutional delivery.	<ul style="list-style-type: none"> <li>▪ Purchase Drug, equipments, furniture as per IPHS.</li> <li>▪ Hire required manpower to support this service.</li> <li>▪ Arrangement of Ambulance at APHC level to quickly send patients in bigger hospital in case of complications.</li> </ul>	Detail budget has been given above.
	<b>Medical care</b>	Non Functional	<ul style="list-style-type: none"> <li>▪ OPD Services</li> <li>▪ 24 hours emergency services</li> <li>▪ Referral services</li> <li>In-patient services (6 beds)</li> </ul>	<ul style="list-style-type: none"> <li>▪ hours in the morning and 2 hours in the evening</li> <li>▪ Minimum OPD Attendance should be 40 patients per doctor per day.</li> <li>▪ Appropriate management of injuries and accident, First Aid, Stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions</li> <li>▪ Ambulance Service to support referral</li> <li>Provision of diet, light, laundry etc to start indoor service.</li> </ul>	Nothing new for these services Detail budget has been given above.

	<b>Maternal and Child Health Care</b>	<b>Non functional</b>	<ul style="list-style-type: none"> <li>▪ Antenatal care</li> <li>▪ Intra-natal care</li> <li>▪ Postnatal Care</li> <li>▪ New Born care</li> <li>▪ Care of the child</li> </ul>	<ul style="list-style-type: none"> <li>▪ Start immunization properly.</li> <li>▪ start JBSY at APHC level</li> <li>▪ Establish lab for minimum investigations like hemoglobin, urine albumin, and sugar, RPR test for syphilis</li> <li>▪ Nutrition and health counseling</li> <li>▪ Promotion of institutional deliveries</li> <li>▪ Conducting of normal deliveries</li> <li>▪ Assisted vaginal deliveries including forceps / vacuum delivery whenever required</li> <li>▪ Manual removal of placenta</li> <li>▪ Appropriate and prompt referral for cases needing specialist care.</li> <li>▪ Management of Pregnancy Induced hypertension including referral</li> <li>▪ Pre-referral management</li> <li>▪ A minimum of 2 Postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-center staff.</li> <li>▪ Initiation of early breast-feeding within half-hour of birth</li> </ul> <p>c) Education on nutrition, hygiene, contraception, <b>essential new born care</b></p> <ul style="list-style-type: none"> <li>▪</li> </ul>	Nothing new for these services Detail budget has been given above.
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	<b>Family Planning, Contraception &amp; MTP</b>	No FP operation at APHC level.	<ol style="list-style-type: none"> <li>1. Start FP operation</li> <li>2. Distribution of contraceptives such as condoms, oral pills, emergency Contraceptives.</li> <li>3. IUD insertions</li> </ol>	<ul style="list-style-type: none"> <li>▪ Education, Motivation and counseling to adopt appropriate Family Planning methods.</li> <li>▪ Provision of contraceptives such as condoms, oral pills, emergency Contraceptives, IUD insertions.</li> <li>▪ Permanent methods like Tubal ligation and vasectomy / NSV.</li> <li>▪ Follow up services to the eligible couples adopting permanent methods</li> <li>▪ Counseling and appropriate referral for safe abortion services (MTP) for Those in need.</li> </ul> <p>Counseling and appropriate referral for couples having infertility.</p>	No need of extra Budget. Orientation & Training program can be organized from Untied fund.
	<b>RNTCP</b>	No DOT center at APHC	Treatment and Distribution of drug.	<ul style="list-style-type: none"> <li>▪ All APHCs to function as DOTS Centers to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per Guidelines.</li> </ul>	Budget will be given under RNTCP head
	<b>Integrated Disease Surveillance Project (IDSP)</b>	No IDSP	Need to start IDSP	<ul style="list-style-type: none"> <li>▪ APHC will collect and analyze data from sub-center and will report Information to PHC surveillance unit.</li> <li>▪ Appropriate preparedness and first level action in out-break situations.</li> <li>▪ Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid and tests for detection of faecal Contamination of water (Rapid test kit) and chlorination level.</li> </ul>	<p>Budget for Computer operator and Stationary.</p> <p>24X 7500X12=</p> <p>21,60,000</p>
	<b>National Program for Control of Blindness (NPCB)</b>	No NPCB program	Need to start NPCB Program	<ul style="list-style-type: none"> <li>▪ Diagnosis and treatment of common eye diseases.</li> <li>▪ Refraction Services.</li> <li>▪ Detection of cataract cases and referral for cataract surgery.</li> </ul>	Budget will be given under District Blindness program head

	<b>National AIDS Control Program</b>		Starting AIDS control program at APHC level	<ul style="list-style-type: none"> <li>▪ IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission</li> <li>▪ Organizing School Health Education Programme</li> <li>(c) Screening of persons practicing high-risk behavior with one rapid test to be conducted at the APHC level and development of referral linkages with the nearest VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high Prevalence states.</li> <li>▪ Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital for PPTCT Services.</li> <li>▪ Linkage with Microscopy Center for HIV-TB coordination.</li> <li>▪ Condom Promotion &amp; distribution of condoms to the high risk groups.</li> <li>▪ Help and guide patients with HIV/AIDS receiving ART with focus on Adherence.</li> </ul>	Budget will be given under District AIDS program head
	Leprosy, Malaria, Kala-azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	Eradication & Control	Making people aware about these disease and providing treatments	<ul style="list-style-type: none"> <li>▪ IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics</li> <li>▪ Starting treatment of patients if reported.</li> <li>▪ Referral facilities for better treatment.</li> </ul>	



### 3.2.4 Budget Summary (Additional Primary Health Center)

2010-11

Head	Sub head	Budget	Remarks
<b>Infrastructure</b>	Physical Infrastructure	80000000	
	Furniture	24000000	
	Equipments	42000000	
	Drugs	48000000	
	Electricity	10368000	
	Telephone	114000	
	Transport	4330000	
	Laundry/Diet	2880000	
	<b>Manpower</b>	For all	21744000
<b>Others Services of APHC</b>	Rent	273600	
	Untide fund	600000	
	IDSP	4950000	
		<b>239259600</b>	

### 3.3 Primary Health Center (PHC):

Primary Health Centers exist to provide health care to every citizen of India within the allocated resources and available facilities. The Charter seeks to provide a framework which enables citizens to know.

- what services are available?
- the quality of services they are entitled to.
- the means through which complaints regarding denial or poor qualities of services will be addressed.

#### Objectives

- to make available medical treatment and the related facilities for citizens.
- to provide appropriate advice, treatment and support that would help to cure the ailment to the extent medically possible.
- to ensure that treatment is best on well considered judgment, is timely and comprehensive and with the consent of the citizen being treated.
- to ensure you just awareness of the nature of the ailment, progress of treatment, duration of treatment and impact on their health and lives, and
- to redress any grievances in this regard.

#### No. of Institutions (Primary Health center)

As per IPH standard at every 1,00,000 population one PHC has to be established.

District Population (2009)	Maximum PHC required as per IPH Norms @ 1,00,000 people	No. of PHC already sanctioned/established	Gaps in No. of PHC
1563443	15	7	8

**To obtain 100% IPHS standard -:** Need to sanction 8 new PHC to achieve 100% IPHS standard.

#### Task for 2010-11 -:

- Out of 7 sanctioned PHC all 5 PHC are established and functioning. So, in financial year 2010-11, 25% of gaps i.e. 2 PHC can be sanctioned more to minimize the gaps.

### PRIMARY HEALTH CENTRE, Alauli

#### 1. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

##### A. Labour /Delivery and PAC Room

##### A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response, and fill in the remarks.

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?		No				
2. Is there electricity?			Outsourcing (Gen.)			
3. Is there 24 hour power backup system (with fuel)?						
4. Is there attached toilet for patients?	Yes					
5. Are there partition/ door separating labour room from		No				

other facility for privacy?						
6. Is there a sluice room attached to labour room?		No				
a. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?		No				
b. Is there basin for soaking linen in the sluice room?		No				
c. Is there 24 hour running water in the sluice room		No				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1				Tray	
2. Table	1	1	Yes			
3. Chair	2					

## A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2					
2. Mattresses w/ water proof cover	2					
3. Pillows w/ water proof cover	2					
4. Bedpan	2	1	Yes			
5. Revolving Stool	2	1	Yes			
6. Bedscreen for privacy	1					
7. Bedside cabinet (lockable)	2	2	Yes			
8. Step Stool	2					
9. Mayo Table	1					
10. Instrument trolley	2					
11. Bowl stand	2	2	Yes			
12. Portable light	1					
13. Emergency light	1					
14. Torch light	1					
15. Wall clock that can be seen easily	1					
16. IV stand	2	2	Yes			
17. Electric Suction, 220V	1					
18. Foot suction	1					
19. Perineal Light	1					

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

<b>A2.2 Basic Equipments for Labour/Delivery and PAC Room</b>	<b>SQ</b>	<b>Number of Functional Equipments</b>	<b>Remarks</b>
1. Instrument Trolley (mobile)	1		
2. Stethoscope	1	2	
3. BP apparatus	1	1	
4. Fetoscope	1		
5. Oral Thermometer	1	1	
6. Rectal Thermometer	1		
7. Room Thermometer	1		
8. Drums for gloves	1	1	
9. Jar w/ cover (for swabs)	1		
10. Tourniquet, latex rubber, 75cm	1	1	
11. Kidney Tray	1		
12. Dressing Tray	1	1	
13. Cheattle forceps w/ jar, stainless steel	1		
14. Kocher's Forcep	2		
<b>Additional Equipments on the Trolley</b>			
15. Rubber catheter	2	Yes	
15. Bivalve Cusco	1 set		

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

<b>A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room</b>	<b>SQ</b>	<b>AQ</b>	<b>Condition</b>			<b>Remarks</b>
			<b>Functional</b>	<b>Need repair</b>	<b>Not repairable</b>	
1. Oxygen cylinder with flow meter	1	1	Yes			
2. Oxygen concentrator	1					

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

<b>A2.4 Emergency Trolley for Labour/Delivery and PAC Room</b>	<b>SQ</b>	<b>AQ</b>	<b>Condition</b>			<b>Remarks</b>
			<b>Functional</b>	<b>Need repair</b>	<b>Not repairable</b>	
1. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	1				
2. Resuscitation set – adult (ambu bags, masks, suction catheter)	1					
3. Blood pressure cuff	1	1				
4. Portable oxygen cylinder w/ flow meter	1	1				
5. Stethoscope	1	1				
6. Fetoscope	1					
7. Disposable sterile syringe and needles: 2 – 50 ml	1					
8. Urinary (Foley) catheter & Uro bag	1	1				

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
9. IV canulla (18G)	2 pc					
10. IV sets	2	1				
11. Ringer lactate	1	1				
12. Kidney tray	1					

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>	1	Dressing Room		
1. Artery Forceps, 140mm	1	1			
2. Toothed thumb forceps, 155mm	1	1			
3. Suture cutting scissors, 140mm	1				
4. Kidney Tray (200ml)	1				
5. Bowl for antiseptic (180ml)	1				
<b>b. Delivery Set</b>	<b>2 sets</b>				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	1			
2. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
3. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
4. Bowl S.S (Small and Big) 600ml, 750ml	2				
<b>c. Perineal/Vaginal/Cervical Repair Set</b>	<b>1 set</b>				
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	1			
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1			
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1				
4. Needle Holder (Mayo – Hegar) 20 cm	1				
5. Scissors (Abdominal, Kelly) 18 cm	1	1			
6. Suture cutting scissors (long)	1				
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set				
9. Vaginal Speculum (Hamilton Bailey)	1	1			
<b>d. Episiotomy Set</b>	<b>1 set</b>				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				
2. Needle Holder (Mayo Hegar (20cm)	1	1			
3. Dissecting Forceps – toothed and non toothed– 14 cm	2	1			
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	1			
5. Triangular Cutting Needle (ask about the needles)	1				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
6. Round Body Needle	1	1			
7. Sponge Holding Forceps (Forester; Straight) 25cm	1	1			
8. Small Bowl SS –180ml	1				
<b>e. Forceps Delivery Set</b>	<b>1 set</b>				
1. Obstetric Forceps (Outlet)	1 set				
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1 set				
2. Small bowl for keeping antiseptic solution	1				
3. Sponge holder	1				
4. Single tooth Tenaculum	1				
5. Volsellum	1				
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
7. Double valve MVA syringe and with different size cannula (IPAS)	1				
8. Strainer (instead of sieve)	1				
9. Magnifying glass	1				
10. Emesis Pan	1				
11. Kidney dish	1				
12. 10 ml syringe for para cervical block	1				
13. 2 ml syringe w/ needle	1	1			
<b>g. Vacuum Set</b>	<b>1 set</b>				
1. Vacuum cup	1				
2. Vacuum bottle	1				
3. Vacuum with meter	1				
4. Vacuum pump	1				
5. Connecting Tube	1				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant	1					
2. Delee, single use or high – level disinfected/sterile reusable	1					
3. Cord ties or thread						
4. Infant weighing scale (pan-type)	1	1	Yes			
5. Suction catheter for baby						

### A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules	Yes							
2. Mag Sulphate (14 gr)	0.5 gms X 28	Yes							
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	Yes							
4. Calcium gluconate (inj.)	10ml X 2 ampules		No						
5. Dextrose (25% & 50 %) (inj.)	2 ampules	Yes							
6. Adrenaline (inj.)	2 ampules		No						
7. Naloxone (inj)	1 ampule		No						
8. Ergometrine (inj.)	2 ampules	Yes							
9. Frusemide (inj.)	2 ampules	Yes							
10. Hydrocortisone	100ml 2 vial	Yes							

### A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

11. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes							
12. IV Set	4	Yes							
13. IV Cannula 18 G	4		No						

### A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source		No				
2. Autoclave drum (write size and type)	Yes					
3. Autoclave tape		No				
4. Boiler with heat source or electricity		No				
5. Chlorine (5%) for making decontamination solution (0.5%)		No				
6. Plastic buckets for rinsing instruments and making chlorine solution		No				
7. Personal hand towel	Yes					
8. Puncture proof container for sharp disposal		No				
9. Antiseptic solutions	Yes					
10. Plastic aprons		No				

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
11. Protective footwear (boots /plastic shoes)		No				
12. Protective eyewear (goggles/face shields)		No				
13. Dirty linen trolley or container		No				
14. Mops and buckets	Yes					
15. Rack for drying gloves		No				
16. McIntosh for delivery bed		No				
17. Buckets for placenta disposal		No				
18. Shoe Rack		No				
19. Slippers for staff		No				
24. Slippers for clients		No				

**B. FIRST STAGE LABOR /DELIVERY ROOM**

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds			Yes			
2. Mattress with water proof covers						
3. Pillows w/ water proof covers						
4. Bedside Cabinets						
5. Stools		1				
6. Screen	1					
7. Colored bucket per bed	1					
8. Buckets (coloured)	3					



## PRIMARY HEALTH CENTRE, Beldaur

### 1. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

#### A. Labour /Delivery and PAC Room

##### A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

*Please place a check mark (√) on the mentioned response, and fill in the remarks.*

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?		No				
2. Is there electricity?		No				
3. Is there 24 hour power backup system (with fuel)?	Yes					
4. Is there attached toilet for patients?	Yes					
5. Is there partition/ door separating labour room from other facility for privacy?		No				
6. Is there a sluice room attached to labour room?		No				
a. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?		No				
b. Is there basin for soaking linen in the sluice room?		No				
c. Is there 24 hour running water in the sluice room		No				

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	0				
2. Table	1	1				
3. Chair	2	1				

##### A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2	0				
2. Mattresses w/ water proof cover	2	0				
3. Pillows w/ water proof cover	2	0				
4. Bedpan	2	0				

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
5. Revolving Stool	2	1				
6. Bedscreen for privacy	1	0				
7. Bedside cabinet (lockable)	2	0				
8. Step Stool	2	0				
9. Mayo Table	1	0				
10. Instrument trolley	2	1				
11. Bowl stand	2	0				
12. Portable light	1	1				
13. Emergency light	1	1				
14. Torch light	1	1				
15. Wall clock that can be seen easily	1	0				
16. IV stand	2	1				
17. Electric Suction, 220V	1	1				
18. Foot suction	1	0				
19. Perineal Light	1	0				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1	1	
2. Stethoscope	1	1	
3. BP apparatus	1	1	
4. Fetoscope	1	1	
5. Oral Thermometer	1	1	
6. Rectal Thermometer	1	1	
7. Room Thermometer	1	1	
8. Drums for gloves	1	1	
9. Jar w/ cover (for swabs)	1	1	
10. Tourniquet, latex rubber, 75cm	1	1	
11. Kidney Tray	1	1	
12. Dressing Tray	1	1	
13. Cheattle forceps w/ jar, stainless steel	1	1	
14. Kocher's Forcep	2	2	
<b>Additional Equipments on the Trolley</b>			
15. Rubber catheter	2	2	
15. Bivalve Cusco	1 set	0	

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Oxygen cylinder with flow meter	1	2	2			
2. Oxygen concentrator	1	0				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	1	Yes			
2. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	1	Yes			
3. Blood pressure cuff	1	1	Yes			
4. Portable oxygen cylinder w/ flow meter	1	0				
5. Stethoscope	1	1	Yes			
6. Fetoscope	1	1	Yes			
7. Disposable sterile syringe and needles: 2 – 50 ml	1	1	Yes			
8. Urinary (Foley) catheter & Uro bag	1	1	Yes			
9. IV canulla (18G)	2 pc	1	Yes			
10. IV sets	2	1	Yes			
11. Ringer lactate	1	1	Yes			
12. Kidney tray	1	1	Yes			

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments were mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>				
1. Artery Forceps, 140mm	1	1	Store		
2. Toothed thumb forceps, 155mm	1	1			
3. Suture cutting scissors, 140mm	1	1			
4. Kidney Tray (200ml)	1	1			
5. Bowl for antiseptic (180ml)	1	1			
<b>b. Delivery Set</b>	<b>2 sets</b>				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	2			
2. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
3. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
4. Bowl S.S (Small and Big) 600ml, 750ml	2	2			
<b>c. Perineal/Vaginal/Cervical Repair Set</b>	<b>1 set</b>				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5				No
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1				No
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1				No
4. Needle Holder (Mayo – Hegar) 20 cm	1				No
5. Scissors (Abdominal, Kelly) 18 cm	1				No
6. Suture cutting scissors (long)	1				No
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				No
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set				No
9. Vaginal Speculum (Hamilton Bailey)	1				No
<b>d. Episiotomy Set</b>	<b>1 set</b>				No
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				No
2. Needle Holder (Mayo Hegar (20cm)	1				No
3. Dissecting Forceps – toothed and non toothed– 14 cm	2				No
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				No
5. Triangular Cutting Needle (ask about the needles)	1				No
6. Round Body Needle	1				No
7. Sponge Holding Forceps (Forester; Straight) 25cm	1				No
8. Small Bowl SS –180ml	1				No
<b>e. Forceps Delivery Set</b>	<b>1 set</b>				No
1. Obstetric Forceps (Outlet)	1 set				No
<b>f. MVA Set for PAC</b>	<b>1 set</b>				No
1. Bivalve speculum (small, medium, big)	1 set				No
2. Small bowl for keeping antiseptic solution	1				No
3. Sponge holder	1				No
4. Single tooth Tenaculum	1				No
5. Volsellum	1				No
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				No
7. Double valve MVA syringe and with different size cannula (IPAS)	1				No
8. Strainer (instead of sieve)	1				No
9. Magnifying glass	1				No
10. Emesis Pan	1				No
11. Kidney dish	1				No
12. 10 ml syringe for para cervical block	1				No
13. 2 ml syringe w/ needle	1				No
<b>g. Vacuum Set</b>	<b>1 set</b>				No
1. Vacuum cup	1				No

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
2. Vacuum bottle	1				No
3. Vacuum with meter	1				No
4. Vacuum pump	1				No
5. Connecting Tube	1				No

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant	1	0				
2. Delee, single use or high – level disinfected/sterile reusable	1	0				
3. Cord ties or thread		0				
4. Infant weighing scale (pan-type)	1	0				
5. Suction catheter for baby		0				

### A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules	Yes		Yes			No	Yes	
2. Mag Sulphate (14 gr)	0.5 gms X 28	Yes		Yes			No	Yes	
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		No						
4. Calcium gluconate (inj.)	10ml X 2 ampules		No						
5. Dextrose (25% & 50 %) (inj.)	2 ampules		No						
6. Adrenaline (inj.)	2 ampules		No						
7. Naloxone (inj)	1 ampule		No						
8. Ergometrine (inj.)	2 ampules	Yes		Yes			No	Yes	
9. Frusemide (inj.)	2 ampules		No						
10. Hydrocortisone	100ml 2 vial		No						

### A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

1. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes		Yes			No	Yes	
2. IV Set	4	Yes		Yes			No	Yes	
3. IV Cannula 18 G	4		No						

#### A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source		No		No		No
2. Autoclave drum (write size and type)	Yes		Yes		Yes	
3. Autoclave tape		No				
4. Boiler with heat source or electricity		No				
5. Chlorine (5%) for making decontamination solution (0.5%)		No				
6. Plastic buckets for rinsing instruments and making chlorine solution		No				
7. Personal hand towel		No				
8. Puncture proof container for sharp disposal		No				
9. Antiseptic solutions	Yes		Yes		Yes	
10. Plastic aprons		No				
11. Protective footwear (boots /plastic shoes)		No				
12. Protective eyewear (goggles/face shields)		No				
13. Dirty linen trolley or container		No				
14. Mops and buckets		No				
15. Rack for drying gloves		No				
16. McIntosh for delivery bed		No				
17. Buckets for placenta disposal		No				
18. Shoe Rack		No				
19. Slippers for staff		No				
24. Slippers for clients		No				

#### C. FIRST STAGE LABOR/DELIVERY ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds		6	Yes			
2. Mattress with water proof covers		0				
3. Pillows w/ water proof covers		0				
4. Bedside Cabinets		0				
5. Stools		0				
6. Screen	1	0				
7. Colored bucket per bed	1	0				
8. Buckets (coloured)	3	0				

## PRIMARY HEALTH CENTRE, Chautham

### 1. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

#### A. Labour /Delivery and PAC Room

##### A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

*Please place a check mark (√) on the mentioned response, and fill in the remarks.*

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?	Yes		Yes			
2. Is there electricity?	Yes		Yes			Outsourced
3. Is there 24 hour power backup system (with fuel)?						
4. Is there attached toilet for patients?	Yes		Yes			
5. Is there partition/ door separating labour room from other facility for privacy?	Yes		Yes			
6. Is there a sluice room attached to labour room?						
d. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?	Yes		Yes			
e. Is there basin for soaking linen in the sluice room?	Yes		Yes			
f. Is there 24 hour running water in the sluice room	Yes		Yes			

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	1	Yes			
2. Table	1	1	Yes			
3. Chair	2	2	Yes			

##### A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2	2	Yes			
2. Mattresses w/ water proof cover	2	2	Yes			
3. Pillows w/ water proof cover	2	2	Yes			
4. Bedpan	2	2	Yes			
5. Revolving Stool	2	2	Yes			

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
6. Bedscreen for privacy	1	1	Yes			
7. Bedside cabinet (lockable)	2	2	Yes			
8. Step Stool	2	2	Yes			
9. Mayo Table	1					
10. Instrument trolley	2	2	Yes			
11. Bowl stand	2	2	Yes			
12. Portable light	1	1	Yes			
13. Emergency light	1					
14. Torch light	1	1	Yes			
15. Wall clock that can be seen easily	1	1	Yes			
16. IV stand	2	2	Yes			
17. Electric Suction, 220V	1					
18. Foot suction	1	1	Yes			
19. Perineal Light	1					

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1	1	
2. Stethoscope	1	1	
3. BP apparatus	1	1	
4. Fetoscope	1		
5. Oral Thermometer	1	1	
6. Rectal Thermometer	1		
7. Room Thermometer	1		
8. Drums for gloves	1	1	
9. Jar w/ cover (for swabs)	1	1	
10. Tourniquet, latex rubber, 75cm	1	1	
11. Kidney Tray	1	1	
12. Dressing Tray	1	1	
13. Cheattle forceps w/ jar, stainless steel	1		
14. Kocher's Forcep	2		
<b>Additional Equipments on the Trolley</b>			
15. Rubber catheter	2	2	
15. Bivalve Cusco	1 set		

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.



A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Oxygen cylinder with flow meter	1	1	Yes			
2. Oxygen concentrator	1	1	Yes			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1					
2. Resuscitation set – adult (ambu bags, masks, suction catheter)	1					
3. Blood pressure cuff	1	1	Yes			
4. Portable oxygen cylinder w/ flow meter	1	1	Yes			
5. Stethoscope	1	1	Yes			
6. Fetoscope	1					
7. Disposable sterile syringe and needles: 2 – 50 ml	1	1	Yes			
8. Urinary (Foley) catheter & Uro bag	1					
9. IV canulla (18G)	2 pc					
10. IV sets	2					
11. Ringer lactate	1					
12. Kidney tray	1	1	Yes			

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>				
1. Artery Forceps, 140mm	1				
2. Toothed thumb forceps, 155mm	1				
3. Suture cutting scissors, 140mm	1				
4. Kidney Tray (200ml)	1				
5. Bowl for antiseptic (180ml)	1				
<b>b. Delivery Set</b>	<b>2 sets</b>				
5. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	2			
6. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
7. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
8. Bowl S.S (Small and Big) 600ml, 750ml	2	2			
<b>c. Perineal/Vaginal/Cervical Repair Set</b>	<b>1 set</b>				
10. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
11. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1				
12. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1				
13. Needle Holder (Mayo – Hegar) 20 cm	1	1			
14. Scissors (Abdominal, Kelly) 18 cm	1				
15. Suture cutting scissors (long)	1				
16. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	1			
17. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set				
18. Vaginal Speculum (Hamilton Bailey)	1				
<b>d. Episiotomy Set</b>	<b>1 set</b>				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				
2. Needle Holder (Mayo Hegar (20cm)	1				
3. Dissecting Forceps – toothed and non toothed– 14 cm	2				
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	1			
5. Triangular Cutting Needle (ask about the needles)	1	1			
6. Round Body Needle	1	1			
7. Sponge Holding Forceps (Forester; Straight) 25cm	1				
8. Small Bowl SS –180ml	1				
<b>e. Forceps Delivery Set</b>	<b>1 set</b>				
1. Obstetric Forceps (Outlet)	1 set				
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1 set				
2. Small bowl for keeping antiseptic solution	1				
3. Sponge holder	1				
4. Single tooth Tenaculum	1	1			
5. Volsellum	1				
6. Grasping Forceps/ Long Artery Forceps (Buzman’s Forcep)	1				
7. Double valve MVA syringe and with different size cannula (IPAS)	1				
8. Strainer (instead of sieve)	1				
9. Magnifying glass	1				
10. Emesis Pan	1				
11. Kidney dish	1				
12. 10 ml syringe for para cervical block	1				
13. 2 ml syringe w/ needle	1				
<b>g. Vacuum Set</b>	<b>1 set</b>				
1. Vacuum cup	1				
2. Vacuum bottle	1				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
3. Vacuum with meter	1				
4. Vacuum pump	1				
5. Connecting Tube	1				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant	1					
2. Delee, single use or high – level disinfected/sterile reusable	1					
3. Cord ties or thread						
4. Infant weighing scale (pan-type)	1					
5. Suction catheter for baby						

### A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules	Yes		Yes					
2. Mag Sulphate (14 gr)	0.5 gms X 28	Yes							
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	Yes		Yes					
4. Calcium gluconate (inj.)	10ml X 2 ampules	Yes		Yes					
5. Dextrose (25% & 50 %) (inj.)	2 ampules								
6. Adrenaline (inj.)	2 ampules								
7. Naloxone (inj)	1 ampule								
8. Ergometrine (inj.)	2 ampules								
9. Frusemide (inj.)	2 ampules								
10. Hydrocortisone	100ml 2 vial								

### A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

1. IV Fluids – Ringer Lactate/Normal Saline	6 bottles								
2. IV Set	4								
3. IV Cannula 18 G	4								

#### A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source	Yes		Yes			
2. Autoclave drum (write size and type)	Yes		Yes			
3. Autoclave tape		No				
4. Boiler with heat source or electricity		No				
5. Chlorine (5%) for making decontamination solution (0.5%)		No				
6. Plastic buckets for rinsing instruments and making chlorine solution		No				
7. Personal hand towel		No				
8. Puncture proof container for sharp disposal		No				
9. Antiseptic solutions		No				
10. Plastic aprons		No				
11. Protective footwear (boots /plastic shoes)		No				
12. Protective eyewear (goggles/face shields)						
13. Dirty linen trolley or container		No				
14. Mops and buckets						
15. Rack for drying gloves		No				
16. McIntosh for delivery bed						
17. Buckets for placenta disposal						
18. Shoe Rack		No				
19. Slippers for staff		No				
24. Slippers for clients		No				

#### B. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds						
2. Mattress with water proof covers						
3. Pillows w/ water proof covers						
4. Bedside Cabinets						
5. Stools						
6. Screen	1					
7. Colored bucket per bed	1					
8. Buckets (coloured)	3					

## PRIMARY HEALTH CENTRE, Gogri

### 1. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

#### A. Labour /Delivery and PAC Room

##### A1. INFRASTRUCTURE AND FURNITURE FOR LABOR /DELIVERY AND PAC ROOM

*Please place a check mark (√) on the mentioned response, and fill in the remarks.*

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?	Yes		Yes			
2. Is there electricity?	Yes					
3. Is there 24 hour power backup system (with fuel)?						
4. Is there attached toilet for patients?		No				
5. Are there partition/ door separating labour room from other facility for privacy?	Yes					
6. Is there a sluice room attached to labour room?						
a. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?		No				
b. Is there basin for soaking linen in the sluice room?		No				
c. Is there 24 hour running water in the sluice room		No				

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1					
2. Table	1					
3. Chair	2	2				

##### A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2					
2. Mattresses w/ water proof cover	2					
3. Pillows w/ water proof cover	2					
4. Bedpan	2	1	Yes			
5. Revolving Stool	2	1	Yes			
6. Bedscreen for privacy	1					

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
7. Bedside cabinet (lockable)	2					
8. Step Stool	2					
9. Mayo Table	1					
10. Instrument trolley	2					
11. Bowl stand	2	1	Yes			
12. Portable light	1					
13. Emergency light	1	1	Yes			
14. Torch light	1					
15. Wall clock that can be seen easily	1	1	Yes			
16. IV stand	2	2	Yes			
17. Electric Suction, 220V	1	1	Yes			
18. Foot suction	1	1	Yes			
19. Perineal Light	1					

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1		
2. Stethoscope	1	1	
3. BP apparatus	1	1	
4. Fetoscope	1	3	
5. Oral Thermometer	1	4	
6. Rectal Thermometer	1	1	
7. Room Thermometer	1		
8. Drums for gloves	1	2	
9. Jar w/ cover (for swabs)	1	4	
10. Tourniquet, latex rubber, 75cm	1		
11. Kidney Tray	1	3	
12. Dressing Tray	1	3	
13. Cheattle forceps w/ jar, stainless steel	1		
14. Kocher's Forcep	2		
<b>Additional Equipments on the Trolley</b>			
15. Rubber catheter	2		
15. Bivalve Cusco	1 set		

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Oxygen cylinder with flow meter	1	1	Yes			
2. Oxygen concentrator	1					

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1					
2. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	1	Yes			
3. Blood pressure cuff	1	1	Yes			
4. Portable oxygen cylinder w/ flow meter	1					
5. Stethoscope	1	1	Yes			
6. Fetoscope	1	3				
7. Disposable sterile syringe and needles: 2 – 50 ml	1					
8. Urinary (Foley) catheter & Uro bag	1					
9. IV canulla (18G)	2 pc	2				
10. IV sets	2	2				
11. Ringer lactate	1	1				
12. Kidney tray	1	1				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>				
1. Artery Forceps, 140mm	1	1			
2. Toothed thumb forceps, 155mm	1	1			
3. Suture cutting scissors, 140mm	1	1			
4. Kidney Tray (200ml)	1	1			
5. Bowl for antiseptic (180ml)	1	1			
<b>b. Delivery Set</b>	<b>2 sets</b>	2			
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	2			
2. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
3. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
4. Bowl S.S (Small and Big) 600ml, 750ml	2	2			
<b>c. Perineal/Vaginal/Cervical Repair Set</b>	<b>1 set</b>				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	4			
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1			
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	1			
4. Needle Holder (Mayo – Hegar) 20 cm	1	1			
5. Scissors (Abdominal, Kelly) 18 cm	1	1			
6. Suture cutting scissors (long)	1	1			
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	1			
9. Vaginal Speculum (Hamilton Bailey)	1	1			
<b>d. Episiotomy Set</b>	<b>1 set</b>				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	1			
2. Needle Holder (Mayo Hegar (20cm)	1	1			
3. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
5. Triangular Cutting Needle (ask about the needles)	1				
6. Round Body Needle	1	1			
7. Sponge Holding Forceps (Forester; Straight) 25cm	1	1			
8. Small Bowl SS –180ml	1	1			
<b>e. Forceps Delivery Set</b>	<b>1 set</b>				
1. Obstetric Forceps (Outlet)	1 set				
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1 set				
2. Small bowl for keeping antiseptic solution	1	1			
3. Sponge holder	1	1			
4. Single tooth Tenaculum	1				
5. Volsellum	1	1			
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
7. Double valve MVA syringe and with different size cannula (IPAS)	1				
8. Strainer (instead of sieve)	1				
9. Magnifying glass	1				
10. Emesis Pan	1				
11. Kidney dish	1				
12. 10 ml syringe for para cervical block	1				
13. 2 ml syringe w/ needle	1	1			
<b>g. Vacuum Set</b>	<b>1 set</b>				
1. Vacuum cup	1				



A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
2. Vacuum bottle	1				
3. Vacuum with meter	1				
4. Vacuum pump	1				
5. Connecting Tube	1				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant	1					
2. Delee, single use or high – level disinfected/sterile reusable	1					
3. Cord ties or thread						
4. Infant weighing scale (pan-type)	1					
5. Suction catheter for baby						

### A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules	Yes							
2. Mag Sulphate (14 gr)	0.5 gms X 28	Yes							
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	Yes							
4. Calcium gluconate (inj.)	10ml X 2 ampules		No						
5. Dextrose (25% & 50 %) (inj.)	2 ampules	Yes							
6. Adrenaline (inj.)	2 ampules		No						
7. Naloxone (inj)	1 ampule		No						
8. Ergometrine (inj.)	2 ampules	Yes							
9. Frusemide (inj.)	2 ampules		No						
10. Hydrocortisone	100ml 2 vial	Yes							

### A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

1. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes							
2. IV Set	4	Yes							
3. IV Cannula 18 G	4	Yes							

#### A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source		No				
2. Autoclave drum (write size and type)	Yes					
3. Autoclave tape		No				
4. Boiler with heat source or electricity		No				
5. Chlorine (5%) for making decontamination solution (0.5%)		No				
6. Plastic buckets for rinsing instruments and making chlorine solution						
7. Personal hand towel	Yes					
8. Puncture proof container for sharp disposal	Yes					
9. Antiseptic solutions	Yes					
10. Plastic aprons		No				
11. Protective footwear (boots /plastic shoes)		No				
12. Protective eyewear (goggles/face shields)		No				
13. Dirty linen trolley or container	Yes					
14. Mops and buckets	Yes					
15. Rack for drying gloves		No				
16. McIntosh for delivery bed		No				
17. Buckets for placenta disposal	Yes					
18. Shoe Rack		No				
19. Slippers for staff		No				
24. Slippers for clients		No				

#### D. FIRST STAGE LABOR/DELIVERY ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds		3				
2. Mattress with water proof covers		3				
3. Pillows w/ water proof covers						
4. Bedside Cabinets						
5. Stools		3				
6. Screen	1	1				
7. Colored bucket per bed	1	1				
8. Buckets (coloured)	3					

## PRIMARY HEALTH CENTRE, Mansi

### 1. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

#### A. Labour /Delivery and PAC Room

#### A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

*Please place a check mark (√) on the mentioned response, and fill in the remarks.*

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?	Yes			Yes		Only water supply in wathroom & Toilet.
2. Is there electricity?	Yes		Yes			
3. Is there 24 hour power backup system (with fuel)?	Yes		Yes			
4. Is there attached toilet for patients?	Yes			Yes		
5. Is there partition/ door separating labour room from other facility for privacy?	Yes		Yes			
6. Is there a sluice room attached to labour room?						
g. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?						
h. Is there basin for soaking linen in the sluice room?						
i. Is there 24 hour running water in the sluice room						

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	0				
2. Table	1	0				
3. Chair	2	2				

#### A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2					
2. Mattresses w/ water proof cover	2	2	Yes			
3. Pillows w/ water proof cover	2	2	Yes			
4. Bedpan	2	2	Yes			

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
5. Revolving Stool	2					
6. Bedscreen for privacy	1	2	Yes			
7. Bedside cabinet (lockable)	2					
8. Step Stool	2					
9. Mayo Table	1					
10. Instrument trolley	2	1	1			
11. Bowl stand	2					
12. Portable light	1					
13. Emergency light	1					
14. Torch light	1	1	1			
15. Wall clock that can be seen easily	1	1	1			
16. IV stand	2	2	2			
17. Electric Suction, 220V	1					
18. Foot suction	1	1	1			
19. Perineal Light	1					

