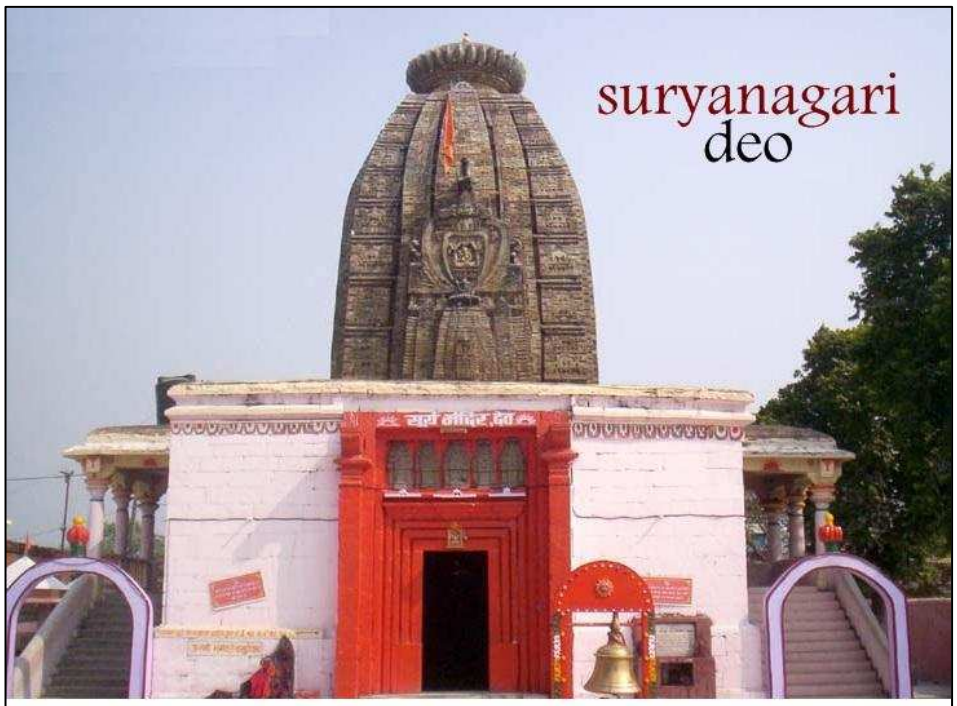
DISTRICT HEALTH SOCIETY

AURANGABAD, BIHAR

District Health Action Plan

2012-2013



Suntemple, Aurangabad, Bihar

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Under the able Guidance of:

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District Health Society, Aurangabad

Table of contents

Foreword
Table of Contents

Foreword

It is very rightly said that Health is Wealth. The Importance of Health in the process of economic and social development and improving the quality of life of our citizens, cannot be denied. Recognizing the importance of Health, the Government of India has launched the National Rural Health Mission on 12th April 2005 in India. It aims at carrying out necessary architectural correction in the basic health care delivery system. It is the biggest ever Project in the Health sector in the last 50 years.

The Goal of Mission is to improve the availability of the access to quality health care by people especially for the poor, women and children. Mission adopts a synergistic approach by relating Health to determinants of Good Health viz. of nutrition, sanitation, hygiene and safe drinking water.

This District Health Action Plan (DHAP) is one of the key instruments to achieve NRHM goals. This plan is based on health needs of the district viz. infrastructure, instruments, Manpower, land, building, Drugs etc.

After a thorough situation analysis of district health scenario, this document has been prepared. In the plan, it is addressing health care needs of rural people especially women and children, the teams have analyzed the coverage of rural communities with preventive and promotiv interventions, barriers in access to health care and spread of human resources catering health needs in the district. The focus has also been given on current availability of health care infrastructure in public/NGO/private sector. 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.

I take this opportunity to congratulate Dr. Parshuram Bharti (Civil Surgeon –cum - Member secretary), District Health Society, Aurangabad and his team of Dr. Ramdeo Das (ACMO), Aurangabad, Mr. Piyush Ranjan (RPM), Gaya, Mr. Ashwini Kumar (District Accounts Manager), DHS, Aurangabad. Mr. Rajeev Ranjan (M&EO), DHS Aurangabad, Mr. B.B. Vikrant (DPC), Mr. Rahul Kumar Singh (DCM, ASHA), DHS Aurangabad, Mr. Vivek Ranjan (DDA, ASHA), DHS Aurangabad for Preparing this excellent documents. Further I would also like to congratulate the department of Health and Family Welfare and State Health Society of Bihar for their dynamic leadership of the health sector reform programme. I also appreciate their decision to invite consultants (NHSRC/ PHRN) to facilitate our DHS regarding preparation of the DHAP. The proposed location of HSCs, PHCs and its service area is recognized with the consent of ANM, AWW, Male health worker and participation of community and is finalized in the block level meeting.

I am sure that this excellent Document will revitalize the leaders and administrators of the health care system in the district and enable them to efficiently implement the Action Plan and achieve the goals of NRHM.

Abhay Kumar Singh, IAS

(DM-cum-Chairman, DHS Aurangabad)

Foreword

"Health is wealth" to make true this statement, we are putting our best effort to provide 100% health facilities to each and every people of the district by reaching their doorsteps. In health services we are currently providing outdoor, Indoor, Emergency, maternal Health Services, Child health services, surgery facilities in our almost all health facilities of the district. Despite of our best health strategies, we still have to do a lot to turn these strategies in to reality. District Health Action planned is an initiation in this regard. In this District Health Action plan we have tried our level best to summarize our demands after analyzing the gaps between where we are and what we have to do for better health Services of the district population.

I am thankful to Dr. Parshuram Bharti (Civil Surgeon – cum – Member Secretary), District Health Society, Aurangabad, Dr. Ramdeo Das ACMO, Aurangabad, Mr. B.B. Vikrant (DPC), District Health Society, Aurangabad, and other team members of the District Health Society for Preparing such a good Kind of DHAP for Financial Year 2012- 2013.

Ram Niwas Pandey

(D.D.C – cum – Vice Chairman)
District Health Society, Aurangabad

About the Profile

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

The information related to data and others used in this action plan is authentic and correct according to my knowledge as this has been provided by the concerned medical officers of every block. I am grateful to the state level consultants (NHSRC/PHRN), ACMO, DPM, All District level Programme Officers MOICs, Block Health Managers and ANMs and AWWs from whose excellent effort we may be able to make this District Health Action Plan of Aurangabad District.

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

Dr. Parshuram Bharti
Civil Surgeon-cum-Member Secretary
DHS, Aurangabad

Methodology

The importance of Health in the process of economic and social development and Improving the quality of life has long being recognized. Keeping this in view the Govt. of India has launched the National Rural Health Mission [NRHM], the biggest ever Project in the Health sector in the last 50 Years. NRHM Seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.

Under the dynamic leadership of Sri Sanjay Kumar , IAS Health Secretary Govt. of Bihar and Executive Director, SHSB , Patna. a decision was taken to invite consultants [NHSRC/PHRN] to facilitate our District Health Society for preparing the DHAP. Accordingly a team comprising. Dr. Ramdeo Das (ACMO), Mr. B.B. Vikrant (DPC), after that orientation training on DHAP of MOIC, Health Manager and Key Medical Staff was under taken at District level and a thorough situation analysis exercise was under taken by respective MOIC and Health Manager for Collection of Block level data through various sources. After receiving Data from blocks, various Situations were analyzed and gaps assessed. Finally under the dynamic guidance of our District Magistrate cum Chairman, District Health Society, Aurangabad District level meetings is arranged and DHAP is given a final shape.

Our Civil Surgeon cum Member Secretary has taken a Keen interest in developing the DHAP and has guided us to the minutest detail.

I would like to thank Mr. Piyush Ranjan (RPM), Magadh Division, Gaya, for cooperation of preparing of DHAP. I would like to take this Opportunity to thank to All District level Programme officers Mr. Ashwini Kumar (District Accounts Manager), DHS, Aurangabad. Mr. Rajeev Ranjan (M&EO), DHS Aurangabad, Mr. B.B. Vikrant (DPC), Mr. Rahul Kumar Singh (DCM, ASHA), DHS Aurangabad, all the MOICs, Health Managers and all Health Staff of Aurangabad District deserve kudos for their excellent work.

Last but not the least the contribution of Mr. Vivek Ranjan (DDA, ASHA), District Health Society, Aurangabad is of immense help in Preparing this DHAP.

I Not only Hope but firmly believe that this DHAP will go a long way in improving the health scenario of our District and achieve the Goals of NRHM.

Sagar Ojha
District Programme Manager
DHS, Aurangabad

Chapter-I

Introduction

1.1 Background

Health is undoubtedly wealth. The importance of Health in the process of economic and social development of any society, state or country has long been recognized. In order to provide better health care in the society revitalization of health care mechanism is of utmost importance. In the process of revitalization of health mechanism 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. National Rural Health Mission (NRHM) was launched on 12th April 2005 in India. It is biggest ever Project in the Health Sector in the last 50 Years.

The Goal of the Mission is to improve the availability of the access to quality health care by people especially for the poor, women and children. Mission adopts a synergistic approach by relating Health to determinants of good Health viz of nutrition, sanitation, hygiene and safe drinking water.

The specific objectives of the mission are:-

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

The plan of Action includes:

a. Increasing public expenditure on health
b. Reducing regional imbalance in health infrastructure.
c. Pooling resources.
d. Integration of organization structure.
e. Optimization of Health manpower,
f. Decentralization and district management programs
g. Community Participation and ownership of assets.
h. Induction of management and financial personnel into district health system.
i. Operational sing Community Health Centers into functional hospital meeting Indian Pubic Health Standards in each block of the Country and
j. Mainstreaming Ayurveda, Yoga, Unani, Siddha and Homeopathy AYUSH to facilitate health care.

One of the main approaches of NRHM is to communities, which will entail transfer of funds, functions and functionaries to **Panchayati Raj Institutions** (PRIs) and also greater engagement of **Rogi Kalyan Samiti** (RKS). Improved management through capacity development is also suggested. Innovations in human resource management are one of the

major challenges in making health services effectively available to the rural/tribal population. Thus, NRHM proposes ensured availability of locally resident health workers, multi-skilling of health workers and doctors and integration with private sector so as to optimally use human resources. Besides, the mission aims for making untied funds available at different levels of health care delivery system.

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

For effective programme implementation NRHM adopts a synergistic approach as a key strategy for community based planning by relating health and diseases to other determinants of good health such as safe drinking water, hygiene and sanitation. Implicit in this approach is the need for situation analysis, stakeholder involvement in action planning, community mobilization, inter-sect oral 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*
- *Support Organisation – PHRN and NHSRC*

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

1.2 Objectives of the Process

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

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

1.3 Process of Plan Development

1.3.1 Preliminary Phase

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

Aurangabad district. In addition, a number of field visits and focal group discussions, interviews with senior officials, Facility Survey were also conducted. All the draft recommendations on workforce management and rationalization of services were then discussed with employees and their associations, the officers of the state, district and block level, the medical profession and professional bodies and civil society. Based on these discussions the study group clarified and revised its recommendation and final report was finalized.

