

District Health Action Plan

2010-2011



Bagmati River Bridge (Dubba Pool), Sheohar

District Health Society, Sheohar

Sub. Divisional Hospital Campus, Sheohar (Bihar)

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Foreword

Districts vary widely in needs and even more widely in possibilities for intervention. Thus, in one district there may be a problem of poor infrastructure whereas in another district shortages of man power other resources. In one district there may be a problem of drug resistance in malaria control programme, where as in another district the need may be to integrate malaria control with filarial control. Thus strategies have to be district specific not only because health needs vary, but because perceptions at people and capacities to conduct programmes also vary.

In a plan which is centrally made and driven, there is little room for such adaptation. District level planning is a necessary component of any effort at decentralization.

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system.

This District Health Action Plan (DHAP) is one of the key instruments to achieve NRHM goals. This plan is based on health needs of the district.

After a thorough situation 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.

The goals of the Mission are to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

I hope this District Health Action Plan will help in achieving the goals of National Rural Health Mission (NRHM). It will enable health care personnel to serve people smoothly. DHAP seeks to achieve pooling of financial and human resources allotted through various central and state programmes by bringing in a convergent and comprehensive action plan at the district level. DHAP and its subsequent implementation would inspire and give new momentum to the health services in the District of Sheohar.

**Suresh Prasad Singh, IAS
(DM, Sheohar)**

About the Profile

Keeping in mind the goals of National Rural Health Mission (NRHM), this District Health Action Plan of Sheohar district has been prepared. From this, 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 state level consultants, DPM, DAM, Distt. M & E Officer, MOICs, Block Health Managers, ANMs from their excellent effort.

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

Prasant Kumar
DPM
Sheohar

Dr. Pramanand Dutta
Civil Surgeon
Sheohar

Chapter-1

Introduction

1.1 Background

District Health Action Plans are not a new idea. However they have currently assumed a new centrality and urgency in the context of NRHM.

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
- Population stabilization

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 principal instrument for planning, implementation and monitoring, formulated through a participatory and bottom 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 Society.*
- ❑ *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*
- ❑ *Support Organisation – PHRN and NHSRC*

Besides above referred groups, this document will also be found useful by 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-sectoral 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 Sheohar district. In addition, a number of field visits and focal group discussions, interviews with senior officials, Facility Survey were also conducted. All the draft recommendations on workforce management and rationalization of services were then discussed with employees and their associations, the officers of the state, district and block level, the medical profession and professional bodies and civil society. Based on these discussions the study group clarified and revised its recommendation and final report was finalized.

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

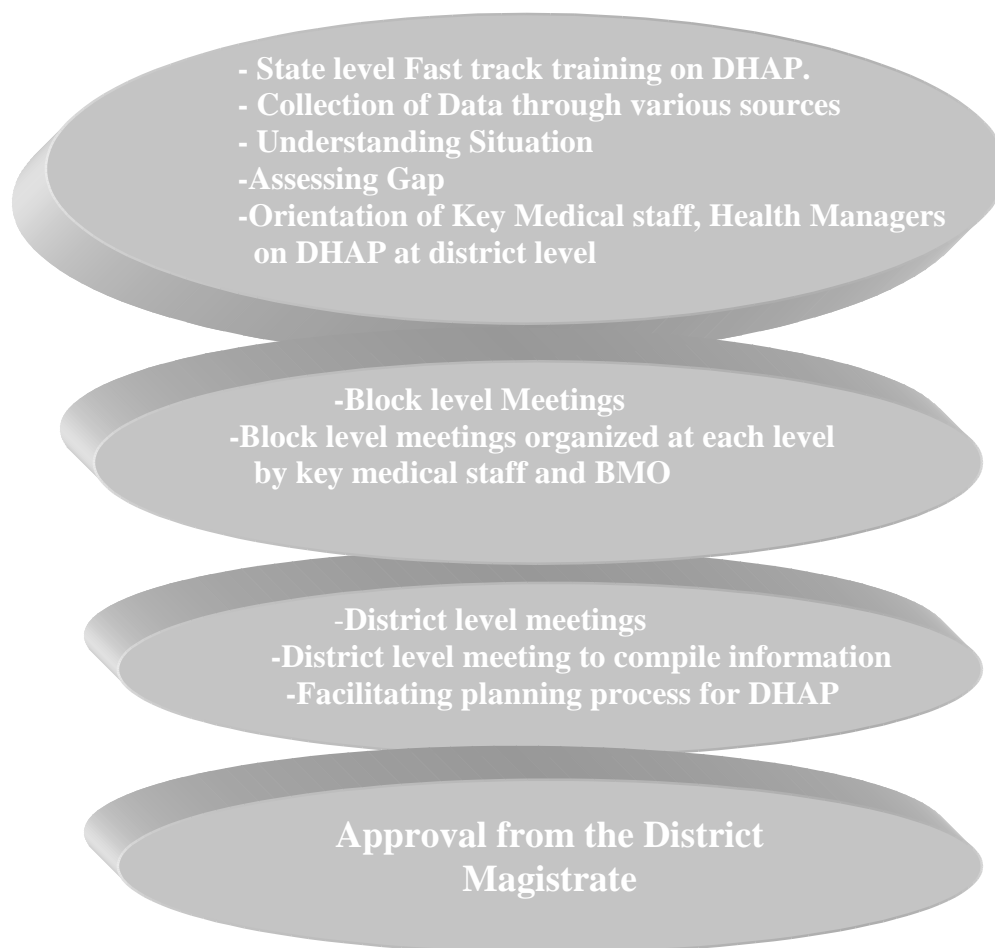
This Integrated Health Action Plan document of Sheohar district has been prepared on the said context.

1.4 Preparation of DHAP

The Plan has been prepared as a joint effort under the guidance of Civil Surgeon, all incharge programme officers as well as the MOICs, Block Health Managers, ANMs, as a result of a participatory processes as detailed below. After completion the DHAP, a meeting is organized by Civil Surgeon with all MOIC of the block and all programme officer. Then discussed and displayed prepared DHAP. At last it has been approved by the chairman of the District Health Society. 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 pubic/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

2.1 History

Sheohar is an administrative [district](#) in the state of [Bihar](#) in [India](#). The district headquarters are located at [Sheohar](#), and the district is a part of [Tirhut Division](#). This district was carved out of Sitamarhi district on October 6, 1994. The district occupies an [area](#) of 443 km² and has a [population](#) of 515961 (as of 2001). This district has mixed population of Hindus and Muslims. Agriculture is the main stay. It is one of the most flood affected district in Bihar. Dekuli is a holy place popular for ancient temple of lord shiva.

Sheohar is around 150 km in the north and east from Patna, the capital of Bihar. The buses to Sheohar passes through Muzaffarpur. It is 55 km from Muzaffarpur. Sheohar is connected to the adjoining districts(East Champaran headquartered at Motihari, Muzaffarpur, Sitamarhi) by road. Sitamarhi lies to the east of Sheohar. To the west is East Champaran. And to the south-east is Muzaffarpur. There are no railways connecting these districts. The main occupation of the people of this district is agriculture. All types of crops are produced. Varieties of rice, wheat, and a number of *rabbi* crops are produced.

2.2 Geographical Location

Sheohar is located at coor 26.52N, 85.3E. It has an average elevation of 53 [metres](#) (173 [feet](#)). It is divided into five blocks-Piprahi, Purnahiya, Sheohar, Taryani and Dumri Katsari. It was carved out of the district of Sitamarhi in the year 1994 due to the efforts of Raghunath Jha, a popular leader of this region.



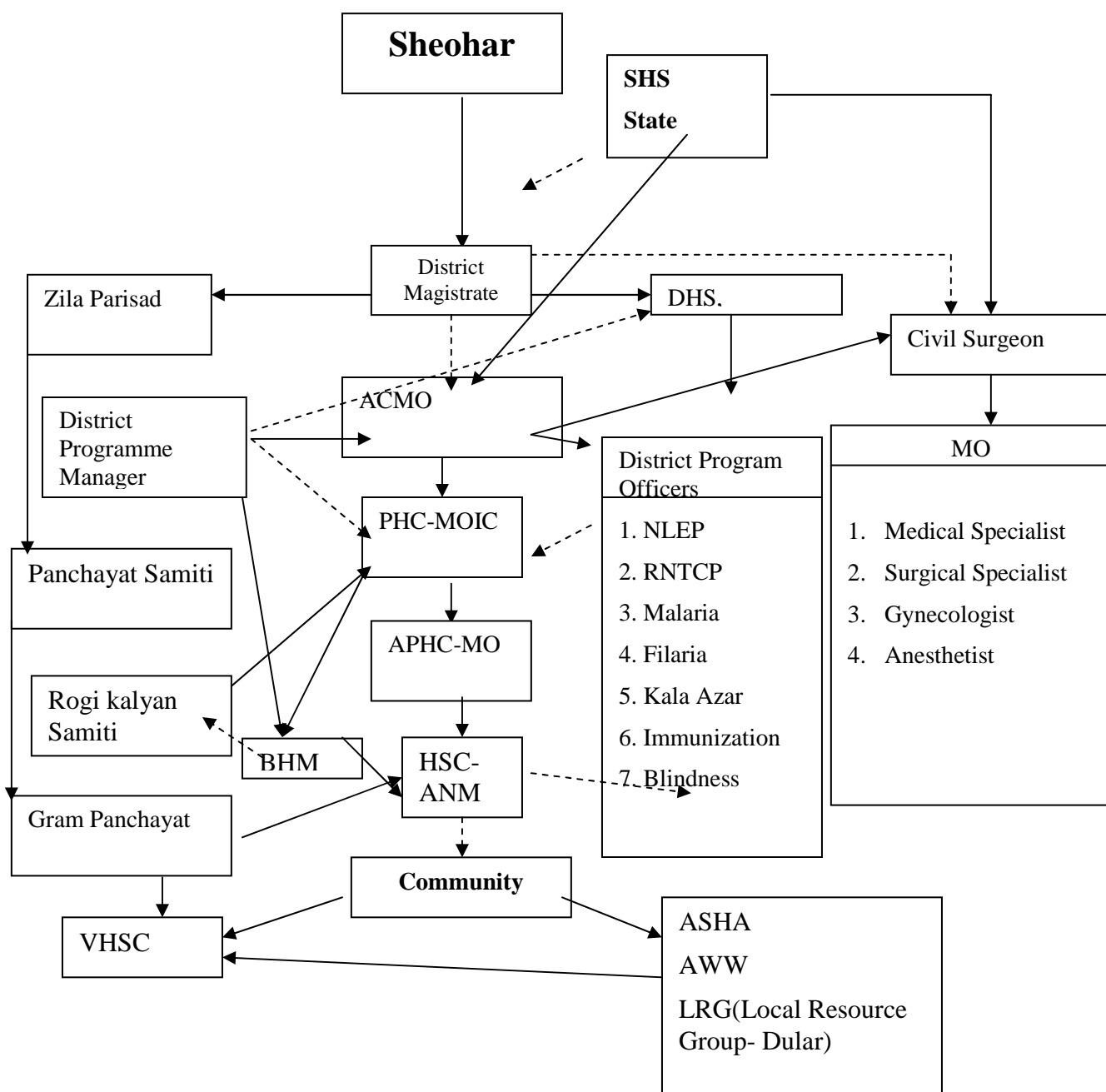
2.3 Demographics

As of 2001 India [census](#), Sheohar has a population of 515961. Males constitute 53% of the population and females 47%. Sheohar has an average literacy rate of 35%, lower than the national average of 59.5%: male literacy is 44%, and female literacy is 25%. In Sheohar, 20% of the population is under 6 years of age.

Govt's Administrative Set-up

There are only one division and 5 Blocks in the District. The District has 207 revenue villages and 53 Gram panchayats, Nagar Nikay 1 and 5 Police Station.

