District Health Action Plan

2012-2013

District Health Society, Sheohar

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Foreword

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system

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In a plan which is centrally made and driven, there is little room for such adaptation. District level planning is a necessary component of any effort at decentralization.

Districts vary widely in needs and even more widely in possibilities for intervention. Thus, in one district there may be a problem of poor infrastructure whereas in another district shortages of man power other resources. In one district there may be a problem of drug resistance in malaria control programme, where as in another district the need may be to integrate malaria control with filarial control. Thus strategies have to be district specific not only because health needs vary, but because perceptions at people and capacities to conduct programmes also vary.

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.

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 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 public/NGO/private sector, availability of wide range of providers. This DHAP has been evolved through a participatory and consultative process, wherein community and other stakeholders have participated and ascertained their specific health needs in villages, problems in accessing health services, especially poor women and children at local level.

The goals of the Mission are to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

I hope this District Health Action Plan will help in achieving the goals of National Rural Health Mission (NRHM). It will enable health care personnel to serve people smoothly. DHAP seeks to achieve pooling of financial and human resources allotted through various central and state programmes by bringing in a convergent and comprehensive action plan at the district level. DHAP and its subsequent implementation would inspire and give new momentum to the health services in the District of Sheohar.

Jay Mangal Singh, IAS
(Chairman, DHS Sheohar)

About the Profile

The goals of the Mission are to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

Keeping in mind the goals of National Rural Health Mission (NRHM), this District Health Action Plan of Sheohar 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.
In this year we have emphasized more on infrastructure we have made budget for PHC boundary wall construction, Doctors and staff residential quarter, provision for Beds for newly constructed PHCS.

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, DPM, DPC, DAM, Distt. M & E Officer, MOICs, Block Health Managers, ANMs from their excellent effort.

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

Shyam Kumar Nirmal
DPM Sheohar

Dr. Arvind Kumar Gupta
CS-cum-Member Secretary
Sheohar

Chapter-1

Introduction

1.1 Background

District Health Action Plans are not a new idea. However they have currently assumed a new centrality and urgency in the context of NRHM.

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

- Safe Delivery, New born care, Healthy development of citizen.
- 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
- Nutrition Rehabilitation Center

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-skill 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-sectoral convergence, partnership with Non Government Organizations (NGOs) and private sector, and increased local monitoring. The planning process demands stocktaking, followed by planning of actions by involving program functionaries and community representatives at district level.

Stakeholders in Process

- *Members of State and District Health Society.*
- *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 Sheohar 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 Sheohar district has been prepared on the said context.

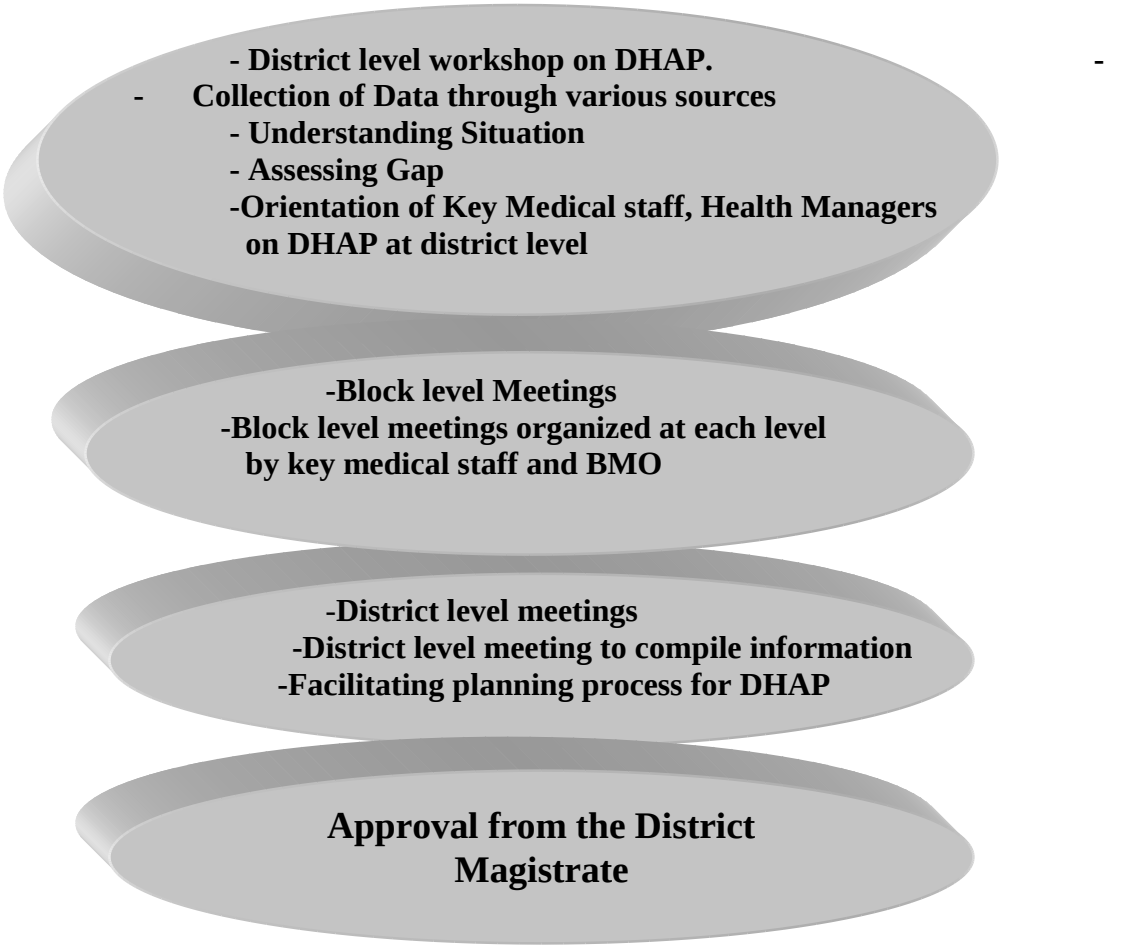
1.3.3 Preparation of DHAP

The Plan has been prepared as a joint effort under the guidance of Civil Surgeon, all incharge programme officers 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. At last it has been approved by the chairman of the District Health Society. If any

comment has came from participants it has added then finalized. The field staffs of the department too have played a significant role. District officials have provided technical assistance in estimation and drafting of various components of this plan.

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

District Health Action Plan Planning Process



Chapter 2

District Profile

2.1 History

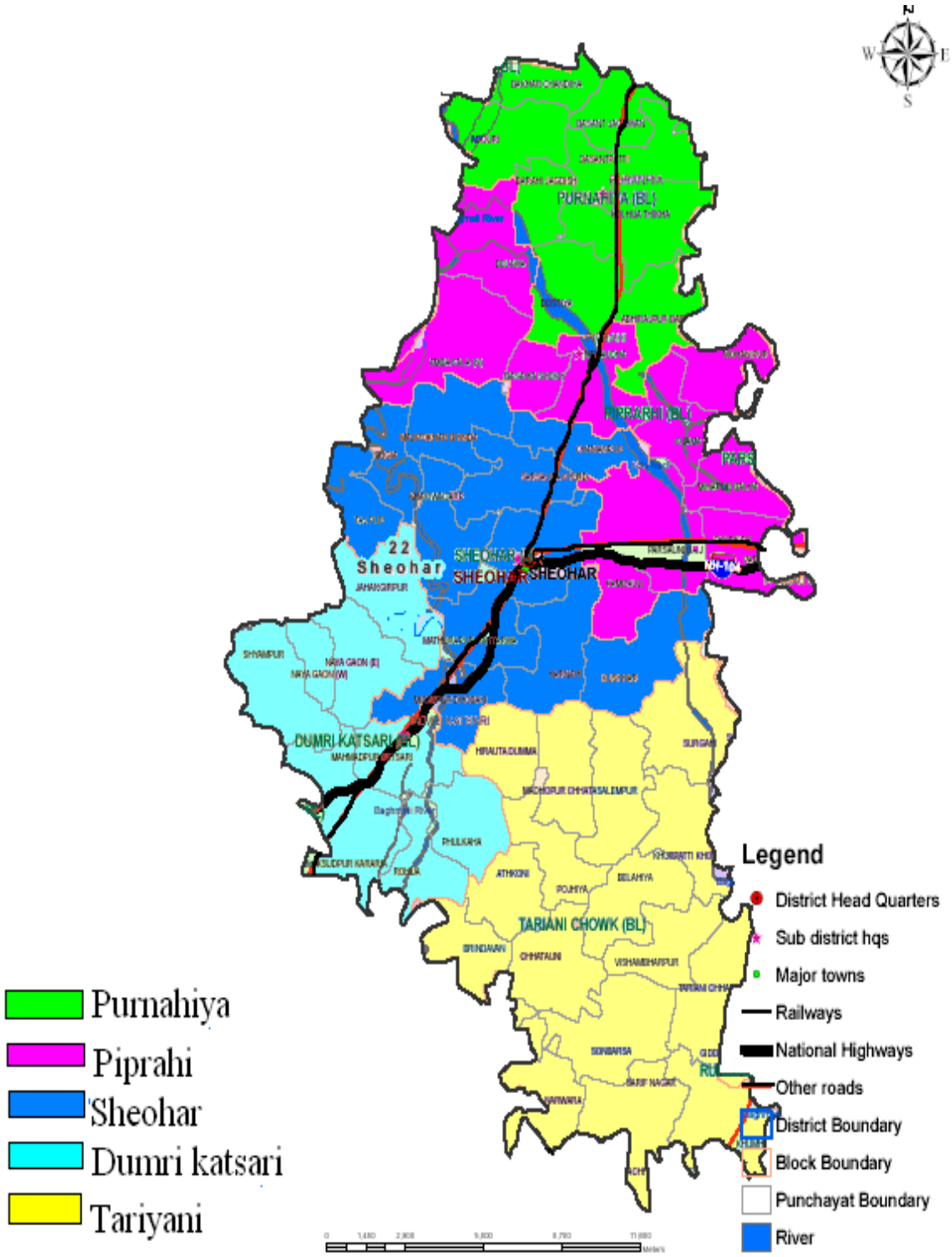
Sheohar is an administrative district in the state of Bihar in India. The district headquarters are located at Sheohar, and the district is a part of Tirhut Division. This district was carved out of Sitamarhi district on October 6, 1994. The district occupies an area of 349 sq km and has a population of 656916 (as of 2011). At present it is around of 700000 pupulation .This district has mixed population of Hindus and Muslims. Agriculture is the main stay. It is one of the most flood affected district in Bihar. Dekuli is a holy place popular for ancient temple of lord shiva.

Sheohar is around 150 km in the north and east from Patna, the capital of Bihar. The buses to Sheohar passes through Muzaffarpur. It is 55 km from Muzaffarpur. Sheohar is connected to the adjoining districts(East Champaran headquartered at Motihari, Muzaffarpur, Sitamarhi) by road. Sitamarhi lies to the east of Sheohar. To the west is East Champaran. And to the south-east is Muzaffarpur. There are no railways connecting these districts. The main occupation of the people of this district is agriculture. All types of crops are produced. Varieties of rice, wheat, and a number of *rabbi* crops are produced.

2.2 Geographical Location

Sheohar is located at 26.52N, 85.3E. It has an average elevation of 53 metres (173 feet). It is divided into five blocks-Piprahi, Purnahiya, Sheohar, Taryani and Dumri Katsari. It was carved out of the district of Sitamarhi in the year 1994.

SHEOHAR MAP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W
E
S
PURNAHIYA (BL)
PIPRARHI (BL)
PARS
22
Sheohar
SHEOHAR (BL)
SHEOHAR SHEOHAR
DUMRI KATSARI (BL)
TARIANI CHOWK (BL)
Purnahiya
Piprahi
Sheohar
Dumri katsari
Tariyani
Legend
District Head Quarters
Sub district hqs
Major towns
Railways
National Highways
Other roads
District Boundary
Block Boundary
Punchayat Boundary
River

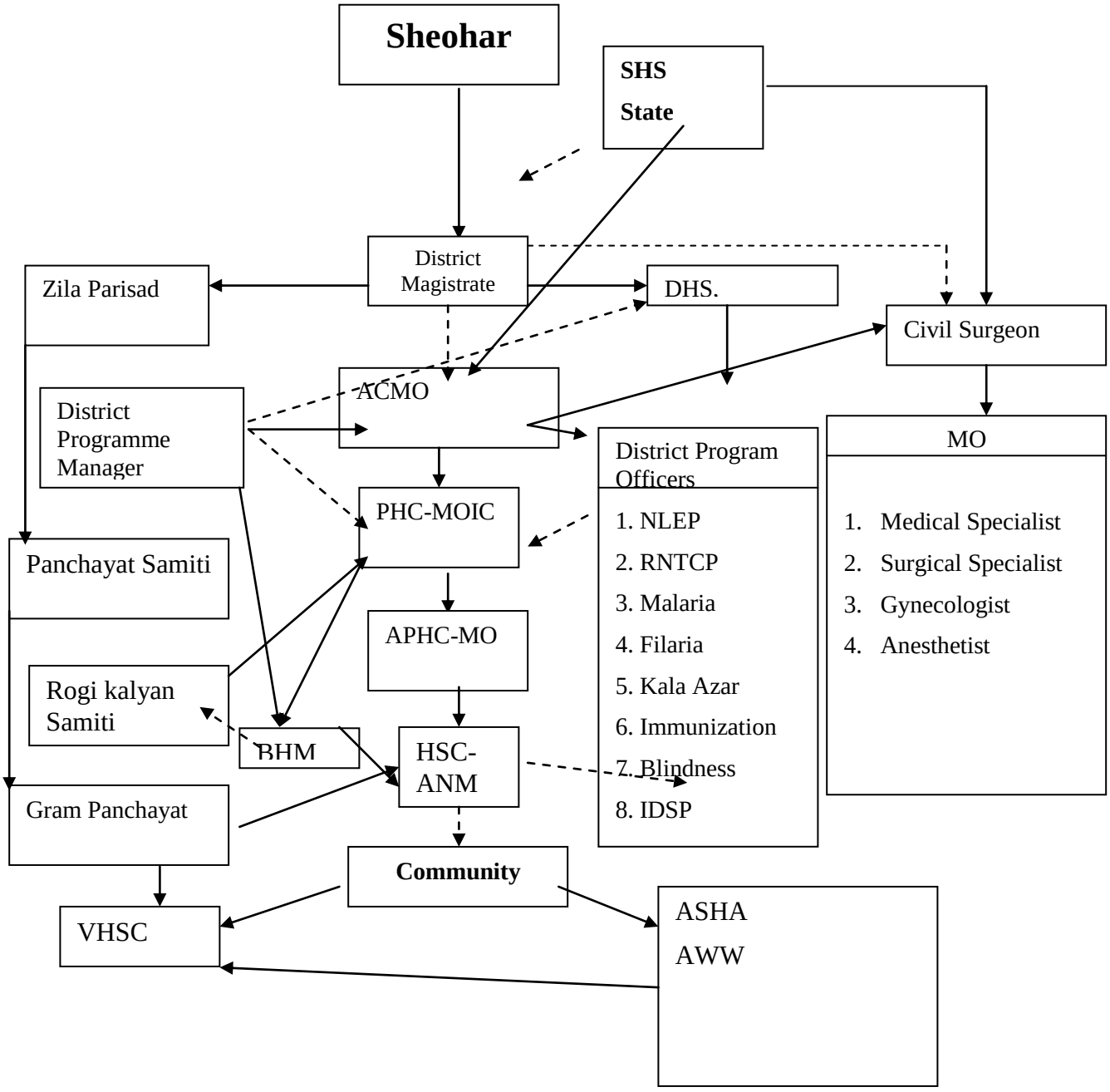
2.3 Demographics

As of 2011 India census, Sheohar has a population of 656916. Males constitute 53% of the population and females 47%. Sheohar has an average literacy rate of 56%, male literacy is 63.72%, and female literacy is 47.25%. In Sheohar, 19.06% of the population is under 6 years of age.

Govt's Administrative Set-up

There are only one division and 5 Blocks in the District. The District has 207 revenue villages and 53 Gram panchayats, Nagar Nikay 1 and 5 Police Station.

District Health Administrative Setup



2.4. ADMINISTRATIVE UNITS AND TOWNS IN SHEOHAR DISTRICT

PHC	Community Development Blocks	Towns	Assembly Segments
Sheohar	Sheohar	Sheohar	Sheohar
Piprahi	Piprahi		Sheohar
Purnahia	Purnahia		Sheohar
Dumri Katsari	Dumri Katsari		Sheohar
Tariyani	Tariyani		Sheohar &Belsand

Lok Sabha (Parliamentary) **–** Sheohar

2.5 SHEOHAR – POPULATION AT A GLANCE (2011 Census)

BLOCK NAME	TOT_P	TOT_M	TOT_F	P_SC	M_SC	F_SC
Sheohar Distt.	**656916**	**347614**	**309302**	**74391**	**39405**	**34986**
Purnahiya	85210	43457	41753	13262	7294	5968
Piprarhi	118647	61789	56858	24072	14696	9376
Sheohar	152775	77915	74860	18992	10106	8886
Dumri KatsariN	90512	45896	44616	11546	6350	5196
Tariani Chowk	198367	105264	93103	22282	11793	10489

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2.6 COMPARATIVE POPULATION DATA(2011 Census)

Basic Data	India	Bihar	Sheohar
Population	1027015247	82878796	656916
Socio- Economic			
Sex- Ratio	933	921	885
Literacy % Total	65.38	47.53	56.00
Male	75.85	60.32	63.72
Female	54.16	33.57	47.25

LITERACY RATE		
TOTAL	:-	56.00%
MALES	:-	63.72%
FEMALES	:-	47.25%

2.7 DISTRICT PROFILE

Sl. No.	Variable	Data
1	Total Areas	349 sq. km.
2	Total No. of blocks	5
3	Total no. of Gram Panchayats	54
4	No. of Villages	207
5	No. of PHCs	5
6	No. of APHCs	17 (including 10 New)
7	No. of HSCs	103 (including 69 New)
8	No. of Sadar hospital	1
9	No. of referral hospitals	1(Non functional)
10	No. of Doctors	55 (including contractual)
11	No. of ANMs	128
12	No. of Grade A Nurse	21 (including contractual)
13	Total Population (As per census 2011)	656916
14	No. of Male Population (As per census 2011)	347614
15	Female Population (As per census 2011)	309302
16	Sex Ratio	921
17	SC Population	74391
18	ST Population	0
19	BPL %	31.2%
20	No. of primary schools	314
21	No. of Anganwadi centers	513
22	No. of Anaganwadi workers	493
23	No. of ASHA	473
24	No. of electrified villages	43
25	No. of villages having access to safe drinking water	189
26	No. of villages having motorable roads	68

Population : (census 2011)

2.8 Health Facilities in the District

Health Sub Centers

Sl. No.	Block Name	Population	Sub Centre required	Sub Centre present	Sub Centre proposed *	Further sub centre required	Status of building	
							Own	Rented
1	Sheohar	152775	24	24	0	-	6	18
2	Piprahi	118647	19	19	0	-	4	15
3	Dumri Katsari	90512	14	14	0	-	4	10
4	Purnahia	85210	14	14	0	-	1	13
5	Tariyani	198367	32	32	0	-	7	25
	Total	645511	103	103	0	-	22	81

Additional Primary Health Centers (APHCs)

Sl. No.	Block Name	APHC required (after including PHCs)	APHCs present	APHCs proposed	APHCs required	Status of building		Availability of Land
						Own	Rented/ Other arrangement	
1	Sheohar	4	4	0	0	1	3	N
2	Piprahi	3	3	0	0	1	2	N
3	Dumri Katsari	3	3	0	0	1	2	N
4	Purnahia	2	2	0	0	1	1	N
5	Tariyani	5	5	0	0	1	4	N

* Newly Sanctioned no own building, working in private house.

