

# District Health Action Plan Darbhanga

**2009-2010**



**District Health Society  
Darbhanga**

## **Foreword**

It has become now crystal clear for policy makers through many empirical studies that health of the common people decides the destiny of that country. If we throw light on our health system we find that they are in shambles. Efforts in other areas would lead us nowhere unless we pay heed towards the fine tuning of our health system. Probably this is the reason government of India launched National Rural Health Mission to fill the gap in our health system and make it be able to meet the Medicare needs of the people who can not effort Medicare at market price.

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 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 need to congratulate the department of Health and Family Welfare and State Health Society of Bihar for their dynamic leadership of the health sector reform programme and we look forward to a rigorous and analytic documentation of their experiences so that we can learn from them and replicate successful strategies. I also appreciate their decision to invite consultants (NHSRC/ PHRN) to facilitate our DHS regarding preparation the DHAP. The proposed location of HSCs, PHCs and its service area reorganized with the consent of ANM, AWW, male health worker and participation of community has finalized in the block level meeting.

I am sure that this excellent report will galvanize the leaders and administrators of the primary health care system in the district, enabling them to go into details of implementation based on lessons drawn from this study.

**Pran Mohan Thakur**

**(District Magistrate)**

## **About the Profile**

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

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

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

**Dr. Lakhindra Prasad**  
Civil Surgeon

# Chapter-1

## Introduction

### 1.1 Background

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

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

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

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

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

### ***Stakeholders in Process***

- ❑ *Members of State and District Health Missions*
- ❑ *District and Block level programme managers, Medical Officers.*
- ❑ *State Programme Management Unit, District Programme Management Unit and Block Program Management Unit Staff*
- ❑ *Members of NGOs and civil society groups*
- ❑ *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 compiled 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 Darbhanga 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.

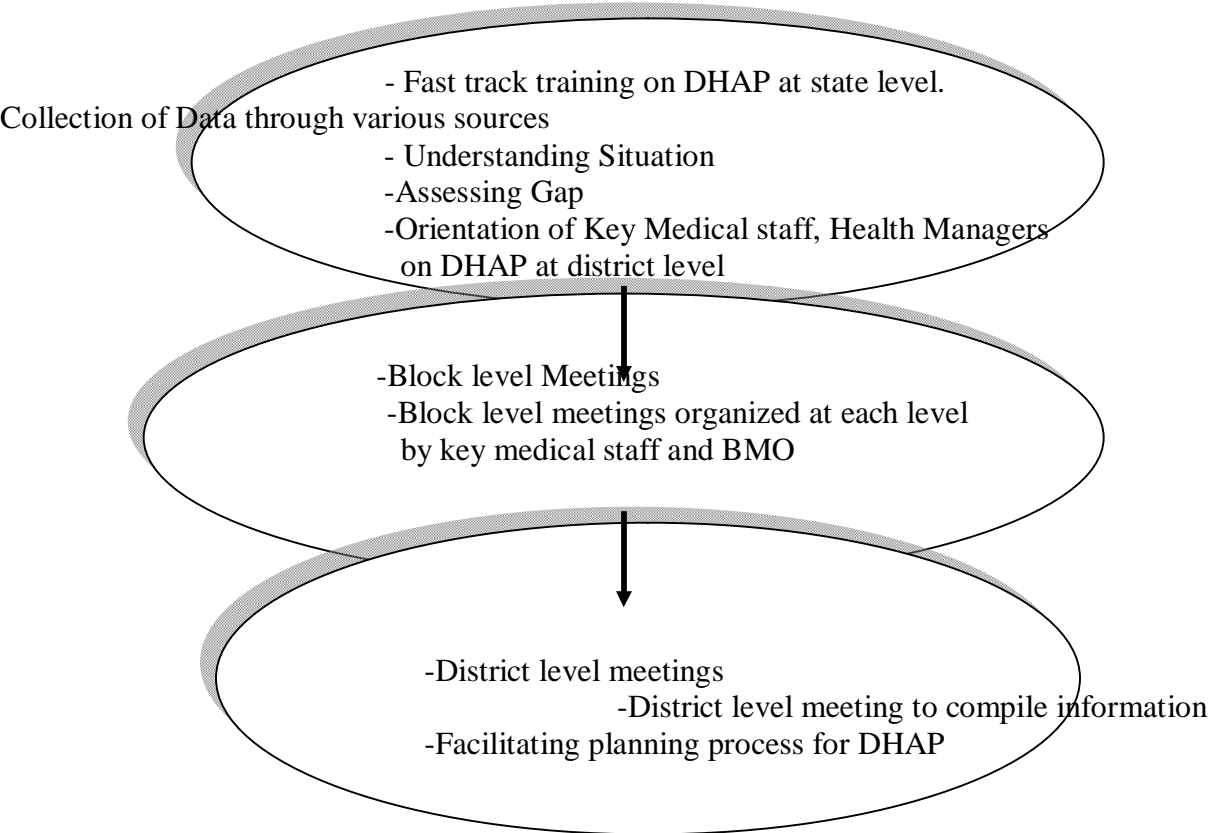
This Integrated Health Plan document of district has been prepared on the said context.

### **1.3.3 Preparation of DHAP**

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



District Health Action Plan Planning Process

## Chapter 2

### District Profile

#### History

Darbhanga fondly remembered as the capital city of ancient Mithila has a glorious past. Mithila, observes Grierson, “ is a distinct with its own traditions, its own poet and its own pride ; in a true sense everything belonging to itself.” The land of the philosopher king Videh Janak , law saint poet Vidyapati, legendry scholars Yagnavalkya, Mandan of learning and scholarship. All in all, Mithila is universally known as the birth place of Goddess Sita. The splendid site of Balrajgarh, Uchchaith , Jayamanglagarh, Mahishi Bangaon and the like speak volumes of the glorious cultural heritage of Mithila, making the region potentially sound for promoting heritage tourism. Madhubani painting is rightly regarded today as the cultural ambassador of India and not that of the Mithila alone.

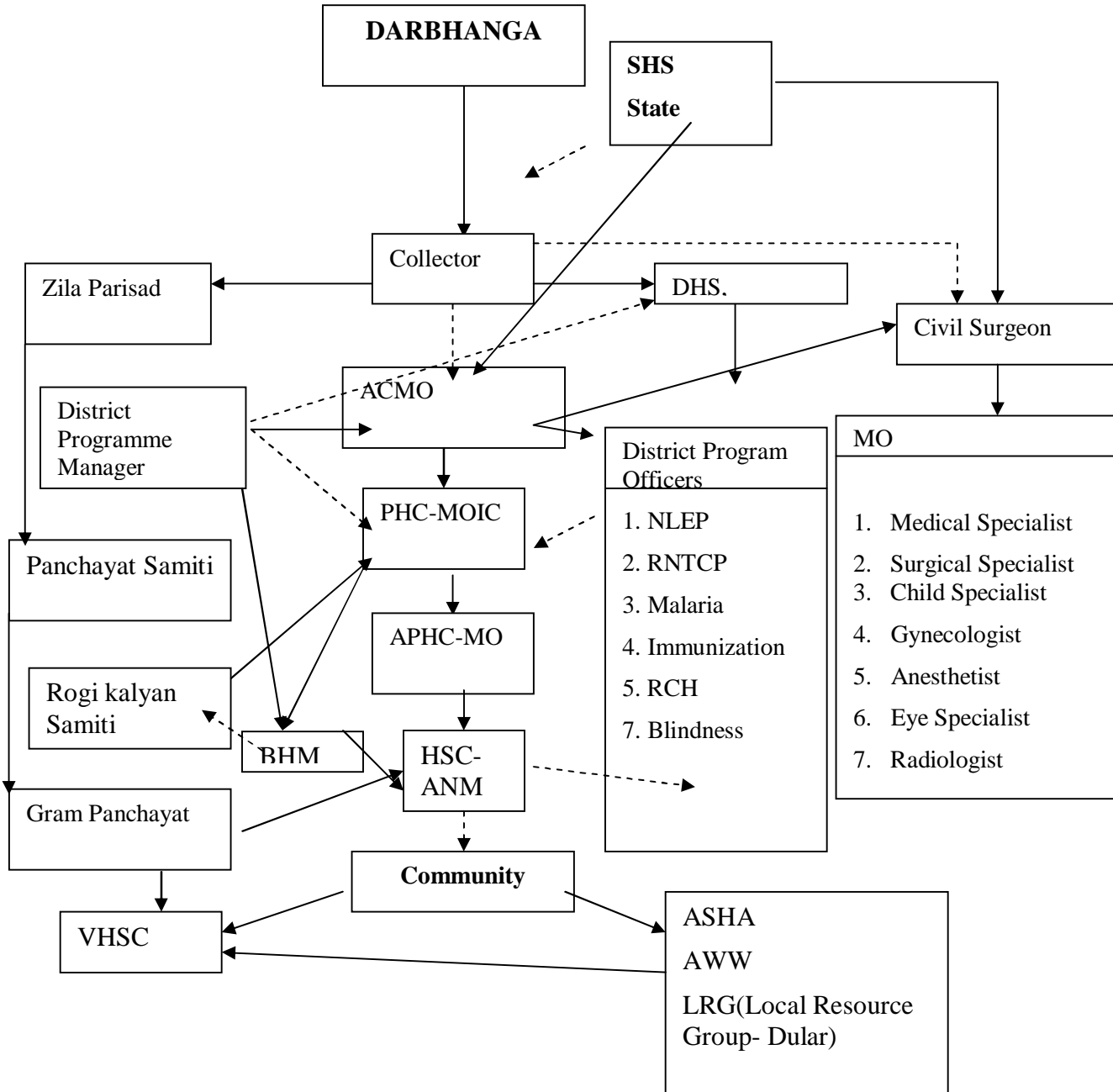
The history of Darbhanga dates back to the Ramayana and Mahabharat periods . According to the Vedic Sources , the Videhas of Aryan stock first migrated to the area from the banks of Saraswati in Punjab. They were guided to the east of Sadanira (Gandak river) by Agni, the God of Fire. Settlements were established and, thus, flourished the Kingdom of Videhas- the Selfless . In course of time videhas came to be ruled by a line of kings there was a very famous King named Mithi . To commemorate his greatness the territory was named as MITHILA. Another famous king was Janak Sirdhwaja, father of Sita. The legends speak of various learned men patronized by Janak Sirdhwaja , who himself was an erudite scholar. Among them prominent were Yagyavalkya, who codified the Hindu law in his Yagyavalkya Smriti and Gautam , who has various valuable philosophical treatises to his credit. King Janak was himself a great philosopher and his ideas have been eternally enshrined in the Upanishads.

The name of the district has been derived from its head quarter and principal town ,which is said to have been founded by Darbhangi Khan. It is also said that the name **Darbhanga** was derived from **Dwar- Banga** or **Dar-e-Bang** meaning “THE GATEWAY OF BENGAL”.

Darbhanga is One of the important districts of North Bihar situated in the very heart of Mithilanchal- the fertile , alluvial plains of North India. Under the British rule, Darbhanga was a part of Sarkar Tirhut upto 1875, when it was constituted into a separate district. The Sub – divisions of the then district Darbhanga were created as earlier as Darbhanga Sadar in 1845, Madhubani in 1846 and Samastipur in 1867. Darbhanga was part of patna Divisions till 1908,



## District Health Administrative Setup



**DAR BHANGA– AT A GLANCE**

AREA ( Sq. Kms):-	2279
POPULATION(CENSUS 2001)	
TOTAL :-	3285473
MALES :-	1716640
FEMALES :-	1568833
RURAL POPULATION	
TOTAL :-	3018639
MALES :-	1577137
FEMALES :-	1441502
URBAN POPULATION	
TOTAL :-	266834
MALES :-	139412
FEMALES :-	127422
POPULATION OF SCHEDULED CASTES	
TOTAL :-	511125
MALES :-	266236
FEMALES :-	240789
POPULATION OF SCHEDULED TRIBES :-	
TOTAL :-	846
MALES :-	467
FEMALES :-	379
DENSITY OF POPULATION	:- 1442 per sq.Km
SEX RATIO	:- 914

**COMPARATIVE POPULATION DATA( 2001 Census)**

Basic Data	India	Bihar	Darbhang
Population	1027015247	82878796	3285473
Density	324	880	1142
<b>Socio- Economic</b>			
Sex- Ratio	933	921	914
Literacy % Total	65.38	47.53	44.32
Male	75.85	60.32	57.18
Female	54.16	33.57	30.35

<b>LITERACY RATE</b>		
TOTAL	:-	44.32%
MALES	:-	57.18%
FEMALES	:-	30.35%
BLOCKS	:-	18
SUB-DIVISION	:-	03
PANCHAYATS	:-	330
VILLAGES:-		1269
POLICE STATIONS	:-	23
TOWNS	:-	01
NAGAR PARISHAD(DARBHANGA)		01
M.P CONSTITUENCY	:-	01
M.L.A. CONSTITUENCY	:-	10
<b>HEALTH</b>		
DARBHANGA MEDICAL COLLEGE & HOSPITAL		01
DISTRICT HOSPITAL	:-	00
REFERRAL HOSPITAL	:-	02
PRIMARY HEALTH CENTRE	:-	18
ADDITIONAL PRIMARY HEALTH CENTRE	:-	36
HEALTH SUB CENTRE	:-	261
BLOOD BANK	:-	01(DMCH)
AIDS CONTROL SOCIETY	:-	01
TRAINED NURSES	:-	516
TRAINED DOCTORS	:-	145

## 2.1 SOCIO-ECONOMIC PROFILE

### Social

- Darbhanga district has a strong hold of tradition with a high value placed on joint family, kinship, caste and community.
- The villages of Darbhanga have old social hierarchies and caste equations still shape the local development.
- 16.% of the population belongs to SC and 0.025.% to ST. Some Of the most backward communities are *Mushahar, Dusadh, Chamar Mallah and Dome.*

### Economic

- The main occupation of the people in Darbhanga is Agriculture, Fisheries and daily wage labour.
- Almost 15% of the youth population migrates in search of jobs to the metropolitan cities like Kolkata, Mumbai, Delhi, Amritsar, etc.
- The main crops are Wheat, Paddy, Maize, Makhana and Mango.
- Mango, Makhana and Chilli are the major cash crop of the community residing at the bank of Kamla and Baghmata river

### Demographic scenario of Darbhanga district.

#### According to Census of India 2001:

- The size of population of Darbhanga district is about 3285473, comprising 4% population of Bihar state in 2.30 proportion of state's area.
- Very high density of population 1442 which is still rising
- Decadal population growth rate of 2.25 as against 2.13 of the state as a whole. Thus the decadal growth rate of the district is slightly more than that of the state.
- Sex ratio of the population is 914 females per thousand males which is almost same as the sex ratio of the state. It is difficult to interpret the deficit of 86 females per thousand males in the district despite outward migration, predominantly of males in the working ages. A plausible explanation seems to be that over the years male population has benefited more from the epidemiological transition than the female population.
- Only 8% of the population resides in the urban area, and the rest lives in the rural areas.

Based on these statistics one can say that Darbhanga district lacks urbanization and industrialization. As elsewhere in Bihar, Darbhanga suffers from lack of infrastructure facilities, lack of social development and most people depend on small size agricultural land. Agricultural productivity is further affected adversely by recurrent floods and droughts (World Bank, 2005).

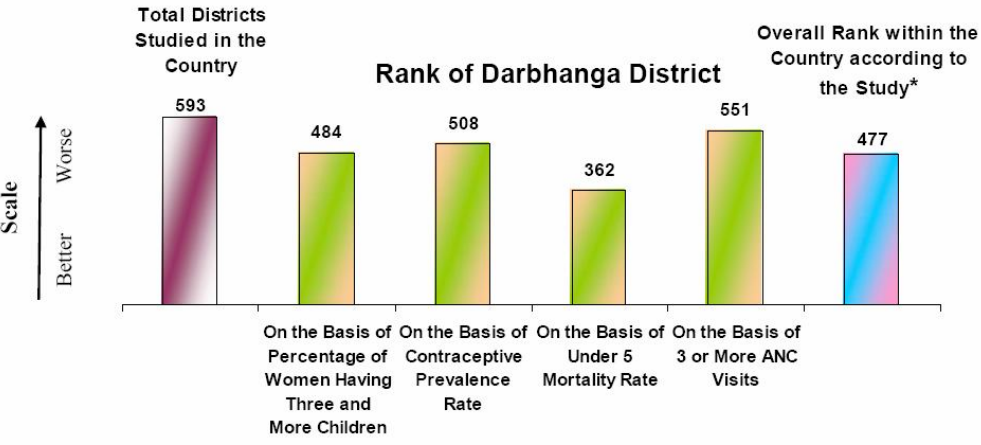
### Rainfall and Flood Situation

The district receives medium to heavy rainfall (average rainfall 1142 mm), and faces condition of severe flood. In the year 2007 the flood condition was so bad that almost 198 gram panchayats and 896 villages got marooned. According to the estimates of National Disaster Management Department, **in the year 2007, 3,76,249 people were directly affected by the floods.** Crops were damaged, and there was irreparable damage to property and huge loss of lives.

## 2.3HEALTH PROFILE

### General Status of health in Darbhanga district

In a study of 513 districts of the country (Jansankhya Sthirata Kosh", www.jsk.gov.in) in terms of overall rank in health it was found that Darbhanga district ranks 477 though on the basis of under-five mortality it ranked 362. Filariasis, Malaria, Kala-azar, skin diseases, and Tuberculosis are some of the most common diseases in Darbhanga district. Hepatitis, Diarrhea, Typhoid, Blindness and Leprosy are other high prevalence diseases. Kala-azar is an endemic problem in Bihar.



All districts have not been covered due to unavailability of data for some districts

\* Source: Ranking and Mapping of Districts, IIPS 2006  
 IIPS: International Institute for Population Sciences, Deonar, Mumbai, is an autonomous institution under the administrative control of the Ministry of Health and Family Welfare, Government of India. It offers academic courses in the area of population studies.

**District Indicators, Darbhanga, (2001 Census)**

Indicators	Census 2001
Population (in thousands)	3285
Decadal Growth Rate (1991-01)	30.9
Sex Ratio*	914
Percent Urban population	8.1
Percent SC population	14.6
Percent ST population	0.01
Female Literacy Rate (7 years and above)	30.4
Male Literacy Rate (7 years and above)	57.2

**Sample outcome, DLHS -3, 2007-08**

Category	No. covered	Response Rate
Households	1254	92.9
Ever Married Women (15-49 years)	1119	88.6
Unmarried Women (15-24 years)	199	89.6
Sub Centres (SC)	37	100.0
Primary Health Centres (P H C)	17	100.0
Community Health Centres (C H C)	2	100.0
District Hospital (D H)	1	100.0

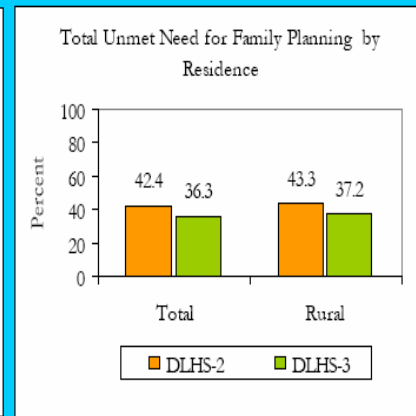
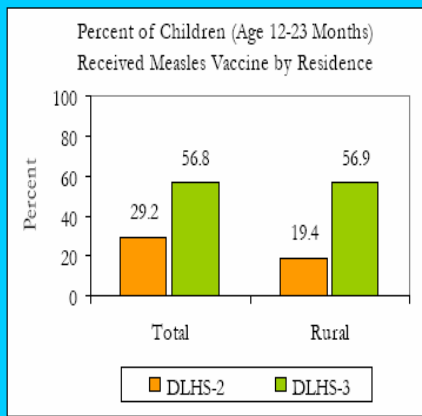
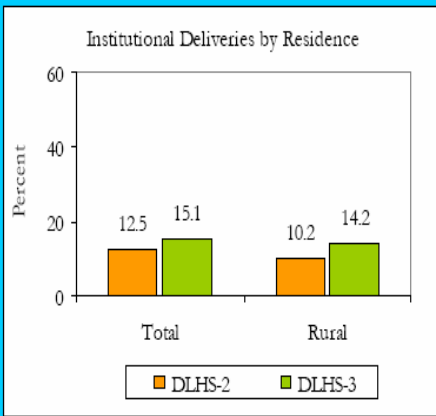
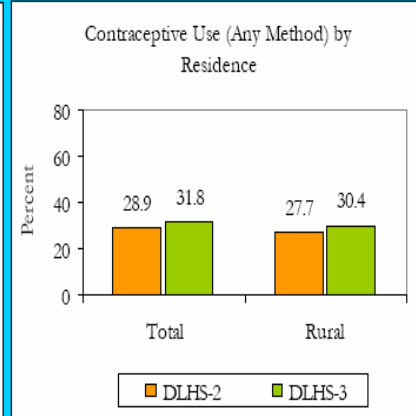
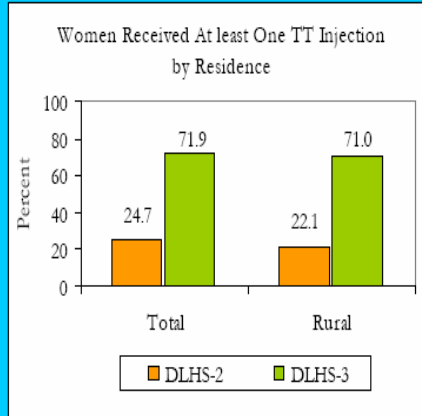
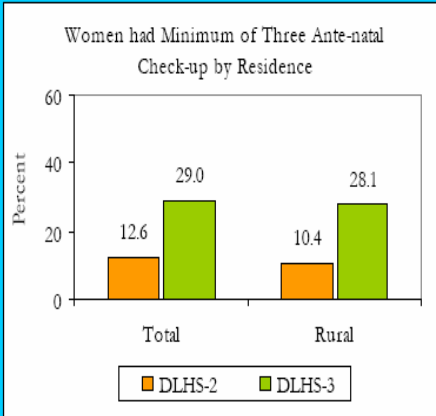
**Population and Household Characteristics, 2007-08**