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1		
2. Stethoscope	1	1	
3. BP apparatus	1	1	
4. Fetoscope	1		
5. Oral Thermometer	1	1	
6. Rectal Thermometer	1		
7. Room Thermometer	1		
8. Drums for gloves	1	1	
9. Jar w/ cover (for swabs)	1		
10. Tourniquet, latex rubber, 75cm	1	1	
11. Kidney Tray	1	1	
12. Dressing Tray	1	1	
13. Cheattle forceps w/ jar, stainless steel	1		
14. Kocher's Forcep	2	2	
<b>Additional Equipments on the Trolley</b>			
15. Rubber catheter	2	2	
15. Bivalve Cusco	1 set		

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Oxygen cylinder with flow meter	1	1	Yes			
2. Oxygen concentrator	1	1	Yes			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	1				Laryngoscope not available.
2. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	1				
3. Blood pressure cuff	1					
4. Portable oxygen cylinder w/ flow meter	1	1				
5. Stethoscope	1	1				
6. Fetoscope	1					
7. Disposable sterile syringe and needles: 2 – 50 ml	1	1				
8. Urinary (Foley) catheter & Uro bag	1	1				Uro bag not available.
9. IV canulla (18G)	2 pc					
10. IV sets	2	2				
11. Ringer lactate	1	1				
12. Kidney tray	1	1				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments were mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>	<b>2</b>			
1. Artery Forceps, 140mm	1	1			
2. Toothed thumb forceps, 155mm	1	1			
3. Suture cutting scissors, 140mm	1	1			
4. Kidney Tray (200ml)	1	1			
5. Bowl for antiseptic (180ml)	1	1			
<b>b. Delivery Set</b>	<b>2 sets</b>				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	2			
2. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
3. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
4. Bowl S.S (Small and Big) 600ml, 750ml	2	1			
<b>c. Perineal/Vaginal/Cervical Repair Set</b>	<b>1 set</b>				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5				
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1			
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	1			
4. Needle Holder (Mayo – Hegar) 20 cm	1	1			
5. Scissors (Abdominal, Kelly) 18 cm	1	1			
6. Suture cutting scissors (long)	1				
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	1			
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	1			
9. Vaginal Speculum (Hamilton Bailey)	1				
<b>d. Episiotomy Set</b>	<b>1 set</b>				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				
2. Needle Holder (Mayo Hegar (20cm)	1	1			
3. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
5. Triangular Cutting Needle (ask about the needles)	1				
6. Round Body Needle	1	1			
7. Sponge Holding Forceps (Forester; Straight) 25cm	1	1			
8. Small Bowl SS –180ml	1	1			
<b>e. Forceps Delivery Set</b>	<b>1 set</b>				
1. Obstetric Forceps (Outlet)	1 set				
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1 set				
2. Small bowl for keeping antiseptic solution	1				
3. Sponge holder	1	1			
4. Single tooth Tenaculum	1				
5. Volsellum	1	1			
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
7. Double valve MVA syringe and with different size cannula (IPAS)	1				
8. Strainer (instead of sieve)	1				
9. Magnifying glass	1				
10. Emesis Pan	1				
1. Kidney dish	1				
2. 10 ml syringe for para cervical block	1	1			
3. 2 ml syringe w/ needle	1				
<b>g. Vacuum Set</b>	<b>1 set</b>				
1. Vacuum cup	1				

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
2. Vacuum bottle	1				
3. Vacuum with meter	1				
4. Vacuum pump	1				
5. Connecting Tube	1				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant	1					
2. Delee, single use or high – level disinfected/sterile reusable	1					
3. Cord ties or thread		1				
4. Infant weighing scale (pan-type)	1	1				
5. Suction catheter for baby						

### A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules	Yes							
2. Mag Sulphate (14 gr)	0.5 gms X 28	Yes							
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs	Yes							
4. Calcium gluconate (inj.)	10ml X 2 ampules		No						
5. Dextrose (25% & 50 %) (inj.)	2 ampules		No						
6. Adrenaline (inj.)	2 ampules		No						
7. Naloxone (inj)	1 ampule		No	Yes			No	Yes	
8. Ergometrine (inj.)	2 ampules	Yes							
9. Frusemide (inj.)	2 ampules		No						
10. Hydrocortisone	100ml 2 vial	Yes							

### A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

11. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes		Yes			No	Yes	
12. IV Set	4	Yes							
13. IV Cannula 18 G	4		No						

#### A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source	Yes		Yes		Yes	
2. Autoclave drum (write size and type)	Yes		Yes		Yes	
3. Autoclave tape	Yes		Yes		Yes	
4. Boiler with heat source or electricity	Yes		Yes		Yes	
5. Chlorine (5%) for making decontamination solution (0.5%)		No				
6. Plastic buckets for rinsing instruments and making chlorine solution		No				
7. Personal hand towel	Yes		Yes		Yes	
8. Puncture proof container for sharp disposal	Yes		Yes		Yes	
9. Antiseptic solutions	Yes		Yes		Yes	
10. Plastic aprons	Yes		Yes		Yes	
11. Protective footwear (boots /plastic shoes)	Yes		Yes		Yes	
12. Protective eyewear (goggles/face shields)		No				
13. Dirty linen trolley or container	Yes		Yes		Yes	
14. Mops and buckets						
15. Rack for drying gloves		No				
16. McIntosh for delivery bed						
17. Buckets for placenta disposal	Yes		Yes		Yes	
18. Shoe Rack		No				No
19. Slippers for staff		No				No
24. Slippers for clients		No				No

#### E. FIRST STAGE LABOR /DELIVERY ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds			4			
2. Mattress with water proof covers						Available Mattress but not water proof.
3. Pillows w/ water proof covers						Available Pillows but not water proof.
4. Bedside Cabinets		1				
5. Stools						
6. Screen	1					
7. Colored bucket per bed	1	1				
8. Buckets (coloured)	3					



## PRIMARY HEALTH CENTRE, Parbatta

### 1. AVAILABILITY OF FURNITURE, EQUIPMENTS, DRUGS AND SUPPLIES IN DIFFERENT SERVICE PROVIDING UNITS/WARDS IN THE PHC AND CHC (NOT AN FRU)

#### A. Labour /Delivery and PAC Room

#### A1. INFRASTRUCTURE AND FURNITURE FOR LABOUR /DELIVERY AND PAC ROOM

*Please place a check mark (√) on the mentioned response, and fill in the remarks.*

A1.1- Infrastructure and Facility for Labour /Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Is there 24 hour running water or buckets with water?		No				
2. Is there electricity?		No				
3. Is there 24 hour power backup system (with fuel)?	Yes		Yes			
4. Is there attached toilet for patients?	Yes		Yes			
5. Is there partition/ door separating labour room from other facility for privacy?		No				
6. Is there a sluice room attached to labour room?		No				
j. Is there sink and elbow tap for hand washing/scrubbing in the sluice room?		No				
k. Is there basin for soaking linen in the sluice room?		No				
l. Is there 24 hour running water in the sluice room		No				

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A.1.2 Furniture for Labor /Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	1	0				
2. Table	1	0				
3. Chair	2	0				

#### A2. EQUIPMENTS AND INSTRUMENTS FOR LABOUR/DELIVERY ROOM AND PAC ROOM

*Please write the available quantity, place a check mark (√) on the mentioned response and fill in the remarks.*

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2	0				
2. Mattresses w/ water proof cover	2	0				
3. Pillows w/ water proof cover	2	0				
4. Bedpan	2	0				
5. Revolving Stool	2	0				

A2.1 General Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
6. Bedscreen for privacy	1	0				
7. Bedside cabinet (lockable)	2	0				
8. Step Stool	2	0				
9. Mayo Table	1	0				
10. Instrument trolley	2	0				
11. Bowl stand	2	0				
12. Portable light	1	0				
13. Emergency light	1	0				
14. Torch light	1	0				
15. Wall clock that can be seen easily	1	0				
16. IV stand	2	0				
17. Electric Suction, 220V	1	0				
18. Foot suction	1	0				
19. Perineal Light	1	0				

Please write the functional quantity only. For the highlighted equipment please write in remarks whether it is repairable or not.

A2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Remarks
1. Instrument Trolley (mobile)	1	1	
2. Stethoscope	1	1	
3. BP apparatus	1	1	
4. Fetoscope	1	1	
5. Oral Thermometer	1	1	
6. Rectal Thermometer	1	1	
7. Room Thermometer	1	1	
8. Drums for gloves	1	1	
9. Jar w/ cover (for swabs)	1	1	
10. Tourniquet, latex rubber, 75cm	1	1	
11. Kidney Tray	1	1	
12. Dressing Tray	1	1	
13. Cheattle forceps w/ jar, stainless steel	1	1	
14. Kocher's Forcep	2	2	
<b>Additional Equipments on the Trolley</b>			
15. Rubber catheter	2	2	
15. Bivalve Cusco	1 set	0	

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Oxygen cylinder with flow meter	1	2	Yes			
2. Oxygen concentrator	1	0				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope)	1	1	Yes			
2. Resuscitation set – adult (ambu bags, masks, suction catheter)	1	1	Yes			
3. Blood pressure cuff	1	1	Yes			
4. Portable oxygen cylinder w/ flow meter	1	0				
5. Stethoscope	1	1	Yes			
6. Fetoscope	1	1	Yes			
7. Disposable sterile syringe and needles: 2 – 50 ml	1	1	Yes			
8. Urinary (Foley) catheter & Uro bag	1	1	Yes			
9. IV canulla (18G)	2 pc	1	Yes			
10. IV sets	2	1	Yes			
11. Ringer lactate	1	1	Yes			
12. Kidney tray	1	1	Yes			

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>				
1. Artery Forceps, 140mm	1	1	Store		
2. Toothed thumb forceps, 155mm	1	1			
3. Suture cutting scissors, 140mm	1	1			
4. Kidney Tray (200ml)	1	1			
5. Bowl for antiseptic (180ml)	1	1			
<b>b. Delivery Set</b>	<b>2 sets</b>				
5. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	2			
6. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
7. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
8. Bowl S.S (Small and Big) 600ml, 750ml	2	2			
<b>c. Perineal/Vaginal/Cervical Repair Set</b>	<b>1 set</b>				
10. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5				No

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
11. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1				No
12. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1				No
13. Needle Holder (Mayo – Hegar) 20 cm	1				No
14. Scissors (Abdominal, Kelly) 18 cm	1				No
15. Suture cutting scissors (long)	1				No
16. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				No
17. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set				No
18. Vaginal Speculum (Hamilton Bailey)	1				No
<b>d. Episiotomy Set</b>	<b>1 set</b>				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				No
2. Needle Holder (Mayo Hegar (20cm)	1				No
3. Dissecting Forceps – toothed and non toothed– 14 cm	2				No
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				No
5. Triangular Cutting Needle (ask about the needles)	1				No
6. Round Body Needle	1				No
7. Sponge Holding Forceps (Forester; Straight) 25cm	1				No
8. Small Bowl SS –180ml	1				No
<b>e. Forceps Delivery Set</b>	<b>1 set</b>				
1. Obstetric Forceps (Outlet)	1 set				No
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1 set				No
2. Small bowl for keeping antiseptic solution	1				No
3. Sponge holder	1				No
4. Single tooth Tenaculum	1				No
5. Volsellum	1				No
6. Grasping Forceps/ Long Artery Forceps (Buzman’s Forcep)	1				No
7. Double valve MVA syringe and with different size cannula (IPAS)	1				No
8. Strainer (instead of sieve)	1				No
9. Magnifying glass	1				No
10. Emesis Pan	1				No
11. Kidney dish	1				No
12. 10 ml syringe for para cervical block	1				No
13. 2 ml syringe w/ needle	1				No
<b>g. Vacuum Set</b>	<b>1 set</b>				
1. Vacuum cup	1				No
2. Vacuum bottle	1				No

A2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
3. Vacuum with meter	1				No
4. Vacuum pump	1				No
5. Connecting Tube	1				No

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.6 Newborn Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant	1	0				
2. Delee, single use or high – level disinfected/sterile reusable	1	0				
3. Cord ties or thread		0				
4. Infant weighing scale (pan-type)	1	0				
5. Suction catheter for baby		0				

### A3. DRUGS AND SUPPLIES FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Oxytocin (5mlx8units = 40units)	10 Ampules	Yes		Yes			No	Yes	
2. Mag Sulphate (14 gr)	0.5 gms X 28	Yes		Yes			No	Yes	
3. Antihypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		No						
4. Calcium gluconate (inj.)	10ml X 2 ampules		No						
5. Dextrose (25% & 50 %) (inj.)	2 ampules		No						
6. Adrenaline (inj.)	2 ampules		No						
7. Naloxone (inj)	1 ampule		No						
8. Ergometrine (inj.)	2 ampules	Yes		Yes			No	Yes	
9. Frusemide (inj.)	2 ampules		No						
10. Hydrocortisone	100ml 2 vial		No						

### A3.2 Emergency Supplies for Labour/Delivery Room and PAC Room

11. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes		Yes			No	Yes	
12. IV Set	4	Yes		Yes			No	Yes	
13. IV Cannula 18 G	4		No						

#### A4 - INFECTION PREVENTION FOR LABOUR ROOM/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source		No		No		No
2. Autoclave drum (write size and type)	Yes		Yes		Yes	
3. Autoclave tape		No				
4. Boiler with heat source or electricity		No				
5. Chlorine (5%) for making decontamination solution (0.5%)		No				
6. Plastic buckets for rinsing instruments and making chlorine solution		No				
7. Personal hand towel		No				
8. Puncture proof container for sharp disposal		No				
9. Antiseptic solutions	Yes		Yes		Yes	
10. Plastic aprons		No				
11. Protective footwear (boots /plastic shoes)		No				
12. Protective eyewear (goggles/face shields)		No				
13. Dirty linen trolley or container		No				
14. Mops and buckets		No				
15. Rack for drying gloves		No				
16. McIntosh for delivery bed		No				
17. Buckets for placenta disposal		No				
18. Shoe Rack		No				
19. Slippers for staff		No				
24. Slippers for clients		No				

#### F. FIRST STAGE LABOR/DELIVERY ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

B1. Basic requirements for First Stage Labor Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Beds		6	Yes			
2. Mattress with water proof covers		0				
3. Pillows w/ water proof covers		0				
4. Bedside Cabinets		0				
5. Stools		0				
6. Screen	1	0				
7. Colored bucket per bed	1	0				
8. Buckets (coloured)	3	0				

### 3.3.1 Infrastructure

Item	IPHS Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11	Budget for (2010-11)
<b>Physical Infrastructure</b>	The PHC should have 30 indoor beds with one Operation theatre, labour room, X-ray facility and laboratory facility. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. meters depending on whether an OT facility is opted for.	15 (Max. PHC as per IPHS)	7 PHC are functional (Existing buildings require renovation)	8		7 Old building (renovation) X 50,00000 =3,00,00000
<b>Waste Disposal</b>	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared				
<b>Furniture</b>	Examination table 3 Writing tables with table sheets 5 Plastic chairs 6 Armless chairs 8 Full steel almirah 4 Labour table 1 OT table 1 Arm board for adult and child 4 Wheel chair 1 Stretcher on trolley 1 Instrument trolley 2 Wooden screen 1 Foot step 5 Coat rack 2 Bed side table 6 Bedstead iron 6 Baby cot 1 Stool 6 Medicine chest 1 Lamp 3 Shadowless lamp light (for OT and Labour room) 2 Side Wooden racks 4 Fans 6 Tube light 8 Basin 2 Basin stand 2 Sundry Articles including Linen: Buckets 4 Mugs 4 LPG stove 1 LPG cylinder 2	Working PHC is 7 so requirement is accordingly	<b>7 PHC are sanctioned that need all these furniture.</b>	7	All sanctioned/established PHC i.e 7	10,00000(Approx) per PHC  Total - 10,00000 X 7 =  70,00000  (To provide all listed furniture to 7 working PHC)

	<p>Sauce pan with lid 2  Water receptacle 2  Rubber/plastic shutting 2 meters  Drum with tap for storing water 2  I V stand 4  Mattress for beds 6  Foam Mattress for OT table 1  Foam Mattress for labour table 1  Macintosh for labour and OT table 4 metres  Kelly's pad for labour and OT table 2 sets  Bed sheets 6  Pillows with covers 8  Blankets 6  Baby blankets 2  Towels 6  Curtains with rods 20 metres</p>					
<b>Equipment</b>	<ul style="list-style-type: none"> <li>• Normal Delivery Kit</li> <li>• Equipment for assisted vacuum delivery</li> <li>• Equipment for assisted forceps delivery</li> <li>• Standard Surgical Set</li> <li>• Equipment for New Born Care and Neonatal Resuscitation</li> <li>• IUD insertion kit</li> <li>• Equipment / reagents for essential laboratory investigations</li> <li>• Refrigerator</li> <li>• ILR/Deep Freezer</li> <li>• Ice box</li> <li>• Computer with accessories including internet facility</li> <li>• Baby warmer/incubator.</li> <li>• Binocular microscope</li> <li>• Equipments for Eye care and vision testing</li> <li>• Equipments under various National Programmes</li> <li>• Radiant warmer for new borne baby</li> <li>• Baby scale</li> <li>• Table lamp with 200 watt bulb for new borne baby</li> <li>• Phototherapy unit</li> <li>• Self inflating bag and mask-neonatal size</li> </ul>	<b>Working PHC is 7 so requirement is accordingly</b>	<b>7 PHC are sanctioned that need all these equipments.</b>	7	All sanctioned/established PHC is 7	<p>17,50,000 (Approx) per PHC</p> <p>Total - 17,50,000 X 7 = 1,22,50,000</p> <p>(To provide all listed equipments to 7 working PHC)</p>



	<ul style="list-style-type: none"> <li>• Laryngoscope and Endotracheal intubations tubes (neonatal)</li> <li>• Mucus extractor with suction tube and a foot operated suction machine</li> <li>• Feeding tubes for baby 28</li> <li>• Sponge holding forceps - 2</li> <li>• Valsellum uterine forceps - 2</li> <li>• Tenaculum uterine forceps – 2</li> <li>• MVA syringe and cannulae of sizes 4-8</li> <li>• Kidney tray for emptying contents of MVA syringe</li> <li>• Trainer for tissues</li> <li>• Torch without batteries – 2</li> <li>• Battery dry cells 1.5 volt (large size) – 4</li> <li>• Bowl for antiseptic solution for soaking cotton swabs</li> <li>• Tray containing chlorine solution for keeping soiled instruments</li> <li>• Residual chlorine in drinking water testing kits</li> <li>• H2S Strip test bottles</li> </ul>					
<b>Drugs</b>	<p>Paracetamol Tab- 500mg per Tab. Paracetamol Syrup- 125mg/5ml-60ml Atropine - Inj. 0.6 mg per 1ml amps Ciprofloxacin - Tab 500mg/Tab Co Trimoxazole Tab 160 + 800 mg Tab Gentamycin - Inj M.D. vial (40 mg/ml)- 30ml vial Oxytocin - Inj-Amp 1 ml (5i.u./ml) 5% Dextrose 500 ml bottle B Complex Tab Gentamicin - Ear/Eye Drop 5 ml Promethazine - Inj-Amp. 2ml amps (25 mg/ml) Pentazocine Lactate Inj. Inj-Amp.- 1 ml (30 mg/ml)</p>	Maximum PHC is 7 so requirement is accordingly	7 PHC are sanctioned that need all these equipments.	7	All sanction ed/estab lished PHC i.e. 7	Total - 2,2500000 (Approx.) (To provide all listed Medicine to all working 7 PHC)

<p> Diazepam - Inj-Amp.  2ml amps (5mg/ml)  Cough Expectorant  100 ml pack  Ampicillin  250mg Capsule  Ampicillin  500mg Capsule  Cetirizine  Tablet - 10mg  Doxycycline  Capsule-100mg  Etophylline &amp;  Theophylline  Inj.- 2ml  Fluconazole  Tablet – 200mg  Dicyclomine Tablets -  20mg  Dexamethasone  Inj.- 4mg/ml- 10ml Vial  Atropine  Inj. 0.6mg/ml - 1ml  Ampoule  Lignocaine Solution 2%  Solution 2%- 30ml Vial  Diazepam Tablet- 5mg  Chlorpheniramine  Maleate  - Tablet- 4mg  Cephalexin )  - Capsule- 250mg  Metronidazole  - Tablet- 200mg  Ranitidine Hydrochloride  - Tablet 150mg  Metoclopramide  - Tablet- 10mg  Diethylcarbamazine  - Tablet- 50mg  Paracetamol Dicyclomine  - Tablet (500mg+20mg)  Fluconazole  - Tablet 50mg  Diethylcarbamazine  - Tablet- 100mg  Xylometazoline  - Drops - 0.1% (Nasal)  10ml vial.  A.R.V.  Theophylline IP Comb. n.  25.3mg/ml  Aminophylline Inj. IP  25mg/ml  Adrenaline Bitrate Inj. IP  1mg/ml  Methyl Ergometrine  Maleate  125mg/Tablet, Injection </p>					
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	Amoxicilline Trilhydrate IP 250mg/Capsule Amoxicilline Trilhydrate IP 250mg/Dispersible Tab. Phenoxymethyl Penicillin 130mg/ml Vit K3 (Menadione Inj.) USP 100mg/ml Nalidixic Acid Tabs. 100mg/Tab Phenytoin Sodium Inj. IP 50mg/2ml Chlorpromazine Hydrochloride 25mg/ml Cephalexin /Cefprozoxin 250mg/Tablet Sodium Chloride Inj. IP I.V. Solution 0.9w/v Gama Benzine hexa Chloride As decided by CS Plasma Volume Expander As decided by CS Inj. Magnesium Inj. 50% preparation Hydralazine Misoprostol 200mg/Tablet					
<b>Support Services</b>						
<b>Laboratory</b>	1. Routine urine, stool and blood tests 2. Bleeding time, clotting time, 3. Diagnosis of RTI/STDs with wet mounting, Grams stain, etc. 4. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP) 5. Blood smear examination for malarial parasite. 6. Rapid tests for pregnancy / malaria 7. Rapid diagnostic tests for Typhoid (Typhi Dot) 8. Rapid test kit for fecal contamination of water 9. Estimation of chlorine level of water using ortho-toludine reagent	Maximum PHC is 7 so requirement is accordingly	7 PHC are sanctioned that need all these equipments.	7	All sanction ed/estab lished PHC i.e 7	Budget for Laboratory equipments has been given above.
<b>Electricity</b>	Wherever facility exists,	Maximum	7 PHC are	7	All	Generator

	uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	PHC is 7 so requirement is accordingly	sanctioned that need power supply.		sanctioned/established PHC i.e. 7	service can be outsourced. 7 X 36000 X 12 = 30,24,000
<b>Water</b>	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, Chlorination, etc. as per the suitability of the center.	Safe water available everywhere				
<b>Telephone</b>	Where ever feasible, telephone facility / cell phone facility is to be Provided.	7 PHC is existing so requirement is accordingly	7 existing PHC have telephone.	7		Total 7 X 500 X 12 = 42,000
<b>Transport</b>	The APHC should have an ambulance for transport of patients. This may be outsourced.	7 PHC is existing so requirement is accordingly	7 existing PHC have Ambulance.	7	All sanctioned/established PHC i.e. 7	Ambulance service may be outsourced <b>Total</b> 7 X 15000 X 12 = 12,60,000
<b>Laundry and Dietary facilities</b>	Laundry and Dietary facilities for indoor patients: these facilities can be outsourced.	7 PHC is existing so requirement is accordingly	All sanctioned PHC requires this facility.	7	All sanctioned/established PHC i.e. 7	Laundry and Dietary facilities can be outsourced 10,000 per PHC per month <b>Total</b> 7 X 10,000 X 12 = 8,40,000

### 3.3.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2010-11	Budget 2010-11
General Surgeon	1	7X1=7	0	7	7	7X25000X12= 21,00000
Physician	1	7X1=7	6	1	1	1X25000X12= 3,00000
Obstetrician/ Gynecologist	1	7X1=7	1	6	6	6X25000X12= 18,00000
Pediatrics	1	7X1=7	1	6	6	6X25000X12= 18,00000
Anesthetist	1	7X1=7	5	2	2	7X25000X12= 21,00000
Health Manager	1	7X1=7	7	0	7	7X13200X12= 1108800
Eye surgeon	1	7X1=7	0	7	7	7X20000X12= 16,80,000
Nurse-midwife	9	7X9= 63	10	53	53	53X7500X12= 47740000
Dresser	1	7X1=7	7	0	0	7X6000X12= 5,04000
Pharmacist/ compounder	1	7X1=7	7	0	0	7X7500X12= 6,30,000
Lab. Technician	1	7X1=7	1	6	6	7X6500X12= 5,46,000
Radiographer	1	7X1=7	0	7	7	7X7500X12= 630000
Ophthalmic Assistant	1	7X1=7	0	7	7	7X6500X12= 5,46,000
Ward boys/ nursing orderly	2	7X2= 14	0	14	14	14X4000X12= 6,72,000
Sweepers	3	7X3= 21	5	16	16	16X4000X12= 768,000
Chowkidar	1	7X1=7	0	7	7	7X4000X12= 336000
OPD attendant	1	7X1=7	0	7	7	7X5000X12= 420000
Statistical Assistant/ Data entry operator	1	7X1=7	7	7	7	7X7500X12= 6,30,000
OT attendant	1	7X1=7	0	7	7	7X6000X12= 5,04,000
Registration clerk	1	7X1=7	0	7	7	7X5000X12= 4,20,000
Accountant	1	7X1=7	7	7	7	7X8800X12= 7,39,200
<b>Total</b>						<b>6,12,86,800</b>

### 3.3.3 Services and others

Sub Heads	Gaps	Issues	Strategy	Activities	Budget (2010-11)
<b>Infrastruc ture</b>	Out of 15 only 7 PHC have its own building, remaining are not Sanctioned.	1. Non payment of rent 2. Land availability for new building	1. Ensuring payment of rent till own buildings are not constructed. 2. Involve DM to arrange land.	1. Budget to construct 4 PHC is given above. Construction of building is time taking process. So, timely payment of rent is needed 2. DM should instruct the CO to arrange land for HSC.	
	Lack of some Equipments, Drugs, Furniture, Power	PHC are working but without resources	Purchasing Equipments, Drugs, Furniture, and Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.	Detail budget has been given above.
	Formats/Registers and Stationeries (Untied fund)	Always it is found that HSC is lacking stationeries	Arrangements of fund for these miscellaneous expenses.	Untied fund Provision under control of RKS.	7X50,000= 3,50,000
<b>Services of PHC</b>	Delivery at PHC level	Delivery services but with poor resources	Arrange all required resources and manpower to improve the quality of institutional delivery.	<ul style="list-style-type: none"> <li>▪ Purchase Drug, equipments, furniture as per IPHS.</li> <li>▪ Hire required manpower to support this service.</li> </ul>	Detail budget has been given above.

	<b>Medical care</b>		<ul style="list-style-type: none"> <li>▪ Care of routine and emergency cases in surgery</li> <li>▪ Care of routine and emergency cases in medicine</li> <li>▪ New-born Care</li> <li>▪ 24 hours emergency services</li> <li>▪ Referral services</li> <li>▪ In-patient services (12 beds)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6 hours in the morning and 2 hours in the evening</li> <li>▪ Minimum OPD Attendance should be 40 patients per doctor per day.</li> <li>▪ Appropriate management of injuries and accident, First Aid, Stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions</li> <li>▪ Ambulance Service to support referral Provision of diet, light, laundry etc to start indoor service.</li> </ul>	Nothing new for these services Detail budget has been given above.
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	<b>Maternal and Child Health Care</b>	<b>Non functional</b>	<ul style="list-style-type: none"> <li>▪ 24-hour delivery services including normal and assisted deliveries</li> <li>▪ Essential and Emergency Obstetric Care</li> <li>▪ Antenatal care</li> <li>▪ Intra-natal care</li> <li>▪ Postnatal Care</li> <li>▪ New Born care</li> <li>▪ Care of the child</li> </ul>	<ul style="list-style-type: none"> <li>▪ improve quality of JBSY at PHC level</li> <li>▪ Establish lab for minimum investigations like hemoglobin, urine albumin, and sugar, RPR test for syphilis</li> <li>▪ Nutrition and health counseling</li> <li>▪ Promotion of institutional deliveries</li> <li>▪ Conducting of normal deliveries</li> <li>▪ Assisted vaginal deliveries including forceps / vacuum delivery when ever required</li> <li>▪ Manual removal of placenta</li> <li>▪ Appropriate and prompt referral for cases needing specialist care.</li> <li>▪ Management of Pregnancy Induced hypertension including referral</li> <li>▪ Pre-referral management</li> <li>▪ A minimum of 2 Postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-center staff.</li> <li>▪ Initiation of early breast-feeding within half-hour of birth</li> </ul> <p>c) Education on nutrition, hygiene, contraception, essential new born care</p> <ul style="list-style-type: none"> <li>▪</li> </ul>	<p>Nothing new for these services Detail budget has been given above.</p>
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	Family Planning, Contraception & MTP	FP operation at PHC level.	<p>1. Full range of family planning services including Laparoscopic Services</p> <p>2. Safe Abortion Services</p> <p>3. Distribution of contraceptives such as condoms, oral pills, emergency Contraceptives.</p> <p>3. IUD insertions</p>	<ul style="list-style-type: none"> <li>▪ Education, Motivation and counseling to adopt appropriate Family Planning methods.</li> <li>▪ Provision of contraceptives such as condoms, oral pills, emergency Contraceptives, IUD insertions.</li> <li>▪ Permanent methods like Tubal ligation and vasectomy / NSV.</li> <li>▪ Follow up services to the eligible couples adopting permanent methods</li> <li>▪ Counseling and appropriate referral for safe abortion services (MTP) for Those in need.</li> <li>▪ Counseling and appropriate referral for couples having infertility.</li> </ul>	No need of extra Budget. Orientation & Training program can be organized from Untied fund.
	RNTCP	DOT center at PHC	Treatment and Distribution of drug.	<ul style="list-style-type: none"> <li>▪ All PHC function as DOTS Center to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per Guidelines.</li> </ul>	Budget will be given under RNTCP head

	<b>Integrated Disease Surveillance Project (IDSP)</b>	No IDSP	Need to start IDSP	<ul style="list-style-type: none"> <li>▪ PHC will collect and analyze data from sub-center and will report Information to PHC surveillance unit.</li> <li>▪ Appropriate preparedness and first level action in outbreak situations.</li> <li>▪ Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid and tests for detection of faecal Contamination of water (Rapid test kit) and chlorination level.</li> </ul>	Budget has been given above.
	<b>National Program for Control of Blindness (NPCB)</b>	No NPCB program	Need to start NPCB Program	<ul style="list-style-type: none"> <li>▪ Diagnosis and treatment of common eye diseases.</li> <li>▪ Refraction Services.</li> <li>▪ Detection of cataract cases and referral for cataract surgery.</li> </ul>	Budget will be given under District Blindness program head
	<b>National AIDS Control Program</b>		Starting AIDS control program at PHC level	<ul style="list-style-type: none"> <li>▪ IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission</li> <li>▪ Organizing School Health Education Programme</li> <li>(c) Screening of persons practicing high-risk behavior with one rapid test to be conducted at the PHC level and development of referral linkages with the nearest VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states.</li> <li>▪ Risk screening of</li> </ul>	Budget will be given under District AIDS program head

				<p>antenatal mothers with one rapid test for HIV and to establish referral linkages with District Hospital for PPTCT services.</p> <ul style="list-style-type: none"> <li>▪ Linkage with Microscopy Center for HIV-TB coordination.</li> <li>▪ Condom Promotion &amp; distribution of condoms to the high risk groups.</li> <li>▪ Help and guide patients with HIV/AIDS receiving ART with focus on Adherence.</li> </ul>	
	<p><b>Leprosy, Malaria, Kala-azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics</b></p>	<p><b>Eradication &amp; Control</b></p>	<p>Making people aware about these disease and providing treatments</p>	<ul style="list-style-type: none"> <li>▪ IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics</li> <li>▪ Starting treatment of patients if reported.</li> <li>▪ Referral facilities for better treatment.</li> </ul>	

### 3.3.4 Budget Summary (Primary Health Center)

2010-11

Head	Sub head	Budget	Remarks
<b>Infrastructure</b>	Physical Infrastructure	15,50,00000	
	Furniture	1,90,00000	
	Equipments	3,32,50,000	
	Drugs	5,0000000	
	Electricity	82,08,000	
	Telephone	1,14,000	
	Transport	34,20,000	
	Laundry/Diet	22,80,000	
	<b>Manpower</b>	For all	6,12,86,800
<b>Others Services of PHC</b>	Untied fund	9,50,000	
		<b>50,000,000</b>	

### 3.4 Referral Hospital:

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

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for RHs are:

- i. To provide comprehensive secondary health care (specialist and referral services) to the community through the Referral Hospital.
- ii. To achieve and maintain an acceptable standard of quality of care. To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals

### No. of Institutions (Referral Hospital)

As per IPH standard one Referral Hospital at every district.

Referral Hospital Population (2009)	Maximum RH required as per IPH Norms	No. of RH already sanctioned/established	Gaps in No. of RH
<b>297098</b>	<b>1</b>	<b>1</b>	<b>0</b>

**To obtain 100% IPH standard -:** Need to strength proposed for referral hospital to achieve 100% IPH standard.

#### Task for 2010-11 -:

- Need to provide required manpower, resources, drugs and equipments to minimize the gaps.

Availability of furniture, equipments, drugs and supplies in different service providing Units/Wards in FRUS

## A. OPERATION THEATRE (OT)- REFRAH HOSPITAL, GOGRI

### A1. INFRASTRUCTURE AND FURNITURE FOR OT

Please place a check mark (✓) on the mentioned response and fill in the remarks.

A1.1 - Infrastructure for OT	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there a changing room attached to OT?						
2. Is there a sluice room attached to OT?						
3. Is there 24 hours running water?	Yes			Yes		
4. Is there electricity?	Yes					
5. Is there 24 hours power backup system?	Yes					
6. Is there sink and elbow tap for hand washing/scrubbing?		No				
7. Is there bucket for water storage?	Yes					
8. Is there barrier or door separating OT?	Yes					
9. Is there a separate room for tea and refreshment?		No				
10. Is there a separate small room for storage?						
11. Is there an attached toilet?		No				

SQ = Standard Quantity, AQ = Available Quantity

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A1.2 - Furniture for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3					
2. Table for recording and reporting notes	1					
3. Stools	3	1	Yes			
4. White Board	1					

## A2. EQUIPMENTS AND INSTRUMENTS FOR OT

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.1 – General Equipments for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Wheel chair foldable, adult size	1					
2. Stretcher	1	4	Yes		Yes	
3. Patient trolley	1	5	Yes			
4. OT table with stirrups	1	5		Yes		
5. Wedge to position the patient	1					
6. Mattresses w/ water proof cover	1					
7. Pillows w/ water proof cover	1					
8. Bedpan	1	5	Yes			
9. Revolving Stool	2	3	Yes			
10. Foot Step	1					
11. Mayo Table	1					
12. Instrument trolley	2	2	Yes			
13. Bowl stand	2					
14. Lamp operating, fixed 4 lamp unit	1					
15. Lamp operating, fixed 8 lamp unit	1					
16. Lamp operating portable	2	1		Yes		
17. Emergency light	1					
18. Torch light	1	3			Yes	
19. Wall clock that can be seen easily	1	1	Yes			
20. Refrigerator/cold box	1					
21. IV stand	2	3	Yes			
22. Pump,suction,surgical,220V, 2 bottles, w/access	1					
23. Electrosurgical unit (Cautery)	1					

Please write the functional quantity only.

<b>A2.2 - Basic Equipments for OT</b>	<b>Standard Quantity</b>	<b>Number of Functional Equipments</b>
1. Stethoscope	1	1
2. BP apparatus	1	1
3. Fetoscope	1	
4. Oral Thermometer	1	
5. Rectal Thermometer	1	
6. Drums for gloves	1	2
7. Jar w/ cover (for swabs)	1	
8. Tourniquet, latex rubber, 75cm	1	
9. Kidney Tray (600 cc)	1	1
10. Dressing Tray	1	2
11. Cheattle forceps w/ jar, stainless steel	1	
12. Kocher's Forceps	2	

Please write the functional quantity only and check whether the equipments are used.

