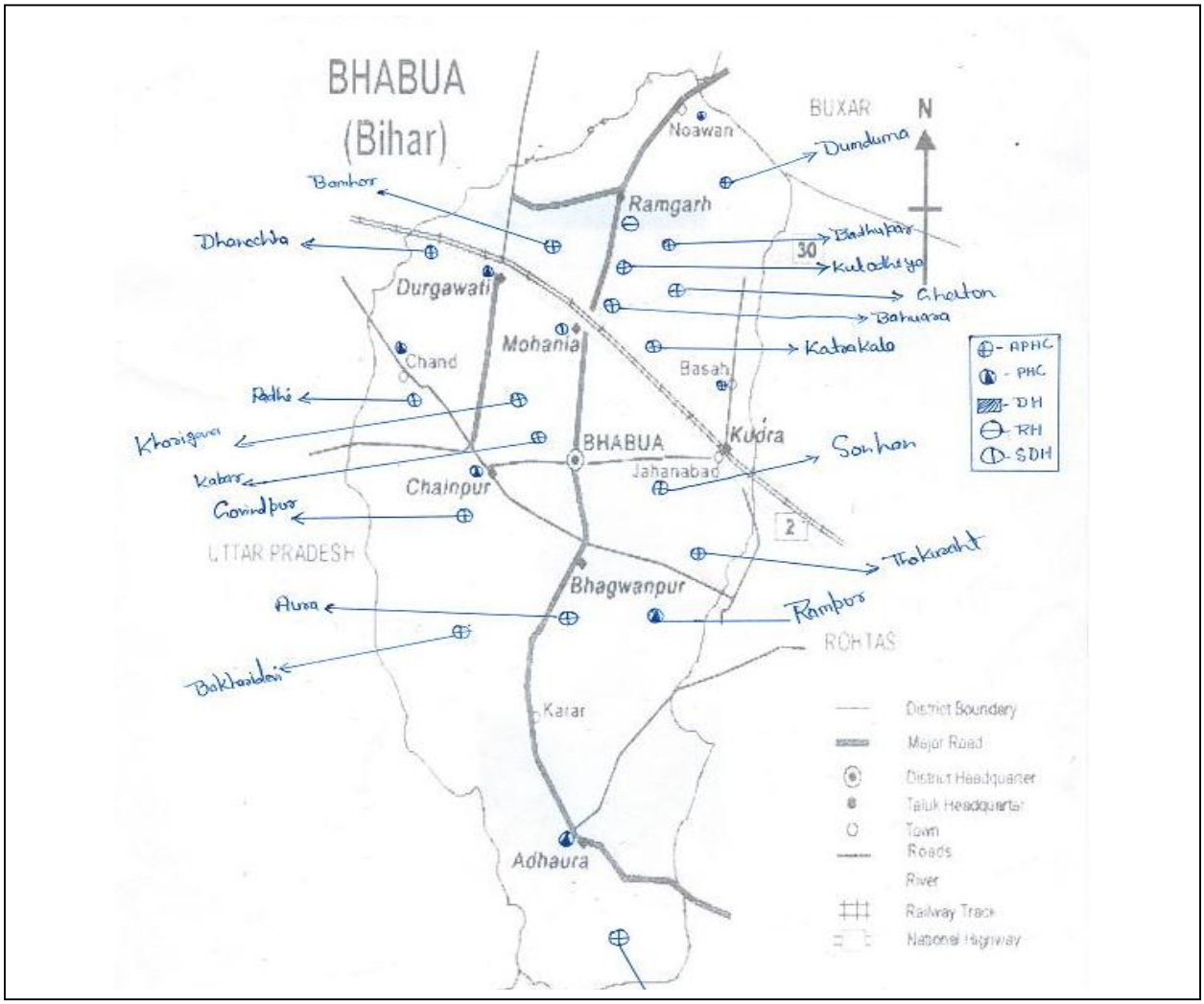
DISTRICT PLAN 2011 – 12



Name of the district: KAIMUR

STRUCTURE OF DISTRICT PLAN

PART 1:

Chapter I: Introduction, methodology and profile of the district

- Introduction
- Planning Objectives
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CHAPTER – I – INTRODUCTION

NATIONAL RURAL HEALTH MISSION – THE VISION

Background

- The National Rural Health Mission (2005-12) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and weak infrastructure. These 18 states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jammu & Kashmir, Nagaland, Orissa, Rajasthan, Jharkhand, Manipur, Mizoram, Meghalaya, Sikkim, Tripura, Madhya Pradesh, Uttaranchal and Uttar Pradesh.
- The Mission is an articulation of the commitment of the Government to raise public spending on health from 0.9% of GDP to 2-3% of GDP.
- It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Program and promote policies that strengthen public health management and service delivery in the country.
- It has key components provision of a female health activist in each village, a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat, strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS) and integration of vertical Health & Family Welfare Program and Funds for optimal utilization of funds and infrastructure and to strengthen delivery of primary healthcare.
- Provision has been made for State specific proposals for mainstreaming AYUSH doctors/paramedics on contractual basis, providing AYUSH Wings

in PHCs and CHCs. As envisaged under NRHM vision and goals, efforts will be made to integrate AYUSH in primary health delivery.

- It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition and safe drinking water through a District Plan for Health.
- NRHM seeks to adopt a convergent apporach for interventions under the umbrella of the district plan which seeks to integrate all the related initiatives at the village, block and district levels. The District Health Action Plan would be the main instrument for planning, Inter-sectoral convergence, Implementation and monitoring of the activities under the Mission.
- It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

Planning - Objectives

- Reduction in infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).

  Universal access to public health services such as womenôs health, child health, water, sanitation & hygiene, immunization, and nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.
- Smooth promotion of HMIS to all over the district.

CORE STRATEGIES

- Trained and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services.
- Promote access to improved healthcare at household level through the Accrediated Social Health Activist (ASHA).
- Health Plan for each village through village Health Committee of the Panchayat.
- Strengthening sub-centre through better human resource development, clear quality standards, better community support and an untied fund to enable local planning and action and more Multi Purpose Workers (MPWs).

- Strengthening existing PHCs and CHCs, and provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Standards defining personnel, equipment and management standards).
- Preparation and Implementation of an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene and nutrition.
- Integrating vertical Health and Family Welfare program at National, State Block and District levels.
- Technical support to National state and District Health missions for Public Health Management.
- Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.
- Formulation of transparent policies for deployment and career development of Human Resources for health.
- Developing capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco, alcohol etc.
- Promoting non-profit sector particularly in underserved areas.

SUPPLEMENTARY STRATEGIES

- REGULATION OF Private Sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost.
- Promotion of Public Private Partnerships for achieving public health goals.
- Mainstreaming AYUSH ï revitalizing local health traditions.

- Reorienting medical education to support rural health issues including regulation of Medical care and Medical ethics.
- Effective and viable risk pooling and social health insurance to provide health security to the poor by ensuring accessible, affordable, accountable and good quality hospital care.

Approach to District Planning

- District Health Plan would be an amalgamation of field responses through Village Health Plans and for Health, Water Supply, Sanitation and Nutrition.
- Health Plans would form the core unit of action proposed in areas like water supply, sanitation, hygiene and nutrition.
- District becomes core unit of planning, budgeting and implementation.
- Centrally Sponsored Schemes could be rationalized/modified accordingly in consultation with states.
- Concept of “funneling” funds to district for effective integration of program.
- All vertical Health and Family welfare Program at District level merge into one common “District Health Mission” at the District level.
- Provision of Project Management Unit for all districts, through contractual engagement of MBA, Inter Charter/Inter Cost and Data Entry Operator, for improved program management in District Level and similar organization stand in block level..

APPROACH TO DISEASE CONTROL PROGRAMMES

- National Disease Control Program for Malaria, TB, Kala Azar, Filaria, Blindness & lodine Deficiency and integrated Disease Surveillance Program shall be integrated under the Mission, for improved program delivery.
- New Initiatives would be launched for control of Non Communicable Diseases.
- Disease surveillance system at village level would be strengthened.
- Supply of generic drugs (both AYUSH & Allopathic) for common ailments at village, HSC,PHC/CHC level.
- Provision of a mobile medical unit at District level for improved Outreach services.

APPROACH TO PUBLIC – PRIVATE PARTNERSHIP FOR PUBLIC HEALTH GOALS, INCLUDING REGULATION OF PRIVATE SECTOR

- Since almost 75% of health services are being currently provided by the private sector, there is a need to refine regulation.
- Regulation to be transparent and accountable.
- Reform of regulatory bodies/creation where necessary.
- District Institutional Mechanism for Mission must have representation of private sector.
- Need to develop guidelines for Public-Private Partnership (PPP) in health sector. Identifying areas of partnership, which are need based, thematic and geographic.

- Public sector to play the lead role in defining the framework an sustaining the partnership.
- Management plan for PPP initiatives: at District/State and National levels.

District Planning Process

1.1 Preliminary Phase

The preliminary stage of the planning comprised of review of available literature and reports. Following this the research strategies, techniques and design of assessment tools were finalized. As a preparatory exercise for the formulation of DGAP secondary Health data were complied to perform a situational analysis.

1.2 Main Phase-Horizontal Integration of Vertical Programmes and District Level Consultation Workshop

The Government of the State of Bihar is engaged in the process of re-assessing the public health care system to arrive at policy options for developing and harnessing the available human resources to make impact on the health status of the people. As parts of this effort present study attempts to address the following three questions.

1. How adequate are the existing human and material resources at various levels of care (namely from sub center level to district hospital level) in the state; and how optimally have they been deployed.
2. What factors contribute to or hinder the performance of the personnel in position at various levels of care.
3. What structural features of the health care system as it has evolved affect its utilization and the effectiveness.

With this in view the study proceeds to make recommendation towards work force management with emphasis on organizational. Motivational and capacity building aspects. It recommends on how existing resources of manpower and materials can be optimally utilized and critical gaps identified and addressed. It

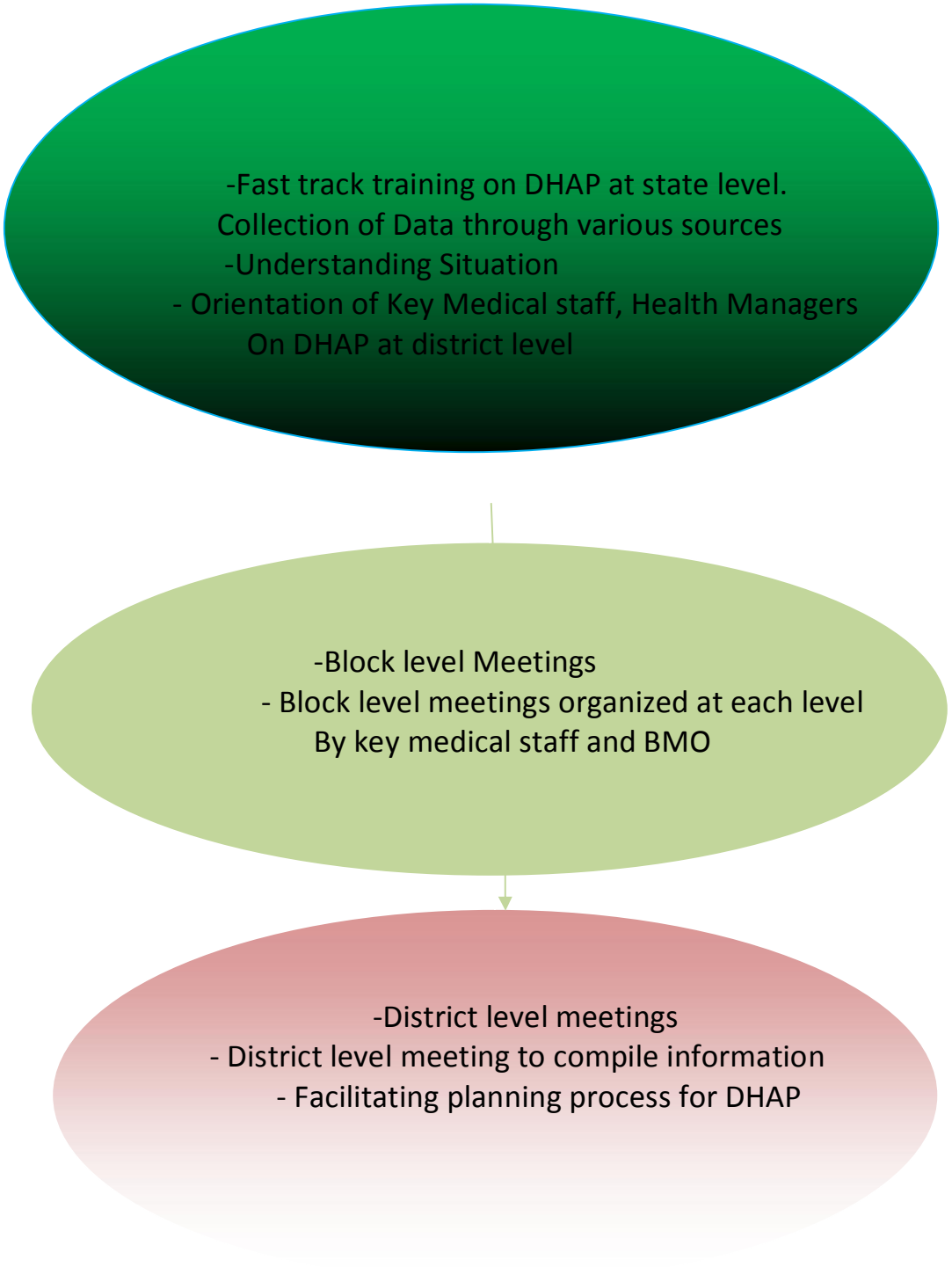
also commends at how the facilities at different levels can be structured and organized.

The study used a number of primary data components which includes collecting data from field through situation analysis format of facilities that was applied on all HSCs and PHCs of Kaimur district. In addition, a number of field visits and focal group discussions, interviews with senior officials, Facility survey were also conducted. All the draft recommendations on workforce management and rationalization of services were then discussed with employees and their associations, the officers of the state, district and block level, the medical profession and professional bodies and civil society. Based on these discussions the study group clarified and revised its recommendation and final report was finalized.

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

This Integrated Health Action Plan document of Kaimur district has been prepared on the said

District Health Action Plan Planning Process Tool & Techniques



Data Analysis and Plan Preparation

In the present situational analysis of the blocks of District Kaimur the vital statistics or the indicators that measure aspects of health/ life such as number of births, deaths, fertility etc. have been referred from census 2009, report of DHS office, Kaimur and various websites as well as other sources. These indicators help in pointing to the health scenario in Kaimur from a quantitative point of view, while they cannot by themselves provide a complete picture of the status of health in the district. However, it is useful to have outcome data to map the effectiveness of public investment in health. Further, when data pertaining to vital rates are analyzed in conjunction with demographic measures, such as sex ratio and mean age of marriage, they throw valuable light on gender dimension. Table below indicates the Health indicators of Kaimur district with respect to Bihar and India as a whole.

Table: Health Indicators

Indicator	Kaimur	Bihar	India
CBR	24.76	29.2	23.8
IMR	56	61	58
MMR	149	371	301
TFR	3.11	4	2.68
Complete Immunization	71.1	32.8	44

Preparation of DHAP

The Plan has been prepared as a joint effort under the chairmanship of District Magistrate of the district. Civil Surgeon. ACMO (Nodal officer for DHAP formulation), all programme officers and NHSRC/PHRN as well as the MOICs, Health Managers, ANMs, as a result of a participatory processes as detailed below, After completion the DHAP, a meeting is organized by Civil Surgeon with all MOIC of the block and all programme officer. Then discussed and displayed prepared DHAP. If any comment has came from participants it has added then finalized. The field staffs of the department too have played a significant role, District officials have provided technical assistance in estimation and drafting of various components Action Plan.

Alter a thorough situational analysis of district health scenario this document has been prepaid. In the plan, it is addressing health care needs of rural poor specially women and children. The teams have analyzed the coverage of poor women and children with preventive and promotive interventions, barriers in access to health care and spread of human resources catering health needs in the district. The focus has also been given on current availability of health care infrastructure in public/NGO/private sector, availability of wide range of providers. This DHAP has been evolved through a participatory and consultative process, wherein community and other stakeholders have participated and ascertained their specific health needs in villages, problems in accessing health services, especially poor women and children at local level.

Historical Perspective

The district covers the area of about 3362 Square Kilometer, Geographically the district can be divided into two parts viz.

1. Hilly area.
2. Plain area. The hilly area comprises of Kaimur plateau. The hilly area on the western side is flocked by the kudra river lies on its eastern side. The district has close linkage with the history of Rohtas, which was its parent district also. The old district of Rohtas had four subdivisions of which Bhabua was one. The present district of Kaimur has been formed from Rohtas, but now Kaimur District has two sub-division Bhabua & Mohania.

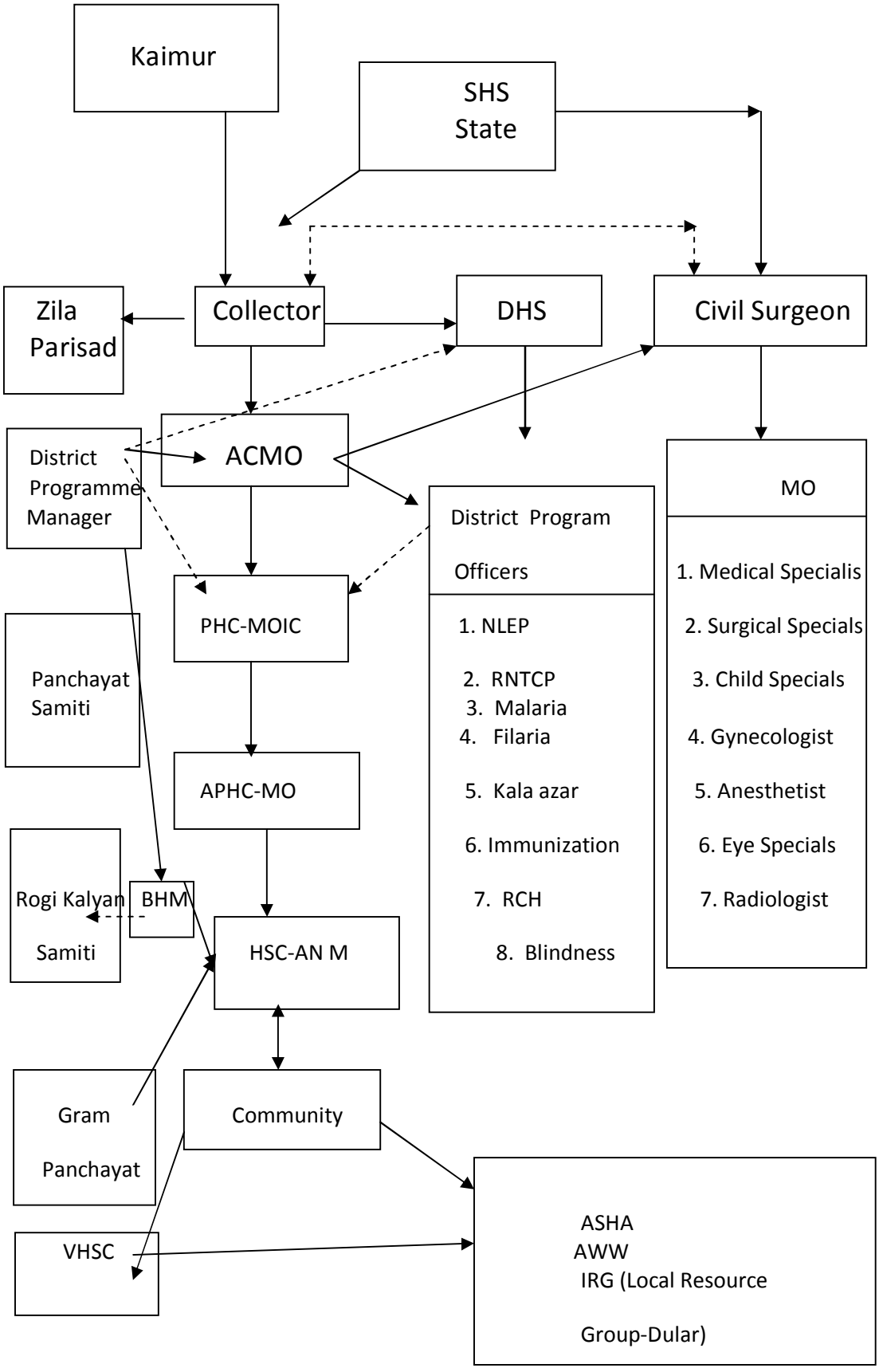
District Profile

Administrative Setup

This district of Kaimur came into existence in the year 1991, carved out of the rest while Rohtas district. The present district of Kaimur consists of two Sub divisions. Viz Bhabua and Mohania. The district has 11 CD Blocks and 1 town (Census Town) with district head quarters at Bhabua.