District Health Administrative Setup



2.4. ADMINISTRATIVE UNITS AND TOWNS IN SHEOHAR DISTRICT

PHC	Community Development Blocks	Towns	Assembly Segments
Sheohar	Sheohar	Sheohar	Sheohar
Piprahi	Piprahi		Sheohar
Purnahia	Purnahia		Sheohar
Dumri Katsari	Dumri Katsari		Sheohar
Tariyani	Tariyani		Belsand

Lok Sabha (Parliamentary) – Sheohar

2.5 SHEOHAR – POPULATION AT A GLANCE (2001 Census)

BLOCK NAME	TRU	TOT_P	TOT_M	TOT_F	P_SC	M_SC	F_SC	P_ST	M_ST	F_ST
Sheohar Distt.	Total	515961	273680	242281	74391	39405	34986	64	35	29
Sheohar	Rural	494699	262363	232336	71132	37703	33429	55	27	28
Sheohar	Urban	21262	11317	9945	3259	1702	1557	9	8	1
Purnahiya	Total	71722	38209	33513	11361	6048	5313	8	2	6
Purnahiya	Rural	71722	38209	33513	11361	6048	5313	8	2	6
Purnahiya	Urban	0	0	0	0	0	0	0	0	0
Piprarhi	Total	95441	50325	45116	12357	6478	5879	3	1	2
Piprarhi	Rural	95441	50325	45116	12357	6478	5879	3	1	2
Piprarhi	Urban	0	0	0	0	0	0	0	0	0
Sheohar	Total	122340	65039	57301	18992	10106	8886	17	13	4
Sheohar	Rural	101078	53722	47356	15733	8404	7329	8	5	3
Sheohar	Urban	21262	11317	9945	3259	1702	1557	9	8	1
Dumri Katsari	Total	71405	37837	33568	9399	4980	4419	18	10	8
Dumri Katsari	Rural	71405	37837	33568	9399	4980	4419	18	10	8
Dumri Katsari	Urban	0	0	0	0	0	0	0	0	0
Tariyani Chowk	Total	155053	82270	72783	22282	11793	10489	18	9	9
Tariyani Chowk	Rural	155053	82270	72783	22282	11793	10489	18	9	9
Tariyani Chowk	Urban	0	0	0	0	0	0	0	0	0

2.6 COMPARATIVE POPULATION DATA(2001 Census)

Basic Data	India	Bihar	Sheohar
Population	1027015247	82878796	515961
Socio- Economic			
Sex- Ratio	933	921	885
Literacy % Total	65.38	47.53	35.27
Male	75.85	60.32	45.28
Female	54.16	33.57	23.86

LITERACY RATE		
TOTAL	:-	35.27%
MALES	:-	45.28%
FEMALES	:-	23.86%

2.7 DISTRICT PROFILE

Sl. No.	Variable	Data
1	Total Areas	443 sq. km.
2	Total No. of blocks	5
3	Total no. of Gram Panchayats	53
4	No. of Villages	207
5	No. of PHCs	5
6	No. of APHCs	17 (including 10 New)
7	No. of HSCs	103 (including 69 New)
8	No. of Sub divisional hospitals	1
9	No. of referral hospitals	1
10	No. of Doctors	40 (including contractual)
11	No. of ANMs	59 (including contractual)
12	No. of Grade A Nurse	28 (including contractual)
13	Total Population (As per census 2001)	515961
14	No. of Male Population (As per census 2001)	273680
15	Female Population (As per census 2001)	242281
16	Sex Ratio	896
17	SC Population	74391
18	ST Population	0
19	BPL %	31.2%
20	No. of primary schools	228
21	No. of Anganwadi centers	513
22	No. of Anaganwadi workers	493
23	No. of ASHA	495
24	No. of electrified villages	43
25	No. of villages having access to safe drinking water	189
26	No. of villages having motorable roads	68

Population : (census 2001)

2.8 Health Facilities in the District

Health Sub Centers

Sl. No.	Block Name	Population	Sub Centre required	Sub Centre present	Sub Centre proposed*	Further sub centre required	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	Sheohar	122340	24	10	14	-	6	4	N
2	Piprahi	95441	19	6	13	-	4	2	N
3	Dumri Katsari	71405	14	4	10	-	4	0	Y
4	Purnahia	71722	14	5	9	-	1	4	N
5	Tariyani	155053	32	9	23	-	7	2	N
	Total		103	34	69	-	22	12	

Additional Primary Health Centers (APHCs)

Sl. No.	Block Name	APHC required (after including PHCs)	APHCs present	APHCs proposed	APHCs required	Status of building		Availability of Land
						Own	Rented/ Other arrangement	
1	Sheohar	4	4	0	0	1	3	N
2	Piprahi	3	3	0	0	1	2	N
3	Dumri Katsari	3	3	0	0	1	2	N
4	Purnahia	2	2	0	0	1	1	N
5	Tariyani	5	5	0	0	2	3	N

* Newly Sanctioned no own building, working in private house. Land available only for 1 APHC of Piprahi block and for 1 APHC for Dumri Katsari Block.

Primary Health Centers / Referral Hospital / Sub-divisional Hospital / District Hospital

Sl. No.	Block Name	Population (Census 2001)	PHCs / Referral / SDH/ DH Present	PHCs required (After including referral / DH/ SDH)	PHCs proposed
1	Sheohar	122340	1	0	0
2	Piprahi	95441	1	0	0
3	Dumri Katsari	71405	1	0	0
4	Purnahia	71722	1	0	0
5	Tariyani	155053	1	0	0

Note : 1 Sheohar PHC is situated in the same campus of sub divisional hospital, PHC Piprahi running in its own building. PHC Building for Tariyani, Purnahia and Dumri Katsari is to be constructed. 30 bedded sub divisional hospital is running. District hospital is under construction. Referral Hospitals are not in working condition. PHC Purnahia working in Ayurvedic Hospital and PHC Dumri Katsari working in other govt. building and Tariyani in APHC Building

2.9 Human Resources and Infrastructure

Sub-centre database

Block : Piprahi

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/+++/+/#)	Status of furnitures	Status of Untied fund
1	Kamrauli	1	1		#	NA	NA	N	#	NA	Yes
2	Singahi	1	1	Govt.	+	NA	NA	N	#	NA	Yes
3	Mahuawa	1	1	Govt.	+	NA	NA	N	#	NA	Yes
4	Amba	1	1		#	NA	NA	N	#	NA	Yes
5	Bairya	0	2		#	NA	NA	N	#	NA	Yes
6	Kuama	1	1	Govt.	+	NA	NA	N	#	NA	Yes

Block : Purnahia

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/+++/+/#)	Status of furnitures	Status of Untied fund
1	Barahi Jagdish	0	2		#	NA	NA	N	#	NA	Yes
2	Bedaul Ajam	0	2		#	NA	NA	N	#	NA	Yes
3	Chandiha	0	2		#	NA	NA	N	#	NA	Yes
4	Basant Jagjivan	0	2		#	NA	NA	N	#	NA	Yes
5	Parsauni Gope	1	1	Govt.	+	NA	NA	N	#	NA	Yes

Block : Sheohar

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted in position	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/+++/+/#)	Status of furnitures	Status of Untied fund
1	Chamanpur	1	R	Rent	#	NA	NA	N	#	#	NA
2	Bisahia	1	R	Govt.	++	NA	NA	NA	N	#	NA
3	Sugia	1	R	Govt.	++	NA	NA	NA	N	#	NA
4	Tajpur	1	R	Govt.	++	NA	NA	NA	N	#	NA
5	Fatehpur	1	R	Govt.	++	NA	NA	NA	N	#	NA
6	Harnahi	1	R	RENT	#	NA	NA	NA	N	#	NA
7	Pavitra Nagar		0	Govt	++	NA	NA	NA	N	#	NA
8	Fatmachak	1	R	RENT	#	NA	NA	NA	N	#	NA
9	Madhopur Anant	1	R	Govt.	++	NA	NA	NA	N	#	NA
10	Sahpur	1	R	Govt.	++	NA	NA	NA	N	#	NA

Block : Dumri Katsari

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ +/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/+++/+/#)	Status of furnitures	Status of Untied fund
1	Danhara	1	1	Govt.	+	NA	NA	N	#	NA	Yes
2	Bhenteha	1	1	Govt.	+	NA	NA	N	#	NA	Yes
3	Jahangirpur	1	1	Govt.	+	NA	NA	N	#	NA	Yes
4	Gajipur		2		#	NA	NA	N	#	NA	Yes

Block : Tariyani

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/+++/+/#)	Status of furnitures	Status of Untied fund
1	Sumhauti	1	1	Govt.	+	NA	NA	N	#	NA	Yes
2	Vrindavan	1	1	Govt.	+	NA	NA	N	#	NA	Yes
3	Aura	1	1	Govt.	+	NA	NA	N	#	NA	Yes
4	Belahia Sultanpur		2		#	NA	NA	N	#	NA	Yes
5	Dumma Hirauta	1	1	Govt.	+	NA	NA	N	#	NA	Yes
6	Fetehpur	1	1	Govt.	+	NA	NA	N	#	NA	Yes
7	Chatauni	1	1	Govt.	+	NA	NA	N	#	NA	Yes
8	Tariyani Chapra	1	1	Govt.	+	NA	NA	N	#	NA	Yes
9	Athkoni	1	1	Govt.	+	NA	NA	N	#	NA	Yes

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned;
 Good condition +++/ Needs major repairs++/Needs minor repairs-less than Rs10,000-+/ needs new building-#;
 Water Supply: Available –A/Not available –NA, Intermittently available-I

Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Building owner ship (Govt/ Pri/ Rent)	Building condition (++)+/+ +/#)	Assured running water supply (A/ NA/ I)	Continuous power supply (A/ NA/ I)	Toilets (+++/+ +/#)	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	Adauri	Gov.	+	NA	NA	+	#	2	6	++	Y	NA	NA
2	Dhankaul	Gov.	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
3	Kushar	Gov.	++	NA	NA	++	#	2	NA	#	N	NA	NA
4	Ganga Dharampur	Gov.	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
5	Narwara	Gov.	+	NA	NA	++	#	2	NA	#	N	NA	Y
6	Ramvan	Rent	++	NA	NA	++	#	2	NA	#	N	NA	NA
7	Lalgarh	Gov.	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8	Bisahi	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
9	Sugia Katsari Jagir	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
10	Tajpur	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
11	Jehangirpur	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
12	Kuanwan	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
13	Kamrauli	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
14	Chatauna	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
15	Hirauta Dumma	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
16	Salempur	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
17	Ladaura	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Note : APHC Dhankaul, Ganga Dharampur and Lalgarh working in Health Sub Centre Building.

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less than Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

3. Situation Analysis: APHC level Infrastructure

The gaps in the availability of PHC are calculated as per the IPHS norms of one PHC at the level of 30,000 population. However in Bihar, the current state practice is of one PHC at one lakh population level. Since APHC function at the level of 30,000 population at present in Bihar, number of present and proposed APHCs is taken into account for the purpose of calculating the overall requirement of PHCs.

The matrix also estimates requirement of CHC in each block. Like sub centres, district has also proposed APHCs.

Additional Primary Health Centre (APHC) Database: Human Resources

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/Peons /Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	Adauri	2	1	2	1	1	0	1	0	2	0	0	0
2	Dhankaul	2	1	2	1	1	0	1	0	2	1	0	0
3	Kushar	2	1	2	1	1	0	1	0	2	1	0	0
4	Ganga Dharampur	2	0	2	1	1	0	1	0	2	0	0	0
5	Narwara	2	2	2	1	1	0	1	0	2	0	0	0
6	Ramvan	2	1	2	1	1	0	1	0	2	0	0	0
7	Lalgarh	2	1	2	1	1	0	1	0	2	0	0	0
8	Bisahi	2	0	2	0	1	0	1	0	2	0	0	0
9	Sugia Katsari Jagir	2	0	2	0	1	0	1	0	2	2	0	0
10	Tajpur	2	0	2	0	1	0	1	0	2	0	0	0
11	Jehangirpur	2	0	2	0	1	0	1	0	2	2	0	0
12	Kuanwan	2	0	2	0	1	0	1	0	2	0	0	0
13	Kamrauli	2	0	2	0	1	0	1	0	2	2	0	0
14	Chatauna	2	0	2	0	1	0	1	0	2	1	0	0
15	Hirauta Dumma	2	0	2	0	1	0	1	0	2	1	0	0
16	Salempur	2	0	2	0	1	0	1	0	2	2	0	0
17	Ladaura	2	0	2	0	1	0	1	0	2	1	0	0

Note : For all newly APHC doctors are deputed from other PHCs/APHCs

Sub Div. Hospital & Primary Health Centres : Infrastructure

No	Name of PHC / Sub divi. Hospital	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/ ++/ #)	Assured running water supply (A/ NA/ I)	Continuous power supply (A/ NA/ I)	Toilets (A/ NA/ I)	Functional Labour room (A/ NA)	Condition of labour room (+++/ ++/ #)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of ward (+++/ ++/ #)	Condition of OT (+++/ ++/ #)
1	Sub. Div. hospital, Sheohar	Govt .	+++	A	A	A	A	+++	8	30	A	++	+++
2	PHC Sheohar	Govt .	+	A	A	A	NA	#	2	0	NA	#	#
3	PHC, Piprahi	Govt .	++	A	A	A	A	++	4	6	A	++	+++
4	PHC Purnahia	-	-	-	-	-	-	-	-	-	-	-	-
5	PHC Tariyani	-	-	-	-	-	-	-	-	-	-	-	-
6	PHC Dumri	-	-	-	-	-	-	-	-	-	-	-	-

Note : PHC Purnahia, Tariyan and Dumri Katsari dos not have own building.