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

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

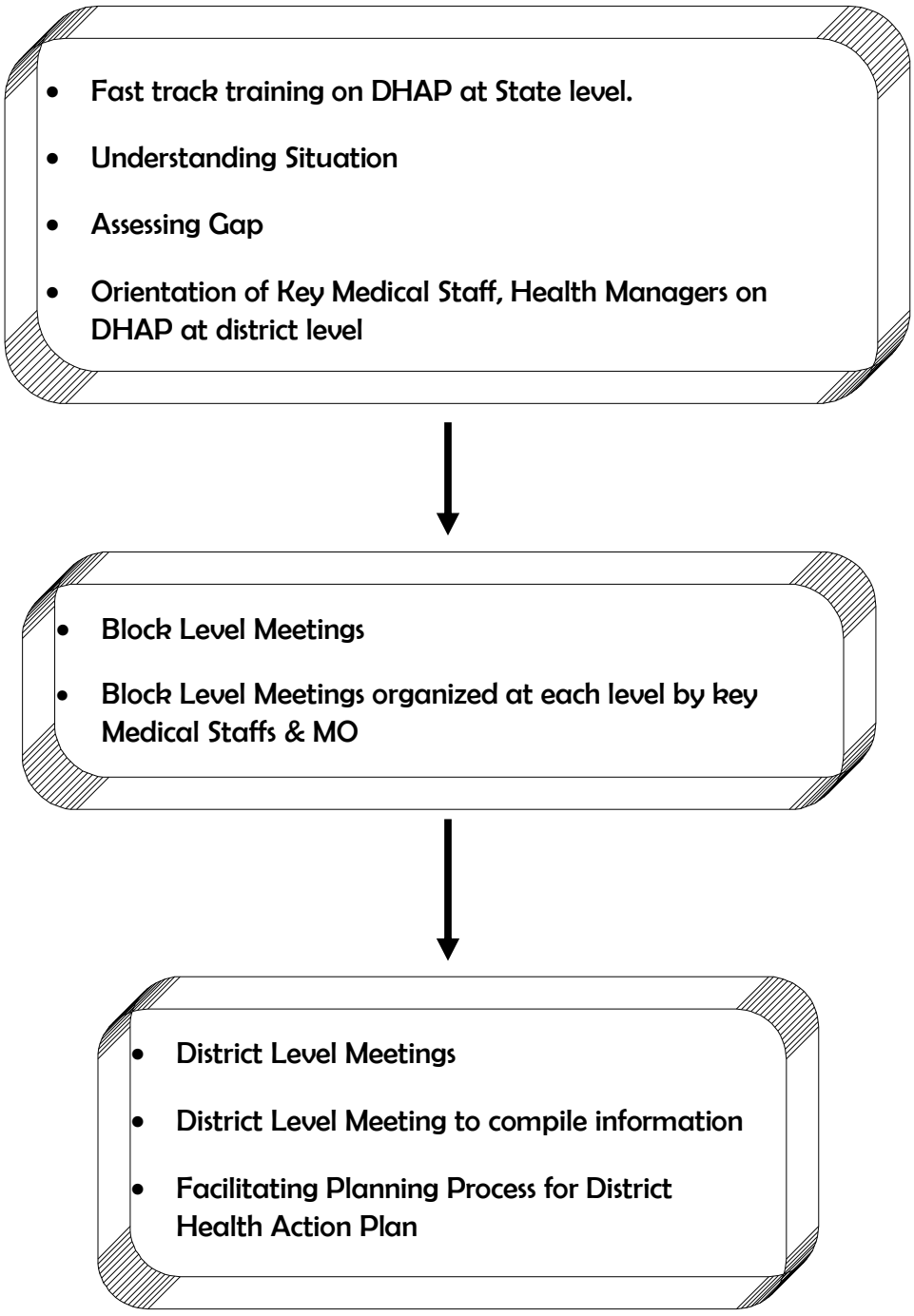
1.3.3 Preparation of DHAP

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 Programme officers and NHSRC/PHRN as well as the MOICs, Block Health Managers, ANMs, as a result of a participatory processes as detailed below. After completion the DHAP, a meeting is organized by Civil Surgeon with all MOIC of the block and all Programme Officer. Then discussed and displayed prepared DHAP. 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 (DHAP) Planning Process



Chapter-II

District Profile

AURANGABAD

DISTRICT PROFILE

Introduction

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

Geography

The district is one of the important districts of South Bihar situated on the famous Grand Trunk Road (NH-2). It is located at 24o44' North and 84o22' East. It has an average elevation of 108 metres. The district is bounded on the north by Arawal district, on the south by Palamu district of Jharkhand State, on the East by Gaya district and on the west by river Sone beyond which lies Rohtas district. The Grand Trunk Road has put the district on the road map of the country and provides easy transport facility to Kolkata in the east and Delhi in the west.

Climate

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

Demography

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

Physiography

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

Soils

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

Drainage Pattern

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

Minerals

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

Culture

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

Apart from contributing towards the freedom struggle of India, Aurangabad holds a traditional significance as well. The renowned Ayurvedic product, Chyawan prash, derives its name from 'Chyawan Aashram' near Devkund village of Haspura block, in Aurangabad district, where Saint chyawan spent his life. Another significant place in the district is Obra, a small town located 16 km away from Aurangabad city. Obra is well known for the production of Kaleen (carpets). The tradition of weaving beautiful and unique carpets in the town dates back to 15th century. Set up near Koriepur village, the Kaleen Udyog is currently managed by the state government. Literacy – 57% of the total population is literate. 71% males and 42% females are literate. The people are religious minded and still follow the old customs and traditions.

History

Aurangabad district boasts of a vibrant history and holds the distinction of being a part of one of the largest and strongest empires in ancient India- Magadha. The region of Magadha comprised of a vast empire in the ancient period, dating from 600 to 250 BC, Apart from India, the boundaries of this region were spread across parts of Burma, Pakistan, Indonesia, Sri Lanka & Bangaldesh, Aurangabad was also ruled by Bimbisar and Ajatshatru. Later on, Chandragupta Maurya and Ashoka ruled the region. After a period Rajputana came here to settle down. All these rulers have left their mark on the city. The ancient name of Aurangabad is 'Naurangabad' after the name of the King Naurang Sah Deo. In the reign of Aurangjeb, its name was modified to Aurangabad. Previously till 1973 Aurangabad was a part of the Gaya district. The city played a significant role in the freedom struggle of India as well. Its valuable contribution was in the form of the great Gandhian – Dr. Anugrah Narayan Sinha –who had a close association with Mahatma Gandhi and worked with Dr. Rajendra Prasad (the first President of India) as well. He encouraged the cause of freedom in Bihar and also led the Satyagraha movement in the state.

Administrative Setup

The district of Aurangabad is administrative segregated in to two subdivisions his. Aurangabad and Daudnagar. There are eleven blocks in the district i.e. Aurangabad, Barun, Nabinagar, Kutumba, Dev, Madanpur, Rafiganj, Daudnagar, Haspura, Goh and Obra. Aurangabad district has 1848 villages, 203 gram Panchayats, 11 Panchayat samiti, 1 district board, 3 Nagar Panchayat and 1 Nagar Parishad. Aurangabad district is divided in to six Assembly constitutions i.e Aurangabad, Kutumba, Rafiganj, Nabinagar, Goh and Obra. Aurangabad, Kutumba and Rafiganj Assembly constituations are a part of Aurangabad Parliamentary constituency which apart from the aforesaid three Assembly constituations of Aurangabad district also comprises of Gurua, Imamganj and Tikari Assembly constituations of the neighbouring Gaya district. Nabinagar, Goh and Obra Assembly constituencies of Aurangabad district form a part of the Karakat Parliamentary constituency.

General Law & Order

Aurangabad district has in all 25 police stations all headed by officers of the rank of Police sub Inspectors. There are 5 Police circles i.e. Aurangabad Mufassil, Madanpur, Rafiganj, Daudnagar and Nabinagar all headed by officers of the rank of Police Inspecters. There are two subdivisions in Aurangabad district i.e. (1) Aurangabad subdivision headed by Addl. SP and (2) Daudnagar subdivision headed by Dy SP. At the Police Headquarter. Aurangabad there are two Dy SP i.e (1) DY SP -1 incharge of 5 PS i.e Madanpur, Deo, Dhibra, Karma and Salaiya and (2) Dy SP -2 incharge of Rafiganj and Pauthu PS. Aurangabad district is affected by extremist (naxal) activities which is one of the most serious problem of the district as far as the law and order in concerned. Almost all the eleven blocks of the district are affected by extremism. Among the eleven blocks, the worst affected are Nabinagar, Kutumba, Dev, Rafiganj and Madanpur. The naxal affected Police circles are Nabinagar, Madanpur and Rafiganj circles comprising of a total of 14 P.S. The most naxal affected police stations are Dhibra, Tandwa, Dev, Madanpur, Amba, Mali, Saiya, Kasma and Goh Police stations. It has not only created panic among the people of these areas but also is acting as an impediment in the development process of the district. In the recent past i.e nearly three months back, two mobile phone towers, one each at Dev P.S. and Amba P.S have been damaged by the extremists. In another incident at Dev P.S. attempt was made to explode the Koyal Canal bridge which connects Dev and Dhibra. In the extremist prone areas, as a precautionary measure, the movement of Police forces is kept secret and the use of wireless set is avoided for communication purposes.

Administrative units :-

Subdivision - 2
Aurangabad & Daudnagar

Block - 11
Aurangabad, Barun, Nabinagar, Kutumba, Deo, Madanpur, Rafiganj, Daudnagar, Haspura, Goh and Obra

Police Station - 25
Aurangabad Town, Aurangabad Muffasil, Jamhore, Baroon, Nabinagar, Tandwa, Mali, Kutumba, Amba, Risiap, Simra, Deo, Dhibra, Madanpur, Salaiya, Rafiganj, Kasma, Pauthoo, Daudnagar, Haspura, Goh, Uphara, Deokund, Obra and Khudwan.

Gram Panchayat - 203

Aurangabad	-	14
Baroon	-	17
Nabinagar	-	25
Kutumba	-	20
Deo	-	16
Madanpur	-	19
Rafiganj	-	23
Daudnagar	-	15
Haspura	-	14
Goh	-	20
Obra	-	20

Nagar Parishad - 1
Aurangabad

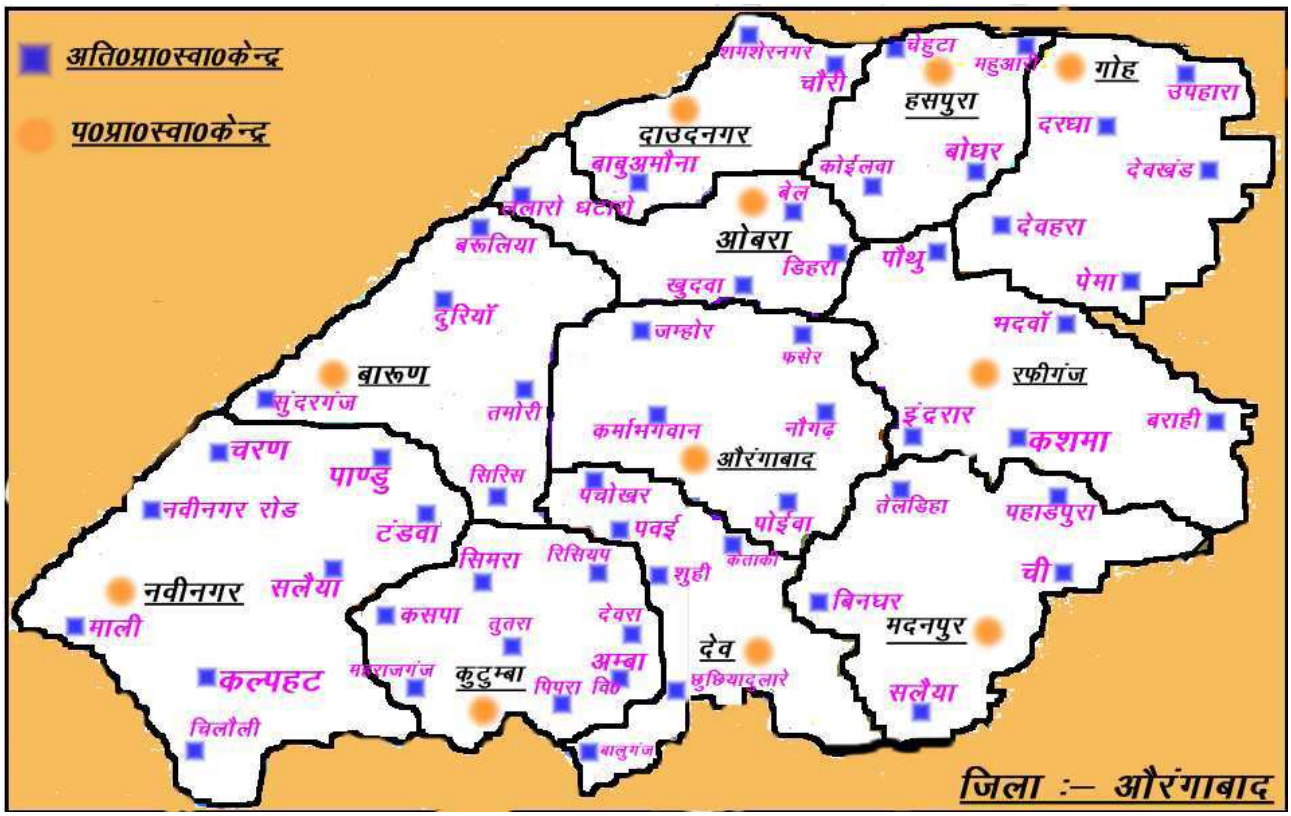
Nagar Panchayat - 3
Nabinagar, Rafiganj & Daudnagar