Primary Health Centers / Referral Hospital / Sub-divisional Hospital / District Hospital

Sl. No.	Block Name	Population (Census 2011)	PHCs / Referral / SDH/ DH Present	PHCs required (After including referral / DH/ SDH)	PHCs proposed
1	Sheohar	152775	1	1	1*
2	Piprahi	11864758	1	0	0
3	Dumri Katsari	90512	1	1	1*
4	Purnahia	85210	1	0	0
5	Tariyani	198367	1	0	0

**Note : 1. ***PHC Sheohar which was running in SDH Campus shifted to Fatehpur Sub Centre. So need new building.

2. *PHC Dumri Katsari functional in a single room so need building for PHC Dumri Katsari.

2.9 Human Resources and Infrastructure

Sub-centre database

Block : Piprahi

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/++/+/ #)	Status of furnitures	Status of Untied fund
1	Kamrauli	1	1	Rent.	#	NA	NA	Y	#	NA	Yes
2	Singahi	1	1	Govt.	+	NA	NA	Y	#	NA	Yes
3	Mahuawa	1	1	Govt.	+	NA	NA	Y	#	NA	Yes
4	Amba	1	1	Rent.	#	NA	NA	Y	#	NA	Yes
5	Bairya	1	1	Rent.	#	NA	NA	Y	#	NA	Yes
6	Kuama	1	1	Govt.	+	NA	NA	Y	#	NA	Yes
7	Mohanpur	1	1	Rent.	#	NA	NA	Y	#	NA	No
8	Shankarpur Bindi	1	1	Rent.	#	NA	NA	Y	#	NA	No
9	Chatauna urf Gopinathpur	1	1	Rent.	#	NA	NA	Y	#	NA	No
10	Narayanpur	1	1	Rent.	#	NA	NA	Y	#	NA	No
11	Masaura	1	1	Rent.	#	NA	NA	Y	#	NA	No
12	Belwa Narkatia Nizamat	1	1	Rent.	#	NA	NA	Y	#	NA	No
13	Amwa Kalan	1	1	Rent.	#	NA	NA	Y	#	NA	No
14	Basahia Shekh	1	1	Rent.	#	NA	NA	Y	#	NA	No
15	Bakatpur Banbira	1	1	Rent.	#	NA	NA	Y	#	NA	No
16	Minapur Balha	1	1	Rent.	#	NA	NA	Y	#	NA	No
17	Harpur	1	1	Rent.	#	NA	NA	Y	#	NA	No
18	Dharampur Dekuli	1	1	Rent.	#	NA	NA	Y	#	NA	No
19	Parsauni Baij	1	1	Rent.	#	NA	NA	Y	#	NA	No

Block : Purnahia

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/++/+/ #)	Status of furnitures	Status of Untied fund
1	Barahi Jagdish	1	1	Rent.	#	NA	NA	Y	#	NA	Y
2	Bedaul Ajam	1	1	Rent.	#	NA	NA	Y	#	NA	Y
3	Chandiha	1	1	Rent.	#	NA	NA	Y	#	NA	Y
4	Basant Jagjivan	1	1	Rent.	#	NA	NA	Y	#	NA	Y
5	Parsauni Gope	1	1	Govt.	+	NA	NA	Y	#	NA	Y
6	Kolhua Thikahan Tola	1	1	Rent.	#	NA	NA	Y	#	NA	No
7	Dosti Mahamadpur	1	1	Rent	#	NA	NA	Y	#	NA	No
8	Bakhar Chandiha	1	1	Rent	#	NA	NA	Y	#	NA	No
9	Hathsar	1	1	Rent	#	NA	NA	Y	#	NA	No
10	Barahi Mohan	1	1	Rent	#	NA	NA	Y	#	NA	No
11	Chiraiya	1	1	Rent	#	NA	NA	Y	#	NA	No
12	Asogi Chhapra Dhani	1	1	Rent	#	NA	NA	Y	#	NA	No
13	Bedaul Baz	1	1	Rent	#	NA	NA	Y	#	NA	No
14	Asopur	1	1	Rent	#	NA	NA	Y	#	NA	No

Block : Sheohar

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted in position	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/++/+/ #)	Status of furnitures	Status of Untied fund
1	Chamanpur	1	1	Rent	#	NA	NA	Y	#	NA	N
2	Bisahia	1	1	Govt.	++	NA	NA	Y	#	NA	**Y**
3	Sugia	1	1	Govt.	++	NA	NA	Y	#	NA	**Y**
4	Tajpur	1	1	Govt.	++	NA	NA	Y	#	NA	**Y**
5	Fatehpur	1	1	Govt.	++	NA	NA	Y	#	NA	**Y**
6	Harnahi	1	1	RENT	#	NA	NA	Y	#	NA	**N**
7	Pavitra Nagar	1	1	Govt	++	NA	NA	Y	#	NA	**Y**
8	Fatmachak	1	1	RENT	#	NA	NA	Y	#	NA	**N**
9	Madhopur Anant	1	1	Govt.	++	NA	NA	Y	#	NA	**Y**
10	Sahpur	1	1	Govt.	++	NA	NA	Y	#	NA	**Y**
11	Sisaula	1	1	Rent	++	NA	NA	Y	#	NA	No
12	Sugia Katesri Jagir	1	1	Rent	++	NA	NA	Y	#	NA	No
13	Parsauni Taib	1	1	Rent	++	NA	NA	Y	#	NA	No
14	Kahtarwa	1	1	Rent	++	NA	NA	Y	#	NA	No
15	Garahia	1	1	Rent	++	NA	NA	Y	#	NA	No
16	Mohari	1	1	Rent	++	NA	NA	Y	#	NA	No
17	Mali Pokhar Bhinda	1	1	Rent	++	NA	NA	Y	#	NA	No
18	Chamanpur	1	1	Rent	++	NA	NA	Y	#	NA	No
19	Chak Bishunpur	1	1	Rent	++	NA	NA	Y	#	NA	No
20	Bishunpur Kishundeo	1	1	Rent	++	NA	NA	Y	#	NA	No
21	Mirzapur Dhobahi	1	1	Rent	++	NA	NA	Y	#	NA	No
22	Bishunpur Maniari	1	1	Rent	++	NA	NA	Y	#	NA	No
23	Bhaluahi	1	1	Rent	++	NA	NA	Y	#	NA	No
24	Pardesia urf Madhubani	1	1	Rent	++	NA	NA	Y	#	NA	No

Block : Dumri Katsari

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/++/+/ #)	Status of furnitures	Status of Untied fund
1	Dhanhara	1	1	Govt.	+	NA	NA	Y	#	NA	Y
2	Bhenteha	1	1	Govt.	+	NA	NA	Y	#	NA	Y
3	Jahangirpur	1	1	Govt.	+	NA	NA	Y	#	NA	Y
4	Gajipur	1	1	Govt.	+	NA	NA	Y	#	NA	Y
5	Phulkaha	1	1	Rent	+	NA	NA	Y	#	NA	N
6	Paharpur	1	1	Rent	+	NA	NA	Y	#	NA	N
7	Naya Gaon	1	1	Rent	+	NA	NA	Y	#	NA	N
8	Umed Chhapra	1	1	Rent	+	NA	NA	Y	#	NA	N
9	Rampur Kesho	1	1	Rent	+	NA	NA	Y	#	NA	N
10	Bhorha Mohanpur	1	1	Rent	+	NA	NA	Y	#	NA	N
11	Bira Chhapra	1	1	Rent	+	NA	NA	Y	#	NA	N
12	Mahamadpur Katesri	1	1	Rent	+	NA	NA	Y	#	NA	N
13	Jhitkahi	1	1	Rent	+	NA	NA	Y	#	NA	N
14	Bahuara	1	1	Rent	+	NA	NA	Y	#	NA	N

Block : Tariyani

Sl. No.	Name of Sub Centre	ANMs (R)/(C) posted formally	ANMs (R)/(C) posted required	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/ ++/ +/ #)	Assured running water supply (A/ NA/ I)	Cont. power supply (A/ NA/ I)	ANM residing at HSC area (Y/ N)	Condition of residential facility (+++/++/+/ #)	Status of furnitures	Status of Untied fund
1	Sumhauti	1	1	Govt.	+	NA	NA	Y	#	NA	Y
2	Vrindavan	1	1	Govt.	+	NA	NA	Y	#	NA	Y
3	Aura	1	1	Govt.	+	NA	NA	Y	#	NA	Y
4	Belahia Sultanpur	1	1	Rent.	#	NA	NA	Y	#	NA	No

5	Dumma Hirauta	1	1	Govt.	+	NA	NA	Y	#	NA	Y
6	Fetehpur	1	1	Govt.	+	NA	NA	Y	#	NA	Y
7	Chatauni	1	1	Govt.	+	NA	NA	Y	#	NA	Y
8	Tariyani Chapra	1	1	Govt.	+	NA	NA	Y	#	NA	Y
9	Athkoni	1	1	Govt.	+	NA	NA	Y	#	NA	Y
10	Chak Surgahi	1	1	Rent	+	NA	NA	Y	#	NA	N
11	Athkauni	1	1	Rent	+	NA	NA	Y	#	NA	N
12	Tola Chhata	1	1	Rent	+	NA	NA	Y	#	NA	N
13	Surgahi	1	1	Rent	+	NA	NA	Y	#	NA	N
14	Tulsi Nagar	1	1	Rent	+	NA	NA	Y	#	NA	N
15	Raja Dih	1	1	Rent	+	NA	NA	Y	#	NA	N
16	Hiramma	1	1	Rent	+	NA	NA	Y	#	NA	N
17	Khurpatti	1	1	Rent	+	NA	NA	Y	#	NA	N
18	Kumhrar	1	1	Rent	+	NA	NA	Y	#	NA	N
19	Kasturia	1	1	Rent	+	NA	NA	Y	#	NA	N
20	Rupwara	1	1	Rent	+	NA	NA	Y	#	NA	N
21	Kolson Kalan	1	1	Rent	+	NA	NA	Y	#	NA	N
22	Sarwarpur	1	1	Rent	+	NA	NA	Y	#	NA	N
23	Soghra Adalpur Kundol	1	1	Rent	+	NA	NA	Y	#	NA	N
24	Sultanpur Bhim	1	1	Rent	+	NA	NA	Y	#	NA	N
25	Bisambharpur	1	1	Rent	+	NA	NA	Y	#	NA	N
26	Pojhian	1	1	Rent	+	NA	NA	Y	#	NA	N
27	Pachra	1	1	Rent	+	NA	NA	Y	#	NA	N
28	Sonbarsa	1	1	Rent	+	NA	NA	Y	#	NA	N
29	Basarpur urf Nasirpur	1	1	Rent	+	NA	NA	Y	#	NA	N
30	Sharifnagar urf Ghauspur	1	1	Rent	+	NA	NA	Y	#	NA	N
31	Lohsurka urf Hamidpur	1	1	Rent	+	NA	NA	Y	#	NA	N
32	Tajpur	1	1	Rent	+	NA	NA	Y	#	NA	N

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

Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Building ownership (Govt/ Pri/ Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/ NA/ I)	Continuous power supply (A/ NA/ I)	Toilets (+++/++/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facility (+++/++/+/#)	MO residing at APHC area (Y/N)	Status of furniture	Ambulance/ vehicle (Y/N)
1	Adauri	Gov.	+	NA	NA	+	NA	2	0	++	Y	Y	NA
2	Dhankaul	Gov.	#	NA	NA	+	NA	2	NA	NA	NA	Y	NA
3	Kushar	Gov.	++	NA	NA	+	NA	2	NA	#	NA	Y	NA
4	Ganga Dharampur	Gov.	#	NA	NA	+++	NA	2	NA	NA	NA	NA	NA
5	Narwara	Gov.	+	NA	NA	+	NA	2	NA	#	NA	Y	NA
6	Ramvan	Rent	+	NA	NA	NA	NA	NA	NA	#	NA	NA	NA
7	Lalgarh	Gov.	+	NA	NA	+	NA	2	NA	NA	NA	NA	NA
8	Bisahi	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
9	Sugia Katsari Jagir	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
10	Tajpur	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
11	Jehangirpur	Pri	#	NA	NA	NA	NA	NA	2	NA	NA	NA	NA
12	Kuanwan	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
13	Kamrauli	Pri	#	NA	NA	NA	NA	1	NA	NA	NA	NA	NA
14	Chatauna	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
15	Hirauta Dumma	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
16	Salempur	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
17	Ladaura	Pri	#	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

3. Situation Analysis: APHC level Infrastructure

The gaps in the availability of PHC are calculated as per the IPHS norms of one PHC at the level of 30,000 population. However in Bihar, the current state practice is of one PHC at one lakh population level. Since APHC function at the level of 30,000 population at present in Bihar, number of present and proposed APHCs is taken into account for the purpose of calculating the overall requirement of PHCs. The matrix also estimates requirement of CHC in each block. Like sub centres, district has also proposed APHCs.

Sadar Hospital & Primary Health Centres : Infrastructure

No	Name of PHC / Sub divi. Hospital	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 (+++/ ++/#)
1	Sadar Hospital Sheohar	Govt.	#	A	A	A	A	+++	8	50	A	++	+++
2	PHC Sheohar	Govt.	#	A	A	A	NA	#	2	0	NA	#	#
3	PHC, Piprahi	Govt.	#	A	A	A	A	++	4	6	A	++	+++
4	PHC Purnahia	Govt.	++	A	A	A	A	+++	4	6	A	+++	
5	PHC Tariyani	Govt.	++	A	A	A	A	++	4	6	A	++	+++
6	PHC Dumri	Govt	-	-	Need new building. -								

Note : 1. PHC Dumri Katsari dos not have own building. 2. SDH upgraded into Sadar hospital so need new building due to patient workload. 3. PHC Piprahi building not in good condition need new building.4. Need boundary wall in PHC Purnahia. 4. PHC Sheohar need new building because PHC sadar shifted to Fatehpur in sub centre, so need new building in Fatehpur.

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

Referral Hospital/CHC : Infrastructure

No	Name of Referral Hospital	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 (+++/ ++/#)
1	Refferal Hospital Tariyani Chapra	Govt.	#	NA	NA	NA	NA	#	-	-	NA	#	#

Note : Referral hospital Tariyani chapra building is damage.

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

District Hospital: Infrastructure

No	No. of Sadar Hospital present	No. of Sadar Hospital required	Gaps in Sadar	Building ownership (Govt)	Building Required (Govt)	Gaps in Building	No. of Toilets available	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of beds	Functional OT (A/NA)	Condition of ward (+++/++/#)	Condition of OT (+++/++/#)
Sub divisional hospital upgraded into Sadar hospital so need new building													

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

Additional Primary Health Centre (APHC) Database: Human Resources

No	APHC Name	Doctors		ANM		Laboratory technician		Pharmacists / dresser		Nurses A Grade		Accnt/ Peons /Sweeper/Night Guards	Availability of specialist	Availability of AYUSH
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position			
1	Adauri	2	2	2	1	1	0	1	0	2	0	0	0	1
2	Dhankaul	2	2	2	1	1	0	1	0	2	1	0	0	1
3	Kushar	2	1	2	1	1	0	1	0	2	2	0	0	1
4	Ganga Dharampur	2	1	2	1	1	0	1	0	2	1	0	0	1
5	Narwara	2	1	2	1	1	0	1	0	2	2	0	0	1
6	Ramvan	2	1	2	1	1	0	1	0	2	1	0	0	0
7	Lalgarh	2	2	2	1	1	0	1	0	2	1	0	0	1
8	Bisahi	2	0	2	0	1	0	1	0	2	1	0	0	0
9	Sugia Katsari Jagir	2	1	2	0	1	0	1	0	2	1	0	0	1
10	Tajpur	2	0	2	0	1	0	1	0	2	1	0	0	0
11	Jehangirpur	2	0	2	1	1	0	1	0	2	1	0	0	1
12	Kuanwan	2	0	2	0	1	0	1	0	2	1	0	0	0
13	Kamrauli	2	0	2	0	1	0	1	0	2	2	0	0	0
14	Chataun a	2	0	2	0	1	0	1	0	2	1	0	0	0
15	Hirauta Dumma	2	0	2	0	1	0	1	0	2	1	0	0	0
16	Salempur	2	0	2	0	1	0	1	0	2	2	0	0	0
17	Ladaura	2	0	2	0	1	0	1	0	2	1	0	0	0

Note : For all newly APHC doctors are deputed from other PHCs/APHCs

Sadar Hospital & Primary Health Centres : Human Resources

Sl	Name of PHC & Sub. Divi. Hospital	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists*		Storekeeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	Sadar Hospital, Sheohar	6	5	0	0	1	1*	2/1	0/1	4	2	0	3	0
2	PHC Sheohar	2	2	3	2	1	0	1	0	0	0	3	3	0
3	PHC Piprahi	4	3	4	2	1	0	1	0	0	0	4	4	0
4	PHC Purnahia	4	4	4	0	1	0	1	0	0	0	4	2	0
5	PHC Tariyani	4	1	4	2	1	0	1	0	0	0	4	4	0
6	PHC Dumri	4	4	4	0	1	0	1	0	0	0	4	4	0

Note : Sanction of specialist post for PHC on contract basis. * For doctors 4 specialist posts are sanctioned in each PHC on contract basis but due to unavailability of specialist doctors general MBBS doctors are appointed on those places.

- **LT Deputed from Malaria Department.**

Referral Hospital : Human Resources

	No. of /Referral/ CHC	Doctors		ANM		Laboratory Technician		Pharmacist/ Dresser		Nurses		Specialists		Storekeeper
		Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	
1	**1**	**4**	**1**	**0**	**0**	**1**	**0**	**1**	**0**	**4**	**0**	**0**	**0**	**0**

Note : Referral hospital defang and not functional. 1 posted MO deputed at Sadar Hospital.

2.10. Equipment

No.	Name of facility	Equipment required
3	Immunization	Vaccine Van
4	Puls Polio	Vaccine Career etc.
5	Filareia	Vehicles etc.

