District Health Society
Siwan
District Health Action Plan
2011-2012

Developed & Designed

By

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Siwan	Cum	Cum
	Member Secretary, DHS, Siwan	Chairman, DHS, Siwan

Foreword

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

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

I am grateful to the Department of Health, Government of Bihar for providing the leadership in the preparation of this plan and also in the implementation of other health programmes. The medical personnel and staff of DH/PHCs/APHCs/HSCs gave vital inputs which were incorporated into this document.

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

(Lokesh Kumar Singh)
(IAS)
District Magistrate-Cum-
Chairperson, DHS, Siwan

About the Profile

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

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

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

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

Dr. Chandrashekhar Kumar
Civil Surgeon Cum
Member Secretary, DHS, Siwan

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Chapter-1

Introduction

1.1 Background

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

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

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

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

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

Stakeholders in Process

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

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

1.2 Objectives of the Process

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

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

1.3 Process of Plan Development

1.3.1 Preliminary Phase

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

1.3.2 Main Phase – Horizontal Integration of Vertical Programmes

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

1. How adequate are the existing human and material resources at various levels of care (namely from sub – center level to district hospital level) in the state; and how optimally have they been deployed?

2. What factors contribute to or hinder the performance of the personnel in position at various levels of care?

3. What structural features of the health care system as it has evolved affect its utilization and the effectiveness?

With this in view the study proceeds to make recommendation towards workforce management with emphasis on organizational, motivational and capacity building aspects. It recommends on how existing resources of manpower and materials can be optimally utilized and critical gaps identified and addressed. It also commends at how the facilities at different levels can be structured and organized.

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

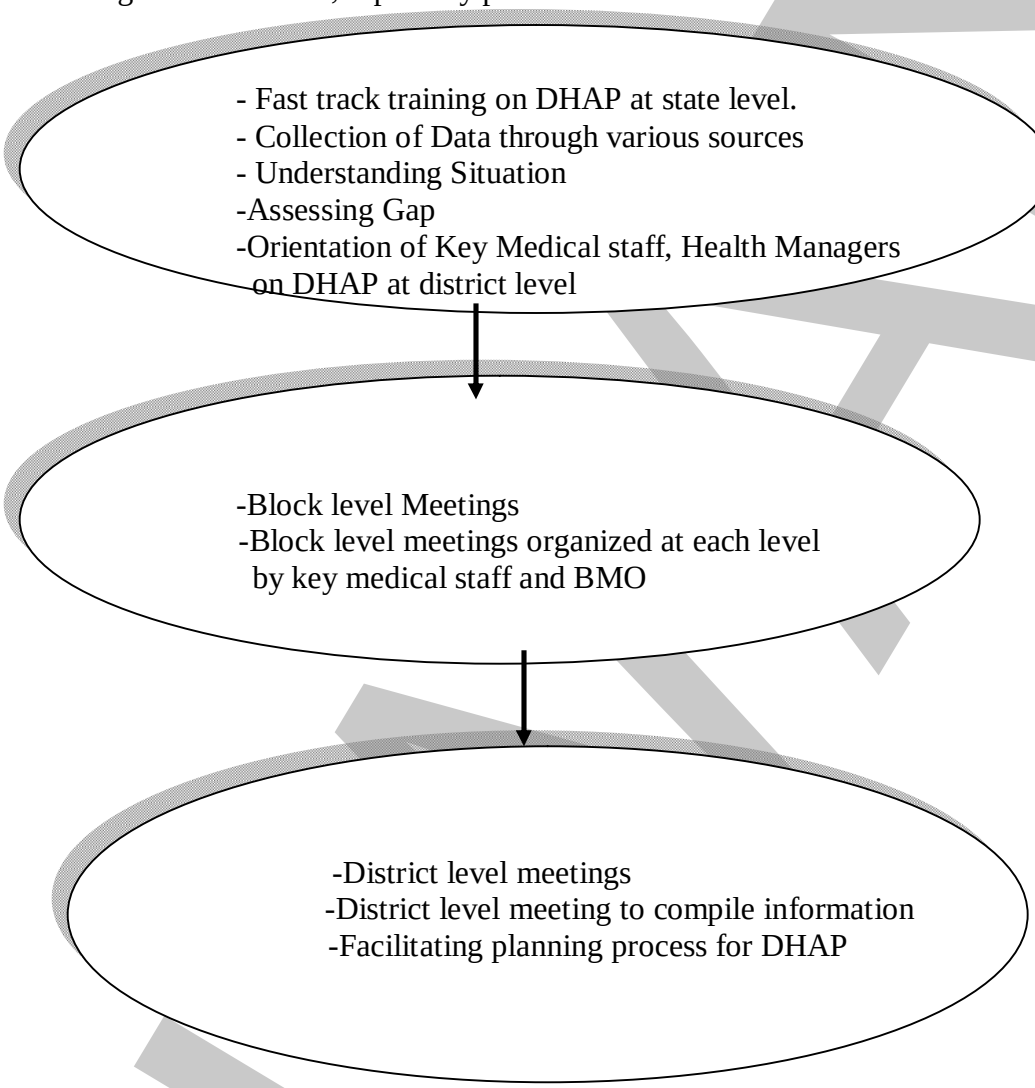
Government of India has launched National Rural Health Mission, which aims to integrate all the rural health services and to develop a sector based approach with effective intersect oral as well as intra sect oral coordination. To translate this into reality, concrete planning in terms of improving the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

This Integrated Health Plan document of Vaishali district has been prepared on the said context

1.3 Preparation of DHAP

The Plan has been prepared as a joint effort under the chairmanship of District Magistrate of the district, Civil Surgeon, ACMO (Nodal officer for DHAP formulation), all program officers and NHSRC/PHRN as well as the MOICs, Block Health Managers, ANMs, AWWs and community representatives as a result of a participatory processes as detailed below. After completion the DHAP, a meeting is organized by Civil Surgeon with all MOIC of the block and all programme officer. Then discussed and displayed prepared DHAP. If any comment has 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 of this plan.

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



District Health Action Plan Planning Process

Chapter 2

District Profile

History

Siwan, situated in the western part of the State, was originally a sub-division of Saran District, which in ancient days formed a part of **Kosala Kingdom**. The present district limits came into existence only in 1972, which is **geographically situated at 25º35 North and 84º1 to 84º47 east**. The total area of the Siwan district is about **2219.00 Sq. Km**. with a population of **21,56,428** as per the **1991 census**. The district is bounded on the east by the Saran district, on the north by Gopalganj district and on the west and south by two districts of U.P. viz. Deoria and Balia respectively.

Siwan derived its name from **"Shiva Man"**, a Bandh Raja whose heirs ruled this area till Babar's arrival. **Maharajganj**, which is another subdivision of Siwan district, may have found its name from the seat of the Maharaja there. A recently excavated marvelous statue of Lord Vishnu at Village Bherbania from underneath a tree indicates that there were large numbers of followers of Lord Vishnu in the area. As the legend goes, **Dronacharya of Mahabharat** belonged to village **'DON'** in **Darauli Block**. Some believe Siwan to be the place where Lord Buddha died. **Siwan is also known as Aliganj Sawan after the name of Ali Bux**, one of the ancestors of the feudal lords of the area. Siwan was a part of Banaras Kingdom during 8th century. Muslims came here in the 13th century. Sikandar Lodi brought this area in his kingdom in 15th century. Babar crossed Ghaghra river near Siswan in his return journey. In the end of the 17th century, the Dutch came first followed by the English. After the battle of Buxar in 1765 it became a part of Bengal. **Siwan played an important role in 1857 independence movement**. It is famous for the stalwart and sturdy 'Bhoj-puries', who have always been noted for their martial spirit and physical endurance and from whom the army and police personnel were largely drawn. A good number of them rebelled and rendered their services to Babu Kunwar Singh. **The anti pardah movement** in Bihar was started by **Sri Braj Kishore Prasad** who also belonged to Siwan in response to the **Non Co-Operative movement** in 1920. A big meeting was organised at Darauli in Siwan District on the eve of the Kartik Purnima Mela under the leadership of Dr. Rajendra Prasad who had thrown away his lucrative practice as an advocate in the Patna High Court at the call of Gandhiji. In the wake of this movement Maulana Mazharul Haque, who came to stay with his maternal uncle Dr. Saiyyad Mahmood in Siwan, had constructed an ashram on the Patna-Danapur road which subsequently became **Sadaquat Ashram**

The next phase of the Non co-operation movement known as the **Civil Disobedience movement** of 1930, was fully implemented in Siwan. In connection with the Satyagrah Movement Pt. Jawaharlal Nehru made a whirlwind tour of the different parts of Bihar. One of the famous meetings he addressed was at Maharajganj. A few persons of present Siwan District who played an important role in the attainment of independence were **Dr. Rajendra Prasad**, **Maulana Mazharul Haque**, **Shri Mahendra Prasad** the elder brother of Dr. Rajendra Prasad, **Dr. Sayyad Mohammad**, **Shri Braj Kishore Prasad** and **Shri Phulena Prasad**. **Uma Kant Singh** (Raman jee) of Narendrapur achieved martyrdom during the **Quit India Movement**. Jwala Prasad and Narmedshwar Prasad of Siwan helped Jai Prakash Narayan after his escape from Hazaribagh Central Jail. One of the most renowned literaturer of this country **Pandit Rahul Sankritayayana** started peasant Movement here between 1937 to 1938. During his visit to Champaran Mahatma

Gandhi and Madan Mohan Malviya visited Siwan and Gandhiji even spent a night at Zeradei in the house of Dr. Rajendra Prasad. The chowki on which he slept then is still kept intact there.

CHANGES IN THE JURISDICTION OF THE DISTRICT

The major changes in the jurisdiction of the district were creation of Siwan as district and the changes resulting there from, and the implementation of **Trivedi Award on the 10th June, 1970** resulting in substantial alteration of jurisdiction. Siwan was being declared as a district in 1972 in which it was proposed to include 10 blocks of Gopalganj and 13 blocks of Siwan subdivisions. Two blocks **Bhagwanpur** and **Basantpur** of Siwan were declared to be added to the jurisdiction of proposed Marhaura subdivision. But after one year later in 1973 Gopalganj was made a separate district with it's 10 blocks included in Siwan earlier and thus Siwan constituted its original 15 blocks including Bhagwanpur and Basantpur blocks. Trivedi Award was implemented on 10th June 1970. Thereby fourteen villages of Siwan having an area of 13092 acres were transferred to U.P. and twelve villages of U.P. with an area of 6679 acres were transferred to Siwan. The basis of this transfer was the position of **Ghaghara river** in 1885. After 1885 the course of the river changed from time to time resulting in intermixing the areas of U.P. with those of Siwan. Hence the position of 1885 was taken to be the base and those transfer were made accordingly. Before the Trivedi Award the boundary of Siwan with U.P. was flexible changing with the course of the river. After the Award this boundary was fixed by installing pillars on the conspicuous points, the maintenance of which is done by Govt. of Utter Pradesh and the administration of Siwan as per the provisions of the Awards. Thus after this Awards, the so far flexible boundary of Siwan vis-a-vis U.P. on both banks of Ghaghara river was given a stability. Presently four more blocks have been created namely **Lakri Nabiganj**, **Nautan, Jiradei** and **Hasanpura** block. Out of these newly created blocks Lakri Nabiganj is functional and rests of the three are not functional. Thus there are **sixteen functional blocks** in the district Namely - Siwan, Mairwa, Darauli, Guthani, Hussainganj, Andar, Raghunathpur, Siswan, Barharia, Pachrukhi under Siwan subdivision and Maharajganj, Duraondha, Goreakothi, Basantpur, Bhagwanpur and Lakri Nabiganj under Maharajganj subdivision.

Geographical Features

The District **Siwan** is spanned over the western part of **North Bihar** alluvial plain's segment of **broader Indo-Gangetic Plain**. The geographical location of the district is confined between **250 53' to 260 23' North latitudes** and **840 1' to 840 47' East longitude**. **The Deoria district** (U.P.) bound it from **west**, the **Gopalganj district** from **north**, the **Saran district** from **east** and by the **river Ghaghara** (Gogra or Sarayu) from **south**, beyond which lies the district of Ballia (U.P.). The district is constituted of 15 (1991) Anchals (blocks) covering an **area of 2219 sq. km**. (856 miles) with a population of **2170971** according to 1991 census. This administrative unit embraces only 1.27 percent of area and 2.54 percent of total population of Bihar. It comprises of 1437 inhabited and 101 uninhabited villages. As regards the sex ratio in the district, 1069 female population comes to per 1000 male population.

Structurally the district forms a part of the alluvium of the broader Indo-Gangetic Plain. The geological formation of the tract is of recent (Holocene) period. The contribution of the Himalayan Rivers to the formation of the tract is significant. It is estimated that the district covers the deposits of **alluvium** more than 5000 feet depth. geo-morphologically it forms the part of the **Gandak** cone which is the outcome of the discharge and silt-charge of the Himalayan rivers to the plain during the phase of deposition. The whole district bears a featureless terrain having

general slope from northwest to southeast. The slope is almost imperceptible averaging only 8 inches a mile. **The datum line of Siwan**, the district headquarters, is **64 metres** (210 feet) from the sea level.

The district is drained by few small rivers like Jharahi, Daha, Gandaki, Dhamati (Dhamahi), Siahi, Nikari and Sona. The southern boundary of the district is formed by **river Ghaghara**, the main stream of the area. Among these, Ghaghara is the only perennial river because of its Himalayan source and rest rivers bear different origins. The rivers of the district get inundated almost every year. The area is characterised by certain typical features like **'Chaurs',** some of which give birth to short length streams locally known as **'Nadi' or 'Sota'**. The rivers Jharahi and Daha are the tributaries of river Ghaghara, while Gandak and Dhamati are of river Gandak. The Siahi and Nikari streams drain to Jharahi, While Sona drains to river Daha. These streams play important role in carrying out excess water during rainy season. Siwan, the district headquarters, is located on the eastern bank of river Daha.

The southern part of the district along river Ghaghara is marked by '**Draras'**, which are typical formation of the sand heaping with

thin layer of clay and silt over them. **Alluvium** and **dilution Rae** the important works of river Ghaghara in this part, where by boundary problems are created leading to transfer of land to and from the district.

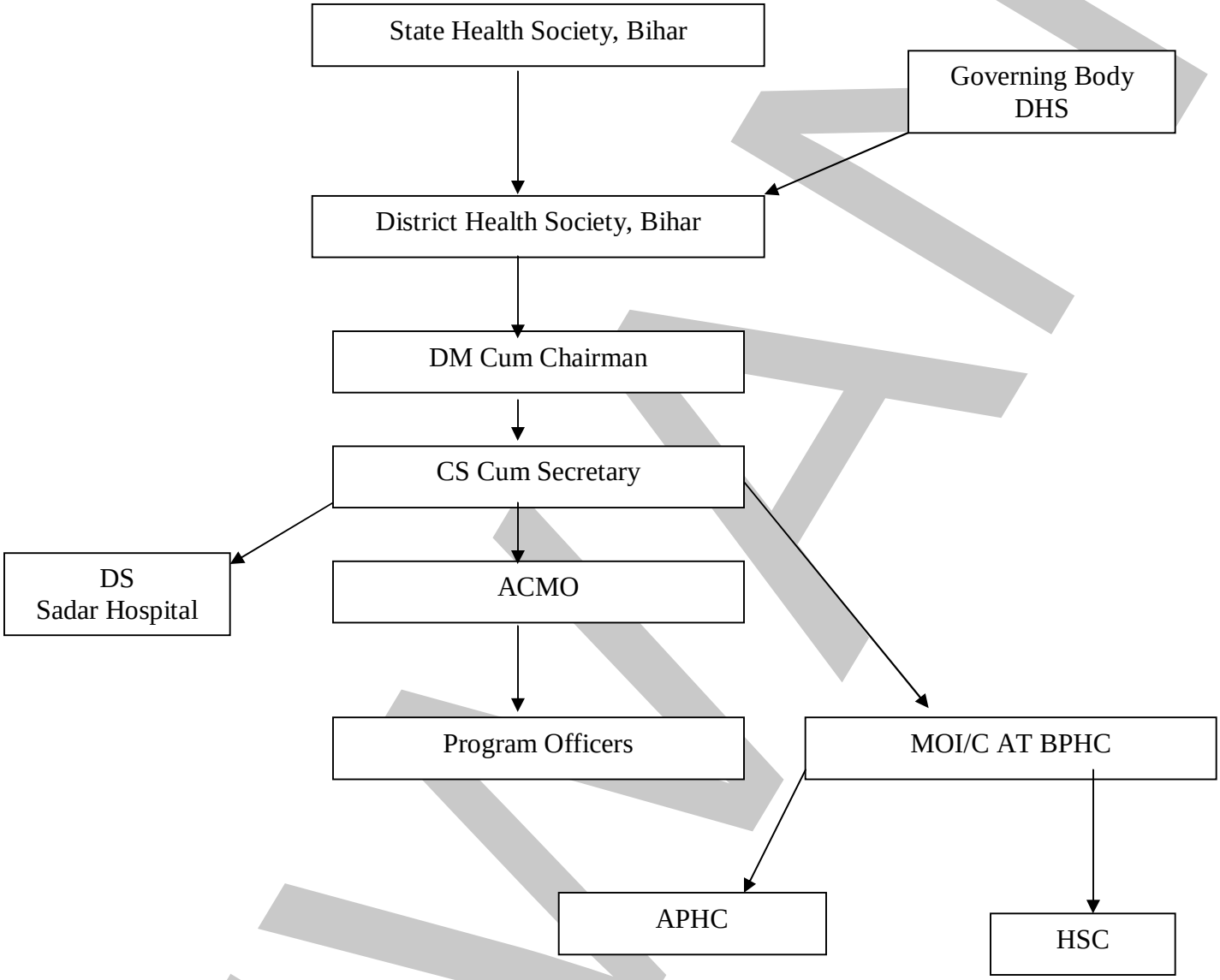
The district of Siwan falls in the area, which occupies an intermediary position between the **Bhanger plain** of Uttar Pradesh and **Khader plain** of West Bengal. 'Bhanger' (or Banger) is the older alluvium containing heavier soil with greater clay proportion, while Khader is the newer alluvial deposit by river floods, Both types of soils are found in the district, but Khader is limited to the vicinity of the rivers where it is periodically renewed by fresh deposits, especially in **"DIARA"** areas. **Khader** is locally termed as 'Domat' and 'Bhanger' as **'Balsundari'**. The Bhanger contains nodular segregations of carbonate of lime known as '**Kankar'**. The soil is in many places sulfurous and extraction of saltpeter has long been an important industry. The saltpeter industry has disappeared with the march of time and changing phase of development.

The district gets its place in the transitional zone of drier climatic condition of Uttar Pradesh and moist climatic condition of West Bengal, but nearness to U.P. gives way to experience comparatively drier climatic condition. The area observes hot westerly winds which start in March and last till May, but in April and May light, damp easterly winds blow intermittently and afternoon storms accompanied with rain take the place of the rainless dust storms of U.P. The summer season experiences 'Loo' during May and June having temperature above **100^0F (38^0C)**, Since the district is in transitional zone the Monsoon rain starts late here, but earlier than U.P., and persists till September. This period provides maximum rain to the area. July and August are the oppressive months due to heat intermixed with high humidity. The winter season is normally pleasant with low temperature. During this period western depressions sometimes give small quantity of rain, which intensifies the existing coldness into chill. The **average annual rainfall** for 51 years at Siwan is **120 centimeters (47 inches)**.

Siwan District Communication Map

www.Siwan.bih.nic.in

District Health Administrative Setup



SIWAN – AT A GLANCE

AREA (Sq. Kms)	:-	2219
POPULATION(CENSUS 2001)		
TOTAL	:-	2714349
MALES	:-	1336283
FEMALES	:-	1378066
RURAL POPULATION		
TOTAL	:-	2564860
MALES	:-	1257556
FEMALES	:-	1307304
URBAN POPULATION		
TOTAL	:-	149489
MALES	:-	78727
FEMALES	:-	70762
POPULATION OF SCHEDULED CASTES	:-	309013
POPULATION OF SCHEDULED TRIBES	:-	13822
DENSITY OF POPULATION	:-	1223
SEX RATIO	:-	1033

COMPARATIVE POPULATION DATA (2001 Census)

Basic Data	**India**	**Bihar**	**Siwan**
Population	1027015	828787	2718421
Density	324	880	1223
Socio- Economic			
Sex- Ratio	933	921	1033
Literacy % Total	65.38	47.53	52.08
Male	75.85	60.32	67.67
Female	54.16	33.57	37.26

LITERACY RATE		
TOTAL	:-	52.08%
MALES	:-	67.67%
FEMALES	:-	37.26%
VILLAGES		
TOTAL	:-	1524
INHABITED	:-	1361
UNINHABITED	:-	164
PANCHAYATS		293
SUB-DIVISION	:-	02
BLOCKS	:-	19
REVENUE CIRCLES	:-	19
TOWNS	:-	03
NAGAR PARISHAD(Siwan)	:-	01
NAGAR PANCHAYAT(MAHARAJGANJ, MAIRWA	:-	02
M.P CONSTITUENCY	:-	2 (1 Part)
M.L.A. CONSTITUENCY	:-	8
HEALTH		
DISTRICT HOSPITAL	:-	01
REFERRAL HOSPITAL	:-	03
PRIMARY HEALTH CENTRE	:-	19
ADDITIONAL PRIMARY HEALTH CENTRE	:-	47
HEALTH SUB CENTRE	:-	387
BLOOD BANK	:-	01
AIDS CONTROL SOCIETY	:-	01

2.1 SOCIO-ECONOMIC PROFILE

Social

- Siwan district has a strong hold of tradition with a high value placed on joint family, kinship, caste and community.
- The villages of Siwan have old social hierarchies and caste equations still shape the local development. The society is feudal and caste ridden.
- 11.38% of the population belongs to SC and 0.51% to ST. Some of the most backward communities are *Mushahar, Turha,chamar* and *Dome.*

Economic

- The main occupation of the people in Siwan is Agriculture, business and daily wage labour.
- Siwan is the first district in Bihar where 1700 crores rupees are in bank and the main source of income is gulf country where lots of people work.
- Almost 20% of the youth population migrates in search of jobs to the metropolitan cities like Kolkata, Punjab, Mumbai, Surat, Delhi etc.
- The main crops are Wheat, Paddy, Pulses, Oilseeds, Mango.
- Tobacco and sugar cane are the main cash crop of the community of the district.

2.2Administration and Demography

Table-1

No.	Variable	Data
1.	Total area	2219 Sqr Km
2.	Total no. of blocks	19
3.	Total no. of Gram Panchayats	293
4.	No. of villages	1524
5.	No of PHCs	19
6.	No of APHCs	56
7.	No of HSCs	387
8.	No of Sub divisional hospitals	1
9.	No of referral hospitals	3
10.	No of Doctors	79
11.	No of ANMs	333
12.	No of Grade A Nurse	17
13.	No of Paramedicals	
14.	Total population	3239283

15.	Male population	1588840
16.	Female population	1650443
17.	Sex Ratio	1000/1033
18.	No of Eligible couples	550770
19.	Children (0-6 years)	540168
20.	Children (0-1years)	90028
21.	SC population	367416
22.	ST population	16434
23.	BPL Families	313461
24.	No. of primary schools	1438
25.	No. of Anganwadi centers	2618
26.	No. of Anganwadi workers	2618
27.	No of ASHA	2687
28.	No. of electrified villages	1228
29.	No. of villages having access to safe drinking water	1438
30.	No of villages having motorable roads	1333

Source: Census 2001

2.3 HEALTH PROFILE

Infrastructure

2.3.1: Health Facilities in the District

Data below indicating the present status of HSC, APHC, PHC, CHC, Sub-divisional hospital & District Hospital.

