DISTRICT HEALTH ACTION PLAN

YEAR 2011-2012

(DISTRICT JAMUI)

NATIONAL RURAL HEALTH MISSION

GOVERNMENT OF BIHAR

Civil Surgeon-Cum-Member Secretary
District Health Society, Jamui.

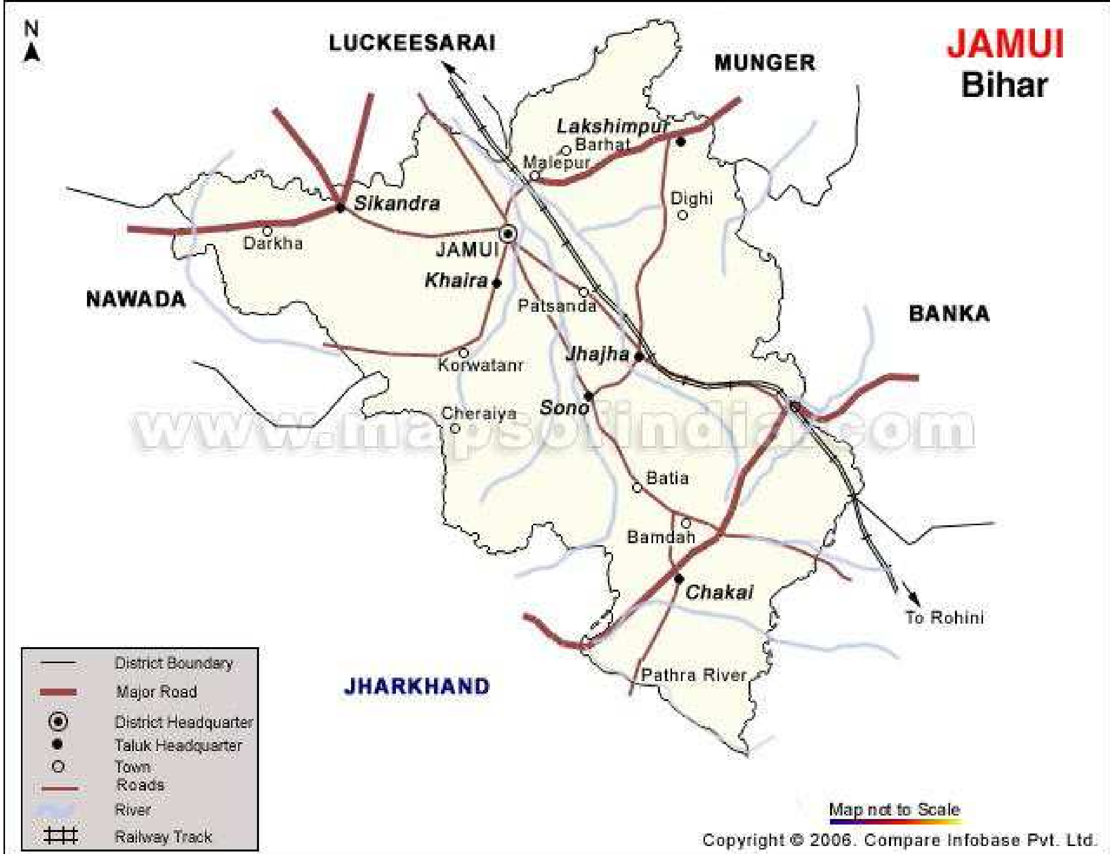
ACKNOLEDGEMENT

It is our pleasure to present the District Health Action Plan for Jamui District for the year 2011-12. The District Health Action Plan seeks to set goals and objectives for the district health system and delineate implementing processes in the present context of gaps and opportunities for the Jamui district health team.

National Rural Health Mission was introduced to undertake architectural corrections in the public Health System of India. District health action plan is an integral aspect of National Rural Health Mission. District Health Action Plans are critical for achieving decentralisation, interdepartmental convergence, capacity building of health system and most importantly facilitating people's participation in the health system's programmes. District health Action planning provides opportunity and space to creatively design and utilise various NRHM initiatives such as flexi–financing, Rogi Kalyan Samiti, Village Health and Sanitation Committee to achieve our goals in the socio-cultural context of Jamui.

We are very glad to share that the team of District Health Society and its concerning all the MOICs and BHMs of the district along with key district level functionaries participated in the planning process. The plan is a result of collective knowledge and insights of each of the district health system functionary. We are sure that the plan will set a definite direction and give us an impact to embark on our mission.

MAP OF JAMUI DISTRICT



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1. INTRODUCTION

The **National Rural Health Mission (NRHM)** is a comprehensive health programme launched by Government of India to bring about architectural corrections in the health care delivery systems of India. The NRHM seeks to address existing gaps in the national public health system by introducing innovation, community orientation and decentralisation. The mission aims to provide quality health care services to all sections of society, especially for those residing in rural areas, women and children, by increasing the resources available for the public health system, optimising and synergising human resources, reducing regional imbalances in the health infrastructure, decentralisation and district level management of the health programmes and community participation as well as ownership of the health initiatives. The mission in its approach links various determinants such as nutrition, water and sanitation to improve health outcomes of rural India.

The NRHM regards district level health planning as a significant step towards achieving a decentralised, pro-poor and efficient public health system. District level health planning and management facilitate improvement of health systems by 1) addressing the local needs and specificities 2) enabling decentralisation and public participation and 3) facilitating interdepartmental convergence at the district level. Rather than funds being allocated to the States for implementation of the programmes developed at the central government level, NRHM advises states to prepare their perspective and annual plans based on the district health plans developed by each district.

The concept of DHAP recognises the wide variety and diversity of health needs and interventions across the districts. Thus it internalises structural and social diversities such as degree of urbanisation, endemic diseases, cropping patterns, seasonal migration trends, and the presence of private health sector in the planning and management of public health systems. One area requiring major reforms is the coordination between various departments and vertical programmes affecting determinants of health. 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.

2. DISTRICT PLANNING PROCESS

The Planning process began with the constitution of the team from the district the behest of State Health Society Bihar. This team consisted of DPM, DAM, District Nodal M & E Officer, DPC, MOIC (Khaira) & BHM (Jamui PHC). This team attended a six day Capacity Building Workshop at Patna, from 20th to 25th September 2010. This workshop was organized by the State Health Society with support from National Health Systems Resources Centre (NHSRC) & Public Health Resource Network (PHRN).

A decentralized participatory planning process has been followed in development of this District Health Action Plan. The health facilities in the block viz. HSCs, APHCs, PHCs and, FRUs were surveyed using the templates developed at the aforementioned workshop. The inputs from these Situation Analysis & "facility" surveys were taken into account while developing the District Health Action Plan. The findings of the DLHS – 3 have also been used to analyse the present situation in the district.

The District Planning Team (DPT) provided technical oversight and strategic vision for the process of development of District Health Action Plan. The members of the DPT had also taken the responsibility of contributing to the selected thematic areas such as RCH, Newer initiatives under NRHM, immunization etc. Assessment of overall situation of the District and development of broad framework for planning was done through a series of meetings of the DPT.

- Extensive District consultations of various interests groups/stakeholders and their feedback.
- Resources availability recommendations of stakeholders at all levels.
- Formation of District level core group to further the planning process.
- Participation of Block & VHC level functionaries ANM, ASHA, AWW in the planning process.
- District level consultation processes with workshops, meetings and discussions.
- Feed back & Consultative meetings with various allied Departments.

The major thrust areas in the NRHM namely, Reproductive & Child Health, Immunization, Control of Communicable Diseases, Strengthening & Mainstreaming & Establishing the Public Health Standards in the Health System have been taken into account while developing the District Health Action Plan

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3. HISTORICAL PERSPECTIVE

Various literatures indicate the fact that Jamui was known as Jambhiyaagram. According to Jainism, the 24th Tirthankar lord Mahavir got divine knowledge in Jambhiyagram situated on the bank of river named Ujjihuvaliya. Another place of a divine light of Lord Mahavir was also traced as "Jrimbhikgram" on the bank of Rijuvalika River which resembles Jambhiyagram Ujjhuvaliya.

The Hindi translation of the words Jambhiya and Jrimbhikgram is Jamuhi which is developed in the recent time as Jamui. With the presage of time, the river Ujhuvaliya/Rijuvalika is supposed to be developed as the river Ulai and as such both the place are still found in Jamui. The Ulai River is still flowing nearby Jamui. The old name of Jamui has been traced as Jambhubani in a copper plate which has been kept in Patna Museum. This plate clarifies that in the 12th century, Jambubani was nothing but today's Jamui. Thus the two ancient names as Jambhiyagram and Jambubani prove that this district was important as a religious place for Jains and it was also a place of Gupta dynasty in the 19th century, the historian Buchanan also visited this place in 1811 and found the historical facts. According to other historians Jamui was also famous in the era of Mahabharata. According to available literature, Jamui was related to Gupta and Pala rulers before 12th century. But after that this place became famous for Chadel rulers. Prior to Chandel Rai, this place was ruled by Nigoria, who was defeated by Chandels and the dynasty of Chandels founded in 13th century. The kingdom of Chandels spread over the whole of Jamui. Thus Jamui has a glorious history.

4. DISTRICT PROFILE

Jamui was formed as a District on 21st February, 1991 as a result of its separation from Munger. It is located at a Longitude of 86º-13'E and the latitude is 24º-55'N

Boundary

North	South	East	West	North
Munger and Lakhisarai District	Giridih (District of Jharkhand)	Deoghar and Banka District	Nawada District	Munger and Lakhisarai District

Administrative Units

S.No.	Administrative Units	No of Unit
1	No. of Police District	**1**
2	No. of Sub-Divisions	**1**
3	No of Police Subdivisions	**2**
4	No. of Blocks	**10**
5	No. of Circles	**10**
6	No. of Police Stations	**12**

PHYSIOGRAPHICAL DIVISION

Most of the part of the district has hilly topography. Western portion of Jamui like Sikandra Jamui & a little part of Khaira has plain area. Sikandra block is situated in alluvial zone. A sizeable part of the district comprises plains which are paddy-growing lands. Sourthern part of the district is covered with hills and forest characteristically reminiscent of the Chhotanagpur plateau in physical features. Hills of the district are considered to be the out –laying extension of Vindhya Range. Southwest part of the district has another block of hills known as Gidheswar Pahar.

RIVER & DRAINAGE SYSTEM

Kiul and Ulai River are the chief rivers of the district. Beside these rivers, tributaries and sub tributaries, rainy rivers flow in scattered way. There are two irrigation dams Nagi & Nakti Dam situated in the southern hilly terrain of the district. Both Dam are declared as Bird Sanctuary.

CLIMATE

- Winter season - November to February
- Summer season - March to May
- Monsoon season - June to September
- Autumn - October to November

TEMPERATURE

Like another part of Bihar temperature changes from season to season. However the minimum temperature in the district ranges between 30^0 to 5^0 Celsius in winter season whereas the maximum temperature ranges between 38^0 to 42^0 Celsius in summer season.

RAINFALL

The monsoon usually breaks in the second half of June and lasts till September. The average rainfall in the district is approximately 1000 mm. The average maximum rainfall is usually recorded in August. Chakai. Sono and Jhajha get rainfall more than the district average.

SOIL

Jamui has a typical topography. The soil pattern of the district differs widely due to topography of the region. Important soil is sandy soils and alluvial soil of heavy texture having natural or alkaline reaction. Jhajha, Khaira, Sono, Chakai & Laxmipur block contain forest soil. A sizeable part of the plain of northern side of the district lies in the Basin of Kiul River & its tributaries.

LAND USE PATTERN

As above-mentioned Jamui has variable nature of topography, according to 1981 only 58.49% area is cultivable. Following table shows total area cultivable area and growing main staple food in the district:-

ABOUT JAMUI

S.No.	Particulars	Details
1	Total Area of the District	3098 Sq. Km.
2	Population in thousands	1785763
3	Rural Population	92.6%
4	Urban Population	7.4%
5	Population Density	576 per sq km
6	Population Growth Rate	3.1% per year
7	Number of Sub-Divisions	1
8	Number of Blocks	10
9	Total no. of Panchayats	153
10	Number of Villages	1528
11	Sex Ratio	918
12	Percent of SC population	17.4%
13	Percent of ST population	4.8%
14	Female literacy	26.32
15	Male literacy	57.06
16	Literacy	42.84
17	ICDS projects	10
18	Sadar Hospital	1
19	Referral Hospital	3
20	PHC	10

21	APHC	48
22	Sub Centre	279
23	Blood Bank	1
24	VCTC	1
25	PPTC	1
26	DMC	9
27	Anganwadi Centre	1346

Area & Density: Jamui district occupies a total of 3098.26 sq. km. There are approximately 576 people per sq. km.

S.NO.	Name of the Blocks	**Aria** in (Sq. km.)	Population 2009	Density
1	I. Aliganj	172.89	144580	836
2	Barhat	232.16	94963	409
3	Chakai	774.04	238776	308
4	Gidhaur	71.11	77454	1089
5	Jamui	173.91	231362	1330
6	Jhajha	427.39	275182	644
7	Khaira	418.71	225976	540
8	Laxmipur	251.77	126215	501
9	Sikandra	184.01	156410	850
10	Sono	392.27	214845	548
Total Density of Jamui District		**3098.26**	**1785763**	**576**

Population: As per 2001 Census (provisional) statistics, total population of Jamui is 13,98,796 out of which the male population is of 7,29,138 and that of the female is 6,69,658. **As per 3.1% growth rate Current Block wise Population & Sex ratio of Jamui is as Fallows:**

S.NO.	Name of theBlocks	Male	Female	Population 2009	Sex Ratio
1	I. Aliganj	75080	69500	144580	926
2	Barhat	50302	44661	94963	888
3	Chakai	124069	114707	238776	925
4	Gidhaur	40768	36686	77454	900
5	Jamui	121766	109596	231362	900
6	Jhajha	144078	131104	275182	910
7	Khaira	116812	109164	225976	935
8	Laxmipur	65751	60464	126215	920
9	Sikandra	81060	75350	156410	930
10	Sono	111162	103683	214845	933
Total Populatio of Jamui District		**930848**	**854915**	**1785763**	**918**

Literacy: Average literacy figures of the Jamui District are as fallows:

S.NO.	Name of the Blocks	Literacy
1	I. Aliganj	44.77
2	Barhat	45.54
3	Chakai	36.11

4	Gidhaur	49.39
5	Jamui	52.51
6	Jhajha	43.16
7	Khaira	42.68
8	Laxmipur	37.45
9	Sikandra	42.74
10	Sono	34.1
Total Density of Jamui District		**42.845**

Wells in District:

S.NO.	Name of the Blocks	No. of Wells
1	I. Aliganj	1764
2	Barhat	1424
3	Chakai	5667
4	Gidhaur	547
5	Jamui	1005
6	Jhajha	2292
7	Khaira	2848
8	Laxmipur	2300
9	Sikandra	2903
10	Sono	2037
Total No. of Well in Jamui District		**22787**

5. SWOT ANALYSI of PART A, B, And C

SWOT Analysis of Part A

Strength

- Decentralized Planning and availability of Resources and Fund for program till HSC level.
- Huge pool of Human Resource working at ground level as ANM, Asha and Anganwadi workers.
- Provision of incentive money for Asha, ANM according to their performance in mobilizing community for institutional delivery ,FP etc.
- Provision of Incentive money for beneficiary under JBSY, Family Planning.
- Extension of emergency facilities in remote rural areas and posting of skilled doctors.
- Regular training program of doctors and other medical staffs for skill up gradation.
- Strong provision of IEC and BCC activity under the programs for effective program implementation and sensitizing people.
- Decentralized implementation process of the entire program.
- Involvement of people in uplifting health facilities through RKS andVHSC.

Weakness

- All PHCs are with only six bedded facility.50-60% of facilities are not adequate as per IPHS norms for providing emergency care.
- Lack of doctors and other human resource in the remote areas medical facilities
- Achievements in most of the program are far less than target.
- Slow pace of most of training like SBA and IMNCI.
- Monthly VHND is not operational as yet.
- Institutional deliveriy is still less than 50% in the district.

- No NRC has been made operational in the district.
- Seat for contractual medical officer and specialist, ANM and Asha are still vacant.
- Achievements in Family Planning and IUD insertation are far less than targets.
- Insensitivity of Doctors and other health staffs for patients.
- Unavailability of doctors and staffs in hospital at the time of duty.
  No timely procurement of equipments and drug in the remote health facilities.

Opportunity

- All the time support from state health society for all financial and logistics requirements for program implementation
- Scope for involving Private partner like Surya clinic for timely achievement of targets.
- Scope of getting full support from people through their participation in RKS and VHSC.
- Favourable political and administrative environment for program implementation
- Increasing literacy and awareness among public to support Family planning and institutional deliveries.

Better coordination and support from other line departments like ICDS, Municipality etc

Threat

- Large scale poverty becomes the cause of nutritional deficiency leading to health problems.
- In case of remaining without practice for long time health staff training become useless.
- Extending services in remote rural areas is still a challenge in achieving targets of MCH and FP, RI.

Traditional and religious attitude of public is hindrance for increasing Institutional deliveries, Family planning etc.

SWOT Analysis of Part B

Strength

- Asha support system with DCM and BCM has been made functional in the district.
- Motivational program for Asha like Umbrella distribution is completed in time.
- Formation of VHSC has been completed in most villages of the district.
- Deployment of BHM and Hospital Managers is complete at all the vacant places in the district.
- Services of advanced life saving ambulance (108) is started in the district
- Contractual AYUS doctors have been placed in APHC.
  Decentralized planning at HSC level has been started from this year in the district

Weakness

- Asha Selection is not 100% complete
- RKS is not function in any APHC.
- Utilization of untied fund in most of the health centers is very less.
- Replenishment of Asha kit and drugs is not timely and complete.
- Construction of HSC, APHC, PHC buildings and staff quarters moving with very slow pace.
- ISO certification process of health facilities is still to start in the district.
- Pathology and Radiology services under PPP initiatives are not properly functional at most of the health facilities.
  Lack of orientation among members of RKS regarding their scope of works for Health facilities.

