

# National Rural Health Mission



## District Health Action Plan

Supaul

Bihar

(2010 – 2011)

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# Content

Summary

Chapter – I:	INTRODUCTION	:
Chapter – II:	DISTRICT HEALTH ACTION PLAN – PROCESS	:
Chapter – III:	SITUATIONAL ANALYSIS AND PRIORITIES OF BLOCK & DISTRICT LEVEL CONSULTATIONS	:
Chapter – IV:	WORKPLAN AND BUDGET	:

Annexure:

- I. Detailed Budget .
- II. The findings of block level consultations
- III. The output of the district consultation.
- IV. Situational Analysis for District Action Plan questionnaire/format/templates.
- V. Blockwise data



## Summary:

Since independence, India has created a vast public health infrastructure of Sub-centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs). There is also large cadre of health care providers (Auxiliary Nurse Midwives, Male Health workers, Female Health Visitors and Health Assistant Male). Yet, this vast infrastructure is able to cater to only 20% of the population, while 80% of healthcare needs are still being provided by the private sector. Rural India is suffering from a long-standing healthcare problem. Studies have shown that only one trained healthcare provider including a doctor with any degree is available per every 16 villages. Although, more than 90% of its population lives in rural areas, but only approximately 20% of the total hospital beds are located in rural area. A countrywide study conducted a few years ago (RCH Facility Survey 1st round) found that less than 50% of primary health centres (PHCs) had a labour room or a laboratory, and less than 20% had a telephone. Less than a third of these centre stocked iron and folic acid, a very cheap but essential drug. Taking into consideration the above issues, the National Rural Health Mission (NRHM) was launched by Government of India (GOI).

The National Rural Health Mission (2005-12) was launched in **April 2005** by GOI. It seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure and Bihar is one of the EAG states.

The NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. It also seeks to reduce the Maternal Mortality Rate (MMR) in the country from 407 to 100 per 1,00,000 live births, Infant Mortality Rate (IMR) from 60 to 30 per 1000 live births and the Total Fertility Rate (TFR) from 3.0 to 2.1 within the 7 year period of the Mission. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care.

The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of



management and financial personnel into district health system, and operationalizing community health centres into functional hospitals meeting Indian Public Health Standards.

**The District Action Plan (2010-11), Supaul** has focused on few major issues to ensure that MMR, IMR & TFR has been achieved according to the National Goals. In this plan, the focus has been made on strengthen health services and make FRUs functional so as to improvement of ANC, institutional delivery, PNC, new born care, immunisation, family planning services, health, RTI/STI management, diseases control programme, public-private partnership and strengthening all PHCs and APHCs with infrastructure, facilities and Human Resources at par with IPHS guideline. In order to increase institutional delivery attention has been given to 24x7 services in the selected PHCs. Importance has also been given to institutionalize functional OT and Labour Rooms in at least 60% of PHCs. The focus has also been given on availability of mobile health units to reach the under served area, boat ambulance at the flood affected areas, formation of village health and sanitation committee (VHSCs), village health and nutrition day, strengthening health sub centres (HSCs) with infrastructure, adequate equipments, drugs and supplies, and ensuring quality service by building capacity of all cadre of health personnel with series of training.

The gaps have been identified at block and district levels considering the situation at the grass root by referring primary and secondary data. The identified gaps have been further prioritized by the planning team in consultation with different stakeholders in Block and district level consultations and the most important priorities have been taken to address the public need for the financial year 2009-2010. The strategies and feasible activities have been finalized by taking into consideration of NRHM mandates and recommendations from the block and district level officials of related line departments.



## CHAPTER-I

### INTRODUCTION

#### Bihar at a glance

Bihar is located in the eastern part of the country (between 83°-30' to 88°-00' longitude). It is an entirely land–locked state, although the outlet to the sea through the port of Kolkata is not far away. Bihar lies mid-way between the humid West Bengal in the east and the sub humid Uttar Pradesh in the west which provides it with a transitional position in respect of climate, economy and culture. It is bounded by Nepal in the north and by Jharkhand in the south. The Bihar plain is divided into two unequal halves by the river Ganga which flows through the middle from west to east.

#### Physical Features

Latitude	21°-58'-10" ~ 27°-31'-15" N
Longitude	82°-19'-50" ~ 88°-17'-40" E
Rural Area	92,257.51 sq. kms
Urban Area	1,095.49 sq. kms
Total Area	94,163.00 sq. kms
Height above Sea-Level	173 Feet
Normal Rainfall	1,205 mm
Avg. Number of Rainy Days	52.5 Days in a Year

#### Administrative Units

Divisions	9
Districts	38
Sub-Divisions	101
CD Blocks	534

Panchayats	8,471
Number of Revenue Villages	45,103
Number of Urban Agglomerations	9
Number of Towns	130
- Statutory Towns	125
- Non-Statutory Towns	5
Police Stations	853
- Civil Police Stations	813
- Railway Police Stations	40
Police Districts	43
- Civil Police District	39
- Railway Police District	4

## ABOUT THE DISTRICT - SUPAUL

Districts Supaul has been the part of Saharsa district as subdivision for 121 years until, it was declared as district of Bihar on 14.3.1991.<sup>1</sup> The district has four subdivisions (Supaul, Birpur, Nirmali, and Triveniganj) and 11 blocks (Raghopur, Pipra, Chhatapur, Saraigarh, Marouna, Basantpur, Supaul Sadar, Pratapganj, Triveniganj, Nirmali and Kishanpur), 187 GPs and 624 villages. The total land area of the district is 1624 sq.kms. The district has the population of 1732578. The bifurcation of SC and ST population are 2,07,782 (Rural - 1,97,573 and Urban - 10,209) and 3,962 (Rural - 3,873 and Urban - 89) respectively. The basic occupation of its population is Agriculture (Paddy). The district is affected with the frequent flood of river Kosi of 1/3<sup>rd</sup> of the year.<sup>2</sup> The river Kosi enters through Basantpur from Nepal and then passes through Chhatapur, Raghopur, Triveniganj and ends at Medhepura district of Bihar.

<sup>1</sup> Source: NIC Supaul district, Bihar and State Health of Bihar, Population Foundation of India.Pg.3.

<sup>2</sup> Source: <http://gov.bih.nic.in/Profile/default.htm>



As shown in Table 1.1 below, the population of Supaul district is around 17.5 lakh as per the 2001 Census and constitutes about 2.08 percent of the population of the State. The annual exponential growth rate of the district during 1991-2001 is 2.5 percent, which is almost same as that of the State average (2.5). The district has a population density of 719 persons per sq. km., which is low compared to 881 of the State. The sex ratio of the district is 920 females per 1000 males, which is slightly higher than that of the State average of 919. About 5 percent of the population of the district lives in urban areas in contrast to 11 percent in the State. The literacy rate (population age 7+ years) of the district is 37.3 percent, with 52.4 percent for males and 20.8 percent for females which are much lower than the respective rates of the State.

Table 1.1: Basic Demographic Indicators <sup>3</sup>		
Demographic Indicators of Supaul district of Bihar State		
Indicators	District	State
Population	2121374	82998509
Average annual exponential growth rate	2.5	2.5

<sup>3</sup> Source: Census 2001



Population density (per Sq Km)	719	881
Sex ratio (females per 1000 males)	920	919
Percent urban	5.1	10.5
Percent scheduled caste	14.8	15.7
Percent scheduled tribe	0.3	0.9
Percent of literate population age 7+ years		
Total Person	37.3	47.0
Male	52.4	59.7
Female	20.8	33.1



## Demographic particulars<sup>4</sup>

Persons	2121374	
Males	1102207	
Females	1019167	
Rural (%)	94.9	
Urban (%)	5.1	
Scheduled Castes (%)	14.8	
Scheduled Tribes (%)	0.3	
Young people (10-24 years) (%)	28.5	
Elderly population (60+ years) (%)	5.8	
Decadal growth rate, 1991-2001 (%)	29.0	
Population density (per sq km)	719	
Sex Ratio (females per 1000 males)	Census 1991	904
	Census 2001	920
Child Sex Ratio (0-6 years) (girls per 1000 boys)	Census 1991	941
	Census 2001	925
Literacy rate (7+)	Persons	37.3
	Males	52.4
	Females	20.8
Work participation rate	Total	42.0
	Female	33.0
Household amenities	Households with kutchha houses (%)	78.3
	Households with safe	97.4

<sup>4</sup> Source: Census 2001

	drinking water (%)	
	Households with electricity connection (%)	4.7
Vital rates	Crude Birth Rate	36.2
	Total Fertility Rate	4.7
	Infant Mortality Rate	NA

### RCH Indicators

Indicators		DLHS – II	DLHS – III
Marriage and Fertility	Girls marrying below 18 years (%)	67.9	44.2
	Birth order 3 + (%)	51.5	51.5
Family Planning	Current use of any FP Method (%)	34.9	43.1
	Total unmet need (%)	25.8	29.8
Maternal Health	Pregnant women with any ANC (%)	24.9	NA
	Pregnant women with 3+ ANCs (%)	3.6	21.2
	Pregnant women received IF A tablets (%)	3.3	
	Safe delivery (%)	14.9	24.0
	Institutional delivery (%)	9.8	23.2
	Mother received post natal care within 48 Hrs of Delivery of their last child	NA	28.2
Women facilitated/Motivated by ASHA	ANC	NA	2.1

	Delivery at Health Facility	NA	8.6
	Use of Family Planning Methods	NA	1.8
Child Immunisation	Children with full immunization (%)	16	39.5
	Children received at least one dose of Vitamin A	NA	34.9
	Children received 3 doses of Vitamin A	NA	0.1
Child Feeding practices	Breastfed within first one hour	NA	13.3
Communicable Diseases	Kala-azar prevalence (%)	2.3	NA
	TB incidence (%)	1.1	NA
	HIV + prevalence among STD Clinics	0.4	NA
	HIV + prevalence among ANC Clinics	0	NA
Women's Health Awareness	Aware of R TI/ STI (%) (M/W)	85.2	23.3
	Aware of HIV / AIDS (%) (M/W)	9.5	11.4
	Unmarried heard of HIV/AIDS	NA	38.2
	Women underwent HIV/AIDS test	NA	0.0
	Women heard of RTI/STI	NA	12.2
Health Infrastructure	CHCs /District hospital	02	
	PHCs	11	
	APHC	19	
	Sub-Centres	178	

## District Ranking in State <sup>5</sup>

Sl.No.	Indicators	Ranking and (%)	Ranking and (%)	Ranking and (%)
1	Decadal Growth rate	13 (24.40)	20 (29.02)	30
2	Density of Population (sq. km)	17 (602)	10 (719)	
3	General Sex Ratio	21 (895)	13 (920)	
4	Child Sex Ratio	30 (941)	31 (925)	
5	Female Literacy	34 (25.7)	36 (20.8)	
6	Girl Marrying below 18 yrs	12 (56.5)	32 (61.1)	
7	Birth order (3 and above)	03 (53.3)	09 (51.6)	
8	Any Antenatal Care	32 (17.9)	34 (24.9)	
9	Institutional Delivery	31 (9.4)	28 (12.5)	
10	Complete Immunization	18 (20.1)	30 (15.7)	
11	Contraceptive Prevalence Rate	03 (27.7)	07 (26.4)	

## Status of PRI in the district<sup>6</sup>

Position	Total
Gram Panchayat member	2529
Mukhiya	181
Panchayats Samiti Member	255
Zila Parishad Member	25
Zila Parishad Chairperson	01

<sup>5</sup> Information source from number 1-5 is Census (1991 and 2001) and from number 6 onwards is from DLHS {I(1998-99) & II(2002-2004)}

<sup>6</sup> Source: Bihar Election Commission, 2006



**Status of Govt. Institutions in the District, Demographic and Health Indicators in the district  
( As per situational analysis)**

<b>No.</b>	<b>Variable</b>	<b>Data</b>
1	Total geographic area	2410 sqkm
2	Total no. of blocks	11
3	Total no. of Gram Panchayats	187
4	No. of villages	626
5	Total population	2121374
6	Male population	1102207
7	Female population	1019167
8	Estimated no. of Pregnant women	69354
9	Total no. of expected JSY beneficiaries	44902
10	Total No. of MTP s conducted	00
11	Total no. of Maternal Deaths	139
12	Estimated no. of births	85423
14	Children (0-6 years)	278069
15	Total no. of neonatal deaths (birth up to the end of 1 month)	459
16	Total no. Infant deaths (1 month to 1 year)	421
17	Total no. of child death (1 year to 5 years)	224
18	Sex Ratio	920
19	SC population	286961
20	ST population	7326
21	BPL population	349573
22	No. of Primary schools	1079
23	No. of Middle and High Schools	470
24	No. of Anganwadi centers	1744
25	No. of Anganwadi workers	1798

26	No. of electrified villages	313
27	No. of villages having access to safe drinking water	589
28	No. of households with constructed toilets	55322
29	No of villages having motor able roads	433
<b>Health Facility in the District</b>		
	PHC	09
	Referral Hospital	02
	District Hospital/ Sadar Hospital	01
	APHC	14
	Health Sub centre	178



## CHAPTER – II

### DISTRICT HEALTH ACTION PLAN - PROCESS

#### **A. Process Adopted:**

The process of preparation of District Health Action Plan (DHAP) for Supaul involved a participatory and need based process in collaboration with the Block and District Health Society. The plan is based on the health situation analysis in the district and the priorities for 2010 – 2011. Following are the activities undertaken as part of the process of preparing the DHAP.