Good condition +++/ Needs major repairs++/Needs minor repairs-less that Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

Sub Div. Hospital & Primary Health Centres : Human Resources

Sl	Name of PHC & Sub. Divi. Hospital	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	Sub. Divi. Hosp., Sheohar	14	5	0	0	1	1	2/1	0/1	4	2	0	0	0
2	PHC Sheohar	2	2	3	2	1	0	1	0	0	0	4	3	0
3	PHC Piprahi	3	3	4	2	1	0	1	0	0	0	4	4	0
4	PHC Purnahia	4	2	4	0	1	0	1	0	0	0	4	1	0
5	PHC Tariyani	3	1	4	2	1	0	1	0	0	0	4	2	0
6	PHC Dumri	4	3	4	0	1	0	1	0	0	0	4	0	0

Note : Sanction of specialist post for PHC on contract basis. * For doctors 4 specialist posts are sanctioned in each PHC on contract basis but due to unavailability of specialist doctors general MBBS doctors are appointed in those places.

Referral Hospital/CHC : Infrastructure

No	Name of Referral Hospital	Building ownership (Govt/ Pan/ Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	Referral Hospital Tariyani Chapra	Govt	#	NA	NA	NA	NA	#	-	-	NA	#	#

Note : Referral hospital Tariyani chapra building condition is not good.

A ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan -Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less than Rs10,000-+/ needs new building-#; Water Supply: Available -A/Not available -NA, Intermittently available-I

Referral Hospital : Human Resources

	No. of /Referral/ CHC	Doctors		ANM		Laborator y Technicia n		Pharmacist/ Dresser		Nurses		Specialis ts		Sto rek eep er
		Sanct ion	In Posi tion	Sanc tion	In Positi on	Sancti on	In Posi tion	Sanc tion	In Positio n	Sanc tion	In Posi tion	Sanctio n	In Po sition	
1	1	4	3	0	0	1	0	1	0	4	0	0	0	0

Note : Out of 4 doctors of Referral hospital 2 working in PHC Tariyani and 1 deputed in High Court, Patna.

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 (+++/++/#)
Under construction													

ANM(R)- Regular/ ANM(C)- Contractual; Govt- Gov/ Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less than Rs10,000-+/ needs new building-#; Water Supply: Available –A/Not available –NA, Intermittently available-I

2.10. Equipment

No.	Name of facility	Equipment required
3	Immunization	Vaccine Van
4	Puls Polio	Vaccision Career etc.
5	Filareia	Vehicles etc.

2.11. ROGI KALYAN SAMITI

No.	Name of the Facility	Funds Received
1	Sub. Divi. Hospital, Sheohar	500000
2	PHC Piprahi	100000
3	PHC Purnahia	100000
4	PHC Sheohar	100000
5	PHC Tariyani (Narwara)	100000
6	PHC Dumri Katsari	100000

2.12 SUPPORT SYSTEM

No.	Facility name	Services available							
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA			Canteen	Housekeeping
		O/I/NA	O/I/NA	O/I/NA	Pathology	Malaria/ kala-azar	T B	O/I/ NA	
1	PHC LEVEL	O	O	O	O	NA	I	NA	O
2	Sub. Divi. Hospital	I	O	O	I	NA	I	NA	O

O : Outsource, I – In source, NA : Not Available

2.13 HEALTH SERVICES

Name of the District:			
No.	Service	Indicator	District Data
1	<i>Child Immunization</i>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	84%
		% of immunization sessions held against planned	100%
2	<i>Child Health</i>	Total number of live births	3099
		Total number of still births	45
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	52%
		Total number of neonatal deaths (within 1 month of birth)	-
		Total number of infant deaths (within 1-12 months)	-
		Total number of child deaths (within 1-5 yrs)	-
		Number of diarrhea cases reported within the year	44
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	-
		% of ARI cases treated	-
		Number of children with Grade 3 and Grade 4 under nutrition who received a medical checkup	-
		Number of children with Grade 3 and Grade 4 under nutrition who were admitted	-
		Number of undernourished children	-
% of children below 5 yrs who received 5 doses of Vit A solution	18%		
3	<i>Maternal Care</i>	Number of pregnant women registered for ANC	3845
		% of pregnant women registered for ANC in the 1 st trimester	25%
		% of pregnant women with 3 ANC check ups	21%
		% of pregnant women with any ANC checkup	68%
		pregnant women with anaemia	2540
		% of pregnant women who received 2 TT injections	35%
		Pregnant women who received 100 IFA tablets	950
		Number of pregnant women registered for JSY	3144
		Number of Institutional deliveries conducted	3144
		Number of home deliveries conducted by SBA	-
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	NA

		Number of deliveries referred due to complications	-
		% of mothers visited by health worker during the first week after delivery	-
4	Reproductive Health	Number of MTPs conducted	-
		Number of RTI/STI cases treated	-
		% of couples provided with barrier contraceptive methods	-
		% of couples provided with permanent methods	-
		% of female sterilisations	66.32%
5	RNTCP	% of TB cases suspected out of total OP	3%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	85
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	474
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	85
		% of patients put on treatment, who drop out of treatment	12%
6	Vector Borne Disease Control Programme	Annual Parasite Incidence	0
		Annual Blood Examination Rate	0
		Plasmodium Falciparum percentage	0
		Slide Positivity Rate	0
		Number of patients receiving treatment for Malaria	0
		Number of patients with Malaria referred	0
		Number of FTDs and DDCs	0
7	National Programme for Control of Blindness	Number of cases detected	400
		Number of cases registered	400
		Number of cases operated	400
		Number of patients enlisted with eye problem	400
		Number of camps organized	10
8	National Leprosy Eradication Programme	Number of cases detected	31
		Number of Cases treated	31
		Number of default cases	0
		Number of case complete treatment	24
		Number of complicated cases	-
		Number of cases referred	-
9	Outpatient services	Outpatient attendance	213412

2.14 Community Participation

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs
1	Sheohar	-	-	-	-	99
2	Piprahi	-	-	-	-	95
3	Dumri Katsari	-	-	-	-	71
4	Purnahia	-	-	-	-	73
5	Tariyani	-	-	-	-	135
	TOTAL	-	-	-	-	473

2.15 Training Activities

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1.	District level	6	4 per batch	NA	NA	Required more training for TOT and block level training to improve the quality of health worker.

2.16 BCC campaigns

No.	Name of Block	BCC campaigns/ activities conducted
1	Sheohar	Community meeting, Mahila Mandal Meeting, I.E.C., etc.
2	Piprahi	Do
3	Dumri Katsari	Do
4	Purnahia	Do
5	Tariyani	Do

2.17. District and Block level Management

S.No	Name of Block	Health Manager Appointed (Y/N)	Accountant appointed (Y/N)	Store keeper appointed (Y/N)
	DISTRICT	DPM-Y	DAM-Y M & E Officer-Y	N
1	Sheohar	Y	In process	N
2	Piprahi	Y		N
3	Dumri Katsari	N		N
4	Purnahia	N		N
5	Tariyani	N		N

AVAILABILITY OF DOCTORS

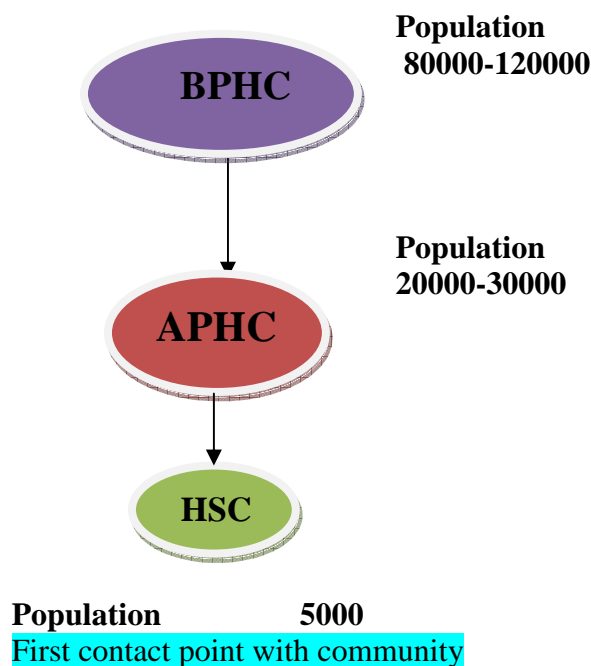
PHC/Referral /SHD/DH Name	Population served	Doctor in position-MBBS (regular and contract)			Specialists in position								Total Doctors (Sum B,D,E,F, G,H)
		Sanctioned (A)	Total - In Position (B)	Lady Doctors in Position©	Ob/Gynaecologists (D)	Anaesthesiologists (E)	Surgeon (F)	Paediatrician (G)	Other specialist (H)	Multiskilled MBBS Dr <small>Trained in</small>	Multiskilled MBBS Dr		
Referral Hospital, Tariyani Chapra		4	3	0	0	0	0	0	0	0	0	0	3
SDH, Sheohar		14	3	1	0	1	0	0	0	0	0	0	5
PHC Sheohar	147936	10	3	0	0	0	0	0	0	0	0	0	3
PHC Dumri Katsari	90512	10	5	1	0	0	0	0	0	0	0	0	6
PHC Piprahi	112793	9	2	2	0	1	0	0	0	0	0	0	5
PHC Purnahia	85712	8	3	0	0	0	0	0	0	0	0	0	3
PHC Tariyani	198404	13	2	1	0	0	0	0	0	0	0	0	3
Total	635357	68	21	5	0	2	0	0	0	0	0	0	28

Chapter 3

Situation Analysis

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

3.1 GAPS IN INFRASTRUCTURE:



Introduction:

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

Infrastructure for HSCs:

IPHS Norms:

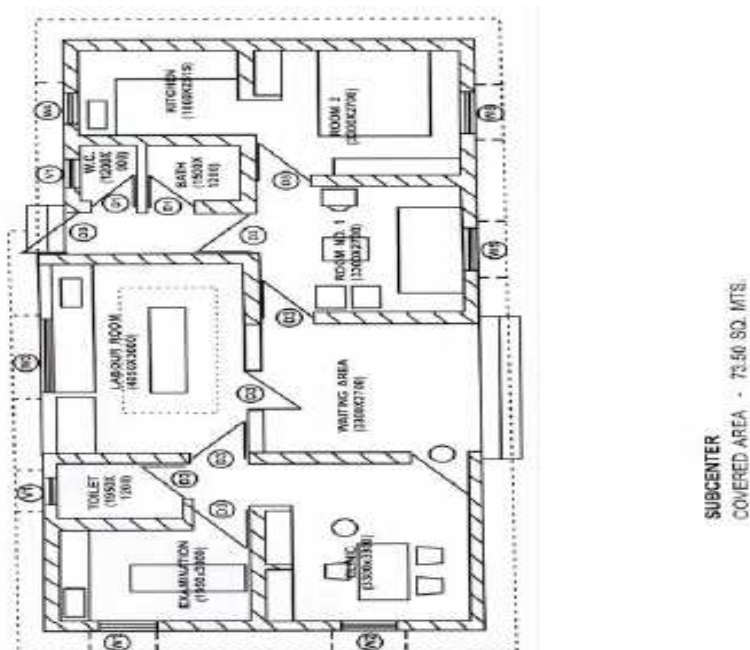
A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

- 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.