M.P. Constituency - 2 (Part)
37- Aurangabad & 35- Karakat

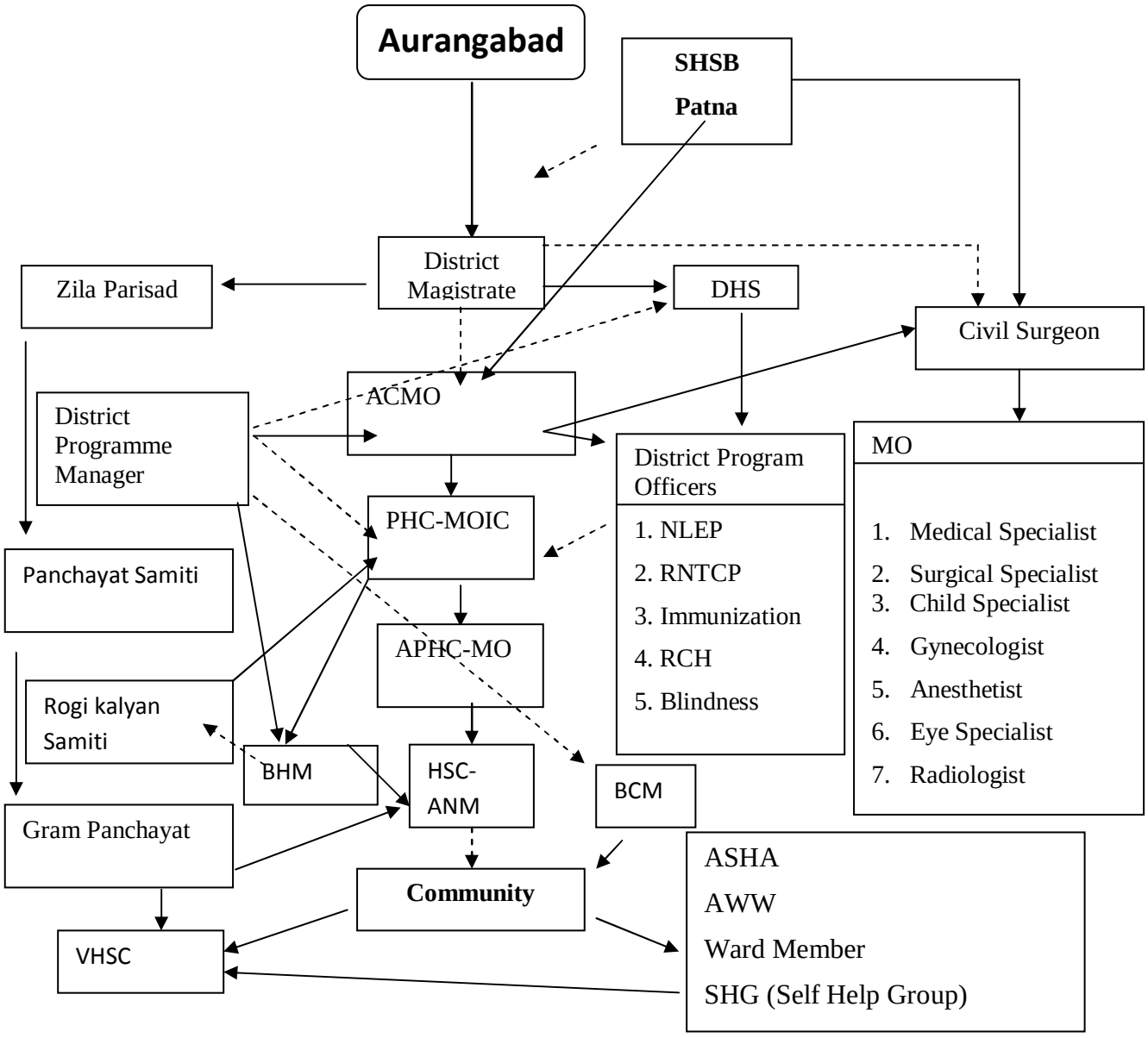
MLA constituency - 6
219- Goh, 220- Obra, 221- Nabinagar, 222- Kutumba, 223- Aurangabad and 224- Rafiganj

Communication Map of District

Health Facilities in District Aurangabad, Bihar



District Health Administrative Set-up



POPULATION DETAILS

POPULATION	:-	25,11,243
AREA	: -	3,305 (Sq. Kms)
DENSITY OF POPULATION	: -	465
SEX RATIO	: -	916

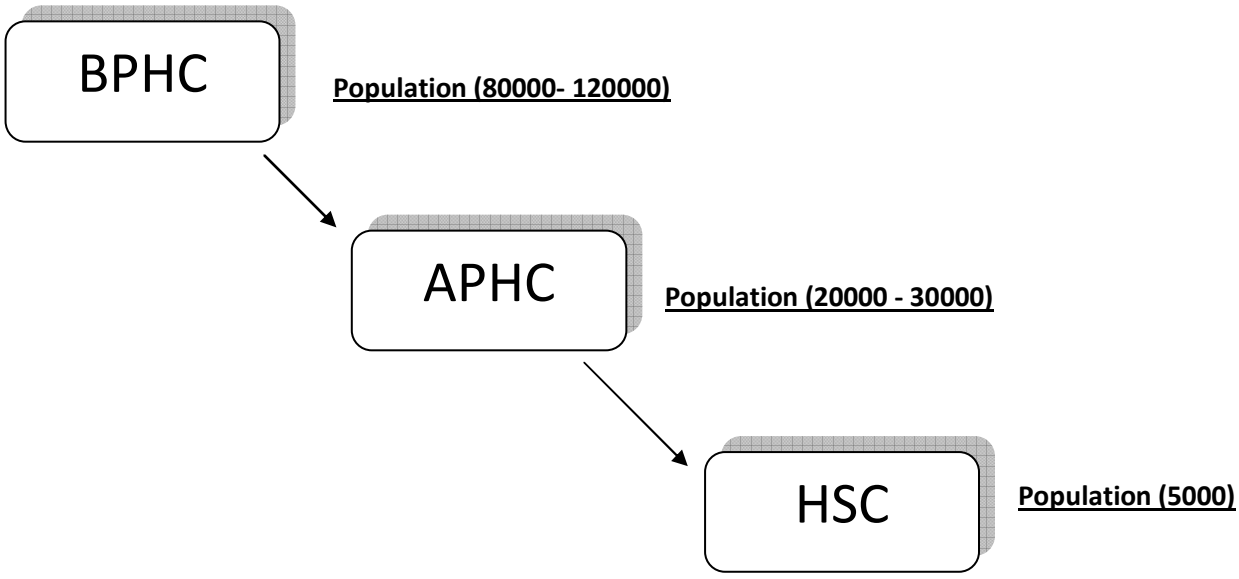
Sl. No.	Name of Block	Population 11-12 (Estimated)
1	Aurangabad	282224
3	Obra	226401
4	Daudnagar	206808
5	Haspura	160350
6	Rafiganj	310962
7	Madanpur	196310
8	Kutumba	225139
9	Nabinagar	296679
10	Deo	172606
11	Goh	234019
12	Barun	199745
District Total		2511243

Chapter-III

Situation Analysis

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

3.1 GAPS IN INFRASTRUCTURE:



Sl. No.	Block Name	Population	Sub-centers required	Sub-centers present	Sub-centers proposed	Further Sub-centers required	Status of Building		Availability of Land (Y)
							Own	Rent	
1	Aurangabad	282224	58	19	25	14	10	6	6
2	Obra	226401	47	17	19	11	3	7	6
3	Daudnagar	206808	44	15	21	8	10	5	0
4	Haspura	160350	33	16	7	10	6	10	5
5	Goh	234019	49	21	17	11	2	19	3
6	Rafiganj	310962	63	20	29	14	6	14	2
7	Madanpur	196310	44	14	17	13	9	5	9
8	Deo	172606	36	18	9	9	7	11	0
9	Kutumba	225139	48	26	11	11	6	20	0
10	Nabinagar	296679	64	23	27	14	5	18	0
11	Barun	199745	42	19	13	10	9	10	4
Total		2511243	529	215	195	126	73	125	35

Introduction :

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

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

3.1.1 Infrastructure for HSCs :

IPHS Norms:

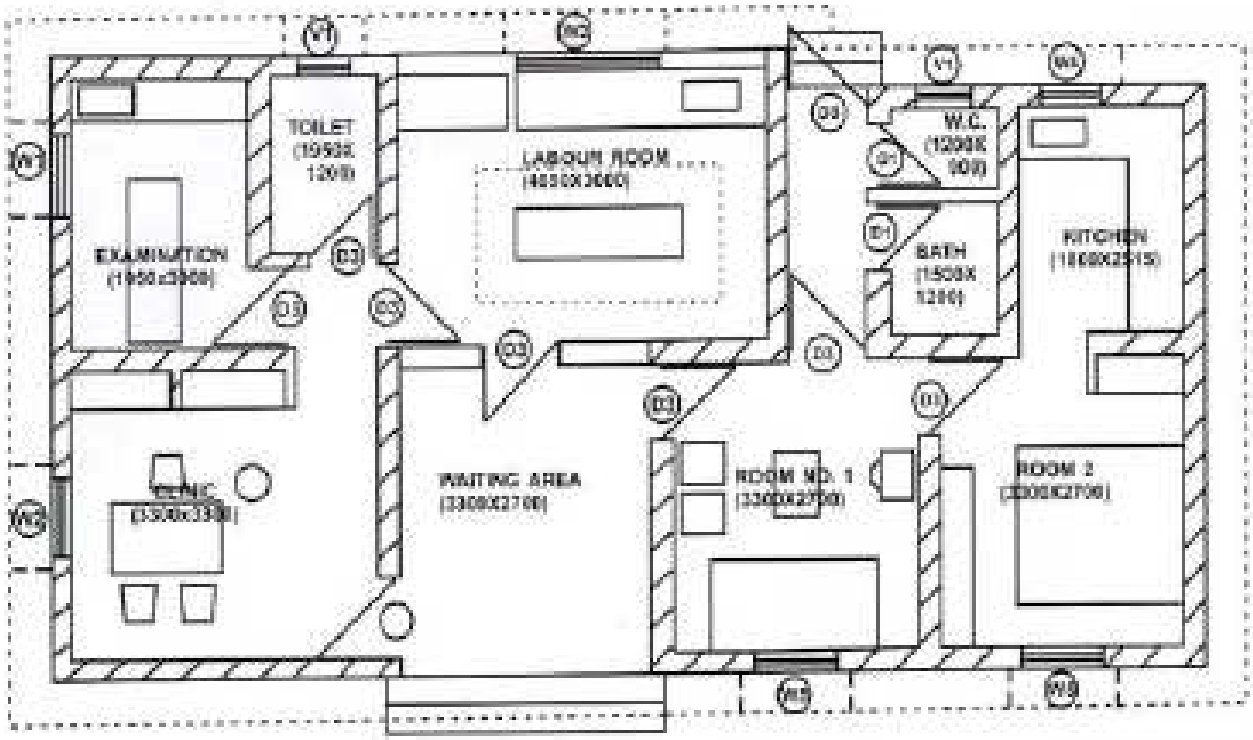
A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

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

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

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

Typical Layout of Sub- Centre with ANM Residence



SUBCENTER

COVERED AREA - 73.50 SQ. MTS.