Background characteristics of the district Kaimur is as below, which will help to identify the constraints particularly is terms of size of villages access to villages etc.

District Health Administrative Setup



SI.NO	Background Characteristics	District
1	Geographic area (in sq. kms)	3362
2	No. of blocks	11
3	No. of villages	1677
4	No. of Towns	1
5	**Total Population**	1611393
	Urban	68152
	Rural	1543241
	SC	154756
	ST	54914
	% of BPL Population	24.17%
6	Sex Ratio	907/1000
	Total Literacy	
	Literacy Rate Male	70.6
	Literacy Rate Female	38.9
7	No. of Primary School	720
8	No. of Anganwadi Centers	1286
9	No. of ASHA	1247
11	No. of Gram Panchayat	153
11	District Hospital	1
12	Sub-Divisional Hospital	1
13	Referral Hospital	2
14	No. of PHC	7
15	No. of APHC	19
16	No. of HSC	197
17	Blood Bank	2

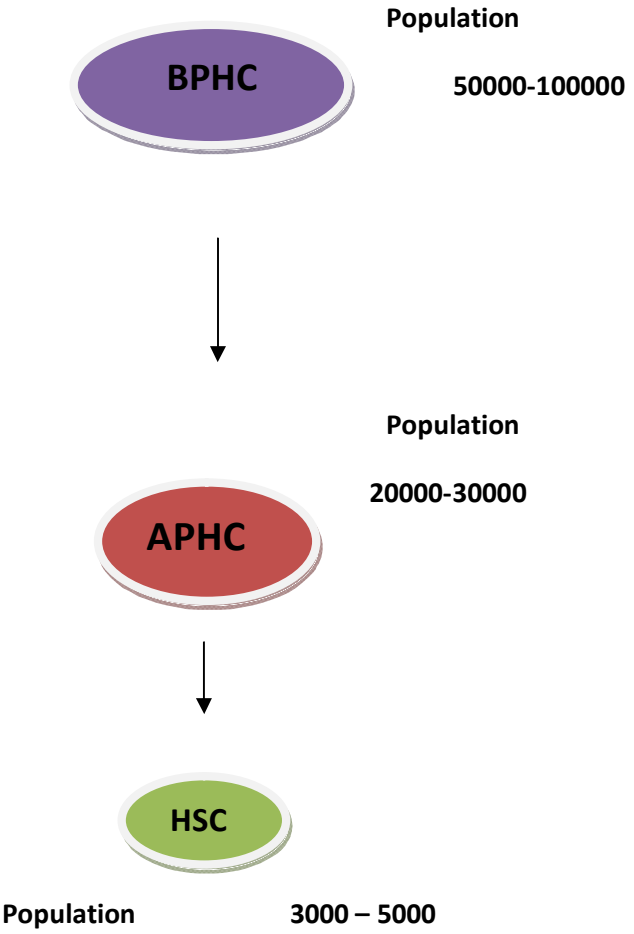
COMPARATIVE POPULATION DATA(2009 Census)

Basic Data	India	Bihar	Kaimur
Population	1027015247	82878796	1611393
Density	324	880	1611

Socio- Economic

Basic Data	India	Bihar	Kaimur
Sex- Ratio	933	921	907
Literacy % Total	65.38	47.53	39.49
Male	75.85	60.32	63.23
Female	54.16	33.57	36.58

GAPS IN INFRASTRUCTURE:



Fact Sheet of Block

First contact point with community

Introduction:

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

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

1. Infrastructure for HSCs:

IPHS Norms:

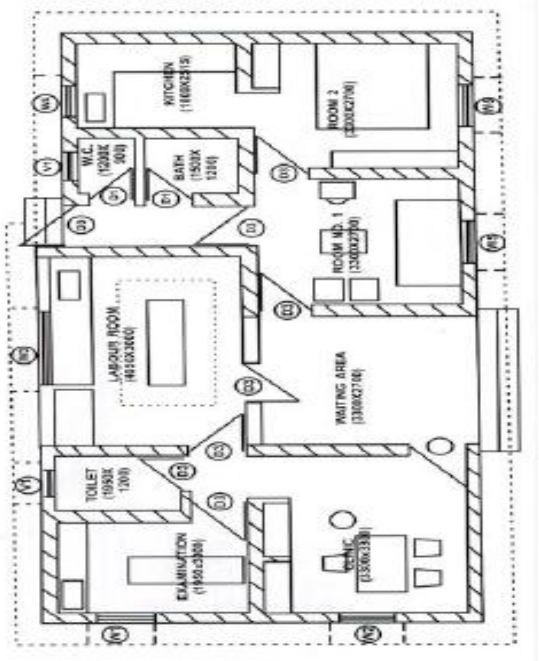
A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

i. Location of the centre: The location of the centre should be chosen that:

   a. It is not too close to an existing sub centre/ PHC
   b. As far as possible no person has to travel more than 3 Km to reach the Sub centre
   c. The Sub Centre Village has some communication network (Road communication/Public Transport/Post Office/Telephone)
   d. Accommodation for the ANM/Male Health Worker will be available on rent in the village if necessary.
      For selection of village under the Sub Centre, approval of Panchayats as may be considered appropriate is to be obtained.

ii. The minimum covered area of a Sub Centre along with residential Quarter for ANM will vary from 73.50 to 100.20 sq mts. depending on climatic conditions(hot and dry climate, hot and humid climate, warm and humid climate), land availability and with or without a labor room. A typical layout plan for Sub-Centre with ANM residence as per the RCH Phase-II National Programme implementation Plan with area/Space Specifications is given below

Typical Layout of Sub- Centre with ANM Residence



SUBCENTER
COVERED AREA - 73.50 SQ. MTS.

Waiting Area : 3300mm x 2700mm

Labour Room : 4050mm x 3300mm

Clinic room : 3300mm x3300mm

Examination room : 1950mm x 3000mm

Toilet : 1950mm x 1200mm

Residential accommodation : This should be made available to the Health workers with each one having 2 rooms, kitchen, bathroom and WC. Residential facility for one ANM is as follows which is contiguous with the main sub centre area.

Health Sub Centers: Total population of the district as per 2010 census is 1611393. After considering projected population in 2010, the district needs altogether 320 HSCs to cater its whole population. At present Kaimur have 137 established Health Sub Centers and 60 more Health sub centers are proposed to be formed. As per the IPHS norms (5000 population in plain area) the district still requires 123 new HSCs to be formed. Again, out of 137 established HSCs, only have their own buildings and rest 63 run in rented houses. All these 138 HSCs need renovation work. All the above mentioned HSCs need equipments, drugs, furniture and stationaries.

One ANM must stay in the Sub-Centre quarter and houses may be taken on rent for the other/ANM/Male Health worker in the sub centre village. This idea is to ensure that at least one worker is available in the Sub-Centre village after the normal working hours. For specifications the "Guide to health facility design" issued under Reproductive and Child Health Program (RCH-I and II) of Government of India, Ministry of Health and Family Welfare may be referred.

Health Sub Centers:

Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	A. Out of 197 HSCs only 107 are having own building	Inadequate facility in constructed building and lack of community ownership.	Enhance visibility of HSC through hard activity by the help of community participation .	A. **Strengtheing of HSCs having own buildings**
	B. In existing 107 buildings 68 are running in comparatively in good condition, 39 HSC constructed but not Handover, 30			B.1.White washing of HSC buildings. B.2.Organize adolescent girls for wall painting and plantation./hire local painter for colorful painting of HSC

	are in under construction .			walls. List out all services which are provided at HSC level on the wall. B.3.Gardening in HSC premises by VHW.

Sub Heads	Gaps	Issues	Strategy	Activities
	C. Not even one building is having running water and electric supply. D. Lack of equipments and ANMs are reluctant to keep all equipments in HSC . E. Lack of appropriate furniture	Operational problem in availability of equipment in constructed HSC		C. Mobilize running water facility from nearby house if they have bore well and water storage facility and it could be on monthly rental. D.1.Purchase of Furniture Prioritizing the equipment list according to service delivery(for ANC /Family planning /Immunization/) D.2. Purchase of equipments according to services D.3. Purchase one almirah to keep all equipments safely and it could be keep in AWW / ASHA house.
	1.Non payment of rent of 63 HSCs for more than Five years	1.Non payment of rent	Regularizing rent payment	**3B. Strengthening of HSCs running in rented buildings.** B1. Estimation of backlog rent and facilitate the backlog payment within two months B2. Purchase of Furniture as per need

				B3. Prioritizing the equipment list according to service delivery B4. Purchase of equipments as per need
	1. The district still needs 138 more HSCs to be formed.	1. Land Availability for new construction 2. Constraint in transfer of constructed building		**3C. Construction of new HSCs** C1. Preparation of PHC wise priority list of HSCs according to IPHS population and location norms of HSCs C2. Community mobilization for promoting land donations at accessible locations. C3. Construction of New HSC buildings C4. Meeting with local PRI /CO/BDO/Police Inspector for smooth transfer of constructed HSC buildings.
	Non participation of Community in monitoring construction work	Monitoring	Ensuring community Monitoring	1. Biannual facility survey of HSCs through local NGOs as per IPHS format. 2. Regular monitoring of HSC facilities through PHC level supervisors in IPHS format. 3. Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project. 4. Training of VHSC/Mothers committees/VECs/Others on technical

				monitoring aspects of construction work. 5. Monthly Meeting of one representative of VHSC/Mothers committees on construction work

	1. Lack of community ownership in the construction of Health infrastructures.	1.Community ownership	Strengthening of VHSCs, PRIs	1.Formation and strengthening of VHSCs, Mothers committees, 2.“Swasthya Kendra Chalo Abhiyan” to strengthen community ownership 3.Nukkad Nataks on Citizen’s charter of HSCs as per IPHS 4.Monthly meetings of VHSCs, Mothers committees

Room -1 (3300mm x 2700mm)

Room-2(3300mm x 2700mm)

Kitchen-1(1800mm x 2015mm)

W.C.(1200mm x 900mm)

Bath Room (1500mm x 1200mm)

3.1.1 HSC Infrastructure

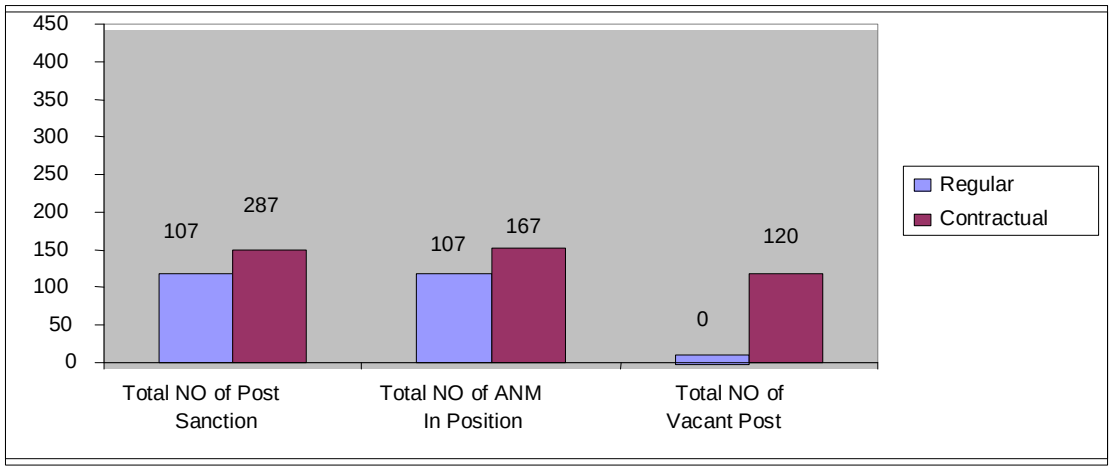
3.1.2 Services of HSCs:

As per *IPHS norms a sub center provides interface with the community at the grass root level providing all the health care services. Of particular importance are the practices/ packages of services such as immunization, ANC, NC and PNC, prevention of malnutrition and common childhood diseases, family planning services and counseling. They also provide elementary drugs for minor ailments such as ARI, diarrhea, fever, worm infestation etc. And carry out community need assessment. Besides the above, government implements several national health and family welfare programs which again are delivered through these frontline workers.*

Sub Heads	Gaps	Issue	Strategy	Activities
Service performance	Unutilization of untied fund at HSC level	Unoperationalization of Untied fund.	Capacity building of account holder of untied fund	1.Training of signatories on operating Untied fund account, book keeping etc. 2. Timely disbursement of untied fund for HSCs 3. Hiring/Deputing a person at PHC level for managing accounts
	Improvement in ANC at HSC level	Improvement in quality of services like ANC, NC and PNC, Immunization	Strengthening at least one HSC per PHC for institutional delivery in first quarter.	1. Identification of the best HSC on service delivery. 2.Listing of required equipments and medicines as per IPHS norms. 3. Purchasing / indenting according to the list prepared. 4.Honouring first delivered baby and ANM .
	Only 24.2% PW registered in first trimester PW with three ANCs is 29.1%, TT1 coverage is 56.25%, Family Planning Status: No sterilization at HSC level. IUD insertion - 6.5% O.Pills-8.0% Condom-25.0%	Improvement in quality of services like ANC, NC and PNC, Immunization and family planning	1. Phasewise strengthening of 55 HSCs for Institutional delivery and fix a day for ANC as per IPHS norms. 2. Community focused family planning services	1 Gap identification of 55 HSCs through facility survey 2. Eligible Couple Survey 3. Ensuring supply of contraceptives with three month's buffer stock at HSCs. 4. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS 5. Training of ANMs on IUD insertion

	Total unmet need is 39.7%.			
	Lack of counseling services	Training	Training	1. Training to ANMs on ANC, NC and PNC, Immunization and other services.
	HSC unable to implement disease control programs	Integration of disease control programs at HSC level.	Implementation of disease control programs through HSC level	1. Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6. (four to five HSC per week) 2.Strengthening ANMs for community based planning of all national disease control program 3. Reporting of disease control activities through ANMs 4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.
	90% of the HSC staffs do not reside at place of posting	Absence of staffs	Community monitoring	1. Submission of absentees through PRI.
	Problem of mobility during rainy season	Communication and safety		1.Purchasing of raincoat for all field staffs.

	Lack of convergence at HSC level	Convergence	Convergence	1. Fixed Saturday for meeting day of ANM, AWW, ASHA, VHS rotation wise at all villages of the respective HSC. 2. Monthly Video shows in all schools of the concerned HSC schools on health , nutrition and sanitation issues.
	Lack of proper reporting from field Lack of appropriate HMIS formats.	Reporting	Strengthening of reporting system	1.Training to the field staffs in filling up form 6, Form 2, Immunization report format, MCH registers, Muskan achievement reports etc. 2.Printing of adequate number of reporting formats and regi 3. Upgrading Data Centers to develop softwares for reportin



3.1.3 HSC Human Resource

Sub Heads	Gaps	Issues	Strategy	Activities
Human Resource	167 contractual ANM® are working. Out of 38 sanctioned post of Staff Nurse only 07 are placed,	Filling up the 120 staff shortage	Staff recruitment	1.Selection and recruitment of 120 ANMs 2.Selection and recruitment of 31 Staff Nurse.
	All 167 contractual ANMs needs training on different services.	Untrained staffs	Capacity building	1.Training need Assessment of HSC level staffs

				2.Training of staffs on various services.
Drug kit availability	1.No drug kit as such for the HSCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DECs)and contraceptives, 2.No Drug kit for AWCs(@one kit per annum,)	Indenting	Strengthening of reporting process and indenting through form 6	1.Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports
	Only need based emergency supply Irregular supply of drugs	Logistics		1.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map 2. Developing three colored indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)

Sub Heads	Gaps	Issues	Strategy	Activities
		Operationalization	Couriers for	1 Hiring of couriers as per need

			vaccine and other drugs supply	2 Payment of courier through ANMs account
			Phase wise strengthening of HSCs for vaccine / drugs storage	1.Purchasing of cold chain equipments as per IPHS norms 2. training of concerned staffs on cold chain maintenance and drug storage

3.2Additional PHCs: -- There are 16 APHCs functioning in the district and 03 new more are started in rent but New Building need to be established and 33 APHCs further required .