Background Characteristics	DLHS - 3		DLHS - 2	
	Total	Rural	Total	Rural
Percent total literate Population (Age 7 +)	56.5	54.7	-	-
Percent literate Male Population (Age 7 +)	71.1	70.4	-	-
Percent literate Female Population (Age 7 +)	43.0	40.6	-	-
Percent girls (age 6-11) attending Schools	98.5	98.3	-	-
Percent boys (age 6-11) attending Schools	99.4	99.7	-	-
Have Electricity connection (%)	25.4	21.7	10.5	6.4
Have Access to toilet facility (%)	18.8	14.2	20.1	15.6
Use piped drinking water (%)	0.2	0.1	18.7	18.1
Use LPG for cooking (%)	5.5	1.8	8.2	3.8
Live in a pucca house (%)	12.5	9.6	12.1	8.6
Own a house (%)	98.1	98.3	-	-
Have a BPL card (%)	15.4	15.3	-	-
Own Agriculture Land (%)	29.1	30.7	-	-
Have a television (%)	9.7	6.6	13.8	9.9
Have a mobile phone (%)	18.1	15.5	-	-
Have a Motonized Vehicle (%)	4.9	3.3	7.8	5.8
<b>Standard of Living Index</b>				
Low (%)	83.5	87.2	77.0	81.5
Medium (%)	9.3	8.6	15.1	13.9
High (%)	7.2	4.2	7.9	4.6

\* Number of Females per 1000 Males

Bihar	DLHS-3	District : Darbhanga				
		Indicators	DLHS - 3		DLHS - 2	
			Total	Rural	Total	Rural
<b>Marriage and Fertility, (Jan 2004 to 2007-08)</b>						
Percentage of girl's marrying before completing 18 years		39.1	41.3	56.6	59.8	
Percentage of Births of Order 3 and above		51.4	51.8	57.3	57.8	
Sex Ratio at birth		107	105	-	-	
Percentage of women age 20-24 reporting birth of order 2 & above		71.8	72.1	-	-	
Percentage of births to women during age 15-19 out of total births		96.9	96.9	-	-	
<b>Family planning (currently married women, age 15-49)</b>						
<b>Current Use :</b>						
Any Method (%)		31.8	30.4	28.9	27.7	
Any Modern method (%)		30.4	29.1	26.7	25.6	
Female Sterilization (%)		27.9	27.3	22.0	21.5	
Male Sterilization (%)		0.1	0.1	0.3	0.2	
IUD (%)		0.3	0.3	0.7	0.7	
Pill (%)		1.0	0.9	2.6	2.4	
Condom (%)		0.8	0.2	1.0	0.7	
<b>Unmet Need for Family Planning:</b>						
Total unmet need (%)		36.3	37.2	42.4	43.3	
For spacing (%)		14.7	15.2	17.5	18.2	
For limiting (%)		21.6	22.0	24.9	25.1	
<b>Maternal Health:</b>						
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)		18.3	17.5	-	-	
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)		29.0	28.1	12.6	10.4	
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)#		71.9	71.0	24.7	22.1	
Institutional births (%)		15.1	14.2	12.5	10.2	
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)		2.9	3.0	8.2	7.9	
Mothers who received post natal care within 48 hours of delivery of their last child (%)		38.4	38.6	-	-	
<b>Child Immunization and Vitamin A supplementation:</b>						
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%)		41.8	40.4	28.1	17.5	
Children (12-23 months) who have received BCG (%)		91.5	90.9	43.8	35.9	
Children (12-23 months) who have received 3 doses of Polio Vaccine (%)		52.5	51.3	40.8	27.2	
Children (12-23 months) who have received 3 doses of DPT Vaccine (%)		55.4	53.3	40.8	27.2	
Children (12-23 months) who have received Measles Vaccine (%)		56.8	56.9	29.2	19.4	
# It is adjusted according to DLHS-3 definition						

Performance at a Glance



### 2.3.1 HEALTH STATUS AND BURDEN OF DISEASES

**Table. CASE FATALITY RATE**

S.No	Disease	2007		2008	
		Case	Death	Case	Death
1	Diarrhea / Dysentery	4415	3	335	0
2	Cholera	0	0	0	0
3	Meningitis	0	0	0	0
4	Jaundice	0	0	0	0
5	Tetanus	0	0	0	0
6	Kala-azar	1246	6	1497	4
7	Malaria	231	0	219	0
8	A.R.I.	NA	NA	NA	NA

### 2.3.2 PUBLIC HEALTH CARE DELIVERY SYSTEM: ORGANISATIONAL STRUCTURE AND INFRASTRUCTURE

**Table HEALTH CARE INSTITUTIONS IN THE DISTRICT**

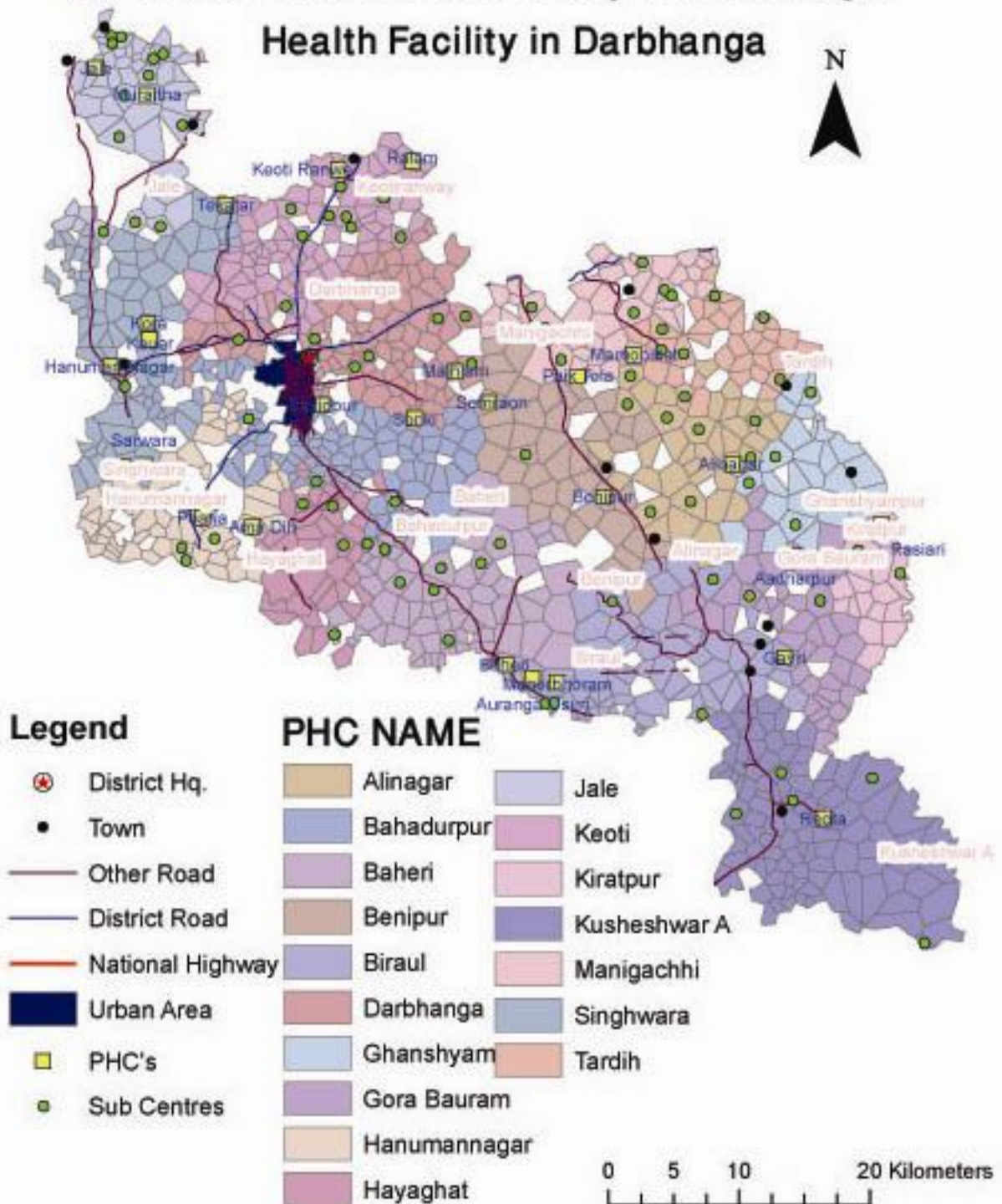
S.No.	Type of Institutions	Number	No. of Beds*
1	Darbhanga Medical College & Hospital	1	700
2	District Hospital	0	0
3	Referral	2	60
4	Block PHCs	18	72
5	APHCs	36	148
8	Sub-centres	261	0
9	Ayurvedic Dispensaries	0	0
10	Anganwadi Centres	3213	0
11	Others (Pvt. Facility accredited)	6	150

**Table . DISTRIBUTION OF PUBLIC HEALTH FACILITIES IN DISTRICT**

<b>Darbhanga Medical College &amp; Hospital</b>	<b>District Hospital</b>	<b>Civil Hospital</b>	<b>Community Health Centres</b>	<b>Block PHC</b>	<b>FRU/Referral</b>
<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>2</b>

# District Health society Darbhanga

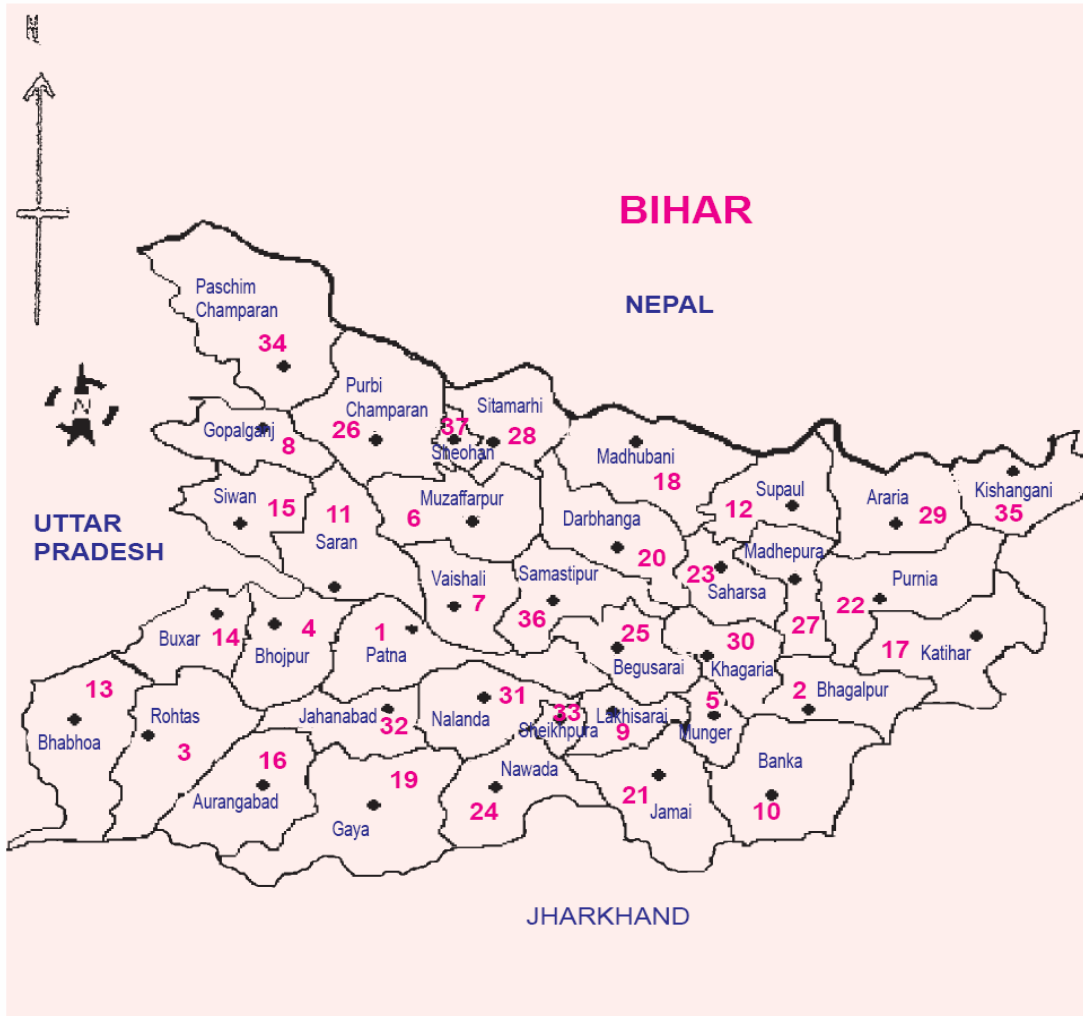
## Health Facility in Darbhanga



### Map showing PHC and APHC locations

ANNEXURE - I

## HEALTH - RANKING OF DISTRICTS OF BIHAR



Bihar	DLHS-3	District : Darbhanga				
		Indicators	DLHS - 3		DLHS - 2	
			Total	Rural	Total	Rural
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Percentage of Births of Order 3 and above		51.4	51.8	57.3	57.8	
Sex Ratio at birth		107	105	-	-	
Percentage of women age 20-24 reporting birth of order 2 & above		71.8	72.1	-	-	
Percentage of births to women during age 15-19 out of total births		96.9	96.9	-	-	
<b>Family planning (currently married women, age 15-49)</b>						
<b>Current Use :</b>						
Any Method (%)		31.8	30.4	28.9	27.7	
Any Modern method (%)		30.4	29.1	26.7	25.6	
Female Sterilization (%)		27.9	27.3	22.0	21.5	
Male Sterilization (%)		0.1	0.1	0.3	0.2	
IUD (%)		0.3	0.3	0.7	0.7	
Pill (%)		1.0	0.9	2.6	2.4	
Condom (%)		0.8	0.2	1.0	0.7	
<b>Unmet Need for Family Planning:</b>						
Total unmet need (%)		36.3	37.2	42.4	43.3	
For spacing (%)		14.7	15.2	17.5	18.2	
For limiting (%)		21.6	22.0	24.9	25.1	
<b>Maternal Health:</b>						
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)		18.3	17.5	-	-	
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)		29.0	28.1	12.6	10.4	
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)#		71.9	71.0	24.7	22.1	
Institutional births (%)		15.1	14.2	12.5	10.2	
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)		2.9	3.0	8.2	7.9	
Mothers who received post natal care within 48 hours of delivery of their last child (%)		38.4	38.6	-	-	
<b>Child Immunization and Vitamin A supplementation:</b>						
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%)		41.8	40.4	28.1	17.5	
Children (12-23 months) who have received BCG (%)		91.5	90.9	43.8	35.9	
Children (12-23 months) who have received 3 doses of Polio Vaccine (%)		52.5	51.3	40.8	27.2	
Children (12-23 months) who have received 3 doses of DPT Vaccine (%)		55.4	53.3	40.8	27.2	
Children (12-23 months) who have received Measles Vaccine (%)		56.8	56.9	29.2	19.4	
# It is adjusted according to DLHS-3 definition						

# Chapter 3

## Situation Analysis

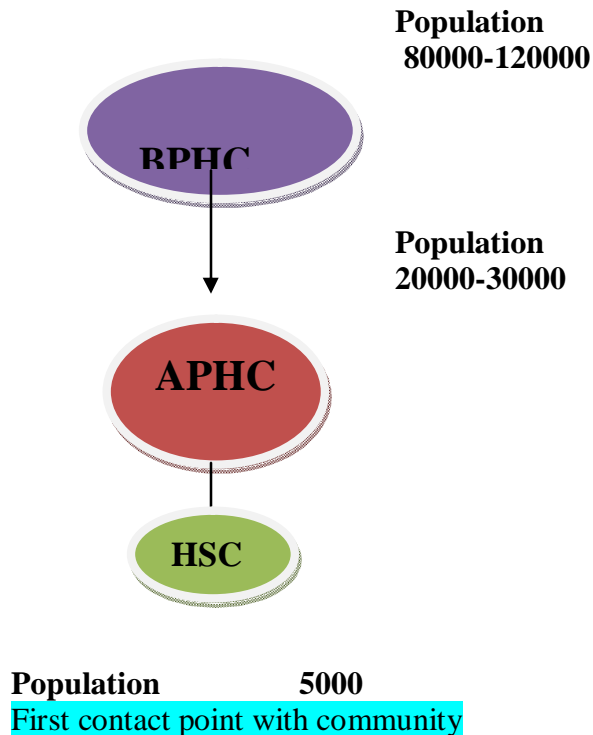
In the present situational analysis of the blocks of district Darbhanga the vital statistics or the indicators that measure aspects of health/ life such as number of births, deaths, fertility etc. have been referred from census 2001, report of DHS office, Darbhanga and various websites as well as other sources. These indicators help in pointing to the health scenario in Darbhanga 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 Darbhanga district with respect to Bihar and India as a whole.

**Table 3.1: Health Indicators**

<b>Indicator</b>	<b>Darbhangha</b>	<b>Bihar</b>	<b>India</b>
CBR	33.1	29.2	23.8
CDR	8.1	8.1	6
IMR	67	61	58
MMR	400	371	301
TFR	4.5	4	2.68
CPR	31	34.1	56.3
Complete Immunization	41.8	32.8	44

**Sources: DLHS3, NFHS3, SRS2007**

### 3.1.1. 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.

#### 1. **Infrastructure for HSCs:**

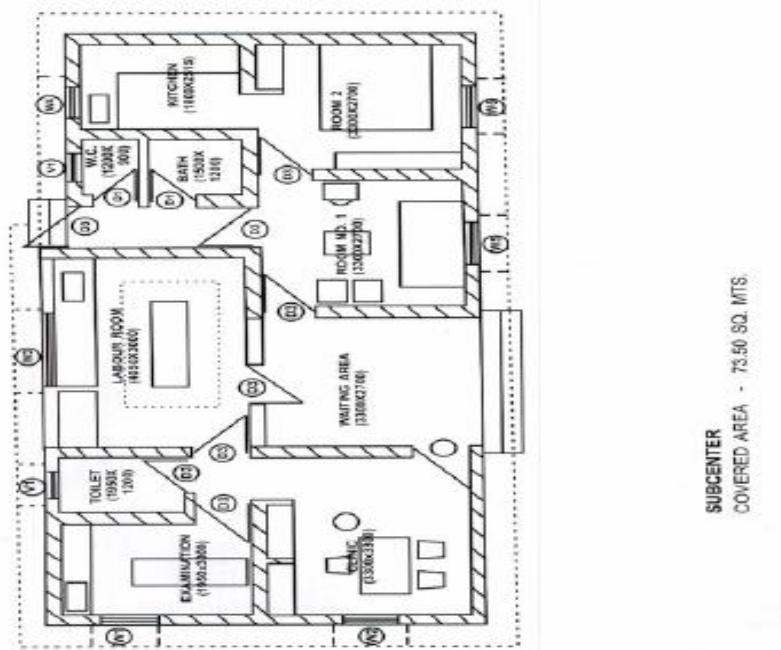
##### **IPHS Norms:**

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

- i. Location of the centre: The location of the centre should be chosen that:
  - a. It is not too close to an existing sub centre/ PHC
  - b. As far as possible no person has to be 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 Program me 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 x 3300mm
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 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 Programme(RCH-I and II) of Government of India, Ministry of Health and Family Welfare may be referred.

**Health Sub Centers:** Total population of the district as per 2001 census is 3285473. After considering two percent growth rate of the total population it comes around 3187470 (Decadal Growth Rate 2.3). After considering projected population in 2008, the district needs altogether 637 HSCs to cater its whole population. At present Darbhanga has 261 established Health Sub Centers and 154 more Health sub centers are proposed to be formed. As per the IPHS norms (5000 population in plain area) the district still requires 135 new HSCs to be formed. Again, out of 338 established HSCs, only 39 have their own buildings and rest 299 run in rented houses. All these 39 HSCs need renovation work. All the above mentioned HSCs need equipments, drugs, furniture and stationeries.

<b>Health Sub Centers:</b>				
<b>Sub Heads</b>	<b>Gaps</b>	<b>Issues</b>	<b>Strategy</b>	<b>Activities</b>
<b>Infrastructure</b>	A. Out of 261 HSCs only 85 are having own building	In adequate facility in constructed building and lack of community ownership	Enhance visibility of HSC through hardware activity by the help of community participation	<b>A Strengthening of HSCs having own buildings</b>
	B. In existing 85 buildings 46 are in running comparatively in good condition,			B.1. White washing of HSC buildings.  B.2. Organize adolescent girls for wall painting and plantation./hire local painter for colour full painting of HSC walls. List out all services which is provided at HSC level. On the wall.  B.3. Gardening in HSC premises by school children.
	C. No one building is having running water and electric supply.			C. Mobilize running water facility from near by house if they have bore well and water storage facility and it could be on monthly rental.
	D. Lack of equipments and ANM are reluctant to keep all equipments in HSC.			D.1. Purchase of Furniture Prioritizing the equipment list according to service delivery (for ANC /Family planning /Immunization/)

	E. Lack of appropriate furniture			D.2. Purchase of equipments according to services Purchase one almirah for keep all equipment safely and it could be keep in AWW / ASHA house.
	1.Non payment of rent of HSCs	1.Non payment of rent	Regularizing rent payment	<b>3B. Strengthening of HSCs running in rented buildings.</b> B1. Estimation of backlog rent and facilitate the backlog payment within two months B2. Streamlining the payment of rent through untied fund from the month of April 09. B3.Purchase of Furniture as per need B4 Prioritizing the equipment list according to service delivery B5 Purchase of equipments as per need B6 Printing of formats and purchase of stationeries
	1.The district still needs 158 more HSCs to be formed.	1. Land Availability for new construction  2. Constraint in transfer of constructed building		<b>3C. Construction of new HSCs</b> C1. Preparation of PHC wise priority list of HSCs according to IPHS population and location norms of HSCs C2. Community mobilization for promoting land donations at accessible locations. C3. Construction of New HSC buildings C4. Meeting with local PRI /CO/BDO/Police

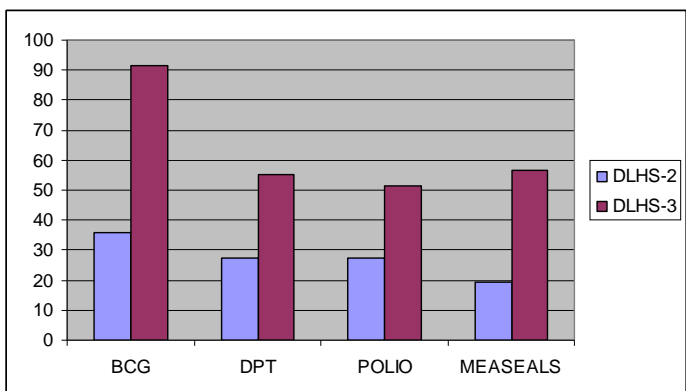
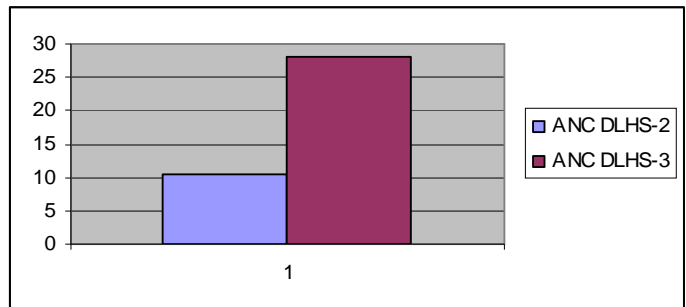
				Inspector in smooth transfer of constructed HSC buildings.
	Non participation of Community in monitoring construction work	Monitoring	Ensuring community Monitoring	<ol style="list-style-type: none"> <li>1. Biannual facility survey of HSCs through local NGOs as per IPHS format</li> <li>2. Regular monitoring of HSCs facilities through PHC level supervisors in IPHS format.</li> <li>3. Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.</li> <li>4. Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.</li> <li>5. Monthly Meeting of one representative of VHSC/Mothers committees on construction work</li> </ol>

1. Lack of community ownership in the	1.Community ownership	Strengthening of VHSCs, PRI	1. Formation and strengthening of VHSCs, Mothers committees, 2. “Swasthya Kendra chalo abhiyan” to strengthen community ownership 3. Nukkad Nataks on Citizen’s charter of HSCs as per IPHS 4. Monthly meetings of VHSCs, Mothers committees
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**Services of HSCs:**

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

As per the DLHS3( 2007-08)reports the percentage of full immunization(BCG, 3 doses each of DPT and Polio and measles) coverage(12-23 months) in the district is 41.8%. And BCG coverage of the district is 91.5%. 3 doses of polio vaccine is 52.5%, 3 doses of DPT vaccine is 55.4% and Measles Vaccine is 72.3%. The coverage of Vit A supplementation for the children 9 months to 35 months is 63.2 percent.



