

Government of Jammu & Kashmir



DISTRICT HEALTH ACTION PLAN

BARAMULLA

December 2007

**District Health Society
District Baramulla
Jammu & Kashmir**

Date: 18.01.2008

Certificate of Approval

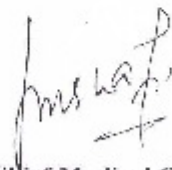
This is to certify that the District Health Action for NRHM prepared by the district health authorities with active involvement of all stakeholders has integrated the health and health facility improvement needs of the district.

The participatory and decentralized approach in preparing the plan involved in preparation of village health action plans, block health action plans and health facility surveys. The results of these micro level plans and surveys have reflected the overall health improvement needs of the district and it has integrated into the district health action plan.

The plan was discussed in the district health society and suggestions were incorporated and approved.

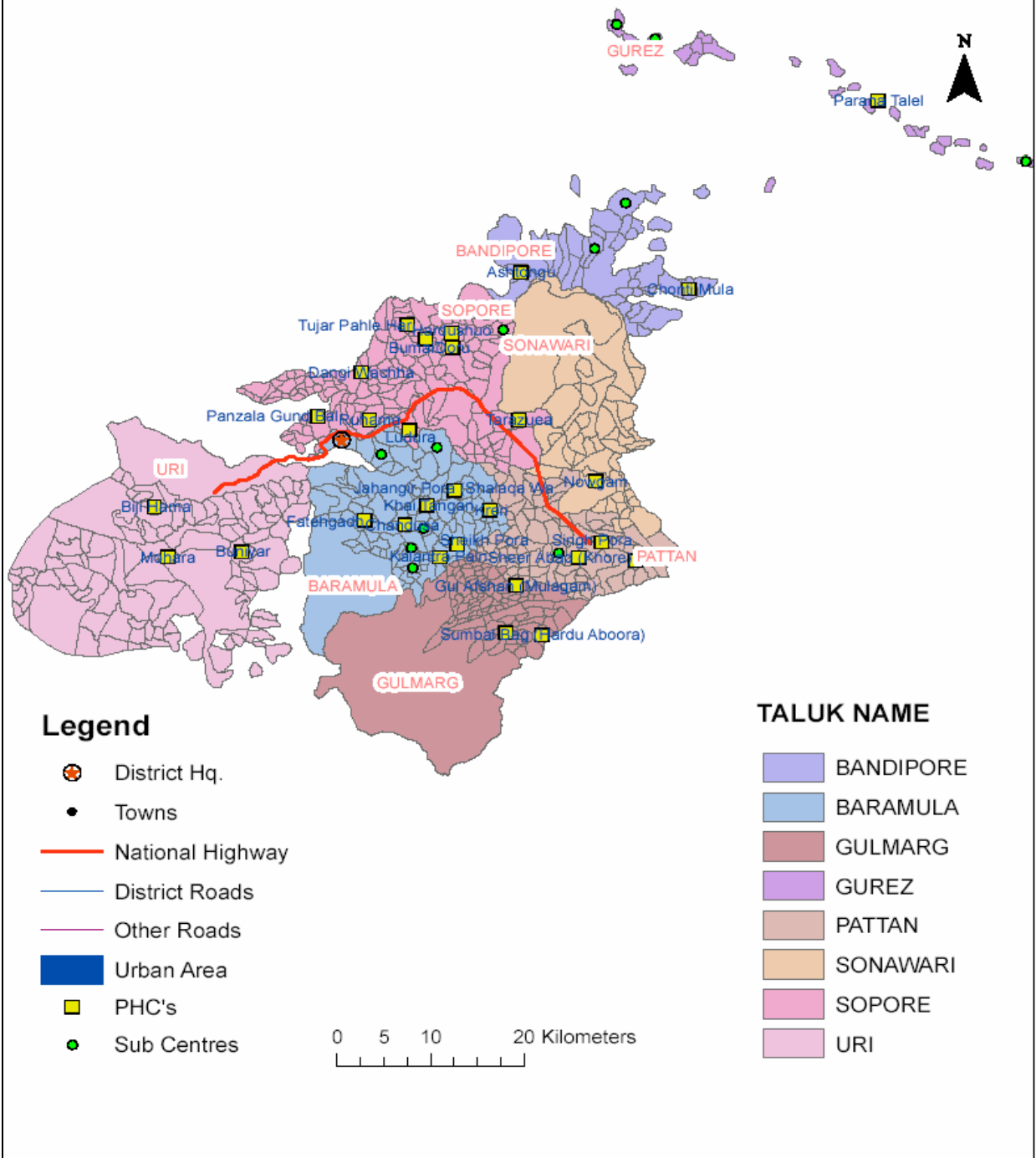


**Development Commissioner
& Chairperson
District Health Society
District Baramulla**



Chief Medical Officer

Health Facilities in District Baramula, J&K



Map composed by NIC
Source - RGI , SOI

CONTENTS

PREFEACE	5
EXECUTIVE SUMMARY	7
CRITICAL ISSUES AND PRIORITY ACTIONS	9
Budget Summary	12
1. SITUATION ANALYSIS	16
Socio Economic and Health Indicators of the District	18
2. PLANNING PROCESS	32
3. PRIORITIES AS PER BACKGROUND AND PLANNING PROCESS	37
4. GOALS	37
5. TECHNICAL COMPONENTS	38
PART A: Reproductive and Child Health (RCH) II	38
PART B: New NRHM Initiative	52
PART C: Immunisation	70
PART D: National Disease Control Program	81
6:INTER-SECTORAL CONVERGENCE	92
7.COMMUNITY ACTION PLAN	101
8. PUBLIC PRIVATE PARTNERSHIP	103
9. GENDER AND EQUITY	106
10. CAPACITY BUILDING	109
11. HUMAN RESOURCE PLAN	113
13.DEMAND GENERATION – IEC	118
14. FINANCING HEALTH CARE	121
15. SCHOOL HEALTH	122
16. BIO- MEDICAL WASTE MANAGEMENT	124
Annexure	125

PREFEACE

The Hon'ble Prime Minister launched the NRHM on 12th April 2005 throughout the country with the basic objective of providing accessible, affordable and accountable health care in rural areas. Its primary focus is on making the public health system fully functional at all levels. While detailing the functioning of the NRHM, the present planning process initiated in the State provides the entire framework for making the Public Health System fully functional and standardized upto the Indian Public Health Standards at all levels. In doing so, it emphasizes the need for communitisation of the Public Health System, improved financing and management of public health, human resource innovations, and a long-term financial commitment to enable the state and districts to undertake programmes aimed at achieving the Mission goals.

National Rural Health Mission envisages the planning process to be participatory and decentralized starting with the Village. It seeks to empower the community by placing the health of the people in their own hands and determine the ways they would like to improve their health. This is the only way to ensure that health plans are local specific and need based. The State should facilitate the processes by providing enabling environment and required financial and technical support. NRHM was launched in April 2005 and is being implemented by the Department of Health and Medical Education, Government of Jammu & Kashmir.

In accordance with the National Rural Health Mission, Jammu & Kashmir. The district has constituted the District Health Mission and significant progress has been made since it's beginning. As per the NRHM guidelines, it has merged multiple societies at the district level. The District Action Plan was the most important aspect of the NRHM and to make District Plan more meaningful and address local health problems, preparation of Block Health Plans was considered essential. The decentralized planning process involved village consultations and preparation of Village Health Plans by the Village Health Water and Sanitation committees; followed by development of Block Action Plans through integration of Health Facility Surveys and block specific needs. The Block Action Plans were then integrated to form District Action Plan.

As result of this exercise, the district now has developed capacity for preparing the need based health action plans following participatory processes. A District Planning Team (DPT) was set up for this purpose in the month of May 2007 with representation from various sectors concerned with NRHM. This group was responsible for management of the entire planning process in the district and also for provision of the technical support. The DPT is the standing body and will take charge of ensuring implementation of the plan. Thus the DPT not only owns the plan but will also be responsible for monitoring the progress of implementation to achieve the objectives of the plan. The members of the DPT are:

S. No.	Name	Designation	Department
1	Mr. Baseer Khan	DDC	Revenue
2	Dr. Mohd. Shafi	Dy. CMO/Officiating CMO	Health
3	Mr. A.G. Malik	CPO	DC office
4	Dr. Syed Ab. Rasheed	ADMO ISM	Health
5	Mr. S. Farooq	CEO	Education
6	Mr. Ghulam Mohiuddin Rather	CEE	PHE
7	Mr. Zafarullah	Project Officer	DRD
8	Dr. M.S. Nanda	Medical Suprintendent	Health
9	Mr. Mohd. Asadullah Rather	DSWO	Social Welfare
10	Mr. Showkat Ahmad	PO ICDS	Social Welfare
11	Mr. Riyazul Hassan	DIO	Information
12	Mr. Mohammad Ashraf	DPM	Health
13	Mr. S. Joginder Singh Wazir	Project Officer	NGO Representative

The orientation of DPT, facilitated by EPOS Health India, was held on 19th May 2007. This enabled the DPT members to not only understand NRHM approach, key components and strategies of NRHM, but also manage the planning process and develop the District Action Plan. The DPT met a number of times and the individual members reviewed the situation of their respective sectors/areas and collectively developed the strategic vision for improving the health status of the district population.

We the members of the DPT on behalf of the entire Core Group reiterate and certify that this District Action Plan has been prepared through participatory processes. It has been developed by integrating the Block Action Plans prepared by integrating health facility surveys and village health plans in each block of the District. This plan also incorporates the needs and plans from 155 Sub health centres, 49 PHCs and 06 CHCs and 1 district hospital in the District.

Name of Chief Medical Officer

Signature

Date

EXECUTIVE SUMMARY

Baramulla District is one of the 22 districts of the State of Jammu & Kashmir. District headquarters is situated at Baramulla. Baramulla District is the largest District in entire valley both with reference to the population and area. The District has population 8, 44,141 (Census-2001 projection) out of which 4, 34,694 are male and 4, 09,447 are female which lives in 646 villages.

The District is administratively divided into 12 CD Blocks. Baramulla is no different from other parts of Kashmir Valley. The food habits, dress pattern, customs and traditions are the same as followed in other parts of the valley. Kashmiri is the main language of the people in the District, Pahari and Gojari are also spoken in Uri. The people also speak Urdu. The district is reported to be one of the pretty spots on the earth, because of its congenial climate, innumerable springs, streams, water falls, delicious fruits and other natural sceneries.

The district consists of ten medical blocks namely, Sheeri, Boniyar, Uri, Pattan, Sopore, Tangmarg, Dangi-wacha, Kreeri, Kunzer & Ruhama. The District health Action Plan has been prepared using decentralized planning process. Village and block plans converged to form the district plan. It is also based on the data collected during the block consultation "Facility Survey" in July 2007 covering 155 Sub Centres, 49 PHCs, 06 CHCs and a District hospital. These facilities are providing Health care to 9, 70,762 (projected-2007) lakh population living in 646 villages.

In the year 2006, IIPS Mumbai ranked 593 districts in the country. This ranking is on children parity, contraceptive prevalence rate (CPR), under five child mortality and ANC. The overall ranking of the district Baramulla is 228. It is 574 on the basis of percentage of women having three or more children; 504 on the basis of CPR; 377 for under five mortality rate and rank 15 for three or more ANC visits. In this ranking system, the lower is the rank, the better the district.

In terms of major challenges, the districts need to increase male participation in use of family planning methods which is almost negligible at present. The institutional deliveries and deliveries by skilled personnel which are currently at 28% and 52% respectively. These issues have to do both with demand and supply of health services. This is a district where average literacy levels are below 50%. It is abysmally low for women at 31%, hence behaviour change communication (BCC) has to be strategically designed. Therefore, BCC has been envisioned as more than awareness intervention which requires specialized professional treatment in terms of strategy and material development. The plan has put emphasis on inter sectoral convergence. The highlight is convergence with education and women and child department for provision of life skills education to both in and out of school adolescent girls and boys. In the absence of existence of panchayati raj institutions, there is a component on community action through village health and sanitation committees.

On the supply side, 185 posts of ANM, 117 post of Nurse, 44 posts of M.O's and 6 posts of paediatrician & 5 posts of Gynaecologist are vacant. Over all 185 posts at SCs and 554 posts at PHCs level are vacant. To meet the above mentioned and many others crucial health indicators, the plan provides for filling gaps in the area of human resources by hiring key staff including medical doctors and specialists on contract and converging with AYUSH department.

The basic infrastructure in the district has many gaps. Out of total 155 sub centers, 135 are running in rented building without labour room electricity and water supply. Ninety seven percent SCs do not have electricity; eighty five percent SCs do not have water supply connection and 97% SCs are without toilets which adversely impacts utilization of services. There are total 49 PHCs but water supply is available only in 57% and electricity in 51%. Facility survey Report (Anex-1 & II) giving

clear picture of gaps in infrastructure, equipment, drugs and human resources and considering IPHS standards.

.Reproductive and child health is one of priority programme involving maternal health, child health, adolescent health, RTI/STI management, and family planning. In order to increase institutional delivery attention has been given to functioning of 24x7 PHCs in phased manner. A total of Rs. **14079 .985 Lakh** has been fixed for RCH II budget.

Under NRHM special focus has been given to Village Health Water and Sanitation Committee, Rogi kalayan committee, Upgradation of health facilities as per IPHS, selection and training of ASHA, functioning of quality assurance committee, infrastructure development etc. A total of Rs. **165070.324 Lakh** has been planned for NRHM budget.

"National Disease Control Programme include RNTCP, leprosy control programme, Malaria control programme, Blindness control programme, vector born disease, integrated disease surveillance and iodine deficiency disorder. A total budget for this is Rs. **649.273 Lakh**.

A total budget of the district for the plan period (2008-2012) costing Rs. **34876 .71854 Lakh (348 crores 76 Lakh 71 thousand 8 hundred and 54 rupees)**.

CRITICAL ISSUES AND PRIORITY ACTIONS

S. No	Thematic Area	Critical Issues of the District	Specific Priorities
	District Health Management:	Training Monitoring and evaluation.	Capacity building of the members of the District Health Mission and District Health Society regarding the programme, their role, various schemes and mechanisms for monitoring and regular reviews and also on GoI / GoJ&K guidelines for running the District. Health & FW Society Improving the Review and planning meetings through a holistic review of all the programmes under NRHM and proper planning. Formation of a monitoring Committee from all departments.
	District & Block Programme Management	Strengthening monitoring and reporting	Development of total clarity amongst officials and Consultants about NRHM activities. Training of district officials and Block SMOs Streamlining Financial management and systems Capacity building of the DPMU personnel for monitoring
	Reducing maternal and child deaths	Increasing Institutional deliveries	Construction/repair of S/Cs and PHCs where ever required Operationalisation of 24X7 PHCs. Ensuring availability of personnel especially specialists and Public Health Nurses for the 24 hour PHC, CHC and ANMs at the sub centres Plan IEC/BCC activities Timely incentive to JSY beneficiaries & ASHAs Strengthen FRUs for Emergency Obstetric Care services along with minimum basic infrastructure, drugs, blood storage facility and equipments.
	Family Planning	Low level of FP acceptance. Lack of motivation for adoption of FP methods Low level of male participation	Increased awareness for Emergency Contraception and 10 yr Copper T. Partner with private doctors for FP and RCH services Plan IEC/BCC for family planning methods

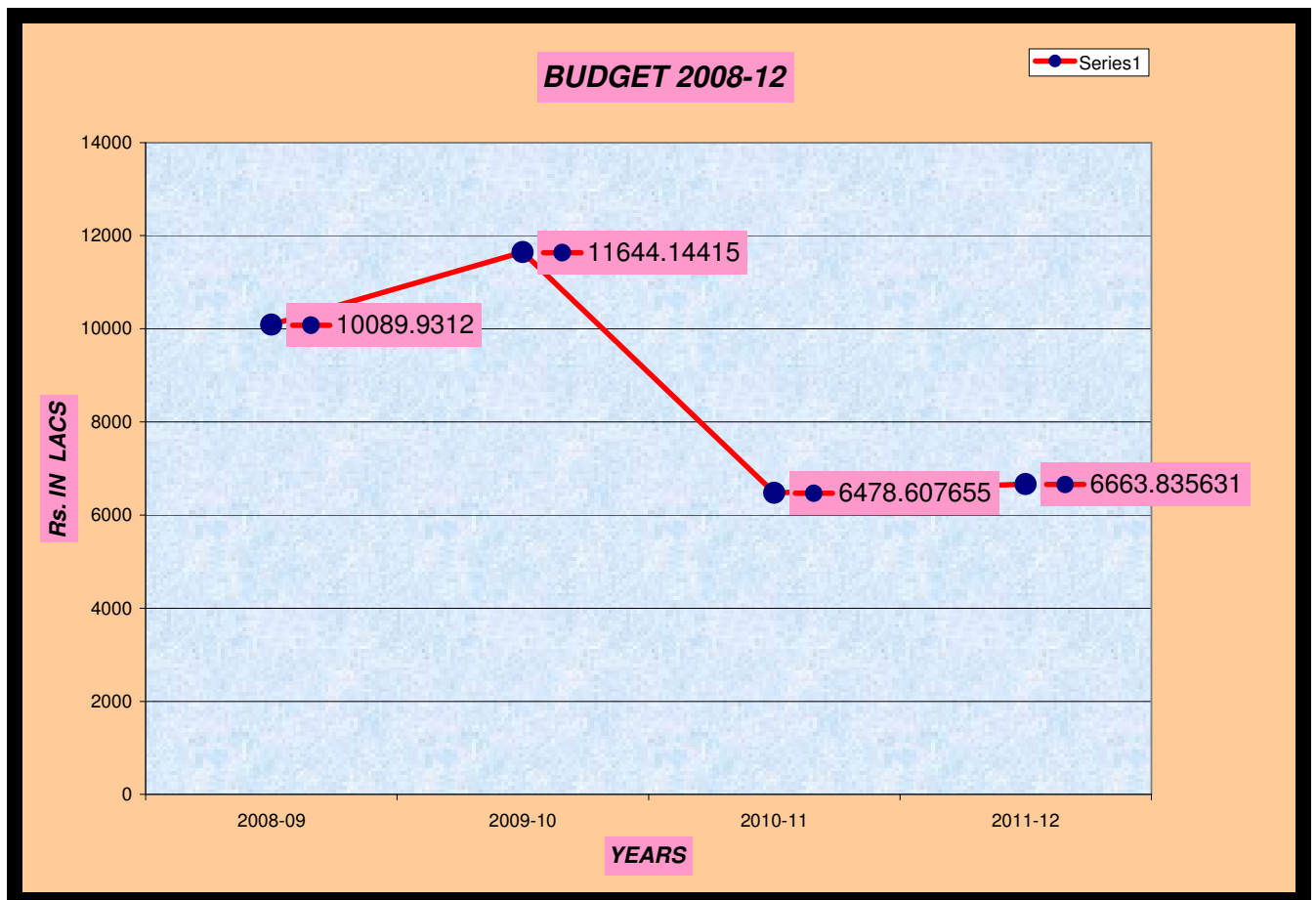
	Adolescent Health	Adolescent boys are exposed to smoking, drug addictions, and alcoholism. Lack of knowledge amongst adolescent boys and girls about RH and life skills	Implement life skills programme through schools and NGOs to increase the knowledge levels of Adolescents on RH and Life skills Operationalise Adolescent Friendly Health services at the health facilities.
	Mobile Medical Units (MMUs)	Remote population is not covered Sufficient staff and logistics.	Provide MMUs services. Contract MOs and staff nurses for MMUs
	Upgrading CHCs to IPHS	No CHC is as per IPH standard.	Upgrade Boniyar, Kunzer, Rohama and Dangiacha Block PHC as CHC Upgrade all functional 6 CHCs and Boniyar Block PHC to IPHS. Additional 7 CHCs to be built as per population
	Upgrading PHCs for 24 hr Services and IPHS standards	There are 49 PHCs but only 2 are functioning 24 hrs No PHCs are as per IPHS	20% PHCs to be upgraded every year to IPHS 14 PHCs in rented building require constructions* Construction of staff quarters in all 49 PHCs Placement of doctors, paramedics & other staff Equipments and drugs for making it functional for 24 hrs Additional 19 PHCs to be built as per population.
	Upgrading Sub Centres to IPHS standards	Out of 155 sub centres, 135 sub centres are in rented buildings and only 26 sub centres are in government buildings. There are no staff quarter in any of the sub centres There is no fencing in sub centres	Need to construct 135 Subcentres building.* Construction of delivery rooms in SCs for institutional deliveries Drugs, equipments and human resources as per IPHS Construction of staff quarters for all SCs. Construction of fencing in all SCs Additional 255 SCs to be built as per population.
10	Immunisation	Lack of awareness amongst parents Alternate vaccine delivery Lack of Cold storage Efficient monitoring and supervision Frequent power breakdown	Strengthening the District Family Welfare Office Enhancing the coverage of Immunization Alternative Vaccine delivery mechanisms in place Effective Cold Chain Maintenance upto sub centre level Power back up

	Inter Sectoral Convergence	Lack of coordination between ICDS and health department	Linkages to be developed between ICDS workers and health workers - by joint planning and monitoring of activities
		Lack of coordination between RDD and health department	Linkages to be developed between the Health Department and the Rural Development department Awareness on sanitation/ Hygiene Covering of school/ Anganwari for hygiene and sanitation education Promote & encourage cost effective construction of household latrine & their proper use and eliminate open defecation
		Lack of coordination between PHE and health department	Provision of Bleaching powder and chlorine tablets Joint communication strategy. Sharing quality monitoring with the Health Department at block, district and state levels Community based organisations will be engaged by a team of frontline workers – health, ICDS and PHE departments.
	Human Resource	Lack of manpower at all levels starting from Sub centres to PHCs to CHCs to DH	All staff to be in place as IPHS norms by 2010 Increased salaries for contractual doctors and Specialists Special allowances for Regular staff.
	Capacity Building	Lack of skills at all level from VHWSC to MO	Fully skilled personnel at all levels in the Health sector, ICDS, PRIs, NGOs and private sector for provision of services. Allowing Specialists and MOs for developing special skills as per their needs by attending special courses anywhere in India.

Note: Details of infrastructure facilities available and lacking at SC, PHC and CHC level is given with name in annexure-II.

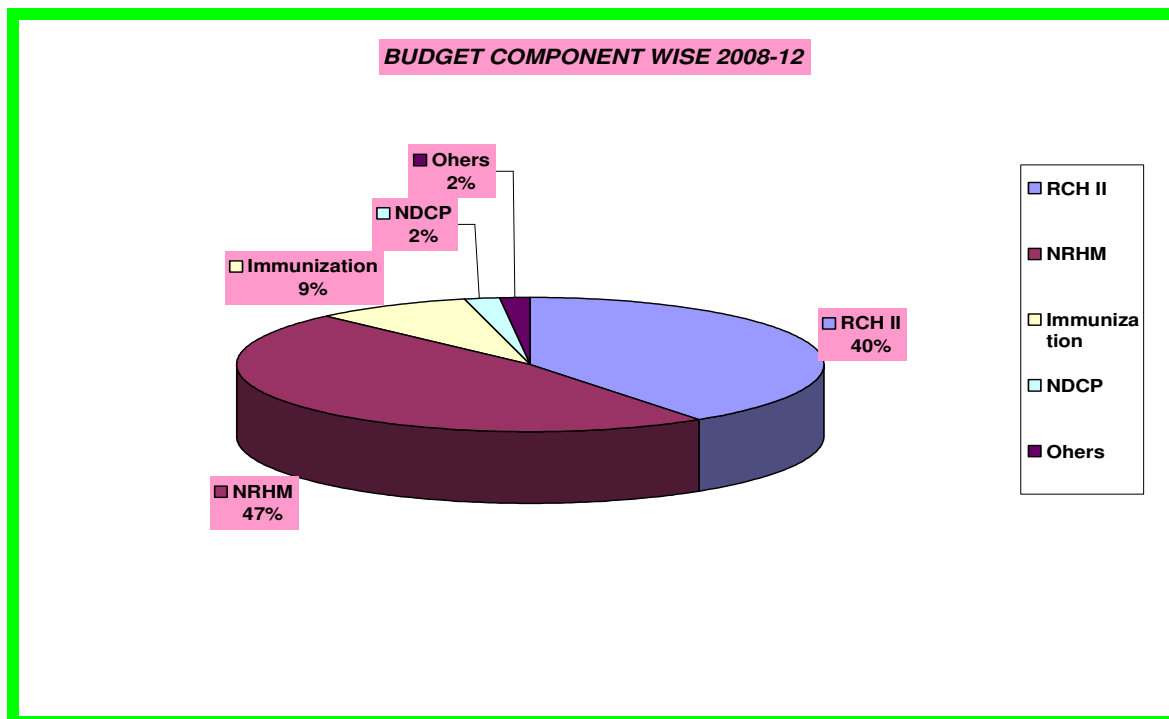
Budget Summary						
Component	Year wise Budget in Lakhs					
	2008-09	2009-10	2010-11	2011-12	Total	
A1- Strengthening of District Health Management Unit	14.64	7.96	8.512	5.369	36.481	
A2- District Program management unit	157.21	160.191	176.851	194.9398	689.1918	
A3- Maternal Health	401.4	452.918	471.7996	517.85994	1843.9776	
A-4. Newborn & Child Health	33.5	17.2	2.8	2.8	56.3	
A-5. Family Planning	170.398	175.991	170.4285	187.47135	704.28885	
A-6. Adolescent Health	23.57	20.927	27.4697	25.21667	97.18337	
B-1. ASHA – Accredited Social Health Activist	305.2	306.548	287.8348	316.61828	1216.20108	
B-2. Provision of Untied Funds at SCs	57.21	123.851	123.9361	124.02971	429.02681	
B3- Provision of Untied Funds at CHCs	95.71	53.536	53.7896	54.06856	257.10416	
B4- Provision of Untied Funds at PHCs	38.57	25.332	25.4152	25.50672	114.82392	
B 5 Mobile Medical Units	108.796	58.496	62.236	66.35	295.878	
B6 Upgrading CHCs to IPHS	799.09	783.159	47.2549	51.98039	1681.48429	
B7 – Upgrading PHCs to 24 Hour Service	2263.1896	2407.1	697.8972	651.28632	6019.47312	
B 8-. Upgrading SCs	2543.04	2602.97	64.042	70.4462	5280.4982	
B9. VHWSC	45.71	109.41	120.351	132.3861	407.8571	
C 1. Cold Chain Maintenance	104.6	89.4	30.66	31.386	256.046	
C 2. IEC and Social Mobilization	61.662	62.7432	66.83252	72.375772	263.613492	
C 3. Alternate Vaccine Delivery Mechanism	74.46	106.814	117.4954	129.2449	428.01434	
C 4-Supervisory Support & Vaccine Transportation	7.96	8.756	9.6366	10.59926	36.95186	
C 5 Data Monitoring & Support	127.19	86.2708	77.70038	85.430418	376.591598	
C 6 Supplies & Logistics	496.8782	662.5525	420.7735	421.0155	2001.2197	
D 1. RNTCP	58.4493	58.41023	64.262353	70.693588	251.8154713	
D 2. Leprosy	15	16.5	18.15	19.965	69.615	
D 3. National Malaria Control Programme	27.2	16.62	17.082	17.5902	78.4922	
D 4.Other Vector Borne Diseases	7.96	8.756	9.6366	10.59926	36.95186	
D 5. Control Of Blindness	51.576	18.2586	20.08746	22.097206	112.019266	
D 6. Integrated Disease Surveillance Programme	20.7	11.386	11.5906	11.81566	55.49226	
D 7. Iodine Deficiency Disorders	9.46	10.406	11.4466	12.59126	43.90386	
8. Inter Sectoral Convergence	90.902	88.9926	93.49096	98.440156	371.825716	
9- Community Health Action	25.666	28.2326	31.05586	34.161446	119.115906	

10- Public Private Partnership	50.55	28.26	28.535	29.9	137.245
11- Gender And Equity	54.74	43.414	48.2414	52.94374	199.53914
12- Capacity Building	109.1661	93.92682	114.4895	104.75795	422.3403742
13. Human Resource Plan	1066.62	2385.885	2385.8848	2385.8848	8224.2744
14. Procurement & Logistics	140.83	15.38	13.609	13.979	183.798
15 Demand Generation - IEC	308.084	338.8924	372.78152	410.05987	1429.817792
16. School Health	47.5	52.25	57.475	63.2225	220.4475
17. Financing Health Care	61.1	90.56	99.591	109.5251	360.7761
18. Bio medical waste management	14.444	15.8884	17.482	19.228	67.0424
TOTAL	10089.9	11644.14	6478.6	6663.84	34876.719



District Baramulla BUDGET - AT- A GLANCE (In Lakhs)						
#	Components	2008-09	2009-10	2010-11	2011-12	Total
A	RCH-II					
1	DHS	14.64	7.96	8.512	5.369	36.481
2	DPMU	157.21	160.191	176.851	194.9398	689.1918
3	Maternal health	401.4	452.918	471.7996	517.8599	1843.9776
4	Child Health	33.5	17.2	2.8	2.8	56.3
5	Family Welfare	170.398	175.991	170.4285	187.4714	704.28885
6	Adolescent Health	23.57	20.927	27.4697	25.21667	97.18337
7	Gender & Equity	54.74	43.414	48.2414	52.94374	199.53914
8	Capacity Building	109.1661	93.92682	114.4895	104.758	422.3403742
9	Human Resource	1066.62	2385.885	2385.885	2385.885	8224.2744
10	IEC	308.084	338.8924	372.7815	410.0599	1429.817792
11	HMIS & Monitoring	127.19	86.2708	77.70038	85.43042	376.591598
	Total	2466.518	3783.576	3856.958	3972.734	14079.98592
B	NRHM					
1	ASHA	305.2	306.548	287.8348	316.61828	1216.20108
2	SC Untied Fund & Maintenance	57.21	123.851	123.9361	124.02971	429.02681
3	PHC Untied Fund & Maintenance	95.71	53.536	53.7896	54.06856	257.10416
4	CHC Untied Fund & Maintenance	38.57	25.332	25.4152	25.50672	114.82392
5	MMU	108.796	58.496	62.236	66.35	295.878
6	Upgradation of CHC	799.09	783.159	47.2549	51.98039	1681.48429
7	Upgradation of PHC	2263.1896	2407.1	697.8972	651.28632	6019.47312
8	Upgradation of SC	2543.04	2602.97	64.042	70.4462	5280.4982
9	VHWSC	45.71	109.41	120.351	132.3861	407.8571
10	Community Action Plan	25.666	28.2326	31.05586	34.161446	119.115906
11	PPP	50.55	28.26	28.535	29.9	137.245
12	Health Care Financing	61.1	90.56	99.591	109.5251	360.7761
13	Procurement & logistics	140.83	15.38	13.609	13.979	183.798
14	Biomedical Waste	14.444	15.8884	17.482	19.228	67.0424
	Total	6549.1056	6648.723	1673.0297	1699.4658	16570.32409
C	Immunization					
1	Cold Chain Maintenance	104.6	89.4	30.66	31.386	256.046
2	IEC & Social Mobilization	61.662	62.7432	66.83252	72.37577	263.613492
3	Alternate Vaccine Delivery	74.46	106.814	117.4954	129.2449	428.01434
4	Supervisory Support & Vaccine	7.96	8.756	9.6366	10.59926	36.95186
5	Supplies and Logistics	496.8782	662.5525	420.7735	421.0155	2001.2197

	Total	745.5602	930.2657	645.398	664.6214	2985.845392
D	NDCP					
1	RNTCP	58.4493	58.41023	64.26235	70.69359	251.8154713
2	Leprosy	15	16.5	18.15	19.965	69.615
3	National Malaria Control Program	27.2	16.62	17.082	17.5902	78.4922
4	Other Vector Born Diseases	7.96	8.756	9.6366	10.59926	36.95186
5	Blind Control Programme	51.576	18.2586	20.08746	22.09721	112.019266
6	Integrated Disease Surveillance	20.7	11.386	11.5906	11.81566	55.49226
7	Iodine Deficiency Disorders	9.46	10.406	11.4466	12.59126	43.90386
	Total	190.3453	140.3368	152.2556	165.3522	648.2899173
E	Others					
1	Inter Sectoral	90.902	88.9926	93.49096	98.44016	371.825716
2	School Health	47.5	52.25	57.475	63.2225	220.4475
	Total	138.402	141.2426	150.966	161.6627	592.273216
	Grand total	10089.9312	11644.14415	6478.6079	6663.8359	34876.71854



1. SITUATION ANALYSIS

Profile of the District

Baramulla District is one of the 22 districts of the State of Jammu & Kashmir. District headquarters is situated at Baramulla. Baramulla District is the largest District in entire valley both with reference to the population and area. The District has population 8, 44,141 out of which 4, 34,694 are male and 4, 09,447 are female which lives in 646 villages.