Opportunity

- Participation of Mukhiyas and Surpanch in Asha selection process to expedite the process and also proper and complete utilization of Untied fund for health facility development.
- Favourable administrative and political condition for program implementation.

- Availability of fund from both NRHM and State funding for development of health infrastructure.

Threat

- Corruption and ill intention in construction of buildings and selection process of employees.
- Lack of people interest and support for proper maintenance of health infrastructure and quality of services.
- Less knowledge and sensitivity for work among Asha and other contractual employees.
- Not immediately filling vacant positions Specialist Doctors of.

SWOT Analysis of Part C- Routine Immunisation

Strength

- Properly and timely formation of block microplan of RI.
- Availability and involvement of large human work force in form of ANM and Asha.
- Functioning of one separate dept. in health sector to look after RI.
- Timely availability of vaccines.

  Abundance of fund for all kind of review meeting and supervion og the program.

Weakness

- Low achievement against the fixed targets.
- Poor cold chain maintenance.
- Handling of cold chain-deep freezers by untrained persons.
- Poor public mobilization by ANM and Asha.
- Poor or false reporting data from block and sub centers.
- Quarterly review meeting at district and blocks are not happening regularly.

  Unavailability or non use of RI logistics like red/black bag, twin bucket etc

Opportunity

- Support from UNICEF and other development agencies in RI.
- Proper coordination and support from Anganwadi –ICDS dept.

- Growing awareness among people regarding immunization.

Threat

- Sudden outbreak of epidemic.
- Corruption in program implementation.

6. MATERNAL HEALTH

Objective

- 100% pregnant women to be given two doses of TT
- 90% pregnant women to consume 100 IFA tablets
- 70% Institutional deliveries by 2012
- 90% deliveries by trained /Skilled Birth Attendant
- 50% pregnant women receiving postnatal are within 48hrs of delivery

Strategies

- Case management of pregnant women to ensure that they receive all relevant services by ASHAs and ANMs
- Providing ANC along with immunisation services on immunisation days (**VHSND-**Village Health Sanitation and Nutrition Day observation fortnightly at all AWCs will help giving manifold services at one point as well as strengthen our health system).
- Effective monitoring and support to HSCs for ANC by APHC.
- Strengthening ANC services at the Sub centre level and at all AWCs by ensuring availability of appropriate infrastructure, equipment and supplies, particularly carrying Hub cutters, Needle cutter, and Blood Pressure Machines by all ANMs
- Provision of quality Antenatal and Postpartum Care to pregnant Women
- Increase in Institutional deliveries
- Quality services and free medicines to all the deliveries in the health facilities.
- Availability of safe abortion services at all CHCs and PHCs
- Increased coverage under Janani Bal Suraksha Yojna
- Strengthening the Maternal, Child Health and Nutrition (MCHN) days
- Improved behaviour practices in the community
- Referral Transport
- Organizing RCH Camps.

Activities

- Ensuring availability of fully functional and equipped labour rooms, maternal wards, ambulance services and blood storage facilities.

- Training of ASHAs for counselling of eligible couples for early registration and the use of the home based pregnancy kit.
- Regular updating of the ANC register.
- Preparation of the due list with the dates for Ante Natal Checkups for every pregnant woman in the Sub centre area.
- Ensure delivery of ANC services through strengthening of health sub-centres,APHCs and PHCs.
- Form inter-sect oral collaboration to increase awareness, reach and utilization of ANC services
- Promote institutional delivery through reinforced network of APHCs, PHCs/Referral Hospitals, Sub-divisional Hospitals and District Hospitals.
- Promote institutional delivery by involving private sector/NGO providers of EmOC.
- Ensure safe delivery at home.
- Revamp existing referral system for emergency deliveries.
- Form inter-sectoral collaboration to increase awareness regarding safe delivery and referral.
- Identification of all pregnancies through house-to-house visits by ANMs, AWWs and ASHAs.
- Provision of weighting machines to all Sub centres and AWCs.
- Availability of IFA tablets.
- Training of personnel for Safe motherhood and Emergency Obstetric Care.
- Developing the CHCs and PHCs for quality services and IPHS standards.
- Availability of Blood Bank at the District Hospital.
- Certification of the Blood Storage Centres.
- Improving the services at the Sub centres.
- Development of a proper referral system with referral cards and Arrangement of referral facilities to the complicated deliveries at all PHCs.

7. CHILD HEALTH

Objectives

- Ensuring that children of (0-6 months old) are exclusively breastfed.
- Increase in percentage of children (12-23 months) fully immunised (BCG, 3 doses of DPT, Polio and Measles)
- Ensuring initiation of complementary feeding at 6 months of children.
- Increasing the percentage of children with diarrhoea who received ORS.
- Increasing the percentage of children with ARI/fever who received treatment from.
- Ensuring monthly health checkups of all children (0-6 months) at AWC.
- Ensuring that all severely malnourished children are admitted, receive medical attention, and are nutritionally rehabilitated.
- Reduction in IMR
- Ensuring in the Treatment of 100% cases of Pneumonia in children
- To strengthen school health services

Strategies

- Promote immediate and exclusive breastfeeding and complementary feeding for children.
- Improving feeding practices for the infants and children including breast feeding.
- Counselling mothers and families to provide exclusive breastfeeding in the first 6 months.
- Convergence with WCD Department for implementation of Rajiv Gandhi Creche Scheme at NREGA worksites to enable exclusive breastfeeding and child care by women workers.
- Increase timely and quality immunisation service and provision of micronutrients for children in the age group of 0-12 months.
- Eradication of Poliomyelitis.
- Increase early detection and care services for sick neonates in select.
  Districts through the IMNCI strategy in select districts.

Activities

- Meeting with WCD officials to review the status of implementation of the Rajiv Gandhi Creche scheme.
- Training by Health Department of crèche workers on nutrition and child care.
- Organising health checkups at AWC for children in the 0-6 year age group on the 2nd Monday of every month.
- Referral of severely undernourished sick children to Nutrition Rehabilitation Centre (NRCs)
- Use mass media (particularly radio) to promote breastfeeding immediately after delivery.
- Birth (colostrums feeding) and exclusively till 6 months of age.
- Increase community awareness about correct breastfeeding practices through
- Build capacity of immunisation service providers to ensure quality of immunization services.
- Form inter-sect oral collaboration to increase awareness, reach and utilization of immunisation services.
- Strengthen Supervision and monitoring of immunization services.
- Promotion of health seeking behaviour for sick children and Community based As per Intensified Pulse Polio Immunisation Campaign (IPPI) based on ongoing Supplementary Immunisation Activities (SIAs).

8. Family Planning Population Stabilization

Objectives

- Fulfilling unmet need for family planning services at the community level
- Increasing the use of any modern method of family planning from 35% to 50%
- Increasing male sterilisation rates from 0.5% to 2%
- Increasing the utilization of condoms as the preferred choice of contraception from 2.7% to 8%.
- Reduction in Total fertility Rate from 2.5 to 2.4Increase in Contraceptive Prevalence Rate to 70 %
- Decrease in the Unmet need for modern Family Planning methods to 0% Increase in the awareness levels of Emergency Contraception from 60% to 80%

Strategies

- IEC/BCC at community level with the help of ASHAs, AWW.
- Addressing complications and failures of family planning operations.
- Training male peer educators to increase awareness amongst men about the importance of contraception and the ease of spacing methods.
- ASHAs to have a stock of contraceptives for distribution.
- Training of MOs in NSV & Female Sterilization.
- Raise awareness and demand for Family Planning services among women, men and adolescents.
- Availability of all methods and equipments at all places.
- Increase access to and utilization of Family Planning services (spacing and terminal methods)
- Increasing access to terminal methods of Family Planning.
- Increased awareness for Emergency Contraception and 10 yr Copper T
- Decreasing the Unmet Need for Family Planning.
- Expanding the range of Providers.

Activities

- Selecting and training male peer educators (1 for every 500 persons) in 5 blocks to counsel men for the adoption of spacing methods.

- Interpersonal counselling of eligible couples on family planning choices by ASHAs and male peer educators.
- Family planning day at all health facilities every month.
- ANM and ASHA to report complications and failure cases at community to facility.
- Quick facility level action to address complications and failures.
- Extensive campaign using multiple channels to raise awareness and demand for Family Planning.
- Broad inter-sect oral collaboration to promote small family norm, late marriage and childbearing.
- Promotion of Family Planning Services at community level through peer educators.
- Each APHC and PHC will have one MO trained in any sterilization method 6. Increase availability of contraceptives through Social Marketing and community-based distribution of contraceptives.
- Increase utilization of Family Planning services through provision of incentives to acceptors and private providers FP services.

9. Adolescent Reproductive and Sexual Health

Objectives

- Improve sex ratio 918 -> 920
- Increase the knowledge levels of Adolescents on RH and HIV/AIDS
- Enhance the access of RH services to all the Adolescents.
- Improvement in the levels of Anaemia.

Strategies

- Raise awareness and knowledge among adolescents about Reproductive Health and Family Planning services with emphasis on late marriage and childbearing.

- Improve micronutrient service for adolescents primarily to reduce anaemia.

- Awareness amongst all the adolescents regarding Reproductive health and HIV/AIDS.

- Provision of Adolescent Friendly Health & counselling services

Activities

- Create conducive environment to promote adolescent health needs among health service providers and community at large.
- Targeted BCC campaign using multiple channels to raise awareness about safe reproductive health practices and Family Planning among adolescents.
- Partnerships with key stakeholders and major networks to promote safe reproductive health practices and Family Planning among adolescents.
- Provide RTI/STI curative services for adolescents through expanded network of health facilities and frontline health workers.
- Targeted BCC campaign using multiple channels to promote good nutritional practices and micronutrients such as Iron Folic Acid and Iodine among adolescents.

- Increase availability and distribution of micronutrient Workshop to develop an understanding regarding the Adolescent health and to finalize the operational Plan.
- Supplements to adolescents at grassroots level primarily through health and education networks.
- Provision of Adolescent friendly health services at PHCs, CHCs, FRUs and district hospitals in a phased manner. Training of the MOs, ANMs on the needs of this group, vulnerabilities and how to make the services Adolescent friendly.
- Adolescent Health Clinics will be conducted at least twice in a month by the MO to provide Clinical services**,** Nutrition advice, Detection and treatment of anaemia, Easy and confidential access to medical termination of pregnancy, Antenatal care and advice regarding child birth, RTIs/STIs detection and treatment, HIV detection and counselling.
- Treatment of psychosomatic problems, De-addiction and other health concerns.
- Awareness building amongst the PRIs, Women's groups, ASHA, AWWs.
- Provision of IFA tablets to all Adolescents, deworming every 6 months,
- Vitamin A administration and Inj. TT.
- Carrying out the services at the fixed MCHN days.
- Involvement of NGOs for Environment building. One NGO per Block will be selected. NGO will select the counsellor in the villages.
- Involvement of ASHAs as counsellor and one Male & Female person of all the villages, and training of all the health personnel in the Sub centres, PHCs and CHC in the block
- There will be equal number of Male and Female counsellors and will alternate between two PHCs – one week the male counsellor is in one PHC and the female counsellor in the other and they switch PHCs in the next week so that both the boys and girls benefit.
- Facilitating group meetings.
- Organizing Counselling session once per week at the PHCs with Wide publicity regarding the days of the sessions.
- Collecting data and information regarding the problems of Adolescents Close monitoring of the under 18 marriages, pregnancies, prevalence of RTI/STDs.

10. District Hospital

Infrastructure of District Hospital

Objectives

- Ensure that the hospital acquires District Hospital status
- To provide quality secondary care with a special focus on BPL patients

Strategies

- Ensuring the district hospital status for the concerned hospital.
- Providing private space for all patients in general OPD
- Providing separate ward for paediatric OPD
- Ensuring IPD for general and specialist care.
- Ensuring clearing of encroachment and renovation.
- Ensuring functioning of all OTs
- Establishment of eye OT with proper equipment.
- Ensuring the power supply through Bihar state electricity board.
-

Activities

- Submitting the requisition for recognition of hospital in question as district hospital
- Follow-up of the process.
- Clearing the encroachment through legal process.
- Follow-up of the clearing process and up gradation of these facilities into wards.
- Curtains/ wooden separators for every doctor-patient chamber.
- Identification of specialist examination rooms.
- Requisition for recruitment of OT technicians.
- Identification of room for conversion into OT -ophthalmologic surgeries with proper equipment.

Requisition for BSEB for speedy power connection and follow-up of the process

Human Resource of District Hospital

Strategies,

Operationalising DH with full staff strength

- Doctor Sanctioned - 11
- Storekeeper - 1
- Pharmacist - 1
- X- ray technicians - 1

- Lab technician - 1
- Grade ‘A’ Nurse - 21
- Asst. Matron - 1

Activities.

- Doctor in Position - 9
- Storekeeper - 1
- Pharmacist - 1
- X- ray technician - 1
- Lab technicians - 1
- Grade ‘A’ Nurse - 2
- Asst. Matron - 1

Equipments of District Hospital

Activities

- Identification for infrastructure to store equipment
- Creating a channel for collection of disagreed/ unrepeatable equipment from HSCs onwards.
- Entering into service contract with local/industries for servicing, replacement, and replenishment of materials required from HSCs onwards.
- Training of health workers/ worker dealing with the equipment for proper operation and minor repairs.

Drugs of District Hospital

Strategies

- Ensuring the establishment of the repair units.
- Ensuring servicing of equipment.

Ensuring proper operation of equipment Ensuring supply of replacement and replenishment of materials.

Strategies

- Ensuring the replenishment of the drugs at the district level.
- Ensuring a system for replenishment of drugs.

Activities

- Creating a HMIS for the drug channel.
- Responding to the monthly.
- Reporting from the HSCs/APHCs/PHCs/SDHs/DH.
- Computerized management of the drugs in the health facilities.
- Advertisement for the posts of Pharmacists (M. Pharma)

11. Primary Health Centre

Objective of IPHS for PHCs are:

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

Strategies

- To phase out PHCs from blocks which already have a Referral Hospital and/or Sub-divisional Hospital so that there is no overlap of facilities providing the same level and nature of services – Jhajha, Laxmipur, Chakai.
- Strengthening all PHCs to ensure basic facilities especially functional labour rooms and OTs.
- Ensuring running water supply and drinking water supply in all PHCs
- Ensuring power supply and power back up for all PHCs
- Up gradation of PHCs into 30 bedded facilities.
- ISO certification of selected PHCs in the district.
- Strengthening of BMU
- Ensuring community participation.
- Strengthening of Infrastructure and operationalization of construction works

Activities

- Need based (Service delivery)Estimation of cost for up gradation of PHCs
- Preparation of priority list of interventions to deliver services.
- Selection of any two PHCs for ISO certification in first phase.
- Sending the recommendation for the certification with existing services and facility detail.
- Ensuring regular monthly meeting of RKS.
- Appointment of Block Health Managers in rest of the vacant place & accountants in all institutions.
- Training to the RKS signatories for account operation.
- Trainings of BHM and accountants on their responsibilities.

- Meeting with community representatives on erecting boundary, beautification etc,
- Nukkad Nataks on Citizen's charter of HSCs as per IPHS
- Monthly meetings of VHSCs, Mothers committees.

"Human Resource of Primary Health Centres:"

Activities For Rationalization of Doctors across facilities

- Reviewing current postings.
- Preparing a rationalization plan.
- Meeting to DHS to consider and approve the rationalization plan.

Filling Vacancies

- Requisition to state health department for recruitment of permanent doctor and requisition to state health society for hiring of contractual doctors.
- Requisition to state health department for recruitment of permanent Grade A nurse and requisition to state health society for hiring of contractual Grade A nurses.
- Appointment of Laboratory technicians, pharmacists, dressers and Store keepers (permanent positions
- Submission of proposal for sanction and appointment of an OT Assistant in all 7 PHCs+ 3 referral hospitals.
- Holding interviews and issuing appointment letters.

Strategies

- Rationalization of doctors across APHCs, and PHCs
- Filling vacancies of doctors by hiring doctors on contract/appointment of regular doctors – 7 PHCs+ 3 referral hospital (Khaira, Sikandra, Gidhour, Barhat, Sono, Jamui, Jhajha, Chakai, Laxmipur) would need 5 Doctors each – Medicine, Surgery, Paediatrician, Gyanecologist and Anaesthetist.
- Sanction and appointment /hiring of 7 Staff Nurses for all PHCs
- Sanction and appointment/hiring of 2 ANMs for all PHCs
- Filling vacancies of Pharmacists, Dressers, Laboratory Technicians and Storekeeper.

Sanction and appointment of an OT Assistant in all PHCs

“Infrastructure of Primary Health Centres”

Strategies

- Fully operationalise 3 newly constructed PHCs – Gidhour, Barhat, I. Aliganj.
- To phase out PHCs from blocks which already have a Referral Hospital and/or Sub-divisional Hospital so that there is no overlap of facilities providing the same level and nature of services – Jhajha, Laxmipur, Chakai.
- Strengthening 3 PHCs to ensure basic facilities especially functional labour rooms and OTs – Gidhour, Barhat and I. Aliganj.
- Ensuring running water supply and drinking water supply in all PHCs
- Ensuring power supply and power back up for all PHCs

Activities

Fully operationalising 3 new PHCs

- I. Aliganj, Gidhour, Barhat required new building
- **Phasing out PHCs from blocks with Referral and SDH facilities.**
- Placing a proposal for phasing out of PHCs to District Health Society.
- Sending proposal approved by DHS to State Health Society for approval.

Strengthening existing PHCs to ensure that 75% of PHCs are fully functional

- Setting up of fully functional Labour rooms and OTs in 3 PHCs – Gidhour, Barhat, I. Aliganj.

Ensuring running water supply

- Requesting PHED to prepare a budget for provision of running water supply in all PHCs and referral hospital.

Ensuring power supply and power back up

- Hiring of generators for all PHCs and referral hospital.