2.11. ROGI KALYAN SAMITI

No.	Name of the Facility	Funds Received
1	Sadar Hospital, Sheohar	500000
2	PHC Piprahi	100000
3	PHC Purnahia	100000
4	PHC Sheohar	100000
5	PHC Tariyani (Narwara)	100000
6	PHC Dumri Katsari	100000
7	APHC Narwara	
8	APHC Ganga Dharampur	
9	APHC Kushar	
10	APHC Ramvan	
11	APHC Lalgarh	
12	APHC Dhankaul	
13	APHC Adauri	

2.12 SUPPORT SYSTEM

No.	Facility name	Services available							
		Ambulance	Generator	X-ray	Laboratory services O/I/ NA			Canteen	Housekeeping
		O/I/ NA	O/I/ NA	O/I/ NA	Pathology	Malaria/ kala-azar	T B	O/I/ NA	
1	PHC LEVEL	O	O	O	NA	NA	I	NA	O
2	Sadar Hospital Sheohar	I	O	O	O/I	NA	I	NA	O

O : Outsource, I – In source, NA : Not Available

2.13 HEALTH SERVICES

		Block Dumrikathsari PHC	Block Piprahi PHC	Block Purnahia PHC	Block Sheohar Sadar PHC	Block Tariyani PHC	Sadar Hospital Sheohar	**SHEOHAR District**
Part A	**REPRODUCTIVE AND CHILD HEALTH**							
M1	**Ante Natal Care Services ANC**							
1.1	Total number of pregnant women Registered for ANC	347	1281	605	892	3040	365	**6530**
1.1.1	Of which Number registered within first trimester	190	876	392	810	806	0	**3074**
1.2	New women registered under JSY	143	917	55	30	96	310	**1551**
1.3	Number of pregnant women received 3 ANC check ups	120	933	349	665	555	0	**2622**
1.4	**Number of pregnant women given**							
1.4.1	TT1	677	3027	566	3834	2558	0	**10662**
1.4.2	TT2 or Booster	898	2535	731	3122	1844	0	**9130**
1.5	Total number of pregnant women given 100 IFA tablets	97	14132	110	721	1009	310	**16379**
1.6	Pregnant women with Hypertension (BP>140/90)							
1.6.1	New cases detected at institution	0	28	0	0	0	0	**28**
1.6.2	Number of Eclampsia cases managed during delivery	0	0	0	0	0	0	**0**
1.7	**Pregnant women with Anaemia**							
1.7.1	Number having Hb level<11 (tested cases)	0	5	0	0	0	353	**358**
1.7.2	Number having severe anaemia (Hb<7) treated at institution	0	200	0	0	0	24	**224**
M2	**Deliveries**							
2.1	**Deliveries conducted at Home:**							
2.1.1	**Number of Home Deliveries attended by:**							
2.1.1.a	SBA Trained (Doctor/Nurse/ANM)	170	38	79	0	53	0	**340**
2.1.1.b	Non SBA (Trained TBA/Relatives/etc.)	206	18	21	0	37	0	**282**
2.1.1.c	Total {(a) to (b)}	376	56	100	0	90	0	**622**
2.1.2	Number of newborns visited within 24 hours of Home Delivery	9	0	45	0	68	293	**415**
2.1.3	Number of mothers paid JSY incentive for Home deliveries	0	0	0	0	1	0	**1**

2.2	Deliveries conducted at Public Institutions	0	722	18	0	135	3148	**4023**
2.2.1	Of which Number discharged under 48 hours of delivery	3	559	0	0	83	3148	**3793**
2.2.2	**Number of cases where JSY incentive paid to**							
2.2.2.a	Mothers	0	482	0	0	148	2631	**3261**
2.2.2.b	ASHAs	0	257	0	0	91	969	**1317**
2.2.2.c	ANM or AWW (only for HPS States)	0	0	0	0	0	0	**0**
2.3	Number of Deliveries at accredited Private Institutions	0	0	0	0	0	0	**0**
2.3.1	**Number of institutional delivery cases where JSY incentive paid to**							
2.3.1.a	Mothers	0	0	0	0	0	0	**0**
2.3.1.b	ASHAs	0	0	0	0	0	0	**0**
2.3.1.c	ANM or AWW (only for HPS States)	0	0	0	0	0	0	**0**
M3	**Number of Caesarean C-Section deliveries performed at**							
3.1	**Public facilities**							
3.1.1	PHC	0	0	0	0	0	0	**0**
3.1.2	CHC	0	0	0	0	0	0	**0**
3.1.3	Sub-divisional hospital/District Hospital	0	0	0	0	0	0	**0**
3.1.4	At Other State Owned Public Institutions	0	0	0	0	0	0	**0**
3.1.5	Total {(3.1.1) to (3.1.4)}	0	0	0	0	0	0	**0**
3.2	Private facilities	0	0	0	0	0	0	**0**
M4	**Pregnancy outcome & weight of new-born**							
4.1	**Pregnancy Outcome (in number)**							
4.1.1	Live Birth							
4.1.1.a	Male	5	363	0	0	91	1265	**1724**
4.1.1.b	Female	16	371	0	0	88	1168	**1643**
4.1.1.c	Total ({a} + {b})	21	734	0	0	179	2433	**3367**
4.1.2	Still Birth	0	24	0	0	2	90	**116**
4.1.3	Abortion (spontaneous/induced)	0	0	0	0	0	0	**0**
4.2	**Details of Newborn children weighed**							
4.2.1	Number of Newborns weighed at birth	21	731	0	0	179	647	**1578**
4.2.2	Number of Newborns having weight less than 2.5 kg	21	145	0	0	63	565	**794**
4.3	Number of Newborns breast fed within 1 hour	21	502	0	0	133	509	**1165**

M5	**Complicated pregnanices**							
5.1	**Number of Complicated pregnancies treated with**							
5.1.1	IV antibiotics	0	0	0	0	0	1963	**1963**
5.1.2	IV antihypertensive/Magsulph injection	0	0	0	0	0	135	**135**
5.1.3	IV Oxytocis	0	0	0	0	0	802	**802**
5.1.4	Blood Transfusion	0	0	0	0	0	0	**0**
M6	**Post - Natal Care**							
6.1	Women receiving post partum check-up within 48 hours after delivery	8	122	0	0	75	2533	**2738**
6.2	Women getting a post partum check up between 48 hours and 14 days	7	0	0	0	0	0	**7**
6.3	PNC maternal complications attended	0	0	0	0	0	0	**0**
M7	**Medical Termination of Pregnancy (MTP)**							
7.1	**Number of MTPs conducted at Public Institutions**							
7.1.1	Up to 12 weeks of pregnancy	0	0	0	0	0	0	**0**
7.1.2	More than 12 weeks of pregnancy	0	0	0	0	0	0	**0**
7.1.3	Total {(7.1.1) to (7.1.2)}	0	0	0	0	0	0	**0**
7.2	Number of MTPs conducted at Private Facilities	0	0	0	0	0	0	**0**
M8	**RTI/STI Cases**							
8.1	**Number of new RTI/STI for which treatment initiated**							
8.1.a	Male	0	0	0	0	0	27	**27**
8.1.b	Female	0	0	0	0	0	73	**73**
8.1.c	Total {(a) to (b)}	0	0	0	0	0	100	**100**
8.2	Number of wet mount tests conducted	0	0	0	0	0	0	**0**
M9	**Family Planning**							
9.01	**Number of NSV/Conventional Vasectomy conducted**							
9.1.1	**At Public facilities**							
9.1.1.a	At PHCs	0	0	1	0	0	0	**1**
9.1.1.b	At CHCs	0	0	0	0	0	0	**0**
9.1.1.c	At Sub-divisional hospitals/ District Hospitals	0	0	0	0	0	0	**0**
9.1.1.d	At Other State Owned Public Institutions	0	0	0	0	0	0	**0**
9.1.1.e	Total {(a) to (d)}	0	0	1	0	0	0	**1**
9.1.2	At Private facilities	0	0	0	0	0	0	**0**
9.02	**Number of Laparoscopic sterilizations conducted**							

9.2.1	**At Public facilities**							
9.2.1.a	At PHCs	0	0	0	0	0	0	**0**
9.2.1.b	At CHCs	0	0	0	0	0	0	**0**
9.2.1.c	At Sub-divisional hospitals/ District Hospitals	0	0	0	0	0	0	**0**
9.2.1.d	At Other State Owned Public Institutions	0	0	0	0	0	0	**0**
9.2.1.e	Total {(a) to (d)}	0	0	0	0	0	0	**0**
9.2.2	At Private facilities	0	0	0	0	0	0	**0**
9.03	**Number of Mini-lap sterilizations conducted**							
9.3.1	**At Public facilities**							
9.3.1.a	At PHCs	76	209	283	742	162	0	**1472**
9.3.1.b	At CHCs	0	0	0	0	0	0	**0**
9.3.1.c	At Sub-divisional hospitals/ District Hospitals	0	0	0	0	0	85	**85**
9.3.1.d	At Other State Owned Public Institutions	0	0	0	0	0	0	**0**
9.3.1.e	Total {(a) to (d)}	76	209	283	742	162	85	**1557**
9.3.2	At Private facilities	0	0	0	52	0	0	**52**
9.04	**Number of Post-Partum sterilizations conducted**							
9.4.1	**Public facilities**							
9.4.1.a	At PHCs	0	0	0	0	0	0	**0**
9.4.1.b	At CHCs	0	0	0	0	0	0	**0**
9.4.1.c	At Sub-divisional hospitals/ District Hospitals	0	0	0	0	0	0	**0**
9.4.1.d	At Other State Owned Public Institutions	0	0	0	0	0	0	**0**
9.4.1.e	Total {(a) to (d)}	0	0	0	0	0	0	**0**
9.4.2	Private facilities	0	0	0	0	0	0	**0**
9.05	**Number of IUD Insertions**							
9.5.1	**Public facilities**							
9.5.1.a	At Sub-Centres	16	49	1	131	104	0	**301**
9.5.1.b	At PHCs	46	135	81	395	60	0	**717**
9.5.1.c	At CHCs	0	0	0	0	0	0	**0**
9.5.1.d	At Sub-divisional hospitals/ District Hospitals	0	0	0	0	0	0	**0**
9.5.1.e	At Other State Owned Public Institutions	0	0	0	0	0	0	**0**
9.5.1.f	Total {(a) to (e)}	62	184	82	526	164	0	**1018**
9.5.2	Private facilities	0	0	0	0	0	0	**0**
9.06	Number of IUD removals	3	171	0	4	0	0	**178**
9.07	Number of Oral Pills cycles distributed	663	265	1627	884	571	0	**4010**
9.08	Number of Condom pieces distributed	3963	12087	5370	23928	7042	0	**52390**

2.14 Community Participation

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of ASHAs
1	Sheohar	10	10	99
2	Piprahi	11	11	95
3	Dumri Katsari	8	8	83
4	Purnahia	8	8	77
5	Tariyani	16	16	163
	TOTAL	53	52	473

2.15 Training Activities

	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1.	District level	14	6 per batch	02	NA	Required more training for TOT and block level training to improve the quality of health worker.

2.16 BCC campaigns

No.	Name of Block	BCC campaigns/ activities conducted
1	Sheohar	Community meetting, Mahila Mandal Meetting, I.E.C., etc.
2	Piprahi	Do
3	Dumri Katsari	Do
4	Purnahia	Do
5	Tariyani	Do

2.17. District and Block Level Management

District Level				
	DPM – Y	**DAM – Y**	**DM&EO – Y**	**DPC – Y**
Block Level				
S.No	**Name of Block**	**Health Manager Appointed (Y/N)**	**Accountant appointed (Y/N)**	**Store keeper appointed (Y/N)**
1	Sheohar	Y	Y	N
2	Piprahi	Y	Y	N
3	Dumri Katsari	Y	Y	N
4	Purnahia	Y	Y	N
5	Tariyani	Y	Y	N

2.18 Health Care Institutions in the District

S. No	Type of Institutions	Number
1	Sadar Hospital Sheohar	1
2	Referral	1
3	Block PHC	5
4	APHC	17
5	Sub Centre	103
6	Anganbari Centre	510

AVAILABILITY OF DOCTORS

PHC/Referral /SHD/DH Name PHC included APHC	**Population served**	**Doctor in position-MBBS (regular and contract)**			**Specialists in position**							**Total Doctors (Sum B,D,E,F, G,H)**
		Sanctioned (A)	Total - In Position (B)	Lady Doctors in Position©	Ob/Gynaecologists (D)	Anaesthesiologists (E)	Surgeon (F)	Paediatrician (G)	Other specialist (H)	Multiskilled MBBS Dr Trained in	Multiskilled MBBS Dr	
Referal Hospital, Tariyani Chapra		4	1	0	0	0	0	0	0	0	0	2
Sadar H., Sheohar		13	4	1	0	2	2	1	0	0	0	10
PHC Sheohar	152775	10	4	0	0	0	0	1	0	0	0	5
PHC Dumri Katsari	90512	10	6	1	0	0	1	0	0	0	0	8
PHC Piprahi	118647	9	6	1	0	0	0	0	0	0	0	7
PHC Purnahia	85210	8	6	0	0	0	0	0	0	0	0	6
PHC Tariyani	198367	13	4	0	1	0	0	0	0	0	0	5
Total	**645511**	**68**	**31**	**3**	**1**	**2**	**3**	**2**	**0**	**0**	**0**	**42**

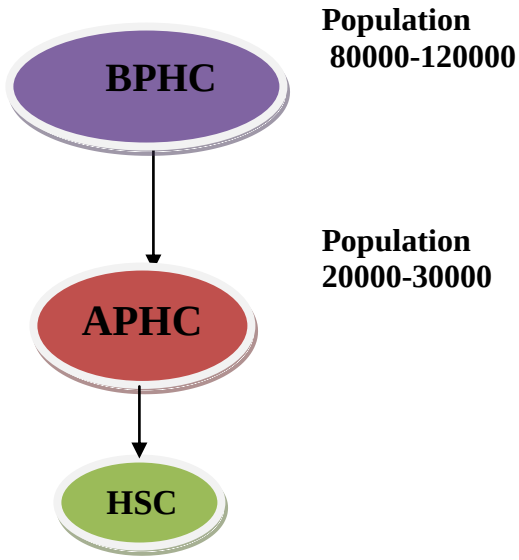
Sanctioned including APHC

Chapter 3

Situation Analysis

In the present situational analysis of the blocks of district Sheohar 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 2011, report of DHS office, Sheohar and various websites as well as other sources. These indicators help in pointing to the health scenario in Sheohar from a quantitative point of view, while they cannot by themselves provide a complete picture of the status of health in the district. However, it is useful to have outcome data to map the effectiveness of public investment in health. Further, when data pertaining to vital rates are analyzed in conjunction with demographic measures, such as sex ratio and mean age of marriage, they throw valuable light on gender dimension. Table below indicates the Health indicators of Sheohar district with respect to Bihar and India as a whole.

3.1 GAPS IN INFRASTRUCTURE:



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 (IPHS).

Infrastructure for HSCs:

IPHS Norms:

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

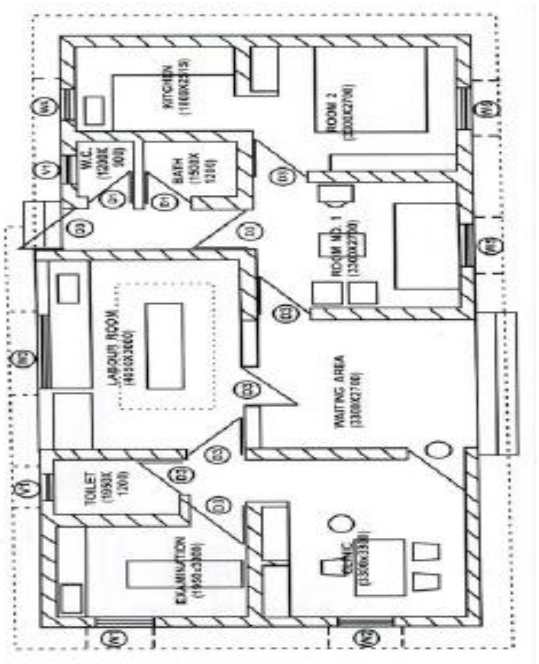
i. Location of the centre: The location of the centre should be chosen that:

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

   For selection of village under the Sub Centre, approval of Panchayats as may be considered appropriate is to be obtained.

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

Typical Layout of Sub- Centre with ANM Residence



Waiting Area	:	3300mm x 2700mm
Labour Room	:	4050mm x 3300mm
Clinic room	:	3300mm x3300mm
Examination room:		1950mm x 3000mm
Toilet	:	1950mm x 1200mm

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

Room -1 (3300mm x 2700mm)

Room-2(3300mm x 2700mm)

Kitchen-1(1800mm x 2015mm)

W.C.(1200mm x 900mm)

Bath Room (1500mm x 1200mm)

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

3.2 Health Sub Centers:

Total population of the district as per 2011 census is 656916. , the district needs altogether 103 HSCs to cater its whole population. At present Sheohar have 34 established Health Sub Centers and 69 more Health sub centers are proposed to be establish new building. Again, out of 34 established HSCs, only 23 have their own buildings and rest 11 run in rented houses. All these 23 HSCs need renovation work. All the above mentioned HSCs need equipments, drugs, furniture and stationaries.

Health Sub Centers : -- There are 34 HSCs functioning in the district and 69 more are also functioning in rented or other pvt. Building.

Health Sub Centers:				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1. 34 sub centres are sanctioned in the district 69 others newly sanctioned out of 34 sub centre 10 sub centres have not its own building due to unavailability of land. 2. Lack of appropriate furniture 3. Un utilization of untied fund.	Lack of proper infrastructure, unavailability of land for construction work.	Strengthening of infrastructure. Motivation	1. In 2012-13 five sub centres are planned to be constructed. 2. Construction and renovation of building as per need. 3. Purchase of furnitures and other required materials 4. Proper utilization of untied fund. 5. Proper monitoring of HSC work and construction work. 6. For sub centre Pojhya, chamanpur land is available hence fund is required for same. Besides that in this financial year according to availability of land construction work will be done hence for those places fund also will require.
Drugs availability	Some times lack of drugs due to supply problems from the agencies.			
Service performance	1. Due to lack of building all HSC have not become yet functional 2. Un-utilized untied fund.	Optimum utilization of available resources	Quality improved and services must be available to all sub centres.	Proper utilization of fund. Insure availability of drugs and other consumables.

3.3 Additional PHCs: -- There are 17 APHCs functioning in the district .

Additional PHC:				
Sub Heads	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	1. 17 APHC are sanctioned and 10 other APHC are newly sanctioned out of 17 APHC only 3 are having own building. 3 APHC are running in sub centre building & one APHC is running in rented building. 2. Lack of equipments 3. Lack of appropriate furniture. 4. No beds available in any place 5. Lack of residential facilities of staff 6. Lack of safe drinking water.	Lack of proper infrastructure. Basic amenities in the buildings lack of land.	1.Strengthening of infrastructure & operationalization of all APHC as 24 hour services 2.Monitoring.	1. Construction of 2 APHC Kamrauli & Jahangirpur where land is available construction work is under process. Order is placed for the construction but work has not been started yet. 2. Revnovation of APHCs building as per need. 3. Purchase of beds, equipments, furnitures. 4. Provision of residential building for staff. 5. Provision of safe drinking water. 6. Community mobilization for promoting land donation so that construction work can be completed. 7. Monitoring aspects of construction work.
Human Resource	1. Lack of Doctor 2. Lack of A Grade Nurses 3. Lack of pharmacists 4. Lack of other paramedical.	Filling of the staff strategy	Staff recruitment Capacity Building	Selection & recruitment of staff per vacancies are under process. Training of Untrained staff is under process.
Availability of Drugs	Irregular supply of drugs by the selected agencies of SHSB.	Identity Logistics Operationalization	Strengthening of reporting process & identity system	Training of store keeper implementing computerize system & provision of software for availability of drugs.
Service Performance	No Institutional delivery, No in	Optimum utilization of available	Quality improvement and	Proper utilization of untied fund.

	patients facility, No ANC, No family Planning, No lab facility, No OT facility, Un utilized untied fund.	resources	services must be available to all APHCs	Purchase of un available materials. Insurance availability of Dais, Nurses, etc. Insure availability of drugs and other consumables.

