

# DISTRICT HEALTH SOCIETY AURANGABAD, BIHAR

## District Health Action Plan

2011-2012



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## Foreword

Recognising 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 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.

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.

We need to congratulate the department of health of Bihar for its dynamic leadership of the health sector reform programme and we look forward to a rigorous and analytic documentation of their experiences so that we can learn from them and replicate successful strategies. I also appreciate their decision to invite consultants (NHSRC/ PHRN) to facilitate our DHS regarding preparation the DHAP. The proposed location of HSCs, PHCs and its service area reorganized with the consent of ANM, AWW, male health worker and participation of community has finalized in the block level meeting.

We are sure that this excellent report will galvanize the leaders and administrators of the primary health care system in the district, enabling them to go into details of implementation based on lessons drawn from this study.



## **About the Profile**

Under the National Rural Health Mission this District Health Action Plan of Aurangabad 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 our knowledge as this has been provided by the concerned medical officers of every block. We are grateful to the state level consultants (SHSB/NHSRC/PHRN), ACOMO, MOICs, Block Health Managers, ANMs and AWWs for their excellent support by which we are in position to make this District Health Action Plan of Aurangabad District.

We hope, this District Health Action Plan 2011-12 will fulfill the intended purpose.

Dr. Parshuram Bharti  
Secretary  
DHS, Aurangabad.

Mr. Kundan Kumar (IAS)  
Chairman  
DHS, Aurangabad.

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## Chapter-1

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### Introduction

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Health is a state of physical, mental & social well being & not merely an absence of disease or infirmity. Hence recognizing the importance of health in the process of economic & social development & improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the health care delivery system to achieve a positive health.

The National Rural Health Mission (NRHM) seeks to provide effective health care to the entire rural population in the country with special focus on 18 states, which has weak public health indicators. It aims to undertake some architectural correction of the health system to enable it to be effective in providing “Health for All”. The mission envisages strategy for integrating ongoing vertical programs of health and family welfare, addressing issues related to the determinants of health like sanitation, nutrition and safe drinking water. The National Rural Health Mission seeks to adopt sector wide approach and aims at systemic reforms to enable efficiency in health services delivery.

A synergistic approach needs to be adopted integrating the segments of nutrition, sanitation, hygiene & safe drinking water, the mechanism to bring about the expected change includes increased public expenditure on health, reducing the geographical insolvency in health infrastructure, positioning of manpower, decentralization, district management of health programs, community participation & up gradation of present health systems meeting Indian Public Health Standard in each block of the district. Hence the goal of promotion of district health plan is to improve the availability of and access to quality health care by people especially for those residing in far off rural areas, the vulnerable sections of the society especially women & children.

Bihar is among the 18 selected states (EAG) that would get benefited under the NRHM. In this state all the districts would be covered under NRHM mission from 2005-2012. Some of the most important aspects of the mission are –

- (a) Decentralized Village and District Level Health Planning and Management,
- (b) Appointment of Accredited Social Health Activist (ASHA) to facilitate access to health services,
- (c) Strengthening the public health service delivery infrastructure, particularly at village, primary and secondary levels,
- (d) Mainstreaming and improving the Management Capacity to organize health systems and services in public Health.



Therefore the making of District Health Plan has been an exercise of vital importance in response to effective launch and implementation of NRHM. For this the Village Health Plans, plans for Water Supply, provision of proper Sanitation and Nutrition would form the core unit of action proposed. Implementing Departments would integrate into District Health Mission for management and monitoring of the district level plan.

## Chapter 2

### District Profile

# AURANGABAD DISTRICT PROFILE

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## Introduction

**A**urangabad district is one of the 38 districts in Bihar. Aurangabad is a city which boasts of unique culture and identity. It is situated on the Grand Trunk Road. The people of this district mainly speak Magahi and have largely taken up agriculture and other related activities as their occupation. Aurangabad city offers a host of tourist attraction to its visitors ranging from historical places to temples.

## Geography

**T**he district is one of the important districts of South Bihar situated on the famous Grand Trunk Road (NH-2). It is located at 24°44' North and 84°22' East. It has an average elevation of 108 metres. The district is bounded on the north by Arawal district, on the south by Palamu district of Jharkhand State, on the East by Gaya district and on the west by river Sone beyond which lies Rohtas district. The Grand Trunk Road has put the district on the road map of the country and provides easy transport facility to Kolkata in the east and Delhi in the west.

## Climate

**T**he major part of the district falls in mid Indo-Gangetic Plain where the soil is very fertile. The district owing to its great distance from sea becomes hot during summer and cold during the winter season. Summer season commences from late March and extends upto June. The months of May and June are quite hot. The temperature rises in the month of May with the mercury touching upto 46°C. The winter season starts from November onwards and extends upto February. The rainy season starts from mid-June and goes up to early October. The district receives bulk of its rainfall from the South-West monsoon covering more than 90 percent of its total annual rainfall. The district receives an annual average rainfall of 1142 mm.

## Demography

The total population of the district according to 2001 census is 20,04,960 out of which the male population is 10,35,757 (51.66 per cent) and the female population is 9,69,203 (48.35 per cent). The sex ratio is 936 females for every 1000 males. The rural population of the district is 18,36,127 while the urban population is 1,68,833. Among the rural population 51.57 per cent account for males and 48.43 per cent females, while amongst the urban population the percentage of male and female population is 52.67 per cent and 47.33 per cent respectively. The total area of the village is 3,305 sq.km and the population density per sq. km is 606.64. The caste-wise population shows that SC accounts for 23.58 per cent of the total population i.e. 4,72,766 and ST population is a mere 1,640 (0.08 per cent) while the rest of the population belongs to the backward and other classes (76.34 per cent).

## Physiography

The district consists of flat alluvial plain. The northern portion of the district is rich in alluvial soil. The northern and southern portion of the district, particularly parts of Dev and Madanpur blocks are hilly and surrounded by hills/hillocks. Only forest and other trees are grown in these hilly areas. Most of the land is waste land and not fit for cultivation.

## Soils

The district generally comprises of fertile clay loams and alluvial soils. The district actually consists of flat alluvial plain and in a few portions of it, fertile alluvium is found, which is locally known as 'Kewal'. It is best suited for Paddy, Wheat and sugarcane cultivation. In the south-western part of the district below the hills sandy loam is found. This type of soil is ideally suited for wheat and potato crops. The fertile clay loams and alluvial soils are also suitable for growing horticultural crops (fruits), vegetables, spices, medicinal plants and flowers. Encouraging these crops will go a long way in the development of the district not only in terms of employment generation but also better economy.

## Drainage Pattern

The most important and principal river in the district is Sone which originates near the sources of Narmada and Mahanadi in the elevated plateau of Central India near Maikal hills. It covers a course of 520 km through a hilly tract until it enters the gangetic Valley opposite Akbarpur in Rohtas district. It then passes through Barun and Daudnagar before leaving the district. At Barun there is massive masonry dam on the some river (from where water is supplied to Gaya, Patna and Rohtas districts). The other rivers of the district are PunPun, Batane, Adri, Keshhar, Madar, Dhawa, Jharhi and Karharwar.

## Minerals



The erstwhile state of Bihar was store house of minerals but after the bifurcation of the state, the present state of Bihar has gone devoid of major minerals. In this district of Aurangabad, only minor minerals such as stone, sand, murrum, clay, brickearth, etc are found.

## Culture

The most prominent feature of Aurangabad is that although territorially it formed a part of the great Magadh Empire, culturally it continued to enjoy its own identity. Even during the peak dominance of Ashoka the Great, it was able to resist the flow of Buddhism. Later on, people from Rajputana came and settled here. The ruling house of Dev, Mali, Pawai etc., were descendants of the warrior Rajput tribes who migrated from Rajasthan. Thus both during Mughal and British Periods, resistance to their domination was a usual phenomenon in this area. The dialect spoken in this area is Magadhi (Magahi). Aurangabad district is home to myriad tourist attractions. The district is famous for religious places which attract tourists from all over the country. Most important among these are the famous Sun Temple at Dev, Lord Shiva temple at Umga, Devkund, Amjhar Sharif and Gajna Dham. Sokha Baba temple and Gurudwara Sanghat in Nabinagar Block are other important places of tourist interest.

Apart from contributing towards the freedom struggle of India, Aurangabad holds a traditional significance as well. The renowned Ayurvedic product, Chyawan prash, derives its name from 'Chyawan Aashram' near Devkund village of Haspura block, in Aurangabad district, where Saint chyawan spent his life. Another significant place in the district is Obra, a small town located 16 km away from Aurangabad city.

Obra is well known for the production of Kaleen (carpets). The tradition of weaving beautiful and unique carpets in the town dates back to 15<sup>th</sup> century. Set up near Koriepur village, the Kaleen Udyog is currently managed by the state government.

Literacy – 57% of the total population is literate. 71% males and 42% females are literate.

The people are religious minded and still follow the old customs and traditions.

## History

Aurangabad district boasts of a vibrant history and holds the distinction of being a part of one of the largest and strongest empires in ancient India- Magadha.

The region of Magadha comprised of a vast empire in the ancient period, dating from 600 to 250 BC, Apart from India, the boundaries of this region were spread across parts of Burma, Pakistan, Indonesia, Sri Lanka & Bangaldesh, Aurangabad was also ruled by Bimbisar and Ajatshatru. Later on, Chandragupta Maurya and Ashoka ruled the region. After a period Rajputana came here to settle down. All these rulers have left their mark on the city.

The ancient name of Aurangabad is 'Naurangabad' after the name of the King Naurang Sah Deo. In the reign of Aurangjeb, its name was modified to Aurangabad. Previously till 1973 Aurangabad was a part of the Gaya district. The city played a significant role in the freedom struggle of



India as well. Its valuable contribution was in the form of the great Gandhian – Dr. Anugrah Narayan Sinha – who had a close association with Mahatma Gandhi and worked with Dr. Rajendra Prasad (the first President of India) as well. He encouraged the cause of freedom in Bihar and also led the Satyagraha movement in the state.

## Administrative Setup

The district of Aurangabad is administrative segregated in to two subdivisions his. Aurangabad and Daudnagar. There are eleven blocks in the district i.e. Aurangabad, Barun, Nabinagar, Kutumba, Dev, Madanpur, Rafiganj, Daudnagar, Haspura, Goh and Obra. Aurangabad district has 1848 villages, 203 gram Panchayats, 11 Panchayat samiti, 1 district board, 3 Nagar Panchayat and 1 Nagar Parishad.

Aurangabad district is divided in to six Assembly constitutions i.e Aurangabad, Kutumba, Rafiganj, Nabinagar, Goh and Obra. Aurangabad, Kutumba and Rafiganj Assembly constitutions are a part of Aurangabad Parliamentary constituency which apart from the aforesaid three Assembly constitutions of Aurangabad district also comprises of Gurua, Imamganj and Tikari Assembly constitutions of the neighbouring Gaya district. Nabinagar, Goh and Obra Assembly constituencies of Aurangabad district form a part of the Karakat Parliamentary constituency.