Additional PHC:				
Sub Heads	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.The district altogether need 52 APHCs but there are 16 APHCs functioning in the district and 03 new more are started in rent but New building to be established. 2. 33 more are required to be formed.	Lack of facilities/ basic amenities in the constructed buildings Non payment of rent Land Availability for new construction	Strengthening of VHSCs, PRI and formation of RKS	1."Swasthya Kendra Chalo Abhiyan" to strengthen community ownership 2.Nukkad Nataks on Citizen's charter of APHCs as per IPHS 3. Registration of RKS 4.Monthly meetings of VHSCs, Mothers committees and RKS

	3.Out of 16 APHCs only 14 are having own building 4.Existing 2 buildings are on rent & Non payment of rent for more than Five years Lack of equipments, Lack of appropriate furniture Non availability of HMIS formats/registers and stationaries	Constraint in transfer of constructed building. Lack of community ownership	Strengthening of Infrastructure and operationalization of construction works in Three phase	**A.Strengtheing of APHCs having own buildings** A1. Rennovation of APHCs buildings A2. Purchase of Furniture A3. Prioritizing the equipment list according to service delivery A4. Purchase of equipments A5. Printing of formats and purchase of stationeries **B. Strengthening of APHCs running in rented buildings.** B1. Estimation of backlog rent and facilitate the backlog payment within two months B2. Streamlining the payment of rent through untied fund/ RKS from the

				month of April 09. B3.Purchase of Furniture as per need B4. Prioritizing the equipment list according to service delivery B5. Purchase of equipments as per need B6. Printing of formats and purchase of stationeries 3C. Construction of new APHC buildings as standard layout of IPHS norms. C1. Preparation of PHC wise priority list of APHCs according to IPHS population and location norms of APHCs C2. Community mobilization for promoting land donations at accessible locations. C3. Construction of New APHC buildings C4. Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed APHC buildings. 4. Biannual facility survey of APHCs through local NGOs as per IPHS format 4.1 Regular monitoring of APHCs facilities through PHC level supervisors in IPHS format. 4.2 Monitoring of renovation/construction

			Monitoring	works through VHSC members/ Mothers committees/others as implemented in Bihar Education Project. 4.3 Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work. 4.4 Monthly Meeting of one representative of VHSC/Mothers committees on construction work.
Human Resource	Lack of MBBS doctors, Lack of ANMs, Lack of A Grade nurses,	Filling up the staff shortage Untrained staffs	Staff recruitment	1.Selection and recruitment of Grade A nurse/ANMs 2.Selection and recruitment of male workers 3. Sending back the staffs to their own APHCs. 1.Training need Assessment of APHC level

	Lack of Pharmacists. Untrained ANMs and male workers		Capacity building	staffs. 2.Training of staffs on various services. 3.EmoC Training to at least one doctor of each APHC. 4. Preparation of annual training calendar issue wise as per guideline of Govt of India. 5.Allocation of fund and operationalization of allocated fund
Drug kit availability	No drug kit as such for the APHCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national	Indenting	Strengthening of reporting process and indenting through form 2	1.Weekly meeting of APHC staffs at PHC for promoting APHC staffs for regular and timely submission of indents of drugs/

	disease control program (DDT, MDT, DOTs, DECs)and contraceptives, Only need based emergency suuply Irregular supply of drugs	Logistics Operationalization	and 6 Couriers for vaccine and other drugs supply Phase wise strengthening of APHCs for vaccine / drugs storage	vaccines according to services and reports. 2.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map. 2.1 Hiring vehicles for supply of drug kits through untied fund. 2.3 Developing three coloured indenting format for the APHC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red). 3.1 Hiring of couriers as per need . 3.2 Payment of courier through APHC account. 4.1 Purchasing of cold chain equipments as per IPHS norms. 4.2 Training of concerned staffs on cold chain maintenance and drug storage
Service performance	RKS has not been formed at any of the APHC. Unutilized untied fund at APHC level No institutional delivery at APHC level	Formation of RKS Operationalization of Untied fund. Improvement in quality of services like ANC, NC and PNC, Immunization and	Capacity building of account holder of untied fund	1.Training of signatories on operating Untied fund /RKS account, book keeping etc 2. Assigning PHC RKS accountant for supporting operationalization of APHC level accounts 2. Timely disbursement of untied fund/

	Irregular of OPD At APHC, No inpatient facility available No ANC, NC and PNC and family planning services. No lab facility No rehabilitation services No safe MTP service No OT/ dressing and Cataract operation services. Approx 90% of APHC staffs not reside at place of posting Lack of counseling services Problem of mobility during rainy season Lack of convergence at APHC level **Operational Gaps:** There is no link between HSCs and APHCs and the same way there is no link between APHC and PHC	other services as identified as gaps. Integration of disease control programs at APHC level. Family Planning services Convergence Operational issues	Phasewise strengthening of 16 APHCs for Institutional delivery and fix a day for ANC as per IPHS norms. Implementation of disease control programs through APHC level where APHC will work as a resource center for HSCs. At present the same is being done by PHC only.	seed money for APHCs RKS. 3. 1 Gap identification of 16 APHCs through facility survey. 2.strengtheing one APHC per PHC for institutional delivery in first quarter. 3.Honouring first delivered baby and ANM 1 Review of all disease control programs APHC wise in existing Tuesday weekly meetings at PHC with form 6. 2.Strengthening ANMs for community based planning of all national disease control program 3. Reporting of disease control activities through ANMs 4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs. 5.Weekly meeting of the staffs of concerned HSCs (as assigned to the APHC) 1.Eligible Couple Survey 2. Ensuring supply of contraceptives with three month's buffer stock at HSCs. 3.Training of AWW/ASHA on family

				planning methods and RTI/STI/HIV/AIDS 4. Training of ANMs on IUD insertion
			Community focused Family Planning services PPP Convergence	1.Outsourcing services for Generator, fooding, cleanliness and ambulance. 1. Fixed Saturday for meeting day of ANM, AWW, ASHA with VHSCs rotation wise at all villages of the respective HSC.

3.3

Primary Health centers : The district has 10 PHCs, 02 Referral Hospitals and 01 Sub-Divisional Hospital & 01 District Hospital. All PHCs have their own Buildings.

Primary Health Centers: (6 Bedded)				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	All PHCs are running with only six bed facility. At present 10 PHCs are working with average 8 delivery per day, 20 Emergency operation and 130 OPD per day in each PHC. This huge workload is not being addressed with only six beds inadequate facility. Identified the facility and equipments gap before preparation of DHAP and almost 50-60% of facilities are not adequate as per IPHS norms. Lack of equipments as per IPHS norms and also under utilized	Available facilities are not compatible with the services supposed to be delivered at PHCs. Quality of services	Upgradation of PHCs into 30 bedded facilities. ISO certification of selected PHCs in the district.	1.Need based (Service Delivery)Estimation of cost for upgradation of PHCs 2.Preparation of priority list of interventions to deliver services. 1.Selection of any two PHCs for ISO certification in first phase. 2. Sending the recommendation for the certification with existing services and facility detail. 1. Ensuring regular monthly meeting of RKS.

	equipments. Lack of appropriate furniture Non availability of HMIS formats/registers and stationeries Operation of RKS: Lack in uniform process of RKS operation. Lack of community participation in the functioning of RKS. Lack of facilities/ basic amenities in the PHC buildings	Community participation.	Strengthening of BMU	2. Training to the RKS signatories for account operation. 3. Trainings of BHM and accountants on their responsibilities. 1.Meeting with community representatives on erecting boundary, beautification etc, 2. Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS. **Strengtheing of PHCs** 1.Rennovation of PHCs 2.Purchase of Furniture 3. Prioritizing the equipment list according to service delivery and IPHS norms. 4. Purchase of equipments 5. Printing of formats and purchase of stationeries 1. Biannual facility survey of PHCs through local NGOs as per IPHS

				format 2. Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.
			Ensuring community participation. Strengthening of Infrastructure and operationalization of construction works Monitoring	
Human Resource	Actual position in PHCs	Staff shortage	Staff recruitment	1.Selection and recruitment of

	(List attached)	Untrained staffs	Capacity building	Doctors 2.Selection and recruitment of ANMs/ male workers 3.Selection and recruitment of paramedical/ support staffs 1.Training need Assessment of PHC level staffs 2.Training of staffs on various services 3.Trainings of BHM and accountants on their responsibilities. 4. Trainings of BHM on implementation of services/ various National programs.
Drug kit availability	Irregular supply of drugs because of lack of fund disbursement on time. Only 70 % essential drugs are rate contracted at state level . Lack of fund for the transportation of drugs from	Indenting Logistics	Strengthening of reporting process and indenting through form 7	1.Training of store keepers on invoicing of drugs 2.Implementing computerized invoice system in all PHCs 3.Fixing the responsibility on proper and timely indenting of medicines(keeping three months buffer stock) 4. Enlisting of equipments for

	district to blocks. There is no clarity on the guideline for need based drug procurement and transportation.	Operationalization	Strengthening of drug logistic system	safe storage of drugs. 5. Purchase of enlisted equipments. 6. Ensuring the availability of FIFO list of drugs with store keeper. 7. Orientation meetings on guidelines of RKS for operation.
Service performance	1.Exessive load on PHC in delivering all services i.e. 5 delivery per day, 20 Emergency operation and 130 OPD per day in each PHC. 2. Total 93 seats of Regular Doctors 47 Doctors are in position and 48 seats of contractual doctors 25 contractual doctors is working in District. 3. All posted doctors are not regularly present during the OPD time . 4. All 10 PHCs are lacking 24 hrs new born care services. 5. 1 PHCs are still not providing	Optimum Utilization of Human Resources	Quality improvement in residential facility of doctors/ staffs.	1. Hiring of rented houses from RKS fund for the residence of doctors and key staffs. 2. Incentivizing doctors on their performances especially on OPD, IPD, FP operations patients treatment. 3. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day 1.Selection and appointment of contractual doctors and staffs 1. Mapping of the areas having

	Tubectomy services. 6. No PHCs provides EmoC services. 7. None of the PHC provides 24 hour blood transfusion services, 8. None PHCs have Lab services. 9. None PHC provides adolescent sexual and reproductive health services. 10.Health facility with AYUSH services is not being provided . 11. Referral A. BPL patients are exempted in paying fee of ambulance. B. Lack of maintenance of ambulances C. Shortage of ambulances 12. Quality of food, cleanliness (toilets, Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC. 13. All PHCs have their own generator sets but are not in use.	Epidemic outbreaks and Need based intervention in epidemic areas.	Recruitment Proper and timely information of outbreaks	history of outbreaks disease wise. 2.Developing micro plans to address epidemic outbreaks 2.Assigning areas to the MOs and staffs 3.Motivating ASHA on immediate information of outbreaks 4. Purchasing folding tents, beds and equipments and medicines to organize camps in epidemic areas. 1. Repairing of all defunct Ambulances 2. Repairing of PHcs gensets and initiating their use. 3. Hiring of ambulances as per need. 1. Appointment of one AYUSH practitioner and Yoga teacher in every PHC 1.Insurance of all properties and staffs of PHC 2.Placing one TOP in every PHC

	14. In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs are reluctant to handle emergency cases. 15. Several cases of theft of instruments, computers, and submersible pumps etc at PHCs. 16. No guidance to the patients on the services available at PHCs. 17. Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular. 18.Lack of counseling services 19. Problem of mobility during rainy season 20. Lack of convergence 21. Lack of timely reporting and delay in data collection	Service Load centered at PHC Availability of AYUSH pathy.	Strengthening of equipments and services and increase in the number of ambulances. Strengthening of AYUSH services at PHC level in the first level.	1. Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate. 2.Recruitment of lab technicians as required 3. Purchase of equipments/ instruments for strengthening lab. 4. Hiring of menial workers for cleanliness works. 1. Assigning LHV for counseling work 2. Wall writing on every section of the building denoting the facilities 3. Name plates of doctor 4. Displaying Roster of doctors with their details. 5. Gardening 6. Sitting arrangement for patients 7. Installation of LCD TV with

				cable connection
		Insecurity (Staff and Properties)	Confidence building measures	8.Installation of safe drinking water equipments/water cooler, 9.Installation of solar heater system and light with the help of BDO/Panchayat 9. Apron with name plates with every doctors
		Govts existing services like lab, x-ray, generator, fooding and cleanliness services.	Strengthening of the Govts existing services like lab, x-ray, generator, fooding and cleanliness services.	10. Presence of staffs with uniform and name plates. 1.Orientation of the staffs on indicators of reporting formats 2.Puchase of Laptops for DPMU and BHMs
			Creating friendly	

			environment	

			HMIS and strengthening of reporting process	

3.4 Sub-Divisional Hospital:

Sub-Divisional Hospital : Mohania				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.There are 60 beds in the Sub-Divisional Hospital which is not adequate as per the requirement. **Ward No of beds** Male ward : 20 Female ward : 30 Surgical Ward : 06 Child ward : 02 TB ward : 01 Infectious disease : 01 **Total : 60** 2. At present Sub-Divisional Hospital is working with average 10 deliveries per day, 5 FP operation/emergency operations and 225 OPD per day. This huge workload is not being addressed with only 30 beds inadequate facility. 3. Lack of equipments as per IPHS norms	Lacks in infrastructure	Strengthening of infrastructure	1. Purchase of beds. 2. Repairing of beds. 3. Listing of required equipments as per IPHS norms and their purchase. 4. Listing of required furniture and their purchase. 5. Simplifying process of RKS operation. 6.Computerization of registration system for the OPD/IPD patients. 7.Construction of shed for waiting patients. 8. Installation of water cooler freezes as per requirement. 9. Installation of vapor lights as per requirements. 10. Hiring of ambulances.

	and also under utilized equipments. 4.Lack of appropriate furniture 5.**Operation of RKS:** Delayed in work. Delay in disbursement of fund. 6.Lack of facilities/ basic amenities in the PHC buildings 7.Huge workload in registration unit. 8. No adequate sitting arrangement for patients. 9. Half of the hospital area remains dark at night. 10. Delivery room lacks beds, labor table, stretchers, equipments. 11.Buildings for ICU, Causality ward are ready but due to lack of equipments, facilities are not functional. 12. No use of paying wards. 13.No residential facilities for doctors and staffs. 14. No canteen facility			11. Construction of new residential buildings. 12.Hiring of rented houses from RKS fund for the residence of doctors, BMU and key staffs. 13.Tender for canteen facility. 14. Sitting arrangement for patients 15. Installation of LCD TV with cable connection
Human	1.Post of gynecologist and pathologist are	Lack in Staff	Recruitment	1. Appointment of gynecologist and

Resource	vacant. 2.Post of one dresser, one OT assistant and one ophthalmic assistant are vacant.	position	Deputing staffs	pathologist on contract basis. 2. Appointment of one dresser, one OT assistant and one ophthalmic assistant on contract basis. 1. Deputation of required staffs from field.
Drug kit availability	1. Irregular supply of drugs because of lack of fund disbursement on time. 2. Only 70% essential drugs are rate contracted at state level. 3. There is no clarity on the guideline for need based drug procurement and transportation. 4. Lack of proper space, furniture and equipments for drug storage	Improper Supply and logistics Lack in storage facility	Capacity building and strengthening of reporting process and indenting through form 7	1.Training of store keepers on invoicing of drugs 2.Implementing computerized invoice system 4. Enlisting of equipments for safe storage of drugs. 5. Purchase of enlisted equipments. 6. Ensuring the availability of FIFO list of drugs with store keeper.
Service performance	1.Exessive load in delivering all services 2. No 24hrs Lab facility 3.Health facility with AYUSH services is not being provided	Workload	Motivation building	1. Incentivizing doctors/ staffs on their performances especially on OPD, IPD, FP operations 2. Purchase of equipments for Blood

	4. Referal a.BPL patients are not exempted in paying fee of ambulance. b. Lack of maintenance of ambulances c. Shortage of ambulances 6. No guidance to the patients on the services available at DH. 7.Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.	Lack in infrastructure	Strengthening of infrastructure	storage unit, 3. IEC on blood storage unit. 4. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day 5. Repairing of all defunct Ambulances 6. Hiring of ambulances as per need. 7. Appointment of one AYUSH practitioner and Yoga teacher 8. Purchase of equipments/ instruments for strengthening lab. 9. Wall writing on every section of the building denoting the facilities 10. Name plates of doctor 11. Displaying Roster of doctors with their details. 12. Gardening 13. Apron with name plates with every doctors 14. Presence of staffs with uniform and name plates.

3.5 District Hospital:

District Hospital : Bhabua				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1.There are 150 beds in the Sadar hospital which is not adequate as per the requirement. **Ward No of beds** Male medical ward: 40 Male surgical ward: 20 Female ward : 50 Child ward : 10 TB ward : 10 Infectious disease : 10 Prisoners ward : 10 **Total : 150** 2. At present District hospital is working with average 15 deliveries per day, 10 FP operation/ emergency operations and 350 OPD per day. This huge workload is	Lacks in infrastructure	Strengthening of infrastructure	1. Purchase of 300 beds. 2. Repairing of beds. 3. Listing of required equipments as per IPHS norms and their purchase. 4. Listing of required furniture and their purchase. 5. Simplifying process of RKS operation. 6.Computerization of registration system for the OPD/IPD patients. 7. Installation of water cooler freezes as per requirement. 8. Construction of new Post mortem room with all facilities. 13. Construction of enquiry counters

	not being addressed with only 100 beds inadequate facility. 3. Lack of equipments as per IPHS norms and also under utilized equipments. 4.Lack of appropriate furniture 5.Operation of RKS: Delayed process of operation. Delay in disbursement of fund 6. Huge workload in central registration unit 8. Delivery room lacks beds, labor table, stretchers, equipments. 9. No proper post mortem room and equipments. 10. No residential facilities for doctors and staffs. 11. No canteen facility			at the gate. 14. Hiring of ambulances. 15. Construction of new residential buildings. 16.Hiring of rented houses from RKS fund for the residence of doctors, BMU and key staffs. 16.Tender for canteen facility. 17. Sitting arrangement for patients 18. Installation of LCD TV with cable connection
Human Resource	1.Post of Surgeon and Pathologist are vacant. 2.Post of one dresser, one OT assistant and one ophthalmic assistant are vacant.	Lack in Staff position	Recruitment	1. Appointment of gynecologist and pathologist on contract basis. 2. Appointment of one dresser, one OT assistant and one ophthalmic assistant on contract basis.

			Deputing staffs	1. Deputation of required staffs from field.
Drug kit availability	1. Inadequate supply of drugs because of lack of fund disbursement on time. 2. Only 50% essential drugs rate contracted from state level. 3. There is no clarity on the guideline for need based drug procurement and transportation. 4. Lack of proper space, furniture and equipments for drug storage	Improper Supply and logistics Lack in storage facility	Capacity building and strengthening of reporting process and indenting through form 7	1.Training of store keepers on invoicing of drugs 2.Implementing computerized invoice system 4. Enlisting of equipments for safe storage of drugs. 5. Purchase of enlisted equipments. 6. Ensuring the availability of FIFO list of drugs with store keeper.
Service performance	1.Exessive load in delivering all services 2. Blood storage unit is present but not functional. 3.No 24hrs Lab facility 4.Health facility with AYUSH services has started 5. Referal a. BPL patients are not exempted in paying fee of ambulance.	Workload Lack in infrastructure	Motivation building Strengthening of infrastructure	1. Incentivizing doctors/ staffs on their performances especially on OPD, IPD, FP operations, Purchase of equipments for Blood storage unit, 3. IEC on blood storage unit. 4. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day 5. Repairing of all defunct

	b. Lack of maintenance of ambulances c. Shortage of ambulances 6. No guidance to the patients on the services available at DH. 7.Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.			Ambulances 6. Hiring of ambulances as per need. 7. Appointment of one AYUSH practitioner and Yoga teacher 8. Purchase of equipments/ instruments for strengthening lab. 9. Wall writing on every section of the building denoting the facilities 10. Name plates of doctor 11. Displaying Roster of doctors with their details. 12. Gardening 13. Apron with name plates with every doctors 14. Presence of staffs with uniform and name plates.

3.5 District Health Society :

District Health Society : Bhabua				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1. Lack of residential buildings for DPMU. 2. Lack of Separate Cell for each program should be created. 3. Lack Two More vehicle for monitoring the district. 4. Lack of Work security for DPMU, BPMU and other contractual staff.	1. Three residential buildings for DPMU. 2. Separate Cell for each program should be created. 3. Two More vehicle for monitoring the district. 4. Work security for DPMU, BPMU and other contractual staff.	Work perform will smooth if gap should be fufil.	

CHAPTER II
SWOT ANALYSIS OF THE DISTRICT AND INDIVIDUAL SECTORS

SWOT ANALYSIS OF THE DISTRICT:

To identify the strength, weakness, opportunities and threats of districts a workshop was organized during the plan preparation process and suggestions were taken from different stakeholders from different sectors. The strategic planning workshops highlight the followings as SWOT in different sectors / sub-sectors.

District: Part A ,B,C,D

Strength	Weakness	Opportunity	Threat
1. ASHA Selection 98% **2. ANM Selection 100%** **3. Mamta Selection 100%** **4. Institutional Delivery 100% by SBA Trained.** **5. Formation and functional of VHSC 100%** **6. DPMU fully established 100%** **JBSY, FP, School Programme, SNCU, DPMU, ASHA Support System, Incentive**	**1. Lack of Specialist Doctor.** **2. Lack of Staff Nurse.** **3. Lack of Paramedical Staff.**	**1. Inter sectorial convergence** **2. Cooperative and supportive PRI Member**	**1. 30% area are very hard to reach and hilly.**

Setting Objectives and Suggested Plan of Action

Introduction

District health action plan has been entrusted as a principal instrument for planning, implementation and monitoring of fully accountable and accessible health care mechanism. It has been envisioned through effective integration of health concerns via decentralized management incorporating determinants of health like sanitation and hygiene, safe drinking water, women and child health and other social concerns. DHAP envisages accomplishing requisite amendments in the health systems by crafting time bound goals. In the course of discussions with various stakeholder groups it has been anticipated that unmet demand for liable service provision can be achieved by adopting Intersectoral convergent approach through partnership among public as well as private sectors.

Targeted Objectives and Suggested Strategies

During consultation at district level involving a range of stakeholders from different levels, an attempt has been made to carve out certain strategies to achieve the specific objectives that are represented by different indicators. The following segment of the chapter corresponds to the identified district plan objectives demonstrating current status of the indicators along with the expected target sets that are projected for period of next three years (2009-12).