“Equipment of Primary Health Centres”

Strategies

- A detailed assessment of the status of functional equipment in all PHCs as per IPHS norms.
- Rational fulfilling of the equipment required, Repair/replacement of the damaged equipment

Activities

- Monthly reporting of the equipment status, functional/non-functional.
- Purchase of essential equipment locally by utilizing the funds or through RKS funds.
- Identification of a local repair shop for minor repairs.
- Training of health worker for handling the equipment and minor repair.

"Drugs of Primary Health Centres"

Strategies

- Ensuring timely replenishment of essential drugs prescribed under IPHS standards.
- Ensuring management of adverse drug reactions
- Ensuring proper storage of the drugs.

Activities

- Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store.
- Utilization of RKS funds for purchase of essential drugs locally.
- Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors.
- Separate provision of drugs mainly for camps.
- Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs.
- Utilization of PMGY funds allotted for drugs purchase at the local level.

12. Additional Primary Health Centre

Objectives

- To ensure that jamui has 100% of functional APHCs as required by population norms
- To upgrade all APHCs as per PHC level IPHS norms and to name all APHCs as PHCs
- To operate 25% of APHCs on a 24*7 basis

Strategies

- 48 APHCs to be newly established should be set up to meet the PHC level IPHS norms. Of these 12 are proposed to be constructed in this year and 20 operationalized. The overlap is to enable initiation of services while ensuring the requisite construction of infrastructure.
- Prioritising the setting up of APHCs in all blocks. APHCs currently and also in blocks where the gaps are more than 50% namely Sono, Chakai and Jhajha. A total of 12 APHCs need to be set up in these priority.

Activities **Construction of buildings for existing & proposed APHCs**

- Meeting with CO to identify available land for setting up the priority APHCs (PHCs) in the selected villages.
- Follow up the responses to the advertisement given by Bihar Govt for donation of land for setting up of APHCs HSCs.
- Village meetings to identify accessible locations for setting up of APHCs
- Finding locations for new APHCs on the basis of hard to reach areas and population. Distance between two facilities should also be considered.
- Requesting state government to revise the rent rates for APHC (PHC) building and make the grant for payment of the rent.
- Ensuring construction of APHC (PHC) building as per IPHS norm along with residence for MOs, ANM and other health staff.
- Ensuring power supply to all APHCs

“Human Resources Additional Primary Health Centres”

Strategies

- Rationalization of doctors across block facilities to ensure filling of basic minimum positions.
- If any APHC (PHCs) after rationalization is in need of more doctors then additional doctors can be deputed from PHC to run at least one day OPD. This should be considered as an interim arrangement.
- Filling vacancies by hiring doctors on contract or appointing regular doctors.

Activities For Rationalization of Doctors across facilities

- Reviewing current postings.
- Preparing a rationalization plan.
- Introducing rationalization plan in DHS meeting agenda to consider and approve the rationalization plan.

Additional charge as interim arrangement

- Preparation of the roster for deputation of Doctors at the APHC (PHC) where no doctor is available.
- Informing community about the 1 day per week OPD services at APHCs (PHCs)
- Hiring of vehicles for the movement of doctors for fixed OPD days.

Filling vacancies

- Requisition to state health department for recruitment of permanent doctor and requisition to State Health Society for hiring of contractual doctors.
- Requisition to state health department for recruitment of permanent nurses and requisition to State Health Society for hiring of contractual nurses.
- Appointment of 2 MPWs (M/F) at each APHC
- Hiring Laboratory technicians and pharmacists (permanent positions)
- Hiring of clerks/accountants.

Contract Renewal

- Renewal of contract of Grade A staff nurses for the next three years based on perform.

Grade A Nurses

- Renewal of contract of Nurses for 3 years based on performance.
- Recruitment of Nurses for newly established 48 APHCs

ANMs

- Filling of ANM vacancies
- Recruitment of two ANMs for each of the newly established 32 APHCs

MPWs

- Appointment of 2 MPWs (M/F) for all 48 APHCs

Laboratory technicians

- Filling up of vacancies of Laboratory technicians in all APHCs (PHCs)

Pharmacists

- Filling up of vacancies of Pharmacists in all APHCs (PHCs)

Accountant

- Filling up of vacancies of Accountants.

"Equipment Additional Primary Health Centres"

Strategies

- A detailed assessment of the status of functional equipment in all APHCs as per IPHS norms.
- Rational fulfilling of the equipment required

Repair/replacement of the damaged equipment.

Activities

- Monthly reporting of the equipment status, functional/non-functional.
- Purchase of essential equipment locally by utilizing the funds or through RKS funds.
- Identification of a local repair shop for minor repairs.
- Training of health worker for handling of the equipment.

“Drugs Additional Primary Health Centres”

Strategies

- Ensuring timely replenishment of essential drugs prescribed under IPHS standards.
- Ensuring management of adverse drug reactions.
- Ensuring proper storage of the drugs.

Activities

- Block level drug replacement unit by providing fortnightly status of the drug availability/expiry in the store.
- Utilization of RKS funds for purchase of essential drugs locally.
- Providing basic training for management of drug reactions for health workers mainly Staff Nurse and refresher course for Doctors.
- Separate provision of drugs mainly for camps.
- Rationalizing the collection of user fees on drugs and utilization of these funds for purchase of essential/emergency drugs.
- Utilization of PMGY funds allotted for drugs purchase at the local level.

13. Health Sub Centres

Objectives

The overall objective is to provide health care that is quality oriented and sensitive to the needs of the community.

The objectives for Sub-Centres are:

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

Human Resource of Health Sub Centres

Strategies

- Renewing the contracts of the ANMs on contract Appointment of regular and contractual ANMs for the newly sanctioned HSCs

Activities

- **Appointment of ANMs for new HSCs**
- Submission of proposal for the appointment of regular and contractual ANMs for the newly sanctioned HSCs
- Holding interviews and issuing appointment letters.

"Equipment of Health Sub Centres"

Strategies

- Assessing the equipment needs of all currently sanctioned HSCs and identifying equipment requiring repair and equipment that needs to be requisitioned.
- Acquiring permission from the state government to appoint district level agency for repair and maintenance.
- Ensuring timely supply of the equipment.
- Ensuring timely repair of the equipment by the local agency.
- Ensuring quick replacement of non-functional equipment.

Activities

- Identifying a local repairing agency.
- Training for the ANM and other health staff at the HSC in handling the equipment and conducting minor repairs.
- Setting up of a district level equipment replacement unit.

"Drugs of Health Sub Centres"

Strategies

- Ensuring timely replenishment of essential drugs prescribed under IPHS standards.
- Ensuring management of adverse drug reactions.
- Ensuring proper storage of the drugs.

Activities

- Weekly reporting of the drugs status: availability, requirement, expiry status.
- Setting up a block level drug replacement unit.
- Utilization of untied funds for purchase of essential drugs locally.
- Providing basic training for management of drug reactions.

14. ASHA

Accredited Social Activist (ASHA) is a key strategy of the NRHM to link the community with the health systems. ASHA works with the community to raise awareness about various health programmes, provide basic health knowledge, and provide information on health practices thus generating demand for health services. She also helps and supports the community to access health services. Proper selection and training of ASHAs is a crucial step for the success of NRHM. In Jamui ASHAs have been selected in all the blocks. In most of the blocks ASHAs have completed two rounds of training, while in some of the blocks they have completed one round of training. Salient information related to ASHAs in the district can be found in the matrix below:

Situation analysis:

Out of a total target 1785 ASHAs for the District, 1488 have already been selected. The number of ASHAs to be selected has been determined on the basis of older population estimates. Given that the current estimate of district rural population is 1785763. The total number of ASHAs required at the norm of 1 for every 1000 population is 1785 while sanctioned number is 1520 given by SHSB.

Activities

- Submission of proposal for the sanction and selection of additional ASHAs
- Development of an IEC campaign on the role of the ASHA using print and folk media by Block Health Educators.
- Building partnerships with NGOs for conducting an IEC campaign on the ASHA programme.
- Monitoring of the IEC Campaign by Block Community mobilizer.
- Determining the community based selection and review process for ASHAs by DHS.
- Partnership with NGOs for implementing the community based selection and review process
- Monitoring of NGO partnership for community based selection and review of ASHAs by Block Health Educators.

Strategies

- Sanction of additional ASHAs
- Facilitate selection through a community process focused on creating awareness about the role of the ASHA as a community mobiliser and activist and her positioning as a representative of the community.

- Community based review of existing ASHAs for performance and replacement of non-functional ASHAs.
- Partnership with local, active voluntary organizations with a background in community health work in the community based selection and review process.

ASHA Training

Situation Analysis: Out of 1520, 1488 ASHAs have received only the first round of training.

Strategies

- Conducting 12 days of camp based training for all ASHAs
- Conducting 30 days of field based training for 30% of ASHAs in the district.

Supportive Supervision Activities

- Monthly cluster level meetings of ASHAs, ANMs, AWWs, VHSC members and ASHA trainers.
- Monthly block level trainer's meeting
- Monthly district level trainer's meeting
- Development of simple monitoring formats to be filled out by ASHA trainers, and District Resource Persons to review the functionality of the programme
- Organising an ASHA mela every year at the District level to create a sense of solidarity and support amongst ASHAs
- ASHA Helpline to be managed by the ASHA helpdesks

Selecting active ASHAs with leadership qualities to be ASHA trainers

Strategies

- Timely release of monetary incentives to ASHAs

Instituting social incentives for ASHAs

Activities

- Advertising for an ASHA coordinator at the district level

Recruitment of ASHA coordinator Health educators at the block level to support in ASHA training

15. Rogi Kalyan Samitis & Untied Funds

Rogi Kalyan Samitis & Untied Funds for Health Sub-Centre, APHC & PHCs

"Health Sub Centre"

Strategies

- Ensuring that HSCs receive untied funds

Activities

- Opening Bank Accounts
- Ensuring timely release of funds to HSCs

"Additional Primary Health Centre"

Strategies

- Ensuring that all APHCs receive untied funds as per the NRHM guidelines

Activities

- Ensuring that all APHCs receive untied funds as per the NRHM guidelines

"Primary Health Centre"

Strategies

- Ensuring timely release of funds to HSCs
- Ensure that RKS is registered in all PHCs.
- Ensure UCs are sent regularly.
- Utilisation of RKS funds to pay for outsourced services
- Ensuring that HSCs receive untied funds
- Opening Bank Accounts

Activities

- Training of RKS office bearers on documentation of meetings as well as of the potential of the RKS
- Training of block level accountants in preparation of the utilization certificates
- Monthly review meeting of block level accountants by District Accounts Manager to strengthen the documentation process
- Developing a check list for review

16. Immunization

Objectives

- 100 % Complete Immunization of children (12-23 month of age)
- 100 % BCG vaccination of children (12-23 month of age)
- 100% DPT 3 vaccination of children (12-23 month of age)
- 100% Polio 3 vaccination of children (12-23 month of age)
- 90% Measles vaccination of children (12-23 month of age)
- 100% Vitamin A vaccination of children (12-23 month of age)

Activities

- Organising regular routine immunisation training for ANM and AWW and IPC/IEC/BCC trainings for ASHA and AWWs.
- Organising immunisation camps at every Sub centre level on every Wednesday and at the AWCs on every Saturday.
- Regular house to house visits for registration of pregnant women for ANC and children for immunisation.
- Developing tour plan schedule of ANM with the help of BHM and MOIC.
- Timely payment to MOICs to arrange transportation of vaccines from district hospital to PHCs.
- Regular disbursement of funds from the DIO to MOs for providing incentives to ANMs.
- Regular disbursement of funds for ANMs to provide incentives to AWWs and ASHA workers.
- Providing per diem for health workers, mobilisers, supervisors and vaccinators and alternative vaccinators.
- Maintaining the disbursement records.
- Visits by MOIC, CDPO, BHM, LHV and health educator to monitor the progress of immunisation schedule and prepare report.
- Ensuring the unrestricted movement of the monitoring team with fuel for vehicle and funds for hiring of the vehicle.
- Maintaining continuous power supply at PHC level for maintaining the cold chain.
- Applying for acquisition of ILR and deep freezer for the 1 PHCs which do not have ILR at present.

- Applying to State Heath society for the funding for Vaccine van to get timely stock of vaccines for the districts.
- Timely and regular requests from district to state as well as blocks to district to replenish the supply of DPT and syringe.
- Rationalisation of courier rates and making request to the SHS for increased funding for courier in order to ensure timely supply of vaccines to sub centres.
- Reviewing the contract of Voltas Cooling Company, currently responsible for repair and maintenance.
- Submitting a proposal to the state health society to acquire power of issuing maintenance and repair contract for cold chain equipment from district.
- Procure stock of hub cutters for all the PHCs for safe disposal of needles and syringe.

17. Vitamin A Supplementation Programme

Situation Analysis:

The programme faces lack of skilled manpower for implementation of program. There is also shortage of drugs and RCH kits. The shortages put constraints on ensuring first dose of Vitamin-A along with the measles vaccination at 9 months.There are also problems for procurement of Vitamin-A bottles by the district for biannual rounds. The reporting mechanism of the district need to be improved. There is lack of coordination among health & ICDS workers for report returns & MIS. The district also needs a joint monitoring & supervision plans with ICDS department.

Strategies

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

Activities

- Orientation , stationary, data compilation, validation and updating.
- Constituting district level task force and holding regular meetings.
- Organising meeting of block coordinators.
- Training and capacity building of service providers.
- Strategy planning meetings, orientation of stakeholders, resource planning and site management for urban centre and orientation of urban supervisors.
- Ensuring availability of immunisation cards
- Procurement of Vit A Syru

"Tuberculosis"

Strategies

18. National Disease Control Programme

- Detection of New cases.
- House to House visit for detection of any cases.
- IEC for awareness regarding the symptoms and effects of TB.
- Prompt treatment to all cases.
- Rehabilitation of the disabled persons.
- Distribution of Medicine kit and rubber shoes.
- Honorarium to ASHA for giving DOTs.

Activities

- Participation of ASHAs and AWWs for providing DOTS so as to reach services close to the patients for decrease default rate.
- Ensure proper counselling of the patient by the health workers.
- Organizing awareness campaign and community meetings to aware people about the TB and DOTS.
- Sensitization of MOTCs/MOs at the Peripheral health facilities to ensure every TB suspect
- undergo Sputum Smear examination (at least 2% of Total New OPD patient)
- Sensitization of all Lab Technician for Correct Sputum Smear Microscopy(5%-15% positivity is expected among patients examined for diagnosis)
- Ensuring 3 sputum smear examinations for TB patients.
- Participation of ASHA and Community Volunteers to provide effective DOTS.
- Incentive to ASHA and Volunteers for timely Sputum smear microscopy Collection and follow-up.
- Initiation of treatment of New Smear Positive (NSP) patients within a weak of diagnosis.
- To control spared of infection in Group.
- Proper Monitoring/Supervision to ensure regular and interrupted DOTS as per guidelines.

"Proper counselling of patients by the DOTS provider and supervisory staffs".

- Maintenance/ Replacement of defective Binocular microscopes.
- Establishment of new DMC as per need and repairing/renovation of closed DMCs with proper electricity connection and water supply.
- Refreshment training of Lab Staffs specially Lab Technician for maintenance of microscopes.

- Ensure regular and adequate supply of laboratory consumables to DMCs from |District TB Centre(DTC)
- Recruitment of Counsellor at PHC level.
- Active participation of community specially ASHA and AWW.
- Capacity building of ASHA.
- Remuneration to ASHA/Community volunteer for providing DOTS will be paid timely.
- New recruitment for lacks in staffs i.e., Lab Technician, STS, STLS, TBHV and other.

"National Leprosy Elimination programme"

Objective

- To reduce the leprosy disease prevalence rate to.

Strategies

- Currently disease prevalence rate per 10,000 population is.
- New patients registered .
- Awareness in urban areas.

Activities (Improving case detection)

- House to house visits for tracing cases of Leprosy, by health workers (BHWs, ASHA, ANM)
- Detected cases are to be taken to hospital for proper counselling, by professional counsellors.
- The cases detected are to be monitored and followed up by health workers, mainly by BHWs/ASHA to detect deformity.

IEC/BCC to create awareness

- Awareness creation among community by having hoardings, pamphlet, advertisements in the news papers.
- Sensitization of AWW.
- School quiz contest.
- Awareness in the community through Gram- Goshti.
- Organizing 2 Health camps in each block.
- Rally to create awareness.

Strengthening Facilities

Increasing availability of fuel, vehicle, stationary and medicine at facility level.

Human Resources

- Walk-in interview for filling of all required staff at the district level.
- Continued training for all health workers.
- Training of all health workers specifically in counselling patients and the family about the disease.
- Contracting of services that are essential for management of cases.
- Contracting of a consoler at least at the PHC level.

"Malaria Control Programme"

Situation Analysis:

District faces lack of laboratory technicians and facilities at the APHC/PHC level. This has proved to be a hurdle in prompt diagnosis of the cases. All BHW, BHI, ANM are responsible for collecting the BS of the suspected cases. The exact burden of disease in Jamui is not known as reports from private sector is not collected or not reported. The BCC activities in the district are also limited. There is also shortage of mosquito bed nets but anti-malarial drugs are in abundant.

Strategy

- Ensuring registration of all private laboratories.
- Filling-up of all vacant posts.
- Enhancing BCC activities.
- Ensuring adequate supply of mosquito bed nets.

Activities

- Meeting with DM for issuing an order for all old and new laboratories to register with DHS.
- Following their registration, they would be expected to report all the disease specific cases to the DHS.
- All HWs would also be then requested to collect the reports.
- Training of all health workers in BCC.

“Filaria Control Programme”

Situation Analysis

Similar to Malaria lack of laboratory technicians and facilities at the APHC/PHC level continues to pose a challenge for an effective filarial control programme in the district. In case of Filaria specifically the exact burden of disease is not known because reports from the private sector are not collected or not reported. BCC activities in the district are limited. There is a shortage of chemically treated bed nets. Mass Drug Administration has been carried out in the population where cases have been detected.