Sub Heads	Gaps	Issues	Strategy	Activities
Service	Unutilized	Operationalization	Capacity	1.Training of

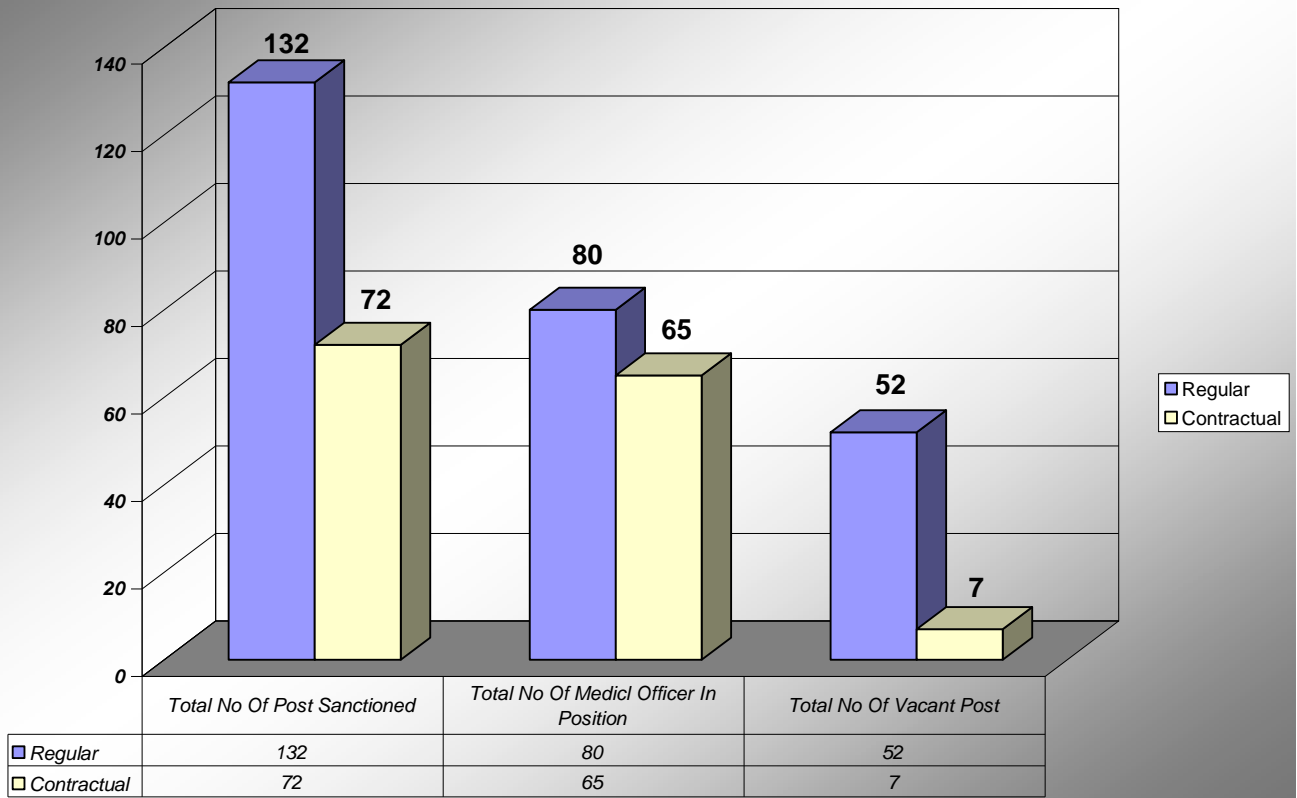
performance	untied fund at HSC level	of Untied fund.	building of account holder of untied fund	signatories on operating Untied fund account, book keeping etc 2. Timely disbursement of untied fund for HSCs 3. Hiring a person at PHC level for managing accounts
	No ANC at HSC level	Improvement in quality of services like ANC, NC and PNC, Immunization	Strengthening one HSC per PHC for institutional delivery in first quarter	1. Identification of the best HSC on service delivery 2. Listing of required equipments and medicines as per IPHS norms 3. Purchasing/ indenting according to the list prepared 4. Honouring first delivered baby and ANM
	Only 18.2% PW registered in first trimester PW with three ANCs is 29%, TT1 coverage is 71.94%, Family Planning Status: Any method- 31.8% Any modern method- 30.4% No sterilization at HSC level	Improvement in quality of services like ANC, NC and PNC, Immunization and family planning	1. Phasewise strengthening of 39 HSCs for Institutional delivery and fix a day for ANC as per IPHS norms. 2. Community focused family planning services	1 Gap identification of 39 HSCs through facility survey 2. Eligible Couple Survey 3. Ensuring supply of contraceptives with three month's buffer stock at HSCs. 4. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS 5. Training of ANMs on IUD insertion

	IUD insertion -0.3% Pills-1% Condom- 0.8% Total unmet need is 36.3%, for spacing-14.7,			
	Lack of counseling services	Training	Training	1.Training to ANMs on ANC, NC and PNC, Immunization and other services.
	HSC unable to implement disease control programs	Integration of disease control programs at HSC level.	Implementation of disease control programs through HSC level	1 Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6.( four to five HSC per week) 2.Strengthening ANMs for community based planning of all national disease control program 3. Reporting of disease control activities through ANMs 4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.
			Lack of Cleaner	Recruitment of Cleaner through RKS on Contract
	80% of the HSC staffs do not reside at place of	Absence of staffs	Community monitoring	1. Submission of absentees through PRI

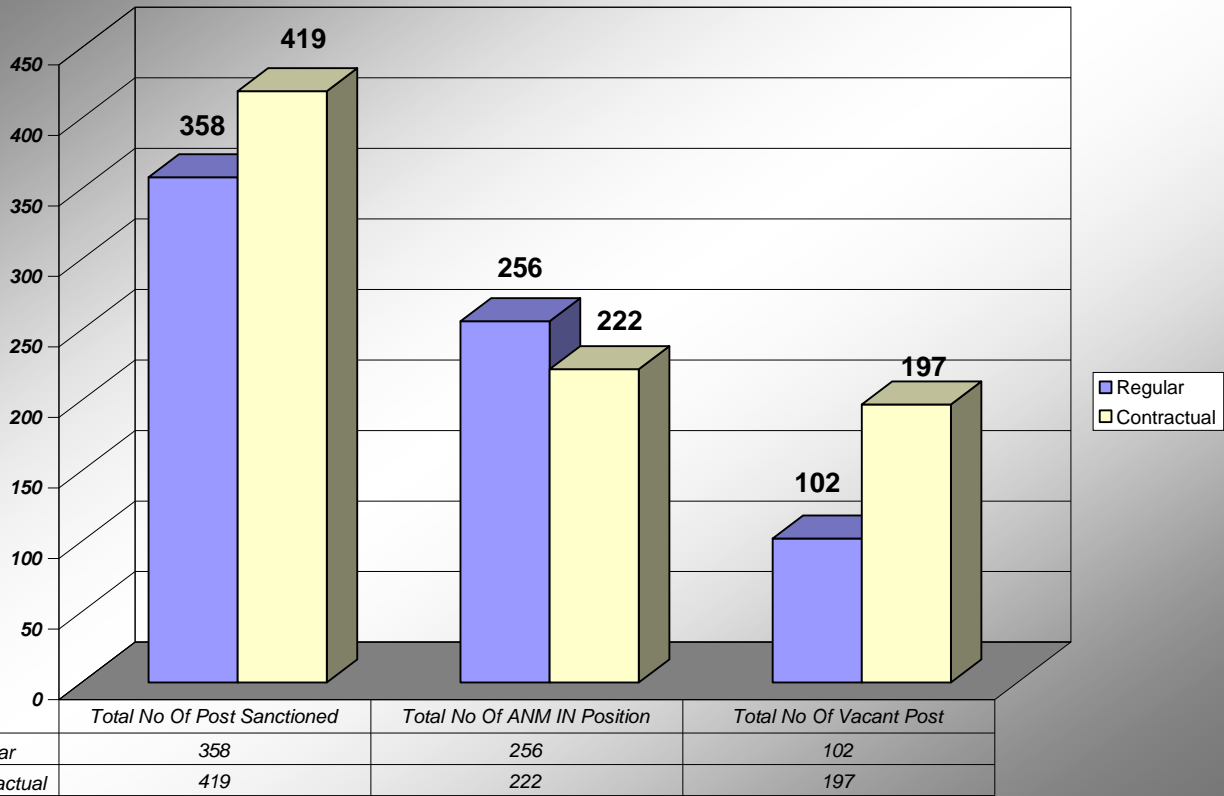
	posting			
	Problem of mobility during rainy season	Communication and safety		<ol style="list-style-type: none"> <li>1. Purchasing Life saving jackets for all field staffs</li> <li>2. Providing incentives to the ANMs during rainy season so that they can use local boats.</li> </ol>
	Lack of convergence at HSC level	Convergence	Convergence	<ol style="list-style-type: none"> <li>1. Fixed Saturday for meeting day of ANM, AWW, ASHA, LRG with VHSCs rotation wise at all villages of the respective HSC.</li> <li>2. Monthly Video shows in all schools of the concerned HSC area schools on health, nutrition and sanitation issues.</li> </ol>
	<p>Lack of proper reporting from field</p> <p>Lack of appropriate HMIS formats .</p>	Reporting	Strengthening of reporting system	<ol style="list-style-type: none"> <li>1. Training to the field staffs in filling up form 6, Form 2, Immunization report format, MCH registers, Muskan achievement reports etc</li> <li>2. Printing of adequate number of reporting formats and registers</li> <li>3. Hiring consultants to develop softwares for reporting.</li> <li>4. Establish data centre at APHC which will monitor all HSC</li> </ol>

## Human Resource

### Status Of Medical Officers



### ANM Status



**Total No of  
HSC -261  
APHC-36  
PHC-18  
RF-02**

Source: DHS Darbhanga Report.

Sub Heads	Gaps	Issues	Strategy	Activities
<b>Human Resource</b>	1.Out of 261 HSCs 85. don't have either ANMs or Male worker, 2.Out of 25 sanctioned post of LHVs only 16 are placed	Filling up the staff shortage	Staff recruitment	1.Selection and recruitment of ANMs  2.Selection and recruitment of male workers
	1.Out of 478 ANMs 148 Are trained on different services.	Untrained staffs	Capacity building	1.Training need Assessment of HSC level staffs  2.Training of staffs on various services
	Lacks adequate number of trainers, staffs and facilities	Training	Strengthening of ANM training school	1.Analyzing gaps with training school  2.Deployment of required staffs/trainers  3.Hiring of trainers as per need  4.Preparation of annual training calendar issue wise as per guideline of Govt of India.  5.Allocation of fund and operationalization of allocated fund
<b>Drug kit availability</b>	1.No drug kit as such for the HSCs as per IPHS	Indenting	Strengthening of reporting process and indenting through form 6	1.Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely

	<p>norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DEC)s)and contraceptives,</p> <p>2.No Drug kit for AWCs(@one kit per annum,)</p> <p>3.No ASHA kit</p>			<p>submission of indents of drugs/ vaccines according to services and reports</p>
	<p>Only need based emergency supply</p> <p>Irregular supply of drugs</p>	Logistics		<p>1.Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map</p> <p>2.Hiring vehicles for supply of drug kits through untied fund.</p> <p>3.Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)</p>
		Operationalization	Couriers for vaccine and other drugs supply	<p>1 Hiring of couriers as per need</p> <p>2 Payment of courier through ANMs account</p>
			Phase wise strengthening of APHCs for vaccine / drugs storage	<p>1.Purchasing of cold chain equipments as per IPHS norms</p> <p>2. training of concerned staffs on cold chain maintenance and drug storage</p>

**Additional PHCs:** There are 36 APHCs functioning in the district and 73 more are proposed to be established.

<b>Additional PHC:</b>				
<b>Sub Heads</b>	<b>Gaps</b>	<b>Issues</b>	<b>Strategy</b>	<b>Activities</b>
<b>Infrastructure</b>	<p>1.The district altogether need 109 APHCs but there are 36 APHCs functioning in the district .</p> <p>2. 73 more are proposed to be established.</p> <p>3.Out of 36 APHCs only 19 are having own building</p> <p>4.Non payment of rent of APHCs for more than three years</p> <p>Lack of equipments, Non availability of HMIS formats/registers and stationeries</p> <p>5. PHCs dosnot have boundray walls resulting PHC Premises Safe heaven for Astray animals and trespasser</p>	<p>Lack of facilities/ basic amenities in the constructed buildings</p> <p>Non payment of rent</p> <p>Land Availability for new construction</p> <p>Constraint in transfer of constructed building .</p> <p>Lack of community ownership</p>	<p>Strengthening of VHSCs, PRI and formation of RKS</p> <p>Strengthening of Infrastructure and operationalization of construction works in Three phase</p>	<p>1.“Swasthya Kendra chalo abhiyan” to strengthen community ownership</p> <p>2.Nukkad Nataks on Citizen’s charter of APHCs as per IPHS</p> <p>3. Registration of RKS</p> <p>4.Monthly meetings of VHSCs, Mothers committees and RKS</p> <p><b>A.Strengtheing of APHCs having own buildings</b></p> <p>A.1 Prioritizing the equipment list according to service delivery</p> <p>A.2 Purchase of equipments</p> <p>A.3 Printing of formats and purchase of stationeries</p> <p><b>B. Strengthening of APHCs running in rented buildings.</b></p> <p>B1. Estimation of backlog rent and facilitate the backlog payment within two months</p> <p>B2. Streamlining the payment of rent through untied fund/ RKS from t he month of April 09.</p> <p>B3 Prioritizing the equipment list according to service delivery</p> <p>B4 Purchase of equipments as per need</p> <p>B5 Printing of formats and purchase of stationeries</p>

			<p>Monitoring</p>	<p>3C. Construction of new APHC buildings as standard layout of IPHS norms.</p> <p>C1. Preparation of PHC wise priority list of APHCs according to IPHS population and location norms of APHCs</p> <p>C2. Community mobilization for promoting land donations at accessible locations.</p> <p>C3. Construction of New APHC buildings</p> <p>C4. Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed APHCs buildings.</p> <p>4 Biannual facility survey of APHCs through local NGOs as per IPHS format</p> <p>4.1 Regular monitoring of APHCs facilities through PHC level supervisors in IPHS format.</p> <p>4.2 Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.</p> <p>4.3 Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.</p> <p>4.4 Monthly Meeting of one representative of VHSC/Mothers committees on construction work.</p>
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<b>Human Resource</b>	<p>Out of 36 APHCs 11. don't have doctors, 10 don't have A grade nurse, 4. don,t have ANMs,.</p> <p>Hospital campus,</p>	<p>Filling up the staff shortage Untrained staffs</p>	<p>Staff recruitment</p> <p>Capacity building</p> <p>Strengthening of</p>	<p>1. Selection and recruitment of .Doctors/Grade A nurse/ANMs 2. Selection and recruitment of male workers 3. Sending back the staffs to their own APHCs.</p> <p>1. Training need Assessment of</p>

	<p>lacks adequate number of trainers, staffs and facilities Most of the APHC staffs are deputed to respective PHCS hence APHCS are defunct</p>		ANM training school	<p>APHC level staffs</p> <ol style="list-style-type: none"> <li>2. Training of staffs on various services</li> <li>3. EmoC Training to at least one doctor of each APHC</li> </ol> <ol style="list-style-type: none"> <li>1. Analyzing gaps with training school</li> <li>2. Deployment of required staffs/trainers</li> <li>3. Hiring of trainers as per need</li> <li>4. Preparation of annual training calendar issue wise as per guideline of Govt of India.</li> <li>5. Allocation of fund and operationalization of allocated fund</li> </ol>
<b>Drug kit availability</b>	<p>No drug kit as such for the APHCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs,</p>	<p>Indenting  Logistics  Operationalization</p>	<p>Strengthening of reporting process and indenting through form 2 and 6</p>	<ol style="list-style-type: none"> <li>1.Weekly meeting of APHC staffs at PHC for promoting APHC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports</li> <li>2.Ensuring supply of Kit A and Kit B biannually through Developing PHC</li> </ol>

	DECs)and contraceptives, Only need based emergency suuply Irregular supply of drugs		Couriers for vaccine and other drugs supply  Phase wise strengthening of APHCs for vaccine / drugs storage	wise logistics route map 2.1 Hiring vehicles for supply of drug kits through untied fund. 2.3 Developing three coloured indenting format for the APHC to PHC(First reminder- Green, Second reminder- Yellow, Third reminder- Red) 3.1 Hiring of couriers as per need 3.2 Payment of courier through APHC account 4.1 Purchasing of cold chain equipments as per IPHS norms 4.2 training of concerned staffs on cold chain maintenance and drug storage
<b>Service performance</b>	RKS has not been formed at any of the APHC. No institutional delivery at APHC level No inpatient facility available No ANC, NC and PNC and family planning services. No lab facility No Ayush practitioner posted No rehabilitation services No safe MTP service No OT/ dressing and Cataract operation services. Approx 80% of	Formation of RKS Operationalization of Untied fund.  Improvement in quality of services like ANC, NC and PNC, Immunization and other services as identified as gaps.  Integration of disease control programs at APHC level.  Family Planning services  Convergence Operational issues	Capacity building of account holder of untied fund  Phasewise strengthening of <b>36</b> APHCs for Institutional delivery and fix a day for ANC as per IPHS norms.  Implementation of disease control programs through APHC level where APHC will work as a resource center for HSCc. At	1.Training of signatories on operating Untied fund /RKS account, book keeping etc 2. Assigning PHC RKS accountant for supporting operationalization of APHC level accounts 2. Timely disbursement of untied fund/ seed money for APHCs RKS. 3. 1 Gap identification of <b>36</b> APHCs through facility survey 2.strengtheing one APHC per PHC for institutional delivery in first quarter 3.Owning first delivered baby and ANM 1 Review of all disease control programs APHC wise in existing Tuesday weekly meetings at PHC with form 6 2.Strengthening ANMs

APHC staffs not reside at place of posting  
 Lack of counseling services  
 Problem of mobility during rainy season  
 Lack of convergence at APHC level  
 Operational gaps: There is no link between HSCs and APHCs and the same way there is no link between APHC and PHC

present the same is being done by PHC only.

Community focused Family Planning services


PPP

Convergence

- for community based planning of all national disease control program
3. Reporting of disease control activities through ANMs
  4. Submission of reports of national programs by the supervisors duly signed by the respective ANMs.
  5. Weekly meeting of the staffs of concerned HSCs ( as assigned to the APHC)
    1. Eligible Couple Survey
    2. Ensuring supply of contraceptives with three month's buffer stock at HSCs.
    3. training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS
    4. Training of ANMs on IUD insertion
1. Outsourcing services for Generator, fooding, cleanliness and ambulance i
1. Fixed Saturday for meeting day of ANM, AWW, ASHA, LRG with VHSCs rotation wise at all villages of the respective HSC.

**Primary Health centers:** The district has 18 PHCs, and two referral hospitals and a District hospital. The PHC of Jalley and referral hospital of Jalley is running in the same building.