Health Sub-centres

S.No	Block Name	Population 2010 with growth @ 2.7%	Sub-centres required Pop 5000(IPH)	Sub-centers Present	Sub-centers sanctioned	Further sub-centers require	Status of building		Availability of Land (Y/N)
							Own	Rented	
1	Ander	114965	19	11	0	8	5	6	
2	Barhariya	324012	61	37	0	24	3	34	
3	Basantpur	100214	20	11	0	9	2	9	
4.	Bhagwanpur	219554	44	19	0	25	3	16	
5.	Darauli	187753	32	20	0	12	1	19	
6.	Daraunda	179457	35	18	0	17	8	10	
7.	Goriakothi	221700	44	34	0	10	12	22	
8.	Guthani	130979	26	18	2	6	5	13	
9.	Hassanpura	201882	40	16	0	24	2	14	
10.	Hussaingunj	175891	35	19	0	16	2	17	
11.	Lakri Navigunj	129709	25	15	3	7	5	10	
12.	Maharajgunj	192166	38	28	1	9	12	16	
13.	Mairwa	114168	23	11	0	12	1	10	
14.	Nautan	89643	16	13	0	3	0	13	
15.	Pachrukhi	208784	42	30	0	12	3	27	
16.	Raghunathpur	163147	32	18	0	14	6	12	
17.	Siswan	159460	31	19	0	12	5	14	
18.	Siwan Sadar	205755	40	20	7	13	9	11	
18	Siwan Urban	171432	NA	NA	NA	NA	NA	NA	
19.	Ziradei	174100	34	17	0	17	5	12	
	Total	**3464771**	**637**	**374**	**13**	**250**	**89**	**285**	

Additional Primary Health Centers (APHCs)

S. No	Block Name	Population 2008 with growth @ 2.7%	APHCs required (After including PHCs) (IPH)	APHCs present	APHCs Sanctioned	APHCs require	Status of building		Availability of Land
							Own	Rented	
1	Ander	114965	4	2	0	2	0	2	
2	Barhariya	324012	11	2	1	8	0	2	
3	Basantpur	100214	3	1	0	2	0	1	
4.	Bhagwanpur	219554	7	2	1	4	0	2	
5.	Darauli	187753	6	3	0	3	1	2	
6.	Daraunda	179457	6	1	1	4	0	1	
7.	Goriakothi	221700	7	4	0	3	4	0	
8.	Guthani	130979	4	2	1	1	1	1	
9.	Hassanpura	201882	6	1	1	4	1	0	
10.	Hussaingunj	175891	6	4	0	2	1	3	
11.	Lakri Navigunj	129709	4	2	2	0	1	1	
12.	Maharajgunj	192166	6	3	0	3	0	3	
13.	Mairwa	114168	4	2	0	2	0	2	
14.	Nautan	89643	3	3	0	0	1	2	
15.	Pachrukhi	208784	7	3	0	4	1	2	
16.	Raghunathpur	163147	5	2	0	3	1	1	
17.	Siswan	159460	5	2	0	3	1	1	
18.	Siwan Sadar	205755	7	4	4	0	1	3	
18.	Siwan Urban	171432	NA	NA	NA	NA	NA	NA	
19.	Ziradei	174100	6	4	0	2	0	4	
	Total	**3464771**	**107**	**47**	**09**	**51**	**14**	**33**	

Primary Health Centers

No	Block Name/sub division	Population	BPHCs Present	PHCs required @ Pop 80000 - 120000 (IPH)	PHCs proposed
1	Ander	114965	1	0	0
2	Barhariya	324012	1	3	2
3	Basantpur	100214	1	1	0
4.	Bhagwanpur	219554	1	2	1
5.	Darauli	187753	1	2	1
6.	Daraunda	179457	1	2	1
7.	Goriakothi	221700	1	2	1
8.	Guthani	130979	1	1	0
9.	Hassanpura	201882	1	2	2
10.	Hussaingunj	175891	1	2	2
11.	Lakri Navigunj	129709	1	1	1
12.	Maharajgunj	192166	1	2	1
13.	Mairwa	114168	1	1	1
14.	Nautan	89643	1	1	1
15	Pachrukhi	208784	1	2	1
16.	Raghunathpur	163147	1	2	1
17	Siswan	159460	1	2	0
18	Siwan Sadar	205755	1	2	0
18	Siwan Urban	171432	NA	NA	NA
19.	Ziradei	174100	1	2	0
	Total	**3464771**	**19**	**33**	**14**

CHC Required

No	Block Name/sub division	Population	CHCs Present	CHCs required @ Pop 1200000 and above(IPH)	CHCs proposed
1	Ander	114965	0	0	0
2	Barhariya	324012	0	2	2
3	Basantpur	100214	0	0	0
4.	Bhagwanpur	219554	0	1	1
5.	Darauli	187753	0	1	1
6.	Daraunda	179457	0	1	1
7.	Goriakothi	221700	0	2	2
8.	Guthani	130979	0	1	1
9.	Hassanpura	201882	0	1	1
10.	Hussaingunj	175891	0	1	1
11.	Lakri Navigunj	129709	0	1	1
12.	Maharajgunj	192166	0	1	1
13.	Mairwa	114168	0	1	1
14.	Nautan	89643	0	0	0
15.	Pachrukhi	208784	0	1	1
16.	Raghunathpur	163147	1	1	0
17.	Siswan	159460	1	1	0
18.	Siwan Sadar	205755	0	2	2
18.	Siwan Urban	171432	NA	NA	NA
19.	Ziradei	174100	0	1	1
	Total	**3464771**	**2**	**19**	**17**

Sub-Divisional Hospital

No	Name of sub division	Population	Sub- Divisional Hospital Present	Sub- Divisional Hospital required	Sub divisional hospital proposed
1.	Maharajgunj	192166	0	Under construction	1
	Total				

District Hospital

No	Name of District	Population	District Hospital Present	District Hospital required	DH proposed
1.	Siwan		1	1	0
	Total		1	1	0

2.3.2 Human Resources and Infrastructure

Sub-centre database

No. of Subcenter present	No. of Subcenter required	Gaps in Subcenters	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Gaps in ANMs(R)/(c)	Building ownership (Govt)	Required Building (Govt)	Gaps in Buildings (Govt.)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)	Status of furnitures	Status of Untied fund
387	**637**	**250**	**178/296**	**637/637**	**459/341**	**89**	**637**	**548**	**y**	**+++**		**Unexpensed**

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

Additional Primary Health Centre (APHC) Database: Infrastructure

No	No. of APHC present	No. of APHC required	Gaps in APHC	Building ownership (Govt)	Building Required (Govt)	Gaps in building	Building condition (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	47	107	51	14	107	97	#	#	101	48	#	N		Y

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

Additional Primary Health Centre (APHC) Database: Human Resources

No	No. of APHC	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/ Peons /Sweeper/Night Guards	Availability of specialist
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position		
1	**47**	**88**	**42**	**105**	**51**	**48**	**1**	**59**	**1**	**60**	**2**	**12**	**0**

Primary Health Centres : Infrastructure

No	No. of PHC present	No. of PHC required	Gaps in PHC	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. Places where rooms > 5	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	**19**	**33**	**14**	**18**	**33**	**15**	**14**	**14**	**+++**	**15**	**6/189**	**A**	**++**	**+**

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

Primary Health Centres: Human Resources

	No. of PHC	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		S.Keeper,Peon,NG,Sw.
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	**19**	**126**	**66**	**66**	**66**	**19**	**5**	**19**	**6**	**40**	**6**	**30**	**8**	**35**

Referral Hospital/CHC : Infrastructure

No	No. of Referal/CHC present	No. of Referal/CHC required	Gaps in Referal/CHC	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. Places where rooms > 5	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	**3**	**19**	**16**	**3**	**19**	**16**	**2**	**3**	**++**	**0**	**84**	**A**	**++**	**++**

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

Referral Hospital: Human Resources

	No. of /Referral/ CHC	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Storekeeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	**3**	**26**	**6**	**7**	**5**	**3**	**3**	**5**	**0**	**14**	**1**	**11**	**2**	**0**

District Hospital: Infrastructure

No	No. of Sadar Hospital present	No. of Sadar Hospital require	Gaps in Sadar	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
1	**1**	**1**	**0**	**govt**	**0**	**0**	**10**	**A**	**+++**	**100**	**A**	**+++**	**+**

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

District Hospital: Human Resources

	N0. of DH	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Storekeeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	**1**	**13**	**10**	**1**	**0**	**2**	**1**	**2**	**2**	**4**	**4**	**5**	**4**	**1**

2.3.3 Indicators of Reproductive Health and Reproductive Child Health

Table

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

Source: DLHS (2007-2008)

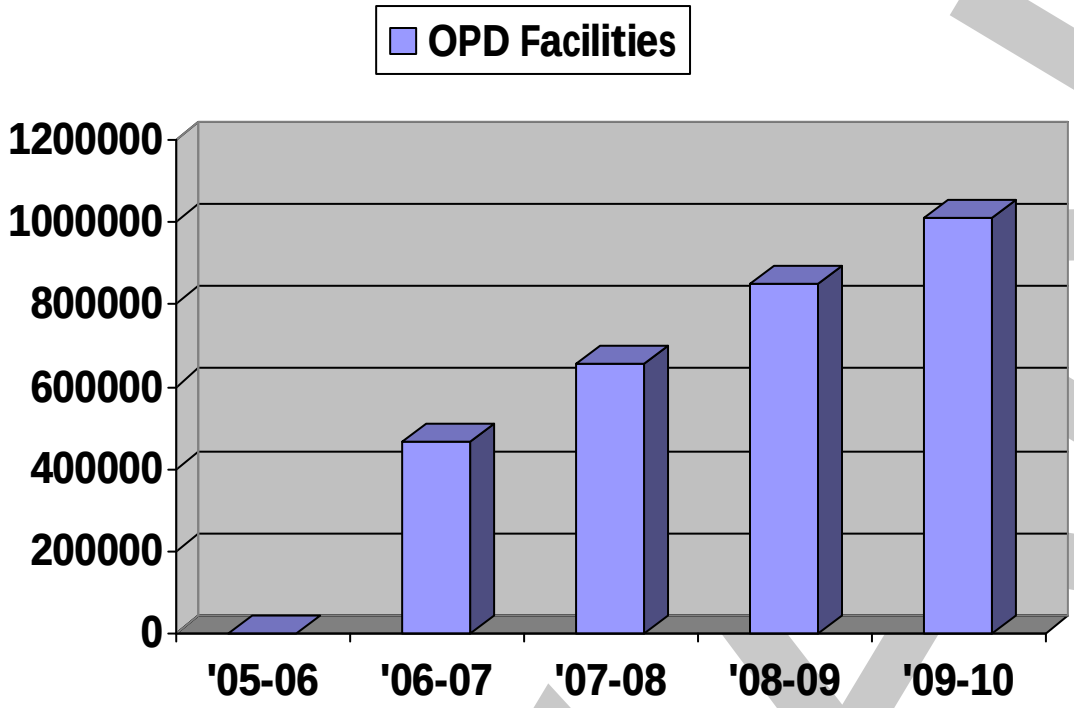
2.3.4 Achievements: STATUS OF PREGRESS IN DIFFERENT HEALTH PROGRAMS

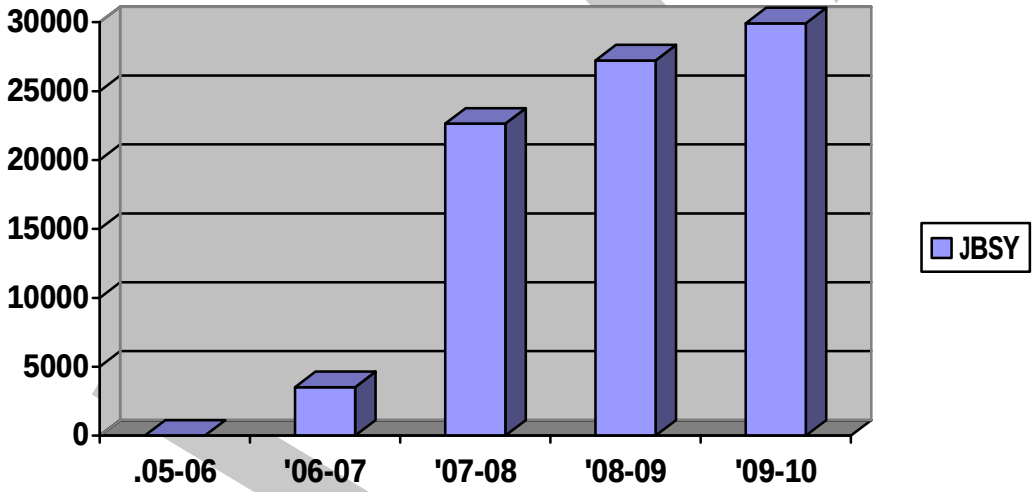
Table. Treatment provided in previous five financial years

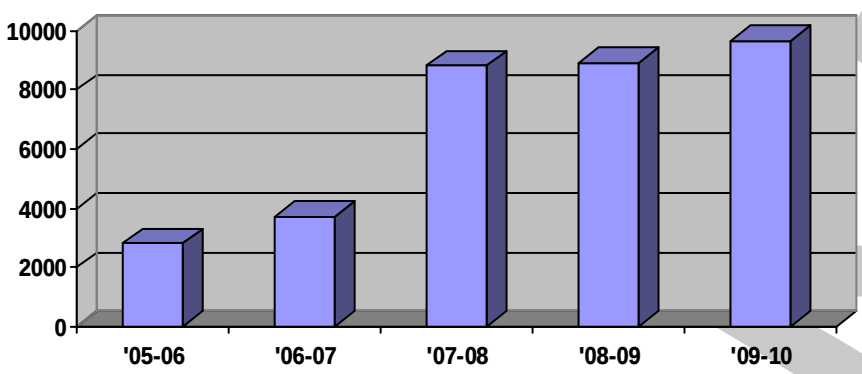
Sl. No.	Program	2005-06	2006-07	2007-08	2008-09	2009-10
01.	OPD facilities	NA	469279	654921	851400	1008321
02.	JBSY	NA	3514	22639	27226	29910
03.	FP Operation	2810	3722	8816	8888	9643
04.	Full immunized child	55691	77683	93007	67969	181285
05.	Leprosy	663	749	731	770	770
06.	Malaria	4	4	2	1	0
07.	Kala-azar	268	293	508	475	675
08.	TB	483	581	2314	3235	3395
09.	Blindness	1926	2025	855	3582	4628
10.	Vitamin A	93669	110424	112256	55078	69964
11.	AIDS	289	314	165	145	175
12.	Epidemic (Diarrhea / Dysentery)	250	250	803	1456	4088
13.	Filaria	315	365	2686	7194	6369

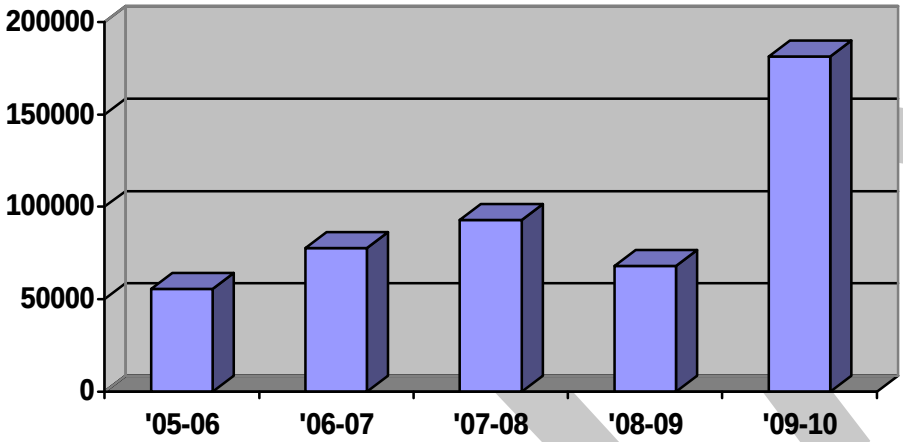
Source: District Health Society, Siwan

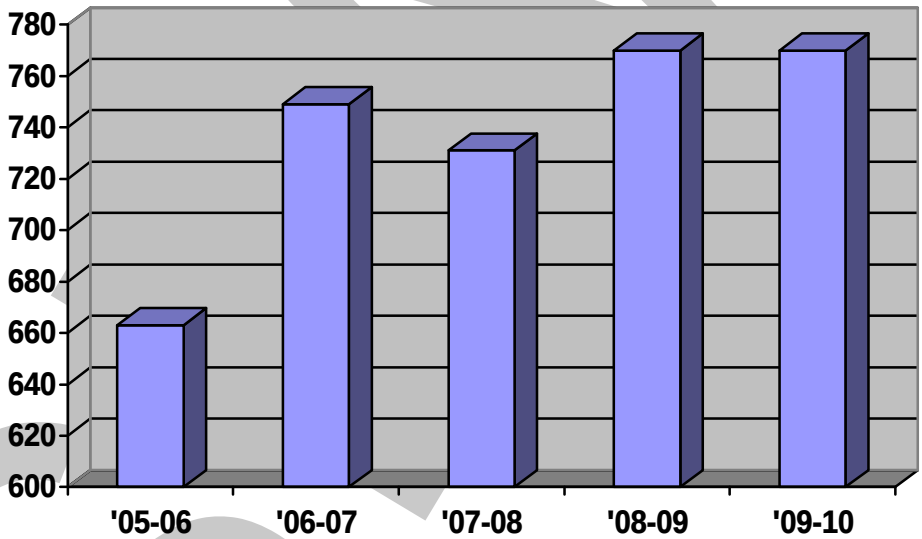
Chart representation of achievements in different programs in last four financial years