The District is administratively divided into 12 CD Blocks. Baramulla is no different from other parts of Kashmir Valley. The food habits, dress pattern, customs and traditions are the same as followed in other parts of the valley. Kashmiri is the main language of the people in the District, Pahari and Gojari are also spoken in Uri. The people also speak Urdu.

Name of District		Baramulla
Name of District Headquarters		Baramulla
No. of CD Blocks in the District		12
No. of Villages		646
Size of Villages	1-500	213
	501-2000	361
	2001-5000	61
	5000+	11
Villages without motorable roads		14
Villages without electricity		20
No. of Towns		9
Urban Local Bodies (ULB)	Municipal Corporation	Municipality: 1 12
	Municipality	
	Notified Area Committee	
	Others	

Un-served / underserved / vulnerable areas, population in the District -

Total Scheduled Caste population in the district is only-92. As for as Schedule Tribe population is concerned each & every blocks of the district has ST population. Total ST Population is 62608 & major pockets of ST population exist in Uri & Boniyar block.

Out of total population 434932 populations is below poverty line.

The migrant labourers are also working not only in urban areas but in rural areas predominantly. The dominated pocket of the district Uri & peripheral villages of the block Tangmarg, Kreei & Sheeri because of severe impact of 8th October earth-quack

Development Indicators of the District

SN	Indicators	State	District
1	Crude Birth Rate	18.9 (SRS 2005)	29/1000
2	Crude Death Rate	5.5 (SRS 2005)	7.0
3	Infant Mortality Rate	50 (SRS 2005)	60/1000
5	TFR	2.4 (SRS 2004)	2.5
6	Couple Protection Rate	54 (NFHS-III)	52
7	Sex Ratio (General)	948 SRS (892-Census 2001)	909/1000
8	Sex Ratio (0 – 6 years)	937(Census 2001)	818
9	Sex Ratio at birth	NA	909
10	Literacy rate (overall)	54% (Census 2001)	49 %
11	Literacy rate (male)	68.8	54.39%
12	Literacy rate (female)	44.7 SRS (41.9 Census 2001)	31.42%
13	Enrolment of students elementary education	NA	113514
		NA	57328
		NA	56186

Source: SRS-2005, Census, 2001; DLHS-RCH-II Survey, 2004

Socio Economic and Health Indicators of the District

Name of Medical Blocks	Kunzer	Sheeri	Pattan	Dangiwachha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Boniyar	Total for District
Demographic indicators											
Total Population	71458	83000	150000	60202	57875	45530	116027	398450	75650	64000	1122192
Population of males	37796	44105	80000	36121	29514	23768	42004	199350	40221	32890	700000
Population of females	3362	38895	70000	24081	28361	21770	46010	199100	35429	31110	650630
Population of children less than a year old	2182	2238	4000	1746	22301	1365	3481	9554	3081	1728	38000
Population of children in age group between 1 and 6 years	9289	13630	19500	7826	1468	5198	15807	25476	13230	7040	151000
% Scheduled Castes	43	00	00	00	00	00	8	NA	41	NA	92
% Scheduled Tribes	2678	3041	NA	1567	11564	2997	6782	NA	18438	15,541	62608
Number of Inhabited Villages	51	90	91	52	89	61	44	76	45	47	646
Socio-economic indicators											
No. of <2 children benefiting from the ICDS scheme	575	823	NA	483	1029	754	2430	NA	1905	NA	7999

Name of Medical Blocks	Kunzer	Sheeri	Pattan	Dangiwacha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Boniyar	Total for District
No. of children aged 2 years and above benefiting from the ICDS scheme	2300	3102	NA	1420	2405	696	4640	NA	4022	NA	18585
No. of BPL households	3060	NA	10290	2149	4533	4853	2891	59286	2995	NA	90057
No. of girls enrolled in primary schools last year	819	1814	NA	250	1293	NA	489	NA	382	1446	6493
No. of girls dropping out of primary schools last year	123	140	NA	00	59	NA	120	NA	62	137	641
Number of overhead tanks or hand pumps	53	NA	NA	3/32	2/46	00	02	NA	15	X	123
Number of functional hand pumps in sub centres	00	X	NA	25	00	00	02	NA	00	X	27
Number of wells currently being used for drinking water purposes	84	13	NA	21	10	00	00	NA	00	X	128
Number of households with access to toilets	5731	250	NA	58	124	371	40	NA	09	20	6603

Name of Medical Blocks	Kunzer	Sheeri	Pattan	Dangiwacha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Boniyar	Total for District
No. of private health facilities/clinicians	00	00	04	00	04	00	00	NA	3	X	11
No. of women who have benefited through the JSY Scheme till now ¹	38	100	136	104	191	143	160	273	252	145	1542
No. of girls who got married last year	76	NA	NA	124	41	46	NA	NA	925	NA	1212
No. of girls who got married last year and were <18 years at the time of marriage	00	NA	NA	124	10	00	NA	NA	40	NA	50
Health Indicator											
No. of Tubectomies conducted in the last reporting year	10	NA	83	00	00	138	00	149	00	00	380
No. of IUD insertions done in the last reporting year	41	168	171	100	445	645	33	676	85	56	2420
No. of vasectomies done in the last reporting year	3	NA	07	00	00	00	00	00	00	00	10
No. of pregnant women	NA	NA	NA	588	NA	2533	1312	NA	1289	1856	7578

Name of Medical Blocks	Kunzer	Sheeri	Pattan	Dangiwacha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Boniyar	Total for District
No. of pregnant women registered for ANC during the last reporting year	269	703	4583	1567	1723	2533	420	11507	1289	852	25446
No. of pregnant women who received both TT1 and TT2 during pregnancy in the last reporting year	251	688	2815	3154	3149	4420	420	5134	1280	852	22163(TT1 & TT2)
No. of institutional deliveries in the last reporting year	164	688	230	263	434	1052	17	4821	318	102	8089
No. of women operation of MTPs in the last reporting year	00	X	NA	00	00	00	00	00	00	X	NA
No. of RTI/STI cases reported in the last reporting year	93	1094	NA	00	441	580	00	120	00	46	2374
No. of children given measles vaccine in the last reporting year	514	1292	4826	1602	2781	2490	1443	6692	2020	1020	24680
No. of outpatients (monthly average)	2500	2800	9500	50847	3300	6300	1500	17898	4000	4000	855 (Avg.)
No. of inpatients (monthly average)	70	28	200	1244	10	400	160	993	325	42	347.2(Avg.)

Name of Medical Blocks		Kunzer	Sheeri	Pattan	Dangiwachha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Boniyar	Total for District
Prevalent Diseases	1	Diarrhoea	NA	RTT	NA	NA	NA	NA	NA	NA	Tuberculosis	Diaherria
	2	RTI	NA	Diabetes	NA	NA	NA	NA	NA	NA	Anaemia	RTI
	3	UTI	NA	Piles	NA	NA	NA	NA	NA	NA	COPD	GTI
TUBERCULOSIS and LEPROSY												
No. of patients currently undergoing DOTS therapy in the block	8	58	275	70	20	46	14	125	81	68	765	
Number of new leprosy cases reported in last reporting year	00	76	X	X	X	X	00	NA	X	X	76	
NVBDCP												
No. of slides examined for malaria in last reporting year	00	X	X	X	X	X	3	NA	X	X	03	
No. of notified malaria cases (last reporting year)	00	X	X	X	X	X	1	NA	X	X	01	
No. of new kala-azar cases in the block in the last reporting year	00	X	X	X	X	X	00	NA	X	X	00	
No. of microfilaria cases reported in the last reporting year	00	X	X	X	X	X	00	NA	X	X	00	

Name of Medical Blocks	Kunzer	Sheeri	Pattan	Dangiwachha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Boniyar	Total for District
No. of JE cases reported in the last reporting year	140	512	X	X	311	828	00	NA	X	X	1791
Blindness Control											
No. of cataract operations conducted in the block last year	00	X	X	X	X	74	00	NA	151	X	255
School Health Programme											
No. of schools covered under in the last reporting year	56	X	05	15	X	59	00	63	X	X	198

Health Institutions, Population Coverage Ratios and Health Functionaries in the District

Name of Medical Blocks		Kunzer	Sheeri	Pattan	Dangiwachha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Bonyar	Total for District
Health Institutions												
No. of Speciality Hospitals		X	X	X	X	X	X	X	X	X	X	X
No. Referral Hospitals		X	X	01	01	X	01	X	X	X	X	03
No. of CHC/BPHCs		01	01	01	01	X	01	X	01	01	X	06
No. of Blood Banks		X	X	X	X	X	01	X	01	X	X	02
No. of CHCs (IPHS Standards)		X	X	X	X	X	01	X	X	01	X	02
No. of Blood Storage Units		X	X	X	X	X	X	X	x	X	X	X
No. of PHCs in the Block		5	5	02	01	06	02	03	12	01	02	39
No. of MOs in Positions		7	15	01	05	10	16	10	NA	5	03	72
No. of 24 hrs. PHCs		X	1	X	1	X	X	X	X	X	X	2
No. of MTP Centres		X	X	01		X	01	X	01	01	X	4
No. of Sub Health Centres		10	20	23	09	10	10	24	24	14	11	155
No. of ANMs in Position		12	20	24	12	10	05	NA	42	NA	07	132
No. of AYUSH Dispensaries		X	03	3	X	X	02	01	X	NA	03	12
No. of Private Hospitals		X	2	X	X	X	X	01	6	X	X	09
No. of Beds in Govt. Institutions		31	40	55	10	13	50	14	20	60	20	313
No. of Beds in Pvt. Institutions		X	X	X	X	X	X	X	X	X	X	NA
No. of Anganwari Centres		115	197	92	85	135	61	107	304	45	70	1211
No. of Ultrasound Clinics	Govt.	X	1	1	X	02	03	01	1	01	X	10
	Pvt.	X	X	2	X	X	X	X	6	01	X	09
	Unregistered	X	X	X	X	X	X	X	NA	X	X	00
No. of Sub-centres covering more than the current norm (5000)		01	X	X	X	X	04	4	20	00	09	38
Health Personnel & Support Staff												
No. of Obstetricians	Govt.	X	X	X	X	X	X	X	X	X	X	X
	Pvt.	X	X	X	X	X	X	X	X	X	X	X
No. of Gynaecologists	Govt.	X	X	X	X	X	X	X	1	X	X	01
	Pvt.	X	X	X	X	X	X	X	X	X	X	X
No. of Paediatricians	Govt.	X	X	1	X	X	X	X	1	X	X	02
	Pvt.	X	X	1	X	X	X	X	X	X	X	01
No. of Surgeons	Govt.	X	X	X	X	X	02	X	3	01	X	06
	Pvt.	X	X	X	X	X	X	X	X	X	X	X

Name of Medical Blocks		Kunzer	Sheeri	Pattan	Dangi wacha	Kreeri	Tangmarg	Rohama	Sopore	Uri	Bonyar	Total for District
Health Institutions												
No. of Anaesthetists	Govt.	X	X	X	X	X	X	X	1	01	X	02
	Pvt.	2	X	2	X	X	X	X	X	X	X	04
No. of Orthopaedists	Govt.	X	X	1	01	02	01	X	X	X	X	05
	Pvt.	X	X	X	X	03	X	X	X	X	X	03
No. of Dentists	Govt.	X	X	1	X	X	01	1	2	01	01	07
	Pvt.	X	X	1	X	X	X	X	4	X	X	5
No. of Eye Surgeons	Govt.	X	X	X	X	X	X	X	X	X	X	X
	Pvt.	X	X	X	X	X	X	X	X	X	X	X
No. of Gen. Physicians	Govt.	X	X	X	X	X	01	X	1	X	03	5
	Pvt.	X	X	2	X	X	X	X	X	X	X	2
No. of Radiographers	Govt.	3	7	2	X	X	X	X	X	X	X	12
	Pvt.	X	X	02	X	X	X	X	X	X	X	02
No. of Public Health Nurses		4	X	X	X	X	X	X	X	X	X	4
No. of Staff Nurses		X	3	07	02	05	X	X	17	6	02	42
No. of LHV's		X	X	X	01	X	X	X	2	X	X	3
No. of Pharmacists		6	21	26	12	15	16	05	35	17	12	165
No. of Lab. Technicians		3	4	01	X	05	05	02	02	4	02	28
No. X Ray Technicians		4	X	X	X	01	X	01	02	1	01	10
No of Ophthalmic Assts.		X	X	01	01	02	01	X	01	X	X	06
No. Dental Mechanics/Hygienists		4	X	X	X	X	X	01	X	1	02	07
No. of Male Health Supervisors		1	1	X	X	05	01	X	02	X	X	10
No. of ANMs		12	19	24	12	10	07	07	48	5	07	151
No. of Male Health Workers		4	2	05	01	02	03	X	8	9	X	34
No. of AW Workers		51	19 5	181	85	11 5	62	110	296	45	70	1210
No. of UDCs		1	X	X	02	03	02	01	4	1	01	15
No. of LDCs		115	X	X	X	03	X	01	X	2	X	120
No. of Computer/Statistical Assts.		X	X	X	X	X	X	01	X	X	X	01
No. of Drivers		4	2	05	01	04	03	01	8	3	02	33
No. of ASHAs selected		43	12 5	58	50	10 2	39	50	468	47	44	1026
No. of Trained Dais		X	15	20	10	95	20	X	10	X	05	185

Work force position in the district as per IPHS Norms:-

Table: 2		Identified Gaps of Manpower													
District- Baramulla															
Name of Blocks	IPHS Norm	Sopore	Kunzer	Patten	Uri	Bonyar	Sheeri	Tangmar	Kreeri	Rohama	Dangiwa	cha	No. Of Req Staff	No. of Exis Staff	Total Gaps
No. of Sub-Centres		24	10	23	14	11	20	10	10	24	9				
ANM	2	12	14	11	28	17	23	16	15	35	14		310	125	185
NO. Of PHC's		12	6	5	5	4	6	3	4	3	1				
MO	2	12	5	5	5	4	4	3	3	3	0		98	54	44
Pharmacist	1	0	0	0	0	0	0	-1	2	0	0		49	48	1
Nurse	3	27	13	12	15	10	11	9	10	9	1		147	30	117
Female Health Worker	1	3	0	1	4	2	2	0	3	1	0		49	33	16
Health Educator	1	10	5	3	5	4	6	3	4	3	1		49	5	44
Health Assistant	2	21	11	9	10	8	12	6	8	6	2		98	5	93
Clerks	2	22	10	10	10	6	11	6	8	4	1		98	10	88
Lab. Technician	1	6	3	3	4	2	4	3	2	1	0		49	21	28
Driver		9	3	4										-16	16
Class IV	4	29	8	11	19	9	7	4	11	5	4		196	89	107
TOTAL		139	58	58	72	45	57	33	51	32	9		833	279	554
No. of CHC's															
A. CLINICAL MANPOWER		1	NA	1	1	NA	1	1	1	NA	NA				
General Surgeon	1	1		0	0		1	-1	1				6	4	2
Physician	1	1		-1	0		1	0	1				6	4	2
Obstetrician / Gyno.	1	1		0	1		1	1	1				6	1	5
Paediatrics	1	1		1	1		1	1	1				6	0	6
Anaesthetist	1	0		1	1		1	0	1				6	2	4
Public Health Pro.Mgr.	1	1		0	1		1	1	1				6	1	5
Eye Surgeon	1	1		1	1		1	1	1				6	0	6
Other specialists (if any)		1		0											
General duty officers (Medical Officer)		1		0				0							
B.SUPPORT MANPOWER															
Nursing Staff	7+2														
Public Health Nurse	1	-3		1	1		1	1	1				6	4	2
ANM	1	-3		-1	-2		0	0	7				6	5	1
Staff Nurse	7	-6		7	6		4	3	3				42	25	17
Nurse/Midwife															
Dresser	1	-3		1	1		1	1	1				6	4	2
Pharmacist /	1	-2		-3	-2		0	-6	-8				6	27	-21

compounder														
Lab. Technician	1	-10		0	-3		-1	-4	-3			6	27	-21
Radiographer	1	1		0	1		0	0	0			6	4	2
Ophthalmic Assistant	1	0		0	1		1	0	-1			6	5	1
Ward boys / N.O	2	-19		0	-4		0	-12	-12			12	59	-47
Sweepers	3	-1		-1	-1		2	-4	-12			18	35	-17
Chowkidar	1	-2		0	0		1	1	-3			6	9	-3
OPD Attendant	1	-3		1	1		1	1	-1			6	6	0
Statistical Assistant	1	-1		1	1		1	1				6	3	3
OT Attendant	1	-5		1	0		1	1	0			6	8	-2
Registration Clerk	1	-3		1	0		1	1	0			6	6	0
Any other staff (specify)														
Total		-52		10	5		20	-13	-21			186	239	-53

Table: 2A Manpower at District Hospital							
Doctors				Para-Medicals			
Personnel	IPHS Norm	Exis Staff	Ident. Gaps	Personnel	IPHS Norm	Exis. Staff	Ident. Gaps
Hospital Superintendent	1	1	0	Staff Nurse*	75 to 100	5	70
Medical Specialist	3	2	1	Hospital worker (OP/ward +OT+ blood Bank)	20	0	20
Surgery Specialists	2	2	0	Sanitary Worker	15	15	0
O&G specialist	4	1	3	Ophthalmic Assistant / Refractionist	1	0	1
Psychiatrist	1	0	1	Social Worker / Counsellor	1	1	0
Dermatologist / Venereologist	1	0	1	Cytotechnician	1	0	1
Paediatrician	2	1	1	ECG Technician	1	0	1
Anesthetist (Regular / trained)	2	2	0	ECHO Technician	1	0	1
ENT Surgeon	1	1	0	Audiometrician		0	0
Ophthalmologist	1	1	0	Lab.Tech. (Lab +BB)	12	6	6
Orthopedician	1	1	0	Lab. Atten.(Hos.Worker)	4	1	3
Radiologist	1	2	-1	Dietician	1	0	1

Microbiologist	1	0	1	PFT Technician	-	0	0
Casualty Doctors / General Duty Doctors	6	2	4	Maternity assistant (ANM)	6	5	1
Dental Surgeon	1	2	-1	Radiographer	2	0	2
Forensic Expert	1	0	1	Dark Room Assistant	1	0	1
Public Health Manager¹	1	0	1	Pharmacist¹	5	10	-5
AYUSH Physician²	2	0	2	Matron	1	0	1
Pathologists	2	0	2	Assistant Matron	2	0	2
Total	34	18	16	Physiotherapist	1	0	1
¹ May be a P.H. Specialist or mgt. specialist trained in public health				Statistical Assistant	1	0	1
² Provided there is no AYUSH hospital / dispensary in the district headquarter				Medical Records Officer / Technician	1	0	1
* 1 Staff Nurse for every eight beds with 25% reserve				Electrician	1	1	0
¹ One may be from AYUSH				Plumber	1	1	0
				Total	154	40	114
Administrative Staff				Operation Theatre			
Personnel	IPHS Norm	Curr ent Avail abil	Ident. Gaps		Emer. OT	Ge n. OT	
Manager (Administration)	-			Staff Nurse	8	1	0
Junior Administrative Officer	1	0	1	OT Assistant	4	2	3
Office Superintendent	1	1	0	Sweeper	3	1	0
Assistant	2	2	0	Total	15	4	3
Junior Assistant / Typist	2	1	1	Blood Bank / Blood Storage			
Accountant	2	0	2		B.B	B .S	
Record Clerk	1	0	1	Staff Nurse	3	1	0
Office Assistant	1	0	1	MNA / FNA	1	1	0
Computer Operator	1	0	1	Lab Technician	1	-	1
Driver	2	0	2	Safai Karamchari	1	1	0
Peon	2	0	2	Total	6	4	1
Security Staff*	2	0	2				
Total	17	4	13				
Note: Drivers post will be in the ratio of 1 Driver per 1 vehicle. Driver will not be required if outsourced							
* The number would vary as per requirement and to be outsourced.							

Status of PHC and SC Buildings in the District

Sub Centres	No.	PHC	No.
Sub-Centres in own building	20	PHC in own building	35
Sub-Centre in Panchayat Bldg / rented building	135	PHC in Panchayat Bldg / rented building	14
SC without Electricity connection	151	PHC without Electricity connection	24
SC without Water Supply	131	PHC without Water Supply	21
SC without Toilets	151	PHC without separate toilets.	45

Block Primary Health Centre (BPHC)/CHC

(BPHC)/CHC Status	Total		Total
Total no. of beds	225	Up gradation of SKS	NA
Total no of OPD cases	NA	Vehicle/Ambulance	67
Total no. of indoor admissions	NA	Ambulance with NGO partner	03
Bed occupancy rate	115%	Rogi Kalyan Samiti functioning	47
Total no. of deliveries			

Number of Institutions Requiring New Buildings

#	Category of Institution	Numbers
1	PHCs	14
2	SCs	135
3	CHCs	NIL

Source: CMO office

Number of Buildings Requiring Additions/Expansion (staff quarters)

#	Category of Institution	Numbers
1	PHCs	07
2	SCs	05
3	CHCs	06

Number of Buildings Requiring Repairs

#	Category of Institution	Numbers
1	PHCs	35
2	SCs	17
3	CHCs	06

Status of Staff Quarters attached to CHCs, PHCs and SCs in the District

Building	Staff Quarters	Condition (G: Good, NMR: Needs Minor Repairs, MR: Needs Major Repairs, NAD: Needs Additions)
CHC	Tangmarg	
CHC	Uri	
CHC	DH Baramulla	
CHC	Sopore	No staff quarter
CHC	Kreeri	
CHC	Pattan	
PHC	Dangiwachha	No staff quarter
PHC	Sheeri	No staff quarter
PHC	Duroo	No staff quarter
PHC	Ladroo	No staff quarter
PHC	Tujar Sharief	No staff quarter
PHC	Tarzowa	No staff quarter
PHC	Bomai	No staff quarter
PHC	Hartashir	No staff quarter
PHC	Behranpora	No staff quarter
PHC	Doabagh	No staff quarter
PHC	Boitango	
PHC	Rampora	No staff quarter
PHC	Wasapora	No staff quarter
PHC	Achabal	No staff quarter
PHC	Fathgarh	No staff quarter
PHC	Singhpoa	No staff quarter
PHC	Delina	No staff quarter
PHC	Khaitangam	No staff quarter
PHC	Sheeri	No staff quarter
PHC	Heeuan	No staff quarter
PHC	Mohura	No staff quarter
PHC	Nambla	No staff quarter
PHC	Kamalkote	No staff quarter
PHC	Isham	No staff quarter
PHC	Gurkote	No staff quarter
PHC	Hariwatno	No staff quarter
PHC	Gulmarg	
PHC	Baba Reshi	No staff quarter
PHC	Panzullas	No staff quarter
PHC	Rohama	No staff quarter
PHC	Shitloo	No staff quarter
PHC	Singhpora	No staff quarter
PHC	Gund Kh.Qasim	No staff quarter
PHC	Wanigam Payeen	
PHC	Phallan	No staff quarter
PHC	Mamoosa	No staff quarter
PHC	Mulgam	No staff quarter

PHC	Hard Aboora	
PHC	Sariwarpora	No staff quarter
PHC	Khore	No staff quarter
PHC	Kunzar	No staff quarter
PHC	Balpora	No staff quarter
PHC	Kalantra	No staff quarter
PHC	Nowpora Jager	No staff quarter
PHC	Shrakwara	No staff quarter
PHC	Maquam	No staff quarter
PHC	Bijhama	No staff quarter
PHC	Boniyar	
PHC	Noorjahan	No staff quarter
PHC	Trikajan	No staff quarter

**This information was not made available*

Status of Staff Quarters attached to Sc's in the District

Sub Centres	No. of SCs	Size in sq. mts.	Condition (see codes above)
SHCs having 2 staff Qtrs. in addition to clinic, examination and delivery room area	00		
SHCs having 1 staff Qtr. in addition to clinic, examination and delivery room area	00		
SHCs having no staff Qtrs	155		

Non-Governmental Organization [NGOs]

Significant contribution of NGOs in health sector (e.g. Rotary Club conducts eye camps):
Help Age India & CSSS are providing medical care to some ruler area severely affected by earth quack.

2. PLANNING PROCESS

A decentralized participatory planning process has been followed in development of this District Action Plan. This bottom-up planning process began with consultations with block stakeholder groups, Block /core Group members and village communities in all villages of each Block of the District.

Block Action Plans were developed based on the inputs gathered through village action plans prepared by Village Health Water Sanitation Committees. The health facilities in the block viz. SCs, PHC and, CHC were surveyed using the templates developed by Government of India. The inputs from these facility surveys were taken into account while developing the Block Action Plan.

The District Planning Team (DPT) provided technical oversight and strategic vision for the process of development of District Action Plan.

The members of the DPT had also taken the responsibility of contributing to the selected thematic areas such as RCH, Newer initiatives under NRHM, immunization etc. Assessment of overall situation of the District and development of broad framework for planning was done through a series of meetings of the DPT.

This District Action Plan has been prepared through a long process of integration of Block Action Plans including Health Facility Surveys. An initial meeting was held in which the current status of the District Action Plan was presented and suggestions and feedback taken. The membership and roles and responsibilities of DPT and the chapterization plans were discussed. Based on the inputs received from the Blocks, a draft of each chapter was developed after discussions. These were further improved upon through individual consultations with groups and nodal officers. Specific dates and times were fixed for this purpose. A date was also proposed for a meeting during which the individual chapters would be discussed and approved before the final DAP was prepared for presentation to the District Health Society for approval

HEALTH SERVICE INDICATORS FOR THE DISTRICT					
BASIC HEALTH SERVICES					
S. No	Indicator	Criteria			Goal Posts & SCORE
1	IMMUNIZATION COVERAGE < 3 YEAR OF AGE	No. <3 years	No. completely immunised	% of fully immunized children	Maximum 100% Minimum 0%
		1,07,431	20199	19%	
2	ESSENTIAL ANTENATAL CARE	Total no. of pregnant women	No of women who got full antenatal care as defined	% of women getting antenatal care as defined	Maximum 100% Minimum 0%
		41880	41880	100	
3	INSTITUTIONAL DELIVERY	Total no. of deliveries	Total no of women who had institutional delivery	% of pregnant women who had institutional delivery.	Maximum 100% Minimum 0%
		40656	11365	28%	
4	WEIGHING OF NEWBORN WITH IN THREE DAYS	Total no. of births in the year	No. of newborn weighed within three days	Percentage of newborn weighed within three days	Maximum 100% Minimum 5%
		40656	40656	100	

HEALTH SERVICE INDICATORS FOR THE DISTRICT						
BASIC HEALTH SERVICES						
S. No	Indicator	Criteria				Goal Posts & SCORE
5	BREASTFEEDING IN FIRST HOUR	Total no of births in the last year	No of newborns who were breastfed in the first hour	Percentage of newborns who were breastfed within an hour		Maximum 100% Minimum 0%
		NA	NA			
6	REPORTING OF BLOOD SLIDE	Approx no of blood slides sent in last 3 months	Average time taken for reporting of blood slide			Maximum over 30 days Minimum 1 day
		NA	NA			
9	ACCESS TO STERILISATION SERVICES	No of target couples for sterilisation services (> 2 children)	Total no. of couples with at least one of them wanting FP operation:	No. who wanted to get FP operation done last year but could not	% of unmet demand for FP operation	Maximum 100% Minimum 0%
		-NA	-NA	-NA	-	
HEALTH RELATED SERVICES						
WATER & SANITATION						
15	USE OF DOMESTIC/ COMMUNITY TOILET	Total no. of families	Total no. of families where all members are using domestic/ community toilet	Percentage of families where all members are using domestic/ community toilet		Maximum : 50 % Minimum 0%
		-	-	-		
FOOD SECURITY RELATED						
16	ANGANWADI	Total no. of children eligible for anganwadi	Actual No. getting diet regularly	Percentage of Anganwadi beneficiaries		
				-		
17	MIDDAY MEAL	Total no. of primary and middle schools	Total no. of schools giving cooked midday meals	Percentage of schools giving midday meals		
		-	-	-		
18	PDS FUNCTIONING	Total no. of BPL families eligible for lower cost grains	No. of families getting grains from PDS shop	Percentage of beneficiaries		
		-	-	-		

HEALTH SERVICE INDICATORS FOR THE DISTRICT					
BASIC HEALTH SERVICES					
S. No	Indicator	Criteria			Goal Posts & SCORE
19	ANTYODAYA YOJNA	Total no. of BPL families eligible for free grains	No. of families getting free grains from PDS shop	Percentage of beneficiaries	
		-	-	-	
20	SCHOOL ENROLMENT	Total no. of children in 6-14 age group	No. of children in age group not going to school	Percentage of school going children	
		-	-	-	
HEALTH STATUS					
21	CHILD MALNUTRITION	Total no. of children below 3 with wt record.	no. of children with gr I or above malnutrition**	% of children malnourished	Max 200% Minimum 0%
22	LOW BIRTH WEIGHT	Total no. of newborn who were weighed last year	Total no. of babies with LBW	Percentage of babies with LBW	Max 100% Min 10%
23	AGE OF MARRIAGE	Total no. of girls married last year	No. of girls married below 19 year of age	100% - % of married women below 19 year of age	Max 100% Mim 0%
		-	-	-	-
24	SPACING	Total number of births last year which were second or > child	No. of children born with more than 36 months difference	% of unspaced second or third children born	Max 100% Minimum 0%
		-	-	-	
25	INFANT DEATHS	Total number of births last year	Any deaths of any child below one year	% of infant deaths	Maximum 20% Minimum 0%
		40656	-	-	
26	OUTBREAK OF WATER BORNE DISEASE	Diarrhoeal outbreaks(More than three cases of a disease in same week)	jaundice outbreaks (as defined)	Sum of water borne disease outbreaks	Maximum 4 Minimum 0

Health facilities as per Population Norms:-

Block:- Kunzer			Population :-71458 (78604 projected population upto 2012)	
Health Facility	Recommended	Required	Existing	New to be constructed
SC's	1/3000	26	10	16
PHC's	1/20000	04	06	Surplus=02
CHC's	1/80000	01	00	01
Block:-Sheeri			Population :-83000 (91300 projected population upto 2012)	
SC's	1/3000	30	20	10
PHC's	1/20000	04	03	01
CHC's	1/80000	01	01	00
Block:- Pattan			Population :-150000 (165000 projected population upto 2012)	
SC's	1/3000	55	23	32
PHC's	1/20000	08	05	03
CHC's	1/80000	02	01	01
Block:- Boniyar			Population :-64000 (70400 projected population upto 2012)	
SC's	1/3000	23	11	12
PHC's	1/20000	03	04	Surplus=01
CHC's	1/80000	01	00	01
Block:- Dangiwacha			Population :-60202 (66222 projected population upto 2012)	
Health Facility	Recommended	Required	Existing	New to be constructed
SC's	1/3000	22	9	13
PHC's	1/20000	03	01	02
CHC's	1/80000	Nil	NIL	--
Block:-Keeri			Population :-57875 (63662 projected population upto 2012)	
SC's	1/3000	21	10	11
PHC's	1/20000	03	04	Surplus=01
CHC's	1/80000	00	01	00
Block:- Tangmarg			Population :-45530 (50083 projected population upto 2012)	
SC's	1/3000	17	10	07

PHC's	1/20000	02	03	Surplus=01
CHC's	1/80000	00	01	Surplus=01
Block:- Ruhama		Population :-116027 (127629 projected population upto 2012)		
SC's	1/3000	42	24	18
PHC's	1/20000	6	03	03
CHC's	1/80000	01	01	00
Block:- Sopore		Population :-398450 (438295 projected population upto 2012)		
Health Facility	Recommended	Required	Existing	New to be constructed
SC's	1/3000	146	24	122
PHC's	1/20000	22	12	10
CHC's	1/80000	5	01	04
Block:-Uri		Population :-75650 (83215 projected population upto 2012)		
SC's	1/3000	28	14	14
PHC's	1/20000	04	05	Surplus=01
CHC's	1/80000	01	1	00

3. PRIORITIES AS PER BACKGROUND AND PLANNING PROCESS

National Rural Health Mission encompasses a wide range of health concerns including the determinants of the good health. Though there is a significant increase in resource allocation for the NRHM, there can never be adequate resources for all the health needs and all that needs to be done for ensuring good health of all the people. It is therefore necessary to prioritize the areas where appropriate emphasis needs to be given.

