DISTRICT GOPALGANJ

DISTRICT HEALTH AND ACTION PLAN
2012-2013

GOVERNMENT OF BIHAR

DISTRICT HEALTH SOCIETY,
GOPALGANJ

Acknowledgement

With the commitment to bridge the gaps within the public health care delivery system, formulation of District Health Action Plan has been attempted. For initiating the actions in the direction of betterment of health care a coordinated district health action plan has been envisioned by collaborating different departments that are directly or indirectly related to determinates of health, like water, hygiene, sanitation, nutrition etc. Thus this assignment is a shared effort of departments of health and family welfare, ICDS, PRI, Water and Sanitation and Education to sketch a concerted action plan.

The development of DHAP for Gopalganj of Bihar entailed a series of Consultative Meetings with stakeholders at various levels: collection of secondary data from various departments, analysis of the data collected and presentation of the situation in the concerned district at a District Level workshop. The District level Workshop was organized to identify district specific strategies based on which the DHAP has been prepared.

We would also like to acknowledge the much needed efforts of DPC (District Planning Coordinator) put in place for preparation of this DHAP in co - operation extended by DPM (District Programme Manager), DAM (District Accounts Manager), District Nodal M & E Officer of the district . Involvement of CMO played vital role throughout the exercise enabling a smooth conduct of consultations at block and district level. Efforts of ACMO for plan preparation as nodal person for health planning are really commendable. We also appreciate the concern taken by MOICs and BHMs of the district for their contribution in DHAP preparation.

Finally, We show appreciation to all who remained associated with the team for accomplishment of the task and brought fruition to this effort.

Thanks,

Pankaj Kumar , I.A.S.
District Magistrate-cum-Chairman,
District Health Society, Gopalganj.

About the Profile

Under the umbrella of National Rural Health Mission (NRHM), this District Health Action Plan (DHAP) of the District Gopalganj has been prepared. In this action plan the study and the situational analysis proceeds to make recommendations towards formulation of an excellent policy on human resource management. The Plan emphasizes on organizational motivation and capacity building aspects as the key towards the achievement of program goals.

It recommends on how the limited availability of human and material resources can be optimally utilized and availed maximum benefits under the program objectives for betterment of rural people especially women and children.

The information related to data and others used in this District Health Action Plan is authentic and correct to the best of my knowledge as this has been provided by the concerned Medical Officers and Block Health Mangers after their excellent effort and subsequently we could be able to make the District Health Action Plan of Gopalganj District.

I hope that this Health Action Plan will fulfill the objective of National Rural Health Mission(N.R.H.M.)

Thanks,

(Dr. Shankar Jha)
Civil Surgeon-cum-Member Secretary
District Health Society, Gopalganj

CONTENT

Executive Summary

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 Intersect oral convergent approach through partnership among public as well as private sectors.

Decentralization of planning process is the most recent concept under NRHM program implementation. This health action plan of Gopalganj district covers every single aspect of health delivery system and tries to understand the prevailing situation and gaps to come up with accurate healing measures. This action plan talks of the approaches to District planning and also the process incorporated in its first chapter. How the data has been analyzed and plan formation done is also discussed later in this chapter. Later it includes the detailed profile of the District. Gopalganj District comes into existence on 2nd October'1973. Earlier it was a part of old Saran District and has closed linked with the history of parent's district. Earlier it was a Sub – Division of Saran District. The District of Gopalganj is located on the West – North corner of the Bihar State between 83.54° - 85.56° latitude and 26.12° - 26.39° North Attitude. It is bounded on East by Champaran and river Gandak while in South by Siwan District and in the North West Deoria District of Uttar Pradesh. The river Gandak supported by tributaries like Jharahi, Khanwa, Daha, Dhanahi etc give a big status of river. Due to this land of District is fertile and alluvial. Also because of this river the District is good in cultivation and irrigation. The river imparts prosperity to the people and play an important role in making the District significant and unique.

In the 2nd Chapter, SWOT analysis of the activities under part A, B, C and D of NRHM has been done. It is an important feature of this plan which helps us to figure out the district specific **strength** and **weakness** for the program. It also support in finding the **opportunity** and **threat** that it is supposed to face in course of implementation. Later in, chapter 03, 04, 05 and 06, gap analysis is done of the activities for all four parts of NRHM as according to the given FMR code. This also includes the suggested strategies and activities with the budget plan. The chapter seven consolidates the budget of the four parts separately and then compiled in a format as the summery of the budget.

Many new health activities in delivering enriched health services in the district were incorporated in the current District Health Action Plan (2012-13) An RTI/STI service in OPD has been done in this year. Although it is planned to provide only in the district hospital in first step, it can be expanded to other health facility in coming years. As we all know, the scarcity of staff quarters in health institution premises, is the major hindrance in 24 hrs service delivery, requisition for this has also been done at all the PHCs and in some APHC's. The construction work of new building for HSCs and APHC has also been proposed in the plan. Apart from this for strengthening of HMIS system some new provisions has been made. Some focus has also been done monitoring and supervision of implementation of MCH plan through medical and non medical staff. All necessary training and infrastructure has been planned for realization of MCH plan at ground level. Planning to strengthen monthly VHSND has also been done from this year in the district. Maternal death Audit will also be strengthened from this year. It will help in sensitizing the health staff toward their role and responsibility in reducing the maternal death. Altogether this plan has included new things and services in our health system apart from expansion of the old one.

Chapter 1

Introduction

DECENTRALISED AND INCLUSIVE PLANNING: DISTRICT HEALTH ACTION PLAN (2012-13)

The decentralized planning exercise has been conducted for the preparation of District Health Plan 2012-13. The involvement & participation of members of health planning team at all levels (Field/Block/District) supported in the development of a comprehensive and inclusive plan. Regular meetings and consultation with block level functionaries refine the whole issues with the optimum solution provision. The situation analysis and collection of data has been done at HSC level by ANM, which is later the analyzed to understand their need and do proper provisioning in the plans

Approach to District Planning

Decentralized planning approach is adopted in this district health action plan preparation. At first, the assessment and requirement of health services conducted at Block Level on the basis of survey. At Health sub centre the assessment was conducted through ANMs, AWW and ASHA. The participatory approach was adopted during planning at various levels for the development of concrete health plan of the district. The involvement of members from RKS, VHSC in the planning process, provided necessary support in the preparation of the document. Apart from this consultation with Experts and higher dignitaries while planning was done to ensure inclusion of their views in the health action plan. Issues of convergence with other line departments was also taken care of to ensure better coordination while implementation of the programs.

District Planning Process

- **District Level Consultation Workshop:** The District Health Action Plan is the outcome of various district level consultation workshops held on different occasions. Workshop for orientation of block Panning team was conducted to ensure their proper participation in the preparation of plans. They were introduced about different tools and techniques that were used in the process. Similarly consultation workshop for the members of RKS and district level officers of different programs was also conducted to ensure their input in the plan preparation.
- **Tools and Techniques:** Very meticulously designed formats are used while collection of primary data for planning. There were formats that are used for data collection as well as planning for health sub centers by ANM and ASHA. This data become the basis for planning at Block level. Apart from this the separate formats for APHC and Block planning was used that compiled information on HR, infrastructure, training etc. there were formats which

helped us in collection of data regarding drug and equipments. During all these processes the sample survey method is used for data collection.

- **Collection of basic data for planning:** Data collection activity is one of the major achievements during planning process. At Block level all the basic data was collected by Block Health Managers through the well designed formats. While at health sub centre level the data was collected through ANMs, AWWs and ASHA. All sub centre data was later compiled at block level. Later, compiled data from was sent to district from every block for compilation at district level. That complete compiled data further became basis for preparation of our Health Action Plan.
- **Consultation with Development partners and NGOs-** fortunately Gopalganj has been selected as BMGF working area in its first phase, as a result few big organizations like Care India , BBC, Path finder has started their activities in Health sector . So we had very good opportunity to take up their advice and suggestions in the whole planning exercise. We organized consultative meetings time to time with them during the process.