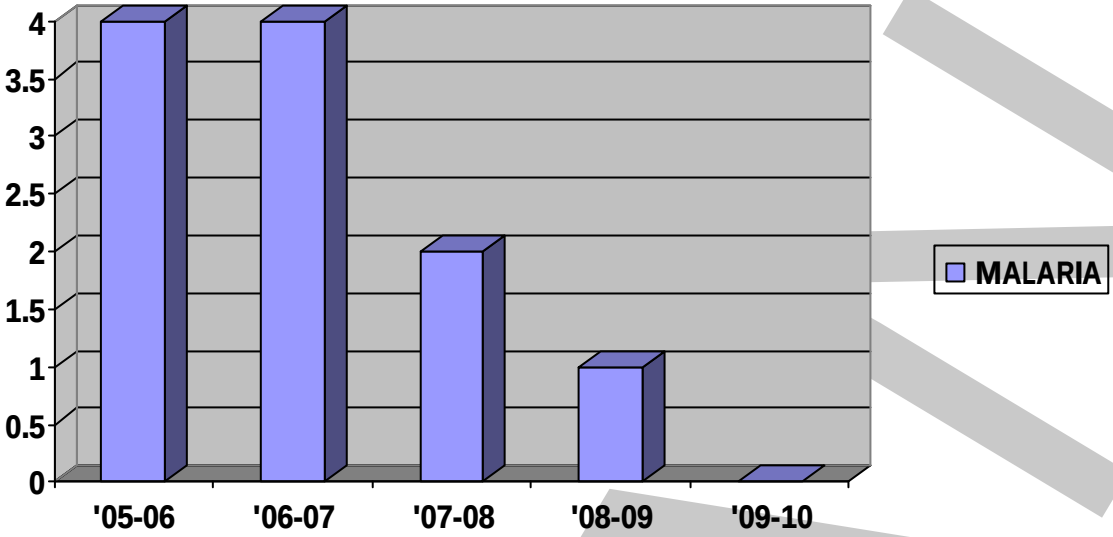


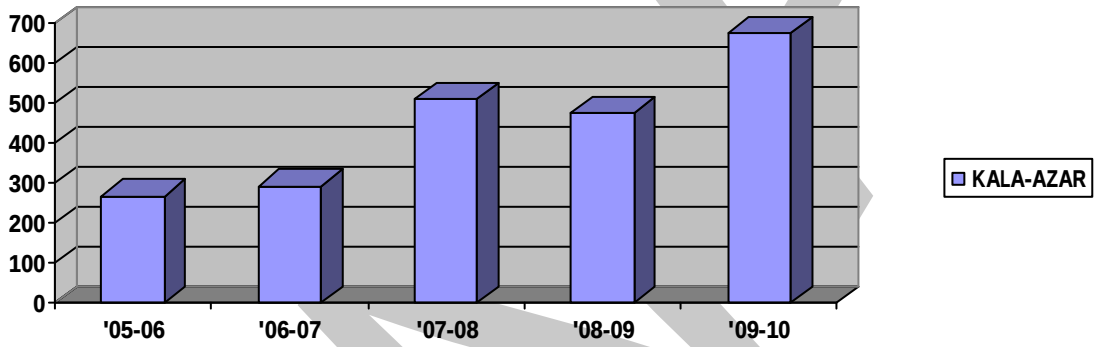


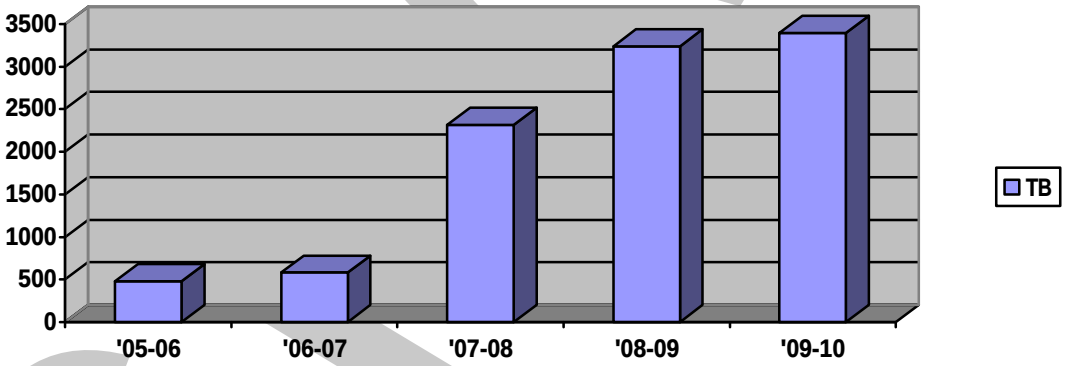


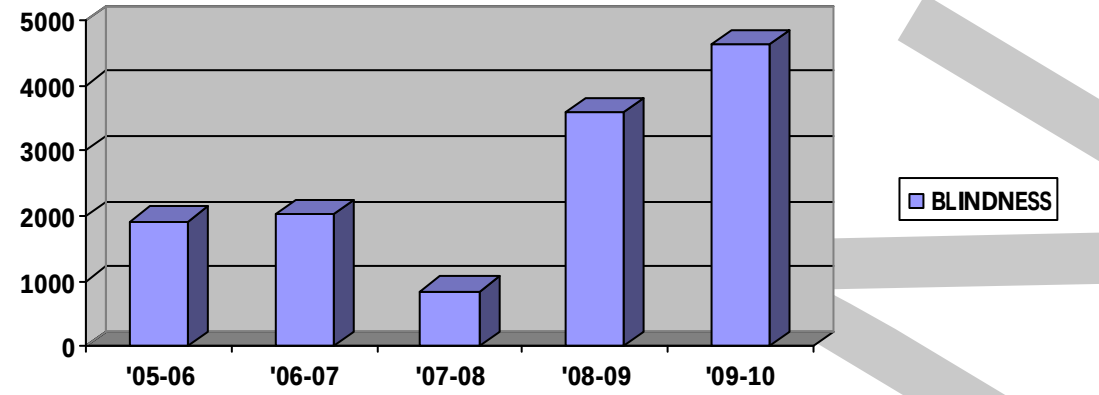


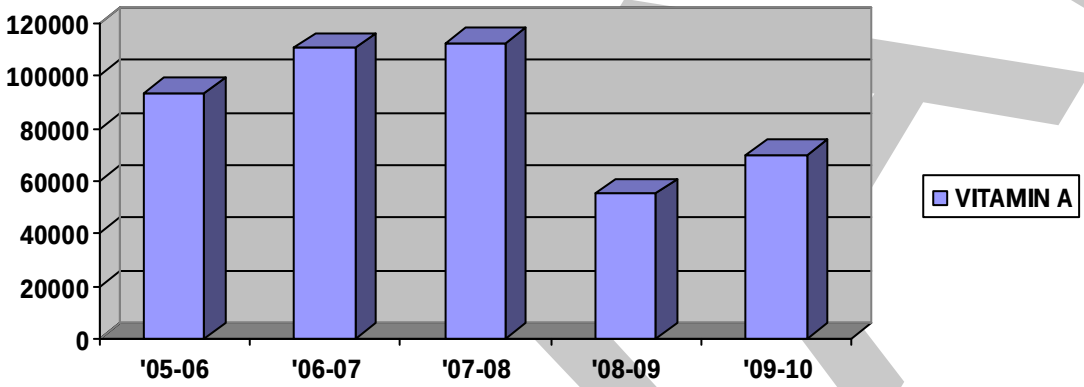


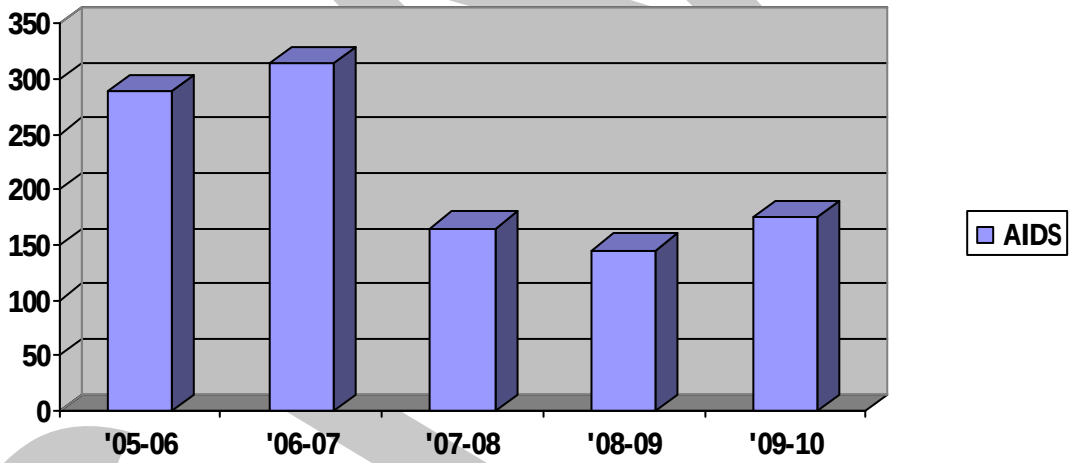


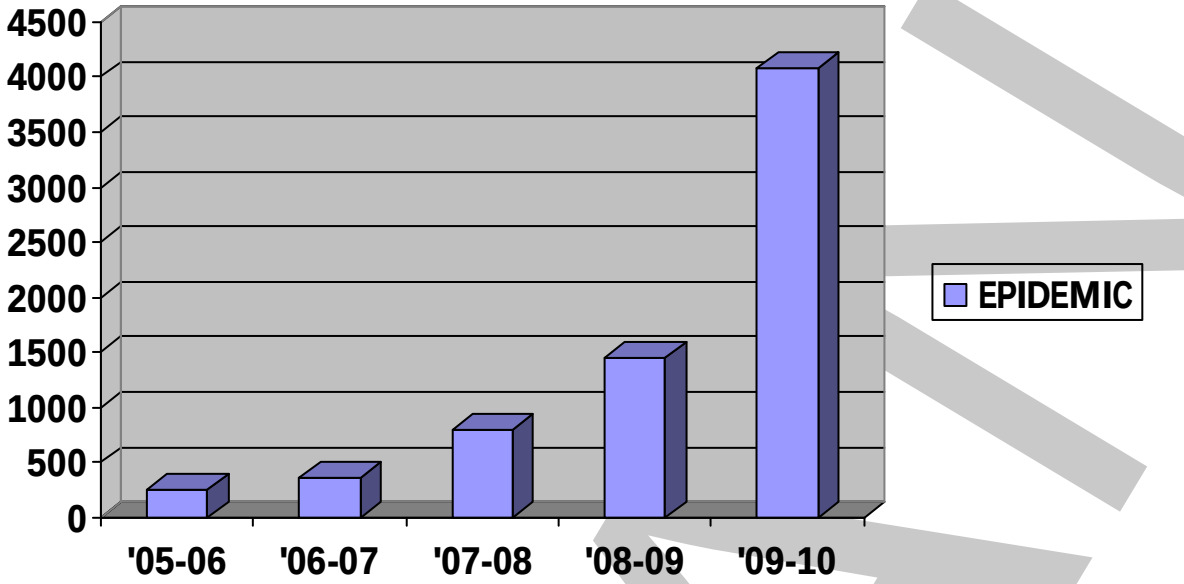


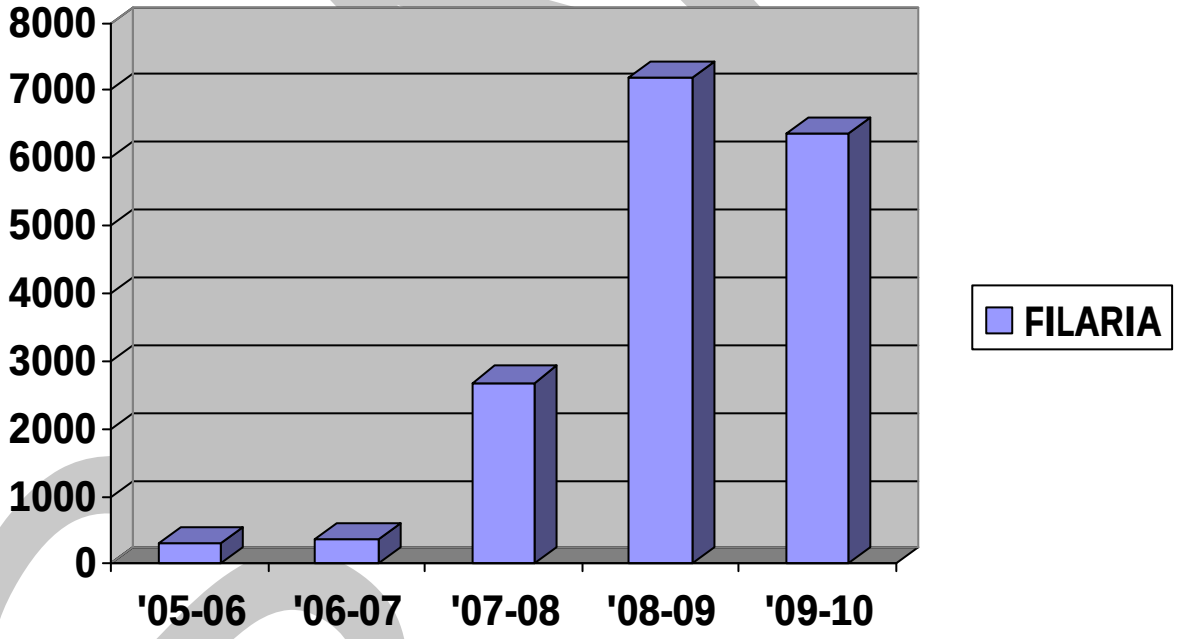










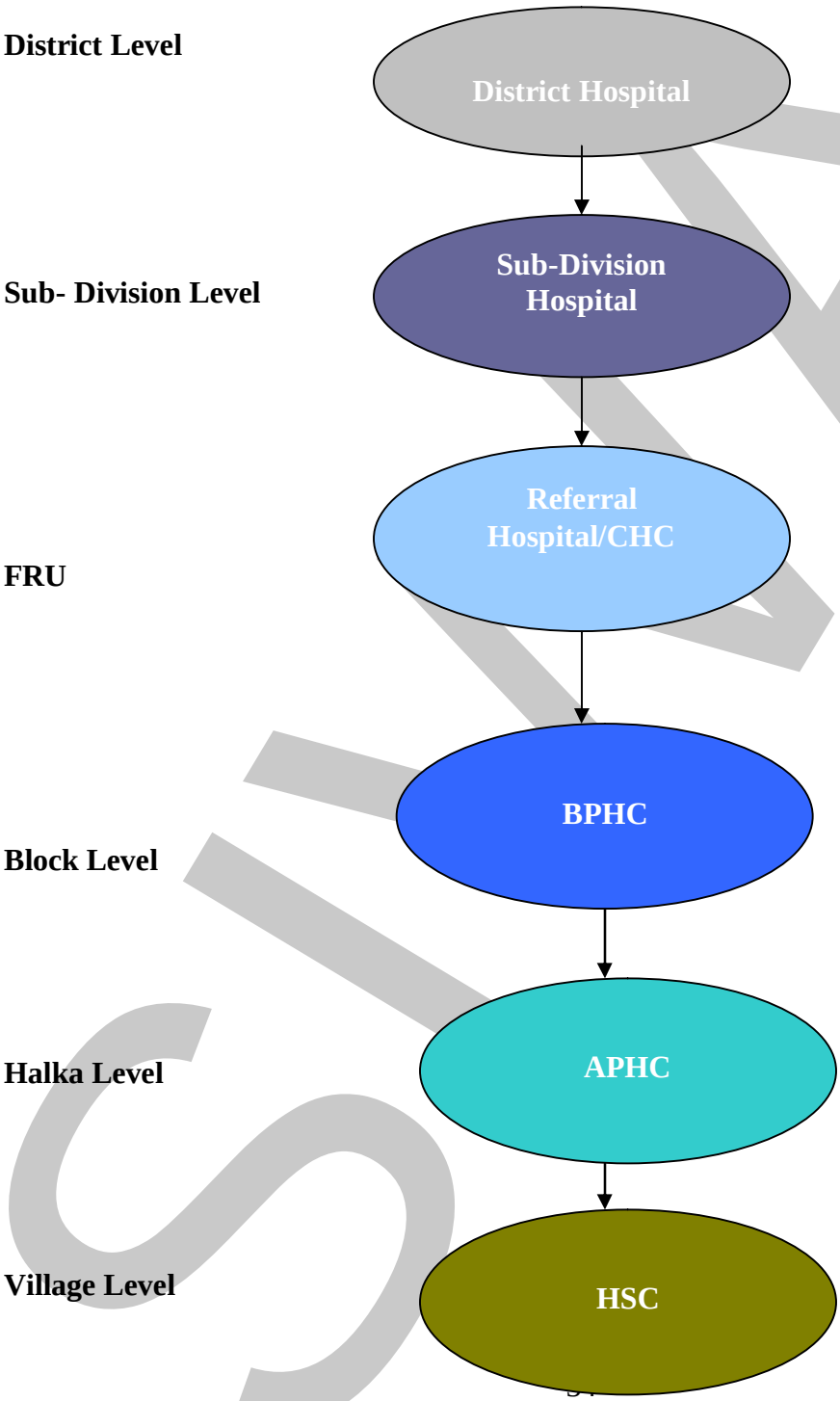


Chapter 3

Situation Analysis For HSC, APHC, BPHC & DH

On different level, there are various institution

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



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

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

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

3.1 Health Sub Center:

Health Sub Center is the first line service deliverable institutions from where different type of services are provided to women and children. The objectives of IPHS for Sub-Centres are:

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

No. of Institutions (Health Sub Center)

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

District Population (2008)	Maximum HSC required as per IPH Norms @ 5000 people	No. of Sub center already sanctioned/established	Gaps in No. of HSC
3464771	**637**	**387**	**250**

To obtain 100% IPH standard -: Need to sanction 250 new HSC to achieve 100% IPH standard.
Task for 2011-12 -:

- **Out of 387 sanctioned HSC 13 HSC are not established so far. So, in financial year 2011-12, the first priority should be given to these non-functional HSC.**
- **25% of gaps i.e 63 HSC can be sanctioned more to minimize the gaps.**

3.1.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2011-12
Physical Infrastructure	The minimum covered area of a Sub Center along with residential Quarter for ANM will vary from 73.50 to 100.20 sq meters.	**637 (Max. HSC as per IPHS)**	**88 (Already having building)**	**548**	**25% of gaps =137**
Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Examination Table 1 Writing table 2 Armless chairs 3 Medicine Chest 1 Labour table 1 Wooden screen 1 Foot step 1 Coat rack 1 Bed side table 1 Stool 2 Almirahs 1 Lamp 3 Side Wooden racks 2 Fans 3 Tube light 3 Basin stand 1	1X 637 = 637 2X 637 = 1274 3X 637 = 1911 1X 637 = 637 1X 637 = 637 1X 637 = 637 1X 637 = 637 1X 637 = 637 1X 637 = 637 2X 637 = 1274 1X 637 = 637 3X 637 = 1911 2X 637 = 1274 3X 637 = 1911 3X 637 = 1911 1X 637 = 637	**387 HSC are sanctioned that need all these furniture. Some HSC have some furniture but worth desposable.**	**637**	All sanctioned/established HSC i.e 387
Equipment	Basin Kidney 825 ml Tray instrument Jar Dressing Hemoglobin meter ForcepsTissue160 mm Forceps sterilizer Scissors surgical Reagent strips for urine Scale, Infant metric Sterilization kit Vaccine Carrier Ice pack box Forceps Suture needle straight Suture needle curved Syringe Disposable gloves	2X637=1274 1X637=637 1X637=637 1X637=637 1X637=637 1X637=637 1X637=637 1X637=637 2X637=1274 8X637=5096 20X637=12740 12X637=7644 12X637=7644 12X637=7644 20X637=12740 1X637=637 20X637=12740	**387 HSC are sanctioned that need all these equipments.**	**637**	All sanctioned/established HSC i.e 387

	Clinical Thermometer Torch weighing (baby) weighing (Women) Stethoscope	637= 637 1x 637= 637 1X637= 637 1X637= 637 1X637= 637			
Drugs	**Kit A** ORS IFA Tab. (large) IFA Tab. (small) Vit. A Solution(100 ml) Cotrimoxazole Tab(child) **Kit B** Tab. Methylergometrine Maleate (0.125 mg) Paractamol (500 mg) Inj.Methylergometrine Maleate Tab.Mebendazole(100 mg) Tab.Dicyclomine HCl. (10 mg) Ointment Povidone Iodine 5% Cetrimide Powder Cotton Bandage Absorbant Cotton (100 gm each)	150X637= 15000X637= 13000X637= 6X637= 1000X637= 480X637= 500X637= 10X637= 300X637 180X637= 5X637= 125X637= 120X637= 10X637=	**387 HSC are sanctioned that need all these drugs.**	**637**	All sanctioned/e stablished HSC i.e 387
Laboratory	Minimum facilities like estimation of haemoglobin by using a approved **Haemoglobin Colour Scale**, urine test for the presence of protein by using **Uristix,** and urine test for the presence of sugar by using **Diastix** should be available. **Haemoglobin Colour Scale** **Uristix** **Diastix**	1X637=637 1X637=637 1X637=637	**387 HSC are sanctioned that need all these equipments.**	**637**	All sanctioned/e stablished HSC i.e 387
Electricity	Wherever facility exists, uninterrupted power supply has to be ensured for which inverter facility / **solar power** facility is to be provided. **Solar power set**	1X637=637	**387 HSC are sanctioned that need Solar power sets.**	**637**	All sanctioned/e stablished HSC i.e 387
Water	Potable water for patients and staff and water for other uses should bein adequate quantity. Towards this end, adequate water supply should be ensured and	Safe water available everywhere			

	safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.				
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided. **Mobile phone**	1X637=637	**387 HSC are sanctioned and need Mobile Phone**	**637**	All sanctioned/e stablished HSC i.e 387

3.1.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2011-12
Health worker (female)	2	2 X 637=1274	793	481	387x2=774 56x2=112
Health worker (male)	1 (funded and appointment by the state government)	1 X 637=637	0	637	387
					Total

3.1.3 Services And others

Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	**Out of 374 only 88 HSC have its own building, remaining are running in rented building.**	**1**. Non payment of rent **2.** Land availability for new building	**1.** Ensuring payment of rent till own buildings are not constructed. **2.** Involve DM to arrange land.	**1.** Budget to construct 143 HSC is given above. Construction of building is time taking process. So, timely payment of rent is needed **2.** DM should instruct the CO to arrange land for HSC.
	Lack of Equipments, Drugs, Furniture , Power	**HSC are working but without resources**	Purchasing Equipments, Drugs, Furniture, Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.
	Formats/Registers and Stationeries (Untide fund)	**Always it is found that HSC is lacking stationeries**	Arrangements of fund for these miscellaneous expenses.	Untide fund are available but problem in handleling. Untide fund is operated jointly by ANM & PRI people but they have no proper knowledge to handle it. Only one PRI e.i Mukhiya (Pradhan) should be authorized for joint account and then proper orientation should be given them.

Services of HSCs	**No institutional delivery at HSC level**	Skilled staff to perform institutional delivery is available but lacking resources.	Arrange all required resources to perform institutional delivery.	Purchase Drug, equipments, furniture as per IPHS. Arrangement of Ambulance at APHC & PHC level to quickly send patients in bigger hospital in case of complications.
	Poor ANC	1. In compare to delivery there are poor percentage of pregnant women registration. 2. Minimum three antenatal check-ups	1. Make community aware about the merit of ANC 2. Make system more reliable.	1.Need to aware village women through orientation program. Regular supply of TT & IFA. 2. Ensure availability of drug and equipments necessary for check up
	Poor Post Natal Care	1.A minimum of 2 postpartum home visits 2. Initiation of early breast-feeding within half-hour of birth 3. Counseling on diet & rest, hygiene, contraception, essential new born care, infant and young child feeding.	Ensuring minimum 2 postpartum visit at home. Ensuring counseling on early breath feeding, on diet & rest, hygiene, contraception, essential new born care	Strict rule to compel ANM to visit at home. Orientation & Training program of ANM over early breath feeding, on diet & rest, hygiene, contraception, essential new born care

	Family Planning and Contraception	1. Education, Motivation and counseling to adopt appropriate Family planning methods 2. Provision of contraceptives such as condoms, oral pills, emergency contraceptives. 3. IUD insertions	Increase No. of FP operation & promotion of the use of contraceptives	1.Tubectomy operation is going good but to increase the no. of vasectomy operation counseling of male are necessary. 2. Ensure the availability contraceptives such as condoms, oral pills, emergency contraceptives 3. Training of ANM on IUD insertion is required.
	No MTP	Counseling and appropriate referral for safe abortion services (MTP) for those in need.	Start MTP Services at HSC level.	First purchase the essential equipments and drugs listed above. Training/refreshing course of suitable ANM.
	RNTCP	Eradication of TB	Easy availability of drugs & referral of patients.	Referral of suspected symptomatic cases to the PHC/Microscopy center • Provision of DOTS at subcentre and proper documentation and follow-up

	AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	Eradication & Control	Making people aware about these disease	IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics
	Child Immunization	1. No 100% child immunization 2. Drop out cases 3. Shortage of vaccine.	Working at various level to obtain 100 % child immunization.	1. Preparation of micro plan at PHC level. Special Plan for hard to reach area. 2. Proper monitoring. 3. Filling up immunization card to follow up. 4. Vaccine is supplied from state that is irregular. So, ensure availability of all vaccine to increase reliability. 5. To control drop out cases if possible new vaccine like **Easy 5** and **MMR** should supply.

3.2 Additional Primary Health Center (APHC):

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

The objectives of IPHS for APHCs are:

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

No. of Institutions (Additional Primary Health center)

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

District Population (2008)	Maximum APHC required as per IPH Norms @ 30,000 people	No. of APHC already sanctioned/established	Gaps in No. of APHC
3474771	**107**	**56**	**51**

To obtain 100% IPH standard -: Need to sanction 51 new APHC to achieve 100% IPH standard.

Task for 2011-12 -:

- **Out of 51 sanctioned APHC 09 APHC are not established so far. So, in financial year 2011-12, the first priority should be given to these non-functional APHC.**
- **25% of gaps i.e 13 APHC can be sanctioned more to minimize the gaps.**

3.2.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2011-12
Physical Infrastructure	It should be well planned with the entire necessary infrastructure. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. meters depending	**107 (Max. APHC as per IPHS)**	**14 (Already having building but requires renovation)**	**93**	**25% of gaps = 21**

	on whether an OT facility is opted for.				
Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Examination table 3 Writing tables with table sheets 5 Plastic chairs 6 Armless chairs 8 Full steel almirah 4 Labour table 1 OT table 1 Arm board for adult and child 4 Wheel chair 1 Stretcher on trolley 1 Instrument trolley 2 Wooden screen 1 Foot step 5 Coat rack 2 Bed side table 6 Bed stead iron 6 Baby cot 1 Stool 6 Medicine chest 1 Lamp 3 Shadowless lamp light (for OT and Labour room) 2 Side Wooden racks 4 Fans 6 Tube light 8 Basin 2 Basin stand 2 Sundry Articles including Linen: Buckets 4 Mugs 4 LPG stove 1 LPG cylinder 2	Maximum APHC is 110 so requirement is accordingly	**56 APHC are sanctioned that need all these furniture. Since almost all APHC are non-functional so, everywhere these furniture are required.**	**51**	All sanctioned/established APHC i.e 51

	Sauce pan with lid 2 Water receptacle 2 Rubber/plastic shutting 2 meters Drum with tap for storing water 2 I V stand 4 Mattress for beds 6 Foam Mattress for OT table 1 Foam Mattress for labour table 1 Macintosh for labour and OT table 4 metres Kelly's pad for labour and OT table 2 sets Bed sheets 6 Pillows with covers 8 Blankets 6 Baby blankets 2 Towels 6 Curtains with rods 20 metres				

Equipment	• Normal Delivery Kit • Equipment for assisted vacuum delivery • Equipment for assisted forceps delivery • Standard Surgical Set • Equipment for New Born Care and Neonatal Resuscitation • IUD insertion kit • Equipment / reagents for essential laboratory investigations • Refrigerator • ILR/Deep Freezer • Ice box • Computer with accessories including internet facility • Baby warmer/incubator. • Binocular microscope • Equipments for Eye care and vision testing • Equipments under various National Programmes • Radiant warmer for new borne baby • Baby scale • Table lamp with 200 watt bulb for new borne baby • Phototherapy unit • Self inflating bag and mask-neonatal size • Laryngoscope and Endotracheal intubation tubes (neonatal)	**Maximum APHC is 107 so requirement is accordingly**	**56 APHC are sanctioned that need all these equipments.**	**107**	All sanctioned/established APHCs i.e 56

	• Mucus extractor with suction tube and a foot operated suction machine • Feeding tubes for baby 28 • Sponge holding forceps - 2 • Valsellum uterine forceps - 2 • Tenaculum uterine forceps – 2 • MVA syringe and cannulae of sizes 4-8 • Kidney tray for emptying contents of MVA syringe • Trainer for tissues • Torch without batteries – 2 • Battery dry cells 1.5 volt (large size) – 4 • Bowl for antiseptic solution for soaking cotton swabs • Tray containing chlorine solution for keeping soiled instruments • Residual chlorine in drinking water testing kits • H2S Strip test bottles				
Drugs	Paracetamol Tab- 500mg per Tab. Paracetamol Syrup- 125mg/5ml-60ml Atropine - Inj. 0.6 mg per 1ml amps Ciprofloxacin - Tab	**Maximum APHC is 107 so requirement is accordingly**	**56 APHC are sanctioned that need all these equipments.**	**107**	All sanctioned/established APHC i.e 56

	500mg/Tab Co Trimoxazole Tab 160 + 800 mg Tab Gentamycin - Inj M.D. vial (40 mg/ml)-30ml vial Oxytocin - Inj-Amp 1 ml (5i.u./ml) 5% Dextrose 500 ml bottle B Complex Tab Gentamicin - Ear/Eye Drop 5 ml Promethazine - Inj- Amp. 2ml amps (25 mg/ml) Pentazocine Lactate Inj. Inj-Amp.- 1 ml (30 mg/ml) Diazepam - Inj-Amp. 2ml amps (5mg/ml) Cough Expectorant 100 ml pack Ampicillin 250mg Capsule Ampicillin 500mg Capsule Cetrizine Tablet - 10mg Doxycycline Capsule-100mg Etophylline & Theophylline Inj.- 2ml Fluconazole Tablet – 200mg Dicyclomine Tablets -20mg Dexamethasone Inj.- 4mg/ml- 10ml Vial Atropine Inj. 0.6mg/ml - 1ml Ampoule Lignocaine Solution 2% Solution 2%- 30ml Vial				

	Diazepam Tablet- 5mg Chlorpheniramine Maleate - Tablet- 4mg Cephalexin) - Capsule- 250mg Metronidazole - Tablet- 200mg Ranitidine Hydochloride - Tablet 150mg Metoclopramide - Tablet- 10mg Diethylcarbamazine - Tablet- 50mg Paracetamol Dicyclomine - Tablet (500mg+20mg) Fluconazole - Tablet 50mg Diethylcarbamazine - Tablet- 100mg Xylometazoline - Drops - 0.1% (Nasal) 10ml vial. A.R.V. Theophyline IP Combn. 25.3mg/ml Aminophyline Inj. IP 25mg/ml Adrenaline Bitrate Inj. IP 1mg/ml Methyl Ergometrine Maleate 125mg/Tablet, Injection Amoxycilline Trilhydrate IP 250mg/Capsule Amoxycilline Trilhydrate IP 250mg/Dispersible Tab. Phenoxymethyl Penicillin 130mg/ml				

	Vit K3 (Menadione Inj.) USP 100mg/ml Nalidixic Acid Tabs. 100mg/Tab Phenytoin Sodium Inj. IP 50mg/2ml Chlorpromazine Hydrochloride 25mg/ml Cephalexin /Ceptrofloxin 250mg/Tablet Sodium Chloride Inj. IP I.V. Solution 0.9w/v Gama Benzine hexa Chloride As decided by CS Plasma Volume Expander As decided by CS Inj. Magnesium Inj. 50% preparation Hydralazine Misoprostol 200mg/Tablet				
Laboratory	1. Routine urine, stool and blood tests 2. Bleeding time, clotting time, 3. Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc. 4. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP) 5. Blood smear examination for malarial parasite. 6. Rapid tests for pregnancy / malaria 7. RPR test for Syphilis/YAWS	**Maximum APHC is 107 so requirement is accordingly**	**56 APHC are sanctioned that need all these equipments.**	**107**	All sanctioned/e stablished APHC i.e 56

	surveillance 8. Rapid diagnostic tests for Typhoid (Typhi Dot) 9. Rapid test kit for fecal contamination of water 10. Estimation of chlorine level of water using ortho-toludine reagent				
Electricity	Wherever facility exists**,** uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	**Maximum APHC is 107 so requirement is accordingly**	**56 APHC are sanctioned that need power supply.**	**107**	All sanctioned/established APHC i.e 53
Water	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere			
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided.	**Maximum APHC is 107 so requirement is accordingly**	**56 APHC are sanctioned that need Telephone facility.**	**107**	All sanctioned/established APHC i.e
Transport	The APHC should have an ambulance for transport of patients. **This may be outsourced.**	**Maximum APHC is 107 so requirement is accordingly**	**56 APHC are sanctioned that need Telephone facility.**	**107**	All sanctioned/established APHC i.e
Laundry and Dietary facilities	Laundry and Dietary facilities for indoor patients: **these facilities**	**Maximum APHC is 107 so requirement**	**56 APHC are sanctioned that need Telephone**	**107**	All sanctioned/established APHC i.e

	can be outsourced.	**is accordingly**	**facility.**		

3.2.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2011-12
Medical Officer MBBS – 1 Ayush - 1	2	2X107=214	42	172	56 x2=112
Pharmacist	1	1X107=107	1	106	1 x56=56
Nurse-midwife (Staff Nurse)	3	3X107=321	2	319	3x56=168
Health workers (F)	1	1X107=107	1	106	1x56=112
Health Educator	1	1X107=107	23	84	1x56=112
Health Asstt (Male & Female)	2	2X107=214	35	179	2x56=112
Clerks	2	2X107=214	30	184	2x56=112
Laboratory Technician	1	1X107=107	1	106	1x56=56
Driver	outsourced				
Class IV	4	4X107=428	33	395	4x56=224
					Total

3.2.3 Services And others

Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	**Out of 56 only 10 APHC have its own building, remaining are running in rented building.**	**1**. Non payment of rent **2.** Land availability for new building	**1.** Ensuring payment of rent till own buildings are not constructed. **2.** Involve DM to arrange land.	**1.** Budget to construct APHC is given above. Construction of building is time taking process. So, timely payment of rent is needed **2.** DM should instruct the CO to arrange land for HSC.
	Lack of Equipments, Drugs, Furniture, Power	**APHC are working but without resources**	Purchasing Equipments, Drugs, Furniture, Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.
	Formats/Registers and Stationeries (Untide fund)	**Always it is found that APHC is lacking stationeries**	Arrangements of fund for these miscellaneous expenses.	Untide fund provision under control of RKS.
Services of APHC	**No institutional delivery at APHC level**	**No services of delivery**	Arrange all required resources and manpower to start institutional delivery.	▪ Purchase Drug, equipments, furniture as per IPHS. ▪ Hire required manpower to support this service. ▪ Arrangement of Ambulance at APHC level to quickly send patients in bigger hospital in case of complications.

	Medical care	**Non Functional**	▪ OPD Services ▪ 24 hours emergency services ▪ Referral services ▪ In-patient services (6 beds)	▪ hours in the morning and 2 hours in the evening ▪ Minimum OPD attendance should be 40 patients per doctor per day. ▪ Appropriate management of injuries and accident, First Aid, Stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions ▪ Ambulance Service to support referral ▪ Provision of diet, light, laundry etc to start indoor service.

	Maternal and Child Health Care	**Non functional**	▪ Antenatal care ▪ Intra-natal care ▪ Postnatal Care ▪ New Born care ▪ Care of the child	▪ start immunization properly. ▪ start JBSY at APHC level ▪ Establish lab for minimum investigations like hemoglobin, urine albumin, and sugar, RPR test for syphilis ▪ Nutrition and health counseling ▪ Promotion of institutional deliveries ▪ Conducting of normal deliveries ▪ Assisted vaginal deliveries including forceps / vacuum delivery whenever required ▪ Manual removal of placenta ▪ Appropriate and prompt referral for cases needing specialist care. ▪ Management of Pregnancy Induced hypertension including referral ▪ Pre-referral management ▪ A minimum of 2 Postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-center staff. ▪ Initiation of early breast-feeding within half-hour of birth c) Education on ition, ne,

	Family Planning, Contraception & MTP	**No FP operation at APHC level.**	1. Start FP operation 2. Distribution of contraceptives such as condoms, oral pills, emergency Contraceptives. 3. IUD insertions	▪ Education, Motivation and counseling to adopt appropriate Family planning methods. ▪ Provision of contraceptives such as condoms, oral pills, emergency Contraceptives, IUD insertions. ▪ Permanent methods like Tubal ligation and vasectomy / NSV. ▪ Follow up services to the eligible couples adopting permanent methods ▪ Counseling and appropriate referral for safe abortion services (MTP) for those in need. ▪ Counseling and appropriate referral for couples having infertility.

	RNTCP	**No DOT center at APHC**	Treatment and Distribution of drug.	▪ All APHCs to function as DOTS Centers to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines.
	Integrated Disease Surveillance Project (IDSP)	No IDSP	Need to start IDSP	▪ APHC will collect and analyze data from sub-center and will report information to PHC surveillance unit. ▪ Appropriate preparedness and first level action in out-break situations. ▪ Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid and tests for detection of faucal contamination of water (Rapid test kit) and chlorination level.

	National Program for Control of Blindness (NPCB)	**No NPCB program**	Need to start NPCB Program	▪ Diagnosis and treatment of common eye diseases. ▪ Refraction Services. ▪ Detection of cataract cases and referral for cataract surgery.
	National AIDS Control Program		Starting AIDS control program at APHC level	▪ IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission ▪ Organizing School Health Education Programme (c) Screening of persons practicing high-risk behavior with one rapid test to be conducted at the APHC level and development of referral linkages with the nearest VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states. ▪ Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages

				with CHC or District Hospital for PPTCT services. ▪ Linkage with Microscopy Center for HIV-TB coordination. ▪ Condom Promotion & distribution of condoms to the high risk groups. ▪ Help and guide patients with HIV/AIDS receiving ART with focus on Adherence.
	Leprosy, Malaria, Kala- azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	Eradication & Control	Making people aware about these disease and providing treatments	▪ IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics ▪ Starting treatment of patients if reported. ▪ Referral facilities for better treatment.