Based on the background and the planning process overall priorities of this District is included in the beginning of this plan.

4. GOALS

The District will strive 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 and will achieve the following goals:

PL MENTION THE SOURCE OF THE DATA

INDICATOR	Current	Goals				
		07-08	08-09	09-10	10-11	11-12
Reduction in Infant Mortality Rate (IMR)	60	58	53	46	39	32
Reduce Neo-natal Mortality Rate (NMR)	38	36	33	28	23	18
Reduction Maternal Mortality Ratio (MMR)	300	285	264	237	207	175
Reduction in Birth Rate	29	28	25	23	20	17
Reduction in Total Fertility Rate	2.6	2.6	2.5	2.4	2.3	2.2
Reduction in Death Rate	7	7	6	6	5	4
Increase Ante-Natal Care as defined	60	63	69	77	84	92
Increase Proportion of Women getting IFA tablets	20	52	59	68	77	83
Increase Proportion of Women getting 2 TT Injections	40	42	46	57	69	80
Increase Institutional Deliveries	28%	30	37	46	57	69
Increase Delivery by Skilled Birth Attendants	70%	72	79	86	93	100
Increase Contraceptive Prevalence Rate	52	53	55	59	65	72
Increase Complete Immunisation of Children (12-23 month of age)	60	61	63	69	74	80
Increase Proportion of Children Exclusively Breastfed	12%	13	20	29	41	55
Reduce Prevalence of STI/RTI	36%	35	31	28	23	18

5. TECHNICAL COMPONENTS
PART A: Reproductive and Child Health (RCH) II

A-1. Strengthening of Health Management	
Situation Analysis	<p>The District Health Society Baramulla has been formed under the Chairmanship of the Deputy Commissioner. Meetings of the District Health Society are being held as and when required basis. The members are from health, AYUSH, Education, PHE, ICDS, and Rural Development etc.</p> <p>The Societies under the vertical Health Programmes like Blindness Control Society, TB Control Society, District Malaria Society, and society for IDSP have not been integrated into single society at the district level yet. Thus societies need functional integration and strengthening.</p> <p>Contractual appointments of various categories of staff have been made by the District Health Society.</p> <p>Monitoring of the activities of the health department is carried out by the DHS but it is comprised of members of the health department only. Members from other departments need for better monitoring and implementation.</p>
Objectives Benchmarks	To facilitate smooth implementation of all national health programme by providing technical support in planning & in its implementation with proper financial management
Strategies	<p>Functional Integration of all the vertical Societies</p> <p>Capacity building of the members of the District Health Mission and District Health Society regarding the programme, their role, various schemes and mechanisms for monitoring and regular reviews and also on GOI / GOI J&K guidelines for running the District. Health & FW Society</p> <p>Strengthening the functioning of the DHS</p> <p>Establishing Monitoring mechanisms</p>
Activities	<p>Developing systems for proper management, governance and functioning through:</p> <p>Effective Planning – Annual, quarterly, monthly and as per needs</p> <p>Supervision mechanisms</p> <p>Convergence systems</p> <p>Procedures,</p> <p>Reporting systems,</p> <p>Regularity of meetings,</p> <p>Agenda of meetings, Maintaining minutes and its timely circulation</p> <p>Decentralisation,</p> <p>Delegation of decision-making power</p> <p>Rational decision making</p> <p>Orientation Workshop of the members of the District health Mission and society.</p> <p>Issue based orientation in the monthly Review and Planning meetings as per needs.</p> <p>Ensuring provision of Technical Assistance at the district and block levels and their ongoing capacity building.</p> <p>Exposure visits of members of the District health Society in two states.</p> <p>Improving the Review and planning meetings through a holistic review of all the programmes under NRHM and proper planning.</p> <p>Formation of a monitoring Committee from all departments.</p>

	Development of a Checklist for the Monitoring Committee. Arrangements for travel of the Monitoring Committee Sharing of the findings of the committee during the Field visits in each Review Meeting with follow-up of the recommendations.					
Support required	Engagement of block level computer knowing accounts managers for Kunzer & Boniyar medical block with store keeper at district level.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Developing systems	x				
	Orientation Workshop of the members	x	x	x	x	
	Issue based orientation	x	x	x	x	
	Ensuring provision of Technical Assistance at the district, block level.	x	x	x	x	
	Exposure visits of DHS members		x	x		
	Formation of a monitoring Committee from all departments.	x				
	Development of a Checklist for the Monitoring Committee.	x				
	Two vehicles for DHMU & CMO					
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Orientation Workshop	0.5	0.55	0.605	0.666	2.321
	Exposure visit	0.0	3.1	3.41	0.000	6.51
	Issues based Workshops	0.5	0.55	0.605	0.666	2.321
	Mobility for Monitoring	1.2	1.32	1.452	1.597	5.569
	Vehicle @ 5.lac * 2	10.00	0.00	0.00	0.00	10.00
	POL for 2 vehicles @ 50000/ per vehicle/ year	1.00	1.00	1.00	1.00	4.00
	Salary for 2 drivers @ 4000/M	0.96	0.96	0.96	0.96	3.84
	Peon 1 @ 4000 / M	0.48	0.48	0.48	0.48	1.92
Total		14.64	7.96	8.512	5.369	36.481

Detailed Calculations

#	Description	Amount
Exposure Visit		
1	Airfare and travel expenses (Taxi, Bus, etc;)	200000/-
2	Lodging, Boarding, Food	100000/-
3	Misc.	10000/-
	Total	3,10,000/-

A- 2 District Programme Management Unit	
Current Status	<p>In NRHM a large number of activities have been introduced with very definite outcomes. The cornerstone for smooth and successful implementation of NRHM depends on the management capacity of District Programme officials. The officials in the districts looking after various Programmes are overworked and there is immense pressure on the personnel. There is also lack of capacities for planning, implementing and monitoring. The decisions are too centralized and there is little delegation of powers.</p> <p>In order to strengthen the district PMU, three skilled personnel i.e. Programme Manager, Accounts Manager and Data Assistant have being provided in each district. These personnel are there for providing the basic support for programme implementation and monitoring at district level.</p> <p>There is a need for providing more support to the CMO office for better implementation especially in light of the increased volume of work in NRHM, monitoring and reporting especially in the areas of Maternal and Child Health, Civil works, Behaviour change and accounting right from the level of the Sub centre.</p>
Objectives	To make District Programme Management Unit functional and strengthened.
Strategies	<p>Support to the CMO for proper implementation of NRHM.</p> <p>Capacity building of the personnel</p> <p>Development of total clarity at the district and the block levels amongst all the district officials and Consultants about all activities</p> <p>Provision of infrastructure for the personnel</p> <p>Training of district officials and MOs for management</p> <p>Use of management principles for implementation of District NRHM</p> <p>Streamlining Financial management</p> <p>Strengthening the CMO office</p> <p>Strengthening the Block Management Units</p> <p>Convergence of various sectors</p>
Activities	<p>Support to the CMO for proper implementation of NRHM through involvement of more consultants for support in data analysis, trends, timely reports and preparation of documents for the day-to-day implementation of the district plans so that the CMO and the other district officers:</p> <p>Finalizing the TOR and the selection process</p> <p>Advertisements for Management unit team members and consultants, one each for Maternal Health, Civil Works, Child health, and Behaviour change. If properly qualified and experienced persons are not available then District Facilitators to be hired which may be retired persons.</p> <p>Selection of the DPMU/BPMU staff and consultants.</p> <p>Provision of dealing assistant NRHM in DHS chairman office for better coordination between Chairman, Management Units and other allied departments of DHS.</p> <p>Capacity building of the personnel</p> <p>Joint Orientation of the District officers and the consultants</p> <p>Induction training of the DPM and consultants</p> <p>Training on Management of NRHM for all the officials</p> <p>Review meetings of the District Management Unit to be used for orientation of the consultants.</p>

	<p>Development of total clarity in the Orientation Workshops and review meetings at the district and the block levels amongst all the district officials and Consultants about the set of activities:</p> <p>Provision of infrastructure for officers, DPM, DAM, DDM and the consultants of the District Project Management Unit and Provision of office space with furniture and computer facilities, photocopy machine, printer, Mobile phones, digital camera, fax etc.</p> <p>Use of Management principles for implementation of District NRHM Development of a detailed Operational manual for implementation of the NRHM activities in the first month of approval of the District Action Plan including the responsibilities, review mechanisms, monitoring, reporting and the time frame. This will be developed in participatory consultative workshops at the district level and block levels. Financial management training of the officials and the Accounts persons Provision of Rs. 500,000 as untied funds at the district level under the jurisdiction of the CMO. Compendium of Government orders for the DC, CMO, district officers, hospital, CHCs, PHCs and the Sub centres need to be taken out every 6 months. Initially all the relevant documents and guidelines will be compiled for the last two years.</p> <p>Strengthening the Block Management Unit: The Block Management units need to be established and strengthened through the provision of : Block Programme Managers (BPM), Block Accounts Managers (BAM) and Block Data Assistants (BDA) for each block. These will be hired on contract. For the post of BPM and the BAM retired persons may also be considered. Office setup will be given to these persons Accountants on contract for each PHC since under NRHM Sub centres have received Rs 10,000 also the village committees will get Rs 10,000 each, besides the funds for the PHC. Provision of Computer system, printer, Digital Camera with date and time, furniture.</p> <p>Convergence of various sectors at district level Provision of Convergence fund for workshops, meetings, joint outreach and monitoring with each CMO.</p> <p>Monitoring the Physical and Financial progress by the officials as well as independent agencies.</p> <p>Yearly Auditing of accounts</p>
Support required	<p>State should ensure delegation of powers and effective decentralization. State to provide support in training for the officials and consultants. State level review of the DPMU on a regular basis. Development of clear-cut guidelines for the roles of the DPM, DAM and District Data Manager. Developing the capacities of the CMOs and other district officials to utilize the capacities of the DPM, DAM and DDA fully. Each of the state officers' in charge of each of the programmes should develop total clarity by attending the Orientation workshops and review meetings at the district and the block levels for all activities. If qualified persons for the posts of DPM, DAM are not available then State should</p>

	allow the appointment of facilitators or Coordinators or retired qualified persons by the District Health Society.					
Time Line	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Establishment of DPMU and Consultants	x	x	x	x	
	Infrastructure, furniture, computer systems, fax, UPS, Printer, Digital Camera	x				
	Workshops for development of the operational Manual at district and Block levels	x	x	x	x	
	Compendium of Govt orders	x	x	x	x	
	Joint Orientation of Officials and DPM, DAM, DDM	x	x	x	x	
	Management training workshop of Officials					
	Establishment of BPMU	x				
	Training of DPM and Consultants	x	x	x	x	
	Review meetings	x	x	x	x	
	Computer systems with printer and Digital Camera & furniture for DPMU, BPMUs, District, block personnel	x				
	Monitoring of the progress	x	x	x	x	
Budget (In Lakhs)	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Honorarium DPM,DAM,DDA and Consultants	29.4	32.34	35.57	39.13	136.44
	Travel Costs for DPMU @ Rs 10,000/ per month x 12 mths	1.20	1.32	1.452	1.597	5.569
	Infrastructure costs, furniture, computer systems, fax, UPS, Printer, Digital Camera,	5.0	0	0	0	5.00
	Workshops for development of the operational Manual at district and Block levels	1.0	1.1	1.21	1.33	4.64
	Untied Fund	5.0	6.0	7.0	8.0	26.00
	Compendium of Govt orders	0.5	0.55	0.605	0.666	2.321
	Joint Orientation of Officials and DPM, DAM, DDM	0.25	0.275	0.303	0.333	1.161
	Management training workshop of Officials	0.5	0.55	0.605	0.666	2.321
	Personnel for BPMU	73.8	81.18	89.298	98.2278	342.5058
	Training of DPM and Consultants	0.5	0.75	1.0	1.25	3.5
	Review meetings @ Rs 1000/ per month x 12 months	0.12	0.132	0.145	0.16	0.557
	Office Expenses @ Rs 10,000/month x 12 months for DPMU	1.2	1.3	1.5	1.6	5.6
	Computer systems (12) with printer and Digital Camera and furniture	7.2	0	0	0	7.2

	for DPMU, BPMUs and District and block personnel					
	Annual Maintenance Contract for the equipment	0.54	0.594	0.653	0.719	2.506
	Travel costs for BPMU	24.0	26.4	29.04	31.944	111.384
	Monitoring of the progress by independent agencies	1.0	1.1	1.21	1.331	4.641
	Office expenses for Blocks @ Rs 5000 x 10 blocks	6.00	6.6	7.26	7.986	27.846
	Total	157.21	160.191	176.851	194.9398	689.1918

Detailed calculation for Personnel at DPMU for one year

S. No	Details	Units	Unit Cost	Amount for 12 months
	Personnel at District level			
	District Programme manager	1	18000	216000
	District Accounts Manager	1	15000	180000
	District Data Assistant	1	12000	144000
	Consultant for Maternal Health	1	40000	480000
	Consultant for Child Health	1	40000	480000
	Consultant for Civil Works	1	40000	480000
	Consultant for HMIS	1	40000	480000
	Consultant for Behaviour Change	1	40000	480000
	Sub Total			2940000
	Personnel at Block level			
	Block Programme manager	10	15000	1800000
	Block Accounts Manager	10	12000	1440000
	Block Data Assistant	10	10000	1200000
	Part Time Accountant at PHC	49	5000	2940000
	Sub Total			7380000
	Hiring of vehicles at block level @ Rs 2000 x 10days /mth x 10 blocksx12 mths	10	20000	2400000
	Office Automation with Furniture, Computer system, Camera, Printer, etc	10 for BPMU 1 for DPM 1 for DAM	60,000	720000

A-3. MATERNAL HEALTH						
Situation Analysis	Indicator		No.			
	Maternal Deaths					
	ANC registration during the first trimester		No.	%		
	Full ANC coverage		41880			
	Institutional Deliveries		11365	28%		
	Home deliveries		20656			
	Deliveries by trained attendants		10656 (52%)			
	5 Posts of Gynaecologists lying vacant in FRU Exclusive breastfeeding: massive IEC campaign needs to be undertaken for generating awareness. Awareness of Mother and Child Days: Poor at the gross root level					
Objectives	Decrease in the Maternal Mortality ratio 100% ANC coverage by 2012 100% pregnant women administered two doses of TT by 2012 80% pregnant women to consume 100 IFA tablets by 2010 and 100% by 2012 60% Institutional deliveries by 2010 and 90% by 2012 75% deliveries to be carried out by trained /Skilled Birth Attendant by 2010, 100% by 2012 100% women to get improved Postnatal care by 2010 50 % increase the safe abortion services by 2010 Reduction in Anaemia to less than 20 per cent by 2012.					
Strategies & Activities	IEC/BCCI initiatives Adolescent health programme Achieving full & quality ANC services by Engaging two FMPHWs for Sc's functioning by internal adjustment. They are 80 in number. Engaging FMPHWs on contractual basis, where the posts are either vacant Are occupied by other categories Engaging LHVs one for every 5-6 Sc's Village Health Days Support Mechanisms for ASHAs Capacity building initiative/trainings Upgradation of CHC to IPHS levels Up gradation of PHC to IPHS levels Up gradation of Sc's to IPHS levels Grant of flexible fund to RKS at different level. Grant of untied funds to Sc's and VH &committee. Procurement of logistics for health institution. Establishing 1 medical mobile unit. Construction of SC/PHC with residential accommodation. Involvement of AYUSH & NGO.					
Support required	Authorising DRHS Baramulla to engage Manpower, procure logistics, and implement DHAP & powers to take action against the deadwood.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	JSY 2%OF TPX1400	X	X	X	X	

A-3. MATERNAL HEALTH						
	Ref. Transport 10%of2.5%pop.x300	X	X	X	X	
	Mother's meeting No. of villages /meeting/month	X	X	X	X	
	Delivery Huts /hut	X	X	X	X	
	Referral Cards per card x 2000	X	X	X	X	
	Mobile phone instrument per SC (1 ANM)	X	X	X	X	
	Mobile Phones for additional ANMs	-	X	X	X	
	Camp for Anemia	X	X	X	X	
	Breast Feeding camp	X	X	X	X	
	Camp for RCH	X	X	X	X	
Budget (Rs. In Lakhs)	Activity / Item	2008- 09	2009- 10	2010-11	2011-12	Total
	Delivery Huts @ Rs 1 lakh /hut x 10/blocks	12.00	18.00	0	0	30.00
	JSY 2%OF TPX1400 (22444X1400)	314.22	345.642	380.206	418.227	1458.295
	Ref. Transport 10% of 2.5% pop. X 300 (2805x300)	8.42	9.262	10.1882	11.207	39.07722
	Referral Cards @ Rs 2 per card x 2805	0.06	0.066	0.0726	0.07986	0.27846
	Mother's meeting No. of villages @ 500 / meeting / month(646x500x12)	38.76	42.636	46.8996	51.5895	179.8852
	Mobile phone instrument @ Rs 2000/SC (1 ANM)(2000 X 155)	3.10	0	0	0	3.10
	Mobile Phones recurring cost to ANM's @ Rs 2400 x SC(I ANM)(2400 X 155)	3.72	4.092	4.5012	4.95132	17.26452
	Mobile phone instrument @ Rs 2000/SC (1 ANM)(2000 X 255)	0	5.10	0	0	5.10
	Mobile Phones recurring cost to ANM's @ Rs 2400 x SC(I ANM)(2400 X 155)	0	6.12	6.732	7.4052	20.2572
	Camp for Anaemia	9.6	10	10.4	10.8	40.8
	Breast Feeding camp	5.76	6	6.4	6.8	24.96
	Camp for RCH	5.76	6	6.4	6.8	24.96
Total		401.4	452.918	471.8	517.86	1843.98

A-4. NEWBORN & CHILD HEALTH						
Situation Analysis	Sl. No	Indicator	No.			
	1	Live Births	40398			
	2	Still birth in the last year	118			
	3	Low birth weight newborns (less than 2.5 kgs.)	121			
	4	Child Vaccination: completed (12-23 months age)	36372			
	5	Severely malnourished children (Grade III & IV)	NA			
	6	ARI cases in the last year	2333 / 3000			
	7	Deaths in the last year due to pneumonia in children	Nil			
	8	Diarrhoea cases in the last year	18718			
	9	Deaths in last year due to Diarrhoea in children	Nil			
Objectives	Reduction in IMR from 60/1000 LB to 40/1000 LB by 2010 Increased proportion of women who exclusively breastfeed for 6 months to 80% by 2010-2012 Increased in Complete Immunization to 100% by 2010-2012 Increased use of ORS in diarrhoea to 100% by 2009-2010 Increase in the Treatment of 100% cases of Pneumonia in children by 2010-2012 Increase in the utilization of services to 100% by 2012					
Strategies & Activities	1) Special drive for increasing institutional deliveries. 2) 100% immunization coverage with proper cold chain facilities availability as per need 3) Prompt & appropriate community level care for all sick children & neo-nantal. 4) Adequate referral transport for sick children & neo nantal. 5) Reducing cost of care so as to favourable impact on poverty level. 6) Regular house visit & counselling by community level care gives for preventive & promotive health of children & reduction of child malnutrition.					
Support required	For maintenance of cold chain, logistics of vaccine monitoring system, integration with Ayush, NGOs.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Newborn Corner furnished with equipment per CHC	X	-	-	-	
	Foetoscope AWC	X	-	-	-	
	Infant Weighing Machines AWCs	X	-	-	-	
	Malnutrition Corners per CHC	X	-	-	-	
	Study of birthing practices of the region. Dissemination of the finding at the sub=centre level	X	X	X	X	

A-4. NEWBORN & CHILD HEALTH						
	Purchase of incubators and transporters and AMCs	X	X	X	X	
	BCC material on newborn care practices especially in the case of pneumonia	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Newborn Corner furnished with equipment @ Rs 1.40 lakh per CHC (1.40 X6) & 7 new CHCs	8.40	9.80	0	0	18.20
	Foetoscope @ Rs.50 x 1211 AWCs	0.61	0	0	0	0.61
	Infant Weighing Machines @ Rs. 800 x1211 AWCs	9.69	0	0	0	9.69
	Malnutrition Corners @ Rs 30,000 per CHC (30000 X6) & 7 new CHCs	1.8	2.1	0	0	3.9
	Study of birthing practices of the region. Dissemination of the findings at the sub=centre level	5.00	2.00	0.5	0.5	8.00
	Purchase of incubators and transporters and AMCs	3.00	0.30	0.30	0.30	3.90
	BCC material on newborn care practices especially in the case of pneumonia	5.00	3.00	2.00	2.00	12.00
Total		33.5	17.2	2.8	2.8	56.3

A-5. FAMILY PLANNING						
Situation Analysis	Indicators	No. or Rate				
	Eligible Couple	216000				
	Couple Protection Rate					
	Female Sterilization operations during last year	1005				
	Vasectomies during the last year	21				
	Couples using temporary method	25511				
	Is general shortage of postgraduate doctors (surgery, OBG, and a					
Objectives Benchmarks	To achieve a sustainable total fertility rate of 2.5% by 2012. To decrease the unmet need in family planning to 10 % by 2010 Increase in Contraceptive Prevalence Rate to 80 % by 2012 Increase in the awareness levels of Emergency Contraception to 100% by 2010					
Strategies & Activities	Increasing the number of Govt./Pvt. Institutions providing limiting methods of contraception. Availability of spacing methods of gross rot level Training of staff in IUD insertion at Sc's Training of doctors/paramedic in safe abortions. Training of doctors/paramedic in Laproligations Holding of laproligation camps in PHC/CHC Massive IEC campaign for family planning especially among male for popularising NSV Involvement of ICDS workers, ASHA's in programme by providing incentive					
Support required	For IEC/BCC, purchase of logistics in case of non availability organising different training & quality services.					
Time line	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Training of MOs & Specialists in NSV persons/Blocks	X	-	-	-	
	NSV camps camps/block	X	X	X	X	
	Sterilization Camps	X	X	X	X	
	Copper T-380 / piece users	X	X	X	X	
	Emergency Contraception 2 tabs	X	X	X	X	
	Development of Static Centres	X	-	-	-	
	NSV Equipment for CHC	X	-	-	-	
	Laparoscopes for CHC	X	-	-	-	
	NSV Incentives 100 cases /block	X	X	X	X	
	Family Planning IEC material	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Training of MOs & Specialists in NSV @ Rs 7500 x 2 persons/Blocks	1.50	0	0	0	1.5

A-5. FAMILY PLANNING						
	NSV camps @ Rs. 359750 x 2 camps / block	71.95	79.145	87.0595	95.76545	333.91995
	Sterilization Camps @ 436 X 10000 cases	43.6	47.96	52.756	58.0316	202.3476
	Copper T-380 @ Rs 45 / piece x 10000 users	4.50	4.95	5.445	5.9895	20.8845
	Emergency Contraception @ Rs 10 per 2 tabs x 8000	0.80	0.88	0.968	1.0648	3.7128
	Development of Static Centres @ Rs 1 lakh x 10	10.00	0	0	0	10.00
	NSV Equipment @ Rs 800 x 6 CHC & 7 new CHCs	0.048	0.056	0	0	0.104
	Laparoscopes for 6 CHC @ Rs3.00 lakhs x 6 & 7 new CHCs	18.00	21.00	0	0	39.00
	NSV Incentives 100 cases / block @1000per case X 10	10.00	11.00	12.1	13.31	46.41
	Family Planning IEC material	10.00	11.00	12.1	13.31	46.41
Total		170.398	175.991	170.4285	187.4714	704.28885

Requirements for organizing one camp (600 cases)

S. No	Head	Unit	Unit Cost	Amount
	District Workshop	1	4000	
	Block workshops	4	7500	30000
	TA/DA for NSV surgeons	5	2000	10000
	IEC activities			93250
	TA to Acceptor for Semen Analysis	600	50	30000
	Payment to NSV Advocate/motivator and Drugs & Dressings	600	327.5	196500
	Total			359750

Budget for sterilization per case

S. No	Head	Unit Cost
	Payment to acceptor	198
	Mobilization/Transport cost	50
	Payment to Service Provider	50
	Payment to IEC advocate/Motivator	35
	Payment to Assistant/OT Nurse etc;	10
	Drugs and Dressing	93.5
	Total	436.5

A-6. ADOLESCENT HEALTH						
Situation Analysis	No specific programme to address the adolescent health High prevalence of Anaemia & malnutrition Lack of adequate information regarding one's own body, its requirement, hygiene practices.					
Objectives Benchmarks	Increase the knowledge levels of Adolescents on RH and Life skills Enhance the access of RH services to all the Adolescents Improvement in the levels of Anaemia to 50% by 2012 Reduce malnutrition & Anaemia especially adolescent girls. Reduce percentage of marriage in this group Increase awareness regarding pitfall of early marriage and child bearing. Increase awareness of one's own body including fertility control & safe sexual practices.					
Strategies & Activities	IEC/BCC. Mass screening of Anaemia. Training programme for adolescent with provision for booklets. Adolescent health service particularly distribution of IFA tablets to all unmarried girls, Reproductive health counselling, health facility based care etc.					
Support required	For screening & management of Anaemia & Malnutrition, school health programme, IEC campaign through print & local cables, involvement of NGO's.					
Time line	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Health care checkups / Camps 2 camps per block/camp	X	X	X	X	
	Psychologist , Psychiatrist ,Counsellor 1 visit per week /visit	X	X	X	X	
	Travelling allowance	X	X	X	X	
	Mental health camps for Adolescents once in a year/PHC per camp	X	X	X	X	
	Joint Evaluation after one year by independent agency and Govt	-	X	-	-	
	Research on prevalent practices among the adolescents and their status on issues of health and allied concerns.	X	-	X	-	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Health care checkups / Camps 2 camps/ Block @15000/camp (2X10X15000)	3.00	3.30	3.63	3.993	13.923
	Psychologist 1 visit per week @1000/visit (1X52X1000)	0.52	0.572	0.6292	0.69212	2.41332
	Psychiatrist 1 visit per week @1000/ visit (1X52X1000)	0.52	0.572	0.6292	0.69212	2.41332

A-6. ADOLESCENT HEALTH						
	Councillor 1 visit per week @1000/ visit (1X52X1000)	0.52	0.572	0.6292	0.69212	2.41332
	Research @ 5.00 lac year after year	5.0	0	5.0	0	10.00
	Mental health camp/ PHC twice a year @ 5000 10000/PHC 10000 x 49	4.9	5.39	5.929	6.5219	22.7409
	Joint evaluation after one year by independent agencies & govt. @50000/year	0	0.5	0	0.5	1.00
	Awareness generation @ 1000/village 1000X646	6.46	7.106	7.8166	8.59826	29.98086
	Travelling allowance No. of visits of Psy.Syc.&coun.@500/visit (53X10X500)	2.65	2.915	3.2065	3.52715	12.29865
	Total	23.57	20.927	27.4697	25.21667	97.18337

PART B: New NRHM Initiative

B-1. ASHA – Accredited Social Health Activist						
Situation Analysis	<p>The Sub Centre caters to a population of approximately 3000 spread over an average of 5-7 villages. Hence keeping in view the difficulties faced by the ANM to provide health and family welfare services in all the villages and also carry out effective community contact, under NRHM a village level community based functionary has been brought in all villages and will be trained for meeting the health-related demands of people and will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services indicators in the villages.</p> <p>ASHA is an honorary worker and will be reimbursed on performance-based incentives and will be given priority for involvement in different programmes wherever incentives are being provided (like institutional delivery being promoted under Janani Suraksha Yojana, motivation for sterilization, DOTS provider, etc.). It is conceived that she will be able to earn about Rs. 1,000.00 per month.</p> <p>In district Baramulla 1071 ASHAs have been selected and 965 have received training in module 1. At present every ASHA is being paid an incentive of Rs.150 per month for mobilizing the children for immunization. Besides these they are also entitled for Rs.600. for escorting a pregnant to near by Health Institution for delivery and rest of the activities supposed to performed by the a trained ASHA is not being paid any incentives</p> <p>Total ASHAs approved by DRHS=1071 Total ASHAs trained (Module 1) = 965.</p>					
Objectives Benchmarks	<p>Availability of a Community Resource, service provider, guide, mobilize and escort of community Provision of a health volunteer in the community at 1000 population for healthcare To address the unmet needs</p>					
Strategies & Activities	<p>Training to the ASHAs. Follows ups to the different activities undertaken by ASHAs. Other facility to ASHA like uniform & study material.</p>					
Support required	<p>Quarterly training to ASHAs in different health related issues.</p>					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	ASHAs incentives JSY 2% of pop.	X	X	X	X	
	ASHAs to be DOT provider No. of ASHAs	X	X	X	X	
	Training of ASHAs No. of ASHAs /ASHAs	X	-	-	-	
	Drug Kit support TA No. of ASHAs/ kit per year	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total

B-1. ASHA – Accredited Social Health Activist						
	ASHAs incentives JSY 2% of pop. @ 600 (22444X600)	134.66	148.126	162.939	179.232	624.9571
	ASHAs to be Dot provider No. of ASHAs @ 500 Pop/1000X500 (1122X500)	5.61	6.171	6.7881	7.46691	26.03601
	Training of ASHAs No. of ASHAs @ 10000/ASHS (1122X10000)(60:40)	67.32	44.88	0	0	112.2
	Drug Kit support TA No. of ASHAs @ 8700/kit per year 1122X8700	97.61	107.371	118.108	129.919	453.008
Total		305.2	306.548	287.835	316.618	1216.201

B-2. Provision of Untied Funds at Sub Centres						
Situation Analysis/	Till NRHM was launched there was no provision for any fund for the subcentres for maintenance, electricity, water, any fund for consumables and cleanliness of the subcentres. Rs 2000 was given as contingency funds, which were totally inadequate to meet any demands. Due to this the Subcentres were in a pathetic condition and the ANM worked alone for deliveries sometimes helped by the family members. A number of equipment needed some repair due to which they were lying unutilized. The Gram Panchayat members were never involved in any activities of the Subcentres.					
Objectives	Strengthening of the Subcentres through financial support for immediate needs and maintenance.					
Strategies & Activities	Expansion in terms of construction. Major repair of buildings. Basic facility availability. Provision of phone & ambulance					
Support required	Support required from Govtt. Communication facilities. Logistics & supply & human resources.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Untied funds No. of SCs @10000 once a year	X	X	X	X	
	Account Books No. of SCs	X	X	X	X	
	Repair works No. of Govt. SCs in bad condition X 10% of building cost	X	-	-	-	
	Annual Maintenance grants	X	X	X	X	
	Untied Fund For new 255 SC's from 2010	-	-	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Untied funds No. of SCs@10000 a year (155X10000)	15.5	15.5	15.5	15.5	62.00
	Account Book No. of Sc's @200 (155X200)	0.31	0.341	0.3751	0.41261	1.43871
	Repair works No. of Govt. SCs in bad condition X 10% of building cost 26X10% of 400000	10.40	0	0	0	10.40
	Untied Fund For new 255 Sc's from 2010 @10000 a Year (255x10000)	0	25.5	25.5	25.5	76.50
	Annual Maintenance grant of Rs 20000/SC * 155	31.00	31.00	31.00	31.00	124.00
	Annual Maintenance grant of Rs 20000/SC* 255 from 2010	0	51.0	51.0	51.00	153.00
	Account Book No. of Sc's @200 (255X200) from 2009-10	0	0.51	0.561	0.6171	1.6881
	Total	57.21	123.851	123.9361	124.0297	429.02681