<b>A2.3 - Anesthesia Equipments for OT</b>	<b>SQ</b>	<b>No. of Functional Equipments</b>	<b>Available but NOT Used</b>
1. E. M. O comprising of: i) EMO Ether Inhaler ii) Breathing Tube (30cm) iii) Head Harness iv) Connector Mount v) Plain antistatic connecting tube (9cm) vi) Oxford inflating bellows vii) Breathing tube (105cm) viii) Expiratory valve ix) Angle Connectors x) Hospital Stand	1		
2. OMV	2		
3. Oxygen Attachment Kit	2		
4. Corrugated, Anti-static, Breathing tube/Anesthetic hose 105cm	2		
5. Breathing Tube Connectors, Male	2		
6. Breathing Tube Connectors, Female	2		
7. Pediatric Bellows	1		
8. Ambu E Valves (adults and child)	2EAC H		
9. Tool Kit (EMO and OMV)	1EAC H		
10. Anesthetic mobile Trolley, ss, 3 drawers, 2 trays, fitted with height adjustable twin hook loop and oxygen cylinder, electric lamp holder, 960mmL X 500mm W X 1545mm H	1		
11. Stylet	1		
12. Nasal cannula	10		

<b>A2.3 - Anesthesia Equipments for OT</b>	<b>SQ</b>	<b>No. of Functional Equipments</b>	<b>Available but NOT Used</b>
13. Anesthetic Face Masks i) Rendall Backer (pediatric) size 0, 1, 2, 3 ii) Clear "ohmeda" or "ambu size 0, 1, 2, 3, 4, 5 iii) Black, antistatic size 3, 4, 5	<b>1 EACH</b>		
14. Endotracheal tube (ETT) of different sizes	<b>3 EACH</b>		
15. ETT introducer	<b>2</b>		
16. Brushes for ETT (Small, Medium, Large)	<b>2 EACH</b>		
17. Magill Forceps (adult and child)	<b>1 EACH</b>		
18. Airways, reusable rubber sizes 0-4 oral; 5-9 Nasal	<b>2 SETS</b>		
19. Bougie (adult and child)	<b>1 EACH</b>		
20. Oxygen Tubing (clear green)	<b>2 ROLL</b>		
21. Spinal set (set of spinal needles 18 -25 gauge, small bowl, small 5 - 10 ml syringe needle, sponge holding forceps, kidney tray)	<b>1</b>		
22. Combined Pulse Oximeter/ECG monitor	<b>1</b>		
23. Oxygen cylinder with regulator and flow meter	<b>1</b>		
24. Foot suction	<b>1</b>		
25. Electric pump suction, 220V	<b>1</b>		
26. Oxygen Concentrator	<b>1</b>		
27. Suction catheter (newborn Fr 10 or 12 size and adult 16 size)	<b>100EACH</b>		
28. Laryngoscope set	<b>1</b>		

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

<b>A2.4 - OT Surgical Equipments for B/CEOC Services</b>	<b>SQ</b>	<b>Number of Functional Equipments</b>	<b>Location</b>	<b>In Sets</b>	
				<b>Yes</b>	<b>No</b>
<b>a. Dressing Set</b>	<b>2 sets</b>				
1. Artery Forceps, 140mm	1				
2. Toothed thumb forceps, 155mm	1				
3. Suture cutting scissors, 140mm	1				
4. Kidney Tray (400mm)	1				
5. Bowl for antiseptic (180ml)	1				
<b>b. Delivery Set</b>	<b>1 set</b>				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2				
2. Cord Cutting Scissor (Umbilicus – Blunt )	1				
3. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1				
4. Bowl S.S (Small and Big) 600ml, 750ml	2				
<b>c. Perineal/Vaginal/Cervical Repair Pack</b>	<b>1 set</b>				
1. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	4				
2. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1				



A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
3. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	2				
4. Needle Holder (Mayo – Hegar) 20 cm	1				
5. Scissors (Abdominal, Kelly) 18 cm	1				
6. Suture cutting scissors (long)	1				
7. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
8. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1set				
9. Vaginal Speculum (Hamilton Bailey)	1				
<b>d. Episiotomy Pack</b>	<b>1 set</b>				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				
2. Needle Holder (Mayo Hegar (20cm)	1				
3. Dissecting Forceps – toothed and non toothed– 14 cm	2				
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
5. Triangular Cutting Needle (ask about the needles)	1				
6. Round Body Needle	1				
7. Sponge Holding Forceps (Forester; Straight) 25cm	1				
8. Small Bowl SS –180ml	1				
<b>e. Forceps Delivery Pack</b>	<b>1 set</b>				
1. Obstetric Forceps (Outlet)	1set				
<b>f. Uterine Evacuation Pack/D&amp;C set</b>	<b>2 sets</b>				
1. Rubber Catheter	2				
2. Vaginal Speculum – Sims ( a complete set of 3 sizes)	1set				
3. Sponge forceps, Forester, smooth, 20cm	1				
4. Tenaculum Forceps – Duplay single toothed, 25/28 cm	1				
5. Dressing Forceps 25 – 27 cm Long	1				
6. Uterine Dilators (complete range of size 13 – 27 Fr)	1set				
7. Uterine Curettes (Sharp & Blunt) size 0 or 00	1				
8. Malleable Metal Sound	1				
9. Ovum Forceps, 25 – 27 cm	1				
10. Small Bowl, ss	1				
11. Sponge Holder	1				
<b>g. Craniotomy/Embryotomy Set</b>	<b>1 set</b>				
1. Suction Tip	1				
2. Decapitation Hook (TARGETT) 30cm	1				
3. Breech Hook 26cm	1				
4. Craniotomy Bone Forceps Morris	1				
5. Craniotomy Perforator NAEGELE 25cm	1				

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
6. Embryotomy Scissors	1				
7. Scalp Forceps Willet – 19cm	1				
8. Flushing Canulla	1				
9. Enema Can	1				
<b>h. MVA Set for CAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1set				
2. Small bowl for keeping antiseptic solution	1				
3. Sponge holder	1				
4. Single tooth Tenaculum	1				
5. Volsellum	1				
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
7. Double valve MVA syringe and with different size cannula (Ipas)	1				
8. Strainer (instead of sieve)	1				
9. Magnifying glass	1				
10. Emesis Pan	1				
11. Kidney dish	1				
12. 10 ml syringe for para cervical block	1				
13. 2 ml syringe w/ needle	1				
14. Hegar Dilators (1-12mm)	1set				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Obstetric Laporotomy Pack</b>	<b>2 Sets</b>				
1. Instrument Tray with cover – Stainless Steel 31 x 19.5 x 6.5cm	1				
2. Towel Clips (Backhaus) 13cm	6				
3. Sponge Holding Forceps (Forester; Straight; serrated) 25 cm	4				
4. Artery Forceps Straight – CRILE (Small) 14cm	6				
5. Halstead Mosquito Forceps 12.5cms ( 3 straight, 3 curved)	6				
6. Hysterectomy Forceps straight – (one each of HEANEY 23cm; MOYNIHAN 23 cm; WERTHEIM 24 cm straight toothed and WERTHEIM 25cm non – toothed)	4				
7. Tissue Forceps 21 cms non - toothed	4				
8. Uterine Tenaculum Forceps – curved sideways, 8mm jaw width 2x2 teeth 25/28cm	1				
9. Needle Holder (Mayo – Hegar) Straight	2				

A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
10. Surgical Knife Handle (One each of no. 3 and No. 4. No. 3 for blade sizes 10,11,12 & 15 and No. 4 for blade sizes 20, 21, 22, 23	2				
11. Packet Triangular Point Suture Needles 7.3 cms; size 6	1				
12. packet Round Bodied Needles No. 12; size 6	1				
13. Abdominal Self Retaining Retractor (Balfors)	2 set				
14. Operating Scissors, Curved, blunt Pointed, Mayo, 17 cm	1				
15. Operating Scissors, Straight, Blunt Pointed, Mayo, 17 cm	1				
16. Scissors Straight MAYO Blunt/blunt pointed 23 cms	1				
17. Suction Nozzle (small, medium, long)	3				
18. Suction Tube (Yankauer) 23 cm long, 23 French Gauze (8mm dia)removable tip and tubing connector	1				
19. Intestinal Clamps, Curved, Dry Pattern 23 cms	2				
20. Intestinal Clamps, Straight, Dry Pattern 23 cms	2				
21. Dressing forceps (Tissue) 18cm – one each of toothed (1x2 teeth) and non - toothed	2 sets				
22. Dressing forceps (Tissue) 25 cm – one each of toothed (1x2 teeth)	1 set				
23. ALLIS forceps 20 cm, 4x5 teeth, multiple ratchets used to grip arteries and digestive tissues	4				
24. BABCOCK forceps 20 cm, multiple ratchets used to grip arteries and digestive tissues	2				
<b>b. C–Section Set</b>	<b>2 sets</b>				
25. All of the above <b>PLUS:</b>					
26. Uterine Haemostatic forceps (Green Armitage) 21cm	4				
<b>c. Hysterectomy Set</b>	<b>1 set</b>				
All of the above <b>PLUS:</b>					
1. Kocher's forceps 18cm (straight)	6				
2. Kocher's forceps 18cm (curved)	6				
3. Abdominal Retractor Double Ended (Richardson – Eastman) set of stainless steel two blades: <u>Large</u> – 49mm wide x 63mm deep & 38mm wide x 49mm deep, total length – 28 cm, <u>Medium</u> and <u>Small</u> – 20mm wide x 28mm deep & 28mm wide x 36mm deep, total	1 set				

Please write the available quantity and mention in Remarks whether the equipment is repairable or not.

A2.6 - OT New Born Equipments	SQ	AQ	Remarks
1. Resuscitation set - Infant (ambu bags and masks, size 0-3)	1		
2. Resuscitation Unit – Infant (DS Manandhar)	1		
3. Delee, single use or high – level disinfected/sterile reusable	1		

A2.6 - OT New Born Equipments	SQ	AQ	Remarks
4. Meconium Aspirators	1		
5. Cord ties, thread or cord clamp			
6. Infant weighing scale (pan-type)	1		
7. Laryngoscope set for new born	1		
8. Photo therapy unit for new born	1		

### A3. DRUGS AND SUPPLIES FOR OT

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs								
2. Calcium Gluconate (inj)	10ml X 2 ampules								
3. Magnesium sulphate (inj)	0.5 gms X 28	Yes		Yes			No	Yes	
4. Oxytocin (inj)	10 Ampules								
5. Dextrose (25%) (inj)	2 ampules								
6. Adrenaline (inj.)	2 ampules								
7. Naloxone (inj)	1 ampule								
8. Aminophylline (inj)	2 ampules								
9. Atropine sulphate (inj)	2 ampules								
10. Chloropheniramine	2 ampules								
11. Diazepam (inj)	5ml 2 ampules								
12. Mephentine (inj)	1 vial								
13. Ergometrine (inj)	2 ampules								
14. Frusemide (inj)	2 ampules								
15. Hydrocortisone	100ml 2 vial								
A3.2 – Emergency Supplies for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
IV Set	4								
IV Cannula 18	4 G								
IV Fluids – Ringer Lactate/Normal Saline	6 bottles								

#### A4. INFECTION PREVENTION FOR OT

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for OT	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Flash Autoclave (only for hospitals with over 1500 deliveries) (Or No 2)						
2. Autoclave with electricity or heat source (specify size and type)						
3. Autoclave Drum						
4. Autoclave Tape						
5. Boiler with heat source or electricity						
6. Container for rinsing instruments						
7. Container for making decontamination solution						
8. Chlorine (5%) for making decontamination solution (0.5%)						
9. Personal hand towel						
10. Puncture proof container for sharp disposal						
11. Plastic bucket for other waste						
12. Soap case with holes for all sink						
13. Utility gloves for cleaning						
14. Antiseptic solutions						
15. Plastic aprons						
16. Plastic drawsheet or McIntosh						
17. Protective footwear (boots /plastic shoes)						
18. Protective eyewear (goggles/face shields)						
19. Dirty linen trolley or container						
20. Mops and buckets						
21. Rack for drying gloves						
22. Bucket for placenta disposal						
23. Container for mask						
24. Shoe rack						
25. Container for cap						

#### B. LABOUR/DELIVERY AND POST ABORTION CARE (PAC) ROOM

##### C1. INFRASTRUCTURE AND FURNITURE FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response and fill in the remarks.

C1.1- Infrastructure for Labour/Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there 24 hours running water?	Yes					
2. Is there electricity?	Yes					
3. Is there 24 hour power backup system?	Yes					
4. Is there Bucket for water storage?	Yes					

5. Is there attached toilet for patients?		No				
6. Is there partition/ door separating to labour room from other facility for privacy?	Yes					
7. Is there a sluice room attached to labour room?						
8. Is there tap for washing in the sluice room?						
9. Is there sink and elbow tap for hand washing/scrubbing in the labor/delivery room?		No				
10. Is there basin for soaking linen in the sluice room?						
11. Is there 24 hour running water in the sluice room?						
12. Is there admission room attached to labour room? (For examination of women with pregnancy related issues)?						

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C.1.2 Furniture for Labor/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3					
2. Table	1					
3. Chair	2	2	Yes			

## C2. EQUIPMENT AND INSTRUMENTS FOR LABOUR/DELIVERY AND PAC ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.1 General Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2					
2. Mattresses w/ water proof cover	2					
3. Pillows w/ water proof cover	2					
4. Bedpan	2	3				
10. Revolving Stool	2	1				
11. Bedscreen for privacy	1					
12. Bedside cabinet (lockable)	2					
13. Step Stool	1					
14. Mayo Table	1					
15. Instrument trolley	2					
16. Bowl stand	2	1	Yes			
17. Portable light	1					
18. Emergency light	1	1	Yes			
19. Torch light	1					

C2.1 General Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
20. Wall clock that can be seen easily	1	1	Yes			
21. IV stand	2	3	Yes			
22. Electric Suction	1	1	Yes			
23. Foot suction	1	1	Yes			
24. Perineal Light	1					

Please write the functional number only.

C2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments
16. Stethoscope	1	1
17. BP apparatus	1	1
18. Fetoscope	1	3
19. Oral Thermometer	1	4
20. Rectal Thermometer	1	1
21. Room Thermometer	1	
22. Drums for gloves	1	2
23. Jar w/ cover (for swabs)	1	4
24. Tourniquet, latex rubber, 75cm	1	
25. Kidney Tray	1	3
26. Dressing Tray	1	3
27. Cheattle forceps w/ jar, ss	1	
28. Kocher's Forceps	2	
29. Rubber catheter	2	
30. Bivalve Cusco	1 set	

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
3. Oxygen cylinder with flow meter	1	1	Yes			
4. Oxygen concentrator	1	1	Yes			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
13. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope, endotracheal tubes, suction apparatus)	1					
14. Resuscitation set – adult (ambu bags, masks, suction catheter, endotracheal tubes)	1	1	Yes			

C2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
15. Blood pressure cuff	1	1				
16. Stethoscope	1	1				
17. Fetoscope	1	3				
18. Disposable sterile syringe and needles: 2 – 50 ml	1					
19. Urinary (Foley) catheter & Uro bag	1					
20. IV canulla (18G)	2 pc	10				
21. IV sets	2	2				
22. Ringer lactate	1	1				
23. Kidney tray	1	1				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments were mainly found (eg. Store room, OT, labour room) and check if the equipments were put into sets.

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>				
6. Artery Forceps, 140mm	1	1			
7. Toothed thumb forceps, 155mm	1	1			
8. Suture cutting scissors, 140mm	1	1			
9. Kidney Tray (200ml)	1	1			
10. Bowl for antiseptic (180ml)	1	1			
<b>b. Delivery Set</b>	<b>4 sets</b>	2			
9. Artery Forceps (Haemostatic, Rankin–Crile or Rochester–Pean) 16 cm	2	2			
10. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
11. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
12. Bowl S.S (Small and Big) 600ml, 750ml	2	2			
<b>c. Perineal/Vaginal/Cervical Repair Pack</b>	<b>1 set</b>				
19. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	4			
20. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1			
21. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	1			
22. Needle Holder (Mayo – Hegar) 20 cm	1	1			
23. Scissors (Abdominal, Kelly) 18 cm	1	1			
24. Suture cutting scissors (long)	1	1			
25. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
26. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	1			
27. Vaginal Speculum (Hamilton Bailey)	1	1			
<b>d. Episiotomy Pack</b>	<b>2 sets</b>				



C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
9. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	1			
10. Needle Holder (Mayo Hegar (20cm)	1	1			
11. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			
12. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
13. Triangular Cutting Needle (ask about the needles)	1				
14. Round Body Needle	1	1			
15. Sponge Holding Forceps (Forester; Straight) 25cm	1	1			
16. Small Bowl SS –180ml	1	1			
<b>e. Forceps Delivery Pack</b>	<b>1 set</b>				
2. Obstetric Forceps (Outlet)	1 set				
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
29. Bivalve speculum (small, medium, big)	1 set				
30. Small bowl for keeping antiseptic solution	1	1			
31. Sponge holder	1	1			
32. Single tooth Tenaculum	1				
33. Volsellum	1	1			
34. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
35. Double valve MVA syringe and with different size cannula (IPAS)	1				
36. Strainer or sieve	1				
37. Magnifying glass	1				
38. Emesis Pan	1				
39. Kidney dish	1				
40. 10 ml syringe for para cervical block	1				
41. 2 ml syringe w/ needle	1				
<b>g. Vacuum Set</b>	<b>1 set</b>				
6. Vacuum cup	1				
7. Vacuum bottle	1				
8. Vacuum with meter	1				
9. Vacuum pump	1				
10. Connecting Tube	1				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.6 New Born Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant (DS Manandhar)	1					
2. Delee, single use or high – level disinfected/sterile reusable/Mucus bulb sucker	1					
3. Cord ties or thread						
4. Infant weighing scale (pan-type)	1					

### C3. DRUGS AND SUPPLIES FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

C3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs								
2. Calcium Gluconate (inj)	10ml X 2 ampules								
3. Magnesium sulphate (inj)	0.5 gms X 28	Yes							
4. Oxytocin (inj)	10 ampules								
5. Dextrose (25% and 50%) (inj)	2 ampules	Yes							
6. Adrenaline (inj.)	2 ampules								
7. Naloxone (inj)	1 ampule								
8. Aminophylline (inj.)	2 ampules								
9. Atropine Sulphate	2 ampules								
10. Chloropheniramine	2 ampules								
11. Diazepam (inj)	2 ampules								
12. Mephentine (inj)	1 vial								
13. Ergometrine (inj.)	2 ampules								
14. Frusemide (inj.)	2 ampules								
15. Hydrocortisone	100ml 2 vial								
C 3.2 – Emergency Supplies for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. IV Set	4	Yes							
2. IV Cannula 18	4 G	Yes							
3. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes							

### C4. INFECTION PREVENTION FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

C4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
1. Autoclave with electricity or heat source		No				
2. Autoclave drum (specify size and type)		Yes				
3. Autoclave tape						
4. Boiler with heat source or electricity						
5. Container for rinsing instruments						
6. Container for making decontamination solution						

C4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
	1. Chlorine (5%) for making decontamination solution (0.5%)					
2. Personal hand towel	Yes					
3. Puncture proof container for sharp disposal	Yes					
4. Plastic bucket for other waste	Yes					
5. Soap case with holes for all sink						
6. Utility gloves for cleaning						
7. Antiseptic solutions						
8. Nail brushes						
9. Plastic drawsheet or McIntosh for delivery bed						
10. Plastic Aprons for service providers		No				
11. Protective footwear (boots /plastic shoes)		No				
12. Protective eyewear (goggles/face shields)		No				
13. Dirty linen trolley or container	Yes					
14. Mops and buckets	Yes					
15. Rack for drying gloves		No				
16. Bucket for placenta disposal	Yes					
17. Shoe rack		No				

### C. OPERATION THEATRE (OT)

#### A1. INFRASTRUCTURE AND FURNITURE FOR OT

Please place a check mark (✓) on the mentioned response and fill in the remarks.

A1.1 - Infrastructure for OT	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
1. Is there a changing room attached to OT?						
2. Is there a sluice room attached to OT?						
3. Is there 24 hours running water?	Yes			Yes		
4. Is there electricity?	Yes					
5. Is there 24 hours power backup system?	Yes					
6. Is there sink and elbow tap for hand washing/scrubbing?		No				
7. Is there bucket for water storage?	Yes					
8. Is there barrier or door separating OT?	Yes					
9. Is there a separate room for tea and refreshment?		No				
10. Is there a separate small room for storage?						
11. Is there an attached toilet?		No				

SQ = Standard Quantity, AQ = Available Quantity  
Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A1.2 - Furniture for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3					
2. Table for recording and reporting notes	1					
3. Stools	3	1	Yes			
4. White Board	1					

## A2. EQUIPMENTS AND INSTRUMENTS FOR OT

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.1 – General Equipments for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Wheel chair foldable, adult size	1					
2. Stretcher	1	4	Yes		Yes	
3. Patient trolley	1	5	Yes			
4. OT table with stirrups	1	5		Yes		
5. Wedge to position the patient	1					
6. Mattresses w/ water proof cover	1					
7. Pillows w/ water proof cover	1					
8. Bedpan	1	5	Yes			
9. Revolving Stool	2	3	Yes			
10. Foot Step	1					
11. Mayo Table	1					
12. Instrument trolley	2	2	Yes			
13. Bowl stand	2					
14. Lamp operating, fixed 4 lamp unit	1					
15. Lamp operating, fixed 8 lamp unit	1					
16. Lamp operating portable	2	1		Yes		
17. Emergency light	1					
18. Torch light	1	3			Yes	
19. Wall clock that can be seen easily	1	1	Yes			
20. Refrigerator/cold box	1					
21. IV stand	2	3	Yes			
22. Pump,suction,surgical,220V, 2 bottles, w/access	1					
23. Electrosurgical unit (Cautery)	1					

Please write the functional quantity only.

<b>A2.2 - Basic Equipments for OT</b>	<b>Standard Quantity</b>	<b>Number of Functional Equipments</b>
1. Stethoscope	1	1
2. BP apparatus	1	1
3. Fetoscope	1	
4. Oral Thermometer	1	
5. Rectal Thermometer	1	
6. Drums for gloves	1	2
7. Jar w/ cover (for swabs)	1	
8. Tourniquet, latex rubber, 75cm	1	
9. Kidney Tray (600 cc)	1	1
10. Dressing Tray	1	2
11. Cheattle forceps w/ jar, stainless steel	1	
12. Kocher's Forceps	2	

Please write the functional quantity only and check whether the equipments are used.

<b>A2.3 - Anesthesia Equipments for OT</b>	<b>SQ</b>	<b>No. of Functional Equipments</b>	<b>Available but NOT Used</b>
1. E. M. O comprising of: i) EMO Ether Inhaler ii) Breathing Tube (30cm) iii) Head Harness iv) Connector Mount v) Plain antistatic connecting tube (9cm) vi) Oxford inflating bellows vii) Breathing tube (105cm) viii) Expiratory valve ix) Angle Connectors x) Hospital Stand	1		
2. OMV	2		
3. Oxygen Attachment Kit	2		
4. Corrugated, Anti-static, Breathing tube/Anesthetic hose 105cm	2		
5. Breathing Tube Connectors, Male	2		
6. Breathing Tube Connectors, Female	2		
7. Pediatric Bellows	1		
8. Ambu E Valves (adults and child)	2EAC H		
9. Tool Kit (EMO and OMV)	1EAC H		
10. Anesthetic mobile Trolley, ss, 3 drawers, 2 trays, fitted with height adjustable twin hook loop and oxygen cylinder, electric lamp holder, 960mmL X 500mm W X 1545mm H	1		
11. Stylet	1		
12. Nasal cannula	10		

<b>A2.3 - Anesthesia Equipments for OT</b>	<b>SQ</b>	<b>No. of Functional Equipments</b>	<b>Available but NOT Used</b>
13. Anesthetic Face Masks i) Rendall Backer (pediatric) size 0, 1, 2, 3 ii) Clear "ohmeda" or "ambu size 0, 1, 2, 3, 4, 5 iii) Black, antistatic size 3, 4, 5	<b>1EACH</b>		
14. Endotracheal tube (ETT) of different sizes	<b>3 EACH</b>		
15. ETT introducer	<b>2</b>		
16. Brushes for ETT (Small, Medium, Large)	<b>2 EACH</b>		
17. Magill Forceps (adult and child)	<b>1 EACH</b>		
18. Airways, reusable rubber sizes 0-4 oral; 5-9 Nasal	<b>2 SETS</b>		
19. Bougie (adult and child)	<b>1 EACH</b>		
20. Oxygen Tubing (clear green)	<b>2 ROLL</b>		
21. Spinal set (set of spinal needles 18 -25 gauge, small bowl, small 5 - 10 ml syringe needle, sponge holding forceps, kidney tray)	<b>1</b>		
22. Combined Pulse Oximeter/ECG monitor	<b>1</b>		
23. Oxygen cylinder with regulator and flow meter	<b>1</b>		
24. Foot suction	<b>1</b>		
25. Electric pump suction, 220V	<b>1</b>		
26. Oxygen Concentrator	<b>1</b>		
27. Suction catheter (newborn Fr 10 or 12 size and adult 16 size)	<b>100EAC</b>		
28. Laryngoscope set	<b>1</b>		

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

<b>A2.4 - OT Surgical Equipments for B/CEOC Services</b>	<b>SQ</b>	<b>Number of Functional Equipments</b>	<b>Location</b>	<b>In Sets</b>	
				<b>Yes</b>	<b>No</b>
<b>a. Dressing Set</b>	<b>2 sets</b>				
6. Artery Forceps, 140mm	1				
7. Toothed thumb forceps, 155mm	1				
8. Suture cutting scissors, 140mm	1				
9. Kidney Tray (400mm)	1				
10. Bowl for antiseptic (180ml)	1				
<b>b. Delivery Set</b>	<b>1 set</b>				
5. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2				
6. Cord Cutting Scissor (Umbilicus – Blunt )	1				
7. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1				
8. Bowl S.S (Small and Big) 600ml, 750ml	2				
<b>c. Perineal/Vaginal/Cervical Repair Pack</b>	<b>1 set</b>				
25. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	4				

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
26. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1				
27. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	2				
28. Needle Holder (Mayo – Hegar) 20 cm	1				
29. Scissors (Abdominal, Kelly) 18 cm	1				
30. Suture cutting scissors (long)	1				
31. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
32. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1set				
33. Vaginal Speculum (Hamilton Bailey)	1				
<b>d. Episiotomy Pack</b>	<b>1 set</b>				
9. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2				
10. Needle Holder (Mayo Hegar (20cm)	1				
11. Dissecting Forceps – toothed and non toothed– 14 cm	2				
12. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
13. Triangular Cutting Needle (ask about the needles)	1				
14. Round Body Needle	1				
15. Sponge Holding Forceps (Forester; Straight) 25cm	1				
16. Small Bowl SS –180ml	1				
<b>e. Forceps Delivery Pack</b>	<b>1 set</b>				
2. Obstetric Forceps (Outlet)	1set				
<b>f. Uterine Evacuation Pack/D&amp;C set</b>	<b>2 sets</b>				
12. Rubber Catheter	2				
13. Vaginal Speculum – Sims ( a complete set of 3 sizes)	1set				
14. Sponge forceps, Forester, smooth, 20cm	1				
15. Tenaculum Forceps – Duplay single toothed, 25/28 cm	1				
16. Dressing Forceps 25 – 27 cm Long	1				
17. Uterine Dilators (complete range of size 13 – 27 Fr)	1set				
18. Uterine Curettes (Sharp & Blunt) size 0 or 00	1				
19. Malleable Metal Sound	1				
20. Ovum Forceps, 25 – 27 cm	1				
21. Small Bowl, ss	1				
22. Sponge Holder	1				
<b>g. Craniotomy/Embryotomy Set</b>	<b>1 set</b>				
10. Suction Tip	1				
11. Decapitation Hook (TARGETT) 30cm	1				
12. Breech Hook 26cm	1				
13. Craniotomy Bone Forceps Morris	1				

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
14. Craniotomy Perforator NAEGELE 25cm	1				
15. Embryotomy Scissors	1				
16. Scalp Forceps Willet – 19cm	1				
17. Flushing Canulla	1				
18. Enema Can	1				
<b>h. MVA Set for CAC</b>	<b>1 set</b>				
15. Bivalve speculum (small, medium, big)	1set				
16. Small bowl for keeping antiseptic solution	1				
17. Sponge holder	1				
18. Single tooth Tenaculum	1				
19. Volsellum	1				
20. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
21. Double valve MVA syringe and with different size cannula (Ipas)	1				
22. Strainer (instead of sieve)	1				
23. Magnifying glass	1				
24. Emesis Pan	1				
25. Kidney dish	1				
26. 10 ml syringe for para cervical block	1				
27. 2 ml syringe w/ needle	1				
28. Hegar Dilators (1-12mm)	1set				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Obstetric Laporotomy Pack</b>	<b>2 Sets</b>				
27. Instrument Tray with cover – Stainless Steel 31 x 19.5 x 6.5cm	1				
28. Towel Clips (Backhaus) 13cm	6				
29. Sponge Holding Forceps (Forester; Straight; serrated) 25 cm	4				
30. Artery Forceps Straight – CRILE (Small) 14cm	6				
31. Halstead Mosquito Forceps 12.5cms ( 3 straight, 3 curved)	6				
32. Hysterectomy Forceps straight – (one each of HEANEY 23cm; MOYNIHAN 23 cm; WERTHEIM 24 cm straight toothed and WERTHEIM 25cm non – toothed)	4				
33. Tissue Forceps 21 cms non - toothed	4				
34. Uterine Tenaculum Forceps – curved sideways, 8mm jaw width 2x2 teeth 25/28cm	1				
35. Needle Holder (Mayo – Hegar) Straight	2				



A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
36. Surgical Knife Handle (One each of no. 3 and No. 4. No. 3 for blade sizes 10,11,12 & 15 and No. 4 for blade sizes 20, 21, 22, 23	2				
37. Packet Triangular Point Suture Needles 7.3 cms; size 6	1				
38. packet Round Bodied Needles No. 12; size 6	1				
39. Abdominal Self Retaining Retractor (Balfors)	2 set				
40. Operating Scissors, Curved, blunt Pointed, Mayo, 17 cm	1				
41. Operating Scissors, Straight, Blunt Pointed, Mayo, 17 cm	1				
42. Scissors Straight MAYO Blunt/blunt pointed 23 cms	1				
43. Suction Nozzle (small, medium, long)	3				
44. Suction Tube (Yankauer) 23 cm long, 23 French Gauze (8mm dia)removable tip and tubing connector	1				
45. Intestinal Clamps, Curved, Dry Pattern 23 cms	2				
46. Intestinal Clamps, Straight, Dry Pattern 23 cms	2				
47. Dressing forceps (Tissue) 18cm – one each of toothed (1x2 teeth) and non - toothed	2 sets				
48. Dressing forceps (Tissue) 25 cm – one each of toothed (1x2 teeth)	1 set				
49. ALLIS forceps 20 cm, 4x5 teeth, multiple ratchets used to grip arteries and digestive tissues	4				
50. BABCOCK forceps 20 cm, multiple ratchets used to grip arteries and digestive tissues	2				
<b>b. C–Section Set</b>	<b>2 sets</b>				
51. All of the above <b>PLUS:</b>					
52. Uterine Haemostatic forceps (Green Armitage) 21cm	4				
<b>c. Hysterectomy Set</b>	<b>1 set</b>				
All of the above <b>PLUS:</b>					
4. Kocher's forceps 18cm (straight)	6				
5. Kocher's forceps 18cm (curved)	6				
6. Abdominal Retractor Double Ended (Richardson – Eastman) set of stainless steel two blades: <u>Large</u> – 49mm wide x 63mm deep & 38mm wide x 49mm deep, total length – 28 cm, <u>Medium</u> and <u>Small</u> – 20mm wide x 28mm deep & 28mm wide x 36mm deep, total	1 set				

Please write the available quantity and mention in Remarks whether the equipment is repairable or not.

A2.6 - OT New Born Equipments	SQ	AQ	Remarks
9. Resuscitation set - Infant (ambu bags and masks, size 0-3)	1		
10. Resuscitation Unit – Infant (DS Manandhar)	1		
11. Delee, single use or high – level disinfected/sterile reusable	1		

A2.6 - OT New Born Equipments	SQ	AQ	Remarks
12. Meconium Aspirators	1		
13. Cord ties, thread or cord clamp			
14. Infant weighing scale (pan-type)	1		
15. Laryngoscope set for new born	1		
16. Photo therapy unit for new born	1		

### A3. DRUGS AND SUPPLIES FOR OT

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
16. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs								
17. Calcium Gluconate (inj)	10ml X 2 ampules								
18. Magnesium sulphate (inj)	0.5 gms X 28	Yes		Yes			No	Yes	
19. Oxytocin (inj)	10 Ampules								
20. Dextrose (25%) (inj)	2 ampules								
21. Adrenaline (inj.)	2 ampules								
22. Naloxone (inj)	1 ampule								
23. Aminophylline (inj)	2 ampules								
24. Atropine sulphate (inj)	2 ampules								
25. Chlorpheniramine	2 ampules								
26. Diazepam (inj)	5ml 2 ampules								
27. Mephentine (inj)	1 vial								
28. Ergometrine (inj)	2 ampules								
29. Frusemide (inj)	2 ampules								
30. Hydrocortisone	100ml 2 vial								
A3.2 – Emergency Supplies for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
IV Set	4								
IV Cannula 18	4 G								
IV Fluids – Ringer Lactate/Normal Saline	6 bottles								

#### A4. INFECTION PREVENTION FOR OT

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for OT	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
26. Flash Autoclave (only for hospitals with over 1500 deliveries) (Or No 2)						
27. Autoclave with electricity or heat source (specify size and type)						
28. Autoclave Drum						
29. Autoclave Tape						
30. Boiler with heat source or electricity						
31. Container for rinsing instruments						
32. Container for making decontamination solution						
33. Chlorine (5%) for making decontamination solution (0.5%)						
34. Personal hand towel						
35. Puncture proof container for sharp disposal						
36. Plastic bucket for other waste						
37. Soap case with holes for all sink						
38. Utility gloves for cleaning						
39. Antiseptic solutions						
40. Plastic aprons						
41. Plastic drawsheet or McIntosh						
42. Protective footwear (boots /plastic shoes)						
43. Protective eyewear (goggles/face shields)						
44. Dirty linen trolley or container						
45. Mops and buckets						
46. Rack for drying gloves						
47. Bucket for placenta disposal						
48. Container for mask						
49. Shoe rack						
50. Container for cap						

#### D. LABOUR/DELIVERY AND POST ABORTION CARE (PAC) ROOM

##### C1. INFRASTRUCTURE AND FURNITURE FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response and fill in the remarks.

C1.1- Infrastructure for Labour/Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
13. Is there 24 hours running water?	Yes					
14. Is there electricity?	Yes					
15. Is there 24 hour power backup system?	Yes					
16. Is there Bucket for water storage?	Yes					

17. Is there attached toilet for patients?		No				
18. Is there partition/ door separating to labour room from other facility for privacy?	Yes					
19. Is there a sluice room attached to labour room?						
20. Is there tap for washing in the sluice room?						
21. Is there sink and elbow tap for hand washing/scrubbing in the labor/delivery room?		No				
22. Is there basin for soaking linen in the sluice room?						
23. Is there 24 hour running water in the sluice room?						
24. Is there admission room attached to labour room? (For examination of women with pregnancy related issues)?						

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C.1.2 Furniture for Labor/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3					
2. Table	1					
3. Chair	2	2	Yes			

## C2. EQUIPMENT AND INSTRUMENTS FOR LABOUR/DELIVERY AND PAC ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.1 General Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2					
2. Mattresses w/ water proof cover	2					
3. Pillows w/ water proof cover	2					
4. Bedpan	2	3				
34. Revolving Stool	2	1				
35. Bedscreen for privacy	1					
36. Bedside cabinet (lockable)	2					
37. Step Stool	1					
38. Mayo Table	1					
39. Instrument trolley	2					
40. Bowl stand	2	1	Yes			
41. Portable light	1					
42. Emergency light	1	1	Yes			
43. Torch light	1					

C2.1 General Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
44. Wall clock that can be seen easily	1	1	Yes			
45. IV stand	2	3	Yes			
46. Electric Suction	1	1	Yes			
47. Foot suction	1	1	Yes			
48. Perineal Light	1					

Please write the functional number only.

C2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments
31. Stethoscope	1	1
32. BP apparatus	1	1
33. Fetoscope	1	3
34. Oral Thermometer	1	4
35. Rectal Thermometer	1	1
36. Room Thermometer	1	
37. Drums for gloves	1	2
38. Jar w/ cover (for swabs)	1	4
39. Tourniquet, latex rubber, 75cm	1	
40. Kidney Tray	1	3
41. Dressing Tray	1	3
42. Cheattle forceps w/ jar, ss	1	
43. Kocher's Forceps	2	
44. Rubber catheter	2	
45. Bivalve Cusco	1 set	

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
5. Oxygen cylinder with flow meter	1	1	Yes			
6. Oxygen concentrator	1	1	Yes			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
24. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope, endotracheal tubes, suction apparatus)	1					
25. Resuscitation set – adult (ambu bags, masks, suction catheter, endotracheal tubes)	1	1	Yes			

C2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
26. Blood pressure cuff	1	1				
27. Stethoscope	1	1				
28. Fetoscope	1	3				
29. Disposable sterile syringe and needles: 2 – 50 ml	1					
30. Urinary (Foley) catheter & Uro bag	1					
31. IV canulla (18G)	2 pc	10				
32. IV sets	2	2				
33. Ringer lactate	1	1				
34. Kidney tray	1	1				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments were mainly found (eg. Store room, OT, labour room) and check if the equipments were put into sets.