**Primary Health Centers:(30 bedded)**

Indicators	Gaps	Issues	Strategy	Activities
<b>Infrastructure</b>	<p>All PHCs are running with only six bed facility.            At present 12 PHC are working with average 30 delivery per day, 2 inpatient Kala-azar, and 140 OPD per day in each PHC. <b>This huge workload is not being addressed with only six beds inadequate facility.</b>            Identified the facility and equipments gap before preparation of DHAP and almost 50-60% of facilities are not adequate as per IPHS norms.</p> <p> 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 area of improvement.</p> <p>Lack of equipments as per IPHS norms and also under utilized equipments.            Lack of appropriate</p>	<p>Available facilities are not compatible with the services supposed to be delivered at PHCs.</p> <p>Quality of services</p> <p>Community participation.</p>	<p>Upgradation of PHCs into 30 bedded facilities.</p> <p>ISO certification of selected PHCs in the district.</p> <p>Strengthening of BMU</p> <p>Ensuring community participation.</p> <p>Strengthening of Infrastructure and</p>	<p>1.Need based ( Service delivery)Estimation of cost for upgradation of PHCs            2.Preparation of priority list of interventions to deliver services.</p> <p>1.Selection of any two PHCs for ISO certification in first phase.            2. Sending the recommendation for the certification with existing services and facility detail.</p> <p>1. Ensuring regular monthly meeting of RKS.            2. Appointment of Block Health Managers, Accountants in all institutions            3. Training to the RKS signatories for account operation.            4. Trainings of BHM and accountants on their responsibilities.</p> <p>1.Meeting with community representatives on erecting boundary, beautification etc,            2. Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS.</p>

	<p>furniture</p> <p>Non availability of HMIS formats/registers and stationeries</p> <p>Operation of RKS:</p> <p>Lack in uniform process of RKS operation.</p> <p>Lack of community participation in the functioning of RKS.</p> <p>Lack of facilities/ basic amenities in the PHC buildings</p>		<p>operationalization of construction works</p> <p>Monitoring</p>	<p><b>3.Strengthening of PHCs</b></p> <p>1Renovation of PHCs</p> <p>2 Purchase of Furniture</p> <p>3 Prioritizing the equipment list according to service delivery and IPHS norms.</p> <p>4 Purchase of equipments</p> <p>5 Printing of formats and purchase of stationeries</p> <p>1. Biannual facility survey of PHCs through local NGOs as per IPHS format</p> <p>2. Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.</p>
<b>Human Resource</b>	<p>As per IPHS norms each PHC requires the following clinical staffs</p> <p>General Surgeon</p> <p>Physician</p> <p>Gynecologist</p> <p>Pediatrics</p> <p>Anesthetist</p> <p>Eye surgeon</p> <p>As per IPHS norms each PHC requires the following para medical support:(List attached)</p> <p>But the actual position is</p>	<p>staff shortage</p> <p>Untrained staffs</p>	<p>Staff recruitment</p> <p>Capacity building</p>	<p>1.Selection and recruitment of Doctors</p> <p>2.Selection and recruitment of ANMs/ male workers</p> <p>3.Selection and recruitment of paramedical/ support staffs</p> <p>1.Training need</p> <p>Assessment of PHC level staffs</p> <p>2.Training of staffs on various services</p> <p>3.Trainings of BHM and accountants on their</p>

	<p>Nurse midwife 256/358  Dresser 48./45  Pharmacist/compounders 11/51  Lab technician2./43  Ophthalmic assistant 3/18  Demotivated BPMU staffs</p>			<p>responsibilities.  4. Trainings of BHM on implementation of services/ various National program programs.</p>
<b>Drug kit availability</b>	<p>Irregular supply of drugs because of lack of fund disbursement on time.  .    Lack of fund for the transportation of drugs from district to blocks. There is no clarity on the guideline for need based drug procurement and transportation.</p>	<p>Indenting    Logistics    Operationalization</p>	<p>Strengthening of reporting process and indenting through form 7        Strengthening of drug logistic system</p>	<p>1.training of store keepers on invoicing of drugs  2.Implementing computerized invoice system in all PHCs  3.Fixing the responsibility on proper and timely indenting of medicines( keeping three months buffer stock)  4. Enlisting of equipments for safe storage of drugs.  5. Purchase of enlisted equipments.  6. Ensuring the availability of FIFO list of drugs with store keeper.  7. Orientation meetings on guidelines of RKS for operation.</p>
<b>Service performance</b>	<p>1.Excessive load on PHC in delivering all services i.e. 10 delivery per day, 4 inpatient Kala-azar, 10 FP operation/emergency operation and 120 OPD per day in each PHC.  2. Total 52seats of</p>	<p>Optimum Utilization of Human Resources</p>	<p>Quality improvement in residential facility of doctors/ staffs.</p>	<p>1. Hiring of rented houses from RKS fund for the residence of doctors and key staffs.  2. Incentivizing doctors on their performances especially on OPD, IPD, FP operations, Kala-azar</p>

<p>Regular and 15 seats of contractual doctors in the district is vacant.</p> <p>3. All posted doctors are not regularly present during the OPD time so the no of OPDs done is very less( only average 16 patients per Doctor per OPD days during April 08-Nov 08, however the IPHS norms says that the OPD should be 40 per Doctor.)</p> <p>4. 5 PHCs out of 18 are lacking 24 hrs new born care services.</p> <p>5. Only five PHCs provides 24 hrs BEmoC services.</p> <p>6. None of the PHC provides 24 hour blood transfusion services.</p> <p>7. PHC does not have laboratory facilities.</p> <p>8. No any PHC provides adolescent sexual and reproductive health services.</p> <p>9. Health facility with AYUSH services is not being provided</p> <p>10. Referral</p> <p>a. No pick up facility for PW or patients.</p> <p>b. BPL patients are not exempted in paying fee of ambulance.</p> <p>c. Lack of maintenance of ambulances</p> <p>d. Shortage of ambulances</p> <p>11. Quality of food, cleanliness (toilets, Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC.</p> <p>12. In serving emergency cases, there are maximum chances of misbehavior from the part of attendants, so staffs reluctant to</p>	<p>Epidemic outbreaks and Need based intervention in epidemic areas.</p> <p>Service Load centered at PHC</p> <p>Availability of AYUSH pathy.</p> <p>Insecurity ( Staff and Properties)</p> <p>Govts existing services like lab, x-ray, generator, fooding and cleanliness services.</p>	<p>Recruitment</p> <p>Proper and timely information of outbreaks</p> <p>Strengthening of equipments and services and increase in the number of ambulances.</p> <p>Strengthening of AYUSH services at PHC level in the first level.</p> <p>Confidence building measures</p> <p>Strengthening of the Govts existing services</p>	<p>patients treatment.</p> <p>3. Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day</p> <p>1. Selection and appointment of contractual doctors and staffs</p> <p>1. Mapping of the areas having history of outbreaks disease wise.</p> <p>2. Developing micro plans to address epidemic outbreaks</p> <p>2. Assigning areas to the MOs and staffs</p> <p>3. Motivating ASHA on immediate information of outbreaks</p> <p>4. Purchasing folding tents, beds and equipments and medicines to organize camps in epidemic areas.</p> <p>1. Repairing of all defunct Ambulances</p> <p>2. Repairing of PHCs gensets and initiating their use.</p> <p>3. Hiring of ambulances as per need.</p> <p>1. Appointment of one AYUSH practitioner and Yoga teacher in every PHC</p> <p>1. Insurance of all properties and staffs of PHC</p> <p>2. Placing one TOP in every PHC</p> <p>1. Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate.</p>
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handle emergency cases.

13. Several cases of theft of instruments, computers, and submersible pumps etc at PHCs.
14. No guidance to the patients on the services available at PHCs.
15. Non friendly attitude of staffs towards the poor patients in general and women are disadvantaged group in particular.
16. Lack of inpatient facility for kala-azar patients.
17. Lack of counselling services
18. Problem of mobility during rainy season
19. Lack of convergence
20. Lack of timely reporting and delay in data collection

like lab, x-ray, generator, fooding and cleanliness services.

Creating friendly environment

HMIS and strengthening of reporting process

2. Recruitment of lab technicians as required
3. Purchase of equipments/ instruments for strengthening lab.
4. Hiring of menial workers for cleanliness works.
  1. Assigning LHV for counseling work
  2. Wall writing on every section of the building denoting the facilities
  3. Name plates of doctor
  4. Displaying Roster of doctors with their details.
  5. Gardening
  6. Sitting arrangement for patients
  7. Installation of LCD TV with cable connection
  8. Installation of safe drinking water equipments/water cooler,
  9. Installation of solar heater system and light with the help of BDO/Panchayat
  9. Apron with name plates with every doctors
  10. Presence of staffs with uniform and name plates.
1. Orientation of the staffs on indicators of reporting formats
2. Purchase of Laptops for DPMs and BHM

#### 4.1 Introduction

District health action plan has been entrusted as a principle 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 stakeholders 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 five years (2007-12).

## District Health Society, Darbhanga

### Malaria

S. No.	Gaps	Issue	Strategy	Activities
1	Poor quality of Management of Malaria Cases	Persistence of Malaria in the region	1. Early Case Detection & treatment	1. Provide facility at the APHC level for Thick & thin smear test for Malaria Parasite, Rapid diagnostic test
				2. Ensure functionality of FTDs & DDCs at 1000 population with support of ASHA
				3. Regular supply of malaria drugs in the district
				4. Use of prophylactic measures in suspected cases
			2. Strengthening of Referral system	1. Ambulance facility at the APHC level for referring the Falciparum cases
				2. Training & sensitisation of Professionals at subcentre, APHC, PHC, DH
				3. Strengthening of case detection & ensuring fortnightly visits to all villages
3. Epidemic Preparedness & Rapid response	1. Early response to the incidence of malaria cases in the district			
	3. Earliest response to the area having increase in malaria by double in last two years			
2	Poor vector	1. Integrated Vector	1. Indoor residual	1. Ensuring availability of sprayers,

control mechanism	Control	insecticide spray in rural areas	fogging machines and buckets in adequate number.
		2. Training of the spraying squad	2. Ensuring regular supply of DDT and insecticides
			1. Regular training of the spraying team for dissolving DDT, filling , carrying and spraying process
			2. Supervision by the supervisors to get the feedback of training
		2. Use of Insecticide treated bednets	3. Follow up survey: First survey after 21 days of control and second survey after 22 days of first survey
			1. Space spray for 7-10 days , residual insecticidal spraying to be started simultaneously as per district micro plans
			2. Supply of Insecticide treated bednets to suspected patients free of cost
3. Anti larval measures	1. Promotion of use of larvivorous fishes like gambusia in the natural water tank		



# District Health Society, Darbhanga

T.B.

	Indicators	Gaps	Activities	Unit Cost	Total Cost
1	Infrastructure	As per RNTCP standard one more TU is needed	Development of TU and Renovation of DMCs with proper water supply and Electricity connection	35000	35000
		As per RNTCP standard four more DMCs are needed	Establishment of four DMCs	22500	90000
		Six TUs need upgradation	Upgradation	1300	78000
2	HR	four more LT is needed	Recruitment Process should be followed.	NA	0
		one more STS and STLs are needed	Recruitment Process should be followed.	7500	18000
			Honourarium for 17 TB technicians	Rs6500 per month for 13 with five percent increment and four technicians @6500/- for 12 months	1376700
		three more TBHVs are needed	Recruitment Process should be followed.	Rs 6500/-	234000
		Constraint in selection Process of new Staffs by the District Health Society	Obstacle in recruitment Process will be rectified.	NA	0
		Remuneration of Pvt DOT Providers has not been paid	Problems in payment of remuneration will be solved	Rs 250 per DOTS provider for 2939 units	734750
3	Drugs and Chemicals	Irregular supply of Drugs specially of Pediatric Drug Boxes (PC-13, PC-14)	To ensure regular and adequate supply of drugs and other Laboratory materials	From state budget	0
		Supply of short expiry drugs which causes difficulties in drug management	Proper care should be taken regarding short expiry drugs. Short expiry drugs may be used where there is large number of patients having DOTS.	NA	0
		Poor Retrieval of Drug Boxes of Defaulted patient	Retrieval of Drugs may be ensured by STS.	NA	0

		Irregular supply of slides and other Chemicals and other logistics	Proper supply of Slides and other Chemicals should be ensured	Rs 2000 per DMCs per month	696000
		Delay in purchasing of chemicals and other logistics at District level	Constraints in purchasing of Chemicals and other logistics will be removed. Official Process will be simplified.	NA	0
4	Service Performance	Poor quality of DOTS	Proper and Regular supervision and monitoring of programmes will be ensured.	NA	0
		ANMs providing DOTS at the HSCs do not visit the Center on DOTS day resulting irregular intake of drugs by the patient causing poor Cure- rate.	Motivation and Sensitization of Staffs by Refreshment training for friendly behavior with patient	NA	0
		Due to irregularities in DOTS cases of MDR TB may be increased	Proper counseling of patient should be done regarding importance of DOTS and importance of Follow-up Sputum examination	NA	0
		Not friendly behavior of Lab Technician and other staffs with patient who comes for sputum examination or for DOTS	Appointment of a Counselor at all PHC	Discussed in maternal health	0
		Case Detection i.e., <83.99%		NA	0
		Cure Rate i.e., <92%	Organizing Community meetings	NA	0
		low Default Rate	In order to keep vigil on default rate, it is necessary to sensitizt Mos at PHCs to monitor treatment card regularly. Training of MO, LT , Paramedical of PHCs are needed	NA	150000
			Medical Officers should take care of referring all chest symptomatic patients for sputum examination	NA	0
			Proper Follow-up Schedule should be maintained	NA	0
			Proper care for side effects of drugs.	NA	0
		<b>Total Budget</b>			<b>3412450</b>

Kala a Zar						
	Gaps	issues	Strategy	Activities	unit Cost	Total Budget
1	Poor coverage of DDT spray	Vector control through insecticide spray in the attack area	To increase the coverage of DDT spray in the endemic zone , there should be proper monitoring by the supervisors, capacity building of the sprayer, supervisors and other healthcare professionals	1. Ensure planning for timely spray of DDT in Feb-March and May-June for 45 days in each block	NA	0
				2. Identification of Houses with Kala-azar patients by ANM & ASHA @ 50/ per village.	Rs 50 for 1522 villages twice in a year	152200
				3. Two round of spraying scheduled in Feb-March and May-June should be strictly observed	NA	0
				4. DDT spray should be at the rate of 1gm/sq. meter upto the height of 6 feet.	NA	0
	Less time spent on spraying DDT	Training and capacity building for proper spraying	Regular capacity building training on prescribed module for the sprayer to ensure that very corner of the house is properly spraye upto heighth of six feet from ground level.	Rs 5000 per PHC	90000	
	Poor condition of Sprayer, pump and nozzles etc No of Pumps available-294, No of bucket savailable-279, No of buckets required-225, No of gallon available-127, No of gallon required-45, No of pond measure available-127.	Regular checking of the spraying pumps for better functioning and timely replacement of the faulty pieces.	Fund allocation and timely release for : maintencae of old sprayer pumps, Puchase of new pumps and other articles needed-buckets, mugs etc.	Rs 150000 for the district	150000	

		Inadequate stock of DDT, DDT available-45mt, DDT required-127mt	Making available DDT during spraying round	Ensure adequate Stock of DDT through proper & timely indenting to improve the quality of spray	DDT Carriage	45000			
		Faulty payment plan	Appropriate fund allocation for the payment of the spraying of DDT	Fund would be allocated for regular payment of wages (126 SFW to be used and 630 FW to be used for monitoring and spraying work)	126SFW x Rs113 x 45 days	640710			
					630FW x Rs 92 x 45 Days	2608200			
2	Poor rate of case detection of Kalazar	Early diagnosis and treatment through PHC system	Case detection rate should be increased with appropriate diagnostic test	Increase efficiency of case detection through training of Community workers on signs and symptoms of Kala-azar: <b>1)</b> three weeks persisten fever not responding to antibiotics, malaria being excluded, with palpable spleen. <b>2)</b> Ensure availability of aldehyde test at PHC level <b>3)</b> Purchase of RK 39 kit for detection of Kalazar	Purchase of 50000 units of RK39 @ Rs 25 per unit	1250000			
					Reduction of kala-azar mortality and morbidity	Early diagnosis and treatment through PHC system	1. Ensuring availability of Amphotoricin at all level	Purchase of 2400 vails of Amphotoricin B @ Rs 65 per unit	156000
							Loss of wages for KZ patients(case detection in year 2007-3275)	Rs 50 for 22 days for 3200 patients	3520000
							2. Replacing of medicines on priority based	NA	0
							3. Training of ANMs and ASHA for IM injection	Rs 5000 per PHC	90000
3	Lack of monitoring and supervision mechanism,		Monitoring and supervision mechanism	Preparation of Monthly visit plan for supervision :- Checking spraying schedule- For supervision & treatment follow up	Mobility support for CS, ACMO and DMO	45000			

					Mobilty for MOIC 15x 40days x Rs 100	60000
					Mobility for supervisor 33x 40 daysx Rs100	132000
				Office expenses	25000 for the district	25000
4	Lack of appropriate BCC & Community Mobilization.	Increasing awareness for prevention of Kala-azar	Community participation in reducing mortality and morbidity due to Kala-azar	1. Fund allocation for training activities	NA	0
				2. Identification of NGO/Private partner as trainer	NA	0
				3. Knowledge sharing with the community on signs and symptoms of Kala-azar through VHSC	NA	0
				4. Training of VHSC/PRI and community health worker on sign & symptom of Kala-azar	NA	0
				5. Regular monitoring of IEC activities	NA	0
				6. IEC activities through nukkad natak, kalajatha mass media like radio	Rs 10000 per PHC	180000
				7. Activity for survilence like polio survilence	NA	0
				8. Wall painting of Tretment protocol and provisions for pateints in PHC in Hindi.	Above mentioned	0
				IEC van for each PHC	15x 40x 750	450000
<b>Total Budget</b>						<b>9594110</b>

# District Health Society, Darbhanga

## Chid Health

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, attendance and dropout				
Sl.	Objectives	Sl.	Outcome indicators	Sl.	Strategy	Sl.	Output indicators
1	To increase ORS distribution from 20%(DLHS3) to 60%	1.1	% increase of ORS distribution .	1.1.1	<i>IMNCI, Home Based Newborn Care/HBNC</i>		% of PHC initiated IMNCI and HBNC training.
2	To increase treatment of diarrhoea from 78% to 90% within two weeks		% increase of treatment of diarrhoea within two weeks				
3	To increase treatment of ARI/Fever in the last two weeks from 56.2%(DLHS3) to 80%		% increase of treatment of ARI/Fever in the last two weeks				
4	To increase of infant care with in 24hr of delivery from 38.2%(DLHS3) to 60%		% increase of infant care with in 24hr of delivery .		Stanthening 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..
	To increase % of breastfeeding from 15.5% to 30% 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
	To increase initiation of complimentary feeding among 6 month of children from 77.7% to 90%		% increase of complimentary feeding among 6month of children.				
	To increase exclusive breastfeeding among 0-6 month of children from 3.4% to 20%		% increase of exclusive breastfeeding among 0-6 month of children .				
	To increase immunization coverage from 40.7% to 70%		% increase of full immunization coverage .				

	To increase vit A coverage of received atleast one dose (9month to 35 months ) from 67.3% to 80% and include up to 5 yrs.		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 servival Month orgnised in one finicial year.
	To decrease Malnutrition form 58%(NFHS III state ) to 30% of the age group of (0 to 5 yrs)		% of decrease 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 Planed.
2		2.1		2.1.1	School Health Programme		No Of school health programme orgnised in the PHC
<b>Sl.</b>	<b>Strategy</b>		<b>Gaps</b>		<b>Activities</b>	<b>Unit Cost</b>	<b>Budget</b>
	<i>IMNCI, Home Based Newborn Care/HBNC</i>		<i>Training Gaps(AWW-2328/2476,ASHA-0,ANM-377/401,MPW-11/83,MO-47/146,CDPO-05/16,ICDS Super-05,Health supervisors-27,NGOs-06)</i>  <i>No ASHA is trained on IMNCI</i>		<i>Assessment of Training load and prepare calendar of training</i>	NA	0
				<i>Incorporate ASHA in IMNCI training team</i>	NA	0	
				<i>ASHA kit regular supply and incorporate use of ASHA Kit in training curriculum.</i>			
			<i>Inadequate monitoring of this activity at field level</i>		<i>Division of area among all trained supervisiore for revision of IMNCI activity in their area.</i>	NA	0



	Facility Based Newborn Care/FBNC		No institutions have baby warmer machines . maintenance of machine is not up to the mark and district having referral six bedded SNCU		All PHCs should be equipped with baby warmer machines.	Mobilizing 19 units from UNICEF	0
			ANMs and Doctors are not trained to operate these machines		Training of Doctors and ANM to operate baby warmer machine.	Rs 5000/- for demonstration at District level	5000
			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	One Nurse from each PHC Cost will be 5000/-	5000
			<i>Neonatal Care Unit not up to mark.</i>		District level Supporting supervisory team should be developed with the responsibility of nonfunctioning of neonatal care unit. Training of team on monitoring of NCU	Rs.5000/-for one time training	5000
			<i>Non availability of "MAMTA" at PHC level.</i>		<i>Training of Mamta and staff nurse on logistics of New born Care units.by district level supervisory Team.</i>	Rs 1500 for team members for each PHC per month	324000
						NA	0
	Infant and Young Child Feeding/IYCF		Non awareness of breast feeding and proper diet of young children.		Colostrum feeding and breast feeding inclusively for six months. Through IMNCI Training.		
					Baby friendly hospital Training of one doctor form each Nursing hospital at District Level	Rs.20000 for training programme	20000

			Two days training of one staff nurse from each private hospital on counselling skill.	Rs 20000/- for training programme	20000
			Accreditation of nursing home and facility according to norms of baby friendly hospital	NA	0
		Poor knowledge regarding new born care and child feeding practices	Development and Printing of BCC materials	Rs 5 per unit for 10000 units	50000
			Preparing adolescent and pregnant mother on IYCF by IPC through AWW, LRP and ASHA	NA	0
			Linking JBSY with colostrums feeding	NA	0
		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	NA	0
			Folk performance to promote exclusive breast feeding	Included in maternal health	0
			Uniform message on radio from state head quarter	State budget	0

				Organize social events through VHSCs	NA	0
				Strengthening of <i>Mahila Mandal</i> meetings- fortnightly with involvement of adolescent girl	NA	0
			Lack of awareness on importance of appropriate and timely IYCF	Organize healthy baby shows, healthy mother / pregnant woman.	Rs 2000 per month per PHC	432000
				Appreciation and reorganization of positive practices in community. For this purpose hiring a documentation specialist.	Rs 100000 for the whole district on communitywise sample basis	100000
				Celebration of "Annaprashan( <i>Muhjutthi</i> ) Day" at AWC	NA	0
				Demonstration of recipes.	Rs 250 per month per AWC( Under MUSKAN program)	0
				Exposure visits to existing NRCs to observe different models in the country	Rs 50000 for the district	50000
Care of Sick Children and Severe Malnutrition		There is not a singal unit in the district where seviarly malnurished children could be treated.		Establish rehabilitation center in FRU and one PHC and promote local aviliable food farmula for nutritional Therapy as Hadrabad Mix	Rs 1000000 per unit	3000000

					100000 ORS packets at the rate of Rs 5 per packet.(If ORS is not provided in Kit A) IFA syrup for 600000 children at rate of Rs 4 per children	2900000
	Management of diarrhea, ARI and Micronutrient Malnutrition	There is high prevalence of PEM and anemia among children because of Child nutrition is least priority among service providers.		Procurement of ,ORS , Vitamin A supplementation(9m to 5 years children) with De-worming pediatric IFA syrup.		
				Include coverage of Vitamin A and IFA,children in New HIMS format.	NA	0
				Insure two round of Vitamin A and deworming for the age group of (9m to 5 yrs) & (2 yrs to 5 yrs) respectively in the month of April And Oct as per GOI guide line.	Rs 1200000 per round into two rounds( If Vit A is not provided in Kit A)	2400000
				Involvement of ICDS, school teachers and PRI for monitoring and evolution	NA	0
	School Health Programme	No Pre School Health checkup & complete Immunization card.		Half yearly health checkup camp for children in schools should be organized.	Rs 2000 per PHC	36000
		No training of school teacher for basic health care and personnel hygiene.		Training of school teacher by the medical personnel with support administrative person.	Budget incorporated in adolescent health	0
		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 BHM.	NA	NA

		No Training & Screening of school's teacher for eye sight test.	Linking existing 7 ophthalmic paramedics with this program and developing school wise calender.	Mobility support of Rs 10000 per PHC for moving other blocks and hard to reach areas.	180000	
		No other specific program has been formulated in the district.	School health anemia control programme should be strengthen with bi annually de worming .	Budget incorporated in adolescent health	0	
			Organizing competitions/Debates/P ainting competitions/Essay/dem onstration and model preparation of nutritional food and health.	Rs 20000 per PHC	360000	
			Half yearly Health checkups and health card of all school going children.	Printing of Health Card at the rate of Re 1 per card for the children of class 6 to 10	100000	
			Films shows on health, sanitation and nutrition issues	Use LCD projector in this activity.	0	
			Social Since Lab activities.	Included in adolescent health	0	
			Rally and Prabhat Phery in epidemic areas. (Kala-azar & Malaria)	Local contribution/ Untied Fund/VHSC	0	
			Referral system for the school children for higher medical care.	From RKS fund	0	