1. Formation of DHAP development team
2. State level Planning meeting
3. Situational Analysis
4. Block level consultations
5. District level consultation
6. District level dissemination workshop

#### *The Team:*

A district level DHAP team was constituted. The team comprise of the following;

1. District Magistrate
2. Civil Surgeon
3. DHMU
4. MOIC
5. PHED
6. Representative from Education
7. Representative from ICDS
8. Alliance for Holistic and Sustainable Development of Communities (AHSDC)
9. UNFPA
10. PHRN



### *State level planning meeting:*

Based on the consent of the State Health Society a preparatory meeting about the plan in developing the DHAP was held on 7-09-09 to 12-09-09 in Patna. The representatives from the State Health Society including the Executive Director, Consultant NRHM, Consultant RCH, Programme Manager, Data Manager, State Malaria Officer, State Leprosy Officer, Addil. Chief Medical Officer (ACMO) ,District Programme Manager (DPM) of District Health Society, DTO Supaul One MO I/c & one Health Manager, representative of PHRN, including UNFPA, PFI, AANSVA and AHDS were present in the meeting. It was suggested by the SHS that, since the ground work had already been done by the SHS therefore /UNFPA team could straight away collect the information from the block level taking the help of Block Health Management Unit (BHMU). SHS there after issued the letter to the District Magistrate to provide support to UNFPA in undertaking the activity to develop the DHAP.

### *Situational Analysis - Orientation of Medical Officer In-charge (MOICs) and Block Health Managers:*

Following the State level meeting, the team visited both the districts and held meetings with the District Magistrate (DM)/Civil Surgeon (CS), DPMU and BHMU. An orientation was undertaken for the BHMU in collecting the data and the questionnaire was circulated. Though the data was collected from all the blocks of the district (Supaul – 11 blocks), block level consultations were held only in two blocks from district. Considering the high and low risk area, Triveniganj and Kishanpur of Supaul were the selected blocks for block consultations, based on the suggestions by the District authorities of both the districts.

The data collection was undertaken by the BHMU in the prescribed format (Situational Analysis for District Health Action Plan) with reference to the information available at the block headquarters. They also referred the information available with ICDS, PHC, APHC, Referral Hospital, PHED, Block Education Office, PRI, ANM, ASHA, and other sources. In some blocks the BHMU even managed to undertake group discussions in the villages to validate the secondary data.





The filled in formats were then submitted to UNFPA for analysis and to facilitate the process of undertaking the Block level and District level Consultations. The data was analyzed by UNFPA for sharing at the Block and district level consultation to place the situation of the district for discussion and get recommendations for developing the DHAP.

#### *District level consultation:*

The district level consultation was held on 14<sup>nd</sup> October 2009. The meeting was chaired by the Civil Surgeon. The DHMU, BHMU, representatives from all line departments, representative from PRI and NGO were present in the consultation. Members of the district DHAP team, and UNFPA facilitated the consultation. The objectives, expected outcomes, processes to attain the expected outputs were explained to the participants. The findings and recommendations emerging from the block level consultations were shared with the participants. This was followed by NRHM component specific discussion by the participants for providing inputs into the DHAP. [The key recommendations from the district consultation are given in Annexure – III.](#)

#### *District level dissemination:*

Based on the situational analysis, recommendation from Block and District level consultations, the draft DHAP was prepared by the DHAP team. This would be shared with the District officials in Supaul for their inputs and comments. Based on the input from the district official the DHAP would be finalised in terms of budget etc and would be shared among other stakeholders in the District Level dissemination. The purpose of the dissemination was to finalise the draft DHAP for Supaul. Participants would be district and block level government functionaries, PRI members, NGOs.



## CHAPTER – III

### SITUATIONAL ANALYSIS AND PRIORITIES OF BLOCK & DISTRICT LEVEL CONSULTATIONS

#### **A. Situational Analysis**

The situation analysis was undertaken by collecting the information available with the Block Health managers at the block level as also the status of various health indicators within the district as revealed by existing survey data. The information was collected based on the standard pre decided format as per the DHAP guideline. The analysis was done based on the information provided by the district government officials. Following are the analysis of the major gaps in the district.

#### **Section A – The Health Facilities in the district:**

As per the census 2001 the district population was 1732578 and the present situational analysis shows the district population is 2121374 (Male: 1102207 and Female: 1019167). The requirement of HSC as per Census 2001 for the district is 347 and as per the present district population the requirement goes up to 397. Against the requirement, the district has only 178 centres. This is only 47% of the total requirement against the requirement based on the district population. Hence there is a need of having another (219) 53% of Health Sub centers. The situational analysis shows that, the district has proposed for 171 numbers of HSCs though there is a requirement of additional 48 numbers of HSCs. The calculation of the Supaul Sadar is based on the Rural Population of the block.

As per the norm/population, the current requirement of the PHC/APHC in the district is 70. At present there are only 31 centers (10 PHCs, 2 Referral and 19 APHCs) available to serve the population of 2121374 in the district. So there is a gap of 39 PHC/APHC in the district. Further Proposed 30 APHCs.

#### **Section B – The Human Resources and Infrastructure:**



The Human resources status of the district is observed to be very poor and insufficient. The detail picture of the Human resource as per the service is given below.

**a. Health Sub Centres:**

In 178 HSCs, 135 ANMs are appointed but 97 ANMs have been formally posted in the HSCs. The percentage of ANM in position and formally posted on contractual appointment is 45% and 43% respectively. ***So, there is a need of making the contractual ANM into regular and filling the gap of 257 ANM (392 HSC required as per norm – 180 in operation {source-Situational Analysis}) to meet the community level health need of the district.***

Out of the facility available the number of centers running in government owned land is only 28% while the additional centers for which the land is already approved is 26%. There has been no initiative to construct or renovate or build new HSC as yet. There are cases where the HSCs are run by the health providers in private facilities. These are in the AWCs, ANM houses and infrastructures belong to other private sources. This fact needs immediate attention in order to reach out to people with improved services. ***Therefore, immediate steps need to be taken by the government in constructing the HSCs to meet the requirement of the people in the district. It was not clear from the situational analysis about the ANMs staying in the HSCs or its close by area.***

**b. Primary Health Centre:**

The 13 Health Institution in the districts are segregated with 10 PHC, 2 referral Hospital and one 1 District hospital. The PHC of Supaul Sadar is running within the Block office building, PHCs of Basantpur are running in the APHC building due to non-availability of a separate building. The building of Supaul Sadar is under construction. The building of Pipra is in good condition where as the condition of other block PHCs are about average. Continuous water supply to the PHCs is available in Saraigarh, Triveniganj and Nirmali (21%). Power supply is available in Pipra, Chattapur, Pratapganj, Nirmali and Kishanpur (35%). Toilets are available in 6 PHCs (42%). The PHCs of Pipra, Chhatapur, Triveniganj and Kishanpur have functional Labour rooms, out of which the labour room of Pipra is in



good condition and Triveniganj needs major repair. There are 7 PHCs where there is no functional labour room. **So there is a need of renovation of Triveniganj, Chhatapur and Kishanpur and construction of labour room in 7 other PHCs.** There are 5 PHCs which do not have any Operation Theatre (OT). Out of these OTs one is in good condition and rest 4 need major repair. There are 4 PHCs which don't even have the facility of bed. Only 4 PHCs have the provision of vehicle and 5 have Ambulance.

The human resource statuses of the PHCs are as follows;

S No.	Position	Sanctioned	Position	% of position
1	Doctor	57	47	80%
2	ANM	44	30	70%
3	Lab. Technician	13	3	23%
4	Pharmacist	14	0	0%
5	Nurses	28	7	25%
6	Specialist	9	1	11%
7	Lady Health Volunteers		9	
8	Health Educator		4	
9	Grade III and IV		45	
10	Computer Operator		3	

Except Supaul Sadar all the PHCs have the approval for the pharmacist and only two PHCs (Raghopur and Triveniganj) where there is referral hospital are approved with the specialist. However there is no posting of pharmacist and only 1 specialist is in position in Raghopur PHC. The status of the HR shows that there 88% of Doctor, 75% of Nurses, 23% of Laboratory Assistant, 0% of Pharmacists, 25% of nurses and 11% of specialist are in position against the sanction position. **So, there is an immediate need for recruitment of Laboratory assistants, Pharmacists, Nurses and Specialist to meet the need of the district.**

### c. Additional Primary Health Centre:



Out of the 19 APHCs 16 APHCs are running in government building, two are running in Panchayat or other department owned and one is running in the rented building. Out of the total government building five are in good condition, 11 need major repair. Only two blocks (Raghapur and Kishanpur) have the assured running water supply. Raghapur and Basantpur have continued power supply. Only 7 APHCs have toilet facility. Out of these 4 APHCs are having good toilet condition, two need minor repair and one needs major repair. 12 APHCs do not have any toilet facility. Only APHCs located in Raghapur have labour room in good condition. The Labour room available with 3 APHCs of Chhatapur and one APHC (Barail) in Supaul Sadar need major repair. No other APHCs are having the Labour Room. 13 APHCs are having rooms. 9 APHCs are having the Bed which seems to be very insufficient to meet the requirement of the population covered by the APHCs. 17 APHCs does not have any residential facility for the indoor patient. 9 OUT OF 19 APHCs have staff residing in the APHC area. All the APHCs of Pipra and Basantpur have vehicles and Ambulance. Both the APHCs of Supaul Sadar and one APHC of Nirmali have Ambulance only.

The human resource status of the APHCs is as follows;

S No.	Position	Sanctioned	Position	% of position
1	Doctor	34	23	68%
2	ANM	27	8	30%
3	Lab. Technician	17	6	35%
4	Pharmacist	15	1	7%
5	Nurses	20	10	50%
6	Dresser/ Compounder	17	6	35%
7	Lady Health Volunteers		3	
8	Health Educator		5	
9	Grade III and IV		55	

The APHCs of Saraigarh and Pratapganj are functioning with PHCs. The human resource status of the remaining 17 APHCs shows that there are 68% of Doctors(Regular), 50% of ANMs, 35% of Lab. Technicians, **7% of Pharmacists**, 60% of Nurses and 35% of Dresser/Compounder are in position against the approved position. There are only 3 LHVs



and 2 Health educators posted. It is quite challenging to meet the health need of the district population. In Hatwariya APHC of Pipra block though there is an approval for Lab. Technician under DOT programme but the position is still vacant. There is an approval and positioning of Lab. Technician in Nirmali but he is on deputation to PHC. There is no approval of Doctor's positions in two APHCs (Ghograriya and Bea Dhaturaha APHCs) of Marauna block and the APHC (Dungmara) of Nirmali Block does not have any approval and positioning of any of the above staff. The Basantpur centre runs by the two Doctors only where as there is approval of one ANM and two dresser/compounders.