Data Analysis and plan preparation

The collected data from blocks and sub centers were compiled at BPHC which was analyzed by Block planning Team for fixing their action plans regarding all the running programs. This data was also discussed in workshops with RKS members of every block. The outcome was a much tailored action plan as per the needs of the blocks. This all plans from blocks were presented by all block teams at district level in front of district planning team for any comments and reforms. The suggestion from expert was incorporated in the block plans which was later sent to district for compilation of district plan. Thus this compiled action plan is again discussed for finalization of the next year action plan of the district.

Chapter 2

District Profile

Introduction

Gopalganj District comes into existence on 2nd October'1973. Earlier it was a part of old Saran District and has closed linked with the history of parent's district. Earlier it was a Sub – Division of Saran District.

The District of Gopalganj is located on the West – North corner of the Bihar State. Between 83.54° - 85.56° latitude and 26.12° - 26.39° North altitude. It is bounded on East by Champaran and river Gandak on the South by Siwan District and on the North West Deoria District of Uttar Pradesh. The river Gandak supported by tributaries like Jharahi, Khanwa, Daha, Dhanahi etc give a big status of river. Due to this land of District is fertile and alluvial because of this river the District is good in cultivation and irrigation. The river imparts prosperity to the people to play and important role in making the District significant and unique. River Gandak by depositing the top quality of soil bringing from the Nepal, place an important role in the economy of the District.

Historical Background:-

Historians establish on the basis of analysis of evidences that this place was under the king of Videh during Vedic age. During the Aryan period a schedule tribe Vaman King Chero ruled the place. The rulers of that time were found of making temple and other religious supports. It is one of the reasons that there are so many temples and others religious places are within the region. Some significant temples and religious supports within the district are Durga's temple of Thawe, fort of Manjha, Vaman Gandey Pond of Dighwa Dubauli, Fort of King Malkhan of Sirisia, Kuchaykot etc.

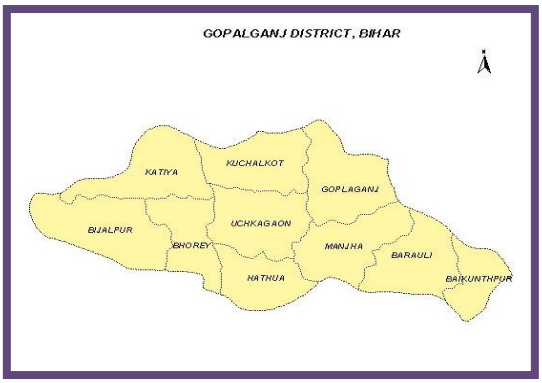
People of Gopalganj were always in the lime light either it be the struggle for freedom , including J. P. movement and movements for women education and movement against non payment of tax and prohibition of 1930 under the leadership of Babu Ganga Vishnu Rai and Babu Sunder Lal of Bankatta. In 1935 Pandit Bhopal Pandey gave his life for the freedom of the country.

People of Gopalganj are indebted to the freedom fighters to who gave there lives for motherland. During Mahabharat age this region was under the King Bhuri Sarwa. During 13th Century and 16th Century the place was ruled by Sultan of Bengal Gayasuddin Abbas and Babar.

Geographical Features:-

Location: -

Gopalganj District lies between 26.12° to 26.39° north latitude and altitude 83.45° to 85.55° east longitude. Head Quarter is Gopalganj town within Gopalganj Nagar Panchayat.



Area: -

The physical (geographical) area of the Gopalganj District approximates about 2033 sqr. Km. Total physical area can roughly be put in two categories i.e. Normal Area and Lowly Area (food infected area) parts of the six blocks like Gopalganj, Kuchaykot, Manjha, Sidhwalia, Barauli and Baikunthpur are flood affected areas. These areas remain under water in the rainy season. But so far as cultivation and agriculture is concern these areas are called stock of food grains. Rest of the parts is normal area with full greenery and cultivable land.

Climate:-

Climate of Gopalganj is the same as rest of Bihar and can be demarcated a normal climate.

Summer season	–	March to June.
Rainy Season	-	July to October.
Winter Season	-	November to February.
Spring Season	-	February to March.

Temperature:-

Gopalganj falls within the zone of normal temperature. Normally temperature of the district varies between 10°c. - 30°c. in Winter and 30°c. - 40°c. in Summer.

Rain Fall:-

Gopalganj is situated in the region of good rain fall. Monsoon touches the district normally in the second half of June and showers the district up to September. Good rain falls are the main reason for development of agriculture and vegetation. The average rain fall in the district is 1009 mm.

Soil:-

Soil found in the district is mainly Clay Soil, Sandy Soil and Alluvial Soil Gangetic Soil. For agriculture and vegetation this type of Soil is useful and important.

Fauna:-

Animals widely found in the district are Cows, Buffaloes, Horses, Sheep, Goats and Pigs. These animals play an important role in the life of farmers.

Some small wild animals like Nil Gay, Rabbits, Sahil, Jackals, Fox and Peacock are in the area within the district. Some times Deers, Elephants and Leopards and also seen within the district.

Irrigation:-

Planned irrigational facilities within the district are not sufficient. There are mainly two sources of irrigation systems. One is Gandak Canal and others is government tube well. Gandak Canal has two Divisions one is the Saran Canal Division Gopalganj and second is the Saran Canal Division Bhorey. The total net irrigated areas is 98,352.64 hqr these two irrigational systems coverless than 45% of the total cultivable land area of district. Farmers depend either upon Manson or private irrigational system i.e. Hand pump, Boring, Lift irrigation local waters storage or on Ponds for irrigation of their fields.

Flora:-

Gopalganj falls under greenbelt areas. Roughly all types of trees and plants are found in the district namely Babbul, Neem, Shisham, Mango, Sagwan, Katahal, Sal, Shakhuwa, Peepal, Bargad etc.

Unfortunately the people of Gopalganj due to lack of awareness are cutting trees without carrying about its bad impacts. Awareness about the ecological balance must be spread among the general people specially the children.

Crops:-

All types of food grains and crops are found in this region as Wheat, Paddy, Grams, Arahar, Maize, Sarso, Tishi, Potato, Sugar Cane etc. But Wheat, Paddy and Maize are the main crop of the district Gopalganj is also known for production of Green Vegetables, Fish, Sugar Cane, Milk and Milk products.

Social Aspects

Education:-

There are 835 Primary, 323 Middle and 51 High Schools. One Teachers Training College, One Government Polytecnic, One Homeopathic College, One ITI, Mirganj, One Sainik School, Hathuwa, One Central School, 4 Constituent College etc. are situated in the district.

Devi Durga of Thawe:-

Durga Mandir of Thawe is an important temple of Maa Durga situated at the Gopalganj – Siwan main road at Thawe Block. It is very famous temple people came from all parts of the districts and out side to pray the Goddess for the fulfillment of their dreams.

Festivals:-

All festivals like Durga – Pooja, Deepawali, Janamashtami, Kali Pooja, Sarswati Pooja, Nag Panchemi, Chhath Pooja, Shiv Ratri, Id, Bakarid, and Mohharam are celebrated with great religious enthusiasm spirit and harmony.

Health:-

The District has 1 District Hospital, 3 Referral Hospital, 8 Primary Health Centers and 23 Additional Primary Health Centers to cater the basic health needs for the district. Some times district faces drought like condition. The irrigational facilities are not sufficient. This causes the farmers to face the drought like condition.