3.2 Aurangabad at a Glance

No.	Variable			Data			
1	Total area			3305 sq km			
2	Total no. of blocks			11			
3	Total no. of Gram Panchayats			203			
4	No. of Revenue villages			1884			
		Sanctioned	Functional	Own Building	Without Building		
					On Rent	With Land	Without Land
5	No. of HSCs	403	215	73	125	35	295
6	No. of APHCs	64	59	11	44	12	37
7	No. of PHCs	11	11	11			
8	No. of Referral Hospital	3	3	3			
9	No. of District Hospital	1	1	1			
10	No. of Sub Divisional Hospital	1	0	Under Construction			
11	No. of Doctors			142			
12	No. of ANMs			563			
13	No. of Grade A (Staff Nurse)			76			
14	No. of Paramedicals			574			
15	Total Population			2511243			
16	Sex Ratio			916			
17	No. of Anganwadi Centers			2004			
18	No. of Anganwadi Workers			1853			
19	No. of ASHA			2158			
20	No. of electrified villages			1122			
21	No. of Villages having access to safe drinking water			1483			

3.2.1 HEALTH FACILITIES

DISTRICT HOSPITAL	:-	01
REFERRAL HOSPITAL	:-	03
SUB-DIVISIONAL HOSPITAL	:-	01 (Building Under Construction)
PRIMARY HEALTH CENTRE	:-	11
ADDITIONAL PRIMARY HEALTH CENTRE	:-	59(Functional)+ 5 Proposed
HEALTH SUB CENTRE	:-	215 (Functional)+ 188 Proposed
BLOOD BANK	:-	01
BLOOD STORAGE UNIT	:-	01
FRU	:-	05
SNCU	:-	01(Proposed)
NBCC	:-	10
DIAGNOSTIC CENTRE	:-	10
VILLAGE HEALTH & SANITATION COMMITTEE	:-	203

3.3 HUMAN RESOURCE

क्रमांक	पदनाम	सम्वर्ग	स्वीकृत पद	कार्यरत	रिक्ति
1	चिकित्सा पदाधिकारी (नियमित)	II	177	67	110
2	चिकित्सा पदाधिकारी (संविदा)	II	49	32	17
3	लिपिक	III	95	81	14
4	ए.एन.एम. (नियमित)	III	340	280	60
5	ए.एन.एम. (संविदा)	III	308	283	25
6	संगनक	III	11	5	6
7	एल.एच.भी.	III	23	12	11
8	स्वास्थ्य प्रबंधक	III	11	9	2
9	लेखापाल	III	11	11	0
10	भैषज्य	III	72	22	50
11	प्रयोगशाला प्रावैधिक (नियमित)	III	76	2	74
12	प्रयोगशाला प्रावैधिक (संविदा)		-	11	-
13	ग्रेड–1	III	22	6	16
14	ग्रेड–1 (संविदा)	III	128	70	58
15	खाध निरीक्षक	III	1	1	0
16	स्वास्थ्य निरीक्षक	III	11	0	11
17	स्वास्थ्य प्रशिक्षक	III	48	38	10
18	शल्य कक्ष सहायक	III	3	0	3
19	परिधापक	III	71	16	55
20	एक्सरे प्रावैधिक	III	4	1	3
21	बी.एच. डब्ल्यू	III	33	7	26
22	स्वास्थ्य कार्यकर्ता	III	33	7	26
23	परिवार कल्याण कार्यकर्ता	III	33	16	17
24	चालक	III	25	17	8
25	प्रसार प्रशिक्षक (प0 क0)	III	11	1	10
26	नेत्र सहायक	III	5	5	0
27	बी.एच. डब्ल्यू मलेरिया	III	36	3	33
28	फाइलेरिया निरीक्षक	III			
29	बुनियादी स्वास्थ्य निरीक्षक	III	11	1	10
30	मलेरिया निरीक्षक	III	4	1	3
31	स्वास्थ्य परिदर्शक	III			

32	बी.सी.जी. प्रावैधिक	**III**	6	1	5
33	बी.सी.जी. दलनायक	**III**			
34	डिपपेंसर	**III**	1	1	0
35	फिजियोथेरेपीस्ट	**III**			
36	प्रयोगशाला परिचायक	**III**			
37	चतुर्थ वगीयें कर्मचारी	**IV**	265	250	15
38	आशा		2160	2158	2
39	ममता		105	105	0
40	डाटा सेंटर ऑपरेटर (संविदा)		12	11	1
41	जिला कार्यक्रम प्रबंधक		1	1	0
42	जिला लेखा प्रबंधक		1	1	0
43	जिला अनुश्रवण एवं मूल्यांकन पदाधिकारी		1	1	0
44	डाटा सहायक		2	2	0
45	कार्यालय सहायक		2	2	0
46	डी0 पी0 सी0		1	1	0
47	डाटा मैनेजर		1	1	0
48	एपीडेमीलोजिस्ट		1	1	0
49	डी0 सी0 एम0 (आशा)		1	1	0
50	डी0डी0ए0 (आशा)		1	1	0
50	बी0 सी0 एम0 (आशा)		11	9	2
51	संविदा आयुष चिकित्सक		64	46	18

3.4 ASHA status

Against the target of 2160, 2158 ASHA have been selected and 1583 ASHA have been trained in the District. Training of rest is under process & will be completed in this financial year

PHC	Target	Selected	Trained on Module 1	Trained on Module II, III & IV
Aurangabad	157	157	86	101
Obra	210	209	135	150
Daudnagar	152	152	137	133
Haspura	148	147	123	117
Goh	217	217	217	159
Rafiganj	252	252	106	112
Barun	189	189	181	181
Nabinagar	264	264	168	125
Kutumba	215	215	118	158
Deo	161	161	135	133
Madanapur	195	195	177	171
Total	**2160**	**2158**	**1583**	**1540**

3.5 MAMTA status

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

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

3.6 BED AVAILABILITY

Name of Block	Population	Institution	Number of beds*
Aurangabad	282224	FRU	89
Haspura	160350	FRU	13
Kutumba	225139	FRU	18
Nabinagar	296769	FRU	20
Obra	226401	PHC	6
Daudnagar	206808	FRU	13
Goh	234019	PHC	8
Rafiganj	310962	PHC	6
Madanpur	196310	PHC	10
Deo	172606	PHC	6
Barun	199745	PHC	6
Total	2511243	-	**195**

(Source: DHS)

3.7 BASIC FACILITIES AT RURAL INSTITUTIONS

Facility Appraisal of The Health Institutions

Amenities	*BPHCs*	*APHCs*	*Sub-centres*
	Number	*Number*	*Number*
Total no of institutions	*11*	*59*	*215*
Building			
Rented	*0*	*44*	*125*
Government-owned	*11*	*15*	*73*
Residential Accommodation	*11*	*10*	*38*
Electric Connection	*11*	*8*	*42*
Water Connection	*11*	*0*	*0*
Sanitary Latrine	*11*	*2*	*38*
Amenities	*CHCs/Referral*	*PHCs*	*Sub-centres*
	Number	*Number*	*Number*
Waste Disposal	*3*	*11*	*0*
Telephone Facility	*3*	*11*	*0*
X ray facility	*0*	*3*	*0*
Blood storage facility	*0*	*1*	*0*
Laboratory testing facility	*2*	*5*	*0*
Ambulance for referral	*3*	*10*	*0*
OT Facility	*2*	*10*	*0*

(Source : DHS-Facility Survey)

3.8 DISTRICT HOSPITAL

Availability of basic facilities at the district hospital,

Availability of selected facilities	Response
Tap water facility	Yes
Over head tank and pump	Yes
Electricity line in all parts	Yes
Generator	Yes
Telephone	Yes
Vehicles	Yes
Sewerage	No
Incinerator	No
Clean OPD	No
Clean OT	Yes
Clean toilets	Yes
Clean premises	Yes

(Source : Sadar Hospital)

3.9 Indicators of RCH

Indicator	Aurangabad	Bihar	Our Aim to achieve
• **Infant Mortality Rate**	48	55	30
• **Maternal Mortality Rate**	331	305	100
• **Total Fertility Rate**	-	4.3	2.1

Annexure

PHC/Referral Hospital/SDH/DH name	Populaion (Served)	Building ownership (Govt./Pan/Rent)	Building Condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
Sadar Hospital	0	Govt.	++	A	A	A	A	++	124	89	A	#	++
Aurangabad	28224	Govt.	++	A	NA	A	NA	#	3	0	NA	#	#
Obra	226401	Govt.	+	A	A	A	A	#	11	6	A	#	#
Daudnagar	226808	Govt.	++	A	A	A	A	++	11	6	A	++	++
Haspura	160350	Govt.	++	A	A	A	A	#	16	30	A	++	++
Goh	234019	Govt.	++	A	A	A	A	#	11	6	A	++	++
Rafiganj	310962	Govt.	++	A	A	A	A	#	12	6	A	++	++
Madanpur	196310	Govt.	+	A	A	A	A	#	11	6	A	++	++
Deo	172606	Govt.	+	A	A	A	A	#	14	6	A	++	++
Kutumba	225139	Govt.	++	A	A	A	A	#	12	30	A	++	++
Nabinagar	296679	Govt.	++	A	A	A	A	#	18	30	A	++	++
Barun	199745	Govt.	+	A	A	A	A	++	6	6	A	++	++

Chapter-IV

Setting Objectives and Suggested Plan of Action

4.1 Introduction

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

4.2 Targeted Objectives and Suggested Strategies

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

4.2.1 Maternal Health		
Situation Analysis/Current Status	Out of two sanctioned blood bank only one is working	
Objectives Milestones/Benchmarks	To establish & make functional one blood bank at SDH Daudnagar	
Strategies/Activities	1. Deputaion of LT at SDH Daudnagar through outsource agency. 2. Deployment of Lab Technician on Contract Basis. 3. Hiring of building until the construction of building completed.	
Support required	1. Requirement of technical person from State Health Society temporarily for monitoring of establishment. 2. Financial support.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.2 Operationalise FRUs (BSU)		
Situation Analysis/Current Status	Out of two sanctioned blood bank only one is working	
Objectives Milestones/Benchmarks	To establish & make functional one blood bank at SDH Daudnagar	
Strategies/Activities	4. Deputaion of LT at SDH Daudnagar through outsource agency. 5. Deployment of Lab Technician on Contract Basis. 6. Hiring of building until the construction of building completed.	
Support required	3. Requirement of technical person from State Health Society temporarily for monitoring of establishment. 4. Financial support.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.3 Integrated outreach RCH services (monitoring)	
Status	208 HSCs are functional in Aurangabad district.
Objectives	To ensure the proper delivery of RCH services at each PHC through regular meeting & recommendations.
Strategies/Activities	1. Every HSC would be visited by MOIC, BHM & other block level officials in a month. 2. There should be a monthly meeting of HSC staff at block level for proper reviewing.

4.2.4 Monthly Village Health & Nutrition Day		
Situation Analysis/Current Status	Celebrating in all Revenue Villages.	
Objectives/Milestones/Benchmarks	To ensure monthly celebration of VHSND with active participation of PRIs, CDPOs & other block level officials.	
Strategies/Activities	Capacity building of members of Village Health & Sanitation Committee.	
Support required	1. ICDS 2. Development Partners (UNICEF, DFID and CBOS) 3. Administrative body like BDOs, SDOs, Mukhiya, Pramukh & PRSs etc.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.5 Home deliveries (JBSY)		
Situation Analysis/Current Status	Home deliveries are not attended by SBA in most of the cases.	
Objectives/Milestones/Benchmarks	To ensure safe delivery at home through SBAs.	
Strategies/Activities	Capacity building & orientation of SBAs, Mobilization among community to avail the safe delivery.	
Support required	1. SBA should attend all the cases. 2. Key stakeholders like MOIC, PRIs, Civil Society & local chang-agents.	
Budget (in lakhs)	Activity/Item 1. To make sure all the delivery that should be attended by SBA 2. To spread awareness among community for conducting safe delivery through skilled birth attendant.	2012-13
Total		

4.2.6 Institutional Deliveries - Rural		
Situation Analysis/Current Status	Institutional deliveries are conducted at PHC level and incentivized method has accelerated the process of institutional delivery.	
Objectives/Milestones/Benchmarks	To reduce the infant mortality rate & maternal mortality rate by strengthening the institutional delivery.	
Strategies/Activities	1. To create enabling environment at institutions where the beneficiaries could be accessed and benefits with the vitals of scheme. 2. To create awareness intensively among community to maximize the delivery at institution point. 3. Better coordination and collaboration among line departments.	
Support required	Key stakeholders like MOIC, PRIs, Civil Society & local chang-agents.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.7 Institutional Deliveries - Urban		
Situation Analysis/Current Status	Delivery at urban institution is being conducted and efforts are to provide the best of facilities.	
Objectives/Milestones/Benchmarks	To reduce the infant mortality rate & maternal mortality rate by strengthening the institutional delivery.	
Strategies/Activities	1. To create enabling environment at institutions where the beneficiaries could be accessed and benefits with the vitals of scheme. 2. To create awareness intensively among community to maximize the delivery at institution point. 3. Better coordination and collaboration among line departments.	
Support required	Key stakeholders like DS, MOIC, CDPOs, AWWs	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.8 Caesarean Deliveries		
Situation Analysis/Current Status	Delivery at urban institution is being not conducted at rapid pace and the absence of anesthetists affects the speedy conduction of caesarean cases.	
Objectives/Milestones/Benchmarks	To attend the complicated cases of delivery very smoothy and make sure of safe delivery.	
Strategies/Activities	1. To bring the availability of concerned doctors to attend the caesarean cases by arranging the duty rosters of neighbouring district by State level. 2. Bette coordination and collaboration among service providers. 3. Appointment of anaesthetizes & surgeons either on contract basis or regular basis.	
Support required		
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.9 Other Activities (JSY)		
Situation Analysis/Current Status	In order to record & manage the data, the data operator is not available.	
Objectives/Milestones/Benchmarks	To make appointment of data operator for the proper upkeep of data.	
Strategies/Activities	1. Printing of different formats. 2. To appoint the data operator for the proper keeping of records.	
Support required	1. Appointment of one data operator. 2. Availability of printed formats.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.10 IMNCI		
Situation Analysis/Current Status	To concurrent monitoring of IMNCI is not going on and the fund is lying unspent.	
Objectives/Milestones/Benchmarks	To reduce the mortality of neonatal & childhood illness up to 0-3 yrs.	
Strategies/Activities	To form a committee of CS, DPM & Padiatricians to follow-up & monitor.	
Support required	1. Appointment of one data operator. 2. Availability of printed formats. 3. Development Partners to monitor.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.11 School Health Plan		
Situation Analysis/Current Status	School Health Plan is going on but the follow up of referred cases are poor.	
Objectives/Milestones/Benchmarks	To ensure proper check up of school children with adequate referral system & follow ups.	
Strategies/Activities	1. Strict monitoring & supervision of School Health Plan being carried out by NGOs. 2. Timely submission of School Health Plan at DHS.	
Support required	Vehicle for mobility.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