3.4 Primary Health centers:

5 PHCs are sanctioned in the district namely PHC Sheohar, PHC Piprahi, PHC Tariyani PHC Dumri Katsari and PHC Purnahiya.

PHC Sheohar : PHC Sheohar is shifted to sadar to Fatehpur village in a sub centre building for the benefits of public hence need new building.

PHC Piprahi : PHC Piprahi is six bedded and running in its own building but building is not in good condition very difficult to work in raining seasons..

PHC Tariyani : PHC Tariyani is six beded and running in its own new building Tariyani block.

PHC Purnahia : PHC Purnahiya is six beded and running in its own It has own building and need boundary wall.

PHC Dumri Katsari : It has no its own building. It is running in other govt. building. Need new building.

Primary Health Centers:(30 bedded)				
Indicators	**Gaps**	**Issues**	**Strategy**	**Activities**
Infrastructure	Out of 5 sanctioned PHC,. **Sheohar PHC** has been shifted at Fatehpur sub centre , RI, Muskan Programme, OPD are conducted but IPD facilities are not available here. **PHC Piprahi and PHC Purnahiya,PHC Tariyani** It has its own building but PHC Piprahi as per demand 3 rooms ward is required for	Available facilities are not comfortable the services support to be delivered at PHCs.	Upgradation of one PHC into 30 bedded facilities, strengthening of infrastructure and operationalization of construction works. Strengthening of block management unit Monitoring	Renovation of PHCs purchase of furnitures priorities the equipments. Appointment of block Accountants for all running PHCs. For the proper work it is necessary to monitor the PHCs facilities. Formation of RKS where it is not form.

	the indoor patient construction work PHC Dumri Katsari. primary Health center namely , Dumri katsari required boundry wall construction and it cost Rs. 15000000 .			
Beds and Equipments	**PHC Piprahi :** here at present 6 beds are available but as per needs it requires 30 bedded Hospital hence for provision of 24 Extra bed which cost Rs. 10000 x 24 beds =240000 Rupees will be required. For PHC Purnahiya, Dumri Katsari and Tariyani hence new building is being handed over here for each PHC 30 beds that is for purchase of 90 beds 10000 x 90 = 900000 rupees will be required. Besides that for each PHC other furnitures and accessories rupees 300000 per PHC that is 900000 rupees will be required.			Total 2040000 rupees will be required for the establishment and running of PHC.
Human Resource	Lack of Specialist doctors, Lack of pharmacist, Lack of Trained Male workers, Must of the PHCs staff are deputed to SDH, Sheohar.	Filling up the shortage staff untrained staff.	Staff recruitment capacity building. Capacity building	Selection and recruitment of staff. Appointment of block health manager and accountant. Training need assessment PHC's level staff. Training of other staff as per need.
Availability of	Irregular supply of	Indenting	Strengthening of	Training of store

Drugs	drugs by the selected agencies of SHSB	Logistics Operationalization	reporting process and indenting system.	keeper, implementing computerise system & provision of software for availability of drugs.
Service Performance	At present three PHC is running in its own building (except headquarter PHC), it needs strengthening of services been provided that is lack of delivery facility, lack of specialist doctors, lack of proper lab services.	Optimum utilization of Human Resource	Quality Improvement.	

3.5. Sadar Hospital, Sheohar

Indicators	Gaps	Issues	Strategy	Activities
Infrastructure	1. There are 30 beds in the Sadar hospital which is not adequate as per the need. 2. Huge work load is being at this hospital. This huge work load is not being addressed only 50 beds in adequate facilities. 3. Lack of equipments, beds as per IPDS norms. 4. Lack of appropriate furniture. 5. No sitting arrangement for patients. 6. Lack of Delivery room, Lack of proper infrastructure and other equipments. 7. No postmortem facilities.	Lack of Infrastructure Lack of rooms Lack of facilities like sadar hospital	Strengthening of infrastructure and building.	1. Purchase of 70 beds as per need hence 2. Provision of arrangement of more beds to fulfill the need. 3. Purchase of require equipments as per IPHS norms. 4. Purchase of required furniture. 5. Construction of shade for OPD patients and provision for sitting IPD patients. 6. Installation of water cooler as per requirements. 7. Provision for adequate construction for delivery room and purchase of equipments. 8. Sanctioning for the appropriate authority for the postmortem facilities. 9. Provision for adequate drainage

	8. Heavy work load during raining seasons. 9. Not proper registration system. 10. Not proper registration system. 11. No enquiry counter for the patients. 12. No residential facilities of Doctors and other staffs. 13. No canteen facilities. 14. Lack of paying wards.			system. 10. Computerization of registration system for the OPD and IPD patients. 11. Construction of enquiry counters at the enterance gate. 12. Construction of residence facilities for doctors and other staffs. 13. Invite tender for canteen facilities. 14. Sanctioning the construction for paying wards.
Human Resource	Acute crisis of sufficient staff, No surgeon, No Pathology Test, Eye, ENT, Dental, Chest specialist.	Lack in staff position	Recruitment	Appointment as per vacant seat.
Availability of Drugs	1. Irregular supply of drugs by the selected agencies of SHSB 2. Lack of proper storage place of medicine and equipments.	Indenting Logistics Operationalization	Strengthening of reporting process and indenting system.	Training of store keeper, implementing computerise system & provision of software for availability of drugs.
Service Performance	1. Excessive load in delivery in all services. 2. No 24 hours lab facilities. 3. Blood storage unit not available 4. BPL patient are not exempted in paying fee of ambulance.			1. Construction of wards, sitting and waiting places of patients. 2. Recruitment of Lab technician. 3. Purchase of blood storage equipments. 4. Sanctioning of free facilities for BPL patients.

Chapter 4

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 financial year.

4.3 MATERNAL HEALTH

Logical Framework							
Sl.	**Goal**	**Sl.**	**Impact indicators**				
1	To improve maternal health	1.1	Reduction in MMR				
Sl.	**Objectives**	**Sl.**	**Outcome indicators**	**Sl.**	**Strategy**	**Sl.**	**Output indicators**
1	To increase institutional safe delivery by 11.9% to 50% by year 2011	1.1	% of institutional delivery reported	1.1.1	To make functional PHC (24hr x7days) for institutional deliveries. Tariyani PHC and Purnahia PHC afterthat Dumri katsari PHC.	1.1.1.1	% of PHC having functional OT and Labour room with equipment
						1.1.1.2	% of PHC having Obestetric First Aid medicine 24hrx 7 days
						1.1.1.3	% of Grade A nurse available 24hrx7days
						1.1.1.4	% of PHC having functional Neo-natal care units
				1.1.2	To make functional FRUfor institutional deliveries	1.1.2.1	No of FRUs having functional blood storage units linkage with blood banks and 24hr ready referral transport
						1.1.2.2	No of FRUs having EmOc and CEmOc facilities

						1.1.2.3	No of FRUs having specialist doctors/ multiskilled Medical Officers
						1.1.2.4	No of FRU having functional Neo-natal care units
				1.1.3	To provide Referral transport services at FRU /PHC	1.1.3.1	No of pregnant women availed the referral facilities (pick up and drop)
				1.1.4	To strengthen Janani Suraksha Yojana / JSY	1.1.4.1	% of pregnant women reecieved JBSY payments immediately after delivery and how many PHCs having JBSY facilities
2	To increase safe delivery by trained ANM 100%	2.1	Proportion of birth attendent by skilled health personnel	2.1.1	To ensure support of SBA at home deliveries	2.1.1.1	% of home deliveries attended by SBA
3	To increase ANC coverage with quality 18.9% to 50% by year 2010	3.1	% ANC reported through HMIS formats / Form -7	3.1.1	To strengthen HSC for providing outreach maternal care	3.1.1.1	% of HSCs having ANMs
						3.1.1.2	% of HSCs conducted fixed ANC and clinics (planned & held)

				3.1.2	To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas	3.1.2.1	% of RCH camps planned and held
				3.1.3	To improve adolescent reproductive and sexual health	3.1.3.1	No of pregnant adolescent counselled by ANM/ AWW/ASHA
				3.1.4	To accelrate APHC for OPD and Fixed AN clinics	3.1.4.1	% of OPD clinics orgnised at APHC level.
4	To provide safe abortion services at all facilities	4.1	% MTP cases reported through HMIS formats / Form -7	4.1.1	To provide MTP services at health facilities	4.1.1.1	No of facilities having MTP services (public and private)
5	To increase community participation in maternal care	5.1	% of Mahila mandal meetings conducted.	5.1.1	To strenghten Monthly Village Health and Nutrition Days	5.1.1.1	% of mothly Village Health & Nutrition Days planned and held

MATERNAL HEALTH							
Sl.	**Strategy**	**Sl**	**Gaps**	**Sl**	**Activities**		
	To make functional PHC (24hr x7days) for institutional deliveries		**Infrastructure**				
A1		1.1	(Besides head quarter PHC) only one PHCs is running in its own building other are running in APHC building.	1.1.1	Need based (Service delivery)Estimation of cost for upgradation of PHCs.		
		1.2	At present no PHCs are working with delivery planning and 50-60 OPD per day in each PHC. This huge workload is not being addressed with only six beds inadequate facility.	1.2.1	Preparation of priority list of interventions to deliver services.		
		1.3	The comparative analysis of facility survey(08-09) and DLHS3 facility survey(06-07) , the service availability tremendously increased but the quality of services is still the area of improvement.	1.3.1	Sending the recommendation for the certification with existing services and facility detail.		
		1.4	Lack of equipments as per IPHS norms and also under utilized equipments.	1.4.1	Prioritizing the equipment list according to service delivery and IPHS norms.		
				1.4.2	Purchase of equipments		

		1.5	Lack of appropriate furniture	1.5.1	Purchase of Furniture		
		1.5.2	Lack of facilities/ basic amenities in the PHC buildings	1.5.2.1	Construction of PHCs		
	To make functional PHC (24hr x7days) for institutional deliveries	1.6	**As per IPHS norms each PHC requires the following clinical staffs:(List attached)**				
		1.6.1	The actual position is not sufficient as per IPHS norms List of Human resource is attached		Selection and recruitment of ANMs, Nurse Grade A, Doctors on contractual basis and give priority in selection those who are living in same PHC.		
					Salary of Contarctual Grade A nurses		
					Selection and recruitment of grade A nurses for conducting delivery		
					Selection and recruitment of dresser		
					Selection and recruitment of Pharmasist.		
					Three month induction training of Grade A nurse under supervision of District level resource team.		
		1.7		1.7.1	Training need Assessment of PHC level staffs		

					Mobility support to BHMs		
		1.8		1.8.1	Appointment of 5 Accountants		
					Trainings of BHMs on Health statistics		
					Training on Program, Finance management and HMIS		
			Drug Supply				
		1.9	Irregular supply of drugs because of unavailability supply of drugs agency.	1.9.1	Ensuring the availability of FIFO list of drugs with store keeper.		
		1.10	Only 38 essential drugs are rate contracted at state level .	1.10.1	2.Implementing computerized invoice system in all PHCs		
					Purchase of Drug invoice software		
			Lack of fund for the transportation of drugs from district to blocks.	1.10.2	3.Fixing the responsibility on proper and timely indenting of medicines (keeping three months buffer stock)		
		1.11	There is no clarity on the guideline for need based drug procurement and transportation.	1.11.1	4. Orientation meetings/ training on guidelines of RKS for operation.		
		1.12	Drugs are not properly stored	1.12.1	5. Enlisting of equipments for safe storage of drugs.		

				1.12.2	6. Purchase of enlisted equipments.		
				1.12.3	7.training of store keepers on invoicing of drugs		
	To make functional PHC (24hr x7days) for institutional deliveries	1.13	5 PHCs are lacking 24 hrs new born care services.	1.13.1	Ensure 24 hrs new born care services in PHC.		
		1.14	Afew PHCs provides 24 hrs BEmoC services.	1.14.1	Ensure 24 hrs BEmoC services at PHC		
					Training of one Doctor from each PHC on BEmoC.		
					Equipments for BEmoC		
		1.15	PHC does not have laboratory facilities on PPP based srvices. Phc have T.B lab Technician.	1.15.1	Deputation of regular Lab tech at PHC level for providing free of cost lab services to all pregnant women and BPL families.		
		1.16		1.16.1	Recruitment of lab technicians as required for regular support of lab activity		
					Training of TB lab technician on other pathological tests.		
					Purchase reagent(recurring) for strengthening lab.		
					Purchase of equipments/ instruments if needed . Fund could be rooted through RKS and if it is not utilised it could be diverted to other women and child friendly activities.		

		1.14	**Referral Services**				
		1.14.1	No pick up facility for BPL patients.	1.14.1.1	Provision for pick up & drop pregnant mothers and BPL families free of cost using existing Ambulence services at PHC level.		
					Provide EDD list of pregnant women to Ambulance driver and Number of ambulance diriver and 102 /PHC tel No to all Pregnant woment		
					Prepare list of Vehicle those are utilised in Monitoring work in PHC that can be use in pick up and dropping facility.		
		1.15	Quality of food, cleanliness (toilets,Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC.	1.15.1	Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate.		
					Rewiev of Cleanliness activity in all PHC by Qulity assurance committee and payment of agency should be link with it.		
				1.15.2	Hiring of workers for cleanliness of OT and Labour room in PHC		
					Purchage equipments and uniform for cleanliness in all PHC		
					Training of Workers on using machine/equipments and importance of cleanliness .		

					Develop mechanism for monitoring of cleanliness work		
		1.16	Non availability of HMIS formats/registers and stationeries	1.16.1	Printing of formats and purchase of stationeries		
				1.16.2	Biannual facility survey of PHCs through BHM as per IPHS format		
				1.16.3	Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.		
		1.17	Operation of RKS:	1.17.1	Ensuring regular monthly meeting of RKS.		
				1.17.2	Appointment of Block Health Managers, Accountants in all institutions.		
		1.18	Lack in uniform process of RKS operation.	1.18.1	Training to the RKS signatories for account operation.		
				1.18.2	Trainings of BHM and accountants on their responsibilities.		
		1.19	Lack of community participation in the functioning of RKS.	1.19.1	Meeting with community (School children or other)representatives on erecting boundary, beautification etc,		

				1.19.2	Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS.		
		1.20	In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs reluctant to handle emergency cases.	1.20.1	Meeting in RKS with Local Police Station incharge to handle emargency situation .		
	To make functional PHC (24hr x7days) for institutional deliveries	1.37	No guidance to the patients on the services available at PHCs.	1.38.1	Pictorial wall painting on every section of the building denoting the facilities and attached trained volenters to guide paitents.		
		1.38	Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.	1.39.1	Name plates of Doctors		
		1.41	Lack of counselling services	1.41.1	Displaying Name Photograph and DOB of all staff of PHC and put cleanliness staff name on top of the list. There are 2 LHV in the district we can utilise their experience in counseling work of women and adolecent girls after training.		

		1.42	There is no hot water facility for PW and there is no adequate lighting facility at adjoining area of PHC	1.42.1	Installation of solar heater system and light with the help of BDO/Panchayat at PHC or purchage equipments from market.		
		1.43	Lack of convergence	1.43.1	Convergence meeting by RKS & DHS		
		1.44	Lack of timely reporting and delay in data collection	1.44.1	Orientation of the staffs on indicators of reporting formats		
		1.45	Lack of space for waiting, environmental cleanliness around PHC, provision for hospitality etc	1.44.2	Puchase of Laptops for DPM and BHMs and DA with internet facility.		
				1.45.1	Gardening		
		2.3	Welcome PW at Institution and PHC and FRU	1.45.2	Sitting arrangement for patients		
					Construction of patients waiting shade		
				1.45.3	Installation of LCD projector for manage wait over time of OPD patients.		
				1.45.4	Installation of safe drinking water equipments/water cooler,		
				1.45.5	Apron with name plates with every doctors		

				1.45.6	Presence of staffs with uniform and name plates.		
				1.45.7	"MAMTA" should also be appointed at PHC level as well.		
				2.3.1	Provision of food for the delivered mothers and mothers under gone in tubectomy in all the health facilities.		
		2.4	Reporting of maternal death Maternal death reporting is usually not reported by worker	2.3.2	Mobilize community Resources for providing Free food for PW at Institution.		
				2.3.3	Quality indicators (clean environment, wards with clean linen, clean toilets , clean labour rooms, running waters supply, hot water and safe water for inpatients, new born corners, treatment protocols, aseptic precautions, immediate disbursement of JBSY funds		
				2.4.1	Training of ASHA & ANM on reporting of Maternal deaths and conduct Verbal Autopsy		

				2.4.2	Incentives for maternal death reporting by ASHA @ Rs 50/-per maternal death		
				2.4.3	Reporting line should be in five columns – name of mother, place of death, date of death, cause of death and no. of birth.		
				2.4.4	Institution and urban center also to report Maternal death to the district CS/ACMO.		
		2.5	Biomedical waste management is not properly taken care off at all institution	2.4.5	Maternal Death should be reported by ASHA, AWW, ANM Staff Nurse & Doctors to the district data center .		
				2.4.6	Investigation of maternal death by district team. and third party review(District magistrate)		
				2.4.7	Training of ASHA and investigation team objective and process of investigation and review of maternal death		
				2.5.1	Procurement of equipment		
		4.1	Tracking of pregnant women from first Trimester is not done form the register.	2.5.2	As per example Introduce color coded buckets for facilities as per rule.		
				4.1.1	Review of early registration with 3 AN checkup ,two TT.100/200 IFA Tab. in ASHA Diwas.		

4	**To strengthen Janani Suraksha Yojana / JSY**	4.2	Too much documentation process. Photo required for mother and baby.	4.2.1	Ensure 100 %Pregnancy Test Kit is to ASHA and regular supply.		
				4.2.2	Direct transfer of funds from district to PHC through core banking / directly from DHS		
				4.2.3	Finger print technology for JSY beneficiaries at facility level where computer with internet facility is available. This will help in financial monitoring.		
				4.2.4	The photo system should be replaced by some other alternatives like- bank account opening of pregnant women in first trimister and directaly transfer the money to their account after delivery.		
					Incentive for institutional delivery. If postoffice saving account is opened for all the ASHAs then payment process will be easier for them.		
		5.1	Home Delivery is still prevailing through untrained traditional Dai's	5.1.1	Home Delivery should be conducted by SBA trained Staff Nurse or ANM.		
5	**To ensure support of SBA at home deliveries**	5.2	Reporting of home delivery is not done so the PNC is not provided	5.1.2	Provision of Dai Delivery kit(DDK) to TBA where institution access is poor. And it should be supervised by ANM for home deliveries.		

				5.1.3	Delivery kit (equipment, medicine)for ANM should be supplied		
				5.1.4	Supply of delivery Kits as per number of deliveries conducted in home.		
				5.2.1	Incentive based system for reporting of home delivery by ASHA and it should be linked with ANM		
		5.3	Non payment of Home delivery through JSY	5.3.1	The JSY money to the mother who has delivered baby at Home paid by ANM.		
		10.1	Out reach camps are not orgnised in plan manner. It is totally based on demand of orgnisation and eventually it is not reported to respective HSCs and PHCs.	10.1.1	Identifying Socially Backward, Slums & Maha Dalit Tolas.		
10	**To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas**	11.1	No training programme for adolescent particularly health and sex.	10.1.2	Hiring trained alternate vaccinator/ retired ANMs and Medical officer .hiring vehicle for fixed day out reach camps with drugs.		
				10.1.3	Fixed day OPD clinics at APHC level and adjoining HSC of respective APHCs. with dedicated MO and support staff.		