### **Section C – Equipment, Drug and Supplies:**

The situational analysis of PHC shows that, out of 11 PHCs 6 PHCs required OT with C-section though it was expressed during the block and district level consultation that All PHCs don't have c-sections in the OT. 4 PHCs required labour room, 5 required bed, 2 required table in the labor room. There are 7 PHCs without X-ray machine and 6 PHCs without a baby warmer. There are 4 PHCs that need oxygen cylinders, 8 PHCs needing suction machine. 5 PHCs requiring incubators, 3 PHCs requiring Lady Examination rooms and weighing machines. There are 2 PHCs which required ambulance. The data shows that there are 6 PHCs which required a maternity ward. There are PHCs which required other equipments like stethoscope, Ambubag, scissor, sterilizer, Vacuum aspirator, tray etc.

The analysis shows that there are PHCs which do not have essential drugs as per requirement.

The stock out of last year as per drug category is not even maintained properly. The supplies like IUD, OCP, Condoms, Emergency contraceptive pills, RI Card, MCH register formats etc. needs improvement. Even the details of supply of last year are not maintained properly by almost all PHCs. ***considering the situation it is required to have a monitoring mechanism in place so as to maintain the record of supplies and utilization of stocks.***

### **Section D – RKS, Untied Funds and Support Services**

#### **a. RKS and Untied fund**



The data shows that in all the eleven blocks the Rogi Kalyan Samities have been formed. The number of meetings held varies with the highest number of meetings held. The total fund received by all these Semites is Rs. 2125000 and that utilized is Rs. 41975. It shows that the district average of utilization is 1.97%. The utilization of untied funds at the district level is 20.4% only. The analysis also shows that 6 out of 11 blocks have not utilized any untied funds available.

### **b. Support Systems to Health Facility Functioning**

The analysis looked into the support systems such as availability of ambulance, generator, x ray, laboratory services, canteen, housekeeping and data operator. Ambulance is available with 8 ambulances. 8 blocks have outsourced generator facility and Supaul Sadar has in sourced generator facility. Triveniganj has in sourced and Chhatapur has outsourced X-ray facility. It is evident that, the X-ray machine is not in function. Out of 11 (9+2) PHCs 4 have in sourced, 2 have out sourced laboratory services. Housekeeping service is available in all the blocks other than Pratapganj. Data operator is available in all 11 blocks, all of them are outsourced.

## **Section E – Health Services Delivery**

The analysis shows that the services are extended to the entire population of the district from 25 centers out of the approved 33 centres (9 PHCs, 2 referral and 14 APHCs). This includes 5 APHCs (Saraigarh, Marauna {only immunisation services}, Triveniganj, Nirmali and Kishanpur) and 10 PHCs and Supaul Sadar/district hospital. The details of Health Services delivered through APHCs and PHCs (including Supaul Sadar hospital) are given below.

### **a. Health Services Delivery through APHCs**



Health services delivery such as Child Health, Maternal Care, Reproductive Health, RNTCP, Vector Borne Disease Control Programme, and National Programme for Control of Blindness, National Leprosy Eradication Programme, Inpatient Services and Outpatient Services were analyzed in this section. At the APHC level it was seen that very little service has been provided by all the blocks in Supaul District. It is also to be noted that exactly no services is being provided at the APHC level in the blocks Raghapur, Pipra, Chattapur, Basantpur, Supaul Sadar and Pratapganj. When the data is put together 7 blocks out of 11 have no or negligible provision of these health services at the APHC level.

#### **b. Health Services Delivery through PHCs/Referral/SDH**

At the PHC/Referral/SDH level all the listed health services delivery are being provided. Due to lack of facility no MTP is being conducted in any of these institutions. National Programme for Control of Blindness and Vector Borne Disease Control Programme are two programmes with nil service delivery reported from all the blocks of the district. ***The reason given for nil service delivery in the whole block is lack of institutional facilities such as operation theatre and other infrastructure as well as lack of trained practitioners and nursing staff.*** The same reason is given for not meeting the needs of surgeries. The number of major surgeries conducted in the whole district is just one case which happened in Supaul Sadar district hospital. Whereas there have been 2717 cases of minor surgeries reported. The number of inpatient admission of the district recorded is 25894 and the average number of outpatient services provided to 184603 patients. There have been 179 cases of leprosy detected with the highest number of cases being 43 in Supaul Sadar and the lowest number of cases being 4 in Pratapganj. ***There was no case of blindness reported in any block under the National Programme for Control of Blindness. Only in Nirmali, 33 cases of Leprosy were detected, out of which 29 got treatment and 4 cases were found default cases.*** The immunization percentage on an average reported from all the blocks is 71.4 and the average percentage of children who have received 5 doses of vitamin A solution is reported to be 85%. ***Percentage of pregnant women with three ANC check up is reported to be 34% at the district average and that with any ANC check up is reported to be 55%. Percentage of pregnant women with anemia is reported to be 43% and those who received 100 IFA tablets are reported to be 57%. Percentage of C-sections conducted in the whole***





***district is reported to be just 12%. The percentage of mothers visited by the health worker during the first week after delivery is reported to be 41%.***

***The percentage of couples provided with barrier contraceptive is 34%. The percentage of couples provided with permanent methods is just 9%. The percentage of female sterilization is reported to be 29%.***

### **c. Community Participation**

#### **i. Training**

As reported, the entire district has 181 GPs. The community participation is found almost nil in all the blocks of the district. The reason arrived at is the absence of any institutional platform for the community to participate. The VHSCs have not been formed in any of the blocks and thus no meeting of the VHSC is being held. The community representatives such as the PRI members have also expressed during the consultations at the block and district levels that they are unaware of any process and provision of VHSCs. The non-formation of VHSCs has blocked the possible cooperation and participation of the community in Supaul district.

There are 1563 ASHAs being actively involved in improving accessibility of services. 1545 of them have gone through the first round of training. No second round training has been organized till date. The total number of meetings held between ASHAs and the Block Offices is reported to be 106 with Chattapur conducting the highest number of meetings i.e. 18 and Kishanpur reporting the lowest number of meetings i.e. just 2 meetings.

A total of Rs. 2696995 have been reported paid as incentives to the ASHAs (in the previous financial year 08-09) which shows that on an average one ASHA has received Rs. 1732 (annually?) in the form of incentives.

Though a large number of training needs is being reported from all the blocks there were only 11 rounds of SBA training held in 6 blocks in which only 22 personnel were trained (source: situational analysis) . There was no training on SBA held in Raghapur, Marauna, Triveniganj, Nirmali and Kishanpur. The institutional capacity for conducting training is



reported to be nearly nil and this is one of the reasons behind the non-conduct of training activities though the demand and need is reported to be high. There is not a single round of the IMNCI training held in any of the block of the district. ***The emphasis hence should be given in undertaking the training for LHV, ANM and Nurse grade – A, on IMNCI/HBNCC, Family Planning, Routine immunization, SBA etc.***

## ii. BCC Activities, Campaigns

7 out of 11 blocks have reported that there is no BCC activity being conducted in their respective block. The other 4 blocks which have reported about BCC activities have also stated that only Mahila Mandal Meetings, Polio eradication campaign and Meetings with PRIs are being conducted. No proper campaign plan is in place and no proper community interaction is in practice. The Muskan is one medium that is being used but only by one block i.e. Supaul Sadar. ***There is need of proper community level programmes and better community participation to be encouraged through positive interventions.*** No agency private or public is being currently engaged in such interactive programmes at the community level. ***Initiatives therefore need to be taken in this respect.***

## B. Recommendations from Block and District Consultations:

Following the Situational analysis two block level consultations and one district level consultation have been undertaken to get the status of component like Maternal Health, Child Health and Immunisation, Family Planning, Disease control programme, training and capacity building and infrastructure in the district. Following observations were recorded as recommendation of these consultations.

### Recommendations from Block Consultations:

- **Maternal Health**

1. Occurrence of 100% ANC (3ANC) and its sustainability.
2. Required facility and cleanliness in the Operation theatre.
3. Focus on arrangement of C-section and promotion on Institutional delivery.



4. Availability of drugs and medicine in all health centers. Promoting facility for pathology test at the PHC level.
5. Arrangement of lady doctor in PHC.
6. Ensuring availability and supply of IFA tablet in every health center.
7. Delivery should be done by ANM and or TBAs at the community level and Lady Health professional at the institution level.
8. Ensuring post natal care by the ASHA and ANM
9. Ensuring availability of Ambulance and other facilities at PHC level.
10. Formation of Health and Sanitation Committee.
11. Educating the eligible couple on ARSH with special focus on right age to bear the first child, spacing between 1<sup>st</sup> and 2<sup>nd</sup> child and use of contraceptives in ensuring population stabilization.
12. Health education to Women, Mahila Mandal Member, Adolescent girl, newly married couple at community level.
13. Special arrangement for delivery during natural disaster like flood.
14. Distribution of Pregnancy Test Kits to all ASHAs.
15. Safe Abortion Services.

- **Child Health and immunization**

1. Community sensitization for availing regular immunization through ANM, AWW, ASHA and NGO.
2. Ensuring achievement of 100% planned immunization.
3. Ensuring new born care both at the home and at facility (FRU) level
4. Ensuring discussion on child health entitlements in community meeting and PRI meeting.
5. Posting and training of alternative vaccinator (staff to administer vaccines?) for ensuring 100% immunization.
6. Regular and sufficient supply of vaccines at all health centers.
7. Regularization of RI card.

- **Family Planning**



1. Form a team comprising a male and female both at Panchayat and Block level to create awareness among the community about Family Planning.
2. Create awareness among male to dispel misconceptions about vasectomy.
3. Incentive to ASHA to accelerate the family planning at the community level.
4. Referral services should be ensured at community level in sending the complicated cases to District Sadar Hospital and to address the referral cases required support should be available at district hospital. (This applies to both the above sections as well)
5. Ensure facility at the health centre like staying, availability of medicine (including contraceptives), infrastructure, machinery and electricity/ Generator etc. for interrupted service to patients.
6. Organizing regular orientation and refresher trainings for Doctors, ANMs, AWWs, ASHAs, and TBAs.
7. Mass awareness campaign on Family planning and reproductive health services from the community using community as the media of communication e.g. Organizing Nukad Natak by the community actors and youth,
8. Emphasis on developing the BCC and IEC materials. Special grant and investment on wall painting/ writing to address health issues.
9. Provision of Emergencies Contraception with all ASHAs.
10. Training of doctors in NSV provision.

- **Disease Control programme**

1. VBD – Cleaning of drain and logging/stagnated water, provision for Latrines, creating awareness to use mosquito nets and provision at Health centre for blood examination.
2. Establishment of VBD information at the Panchayat level
3. Orient the ASHA, ANM about the signs and symptoms of Leprosy and refer the patient to the PHC to obtain MDT at the earliest.
4. ASHA and AWW to be oriented to identify and send the TB patient to the PHS for early treatment (DOTS).
5. Orient the existing staffs and ensure their presence at Health Centers.



6. Ensure visit of specialized health professional to undertake periodic examination, treatment, operation of various disease and refer the patients to district hospitals.
7. Awareness generation through BCC and IEC materials on issues and services available. It was recommended by the group that, the district should give special emphasis on issue based BCC and IEC materials to enhance the knowledge of people on programmes and services.
8. Involve Panchayat, Mahila Mandal/SHG/CBO, AWWs, and ANMs in maintaining hygiene at the community level. Special responsibility to VHSC in ensuring hygiene at the village level. Village level convergence between Panchayat, Mahila Mandal/SHG/CBO, AWW and ANM.

- **Training and Capacity Building:**

1. ANM, ASHA and AWW should be trained on different issues related to RCH and identification of different diseases.
2. Refresher training should be conducted for Doctors, ICDS CDPO and Supervisors on Family Planning services.
3. Training for PRI and CBOs on different government health programmes, entitlements of people by NGO and service providers.

- **Infrastructure and development:**

1. All existing PHCs, First Referral Units should be strengthened with equipments, supplies and drugs to deliver all health services at PHC level.
2. Provision should be made for construction of building and available of services in inaccessible and disaster affected area.
3. Provision of separate male & female toilet at all Sub Centres & PHCs, Water Supply & toilets are functional.
4. Provision of All Labour room has an attached toilet with water.