Weakness of the District:-

The District is suffering from major two setbacks. 1 – Flood. Time and again the district faces flood form river Gandak that destroy standing Crops and human lives and cattle lives. Half of the blocks face flood during the rainy season. Partly or wholly. This causes threat to the recourses of the district. All though there is a Jamindari Bandh and protective Ring Bandh on the bank of river Gandak but the condition of the Bandh is worst the District has to face a lot of problem to protect the Bandh. These Bandhs are repaired time and again.

GOPALGANJ AT A GALANCE

Area :-	2033 Sqr. Km
Population (Census 2001)	
Total :-	2152638
Males :-	1075710
Females :-	1076928
Rural Population	
Total :-	2022048
Males :-	1016485
Females :-	1005563
Urban Population	
Total :-	130590
Males :-	67646

Females :-	62944

Population of shedule castes :-	267250
Density of Pooulation :-	1059
Sex Ratio :-	1001

Basic Data	India	Bihar	Gopalganj
Population :-	1026443540	82998509	2152638
Density :-	324	1258	1059

Social – Economic			
Sex – Ratio	933	1015	100%
Literacy Total (%)	65.38	47.53	47.51
Male (%)	75.85	60.32	63
Female (%)	54.16	33.57	32.2

Literacy Rate	
Total :-	47.50%
Males :-	63%
Females :-	32.20%

Villages	
Total :-	1566
Inhabited :-	1397
Uninhabited :-	169

Panchayats :-	234
Sub - Divisions :-	2
Blocks :-	14

Revenue Circle :-	14
Halkas :-	101
Police Stations :-	18
Police Outposts :-	4
Town :-	4
Nagar Parishad (Gopalganj)	1
Nagar Panchayat (Barauli, Mirganj & Kateya)	3
M.P. Constituency :-	1
M.L.A. Constituency :-	6
Health	
District Hospitals :-	1
Referral Hospitals :-	3
Primary Health Centre :-	14
Additional Primary Health Centre :-	22
Health Sub Centre :-	184
Gramin Ausadhalay :-	9
Blood Bank :-	1
AIDS Control Society :-	2
Trained Nurses :-	300
Trained Doctors :-	80

Chapter 3

SWOT Analysis of Part A, B, C, and C

SWOT Analysis of Part A

Strength	Weakness	Opportunity	Threat
• Decentralized Planning and availability of Resources and Fund for program till HSC level. • Huge pool of Human Resource working at ground level as ANM, Asha and Anganwadi workers. • Provision of incentive money for Asha, ANM according to their performance in mobilizing community for institutional delivery ,FP etc. • Provision of Incentive money for beneficiary under JBSY, Family Planning . • Extension of emergency	• All APHCs and HSC infrastructure facilities are not adequate as per IPHS norms for providing all kind of basic health facilities and emergency care. • Lack of doctors and other qualified and dedicated human resource in the remote areas medical facilities • Achievements in most of the program are far less than target. • Slow pace of most of training like SBA and IMNCI. • Institutional delivery is still less than 50% in the district. • Seats of contractual	• All the time support from state health society for all financial and logistics requirements for program implementation • Presence of BMGF partners like CARE India . PathFinder, BBC etc to support the health programs in the district • Scope for involving Private partner and like Surya clinic for timely achievement of targets. • Scope of getting full	• Problem of regular flood in the area often causes spread of epidemic. • Large scale poverty becomes the cause of nutritional deficiency leading to health problems. • In case of remaining without practice for long time health staff training become useless. • Extending services in remote rural areas is still a challenge in achieving targets of

facilities in remote rural areas and posting of skilled doctors. • Regular training program of doctors and other medical staffs for skill up gradation. • Strong provision of IEC and BCC activity under the programs for effective program implementation and sensitizing people. • Decentralized implementation process from District level to HSC level of the entire program. • Involvement of people in uplifting health facilities through RKS and VHSNC.	medical officer and specialist, ANM and Asha are still vacant. • Achievements in Family Planning and IUD insertion are far less than targets. • Insensitivity of Doctors and other health staffs for patients. • Unavailability of doctors and staffs in hospital at the time of duty. • No timely procurement of equipments and drug in the remote health facilities. • Lack of coordination and support from other line departments like ICDS, PHED . Education Dept, Municipality for program implementation . • High population load in comparison to the available infrastructure.	support from people through their participation in RKS and VHSC. • Favorable political and administrative environment for program implementation • Increasing literacy and awareness among public to support Family planning and institutional deliveries. • Provision of programs like MGNREGS and total Sanitation campaign from other line dept. can support in attaining health objectives.	MCH and FP, RI. • Traditional and religious attitude of public is hindrance for increasing Institutional deliveries, Family planning etc. • Lack of basic infrastructure facilities like roads, electricity poses lots of problems in delivering health services in remote rural areas.

SWOT Analysis of Part B

Strength	Weakness	Opportunity	Threat
• A dedicated Asha support system with DCM and BCM has been made functional in the district. • Motivational and incentives based program for Asha . • Formation of VHSC has been completed in most villages of the district. • Services of advanced life saving ambulance (108) has started in the district • Contractual AYUS doctors have been placed in APHC. • Decentralized planning at HSC level has been started from this year in the district.	• Asha Selection is not 100% complete • RKS is not functional in any APHC. • Utilization of untied fund in most of the health centers is very less. • Replenishment of Asha kit and drugs is not timely and complete. • Construction of HSC, APHC, PHC buildings and staff quarters moving with very slow pace.. • Pathology and Radiology services under PPP initiatives are not fully functional at most of the health facilities. • Lack of orientation among members of RKS regarding their scope of works for Health facilities.	• Participation of Mukhiyas and Surpanch in Asha selection process to expedite the process and also proper and complete utilization of Untied fund for health facility development. • Favorable administrative and political condition for program implementation. • Availability of fund from both NRHM and State funding for development of health infrastructure.	• Corruption and ill intention in construction of buildings and selection process of employees. • Lack of people interest and support for proper maintenance of health infrastructure and quality of services. • Less knowledge and sensitivity for work among Asha and other contractual employees.

SWOT Analysis of Part C- Routine Immunization

Strength	Weakness	Opportunity	Threat
• A very meticulously formulated micro plan of VHSND for all the blocks • Availability and involvement of large human work force in form of ANM Asha and AWW • Functioning of one separate dept. in health sector to look after RI. • Timely availability of vaccines. • Abundance of fund for all kind of review meeting and supervision of the program. • Separate campaign for puls polio, Japanese Encephalitis and measles to boost up RI .	• Low achievement against the fixed targets. • Poor cold chain maintenance. • Handling of cold chain-deep freezers by untrained persons. • Poor public mobilization by ANM and Asha. • Low accuracy of reporting data from block and sub centers. • Quarterly review meeting at district and blocks are not happening regularly. • Unavailability or non use of RI logistics like red/black bag, twin bucket etc	• Support from UNICEF , WHO ,Care India and other development agencies in RI and VHSND monitoring. • Provision of involving ICDS, PHED, PRI and other line depts. Along with health to implement comprehensive VHSND program • Growing awareness among people regarding immunization.	• Sudden outbreak of epidemic. • Corruption in program implementation. • Flood in hard to reach areas.

Chapter 4

Part A

Maternal Health

Situation Analysis and Gaps

Although we have made massive changes in delivery of our health services through NRHM still much more is required to be done. We have not reached to the last man in health services delivery as following gaps as per the current situation has been identified.