3.2 Health Sub Centers: Total population of the district as per 2001 census is 515961. After considering two percent growth rate of the total population it comes around 604985 (Decadal Growth Rate 2.3). After considering projected population in 2008, the district needs altogether 103 HSCs to cater its whole population. At present Sheohar have 34 established Health Sub Centers and 69 more Health sub centers are proposed to be formed. Again, out of 34 established HSCs, only 24 have their own buildings and rest 10 run in rented houses. All these 24 HSCs need renovation work. All the above mentioned HSCs need equipments, drugs, furniture and stationaries.

Health Sub Centers : -- There are 34 HSCs functioning in the district and 69 more are proposed to be established.

Health Sub Centers:				
Indicators	Gaps	Issues	Strategy	Activities
Infrastructure	<ol style="list-style-type: none"> 34 sub centres are sanctioned in the district 69 others newly sanctioned out of 34 sub centre 10 sub centres have not its own building due to unavailability of land. Lack of appropriate furniture Un utilization of untied fund. 	Lack of proper infrastructure, unavailability of land for construction work.	<p>Strengthening of infrastructure.</p> <p>Motivation</p>	<ol style="list-style-type: none"> In 2010-11 five sub centres are planned to be constructed. Construction and renovation of building as per need. Purchase of furnitures and other required materials Proper utilization of untied fund. Proper monitoring of HSC work and construction work. For sub centre Pojhya land is available hence fund is required for same. Besides that in this financial year according to availability of land construction work will be done hence for those places fund also will require.
Human Resources	Lack of ANM & Other staff.	Provision to full fill the vacant position	Staff recruitment, capacity building.	In 2009-10 total 31 ANMs (R) are selected rest selections are under process. Selection & recruitment of staff as per vacant position. Training assessment and proper training.
Drugs availability	Some times lack of drugs due to supply problems from the agencies.			
Service performance	<ol style="list-style-type: none"> Due to lack of building & man power all HSC have not become yet functional Un-utilized untied fund. 	Optimum utilization of available resources	Quality improved and services must be available to all sub centres.	Proper utilization of fund. Insure availability of man power, drugs and other consumables.

3.3 Additional PHCs: -- There are 7 APHCs functioning in the district and 10 more are proposed to be established.

Additional PHC:				
Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	<ol style="list-style-type: none"> 1. 7 APHC are sanctioned and 10 other APHC are newly sanctioned out of 7 APHC only 3 are having own building. 3 APHC are running in sub centre building & one APHC is running in rented building. 2. Lack of equipments 3. Lack of appropriate furniture. 4. No beds available in any place 5. Lack of residential facilities of staff 6. Lack of safe drinking water. 	Lack of proper infrastructure. Basic amenities in the buildings lack of land.	<ol style="list-style-type: none"> 1. Strengthening of infrastructure & operationalization of all APHC as 24 hour services 2. Monitoring. 	<ol style="list-style-type: none"> 1. Construction of 2 APHC Kamrauli & Jahangirpur where land is available construction work is under process. Fund will be required for the same. 2. Revnovation of APHCs building as per need. 3. Purchase of beds, equipments, furnitures. 4. Provision of residential building for staff. 5. Provision of safe drinking water. 6. Community mobilization for promoting land donation so that construction work can be completed. 7. Monitoring aspects of construction work.
Human Resource	<ol style="list-style-type: none"> 1. Lack of Doctor 2. Lack of ANMs 3. Lack of A Grade Nurses 4. Lack of pharmacists 5. Lack of other paramedical. 	Filling of the staff strategy	<p>Staff recruitment</p> <p>Capacity Building</p>	<p>In 2009-10 total 26 A Grades are selected and rest are under process. Selection & recruitment of staff per vacancies.</p> <p>Training of untrained ANMs & other staff.</p>
Availability of Drugs	Irregular supply of drugs by the selected agencies of SHSB.	<p>Identity</p> <p>Logistics</p> <p>Operationalization</p>	Strengthening of reporting process & identity system	Training of store keeper implementing computerize system & provision of software for availability of drugs.
Service	No Institutional	Optimum utilization	Quality	Proper utilization of

Performance	delivery, No in patients facility, No ANC, No family Planning, No lab facility, No OT facility, Un utilized untied fund.	of available resources	improvement and services must be available to all APHCs	untied fund. Purchase of un available materials. Insurance availability of Dais, Nurses, etc. Insure availability of drugs and other consumables.
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3.4 Primary Health centers: 5 PHCs are sanctioned in the district namely PHC Sheohar, PHC Piprahi, PHC Tariyani and PHC Dumri Katsari.

PHC Sheohar : PHC Sheohar is situated in the same campus of sub divisional hospital Sheohar, hence OPD and IPD is not required National Programmes, Routine Immunization, Muskan Programme, ASHA workers are being conducted.

PHC Piprahi : PHC Piprahi is six bedded and running in its own building.

PHC Tariyani : It has no own building. At present it is running in APHC Narwara.

PHC Purnahia : It has no own building. At present it is running in Jila Parisad Hospital, Purnahia.

PHC Dumri Katsari : It has no its own building. It is running in other govt. building.

Primary Health Centers:(30 bedded)				
Indicators	Gaps	Issues	Strategy	Activities
Infrastructure	Out of 5 sanctioned PHC, PHC's (Tariyani, Purnahia, Dumri Katsari) have no building infrastructure. Sheohar PHC : is situated in the same campus of the Sub Divisional Hospital Sheohar, RI, Muskan Programme are conducted but IPD and OPD facilities are not available here. At PHC Piprahi facilities are not adequate as per IPHS norms lack of	Available facilities are not comfortable the services support to be delivered at PHCs.	Upgradation of one PHC into 30 bedded facilities, strengthening of infrastructure and operationalization of construction works. Strengthening of block management unit Monitoring	Renovation of PHCs purchase of furnitures priorities the equipments. Appointment of block health manager & accountants for all running PHCs. For the proper work it is necessary to monitor the PHCs facilities. Formation of RKS where it is not form.

	equipments, lack of appropriate furnitures and lack of appropriate infrastructure in the PHC Building. Lack of RKS			
Human Resource	Lack of A Grade Nurse, Lack of Specialist doctors, Lack of ANM, Lack of pharmacist, Lack of Trained Male workers, Must of the PHCs staff are deputed to SDH, Sheohar.	Filling up the shortage staff untrained staff.	Staff recruitment capacity building. Capacity building	Selection and recruitment of staff. Appointment of block health manager and accountant. Training need assessment PHC's level staff. Training of other staff as per need.
Availability of Drugs	Irregular supply of drugs by the selected agencies of SHSB	Indenting Logistics Operationalization	Strengthening of reporting process and indenting system.	Training of store keeper, implementing computerise system & provision of software for availability of drugs.
Service Performance	At present only one PHC is running in its own building (except headquarter PHC), it needs strengthening of services been provided that is lack of delivery facility, lack of specialist doctors, lack of proper lab services.	Optimum utilization of Human Resource	Quality Improvement.	

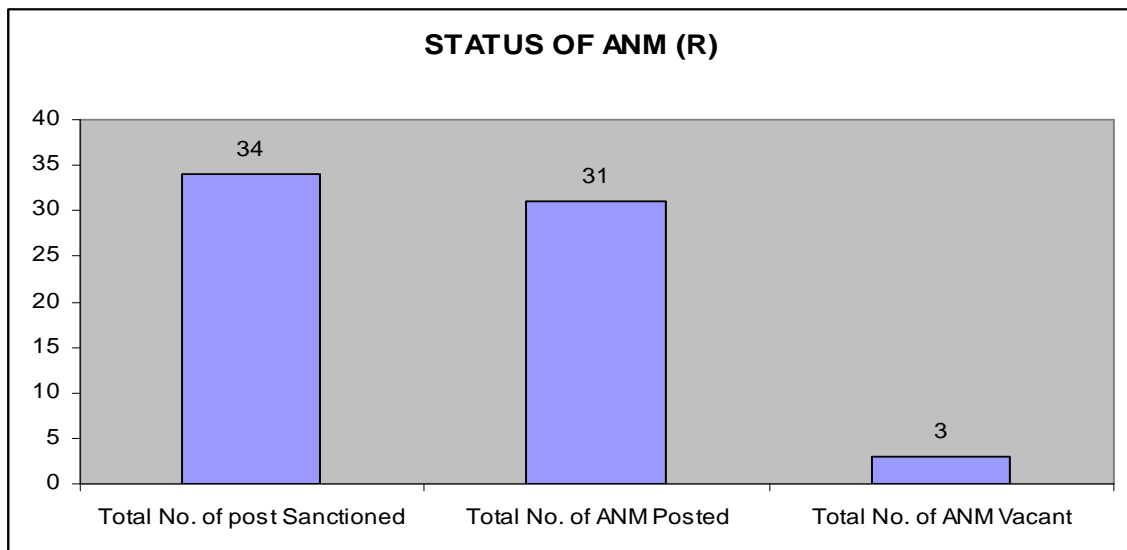
3.5. Sub-Divisional Hospital, Sheohar

Indicators	Gaps	Issues	Strategy	Activities
Infrastructure	1. There are 30 beds in the Sub divisional hospital which is not adequate as per the need. 2. Huge work load is being at this hospital. This huge work load is not being addressed	Lack of Infrastructure	Strengthening of infrastructure.	1. Purchase of 20 beds as per need. 2. Provision of arrangement of more beds to fulfill the need. 3. Purchase of require equipments as per IPHS norms. 4. Purchase of required furniture.

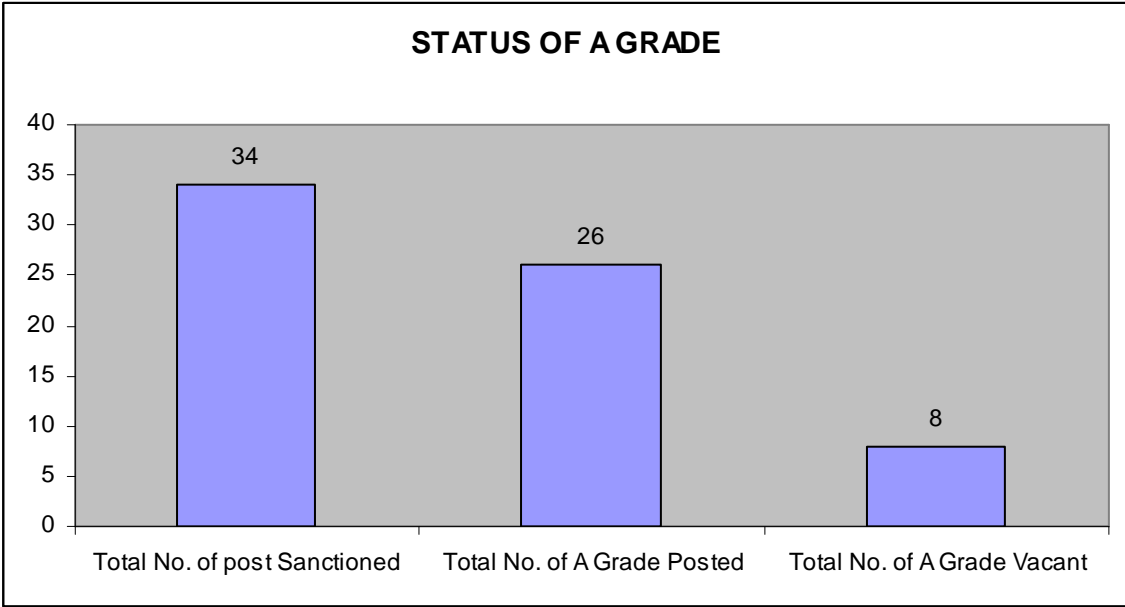
	<p>only 30 beds in adequate facilities.</p> <p>3. Lack of equipments, beds as per IPDS norms.</p> <p>4. Lack of appropriate furniture.</p> <p>5. No sitting arrangement for patients.</p> <p>6. Lack of Delivery room, Lack of proper infrastructure and other equipments.</p> <p>7. No postmortem facilities.</p> <p>8. Heavy work load during raining seasons.</p> <p>9. Not proper registration system.</p> <p>10. Not proper registration system.</p> <p>11. No enquiry counter for the patients.</p> <p>12. No residential facilities of Doctors and other staffs.</p> <p>13. No canteen facilities.</p> <p>14. Lack of paying wards.</p>			<p>5. Construction of shade for OPD patients and provision for sitting IPD patients.</p> <p>6. Installation of water cooler as per requirements.</p> <p>7. Provision for adequate construction for delivery room and purchase of equipments.</p> <p>8. Sanctioning for the appropriate authority for the postmortem facilities.</p> <p>9. Provision for adequate drainage system.</p> <p>10. Computerization of registration system for the OPD and IPD patients.</p> <p>11. Construction of enquiry counters at the entrance gate.</p> <p>12. Construction of residence facilities for doctors and other staffs.</p> <p>13. Invite tender for canteen facilities.</p> <p>14. Sanctioning the construction for paying wards.</p>
Human Resource	Acute crisis of sufficient staff, No surgeon, No Pathology Test, Eye, ENT, Dental, Chest specialist.	Lack in staff position	Recruitment	Appointment as per vacant seat.