4.2.12 Care of sick children & severe malnutrition (NRC)		
Situation Analysis/Current Status	One NRC is working in the district till date.	
Objectives/Milestones/ Benchmarks	To minimize no. of cases of sick & severe malnutrition children in the district (2011-12).	
Strategies/Activities		
Support required	1. Financial support from the state. 2. After oprationalization ICDS to refer severely malnourished children from field.	
Budget (in lakhs)	Activity/Item	2012-13
Total		

DISTRICT HEALTH SOCIETY, AURANGABAD

DHAP 12-13 (Part - A)

Sl.No	STRATEGY/ACTIVITIES	Type	Base Line/ Current Status (as on December,11)		Unit of Measure (in words)	Physical Target (Where applicable)								Unit Cost (in Rs.)	Financial Requiremnet (In Rs.)										Committed Fund Requirement (If any in Rs.)	TOTAL REQUIREMENT
						Q1		Q2		Q3		Q4				Q1		Q2		Q3		Q4		Total Annual Proposed Budget (In Rs.)			
			HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total			HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		
A	RCH Flexipool	G										0	0											0	0		0
A.1	MATERNAL HEALTH	G										0	0											0	0		0
A.1.1	Operationalise Facilities	G										0	0											0	0		0
A.1.1.1	Operationalise FRUs-	G										0	0											0	0		0
A.1.1.1	Dissemination Workshop for FRU Guidelines	L										0	0											0			0
	Blood Donation Camp		12		No. of Blood Bank	3		3		3		3		12	0	Rs. 8000/- per donation Camp	24000		24000		24000		24000		96000	0	96000	192000
	Purchase of Soundless Generator for 15 KV		2		No. of Blood Bank									0	0	Rs. 250000/- per Genset	0		500000		0		0		500000	0		500000
	POL for Genset				No. of Genset									0	0	Rs.40000/- per month per	240000		240000		240000		240000		960000	0	288000	1248000
	Office Contigency		2		No. of Blood Bank									0	0	Rs. 6000/- per month per blood bank	36000		36000		36000		36000		144000	0	72000	216000
														0	0									0	0		0
A.1.1.2	Monitor Progress and Quality of Service Delivery	L	5	0	No of FRU	1	0	1	0	1	0	1	0	4	0	Rs. 12500/- per meeting	12500	0	12500	0	12500	0	12500	0	50000	0	0	50000
A.1.1.2	Operationalise 24x7 PHCs (Mch Center- Aphc)	L	11	0	1 APHC from each PHC	0	0	11	0	0	0	0	0	11	0	Rs. 25000/- per APHC	0	0	275000	0	0	0	0	0	275000	0		275000
																									0	0	0	0
A.1.1.3	MTP Services at Health Facilities	L																							0	0	0	0
A.1.1.4	RTI/STI Services at Health Facilities	L																										
A.1.1.5	Operationalise Sub Centres (MCH Center-Hsc)	L	2	0	2HSCs from District	0	0	2	0		0	0	0	2	0	Rs. 50000/- per HSC	0	0	100000	0	0	0	0	0	100000	0	0	100000
																									0	0	0	0
A.1.2	*Referral Transport*	G										0	0												0	0	0	0
A.1.3	Integrated Outreach RCH Services	G										0	0															
A.1.3.1	RCH Outreach Camps/ Others	L	11	0	No. of Camps	0	0	4	0	4	0	3	0	11	0	Rs. 7000/- per Camp	0	0	28000	0	28000	0	21000	0	77000	0	0	77000
A.1.3.2	Monthly Village Health and Nutrition Days	L	2278		No. of Sites as per microplan	570		569		570		569		2278	0	Rs. 2500/- per District for district Level convergence meeting @Rs.100/- per person for two days for participating microplanning and capacity building , @Rs 100/- for POL per block level monitors, @Rs. 2500 per Quarter per district for review meeting	964900	0	44000	0	44000	0	45800	0	1096700	0	44000	1142700
																									0	0	0	0
A.1.4	Janani Suraksha Yojana / JSY	G										0	0															
A_1.4.1	Home Deliveries	L	270		No. of Deliveries	67		67		68		68		270	0	Rs. 500/- per Case	33500	0	33500	0	34000	0	34000	0	135000	0	0	135000
																									0		0	0
A_1.4.2	Institutional Deliveries	G										0	0															
A.1.4.2.A	Institutional Deliveries-Rural	L	48000		No. of Delivedries	12000	0	12000	0	12000	0	12000	0	48000	0	Rs. 2000/- per case	24000000	0	24000000	0	24000000	0	24000000	0	96000000	0	8000000	104000000
A.1.4.2.B	Institutional Deliveries-Urban	L	1000		No. of Delivedries	250	0	250	0	250	0	250	0	1000	0	Rs. 1200/- per case	300000	0	300000	0	300000	0	300000	0	1200000	0	100000	1300000
A.1.4.2.C	Institutional Deliveries-C-Sections	L	480		No. of Delivedries	120	0	120	0	120	0	120	0	480	0	Rs. 1500/- per case	180000	0	180000	0	180000	0	180000	0	720000	0	60000	780000
A.1.4.3	Administrative Expenses	L										0	0	Actual Expenses	375000	0	375000	0	375000	0	375000	0	1500000	0	100000	1600000	0
A.1.4.4	Incentive to ASHAs	L										0	0															
A.1.5	Maternal Death Review	L	4280		No. of Maternal Death	1070	0	1070	0	1070	0	1070	0	4280	0	Rs. 750/- per Case	802500	0	802500	0	802500	0	802500	0	3210000	0	10000	3220000
A.1.6	Other Strategies/Activities (ICTC for HIV Testing of ANC C	L	0			0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0
														0	0										0			0
A.2	CHILD HEALTH	G										0	0												0			0
A.2.1	IMNCI	G										0	0															
A.2.1.1	Implementation of IMNCI Activities in Districts	L										0	0	Actual Expenses	12500	0	12500	0	12500	0	12500	0	50000	0	10000	60000	
A.2.1.2	Monitor Progress Against Plan, Follow Up with Training, Pe	L										0	0											0				0
A.2.1.3	Incentive for HBNC to ASHA/AWWs(State Initative) 5 PNC	L	7500		No. of Home Base Deliveries	1875	0	1875	0	1875	0	1875	0	7500	0	Rs. 100/- per Delivery after 3 Visits	187500	0	187500	0	187500	0	187500	0	750000	0	0	750000
A.2.1.4	Incentive for HBNC to ASHA(State Initative) 6PNC for Low	L	3000		No. of Home Base Deliveries	750	0	750	0	750	0	750	0	3000	0	Rs. 200/- per Delivery after 6 Visits	150000	0	150000	0	150000	0	150000	0	600000	0	0	600000
A.2.2	Facility Based Newborn Care/FBNC (Operationalise 40 NB	L	1		No. of FRU	0	0	1	0	0	0	0	0	1	0	Rs. 7,75,000/- per District	0	0	775000	0	0	0	0	0	775000	0	0	775000
																									0			0
A.2.3	Home Based Newborn Care/ HBNC	L										0	0												0			0
A.2.4	Infant and Young Child Feeding/ IYCF	L										0	0												0			0
A.2.5	Care of Sick Children and Severe Malnutrition	L										0	0															
A.2.6	Management of Diarrhoea, ARI and Micronutrient	L	1		No. of NRC Centre									0	0	Rs. 361000/- per mopnth	1083000	0	1083000	0	1083000	0	1083000	0	4332000	0	278300	4610300

	Annual Maintenance of NRC		1		No. of NRC Centre											Rs 103535/- per annum	0	0	103535	0	0	0	0	0	103535	0	0	103535
A.2.7	Other Strategies/activities (Vitamin A Biannual Round)	L			No. of Round	1	0	0	0	1	0	0	0	2	0										0			0
A.2.8	Infant Death Audit	L												0	0										0			0
A.2.9	Incentive to ASHA Under CH	L												0	0										0			0
A.3	**FAMILY PLANNING**	G												0	0										0			0
A.3.1	**Terminal/ Limiting Methods**	G												0	0										0			0
A.3.1.1	Dissemination of Manuals on Sterilisation Standards & QA	L	1		No. of Workshop	0		1	0	0	0	0	0	1	0	Rs. 20000/ per Workshop	0	0	20000	0	0	0	0	0	20000	0	0	20000
A.3.1.2	Female Sterilisation Camps	L	264		No. of Camps	66	0	66	0	66	0	66	0	264	0	Rs. 5000/- per Camp	330000	0	330000	0	330000	0	330000	0	1320000	0	0	1320000
A.3.1.3	NSV Camps	L	11		No. of Camps	0	0	5	0	6	0	0	0	11	0	Rs. 5000/- per Camp	0	0	25000	0	30000	0	0	0	55000	0	0	55000
A.3.1.4	Compensation for Female Sterilisation	L	25920		No. of Beneficiaries	6480	0	6480	0	6480	0	6480	0	25920	0	Rs 1000/- per Case	6480000	0	6480000	0	6480000	0	6480000	0	25920000	0	0	25920000
A.3.1.5	Compensation for Male Sterilisation (Compensation for NS	L	206		No. of Beneficiaries	8	0	66	0	66	0	66	0	206	0	Rs. 1500/- per case	12000	0	99000	0	99000	0	99000	0	309000	0	0	309000
A.3.1.6	Accreditation of Private Providers for Sterilisation Services	L	3000		No. of Beneficiaries	750	0	750	0	750	0	750	0	3000	0	Rs 1500/- per case	1125000	0	1125000	0	1125000	0	1125000	0	4500000	0	324000	4824000
A.3.2	**Spacing Methods**	G												0	0										0			0
A.3.2.1	IUD Camps	L												0	0										0			0
A.3.2.2	IUD Services at Health Facilities	L												0	0										0			0
A.3.2.3	Accreditation of Private Providers for IUD Insertion Service	L												0	0										0			0
A.3.2.5	Contraceptive Update Seminars	L												0	0										0			0
A.3.3	POL for Family Planning (for District Level + State Level M	L	11		No. of PHCs									0	0	Rs.30000/- per PHC per annum	825000	0	826000	0	825000	0	825000	0	3300000	0	0	3300000
A.3.4	Repairs of Laparoscopes	L												0	0										0			0
A.3.5	**Other Strategies/ Activities**	G												0	0										0			0
A.3.5.1	State Level Worshop/Review for FP	L												0	0										0			0
A.3.5.2	Orientation	L												0	0										0			0
A.3.5.3	Family Planning Incentive/Award to Best Performer District	L	12		No. of PHC +DH	12	0	0	0	0	0	0	0	12	0	Rs. 25000/- per Centre	300000	0	0	0	0	0	0	0	300000	0	0	300000
A.3.5.4	Provide IUD Services at Health Facility (IUD Camps)	L	45		4 Camps in per PHC +1 inDH	11	0	12	0	11	0	11	0	45	0	Rs. 1500/- per PHC and 2000/- for DH	16500	0	18500	0	16500	0	16500	0	68000	0	0	68000
A.3.5.5	Social Marketing of Contraceptives	L	2160		No. of ASHA - Advertisement/ IEC/ Others									0	0	Rs.1000/- per ASHA	540000		540000		540000		540000		2160000		0	2160000
A.4	**ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH**	G												0	0										0		0	0
A.4.1	Adolescent Services at Health Facilities (ARSH Corners in	L	6		5PHC + 1DH	0	0	6	0	0	0	0	0	6	0	Rs.25000/- per PHC and Rs.50000/- for DH	0	0	175000	0	0	0	0	0	175000	0	0	175000
A.4.2	School Health Programme/ NPSGK	L			1 dhq + 11 phc									0	0	Rs. 44,48,000/- for District	1112000	0	1112000	0	1112000	0	1112000	0	4448000	0	0	4448000
A.4.3	Other Strategies/ Activities (Menstrual Hygiene)	L	1		Per District	0	0	1	0	0	0	0	0	1	0	Rs. 100000/- per district	0	0	100000	0	0	0	0	0	100000	0	0	100000
A.5	**URBAN RCH**	G												0	0										0			0
A.5	URBAN RCH(Urban Health Center Through PPP)	L	1		No. of Urban Health Centre									0	0	Rs.75000/- per Centre p.m.	225000	0	225000	0	225000	0	225000	0	900000	0	45000	945000
A.6	**TRIBAL RCH**	G												0	0										0			0
A.6	TRIBAL RCH	L												0	0										0			0
A.7	**PNDT & Sex Ratio** :	G												0	0										0			0
A.7.1	Support to PNDT Cell	L												0	0										0			0
A.7.2	Other PNDT Activities (Monitoring of Sex Ratio at Birth)	L	1											0	0	Rs. 100000/- per district	25000	0	25000	0	25000	0	25000	0	100000	0	0	100000
A.8	**INFRASTRUCTURE (Minor Civil Works) & HUMAN RES**	G												0	0										0			0
A.8.1	**Contractual Staff & Services**	G												0	0										0			0
A.8.1.1	ANMs, Staff Nurses, Supervisory Nurses (Salary of Contra	L	128 Nurse Grd A+ 285 ANM R		Sanction Post of No. of Nurse Grade A + ANM R									0	0	Rs.20000/- p.m. for Nurse Grade A and Rs. 11500/- p.m for ANM R	17512500	0	17512500	0	17512500	0	17512500	0	70050000	0	7290000	77340000
A.8.1.2.1	MPW	L												0	0										0			0
A.8.1.2	Laboratory Technicians(LT in Blood Banks)	L	6		No. of LTs for Blood Bank									0	0	Rs. 10000/- per LT p.m	180000	0	180000	0	180000	0	180000	0	720000	0	0	720000
A.8.1.3	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeo	L												0	0										0			0
A.8.1.4	PHNs at CHC, PHC Level	L												0	0										0			0
A.8.1.5	Medical Officers at CHCs / PHCs (Salary of MOs in Blood (	L	2		No. of Medical Officers									0	0	Rs. 35000/- p.m. per Doctor	210000	0	210000	0	210000	0	210000	0	840000	0	0	840000
A.8.1.6	Additional Allowances/ Incentives to M.O. of PHCs and CH	L												0	0										0			0
A.8.1.7	Others - FP Counsellors	L	5		No. of FP Councellor									0	0	Rs. 15000/- per month per Councellor	225000	0	225000	0	225000	0	225000	0	900000	0	0	900000
A.8.1.8	Incentive/ Awards Etc. to SN, ANMs Etc. (Muskaan Progra	L	2800 sites p.m		No. of Sites as per microplan									0	0	Rs. 300/- per sites	2520000	0	2520000	0	2520000	0	2520000	0	10080000	0	2520000	12600000
A.8.1.9	Human Resources Development (Other Than Above)	L												0	0										0			0