## General Law & Order

Aurangabad district has in all 25 police stations all headed by officers of the rank of Police sub Inspectors. There are 5 Police circles i.e. Aurangabad Mufassil, Madanpur, Rafiganj, Daudnagar and Nabinagar all headed by officers of the rank of Police Inspectors. There are two subdivisions in Aurangabad district i.e. (1) Aurangabad subdivision headed by Addl. SP and (2) Daudnagar subdivision headed by Dy SP. At the Police Headquarter. Aurangabad there are two Dy SP i.e (1) DY SP -1 incharge of 5 PS i.e Madanpur, Deo, Dhibra, Karma and Salaiya and (2) Dy SP -2 incharge of Rafiganj and Pauthu PS.

Aurangabad district is affected by extremist (naxal) activities which is one of the most serious problem of the district as far as the law and order in concerned.

Almost all the eleven blocks of the district are affected by extremism. Among the eleven blocks, the worst affected are Nabinagar, Kutumba, Dev, Rafiganj and Madanpur. The naxal affected Police circles are Nabinagar, Madanpur and Rafiganj circles comprising of a total of 14 P.S. The most naxal affected police stations are Dhibra, Tandwa, Dev, Madanpur, Amba, Mali, Saiya, Kasma and Goh Police stations. It has not only created panic among the people of these areas but also is acting as an impediment in the development process of the district.

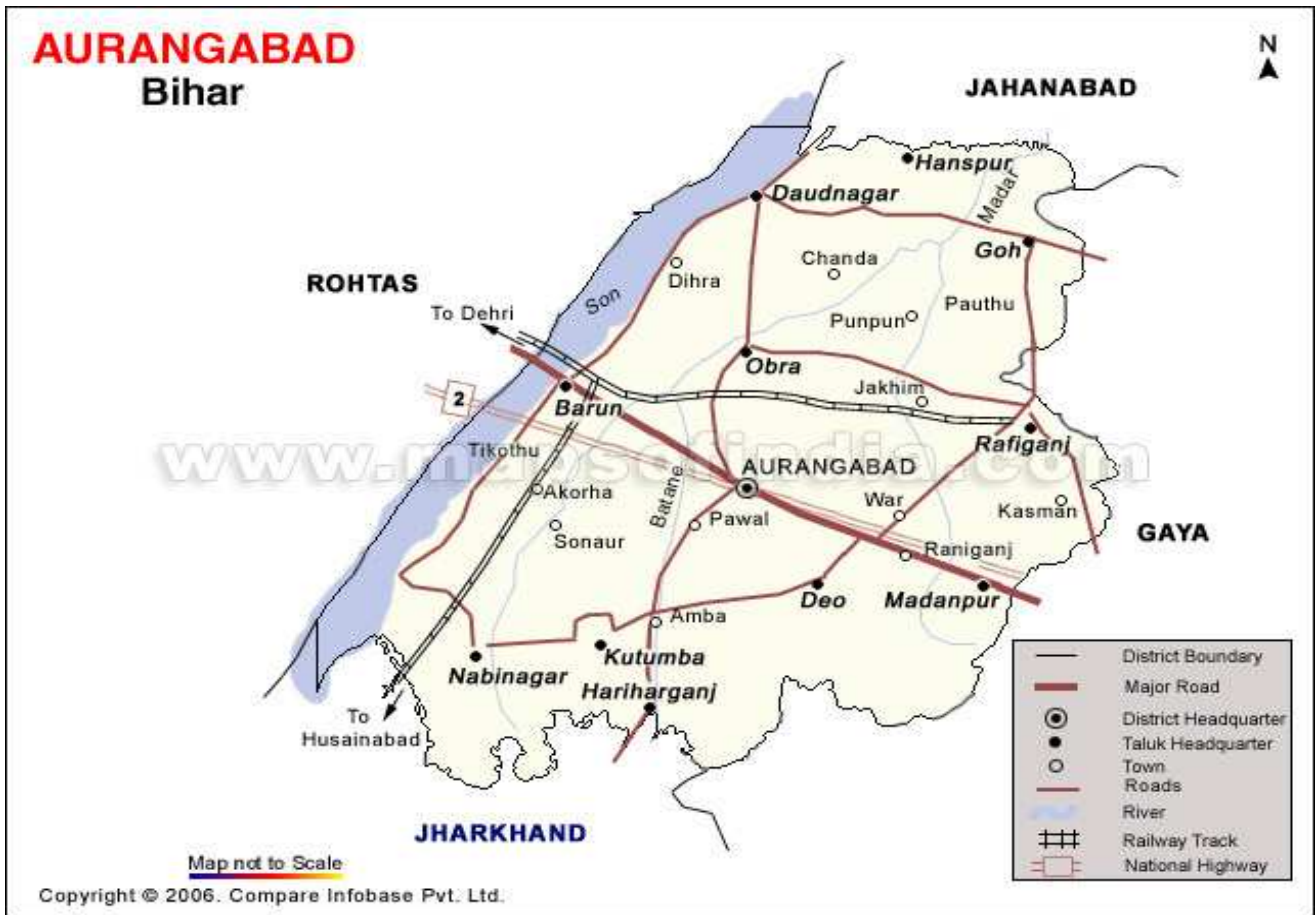
In the recent past i.e nearly three months back, two mobile phone towers, one each at Dev P.S. and Amba P.S have been damaged by the extremists. In another incident at Dev P.S. attempt was made to explode the Koyal Canal bridge which connects Dev and Dhibra.

In the extremist prone areas, as a precautionary measure, the movement of Police forces is kept secret and the use of wireless set is avoided for communication purposes.

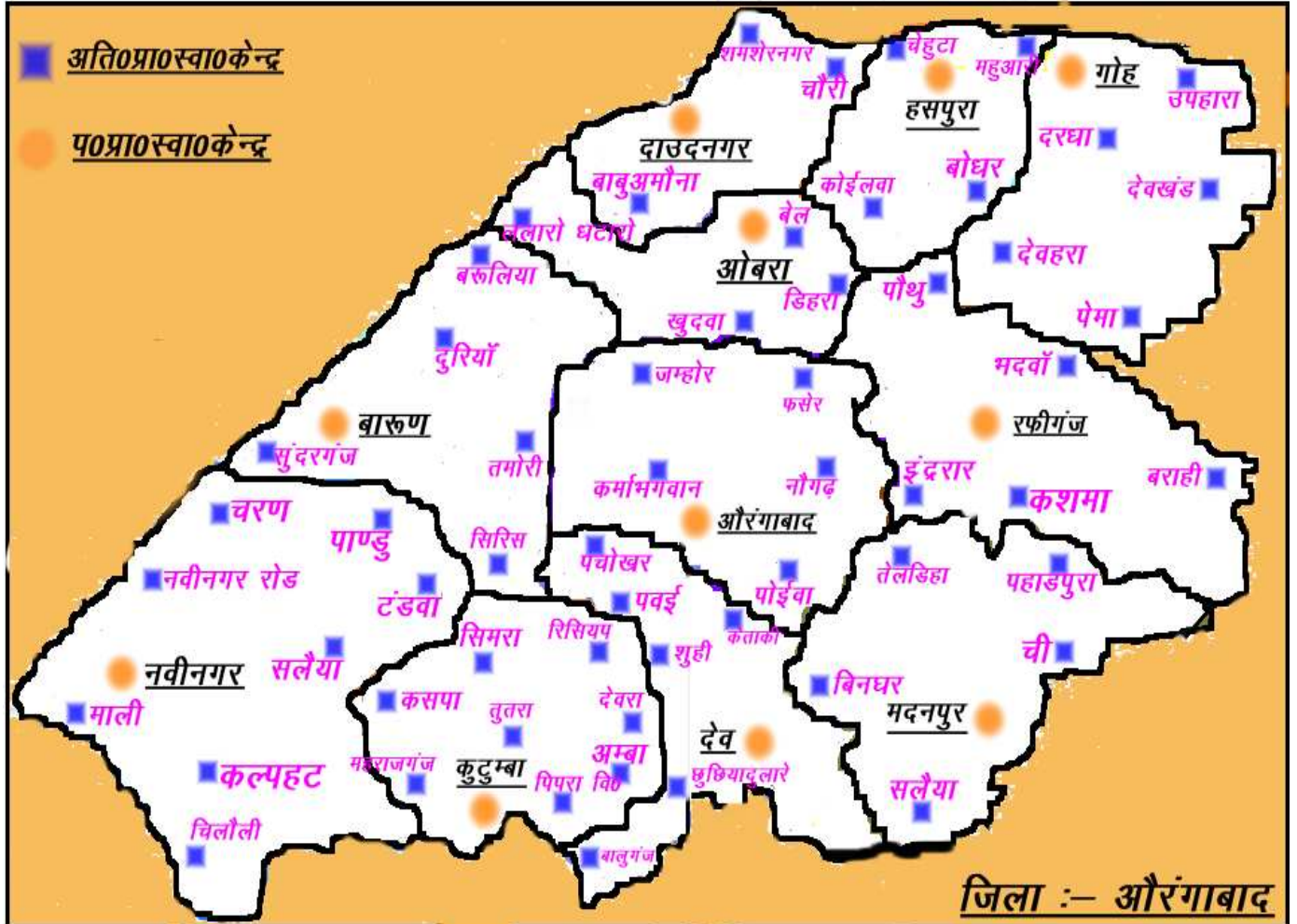
## Administrative units :-

Subdivision	-	2	
			Aurangabad & Daudnagar
Block	-	11	
			Aurangabad, Baroon, Nabinagar, Kutumba, Deo, Madanpur, Rafiganj, Daudnagar, Haspura, Goh and Obra
Police Station	-	25	
			Aurangabad Town, Aurangabad Muffasil, Jamhore, Baroon, Nabinagar, Tandwa, Mali, Kutumba, Amba, Risiap, Simra, Deo, Dhibra, Madanpur, Salaiya, Rafiganj, Kasma, Pauthoo, Daudnagar, Haspura, Goh, Uphara, Deokund, Obra and Khudwan.
Gram Panchayat	-	203	
			Aurangabad - 14
			Baroon - 17
			Nabinagar - 25
			Kutumba - 20
			Deo - 16
			Madanpur - 19
			Rafiganj - 23
			Daudnagar - 15
			Haspura - 14
			Goh - 20
			Obra - 20
Nagar Parishad	-	1	
			Aurangabad
Nagar Panchayat	-	3	
			Nabinagar, Rafiganj & Daudnagar
M.P. Constituency	-	2 (Part)	
			37- Aurangabad & 35- Karakat
MLA constituency	-	6	
			219- Goh, 220- Obra, 221- Nabinagar, 222- Kutumba, 223- Aurangabad and 224- Rafiganj