Availability of Drugs	<ol style="list-style-type: none"> 1. Irregular supply of drugs by the selected agencies of SHSB 2. Lack of proper storage place of medicine and equipments. 	<p>Indenting</p> <p>Logistics</p> <p>Operationalization</p>	Strengthening of reporting process and indenting system.	Training of store keeper, implementing computerise system & provision of software for availability of drugs.
Service Performance	<ol style="list-style-type: none"> 1. Excessive load in delivery in all services. 2. No 24 hours lab facilities. 3. Blood storage unit not available 4. BPL patient are not exempted in paying fee of ambulance. 			<ol style="list-style-type: none"> 1. Construction of wards, sitting and waiting places of patients. 2. Recruitment of Lab technician. 3. Purchase of blood storage equipments. 4. Sanctioning of free facilities for BPL patients.

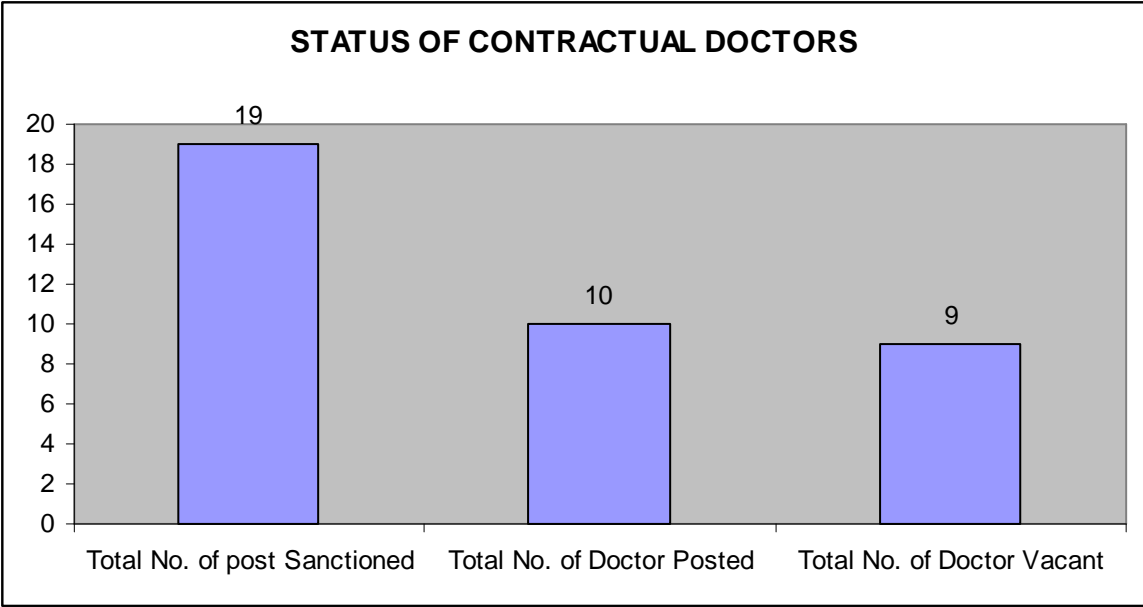
3.6 Chart of Man Power Status



138 ANM (R) post for newly sanctioned 69 sub centres are vacant



Only contractual A Grade



			1	2	3		5	6				8	9		11		12	8	13		15
										Q1	Q2	Q3	Q4								
A	RCH																				
A.1	MATERNAL HEALTH																				
A.1	1. Maternal Health																				

	A.1.1	1.1Operationalise facilities (dissemination, monitoring & quality) (details of infrastructure & human resources, training, IEC / BCC, equipment, drug and supplies in relevant sections)																																	
	A.1.1.1	1.1.1 Operationalise Block PHCs/ CHCs/ SDHs/ DHs as FRUs																																	

A.1.1.	1.1.1	Operation alise FRUs (Diesel, Service Maintenan ce Charge, Misc. & Other costs)		1	1	0		1		1			1	14400	14	0	0	144	144	144	To be started in 2nd phase by state
1.1		1.1.1.1 Operation alise Blood Storage units in FRU											4400	4000			000	000	000		

A.1.1.2	1.1.2 Operationalise 24x7 PHCs (Organise workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 25,000 / year / district)			1	0	1				1			25000	25000	0	0	25000	25000	25000	
A.1.1.3	MTP services at health facilities					0							0	0			0	0	0	
A.1.1.4	RTI/STI services at health facilities					0							0	0			0	0	0	
A.1.1.5	Operationalise Sub-centres					0							0	0			0	0	0	
A.1.2	1.2 Referral Transport					0							0	0			0	0	0	

A.1.2.1	1.2.1. To develop guidelines regarding referral transport of the pregnant women and sick new born / children and dissemination of the same @ Rs. 50,000 for the state				0											0	0			0	0	0													
A.1.2.2	1.2.2. Payment to Ambulances for all PHCs @ Rs. 200 / case of pregnancy for Jehanabad district (Pilot basis)				0											0	0			0	0	0													
A.1.3.	1.3. Integrated outreach RCH services				0											0	0			0	0	0													

A.1.3.1	1.3.1. RCH Outreach Camps in un-served/ under-served areas			57.335	0	57.34		57.34		14	15	14	15	743	42599.905	42599.905	0	0	42599.905	743	42603.62		
A.1.3.2	1.3.2. Monthly Village Health and Nutrition Days at AWW Centres					0									0	0			0	0	0		
A.1.4	1.4. Janani Evam Bal Suraksha Yojana/JB SY					0									0	0			0	0	0		
A.1.4.1	1.4.1 Home deliveries (500/-)			83	0	83		500		125	125	125	125	500	41500	41500	0	0	41500	500	250000		
A.1.4.2	1.4.2 Institutional Deliveries					0									0	0			0	0	0		

A.1.4.2.1	1.4.2.1 Rural (A) Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries	6192.8	2151	4041.77	7740	1500	1500	237000	237000	237000	1238554	1238554	4868600	644800	7516954	2000	1548000					
A.1.4.2.2	1.4.2.2 Urban (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries	1238.615	1700	1068.615	1548	300	300	448000	500000	1000000	1486338	1486338	1700000	0	1316338	1200	1857600					

A.1.4.2.3	1.4.2.3 Caesarean Deliveries (Facility Gynec, Anesth & paramedic) 10.3.1 Incentive for C-section(@ 1500/- (facility Gynec. Anesth. & paramedic)	39.366	0	39.366	40	5	5	155	155	15000	59049	59049	0	0	59049	1500	60000		
A.1.4.3	1.4.3 Other Activities(JSY) 1.4.3. Monitor quality and utilisation of services and Mobile Data Centre at HSC and APHC Level and State Supervisory Committee for Blood Storage Unit		0								216572.2	216572.2	0	0	216572.2		220000		

		Total (JSY)				0									0	0			0	0	0		
	A.1.5	1.5 Other strategies /activities				0									0	0			0	0	0		
	A.1.5.1	1.5.1 Maternal Death Audit 1.1.3 Survey on maternal and perinatal deaths by verbal autopsy method (in two districts) @ 850 per death				0									0	0			0	0	0		
A.2		2. Child Health				0									0	0			0	0	0		

A.2.1	<p>2.1. Integrated Management of Neonatal & Childhood Illness/IMNCI (Monitor progress against plan; follow up with training, procurement, review meetings etc)</p> <p>2.1. IMNCI (details of training, drugs and supplies, under relevant sections)</p> <p>2.1.1. Monitor progress against plan; follow up with training, procurement, review meetings etc</p>				0														0	0				0	0	0								
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A.2.2	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.)			30.114		38		9	9	100	100	872	26259.408	26260	0	0	26260	872	33136	
A.2.3.	2.3 Home Based New born care/HBNC			0									0	0			0	0	0	
A.2.4	2.4 School Health Programme (Details annexed)			665		1250		300	300	300	300		30000	1047523	1018500	0	29023	3000	375000	

	A.2.5.	2.5 Infant and Young Child Feeding/ YCF					0								0	0			0	0	0		
	A.2.6.	2.6 Care of sick children & severe malnutrition					0								0	0			0	0	0		
	A.2.7.	2.7 Management of Diarrhoea, ARI and Micro nutrient					0								0	0			0	0	0		
A.3		3.Family Planning					0								0	0			0	0	0		
	A.3.1.	3.1.Terminal/Limiting Methods					0								0	0			0	0	0		

A.3.1.1.	3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services			1	0	1		1		1	0	0	0	25000	25000	0	0	25000	25000	25000		
A.3.1.2	3.1.2 Female Sterilisation camps					0								0	0			0	0	0		
A.3.1.3 3.1.2.2.	3.1.3 NSV camps (Organise NSV camps in districts @Rs.10,000 x 500 camps)			7	0	7		7		1	3	3	1	70000	70000	0	0	70000	10000	70000		

A.3.1.4	3.1.4 Compensation for female sterilisation on 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)	2690	449	2241	3363	300	300	1300	1460	1030	26900	26900	6014	233050	2088510	1000	336300		
A.3.1.5 3.1.2.4	3.1.5 Compensation for male sterilisation 3.1.2.4. Compensation for NSV Acceptance @50000 cases x1500	15309	0	153.09	100	10	15	250	500	1500	229635	229635	0	0	229635	1500	15000		

A.3.1.6 3.1.3.1	3.1.6 Accreditation of private providers for sterilisation services 3.1.3.1 Compensation for sterilization done in Pvt. Accredited Hospitals (1.50 lakh cases)			670	0	670		1000		200	200	300	300	1500	1005000	1005000	0	0	1005000	150000	150000		
A.3.2	3.2. Spacing Methods					0		0						0	0			0	0	0			
A.3.2.1	3.2.1. IUD Camps					0		0						0	0			0	0	0			
A.3.2.2	3.2.2 IUD services at health facilities/compensation			7.2	0	7.2		9		2	2	2	3	10000	72000	0	0	72000	10000	90000			
A.3.2.3	Accreditation of private providers for IUD insertion services					0		0						0	0			0	0	0			
A.3.2.4	Social Marketing of contraceptives					0		0						0	0			0	0	0			

A.3.2.5 3.2.2.	3.2.5 3.2.2. Contraceptive Update Seminars (Organise Contraceptive Update seminars for health providers (one at state level & 38 at district level) (Anticipated Participants-50-70)					0		0						0	0			0	0	0		
A.3.3	3.3 POL for Family Planning for 500 below sub-district facilities					0		0						112570.36	112570.36	0	0	112570.36	0	150000		
A.3.4	3.4 Repair of Laproscopes (Rs. 5000 x 40 nos.)					0		0						0	0			0	0	0		

	A.3.5	3.5 Other strategies /activities 3.1.4. Monitor progress, quality and utilisation of services 3.5. Establishing Community Based Condom and OCP Distribution Centres (pilot in one district/1 PHC)				0		0						3071	3071	0	0	3071	0	4000				
A.4		4. Adolescent Reproductive and Sexual Health (ARSH)			0		0							0	0			0	0	0				
		(Details of training, IEC/BCC in relevant sections)			0		0							0	0			0	0	0				