Strategy

- Early diagnosis and prompt treatment.
- Ensuring registration of all private laboratories.
- Filling all vacant posts.
- Enhancing BCC activities.
- Ensuring adequate supply of mosquito bed nets.
- Ensuring adequate supply of drugs.

Activities

- House to house visits for tracing cases of Filariasis, by health workers (BHWs, ASHA, ANM)
- Collection of reports from local private practitioners and laboratories in the village.
- Following their registration, they would be expected to report all the disease specific cases to the DHS.
- All HWs would also be then requested to collect the reports.
- Training of all health workers in BCC.
- District level procurement of drugs for MDA, with funds from respective department.

“National Blindness Control Programme”

Strategy

- Prompt case detection.
- Ensuring proper treatment.

Activities

- Screening of all children in the schools Including Optometrists in Mobile medical unit’s visits to camps in villages.
- Fortnightly visit by optometrist opthometrician to health sub-centres and weekly visit to APHCs.
- Contracting of ophthalmologist services.
- Distribution of spectacles from the health facilities.
- Conducting in-hospital minor surgeries for cataract.
- Conducting surgeries in the NGO run hospitals and follow-up.
- Distribution of spectacles for BPL population undergoing surgery in private sector.

“Kala Azar”

- Jamui District is free from Kala Azar

“Integrated Disease Surveillance Programme (IDSP)”

Situation Analysis

(The programs with major surveillance components include):

- The National Anti-Malaria Control Program.
- National Leprosy Elimination Program
- Revised National Tuberculosis Control Program
- Nutritional Surveillance
- National AIDS Control Program.
- National Polio Surveillance Program as part of the Polio eradication initiative
- National Programme for Control of Blindness (Sentinel Surveillance)

Surveillance activities of all these vertical programs of Malaria, Tuberculosis, Polio, and HIV are functioning independently leading to duplication of Surveillance efforts. Surveillance has been ineffective due to

- There are a number of parallel systems existing under various programs which are not integrated
- The existing programs do not cover non-communicable diseases
- Medical colleges and large tertiary hospitals in the private sector are not under the reporting system as well as for utilization of laboratory facilities.
- The laboratory infrastructure and maintenance is very poor
- Presently, surveillance is sometimes reduced to routine data gathering with sporadic response systems thereby leading to slow response to Epidemics,
- Information technology has not been used fully for information and to analyze and sort data so as to predict epidemics based on trends of the reported data.
- In response to these issues the Integrated Disease Surveillance Programme was launched in Bihar in 2005 to provide essential data to monitor progress of on going disease control programs and help in optimizing the allocation of resources.

IDSP includes 22 diseases/ conditions (Malaria, Acute diarrhoeal disease-Cholera, Typhoid, Jaundice, Tuberculosis, Acute Respiratory Infection, Measles, Polio, Road Traffic Accidents, Plague, Yellow Fever, Meningoencephalitis /respiratory distress, etc.,(HIV, HCB, HCV) and 5 state specific diseases (Thyroid diseases, Cutaneous Leishmaniosis, Acid Peptic Diseases, Rheumatic Heart Diseases).

- Establishing of District Surveillance unit.
- Up gradation of 2 PSU Labs.
- Water testing labs are in place.
- V-Sat has been installed but training is required.
- Rapid response teams have been established at District levels.
- DSUs (District Surveillance Units) have been established in all districts.
- Regional Lab has been proposed fro specialized test.

Objectives

- Improving the information available to the government health services and private health care providers on a set of high-priority diseases and risk factors, with a view to improving the on-the-ground responses to such diseases and risk factors.
- Establishing a decentralized state based system of surveillance for communicable and non-communicable diseases, so that timely and

effective public health actions can be initiated in response to health challenges in the country at the state and national level.

- Improving the efficiency of the existing surveillance activities of disease control programs and facilitate sharing of relevant information with the health administration, community and other stakeholders so as to detect disease trends over time and evaluate control strategies.

Activities

- Strengthening of the District Surveillance Unit (DSU), established under the project,
- Training of the Unit Incharge for epidemiology – {DMO)
- Hiring of Administrative Assistant.
- Training of contract staff on disease surveillance and data analysis and use of IT.
- Providing support for collection and transport of specimens to laboratory networks.
- Provision of computers and accessories
- Provision of software of GOI
- Notifying the nearest health facility of a disease or health condition selected for community-based surveillance
- Supporting health workers during case or outbreak investigation
- Using feedback from health workers to take action, including health education and coordination of community participation.

19. DEMAND GENERATIO, IEC/BCC

Situation Analysis

- There is lack of awareness and good practices amongst the community due to which they neither avail the services nor take any positive action. There is lack of awareness regarding the services, schemes including the Fixed Health days.

The following issues need special focus:

- Importance of 3 visits for ANC, advantages of institutional delivery, Post natal care.
- Availability of skilled birth attendants, balanced diet during pregnancy, anaemia, misgivings about IFA, kitchen garden.
- Importance of complete immunization, disadvantages of drop outs, nutritional requirements of infants and children, malnutrition, exclusive breastfeeding.
- Problems of adolescents, drugs addiction, malnutrition, problems of sexuality, age at marriage, tendency to take risks in sexual matters.
- DOTS programme for TB, location of microscopy centres, cardinal symptoms of TB,
- High risk behaviour in the community in relation to water born diseases, heart diseases and lung diseases, and HIV/AIDS, STDs
- Evil of drugs addiction affecting adolescents,
- High prevalence of RTIs, including STDs,
- Issues of malaria spread and prevention and also other diseases
- JSY, Fixed Health days, availability of services.
- The personnel have had no training on Interpersonal communication

Objectiv

- Widespread awareness regarding the good health practices
- Knowledge on the schemes, Availability of services

Strategy

- Information Dissemination through various media,
- Interpersonal Communication.
- Promoting Behaviour change.

Activity

- Awareness on Fixed MCHN days
- Designing of BCC messages on exclusive breast feeding and complimentary feeding, ANC, Delivery by SBA, timely referral, PNC, FP, Care of the Newborn,
- Gender, hygiene, sanitation, use of toilets, male involvement in the local language.
- Consistent and appropriate messages on electronic media – TV, radio.
- Use of the Folk media, Advertisements, hoardings on highways and at prominent sites.
- Training of ASHA/AWW/ANM on Interpersonal communication and Counselling on various issues related to maternal and Child health.
- Display of the referral centres and relevant telephone numbers in a prominent place in the village.
- Promoting inter-personal communication by health and nutrition functionaries during the Fixed health & Nutrition days.
- Orientation and training of all frontline government functionaries and elected representatives.
- Integration of these messages within the school curriculum.
- Mothers meeting to be held in each village every month to address the above mentioned issues and for community action.
- Kishore Kishori groups to be formed in each village and issues relevant to be addressed in the meetings every month
- Meetings of adult males to be held in each village to discuss issues related to males in each village every month and for community action.
- Village Contact Drives with the whole staff remaining at the village and providing services, drugs , one to one counselling and talks with the Village Health & Water Sanitation Committee and the Mother's groups
- Developing Nirdeshika for holding Fixed Health & Nutrition days to be distributed to all MOs, ANMs, AWWS, LS, PRIs,
- Monthly Swasthya Darpan describing all the forthcoming activities and also what happened in the month along with achievements
- Bal Nutrition Melas 4 times at each Sub centre
- Wall writings.
- Pamphlets for various issues packed in an envelope.

20. PROGRAM MANAGMENT

Situation Analysis

The District Health Society have formed been registered in Jamui The Society is reconstructed and with these following members and the Deputy Commissioner as the Governing board President. The members are all the Programme Officers, Education, SDM, IMA president, ICDS, PWD. The Governing body meetings are held monthly under the chairmanship of the Deputy Commissioner. Although the DHS formed and meetings conducted regularly but still they are not focused on health issues and need proper training on planning and management.

Objective

- District Health Society to make functional and empower to plan, implement and monitor the progress of the health status and services in the district.

Strategies

- Capacity building of the members of the District Health Society regarding the programme, their role, various schemes and mechanisms for monitoring and regular reviews.
- Establishing Monitoring mechanisms.
- Regular meetings of Society.
- Bimonthly meetings of Health, ICDS and PHED (as role of water and sanitation will play an important role in providing better health)

District Programme Management Unit

Status

- In NRHM a large number of activities have been introduced with very definite outcomes. The cornerstone for smooth and successful

implementation of NRHM depends on the management capacity of District Programme officials. The officials in the districts looking after various programmes are overworked and there is immense pressure on the personnel. There is also lack of capacities for planning, implementing and monitoring. The decisions are too centralized and there is little delegation of powers.

- In order to strengthen the district DPMU, Four skilled personnel i.e. District Programme Manager, District Account Manager, District Nodal M&E Officer, District planning coordinator, District Data Assistant ASHA have being provided in the district.
- These personnel are there for providing the basic support for programme implementation and monitoring at district level under DHS.
- The District Programme Manager (DPM) is responsible for all programmes and projects in district under the umbrella of NRHM and the District Accounts Manager (DAM) is responsible for the finance and accounting function of District Health Society including grants received from the State Health Society and donors, disbursement of funds to the implementing agencies, preparation of submission of monthly/ quarterly/ annual SOE, ensuring adherence to laid down accounting standards, ensure timely submission of UCs, periodic internal audit and conduct of external audit and implementation of computerised FMR.
- The District Nodal Monitoring and Evaluation Officer (M&E Officer) has to work in close consultation with district officials, facilitate working of District Health Society, Maintain records, Create and maintain district resource database for the health sector, Inventory management, procurement and logistics, Planning, monitoring & evaluation, HMIS, data collection and reporting at district level.
- There is a need for providing more support to the Civil Surgeon office for better implementation especially in light of the increased volume of work in NRHM, monitoring and reporting especially in the areas of Maternal and Child Health, Civil works, Behaviour change and accounting right from the level of the Sub centre.

- The Civil surgeon's office is located in the premises of the Sadar Hospital in the district. The office of all the Deputy Civil Surgeons is also in Sadar Hospital premises.

<u>Activities</u>

- Support to the Civil Surgeon for proper implementation of NRHM through proper involvement of DPMU and more consultants for support to civil surgeon for data analysis, trends, timely reports and preparation of documents for the day-to-day implementation of the district plans so that the Civil Surgeon and the other district officers.

- Finalizing the TOR and the selection process

- Selection of consultants, one each for Maternal Health, Civil Works, Child health, Behaviour change. If properly qualified and experienced persons are not available then District Facilitators to be hired which may be retired persons.

- **Capacity building of the personnel**

▪ Joint Orientation of the District Officers and the consultants

▪ Induction training of the DPM and consultants

▪ Training on Management of NRHM for all the officials

▪ Review meetings of the District Management Unit to be used for orientation of the consultants

Development of total clarity in the Orientation workshops and review meetings at the district and the block levels amongst all the district officials and Consultants about the following set of activities:

▪ Disease Control

▪ Disease Surveillance

▪ Maternal & Child Health

▪ Accounts and Finance Management

- Human Resources & Training
- Procurement, Stores & Logistics
- Administration & Planning
- Access to Technical Support
- Monitoring & MIS
- Referral, Transport and Communication Systems
- Infrastructure Development and Maintenance Division
- Gender, IEC & Community Mobilization including the cultural background of the Meows
- Block Resource Group
- Block Level Health Mission
- Coordination with Community Organizations, PRIs
- Quality of Care systems

Provision of infrastructure for officers, DPM, DAM, M&E Officer and the consultant of the District Project Management Unit. Provision of office space with furniture and computer facilities, photocopy machine, printer, Mobile phones, digital camera, fax, etc;

Use of Management principles for implementation of District NRHM

Development of a detailed Operational manual for implementation of the NRHM activities in the first month of approval of the District Action Plan including the responsibilities, review mechanisms, monitoring, reporting and the time frame. This will be developed in participatory consultative workshops at the district level and block levels.

- Financial management training of the officials and the Accounts persons. jurisdiction of the Civil Surgeon
- **Strengthening the Block Management Unit**: The Block Management units need to be established and strengthened through the provision of :

- Block Health Managers (BHM), Block Accounts Managers (BAM), Block Community Mobilizer ASHA and Data Operators (DO) for each block. These are hired on contract.
- Office setup will be given to these persons
- Accountants on contract for each PHC since under NRHM Sub centres have received Rs 10,000 also the village committees will get Rs 10,000 each, besides the funds for the PHCs.
- Provision of Computer system, printer, Digital Camera will be provided for BHM
- **Convergence of various sectors at district level**
- Provision of Convergence fund for workshops, meetings, joint outreach and monitoring with each Civil Surgeon
- **Monitoring the Physical and Financial progress** by the officials as well as independent agencies
- **Yearly Auditing** of accounts

Strategies

- Support to the Civil Surgeon for proper implementation of NRHM.
- Capacity building of the personnel
- Development of total clarity at the district and the block levels amongst all the district officials and Consultants about all activities
- Provision of infrastructure for the personnel
- Training of District Officials and MOs for management
- Use of management principles for implementation of District NRHM
- Streamlining Financial management
- Strengthening the Civil Surgeon's office

- Strengthening the Block Management Units
- Convergence of various sectors

21. CAPACITY BUILDING AND TRAINING

Situation Analysis

SBA Trainings- SBA trainings are being organized in DHS Jamui. Grade 'A' Nurse & ANM have got SBA training. Out of 119 Grade 'A' Nurse, 386 ANMs posted in the district, 60 have got the SBA training from DHS Jamui. The remaining is yet to receive the training. 10 present LHV also require SBA training.

EMOC Training- Only 2 medical officers from the district has received EmOC training.

IMNCI- No medical officers have received IMNCI ToT.

Family Planning – No any doctors have received Non scalpel Vasectomy training. No Minilap training has been organized in the district.

Strategy

- SBA training to Sub centre ANMs.
- SBA training to all three staff nurses from APHCs
- Building capacity of 2 staff nurses from each of 7 PHCs, 3 RH, 1 District Hospital. Facility Establishing district level training centres for regular trainings of the district staff

Activities

- SBA trainings have to be given ANMs posted at Sub centre and APHC. Total number of ANMs=386. Therefore 74 batches each comprising of 6 ANMs has to be trained.
- Staff nurses from each of 7 PHCs, 3 RH, 1 DH. Total number of SNs to be trained=22. So total 4 batches need to be trained.
- LHV from each PHC and RH. Total number of LHV=9. So 2 batches for training.

EMOC-

- 2 medical officers from District hospital, SDH and 3 RH.
- 1 MO from each PHC
- 1 MO from 32 priority APHCs.
- Total number of MOs to be trained= 44. Total 8 batches to be trained.

Safe abortion services training

- 2 medical officer s from District hospital, SDH and 3 RH.
- 1 MO from each PHC
- 1 MO from 32 APHCs.

Total number of MOs to be trained-44. Total number of batches=8.

Anaesthetics skill training-

- 1 MO from each functional PHC and 1 each from 3 RH, 1 SDH and 1 DH. Total number of MOs to be trained=11. Total number of batches=2.

NSV training

- 1 MO from each blocks PHC and 3 RH. So two batches of 6 participants each.

STI/RTI training-

- 1 MO from each functional PHC and 1 DH, 1 SDH and 3 RH. So two batches of 6 participants each.

MINLAP training

- 1 MO from each functional PHC and 1 DH, 1 SDH and 3 RH. So two batches of 6 participants each.

- **Training on Family Planning choices and IUD insertion**
- 1 ANM from each of 32 APHC
- 1 ANM from 6 functional PHC
- 1 ANMs from 3 RH, 1 SDH and DH. So total number of ANM=43. So total 8 batches to be trained.

- **ARSH training**
- 1 MO each from 6 PHCs, 3 RH, 1 SDH and DH. Total number of MOs to be trained=11. So two batches of 6 participants each.

- **SNCU training-**

- 2 MOs from 3 RH, 1 SDH and DH. Total number of MOs to be trained
- So two batches of 6 participants each.

Programme management training-

Basic computer skills for clerical staff at DPMU, DHS, District hospital, SDH, Referral and PHCs and DPMU.

District health planning and management for DPMU and BPMU.

22. MONITORING AND EVALUATION

Situation Analysis

Monitoring is an important aspect of the programme but it is not happening effectively and regularly. Each officer and the MOIC, MO, BHM at PHCs are supposed to make regular visits and monitor the progress and check on the activities and also the data provided by the ANMs. The reports have to be submitted and discussed in the monthly review meetings at the entire forum. The District Health Society is not monitoring the progress and neither are the committees at the Block and Gram Panchayat levels. No proper Check-lists exist for monitoring. Also analysis is not done of the visits and any data collected No Verbal Autopsies (Maternal, Neo-natal, Infant & Child Death audits) are carried out any levels. The Role & Functioning of the Sub centre level Committee, PHC level Committee, RKS at PHC and VLC need to be clearly defined. There is no system of concurrent Evaluation by independent agencies so that the district officials are aware regarding the progress and the lacunae.

Strategies

- Developing the system for visits, reporting and review
- Developing a system of Concurrent Evaluation

Activities

- Fixing the dates for visits, review meetings and reports.
- Development of Checklist for Monitoring.
- Software for the checklist and entry of the findings in the checklist.
- MOIC, MOs & BHM to make at least 5% facility visits and also of the villages.
- Quality assessment of all health institutions.
- Maternal Mortality Audit by MO and by involving ANM AWW for reporting of maternal deaths,
- Mobility for monitoring at all levels and with the use of district monitors.

23. PUBLIC PRIVATE PARTNERSHIP

The private sector includes NGOs, Private Practitioners, Trade and Industry Organisations, Corporate Social Responsibility Initiatives.

The private sector is the major provider of curative health services in the country. 43% of the total IUD clients obtain their services from the private sector. Engaging with it to provide family planning services has the potential to significantly expand the coverage of quality services. Public-private partnerships can stimulate and meet demand and have a synergistic impact of the RCH. To ensure efficient services of good quality from the private and public sectors, robust monitoring and regulatory mechanisms need to be developed so that the private sector can come forward and cooperate in all the National programmes and also in sharing its resources. There is no policy on Public Private Partnership in Haryana Unless there are incentives for the private sector to venture into this area, its involvement is unlikely.