3.3 Primary Health Center (PHC):

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

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

Objectives

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

No. of Institutions (Primary Health center)

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

District Population (2009)	Maximum PHC required as per IPH Norms @ 1,00,000 people	No. of PHC already sanctioned/established	Gaps in No. of PHC
3464771	**33**	**19**	**14**

To obtain 100% IPH standard -: Need to sanction 14 new PHC to achieve 100% IPH standard.

Task for 2011-12 -:

- **Out of 19 sanctioned PHC all 19 PHC are established and functioning. So, in financial year 2011-12, 25% of gaps i.e 3 PHC can be sanctioned more to minimize the gaps.**

3.3.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2011-12
Physical Infrastructure	The PHC should have 30 indoor beds with one Operation theatre, labour room, X-ray facility and laboratory facility. It should be well lit and ventilated with as much use of natural light and ventilation as possible. The plinth area would vary from 375 to 450 sq. meters depending on whether an OT facility is opted for.	**33 (Max. PHC as per IPHS)**	**19 PHC are functional out of which 1 have no building. (Existing buildings require renovation)**	**15**	**1 new building**
Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Examination table 3 Writing tables with table sheets 5 Plastic chairs 6 Armless chairs 8 Full steel almirah 4 Labour table 1 OT table 1 Arm board for adult and child 4 Wheel chair 1 Stretcher on trolley 1 Instrument trolley 2 Wooden screen 1	Working PHC is 19 so requirement is accordingly	**19 PHC are sanctioned that need all these furniture.**	**19**	All sanctioned /established PHC i.e 19

	Foot step 5 Coat rack 2 Bed side table 6 Bed stead iron 6 Baby cot 1 Stool 6 Medicine chest 1 Lamp 3 Shadowless lamp light (for OT and Labour room) 2 Side Wooden racks 4 Fans 6 Tube light 8 Basin 2 Basin stand 2 Sundry Articles including Linen: Buckets 4 Mugs 4 LPG stove 1 LPG cylinder 2 Sauce pan with lid 2 Water receptacle 2 Rubber/plastic shutting 2 meters Drum with tap for storing water 2 I V stand 4 Mattress for beds 6 Foam Mattress for OT table 1 Foam Mattress for labour table 1 Macintosh for labour and OT table 4 metres Kelly's pad for labour and OT table 2 sets Bed sheets 6 Pillows with covers 8 Blankets 6 Baby blankets 2 Towels 6 Curtains with rods 20 metres				

Equipment	• Normal Delivery Kit • Equipment for assisted vacuum delivery • Equipment for assisted forceps delivery • Standard Surgical Set • Equipment for New Born Care and Neonatal Resuscitation • IUD insertion kit • Equipment / reagents for essential laboratory investigations • Refrigerator • ILR/Deep Freezer • Ice box • Computer with accessories including internet facility • Baby warmer/incubator. • Binocular microscope • Equipments for Eye care and vision testing • Equipments under various National Programmes • Radiant warmer for new borne baby • Baby scale • Table lamp with 200 watt bulb for new borne baby • Phototherapy unit • Self inflating bag and mask-neonatal size • Laryngoscope and Endotracheal intubations tubes (neonatal) • Mucus extractor	**Working PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need all these equipments.**	**19**	All sanctioned /established PHC is 19

	with suction tube and a foot operated suction machine • Feeding tubes for baby 28 • Sponge holding forceps - 2 • Valsellum uterine forceps - 2 • Tenaculum uterine forceps – 2 • MVA syringe and cannulae of sizes 4-8 • Kidney tray for emptying contents of MVA syringe • Trainer for tissues • Torch without batteries – 2 • Battery dry cells 1.5 volt (large size) – 4 • Bowl for antiseptic solution for soaking cotton swabs • Tray containing chlorine solution for keeping soiled instruments • Residual chlorine in drinking water testing kits • H2S Strip test bottles				
Drugs	Paracetamol Tab- 500mg per Tab. Paracetamol Syrup- 125mg/5ml-60ml Atropine - Inj. 0.6 mg per 1ml amps Ciprofloxacin - Tab	**Maximum PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need all these equipments.**	**19**	All sanctioned /established PHC i.e 19

	500mg/Tab Co Trimoxazole Tab 160 + 800 mg Tab Gentamycin - Inj M.D. vial (40 mg/ml)-30ml vial Oxytocin - Inj-Amp 1 ml (5i.u./ml) 5% Dextrose 500 ml bottle B Complex Tab Gentamicin - Ear/Eye Drop 5 ml Promethazine - Inj- Amp. 2ml amps (25 mg/ml) Pentazocine Lactate Inj. Inj-Amp.- 1 ml (30 mg/ml) Diazepam - Inj-Amp. 2ml amps (5mg/ml) Cough Expectorant 100 ml pack Ampicillin 250mg Capsule Ampicillin 500mg Capsule Cetrizine Tablet - 10mg Doxycycline Capsule-100mg Etophylline & Theophylline Inj.- 2ml Fluconazole Tablet – 200mg Dicyclomine Tablets -20mg Dexamethasone Inj.- 4mg/ml- 10ml Vial Atropine Inj. 0.6mg/ml - 1ml Ampoule Lignocaine Solution 2% Solution 2%- 30ml Vial				

	Diazepam Tablet- 5mg Chlorpheniramine Maleate - Tablet- 4mg Cephalexin) - Capsule- 250mg Metronidazole - Tablet- 200mg Ranitidine Hydochloride - Tablet 150mg Metoclopramide - Tablet- 10mg Diethylcarbamazine - Tablet- 50mg Paracetamol Dicyclomine - Tablet (500mg+20mg) Fluconazole - Tablet 50mg Diethylcarbamazine - Tablet- 100mg Xylometazoline - Drops - 0.1% (Nasal) 10ml vial. A.R.V. Theophyline IP Combn. 25.3mg/ml Aminophyline Inj. IP 25mg/ml Adrenaline Bitrate Inj. IP 1mg/ml Methyl Ergometrine Maleate 125mg/Tablet, Injection Amoxycilline Trilhydrate IP 250mg/Capsule Amoxycilline Trilhydrate IP 250mg/Dispersible Tab. Phenoxymethyl Penicillin 130mg/ml				

	Vit K3 (Menadione Inj.) USP 100mg/ml Nalidixic Acid Tabs. 100mg/Tab Phenytoin Sodium Inj. IP 50mg/2ml Chlorpromazine Hydrochloride 25mg/ml Cephalexin /Ceptrofloxin 250mg/Tablet Sodium Chloride Inj. IP I.V. Solution 0.9w/v Gama Benzine hexa Chloride As decided by CS Plasma Volume Expander As decided by CS Inj. Magnesium Inj. 50% preparation Hydralazine Misoprostol 200mg/Tablet				
Laboratory	1. Routine urine, stool and blood tests 2. Bleeding time, clotting time, 3. Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc. 4. Sputum testing for tuberculosis (if designated as a microscopy center under RNTCP) 5. Blood smear examination for malarial parasite. 6. Rapid tests for pregnancy / malaria 7. RPR test for Syphilis/YAWS	**Maximum PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need all these equipments.**	**19**	All sanctioned /established PHC i.e 19

	surveillance 8. Rapid diagnostic tests for Typhoid (Typhi Dot) 9. Rapid test kit for fecal contamination of water 10. Estimation of chlorine level of water using ortho-toludine reagent				
Electricity	Wherever facility exists**,** uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	**Maximum PHC is 19 so requirement is accordingly**	**19 PHC are sanctioned that need power supply.**	**19**	All sanctioned /established PHC i.e 19
Water	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere			
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided.	**19 PHC is existing so requirement is accordingly**	**15 existing PHC have telephone.**	**19**	4 Newly PHC requires new connection
Transport	The APHC should have an ambulance for transport of patients. **This may be outsourced.**	**19 PHC is existing so requirement is accordingly**	**19 existing PHC have Ambulance.**	**19**	All sanctioned /established PHC
Laundry and Dietary facilities	Laundry and Dietary facilities for indoor patients: **these facilities can be outsourced**.	**19 PHC is existing so requirement is accordingly**	**All sanctioned PHC requires this facility.**	**19**	All sanctioned /established PHC i.e

3.3.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2011-12
General Surgeon	1	19X1=19	4	15	15
Physician	1	19X1=19	2	17	17
Obstetrician/ Gynecologist	1	19X1=19	2	17	17
Pediatrics	1	19X1=19	1	18	18
Anesthetist	1	19X1=19	0	19	19
Health Manager	1	19X1=19	18	1	1
Eye surgeon	1	19X1=19	0	19	19
Nurse-midwife	9	19X9= 171	46	125	125
Dresser	1	19X1=19	3	16	16
Pharmacist/ compounder	1	19X1=19	2	17	17
Lab. Technician	1	19X1=19	5	14	14
Radiographer	1	19X1=19	0	19	19
Ophthalmic Assistant	1	19X1=19	0	19	19
Ward boys/ nursing orderly	2	19X2= 38	0	38	38
Sweepers	3	19X3= 57			
Chowkidar	1	19X1=19	0	19	19
OPD attendant	1	19X1=19			
Statistical Assistant/ Data entry operator	1	19X1=19	19	0	0
OT attendant	1	19X1=19	0	19	19
Registration clerk	1	19X1=19	0	19	19
Accountant	1	19X1=19	17	2	2

3.3.3 Services And others

Sub Heads	Gaps	Issues	Strategy	Activities
Infrastructure	**Out of 19 only 18 PHC have its own building, remaining are running in rented building.**	**1**. Non payment of rent **2.** Land availability for new building	**1.** Ensuring payment of rent till own buildings are not constructed. **2.** Involve DM to arrange land.	**1.** Budget to construct 4 PHC is given above. Construction of building is time taking process. So, timely payment of rent is needed **2.** DM should instruct the CO to arrange land for HSC.
	Lack of Equipments, Drugs, Furniture, Power	**PHC are working but without resources**	Purchasing Equipments, Drugs, Furniture, Power etc. as per IPH standard.	No, excuse. There is no other way except purchasing all required resources.
	Formats/Registers and Stationeries (Untide fund)	**Always it is found that HSC is lacking stationeries**	Arrangements of fund for these miscellaneous expenses.	Untide fund provision under control of RKS.
Services of PHC	**Delivery at PHC level**	**Delivery services but with poor resources**	Arrange all required resources and manpower to improve the quality of institutional delivery.	▪ Purchase Drug, equipments, furniture as per IPHS. ▪ Hire required manpower to support this service. ▪

	Medical care		▪ Care of routine and emergency cases in surgery ▪ Care of routine and emergency cases in medicine ▪ ▪ New-born Care ▪ ▪ 24 hours emergency services ▪ Referral services ▪ In-patient services (6 beds)	▪ hours in the morning and 2 hours in the evening ▪ Minimum OPD attendance should be 40 patients per doctor per day. ▪ Appropriate management of injuries and accident, First Aid, Stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions ▪ Ambulance Service to support referral ▪ Provision of diet, light, laundry etc to start indoor service.

	Maternal and Child Health Care	**Non functional**	▪ 24-hour delivery services including normal and assisted deliveries ▪ Essential and Emergency Obstetric Care ▪ Antenatal care ▪ Intra-natal care ▪ Postnatal Care ▪ New Born care ▪ Care of the child	▪ improve quality of JBSY at PHC level ▪ Establish lab for minimum investigations like haemoglobin, urine albumin, and sugar, RPR test for syphilis ▪ Nutrition and health counseling ▪ Promotion of institutional deliveries ▪ Conducting of normal deliveries ▪ Assisted vaginal deliveries including forceps / vacuum delivery when ever required ▪ Manual removal of placenta ▪ Appropriate and prompt referral for cases needing specialist care. ▪ Management of Pregnancy Induced hypertension including referral ▪ Pre-referral management ▪ A minimum of 2 Postpartum home visits, first within 48 hours of delivery, 2nd within 7 days through Sub-center staff. ▪ Initiation of early breast-feeding within half-hour of birth

	Family Planning, Contraception & MTP	**FP operation at PHC level.**	1. Full range of family planning services including Laproscopic Services 2. Safe Abortion Services 3. Distribution of contraceptives such as condoms, oral pills, emergency contraceptives. 3. IUD insertions	▪ Education, Motivation and counseling to adopt appropriate Family planning methods. ▪ Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions. ▪ Permanent methods like Tubal ligation and vasectomy / NSV. ▪ Follow up services to the eligible couples adopting permanent methods ▪ Counseling and appropriate referral for safe abortion services (MTP) for those in need. ▪ Counseling and appropriate referral for couples having infertility.

	RNTCP	**DOT center at PHC**	Treatment and Distribution of drug.	▪ All PHC function as DOTS Center to deliver treatment as per RNTCP treatment guidelines through DOTS providers and treatment of common complications of TB and side effects of drugs, record and report on RNTCP activities as per guidelines.
	Integrated Disease Surveillance Project (IDSP)	No IDSP	Need to start IDSP	▪ PHC will collect and analyze data from sub-center and will report information to PHC surveillance unit. ▪ Appropriate preparedness and first level action in out-break situations. ▪ Laboratory services for diagnosis of Malaria, Tuberculosis, Typhoid and tests for detection of faucal contamination of water (Rapid test kit) and chlorination level.

	National Program for Control of Blindness (NPCB)	**No NPCB program**	Need to start NPCB Program	▪ Diagnosis and treatment of common eye diseases. ▪ Refraction Services. ▪ Detection of cataract cases and referral for cataract surgery.
	National AIDS Control Program		Starting AIDS control program at PHC level	▪ IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission ▪ Organizing School Health Education Programme (c) Screening of persons practicing high-risk behavior with one rapid test to be conducted at the PHC level and development of referral linkages with the nearest VCTC at the District Hospital level for confirmation of HIV status of those found positive at one test stage in the high prevalence states. ▪ Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with District

				Hospital for PPTCT services. ▪ Linkage with Microscopy Center for HIV-TB coordination. ▪ Condom Promotion & distribution of condoms to the high risk groups. ▪ Help and guide patients with HIV/AIDS receiving ART with focus on Adherence.
	Leprosy, Malaria, Kala- azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics	Eradication & Control	Making people aware about these disease and providing treatments	▪ IEC activities to enhance awareness and preventive measures about AIDS, Blindness, Leprosy, Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics ▪ Starting treatment of patients if reported. ▪ Referral facilities for better treatment.

3.4 District Hospital:

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

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

i. To provide comprehensive secondary health care (specialist and referral services) to the community through the District Hospital.

ii. To achieve and maintain an acceptable standard of quality of care. To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals

No. of Institutions (Sadar Hospital)

As per IPH standard one District Hospital at every district.

District Population (2008)	Maximum DH required as per IPH Norms	No. of DH already sanctioned/established	Gaps in No. of DH
3464771	**1**	**1**	**0**

Task for 2011-12 -:

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

3.4.1 Infrastructure

Item	IPH Norms	Maximum requirement	Present Status	Gaps	Task for 2011-12
Physical Infrastructure	An area of 65-85 m^2 per bed has been considered to be reasonable. The area will include the service areas such as waiting space, entrance hall, registration counter, etc. In case of specific requirement of a hospital, flexibility in altering the area be kept.	**1**	**1**	**0**	**500 beds hospital is already proposed so need to complete it.**

Waste Disposal	Waste disposal should be carried out as per the GOI guidelines, which is under preparation	Nothing to do because GOI guideline is not prepared			
Furniture	Doctor's chair Doctor's Table Duty Table for Nurses Table for Sterilization use Long Benches Stool Wooden Stools Revolving Steel Cup-board Wooden Cup Board Racks -Steel – Wooden Patients Waiting Chairs Attendants Cots Office Chairs Office Table Foot Stools Filing Cabinets (for records) M.R.D. Requirements (record room use) Pediatric cots with railings Cradle Fowler's cot Ortho Facture Table Hospital Cots Hospital Cots Pediatric Wooden Blocks Back rest Dressing Trolley Medicine Almirah Bin racks ICCU Cots Bed Side Screen Medicine Trolley Case Sheet Holders with clip Bed Side Lockers Examination Couch Instrument Trolley Instrument Trolley Mayos Surgical Bin Assorted Wheel Chair Stretcher / Patience Trolley Instrument Tray Assorted Kidney Tray Assorted Basin Assorted	For working 1 District Hospital as per requirement	**1 DH is sanctioned and working and need all these furniture.**	**1**	All sanctioned/ established PHC i.e 1

	Basin Stand Assorted Delivery Table Blood Donar Table O2 Cylinder Trolley Saline Stand Waste Bucket Dispensing Table Wooden Bed Pan Urinal Male and Female Name Board for cubicals Kitchen Utensils Containers for kitchen Plate, Tumblers Waste Disposal - Bin / drums Waste Disposal - Trolley (SS) Linen Almirah Stores Almirah Arm Board Adult Arm Board Child SS Bucket with Lid Bucket Plastic Ambu bags O2 Cylinder with spanner ward type Diet trolley - stainless steel Needle cutter and melter Thermometer clinical Thermometer Rectal Torch light Cheatles forceps assortted Stomach wash equipment Infra Red lamp Wax bath Emergency Resuscitation Kit-Adult Enema Set				

Equipment	**As per IPHS norms** • Imaging Equipment • X-ray room accessories • Cardiac equipments • Labor ward equipments • Equipment for New Born Care and Neonatal Resuscitation ▪ ENT equipment ▪ Eye equipment ▪ Dental Equipment ▪ Laboratory equipments ▪ OT equipment ▪ Surgical equipment ▪ Physiotherapy equipments ▪ Endoscopes equipments ▪ Anesthesia equipments • IUD insertion kit • Equipment / reagents for essential laboratory investigations • Refrigerator • ILR/Deep Freezer • Ice box • Computer with accessories including internet facility • Baby warmer/incubator. • Binocular microscope • Equipments for Eye care and vision testing • Equipments under various National Programmes • Radiant warmer for new borne baby • Baby scale • Table lamp with	**Working DH is 1 so requirement is accordingly**	**1 DH is sanctioned that need all these equipments.**	**1**	One sanctioned/ established DH

	200 watt bulb for new borne baby • Photo therapy unit • Self inflating bag and mask-neonatal size • Laryngoscope and Endotracheal intubations tubes (neonatal) • Mucus extractor with suction tube and a foot operated suction machine • Feeding tubes for baby 28 • Sponge holding forceps - 2 • Valsellum uterine forceps - 2 • Tenaculum uterine forceps – 2 • MVA syringe and cannulae of sizes 4-8 • Kidney tray for emptying contents of MVA syringe • Trainer for tissues • Torch without batteries – 2 • Battery dry cells 1.5 volt (large size) – 4 • Bowl for antiseptic solution for soaking cotton swabs • Tray containing chlorine solution for keeping soiled instruments • Residual chlorine in drinking water testing kits • H2S Strip test bottles				
Drugs	Dicyclomine Inj- Atropine - Inj. Norfloxacin- Tab Ciprofloxacin - Tab Ciprofloxacin - Tab				

	Co Trimoxazole Tab Amoxicillin- Cap Gentamycin - Inj Albendazole Alprazolam - Tab Ranitidine - Inj Oxytocin - Inj-Amp Methyl Ergometrine Glibenclamide 5% Dextrose 5% Dextrose + 0.9% B Complex Silver Sulphadiazine oint - Promethazine - Inj-Amp. Pentazocine Lactate Inj. Diazepam - Inj-Amp. Cough Expectorant Ampicillin Ciprofloxacin Thiopentone Cetrizine Doxycycline Ampicillin & Cloxacilin Etophylline & Theophylline Dopamine Hydrochloride Adrenaline Sodium Bicarborate Tinidazole Fluconazole Clotrimazole Cream Dicyclomine Tablets Dexamethasone Digoxin Metformin Atropine Lignocaine Solution 2% Cetrimide Concenterated Diazepam Diclofenac Sodium Carbamazepine Carbamazepine Cephalexin Metronidazole Metronidazole Cefotaxime Atenolol Furosemide Ranitidine Hydochloride Metoclopramide Isosorbide Dinitrate Diethylcarbamazine Ciprofloxacin Metronidazole Cefotaxime Enalapril Enalapril Chloramphenicol Alprazolam Tramadol Dexamethasone Cefotaxime Amlodipine Erythromycin Stearate Cetrizine Omeprazole Prednisolone Diethylcarbamazine				

	Ampicillin Sodium Atenolol Hydroxy progesterone acetate Xylometazoline Prednisolone Betamethasone Chloram Phenicol Bupivacaine Hydrochloride Succinyl Choline Intermediate acting insulin Lente/NPH Insulin Insulin injection (Soluble) - Inj. 40IU/ml premix insulin (30/70 Human) A.S.V.S. ARV				
Electricity	Wherever facility exists**,** uninterrupted power supply has to be ensured for which Generator and inverter facility is to be provided.	**1 District Hospital**	**1 DH is sanctioned that need power supply.**	**1**	All sanctioned/ established DH i.e 1
Water	Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the center.	Safe water available everywhere			
Telephone	Where ever feasible, telephone facility / cell phone facility is to be provided.	**3 Telephone connections required**	**1 telephone is existing.**	**1**	2 new connection required
Transport	The APHC should have an ambulance for transport of patients. **This may be outsourced.**	**3 ambulance & 1 Vehicle required**	**1 ambulance existing.**	**1**	
Laundry, Dietary and Cleaning facilities	**Laundry, Dietary and cleaning work can be outsourced**.	**For 1 existing District Hospital**	**One existing DH requires this facility.**	**1**	

3.4.2 Manpower

Manpower	IPHS	Maximum manpower required	Present Manpower	Gaps	For 2011-12
Hospital Superintendent	1	1X1=1	1	0	0
Medical Specialist	3	3X1=3	0	3	3
Surgery Specialists	3	3X1=3	2	1	1
O&G specialist	6	6X1=6	2	4	4
Psychiatrist	1	1X1=1	0	1	1
Dermatologist / Venereologist	1	1X1=1	1	1	1
Pediatrician	3	3X1=3	1	2	2
Anesthetist (Regular / trained)	6	6X1= 6	1	5	5
ENT Surgeon	2	2X1=2	0	2	2
Ophthalmologist	2	2X1=2	2	0	0
Orthopedic an	2	2X1=2	0	1	1
Radiologist	1	1X1=1	0	1	1
Casualty Doctors / General Duty Doctors	20	20X1= 20	7	13	13
Dental Surgeon	1	1X1=1	2	0	0
Hospital Manager	1	1X1=1	1	0	1
AYUSH Physician	4	4X1=4	0	4	4
Pathologists	2	2X1=2	0	2	2
Staff Nurse	20	20X1=20	4	16	16
Hospital worker (OP/ward +OT+ blood bank)	20	20X1=20	7	13	13
Ophthalmic Assistant	2	2X1=2	3	0	0
ECG Technician	1	1X1=1	0	1	1
Laboratory Technician (Lab + Blood Bank)	4	4X1=4	1	3	3
Maternity	4	4X1=4	4	4	0

assistant (ANM)					
Radiographer	2	2X1=2	0	2	2
Pharmacist[1]	6	6X1=6	2	4	4
Physiotherapist	2	2X1=6	0	2	2
Statistical Assistant	1	1X1=1	0	1	1

3.4.3 Services And others

As per IPHS norms

CHAPTER – 4

DISTRICT LEVEL PROGRAMMES ANALYSIS

4.1 Strengthening of District Health Management

Situation Analysis/ Current Status	The District Health Mission and Society have formed been registered in Siwan. There are 8 members with the District Magistrate as the chairman, the DDC as the vice-chairman and the Civil Surgeon as the member secretary of the society. The others members are the ACMO, RCH officer, superintendent sadar hospital, CEO nagar parishad, IMA secretary and District Welfare Officer. The Governing body meetings are held monthly under the chairmanship of the DM. Although the DHS formed and meetings conducted regularly but it needs proper training on planning and management.
Objectives / Milestones/ Benchmarks	District Health Society to make functional and empower to plan, implement and monitor the progress of the health status and services in the district.
Strategies	1. Capacity building of the members of the District Health Mission and District Health Society regarding the program, their role, various schemes and mechanisms for monitoring and regular reviews 2. Establishing Monitoring mechanisms 3. Provide ASHA as link workers to mobilize the community to strengthen health seeking behaviour and to promote proper utilization of health services.
Activities	1. Orientation Workshop of the members of the District health Mission and society on strategic management, financial management & GoI/GoH Guidelines. 2. Issue based orientation in the monthly Review and planning meetings as per needs. 3. Improving the Review and planning meetings through a holistic review of all the programmes under NRHM and proper planning. 4. Formation of a monitoring Committee from all departments. 5. Development of a Checklist for the Monitoring Committee. 6. Arrangements for travel of the Monitoring Committee 7. Sharing of the findings of the committee during the Field visits in each Review Meeting with follow-up of the recommendations.
Support required	1. Technical and financial assistance needs to be imparted for orientation and integration of societies. 2. A GO should be taken out that at the district level each department should monitor the meetings closely and ensure follow-up of the recommendations. 3. Instructions & directions from GoH for proper functioning of the societies and monitoring committee. 4. Funds to maintain society office & staff.