### **Recommendations from District Consultation**

- **Maternal Health**



1. All PHCs should be functional with labor room, full fledged OT with all equipments, Maternity ward
2. C-section should be provided at PHC level
3. to provide the minimum lab facility for Antenatal care like; Urine test, HB, BP, Autoclave
4. 4 – 5 staff should be in place in all PHCs. Focus should be given on posting at least one Gynecologist
5. For ANC urine test kit should be available in sufficient quantity
6. Labour room should be increased
7. All pregnant women should be retained at least for 24 hours after delivery of their children and for this doctors should be motivated
8. Formation of VHSC should be given priority. Training programme should be organized for PRIs to form VHSC at village level
9. All ANMs should be provided with training on Maternal Health, care and delivery management
10. Muskan should be clubbed with ICDS. This can be converted as VHND.

- **Child Health**

1. Formation of New Born Care Centre in each PHC
2. Provision for supply and availability of all requisite equipment and adequate supplies like; Baby warmer, Incubator, Ambubag, Suction Machine etc.
3. The district does not have an Immunization Immunisation Officer. It was hence recommended by the group to appoint the Immunisation officer to ensure Child Health in the district.

- **Family Planning**

1. Improve the quality of services
2. Formation of Mini Lab
3. 4 hrs stay arrangement should be provided to all patients at PHC level
4. Focus on vasectomy
5. Increase number of service providers
6. At least two doctors trained for MTP



7. Ensure availability of contraceptives such as Oral pills, Condom, IUD at village through AWW and ASHA.

A model can be developed to find the potential of launching of the CBD programme. As pilot one block in each district can be taken.

- **Training and Capacity Building**

1. Capacity building on : IMNCI, FP, SBA for ANM
2. IUD insertion training should be provided to ANM
3. NSV & RTI training for Medical officers.
4. Block level orientation – VHSC and BDO
5. Formation and strengthening of district training centre
6. Organise regular and refresher training for ANM, SBA
7. NGO can be identified and engaged in undertaking orientation of PRI members on NRHM and health issues in the district.
8. Awareness through campaign, wall painting/writing and Nukkad Natak can be created at village level on issues of health, Mother & child health, Family planning, age at marriage etc

- **ARSH**

School health programme should continue in high school on ARSH and peer educators should be developed for further training.

- **Other**

1. Rogi Kalyan Samittee fund should be increased
2. Clarity on usage of untied funds should be provided
3. The entire stakeholder including Zila Parishad members feel that an ANM training centre should be established at District Head quarters.
4. Mobile Medical unit should be established in the district
5. DPMU should be strengthened in terms of HR and communication facility
6. District planning team should meet on regular intervals to discuss on the progress of DHAP and the findings of the same to be sent to SHS



7. Initiative for convergence between Health, PHED, VHSC, and Education should be taken as the priority area for District administration.

**C. Other priorities of the district considering its geographic positioning in the state.**

1. Mobile Health service during flood. Provision of alternative arrangement like mobile health boat service may be instituted.
2. Mobile delivery hut during flood.

**D. List of priorities recommended for inclusion in State Health Action Plan.**

1. Discussion to be held at state level in developing the IEC, BCC materials and training to the health service providers.
2. Strengthening SIHFW.
3. Formation of new and strengthening the existing Regional training centres with all training equipments and human resources.
4. State level franchising for IUD with Private Sector partnership.
5. At least 50% district in charge to be oriented to provide support on ARSH services
6. Initiative on eye disease will be taken as priority for 2010-11.





## CHAPTER – IV

### DISTRICT HEALTH ACTION PLAN – DHAP WORKPLAN AND BUDGET.

#### A. Objectives and strategies:

Considering the present situational analysis of the district it is recommended to streamline the present health services so as to address the health need of the district. It is also required to reach the entire population by involving them in the process. So there is need to form VHSCs and even putting the emergency health services in the flood affected areas. To improve the health services following component wise objective is planned for the year.

#### Component 1: Maternal Health:-

##### Objective 1: To strengthen health services and make FRUs functional:

To improve the maternal health it is planned to upgrade the present health facilities with the provision of infrastructure and human resources. There is a need of Blood Bank facilities in all PHCs. and being service provides at 24X7 services in all 9 PHCs and 2 Referral hospitals. Since 3 blocks of the district (Marauna, Supaul Sadar, Nirmali) are always affected every year and 4 other blocks (Pratapganj, Chhatapur, Basantpur and Triveniganj) affected this year by the flood of River Kosi, therefore it is planned to place Mobile health clinic in all 3 always affected bocks and one for emergency care in the district.

##### Objective 2: Universal coverage of all pregnant women with quality ANC services

Looking at the quality of ANC services the District is planning to invest in ensuring universal coverage of all pregnant women with quality ANC services. To achieve this, one key step would be to formulate the Village Health and Sanitation Committee (VHSC). In the year 2009-10 the district is planning to form at least 90% VHSC and remaining 10% will be formed in next year. These VHSCs will actively promote ANC services as well as monitor quality of services being provided.



All the blocks have the Rogi Kalyan Samities (RKS). However the initiative by the RKS in holding meetings is irregular. Out of the allotted funds only the 50.3% funds are being spent by these RKS. This seems that the RKSs may not have any information about the facilities on which they can use the allotted funds. Therefore the district is planning to build the capacity of the RKSs through some orientation programme so as to enable the RKSs to hold the bimonthly meeting, develop and execute plan and finally spend the allotted fund.

The district is also planning to ensure 100% supplies of equipments and essential drugs to all health centres with 3 months of buffer stock in all PHCs to ensure uninterrupted supplies and to meet the district requirement. To ensure this there is a plan to have proper storage facility at all the PHCs. The District is also planning to have some outreach camps to cater to the health needs of population like ANC in unserved areas. Therefore the plan includes building the capacity of ASHA, ANM & Medical Officer, so as to generate the demand by the people and their involvement in VHND.

### **Objective 3: Increase institutional delivery.**

Present data shows that, there are 21752 pregnant women registered for ANC out of which the pregnant woman who has undertaken 3 ANC is 2% and any ANC is 2%. 97% women registered for JSY and 93% have delivered in institutions. Additionally, there are 3.8% of pregnant women whose delivery was conducted by SBAs. The delivery with C Section care is 0.6%. There is the case of 1.9% of pregnancy women whose complication was managed. There are only 8 (1 – Chhatapur and 7 – Nirmali) numbers of maternal deaths reported in the situational analysis.

The analysis also shows that, there are only 26 centers out of the approved 32 centers (9 PHCs, 2 referral 1 District Hospital and 14 APHCs) who extends the service to the entire district (refer section E: Health Service Delivery). It proves that there is a huge gap in meeting the health need of the district. Hence the district is planning to put more attention in establishing the Health Centres in terms of infrastructure, Human Resources and Supplies. So that, at the end of the year at least 60% of PHCs and APHCs will be equipped with all facility to provide quality services in promoting and



ensuring conduct of safe institutional delivery. The facility also includes renovation of existing structure and construction of new infrastructure in terms of Toilet, Running and drinking water arrangement, Electrification or its alternative, Staff Residence, OT, Labour Room, Post Natal Care Unit, Maternity ward etc.

The district is also plan to focus on ensuring availability of supplies like ANC kit, Urine examination, HB measurement, stethoscope, Ambubag, Sterilizer, Vacuum Aspirator, weighing machine, incubator, BP instrument, DNC set, Autoclave, Mercury, Catheter, Riles tube, Gastric larvae, ILR1, V Speculum etc.

To promote the institutional delivery it is felt that Skill upgradation of LHV, ANM and Nurse Grade – A, is required on IMNCI, Family Planning, Routine immunisation, SBA, ANC etc. Hence the district has planned to undertake trainings on IMNCI, Family Planning, Routine immunization, SBA etc for LHV, ANM and Nurse grade – A,. Since there is no training institution in place at the district hence the district will send the health service providers to the training institutions at the state level. It is also planning to pay the beneficiary the incentive under JSY before they leave the health centres after delivery.

- A. **Objectives to be achieved:** 1) Increase ANC Coverage, 2) Increase registration in 1<sup>st</sup> trimester, 3) Ensure Two TT dosage to pregnant women, 4) Reduction of Anemia in women, 5) Increase Institutional deliveries, 6) Ensuring management of complication during pregnancies and deliveries, 7) Ensuring Post natal care
- B. **Strategies: Enhance availability of facilities for institutional deliveries and Emergency Obstetric Care (EmOC), Blood Bank, Provide skilled care to pregnant women at the community level, Improve coverage of quality antenatal coverage, Provide skilled post-partum care to mothers and neonatal care to the new borns in community setting, Availability of Safe Abortion Services / MTP, STI / RTI, Maternal and Perinatal Death Audits, Behaviour Change Communication and Community Mobilisation: Janani Suraksha Yojana**
- C. **Activities:** in order to achieve the above objectives and implement strategies for achieving the same, following specific activities will be undertaken during the financial year 2010-11. For the sake of clear understanding these activities are divided under subsections: access, quality and demand.
1. **Access:** To improve access to quality MH services, there is a need to establish a few well functional FRUs, fully staffed and equipped, besides strengthening all facilities up to PHC level to provide quality institutional delivery, new born care and post-partum services. In addition to these, there has to be availability of basic ANC Services, New Born care Services, and Post-partum Services and Nutritional Counselling at APHC and Sub-Centre Levels through ANMs, ASHAs and AWCs. To



achieve this, there is a need to establish FRUs, strengthen the PHCs, APHCs, and Sub-centres by undertaking new construction, renovation work and staff hiring, particularly MOs, A-Grade Nurses and ANMs.

- a. **Enhancing quality of Institutional Deliveries in PHCs, including management of common obstetric complication:** DH, SDHs and all PHCs must be able to provide 24 Hrs. quality institutional deliveries
  - i. Basic Equipment for Labour Room / Delivery Room in place
  - ii. New Born Corner in every facility
  - iii. Adequate supplies of essential drugs to be ensured
  - iv. An ambulance (out-sourced or otherwise) must be in place for 24 Hrs. at the facility
  - v. All facility must have earmarked Group D staff for maintaining asepsis, housekeeping and waste disposal
  - vi. Each facility should have patient care guidelines for women, newborns, and children displayed properly
  - vii. Each facility must have a Laboratory Attendant for haemoglobin testing, urine examination, blood grouping, and making etiological diagnosis of RTI / STI
  - viii. Each of these facilities should begin using Partograms and should have expertise in Active management of Third Stage of Labour
- b. **FRU Creation:** Apart from normal institutional deliveries, the following government facilities will be established as FRUs as per IPHS standard (\*please see the guidelines: involving infrastructure, staff, drugs, supplies and quality of services), providing emergency obstetric complications:
  - i. **One----- District Hospital**
    1. **It will be ensured that DH will have either its own Blood Bank / Blood Storage Facility or will have access to any Blood Bank or Storage at 30 minutes notice**
  - ii. **---- Sub-Divisional Hospital (their names-----)**
  - iii. **Bysee PHC will be up-graded to a CHC**
- c. **Providing Incentives to Doctors and Staff Nurses / ANMs who are providing 24 Hr. Maternal Health Services**
- d. **Strengthening of PHCs, APHCs and Sub-Centres** for ANC, Institutional Delivery, Post-partum Care and New Born Care
  - i. **All PHCs (and APHCs and Sub-centres, where applicable)**, including DHs, and SDHs are properly equipped to provide full ANC, conduct normal deliveries and provide basic post-partum care
  - ii. **Each facility** (including DHs, SDHs, PHCs, **and APHCs and Sub-centres, where applicable**) should have standard Labour Rooms, Waiting rooms and post-delivery room, with sufficient number of beds, based on client load of previous years
- e. **Referral Transport: All Facilities**, DH, SDH, and PHCs to have sufficient funds for transportation for referral and emergencies



In order for this to be achieved, following specific activities will be undertaken:

**1. Renovation Work**

- a. At DH:
- b. Rs----- PHCs will have renovation / expansion of Labour Rooms, post-partum wards
- c. At 2 APHCs (provide the name by Blocks)
- d. At 40Sub-Centres (provide PHC wise break – up)