Objectives

Increasing the coverage of the health services and also increasing the accessibility for health services widening the scope of the services to be provided to the clients.

24. BIO-MEDICAL WASTE MANAGEMENT

Situation Analysis

- As per the Bio-Medical Waste Rules, 1998, indiscriminate disposal of hospital waste was to be stopped with handling of Waste without any adverse effects on the health and environment. In response to this the Government has taken steps to ensure the proper disposal of biomedical waste from all Nursing homes, hospitals, Pathological labs and Blood Banks.
- The District Health Officer is the Nodal Person in each district for ensuring the proper disposal of Biomedical Waste.
- Trainings to the personnel for sensitizing them have been imparted, Pits have been dug, Separate Colour Bins/containers and Segregation of Waste is taking place though has to be done more systematically. Proper Supervision is lacking.
- GOI has sanctioned a Plasma Pyrolysis Plant. Plasma Pyrolysis is a state-of-the-art technology for safe disposal of medical waste. It is an environment friendly technology, which converts organic waste into commercially useful by-products in a safe and reliable manner.
- The plant will soon be installed and training will be imparted to two persons from the district.

Objectives

- Stopping the indiscriminate disposal of hospital Waste from all the facilities by 2011-12

Strategies

- Capacity Building of personnel
- Proper equipment for the disposal and disposal as per guidelines
- Strict monitoring and Supervision

Activities

- Review of the efforts made for the Biomedical Waste Interventions
- Development of Micro plan for each facility in District & Block workshops

Capacity Building of personnel

- One day reorientation workshops for District & Block levels
- Training to two persons for Plasma Paralysis Plant. The company persons will impart this training.
- Biomedical Waste management to be part of each training in RCH and IDSP
- Proper equipment for the disposal
- Plasma Paralysis Plant to be installed
- Installation of the Separate Colour Bins/containers and Plastic Bags for the bins
- Segregation of Waste as per guidelines
- Partnering with Private providers for waste disposal
- Proper Supervision and Monitoring
- Formation of a Supervisory Committee in each facility by the MOs and the Supervisors

25. MCH Sub-Plan

Name of the District: JAMUI												
Level 1				Facility and HR Status								
			Delivery Status	Staff in Place in numbers				Staff required in numbers(indicate : Regular/Contractual)*				
Sl. No.	Name and place of facility	Type of facility (Sub-Center/ APHC/NPHC any other)	Average Monthly Institutional Deliveries (Based on Jan to June 2010)	MO	SN	ANM	LT	MO	SN	ANM	LT
1	Jamui (HarnarayaPur)	APHC	NIL	2	2	0	0	0	0	1	1
2	Sikandara(Mahadevesimriya)	APHC	NIL	1	2	0	0	0	0	1	1
3	Laxmipur (Jinahra)	APHC	NIL	1	2	0	0	0	0	1	1
4	Jhajha (Simultala)	APHC	NIL	1	2	0	0	0	0	1	1
5	Barhar (Numar)	APHC	NIL	1	2	0	0	0	0	1	1
6	Aliganj (Arha)	APHC	NIL	1	2	0	0	0	0	1	1
7	Sono (Batiya)	APHC	NIL	1	2	0	0	0	0	1	1
8	Chakai (Lahban)	APHC	NIL	1	2	0	0	0	0	1	1
9	Khaira (Pakri)	APHC	NIL	1	2	0	0	0	0	1	1
10	Gidhor (Sewa)	APHC	NIL	1	1	0	0	0	0	2	1
	Total for Diistrict			11	19	0	0	0	0	11	10

*The requirement of the LT needs to fulfilled by the redeployment of LTs in the district

**** MO's will only be providing OPD services for 3 days in a week

* It is recommended that all AYUSH doctors be given SBA and NSSK training

	Name of the District:									Name of the Block:			
	Level 1				Training Status and Requirment								
Sl. No.	Name and place of facility	Type of facility (SC/ APHC/ NPHC/ ccredited pvt.)	Training status	MO (In Numbers)				ANM/ SN (In Numbers)					
				BeMOC ®	IUCD ®	NSSK	Others (F-IMNCI) ©	NSSK	SBA	F-IMNCI	IMNCI	IUCD	Other
1	Jamui (Harnarayanpur)	APHC	Completed	0	0	0	0	0	0	0	0	0	0
			Required	NA	NA	2	0	3	3	2	1	3	
2	Sikandara(Mahadevesimriya)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
3	Laxmipur (Jinahra)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
4	Jhajha (Simultala)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
5	Barhar (Numar)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
6	Aliganj (Arha)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
7	Sono (Batiya)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
8	Chakai (Lahban)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
9	Khaira (Pakri)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	2	1	3	
10	Gidhor (Sewa)	APHC	Completed	0	0	0	0	0	0	0	0	0	
			Required	NA	NA	1	0	3	3	1	2	3	
			Total required	0	0	11	0	30	30	19	11	30	0

* It is recommended that all AYUSH doctors be given SBA and NSSK training
**** There will be no BeMOC training for level 1 doctors or staff Nurses**

Sl. No.	Name and place of facility	Type of facility (SC/ APHC/ NPHC/ Accredited pvt.)	Status (Specify numbers wherever applicable)	Staff Quarters	Number of beds	Labour Room	New Born Care Corner	Toilets	Other Infrastructures required(Water/ Electricity/others)	Equipment(Adeq/Inadequate)	Existing refferal mechanisim (see code below A to E)
1	Jamui (Harnarayanpur)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
2	Sikandara(Mahadevesimriya)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
3	Laxmipur (Jinahra)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
4	Jhajha (Simultala)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
5	Barhar (Numar)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
6	Aliganj (Arha)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
7	Sono (Batiya)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
8	Chakai (Lahban)	APHC	Existing	0	0	0	0	0		Inadequate	
			Required: New	4	6	1	1	2			
			or Rennovation	0	0	0	0	0			
9	Khaira (Pakri)	APHC	Existing	0	0	0	0	2		Inadequate	
			Required: New	4	6	1	1	0			
			or Rennovation	0	0	0	0	0			
10	Gidhor (Sewa)	APHC	Existing	0	0	0	0	2		Inadequate	
			Required: New	4	6	1	1	0			
			or Rennovation	0	0	0	0	0			
			Total Required	40	60	10	10	16			
			Total Renovation	0	0	0	0	0	0	0	0

* For APHC amubulances will be hired and for the two HSCs nearest facility ambulance will be used for referral
** It is recommended that there must be 4 staff quarters at APHC, 3 at HSC
*** There must be 2 toilets at level 1 APHC as OPD services

are also on so one Male & 1 Female is a must and 1 at HSC.

Refferal Mechanisim									
A	Own Ambulance								
B	EMRI Model								
C	Other PP model								
D	Hiring Private Vehicle								
E	Private Vehicle but difficult to manage								

Notes: Lahaban, Chakai is having a new building but there is no provision for the Labour room

Annual Budget: Level - I

Budget Head	Additional Requirement	Unit Cost (in Rs.)	Amount in Rs.	Amount by State	Additional amount from Centre	Remarks
Human Resource						
Medical Officer	0	30000		0		
Staff Nurse	0	12000	0			
LT	10	0		0		
ANM	11	0		0		
Supportive Supervision [Clinical supervisor + Nonmedical supervisor]	4					
Mobility support for supervision	4	96000	192000			Supervised by Block MOIc. & BHM weekly one days each
Any Other (Please Specify)						Hiring Private Vehicle maxium @ Rs. 800/- per Day to minimun 10 Days for 12 months
Sub-total 1:	29	138000	192000.00			
Training						
SBA	30	28000	840000			28000 each participants
BEmOC (MO)	0	15000	0			15000 each participants
NSSK	41	117050	117050			117050 per 32 participants
F-IMNCI	19	288250	288250			288250 per 16 participants
IMNCI	11	100800	100800			100800 per 24 participants
IUCD	30	63102	378612			63102 per 5 participants
Any Other (Please Specify)						

Sub-total 2:	131		**1724712**			
Infrastructure						
Staff Quarters : New	40	750000	30000000			
Repair /Rennovation	0	200000	0			
Beds for patient: New	60	8200	492000			
Repair /Rennovation	0	0	0			
Labour Room: New	10	400000	4000000			
Repair /Rennovation	0	200000	0			
New Born Corner: New	10		0			
Repair /Rennovation	0		0			
Toilets: New	16	40000	640000			
Repair /Rennovation	0	20000	0			
Equipments		State				
Any Other (Please Specify)						
Subtotal 3:	136		**35132000**			
Grand Total			**37048712.00**			

Name of the District: JAMUI Infrastructure Status Level II										Name of the Block:			
Sl. No .	Name and place of facility	Type of facility (24x7 PHC/CHC/Pvt./Others	Status (Specify numbers wherever applicable)	Staff Quarters	Number of beds	Labour Room	Child stablization Unit	New Born Care Corner	Toilets	Other Infrastructures required(Water/ Electricity/others)	Equipment(Adeq/Inadequate)	Equipments for Maintanence of Cold Chain (ILR/DF)	Existing refferal mechanisim* (see code below A to E)
1	SIKANDRA		Existing	11	6	1	0	0	5		Inadequate	Inadequate	A
			Required: New	0		0	1	1	0	Water			
			or Rennovation	0		1	0	0	5	Electricity			
2	LAXMIPUR		Existing	7	30	1	0	0	9		Inadequate	Inadequate	A
			Required: New	1		0	1	1	0	Water			
			or Rennovation	7		1	0	0	4	Electricity			
3	JHAJHA		Existing	4	30	1	0	0	9		Inadequate	Inadequate	A
			Required: New	4		0	1	1	0	Water			
			or Rennovation	0		0	0	0	4	Electricity			
4	BARHAT		Existing	0	6	1	0	0	1		Inadequate	Inadequate	A
			Required: New	8		0	1	1	3	Water			
			or Rennovation	0		1	0	0	1	Electricity			
5	ALIGANJ		Existing	6	6	1	0	0	2		Inadequate	Inadequate	A
			Required: New	2		0	1	1	2	Water			
			or Rennovation	6		1	0	0	2	Electricity			
6	SONO		Existing	6	6	1	0	0	4		Inadequate	Inadequate	A
			Required: New	2		0	1	1	0	Water			
			or Rennovation	0		1	0	0	0	Electricity			
7	CHAKAI		Existing	9	6	1	0	0	9		Inadequate	Inadequate	A
			Required: New	0		0	1	1	0	Water			
			or Rennovation	0		1	0	0	0	Electricity			
8	KHAIRA		Existing	0	6	1	0	0	0		Inadequate	Inadequate	A
			Required: New	8		0	1	1	4	Water			
			or Rennovation	0		0	0	0	0	Electricity			
9	GIDHOR		Existing	3	6	1	0	0	2		Inadequate	Inadequate	A
			Required: New	5		0	1	1	2	Water			
			or Rennovation	0		1	0	0	2	Electricity			
			Total Required	30	0	0	9	9	11	0	0	0	0
			Total Renovation	13	0	7	0	0	18	0	0	0	0

**Priority of Renovation of toilets will be given to only Female toilets.

*Refferal Mechanisim									
A	Own Ambulance								
B	EMRI Model								
C	Other PP model								
D	Hiring Private Vehicle								
E	Private Vehicle but difficult to manage								

Gidhor has very little place for expnasion

* There must be 4 toilet at level 2.
** It is recommended that there must be atleast 8 (50% of required staff including grade 3 & grade 4 workers.

Sl. No.	Name and place of facility	Type of facility (24x7 PHC/CHC/Pvt./Others	Training status	MO(In Numbers)								LHV/ANM/SN (In Numbers)					
				BeMOC	MTP/MVA	NSV	NSSK	F-IMNCI	Mini-Lap	IUCD	Others (Leproscopy	NSSK	SBA	F-IMNCI	IMNCI	IUCD	Other
1	SIKANDRA		Completed	0	0	0	0	0	0	0	0	0	2	0	0	0	0
			Required	2+3	2	2	5	5	2	NA	1	5	3	3	2	5	
2	LAXMIPUR		Completed	0	0	0	0	0	0	0	0	0	2	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	25	23	3	22	25	
3	JHAJHA		Completed	0	0	0	0	0	0	0	0	0	10	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	58	48	10	48	58	
4	BARHAT		Completed	0	0	0	0	0	0	0	0	0	16	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	37	-7	6	31	37	
5	ALIGANJ		Completed	0	0	0	0	0	0	0	0	0	2	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	29	3	3	26	29	
6	SONO		Completed	0	0	0	0	0	0	0	0	0	6	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	44	1	5	39	44	
7	CHAKAI		Completed	0	0	0	0	0	0	0	0	0	0	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	5	8	3	2	5	
8	KHAIRA		Completed	0	0	0	0	0	0	0	0	0	15	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	39	10	3	36	39	
9	GIDHOR		Completed	0	0	0	0	0	0	0	0	0	1	0	0	0	
			Required	2+3	2	2	5	5	2	NA	1	26	5	3	23	26	
			Total Required	45	18	18	45	45	18	0	9	268	74	39	229	268	0

Table title: Name of the Disctrict: JAMUI — Name of the Block: — Training Status and Requirment (MCH Level 2)

Notes

© Jhajha PHC has 4 SNs trained in SBA along with 6 ANMs FOR THE SN we may train them and then redeploy to the required places.

© there are specialist available here (Deatails) we can post the medical officer to the required places

©© The Sono PHC needs two more medical officer as per the suggested norms, thus the training requirement is calculated as 4

* BeMOC training would be given as 2+3 , means 2 this year and 3 next year.

** A total of 5 MO's should be trained in NSSK & F-IMNCI.

Annual Budget at a Glance Level II					
Budget Head	**Additional Requirement**	**Unit Cost (in Rs.)**	**Amount in Rs.**	**Amount by state**	**Extra from Centre**
Human Resource					
Medical Officer **(Redeployment)**	12	30000	0		
ANM **(Redeployment)**	2	8000	0		
Staff Nurse	5	144000	720000		
LHV / PHN **(Redeployment)**	0	0	0		
LT **(Redeployment)**	2	0	0		
Supportive Supervision [**1Clinical supervisor + 1Nonmedical supervisor**]	1	40000.00	40000		
Mobility support for supervision	1	180000(additional requirement)+ 96000	276000		
Any Other (Security Guards)	27	0	0		
Sub-total 1:	50	222000	1036000		
Training					
SBA	74	28000.00	2072000		per person cost: 28000
BEmOC (MO)	45	15000.00	675000		per person cost: 15000
MTP	18	95795.00	383180		Rate 95795 for 4 doctors
NSSK	313	117050.00	1053450		24 person=1batch;
F-IMNCI	84	288250.00	1441250		288250 per 16 participants (3 batches)
IMNCI	229	100800.00	1008000		For 90 Particeipent @100800/- per batch of 24 participent
Mini-Lap	18	71240.00	284960		71240 for 4 participants

Laparoscopy	9	71240.00	142480		71240 for 4 participants
NSV	18	32600.00	130400		32600 for 4 participants
IUCD	268	211550.00	14173850		211550 for 20 participants
Any Other (Please Specify)		0.00			
Sub-total 2:			21364570		
Infrastructure					
Staff Quarters : New	30	750000	22500000		
Repair /Rennovation	13	200000	2600000		
Beds for patient: New	0	8200	0		
Repair /Rennovation	0	8200	0		
Toilets: New	11	40000	440000		
Repair /Rennovation	18	15000	270000		
Labour Room: New	0	400000	0		
Repair /Rennovation	7	200000	1400000		
Stabilisation Unit: New	9	supplied by state	0		
Repair /Rennovation	0	supplied by state	0		
New Born Corner: New	9	supplied by state	0		
Repair /Rennovation	0	supplied by state	0		
Cold chain equipments- ILR/ DF		supplied by state	0		
Equipments		supplied by state	0		
Any Other (Please Specify)		0	0		
Subtotal 3:	97	1621400	27210000	0	0
Grand Total			49610570		

	Name of the District: Jamui Name of the Block:															
	Level III		Facility and HR Status Sheet													
			Delivery Status		Staff in Place in numbers						Staff required in numbers(indicate : Regular/Contractual)*					
Sl. No.	Name and place of facility	Type of facility DH/SDH/AH/FRU/CHC/Pvt./Others	Average Monthly Institutional Deliveries (Based on Jan to June 2010)	C-Section	Specialist/PG MO /MO-Multiskilled (OBG,PAED, ANAESTH)	MO	SN	ANM	LHV/PHN	LT	Specialist (Indicate type)	MO	SN	ANM	LHV/PHN	LT
1	Sadar Jamui	DH (100 bedded)	338	0	A1	7	15	2	0	2	3	0	5	0	0	0
	Total										1 Gynae, 1 Surgeon, 1 Paed	0	5	0	0	0

notes:

Private practisioners only available in Jamui & Jhajha Town. Rest of the area is naxal affected thus complicated deliveries are referred to neighbouring districts.

No Gynaecologist and Paed. Are avialable at DH Jamui.

* Number of staff nurses may be increased to 20 once the facility is converted to a 100 bedded facility in the ratio of 5:1 otherwise it will be calculated as per current bed strength.

There should be only 4 MO's at a level 3 facility and the remaining should be reallocated. The specialists may be provided as per norms.

	Name of the District:										Name of the Block:			
	Infrastructure Status Level III													
Sl. No.	Name and place of facility	Type of facility DH/SDH/AH/FRU/CHC/ Pvt./Others	Status (Specify numbers wherever applicable)	Staff Quarters	Number of beds	OT	Labour Room	SNCU/Child stablization Unit	New Born Care Corner	Blood Storage/Blood Bank	Toilets(M/F)	Other Infrastructures required (Water/ Electricity/others)	Equipment (Adeq/ Inadequate)	Equipments for Maintanence of Cold Chain (ILR/DF)
1	SADAR JAMUI	DH	Existing	**0**	**100**	**2**	**1**	**0**	**0**	**1**	**18**		Inadequate	Inadequate
			Required: New	**15**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	Water		
			or Rennovation	**0**	**0**	**0**	0	0	0	0	6	Electricity		
			Total Required	15	0	0	0	1	1	0	0	0	0	0
			Total Renovation	0	0	0	0	0	0	0	6	0	0	0

* The staff quarters will be given between 10-15 as per 50% of the current staff strength considering the relocation of MO's.