Chapter III: Part A

MATERNAL HEALTH				
Logical Framework				
Sl.	**Goal**	**Impact indicators**		
1	To improve maternal health	Reduction in MMR		
Sl.	**Objectives**	**Outcome indicators**	**Strategy**	**Output indicators**
1	To increase institutional safe delivery by 65% (DLHS3) to 100% by year 2010	Institutional delivery reported	To make functional PHC (24hr x7days) for institutional deliveries	PHC having functional OT and Labour room with equipment
				PHC having Obestetric First Aid medicine 24hrx 7 days
				Grade A nurse should be available 24hrx7days
				PHC having functional Neo-natal care units

			To make functional FRUfor institutional deliveries	No of FRUs having functional blood storage units linkage with blood banks and 24hr ready referral transport
				No of FRUs having EmOc and CEmOc facilities
				No of FRUs having specialist doctors/ multiskilled Medical Officers
				No of FRU having functional Neo-natal care units
			To provide Referral transport services at FRU /PHC	No of pregnant women availed the referral facilities (pick up and drop)
			To strengthen Janani Suraksha Yojana / JSY	Pregnant women has not been reecieved JBSY payments immediately after delivery
2	To increase safe delivery by trained SBA 9.6%(DLHS3) to 100% by year 2010	Proportion of birth attendent by skilled health personnel	To ensure support of SBA at home deliveries	Home deliveries attended by SBA
3	To increase ANC coverage with quality 16% (DLHS3) to 50% by year 2010	ANC reported through HMIS formats / Form -7	To strengthen HSC for providing outreach maternal care	HSCs having ANMs
				HSCs conducted fixed ANC and clinics (planned & held)
			To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas	RCH camps planned and held

			To improve adolescent reproductive and sexual health	No of pregnant adolescent counselled by ANM/ AWW/ASHA
			To accelrate APHC for OPD and Fixed AN clinics	OPD clinics organised at APHC level.
4	To provide safe abortion services at all facilities	MTP cases reported through HMIS formats / Form -7	To provide MTP services at health facilities	No of facilities having MTP services (public and private)
5	To increase community participation in maternal care	Mahila mandal meetings should be conducted.	To strenghten Monthly Village Health and Nutrition Days	Mothly Village Health & Nutrition Days planned and held

MATERNAL HEALTH			
Sl.	**Strategy**	**Gaps**	**Activities**
	To make functional PHC (24hr x7days) for institutional deliveries	**Infrastructure**	
A1		All PHCs are with only six bedded facility.50-60% of facilities are not adequate as per IPHS norms.	Need based (Service delivery)Estimation of cost for upgradation of PHCs Selection of any two PHCs for ISO certification in first phase
		At present 7 PHC are working with average 10 delivery per day, 10 FP operation/emergency operation and 130 OPD per day in each PHC. This huge workload is not being addressed with only six beds inadequate facility.	Preparation of priority list of interventions to deliver services.

		The comparative analysis of facility survey(08-09) and DLHS3 facility survey(06-07) , the service availability tremendously increased but the quality of services is still the area of improvement.	Sending the recommendation for the certification with existing services and facility detail.
		Lack of equipments as per IPHS norms and also under utilized equipments.	Prioritizing the equipment list according to service delivery and IPHS norms.
			Purchase of equipments
		Lack of appropriate furniture	Purchase of Furniture
		Lack of facilities/ basic amenities in the PHC buildings	Rennovation of PHCs
	To make functional PHC (24hr x7days) for institutional deliveries	**As per IPHS norms each PHC requires the following clinical staffs:**	
			Salary of Contrctual Doctors
		The actual position is not sufficient as per IPHS norms.	Selection and recruitment of Doctors on contractual basis and give priority in selection those who are living in same PHC.
			Salary of Contarctual Grade A nurses
			Selection and recruitment of grade A nurses for conducting delivery
			Selection and recruitment of dresser

			Selection and recruitment of Pharmasist.
			Three month induction training of Grade A nurse under supervision of District level resource team.
			Training need Assessment of PHC level staffs
			Honorarium of Block Accountants
			Rent of Data Center
			Honorarium of BHM
			Mobility support to BHMs
			Appointment of Block Health Managers, Accountants in all institutions.(15 PHCs, 2 Referrals and Sadar hospital.)
			Process of all recruitments
			Trainings of BHMs on Health statistics
			Training on Program, Finance management and HMIS
		Drug Supply	
		Irregular supply of drugs because of lack of fund disbursement on time.	Ensuring the availability of FIFO list of drugs with store keeper.
		Only 38 essential drugs are rate contracted at state level .	2.Implementing computerized invoice system in all PHCs
			Purchase of Drug invoice software

		Lack of fund for the transportation of drugs from district to blocks.	3.Fixing the responsibility on proper and timely indenting of medicines (keeping three months buffer stock)
			4.Payment from Rogi Kalyan samiti account.
		There is no clarity on the guideline for need based drug procurement and transportation.	5. Orientation meetings/ training on guidelines of RKS for operation.
		Drugs are not properly stored	6. Enlisting of equipments for safe storage of drugs.
			7. Purchase of enlisted equipments.
			8.training of store keepers on invoicing of drugs
		Performance	
		Exessive load on PHC in delivering all services i.e. 10 delivery per day, 4 inpatient Kala-azar, 10 FP operation/emergency operation and 120 OPD per day in each PHC.	Recruitment of Doctors on contractual basis
		Total 59 seats of Regular and 25 seats of contractual doctors in the district is vacant.	
		All posted doctors are not regularly present during the OPD time so the no of OPDs done is very less (only	Hiring of rented houses from RKS fund for the residence of doctors and key staffs.

		average16 patients per Doctor per OPD days during April08-Nov 08, however the IPHS norms says that the OPD should be 40 per Doctor.)	Incentivizing doctors on their performances especially on OPD, IPD, FP operations, Kala-azar patients treatment.
			Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day
	To make functional PHC (24hr x7days) for institutional deliveries	5 PHCs are lacking 24 hrs new born care services.	Ensure 24 hrs new born care services in 10 PHC.
		Only five PHCs provides 24 hrs BEmoC services.	Ensure 24 hrs BEmoC services at 10 PHC
			Training of one Doctor from each PHC on BEmoC.
			Equipments for BEmoC
		13 PHC does not have laboratory facilities on PPP based srvices.But except Mahnar all Phc have T.B lab Technician. In addition to this the regular lab technician has been deputed for this purpose.	Deputation of 17 regular Lab tech at PHC level for providing free of cost lab services to all pregnant women and BPL families.
			Recruitment of 5 lab technicians as required for regular support of lab activity
			Training of TB lab technician on other pathological tests.
			Purchase reagent(recurring) for strengthening lab.

			Purchase of equipments/ instruments if needed . Fund could be rooted through RKS and if it is not utilised it could be diverted to other women and child friendly activites.
		Health facility with AYUSH services is not being provided	Establising one Panchkarm center in Chehrakala PHC
			Establishing two homeopathy centers in Jandaha and Vaishali
		Referral Services	
		No pick up facility for PW or BPL patients.	Provision for pick up & drop pregnant mothers and BPL families free of cost using existing Ambulence services at PHC level.
			Provide EDD list of pregnant women to Ambulance driver and Number of ambulance diriver and 102 /PHC tel No to all Pregnant woment
		Lack of maintenance of ambulances	Repairing of all defunct Ambulances
		Shortage of ambulances	Hiring of ambulances as per need.
			Prepare list of Vehicle those are utilised in Monitoring work in PHC that can be use in pick up and dropping facility for PW.

		Quality of food, cleanliness (toilets,Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC.	Assigning mothers committees of local BRC for food supply to the patients in govtôs approved rate.
			Rewiev of Cleanliness activity in all PHC by Qulity assurance committee and payment of agency should be link with it
			Hiring of workers for cleanliness of OT and Labour room in PHC
			Purchage equipments and uniform for cleanliness in all PHC
			Training of Workers on using machine/equipments and importance of cleanliness .
			Develop mechanism for monitoring of cleanliness work
		All PHCs have their own generator sets but are not in use.	Repairing of PHCs gensets and initiating their use.
		Non availability of HMIS formats/registers and stationeries	Printing of formats and purchase of stationaries
			Biannual facility survey of PHCs through BHM as per IPHS format
			Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.
		Operation of RKS:	Ensuring regular monthly meeting of RKS.

			Appointment of Block Health Managers Accountants in all institutions.(16 PHCs, 3 Referals and Sadar hospital.)
		Lack in uniform process of RKS operation.	Training to the RKS signatories for account operation.
			Trainings of BHM and accountants on their responsibilities.
		Lack of community participation in the functioning of RKS.	Meeting with community (School children or other)representatives on erecting boundary, beautification etc,
			Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS.
		In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs reluctant to handle emergency cases.	Meeting in RKS with Local Police Station incharge to handle emargency situation .
			Training local NCC/NYK/Scout & Guide/NSS etc.volunteers on identification of emargency situation. And deployment of volentears at PHC.

	To make functional PHC (24hr x7days) for institutional deliveries	Several cases of theft of instruments, computers, and submersible pumps etc at PHCs.	Insurance of all properties and staffs of PHC
		No guidance to the patients on the services available at PHCs.	Pictorial wall painting on every section of the building denoting the facilities and attached trained volenters to guide paitents.
		Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.	Name plates of Doctors
			Displaying Name Photograph and DOB of all staff of PHC and put cleanliness staff name on top of the list.
		Lack of counselling services	There are 22 LHV in the district we can utilise their experience in counseling work of women and adolecent girls after training.
		There is no hot water facility for PW and there is no adequate lighting facility at adjoining area of PHC	Installation of solar heater system and light with the help of BDO/Panchayat at PHC or purchage equipments from market.
		Lack of convergence	Convergence meeting by RKS & DHS
		Lack of timely reporting and delay in data collection	Orientation of the staffs on indicators of reporting formats
			Puchase of Laptops for DPM and BHMs with internet facility.
		Lack of space for waiting, environmental cleanliness around PHC,	Gardening
			Sitting arrangement for patients

		provision for hospitality etc	Construction of patients waiting shade
			Installation of LCD projector for manage wait over time of OPD patients
			Installation of safe drinking water equipments/water cooler,
			Apron with name plates with every doctors
			Presence of staffs with uniform and name plates.
			ñMAMTAò should be appointed at PHC level as well.
	To make FRU functional and upgradation of PHC to CHC for institutional deliveries		
A 2		C-Section deliveries are not conducted in institution.	Devlop Lalganj, Mahua and Mahnar PHC for C-section facility
			Training of MOs of three PHCs in mulltiskilling.
			Specialist should be posted at Sadar Hospital/and above mention three PHC
			Incentive for C-section to PHC those who conducted 10 -15 = 10000,15-20=20000, 25-30= 50000/,C-section in a month the incentive money should be distributed among all staff of the PHC after the decision of RKS.
			Need based Equipments and drugs in O.T and Labour room.

		None of the PHC provides 24 hour blood transfusion services, however PHC Mahnar has been provided the equipments for blood storage unit.	Establishing blood storage units at Lalganj, Mahua & Rahopur,
			Training of lab technicions on management of blood storage
		Infection control protocols is not at all maintained at all facilities	Licensing blood storage / blood bank
			Meeting infrastructure requirements as per norms for Blood storage
			Training of MO and lab tech/ staff nurse blood storage on grouping /cross matching and management of transfusion reactions stabilized linkages with mother blood bank.
			Provide free of cost Blood for pregnant women who need blood transfusion for severe anemia/ PPH on prescribed through RKS Fund
			Organize Blood donation camps at all institution and mobilize community for voluntary blood donation

		Welcome PW at Institution and PHC and FRU	Provision of food for the delivered mothers and mothers under gone in tubectomy in all the health facilities.
			Mobilize community Resources for providing Free food for PW at Institution.
			Quality indicators (clean environment, wards with clean linen, clean toilets , clean labour rooms, running waters supply, hot water and safe water for inpatients, new born corners, treatment protocols, aseptic precautions, immediat disbursement of JBSY funds
		Reporting of maternal death Maternal death reporting is usually not reported by worker	Training of ASHA & ANM on reporting of Maternal deaths and conduct Verbal Autopsy
			Incentives for maternal death reporting by ASHA @ Rs 50/-per maternal death
			Reporting line should be in five columns ï name of mother, place of death, date of death, cause of death and no. of birth.
			Institution and urban center also to repor Maternal death to the district CS/ACMO
			Maternal Death should be reported by ASHA, AWW, ANM Staff Nurse & Doctors to the district data center .

			Investigation of maternal death by district team. and third party review(District magistrate)
			Training of ASHA and investigation team objective and process of investigation and review of maternal death
		Biomedical waste management is not properly taken care off at all institution	Procurement of equipment
			As per example Introduce color coded buckets for facilities as per IMEP
A 3	**To strengthen Janani Suraksha Yojana / JSY**	Tracking of pregnant women from first Trimester is not done form the register.	Review of early registration with 3 AN checkup ,two TT.100/200 IFA Tab. in ASHA Diwas.
		Too much documentation process. Photo required for mother and baby. It cost Rs.30/- to Rs.60/- .	Ensure 100 %Pregnancy Test Kit is to ASHA and regular supply.
			Direct transfer of funds from district to PHC through core banking / directly from DHS
			Finger print technology for JSY beneficiaries at facility level where computer with internet facility is available. This will help in financial monitoring.
			The photo system should be replaced by some other alternatives like- bank account opening of pregnant women in first trimister and directaly transfer the money to their account after delivery.

			Incentive for institutional delivery.
A4	**To ensure support of SBA at home deliveries**	Home Delivery is still prevailing through untrained traditional Daiôs	Home Delivery should be conducted by SBA trained Staff Nurse or ANM.
			Provision of Dai Delivery kit(DDK) to TBA where institution access is poor. And it should be supervised by ANM for home deliveries.
			Delivery kit (equipment, medicine)for ANM should be supplied
			Supply of delivery Kits as per number of deliveries conducted in home.
		Reporting of home delivery is not done so the PNC is not provided	Incentive based system for reporting of home delivery by ASHA and it should be linked with ANM
		Non paiment of Home delivery through JSY	The JSY money to the mother who has delivered baby at Home paid by ANM.
A 5	**To strengthen HSC for providing outreach maternal care**		
		Out of 338 HSCs only 39 are having own building	Strengtheing of HSCs having own buildings
		In existing 39 buildings 26 are in running comparatively in good condition, 6 are in under construction ,one is very poor condition and one is constructed but not handed over to health department.	White washing of HSC buildings.
			Organize adolescent girls for wall painting and plantation./hire local painter for colourful painting of HSC walls.

			List out all services which is provided at HSC level. On the wall.
			Gardening in HSC premises by school children.
		No one building is having running water and electric supply.	Mobilize running water facility from near by house if they have bore well and water storage facility and it could be on monthly rental.(Untied fund)
			Arrangement of water supply upto HSC Wiring) from water source
	To strengthen HSC for providing outreach maternal care	Lack of appropriate equipments and ANM are reluctant to keep all equipments in HSC .	Purchase of Furniture Prioritizing the equipment list according to service delivery(for ANC /Family planning /Immunization/)
			Purchase of equipments according to services
			Purchase one almirah for keep all equipment safely and it could be keep in AWW / ASHA house.
		Non payment of rent of 300 HSCs for more than three years	Strengthening of HSCs running in rented buildings.
			Estimation of backlog rent and facilitate the backlog payment within two months
			Streamlining the payment of rent from the month of April 09.
			Purchase of Furniture as per need where building is on rent

			Prioritizing the equipment list according to service delivery
			Purchase of equipments as per need
		The district still needs 135 more HSCs to be formed.	Construction of new HSCs. 39 are having own building, 54 new is proposed and rest 480 are supposed to be constructed.
			Preparation of PHC wise priority list of HScs according to IPHS population and location norms of HScs
			Community mobilization for promoting land donations at accessible locations.
			Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed HSC buildings.
	To strengthen HSC for providing outreach maternal care	Non participation of Community in monitoring construction work	Biannual facility survey of HSCs through local NGOs as per IPHS format
			Regular monitoring of HSCs facilities through PHC level supervisors in IPHS format.
			Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.

			Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.
			Quartely Meeting of one representative of VHSC/Mothers committees on construction work and other issues
		Lack of community ownership in the monitoring of construction work.	Formation and strengthening of VHSCs, Mothers committees,
			ñSwasthya Kendra chalo abhiyanò to strengthen community ownership
			One week Training of Nukkad Natak team on IPHS
			Nukkad Nataks on Citizenôs charter of HSCs as per IPHS
			Monthly meetings of VHSCs, Mothers committees
A 6			
		1.Out of 29 sanctioned post of LHVs only 22 are placed, 2.All 195 posted ANM ® are not trained enough to deliver services. 3. 223 seats of contractual ANM®, 12 seats of contractual ANMs and 27 seats of Regular ANMs are vacant.	Selection and recruitment of 262 ANMs
			Honorarium of existing 202 ANMs
			Selection and recruitment of 28 male workers
			Training need Assessment of HSC level staffs by BHM in weekly meeting
			Training of staffs on various services in the PHC,

	To strengthen ANM Training School for providing regular training of ANMs.	The ANM training school situated at Sadar Hospital campus, lacks adequate number of trainers, staffs and facilities	Analyzing gaps with training school
			Deployment of required staffs/trainers
			Hiring of trainers as per need
			Preparation of annual training calendar issue wise as per guideline of Govt of India.
			Allocation of fund and operationalizatio of allocated fund
A 7	**To strengthen HSC for providing outreach maternal care**		
		No drug kit as such for the HSCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DECs)and contraceptives,	Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services an reports
		No Drug kit for AWCs(@one kit per annum,) . No ASHA kit, only need based emergency but that too being irregular in supply	Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map
			Hiring vehicles for supply of drug kits through untied fund.

			Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)
			Hiring of couriers as per need
			Payment of courier through ANMs account
A 8	**To strengthen HSC for providing outreach maternal care**		
		Unutilized untied fund at HSC level	Training of signatories on operating Untied fund account, book keeping etc
			Timely disbursement of untied fund for HSCs
			Assigning a person at PHC level for managing accounts
		No ANC at HSC levelOnly 14.2% PW registered in first trimesterPW with three ANCs is 15.1%, TT1 coverage is 35.4%,	Identification of the best HSC on service delivery
			Listing of required equipments and medicines as per IPHS norms in facility survey
			Honouring those ANMs who devlope women friendly HSC in given criteria (list is attachet)
		Family Planning Status:-Any method-43.6%,Any modern method-39.8%,No sterilization at HSC level,IUD insertion -0.5%,Pills-1.5%,Condom-1.9%,Total unmet need is 32.7%, for spacing-14.9,Lack of counselling Skill.	Gap identification of 39 HSCs through facility survey
			Eligible Couple Survey
			Ensuring supply of contraceptives with three monthôs buffer stock at HSCs.

			One day training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS
			Training of ANMs on IUD insertion
		HSC unable to implement disease control programs	Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6.(four to five HSC per week)
	To strengthen HSC for providing outreach maternal care		Strengthening ANMs for community based planning of all national disease control program
			Reporting of disease control activities through ANMs
			Submission of reports of national programs by the supervisors duly signed by the respective ANMs.
		80% of the HSC staffs do not reside at place of posting	Submission of absentees through PRI
		Problem of mobility during rainy season	Purchasing Life saving jackets for all field staffs
			Providing incentives to the ANMs during rainy season so that they can use local boats.
		Lack of convergence at HSC level	Fixed Saturday for meeting day of ANM AWW, ASHA,LRG with VHSCs rotation wise at all villages of the respective HSC.