**2. Manpower:**

- i. Deputing / Re-assigning specialists:
  - ii. There is a need to hire Surgeon, NSV Expert, Minilap Expert, Vasectomy Expert, Gynaecologist and Obstetrician to operationalise the FRUs, but last year they were not found (not available in the market). **This year again the efforts will be made.**
  - b. Hiring of ANMs and A Grade Nurses to Operationalise other PHCs and APHCs
    - i. 25A Grade Nurses for PHCs
    - ii. 60ANMs for APHCs
  - c. **Well equipped and Well stocked Facilities:** Ensuring all identified above PHCs, APHCs and Sub-centres have adequate supplies of equipments, drugs, consumables etc.
- f. **Providing Skilled Care at Community Level:** In order to attend to still a very high proportion of home-deliveries, 140ANMs (one each for each Sub-Centre) need to be provided with SBA Kits comprising of Delivery Kits and approved drugs (Keeping in view that ANMs come across situations of obstetric complications, GoI has permitted ANMs to use Inj. Oxytocin, Inj. Magnesium Sulphate, Misoprostol (oral), Oral Ampicilin, Inj. Gentamycin, Oral Metronidazole. They are also permitted to give IV infusion in an emergency. However, proper training has to be given to ANMs prior to use of these drugs) Rs.  $100*140*10 = 1,40,000$
- g. **Providing quality ANC services at community level:** ----% VHNDs are being organised as per schedule
  - i. Mapping of women of BPL, SC/ST and other marginalised Communities
  - ii. Targeting primigravida and adolescent mothers
  - iii. Involve AWWs, women's groups, TBAs and other community partners to reach out to each mother of above group  $100*140*4*12 = 5,55,000$
- h. **Providing quality Post Natal Care at Community Level:** All PHCs will provide quality PPC through ANMs, ASHAs and AWWs. The key messages would include:
  - i. Identifying Danger Signs
  - ii. Nutrition
  - iii. Iron Folic Acid Supplementation
  - iv. Birth Spacing
  - v. New Born Care

- i. **Involvement of Private Sector:** Doctors in private sector can accredited to conduct Caesarean Sections
  - j. **Provide safe and quality Abortion Services:** DH and SDH are providing quality MTP Services. -----PHCs will provide quality MTP services:
    - i. All identified facilities should have MVA equipment/s
    - ii. Identify, notify and accredit ----- private facility in the district for MTP
2. **Quality:** Quality of services can be maintained by have skilled manpower and by instituting a mechanism of efficient monitoring and supervision. Adequate infrastructure, well equipped facilities, and availability of range of Maternal Health Services alone cannot improve quality services unless there is skilled manpower available in these facilities.
- a. 2 MOs will be trained in EmOC / Cesarean Sections
  - b. 2 MOs will be trained in LSAS (Life Saving Anaesthesia Skills)
  - c. 30 A-Grade Nurses will be trained in SBA Skills
  - d. 40ANMs will be trained in SBA Skills
  - e. 140 ANMs will be oriented on quality / Full ANC
  - f. 500ASHAs will be oriented on full ANC, care during & after child birth, new born care and nutrition counselling
  - g. 2 MOs will be trained on Blood Bank / Storage mechanism
  - h. --- Blood Bank and Storage Staff will be trained on this
  - i. 5 MOs will be trained on MTP
  - j. 5 A-Grade Nurse / ANM will be trained on MTP
  - k. 10 MOs will trained on RTI / STI
  - l. 10 A-Grade Nurse / ANM will be trained on RTI / STI
  - m. 11 ANMs, 1 each from each PHC, and 5 A- Grade Nurses will be oriented in the use of drugs in SBA kits and how to give emergency IV infusion, as permitted by GoI
3. **Demand:** For there to be adequate demand of services, community awareness about Maternal Health and issues under maternal health is very important. Functionaries of the Health department, particularly ASHAs and ANMs; AWWs of ICDS department; and grass-root level PRI functionaries can increase the awareness levels on MH by regularly interacting with the communities under their specific geographical jurisdiction, utilising mechanisms like monthly visits to village / sub-centres by ANMs, mothers' meetings at AWCs (or by organising more of these either at Gram Sabha levels or at any other popular village level forum), routine visits by ASHAs to household in their allotted villages, forums like Village Health and Nutrition Days (VHNDs) and monthly meetings of Village Health and Sanitation Committees (VHSC). In order for these forums to be utilised by the grass root level functionaries of Health, ICDS, and PRI departments, one of the most important tools is the formulation of activity calendars by each of the categories of these functionaries. These calendars should capture for each of these functionaries: place





of visit, month of visit, and activities to be undertaken. The messages / themes covered during community awareness should be: 1) Comprehensive ANC, 2) Care during pregnancy, 3) Post-partum Care, 4) Referral Services, 5) Transport Preparedness, 6) Keeping some money aside for emergencies, and 7) New Born Care. Regarding each of these, a complete set of information regarding *what, why, where, by whom, and when* must be given to the community such that it knows what are the services, what needs to be done, where to go, who will give the services and when the services will be available.

**Activities under Demand Generation:** Some specific activities for demand generation that will be undertaken will be:

- a. **Incentives:** Ensuring timely disbursement of incentives to all beneficiaries and providers under JSY Scheme. **Based on last year's performance, budget for incentive.**
- b. **ANM Calendar:** (Based on these calendars, ANMs will disseminate information, conduct group discussions on Maternal Health: ANC, Intra-partum care and Post Partum Care. These will also include awareness generation on MTP) Each PHC to encourage all its ANMs to develop MH Awareness Generation Calendar of activities. This should happen as a day-long workshop at the PHC, where every ANM fills out various activities she would be undertaking throughout the year, separately for every month (something like RI Micro-Plan). Pre-existing Formats can be used for this purpose:
  - i. This would include sub-centre level / village level group discussions, orientation of:
    1. AWWs
    2. Mothers / Women Folk (Mothers' Meetings)
    3. PRIs
    4. Men Folk
- c. **Block Calendar:** Each PHC to develop a calendar of MH awareness generation activities for Block Level Functionaries of:
  - i. ICDS – CDPOs and Supervisors
  - ii. Block Level PRI Functionaries
  - iii. Block level officials of other Nodal Department --- PHED
- d. **Orientation** of all ANMs on MH Community Awareness Activities at PHCs  
 $140*50*12 = 84,000$
- e. **Orientation** of all ASHAs on MH Community Awareness Activities at PHCs  
 $1600*50*12 = 9,60,000$
- f. Involvement of ASHAs on increasing MH Awareness in their villages:
  - i. In every ASHA meeting MH should be an important topic of discussion, particularly activities undertaken by ASHAs to promote awareness regarding MH services. This must be reflected over a period of time in the increase MH service utilisation



- g. **Display of information on availability of MH Services:** Wide Dissemination of availability of MH Services across the district: in form of hoardings, painted display boards etc. There has to be wide visibility of availability of MH services in all govt. and private (accredited) facilities. This can be achieved by putting up SCHEDULE displays (Hoardings, Billboards, painted wall hangings) at all facilities and public places (district offices, bus stand, market areas, railways stations, post offices etc.), government hospitals, facilities, PHCs, APHCs, Sub-Centres, Panchayats, Block Offices etc. This can only be achieved if the District Hospitals, Sub-District Hospitals and PHCs have clearly planned their services for the year in advance, like when, where, how, what services will be provided and by whom. [20 Hoardings](#)
- h. **Display of information on Incentives for MH Services:** Similarly, every public office and health facility in the district must have a permanent display of various incentives provided to public under various schemes
- i. JBSY
  - ii. Insurance

This display must be very detailed and simple in terms of all entitlements to both beneficiaries and providers [20 Hoardings](#)

- i. **Printing of materials: IEC Materials, Formats and Registers, Partographs, Information Displays etc.**
- j. **Use of Print Media and Folk Art:** to disseminate information of MH
- i. News Paper Aids [6 Lakh Per annum](#)
  - ii. Nukkad Natak: Song and Drama Division of the District can be entrusted to develop small plays on various aspects of MH, they can then create one or two such teams per block and this team can then go from village to village as per the approved calendar and travel plan
- k. Rewarding Communities and villages: which are able to achieve high institutional deliveries and could save lives of mothers with obstetric complications.

## Component 2: Child Health:-

The data shows that there is no district immunisation officer formally posted against the approved position. The charge was given to one doctor at the district hospital. The immunisation status of the district shows that only 48% of children 9-11 months are fully immunized (BCG+DPT123+OPV123+Measles) and the number of children with Grade 3 and Grade 4 under nutrition who received a medical checkup is recorded as 3.1%. 20% of children are recorded undernourished and 3.5% children below 5 yrs recorded received 5 doses of Vitamin A solution.





Considering the above and the service availability it is planned to undertake following interventions;

**Objective 1: Increase in % of New Born Babies given colostrums and exclusive breast feeding.**

To achieve the objective the district is planning to appoint the District Immunisation Officer and orient the AWW, ANM, TBA, and ASHA on VHND, ANC, Cold Chain Management, Neo Natal Care and development of Micro plan to promote breast feeding. The importance will also be given to complete ANC, regular conduct of Village Health and Nutrition Day (VHND) and using BCC to promote and demand by the community for the health services at the community level. The district is also planning to involve NGOs and PRIs in the process of for achieving the objective.

**Objective 2, 3 and 4: Increase in fully immunized protected children, decrease IMR and child mortality and reduce severe malnutrition in the district.**

The data of the DLHS II and DLHS III shows that, the immunisation rate of the district was 15.7%, 16% and 39.5%, 40% respectively. The present analysis shows the immunisation rate (9-11 months) is 48%. However, there is a need for improving the immunisation rate of the district. The district hence is planning to focus on development the micro plans to increase the immunization rate and decrease malnourished children, Infant Mortality and Child Mortality rate of the district. This will be done by involving community (PRI), NGO and health service providers. To achieve these objectives the district plans to undertake various orientation and awareness generation programmes for community (SHGs and Mahila Mandals), AWW, TBA, ANM and ASHA and establish facilities for Neo Natal Care and New Born Care at PHC level and Home based new born care (HBNC) at the community level.

To reduce the malnutrition among the children the district is planning to establish severely and Acutely Malnourished Units in PHCs, referral hospitals and District Hospital. As the part of the intervention the district is also planning to orient 50% of



PHC Doctors on management the grade 3 and 4 malnourishment. there is no District Immunization Officer (DIO) sanctioned post in the district.

### **Component 3: Family Planning:-**

The data shows that, there was no MTP conducted in any block of the district. The block wise data shows that, there is 69% of case per block treated for RTI/STI. Only 33% of couples per block are provided with barrier contraceptive methods and 10% provided with permanent method. Block wise only 28% female sterilizations were conducted. Considering the fact, to address the issue of Family Planning the district is propose to focus on reducing the unmet demand for contraception and introducing the community based distributor (CBD) in at least in one block as pilot. The CBD will focus on promoting family planning, distribution of contraceptive supply, counseling mother and eligible couple, immunisation etc.

To achieve component, the district is also planning to establish a communication bureau at the district level to develop BCC strategy and materials so as to ensure building of awareness at the community level. To ensure sterilization at the community level the district is planning to provide accreditation to the private providers.

In addition to the above the district is planning to focus on upgrading the skills of doctors and ANMs on family planning and also ensuring regular supplies of contraceptives like IUD, OCP, Condoms.

- A. **Objectives to be achieved:** 1) To decrease the Total Fertility Rate (TFR), 2) To increase the Contraceptive Prevalence Rate (CPR), 3) To address the high unmet need of Spacing and limiting, 4) To address the early pregnancy among adolescents
- B. **Strategies for Family Planning Services:** Expanding contraceptive choice, stimulating demand for quality Family Planning (FP) services, engaging private sector in providing quality FP services and expanding partnership are the standard FP strategies to provide FP services. Through activities directed at 1) providing different method mix of FP services as Static Services at facilities and as Camps, 2) improving quality of trainings, 3) creating Contraceptive Depot Holders in the community, 4) improving supply chain management, and 5) forging linkages with ICDS and PRI, quality, range and utilisation of FP services can be improved.



C. **Activities:** in order to achieve the above objectives and implement strategies for achieving the same, following specific activities will be undertaken during the financial year 2010-11. For the sake of clear understanding these activities are divided under subsections: access, quality and demand.