B-3. Provision of Untied Funds at PHC						
Situation Analysis/	Till NRHM was launched there was no provision for any fund for the PHC for maintenance, electricity, water, any fund for consumables, telephone, hiring transport in emergencies and cleanliness PHC. Due to this the PHC were in a bad shape. They were unable to provide services as per the needs of the patients. A number of equipment needed some repair due to which they were lying unutilized.					
Objectives	1. Strengthening of the PHC through financial support					
Strategies & Activities	Provision of Untied funds of Rs 25000 each year to the PHC at the disposal of the Rogi Kalyan Samitis Provision of an Annual Maintenance grant of Rs 50,000 to the PHC					
Support required	ECG, USG, X ray plants and fully fledged lab.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Untied Funds No. of PHC once a year	X	X	X	X	
	Acc. Books No. of PHC's	X	X	X	X	
	Training on use of Acc. Books No. of PHC	X	X	X	X	
	Annual Maintenance grants	x	x	x	x	
	Repair works No. of PHC(govt building) in bad condition @ 10%of Building cost	X -	-	-	-	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Untied Funds No. of PHC @ 25000 a year (49X25000)	12.25	12.25	12.25	12.25	49.00
	Acc. Books No. of PHC's @ 2000 (49x2000)	0.98	1.078	1.1858	1.30438	4.54818
	Training on use of Acc. Books No. of PHC@2000 (49X2000)	0.98	1.078	1.1858	1.30438	4.54818
Non recurring	Repair works No. of PHC(govt building) in bad condition @ 10%of Building cost 15.00 lac (36x150000)	57.00	0	0	0	57.00
	Untied Funds No. of PHC @ 25000 a year (19X25000) from 2010	0	4.75	4.75	4.75	14.25
	Acc. Books No. of PHC's@2000 * 19	0	0.38	0.418	0.4598	1.2578
	Annual Maintenance grant of Rs 50,000/PHC * 49	24.5	24.5	24.5	24.5	98
	Annual Maintenance grant of Rs 50,000 * 19 from 2010	0	9.5	9.5	9.5	28.5
Total		95.71	53.536	53.7896	54.06856	257.10416

B-4. Provision of Untied Funds at CHCs						
Situation Analysis	Till NRHM was launched there was no provision for any fund for the CHC for maintenance, electricity, water, any fund for consumables, telephone, hiring transport in emergencies, travel and cleanliness of CHC. Although the Rogi Kalyan Samitis were formed still more funds were required on a regular basis. Due to this the CHC were in a bad shape. They were unable to provide services as per the needs of the patients. A number of equipment needed some repair due to which they were lying unutilized.					
Objectives	1. Strengthening of the CHC through financial support					
Strategies & Activities	Provision of Untied funds of Rs 50000 each year to the CHC at the disposal of the Rogi Kalyan Samites Provision of an Annual Maintenance grant of Rs 100,000 to the CHC					
Support required	Sufficient funds to meet out all these expenditure's.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Untied funds No. of CHCs @ 50000 once a year	X	X	X	X	
	Account Books No. of CHCs	X	X	X	X	
	Training on use of these acc. Books No. of CHC	X	X	X	X	
	Annual Maintenance grant	X	X	X	X	
	Preparation of reference manual / District	X	-	-	-	
	Repair work No. of CHC @10% of building cost	X	-	-	-	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Untied funds No. of CHCs @ 50000 a year * 6	3.0	3.0	3.0	3.0	12.00
	Account Books No. of CHCs @ 5000 6X5000	0.30	0.33	0.363	0.3993	1.3923
	Training on use of these acc. Books No. of CHC @2000 (6x2000)	0.12	0.132	0.1452	0.15972	0.55692
	Untied funds for District hospital 5.0 lacs a year	5.0	5.0	5.0	5.0	20.00
Non – recurring	Preparation of reference manual @15000/District	0.15	0	0	0	0.15
	Repair work No. of CHC @10% of building cost40.00 lacs (6x250000)	24.00	0	0	0	24.00
	Annual Maintenance grant of Rs 100,000*6	6.00	6.0	6.0	6.0	24.00

	Untied funds for 7 new CHCs @ 50000 / year from 2010	0	3.5	3.5	3.5	10.50
	A/C books @ 5000 from 2010 * 7	0	0.37	0.407	0.4477	1.2247
	Annual Maintenance grant of Rs 100,000*7	0	7.0	7.0	7.0	21.0
Total		38.57	25.332	25.4152	25.50672	114.82392

B- 5. Mobile Medical Units						
Situation Analysis	There are many underserved areas in the district. One third of the population of the district residing in far flung areas. Disease and Epidemic outbreaks are common in Hilly Tribal areas of the District. There is also shortage of staff due to which all the areas are not covered. No Mobile Medical Unit exists which is needed not only to meet emergency situations but to also make services accessible to people living in far flung areas. One mobile medical unit was lunched by Help Age India during 2006-2007.					
Objectives	Readiness for Disaster Management. Minimise deaths due to lack of First Aid, Blood Transfusion and Body fluids. Minimise Maternal Mortality Rate. Cover Maximum Schools and Anganwari Centres for Health Checkups regularly. Make on spot diagnosis. Provide advanced Surgical and other advices to Doctors on the Mobile Medical Unit.					
Strategies & Activities	Establishing at least two Mobile Medical Units for the District. Special Training for meeting out exigent situations. Ensure Constant and fool proof wireless communication with the DHs/CHCs for prompt advice to medical and paramedical staff on board Wide publicity before the arrival of the MMU					
Support required	Support from State and Central Governments.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	MMU	X	-	-	-	
	Manpower MO	X	X	X	X	
	Pharmacist	X	X	X	X	
	LHV	X	X	X	X	
	Counsellor	X	X	X	X	
	Driver	X	X	X	X	
	Lab technician	X	X	X	X	
	Mobile Medical Camps 25 camp / block @ 6000 / camp	X	X	X	X	
	POL and Maintenance As per norms	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
N.R	MMU 2 @ 26.85 lac	53.7	0	0	0	53.7
	Manpower MO (4@25000x12)	12.0	12.0	12.0	12.00	48.00
	Pharmacist (2@6000x12)	1.44	1.44	1.44	1.44	5.76
	LHV (2@8000/month)	1.92	1.92	1.92	1.92	7.68
	Councillor (2@10000/month)	2.40	2.40	2.40	2.40	9.60

	Driver (2@4000/month)	0.96	0.96	0.96	0.96	3.84
	Lab technician (2 @ 9900 /month)	2.376	2.376	2.376	2.376	9.504
	Mobile Medical Camps 25 camp / block @ 6000 / camp (25x10x6000)	15.00	16.50	18.15	19.965	69.615
	POL and Maintenance As per norms for 2 MMUs	19.00	20.9	22.99	25.289	88.179
Total		108.796	58.496	62.236	66.35	295.878

B – 6. Upgrading CHCs to IPHS						
Situation Analysis	So far only two CHCs have been upgraded to IPHS standard. Eight more CHC/BPHC to be upgraded as per IPHS.					
Objectives	Upgrading CHCs to IPH Standards to provide round the clock quality medical care to the community. Upgradation of Boniyar Block PHC as CHC to IPHS.					
Strategies & Activities	<p>The following infrastructure will be required:</p> <p>Building and Residential Quarters Operation Theatres Labour Rooms Laboratory Section. Radiology Section Blood Bank Intensive Neonatal Care Unit</p> <p>Equipment :</p> <p>Equipment for different above mentioned sections including neonatal intensive care unit (Life saving equipment i.e. ventilators, cardiac monitors, incubators, Double surface phototherapy units, pulse oximeters, bulk oxygen cylinders and small laboratory attached having facility Blood Gas Analysis, Biochemistry autoanalyzers and Electrolytic auto analysers.</p> <p>Human resources :</p> <p>Gynaecologists Paediatricians Anaesthetists Other Paramedical Staff</p>					
Support required	Sufficient release of fund at right time.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Renovation of Distt. Hospital	X	-	-	-	
	Staff quarters for Dist. Hospital	X	X	-	-	
	Staff Quarter S.Q for MO No. of CHC	X	X	-	-	
	Staff Quarter S.Q for staff nurses No. of CHC	X	X	-	-	
	S.Q for chowkedar /CHC	X	X	-	-	
	Furniture 5%CHC building Cost-% available	X	-	-	-	
	Computer , printer ,fax No. of CHC	X	X	X	X	
	Mechanical laundry / CHC	X	-	-	-	
	Incinator for CHC & DH /CHC,DH	X	-	-		

	Travelling allowance / day X 24 visits / mon.X No. of CHCs	X	X	X	X	
	Telephone / mon. / CHC	X	X	X	X	
	Internet mon./ CHC	X	X	X	X	
	Other expenses @ 4000 / mon. / CHC	X	X	X	X	
	Maintenance grant of CHC (water, electricity) / month. / CHC	X	X	X	X	
	Staff for Mech. Laundry 2 persons/ CHC / mon.	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
Non Recurring	Renovation of Dist. Hospital 50.0 lac	50.0	0	0	0	50.00
	Staff quarters for Dist. Hospital	27.20	27.20	0	0	54.40
	Construction of 7 New CHCS @ 40.0 lac (Rs. 1000 / sft. 4000 sft. / CHC)	140.0	140.0	0	0	280.00
	Staff Quarter for 4 MO / CHC @ 48.00 lacs / CHCs (5 existing CHC & 7 new CHCs) (Rs. 1000 / sft. 1200 sft. / S.Q.)	288.00	288.0	0	0	576.00
	Staff Quarter for 4 staff nurses / CHC @ 40.00 Lacs / CHC 5 existing CHC & 7 new CHCs (Rs. 1000 / sft. 1000 sft. / S.Q.)	240.00	240.00	0	0	480.00
	S.Q for 1 chowkedar / CHC @ 4.00 lac 5 existing CHC & 7 new CHCs (Rs. 1000 / sft. 400 sft. / S.Q.)	24.00	24.00	0	0	48.00
	Furniture 5%CHC building Cost-% available 5% of 40.0lac -59% X 6 + 7 new CHCs	4.92	14.00	0	0	18.92
	Computer ,printer ,fax No. of CHC @50000 (6x50000) + 7 new CHCs	3.0	3.50	0	0	6.50
	Mechanical laundry @ 50000 / CHC (50000X6) + 7 new CHCs	3.00	3.50	0	0	6.50
Recurring						

	Travelling allowance @ 75 / day X 24 visits / mon. X No. of CHCs (75X24X12X6)	1.33	1.463	1.6093	1.77023	6.17253
	Telephone @ 2000 / mon. / CHC (2000X12X 6)	1.44	1.584	1.7424	1.91664	6.68304
	Internet @ 500/ mon./ CHC (500 X 6 X 12)	0.36	0.396	0.4356	0.47916	1.67076
	Other expenses @ 4000 / mon. / CHC (4000X 6X12)	2.88	3.168	3.4848	3.83328	13.36608
	Maintenance grant of CHC(water, electricity)@ 10000 / mon. / CHC (10000X12X6)	7.20	7.92	8.712	9.5832	33.4152
	Staff for Mech. Laundry 2 persons / CHC @4000 / mon.(12X4000X12)	5.76	6.336	6.9696	7.66656	26.73216
Recurring expenses For 7 new CHCs from 2010						
	Travelling allowance @ 75 / day X 24 visits / mon.X No. of CHCs (75X24X12X7)	0	1.512	1.6632	1.82952	5.00472
	Telephone @ 2000 / mon. / CHC (2000X12X 7)	0	1.68	1.848	2.0328	5.5608
	Internet @ 500/ mon./ CHC (500 X7 X 12)	0	0.42	0.462	0.5082	1.3902
	Other expenses @ 4000 / mon. / CHC (4000X 7X12)	0	3.36	3.696	4.0656	11.1216
	Maintenance grant of CHC(water, electricity)@ 10000 / mon. / CHC (10000X12X7)	0	8.4	9.24	10.164	27.804
	Staff for Mech. Laundry 2 persons / CHC @4000 / mon. (14X4000X12)	0	6.72	7.392	8.1312	22.2432
Total		799.09	783.159	47.2549	51.98039	1681.4843

B – 7. Upgrading PHCs for 24 hr Services

Situation Analysis	District Baramulla is having 49 PHCs and only two PHC's have been upgraded as 24 hours service. It is suggested that if all the 49 PHCs will be taken on IPHS (that is to make them functional 24x7, then the people even in the remote, far flung terrain areas will have access to these health institutions and there would be a great boost in improving the maternal health and Child health.					
Objectives	<p>To make available Medical Services round the clock to whole community especially pregnant women and new borns.</p> <p>To implements fully all the National Disease Control Programmes.</p> <p>Availability of all personnel as per IPHS</p> <p>Proper building with staff quarters in all PHC</p> <p>Adequate Laboratory, Equipment and Drugs</p> <p>Additional PHC</p>					
Strategies & Activities	<p>All the rented institutions are shifted into the newly constructed Govt buildings and the existing Govt Buildings may be renovated/expanded. These institutions be provided with electric connections, water supply, sanitation facilities (male/female), labour room facilities with neo natal unit, OT facilities, Laboratory and Radiology.</p> <p>Provision of adequate staff with doctors & paramedics.</p> <p>Construction of quarters for staff.</p> <p>Facility for vaccine storage (deep freezers, ILRs etc.)</p> <p>Transport for referral, two ambulances with driver and provision of POL to each PHC</p> <p>Provision of adequate equipment, drugs, furniture as per IPHS.</p> <p>Facility for segregation & disposal of hospital bio waste including needle cutters</p> <p>Training of MOs & paramedics</p>					
Support required	Funds to be released well in time.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	All PHCs to be upgraded to 24X7 as per IPHS	X	-	-	-	
	Construction of PHCs	X	X	-	-	
	Staff Quarters	X	X	-	-	
	Furniture	X	-	-	-	
	Invertors / PHC	X	-	-	-	
	Computer / PHC	X	-	-	-	
	Washing machines	X	-	-	-	
	Extra staff for (24x7) PHCs	X	X	X	X	
	Telephone expenses	X	X	X	X	
	Internet expenses/month/PHC	X	X	X	X	
	Electricity charges	X	X	X	X	
	POL 80cases/year/PHC/Case	X	X	X	X	
	Driver	X	X	X	X	
	Laundry staff	X	X	X	X	
	Maintenance & other expenses	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total

Non recurring	ALL PHCs to be upgraded to 24X7 as per IPHS @ 25%of building cost 15.0 lacs 25 PHCs in 2008-09 , 24 PHCS in 2009-10 & 19 PHCs in 2010-11	93.75	90.00	71.25	0	255.00
	Construction of PHCs in rented buildings 14 PHCs @ 15 lacs / PHC & 19 new PHCs (Rs. 1000 / sft. 1500 sft. / PHC)	247.50	247.50	0	0	495.00
	Staff Quarters for 1 MO & 3 Staff Nurses / PHC @ 48.00 lacs / PHC 43 existing PHCs & 19 new PHCs (Rs. 1000 / sft. 1200 sft. / PHC)	1488.00	1488.00	0	0	2976.00
	Furniture 5% of building cost X no. of PHC- % available (5% of 15 lac X 49)- 39% (50000X49-39%) & 19 new PHCs	36.7496	14.25	0	0	50.9996
	Invertors for staff quarters @ 15000/PHC 15000X 49 & 19 new PHCs	7.35	2.85	0	0	10.20
	Computer @ 40000 / PHC & 19 new PHCs	19.6	7.6	0	0	27.20
	Vehicle 24 PHCs @ 3lac / per vehicle+ 19 new PHCs	72.00	57.00	0	0	129.00
	Washing machines 1 / PHC @ 10000 49 X10000 & 19 new PHCs	4.90	1.90	0	0	6.80
Recurring	Extra Man Power for 24X7 PHC as per IPHS (1 MO / block @21000/M) (2 Nurses / Block @ 12800 / M)	139.8	274.008	380.256	380.256	1174.32
	Telephone expenses @2000 / month / PHC 2000 X 12 X 49 & 19 new PHCs	11.76	17.952	19.7472	21.72192	71.18112
	Internet expenses 500 / month / PHC 500X12X49 & 19 new PHCs	2.94	4.488	4.9368	5.43048	17.79528
	Electricity charges 5000 X 12 X 49 & 19 new PHCs	29.4	44.88	49.368	54.3048	177.9528
	POL 80 cases / year / PHC @ 300 / Case 80X49X300 & 19 new PHCs	11.76	17.952	19.7472	21.72192	71.18112

	Driver 1 / PHC @ 4000 / month 32X4000X12 & 19 new PHCs	15.36	24.48	26.928	29.6208	96.3888
	Laundry staff 1 / PHC @ 4000 / month 4000X12X49 & 19 new PHCs	23.52	32.64	35.904	39.4944	131.5584
	Maintenance & other expenses 10000 / month / PHC & 19 new PHCs	58.8	81.6	89.76	98.736	328.896
Total		2263.19	2407.1	697.8972	651.2863	6019.473

B – 8. Upgrading Sub Centres						
Situation Analysis	Upgradation of 135 subs centres.					
Objectives	To met out the health care in rural areas & improve the detorated services.					
Strategies & Activities	Building for rented sub centre & referral facility. Sanitation & electricity for sub Centre's. Staffs strengthen of sub centres. Maintenance & supplies.					
Support required	Logistics & maintenance support from govt.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Construction of Sc's in rented building	X	X	-	-	
	Staff quarter	X	X	-	-	
	Furniture 5% of Building cost X no. of SCs - % available	X	-	-	-	
	Travelling allowance @ 100/visit X10 visits /SC	X	X	X	X	
	Electricity charges & other Expenses /month/ SC	X	X	X	X	
	Voluntary worker /SC	X	X	X	X	
	255 Sc's [New Sc's to be constructed as per population norms of IPHS 3000/SC-non recurring]	X	X	-	-	
	Staff quarters /SC	X	X			
	Furniture /SC	X	-	-	-	
	Voluntary worker /SC	-	X	X	X	
	Travelling & other expenses /SC	-	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
Non recurring	Construction of Sc's in rented building 135 Sc's @ 5.00 lac / Sc's & 255 new Sc's (Rs. 5.00 lac includes provision of Water supply, electricity, sanitary toilets)	975.00	975.00	0	0	1950.00
	Staff quarter for 2 ANMs / SC @ 7.50 Lacs 150 Sc's & 255 new Sc's (Rs. 1000 / sft. 750 sft. / SC)	1518.75	1518.75	0	0	3037.50
	Furniture 5% of Building cost X no. of SCs - % available 5% of 4.00lac X 155- 12% & 215 new Sc's	27.28	51.00	0	0	78.28
	Travelling allowance @ 100/visit X10 visits /SC 100X10X155 & 255 new Sc's	1.55	4.10	4.51	4.961	15.121

	Electricity charge & other Expenses @1000 / month / SC 1000X12X155 & 255 new Sc's	18.6	49.20	54.12	59.532	181.452
	Voluntary worker @ 1200 /SC 1200X155 & 255 new Sc's	1.86	4.92	5.412	5.9532	18.1452
Total		2543.04	2602.97	64.042	70.4462	5280.498

B-9 Untied Funds and Incentive Fund for the Village Health and Water Sanitation Committees					
Situation Analysis/ Current Status	<p>NRHM has placed a lot of stress on Community involvement and formation of Village Health & Water Sanitation Committees (VHWSC) in each village. These committees are responsible for the health of the village. In District Baramulla these committees have been formed but need strengthening to improve their functioning. The selection of ASHA, her working, progress of the village is part of the responsibilities of the Gram Panchayat.</p> <p>In Baramulla there are 361 villages with population less than 1500. Hence these amount to 361 units of 1500 population.</p>				
Objectives	Strengthening the Village Health & Water Sanitation Committees through financial support				
Strategies	Provision of annual Untied funds of Rs 10000 each year to the villages upto a population of 1500 Provision of Rs 5000 as permanent advance fund for Incentives for ASHA				
Activities	<p>Provision of Annual Untied funds of Rs 10000 each year to the villages' upto a population of 1500. Villages with more than 1500 population upto 3000 will get twice the funds. Villages with population more than 3000 will get three times the funds. Hence there will be 361 units of population 1500 or less to get the funds annually of Rs 10,000.00. This untied fund is to be used for household surveys, health camps, sanitation drives, revolving fund etc;</p> <p>Orientation of the MPHWF for the utilization of the untied funds and she in turn will orient the Village, Health & Water Sanitation committee.</p> <p>Provision of Rs 5000 as permanent advance fund for Incentives for ASHA based on performance norms.</p> <p>Monthly meetings of the VHWSC for reviewing the funds and activities. This is to be facilitated by the MPHWF</p> <p>Monthly review at the PHC level regarding the VHWSC functioning and utilization of funds.</p>				
Support required	State should ensure the orientation procedure for the VHWSC Funds to be transferred on time to the MPHWF PRIs to ensure proper usage and accounts				
Timeline		2008-09	2009-10	2010-11	2011-12
	Untied Fund of Rs 10000/unit for Pop 1500/unit x 361 units	x	x	x	x
	Orientation and reorientation of the VHWSC	x	x	x	x
	Provision of Rs 5000 as permanent advance for incentives to ASHA	x	x	x	x
	Monthly meetings of the VHWSC	x	x	x	x
	Review of the VHWSC functioning at PHC level	x	x	x	x

Budget	Activity / Item	2008-09	2009-10	2010-11	2011- 12	Total
	Untied Fund of Rs 10000/unit 1500 Population/unit x 361 units	36.1	39.71	43.681	48.0491	167.54 01
	Permanent Advance to VHWSC for ASHA incentive @ Rs 5000 / SC	7.75	20.5	22.55	24.805	75.605
	Monthly meetings of the VHWSC @ 1000	1.86	49.2	54.12	59.532	164.71 2
	Total	45.71	109.41	120.351	132.386 1	407.85 71

PART C: Immunisation

C-1. Cold Chain Maintenance						
Situation Analysis	No-availability of cold chain store at the district level with poor maintenance at workshop.					
Objectives	To maintain effective and efficient cold chain system for transportation storage and delivery to point of utilization. The potent vaccine will be provided to the beneficiaries in order to achieve 100% effective coverage. To eradicate the vaccine preventable diseases.					
Strategies & Activities	Provision of ILRs, Deep freezers, stabilizers, gensets, cold boxes as per the deficiencies shown in situation analysis to strengthen the maintenance of cold chain as per IPHS. Construction of Separate Cold Chain rooms with air conditioning facilities. Establishment of Cold Chain Storage facilities at MAC/SC level in far flung areas with poor road connectivity : Engagement of Cold Chain Mechanic at District Headquarters Provision of POL for Gensets One Vehicle at District Headquarter for purpose of supervision with POL and driver. Orientation & training to MOs, ANMs and other paramedics regarding maintenance of Cold Chain. Provision of sufficient number of vaccine carriers for institutional / out reach vaccination sessions. Engagement of Contractual staff (Helpers) for carriage of vaccines from distribution to the utilization centres in far flung areas.					
Support required	For financing the construction work, establishing workshop & monitoring the cold chain by DIO.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	District Hospital: DG set	X	-	-	-	
	ILR	X	-	-	-	
	Deep freezer	X	-	-	-	
	CHC; DG set @ 1 Lac /CHC	X	X	-	-	
	One I LR	X	X	-	-	
	Stabilizer	X	X	-	-	
	Deep freezer	X	X	-	-	
	PHC: G.Set /PHC	X	X	-	-	
	I LR PHC's	X	X	-	-	
	Stabilizer PHC's	X	X	-	-	
	SC's: I ILR at one SC/Block	X	X	-	-	
	Ice pack boxes 1/SC/ district	X	X	-	-	
	Construction of cold chain maintenance a room with air condition at CHC /CHC	X	X	-	-	
	Staff for C.C.M: CCM engineer at CHC /month /CHC	X	X	X	X	
	Annual maintenance ;	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total

	District Hospital: DG set @ 1Lac	1.00	0	0	0	1.00
	ILR @ 20000	0.20	0	0	0	0.20
	Deep freezer @ 15000	0.15	0	0	0	0.15
	CHC; DG set @ 1 Lac /CHC 1 lac X 6 + 7 new CHCs	6.00	7.00	0	0	13.00
	One I LR @ 20000 X 6+ 7 new CHCs	1.20	1.4	0	0	2.60
	Stabilizer @ 10000x6+ 7 new CHCs	0.60	0.7	0	0	1.30
	Deep freezer @15000x6+ 7 new CHCs	0.90	1.05	0	0	1.95
	PHC: G.Set @45000/PHC(45000x49) &19 new PHCs	22.05	8.55	0	0	30.60
	ILR@20000x49PHC's & 19 new PHCs	9.80	3.8	0	0	13.60
	Stabilizer @10000 x 49 PHC's & 19 new PHCs	4.90	1.9	0	0	6.80
	SC's: I ILR at one SC/Block @20000x10 blocks	2.00	0	0	0	2.00
	Ice pack boxes 1/SC@ 9lac / district	9.00	0	0	0	9.0
	Construction of cold chain maintenance room with air condition at CHC @ 5lac /CHC (5lac x 6) & 7 new CHCs	30.00	35.00	0	0	65.00
	Staff for C.C.M: CCM engineer at CHC @ 15000 / month /CHC 15000x12 x6 & 7 new CHCs	10.8	23.4	23.4	23.4	81.00
	Annual maintenance ; 5000x12x10	6.00	6.6	7.26	7.986	27.846
Total		104.6	89.4	30.66	31.386	256.046

C-2. IEC & Social Mobilisation	
Situation Analysis	<p>By proper information and communication we can improve the quality of health status of the community. It has been observed that people either have no access to basic health related information or have misconception, so it is the need of the hour to provide right information to the people so that they can adopt healthy life style and will have more productive life. It has been observed that some misconception, myths and social stigmas are associated regarding the health and disease of people. We have to encourage all those local traditions which are healthy and have to discourage those traditions which are harmful to people. We have to develop IEC so that the proper message regarding the health is conveyed to community so that they will utilize the services of health sector to its optimum on their quality of Health Improved and they will be more productive to the community</p> <p>Through the health education/IEC activities are being carried out by the existing staff.</p> <p>Lack of education among common people regarding water borne diseases, HIV, Hepatitis.</p> <p>Non realization of the importance of General Hygiene and proper sanitation.</p> <p>Lack of awareness among people regarding benefits of various schemes launched by Govt. through different departments.</p> <p>Many People still don't realize the significance of vaccination, nutritional supplements and antenatal checkups.</p>
Objectives Benchmarks	<p>To provide information to community so that they will adopt healthy behaviour and attitude which will improve their Health and they will be more productive to the society</p> <p>Help the community to reduce the communicable/ non communicable diseases.</p> <p>Covering every habitation under IEC.</p> <p>Increasing the number of participants and sessions by organizing such camps on holidays or advance publicity of such camps.</p> <p>Organising extensive Health Education camps in AW Centres, Schools and Colleges.</p> <p>Every School/College to be covered under IEC.</p>
Strategies & Activities	<p>Establishment of separate IEC cell at District Level under the supervision of District Programme manager with required staff and infrastructure including vehicle.</p> <p>Audio visual Aids, print material about the local health problems in local languages.</p> <p>Required furniture like plastic chairs, tables, shamiana, DG sets with provision for POL and operator.</p> <p>The IEC cell will be holding school health education programmes, sanitation awareness among masses, preventive measures regarding various communicable/ non communicable diseases, national health programmes with concerned medical officer and field staff by organizing camps, workshops, folk media, drama, film shows, rallies, sanitation drives, and photo health exhibitions.</p> <p>Orientation training to MOs, Paramedics and field staff regarding IEC.</p> <p>Publicity of IEC sessions through media, posters, handouts, Public Address systems and local cable operators.</p> <p>Multilingual publication of material.</p> <p>Involvement of religious preachers/Imams in spreading Health Education.</p> <p>Holding Mega Events for wider and effective publicity</p> <p>Making available vehicles with public address systems to make announcements and spreading necessary health education..</p>

Support required						
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	IEC programme for 15-49 women (Maternal, child health& family welfare One programme/ village/month including transportation	X	X	X	X	
	Adolescent health One prog./SC/month	X	X	X	X	
	Drama & film shows /block	X	X	X	X	
	Local T.V Ads. /block	X	X	X	X	
	Setting up of IEC Bureau with all manpower and equipment intact with a recurring expense every year for IEC Officer IEC office equipment and maintenance Driver for IEC van etc	X	X	X	X	
	LCD player /blk	X				
	VCD player /PHC					
	News paper messages 12 messages per year per blk	X	X	X	X	
	Establishment of IEC unit At district level ICE prog. Manager /month	X	X	X	X	
	Artists Two /month	X	X	X	X	
	Educators Four /month	X	X	X	X	
	IEC activity RNTCP & VBD* / block	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
Recurring	IEC programme for 15-49 women (Maternal, child health& family welfare One programme/ village/month @100 1X646X12X100	7.752	8.5272	9.379 92	10.3179 1	35.977 03
	Adolescent health One prog. /SC/month @100 1X155X12X100	1.86	2.046	2.250 6	2.47566	8.6322 6

	Drama & film shows @10000/block 10000X10	1.0	1.1	1.21	1.331	4.641
	Local T.V Ads. @60000/district	0.60	0.66	0.726	0.7986	2.7846
	Setting up of IEC Bureau with all manpower and equipment intact with a recurring expense every year for IEC Officer IEC office equipment and maintenance Driver for IEC van etc	5.0.	3.0	3.0	3.0	14.00
Non recurring	LCD player @ 1 lac/dist	1.0	1.1	1.21	1.331	4.641
Non recurring	VCD player @ 5000/PHC 5000X49 & 19 new PHCs	2.45	0.95	0	0	3.40
Recurring	News paper messages 12 messages per year @ 10000 12X10000	1.20	1.32	1.452	1.5972	5.5692
	Establishment of IEC unit At district level ICE prog. Manager @20000/month 20000X12	2.40	2.64	2.904	3.1944	11.138 4
	Artists Two @15000/mnoth 2X15000X12	3.60	3.60	3.60	3.60	14.40
	Educators Four @ 10000/month 4X10000X12	4.80	4.80	4.80	4.80	19.20
	IEC activity RNTCP & VBD @ 3 lac/ block 10X3lac	30.00	33.00	36.30	39.93	139.23
Total		61.662	62.743 2	66.83 252	72.3757 7	263.61 35

C-3. Alternate Vaccine Delivery Mechanism						
Situation Analysis	Vaccine delivery vehicle available without separate drivers & POL					
Objectives Benchmarks	To shift the vaccines from provisional stores to district stores, to block stores through vaccine carriers to maintain cold chain during transportation.					
Strategies & Activities	Engagement of drivers on contractual basis for vaccine carriers vehicle. Provision of MOU. POL for vaccine carrier. Payment for delivering vaccine from blocks headquarters' to sub-centres & for out reach sessions @ Rs. 50/ sessions.					
Support required						
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	POL for vehicles @ 200/session/SC	X	X	X	X	
	Incentives to ASHAs /session/ASHA	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	POI for vehicles @ 200 / session /SC 200X52X155 & 255 new SCs	16.12	42.64	46.904	51.594 4	157.258 4
	Incentives to ASHAs @100/session/ASHA 100X52X1122	58.34	64.174	70.591 4	77.650 54	270.755 94
Total		74.46	106.81 4	117.49 54	129.24 49	428.014 34

C-4. Supervisory Support and Vaccine Transportation						
Situation Analysis	Poor supervisory support & no proper vaccine transportation mechanism from district headquarter to block & subsequently in fields.					
Objectives Benchmarks	To provide potent vaccine from provincial stores to district stores to block stores & subsequently to the places of its utilization in sub-centres & at out reach sessions in villages.					
Strategies & Activities	Distribution of vaccine to block headquarters' through cold chain vehicle. Distribution of vaccine to cold chain centres in blocks through cold chain boxes. Distribution of vaccines to peripheries through departmental vehicle/hired vehicle. Cost of POL for district/block vehicle to be used for vaccine transportation/ supervisory support Hiring of vehicle in case of non-availability of departmental vehicle.					
Support required	Approval of the component along with financial support.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Testing of vaccine strengthening at site after transportation (provision for POL to MO in charge immunization or someone specially trained / district	X	X	X	X	
	Training of Health worker & ANM @ 250/H. W & ANM	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Testing of vaccine strengthening at site after transportation (provision for POL to MO in charge immunization or someone specially trained @ 60000/ district	0.60	0.66	0.726	0.7986	2.7846
	Training of Health worker & ANM @ 250/H. W & ANM 250X359	0.90	2.19	2.409	2.6499	8.1489
Total		1.50	2.85	3.135	3.4485	10.9335