**There must be 6 toilets at Level 3.

Sl. No.	Training Status and Requirment (MCH Level III) Name of the Block												Name of the District:						
	Name and place of facility	Type of facility DH/SDH/AH/FRU/CHC/Pvt./Others	Training status		MO (In Numbers)									LHV/ANM/SN (In Numbers)					
				LSAS	EMOC	MTP	NSSK	F-IMNCI	Mini-Lap	Lapro Scopy	NSV	IUCD	Others	NSSK	SBA	F-IMNCI	IMNCI	IUCD	Other
1	Sadar Jamui	DH	Completed	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0
			Required	**1**	**1**	**2**	**4**	**4**	**2**	**1**	**2**	**Not Required**	**0**	**22**	**22**	**20**	**2**	**22**	0
			Total Required	1	1	2	4	4	2	1	2	0	0	22	22	20	2	22	0

* The training load of MO's at level 3 will be 4 for NSSK and F-IMNCI and rest as per norms.

Annual Budget at a Glance Level III					
Budget Head	**Additional Requirement**	**Unit Cost (in Rs.)**	**Amount in Rs.**	**Amount by state**	**Extra from Centre**
Human Resource					
Specialists:					
Obs. / Gynaec.	1	35000	420000		
Anaesthetist	0	35000	0		
Paediatrician	1	35000	420000		
Medical Officer	0	redeployment	0		
ANM	0	redeployment	0		
Staff Nurse	5	12000	720000		
LHV / PHN	0	redeployment	0		
LT	0	redeployment	0		
Supportive Supervision [Clinical supervisor + Nonmedical supervisor]	0	0		Supervised by Supritendent. & Hospital manager	
Mobility support for supervision	0	0	0		
Any Other (Trainer for Skill lab)	1	480000.00	480000.00	nurse @ 40000 per month	
Sub-total 1:			2040000		
Training					
SBA	22	28000.00	616000.00		
LSAS	1	136000.00	136000.00		
CEmOC	1	95495.00	95495.00	95495 for 4 doctors (can be trained in the Medical College Gaya)	
MTP	2	95795.00	95795.00	95795 for 4 person	
NSSK	26	117050.00	117050.00	117050 for 32 person	
F-IMNCI	24	288250.00	576500.00	288250 for 16 participants	
IMNCI	2	100800.00	0.00	100800 for 24 participants (to be adjusted along with the other from L2)	
Mini-Lap	2	70240.00	140480.00	71240 for 4 person	

Laparoscopy	1	43900.00	43900.00	43900 for 2 person (can be sent to Gaya Medical College)	
NSV	2	13325.00	26650.00	13325 per person	
IUCD	0	15000.00	0.00	63102 for 5 participants	
Any Other (Please Specify)					
Sub-total 2:			1847870		
Infrastructure					
Staff Quarters : New	15	750000	11250000		
Repair /Rennovation	0		0		
Beds for patient: New	0	8200	0		
Repair /Rennovation	0		0		
Toilets: New	0	40000	0		
Repair /Rennovation	6		0		
OT: New	0		0		
Repair /Rennovation	0		0		
Labour Room: New	0	400000	0		
Repair /Rennovation	0		0		
Child Stabilisation Unit: New	1	State Supplied			
Repair /Rennovation	0		0		
New Born Corner: New	1	State Supplied			
Repair /Rennovation	0		0		
SNCU: New	1		0		
Repair /Rennovation	0				
Blood Bank: New	0	not available			
Repair /Rennovation	0		0		
Blood Storage (BSU): New	0		0		
Repair /Rennovation	0		0		
Any Other (Please Specify)			0		
Cold chain equipments-ILR/ DF	0		0		
Equipments			0		
Subtotal 3:			11250000		
Grand Total			15137870		

26. Budget for the Year 2011-12

STRATEGIES		Activity Plan											Budget Plan								
		2010-2011 FY					2011-2012 FY						2010-2011 FY						2011-2012 FY		
	Activities	Activity planned (X)	Activity Exeuted (Y)	Activity to be Executed till March-11 (includes activity executed) (Y1)	Variance (X-Y-Y1)	Reasons for Variance	Activity planned including previous yrs gap {Z+(X-Y-Y1)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities				Tentative Unit Cost (A)	Budget Planned {X x (A)} = B	Budget received B or C (< or > than planned)	Budget utilised {Y x (A)} = D	Budget to be utilisedtill March-11 {Y1 x (A)} = D1	under or over-utilised Budget {(B-D-D1} =E	Budget Planned (including spill over amount) {(AP x A) ± E} = BP	Budgetary Source (other than NRHM source)	Remarks
		1	2	3	4		5	6	Q 1	Q 2	Q 3	Q 4	8	9	10	11		12	13		15
															-				0		
	RCH	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-
	MATERNAL HEALTH																				
	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)													0			0	0	0		
A.1.1.1	1.1.1 Operationalise Block PHCs/ CHCs/ SDHs/ DHs as FRUs													0			0	0	0		
A.1.1.1.1																			0		
	(a) Diesel, Service Maintainance and Misc. @24000/month	2	0	2	0		2		2	2	2	2	288000	576000	576000	0	576000	0	576000		
	(b) Blood donation camps	12	3	6	3		8		2	2	2	2	8000	96000	108000	0	48000	60000	124000		
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	0	1	Fund not allocated by SHSB	1		0	1	0	0	25000	0	0	0	0	0	25000		
A.1.1.3	MTP services at health facilities				0									0		0	0	0	0		
A.1.1.4	RTI/STI srvices at health facilities				0									0		0	0	0	0		
A.1.1.5	Operationalise Sub-centres	130	0	0	130	Fund not allocated by SHSB	227		56	58	57	56	500	0	0	0	0	0	113500		
A.1.2	1.2 Referral Transport																				
A.1.2.1	1.2.1. To develop guidelines regarding referral transport of the pregnant women and sick new born / children and dissemination of the same @ Rs. 50,000 for the state				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**	279	0	279	0		279	All Sub centre Should be functional completely	69	70	70	70	833	200000	200000	0	200000	0	232407		
A.1.3.2.	**1.3.2. Monthly Village Health and Nutrition Days at AWW Centres**	16152	0	0	16152		16152		4038	4038	4038	4038	250	179640	179640	0	179640	0	4053000		
A.1.4	**1.4. Janani Evam Bal Suraksha Yojana/JBSY**				0									0		0	0	0	0		
A.1.4.1	**1.4.1 Home deliveries (500/-)**	500	0	500	0		1500		375	375	375	375	500	750000	1497500	0	0	747500	750000		
A.1.4.2	**1.4.2 Institutional Deliveries**																				
A.1.4.2.1	**1.4.2.1 Rural (A) Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries**	28400	17797	10603	17797	Lack of gynecologist	35594		6800	6800	11000	11000	2000	71188000	56800000	24974578	31825422				
A.1.4.2.2	**1.4.2.2 Urban (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries**	4000	1974	2026	2026	Lack of gynecologist	4000		800	800	1200	1200	1200	4800000	500000	2368800	2431200	over utilised budget	4800000		
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)**	500	166	334	334	Lack of gynecologist	1000		200	200	300	300	1500	300000	300000	0	300000	300000	300000		
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	0	0	0		0	0					540	1080000	1080000	0	1080000	0	1080000		
	a. Printing of Register/Parto graph for PHC/RH/DH for record keeping.	40000	10000	30000	30000		40000		10000	10000	10000	10000					7000		40000		
	b. Monitoring of ID upto PHC level	600	0	600	600		600		150	150	150	150	1000				600000	Under	600000		
	c. Temporary Delivery Hut/Tent	0	0	0	0		0		0	0	0	0	0				0	0	0		
	d . Data Management of ID	1	0	1	1	Not selected	1		0	0	0	1	7500	90000			0	0	90000		
	b. Field Monitoring of ID	1	0	1	1	Not selected	1		0	0	0	1	1000	12000			0	0	12000		
	Total (JSY)																				

A.1.5	**1.5 Other strategies/activities**																				
A.1.5.1	**1.5.1 Maternal Death Audit 1.1.3 Survey on maternal and perinatal deaths by verbal autopsy method @ 850 per death**	0	0	0	0		0	0	0	0	0	0							0		
	2. Child Health	0	0	0	0		0	0	0	0	0	0							0		
A.2.1	**2.1. Integrated Management of Neonatal & Childhood Illness/IMNCI (Monitor progress against plan; follow up with training, procurement, review meetings etc) 2.1. IMNCI (details of training, drugs and supplies, under relevant sections) 2.1.1. Monitor progress against plan; follow up with training, procurement, review meetings etc**	1								50000	50000	50000							150000		
	a. Operationalization of clinic at sub centre level																				
	(i) Durgs and supply for AWCfor IMNCI activity																				
	(ii) Prining of Referral cards																				
	b. Monitoring of facilities for quality services																				
	c. Block level Review meeting/training as per monitoring feedback																				
A.2.2	**2.2 Facility Based Newborn Care/FBNC in districts (Monitor progress against plan; follow up with training, procurement, view meeting etc.) (Monitor progress against plan; follow up with training, procurement, etc.)**	0	0	0	0		0		0	0	0	0			76000	0	0	0	100000		
A.2.2.1	**2.2.1. Implementation of FBNC activities in districts.**																				
A.2.3.	**2.3 Home Based New born care/HBNC**	0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0		
A.2.4	**2.4 School Health Programme (Details annexed)**																				
	a. Camps orgnization with NGO participation	2000	0	2000	0	Permission not given by DM		Effort is going on					3000	3434727	3434727	1054000	2380727	Under	6000000		
	b. Monitoring of quality of camps by Block officials (5 % of Total camp orgnized)	100	0	0	100		100						833	0					83300		
	c. Monitoring of qualitiy of camps by District officials (2 % of Total camp orgnized)	40			40		40		10	10	10	10	833	0		0	0	0	33320		
	d. Review meeting at district level						4		1	1	1	1	5000	0		0	0	0	20000		
A.2.5.	**2.5 Infant and Young Child Feeding/IYCF**	0	0	0	0		0		0	0	0	0			0	0	0		0		
A.2.6.	**2.6 Care of sick children & severe malnutrition**	1	0	1	1	Not Established	1		1	0	0	0	469070	1758070	1758070	0	0		3093600		

A.2.7.	2.7 Management of Diarrhoea, ARI and Micro nutrient(Vitamin A)	2	1	1	0		2		0	1	0	1	87500	175000	175000	218750	15180		218750		
	3.Family Planning																				
A.3.1.	3.1.Terminal/Limiting Methods																				
A.3.1.1.	3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services	1	0	1	0		1		0	0	1		25000		22000		25000	-3000	28000		
A.3.1.2	3.1.2 Female Sterilisation camps														240000	0	240000		240000		
A.3.1.3	A.3.1.4 Workshop on Post Partum Seterlization																				
A.3.1.3 3.1.2.2.	3.1.3 3.1.2.2. NSV camps (Organise NSV camps in districts @Rs.10,000 x 500 camps)	18	0	0	0		18		3	3	6	6	10000		180000	0	180000		180000		
A.3.1.4	3.1.4 Compensation for female sterilisation 3.1.2.3. Compensation for female sterilisation at PHC level in camp mode 3.1.2.1. Provide female sterilisation services on fixed days at health facilities in districts (Mini Lap)	18000	1360	16640	16640	Lack of Doctors	18000		3000	3000	6000	6000	1000	18000000	7562500	244380	7318120		18000000		
A.3.1.5 3.1.2.4	3.1.5 Compensation for male slerilisation 3.1.2.4. Compensation for NSV Acceptance @50000 cases x1500	400	139	261	261		400		50	50	150	150	1500	600000	599250	208500	390750		600000		
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)	3000	900	2100	2100		5000		500	500	2000	2000	1500	7500000	3975000	646520	3328480		7500000		
A.3.1.7	A.3.1.4 Workshop on Post Partum Seterlization																				
A.3.2	3.2. Spacing Methods																				
A.3.2.1	3.2.1. IUD Camps	180	0	180	180		180		45	45	45	45	1500	270000	270000	0	270000	Under	270000		
A.3.2.2	3.2.2 IUD services at health facilites/compensation @ Rs. 100 per acceptor	2814	0	2814	2814		2814		703	703	704	704	100		281426	0	281426		281426		
A.3.2.3	Accreditation of private providers for IUD insertion services																				
A.3.2.4	Social Marketing of contraceptives																				
A.3.2.5 3.2.2.	3.2.5 3.2.2. Contraceptive Update Seminars (Organise Contraceptive Update seminars for health providers (one at state level & 38 at district level) (Anticipated Participants-50-70)	11	0	11	11		11		2	3	3	3	7135	78485	71300	0	78485		78485		
A.3.3	(a) POL for Family Planning @ Rs. 12000/Year for Dist HQ	11	0	11	11		11		2	3	3	3	16200	178200	178200	0	178200		222750		
	(b) POL for Family Planning @ Rs. 6000 per year per PHC/RH/DH.																				

A.3.4	3.4 Repair of Laproscopes (Rs. 5000 x 40 nos.)																				
A.3.5	3.5 Other strategies/activities 3.1.4. Monitor progress, quality and utilisation of services 3.5. Establishing Community Based Condom and OCP Distribution Centres (pilot in one district/1 PHC)																				
A.3.5.1	Mega camp at PHC level						40		10	10	10	10	15000	600000					600000		
	4. Adolescent Reproductive and Sexual Health (ARSH)																				
	(Details of training, IEC/BCC in relevant sections)																				
A.4.1	Adolescent services at health facilites. 4.1.1. Disseminate ARSH guidelines.	0	0	0	0		1		1	0	0	0	25000	0	0	0	0		25000		
	Establishment of ARSH Councelling centre at District level						1						200000	0	0	0	0		200000		video aid &
	Remunration of Counceller & Assistant						12						276000	0					276000		Cuncelle r @ Rs
A.4.2	4.2 Other strategies/activities																				
A.4.3	IFA tablet for adolescent																				
	5. Urban RCH																				
A.5.1	5.1. Urban RCH Services (Development of Micro-plans for each urban area already mapped for delivery of RCH services, both outreach and facility based through private agencies/institutions/organisations-50lakhs & Operationalising 20 UHCs through private clinics @540000/- pm																				
	6 Tribal Health																				
A.6.1	Tribal RCH services																				
A.6.2	Other strategies/activities																				
	7. Vulnerable Groups																				
A.7.1	7.1 Services for Vulnerable groups (camp in Mahadalit tolas and follow up camps)																				
A.7.2	7.2 Other strategies/activities																				
	8. Innovations/PPP/NGO																				
A.8.1	8.1.PNDT and Sex Ratio 8.1.1. Orientation programme of PNDT activities, Workshop at State, District and Block Level (1+38+533) (amount Rs.50 Lakhs) 8.1.2 Monitoring at District level and Meetings of District level Committee (100 Lakhs)	14	0	14	14		14		3	3	3	5	25000	350000	350000	0	350000		437500		
A.8.1.1	Oreintation for Programme activities																				
	Monitor of activities																				

A.8.2.	Public Private Partnerships						100		25	25	25	25	1795	0	0				179500		
A.8.3	NGO Programme																				
A.8.4	Other innovations (if any)																				
	INFRASTRUCTURE & HR																				
A.9.1	Contracutal Staff & Services																				
A.9.1.1	9.1.1 ANMs 10.1.1.2. Hiring of 1000 Retired ANMs or ANMs from other states for out reach services @ Rs. 5000 / month / ANM																				
A.9.1.2	9.1.2 Laboratory Technicians	3	0	3	3	Not Selected	3		3				6500	175500					175500		
A.9.1.3	Staff Nurses	85	60	25	25		85						12000	12240000	12240000	1996666	10243334		12240000		
A.9.1.4	9.1.4 Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) Hiring Specialists 1.1.1.1 Operationalise Blood Storage units in FRU - Salary of Medical Officer - 1,82,40,000/-; 10.1.2.1. Empeanelling Gynaecologists for gynaecology OPD in under or un served areas @ Rs. 1000/- week x 52 weeks ; 10.1.2.3. Empanelling Gyaneocologists for PHCstoprovide OPD services @ Rs. 300/- weekx 52 weeks; 10.1.2.4 Hiring Anaesthetist positions @ Rs.1000 per case x 120000; 10.1.2.5. Hiring Paediatrician for facilities where there are vacant Paediatricians positions @ Rs. 35,000/- month (2 per district); 10.1.2.6 Hiring Gynaecologists for facilities that have vacant positions @ Rs. 650 per case x 75000 cases	2	0	2	2	Not Selected	2		2				35000	8400000	8400000	0	8400000		8400000		
A.9.1.5	Other contractual Staff 9.1 Fast-Track Training Cell in SIHFW 9.2 Filling Vacant Position at SIHFW/Hiring Consultant at SIHFW 10.1.1 Honorarium of Voluntary Workers @ of 1200/- PA x 3106 No.																				
A.9.1.6	Incentive/Awards etc. 8.2.1 Incentive for ASHA per AWW center (80000x200 per month) and Incentive toANMs per Aganwari Centre under Muskan Programme (@80000 x Rs.150 Per Month																				
A.9.1.6.1	Insentive to ANM & ASHA under Muskan Ek Abhiyan Programme.	2866	2866	0	0		2866						350		6858000	2343561	4514439		6858000		
A.9.1.6.2	Insentive to ASHA under Muskan Ek Abhiyan Programme.																				
A.9.1.7	Appointment of Dresser																				
A.9.1.8	Appointment of compounder																				
A.9.2	9.2. Major civil works (new construction/extension/addition)																				
A.9.2.1	9.2.1 Major Civil works for operationalisation of FRUS	2	0	0	2	Fund Not allocated by SHSB	2						50000	0	0	0	0		100000		
A.9.2.2	9.2.2 Major Civil works for operationalisation of 24 hour services at PHCs																				
A.9.3	9.3 Minor Civil Works																				