1. **Access:** In order to improve access, there has to be availability of services, which requires facility identification, their being well staffed and well equipped. The service availability includes mix of terminal and spacing methods, which are delivered as either static or camp based service. To supplement the government efforts, private sector has a major role to play. More private sector nursing homes and individual doctors require to be accredited. These nursing homes or doctors can either provide services at their own establishments or can provide services at the government facilities on a fee-sharing basis. One critical aspect of access is also the availability of spacing methods, particularly, Condoms, OCPs, IUCDs at the doorsteps of the community; this requires these to be stocked at Sub-centres or AWCs or be available with ANMs and AHSAs, who could distribute the same to the needy clients. For this to be an effective modality, the Sub-centres, AWCs, ANMs, and ASHAs need to have the line-listing of the eligible clients, such that they are supplemented with the supplies on a regular basis and that they can get their stocks replenished.

Below are enumerated the activities that the district will undertake to improve the access.

1. Availability of Services: FP Services need to be available as static and camp based services, covering the various method mix of FP services
  1. **Static Services:** To Provide Static Services as per following details (**Facility wise detail is provided in Annex No. )**
    2. District Hospital: Will provide FP services at following frequency
      1. Spacing Methods: Condoms (Daily), OCPs (daily), IUCDs (Daily)  
**Condoms & OCPs- Daily**  
**IUCDs- Twice a week (Monday & Saturday)**
      2. Terminal Method:
        - i. Minilap (once a week)- **Twice a week(Monday & Saturday)**
        - ii. NSV / Vasectomy (once a week)-**Once a month(2<sup>nd</sup> Tuesday)**
    3. Sub-Divisional Hospital: Will provide FP services at following frequency (**SDH Nirmali Proposed**)
      - a. Spacing Methods: **Condoms (Daily), OCPs (daily), IUCDs - Twice a week ( 1<sup>st</sup> Monday & last Saturday)**
      - a. Terminal Method:
        - i. Minilap (**once a week,Every Monday**)
        - ii. NSV / Vasectomy (**once a week,**)



4. PHCs: Out of 11 PHCs, 11 will provide daily services for Spacing Methods, 2 will provide weekly services for Minilap & NSV / Vasectomy, 8 will provide Twice a week services for Minilap & NSV / Vasectomy, and 0 will provide monthly services for Minilap & NSV / Vasectomy

**Note:** 1) All facilities will provide weekly FP Services on Tuesdays...etc., 2) All facility will provide fortnightly FP services on every second Tuesdays...etc., 3) All facilities will provide monthly FP Services on every third Tuesday...etc. of the month, and 4) Any facility providing bi-weekly FP services, must provide the same on Tuesdays and Saturdays of every week

PHC wise detail break-up is provided in the table below:

Name of the PHC	Daily	Weekly	Once in two weeks	Once a month
	Condoms, OCPs, IUCDs	Minilap NSV / Vasectomy	Minilap NSV / Vasectomy	Minilap NSV / Vasectomy
Supaul Sadar	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Kishanpur	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Pipra	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Trivaniganj	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Chhatapur	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Raghopur	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Basantpur	Condoms-Daily	Minilap-2 day		NSV/Vasectomy

	OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	a week(Mon & Sat)		-2 <sup>nd</sup> Tuesday of the month
Nirmali	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Marauna	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Saraygarh Bhaptiyahi	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Pratapganj	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)k	Minilap-2 day a week(Mon & Sat)		NSV/Vasectomy -2 <sup>nd</sup> Tuesday of the month
Sub-Divisional Hospital,Nirmali (Proposed)	Condoms-Daily OCPs- Daily IUCDs- 2 day a week(Mon & Sat)k	Minilap-once a week(Mon )		NSV/Vasectomy -last tuesday of the month

5. APHCs: Out of 16 total APHCs in the District, 13 will provide spacing FP Services weekly, \_\_\_\_\_ will provide fortnightly, and \_\_\_\_\_ will provide monthly (listing of all APHCs providing FP Services by their PHCs has to happen at every PHC)

Name of APHC	Weekly	Once a month
Barail,Lokha,Sukhpur((Supaul Block)	Condoms,OCPs- (Every Wednesday)	UCDs (last Wednesday)
Khakhai(Kishanpur Block)		
Hatwaria,Tumha(Pipra Block)		
Koriapatti(Trivaniganj)		
Bhimnagar(Basantpur)		
Kunauli(Nirmali)		
Gwalpara,Balwa bazaar (Chhatapur		

Block)		
Manoharpatti(Marauna Block)		
Ganpatganj(Raghopur Block)		

6. Sub Centres: Out of 178 subcentres in the district 120 will provide spacing FP Services only 50 SC Provide IUCDs Services(2<sup>nd</sup> Wednesday)  
**Condoms & OCPs- Twice a week(Every Wed & Friday)**  
**IUCDs- Once a month (2<sup>nd</sup> Wednesday)**

2. **Camps:** Following number of Camps will be held in the district: **(PHC wise details of the same are provided in Annex No. ----)**

**a. Minilap**

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 Minilap Camp every week

Out of 1 PHCs,1 will hold 1 Minilap Camp every fortnight

**Supaul Sadar(2<sup>nd</sup> last Saturday)**

Out of 10 PHCs,10 will hold 1 Minilap Camp every month

**Every 2<sup>nd</sup> Saturday**

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 Minilap Camp every quarter

**b. NSV(N/A)**

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 NSV Camp every week

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 NSV Camp every fortnight

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 NSV Camp every month

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 NSV Camp every quarter

**c. Vasectomy(N/A)**

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 Vasectomy Camp every week

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 Vasectomy Camp every fortnight

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 Vasectomy Camp every month

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 Vasectomy Camp every quarter

**d. IUCD**

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 IUCD Camp every week

Out of 11 PHCs,11 will hold 1 IUCD Camp every fortnight

**3<sup>rd</sup> Saturday**

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 IUCD Camp every month

Out of \_\_\_\_ PHCs, \_\_\_\_\_ will hold 1 IUCD Camp every quarter

**e. IUCD camps at Sub-Centres**

Out of 178(Functional-120) Sub-centres, 50 will hold 1 IUCD Camp every month

### 3. Community Based Distribution of Condoms and OCPs

- a. All ANMs have filled out Eligible Couple Register in the Months of April and May
- b. All ANMs have 3 month supply of Condoms and OCPs and they always carry the same in their bags during the field visits based on the number of clients in the area (from Eligible Couple Register)
- c. All ANMs have sufficient IUCDs based on the Eligible Couple Register and based on the number of willing clients
- d. All ASHAs have 3 month supply of Condoms and OCPs for all clients in their villages. They have to ensure that the clients are not ever with short supply
- e. **500** AWCs in the district have become Condom and OCP depot centres
- f. Maintaining PHC and District Level Records on Condom and OCP distribution through (the total of this must be the total of the PHC and their total the total of the district)
  - i. Sub-Centre
  - ii. ANMs
  - iii. AWCs
  - iv. ASHAs

### 4. Private Sector: Private Sector will be engaged as per following details:

- a. **Private Nursing Homes:** 01 new Private Nursing Homes will be accredited for
  - i. Minilap
  - ii. NSV
  - iii. Vasectomy

Details of the Private Nursing Homes: their location by Block and the days on which they will provide the services are provided in **Annex No.**

- b. **Private Doctors:** 01 Following New Private Sector Doctors will be conducting Sterilisation in government facilities as per following details

Name of the Doctor	Name of the Govt. Facility, where the Doctor will conduct the Surgeries	Type of Sterilisation (Minilap / NSV / Vasectomy)	Days and timings of the availability of doctors at the govt. facilities

- c. ----- Private Doctors allowed to provide FP Services in the evening on a fee-sharing bases as per following details

Name of the	Name of the	Type of	Days and timings
-------------	-------------	---------	------------------





Doctor	Govt. Facility, where the Doctor will conduct the Surgeries	Sterilisation (Minilap / NSV / Vasectomy)	of the availability of doctors at the govt. facilities

**Expected Outcome on Service Availability:** In brief, the issue of access in the district will be improved by following outcomes:

**STATIC SERVICES**

1. DH will be providing FP Services on Spacing Methods, including IUCD insertion and removal daily
2. DH will be providing Minilap -----
3. DH will be providing NSV-----
4. DH will be providing vasectomy -----
  
5. -----SDH will be providing FP Services on Spacing Methods, including IUCD insertion and removal daily
6. ----- SDH will be providing Minilap -----
7. ----- SDH will be providing NSV-----
8. -----SDH will be providing vasectomy -----
  
9. -----PHCs will be providing FP Services on Spacing Methods, including IUCD insertion and removal daily
- 10.----- PHCs will be providing Minilap -----
- 11.----- PHCs will be providing NSV-----
- 12.-----PHCs will be providing vasectomy -----
  
- 13.-----APHCs will be providing FP Services on Spacing Methods, including IUCD insertion and removal daily

**CAMPS**

- 14.----- IUCD camps will be organised in the district during the current financial year
- 15.----- Minilap camps will be organised in the districts during the current financial year
- 16.----- NSV Camps will be organised in the district during the current financial year
- 17.----- Vasectomy Camps will be organised in the district during the current financial year

Based on above targets following specific activities will be undertaken in the district:

**3. New Construction as per IPHS Standards**

- a. ---- New PHC will be constructed
- b. ----New APHCs will be constructed
- c. ----New Sub-centres will be constructed



4. **Renovation Work**
    - a. At DH
    - b. At 5 PHCs
    - c. At 2 APHCs
    - d. At 4 Sub-Centres
  5. **Establishing FRUs:** Establishing -----24X7 FRUs, as per IPHS guidelines, providing clinical contraceptive services, including IUCD insertion and removal. The break-up of the facility is as follows:
    - a. One DH-1  
**Sadar Hospital, Supaul**
    - b. ----- Sub-Divisional Hospitals
    - c. 01 PHCs (their names)  
**PHC Pipra**
  6. **Manpower:**
    - a. Deputing / Re-assigning specialists – surgeons, Minilap, NSV, & Vasectomy specialist – to above identified 24X7 FRUs
    - b. Hiring Contractual Manpower to operationalise the FRUs:
      - i. 5 Surgeon
      - ii. 5 NSV Expert
      - iii. --- Minilap Expert
      - iv. --- Vasectomy Expert
      - v. 2 Gynaecologist and Obstetrician
    - c. Hiring of ANMs and A Grade Nurses to Operationalise other PHCs and APHCs
      - i. 60 ANMs for PHCs
      - ii. 25 A Grade Nurses for PHCs
      - iii. ---- ANMs for APHCs
  7. **Well equipped and Well stocked Facilities:** Ensuring all identified above FRUs and all facilities up to Sub-centre level have adequate supplies of equipments, drugs, supplies, contraceptives  
**(Every PHCs 3 month Stock)**
2. **Quality:** Quality of Family Planning Services can be improved by expanding the pool of trained providers on Minilap, NSV, and Vasectomy; by Capacity Building of MOs, ANMs, and A-Grade Nurses on the entire range of Contraceptive Options available – regular Contraceptive Updates; by Capacity Building of MOs, ANMs, LHV on IUCD; by Skill upgradation of existing technical staff – MOs, ANMs, A-Grade Nurses as Refresher Trainings on FP Methods; and by establishing Quality Assurance Mechanisms to monitor FP services, incentive disbursements and insurance services. Specific Activities to be undertaken are:
2. **Trainings (use Annex No. to provide this info): Following will be the quantum of Training in the current financial year)**

- a. The Medical Staff of District will be trained on different Family Planning Methods as per the following table in the current year. The table enumerates the number of doctors, A-grade Nurses, and ANMs / LHVs to be trained on various methods of FP by facility, i.e., District Hospital, Sub-Divisional Hospital and PHCs

**Number of Technical Staff to be trained in year 2010-11 on FP**

DH/SHD/P HCs	Doctors				A-Grade Nurses				ANMs / LHVs			
	Minilap	NS V	Vas ec.	IUC D	Minilap	NS V	Vase c.	IUC D	Mini lap	NS V	Vase c.	IUC D
DH	1	2		3	5	5		10	3	3		3
SDH												
Supaul Sadar	1	1		1	2	1		2	3	3		3
Kishanpur	1	1		1	2	1		2	3	3		3
Pipra	1	1		1	2	1		2	3	3		3
Trivaniganj	1	1		1	2	1		2	3	3		3
Chhatapur	1	1		1	2	1		2	3	3		3
Raghopur	1	1		1	2	1		2	3	3		3
Basantpur	1	1		1	2	1		2	3	3		3
Nirmali	1	1		1	2	1		2	3	3		3
Marauna	1	1		1	2	1		2	3	3		3
Saraygarh Bhaptiyahi	1	1		1	2	1		2	3	3		3
Pratapganj	1	1		1	2	1		2	3	3		3