C-5. HMIS, Monitoring and Evaluation

<p>Situation Analysis</p>	<p>HMIS is a monitoring tool for the performance that provides information to support planning, decision-making and executive control for managers in the Health & FW department.</p> <p>In this sector Data collection is ongoing for more than 60-90 different conditions. The basis of HMIS is the data collected by the ANM who is over burdened with a substantial amount of her time being spent on surveillance related activities. Each year a CNAA exercise is carried out but the set procedures under the CNAA are generally not followed in development of annual action plans and in their utilization in planning the activities of health workers. The action plans are prepared more as a normative exercise rather than as a management tool for estimation of service needs and monitoring the programme outputs.</p> <p>There is no horizontal integration of surveillance activities of existing disease control programmes. Absence of clear case definitions and poor supervision or crosschecking of the data collected hampers the quality of reporting. Non-Communicable diseases are not included in surveillance even though the burden due to them is high. Absence of formats for reporting diseases also affects quality of the data collect.</p> <p>The data from the ANM is sent upto the district level with no analysis done at any of the higher levels. There is no system of feedback to the lower levels in the health system. The transmission of data is affected by poor communication facilities available.</p> <p>Data is not collected from private practitioners, private laboratories and private hospitals both in rural and urban setting. There is lack of coordination between departments. Discrepancy between the data of the Health department and the ICDS. There is large gap between reported and evaluated coverage. The District administrative system not able to make use of the health data.</p> <p>In District Baramulla there is a dearth if authentic baseline data especially on IMR, MMR, NMR and TFR. There is inadequate understanding regarding the classification of diseases. HMIS software consisting of all the data collected right from the Subcentres with online facilities is not available. Computers need to be supplied at each PHC.</p>
<p>Objectives Benchmarks</p>	<p>Integration of several parallel running programme software HMIS is used for decision making on regular basis Inclusion of RCH indicators monitoring Linkage to decision making at Central level Refresher training Make it more useful for State level officials</p>
<p>Strategies & Activities</p>	<p>Research on various issues related to RCH to get a correct baseline Improvement in the CNAA Computerized HMIS</p>
<p>Support required</p>	<p>Govt. support, Govt. institutions like revenue, social welfare, NGOs etc.</p>

Timeline	Activities	2008-09	2009-10	2010-11	2011-12	
	Survey for practices, coverage, behaviour etc through independent agency	x				
	Software development	x				
	Data Entry of each household	x	x			
	Internet connectivity	x	x			
	Provision of computers for each CHC and PHC	x				
	AMC for computers	x	x	x	x	
	GIS for the district, training and updation	x	x	x	x	
	Printing monitoring Charts	x	x	x	x	
Budget	Activities	2008-09	2009-10	2010-11	2011-12	Total
	Survey for practices, coverage, behaviour etc through independent agency	15.00	0	0	0	15.00
	Software development	20.00	0	0	0	20.00
	Data Entry of each household's health card @ Rs 2 per card x 600000 cards (aprox.)	12.00	13.2	14.52	15.972	55.692
	Internet connectivity @ Rs 900 /mth x No of facilities x12 mths	5.94	9.6228	10.58508	11.64359	37.791468
	Provision of computers for each CHC and PHC @ Rs 60,000/computer system with UPS and printer	33.00	15.60	0	0	48.60
	AMC for computers @ Rs 5000 /computer /year x 55 Computers	2.75	4.455	4.9005	5.39055	17.49605
	Consumables for computers @ Rs 4000/mth/facility x 12 mths	26.4	42.768	47.0448	51.74928	167.96208
	GIS for the district, training and updation	12.00	0.5	0.5	0.5	13.50
	Printing monitoring Charts @ Rs. 5 per monitoring chart	0.10	0.125	0.15	0.175	0.550
Total		127.19	86.2708	77.70038	85.43042	376.5916

C-6. Supplies and Logistics						
Situation Analysis	Presently the supplies are received from Govt of India and State Provincial Stores and in case of emergencies through local purchase out of Hospital Development Fund. The distribution of the supplies is made keeping in view the status/workload of the institution. The supplies are being stored by the existing staff. However the annual supplies are inadequate as per the workload. Insufficient Vaccine Supply. No IFA tablets supplied for last two years. Vitamin A tablets not being supplied for last two years. Insufficient supply of Disposable Syringes during School Visits					
Objectives Benchmarks	Procurement of supplies. Proper storage of supplies. Proper distribution of supplies as per the needs. To keep the buffer stock for emergency purposes Availability of sufficient amount of vaccines for covering maximum children. Increase in Immunization sessions to cover maximum population. Coverage of 100% habitations for immunization along with hilly and tribal pockets Potent Vaccines. Provision of Iron and Vitamin Supplements to needy children and Pregnant Women					
Strategies & Activities	At each Health Institution construction of separate stores for drugs and Gas Cylinders for proper and risk free storage. Separate staff must be engaged for maintenance of the stores, they must be trained in material management. Sufficient refrigerators be provided for storage of specific drugs. The stores must be supervised by a Medical Officer trained in material management. Separate vehicle at District Headquarter purpose of drugs with provision of POL & driver. Construction of Mechanical Laundry at each CHC and District Hospital & Block Headquarters. Engagement of proper staff for operation of mechanical laundry. The stock of supplies needs to be kept in a manageable position for which a computer is needed at District Headquarter and each other Health Institution.					
Support required						
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Equipments at D.H @22.19 lac	X	-	-	-	
	Equipment at CHC's	X	X	-	-	
	Equipments at PHC's	X	X	-	-	
	Equipments at Sc's	X	X	-	-	
	Maintenance for equipments / block	X	X	X	X	
Budget Non recurring	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Equipments at district hospital @22.19lac	22.19	0	0	0	22.19

	Equipment at CHC's @ 22.19lac X 6 + 7 new CHCs	133.14	155.33	0	0	288.47
	Equipments at PHC's @ 111500 X 49 & 19 New PHCs	54.635	21.185	0	0	75.82
	Equipments at Sc's @ 25680X 15519 & (255 new Sc's from 2009)	39.804	65.484	0	0	105.288
Recurring	Maintenance for equipments @ 20000/ block 20000X10	2.00	2.20	2.42	2.662	9.282
	Drugs at district hospital @ 10.00 lac	10.00	10.00	10.00	10.00	40.00
	Drugs at CHC @ 10.00 lac X 6 & 7 new CHCs	60.00	130.00	130.00	1300.00	450.00
	Drugs at PHC @ 3.0 lac X 49 & 16 new PHCs	147.00	204.00	204.00	204.00	759.00
	Drugs at SC @ 18135 X 155 & (new Sc's 255 X 18135 from 2009)	28.1092	74.3535	74.3535	74.3535	251.1697
Total		496.8782	662.5525	420.7735	421.0155	2001.2197

PART D: National Disease Control Program

D-1. RNTCP						
Situation Analysis	Indicators	No. / Rate				
	New Sputum Positive cases (ACDR)	410 / 34.16				
	Annual total cases	926				
	Total new pulmonary TB cases	623				
	Proportion of new sputum positive out of total new pulmonary cases	2:1				
	Cure rate	85%				
	Smear Conversion Rate	92%				
	Treatment success rate	93%				
	Defaulter cases	23				
	Failure cases	07				
	DMCs (designated microscopic centres) are examining the patients. Patients are taking treatment at DOT centres.					
Objectives	To achieve & maintain cure rate of 85%. To achieve case deduction of rate of 70%.					
Strategies & Activities	1 Provision for one extra lab Assistant for each DMC. 2 Involvements of private practioner's & private lab Assistants. 3 Involvement of NGO. 4 strong IEC activities as per Local needs. 5 Involvement of education and ICDS departments for DOT services. 6 Un inter reputed good quality drugs. 7 Easy accessible & expectable DOT centres. 8 Training and retraining of staff.					
Support required						
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Improving the DTC building, MC Centres and TC centres	x				-
	Increasing the DOT providers through ASHAs	x	x	x	x	
	Training to RNTCP staff and ASHA	x	x	x	x	
	Awareness drives	x	x	x	x	
	Mask Provision					
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Civil Works					
	DTC building 1.5 lakh	1.5	0	0	0	1.50
	MC 0.28/MC	2.8	0	0	0	2.80
	TU 0.35/Tu except DTC	1.05	0	0	0	1.05
	Material and supplies	1.2	1.32	1.45	1.6	5.57
	Laboratory material	1.0	1.10	1.21	1.33	4.64
	Training	31.48	34.638	38.102	41.912	146.1418

		93	23	05	26	4
	Awareness drive on World TB day	1.0	1.10	1.21	1.33	4.64
	IEC activities	1.0	1.10	1.21	1.33	4.64
	Salaries of contractual staff	14.43	15.873	17.460 3	19.206 33	66.96963
	Vehicle maintenance inc POL	1.0	1.1	1.21	1.33	4.64
	2 wheeler					
	4 wheeler					
	Hiring of vehicle	1.70	1.87	2.06	2.27	7.90
	DTO					
	MO TC @ Rs 0.42lakh/yr					
	Equipment and maintenance	0.085	0.094	0.103	0.113	0.395
	Microscope @ Rs1000/yr/microscope					
	Computer@ Rs 5000/yr					
	Photocopier/Fax Rs2500/ machine					
	Miscellaneous – TA/DA, Telephone, Meetings, Electricity repair etc	0.195	0.215	0.247	0.272	0.929
Total		58.44 93	58.410 23	64.262 35	70.693 59	251.8154 7

Detailed Calculations Training in RNTCP

Personnel	Unit Cost	Units	2007-08
DTO	State		
MOTC	23320	10	233200
MO	15580	10	158900
STS	6726	98	659148
STLS	16720	2	33440
LT	5972	85	324860
ANM	2875	843	1739375
			3148923

Personnel RNTCP

Personnel	Unit Cost	Units	Months	Amount
TB health visitor	6750	10	12	810000
STS	7000	2	12	168000
STLS	7000	2	12	168000
LT	6500	2	12	156000
Data Entry Operator	6000	1	12	72000
Accountant	1250	1	12	15000
Driver	4500	1	12	54000
Total				1443000

D-2. LEPROSY											
Situation Analysis	Balance Cases at beginning of year		New cases detected in year		Cases Discharged in year		Balance Cases at end of year		Per 10,000 Population		Proportion of Deformity Ratio among cases
	PB	MB	PB	MB	RFT	O.D	PB	MB	PR	NCDR	
	Nil 07		02 03		09	nil	Nil 03		0.22	0.37	nil
Objectives	To achieve elimination of Leprosy.										
Strategies & Activities	Integrate leprosy services in the general health. Services to improve access to treatment. Capacity building of general health care staff. Adequate supply of MDT health centre IEC activity To ensure high cure rate through flexible & patient freely drug delivery system. Monitoring to keep track of progress towards elimination.										
Time line	Activity / Item				2008-09	2009-10	2010-11	2011-12			
	House to house detection				x	x	x	x			
	Wide publicity				x	x	x	x			
	Rigorous follow-up				x	x	x	x			
	Treatment				x	x	x	x			
Budget	Activity / Item				2008-09	2009-10	2010-11	2011-12	Total		
	IEC activities @ 1 lakh / block				10.0	11.00	12.1	13.31	46.41		
	Treatment @ 50000/ block				5.00	5.50	6.05	6.655	23.205		
Total					15.00	16.50	18.15	19.965	69.615		

D-3. NATIONAL MALARIA CONTROL PROGRAMME

D-3. NATIONAL MALARIA CONTROL PROGRAMME						
Situation Analysis	Issues	No.	%			
	Total Blood Slides Examined (BSE)	NA	NA			
	Total Positive Cases:	NA	NA			
	Plasmodium Vivax (Pv):					
	Plasmodium Falciparum (Pf):	NA	NA			
	Slide Positivity Rate (SPR)	NA	NA			
	Slide Positive plasmodium falciparum Rate (PFR)	NA	NA			
	Annual Blood Examination Rate (ABER)	NA	NA			
Deaths	NA	NA				
	Source: CMO office					
Objectives	To educate community about anti malaria operation.					
Strategies & Activities	IEC activities public awareness & involvement. Anti malarial activities must be increased. Active supervision, active & passive surveillance Fogging & survey supervision during summer. Fogging of entire village during summer.					
Support required	Fogging machines for each block. Jeep for biologist with POL					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Fogging machine for each block & D.H for the district HQ	X	-	-	-	
	Two spray machines for each block / block	X	-	-	-	
	Staff 2 persons/block / month	X	X	X	X	
	Phenyl /block	X	X	X	X	
	Fogging /block	X	X	X	X	
	Awareness camps /month /2block	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Fogging machine for each block & D.H @ 10.00lac/ district	10.0	0	0	0	10.00
	Two spray machines for each block @ 5000/ block 5000X2X10	1.00	0	0	0	1.00
	Staff 2 persons/block @ 5000/ month 2X10X5000X12	12.00	12.00	12.00	12.00	48.00
	Phenyl @ 20000/block X10	2.00	2.2	2.42	2.662	9.282
	Fogging @ 10000/block	1.00	1.1	1.21	1.331	4.641
	Awareness camps @1000 / month / X 10	1.20	1.32	1.452	1.5972	5.5692
Total		27.20	16.62	17.082	17.5902	78.4922

D-4. OTHER VECTOR BORNE DISEASES						
Situation Analysis	Other VBDs			No.		
	Kalazaar			NIL		
	Dengue					
	Lymphatic Filariasis			NIL		
	Japanese Encephalitis			NIL		
Objectives	No incidence of Dengue by 2002 Prevention of JE, Chikungunya and other new infections					
Strategies	Reduction of vector density Mosquito-man contact reduction Community awareness					
Activities	Reduction of vector density Identification of breeding sites Fogging and spraying Covering of any breeding sites Preparedness for new infections Increase in Manpower Training of personnel for identification of new infections Preparation of Laboratories in the district and State to diagnose the new diseases Preparedness of dealing with the epidemic outbreak Community awareness as part of the IEC for Malaria and IDSP Group meetings Pamphlets/ handbills Public announcements Kala Jathas One jeep for Entomologist (already covered in malaria budget) One truck for shifting manpower and drums /equipment (in malaria budget)					
Support required	Support from State Laboratory and the NICD for diagnosing Dengue, Chikungunya, JE etc; Support from District Administration, PRIs, WCD, PHEd,					
Time Frame	Activity / Item	2008-09	2009-10	2010 - 11	2011-12	
	Fogging and Spraying	x	x	x	x	
	Pamphlets	x	x	x	x	
	Kala Jathas for Malaria, Dengue and Chikungunya	x	x	x	x	
Budget	Activity / Item	08-09	09-10	10-11	11-12	Total
	Unforeseen expenses	0.5	0.55	0.61	0.67	2.33
	Pamphlet, poster @1lakh	1	1.1	1.21	1.331	4.641
	Kala Jathas for Malaria, Dengue and Chikungunya @ Rs 1000 per village x 646	6.46	7.106	7.8166	8.59826	29.98086
Total		7.96	8.756	9.6366	10.59926	36.95186

D-5. BLINDNESS CONTROL PROGRAMME						
Situation Analysis	Indicators	No.				
	Total Cataract surgery performed	787				
	Cataract surgery with IOL	256				
	School going children screened	3287				
	Children detected with refractive error	324				
	Children provided with free corrective spectacles	Nil				
	Villages having no register	NA				
Objectives	To establish health care facility for every 5 lac. People. To develop human resource for eye care service or PHC, CHCs, sub- district hospitals. To improve quality of service delivery. To ensure participation of civil society & private sector.					
Strategies & Activities	Strengthening service delivery. Develop human resource for eye care. Promoting outreach activities & public awareness. Develop institutional capacity. Cataract operation. Involvement of NGOs Unit work. Training. IEC. School eye screening programme. Monitoring of evaluation.					
Support required	State level					
Time frame	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	H-H Survey for Vision defects	x				
	IEC activities	x	x	x	x	
	School Eye Screening					
	Blind Register	x	x	x	x	
	Cataract Camps	20 PHC	20 PHC	09PHC	19 PHC	
	Development of PHC and CHC as Vision Centre	6 HC	25 PHC	24 PHC		
	Development of CHC for Eye Unit	6	7			
	Training of School teachers	500	500	500	500	
	Training of Numberdar / Chowkedar	500	500	500	500	
	Repair and purchase of equipment and maintenance	x	x	x	x	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Health Mela @50000 / CHC	3.0	3.30	3.63	3.993	13.923
	IEC @1lakh	1.0	1.10	1.21	1.331	4.641
	School Eye Screening @1000	5.0	5.50	6.05	6.655	23.205

	X500 Schools					
	Blind Register	0.646	0.7106	0.78166	0.85982 6	2.998086
	Observance of Eye Donations	0.15	0.17	0.19	0.21	0.72
	Cataract Camps @ Rs 20000 per camp x 49 PHC	9.8	3.3	3.63	3.993	20.723
	POL fro Eye Camps @ Rs 2000/camp x49	0.98	1.078	1.1858	1.30438	4.54818
	House to house survey for vision defects @ 10 lakh	10.00	0	0	0	10.00
	Training of School teachers @ Rs 100/head x 500	0.50	0.55	0.605	0.6655	2.3205
	Training of PRIs @ Rs 100/head x 500	0.50	0.55	0.605	0.6655	2.3205
	Repair and purchase of equipment and maintenance	20.0	2.0	2.2	2.42	26.62
Total		51.576	18.258 6	20.0874 6	22.0972 1	112.0193

D-6. Integrated Disease Surveillance Programme	
Situation Analysis/	<p>The programs with major surveillance components include: The National Anti-Malaria Control Program National Leprosy Elimination Program Revised National Tuberculosis Control Program Nutritional Surveillance National AIDS Control Program National Polio Surveillance Program as part of the Polio eradication initiative National Programme for Control of Blindness (Sentinel Surveillance)</p> <p>Surveillance activities of all these vertical programs of Malaria, Tuberculosis, Polio, HIV are functioning independently leading to duplication of Surveillance efforts. Surveillance has been ineffective due to There are a number of parallel systems existing under various programs which are not integrated. The existing programs do not cover non-communicable diseases. Medical colleges and large tertiary hospitals in the private sector are not under the reporting system as well as for utilization of laboratory facilities. The laboratory infrastructure and maintenance is very poor Presently, surveillance is sometimes reduced to routine data gathering with sporadic response systems thereby leading to slow response to Epidemics, Information technology has not been used fully for information and to analyze and sort data so as to predict epidemics based on trends of the reported data.</p> <p>In response to these issues the Integrated Disease Surveillance Programme was launched in J & K to provide essential data to monitor progress of on going disease control programs and help in optimizing the allocation of resources.</p> <p>IDSP includes 15 diseases/ conditions (Malaria, Acute diarrhoeal disease-Cholera, Typhoid, Jaundice, Tuberculosis, Acute Respiratory Infection, Measles, Polio, Road Traffic Accidents, Plague, Yellow Fever, Meningoencephalitis /respiratory distress, etc., HIV, HCB, HCV)) and 5 state specific diseases (Thyroid diseases, Cutaneous Leishmaniosis, Acid Peptic Diseases, Rheumatic Heart Diseases). Establishing of District Surveillance unit Upgradation of 1 PSU Labs Water testing labs are in place V-Sat is been installed but training is required Rapid response teams are being established at District levels. DSUs (District Surveillance Units) are being established in all districts One Computer, Printer and Scanner has been received</p>
Objectives	<p>Improving the information available to the government health services and private health care providers on a set of high-priority diseases and risk factors, with a view to improving the on-the-ground responses to such diseases and risk factors. Establishing a decentralized state based system of surveillance for communicable and non-communicable diseases, so that timely and effective public health actions can be initiated in response to health challenges in the country at the state and national level. Improving the efficiency of the existing surveillance activities of disease control programs and facilitate sharing of relevant information with the health administration, community and other stakeholders so as to detect disease trends over time and evaluate control strategies.</p>

Strategies & Activities	Upgradation of Labourites (renovation, furnishing/ supply of lab. Equipments, lab. Material & supply). Computer hardware & office equipments, software for surveillance, leasing of wide area networking. Consulting /contract staff, training .IEC. Monitoring and evaluation.					
Support Required						
Time line	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Furniture @ 1.00lac / district	X	-	-	-	
	Computer, printer, peripherals etc for the district [including connectivity with blocks	X	-	-	-	
	Staff : Epidemiologist one / month	X	X	X	X	
	Micro biologist 1 / month	X	X	X	X	
	Data operator / month	X	X	X	X	
	Lab. Technician 2/ month	X	X	X	X	
	Register & formats etc / block	X	X	X	X	
	Training of staff /district	X	X	X	X	
	POL for vehicle /month	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Furniture @ 1.00lac / district	1.00	0	0	0	1.00
	Computer, printer, peripherals etc @ 8.50 lac for the district [including connectivity with blocks	8.5	0	0	0	8.50
	Staff : Epidemiologist one @ 23000/ month	2.76	2.76	2.76	2.76	11.04
	Micro biologist 1 @ 23000/ month	2.76	2.76	2.76	2.76	11.04
	Data operator @ 8000/ month	0.96	0.96	0.96	0.96	3.84
	Lab. Technician 2@ 9900/ month	2.38	2.38	2.38	2.38	9.52
	Register & formats etc @ 10000/ block	1.00	1.10	1.21	1.331	4.641
	Training of staff @ 50000/district	0.5	0.55	0.605	0.6655	2.3205
	POL for vehicle @ 3000/month	0.36	0.396	0.4356	0.47916	1.67076
	Driver @ 4000/ month	0.48	0.48	0.48	0.48	1.92
Total		20.70	11.386	11.5906	11.81566	55.49226

D-7. Iodine Deficiency Disorders

Situation Analysis	Iodine is one of the essential micronutrients. Minimum requirement is 150 microgram per day. The main source of Iodine is from soil and water. Iodine is taken from food grown in iodine rich soil. At present there is a depletion of Iodine in the soil due to which there is a deficiency of Iodine. Deficiency result in a variety of disorders ranging from Abortion, stillbirths, Goitre, impaired mental function, retarded growth. In J & K the National Iodine Deficiency Programme is being implemented. People in J & K consume rock Salt and crystal salt					
Objectives/	Prevention of Iodine Deficiency diseases Consumption of Iodized salt by 100% families					
Strategies	Supply/monitor quality of Iodized salt Assessment of the magnitude of the problem Laboratory Monitoring of Iodized salt and urine samples Health Education					
Activities	Supply/monitor quality of Iodized salt Monitoring is done through Food Inspectors who collect two samples of salt per month per district and send it to a laboratory. The Health workers have been supplied with Kits to test samples at least five per month. Review is done in the monthly meetings Monitoring through School health programme – Testing of samples and awareness Supply of Testing kits to AWCs , Schools, SHGs Assessment of the magnitude of the problem This will be done by the Central Survey team Laboratory Monitoring of Iodized salt and urine samples Health Education: An IEC strategy is essential to promote the consumption of Iodized salt through AWWs, PRIs, NGOs, ASHA, SHGs etc; Demonstration of Iodized salt by school children through testing, Rallies, sensitisation of shopkeepers for keeping Iodized salt. Testing of salt at shops and homes					
Support required	Regular Supply of Testing Kits Regular Supply of Iodized salt Regular supply of IEC material					
Timeline	Activity / Item	08-09	09-10	10-11	11-12	
	Large Village meetings for awareness on IDD and consumption of Iodized salt	x	x	x	X	
	Programme in schools – 500 Primary, Upper Primary, Secondary- Govt and Private by School health team	x	x	x	X	
	Awareness programme with the SHGs and shopkeepers	664 villages	664 villages	664 villages	664 villages	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Large Village meetings for awareness on IDD and consumption of Iodized salt	1.00	1.1	1.21	1.331	4.641
	Programme in schools –	2.00	2.2	2.42	2.662	9.282

	500Primary, Upper Primary, Secondary- Govt and Private by School health team					
	Awareness programme with the SHGs and shopkeepers @ Rs 1000 per village x 646 villages	6.46	7.106	7.8166	8.59826	29.98 086
Total		9.46	10.406	11.4466	12.5912 6	43.90 386

6:INTER-SECTORAL CONVERGENCE

6.1 Partnership with AYUSH department

In District Baramulla there are 33 ISM (AYUSH) Dispensaries in which 29dispensaries are sanctioned & 4 dispensaries are working with internal arrangements. Majority of the dispensaries are situated in far-flung areas & along with actual line of control.

ISM doctors are fully trained & competent to conduct deliveries & can contribute a lot in implementing the concept of institutional deliveries .But it is unfortunate that these services are not being utilized maybe out of bias or some other reasons. Without any special facility the ISM Doctors are conducting deliveries where they are posted & no alternative facility is available with the people. For implementation of national programme hundred all ISM (AYUSH) staff is involved in the field. But there is no cold chain facility, lab facility & other incentives.

There are no guidelines for conducting of joint meetings between ISM (Ayurvedic/ Unani) & allopathic at District & block levels. However an informal meeting is held once in a year. There is no binding by way of govt. orders from the higher authorities. The status IEC strategy for Ayurveda & allopathic should be jointly prepared & planned by director ISM & Director health (Allopathic).The IEC funds & material should be jointly shared & should be at the disposal of director ISM & director Health separately.

Constitution of RKS in ISM

CHC and PHC will provide AYUSH services

Involvement of Ayurvedic dispensaries in implementation of national health programmes.

Issues / Areas	Areas of cooperation	Areas of convergent action
Curative ; Patient care, Surveillance referral	<p>In order to provide medicare facilities to the masses there is a vast potential for cooperation with health department so as to implement all the national programmes like National Malaria eradication Programme, T.B. control programme (DOTS), HIV / Aids awareness programme, implementation of institutional deliveries.</p> <p>The cooperation is also needed from the department of social welfare, (ICDS) Anganwari centres located in the areas where the ISM dispensaries are functioning by the way that the staff of these centres (Anganwari workers) can bring the unvaccinated children to the nearest ISM institutions so that their complete vaccination should be done. Old routine is that medical officer of the concerned</p>	<p>The ISM doctors are providing the health Medicare facilities by the way of providing Ayurvedic / Unani medicine but as the dispensaries of AYUSH are located in the Isolation / far flung areas where there is no existence of any health facility (Allopathic) in the form of primary health centres / community health centres or even allopathic dispensaries. Here people come across emergencies which are supposed to be attended by Ayurvedic / Unani doctors or staff. Therefore there is dire need of emergency drugs, life saving drugs , bandaging material , antiseptic lotions , antibiotics which are not supplied in ISM dispensaries. Due to non availability of these drugs in some cases precious lives are lost. Therefore life saving drugs, antiseptic lotions & dressing materials need to be supplied to</p>

	ISM institution visits the Anganwari centre once in a month should be started for general health check up of the children of Anganwari centres.	avoid suffering of the ailing masses.
Specific issues in Implementation of national programmes Maternal care	Health Department to assist ISM institutions & to provide kits of iron Folic acid tablets directly to the dispensaries through the Asstt. District. Medical officer. All ASHAs operational in the areas of ISM institutions should be given training on providing emergency health care services.	As Kits of Iron folic acid tablets be provided to ISM institutions. ISM Doctors can treat Pregnant women as well as cases of iron deficiency anaemia is better way. In present situation only Ayurvedic / Unani medicines which contain iron are given to pregnant women for deficiencies of Iron
Child care	Health department should cooperate with Assistant District. Medical officer Baramulla & kits containing Iron small & folic acid, Septran (paed) & Antihelminthics tabs should be supplied to ADMO office & then it is supplied to all the ISM institutions. As far as social welfare department is concerned Anganwadi workers can bring unvaccinated children to the dispensaries.	As it contains Iron, Septran (Paed) & Antihelminthics tabs be provided ISM dispensaries better care of children suffering from iron deficiency anaemia, worm infestation & other diseases. As Anganwadi workers / helpers bring the children to the ISM Dispensaries on a fixed date of immunization through this goal of 100 % immunization could be achieved.
Adolescent health	Health department & education department organised camp for the awareness of adolescent health age group. Ayurvedic / Unani doctors should be invited to give awareness lectures & these camps should be organised at ISM institution also. Education department can cooperate with ISM institutions in a particular areas & through chief education officers or Zonal education officers, it should be made mandatory that medical officer of that area should visit schools & give awareness lectures to the adolescent children on different issues.	Some funds should be kept at the disposal of the concerned ADMO for procuring IEC materials like banners / posters etc. for organising awareness camps. With this people living in remotest & far flung areas particularly adolescent age groups children can be benefited from this awareness campaign as most of the ISM institutions are in remotest & far flung areas.
School Health	Education department's help is needed for the health check up of children as done as a routine matter few years back.	When approached by the concerned chief education officer/ Zonal education officers, the ISM Doctors are willing to provide these services

		for general health check up of children of different schools.
Leprosy	Cooperation from health department is needed to train ISM doctors/ Paramedical staff. All ISM doctors, paramedical staffs should be given training to address sensitive health issues like Leprosy.	After diagnosis of a case of leprosy the anti-Leprotic drugs should be made available directly to ISM institution so that patients can avail the medicines from the nearest dispensary
IDD	Health department cooperation is needed	Only IEC activities are done on our own to aware the masses about the iodine deficiency diseases.
Tuberculosis	Health department should cooperate with ISM department & all ISM doctors /paramedical staff should be trained through regular training / workshop from to time laboratory facility with laboratory technician should be provided	Anti tuberculosis drugs Dots therapy should be provided directly to ISM dispensaries so that patient of Tuberculosis can avail the facility from the nearest dispensary as in some far flung areas. There is no existence of allopathic institutions & only ISM institutions are catering the health needs of the areas
HIV/AIDS	Cooperation from health department is needed for training of ISM Doctors / Paramedical staff for AIDS. Regular workshops training Programmes should be organised so that knowledge of the staff is updated about the disease.	Funds for AIDS awareness camps should be kept at the disposal of Asstt. District. Medical officer at District. Level so that IEC material like Banners , pamphlets etc should be disturbed to the masses so that exact cases of the disease its sign & symptoms are known to the people or IEC material from health (allopathic) department should be supplied to the ADMO's
Water borne diseases	PHE department & health departments' cooperation is needed. As water born diseases are due to the infected water chlorine tablets should be supplied.	If the cases of the particular disease on particular area rises. In order to check it chlorine tablets & other drugs should be supplied to the ISM institutions so that Medical officers / officials can treat the cases. IEC materials for water born diseases should be kept at the disposal of ADMO .So that according to need it should be distributed about the masses & awareness camps about the staff drinking water should be organised as in rural areas major source of drinking water is well,

		springs, & the water is often polluted in rainy season.
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ICDS projects

Issues / Areas	Areas of cooperation	Areas of convergent action
Coordination with allied departments	<p>Linkages to be developed between ICDS workers and health workers for timely diagnosis of malnourished children and their management.</p> <p>Health Department</p>	<p>AWW share information/records of pregnant mothers and newborns with ANMs</p> <p>AWW help in tracking beneficiaries and bring them for immunization</p> <p>They keep community informed of next session's date of health checkup camp and immunization.</p> <p>AWW should reports disease outbreaks in the village to ANM.</p> <p>IEC to be developed and disseminated to the community regarding food and nutrition.</p> <p>For proper management of malnourished cases, medicines will be supplied along with the PHC and CHC drug kits annually.</p>

Rural Development Department

Issues / Areas	Areas of cooperation	Areas of convergent action
<p>Since inception of the total sanitation campaign project in the district rigorous (IEC) campaign has been taken up in the entire community development block in district Baramulla .as a result as of today the basic hygiene behaviour of the public improved considerably.</p>	<p>Linkages to be developed between the Health Department and the Rural Development department</p> <p>Improving the health standard & general quality of life of rural community.</p> <p>Awareness on sanitation/ Hygiene & health education.</p> <p>Covering of school / Anganwadi in rural areas with sanitation facilities & promote Hygiene education & sanitary habits among students.</p> <p>Promote & encourage cost effective construction of household latrine & their proper use.</p> <p>Elimination of open defecation to minimise the risk of contamination of water source & food.</p>	<p>Demand driven approach with increased emphasises on awareness</p> <p>Subsidy for individual household units replaced by incentive the poorest of poor household.</p> <p>Rural school sanitation is major component for wider acceptance of children who can encourage their parents for sanitation environment.</p> <p>Awareness generation amongst the A.P.L families for construction of toilet by their own.</p> <p>Toilet facility at PHC, CHC, DH,</p> <p>Services of doctor & paramedical staff for awareness for sanitation condition & environment.</p>

Public Health Engineering Department

Issues / Areas	Areas of cooperation	Areas of convergent action
<p>People of the district Baramulla are still dependant on traditional water sources, in certain areas water from hand-pumps is perceived to be unfit for consumption, and water availability is falling short of requirement. The practice of boiling water for drinking purpose is not prevalent.</p>	<p>Health and ICDS Departments</p>	<p>Bleaching powder and chlorine tablets will be provided by IPH and distributed by field functionaries to households Joint communication strategy. Copy of water quality monitoring reports generated by IPH department will be shared with the Health Department at block, district and state levels Community based organisations formed under various programmes/sectors will be engaged by a team of frontline workers – health, ICDS and IPH departments.</p>

PRIs

Issues / Areas	Areas of cooperation	Areas of convergent action
<p>The PRIs have been envisaged to play a very important role in NRHM At the village level they are part of the VHWSC.\ At the Gram Panchayat level they are part of the Gram Panchayat health committee. Similarly at the Block and the District they are part of the Block and District health mission. At the Subcentre the Sarpanch is the joint signatory to the bank account for the operation of the Untied funds of Rs 10000. In the Gram Panchayat meetings held twice each month the PRIs review the activities of the health department along with the ICDS</p>	<p>Motivating the community. Availability of personnel and services. Participation in the VH Days Giving importance to issues of health in the Gram Panchayat meetings.</p>	<p>Joint plans Joint review and monitoring Mobilization of the community for action on health care issues, safe drinking water and sanitation. Advocacy at village, Gram panchayat, block and district level.</p>

Convergence –PRI system and capacity building, NGO coordination, Public Private Partnership, Training and Meetings of committee members	
Problem Identified & Core Issues.	<p>Non Existence of PRI and systems.</p> <p>Lack of quality conscious private health service providers for partnership</p> <p>Need for strengthening Village health, water and sanitation committees and training them</p> <p>Difficult to communitise health services due to non-availability of good NGOs and community organisations.</p> <p>Lack of formal institutional mechanisms for convergent actions with NRHM related sectors</p>
Solutions proposed (Activity plan)	<p>PRI systems need to be in place</p> <p>PPP need to be developed and CME to be provided to private providers</p> <p>All the members especially the members of PRIs need to be imparted training in primary health care delivery system, which can be imparted at the PHC/ CHC level by the block MO or Medical Officers.</p> <p>For joint efforts, monthly meetings of the committee as constituted above must be held and the meeting should be fixed in advance and the local panjayath leaders and MPHWs of the sub centres should arrange the meeting at sub centres. The local Medical Officer and Health Supervisors can also attend the monthly meeting.</p> <p>MNGOs scheme need to be strengthened to communitise health services.</p> <p>At the policy level formal mechanisms need to be put in place for convergent actions with other NRHM sectors</p>
Support needed for implementing changes	Policy and funding support
Time needed to implement changes	Three months after constitution of the committees.
Sustainability of the changes	capacity of the committee members with decentralised powers.
Benchmark(s) derived from this component	Reduction in IMR & MMR and improvement in sex ratio by 10 points 2012.