			Monthly Video shows in all schools of the concerned HSC area schools on health, nutrition and sanitation issues.
		Lack of knowledge and skill of field level staffs in data compilation in HMIS formats	Training to the field staffs in filling up form 6, Form 2, Immunization report format, MCH registers, Muskan achievement reports etc
			Printing of adequate number of reporting formats and registers
A 9	**To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas**	Out reach camps are not orgnised in plan manner. It is totally based on demand of orgnisation and eventually it is not reported to respective HSCs and PHCs.	Identifying Socially Backward, Slums & Maha Dalit Tolas.
			Hiring trained alternate vaccinator/ retired ANMs and Medical officer .hiring vehicle for fixed day out reach camps with drugs.
			Fixed day OPD clinics at APHC level and adjoining HSC of respective APHCs. with dedicated MO and support staff.
			To make calendar for camps with date and identified areas.and link NGOs those who are willing to orgnise Camps .
			Community based reporting system through SMS. involve PRI members and training on reporting and Camp approach

A 10	**To improve adolescent reproductive and sexual health**	No training programme for adolescent particularly health and sex.	Multipurpose counsellor can be used for adolescent care. For this services of LHV can be used.and callender of activity could be devloped.
		Preventions of anemia in adolacencent girls	Linkage with adolescent anemia control programme in Schools with Unicef. And training to one teacher from the school
		Marriage before legal age.	Sensitization of PRI members pertculerly women
		Preventions of teen age pregnancy and abortion.	Adolescent pregnancy should be addressed with priority care(eclampsia, 3 ANC, anemia, 100 IFA, 100% institution delivery, low birth Wight baby, Brest feeding.PNC with in 48 hours.
		Limited interventions for empowering adolescent girls	Family counseling for adolescent pregnancy tracking on above mentioned through ASHA and AWW.
			State to develop and issue guidelines for implementation of Kishori MandalsFormation of Kishori Mandals by registration of all girls(11-18 yrs)
	To improve adolescent reproductive and sexual health		Prepare a monthly plan of activities for one day per week
			Counseling nutrition, health and social issues every week at AWCs by AWW

			Weekly distribution of IFA Tablets to out-of-school girls at AWCs
			Deworming adolecent every 6 months
			Initiate family schools for learning child care , safe motherhood life skills and Family life education
A 11	**To provide MTP services at health facilities**	MTP services are not available in Public sectors	Selection of facilities for provision of safe abortion services
			Location of facility availability of trained service provider, space, equipments.
			To Provide appropriate equipments at all facilities and MVA syringes.
			Putting the trained doctors at appropriate facilities to commence the services
			Training of Medical officers and Para medical staffs on Safe abortion services training including awareness about legal aspects of MVA/ EVA and Medical abortion by IPAS .
			Formation of district level committee (DLC) to accredit private sites as per GOI guide line .

			Develop reporting system of MTP services in private and public secter.
			Through training program make the govt doctors skilled to perform MTP in the approved sites.
	To provide MTP services at health facilities		To Involve community to aware about location of services , process and legal aspects of MTP services through - AWW, ASHA & ANM, LRG and mass media.(IEC)
			The services of Pregnancy testing should be strengthened and it should be linked with MTP services.
			NGOôs and local Practitioner should be involved for counseling and information of facility
			Assurance of privacy and link with family welfare services counseling at all facility.
			Linkage with MTP services with NGOs (PPP) those who are working in Safe abortion services. and create one modal center at district and PHC level.
			Training of ASHA on medical abortion.
A 12	**To strenghten Monthly Village Health and**	Nutrition and Counselling Component is not visible in VHND and there is no	AWC should be developed as a Hub of activities (VHND)

	Nutrition Days	monitoring of VHND activity by Community.	Develop an activity plan calendar for VHND as seasonality.
			Counseling of mothers on ANC, preparation for Child care ,STI/RTI, and AYUSH, adolescent Health
			Organize VHND in Four Table concept regularly where One place is for registration, one is for weighing, one is for immunization and fourth is for counseling
			Meeting of VHSC and preparation for area specific epidemiological planning and community based monitoring.
			Skill development training is required to ANM , ASHA & AWW and Dular (LRG)
			Develop monitoring plan map of each village and displaced at AWC with identification of priority houses with PW, lactating women ,Malnourished children , New born, DOTs and other services
			SMS reporting system of conducting VHND and ANM collect Data from field level and compile it in weekly/Monthly formats.
B	**APHC**	**Infrastructure**	

1	**To form /strenghten APHC in Phase manner**	Out of 19 APHCs 10 only are having own building	Registration of RKS
		Existing 6 buildings are not properly maintained	Rennovation of APHCs buildings from RKS Fund
		Non payment of rent of 9 APHCs for more than Five years	Payment Of Rent of APHC building
		Lack of equipments,	Purchse of equipment as per service need from RKS fund
		Lack of appropriate furniture	Purchase of Furniture from RKS fund
2		**Human Resource**	
		in the district no any APHC functioning as per IPHS norms	Operationalising one APHC in each PHC by conducting daily OPD by Doctor and support staff.
			Notification from district for oprationaliing APHC
3		**Drug Supply**	
		No drug kit as such for the APHCs as per IPHS norms.,	Purchasing 23 listed OPD Drugs of PHC for APHC
4	**RTI/STI services at health facilities**	No regular clinic at all PHCs & APHCs.	Trained service provider on syndrome management of RTI/STI (As per GOI guide line) up to APHC level.
			Logistics of setting of clinics and free drugs availability
			Integrated Counselling services in four public sector facilities by trained personnel .

			IEC/BCC for awareness available RTI/STI services at all health facilities.

4.4Chid Health				
Logical Framework				
Sl.	Goal	Impact indicators		
1		Reduction in IMR		
	To improve Child health & achieve child survival	Child performance in the school - enrolment, attendence and dropout		
Sl.	Objectives	Outcome indicators	Strategy	Output indicators
1	To increase ORS distribution from 51%(DLHS3) to 80%	Increase of ORS distribution .	*IMNCI,Home Based Newborn Care/HBNC*	% of PHC initiated IMNCI and HB training.
2	To increase treatment of diarrohoea from 77.1% to 90% within two weeks	Increase of treatment of diarrohoea within two weeks		
3	To increase treatment of ARI/Fever in the last two weeks from 82.2%(DLHS3) to 95%	Increase of treatment of ARI/Fever in the last two weeks		
4	To increase of infant care with in 24hr of delivery from 29.7%(DLHS3) to 50%	Increase of infant care with in 24hr of delivery .	Strengthening of Facility Based Newborn Care/FBNC and trained workers on using equipments.	No of PHC initiated FBNC with train MAMTA on facility based new born c
5	To increase % of breastfeeding from 33.8% to 70% within 1 hr of birth	Increase of breastfeeding within 1 hr of birth .	Infant and Young Child Feeding/IYCF	No of training orgnised in PHC IYCF
6	To increase intiation of complimentry feeding among 6 month of children from 88.3% to 90%	Increase of complimentry feeding among 6month of children.		
7	To increase exclusive breastfeeding among 0-6 month of children from 36.4% to 80%	Increase of exclusive breastfeeding among 0-6 month of children .		
8	To increase immunization coverage from 53.3% to 70%	Increase of full immunization coverage .		

9	To increase vit A coverage of received atleast one dose (9month to 35 months) from 67.3% to 80% and include up to 5 years.	To increase Vit A reported adequte coverage among (9m to 5ys)	Management of diarrhea, ARI and Micronutrient Malnutrition through Child srvival months	Two round of Child survival Mon organised in one financial yea
10	To decrese Malnutrition form 58%(NFHS III state) to 30% of the age group of (0 to 5 yrs)	Decrease Malnutrition age group of (0 to 5 yrs)	Care of Sick Children and Severe Malnutrition and strenthen VHND at all AWCs	No of VHND orgnised vs Planne
			School Health Programme	No Of school health programm orgnised in the PHC

Sl.	Strategy	Gaps	Activities
1	*IMNCI,Home Based Newborn Care/HBNC*	*Training Gaps(AWW-1286/1286,ASHA-0,ANM-300/394, MPW-4/10,MO-52/135,CDPO- 09, Health supervisors- , NGOs-06)* *No ASHA is trained on IMNCI*	*Assessment of Training load and prepare calendar of training*
			Incorporate ASHA in IMNCI training team
			ASHA kit regular supply and incorporate use of ASHA Kit in training curriculum.
			Division of area among all trained supervisors for revision of IMNCI activity in their area.

			BHM will be responsible for review of health supervisor sand LS(ICDS)on given format.Unicef staff will support in devloping review mechanism in PHC.
			Incorpate IMNCI reports in HIMS formate
			Encouraging mother regarding child care.in VHND

Sl.	*Strategy*	Gaps	*Activities*

			Frequent checkups of babies by Paediatrician. *Distribute telephone number to AWW and ANM of respective doctors those who are supervising them in the field.*
			Wednesday could be fixed a day for IMNCI related work at HSC level
			Community based Monitoring support system devlop with SHG one PHC *Training of Group members* *seed money to SHG for reffral services and other need based services.*
2	Facility Based Newborn Care/FBNC	only eight institutions have baby warmer machines but maintenance of machine is not up to the mark and district having referral six bedded SNCU	All PHCs should be equipped with baby warmer machines.
		ANMs and Doctors are not trained to operate these machines	Training of Doctors and ANMs to operate baby warmer machin

		There is no provision of stay of mothers of neonates at PHC.	Organize training programme for newborn care for the nurses the district hospitals

		Neonatal Care Unit not up to mark.	District level Supporting supervisory team should be devlope with the responsibility of nunfuctioning of neonatal care unit. Training of team on monitoring of NCU

		Non availability of "MAMTA" at PHC level.	*Training of Mamta and staff nurse on logistics of New born Car units.by district level supervisory Team.*
3	Infant and Young Child Feeding/IYCF	Non awareness of breast feeding and proper diet of young children.	Colostrum feeding and breast feeding inclusively for six months Through IMNCI Training.
			Baby friendly hospital Training of one doctor from each Nursing hospital at District Level
			Two days training of one staff nurse from each private hospita on counselling skill.
			Accreditation of nursing home and facility according to norms o baby friendly hospital initiatives
		Poor knowledge regarding new born care and child feeding practices	Development and Printing of BCC materials
			Preparing adolescent and pregnant mother on IYCF by IP through AWW, LRP and ASHA

Sl.	Strategy	Gaps	Activities
			Linking JBSY with colostrums feeding
		Myths and misconceptions about early initiation of breast feeding, exclusive breast feeding and complementary feeding	Counselling and orientation of local priests, opinion leaders, fathers, mother in laws by ICDS/ Health functionaries in mothers meetings and VHSCs meetings
			Folk performance to promote exclusive breast feeding
			Uniform message on radio from state head quarter
		Lack of awareness on importance of appropriate and timely IYCF	Organize social events through VHSCs

			Strengthening of *Mahila Mandal* meetings- fortnightly with involvement of adolescent girl
			Organize healthy baby shows, healthy mother / pregnant woman.
			Appreciation and reorganization of positive practices in community. For this purpose hiring a documentation specialist.

Sl.	Strategy	Gaps	Activities
			Celebration of "*Annaprashan(Muhjutthi) Day*" at AWC

			Demonstration of recipes.
			Exposure visits to existing NRCs to observe different models in the country
4	Care of Sick Children and Severe Malnutrition	There is not a single unit in the district where severly malnurished children could be treated.	Establish rehabilitation center in district hospital, FRU and one PHC and promote locally aviliable food farmula for nutritiona Tharapy as Hadrabad Mix
5	Management of diarrhea, ARI and Micronutrient Malnutrition	There is high privlance of PEM and anemia among childrn because of Child nutrition is least priporty among service providers.	Procurement of ,ORS , Vitamin A supplementation(9m to 5 years children) with De-worming pediatric IFA syrup.
			Include coverage of Vitamin A and IFA,children in New HIMS format.
			Insure two round of Vitamin A and deworming for the age group of (9m to 5 yrs) & (2 yrs to 5 yers) respectivly in the month of Ap And Oct as per GOI guide line.
			Involvement of ICDS, school teachers and PRI for monitoring an evolution

Sl.	Strategy	Gaps	Activities
6	School Health Programme	No Pre School Health checkup & complete Immunization card.	Half yearly health checkup camp for children in schools should be organized.
		No training of school teacher for basic health care and personnel hygiene.	Training of school teacher by the medical personnel with support of administrative person.
		No regular health checkup camp at school.	Quarterly meetings of VEC representatives by attending existin meetings of VECs representatives at block level by the concerned MOICs and BHMs.
		No Training & Screening of school's teacher for eye sight test.	Linking existing 7 opthalmic paramedics with this program and developing school wise calender.
		No other specific program has been formulated in the district.	School health anemia control programme should be strengthened with biannually de worming .
			Organizing competitions/Debates/Painting competitions/Essay/demonstration and model preparation of nutritional food and health.
			Half yearly Health checkups and health card of all school going children.

			Films shows on health, sanitation and nutrition issues
			Social science Lab activities.
			Rally and Prabhat Phery in epidemic areas. (Kala-azar & Malaria
			Referral system for the school children for higher medical care

4.5 Family Planning

Logical Framework

Sl.	Goal	Impact indicators		
1	Population stablisation	To decrease TFR upto replacement level To increase sex ratio		
Sl.	**Objectives**	**Outcome indicators**	**Strategy**	**Output indicators**
2	To increase female sterlization from present 55%(DLHS3) to 100%	Increase in female sterilsation	Terminal/Limiting Methods	% of terminal/limiting methods use
			Dissemination of manuals on sterilization standards & quality assurance of sterilization services	No of facilities providing quality manuals on sterilization standards of sterilization services.
			Female Sterilization camps	No of camps orgnised for female sterlization .
			Compensation for female sterilization	% of Female received compensation
			IUD camps	No of IUD used in Camps

			Accreditation of private providers for IUD insertion services	No of Private providers accrediate for IUD Insertion services.
3	To increase male sterlizationfrom 1.0%(DLHS 3) to 25%	Increase in male sterlization	NSV camps	No of NSV Camps orgnised.
			Compensation for male sterilization	% of Male received compensation
			Accreditation of private providers for sterilization services	No of Private providers accrediated for Sterilization services.
4	To increase use of condoms from 5% (DLHS3) to 50%	Increase in the use of condoms	Promotion to Social Marketing of condoms	No of Condoms distributed through Social Marketing.
			Contraceptive Update seminars	No of Seminars Orgnised on Contraceptive Update.
5	To increase use of pills from present 1.5%(DLHS3) among current married women age 15-49 yrs to 50%	Increase in the use of pills	Promotion to Social Marketing of pills	No of Pills distributed through Social Marketing.

Sl.	Strategy	Gaps	Activities
1	Terminal/Limiting Methods	Lack of knowledge of small family norms.	Ensure one MO trained on minilep and NSV up to PHC
			Training of nurses and ANMs on IUD and other spacing methods at PHC level.
			Ensure availability of contra ceptives (indenting , logistic

2	Female Sterilization camps	Laparoscopy surgery not done.	Trained doctors on laparoscopy.
			Procure Laparoscopy equipments for trained doctors
			Training of doctors needed.
3	NSV camps	Trained doctors are not available.	Procurement of equipment.
4	Compensation for Male/female sterilization	Fund for Compensation for sterlization is not aviliable on time at facility.	Immediate disbursement of incentive after sterilization camps.
			Logistic planning is needed before organizing camps.
			Block Health manager can hire one support staff for logistic support.
			Immediate disbursement of incentive after sterilization camps.
			Logistic planning is needed before organizing camps.
			Block Health manager could be hire one support staff for disbursement for logistic support.
			Accreditation of private nursing home. As per GOB
5	IUD camps	Camps not held	Training of ANM & staff nurse for IUD insertion.
6	Accreditation of private providers for IUD insertion	No accreditation of private providers for IUD	Procurement of IUD.
			Equipments for IUD insertion

	services	insertion services	Accreditation of private providers for IUD insertion services. As per GOI guide lines.
7	Social Marketing of contraceptives	Monitoring of Social Markiting is not monitored by PHC.	Social marketing of need based OC & IUD.
			Increasing access to contraceptive through communities based distribution system free of cost.
8	Contraceptive Update seminars	Not being held.	seminars for MO and other through Professional bodies (FOGSI. BMA, Nursing association etc..on
			Copper-T 380-A should be popularized.
			Awareness for emergency contraceptive.

4.10 INSTITUTIONAL STRENGTHENING

Logical Framework

Sl.	Goal	Impact indicators
1	To improve institutional setup as per IPHS norms	Improved service delivery for women and children friendly with quality

2	To bring required architectural correction in the Institutional System			
Sl.	**Objectives**	**Outcome indicators**	**Strategy**	**Output indicators**
1	To strengthen NGOs Partnership/ PPP for communitization of Health services .	No and Type of MOU signed between NGO and DHS/RKS for strengthening of communitization of health servies and NGO partnership/ PPP in place	To enforce PNDT Act and to increase sex ratio of female child	Decrease in sex selective abortions. Increase in birth of female babies (delivery registers)
			To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routin facility where it is not functional.	No of cases supported by referral transport system under PPP.
				No of canteen facility functional at insttutional facility level.
				No of STD booth and other routine facility carried out under PPP.
				No of cases supported and payments made by RKS/ DHS to BPL families in availing these services

Sl.	Objectives	Outcome indicators	Strategy	Output indicators
			To develop partnership with NGO Programmes in the districts	No of partnership with NGO for programme implementation for MCHN, Micronutrient supplimentation, national programme implementation specially Kalazar elimination
			Strengthen Logistics management system for regular supply of Drugs and equipments	None of drug & equipments available and supplied. (stock ledger)
			Devlop a strong Monitoring & Evaluation / HMIS System in all PHC	Regular monitoring and evaluation reports
3	To devlop IEC and BCC and Training support system .	No of IEC materials developed and BCC event carried out	Establising BCC and training cell at District & BPHC level	Functional BCC cell at DHS/ RKS level
		No of training support system developed	Net working with folk media team	No of folk media team engaged in BCC activity. Type and No. of BCC event oragnised
4	To strengthen ASHA support System	No of ASHA capacities	Develop ASHA support System in all PHC(One persin per 20 ASHA)	Establishment of ASHA support system at DHS and RKS level
		No of actvities carried out by RKS	Strengthening RKS	No of RKS having monthly meetings.
				Untied fund, JSY fund, referral transport etc utilised

Sl.	Strategy	Gaps	Activities
1	To enforce PNDT Act and to increase sex ratio of female child	No registration of ultra sound clinic.	Registration and monitoring of ultra sound clinic.
			MTP clinic should be watched for termination of pregnancy following USG.
			IEC on PNDT act
2	To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routeen facilty where it is not functional.	Out sourcing of services is not as per the need of local Need and BPL families are not exampted from Fee of out source services	District /PHC level managers should be aware about the TOR of PPP which is finalized at State level.
			Build the capacity of manager to manage contracts o PPP

		There is an acute shortage of para medics like radiographer, lab technician, ECG technician etc. in the state.	Accreditation of institutions and to set standards, an institute of paramedical sciences may be started in th state. This would create more employment opportunities in addition availability of para medical personnel for absorption into the government health system.
3	Devlop partnership with NGO Programmes in the districts	Non involvement of NGO in F.P programme, Institutional delivery, Blindness control programme.	listing of NGOs those who are working in F.P ,MTP,programme, Institutional delivery, Blindness control programme.
			Accreditation of these facility from state Health Soc
		There is no MOU with NGO/VO/individuals for Donation and voluntary support in PHC	Process of MOU should be dicentralization and it should oprationlise through RKS.
		Strengthening of DMU NGOs Management aspects is one of the area of improvement	ASHA Programme manager facilitate the NGO management process in the district and ASHA Faclitators will be managed at the PHC level
			Honourarium to DPM, DAM and DA

			Capacity building training programme for NGOs off bearer with the help of professionals on linkage wit health system strengthening component.
			Mentoring Group at district level.
			Reporting mechanism should be developed of NGO work in the district.

Sl.	Strategy	Gaps	Activities
		There is no any VHSC in the district.	Co-ordination with community based orgnisation at SHG, VEC, ,PRI for VHSC formation.
4	Capacity buiding of Managers and Doctors.		Expoure visit of DPM/BHM /ASHA DPM/ selected ASHA to other state where facility is comparatively working better.

			To start DNB (Family Physician) 3 year course in t district hospitals.
			ASHA/ AWW career advancement programme may be planned to retain them in the system. Seats in th ANM course, staff nurses and other paramedical courses may be reserved for the qualified ASHAs
5	Prepration of dicentralised District Health Action Plan	First time five members of the districts were trained on DHAP prepration	Trainings of DPMU,BPMU members on implementation services/ various National program and district Health ac Plan through distance education
			Start prepration of plan from the month of October with situtional anlysis,Facility survey, line reporting system and qulitative finding from Community and users of facility.