- b. Orientation of all MOs on various Gol guidelines on FP:

- i. Blue Book
- ii. Red Book
- iii. Green Book
- iv. Contraceptive Updates

**(90 MO- 30 participation 1 Day)**

- c. Orientation of A-grade Nurses, ANMs / LHVs on various Gol guidelines on FP:

- i. Blue Book
- ii. Red Book
- iii. Green Book
- iv. Contraceptive Updates

**( 200 A-grade Nurses, ANMs / LHVs)**

3. Formation of District Resource Group for providing Trainings on:

- a. Minilap: to have atleast 2 District Level master Trainers
- b. NSV: to have atleast 2 District Level master Trainers
- c. Vasectomy: to have atleast ----- District Level master Trainers
- d. IUCD: to have atleast 5 District Level master Trainers
- e. Contraceptive Updates: to have atleast 1 District Level master Trainers
- f. FP Guidelines: Red, Blue, Green Books: to have atleast 1 District Level master Trainers



4. Formation of District FP Quality Assurance Committee and its orientation on its role and responsibilities(**Training of Quality Assurance Committee**)
  5. Operationalisation of RFPTC / ANMTC
    - a. Hiring of Contractual Staff
    - b. Renovation of Building
    - c. Operational Cost of Building
  6. Establishing a District Level FP Training Centre at District Hospital
    - a. Identifying one / two District Trainers (Lady Doctor / MO) proficient in Minilap
    - b. Identifying one / two District Trainers (MO) proficient in NSV
    - c. Identifying one / two District Trainers (MO) proficient in vasectomy
    - d. Identifying up to 5 District Trainers (MOs / A-grade Nurse / ANMs / LHVs) proficient in IUCD
    - e. Contractual Hiring for the District Hospital
      - i. For NSV ----
      - ii. For Minilap ----
      - iii. For Vasectomy -----
    - f. Ensuring inventory of equipments, consumables, and waste materials
    - g. Ensuring availability of running water and electricity
3. **Demand generation:** For there to be adequate demand of FP Services, community awareness about Family Planning is very important. Functionaries of the Health department, particularly ASHAs and ANMs; AWWs of ICDS department; and grass-root level PRI functionaries can increase the awareness levels on FP by regularly interacting with the communities under their specific geographical jurisdiction, utilising mechanisms like monthly visits to village / sub-centres by ANMs, mothers' meetings at AWCs (or by organising more of these either at Gram Sabha level or at any other popular village level forum), routine visits by ASHAs to household in their allotted villages, forums like Village Health and Nutrition Days (VHNDs) and monthly meetings of Village Health and Sanitation Committees (VHSC). Messages about method mix, including information on *what, why, where, by whom, and when* must be given to the community. Specific Activities for demand generation will be as follows:
- a. **Incentives:** Ensuring timely disbursement of incentives to all beneficiaries and providers
  - b. **Orientation** of all ANMs on FP Community Awareness Activities at PHCs
  - c. **Orientation** of all ASHAs on FP Community Awareness Activities at PHCs
  - d. **Block Calendar:** Each PHC to develop a calendar of FP awareness generation activities for Block Level Functionaries of:
    - i. ICDS – CDPOs and Supervisors
    - ii. PRI Functionaries ---
    - iii. Other Nodal Department --- PHED



- e. **ANM Calendar:** Each PHC to encourage all its ANMs to develop FP Awareness Generation Calendar of activities. This should happen as a day long workshop at the PHC, where every ANM fills out various activities she would be undertaking through out the year, separately for every month (something like RI Micro-Plan). Pre-existing Formats can be used for this purpose:
- i. This would include sub-centre level / village level group discussions, orientation of:
    1. AWWs
    2. Mothers / Women Folk (Mothers' Meetings)
    3. PRIs
    4. Men Folk
- f. Involvement of ASHAs on increasing FP Awareness in their villages:
- i. In every ASHA meeting FP should be an important topic of discussion, particularly activities undertaken by ASHAs to promote awareness regarding FP services. This must be reflected over a period of time in the increase FP service utilisation
- g. **Display of information on availability of FP Services:** Wide Dissemination of availability of FP Services across the district: in form of hoardings, painted display boards etc. There has to be wide visibility of availability of FP services in all govt. and private (accredited) facilities. This can be achieved by putting up SCHEDULE displays (Hoardings, Billboards, painted wall hangings) at all facilities and public places (district offices, bus stand, market areas, railways stations, post offices etc.), government hospitals, facilities, PHCs, APHCs, Sub-Centres, Panchayats, Block Offices etc. This can only be achieved if the District Hospitals, Sub-District Hospitals and PHCs have clearly planned their services for the year in advance, like when, where, how, what services will be provided and by whom.
- h. **Display of Incentives for FP Services:** Similarly, every public office and health facility in the district must have a permanent display of various incentives provided to public under various schemes
- i. FP services: tubectomy, NSV etc.
  - ii. JBSY
  - iii. Insurance

This display must be very detailed and simple in terms of all entitlements to both beneficiaries and providers

- i. **Print Media and Folk Art:** to disseminate information on MH
- i. News Paper Aids
  - ii. Nukkad Natak: Song and Drama Division of the District can be entrusted to develop small plays on various aspects of FP, they then can create one or two such teams per block and this team can then go from village to village as per approved calendar and travel plan



(Two NGO Identified- Supaul Sadar & Trinvaniganj Block)

#### **Component 4: ARSH:-**

As per the Census 2001, the population of young people (10-24 yrs) in the district is 493785 (28.5%). As per the current situational analysis the population in number hence is coming to 544878. Therefore, the district felt that, there is a need for undertaking intervention for this group in terms of their reproductive and sexual health need.

To address the issue of ARSH, the district is planning to establish one district ARSH bureau and ARSH units in 50% of PHCs. There is plan to place focal team (Doctor and ANM) both at the district level bureau and PHCs and build their capacity through orientation programme so that, they will look after the issues of ARSH. The district is also planning to engage Youth Based organizations, NGOs, for the community level interventions for educating the adolescent and their guardians in a camp mode and also develop the BCC strategy pertaining to the issue.

To provide better health facility for the Adolescent and youth the district seeks to have convergence with WCD and Education department in inculcating the ARSH issues in School Education system and ICDS with the aim to increase age at marriage. It also plans to include provision of uninterrupted supplies of IFA and deworming tablets to all PHCs to overcome the malnutrition and anaemia.

#### **A. Situational Analysis:**

**B. Objectives to be achieved:** 1) To reduce incidence of teenage pregnancies, 2) to ensure the access to information on Adolescent Reproductive & Sexual Health (ARSH) through services at District Hospitals, SDH, CHCs, PHCs & HSC level, 3) to increase awareness levels on adolescent health issues

**C. Strategies:** Improving access to Contraceptive Methods and quality counseling on Family Planning, improving access to quality RTI/STI and MTP services, strengthening community based delivery mechanism for providing ARSH services using ANMs, ASHAs, and AWWs, orientation of Facility Based and Field Level functionaries on ARSH guidelines, increasing awareness generation through Inter-Personal-Communication (IPC), organizing specific and targeted BCC Campaigns on ARSH

#### **D. Activities:**

##### **a. To increase access**

- i. **All Facilities** (DH, SDH, PHCs, and APHCs) to identify and notify one nodal person for ARSH.



- ii. **Each Facility** to identify a specific spot or corner in every Facility for providing ARSH Services, keeping privacy and confidentiality in mind.
- iii. **Every Facility** to post an ANM as per the Roster every day to the ARSH Corner or on predetermined and notified ARSH Days in a week.
- iv. This ARSH Corner in every Facility must be **adolescent friendly**, and should have **curtains, doors** etc. to ensure privacy and confidentiality. It should have **Take-Home IEC materials** and an ANM deputed every day or on specific ARSH days for providing counseling and clinical services (or proper referral) – Contraceptive Services, RTI / STI Services, Safe Abortion (MTP).
- v. **All PHCs and APHCs** to ensure that ANMs and ASHAs become Depot Holders for Condoms and OCP and act as Counselors in the community.
- vi. **All Sub-Centre** to provide basic ARSH services: counseling, contraceptives, referrals on RTI and safe abortion.
- vii. Where Sub-centres don't exist, **AWCs to be made** Depot Holders for Condoms and OCPs.

**b. To increase quality**

- i. **All MOICs** to be oriented on ARSH by either State Level team or by District Team
- ii. **All MOs** to be oriented by their respective MOICs on ARSH
- iii. **All ANMs** to be oriented by their respective MOICs or MOs on ARSH
- iv. **All ASHAs** to be oriented by their respective ANMs on ARSH
- v. **Developing a prototype ARSH corner**, as per the guidelines, with standard operating procedures to be replicated in every Facility

**c. To increase demand**

- i. **All ANMs and ASHAs** disseminate information about ARSH in all their interface with the community
- ii. **All AWWs regularly** spread knowledge about ARSH issues at their AWCs, during mothers' meetings
- iii. **ANMs, ASHAs and AWWs together must organize quarterly ARSH Camps** at their Sub-centre villages. These Camps must be duly advertised and should be held in collaboration and full support of Gram Sabha, community leaders, religious leaders, parents, and elderly people of the community.
- iv. To provide visibility to ARSH, IEC materials should be **printed and displayed** at every Facility and prominent locations.
- v. Establish **1 or 2 partnership with NGOs** for using folk art and media to spread messages on ARSH: Nukkad Natak etc.
- vi. Organize **2 district level seminars** on ARSH
- vii. **Each PHC to organize 4 PHC Level seminars** and Awareness Camps on ARSH
- viii. **Each APHC to organize 4 APHC level seminars** and Awareness Camps on ARSH
- ix. **Each ANM organizes 1 ARSH Camp every quarter in her Sub-Centre Area**
- x. **Earmarking some budget for incentive** disbursement for good work on ARSH for staff and for the community members (these awards can be given by prominent person during various Camps at various levels, suggested above)



### **Component 5: RNTCP:-**

The district level data provided by DHMU shows that, there are 789 cases registered for treatment during April 2008 to December 2008 and provided with DOT. But as per the Situational analysis format (PHC) the data shows that, Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 populations per year) is 265. There were 42.5% TB cases suspected out of the total OP. Proportion of New Sputum Positive out of Total New Pulmonary Cases is 397 and the Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment) is 687. The status of patients put on treatment, who drop out of treatment is 23.5%.

The data shows that, there is no District TB Officer (DTO) sanctioned in the district. One Medical Officer is looking after the programme in the district. There is a department set-up in the Sadar Hospital Supaul to look after the programme. So the district is proposing to sanction the position of DTO and the recruitment of DTO, the supporting staff and the district unit to carryout the programme.

Considering the scenario, the district is planning to focus on establishing the TB Unit with Human Resource, improvement in case detection, treatment and reduction of drop out rate during the treatment. The district is also planning to invest in BCC for improve treatment seeking behaviour and treatment compliance.

### **Component 6: National Programme for Control of Blindness: -**

Considering the scenario the district proposes to invest in blindness in coming year 2009 - 2010. To establishment of three vision centre in the District, and organized Cataract operation by government sector and NGOs sector in the district.

### **Component 7: NLEP:-**

As per the district data of April 2008 to December 2008, 203 cases were registered and 34 cases that have completed the treatment and got cured from Leprosy. But, as per the situational analysis (Block data) only 179 cases were registered and treated under NLEP. Looking at the high level of drop out at the district level the district is planning to





invest in quality diagnosis and completion of treatment to reduce leprosy prevalence and provide quality services. To achieve the objective the district is focusing on enhancing BCC and IEC activities to reduce the social stigma and ensure proper counseling.

The position of DLO is not sanctioned for the district. Hence there is need for sanctioning and recruiting the DLO for the district also the positioning of the supporting staff and infrastructure.

### **Component 8: Vector borne disease control programme:-**

The district does not have formal human resources to address the VBDC programme. It is required to have a functional system, structure and staff to implement the programme to meet the need. The district is proposing for approval of the Medical Officer position and posting to look after the programme. There is also a need for having the supporting staff and infrastructure and their capacity building.