				10.1.4	To make calendar for camps with date and identified areas.and link NGOs those who are willing to orgnise Camps .		
				10.1.5	Community based reporting system through SMS. involve PRI members and training on reporting and Camp approach		
				11.1.1	Multipurpose counsellor can be used for adolescent care. For this services of LHV can be used.and callender of activity could be devloped.		
11	**To improve adolescent reproductive and sexual health**	11.2	Preventions of anemia in adolacencent girls	11.2.1	Linkage with adolescent anemia control programme in Schools with Unicef. And training to one teacher from the school		
		11.3	Marriage before legal age.	11.3.1	Public Sensitization particularly women		
		11.4	Preventions of teen age pregnancy and abortion.	11.4.1	Adolescent pregnancy should be addressed with priority care(eclampsia, 3 ANC, anemia, 100 IFA, 100% institution delivery, low birth Wight baby, Breast feeding.PNC with in 48 hours.		
		11.6	Limited interventions for empowering adolescent girls	11.6.1	Family counseling for adolescent pregnancy tracking on above mentioned through ASHA and AWW.		

				11.6.2	State to develop and issue guidelines for implementation of Kishori MandalsFormation of Kishori Mandals by registration of all girls(11-18 yrs)		
				11.6.3	Prepare a monthly plan of activities for one day per week		
	To improve adolescent reproductive and sexual health			11.6.4	Counseling nutrition, health and social issues every week at AWCs by AWW		
		12.1	MTP services are not available in Public sectors	11.6.5	Weekly distribution of IFA Tablets to out-of-school girls at AWCs		
				11.6.6	Deworming adolecent every 6 months		
				11.6.8	Initiate family schools for learning child care , safe motherhood life skills and Family life education		
				12.1.1	Selection of facilities for provision of safe abortion services		
12	**To provide MTP services at health facilities**			12.1.2	Location of facility availability of trained service provider, space, equipments.		
		13.1	Nutrition and Counselling Component is not visible in VHND and there is no monitoring of VHND activity by Community.	12.1.3	To Provide appropriate equipments at all facilities and MVA syringes.		
				12.1.4	Putting the trained doctors at appropriate facilities to commence the services		
				12.1.5	Training of Medical officers and Para medical staffs on Safe abortion services training		

					including awareness about legal aspects of MVA/ EVA and Medical abortion by IPAS .		
				12.1.6	Formation of district level committee (DLC) to accredit private sites as per GOI guide line .		
				12.1.7	Develop reporting system of MTP services in private and public secter.		
				12.1.8	Through training program make the govt doctors skilled to perform MTP in the approved sites.		
				12.1.9	To Involve community to aware about location of services , process and legal aspects of MTP services through - AWW, ASHA & ANM, LRG and mass media.(IEC)		
	To provide MTP services at health facilities			12.1.10	The services of Pregnancy testing should be strengthened and it should be linked with MTP services.		
				12.1.11	NGO's and local Practitioner should be involved for counseling and information of facility		
				12.1.12	Assurance of privacy and link with family welfare services counseling at all facility.		
				12.1.13	Linkage with MTP services with NGOs (PPP) those who are working in Safe abortion services. and create one nodal center at district and PHC level.		

				12.1.14	Training of ASHA on medical abortion.		
				13.1.1	AWC should be developed as a Hub of activities (VHND)		
13	**To strengthen Monthly Village Health and Nutrition Days**		**Infrastructure**	13.1.2	Develop an activity plan calendar for VHND as seasonality.		
				13.1.3	Counseling of mothers on ANC, preparation for Child care ,STI/RTI, and AYUSH, adolescent Health		
				13.1.4	Organize VHND in Four Table concept regularly where One place is for registration, one is for weighing, one is for immunization and fourth is for counseling		
				13.1.4	Meeting of VHSC and preparation for area specific epidemiological planning and community based monitoring.		
				13.1.5	Skill development training is required to ANM , ASHA & AWW and Dular (LRG)		
				13.1.6	Develop monitoring plan map of each village and displaced at AWC with identification of priority houses with PW, lactating women ,Malnourished children , New born, DOTs and other services.		
				13.1.7	SMS reporting system of conducting VHND and ANM collect Data from field level and compile it in weekly/Monthly formats.		

B	**APHC**	1.3	Out of 17 APHCs only 5 are having own building	1.3.1	Registration of RKS		
	To form /strenghten APHC in Phase manner	1.4	Existing 5 buildings are not properly maintained	1.4.1	Rennovation of APHCs buildings from RKS Fund		
			Human Resource				
2		2.1	in the district no any APHC functioning as per IPHS norms	2.1.1	Operationalising one APHC in each PHC by conducting daily OPD by Doctor and support staff.		
		2.2		2.2.1	Notification from district for oprationaliing APHC		
			Drug Supply				
3		3.1	No drug kit as such for the APHCs as per IPHS norms.,	3.1.1	Purchasing 23 listed OPD Drugs of PHC for APHC		
		5.1	No regular clinic at all PHCs & APHCs.	5.1.1	Trained service provider on syndrome management of RTI/STI (As per GOI guide line) up to APHC level.		
5	**RTI/STI services at health facilities**			5.1.2	Logistics of setting of clinics and free drugs availability		
				5.1.3	Integrated Counselling services in four public sector facilities by trained personnel .		
				5.1.4	IEC/BCC for awareness available RTI/STI services at all health facilities.		

4.4. Chid Health

Logical Framework

Sl.	Goal	Sl.	Impact indicators
1		1.1	Reduction in IMR
	To improve Child health & achieve child survival	1.2	Child performance in the school - enrolment, attendence and dropout

Sl.	Objectives	Sl.	Outcome indicators	Sl.	Strategy	Sl.	Output indicators
1	To increase use & distribution of ORS & Zinc 10.4% to 60%	1.1	% increase of ORS & Zinc distribution & uses.	1.1.1	*Home Based Newborn Care/HBNC* Procurement & distribution of Zinc Syrup & ORS packets at the district level. Refresher training of all ANMs, AWWs, ASHAs on childhood Diarrhea management and recording and reporting. Print and distribute inter personal (IPC) tool kit and Compliance card for counseling by ANM, ASHA, AWW. Create awareness in the community about the importance of Zinc & ORS through various BCC & Social Mobilization activities. Celebrate important events like ORS-Zinc day/week. Strong coordination with the Development partners like Micronutrient Initiative etc. Quarterly review at district level under the chairmanship of DM/CS with key Health and ICDS officials and quarterly review at block level under the chairmanship of		Case increased
2	To increase treatment of diarrhea 60.4% to 100%		% increase of treatment of diarrhea within two weeks				
3	To increase treatment of ARI/Fever in the last two weeks 66.5% to 100%		% increase of treatment of ARI/Fever in the last two weeks.				
4	To increase awareness of women on Zinc & ORS 11.3 % to 70%		% would be increased on awareness and women would take initiative.				

					MOIC with the presence of Health and ICDS officials		
4	To increase of infant care with in 24hr of delivery from 9.6% to 50%		% increase of infant care with in 24hr of delivery .		Strengthening of Facility Based Newborn Care/FBNC and trained workers on using equipments.		No of PHC initiated FBNC with trained MAMTA on facility based new born care..
5	To increase % of breastfeeding from 8.3% to 100% within 1 hr of birth		% increase of breastfeeding within 1 hr of birth .	1.1.2	Infant and Young Child Feeding/IYCF		No of training orgnised in PHC on IYCF
6	To increase intiation of complimentry feeding among 6 month of children from 86.1% to 100%		% increase of complimentry feeding among 6month of children.				
7	To increase exclusive breastfeeding among 0-6 month of children from 24.4% to 100%		% increase of exclusive breastfeeding among 0-6 month of children .				
8	To increase immunization coverage from 28.3% to 100%		% increase of full immunization coverage .				
9	To increase vit A coverage of received atleast one dose (9month to 35 months) from 30% to 100%		To increase Vit A reported adequte coverage among (9m to 5ys)	1.1.3	Management of diarrhea, ARI and Micronutrient Malnutrition through Child srvival months		Two round of Child survival Month organised in one financial year.
10	To decrese Malnutrition		% of decrese Malnutrition age group of (0 to 5 yrs)	1.1.4	Care of Sick Children and Severe Malnutrition and strenthen VHND at all AWCs		No of VHND orgnised vs Planned.
		2.1		2.1.1	School Health Programme		School health Camp are being organized

Sl.	Strategy		Gaps		Activities	Unit Cost	
			Training Gaps(AWW-,ASHA,ANM1,MPW-No ASHA is trained on IMNCI		*Assessment of Training load and prepare calendar of training*	NA	
					Incorporate ASHA in IMNCI training team	NA	
					ASHA kit regular supply and incorporate use of ASHA Kit in training curriculum.		
	Home Based Newborn Care/HBNC		Inadequate monitoring of this activity at field level		*Division of area among all trained supervisors for revision of IMNCI activity in their area.*	NA	
					BHM will be responsible for review of health supervisor sand LS(ICDS)on given format.Unicef staff will support in devloping review mechanism in PHC.	NA	
					Incorpate IMNCI reports in HIMS formate	NA	
					Encouraging mother regarding child care.in VHND	NA	
					Frequent checkups of babies by Paediatrician. *Distribute telephone number to AWW and ANM of respective doctors those who are supervising them in the field.*	NA	
					Wednusday could be fixed a day for IMNCI related work at HSC level	NA	

					Community based Monitoring support system devlop with SHG in one PHCTraining of Group membersseed money to SHG for reffral services and other need based services.		
	Facility Based Newborn Care/FBNC		Lack of Baby warmer machines		All PHCs should be equipped with baby warmer machines.		
			ANMs and Doctors are not trained to operate these machines		Training of Doctors and ANMs to operate baby warmer machine.		
			There is no provision of stay of mothers of neonates at PHC.		Organize training programme for newborn care for the nurses in the district hospitals		
			Neonatal Care Unit not up to mark.		District level Supporting supervisory team should be devlope with the responsibility of nunfuctioning of neonatal care unit. Training of team on monitoring of NCU		
			Non availability of "MAMTA" at PHC level.		*Training of Mamta and staff nurse on logistics of New born Care units.by district level supervisory Team.*		
	Infant and Young Child Feeding/IYCF		Non awareness of breast feeding and proper diet of young children.		Colostrum feeding and breast feeding inclusively for six months.		
					Baby friendly hospital Training of one doctor from each Nursing hospital at District Level		

					Two days training of one staff nurse from each private hospital on counselling skill.		
					Accreditation of nursing home and facility according to norms of baby friendly hospital initiatives		
			Poor knowledge regarding new born care and child feeding practices		Development and Printing of BCC materials		
					Preparing adolescent and pregnant mother on IYCF by IPC through AWW, LRP and ASHA		
					Linking JBSY with colostrums feeding		
			Myths and misconceptions about early initiation of breast feeding, exclusive breast feeding and complementary feeding		Counselling and orientation of local priests, opinion leaders, fathers, mother in laws by ICDS/ Health functionaries in mothers meetings and VHSCs meetings		
					Folk performance to promote exclusive breast feeding		
					Uniform message on radio from state head quarter		

					Organize social events through VHSCs		
					Strengthening of *Mahila Mandal* meetings- fortnightly with involvement of adolescent girl		
			Lack of awareness on importance of appropriate and timely IYCF		Organize healthy baby shows, healthy mother / pregnant woman.		
					Appreciation and reorganization of positive practices in community. For this purpose hiring a documentation specialist.		
					Celebration of "*Annaprashan(Muhjutthi) Day*" at AWC		
					Demonstration of recipes.		
					Exposure visits to existing NRCs to observe different models in the country		
	Care of Sick Children and Severe Malnutrition		There is not a single unit in the district where severly malnourished children could be treated.		Establish rehabilitation center in district hospital, FRU and one PHC and promote locally available food formula		

	Management of diarrhea, ARI and Micronutrient Malnutrition		Lack of Procurement of Zinc syrup & ORS according to need based. Lack of awareness in community people about diarrhea and treatment. Lack of sufficient knowledge of frontline workers(ANM,ASHA,AWW) on Diarrhea Management		Procurement of Zinc Syrup **(87,618)** and ORS packets **(1,75,236)** for **87,618** diarrheal episodes Print and distribute posters and display boards at Sadar Hospital, PHCs, APHCs, HSCs, AWCs Mobility support for hiring vehicle for the distribution of Zinc and ORS from the district to block PHCs Undertake wall paintings in villages Print and distribute Registers, Reporting forms, Supportive Supervision checklist, Compliance card, Inter Personal Communication (IPC) tool kit. Mobility support for DCM to carry out monthly monitoring visits.. Monthly Review meeting of BCMs at the district level. Celebrate ORS-Zinc day and week at the district and block levels .		
					Procurement of , Vitamin A supplementation(9m to 5 years children) with De-worming pediatric IFA syrup Include covrage of Vitamin A and IFA,children in New HIMS format.		
			There is high privlance of		Insure two round of Vitamin A and deworming for the age group of (9m to 5 yrs) & (2 yrs to 5 yers) respectivly in the month of April And Oct as per GOI guide line.		

			PEM and anemia among childrn because of Child nutrition is least priporty among service providers.		Involvement of ICDS, school teachers and PRI for monitoring and evolution		
	School Health Programme		No Pre School Health checkup & complete Immunization card.		Half yearly health checkup camp for children in schools should be organized. Implementation through selection NGO.		
			No training of school teacher for basic health care and personnel hygiene.		Training of school teacher by the medical personnel with support of administrative person.		
			No regular health checkup camp at school.		Quarterly meetings of VEC representatives by attending existing meetings of VECs representatives at block level by the concerned MOICs and BHMs.		
			No Training & Screening of school's teacher for eye sight test.		Linking existing 7 opthalmic paramedics with this program and developing school wise calender.		
			No other specific program has been formulated in the district.		School health anemia control programme should be strengthened with biannually de worming .		
					Organizing competitions/Debates/Painting competitions/Essay/demonstration and model preparation of nutritional food and health.		
					Half yearly Health checkups and health card of all school going children.		

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

4.5 Family Planning

Logical Framework							
Sl.	**Goal**	**Sl.**	**Impact indicators**				
1	Population stablisation	1.1	To decrease TFR upto replacement level To increase sex ratio				
Sl.	**Objectives**	**Sl.**	**Outcome indicators**	**Sl.**	**Strategy**	**Sl.**	**Output indicators**
2	To increase female sterlization	2.1	% increase in female sterilsation	2.1.1	Terminal/Limiting Methods	2.1.1.1	% of terminal/limiting methods use
				2.1.2	All PHCs must be equipped with all logistics. Dissemination of manuals on sterilization standards & quality assurance of sterilization services	2.1.2.2	No of facilities providing quality manuals on sterilization standards of sterilization services.
				2.1.3	Female Sterilization camps	2.1.3.3	No of camps orgnised for female sterlization .
				2.1.4	Compensation for female sterilization	2.1.4.4	% of Female received compensation
				2.1.5	IUD camps	2.1.5.5	No of IUD used in Camps
				2.1.6	Accreditation of private providers for IUD insertion services	2.1.6.6	No of Private providers accrediate for IUD Insertion services.
3	To increase male sterilization from which is almost nil only one sterilization done.	3.1	% increase in male sterlization	3.1.1	NSV camps	3.1.1.1	No of NSV Camps orgnised.
				3.1.2	Compensation for male sterilization	3.1.2.2	% of Male received compensation

				3.1.3	Accreditation of private providers for sterilization services	3.1.3.3	No of Private providers accrediated for Sterilization services.
4	To increase use of condoms from 0.4% to 5%	4.1	% increase in the use of condoms	4.1.1	Promotion to Social Marketing of condoms	4.1.1.1	No of Condoms distributed through Social Marketing.
				4.1.2	Contraceptive Update seminars	4.1.1.2	No of Seminars Orgnised on Contraceptive Update.
5	To increase use of pills from 1.2% to 5%	5.1	% increase in the use of pills	5.1.1	Promotion to Social Marketing of pills	5.1.1.1	No of Pills distributed through Social Marketing.

Sl.	Strategy		Gaps		Activities		
	Terminal/Limiting Methods		Lack of knowledge of small family norms.		Ensure one MO trained on minilep and NSV up to PHC		
					Training of nurses and ANMs on IUD and other spacing methods at PHC level.		
					Ensure availability of contra ceptives (indenting , logistic		
	Female Sterilization camps		Laparoscopy surgery not done.		Trained doctors on laparoscopy.		
					Procure Laparoscopy equipments for trained doctors		
					Training of doctors needed.		
	NSV camps		Trained doctors are not available.		Procurement of equipment.		
	Compensation for female sterilization				Immediate disbursement of incentive after sterilization camps.		
	Compensation for male sterilization				Logistic planning is needed before organizing camps.		
					Block Health manager can hire one support staff for logistic support.		
					Immediate disbursement of incentive after sterilization camps.		

					Logistic planning is needed before organizing camps.		
					Block Health manager could be hire one support staff for disbursement for logistic support.		
					Accreditation of private nursing home. As per GOB		
	IUD camps		Camps not held		Training of ANM & staff nurse for IUD insertion.		
	Accreditation of private providers for IUD insertion services		No accreditation of private providers for IUD insertion services		Procurement of IUD.		
					Equipments for IUD insertion		
					Accreditation of private providers for IUD insertion services. As per GOI guide lines.		
	Social Marketing of contraceptives		Monitoring of Social Markiting is not monitored by PHC.		Social marketing of need based OC & IUD.		
					Increasing access to contraceptive through communities based distribution system free of cost.		
	Contraceptive Update seminars		Not being held.		seminars for MO and other through Professional bodies (FOGSI. BMA, Nursing association etc..on		
					Copper-T 380-A should be popularized.		
					Awareness for emergency contraceptive.		

4.6 INSTITUTIONAL STRENGTHENING IN TERMS OF SERVICE

Logical Framework

Sl.	Goal	Sl.	Impact indicators
1	To improve institutional setup as per IPHS norms	1.1	Improved service delivery for women and children friendly with quality
2	To bring required architectural correction in the Institutional System		

Sl.	Objectives	Sl.	Outcome indicators	Sl.	Strategy	Sl.	Output indicators
1	To strengthen NGOs Partnership/ PPP for communitization of Health services .	1.1	No and Type of MOU signed between NGO and DHS/RKS for strengthening of communitization of health servies and NGO partnership/ PPP in place	1.1.1	To enforce PNDT Act and to increase sex ratio of female child	1.1.1.1	% decrease in sex selective abortions. % increase in birth of female babies (delivery registers)
				1.1.2	To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routin facility where it is not functional.	1.1.2.1	No of cases supported by referral transport system under PPP.
						1.1.2.2	No of canteen facility functional at insttutional facility level.
						1.1.2.3	No of STD booth and other routine facility carried out under PPP.