A.9.3.1	9.3.1 Minor civil works for operationalisation of FRUs 10.4.1 Facility improvement for establishing New Born Centres at 76 FRUs across the state - @ Rs. 50,000 / per FRU																				
A.9.3.2	9.3.2 Minor civil works for operationalisation of 24 hour services at PHCs 10.4.2. Facility improvement for establishing New Born Centres at PHCs across the state - @ Rs. 25,000 / per PHC	10	0	10	10		10		0	10	0	0	100000	1000000	1000000	0	1000000		1000000		
A.9.4	9.4 Operationalise IMEPat health facilites (Bio west management)	1	0	1	1		1		1	1	1	1	1922316		1922316		1922316		1922316		
A.9.5	9.5 Other Activities																				
	10. Institutional Strengthening																				
A.10.1	10.1 Human Resource Development																				
A.10.2	10.2 Logistics management/improvement(Provision of store keeper)						1		1	0	0	0	12000	0	0	0	0	0	1440000		
A.10.3 10.3.1 10.3.2 10.3.3 10.3.4 10.3.5	10.3 Monitoring Evaluation/HMIS 11.3 Monitoring & evaluation through monitoring cell at SIHFW													436324	436324	0	436324		436324		
A.10.3.1	Mobility support to District M&E Officer																				
A.10.3.2	Resource person/ HMIS supervisor on hire basis for every 4 BPHC @ 1000 honerarium/day+ 1000 for logistics etc + 800/day for travel																				
A.10.3.3	External hard disk for data back up																				
A.10.3.4	Laptop for M&E Officer																				
A.10.3.5	Printing of HMIS formats for HSC/PHC/RH/DH																				
A.10.4	10.4 11.4 Sub-centre rent and contingencies 191 x Rs.500/- x 12 months	33	33	0	0		60		15	15	15	15	500	198000	198000	76068	121932		360000		
A.10.5.	10.5. Other strategies/activities TA & DA for the 30 days contact programme																				
	11 Training																				
A.11.1	11.1 Strengthening of Training Institutions																				
A.11.2	11.2 Development of training packages																				
A.11.3	11.3 Maternal Health Training																				
A.11.3.1	11.3.1 Skilled Birth Attendance /SBA 12.1.2 Skilled Attendance at Birth / SBA--Two days Reorientation of the existing trainers in Batches 12.1.3 Strengthening of existing SBA Training Centres 12.1.4 Setting up of additional SBA Training Centre- one per district 12.1.5 Training of Staff Nurses in SBA (batches of four) 12.1.6 Training of ANMs / LHVs in SBA (Batch size of four) 20 batches x 38 districts x Rs.59,000/-	8	4	4	4		8		2	2	2	2	88110	704880	704880	352440	352440		704880		
	11.3.1.1 Setting up of additional SBA Training Centre- one per district																				

	11.3.1.2 Training of ANMs / LHVs in SBA (Batch size of four) 20 batches x 38 districts x Rs.59,000/-																				
A.11.3.2	EmOC Training 12.1.3 EmOc Training of (Medical Officers in EmOC (batchsize is 8)																				
A.11.3.3	11.3.3 Life Saving Anaesthesia Skills training 12.1.5 Training of Medical Officers in Life Saving Anaesthesia Skills (LSAS)																				
A.11.3.4	11.3.4 MTP Training 12.1.6.1 Training of nurses/ ANMs in safe abortion 12.1.8 Training of Medical Officers in safe abortion																				
A.11.3.5	11.3.5 RTI/STI Training																				
A.11.3.6	Dai Training																				
A.11.3.7	Other MH Training																				
A.11.4	IMEP Training																				
A.11.5	11.5 Child Health Training																				
A.11.5.1	11.5.1 IMNCI 12.2.1.1. TOT on IMNCI for Health and ICDS worker 12.2.1.2. IMNCI Training for Medical Officers (Physician) 12.2.1.3. IMNCI Training for all health workers 12.2.1.4. IMNCI Training for ANMs / LHVs/ AWWs 12.2.1.6 Followup training (HEs,LHVs)																				
	12.2.1.1. TOT on IMNCI for Health and ICDS worker																				
	12.2.1.2. IMNCI Training for Medical Officers (Physician)																				
	12.2.1.3 IMNCI Training for ANMs / LHVs/AWWs																				
A.11.5.2	11.5.2 Facility Based Newborn Care 12.2.2.1 SNCU Training 12.2.2.2.NSU (TOT)																				
A.11.5.3	11.5.3 Home Based Newborn Care																				
A.11.5.4	11.5.4 Care of Sick Children and severe malnutrition																				
A.11.5.5	11.5.5 Other CH Training (Pl. Specify)																				
A.11.6	11.6 Family Planning Training																				
A.11.6.1	12.6.1 Laproscopic Sterilisation Training																				
A.11.6.2	11.6.2 Minilap Training12.3.2.1. Minilap training for medical officers/staff nurses (batch size of 4)	1	0	1	1		1						70240	70240	70240	0	70240		70240		
A.11.6.3	11.6.3 NSV Training 12.3.3 Non-Scalpel Vasectomy (NSV) Training	1	0	1	1		1						33900	33900	33900		33900		33900		
A.11.6.4	11.6.4 IUD InsertionTraining 12.3.4 IUD Insertion (details in Annexure) 12.3.4.1 State level (TOT for the districts) 12.3.4.2 District level training (one district total) 12.3.4.3 PHC level training (for one district only)	2	0	1	1		2		1	1	0	0	84725	169450	169450		0		169450		
A.11.6.5	Contraceptive Update Training																				
A.11.6.6	Other FP Training																				

A.11.7	11.7 ARSH Training 12.4.1 ARSH training for medical officers 12.4.3 One Day ARSH Orientation by the MOs of 25% ANMs 12.4.4 One Day ARSH Orientation of PRI by the MOs of50% ANMs																				
A.11.8	11.8 Programme Management Training																				
A.11.8.1	11.8.1 SPMU Training 12.5.4 State PMU to be trained/attend workshops in various areas like HR, Procurement & Logistics, PPP, FRU review and/or undertake study of various programmes in one good and one poor performing districts																				
A.11.8.2	11.8.2 DPMU Training 12.5.1 Training of DPMU staff @ 38 x Rs.10,00012.5.2. Training of SHSB/DAM/BHM on accounts at Head Quarter level @ 6x1500x12=1,08,000/- + DAM=38x1500x4 + BHM=538x1500x4 12.5.3 Training for ASHA Help Desk to DPMs (38), Block level organisers (533) and MOICs (533), @ 1104 x 1000/-	4	0	1	3	Fund available for 1 training only.	6		1	1	1	1	30000	120000	70000	0	30000	44000	224000		
A.11.8.2.1	Training of ANMs on HMIS at block level @ 5000/batch						10		10	0	0	0	5000	50000	0	0			50000		
A.11.8.2.2	followup Training of MOICs and BHMs on HMIS.						2		1	1	0	0	2500 0	5000 0	0	0			5000 0		
A.11.8.2.3	One day orientation cumTraining for record keeping of BHM,Block M&E Officer,Data Centres, Computer in 25 person/batch																				
A.11.8.2.4	BPMU training																				
A.11.9	Other Training																				
A.11.9.1	11.9.1 Continuing Medical & Nursing Education 11.2 Training of 20 (for total state) regular Government doctors in Public Health at Public Health Institute, Gujarat or at Wardha institute or Vellore institute to increase their administrative skills @ Rs.50,000/-																				
	12. BCC/IEC (for NRHM Part A, B & C)																				
A.12.1	12.1 Strengthening of BCC/IEC Bureaus (State and District Levels)																				
A.12.2	12.2 Development of State BCC/IEC strategy 13.3 Concept and material development workshops by State BCC/IEC Cell 13.8 Establishment cost of the State BCC/IEC Cell 13.10 Technical support at District level																				
A.12.3	12.3 Implementation of BCC/IEC stretegy																				
A.12.3.1	12.3.1 BCC/IEC activities for MH																				
A.12.3.2	BCC/IEC activities for CH																				
A.12.3.3	12.3.3 BCC/IEC activities for FP																				
A.12.3.4	12.3.4 BCC/IEC activities for ARSH																				

A.12.4	12.4 Other activities 13.4 State Level events 13.5 District Level events (Radio, TV, AV, Human Media as per IEC strategy dissemination) 13.6 Printed material (posters, bulletin, success story reports, health calendar,Quarterly magazines & diaries etc) 13.7 Block level BCC interventions (Radio, kalajattha and for IEC strategy dissemination) 13.11 Media Advertisements on various health related days 13.12 Various advertisements/tender advertisements/EOIs in print media at State level 13.13 Developing Mobile Hoarding Vans and A V Van for State and District 13.14 Hiring an IEC Consultancy at state level for operationation of BCC Strategy. (@ Rs. 50000 x 1 x 12) 13.16 Implementation of specific interventions including innovations of BCC strategy/plans block level 13.17 Implementation of specific interventions including innovations of BCC strategy/plans District level (Rs. 5000 x 38 x 12) 13.18 Implementing need based IEC Activities in Urban Areas (Support for Organization of need based IEC Activities in Urban Areas) (Rs.50000 x 9 x 2) 13.19 Capacity building of frontline functionaries (ANM, ASHA) in IPC skills building 13.20 Research, M&E, IEC prototypes etc	0	0	0	0				125000	125000	125000	125000			386500	38884	347616		500000		
	Sub-total IEC/BCC																				
	Procurement																				
A.13.1	13.1 Procurement of Equipment																				
A.13.1.1	13.1.1 Procurement of equipment 14.2. Equipments for EmOC services for identified facilities (PHCs, CHCs) @ Rs 1 Lac / facility / year (in two districts - kishanganj and jehanabad) 14.4. Equipments / instruments for Blood Storage Facility / Bank at facilities 14.6. Equipments / instruments, reagents for STI / RTI services @ Rs. 1 Lac per district per year												37200	37200				37200		
A.13.1.2	13.1.2 Procurement of equipment : CH																				
A.13.1.3	13.1.3 Procurement of equipment : FP																				
A.13.1.4	13.1.4 Procurement of equipment : IMEP																				
A.13.2	13.2 Procurement of Drugs & supplies																				
A.13.2.1	13.2.1 Drugs & Supplies for MH																				
A.13.2.1.1	13.2.1.1 MVA Syrings - MTP	1	0	0	1		1						25	71000	70680	0	70680		70680		
A.13.2.1.2	A.13.2.1.2 Delivery Kit at HSC(ANM/ASHA)	1	0	0	1		1						96000	96000	95640	0	95640		96000		
A.13.2.1.3	A.13.2.1.3 Availablity of SBA drug kit with SBA trained ANM/Nurses	1	0	1	0		250						245	61000	61240	0	61240		61000		
A.13.2.1.4	A.13.2.1.4 ANC3 dose iron sucrose																				
A.13.2.1.5	A.13.2.1.5 IFA Tablet for adolesents												Rs.140/- per 1000 tab.	823000	822941	322000	500941		1009058		
A.13.2.2	13.2.2 Drugs & Supplies for CH																				
A.13.2.3	13.2.3 Drugs Supplies for FP																				

A.13.2.3.1	A.13.2.3.1 Procurment of Mini Lap sets	50	0	50	50	Not purchased	50						3000	150000	150000	0	150000		150000		
A.13.2.3.2	A.13.2.3.2 Procurment of NSV kits	5	0	5	5	Not purchased	5						1100	5500	5500	0	5500		5500		
A.13.2.3.3	A.13.2.3.3 Procurment of IUD kits	1	0	1	1		1						15000	15000	15000	0	15000		15000		
A.13.2.4	13.2.4 Supplies for IMEP																				
A.13.2.5	General drugs & supplies for health facilities													13510000	13510000	o	13510000		20000000		
	14. Prog. Management																				
A.14.1	Strengthening of State Society/SPMU 16.1. Strengthening of State society/State Programme Management Support Unit 16.1.1. Contractual Staff for SPMU recruited and in position 16.5.1. Last pay drawn – Pension = Approx exp of Rs.20,000/-PM @ 20,000x6x12																				
A.14.2	14.2 Strengthening of District Society/DPMU 16.2.1. Contractual Staff for DPMSU recruited and in position												2195514	1961120	1961120	959423	1001697		2200000		Furniture is essential forDPC, DDA,
A.14.3	14.3 Strengtheningof Financial Management Systems 16.3.1.Training in accounting procedures 16.3.2. Audits 16.3.2.1. Audit of SHSB/ DHS by CA for 2009-10 16.4 Appointment of CA 16.4.1 At State level 16.4.2 At District level 16.5 Constitution of Internal Audit wing at SHSB												20000	240000	240000	158000	82000		400000		
A.14.3.1	Computer for PHC With Internet connection						12		12				60000	0	0				720000		
A.14.3.2	Furniture, Installation , AMC &Training of Tally Software at Block Level						12		12				6000						72000		
A.14.4	14.4 Other activities (Programme management expenses,mobility support to state,district, block) 16.1.2. Provision of mobility support for SPMU staff @ 12 months x Rs.10.00 lakhs Updgration of SHSB Office 16.2.2.Provision of mobility support for DPMU staff @ 12 months x 38 districts x Rs.69945.17/-																				
	Total Prog. Mgt.																				
	Others/Untied Funds																				
	Total RCH II Base Flexi Pool																				
	Total JSY, Sterilisation and IUD Compensation, and NSV Camps																				
	Grand Total RCH II																				

Budget for NRHM (PART B)

Name of the District : JAMUI

Sr. NO		Activities	Component Code (only at state level)	Output 2012	Activity Plan 2010-2011 FY: Activity planned (X)	Activity Executed (Y)	Activity to be Executed till march 2011. (april to march)	Variance (X~Y)	Reasons for Variance	Activity Plan 2011-2012 FY: Activity planned including previous yrs gap {Z+(X~Y)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities Q1	Q2	Q3	Q4	Budget Plan 2010-2011 FY: Tentative Unit Cost (A)	Budget Planned {X x (A)} = B	Budget received B or C (< or > than planned)	Budget utilised {Y x (A)} = D	Budget to be utilised till march 2011 {y1 X(A)}=D1	under or over-utilised Budget {(B~D1} =E	Budget Plan 2011-2012 FY: Budget Planned (including spill over amount) {(AP x A) ± E} = BP	Budgetary Source (other than NRHM source)	Remarks
																		-						
B				-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	
B.1	Decentrlisation																							
	B.1.11	ASHA Support system at State level																						
	B.1.12	ASHA Support System at District Level			1	1	0	0		1		1	1	1	1	7,73,787.00	7,73,787.00	7,73,787.00	45,000.00	0.00		7,73,787.00		
	B.1.13	ASHA Support System at Block Level			10	10	0	0		10		10	10	10	10	1,54,923.70	15,49,237.00	9,60,000.00	0.00	0.00		15,49,237.00		
	B.1.14	ASHA Support System at Village Level(1820ASHA/20 ASHA PER GROUP @ Rs 150 FOR 12 MONTHS)																						
	B.1.15	ASHA Trainings																						
	B.1.15	ASHA Drug Kit & Replenishment			1520	1520	0			3040		1520	0	0	0	1,900.00	28,81,000.00	28,80,856.00	0.00	28,80,856.00		57,76,000.00		
	B.1.16	Motivation of ASHA (Sari & Umbrella)			1520	1488	32	0	ASHA not selected	1520		1520	0	0	0	1,325.00	20,14,000.00	11,22,000.00	52,755.00					
	B.1.18	ASHA Divas(1820 ASHA FOR 12 MONTHS)			1520	1488	32	o	ASHA not selected	18240		4560	4560	4560	4560	86.00	15,68,640.00	15,68,640.00	3,04,542.00	12,64,098.00		18,24,000.00		
	B.1.19	Capacity Building/Academic Support programme			0	0	0		0	20		10	10	0	0	10,000.00	0.00	0.00	0.00	0.00		2,00,000.00		
	B.1.20	I CARD FOR ASHA			0	0	0	0		1520		0	1520	0	0	50.00	0.00	0.00	0.00			76,000.00		
	B.1.2A	Untied Fund for Additional Primary Health Center & Primary Health Center			58	58	0	0		0						25,000.00	7,75,000.00	7,75,000.00	91,637.00	6,83,363.00		14,50,000.00		
	B.1.2B	Untied Fund for Health Sub Center			166	166	0	0		279						10,000.00	16,60,000.00	16,60,000.00	0.00	16,60,000.00		27,90,000.00		
	B.1.21 A	Village Health and Sanitation Committee (Block Level Orientation VHSC Members)			10	10	0	0		10		0	10	0	0	2,500.00	25,000.00	25,000.00	25,000.00	0.00		25,000.00		