Timeline	2011-12 1.Orientation Workshops of the members of the District Health Mission and District Health society 1. Issues based workshops will be organized. 2. Formation of the monitoring Committee and will start the monitoring visits. 3.Reorientation Workshops 4.Workshops as per need 5.Strengthening of the Monitoring Committee

4.2 District Programme Management Unit

Status	In NRHM a large number of activities have been introduced with very definite outcomes. The cornerstone for smooth and successful implementation of NRHM depends on the management capacity of District Programme officials. The officials in the districts looking after various programmes are overworked and there is immense pressure on the personnel. There is also lack of capacities for planning, implementing and monitoring. The decisions are too centralized and there is little delegation of powers. In order to strengthen the district PMU, three skilled personnel i.e. Programme Manager, Accounts Manager and Data Assistant have being provided in each district. These personnel are there for providing the basic support for programme implementation and monitoring at district level. The District Programme Manager is responsible for all programmes and projects in district and the District Accounts Manager (DAM) is responsible for the finance and accounting function of District RCH Society including grants received from the state society and donors, disbursement of funds to the implementing agencies, preparation of submission of monthly / quarterly / annual SoE, ensuring adherence to laid down accounting standards, ensure timely submission of Ucs, periodic internal audit and conduct of external audit and implementation of computerized FMS. The District Nodal M & E Officer has to work in close consultation with district officials, facilitate working of District RCH Society, maintain records, create and maintain district resource database for the health sector, inventory management, procurement and logistics, planning and monitoring & evaluation, HMIS, data collection and reporting at district level. The District planning coordinator also has to work in close consultation with district programme manager and also has to additional work assigned by DPM. DPC has to prepare District health action plan. There is a need for providing more support to the CMHO office for better implementation especially in light of the increased volume of work in NRHM, monitoring and reporting especially in the areas of Maternal and Child Health, Civil works, Behavior change and accounting right from the level of the Sub

	center. The Civil surgeon's office is located in the premises of the only General hospital in the district due to which the hospital cannot expand and take on additional patients. The office of the District Family Welfare officer and other district health officials is also in hospital premises.
Objectives	Strengthened District Programme Management Unit
Strategies	1. Support to the Civil surgeon proper implementation of NRHM. 2. Capacity building of the personnel 3. Development of total clarity at the district and the block levels amongst all the district officials and Consultants about all activities 4. Provision of infrastructure for the personnel 5. Training of district officials and MOs for management 6. Use of management principles for implementation of District NRHM 7. Streamlining Financial management 8. Strengthening the Civil Surgeon's office 9. Strengthening the Block Management Units 10. Convergence of various sectors

Activities	1. **Support to the Civil surgeon** for proper implementation of NRHM through proper involvement of DPMU and more consultants for support to civil surgeon for data analysis, trends, timely reports and preparation of documents for the day-to-day implementation of the district plans so that the Civil Surgeon and the other district officers: • Finalizing the TOR and the selection process • Selection of consultants, one each for Maternal Health, Civil Works, Child health, Behavior change. If properly qualified and experienced persons are not available then District Facilitators to be hired which may be retired persons. **2. Capacity building of the personnel** • Joint Orientation of the District officers and the consultants • Induction training of the DPM and consultants • Training on Management of NRHM for all the officials • Review meetings of the District Management Unit to be used for orientation of the consultants 3. **Development of total clarity in the Orientation workshops** and review meetings at the district and the block levels amongst all the district officials and Consultants about the following set of activities: • Disease Control • Disease Surveillance • Maternal & Child Health • Accounts and Finance Management • Human Resources & Training • Procurement, Stores & Logistics • Administration & Planning • Access to Technical Support • Monitoring & MIS • Referral, Transport and Communication Systems • Infrastructure Development and Maintenance Division • Gender, IEC & Community Mobilization including the cultural background of the Meos

	• Block Resource Group • Block Level Health Mission • Coordination with Community Organizations, PRIs • Quality of Care systems 4. **Provision of infrastructure for officers**, DPM, DAM, DDM and the consultants of the District Project Management Unit. • Provision of office space with furniture and computer facilities, photocopy machine, printer, Mobile phones, digital camera, fax, Laptop etc; **5. Use of Management principles for implementation of District NRHM** • Development of a detailed Operational manual for implementation of the NRHM activities in the first month of approval of the District Action Plan including the responsibilities, review mechanisms, monitoring, reporting and the time frame. This will be developed in participatory consultative workshops at the district level and block levels. • Financial management training of the officials and the Accounts persons • Provision of Rs. 500000 as Untied funds at the district level under the jurisdiction of the Civil Surgeon • Compendium of Government orders for the DC, Civil surgeon, district officers, hospitals, CHCs, PHCs and the Subcentres need to be taken out every 6 months. Initially all the relevant documents and guidelines will be compiled for the last two years. 6. **Strengthening the Block Management Unit**: The Block Management units need to be established and strengthened through the provision of : • Block Programme Managers (BPM), Block Accounts Managers (BAM) and Block Data Assistants (BDA) for each block. These will be hired on contract. For the post of BPM and the BAM retired persons may also be considered. • Office setup will be given to these persons • Accountants on contract for each PHC since under NRHM Subcentres have received Rs 10,000, also the village committees will get Rs 10,000 each, besides the funds for the PHCs. • Provision of Computer system, printer, Digital Camera with date and time, furniture **7. Convergence of various sectors at district level** • Provision of Convergence fund for workshops, meetings, joint outreach and monitoring with each Civil Surgeon 8. **Monitoring the Physical and Financial progress** by the officials as well as independent agencies 9. **Yearly Auditing** of accounts
Support from state	1. State should ensure delegation of powers and effective decentralization. 2. State to provide support in training for the officials and consultants. 3. State level review of the DPMU on a regular basis. 4. Development of clear-cut guidelines for the roles of the DPMs, DAM and District Data Manager.

	5. Developing the capacities of the Civil Surgeons and other district officials to utilize the capacities of the DPM, DAM and M & E Ofully. 6. Each of the state officers Incharge of each of the programmes should develop total clarity by attending the Orientation workshops and review meetings at the district and the block levels for all activities.
Time Frame	2011-12 • Selection of District level consultants, their capacity building and infrastructure • Development of an operational Manual 2011-12 • Selection of Block management units and provision of adequate infrastructure and office automation • Capacity building up of District and Block level Management Units • Training of personnel • Reorientation of personnel

4.3 Maternal Health & JBSY

Objectives	1. 100% pregnant women to be given two doses of TT 2. 90% pregnant women to consume 100 IFA tablets by 2012 3. 70% Institutional deliveries by 2012 4. 90% deliveries by trained /Skilled Birth Attendant by 2012 5. 95% women to get improved Postnatal care by 2012 6. Increase safe abortion services from current level to 80 % by 2012
Strategies	1. Provision of quality Antenatal and Postpartum Care to pregnant women 2. Increase in Institutional deliveries 3. Quality services in the health facilities 4. Availability of safe abortion services at all APHC and PHC 5. Increased coverage under JBSY 6. Strengthening the Maternal, Child Health and Nutrition (MCHN) days 7. Improved behavior practices in the community
Activities	1. Identification of all pregnancies through house-to-house visits by ANMs, AWWs and ASHAs 2. Fixed Maternal, Child Health and Nutrition days • Once a week ANC clinic by contract LMO at all PHCs and CHCs • Development of a microplan for ANMs in a participatory manner • Wide publicity regarding the MCHN day by AWWs and ASHAs and their services • A day before the MCHN day the AWW and the ASHA should visit the homes of the pregnant women needing services and motivate them to attend the MCHN day • Registration of all pregnancies

- Each pregnant woman to have at least 3 ANCs, 2 TT injections and 100 IFA tablets
- Nutrition and Health Education session with the mothers

3. Postnatal Care
   - The AWW along with ANM will use IMNCI protocols and visit neonates and mothers at least thrice in first week after delivery and in total 5 times within one month of delivery. They will use modified IMNCI charts to identify problems, counsel and refer if necessary
4. Tracking bags
   - Provision of tracking bags for the left outs and the dropout Pregnant mothers
   - Training of ANMs and AWWs for the use of Tracking bags
5. Provision of Weighing machines to all Subcentres and AWCs
6. Availability of IFA tablets
   - ASHAs to be developed as depot holders for IFA tablets
   - ASHA to ensure that all pregnant women take 100 IFA tablets

7. Training of personnel for Safe motherhood and Emergency Obstetric Care (Details in Component on Capacity building)
8. Developing the APHC and PHC for quality services and IPHS standards (Details in Component Upgradation of APHC & PHCs and IPHS Standards)
9. Availability of Blood at the General Hospital and PHC
   - Establishing Blood storage units at GH and PHC
   - Certification of the Blood Storage centres
10. Improving the services at the Subcentres (Details in Component on Upgradation of Subcentres and IPHS)
11. Behaviour Change Communication (BCC) efforts for awareness and good practices in the community (Details in Component on IEC)
12. Increasing the Janani Suraksha coverage
    - Wide publicity of the scheme (Details in Component on BCC …)
    - Availability of advance funds with the ANMs
    - Timely payments to the beneficiary
    - Starting of Janani Suraksha Yojana Helpline in each block through Swasthya Kalyan Samitis
13. Training of TBAs focussing on their involvement in MCHN days, motivating clients for registration, ANC, institutional deliveries, safe deliveries, post natal care, care of the newborn & infant, prevention and cure of anaemia and family planning
14. Safe Abortion:
    - Provision of MTP kits and necessary equipment and consumables at all PHCs
    - Training of the MOs in MTP
    - Wide publicity regarding the MTP services and the dangers of unsafe abortions
    - Encourage private and NGO sectors to establish quality MTP services.
    - Promote use of medical abortion in public and private institutions: disseminate guidelines for use of RU-486 with Mesoprestol
15. Development of a proper referral system with referral cards
16. Improvement of monitoring of ANM tour programme and Fixed MCHN days
    - Fixed MCHN days and Tour plan of ANM to be available at the PHCs with the

	MOs • Checklist for monitoring to be developed • Visits by MOs and report prepared on basis of checklist filled • Findings of the visits by MOs to be shared by MO in meetings 17. RCH Camps: These will be organized once each quarter through NGOs/Rotary/Lions clubs to provide specialist services especially for RTI/STD cases.
State support	1. Issue of joint letters from Health & ICDS department for joint working 2. Ensuring availability of personnel especially specialists and Public Health Nurses for the 24 hour PHCs, APHC and two ANMs at the subcenter 3. Ensuring availability of formats and funds with the ANM for JBSY and timely payments 4. Certification of PHCs as MTP centres 5. The State should closely monitor the progress of all the activities

4.4 Newborn & Child Health

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

Childhood illnesses

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

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

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

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

6. Increase in the utilization of services to 100%
1. Improving feeding practices for the infants and children including breast feeding 2. Promotion of health seeking behavior for sick children 3. Community based management of Childhood illnesses 4. Improving newborn care at the household level and availability of Newborn services in all PHCs & hospitals 5. Enhancing the coverage of Immunization 6. Zero Polio cases and quality surveillance for Polio cases
1. Improving feeding practices for the infants and children including breast feeding • Study on the feeding practices for knowing what is given to the children • Education of the families for provision of proper food and weaning • Educate the mothers on early and exclusive breast feeding and also giving Colostrums • Introduction of semi-solids and solids at 6 months age with frequent feeding • Administration of Micronutrients – Vitamin A as part of Routine immunization, IFA and Vitamin A to the children who are anemic and malnourished **2.** Promotion of health seeking behavior for sick children and Community based management of Childhood illnesses • Training of LHV, AWW and ANM on IMCI including referral • BCC activities by ASHA, AWW and ANM regarding the use of ORS and increased intake of fluids and the type of food to be given • Availability of ORS through ORS depots with ASHA • Identification of the nearest referral center and also Transport arrangements for emergencies with the PRIs and community leaders with display of the referral center and relevant telephone numbers in a prominent place in the village **3.** Improving newborn care at the household level • Adaptation of the home based care package of services and scheduling of visits of all neonates by ASHA / AWW / ANM on the 1st, 2nd, 7th, 14th and 28th day of birth. • In case of suspicion of sickness the ASHA / AWW must inform the ANM and the ANM must visit the Neonate • Referral of the Neonate in case of any symptoms of infection, fever and hypothermia, dehydration, diarrhea etc; • Training on IMNCI of ASHA / AWW / ANM / MOs on the home based Care package • Supply of medicine kit and diagnosis and treatment protocols (chart booklets) for implementation of the IMNCI strategy • Strengthening the neonatal services and Child care services in Sadar hospital Siwan and all PHC. This will be done in phases. • In all of these units, newborn corners would be established and staff trained in management of sick newborns and immediate management of newborns. For all the equipment for establishing newborn corners, a five year maintenance contract would be drawn with the suppliers. The suppliers would also be responsible for installing the equipment and training the local staff in basic

operations

- The equipment required for establishing a newborn corner would include Newborn Resuscitation trolley, Ambubag and masks (newborn sizes), Laryngoscopes, Photo therapy units, Room warmers, Inverters for power back-up, Centralized oxygen and Pedal suctions
- Training of staff in Newborn Care, IMNCI and IMCI (MOs, Nurses) including the management of sick children and severely malnourished children.
- Availability of Pediatricians in all the District hospital and PHCs
- Ensuring adequate drugs for management of Childhood illnesses.

4. Strengthening the fixed Maternal and Child health days (Also discussed in the component on Maternal Health)

- Developing a Micro plan in joint consultation with AWW
- Organize Mother and Child protection sessions twice a week to cover each village and hamlet at least once a month
- Use of Tracking Bag
- Tracking of Left-outs and dropouts by ASHA, AWW and contacting them a day before the session
- Information of the dropouts to be given by ANM to AWW and ASHA to ensure their attendance
- Wide publicity regarding the MCHN days

5. Strengthening Immunization

1. Availability of trained staff including Pediatricians
2. Technical Support for training of the personnel
3. Timely availability of vaccines, drugs and equipment
4. Good cooperation with the ICDS and PRIs

4.5 Family Planning

Situation Analysis/ Current Status

Indicators	No. or Rate
Eligible Couple	5,50,770
% of Female Sterilization operations DLHS-03	17.2%
% of male Sterilization operations DLHS-03	0.2%
% of Couples using temporary method DLHS-03	24%

The awareness regarding contraceptive methods is high except for the emergency contraception. This is because of inadequate IEC carried out for Emergency Contraception

Currently 24% couples are using temporary methods of contraception and 17.4% have permanent sterilization (mainly Female sterilization). In temporary methods commonest use is of Condom, which has a high failure rate. Use of Copper –T is low. The community prefers female sterilization since there is gender imbalance and limited male involvement. Women also do not have decision-making power.

The reasons for the low use of permanent methods and Copper -T are due to inadequate motivation of the clients, inadequate manpower, limited skills of the ANMs for IUD insertion and also their irregular availability. The rejection rate is high since proper screening is not done before prescribing any spacing method.

	Copper T-380 – 10 year Copper T has been recently introduced but there is very little awareness regarding its availability. There is a need to promote this 10 yr Copper T Some socio-cultural groups have low acceptance for Family Planning. Promotion efforts for Vasectomy have been very infrequent and only 222 men have undergone Vasectomy. The current number of trained providers for sterilization services is insufficient.
Objectives	1. Reduction in Total fertility Rate. 2. Increase in Contraceptive Prevalence Rate to 70 % 3. Decrease in the Unmet need for modern Family Planning methods to 0% 4. Increase in the awareness levels of Emergency Contraception
Strategies	1. Increased awareness for Emergency Contraception and 10 yr Copper T 2. Decreasing the Unmet Need for Family Planning 3. Availability of all methods at all places 4. Increasing access to terminal methods of Family Planning 5. Promotion of NSV 6. Expanding the range of Providers 7. Increasing Access to Emergency Contraception and spacing methods through Social marketing 8. Building alliances with other departments, PRIs, Private sector providers and NGOs
Activities	• **1.** Expanding the range of Public Sector providers for Terminal methods • Each APHC and PHC will have one MO trained in any sterilization method. • All the APHC/PHC will have at least one MO posted who can be trained for abdominal Tubectomy. This method does not require a postgraduate degree or expensive equipment. • Similarly MOs will be trained for NSV • Specialists from District hospitals and PHCs will be trained in Laparoscopic Tubal Ligation. • At PHCs, one medical officer will be trained in NSV • Each PHC will be a static center for the provision of sterilization services on regular basis. The Static centers will be developed as pleasant places, clean, good ambience with TV, music, good waiting space and clean beds and toilets. • At selected PHCs where the EmOC intervention is undertaken, the medical officer will be trained for NSV. • Equipments and supplies will be provided at APHC and PHC for conducting sterilization services. • A systemic effort will be made to assess the needs of all facilities, including staff in position and their training needs, the availability of electricity and water, Operation theatre facilities for District hospitals/PHC/APHC, Inventory of equipment, consumables and waste disposal facilities and the condition, location and ownership of the building. • At least three functional Laparoscope's will be made available per team, as will the equipment and training necessary to provide IUD and emergency

	contraception services. The existing Laparoscope's need to be replaced. For effective coverage 4 teams are required with minimum three Laparoscope's for each team. • Vacant positions will be filled in on a contractual basis. • Access to Terminal Family Planning methods • Provision of Sterilization services every day in all the 3 hospitals • Organization of Sterilization camps on fixed days at all PHC • NSV • **2.** Formation of District implementation team consisting of DM, CS, District MEIO, Distt NSV trainer • One day Workshop with elected representatives, Media, NGOs, departments for sensitization and implementation strategy, fixing pre-camp, camp and post-camp responsibilities • Development of a Micro plan in one day Block level workshops • NSV camp every quarter in all hospitals initially and then PHCs and APHCs • IEC for NSV • Trained personnel • Follow-up after NSV camp on fixed days after a week and after 3 months for Semen analysis • Access to non-clinical contraceptives increased in all the villages • AWWs and ASHAs as Depot holders • **3.** Training in Spacing methods, Emergency Contraceptives and interpersonal communication for dissemination of information related to the contraceptives in an effective manner. • Supply of Emergency Contraceptives to all facilities • Access for the quality IUD insertion improved at all the 75 subcentres. • All the ANMs at 75 subcentres will be given a practical hands on training on insertion of IUD • **4.** Diagnosis and treatment of RTI/STI as per syndromic approach. The various screening protocols related to the IUD insertion enabling her to screen the cases before the IUD insertion. This will result in longer retention of IUDs. • Counseling of the cases • Repair of subcentres so that the IUD services can be provided and ensuring privacy and confidentiality. • IUD 380 A will be used due to its long retention period and can be used as an alternative for sterilization. • Awareness on the various methods of contraception for making informed choices • Discussed in the Component on IEC • **5.** Increasing the gender awareness of providers and increasing male involvement • Empowering women • Increasing male involvement in family planning through use of condoms

	for safe sex and also in Vasectomy. • BCC activities to focus on men for Vasectomy. • Gender sensitization training will be provided for all health providers in the CHC/PHC and integrated into all other training activities. • Service delivery sites for male methods by training health providers in NSV and conventional vasectomy will be expanded so that each CHC and Block PHC in the district has at least a provider trained in NSV. • **6.** Improving and integrating contraceptives/RCH services in PHCs and Sub-centers • Skill-based clinical training for spacing methods including IUCD insertion and removal, LAM, SDM and EC of Lady Health Visitors (LHVs) and Auxiliary Nurse Midwives (ANMs). • They will also be trained in infection prevention, counselling and follow up for different family planning methods. • MIS training will also be given to the health workers to enable them to collect and use the data accurately. • Their supervisors will be trained for facilitative supervision and MIS. • Follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers • **7.** Strengthening linkages with ICDS programme of women and child development department and ISM (Ayurveda) • A detailed action plan will be produced in co-ordination with the ICDS department for involvement of the AWWs and their role in increasing access to contraceptive services. • Department of health officials and ICDS officers will be orientated to the plan. • AWWs and their supervisors will receive technical training and training in communication skills and record keeping by Medical Officer of the PHC and LHV. • Staff of ISM department will be trained in communication and non-clinical methods to promote and increase the availability of FP methods. • **8.** Engaging the private sector to provide quality family planning services • Incentives and training to encourage private providers to provide sterilization services • Training private lady doctors in IUD insertion and promoting the provider will help to expand coverage of these services increase the total use of IUCD. • Detailed plan will be developed in consultation with the private sector for determining the amount and mode of payment, the regulation and monitoring frameworks necessary, and safeguards to ensure equity of access. • Training for the private sector will be provided as above, and approved, monitored providers will be promoted and eligible for discounted supplies. • Accreditation of private hospitals and clinics for sterilization and NSV • **9.** Role of ASHAs:

<table>
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Training for provide counseling and services for non-clinical FP methods such as pills, condoms and others.
Act as depot holders for the supplies of pills and condoms by the ANMs for free distribution
Procurement of pills and condoms from social marketing agencies and provide these contraceptives at the subsidized rate
Provide referral services for methods available at medical facilities
Assist in community mobilization and sensitization.
Building partnerships with NGOs
Creating an enabling environment for increasing acceptance of contraceptive services Innovative schemes will be developed for reaching out to younger men, women, newly married couples and resistant communities.
These will be and scaled up as appropriate.

</td></tr>
<tr><td>Support required</td><td>

Availability of a team of master trainers/ANM tutors and RFPTC trainers for follow up of trained LHVs and ANMs after one month and six months of training and provide supportive feedback to the service providers
A training cell will be created in the medical college for the training of the medical officers in the area of various sterilization methods
Availability of equipment, supplies and personnel

</td></tr>
<tr><td>Timeline</td><td>
<table>
<tr><th></th><th>2011-12</th></tr>
<tr><td>Training of MOs for NSV</td><td>10 MOs</td></tr>
<tr><td>Training of MOs for Minilap</td><td>5 MOs</td></tr>
<tr><td>Training of Specialists for Laparoscopic Sterilization</td><td>3 MOs</td></tr>
<tr><td>Sterilization Camps (Persons)</td><td>15000</td></tr>
<tr><td>Accreditation of private institutions for sterilization</td><td>10</td></tr>
<tr><td>Supply of Copper T – 380</td><td>5000</td></tr>
<tr><td>Emergency Contraception</td><td>3000</td></tr>
</table>
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4.6 ASHA (Accredited Social Health Activist)

Situation Analysis	ASHA is an honorary worker and will be reimbursed on performance-based incentives and will be given priority for involvement in different programmes wherever incentives are being provided (like institutional delivery being promoted under JBSY, motivation for sterilization, DOTS provider, etc.). It is conceived that she will be able to earn about Rs. 1,000.00 per month In district Siwan 2538 ASHAs have been selected and 2327 have received training.
Objectives	1. Availability of a Community Resource, service provider, guide, mobilizer and escort of community 2. Provision of a health volunteer in the community at 1000 population for healthcare 3. To address the unmet needs
Strategies	1. Selection and capacity building of ASHA. 2. Constant mentoring, monitoring and supportive supervision by district Mentoring group

Activities	1. Strengthening of the existing ASHAs through support by the ANMs and their involvement in all activities. 2. Reorientation of existing ASHAs 3. Selection of new ASHAs to have one ASHA in all the villages and in urban slums 4. Provision of a kit to ASHAs 5. Formation of a District ASHA Mentoring group to support efforts of ASHA and problem solving 6. Review and Planning at the Monthly sector meetings 7. Periodic review of the work of ASHAs through Concurrent Evaluation by an independent agency
Support required	1. Timely Payments to ASHA 2. Proper training.
Timeline	

Activity	2011-12
Selection of additional ASHAs	662
Total ASHAs	2538
Training of new & untrained ASHAs	211
Reorientation of the initial ASHAs	211
District ASHA Mentoring group	X

4.7 Immunization

Situation Analysis/ Current Status	As per DLHS 3 BCG immunization coverage is 87.1% but full immunization coverage is 52.4% only. It indicates the dropout rate is very high. This is also fact that some children belonging to upper and middle class family get immunized from private health facilities which data is not available. But still in our district some children are remaining unimmunized. Regarding Vitamin A supplement 70.3% of the children got at least one dose of Vitamin A. The reasons for children not being Immunized are related to the ignorance of the mothers on the importance of immunization, the place and time of Immunization sessions and fear of side effects. The community perceives that the Polio drops given repeatedly at the time of Pulse Polio campaign are equivalent to the complete immunization. The ANMs have to take the vaccines from the PHC headquarters resulting in them not reaching the hamlets and also the difficult areas and also the Pulse Polio campaign. Supervision is not done properly at PHC level. Also there is large gap between reported and evaluated coverage.
Objectives/ Milestones/ Benchmarks	Reduction in the IMR 100 % Complete Immunization of children (12-23 month of age) 100 % BCG vaccination of children (12-23 month of age) 100% DPT 3 vaccination of children (12-23 month of age) 100% Polio 3 vaccination of children (12-23 month of age) 100% Measles vaccination of children (12-23 month of age)

	100% Vitamin A vaccination of children (12-23 month of age)
Strategies	1. Strengthening the District Family Welfare Office 2. Enhancing the coverage of Immunization 3. Alternative Vaccine delivery 4. Effective Cold Chain Maintenance 5. Zero Polio cases and quality surveillance for Polio cases 6. Close Monitoring of the progress
Activities	1. Strengthening the District Family Welfare Office • Support for the mobility District Family Welfare Officer (@ Rs.3000 per month towards cost of POL) for supervision and monitoring of immunization services and MCHN Days • One computer assistant for the District Family Welfare Office will be provided for data compilation, analysis and reporting @ Rs 4500 per month. 2. Training for effective Immunization Training for all the health personnel will be given including ANMs, LHVs, FPWs, Cold chain handlers and statistical assistants for managing and analyzing data at the district. 3. Alternative vaccine delivery system (mobility support to PHCs for vaccine delivery) a. For Alternative vaccine delivery, Rs. 50 to the ANM will be given per session. It is proposed to hold one session per week per Subcentre. b. Mobility support (hiring of vehicle) is for vaccine delivery from PHC to MCHN days site where the immunization sessions are held for 8 days in a month 4. Incentive for Mobilization of children by Social Mobilizers • Rs.100 per month will be given to Social Mobilizers for each village for mobilization of children to the immunization session site. This money will be provided to ASHA wherever possible but if there is no ASHA then it will be given to someone nominated from the village by the PRIs. 6. Contingency fund for each block • Rs. 1000/ month per block will be given as contingency fund for communication. 7. Disposal of AD Syringes • For proper disposal of AD syringes after vaccination, hub cutters will be provided by Govt. of India to cut out the needles (hub) from the syringes. Plastic syringes will be separated out and will be treated as plastic waste. Regarding the disposal of needles, Pits will be formed at PHCs as per CPCB guidelines. For construction of the pits at PHCs a sum of Rs. 2000/ PHC has been provisioned. 8. Outbreak investigation • Rapid Action Team for epidemics will be formed • Dissemination of guidelines • Training of Rapid Action Team for investigating outbreaks who will in turn orient the ANMs during Sector meetings 9. Adverse effect following Immunization (AEFI) Surveillance: • Standard Guidelines have been developed at national level and will be disseminated to the district officials and block levels in Review meetings. 10. IEC & Social Mobilization Plans

	Discussed in details in the Component on IEC 11. Cold Chain • Repairs of the cold chain equipment (@ 3000/- per PHC & CHC will be given each year • For minor repairs, Rs. 10,000 will be given per year. • Electricity & POL for Genset & preventive maintenance (Running Cost) of Walk in Coolers (WICs) & Walk in Refrigerators (WIF) () @ 15000/equipment per two months plus Rs. 1000 per machine for POL for Genset. • Payment of electricity bills for continuous maintenance of cold chain for the PHCs @ 300 per month PHCs (vaccine distribution centers) has been budgeted under this head. • POL & maintenance of vaccine delivery van • @ Rs. 3000/month for maintenance and POL for Vaccine delivery van for regular supply of vaccine to the PHCs.
Support required	State to ensure the following: • Regular supply of vaccines and **Autodestruct syringes** • Reporting and Monitoring formats • Monitoring charts • Cold Chain Modules and monitoring formats • Temperature record books • Polythene bags to keep vaccine vials inside vaccine carrier • Polythene for the vaccines to avoid labels being damaged • Training of Cold Chain handlers • Training of Mid level managers

4.8 RNTCP (Revised National Tuberculosis Control Programme)

Situation Analysis/ Current Status

Indicators	No. / Rate
New Sputum Positive cases (NSP)	1291
Annualized new case detection rate per one lakh population	42.10/Lakhs
Total No. of patient put on treatment	3462
Annual total case detection rate per one lakh population	113/Lakhs
Cure rate of New Smear Positive cases	68%
Smear Conversion Rate	81%
Defaulter cases	6%
Failure cases	1%
Source : DTO Office	

To fight Tuberculosis the Revised National Tuberculosis Control Programme based on the DOTS regime was launched in 2006 in Siwan. Under this programme in District Siwan Tuberculosis Unit at microscopic centers were setup.