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>				
11. Artery Forceps, 140mm	1	1			
12. Toothed thumb forceps, 155mm	1	1			
13. Suture cutting scissors, 140mm	1	1			
14. Kidney Tray (200ml)	1	1			
15. Bowl for antiseptic (180ml)	1	1			
<b>b. Delivery Set</b>	<b>4 sets</b>	2			
13. Artery Forceps (Haemostatic, Rankin–Crile or Rochester–Pean) 16 cm	2	2			
14. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
15. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
16. Bowl S.S (Small and Big) 600ml, 750ml	2	2			
<b>c. Perineal/Vaginal/Cervical Repair Pack</b>	<b>1 set</b>				
28. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	4			
29. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1			
30. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	1			
31. Needle Holder (Mayo – Hegar) 20 cm	1	1			
32. Scissors (Abdominal, Kelly) 18 cm	1	1			
33. Suture cutting scissors (long)	1	1			
34. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1				
35. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	1			
36. Vaginal Speculum (Hamilton Bailey)	1	1			
<b>d. Episiotomy Pack</b>	<b>2 sets</b>				

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
17. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	1			
1. Needle Holder (Mayo Hegar (20cm)	1	1			
2. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			
3. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1				
4. Triangular Cutting Needle (ask about the needles)	1				
5. Round Body Needle	1	1			
6. Sponge Holding Forceps (Forester; Straight) 25cm	1	1			
7. Small Bowl SS –180ml	1	1			
<b>e. Forceps Delivery Pack</b>	<b>1 set</b>				
3. Obstetric Forceps (Outlet)	1 set				
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1 set				
2. Small bowl for keeping antiseptic solution	1	1			
3. Sponge holder	1	1			
4. Single tooth Tenaculum	1				
5. Volsellum	1	1			
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1				
7. Double valve MVA syringe and with different size cannula (IPAS)	1				
8. Strainer or sieve	1				
9. Magnifying glass	1				
10. Emesis Pan	1				
11. Kidney dish	1				
12. 10 ml syringe for para cervical block	1				
13. 2 ml syringe w/ needle	1				
<b>g. Vacuum Set</b>	<b>1 set</b>				
1. Vacuum cup	1				
2. Vacuum bottle	1				
3. Vacuum with meter	1				
4. Vacuum pump	1				
5. Connecting Tube	1				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.6 New Born Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant (DS Manandhar)	1					

C2.6 New Born Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
2. Delee, single use or high – level disinfected/sterile reusable/Mucus bulb sucker	1					
3. Cord ties or thread						
4. Infant weighing scale (pan-type)	1					

### C3. DRUGS AND SUPPLIES FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

C3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
16. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs								
17. Calcium Gluconate (inj)	10ml X 2 ampules								
18. Magnesium sulphate (inj)	0.5 gms X 28	Yes							
19. Oxytocin (inj)	10 ampules								
20. Dextrose (25% and 50%) (inj)	2 ampules	Yes							
21. Adrenaline (inj.)	2 ampules								
22. Naloxone (inj)	1 ampule								
23. Aminophylline (inj.)	2 ampules								
24. Atropine Sulphate	2 ampules								
25. Chloropheniramine	2 ampules								
26. Diazepam (inj)	2 ampules								
27. Mephentine (inj)	1 vial								
28. Ergometrine (inj.)	2 ampules								
29. Frusemide (inj.)	2 ampules								
30. Hydrocortisone	100ml 2 vial								
C 3.2 – Emergency Supplies for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
4. IV Set	4	Yes							
5. IV Cannula 18	4 G	Yes							
6. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes							

### C4. INFECTION PREVENTION FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

C4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
18. Autoclave with electricity or heat source		No				



C4.1 - Infection Prevention Equipment & Supplies for Labour/Delivery and PAC Room		Available		Functional		Used	
		Yes	No	Yes	No	Yes	No
19. Autoclave drum (specify size and type)		Yes					
20. Autoclave tape							
21. Boiler with heat source or electricity							
22. Container for rinsing instruments							
23. Container for making decontamination solution							
24. Chlorine (5%) for making decontamination solution (0.5%)							
25. Personal hand towel		Yes					
26. Puncture proof container for sharp disposal		Yes					
27. Plastic bucket for other waste		Yes					
28. Soap case with holes for all sink							
29. Utility gloves for cleaning							
30. Antiseptic solutions							
31. Nail brushes							
32. Plastic drawsheet or McIntosh for delivery bed							
33. Plastic Aprons for service providers			No				
34. Protective footwear (boots /plastic shoes)			No				
35. Protective eyewear (goggles/face shields)			No				
36. Dirty linen trolley or container		Yes					
37. Mops and buckets		Yes					
38. Rack for drying gloves			No				
39. Bucket for placenta disposal		Yes					
40. Shoe rack			No				

### 3.4.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11	Budget for (2010-11)
<b>Physical Infrastructure</b>	An area of 65-85 m <sup>2</sup> per bed has been considered to be reasonable. The area will include the service areas such as waiting space, entrance hall, registration counter, etc. In case of specific requirement of a hospital, flexibility in altering the area is kept.	1	1	0	100 beds hospital is already proposed so need to complete it.	<b>For proposed hospital budget has been already sanctioned.</b>
<b>Waste Disposal</b>	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared				
<b>Furniture</b>	Doctor's chair Doctor's Table Duty Table for Nurses Table for Sterilization use Long Benches Stool Wooden Stools Revolving Steel Cup-board Wooden Cup Board Racks -Steel – Wooden Patients Waiting Chairs Attendants Cots Office Chairs Office Table Foot Stools Filing Cabinets (for records) M.R.D. Requirements (record room use) Pediatric cots with railings Cradle Fowler's cot Ortho Fracture Table Hospital Cots Hospital Cots Pediatric Wooden Blocks Back rest Dressing Trolley Medicine Almirah Bin racks ICCU Cots Bed Side Screen Medicine Trolley Case Sheet Holders with clip Bed Side Lockers	For working 1 RH as per requirement	1 RH is sanctioned and working and need all these furniture.	1	All sanctioned /established Referral Hospital i.e. 1	10000000 (Apprx)  (To provide all listed furniture to 1 working RH)

	<p>Examination Couch  Instrument Trolley  Instrument Trolley Mayos  Surgical Bin Assorted  Wheel Chair  Stretcher / Patience Trolley  Instrument Tray Assorted  Kidney Tray Assorted  Basin Assorted  Basin Stand Assorted  Delivery Table  Blood Donar Table  O2 Cylinder Trolley  Saline Stand  Waste Bucket  Dispensing Table Wooden  Bed Pan  Urinal Male and Female  Name Board for cubicals  Kitchen Utensils  Containers for kitchen  Plate, Tumblers  Waste Disposal - Bin / drums  Waste Disposal - Trolley (SS)  Linen Almirah  Stores Almirah  Arm Board Adult  Arm Board Child  SS Bucket with Lid  Bucket Plastic  Ambu bags  O2 Cylinder with spanner  ward type  Diet trolley - stainless steel  Needle cutter and melter  Thermometer clinical  Thermometer Rectal  Torch light  Cheatles forceps assorted  Stomach wash equipment  Infra Red lamp  Wax bath  Emergency Resuscitation Kit-  Adult  Enema Set</p>					
<b>Equipme nt</b>	<p><b>As per IPHS norms</b>  • Imaging Equipment  • X-ray room accessories  • Cardiac equipments  • Labor ward equipments  • Equipment for New Born  Care and Neonatal</p>	Working RH is 1 so requirement is accordingly	1 RH is sanctioned that need all these equipments.	<b>1</b>	One sanctioned /establishe d RH	2000000 (Approx)  (To provide all listed equipmen

	<p>Resuscitation</p> <ul style="list-style-type: none"> <li>▪ ENT equipment</li> <li>▪ Eye equipment</li> <li>▪ Dental Equipment</li> <li>▪ Laboratory equipments</li> <li>▪ OT equipment</li> <li>▪ Surgical equipment</li> <li>▪ Physiotherapy equipments</li> <li>▪ Endoscopes equipments</li> <li>▪ Anesthesia equipments</li> <li>• IUD insertion kit</li> <li>• Equipment / reagents for essential laboratory investigations</li> <li>• Refrigerator</li> <li>• ILR/Deep Freezer</li> <li>• Ice box</li> <li>• Computer with accessories including internet facility</li> <li>• Baby warmer/incubator.</li> <li>• Binocular microscope</li> <li>• Equipments for Eye care and vision testing</li> <li>• Equipments under various National Programmes</li> <li>• Radiant warmer for new borne baby</li> <li>• Baby scale</li> <li>• Table lamp with 200 watt bulb for new borne baby</li> <li>• Photo therapy unit</li> <li>• Self inflating bag and mask- neonatal size</li> <li>• Laryngoscope and Endotracheal intubations tubes (neonatal)</li> <li>• Mucus extractor with suction tube and a foot operated suction machine</li> <li>• Feeding tubes for baby 28</li> <li>• Sponge holding forceps - 2</li> <li>• Valsellum uterine forceps - 2</li> <li>• Tenaculum uterine forceps – 2</li> <li>• MVA syringe and cannulae of sizes 4-8</li> <li>• Kidney tray for emptying contents of MVA syringe</li> <li>• Trainer for tissues</li> <li>• Torch without batteries – 2</li> <li>• Battery dry cells 1.5 volt</li> </ul>				<p>ts to 1 working RH)</p>
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	(large size) – 4 • Bowl for antiseptic solution for soaking cotton swabs • Tray containing chlorine solution for keeping soiled instruments • Residual chlorine in drinking water testing kits • H2S Strip test bottles					
<b>Drugs</b>	Dicyclomine Inj- Atropine - Inj. Norfloxacin- Tab Ciprofloxacin - Tab Ciprofloxacin - Tab Co Trimoxazole Tab Amoxicillin- Cap Gentamycin - Inj Albendazole Alprazolam - Tab Ranitidine - Inj Oxytocin - Inj-Amp Methyl Ergometrine Glibenclamide 5% Dextrose 5% Dextrose + 0.9% B Complex Silver Sulphadiazine oint - Promethazine - Inj-Amp. Pentazocine Lactate Inj. Diazepam - Inj-Amp. Cough Expectorant Ampicillin Ciprofloxacin Thiopentone Cetrizine Doxycycline Ampicillin & Cloxacilin Etophylline & Theophylline Dopamine Hydrochloride Adrenaline Sodium Bicarbonate Tinidazole Fluconazole Clotrimazole Cream Dicyclomine Tablets Dexamethasone Digoxin Metformin Atropine Lignocaine Solution 2% Cetrimide Concentrated Diazepam Diclofenac Sodium					Total - 2,000000 (Approx.) (To provide all listed Medicine to working 1 RH)

	Carbamazepine Carbamazepine Cephalexin Metronidazole Metronidazole Cefotaxime Atenolol Furosemide Ranitidine Hydrochloride Metoclopramide Isosorbide Dinitrate Diethylcarbamazine Ciprofloxacin Metronidazole Cefotaxime Enalapril Enalapril Chloramphenicol Alprazolam Tramadol Dexamethasone Cefotaxime Amlodipine Erythromycin Stearate Cetirizine Omeprazole Prednisolone Diethylcarbamazine Ampicillin Sodium Atenolol Hydroxy progesterone acetate Xylometazoline Prednisolone Betamethasone Chloram Phenicol Bupivacaine Hydrochloride Succinyl Choline Intermediate acting insulin Lente/NPH Insulin Insulin injection (Soluble) - Inj. 40IU/ml premix insulin (30/70 Human) A.S.V.S. ARV					
<b>Support Services</b>						
<b>Electricity</b>	Wherever facility exists, uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	1 RH	1 RH is sanctioned that need power supply.	<b>1</b>	All sanctioned /established RH i.e 1	Generator service can be out sourced. 1 X 2200 X 365 days = 8,03,000

<b>Water</b>	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere				
<b><u>Telephone</u></b>	Where ever feasible, telephone facility / cell phone facility is to be provided.	3 Telephone connections required	1 telephone is existing.	<b>1</b>	2 new connection required	Total 3 X 1000 X 12 = 36,000
<b>Transport</b>	The Referral hospital should have an ambulance for transport of Patients. This may be outsourced.	2 ambulance required	1 ambulance existing.	<b>3</b>		Ambulance service may be outsourced Total 1 X 15000 X 12 = 1,80,000
<b>Laundry, Dietary and Cleaning facilities</b>	Laundry, Dietary and cleaning work can be outsourced.	For 1 existing Referral Hospital	One existing RH requires this facility.	<b>1</b>		Laundry, cleaning and Dietary facilities can be outsourced 1 lakh per month Total 1 X 1,00000 X 12 = 12,00000

### 3.4.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2010-11	Budget 2010-11
Hospital Superintendent	1	1X1=1	1	0	0	State
Medical Specialist	3	3X1=3	1	2	2	2X25000X12=6,00000
Surgery Specialists	3	3X1=3	1	2	2	2X25000X12=6,00000
O&G specialist	6	6X1=6	1	5	5	5X25000X12=15,00000
Psychiatrist	1	1X1=1	0	1	1	1X20000X12=2,40,000
Dermatologist / Venereologist	1	1X1=1	0	1	1	1X20000X12=2,40,000
Pediatrician	3	3X1=3	1	2	2	2X25000X12=6,00000
Anesthetist (Regular / trained)	6	6X1= 6	1	5	5	5X25000X12=15,00000
ENT Surgeon	2	2X1=2	1	1	1	1X20000X12=2,40,000
Ophthalmologist	2	2X1=2	1	1	1	1X20000X12=2,40,000
Orthopedic an	2	2X1=2	1	1	1	1X20000X12=2,40,000
Radiologist	1	1X1=1	1	1	1	1X20000X12=2,40,000
Casualty Doctors / General Duty Doctors	20	20X1= 20	4	16	16	16X20000X12=38,40,000
Dental Surgeon	1	1X1=1	1	1	0	0
Health Manager	1	1X1=1	0	0	1	1X12000X12=1,44,000
AYUSH Physician	4	4X1=4	0	4	4	4X15000X12=7,20,000
Pathologists	2	2X1=2	0	1	1	1X20000X12=2,40,000
Staff Nurse	20	20X1=20	9	11	11	11X7500X12=9,90,000
Hospital worker (OP/ward +OT+ blood bank)	20	20X1=20	8	12	12	12X3000X12=4,32,000
Ophthalmic Assistant	2	2X1=2	0	0	0	1X6000X12=72,000
ECG Technician	1	1X1=1	0	1	1	1X6000X12=72,000
Laboratory Technician ( Lab + Blood Bank)	4	4X1=4	1	3	3	3X6000X12=2,16,000



Maternity assistant (ANM)	4	4X1=4	4	0	0	0
Radiographer	2	2X1=2	0	2	2	2X6000X12= 1,44,000
Pharmacist <sup>1</sup>	6	6X1=6	2	4	4	4X6000X12= 2,88,000
Physiotherapist	2	2X1=6	0	2	2	2X12000X12= 2,88,000
Statistical Assistant	1	1X1=1	0	1	1	1X8000X12= 96,000
<b>Total</b>						<b>1,37,82,000</b>

### 3.4.4 Budget Summary (Referral Hospital)

**2010-11**

Head	Sub head	Budget	Remarks
<b>Infrastructure</b>	Physical Infrastructure	0	
	Furniture	1,00,00,000	
	Equipments	2,00,00,000	
	Drugs	2,00,00,000	
	Electricity	8,03,000	
	Telephone	36,000	
	Transport	7,20,000	
	Laundry/Diet /Cleaning	12,00,000	
<b>Manpower</b>	For all	1,37,82,000	Details break up given above
<b>Others Services of DH</b>	Untied fund	2,00,000	
	Disaster handling fund	10,00,000	
<b>Total</b>		<b>5,12,36,000</b>	

### 3.5 District Hospital:

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

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for DHs are:

- iii. To provide comprehensive secondary health care (specialist and referral services) to the community through the District Hospital.
- iv. To achieve and maintain an acceptable standard of quality of care. To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals

### No. of Institutions

As per IPH standard one District Hospital at every district.

District Population (2009)	Maximum DH required as per IPH Norms	No. of DH already sanctioned/established	Gaps in No. of DH
1563443	1	1	0

**To obtain 100% IPH standard -: Need to strength sanction district hospital to achieve 100% IPH standard.**

**Task for 2010-11 -:**

- Need to provide required manpower, resources, drugs and equipments to minimize the gaps.

Availability of furniture, equipments, drugs and supplies in different service providing Units/Wards in FRUS

### E. OPERATION THEATRE (OT)- DISTRICT HOSPITAL

#### A1. INFRASTRUCTURE AND FURNITURE FOR OT

Please place a check mark (✓) on the mentioned response and fill in the remarks.

A1.1 - Infrastructure for OT	Yes	No	Condition			Remarks
			Functiona l	Need Repair	Not Repairable	
1. Is there a changing room attached to OT?	Yes					
2. Is there a sluice room attached to OT?	Yes					
3. Is there 24 hours running water?	Yes					
4. Is there electricity?	Yes					
5. Is there 24 hours power backup system?	Yes					
6. Is there sink and elbow tap for hand washing/scrubbing?	Yes					
7. Is there bucket for water storage?	Yes					
8. Is there barrier or door separating OT?	Yes					
9. Is there a separate room for tea and refreshment?		No				
10. Is there a separate small room for storage?	Yes					
11. Is there an attached toilet?	Yes					

SQ = Standard Quantity, AQ = Available Quantity

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A1.2 - Furniture for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3	2	Yes			
2. Table for recording and reporting notes	1	1	Yes			
3. Stools	3	1				
4. White Board	1	0				

## A2. EQUIPMENTS AND INSTRUMENTS FOR OT

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

A2.1 – General Equipments for OT	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Wheel chair foldable, adult size	1	0				
2. Stretcher	1	2	Yes			
3. Patient trolley	1	1	Yes			
4. OT table with stirrups	1	4	Yes			
5. Wedge to position the patient	1					
6. Mattresses w/ water proof cover	1					
7. Pillows w/ water proof cover	1					
8. Bedpan	1					
9. Revolving Stool	2	1	Yes			
10. Foot Step	1	1	Yes			
11. Mayo Table	1	1	Yes			
12. Instrument trolley	2	4	Yes			
13. Bowl stand	2	2	Yes			
14. Lamp operating, fixed 4 lamp unit	1	2	Yes			
15. Lamp operating, fixed 8 lamp unit	1	2	Yes			
16. Lamp operating portable	2	4	Yes			
17. Emergency light	1	1	Yes			
18. Torch light	1	2	Yes			
19. Wall clock that can be seen easily	1					
20. Refrigerator/cold box	1					
21. IV stand	2	4	Yes			
22. OPump,suction,surgical,220V, 2 bottles, w/access	1	1	Yes			
23. Electrosurgical unit (Cautery)	1					

Please write the functional quantity only.

A2.2 - Basic Equipments for OT	Standard Quantity	Number of Functional Equipments
1. Stethoscope	1	2
2. BP apparatus	1	2
3. Fetoscope	1	0
4. Oral Thermometer	1	1
5. Rectal Thermometer	1	1
6. Drums for gloves	1	5
7. Jar w/ cover (for swabs)	1	1
8. Tourniquet, latex rubber, 75cm	1	
9. Kidney Tray (600 cc)	1	5
10. Dressing Tray	1	5
11. Cheattle forceps w/ jar, stainless steel	1	1
12. Kocher's Forceps	2	2

Please write the functional quantity only and check whether the equipments are used.

A2.3 - Anesthesia Equipments for OT	SQ	No. of Functional Equipments	Available but NOT Used
1. E. M. O comprising of: i) EMO Ether Inhaler ii) Breathing Tube (30cm) iii) Head Harness iv) Connector Mount v) Plain antistatic connecting tube (9cm) vi) Oxford inflating bellows vii) Breathing tube (105cm) viii) Expiratory valve ix) Angle Connectors x) Hospital Stand	1	79 BOLL 0 0 0 0 0 0 0 0 2	
2. OMV	2		
3. Oxygen Attachment Kit	2	1	
4. Corrugated, Anti-static, Breathing tube/Anesthetic hose 105cm	2	0	
5. Breathing Tube Connectors, Male	2	0	
6. Breathing Tube Connectors, Female	2	0	
7. Pediatric Bellows	1	0	
8. Ambu E Valves (adults and child)	2EAC H	0	
9. Tool Kit (EMO and OMV)	1EAC H	0	
10. Anesthetic mobile Trolley, ss, 3 drawers, 2 trays, fitted with height adjustable twin hook loop and oxygen cylinder, electric lamp holder, 960mmL X 500mm W X 1545mm H	1	4	

<b>A2.3 - Anesthesia Equipments for OT</b>	<b>SQ</b>	<b>No. of Functional Equipments</b>	<b>Available but NOT Used</b>
1. Stylet	1	0	
2. Nasal cannula	10	0	
3. Anesthetic Face Masks i) Rendall Backer (pediatric) size 0, 1, 2, 3 ii) Clear "ohmeda" or "ambu size 0, 1, 2, 3, 4, 5 iii) Black, antistatic size 3, 4, 5	1 EACH	0	
4. Endotracheal tube (ETT) of different sizes	3 EACH	0	
5. ETT introducer	2	0	
6. Brushes for ETT (Small, Medium, Large)	2 EACH	0	
7. Magill Forceps (adult and child)	1 EACH	0	
8. Airways, reusable rubber sizes 0-4 oral; 5-9 Nasal	2 SETS	0	
9. Bougie (adult and child)	1 EACH	0	
10. Oxygen Tubing (clear green)	2 ROLL	0	
11. Spinal set (set of spinal needles 18 -25 gauge, small bowl, small 5 - 10 ml syringe needle, sponge holding forceps, kidney tray)	1	0	
12. Combined Pulse Oximeter/ECG monitor	1	0	
13. Oxygen cylinder with regulator and flow meter	1	1	
14. Foot suction	1	1	
15. Electric pump suction, 220V	1	1	
16. Oxygen Concentrator	1	1	
17. Suction catheter (newborn Fr 10 or 12 size and adult 16 size)	100 EACH	100	
18. Laryngoscope set	1		

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

<b>A2.4 - OT Surgical Equipments for B/CEOC Services</b>	<b>SQ</b>	<b>Number of Functional Equipments</b>	<b>Location</b>	<b>In Sets</b>	
				<b>Yes</b>	<b>No</b>
<b>a. Dressing Set</b>	<b>2 sets</b>				
1. Artery Forceps, 140mm	1	0			
2. Toothed thumb forceps, 155mm	1	50			
3. Suture cutting scissors, 140mm	1	1			
4. Kidney Tray (400mm)	1	0			
5. Bowl for antiseptic (180ml)	1	0			
<b>b. Delivery Set</b>	<b>1 set</b>				
1. Artery Forceps (Haemostatic, Rankin – Crile or Rochester – Pean) 16 cm	2	0			
2. Cord Cutting Scissor (Umbilicus – Blunt )	1	0			
3. Sponge Holding Forceps (Forester; Straight; Serrated) 20cm	1	10			
4. Bowl S.S (Small and Big) 600ml, 750ml	2	0			
<b>c. Perineal/Vaginal/Cervical Repair Pack</b>	<b>1 set</b>				

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
6. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	4	0			
7. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	0			
8. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	2	0			
9. Needle Holder (Mayo – Hegar) 20 cm	1	1			
10. Scissors (Abdominal, Kelly) 18 cm	1	1			
11. Suture cutting scissors (long)	1	4			
12. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	0			
13. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1set	0			
14. Vaginal Speculum (Hamilton Bailey)	1	0			
<b>d. Episiotomy Pack</b>	<b>1 set</b>				
1. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	0			
2. Needle Holder (Mayo Hegar (20cm)	1	0			
3. Dissecting Forceps – toothed and non toothed– 14 cm	2	2			
4. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	0			
5. Triangular Cutting Needle (ask about the needles)	1	0			
6. Round Body Needle	1	2			
7. Sponge Holding Forceps (Forester; Straight) 25cm	1	0			
8. Small Bowl SS –180ml	1	0			
<b>e. Forceps Delivery Pack</b>	<b>1 set</b>				
3. Obstetric Forceps (Outlet)	1set	0			
<b>f. Uterine Evacuation Pack/D&amp;C set</b>	<b>2 sets</b>				
1. Rubber Catheter	2	0			
2. Vaginal Speculum – Sims ( a complete set of 3 sizes)	1set	0			
3. Sponge forceps, Forester, smooth, 20cm	1	0			
4. Tenaculum Forceps – Duplay single toothed, 25/28 cm	1	0			
5. Dressing Forceps 25 – 27 cm Long	1	0			
6. Uterine Dilators (complete range of size 13 – 27 Fr)	1set	0			
7. Uterine Curettes (Sharp & Blunt) size 0 or 00	1	0			
8. Malleable Metal Sound	1	0			
9. Ovum Forceps, 25 – 27 cm	1	0			
10. Small Bowl, ss	1	0			
11. Sponge Holder	1	0			
<b>g. Craniotomy/Embryotomy Set</b>	<b>1 set</b>				
1. Suction Tip	1	1			
2. Decapitation Hook (TARGETT) 30cm	1	0			

A2.4 - OT Surgical Equipments for B/CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
3. Breech Hook 26cm	1	0			
4. Craniotomy Bone Forceps Morris	1	0			
5. Craniotomy Perforator NAEGELE 25cm	1	0			
6. Embryotomy Scissors	1	0			
7. Scalp Forceps Willet – 19cm	1	0			
8. Flushing Canulla	1	0			
9. Enema Can	1	0			
<b>h. MVA Set for CAC</b>	<b>1 set</b>				
1. Bivalve speculum (small, medium, big)	1set	0			
2. Small bowl for keeping antiseptic solution	1	0			
3. Sponge holder	1	0			
4. Single tooth Tenaculum	1	0			
5. Volsellum	1	0			
6. Grasping Forceps/ Long Artery Forceps (Buzman's Forcep)	1	0			
7. Double valve MVA syringe and with different size cannula (lpas)	1	0			
8. Strainer (instead of sieve)	1	0			
9. Magnifying glass	1	0			
10. Emesis Pan	1	0			
11. Kidney dish	1	0			
12. 10 ml syringe for para cervical block	1	0			
13. 2 ml syringe w/ needle	1	0			
14. Hegar Dilators (1-12mm)	1set	0			

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments where mainly found (eg. Store room, OT, labour room) and check whether equipments were put into sets.

A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Obstetric Laporotomy Pack</b>	<b>2 Sets</b>				
1. Instrument Tray with cover – Stainless Steel 31 x 19.5 x 6.5cm	1	2			
2. Towel Clips (Backhaus) 13cm	6	10			
3. Sponge Holding Forceps (Forester; Straight; serrated) 25 cm	4	20			
4. Artery Forceps Straight – CRILE (Small) 14cm	6	4			
5. Halstead Mosquito Forceps 12.5cms ( 3 straight, 3 curved)	6	8			
6. Hysterectomy Forceps straight – (one each of HEANEY 23cm; MOYNIHAN 23 cm; WERTHEIM 24 cm straight toothed and WERTHEIM 25cm non – toothed	4	0			
7. Tissue Forceps 21 cms non - toothed	4	0			
8. Uterine Tenaculum Forceps – curved sideways, 8mm jaw width 2x2 teeth 25/28cm	1	0			
9. Needle Holder (Mayo – Hegar) Straight	2	10			
10. Surgical Knife Handle (One each of no. 3 and No. 4. No. 3 for blade sizes 10,11,12 & 15 and No. 4 for blade sizes 20, 21, 22, 23	2	3			
11. Packet Triangular Point Suture Needles 7.3 cms; size 6	1	0			
12. packet Round Bodied Needles No. 12; size 6	1	3			
13. Abdominal Self Retaining Retractor (Balfor's)	2 set	4			
14. Operating Scissors, Curved, blunt Pointed, Mayo, 17 cm	1	0			
15. Operating Scissors, Straight, Blunt Pointed, Mayo, 17 cm	1	0			
16. Scissors Straight MAYO Blunt/blunt pointed 23 cms	1	0			
17. Suction Nozzle (small, medium, long)	3	0			
18. Suction Tube (Yankauer) 23 cm long, 23 French Gauze (8mm dia)removable tip and tubing connector	1	0			
19. Intestinal Clamps, Curved, Dry Pattern 23 cms	2	0			
20. Intestinal Clamps, Straight, Dry Pattern 23 cms	2	0			
21. Dressing forceps (Tissue) 18cm – one each of toothed (1x2 teeth) and non - toothed	2 sets	0			
22. Dressing forceps (Tissue) 25 cm – one each of toothed (1x2 teeth)	1 set	0			
23. ALLIS forceps 20 cm, 4x5 teeth, multiple ratchets used to grip arteries and digestive tissues	4	10			
24. BABCOCK forceps 20 cm, multiple ratchets used to grip arteries and digestive tissues	2				
<b>b. C–Section Set</b>	<b>2 sets</b>				
25. All of the above <b>PLUS:</b>		0			



A2.5 - OT Surgical Instruments for CEOC Services	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
26. Uterine Haemostatic forceps (Green Armitage) 21cm	4	0			
<b>c. Hysterectomy Set</b>	<b>1 set</b>				
All of the above <b>PLUS:</b>		0			
7. Kocher's forceps 18cm (straight)	6	0			
8. Kocher's forceps 18cm (curved)	6	0			
9. Abdominal Retractor Double Ended (Richardson – Eastman) set of stainless steel two blades: <u>Large</u> – 49mm wide x 63mm deep & 38mm wide x 49mm deep, total length – 28 cm, <u>Medium</u> and <u>Small</u> – 20mm wide x 28mm deep & 28mm wide x 36mm deep, total	1 set	0			

Please write the available quantity and mention in Remarks whether the equipment is repairable or not.

A2.6 - OT New Born Equipments	SQ	AQ	Remarks
17. Resuscitation set - Infant (ambu bags and masks, size 0-3)	1	0	
18. Resuscitation Unit – Infant (DS Manandhar)	1	0	
19. Delee, single use or high – level disinfected/sterile reusable	1	0	
20. Meconium Aspirators	1	0	
21. Cord ties, thread or cord clamp		0	
22. Infant weighing scale (pan-type)	1	0	
23. Laryngoscope set for new born	1	0	
24. Photo therapy unit for new born	1	1	

### A3. DRUGS AND SUPPLIES FOR OT

Please place a check mark (✓) on the mentioned response.

A3.1 – Emergency Drugs (including neonates) for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
31. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		No						
32. Calcium Gluconate (inj)	10ml X 2 ampules		No						
33. Magnesium sulphate (inj)	0.5 gms X 28		No						
34. Oxytocin (inj)	10 Ampules		No						
35. Dextrose (25%) (inj)	2 ampules	Yes							
36. Adrenaline (inj.)	2 ampules		No						
37. Naloxone (inj)	1 ampule		No						
38. Aminophylline (inj)	2 ampules		No						
39. Atropine sulphate (inj)	2 ampules		No						
40. Chloropheniramine	2 ampules	Yes							
41. Diazepam (inj)	5ml 2 ampules	Yes							

A3.1 – Emergency Drugs (including neonates) for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
42. Mephentine (inj)	1 vial		No						
43. Ergometrine (inj)	2 ampules		No						
44. Frusemide (inj)	2 ampules		No						
45. Hydrocortisone	100ml 2 vial		No						
A3.2 – Emergency Supplies for OT	SQ for 1 patient	Available		Adequate for 1 Patient		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
IV Set	4	Yes							
IV Cannula 18	4 G		No						
IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes							

#### A4. INFECTION PREVENTION FOR OT

Please place a check mark (✓) on the mentioned response.

A4.1 - Infection Prevention Equipment & Supplies for OT	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
51. Flash Autoclave (only for hospitals with over 1500 deliveries) (Or No 2)		No				
52. Autoclave with electricity or heat source (specify size and type)		No				
53. Autoclave Drum	Yes					
54. Autoclave Tape		No				
55. Boiler with heat source or electricity		No				
56. Container for rinsing instruments		No				
57. Container for making decontamination solution		No				
58. Chlorine (5%) for making decontamination solution (0.5%)		No				
59. Personal hand towel	Yes					
60. Puncture proof container for sharp disposal		No				
61. Plastic bucket for other waste		No				
62. Soap case with holes for all sink	Yes					
63. Utility gloves for cleaning	Yes					
64. Antiseptic solutions	Yes					
65. Plastic aprons		No				
66. Plastic drawsheet or McIntosh		No				
67. Protective footwear (boots /plastic shoes)		No				
68. Protective eyewear (goggles/face shields)		No				
69. Dirty linen trolley or container		No				
70. Mops and buckets		No				
71. Rack for drying gloves		No				

A4.1 - Infection Prevention Equipment & Supplies for OT	Available		Functional		Used	
	Yes	No	Yes	No	Yes	No
	72. Bucket for placenta disposal		No			
73. Container for mask		No				
74. Shoe rack		No				
75. Container for cap	Yes					

#### F. LABOUR/DELIVERY AND POST ABORTION CARE (PAC) ROOM

##### C1. INFRASTRUCTURE AND FURNITURE FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response and fill in the remarks.

C1.1- Infrastructure for Labour/Delivery and PAC Room	Yes	No	Condition			Remarks
			Functional	Need Repair	Not Repairable	
25. Is there 24 hours running water?	Yes					
26. Is there electricity?	Yes					
27. Is there 24 hour power backup system?	Yes					
28. Is there Bucket for water storage?	Yes					
29. Is there attached toilet for patients?	Yes					
30. Is there partition/ door separating to labour room from other facility for privacy?	Yes					
31. Is there a sluice room attached to labour room?	Yes					
32. Is there tap for washing in the sluice room?	Yes					
33. Is there sink and elbow tap for hand washing/scrubbing in the labor/delivery room?	Yes					
34. Is there basin for soaking linen in the sluice room?	Yes					
35. Is there 24 hour running water in the sluice room?	Yes					
36. Is there admission room attached to labour room? (For examination of women with pregnancy related issues)?	Yes					

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C.1.2 Furniture for Labor/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Cabinets with glass for drugs/instruments	3				2	
2. Table	1				2	
3. Chair	2		2		2	

## C2. EQUIPMENT AND INSTRUMENTS FOR LABOUR/DELIVERY AND PAC ROOM

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.1 General Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
1. Delivery table with stirrups	2	3	Yes			
2. Mattresses w/ water proof cover	2					
3. Pillows w/ water proof cover	2					
4. Bedpan	2					
15. Revolving Stool	2	3	Yes			
16. Bedscreen for privacy	1	0				
17. Bedside cabinet (lockable)	2	0				
18. Step Stool	1	0				
19. Mayo Table	1	0				
20. Instrument trolley	2	2	Yes			
21. Bowl stand	2	2	Yes			
22. Portable light	1	2	Yes			
23. Emergency light	1	0				
24. Torch light	1	0				
25. Wall clock that can be seen easily	1	0				
26. IV stand	2	2	Yes			
27. Electric Suction	1	1	Yes			
28. Foot suction	1	0				
29. Perineal Light	1	0				

Please write the functional number only.

C2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments
46. Stethoscope	1	1
47. BP apparatus	1	0
48. Fetoscope	1	0
49. Oral Thermometer	1	0
50. Rectal Thermometer	1	0
51. Room Thermometer	1	0
52. Drums for gloves	1	0
53. Jar w/ cover (for swabs)	1	0
54. Tourniquet, latex rubber, 75cm	1	0
55. Kidney Tray	1	0
56. Dressing Tray	1	1
57. Cheattle forceps w/ jar, ss	1	0
58. Kocher's Forceps	2	0
59. Rubber catheter	2	0

C2.2 Basic Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments
60. Bivalve Cusco	1 set	0

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.3 Basic Resuscitation Equipments for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
7. Oxygen cylinder with flow meter	1	1				
8. Oxygen concentrator	1	1				

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.4 Emergency Trolley for Labour/Delivery and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
35. Resuscitation set – newborn (ambu bags, masks size 0-3, suction catheter, laryngoscope, endotracheal tubes, suction apparatus)	1	0				
36. Resuscitation set – adult (ambu bags, masks, suction catheter, endotracheal tubes)	1	0				
37. Blood pressure cuff	1	0				
38. Stethoscope	1	1				
39. Fetoscope	1	0				
40. Disposable sterile syringe and needles: 2 – 50 ml	1	1	Yes			
41. Urinary (Foley) catheter & Uro bag	1	0				
42. IV canulla (18G)	2 pc	0				
43. IV sets	2	1	Yes			
44. Ringer lactate	1	1	Yes			
45. Kidney tray	1	0				

Please write the functional quantity only. Also write the number of complete functional sets found, add in "Location" in which room the equipments were mainly found (eg. Store room, OT, labour room) and check if the equipments were put into sets.

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
<b>a. Dressing Set</b>	<b>2 sets</b>	<b>0</b>			
16. Artery Forceps, 140mm	1	2			
17. Toothed thumb forceps, 155mm	1	2			
18. Suture cutting scissors, 140mm	1	0			
19. Kidney Tray (200ml)	1	1			
20. Bowl for antiseptic (180ml)	1	1			
<b>b. Delivery Set</b>	<b>4 sets</b>				
17. Artery Forceps (Haemostatic, Rankin–Crile or Rochester–Pean) 16 cm	2	0			

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
18. Cord Cutting Scissor (Umbilicus – Blunt )	1	1			
19. Sponge Holding Forceps ( Forester; Straight; Serrated) 20cm	1	1			
20. Bowl S.S (Small and Big) 600ml, 750ml	2	0			
<b>c. Perineal/Vaginal/Cervical Repair Pack</b>	<b>1 set</b>				
37. Sponge Holding Forceps (Forester; Straight; Serrated) 20 cm	5	0			
38. Artery Forceps (Haemostatic, Rochester – Pean) 20 cm	1	1			
39. Artery Forceps (Haemostatic, Rochester – Pean) 16cm	1	1			
40. Needle Holder (Mayo – Hegar) 20 cm	1	1			
41. Scissors (Abdominal, Kelly) 18 cm	1	1			
42. Suture cutting scissors (long)	1	1			
43. Dissecting Forceps – Non – toothed, Potts – Smith, 15 cm	1	0			
44. SIMS vaginal speculum (a complete set of 3 sizes: 60X25-30mm; 70X30-35mm and 80X35-40mm)	1 set	0			
45. Vaginal Speculum (Hamilton Bailey)	1	0			
<b>d. Episiotomy Pack</b>	<b>2 sets</b>				
8. Episiotomy Scissors – Braun-Stadler (One each of 14.5cm & 22 cm)	2	0			
9. Needle Holder (Mayo Hegar (20cm)	1	0			
10. Dissecting Forceps – toothed and non toothed– 14 cm	2	0			
11. Stitch Cutting Scissors – (Abdominal, Kelly) 18cm	1	0			
12. Triangular Cutting Needle (ask about the needles)	1	0			
13. Round Body Needle	1	0			
14. Sponge Holding Forceps (Forester; Straight) 25cm	1	0			
15. Small Bowl SS –180ml	1	0			
<b>e. Forceps Delivery Pack</b>	<b>1 set</b>	0			
4. Obstetric Forceps (Outlet)	1 set	0			
<b>f. MVA Set for PAC</b>	<b>1 set</b>				
19. Bivalve speculum (small, medium, big)	1 set	1			
20. Small bowl for keeping antiseptic solution	1	1			
21. Sponge holder	1	1			
22. Single tooth Tenaculum	1	0			
23. Voisellum	1	1			
24. Grasping Forceps/ Long Artery Forceps (Buzman’s Forcep)	1	0			
25. Double valve MVA syringe and with different size cannula (IPAS)	1	0			
26. Strainer or sieve	1	0			
27. Magnifying glass	1	0			
28. Emesis Pan	1	0			

C2.5 Surgical Equipments for Labour/Delivery and PAC Room	SQ	Number of Functional Equipments	Location	In Sets	
				Yes	No
29. Kidney dish	1	0			
30. 10 ml syringe for para cervical block	1	0			
31. 2 ml syringe w/ needle	1	0			
<b>g. Vacuum Set</b>	<b>1 set</b>				
6. Vacuum cup	1	0			
7. Vacuum bottle	1	0			
8. Vacuum with meter	1	0			
9. Vacuum pump	1	0			
10. Connecting Tube	1	0			

Please write the available quantity, place a check mark (✓) on the mentioned response and fill in the remarks.