## Communication Map of District



## Health Facilities in District Aurangabad, Bihar



**AURANGABAD – AT A GLANCE**

<b>No.</b>	<b>Variable</b>	<b>Data</b>					
1.	Total area	3305 SQ km					
2.	Total no. of blocks	11					
3.	Total no. of Gram Panchayats	203					
4.	No. of Revenue villages	1884					
					Without Building		
		Sanctioned	Functional	Own Buiding	On Rent	With Land	Without Land
5.	No of HSCs	403	208	73	125	35	295
6.	No of APHCs	64	59	15	44	12	37
7.	No of PHCs	11	11	11			
8.	No of referral Hospitals	3	3	3			
9.	No of District Hospital	1	1	1			
10.	No of Sub Divisional Hospitals	1	0	Under Construction			
11.	No of Doctors	150					
12.	No of ANMs	514					
13.	No of Grade A (staff nurse)	41					



<b><i>No.</i></b>	<b><i>Variable</i></b>	<b><i>Data</i></b>
<b>14.</b>	<b>No of Paramedicals</b>	<b>574</b>
<b>15.</b>	<b>Total population</b>	<b>24,46,833 (Estimated)</b>
<b>16.</b>	<b>Sex Ratio</b>	<b>930</b>
<b>17.</b>	<b>No. of Anganwadi centers</b>	<b>2004</b>
<b>18.</b>	<b>No. of Anganwadi workers</b>	<b>1853</b>
<b>19.</b>	<b>No of ASHA</b>	<b>2160</b>
<b>20.</b>	<b>No. of electrified villages</b>	<b>1122</b>
<b>21.</b>	<b>No. of villages having access to safe drinking water</b>	<b>1483</b>

## POPULATION DETAILS

POPULATION	:- 24,46,833 (Estimated)
AREA	:- 3,305 (Sq. Kms)
DENSITY OF POPULATION	:- 465
SEX RATIO	:- 930
ELIGIBLE COUPLE	:- 4,15,962

SI No.	Name of Block	POPULATION 10-11 (Estimated)
1	Aurangabad Rural	173865
2	Aurangabad Urban	96500
3	Obra	217788
4	Daudnagar	203495
5	Haspura	153086
6	Rafiganj	292333
7	Madanpur	201980
8	Kutumba	222797
9	Nabinagar	296309
10	Deo	167490
11	Goh	224873
12	Barun	196317
<b>DISTRICT TOTAL</b>		<b>2446833</b>



## **HEALTH FACILITIES**

DISTRICT HOSPITAL	:-	01
REFERRAL HOSPITAL	:-	03
SUB-DIVISIONAL HOSPITAL	:-	01 (Under Construction)
PRIMARY HEALTH CENTRE	:-	11
ADDITIONAL PRIMARY HEALTH CENTRE	:-	59 (Functional)+ 5 (Proposed)
HEALTH SUB CENTRE	:-	208 (Functional)+ 195 (Proposed)
BLOOD STORAGE UNIT	:-	01 (Functional) & 01 (under process)
AIDS CONTROL SOCIETY	:-	01
FRU	:-	01(Functional) & 01 (under process)
SNCU	:-	01(Proposed)
NSU	:-	10 (Proposed)
DIAGNOSTIC CENTRE	:-	01
VILLAGE HEALTH & SANITATION COMMITTEE	:-	203



Ministry of Health & Family Welfare  
**HUMAN RESOURCE**



CATEGORY	POSTS SANCTIONED	IN POSITION	VACANT
Chief medical officer	1	1	0
Medical officers (Regular)	177	64	113
Medical officers (on Contract)	49	32	17
Dental Doctor	12	9	3
AYUSH Doctor	64	45	19
Clerk	96	81	15
Computer	11	8	3
Nurse Grade A	22 (R)+128 (C)	8(R)+33(C)	14(R)+95(C)
LHV	23	16	7
ANM	340(R)+23(C)+285 (C)	306(R)+20(C)+188(C)	84(R)+3(C)+97(C)
Stat. Clerk	3	2	1
Steno	2	1	1
Block Ext. Educator	11	1	10
Health Educator	55	37	18
Health Supervisor	11	0	11
BHW	34	26	8
Family Planning Worker	33	22	11
Pharmacist	72	22	50
Dresser	71	16	55
Lab Tech.	76	2	74
Health Worker	33	7	26
Driver	25	18	7
4 <sup>th</sup> Grade	301	221	80
Specialist Cholera	8	4	4
Cholera Supervisor	2	0	2
Vaccinator	17	4	13
Trained Dai	1	1	0
BC Tech.	6	2	4
X-Ray Tech	1	1	0
Dispenser	1	1	0
Malaria Supervisor	4	2	2



Ministry of Health and Family Welfare  
of India



<b>CATEGORY</b>	<b>POSTS SANCTIONED</b>	<b>IN POSITION</b>	<b>VACANT</b>
BHW (Malaria)	36	3	33
Regional Worker	2	0	2
Motor Mechanic	2	0	2
OT Asstt.	3	0	3
Eye Asstt.	5	5	0
BHS (Malaria)	11	1	10
Medical Social Worker	10	4	6
Non-Medical Asstt.	61	14	47
Block Health Manager	11	11	0
Block Community Mobilizer	11	09	02
Accountant	11	11	0
District Programme Manager	1	1	0
District Accounts Manager	1	1	0
District Monitoring & Evaluation Officer	1	1	0
District Planning Coordinator	1	1	0
District Epidemiologist (DSU)	1	1	0
District Data Manager(DSU)	1	1	0
Deputy Child Health Manager	1	0	1
District Community Mobilizer (ASHA)	1	1	0
District Data Assistant (ASHA)	1	1	0
Data Assistant	2	2	0
Office Assistant	2	2	0



## **ASHA status**



Against the target of 2160 , All 2160 ASHA have been selected and 1770 ASHA have been trained in the District. Training of rest is under process & will be completed in this financial year

PHC	Target	Selected	Trained on Module I	Trained on Module II, III & IV
Aurangabad	157	157	101	134
Obra	210	210	135	150
Daudnagar	152	152	137	133
Haspura	148	148	123	117
Goh	217	217	217	159
Rafiganj	252	252	106	112
Barun	189	189	181	181
Nabinagar	264	264	168	125
Kutumba	215	215	158	158
Deo	161	161	135	133
Madanapur	195	195	177	171
<b>Total</b>	<b>2160</b>	<b>2160</b>	<b>1623</b>	<b>1540</b>

## MAMTA status

Against the target of 105 , all are selected to care newborn babies & mothers.

Institution	Selected MAMTA
Aurangabad	30
Obra	08
Daudnagar	08
Haspura	09
Goh	07
Rafiganj	09
Barun	05
Nabinagar	07
Kutumba	08
Deo	07
Madanapur	07
<b>Total</b>	<b>105</b>

## Status of different Indicators

<u>Indicator</u>	<u>Bihar</u>	<u>Our Aim to</u>
<u>achieve</u>		
• Infant Mortality Rate	: 61	30
• Maternal Mortality Rate	: 371	100
• Total Fertility Rate	: 4.2	2.1
• Crude Birth Rate	: 30.4	-

### 2.3.2 BED AVAILABILITY

Name of Block	Population	Institution	Number of beds*
Aurangabad	292006	DH	89
Haspura	165339	Ref	30
Kutumba	240630	Ref+ PHC	20
Nabinagar	320027	Ref+ PHC	30
Obra	235222	PHC	6
Daudnagar	219785	PHC	12
Goh	242874	PHC	10
Rafiganj	315732	PHC	6
Madanpur	218147	PHC	6
Deo	180895	PHC	10
Barun	212033	PHC	8
<b>Total</b>	<b>2642689</b>	<b>-</b>	<b>227</b>

(Source: DHS)

### 2.3.5 BASIC FACILITIES AT RURAL INSTITUTIONS

#### Facility Appraisal Of The Health Institutions

Amenities	BPHCs Number	APHCs Number	Sub-centres Number
<b>Total no of institutions</b>	11	59	208
<i>Building</i>			
<b>Rented</b>	0	44	125
<b>Government-owned</b>	11	15	73
<b>Residential Accommodation</b>	11	10	38
<i>Electric Connection</i>	11	8	42
<i>Water Connection</i>	11	0	0
<i>Sanitary Latrine</i>	11	2	38

Amenities	CHCs/Referral	PHCs	Sub-centres
	Number	Number	Number
<b>Waste Disposal</b>	3	11	0
<b>Telephone Facility</b>	3	11	0
<b>X ray facility</b>	0	3	0
<b>Blood storage facility</b>	0	1	0
<b>Laboratory testing facility</b>	2	5	0
<b>Ambulance for referral</b>	3	10	0
<b>OT Facility</b>	2	10	0

(Source : DHS-Facility Survey)

### **2.3.7 DISTRICT HOSPITAL**

Availability of basic facilities at the district hospital,

#### **Availability of selected facilities**

	<b>Response</b>
Tap water facility	Yes
Over head tank and pump	Yes
Electricity line in all parts	Yes
Generator	Yes
Telephone	Yes
Vehicles	Yes
Sewerage	No
Incinerator	No
Clean OPD	No
Clean OT	Yes
Clean toilets	Yes
Clean premises	Yes

(Source : Sadar Hospital)



## Chapter 3

### Situation Analysis

In the present situational analysis of the blocks of district Aurangabad 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, Aurangabad and various websites as well as other sources. These indicators help in pointing to the health scenario in Aurangabad 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.