Education Department

Issues / Areas	Areas of cooperation	Areas of convergent action
<p>At present, 21-Hr. Sec. Schools, 106 High Schools, 285 Middle Schools and 986 Primary Schools are covering two lac students in the district.</p> <p>1. For regular check up of school children there should be a provision for a doctor (physician specialist) & expert</p>	<p>Co-operation with health department PHED, RDD, ICDS department.</p>	<ol style="list-style-type: none"> 1. Strengthening of school health programme. 2. Promotion of yoga in the school. 3. Launching of Adolescent Health programme 4. Regular school health

<p>team.</p> <p>2. Mid day meal in school is being successfully carried.</p> <p>3. The message of balanced diet is not being successfully carried out.</p> <p>4. School health education programme is not taking place regularly.</p> <p>5. There is no Adolescent Health programme in the district.</p>		programmes
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Inter Sectoral Convergence	
Situation Analysis/ Current Status	<p>The District Health Society has been formed consisting of members of various departments. Block health societies will be formed and also at the sector, and village level. At the Gram Panchayat level under the Sarpanch Gram Panchayat committees have been formed consisting of various sectors. The Village health and Water Sanitation Committees also consist of various sectors and the community.</p> <p>In reality these committees need to be strengthened since they are not functional. All the various sectors are working separately although for the same cause. Hence there is a lot of duplication and wastage of resources.</p> <p>Although orders have been issued for convergence but other sectors do not participate readily. Joint working of the ICDS and health is happening on the Fixed Maternal Child Health and Nutrition day. This needs to be strengthened and streamlined. The community is not aware regarding this day.</p>
Objectives	<p>Providing Primary and basic quality health care services at the village level</p> <p>Providing quality RCH services</p> <p>Optimal utilization of RCH services by community especially women</p> <p>Empowering women to facilitate them to seek and demand quality RCH services.</p>
Strategies	<p>Strengthening the various Committees and Societies</p> <p>Strengthening the VHD days</p> <p>Joint action for various issues</p>
Activities	<p>Joint workshops for Planning and Review at all levels</p> <p>Orientation programmes</p> <p>Monthly meetings</p> <p>Strengthening the VHD days</p> <p>Wide participation of all the sectors in preparation of the community and in the actual activities, in health education</p> <p>Each Wednesday during Immunization sessions joint orientations by all sectors and problem solving for each of the sectors</p> <p>Joint Action for Sanitation, provision of safe water, provision of services and personnel at facilities</p> <p>Joint review at the Gram Panchayat meetings</p> <p>Joint efforts for education of the girls, improving the sex ratio, raising age of marriage, improving the nutritional status, identifying the correct BPL families, income generation.</p>

	<p>Realignment of the Health and the ICDS sectors for common data and common work boundaries.</p> <p>At the monthly meetings of the CMO, the officers of all the departments should come Annual action Plans to be developed jointly through meetings at the village, Gram Panchayat, Sector and culminating in Block workshops and District workshops. Upgrading Ayush at all levels from PHC to DH. Involvement of the RDD for construction of toilets in all health facilities and public places</p>					
Support required	<p>Govt orders for intersectoral coordination with clear roles and responsibilities and if the various sectors do not attend the meetings then the decisions will be taken and will be binding for all the sectors. Strict follow-up at the State level for ensuring coordination.</p>					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Meetings of the Block Committees	x	x	x	x	
	Meetings of the Village groups	x	x	x	x	
	Joint CNA training (1210 AWW, 740 ANM, 1122 ASHAs, 114 Supervisors, 114 MOs, 13 CDPOs)	x	x	x	x	
	Joint monitoring at the sector level	x	x	x	x	
	Hiring of vehicle	x	x	x	x	
	Joint monitoring at the block level	x	x	x	x	
	Yearly joint Planning Workshops at the Block level for development of the Action Plans	x	x	x	x	
	Yearly joint Planning Workshops at the District level for development of the Action Plans	x	x	x	x	
	Yearly joint Workshops to consolidate the plans from the village to the Gram Panchayats to the Sectors and then Blocks at the Block level for Annual Action Plans	x	x	x	x	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Meetings of the Block Committees @ Rs 1000 /meeting x 10 blocks x 12 months	1.2	1.32	1.452	1.597	5.569
	Meetings of the Village groups @ Rs 50 per village x 646 villages x 12	3.876	4.2636	4.68996	5.158956	17.98852
	Joint CNA training @ Rs 200 per person (1210 AWW, 740ANMs, 1122 ASHAs, 114 Supervisors, 114 MOs,	6.626	7.289	8.017	8.819	30.751

	13CDPOs) x 3313					
	Joint monitoring at the sector level					
	Hiring of vehicle @ RS 1200/ day x 5 days/month x 10 sectors x 12 months	7.2	1.32	1.452	1.5972	11.5692
	Joint monitoring at the block level					
	Hiring of vehicle @ RS 1000/ day x 5 days/month x 10 blocks x 12 months	6.00	6.60	7.26	7.986	27.846
	Yearly joint Planning Workshops at the Block level for development of the Action Plans @ Rs 1.00 lakh per block x 10 blocks	10.00	11.00	12.1	13.31	46.41
	Yearly joint Planning Workshops at the District level for development of the Action Plans @ Rs 1.00 lakh	1.00	1.10	1.21	1.331	4.641
	Yearly joint Workshops to consolidate the plans from the village to the Gram Panchayats to the Sectors and then Blocks at the Block level for Annual Action Plans @ Rs 1.00 lakh per block x 10 blocks	10.00	11.00	12.10	13.31	46.41
	Yearly joint Workshops to consolidate the findings at the block levels at the District level for development of the Action Plans @ Rs 1.00 lakh	1.00	1.10	1.21	1.331	4.641
	Training of PRIs, VHWS committee members under Chiranjeevi Scheme @22 lakh	22.00	22.00	22.00	22.00	88.00
	Regular monthly meetings under Chiranjeevi Scheme @12 lakh	12.00	12.00	12.00	12.00	48.00
	Development of Education material and hands on training under Chiranjeevi Scheme @ 10 lakh	10.00	10.00	10.00	10.00	40.00
Total		90.902	88.9926	93.49096	98.44016	371.8257

7.COMMUNITY ACTION PLAN

Community Health Action	
Situation Analysis	<p>Health is a social responsibility and is not the domain of the health department only. Unfortunately the total responsibility has fallen on the health department. The various departments have been involved in the Pulse Polio campaign which has led to the massive mobilization and success of the campaign.</p> <p>The District Health Society has been formed consisting of members of various departments. Block health societies will be formed and also at the sector, and village level. At the Gram Panchayat level under the Sarpanch Gram Panchayat committees have been formed consisting of various sectors. The Village health and Water Sanitation Committees also consist of various sectors and the community.</p> <p>In reality these committees need to be strengthened since they are not functional. All the various sectors are working separately although for the same cause. Although orders have been issued for convergence but other sectors do not participate readily.</p>
Objectives	<p>Providing Primary and basic quality health care services at the village level</p> <p>Providing quality RCH services</p> <p>Optimal utilization of RCH services by community especially women</p> <p>Empowering women to facilitate them to seek and demand quality RCH services.</p>
Strategies	<p>Strengthening the various Committees and Societies</p> <p>Strengthening the VHD days</p> <p>Joint action for various issues</p>
Activities	<p>Joint workshops for Planning and Review at all levels</p> <p>Orientation programmes</p> <p>Monthly meetings</p> <p>Strengthening the VHD days</p> <p>Wide participation of all the sectors in preparation of the community and in the actual activities, in health education</p> <p>During Immunization sessions joint orientations by all sectors and problem solving for each of the sectors</p> <p>Joint Action for Sanitation, provision of safe water, provision of services and personnel at facilities</p> <p>Joint review at the Gram Panchayat meetings</p> <p>Joint efforts for education of the girls, improving the sex ratio, raising age of marriage, improving the nutritional status, identifying the correct BPL families, income generation.</p> <p>Joint CNAA to determine the needs and thereby developing the plans jointly</p> <p>Realignment of the Health and the ICDS sectors for common data and common work boundaries.</p> <p>.</p> <p>At the monthly meetings of the CMO the officers of all the departments should come</p> <p>Annual action Plans to be developed jointly through meetings at the village, Gram Panchayat, Sector and culminating in Block workshops and District workshops</p>
Support required	<p>Govt orders for inter-sectoral coordination with clear roles and responsibilities and If the various sectors do not attend the meetings then the decisions will be taken and</p>

	will be binding for all the sectors. Strict follow-up at the State level for ensuring coordination.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Formation of Block Committees					
	Orientation of Committee members at all levels					
	Joint Community action	x	x	x	x	
	Joint Annual Action Plan	x	x	x	x	
	Sector Alignment	x				
	Reorientation of the Committees and Societies	x	x	x	x	
	Strengthening the Gram Panchayat meetings and Gram Sabhas	x	x	x	x	
Budget	Activity / Item	2008-09	2009-10	2010-11	2008-12	Total
	Training of the VHWSC @ Rs 200 per person x 15 persons/village x646 villages	19.38	21.318	23.4498	25.79478	89.94258
	Meetings of the VHWSC @ Rs 50 per village x 646 villages x 12 months	3.876	4.2636	4.68996	5.158956	17.98852
	Meetings of Women SHG @ Rs 100 per year x 646 villages	0.646	0.7106	0.78166	0.859826	2.998086
	Honorarium for MOs for promoting Community health Action @ Rs 1000 pm and travel charges Rs 800 pm	1.764	1.9404	2.13444	2.347884	8.186724
Total		25.666	28.2326	31.05586	34.16145	119.1159

8. PUBLIC PRIVATE PARTNERSHIP

Public Private Partnerships	
Situation Analysis/ Current Status	<p>The private sector includes NGOs, Private Practitioners, Trade and Industry Organisations, Corporate Social Responsibility Initiatives.</p> <p>The private sector is the major provider of curative health services in the country. 43% of the total IUD clients obtain their services from the private sector. Engaging with it to provide family planning services has the potential to significantly expand the coverage of quality services. Public-private partnerships can stimulate and meet demand and have a synergistic impact of the RCH. To ensure efficient services of good quality from the private and public sectors, robust monitoring and regulatory mechanisms need to be developed so that the private sector can come forward and cooperate in all the National programmes and also in sharing its resources.</p> <p>At present no Public Private Partnership activity is going on in the District.</p>
Objectives	<p>Increasing the coverage of the health services and also increasing the accessibility for health services</p> <p>Widening the scope of the services to be provided to the clients</p>
Strategies	<p>Incentives and training to encourage private providers to provide sterilization services</p>
Activities	<p>Involve private players including NGOs/Trusts by providing a conducive environment for accessing quality and affordable health care services to the community.</p> <p>Partnership for Services for Training: Lot of capacity building activities are envisaged under NRHM, but departments neither have that much of expertise nor sufficient time to carry out the capacity building activities properly. Therefore, all such training programme will be outsourced to a capable agency selected by the DHS.</p> <p>Partnership for Services for IEC: For implementing and managing IEC activities (mela, shows, campaign, rally, Village Contact Drives etc) including designing and printing of IEC material, a technical and Technical Support Agency will be hired.</p> <p>Partnership for Services for Transportation: One agency will be hired for getting services of vehicles with drivers for field monitoring by the officers at District and below level, for transportation of drugs, equipment, linen and others up to the Sub Centre level. Drivers for department's vehicles and ambulances will also be hired from such agency. Annual contract will be done for this purpose.</p> <p>This kind of partnership will much effective for the unreached and far flung areas where there no motorable roads available. Alternate transport like Mules can be hired from the private sector.</p> <p>Partnership for Services for conducting Studies, survey and evaluations: For understanding the trends of diseases, impact of programs being implemented, assessing the health scenario, a technical support agency will be hired for conducting surveys, evaluation, Data analysis, HMIS etc.</p> <p>Partnership for School Health Programme: For covering all the primary schools both government and private and strengthening School Health Programme private organisations specially local NGOs will be involved.</p> <p>The following activities will be carried out: To conduct Feasibility study for various PPP options in the district.</p>

	<p>To develop detailed operational framework and schemes for various feasible options in the district.</p> <p>To identify technical support agency for studies on above activities</p> <p>To prepared resource directory of all active NGOs involved in health and development issues in the district.</p> <p>To prepared a list of all private health care providers including Practitioners of alternative system of medicine in the district.</p> <p>To conduct training need assessment (TNA) for all the identify private partners</p> <p>To orient all identified privet partners on NRHM and various national health programmes</p> <p>To develop detailed framework or monitoring and evaluation of various PPP interventions</p> <p>To conduct exit polls at General and Civil hospitals CHC, PHC from OPD IPD patients to improve the condition of the health facilities</p> <p>Workshops for involvement of the Private sectors (one each with NGOs/Trusts/Private institutions; Media; Ex-servicemen association, transportation ,HR agencies)</p> <p>Sharing Workshops with Private players</p>					
Support required	Support required form the State to allow PPP; to develop a conducive environment by formulating a workable PPP Policy.					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Feasibility study	x				
	Operational Frame work	x				
	Operationalization of PPP	x	x	x	x	
	Innovative interventions	x	x	x	x	
	Advertisement for hiring technical support agency for assisting for achievement of objective of PPP mentioned above	x				
	Establishing technical support agency	x				
	Preparation of directories of resource agencies and privet partners	x				
	TNA for private partners	x				
	Capacity building NGOs, CBOs, ToT 2 batches x 25per batch on national health programme	x	x	x	x	
	Training of pvt. Health care providers 2 batches x 25per batch on national health programme	x	x	x	x	
	Capacity building of PRIs, VHWSC, SHGs and other field functionaries	x	x	x	x	
	Area specific training modules					
	Monitoring and evaluation of PPP initiative	x	x	x	x	

Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Feasibility study on PPP issues	10.00	0	0	0	10.00
	Innovative activities based on the study	20.00	20	20	20	80.00
	Capacity Building of NGOs	0.50	0.5	0	0.5	1.50
	Establishing Tech. Support Agency	2.00	2.2	2.42	2.662	9.282
	Capacity Building of PRIs, SHGs, VHWSCs	0.50	0.55	0.605	0.666	2.321
	Area specific Modules	0.50	0	0	0	0.50
	Exit poles	2.00	2.2	2.42	2.662	9.282
	Feasibility study on PPP issues	10.00	0	0	0	10.0
	5 Workshops for involvement of the Private sectors (one each with NGOs/Trusts/Private institutions; Media; Ex-servicemen association, transportation ,HR agencies) @ 25000 per workshop	2.50	0	0	0	2.50
	Sharing Workshops with Private players	0.55	0.61	0.67	0.74	2.57
	Admin and overhead Charges for hiring the agencies	2.00	2.20	2.42	2.67	9.29
Total		50.55	28.26	28.535	29.9	137.245

9. GENDER AND EQUITY

Gender and Equity	
Situation Analysis	<p>Gender discrimination is a common phenomenon. It has a direct bearing on the health status of women and children. Some of the parameters are the Sex Ratio, Age at marriage, enrolment of girls in schools, Male sterilization. The Sex Ratio as per CMO office record is 909.</p> <p>The orientation of various stake holders has taken place last year for sensitisation on PC-PNDT act There are 5 MTP facilities available in the district. There are 11 Ultrasonography machines in Govt facilities and 12 in the private sector.</p> <p>The Mean Age at marriage for boys is 25.1 and 22.2 for girls as per DLHS 2002 and 3.8% boys were married below legal age of 21 and no girls in the rural areas were married below 18 years.</p> <p>There is no specific data on Gender Based Violence but women take it as part of marriage and hence undermine the facts. Male involvement in Family Welfare is minimal since there are very few Vasectomies as against Tubectomies. The indicators for morbidity and mortality also show differential values for boys and girls.</p>
Objectives	<p>To improve the decline in sex ratio in 0-6 years of age group To reduce the domestic violence To empower women in all age groups for gender equity To enhances male participations in ensuring the gender balance and equity in the community To develop capacities of various stake holder in Govt. and privet sectors on gender issues and various laws and acts related to establishing gender balance in the society To ensure implementations of PC-PNDT and MTP act in the district. To establish strong mechanism for monitoring of sex ratio and implementations of various acts to ensure gender balance and equity in the society</p>
Strategies	<p>Addressing Adverse Sex ratio Increasing male involvement in family planning Increasing male involvement in family planning Gender sensitization</p>
Activities	<p>Addressing Adverse Sex ratio Workshops with private providers, IMA members, Religious leaders, Caste leaders, PRIs, MLAs Early registration of pregnancies through TBAs, ASHAs, AWWs, Numberdar and Chowkidar and any of these to get Rs 50 per case for early registration of pregnancy Rallies in all schools and colleges and generating discussions in schools and colleges through debates Regular advertisements in the newspapers Swearing-in-ceremonies at the time of marriages regarding female foeticide Regular meetings of the Appropriate Authorities Registration of all Ultrasonography machines Review of the monthly format to be filled by the Ultrasonography machines providers Increasing male involvement in family planning</p>

	<p>Use of condoms for safe sex Vasectomy and NSV are safer and easier to perform in primary health centres than Tubectomy. BCC activities to focus on men for Vasectomy. Service delivery sites for male methods by training health providers in NSV and conventional vasectomy will be expanded so that each CHC and Block PHC in the district has at least a provider trained in NSV. Demand for male contraceptive methods, men's reproductive health services through designing and implementing male-focused BCC activities. A Research Study on the sex ratio to understand the increase in the sex ratio for 0-6 yrs age. Gender sensitization training will be provided for all health providers in the CHC/PHC and integrated into all other training activities so that they will have greater awareness of factors that influence women's decision making and thereby help them respond better to the needs of women and support her in exercising her choice. Health card would be provided to all girl children upto the age of 18 years. Improving the Literacy status and promotion of education upto 10th standard. Treatment of anaemia in girls and also improving their nutritional status through Supplementary food at the AWCs Reporting of Gender Based Violence cases by all the departments Affidavit in court should be given regarding the dowry given to prevent false cases. Preparation of GIS maps as planning tool to monitor and control decline sex ratio IEC activities to raise the awareness regarding gender discrimination Development of training modules</p>					
Support required	Strict enforcement of the PCPNDT Act					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Research study for the increase in sex ratio for 0-6 years	x				
	Preparation of GIS maps as planning tool to monitor and control decline sex ratio	x				
	Up gradation of GIS	x	x	x	x	
	IEC campaign through print audio visual and folk media	x	x	x	x	
	Capacity building	x	x	x	x	
	Orientation of public and Pvt health care providers including NGOs on various laws related to health specially PC-PNDT & MTP act	x	x	x	x	
	Reorientation	x	x	x	x	
	Development/procurement training modules					
	Monitoring	x	x	x	x	
	Periodic advisory committee meeting and field monitoring @	x	x	x	x	

	Rs.5000 x 4(this includes meeting, travel and other contingencies)					
	Panchayat level vigilance committees to check decline in sex ratio and violence against women	x	x	x	x	
	Training of all MOs, ANMs on gender issues	x	x	x	x	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011- 12	Total
	Research Study	10.00	0	0	0	10.00
	Preparation of GIS maps for monitoring	5.00	1.00	1.00	1.00	8.00
	IEC Campaign @2000 X646 villages	12.92	14.212	15.6332	17.19652	59.96172
	Periodic Advisory committee meetings @ 5000	0.2	0.22	0.266	0.293	0.979
	Development of Trg. Modules	1.00	0	0	0	1.00
	Training of MO's &,ANMs	2.00	2.0	2.662	2.928	9.79
	Panchayat level vigilance committees @1000X162	1.62	1.782	1.9602	2.15622	7.51842
	Workshops with private providers, IMA members, Religious leaders, Caste leaders, PRIs, MLAs in every block and Gram Panchayat and with SHGs	10.00	11.00	12.10	13.31	46.41
	Rallies in all schools and colleges and generating discussions in schools and colleges through debates	5.0	5.50	6.10	6.70	23.30
	Regular advertisements in the newspapers	5.0	5.50	6.10	6.70	23.30
	Health Card for Girl Child @ Rs 2 /card x 100000 cards	2.0	2.20	2.42	2.66	9.28
Total		54.74	43.414	48.2414	52.94374	199.5391

10. CAPACITY BUILDING

Capacity Building						
Situation Analysis	<p>Training is an essential part of human development. Although the personnel have the basic skills necessary for carrying out their duties there is a need to upgrade the skills as well as to keep pace with the new developments under NRHM. There is a skill gap for managing safe deliveries, Abortions, Newborn Care, managing Childhood illnesses, Obstetric and Paediatric emergencies, morbidity and epidemics. There is no system for continuing education of the personnel. The management skills are also lacking resulting in poor management of programmes including financial management.</p> <p>Most of the personnel are unable to use computers and internet.</p> <p>Trainings of M.O in IMNCI is a need and other staff including refresher trainings Orientation of TBAs is going on under RCH but there is a need for refresher training Some of the Skill Birth Attendants are already trained and rest are required to be trained</p> <p>The trainings are carried out by the RIHFW along with the Regional training centres and the district training centres. There is a shortage of staff and also rapid turnover.</p> <p>The monitoring of the trainings needs to be done for the quality of trainings. Also monitoring of the work output of the personnel for which they have received the trainings should also be done.</p>					
Objectives	Reduction in the MMR and IMR from baseline to 50% of baseline by 2012 Fully skilled personnel at all levels in the Health sector, ICDS, PRIs, NGOs and private sector for provision of services					
Strategies & Activities	Development of training plan and methodology for all the personnel on various issues of RCH to reduce the Maternal and Neonatal mortality, meeting the unmet needs, building Gender perspective, good programme management and managing various components of NRHM Ensuring the quality of trainings					
Support required	From govt. & govt. Agencies Respectable people of the society Imams, people of the society, wealthy donors & social workers.					
Timeline	Activity	2008 – 09	2009-10	2010-11	2011-12	
	Construction of training hall	X				
	TBA training	X	X	X	X	
	MVA MTP training to all PHC MOs	X	X			
	Training in Skilled Birth attendants for 15 days:	X	X	X	X	
	IMNCI training to ANM/LHV, SN, ASHA for 8 days	X	X	X	X	
	IMNCI training to MOs	X	X	X	X	
	Training in Life saving/Anaesthesia for EmOC at CHC for MOs (State		X	X	X	

	Budget)					
	Integrated skill training of all SN	X	X	X	X	
	Integrated skill training for ANMs	X	X	X	X	
	Integrated skill training for MOs	X	X	X	X	
	Training of MOs, SN in Mgt of Newborns & sick children at Medical College Baramulla	X	X	X	X	
	Training in BCC for MOs, LHV, ANM	X	X	X	X	
	Training of Ayush personnel on issues of RCH and reporting	X	X	X	X	
	Training on NSV for MOs at NSV camps	X	X	X	X	
	Training on Minilap	X	X	X	X	
	Training for Laparoscopic Sterilization for Surgeons, Gynaecologists, SN, OT attendants for 12 days	X	X	X	X	
	Orientation on contraceptive devices for MOs - Govt as well as private facilities	X	X	X	X	
	Training on Medico-legal aspects to MOs	X	X	X	X	
	Continuing Medical Education sessions for doctors each month during the monthly meetings on current topics	X	X	X	X	
	Orientation on PCPNDT Act for Dy. CMO, CMOs, doctors both Govt and private, members of District Appropriate authority NGOs in a workshop	x	x	x	x	
	General & Financial rules (G & FR) for Officials, MOs, clerical staff for 3 days	X	X	X	X	
	Financial management training for Accounts Officers, Accountants for 2 days	X	X	X	X	
	Computer training to all the MOs, Clerical staff, accounts personnel	X	X	X	X	
	CNAA for MOs, LHV, ANM & MPW, AWW	X	X	X	X	
	Training of VHWSC members	X	X	X	X	
	Training of NGOs in BCC					

Budget

Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
Construction of training hall @ 20.00lac	20.0	0	0	0	20.0
TBA training @ Rs 10100 /TBA	18.68	20.548	22.603	24.863	86.694
MVA MTP training to all PHC MOs for	7.35	7.35	0	0	14.700

15 days @ Rs 500 x 15 days x MOs					
MOs @ Rs 500/day/person x 3 days	1.47	1.617	1.779	1.957	6.822
Lab. Technicians @Rs 200/person x 3 days	0.33	0.363	0.399	0.439	1.532
MOs: Rs 500/day x 112 days x 10MOs	5.6	6.16	6.776	7.4536	25.990
Staff Nurses:Rs200/dayx112daysx 20 SNs	4.48	4.928	5.4208	5.96288	20.792
One batch of 4 persons: Rs. 7500 as hon. to participants, Rs 13500 hon. to training team, 15% institutional charges, = Rs 25000/batch - 25 batches	6.25	6.875	7.5625	8.31875	29.006
IMNCI training to MOs @ Rs 5390 /participant	0.593	0.6468	0.711	0.783	2.734
Integrated skill training of all SN @ Rs 4080/person	8.44	9.284	10.2124	11.2336	39.170
Integrated skill training for ANMs @ Rs 2048/person	6.471	7.1181	7.82991	8.6129	30.032
Integrated skill training for MOs @ Rs 3683	3.6	3.960	4.356	4.792	16.708
Training of MOs, SN in Mgt of Newborns & sick children at Medical College Sringer @ Rs 7500/MO, Rs 4500 (Rs 300 x 15 days)/SN	5.721	6.293	6.922	7.615	26.551
Training in BCC for MOs, LHVs, ANMs	6.61	7.271	7.9981	8.79791	30.677
MOs: Rs 500/MO x 5 days		0.000	0.000	0.000	0.000
LHVs & ANMs: Rs 300/person x 5 days		0.000	0.000	0.000	0
Training of Ayush personnel on issues of RCH and reporting for 3 days	1.323	1.455	1.601	1.761	6.140
Training on NSV for MOs at DH@7000/MO	3.43	0.000	3.730	0.000	7.160
Training on Minilap @ Rs 500 per day for 15 days	3.675	0	3.675	0	7.350
Training for Laproscopic Sterilization for Surgeons, Gynaecologists, SN, OT attendants for 12 days	9.564	0	9.654	0	19.218
Orientation on contraceptive devices for MOs - Govt as well as private facilities	0.68	0.242	0.266	0.293	1.481
Rs 500 /MO x 1 day					
Training on Medico-legal aspects to MOs	0.68	0.748	0.823	0.905	3.156
@ Rs 500/MO x 1 day					
Orientation on PCPNDT Act for DCs, CSs, doctors both Govt and private, members of District Appropriate	0.5	0.550	0.605	0.666	2.321

authority NGOs in a workshop					
General & Financial rules (G & FR) for Officials, MOs, clerical staff for 3 days	2.196	0.000	2.196	0.000	4.392
Rs 500/official and MOs x 3 days					
Rs 200 /clerical staff x 3 days					
Financial management training for Accounts Officers, Accountants for 2day	0.056	0.062	0.068	0.075	0.260
Rs 200/Accounts persons x 2 days					
Computer training to all the MOs, Clerical staff, accounts personnel @ Rs 200 per person x 15 days	3.78	0.000	0.000	0.000	3.780
CNAA for MOs, LHVs, ANMs, AWW @ Rs 200/person x 1 day each year	3.268	3.5948	3.95428	4.34971	15.167
Total sanitation orientation and reorientation of VHWSCs x 1 day @ Rs 200/person/day	1.328	1.461	1.607	1.768	6.163
Training of NGOs in BCC @ Rs 300 per person x 6 days	0.9	0.990	1.089	1.198	4.177
Total	109.166	93.927	114.490	104.758	422.340

11. HUMAN RESOURCE PLAN

Human Resource Plan						
Situation Analysis	The Human Resources in district Baramulla is not as per IPHS norms. There is no motivation for the doctors to work and promotions are hard to happen. No doctors and Specialists want to work in the rural areas.					
Objectives Benchmarks	All staff to be in place as IPHS norms by 2012 Increased salaries for contractual doctors and Specialists Special allowances for Regular staff					
Strategies & Activities	Rational placement of Specialists and trained staff Recruitment of staff on contract where vacancies Recruitment of staff for new facilities as per the infrastructure requirements Computers at all PHC and for each MO and Specialist at the CHC Allowing Specialists and MOs for developing special skills as per their needs by attending special courses anywhere in India.					
Support required						
Timeline						
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	CHC Staff					
	Obs/Gyn 5@ 26270 per month	15.76	15.76	15.76	15.76	63.04
	Paediatrician (6@ 26270/month)	18.91	18.91	18.91	18.91	75.64
	Anaesthetic (4@ 26270 / Môn.)	12.61	12.61	12.61	12.61	50.44
	Public health P M (5@26270 / Môn.)	15.76	15.76	15.76	15.76	63.04
	Eye surgeon (6@26270/ Môn.)	18.91	18.91	18.91	18.91	75.64
	Public health nurse (2@ 14265/ Môn.)	3.43	3.43	3.43	3.43	13.72
	Staff nurse (17@ 12800/ Môn.)	26.11	26.11	26.11	26.11	104.44
	Dresser (2@5777/mon.)	1.39	1.39	1.39	1.39	5.56
	Statistical assistant 3@ 7610/ Môn.)	2.74	2.74	2.74	2.74	10.96
	Staff for new 7CHCs from 2010					
	42Specialists@ 26270 /M (G. Surg., Phy., O/G., Paed., Anaes., PHPM., Eye Surg.,	0	105.84	105.84	105.84	317.52
	Staff nurse 70 @ 12800 /M	0	107.52	107.52	107.52	322.56
	Public health nurse 7@ 14265/M	0	11.98	11.98	11.98	35.94
	Dresser 7@5777/M	0	4.85	4.85	4.85	14.55
	Pharmacist 7 @ 12800/M	0	10.75	10.75	10.75	32.25
	Lab. Tech. 7 @ 9900 /M	0	8.32	8.32	8.32	24.96
	Radiographer 3 @ 9900/M	0	3.56	3.56	3.56	10.68
	Sweeper, Chokidar,OPD & OT Attendant (56 @5777/ Môn.)	0	38.82	38.82	38.82	116.46
	UDC 14@ 8057 /M	0	13.54	13.54	13.54	40.62
	LDC 7@ 6650 /M	0	5.59	5.59	5.59	16.77
	Epidemiologist 7 @7661 /M	0	6.43	6.43	6.43	19.29
	PHC Staff:-----					