C2.6 New Born Equipments for Labour/Delivery Room and PAC Room	SQ	AQ	Condition			Remarks
			Functional	Need repair	Not repairable	
<b>Resuscitation Set in the Emergency Trolley PLUS:</b>						
1. Resuscitation Unit – Infant (DS Manandhar)	1		0			
2. Delee, single use or high – level disinfected/sterile reusable/Mucus bulb sucker	1		Yes			
3. Cord ties or thread			Yes			
4. Infant weighing scale (pan-type)	1		Yes			

### C3. DRUGS AND SUPPLIES FOR LABOUR/DELIVERY AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

C3.1 – Emergency Drugs (including neonates) for Labour/Delivery Room and PAC Room	SQ for 1 patient	Available		Adequate for 1 Patient?		Expired		Easily Accessible	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Anti hypertensive drug (Nefidipine tablet)	5-10mg 10 tabs		No						
2. Calcium Gluconate (inj)	10ml X 2 ampules		No						
3. Magnesium sulphate (inj)	0.5 gms X 28		No						
4. Oxytocin (inj)	10 ampules		No						
5. Dextrose (25% and 50%) (inj)	2 ampules	Yes							
6. Adrenaline (inj.)	2 ampules		No						
7. Naloxone (inj)	1 ampule		No						
8. Aminophylline (inj.)	2 ampules		No						
9. Atropine Sulphate	2 ampules		No						
10. Chloropheniramine	2 ampules		No						
11. Diazepam (inj)	2 ampules		No						
12. Mephentine (inj)	1 vial		No						
13. Ergometrine (inj.)	2 ampules	Yes							

14. Frusemide (inj.)	2 ampules		No						
15. Hydrocortisone	100ml 2 vial		No						
<b>C 3.2 – Emergency Supplies for OT</b>	<b>SQ for 1 patient</b>	<b>Available</b>		<b>Adequate for 1 Patient</b>		<b>Expired</b>		<b>Easily Accessible</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
7. IV Set	4	Yes							
8. IV Cannula 18	4 G		No						
9. IV Fluids – Ringer Lactate/Normal Saline	6 bottles	Yes							

#### C4. INFECTION PREVENTION FOR LABOUR/DELIVERY ROOM AND PAC ROOM

Please place a check mark (✓) on the mentioned response.

<b>C4.1 - Infection Prevention Equipment &amp; Supplies for Labour/Delivery and PAC Room</b>	<b>Available</b>		<b>Functional</b>		<b>Used</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
41. Autoclave with electricity or heat source	Yes					
42. Autoclave drum (specify size and type)	Yes					
43. Autoclave tape		No				
44. Boiler with heat source or electricity	Yes					
45. Container for rinsing instruments		No				
46. Container for making decontamination solution		No				
47. Chlorine (5%) for making decontamination solution (0.5%)		No				
48. Personal hand towel	Yes					
49. Puncture proof container for sharp disposal		No				
50. Plastic bucket for other waste	Yes					
51. Soap case with holes for all sink	Yes					
52. Utility gloves for cleaning	Yes					
53. Antiseptic solutions	Yes					
54. Nail brushes		No				
55. Plastic drawsheet or McIntosh for delivery bed	Yes					
56. Plastic Aprons for service providers		No				
57. Protective footwear (boots /plastic shoes)		No				
58. Protective eyewear (goggles/face shields)		No				
59. Dirty linen trolley or container		No				
60. Mops and buckets		No				
61. Rack for drying gloves		No				
62. Bucket for placenta disposal	Yes					
63. Shoe rack		No				



### 3.4.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2010-11	Budget for (2010-11)
<b>Physical Infrastructure</b>	An area of 65-85 m <sup>2</sup> per bed has been considered to be reasonable. The area will include the service areas such as waiting space, entrance hall, registration counter, etc. In case of specific requirement of a hospital, flexibility in altering the area is kept.	1	1	0	300 beds hospital is already proposed so need to complete it.	<b>For proposed hospital budget has been already sanctioned.</b>
<b>Waste Disposal</b>	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared				
<b>Furniture</b>	Doctor's chair Doctor's Table Duty Table for Nurses Table for Sterilization use Long Benches Stool Wooden Stools Revolving Steel Cup-board Wooden Cup Board Racks -Steel – Wooden Patients Waiting Chairs Attendants Cots Office Chairs Office Table Foot Stools Filing Cabinets (for records) M.R.D. Requirements (record room use) Pediatric cots with railings Cradle Fowler's cot Ortho Fracture Table Hospital Cots Hospital Cots Pediatric Wooden Blocks Back rest Dressing Trolley Medicine Almirah Bin racks ICCU Cots Bed Side Screen Medicine Trolley Case Sheet Holders with clip Bed Side Lockers Examination Couch Instrument Trolley Instrument Trolley Mayos Surgical Bin Assorted Wheel Chair Stretcher / Patience Trolley	For working 1 District Hospital as per requirement	1 DH is sanctioned and working and need all these furniture.	1	All sanctioned /established PHC i.e. 1	10000000 (Apprx)  (To provide all listed furniture to 1 working DH)

	Instrument Tray Assorted Kidney Tray Assorted Basin Assorted Basin Stand Assorted Delivery Table Blood Donar Table O2 Cylinder Trolley Saline Stand Waste Bucket Dispensing Table Wooden Bed Pan Urinal Male and Female Name Board for cubicals Kitchen Utensils Containers for kitchen Plate, Tumblers Waste Disposal - Bin / drums Waste Disposal - Trolley (SS) Linen Almirah Stores Almirah Arm Board Adult Arm Board Child SS Bucket with Lid Bucket Plastic Ambu bags O2 Cylinder with spanner ward type Diet trolley - stainless steel Needle cutter and melter Thermometer clinical Thermometer Rectal Torch light Cheatles forceps assortted Stomach wash equipment Infra Red lamp Wax bath Emergency Resuscitation Kit-Adult Enema Set					
<b>Equipme nt</b>	<b>As per IPHS norms</b> <ul style="list-style-type: none"> <li>• Imaging Equipment</li> <li>• X-ray room accessories</li> <li>• Cardiac equipments</li> <li>• Labor ward equipments</li> <li>• Equipment for New Born Care and Neonatal Resuscitation <ul style="list-style-type: none"> <li>▪ ENT equipment</li> <li>▪ Eye equipment</li> <li>▪ Dental Equipment</li> <li>▪ Laboratory equipments</li> <li>▪ OT equipment</li> <li>▪ Surgical equipment</li> <li>▪ Physiotherapy equipments</li> <li>▪ Endoscopes equipments</li> <li>▪ Anesthesia equipments</li> </ul> </li> <li>• IUD insertion kit</li> <li>• Equipment / reagents for essential laboratory</li> </ul>	Working DH is 1 so requirement is accordingly	1 DH is sanctioned that need all these equipments.	<b>1</b>	One sanctioned /established DH	20000000 (Approx)  (To provide all listed equipments to 1 working DH)

	<ul style="list-style-type: none"> <li>• Refrigerator</li> <li>• ILR/Deep Freezer</li> <li>• Ice box</li> <li>• Computer with accessories including internet facility</li> <li>• Baby warmer/incubator.</li> <li>• Binocular microscope</li> <li>• Equipments for Eye care and vision testing</li> <li>• Equipments under various National Programmes</li> <li>• Radiant warmer for new borne baby</li> <li>• Baby scale</li> <li>• Table lamp with 200 watt bulb for new borne baby</li> <li>• Photo therapy unit</li> <li>• Self inflating bag and mask- neonatal size</li> <li>• Laryngoscope and Endotracheal intubations tubes (neonatal)</li> <li>• Mucus extractor with suction tube and a foot operated suction machine</li> <li>• Feeding tubes for baby 28</li> <li>• Sponge holding forceps - 2</li> <li>• Valsellum uterine forceps - 2</li> <li>• Tenaculum uterine forceps – 2</li> <li>• MVA syringe and cannulae of sizes 4-8</li> <li>• Kidney tray for emptying contents of MVA syringe</li> <li>• Trainer for tissues</li> <li>• Torch without batteries – 2</li> <li>• Battery dry cells 1.5 volt (large size) – 4</li> <li>• Bowl for antiseptic solution for soaking cotton swabs</li> <li>• Tray containing chlorine solution for keeping soiled instruments</li> <li>• Residual chlorine in drinking water testing kits</li> <li>• H2S Strip test bottles</li> </ul>					
<p style="text-align: center;"><b>Drugs</b></p>	<p>Dicyclomine Inj-  Atropine - Inj.  Norfloxacin- Tab  Ciprofloxacin - Tab  Ciprofloxacin - Tab  Co Trimoxazole Tab  Amoxicillin- Cap  Gentamycin - Inj  Albendazole  Alprazolam - Tab  Ranitidine - Inj  Oxytocin - Inj-Amp  Methyl Ergometrine</p>					<p style="text-align: center;">Total -  2,0000000  (Approx.)  (To provide  all listed  Medicine to</p>

	Glibenclamide 5% Dextrose 5% Dextrose + 0.9% B Complex Silver Sulphadiazine oint - Promethazine - Inj-Amp. Pentazocine Lactate Inj. Diazepam - Inj-Amp. Cough Expectorant Ampicillin Ciprofloxacin Thiopentone Cetirizine Doxycycline Ampicillin & Cloxacilin Etophylline & Theophylline Dopamine Hydrochloride Adrenaline Sodium Bicarbonate Tinidazole Fluconazole Clotrimazole Cream Dicyclomine Tablets Dexamethasone Digoxin Metformin Atropine Lignocaine Solution 2% Cetrimide Concentrated Diazepam Diclofenac Sodium Carbamazepine Carbamazepine Cephalexin Metronidazole Metronidazole Cefotaxime Atenolol Furosemide Ranitidine Hydrochloride Metoclopramide Isosorbide Dinitrate Diethylcarbamazine Ciprofloxacin Metronidazole Cefotaxime Enalapril Enalapril Chloramphenicol Alprazolam Tramadol Dexamethasone Cefotaxime Amlodipine Erythromycin Stearate Cetirizine Omeprazole Prednisolone Diethylcarbamazine					working 1 DH)
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	Ampicillin Sodium Atenolol Hydroxy progesterone acetate Xylometazoline Prednisolone Betamethasone Chloram Phenicol Bupivacaine Hydrochloride Succinyl Choline Intermediate acting insulin Lente/NPH Insulin Insulin injection (Soluble) - Inj. 40IU/ml premix insulin (30/70 Human) A.S.V.S. ARV					
<b>Support Services</b>						
<b>Electricity</b>	Wherever facility exists, uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	1 District Hospital	1 DH is sanctioned that need power supply.	1	All sanctioned /established DH i.e 1	Generator service can be outsourced. 1 X 2200 X 365 days = 8,03,000
<b>Water</b>	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere				
<b>Telephone</b>	Where ever feasible, telephone facility / cell phone facility is to be provided.	3 Telephone connections required	1 telephone is existing.	1	2 new connection required	Total 3 X 1000 X 12 = 36,000
<b>Transport</b>	The district hospital should have an ambulance for transport of Patients. This may be outsourced.	3 ambulance & 1 Vehicle required	1 ambulance existing.	3		Ambulance service may be outsourced Total 3X 15000 X 12 = 5,40,000
<b>Laundry, Dietary and Cleaning facilities</b>	Laundry, Dietary and cleaning work can be outsourced.	For 1 existing District Hospital	One existing DH requires this facility.	1		Laundry, cleaning and Dietary facilities can be outsourced 1 lakh per month Total 1 X 1,00000 X 12 = 12,00000

### 3.4.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2010-11	Budget 2010-11
Hospital Superintendent	1	1X1=1	1	0	0	State
Medical Specialist	3	3X1=3	1	2	2	2X25000X12=6,00000
Surgery Specialists	3	3X1=3	1	2	2	2X25000X12=6,00000
O&G specialist	6	6X1=6	1	5	5	5X25000X12=15,00000
Psychiatrist	1	1X1=1	0	1	1	1X20000X12=2,40,000
Dermatologist / Venereologist	1	1X1=1	0	1	1	1X20000X12=2,40,000
Pediatrician	3	3X1=3	1	2	2	2X25000X12=6,00000
Anesthetist (Regular / trained)	6	6X1=6	1	5	5	5X25000X12=15,00000
ENT Surgeon	2	2X1=2	1	1	1	1X20000X12=2,40,000
Ophthalmologist	2	2X1=2	1	1	1	1X20000X12=2,40,000
Orthopedic an	2	2X1=2	1	1	1	1X20000X12=2,40,000
Radiologist	1	1X1=1	1	1	1	1X20000X12=2,40,000
Casualty Doctors / General Duty Doctors	20	20X1=20	4	16	16	16X20000X12=38,40,000
Dental Surgeon	1	1X1=1	1	1	0	0
Health Manager	1	1X1=1	0	0	1	1X12000X12=1,44,000
AYUSH Physician	4	4X1=4	0	4	4	4X15000X12=7,20,000
Pathologists	2	2X1=2	0	1	1	1X20000X12=2,40,000
Staff Nurse	20	20X1=20	9	11	11	11X7500X12=9,90,000
Hospital worker (OP/ward +OT+ blood bank)	20	20X1=20	8	12	12	12X3000X12=4,32,000
Ophthalmic Assistant	2	2X1=2	0	0	0	1X6000X12=72,000
ECG Technician	1	1X1=1	0	1	1	1X6000X12=72,000
Laboratory Technician ( Lab +	4	4X1=4	1	3	3	3X6000X12=2,16,000

Blood Bank)						
Maternity assistant (ANM)	4	4X1=4	4	0	0	0
Radiographer	2	2X1=2	0	2	2	2X6000X12= 1,44,000
Pharmacist <sup>1</sup>	6	6X1=6	2	4	4	4X6000X12= 2,88,000
Physiotherapist	2	2X1=6	0	2	2	2X12000X12= 2,88,000
Statistical Assistant	1	1X1=1	0	1	1	1X8000X12= 96,000
<b>Total</b>						<b>1,37,82,000</b>

### 3.4.4 Budget Summary (District Hospital)

**2010-11**

Head	Sub head	Budget	Remarks
<b>Infrastructure</b>	Physical Infrastructure	0	
	Furniture	1,000000	
	Equipments	2,000000	
	Drugs	2,000000	
	Electricity	8,03,000	
	Telephone	36,000	
	Transport	7,20,000	
	Laundry/Diet /Cleaning	12,00000	
<b>Manpower</b>	For all	1,37,82,000	Details break up given above
<b>Others Services of DH</b>	Untied fund	2,00,000	
	Disaster handling fund	10,00,000	
<b>Total</b>		<b>5,12,36,000</b>	

**CHAPTER – 4**  
**DISTRICT LEVEL PROGRAMMES ANALYSIS & BUDGET**

**4.1 Strengthening of District Health Management**

<b>Situational Analysis/ Current Status</b>	The District Health Mission and Society have formed been registered in Khagaria. There are 8 members with the District Magistrate as the chairman, the DDC as the vice-chairman and the Civil Surgeon as the member secretary of the society. The others members are the ACMO, RCH officer, superintendent Sadar hospital, CEO nagar parishad, IMA secretary and District Welfare Officer. The Governing body meetings are held monthly under the chairmanship of the DM. Although the DHS formed and meetings conducted regularly but it needs proper training on planning and management.	
<b>Objectives / Milestones/ Benchmarks</b>	District Health Society to make functional and empower to plan, implement and monitor the progress of the health status and services in the district.	
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Capacity building of the members of the District Health Mission and District Health Society regarding the program, their role, various schemes and mechanisms for monitoring and regular reviews</li> <li>2. Establishing Monitoring mechanisms</li> <li>3. Provide ASHA as link workers to mobilize the community to strengthen health seeking behavior and to promote proper utilization of health services.</li> </ol>	
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. Orientation Workshop of the members of the District health Mission and society on strategic management, financial management &amp; GoI/GoH Guidelines.</li> <li>2. Issue based orientation in the monthly Review and planning meetings as per needs.</li> <li>3. Improving the Review and planning meetings through a holistic review of all the programmes under NRHM and proper planning.</li> <li>4. Formation of a monitoring Committee from all departments.</li> <li>5. Development of a Checklist for the Monitoring Committee.</li> <li>6. Arrangements for travel of the Monitoring Committee</li> <li>7. Sharing of the findings of the committee during the Field visits in each Review Meeting with follow-up of the recommendations.</li> </ol>	
<b>Support required</b>	<ol style="list-style-type: none"> <li>1. Technical and financial assistance needs to be imparted for orientation and integration of societies.</li> <li>2. A GO should be taken out that at the district level each department should monitor the meetings closely and ensure follow-up of the recommendations.</li> <li>3. Instructions &amp; directions from GoH for proper functioning of the societies and monitoring committee.</li> <li>4. Funds to maintain society office &amp; staff.</li> </ol>	
<b>Timeline</b>	2010-11 1.Orientation Workshops of the members of the District Health Mission and District Health society <ol style="list-style-type: none"> <li>1. Issues based workshops will be organized.</li> <li>2. Formation of the monitoring Committee and will start the monitoring visits.</li> <li>3.Reorientation Workshops</li> <li>4.Workshops as per need</li> <li>5.Strengthening of the Monitoring Committee</li> </ol>	
<b>Budget</b>	<b>Activity / Item</b>	<b>2010-11</b>
	Orientation Workshop	50,000
	Issues based Workshops	3,25,000
	Mobility for Monitoring	50,000
	<b>Total</b>	<b>4,25,000</b>



## 4.2 District Programme Management Unit

<p><b>Status</b></p>	<p>In NRHM a large number of activities have been introduced with very definite outcomes. The cornerstone for smooth and successful implementation of NRHM depends on the management capacity of District Programme officials. The officials in the districts looking after various programmes are overworked and there is immense pressure on the personnel. There is also lack of capacities for planning, implementing and monitoring. The decisions are too centralized and there is little delegation of powers.</p> <p>In order to strengthen the district PMU, three skilled personnel i.e. Programme Manager, Accounts Manager and Data Assistant have being provided in each district. These personnel are there for providing the basic support for programme implementation and monitoring at district level.</p> <p>The District Programme Manager is responsible for all programmes and projects in district and the District Accounts Manager (DAM) is responsible for the finance and accounting function of District RCH Society including grants received from the state society and donors, disbursement of funds to the implementing agencies, preparation of submission of monthly/quarterly/annual SoE, ensuring adherence to laid down accounting standards, ensure timely submission of Ucs, periodic internal audit and conduct of external audit and implementation of computerized FMS.</p> <p>The District Data Assistant (DDA) has to work in close consultation with district officials, facilitate working of District RCH Society, maintain records, create and maintain district resource database for the health sector, inventory management, procurement and logistics, planning and monitoring &amp; evaluation, HMIS, data collection and reporting at district level.</p> <p>There is a need for providing more support to the CMHO office for better implementation especially in light of the increased volume of work in NRHM, monitoring and reporting especially in the areas of Maternal and Child Health, Civil works, Behavior change and accounting right from the level of the Sub center.</p> <p>The Civil surgeon's office is located in the premises of the only General hospital in the district due to which the hospital cannot expand and take on additional patients. The office of the District Family Welfare officer and other district health officials is also in hospital premises.</p>
<p><b>Objectives</b></p>	<p>Strengthened District Programme Management Unit</p>
<p><b>Strategies</b></p>	<ol style="list-style-type: none"> <li>1. Support to the civil surgeon for proper implementation of NRHM.</li> <li>2. Capacity building of the personnel</li> <li>3. Development of total clarity at the district and the block levels amongst all the district officials and Consultants about all activities</li> <li>4. Provision of infrastructure for the personnel</li> <li>5. Training of district officials and MOs for management</li> <li>6. Use of management principles for implementation of District NRHM</li> <li>7. Streamlining Financial management</li> <li>8. Strengthening the Civil Surgeon's office</li> <li>9. Strengthening the Block Management Units</li> <li>10. Convergence of various sectors</li> </ol>
<p><b>Activities</b></p>	<ol style="list-style-type: none"> <li>1. <b>Support to the Civil surgeon</b> for proper implementation of NRHM through proper involvement of DPMU and more consultants for support to civil surgeon for data analysis, trends, timely reports and preparation of documents for the day-to-day implementation of the district plans so that the Civil Surgeon and the other district officers: <ul style="list-style-type: none"> <li>• Finalizing the TOR and the selection process</li> <li>• Selection of consultants, one each for Maternal Health, Civil Works, Child health, Behavior change. If properly qualified and experienced persons are not available then District Facilitators to be hired which may be retired persons.</li> </ul> </li> <li>2. <b>Capacity building of the personnel</b> <ul style="list-style-type: none"> <li>• Joint Orientation of the District officers and the consultants</li> <li>• Induction training of the DPM and consultants</li> <li>• Training on Management of NRHM for all the officials</li> <li>• Review meetings of the District Management Unit to be used for orientation of the consultants</li> </ul> </li> </ol>

	<p>3. <b>Development of total clarity in the Orientation workshops</b> and review meetings at the district and the block levels amongst all the district officials and Consultants about the following set of activities:</p> <ul style="list-style-type: none"> <li>• Disease Control</li> <li>• Disease Surveillance</li> <li>• Maternal &amp; Child Health</li> <li>• Accounts and Finance Management</li> <li>• Human Resources &amp; Training</li> <li>• Procurement, Stores &amp; Logistics</li> <li>• Administration &amp; Planning</li> <li>• Access to Technical Support</li> <li>• Monitoring &amp; MIS</li> <li>• Referral, Transport and Communication Systems</li> <li>• Infrastructure Development and Maintenance Division</li> <li>• Gender, IEC &amp; Community Mobilization including the cultural background of the Meos</li> <li>• Block Resource Group</li> <li>• Block Level Health Mission</li> <li>• Coordination with Community Organizations, PRIs</li> <li>• Quality of Care systems</li> </ul> <p>4. <b>Provision of infrastructure for officers</b>, DPM, DAM, DNM&amp;E Officer and the consultants of the District Project Management Unit.</p> <ul style="list-style-type: none"> <li>• Provision of office space with furniture and computer facilities, photocopy machine, printer, Mobile phones, digital camera, fax, Laptop etc;</li> </ul> <p>5. <b>Use of Management principles for implementation of District NRHM</b></p> <ul style="list-style-type: none"> <li>• Development of a detailed Operational manual for implementation of the NRHM activities in the first month of approval of the District Action Plan including the responsibilities, review mechanisms, monitoring, reporting and the time frame. This will be developed in participatory consultative workshops at the district level and block levels.</li> <li>• Financial management training of the officials and the Accounts persons</li> <li>• Provision of Rs. 500000 as Untied funds at the district level under the jurisdiction of the Civil Surgeon</li> <li>• Compendium of Government orders for the DC, Civil surgeon, district officers, hospitals, CHCs, PHCs and the Subcentres need to be taken out every 6 months. Initially all the relevant documents and guidelines will be compiled for the last two years.</li> </ul> <p>6. <b>Strengthening the Block Management Unit:</b> The Block Management units need to be established and strengthened through the provision of :</p> <ul style="list-style-type: none"> <li>• Block Programme Managers (BPM), Block Accounts Managers (BAM) and Block Data Assistants (BDA) for each block. These will be hired on contract. For the post of BPM and the BAM retired persons may also be considered.</li> <li>• Office setup will be given to these persons</li> <li>• Accountants on contract for each PHC since under NRHM Subcentres have received Rs 10,000, also the village committees will get Rs 10,000 each, besides the funds for the PHCs.</li> <li>• Provision of Computer system, printer, Digital Camera with date and time, furniture</li> </ul> <p>7. <b>Convergence of various sectors at district level</b></p> <ul style="list-style-type: none"> <li>• Provision of Convergence fund for workshops, meetings, joint outreach and monitoring with each Civil Surgeon</li> </ul> <p>8. <b>Monitoring the Physical and Financial progress</b> by the officials as well as independent agencies</p> <p>9. <b>Yearly Auditing</b> of accounts</p>
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<b>Support from state</b>	<ol style="list-style-type: none"> <li>1. State should ensure delegation of powers and effective decentralization.</li> <li>2. State to provide support in training for the officials and consultants.</li> <li>3. State level review of the DPMU on a regular basis.</li> <li>4. Development of clear-cut guidelines for the roles of the DPMs, DAM and DNM&amp;E Officer.</li> <li>5. Developing the capacities of the Civil Surgeons and other district officials to utilize the capacities of the DPM, DAM and DNM&amp;E Officer fully.</li> </ol> <p>Each of the state officers Incharge of each of the programmes should develop total clarity by attending the Orientation workshops and review meetings at the district and the block levels for all activities.</p>																																				
<b>Time Frame</b>	<p>2010-11</p> <ul style="list-style-type: none"> <li>• Selection of District level consultants, their capacity building and infrastructure</li> <li>• Development of an operational Manual 2010-11</li> <li>• Selection of Block management units and provision of adequate infrastructure and office automation</li> <li>• Capacity building up of District and Block level Management Units</li> <li>• Training of personnel</li> </ul> <p>Reorientation of personnel</p>																																				
<b>Budget</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Year</th> </tr> <tr> <th style="text-align: left;">Activity</th> <th style="text-align: center;">2010-11</th> </tr> </thead> <tbody> <tr> <td>Honorarium DPM,DAM, DNM&amp;E Officer Consultants</td> <td style="text-align: right;">813120</td> </tr> <tr> <td>Honorarium Data Entry Operators@8500</td> <td style="text-align: right;">408000</td> </tr> <tr> <td>Honorarium Office assistants@10000</td> <td style="text-align: right;">480000</td> </tr> <tr> <td>Honorarium peons@4000</td> <td style="text-align: right;">96000</td> </tr> <tr> <td>Honorarium Consultants Maternal Health, Civil Works, Child health, Behavior change each @ 40,000 per month X 12X 4</td> <td style="text-align: right;">1920000</td> </tr> <tr> <td>Travel Costs for DPMU @ Rs 20,000/ per month x 12 months</td> <td style="text-align: right;">240000</td> </tr> <tr> <td>Infrastructure costs Laptop, fax, Projector, Photostat machine, Digital Camera</td> <td style="text-align: right;">200000</td> </tr> <tr> <td>Workshops for development of the operational Manual at district and Block levels</td> <td style="text-align: right;">100000</td> </tr> <tr> <td>Untied Fund</td> <td style="text-align: right;">500000</td> </tr> <tr> <td>Joint Orientation of Officials and DPM, DAM, DNM&amp;E Officer</td> <td style="text-align: right;">25000</td> </tr> <tr> <td>Management training workshop of Officials</td> <td style="text-align: right;">50000</td> </tr> <tr> <td>Training of DPM and Consultants</td> <td style="text-align: right;">50000</td> </tr> <tr> <td>Review meetings @ Rs 1000/ per month x 12 months</td> <td style="text-align: right;">12000</td> </tr> <tr> <td>Office Expenses @ Rs 10,000/month x 12 months for district</td> <td style="text-align: right;">120000</td> </tr> <tr> <td>Annual Maintenance Contract for the equipment</td> <td style="text-align: right;">50000</td> </tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: right;"><b>5064120</b></td> </tr> </tbody> </table>		Year	Activity	2010-11	Honorarium DPM,DAM, DNM&E Officer Consultants	813120	Honorarium Data Entry Operators@8500	408000	Honorarium Office assistants@10000	480000	Honorarium peons@4000	96000	Honorarium Consultants Maternal Health, Civil Works, Child health, Behavior change each @ 40,000 per month X 12X 4	1920000	Travel Costs for DPMU @ Rs 20,000/ per month x 12 months	240000	Infrastructure costs Laptop, fax, Projector, Photostat machine, Digital Camera	200000	Workshops for development of the operational Manual at district and Block levels	100000	Untied Fund	500000	Joint Orientation of Officials and DPM, DAM, DNM&E Officer	25000	Management training workshop of Officials	50000	Training of DPM and Consultants	50000	Review meetings @ Rs 1000/ per month x 12 months	12000	Office Expenses @ Rs 10,000/month x 12 months for district	120000	Annual Maintenance Contract for the equipment	50000	<b>Total</b>	<b>5064120</b>
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### 4.3 Maternal Health & JBSY

<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. 100% pregnant women to be given two doses of TT</li> <li>2. 90% pregnant women to consume 100 IFA tablets by 2010</li> <li>3. 70% Institutional deliveries by 2010</li> <li>4. 90% deliveries by trained /Skilled Birth Attendant by 2010</li> <li>5. 95% women to get improved Postnatal care by 2010</li> <li>6. Increase safe abortion services from current level to 80 % by 2010</li> </ol>
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Provision of quality Antenatal and Postpartum Care to pregnant women</li> <li>2. Increase in Institutional deliveries</li> <li>3. Quality services in the health facilities</li> <li>4. Availability of safe abortion services at all APHC and PHC</li> <li>5. Increased coverage under JBSY</li> <li>6. Strengthening the Maternal, Child Health and Nutrition (MCHN) days</li> <li>7. Improved behavior practices in the community</li> </ol>
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. Identification of all pregnancies through house-to-house visits by ANMs, AWWs and ASHAs</li> <li>2. Fixed Maternal, Child Health and Nutrition days <ul style="list-style-type: none"> <li>• Once a week ANC clinic by contract LMO at all PHCs and CHCs</li> <li>• Development of a microplan for ANMs in a participatory manner</li> <li>• Wide publicity regarding the MCHN day by AWWs and ASHAs and their services</li> <li>• A day before the MCHN day the AWW and the ASHA should visit the homes of the pregnant women needing services and motivate them to attend the MCHN day</li> <li>• Registration of all pregnancies</li> <li>• Each pregnant woman to have at least 3 ANCs, 2 TT injections and 100 IFA tablets</li> <li>• Nutrition and Health Education session with the mothers</li> </ul> </li> <li>3. Postnatal Care <ul style="list-style-type: none"> <li>• The AWW along with ANM will use IMNCI protocols and visit neonates and mothers at least thrice in first week after delivery and in total 5 times within one month of delivery. They will use modified IMNCI charts to identify problems, counsel and refer if necessary</li> </ul> </li> <li>4. Tracking bags <ul style="list-style-type: none"> <li>• Provision of tracking bags for the left outs and the dropout Pregnant mothers</li> <li>• Training of ANMs and AWWs for the use of Tracking bags</li> </ul> </li> <li>5. Provision of Weighing machines to all Subcentres and AWCs</li> <li>6. Availability of IFA tablets <ul style="list-style-type: none"> <li>• ASHAs to be developed as depot holders for IFA tablets</li> <li>• ASHA to ensure that all pregnant women take 100 IFA tablets</li> </ul> </li> <li>7. Training of personnel for Safe motherhood and Emergency Obstetric Care (Details in Component on Capacity building)</li> <li>8. Developing the APHC and PHC for quality services and IPHS standards (Details in Component Upgradation of APHC &amp; PHCs and IPHS Standards)</li> <li>9. Availability of Blood at the General Hospital and PHC <ul style="list-style-type: none"> <li>• Establishing Blood storage units at GH and PHC</li> <li>• Certification of the Blood Storage centres</li> </ul> </li> <li>10. Improving the services at the Subcentres (Details in Component on Upgradation of Subcentres and IPHS)</li> <li>11. Behaviour Change Communication (BCC) efforts for awareness and good practices in the community (Details in Component on IEC)</li> <li>12. Increasing the Janani Suraksha coverage <ul style="list-style-type: none"> <li>• Wide publicity of the scheme (Details in Component on BCC ...)</li> <li>• Availability of advance funds with the ANMs</li> <li>• Timely payments to the beneficiary</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• Starting of Janani Suraksha Yojana Helpline in each block through Swasthya Kalyan Samitis</li> </ul>
13.	Training of TBAs focussing on their involvement in MCHN days, motivating clients for registration, ANC, institutional deliveries, safe deliveries, post natal care, care of the newborn & infant, prevention and cure of anaemia and family planning
14.	Safe Abortion: <ul style="list-style-type: none"> <li>• Provision of MTP kits and necessary equipment and consumables at all PHCs</li> <li>• Training of the MOs in MTP</li> <li>• Wide publicity regarding the MTP services and the dangers of unsafe abortions</li> <li>• Encourage private and NGO sectors to establish quality MTP services.</li> <li>• Promote use of medical abortion in public and private institutions: disseminate guidelines for use of RU-486 with Mesoprestol</li> </ul>
15.	Development of a proper referral system with referral cards
16.	Improvement of monitoring of ANM tour programme and Fixed MCHN days <ul style="list-style-type: none"> <li>• Fixed MCHN days and Tour plan of ANM to be available at the PHCs with the MOs</li> <li>• Checklist for monitoring to be developed</li> <li>• Visits by MOs and report prepared on basis of checklist filled</li> <li>• Findings of the visits by MOs to be shared by MO in meetings</li> </ul>
17.	RCH Camps: These will be organized once each quarter through NGOs/Rotary/Lions clubs to provide specialist services especially for RTI/STD cases.

Budget	Activity / Item	2010-11
	Tracking Bags @ Rs 300/ bag x AWCs 1276 and refilling	<b>3,82,800</b>
	Blood Storage @ Rs 3 lakhs per unit two FRU	<b>6,00,000</b>
	One day training workshop on Tracking bags at the district level and each sector	<b>2,50,000</b>
	JBSY beneficiaries @ Rs 2000/person (Target 45527)	<b>9,10,54,000</b>
	Total	<b>9,22,86,800</b>

## 4.4 Newborn & Child Health

**Breast feeding:** As per DLHS 2002, only 11.9% mothers breastfed their children within two hours of birth and 4.8% children were breastfed exclusively for stipulated period of 4 months. There is lack of knowledge regarding the significance of colostrums and the socio-cultural factors associated with it.

### Childhood illnesses

**Diarrhea:** Under nutrition is associated with diarrhea, which further leads to malnutrition. According to the DLHS 2002 although three fourths of the women were aware of what was to be done when a child got diarrhea but in practice very few women gave Oral Rehydration Solution (ORS) to the child and a negligible percentage gave more fluids to drink. This shows that there is a need for more knowledge regarding the use of ORS and increased intake of fluids and the type of food to be given.

**Pneumonia:** There is a need to create awareness regarding the danger signs of Pneumonia since only half of the women are aware of danger signs of pneumonia as per DLHS 2002.

**Newborn and Neonatal Care:** There is very little data available for the newborns and the neonates. The District data shows that a negligible percentage of newborns and neonates died which is doubtful. Reporting regarding these deaths is not done properly. The various health facilities also are poorly equipped to handle newborn care and morbidity. The TBAs and the personnel doing home deliveries are unaware regarding the neonatal care especially warmth, prevention of infection and feeding of colostrum.