**Total**

**10087000**

# 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 14.2% ( DLHS3) to 60% by year 2010	1.1	% of institutional delivery reported	1.1.1	To make functional PHC (24hr x7days) for institutional deliveries	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 received JSY payments immediately after delivery
2	To increase safe delivery by trained SBA 11.5% (DLHS3) to 100% by year 2010	2.1	Proportion of birth attendant 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 28.1% (DLHS3) to 70% 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 clincs 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		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
<b>MATERNAL HEALTH</b>							
<b>Sl.</b>	<b>Strategy</b>	<b>Sl</b>	<b>Gaps</b>	<b>Sl</b>	<b>Activities</b>	<b>Unit Cost</b>	<b>Total Budget</b>
A1	<b>To make functional PHC (24hr x7days) for institutional deliveries</b>		<b>Infrastructure</b>				
		1.1	All PHCs are running with only six beded facility.50-60% of facilities are not adequate as per IPHS norms.	1.1.1	Need based ( Service delivery)Estimation of cost for upgradation of PHCs Selection of any two PHCs for ISO certification in first phase	@400000/-Per PHC	800000
	1.2	At present 12 PHC are working with average 15 delivery per day, 2 inpatient Kala-azar, 5 FP operation/emergency operation and 140 OPD per day in each PHC. This huge workload is not being addressed with only six beds inadequate facility.	1.2.1	2.Preparation of priority list of interventions to deliver services.	NA	0	
	<b>To make functional PHC (24hr x7days) for institutional deliveries</b>	1.3	<b>As per IPHS norms each PHC requires the following clinical staffs:(List attached)</b>				0

			Salary of Contractual Doctors	6 Specialist @ 25000/ 66 MBBS @20000/	15990000
1.3.1	But the actual position is not sufficient as per IPHS norms List of Human resource is attached in Annexer .		Selection and recruitment of Doctors on contractual basis and give priority in selection those who are living in same PHC.	72 Doctors to be appointed	17280000
		1.3.1.1	Salary of Contractual Grade A	56 Grade A Nurse	5040000
1.3.2			Selection and recruitment of grade A for conducting delivery	3 Grade A nurse for each PHC	4860000
			Selection and recruitment of dresser	18 Dresser for each PHC	1728000
			Selection and recruitment of Pharmacist.	14 x2 Pharmacist for each PHC	1680000
			Three month induction training of Grade A nurse under supervision of District level resource team.	100/-per day x 90 days for 51 grade A nurse	459000
1.13		1.13.1	Training need Assessment of PHC level staffs	NA	0
			Honorarium of Block Accountants	13 Accountant @ 12000/	1872000
			Rent of Data Center	17 Data Center @ 7500/	1530000
			Honorarium of BHM	10 BHM @ 18000/-	2160000
			Mobility support to BHMs	Rs 2000 per month per BHM	408000
			Process of all recruitments	6 types of recruitment @ 10000	60000
			Trainings of BHMs on Health statistics	18BHMs	36000
			Training on Program, Finance management and HMIS	18 BHMs, 18Block Accountants and 18 Data Center operators	108000

	<b>Drug Supply</b>				
1.16	Irregular supply of drugs because of lack of fund disbursement on time.	1.16.1	Ensuring the availability of FIFO list of drugs with store keeper.	NA	0
1.17	Only 38 essential drugs are rate contracted at state level .	1.17.1	2.Implementing computerized invoice system in all PHCs	NA	0
			Purchase of Drug invoice software	Rs 10000 per PHC	180000
	Lack of fund for the transportation of drugs from district to blocks.	1.17.2	3.Fixing the responsibility on proper and timely indenting of medicines( keeping three months buffer stock)	NA	0
					0
1.18		1.18	4.Payment from Rogi Kalyan samiti account.	Rs 2000 per month per PHC	432000
1.19	There is no clarity on the guideline for need based drug procurement and transportation.	1.19.1	5. Orientation meetings/ training on guidelines of RKS for operation.	Rs 2000 per PHC	36000
1.2	Drugs are not properly stored	1.20.1	6. Enlisting of equipments for safe storage of drugs.	NA	0
		1.20.2	7. Purchase of enlisted equipments.	Rs 25000 per PHC	450000
		1.20.3	8.training of store keepers on invoicing of drugs	Rs 2000 per PHC	36000
	<b>Performance</b>				0
1.21.1	Excessive load on PHC in delivering all services i.e. 10 delivery per day, 4 inpatient Kala-azar, 10 FP operation/emergency operation and 120 OPD per day in each PHC.	1.21.1	Recruitment of Doctors on contractual basis	NA	0

**To make functional  
PHC (24hr x7days)  
for institutional  
deliveries**

1.21.2	Total 52 seats of Regular and 15 seats of contractual doctors in the district is vacant.			NA	0
					0
1.22	All posted doctors are not regularly present during the OPD time so the no of OPDs done is very less( only average 20 patients per Doctor per OPD days during April 08-March 09, however the IPHS norms says that the OPD should be 40 per Doctor.)	1.22.1	Hiring of rented houses from RKS fund for the residence of doctors and key staffs.	Rs 5000 per PHC per month	1080000
		1.22.2	Incentivizing doctors on their performances especially on OPD, IPD, FP operations, Kala-azar patients treatment.	Rs 5000 per PHC per month	1080000
		1.22.3	Revising Duty rosters in such a way that all posted doctors are having at least 8 hrs assignments per day	NA	
1.24	6 PHCs out of 18 are lacking 24 hrs new born care services.	1.24.1	Ensure 24 hrs new born care services in 12 PHC.	Budget in Child health care activity	0
1.27	No any PHCs provides 24 hrs BEMoC services.	1.27.1	Ensure 24 hrs BEMoC services at 12 PHC		0
			Training of one Doctor from each PHC on BEMoC.	4000/-Per Doctor	48000
			Equipments for BEMoC	50000 per facility	500000
					0
1.29	18 PHC does not have laboratory facilities on PPP based services. But except Mahnar all Phc have T.B lab Technician.	1.29.1	Recruitment of 18 regular Lab tech at PHC level for providing free of cost lab services to all pregnant women and BPL families.	NA	0
1.3		1.30.1	Recruitment of 18 lab technicians as required for regular support of lab activity	6000/-per head	1296000
			Training of TB lab technician on other pathological tests.	1000/-per training	18000

			Purchase reagent(recurring) for strengthening lab.	5000 per unit per month	1080000
			Purchase of equipments/ instruments if needed . Fund could be routed through RKS and if it is not utilised it could be diverted to other women and child friendly activites.	50000/-per PHC	90000
1.32	Health facility with AYUSH services is not being provided		Establisng one Panchkarm center	10000 Per PHC	180000
			Establisng two homeopathy centers in Biraul and Baheri	6000/- each PHC for medicine , equipments and Furniture.	216000
<b>1.33</b>	<b>Referral Services</b>				0
1.33.1	No pick up facility for PW or BPL patients.	1.33.1.1	Provision for pick up & drop out for pregnant mothers and BPL families free of cost using existing Ambulance services at PHC level.	60000/-each PHC per month	1296000
			Provide EDD list of pregnant women to Ambulance driver and Number of ambulance diriver and 102 /PHC tel No to all Pregnant woment	NA	0
1.33.3	Lack of maintenance of ambulances	1.33.3.1	Repairing of all defunct Ambulances	Five Ambulances @ rs 50000 per Ambulance	250000
1.33.4	Shortage of ambulances	1.33.4.1	Hiring of ambulances as per need.	one in each PHC @ Rs 10000 Per month	2160000
			Prepaer list of Vechecal those are utilised in Monitoring work in PHC that can be use in pick up and drouping facility for PW.	NA	0

1.34	Quality of food, cleanliness (toilets, Labour room, OT, wards etc) electricity facilities are not satisfactory in any of the PHC.	1.34.1	Assigning mothers committees of local BRC for food supply to the patients in govt's approved rate.	Rs 50 per patients into 25 patients per day per PHC	2700000
			Rewiev of Cleanliness activity in all PHC by Qulity assurence committee and payment of agency should be link with it.		0
		1.34.2	Hiring of workers for cleanliness of OT and Labour room in PHC	Two workers per PHC for maximum 30 days @ Rs 100 per day by concerned RKS	1296000
			Perchage equipments and uniform for clinliness in all PHC	50000/each PHC	90000
			Training of Workers on using machine/equipments and impotence of clinliness .	2500/-per PHC twice in a year.	90000
			Devlop mechnisume for monitoring of clinliness work	NA	0
1.35	All PHCs have their own generator sets but are not in use.	1.35.1	Repairing of PHCs gensets and initiating their use.	Rs 5000 per PHC	90000
1.7	Non availability of HMIS formats/registers and stationeries	1.7	Printing of formats and purchase of stationeries	Rs 50000 per PHC	90000
		1.7.2	Biannual facility survey of PHCs through BHM as per IPHS format	NA	0
		1.7.3	Regular monitoring of PHC facilities through PHC level supervisors in IPHS format.	NA	0

1.8	Operation of RKS:	1.8.1	Ensuring regular monthly meeting of RKS.	Confectionary costs @ Rs 500 per month per PHC	108000
		1.8.2	Appointment of Block Health Managers, Accountants in all institutions.(18 PHCs, 2 Referrals hospital.)	Two more BHM's and 2 more Accountants( Rs 18000 per month for BHM's and Rs 12000 per month for Accountants)	720000
1.9	Lack in uniform process of RKS operation.	1.9.1	Training to the RKS signatories for account operation.	Rs 1000 per participant, Two participants from each PHC	36000
		1.9.2	Trainings of BHM and accountants on their responsibilities.	Rs 1000 per participant, Two participants from each PHC	36000
1.1	Lack of community participation in the functioning of RKS.	1.10.1	Meeting with community (School children or other)representatives on erecting boundary, beautification etc,	5000/-per PHC	90000
		1.10.2	Meeting with local public representatives/ Social workers and mobilizing them for donations to RKS.	NA	0
1.36	In serving emergency cases, there are maximum chances of misbehave from the part of attendants, so staffs reluctant to handle emergency cases.	1.36.1	Meeting in RKS with Local Police Station incharge to handdale emargency situation .	NA	90000
			Training local NCC/NYK/Scout & Guide/NSS etc.volentiers on identification of emargency situation. And deployment of volentears	5000/-per PHC	85000

<b>To make functional PHC (24hr x7days) for institutional deliveries</b>				at PHC.		
	1.37	Several cases of theft of instruments, computers, and submersible pumps etc at PHCs.	1.37.1	Insurance of all properties and staffs of PHC	Rs 10000 per PHC	180000
	1.38	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.	Rs 2000 per PHC	36000
	1.39	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	Rs 2000 per PHC	36000
				Displaying Name Photograph and DOB of all staff of PHC and put clinliness staff name on top of the list.		
	1.41	Lack of counselling services	1.41.1	There re 25 LHV in the district we can utilise their experience in counseling work of women and adolecent girls after training.	1000 per person	25000
	1.42	there is no hot water facility for PW and there is no adequete liting 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 purchase equipments from market.	50000/-per PHC	90000
	1.43	Lack of convergence	1.43.1	Convergence meeting by RKS & DHS	NA	0
	1.44	Lack of timely reporting and delay in data collection	1.44.1	Orientation of the staffs on indicators of reporting formats	NA	0
				1.44.2		
	1.45	Lack of space for waiting, environmental cleanliness around	1.45.1	Gardening	Rs 5000 per PHC	90000
1.45.2			Sitting arrangement for	Rs 5000 per PHC	90000	

		PHC, provision for hospitality etc		patients		
				Construction of patients waiting shade	75000/-Per PHC	1350000
			1.45.3	Installation of LCD projector for manage waite over time of OPD patients.	Rs 100000/- per PHC	1800000
			1.45.4	Installation of safe drinking water equipments/water cooler,	Rs 10000 per PHC	180000
			1.45.5	Apron with name plates with every doctors	Rs 250 per Doctor for total 205 doctors	51250
			1.45.6	Presence of staffs with uniform and name plates.	NA	0
			1.45.7	“MAMTA” should be appointed at PHC level as well.	Rs 75 per delivery for approx 72000 institutional delivery	5400000
2	<b>To make FRU functional and upgradation of PHC to CHC for institutional deliveries</b>	2.1	C-Section deliveries are not conducted in institution.	2.1.1	DevlopBaheri,Benipur , Jalley and Keoti PHC for C-section facility	NA 0
				2.1.2	Training of MOs of three PHCs in multiskilling.	2 Docters from each PHC @ 2000/-per person 24000
				2.1.5	Specialist should be posted at above mention three PHC	NA 0
				2.1.6	Incentive for C-section to PHC those who conducted 10 -15 = 10000,15-20=20000, 25-30= 50000/,C-section in a month the incentive money should be distributed among all staff of the PHC after the decision of RKS.	Rs 25000 per PHC per month 1200000
				2.1.8	Need based Equipments and drugs in O.T and Labour room.	100000 per PHC 1800000

	None of the PHC provides 24 hour blood transfusion services, however Jalley and Manigachi Referral has been provided the equipments for blood storage unit.		Establishing blood storage unit at Jalley and Manigachi Referral	60000/- Per PHC	120000
			Training of lab technician on management of blood storage	5 lab technician	5000
	Infection control protocols is not at all maintain at all facilities	2.2.2	Licensing blood storage / blood bank	NA	0
		2.2.3	Meeting infrastructure requirements as per norms for Blood storage	10000 Per PHC	20000
		2.2.4	Training of MO and lab tech/ staff nurse blood storage on grouping /cross matching and management of transfusion reactions stabilized linkages with mother blood bank.	Rs 1000 per participant, Two participants from each PHC	36000
		2.2.5	Provide free of cost Blood for pregnant women who need blood transfusion for severe anemia/ PPH on prescribed through RKS Fund	20000/-for each PHC per month	4320000
		2.2.11	Organize Blood donation camps at all institution and mobilize community for voluntary blood donation	Rs 10000 per camp per PHC for organizing two camp annually	36000
2.3	Welcome PW at Institution and PHC and FRU	2.3.1	Provision of food for the delivered mothers and mothers under gone in tubectomy in all the health facilities.	NA	0

		2.3.2	Mobilize community Resources for providing Free food for PW at Institution.	NA	0
		2.3.3	Quality indicators (clean environment, wards with clean linen, clean toilets , clean labour rooms, running waters supply, hot water and protected water for inpatients, new born corners, treatment protocols, aseptic precautions, immediate disbursement of	NA	0
2.4	Reporting of maternal death Maternal death reporting is usually not reported by worker	2.4.1	Training of ASHA & ANM on reporting of Maternal deaths and conduct Verbal Autopsy	Rs 5000 per PHC	90000
		2.4.2	Incentives for maternal death reporting by ASHA @ Rs 50/-per maternal death	Rs 50/-per maternal death for approx 300 maternal deaths	15000
		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.	NA	0
		2.4.4	Institution and urban center also to report Maternal death to the district CS/CMO.	NA	0
		2.4.5	Maternal Death should be reported by ASHA AWW, ANM Staff Nurse & Doctors to the district data center .	NA	0
		2.4.6	Investigation of maternal death by district team. and third party review(District magistrate)	NA	0

			2.4.7	Training of ASHA and investigation team objective and process of investigation and review of maternal death	Rs 3000 per PHC	54000	
		2.5	Biomedical waste management is not properly taken care off at all institution	2.5.1	Procurement of equipment	Rs 50000 per PHC	90000
		2.5.2		As per example Introduce color coded buckets for facilities as per IMEP	NA	0	
4	<b>To strengthen Janani Suraksha Yojana / JSY</b>	4.1	Tracking of pregnant women from first Trimester is not done form the register.	4.1.1	Review of early registration with 3 AN checkup ,two TT.100/200 IFA Tab. in ASHA Diwas.	NA	0
		4.2	Too much documentation process. Photo required for mother and baby. It cost Rs.30/- to Rs.60/- .	4.2.1	Ensure 100 %Pregnancy Test Kit is to ASHA and regular supply.	Rs 50 for 99000 pregnancies	5000000
		4.2.2		Direct transfer of funds from district to PHC through core banking / directly from DHS	NA	0	
		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.	NA	0	
		4.2.4		The photo system should be replaced by some other alternatives like- bank account opnin of pregnant women in first trimister and directaly transfer the money to their account after delivery.	Incentive to ASHA for rs 50 per PW for opening of bank account of PW for 100000 pregnancies	5000000	
				Incentive for institutional delivery.	Rs 2000 per delivery	140000000	
5	<b>To ensure support of SBA at home deliveries</b>	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.	NA	0

			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.	NA	0
			5.1.3	Delivery kit (equipment, medicine)for ANM should be supplied	Rs 10000 per PHC	180000
			5.1.4	Supply of delivery Kits as per number of deliveries conducted in home.	NA	0
	5.2	Reporting of home delivery is not done so the PNC is not provided	5.2.1	Incentive based system for reporting of home delivery by ASHA and it should linked with ANM	NA	0
	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.	Rs 500 per home delivery for approx 40000 home deliveries	20000000
6	<b>To strengthen HSC for providing outreach maternal care</b>	<b>Infrastructure</b>				0
	6.1	Out of 261 HSCs only 48 are having own building	6.1.1	Strengthening of HSCs having own buildings		0
	6.2	In existing 39 buildings 26 are in running comparatively in good condition, 6 are in under construction ,one is very poor condition and one is constructed but not hand over to health department.	6.2.1	White washing of HSC buildings.	Rs 2000 per PHC	36000
			6.2.2	Organize adolescent girls for wall painting and plantation./hire local painter for colourful painting of HSC walls.	NA	0
			6.2.3	List out all services which is provided at HSC level. On the wall.	NA	0
			6.2.4	Gardening in HSC premises by school children.	NA	0
	6.3	No one building is having running water and electric supply.	6.3.1	Mobilize running water facility from near by house if they have bore well and water storage facility and it could be on monthly rental.(Untied	Water rent for 48 HSC, Rs 100 per month from untied fund.	0

**To strengthen HSC for providing outreach maternal care**

			fund)		
			Arrangement of water supply upto HSC ( Wiring ) from water source	Rs 5000 per HSC	240000
6.4	Lack of appropriate equipments and ANM are reluctant to keep all equipments in HSC .	6.4.1	Purchase of Furniture Prioritizing the equipment list according to service delivery(for ANC /Family planning /Immunization/)	Rs 20000 per HSC having own buildings	960000
		6.4.2	Purchase of equipments according to services	NA	0
		6.4.3	Purchase one almarah for keep all equipment safely and it could be keep in AWW / ASHA house.	Rs 10000 per HSC	2610000
6.5	Non payment of rent of HSCs for more than three years	6.5.1	Strengthening of HSCs running in rented buildings.		0
		6.5.2	Estimation of backlog rent and facilitate the backlog payment within two months	Rs 300 per HSC per month for 36 months(State fund)	0
		6.5.3	Streamlining the payment of rent from the month of April 09.	Rs 300 per HSC per month for 12months( from State fund)	0
		6.5.4	Purchase of Furniture as per need where building is on rent	From untied fund	0
		6.5.5	Prioritizing the equipment list according to service delivery	NA	0
		6.5.6	Purchase of equipments as per need	From untied fund	0
6.6	The district still needs 158 more HSCs to be formed.	6.6.1	Construction of new HSCs. 85 are having own building, and rest are supposed to be	From State Govt fund	0

				constructed.		
			6.6.2	Preparation of PHC wise priority list of HSCs according to IPHS population and location norms of HSCs	NA	0
			6.6.3	Community mobilization for promoting land donations at accessible locations.	NA	0
			6.6.5	Meeting with local PRI /CO/BDO/Police Inspector in smooth transfer of constructed HSC buildings.	NA	0
<b>To strengthen HSC for providing outreach maternal care</b>	6.7	Non participation of Community in monitoring construction work	6.7.1	Biannual facility survey of HSCs through local NGOs as per IPHS format	Rs 200 per HSC per biannually	81200
			6.7.2	Regular monitoring of HSCs facilities through PHC level supervisors in IPHS format.	NA	0
			6.7.3	Monitoring of renovation/construction works through VHSC members/ Mothers committees/VECs/others as implemented in Bihar Education Project.	NA	0
			6.7.4	Training of VHSC/Mothers committees/VECs/Others on technical monitoring aspects of construction work.	Rs 20000 per PHC	360000
			6.7.5	Quartely Meeting of one representative of VHSC/Mothers committees on construction work and other issues	Rs 50 for TA to VHSC members for attending monthly meeting at PHC	722400

	6.8	Lack of community ownership in the	6.8.1	Formation and strengthening of VHSCs, Mothers committees,	NA	0
			6.8.2	“Swasthya Kendra chalo abhiyan” to strengthen community ownership	NA	0
				One week Training of Nukkad Natak team on IPHS	Rs 300 per participant per day for 85 persons for 7 days	178500
			6.8.3	Nukkad Nataks on Citizen’s charter of HSCs as per IPHS	Three days performance at 301 HSCs	1354500
			6.8.4	Monthly meetings of VHSCs, Mothers committees	NA	0
7	<b>Human Resource</b>					
	7.1	1.Out of 25 sanctioned post of LHVs only16 are placed, 2.All 478 posted ANM ® are not trained enough to deliver services. 3. 197 seats of contractual ANM®, and 102seats of Regular ANMs are vacant.	7.1.1	Selection and recruitment of 197 ANMs	honorarium of 197ANMs @ Rs 6000 per month for 12 months	14184000
				Honorarium of existing 222 ANMs	Honorarium of existing 222 ANMs @ rs 6000 per month for 12 months	15984000
			7.1.2	Selection and recruitment of 32 male workers	Honorarium of32 male workers @ Rs 5000 per month for 12 months	1920000
			7.1.3	Training need Assessment of HSC level staffs by BHM in weekly meeting	NA	0
			7.1.4	Training of staffs on various services in the PHC,	Rs 1000 per participant (Total no of participants 197 new ANMs, 222 existing ANMs and 32 new male workers)	451000