S.No	Block Name	Population	Sub-centres required	Sub-centers Present	Sub-centers proposed	Further sub-centers required	Status of building		Availability of Land (Y)
							Own	Rented	
1	Aurangabad	292006	58	19	25	14	10	6	6
2	Obra	235222	47	17	19	11	3	7	6
3	Daudnagar	219785	44	15	21	8	10	5	0
4	Haspura	165339	33	16	7	10	6	10	5
5	Goh	242874	49	21	17	11	2	19	3
6	Rafiganj	315732	63	20	29	14	6	14	2
7	Madanpur	218147	44	14	17	13	9	5	9
8	Deo	180895	36	18	9	9	7	11	0
9	Kutumba	240630	48	26	11	11	6	20	0
10	Nabinagar	320027	64	23	27	14	5	18	0
11	Barun	212033	42	19	13	10	9	10	4
	<b>Total</b>	2642689.4 15	529	208	195	126	73	125	35

No	Block Name	Population	APHCs required (After including PHCs)	APHCs present	APHCs proposed	APHCs required	Status of building		Availability of Land (Y)
							Own	Rented	
1	Aurangabad	292006	10	5	0	5	1	4	0
2	Obra	235222	8	4	2	2	3	1	1
3	Daudnagar	219785	7	4	1	2	1	3	3
4	Haspura	165339	6	4	0	2	0	4	1
5	Goh	242874	8	5	0	3	2	3	
6	Rafiganj	315732	11	5	2	4	2	3	1
7	Madanpur	218147	7	5	0	2	1	4	2
8	Deo	180895	6	6	0	0	0	6	2
9	Kutumba	240630	8	8	0	0	1	7	0
10	Nabinagar	320027	11	8		3	2	6	2
11	Barun	212033	7	5	0	2	2	3	0
	<b>Total</b>	2642689	88	59	5	24	15	44	12

No	Block Name/sub division	Population	PHCs/Referral/SDH/DH Present	PHCs required(After including referral/DH/SDH)	PHCs proposed
1	Sadar Hospital		1	0	0
2	Aurangabad	292006	1	2	0
3	Obra	235222	1	2	0
4	Daudnagar	219785	1	2	0
5	Haspura	165339	1	1	0
6	Goh	242874	1	2	0
7	Rafiganj	315732	1	3	0
8	Madanpur	218147	1	2	0
9	Deo	180895	1	1	0
10	Kutumba	240630	1	2	0



11	Nabinagar	320027	1	3	0
12	Barun	212033	1	2	0
	<b>Total</b>	2642689	12	22	0

PHC/ Referral Hospital/ SDH/DH Name	Populati on  served	Buildi ng owner ship  (Govt/ Pan/ Rent)	Buildin g conditi on  (+++/ +/#)	Assure d runnin g water supply  (A/NA/I )	Conti nuou s powe r suppl y  (A/NA /I)	Toile ts  (A/NA /I)	Func tional Labo ur room  (A/NA )	Condi tion of labo ur room  (+++/ +/#)	No. of rooms	No. of beds	Func tional OT  (A/NA)	Condi tion of ward  (+++/ +/#)	Condi tion of OT  (+++/ +/#)
Sadar Hospital	0	Govt.	++	A	A	A	A	++	124	89	A	#	++
Auranga bad	292006	Govt.	++	A	NA	A	NA	#	3	0	NA	#	#
Obra	235222	Govt.	+	A	A	A	A	#	11	6	A	++	#
Daudnag ar	219785	Govt.	++	A	A	A	A	++	11	6	A	++	++
Haspura	165339	Govt.	++	A	A	A	A	#	16	30	A	++	++
Goh	242874	Govt.	++	A	A	A	A	#	11	6	A	++	++
Rafiganj	315732	Govt.	++	A	A	A	A	#	12	6	A	++	++
Madanp ur	218147	Govt.	+	A	A	A	A	#	11	6	A	++	++
Deo	180895	Govt.	+	A	A	A	A	#	14	6	A	++	++
Kutumb a	240630	Govt.	++	A	A	A	A	#	12	30	A	++	++
Nabinag ar	320027	Govt.	++	A	A	A	A	#	18	30	A	++	++
Barun	212033	Govt.	+	A	A	A	A	++	6	6	A	++	++

<b>A.1.1.1 Operationalise FRUs (BSU)</b>		
<b>Situation Analysis/ Current Status</b>	<b>Out of two sanctioned blood bank only one is working.</b>	
<b>Objectives / Milestones/ Benchmarks</b>	<b>To establish &amp; make functional one blood bank at SDH Daudnagar.</b>	
<b>Strategies/ Activities</b>	<ol style="list-style-type: none"> <li>1. Deputation of LT at SDH Daudnagar through outsource agency.</li> <li>2. Deployment of Lab Technician on contract basis.</li> <li>3. Hiring of building until the construction of building completed.</li> </ol>	
<b>Support required</b>	<ol style="list-style-type: none"> <li>1. Requirement of technical person from State Health Society temporarily for monitoring of establishment.</li> <li>2. Financial support</li> </ol>	
<b>Budget</b>	<b>Activity / Item</b>	<b>2011-12</b>
<b>In Lakhs</b>		
<b>Total</b>		<b>4.56</b>

<b>A.1.3.1 Integrated outreach RCH services (monitoring).</b>	
<b>Status</b>	<b>208 HSCs are functional in Aurangabad district.</b>
<b>Objectives</b>	To ensure the proper delivery of RCH services at each PHC through regular meetings & recommendations.
<b>Strategies/ Activities</b>	<ol style="list-style-type: none"> <li>1. Every HSC would be visited by MOIC, BHM &amp; other block level officials once in a month.</li> <li>2. There should be a monthly meeting of HSC staff at block level for proper reviewing.</li> </ol>



A.1.3.2 Monthly village health & nutrition days		
<b>Situation Analysis/ Current Status</b>	Currently not celebrating in most of the villages.	
<b>Objectives / Milestones/ Benchmarks</b>	To ensure monthly celebration of VHND with active participation of PRIs, CDPOs & other block level officials.	
<b>Strategies/ Activities</b>	Capacity building of members of Village health & sanitation committee Establishing Convergence meeting at block and District level	
<b>Support required</b>	1. ICDS 2. Development Partners (Unicef DFID and CBOS ) 3. Administrative body like BDOs, SDOs, Mukhiya, Pramuks & PRIs etc.	
<b>Budget</b>	<b>Activity / Item</b>	<b>2011-12</b>
<b>In Lakhs</b>		
<b>Total</b>		

A.1.4.1 Home deliveries (JBSY)		
<b>Situation Analysis/ Current Status</b>	Home deliveries are not attended by SBA in most of the cases	
<b>Objectives / Milestones/ Benchmarks</b>	To ensure safe delivery at home through SBAs.	
<b>Strategies/ Activities</b>	Capacity building & orientation of SBAs Mobilization among community to avail the safe delivery	
<b>Support required</b>	SBA should attend all the cases Key stakeholders like MO/IC, PRIs, Civil Society & local change-agents	
<b>Budget</b>	<b>Activity / Item</b>	<b>2011-12</b>
<b>In Lakhs</b>	To make sure all of delivery that should be attended by SBA To spread awareness among community for conducting safe delivery through skilled birth attendant	
<b>Total</b>		



<b>A.1.4.2.1 Institutional Delivery -Rural</b>		
<b>Situation Analysis/ Current Status</b>	Institutional deliveries are conducted at PHC level and incentivized method has accelerated the process of institutional delivery	
<b>Objectives / Milestones/ Benchmarks</b>	To reduce the infant mortality rate & maternal mortality rate by strengthening the institutional delivery	
<b>Strategies/ Activities</b>	To create enabling environment at institutions where the beneficiaries could be accessed and benefits with the vitals of scheme To create awareness intensively among community to maximize the delivery at institution point <b>Better coordination and collaboration among line departments</b>	
<b>Support required</b>	Key stakeholders like/IC, PRIs, Civil Society & local change-agents	
<b>Budget</b>		<b>2011-12</b>
<b>In Lakhs</b>		
<b>Total</b>		

<b>A.1.4.2.2 Urban</b>		
<b>Situation Analysis/ Current Status</b>	Delivery at urban institution is being conducted and efforts are to provide the best of facilities	
<b>Objectives / Milestones/ Benchmarks</b>	To reduce the infant mortality rate & maternal mortality rate by strengthening the institutional delivery	
<b>Strategies/ Activities</b>	To create enabling environment at institutions where the beneficiaries could be accessed and benefits with the vitals of scheme To create awareness intensively among community to maximize the delivery at institution point <b>Better coordination and collaboration among line departments</b>	
<b>Support required</b>	Key stakeholders like,DS, MO/IC,CDPO,AWWs	
<b>Budget</b>		<b>2011-12</b>
<b>In Lakhs</b>		
<b>Total</b>		



<b>A.1.4.2.3 Caesarean Deliveries</b>	
<b>Situation Analysis/ Current Status</b>	Delivery at urban institution is being not conducted at rapid pace and the absence of anesthetists affects the speedy conduction of caesarean cases
<b>Objectives / Milestones/ Benchmarks</b>	To attend the complicated cases of delivery very smoothly and make sure of safe delivery
<b>Strategies/ Activities</b>	<ol style="list-style-type: none"> <li>1. To bring the availability of concerned doctors to attend the caesarean cases by arranging the duty rosters of neighbouring district by State level</li> <li>2. Better coordination and collaboration among service providers</li> <li>3. Appointment of anaesthetizes &amp; surgeons either on contract basis or regular basis</li> </ol>
<b>Support required</b>	<ol style="list-style-type: none"> <li>1. Availability of at least four concerned doctors at urban institution through State</li> <li>2. Ensuring availability of Assistant to attend the case.</li> </ol>
<b>Budget</b>	<b>2011-12</b>
<b>In Lakhs</b>	
<b>Total</b>	

<b>A.1.4.3 Other Activities (JSY)</b>	
<b>Situation Analysis/ Current Status</b>	In order to record & manage the data , the data operator is not available
<b>Objectives / Milestones/ Benchmarks</b>	To make appointment of data operator for the proper upkeep of data
<b>Strategies/ Activities</b>	Printing of different formats To appoint the data operator for the proper keeping of records
<b>Support required</b>	<ol style="list-style-type: none"> <li>1. Appointment of one data operator</li> <li>2. Availability of printed formats</li> </ol>
<b>Budget</b>	<b>2011-12</b>
<b>In Lakhs</b>	
<b>Total</b>	

<b>A.2.1 IMNCI</b>		
<b>Situation Analysis/ Current Status</b>	To concurrent monitoring of IMNCI is not going on and the fund is lying unspent	
<b>Objectives / Milestones/ Benchmarks</b>	To reduce the mortality of neonatal & childhood illness up to 0-3 years	
<b>Strategies/ Activities</b>	To form a committee of CS,DPM & Pediatricians to follow-up & monitor	
<b>Support required</b>	<ol style="list-style-type: none"> <li>1. Appointment of one data operator</li> <li>2. Availability of printed formats</li> <li>3. Development Partners to monitor</li> </ol>	
<b>Budget</b>		<b>2011-12</b>
<b>In Lakhs</b>		
<b>Total</b>		

<b>A.2.4 School Health Plan</b>		
<b>Situation Analysis/ Current Status</b>	School health plan is going on but the follow up of referred cases are poor.	
<b>Objectives / Milestones/ Benchmarks</b>	To ensure proper check up of school children with adequate referral system & follow ups.	
<b>Strategies/ Activities</b>	<ol style="list-style-type: none"> <li>1. Strict monitoring &amp; supervision of School health plan being carried out by NGOs.</li> <li>2. Timely submission of School Health Plan at DHS.</li> </ol>	
<b>Support required</b>	Vehicle for mobility	
<b>Budget</b>		<b>2011-12</b>
<b>In Lakhs</b>		
<b>Total</b>		



A.2.6 Care of sick children & severe malnutrition (NRC)		
Situation Analysis/ Current Status	No NRC in the district till date.	
Objectives / Milestones/ Benchmarks	To minimize No. of cases of sick & severe malnutrition children in the district (2011-12).	
Strategies/ Activities	Expected no. of NRC in District would be 1.	
Support required	1. Financial support from the state. 2. After operationalization ICDS to refer severely malnourished children from field	
Budget		2011-12
In Lakhs		
Total		

## SPECIAL EFFORTS TO OVERCOME LEFT WING EXTREMISM

- (1) **Health Sub Centre:** 403 Health Sub Centres are sanctioned in Aurangabad District among them 208 are functional and 195 are newly proposed to be made functional upto 2012. Out of which 60 have their own buildings as a 35 are construction through NRHM and other Govt. funds.113 HSC are still building less. Health Sub Centres are the basic unit through which govt. health services are offered /implemented. HSC are at the cutting edge. If we can ensure establishment of a good Health Sub Centre with requisite facilities, health services can be made available to the rural masses at the grass root level. It is worthwhile to mention that there are many Panchayats in the district, which are far off from the district H.Q. and even from the block H.Q. These panchayats exist in difficult geographical areas. By ensuring HSC in such areas the administration would be able to win over the confidence of the people.
- (2) **Equipment at PHC level:** Our PHCs, at the block level, do not have state of art operation theatre and many such equipment which are used for various diagnostics process and surgery. Because of which, poor people have to travel to the district or other such places where they spend lot of money in order to get the requisite health services. By providing equipments (like ultrasonography, ECG Machine) for diagnosis and instruments to perform major surgery (pathological gall bladders, kidney, uterus and other abdominal surgery).PHC can be better equipped to offer surgical and diagnostic services to the rural masses
- (3) **Solar Unit:** Outsourcing of generator services has ensured electricity at PHC level. But most of APHC and HSC do not have electricity supply. Therefore the solar units can be provided to the APHC & HSC.