Total Number of facilities of different level do not fulfill the IPHS norm against the total population of the area. 22 APHC and 184 HSCs are functioning in the district. Services for 24hr. delivery are just limited to PHC. In remote rural areas delivery is still conducted at home without any presence of skilled attendant. Even the services at PHCs for maternal care are not up to the norms prescribed by IPHS. The care for complication during delivery is not fully operational at most of the PHCs. Condition of training for doctors for all such care is not completed. SBA training is also very slow . These all are very required to start delivery services at APHC and HSC. Even we need more number of SBA trained ANM to help in home delivery in the remote rural areas. Condition of FRUs is also not fully satisfactory. We are still very much lacking in fulfilling the maximum norm as per the IPHS standard. Another issue that need attention is the condition of infrastructure, to start delivery services at APHC and HSC we need a good condition building with well equipped labor room. Most of the APHC are running in rented building. The Shortage of human resource in all health centers is also very much acute to start all such maternal health services. Achievement in ANC registration is also low against the fixed target in first 2 quarters of this year.

Strategies

- To make PHC functional with optimum quality (24hr x7days) for institutional deliveries
- To make FRU functional and up gradation of PHC to CHC for institutional deliveries
- To strengthen Janani Suraksha Yojana / JSY
- To ensure support of SBA at home deliveries
- To strengthen APHC/HSC for providing outreach maternal care
- To organize integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas
- To improve adolescent reproductive and sexual health
- To strengthen Monthly Village Health, sanitation and Nutrition Day with all its features and service delivery requirements in all the blocks.

Activities against Strategies

1) Recruitment and deployment of additional Human Resource, training and development of infrastructure as per need to each PHC and SDH/DH as level 2 and level 3 facilities requirement.
2) Increase number of functional FRUs by up grading selected PHC.
3) Providing all trainings for health staff for facility up gradation.
4) Supply of all necessary equipment and logistics to all facilities.
5) Up gradation of remote APHC/HSC to provide level 1 facility with all required HR, logistics and infrastructure.
6) Promotion of Institutional deliveries.
7) Increasing facilities in labor rooms.
8) Increase pace of SBA Training and their rational deployment.
9) Organizing RCH camps in hard to reach areas and isolated population.
10) Start training of adolescent girls on reproductive and sexual health.
11) Start MTP services at few selected PHC.
12) Proper execution of VHSND in all the blocks.
13) Ensure proper monitoring & supervision of services provided through medical and non medical supervision.
14) Promoting the facilities and services being provided through proper BCC/IEC activities.

Child Health

Situation Analysis and Gaps

Status of child health in the district is pathetic. Services provided at PHC are also quite limited. Newborn corner has been established in the labor room of all the PHC but its proper functioning and uses is still under question. Training of IMNCI is also not being organized. ASHA is trained on IMNCI. Supervision in the field of those got trained is also not being done.

There is no provision of stay of mothers of neonates at PHC. Limited awareness among people about importance of breast feeding and proper diet of young children is also common problem in the area. Poor knowledge regarding new born care and child feeding practices is the major issues to be tackled properly. People have myths and misconceptions about early initiation of breast feeding, exclusive breast feeding and complementary feeding. Establishment of NRC (Nutritional Rehabilitation centre) for severely malnourished children has been provisioned for only one block while this kind of intervention is must in all the blocks. There is no Provision of pre School Health checkup & complete Immunization card. Health checkup camp at school is also not done regularly.

Strategies

- IMNCI, Home Based Newborn Care/HBNC
- Strengthening of Facility Based Newborn Care/FBNC and trained workers on using equipments.
- Infant and Young Child Feeding/IYCF
- Care of Sick Children and Severe Malnutrition through NRC and medical checkup at all the PHC.
- Promotion of child health practices among health facilities staff and their capacity building.

Activities

- All PHCs should be equipped with new born corner.
- Training on child health issues to health staffs and Anganwadi workers.
- Timely procurement and supply of Asha kits, other logistics and drugs.
- Development and Printing of BCC materials for mass awareness on health issues specially for children.
- Folk performance to promote exclusive breast feeding.
- To strengthen School health anemia control program through check up programs with biannually de worming.
- Establish rehabilitation center (NRC) in district hospital, FRU and at all PHC and promote locally available food formula for nutritional Therapy.

Family Planning

Situation and Gap Analysis

Achievement against target in family planning operation is abysmally low.
awareness among people about small family norms is not up to mark.
Availability of surgeons in the district is limited as per the requirment to perform family planning operation.
Non availability of fund on time at PHC level for compensation distribution and organizing camp of family planning
No regular procurement and supply of family planning logistics for limiting methods like copper T, condom, Oral pills at PHC and remote health facilities.
Resistance among people regarding use of contraceptives is high in the rural areas particularly due to small awareness.

Strategies

- Female Sterilization camps
- NSV camps
- Compensation for female /Male sterilization
- IUD camps
- Social Marketing of contraceptives
- Prior estimation of contraceptive load for timely delivery and fulfillment of needs.
- Hiring private doctors to fulfill target of family planning operation.
- BCC campaign in the remote rural areas regarning use of contraceptives.

Activities

- Ensure training of MO on minilap and NSV up to PHC.
- Training of nurses and ANMs on IUD and other spacing methods at PHC level..
- To ensure timely availability of contraceptives (indenting , logistic)
- To organizing family planning camps regularly at PHC level with all prior logistic planning.
- To hiring private doctors for camps to achieve targets.
- To immediately disburse incentives after sterilization camps.
- To accredit private nursing homes as per GOB
- Social marketing of need based OC & IUD.
- Organizing BCC campaign to motivate people for family planning.

- Increasing access to contraceptive through communities based distribution system free of cost.

Adolescent reproductive and sexual health

Situation analysis and Gaps.

It is one of the most neglected and unnoticed issue upon the whole reproductive health of a future women relies. There no as such program running to ensure the health of adolescent girls in our district. Due to lack of proper awareness about this subject many ill practices are happening like early marriage and child bearing, victim of many sexual disease, week health and slow physical and mental growth etc. Most of the girls of this age group are anemic.

Strategies

- Training for adolescent girls
- Spreading awareness on this issue in the society
- Targeting girl high schools and colleges for organizing health camps and awareness campaigns.

Activies

- Starting ARSH training in few selected blocks in association with ICDS Anganwadi
- Organizing camps and Balika health Mela in girls schools.
- Distributing IFA tablet in Health centers and anganwadi.
- Regular health checkup of girls in Anganwadi centre by ANM.

Infrastructure and Human resource

Situation Analysis and Gaps

To ensure one progress of any district, it is important to ensure that its people are healthy and have round the clock easy access to adequate and quality health services. 22 APHC and 184 HSCs are functioning in the district. The block wise details are as follows:

Existing status of infrastructure against proposed norms

Blocks	Population covered	PHC		APHC		HSCs	
		Existing (In No.)	Proposed (In No.)	Existing (In No.)	Proposed (In No.)	Existing (In No.)	Proposed (In No.)
Baikunthpur	221294	1	0	1	5	18	20
Barauli	221194	1	0	2	4	18	20
Bhorey	185943	1	0	4	1	15	15
Kateya	120818	1	0	1	2	8	11
Kuchaikote	340827	1	0	3	6	22	39
Manjha	215095	1	0	2	4	10	25
Panchdevri	104687	1	0	1	1	5	13
Phulwaria	136938	1	0	2	2	14	12
Sadar	163545	1	0	1	3	16	14

Sidhwalia	142263	1	0	1	3	7	16
Hathuwa	235251	1	0	2	2	15	26
Thawe	120922	1	0	0	3	7	12
Uchkagaun	161157	1	0	2	2	16	13
Vijaipur	144522	1	0	0	4	13	13
Total	2514456	**14**	**0**	**22**	**42**	**184**	**249**

On the other hand the gaps in accommodation are huge. APHC do not have the quarters for Doctors as well as for other staffs. Whatever the existing quarters are there, they are in a very sorry state. There is acute shortage of quarters for Paramedics and other staff at all the APHC. In the campus residential accommodation for all staff is required not just for few is very necessary if we really want to have our PHC working for 24 hours a day and 7 days a week. Most of the quarters for the Doctors, Nurses, paramedics and other staff needs to be immediately renovated and quarters need to be constructed according to the minimum manpower norms for PHC.