8	<b>To strengthen HSC for providing outreach maternal care</b>	<b>Drug Kit Availability</b>					0
		8.1	No drug kit as such for the HSCs as per IPHS norms.(KitA, Kit B, drugs for delivery, drug for national disease control program (DDT, MDT, DOTs, DEC)sand contraceptives,	8.1.1	Weekly meeting of HSC staffs at PHC for promoting HSC staffs for regular and timely submission of indents of drugs/ vaccines according to services and reports	NA	0
		No Drug kit for AWCs(@one kit per annum,) . No ASHA kit, only need based emergency but that too being irregular in supply	8.1.2	Ensuring supply of Kit A and Kit B biannually through Developing PHC wise logistics route map	From state fund	0	
			8.1.3	Hiring vehicles for supply of drug kits through untied fund.	Rs 200 per HSC per month	722400	
			8.1.4	Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)	Rs 2000 per PHC	36000	
			8.1.5	Hiring of couriers as per need	Rs 50 per courier for 200 couriers for 8 days per month	960000	
			8.1.6	Payment of courier through ANMs account	Fund for the payment of Couriers should be transferred to ANMs account.	0	
9	<b>To strengthen HSC for providing outreach maternal care</b>	<b>Performance</b>					0
		9.1	Unutilized untied fund at HSC level	9.1.1	Training of signatories on operating Untied fund account, book keeping etc	Rs 100 per person for two persons for 301HSCs	60200
				9.1.2	Timely disbursement of untied fund for HSCs	Rs 10000 per HSC per year for 301 HSCs	3010000

**To strengthen HSC  
for providing  
outreach maternal  
care**

		9.1.3	Assigning a person at PHC level for managing accounts	NA	0
9.2	No ANC at HSC level Only 18.2% PW registered in first trimester PW with three ANC's is 29%, TT1 coverage is 71.94%,	9.2.1	Identification of the best HSC on service delivery	NA	0
		9.2.2	Listing of required equipments and medicines as per IPHS norms in facility survey	NA	0
		9.2.4	Honouring the ANM those who develop women friendly HSC in given criteria (list is attached)	5 ANM in a year per PHC social honouring with one shawl.	45000
9.3	Family Planning Status:-Any method-31.8%,Any modern method-30.4%,No sterilization at HSC level,IUD insertion - 0.3%,Pills-1%,Condom-0.8%,Total unmet need is 36.3%, for spacing-14.7%,Lack of counselling Skill.	9.3.1	Gap identification of 39 HSCs through facility survey	NA	0
		9.3.2	Eligible Couple Survey	NA	0
		9.3.3	Ensuring supply of contraceptives with three month's buffer stock at HSCs.	State Fund	0
		9.3.4	One day training of AWW/ASHA on family planning methods and RTI/STI/HIV/AIDS	Rs5000 per PHC	90000
		9.3.5	Training of ANMs on IUD insertion	Rs 10000 per PHC	180000
9.4	HSC unable to implement disease control programs	9.4.1	Review of all disease control programs HSC wise in existing Tuesday weekly meetings at PHC with form 6.( four to five HSC per week)	NA	0
		9.4.2	Strengthening ANMs for community based planning of all national disease control program	NA	0
		9.4.3	Reporting of disease control activities through ANMs	NA	0
		9.4.4	Submission of reports of national programs by the supervisors duly signed by the respective ANMs.	NA	0

		9.5	80% of the HSC staffs do not reside at place of posting	9.5.1	Submission of absentees through PRI	NA	0
		9.6	Problem of mobility during rainy season	9.6.1	Purchasing Life saving jackets for all field staffs	3 units per PHC at the rate of Rs 3000 per unit	162000
				9.6.2	Providing incentives to the ANMs during rainy season so that they can use local boats.	From untied fund	0
		9.7	Lack of convergence at HSC level	9.7.1	Fixed Saturday for meeting day of ANM, AWW, ASHA, LRG with VHSCs rotation wise at all villages of the respective HSC.	from untied fund	0
				9.7.1	Monthly Video shows in all schools of the concerned HSC area schools on health, nutrition and sanitation issues.	From untied fund	0
		9.8	Lack of Knowledge and skill of field level staff of data compilation in HMIS formats and formate.	9.8.1	Training to the field staffs in filling up form 6, Form 2, Immunization report format, MCH registers, Muskan achievement reports etc	NA	0
				9.8.2	Printing of adequate number of reporting formats and registers	Discused earlier	0
10	<b>To organise integrated RCH camps specially for hard to reach areas, isolated population and Maha Dalit Tolas</b>	10.1	Out reach camps are not organised in plan manner. It is totally based on demand of organisation and it eventually it is not reported to respective HSCs and PHC.	10.1.1	Identifying Socially Backward, Slums & Maha Dalit Tolas.	NA	0
				10.1.2	Hiring trained alternate vaccinator/ retired ANMs and Medical officer .hiring vehicle for fixed day out reach camps with drugs.	Rs 10000 per PHC per month	2160000
				10.1.3	Fixed day OPD clinics at APHC level and adjoining HSC of respective APHCs. with dedicated MO and	NA	0

					support staff.		
				10.1.4	To make calendar for camps with date and identified areas.and link NGOs those who are willing to orgnised Camps .	NA	0
				10.1.5	Community based reporting system through SMS. involve PRI members and training on reporting and Camp approach	NA	0
11	<b>To improve adolescent reproductive and sexual health</b>	11.1	No training programme for adolescent particularly health and sex.	11.1.1	Multipurpose counselor can be used for adolescent care. For this services of LHV can be used.and callender of activity could be develop.	NA	0
		11.2	Preventions of anemia in adolacencent girls	11.2.1	linkage with adolacent anemia controle programme in Schools with Unicef. And traing to the one teacher from the school	Rs 5000 per PHC	90000
		11.3	Marriage before legal age.	11.3.1	Sensitigation of PRI members pertculerly women	Rs 5000/-Per PHC	90000
		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, Brest feeding.PNC with in 48 hours.	NA	0
		11.6	Limited interventions for empowering adolescent girls	11.6.1	Family counseling for adolescent pregnancy tracking on above mention through ASHA and AWW.	NA	0

	<b>To improve adolescent reproductive and sexual health</b>			11.6.2	State to develop and issue guidelines for implementation of Kishori Mandals Formation of Kishori Mandals by registration of all girls(11-18 yrs)	NA	0	
				11.6.3	Prepare a monthly plan of activities for one day per week	NA	0	
					11.6.4	Counseling nutrition, health and social issues every week at AWCs by AWW	NA	0
					11.6.5	Weekly distribution of IFA Tablets to out-of-school girls at AWCs	From State	0
					11.6.6	Deworming adolescent every 6 months	Purchase of 12 lack tablets	900000
					11.6.8	Initiate family schools for learning child care , safe mother hood life skills and Family life education	Rs 10000 per Schools each in each PHC	180000
12	<b>To provide MTP services at health facilities</b>	12.1	MTP services are not available in Public sectors	12.1.1	Selection of facilities for provision of safe abortion services	NA	0	
				12.1.2	Location of facility availability of trained service provider, space, equipments.	NA	0	
				12.1.3	To Provide appropriate equipments at all facilities and MVA syringes.	50000/-per PHC	900000	
				12.1.4	Putting the trained doctors at appropriate facilities to commence the services	NA	0	
				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	One docter and one ANM from each PHC @ Rs 2000	36000	

**To provide MTP services at health facilities**

	abortion by IPAS .		
12.1.6	Formation of district level committee (DLC) to accredit private sites as per GOI guide line .	NA	0
12.1.7	Develop reporting system of MTP services in private and public sector.	NA	0
12.1.8	Through training program make the govt doctors skilled to perform MTP in the approved sites.	NA	0
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)	Rs 5000/-Per PHC	90000
12.1.10	The services of Pregnancy testing should be strengthen and it should be linked with MTP services.	NA	0
12.1.11	NGO's and local Practitioner should be involved for counseling and information of facility	NA	0
12.1.12	Assurance of privacy and link with family welfare services counseling at all facility.	NA	0
12.1.13	Linkage with MTP services with NGOs (PPP) those who are working in Safe abortion services. and create one modal center at district	NA	0

					and PHC level.		
				12.1.14	Training of ASHA on medical abortion.	Incorporated in ASHA training	0
13	<b>To strenghten Monthly Village Health and Nutrition Days</b>	13.1	Nutrition and Counseling Component is not visible in VHND and there is no monitoring of VHND activity by Community.	13.1.1	AWC should be develop Hub of activities (VHND)	NA	0
				13.1.2	Develop an activity plan calendar for VHND as seasonality.	NA	0
				13.1.3	Counseling of mothers on ANC, preparation for Child care ,STI/RTI, and AYUSH, adolescent Health	NA	0
				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	Booklet on four table concept @Rs 5 for 10000 booklets	50000
				13.1.4	Meeting of VHSC and preparation for area specific epidemiological planning and community based monitoring.	NA	0
				13.1.5	Skill development training is required to ANM , ASHA & AWW and Dular (LRG)	Rs 5000 per PHC	90000
				13.1.6	Develop monitoring plan map of each village and displaced at AWC with identification of priority houses with PW, lactating women ,Malnourish children , New born, DOTs and other services	From untied fund	0

				13.1.7	SMS reporting system of conducting VHND and ANM collect Data from field level and compile it in weekly/Monthly	NA	0	
B	APHC		<b>Infrastructure</b>				0	
	<b>To form /strengthen APHC in Phase manner</b>	1.3	Out of 36 APHCs only 19 are having own building	1.3.1	Registration of RKS	NA	0	
		1.4	Existing 19 buildings are not properly maintained	1.4.1	Renovation of APHCs buildings from RKS Fund	Rs 150000 per APHC	2850000	
		1.5	Non payment of rent of 17 APHCs for more than three years	1.5.1	Payment Of Rent of APHC building	From state fund	0	
		1.6	Lack of equipments,	1.6.1	Purchase of equipment as per service need from RKS fund	From state fund	0	
		1.7	Lack of appropriate furniture	1.7.1	Purchase of Furniture from RKS fund	From state fund	0	
			<b>Human Resource</b>					0
		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 Docter. And support staff.	NA	0	
2.2		2.2.1	Notification from district for oprationaliing APHC	NA	0			
3			<b>Drug Supply</b>				0	
		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	Rs 200000/- Per PHC for OPD drugs for one year.	3600000	
5	<b>RTI/STI services at health facilities</b>	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.	Rs 1000/- for Two person from each PHC	36000	
				5.1.2	Logistics of setting of clinics and free drugs availability	NA	0	

			5.1.3	Integrated Counseling services in four public sector facilities by trained personnel .	NA	0
			5.1.4	IEC/BCC for awareness available RTI/STI services at all health facilities.	Rs20000 for Per PHC	360000
					Total	313855450

# District Health Society, Darbhanga

## Family Planning

Sl.	Goal	Sl.	Impact indicators				
1	Population stabilisation	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 sterilisation from present 27%(DLHS3) to 40%	2.1	% increase in female sterilisation	2.1.1	Terminal/Limiting Methods	2.1.1.1	% of terminal/limiting methods use
				2.1.2	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 orgnise for female sterilization .
				2.1.4	Compensation for female sterilization	2.1.4.4	% of Female recived 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 sterilisationfrom 0.1%( DLHS 3) to1%	3.1	% increase in male sterilisation	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 recived compensation
				3.1.3	Accreditation of private providers for sterilization services	3.1.3.3	No of Private providers accrediate for Sterilization services.
4	To increaseuse of condoms from 0.8% (DLHS3) to 3%	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 present 1%(DLHS3) among current married women age 15-49 yrs to 3%	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	Unit Cost	Total Budget
	Terminal/Limiting Methods	Lack of knowledge of small family norms.	Ensure one MO trained on on minilep and NSV up to PHC	Rs 20000	360000
			Training of nurses and ANMs on IUD and other spacing methods at PHC level.	Rs 10000	180000
			Ensure availability of contra septives (indenting , logistic	Rs 500000 per PHC	9000000
	Female Sterilization camps	Laparoscopy surgery not done.	Trained doctors on laparoscopy.	Above mentioned	0
			Procure Laparoscopy equipments for trained docters	Rs 100000 per PHC	1800000
			Training of doctors needed.	Mentioned above	0
	NSV camps	Trained doctors are not available.	Procurement of equipment.	Mentioned above	100000
	Compensation for female sterilization	Anesthetists are not available	Immediate disbursement of incentive after sterilization camps.	Rs1000 each for 25000 male and 5000 female operations	32500000
	Compensation for male sterilization		Logistic planning is needed before organizing camps.	NA	0
			Block Health manager could be hire one support staff for disbursement for logistic support.	NA	0

				Immediate disbursement of incentive after sterilization camps.	Discussed earlier	0
				Logistic planning is needed before organizing camps.	NA	0
				Block Health manager could be hire one support staff for disbursement for logistic support.	NA	0
				Accreditation of private nursing home. As per GOB	NA	0
	IUD camps		Camps not held	Training of ANM & staff nurse for IUD insertion.	Discussed earlier	0
	Accreditation of private providers for IUD insertion services	No accreditation of private providers for IUD insertion services		Procurement of IUD.	Rs 30 into 52800 units	1584000
			Equipments for IUD insertion	Discussed earlier	0	
			Accreditation of private providers for IUD insertion services. As per GOI guide lines.	NA	0	
	Social Marketing of contraceptives	Monitoring of Social Marketing is not monitored by PHC.		Social marketing of need based OC & IUD.	NA	0
				Increasing access to contraceptive through communities based distribution system free of cost.	NA	0
	Contraceptive Update seminars	Not being held.		seminars for MO and other through Professional bodies (FOGSI. BMA, Nursing association etc..on	NA	0
					Copper-t 380-A should be popularized.	NA

				Awareness for emergency contraceptive.	NA	0
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**Total**

**45524000**

INSTITUTIONAL STRENGTHENING							
Logical Framework							
Sl.	Goal	Sl.	Impact indicators				
1	To improve institutional setup as per IPHS	1.1	Improved service delivery For women and child 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 Partneship/ PPP for communitisation 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 routeen facilty 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 supplementation, 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)
					Develop a strong Monitoring & Evaluation / HMIS System in all PHC	1.1.2.3	Regular monitoring and evaluation reports
3	To develop IEC and BCC and Training support system .	3.1	No of IEC materials developed and BCC event carried out	3.1.1	Establishing 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 organised
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	Unit Cost	Budget
	To enforce PNDT Act and to increase sex ratio of female child		No registration of ultra sound clinic.		Registration and monitoring of ultra sound clinic.	NA	0
					MTP clinic should be watched for termination of pregnancy following USG.	NA	0

					IEC on PNNDT act	Rs 5000 per PHC	90000
	To make Public Private Partnerships for referral transport, IPD care canteen facility, STD booth and other routine facility where it is not functional.		Out sourcing of services is not as per the need of local Need and BPL families are not exempted from Fee of out source services		District /PHC level managers should be aware about the TOR of PPP which is finalized at State level.	NA	0
					Build the capacity of manager to manage contracts of PPP	NA	0
			There is an acute shortage of para medics like radiographer, lab technician, ECG technician etc. in the state.		Accreditation of institutions and to set standards, an institute of paramedical sciences may be started in the state. This would create more employment opportunities in addition availability of para medical personnel for absorption into the government health system.	NA	0
	Develop partnership with NGO Programmes in the districts		<b>Non involvement of NGO in Institutional delivery and Blindness control programme.</b>		listing of NGOs those who are working in F.P ,MTP,programme, Institutional delivery, Blindness control programme.	NA	0
					Accreditation of these facility from state Health Society.	NA	0

		There is no any MOU with NGO/VO/individuals for Donation and volantory support in PHC		Process of MOU should be dicentrization and it should be operationlise through RKS.	NA	0
		Strainthening of DMU NGOs Management aspects is one of the area of improvement		ASHA Programme manager facilitate the NGO management process in the district and ASHA Facilitatore will be manage at the PHC level	NA	0
				Honourarium to DPM, DPM(ASHA), DAM and DA	Rs 30000 pm for DPM, Rs 28000 pm for DPM(ASHA), Rs 26000 pm for DAM and Rs 22000pm for DA	1272000
				Capacity building training programme for NGOs office bearer with the help of professionals on linkage with health system strengthening component.	Rs 5000 per PHC	90000
				Mentoring Group at district level.	NA	0
				Reporting mechanism should be develop of NGOs work in the district.	NA	0
			There is no any VHSC in the district.		Co-ordination with community based organisation as SHG, LRG, VEC, ,PRI for VHSC	NA

				formation.		
	Capacity building of Managers and Doctors.			Exposure visit of DPM/BHM /ASHA DPM/ selected ASHA to other state where facility is comparatively working better.	Rs 100000 for the district	100000
				To start DNB (Family Physician) 3 year course in the district hospitals.	Rs 100000 for the district	100000
				ASHA/ AWW career advancement programme may 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	Rs 10000 per PHC	180000
	Preparation of decentralised 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	1 DPM, 18Doctors( One from each PHC) , 18 BHMs and district planning team	100000
				Start preparation of plan from the month of October with situation analysis, Facility survey, line reporting system and qualitative finding from Community and users of facility.	Rs 50000 for the district	50000

	Develop a strong Monitoring & Evaluation / HMIS System in all PHC. Appointment of Data Centre for APHC with the responsibility of collecting Information from HSCs		Monitoring of all programme is one of the weakest link of all programme. Lack of Supervisors in all PHC. Lack of skill of use of data. Community is not aware about monitoring aspects of Health Programme.		Distribution of role and responsibility among MO, Managers Grade A Nurses and ANMs of Programme Implementation.	NA	0
					Use Process indicators as monitoring of respective programme.	NA	0
					Develop Programme review calendar for review of HSC/PHC performance as per form 6 & 7	NA	0
					Gradation of Health Sub centers in three categories.	NA	0
					Information exchange visits among ANM according to Grade.	NA	0
					Social recognition of Grade one ANM.	NA	0
					Develop four potential VHSCs in all PHC on Community based Monitoring of Health and Nutrition programme.	Rs 2000 in each PHC	36000
					Establishment of Data Center for each ADPHC	RS 5200 for each ADPHC	2246400
					Organise "JAN ADALAT" in with PRI & VHSC and invite nearby VHSC to observe the process of "JAN ADALAT"	NA	0

				Devlop Health and Nutrition Report Card by using growth monitoring chartsof Village and present in "JAN ADALAT" By VHSC	Rs 2000 in each PHC	36000
	Strenthen 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 comaratively stroger then 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	NA	0
				Hiring vehicles for supply of drug kits	Rs 20000 per PHC per month	4320000
				Hiring of couriers as per need	Discussed in maternal health	0
				Developing three coloured indenting format for the HSC to PHC(First reminder-Green, Second reminder-Yellow, Third reminder-Red)	Discussed in maternal health	0
				Training of all ANM and Stock keepers on Indenting and Logistic Management.	Rs 5000 per PHC	90000
				Devlop TMC model for Logistic Management in the state.	NA	0
		Establising BCC and training cell at District & BPHC level			There is not as such disignated post for BCC and Traning at the district and PHC level	ASHA Programme manager facilitate the process of traning and BCC in the district and ASHA Facilitatore will be manage at the PHC level
			Devlop resoure team at District Level.	NA		0

				MOU with Local NGOs for logistic management of training and Develop issues wise Master traners in district	Na	0		
				Devlop ASHA support system on one person/20 ASHA for on the job training of AHSA and AWW	NA	0		
	Net working with folk media team		There is no BCC management unit at Distrcet Level	Identify Health Communication orgnisation for identification of BCC issues as per need of District.	Discussed in child health	0		
				MOU with orgnisation for formative reaserch .	NA	0		
				Devlop IEC/BCC material based on Findings of formative rearsch	Discussed in child health	0		
				Printing of IEC and BCC material	Discussed in child health	0		
				Training of Folk Media group on IEC/BCC material	Discussed in maternal health	0		
				Planning of performance route chart of Folk media Group	NA	0		
				Monitoring of performance through SMS of PRI members	NA	0		
				Impact analysis of Performance by Orgnisation	NA	0		
		Straenthening RKS			RKS are not uniformly fungtioning in the	Ensure ragistration of RKS of all fungtional APHC	NA	0

			district	Training of RKS signatory and BHM on financial Management of RKS	Discussed in maternal health	0
				presentation of case study of functional RKS in district level Meeting.	NA	0
	Strengthening community process through supportive supervision of ASHA program		Poor monitoring mechanism of ASHA program	Appointment of PHC level ASHA facilitator	Rs 12000 per Facilitator per month for 18 facilitator	2592000
				Provide training cum supervisory support @ one supervisor for 20 ASHA	Rs 250 per supervisor for 152 supervisors for maximum 15 days in a month	6840000
				Training of DPM (ASHA) , Facilitator and supervisors at block level.	Rs 250 per participant for three days for 180 participants.	45000
					<b>Total</b>	<b>18187400</b>

# District Health Society, Darbhanga

## Blindness

Gaps	issues	Strategy	Activities	Unit Cost	Total Budget
Lack of adequate eye surgeon and staffs in the district. Only 4 eye surgeons are posted in the district out of which one is deputation to the other district.	Staff shortage	Recruitment	Recruitment of Eye Specialists and surgeons on contractual basis.	Already discussed in maternal health	0
Most of the doctors and staffs are not trained enough on new IOL techniques	Untrained staffs	Capacity building	Training of Doctors on IOL technique	Rs 10000 per person for 5 person	50000
			Training of Ophthalmic Assistant	Rs 2000 per person for 7 persons	14000
In the Year 2008-09 only 66 Cataract operations have been done by the Govt facilities and 1763 by the private facilities (till Nov 08). In the year 2007-07, altogether 1945 surgeries were performed out of 3000 and in the year 2007-08 2966 surgeries have been performed.	Low achievement	Increasing noof camps	Organising Operations at District level	Rs 750 per operation for 6000 operations	4500000
		PPP	Accreditation of Nursing Homes capable of doing Cataract surgeries	NA	0

			Establishing another Cataract Operation Center at PHC Benipur and Jalley	Rs 1200000	2400000
			Purchase of equipments and medicines		
Lackof awareness among community regarding cataract blindness and its treatability.	Lackof awareness	Awareness building	Assigning LHV/Supervisor counseling work	NA	0
Fear of eye operation.			Organising eye screening camps in villages/ schools	NA	0
Lack of Education among the masses about the existing facilities: Need of wide publicity.			IEC on cataract and its facilities	Rs 100000 at district level	100000
Poor coordination between the health functionaries and the voluntary organisations resulting in less cataract surgeries.		InvolvingNGOs	Meeting with Local NGOs onthis issue	NA	0
Lack of adequate referral services to take care of complications.	Lackof adequate referral services	Strengthening referral system	Arrangement of carrying patients to the Operation Centers and then taking them back homes	Rs 10000 per PHC	180000
Lackof monitoring and follow up	Monitoring and follow up	Monitoring and follow up	Mobility support for Visiting homes of the patients tomanage any post treatment	Rs 10000 per PHC	180000

			complication.		
			Developing records of cataract cases from OPD registers at PHC level	NA	0
			<b>Total</b>	<b>7424000</b>	