- (4) **Quarters of Medical Staff at PHC:** Almost in all PHC, the residential quarters are in dilapidated state. Providing good residential accommodation in PHC can be a motivating factor for the doctors to stay in the left wing extremist area. Absenteeism of doctors can certainly be checked.
- (5) **Modernization of District Hospital:** A state of art District Hospital is a sine-quo-non to win the confidence and faith of the people with respect to govt. hospital services. Although funds are made available through NRHM for various purposes but are not enough in terms of buying equipments. A sum of Rs.50 lacks would help hospital administration to buy equipments of their need with ease.



# BUDGET

# PLAN



S. No.	STRATEGIES	Component Code (only at state level)	Activity Plan						Budget Plan									
			2010-2011Y			2011-2012 FY			2010-2011 FY				2011-2012 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 (X x (A)) = B	Budget received B or C (< or > than planned)	Budget utilised (Y x (A)) = D	under or over-utilised Budget ((B-D) = E)	Budget Planned (including spill over amount) ((AP x A) ± E) = BP	Budgetary Source (other than state source)	Remarks	
1	2	3	4	5	6	Q1	Q2	Q3	Q4	8	9	11	12	13	15			
																	0	
A	RCH - TECHNICAL STRATEGIES & ACTIVITIES (RCH Flexible Pool)	A															0	
A1	MATERNAL HEALTH	A1															0	
A1.1	Operationalise facilities (only dissemination, monitoring, and quality)	A1.1																
A1.1.1	Operationalise FRUs (BSU)	A1.1.1	2	2	1	1	Sub divisional hospital dudnagar is under construction it should be functional in next year at PHC Dudnagar.	1										750,000.00
A1.3	Integrated outreach RCH services	A1.3																
A1.3.1	RCH Outreach Services in unserved/ under-served areas (monitoring)	A1.3.1	208	2496	0	2496	No any activity is done in this financial year	2496										2,079,168.00
A1.3.2	Monthly Village Health and Nutrition Days	A1.3.2	4812	4812	0	4812	No any activity is done in this financial year	4812										192,480.00
	HSC		1884	208	0	208	No any activity is done in this financial year	1884										3,768,000.00
	District		1	1	0	1		5000										25,000,000.00
	During Quarter		1	4	0	4		10000										25,000,000.00
A1.4	Jarati Suraksha Yojna / JSY	A1.4																
A1.4.1	Home Deliveries	A1.4.1		12000	7195	4805		12000										6,000,000.00
A1.4.2	Institutional Deliveries:	A1.4.2																
A1.4.2	Rural	A1.4.2.1	43932	47000	21000	26000	Up to Nov,10	47000										94,000,000.00
A1.4.2	Urban	A1.4.2.2	4068	468	1321	853		4000										4,800,000.00
A1.4.2.3	Cesarean Deliveries	A1.4.2.3	4800	200	161	39		4800										7,200,000.00
A1.4.3	Other Activities (JSY)	A1.4.3			0													
A2	CHILD HEALTH	A2			0													
A2.1	IMNCI	A2.1			0													135,000.00
A2.2	Facility Based Newborn Care/FBNC	A2.2	11	11	0	11	Instrument could not be installed at PHC level	11										180,000.00
A2.4	School Health Programme	A2.4	3500	993	619	374	This programme has begun after July,10 in district.	3500										10,500,000.00

S. No.	STRATEGIES	Component Code (only at state level)	Activity Plan							Budget Plan										
			2010-2011Y				2011-2012 FY			2010-2011 FY				2011-2012 FY						
			Output 2012	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 (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	under or over-utilised Budget ((B-D) = E	Budget Planned (including spill over amount) ((A.P x A) ± E) = BP	Budgetary Source (other than NRHM source)	Remarks		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15						
A.2.6	Care of Sick Children and Severe Malnutrition (Nutritional Rehabilitation Centres)	A.2.6	1	0	0	0		12		1	1	1	1	211,270.00	2,535,240.00	0	0	2,535,240.00		
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition (Vitamin A biannual round)	A.2.7	2	2	1	1	to be done in January,10	2		0	1	0	1	107,000.00	214,000.00	214000	0	214,000.00	214,000.00	
A.3	FAMILY PLANNING	A.3				0								-			0	-		
A.3.1	Terminal/Limiting Methods	A.3.1				0								-			0	-		
A.3.1.1	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services	A.3.1.1	1	1	0	1	workshop could not be arranged	1	strictly follow of guideline	1	0	0	0	22,000.00	22,000.00	22000	0	22000	22,000.00	
A.3.1.2	Female Sterilisation camps	A.3.1.2	264	264	50	214	activity continue from October,10 at all PHC and District H.Q.	300	Special planning with Nodel Officer of FP	50	50	100	100	1,000.00	264,000.00	264000	0	264000	264,000.00	
A.3.1.3	NSV camps	A.3.1.3	22	22	0	22	lacking of awareness	22	Special planning with Nodel Officer of FP	6	6	5	5	10,000.00	220,000.00	220000	0	220000	220,000.00	
A.3.1.4	Compensation for female sterilisation	A.3.1.4	15000	14100	1802	12298	target to be fulfill in forthcoming period	15000	Special planning with Nodel Officer of FP	150	200	550	600	1,500.00	21,150,000.00	11315250	1419000	8896250	21,150,000.00	
A.3.1.5	Compensation for male sterilisation	A.3.1.5	500	596	14	582	lacking of awareness and less interest shown by people	500	Special planning with Nodel Officer of FP and IEC	50	50	200	200	1,500.00	894,000.00	893625	4000	889625	894,000.00	
A.3.1.6	Accreditation of private providers for sterilisation services	A.3.1.6	5000	3725	550	3175		5000		500	2000	1500	1000	1,500.00	7,500,000.00		0	7,500,000.00		

S. No.	STRATEGIES	Activities	Component Code (only at state level)	Activity Plan							Budget Plan						
				2010-2011Y				2011-2012 FY			2010-2011 FY				2011-2012 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 (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	under or over-utilised Budget ((B-D) =E	Budget Planned (including spill over amount) ((A.P x A) ± E) = BP	Budgetary Source (other than NRHM source)
1	2	3		5	6		8	9		11	12	13	15				
A.3.2	Spacing Methods	A.3.2															
A.3.2.1	IUD camps	A.3.2.1	240	220	0	220	Camp is suppose to be organised in the month of January,10.	240	80	80/80	80	1,500.00	360,000.00	330000	0-330000	360,000.00	
A.3.2.2	IUD services at health facilities/Compensation	A.3.2.2	18000	17620	4675	12945	Camp is suppose to be organised in Qtr.IV	18000	4500	4500/4500	4500	50.00	900,000.00	309568	0-309568	900,000.00	
A.3.2.5	Contraceptive Update seminars, Quality Assurance (Minor procurement, Field visit, review meeting etc.)	A.3.2.5	11	11	0	11		11	0	11/0	0	7,135.00	78,485.00	78430	0-78430	78,485.00	
A.3.3	PUL for Family Planning/others	A.3.3	11	11	3	8		11	11	11/11	11	16,200.00	178,200.00	194400	0-194400	178,200.00	
A.5.1	Urban RCH Services	A.5.1	1	1	1	0		1	1	1/1	1	540,000.00	540,000.00	270000	0-270000	540,000.00	
A.8	INNOVATIONS/ PPP/NGO					0		100	0	40/40	20				0		
A.8.1	PNDT and Sex Ratio	A.8.1	11	11	0	11		11	0	0/0	0	25,000.00	275,000.00	3,025,000.00	0-3025000	275,000.00	
A.8.2	PPP (Chiranjeev Yojna)	A.8.2	200	0	0	0		200	0	60/60	50	1,795.00	359,000.00		0	359,000.00	
A.8.4	Other innovations/ Family Friendly Hospital Certification)	A.8.4	2	0	0	0		2	0	0/2	0	200,000.00	400,000.00		0	400,000.00	
A.9	INFRASTRUCTURE & HUMAN RESOURCES	A.9				0									0		
A.9.1	Contractual Staff & Services	A.9.1													0		
A.9.1.2	Laboratory Technicians (BSU)	A.9.1.2	6	6	3	3	FRU at sub divisional hospital Daudnagar could not be functional.	6	3	6/6	6	6,500.00	468,000.00		0	468,000.00	
A.9.1.3	Staff Nurses	A.9.1.3	128	128	39	89	suitable candidates has not applied	128	128	128/128	128	144,000.00	18,432,000.00	16704000	1824000-14880000	24,432,000.00	
A.9.1.4	Medical Officer and Specialists (BSU, Anaesthetists, Pediatricians, Ob/Gyn, Surgeons, Physicians)	A.9.1.4	2	0	0	0	02 Specialist will be appointed	2	2	2/2	2	35,000.00	840,000.00		0	840,000.00	
A.9.1.5.3	Honourarium of Voluntary Workers	A.9.1.5.3	70	53	0	53	Proper information was not available	70	70	70/70	70	1,200.00	63,600.00	63157	0-63157	63,600.00	
A.9.1.6	Incentive/ Awards etc. to ASHA Link worker/ SN/ MOs etc. (Incentive for ASHA & ANM for Muskan Ek Abhiyan) - ASHA	A.9.1.6	2160	2160	2160	0			2160	2160/2160	2160	2,400.00	5,184,000.00	3886200	540000-3346200	5,184,000.00	
A.9.1.6	Incentive/ Awards etc. to ASHA Link worker/ SN/ MOs etc. (Incentive for ASHA & ANM for Muskan Ek Abhiyan) - ANM	A.9.1.6	648	648	508	140	ANM not appointed	648	648	648/648	648	12,000.00	7,776,000.00	5928000	122000-5896000	7,776,000.00	
A.9.3	Minor civil works	A.9.3	11			0									0		