A.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 4.1.2.2. Establishing ARSH Cell at Patna District Hospital 4.1.2.3. Establishing ARSH Cell in 50% PHCs of Patna District 4.2 Conducting ARSH Camps at all PHCs for a week (as ARSH Week) 4.2.2 Establishing Youth friendly health clinics in Urban	1	0	1	1	1	1	2	5	0	0	0	0	25000	25000	0	0	25000	25000	25000
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		Area/ Universiti es Campus / Market Place																		
	A.4.2	4.2 Other strategies /activities				0		0					0	0			0	0	0	

A.5		5. Urban RCH				0		0					0	0			0	0	0		
	A.5.1	5.1. Urban RCH Services (Development of Micro-plans for each urban area already mapped for delivery of RCH services, both outreach and facility based through private agencies/institution s/organisations- 50lakhs & Operationalising 20 UHCs through private clinics @540000/-pm				0		0					0	0			0	0	0		
A.6		6 Tribal Health				0		0					0	0			0	0	0		

	A.6.1	Tribal RCH services				0		0					0	0			0	0	0		
	A.6.2	Other strategies /activities				0		0					0	0			0	0	0		
A.7		7. Vulnerable Groups				0		0					0	0			0	0	0		
	A.7.1	7.1 Services for Vulnerable groups				0		0					0	0			0	0	0		
	A.7.1	7.1 Services for Vulnerable groups				0		0					0	0			0	0	0		
	A.7.2	7.2 Other strategies /activities				0		0					0	0			0	0	0		
A.8		8. Innovations/PPP/NGO				0		0					0	0			0	0	0		

	A.8.1	8.1.PNDT and Sex Ratio 8.1.1. Orientation programme of PNDT activities, Workshop at State, District and Block Level (1+38+533) (amount Rs.50 Lakhs) 8.1.2 Monitoring at District level and Meetings of District level Committee (100 Lakhs)			6.7092	0	6.7092		8			2	2	2	2	2	2	167730	167730	0	0	167730	25000	200000		
	A.8.2.	Public Private Partnerships					0		0									0	0			0	0	0		
	A.8.3	NGO Programme					0		0									0	0			0	0	0		
	A.8.4	Other innovations (if any)					0		0									0	0			0	0	0		
A.9		INFRASTRUCTURE & HR					0		0									0	0			0	0	0		

	A.9.1	Contractual Staff & Services				0		0					0	0		0	0	0		
	A.9.1.1	9.1.1 ANMs 10.1.1.2. Hiring of 1000 Retired ANMs or ANMs from other states for out reach services @ Rs. 5000 / month / ANM		10	0	10		4					600000	600000	0	0	600000	600000	240000	
	A.9.1.2	9.1.2 Laboratory Technicians - payment @ Rs. 6500 per month for 3 persons in one unit = Rs. 234000		1	0	1		1		1			234000	234000	0	0	234000	234000	234000	
	A.9.1.3	Staff Nurses				0		0					0	0			0	0	0	

A.9.1.4	9.1.4 Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, 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. Empaneling Gynaecologists for gynaecology OPD in unserved areas @ Rs. 1000/- week x 52 weeks ; 10.1.2.3. Empanelling Gyneocologists for PHCstopr ovide OPD services @ Rs.	0	0	0	1509651	1509651	0	0	1509651	0	100000
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300/-
weekx 52
weeks;
10.1.2.4
Hiring
Anaesthet
ist
positions
@
Rs.1000
per case x
120000;
10.1.2.5.
Hiring
Paediatric
ian for
facilities
where
there are
vacant
Paediatric
ians
positions
@ Rs.
35,000/-
month (2
per
district);
10.1.2.6
Hiring
Gynaecol
ogists for
facilities
that have
vacant
positions
@ Rs. 650
per case x
75000
cases

A.9.1.5	Other contractual Staff 9.1 Fast-Track Training Cell in SIHFW 9.2 Filling Vacant Position at SIHFW/Hiring Consultant at SIHFW 10.1.1 Honorarium of Voluntary Workers @ of 1200/- PA x 3106 No.		25.4	0	25.4294		25.4294																										
A.9.1.6	Incentive/Awards etc. 8.2.1 Incentive for ASHA per AWW center (80000x200 per month) and Incentive to ANMs per Aganwari Centre under Muskan Program		524.882	101	423.882		655																										

	A.9.3	9.3 Minor Civil Works				0		0					0	0		0	0	0		
	A.9.3.1	9.3.1 Minor civil works for operation alisation of FRUs 10.4.1 Facility improvem ent for establishi ng New Born Centres at 76 FRUs across the state - @ Rs. 50,000 / per FRU			1	1	0		1				50000	50000	0	0	50000	50000	50000	

A.9.3.2	<p>9.3.2 Minor civil works for operationalisation of 24 hour services at PHCs</p> <p>10.4.2. Facility improvement for establishing New Born Centres at PHCs across the state - @ Rs. 25,000 / per PHC</p>			2	0	2		2					250000	50000			50000	25000	50000			
A.9.4	9.4 Operationalise IMEPat health facilities					0		0						0	0			0	0	0		
A.9.5	9.5 Other Activities					0		0						0	0			0	0	0		
A.10	10. Institutional Strengthening					0		0						0	0			0	0	0		

A.10.1	10.1 Human Resource Development					0		0						0	0			0	0	0			
A.10.2	10.2 Logistics management/improvement					0		0						0	0			0	0	0			
A.10.3	10.3 Monitoring Evaluation/HMIS 11.3 Monitoring & evaluation through monitoring cell at SIHFV					0		0						0	0			0	0	0			
A.10.4	10.4 11.4 Sub-centre and contingencies @ 1770 no. x Rs.500/- x 60 months			5.032	5	0.032	payment under process	6						30000	150960	150960	0	0	150960	12000	72000		

	A.10.5	10.5. Other strategies /activities TA & DA for the 30 days contact programme					0		0						0	0			0	0	0		
A.11		11 Training					0		0						0	0			0	0	0		
	A.11.1	11.1 Strengthening of Training Institutions					0		0						0	0			0	0	0		
	A.11.2	11.2 Development of training packages					0		0						0	0			0	0	0		
	A.11.3	11.3 Maternal Health Training					0		0						0	0			0	0	0		

A.11.3 .1	11.3.1 Skilled Birth Attendance /SBA	2 1. 3 1 5 2	1	20.3 152	15		3	4	4	4	5 9 0 0 0	12575 96.8	12 57 60 0	0	0	125 760 0	590 00	885 000
	12.1.2 Skilled Attendance at Birth / SBA--Two days Reorientat ion of the existing trainers in Batches 12.1.3 Strengthe ning of existing SBA Training Centres 12.1.4 Setting up of additional SBA Training Centre- one per district 12.1.5 Training of Staff Nurses in SBA (batches of four) 12.1.6 Training of ANMs / LHVs in SBA (Batch size of four) 20 batches x 38																	

	A.11.3 .2	EmOC Training 12.1.3 EmOc Training of (Medical Officers in EmOC (batchsize is 8)				0		0						0	0		0	0	0													
	A.11.3 .3	11.3.3 Life Saving Anaesthe sia Skills training 12.1.5 Training of Medical Officers in Life Saving Anaesthe sia Skills (LSAS)				0		0						0	0		0	0	0													

				1	0	1			1		1				25000	25000	0	0	25000	25000	25000	
	A.11.3.4	11.3.4 MTP Training 12.1.6.1 Training of nurses/ANMs in safe abortion 12.1.8 Training of Medical Officers in safe abortion													25000	25000	0	0	25000	25000	25000	
		Training of Medical Officers in safe abortion			0	0	0								0	0	0	0	0	0	0	
	A.11.3.5	11.3.5 RTI/STI Training - Medical officers			0	0	0		1		1				0	0	0		0	52050	52050	
		ANM/Staff Nurse			0	0	0		1		1				0	0	0		0	44850	44850	

	A.11.3 .6	Dai Training				0		0					0	0			0	0	0		
	A.11.3 .7	Other MH Training				0		0					0	0			0	0	0		
	A.11.4	IMEP Training				0		0					0	0			0	0	0		
	A.11.5	11.5 Child Health Training				0		0					0	0			0	0	0		

						0		0					0	0			0	0	0		
	A.11.5 .1	11.5.1 IMNCI 12.2.1.1. TOT on IMNCI for Health and ICDS worker 12.2.1.2. IMNCI Training for Medical Officers (Physicia n) 12.2.1.3. IMNCI Training for all health workers 12.2.1.4. I MNCI Training for ANMs / LHV / AWWs 12.2.1.6 Followup training (HEs,LHV s)																			
		Physician training			0	0	0						0		0	0	0	0	0		
		IMNCI TOT'			0	0	0						0	0			0	0	0		
		IMNCI for Health Worker			0	0	0			0			0	0			0	0	0		

		IMNCI Follow up			0	0								0	0	0	0	0	0		
	A.11.5.2	11.5.2 Facility Based Newborn Care 12.2.2.1 SNCU Training 12.2.2.2.NSU (TOT)				0		0						0	0		0	0	0		
		SNCU Training			0	0	0							9200000	0	0	0	0	92000	0	
		NSU (TOT)			0	0	0							51750	0	0	0	0	51750	0	
	A.11.5.3	11.5.3 Home Based Newborn Care					0		0					0	0		0	0	0		
	A.11.5.4	11.5.4 Care of Sick Children and severe malnutrition					0		0					0	0		0	0	0		

A.11.5.5	11.5.5 Other CH Training (Pl. Specify)					0		0						0	0			0	0	0			
A.11.6	11.6 Family Planning Training					0		0						0	0			0	0	0			
A.11.6.1	12.6.1 Laproscopic Sterilisation Training					0		0						0	0			0	0	0			
A.11.6.2	11.6.2 Minilap Training ¹ 2.3.2.1. Minilap training for medical officers/staff nurses (batch size of 4)			0	0	0		2				1	1	280000	0	0	0	0	0	28000	56000		

	A.11.6.3	11.6.3 NSV Training 12.3.3 Non-Scalpel Vasectomy (NSV) Training				0		0					0	0			0	0	0		
	A.11.6.4	11.6.4 IUD Insertion Training 12.3.4 IUD Insertion (details in Annexure) 12.3.4.1 State level (TOT for the districts) 12.3.4.2 District level training (one district total) 12.3.4.3 PHC level training (for one district only)				0		0					0	0			0	0	0		
	A.11.6.5	Contraceptive Update Training				0		0					0	0			0	0	0		

	A.11.6 .6	Other FP Training				0		0						0	0			0	0			
	A.11.7	11.7 ARSH Training 12.4.1 ARSH training for medical officers 12.4.3 One Day ARSH Orientatio n by the MOs of 25% ANMs 12.4.4 One Day ARSH Orientatio n of PRI by the MOs of 50% ANMs			0	0		1		1				8 3 5 0	0	0	0	0	0	835 0	835 0	
	A.11.8	11.8 Program me Managem ent Training				0		0						0	0			0	0	0		

	A.11.8.2	<p>11.8.2 DPMU Training</p> <p>12.5.1 Training of DPMU staff @ 38 x Rs.10,000</p> <p>12.5.2. Training of SHSB/DA M/BHM on accounts at Head Quarter level @ 6x1500x1 2=1,08,00 0/- + DAM=38x 1500x4 + BHM=538 x1500x4</p> <p>12.5.3 Training for ASHA Help Desk to DPMS (38), Block level organiser s (533) and MOICs (533), @ 1104 x 1000/-</p>			1	0	1			1				46000	46000	0	0	46000	0	50000
	A.11.9	Other Training				0		0					0	0			0	0	0	

	A.11.9.1	11.9.1 Continuing Medical & Nursing Education 11.2 Training of 20 (for total state) regular Government doctors in Public Health at Public Health Institute, Gujarat or at Wardha institute or Vellore institute to increase their administrative skills @ Rs.50,000/-					0		0						0	0			0	0	0		
A.12		12. BCC/IEC (for NRHM Part A, B & C)					0		0						0	0			0	0	0		
	A.12.1	12.1 Strengthening of BCC/IEC Bureaus (State and District Levels)					0		0						0	0			0	0	0		