# District Health Society, Darbhanga

## Leprosy

Gaps	issues	Strategy	Activities	Unit Cost	Total Budget
· Existing PR of the district is 1.1 and the target is only 1, so the existing program performance is good.					
<ul style="list-style-type: none"> <li>Lack of awareness is still a problem with the Leprosy Program as most of the cases are detected accidentally.</li> </ul>	Lack of Awareness	Awareness generation	IEC on Leprosy	Rs 5000 per PHC in a year	90000
<ul style="list-style-type: none"> <li>Inadequate staff, Only 4 supervisors and 13 Non Medical Assistants are working while the requirement of Supervisor is 8 and that of NMA is 36( One NMAeach in each APHC)</li> </ul>	Lack of Human Resource	Staff Recruitment in contract basis	Recruitment of 4 supervisors	Rs 7000per superisor per month	336000
<ul style="list-style-type: none"> <li>There is no active involvement of the Medical officers at sector and Block levels.</li> </ul>		Strengthen Health Care Services	Orientation of Mos and staffs on Leprosy	NA	0
<ul style="list-style-type: none"> <li>Lack of PHC staff involvement. No manpower support,</li> </ul>			Case validation, to have check on wrong diagnosis and re registration	NA	0

Prompt and early detection of the cases to NA 0

			disability,		
			Ulcer care foot ware reorientation training of medical & para medical staff.	Rs2000 per PHC	36000
No lab testing facility in the district	Infrastructure Gap	Establishing Lab	Establishing Lab at district level	Rs 200000	200000
			Recurring expenditure like reagents	Rs 1000 per month	12000
Lack of monitoring at all level	Monitoring Gap	Increasing mobility	Updation of master register	NA	0
			Mobility support for DLO	RS 10000 per month	120000
			Office expenses	Rs 2000 per month	24000
<b>Total</b>					<b>818000</b>

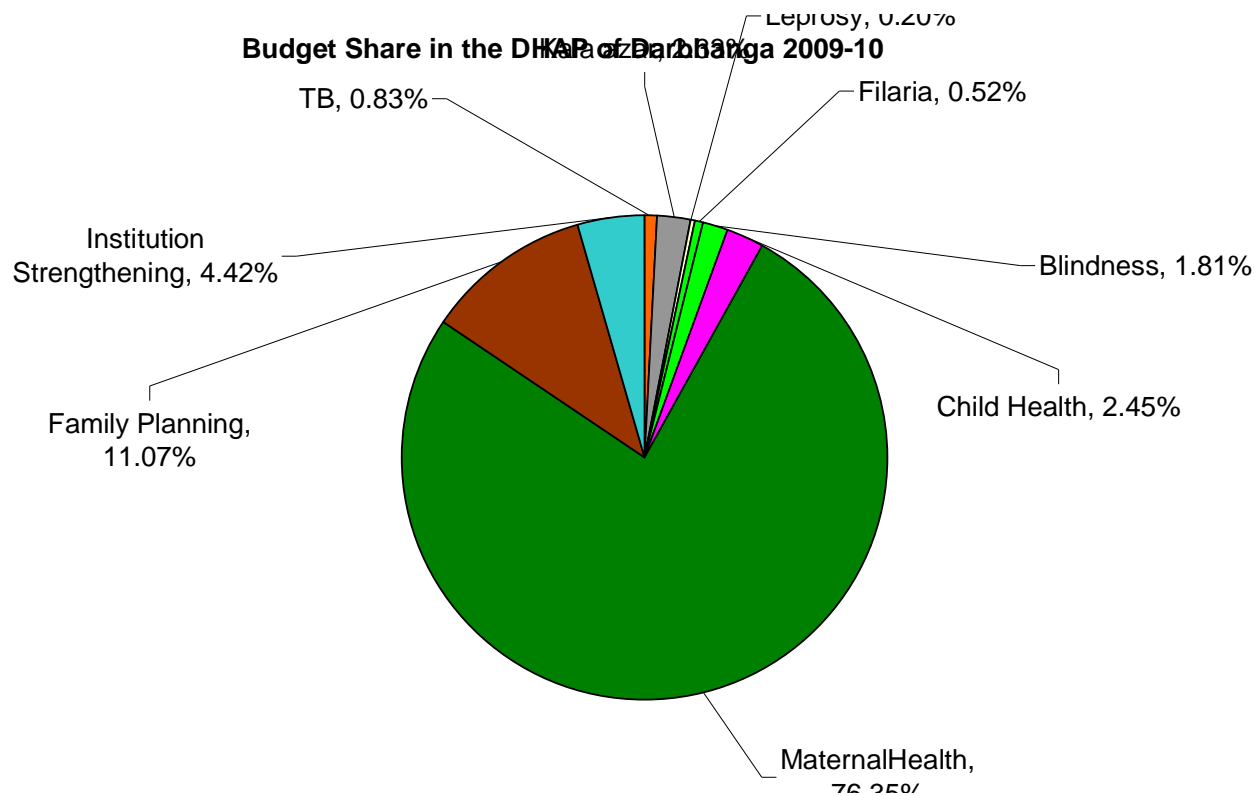
# District Health Society, Darbhanga

## Filaria

Gaps	issues	Strategy	Activities	unit Cost	Total Budget
It affects mainly the economically weaker sections of communities	Five days are required for MDA	1. Single dose DEC mass therapy once a year in identified blocks and selected DEC treatment in filariasis endemic areas.	Line listing of the cases	NA	0
			Purchase of equipments for the management of Filaria cases like towel, Bucket, soap, mug etc	Rs 500 per HSC for 261 old and 50new HSCs	150500
			DEC distribution through AWCs and paying hon to AWWs for this.	Rs 100 for all 3213AWC	1606500
			Transportation of DEC from State		12000
			Transportation of DEC District to PHC		18000
			Monitoring to PHC		124200
			Monitoring to Head Quarter		19320
			Training Of Medical Officers		54950
			Training to AWWs/ASHA on DEC distribution and filaria case management	Rs 2000 per PHC	36000
			Result in low priority being accorded by governments for the control of lymphatic filariasis.		2. Continuous use of vector control measures.

Low effectiveness of the tools used by the control programme			Detection and treatment of micro-Filaria carriers, treatment of acute and chronic filariasis.	NA	0
The chronic nature of the disease		4. IEC for ensuring community awareness and participation in vector control as well as personal protection measures.	Wall paintings and Miking	Rs 7000 per PHC	133000
			<b>Total budget</b>		<b>2154470</b>

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## District Health Society, Darbhanga

### Summary Of Budget 2009-10

Srl No	Budget Head	Total Budget	
	TB	3412450	
	Kala azar	9594110	
	Leprosy	818000	
	Filaria	2154470	
	Blindness	7424000	
	Child Health	10087000	
	Maternal Health	313855450	

	Family Planning	45524000	
	Institution Strengthening	18185400	
	<b>Total</b>	<b>411054880</b>	
<b>Srl No</b>	<b>Budget Head</b>	<b>%</b>	<b>TotalBudget</b>
	TB	0.83%	3412450
	Kala azar	2.33%	9594110
	Leprosy	0.20%	818000
	Filaria	0.52%	2154470
	Blindness	1.81%	7424000
	Child Health	2.45%	10087000
	MaternalHealth	76.35%	313855450
	Family Planning	11.07%	45524000
	Institution Strengthening	4.42%	18185400
	<b>Total</b>	<b>100%</b>	<b>411054880</b>

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**  
**CATARACT PERFORMANCE CUM MONTHLY MONITORING FORMAT**  
**STATE - BIHAR,**

**DISTRICT - DARBHANGA**

**YEAR - 2008-09**

Sr. No		Apr 08		May 08		June 08		July 08		August 08		Sept 08		Oct 08		Nov 08		Dec 08		Jan 09		Feb 09		March 09		Total		Grand Total
		ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	ICCE	IOL	
1	Medical College	1	111	1	74	3	124	2	60	0	68	1	48	2	37	3	41	1	87	0	22	1	29	1	32	16	733	749
2	CMU / DMU	3	52	2	24	4	65	3	55	2	29	1	25	2	28	3	31	2	34	2	21	0	0	0	0	24	364	388
3	NGO (K.Priya)	0	46	2	14	3	15	2	25	1	11	1	28	1	13	2	19	2	68	3	75	0	70	1	46	18	430	448
4	Others	13	68	3	26	0	0	0	0	1	21	1	27	1	15	1	18	3	53	2	36	0	23	0	22	25	309	334
	<b>Total</b>	<b>17</b>	<b>277</b>	<b>8</b>	<b>138</b>	<b>10</b>	<b>204</b>	<b>7</b>	<b>140</b>	<b>4</b>	<b>129</b>	<b>4</b>	<b>128</b>	<b>6</b>	<b>93</b>	<b>9</b>	<b>109</b>	<b>8</b>	<b>242</b>	<b>7</b>	<b>154</b>	<b>1</b>	<b>122</b>	<b>2</b>	<b>100</b>	<b>83</b>	<b>1836</b>	<b>1919</b>

## District Health Society Darbhanga

### Chapter 5

#### Immunisation BCG(2008-09)

Sr.No	Name Of Units	April 08	May 08	June 08	July 08	August 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	March 09	Total
1	Sadar	256	605	767	403	509	515	593	545	790	113	696	558	6350
2	Bahadurpur	652	627	484	503	561	584	667	654	702	120	734	694	6982
3	Hayaghat	664	632	537	446	600	522	529	470	398	25	447	395	5665
4	Baheri	812	812	658	767	904	871	1127	718	559	45	456	697	8426
5	Keouti	518	614	482	449	521	454	688	531	592	121	642	602	6214
6	Singhwara	433	616	427	530	533	585	538	582	863	72	806	710	6695
7	Jaley	518	537	406	466	477	444	671	639	583	81	714	633	6169
8	Manighachi	618	693	451	490	576	537	801	879	940	354	885	790	8014
9	Benipur	674	565	497	482	654	658	841	819	793	185	1021	668	7857
10	Kiratpur	314	253	180	110	186	294	368	450	359	273	250	185	3222
11	Ghanshyampur	321	586	522	218	455	250	522	677	491	160	343	342	4887
12	Biraul	425	348	455	618	438	425	756	499	717	125	1047	748	6601
13	K. Asthan	615	659	445	274	435	504	772	728	762	551	1201	1225	8171
	<b>TOTAL</b>	<b>6820</b>	<b>7547</b>	<b>6311</b>	<b>5756</b>	<b>6849</b>	<b>6643</b>	<b>8873</b>	<b>8191</b>	<b>8549</b>	<b>2225</b>	<b>9242</b>	<b>8247</b>	<b>85253</b>

**District Health Society Darbhanga**

**Chapter 5**

**Immunisation TT(2008-09)**

<b>Sr.No</b>	<b>Name Of Units</b>	<b>April 08</b>	<b>May 08</b>	<b>June 08</b>	<b>July 08</b>	<b>August 08</b>	<b>Sept 08</b>	<b>Oct 08</b>	<b>Nov 08</b>	<b>Dec 08</b>	<b>Jan 09</b>	<b>Feb 09</b>	<b>March 09</b>	<b>Total</b>
<b>1</b>	Sadar	553	297	1195	369	98	392	340	113	614	24	523	63	<b>4581</b>
<b>2</b>	Bahadurpur	303	0	886	434	437	306	447	293	675	10	527	318	<b>4636</b>
<b>3</b>	Hayaghat	645	144	765	366	418	231	168	167	275	9	301	189	<b>3678</b>
<b>4</b>	Baheri	998	455	894	879	701	732	644	494	609	12	459	445	<b>7322</b>
<b>5</b>	Keouti	672	353	957	561	484	421	584	453	900	11	662	382	<b>6440</b>
<b>6</b>	Singhwara	687	569	1171	584	386	451	483	409	934	37	761	426	<b>6898</b>
<b>7</b>	Jaley	491	392	709	383	366	274	335	27	599	31	458	260	<b>4325</b>
<b>8</b>	Manighachi	432	160	1086	713	688	438	434	357	1034	215	823	475	<b>6855</b>
<b>9</b>	Benipur	842	400	1365	723	607	507	289	347	874	66	623	369	<b>7012</b>
<b>10</b>	Kiratpur	487	661	665	355	301	253	193	151	325	134	257	179	<b>3961</b>
<b>11</b>	Ghanshyampur	456	873	1620	437	409	302	432	260	271	105	294	222	<b>5681</b>
<b>12</b>	Biraul	520	300	1306	404	460	305	330	66	657	59	448	336	<b>5191</b>
<b>13</b>	K. Asthan	605	311	1323	263	146	320	619	641	979	185	778	618	<b>6788</b>
	<b>TOTAL</b>	<b>7691</b>	<b>4915</b>	<b>13942</b>	<b>6471</b>	<b>5501</b>	<b>4932</b>	<b>5298</b>	<b>3778</b>	<b>8746</b>	<b>898</b>	<b>6914</b>	<b>4282</b>	<b>73368</b>

**District Health Society Darbhanga**  
**Chapter 5**  
**Immunisation Measles(2008-09)**

<b>Sr.No</b>	<b>Name Of Units</b>	<b>April 08</b>	<b>May 08</b>	<b>June 08</b>	<b>July 08</b>	<b>August 08</b>	<b>Sept 08</b>	<b>Oct 08</b>	<b>Nov 08</b>	<b>Dec 08</b>	<b>Jan 09</b>	<b>Feb 09</b>	<b>March 09</b>	<b>Total</b>
1	Sadar	423	469	970	377	492	420	248	0	0	35	420	311	<b>4165</b>
2	Bahadurpur	311	676	553	644	565	454	608	487	536	25	454	457	<b>5770</b>
3	Hayaghat	576	679	677	592	560	424	165	218	181	22	194	204	<b>4492</b>
4	Baheri	874	1005	889	993	1083	967	904	552	749	35	348	551	<b>8950</b>
5	Keouti	516	610	539	496	546	522	580	406	546	28	328	359	<b>5476</b>
6	Singhwara	418	893	617	524	527	474	597	467	426	52	466	487	<b>5948</b>
7	Jaley	305	453	355	412	438	349	431	0	197	69	330	339	<b>3678</b>
8	Manighachi	321	608	503	650	718	405	553	468	518	219	452	376	<b>5791</b>
9	Benipur	738	815	705	763	726	756	681	380	557	52	433	389	<b>6995</b>
10	Kiratpur	241	354	287	278	283	245	220	189	177	128	209	119	<b>2730</b>
11	Ghanshyampur	200	589	931	328	342	298	521	193	147	42	142	206	<b>3939</b>
12	Biraul	246	188	515	577	453	297	464	307	528	38	571	615	<b>4799</b>
13	K. Asthan	844	1355	621	497	197	441	980	418	1261	716	1060	1544	<b>9934</b>
	<b>TOTAL</b>	<b>6013</b>	<b>8694</b>	<b>8162</b>	<b>7131</b>	<b>6930</b>	<b>6052</b>	<b>6952</b>	<b>4085</b>	<b>5823</b>	<b>1461</b>	<b>5407</b>	<b>5957</b>	<b>72667</b>

**Revised National Tuberculosis Control Programme, Darbhanga**  
**Reporting Year(Jan2008-Dec 2008)**

(RNTCP)

Sl. No.	Hospital	No. of patients registered Previous Month(Jan 08 to Nov 08)	No. of patients registerd in reporting month(Dec 08)	Total	No Of DOTS Provider	Cat - 1		Cat -2		Cat - 3		Remarks
						(+) Ve Smear	(-)Ve Smear/ X-ray Positive	(+) Ve Smear	(-)Ve Smear/ X-ray Positive	Extra Pulmonary	(-)Ve Smear/ X-ray Positive	
1	DTC, Darbhanga	307	29	336	50	8	3	4	5	8	1	
2	DMCH, Darbhanga	420	53	473	1	7	23	6	5	12	0	
3	PHC, Bahadurpur	217	14	231	46	7	1	3	2	1	0	
4	APHC Sonaki	0		0								
5	APHC Ganauli	0		0								
6	PHC Hayaghat	180	9	189	26	2	1	2	1	1	2	
7	PHC Baheri	161	16	177	47	4	3	4	2	1	2	
8	APHC Panchobh	118	10	128	7	4	2	2	1	0	1	
9	PHC, Hanuman Nagar	10	4	14	22	0	0	1	1	0	2	
10	APHC Nimaithi	0		0								
11	ATC Benipur	129	15	144	33	6	1	3	3	0	2	
12	PHC Ghanshyampur	58	12	70	19	4	1	1	0	0	6	
13	PHC Kiratpur	66	8	74	29	4	1	3	0	0	0	
14	PHC Bahera	54	6	60	23	3	1	1	0	1	0	
15	PHC Alinagar	53	3	56	15	2	0	0	0	0	1	
16	APHC Milki	0		0								
17	PHC Biraul	126	1	127	25	1	0	0	0	0	0	
18	PHC K.Asthan	211	29	240	32	18	5	5	0	0	1	
19	APHC Dekulidham	50	10	60	10	4	0	2	2	1	1	
20	APHC Pokhram	0		0								
21	APHC Buchauli	0		0								
22	Ref.Hospital Jale	149	18	167	11	9	3	2	2	2	0	
23	PHC Singhwara	211	27	238	17	6	1	3	4	2	11	
24	APHC Kamtaul	7	0	7	4	0	0	0	0	0	0	
25	APHC Hariharpur	0		0								
26	APHC Ahilya Asthan	0		0								
27	PHC Manigachi	118	4	122	59	3	1	0	0	0	0	
28	APHC Raiyam	4	0	4	15	15	0	0	0	0	0	
29	PHC Keoti	295	21	316	75	1	1	0	2	0	3	

30	APHC Nehra	11	2	13	1	1	0	0	0	1	0	
31	Ref.Hospital Manigachi	18	2	20	6	0	0	0	0	1	0	
32	APHC Putai	0		0								
33	APHC Kurso Nadiyami	0		0								
34	APHC Baghant	0		0								
	<b>TOTAL</b>	<b>2973</b>	<b>293</b>	<b>3266</b>	<b>573</b>	<b>109</b>	<b>48</b>	<b>42</b>	<b>30</b>	<b>31</b>	<b>33</b>	

# DISTRICT HEALTH SOCIETY, DARBHANGA

## Financial Year-2008-09

Sl. No.	PHC & Accredited Nursing Home	April.08	May.08	June-08	July-08	Aug-08	Sept-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	March-09	Total
1	Sadar	0	0	0	0	0	0	0	0	138	0	16	0	154
2	Bahadurpur	0	12	0	0	0	0	0	0	49	31	14	5	111
3	Hayaghat	0	0	0	0	0	0	0	0	39	29	18	0	86
4	Baheri	0	0	0	0	0	0	0	0	177	0	0	0	177
5	Keouti	0	0	0	0	0	0	0	30	73	54	72	0	229
6	Singhwara	0	4	0	20	0	0	0	74	193	56	147	39	533
7	Jaley	0	0	0	0	0	0	0	0	138	0	0	0	138
8	Manighachi	0	0	0	0	0	0	0	0	76	0	0	0	76
9	Ref. Manigachi	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Benipur	0	0	0	0	0	0	0	28	128	0	136	11	303
11	Kiratpur	0	0	0	0	0	0	0	0	0	0	50	0	50
12	Ghanshyampur	0	0	0	0	0	0	0	0	0	0	57	0	57
13	Biraul	0	0	0	0	0	0	0	0	0	0	18	21	39
14	K. Asthan	0	0	0	0	0	0	0	7	67	0	31	29	134
15	Alinagar	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Tardih	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Hanumannagar	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Gaurabauram	0	0	0	0	0	0	0	0	0	9	24	24	57
19	DMCH	27	41	48	36	41	49	18	75	56	28	26	37	482
20	Jyoti Research Hos.	0	32	32	17	36	54	45	368	1793	1027	552	291	4247
21	Shyama Surigcal	12	12	9	13	6	13	14	183	838	592	264	62	2018
22	Ganesh Nursing home	0	0	0	20	47	35	26	33	225	115	56	25	582
23	Mahila Seva Sadan	19	20	9	11	15	14	22	26	114	91	55	22	418

<b>24</b>	Matritwa Dristi	14	15	10	2	2	2	3	7	20	18	18	10	<b>121</b>
<b>25</b>	Jibbach Godawari	1	4	4	1	1	1	2	37	866	424	133	34	<b>1508</b>
<b>26</b>	Dharmlal Samaj	0	0	0	0	0	0	0	5	115	37	24	2	<b>183</b>
<b>27</b>	Amrit Nurshing Home	9	10	2	4	8	5	6	16	177	43	36	12	<b>328</b>
<b>28</b>	Jeevan Deep Hospital	0	0	0	0	0	0	0	0	234	320	82	40	<b>676</b>
<b>29</b>	RS Memorial Hospital	0	0	0	0	0	0	0	10	95	73	63	4	<b>245</b>
<b>30</b>	I.B.Smiriti	0	0	0	0	0	0	0	0	0	177	44	27	<b>248</b>
<b>31</b>	Mahamaya N.Home	0	0	0	0	0	0	0	0	0	30	28	8	<b>66</b>
<b>32</b>	Private Nursing Home	0	0	0	0	0	0	0	0	25	30	16	0	<b>71</b>
	<b>TOTAL</b>	<b>82</b>	<b>150</b>	<b>114</b>	<b>124</b>	<b>156</b>	<b>173</b>	<b>136</b>	<b>899</b>	<b>5636</b>	<b>3184</b>	<b>1980</b>	<b>703</b>	<b>13337</b>

**District Health Society Darbhanga**

**Chapter 5  
OPD IN 2008-09**

Sr.No	Name Of Units	April 08	May 08	June 08	July 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Total
1	Sadar	645	1205	1101	987	1460	551	720	779	771	343	1404	452	<b>10418</b>
2	Bahadurpur	1627	2016	1897	2932	3190	4614	3147	2365	2732	807	2270	2995	<b>30592</b>
3	Hayaghat	5520	5917	5238	10056	10313	5338	5375	3199	4085	742	3072	3735	<b>62590</b>
4	Baheri	3937	4115	4604	6510	6986	7265	4838	3813	3744	426	2582	4990	<b>53810</b>
5	Keouti	3661	4081	4209	5147	5791	5591	3067	3308	3980	745	2901	4098	<b>46579</b>
6	Singhwara	3145	3467	3634	5590	8001	7864	4617	4754	4330	947	2988	5396	<b>54733</b>
7	Jaley	3917	4230	4813	3848	5925	5084	4756	3992	3235	766	2169	3729	<b>46464</b>
8	Manighachi	2102	3332	3599	4912	5702	6541	4229	3290	2905	1771	3836	3425	<b>45644</b>
9	Ref. Manigachi	1137	1137	1985	2572	1312	1776	1494	1110	1570	1086	1890	1310	<b>18379</b>
10	Benipur	3289	1319	3514	5580	5349	6416	4668	3382	3398	614	2791	4048	<b>44368</b>
11	Kiratpur	2355	3440	2151	3239	3202	3879	3107	2319	2598	2925	3825	3849	<b>36889</b>
12	Ghanshyampur	2469	2254	3093	4448	5063	4291	2712	1569	2062	1609	2698	3498	<b>35766</b>
13	Biraul	3250	2640	2160	5811	6131	6297	5243	4799	4715	1407	6329	5281	<b>54063</b>
14	K. Asthan	2980	3350	2605	3272	3619	4201	3291	3328	3509	1183	3780	4194	<b>39312</b>
15	Alinagar	1299	1618	1904	2987	4963	4798	2263	2404	2660	330	2247	4088	<b>31561</b>
16	Tardih	224	1646	1721	859	2514	2364	717	984	1860	524	2035	1246	<b>16694</b>
17	Hanumannagar	221	315	216	314	3112	10349	3496	3822	3775	2021	5235	5245	<b>38121</b>
18	DMCH	40232	42909	3512	32475	31269	32156	43321	38281	35469	0	28355	26572	<b>354551</b>
19	Private N.Home	2473	3000	2653	1105	2285	1995	2145	6554	3325	10005	6725	4235	<b>46500</b>
	<b>TOTAL</b>	<b>84483</b>	<b>91991</b>	<b>54609</b>	<b>102644</b>	<b>116187</b>	<b>121370</b>	<b>103206</b>	<b>94052</b>	<b>90723</b>	<b>28251</b>	<b>87132</b>	<b>92386</b>	<b>1067034</b>