As far as 22 APHC are concerned, Out of 22 APHC all are functioning with facilities in damaged building (Table annexed). They are either functioning in the sub-centre building. Almost 11 APHC are functioning in government buildings, but building condition is very poor. Most of APHC are devoid of electricity, lacking of water supply because Hand pumps are not functioning properly. There is no residential facilities for staff.

Out of 184 existing Health Sub-Centre, 52 HSCs are running in Government building, 136 HSCs are running in rented building. Almost all the Government buildings are in poor conditions and immediately renovation / new constructions are required. As per population norms and geographical conditions 249 new more sub-centers are required to provide better health facility to the community.

Infrastructure facilities at PHC

Gopalganj District has 14 PHC and 1 sub divisional and one Sadar hospital. All the PHC function in their own building. The source of water for all PHC is overhead tank. All the facilities have electricity in all parts of the hospital. 12 PHC have Operation Theatres, a separate aseptic labour room with well furnished with tiles. PHC have adequately equipped laboratories; while soundless generator is available in 14 PHC and Sub divisional as well as Sadar hospital. Telephone facility is available in all PHC. All PHC have ambulance on the road.

PHC level Infrastructure details

PHC/ Block PHC	Building		Building Condition	Power Supply (in hrs)	Gen set	Water Supply	Telephone	Sanitation (Toilet / Bath)		No. of Beds	Waste Management
	Govt.	Rented						Patient	Staff		
Baikunthpur	1	0	Good	24	1	1	1	1	1	6	1
Barauli	1	0	Good	24	1	1	1	1	1	6	1
Bhorey	1	0	Good	24	1	1	1	1	1	30	1
Kateya	1	0	Good	24	1	0	1	1	1	30	1
Kuchaikote	1	0	Good	24	1	1	1	1	1	6	1
Manjha	1	0	Good	24	1	1	1	1	1	6	1
Panchdevri	1	0	Good	24	1	1	1	1	1	6	1
Phulwaria	1	0	Good	24	1	1	1	1	1	30	1

Sadar	1	0	Good	24	1	1	1	1	1	6	1
Sidhwalia	1	0	Good	24	1	1	1	1	1	6	1
Hathuwa	1	0	Good	24	1	1	1	1	1	6	1
Thawe	1	0	Good	24	1	1	1	1	1	6	1
Uchkagaun	1	0	Good	24	1	1	1	1	1	6	1
Vijaipur	1	0	Bad	24	1	1	1	1	1	6	1
Total	14	0			14	14	14	14	14		14

1□ implies availability 0□ implies unavailability

Further, the current health infrastructure is supported by district hospital and Sub – Divisional Hospital. None of the facility has OPD facilities for RTI /STI. Specilalist OPD facility for gynecology/obstetric is not available in remote health facilities.

Human Resource condition

Condition of human resource availability is also not quit sufficient in the district. Shortage of staffs specially doctor is acute. New doctors do not want to work in the rural areas and so even after numerous advertisements people do not turn up for this post. Still we have huge vacancy to be filled as per the sanctioned post in the district.

Sl. No.	Designation	All Staff		
		Sanction Post	Working	Vaccant
1	Doctor Regular	101	54	47
2	Doctor Contractual	69	34	35
3	Lady Doctor Regular	7	3	4
4	Lady Doctor Contractual	7	5	2
5	A.N.M. Regular	266	223	43
6	A.N.M. Contractual	186	57	129
7	Grade "A" Nurse Regular	22	8	14
8	Grade "A" Nurse Contractual	14	8	6
9	Block Extension Educator Regular	11	0	11
11	Health Educator Regular	12	7	5
13	Health Assistant Regular	2	1	1
14	Health Assistant Contractual	1	0	1
15	L.H.V. Regular	23	4	2
16	L.H.V. Contractual	1	0	1
17	X - Ray Technician Regular	4	1	3
18	X - Ray Technician Contractual	1	0	1
19	Lab - Technician Regular	31	5	26
20	Lab - Technician Contractual	11	9	2
21	O.T. Assistant Regular	7	1	6
22	O.T. Assistant Contractual	3	1	2
23	Dresser Regular	34	8	26
24	Dresser Contractual	5	0	5
25	Pharmacist Regular	34	4	30

26	Pharmacist Contractual	5	0	5
27	ASHA	2371	2034	337
28	Kalazar Technical Supervisor	8	7	1
29	District Programme Manager	1	1	0
30	District Planning Coordinator	1	1	0
31	District Accounts Manger	1	1	0
32	District Nodal M&E Officer	1	1	0
33	Block Health Manager	14	11	3
34	Block Accountant	14	13	1
35	Mamta	154	149	5

Strategies

- Renovation of old building and removing shortage of physical infrastructure.
- Removing shortage of human resource.
- Ensuring availability of drugs and other logistics.

Activities

1. Construction and renovation of APHC and HSC buildings in Phase wise manner.
2. Renovation and up gradation of PHC and SDH/DH buildings as per IPHS norms.
3. Construction of staff quarters in health facilities.
4. Rational deployment of human resource.
5. Contractual recruitment of new doctors and health staffs to fulfill the need.
6. Timely procurement of drugs and all logistics and its proper delivery at health centers.

Training

Situation Analysis

- There is no training on sterilization, MTP, RTI / STI, New born care in any PHC for last many year.
- Training of SBA for ANM is not fully complete and this is really a hurdle for absolute MCH plan for the district.
- Medical staffs are also required to be properly trained in NSSK and IMNCI for proper implementation of new born care program.
- Total doctors trained in Emoc are very less which is the basic requirement for making facility functional as level 2 facility.

Strategies

- Strengthening the training cell which will take care of all training needs of district.
- Taking monthly review of total training load and its achievements.
- Regular monitoring of all training to ensure its quality.
- Justified deployment of trained person in the field.

Activities

- Calculation of total training need and load for all kind of training needs of the district.
- Preparing annual calendar for training program taking care of schedule of other programs.
- Organizing training programs for issues like MTP, IUD insertion, Minilap, IMNCI, NSSK ,SBA etc with all prior logistics planning.

Part C- Routine Immunization
Activities

- Proper execution of VHSND program in the District.
- Regular updation of VHSND micro plan and to ensure it complete implementation.
- Training of Health workers on Immunization
- Printing of RI Formats
- Printing of Muskan Registers
- Supplementary immunization during flood
- Catch up immunization
- Incentive money
- Engaging Mahila Mandal
- POL for cold chain
- Vaccines and logistics mobility
- Mobility for supervisor
- Hiring of computer operator for RIMS
- Usage of courier
- Measles Campaign
- Hard to Reach area strategy
- RI Catch up round
- Training of Medical Officers
- Meeting of epidemic Response Teams
- Travel expenses for case investigation per outbreak
- Shipment cost of lab specimen
- Outbreak Response

Part D- Disease control program

Blindness

Strategies:

- Recruitment
- Capacity building
- Increasing no of camps
- PPP
- Awareness building
- Involving NGOs
- Monitoring and follow up
- Provision of vision centre in remote areas.