Objectives	1. 85 % Cure rate in New Cases 2. Detection of 70% new smear positive cases once cure rate of 85% is achieved 3. Reduction in the defaulter rate to less than 5% 4. Reduction in failure rate to less than 3%
Strategies	1. Improvement in the infrastructure 2. Improvement in the quality of the intervention 3. Increasing the outreach of the programme 4. Increasing the awareness regarding Tuberculosis
Activities	1. One more DMC as per norms 2. Improvement in the quality of testing of sputum • Training to the RNTCP staff in the district • Equipment maintenance – Microscope, Computer and Others • Adequate supply of drugs **3.** Increasing the outreach of the programme by Increasing the DOTS providers through involvement of ASHAs who will be paid Rs. 250 per caser for providing services. She will be oriented regarding DOTS. Also the AWH should be involved in reporting suspicious cases. Training will be given to ASHA for identifying the suspects. 4. Increasing the awareness regarding the various issues of Tuberculosis through involvement of Rotary clubs and the Lions clubs and NGOs. Special drive for detection of cases on World TB day through the involvement fo all departments **5.** DOTS regime to be strictly monitored through the VHWSC, the PRIs and the PHC MO
Support required	Timely supply of medicines
Timeline	2010-11 1. Increasing the DOT providers through ASHAs 2. Training to RNTCP staff and ASHA 3. Awareness drives 4. Involvement of the AWW

4.9 LEPROSY

Objectives	Eradication of Leprosy
Strategies & Activities	1. Detection of New cases 2. House to house visit for detection of any cases 3. IEC for awareness regarding the symptoms and effects of Leprosy 4. Prompt treatment to all cases 5. Rehabilitation of the disabled persons 6. Distribution of Medicine kit and rubber shoes 7. Honorarium to ASHA for giving MDT
Support required	Availability of regular supply of drugs
Timeline	**2011-12** House to house detection Wide publicity Rigorous follow-up

4.10 NATIONAL MALARIA CONTROL PROGRAMME

Situation Analysis / Current Status

Issues	No.	%
Total Blood Slides Examined (BSE)	15183	
Total Positive Cases: Plasmodium Vivax (Pv): Plasmodium Falciparum (Pf):	0	
Deaths:	0	

Now the Malaria program is known as National Vector Borne Disease Control programme. Under this District malaria Working Committee has been constituted and representatives from various departments are there but there is very little help from these departments. Malaria program is in maintenance phase in Siwan district.

The mosquito density of Anopheles Culifacies was found mainly from May to October whereas Anopheles Aegepti and Anopheles Stephensai were found throughout the year with a peak from April to Nov.

The main bottlenecks are related to shortage of manpower especially for the remote areas. Folloing are the descriptions of man power status.

Post Name	Sanctioned	In position	Vacant	Remarks
DMO	**1**	**1**	**0**	**All these posts come under state cadre**
AMO	**1**	**0**	**1**	
Malaria Inspector	**6**	**1**	**5**	
Lab Technician	**15**	**1**	**14**	
Clerk	**2**	**1**	**1**	
BHI	**15**	**2**	**13**	
BHW	**53**	**6**	**47**	
Driver	**2**	**0**	**2**	
Mechanic	**1**	**0**	**1**	
Motor Cleaner	**2**	**0**	**2**	
SFW	**2**	**1**	**1**	
FW	**4**	**1**	**3**	
Peon	**2**	**1**	**1**	
Sweeper	**1**	**1**	**0**	

Objectives

Reduction in SPR, API, PFR death rate

Strategies

1. Provision of additional Manpower
2. Training of personnel
3. Strengthening of Malaria clinics
4. Addressing Disease outbreak
5. Health education
6. Involvement of Private sector
7. Innovative methods of Mosquito control

Activities

1. Provision of additional Manpower
   - Hiring of personnel till regular staff in place
2. Training of personnel

	The MOs, Laboratory Technicians, ANMs, ASHAs will be trained in various techniques relating to the job 3. Strengthening of Malaria clinics • Provision of Proper equipment and reagents – Fogging machines, sprayers, • Provision of Jeep, 4. Addressing Disease outbreak • District Outbreak teams will be created at the district headquarter • In the team MO, LT, one field worker • Provision of mobility, Lab equipments, spray equipment 5. Health education to the community through the ANMs, AWW, ASHAs, RMPs, Ayush personnel 6. Involvement of Private sector: The private practitioners will be closely involved
Support required	• Availability of supplies • Filling up of vacancies • Supply of health Education material

Timeline

Activity / Item	**2011-12**
Hiring Contractual Staff	X
Purchase of Jeep	X
Fogging & Spraying	X
Hoardings	19 PHC, 1 SH 56 APHC
IEC activities	X

4.11 BLINDNESS CONTROL PROGRAMME

D-5. BLINDNESS CONTROL PROGRAMME

Situation Analysis/ Current Status

Indicators	No.
Total Cataract surgery performed	4628
Cataract surgery with IOL	1567
School going children screened	0
Children detected with refractive error	0
Children provided with free corrective spectacles	0

Eye Care is being provided through the Sadar Hospital, There are 3 Ophthalmic Assistants in the district posted at Sadar Hospitals and BPHC don't have Ophthalmologists. The norm for GOI is 1 eye surgeon for a population of one lakh. Hence in this district at least 32 Eye Surgeons are required. The norm for Ophthalmologist to Ophthalmic Assistant is 1: 3-4

Data is not available regarding this from Private sector.

The numbers of surgeries need to be at least triple to tackle the blindness due to Cataract.

There is no Eye Bank or Eye donation center in District Siwan. The nearest Eye Bank is at PMCH Patna.

<table>
<tr><td>Objectives</td><td>
1. Reduction in the Prevalence Rate of blindness to 0.5 %
2. Decrease in the Prevalence Rate of Childhood blindness to 0.6 % per 1000 children by 2010
3. Usage of IOL in 95% of Cataract operations
</td></tr>
<tr><td>Strategies</td><td>
1. Provision of high quality Eye Care
2. Expansion of coverage
3. Reduce the backlog of blindness
4. Development of institutional capacity for eye care services
</td></tr>
<tr><td>Activities</td><td>
1. Determining the prevalence of Cataract through a study by an external agency.
• One time house-to-house survey for study of prevalence of vision defects and Cataract of entire population leading to referrals and appropriate case management including cataract surgeries
2. Increasing the number of Ophthalmologists either by hiring or through involvement of Private Sector.
3. Training in IOL to Ophthalmologists
4. Training of Paramedical staff and Teachers, NGOs, Patwaris and AWW for screening of school children and IEC activities.
5. AMC for all equipment will be done.
6. Equipment
• Repair of Synaptophore and Operating Microscope
• Purchase of Ophthalmic Chair, Slit Lamp, Operating Microscope, Synaptophore, A Scan biometry, Keratometer, Direct and Indirect Ophthalmoscope
7. Construction of Eye Unit in Hospitals and later PHCs
8. Supply of basic Eye medicines like eye drops, eye ointments and consumables for Primary Eye Care in PHCs/CHCs.
9. All PHCs and CHCs to be developed for vision screening and basic eye care
<table>
<tr><td>Eye Care centre</td><td>Vision Centre</td><td>Screening</td></tr>
<tr><td>Eye Surgeon</td><td>Primary Eye Care</td><td>Identify Blind</td></tr>
<tr><td>Treatment of eye conditions and follow-up</td><td>Vision Test</td><td>Maintain Blind Register</td></tr>
<tr><td>Training</td><td>Screening Eye Camps</td><td>Motivator</td></tr>
<tr><td>Supervision</td><td>Referral for surgery</td><td>Referral</td></tr>
</table>
10. Blind Register to be filled up by the AWW, together with PRIs
11. Eye Camps with the involvement of Private sector and NGOs
12. School Eye Screening sessions
13. IEC activities
</td></tr>
<tr><td>Support required</td><td>Procurement of latest equipment for hospitals by GOI
Timely Repair of equipment</td></tr>
<tr><td>Timeline</td><td>2011-12
Health Mela
Development of PHCs as Vision Centers
Development of Sadar Hospital Siwan as Eye Unit
School Screening
Cataract Camps</td></tr>
</table>

4.12 VITAMIN-A SUPPLEMENTATION PROGRAMME

Background

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

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

Biannual Child Health Package of Services

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

Coverage Pattern

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

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

Problematic Areas

Objective:-

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

Strategies:

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

Gaps*:*

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

Activities:

1. Updation of Urban and Rural site micro –plan before each round.
2. Improving intersectional coordination to improve coverage
3. Capacity building of service provider and supervisors
4. Bridging gaps in drug supplies
5. Urban Planning for Identification of Urban site and urban stakeholder
6. Human resource planning for Universal coverage
7. Intensifying IEC activities for Community mobilization
8. Strengthening existing MIS system and incorporating 9 doses of Vitamin-A in existing reporting structure
9. Strong monitoring and supervision in Urban areas.
10. Additional Sites formed on every non-functional AWCs and hard to reach area.
11. Socially excluded area where there is no proper implementation of Vitamin- A programme is held.
12. To organize awareness generation on AWCs, Community and special focus on marginal section of the society and Urban areas also.

Sl.No.	Activities	Unit	Total units	Unit cost for 1 Round @ Rs.
1	2	3	4	5
I.	**Micro Planning**			
	Orientation, Stationary, Data compilation, Validation, Up-dating	19 PHC and 3 Urban Units= 22 units	22	1000
II.	**Inter-sectoral Co-ordination and Convergence**			
	Constitution of District level Task Force, and organizing meetings of District coordination committee	1	1	5000
	Constitutions Task Force, and organizing meetings of Block coordination committee	19	19	1500
III.	**Capacity Building**			
	Training and Capacity Building of Service Providers	19 PHC and 3 Urban Units= 22 units	22	5000
IV.	**Urban Health Intervention Strategy**			
	Strategy Planning Meetings, Orientations of Stakeholders & Volunteers, Resource Planning, Site-management	3 Municipal Area	3	5000
	Orientation of Urban Supervisors	1 Municipal Area	1	2500

V.	**Human Resource**			
	Honorarium to Urban vaccinators	150 Urban sites	150	100
	Honorarium to Volunteers, AWWs, ASHA to function as service provider	2618 AWWs/ASHAs/ and 10% of AWC-Volunteers= (2618+2618*10%)	2880	100
	Honorarium to the Urban Supervisor	1 Supervisor / 10 sites	15	400
VI.	**Management Information System for Monitoring VAS Program**			
	Availability of Immunization cards [JBR Cards ,Reporting Formats, Record & Registers,	19 PHC & 1 urban area	20	10000
VI.	**Logistics and Procurement**			
	Need Assessment and Procurement of Vitamin- A Syrup [Children 9m-5yrs =4,79,542 children	9221 VA bottles	9,221	52
	Mobility Support for Carrying Vitamin A bottles from district to PHCs	19 PHC & 1 urban area	20	3000
VII.	**IEC/BCC**			
	Posters, Banners, Flexes, etc	19 PHC & 3 Municipal area urban area	22	10000
IX.	**Program Monitoring and Review**			
	Mobility Support : Hiring of Vehicles & POL	19 PHC & 1 urban area	20	6000

ANNUAL PLAN FOR PROGRAMME PERFORMANCE & BUDGET FOR THE YEAR 1ST APRIL 2011 TO 31ST MARCH 2012

District _- Siwan_ ___ State _- Bihar_____ ___

This action plan and budget have been approved by the DTCS.

*Signature of the DTO*_____

Name **Dr. Nirbhay Kumar Jain** *Designation* - **District Tuberculosis Officer (DTO)**

Section-A – General Information about the District

1	Population (in lakh) please give projected population 2009	3193915
2	Urban population	201089
3	Tribal population	0
4	Hilly population	0
5	Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers, urban slums)	0

(These population statistics may be obtained from Census data /District Statistical Office)

Does the district have a DTC_____YES_____

ORGANIZATION OF SERVICES IN THE DISTRICT:

S. No.	Name of the TU	Population (in Lakhs)	Please indicate if the TU is-		No. of MCs		
			Govt	NGO	Govt	NGO	Private
1	DTC	777010	Yes		2	0	0
2	Basantpur	638861	Yes		3	0	0
3	Daraundha	546372	Yes		3	0	0
4	Mairwa	497592	Yes		3	0	0
5	Raghunathpur	734080	Yes		5	0	0
6							
7							
8							
9							
	DISTRICT	**3193915**			**16**	**0**	**0**

RNTCP performance indicators:

Important: Please give the performance for the last 4 quarters i.e. **July 2008 to June 2009**

TB Unit	Total number of patients put on treatment	Annualized total case detection rate (per lakh pop)	No of new smear positive cases put on treatment	Annualized New smear positive case detection rate (per lakh pop)	Cure rate for cases detected in the last 4 corresponding quarters	Plan for the next year	
						Annualized NSP CDR	Cure rate (85%)
DTC	865	112.96	348	60.44%	73.98%	65%	80%
Basantpur	674	107.39	318	67.39%	70.77%	70%	80%
Daraundha	599	111.94	235	58.41%	94.69%	65%	95%
Mairwa	447	91.91	181	49.50%	44.80%	60%	60%
Raghunathpur	747	103.34	301	55.38%	85.33%	62%	90%
	3332	**106.19**	**1383**	**58.62 %**	**74.80%**	**65%**	**82%**

Section B – List Priority areas for achieving the objectives planned:

S.No.	Priority areas	Activity planned under each priority area
1	Case Finding	1 a) Formation of DOT provider network according to population norms.
		1 b) Opening new DMC's in newly proposed PHC's
2	Case Holding	2 a) Ensuring DOT provider renumeration.
		2 b) Involvement of ASHA, AWW, P.P. and Community volunteers in DOT providers network.
3	Increased fund utilization in DHS	3 a) Approval of Annual Action Plan from DHS at the beginning of financial year.
4	Supervision and monitoring	4 a) Vehicle hiring for DTO and MOTC for Monitoring and supervision.
		4 b) Review of supervision activities of STS/STLS in bi-monthly meetings by DTO and CS
5	Referral and transfer out mechanisms	5 a) Establishing electronic referral and transfer out mechanisms.
		5 b) Review of monthly, quarterly reports and referral, transfer out forms by DTO.
6	Drugs and logistics management.	6 a) Reconstitution of drugs according to guidelines.
		6 b) Drugs and logistics record keeping according to RNTCP RNTCP guidelines.
7	Quality assurance protocol	7 a) Lab consumables testing to ensure quality of reagents.
		7 b) Timely, accurate feedback and corrective action by DTO based on SOE and RBRC findings.
		7 c) Timely and accurate reporting of RBRC activities including electronic reporting to State and STDC.
8	Financial Management.	8 a) preparation of Annual Action Plan and get it approved by DHS.
		8 b) Timely and accurate submission of SOE.

Section C – Plan for Performance and Expenditure under each head:

Civil Works

Activity	*No. required as per the norms in the district*	*No. actually present in the district*	*No. planned for this year*	*Pl provide justification if an increase is planned (use separate sheet if required)*	*Estimated Expenditure on the activity*	*Quarter in which the planned activity expected to be completed*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
DTC Upgradation	1	*1*	*0*	*Up gradation of DTC, TU*	*4500.00*	*0*
No. of TUs upgraded	*6*	*5*	*1*	*One New TU Planned*	*35000.00*	
No. of MCs upgraded	*32*	*16*	*3*	*Three DMC Planned &* *16 DMC Maintained*	*90000.00* 16000.00	
Upgradation of Drugs Store for 2nd line TB-Drugs at DTC	*1*	*0*	*1*		30000.00	
				TOTAL	***175500.00***	

Laboratory Materials

Activity	*Amount permissible as per the norms in the district*	*Amount actually spent in the last 4 quarters*	*Procurement planned during the current financial year (in Rupees)*	*Estimated Expenditure for the next financial year for which plan is being submitted* *(Rs.)*	*Justification/ Remarks for (d)*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Purchase of Lab Materials	480000.00	*217186.00*	*400000.00*	***450000.00***	

Honorarium

Activity	*Amount permissible as per the norms in the district*	*Amount actually spent in the last 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted* *(Rs.)*	*Justification/ Remarks for (d)*

	(a)	(b)	(c)	(d)	(e)
Honorarium for DOT providers (both tribal and non tribal districts)	*900000.00*	*178000.00*	*60000.00*	3000000.00	***3000000.00 Amount dues from 2007 to 2010***
	No. Presently involved in RNTCP			*Additional enrolment proposed for the next fin. year*	
Community Volunteers	*3*			*7200.00 Honorarium for Sputum Transport.*	
DOTs Plus Providers	*2500/per patients*	*0*	*25000.00*	***25000.00***	
			Total	***3032200.00***	

IEC/Publicity:

Permissible budget as per Norms:
Budget for next financial year proposed as per action plan detailed below:

Target Group/ Objective	Activities Planned at District Level						Total activities proposed during next fin. year	Estimated Cost per activity unit	Total expenditure for the activity during the next fin. year
	Activity (All activities to be planned as per local needs, catering to the target groups specified)	No. of activities held in last 4 quarters	No of activities proposed in the next financial year, quarter wise						
			Apr-Jun	July-Sep	Oct-Dec	Jan-Mar			
Patients and General public / for awareness generation and social mobilization	Outdoors: - wall paintings (1 each for all Villages) - Hoardings (for all Urban areas) - Tin plates (for all strategic locations & small shops) - Banners - others			200 2	0 0	0 0	200 2	500.00 10000.00	100000.00 20000.00
	Outreach activities: - Patient provider interaction meetings - Community meetings - Mike publicity - Others		30 10	30 10	30 10	30 10	120 40	100.00 300.00	12000.00 12000.00
	Puppet shows/ street plays/etc.								
	School activities								
	Print publicity - Posters - Pamphlets - Others								
	Media activities on Cable/local channels Radio								

	Any other activity (Cinema slides)								
Opinion leaders/NGOs for advocacy	Sensitization meetings (ASHA)					19	19	4000.00	76000.00
	Media activities								
	Power point Presentations / one to one interaction								
	Information Booklets/ brochures								
	World TB Day activities		1				1	5000.00	5000.00
	Any other public event								
Health Care providers – public and private	- CMEs - Interaction meetings - one to one interaction meetings								
	- Information Booklets - Any other 2012 Calendar						150	100	15000.00
Any Other Activities proposed									
TOTAL									**240000.00**

Equipment Maintenance:

Item	*No. actually present in the district*	*Amount actually spent in the last 4 quarters*	*Amount Proposed for Maintenance during current financial yr.*	*Estimated Expenditure for the next financial year for which plan is being submitted* *(Rs.)*	*Justification/ Remarks for (d)*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Computer *(Maintenance includes AMC, Software and hardware upgrades, Printer Cartridges and Internet expenses, fax, OHP, etc)* MICE, Horan	*1* 2			*30000.00*	
Photocopier *(Includes AMC, Toner etc)*	*1*			*1000.00*	
FAX	*1*			*1000.00*	
OHP	*1*				
Binocular Microscopes (RNTCP)	*25*	*0*	*7000.00*	*37500.00*	
			Total=	***69500.00***	

Training:

Activity	No. in the district	No. already trained in RNTCP	No. planned to be trained in RNTCP during each quarter of next FY (c)				Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
			Q1	Q2	Q3	Q4			
	(a)	(b)					(d)	(e)	(f)
Training of MOs	140		1	2	2	2	0	56000.00	
Training of LTs of DMCs- Govt + Non Govt	27		1	2	2	2		15000.00	
Training of MPWs									
Training of MPHS, pharmacists, nursing staff, BEO etc									
Training of Comm Volunteers	500		1		1			27800.00	
Training of Pvt Practitioners									
Other trainings #									
Re- training of MOs									
Re- Training of LTs of DMCs	16	0	0	0	0	0	0	4400.00	
Re- Training of MPWs									
Re- Training of MPHS									
Re- Training of Pharmacists									
Re- Training of nursing staff, BEO									
Re- Training of CVs	2000	0	0	0	0	0	0	40000.00	
Re-training of Pvt Practitioners									
TB/HIV Training of MOs									
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc									

DOTs Plus Training to All Para Medical Staff including STS, STLS, LT and A.N.M. (App. 400)	*400*	*0*	*10*	*10*	*10*	*10*	*0*	*260000.00*	
TB/HIV Training of STS									
Provision for Update Training at Various Levels(key staff & MO-PHIs)									
Any Other Training Activity *AYUSH MOs* QUACK TRAINING	30 500			1	1	0 1		1800.00 30000.00	
TOTAL								***435000.00***	

 # Please specify

Vehicle Maintenance:

Type of Vehicle	*Number permissible as per the norms in the district*	*Number actually present*	*Amount spent on POL and Maintenance in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted* *(Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
Four Wheelers	*0*	*0*	*0*	*0*	*0*	*0*
Two Wheelers	*6*	*5*	*53368.00*	*125000.00*	*150000.00*	*1 MORE TU PROPOSED*
				TOTAL (d+e)	***150000.00***	

Vehicle Hiring:

Hiring of Four Wheeler	*Number permissible as per the norms in the district*	*Number actually present*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
For DTO	*225000.00*	*1*	*22400.00*	*210000.00*	*225000.00*	
For MO-TC	*365000.00*	*4*	*0*	*0*	*365000.00* 882000.00	*MO-TC dk 2006 l 2010 rd dk cdk;k gA*
				TOTAL (d+e)	***1472000.00***	

NGO/ PP Support:

Activity	*No. of currently involved in RNTCP in the district*	*Additional enrolment planned for this year*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted* *(Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
NGOs involvement scheme 1					-	
NGOs involvement scheme 2					-	
NGOs involvement scheme 3					-	
NGOs involvement scheme 4					-	
NGOs involvement scheme 5					-	
NGOs involvement unsigned					-	
Private practitioners scheme 1					-	
Private practitioners scheme 2A					-	
Private practitioners scheme 2B					-	
Private practitioners scheme 3					-	
Private practitioners scheme 4					-	
				TOTAL	**-**	

NGO/ PP Support: (New schemes w.e.f. 01-10-2008)

Activity	*No. of currently involved in RNTCP in the district*	*Additional enrolment planned for this year*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted* *(Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*	*(f)*
ACSM Scheme: TB advocacy, communication, and social mobilization						

SC Scheme: Sputum Collection Centre/s						
Transport Scheme: Sputum Pick-Up and Transport Service						
DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)						
LT Scheme: Strengthening RNTCP diagnostic services						
Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services						
Adherence scheme: Promoting treatment adherence						
Slum Scheme: Improving TB control in Urban Slums						
Tuberculosis Unit Model						
TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk groups (HRGs)						
				TOTAL(D+E)		

Miscellaneous:

*Activity**	*Amount permissible as per the norms in the district*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted* *(Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Official work, Office Stationary, Telephone bills, Photostat bill & Other work. etc.	*480000.00*	*155091.00*	*480000.00*	*605000.00*	
Computer	*1*	*0*	*35000.00*		
Almirah	*5*		*35000.00*		
Table	*10*		*35000.00*		

Chair	*10*		*20000.00*		
			TOTAL	***605000.00***	

** Please mention the main activities proposed to be met out through this head*

Contractual Services:

Activity	*No. required as per the norms in the district*	*No. actually present in the district*	*No. planned to be additionally hired during this year*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*		*(d)*	*(e)*	
Medical Officer-DTC	*Not to be filled*	*-*	*-*		*-*	*-*	
DOTs Plus TB-HIV Supervisor	*1*	*0*	*0*	*0*	*0*	*180000.00*	
STS	*6*	*4*	*2*	*537120.00*	*621000.00*	*936000.00*	
STLS	*6*	*3*	*3*	*493665.00*	*621000.00*	*928200.00*	
TBHV	*2*	*1*	*1*	*113023.00*	*190800.00*	*215400.00*	
DEO	*1*	*1*	*0*	*110777.00*	*86400.00*	*112200.00*	
Accountant – part time	*1*	*1*	*0*	*34893.00*	*28800.00*	*38600.00*	
Contractual LT		*8*	*5*	*1071614.00*	*1092000.00*	*1433100.00*	
						3843500.00	

Printing:

Activity	*Amount permissible as per the norms in the district*	*Amount spent in the previous 4 quarters*	*Expenditure (in Rs) planned for current financial year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*	*(e)*
Printing*	*480000.00*	*0*		***480000.00***	*Print Material Supplied by State*

** Please specify items to be printed*

Research and Studies:

Any Operational Research project planned (Yes)
(Post Graduate grant for one research paper from Medical College)
(If yes, enclose annexure providing details of the Topic of the Study, Investigators and Other details)

Whether submitted for approval/ already approved? (Yes/No) _____
Estimated Budget (to be approved by STCS).__________

Medical Colleges

Activity	*Amount permissible as per norms*	*Estimated Expenditure for the next financial year(Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*
Contractual Staff: ▪ *MO (In place: Yes/No)* ▪ *STLS (In place: Yes/No)* ▪ *LT (In place: Yes/No)* ▪ *TBHV (In place: Yes/No)*	0	0	*0*
Research and Studies: ▪ Thesis of PG Student ▪ Operations Research*	0	0	*0*
Travel Expenses for attending STF/ZTF meetings	*0*	*0*	*0*
IEC: Meetings and CME planned	*0*	*0*	*0*

** Expenditure on OR can only be incurred after due approvals of STF/ STCS/ZTF/CTD (as applicable)*

Procurement of Vehicles:

Equipment	*No. actually present in the district*	*No. planned for this year*	*Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)*	*Justification/ remarks*
	(a)	*(b)*	*(c)*	*(d)*
*4-wheeler ***	*0*	*0*	*0*	*0*
2-wheeler	*5*	*6*	***300000.00***	*1 for new TU* 5 for existing TU

** Only if authorized in writing by the Central TB Division

Procurement of Equipment:

Section D: Summary of proposed budget for the district –

S. No.	Category of Expenditure	Budget estimate for the coming FY 2009- 10 *(To be based on the planned activities and expenditure in Section C)*
1	Civil works	1,75,500.00
2	Laboratory materials	4,50,000.00
3	Honorarium	30,32,200.00
4	IEC/ Publicity	2,40,000.00
5	Equipment maintenance	69,500.00
6	Training	4,35,000.00
7	Vehicle maintenance	1,50,000.00
8	Vehicle hiring	14,72,000.00
9	NGO/PP support	0.00
10	Miscellaneous	6,05,000.00
11	Contractual services	38,43,500.00
12	Printing	4,80,000.00
13	Research and studies	0.00
14	Medical Colleges	0.00
15	Salaries of regular staff**	0.00
16	Procurement – drugs	0.00
17	Procurement –vehicles	3,00,000.00
	TOTAL	**1,12,52,700.00**

*** Only if authorized in writing by the Central TB Division*

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan with budget

Name of the District: Siwan

Sr. No.	STRATEGIES / Activities	Component Code (only at state level)	Output 2012	Activity Plan							Budget Plan									
				2010-2011FY				2011-2012 FY			2010-2011 FY						2011-2012 FY			
				Activity planned (X)	Activity Executed (Y)	Variance (X~Y)	Reasons for Variance	Activity planned including previous yrs gap {Z+(X~Y)} =AP	Special efforts to overcome constraints (Process to be adopted)	time line of activities	Tentative Unit Cost (A)	Budget Planned {X x (A)} = B	Budget received B or C (< or > than planned)	Budget utilised {Y x (A)} = D	Fund to be used	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
										Q1 Q2 Q3 Q4										

A		**RCH**																						
A .1		**1. Mater-nal 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	At Present only one blood bank is operational	1	Required infrastructure is arrenged to start soon	2	2	2	2	456000	912000	684000	180000	276000	504000	570000	912000		Total amount required in 2011-12 is 1140000 out of 228000 is carry forward from previous year

	A.1.1.2	**1.1.2 Operationalise 24x7 PHCs (Organise workshops on various aspects of operationalisation of 24x7 services at the facilities @ Rs. 25,000 / year / district)**			1	0	1	Fund not received	1		0	1	0	0	25000	25000	0	0	0	0	25000	25000				
	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		0				
	A.1.1.5	**Operationalise Sub-centres**														0	0			0		0				
	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**			456	0	456	guidelines not clear	456		114	114	114	114	833	380000	380000	0	0	380000	833	0		Total amount 380000 is required in FY 2011-12 and total is carry forward from Previous year.
	A.1.3.2.	**1.3.2. Monthly Village Health and Nutrition Days at AWW Centres**			19	0	19	Planned for 4th Qtr.	19		0	0	19	0	17498	332480	332480	0	332480	0	21873	415587		
	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/-)**			345	0	345	This plan is not started in district so fund transferred in ID	25000	Demand for adequet money	6250	6250	6250	6250	500	172500	172500	172500	0	0	500	12500000		
	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**			#####	#####	0		60000		150000	150000	150000	150000	2000	90200000	90200000	45100000	45100000	0	2000	120000000		
	A.1.4.2.2	**1.4.2.2 Urban (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries**			625	625	0		1000		250	250	250	250	1200	750000	750000	480000	270000	0	1200	1200000		
	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)**			300	60	240	Lack of surgeon and infrastructure	600	Posting of new doctors is under process	150	150	150	150	1500	450000	450000	90000	90000	270000	1500	900000		Out of required 900000 amount 270000 is carry forward from previous year

	A.1.4.3	**1.4.3 Other Activities(JSY) 1.4.3. Monitor quality and utilisation of services and Mobile Data Centre at HSC and APHC Level and State Supervisory Committee for Blood Storage Unit**			0	0	0	Fund is used in different activities like shishu pratiyogita, mobility etc.	0		0	0	0	0	0	0	1620000	165000	500000	955000	0	955000		Carry forward from prev year. No requirement of further money.
		Total (JSY)					0									0	0			0		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			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**			1	1	0		1		0	1	0	0	135000	135000	135000	0	135000	135000	135000	135000		
	A.2.2	**2.2 Facility Based Newborn Care/FBNC in districts (Monitor progress against plan; follow up with training, procurement, view meeting etc.) 2.2.1. Implementation of FBNC activities in districts. (Monitor progress against plan; follow up with training, procurement, etc.)**			3	0	3	Remaining visits are proposed for last Qtr.	3		1	1	1		38000	114000	114000	0	0	114000	3	114000		Carry forward from prev year. No requirement of further money.