S. No.	STRATEGIES	Component Code (only at state level)	Activity Plan										Budget Plan							
			2010-2011Y				2011-2012 FY						2010-2011 FY				2011-2012 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 (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	under or over-utilised Budget ((B-D) =E	Budget planned (including spill over amount) ((A.P x A) ± E) = BP	Budgetary Source (other than NRHM source)	Remarks	
1	2	3		5	6				8	9		11	12	13		15				
A.9.3.1	Minor civil works for operationalisation of 24 hour services at FRU	A.9.3.1	2	1	0	1		2	BSU at Daudnagar will be functional	1	2	2	2	200,000.00	200,000.00	0	0	200,000.00		
A.9.3.2	Minor civil works for operationalisation of 24 hour services at PHCs	A.9.3.2	11	11	0	11	Fund could not transfer to PHC	11	Fund will be transferred on time and will proper monitor	11	0	0	0	100,000.00	1,100,000.00	1100000	0	1,100,000.00		
A.9.4	Operationalize IMEP at Health facilities (Bio-Waste Management)	A.9.4			0											0				
	Training		1	1	0	1	Organisation could not be final at SHSB,Pana	1		1				26,316.00	26,316.00	26316	0	26,316.00		
	Bio-waste management at PHC		11	11	0	11		11		11	11	11	11	96,000.00	1,056,000.00	1056000	0	1,056,000.00		
	Bio-waste management at Referral Hospital and SDH		3	3	0	3		3		3	3	3	3	144,000.00	432,000.00	432000	0	432,000.00		
	Bio-waste management at DH		1	1	0	1		1		1	1	1	1	360,000.00	360,000.00	360000	0	360,000.00		
A.10	INSTITUTIONAL STRENGTHENING	A.10			0											0				
A.10.3	Monitoring & Evaluation/HMIS -> 10.3.1: Upgradation and Maintenance of Web Server 10.3.2: HMIS HR, 10.3.3: Printing of Revised HMIS formats prescribed under NRHM, 10.3.4: HMIS Training, 10.3.5: Mobility for M&E Officers	A.10.3			0											0				
10.3.1	Upgradation of Web Server	10.3.1	1	0	0	0		1		0	0	0	0	50,000.00	50,000.00	25000	0	25000	50,000.00	
10.3.2	HMIS Supervisor at District Level	10.3.2	1	0	0	0		1		0	0	0	0	90,000.00	90,000.00	0	0	0	90,000.00	
10.3.3	Printing of Revised HMIS Formate up to HSC level	10.3.3	20405	20247	0	20247		20405		0	0	20405	0.35	9,142.00	8086	0	8086	9,142.00		
10.3.4	HMIS Training	10.3.4	423	520	520	0		423		0	423	0	0	920.00	389,160.00	478400	0	478400	389,160.00	
10.3.5	Mobility Support for M&EO	10.3.5	12	1	0	1	Inappropriate fund was allocated	12		3	3	3	3	12,000.00	144,000.00	19200	0	19200	144,000.00	
	Communication support for M&EO (Mobile Phone expenses)		12	0	0	0		12		3	3	3	3	1,000.00	12,000.00	0	0	0	12,000.00	
A.10.4	Sub Centre Rent/Contingencies	A.10.4	167	167	0	167	Appropriate Fund not allocated	167		167	167	167	167	6,000.00	1,002,000.00	246000	0	246000	1,002,000.00	
A.11	Training	A.11			0											0				
A.11.3	Maternal Health Training	A.11.3			0											0				
A.11.3.1	SBA Trg. (Dist.) (incl. printing)	A.11.3.1.1	25	9	1	8		25		3	4	4	4	88,100.00	792,900.00	792900	115000	677900	1,673,900.00	
A.11.5	IMNCI		40	44	12	32		46		10	16	13	10	134,760.00	5,929,440.00	3221900	1264000	1957900	8,156,860.00	
A.11.5	EMNCI		3	3	0	3		3		1	1	1	1							
A.11.5	IMNCI (TOT)		7	2	1	1		2		0	1	0	1	159,600.00	319,200.00	159600	125000	34600	319,200.00	
A.11.5	IMNCI (Health Worker)			44		44														
A.11.5	EMNCI & SNCU				0											0				

S. No.	STRATEGIES	Component Code (only at state level)	Activity Plan								Budget Plan					
			2010-2011Y				2011-2012 FY				2010-2011 FY			2011-2012 FY		
			Output 2012	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 (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	under or over-utilised Budget (B-D) = E	Budget Planned (including spill over amount) (A.P x A) =E1
	1	2	3		5	6		8	9	11	12	13	15			
A.11.5.	IMNC (Follow Up)			0												
A.11.6	Family Planning Training	A11.6		0												
A.11.6.2	Minilap Training	A11.6.2	/	1	0	1			70,240.00	70,240.00	70240	0-70240	70,240.00			
A.11.6.3	NSV Training	A11.6.3	/	1	0	1			33,900.00	33,900.00	33900	-33900	33,900.00			
A.11.6.4	IUD Insertion Training	A11.6.4	/	1	0	1	Training for Nurses has been completed		84,725.00	84,725.00	84725	-84725	84,725.00			
A.11.8	Programme Management Training	A11.8			0											
A.11.8.2	DPMU Training	A11.8.2			0					200,000.00				200,000.00		
A.12	BCC / IEC	A12	/	1	1	0			300,000.00	300,000.00	27000	227000	200000	400,000.00		
A.12.4	Other activities (IEC)	A12.4	/	0	0	0			30,000.00	330,000.00				330,000.00		
A.13	PROCUREMENT	A13			0											
A.13.1	Procurement of Equipment	A13.1			0											
A.13.1.1	Procurement of equipment (MH)- Blood Storage Unit at FRUs	A13.1.1.1			0											
	Removal of Room for Blood Storage Unit	/	0	0	0				75,000.00	75,000.00	0	0	75,000.00			
A.13.2	Procurement of Drugs and supplies	A13.2			0											
A.13.2.1	Drugs & supplies for MH-	A13.2.1			0											
A.13.2.1.1	Drug & Supplies for MH (MVA Syringes-MTP)	A13.2.1.1	/2	0	0	0			5,800.00	70,680.00				70,680.00		
A.13.2.1.2	Drug & Supplies for MH (Delivery kits at HSC/ANM/ASHA)	A13.2.1.2	45000	0	0	0			25.00	1,125,000.00				1,125,000.00		
A.13.2.1.3	Drug & Supplies for MH (Availability of SBA Drug Kits with SBA: ANMs/Nurses etc.)	A13.2.1.3	1000	0	0	0			245.00	245,000.00				245,000.00		
A.13.2.1.4	Drug & Supplies for MH (ANC-3 Dose Iron Sacrose)	A13.2.1.4	1	0	0	0			500,000.00	500,000.00				500,000.00		
A.13.2.1.5	Drug & Supplies for MH (IFA tab for Adolescents)	A13.2.1.5	1	1	1	0			200,000.00	1,823,888.00	1,823,888.00	1,823,888.00	0	200,000.00		
A.13.2.3	Drugs & supplies for FP-	A13.2.3			0											
A.13.2.3.1	Drugs & supplies for FP (Procurement of Minilap sets)	A13.2.3.1	1	1	0	1			165,000.00	165,000.00	165000	0-165000	165,000.00			
A.13.2.3.2	Drugs & supplies for FP (Procurement of NSV Kits)	A13.2.3.2	1	1	0	1			5,500.00	5,500.00	5500	0-5500	5,500.00			
A.13.2.3.3	Drugs & supplies for FP (Procurement of IUD Kit)	A13.2.3.3	1	1	0	1			15,000.00	15,000.00	15000	0-15000	15,000.00			



S. No.	STRATEGIES	Component Code (only at state level)	Output 2012	Activity Plan							Budget Plan					Remarks					
				2010-2011Y			2011-2012 FY				2010-2011 FY			2011-2012 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 (X x (A)) = B	Budget received B or C (<-> than planned)	Budget utilised (Y x (A)) = D	under or over-utilised Budget ((B-D) = E		Budget Planned (including spill over amount) ((AP x A) ± E) =	Budgetary Source (other than NHM source)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15							
A.13.2.5	General drugs & supplies for health facilities	A.13.2.5	1	1	0	1		1		0	0	1	0	30,000,000.00	30,000,000.00	113000	0	-113000	113,000.00		
A.14	PROGRAMME MANAGEMENT	A.14				0												0			
A.14.2	Strengthening of District society/DPMU	A.14.2	1	1	0	1		1		1	1	1		2,424,163.00	2,424,163.00		0		2,424,163.00		
A.14.3	Strengthening of Financial Management systems	A.14.3	1	1	1	0		1		1	1	1		240,000.00	240,000.00	240000	0	-240000	240,000.00		
	GRAND TOTAL NRHM Part-A							1		1	1	1								275,575,959.00	

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan with budget

Name of the State/ UT:

Sr. NO	STRATEGIES Activities	Component Code (only at state level)	Output 2012	Activity Plan								Budget Plan						Remarks			
				2010-2011 FY				2011-2012 FY				2010-2011FY			2011-2012FY						
				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		under or over-utilised Budget (B-D) =E	Budget Planned (including spill over amount) ((AP x A) ± E) = BP	Budgetary Source (other than NRHM source)
Q1	Q2	Q3	Q4																		
B	Additionals under NRHM (Mission Flexible Pool)																				
BI	ASHA																				
1.11	ASHA Support System at State Level																				
1.12	ASHA Support System at District Level																				
	Honorarium of DCM & DDA		2	2	2	0		2		2	2	2	2	35,000.00	315,000.00	315,000.00	105,000.00	210,000.00	462,000.00		
	Establishment of Help Desk at District level		1	1	0	1	not done	1		Motivation of ASHA & MOIC	1	1	1	1	7,200.00	7,200.00	7,200.00	-	7,200.00	16,800.00	
	ASHA Sammelan		1	1	0	1	not done	1		Requirement of orientation of DCM & BCM	0	1	0	0	327,987.00	327,987.00	327,987.00	-	327,987.00	432,000.00	
	Laptop purchasing		1	1	0	1	not done	1		Efficient fund should be provided	1	0	0	0	19,500.00	19,500.00	19,500.00	-	19,500.00	35,000.00	
	Computer set with printer		1	1	0	1	not done	1			1	1	1	1	4,350.00	39,150.00	39,150.00	-	39,150.00	52,200.00	
	Mobility for DCM		1	0	0	0		1			30	30	30	30	800.00	-	-	-	-	96,000.00	
	Communication support		1	0	0	0		1			1	1	1	1	1,000.00	-	-	-	-	12,000.00	
1.13	ASHA Support System at Block Level																				
	Honorarium of BCM		11	11	9	2	not joined	11		Still vacant being filled by SHSB	11	11	11	11	12,000.00	1,188,000.00	1,188,000.00	324,000.00	864,000.00	1,742,400.00	
	Mobility for BCM		11	11	0	11		11			11	11	11	11	-	-	-	-	-	264,000.00	
	Office furniture		12	0	0	0		0			12	12	12	12	-	-	-	-	-	96,000.00	
	Communication Expense		11	0	0	0		0			0	0	0	0	-	-	-	-	-	5,500.00	
	Computer set with printer		11	0	0	0		0			0	0	0	0	-	-	-	-	-	220,000.00	
1.14	ASHA Training																				State level allocation for ASHA training
1.15	ASHA Drug Kit & Replenishment		2160	2160	0	2160	Job order has been placed	2160			1583	577	0	0	2,074.00	4,479,840.00	4,479,840.00	-	-	4,479,840.00	
	Motivation of ASHA- Saree		2160	2160	0	0	Job order has been placed	2160			0	0	2160	0	600.00	1,296,000.00	1,296,000.00	-	1,296,000.00	1,296,000.00	
1.16	Umbrella		2160	2160	2160	0		0			0	2160	0	0	125.00	270,000.00	270,000.00	270,000.00	-	270,000.00	