Activities

- Recruitment of Eye Specialists and surgeons on contractual basis.
- Recruitment of Ophthalmic Assistants on contractual basis.
- Training of Doctors on IOL technique
- Training of Ophthalmic Assistant
- Organizing Operations at District level
- Accreditation of Nursing Homes capable of doing Cataract surgeries
- Purchase of equipments and medicines
- Establishing another Cataract Operation Center at Sub-divisional hospital, Hathua.
- Assigning LHV/Supervisor counseling work
- IEC on cataract and its facilities
- Meeting with Local NGOs on this issue
- Mobility support for visiting homes of the patients to manage any post treatment complication.

Kala zar

Strategies

- To increase the coverage of DDT spray in the endemic zone , there should be proper monitoring by the supervisors, capacity building of the sprayer, supervisors and other healthcare professionals
- Monitoring of the spraying squad by MOIC
- Training and capacity building for proper spraying
- Case detection rate should be increased with appropriate diagnostic test
- Monitoring and supervision mechanism
- Community participation in reducing mortality and morbidity due to Kala-azar

Activities

- Ensure planning for timely spray of DDT in Feb-March and May-June for 40 days in each block
- Identification of Houses with Kala-azar patients by ANM & ASHA @ 100/ per village.
- Two round of spraying scheduled in Feb-March and May-June should be strictly observed
- Training and capacity building for proper spraying
- Fund allocation and timely release for : maintenance of old sprayer pumps, Purchase of new pumps and other articles needed- buckets, mugs etc.
- Ensure adequate Stock of DDT through proper & timely indenting to improve the quality of spray
- Increase efficiency of case detection through training of Community workers on signs and symptoms of Kala-azar: 1) three weeks persistent fever not responding to antibiotics, malaria being excluded, with palpable spleen.2) Ensure availability of aldehyde test at PHC level 3) Purchase of RK 39 kit for detection of Kalazar
- Preparation of Monthly visit plan for supervision :
    - Checking spraying schedule
    - For supervision & treatment follow up

Leprosy

Strategies

- Awareness generation
- Staff Recruitment in contract basis
- Strengthen Health Care Services
- Ensuring proper lab facility
- Increasing mobility for supervision.

Activities

- IEC on Leprosy
- Recruitment of supervisors
- Orientation of MOs and staffs on Leprosy
- Case validation, to have check on wrong diagnosis and re registration
- Prompt and early detection of the cases to avoid deformity and disability,
- Strengthening Lab at district level
- Mobility support for DLO
- Office expenses

Filarial

Strategies

- Single dose DEC mass therapy once a year in identified blocks and selected DEC treatment in filariasis endemic areas.
- Continuous use of vector control measures.
- IEC for ensuring community awareness and participation in vector control as well as personal protection measures.

Activities

- Line listing of the cases.
- Purchase of equipments for the management of Filarial cases like towel, Bucket, soap, mug etc.
- DEC distribution through AWCs and paying honorarium to AWWs for this.
- Training to AWWs/ASHA on DEC distribution and filaria case management.
- Meeting with VHSC members
- Wall paintings

Tuberculosis

Strategies

- To increase case detection rate.
- To reduce defaulter and increase cure rate.
- Ensure proper drug storage
- Eliminate shortage of manpower.
- Training on related issues.
- Timely payment of DOT providers

Activities

- Opening new collection centers,

- Up grading new laboratories.
- Conducting IEC activities.
- Patients and provider meeting, timely information to DOT provider about patient follow-up.
- Up gradation of district drug store.
- Filling all contractual post (STS-2 STLS 1, LT 3, DEO 1, Part time accountant 1).
- Arrange the modular training of all MOs. at district level.
- Listing, enrollment and payment of DOT providers.

Chapter 5

Consolidated Budget

Budget for the F.Y.2011-12 ("NRHM - A")

(Provisional)

FMR Code	Budget Head/Name of activity	Total Annual proposed budget (in Rs.)
	1. Maternal Health	
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	684000
A.1.1.2	1.1.2 Operationalise 24x7 PHCs (upgrading one APHC/ in each block as MCH- L1 facility)	350000
A.1.1.4	RTI/STI srvices at health facilities	0
A.1.1.5	Operationalise Sub-centres	100000
A.1.3.	1.3. Integrated outreach RCH services	0
A.1.3.1	1.3.1. RCH Outreach Camps in un-served/ under-served areas	196000

A.1.3.2.	**1.3.2.** **Monthly Village Health and Nutrition Days at AWW Centres**	659105
A.1.4	**1.4.** **Janani Evam Bal Suraksha Yojana/JBSY**	0
A.1.4.1	**1.4.1** **Home deliveries** **(500/-)**	200000
A.1.4.2	**1.4.2 Institutional Deliveries**	0
A.1.4.2.1	**1.4.2.1 Rural (A)** **Institutional deliveries (Rural) @ Rs.2000/- per delivery for 10.00 lakh deliveries**	80000000
A.1.4.2.2	**1.4.2.2 Urban (B) Institutional deliveries (Urban) @ Rs.1200/- per delivery for 2.00 lakh deliveries**	1200000
A.1.4.2.c	**1.4.2.3 Caesarean Deliveries (Facility Gynec, Anesth & paramedic) 10.3.1 Incentive for C-section(@1500/-(facility Gynec. Anesth. & paramedic)**	802500
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. Monitoring and supervision of MCH plan etc. Administrative Expenses.**	800000
A.1.5	**1.5 Other strategies/activities**	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**	150000
A.1.5.2	**Supportive Supervision [Clinical supervisor + Nonmedical supervisor] for MCH plan**	0
	TOTAL Maternal Health	
	2. Child Health	0
A.2.1.1	**IMNCI activities implimentation in the field: Monitor progress against plan; follow up with training, procurement, review meetings etc**	150000
A.2.1.3	**Incentive for HBNC to Asha/AWW**	704600
A.2.1.4	**Incentive for HBNC to Asha/AWW(for low Birth baby)**	320000

A.2.2	**Newborn stabilisation Unit in FRU**	775000
A.2.3.	**2.3 Home Based New born care/HBNC**	0
A.2.6.	**2.6 Care of sick children & severe malnutrition(Nutrinal Rehabilitation Center)**	4332000
A.2.6.1	**Annual maintenance of NRC**	103535
A.2.6.1.a	**Training of ANM/ AWC Supervisiors of 2 focused blocks**	5000
A.2.6.1.b	**Training of ASHA/AWW of 2 focused blocks**	30000
	TOTAL of Child Health	
	3.Family Planning	0
A.3.1.	**3.1.Terminal/Limiting Methods**	0
A.3.1.1.	**3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services**	20000
A.3.1.2	**3.1.2 Female Sterilisationcamps**	2000000
A.3.1.3	**3.1.3 NSV camps (Organise NSV camps in districts @Rs.10,000 x 500 camps)**	80000
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)**	16000000
A.3.1.5	**3.1.5 Compensation for male slerilisation 3.1.2.4. Compensation for NSV Acceptance @50000 cases x1500**	600000
A.3.1.6	**3.1.6 Accreditation of private providers for sterilisation services 3.1.3.1 Compensation for sterilization done in Pvt.Accredited Hospitals**	4500000
A.3.2.5	**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)**	112000
A.3.3	**3.3 POL for Family Planning for 500 below sub-district facilities**	238000
A.3.4	**3.4 Repair of Laproscopes (Rs. 5000 x 40 nos.)**	0
A.3.5.4	**3.2.1. IUD Camps at health facilities**	75000
	Total Family Planning	