A.8.1_10	Other Incentives Schemes (Pl. Specify)	L											0	0										0			0
A.8.2	**Minor Civil Works**	G											0	0										0			0
A.8.2.1	Minor Civil Works for Operationalisation of FRUs	L	5	No. of FRUs.									0	0	Rs. 50000/- per FRU	0	0	250000	0	0	0	0	0	250000	0	0	250000
A.8.2.2	Minor Civil Works for Operationalisation of 24 Hour Servic	L	7	No. of PHCs									0	0	Rs. 25000/- per PHC	0	0	175000	0	0	0	0	0	175000	0	0	175000
A.9	TRAINING	G											0	0										0			0
A.9.1	**Strengthening of Training Institutions (Repair/renovati**	G											0	0										0			0
A.9.1	Strengthening of Training Institutions (Repair/renovation of	L											0	0										0			0
A.9.2	**Development of Training Packages**	G											0	0										0			0
A.9.2	Development of Training Packages	L											0	0										0			0
A.9.3	**Maternal Health Training**	G											0	0										0			0
A.9.3.1	Skilled Attendance at Birth	L	15	No. of Batches	3	0	4	0	4	0	4	0	15	0	Rs. 88110/- per batch	264330	0	352440	0	352440	0	352440	0	1321650	0	0	1321650
A.9.3.2	Comprehensive EmOC Training (Including C-Section)	L											0	0										0			0
A.9.3.3	Life Saving Anaesthesia Skills Training	L											0	0										0			0
A.9.3.4	MTP Training	L											0	0										0			0
A.9.3.5	RTI / STI Training	L	2	No. of Batches	0	0	1	0	1	0	0	0	2	0	Rs. 115000/- per batches	0	0	115000	0	115000	0	0	0	230000	0	0	230000
A.9.3.6	BEMOC Training	L											0	0										0			0
A.9.3.7	Other MH Training (Any Integrated Training, Etc.)- Training	L											0	0										0			0
A.9.4	IMEP Training	L											0	0										0			0
A.9.5	**Child Health Training**	G											0	0										0			0
A.9.5.1	IMNCI	L	40+1	No. of Batches	10	0	10	0	11	0	10	0	41	0	Rs. 134760/- per batch for AWW/ANM/LHV and Rs. 159600 for TOT	1347600	0	1347600	0	1507200	0	1347600	0	5550000	0	0	5550000
A.9.5.2	F-IMNCI	L	3	No. of Batches	0	0	1	0	1	0	1	0	3	0	Rs. 287600/- per batch	0	0	287600	0	287600	0	287600	0	862800	0	0	862800
A.9.5.3	Home Based Newborn Care	L											0	0										0			0
A.9.5.4	Care of Sick Children and Severe Malnutrition A 9	L											0	0										0			0
A.9.5_5	**Other CH Training (Pl. Specify)**	G											0	0										0			0
A.9.5.5.1	TOT on FBNC	L											0	0										0			0
A.9.5.5.2	Training on FBNC for Medical Officers	L											0	0										0			0
A.9.5.5.3	NSSK Training (SN/ANM)	L	4	No. of Batches	1	0	1	0	1	0	1	0	4	0	Rs. 52900/- per Batch	52900	0	52900	0	52900	0	52900	0	211600	0	0	211600
A.9.6	**Family Planning Training**	G											0	0										0			0
A.9.6.1	Laparoscopic Sterilisation Training	L											0	0										0			0
A.9.6.2	Minilap Training	L	2	No. of Batches	0	0	1	0	1	0	0	0	2	0	Rs. 70,240/- per Batch	0	0	70240	0	70240	0	0	0	140480	0	0	140480
A.9.6.3	NSV Training	L	3	No. of Batches	1	0	2	0	0	0			3	0	Rs. 33,900/- per Batch	33900	0	67800	0	0	0	0	0	101700	0	0	101700
A.9.6_4	**IUD Insertion Training**	G											0	0										0			0
A.9.6.4.1	Training of Medical Officers in IUD Insertion	L	3	No. of Batches	1	0	2	0	0	0	0	0	3	0	Rs. 55300/- per Batch	55300	0	110600	0	0	0	0	0	165900	0	0	165900
A.9.6.4.2	Training of ANMs / LHVs/SN in IUD Insertion	L	4	No. of Batches	1	0	1	0	1	0	1	0	4	0	Rs. 29425/- per batch	29425	0	29425	0	29425	0	29425	0	117700	0	0	117700
A.9.6.5	Contraceptive Update	L											0	0										0			0
A.9.6_6	**Other FP Training (Pl.SSpecify)**	G											0	0										0			0
A.9.6.6.1	Post Partum Family Planning (With Emphasis on IUCD Ins	L											0	0										0			0
A.9.6.6.2	Training of Family Planning Counsellors	L											0	0										0			0
A.9.7	ARSH Training (MOs, ANM/Nurses, Nodal Officers)	L											0	0										0			0
A.9.8	**Programme Management Training**	G											0	0										0			0
A.9.8.1	SPMU Training	L											0	0										0			0
A.9.8.2	DPMU Training	L											0	0	Rs. 100000/- per district	25000	0	25000	0	25000	0	25000	0	100000	0	0	100000
A.9.9	**Other Training (Pl. Specify)**	G											0	0										0			0
A.9.9.1	Continuing Medical and Nursing Education	L											0	0										0			0
A.9.9.2	Post Graduate Diploma in Family Medicine for MO	L											0	0										0			0
A.9.9.3	DNB in Family Medicine for MO	L											0	0										0			0
A.9.9.4	PGD in Public Health Management for MO (IIPH)	L											0	0										0			0
A.9.9.5	PGD in Public Health Management for Health and Manage	L											0	0										0			0
A.9_10	**Training (Nursing)**	G											0	0										0			0
A.9.10.1	Strengthening of Existing Training Institutions/ Nursing Sch	L											0	0										0			0
A.9.10.2	New Training Institutions/ School	L											0	0										0			0
A.9_11	**Training (Other Health Personnel)**	G											0	0										0			0
A.9.11.1	Promotional Training of Health Workers Females to Lady H	L											0	0										0			0
A.9.11.2	Training of ANMs, Staff Nurses, AWW, AWS	L											0	0										0			0
A.9_11_3	**Other Training and Capacity Building Programmes**	G											0	0										0			0
A.9.11.3.1	Training of Faculty / Post Basic B Sc / Basic B Sc	L											0	0										0			0
A.9.11.3.2	Community Visit for Students & Teachers	L											0	0										0			0
A	RCH Flexipool	L											0	0										0			0
A_10	**PROGRAMME / NRHM MANAGEMENT COSTS**	G											0	0										0			0
A.10.1	**Strengthening of SHS/ SPMU (Including HR, Managem**	G											0	0										0			0
A.10.1.1	Liability on Current Staff at Prevailing Salary	L	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0
A.10.1.2	Additional Manpower Under SHSB	L	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0
A.10.1.3	State Monitoring Cell for Blood Banks/BSUs	L	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0
A.10.1.4	Provision of Equipment/furniture and Mobility Support for B	L	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0
A.10.1.5	Mobility Support (District Malaria Office)	L	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0
A.10.1.6	Strengthening of Directorate	L	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0
A.10.1.7	Liability on Various New Posts Approved in PIP 2010-11. A	L	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0

A.10.2	Strengthening of DHS/ DPMU (Including HR, Managem	G	0										0	0		0	0	0	0	0	0	0	0	0	0	0	0
A.10.2.1	Contractual Staff for DPMU Recruited and in Position	L	1	DPMU									0	0	Rs.108743/- p.m.	326229	0	326229	0	326229	0	326229	0	1304916	0	343930	1648846
A.10.2.2	Provision of Equipment/furniture and Mobility Support for D	L	1	DHS									0	0	Rs.95000/- p.m.	285000	0	285000	0	285000	0	285000	0	1140000	0	200000	1340000
	2 Laptop			1 DAM & 1 M&EO			2						2	0	Rs. 35000/- per Laptop										0	0	0
	Mobile Phone/ Reimbursement			1 DAM & 1 M&EO									0	0	Rs. 500/- p.m. Per person	3000		3000		3000		3000		3000	0	0	3000
													0	0											0	0	0
													0	0											0	0	0
A.10.3	Strengthening of Block PMU	L	11	BPMU									0	0	BHM-23956 p.m , BAM-18638p.m other -30000/- p.m.	211788	0	211788	0	211788	0	211788	0	847152	0	1294390	2141542
A.10.4	Strengthening (Others)	G											0	0										0			0
A.10.4.1	Tally Purchase for RAM/ District	L	1+1+1	1DH+1SDH+1PHC(Sadar)									0	0	Rs. 13500+ Rs. 3600/- per Centre	0	0	51300	0	0	0	0	0	51300	0	0	51300
A.10.4.2	Renewal (Upgradtion)	L	1+10	1 dhs + 10 phc									0	0	Rs. 8100/- per district and Rs. 2700/- per block	35100	0	0	0	0	0	0	0	35100	0	0	35100
A.10.4.3	AMC (State, Regional & DHS)	L	1	District									0	0	Rs. 22500/- per district	22500	0	0	0	0	0	0	0	22500	0	0	22500
A.10.4.4	AMC (Block Level)	L	11	Rate for AMC									0	0										0			0
	Computer for Accounts Deptt		1+1+1	1DH+1SDH+1PHC(Sadar)	0	0	3						3	0	Rs. 35000/- per set	0	0	105000	0	0	0	0	0	105000	0	0	105000
A.10.4.5	Training on Tally	L	1	No. of Training	0	0	1	0	0	0	0	0	1	0	Rs. 50000/- per Workshop	0	0	50000	0	0	0	0	0	50000	0	0	50000
A.10.4.6	Training in Accounting Procedures	L											0	0										0			0
A.10.4.7	Capacity Building & Exposure Visit of Account Staff	L											0	0										0			0
A.10.4.8	Regional Programme Management Unit	L											0	0										0			0
A.10.4.9	Management Unit at FRU (Hospital Manager & FRU Acco	L	2	No. of Hospital Manager									0	0	Rs. 27500/- p.m.per Hospital Manager	165000	0	165000	0	165000	0	165000	0	660000	0	0	660000
A.10.5	Audit Fees	G											0	0										0			0
A.10.5.1	Annual Audit of the Programme (Statutory Audit)	L											0	0										0			0
A.10.5.2	Internal Auditor	L											0	0										0			0
A.10.5.3	TA for internal Auditor	L											0	0										0			0
A.10.5.4	Training of Internal Audit Wing	L											0	0										0			0
A.10.6	Concurrent Audit (State & District)	L	1	No. of Firm									0	0	Rs. 20000/- per District p.m.	60000	0	60000	0	60000	0	60000	0	240000		0	240000
A.10.7	Mobility Support to BMO/ MO/ Others	L											0	0										0			0
SUB TOTAL PART A					24051	0	24139	0	24111	0	24099	0	96400	0	0	62956472	0	65148957	0	62454822	0	62074782	0	252627033	0	21075620	273702653