A.12.2	12.2 Developm ent of State BCC/IEC strategy 13.3 Concept and material developm ent workshop s by State BCC/IEC Cell 13.8 Establish ment cost of the State BCC/IEC Cell 13.10 Technical support at District level			1	0	1		1			1	0	2 5 0 0 0	25000	25 00 0	0	0	250 00	250 00	250 00		
A.12.3	12.3 Implemen tation of BCC/IEC stategy					0		0						0	0			0	0	0		
A.12.3 .1	12.3.1 BCC/IEC activities for MH					0		0						0	0			0	0	0		
A.12.3 .2	BCC/IEC activities for CH					0		0						0	0			0	0	0		

	A.12.3 .3	12.3.3 BCC/IEC activities for FP				0		0						0	0			0	0	0		
	A.12.3 .4	12.3.4 BCC/IEC activities for ARSH				0		0						0	0			0	0	0		

A.12.4	12.4 Other activities 13.4 State Level events 13.5 District Level events (Radio, TV, AV, Human Media as per IEC strategy dissemination) 13.6 Printed material (posters, bulletin, success story reports, health calendar, Quarterly magazines & diaries etc) 13.7 Block level BCC interventions (Radio, kalajaththa and for IEC strategy dissemination) 13.11 Media Advertisements on various health related	3.2968	0	3.2968	4	10735	353993.9	354000	4390	0	349610	107375	429500
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	interventions including innovations of BCC strategy/plans District level (Rs. 5000 x 38 x 12) 13.18 Implementing need based IEC Activities in Urban Areas (Support for Organization of need based IEC Activities in Urban Areas) (Rs.50000 x 9 x 2) 13.19 Capacity building of frontline functionaries (ANM, ASHA) in IPC skills building 13.20 Research, M&E, IEC prototypes etc																		
	for Blocks					0						0	0			0	0	0	
	for District					0						0	0			0	0	0	

		Sub-total IEC/BCC				0		0						0	0			0	0	0		
A.13		Procurement				0		0						0	0			0	0	0		
	A.13.1	13.1 Procurement of Equipment				0		0						0	0			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 districts - kishanganj and jehanabad) 14.4. Equipments / instruments for Blood Storage Facility / Bank at facilities 14.6. Equipments / instruments, reagents for STI / RTI services @ Rs. 1 Lac per district per year		1	0	1					1				11644 7.37	11 64 47. 37	9480 0	0	216 47.3 7	0	200 000	
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A.13.1.2	13.1.2 Procurement of equipment : CH					0		0						0	0			0	0	0		
A.13.1.3	13.1.3 Procurement of equipment : FP					0		0						0	0			0	0	0		
A.13.1.4	13.1.4 Procurement of equipment : IMEP					0		0						0	0			0	0	0		
A.13.2	13.2 Procurement of Drugs & supplies					0		0						0	0			0	0	0		
A.13.2.1	13.2.1 Drugs & Supplies for MH					0		0						0	0			0	0	0		
A.13.2.2	13.2.2 Drugs & Supplies for CH					0		0						0	0			0	0	0		
A.13.2.3	13.2.3 Drugs Supplies for FP					0		0						0	0			0	0	0		
A.13.2.4	13.2.4 Supplies for IMEP					0		0						0	0			0	0	0		
A.13.2.5	General drugs & supplies for health facilities					0		0						0	0			0	0	0		

A.14		14. Prog. Management				0		0							0	0		0	0	0															
	A.14.1	Strengthening of State Society/SPMU 16.1. Strengthening of State society/State Programme Management Support Unit 16.1.1. Contractual Staff for SPMU recruited and in position 16.5.1. Last pay drawn – Pension = Approx exp of Rs.20,000/- PM @ 20,000x6x12				0		0							0			0	0																

A.14.2	14.2 Strengthening of District Society/DP MU 16.2.1. Contractual Staff for DPMSU recruited and in position		1	1	0		1		1			73800	739184	492800	0	246384	108000	108000			
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	A.14.3	14.3 Strengthening of Financial Management Systems 16.3.1. Training in accounting procedures 16.3.2. Audits 16.3.2.1. Audit of SHSB/DHS by CA for 2009-10 16.4 Appointment of CA 16.4.1 At State level 16.4.2 At District level 16.5 Constitution of Internal Audit wing at SHSB		1	0	1			1						2	240000	240000	0	0	240000	240000	240000			
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A.14.4	14.4 Other activities (Program management expenses, mobility support to state, district, block) 16.1.2. Provision of mobility support for SPMU staff @ 12 months x Rs.10.00 lakhs Updgration of SHSB Office 16.2.2.Provision of mobility support for DPMU staff @ 12 months x 38 districts x Rs.69945.17/-	1	1	0		1		1			84000	839342	246265	0	593077	105000	105000	
												0	0			0	0	0
	Total Prog. Mgt.			0		0					0	0			0	0	0	

A.15		Others/Un ied Funds					0		0					0	0			0	0	0			
		Total RCH II Base Flexi Pool					0		0					0	0			0	0	0			
		Total JSY, Sterilisation and IUD Compensation, and NSV Camps					0		0					0	0			0	0	0			
		Grand Total RCH II					0		0					0	0			0	0	0			
														30298 548	28 34 66 10	7919 895	13 73 80 0	204 267 15			350 676 05		

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan with budget for 2010 - 2011

Name of the District: Sheohar

Sr. NO	Activity Plan		Budget Plan	
	2009-2010 FY	2010-2011 FY	2009-2010FY	2010-2011FY

	Activities																		
	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 utilised (Y x (A)) = D	Advance	under or over-utilised Budget ((B-D)=E)	Tentative Unit Cost (A)	Budget Planned (including spill over amount) ((AP x A) ± E) = BP	Remarks
							Q1	Q2	Q3	Q4									
B																			

Please Note: plan all possible activities you think necessary for your area to realistically operationalise each strategy. Consider during planning: Infrastructure, Human Resources- all specialist, Para medics etc, Infection control & Environmental Plan, Logistics Management, HMIS, Monitoring & evaluation, Training- PMU, Dai, others, BCC/ IEC, Procurement of equipments/ Drugs, Strengthening Societies, PMU, RKS, VHSC, AYUSH inputs, initiatives for quality management

<p>Please Note: plan all possible activities you think necessary for your area to realistically operationalise each strategy. Consider during planning: Infrastructure, Human Resources- all specialist, Para medics etc, Infection control & Environmental Plan, Logistics Management, HMIS, Monitoring & evaluation, Training- PMU, Dai, others, BCC/ IEC, Procurement of equipments/ Drugs, Strengthening Societies, PMU, RKS, VHSC, AYUSH inputs, initiatives for quality management</p>																		
B.1	Decentralisation																	1.11
B.1.11	ASHA Support system at State level		0			0						0	0			0	0	0
B.1.12	ASHA Support System at District Level	1	0	1		1		1			36000	36000	36000	0	0	36000	36000	36000
	ASHA DPM+ DA Salary- Distt. Level															28000	336000	
	ASHA Help Desk and Misc.																	24000
B.1.13	ASHA Support System at Block Level	5	0	5		5		5			#####	750000	750000	0	0	750000	150000	750000
	Block ASHA Manager																	144000
	ASHA Help Desk and Misc.																	18000
B.1.14	ASHA Support System at Village Level	206		206		206						29829	29829	0	0	29829		29829
B.1.15	ASHA Trainings	0	0	0								0	0			0		350000

		250	196	54		312					600	150000	150000	1E+05	0	32235	600	187200
B.1.16	ASHA Drug Kit & Replenishment																	
		0	0	0							0	0	0	0	0	0	0	0
B.1.17	Emergency Services of ASHA																	
		580	0	580		580					725	420500	420500	0	0	420500	725	420500
B.1.18	Motivation of ASHA																	
		0	0	0							0	0	0	0	0	0	0	0
B.1.19	Capacity Building/Academic Support programme																	
		0	0	0		0					0	0	0	0	0	0	0	0
B.1.2	ASHA Divas																	
		393.913	170	223.9		490					1380	543600	543600	2E+05	####	308550	1380	676200
		0	0	0		16					2000	0	0	0	0	0	2000	32000
	Prize																	
		0	0	0		580					20	0	0	0	0	0	20	11600
	Identity Card																	
		0	0	0		0					0	0	0	0	0	0	0	0
B.1.21	Unified Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center																	
	for HSC	34	34	0		70					10000	340000	340000	0	0	340000	10000	700000
	Orientation @ phc level	3	3	0		5					3000	9000	9000	2000		7000	3000	15000
	Orientation @ district level	1	1	0		1					2000	2000	2000			2000	2000	2000
	Review meeting @ district on quarterly basis	0	0	0		4		1	1	1	1	0	0			0	1000	4000
	for PHC/APHC	12.4	12.4	0		22					25000	310000	310000	1E+05	####	195641	25000	550000

	B.1.22	Village Health and Sanitation Committee	190.25	0	190.3		207								10000	2E+06	2E+06	0	0	2E+06	10000	2070000	
		Orientation @ phc level	0	0	0		5									0	0	0	0	0	2500	12500	
	B.1.23	Rogi Kalyan Samiti - PHC	5	5	0		5								#####	600000	600000	50000	0	550000	100000	500000	
	B.1.24	Orientation of member RKS@ phc level	0	0	0		5								2500	0	0	0	0	0	2500	12500	
		RKS - Sadar Hospital	1	1	0		1								#####	500000	500000	50000	0	450000	500000	500000	
B.2		Infrastrure Strengthening			0		0									0	0			0	0	0	
	B.2.1	Construction of HSCs (315 No.)	5	0	5		5								#####	5E+06	5E+06	0	0	5E+06	950000	4750000	
	B.2.2	Construction of PHCS	0	0	0		0									0	0			0	0	0	
	B.2.2.1	construcion of residetial quarters of old APHC for staff nurse	1	0	1		1								#####	3E+06	3E+06	0	0	0	3E+06	3000000	
	B.2.2.2	Construction of building of APHCs where land is available	1	0	1		2								#####	5E+06	5E+06	0	0	5E+06	5E+06	10630000	
	B.2.3	Up gradation of CHCs as per IPHS standards	2	0	2		1								#####	4E+06	4E+06	0	0	4E+06	2E+06	2000000	
	B.2.4	Infrastructure and service improvement as per IPHS in 48 (DH & SDH) hospitals for accreditation or ISO : 9000 certification			0		0									0	0			0	0	0	
	B.2.5	Upgradation of ANM Training Schools			0											0	0	0	0	0	0	0	

	B.2.6	Annual Maintenance Grant for PHC	5	1	4		5					#####	500000	500000	0	####	500000	100000	500000	
		for Sadar Hospital	1	1	0		1					#####	500000	500000	0	####	500000	500000	500000	
B.3		TOTAL INFRASTRUCTURE strengthening			0		0						0	0			0	0	0	
	B.3	Contractual Manpower			0		0						0	0			0	0	0	
	B.3.1 A	Incentive for PHC doctors & staffs		0	0		0						335735	335735	0	0	335735	0	335735	
	B.3.1 B	Salaries for contractual Staff Nurses	35.8453	26	9.845		34					90000	3E+06	3E+06	5E+05	0	3E+06	144000	4896000	
	B.3.1.C	Contract Salaries for ANMs	172	31	141	previously only 34 sanctioned	172	Appointment process is being done				72000	2E+06	360000	6E+05	0	-2E+05	96000	16512000	Budget is being reallocated by state
	B.3.1. D	Mobile facility for all health functionaries		0	0		0							0	0	0	0	0	0	
	B.3.1. D	Block Programme management Unit	5	5	0		5					#####	3E+06	3E+06	4E+05	####	2E+06	660500	3302500	
	B.3.4	Addl. Manpower for NRHM		0	0		0						333000	333000	0	0	333000		333000	
B.4		PPP Initiatives			0		0						0	0			0	0	0	
	B.4.1	102-Ambulance service (state-806400) @537600 X 6 District			0								0	0		0	0	0	0	
	B.4.2	1911- Doctor on Call & Samadhan			0								0			0	0	0	0	
	B.4.3	Addl. PHC management by NGOs	0	0	0		0						0	0			0	0	0	
	B.4.5	SHRC			0		0						0	0			0	0	0	