	4. Adolescent Reproductive and Sexual Health (ARSH)	0
		0
A.4.1	**Adolescent services at health facilites.Establishing ARSH Cells in Facilities**	150000
4.1.2.	**School Health program(Nai Pidhi Swasthya Gauranty Yojana)**	2702000
A.4.2	**4.2 Other strategies/activities**	0
	TOTAL ARSH	
		0
A.5.1	**Urban Health Center Through PPP**	900000
		0
A.7.1		0
A.7.1		0
A.7.2	**other PNDT Activities (monitoring sex at birth)**	100000
	INFRASTRUCTURE(Minor Civil Works) & HR	0
A.8.1.1	**Salary of contractual ANM/Contractual SN**	29109000
A.8.1.1.a	**Salary of contractual Pharmacist**	900000
A.8.1.1.b	**Salary of contractual OT Technician**	288000
A.8.1.1.c	**Salary of contractual Lab Technician**	192000
A.8.1.1.d	**Salary of contractual Dresser**	480000
A.8.1.1.e	**Salary of contractual X-ray Technician**	180000
A.8.1.1.f	**Salary of contractual Child Health Supervisior for MAMTA**	192000
A.8.1.1.g	**salary for contractual faculty in ANM School**	1722000
A.8.1.1.	**salary for 4th grade staff in ANM school**	384000
A.8.1.2	**Laboratory technicians in Blood Bank**	360000
A.8.1.5	**Salary of MO in Blood Bank**	420000
A.8.1.7	**FP counselors**	360000
A.8.1.8	**Incentives/Awards to ANM ,SN etc(Muskan progran Incentives to ASHA and ANM)**	2100000
	TOTAL of INFRASTRUCTURE & HR	
	TRAINING	0
A.9.1	**Strenghtening of Training Institutions(Repair /Renovation)ANM School**	5000000
A.9.1.a	**Transport facilities for ANM School**	
A.9.1.b	**Other Facilities for ANM school**	1000000
A.9.3.1	**Skilled Birth Attentant(SBA)**	1066131
A.9.3.4	**MTP Training**	130410
A.9.3.7	**Other MH Training (with BSACS) RTI /STI training**	120000
A.9.5.1	**IMNCI**	7500000

A.9.5.5.3	NSSK Training(SN/ANM)	105800
A.9.6.2	Minilap Training	70240
A.9.6.2	NSV Training	33900
A.9.6.4.1	training of Medical Officer in IUD Insertion	55300
A.9.6.4.2	Training of ANMs/LHV/SN in IUD insertion	88275
A.9.8.2	DPMU Training	100000
A.9.11.3.2	Community visit for students and teachers(ANM School)	200000
	TOTAL Training	
	PROGRAMME /NRHM MANAGEMENT COSTS	0
A.10.1.5	Mobility Support (District Malaria Office)	180000
A.10.2.1	Contractual staff for DPMU recruited and in position	1595312
A.10.2.2	provision of equipment /furniture and mobility support for DPMU staff	1170000
A.10.3	strenghtening Block BPMU	11328240
A.10.4	Tally Purchase for RH/PHC	77200
A.10.4.2	Renewal(Upgradation) of Tally	137700
A.10.4.3	AMC(State,regional&DHS) for Tally	32500
A.10.4.5	Tally Training /Customisation	4500
A.10.4.9	Management Unit at FRU(HospitalManager and FRU Accountant)	900000
A.10.5.1	Annual Audit of the programme(Statutory Audit)	54000
A.10.6	cuncurrent Audit	240000
	TOTAL PROGRAMME /NRHM MANAGEMENT COSTS	

Total Part A = 186915248

Budget for the F.Y.2011-12 ("NRHM - B")

(Provisional)

FMR Code	Budget Head/Name of activity	Total Annual proposed budget (in Rs.)
	Decentralization	
B.1.1.1	Selection and Training of ASHA	10963504
B.1.1.1.a	Selection and Training of ASHA Facilitators	372335

B.1.1.2	**Procurment of ASHA Drug Kit & Replenishment**	**592750**
B.1.1.3	**other Incentives to ASHA(TA/DA for ASHA Diwas)**	**3414240**
B.1.1.4.A	**Best Performance award to ASHAs At District level**	**28000**
B.1.1.4.c	**Identity Card to ASHA**	**6000**
B.1.1.5	**ASHA Resource Centre/ASHA Monitoring Group**	**4257774**
B.1.1.6	**Asha Rest Room at Health facilities**	**400000**
B.1.1.7	**Cycles for ASHA**	**7113000**
		0
B.2.1	**Untied Fund for SDH/CHC**	**50000**
B.2.2	**untied fund for PHCs**	**350000**
B.2.2.B	**Untied fund for APHC**	**550000**
B.2.3	**Untied Fund for Health Sub Center**	**1860000**
B.2.4	**untied fund for VHSC**	**13850000**
		0
B.3.1	**Annual Maintenance Grant for DH**	**500000**
B.3.1.A	**Annual Maintenance Grant for SDH/Referal**	**1200000**
B.3.2	**Annual Maintenance Grant for PHCs**	**2200000**
B.3.2.A	**Annual Maintenance Grant for APHCs**	**2200000**
B.3.3	**Annual Maintenance Grant for sub centre**	**4650000**
B.4.2.A	Installation of Solar water system in SDH, RH and PHCs	**715500**
B.4.3	**Sub centre rent and contigencies**	**624000**
B.5.2.A	**Construction of APHCs**	**40000000**
B.5.2.B	**Construction of residential quarters for doctors & staff nurses**	**15838500**
B.5.2.C	**Strenthening of Cold Chain (infrastrcure strengthening)**	**800000**

B.5.3	**construction of HSC**	**40000000**
B.6.1	**Corpus grant to HMS/RKS- District Hospita**	**500000**
B.6.2	**Corpus grant to HMS/RKS- CHC(SDH)**	**400000**
B.6.3	**Corpus grant to HMS/RKS- PHCs**	**1100000**
B.6.4	**Corpus grant to HMS/RKS- APHC**	**2200000**
B.7		
B.7.1	**District Action Plans(Including Blocks,Villages)**	**399000**
B.7.2	**establishment of planning cell at district**	**113000**
B.8.1	**constitution and orientation of community leader & of VHSC,SHC,PHC,CHC etc , organising monthly meeting of VHSNC and block monitoring**	**772200**
B.8.2	**orientation Workshops, Trainings and Capacity BuildingOf PRI**	**156300**
B.9.1	**Mainstreaming Ayush- Medical officer at DH/PHCs/CHCs**	**6960000**
B.10.1	**Development of State BCC/IEC strategy**	**510000**
B.10.4	**Health Mela (Leprosy)**	**4000**
B.11	**Mobile Medical Units(including recurring expenditure)**	**4212000**
B.12.2.C	**Advance life saving Ambulance(Call 108)**	**1560000**
B.12.2.D	**Refferal Transport in District(call 504) for all delivery points**	**21840000**
B.13.3.B	**Outsourcing of Pathology and Radiology Services from PHCs to DHs**	**2000000**
B.13.3.D	**IMEP(Bio-waste Management)**	**3336000**
B.14.B	**YUKTI Yojana(Accreditation of puplic and private sector for providing safe abortion services)**	**340000**
B.15.1	**Facility level QA and monitoring**	**100000**