	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)			1483	235	1248	Planned in 4th Qtr.	4000		1000	1000	1000	1000	2500	3708502	3708502	587000	2000000	1121502	2500	10000000		carry forward is 1121502 and rest amount 8878498 required.
	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			1	0	1	Tender pending at SHSB	1		1	1	1	1		1758070	1758070	0	0	1758070		2197588		carry forward is 1758070 and rest amount 439517 required.
	A.2.7.	2.7 Management of Diarrhoea, ARI and Micro nutrient			7050	3525	3525	starting from 28th dec 10	8000		4000	0	4000	0	40	282000	282000	141000	141000	0	50	400000		
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	Planned in 4th Qtr.	1		0	1	0	0	22000	22000	22000	0	22000	22000	25000	25000		
	A.3.1.2	3.1.2 Female Sterilisationcamps			456	90	366		300		25	25	125	125	1000	456000	456000	90000	120000	246000	1000	300000		Rs. 246000 is carry forward. Only 54000 required

																							more.
	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)**			20	0	20	lack of awareness	20		5	5	5	5	10000	200000	200000	0	0	200000	10000	200000		No requirement. Total amount is carry forward
	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)**			#####	3500	#####	Program is running and will continue in last qtr.	12000		1000	1000	4000	6000	1000	15653500	15653500	3500000	10000000	13500000	1000	12000000		Rs.10000000 is needed and rest is carry forwarded from previous year.
	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**			825	65	760	Poor turnout of male for NSV	1000	IEC and public awareness	25	25	50	100	1500	1236750	1236750	97500	60000	1079250	1500	1500000		Amount Rs. 420750 is required while rest Rs. 1078250 is carry forwaded.

	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)**			4790	258	45532	Less accreditation of private hospital	2000	Focus to accreditate more hospitals	200	200	600	10000	1500	7185000	7185000	387000	1050000	6798000	1500	3000000		Total 5748000 is carry forward. Only 3000000 is required. Rs. 2780000 is extra.
	A.3.2	**3.2. Spacing Methods**					0									0	0			0		0		
	A.3.2.1	**3.2.1. IUD Camps**			200	80	120		200		50	50	50	50	1500	300000	300000	120000	60000	1200000	1500	300000		Rs. 120000 is carry forward. Only 180000 is required.
	A.3.2.2	**3.2.2 IUD services at health facilites/compensation**			#####	8000	26944		16000		40000	40000	40000	40000	50	534700	534700	400000	134700	0	50	800000		
	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)**	9		19	0	19	Plan for 4th Qtr	19		0	0	19	0	7135	135470	135470	0	135470	135470	8919	169456		
	A.3.3	**3.3 POL for Family Planning for 500 below sub-district facilities**			20	3	17		20		2	2	8	8	16200	324000	324000	48600	0	275400	20250	405000		Rs. 275400 is carry forward and 129600 is required.
	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)**			1	1	0		5		2	1	1	1	14763	14763	14763	14763		0	14763	73815		

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	Planned for 4th qtr.	2		0	1	0	1	25000	25000	25000	25000		0	25000	50000		
	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)**			17	0	17	Planned for 4th qtr.	20		5	5	5	5	25000	425000	425000	0	425000	0	250000	5000000		
	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**			25	0	25	File is in process	25		25	0	0	0	5000	1500000	1500000	0		1500000	5000	1500000		
	A.9.1.2	**9.1.2 Laboratory Technicians**			6	3	3		6		6	6	6	6	6500	351000	351000	175500	0	175500	6500	468000		Rs 175500 is carry forward rest 292500 is required.
	A.9.1.3	**Staff Nurses**			68	10	58	not requirited	50		50	50	50	50	12000	9792000	9792000	1307000	720000	7765000	12000	7200000		Total carry forward. No requirement.

	A.9.1.4	**9.1.4 Doctors and Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) Hiring Specialists 1.1.1.1 Operationalise Blood Storage units in FRU - Salary of Medical Officer - 1,82,40,000/-; 10.1.2.1. Empeanelling Gynaecologists for gynaecology OPD in under or un served areas @ Rs. 1000/- week x 52 weeks ; 10.1.2.3. Empanelling Gyaneocologists for PHCstoprovide OPD services @ Rs. 300/- weekx 52 weeks; 10.1.2.4 Hiring Anaesthetist positions @ Rs.1000 per case x 120000; 10.1.2.5. Hiring Paediatrician for facilities where there are vacant Paediatricians positions @ Rs. 35,000/- month (2 per district); 10.1.2.6 Hiring Gynaecologists for facilities that have vacant positions @ Rs. 650 per case x 75000 cases**			2	1	1	Second unit of Blood storage not started. Details guideline required	2		2	2	2	2	420000	840000	840000	360000	0	480000	420000	840000		Rs480000 is carry forwarded. Only 360000 is required.

	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.**			632	0	632		632					100	63200	63200	0	0	63200	632	63200		Total carry forward. No requirement.
	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**			2618	2618	0		2618					6600	7805000	7805000	4897000	2908000	0	6600	7805000		
	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	Work started	2		2	0	0	0	50000	100000	100000	100000		0	50000	100000		
	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**			19	14	5	newly PHC	5		5	0	0	0	100000	1900000	1900000	1400000	0	500000	100000	500000		Total carry forwarded. No requirement.
	A.9.4	**9.4 Operationalise IMEPat health facilites**														0	0			0		0		
	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**					0		1		1	1	1	1		0	555208	0		555208		555208		Total Carry forwarded
	A.10.3.A	**Mobility Support to M & E officer**							1		y	y	y	y								120000	144000		
	A.10.3.B	**Resource person for training HMIS**							5		y	y	y	y								20000	1200000		
	A.10.3.C	**Data Backup (External Harddisk)**							1		y	y	y	y								4000	4000		
	A.10.3.D	**HMIS Format printing**																				1000	20000		
	A.10.4	**10.4 11.4 Sub-centre rent and contingencies @ 1770 no. x Rs.500/- x 60 months**			74	0	74	All newly sanctioned HSC are not functional	300		y	y	y	y		444000	444000	0		444000		9000000		Fund required to rent of old HSCs
	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/-**			11	3	8	Running	20		5	5	5	5	83950	881100	881100	235000	646100	0	83950	1679000		

	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**			2	0	2	Planned for 4th qtr.	2		0	2	0		25000	50000	50000	0	50000	0	25000	50000			
	A.11.3.5	**11.3.5 RTI/STI Training**																							
	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)**			35	15	20	Running	60		15	15	15	15	134760	4631000	4631000	2010000	2621000	0	134760	8085600		
	A.11.5.2	**11.5.2 Facility Based Newborn Care 12.2.2.1 SNCU Training 12.2.2.2.NSU (TOT)**			3	2	1	NMCH place demand for 2 batches	7		y	y	y	y	199600	611000	611000	399200	0	211800	199600	1397200		Rs. 211800 is carry forwarded and rest Rs. 1185400 is needed.
	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 Training12.3.2.1. Minilap training for medical officers/staff nurses (batch size of 4)**			1	0	1	Planned in 4th qtr	1		n	y	n	n	70240	70240	70240	0	70240	0	70240	70240			
	A.11.6.3	**11.6.3 NSV Training 12.3.3 Non-Scalpel Vasectomy (NSV) Training**			1	0	1	Planned in 4th qtr	1		n	y	n	n	33900	33900	33900	0	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	0	2	Planned in 4th qtr	2		y	n	n	n	84725	169450	169450	0	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/-**														106000	106000	0	0	106000		106000		It should be planned at SHSB. Return of money

	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	1	0		1		0	1	0	0		412500	412500	150 000	262 500	0		2000 000		
	A.12.3	**12.3 Implementation of BCC/IEC stretegy**																						
	A.12.3 .1	**12.3.1 BCC/IEC activities for MH**																						
	A.12.3 .2	**BCC/IEC activities for CH**																						
	A.12.3 .3	**12.3.3 BCC/IEC activities for FP**																						
	A.12.3 .4	**12.3.4 BCC/IEC activities for ARSH**																						

	A.12.4	**12.4 Other activities 13.4 State Level events 13.5 District Level events (Radio, TV, AV, Human Media as per IEC strategy dissemination) 13.6 Printed material (posters, bulletin, success story reports, health calendar,Quarterly magazines & diaries etc) 13.7 Block level BCC interventions (Radio, kalajattha and for IEC strategy dissemination) 13.11 Media Advertisements on various health related days 13.12 Various advertisements/tender advertisements/EOIs in print media at State level 13.13 Developing Mobile Hoarding Vans and A V Van for State and District 13.14 Hiring an IEC Consultancy at state level for operationation of BCC Strategy. (@ Rs. 50000 x 1 x 12) 13.16 Implementation of specific interventions including innovations of BCC strategy/plans block level 13.17 Implementation of specific interventions including innovations of BCC strategy/plans District level (Rs. 5000 x 38 x 12) 13.18 Implementing need based IEC Activities in Urban Areas (Support for Organization of need based IEC Activities in Urban Areas) (Rs.50000 x 9 x 2) 13.19 Capacity building of frontline**									y	y	y	y		1615000	1615000	1615000		0		2000000		

		functionaries (ANM, ASHA) in IPC skills building 13.20 Research, M&E, IEC prototypes etc																							
		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**			1	1	0		1		1	0	0	0		37200	37200	0	37200	0		100000		
	A.13.1.2	**13.1.2 Procurement of equipment : CH**																							
	A.13.1.3	**13.1.3 Procurement of equipment : FP**																							
	A.13.1.4	**13.1.4 Procurement of equipment : IMEP**																							
	A.13.2	**13.2 Procurement of Drugs & supplies**																							

	A.13.2.1(1)	**13.2.1 Drugs & Supplies for MH**			71	0	71		71		y				1500	106020	106206	0	0	106206	1500	106206		Total carry forwarded
	A.13.2.1(2)	**13.2.2 Drugs & Supplies for ANM/Asha**			5739	0	5739	planned for 4th qtr	5739		y				25	143460	143460	0	143460	0	25	143460		
	A.13.2.1(3)	**13.2.3 Drugs Supplies for FP**			375	0	375	planned for 4th qtr	375		y				245	91860	91860	0	91860	0	245	91860		
	A.13.2.1.(4)	**13.2.4 Supplies for Iron**																						
	A.13.2.5	**General drugs & supplies for health facilities**														2399886	2399886	0	0	2399886		2399886		Total carry forwarded
	A.13.2.3.1	**Procurement of equipments(FP)**			95	0	95	Planned for 4th qtr							95	285000	285000	0	285000	0				
	A.13.2.3.2	**Procurement of equipments(FP) NSV kit**			5	0	5	Planned for 4th qtr							1100	5500	5500	0	5500	0				
	A.13.2.3.3	**Procurement of equipments(FP) IUD kit**			1	0	1	Planned for 4th qtr							15000	15000	15000	0	15000	0				
	A.13.2.5	**General drugs & supplies for health facilities**														25450000	25450000	1878000	2357200			50000000		
A.14		**14. Prog. Manag-ement**																						

	A.14.1	**Strengthening of State Society/SPMU 16.1. Strengthening of State society/State Programme Management Support Unit 16.1.1. Contractual Staff for SPMU recruited and in position 16.5.1. Last pay drawn – Pension = Approx exp of Rs.20,000/-PM @ 20,000x6x12**																						
	A.14.2	**14.2 Strengthening of District Society/DPMU 16.2.1. Contractual Staff for DPMSU recruited and in position**			1	1	0		1		1	1	1	1	16342 7	1961120	1961 120	627 000	700 000	6341 20	22 87 98	2745 576		
	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**			1	1	0		1		y	y	y	y	20000	240000	2400 00	240 000		0	24 00 00	2400 00		Renumerati on of internal auditor

	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/-			1	1	0		1		y	y	y	y	839340	839340	839340	839340		0	839340	839340		
		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									1.89E+08	190603905	67831403		120850108		270901572		

Structured approaches for State/ District/ Block PIP planning

National Rural Health Mission

Strategy & Activity Plan with budget

Name of the State/ UT: _____

Sr. NO	Activities	Component Code (only at state level)	Output 2012	Activity Plan										Budget Plan									
				2009-2010 FY					20010-2011 FY					2009-2010FY						2010-2011FY			
				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	Fund to be used	under or over-utilised Budget {(B~D} =E	Tentative Unit Cost (F)	Budget Planned (including spill over amount) {(AP x A) + F1 = BP	Budgetary Source (other than NRHM source)	Remarks
										Q 1	Q 2	Q 3	Q 4										
B																							
B.1	Decentrlisation																						
	B.1.11 ASHA Support system at State level																						
	B.1.12 ASHA Support System at District Level				12	6	6	Late requirement of staff	1	y	y	y	y	50000	952347	952347	30000	300000	622347	600000	1200000		Rs 622347 is carry forward while remaining 600000 is required

	B.1.13	**ASHA Support System at Block Level**				**19**	**19**	**0**		**19**		**y**	**y**	**y**	**y**	**12000**	**1824000**	**1824000**	**1596000**	**0**	**228000**	**1200**	**2736000**		
	B.1.14	**ASHA Support System at Village Level**																**0**	**0**		**0**		**0**		
	B.1.15	**ASHA Drug Kit & Replenishment**				**1**	**0**	**1**		**1**		**n**	**y**	**n**	**n**	**5701062**	**5701062**	**5701062**	**0**	**5701062**	**0**	**57010062**	**5701062**		
	B.1.16	**Motivation of ASHA**				**3008**	**3008**	**0**		**3008**		**n**	**y**	**n**	**n**	**800**	**2218800**	**2218800**	**0**	**2218800**	**0**	**800**	**2218800**		
	B.1.17	**Emergency Services of ASHA**																							
	B.1.18	**Asha Devas**				**12**	**12**	**0**		**12**		**y**	**y**	**y**	**y**	**258688**	**3104256**	**3104256**	**3104256**	**0**	**0**	**12**	**3104256**		
	B.1.19	**Capacity Building/Academic Support programme**																							

	B.1.2	**Untied Fund for Health Sub Center, Additional Primary Health Center and Primary Health Center**				**511**	**419**	**92**	**69 HSC and 23 APHC not functional**	**511**		**y**	**y**	**y**	**y**	**10000+25000+25000**	**5088000**	**5088000**	**0**	**5088000**	**0**	**1000000+2500000+2500000**	**5088000**		
	B.1.21	**Village Health and Sanitation Committee**				**1438**	**1438**	**0**		**1538**		**y**	**y**	**y**	**y**	**10000**	**14427500**	**3547500**	**0**	**3547500**	**0**	**1000000**	**15427500**		**10000 per VHSC + 19 Training**
	B.1.22	**Rogi Kalyan Samiti**				**20**	**20**	**0**		**20**							**2700000**	**3300000**	**1162000**	**1538000**	**600000**		**3100000**		**Amount Rs. 600000 is carry forwarded rest 2500000 is required**
B.2		**Infrastrure Strengthening**						**0**									**0**	**0**			**0**		**0**		
	B.2.1	**Construction of HSCs (315 No.)**					**0**	**0**		**82**		**82**					**0**	**0**	**0**		**0**	**15570000**	**127674000**		
	B.2.2. b	Construction of residential quarters of old APHCs for staff nurse					**0**	**0**		**2**		**2**					**0**	**0**	**0**		**0**	**3000000**	**6000000**		

	B.2.2 .a	**Construction of building of APHCs where land is available (5315000/APHCs)**					**0**	**0**		**7**		**7**					**0**	**0**	**0**	**0**	**75990000**	**53193000**		
	B.2.2.1	**Construction of PHC**								**4**		**4**									**20370000**	**81228000**		**Fund required as per norms**
	B.2.3	**2.3 Up gradation of CHCs as per IPHS standards**					**0**	**0**		**14**		**14**	**0**	**0**	**0**		**0**	**0**		**0**	**90000000**	**126000000**		
	B.2.4	**Infrastructure and service improvement as per IPHS in 48 (DH & SDH) hospitals for accreditation or ISO : 9000 certification**																						
	B.2.5	**Annual Maintenance Grant**				**20**	**20**	**0**		**20**		**y**				**500000+100000**	**2100000**	**2100000**	**804000**	**1296000**	**0**	**50000000+10000000**	**21000000**		
	B.2.6	**Upgradation of ANM Training Schools**																						

	B.2.7	**Boundry wall of PHC**								**5**		**5**											**2000000**	**10000000**			
B.3		**TOTAL INFRASTRUCTURE strengthening**						**0**										**0**	**0**			**0**		**0**			
	B.3	**Contractual Manpower**						**0**										**0**	**0**			**0**		**0**			
	B.3.1 A	**Incentive for PHC doctors & staffs**																									
	B.3.1 B	**Salaries for contractual Staff Nurses**																									
	B.3.1. D	**Mobile facility for all health functionaries**																									
	B.3.2.	**Block Programme Management Unit**				**19**	**19**	**0**		**19**							**9449460**	**9449460**	**9449460**			**0**		**14174190**		**BHMU Staff + Office expense with 50% hike**	
	B.3.4. a	**Addl. Manpower for NRHM**				**2**	**2**	**0**		**2**		**y**	**y**	**y**	**y**	**25000**	**600000**	**450000**	**450000**			**0**	**2500000**	**600000**			
B.4		**PPP Initiativs**																									
	B.4.1	**102-Ambulance service (state-806400) @537600 X 6 Distrrict**																									

	B.4.2	**1911- Doctor on Call & Samadhan**																									
	B.4.3	**Addl. PHC management by NGOs**																									
	B.4.4	**Referral Transport in district**				**20**	**20**	**0**		**20**		**y**	**y**	**y**	**y**	**13000**	**4680000**	**4680000**	**0**	**4680000**	**0**	**1300000**	**4680000**				
	B.4.5	**SHRC**						**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)**																									
	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.4.15	Generic Drug Shop																								
	B.4.16	Nutritional Rehabilitation Centre																								
	B.4.17	Hospital Maintenance																								
	B.4.18	Providing Ward Management Services in Government Hospitals 3000000/-																								
	B.4.19	Provision for HR Consultancy services																								
	B.4.2	Advanced Life Saving Ambulance																								
		TOTAL PPP INITIATIVES																								
B.5	B.5	Prourement of supplies																								
	B.5.1	Delivery kits at the HSC/ANM/ASHA (no.200000 x Rs.25/-)																								
	B.5.2	SBA Drug kits with SBA-ANMs/ Nurses etc (no.50000 /38x Rs.245/-)																								

	B.5.3	Availability of Sanitary Napkins at Govt. Health Facilities @25000/district/year																								
	B.5.4	Procurement of beds for PHCs to DHs																								
		TOTAL PROCUREMENT OF SUPPLIES						0										0	0			0		0		
B.6		Procurement of Drugs																								
	B.6.1	Cost of IFA for Pregnant & Lactating mothers (Details annexed)																								
	B.6.2	Cost of IFA for (1-5) years children (Details annexed)																								
	B.6.3	Cost of IFA for adolescent girls (Details annexed)																								
		TOTAL PROCUREMENT OF DRUGS																								

B.7		Mobilisation & Management support for Disaster Management																								
B.8		Health Management Information System																								
B.9		Strenthening of Cold Chain (infrastrcure strengthening)						0									0	0			0		0			
	B.9	Outsourcing of Pathology and Radiology Services from PHCs to DHs				20	11	9	Agency has not set up	20		y	y	y	y		2078571	2071857	1013000	987000	0		4000000			
	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/-															700000	700000	700000		700000	0	700000			

	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																									
	B.9.3	Earthing and wiring of existing Cold chain rooms in all PHCs @Rs 10000/- per PHC x 533 PHCs				19	19	0		19		19		0	0	10000	190000	190000	190000			0	150000	285000			
	B.10	Operationalising MMU				1	0	1	Agency has not set up	1		y	y	y	y	468000	1404000	1404000	0	1404000		0	468000	7020000			
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	0	1		100000	100000	100000	100000			0	200000	200000			

	B.10.2	Preparation of State Health Action Plan @ 5 lakhs						0									0	0			0		0		
	B.11	Monitoring and Evaluation (State , District & Block Data Centre)				20	20	0		20		y	y	y	y	7500	1980000	1980000	598000	1382000	0	15000	3600000		

B.12		Continuing Medical & Nursing Education																							
B.13		RCH Procurement of Equipments																							
	B.13.1	Procurement of Equipments/instruments for Anesthesia																							
	B.13.2	Equipment for ICU																							
	B.13.3	Equipments/instruments for ANC at Health Facility (Other than SubCentre) @ 50,000 per district per year																							

	B.13.4	Equipments for the Labour Room								2		2					4154172	4154172	4154172		0	255530	511060			
	B.13.5.A	SNCU for 23districts unit cost of Rs. 2377258																										
	B.13.5.B	NSU for 530 PHCs unit cost of Rs. 139492																										
	B.13.6	NSV Kits																										
	B.13.7	IUD insertion kit																										
	B.13.8	Minilap sets																										
B.14		Additionalitiesfor NVBDCP under NRHM																										
		Total for Equipment Procurement																										
	B.14	Strenthening of Cold Chain (infrastrcure strengthening)				1	0	1		1		y	n	n	n		931000	931000	0	0	931000		931000		Total Carry forward			
	B.14	Drugs Procurement																										
	B.14.1	Drugs																										

	B.14.2	**Manpower/logistics for drugs procurement @ 10000x 2x12M=240000/-**																								
	B.14.3	**Rent for drug store@10000 x12M=120000/-**																								
	B.15	**Mainstreaming Ayush under NRHM**				**46**	**39**	**7**		**46**		**y**	**y**	**y**	**y**	**15000**	**10425600**	**10425600**	**2340000**	**2340000**	**5745600**	**2000**	**11040000**		**Rs. 5745600 is carry forward.**
	B.18.2	**Equipments for SNCU &NSU**				**15**	**15**	**0**									**4497130**	**4497130**	**0**	**4497130**					**No requirement in 2011-12**
	B.19	**Decentralized Planning**															**755000**	**755000**	**610000**	**145000**	**0**		**755000**			
	B.21	**Contract Salaries for ANMs**				**268**	**268**	**0**		**439**		**y**	**y**	**y**	**y**	**8000**	**19680000**	**19680000**	**15110000**	**2144000**	**4570000**	**800**	**42144000**		
	B.22	**Incentive for AWW under Mushkan**															**3068000**	**3068000**	**448000**	**2620000**	**0**		**4770000**		
		Grand Total NRHM-B																								

		C.1Mobility Support for Supervision & Monitoring at District level (Rs. 50000 per year per district						C.2Cold chain maintenance (Maintenance of Cold Chain equipments ILR & DFs Rs. 12000/- per districts & Rs. 3000/- per PHCs)					
SL No.	Name of District	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance
1	Siwan	50000	12500	12500	12500	12500	0	63000	0	63000	0	0	0

C.3Alternative vaccine delivery to Session Sites											
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					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance
58800	14700	14700	14700	14700	0	2912000	728000	728000	728000	728000	0