DISTRICT HEALTH SOCIETY, AURANGABAD

DHAP 12-13 (Part - B)

SLNo	STRATEGY/ACTIVITIES	Type	Base Line/ Current Status (as on December,11)		Unit of Measure (in words)	Physical Target (Where applicable)								Unit Cost (in Rs.)	Financial Requirement (in Rs.)									Committed Fund Requirement (If any in Rs.)	TOTAL REQUIREMENT
						Q1		Q2		Q3		Q4		Total no. of Units	Q1		Q2		Q3		Q4		Total Annual Proposed Budget (In Rs)			
			HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		
B	Mission Flexible Pool	G												0									0			0
B.1	ASHA	G												0									0			0
B.1.1.5	ASHA Resource Center/ASHA Mentoring Group	L												0									0			0
	DCM Honorarium			1	Sanction Post																					
															Rs. 22000/- p.m for 5 months and Rs.24200/- p.m. for 7 months	66000	0	66200	0	72600	0	72600	0	279400	0	34000	313400
	DDA Honorarium			7	Sanction Post																					
															Rs. 16500/- for 5 months and 18150/- p.m. for 7months	49500	0	51150	0	54450	0	54450	0	209550	0	25500	235050
	BCM Honorarium			11	Sanction Post																					
															Rs. 13200/- p.m. for 5 months and Rs. 14520/- p.m. for 7 months	435600	0	450120	0	450120	0	450120	0	1785960	0	175200	1961160
	Office Expenses			13	Sanction Post (Chair and Table for ASHA Cell and TA/DA)	13																				
															Rs. 25000/- per person for Furniture and Rs. 4800/- p.m. per centre and Rs. 15000/- p.m. for Mobility for DCM/DDA	532000	0	207000	0	207000	0	207000	0	1153000	0	6400	1159400
	ASHA Facilitator			103	No. of ASHA Facilitator																					
															Rs. 150/- per day for 7days p.m. for 12 months	324450	0	324450	0	324450	0	324450	0	1297800	0	0	1297800
	Training of ASHA Facilitator for module 5, 6 & 7 (1st round)			4	No. of camps	1		1		1		1														
															Rs. 98835/- per batch of 30 participants for 8 days	98835	0	98835	0	98835	0	98835	0	395340	0	0	395340
	Training of ASHA Facilitator for module 6 &7 (round 2, 354)	#		4	No. of camps	1		1		1		1														
															Rs. 75075/- per batch of 30 participants for 8 days	75075	0	75075	0	75075	0	75075	0	300300	0	0	300300
B.1.1	ASHA COST	G												0									0			0
B.1.1.1	Selection & Training of ASHA	L	2160		No. of Batches	2								2	0	Rs 69350/- per batch for 72 batches - for 2 times	9986400	0	108780	0	0	0	0	0	10095180	0		10095180
B.1.1.2	Procurement of ASHA Drug Kit & Replenishment	L	2160		No. of ASHA / Quarterly									0	0	Rs. 250/- per ASHA per kit	540000	0	540000	0	540000	0	540000	0	2160000	0	540000	2700000
B.1.1.3	Other Incentive to ASHAs (TA/DA for ASHA Divas)	L	2160		No. of ASHA									0	0	Rs. 66/- per ASHA per Meeting for 12 Months	557280	0	557280	0	557280	0	557280	0	2229120	0	557280	2786400
B.1_1.4	Awards to ASHA's/Link Workers	G												0									0			0
B.1.1.4.A	Best Performance Award to ASHAs at District Level	L	11		No. of PHC	1								1	0	Rs. 22000/- per PHC	22000	0	0	0	0	0	0	0	22000	0	0	22000
B.1.1.4.B	Rechargeable Torch to ASHA	L	2160		No. of ASHA			2160						2160	0	Rs. 200/- per ASHA	0	0	432000	0	0	0	0	0	432000	0	0	432000
B.1.1.4.C	Identity Card to ASHA	L	2160		No. of ASHA			2160						2160	0	Rs.20/- per ASHA for renewed of ASHA	0	0	43200	0	0	0	0	0	43200	0	0	43200
B.2	Untied Funds	G												0									0			0
B.2.1	Untied Fund for SDH/CHC	L	1		1SDH									0	0	Rs. 50000/- per unit	50000		50000	0	50000	0	50000	0	200000	0	0	200000
B.2.2.A	Untied Fund for PHCs	L	11		11 phcs									0	0	Rs. 25000/- per Unit	68750	0	68750	0	68750	0	68750	0	275000	0	0	275000
B.2.2.B	Untied Fund for APHC	L	64		64 APHCs									0	0	Rs. 25000/- per Unit	400000	0	400000	0	400000	0	400000	0	1600000	0	0	1600000
B.2.3	Untied Fund for Sub Centres	L	250		250 HSCs									0	0	Rs.10000/- per Unit per annum	625000	0	625000	0	625000	0	625000	0	2500000	0	0	2500000
B.2.4	Untied Fund for VHSC	L	1884		1884 Villages									0	0	Rs. 10000/- per annum for per revenue village	18840000	0	0	0	0	0	0	0	18840000	0	0	18840000
B.3	Annual Maintenance Grants	G												0									0			0
B.3.1.A	SDH	L	0											0									0			0
B.3.1	CHCs	L	3		No. of Referral Hospital									0	0	Rs. 100000/- p.a. per CHC	75000	0	75000	0	75000	0	75000	0	300000	0	0	300000
B.3.2.A	APHC	L	11		No. of APHC/ Own Building									0	0	Rs. 50000/- per APHC/ Own Building	137500	0	137500	0	137500	0	137500	0	550000	0	0	550000
B.3.2	PHCs	L	11		No. of PHC									0	0	Rs. 50000/- per Annum	137500	0	137500	0	137500	0	137500	0	550000	0	0	550000
B.3.3	Sub Centres	L	74		No. of HSC									0	0	Rs. 10000/- per annum	185000	0	185000	0	185000	0	185000	0	740000	0	0	740000
B.4	Hospital Strengthening	G												0	0								0			0
B4.1	Up Gradation of CHCs, PHCs, Dist. Hospitals to IPHS)	G												0	0								0			0
B.4.1.1	District Hospitals	G												0									0			0
B.4.1.1.A	Construction of SNCU in District Hospitals	L												0	0								0			0
B.4.1.1.B	Up Gradation of 05 DHs by Increase Number of Beds 300	L												0	0								0			0
B.4.1.2	CHCs (Hospital Strengthening)	L												0	0								0			0
B.4.1.3	PHCs (Construction of 3 Doctors & 4 Staff Nurse Quarters in 38 PHCs)	L												0	0								0			0
B.4.1.4	Sub Centres(Hospital Strengthening)	L												0	0								0			0
B.4.1.5	Others (Up Gradation of 2 Health Facilities (Rajendra Nagar Eye Hospital & Lok Nayak Jay Prakash Narayan Hospital) into Super Specialty As Per IPHS	L												0	0								0			0
B4.2.A	Installation of Solar Water System in 25 SDH, 10 RH and 150 PHC	L	5		No. of Centre									0	0	Rs. 79500/- per unit	0	0	397500	0	0	0	0	0	397500	0	0	397500
B4.2.B	Accreditation / ISO 9000 Certification of 80 Health Facilities (15 DH+15 SDH+ 10 RH+ 80 PHC)	L	4		No.of Health Facilities									0	0	Rs. 20000000/- per unit for building, Rs. 2000000/- for Equipments per unit			46000000		46000000				92000000			92000000

District Helath Society, Aurangabad
DHAP - 2012-13 (Part C - RI &PP)

Sl.No	STRATEGY/ACTIVITIES	Type	Base Line/ Current Status (as on December,11)		Unit of Measure (in words)	Physical Target (Where applicable)										Unit Cost (in Rs.)	Financial Requirement (in Rs.)										Committed Fund Requirement (If any in Rs.)	TOTAL REQUIREMENT
						Q1		Q2		Q3		Q4		Total no. of Units			Q1		Q2		Q3		Q4		Total Annual Proposed Budget (in Rs.)			
			HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		
C	Routine Immunisation & PP	G												0	0										0			0
C.1	Routine Immunisation	G												0	0										0			0
C.1	RI Strengthening Project (Review Meeting, Mobility Support, Outreach Services Etc	L												0	0										0			0
	Mobility Support for Supervision and Monitoring at District Level		1		Rs. 50000/- per District p.a.									0	0		12500	0	12500	0	12500	0	12500	0	50000	0	12500	62500
	Printing and Dissemination of Immunization Cards, Tally Sheet and Foramates etc		86600			43300		0		43300		0		86600	0		216500	0	0	0	216500	0	0		433000	0	216500	649500
	Quarterly Review Meeting District Level		1		DIO									0	0		5500	0	5500	0	5500	0	5500	0	22000		0	22000
	Quarterly Review Meeting Block Level		11		No. of PHC									0	0		162000	0	162000	0	162000	0	162000	0	648000	0	162000	810000
	Focus on Slums & underserved in Urban Area/ Alternate Vaccinator for Slums		1140		No. of Sites									0	0		99000	0	99000	0	99000	0	99000	0	396000	0	99000	495000
	Mobilization of Children through ASHA under Muskan Ek Abhiyan		41028		No. of Session per year									0	0		156927	0	156927	0	156927	0	156927	0	627708	0	156927	784635
	Alternate Vaccine Delivery in Hard to Reach Area		2200 sites											0	0										0			0
	Alternate Vaccine Delivery in Other Areas													0	0										0			0
	To Develop microplan at Sub centre Level		563		No. of ANM									0	0	Rs. 100/- per site	0		56300	0	0	0	0	0	56300	0	0	56300
	For Consolidation of Microplans at Block Level		11											0	0										0			0
	POL for Vaccine & Logistics delivery from State to District and from District to PHC/ CHCs		12											0	0										0			0
	Consumables for Computer including Provision for Internet access for RIMs Rs.400/- per month per District													0	0	Rs.400/- p.m.	1200	0	1200	0	1200	0	1200	0	4800	0	0	4800
	Red/ Black Plastic bags etc. Bleach/ Hypchlorite Solution / twin bucket		3434		Total No. of Session per month									0	0	Rs.									0			0
	Safety pits for those PHC/ Hospitals where there is no Pit or is not in working condition		0		0									0	0										0			0
	Alternate vaccinator hiring for Access Compromised Areas, POL of Generators for Cold Chain and For Serious AEFI cases investigation for District		1											0	0	Rs.1000/- per day	36000	0	36000	0	36000	0	36000	0	144000	0	36000	180000
C.2	Salary of Contractual Staffs	L												0	0										0	0	0	0
	Computer Assistants support for District Level @Rs.10000/- per person				No. of Computer Operator									0	0	Rs.10000/- per month per Operator	30000	0	30000	0	30000	0	30000	0	120000	0	0	120000
C.3	District Level Orientation Training including Hep-B, Measles, JE for 2days ANM,MHW,LHV & ORS Staffs etc.		30		No. of Batches	7		8		8		7		30		Rs. 29000/- per batch	203000	0	232000	0	232000	0	203000	0	870000	0	203000	1073000
	One day cold chain handlers training for Block levels Cold Chain Handlers		1		No. of Batches			1						1		Rs.13513/- per batch	0	0	13513	0	0	0	0	0	13513	0	0	13513
	One day training of block level data handlers		1		No. of Batches			1						1		Rs.13513/- per batch	0	0	13513	0	0	0	0	0	13513			13513
C.4	Cold Chain Maintenance		1+11											0		Rs. 20000/- p.a. per district, Rs.12000/- per district p.a., maintenance, per PHC 3000/- p.a. and Repair of Vaccinen Vehicle Rs.25000/- per district	33000	0	41000	0	16000	0	0	0	90000	0	30000	120000
	Incentive for AWW for Muskan		2778		No. of sites	695		695		694		694		2778		Rs. 150/- per site per month	1250100	0	1250100	0	1250100	0	1250100	0	5000400	0	0	5000400
C	Routine Immunisation	L												0	0										0			0
C.6	PPI Operation Cost	G												0	0										0			0
C.6	PPI Operation Cost	L			No. of Round									0	0	Rs. 1873239 per round	3746478		1881639		48422		3746478		9423017	0	1881639	11304656
	Sub Total		135612	0	0	44002	0	705	0	44002	0	701	0	89410	0	0	5952205	0	3991192	0	2266149	0	5702705	0	17912281	0	2797566	20709817