Sl.	Strategy	Gaps	Activities

6	Devlop a strong Monitoring & Evaluation / HMIS System in all PHC	Monitoring of all programme is one of the weakest link of all programme. Lack of Supervisers in all PHC Lack of skill of use of data Community is not aware about monitoring aspects of Health Programme.	Distribution of role and responsbility among MO an Managers of programme implementation.
			Use Process indicatore as monitoring of respective programme.
			Devlop Programme review calander for review of HSC/PHC performance as per form 6 & 7
			Gradation of Health Sub centers in three categories.
			Information exchange visits among ANM acording t Grade.
			Social recognition of Grade one ANM.
			Devlop four potentioal VHSCs in all PHC on Community based Monitoring of Health and Nutritic programme.
			Organise"JAN ADALAT" in with PRI & VHSC and invite nearby VHSC to observe thr process of "JAN ADALAT"
			Devlop Health and Nutrition Report Card by using growth monitoring chartsof Village and present in "JAN ADALAT" By VHSC

Sl.	Strategy	Gaps	Activities
7	Strengthen Logistics management system for regular supply of Drugs and equipments	There is no system of logistic management of Drugs and other supply at any level. Only vaccine supply management is comparatively stronger than other logistic work.	Weekly meeting of HSC staffs at PHC for promotin HSC staffs for regular and timely submission of inde of drugs/ vaccines according to services and reports
			Hiring vehicles for supply of drug kits
			Hiring of courriers as per need
			Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminde Yellow, Third reminder-Red)
			Training of all ANM and Stock keepers on Indentin and Logistic Management.
			Devlop TMC model for Logistic Management in the state.
8	Establising BCC and training cell at District & BPHC level	There is not as such disignated post for BCC and Traning at the district and PHC level	ASHA Programme manager facilitate the process of traning and BCC in the district and ASHA Faclitato will be managed at the PHC level
			Devlop resoure team at District Level.

			MOU with Local NGOs for logistic management of training and Devlop issue wise Master trainers in district

Sl.	Strategy	Gaps	Activities
			Devlop ASHA support system on one person/20 AS for on the job training of AHSA and AWW
9	Net working with folk media team	There is no BCC management unit at Distrct Level	Identify Health Communication orgnisation for identification of BCC issues as per need of District.
			MOU with orgnisation for formative reaserch .
			Devlop IEC/BCC material based on Findings of formative reasrch
			Printing of IEC and BCC material
			Training of Folk Media group on IEC/BCC material
			Planning of performance route chart of Folk media Group
			Monitoring of performance through SMS of PRI members

			Impact analysis of Performance by Orgnisation
10	Strengthening RKS	RKS are not uniformally functioning in the district	Ensure ragistration of RKS of all functional APHC
			Training of RKS signatory and BHM on financial Management of RKS
			Presentation of case study of functional RKS in distr level Meeting.

Sl.	Strategy	Gaps	Activities
11	Strengthening community process through supportive supervision of ASHA program	Poor monitorinng mechanism of ASHA program	Appointment of PHC level ASHA facilitator
			Provide training cum supervisory support @ one supervisor for 20 ASHA
			Training of Facilitator and supervisors at block level
12	Media Sensitization	Wrong and provocative Reporting Having baseless News.	Media Sensitization work shop

Chapter VIII

Annexure: All Block level compile format

DISTRICT PROFILE:
ADMINISTRATIVE SET – UP:

PARTICULARS	NUMBER
Number of Sub-Division	01
Number of Blocks	11
Number of Municipality	01
Number of Gram Panchayat	153
Number of Police Station	12
Number of Inhibited Villages	1677
Number of Uninhibited Villages	
Number of Villages	1677

DISTRICT DEMOGRAPHY AND DISTRICT DEVELOPMENT INDICATORS:

Population	Male	Female	Total
Rural Population (in %)	55.56	47.34	100.00
Literacy Rate	70.6	38.9	109.5
SC Population (in %)	15.44	13.16	28.60
ST Population (in %)	10.53	8.97	19.50
BPL Population			
Sex Ratio	Females per 1000 males 907	(0 – 6 years)	
Population Growth (1991 – 2001)	1289074		

Population Density (person per sq km)			
Number of Household	Total 1270	Rural 1104	Urban 216
Household Size			
Type of house (%)	Pucca 25.4	Kuchha	
Per Capital Income			
Total workers (number)		34.4	
Main workers (number)		46.6	
Marginal workers (number)			
Non – workers (number)		0	
Total workers to total population (%)		66.6	
Cultivators to total workers (%)		52.1	
Agriculture laborers to total workers (%)		39.2	
Workers in HH industries to total workers (%)		37.2	
Main workers to total population (%)		46.6	
Marginal workers to total population (%)			
Non workers to total population (%)			
Number of villages having drinking water facilities			
Number of villages having safe drinking water facilities			
Number of electrified villages			
Number of villages having primary school		763	
Number of villages having middle schools		146	
Number of villages having secondary/sr. secondary schools		70	
Pupil Teacher Ratio (Primary School)		50:200	
Pupil Teacher Ratio (Middle School)		50:200	
Out of School children			
Number of villages having any health care facilities		1677	
Number of Health Sub Centre		197	
Number of Additional Primary Health Centre		19	
Number of Primary Health Centre		9	

Number of Sub-divisional hospital	1
Number of hospitals/dispensaries per lakh population 2007 – 08	
Number of beds in hospitals/dispensaries per lakh population 2007 – 08	+300+60+30+30+54
Percentage of children having complete immunization 2007 – 08	41.75
Percentage of women having safe delivery 2007 – 08	52.6
Number of villages having post office facility	120
Number of villages having Paved approach road	
Number of villages having mud approach road	
Average size of operational holding	
Normal Rain Fall	11 drop per sq cm
Actual rain Fall	15 drop per sq cm
Percentage of cultivable land to total geographical area 2006-07	51.91
Percentage of area under commercial crops to gross cropped area 2006-07	51.15
Percentage of net area sown to geographical area 2006-07	100
Cropping intensity	
Percentage of gross irrigated area to gross area sown 2006-07	21.01
Percentage of net irrigated area to net area sown 2006 – 07	40
Consumption of fertilizer in kg/hectare of gross area sown 2006-07	24.423 ton
Average yield of food grains 2006-07 (kg/ha)	52930 kg/ha
Percentage of area under bhadai crops	43
Percentage of area under agahani crops	42
Percentage of area under garma crops	45
Percentage of area under rabi crops	52

Length of highways and major district roads (mdrs) per lakh population (km) 31st march 2005	771.99 km
Length of highways and major district roads (mdrs) per thousand sq km in area (km) 31st march 2005	
Length of rural roads per lakh population (km) 2004-05	1255.19
Length of rural roads per thousand sq km in area (km) 2004 – 05	
Number of branches of scheduled commercial banks 2008 – 09	80
Credit deposit ratio 2008	
Density of livestock per sq km 2003	383.3 per km
Density of poultry per sq km 2003	
Average livestock population served per veterinary hospital/dispensary 2003	5000
District wise fish production 2007 – 08	
Share of districts in total milk production 2007 – 08	

TOPOGRAPHY:

CLIMATE AND AGRO ECOLOGICAL SITUATION:

RAINFALL:

AIR TEMPERATURE AND HUMIDITY:

LAND AND SOIL:

RIVER SYSTEM:

LANGUAGE AND CULTURE:

SOCIAL STRUCTURE:

FACT SHEET OF BLOCKS AND URBAN LOCAL BODIES:

Name of Sub Divisions	Name of the Blocks	Total Population	No. of GP	No. of Revenue	% of Total Literates	% of Male Literates	% of Female Literates	% of SC Population	% of ST Population	Sex Ratio
Bhabua	Adhaura	68152	112	63.1	62.3	38.6	9.4	39.4	100:92	
	Bhabua	224635	217	67.9	86.2	58.7	21.1	.1	100:92	
	Bhagwanpur	78481	98	64.4	81.3	51.3	19.2	0	100:92	
	Chainpur	201504	177	64.9	78.6	48.6	17.1	2	100:92	
	Chand	135315	136	64.9	79.4	48.4	22.3	0	100:92	
	Rampur	85023	91	65.2	81.6	52.7	21.4	0	100:92	
Mohania	Durgawati	144545	73	67.1	85.4	53.1	21.6	0	100:92	
	Kudra	172142	133	67.5	86.7	54.2	21.6	0	100:92	
	Mohania	197353	158	67.8	86.9	54.6	22.7	0	100:92	
	Nuoan	120245	99	65.3	79.2	48.1	19.6	0	100:92	
	Ramgarh	135785	71	67.8	86.1	54.2	18.5	0	100:92	

BLOCK WISE STATUS OF DRINKING WATER							
Sl No.	Block	Total no. of habitation	Habitation having safe drinking water	Functional source of drinking water	Category wise functional sources		
					HP	Tube Well	Piped water
01	Adhaura	-		2			
02	Bhabua			3		90	
03	Chainpur			2		90	
04	Chand			2			
05	Durgawati			2			
06	Kudra			2			
07	Mohania			3			
08	Nuoan			2			
09	Ramgarh			2			
10	Rampur			2			

BLOCK WISE SCHOOL INFRASTRUCTURE							
Sl No.	Block	Total no of school	% of schools without own building	%of school without Drinking water facility	%of school without toilet facility	%of school Without playground	% of school without kitchen for mid-day meal
1	10	965					
BLOCK WISE STATUS OF PDS BENEFICIARIES							

Sl No.	Block	No. of BPL Cards	No. of AAY Cards	No. of APL Cards	No. of Annapurna Cards
01	10	13142			

BLOCK WISE NUTRITIONAL STATUS OF CHILDREN (0-6 YEAR)

Sl No.	Block	Total no. of AWC	Total no. of children (0-6 year)	Total no. of children weighed	% of children weighed	Normal grade children (%)	Grade I children (%)	Grade II children (%)	Grade III children (number)	Grade IV children (number)	Total (Grade III + Grade IV)	% of severely malnourished children
1	10	1286										

GP AND PS ROAD NETWORK OF THE DISTRICT

Sl No.	Block	No. of GP	No. of villages	Length of total road	Black Tape Road	C.C Road	Metalling	Earthen	Murom	Cart Track
1	10	1	1677							

Financial Budget – Part – A

Structured approaches for State/ District/ Block PIP planning
National Rural Health Mission
Strategy & Activity Plan with budget PART - A
Name of the District:- KAIMUR

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

		Activities			Activity planned (X)	Activity Executed (Y)	Variance (X~Y)	Reasons for Variance	Activity planned including previous yrs gap {Z+(X~Y)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities				Tentative Unit Cost (A)	Budget Planned {X x (A)} = B	Budget received B or C (< or > than planned)	Budget utilised {Y x (A)} = D	under or over-utilised Budget {(B~D} =E	Tentative Unit Cost (2010-11)	Budget Planned (including spill over amount) {(AP x A) ± E} = BP	Budgetary Source (other than NRHM source)	Remarks
											Q 1	Q 2	Q 3	Q 4									
A		RCH			-	-	-	-	-	-	-	-	-	-	-	-		-	-		-	-	
A. 1		1. Maternal Health														0							

	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							
	A.1.1.1	**1.1.1 Operationalise Block PHCs/ CHCs/ SDHs/ DHs as FRUs**													0							
	A.1.1.1.1	**1.1.1 Operationalise FRUs (Diesel, Service Maintenance Charge, Misc. & Other costs)** **1.1.1.1 Operationalise Blood Storage units in FRU**			2	1	1	Functional at Sadar Hospital, Kaimur	2			1			342000	684000	684000	69656		408000	816000	NRHM	
	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)**			11	0	11	No budgetary provision was planned for FY 10-11	11	Workshop at all PHCs has been planned during FY 2011-12	3	4	4		0	0	0	0	0	25000	275000	NRHM	

	A.1.1.3	**MTP services at health facilities**														0	0		0		0			
	A.1.1.4	**RTI/STI srvices at health facilities**			0	0	0		1	To open an OPD at Sadar Hospital for providing RTI/STI Services	y	y	y	y	0	0	0	0	0	420000	420000	NRHM	A Medical officer (Skin Specialist) shall be appointed on contractual basis @Rs.35,000/- per month
	A.1.1.5	**Operationalise Sub-centres**			2	0	2	No budgetary provision was planned for FY 10-11	2			1		1	200000	400000	400000	0		200000	400000	NRHM	
	A.1.2	**1.2 Referral Transport**														0	0		0		0			

	A.1.2.1	**1.2.1. To develop guidelines regarding referral transport of the pregnant women and sick new born / children and dissemination of the same @ Rs. 50,000 for the state**														0	0		0		0			
	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			
	A.1.3.	**1.3. Integrated outreach RCH services**														0	0		0		0			
	A.1.3.1	**1.3.1. RCH Outreach Camps in un-served/ under-served areas**			137	0	137		137		25	50	40	22	833	114121	114121	0		833	114121	NRHM	
	A.1.3.2.	**1.3.2. Monthly Village Health and Nutrition Days at AWW Centres**			1286	0	1286		1286							0	0		0		283400		Planned for 197 HSC Rs.40 per participants per hSC, 5000 per District, 200 per HSC, 2500 for Qtrly DCC

	A.1.4	**1.4. Janani Evam Bal Suraksha Yojana/JBSY**													0	0		0		0			
	A.1.4.1	**1.4.1 Home deliveries (500/-)**			144	92	52	Planned will be completed upto 31-03-11	5812		1440	1440	1440	1440	500	720000	720000	0		500	2906000		
	A.1.4.2	**1.4.2 Institutional Deliveries**					0									0	0		0		0		
	A.1.4.2.1	**1.4.2.1 Rural (A) Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries**			24650	15000	9650	Planned will be completed upto 31-03-11	36765		10000	12000	7000	7765	2000	49300000	49300000	9200000		2000	73530000		
	A.1.4.2.2	**1.4.2.2 Urban (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries**			1000	416	584	Planned will be completed upto 31-03-11	1584		350	350	375	509	1200	1200000	1200000	499200		1200	1900800		

	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)			495	35	460		955		125	125	140	140	1500	742500	742500	52500		1500	1432500		
	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			217	0	217		217		0	y	y	0	1741	377797	377797	0	377797	2000	56203		
		Total (JSY)			`																0		
	A.1.5	**1.5 Other strategies/activities**					0									0	0		0		0		
	A.1.5.1	**1.5.1 Maternal Death Audit** 1.1.3 Survey on maternal and perinatal deaths by verbal autopsy method (in two districts) @ 850 per death					0									0	0		0		0		

A.2		**2. Child Health**					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**					0									0	0		0		0		

	A.2.2	**2.2 Facility Based Newborm Care/FBNC in districts (Monitor progress against plan; follow up with training, procurement, view meeting etc.)** **2.2.1. Implementation of FBNC activities in districts. (Monitor progress against plan; follow up with training, procurement, etc.)**			1	0	1		2		y	y	y	y	50000	50000	96000	0		50000	100000		
	A.2.3.	**2.3 Home Based New born care/HBNC**					0									0	0		0		0			
	A.2.4	**2.4 School Health Programme (Details annexed)**			1100	2000	-900		2870		500	500	500	500	3000	3300000	2200000	4900000	-1600000	2199	7911130		
	A.2.5.	**2.5 Infant and Young Child Feeding/IYCF**					0									0	0		0		0			
	A.2.6.	**2.6 Care of sick children & severe malnutrition**					0									0	0		0		0			
	A.2.7.	**2.7 Management of Diarrhoea, ARI and Micro nutrient**					0									0	0		0		0			

A.3		**3.Family Planning**					0									0	0		0		0			
	A.3.1.	**3.1.Terminal/Limiting Methods**					0									0	0		0		0			
	A.3.1.1.	**3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services**			1	0	1		8		2	2	2	2	22000	22000	22000	0		22000	176000		
	A.3.1.2	**3.1.2 Female Sterilisationcamps**			264	65	199		463						1000	264000	264000			1000	463000		
	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)**			11	0	11		22			5	11	6	10000	110000	110000	0		10000	220000		
	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)**			5000	1527	3473		8473			1000	4000	3473	1000	5000000	15270000	15270000		1000	8473000		

	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**			360	29	331		360				180	180	1500	540000	540000	48000		1500	540000		
	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)**			5000	2127	2873		7873			1500	2000	1500	1500	3616500	3616500	3190500		1500	11809500		
	A.3.2	**3.2. Spacing Methods**					0									0	0		0		0			
	A.3.2.1	**3.2.1. IUD Camps**			44	33	11		77		11	11	11	11	1500	66000	66000	0		24000	1848000		
	A.3.2.2	**3.2.2 IUD services at health facilites/compensation**					0									0	0		0		0			
	A.3.2.3	**Accreditation of private providers for IUD insertion services**					0									0	0		0		0			
	A.3.2.4	**Social Marketing of contraceptives**					0									0	0		0		0			

	A.3.2.5 3.2.2.	**3.2.5 3.2.2. Contraceptive Update Seminars (Organise Contraceptive Update seminars for health providers (one at state level & 38 at district level) (Anticipated Participants-50-70)**					0									0	0		0		0		
	A.3.3	**3.3 POL for Family Planning for 500 below sub-district facilities**					0				y	y	y	y		0	0		0		0		
	A.3.4	**3.4 Repair of Laproscopes (Rs. 5000 x 40 nos.)**					0									0	0		0		0		
	A.3.5	**3.5 Other strategies/activities 3.1.4. Monitor progress, quality and utilisation of services 3.5. Establishing Community Based Condom and OCP Distribution Centres (pilot in one district/1 PHC)**					0									0	0		0		0		

A.4		**4. Adolescent Reproductive and Sexual Health (ARSH)**					0									0	0		0		0		
		(Details of training, IEC/BCC in relevant sections)					0									0	0		0		0		
	A.4.1	**Adolescent services at health facilites.** **4.1.1. Disseminate ARSH guidelines.4.1.2. Establishing ARSH Cells in Facilities 4.1.2.1. Developing a Model ARSH Cell for the facilities 4.1.2.2. Establishing ARSH Cell at Patna District Hospital 4.1.2.3. Establishing ARSH Cell is 50% PHCs of Patna District 4.2 Conducting ARSH Camps at all PHCs for a week (as ARSH Week) 4.2.2 Establishing Youth friendly health clinics in Urban Area/ Universities Campus / Market Place**			1	0	1		2			1	1	0	25000	25000	25000	0	25000	25000	25000		
	A.4.2	**4.2 Other strategies/activities**					0									0	0		0		0		
A.5		**5. Urban RCH**					0									0	0		0		0		

	A.5.1	**5.1. Urban RCH Services (Development of Micro-plans for each urban area already mapped for delivery of RCH services, both outreach and facility based through private agencies/institutions/ organisations- 50lakhs & Operationalising 20 UHCs through private clinics @540000/- pm**					0									0	0		0		0		
A.6		**6 Tribal Health**					0									0	0		0		0		
	A.6.1	**Tribal RCH services**					0									0	0		0		0		
	A.6.2	**Other strategies/activities**					0									0	0		0		0		
A.7		**7. Vulnerable Groups**					0									0	0		0		0		
	A.7.1	**7.1 Services for Vulnerable groups**					0									0	0		0		0		
	A.7.1	**7.1 Services for Vulnerable groups**					0									0	0		0		0		

	A.7.2	**7.2 Other strategies/activities**					0									0	0		0		0		
A.8		**8. Innovations/PPP/NGO**					0									0	0		0		0		
	A.8.1	**8.1.PNDT and Sex Ratio** **8.1.1. Orientation programme of PNDT activities, Workshop at State, District and Block Level (1+38+533) (amount Rs.50 Lakhs) 8.1.2 Monitoring at District level and Meetings of District level Committee (100 Lakhs)**			11	0	11		22		3	3	3	2	25000	175000	175000	0		25000	550000		
	A.8.2.	**Public Private Partnerships**					0									0	0		0		0		
	A.8.3	**NGO Programme**					0									0	0		0		0		
	A.8.4	**Other innovations (if any)**					0									0	0		0		0		
A.9		**INFRASTRUCTURE & HR**					0									0	0		0		0		
	A.9.1	**Contracutal Staff & Services**					0									0	0		0		0		