						1.1.2.4	No of cases supported and payments made by RKS/ DHS to BPL families in availing these services
				1.1.2	To develop partnership with NGO Programmes in the districts	1.1.2.1	No of partnership with NGO for programme implementation for MCHN, Micronutrient supplimentation, national programme implementation specially Kalazar elimination
					Strengthen Logistics management system for regular supply of Drugs and equipments	1.1.2.2	No and % of drug & equipments available and supplied (stock ledger)
					Devlop a strong Monitoring & Evaluation / HMIS System in all PHC	1.1.2.3	Regular monitoring and evaluation reports
3	To devlop IEC and BCC and Training support system .	3.1	No of IEC materials developed and BCC event carried out	3.1.1	Establising BCC and training cell at District & BPHC level	3.1.1.1	Functional BCC cell at DHS/ RKS level
			No of training support system developed		Net working with folk media team	3.1.1.2	No of folk media team engaged in BCC activity. Type and No. of BCC event oragnised
4	To strengthen ASHA support System	4.1	No of ASHA capacities	4.1.1	Develop ASHA support System in all PHC(One person per 20 ASHA)	4.1.1.1	Establishment of ASHA support system at DHS and RKS level

		4.2	No of activities carried out by RKS	4.1.2	Strengthening RKS	4.1.1.2	No of RKS having monthly meetings.
						4.1.1.3	% of untied fund, JSY fund, referral transport etc utilised

Sl.	**Strategy**		**Gaps**		Activities		
	To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routeen facilty where it is not functional.		Out sourcing of services is not as per the need of local Need and BPL families are not exampted from Fee of out source services		District /PHC level managers should be aware about the TOR of PPP which is finalized at State level.		
					Build the capacity of manager to manage contracts of PPP		
			There is an acute shortage of para medics like radiographer, lab technician, ECG technician etc. in the District.		Accreditation of institutions and to set standards, an institute of paramedical sciences may be started in the state. This would create more employment opportunities in addition availability of para medical personnel for absorption into the government health system.	NA	

	Devlop partnership with NGO Programmes in the districts				listing of NGOs those who are working in F.P ,MTP,programme, Institutional delivery, Blindness control programme.	NA	
			A few involvement of NGO in F.P programme, Institutional delivery, Blindness control programme.		Accreditation of these facility from state Health Socity.	NA	
			There is no MOU with NGO/VO/individuals for Donation and voluntary support in PHC		Process of MOU should be dicentralization and it should oprationlise through RKS.	NA	
			Strengthening of DMU NGOs Management aspects is one of the area of improvement		NGO management process in the district and ASHA Faclitators will be managed at the PHC level	NA	
					Honourarium to DPM, DAM and DA		
					Capacity building training programme for NGOs office bearer with the help of professionals on linkage with health system strengthening component.		

					Mentoring Group at district level.	NA	
					Reporting mechanism should be developed of NGOs work in the district.	NA	
			There is no any VHSC in the district.		Co-ordination with community based orgnisation at SHG, LRG, VEC, ,PRI for VHSC formation.	NA	
	Capacity building of Managers and Doctors.				Expoure visit of DPM/BHM selected ASHA to other state where facility is comparatively working better.		
					ASHA/ AWW career advancement programme may be planned to retain them in the system. Seats in the ANM course, staff nurses and other paramedical courses may be reserved for the qualified ASHAs	If ASHA worker is trained then she would be able to inject medicines and immunization.	
	Preparation of decentralized District Health Action Plan		First time five members of the districts were trained on DHAP preparation		Trainings of DPMU,BPMU members on implementation of services/ various National program and district Health action Plan through distance education		

					Start prepration of plan from the month of October with situtional anlysis,Facility survey, line reporting system and qulitative finding from Community and users of facility.		
	Devlop a strong Monitoring & Evaluation / HMIS System in all PHC		Monitoring of all programme is one of the weakest link of all programme. Lack of Supervisers in all PHC Lack of skill of use of data Community is not aware about monitoring aspects of Health Programme.		Distribution of role and responsbility among MO and Managers of programme implementation.	NA	
					Use Process indicatore as monitoring of respective programme.	NA	
					Devlop Programme review calander for review of HSC/PHC performance as per form 6 & 7	NA	
					Gradation of Health Sub centers in three categories.	NA	
					Information exchange visits among ANM acording to Grade.	NA	
					Social recognition of Grade one ANM.	NA	

					Devlop four potentioal VHSCs in all PHC on Community based Monitoring of Health and Nutrition programme.		
					Organise"JAN ADALAT" in with PRI & VHSC and invite nearby VHSC to observe thr process of "JAN ADALAT"		
					Devlop Health and Nutrition Report Card by using growth monitoring chartsof Village and present in "JAN ADALAT" By VHSC		
	Strengthen Logistics management system for regular supply of Drugs and equipments		There is no system of logistic management of Drugs and other supply at any level. Only vaccine supply management is comparatively stronger than other logistic work.		Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports		
					Hiring vehicles for supply of drug kits		
					Hiring of courriers as per need		
					Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)		

					Training of all ANM and Stock keepers on Indenting and Logistic Management.		
					Develop TMC model for Logistic Management in the state.		
	Strengthening RKS		RKS are not uniformally functioning in the district		Ensure registration of RKS of all functional PHC & APHC		
					Training of RKS signatory and BHM on financial Management of RKS		
					Presentation of case study of functional RKS in district level Meeting.		
	Strengthening community process through supportive supervision of ASHA program		Poor monitoring mechanism of ASHA program		Appointment of PHC level ASHA facilitator		
					Provide training cum supervisory support @ one supervisor for 20 ASHA		
	Media Sensitization		Wrong and provocative Reporting Having baseless News.		Media Sensitization work shop		

MATERNAL HEALTH

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A.1.1.1.2	Monitor Progress & quality of service delivery	Includes only FRU .All PHC , APHC per PHC & HSC that has to be developed as MCH center must be included .	Must include all PHC , APHC & HSC functional /proposed as MCH center along with FRU	50 participants (MoIc , MO at APHC , BHM ,BCM) x Rs 100 x 3 quarter	15000
A.1.1.2	Operationalise 1 APHC per PHC as MCH center	1) No separate fund provision for referal transport. (2) Provision of MAMTA not made at these APHC (3) Only 2 sanctioned post of Staff Nurse at APHC , arises problem in roaster duty (4) No fund provision of icepacks & courier on daily basis for RI (5) No contractual post of MO (MBBS) sanctioned at these APHC (6) No seperate process has yet	1) Separate fund provision for referal transport. (2) Atleast 3 MAMTA post must be sanctioned at each APHC acting as MCH center (3) Atleast 3 SN / ANM post must be sanctioned for APHC acting as MCH center. (4) Provision of fund for icepacks & courier / MPW for RI implimentation. (5) Specific MO (MBBS) post must be sanctioned for APHC	5 APHC x Rs 30000	150000

		been made for JBSY payment. (7) This point must be included in ranking of district & PHC / appraisal of CS & DPMU.	acting as MCH center. (6) Suballotment of fund to RKS account of these APHC , providing fund through cheque to benefeciary ,duly signed by MO (MBBS & AYUSH)		
A.1.1.5	Operationalise 2 HSC / dist. as MCH center	1) No separate fund provision for referal transport. (2) Provision of MAMTA not made at these HSC (3) Only 2 sanctioned post of ANM at HSC , arises problem in roaster duty (4) No fund provision of icepacks & courier on daily basis for RI (5) No contractual post of MO (MBBS) sanctioned at these HSC. (6) No seperate process has yet been made for JBSY payment.	1) Separate fund provision for referal transport. (2) Atleast 3 MAMTA post must be sanctioned at each HSC acting as MCH center (3) Atleast 3 ANM post must be sanctioned for HSC acting as MCH center. (4) Provision of fund for icepacks & courier / MPW for RI implimentation. (5) Specific MO (MBBS) post must be sanctioned for HSC acting as MCH center.	2 HSC (other than 2 of this year) x Rs 50000	200000

			(6) Suballotment of fund to account of these HSC , providing fund through cheque to benefeciary ,duly signed by ANM & Female ward member or by cash.		
A.1.3.1	RCH outreach camps	Better plan than previous Financial year.	(1) Organise camp at all HSC (2) Involvment of NGO ,Redcross , AIDS control society etc for better service provision.	103 HSC x RS 7000	721000
A.1.3.2	Monthly Village Health Sanitation & Nutrition Days	(1) Convergence is not as per expectation. (2) Not regular monitoring by SHS & DHS (3) No separate fund provision for IEC /BCC (4) No fund provision for MO & drug transportation to VSHND site from PHC.	(1) fund for flex banner to each ANM. 2)Other activity same as previous year	Flexbanner - Rs 500 per banner x 103 HSC ; Rs 2500 for convergence meeting ; Rs 2500 /quarter for review meeting x 3 quarter ; Rs 100 per participants (137 ANM + 510 AWW+ 25 ASHA facilitator) for microplaning at block level ; Rs 300 for POL for monitoring VHSND site /day x 92 days x 3 officials	209000

A.1.4.1	Home deliveries	(1) Demanded docoment is more in number (2) Long beurocratic procecess to get these docoment (3) No incentive provision for SN /ANM (4) No delivery kit provision in this FY (5) Fund provision is less than actual demand so ANM is not taking risk of non payment to others.	1) Only BPL card made compulsary (2) Age certificate & maximum 2 child provision ,by ward member should be accepted (3)Incentive of Rs 100 per delivery to SN /ANM (4) Delivery kit must be provided or the fund for.	103 HSC x 50 BPL delivery (approx.) /year x Rs 500 ; Rs 100 x 5150 delivery - incentives to ANM	3090000
A.1.4.2 a	Institutional deliveries - Rural	(1) Payment is not as per guideline (stepwise) (2) ASHA /AWW is not using microbirth plan (3) Current payment is not in practice - several visit for JBSY payment	1) Payment must be as per guideline (stepwise - registration to BCG) (2) Use of microbirth plan made compulsary -as 1 of document for payment (3) Appointment of cashier so that to start tailoring system for cash payment	8000 institutional delivery x Rs 2000	16000000

A.1.4.2 b	Institutional deliveries - Urban	(1) Payment is not as per guideline (stepwise) (2) ASHA /AWW is not using microbirth plan (3) Current payment is not in practice - several visit for JBSY payment	1) Payment must be as per guideline (stepwise - registration to BCG) (2) Use of microbirth plan made compulsary -as 1 of docoment for payment (3) Appointment of cashier so that to start tailoring system for cash payment	1000 urban delivery x Rs 1200	1200000
A.1.4.2 c	Institutional deliveries - C-Section	(1) Blood storate centre not function at Sadar Hospital.		250 C-sectionx Rs 1500	375000
A.1.4.3	Administrative Expenses	1) Model delivery register provided by Unicef -well accepted & maintained but not provided again. (2) JBSY database is not upto mark. (3) No regular	1) Provision of model delivery register from SHS on regular basis or printing at District level (2) Data base of JBSY - by providing Rs 1 per entry to	for monitoring POL, Data entry and other works	300000

		verification of JBSY benefeciaries .	dataoperator at PHC & 1 Dataoperator at DHS level to maintain it at District level. (3) other same as previous		
A.1.5	Maternal Death Review	Monitoring on implimentation is not happening.	Same as previous ; ReOrientation Workshop at Regional level . Weekly review by MoIc with ANM & ASHA on Tuesday & Thursday repectively. Monthly review by CS with MoIc on NBCC report & MDR report and quqrterly by DM.		150000

Other -

MATERNAL HEALTH				
MCND	Maternal health is major concern but no separate day for maternal health & ANM is not regular on HSC ,it will help in making her presence at HSC.	Maternal ,Child & Nutrition Day on each Monday at HSC /APHC ,Fund provision for IEC /BCC .ASHA & AWW will help in getting the benefeciaries at HSC,fill up their Microbirth Plan & will get the sign. Of ANM for proff.	5 PHC x Rs 5000 + Rs 50000 at district	75000
Infrastructure	48 hrs stay criteria is not practically possible as there is average 6 bed in PHC & no. of average delivery is 10 / day.	Separate 20 beded building with Labour room at each PHC to start 48 hrs stay in practical way & Payment before discharge with birth certificate.	5 PHC x Rs 2500000	12500000
	48 hrs stay criteria is not practically possible as there is 50 bed in sadar hospital (SDH upgrade in Sadar Hospital) & no. of average delivery is 25 / day.	Separate 50 beded building with Labour room & OT at Sadar hospital to start 48 hrs stay in practical way & Payment before discharge with birth certificate.	1 DH x Rs 20000000	20000000
			TOTAL MATERNAL HEALTH	**54985000**

CHILD HEALTH

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A 2.1.1	Implimentation of IMNCI activities in districts	(1) No monthly review meeting of MoIc & CDPO (2)Lackness of IEC/BCC and refresher booklet (3) PHC wise ToT not provided (4) No follow up monitoring by officials	(1) Monthly jointly review meeting by CDPO & MoIc by post training follow up format (2) IEC /BCC Activity is must to generate awareness (3) All CDPO ,MoIc ,HM & BCM training on the prog. (4) Follow up must be by District & block officials		50000
A 2.1.3	Incentives for HBNC to ASHA / AWW for 3 PNC to normal baby	(1) As per financial guideline fund will provide only to ASHA but as per state instruction training is being provided to AWW & ANM (2) ANM based data in HMIS ,not ASHA & AWW wise (3) Fund is made available only for 1st quarter (4) No format for HBNC to ASHA	(1) Either training will be for ASHA or incentive provision for AWW. (2) In HMIS separate data column for ASHA & AWW too (3) Fund will be made available throughout year (4) HBNC Format must be developed for ASHA by state	9000 delivery x Rs 100 for 3 HBNC visit	270000
A 2.1.4	Incentives for HBNC to ASHA /AWW for 6 PNC to low birth baby	(1) As per financial guideline fund will provide only to ASHA but as per state instruction training is being provided to AWW & ANM (2) ANM based data in HMIS ,not ASHA & AWW wise (3) Fund is made available only for 1st quarter (4) No format for HBNC to ASHA	(1) Either training will be for ASHA or incentive provision for AWW. (2) In HMIS separate data column for ASHA & AWW too (3) Fund will be made available throughout year (4) HBNC Format must be developed for ASHA by state	1000 low birth delivery x Rs 200 for 6 HBNC visit	1200000

A 2. 2	Establishment of New born stablization unit in FRU (SDH)	1) NBCC stablished but for NSU ,lengthy process of technical & administrative approval, hamperd plan. (2) Management unit has yet not positioned	1. Fund will be extended to the next F.Y so that it will be initiated & completed. (2)Power will be provided to RKS for taking decision .	1 unit x Rs 775000	775000
A 2.6	Nutritional Rehabilitation Center (NRC)	1) Training to ASHA & AWW ,how & whom to select as malnutriched children. (2) Payment is month wise , slowed NGO to continue instantly.	Provide budget for :1. Incentive to Mobilizer - Rs. 100 x 20 child2. Food for child Rs. 70 x 20 child x 21 days.3. Food for mother - Rs. 70 x 20 mothers x 21 days4. Loss of wages to mother Rs. 100 per days x 20 mothers x 21 days5. Transportation cost to bring children (to ASHA/ AWW)- Rs. 125 x 20 children.6. Transportation cost to follow up visits (to mother) - Rs. 100 x 4 visit x 20 children.7. Miscilleneous - 16000 Rs.8. Pediatrician Rs. 35000 x 12 months, 9. A Grade Nurse - 3 Nurses x Rs. 20000 x 12 months.10. CBC Extender - 9500 x 12 months.11. Feeding Demostrator - 2 x Rs. 9000 x 12 month12. Care Taker - 3 x Rs. 3800 x 12 months.13. Cook - 2 x Rs. 3800 x 12 months.14. Security Guards - 3 x Rs. 3800 x 12 months.15. Sweeper - 2 x Rs. 3300 x 12 months16. Annual Maintenance cost one time - Rs. 103535	1 functional NRC at Sadar Hospiital Sheohar x 14 batch (if batchwise insteed of monthwise) Rs 361000 x 14 batch. + Annual maintenance cost Rs. 103535	4435535

A2.7	Management of Childhood Diarrhea	1. Procurement of Zinc and insufficient ORS 2. Need of referesher training of front line workers 3. Insufficient IEC material for social mobilization.	1. Procurement of Zinc syrup (87618) ORS 175236) 2. Need of referesher training to ASHA, AWW, ANM 3. Development of IEC Material	1. Procurement - Zinc - 87618 x Rs. 5.58, ORS - 175236 x Rs. 2.29 2. Referesher training - ANM - 137 anm X Rs. 200, ASHA and AWW - 1049 x Rs. 200 3. IEC Material - 1185 (ANM, ASHA, AWW) X Rs. 50 + 100000 for Printing of callender and flex banner.	1286649
				TOTAL CHILD HEALTH	

FAMILY PLANNING

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A 3.1.1	Dissemination of manuals on sterlization standards & QA of sterlization services	(1) ANM/SN comes in QAC workshop is from any health inst. Other than the PHC / AHC where FP operation conducted. (2) No regular QAC meeting & monitoring (3) Involvment of QAC member is not as per expected.	1) DS /MoIc of DH/SDH/Referal / PHC/APHC & SN /ANM of health institution must be called for QAC workshop. (2) Quarterly monthly meeting after field visit must be called for QAC members & DS / MoIc	Rs 20000 for reorientation workshop on QAC manual ; Rs 5000 x 3 quarter for QAC & review meeting	35000
A 3.1.2	Female sterlization camp	1) No clearity on column 2 of FM guidelines - causes duplicacy (2) Fund provided for camp is now sufficient .	1) Column 2 of financial guideline should be rectify for pvt. surgeon or retired surgeon who is cooperating in FP services at govt. health institution - Vehicle ,refreshment other than compentation package.	5 health inst. X 4 camp per month x 6 month (season) x Rs 5000	600000
A 3.1.3	NSV camps	1) No NSV surgeon in district (2) Meeting with various group is not given in financial guidelines	Meeting option with various groups like labour union should be included as one of the activities	5 camps (if NSV surgeon) at Subdivisional level & district level x Rs 5000	25000
A 3.1.4	Compensation for female sterlization	1) All Drugs & dressing items is not been supplied from district level (2) Rs 100 is insufficient for drugs & dressing at PHC level. Causes patient to made purchase.	1) SHS bihar has approved medicine list & firm - provide guideline to district to made purchase for all medicines avability - District to PHC as per FP operation.	6000 tubectomy x Rs 1000	6000000

A 3.1.5	Compensation for male sterlization	1) All Drugs & dressing items is not been supplied from district level (2) Rs 50 is insufficient for drugs & dressing at PHC level. Causes patient to made purchase.	1) SHS bihar has approved medicine list & firm - provide guideline to district to made purchase for all medicines avability - District to PHC as per FP operation.	100 vasectomy / NSV x Rs 1500	150000
A 3. 1.6	Accreditation of private providers for sterlization services	1) No extra fund provision for staff deputed at accreditated Pvt. Facilities (2) No separate fund provision to float media advertishment (3) No Separate vehicle provision for QAC member for verfication /monitoring accrediated activities.	1) Minimum 1 Pvt. Providers must be at each block & give them target of 500 /year (2) some TA /DA provision must be provided to deputed staffs (3) Separate IEC/BCC fund must be to DHS (QAC) for advertishment of accreditation. (4) Seperate fund provision must be provided to QAC for verification & regular monitoring.	5 deputed staff x Rs 2000 / month x 6month ; Rs 15000 /quarter for advertishment x 3 quarter ; 2500 operation x rs 1500	3831000
A 3.3	POL for family planning	1) Generic planning in fund distribution (2) No specific monitoring format	1) Specific monitoring format must be generated. (2) Items related to Specing methods should be sent to district from state store as it receives from central. (3) Fund must be provided to health inst. Based on avability of surgeon in health inst.	Rs. 20000 per PHC x 5	100000
A 3.5.4	Provide IUD services at health facilities	1) IUD insertion is time frame process includes menstrutation cycle period so camp is not the best plan (2) No incentives to SN /ANM & ASHA/AWW so interest is low & not self motivated. (3) target segmentation is compulsary for target group - Couple survey is must (4) IUD insertion kit is not available at each health inst. upto HSC.	(1) Only 2 IUD camp fund can be provided to health inst. & 1 camp to District during FP week /fortnight For promotion of IUD but not on regular basis (2) insentive of Rs 50 to SN/ANM for IUD insertion & Rs 50 to ASHA /AWW as motivator. (3) All HSC must be provided with IUD kit	5 PHC x Rs 1500 x 2 camp + 3 camp (DH) x Rs 2000 ; 150 IUD insertion /month x Rs 100 x 12 month	201000
				TOTAL FAMILY PLANNING	**10942000**