	MOs 44 @ 21000/ month	110.88	110.88	110.88	110.88	443.52
	Pharmacist 1@ 12800/ month	1.54	1.54	1.54	1.54	6.16
	Clerk 88@ 8000/month	84.48	84.48	84.48	84.48	337.92
	Lab technician 28 @ 9900	33.26	33.26	33.26	33.26	133.04
	Class IV 107@ 4000/month	51.36	51.36	51.36	51.36	205.44
	Staff nurse 117 @ 12800	179.71	179.71	179.71	179.71	718.84
	Staff for new 19PHCs from 2010					
	MOs 38@ 21000/M	0	95.76	95.76	95.76	287.28
	Pharmacists 19@ 12800 /M	0	29.184	29.184	29.184	87.552
	Nurses 57 @ 12800/M	0	87.552	87.552	87.552	262.656
	UDC/Computer Clerks 19 @ 8000/M	0	18.24	18.24	18.24	54.72
	LDC 19 @ 7610 / M	0	17.3508	17.3508	17.3508	52.0524
	Lab. Tech 19 @ 9900/M	0	22.572	22.572	22.572	67.716
	Class IV 76 @ 4000/M	0	36.48	36.48	36.48	109.44
	Sub Centres:					
	ANMS 185 @ 11355 185X11355X12	252.08	252.08	252.08	252.08	1008.32
	Staff for New Sub- Centres 255 SC					
	ANM's for new 255 Sc's from 2010 @ 11355/ month 510X11355X12	0	694.926	694.926	694.926	2084.778
	DISTRICT HOSPITAL :-					
	Specialist 1 @ 26270/ month	3.15	3.15	3.15	3.15	12.6
	OG Specialist 3 @ 26270/ M	9.46	9.46	9.46	9.46	37.84
	Psychiatrist 1 @ 26270/ M	3.15	3.15	3.15	3.15	12.6
	Dermatologist 1 @ 26270/ M	3.15	3.15	3.15	3.15	12.6
	Paediatrician 1 @ 26270/ M	3.15	3.15	3.15	3.15	12.6
	Microbiologist 1 @ 26270/ M	3.15	3.15	3.15	3.15	12.6
	Forensic expert 1 @ 26270/ M	3.15	3.15	3.15	3.15	12.6
	Public health manager 1 @ 26270/ M	3.15	3.15	3.15	3.15	12.6
	AYUSH physician 2 @ 26270/ M	6.31	6.31	6.31	6.31	25.24
	Pathologist 2 @ 26270/ M	6.31	6.31	6.31	6.31	25.24
	Staff nurse 70 @ 12800/ month	107.52	107.52	107.52	107.52	430.08
	OT blood bank 20 @ 9900 / M	23.76	23.76	23.76	23.76	95.04
	Cytotechnician 1 @ 9900/ M	1.19	1.19	1.19	1.19	4.76
	ECG technician 1 @ 9900/ M	1.19	1.19	1.19	1.19	4.76
	ECHO technician 1 @ 9900/ M	1.19	1.19	1.19	1.19	4.76
	Lab. Technician 6 @9900/ M	7.13	7.13	7.13	7.13	28.52
	Lab. Attendant 3@ 5777/ M	2.08	2.08	2.08	2.08	8.32
	Dietician 1 @ 10000/ M	1.2	1.2	1.2	1.2	4.8
	ANM 1@ 11355/ M	1.36	1.36	1.36	1.36	5.44
	Radiographer 2 @ 9900/ M	2.38	2.38	2.38	2.38	9.52
	Dark room assistant 1 @ 7610/M	0.91	0.91	0.91	0.91	3.64
	Pharmacist ISM 3 @ 12800/ M	4.61	4.61	4.61	4.61	18.44
	Matron 1 @ 8000/ M	0.96	0.96	0.96	0.96	3.84

	Assistant Matron 2 @ 5000/ M	1.2	1.2	1.2	1.2	4.8
	Physiotherapist 1 @ 15000/ M	1.8	1.8	1.8	1.8	7.2
	Statistical Assistant 1 @ 7610/ M	0.91	0.91	0.91	0.91	3.64
	Medical record off. 1 @ 15000/ M	1.8	1.8	1.8	1.8	7.2
	Junior Ass. Typist 1@9900/M	1.19	1.19	1.19	1.19	4.76
	Accountant 2@10000/M	2.4	2.4	2.4	2.4	9.6
	Record Clerk 1@9900/M	1.19	1.19	1.19	1.19	4.76
	Office Assistant 1@ 7610/M	0.91	0.91	0.91	0.91	3.64
	Computer Operator 1@6000/ M	0.72	0.72	0.72	0.72	2.88
	Peon Staff Security Safai Karan\mchari4000 M	2.88	2.88	2.88	2.88	11.52
	O.T Staff Nurse9@12800/M	13.82	13.82	13.82	13.82	55.28
	Blood Bank Staff Nurse 4@12800M	6.14	6.14	6.14	6.14	24.56
	MNA/FNA 2@ 7000 /M	1.68	1.68	1.68	1.68	6.72
	Sweeper 4@3000M	1.44	1.44	1.44	1.44	5.76
Total		1066.6 2	2385.8 85	2385.8 85	2385.8 85	8224.27 44

12. PROCUREMENT AND LOGISTICS

Procurement and Logistics						
Situation Analysis/ Current Status	In district Baramulla there is no proper Warehouse. There are rooms in which drugs are stored but it is not a scientific Warehouse. Most of the drugs are supplied by the State but some drugs are locally procured. Inventory Management is not very scientific and the records are not computerized done it manually. There is no system of wastage control, replacements, transfer of stocks from one centre to the other.					
Objectives	Development of a Scientific Warehouse system by 2009					
Strategies	Developing a Warehouse Capacity building of the personnel for stores and also record keeping Computerization of all the stocks					
Activities	Construction of a scientific Warehouse Procurement of software and computer hardware for the Warehouse from TNMSC Proper Equipment and hardware Availability of Pharmacist, Assistant Pharmacist, Packers Training of personnel Appointment of an agency for Operationalization of the Scientific Warehouse					
Support required	State to develop a scientific and transparent Procurement, Logistics and Warehousing system with quality control					
Time Line	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Construction of Warehouse	x				
	Software	x				
	Computer system with UPS, Printer, Scanner,	x				
	Equipment & Hardware	x				
	Pharmacist @ Rs 9000/mth	x				
	Assistant Pharmacist @ Rs 5000/mth	x				
	Packers -2 @ Rs 4000/mthx2	x				
	Security Staff @ Rs 6000/mth	x				
	Training of personnel	x				
	Consultancy to agency for Operationalization of the Warehouse	x	x			
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Construction of Warehouse and maintenance	100.00	10.00	10.00	10.00	130.00
	Software	0.25	0.00	0.00	0.00	0.250
	Computer system with UPS, Printer, Scanner,	0.60	0.00	0.00	0.00	0.600
	Equipment & Hardware	34.5	0.00	0.00	0.00	34.50
	Pharmacist @ Rs 9000/mth	1.08	1.19	1.31	1.44	5.020
	Assistant Pharmacist @ Rs 5000/mth	0.6	0.66	0.726	0.799	2.785
	Packers -1 @ Rs 4000/mthx1	0.48	0.528	0.581	0.639	2.228

	Security Staff @ Rs 6000/mth	0.72	0.792	0.871	0.968	3.351
	Training of personnel	0.1	0.11	0.121	0.133	0.464
	One washing machine 20 Kg @ Rs 50000	0.5	0.00	0.00	0.00	0.50
	Consultancy to agency for Operationalization of the Warehouse	2.00	2.10	0.00	0.00	4.10
Total		140.83	15.38	13.609	13.979	183.798

13.DEMAND GENERATION – IEC

IEC	
Status	<p>There is lack of awareness and good practices amongst the community due to which they neither avail the services nor take any positive action. There is a lack of awareness regarding the services and different schemes.</p> <p>The following issues need special focus: Spacing methods, ideal interval between births, no scalpel vasectomy, information about FP facilities and MTP facilities available at different levels Importance of 3 visits for ANC, advantages of institutional delivery, Post natal care, availability of skilled birth attendants, balanced diet during pregnancy, anaemia, misgivings about IFA, kitchen garden Importance of complete immunization, disadvantages of drop outs, nutritional requirements of infants and children, malnutrition, exclusive breastfeeding Problems of adolescents, drugs addiction, malnutrition, problems of sexuality, age at marriage, tendency to take risks in sexual matters DOTS programme for TB, location of microscopy centres, cardinal symptoms of TB, High risk behaviour in the community in relation to water born diseases, heart diseases and lung diseases, and HIV/AIDS, STDs Ill effects of drugs addiction affecting adolescents, High prevalence of RTIs, including STDs, Issues of malaria spread and prevention and also other diseases JSY, Fixed Health days , availability of services The personnel have had no training on Interpersonal communication.</p>
Objective	<p>Widespread awareness regarding the good health practices Knowledge on the schemes, Availability of services</p>
Strategy	<p>Information Dissemination through various media, Interpersonal Communication Promoting Behaviour change</p>
Activity	<p>Awareness on Fixed VHD days JSY Services available Designing of BCC messages on exclusive breast feeding and complimentary feeding, ANC, Delivery, PNC, FP, Care of the Newborn, Gender, male involvement in the local language Consistent and appropriate messages on electronic media – TV, radio Use of the Folk media, Advertisements, hoardings on highways and at prominent sites Training of ASHA/AWW/ANM on Interpersonal communication and Counselling on various issues related to maternal and Child health Display of the referral centres and relevant telephone numbers in a prominent place in the village Promoting inter-personal communication by health and nutrition functionaries during the Fixed health & Nutrition days Orientation and training of all frontline government functionaries and elected representatives Integration of these messages within the school curriculum Kit for the newly married and during first pregnancy to be given at the time of</p>

	<p>marriage and during pregnancy Mothers meeting to be held in each village every month to address the above mentioned issues and for community action Kishore Kishori groups to be formed in each village and issues relevant to be addressed in the meetings every month Meetings of adult males to be held in each village to discuss issues related to males in each village every month and for community action.</p> <p>Monthly Swasthya Darpan describing all the forthcoming activities and also what happened in the month along with achievements Bal Nutrition Melas 4 times at each Subcentre Wall writings Pamphlets for various issues packed in an envelope</p>					
State Support	State to give guidelines for the good practices and also training module on BCC					
Timeline	Activities	2008-09	2009-10	2010-11	2011-12	
	Finalizing the messages	x	x	x	x	
	Advertisements	x	x	x	x	
	TV spots	x	x	x	x	
	Radio Jingles	x	x	x	x	
	Folk Media shows	x	x	x	x	
	Hoardings on highways and prominent places	x	x	x	x	
	Display boards	x	x	x	x	
	Pamphlets	x	x	x	x	
	Developing Nirdeshika for holding VHD days		x			
	Monthly Swasthya Darpan	x	x	x	x	
	Orientation & training of all frontline govt functionaries and elected representatives					
	VCD in each village quarterly	x	x	x	x	
	Bal Nutrition Melas	x	x	x	x	
	Adolescent meetings	x	x	x	x	
	Opinion leaders workshops	x	x	x	x	
	Wall writings	x	x	x	x	
Budget	Activities	2008-09	2009-10	2010-11	2011-12	Total
	Hiring of an agency for carrying out the intensive IEC & behaviour change activities	40.00	44.00	48.4	53.24	185.64
	Finalizing the messages in local language	1.00	1.10	1.21	1.331	4.641
	Advertisements	5.00	5.50	6.05	6.655	23.205
	TV spots	1.00	1.10	1.21	1.331	4.641
	Radio Jingles in local language	1.00	1.10	1.21	1.331	4.641

	Folk Media shows @ Rs 1000/village	6.46	7.106	7.8166	8.59826	29.98086
	Hoardings @ Rs 10000/hoarding	10.0	11.00	12.1	13.31	46.41
	Display boards @ Rs 2000/board	1.8	1.98	2.178	2.396	8.354
	Pamphlets @ Rs 10/pamphlets x 100000	10.00	11.00	12.1	13.31	46.41
	Nirdeshika for Fixed Health Nutrition days @ Rs 20/ Nirdeshika x 10000	2.00	2.20	2.42	2.662	9.282
	Swasthya Darpan @Rs.10 /copy/mth x 10000	1.00	1.10	1.21	1.331	4.641
	Orientation of elected rep and PRIs @ Rs 200 x 2000 persons x1 day	4.00	4.40	4.84	5.324	18.564
	Village campaign @ Rs 69.132 lakhs per Campaign x 4 times in a year	207.17 2	227.88 92	250.67 8	275.746	961.4852
	Bal Nutrition Melas @ Rs 300 x 4 times x AWCs	14.52	15.972	17.569 2	19.3261 2	67.38732
	Adolescent meetings @ Rs 100 per group x 664 villages	0.64	0.704	0.7744	0.85184	2.97024
	Community and religious leaders workshops @ Rs 300 /person x 100 x 4 times	1.20	1.32	1.452	1.597	5.569
	Wall writings @ Rs 200 x 646 villages	1.292	1.4212	1.5633 2	1.71965 2	5.996172
Total		308.08 4	338.89 24	372.78 15	410.059 9	1429.818

14. FINANCING HEALTH CARE

Financing Health Care						
Situation Analysis/ Current Status	For sustainability and needs based care, health financing is the key. In District Baramulla Rogi Kalyan Samitis (RKS) have been formed in each of the hospitals, CHC and PHC. These are hospital autonomous societies which are allowed to take user fees for services provided at the facilities. Formation of these RKS has resulted in great satisfaction amongst the patients and also the staffs since now funds are available with the facilities to care for the people. No trainings have been given for the skill building to the in charges of these facilities. There is no standardized reporting format but format is developed by district itself and information is being collected.					
Objectives	Availability of sufficient funds for meeting the needs of the patients					
Strategies	Generation of funds from User charges Donations from individuals Efficient management of the RKS					
Activities	Generation of funds from User charges: User charges are taken for Registration, IPD, Laboratory investigations from persons who can afford to pay. Donations from individuals: Donations are to be generated from individuals. For the betterment of hospitals, equipment, additions to the buildings, etc Efficient management of the RKS: Training will have to be given for efficient management and utilization of the funds for activities that generate funds. Computerization of data and all the parameters need to be carried out preferably through customized software. Provision of Seed money to each RKS at CHC and PHC of Rs 100000 each year for repair, purchase of new equipment, additions, alterations, etc'; Development of customized software and training of staff for the use of this software Regular filling of formats					
Support required	Timely meetings of Rogi Kalyan Samitis					
Timeline	Activity	2008-09	2009-10	2010-11	2011-12	
	Provision of Seed money @ Rs 1 lakh per CHC and PHC	x	x	x	x	
	Training of the Incharges and second in command	x	x	x	x	
	Development of Software for RKS with training of personnel on the use	x	x	x	x	
Total	Activity	08-09	09-10	10-11	11-12	Total
	Provision of Seed money @ Rs 1 lakh per CHC and PHC @ Rs 1.00 lakhs	55	89.1	98.01	107.811	349.921
	Training of the Incharges and second in command @ Rs 1000 per person x 1 day	1.1	1.21	1.331	1.4641	5.1051
	Development of Software for RKS with training of personnel on the use	5	0.25	0.25	0.25	5.75
	Total	61.1	90.56	99.591	109.5251	360.776

15. SCHOOL HEALTH

SCHOOL HEALTH						
Situation Analysis	At present school health checkups are not being carried out in the district regularly.					
Objectives Benchmarks	Healthy and Intelligent School Child. Early identification of abnormalities. Reduction in Child Mortality rate.					
Strategies & Activities	<p>Engagement of separate contractual staff in order to conduct the health check ups of all the school children on monthly basis under supervision of District Programme Manager because the existing staff cannot carry out the school health activities in all educational institutions on regular basis.</p> <p>Provision of drugs, supplies and transport facilities.</p> <p>Provision of IEC material Posters, pamphlets, hand bills and audio visual aids for carrying out Health education activities particularly regarding</p> <p>Nutrition Hygiene Sanitation Adolescent health Drug Addiction Immunization National Health Programmes Provision of supplementary nutrition Training of doctors / paramedics regarding school health. Provision of spectacles for children having refractive errors. Training of teachers in batches for carrying out health education regarding preventive measures for both communicable and non communicable diseases. Signs and symptoms of common health problems prevalent in school children and their referral. Extensive school health camps.. Usage of Mobile Medical Unit and appointment of staff thereto for exclusive school health team. On spot diagnosis and corrections. Follow up of Identified abnormal children through ASHAs/ANMs Making one Health Checkup compulsory before joining a new class.</p>					
Support required	<p>To provide adequate staff for conducting school health check ups.</p> <p>To provide mobile investigative facilities like USG, ECG, X-Ray, and lab. Reagents & drugs. The MMU could be used for this activity during the winter months.</p> <p>To provide drug kits to Rehbar-e- Sehat teachers.</p> <p>Allocation of some form of honorarium or allowance for the health team and also nutritional supplements to the school children.</p>					
Timeline	Activity / Item	2008-09	2009-10	2010-11	2011-12	
	Health checkups / block	X	X	X	X	
	Supply of sanitary pads for girls 12 above age / block	X	X	X	X	
	IEC programme / block	X	X	X	X	
	Training of teachers / block	X	X	X	X	

	School health orientation camps / block	X	X	X	X	
	IEC material for school children highlighting various health issues per block per year. Safe drinking water and similar messages to be printed on copy books for free distribution etc	X	X	X	X	
Budget	Activity / Item	2008-09	2009-10	2010-11	2011-12	Total
	Health checkups @ 25000 / block X 10	2.50	2.75	3.025	3.3275	11.6025
	Supply of sanitary pads for girls 12 above age @ 1.00 lac / block X 10	10.00	11.00	12.10	13.31	46.41
	IEC programme @ 1.00 / block X 10	10.00	11.00	12.10	13.31	46.41
	Training of teachers @ 25000/ block X 10	2.50	2.750	3.025	3.3275	11.6025
	School health camps @ 25000 / block X 10	2.50	2.750	3.025	3.3275	11.6025
	IEC material for school children highlighting various health issues Rs 2.00 lac per block per year. Safe drinking water and similar messages to be printed on copy books for free distribution etc	20.00	22.00	24.2	26.62	92.82
Total		47.50	52.25	57.475	63.2225	220.4475

16. BIO- MEDICAL WASTE MANAGEMENT

Bio-Medical Waste Management						
Situation Analysis / Current Status	<p>As per the Bio-Medical Waste Rules, 1998, indiscriminate disposal of hospital waste was to be stopped with handling of Waste without any adverse effects on the health and environment. In response to this the Government has taken steps to ensure the proper disposal of Biomedical waste from all Nursing homes, hospitals, Pathological labs and Blood Banks.</p> <p>The District Health Officer is the Nodal Person in each district for ensuring the proper disposal of Biomedical Waste.</p> <p>For effective disposal of Biomedical waste in the district; Trainings to the personnel for sensitizing them, Pits. Segregation of Waste is taking place though Separate Colour Bins/containers it has to be done more systematically. Proper Supervision is lacking.</p> <p>The treatment (incineration) of waste is suppose to handled by a company selected at the State level but till date the company has not been selected.</p>					
Objectives	<p>Stopping the indiscriminate disposal of hospital Waste from all the facilities by 2008</p> <p>Ensuring proper handling and disposal of Biomedical Waste in each Facility</p>					
Strategies	<p>Capacity Building of personnel</p> <p>Proper equipment for the disposal and disposal as per guidelines</p> <p>Strict monitoring and Supervision</p>					
Activities	<p>Review of the efforts made for the Biomedical Waste Interventions</p> <p>Development of Microplan Plan for each facility in District & Block workshops</p> <p>Capacity Building of personnel.</p> <p>Biomedical Waste management to be part of each training in RCH and IDSP</p> <p>Proper equipment for the disposal</p> <p>Installation of the Separate Colour Bins/containers and Plastic Bags for the bins</p> <p>Segregation of Waste as per guidelines</p> <p>Partnering with Private providers for waste disposal</p> <p>Proper Supervision and Monitoring</p> <p>Formation of a Supervisory Committee in each facility by the MOs and the Supervisors</p>					
Timeline	Activity	2008-09	2009-10	2010-11	2011-12	
	Orientation and reorientation for Biomedical Waste Management at District and Block levels	X	X	X	X	
	Consumables	X	X	X	X	
	Payment for incinerators@ Rs. 8 per bed 12 mths	X	X	X	X	
Budget	Activity	2008-09	2009-10	2010-11	2011-12	Total
	Orientation and reorientation for Biomedical Waste Management at District and Block levels	1.5	1.65	1.82	2.00	6.97
	Consumables	2.00	2.2	2.42	2.662	9.282
	Payment for incinerators@ Rs. 8 per bed 12 mths	10.944	12.0384	13.242	14.566	50.7904
Total		14.444	15.8884	17.482	19.228	67.0424

**Annexure
Facility Survey**

Table:1		Percentage Availability of Infrastructure			
District: Baramulla					
	Indicators	SC (155)	PHC (49)	CHC (6)	DH
1	Building (Govt. + Donated)	13	71	100	100
2	Building (Rented)	87	29	0	0
3	Condition of Building (Good + Fair)	32	NA	NA	NA
4	Water Supply (Tap, bore well/ hand pump / tube well, well)	15	51	100	100
4.1	Tap water supply	NA	35	100	100
5	Electricity	3	51	100	100
5.1	In all parts of hospital	NA	23	100	100
5.2	Electric supply (power generation stabilization)	NA	NA	NA	100
6	Separate Toilet	2	8	17	100
6.1	Sep. Toilet with running water	NA	NA	67	100
7	Furniture	12	39	59	
8	Labour Room	3	25	83	100
8.1	Aseptic labour room	NA	NA	33	100
9	Avail. of Quarter for staff	1	14	33	
10	Number of beds available (Avg.)		5	15	100
11	Laboratory		35	100	100
12	Operation Theatre		23	100	100
13	Waste Disposal (Burnt Dump)		52	50	100
14	Availability of incinerator		NA	17	100
15	Telephone		2	17	0
16	Computer		0	17	0
17	Generator / Invertors		2	100	100
18	Vehicle		50	87	0
19	Emergency Room / Casualty			67	
20	Separate wards for males and females (Yes/No)			83	
21	No. of beds : Male			15	
22	No. of beds : Female			14	
23	Availability of ECG facilities			100	100
24	X-Ray facility			100	100
25	Ultrasound facility			100	100
26	Cardiac Monitor for OT			50	100
27	Blood Storage Unit available			0	100
28	Blood Bank Facility				100
29	Other Investigative Facility				61

30	Heating ventilation & air conditioning				0
31	Lift & vertical transport				0
32	Refrigeration				100
	NA=Not applicable				

Table: 2		Identified Gaps of Manpower													
District- Baramulla															
Name of Blocks	IPHS Norm	Sopore	Kunzer	Patten	Uri	Bonyiar	Sheeri	Tangmar	Kreeri	Rohama	Dangiwa cha	No. Of Req Staff	No. of Exis Staff	Total Gaps	
No. of Sub-Centres		24	10	23	14	11	20	10	10	24	9				
ANM	2	12	14	11	28	17	23	16	15	35	14	310	125	185	
N0. Of PHC's		12	6	5	5	4	6	3	4	3	1				
MO	2	12	5	5	5	4	4	3	3	3	0	98	54	44	
Pharmacist	1	0	0	0	0	0	0	-1	2	0	0	49	48	1	
Nurse	3	27	13	12	15	10	11	9	10	9	1	147	30	117	
Female Health Worker	1	3	0	1	4	2	2	0	3	1	0	49	33	16	
Health Educator	1	10	5	3	5	4	6	3	4	3	1	49	5	44	
Health Assistant	2	21	11	9	10	8	12	6	8	6	2	98	5	93	
Clerks	2	22	10	10	10	6	11	6	8	4	1	98	10	88	
Lab. Technician	1	6	3	3	4	2	4	3	2	1	0	49	21	28	
Driver		9	3	4									-16	16	
Class IV	4	29	8	11	19	9	7	4	11	5	4	196	89	107	
TOTAL		139	58	58	72	45	57	33	51	32	9	833	279	554	
No. of CHC's															
A. CLINICAL MANPOWER		1	NA	1	1	NA	1	1	1	NA	NA				
General Surgeon	1	1		0	0		1	-1	1			6	4	2	
Physician	1	1		-1	0		1	0	1			6	4	2	
Obstetrician / Gyno.	1	1		0	1		1	1	1			6	1	5	
Paediatrics	1	1		1	1		1	1	1			6	0	6	
Anaesthetist	1	0		1	1		1	0	1			6	2	4	
Public Health Pro.Mgr.	1	1		0	1		1	1	1			6	1	5	
Eye Surgeon	1	1		1	1		1	1	1			6	0	6	
Other specialists (if any)		1		0											
General duty officers (Medical Officer)		1		0				0							
B.SUPPORT MANPOWER															
Nursing Staff	7+2														

Public Health Nurse	1	-3		1	1		1	1	1			6	4	2
ANM	1	-3		-1	-2		0	0	7			6	5	1
Staff Nurse	7	-6		7	6		4	3	3			42	25	17
Nurse/Midwife														
Dresser	1	-3		1	1		1	1	1			6	4	2
Pharmacist / compounder	1	-2		-3	-2		0	-6	-8			6	27	-21
Lab. Technician	1	-10		0	-3		-1	-4	-3			6	27	-21
Radiographer	1	1		0	1		0	0	0			6	4	2
Ophthalmic Assistant	1	0		0	1		1	0	-1			6	5	1
Ward boys / N.O	2	-19		0	-4		0	-12	-12			12	59	-47
Sweepers	3	-1		-1	-1		2	-4	-12			18	35	-17
Chowkidar	1	-2		0	0		1	1	-3			6	9	-3
OPD Attendant	1	-3		1	1		1	1	-1			6	6	0
Statistical Assistant	1	-1		1	1		1	1				6	3	3
OT Attendant	1	-5		1	0		1	1	0			6	8	-2
Registration Clerk	1	-3		1	0		1	1	0			6	6	0
Any other staff (specify)														
Total		-52		10	5		20	-13	-21			186	239	-53

Table: 2A Manpower at District Hospital							
Doctors				Para-Medicals			
Personnel	IPHS Norm	Exis Staff	Ident. Gaps	Personnel	IPHS Norm	Exis. Staff	Ident. Gaps
Hospital Superintendent	1	1	0	Staff Nurse*	75 to 100	5	70
Medical Specialist	3	2	1	Hospital worker (OP/ward +OT+ blood Bank)	20	0	20
Surgery Specialists	2	2	0	Sanitary Worker	15	15	0
O&G specialist	4	1	3	Ophthalmic Assistant / Refractionist	1	0	1
Psychiatrist	1	0	1	Social Worker / Counsellor	1	1	0
Dermatologist / Venereologist	1	0	1	Cytotechnician	1	0	1
Paediatrician	2	1	1	ECG Technician	1	0	1
Anesthetist (Regular / trained)	2	2	0	ECHO Technician	1	0	1
ENT Surgeon	1	1	0	Audiometrician		0	0
Ophthalmologist	1	1	0	Lab.Tech. (Lab +BB)	12	6	6

Orthopedician	1	1	0	Lab. Atten.(Hos.Worker)	4	1	3
Radiologist	1	2	-1	Dietician	1	0	1
Microbiologist	1	0	1	PFT Technician	-	0	0
Casualty Doctors / General Duty Doctors	6	2	4	Maternity assistant (ANM)	6	5	1
Dental Surgeon	1	2	-1	Radiographer	2	0	2
Forensic Expert	1	0	1	Dark Room Assistant	1	0	1
Public Health Manager ¹	1	0	1	Pharmacist ¹	5	10	-5
AYUSH Physician ²	2	0	2	Matron	1	0	1
Pathologists	2	0	2	Assistant Matron	2	0	2
Total	34	18	16	Physiotherapist	1	0	1
¹ May be a P.H. Specialist or mgt. specialist trained in public health				Statistical Assistant	1	0	1
² Provided there is no AYUSH hospital / dispensary in the district headquarter				Medical Records Officer / Technician	1	0	1
* 1 Staff Nurse for every eight beds with 25% reserve				Electrician	1	1	0
¹ One may be from AYUSH				Plumber	1	1	0
				Total	154	40	114
Administrative Staff				Operation Theatre			
Personnel	IPHS Norm	Curr ent Avail abil	Ident. Gaps		Emer. OT	Ge n. OT	
Manager (Administration)	-			Staff Nurse	8	1	0
Junior Administrative Officer	1	0	1	OT Assistant	4	2	3
Office Superintendent	1	1	0	Sweeper	3	1	0
Assistant	2	2	0	Total	15	4	3
Junior Assistant / Typist	2	1	1	Blood Bank / Blood Storage			
Accountant	2	0	2		B.B	B .S	
Record Clerk	1	0	1	Staff Nurse	3	1	0
Office Assistant	1	0	1	MNA / FNA	1	1	0
Computer Operator	1	0	1	Lab Technician	1	-	1
Driver	2	0	2	Safai Karamchari	1	1	0
Peon	2	0	2	Total	6	4	1
Security Staff*	2	0	2				
Total	17	4	13				
Note: Drivers post will be in the ratio of 1 Driver per 1 vehicle. Driver will not be required if outsourced							
* The number would vary as per requirement and to be outsourced.							