1. Reduction the IMR.
2. Increased proportion of women who are exclusively breastfed for 6 months to 100%
3. Increased in Complete Immunization to 100%
4. Increased use of ORS in diarrhea to 100%
5. Increased in the Treatment of 100% cases of Pneumonia in children
6. Increase in the utilization of services to 100%

1. Improving feeding practices for the infants and children including breast feeding
2. Promotion of health seeking behavior for sick children
3. Community based management of Childhood illnesses
4. Improving newborn care at the household level and availability of Newborn services in all PHCs & hospitals
5. Enhancing the coverage of Immunization
6. Zero Polio cases and quality surveillance for Polio cases

1. Improving feeding practices for the infants and children including breast feeding
  - Study on the feeding practices for knowing what is given to the children
  - Education of the families for provision of proper food and weaning
  - Educate the mothers on early and exclusive breast feeding and also giving Colostrums
  - Introduction of semi-solids and solids at 6 months age with frequent feeding
  - Administration of Micronutrients – Vitamin A as part of Routine immunization, IFA and Vitamin A to the children who are anemic and malnourished
2. Promotion of health seeking behavior for sick children and Community based management of Childhood illnesses
  - Training of LHV, AWW and ANM on IMCI including referral
  - BCC activities by ASHA, AWW and ANM regarding the use of ORS and increased intake of fluids and the type of food to be given
  - Availability of ORS through ORS depots with ASHA  
Identification of the nearest referral center and also Transport arrangements for emergencies with the PRIs and community leaders with display of the referral center and relevant telephone numbers in a prominent place in the village
3. Improving newborn care at the household level
  - Adaptation of the home based care package of services and scheduling of visits of all neonates by ASHA/AWW/ANM on the 1st, 2nd, 7th, 14th and 28th day of birth.
  - In case of suspicion of sickness the ASHA /AWW must inform the ANM and the ANM must visit the Neonate

<ul style="list-style-type: none"> <li>• Referral of the Neonate in case of any symptoms of infection, fever and hypothermia, dehydration, diarrhea etc;</li> <li>• Training on IMNCI of ASHA/AWW/ANM/MOs on the home based Care package</li> <li>• Supply of medicine kit and diagnosis and treatment protocols (chart booklets) for implementation of the IMNCI strategy</li> <li>• Strengthening the neonatal services and Child care services in Sadar hospital Khagaria and all PHC. This will be done in phases.</li> <li>• In all of these units, newborn corners would be established and staff trained in management of sick newborns and immediate management of newborns. For all the equipment for establishing newborn corners, a five year maintenance contract would be drawn with the suppliers. The suppliers would also be responsible for installing the equipment and training the local staff in basic operations</li> <li>• The equipment required for establishing a newborn corner would include Newborn Resuscitation trolley, Ambubag and masks (newborn sizes), Laryngoscopes, Photo therapy units, Room warmers, Inverters for power back-up, Centralized oxygen and Pedal suction</li> <li>• Training of staff in Newborn Care, IMNCI and IMCI (MOs, Nurses) including the management of sick children and severely malnourished children.</li> <li>• Availability of Pediatricians in all the District hospital and PHCs</li> <li>• Ensuring adequate drugs for management of Childhood illnesses.</li> </ul> <p>4. Strengthening the fixed Maternal and Child health days (Also discussed in the component on Maternal Health)</p> <ul style="list-style-type: none"> <li>• Developing a Micro plan in joint consultation with AWW</li> <li>• Organize Mother and Child protection sessions twice a week to cover each village and hamlet at least once a month</li> <li>• Use of Tracking Bag</li> <li>• Tracking of Left-outs and dropouts by ASHA, AWW and contacting them a day before the session</li> <li>• Information of the dropouts to be given by ANM to AWW and ASHA to ensure their attendance</li> <li>• Wide publicity regarding the MCHN days</li> </ul> <p>5. Strengthening Immunization</p>	
<ol style="list-style-type: none"> <li>1. Availability of trained staff including Pediatricians</li> <li>2. Technical Support for training of the personnel</li> <li>3. Timely availability of vaccines, drugs and equipment</li> <li>4. Good cooperation with the ICDS and PRIs</li> </ol>	
<b>Budget</b>	
<b>Activity / Item</b>	<b>2010-11</b>
Newborn Corner furnished with equipment	Budget for these equipments & activities has been given in HSC, APHC, PHC head.
Generator	
POL Generator	
Examination table, chair, stool, table, other equipment	
Infant Weighing Machines	
<b>Training</b> on IMNCI and IMCI of LHV/ASHA/AWW/ANM/MOs on the home based Care package and mgt at facilities	Component on training
Supply of Diagnosis and treatment protocols (chart booklets) for IMNCI & IMCI strategy	
Supply of medicine kit for IMNCI	State

## 4.5 Family Planning

Situation Analysis/ Current Status	Indicators	No. or Rate
	% of Female Sterilization operations DLHS-03	17.2%
	% of male Sterilization operations DLHS-03	0.2%
	% of Couples using temporary method DLHS-03	24%
	<p>The awareness regarding contraceptive methods is high except for the emergency contraception. This is because of inadequate IEC carried out for Emergency Contraception. Currently 24% couples are using temporary methods of contraception and 17.4% have permanent sterilization (mainly Female sterilization). In temporary methods commonest use is of Condom, which has a high failure rate. Use of Copper -T is low. The community prefers female sterilization since there is gender imbalance and limited male involvement. Women also do not have decision-making power.</p> <p>The reasons for the low use of permanent methods and Copper -T are due to inadequate motivation of the clients, inadequate manpower, limited skills of the ANMs for IUD insertion and also their irregular availability. The rejection rate is high since proper screening is not done before prescribing any spacing method.</p> <p>Copper T-380 – 10 year Copper T has been recently introduced but there is very little awareness regarding its availability. There is a need to promote this 10 yr Copper T. Some socio-cultural groups have low acceptance for Family Planning.</p> <p>Promotion efforts for Vasectomy have been very infrequent and only 222 men have undergone Vasectomy.</p> <p>The current number of trained providers for sterilization services is insufficient.</p>	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Reduction in Total fertility Rate.</li> <li>2. Increase in Contraceptive Prevalence Rate to 70 %</li> <li>3. Decrease in the Unmet need for modern Family Planning methods to 0%</li> <li>4. Increase in the awareness levels of Emergency Contraception</li> </ol>	
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Increased awareness for Emergency Contraception and 10 yr Copper T</li> <li>2. Decreasing the Unmet Need for Family Planning</li> <li>3. Availability of all methods at all places</li> <li>4. Increasing access to terminal methods of Family Planning</li> <li>5. Promotion of NSV</li> <li>6. Expanding the range of Providers</li> <li>7. Increasing Access to Emergency Contraception and spacing methods through Social marketing</li> <li>8. Building alliances with other departments, PRIs, Private sector providers and NGOs</li> </ol>	
<b>Activities</b>	<ul style="list-style-type: none"> <li>• 1. Expanding the range of Public Sector providers for Terminal methods</li> <li>• Each APHC and PHC will have one MO trained in any sterilization method.</li> <li>• All the APHC/PHC will have at least one MO posted who can be trained for abdominal Tubectomy. This method does not require a postgraduate degree or expensive equipment.</li> <li>• Similarly MOs will be trained for NSV</li> <li>• Specialists from District hospitals and PHCs will be trained in Laparoscopic Tubal Ligation.</li> <li>• At PHCs, one medical officer will be trained in NSV</li> <li>• Each PHC will be a static center for the provision of sterilization services on regular basis. The Static centers will be developed as pleasant places, clean, good ambience with TV, music, good waiting space and clean beds and toilets.</li> <li>• At selected PHCs where the EmOC intervention is undertaken, the medical officer will be trained for NSV.</li> <li>• Equipments and supplies will be provided at APHC and PHC for conducting sterilization services.</li> <li>• A systemic effort will be made to assess the needs of all facilities, including staff in</li> </ul>	



	<p>position and their training needs, the availability of electricity and water, Operation theatre facilities for District hospitals/PHC/APHC, Inventory of equipment, consumables and waste disposal facilities and the condition, location and ownership of the building.</p> <ul style="list-style-type: none"> <li>• At least three functional Laparoscope's will be made available per team, as will the equipment and training necessary to provide IUD and emergency contraception services. The existing Laparoscope's need to be replaced. For effective coverage 4 teams are required with minimum three Laparoscope's for each team.</li> <li>• Vacant positions will be filled in on a contractual basis.</li> <li>• Access to Terminal Family Planning methods</li> <li>• Provision of Sterilization services every day in all the hospitals</li> <li>• Organization of Sterilization camps on fixed days at all PHC</li> <li>• NSV</li> <li>• 2. Formation of District implementation team consisting of DM, CS, District MEIO, Distt NSV trainer</li> <li>• One day Workshop with elected representatives, Media, NGOs, departments for sensitization and implementation strategy, fixing pre-camp, camp and post-camp responsibilities</li> <li>• Development of a Micro plan in one day Block level workshops</li> <li>• NSV camp every quarter in all hospitals initially and then PHCs and APHCs</li> <li>• IEC for NSV</li> <li>• Trained personnel</li> <li>• Follow-up after NSV camp on fixed days after a week and after 3 months for Semen analysis</li> <li>• Access to non-clinical contraceptives increased in all the villages</li> <li>• AWWs and ASHAs as Depot holders</li> <li>• 3. Training in Spacing methods, Emergency Contraceptives and interpersonal communication for dissemination of information related to the contraceptives in an effective manner.</li> <li>• Supply of Emergency Contraceptives to all facilities</li> <li>• Access for the quality IUD insertion improved at all the 27 subcentres.</li> <li>• All the ANMs at 27 subcentres will be given a practical hands on training on insertion of IUD</li> <li>• Diagnosis and treatment of RTI/STI as per syndromic approach. The various screening protocols related to the IUD insertion enabling her to screen the cases before the IUD insertion. This will result in longer retention of IUDs.</li> <li>• Counseling of the cases</li> <li>• Repair of subcentres so that the IUD services can be provided and ensuring privacy and confidentiality.</li> <li>• IUD 380 A will be used due to its long retention period and can be used as an alternative for sterilization.</li> <li>• Awareness on the various methods of contraception for making informed choices</li> <li>• Discussed in the Component on IEC</li> <li>• 5. Increasing the gender awareness of providers and increasing male involvement</li> <li>• Empowering women</li> <li>• Increasing male involvement in family planning through use of condoms for safe sex and also in Vasectomy.</li> <li>• BCC activities to focus on men for Vasectomy.</li> <li>• Gender sensitization training will be provided for all health providers in the CHC/PHC and integrated into all other training activities.</li> <li>• Service delivery sites for male methods by training health providers in NSV and conventional vasectomy will be expanded so that each CHC and Block PHC in the district has at least a provider trained in NSV.</li> </ul>
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	<ul style="list-style-type: none"> <li>• 6. Improving and integrating contraceptives/RCH services in PHCs and Sub-centers</li> <li>• Skill-based clinical training for spacing methods including IUCD insertion and removal, LAM, SDM and EC of Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs).</li> <li>• They will also be trained in infection prevention, counselling and follow up for different family planning methods.</li> <li>• MIS training will also be given to the health workers to enable them to collect and use the data accurately.</li> <li>• Their supervisors will be trained for facilitative supervision and MIS.</li> <li>• Follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers</li> <li>• 7. Strengthening linkages with ICDS programme of women and child development department and ISM (Ayurveda)</li> <li>• A detailed action plan will be produced in co-ordination with the ICDS department for involvement of the AWWs and their role in increasing access to contraceptive services.</li> <li>• Department of health officials and ICDS officers will be orientated to the plan.</li> <li>• AWWs and their supervisors will receive technical training and training in communication skills and record keeping by Medical Officer of the PHC and LHV.</li> <li>• Staff of ISM department will be trained in communication and non-clinical methods to promote and increase the availability of FP methods.</li> <li>• 8. Engaging the private sector to provide quality family planning services</li> <li>• Incentives and training to encourage private providers to provide sterilization services</li> <li>• Training private lady doctors in IUD insertion and promoting the provider will help to expand coverage of these services increase the total use of IUCD.</li> <li>• Detailed plan will be developed in consultation with the private sector for determining the amount and mode of payment, the regulation and monitoring frameworks necessary, and safeguards to ensure equity of access.</li> <li>• Training for the private sector will be provided as above, and approved, monitored providers will be promoted and eligible for discounted supplies.</li> <li>• Accreditation of private hospitals and clinics for sterilization and NSV</li> <li>• Role of ASHAs:</li> <li>• Training for provide counseling and services for non-clinical FP methods such as pills, condoms and others.</li> <li>• Act as depot holders for the supplies of pills and condoms by the ANMs for free distribution</li> <li>• Procurement of pills and condoms from social marketing agencies and provide these contraceptives at the subsidized rate</li> <li>• Provide referral services for methods available at medical facilities</li> <li>• Assist in community mobilization and sensitization.</li> <li>• Building partnerships with NGOs</li> <li>• Creating an enabling environment for increasing acceptance of contraceptive services Innovative schemes will be developed for reaching out to younger men, women, newly married couples and resistant communities.</li> <li>• These will be and scaled up as appropriate.</li> </ul>
<b>Support required</b>	<ul style="list-style-type: none"> <li>• Availability of a team of master trainers/ANM tutors and RFPTC trainers for follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers</li> <li>• A training cell will be created in the medical college for the training of the medical officers in the area of various sterilization methods</li> <li>• Availability of equipment, supplies and personnel</li> </ul>

<b>Timeline</b>		<b>2010-11</b>
	Training of MOs for NSV	10 MOs
	Training of MOs for Minilap	10 MOs
	Training of Specialists for Laparoscopic Sterilization	10 MOs
	Sterilization Camps (Persons)	15000
	Accreditation of private institutions for sterilization	10
	Supply of Copper T - 380	5000
	Emergency Contraception	3000
<b>Budget</b>	<b>Activity / Item</b>	<b>2010-11</b>
	NSV @ Rs. 1500 per person X 1000 cases	<b>15,00000</b>
	Sterilization @ 1000 X 14000 cases	<b>1,40,00000</b>
	Copper T-380 @ Rs 50 / piece x 5000	<b>2,50,000</b>
	Emergency Contraception @ Rs10/2 tabs	<b>25,000</b>
	IEC	<b>1,50,000</b>
	<b>Total</b>	<b>1,59,25,000</b>

#### 4.6 ASHA (Accredited Social Health Activist)

<b>Situational Analysis</b>	ASHA is an honorary worker and will be reimbursed on performance-based incentives and will be given priority for involvement in different programmes wherever incentives are being provided (like institutional delivery being promoted under JBSY, motivation for sterilization, DOTS provider, etc.). It is conceived that she will be able to earn about Rs. 1,000.00 per month In district Khagaria 1017 ASHAs have been selected and 976 have received training.	
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Availability of a Community Resource, service provider, guide, mobilizer and escort of community</li> <li>2. Provision of a health volunteer in the community at 1000 population for healthcare</li> <li>3. To address the unmet needs</li> </ol>	
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Selection and capacity building of ASHA.</li> <li>2. Constant mentoring, monitoring and supportive supervision by district Monitoring group</li> </ol>	
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. Strengthening of the existing ASHAs through support by the ANMs and their involvement in all activities.</li> <li>2. Reorientation of existing ASHAs</li> <li>3. Selection of new ASHAs to have one ASHA in all the villages and in urban slums</li> <li>4. Provision of a kit to ASHAs</li> <li>5. Formation of a District ASHA Mentoring group to support efforts of ASHA and problem solving</li> <li>6. Review and Planning at the Monthly sector meetings</li> <li>7. Periodic review of the work of ASHAs through Concurrent Evaluation by an independent agency</li> </ol>	
<b>Support required</b>	<ol style="list-style-type: none"> <li>1. Timely Payments to ASHA</li> <li>2. Proper training.</li> </ol>	
<b>Timeline</b>	<b>Activity</b>	<b>2010-11</b>
	Selection of additional ASHAs	1237
	Total ASHAs	1412
	Training of new & untrained ASHAs	555
	Reorientation of the initial ASHAs	555
	District ASHA Mentoring group	X
<b>Budget</b>	<b>Activity / Item</b>	<b>2010-11</b>
	Training & kit @ Rs 5000/ ASHA	27,75,000
	Reorientation @ Rs 1000/ ASHA	5,55,000
	Expenses for the District mentoring group - meetings, travel @ Rs 10,000 per month x 12 months	1,20,000
	Incentive for ASHAs on ASHA Day	18,46,800
	<b>Total</b>	<b>52,96,800</b>

## 4.7 Routine Immunization

<p><b>Situation Analysis/ Current Status</b></p>	<p>As per DLHS 3 BCG immunization coverage is 87.1% but full immunization coverage is 71.2% only. It indicates the dropout rate is very high. This is also fact that some children belonging to upper and middle class family get immunized from private health facilities which data is not available. But still in our district some children are remaining unimmunized.</p> <p>Regarding Vitamin A supplement 99% of the children got at least one dose of Vitamin A.</p> <p>The reasons for children not being Immunized are related to the ignorance of the mothers on the importance of immunization, the place and time of Immunization sessions and fear of side effects. The community perceives that the Polio drops given repeatedly at the time of Pulse Polio campaign are equivalent to the complete immunization.</p> <p>The ANMs have to take the vaccines from the PHC headquarters resulting in them not reaching the hamlets and also the difficult areas and also the Pulse Polio campaign. Supervision is not done properly at PHC level.</p> <p>Also there is a few gap between reported and evaluated coverage.</p>
<p><b>Objectives/ Milestones/ Benchmarks</b></p>	<p>Reduction in the IMR</p> <p>100 % Complete Immunization of children (12-23 month of age)</p> <p>100 % BCG vaccination of children (0-12 month of age)</p> <p>100% DPT 3 vaccination of children (12-23 month of age)</p> <p>100% Polio 3 vaccination of children (12-23 month of age)</p> <p>100% Measles vaccination of children (12-23 month of age)</p> <p>100% Vitamin A vaccination of children (12-23 month of age)</p>
<p><b>Strategies</b></p>	<ol style="list-style-type: none"> <li>1. Strengthening the District Family Welfare Office</li> <li>2. Enhancing the coverage of Immunization</li> <li>3. Alternative Vaccine delivery</li> <li>4. Effective Cold Chain Maintenance</li> <li>5. Zero Polio cases and quality surveillance for Polio cases</li> <li>6. Close Monitoring of the progress</li> </ol>
<p><b>Activities</b></p>	<ol style="list-style-type: none"> <li>1. Strengthening the District Family Welfare Office <ul style="list-style-type: none"> <li>• Support for the mobility District Family Welfare Officer (@ Rs.3000 per month towards cost of POL) for supervision and monitoring of immunization services and MCHN Days</li> <li>• One computer assistant for the District Family Welfare Office will be provided for data compilation, analysis and reporting @ Rs 4500 per month.</li> </ul> </li> <li>2. Training for effective Immunization <p>Training for all the health personnel will be given including ANMs, LHVs, FPWs, Cold chain handlers and statistical assistants for managing and analyzing data at the district.</p> </li> <li>3. Alternative vaccine delivery system (mobility support to PHCs for vaccine delivery) <ol style="list-style-type: none"> <li>a. For Alternative vaccine delivery, Rs. 50 to per courier or Rs. 100 to per HRA courier will be given per session. It is proposed to hold two session per week per HSC area.</li> <li>b. Mobility support (hiring of vehicle) is for vaccine delivery from PHC to MCH days site where the immunization sessions are held for 8 days in a month</li> </ol> </li> <li>4. Incentive for Mobilization of children by Social Mobilizers <ul style="list-style-type: none"> <li>• Incentive will be given to Social Mobilizers for each session site for mobilization number of children and pregnant woman.</li> <li>• 6. Contingency fund for each block</li> <li>• Rs. 1000/ month per block will be given as contingency fund for communication.</li> </ul> </li> <li>7. Disposal of AD Syringes <ul style="list-style-type: none"> <li>• For proper disposal of AD syringes after vaccination, hub cutters will be provided by Govt. of India to cut out the needles (hub) from the syringes. Plastic syringes will be separated out and will be treated as plastic waste. Regarding the disposal of needles, Pits will be formed at PHCs as per CPCB guidelines. For construction of the pits at PHCs a sum of Rs. 2000/ PHC has been provisioned.</li> </ul> </li> <li>8. Outbreak investigation <ul style="list-style-type: none"> <li>• Rapid Action Team for epidemics will be formed</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>Dissemination of guidelines</li> <li>Training of Rapid Action Team for investigating outbreaks who will in turn orient the ANMs during Sector meetings</li> </ul> <p>9. Adverse effect following Immunization (AEFI) Surveillance:</p> <ul style="list-style-type: none"> <li>Standard Guidelines have been developed at national level and will be disseminated to the district officials and block levels in Review meetings.</li> </ul> <p>10. IEC &amp; Social Mobilization Plans Discussed in details in the Component on IEC</p> <p>11. Cold Chain</p> <ul style="list-style-type: none"> <li>Repairs of the cold chain equipment @ 750/- per PHC will be given each year</li> <li>For minor repairs, Rs. 10,000 will be given per year.</li> <li>Electricity &amp; POL for Genset &amp; preventive maintenance (Running Cost) of 500 per day.</li> <li>Payment of electricity bills for continuous maintenance of cold chain for the PHCs @ 400 per month PHCs (vaccine distribution centers) has been budgeted under this head.</li> </ul> <p>POL &amp; maintenance of vaccine delivery van 5000/- per month. @ Rs. 1500/month for maintenance and POL for Vaccine delivery van for regular supply of vaccine to the PHCs.</p>
<b>Support required</b>	<p>State to ensure the following:</p> <ul style="list-style-type: none"> <li>Regular supply of vaccines and Auto disable syringes</li> <li>Reporting and Monitoring formats</li> <li>Monitoring charts</li> <li>Cold Chain Modules and monitoring formats</li> <li>Temperature record books</li> <li>Polythene bags keep vaccine vials inside vaccine carrier</li> <li>Polythene bags(Red &amp; Black) keep into use syringe and vials</li> <li>Training of Cold Chain handlers</li> <li>Training of Mid level managers</li> <li>Extra budget for cold chain handler for vaccine delivery two days in a week</li> </ul>

#### A. Basic information of the District related to Immunization

S.No	Beneficiaries	2010-11
1	Pregnant women	52875
2	0 to 1 yr infants	48069
3	1-2 yr	48000
4	2-5 yr	144000
5	5 yr	44000
6	10 yr	44000
7	16 yr	44000

S.No	Routine Immunization Sessions	2010-11
1	Session planned in Urban Areas	832
2	Session planned in Rural Areas	28314
3	Total Sessions planned	29146
4	Total Sessions Held	-
5	No. of session with hired vaccinators*	0
6	No. of hired vaccinators*	0

\* No of sessions and vaccinators planned in for 2010-11

## B. Existing Support to the States

SI No	Item	Stock (functional) as on 31st Dec'09	Requirement			Remarks
			2009-10	2010-11	2010-12	
<b>1</b>	<b>Cold Chain Equipments -</b>					
a)	WIC			-		
b)	WIF			-		
c)	ILR			5		
d)	DF			5		
e)	Cold Boxes			25		
f)	Vaccine Carrier			400		
g)	Ice Pack			10000		
h)	Vaccine Van			1		
<b>2</b>	<b>Vaccine stock and requirement (including 25% wastage and 25% buffer)</b>					
a)	TT			33045		
b)	BCG			26808		
c)	OPV			31560		
d)	DPT*			83824		
e)	Measles			29792		
f)	Hep B			-		
g)	JE (Routine)			-		
<b>3</b>	<b>Syringes including wastage of 10% and 25 % buffer</b>					
a)	0.1 ml			95928		
b)	0.5 ml			634232		
c)	Reconstitution Syringes			70750		
<b>4</b>	<b>Hub Cutters</b>			195		

*\*Note: DPT is to be given instead of DT at 5 yrs once the current stock of DT Vaccine is exhausted*

### C. Additional Support required by the District

Service Delivery: -	Norms*	2010-11	
		Funds requirement	Target
<b>Mobility support for supervision</b>  Supervisory visits by state and district level officers for monitoring and supervision of RI	@Rs.50,000 per District for district level officers (this includes POL and maintenance) per year	120000	No of sessions Supervised <b>212</b>
	By state level officers @ Rs.100,000 /year	-	No of districts visited for RI review <b>-</b>
<b>Cold Chain maintenance</b>	@ Rs 500 per PHC per year District Rs 10,000 per year	162000	% Funds used <b>100</b>
<b>Focus on slum &amp; underserved areas in urban areas:</b>	Hiring an ANM @Rs.300/session for four sessions/month/slum of 10000 population and Rs.200/- per month as contingency per slum of i.e. total expense of Rs. 1400/- per month per slum of 10000 population.	306000	No of sessions with hired vaccinators <b>1020</b>
<b>Mobilization of children through ASHA/ mobilizers</b>	@ Rs 150/session (for district)	4338150	No. of sessions with ASHA <b>28921</b>
<b>Alternative Vaccine Delivery:</b>	Geographically hard to reach areas (eg. Session site>30 kms from vaccine delivery point, river crossing etc.) @ Rs 100 per RI session	689000	No of sessions with AVD <b>6890</b>
	NE States and Hilly terrains @100 per RI session	0	0
	For RI session in other areas @ Rs.50 per session.	1101550	22031



<b>Support for Computer Assistant for RI reporting</b> (with annual increment of 10% w.e.f. from 2010-11)	State @Rs 12,000- 15,000 p.m.			
	Districts @ Rs 8000- 10,000 p.m	120000	No of C.A. in position <b>1</b>	
<b>Printing and dissemination</b> of immunization cards, tally sheets, monitoring forms, etc.	@ Rs 5 per beneficiary	<b>264375</b>	<b>52875</b>	
<b>Review Meetings</b>	Support for Quarterly State level Review Meetings of district officers @ Rs 1250/ participant/ day for 3 persons (CMO/DIO/Dist Cold Chain Officer)	<b>0</b>	No of meetings held	
			<b>0</b>	
	Quarterly Review & feedback meeting for exclusive for RI at district level with one Block MO.s, ICDS CDPO and other stakeholders@ Rs 100/- per participant for meeting expenses (lunch, organizational expenses)	<b>14000</b>	<b>35x4</b>	
	Quarterly review meeting exclusive for RI at Block level @Rs 50/-pp as honorarium for ASHAs (travel) and Rs 25 per person at the disposal of MO-I/C for meeting expenses(refreshments, stationery and misc. expenses)	<b>423600</b>	<b>1412</b>	
<b>Trainings</b>			No of persons trained	
District level orientation training for 2 days <b>ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male/ Female), Nurse Mid Wives, BEEs</b>	As per revised norms `for trainings under RCH	<b>275400</b>	<b>186</b>	

& other specialist ( as per RCH norms)				
Three day training of <b>Medical Officers on RI</b> using revised MO training module	As per revised norms for trainings under RCH		No of persons trained 2	
One day refresher training of <b>District RI Computer Assistants</b> on RIMS/HMIS and Immunization formats under NRHM	As per revised norms for trainings under RCH		1	
One day <b>Cold Chain handlers training</b> for block level cold chain handlers by State and District Cold Chain Officers and DIO for a batch of 15-20 trainees and three trainers	As per revised norms for trainings under RCH	10400	No of persons trained 16	
One day Training of <b>block level data handlers</b> by DIO and District Cold chain Officer to train about the reporting formats of Immunization and NRHM	As per revised norms for trainings under RCH	8450	No of persons trained 9	
<b>Microplanning</b>				
To develop sub-center and PHC microplans using	@ Rs 100/- per subcentre (meeting at block level, logistic)	19300	% of SC/PHC /District	

bottom up planning with participation of ANM, ASHA, AWW	For consolidation of microplan at PHC/CHC level @ Rs 1000/- block & at district level @ Rs 2000/- per district	9000	s have updated microplans this year	
<b>POL for vaccine delivery from State to District and from district to PHC/CHCs</b>	Rs100,000/ district/year	144000	% Funds used	<b>1000/-per PHC per Month &amp; 5000/- per Month for DHq</b>
			100	
<b>Consumables</b> for computer including provision for internet access for RIMS	@ 400/ - month/ district	4800	1	
<b>Injection Safety</b>		52064	% Funds used	
Red/Black Plastic bags etc	@ Rs 2/bags/session		100	
Bleach/Hypochlorite solution	@ Rs 500 per PHC per year		100	
Twin bucket	@ Rs 400 per PHC per year		100	
<b><i>Any District Specific Need with justification (Please provide a separate write-up on objective, strategy, expected output and outcomes, basis for cost estimates etc.)</i></b>	10 % of total amount of approved PIP		% Funds used	

#### 4.8 RNTCP (Revised National Tuberculosis Control Programme)

<b>Situational Analysis/ Current Status</b>	<b>Indicators</b>	<b>No. / Rate</b>
	New Sputum Positive cases (NSP)	484
	Annualized new case detection rate per one lakh population	61.26/Lakhs
	Total No. of patient put on treatment	917
	Annual total case detection rate per one lakh population	113/Lakhs
	Cure rate of New Smear Positive cases	85%
	Smear Conversion Rate	7%
	Defaulter cases	6%
	Failure cases	1%
	Source : DTO Office	
To fight Tuberculosis the Revised National Tuberculosis Control Programme based on the DOTS regime was launched in 2006 in Khagaria. Under this programme in District Khagaria Tuberculosis Unit at microscopic centers was setup.		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. 85 % Cure rate in New Cases</li> <li>2. Detection of 70% new smear positive cases once cure rate of 85% is achieved</li> <li>3. Reduction in the defaulter rate to less than 5%</li> <li>4. Reduction in failure rate to less than 3%</li> </ol>	
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Improvement in the infrastructure</li> <li>2. Improvement in the quality of the intervention</li> <li>3. Increasing the outreach of the programme</li> <li>4. Increasing the awareness regarding Tuberculosis</li> </ol>	
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. One more DMC as per norms</li> <li>2. Improvement in the quality of testing of sputum <ul style="list-style-type: none"> <li>• Training to the RNTCP staff in the district</li> <li>• Equipment maintenance - Microscope, Computer and Others</li> <li>• Adequate supply of drugs</li> </ul> </li> <li>3. Increasing the outreach of the programme by Increasing the DOTS providers through involvement of ASHAs who will be paid Rs. 250 per caser for providing services. She will be oriented regarding DOTS. Also the AWH should be involved in reporting suspicious cases. Training will be given to ASHA for identifying the suspects.</li> <li>4. Increasing the awareness regarding the various issues of Tuberculosis through involvement of Rotary clubs and the Lions clubs and NGOs. Special drive for detection of cases on World TB day through the involvement fo all departments</li> <li>5. DOTS regime to be strictly monitored through the VHWSC, the PRIs and the PHC MO</li> </ol>	
<b>Support required</b>	Timely supply of medicines	
<b>Timeline</b>	2010-11 <ol style="list-style-type: none"> <li>1. Increasing the DOT providers through ASHAs</li> <li>2. Training to RNTCP staff and ASHA</li> <li>3. Awareness drives</li> <li>4. Involvement of the AWW</li> </ol>	

	<b>Activity / Item</b>	<b>2010-11</b>	
<b>Budget</b>	Civil Works	61400	
	Laboratory Material	210000	
	Honorarium	200000	
	IEC/Publicity	0	
	Equipment maintenance	70000	
	Training	128700	
	Vehicle Maintenance	7500	
	Vehicle Hiring	386400	
	NGO/PP support	0	
	Contractual Services	2481133	
	Printing	50000	
	Procurement Vehicle	0	
	Procurement Equipment	0	
	Miscellaneous	210000	
	<b>Salaries of Contractual Staff</b>		
		TB health visitor for urban areas @ 6750 per person X 2 X 12	162000
		STS @ 8625 per person X 5 X 12	517500
		STLS @ 8625 per person X 5 X 12	517500
		LT @ 6500 per person X 12 X 12	936000
		Data Entry Operator @ 6000 per person X 1 X 12	72000
		Accountant @ 2000 per person X 1 X 12	24000
		MO @ 20000 per person X 1 X 12	240000
		<b>Total</b>	<b>6274133</b>

## 4.9 LEPROSY

<b>Objectives</b>	Eradication of Leprosy	
<b>Strategies &amp; Activities</b>	<ol style="list-style-type: none"> <li>1. Detection of New cases</li> <li>2. House to house visit for detection of any cases</li> <li>3. IEC for awareness regarding the symptoms and effects of Leprosy</li> <li>4. Prompt treatment to all cases</li> <li>5. Rehabilitation of the disabled persons</li> <li>6. Distribution of Medicine kit and rubber shoes</li> <li>7. Honorarium to ASHA for giving MDT</li> </ol>	
<b>Support required</b>	Availability of regular supply of drugs	
<b>Timeline</b>	<b>2010-11</b> House to house detection Wide publicity Rigorous follow-up	
<b>Budget</b>	<b>Activity / Item</b>	<b>2010-11</b>
	Salary to Contractual Staff	<b>96,000</b>
	Honorarium	<b>25,000</b>
	IEC for information on the disease to be spread all over the rural outposts through posters and instructional booklets.	<b>3,00,000</b>
	Training	<b>1,50,000</b>
	<b>Total</b>	<b>5,71,000</b>

## 4.10 NATIONAL MALARIA CONTROL PROGRAMME

<b>Situation Analysis/ Current Status</b>	Issues	No.	%
	Total Blood Slides Examined (BSE)	7125	
	Total Positive Cases:	1	
	Plasmodium Vivax (Pv):		
	Plasmodium Falciparum (Pf):		
Deaths:	0		
	<p>Now the Malaria program is known as National Vector Borne Disease Control programme. Under this District malaria Working Committee has been constituted and representatives from various departments are there but there is very little help from these departments. Malaria program is in maintenance phase in Khagaria district.</p> <p>The mosquito density of Anopheles Culifacies was found mainly from May to October whereas Anopheles Aegypti and Anopheles Stephensai were found throughout the year with a peak from April to Nov.</p> <p>The main bottlenecks are related to shortage of manpower especially for the remote areas. Following are the descriptions of man power status.</p>		
<b>Objectives</b>	Reduction in SPR, API, PFR death rate		
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Provision of additional Manpower</li> <li>2. Training of personnel</li> <li>3. Strengthening of Malaria clinics</li> <li>4. Addressing Disease outbreak</li> <li>5. Health education</li> <li>6. Involvement of Private sector</li> <li>7. Innovative methods of Mosquito control</li> </ol>		
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. Provision of additional Manpower <ul style="list-style-type: none"> <li>• Hiring of personnel till regular staff in place</li> </ul> </li> <li>2. Training of personnel The MOs, Laboratory Technicians, ANMs, ASHAs will be trained in various techniques relating to the job</li> <li>3. Strengthening of Malaria clinics <ul style="list-style-type: none"> <li>• Provision of Proper equipment and reagents - Fogging machines, sprayers,</li> <li>• Provision of Jeep,</li> </ul> </li> <li>4. Addressing Disease outbreak <ul style="list-style-type: none"> <li>• District Outbreak teams will be created at the district headquarter</li> <li>• In the team MO, LT, one field worker</li> <li>• Provision of mobility, Lab equipments, spray equipment</li> </ul> </li> <li>5. Health education to the community through the ANMs, AWW, ASHAs, RMPs, Ayush personnel</li> <li>6. Involvement of Private sector: The private practitioners will be closely involved</li> </ol>		
<b>Support required</b>	<ul style="list-style-type: none"> <li>• Availability of supplies</li> <li>• Filling up of vacancies</li> <li>• Supply of health Education material</li> </ul>		

<b>Timeline</b>	<b>Activity / Item</b>	<b>2010-11</b>
	Hiring Contractual Staff	x
	Purchase of Jeep	x
	Fogging & Spraying	x
	Hoardings	19 PHC, 1 SH 55 APHC
	IEC activities	X
<b>Budget</b>	<b>Activity / Item</b>	<b>2010-11</b>
	Salary Contractual staff	84,12,000
	Travel expenses @ Rs 6000 per month x 12 months	72,000
	Office expenses @ Rs 5000 per month x 12	60,000
	Jeep and truck maintenance	80,000
	Training	5,00,000
	Board hoarding: Twenty 8'x 12' at 20 sites initially at the PHC and Sadar hospitals @ Rs 25,000/-	5,00,000
	Board hoarding: Fifty five 5'x3' at 55 sites initially at the APHC@ Rs 10,000/-	5,50,000
<b>Total</b>	<b>1,01,74,000</b>	



## 4.11 BLINDNESS CONTROL PROGRAMME

D-5. BLINDNESS CONTROL PROGRAMME			
<b>Situation Analysis/ Current Status</b>	Indicators	No.	
	Total Cataract surgery performed	1377	
	Cataract surgery with IOL	530	
	School going children screened	72162	
	Children detected with refractive error	662	
	Children provided with free corrective spectacles	097	
	<p>Eye Care is being provided through the Sadar Hospital, There are 3 Ophthalmic Assistants in the district posted at Sadar Hospitals and BPHC don't have Ophthalmologists. The norm for GOI is 1 eye surgeon for a population of one lakh. Hence in this district at least 32 Eye Surgeons are required. The norm for Ophthalmologist to Ophthalmic Assistant is 1: 3-4 Data is not available regarding this from Private sector.</p> <p>The numbers of surgeries need to be at least triple to tackle the blindness due to Cataract. There is no Eye Bank or Eye donation center in District Khagaria. The nearest Eye Bank is at PMCH Patna.</p>		
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. Reduction in the Prevalence Rate of blindness to 0.5 %</li> <li>2. Decrease in the Prevalence Rate of Childhood blindness to 0.6 % per 1000 children by 2010</li> <li>3. Usage of IOL in 95% of Cataract operations</li> </ol>		
<b>Strategies</b>	<ol style="list-style-type: none"> <li>1. Provision of high quality Eye Care</li> <li>2. Expansion of coverage</li> <li>3. Reduce the backlog of blindness</li> <li>4. Development of institutional capacity for eye care services</li> </ol>		
<b>Activities</b>	<ol style="list-style-type: none"> <li>1. Determining the prevalence of Cataract through a study by an external agency. <ul style="list-style-type: none"> <li>• One time house-to-house survey for study of prevalence of vision defects and Cataract of entire population leading to referrals and appropriate case management including cataract surgeries</li> </ul> </li> <li>2. Increasing the number of Ophthalmologists either by hiring or through involvement of Private Sector.</li> <li>3. Training in IOL to Ophthalmologists</li> <li>4. Training of Paramedical staff and Teachers, NGOs, Patwaris and AWW for screening of school children and IEC activities.</li> <li>5. AMC for all equipment will be done.</li> <li>6. Equipment <ul style="list-style-type: none"> <li>• Repair of Synaptophore and Operating Microscope</li> <li>• Purchase of Ophthalmic Chair, Slit Lamp, Operating Microscope, Synaptophore, A Scan biometry, Keratometer, Direct and Indirect Ophthalmoscope</li> </ul> </li> <li>7. Construction of Eye Unit in Hospitals and later PHCs</li> <li>8. Supply of basic Eye medicines like eye drops, eye ointments and consumables for Primary Eye Care in PHCs/CHCs.</li> <li>9. All PHCs and CHCs to be developed for vision screening and basic eye care</li> </ol>		
	Eye Care centre	Vision Centre	Screening
	Eye Surgeon	Primary Eye Care	Identify Blind
	Treatment of eye conditions and follow-up	Vision Test	Maintain Blind Register
	Training	Screening Eye Camps	Motivator
	Supervision	Referral for surgery	Referral

	10. Blind Register to be filled up by the AWW, together with PRIs 11. Eye Camps with the involvement of Private sector and NGOs 12. School Eye Screening sessions 13. IEC activities	
<b>Support required</b>	Procurement of latest equipment for hospitals by GOI Timely Repair of equipment	
<b>Timeline</b>	<b>2010-11</b> Health Mela Development of PHCs as Vision Centres Development of Sadar Hospital Khagaria as Eye Unit School Screening Cataract Camps	
<b>Budget</b>	<b>Activity / Item</b>	<b>2010- 11</b>
	Health Mela	2,00000
	IEC	2,50,000
	School Eye Screening	3,00000
	Blind Register	25,000
	Observance of Eye Donations	25,000
	Cataract Camps @ Rs 50,000 per camp x 20	10,00000
	NGO and Eye Bank @ Rs 750/IOL x 2000	15,00000
	POL for Eye Camps @ Rs 5000/camp x 20	1,00000
	Training of School teachers @ Rs 100/head x 300	30,000
	Training of PRIs @ Rs 100/head x 200	30,000
	Repair and purchase of equipment and maintenance	2,00000
	<b>Total</b>	<b>36,60,000</b>

## 4.12 VITAMIN-A SUPPLEMENTATION PROGRAMME

### Background

The National Policy Guidelines on Vitamin-A Supplementation Program of MoH&FW, GoI recommends that children of age group 9 months to 5 years should receive two doses of Vitamin at 6 months interval which is considered adequate. These months would have intensive activities during which it was suggested that health sub-center level workers in close coordination with the ICDS workers and ASHAs will deliver services in the given month as per detailed micro-plans.