			6	0	6						94383	566300	566300	0	0	566300	94383	566299.98	
B.4.6	Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP)																		
B.4.7	Dialysis unit in various Government Hospitals of Bihar			0		0						0	0			0	0	0	
B.4.8	Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar			0		0						0	0	0		0	0	0	
B.4.9	Providing Telemedicine Services in Government Health Facilities			0		0						0	0			0	0	0	
B.4.10	Outsourcing of Pathology and Radiology Services from PHCs to DHs		2	-2		6				#####	0	0	0	0	0	0	660000	3960000	
B.4.11	Operationalising MMU	1	0	1		1		1		#####	4E+06	4E+06	0	0	4E+06	6E+06	5616000		
B.4.14	Monitoring and Evaluation (State District & Block Data Centre)	6	6	0		0					720000	720000			720000	0	0		
	Data Operator's Honorarium @ phc & sadar					6					0		0		0	96000	576000		
	Data Operator @ DHS for monitoring					2						0			0	96000	192000		
	Data Center @ DHS					2					0	0		0	0	96000	192000		
	Stationeries & Misc.			0		1					0	0			0	120000	120000		
8	B.4.15	Generic Drug Shop		0		0					0	0			0	0	0		
B.4.16	Nutritional Rehabilitation Centre		0	0		1					0	0	0	0	0	2E+06	2467200		
B.4.17	Hospital Maintenance			0		0					0	0			0	0	0		

	B.4.18	Providing Ward Management Services in Government Hospitals 3000000/-	0	0	0						0	0	0			0			
	B.4.19	Provision for HR Consultancy services			0						0	0			0	0		0	
	B.4.2	Advanced Life Saving Ambulance	0	0	0						0	0			0		0		
		TOTAL PPP INITIATIVES			0						0	0			0	0		0	
B.5	B.5	Procurement of supplies			0						0	0			0	0		0	
	B.5.1	Delivery kits at the HSC/ANM/ASHA (no.200000 x Rs.25/-)	4443.053	0	4443						25	111076	111076	0	0	111076	25	138850	
	B.5.2	SBA Drug kits with SBA-ANMs/ Nurses etc (no.50000 /38x Rs.245/-)	164.024	0	164						245	40186	40186	0	0	40186	245	50225	
	B.5.3	Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year	1	0	1						25000	25000	25000	0	0	25000	25000	50000	
	B.5.4	Procurement of beds for PHCs to DHs	25.875	25	0.875	order placed					50	8000	207000	207000	0	0	207000	9000	450000
		TOTAL PROCUREMENT OF SUPPLIES			0						0	0			0	0		0	
B.6		Procurement of Drugs			0						0	0			0	0		0	
	B.6.1	Cost of IFA for Pregnant & Lactating mothers (Details annexed)	1428154.5	0	1E+06						2E+06	0.11	157097	157097	0	0	157097	0.2	357040
	B.6.2	Cost of IFA for (1-5) years children (Details annexed)	5369944	0	5E+06						7E+06	0.05	268497	268497	0	0	268497	0.1	671245

			2239163.6	0	2E+06		3E+06				0.11	246308	246308		246308	0.2	559791	
B.6.3		Cost of IFA for adolescent girls (Details annexed)																
		TOTAL PROCUREMENT OF DRUGS		0			0					0	0		0	0	0	
B.7		Mobilisation & Management support for Disaster Management		0			0					0	0		0	0	0	
B.8		Health Management Information System		0			0					0	0		0	0	0	
B.9		Strengthening of Cold Chain (infrastructure strengthening)		0			0					0	0		0	0	0	
	B.9.1	Refurbishment of existing Warehouse for R.I. as well as provision for hiring external storage space for (during Immunization Campaigns) Logistics at State HQ @Rs 1500000/-		0			0					0	0		0	0	0	
	B.9.2	Refurbishment of existing Cold chain room for district stores in all districts with proper electrification, Earthing for electrical cold chain equipment and shelves and dry space for non electrical cold chain equipment and logistics @Rs 300000 Lakhs per district x 38 districts	1	0	1		1				#####	700000	700000	0	0	700000	700000	700000
	B.9.3	Earthing and wiring of existing Cold chain rooms in all PHCs @Rs 10000/- per PHC x 533 PHCs	6	6	0		6				10000	170000	170000	0	0	170000	10000	170000
B.10		Preparation of Action Plan		0			0					0	0		0	0	0	

			1	1	0		1				#####	100000	100000	0	0	100000	200000	200000		
B.10.1	Preparation of District Health Action Plan (Rs. 2 lakhs per district x 38)																			
B.10.2	Preparation of State Health Action Plan @ 5 lakhs			0			0					0	0			0	0	0		
B.11		Mainstreaming Ayush under NRHM	7	0	7		11				#####	2E+06	2E+06	0	0	2E+06	297000	3267000		
		Provision of 1 AYUSH doctor on contract @ Rs.30,000/- x 2172 x 12 months																3960000		
		Provision of 1 AYUSH specialist doctor on contract @ Rs.40,000/- x 85 SDH,DH x 12months																480000		
		Salary of Paramedics @ Rs.4000 x 2260 x 12months																48000		
		Salary of Pharmacists @ Rs.6500 x 2257 x 12 months																78000		
		Training of AYUSH Doctors & Paramedical staffs w.r.t AYUSH wing																100000		
		IEC																50000		

																			50000
		New Add PHCs. Sanctioned for AYUSH@ 50,000/-																	200000
		Rural Dispensaries@ 50,000/-																	50000
		District Joint Hospitals@ 50,000/-																	300000
		Upgraded APHCs @ 3.0 lacks																	1500000
		Building Repair, addition, alteration, partitioning etc Equipments, furniture																	0
B.12		Continuing Medical & Nursing Education			0		0						0	0			0	0	0
B.13		RCH Procurement of Equipments			0		0						0	0			0	0	0
	B.13.1	Procurement of Equipments/instruments for Anesthesia			0		0						0	0			0	0	0
	B.13.2	Equipment for ICU	1	0	1		1				#####	2E+06	2E+06	0	0	2E+06	2E+06	1705263	
	B.13.3	Equipments/instruments for ANC at Health Facility (Other than SubCentre) @ 50,000 per district per year	0	0	0		1				50000	0	0	0	0	0	50000	50000	
	B.13.4	Equipments for the Labour Room		0	0		0					1E+06	1E+06	0	0	1E+06		500000	

	B.13.5	Equipments for SNCU & NSU																
	B.13.5.A	SNCU for 23 districts unit cost of Rs. 2377258	0	0	0						0	0	0			0		0
	B.13.5.B	NSU for 530 PHCs unit cost of Rs. 139492	21.042	0	21.04						#####	3E+06	3E+06	0	0	3E+06	139492	3068824
	B.13.6	NSV Kits	18	0	18						1100	19800	20000	0	0	20000	1500	27000
	B.13.7	IUD insertion kit	1	0	1						15000	15000	15000	0	0	15000	20000	40000
	B.13.8	Minilap sets	13.158	0	13.16						3000	39474	39474	0	0	39474	4000	60000
B.14		Additionalities for NVBDCP under NRHM			0							0	0			0	0	0
		Total for Equipment Procurement			0							0	0			0	0	0
												5E+07	5E+07	2E+06	####	4E+07		87161302

Compatibility Report for New PIP planning format -barman

Draft08.10.08.xls

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The following features in this workbook are not supported by earlier versions of Excel. These features may be lost or degraded when you save this workbook in an earlier file format.

Minor loss of fidelity

**# of
occurrences**

Some cells or styles in this workbook contain formatting that is not supported by the selected file format. These formats will be converted to the closest format available.
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Name of the District: Sheohar							
Sr. NO	STRATEGIES	Component Code (only at state level)	Output 2012	Activity Plan		Budget Plan	
				2009-2010FY	2010-2011 FY	2009-2010 FY	2010-2011 FY

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Activities

		Activities																				
			1	2	3		5	6	time line of activities				8	9		11		12	8	13		15
			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)					Tentative Unit Cost (A)	Budget Planned $(X \times (A)) = B$	Budget received B or C (< or > than planned)	Budget utilised $(Y \times (A)) = D$	Advance	under or over-utilised Budget $((B-D) = E$	Tentative Unit Cost (A)	Budget Planned (including spill over amount) $((AP \times A) \pm E) = BP$	Budgetary Source (other than NRHM source)	Remarks
									Q1	Q2	Q3	Q4										

C		RI																			
C.1		RI																			
	1	Mobility support to District Official				0		0							50000	50000	24000	0	26000	10000	120000
	2	Cold chain maintenance for																			
		Vaccine van				0									25000	25000			25000	0	50000
		Minor Repair				0									15515	15515			15515	0	30000
	3	Slum and under served Areas				0									172200	172200			172200	0	100000
	4	Alternate Vaccinator				0									530600	530600	0	0	530600		100000
	5	Alternate vaccine delivery in hard to reach Area													19200	19200			19200	0	19200
	6	Alternative vaccine delivery in other areas				0		200							162800	162800			162800	3900	780000
	7	Computer Assistant support at Distt. Level			1	1	0		1					96000	96000	96000	40000	0	56000	96000	96000
	8	Quarterly Review Meeting district level				0									10000	10000			10000		10000
	9	Quarterly Review Meeting Block level				0	0								148500	148500	0	0	148500	0	148500

10	one day cold chain handler training for block level					0									8000	8000	0	0	8000		8000		
11	one day training at block level of data handler by DIO					0									6750	6750			6750	0	6750		
12	For consolidation of Micro plans at block level					0									7000	7000			7000	0	7000		
14	POL for vaccine delivery					0									100000	100000			100000	0	100000		
15	Consumable for computer for RIMS				0	0							4800	4800	4800	0	0	4800	9000	9000			
16	Twin buckets for PHC and CHC														2000	2000		0	2000		5000		
17	Red and black plastic bag, etc.					0									1680	1680			1680	0	3000		
18	Bleach-hypochloride solution					0									2500	2500			2500	0	5000		
19	cold chain handler training					0									0	0			0	0	0		
	Honorarium+TA for participants					0									4800	4800			4800	0	4800		
	Honorarium for trainers				0	0					0	0	0		600	600	0	0	600	0	600		
20	Working lunch and refreshment					0									3000	3000			3000	0	3000		
21	Data handler training				0	0									6750	6750	0	0	6750	0	10000		
22	Honorarium for alternet vaccinator					0									520800	520800			520800	0	20000		

23	One month honarium for break period for contractual ANM				0	0								9800	9800	0	0	9800	0	9800		
24	POL for ICE Pack				0	0								0	0	0	0	0	0	50000		
	TOTAL													1908295	1908295	64000	0	1844295	118900	1695650	0	

Name of the District: Sheohar																	
Sr. NO	STRATEGIES	Activity Plan							Budget Plan								
		2009-2010FY				2010-2011 FY			2009-2010 FY			2010-2011 FY					
		Activities	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 utilised (Y x (A)) = D	Advance	under or over-utilised Budget ((B-D) =E)	Tentative Unit Cost (A)	Budget Planned (including spill over amount) ((AP x A) ± E) = BP

		1	2	3	4	5	6	7	8	9	10	11	12	13					
						Q1	Q2	Q3	Q4										
D	OTHER PROGRAMMES																		
D.1	BLINDNESS																		
	1	GIA for free cataract operation	500	38	462	continue	600					750	77497	77497	0	0	77497	750	450000
	2	GIA for school Eye Screening		0	0				1				6667	6667	0	0	6667		10000
	3	Vision Centre	1		1		1					50000	50000	50000			50000	50000	50000
		TOTAL										134164	134164	0	0	134164	50750	510000	

Sr. NO		Name of the District: Sheohar																	
STRATEGIES		Activity Plan																	
		2009-2010FY																	

Compatibility Report for New PIP planning format -barman
Draft08.10.08.xls
Run on 10/8/2008 19:48

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Minor loss of fidelity

of occurrences

Some cells or styles in this workbook contain formatting that is not supported by the selected file format. These formats will be converted to the closest format available.
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