Table:3		Percentage Availability of Equipments										
District: Baramulla												
Name of Blocks		Sopore	Kunzer	Pattan	Uri	Boniyar	Sheeri	Tangmarg	Kreeri	Rohama	Dangiwachha	Avg.% in District
No. of SC's (155)	IPHS Norm	24	10	23	14	11	20	10	10	24	9	
kit- C	55	31	20	14	0	0	7	22	11	62	29	19.5
No. of PHC's (49)		12	6	5	5	4	6	3	4	3	1	
Suggested equipments	36	14	32	20	7	29	11	11	7	32	28	19.2
Operational labour room	10	100	0	23	2	60	40	30	55	50	60	42.0
Pap Smear	11	100	0	17	15	55	27	36	27	64	9	34.9
Laboratory Reagents	10	100	0	30	20	5	0	0	0	10	0	16.5
Glassware & equipment	7	100	0	91	17	100	14	0	50	57	0	42.9
Furniture	25	100	0	15	20	34	20	22	2	32	48	29.3
TOTAL	99	86	5	33	13	47	19	17	24	41	24.1	26.7
No. of CHC's (6)		1	NA	1	1	NA	1	1	1	NA	NA	
Standard Surgical Set-1	32	100		63	88		19	41	50			59.9
Standard Surgical Set - II	33	100		15	0		0	30	15			26.8
IUD Insertion Kit	19	100		47	0		100	21	16			47.4
Standard Surgical Set - III	17	100		24	0		0	71	12			34.3
Normal Delivery	12	100		50	0		0	25	17			31.9
Standard Surgical Set - IV	16	100		25	0		6	50	19			33.3
Standard Surgical Set - V	21	100		10	0		0	43	0			25.4
Standard Surgical Set - VI	11	100		27	0		0	55	0			30.3
Equip. for Anaesthesia	17	100		12	0		0	12	0			20.6
Equip.for Neo-natal Resuscitation	10	0		0	0		0	0	0			0.0
Materials Kit for Blood trans.	15	0		0	0		0	0	7			1.1
Equip. for OT	11	90		45	36		18	64	27			46.8
Equip. for Labour room	13	62		31	46		15	23	23			33.4
Equip. for Radiology	9	100		22	78		67	11	11			48.1
TOTAL	236	82		26	18		16	32	14			31.4

Table: 4		Percentage Availability of Medicine										
District: Baramulla												
Name of Blocks		SOPORE	KUNZER	PATTAN	URI	BONIYAR	SHEERI	TANGMARG	KREERI	ROHAMA	DANGIWAC HA	Average % of the District
Sc's (155)	IPHS Norm	24	10	23	14	11	20	10	10	24	9	
Kit- A	5	20	0.0	0.0	0.0	0.0	0.0	0.0	0.0	41.7	53.3	11.5
Kit- B	9	78	18.5	11.1	0.0	0.0	44.4	0.0	11.1	73.6	53.3	29.0
Drugs Req. by ANMs& LHV's	6	0	0.0	0.0	0.0	0.0	16.7	0.0	0.0	51.4	0.0	6.8
Other Drugs & Vacci.	8	13	15.0	13.0	0.0	12.5	12.5	45.0	0.0	95.3	0.8	20.8
Med. Req.for NDCP	7	0	32.4	14.9	2.0	0.0	14.3	25.4	0.0	13.5	9.5	11.2
Contracep. Req.for F.Plang.	4	50	50.0	50.0	7.1	0.0	25.0	66.7	47.7	100.0	60.0	45.7
Drug List for AWC	12	34	38.9	0.0	7.1	0.0	8.3	0.0	32.2	92.0	0.0	21.2
Total	51	30.0	3.0	1.7	1.2	0.9	2.4	18.6	12.0	68.3	25.2	16.0
PHC's (49)		12	6	5	5	4	6	3	4	3	1	
Essen. & emerg. Obstetrics	38	0	0	34.9	2.6	43.4	5.3	4.7	7.0	8.7	1.0	10.8
Antidots	4	0	0	33.3	10.0	25.0	25.0	25.0	25.0	25.0	5.0	17.3
Anticonvul./ Antiepileptics	4	0	0	0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
Antiinfective Medicines	5	0	0	66.7	12.0	20.0	20.0	20.0	0.0	60.0	4.0	20.3
Antifilarials	1	0	0	0	0.0	0.0	100	0.0	0.0	0.0	0.0	10.0
Antibacterials	16	0	0	29.2	15.0	21.9	18.8	18.8	25.0	43.8	5.0	17.7
Dermatological medicine	14	0	0	14.3	17.1	14.3	42.9	14.3	0.0	7.1	2.9	11.3
Antilep.& Antitubercular	2	0	0	0	0.0	25.0	0.0	0.0	0.0	0.0	0.0	2.5
Antifungal medicine	4	0	0	0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Antiprotozoal medicine	5	0	0	13.3	16.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9
Blood Products and Plasma Substitutes	13	0	0	51	15.4	11.5	0.0	3.8	3.8	11.5	1.5	9.9
Antiseptics	6	0	0	0	20.0	0.0	0.0	8.3	0.0	33.3	0.0	6.9
Disinfectants	3	0	0	0	20.0	0.0	0.0	0.0	0.0	16.7	0.0	3.7
Diuretics	2	0	0	0	10.0	25.0	0.0	50.0	0.0	0.0	0.0	8.5
Gastrointestinal	22	0	0	13.6	9.1	13.6	13.6	0.0	31.8	22.7	2.7	10.7
Hormones,Endocrine & Contraceptives	10	0	0	0	6.0	0.0	0.0	0.0	0.0	10.0	0.0	1.6
Ophthalm. preparation	12	0	0	0	11.7	0.0	0.0	4.2	0.0	0.0	0.0	1.6
Psychotic Disorders	15	0	0	22.3	5.3	10.0	6.7	23.3	3.3	6.7	0.0	7.8
Sols. correcting water Electrolyte and Acid-	9	0	0	29.6	13.3	44.4	11.1	38.9	66.7	55.6	4.4	26.4
Vitamins & Minerals	3	0	0	44.4	13.3	0.0	33.3	16.7	33.3	33.3	0.0	17.4
Drugs under RCH	1	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Product Strength formulation Units	31	0	0	33.3	18.1	0.0	6.5	8.1	45.2	32.3	5.8	14.9
RTI / STI Drugs	10	0	0	10	20.0	0.0	0.0	5.0	25.0	45.0	2.0	10.7
Drugs & Consumable for MVA	6	0	0	0	20.0	0.0	0.0	0.0	0.0	25.0	0.0	4.5
Total	236	0	0	16.5	11.2	10.6	11.8	10.0	11.1	18.2	1.4	9.1
CHC's		1	NA	1	1	NA	1	1	1	NA	NA	
Essential drugs	70	100		30	0.00		46	42.9	47.1			44.3

Annexure – II
Detailed Infrastructure

Table: 1 A		Block: Boniyar							District: Baramulla
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter	
1	Madanan	Govt	Good	Y	N	N	N	N	
2	Mayan	Govt.	Poor	N	N	N	N	N	
3	Warikhan	Govt	Poor	Y	N	N	N	N	
4	Zenpora	Govt	Poor	N	N	N	N	N	
5	Badrali	Rent	Poor	N	N	N	N	N	
6	Bernate	Rent	Poor	N	N	N	N		
7	Limber	Rent	Poor	N	N	N	N	N	
8	Salamabad Dachna	Rent	Poor	N	N	N	N	N	
9	Nowshera	Rent	Good	N	N	N	N	Y	
10	Lachipora	Rent	Good	N	N	N	N	N	

Table: 1 B		Block: Boniyar													District: Baramulla												
	Name of PHC/CH C	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarar	Labo ratory	Opera tion Theater	Waste disposal/ inciliator	Tele phone	Generator	Vehicle	Emerg./Causu ality Room	USG	ECCG / USG	X-RAY	Cardiac Monitor	Blood storage unit								
1	Bijhama	Govt	Y	Y	N	N	N	Y	N	Burn	N	N	Y														
2	Boniyar	Govt	Y	Y	Y	Y	Y	Y	Y		N	N	Y														
3	A/D Noorjaha	Govt	Y	Y	N	N	N	N	N	Burn	N	N	N														
4	A/D Trikajan	Govt	Y	N	N	N	N	N	N	Burn	N	N	Y														

Table: 1 A		Block: Dangiwacha District: Baramulla						
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter
1	Water Gam	Govt	Good	N	N	N	N	N
2	Chatoosa	Govt	Good	Y	N	N	N	N
3	Chlotra	Govt.	Good	N	N	N	N	N
4	Zithan	Govt	Good	N	N	N	N	N
5	Sheikh Pora	Rent.	Poor	N	N	N	N	N
6	Kangroosa	Rent.	Poor	N	N	N	N	N
7	Pazalpora	Rent.	Poor	N	N	N	N	N
8	Fidar pora	Rent.	Good	N	N	N	N	N
9	Saflipora	Rent.	Poor	N	N	N	N	N

Table: 1 B		Block: Dangiwacha District: Baramulla																		
	Name of PHC/CHC	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarter	Laboratory	Operation Theater	Waste disposal/ Incinerator	Telephone	Generator	Vehicle	Emergency/Causuality Room	USG	ECG / USG	X-RAY	Cardiac Monitor	Blood storage unit
1	Dangiwacha	Govt	Y	Y	Y	Y	Y	N	Y	Y	Burnt	Y	N	Y						

Table: 1 A		Block: Kreeri							District: Baramulla
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter	
1	Shaipora	Govt.	Poor	Y	N	N	N	N	
2	Sultanpora	Govt.	Poor	Y	N	N	N	N	
3	Wagoora	Govt.	Poor	N	N	N	N	N	
4	Sheikpora	Rent.	Poor	N	N	N	N	N	
5	Dodh Bough	Rent.	Poor	Y	N	N	N	N	
6	Anthoora	Rent.	Poor	N	N	Y	N	N	
7	Bulgam	Rent.	Poor	N	N	N	N	N	
8	Nowpora	Rent.	Poor	N	N	N	N	N	
9	Chemad	Rent.	poor	Y	N	N	N	N	
10	Khaypora	Rent.	poor	N	N	N	N	N	

Table: 1 B		Block: Kreeri District: Baramulla																	
	Name of PHC/CHC	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarter	Laboratory	Operation Theater	Waste disposal/ incinerator	Telephone	Generator	Vehicle	Emergency/Causality Room	USG	ECG / USG	X-RAY	Cardiac Monitor	Blood storage unit
1	A/D Maquam	Rent	N	N	N	N	N	N	N	Dump	N	N	Y						
2	Shrakwara	Rent	Y	N	N	N	N	N	N	NA	N	N	N						
3	Nowpora Jager	Govt	N	N	N	Y	N	N	N	NA	N	N	N						
4	A/D Kalantra	Govt	Y	Y	Y	Y	N	Y	Y	Dump	N	N	Y						
1	CHC Kreeri	Govt	Y	Y/Y	Y/Y	Y/N	N	Y	Y	Pits/N	N	Y	Y	Y	Y/Y	Y	Y	Y	N

Table: 1 A		Block: Rohama		District: Baramulla				
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labour room	Staff Quarter
1	Dohawar	Govt.	Good	NA	Y	N	Y	Y
2	Balhana	Govt.	Poor	NA	N	N	N	N
3	Checbgree	Rent	Poor	NA	N	N	N	N
4	Doniwara	Rent	Good	NA	N	N	N	N
5	Sara pora	Rent	Poor	NA	N	N	N	N
6	Farooz pora	Rent	Poor	NA	N	N	N	N
7	Venkura	Rent	Good	NA	N	N	N	N
8	Chabla	Rent	Poor	NA	N	N	N	N
9	Tragpora	Rent	Good	NA	N	N	N	N
10	Bradub	Rent	Good	NA	N	N	N	N
11	Bruma	Rent	Poor	NA	N	N	N	N
12	Vohlutra	Rent	Poor	NA	N	N	N	N
13	Bonapora	Rent	Poor	NA	NA	NA	NA	NA
14	Rohamo	Rent	Poor	NA	N	N	N	N
15	Khushipora	Rent	Poor	NA	N	N	N	N
16	Raban	Rent	Good	NA	N	N	N	N
17	Bineer	Rent	Poor	NA	N	N	N	N
18	Wanpora	NA	Fair	NA	N	N	N	N
19	Chujan	Rent	Good	NA	N	N	N	N
20	Walanware	Rent	Fair	NA	N	N	N	N
21	Potoosa	Rent	Fair	NA	N	N	N	N
22	Gulshanabad	NA	NA	NA	NA	NA	NA	NA
23	Hadipora	Rent	Fair	NA	N	N	N	N
24	Nadihal	Rent	Fair	NA	N	N	N	N

Table: 1 B		Block: Rohama District: Baramulla																
	Name of PHC/CHC	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarter	Laboratory	Operation Theater	Waste disposal/ Incinerator	Telephone	Generator	Vehicle	Emergency/Causuality Room	ECG / USG	X-RAY	Cardiac Monitor	Blood storage unit
1	Panzullas	Govt	N	N/	N	N	N	Y	N	Dump	N	N	Y					
2	Rohama	Rent	Y	Y/ Y	N	N	N	Y	N	Dump	N	N	Y					
3	A/D Shitloo		N	Y/ N	N	N	N	N	N		N	N	Y					

Table: 1 A		Block: Kunzar							District: Baramulla
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter	
1	Ougmuna	Govt.	Good	N	N	N	N	N	
2	Malwa	Govt.	Poor	N	N	N	N	N	
3	Manglora	Rent	Poor	N	Y	N	N	N	
4	Larkipora	Rent	Good	N	N	N	N	N	
5	Pinjoora	Rent	Poor	N	N	N	N	N	
6	Katibug	Rent	Poor	N	N	N	N	N	
7	Rawathpora	Rent	Good	N	N	N	N	N	
8	Hardshoora	Rent	Good	N	N	N	N	N	
9	Bonsharan	Rent	Poor	N	N	N	N	N	
10	Krishhama	Rent	Poor	N	N	N	N	N	

Table: 1 B		Block: Kunzar																District: Baramulla															
	Name of PHC/CH C	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarar	Labo ratory	Opera tion Theater	Waste disposal/ incinator	Tele phone	Generator	Vehicle	Emerg./Causu ality Room	USG	ECG / USG	X-RAY	Cardiac Monitor	Blood storage unit														
1	Mulgam	Govt	Y	Y/ N	N	Y	N	Y	N	DUM P	N	N	Y																				
2	Hard Aboora	Govt	Y	Y/ Y	N	Y	Y	N	Y	DUM P	N	N	Y																				
3	Sariwar pora	Govt	Y	Y/ Y	Y	Y	N	Y	Y	DUM P	N	N	Y																				
4	Khore	Govt	Y	Y/ Y	N	N	N	Y	N	DUM P	N	N	N																				
5	A/D Balpora	Govt	Y	N/ N	N	N	N	N	N	DUM P	N	N	N																				
6	Kunzar	Rent	Y	N/ N	N	N	N	N	N	DUM P	N	N	Y																				

Table: 1 A		Block: Pattan District: Baramulla						
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter
1	Shirpora	Rent	Poor	N	N	N	N	N
2	Gohattampora	Rent	Poor	N	N	N	N	N
3	Kungamdara	Rent	Poor	N	N	N	N	N
4	Wanigam	Rent	Good	N	N	N	N	N
5	Yall	Rent	Poor	N	N	N	N	N
6	Andergam	Rent	Poor	N	N	N	N	N
7	Harinar	Rent	Poor	N	N	N	N	N
8	Pakipora	Rent	Good	Y	N	N	N	N
9	Matipora	Rent	Poor	N	N	N	N	N
10	Resripora	Rent	Poor	N	N	N	N	N
11	Chenabal	Rent	Poor	N	N	N	N	N
12	Chuckar	Rent	Poor	Y	N	N	N	N
13	Hamray	Rent	Poor	Y	N	N	N	N
14	Nowlarie	Rent	Good	N	N	N	N	N
15	Khan Phath	Rent	Good	Y	N	Y	N	N
16	Agrikalan	Rent	Poor	N	N	N	N	N
17	Goom	Rent	Good	N	N	N	N	N
18	Archanderhama	Rent	Good	N	N	N	N	N
19	Rambailgarh	Rent	Poor	Y	N	N	N	N
20	Ghati Gopal	Rent	Poor	N	N	N	N	N
21	Yadipora	Rent	Poor	N	N	N	N	N
22	Dewer	Rent	Good	N	N	N	N	N
23	Mondiyari	Rent	Good	N	N	N	N	N

Table: 1 B		Block: Pattan District: Baramulla																	
	Name of PHC/CHC	Ownership of the Building	Water supply	Electricity/In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarar	Labo ratory	Opera tion Theater	Waste disposal/ incinerator	Tele phone	Generator	Vehicle	Emerg./Causu ality Room	USG	ECG / USG	X-RAY	Cardiac Monitor	Blood storage unit
1	Singhpora	Govt	N	Y/ Y	N	N	N	N	Y	Dump	N	N	N						
2	Gund Kh.Qasim	Govt	Y	Y/ N	N	Y	N	Y	Y		N	N	Y						
3	Wanigam Payeen	Govt	Y	Y/ Y	N	N	Y	N	N		N	N	N						
4	A/D Phallan	Govt	Y	N/ N	N	N	N	Y	N	Burnt	N	N	N						
5	A/D Mamoosa	Govt	N	N/ N	N	N	N	N	N		N	N	N						
1	CHC Pattan	Govt	Y	Y/ Y	N/N	Y/N	N	Y	Y	Dump /N	N	Y	Y	Y	Y / Y	Y	Y		N

Table: 1 A		Block: Sopore District: Baramulla						
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter
1	Watlab	Govt.	Good	N	N	N	N	N
2	Sangrama	Rent.	Poor	N	N	N	N	N
3	Hatlangoo	Rent.	Poor	N	N	N	N	N
4	Dangaerpora	Rent.	Poor	N	N	N	N	N
5	Wadoora	Rent.	Poor	N	N	N	N	N
6	Said pora	Rent.	Good	N	N	N	N	N
7	Muqami sheed mir	Rent.	Good	N	N	N	N	N
8	Aaram pora	Rent.	Poor	Y	N	N	N	N
9	Lolad	Rent.	Good	N	N	N	N	N
10	Krankshivan colony	Rent.	Poor	N	N	N	N	N
11	Brod Gund	Rent.	Poor	N	N	N	N	N
12	Bandan Bagh	Rent.	Poor	N	N	N	N	N
13	Muqamo	Rent.	Good	N	N	N	N	N
14	Adipora	Rent.	Poor	N	N	N	N	N
15	Nowhanam	Rent.	Poor	N	N	N	N	N
16	Hathishah	Rent.	Poor	N	N	N	N	N
17	Wagup	Rent.	Poor	N	N	N	N	N
18	Sqeelo	Rent.	Poor	N	N	N	N	N
19	Kranksivon village	Rent.	Poor	N	N	N	N	N
20	Yambarzal wari	Rent.	Poor	N	N	N	N	N
21	Sagipora	Rent.	Poor	N	N	N	N	N
22	Trumbgind	Rent.	Poor	N	N	N	N	N
23	Harewan	Rent.	Poor	N	N	N	N	N
24	Brought kalan	Rent.	Poor	N	N	N	N	N

Table: 1 B		Block: Sopore District: Baramulla																
	Name of PHC/ CHC	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet with running water	Labor room / Aseptic labor room	Staff Quarters	Laboratory	Operation Theater	Waste disposal/ incinerator	Telephone	Generator	Vehicle	Emerg./Causality Room	ECG/USG	X-RAY	Cardiac Monitor	Blood storage unit
1	A/D Achabal	Rent	N	Y/N	N	N	N	N	N		N	N	N					
2	A/D Doabgah	Rent	Y	Y/N	N	N	N	N	N		N	N	N					
3	A/D Rampora	Rent	N	Y/N	N	N	N	N	N	Burn	N	N	N					
4	A/D Wasapora	Rent	N	N/N	N	N	N	N	N		N	N	N					
5	Bomai	Govt	N	Y/N	N	N	N	N	N		N	N	N					
6	Hartashir	Govt	N	N/N	N	N	N	N	N	Con.	N	N	N					
7	Tarzowa	Govt	N	N/N	N	N	N	N	N		N	N	Y					
8	Tujar Sharief	Govt	N	Y/N	N	N	N	Y	N		N	N						
9	Ladoora	Govt	Y	Y/N	N	N	N	Y	N	Dump	N	N	N					
10	Duroo	Govt	Y	N/N	N	N	N	N	N	Burn	N	N	Y					
11	A/D Behranpora	Govt	N	Y/N	N	N	N	N	N		N	N	N					
12	A/D Boitango	Govt	N	N/N	N	N	Y	N	N		N	N	N					
1	CHC Sopore	Govt	Y	Y/Y	N/Y	N/	N	Y	Y	Y/Y	N	Y	Y	Y/Y	Y/Y	Y	N	N

Table: 1 A		Block : Tangmarg							District: Baramulla
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter	
1	Bandiballa	Govt.	Good	N	N	N	N	N	
2	Duroo	Rent	Good	N	N	N	N	N	
3	Warpora	Rent	Poor	N	N	N	N	N	
4	Nambilnar	Rent	Poor	N	N	N	N	N	
5	Badarkote	Rent	Poor	N	N	N	N	N	
6	Harnaw Sharpora	Rent	Poor	N	N	N	N	N	
7	Chandil	Rent	Poor	N	N	N	N	N	
8	Wainloo	Rent	Good	N	N	N	N	N	
9	Gogal Dara	Rent	Poor	N	N	Y	N	N	
10	Drung	Rent	Good	N	N	N	N	N	

Table: 1 B		Block : Tangmarg District: Baramulla																
	Name of PHC/CHC	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quater	Laboratory	Operation Theater	Waste disposal/ inciliator	Telephone	Generator	Vehicle	Emerg:/Causualty Room	ECG / USG	X-RAY	Cardiac Monitor	Blood storage unit
1	Hariwatno	Rent	Y	N/	N	N	N	N	N	Burnt	N	N	N					
2	Gulmarg	Rent	Y	Y/ N	N	N	Y/ N	N	N	Burnt	N	N	Y					
3	A/DBaba Reshi	Govt	Y	Y/ N	N	N	Y/ N	N	N		N	N	Y					
1	CHC Tangmarg	Govt	Y	Y/ Y	N/Y	Y/Y	Y	Y	Y	Na / N	Y	Y	Y	Y	Y / Y	Y	Y	N

Table: 1 A		Block: Uri District: Baramulla						
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labor room	Staff Quarter
1	Salamabad	Govt	Poor	N	N	N	N	N
2	Sultandakhi	Rent	Poor	N	N	N	N	N
3	Dachi	Rent	Poor	N	N	N	N	N
4	Mothal	Rent	Poor	Y	N	N	N	N
5	Paranpillen	Rent	Poor	Y	N	N	N	N
6	Bandi	NA	Poor	N	N	N	N	N
7	Dahani Sydeen	Rent	Poor	Y	N	N	N	N
8	Gowita	Rent	Poor	N	N	N	N	N
9	Nambla (B)	Rent	Poor	N	N	N	N	N
10	Gingle	Rent	Poor	N	Y	N	N	N
11	Chrunda	Rent	Poor	N	N	N	N	N
12	Hundi Gowltan	Rent	Poor	N	N	N	N	N
13	Balkota	Rent	Poor	N	N	N	N	N
14	Choolan	Rent	Poor	N	N	N	N	N

Table: 1 B		Block: Uri District: Baramulla																	
	Name of PHC/CH C	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarar	Labo ratory	Opera tion Theater	Waste disposal/ incinator	Tele phone	Generator	Vehicle	Emerg./Causu ality Room	USG	ECG / USG	X-RAY	Cardiac Monitor	Blood storage unit
1	A/D Isham	Rent	N	N/	N	N	N	N	N	Burnt	N	N	N						
2	A/D Gurkote	Rent	Y	N/	N	N	N	Y	N		N	N	Y						
3	A/D KamalKote	Govt	Y	Y/ Y	N	N	N	Y	N	Burnt	N	Y	Y						
4	Mohura	Govt	N	Y/ N	N	N	N	N	N		N	N	N						
5	A/D Nambla	Govt	Y	N/	N	N	N	Y	N	Burnt	N	N	N						
1	CHC Uri	Govt	Y	Y/ Y	N/N	Y/Y	Y	Y	Y	Na/N	N	Y	N		Y / Y	Y	N	N	

Table: 1 A		Block: Sheeri District: Baramulla						
	Name of SC	Ownership of the Building	Condition of the Building	Water supply	Electricity	Separate toilet	Labour room	Staff Quarter
1	Khanpora	Govt.	Good	N	N	Y	N	N
2	Kanaspora	Govt.	Poor	N	N	N	N	N
3	Laridari	Rent	Poor	N	N	N	N	N
4	Jathar	Rent	Poor	Y	N	N	N	N
5	Malpora	Rent	Poor	Y	N	N	N	N
6	Jahama	Rent	Good	N	N	N	N	N
7	Kadinayar	Rent	Poor	N	N	N	N	N
8	Khawajabagh	Rent	Poor	N	N	N	N	N
9	Ushkara	Rent	Poor	N	N	N	N	N
10	Kwaja sahib	Rent	Poor	N	N	N	N	N
11	Sangree Colony	Rent	Good	N	N	N	N	N
12	Sangree Block	Rent	Poor	Y	Y	N	N	N
13	Zandfarn	Rent	Poor	Y	N	N	N	N
14	Kitchama	Rent.	Poor	N	N	N	N	N
15	Gantamulla	Rent	Poor	N	N	N	N	N
16	Pachaar	Rent	Good	Y	N	N	N	N
17	Hajibal	Rent.	Poor	Y	N	N	N	N
18	KhamGulestan	Rent.	Poor	N	N	N	N	N
19	Shmlaran	Rent.	Good	Y	N	N	N	N
20	Uplina	Rent	Poor	Y	N	N	N	N

Table: 1 B		Block: Sheeri District: Baramulla																	
	Name of PHC/CHC	Ownership of the Building	Water supply	Electricity/ In all Parts	Separate toilet /with running water	Labor room / Aseptic labor room	Staff Quarter	Laboratory	Operation Theater	Waste disposal/ incinerator	Telephone	Generator	Vehicle	Emergency/Causality Room	USG	ECG /	X-RAY	Cardiac Monitor	Blood storage unit
1	Delina	Rent	N	N	N	N	N	N	N	NA	N	N	N						
2	Singhpoa	Donated	Y	Y	N	Y	N	N	N	NA	N	N	Y						
3	Fathgarh	Govt		N	N	Y	N		Y	NA	N	N	Y						
4	Khaitangam	Govt	N	Y	N	Y	N	Y	Y	NA	N	N	Y						
5	Sheeri	Govt	Y	Y	N	Y	N	Y	Y	NA	N	N	Y						
6	A/D Heeuan	Govt	Y	Y	N	N	N	N	N	Burnt	N	N	N						
1	CHC Sheeri	Govt	Y	Y/Y	N/Y	Y/N	N	Y	Y	Dump / N	N	Y	Y	N	Y/Y	Y	N	N	

**Annexure – III
Criteria Appraisal**

Assessment of District Health Action Plan (DHAP)
Appraisal Criteria to be used by State & District Planning & Appraisal Team

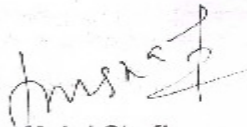
Sl. No.	Criteria	Remarks Yes/ No
A. OVERALL		
1	Has the DHAP been reviewed in detail by the District authorities to ensure internal consistency? If yes, by whom? This means that Situation analysis, goals, strategies, activities, work plan budget are in line with the proposed interventions and are evidence based.	Yes
2	Has Account Person from the Department reviewed the budget in detail?	Yes
3	Executive summary /At a Glance have been enclosed in the beginning of the document.	Yes
4	Has plan developed in all inclusive and participatory process by involving representatives of health, water and sanitation, ISM, ICDS, Rural Development, NGOs and community members?	Yes
5	Funds requirement matches with the absorption capacity and has judicious increase over the years (The planning should be based on past experiences in implementing interventions and realistic time frame/ workplan)	Yes
6	The Plan caters needs of vulnerable groups (SC/ST, BPL, Women and Children, others) (Activities proposed to cover SC/ST population for Immunization coverage, JSY scheme etc.)	Yes
7	Inter-department coordination and convergence mechanism is clearly mentioned for multi-sectoral inputs/elements. (Planned joint sector ,block and dist level meetings with ICDS, education and local self Govt. etc and joint circulars for implementing intervention)	Yes
8	The findings of the facility survey/ assessment has been integrated in the Plan	Yes
9	Plan has been approved by appropriate district authority District (District Health Society)	Yes
11	Training Plan The training strategy to strengthen existing HR. The training plan has indicated target groups (e.g. MO, ANM, ASHAs, AWW etc), training load and broad details e.g. duration, quality assurance for training, etc	Yes
12	BCC /IEC strategy A service oriented BCC strategy based on assessment of the current status of issues with MMR, IMR, TFR, awareness of PNDT, etc. has been narrated in the plan	Yes
13	Work Plan Is the work plan consistent with stated components/objectives, strategies and activities? And whether the proposed phasing of activities would lead to increase in delivery/utilization of services?	Yes
14	COSTS/BUDGET Key criteria are:	

Sl. No.	Criteria	Remarks Yes/ No
	Does the budget follow the prescribed formats?	Yes
	The justification column has break-up of total amount	Yes
	1. Absorptive capacity: If very ambitious utilization of funds is envisaged compared to performance of 05-06/06-07, then key steps have been proposed to achieve plan expenditure?	Yes
B RCH-II PROGRAM		
PROGRAM MANAGEMENT ARRANGEMENTS		
1	Steps to establish financial management system including fund flow mechanisms to blocks and downward level and accounting system including timely reporting expenditure	Yes
2	Steps to establish quality assurance committees/system in the district.	Yes
3	Step to ensure systems for holistic monitoring (Outputs, activities, costs) against DHAP .(Dist level review meeting and DHS meetings)	Yes
4	Strengthening of HMIS with emphasis on timely availability of reliable and relevant information at appropriate level e.g. community, SC, PHC, Block and district, analysis and feedback system, steps to ensure implementation of revised HMIS system.	Yes
5	Provision of logistics management of drugs and medical supplies in order to ensure continuous availability of essential supplies at S/C, PHC and CHC level.	Yes
TECHNICAL STRATEGIES		
A. Reproductive & Child Health		
1	Maternal Health A. Interventions for 100% ANC coverage, B. 24x7 for EmOC services at selected institutions C. Skill birth attendance during labour (ANM) D. Provision for availability of safe blood in FRUs/CEmOCs, E. Intervention for anesthesia training for MOs, F. Provision of Safe abortion services and, G. Management of RTI/STI Cases H. Provision for Janani Suraksha Yojana	Yes
2	Child Health A. Organizing MCHN days for complete immunization coverage, B. Interventions for IMNCI services (Optional) C. Provision for new born care at institutions and, D. Promotion of breast feeding E. School Health Programme	Yes
3	Family Planning	

Sl. No.	Criteria	Remarks Yes/ No
	A. Interventions to provide regular FP services in everyh block facilities, B. Increase number of service providers for vasectomy, NSV, Tubectomy, and Laproligation , C. Intervention to improve quality of camps, D. Quality IUD insertion services, E. Increased availability of OP, Condoms through community workers, ASHA, AWW, NGOs	Yes
4	ARSH A. Intervention for training of MOs, paramedic for ARSH services (optional) B. Provision of AFHS services at selected institutions (optional)	Yes
5	Gender Mainstreaming Activities planned for awareness generation of gender, PCPNDT Act and strengthening implementation of PCPNDT Act.	Yes
B	NRHM ADDITIONALITIES Whether provision made for-	Yes
1	ASHA Training in the district	Yes
2	PRI Trainings (Block/Village health & Sanitation Committees)	Yes
3	Untied Funds at SC & Untied funds to RKS at PHC/CHC/District Hospitals	Yes
4	Civil Works as per IPHS (CHC/PHC/SC) Hospital Building- Staff Quarters	Yes
5	Strengthening Field Monitoring and Supervision (Enhance the provision of POL, Maintenance and of vehicle)	Yes
6	Need assessment done for-Procurements as per IPHS CHC/PHC/SC)	Yes
7	Appropriate provision made for-Programme Management Units at Divisional, District and Block levels-Adequate salary and OE provisions (District PMU is a part of RCH II and Block level PMUs are part of NRHM)	Yes
8	Adequate provision made for-Additional Manpower Specialists at CHCs ANMs at SCs Divisional/Block Programme Managers	Yes
9	Provision made for-Drug Kits at different institutions	Yes
10	Plan for management of Mobile Medical Units at districts	Yes
11	No of Ambulances available and required	Yes,
	District specific innovative activities to address local needs have been incorporated	Yes
12	Public private partnerships (optional)	Yes
12	Provision of hiring of vehicle for BMOs (as per requirements)	Yes
C	IMMUNIZATION PROGRAM Whether provision made for-	
1	Social mobilization	Yes

Sl. No.	Criteria	Remarks Yes/ No
2	Alternative vaccine delivery	Yes
3	Cold Chain Maintenance	Yes
4	PoL & Maintenance requirement for vehicles	Yes
D	National Disease Control Programme	
1	Water Borne Diseases Clear strategy prepared for combating Water Borne Diseases like Malaria, dengue etc	Yes
2	TB	
	Whether Separate section on TB with operational details and budget prepared	Yes

Sl. No.	Criteria	Remarks Yes/ No
3	Leprosy Separate section on Leprosy with detailed operational guidelines and budget	
4	Blindness	
1	Separate section on Blindness Control with detailed targets and budget	Yes
2	Monitoring mechanism for NGO	Yes
F	INTER-DEPARTMENTAL COORDINATION Whether interventions in the following areas have been planned	
1	ISM Integration Activities	Yes
2	Department of Social Welfare (ICDS)	Yes
3	PHED	Yes
G	Miscellaneous	
1.	Whether Five year perspective plan with one year detailed budget prepared	Yes
2.	List of NGOs working in health sector the district	Yes
3.	Listing of private health facilities in the district. Block wise list of all private hospitals in the district.	Yes
4.	Comprehensive note on overview of the District Hospitals	Yes
5.	Whether Plan presented in the District Health Society -Date of presentation and approval (Documentary evidence)	Yes


Dr. Mohd Shafi
 (Chief Medical Officer)