The National Workshop on Micronutrients organized by ICMR on the 24-25 November 2003 which recommended that Biannual Child Health and Nutrition Promotion Months be held, six months apart i.e. usually in April/May and October/November which would offer a package of child health & nutrition services of which Vitamin-A supplementation of target children would be an integral part.

### Biannual Child Health Package of Services

- 1. Vitamin-A Supplementation:** Provide prophylactic dose of Vitamin-A solution to all children between 9 months to 5 years. The recommended dosage schedule is as under:
  - a. The 1st dose 1, 00,000 I.U. (1 ml or half spoon) is given with routine measles immunization at 9 months completed age;
  - b. The 2nd dose 2, 00,000 I.U. (2ml or full spoon) is given with First DPT/OPV booster (16-18 months) and
  - c. The next 7 doses (each dose 2 ml or full spoon) are given After every 6 months up to 5yrs of age.
- 2. Promotion of Breast feeding and timely introduction of complementary feeding :** Accelerating community participation and BCC on components of breast-feeding, i.e.
  - a. Early Initiation
  - b. Exclusive Breastfeeding
  - c. Introduction of Complimentary feeding at the age of 6 months

### Coverage Pattern

The biannual round initiated in the year 2008 by the Government of Bihar, the district has reported coverage of 97.1% in June, 08 round & 92.3% in Dec, 08 round. The DLHS 3 has reported an over all coverage of 70.3 % of vitamin A within the age group of 9m-35 months.

It will continue to improve and cover more than 95% of children on a sustainable basis with 2 doses a year. It is expected to gain significant reductions in Vitamin-A Deficiency and in turn would reduce Under Five Mortality Rates (U5MR) over time.

## **Problematic Areas**

### ***Objective:-***

1. Achieve universal coverage of 9 doses of Vitamin-A
2. Reduce the prevalence of night blindness to below 1% and Bitots spots  
To below 0.5% in children 6 months to 6 years age.
3. Eliminate Vitamin-A deficiency as public health problem.

### ***Strategies:***

1. Biannual Rounds of Vitamin-A Supplementation in fixed months, i.e. April & October every year.
2. To Cover the Children through 4 days Strategy  
Day 1- Cover children of 9m-5yrs at site i.e. AWCs/ HSCs/ APHCs/ PHCs  
Day 2- Cover children of 9m-5yrs through house to house visits  
Day 3- Cover children of 9m-5yrs at site i.e. AWCs/ HSCs/ APHCs/ PHCs  
Day 4- Cover children of 9m-5yrs through house to house visit: mopping-up

### ***Gaps:***

1. Infrastructure - Urban strategy for Identification of stakeholders and service providers in urban agglomerations, slums, notified areas to cover left out children residing in areas devoid of health & ICDS infrastructure.
2. Manpower- Lack of skilled manpower for implementation of program
3. Drugs- a) Non-supply of RCH Kit-A for ensuring first dose of Vitamin-A along with the measles vaccination at 9 months.  
b) Procurement of Vitamin-A bottles by the district for biannual rounds
4. Reporting- Lack of coordination among health & ICDS workers for report returns & existing MIS ( form-VI)
5. Monitoring- Lack of joint monitoring & supervision plans & manpower

### ***Activities:***

1. Updation of Urban and Rural site micro –plan before each round.
2. Improving intersectional coordination to improve coverage
3. Capacity building of service provider and supervisors
4. Bridging gaps in drug supplies
5. Urban Planning for Identification of Urban site and urban stakeholder
6. Human resource planning for Universal coverage
7. Intensifying IEC activities for Community mobilization
8. Strengthening existing MIS system and incorporating 9 doses of Vitamin-A in existing reporting structure
9. Strong monitoring and supervision in Urban areas

PIP FOR BIENNIAL VAS ROUND : 2010 -11					
Sl.No.	Activities	Unit	Total units	Unit cost for	District
				1 Round @ Rs.	Budget in Rs.
1	2	3	4	5	6
<b>I.</b>	<b>Micro Planning</b>				
	Orientation, Stationary, Data compilation, Validation, Up-dating	7 PHC and 1 Urban Units= 8 units	8	1000	8000
<b>II.</b>	<b>Inter-sectoral Co-ordination and Convergence</b>				
	Constitution of District level Task Force, and organizing meetings of District coordination committee	1	1	5000	5000
	Constitutions Task Force, and organizing meetings of Block coordination committee	7	7	1500	10500
<b>III.</b>	<b>Capacity Building</b>				
	Training and Capacity Building of Service Providers	7 PHC and 1Urban Units= 8 units	8	5000	40000
<b>IV.</b>	<b>Urban Health Intervention Strategy</b>				
	Strategy Planning Meetings, Orientations of Stakeholders & Volunteers, Resource Planning, Site-management	Municipal Area	0	5000	0
	Orientation of Urban Supervisors	Municipal Area	0	2500	0
<b>V.</b>	<b>Human Resource</b>				
	Honorarium to Urban vaccinators	1 Urban sites	79	100	7900
	Honorarium to Volunteers, AWWs, ASHA to function as service provider	1276 AWWs/ASHAs/ and 10% of AWC-Volunteers=(1276+1276*10%)	1276	100	127600
	Honorarium to the Urban Supervisor	1 Supervisor / 10 sites	15	400	6000
<b>VI.</b>	<b>Management Information System for Monitoring VAS Program</b>				
	Availability of Immunization cards [JBR Cards ,Reporting Formats, Record & Registers,	7 PHC & 1 urban area	8	10000	80000
<b>VI.</b>	<b>Logistics and Procurement</b>				
	Need Assessment and Procurement of Vitamin-A Syrup [ Children 9m-5yrs =4,79,542 children	9221 VA bottles	9,221	52	479,542
	Mobility Support for Carrying Vitamin A bottles from district to PHCs	7 PHC & 1 urban area	8	3000	24,000
<b>VII.</b>	<b>IEC/BCC</b>				
	Posters, Banners, Flexes, etc	7 PHC	7	10000	70,000
<b>IX.</b>	<b>Program Monitoring and Review</b>				
	Mobility Support : Hiring of Vehicles & POL	7 PHC & 1 urban area	8	6000	48000
	<b>TOTAL</b>				<b>9,06,542</b>
Expenses on conducting 1 Biannual Round = Rs. 9,06,542					
<b>Expenses on conducting 2 Biannual Rounds = Rs. 9,06,542 X 2= 18,13,084</b>					

# Budget

## (2010-2011)

## CHAPTER 5

### TOTAL BUDGET AT-A-GLANCE (2010-11)

SN	Name of Programme	Total Fund for FY 2010-11
1	NRHM-A	111236994
1-A	Quarterly Budget- NRHM-A	
2	NRHM-B	118840628
2-A	Quarterly Budget- NRHM-B	
3	NRHM-C(RI)	5027358
4	NRHM-C(PP)	17934692
5	NRHM(D) - Blindness	1362500
6	NRHM(D) - IDD	1000000
7	NRHM(D) - IDSP	1000000
8	NRHM(D) - Leprosy	725625
9	NRHM(D) - Kalazar	3420992
10	NRHM(D) - Malaria	15000
11	NRHM(D) - Filaria	965914
12	NRHM(D) - T.B.	4902488
<b>Total</b>		<b>266432191</b>

Structured approaches for State/ District/ Block PIP planning																		
National Rural Health Mission																		
Strategy & Activity Plan with budget																		
Sr. NO	STRATEGIES	Activities	Component Code (only at state level)	2009-2010 FY			2010-2011 FY			Budget Plan								
				Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	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 utilized (Y x (A)) = D	under or over- utilized Budget ((B-D) = E	Tentative Unit Cost (2010-11)	Budget Planned (including spill over amount) ((B x A) + E) = BP	Budgetary Source (other than NHM source)
Name of the District - Khagaria																		
Applicable S/N																		
2010-2011 FY																		
Q1 Q2 Q3 Q4																		
Remarks																		
A	RCH																	
A.1	1. Maternal Health																	
A.1.1	1.1 Operational 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 Operational Block PHC/ CHC/ SDH/ DHS as FRUs																	
A.1.1.1.1	1.1.1.1 Operational FRUs (Dewal, Service Maintenance Charge, Misc. & Other costs) 1.1.1.3 Operational Blood Storage area in PHU																	
A.1.1.2	1.1.2 Operational 24x7 PHCs (Gyrase, workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 25,000 / year / district)																	
A.1.1.3	MTP services at health facilities																	
A.1.1.4	RTVI services at health facilities																	
A.1.1.5	Operational Sub-centres																	
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 disseminations of the same @ Rs. 30,000 for the state																	



Sr. NO	STRATEGIES	Activity Plan										Budget Plan				Remarks	
		2009-2010 FY					2010-2011 FY					2009-2010 FY					2010-2011 FY
Activities		Output 2012	Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (2x(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 utilized (Y x (A)) = D	under or over-utilized Budget (B-D) = E	Tentative Unit Cost (2010-11)	Budget Planned (including split over smooth) (A x Y) = E1 = B1	Budgetary Source (other than MHHM)
A.1.2.2	1.2.2. Payment to Ambulance for all PHCs @ Rs. 200 (case of program) for Jehanabad district (Pilot basis)										0	0	0	0			
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		65	0	65		65	Y Y Y Y	743	51267	51267	51267	51267	743	8173		
A.1.3.2	1.3.2. Monthly Village Health and Nutrition Days at AMW Centres																
A.1.4	1.4. Janani Kosh Bal Sureksha																
A.1.4.1	1.4.1. Yojana JIBBY																
A.1.4.2	1.4.2. Home deliveries		170	0	170		500	Y Y Y Y	500	84500	84500	84500	84500	500	102000		
A.1.4.2.1	1.4.2.1 Institutional Deliveries																
A.1.4.2.1	1.4.2.1 Rural (at institutional deliveries (Share) @ Rs. 2000/- per delivery for 10,000 birth deliveries)		2200	2200	0	Wrong Calculation by PHC staff	35027	Y Y Y Y	2000	43780000	47800000	45100000	45100000	2000	71054000		
A.1.4.2.2	1.4.2.2 Urban (at institutional deliveries (Share) @ Rs. 1000/- per delivery for 2,50,000 birth deliveries)		3073	0	3073		4000	Y Y Y Y	1200	3687600	3687600	3687600	3687600	1200	1112400		
A.1.4.2.3	1.4.2.3 Caesarean Deliveries (Facility Gynec, Anesth & paramed) 10.3.1 Incentive for C. Gynec. & paramed (district & unmet)		88	0	88		100	Y Y Y Y	1500	138500	138500	138500	138500	1500	12500		
A.1.4.3	1.4.3 Other Activities (JSY)		217	0	217		217	0 Y Y Y	1741	37770	37787	37787	37787	2000	96200		
A.1.5	1.5 Other strategies/activities																
	Total (JSY)																

Page 2 of 2

Sr. NO	STRATEGIES	2009-2010 FY				2010-2011 FY				Budget Plan 2010-2011 FY				Remarks							
		Output 2012	Activity planned (K)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (Z+(X-Y)) -AP	Special efforts to overcome constraints (if proceeds to be adopted)	time line of activities	Reactive Unit Cost (A)	Budget Planned (X x (A)) = B	Budget received B or C (< or > than planned)	Budget utilized (Y x (A)) = D		under or over-used Budget ((B-D) = E	Reactive Unit Cost (2010-11)	Budget Planned (including split over amount) ((A x A) + E) = BF	Budgetary Source (other than NRM)			
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) @ \$50 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 (periods of training, drugs and supplies, under review, success) 2.1.1. Monitor progress against plan follow up with training, procurement, review meetings etc.																				
A.2.2	2.2 Facility Based Newborn Care/FBNC in districts (Monitor progress against plan; follow up with training, procurement, view meeting etc.) 3. 2.5. Implementation of FBNC, activities in districts (Monitor progress against plan; follow up with training, procurement, etc.)		78	0	78		100		Y	Y	Y	Y	872	68016	68016	6	50016	1000	31884		
A.2.3	2.3 Home Based New Born Care/HBNC																				
A.2.4	2.4 School Health Programme (Details annexed)		1785	0	1785		4000		Y	Y	Y	Y	1600	2670000	2670000	1	2670000	2199	6125500		
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 Cholera, ARI and Micro-entert																				
A.3	3. Family Planning																				
A.3.1	3.1. Terminal/Limiting Methods																				
A.3.1.1	3.1.1. Examination of manuals on sterilisation standards & quality assurance of sterilisation services		1	0	1		6		Y	Y	Y	Y	28000	35000	35000	0	25000	26000	175000		
A.3.1.2	3.1.2. Female Sterilisation camps																				
A.3.1.3	3.1.3. 1.2. NSV camps (Organise NSV camps in districts @Rs.10,000 x 500 camps)		7	0	7		14		Y	Y	Y	Y	10000	70000	70000	1	70000	10000	70000		

Sr. NO	STRATEGIES	Activity Plan 2010-2011 FY						Budget Plan 2010-2011 FY						Remarks				
		Component Code (only at state level)	Output 2012	Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (Z)-(X-Y)	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 utilized (Y x (A)) = D	under or over-utilized Budget ((B-D) = E	Tentative Unit Cost (2010-11)	Budget Planned (including opt over amount) ((AP x A) + E) = BP
A.1.1.4	3.1.4 Compensation for female sterilization 3.1.2.5. Compensation for female sterilization at PHC level by using method 3.1.2.1. Provide female sterilisation services on fixed days at health facilities in districts (Moi Lep)			6128	6899	1419		6600		Y Y Y Y	1000	6328000	6328000	4924616	1418389	1000	6301616	
A.3.1.5	3.1.5 Compensation for male sterilization 3.1.2.4. Compensation for ACTV Accidents (Surgical cases) 4.1.2.2			360	50	326		365		Y Y Y Y	1500	540000	540000	44800	490000	1500	78000	
A.3.1.6	3.1.6 Accreditation of private providers for sterilisation services 3.1.3.1 Compensation for sterilisation done in PHC/Accredited Hospitals (1-50 lakh cases)			1185	0	1185		2000		Y Y Y Y	1500	1777500	1777500	0	1777500	1500	1225500	
A.3.2	3.2. Sterilizing Methods			8	0	8		10		Y Y Y Y	34000	272000	192000	1	192000	34000	48000	
A.3.2.1	3.2.1. IUD Cases			0	0	0		0			0	0	0	0	0	0	0	
A.3.2.2	3.2.2 IUD services at health facilities/compensation			0	0	0		0			0	0	0	0	0	0	0	
A.3.2.3	Accreditation of private providers for IUD insertion services			0	0	0		0			0	0	0	0	0	0	0	
A.3.2.4	Social Marketing of contraceptives			0	0	0		0			0	0	0	0	0	0	0	
A.3.2.5	3.2.5 3.1.2.1.1 Contraceptive Update Seminars (Organise Contraceptive Update seminars for health providers (one at state level & 38 at district level) (Anticipated Participants-50-70)			482	100	382		500		Y Y Y Y	860	302800	300300	6500	235300	800	194700	
A.3.3	3.3 PQL for Family Planning for 400 below sub-district facilities			0	0	0		0			0	0	0	0	0	0	0	
A.3.4	3.4 Repair of Laproscopes (No. 5000 x 40 nos.)			0	0	0		0			0	0	0	0	0	0	0	
A.3.5	3.5 Other strategic activities 3.3.4. Monitor programs, quality and utilization of services 3.5. Establishing Community Based Contraceptive and OCP Distribution Centres (pilot in only district PHC)			0	0	0		0			0	0	0	0	0	0	0	
A.4	4. Addressing Reproductive and Sexual Health (ARSH)			0	0	0		0			0	0	0	0	0	0	0	

Sr. MO	STRATEGIES Activities	Component Code (only at state level)	Output 2012				2009-2010 FY				2010-2011 FY				Budget Plan				2010-2011 FY
			Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	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 (K x (A)) = B	Budget received B or C (< or > than planned)	Budget utilized (Y x (A)) = D	Under or over-utilized Budget ((B-D) = E	Tentative Unit Cost (2010-11)	Budget Planned including spill over amount ((A x A) ± E) = BF	Budgetary Source (other than NRM)		
A.4.1	(Details of training, IEC/BCC in relevant sections) Adolescent services at health facilities. 4.1.1 Disseminate ARISS Guidelines 4.1.2		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.4.2	4.2 Other strategic activities		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.5	5. Urban RCH		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.5.1	5.1. Urban RCH Services (Development of Micro-plans for each urban area already resourced for delivery of RCH services, both outreach and facility based through private agencies/institutions/organizations & Operational imp 20 UHCs through private clinics @540000/- p.m)		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.6	6. Tribal Health		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.6.1	Tribal RCH services		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.6.2	Other strategic activities		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.7	7. Vulnerable Groups		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.7.1	7.1 Services for Vulnerable groups		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.7.1	7.1 Services for Vulnerable groups		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.7.2	7.2 Other strategic activities		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.8	8. Innovations/PPIN/DO		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.8.1	8.1.PMDT and Sex Ratio 8.1.1. Outreach programmes of PMDT activities, Workshop at State District and Block Level (17-38-533) (Account No. 50, 54165 & 4.2 Monitoring at District level and Message of District level Communities (100 Lakhs)		6	0	6		18			55910	447380	447380	447380	447380	447380	2730			
A.8.2	Public Private Partnerships		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.8.3	MGO Programme		0	0	0		0	0	0	0	0	0	0	0	0	0			
A.8.4	Other innovations (if any)		0	0	0		0	0	0	0	0	0	0	0	0	0			

Sr. NO	STRATEGIES	Component Code (only at stric level)	Output 2012				2009-2010 FY			2010-2011 FY			Budget Plan			Remarks		
			Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap [(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 utilized (Y x (A)) = D	under or over- utilized Budget ((B-D) - E)	Tentative Unit Cost (2010-11)		Budget Planned (including spilt over amount) ((AP x A) + E) = BP	Budgetary Source (other than NRMH source)
A.9	Activities																	
A.9.1	INFRASTRUCTURE & HR																	
A.9.1.1	Contractual Staff & Services																	
A.9.1.1	9.1.1 ANMs 10.1.1.2 Hiring of 1000 Retired AEs/AsAs from other States for full reach services @ Rs. 5000 / month / ANM		300	0	300		200	Y	Y	Y	1500000	1500000	0	1500000	8000	1000000		
A.9.1.2	9.1.2 Laboratory Technicians		0	0	0		0	Y	Y	Y	460000	460000	0	460000	78000	0		
A.9.1.3	Staff Nurses		0	0	0		0	Y	Y	Y	70000	70000	0	70000	0	0		
A.9.1.4	9.1.4 Doctors and Specialists (Anaesthetists, Paediatricians, OnGyn, Surgeons, Physicians) Hiring Specialists 1.1.1.1 Operational Blood Storage units in FRU - Salary of Medical Officer - 1,82,40,000/-; 10.1.2.1. Empowering Gynecologists for gynaecology CD in under or un served areas @ Rs. 12000/- week x 52 weeks ; 10.1.2.3. Empowering Gynecologists for PUC stop provide OPD services @ Rs. 300/- week x 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		1	0	1		2	Y	Y	Y	3467300	3467300	0	3467300	3467300	3467300		
A.9.1.5	Other contractual Staff 9.1 Fast-Track Training Cell in SHFW 9.2 Filling Vacant Positions at SHFW 9.3 Consulting at SHFW 10.1.1 Honorarium of Voluntary Workers @ of 1200/- PA x 3108 No.		0	0	0		0				0	0	0	0	0	0		
A.9.1.6	Incentive/Awards etc. 8.2.1 Incentive for ASHA per AWW center (8000x200 per month) and Incentive to ASHAs per Aganwari Centres under Mission Programme @ 8000 x Rs. 150 Per Month		1	1	0		1	X	X	Y	5185800	5185800	5185800	0	5185800	5185800		
A.9.2	9.2. Major civil works (new construction/extension/additions)		0	0	0		0				0	0	0	0	0	0		
A.9.2.1	9.2.1 Major Civil works for operationalisation of FRUS		0	0	0		0				0	0	0	0	0	0		

District Health Society, Khagaria



Sr. NO	STRATEGIES	2005-2010 FY				2010-2011 FY				Budget Plan				Remarks			
		Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (2*(X-Y)) and Special efforts to overcome constraints (Process to be adopted)	Activity planned including previous yrs gap (2*(X-Y)) and Special efforts to overcome constraints (Process to be adopted)	Activity planned including previous yrs gap (2*(X-Y)) and Special efforts to overcome constraints (Process to be adopted)	Activity planned including previous yrs gap (2*(X-Y)) and Special efforts to overcome constraints (Process to be adopted)	Tentative Unit Cost (A)	Budget Planned (X x (A)) = B	Budget received B or C (C or > than planned)	Budget utilized (C x (A)) = D		under or over-utilised Budget ((B-D) = E	Tentative Unit Cost (2010-11)	Budget Planned (including split over Budgetary source (other than NHM))
A.11.5.5	Other CH Training (PL Specify)			0													
A.11.6	Family Planning Training			0													
A.11.4.1	Laeroscopic Sterilisation Training			0													
A.11.8.2	11.8.2 Minitop Training 12.3.2.1. Minip training for medical officer/staff nurses (batch size of 4)	0	0	0		4			X	Y	Y	Y	0	0	28000	110000	
A.11.6.3	11.6.3 NSV Training, 12.3.2 Non-Scalep Vasectomy (NSV) Training			0													
A.11.6.4	11.6.4 IUD Insertion (Ideals in Amhaur) 12.3.4.1 State level (TDT for the Districts 12.3.4.2 District level)			0													
A.11.6.5	Contraceptive Update Training			0													
A.11.6.8	Other FP Training			0													
A.11.7	11.7 ARSH Training 13.4.3 ARSH training for medical officers 12.4.3 One Day ARSH Orientation by the MCOs at 25% ANMs 12.4.4 One Day ARSH Orientation of PHU by the MCOs at 50% ANMs	0	0	0		20			Y	Y	Y	Y	0	0	0050	107000	
A.11.8	11.8 Programme Management Training			0													
A.11.8.1	11.8.1 SPWU Training 12.6.4 State FPU to be trained/attend workshops in various areas like HR, Procurement & Logistics, IPP, FPU review and/or undertake study of various programmes in one good and one poor performing districts			0													

Sr. NO	STRATEGIES	Component Code (only at state level)	2009-2010 FY				2010-2011 FY				Budget Plan				2010-2011 FY			
			Activity Planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (Z-(X-Y))=A/P	Special efforts to overcome constraints (Provision to be adopted)	same line of activities	Tentative Unit Cost (A)	Budget Planned (X x (A)) = B	Budget received B or C (< or > than planned)	Budget unused (X x (A)) = D	under or over-utilised Budget ((B-D) = E)		Tentative Unit Cost (2010-11)	Budget Planned (including split over amount) ((A x A) + E) = BP	Budgetary Source (other than GRM)
			Output 2012															
A.11.5.5	11.5.5 Other CH Training (PI. Specify)		0	0	0									0	0			
A.11.5	11.5 Family Planning Training																	
A.11.6.1	12.6.1 Laproscopic Sterilisation Training																	
A.11.6.2	11.6.2 Minilap Training 12.3.2.1 Minilap training for medical officers/ staff nurses (batch size of 4)		0	0	0			4										
A.11.6.3	11.6.3 MSV Training 12.3.2 Non-Scalpel Vasectomy (NSV) Training																	
A.11.6.4	11.6.4 Tubectomy training 12.3.2 IUD insertion (details in Annexure)																	
A.11.6.5	12.3.4.1 State level (TOT for the districts- 13, 3, 4, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1)																	
A.11.6.5	Contraceptive Update Training																	
A.11.6.5	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% AMBS 12.4.4 One Day ARSH Orientation of PRI by the MOs of 25% AMBS		0	0	0			20										
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, PEP, PRI review and/or undertake study of various programmes in one good and one poor performing districts																	



Sr. NO	STRATEGIES	2009-2010 FY				2010-2011 FY				2009-2010 FY				2010-2011 FY				
		Component Code (only at state level)	Output 2012	Activity planned (K)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (2-X-V) =A <sup>1</sup>	Special efforts to overcome constraints (Practices 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 utilized (Y x (A)) = D	under or over-utilized Budget ((B-D) - E)	Tentative Unit Cost (2010-11)	Budget Planned (including spill over amount) ((A <sup>1</sup> x A) + E) = BF	Budgetary Source (other than NRMH)
A.11.8.2	11.5.2 DPMU Training 11.5.1 Training of DPMUs start @ 36's Rs.10,00012.3. Training of SHS/DAMI/BAH on accounts at Head Quarter level @ 6x1500x12=7,20,000/- + 2x4M=38x1500x4 + 2x1M=33x1500x4 12.5.3 Training for ASHA Help Desk to DPMs (38) Block level organisers (533) and MOICs (533). @ 1104 x 1500/-							16	Y Y Y Y Y	8750	70000	70000	0	70000	8750	70000		
A.11.9	Other Training																	
A.11.9.1	11.3.1 Continuing Medical & Nursing Education 11.2 Training of 20 (for total states) regular Government doctors in Public Health at Public Health Institute, Gujarat or at Wadala Institute or Vellore Institute to increase their administrative skills @ Rs.20,000/-																	
A.12	12. BCCIEC (for NRMH Part A, B & C)																	
A.12.1	12.1 Strengthening of BCCIEC Bureau (State and District Levels)																	
A.12.2	12.2 Development of State BCCIEC strategy 12.3 Concept and material development undertaken by State BCCIEC Cell 438 Establishment cost of the State BCCIEC Cell 15.10 Technical support at District level							2	Y 0 0 0 0	12500	12500	12500	0	12500	25000	37500		
A.12.3	12.3 Implementation of BCCIEC strategy																	
A.12.3.1	12.3.1 BCCIEC activities for MH							1	Y Y Y Y Y	0	0	0	0	0	25000	25000		
A.12.3.2	BCCIEC activities for CH							1	Y Y Y Y Y	0	0	0	0	0	20000	20000		
A.12.3.3	12.3.3 BCCIEC activities for FP							1	Y Y Y Y Y	0	0	0	0	0	25000	25000		
A.12.3.4	12.3.4 BCCIEC activities for ARSH							1	Y Y Y Y Y	0	0	0	0	0	25000	25000		

District Health Society, Khagaria

Sr. No	STRATEGIES	Output 2012				2008-2010 FY			2010-2011 FY			2010-2011 FY			Remarks		
		Component Code (only at state level)	Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	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 unused (Y x (A)) = D	under or over-utilised Budget (B-D) = E		Tentative Unit Cost (2010-11)	Budget Planned (including split over amount) ((AP x A) + E) = BF
A.13.2.4	13.2.4 Other activities 13.4 State Level events 13.5 District Level events 1. Radio, TV, AV, Human Media as per IEC strategy dissemination 13.6 Printed material (posters, bulletins, success story reports, health calendar) Quarterly magazines & flyers etc 13.7 Block level BCC interventions (Radio, Kiosk/taha unit for IEC strategy dissemination) 13.11 Media Advertisements on various health related days 13.12 Various advertisements/cover advertisements/EDIs in print media at State level 13.13 Developing Website Hoarding Yarn and A V Van for State and District 13.14 Hiring an IEC Consultant at State level Sub-lead IEC/BCC		74	0	74		100		Y Y Y Y	10027	741568	741568	1	741568	10007	5109327	
A.13	Procurement		0	0	0												
A.13.1	13.1 Procurement of Equipment		0	0	0												
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 slabs - Rs.50,000 and Rs.50,000) 14.4. Equipments / consumables for Blood Storage Facility / Bank at facilities 14.5. Equipments / consumables, reagents, reagents for HIV services @ Rs. 1 Lac per district per year		1	0	1		2		Y Y 0 0	132485	132485	0	132485	132485	132485		
A.13.1.2	13.1.2 Procurement of equipment CH		0	0	0												
A.13.1.3	13.1.3 Procurement of equipment FP		0	1	0		0		Y Y 0 0	0	0	0	0	0	25000	25000	
A.13.1.4	13.1.4 Procurement of equipment IMEP		0	0	0												
A.13.2	13.2 Procurement of Drugs & Supplies		0	0	0												
A.13.2.1	13.2.1 Drugs & Supplies for MH		0	0	0												
A.13.2.2	13.2.2 Drugs & Supplies for CH		0	0	0												
A.13.2.3	13.2.3 Drugs Supplies for FP		0	0	0												



# District Health Society, Khagaria

## Quarterly Budget Break up of NRHM - A for FY(2010-11)

SN	Head	Sub Head	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	1- Maternal Health	1.1.1.1 - Operationalise FRUs (Diesel, Service Maintenance Charge, Misc. & Other Post) 1.1.1.1 Operationalise Blood Storage Units in FRU	0	360500	360500	0	721000
2		1.1.2 Operationalise 24x7 PHCs (Organise workshops on various aspect of operationalisation of 24x7 services at the facilities @Rs. 25,000/year/district)	0	0	0	0	0
3		1.3.1 RCH outreach Camps in un-served/under -served areas	2043	2043	2043	2044	8173
4		1.4.1 Home deliveries (500/-)	40500	40500	40500	40500	162000
5		1.4.2.1 Rural (A) Institutional deliveries (Rural @ Rs. 2000/- delivery for 35527 deliveries)	17763500	17763500	17763500	17763500	71054000
6		1.4.2.2 Urban (B) Institutional deliveries (Urban) @Rs.1200/-Per delivery for 3074 deliveries	278100	278100	278100	278100	1112400
7		1.4.2.3 Caesarean Deliveries (Facilities Gynec, Anesth & Paramedic) 10.3.1 Incentive for c-section @1500/-(Facilities Gynec, Anesth & Paramedic)	2625	2625	2625	2625	10500
8		1.4.3 Other Activities (JSY) 1.4.3 Monitor quality an utilisation of services and Mobile Data Centre at HSC and APHC Level	0	28101	28102	0	56203
9		1.5.1 Maternal Death Audit 1.1.3 Survey on Maternal and perinatal deaths by verbalautopsy method (in two districts) @850 per death	0	0	0	0	0
10		<b>Sub - Total Maternal Health in Quarter Wise</b>		<b>18086768</b>	<b>18475369</b>	<b>18475370</b>	<b>18086769</b>
11	2-Child Health	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	0	0	0
12		2.2 Facility Based Newborn 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.)	7996	7996	7996	7996	31984
13		2.4 School Health Programme (Details annexed)	1531500	1531500	1531500	1531500	6126000

14		<b>Sub - Total Child Health in Quarter Wise</b>	<b>1539496</b>	<b>1539496</b>	<b>1539496</b>	<b>1539496</b>	<b>6157984</b>	
15	3-Family Planning	3.1.1 Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services	43750	43750	43750	43750	175000	
16		3.1.3.3.1.2.2 NSV camps Organise NSV camps in districts @ Rs. 10,000x500 camps	17500	17500	17500	17500	70000	
17		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)	2095403	2095404	2095404	2095404	8381615	
18		3.1.5 Compensation for male sterilisation 3.1.2.4 compensation for NSV Acceptance @360 cases x1500	19500	19500	19500	19500	78000	
19		3.1.6 Accreditation of private providers of sterilisation services 3.1.3.1 Compensation for sterilisation done in Pvt. Accredited Hospitals (1185 cases)	305625	305625	305625	305625	1222500	
20		3.2.1 IUD Camps	12000	12000	12000	12000	48000	
21		3.2.5.3.2.2 Contraceptive Update Seminars (Organise Contraceptive Update seminars for health providers (one at state level & one at district level) (Anticipated Participants - 50-70)	0	0	0	0	0	
22		3.3 POL for Family Planning for 500 below sub-district facilities	41175	41175	41175	41175	164700	
23		3.4 Repair of Laproscope	0	0	0	0	0	
24		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/1PHC)	0	0	0	0	0	
25			<b>Sub-total Family Planning in Quarter Wise</b>	<b>2534953</b>	<b>2534954</b>	<b>2534954</b>	<b>2534954</b>	<b>10139815</b>
26		4-Adolescent Reproductive and Sexual Health (ARSH)	4.1 Adolescent services at health facilities 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 4.2 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.	12500	12500	0	0	25000
27		5 - Urban RCH	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- 1.5lakhs and Operationalising 2 UHCs through private clinic @540000/-PM	0	0	0	0	0
28	Tribal Health	6.1 Tribal RCH services	0	0	0	0	0	
29		6.2 Other Strategies/Activities	0	0	0	0	0	

30	7- Vulnerable groups	7.1 Services for Vulnerable groups	0	0	0	0	0
31	8- Innovations /PPP/NGO	8.1 PNMT and Sex Ratio 8.1.1 Orientation programme of PNMT activities workshop at District and Block Level (1+7) 8.1.2 Monitoring at District level and Meetings of District level Committee (15 Lakhs)	680	680	680	680	2720
32	9-Infrastructure & HR	9.1.1 ANMs 10.1.1.2 Hiring of ANMs from other states for out reach services @Rs. 5000/-month/ANM	25000	25000	25000	25000	100000
33		9.1.2 Laboratory Technicians	0	0	0	0	0
34		9.1.3 Staff Nurses	0	0	0	0	0
35		9.1.4 Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) Hiring Specialists 1.1.1.1 operationalise Blood Storage of Medical officer-1,82,40,000/-; 10.1.2.3. Empanelling Taneocologists for PHC stopprovide OPD services @Rs. 300/- weeks; 10.1.2.4 Hiring Anaesthetist positions @Rs. 1000 per casex120000; 10.1.2.5 Hiring Paediatrician for facilities where there are vacant Paediatricians position @ Rs. 35,000/- month (2 per district) 10.1.2.6 Hiring Gynaecologists for facilities that have vacant positions @ Rs 650 per case.	871825	871825	871825	871825	3487300
36		9.1.5 Other contractual Staff 9.1 Fast-Track Training Cell in district 10.1.1 Honorium of Voluntary Workers @ of 1200/- PAX 3106 No.	0	0	0	0	0
37		9.1.6 Incentive/Awards etc. 8.2.1 Incentive for ASHA per AWW center (1276x200 per month) and Incentive to ANMs per Aganwari Centre under Muskan Programme (@1276xRs. 150 per Month)	1296465	1296465	1296465	1296465	5185860
38		9.2.2 Major Civil works for operationalisation on of 24 hours Services at PHCs	0	0	0	0	0
39		9.3.1 Minor civil works for Operationalisation of FRUs 10.4.1 Facility Improvement for establishing New Born Centres at 2 FRUs across the state -@ Rs. 50,000/ per FRU	50000	50000	0	0	100000
40		9.3.2 Minor civil works for Operationalisation of 24 hours services at PHCs 10.4.2 Facility Improvement for establishing New Born Centres at PHCs across the state -@ Rs. 25,000/ per PHC	6250	6250	6250	6250	25000
41			<b>Total Infra. + HR</b>	<b>2262720</b>	<b>2262720</b>	<b>2200220</b>	<b>2200220</b>
42	10- Institutional	10.1 Human Resource Development	0	0	0	0	0
43		10.2 Logistics Management/Improvement	0	0	0	0	0
44		10.3 Monitoring Evaluation/ HMIS 11.3 Monitoring & Evaluation through	0	0	0	0	0

		monitoring cell at District					
45		10.4.11.4 sub-Centre rent and contingencies @193 no.x Rs.500/-x 12 months	660000	660000	660000	660000	2640000
46		<b>Sub total of Institutional Strengthening with District</b>	<b>660000</b>	<b>660000</b>	<b>660000</b>	<b>660000</b>	<b>2640000</b>
47	11- Training	11.1 Strenthening of Training Institutions	0	0	0	0	0
48		11.2 Development of Training packages	0	0	0	0	0
49		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 1 district x Rs. 59,000/-	82480	82480	82480	82480	329920
50		11.3.2 EmOc Training 12.1.3 EmOc Training of (Medical Officers in EmOc)	0	0	0	0	0
51		11.3.3 Life saving anaesthesia skills training 12.1.5 training of Medical officers in life saving anaesthesia skill (LASAS)	0	0	0	0	0
52		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	0	12500	0	12500	25000
53		11.3.5 RTI/STI Training	0	96900	0	96900	193800
54		11.3.6 Dai Training	0	0	0	0	0
55		11.3.7 Other MH Training	0	0	0	0	0
56		11.4 IMEP Training	0	0	0	0	0
57		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)	1187125	1187125	1187125	1187125	4748500
58		11.5.2 Facility Based New Born Care 12.2.2.1 SNCU Training 12.2.2.2 SNCU	71875	71875	71875	71875	287500
59		11.5.3 Home Based New Born Care	0	0	0	0	0
60		11.5.4 Care of seek Children & severe mainutrition	0	0	0	0	0
61		11.5.5 Other CH Training (Pl. Specify)	0	0	0	0	0
62		11.6.1 Laproscopic Sterilisation Training	0	0	0	0	0
63		11.6.2 Minilap Training 12.3.2.1 Minilap training for medical officers/staff nurses (batch size of 4)	28000	28000	28000	28000	112000
64		11.7 ARSH Training 12.4.1 ARSH training for medical officers 12.4.3 one day ARSH Orientation by the Mos of 50% ANMs	41750	41750	41750	41750	167000
65	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	0	0	0	0	0	