ASHA Divas	25920	25920	19440	6480	It will be done in next consecutive month	6480	2160	2160	2160	2160	86.00	2,229,120.00	2,229,120.00	1,671,840.00	557,280.00	2,229,120.00		
Unfied fund for Health sub centre	208	208	0			0	208	0	0	0	10,000.00	2,080,000.00	2,080,000.00	2,080,000.00	-	2,080,000.00		
Additional Primary Health Centre	59	59	0				59	0	0	0	25,000.00	1,475,000.00	1,475,000.00	1,475,000.00	-	1,475,000.00		
Primary Health Centre	11	11	0			0	11	0	0	0	25,000.00	275,000.00	275,000.00	275,000.00	-	275,000.00		
Village Health and Sanitation Committee	1884					0	1884	0	0	0	10,000.00		5,550,000.00	-	5,550,000.00	18,840,000.00		
Rogi Kalyan Samiti																		
Primary Health Centre	11	10	1			0	11	0	0	0	100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	-	1,100,000.00		
Refferal Hospital	3	1	2				3	0	0	0	100,000.00	300,000.00	300,000.00	-	300,000.00	300,000.00		
SubDivisional Hospital	1	0	1			0	1	0	0	0	100,000.00	-	-	-	-	100,000.00		
Sadar Hospital	1	1	0			0	1	0	0	0	500,000.00	500,000.00	500,000.00	500,000.00	-	500,000.00		
Sub Total of Decentralisation	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-		
Infrastructure Strenghtening																		
Construction of Health sub centre (Newly created)	195	0	0	0		44	Land acquisition will be done	0	11	22	11	1,557,000.00	-	-	-	-	68,508,000.00	
Construction of Primary Health Centres (APHCs) Newly Created	6	0	0	0		6	Land acquisition will be done	1	3	2	0	7,599,000.00	-	-	-	-	45,594,000.00	Including Jambor APHC which will be upgraded as PHC
Construction of 15 old residential quarters in APHC for Staff Nurses	17	0	0	0		17		17	0	0	0	3,000,000.00	-	-	-	-	45,000,000.00	
Upgradation of PHCs to CHC	6	0	0	0		6		6	0	0	0	23,700,000.00	-	-	-	-	142,200,000.00	
Upgrading Diet. Hospital and Sub-divisional Hospital as per IPHS	2	0	0	0		2		2	0	0	0	138,500,000.00	49,100,000.00	12,500,000.00	12,500,000.00	-	264,500,000.00	
Doctor & staff nurse quarter at CHC & DH	12	0	0	0		12		12	0	0	0	9,000,000.00	-	-	-	-	108,000,000.00	
Renovation of Sadar hospital	1	0	0	0		1		0	1	0	0	1,500,000.00	-	-	-	-	1,500,000.00	
Renovation of CS office	1	0	0	0		1		1	0	0	0	3,000,000.00	-	-	-	-	3,000,000.00	
Renovation of CS residence	1	0	0	0		1		1	0	0	0	3,000,000.00	-	-	-	-	3,000,000.00	
Renovation of TB building	1	0	0	0		1		1	0	0	0	4,000,000.00	-	-	-	-	4,000,000.00	
Isolation ward	1	0	0	0		1		1	0	0	0	4,500,000.00	-	-	-	-	4,500,000.00	
SNCU	1	0	0	0		1		1	0	0	0	5,000,000.00	-	-	-	-	5,000,000.00	
Construction of 300 beded FRU in district Hospital	1	0	0	0		1		0	0	1	0	90,000,000.00	-	-	-	-	90,000,000.00	
Construction of DHS office	1	0	0	0		1		1	0	0	0	5,000,000.00	-	-	-	-	5,000,000.00	
Annual maintenance grant																		
Primary Health Centre	11	11	0			0		11	0	0	0	100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	-	1,100,000.00	
Refferal Hospital	3	3	0					3	0	0	0	100,000.00	300,000.00	300,000.00	-	300,000.00	300,000.00	
SubDivisional Hospital	1	0	1			0		1	0	0	0	439,000.00	-	-	-	-	439,000.00	
Sadar Hospital	1	1	0			0		1	0	0	0	500,000.00	500,000.00	500,000.00	500,000.00	-	500,000.00	
Accreditation/ ISO : 9000 certification of Health Facilities (10 PHCs, 3 SDHs & 3 DHs)																		
Primary Health Centre	3	0	3			0		0	0	1	2	1,000,000.00	-	-	-	-	3,000,000.00	
SubDivisional Hospital	1	0	1			0		0	0	1	0	500,000.00	-	-	-	-	500,000.00	
Sadar Hospital	1	0	1			0		1	0	0	0	500,000.00	-	-	-	-	500,000.00	
Upgradation of Infrastructure of ANM Training School	1	0	0	0		0			1			50,000,000.00	-	-	-	-	50,000,000.00	
Contractual Manpower	1	1	1	0	0	1	0	0	0	0	0	1.00	300,000.00	174,706.00	162,513.00	-	300,000.00	
Mobile Phone facility for health personnel																		

<b>Block Programme Management Unit</b>																						
Honorarium of Block health manager	11	11	11	0		11		11	11	11	11	14,520.00										3,162,456.00
Honorarium of Block accountant	11	11	11	0		11		11	11	11	11	9,680.00										2,108,304.00
Mobility & office expenses	11	11	11	0		11		11	11	11	11	17,245.00		5,470,740.00								2,276,340.00
Addl. Manpower for SHSB																						
Addl. Manpower for NRHM:-																						
Addl. Manpower for NRHM: Hospital Manager in FRU	2	2	2	0		0	0	2	2	2	2	50,000.00	450,000.00	450,000.00								660,000.00
SHSRC																						
<b>Referral &amp; Emergency Transport</b>																						
Call - 102 Ambulance Services	13	13	13	0				13	13	13	13	13,000.00	2,028,000.00	1,521,000.00								2,028,000.00
1911 - Doctor on call & Samadhan																						
Advance Life Saving Ambulances (Call 108)	1	1	1	0				1	1	1	1	130,000.00	780,000.00									1,680,000.00
Referral Transport in Districts	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-
Outsourcing of Radiology & Pathology services from PHC to DH	13	13	0	13				13	13	13	13	124,359.00	1,616,667.00	1,616,667.00								1,616,667.00
Payment of private security guards deployed at PHC (1), referral hospital (3), SADAR hospital (4) and DHS (2)	10	0	0	0				10	10	10	10	-	-	-	-	-	-	-	-	-	-	600,000.00
Operationalizing MMU	1	0	0	0	0	0	0	1	1	1	1	468,000.00	-	-	-	-	-	-	-	-	-	468,000.00
Monitoring & Evaluation (Dist and Block Data Centre)	13	13	11	2				13	13	13	13	7,500.00	1,170,000.00	1,170,000.00	343,200.00	826,800.00						1,170,000.00
Strengthening of Cold Chain Refurbishments	1	1	1	0				1	1	1	1	800,000.00	1,554,000.00	1,554,000.00	125,000.00	1,429,000.00						800,000.00
Cold Chain MAINTANANCE	12	12	12	0				12	0	0	0	12,000.00										1,728,000.00
Mainstreaming of AYUSH under NRHM	65	65	45	20				65	65	65	65	25,000.00		14,799,600.00		-	14,799,600.00					19,500,000.00
Procurement and Logistic:-	0	0	0	0		0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-
District Drug Warehouse	1	0	0	0		0	0	0	1	0	0	4,500,000.00	-	-	-	-	-	-	-	-	-	4,500,000.00
Procurement of Supplies:-																						
Provision of Quality Beds																						
RCH Equipment/Instrument procurement:-																						
Bio-Metric system- Biometric machine, HMS Software, Installation Cost, Var)	10	0	0	0		0	0	10	0	0	0	16,640.00	-	-	-	-	-	-	-	-	-	166,400.00
Procurement of SCNU equipments for Dist. Hospital and Newborn Corner equipments for PHCs	1	1	1	0	0	1	0	1	1	1	0	1,496,000.00	1,496,000.00	1,496,000.00	1,496,000.00							1,496,000.00
<b>De-Centralised Planning</b>																						
Honorarium of district planning coordinator	1	1	1	0				1	1	1	1	20,000.00	180,000.00	180,000.00	180,000.00							264,000.00
Communication	1	0	0	0				1	1	1	1	-	-	-	-	-	-	-	-	-	-	12,000.00
De-Centralised Planning at district level	1	1	1	0				1	1	1	1	100,000.00	100,000.00	100,000.00	100,000.00							100,000.00
De-centralized planning at PHC level	11	11	0	11				1	1	1	1	25,000.00	275,000.00	275,000.00								275,000.00
ANM (R)																						
Honorarium of 144 ANM ♂	144	144	144	0				144	144	144	144	8,000.00	13,824,000.00	13,824,000.00	6,313,000.00	7,511,000.00						17,280,000.00
																						Three months' backlog

Honorarium of 148 ANM @																			Budgetary route through treasury source
	148	148	0	148				148	0	0	0	8,000.00	14,208,000.00	14,208,000.00	7,104,000.00	7,104,000.00	14,208,000.00		
Intersectoral Convergence: Incentive for AWW under Muskan Project																			
	2004	2004	2004	0				2004	2004	2004	2004	100.00	2,404,800.00	2,404,800.00			2,404,800.00		
	37082	35207	24186	8861															
<b>Grand Total of Additionalities</b>																		961,323,827.00	