ARSH

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A 4.1	Adolescent services at health facilities (ARSH corner)	No fund & activity planned for Sheohar district			
A4.2	School Health Programme		1. Budget for IFA Tablets for School going adolescent girls 2. Budget for Training of AWW, ASHA and ANM 3. Budget for social Mobilization and IEC and BCC material 4. Provide budget for contingency	Rs. 282872 for IFA Tablets x 79030 for Training x 27100 for IEC and BCC materials + 45000 contingency	434002
A 4.3	Menstrual Hygiene	No fund & activity planned for Madhubani district			

PcPNDT

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*

A 7.2	other PNDT activities	1.Fund is only for monitoring (2)PcPNDT is not reflecting as expected (3) Inspite of Nodal - PcPNDT ,reporting is expected from DPM. 4. There is no reporting mechanish which is acting.	1. All registered ultrasound clinics must be monitored and on spot suggestion to improve the docomentation on quaterly basis. 2. Nodal of PcPNDT should be made responsible for coduction of activities - DPC or DCM will assist in file - managerial support (3) Quarterly workshop cum review meeting must be conducted with all propritors & related MO with MoIc of concern area on quarterly reporting formats.	2 ultrasound clinics x 1000 / quarter visit x 4 quarter ; 6000 for 6 review meeting in a year; For printing material Rs. 72000	82000

Human Resourse

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A 8.1.1	salary of contractual staff nurse and ANM	1) Staff nurse is not adequate for each APHC.	1) Appointment process may be took up by state & post them on concent & district wise vacancy wise.	Staff Nurse - 17 APHC x 2 position x Rs 20000 x 12 month ANM - 112 position x Rs 11500 x 12 month + Additional 25 %	29520000
A 8.1.2	Laboratory tech. of Blood Bank	1) Inspite of Blood storage equipment & trained MO & LT not available	Insteed of 1 Blood bank - 3 LT , 1 unit fund - 3 LT required so that to start DH as Blood storage Unit.	3 Lab .Tech. x Rs 10000 x 12 month	360000
A 8.1.5	MO for Blood bank	1) Lack of MO, LT	1. Provide fund for hiring MO, LT. 2. Provide fund for POL, Contingency and 1 soundless generator - 1 KVA	1 MO x Rs 35000 x 12 month+1 LT X 10000 X 12 Months + 3 lacs for POL + 50000 contingency + 2.5 lacs for soundless generator	1140000
A 8.1.7	FP counsellors	Appointment list not finalised by state so not posted	After merit list ,appointment must be for FRU in 1st stage	1 FRU x Rs 15000 x 12 month	180000
A 8.1.8	Incentives to ANM & ASHA under Muskan	Payment is not on regular basis because of untimely submission of due list	Due list must be in duplicate format so that 1 will be kept at HSC & other submitted to PHC for payment.	ANM - 622 session site x Rs 100 x 12 month ; ASHA - 580 session site x Rs 200 x 12 month	2138400
				Total Human Resource	**33338400**

Training

FMR code	***Activity***	***Gaps***	***Proposal for 2012-13***	***Basis of calculation***	***Proposed Budget For 2012-13***
A 9.1	Strengthening of training institute	No training institution in sheohar district			
A 9.3.1	Skilled Attendance at Birth training (SBA Training)	Batch allotment from state is generic of 6 batch for ANM & 1 Batch for Staff Nurse	1) Fund of 12 Batch for sadar training site	8 batch ANM x Rs 88110 unit cost. 4 bath A Grade x Rs. 63690 unit cost	959640
A 9.3.4	MTP Training	No fund for sheohar district.			
A 9.3.7	STI / RTI service delivery training	1) BSACS is not cooperating for this scheduled trainng. (2) No monitoring from either training cell nor from the nodal of this prog.	1) Convergence will must be with BSACS so that training will be conducted for specific services. (2) Monitoring must be from shs & coordinator cell no. must be provide to DHS so that district will coordinate directly with BSACS.	2 batch of MO x Rs 65000 ; 2 batch of paramedics x Rs 50000	230000
A 9.5.1	**IMNCI training**	**Training conduction is as per direction**	**36 batch training will be conducted**		
A 9.5.5.3	NSSK training	Fund provided is generic to all the district	1) 5 PHC x 10 person = 50 person ,so 2 batch is needed of 30 person each batch ,	2 batch x Rs 52900	105800

A 9.6.2	Minilap training		1) Master trainer in the district will provide training to MO of those PHC where even single surgeon is not present so that these facilities would start as static facilities for FP services.	1 batch x Rs 70240	70240
A 9.6.3	NSV training	No fund for sheohar district.			
A 9.6.4.1	IUD insertion training for MO	1) Fund distribution is generic		1 batch x Rs 55300	55300
A 9.6.4.2	IUD insertion training for ANM /SN	Fund alloted is generic for all the district (2) Training has been provided to ANM placed at PHC only	IUD insertion training must be provided to SN /ANM posted at functional as well as propoesd MCH center	5 batch x Rs 29425	147125
A 9.6.6.1 & .2	PPIUCD	1) TA for trainees will be provided by related DHS but no fund allocation to DHS	1) Training will be at medical college but TA fund provision must be alloted to realated DHS	No. of batch for Madhubani district x Rs for TA	0
A 9.8.2	DPMU training	1) No proposal was made for such training	1) DPMU training must be sit based ,means where work is better happening ,DPMU will move to such DHS or district in 1st or 2nd quarter before fund allocation ;same for BPMU within district.	Rs 10000 for 2 quarter - DPMU & Rs 1000 for 4 quarter to each PHC	100000
				Total Training	**1668105**

Mobility support to District Malaria Office

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A 10.1.5	Mobility support to District Malaria Office			Rs. 20000 x 12	240000

Programme management

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A.10.1.	Tally Purchase	Out of 6 (5 PHC and 1 sadar)- computer with tally provided only for 4, so need tally purchase for more two institution	Provide fund for 1. Tally purchase Rs. 13500 each. 2. Fund for installation charge	Tall purchase charge 13500 x 2+ 3600 x 2	34200
A 10.2	District Programme Management Unit	For smoothly function of DHS must be 2 peons and 2 guards	1. Salary structure based on 10% annual increment (2) Rs 100000 for furniture purchase 3. fund for 2 office assistant, 2 guard and 2 peon.	DPM -Rs 32000 x 12 months , DAM -Rs 27000 x 12 months , M&E - Rs 24750 x 12 months , office expenses- (Office Assistant 2 x 12 months x10000+ 2 Guard x6000x12months+2 Peonx4000x12 months)+ Rs 100000 for furniture & fixure purchase	1585000

A10.2.1	Salary of DPC		Salary of DPC with 10% increment @Rs. 22000 pm	Rs. 22000 x 12 months	264000
A 10.3	Strengthening of BPMU		Salary structure based on 10% annual increment (2) Rs 15000 for furniture purchase (3) BPMU in referal too	BHM - Rs 23960 x 12 month x 5 block, Accountant - Rs 15970 x 12 month x 5 block, office expenses - Rs 30000 x 12 month x 5 block	4195800
A 10.4.2	Renewal / upgradation of Tally	Out of 5 (5 PHC and 1 sadar) only 4 place have computer with tally. PHC Sheohar sadar shifted to another place so need computer with tally for sheohar PHC and 1 computer with tally for Sadar Hospital	Provide fund for 1. Tally multi user for DHS. 2. Tally single user for PHC 3. Provide fund for 2 computer set	Rs. 8100 + 2700 x 5 + 50000 Rs. For each comuter x 2	121600
A 10.4.3	AMC of tally		Provide fund AMC for Tally	Rs. 22500 for multi user and 10000 for single user x 5	72500
A.10.4.5	Training and customization				4500
A 10.4.9	Management unit at FRU		1) office expenses of Rs 10000 per month	1 FRU - 1 HM x Rs 27500 x 12 month , 1 accountant x Rs 15000 x 12 month	510000
A 10.5.1	Statutory audit			Rs 10000 x 2 unit	20000
A 10.6	Concurrent Audit		1) contract with agency /firm so that to move all PHC in a month & produce the findings per month and also provide fund for TA/DA for auditors	Rs 20000 x 12 month+9000	249000
				Total Programme mgt.	**7056600**

Vulnerable Group

FMR code	*Activity*	*Gaps*	*Proposal for 2012-13*	*Basis of calculation*	*Proposed Budget For 2012-13*
A 11 A	Health camp in Hard to reach area (flooded)	No fund for sheohar district.			

District Health Society, Sheohar

PIP of F.Y. 2012-13 (District ASHA Recourse Centre)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B-1.1.1	Asha Training	5th phase ASHA Training not started. NGO selected by SHSB	(I) 5th phase of left out will be conducted in the next financial year. (50% budget (II) Left out Asha and selection of New Asha will get training in next financial year. (III) There should be programme wise training to each Asha to Improve the Implementation of health programme.	Total No. ASHA (580)/30= Total Batch 20)*(Rs.69,350)	**1387000**
B-1.1.2	ASHA Drug Kit & Replenishment	No fund allotted for ASHA drug kit register to maintain the stock. That finally leads to demand generation of medicine to ASHA drug kit.	(I) Provide the fund ASHA drug kit & Replenishment @Rs.250 per Asha * 580 (II) For maintainance of stock provide the fund for Asha drug kit register charge 580*20	Total No. ASHA (580)*(Rs.250+250 per ASHA) & Total No. of ASHA (580)*(Rs.20 Per ASHA)	**301600**
B-1.1.3	Asha Diwas		Amount should be Rs. 100 per ASHA per ASHA Diwas	Total No. of ASHA(580)*(Rs.100 Per ASHA Per ASHA Diwas)*12 Months)	**696000**
B-1.1.4a	Best performance Award	There is no prescribe formats to Identity the performance of Asha that's leads to manipulation to Asha Award.	(I) Its must be develop performance format with marks so that actual performer would be emerge. (II) Top live performer should be Awarded ASHA- 1st -Rs. 700, 2nd- Rs. 500, 3rd-Rs. 300, 4th-Rs. 200 & 5th- Rs. 100 (III) One performer should be Awarded to Facilitator.- Rs. 1000/- per block (IV) Asha/ Facilitator Performance should be analysis by Block Community Mobilizer (BCM) and submitted to District (Asha Cell). After that District Level Official Issue Best Asha Performance Certificate with Signature of Chairman cum DM & Member Secretary cum CS, District Health Society (V) Certificate Printing Cost Rs. 200 per block	Total Amount Per Block (1000+700+500+300+200+100+200)= (Rs. 3000 Per Block)*(5 Block)	**15000**

B-1.1.4b	ASHA Shoes/ Sandal	Asha provided to Umbrella in F.A. 2010-11, Torch in F.A. 2011-12 So, Next provied to Asha Shoes/Sandal.	Moblization of public towards the government welfare scheme,ASHA moves in mostly In hard to reach areas,in oreder to support the ASHA, sandals/shoes should be supplied to asha. Rs. 200/- Per Asha	Total Asha (580)*Rs.200/-	**116000**
B-1.1.4c	ASHA I-Card			Rs. 25/- Per Icard Per Asha* 580 ASHA	**14500**
B-1.1.5	ASHA Resource Centre/ ASHA Mentoring Group	Delay selection of Asha Facilitator. There is no precribe Reporting format to measure. Work performance of ASHA Fesilitator even Asha. Out of 5 vacant BCM only 4 BCM posted.	(I) There should be monthly format for ASHA Facilitator in which she must Inclued monthly performance of each ASHA in her group. This is the perfomance of each ASHA facilitator even Asha. (II) Instant of Rs. 150/- per day it should be Rs.200/- per day for each ASHA Facilitator after submission of monthly performance report. (III) For DCM PHC visit on ASHA day and other monitoring.	**ASHA Facilitator-** Total No. of ASHA Facilitator (28)*(Rs.200 Per Facilitator)*7 days*12 Months **DCM-** Rs. 22,000/- + Rs. 2,200/- (10% Annual Increment)=Rs.24,200 * 12 months **DCM PHC Visit-** Rs. 4,000/- per month*12months **Office Expenditure-** Rs. 2,000/- per month*12months **DDA-** **Rs. 16,500/- + Rs. 1,650/- (10% Annual Increment)= Rs. 18,150 * 12 months** **BCM** **Rs. 13,200/- + Rs. 1,320/- (10% Annual Increment)=14,520 * 12 months*4 (No. of working BCM)** **&** **Rs.12,000*12 months* 1 BCM (for 1 vacant BCM)**	**1891560**
				Total-	**4421660**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (UNTIED FUND)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B.2.1	Untied Fund for Sub divisional hospital	1. Last F.Y. no fund provided for sheohar district. SDH upgraded into Sadar Hospital			
B.2.2	Untied Fund for PHC and APHC		1. Rs. 25000 per PHC for 5 PHC and Rs. 25000 per APHC for 17 APHC	PHC - 25000 x 5 APHC - 25000 x 17	**2125000**
B.2.3	Untied Fund for Health Sub Centre		Total no. of sub centre including newly sanctioned 103. So provide untied fund Rs. 10000 for each 103 Sub Centre	10000 x 103	**1030000**
B.2.4	VHSC	Not submitting proper SOE	1. Provide Rs. 10000 for 207 each revenue village. 2. Rs. 100 for permonth each VHSC meeting. 3. Rs. 10000 VHSC quarterly meeting at District Level.	Revenue Village - 207 x Rs. 10000 No. of VHSC Meeting - 54 x 12 x Rs. 100 Quarterly meeting at District Level - 4 x Rs. 10000	**2174800**
Additionalities	Untied fund for Sadar hospital	No fund alloted to DH	Untied fund is needed for DH of Rs 500000	Rs 500000 x 1 DH	500000
				TOTAL UNTIED FUND	**5829800**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (Annual Maintenance Grants)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B.3.1	Annual Maintenance Grant for CHC / Refferal hospital	1. Refferal hospital Tariyani chapra building damaged and no facilities providing there.	1. No need amount because there is no one CHC/ Refferal hospital functional here.		0
B.3.1a	AMG for Sub divisional hospital	Sub divisional hospital upgrade into Sadar Hospital	AMG Fund required for District Hospital	1 DH x 3 lacs	300000
B3.2	AMG for PHC	1. PHC Piprahi building almost damage. 2. PHC Sheohar shifted to out of headquarter in sub centre building so need new building. 3. phc Dumri no have own building.	Provide fund for 4 PHC	4 PHC x 2 lacs	800000
B3.2a	AMG for APHC	1. In sheohar total no. of APHC 17 but last year AMG provided for 8 APHC	Provide fund for 8 APHC	8 APHC x 1 lacs	800000
B.3.3	AMG for Sub Centre	1. In sheohar total no. of 103 sub centre. 25 sub centre in govt. building 9 in other govt. building and 69 in pvt. Building.	1. Provide Rs. 25000 for 34 old sub centre	34 SC x 25000	850000
				TOTAL AMG	**2750000**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (Hospital Strengthen)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B4.1.1.a	Construction of SNCU	Last year no budget for sheohar district	1. construction of 1 SNCU at District Hospital	1 x 6430000	6430000
B4.1.1.b	Upgradation of DH	Last year no budget provided to sheohar district but in sheohar sub divisional hospital upgraded into Sadar Hospital	1. Need Rs. 50 lack upgrading sub divisional hospital building into 110 beded sadar hospital.	1 x 5000000	5000000
B4.2.a	Installation of solar water system				282000
B.4.3	Sub Centre Rent and Contingency	Last year budget allowted only for 10 sub centres but in sheohar 80 sub centre functional in rented houses instead of 103 sub centre	1. Need Rs. 500 per month rent for each sub centre 80	80 sub centre x 12 x 500	480000
				TOTAL AMG	**12192000**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (Construction, Renovation and Setting up)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B5.2.A	Construction of APHC	Out of 17 APHC 14 APHC Landless	Construction of 2 APHC where land is available	80 lacs x 2 APHC	16000000
B5.2.B	Construction of residential quarters for doctors and staff nurses	1. In PHC Purnahia, Piprahi and Tariyani need doctors and nurses quarter. 2. In Sadar Hospital Sheohar need Doctors and Nurses quarter	1. Construction of Doctors and nurses quarter in 3 PHC. 2. Construction of Doctors and Nurses quarter in Sadar Hospital	1. G1 doctors quarter for 4 places 77.20 lacs x 4 2. G2 Nurses quarter for 4 pace Rs. 8118500 x 4	63354000
B5.2.C	Strengthening of Cold Chain				800000
B5.3	Construction of Sub Centre	Out of 103 sub centre only 23 have own building and 80 working in rented house and other govt. building.	1. Construction of 5 Sub centres	20 lacs x 5	10000000
Additionalities	Construction of PHCs	In sheohar 5 PHC sanctioned but only 3 PHC have own building. So need 2 new PHC building.	Budget for Construction of new PHC building for PHC Sheohar at Fatehpur and Dumri Katsari	10000000 x 2	20000000
				TOTAL Other Const.	**110154000**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (RKS)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B.6.1	RKS District Hospital		5 Lacs rs. for Rogi Kalyan Samiti Sadar Hospital	1 x 5 lacs	500000
B.6.2	RKS for Ref. hospital and SDH	SDH Upgraded into Sadar and referral hospital non functional	No fund required		
B.6.3	RKS - PHCs		Fund required for 5 PHC	100000 x 5	500000
B.6.4	RKS APHC	Out of 17 APHC 9 APHC registered and 1 applied and rest 7 APHC resgistration proposed..	1 lac for each 17 APHC RKS	100000 x 17	1700000
				TOTAL Other Const.	**2700000**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (District Action Plan including Block Village)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B.7	DHAP , BHAP & HSC Plan	1) Fund is less for district level & Block level	1) Rs 50000 at district level as have to conduct 2 workshop 2) Rs 6000/- pm for computer assistant for DPC 3) Mobile charge @ Rs. 500 pm for DPC. 4) Laptop charge @ Rs. 35000 for planning cell	Rs 50000 + Rs 6000 x 12 PHC + Rs 500 x 12+35000	163000
				TOTAL Other Const.	**163000**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (VHSC)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B 8.1	Monthly meeting & monitoring of VHSC	(1) VHSC is not functional as per expectation (2) Many members of VHSC creates problem in coordination	1) Convergence with panchayati Raj institution even of district level is must for organising & functioning of VHSC .	54 VHSC x Rs 100 x 12 month + 54 VHSC x Rs 100 for monitoring	70200
B 8.2	Training of VHSC member & Officers		1) Monitoring is must from the state by nodal to initiate & finalise the prog.	5 PHC x 3 block level officials x Rs 50 + Rs 130 x 54 VHSC x 5member	35850
				TOTAL VHSC	**106050**