	A.9.1.1	**9.1.1 ANMs** 10.1.1.2. Hiring of 1000 Retired ANMs or ANMs from other states for out reach services @ Rs. 5000 / month / ANM				0	0								0	0	0	0		0		
	A.9.1.2	**9.1.2 Laboratory Technicians**			6	0	6		6		6	6	6	6	78000	351000	351000	0		78000	468000		
	A.9.1.3	**Staff Nurses**			38	7	31		31		38	38	38	38	12000	5472000	5472000	588000		12000	5472000		

	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**			1	0	1		2		2	2	2	2	420000	840000	840000	0		420000	840000		

	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.					0								0	0		0		0		
	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			1247	1247	0		1462		1462	1462	1462	1462		8084000	8084000	4715000		8084000	8084000		Rs. 50 for 5 to 10Beneficiary, Rs. 100 for 11 to 15 Beneficiary, Rs. 150 for 16 to 20 Beneficiary, Rs. 200 for 21 or more Beneficiary.
	A.9.2	9.2. Major civil works (new construction/extension/addition)					0								0	0		0		0		
	A.9.2.1	9.2.1 Major Civil works for operationalisation of FRUS					0								0	0	0	0		0		

	A.9.2.2	**9.2.2 Major Civil works for operationalisation of 24 hour services at PHCs**					0								0	0		0		0		
	A.9.3	**9.3 Minor Civil Works**					0								0	0		0		0		
	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**			2	0	2		2			1	1	0	500000	100000	100000	0		100000	200000		
	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**			11	0	11		11			5	6		100000	1100000	1100000	0		100000	1100000		
	A.9.4	**9.4 Operationalise IMEPat health facilites**			12		12		12			6	6		300000	3600000	1874316			300000	3600000		
	A.9.5	**9.5 Other Activities**					0									0	0		0		0		

A. 10		**10. Institutional Strengthening**					0									0	0		0		0		
	A.10. 1	**10.1 Human Resource Development**					0									0	0		0		0		
	A.10. 2	**10.2 Logistics management/improvement**					0									0	0		0		0		
	A.10. 3	**10.3 Monitoring Evaluation/HMIS 11.3 Monitoring & evaluation through monitoring cell at SIHFW**			11	11	0		11			11			3450 0	379500	380781	380781		3450 0	379500		
	A.10. 4	**10.4 11.4 Sub-centre rent and contingencies @ 1770 no. x Rs.500/- x 60 months**			56	0	56		672		56	56	56	56	500	336000	126000	0		500	336000		
	A.10. 5.	**10.5. Other strategies/activities TA & DA for the 30 days contact programme**					0									0	0		0		0		
A. 11		**11 Training**					0									0	0		0		0		

	A.11.1	**11.1 Strengthening of Training Institutions**					0									0	0		0		0		
	A.11.2	**11.2 Development of training packages**					0									0	0		0		0		
	A.11.3	**11.3 Maternal Health Training**					0									0	0		0		0		
	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	6	2		10		2	2	2	2	88110	704880	176310	176310		88110	881100		
	A.11.3.1.1	**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**																			528570		Prev. Year short budget received due to rate enhancement

		Nurses in SBA (batches of four) 12.1.6 Training of ANMs / LHVs in SBA (Batch size of four) 20 batches x 38 districts x Rs.59,000/-																				
	A.11.3.2	EmOC Training 12.1.3 EmOc Training of (Medical Officers in EmOC (batchsize is 8)					0								0	0		0		0		
	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)					0								0	0		0		0		
	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			1	0	1		2		0	y	0	y	25000	25000	25000	0	25000	25000	25000	
	A.11.3.5	11.3.5 RTI/STI Training			0	0	0		2		0	1	1	0	96900	0	0	0	0	96900	193800	
	A.11.3.6	Dai Training					0								0	0		0		0		

	A.11.3.7	**Other MH Training**					0								0	0		0		0		
	A.11.4	**IMEP Training**					0								0	0		0		0		
	A.11.5	**11.5 Child Health Training**					0								0	0		0		0		
	A.11.5.1	**11.5.1 IMNCI 12.2.1.1. TOT on IMNCI for Health and ICDS worker 12.2.1.2. IMNCI Training for Medical Officers (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)**			0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	
	A.11.5.2	**11.5.2 Facility Based Newborn Care 12.2.2.1 SNCU Training 12.2.2.2.NSU (TOT)**			0	0	0		11		0	11	0	0	81500	896500	0	0		81500	896500	
	A.11.5.3	**11.5.3 Home Based Newborn Care**					0								0	0		0		0		

	A.11.5.4	**11.5.4 Care of Sick Children and severe malnutrition**					0								0	0		0		0		
	A.11.5.5	**11.5.5 Other CH Training (Pl. Specify)**					0								0	0		0		0		
	A.11.6	**11.6 Family Planning Training**					0								0	0		0		0		
	A.11.6.1	**12.6.1 Laproscopic Sterilisation Training**					0								0	0		0		0		
	A.11.6.2	**11.6.2 Minilap Training**12.3.2.1. Minilap training for medical officers/staff nurses (batch size of 4)			1	1	0		1		0	1	0	0	70240	70240	70240	70240	0	70240	70240	
	A.11.6.3	**11.6.3 NSV Training** 12.3.3 Non-Scalpel Vasectomy (NSV) Training			1	1	0		1		0	1	0	0	33900	33900	33900	33900	0	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	2	0		2		0	1	1	0	84725	169450	169450	169450	0	84725	169450		
	A.11.6.5	**Contraceptive Update Training**					0									0	0		0		0		
	A.11.6.6	**Other FP Training**					0									0	0		0		0		
	A.11.7	**11.7 ARSH Training 12.4.1 ARSH training for medical officers 12.4.3 One Day ARSH Orientation by the MOs of 25% ANMs 12.4.4 One Day ARSH Orientation of PRI by the MOs of50% ANMs**			0	0	0		20		y	y	y	y	0	0	0	0	0	8350	167000		
	A.11.8	**11.8 Programme Management Training**					0									0	0		0		0		

	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**					0								0	0		0		0			
	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/-**				0	0		1				1		74000	0	0	0	0	74000	74000			

	A.11.9	Other Training					0									0	0		0		0		
	A.11.9.1	11.9.1 Continuing Medical & Nursing Education 11.2 Training of 20 (for total state) regular Government doctors in Public Health at Public Health Institute, Gujarat or at Wardha institute or Vellore institute to increase their administrative skills @ Rs.50,000/-					0									0	0		0		0		
A.12		12. BCC/IEC (for NRHM Part A, B & C)					0									0	0		0		0		
	A.12.1	12.1 Strengthening of BCC/IEC Bureaus (State and District Levels)					0									0	0		0		0		

	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**			1	0	1		2		1	1	0	0	12500	12500	12500	0		12500	25000		
	A.12.3	**12.3 Implementation of BCC/IEC strategy**					0									0	0		0		0			
	A.12.3.1	**12.3.1 BCC/IEC activities for MH**			0	0	0		11		6	5			5000	0	0	0	0	5000	55000		
	A.12.3.2	**BCC/IEC activities for CH**			0	0	0		11		6	5			5000	0	0	0	0	5000	55000		
	A.12.3.3	**12.3.3 BCC/IEC activities for FP**			0	0	0		11			11			10000	0	0	0	0	10000	110000		
	A.12.3.4	**12.3.4 BCC/IEC activities for ARSH**			0	0	0		0						0	0	0	0	0		0		

	A.12.4	**12.4 Other activities 13.4 State Level events 13.5 District Level events (Radio, TV, AV, Human Media as per IEC strategy dissemination) 13.6 Printed material (posters, bulletin, success story reports, health calendar,Quarterly magazines & diaries etc) 13.7 Block level BCC interventions (Radio, 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**			74	0	74		105		y	y	y	y	10027	741998	741998	0	741998	10027	310837		
		Sub-total IEC/BCC					0									0	0		0		0			

A. 13		**Procurement**					0									0	0		0		0		
	A.13. 1	**13.1 Procurement of Equipment**					0									0	0		0		0		
	A.13. 1.1	**13.1.1 Procurement of equipment 14.2. Equipments for EmOC services for identified facilities (PHCs, CHCs) @ Rs 1 Lac / facility / year (in two districts - kishanganj and jehanabad) 14.4. Equipments / instruments for Blood Storage Facility / Bank at facilities 14.6. Equipments / instruments, reagents for STI / RTI services @ Rs. 1 Lac per district per year**			0	0	0		0		0	0	0	0	0	0	0	0	0	0	0		
	A.13. 1.2	**13.1.2 Procurement of equipment : CH**					0									0	0		0		0		
	A.13. 1.3	**13.1.3 Procurement of equipment : FP**			0	0	0		197		197	0	0	0	4000	0	0	0	0	4000	788000		

	A.13.1.4	**13.1.4 Procurement of equipment : IMEP**					0									0	0		0		0		
	A.13.2	**13.2 Procurement of Drugs & supplies**					0									0	0		0				General drugs & supply Budgeted in 13.2.5
	A.13.2.1.2	**13.2.1 Drugs & Supplies for MH**					0		42		42	42	42	42		0	0		0		1000000		
	A.13.2.2	**13.2.2 Drugs & Supplies for CH**					0		42		42	42	42	42		0	0		0		1000000		
	A.13.2.3	**13.2.3 Drugs Supplies for FP**					0		12		3	3	12	12		0	0		0		1700000		
	A.13.2.4	**13.2.4 Supplies for IMEP**					0									0	0		0		0		
	A.13.2.5	**General drugs & supplies for health facilities**					0		228		228	228	228	228		0	0		0		20000000		
A.14		**14. Prog. Manag-ement**					0									0	0		0		0		

	A.14.1	**Strengthening of State Society/SPMU** **16.1. Strengthening of State society/State Programme Management Support Unit** **16.1.1. Contractual Staff for SPMU recruited and in position 16.5.1. Last pay drawn – Pension = Approx exp of Rs.20,000/-PM @ 20,000x6x12**					0								0	0		0		0			
	A.14.2	**14.2 Strengthening of District Society/DPMU** **16.2.1. Contractual Staff for DPMSU recruited and in position**			1	1	0		1		1	1	1	1	1961000	1961000	1961000	581000		1961000	2971500		DPM@38962x1x12M=439944/- DAM@32670x1x12M=392640/- DM&EO@27225x1x12M=326700/- DEO@8250x3x12M=297000/- Peon@4000x2x12=96000/- Office Assistant@6000x2x12=144000/- Office Expense = 106268x12= 1275216

	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**			12	12	0		12		3	3	3	3	20000	240000	240000	120000	120000	20000	120000		
	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/-**			12	12	0		12		y	y	y	y	69945	839340	839340	839340	0	102000	1224000		
		Total Prog. Mgt.					0									0			0		0		
A. 15		**Others/Untied Funds**					0									0			0		0		

		Total RCH II Base Flexi Pool					0									0			0		0			
		Total JSY, Sterilisation and IUD Compensation, and NSV Camps					0									0			0		0			
		Grand Total RCH II					0									9201 6226	8412 9753	2716 0877	6485 5349		16712 8051			

Financial Budget – Part - B

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan with budget PART - B

Name of the State/ UT: KAIMUR

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

		Activities			Activity planned (X)	Activity Executed (Y)	Variance (X~Y)	Reasons for Variance	Activity planned including previous yrs gap {Z+(X~Y)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities				Tentative Unit Cost (A)	Budget Planned {X x (A)} = B	Budget received B or C (< or > than planned)	Budget utilised {Y x (A)} = D	under or over-utilised Budget {(B~D} =E	Tentative Unit Cost (F)	Budget Planned (including spill over amount) {(AP x A) ± E} = BP	Budgetary Source (other than NRHM source)	Remarks
											Q 1	Q 2	Q 3	Q 4									
B																							

B.1	Decentrlisation																							
	B.1.1 1	ASHA Support system at State level																						
	B.1.1 2	ASHA Support System at District Level				2	1	1	DCM has not been joined till date.	2		2	2	2	2	236100	766827	766827	49350		236100	472200		
	B.1.1 3	ASHA Support System at Block Level				11	9	2		11		11	11	11	11	144000	1056000	1056000	324000		144000	1584000		
	B.1.1 4	ASHA Trainings				0	0	0		1462		1462				0	0	0		0	400	584800		
	B.1.1 5	ASHA Drug Kit & Replenishment				1247	0	1247		1462		1462				1796	2239612		0		1796	2625752		
	B.1.1 6	ASHA Sadi & Umbrella				1247	1247	0		1462		0	1462			725	1081950	1081950	1081950		1462	2137444		
	B.1.1 7	Emergency Services of ASHA				0	0	0		0		0	0	0	0	0	0	0	0	0	0	0		
	B.1.1 8	ASHA Divash				1247	1247	0		1462		1462	1462	1462	1462	1032	1587842	1587842	750694		1032	1508784		
	B.1.1 9	Capacity Building/Academic Support programme				0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0		

	B.1.2	**Untied Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center**				**137**	**137**	**0**		**227**		**227**	**0**	**0**	**0**		**2384000**	**2384000**	**13700000**			**27200000**		
	B.1.21	**Village Health and Sanitation Committee**				**1349**	**1349**	**0**		**1349**		**1349**	**0**	**0**	**0**	**10000**	**13490000**	**13490000**	**13490000**	**0**	**10000**	**13490000**		
	B.1.22	**Rogi Kalyan Samiti**				**11**	**10**	**1**	**Due to reg. in proses**	**1**		**11**	**0**	**0**	**0**	**0**	**2500000**	**2500000**	**2000000**	**2000000**	**0**	**2500000**		
B.2		**Infrastrure Strengthening**						**0**									**0**	**0**		**0**		**0**		
	B.2.1	**Construction of HSCs (315 No.)**				**0**	**0**	**0**		**15**		**8**	**7**	**0**	**0**	**1557000**	**0**	**0**	**0**	**0**	**1557000**	**23355000**		
	B.2.2B	Construction of residential quarters of old APHCs for staff nurse				**0**	**0**	**0**		**10**		**5**	**5**	**0**	**0**	**3000000**	**0**	**0**	**0**	**0**	**3000000**	**30000000**		
	B.2.2A	**Construction of building of APHCs where land is available (5315000/APHCs)**				**0**	**0**	**0**		**5**		**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7599000**	**37995000**		
	B.2.3	**2.3 Up gradation of CHCs as per IPHS standards**				**0**	**0**	**0**		**2**		**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**9000000**	**18000000**		

	B.2.4	**Infrastructure and service improvement as per IPHS in 48 (DH & SDH) hospitals for accreditation or ISO : 9000 certification**				**0**	**0**	**0**		**1**		**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**500000**	**500000**		
	0	**Upgradation of ANM Training Schools**																						
	B.2.5	**Annual Maintenance Grant**				**11**	**11**	**0**		**11**		**11**	**0**	**0**	**0**	**0**	**1739000**	**1739000**	**1739000**	**0**	**18390000**	**18390000**		
B.3		**TOTAL INFRASTRUCTURE strengthening**						**0**									**0**	**0**		**0**		**0**		
	B.3	**Contractual Manpower**						**0**									**0**	**0**		**0**		**0**		
	B. 21	**Contract Salaries for ANMs**				**167**	**167**	**0**		**287**		**287**	**287**	**287**	**287**	**96000**	**12288000**	**3072000**	**2738000**	**0**	**96000**	**27552000**		
	B. 22	**Insectoral Convergence - Incentive for AWW under muskan**				**167**	**167**	**0**		**287**		**287**	**287**	**287**	**287**		**2658000**	**2658000**	**2658000**			**2658000**		
	B.3.1.	**Mobile facility for all health functionaries**				**12**	**12**	**0**		**12**		**12**	**12**	**12**	**12**	**6000**		**0**	**0**	**0**	**6000**	**72000**		

	B.3.2.	**Block Programme Management Unit**				**11**	**10**	**1**	**One PHC buldin g not Availab le**	**12**		**11**	**11**	**11**	**11**	**4144 5**	**54707 40**	**30218 65**	**25000 00**		**79560 0**	**85308 00**		**BHM@21780x10x1 2=2613600/-** **BA@14520x10x12= 1161600/-** **Office Exp. @30000x11x12 =3960000/-**
	B.3.4.	**Addl. Manpower for NRHM**				**2**	**2**	**0**		**2**		**2**	**2**	**2**	**2**	**6000 00**	**12000 00**	**12000 00**	**0**		**60000 0**	**12000 00**		
B.4		**PPP Initiativs**						**0**									**0**	**0**		**0**		**0**		
	B.4.1	**102-Ambulance service (state-806400) @537600 X 6 Distrrict**				**11**	**11**	**0**		**30**		**30**	**30**	**30**	**30**	**1500 0**	**0**	**0**	**0**	**0**	**18000 0**	**54000 00**		
	B.4.2	**1911- Doctor on Call & Samadhan**						**0**									**0**	**0**		**0**		**0**		
	B.4.3	**Addl. PHC management by NGOs**				**0**	**0**	**0**		**0**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
	B.4.4	**Refferral Transport in district**				**12**	**12**	**0**		**12**		**12**	**12**	**12**	**12**	**1800 00**	**21600 00**	**21600 00**			**18000 0**	**21600 00**		
	B.4.5	**SHRC**						**0**									**0**	**0**		**0**	**0**	**0**		

	B.4.6	Services of Hospital Waste Treatment and Disposal in all Government Health facilities up to PHC in Bihar (IMEP)				0	0	0		12		12	12	12	12		0	0	0	0	500000	6000000		
	B.4.7	Dialysis unit in various Government Hospitals of Bihar						0									0	0		0		0		
	B.4.8	Setting Up of Ultra-Modern Diagnostic Centers in Regional Diagnostic Centers (RDCs) and all Government Medical College Hospitals of Bihar						0									0	0		0		0		
	B.4.9	Providing Telemedicine Services in Government Health Facilities						0									0	0		0		0		
	B.9	Outsourcing of Pathology and Radiology Services from PHCs to DHs				12	6	6		12		12	12	12	12	0	0	0	0	0	600000	7200000		
	B.10	Operationalising MMU				0	0	0		1		1	1	1	1	468000	0	0		0	468000	5616000		

	B.11	Monitoring and Evaluation (State , District & Block Data Centre)				12	12	0		12		12	12	12	12	101250	0	0	0	0	100000	1200000		
	B.4.15	Generic Drug Shop						0									0	0		0		0		
	B.4.16	Nutritional Rehabilitation Centre				0	0	0		1		1	1	1	1		0	0	0	0	257800	3093600		
	B.4.17	Hospital Maintenance						0									0	0		0		0		
	B.4.18	Providing Ward Management Services in Government Hospitals 3000000/-						0									0	0		0		0		
	B.4.19	Provision for HR Consultancy services						0									0	0		0		0		
	B.4.2	Advanced Life Saving Ambulance				0	0	0		12		1	1	1	1	0	0	0	0	0	200000	2400000		
		TOTAL PPP INITIATIVES						0									0	0		0		0		

B.5	B.5	Prourement of supplies						0									0	0		0		0		
	B.5.1	Delivery kits at the HSC/ANM/ASHA (no.200000 x Rs.25/-)				0	0	0		197		197	197	197	197	25	0	0	0	0	25	4925		
	B.5.2	SBA Drug kits with SBA-ANMs/ Nurses etc (no.50000 /38x Rs.245/-)				0	0	0		91		45	45	60	91		0	0	0	0	22785	2073435		
	B.5.3	Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year				0	0	0		1		1	1	1	1	25000	0	0	0	0	25000	25000		
	B.17.1	Procurement of beds for PHCs to DHs				292	292	0		175		175	0	0	0	0	0	0	0	0	8000	1400000		
	B. 18.2	SCNU Equipments & New Born Corner for PHCs				12		12		12			12				0	0		0		2661992		
	B. 19	Decentralize Planning				12	12	0		12		12					555000	555000	555000	0		555000		