## DISTRICT HEALTH SOCIETY, AURANGABAD

Draft - Annexure 2

### PIP of IDSP Aurangabad for the f.y. 2011-12

Sub-activity	Tasks	Unit Cost	No. of Units	2011-12	Remarks	
1. Staff Salary	1.1	Epidemiologists	42000	1	42000*12=504000	40% increase from last salary drawn
	1.2	Microbiologists	0	0	0	Not Available
	1.3	Entomologist	0	0	0	Not Available
	1.4	Consultant (Finance)	0	0	0	Not Available
	1.5	Consultant (Training)	0	0	0	Not Available
	1.6	State Data Manger	0	0	0	Not Available
	1.7	District Data Manager	24300	1	18900*12=226800	80% increase from last year salary
	1.8	Data Entry Operator	8500	1	8500*12=102000	Not Available
	1.9	Accountant	8000	1	8000*12=96000	New post
	1.1	Peon	3500	2	3500*2*12=84000	New post
	<b>Sub Total</b>			<b>1012800</b>		
2. Training	2.1	Training of Hospital Doctors	20000	20 (Per batch)	20000*1=20000	N/A
	2.2	Training of Hospital Pharnasist / Nurses (Reporting Person)	15000	20 (Per batch)	15000*1=15000	N/A
	2.3	Training of Data Managers	0	0	0	N/A
	2.4	Training Health Manager & Data Operator	15000	20 (Per batch)	15000*1=15000	N/A
	<b>Sub Total</b>			<b>50000</b>		
	3.1	Mobility Support for IDSP and RR Team	20000	1	20000*12=240000	Vehicle for IDSP office & RRT
	3.2	Office Expenses	5000	1	5000*12=60000	Stationary 2000*12, News Paper for News Allarts 500*12=6000, Contengency 1000*12=12000 & Others Expences 1500*12=18000
	3.3	ASHA incentives for Outbreak reporting	100	1	100*10*12=12000	Estimated to get 10 informations per month from volunteers a total of 120 such information in a year per district. Each informant to be given an incentive of Rs.100/-

3. Operational Cost	3.4	Consumables for District Labs	50000	1	50000*1=50000	Consumables items for District Labs
	3.5	Collection & transportation of samples	10000	1	10000*1=10000	Collection & transportation of samples from field to lab
	3.6	IDSP reports including alerts	0	0	0	N/A
	3.7	Post card for Out break Information & alerts (Hard to Reach area)	2	1	2*1000=2000	Rs 2 par post card with printig of all mater & office Address (one time in year)
	3.8	Printing of Reporting Forms	10000	1	10000*1=10000	Printing of Reporting Forms at HQ
	3.9	Phone & Broadband Expenses	1500	1	1500*12=18000	Phone & Broadband Expenses @ Rs 1500 par month
	3.10	Mobile Expences	500	2	500*2*12=12000	Mobail Expenses Epidemiologist & Data Manager
		<b>Sub Total</b>		<b>414000</b>		
4. New Innovations	4.1	TA For Pvt Institution	100	15	50*15*52=39000	Par visit for weekly reports Rs 50 for 15 Reporting units X 52 weeks
	4.2	Social Mobilization and Intersectoral co-ordination	1000	10	1000*10*12=120000	Social Mobilization and Intersectoral co-ordination in 10 block @ Rs 1000 par month
	4.3	Integration of Medical Colleges (Per Month in SSU)	0	0	0	N/A
	4.4	Community based surveillance	0	0	0	N/A
	4.5	Case based study reports	500	1	500*1=500	Per case 500
	4.6	Farniture for IDSP VC cum Training Hall	400000	1	400000*1=400000	Establishment of DSU and VC cum Training hall including Furniture etc.
		<b>Sub Total</b>		<b>559500</b>		
5	5.1	Development of One model Lab for each Distrc	3470500	1	3470500*1=3470500	Guideline as per letter no. SHSB/GenAdmin/006/2009/22360 dt 27.12.10
		<b>Sub Total</b>		<b>3470500</b>		
		<b>TOTAL</b>		<b>5506800</b>		

National Rural Health Mission (including NDCPs)

("Name of the State/UT") State Health/RCH Society/SCOVA - STATE HEALTH SOCIETY BIHAR

Tentative Budget for f.y. 11-12

(Amount in Rs.)

Sl. No.	STRATEGY/ACTIVITIES				Budget Required for the period 11-12
		Gap Analysis	Details	Unit Cost	
<b>C</b>	<b>IMMUNISATION</b>				
C.1	Pulse Polio operating costs				
C.2	Routine Immunization				3,000,000.00
C.2.1	Mobility support for Supervision and Monitoring at districts and state level.				50,000.00
C.2.2	Cold chain maintenance				45,000.00
C.2.3	Alternate Vaccine Delivery to Session sites				1,283,600.00
C.2.4	Focus on urban slum & underserved areas				444,000.00
C.2.5	Social Mobilization by ASHA /Link workers				144,000.00
C.2.6	Computer Assistants support at State				120,000.00
C.2.7	Computer Assistants support at district level				220,000.00
C.2.8	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.		this work done through level of State Health Society, Bihar if this work decentralised to district then fund required		400,000.00
C.2.9	Quarterly review meeting at state level				0.00
C.2.10	Quarterly review meeting at District level			5500 per qtr	22,000.00
C.2.11	Quarterly review meeting at block level				648,000.00
C.2.12	District level Orientation for 2 days ANMs, MPHw,LHV				406,900.00



C.2.13	Three days training of Mos on RI				
C.2.14	One day refresher training of district computer Assistant on RIMS/HIMS				
C.2.15	One day cold chain handlers trainings				13,628.00
C.2.16	One day training of block level date handlers				11,673.00
C.2.17	To develop micro plan at sub-centre level				49,400.00
C.2.18	For consolidation of micro plan at block level				13,000.00
C.2.19	POL for vaccine delivery from state to District and PHC/CHCs				100,500.00
C.2.20	Consumables for computer including provision for internet access				4,800.00
C.2.21	Red/Black bags, twin bucket, bleach/hypochlorite solution				15,984.00
C.2.22	Alternative vaccinator hiring for urban RI				
C.2.23	POL of Generators for cold chain		Fund required		1,404,000.00
C.2.24	Catch up Campaigns for flood prone areas				
C.2.25	AEFI investigation of district AEFI committee				15,000.00
C.2.26	Supportive supervision for 10 top priority districts				
	<b>Grand Total of Immunization</b>				<b>8,411,485.00</b>

National Rural Health Mission (including NDCPs)

("Name of the State/UT") State Health/RCH Society/SCOVA - STATE HEALTH SOCIETY BIHAR

Tentative Budget for f.y. 11-12

(Amount in Rs.)

Sl. No.	STRATEGY/ACTIVITIES	Gap Analysis	Details	Unit Cost	Budget Required for the period 11-12
D	IDD				
E	IDSP			5,523,000.00	
E.1	Surveillance Preparedness, Training & Staff Salary				
E.2	Outbreak Investigation		----- Separate Sheet Attached -----		
E.3	Analysis & use of data				
F	NVBDCP				
F.1.1	Malaria				
F.1.1.1	MPW Contractual Salary			0.00	
F.1.1.2	ASHA			0.00	
F.1.1.3	IEC			43,000.00	
F.1.1.4	Training			0.00	
F.1.1.5	M&E Including NAMMIS				
F.1.2	FILARIASIS				
F.1.3	Dengue/Chikungunya				
F.1.4	AES/JE				
F.2	KALA-AZAR ( Operational cost including wages, IEC, Transportation of DDT)				
F.2.1	KALA-AZAR ( World Bank Support)			0.00	

F.2.2	Human resource			0.00	
F.2.3	Supervision			0.00	
F.2.4	State Office Strengthening			0.00	
F.2.5	Training			0.00	
<b>G</b>	<b>NLEP</b>			0.00	
G-1	Contractual Services				
G-2	Services through Asha/Usha			110,000.00	
G-3	office expenses & Consumables			25,000.00	
G-4	Capacity building			142,060.00	
G-5	Behavioural Change Communication			475,600.00	
G-6	POL/Vehicle Operation & Hiring			200,000.00	
G-7	DPMR				
G-8	Material & supplies			90,000.00	
G-9	Urban Leprosy Control			20,000.00	
G-10	Supervision,Monitoring 7 review				
G-11	Cash Assistance				
<b>H</b>	<b>NBCP</b>				
H-1	Staff Remuneration,TA/DA,POL,Meeting & stationery -Contingencies & Consumables				
H-2	Eye Donation				
H-3	Vision Centre			100,000.00	
H-4	Eye Bank				
H-5	Eye Donation Centre				
H-6	Grant of NGOs for strengthening /expansion of eye care unit				
H-7	Training of Ophthalmic& Support Man power				
H-8	Cataract Operation				
H-9	School Eye Screening			916,420.00	
H-10	Salaries of Ophthalmic Surgeon				
H-11	Salaries of Ophthalmic Assistant				
H-12	Strengthening /setting up of RIO				
H-13	Strengthening of Medical Colleges				
H-14	Strengthening of District Hospitals				
H-15	Recurring GIA for District Health Societies			500,000.00	
<b>H.1</b>	<b>Cataract Performance</b>				
H.1.1	Facility				
H.1.2	Medical College				
H.1.3	District College				

H.1.4	CHC/Sub District Hospital			
H.1.5	NGOs			
H.1.6	Pvt. Sector			
H.1.7	Others			
<b>H.2</b>	<b>School Eye Screening</b>			
H.2.1	No. of teachers trained in screening for Refractive errors			
H.2.2	No. of school going children screened			
H.2.3	No. of school going children detected with Refractive errors			
H.2.4	No. of school going children provided free glasses			
<b>H.3</b>	<b>Eye Donation</b>			
H.3.1	No. of Eyes collected			
H.3.2	No. of Eyes utilized			
<b>I</b>	<b>RNTCP</b>			
I.1	Civil Works			271,700.00
I.2	Laboratory Materials			190,000.00
I.3	Honorarium			220,000.00
I.4	IEC			85,500.00
I.5 A	Lab Equipment maintenance			
I.5 B	Office Equipment maintenance			30,000.00
I.6	Training			141,000.00
I.7	Vehicle Maintenance			124,000.00
I.8	Vehicle Hiring			448,500.00
I.9	NGO/PP Support			170,000.00
I.10	Medical College			
I.11	Miscellaneous			50,000.00
I.12 A	Technical & Management Assistance			
I.12 B	Others - Contractual Services			2,856,000.00
I.13	Printing			50,000.00
I.14	Research & Studies			
I.15	Salary of regular staff			
I.16	Procurement of drugs			
I.17	Procurement of vehicles			50,000.00
I.18	Procurement of Equipment			
<b>NIPPI</b>	<b>NIPPI</b>			
1	Mamta Incentive			822,000.00

2	Apron for Mamta			24,000.00
3	District Child Health Manager		36000*12	432,000.00
4	Child Health Supervisor			
5	Dy. Child Health Supervisor			
6	Mamta Kit			164,400.00
7	Untied Fund			200,000.00
			Total D	14,474,180.00
			Total C	8,411,485.00
			Total B	961,323,827.00
			Total A	275,575,959.00
			<b>Gand Total (D+C+B+A)</b>	<b>1,259,785,451.00</b>