B.15.1.1	**ISO certification of DH**	**13224655**
B.15.1.2	**quality upgradation for facilities identified under family friendly hospitals**	**150000**
B.15.3.1.A	**State,District ,divisional, block data centre**	**2383200**
B.15.3.1.B	**Reccuring expenditure for Datacenter**	**100000**
B.15.3.2.A	**MCTS and HRIS**	**215733**
B.15.3.2.B	**RI Monitoring**	**140000**
B.15.3.3.A	**Strenthening of HMIS**	**4000**
B.15.3.3.Bplan	**Plan for HMIS supportive supervision and data validation**	**266000**
B.15.3.3.c	**website development**	**50000**
B.15.3.3.d	**HMIS Innovation**	**50000**
B.16.1.1	**Procurment of equipment:MH(Labour room)**	**1898464**
B.16.1.2	**Procurment of equipment: CH(SNCU & NBCC equipment)**	**829150**
B.16.1.2	**Procurment of Autoclave in all BPHC,SDH,DH**	**1750000**
B.16.1.3.A	**Procurment of Minilap set :FP**	**210000**
B.16.1.3.B	**Procurment of NSV Kit(FP)**	**5500**
B.16.1.3.C	**Procurment of IUD Kit(FP)(PHC Level)**	**15000**
B.16.1.5.A	**Dental Chair Procurment**	**1701000**
B.16.1.5.B	**procurment of Equipment for blood storage unit**	**890000**
B.16.1.5.C	**A.C.1.5 ton window for 28**	**25000**
B.16.2.1.A	**Parental Iron Sucrose(IV/IM)as therapeutic measure to pregnant women with severe anemia**	**500000**
B.16.2.1.B	**IFA Tablets for pregnant & lactating mothers**	**1500000**
B.16.2.2.A	**Budget for IFA small Tablets and Syrup for Children6-59 months**	**2272000**
B.16.2.2.B	**Budget for IFA small Tablets for adolescent girls**	**1122161**

B.16.2.2.B	**IMNCI Drug Kit**	**1824000**
B.16.2.5	**General Drugs & Supplies for health facilities**	**15000000**
B.22.4	**Support strengthening RNTCP**	**216000**
B.23.a	**Payment of monthly bill to BSNL**	**54480**

TOTAL PART B = 245434446

Budget for FY 2012-13 ("NRHM - C")-R.I. and P.P.

Head	Sub-Head	FMR code	Total Budget for FY 2012-13
	C-R.I.		
Routine Immunization	Mobility Support For Supervision for DIO @Rs.15,000/- per month	C-1.a	180000
	Printing & Dissemination of Immunization Formats,TallySheets,Monitoring Forms etc.(Rs.6/- per benefiiaries-88213) + 10% Extra	C-1.c	582206
	Quarterly Review Meetings exclusive for RI at District level with MOIC,CDPO & Other stake holders@Rs.100/- for 5 Participants per PHCs (as per last Year Budget)	C.1.e	28000
	Quarterly Review Meetings exclusive for RI at Block level@Rs.50/- PP as travel for ASHAs and Rs.25 PP for meeting (as per last Year Budget)expenses for ASHAs	C.1.f	610200
	Focus on Slum & Underserved areas in Urban Areas / Alternate Vaccinaor for Slums	C.1.g	302400
	Mobilization of Childeren through ASHA under Mushkan Ek Abhiyan As per Annexure-E	C.1.h	475167
	Alternative Vaccine Delivery in Hard To Reach (HTR) Areas	C.1.i	18000
	Alternative Vaccine Delivery in Other Areas (20% extra than 2011-12)	C.1.j	2664000
	To Develop micro plan at sub centre level	C.1.k	25900
	For Conslidation of Microplan at Block Level	C.1.l	16000

	POL for Vaccine & Logistics Delivery from State to District and From District to PHC/CHCs (As per Annexure-A)	C.1.m	97800
	Consumables for computer including provision for inter access for RIMs Rs.1,000/- per month per district	C.1.n	12000
	Red/Black bags, twin bucket, bleach/hypochlorite solution	C.1.o & p	90000
	Safety pits for those PHC / Hospitals where there is no pit or is not in Working Condition	C.1. q	15831
	Alternate Vaccinator hiring for Access Compromised Areas,POL of Generators for Cold Chain and for AEFI cases investigation for every District	C.1. r	15000
	Computer Assistant Support for District Level @Rs.12,000/- per person per month for one computer assistant in District	C-2.b	144000
	District Level Orientation training including Hep-B,Measles,JE for 2 days ANM,MHW,LHV & Others Staffs etc.	C.3.a	732700
	One day Cold Chain Handlers training for block level Cold Chain Handlers (As per Annexure-C)	C.3.d	16445
	One Day Training of Block Level Data Handlers for 14 Persons	C.3.e	16445
	Cold Chain Maintenance- for Distt. HQ (RCH Cold Chain), & 2 PHCs where there are no Generators provided under Outsourcing Scheme- As OPD is being not operational (Rs.400 X 360 Days X 3 Units)	C.4	432000
	Total (R.I.) :-		**6474094**
C-P.P.			
Puls Polio	Total 8 round of pulse polio(Last year Budget per Round-@ Rs. 17,82,952/- + 20% Extra per round for 8 Rounds)		17116339
	2 special round of pulse polio@ 1,90,747/- (Last Year Budget) + 20% Extra		457793
	Total (P.P.)		**17574132**
Grand Total (R.I. & P.P.) :-			**24048226**

Programme	**Heads**	**Total Budget for FY 2011-12**
IDSP		
IDSP *(Detailed*	Staff Salary	1140000
	Training	52000

Budget annexed)	Operational cost	1136040
	New Innovations	258000
	Total	**2586040**
Malaria		
Malaria	Awareness programme	56000
	Blood slides and other materials	33900
	Total	**89900**
Japanese –Encephalitis		
Japanese - Encephalitis	Vaccinator + Asha	1585917
	Supervisor	834000
	Training Program	91000
	IEC	140000
	Total	**2650917**
Dengue		
Dengue	IEC	42000
	fogging Activity	
	Malathion	218500
	Petrol	303270
	Diesel	737685
	Vehicle	588000
	Labour	280000
	Supervisor	210000
	Total	**2379455**
RNTCP		
RNTCP	Civil works	295500
	Laboratory materials	300000
	Honorarium	1375000
	IEC	207000
	Equipment maintenance	30000
	Training	114000
	Vehicle maintenance	225000
	Vehicle hiring	300000
	NGO/PP Support	0
	Miscellaneous	340000
	Contractual services	3012000
	Printing	50000
	Research and Studies	0

	Medical colleges	0
	Procurement-vehicles	200000
	Procurement-equipment	150000
	Total	**6598500**
Filaria		
Filaria	Drugs	
	QEC	4068145
	Albendazole	4533820
	IEC	42000
	Volunteers honorarium	84000
	Vehicle maintenance	49000
	Supervision	56000
	Total	**8832965**
Leprosy		
Leprosy	**Total**	**861650**
Blindness		
Blindness	Vision Center 5 @ 50000 each	250000
	IEC	150000
	free cataract operation at DHS blind division @ 750/- for 5000	3750000
	Eye sight fortnight	30000
	GIA for school eye screening	140400
	other Eye deseases @150	750000
	Eye Sight Day	30000
	Training for ASHA	1100000
	Monitoring & supervision	60000
	Furniture for Office	1500000
	office expenses	10000
	Honorarium for Medical officer/ophthalmic assistant	516000
	officer and assitant honorarium	42000
	white wash for Eye hospital	50000
	Total	**8378400**
Kalazar		
Kalazar	Camp	336000
	IEC	336000
	Search program	126000
	Fund for IRS	
	Training	70000

	Mobility	1470000
	Labour wages	7950000
	Instrument Repairing	28000
	ASHA wages	227500
	Loss of wages	1466500
	Total	**12010000**
Total of Part D		**44387827**

Consolidated Budget of NRHM Part A, B, C and D for F.Y. 2012-13

Sr.	Head	Budget Amount (in Cr.)
1	**Part A**	**186915248**
2	**Part B**	**245434446**
3	**Part C**	**24048226**
4	**Part D**	**44387827**
	TOTAL	**500785747**

Annexure