C.4Focus on slum & underserved areas in 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					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance
0	0	0	0	0	0	168000	42000	42000	42000	42000	0

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. 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					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance	Variance	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance
235200	58800	58800	58800	58800	0		120000	30000	30000	30000	30000	0

C. 7. Printing & Dissemention	C. 8 Review Meetings											
	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					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance
		38000	9500	9500	9500	9500	0	789600	197400	197400	197400	197400	0

C.9 Trainings (separate annexure attached with details)

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.					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Variance
0	0	0	0	0	0			20470	0	20470	0	0	0	19493	0	19493	0	0	0

C.10 Microplanning

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.					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**	**Total District Annual Allocation (FY 2011-12) (In Rs Rupees)**	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**
46100	0	46100	0	0	0	21000	0	21000	0	0	0

C.11 POL for vaccine delivery

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),					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**
124500	31125	31125	31125	31125	0

C.12 Consumables

C.12 Consumables for computer including provision for internet access for RIMs Rs. 400 per month per district for 38districts.					
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**
4800	1200	1200	1200	1200	0

C. 13 Injection safety						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.					
C.13 1- Red & 1-Black plastic bags etc. @.90 paise per session for 12 months												
Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	**Q1**	**Q2**	**Q3**	**Q4**	**Varian ce**	**Total District Annual Allocation (FY 2011-12) (In Rs Rupees)**	**Total District Annual Allocation (FY 2011-12) (In Rs Rupees)**	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**
54389	0	54389	0	0	0		15000	0	15000	0	0	0

Total Part C-RI

Total District Annual Allocation (FY 2011-12) (In Rs Rupees)	Q1	Q2	Q3	Q4	Varience
4740352	1125225	1364677	1125225	1125225	0

Dengu & Chikungunya Dist.Wise Plan 2011-2012 Annex. I					
Sl.No.	Name of Institution	Sentinal Surveillance Hospital	Monitoring , Evaluation ,Rapid Response & Epidemic Preparedness (Logistic +Operational Cost)	Training & Workshop	*Grand Total*
1	PMCH,Patna	100000	0	0	100000
2	State Level	0	250000	50000	300000
Total		**100000**	**250000**	**50000**	**400000**

	Quarter Wise Activity (2011-2012)					
	Activity	Ist Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
1	Sentinal Surveillance Hospital	100000	0	0	0	100000
2	Monitoring , Evaluation ,Rapid Response & Epidemic Preparedness (Logistic +Operational Cost)	50000	50000	50000	100000	250000
3	Training & Workshop	0	50000	0	0	50000
Grand Total		**150000**	**100000**	**50000**	**100000**	**400000**

Revised JE Dist.Wise Plan 2011-2012 Annex. I (Part I)							
Sl.No.	Name of Dist.	Diagnostics & Management @ Rs. 15.0 Lakhs Per District	IEC At State Level	Technical Malathion Fogging	Monitoring , Evaluation,Rapid Response & Epidemic Prepardness&Logistics +Operational Cost.	Lab Support	Grand Total
		Total district Annual allocation 2011-12	Total district Annual allocation 2011-12	Total district Annual allocation 2011-12	Total district Annual allocation 2011-12	Total district Annual allocation 2011-12	Total district Annual allocation 2011-12

1	ANMMCH Gaya	100000	0	0	0	0	100000
2	PMCH Patna	100000	0	0	0	0	100000
3	SKMCH, Muzaffarpur	100000	0	0	0	0	100000
4	State Level	0	500000	200000	800000	207000	1707000
	Total	**300000**	**500000**	**200000**	**800000**	**207000**	**2007000**

ROP/FMR Budget Code No.(as per ROP 2011-12) : Part:- D, Sl. No. 5							
ROP/FMR Budget Head: IDSP							
Sl.No.	**District**	**Total District Fund Allocation 2011-12**	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**
1	**Siwan**	**1692554**	**423138**	**423138**	**423138**	**423138**	**0**

National Iodine Deficiency Disorder Control Programme				
ROP/FMR Budget Code No.(as per ROP 2011-12): Part- D				
ROP/FMR Budget Head : National Iodine Deficiency Disorder Control Programme				
SL No	**Name of District**	**No. of PHC**	**ROP approved amount allocation (in Rs. lakhs)**	**Total District Annual Allocation (FY 2011-12) (in Rs. lakhs) (All activities of IDD budgetet in quarter 3)**
1	Siwan	19	64165	64165

Quarter Wise Fund Allocation Of Revised Malaria Control Programme ,(State & District Level) - 2011-2012						
Sl. No.	**Name of Districts**	**First Quarter**	**Second Quarter**	**Third Quarter**	**Forth Quarter**	**All Four Quarter**

		IEC District & State Level	IEC During IRS	Expenditure on vehicle for supervision during IRS	Total Of First Quarter	MPW Contractual Salary	Incentive for ASHA	NAMMIS (For Detail pl.follow NAMMIS Annex.)	NAMMIS Training	Total Of Second Quarter	MPW Contractual Salary	Incentive for ASHA	Training of ASHA	Training Of ACMO,DMO & MI, State Level	Training of LT(5 Days)	Training of MPW(BHW,SFW &SI)	Total Of Third Quarter	Incentive for ASHA	Total Of Forth Quarter	Grand Total
1	**Siwan**	18,000	-	-	18,000	-	-	36,100	-	36,100	-	-	-	-	-	-	-	-	-	54,100

Blindness

		1(b)						2(b)					
Sl. NO.	**District**	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 1 (Recurring GIA and Eye Donation)						ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 2 (For vision Centre)					
		Total District Annual Allocation (FY 2010-11) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance
1	Siwan	0	0	0	0	0	0	150000	0	150000	0	0	0

ROP/FMR Budget Code No.(as per ROP 2011-2012 : Part D no. 3 (Non-recurring GIA for Eye Bank)						ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 4 (Recurring GIA for Eye Donation)					
Total District Annual Allocation (FY 2011-12) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2010-11) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance
0	0	0	0	0	0	0	0	0	0	0	0

8 & 9(b)						11(b)					
ROP/FMR Budget Code No.(as per ROP 2011-12 : Part D no. 8 & 9 9For Cataract Operation and School Eye Screening Program)						ROP/FMR Budget Code No.(as per ROP 2011--12) : Part D no. 11(Setting up of RIOs)					
Total District Annual Allocation (FY 2010-11) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2010-11) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance
1566000	522000	522000	522000	0	0	0	0	0	0	0	0

12(b)						13(b)					
ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 12 (GIA for strenthening of Medical colleges)						ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 14 (Strenthening of District Hospitals)					
Total District Annual Allocation (FY 2010-11) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance
0	0	0	0	0	0	2000000	0	2000000	0	0	0

14(b)	5(b)	6(b)	7(b)
ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D No. 15 (Recurring GIA to District Health Societies)	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no.	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 6	ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 7

Total District Annual Allocation (FY 2011-12) (in Rs. lakhs)	Q1	Q2	Q3	Q4	Variance	Total District Annual Allocation (FY 2011-12) (in Rs. lakhs)	Total District Annual Allocation (FY 2011-12) (in Rs. lakhs)	Total District Annual Allocation (FY 2001-12) (in Rs. lakhs)
500000	0	250000	250000	0	0	0	0	0

10(b)									
ROP/FMR Budget Code No.(as per ROP 2011-12) : Part D no. 10	Procurement of ophthalmic equipments	Operating microscope	Ascan Biometer	Auto Refractor with kareto meter	Slept lamp	Hording & Hanging	Tin Plate Poster & Wall painting	IEC activities	Total
Total District Annual Allocation (FY 2011-12) (in Rs. lakhs)									
0		577800	558750	47600	879100	50000.00	190000	100000	7255150

Fileria

		PART -A												
S. No	State & Name of Dist	No. of PHC/Dist. H.Q	No. of Mos	Training of Dist officer & state	Training for MOs Trainer @ Rs. 300 Each Trainee @ Rs. 200	Training for Paramedical staff & PHC Level Rs. 2500 per PHC & Dist. H.Q	Coordination meeting (two round) at state H.Q. @ Rs. 10,000 per meeting & Dist Level @ Rs. 5000 per meeting	IEC activity @ Rs. 2500 PHC & one Dist. H.Q+State H.Q. 20,00000.00	Line listing @ 2500 PHC + Dist H.Q.	Night blood survey @ 2500 PHC & Dist. H.Q.	State Level 100000 and PHC Dist. HQ. @Rs. 500 Each	Misllanious Head	State Level 25000 & PHC + Dist. HQ @ 500 + 1000 PHC & Each District Office Expenditure	Total (A)

					Each										
1	Siwan	18+1=19	51	0	10400	47500	10000	47500	47500	47500	13000		10500	233900	

PART -B								
No. of house in Dist.	No. of drug distributor in Dist.	No of Supervisor	Training of drug Distrubutor in Dist.	Hononarium of Drug Distributor in District@ 118.00 each	Training of Supervisor	Hononarium of Supervisor in District @ Rs. 145.00 each	Total (B)	Grand Total (A+B)
398768	8000	800	0	944000	0	116000	1060000	1293900

State & District Wise Fund Allocation - Kala-Azar, Bihar
2010-2011 First Quarter to Four Quarter (April'2011 to March'2012)

	Name of Districts	Total Budget	QI	Q2(From Annex.V)	Q3(From Annex.V)	Q4(From AnnexII &.IV)	Total Q1to Q4	Variance
1	**Siwan**	5,869,950	572,967	572,967	572,967	4,151,050	5,869,950	-

Tubercolosis

Sl. No.	District	Civil Work	Lab. Cons.

		Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Verence	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Verence
1	Siwan	175,500	-	175,500	-	-	-	450,000	-	450,000	-	-	-

Contractual Services						V. Maint						Equip. Maint					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Verence
3,843,500	-	3,843,500	-	-	-	150,000	-	150,000	-	-	-	69,500	-	69,500	-	-	-

IEC						Training					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Verence
240,000	-	240,000	-	-	-	435,000	-	217,500	217,500	-	-

V. Hiring						Medical Colleges						
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12		Q1	Q2	Q3	Q4	Variance
1,472,000	-	1,472,000	-	-	-	-		-	-	-	-	-

Proc. Of Vehicles						Proc. Of Equip.					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Verence
300,000		300,000	-	-	-	-	-	-	-	-	-

Printing						Honorarium						NGO/PP					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Verence
480,000	-		-	-		3,032,200	-		-	-	-		-		-	-	-

Misc.						Total					
Total District annual allocation 2011-12	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**	**Total District annual allocation 2011-12**	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**
605,000	**-**		**-**	**-**	**605,000**	**11,252,700**	**-**	**6,918,000**	**217,500**	**-**	**4,117,200**

Leprosy

Sl. No.	District	Under SHS(Leprosy) NLEP contractual services (staff)									Services through ASHA (performance based Incentive to ASHA)											
		Driver's Remuneration @ Rs. 4500/- per month (one driver / District)						DEO at State Leprosy Cell @ Rs.8000/-	Administrative Assisstant in Leprosy Cell @ Rs. 7000/-	SMO (Surveillance Medical Officer) @ Rs. 20000/- per month	Services through ASHA (performance based Incentive to ASHA @ Rs. 500/- for MB & Rs.300/- for PB)						Sensitisation of ASHA (half day @ Rs. 2800/- per Batch of 40 Participant) at district level					
		Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance				Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance
1	Siwan	54000	13500	13500	13500	13500	0				57000	0	57000	0	0	0	14000	0	14000	0	0	0
Total		**54000**						**0**	**0**	**0**	**57000**						**14000**					

Office Expenses & Consumbale												
DLS(leprosy) for rent,telephone,electricity, P & T charges, miscellaneous(includes Rs.500/- per month honarrium for Account work)@ Rs.18000/- per district/ year						Consumable Expenses (Stationery & etc.) @ Rs. 14000/- per year					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance
18000	4500	4500	4500	4500	0	14000	0	14000	0	0	0
18000						**14000**					

Capacity building																	
2 days modular training of new entant Mos @ Rs. 24,750/- per Batch for 38 batches						1 day Orientation training of MOs @ Rs. 11,300/- per Batch of 30 MOs for 90 batches						Refreshal training for one day for Health Supervisors/LHV/Pharmacists @ Rs. 6320/- per batch of 30 for 70 batches					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance

24750	0	24750	0	0	0	22600	0	22600	0	0	0	12640	0	12640	0	0	0
24750						**22600**						**12640**					

Behavioral Changes and Communication																							
School Quiz @ Rs. 500/- per quiz (5 quiz per block for 533 PHCs / Blocks)						Health Melas @ Rs. 4000/- per mela (one health mela per district)						Sensitization meetings with PRI members @ Rs. 3965/- per meeting at PHC / block level						Leprosy Day Function					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q 1	Q2	Q3	Q 4	Variance	Total District annual allocation 2011-12	Q 1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance
47500	0	47500	0	0	0	4000	0	4000	0	0	0	75335	0	75335	0	0	0	10000	0	10000	0	0	0
47500						**4000**						**75335**						**10000**					

POL / Vehicle Operation & hiring	DPMR			
Vehicle Operation / hiring, POL & Maintenance @ Rs. 75000/- per vehicle / district	MCR & other footwears- 4536 pairs @ Rs.250/- per pair	Aids & appliances- Rs.7000/- per district	Welfare allowance for RCS patients @ 5000/- per patient for 100 patients	Incentive to institution for RCS Rs.5000/- per RCS for 100 RCS

Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance
75000	0	75000	0	0	0	0	0	0	0	0	0	7000	0	7000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75000						**0**						**7000**						**0**						**0**					

Drugs, Materials & Supplies																	
Supportive medicines @ Rs. 25000/- per year						Laboratory reagents & equipments @ Rs. 11840/- per year						Printing of forms/DPMR registers etc					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance
25000	0	25000	0	0	0	11840	0	11840	0	0	0	0	0	0	0	0	0
25000						**11840**						**0**					

Urban Leprosy Control Programme	Supervision, Monitoring & Review

						Review meetings and Travel Expenses					
Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance	Total District annual allocation 2011-12	Q1	Q2	Q3	Q4	Variance
50000	0	50000	0	0	0	12000	0	12000	0	0	0
50000						**12000**					

Cash Assistance	**G. Total**	**Q1**	**Q2**	**Q3**	**Q4**	**Variance**
	534665	18000	480665	18000	18000	0
0	534665					

District	Vaccination Area	H-t-H Team Work Days	Transit Team Work Days	Mobile Team Work Days	Mela Team Work Days	One Man Team Work Days	Total Team Work Days	Total No. of Vaccination Team	No. of Supervisor	No. of Sub-Depot	No. of Sub-Depot Vehicle	Per Diem to Vaccinators @ Rs. 75 per day per Vaccinators for actual working day	Per Diem to Supervisors @ Rs. 75 per day per Supervisor for actual working day	Per Diem to Cold Chain Handler per sub-depot 1, @ Rs. 75 per day for actual working day	3 Vehicles per district HQ and 1 vehicle per sub-depot for 5 days @ Rs. 650 per vehicle per day (hiring with POL)	4 Ice Packs per Vaccination team / Supervisor & 20 Ice Packs per Sub-Depot / Depot per day @ Rs. 3 per Ice Pack for 5 days & Rs. 3000/ for HQ	Mobility support to Supervisors @ Rs. 100 per day per supervisor for actual working day	Supplies & Logistics @ Rs. 25 per team & per Supervisor for the whole activity period	IEC & Social Mobilization @ 350/ per 40 H-t-H Teams for 1 Days	Contingency fopr Xerox, Stationery etc. for Dist HQ Rs. 3000/- & for each PHC @ Rs. 1750/-per area for the whole activity period	Per Diem to Vaccine Cold Chain Handler at Dist. HQ 5 person & at PHC 3 person(including 1 depotholder) @ Rs. 75 per person per day for 5 days	Patna & payment of per diem to 2 vaccine handler @ Rs. 75	Support to districts @ Rs. 2000 per dist & @ Rs. 1000 per PHC for lifiting vaccine from WIC/District	Extra Mobility Support for Access Compromised Area	Total Amount for A-Team	Total B-Team Activity (in Rs.)	Grand Total Amount (A-Team+B-Team)
SIWAN	District HQ						0					0	0		9750	3000	0	0	0	3000	1875		2000		19625	0	19625
SIWAN	ANDAR	220	20	5	0	5	250	50	15	5	4	37125	5625	1500	13000	5400	7500	1625	350	1750	1125		1000		76000	12733	88733
SIWAN	BARHARIA	560	40	10	0	5	615	123	40	10	6	91875	15000	3375	19500	12780	20000	4075	1050	1750	1125		1000		171530	30724	202254
SIWAN	BASANTPUR	190	25	10	0	5	230	46	16	4	3	34125	6000	1125	9750	4920	8000	1550	350	1750	1125		1000		69695	11488	81183
SIWAN	BHAGAWANPUR	360	25	0	0	5	390	78	25	6	4	58125	9375	1875	13000	7980	12500	2575	700	1750	1125		1000		110005	19599	129604
SIWAN	DARAULI	340	25	10	0	5	380	76	25	7	5	56625	9375	2250	16250	8160	12500	2525	700	1750	1125		1000		112260	19411	131671
SIWAN	DARAUNDA	330	20	10	0	5	365	73	23	5	3	54375	8625	1500	9750	7260	11500	2400	700	1750	1125		1000		99985	17793	117778
SIWAN	GORIAKOTHI	410	25	10	0	5	450	90	28	6	4	67125	10500	1875	13000	8880	14000	2950	700	1750	1125		1000		122905	21780	144685
SIWAN	GUTHANI	250	40	10	0	5	305	61	19	6	4	45375	7125	1875	13000	6600	9500	2000	350	1750	1125		1000		89700	14913	104613
SIWAN	HASANPURA	320	20	10	0	5	355	71	23	5	3	52875	8625	1500	9750	7140	11500	2350	700	1750	1125		1000		98315	17469	115784
SIWAN	HUSSAINGANJ	345	30	10	0	5	390	78	25	7	4	58125	9375	2250	13000	8280	12500	2575	700	1750	1125		1000		110680	19573	130253
SIWAN	JEERADEI	335	30	10	0	5	380	76	26	7	3	56625	9750	2250	9750	8220	13000	2550	700	1750	1125		1000		106720	19436	126156
SIWAN	LAKARINABIGANJ	250	20	0	0	5	275	55	17	5	2	40875	6375	1500	6500	5820	8500	1800	350	1750	1125		1000		75595	14079	89674
SIWAN	MAHARAJGANJ	375	25	15	0	5	420	84	27	8	4	62625	10125	2625	13000	9060	13500	2775	700	1750	1125		1000		118285	21379	139664

SIWAN	MAIRWA	225	70	10	0	5	310	62	19	4	2	46125	7125	1125	6500	6060	9500	2025	350	1750	1125		1000		82685	13183	95868
SIWAN	NAUTAN	155	15	5	0	5	180	36	12	4	2	26625	4500	1125	6500	4080	6000	1200	350	1750	1125		1000		54255	9606	63861
SIWAN	PACHRUKHI	360	30	10	0	5	405	81	25	6	4	60375	9375	1875	13000	8160	12500	2650	700	1750	1125		1000		112510	19599	132109
SIWAN	RAGHUNATHPUR	310	15	10	0	5	340	68	22	6	4	50625	8250	1875	13000	7200	11000	2250	700	1750	1125		1000		98775	17418	116193
SIWAN	SISWAN	265	35	10	0	5	315	63	19	7	5	46875	7125	2250	16250	7020	9500	2050	350	1750	1125		1000		95295	15859	111154
SIWAN	SIWAN SADAR	380	35	10	0	5	430	86	26	6	4	64125	9750	1875	13000	8520	13000	2800	700	1750	1125		1000		117645	20434	138079
SIWAN	SIWAN URBAN	335	410	85	10	5	845	169	44	6	2	126375	16500	1875	6500	14580	22000	5325	700	1750	1125		1000		197730	22342	220072

District	Sum of H-t-H Team Work Days	Sum of Transit Team Work Days	Sum of Mobile Team Work Days	Sum of Mela Team Work Days	Sum of One Man Team Work Days	Sum of Total Team Work Days	Sum of Total No. of Vaccination Team	Sum of No. of Supervisor	Sum of No. of Sub-Depot	Sum of No. of Sub-Depot Vehicle	Sum of Per Diem to Vaccinators @ Rs. 75 per day per Vaccinators for actual working day	Sum of Per Diem to Supervisors @ Rs. 75 per day per Supervisor for actual working day	Sum of Per Diem to Cold Chain Handler per sub-depot 1, @ Rs. 75 per day for actual working day
SIWAN	6315	955	250	10	100	7630	1526	476	120	72	1137000	178500	37500

Sum of 3 Vehicles per district HQ and 1 vehicle per sub-depot for 5 days @ Rs. 650 per vehicle per day (hiring with POL)	Sum of 4 Ice Packs per Vaccination team / Supervisor & 20 Ice Packs per Sub-Depot / Depot per day @ Rs. 3 per Ice Pack for 5 days & Rs. 3000/ for HQ	Sum of Mobility support to Supervisors @ Rs. 100 per day per supervisor for actual working day	Sum of Supplies & Logistics @ Rs. 25 per team & per Supervisor for the whole activity period	Sum of IEC & Social Mobilization @ 350/ per 40 H-t-H Teams for 1 Days	Sum of Contingency fopr Xerox, Stationery etc. for Dist HQ Rs. 3000/- & for each PHC @ Rs. 1750/-per area for the whole activity period	Sum of Per Diem to Vaccine Cold Chain Handler at Dist. HQ 5 person & at PHC 3 person(including 1 depotholder) @ Rs. 75 per person per day for 5 days	Sum of Support to WIC for maintenance, vaccine transport from PHI Patna & payment of per diem to 2 vaccine handler @ Rs. 75 per day for 7 days	Sum of Support to districts @ Rs. 2000 per dist & @ Rs. 1000 per PHC for lifiting vaccine from WIC/District	Sum of Extra Mobility Support for Access Compromised Area	Sum of Total Amount for A-Team	Sum of Total B-Team Activity (in Rs.)	Sum of Grand Total Amount (A-Team+B-Team)
243750	159120	238000	50050	11900	38000	24375		22000		2140195	358818	2499013

Qtr	Round	District	Marker Pen Required
4th_Qtr	Jan_11	SIWAN	3801
3rd_Qtr	Chhath_Special	SIWAN	185
4th_Qtr	Feb_11	SIWAN	3801
2nd_Qtr	Sep_10	SIWAN	3801
3rd_Qtr	Nov_10	SIWAN	3801
1st_Qtr	May_10	SIWAN	3801
	Total		**19190**

Sum of Sum of Grand Total Amount (A-Team+B-Team)												
	1st_Qtr				2nd_Qtr							
District	Apr_10	May_10	Jun_10	1st_Qtr	Jul_10	Jul_10_Flood	Aug_10	Aug_10_Flood	Shrawani Mela	Sep_10	Sep_10_Flood	2nd_Qtr
SIWAN		2499013		2499013						2499013	0	2499013

3rd_Qtr				4th_Qtr				Grand Total
Chhath_Special	Nov_10	Sonepur Mela	3rd_Qtr	Jan_11	Feb_11	Mar_11	4th_Qtr	
251110	2499013		2750123	2499013	2499013		4998026	12746175

PIP of IDSP SIWAN

Sub-activity		Tasks	Unit Cost	No. of Units	2011-12	Remarks
1. Staff Salary	1.1	Epidemiologists	45000	12	45000*12=540000	Increase from last year salary
	1.2	Microbiologists	0	0	0	N/A
	1.3	Entomologist	0	0	0	N/A
	1.4	Consultant (Finance)	0	0	0	N/A
	1.5	Consultant (Training)	0	0	0	N/A
	1.6	State Data Manger	0	0	0	N/A
	1.7	District Data Manager	24000	12	24000*12=288000	Increase from last year salary
	1.8	Data Entry Operator	10000	12	10000*12=120000	New post
	1.9	Accountant (Part Time)	4000	12	4000*12=48000	New post
	1.1	Peon	3000	12	3000*12=36000	New post
		Sub Total			1002000	
2. Training	2.1	Training of Hospital Doctors	15000	20 (Per batch)	15000*20=30000	N/A
	2.2	Training of Hospital Pharmacist / Nurses (Reporting Person)	15000	20 (Per batch)	15000*2=30000	N/A
	2.3	Training of Data Managers	0	0	0	N/A
	2.4	Training Health Manager & Data Operator	12000	20 (Per batch)	12000*1=12000	N/A
		Sub Total			720000	
3. Operational Cost	3.1	Mobility Support for IDSP and RR Team	12500	1	12500*12=150000	Vehicle for IDSP office & RRT
	3.2	Office Expenses	5000	1	5000*12=60000	Stationary 2000*12, News Paper for News Alerts 500*12=6000, Contingency 1000*12=12000 & Others Expenses 1500*12=18000
	3.3	ASHA incentives for Outbreak reporting	100	1	100*10*12=12000	Estimated to get 10 information's per month from volunteers a total of 120 such information in a year per district. Each informant to be given an incentive of Rs.100/-
	3.4	Consumables for District Labs	50000	1	50000*1=50000	Consumables items for District Labs
	3.5	Collection & transportation of samples	10000	1	10000*1=10000	Collection & transportation of samples from field to lab
	3.6	IDSP reports including alerts	20	20 * 52	1054	N/A
	3.7	Post card for Outbreak Information & alerts (Hard to Reach area)	2	1	2*1000=2000	Rs 2 par post card with printing of all mater & office Address (one time in year)
	3.8	Printing of Reporting Forms	10000	1	10000*1=10000	Printing of Reporting Forms at HQ

	3.9	Phone & Broadband Expenses	1500	1	1500*12=18000	Phone & Broadband Expenses @ Rs 1500 per month
	3.10	Mobile Expenses	500	2	500*2*12=12000	Mobile Expenses Epidemiologist & Dist. Data Manager
		Sub Total			**325054**	
4. New Innovations	4.1	TA For Pvt Institution	100	15	50*15*52=39000	Par visit for weekly reports Rs 50 for 15 Reporting units X 52 weeks
	4.2	Social Mobilization and Intersect oral co-ordination	1000	10	1000*10*12=120000	Social Mobilization and Intersect oral co-ordination in 10 block @ Rs 1000 per month
	4.3	Integration of Medical Colleges (Per Month in SSU)	1000	1	1000*12=12000	N/A
	4.4	Community based surveillance	1000	1	1000*12=12000	N/A
	4.5	Case based study reports	500	1	500*1=500	Per case 500
	4.6	Furniture for IDSP VC cum Training Hall	100000	1	100000*1=100000	Establishment of VC cum Training hall with Round table & 30 Chairs
		Sub Total			**283500**	
		TOTAL			**1692554**	