	B.1.21 B	**Village Health and Sanitation Committee (Untied Fund for Revenue Village)**			1506	1316	0	190	Fund not available	1506						10,000.00	96,75,000.00	1,31,65,000.00	32,20,000.00	1,19,45,000.00		1,50,60,000.00		
	B.1.22	**Rogi Kalyan Samiti (Seed Money RKS-DH/RH/PHC)**			0	0	0	0				0	0	0	0									
		Seed Money RKS-PHC			7	7	0	0		7		7	0	0	0	1,00,000.00	7,00,000.00	7,00,000.00	7,00,000.00	0.00		7,00,000.00		
		Seed Money RKS- RH			3	3	0	0		3		3	0	0	0	2,00,000.00	6,00,000.00	6,00,000.00	6,00,000.00			6,00,000.00		
		Seed Money RKS- DH			1	0	1	0		1		1	0	0	0	5,00,000.00	5,00,000.00	5,00,000.00	5,00,000.00			5,00,000.00		
B.2		**Infrastrure Strengthening**																						
	B.2.1	**Construction of HSCs**			0	0	0	0		10		10	0	0	0	15,57,000.00	0.00	0.00	0.00	0.00		15,57,000.00		
	B.2.2	Construction of 30Beded CHC/ PHCS Building (Construction of Existing PHC/CHC Building which is abandoned)			0	0	0	0		3		3	0	0	0	2,37,00,000.00	0.00	0.00	0.00	0.00		7,11,00,000.00		
	B.2.2.1	Construction of APHC Building			4	4	0	0		4		4	0	0	0	75,99,000.00						3,03,96,000.00		
	B.2.3	**Up gradation of CHCs as per IPHS standards**			0	0	0	0		3		3	0	0	0	2,37,00,000.00	0.00	0.00	0.00	0.00		7,11,00,000.00		
	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		1		1	0	0	0	1,00,00,000.00	0.00	0.00	0.00	0.00		1,00,00,000.00		
	B.2.5	**Annual Maintenance Grant**																						
	B.2.5.1	**Annual Maintenance Grant -DH/SDH**			1	0	1	0		1		1	0	0	0	5,00,000.00	5,00,000.00	5,00,000.00	0.00	5,00,000.00		5,00,000.00		
	B.2.5.2	**Annual Maintenance Grant -PHC/RH**			10	10	0	0		10		10	0	0	0	1,00,000.00	10,00,000.00	10,00,000.00	42,034.00	9,57,966.00		10,00,000.00		
	B.2.6	**ISO certification of District Hospital**			0	0	0	0		1		1	0	0	0	25,00,000.00	25,00,000.00					25,00,000.00		
	B.2.7	**Boundary wall of Existing PHC**																						
	B.2.8	**construction of Doctor's & Staff Nurse Quarter at PHC (CHC)**			0	0	0	0		10		0	0	0	0	90,00,000.00	9,00,00,000.00	0.00	0.00	0.00		9,00,00,000.00		
B.3		**TOTAL INFRASTRUCTURE strengthening**																						
	B.3	**Contractual Manpower**																						
	B.3.1 A	**Incentive for PHC doctors & staffs**																						
	B.3.1. D	**Mobile facility for all health functionaries**																						

	B.3.2	BLOCK MANNAGEMENT UNIT(11 BPMU FOR 12 MONTHS)			10	10	0	0		10		10	10	1o	10		67,56,000.00	5,97,34,000.00	22,05,777.00	37,69,623.00		67,56,000.00		
	B.3.4 A	Hospital manager in FRU			2	2	0	0		2		2	2	2	2	30,000.00	7,20,000.00	4,50,000.00	1,00,000.00	3,50,000.00		7,20,000.00		
B.4		PPP Initiativs																						
	B.4.4	Referal Transport in District			33	33	0	0								15,000.00	59,40,000.00	45,54,000.00	17,52,842.00	28,01,158.00		59,40,000.00		
	B.4.1	102-Ambulance service(state-806400) @537600 X 6 Distrrict																						
	B.4.2	1911- Doctor on Call & Samadhan																						
	B.9	Outsourcing of Pathology and Radiology Services from PHCs to DHs			10	4	6	0		10						4,00,000.00	40,00,000.00	31,16,667.00	35,180.00	30,81,487.00		40,00,000.00		
	B.10	Operationalising MMU														4,68,000.00	56,16,000.00	95,94,000.00	0.00	95,94,000.00		1,52,10,000.00		
	B.11	Monitoring and Evaluation (State , District & Block Data Centre)			12	12	0	0								7,500.00	11,70,000.00	11,70,000.00	1,30,100.00	10,39,900.00		10,80,000.00		
	B.4.17	Hospital Maintenance																						
	B.4.3	Advanced Life Saving Ambulance (108)			6	6	0	0		12						2,00,000.00	0.00	0.00	0.00	12,00,000.00		24,00,000.00		
	B.15	Strenthening of Cold Chain (infrastrcure strengthening)			11	10	1	0		11						8,00,000.00	8,00,000.00	8,00,000.00	1,00,000.00	7,00,000.00		8,00,000.00		
B.11	B.15	Mainstreaming Ayush under NRHM																						
		MO			48	22	26	0		48		48	48	48	48	25,000.00	62,66,400.00	62,66,400.00	9,90,000.00	52,76,400.00		1,44,00,000.00		
		Training Doctor			0	0	0	0		1		1	0	0	0	1,36,700.00	0.00	0.00	0.00	0.00		1,36,700.00		
		Training paramedical Staff			0	0	0	0		10		2	3	3	2	1,34,700.00						13,47,000.00		
		Training ASHA			0	0	0	0		46		11	12	11	11	1,33,200.00	0.00	0.00	0.00	0.00		61,27,200.00		
B.13		RCH Procurement of Equipments																						
	B.13.1	Procurement of Equipments/instruments for Anesthesia			0	0	0	0		1		1	0	0	0	1,00,000.00						1,00,000.00		
	B.13.2	Equipment for ICU				0	0	0		1		1	0	0	0	30,00,000.00						30,00,000.00		

	B.13.3	Equipments/instruments for ANC at Health Facility (Other than SubCentre) @ 50,000 per district per year								1		1				50,000.00						50,000.00		
	B.13.4	Equipments for the Labour Room								12		12				1,00,000.00						1,20,000.00		
	B.13.5	Equipments for SNCU &NSU																						
	B.13.5.A	SNCU for 23districts unit cost of Rs. 2377258			1	0	1	0		1		1	0	0	0	23,77,258.00	23,77,258.00			23,77,258.00		23,77,258.00		
	B.13.5.B	NSU for 530 PHCs unit cost of Rs. 139492			10	10	0	0		12		10	0	0	0	1,39,492.00	1,39,492.00			0.00		16,73,904.00		
		Total for Equipment Procurement																						
	B18.1	Biometric System-Biometric Machine, HMS Software, Installation Cost, VAT																						
		Procurement of SNCU Eqipment for DH,& New Born Corner Equipment for PHCs																						
	B.19	Decentralization Planning																						
	B.19.1	Salary of DPC																						
	B.19.2	Dist. & Block Level Planning																						
	B.21	ANM-R			212	173	39	0		212		212	212	212	212	96,000.00	87,07,000.00	1,16,16,000.00	67,87,187.00	48,28,813.00		20,35,20,000.00		
B.22		Muskan ek Abhiyan (Incentive of AWW under Insectoral convergence)								2200		2200	2200	2200	2200	2,400.00	1,11,000.00	1,10,000.00	4,25,750.00			52,80,000.00		

Pulse Polio (Part-C) Budget for F.Y. 2011-12

Grand Total	Jamui	District
205049	3680	Sum of H-t-H Team Work Days
40812	825	Sum of Transit Team Work Days
7215	20	Sum of Mobile Team Work Days
464	0	Sum of Mela Team Work Days
3792	90	Sum of One Man Team Work Days
257332	4615	Sum of Total Team Work Days
51346	923	Sum of Total No. of Vaccination Team
15095	264	Sum of No. of Supervisor
3536	80	Sum of No. of Sub-Depot
2446	80	Sum of No. of Sub-Depot Vehicle
38315400	692250	Sum of Per Diem to Vaccinators @ Rs. 75 per day per Vaccinators for actual working day
5671650	99000	Sum of Per Diem to Supervisors @ Rs. 75 per day per Supervisor for actual working day
1110000	25875	Sum of Per Diem to Cold Chain Handler per sub-depot 1, @ Rs. 75 per day for actual working day
8320000	269750	Sum of 3 Vehicles per district HQ and 1 vehicle per sub-depot for 5 days @ Rs. 650 per vehicle per day (hiring with POL)
5170248	95220	Sum of 4 Ice Packs per Vaccination team / Supervisor & 20 Ice Packs per Sub-Depot / Depot per day @ Rs. 3 per Ice Pack for 5 days & Rs. 3000/ for HQ
7562200	132000	Sum of Mobility support to Supervisors @ Rs. 100 per day per supervisor for actual working day
1661025	29675	Sum of Supplies & Logistics @ Rs. 25 per team & per Supervisor for the whole activity period
365050	6440	Sum of IEC & Social Mobilization @ 350/ per 40 H-t-H Teams for 1 Days
1129000	22250	Sum of Contingency fopr Xerox, Stationery etc. for Dist HQ Rs. 3000/- & for each PHC @ Rs. 1750/-per area for the whole activity period
723750	14250	Sum of Per Diem to Vaccine Cold Chain Handler at Dist. HQ 5 person & at PHC 3 person(including 1 depotholder) @ Rs. 75 per person per day for 5 days
110000		Sum of Support to WIC for maintenance, vaccine transport from PHI Patna & payment of per diem to 2 vaccine handler @ Rs. 75 per day for 7 days
656000	13000	Sum of Support to districts @ Rs. 2000 per dist & @ Rs. 1000 per PHC for lifiting vaccine from WIC/District
		Sum of Extra Mobility Support for Access Compromised Area
70794323	1399710	Sum of Total Amount for A-Team
11382945	204494	Sum of Total B-Team Activity (in Rs.)
82177268	1604204	Sum of Grand Total Amount (A-Team+B-Team)

Routine Immunization (Part-C) Budget for F.Y. 2011-12

Sl. No		
386	ANM	
	Alternate Vaccinator	
1683	Number of immunisation Site	
1346	AWC	
1488	ASHA	
279	HSC	
48	APHC	
816	Slums	
	Under served Areas	
10	PHC	
	WIC/WIF	
7574	No of Sessions per month	
1483	No. of Session in per R.I.Day as per Microplan	
370	H to R	
9	Alternate vaccinator for Urban	
104	No. of Urban AWCs	
50000	Mobility Support for Supervision & Monitoring at District level (Rs. 50000 per year per district	C.1Mobility Support
42000	C.2.1WIC/WIF	C.2Cold chain maintenance
50000	C.2.2Vaccine Van	
420000	C.3.1-Alternative vaccine delivery in NE States, Hilly terrains & geograhically from vaccine delivery point, river crossing etc.hard to reach areas in per month @ Rs. 100 per session for 12 months	C.3Alternative vaccine delivery to Session Sites
1320000	C.3.2-Alternative Vaccine Deliery in other areas @ Rs. 50 per session sites for Approx 14000 Session sites in a month & AVD for Urban Areas	
163200	C.4.1-for 3645 slums @ Rs. 200 per month per Mobilizer per session	C.4Focus on slum & underserved areas in urban areas.
	C.4.2 Alternate vaccinators honorarium for urban @ Rs 1400 per month for 12 monthsfor under served areas	
1680000	C.5 Social Mobilization of Children through ASHA/ Link workers & paid mobilizers for Under served areas & Hard to Reach area @ Rs 200/- per month for mobilization (for 12 months)	
	C. 6.1 Computer Assistants support at State Level	C. 6. Computer Assistants support
120000	C. 6.2 Computer Assistants support for District level @ Rs.10000 per person per month for one computer assistant in each 38 districts	
	C. 7.Printing & Dissemention	
	C.8. 1 State Level Review meetings	C. 8. Review Meetings
20000	C.8.2 Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO, and other stake holders @ Rs. 100 per participants for 5 participants per per PHCs 533	
411000	C. 8.3 Quarterly review meetings exclusive for RI at block level @ Rs. 50/- PP as honorarium for ASHAs and Rs. 25 per persons for meeting expenses for 73629 ASHAs	
133400	C. 9. 1 District level orientation for 2 days for ANMs MPHW, LHV Health Assistants Nurse, Mid wife Bees and other specialist as per traning norm of RCH for 9000 persons in 600 batches	C.9 Tranings
	C.9.2 MO's training	
	C.9.3 One day training for Computer Assistant on RIMS/HMIS	
14500	C.9.4 One day cold chain handlers training for block level cold chain hadlers for 542 + 38 Sadar Hosp. cold chain handlers	
14500	C.9.5 One day training of block level data handlers for 533 person.	
37100	C.10.1 To develop microplan at sub-centre level @ Rs 100/- per sub - centre	C.10 Microplanning
12000	C.10.2 For consolidation of microplans at block level @ Rs. 1000 per block/ PHC(533) and at district level @ Rs. 2000 per district for38 districts.	
75000	C.11 POL for vaccine delivery from State to district and from district to PHC/CHCs (@ Rs. 20000/- per WIC/WIF point & Rs. 20000/- per Districts + Rs. 5500/- for each PHC per year),	C.11 POL for vaccine delivery
4800	C.12 Consumables for computer including provision for internet access for RIMs Rs. 400 per month per district for 38districts.	C.12 Consumables
23922	C.13 1- Red & 1-Black plastic bags etc. @.90 paise per session for 12 months	C.13 Injection safety
	C.14 Catch-up Campaign	C.14
15000	C. 16 For major AEFI cases investigation for every district in a year. @Rs 1000/- for mobility in the field and @ 5000/- for specimen shipment to lab including travel cost, lodging & fooding etc.	C.16
4606422	**Grand Total**	

Malaria Programme (Part D) Budget for F.Y. 2011-12

No. of Round	Population of Dsit.	No. of PHC to Spary	No. of Village & Mohalla for Spary	No. of Sub Centre	Population of Village to be a spary	No. of squid	No. of workers		DDT 50%		Spary Equipment								Wages of SFW @145/ day for 65 Days	Wages of FW@118/ day for 65 Days	Total Wages	Office Expenditure @ 250/- team	Contigencey @250/- team	Tranportation of DDT @5000/ PHC	Training of spary workers	Transportation charge of DDT from Dist. To PHC @1500/ MT	Total Annual budget for 1 round	Total Annual budget for 2 round
							SFW	FW	Available kg	Required kg	Stirrup Pump		Bucket		Gallan Measure		Pound Measure											
											Available	Required	Available	Required	Available	Required	Available	Required										
2	1745000	10	550	45	432000	19	19	95	11670 Kg	32400 Kg	38	38	57	57	19	19	19	19	179075	728650	907725	4750	4750	50000	16965	50000	1034190	2068380

MDA Programme (Part-D) Budget for F.Y. 2011-12

S. No.	Population of Dsit.	Targeted Pouplation	No. of Institution	No. of Drugs Distrubuter	Training of Drugs Distrubuter (Rs.)	Honorarum of Drugs Distrubuter (Rs.)	No. of Supervisor	Training of Supervisor (Rs.)	Honorarium of Supervisor (Rs.)	Dist. Level Meeting (Rs.)	Training of Paramedical Staff (Rs.)	Training of MO (Rs.)	Line Listing (Rs.)	Night Blood Storage (Rs.)	IEC (Rs.)	Total
1	1745000		10	4320	3974403	1192320	432	48816	146448	15000	45800	52600	25000	25000	74800	2023224

R.N.T.C.P.

Dist. JAMUI

FMR Budget code Part - D

Sl.No.	Name of Activites	Budget for 2011-12 Rs. In Lacs
1	**Civil Works**	76500
2	**Laboratory materials**	150000
3	**Honorarium**	300000
4	**ACSM/IEC Publicity**	72000
5	**Equipment maintenance**	15000
6	**Training**	75000
7	**Vechicle Maintenance**	125000
8	**Vehicles Hiring**	120000
9	**NGO / PP support**	
10	**Miscellaneous**	100000
11	**Contractual Services**	2835000
12	**Printing**	40000
13	**Research and studies**	0
14	**Medical Colleges**	0
15	**Procurement - Vehicle**	0
16	**Procurement - Equipment**	10000
17	**Accountant Salary**	
	Total	**3918500**

Dist. JAMUI

FMR Budget code Part - D		
Sl.No.	**Name of Activites**	**Budget for 2011-12**
1	**Mamta Incentive**	720000
2	**Procurement of LCD TV with Video player**	100000
3	**Training for Mamta**	30000
4	**Purchase of Uniform for Mamta**	29988
5	**Procurement of Furniture**	30000
6	**Dy. Child Health Supervior**	
	District Level Coordinator	
	Block Level Coordinator	
	Total	**909988**

IDSP

Budget 11-12 Jamui District

Sub-activity	S.No.	Name of Activites	No. of Units	Unit Cost	2011-12
1. Staff Salary	1.1	Epidemiologists	1	480000	480000
	1.2	Microbiologists	0	0	0
	1.3	Entomologist	0	0	0
	1.4	Consultant (Finance)	0	0	0
	1.5	Consultant (Training)	0	0	0
	1.6	State Data Manger	0	0	0
	1.7	District Data Manager	1	291600	291600
	1.8	Data Entry Operator	1	102000	102000
	1.9	Accountent (Part Time)	1	48000	48000
	1.1	Peon	1	36000	36000
		Sub Total			**957600**
2. Training	2.1	Training of Hospital Doctors	1	20000	20000
	2.2	Training of AYUSH Doctors	1	20000	20000
	2.3	Training of Hospital Pharmasist / Nurses (Reporting Person)	1	15000	15000
	2.4	Training of Data Managers	0	0	0
	2.5	Training Health Manager & Data Operator	1	15000	15000
		Sub Total			**70000**
3. Operational Cost	3.1	Mobility Support for IDSP and RR Team	1	150000	150000
	3.2	Office Expenses	1	60000	60000
	3.3	ASHA incentives for Outbreak reporting	1	12000	12000
	3.4	Consumables for District Labs	1	50000	50000
	3.5	Collection & transportation of samples	1	10000	10000
	3.6	IDSP reports including alerts	0	0	0
	3.7	Post card for Out break Information & alerts (Hard to Reach area)	1	2000	2000
	3.8	Printing of Reporting Forms	1	10000	10000
	3.9	Phone & Broadband Expenses	1	18000	18000
	3.10	Mobile Expences	1	12000	12000
		Sub Total			**324000**
4. New Innovations	4.1	TA For Pvt Reporting Instituation	15	5200	78000
	4.2	Social Mobilization and Intersectoral co-ordination	10	12000	120000
	4.3	Integration of Medical Colleges (Per Month in SSU)	0	0	0
	4.4	Community based surveillance	0	0	0
	4.5	Case based study reports	1	1000	1000
	4.6	Farniture for IDSP VC cum Training Hall	1	100000	100000
		Sub Total			**299000**
	TOTAL				**1650600**

Civil surgeon-cum- Secretary
District Health Society, Jamui