66		11.8.2 DPMU Training 12.5.1 Training of DPMU staff @ 1xRs.10,000 12.5.2. Training of SHSB/DAM/BHM on accounts at Head Quarter level @ 6x1500x12=1,08,000/- + DAM =1x1500x4 + BHM=7x1500x4 12.5.3 Training for ASHA Help Desk to DPMs (1). Block level organisers (7) and MOICs (7). @24x1000/-	17500	17500	17500	17500	70000
67		<b>Sub Total Training</b>	<b>1428730</b>	<b>1538130</b>	<b>1428730</b>	<b>1538130</b>	<b>5933720</b>
68		12.1 Strengthening of BCC/IEC Bureaus	0	0	0	0	0
69		12.2 Development of District BCC/IEC Strategy 13.3 Concept and material development work shops by State BCC/IEC Cell 13.8 Establishment cost of the State BCC/IEC Cell 13.10 Technical support at District level	37500	0	0	0	37500
70		12.3 Implementation of BCC/IEC strategy					0
		12.3.1 BCC/IEC activities for MH	6250	6250	6250	6250	25000
		12.3.2 BCC/IEC activities for CH	6250	6250	6250	6250	25000
		12.3.3 BCC/IEC activities for FP	6250	6250	6250	6250	25000
		12.3.4 BCC/IEC activities for ARSH	6250	6250	6250	6250	25000
71	12- BCC-IEC	12.4 Other activities 13.4 State Level events 13.5 District Level events (Radio, T.V, AV, Human Media as per IEC strategy dissemination) 13.6 Printed material (Posters, bulletin, success story reports, health calenda, Quarterly magazines & diaries etc.) 13.7 Block level BCC interview (Radio, Kalajatha and for IEC strategy disseminator) 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 AV Van for State and District 13.14 Hiring an IEC Consultancy at State level for operationation of BCC Statehy. (@Rs 50000 x 1x12) 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 13.18 Implementing need based IEC Activities in Urban Areas (Support for organization of need based IEC Activities in Urban Areas) (Rs. 50000x9x2) 13.19 Capacity building of frontline functionaries (ANM, ASHA)	77709	77709	77709	77710	310837
72		<b>Sub- total IEC/BCC</b>	<b>140209</b>	<b>102709</b>	<b>102709</b>	<b>102710</b>	<b>448337</b>
73	13- Procurement	13.1.1 Procurement of equipment 14.2 Equipments for EmOC services for identified facilities (PHCs, CHCs) @Rs. 1 Lac/ facility/ year 14.4 Equipments/ Instruments for Blood Storage Facility / Bank at facilities 14.6 Equipments / Instruments, reagents for STI / RTI	66447	66448	0	0	132895



		services @ Rs. 1 Lac per district per year					
74		13.1.2 Procurement of equipment : CH	0	0	0	0	0
75		13.1.3 Procurement of equipment : FP	100000	100000	0	0	200000
76		<b>Total Procurement with in District</b>	<b>166447</b>	<b>166448</b>	<b>0</b>	<b>0</b>	<b>332895</b>
77	14- Programme Management	14.1 Strengthening of State Society / SPMU	0	0	0	0	0
78		14.2 Strengthening of District Health Society/DPMU DPM@35420x1x12M=425040/- DAM@27720x1x12M=332640/- DNM&E Officer@23100x1x12M=277200/- Data Entry Operator@8500x3x12M=306000/- Peon@4000x2x12=96000/- Office Assistant@10000x2x12=240000/-	547521	547522	547522	547522	2190087
79		14.3 Strengthening of Financial Management Systems 16.3.1 Training in accounting procedures 16.3.2 Audits 16.3.2.1 Audit of 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	30000	30000	30000	30000	120000
80		14.4 Other activities (Programme management expenses):- Mobility support to DPMU staff@20000x2x12M=480000/- Office Rent@6000x1x12M=72000/- Telephone@6000x1x12M=72000/- Generator@20000x1x12M=240000/- Stationary@20000x1x12M=240000/- Contingency for TA/DA etc. @10000x1x12M=120000/-	306000	306000	306000	306000	1224000
81		<b>Total Programme Management with in District</b>	<b>883521</b>	<b>883522</b>	<b>883522</b>	<b>883522</b>	<b>3534087</b>
<b>Grand Total</b>			<b>27716024</b>	<b>28176528</b>	<b>27825681</b>	<b>27546481</b>	<b>11126471 4</b>
<b>Maternal Health Budget (A)</b>							<b>73124276</b>
<b>(Total Budget - Maternal Health Budget) (B)</b>							<b>38140438</b>
<b>25% Increased Except Maternal Health Budget (C)</b>							<b>9535110</b>
<b>Grand Total (A+B+C)</b>							<b>12079982 4</b>

Structured approaches for State/ District/ Block/ PIP planning

National Rural Health Mission

Strategy & Activity Plan with Budget

Sr. No	Name of the State/ UT/ Activity Plan	2010-2012 FY			2011-2012 FY			2012-2013 FY			2013-2014 FY			Remarks			
		Activity Planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (2+X-Y)-AP	Special efforts to overcome constraint & (project to be accepted)	Time line of activities	Tentative Unit Cost (A)	Budget Planned = B (X x (A))	Budget received B or C or > than planned	Budget unused (Y x (A)) = D	under or over-utilised Budget =E (B-D)		Tentative Unit Cost (F)	Budget Planned (including split over amount) ((AF x A) + E) = BP	Budgetary Source (other than NIRM source)
B 1	Decentralisation																
B 1.11	ASHA Support System at State level	120	0	120		12	Y	Y	Y	4000	36000	36000	0	36000	4000	13000	
B 1.12	ASHA Support System at District Level	50	0	50		168	Y	Y	Y	12500	1500000	1500000	0	1500000	13360	600000	
B 1.13	ASHA Support System at Block Level	50	0	50		1413	Y	Y	Y	158	71150	71150	0	71150	952	136650	
B 1.14	ASHA Support System at Village Level	50	0	50		512	Y	Y	Y	0	0	0	0	0	400	354400	
B 1.15	ASHA Trainings	1200	0	1204		1412	Y	Y	Y	0	37850	37850	0	37850	600	459144	
B 1.16	ASHA Drug Kit & Replenishment	1	0	0		1412	Y	Y	Y	0	0	0	0	0	164	141200	
B 1.17	Emergency Services of ASHA	1415	0	1415		1412	Y	Y	Y	710	1000000	1000000	0	1000000	710	21100	
B 1.18	Motivation of ASHA	5	0	5		26	Y	Y	Y	0	0	0	0	0	1000	26000	
B 1.19	Capacity Building/Academic Support programme	1412	0	1412		1412	Y	Y	Y	320	1239560	1239560	0	1239560	910	314730	
B 1.2	ASHA Divas	224	234	0		224	Y	Y	Y	9776	2188824	2188824	0	2188824	13718	2702004	
B 1.21	United Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center	242	243	0		249	Y	Y	Y	10000	2490000	2490000	0	2490000	0	2490000	
B 1.22	Village Health and Sanitation Committee	8	0	8		8	Y	Y	Y	158896	140000	140000	0	140000	150000	130000	
B 1.23	Raj Kalyan Sanchi																

Sr. NO	Activities	Component Code (only at state level)	2009-2010 FY			2010-2011 FY			2011-2012 FY			2012-2013 FY			2013-2014 FY			Remarks
			Activity Plan			Budget Plan			Budget Plan			Budget Plan			Budget Plan			
			Activity Planned (X)	Activity Executed (Y)	Variance (X-Y)	Activity Planned (Z-X-Y) GAP	Special efforts to overcome constraint (is bo adapted)	One line of activities	Tentative Unit Cost (A)	Budget Planned = B (X x A)	Budget received B or C (> than planned)	Budget utilized (Y x A) = D	under or over-utilized Budget (B-D)	Tentative Unit Cost (F)	Budget Planned (incl. over spl over amount) (A x A) = E	Budget Planned (incl. over spl over amount) (A x A) = E	Budget Planned (incl. over spl over amount) (A x A) = E	
B.1	Infrastructure Strengthening																	
B.2.1	Construction of HECs (315 No.)																	
B.2.2	Construction of residential quarters of old APHCs for staff nurses																	
B.2.2	Construction of building of APHCs where land is available (5315000APHCs)																	
B.2.3	2.3 Up gradation of CHCs as per IPHS standards																	
B.2.4	infrastructure and service improvement as per IPHS in 48 (DH & SDH) hospitals for accreditation or ISO : 9000 certification																	
B.2.5	Upgradation of AEM Training Schools																	
B.2.6	Annual Maintenance Grant																	
B.3	TOTAL INFRASTRUCTURE strengthening																	
B.3	Contractual Manpower																	
B.3.1 A	Incentive for PHC doctors & staffs																	
B.3.1 B	Salaries for contractual Staff Nurses																	
B.3.1 C	Contract Salaries for ANMs																	
B.3.1. D	Mobile facility for all health functionaries																	
B.3.2	Block Programme Management Unit																	
B.3.4	Addl. Manpower for NRHM PPP Initiative																	
B.4																		

Bhujag 94884812-1749000-  
 Bagl 22004812-1100720-  
 D E 0688882-12-5466000-  
 Mobity@948887-12-1488888-  
 Office Exp @1000007-13-840000-  
 Contingency for 14000-  
 and@125517-12-440000-

Sl. No	Activity Plan										Budget Plan							
	2009-2010 FY					2010-2011 FY					2010-2011 FY							
Activities	Component Code (only at state level)	Output 2012	Activity Planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (Z+(X-Y)+GP)	Special efforts to overcome constraints (Processes to be adopted)	time line of activities	Tentative Unit Cost (A)	Budget Planned = B (X x (A))	Budget received B or C or > than planned	Budget utilized (Y x (A)) = D	under or over-utilized Budget (B-D)	Tentative Unit Cost (F)	Budget Planned (including amt) over amount (G/F x A) / (E) = BF	Budgetary Source (other than NHM source)	Remarks
B.4.1			0	0	0		384		Q1 Q2 Q3 Q4	0	0	0	0	0	11544	4200726		
B.4.2			0	0	0					0	0	0	0	0				
B.4.3			0	0	0					0	0	0	0	0	75500	151500		
B.4.5			0	0	0					0	0	0	0	0				
B.4.6			0	0	0					154637	1546376	1546376	0	1546376	200000	342704		
B.4.7			0	0	0						0	0	0	0				
B.4.8			0	0	0						0	0	0	0				
B.4.9			0	0	0						0	0	0	0				
B.4.10			0	0	0						0	0	0	0				
B.4.11			0	0	0		12			488993	4313200	4313200	3200000	1404000	458000	3939993		
B.4.14			0	0	0					101200	610000	610000	0	610000	150000	380000		
B.4.15			0	0	0						0	0	0	0				
B.4.16			0	0	0		17				0	0	0	0				
B.4.17			0	0	0						0	0	0	0				

Sl. No	Activities	2009-2010 FY				2010-2011 FY				Budget Plan											
		Output 2012	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned including previous yrs gap (2+(X-Y))=A	Special efforts to overcome constraints (if process to be adopted)	Q1	Q2	Q3	Q4	Tentative Unit Cost (A)	Budget Planned = B	Budget received B or C or > than planned	Budget utilized (Y x A) = D	Under or over-utilized Budget (B-D) = E	Tentative Unit Cost (F)	Budget Planned (including roll over amount) (A1 + A) + E1 + B1	Budgetary Source (other than M/0/1 source)	2010-2011 FY	
B.4.18	Providing Ward Management Services in Government Hospitals 3000000/-			0																	
B.4.19	Provision for HR Consultancy services			0																	
B.4.2	Advanced Life Saving Ambulance			0		17															
B.5	TOTAL PPP INITIATIVES			0																	
B.5.1	Procurement of supplies			0																	
B.5.1	Delivery kits of the HBCAN/WASHA (no.200000 x Rs.25/-)	5300	5300	0		7130															
B.5.2	SBA Drug kits with SBA, ANMs/ Nurses etc (no.50000 @Rs. 244/-)	380	0	380		380															
B.5.3	Availability of Sanitary Napkins at Govt. Health Facilities @25000/08/1st/yr			0																	
B.5.4	Procurement of beds for PHCs to Dhls			0																	
B.6	TOTAL PROCUREMENT OF SUPPLIES	77	72	5		72															
B.6.1	Procurement of Drugs			0																	
B.6.1	Lactating mothers (Details annexed)	1000	1000	0		1000															
B.6.2	Cost of PA for (1-5) years children (Details annexed)	12532	12532	0		19000															
B.6.3	COST OF I-P-R for adolescent girls (Details annexed)	5267	5267	0		35000															
B.7	TOTAL PROCUREMENT OF DRUGS			0																	
B.7	Mobilisation & Management support for District Management			0																	

Sr. No	Activities	2009-2010 FY				2010-2011 FY				2009-2010FY				2010-2011FY			
		Output 2012	Activity planned (X)	Activity Executed (Y)	Variance (X-Y)	Reasons for Variance	Activity planned excluding previous yrs gap (Z+(X-Y)) and	Special orders to be added	line line of activities	Tentative Unit Cost (A)	Budget Planned (X x (A))	Budget received B or C or > than planned	Budget utilized (T x (A)) = D	under or over-utilised Budget (B-D)	Tentative Unit Cost (F)	Budget Planned (including split over amount) ((A x F) + E) = Bx	Budgetary Source (other than MTRM source)
B.8	Health Management Information System							C	01-03-03-04								
B.9	Strengthening of Cold Chain (Infrastructure strengthening)																
B.9.1	Returfishment of existing Warehouse for R.I. as well as provision for being external storage space for (during immunisation campaigns) Logistics at State HQ @Rs. 1500000/-																
B.9.2	Returfishment of existing Cold chain rooms for district stores in all districts with proper electricalization,Earthing for electrical cold chain, equipment and shelves and dry space for non electrical cold chain equipment and logatrics @Rs. 1000000 Luhs per district x 30 districts																
B.9.3	Earthing and wiring of existing cold chain rooms in all PHCs @Rs. 100000/- per PHC x 633 PHCs																
B.10	Preparation of Action Plan																
B.10.1	Preparation of District Health Action Plan (Rs. 2 lakhs per district x 20)																
B.10.2	Preparation of State Health Action Plan @ 3 lakhs																
B.11	Wardens Training Ayush under NRMH																
B.12	Continuing Medical & Nursing Education																
B.13	RCH Procurement of Equipments																
B.13.1	Procurement of Equipments/Instruments for Anesthetics																
B.13.2	Equipment for ICU																



## District Health Society, Khagaria

### Quarterly Budget Break up of NRHM - B for FY(2010-11)

S.N.	Head	Sub Head	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	1-ASHA	1.12 ASHA Support System at District Level	3000	3000	3000	3000	12000
2		1.13 ASHA Support System at Block Level	150000	150000	150000	150000	600000
3		1.14 ASHA Support System at Village Level	34163	34162	34163	34162	136650
4		1.15 ASHA Training	51200	51200	51200	51200	204800
5		1.16 ASHA Drug Kit & Replenishment	0	469144	0	0	469144
6		1.17 Emergency Services of ASHA	35300	35300	35300	35300	141200
7		1.18 Motivation of ASHA	10590	10590	0	0	21180
8		1.19 Capacity Building/Academic Support programme	0	13000	13000	0	26000
9		1.20 ASHA Divas	53530	53530	53530	53530	214120
10		1.21 Untied Fund for Health sub-Centre. Additional Primary Health Centre and Primary Health Centre	0	2705024	0	0	2705024
11		1.22 Village Health and Sanitation Committee	0	2490000	0	0	2490000
12		1.23 Rogi Kalyan Samiti	650000	650000	0	0	1300000
13			<b>Sub Total of ASHA</b>	<b>987783</b>	<b>6664950</b>	<b>340193</b>	<b>327192</b>
14	2-Infrastructure Strengthening	2.1 Construction of HSCs (7 No.@ 950000/HSC)	0	2533333	2533333	2533334	7600000
15		2.2 Construction of residential quarters of 1 old APHCs for staff nurse	750000	750000	750000	750000	3000000
16		2.2 Construction of building of 1 APHCs where land is available (5315000/APHCs)	1328750	1328750	1328750	1328750	5315000
17		2.3 Up gradation of CHCs as per IPHS standards	500000	500000	500000	500000	2000000
18		2.4 Infrastructure and service improvement as per IPHS in 1 (DH & SDH) Hospital for accreditation or ISO : 9000 certification	100000	100000	100000	100000	400000
19		2.5 Upgradation of ANM Training Schools	0	0	0	0	0
20		2.6 Annual Maintenance Grant	350000	350000	350000	350000	1400000
21			<b>Sub Total of Infrastructure Strengthening</b>	<b>3028750</b>	<b>5562083</b>	<b>5562083</b>	<b>5562084</b>
22	3-Contractual Manpower	3 Contractual Manpower	0	0	0	0	0
23		3.1.A Incentive for PHC doctors & staffs	26257	26257	26257	26257	105028
24		3.1.B Salaries for Contractual Staff Nurses for 48	1476348	1476348	1476348	1476349	5905393
25		3.1.C Contractual Salaries for ANMs for 180	4560000	4560000	4560000	4560000	18240000
26		3.1.D Mobile facility for all health functionaries	237500	237500	0	0	475000



27		3.2 Block Programme Management Unit BHM@18480x8x12=1774080/- BA@12320x8x12=1182720/- Data Entry Operator@6500x7x12=546000/- Mobility@20000x7x12=1680000/- Office Expense@10000x7x12=840000/- Contingency for TA/DA etc@10000x7x12=840000/-	982721	982721	982721	982721	3930884	
29		3.4 Adtl. Manpower for NRHM	91000	91000	91000	91001	364001	
30		<b>Sub Total of Contractual Manpower</b>	<b>7373826</b>	<b>7373826</b>	<b>7136326</b>	<b>7136328</b>	<b>29020306</b>	
31	4- PPP Initiatives	4.1 102-Ambulance service (State-806400) @537600x1 District	1060032	1060032	1060032	1060032	4240128	
32		4.2 1911-Doctor on call & Samadhan	0	0	0	0	0	
33		4.3 Adtl. PHC management by NGOs	37750	37750	37750	37750	151000	
34		4.6 Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP)	60926	60926	60926	60926	243704	
36		4.8 Setting Up of Ultra -Modern Diagnostic centres in Regional Diagnostic Centres (IRDCs) and all Government Medical College Hospitals of Bihar.	0	0	0	0	0	
		4.10 Operationalising Radiology & Pathology	750000	750000	750000	750000	3000000	
37		4.11 Operationalising MMU	1053000	1053000	1053000	1053000	4212000	
38		4.14 Monitoring and Evaluation (District & Block Data Centre)	97500	97500	97500	97500	390000	
39		4.15 Generic Drug Shop	0	0	0	0	0	
40		4.16 Nutritional Rehabilitation Centre	616800	616800	616800	616800	2467200	
41		4.17 Hospital Maintenance	0	0	0	0	0	
42		4.20 Advanced Life Saving Ambulance	2967000	2967000	2967000	2967000	11868000	
43		<b>Sub Total of PPP Initiatives</b>	<b>6643008</b>	<b>6643008</b>	<b>6643008</b>	<b>6643008</b>	<b>26572032</b>	
44		5- Procurement of Supplies	5.1 Delivery kits at the HSC/ANM/ASHA (no.-371xRs. 25/-)	22150	0	22150	0	44300
45			5.2 SBA Drug kits with SBA-ANMs/Nurses etc.(no-371/1xRs.245/-)	0	0	0	0	0
46	5.3 Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year		18750	18750	18750	18750	75000	
47	5.4 Procurement of beds for PHCs to DHS		288000	288000	0	0	576000	
48	<b>Sub Total of Procurement of Supplies</b>		<b>328900</b>	<b>306750</b>	<b>40900</b>	<b>18750</b>	<b>695300</b>	
49	6- Procurement of Drugs	6.1 Cost of IFA for pregnant & Lactating Mothers(Details annexed)	1650000	1650000	0	0	3300000	
50		6.2 Cost of IFA for Pregnant & Lactating mothers (Details annexed)	375000	375000	0	0	750000	

51		6.3 Cost of IFA for adolescent girls (Details annexed)	1100000	1100000	0	0	2200000
52		<b>Sub Total of Procurement of Drugs</b>	<b>3125000</b>	<b>3125000</b>	<b>0</b>	<b>0</b>	<b>6250000</b>
53	7.-Mobilisation & Management support for Disaster Management		0	0	0	0	0
54	8- Health Management Information System		7500	7500	7500	7500	30000
55	9- Strengthening of Cold Chain	9.1 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 electrical cold chain equipment and logistics per district	175000	175000	175000	175000	700000
56		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 electrical cold chain equipment and logistics @Rs 300000 Lakhs per district x 38 districts	150000	150000	0	0	300000
		9.3 Earthing and wiring of existing cold chain rooms in all PHCs @Rs. 10000/-per PHCx533 PHCs	12500	12500	12500	12500	50000
57		<b>Sub Total of Strengthening of Cold Chain</b>	<b>325000</b>	<b>325000</b>	<b>175000</b>	<b>175000</b>	<b>1000000</b>
58	10- Preparation of Action Plan	10. Preparation of Action Plan	0	0	0	0	0
59		10.1 Preparation of District Health Action Plan (Rs. 1 Lakhs per district x 1)	0	0	25000	25000	50000
60		<b>Sub Total of Preparation of Action Plan</b>	<b>0</b>	<b>0</b>	<b>25000</b>	<b>25000</b>	<b>50000</b>
61	11.-Mainstreaming Aysh under NRHM		0	0	0	0	0
62	12- Continuing Medical & Nursing Education		0	0	0	0	0
63	13-RCH Procurement of Equipments	13.1 Procurement of Equipments/Instruments for Anesthesia	122000	122000	0	0	244000
64		13.2 Equipment for ICU	0	0	0	0	0
65		13.3 Equipments/Instruments for ANC at Health Facility (Other than Subcentre) @50,000 per district per year	200000	200000	0	0	400000
66		13.4 Equipments for the Labour Room	1149885	1149885	0	0	2299770
		13.5.A SNCU	1188629	1188629	0	0	2377258
67		13.5.B NSU for 7 PHCs unit cost of Rs. 139492	488222	488222	0	0	976444
68		13.6 NSV kits	7700	7700	0	0	15400
69		13.7 IUD Insertion kit	240000	240000	0	0	480000
70		13.8 Minilap sets	28500	28500	0	0	57000
71		<b>Sub Total of RCH Procurement of Equipments</b>	<b>3424936</b>	<b>3424936</b>	<b>0</b>	<b>0</b>	<b>6849872</b>
72	14- Drugs	14.1 Drugs	5000000	5000000	5000000	5000000	20000000

73	Procurement	14.2 Manpower/logistics for drugs procurement @ 10000x 2x12M=240000/-	60000	60000	60000	60000	240000
74		14.3 Rent for drug store@10000x12M=120000/-	15000	15000	15000	15000	60000
75		<b>Sub Total of Drugs Procurement</b>	<b>5075000</b>	<b>5075000</b>	<b>5075000</b>	<b>5075000</b>	<b>20300000</b>
<b>Grand Total</b>			<b>30319703</b>	<b>38508053</b>	<b>25005010</b>	<b>24969862</b>	<b>118802628</b>
<b>ASHA (A)</b>							<b>8320118</b>
<b>(Total Budget - ASHA Budget) (B)</b>							<b>110482510</b>
<b>25% increased budget Except ASHA Budget (C)</b>							<b>27620628</b>
<b>Grand Total (A+B+C)</b>							<b>146423256</b>

# District Health Society, Khagaria

## Budget Break up of NRHM - C(RI) for FY(2010-11)

SN	Head	Sub Head	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	Mobility Support	Mobility Support to District Officials Rs. 120000 per district	30000	30000	30000	30000	120000
2	Cold Chain Maintenance	Cold chain maintenance for AMC @ Rs. 2000 per machine per year for 2200 machine (DF+ILR) 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 allotted and the remaining 28,00,000 is divided for WIC/WIF maintenance of Vaccine van as per approved rates the final remaining amount of 1430000 could be utilised for minor repair for district and regional cold chain stores among te district @Rs.2585 appoxper cold chain stores for minor repairs.	0	0	0	0	0
3		Cold chain maintenance for AMC @ Rs. 2000 per machine per year for machine (DF+ILR) and WIC and WIF @ Rs. 10000 per year and maintenance of vaccine vans @Rs. 25000 per van for 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 allotted and the remaining 28,00,000 is divided for WIC/WIF maintenance of Vaccine van as per approved rates the final remaining amount of 1430000 could be utilised for minor repair for district and regional cold chain stores among te district @Rs.2585 appoxper cold chain stores for minor repairs.	12500	0	12500	0	25000
4		Cold chain maintenance for AMC @ Rs. 2000 per machine per year for 2200 machine (DF+ILR) and 10 WIC and 3WIF @ 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 allotted and the remaining 28,00,000 is divided for WIC/WIF maintenance of Vaccine van as per approved rates the final remaining amount of 1430000 could be utilised for minor repair for district and regional cold chain stores among te district @Rs.2585 appoxper cold chain stores for minor repairs.	50000	50000	50000	50000	200000
5		Focus on Slum & underserved areas in urban	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 slum =10000	113400	113400	113400	113400

6	areas:	Alternate Vaccinators honorarium (details in separate sheet)	67550	67550	67550	67550	270200
7	Alternative Vaccine delivery in hard to reach areas	Alternate Vaccine delivery in hard to reach areas in 2248 session per month @Rs. 100 per session	18900	18900	18900	18900	75600
8		Alternative Vaccine Delivery in other areas @Rs. 50per session for session - 371 ANMs for 104 days	477700	477700	477700	477700	1910800
9	Computer Assistants support	Computer Assistants support for District level @Rs. 8000 per person per month for one computer assistant in each 38 days	24000	24000	24000	24000	96000
10	Review Meetings	Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO and other state holder @Rs. 100 per participants for 5 participants per 7 PHCs	3500	3500	3500	3500	14000
11		Quarterly review meetings exclusive for RI at Block level @Rs. 50 per as honorarium for ASHAs and Rs. 25 per persons for meeting expenses for 1412 ASHAs	90300	90300	90300	90300	361200
12	Trainings	Three days training of Mos on RI in a group of 30 person per batch.	0	0	0	0	0
13		One day cold chain handlers training for block level cold chain handlers by state and district cold chain officers in 1 batchs for 8 cold chain handlers.	10400	0	0	0	10400
14	Microplaning	One day training of block level data handlers by DIOs and District cold chain officer	8450	0	0	0	8450
15		To develop microplan at sub-centre level @Rs. 100/- per sub-centre	19100	19100	0	0	38200
16		For consolidation of microplans at block level @Rs. 1000 per block/PHC(7) and at district level @Rs. 2000 per district for district	0	9000	0	0	9000
17	PoL for Vaccine delivery	PoL for Vaccine delivery from state to district and from district to PHC/CHCs @Rs. 100000 per district for district	25000	25000	25000	25000	100000
18	Consumables	Consumables for computer including provision for internet access for RIMs Rs. 400 per month per district for district	1200	1200	1200	1200	4800
19	Injection Safety	Twin bucket @ Rs. 400 per PHC/CHC per year for 7 PHCs	2800	0	0	0	2800
		Red/Black plastic bags etc. @Rs. 2 per session	18336	0	0	0	18336
20		Bleach/Hypochlorite solution@Rs. 500 per PHC/CHC per year for 7 PHC	3500	0	0	0	3500
21	Printing	RI printing material	150000	0	150000	0	300000
<b>Total</b>			<b>1126636</b>	<b>929650</b>	<b>1064050</b>	<b>901550</b>	<b>4021886</b>
<b>25% increased budget</b>							<b>1005472</b>
<b>Grand Total</b>							<b>5027358</b>

# District Health Society, Khagaria

## Budget Break up of NRHM - C(PP) for FY(2010-11)

Total Team: H-t-Teams-6065, Transit Team-2145 Mobile Team-580, Mela Teams-162

S.N	Head	Sub Head	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	Puls Polio 2010-11	Per Diem to Vccinators @Rs. 75 per day per Vaccinators for actual working day	2012400	2012400	2012400	2012400	8049600
2		Per Diem to Supervisors@Rs. 75 per day per Supervisors for actual working day	289125	289125	289125	289125	1156500
3		Per Diem to cold chain Handler per sub-depot 1, @Rs. 75 per day for actual working day	59625	59625	59625	59625	238500
4		4 Vehicles per district HQ and 1 vehicles per sub-depot for 5 days @Rs. 650 per vehicle per day (hiring with POL)	585000	585000	585000	585000	2340000
5		4 Ice Packs per vaccination team/ Suupervisor & 20 Ice Packs per sub-Depot/Depot per day @Rs. 3 per Ice pack for 5 days & Rs. 3000/for HQ	261180	261180	261180	261180	1044720
6		Mobility support to supervisors @Rs. 100 per day per Supervisor for actual working day	385500	385500	385500	385500	1542000
7		Supplies & Logistics @Rs. 25 per team & per supervisor for the whole activity period	85950	85950	85950	85950	343800
8		IEC & Social Mobilization @Rs. 350/ per 40 H-t-H Teams for 1 Days	16800	16800	16800	16800	67200
9		Contingency fopr Xerox, Stationary etc. For District HQ Rs. 3000/- & for each PHC @Rs. 1750/- per area for the whole activity period	51000	51000	51000	51000	204000
10		Per Diem to Vaccine Cold chain handler at Dist. HQ 5 person & at PHC 3 person(including 1 depot holder) @Rs. 50 per person per day for 5 days	32625	32625	32625	32625	130500
11		Support to WIC for maintenance, vaccine transport from PHI Patna & payment of per diem to 2 vaccine handler @ Rs. 50 per day for 7 days	0	0	0	0	0
12		Support to districts @ Rs. 2000 per dist. & @ Rs 1000 per PHC for lifiting vaccine from WIC/ District	30000	30000	30000	30000	120000
13		Special Budget during Flood	0	0	500000	0	500000
14	<b>Total Amount for A-Team</b>		<b>3809205</b>	<b>3809205</b>	<b>4309205</b>	<b>3809205</b>	<b>15736820</b>
15	Total B-Team Activity (In Rs.)		549468	549468	549468	549468	2197872
16	<b>Grand Total Amount (A-Team +B-Team)</b>		<b>4358673</b>	<b>4358673</b>	<b>4858673</b>	<b>4358673</b>	<b>17934692</b>

District Health Society, Khagaria  
**Budget Break up of Blindness (NRHM - D)**

SN	Head	Sub Head Name	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	Blindness	For Cataract Operation & School Eye screening programme	200000	200000	200000	200000	800000
		Recurring GIA For Eye Donation	0	0	0	0	0
		Vision Centre	0	50000	0	0	50000
		Non-Recurring GIA For Eye Donation Centre	0	0	0	0	0
		Monitoring & Supervision of the program	60000	60000	60000	60000	240000
		<b>Sub Total</b>	<b>260000</b>	<b>310000</b>	<b>260000</b>	<b>260000</b>	<b>1090000</b>
<b>25% Increased</b>						<b>272500</b>	
<b>Sub Grand Total</b>						<b>1362500</b>	

District Health Society, Khagaria

**Budget Break up of IDD (NRHM - D)**

SN	Head	Sub Head Name	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	IDD	National Iodine Deficiency Disorder Control Programme	250000	250000	250000	250000	1000000



District Health Society, Khagaria

**Budget Break up of IDSP (NRHM - D)**

SN	Head	Sub Head Name	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	<b>IDSP</b>	IDSP	250000	250000	250000	250000	1000000

**District Health Society, Khagaria**  
**Budget Break up of Leprosy (NRHM - D)**

SN	Head	Sub Head Name	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	Leprosy	Driver's Remuneration @Rs. 4500/- per month	13500	13500	13500	13500	54000
		Performance based incentive to ASHA @Rs.300/ for new PB case & Rs. 500/ for new MB case (3000/ Block)	5250	5250	5250	5250	21000
		Sensitization of ASHA (half day) @ Rs. 1800/- per batch of 40 participants	10800	0	0	0	10800
		Office expences for rent, telephone, electricity, P & T charges, Miscellaneous (includes Rs.500/- per month Honararium for account works) @ Rs. 18000/- per district per year	4500	4500	4500	4500	18000
		Consumables : stationary etc, @Rs. 14000/- per year	3500	3500	3500	3500	14000
		Two days modular training of new entrant Mos @ Rs.16700/- per batch for 49 batches	8350	8350	0	0	16700
		One day reorientation training of Mos @ Rs.8000/- per batch	4000	4000	0	0	8000
		Two days training of Urban t Mos	0	0	0	0	0
		one day training of Health Supervisors @ Rs.6500/- per batch	6500	0	0	0	6500
		School quiz @ Rs.500/- per quiz(10 quiz per Blocks)	8750	8750	8750	8750	35000
		Health Melas/ Fairs @ 4000/- per Mela (one health mela/ district)	0	4000	0	0	4000
		Sensitization meetings with PRI members @ Rs. 4000/- per meeting at block level	7000	7000	7000	7000	28000
		POL/Vehicle operation, Hiring & maintenance	18750	18750	18750	18750	75000
		Aids & appliances @ Rs.12500/- per district	3125	3125	3125	3125	12500
		Reconstructive Surgery (RCS)	0	0	0	0	0
		Supportive medicines @ Rs. 25000/- per year	6250	6250	6250	6250	25000
		Laboratory reagents & equipments @ Rs. 12000/- per year	3000	3000	3000	3000	12000
		Townships @ Rs. 51000/- per town & Medium city @ Rs. 100000/- per Medium city	0	0	0	0	0
		Monitoring & Supervision of the program	60000	60000	60000	60000	240000
		<b>Total</b>			<b>163275</b>	<b>149975</b>	<b>133625</b>
			<b>25% Increased</b>				<b>145125</b>
			<b>Sub Grand Total</b>				<b>725625</b>

District Health Society, Khagaria

**Budget Break up of Kala-Zar (NRHM - D)**

SN	Head	Sub Head Name	Quarter				Total Budget
			Q1	Q2	Q3	Q4	
1	KALA-ZAR	KALA-ZAR	707270	1003226	1003226	707270	3420992

District Health Society, Khagaria  
**Budget Break up of Malaria (NRHM - D)**

SN	Head	Sub Head Name	Quarter				Total Budget Allocation
			Q1	Q2	Q3	Q4	
1	<b>Malaria</b>	IEC District & State Level	15000	0	0	0	15000

## District Health Society, Khagaria

### Budget Break up of Filaria (NRHM - D)

SN	Head	Sub Head Code	Sub Head Name	Quarter				Total Budget
				Q1	Q2	Q3	Q4	
1	Filaria	2/39/08	Dist. & Coordination meeting (2 meeting in district)	7500	0	7500	0	15000
		2/39/09	IEC (For dist. HQ)	35000				35000
		2/39/10	Training for MO	55000				55000
		2/39/11	Training for Para Medical staff	40000				40000
		2/39/12	Line Listing	30000				30000
		2/39/13	Night Blood Survey	16698				16698
		2/39/14	POL	20000				20000
		2/39/06	Training of Drug Distributor in Dist. (@ Rs. 92 Each)	184000				184000
		2/39/07	Honararium of Drug Dist. (@ Rs 92 Each)	507840				507840
		2/39/08	Training of Supervisor	0				0
		2/39/09	Honararium of Supervision in Dist. @ Rs. 113/- Each	62376				62376
		<b>Grand Total</b>				<b>965914</b>		

## District Health Society, Khagaria

### Budget Break up of RNTCP (NRHM - D)

SN	Head	Sub Head Code	Sub Head Name	Quarter				Total Budget
				Q1	Q2	Q3	Q4	
8	TB	TB-1	Civil Work	50000	50000	0	0	100000
		TB-2	Lab. Cons	55000	55000	55000	55000	220000
		TB-3	Cont. Serv	556685	556685	556685	556685	2226740
		TB-4	V. Maint	25000	25000	25000	25000	100000
		TB-5	Equip. Maint.	17500	17500	17500	17500	70000
		TB-6	IEC	31250	31250	31250	31250	125000
		TB-7	Training	37500	37500	37500	37500	150000
		TB-8	V. Haring	132562	132563	132562	132563	530250
		TB-9	Medical Colleges	0	0	0	0	0
		TB-10	Research & Studies	0	0	0	0	0
		TB-11	Procurement of Vehicles	0	0	0	0	0
		TB-12	Procurement of Equipments	0	0	0	0	0
		TB-13	Printing	12500	12500	12500	12500	50000
		TB-14	Honorarium	25000	25000	25000	25000	100000
		TB-15	NGO/Private practitioners	0	0	0	0	0
		TB-16	Misc.	62500	62500	62500	62500	250000
			<b>Sub Total</b>	<b>1005497</b>				<b>3921990</b>
			<b>25% Increased</b>				<b>980497.5</b>	
			<b>Grand Total</b>				<b>4902488</b>	

Thanks