B 9 Mainstreaming of AYUSH

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B 9.1	Salary of AYUSH MO	(1) Salary is not on time to AYUSH MO (2) Involvment of district DESI MO is not as per guidelines	1) Involvment of Desi MO of AYUSH will be must for proposal & appraisal.	Rs 20000 x 8 APHC x 12 month	1920000

B 10 IEC / BCC

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B 10.1	IEC /BCC activity	1) As all level is now aware about the IEC /BCC activities but fund allotment is less (2)Separate IEC /BCC head is not in all prog. So all fall in this head only (3) Financial guidelines bound DHS in fund utiliztion	1) Fund will be atleast Rs 300000 to district ,Rs 20000 to other health Inst. (2)Financial guideline will not cover the specific plan but free as per local need.	Rs 300000 x DHS + Rs 20000 x 5 health inst.	400000

B 11 Mobile Medical Unit

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B 11	Mobile Medical Unit	1) PHC is not monitoring MMU even not from district	1) DHS & RKS of PHC must monitor the site of MMU camp & will report.	Rs 468000 x 12 month	5616000

B 12 Referal Transport

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B 12.2 c	Basic Life Saving Ambulance (108)			1 BLSA x Rs 130000	1560000
B 12.2 d	Reffer transfer in District		Provide for 4 Basic Life Saving ambulance	130000x4x12	6240000
				TOTAL REFERAL	**7800000**

B 13 **PPP / NGO**

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B 13.3 b	Outsourcing of Pathology & Radiology Services	There is no radiology and pathology facilities at PHC level	Radiology and Pathology 1 for sadar and 5 for PHCs	Radiology - Rs 1500000 x 1 sadar + Rs 300000 x 5 health inst. ; Pathology - Rs 500000 x 1 sadar + Rs 1 lakh x 5 health inst.	4000000
B 13.3 d	Bio waste management	Yet not started	Waste management is must as it is not possible at local level	For 7 unit	688000
				TOTAL PPP/NGO	**4688000**

B 14 Innovations

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B14a	SABLE		No fund for sheohar		
B 14 b	YUKTI yojana (Safe abortion services)	1. Budget is not for advertishment in Print media & other media on regular basis	1) All as per previous year (2) Advertishment fund of Rs 50000 per quarter	175 expected case + Rs 5000 x 5 health inst. X Rs 25000 for YUKTI launch	100000

B 15 Monitoring and Evaluation

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
B15.3.1.a	District and Block Data Centre	In sadar and DHS only one data centre. Two data centre should be essential in Sadar hospital and 3 Data centre in DHS and one more data centre in each PHC for MCTS data entry	Proposal for 3 Data centre in DHS, 2 data centre in Sadar and 2 data centre (1 for MCTS) in each PHC	15 Data centre x 10000 pm x 12 month	1800000
B15.3.2.a	MCTS and HRIS	Need training on HRIS to all health manger, MOIC and data operator Need MCTS training to all ANM	Fund for 5 PHC and District level training	6 health institution x Rs. 30000	180000
B15.3.2.b	RI Monitoring				200000
B15.3.3.a	Strengthening of HMIS	Fund must be for web development of DHS	Provide fund web site developmment and external hard disk	50000 for web development + 4000 for external hard disk	54000
B15.3.3.b	HMIS supportive suppervision and data validation	1. M & EO should visit every immunization day. 2. Resource pool not visition PHC as per direction of M & EO	1. Proposal for 8 visit upto HSC level of M & EO. 2. Proposal for Resource pool visit. 3. Proposal for quarterly bulletin	1500 x 8 for MEO + 3000 x 4 for Resource Pool X 12 months + 50000 for quarterly bulletin	338000
Additionalities	Hospital Management System		Implementation of IT Tools in sadar hospital		13900000
				TOTAL PPP/NGO	**16472000**

B 16 **Procurement**

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
16.1.1	MH- Labour room equipment		Provide fund for 6 MCH centre	5 APHC + 1 HSC x Rs 120000	720000
B 16.1.2	CH - SCNU & NBCC equipment	1) No fund provision of NBCC equipment at MCH center in financial guidelines 2) Not yet started to make SCNU building	Fund must be alloted to establish NBCC at MCH center of APHC	5 APHC as MCH center x Rs 139492	697460
B 16.1.3 A	FP - Minilap set		1) In addition to PHC, DH will must be included.	1 DH + 5 PHC x Rs 3000 / kit x 5 kit	90000
B 16.1.3 B	FP - NSV kit		5 kit each for DH	5 kit x 1 unitx Rs 1100	5500
B 16.1.3 C	FP - IUD insertion kit		IUD insertion kit must be purchased for all health inst. In district upto APHC level	Rs 15000 x 1 DH +5 PHC + 17 APHC	345000
B 16.1.5 a	Dental chair Procurement	Dental chair along with related equipment has not been rate contracted	Rate contract must be of Dental equipment so that use of chair would be made. (2) PHC will be provided with dental chair.	3 unit x Rs 283500	850500

B16.1.5.b	Equipment for blood banks	Blood storage centre not functional due to unavailability of MO and other staff for blood storage.	Proposal for purchase of equipments for blood bank		1390000
B 16.1.5 c	AC for Blood bank	Last year fund not provided	AC for Blood storage unit	1 unit x Rs 25000	25000
B 16.2.1 a	Parental Iron sucrose (IV/IM)	No specific training provided ,only supplied (2) Fund distribution is generic for all district.	Training is must before made in use to SBA trained & in SBA training (2) Fund must be on no. of delivery conducted or population based		500000
B 16.2.1 b	IFA tablet for pregnant & lactating women				400000
B 16.2.2 a	IFA small tab. & syrup for children				500000
B 16.2.2 b	IMNCI drug kit	No IMNCI kit has been provided to IMNCI trained	IMNCI kit must be provided to trained & will be trained.		400000
B 16.2.5	General Drugs & supplies for health facilities	Drug requirment analysis is not as per direction & modules.	Demand analysis workshop will be conducted by drug procurment cell to MoIc store & storekeeper alongwith DPM		3000000
				TOTAL PROCUREMENT	**8923460**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (Routine Immunization)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
C.1.a	Mobility support for supervision & monitoring for DIO	Lack of mobility support	Vehicle should provide on monthly basis @ Rs. 20000 per month	20000 x 1 x 12	**240000**
C.1.c	Printing and dissemination of Immunization cards, Tally sheets, monitoring forms, etc.	1. Lack of monthly reporting for as per DHS-2 format. 2. Lack of MCTS register. 3. Lack of Muskan register. 4. Lack of Fund in this head.	Printing of monthly reporting format 140 x 12. Printing of MCTS register 510 site x 1+140 for health institution. Printing of ANM Tally sheet. Printing of AWC Muskan Register - 510 Printing of AWC due list register - 510 Printing of ANM Bhuktan panji register & beneficiaries list cum Medicine format in book, Printing of Coverage monitoring chart.	Monthly report - @Rs. 50 x 140 x 12 months MCTS register - @Rs. 40 x 510 + 140 Tally sheet - 23000 x Rs. 5 Muskan register - 510 x Rs. 20 Due list register - 510 x Rs. 20 Bhuktan Panji - 140 x Rs. 20 Coverage monitoring chart - 140 x @ 5	**243440**
C.1.e	Quarterly review meeting at district level		Quarterly review meeting @ Rs. 150 per participant for total participant 20	Rs. 150 x 20 x 4	**12000**
C.1.f.	Quarterly review meeting at Block level	1. Quarterly review meeting not attending at block level so this should promote in next F.Y. 2. Lack of fund for attending the meeting of AWW, ANM and ASHA	Provide fund for Travel cost @ Rs. 50 to ASHA. Provide fund for meeting expenses @ Rs. 50 per participant including ASHA, ANM, AWW.	Travel cost - @ Rs. 50 x (580) x 4 quarter Meeting expenses @ Rs. 50 x (580 ASHA X 137 ANM X 510 AWW) x 4 quarter	**361400**
C.1.g	Focus on Urban slum & underserved areas in urban areas, alternative vaccinator for slums		Provide @ Rs. 200 for slum area vaccinator for 200 vaccinator	Rs. 200 x 200 vaccinator	**40000**

C.1.h	Social mobilization by ASHA, Link workers, paid mobilizers, etc.		Mobilization of children through ASHA under Muskan ek Abhiyan @ Rs. 20 for 10000 beneficiaries	Rs. 20 x 10000	**200000**
C.1.i	Alternative vaccine delivery in hard to reach area		Alternative vaccine for 20 @ rs. 1600	Rs. 1600 x 20	**32000**
C.1.j	Alternate vaccine delivery in other areas.		Alternate vaccine delivery @ Rs. 600 for 807	Rs. 600 x 807	**484200**
C.1.k.	Develop microplan at sub centre level & consolidation of microplan at block level	Lack of awareness of preparation of microplan to ANM. So Need orientation workshop at block level	1. Preparation of microplan at sub centre level @ Rs. 200 per sub centre for 103 sub centre. 2. Provide fund for orientation workshop for preparing the microplan @ Rs. 5000 for 5 PHC 3. Provide fund for workshop at District level Rs. 10000	Rs. 200 x 103 sub centre Rs. 5000 x 5 PHC Rs. 10000 x 1	**55600**
C.1.L	Consolidation of microplan at block level		Provide fund for consolidation of fund at block @ Rs. 2000 per PHC	5 PHC X Rs. 2000	**10000**
C.1.m	POL for vaccine delivery from district to PHC level		Provide fund POL for vaccine delivery from District to PHC level @ Rs. 10000 for 5 PHC	Rs. 10000 x 5 PHC	**50000**
C.1.n	Consumables for computer including provision of internet access		Consumables for computer including provision for internet access for RIMs @ Rs. 750 for 12 months	Rs. 750 x 12	**9000**
C.1.o	Red and black plastic bag		For bio medical waste management - purchase of Red and Black Plastic bag @ Rs. 30 for 800	Rs. 30 x 800	**24000**
C.1.p	Safety pit		No fund for sheohar district		
C.1.q	Safety pit		For safety pit for those PHC / Hospitals where there is no pit or is not in working condition	Rs. 6000 x 5 PHC	**30000**
C.1.r.	Alternate vaccinator hiring for access compromised areas		Provide fund for alternate vaccinator hiring for Access compromised areas, POL of Generators for cold chain and for serious AEFI cases.		**100000**
c.2.b	Computer Assistant at District Level		Computer Assistant for District level @ Rs. 12000 per month for 12 months	Rs. 12000 x 12	144000
C.3.a.	District level Orientation Training		Proviide fund for District level orientation training including Hep - B, Measles, for ANM, MHW, LHV & other for 220 participants		338800

C.3.d	One day cold chain handlers training for block level cold chain handlers		Provide fund for one day cold chain handler training for 5 PHC	Rs. 6400 x 5 PHC	32000
C.3.e.	One day training of block level data handlers		Provide fund for one day training for data handler		10000
C.4	Cold Chain Maintenance		Provide fund for Electrical and non electrical equipment maintenance, vaccine van maintenance		60000
				Total-	**2476440**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (Vitamin A)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
1	Meeting Orientation	Lacs of participation of CDS Members	1. Provide fund for District coordination meeting twice in a years. 2. Block coordination meeting twice in a year per block. 3. Orientation of ASHA, AWW, ANM as additional site worker in rural areas .	District coordination - Rs. 2500 x 2 Block coordination - Rs. 1000 x 2 x 5 Fund for orientation of ANM, ASHA, AWW Rs. 32850	**55000**
2	Monitoring support	Need effective monitoring by Medical officer and district level officers.	Provide fund for monitoring suppoort for ASHA, Monitoring support for ASHA facilitator, Monitoring by District Offiials, Monitoring by Block official.	1. Monitoring support for ASHA - Rs. 300 per worker x 2 round x 4 days. 2. Monitoring support for ASHA facilitator- Rs. 400 per supervisor x 2 round x 4 days 3. Monitoring by district officials Rs. 3000 x 2 round. 4. Monitoring by block officials- Rs. 500 x 2 round for 5 PHC	**32400**
3	Vitamin A Bottle medicine	Lack of bottle at the time of round			**114700**
4	Marker Pen		Fund for marker pen		**21608**
				Total-	**223708**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (MAMTA)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
1	MAMTA Training	Earlier delivery was conducting in one institution. Now delivey conduction in 4 institutions. So need 9 more MAMTA for 3 PHCs.	Provide fund for the training for 18 MAMTA	1. Honorarium for Trainer - 3 trainer x 2 days x Rs. 300. 2. Honorarium for MAMTA - 18 participants x 2 days x Rs. 200 3. Lunch and Refreshment - 21 participant x 2 x Rs. 100 4. Incidental Exp. For photocopy, etc. - Rs. 50 x 21 participants x 1 days	**14250**
				Total-	**14250**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (Iodine Deficiency Disorder Control Programme)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
1	National Iodine Deficiency Disorder Control Programme		1. Provide budget for running cost of IDD Cell. 2. Review meeting at District Level. 3. Training and Orientation. 4. Publicity.	1. cost for IDD Cell - 816000 2. Review meeting - 10000 3. Training and Orientation - 30000 4. Publicity - 7500	**863500**
				Total-	**863500**

District Health Society, Sheohar

PIP of F.Y. 2012-13 (IDSP)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
1	Human Resource	No Epidemologist, Data Manager and Computer Operator posted. Recruitment made by SHSB	Provide Epidemologist, Data Manager and Computer Operator as well as budget	1. Epidemologist - 30000 x 12 2. Data Manager - 15000 x 12 3. Computer Operator - 10000 x 12	**660000**
2	Operational Expenses		Provide fund for operational cost like office expenses, broadband expenses, ICT equipment maintenance, etc.	Rs. 20000 per month x 12 months	**240000**
				Total-	**900000**

During Spray Period (IRS operational Cost, intensive spray for 2 round ,120 days(4 months)

FMR code	Activity	Gaps	Proposal for 2012-13	Basis of Calculation	Proposed Budget for 2012-13
1	Wages For FW & SFW(Intensive spray)			For 16 squads x 2 round	Rs.1411200=00
2	Office expenses for (@Rs 250 /per squad)			@ Rs. 250 x16 x 2 round	Rs.8000=00
3	Contingency for Dist.(@Rs 250 / per squad)			@ Rs. 250 x 16 x 2 round	Rs.8000=00
4	Dist. Mobility for CS Vehicles			@ Rs. 10,000 x 2 months x 2 rounds	Rs. 40,000=00
5	Dist. Mobility for ACMO Vehicle			@ Rs. 10,000 x 2 months x 2 rounds	Rs. 40,000=00
6	Mobility for DMO and VBD Consultant vehicle.			@ Rs.20,000 x 2months x 2 rounds	Rs. 80,000=00
7	Mobility For PHCs MOs			@Rs.650/day X120 days X 5	Rs.390000=00
8	Transportation of DDT (including loading and unloading) Dist. To PHCs @Rs 2000/per affected			5 x @ Rs. 2000 x 2 round	Rs.20000=00

	PHCs				
9	Transportation of DDT(including loading and unloading) PHCs to Villages @Rs 1500/per affected PHCs			5 x@1500 X 2 round	Rs.15000=00
10	Repair of equipments @ Rs150/per squad			@150 x 16 x 2 round	Rs. 4800=00
11	Purchase of Nozzle tips @ Rs 800/squad (Rs 40 x 16 nozzles tips x 8 weeks)			@Rs 800 x 16 x 2 round	Rs.152800=00
12	DA for supervision of IRS @ Rs 2000/per affected PHCs			5 x @ Rs. 2000 x 2 rounds	Rs.20000=00
13	IEC @ Rs 3000/per PHCs			@Rs3000 x 5 x 2 round	Rs. 30000=00
14	Evening Debriefing DHQ			@Rs 200 x 120days	Rs 24000=00
15	Evening Debriefing PHCs			@Rs 150 x 120days x 5	Rs 90000=00
16	Purchasing of new equipments			23Pumps, 12 gallon, 12 pound measures.	Rs.200000 aprox
	TOTAL GROSS				**Rs.2493800=00**

Budget during non spray period

HEADS				Unit cost	Total
1					
2	Office expenses. @ Rs 5000/per months(12 months)			12 X Rs.5000/-	Rs. 60000=00
3	Hiring of ware house for DDT storage @ Rs 5000/per months for 12 months			12 X Rs. 5000/-	Rs. 60000=00
4	Kala Azar search programme@ Rs 750/PHC x 12 months			5 X camp 8 X @Rs.750/-	Rs.6000=00
5	IEC visibility during search programme @ Rs 750/PHCs			@Rs.750/- X 5	Rs.3750=00
6	Miking during kala azar camp @ Rs 500 per camp/PHCs x 8 months			@ Rs. 500/- X 5 X 8 CAMP	Rs. 20000=00
7	For refreshment @ Rs 250 per camp/Per PHCs x 8 months			@ Rs.250/-per camp X 8 X 5	Rs.10000=00
8	For camp Box @ Rs 1000/Per PHCs			5 X Rs 1000/-	Rs 5000=00

10	**Mobility for DMO and VBD Consultant vehicle.@ Rs 20000/per month during non spray period**			**8 X Rs 20000/-**	**Rs. 160000=00**
11	**Mobile phones for DMO, VBD Consultant and other KA concerning staffs @ Rs 5000 x 10 nos.**			**10 X Rs.5000/-**	**Rs.50000=00**
13	**IEC @ Rs 5000 /per PHCs**			**5 X Rs 5000/-**	**Rs. 25000=00**
14	**Treatment card @Rs 5.00/treatment card for 2 cards per case.+ 20% extra**			**3300 X @Rs 5/-**	**Rs 16500=00**
15	**Registers for (line listing ,loss of wages, ASHA Records, Drug records)@ Rs 50.00/ register-4 registers / PHC)and 20 registers for District**			**@ Rs.50/- X 40 Reg.(5 PHCs + 20 reg for D.HQ)**	**Rs.2000=00**
16	**Training to MOs, BCM(ASHA)& paramedical in the district**				**Rs.20000=00**
17	**Training of ASHA @ Rs 2000/-**			**@Rs 2000**	

18	**Training of spray workers @ Rs 2000/-per batch 19 participants in each batch)**			**@Rs2000/- X 5 batch**	**Rs.10000=00**
				TOTAL	**448250=00**
PARTICULERS OF STAFF SALARY-2012-13					
1	**VBD Consultant salary @ Rs 30000 x 12 months**			**@Rs.30000/-per month**	**Rs.360000=00**
2	**KTS salary @ Rs 10000 x 6 x 12 months**			**@Rs.10000/-per month**	**Rs.720000=00**
3	**DEO salary @ Rs 7500 x 12 months**			**@ Rs.7500/- per month**	**Rs. 90000=00**
4	**FLA salary @ Rs 8000 x 12 months**			**@Rs.8000/-per month**	**Rs.96000=00**
5	**TOTAL GROSS**				**1266000=00**

Particulars budget during spray period	-	**2493800/-**
Particulars of budget during non spray period	-	**448250/-**
Particulars of staff salary	-	**1266000/-**
TOTAL	-	4208050/-

PART	Rs.
Total Part A -	116763291
Total Part B -	184235970
Total Part C -	2476440
Vitamin A-	223708
Mamta -	14250
Iodine -	863500
IDSP -	900000
VBDCP -	4208050
Total-	**309685209**