## District Health Society Darbhanga

### Chapter 5

#### Institutional Delivery in 2008-09

Sr.No	Name Of Units	April 08	May 08	June 08	July 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Total
1	Sadar	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Bahadurpur	46	59	51	68	120	170	203	185	147	22	76	94	1241
3	Hayaghat	134	165	103	155	199	227	199	159	137	115	154	152	1899
4	Baheri	352	322	316	513	651	593	569	512	430	116	380	335	5089
5	Keouti	130	110	116	147	201	263	281	270	276	52	151	189	2186
6	Singhwara	152	147	134	191	280	293	309	235	257	49	132	213	2392
7	Ref Hos. Jaley	124	116	124	178	244	325	384	388	244	134	135	154	2550
8	Manighachi	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Ref.Hos. Manigachi	106	133	126	103	162	207	310	280	216	169	163	176	2151
10	Benipur	205	141	155	245	295	401	415	366	359	52	110	228	2972
11	Kiratpur	53	174	36	41	85	162	185	109	118	81	81	61	1186
12	Ghanshyampur	75	44	56	80	139	145	163	198	215	55	104	98	1372
13	Biraul	90	91	107	120	166	226	234	259	371	47	73	124	1908
14	K. Asthan	168	136	106	155	248	272	274	228	267	159	182	124	2319
15	Alinagar	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Tardih	0	0	0	0	1	0	0	0	0	0	0	0	1
17	Hanumannagar	0	0	0	0	0	0	0	0	0	0	0	0	0
18	DMCH	660	665	675	643	568	653	714	588	738	0	220	0	6124
19	Private N.Home	145	375	255	200	221	234	375	225	200	356	153	425	3164
	<b>TOTAL</b>	<b>2440</b>	<b>2678</b>	<b>2360</b>	<b>2839</b>	<b>3580</b>	<b>4171</b>	<b>4615</b>	<b>4002</b>	<b>3975</b>	<b>1407</b>	<b>2114</b>	<b>2373</b>	<b>36554</b>

# Fund Allocation from SHSB Patna

District Health Society, Darbhanga  
NRHM PART A (Financial Year 2009-10)

Code	STRAEGY/ACTIVITIES	Opening Balance as on 1.4.2008	Quarterly Allocation				PIP Budget
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
A.1	<b>MATERNAL HEALTH</b>						0
A.1.1	Operationalise facilities (oly dissemination, monitoring and quality)		0	144000	144000		288000
A.1.1.1	Operationalise FRUs						0
A.1.1.2	Operationalise 24x7 PHCs			25000			25000
A.1.2	<b>Referral Transport</b>						0
A.1.3	<b>Integrated Outreach RCH Services</b>						0
A.1.3.1	RCH Outreach Camps			26100	26100		52200
A.1.4	<b>Janani Suraksha Yojana JSY</b>	<b>16498628</b>					0
A.1.4.1	Home Deliveries		50000	50000	60000	58000	218000
A.1.4.2.1	Institutional Deliveries Rural		2000000	1450000	2500000	13133473	72633473
A.1.4.2.2	Institutional Deliveries Urban		2179113	2179113	2179113	2179112	8716451
A.1.4.2.3	Caesarean Deliveries		90508	90508	90508	90509	362033
A.1.4.3	Other activites (JSY)			276317.4	276317.4	276317.4	828952.2
	<b>Sub Total Maternal Health</b>		<b>22319621</b>	<b>17291038</b>	<b>27776038</b>	<b>15737411</b>	<b>83124109</b>
A.2	<b>CHILD HEALTH</b>						0
A.2.2	Facility Based New Born Care / FBNC		80001	92971	0	0	172972
A.2.3	Home Based New Born / HBNC						0
A.2.4	School Health Programme	1100000	1359453	1359453	1359453	1359487	5437846
A.2.8	<b>Sub Total Child Health</b>		<b>1439454</b>	<b>1452424</b>	<b>1359453</b>	<b>1359487</b>	<b>5610818</b>
A.3	<b>FAMILY PLANNING</b>	<b>3902154</b>					0
A.3.1.1	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services		0	25000	0	0	25000
A.3.1.2	Sterilisation Camps						0
A.3.1.3	NSV camps		0	10000	30000	30000	70000
A.3.1.4	Compensation for female Sterilisation at PHC		200000	200000	2000000	2000000	4400000
A.3.1.5	Compensation for Male Sterilisation		0	0	703953	703953	1407906
A.3.1.6	Accreditation of Private providers for sterilisation		5142813	1142813	2142813	8142811	16571250

	services						
A.3.2	<b>Spacing Methods</b>						0
A.3.2.1	IUD camps		0	0	108000	108000	216000
A.3.2.2	IUD services at health facilities						0
A.3.3	POL FOR FAMILY PLANNING AND OTHERS		50000	0	200000	256566.6	506566.6
A.3.5	Other Strategies/ activities		0	0	9413	9413	18826
	<b>SUB TOTAL FAMILY PLANNING</b>		<b>5392813</b>	<b>1377813</b>	<b>5194179</b>	<b>11250744</b>	<b>23215549</b>
	REPAIRS OF LAPAROSCOPES						0
A.4	<b>ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH</b>						0
A.4.1	Adolescent services at health facilities		0	25000	0	0	25000
A.8.1	PNDT and Sex ratio		0	0	377392.1	0	377392.12
<b>A.9</b>	<b>INFRASTRUCTURE &amp; HUMAN RESOURCES</b>						0
A.9.1	<b>Contractual staff &amp; Services</b>						0
A.9.1.1	ANMs		0	800000	800000	800000	2400000
A.9.1.2	Laboratory Technicians		117000	117000	117000	117000	468000
A.9.1.3	Staff Nurses						0
A.9.1.4	Specialists (Anesthetists , Pediatricians ,OB/ Gyn , Surgeon , Physicians)		200000	200000	400000	500000	1300000
A.9.1.5	Others Contractual Staff (specify)		46772.62	46772.62	46772.62	46772.62	187090.48
A.9.1.6	INCENTIVE/ AWARDS Etc TO ASHALINK WORKER/ SN/ Mos Etc		200000	200000	400000	500000	1300000
	<b>OPERATIONISING ICU</b>						0
A.9.3.1	Minor Civil Works for operationalisation of FRUs		100000	0	0	0	100000
A.9.3.2	Major Civil Works for operationalisation of 24 hours services at PHCs		81250	81250	81250	81250	325000
A.9.4	Operationalise Infection Management & Environment Plan at health facilities						0
	<b>TOTAL Infra HR</b>		<b>745022.6</b>	<b>1445023</b>	<b>1845023</b>	<b>2045023</b>	<b>6080090.5</b>
	<b>INSTITUTIONAL STRENGTHENING</b>						
A.10.4	sub center rent and contingencies		391500	391500	391500	391500	1566000
A.11	<b>TRAINING</b>						0
A.11.3.1	Skilled Birth Attendance/SBA	48551	374400	294400	294400	294400	1257600
A.11.3.4	MTP Training			25000			25000
A.11.5.1	IMNCI	2153781	2081331	2081331	2081331	2081331	8325325
A.11.8.2	DPMU Training		27000	27000	61000	27000	142000
A.11.9	other training (pl. specify)						0
A.11.9.1	continuing biomedical and nursing education		2482731	2427731	2436731	2402731	9749924
	<b>TOTAL</b>		<b>5356962</b>	<b>5246962</b>	<b>5264962</b>	<b>5196962</b>	<b>21065849</b>
<b>A.12</b>	<b>BCC/IEC</b>						0
A.12.2	Development of BCC / IEC strategy		12500	0	12500	0	25000
A.12.3.4	BCC/IEC activities for ARSH						0
A.12.4	other activities		405250	405250	405250	405250	1621000
	<b>Sub TOTAL IEC/BCC</b>		<b>417750</b>	<b>405250</b>	<b>417750</b>	<b>405250</b>	<b>1646000</b>

A.13	<b>PROCUREMENT</b>						0
A.13.1.1	Procurement Of equipment		33223.68	33223.68	33223.68	33223.68	132894.72
	<b>TOTAL</b>		<b>33223.68</b>	<b>33223.68</b>	<b>33223.68</b>	<b>33223.68</b>	<b>132894.72</b>
A.14	<b>PROGRAMME MANAGEMENT</b>						0
A.14.2	Stenngthening of District society/ District Programme Management Support Unit	1015696	184796	184796	184796	184796	739184
A.14.3	Stenngthening of Financial Management Support Unit		60000	60000	60000	60000	240000
A.14.4	Other activities (prog. Management activitiessexpences , mobility support to state , district , block for all staff)	988000	209836	209836	209836	209836	839344
	<b>TOTAL Prog. Mgt. with in Dis.</b>	<b>25706810</b>	<b>454632</b>	<b>454632</b>	<b>454632</b>	<b>454632</b>	<b>1818528</b>

**DISTRICT HEALTH SOCIETY , DARBHANGA**  
**NRHM PART B(Financial Year 2009-10)**

Code	STRAEGY/ACTIVITIES	Quarterly Allocation					PIP Budget
		Opening Balance as on 1.4.2008	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
B.1	<b>ASHA</b>						0
B.1.12	Asha Support System at Dist.			12000	12000	12000	36000
B.1.13	Asha Support System at Block level		774000	1002000	1062000	1212000	4050000
B.1.14	Asha Support System at Village level.		55620	55620	55620	55620	222480
B.1.16	ASHA Drug kit & Replenishment				1120000		1120000
B.1.18	Motivation of ASHA		784087.5	784087.5	784087.5	784087.5	3136350
B.1.20	ASHA Diwas		1008480	1008480	1008480	1008480	4033920
B.1.21	Untied Fund of Health Sub Center APHC/PHC		1091750	1091750	1091749	1091751	4367000
B.1.22	Village Health & Sanitation Commeeti		2718125	2718125	2718125	2718125	10872500
B.1.23	Rogi Kalayan Samiti		1500000	200000	100000	100000	1900000
B.2	<b>INFRASTRUCTURE STRENGTHENING</b>						0
B.2.1	Cunstruction of HSCs		1900000	1900000	1900000	1900000	7600000
B.2.2	Cunstruction of PHCs						0
B.2.2 a	Cunstruction of Residential Quarters for Grade A Nurses		1500000	1500000	1500000	1500000	6000000
B.2.2 b	Cunstruction of Building of APHCs where land available.		2657500	2657500	2657500	2657500	10630000
B.2.3	Upgradation of CHCs as per IPHS Standards.		9000000	9000000	9000000	9000000	36000000
B.2.5	Upgradation of ANM Training School.		2500000	4000000	0	0	6500000
B.2.6	Annual Maintenance Grants		475000	475000	475000	475000	1900000
B.3.1 A	INCENTIVE For PHCs doctors & Staffs		154618.5	154618.5	254618.5	287826.755	851682.26
B.3.1 B	Salary for Contractual Staffe Nurses		4355202	4355208	4355208	4355207.52	17420826

B.3.1 C	Salary for Contractual ANM		2160000	2160000	2160000	2160000	8640000
B.3.1 D	Mobile Facility for all Health Functionaries		759852	759851.62	759852	759844	3039399.6
B.3.2	Block Programme Management Unite		3077580	3329580	4329580	3929579	14666319
B.3.4	Addi Manpower for NRHM			291000	291000	291000	873000
B.4	<b>PPP</b>						
B.4.6	Service of Hospital waste Treatment & disposial in all Govt.			867100	867100	867100	2601300
B.4.8	Setting of Ultra Morden Diagnostic Centers			800000	800000	800000	2400000
B.4.11	Operationnaising MMU			1000000	2200000	1012000	4212000
B.4.14	Montoring and Evaluation		585000	585000	585000	585000	2340000
B.5	<b>Prourement of Supplies</b>						0
B.5.1	Delivery kits at the HSC/ANM/ASHA			136107.63			136107.63
B.5.2	SBA Drug kits with SBA ANMs			100000.39	146383		246383.39
B.5.3	Availabilty of Sanitary			25000			25000
B.5.4	Procurement of beds for PHCs to DHS		720360				720360
B.6	<b>Prourement of Drugs</b>						0
B.6.1	Cost of IFA for Pregnant & Lactating mothers		240792	240792	240792	240792	963168
B.6.2	Cost of IFA for(1-5) years children		411540	411542.83	411540	411540	1646162.8
B.6.3	Cost of IFA for adolescent girls		377529	377531.98	377529	377529	1510119
B.9	<b>Strengthening of Cold Chain</b>						0
B.9 a	Cold chain room for district stores		100000	200000	200000	200000	700000
B.9 b	Cold chain room for all PHCs		270000				270000
B.10	<b>Preparation of Action Plan</b>						0
B.10.1	Preparation of District Action Plan				100000		100000
B.11	Mainstreaming Ayush Under NRHM			4195200	4195200	4195200	12585600
B.13	<b>RCH Procurement of Equipments</b>						0
B.13.2	Equipments for ICU					1705263	1705263
B.13.4	Equipments for Labour Room		3732419.4				3732419.4
B.13.5	Equipments for SNCU & NSU			2510856			2510856
B.13.6	NSV Kits			20000			20000
B.13.7	IUD Insertion Kit			15000			15000
B.13.8	Minilap Sets			39474			39474
	<b>TOTAL</b>		<b>42909455.4</b>	<b>48978425</b>	<b>45758364</b>	<b>44692444.8</b>	<b>182338690</b>

**DISTRICT HEALTH SOCIETY , DARBHANGA**  
**NRHM PART C (Financial Year 2009-10)**

Code	STRAEGY/ACTIVITIES	Quarterly Allocation					PIP Budget
		Opening Balance as on 1.4.2008	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
<b>C</b>	<b>ROUTINE IMMUNIZATION</b>						0
<b>C.A</b>	Mobility Support to District Office		18000	12000	10000	10000	50000
<b>C.B</b>	Cold Chain maintenance for vaccine Van		2500	2500	2500	2500	10000
<b>C.C</b>	Cold Chain maintenance for WIC Point		30000	10000	5000	5000	50000
<b>C.D</b>	Cold Chain maintenance(Minor Repairing)		30000	9132	5000	5000	49132
	<b>Focus on slum &amp; underserved areas in urban areas</b>						0
<b>C.A.a</b>	ForRI Rs 350 Per slums Per Month		279450	316250	279450	296650	1171800
<b>C.A.b</b>	Allotment Vacinater honoraiam		45000	60000	120000	34000	259000
<b>C.A.c</b>	Alternativ Vacine delivery in hard to reach areas		25000	60000	35000	20400	140400
<b>C.A.d</b>	Alternativ Vacine delivery in Others		461900	761900	461900	461900	2147600
	Coompuer Assistants suport for District Level		24000	24000	24000	24000	96000
	Quarterly review meetings exclusive for RI at District		9000	9000	9000	9000	36000
	Quarterly review meetings exclusive for RI at Block		176775	176775	176775	176775	707100

	One day Cole Chain handlers training for Block level			23800			23800
	One day training for Block level Data handlers by Dio		17800				17800
	To Develop microplan at Sub Centre level @100/per		22000	22000			44000
	fo4r consolidation of microplasns at block level			20000			20000
	POL for vacine delivery from state to district and from district to PHC		25000	25000	25000	25000	100000
	Consumables for Computer including provision for internet access for Rims		1200	1200	1200	1200	4800
	Twin bucket for the PHCs		7200				7200
	Red Black Plastic Bags		21120				21120
	Bleach/ Hypocholorite Solution		9000				9000
	Honararium + TA @ 400 for Trainers		3800	3800	3800	3800	15200
	Working lunch & Refreshment		2000	2000	2000	2000	8000
			5950	5950	5950	5950	23800
	Honararium + TA @ 400Per Participant Trainers		2000	2000	2000	2000	8000
	Honararium for Trainers /Faculty @ 600 Per Day		150	150	150	150	600
	Working lunch & Refreshment Per 200 Participant		1050	1050	1050	1050	4200
	Expe. For Photocopy		1250	1250	1250	1250	5000
	One month Honararium for Break Priod for Con. ANM		64750	64750	64750	64750	259000
	<b>Pulse Polio</b>						0
	Per Diem to Vaccinators@75/per		4463100	3019725	3019725	4522200	15024750
	Per Diem to Supervisorr @75/per		606375	404250	404250	606375	2021250
	Per Diem to Cold Chain@75/per		147487.5	98325	98325	147487.5	491625
	3 Vehicles per district HQ and Vehicle for Sub Centers		1111500	741000	741000	1111500	3705000
	4 IEC Packs per Vaccination team/Supervisor		587034	391356	391356	587034	1956780
	Mobility Support to Supervisors		806250	537500	537500	806250	2687500

	Supplies & Logistics		191310	127540	127540	191310	637700
	ICE & Social Mobilization		40032	26688	26688	40032	133440
	Contingency for xerox Stationary etc		108750	72500	72500	108750	362500
	Per Diem to Vaccine Cold Chain Handler at dist.		69750	46500	46500	69750	232500
	Support to WIC		45000	30000	30000	45000	150000
	Support to Districts Vaccine Lifting		63000	42000	42000	63000	210000
	<b>Total of A Team</b>		<b>8239589</b>	<b>5537384</b>	<b>5537384</b>	<b>8298689</b>	<b>27613045</b>
	<b>Total of B Team</b>		<b>1059450</b>	<b>706300</b>	<b>706300</b>	<b>1059450</b>	<b>3531500</b>
	<b>Toatl of A+B Team</b>		<b>9299039</b>	<b>6243684</b>	<b>6243684</b>	<b>9358139</b>	<b>31144545</b>
							0

**District Health Society, Darbhanga**  
**NRHM PART D (Financial Year 2009-10)**

Code	STRATEGY/ACTIVITIES	Opening Balance as on 1.4.2008	Quarterly Allocation				PIP Budget
			1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
D.1	<b>Blindness</b>						0
D.1.1	GIA to Medical Colleges	0	0	0	0	0	0
D.1.2	Cataract operation and SES Programme		252490	252490	504980	0	1009960
D.1.3	Recurring GIA for eye donation		0	0	0	0	0
D.1.4	<b>vision centre</b>		<b>0</b>	<b>50000</b>	<b>0</b>	<b>0</b>	50000
D.1.5	<b>GIA for eye donation centre</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0
	<b>SUB TOTAL</b>		<b>252490</b>	<b>302490</b>	<b>504980</b>	<b>0</b>	<b>1059960</b>
D.2	<b>IDD</b>		0	25763	25763	25763	77289
	<b>SUB TOTAL</b>		<b>0</b>	<b>25763</b>	<b>25763</b>	<b>25763</b>	<b>77289</b>
D.3	<b>IDSP</b>						
D.3.1.1	<b>IDSP</b>		219135	219135	219135	219135	876540
	<b>SUB TOTAL</b>		<b>219135</b>	<b>219135</b>	<b>219135</b>	<b>219135</b>	<b>876540</b>
D3.2	<b>Leprosy</b>						
D.3.2.1	Driver's remuneration @ 4500 per month						54000
D.3.2.2	performance based incentive to ASHA for @ 300 new PB cases and Rs 500 per new MB cases						54000
D.3.2.3	sensitisation of ASHA						23400
D.3.2.4	other expenses for rent telephone /electricity/						18000
D.3.2.5	consumables		438270	438270	438270	438270	14000
D.3.2.6	two days modular training						33400
D.3.2.7	<b>one day preorientation training</b>						24000
D.3.2.8	two training of urban MO's		0		0	0	16700
D.3.2.9	one training training of health supervisor						13000
D.3.2.10	<b>school queueze</b>						90000
D.3.2.11	Health Mela						4000
D.3.2.12	sensitisation of PRI members						72000

D.3.2.13	Aids and appliances						12500
D.3.2.14	welfare allowances RCS patients						12500
D.3.2.15	Incentive to Institution for RCS						12500
D.3.2.16	supportive medicines						25000
D.3.2.17	laboratory reagents and equipment						12000
D.3.2.18	urban leprosy control		0				100000
	<b>SUB TOTAL</b>		<b>438270</b>	<b>438270</b>	<b>438270</b>	<b>438270</b>	<b>591000</b>
D.3.3	<b>KALAAZAR</b>						
D.3.1	KALAAZAR		<b>3213090</b>	<b>1844106</b>	<b>1844106</b>	<b>3213090</b>	10114392
D.3.2	Malaria Control Programme						
D.3.3	IEC		0				15000
	<b>SUB TOTAL</b>		<b>3213090</b>	<b>1844106</b>	<b>1844106</b>	<b>3213090</b>	<b>10129392</b>
D.4	<b>MDA Programme</b>						
D.4.1	district coordination meeting						15000
D.4.2	IEC for HQ						40000
D.4.3	training for MO						55000
D.4.4	training for Paramedical Staff						60000
D.4.5	line listing						45000
D.4.6	night blood survey						16698
D.4.7	POL						38000
D.4.8	training of drug distributor						414000
D.4.9	honorarium drug distributor						938400
D.4.10	honorarium supervisor in district		0				115260
	<b>SUB TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1737358</b>
D.5	<b>Tuberculosis</b>						
D.5.1	civil work						200000
D.5.2	lab consumables						420000
D.5.3	contractual services						3135000
D.5.4	vehicle maintenance						150000
D.5.5	equipment maintenance						40000
D.5.6	IEC						150000
D.5.7	training						200000
D.5.8	vehicle hiring						493600
D.5.9	procurement of equipment						25000
D.5.10	printing						150000
D.5.11	honorarium						200000
D.5.12	Miscellaneous						100000
	<b>SUB TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5263600</b>