	B.6.1	Cost of IFA for Pregnant & Lactating mothers (Details annexed)				0	0	0		30000		1	0	0	0	110	0	0	0	0	110	3300000		
	B.6.2	Cost of IFA for (1-5) years children (Details annexed)				0	0	0		15000		1	0	0	0	50	0	0	0	0	50	750000		
	B.6.3	Cost of IFA for adolescent girls (Details annexed)				0	0	0		20000		1	0	0	0	110	0	0	0	0	110	2200000		
		TOTAL PROCUREMENT OF DRUGS						0									0	0		0		0		
B.7		Mobilisation & Management support for Disaster Management						0									0	0		0		0		
B.14		Strenthening of Cold Chain (infrastrcure strengthening)						0		11		11	11	11	11	200000	0	0		0	200000	2200000		

	B.9.1	Refurbishment of existing Warehouse for R.I. as well as provision for hiring external storage space for (during Immunization Campaigns) Logistics at State HQ @Rs 1500000/-				0	0	0		0		0	0	0	0	0	0	0	0	0	0	0		
	B.9.2	Refurbishment of existing Cold chain room for district stores in all districts with proper electrification,Earthing for electrical cold chain equipment and shelves and dry space for non elecrtical cold chain equipment and logistics @Rs 300000 Lakhs per district x 38 districts				1	0	1		2		1	0	0	0	0	0	0	0	0	300000	600000		
	B.9.3	Earthing and wiring of existing Cold chain rooms in all PHCs @Rs 10000/- per PHC x 533 PHCs				11	11	0		2		2	0	0	0	10000	110000	110000	110000	0	10000	20000		

B.10		Preparation of Action Plan						0									0	0		0		0		
	B.10.1	Preparation of District Health Action Plan (Rs. 2 lakhs per district x 38)				1	1	0		1		0	2	2	2	100000	100000	100000	100000	0	100000	100000		
	B.10.2	Preparation of State Health Action Plan @ 5 lakhs						0									0	0		0		0		
B.11.1		Health Management Information System				0	0	0		12		12	12	12	12	0	0	0	0	0	7500	1080000		
B.15		Mainstreaming Ayush under NRHM				33	33	0		33		33	33	33	33	300000	9900000	12288000	1980000		300000	9900000		
B.12		Continuing Medical & Nursing Education						0									0	0		0		0		
B.13		RCH Procurement of Equipments						0									0	0		0		0		
	B.13.1	Procurement of Equipments/instruments for Anesthesia				0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		
	B.13.2	Equipment for ICU				1	0	1		1		1	0	0	0	0	0	0	0	0	1705263	1705263		

	B.13.3	Equipments/instruments for ANC at Health Facility (Other than SubCentre) @ 50,000 per district per year				0	0	0		1		1	0	0	0	0	0	0	0	0	50000	50000		
	B.13.4	Equipments for the Labour Room				0	0	0		12		12	0	0	0	150000	0	0	204424		150000	1800000		
	B.13.5	Equipments for SNCU &NSU				12	0	12		12			12									3000000		
	B.13.5.A	SNCU for 23districts unit cost of Rs. 2377258				1	1	0		1		1	0	0	0	2377258	2377258	0	0	0	2377258	2377258		
	B.13.5.B	NSU for 530 PHCs unit cost of Rs. 139492				0	0	0		11		11	0	0	0	0	0	0	0	0	139492	1534412		
	B.13.6	NSV Kits				12	0	12		24		12	0	0	0	1100	13200	13200	0	13200	1100	13200		
	B.13.7	IUD insertion kit				10	0	10		10			10	0	0	0	0	0	0	0	15000	150000		
	B.13.8	Minilap sets				0	0	0		0		0	0	0	0	0	0	0	0	0	0	0		
B.14		Additionalitiesfor NVBDCP under NRHM						0									0	0		0		0		
		Total for Equipment Procurement						0									0	0		0		0		

	B.14	**Drugs Procurement**																							
	B.14.1	**Drugs**				**0**	**0**	**0**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
	B.14.2	**Manpower/logistics for drugs procurement @ 10000x 2x12M=240000/-**				**0**	**0**	**0**		**2**		**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**120000**	**240000**		
	B.14.3	**Rent for drug store@10000x12 M=120000/-**				**0**	**0**	**0**		**1**		**1**	**1**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**120000**	**120000**		
		Grand Total NRHM-B														**93859015**	**61481544**	**47587799**			**49839783**	**26633665**		

Financial Budget – PART - C

DISTRICT HEALTH SOCIETY, KAIMUR

PIP (BUDGET) NRHM - PART - C, 2011 - 2012.

																		C.1Mobility Support	C.2Cold chain maintenance	
SL No.	Name of District		ANM	Alternate Vaccinator	Number of immunisation Site	AWC	ASHA	HSC	APHC	Slums	Under served Areas	PHC	WIC/WIF	No of Sessions per month	No. of Session in per R.I.Day as per Microplan	H to R	Alternate vaccinator for Urban	No. of Urban AWCs	Mobility Support for Supervision & Monitoring at District level (Rs. 50000 per year per district		
																				C.2.1WIC/WIF	C.2.2Vaccine Van
17	Kaimur		430	42	26160	1286	1462	197	19	150	94	11	0	2180	273	213	4	48	50000		

1907

Unit Cost	Rs 50000 pDistrict per yr.

Quaterly Allocations

	Q1			0									6240	260	921	0	135	12500		
	Q2			0									6240	260	921	0	135	12500		
	Q3			0									6240	260	921	0	135	12500		
	Q4			0									6240	260	921	0	135	12500		
	Total			0									24960	260	3684	0	540	**50000**		
	Remark																			

C.3Alternative vaccine delivery to Session Sites		C.4Focus on slum & underserved areas in urban areas:		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. Computer Assistants support		C. 7. Printing & Dissemention
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.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	C.4.1-for 3645 slums @ Rs. 200 per month per Mobilizer per session	C.4.2 Alternate vaccinators honorarium for urban @ Rs 1400 per month for 12 months for under served areas		C. 6.1 Computer Assistants support at State Level	C. 6.2 Computer Assistants support for District level @ Rs.10000 per person per month for one computer assistant in each 38 districts	
255600	1448400	360000	67200	0	0	120000	

Rs. 1400 per month
per vaccinator

28200	362100	90000		112800		30000	
28200	322800	90000		112800		30000	
28200	322800	90000		112800		30000	
28200	322800	90000		112800		30000	
112800	**1330500**	**360000**	**0**	**451200**	**0**	**120000**	**0**

C. 8 Review Meetings			C.9 Trainings (separate annexure attached with details)					C.10 Microplanning		C.11 POL for vaccine delivery	C.12 Consumables	C. 13 Injection safety	C. 14	C. 16	
C.8. 1 State Level Review meetings	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	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	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.9.2 MO's training	C.9.3 One day training for Computer Assistant on RIMS/HMIS	C.9.4 One day cold chain handlers training for block level cold chain hadlers for 542 + 38 Sadar Hosp. cold chain handlers	C.9.5 One day training of block level data handlers for 533 person.	C.10.1 To develop microplan at sub-centre level @ Rs 100/- per sub - centre	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.	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.12 Consumables for computer including provision for internet access for RIMs Rs. 400 per month per district for 38districts.	C.13 1- Red & 1-Black plastic bags etc. @.90 paise per session for 12 months	C.14 Catch-up Campaign	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.	Grand Total
	22000	438600	0	96000		12650	11673	43000	13000	80500	4800	23544		15000	3061967

Total no Mo 117 Rs400

per mo for TA Rs200 for contegenci & Rs 200 for fooding. Rs 600 for trainer

9624700

	5500	93525								20125	1200	5616			**761566**
	5500	93525				12650	11673	31400	13000	20125	1200	5616		**15000**	**805989**
	5500	93525								20125	1200	5616			**722266**
	5500	93525								20125	1200	5616			**722266**
0	**22000**	**374100**	**0**	**0**	**0**	**12650**	**11673**	**31400**	**13000**	**80500**	**4800**	**22464**	**0**	**15000**	**3012087**

Financial Budget – Part – D and others

DISTRICT HEALTH SOCIETY, KAIMUR

PIP BUDGET 2011 - 2012, BLINDNESS

Sl. NO.	District	1(b)	2(b)	3(b)	4(b)	8 & 9(b)
		c	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 2	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 3	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 4	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 8 & 9
		ROP/FMR Budget Head: Recurring GIA and Eye Donation	ROP/FMR Budget Head: For vision Centre	ROP/FMR Budget Head: Non-recurring GIA for Eye Bank	ROP/FMR Budget Head: Recurring GIA for Eye Donation	ROP/FMR Budget Head: For Cataract Operation and School Eye Screening Program
15	Kaimur	0	0	0	0	610,947
Total		0	0	0	0	610947
	Unit Cost					

Quaterly Allocations

Remark	**Total**	**Q4**	**Q3**	**Q2**	**Q1**
Prev. due Rs. 20 Lacs (i.e. Committed Expenditure) Budget should exceed from Rs. 10 Lacs	**610947**			610947	

	0	0	ROP/FMR Budget Head: Setting up of RIOs	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 11
	0	0	ROP/FMR Budget Head: GIA for strenthening of Medical colleges	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 12
	0	0	ROP/FMR Budget Head: Strenthening of District Hospitals	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 13
	500000	500000	ROP/FMR Budget Head: Recurring GIA to District Health Societies	ROP/FMR Budget Code No.(as per ROP 2010-11) : Part D No. 14
	0		ROP/FMR Budget Head: Non-Recurring grant to NGOs for strenthening and expansion of eye care unit	ROP/FMR Budget Code No.(as per ROP2011-12) : Part D no. 5
	0		ROP/FMR Budget Head: Training of Opthalmic & Support man power	ROP/FMR Budget Code No.(as per ROP2011-12) : Part D no. 6
	0		ROP/FMR Budget Head: IEC Annexture	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 7
	0		ROP/FMR Budget Head: Support towards salaries of Opthalmic manpower to states	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 10
	1110947	1110947	Total Allocation to Districts	

								0
			500000					1110947
								0
								0
			500000					1110947

Unit Cost

DISTRICT HEALTH SOCIETY, KAIMUR , Name of Programme - Mass drug Administration Budget for 2011-12

16	1	S. No
Kaimur	2	State & Name of Dist
10	3	No. of PHC/Dist. H.Q
1	4	Dist. H.Q
11	5	Total PHC. Dist. H.Q.
199007	6	No. of house in Dist.
4000	7	No. of drug distributor in Dist.
400	8	No of Supervisor
4499	9	1.2.1Training of MOs at State and District Level
4499	10	1.2.2 IEC activity @ Rs. 409.00 PHC & one Dist. H.Q+State H.Q. 20,00000.00
10,000	11	1.2.3 Meeting of Coordination Commiittee @ Rs. 10,000 per meeting & Dist Level @ Rs. 5000 per meeting
5526	12	1.2.4 Office Expenditure for state & Dist H.Q. @ Rs. 1000.00 & PHC @ 452.52
2621	13	1.2.5 POL at State & District level
3591	14	1.2.6 Training for Paramedical staff & PHC Level Rs. 326.45 per PHC & Dist. H.Q
3591	15	1.2.7 Line listing @ 326.45 PHC + Dist H.Q.
3591	16	1.2.8 Night blood survey @ 326.45 PHC & Dist. H.Q.
172000	17	1.2.9 Training of drug Distrubutor in Dist. @Rs. 45.00 each
368000	18	1.2.10.0Hononarium of Drug Distributor in District@ 92.00 each
24000	19	1.2.11 Training of Supervisor @Rs. 60.00 each
45200	20	1.2.12 Hononarium of Supervisor in District @ Rs. 113.00 each
133713	21	1.2.13 Miscellaneous
647118	22	Total

Quaterly Allocations

Remark	Total	Q4	Q3	Q2	Q1
	4499				4499
	10000				10000
	5526				5526
	2621				2621
	3591				3591
	3591				3591
	3591				3591
	172000				172000
	368000				368000
	24000				24000
	45200				45200
	133713				133713
	776332				776332

Total	15	Sl. No.			
	Kaimur		District		
1604258	1604258		Populatiom March 2010 (Est.)		
11	11		Number of Block PHC		
1247	1247		Number of ASHAs		
0		1.1	Driver's Remuneration @ Rs. 4500/- per month (one driver / District)		Under SHS(Leprosy) NLEP contractual services (staff)
0		1.2	DEO at State Leprosy Cell @ Rs.8000/-		
0		1.3	Administrative Assisstant in Leprosy Cell @ Rs. 7000/-		
0		1.4	SMO (Surveillance Medical Officer) @ Rs. 20000/- per month		
55	55	2.1	MB	Services through ASHA (performance based Incentive to ASHA @ Rs. 500/- for MB & Rs.300/- for PB)	Services through ASHA (performance based Incentive to ASHA)
77	77		PB		
50600	50600		Amount		
5	5	2.2	No. of Batch	Sensitisation of ASHA (half day @ Rs. 2800/- per Batch of 40 Participant) at district level	
14000	14000		Amount		
18000	18000	3.1	DLS(leprosy) for rent,telephone,electricity, P & T charges, miscellaneous(includes Rs.500/- per month honarrium for Account work)@ Rs.18000/- per district/ year		Office Expenses & Consumbale
14000	14000	3.2	Consumable Expenses (Stationery & etc.) @ Rs. 14000/- per year		

Q4	Q3	Q2	Q1	Quaterly Allocations	Unit Cost
12650	12650	12650	12650		
	5600	8400			
4500	4500	4500	4500		
3500	3500	3500	3500		

Remark	Total
	50600
	0
	14000
	18000
	14000

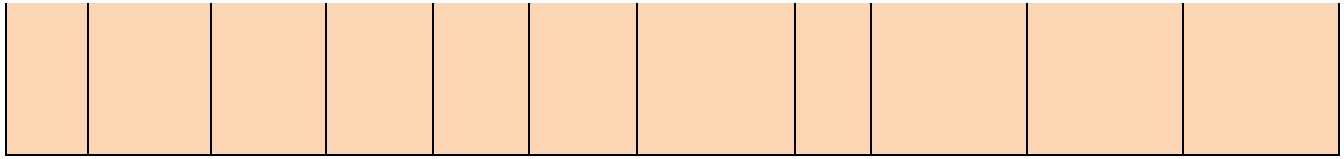
15		Sl. No.		
Kaimur		District		
1	4.1	No. of Batch	2 days modular training of new entant Mos @ Rs. 24,750/- per Batch for 38 batches	Capacity building
24750		Amount		
1	4.2	No. of Batch	1 day Orientation training of MOs @ Rs. 11,300/- per Batch of 30 MOs for 90 batches	
11300		Amount		
1	4.3	No. of Batch	Refreshal training for one day for Health Supervisors/LHV/Pharmacists @ Rs. 6320/- per batch of 30 for 70 batches	
6320		Amount		
27500	5.1	School Quiz @ Rs. 500/- per quiz (5 quiz per block for 533 PHCs / Blocks)		Behavioral Changes and Communication
4000	5.2	Health Melas @ Rs. 4000/- per mela (one health mela per district)		
43615	5.3	Sensitization meetings with PRI members @ Rs. 3965/- per meeting at PHC / block level		
10000	5.4	Leprosy Day Function		
75000	6	Vehicle Operation / hiring, POL & Maintenance @ Rs. 75000/- per vehicle / district		POL / Vehicle Operation & hiring
	7.1	MCR & other footwears-4536 pairs @ Rs.250/- per pair		DPMR
7000	7.2	Aids & appliances-Rs.7000/- per district		
	7.3	Welfare allowance for RCS patients @ 5000/- per patient for 100 patients		
	7.4	Incentive to institution for RCS Rs.5000/- per RCS for 100 RCS		

				Total
				1
	24750			24750
				1
	11300			11300
				1
	6320			6320
	27500			27500
4000				4000
				43615
	10000			10000
18750	18750	18750		75000
				0
7000				7000
				0
				0

	0	
	0	
	0	
	24750	
	0	
	11300	
	0	
	6320	
	27500	
	4000	
	0	
	10000	
	75000	18750
	0	
	7000	
	0	
	0	

Total	15		Sl. No.	
	Kaimur		District	
25000	25000	8.1	Supportive medicines @ Rs. 25000/- per year	Drugs, Materials & Supplies
11840	11840	8.2	Laboratory reagents & equipments @ Rs. 11840/- per year	
0		8.3	Printing of forms/DPMR registers etc	
0	0	9	Urban Leprosy Control Programme	
12000	12000	10	Review meetings and Travel Expenses	Supervision, Monitoring & Review
0		11	Cash Assistance	
354925	354925		G. Total	
177463	177463		1st Half Yearly Instalment	
177463	177462		2nd Half Yearly Instalment	

0					
0					
25000	6250	6250	6250	6250	
11840		11840			
0					
	3000	3000	3000	3000	



1	Sl. No.	Revised Malaria Control Programme , NAMMIS, State & District Level - 2011-2012 Annex.II
2	Name of Districts	
3	CD/DVD Writer @ Rs. 1500/-	
4	2GB RAM @ Rs. 2000/-	
5	160 GB Hard Disk @ Rs. 2500/-	
6	AMC with Parts @ RS. 5000/-	
7	Broad Band Instalation Charge @ Rs. 4500/-	
8	Broad Band Monthly Charge@ Rs. 800/-per Month	
9	System Maintenance & Stationary	
10	Laptop	
11	State level Operating Expense	
12	Training	
13	Total Annex.II	
14	Total Annex. I	
15	Grand Total Malaria (From Annex.I & II)	

Unit Cost	Total	4
		Kaimur
	1,500	1500
	2,000	2000
	2,500	2500
	5,000	5000
	4500	4500
	9600	9600
	11000	11000
	0	0
	0	0
	200000	Provision of NAMMIS Training at State Level@Rs.50000/-Per Batch For 20 particepent ; each batch consisit of two days.Total provision of four batch =Rs.2,00,000. Forseven malarial Districts as Aurangabad,Gaya,Jamui,Kaimur,Munger,Nawada & Rohtas
	236,100	36100
	35,900,000	43000
	36,136,100	79100

Remark	Total	Q4	Q3	Q2	Q1
	1500			1500	
	2000			2000	
	2500			2500	
	5000			5000	
	4500			4500	
	9600			9600	
	11000			11000	
	0			0	
	0			0	
	50000			50000	
	236100			236100	
	35900000			35900000	
	36136100			36136100	

Quaterly Allocations

Statement of Fund Allocation Under R.N.T.C.P(T.B.) 2011-12

Sl. No.	1												
District	Kaimur												
Civil Work	160,000												
Lab. Cons.	125,000												
Contractual Services	1,600,000												
V. Maint	75,000												
Equip. Maint	20,000												
IEC	75,000												
Training	25,000												
V. Hiring	200,000												
Medical Colleges	-												
Proc. Of Vehicles	100,000												
Unit Cost													
Quaterly Allocations													

Remark	Total	Q4	Q3	Q2	Q1
	160000	**40000**	**40000**	**40000**	**40000**
	125000	31250	31250	31250	31250
	1600000	400000	400000	400000	400000
	75000	18750	18750	18750	18750
	20000	5000	5000	5000	5000
	75000	18750	18750	18750	18750
	25000	6250	6250	6250	6250
	200000	50000	50000	50000	50000
	0				
	100000	25000	25000	25000	25000

		-	**Proc. Of Equip.**
10000		40,000	**Printing**
10000		40,000	**Honorarium**
120000		480,000	**NGO/PP**
18750		75,000	**Misc.**
753,750		3,015,000	**Total**

	0			
	40000	10000	10000	10000
	40000	10000	10000	10000
	480000	120000	120000	120000
	75000	18750	18750	18750
	3015000	753,750	753,750	753,750