DISTRICT HEALTH SOCIETY, AURANGABAD

DHAP 12-13 (IDSP)

Sl.No	STRATEGY/ACTIVITIES	Type	Base Line/ Current Status (as on December,11)		Unit of Measure (in words)	Physical Target (Where Applicable)										Unit Cost (in Rs.)	Financial Requiremnet (in Rs.)										Committed Fund Requirement (If any in Rs)	TOTAL REQUIREMENT
						Q1		Q2		Q3		Q4		Total no. of Units			Q1		Q2		Q3		Q4		Total Annual Proposed Budget (In Rs.)			
			HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		
E	IDSP	G												0	0										0			0
E.1	Operational Cost	G												0	0										0			0
E.1.1	District Epidemiologist	L	1		1 RRT team/ DSU									0	0	Rs. 30000/-p.m. (Rs. 20000/- for mobility per month and Rs.10000/- for Office Expenses	90000	0	90000	0	90000	0	90000	0	360000	0	15000	375000
E.1.2	Lab Consumables	L												0	0										0			0
E.1.3	Review Meetings	L												0	0										0			0
E.1.4	Field Visits	L												0	0										0			0
E.1.5	Formats and Reports	L												0	0										0			0
E.2	Human Resources	G												0	0										0			0
E.2.1	Remuneration of Epidemiologists	L	1		Sanctioned Post									0	0	Rs. 45000/- p.m.	135000	0	135000	0	135000	0	135000	0	540000	0	60000	600000
E.2.2	Remuneration of Microbiologists	L	0											0	0		0	0	0	0	0	0	0	0	0	0	0	0
E.2.3	Remuneration of Entomologists	L	0											0	0		0	0	0	0	0	0	0	0	0	0	0	0
E.3	Consultant-Finance	G												0	0										0			0
E.3.1	Consultant Training	L	0											0	0										0			0
E.3.2	Data Managers	L	1		Sanctioned Post									0	0	Rs. 22500/- p.m.	67500	0	67500	0	67500	0	67500	0	270000	0	27000	297000
E.3.3	Data Entry Operators	L	1		Sanctioned Post									0	0	Rs. 10000/- p.m.	30000	0	30000	0	30000	0	30000	0	120000	0	0	120000
E.3.4	Others	L	0											0	0										0			0
E.3	Consultant-Finance	L	0											0	0										0			0
E.4	Procurements	G												0	0										0			0
E.4.1	Procurement -Equipments	L												0	0										0			0
E.4.2	Procurement -Drugs & Supplies	L												0	0										0			0
E.5	Innovations /PPP/NGOs	G												0	0										0			0
E.5	Innovations /PPP/NGOs	L												0	0										0			0
E.6	IEC-BCC Activities	G												0	0										0			0
E.6	IEC-BCC Activities	L												0	0										0			0
E.7	Financial Aids to Medical Institutions	G												0	0										0			0
E.7	Financial Aids to Medical Institutions	L												0	0										0			0
E.8	Training	G												0	0										0			0
E.8	Training	L												0	0										0			0
	Training of Docters				147 doctors working in District	49		49		49				147	0	Rs. 1000/- per participant	49000		49000		49000		0		147000		0	147000
	Training of Nurses/ANM/LHV				76 Nurses, 563 ANM and 12 LHV	217		217		217				651	0	Rs. 600/- per participant	130200		130200		130200		0		390600		0	390600
	Training of HM,Hospital M, BCM				11 BHM,11 BCM and 2 Hospital Manager	0		24		0				24	0	Rs. 600/- per Participant	0		14400		0		0		14400		0	14400
	Training of Data Entry Operator				13 Data Entry Operators	0		13		0				13	0	Rs. 400/- per participant	0		5200		0		0		5200		0	5200
														0	0										0		0	0
	Video Conferencing Room, Furniture and Others				1			1								Rs. 200000/- per district	200000		0		0		0		0		0	0
F	IDSP	L												0	0										0		0	0
	Sub Total		4	0	1	266	0	304	0	266	0	0	0	836	0	0	701700	0	921300	0	501750	0	322500	0	1847200	0	102000	1949200

DISTRICT HEALTH SOCIETY, AURANGABAD

DHAP 12-13 (Blindness)

Sl.No	STRATEGY/ACTIVITIES	Type	Base Line/ Current Status (as on December,11)		Unit of Measure (in words)	Physical Target (Where applicable)										Unit Cost (in Rs.)	Financial Requirement (in Rs)										Committed Fund Requirement (if any in Rs.)	TOTAL REQUIREMENT
						Q1		Q2		Q3		Q4		Total no. of Units			Q1		Q2		Q3		Q4		Total Annual Proposed Budget (in Rs.)			
			HFD	State Total		HFD	State * x.xx	HFD	State Total	HFD	State * x.xx	HFD	State * x.xx	HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		
H	NPCB	G												0	0										0			0
H.1	Recurring Grant-in Aid	G												0	0										0			0
H.1.1	For Free Cataract Operation and Other Approved Schemes As Per Financial norms	L	8000		No. of Operation	2000		2000		2000		2000		8000	0	Rs.750/- per Case	1500000	0	1500000	0	1500000	0	1500000	0	6000000	0	2250000	8250000
H.1.2	Other Eye Diseases	L												0	0										0			0
H.1.3	School Eye Screening Programme	L	1000		No. of Children	250		250		250		250		1000	0	Rs. 200/- per spectacles	50000		50000		50000		50000		200000	0	0	200000
H.1.4 A	Private Practitioners As Per NGO Norms	L												0	0										0			0
H.1.4	Blindness Survey	L												0	0										0			0
H.1.5	Management of State Health Society and Distt Health Society Remuneration(Salary/ Review Meeting, Hiring Vehicles and Other Activities & Contingency)	L												0	0	Rs. 80000/- per dhq.	20000	0	20000	0	20000	0	20000	0	80000	0	42000	122000
H.1.6	Recurring GIA to Eye Donation Centres	L												0	0										0			0
H.1.7	Eye Ball Collection and Eye Bank	L												0	0										0			0
H.1.8	Eye Ball Collection	L												0	0										0			0
H.1.9	Training PMOA	L												0	0										0			0
H.1_	Recurring Grant-in Aid	L												0	0										0			0
H.1_10	IEC (Eye Donation Fortnight, World Sight Day & Awareness Programme in State & Districts)	L												0	0	Rs. 100000/- per District	0		50000	0	0		50000	0	100000	0	0	100000
H.1_11	Procurement of Ophthalmic Equipment	L												0	0										0			0
H.1_12	Maintenance of Ophthalmic Equipments	L												0	0	Rs.65000/- per District	0		65000	0	0	0	0	0	65000			65000
H.1_13	Grant-in-Aid for Strengthening of 1 Distt. Hospitals	L	1		District H.Q.	0	0	1	0	0	0	0	0	1	0	Rs. 200000/- per District	0		200000	0	0	0	0	0	200000	0	0	200000
H.1_14	Grant-in-Aid for Strengthening of 2 Sub Divisional Hospitals	L												0	0										0			0
H.2	Non Recurring Grant-in-Aid	G												0	0										0			0
H.2.1	For RIO (Now)	L												0	0										0			0
H.2.2	For Medical College	L												0	0										0			0
H.2.3	For Vision Centre	L	0	0	0	0	0	0	0	0	0	0	0	0	0	Rs.250000/- per district	0	0	100000	0	100000	0	50000	0	250000			250000
H.2.4	For Eye Bank	L												0	0										0			0
H.2.5	For Eye Donation Centre	L												0	0										0			0
H.2.6	For NGOs	L												0	0										0			0
H.2.7	For Eye Ward & Eye OTS	L												0	0										0			0
H.2.8	For Mobile Ophthalmic Units With Tele Network	L												0	0										0			0
H.3	Contractual Man Power	G												0	0										0			0
H.3.1	Ophthalmic Surgeon	L												0	0										0			0
H.3.2	Ophthalmic Assistant	L												0	0										0			0
H.3.3	Eye Donation Counsellors	L												0	0										0			0
H	NPCB	L												0	0										0			0
	Sub Total		9001	0	0	2250	0	2251	0	2250	0	2250	0	9001	0	0	1570000	0	1985000	0	1670000	0	1670000	0	6895000	0	2292000	9187000

DISTRICT HEALTH SOCIETY, AURANGABAD

DHAP 12-13 (RNTCP)

Sl.No	STRATEGY/ACTIVITIES	Type	Base Line/ Current Status (as on December,11)		Unit of Measure (in words)	Physical Target (Where applicable)										Unit Cost (in Rs.)	Financial Requiremnet (in Rs.)										Committed Fund Requirement (If any in Rs.)	TOTAL REQUIREMENT
						Q1		Q2		Q3		Q4		Total no. of Units			Q1		Q2		Q3		Q4		Total Annual Proposed Budget (In Rs.)			
			HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total	HFD	State Total		
I	RNTCP	G												0	0										0			0
I.1	RNTCP	G												0	0										0			0
I.1	Civil Works	L	1+4+17		No. of centre									0	0	Rs. 1000000/- per District Drug Store+ Rs. 35000 Repair of each TU+Rs. 30000 for Repair for each DMC	370000	0	440000	0	470000	0	370000	0	1650000			1650000
I.2	Laboratory Materials	L			Population									0	0	Rs. 150000/- per million population	93750	0	93750	0	93750	0	93750	0	375000	0	0	375000
I.3.A	Honorarium/Counselling Charges	L	1500		Dots provider									0	0	Rs. 250/- per case for DOTs Provider	93750	0	93750	0	93750	0	93750	0	375000	0	300000	675000
I.4	IEC/ Publicity	L			Bannern Poster hording etc									0	0	Atual Expenses	93750	0	0	0	93750	0	0	0	187500	0	0	187500
I.5	Equipment Maintenance	L												0	0		15000	0	0	0	15000	0	0	0	30000	0	0	30000
I.6	Training (RNTCP)	L												0	0		0	0	55000	0	55000	0	0	0	110000	0	0	110000
I.7	Vehicle Maintenance	L	4+1		No. of vichle									0	0	Rs. 25000/- per vehicle	31250	0	31250	0	31250	0	31250	0	125000	0	88500	213500
I.8	Vehicle Hiring	L	2		No. of vichle									0	0	Rs. 750/- per Visit for DTO and MOTC	119250		119250		119250		119250		477000	0	0	477000
I.9	NGO/PPP Support	L												0	0										0			0
I.3.B	Incentive to DOTs Providers	L	8		No. of Cases	2	0	2	0	2	0	2	0	8	0	Rs. 2500/- per case	5000	0	5000	0	5000	0	5000	0	20000	0	0	20000
I_10	Miscellaneous	L			Population									0	0	Rs. 150000/- per million population	93750	0	93750	0	93750	0	93750	0	375000	0	0	375000
I_11	Contractual Services	L												0	0	Rs. 10500/- p.m. for LT, Rs. 13800/-p.m. STS&STLS, and Rs. 15750/- p.m. DOTs plus Supervisor, DEO Rs. 9775/-p.m. Part Time Accountants -3000/- p.m.	846075	0	846075	0	846075	0	846075	0	3384300	0	810000	4194300
	Printing (RNTCP)	L			Population									0	0	Rs. 150000/- per million population	93750		93750		93750		93750		375000	0	0	375000
	Research and Studies	L												0	0										0			0
	Medical Colleges	L												0	0										0			0
	Procurement --vehicles	L	5		No. of Vehicle					3				3	0	Rs. 50000/- per Vehicle	0	0	0	0	250000	0	0	0	250000	0	0	250000
	Procurement – Equipment	L												0	0										0			0
	Tribal Action Plan	L												0	0										0			0
	Sub Total		1515	0	0	2	0	2	0	5	0	2	0	11	0	0	1855325	0	1871575	0	2260325	0	1746575	0	7733800	0	1198500	8932300