The district is planning to apply anti-larva measures at least 4 times during June and July in all malaria affected areas of the district. Hence there is a need for supply of DDT and other drugs for prevention and control of malaria in the district. There is a felt need of investing on BCC to prevent the occurrence of Malaria in the district, hence the district has plan for investing in the same line.

To reduce the incidence of KALA-AZAR, the district is planning to improve the coordination among different departments and invest in ensuring facility for diagnosis and treatment of KALA-AZAR cases.

To reduce Filaria incident of the district, it is proposed to ensure adequate supply of DEC to all PHCs. The district is anticipating treating 50% of case by ensuring uninterrupted supply of drugs.

### **Component 9: Convergence:-**





To achieve the goal of the District Health Action Plan (DHAP) the district is seeking the support of various departments, PRIs, NGO, SHGs, Mahila Mandal in developing the BCC strategy and implementing the DHAP. Therefore it plans to involve them in the entire process starting with development of DHAP to its implementation and monitoring.

### Monitoring and Evaluation:-

It was felt during the situational analysis and the block and district level consultation that, the district is lacking behind with an effective Monitoring and Evaluation mechanism to track the development and provide accurate and reliable information so as to improve the quality of the programme planning and implementation. The information was not reaching the program managers and stakeholders with accuracy and in time which will help them in determining whether or not results are being achieved and requires improvement in program performance. It is therefore proposed to invest in establish mechanism to streamline the system so as to ensure cross checking and easy collection, entry, retrieval and analysis of data. The system will cover the activities like training, cases, incentive to health service providers, performance, effectiveness of VHND, functioning of VHSC, strengthening RKS etc.

An illustration of level to be achieved by April 2010 is given below in accordance to the component, objective and strategy.

### Objective and Strategies

Sl. No.	Component	Objective	Strategy	Level to be achieved in 10-11
<b>Part A: Maternal Health</b>				
		To strengthen health services and make FRUs functional.	Upgradation of PHCs/APHCs - Provision of Human Resources e.g. Specialist, technicians and support staffs	All PHCs and APHCs Updated with infrastructure, Facility and Human Resources.
			Operationalising of 24 X 7 (PHC and Referral hospital) - provision of Human Resources e.g. Lady doctor and staff nurses	11 PHCs, 2 Referral Hospital (FRUs) and One District Hospital with 24 X 7 (BPHC/CHC)
			Establish blood storage facility	Establish Blood storage facility in 75% of PHCs.
			Provide mobile health units for flood affected and remote areas.	4 mobile health units placed in 4 oftenly affected blocks i.e.

				Marauna, Supaul Sadar, Nirmali and one emergency service to meet the other area.
			Provide untied funds to VHSC, SC, PHC to promote local health action.	At least 90% of untied funds disbursed and utilized
		Universal coverage of all pregnant women with quality ANC services	Formation and orientation of VHSC	90% of VHSCs formed
			Strengthening all Rogi Kalyan Samiti through orientation programmes on facilities and fund utilisation.	100% of RKS covered under orientation training and 80% RKS should be able to hold the bimonthly meeting and spend the allotted fund.
			Need based supplies of equipments and drugs	Availability of equipments and uninterrupted supplies of drugs to all HSC, APHCs, Referral Hospital with 3 months buffer stock in all PHCs. All the PHCs should have storage facility.
			Outreach camps for ANC in remote areas	Camps conducted in 80% of remote areas
			Complete ASHA training and procure kits for ASHAs.	100% of ASHAs trained on all five modules.
			Organise demand through ASHA and VHND to encourage pregnant women to seek care.	60% of pregnant women seeking care
			Skill upgradation of Doctors in EmOc	50% of available Medical Officers trained
		Increase in institutional delivery	Civil works on renovation of existing structure and construction of new infrastructure in terms of Toilet, Running and drinking water arrangement, Electrification or it's alternative, Staff Residence, OT, Labour Room, Post Natal Care Unit, Maternity ward etc. to provide quality post natal care and services.	60% of PHCs with functional OT and Labour Rooms.
			Ensure availability of supplies ANC kit, Urine examination, HB measurement, stethoscope, Ambubag, Sterilizer, Vacuum Aspirator, weighing machine, incubator, BP instrument, DNC set, Autoclave,	All PHCs should have essential supplies with 3 months buffer stock. The HSC should have basic supplies.

			Mercury, Catheter, Riles tube, Gastric larvae, ILR1, V Speculum etc.	
			Skill upgradation of LHV, ANM and Nurse grade – A, on IMNCI, Family Planning, Routine immunisation, SBA, full ANC etc	50% of al available ANMs, LHVs, Nurses trained
			Incentive for promotion of institutional deliveries	60% institutional delivery conducted and fund disbursed beneficiary under JSY before leaving the health centre.
<b>PART - B: CHILD HEALTH</b>				
		Increase in % of New Born Babies given colostrums and exclusive breast feeding.	Streamlining the Human Resources	100% recruitment and posting of District Immunisation Officer, Vacant position of ANM, ASHA, AWW completed
			Regularising VHNDs	VHNDs happening along with full ANC
			Orientation of AWW/TBA/ANM/ASHA to promote breast feeding.	12 Number of orientation camps done
			BCC with NGOs and PRI members	4 number of NGO identified and engaged in developing Issue based BCC and IEC materials and disseminated in all blocks.
		Increase in Fully immunised children (12-23 months) - To increase immunisation rate.	Development of micro plan,	100% of blocks having micro plans
			Maintained cold chain,	Quality of the cold chain maintained
		Decrease IMR and Child Mortality	Training of Service providers (ANM, AWW, ASHA) on Neo Natal Care, Home Based Neo Natal Care (HBNC)	6 orientation held for ANM, AWW, ASHA
			Provide New born care facility at PHC level	50% of PHCs having new born care facilities
		Reduce % severely malnourished children below 6 yrs.	Formation and functioning of Severely and Acutely Malnourished Units	5 PHCs, 2 Referral and the District Hospital equip with the SAM Units with infrastructure and Manpower.
			Orientation of Doctors on management of grade 3 and grade 4 malnourishment	50% of doctors at PHCs, APHCs and Referral Hospital trained.
			Orientation of ANM, AWW, ASHA on identifying the grade 3 and 4 malnourished	2 orientation programmes conducted in each

			children and provide referral services.	block.
			Orientation of AWW/SHG groups and Mahila Mandals on grade 1 and grade 2 malnourishment	12 numbers of orientation camps conducted in each block.
<b>PART - C: FAMILY PLANNING</b>				
		To reduce unmet demand for contraception	Accreditation of private providers for providing sterilisation	At least 50% of block having accredited private providers for providing sterilisation.
			Skill upgradation of Doctors and ANMs	70% of skilled doctors and ANMS in place
			Regular supply of contraceptives	Supplies like IUD, OCP and condoms available at all health centres.
			Set up a communication Bureau at the district level	1 communication bureau established
			Develop BCC strategy with special emphasis on birth spacing in collaboration with NGOs.	2 orientation camps held in each block
		Promote family planning, distribution of contraceptive supply, counseling mother and eligible couple,	Introducing Community Based Distributors to promote family planning and use of contraceptive and ensure spacing	CBD placed in one block as pilot intervention.
<b>PART - D ARSH</b>				
		Mainstreaming ARSH issues	Establishing ARSH bureau and unit at district	One ARSH Bureau at the district headquarters with the focal person and ANM (4) in place.
			ARSH Centres at PHCs	50% of PHCs have operational ARSH units with Focal person and ANM (2) in place.
			Orientation of Focal person and ANMs on ARSH issues including RTI/STI.	12 orientation camps organised for Focal person, ANM and doctors of 50% of PHCs
			Orientation of in school and out of school adolescent	50% of schools covered with orientation camps.
			Engage Youth Based Organizations (YBO)/NGOs at community level for educating adolescent.	12 camps in the year per block by the NGOs for adolescent and their guardians.
		Provide health facility at PHC level	Establish linkages with WCD/Education department regarding convergence of ARSH issues in ICDS and School Education.	4 numbers of consultative meetings held at the district level in a year.
			Provide regular supply of IFA and deworming tablets	All PHCs should have essential supplies with 3 months buffer stock.
			Develop BCC strategy with special emphasis on	2 orientation camps held at the district level

			increasing age at marriage.	by the ARSH Bureau seeking the presence of NGO, PHCs, and Youth Based Organisation.
<b>PART - E: RNTCP</b>				
		Increase Annual case detection and treatment success rate.	Streamlining the system (Recruitment and capacity building)	Recruitment of DTO and other supporting staff and their capacity building at state level.
				The TB unit in place at the district headquarter
			BCC for improved treatment seeking behaviour and treatment compliance.	60% increase in case finding
			Improvement in case finding by strengthening identification and referral of TB patients.	Bimonthly orientation camp held at every PHC to detect the case and counseling provided
			Regular Drug Supplies	Essential drugs available at the DOT centres.
<b>PART - F: NLEP</b>				
		Reduce prevalence and provide quality leprosy services	Streamlining the system (Recruitment and capacity building)	Recruitment of DLO and other supporting staff and their capacity building at state level.
			Ensure quality diagnosis and completion of treatment	One ARSH Bureau at the district headquarters with the focal person and ANM (4) in place.
			Enhancing BCC and IEC activities to reduce social stigma and ensure proper counseling.	6 orientation camp held in each block in the year.
<b>PART - G: NVBDCP</b>				
		Reduce incident of Malaria	Establishing systems for addressing Vector borne disease control programme	Recruitment of DMO and other supporting staff and their capacity building at state level.
			ensure anti-larva measures	Ensure applying anti-larva measures at least 4 times during June, July in all malaria affected area of the district,
			Improve surveillance and epidemic preparedness and response	50% of improvement in surveillance and endemic preparedness
			Social Mobilisation through BCC	3 orientation campaign held in each block during monsoon.
<b>PART - H: KALA-AZAR</b>				
		Reduce incident of KALA-AZAR	Improve district coordination	Ensure mechanism for district coordination in place and 4 quarterly meeting held



			Ensure facility for diagnosis and treatment	60% of the cases of KALA-AZAR treated
<b>PART - I: FILARIAL</b>				
		Reduce Filarial cases	increase % of DEC consumption through MDA.	50% of Filarial cases treated with DEC consumption through MDA.
<b>PART - J: CONVERGENCE</b>				
		Improved inter sectoral convergence	Sensitization of PRI members through orientation camps on Micro planning, Functioning of VHSC, happening of VHND	6 orientation camp held for entire district
			Improving interaction with WCD, Education departments	4 quarterly meeting held in a year
			Developing innovative schemes through NGOs	50% of the GOI/GOB NGO schemes rolled out.

## B. Work plan.

<b>Work Plan (2010-2011) For Supaul District</b>						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part A: RCH Flexi pool</b>						
<b>A.1: JBSY (Maternal Health)</b>						
<b>A.1.1:</b>	<b>Upgradation of PHCs/APHCs -</b>					Health Department
	Appointment of Doctor					Health Department
	Appointment of Specialist					Health Department
	Appointment of Staff Nurses					Health Department
	Appointment of Lab technicians					Health Department
	Appointment of Data Assistant					Health Department
	Appointment of ANM					Health Department
	Appointment of Pharmacist					Health Department
	Appointment of Health Educator					Health Department
	Salary and Honorarium to Staff					Health Department
	Training on Quality of care					Health Department
	Infrastructure					Health Department
	Supplies					Health Department
<b>A.1.2:</b>	<b>Operationalising of 24 X 7 (BPHC/APHC) -</b>					Health Department
	Appointment of Lady doctors for BPHCs					Health Department
	Appointment of Staff nurses					Health Department

	Salary and Honorarium to Staff					Health Department
	Establish Blood storage facility in 75% of PHC					Health Department
	Procurement of MTP, DNC and MVA kits at District Referral and APHC					Health Department
	Provision of RTI/STI services like Diagnostic and Drug Kits					Health Department
	Mobile Health Units for emergency area with Doctors, Staff and supplies.					Health Department
	Provide untied fund to VHSC, HSC, PHC to promote local health action					Health Department
<b>A 1.3.</b>	<b>Universal Coverage of all pregnant women with quality ANC Services</b>					
	Formation and orientation of VHSC					Health Department
	Orientation for Rogi Kalyan Samiti					Health Department
	Bimonthly meeting of Rogi Kalyan Samiti					Health Department
	Training of ASHA					Health Department
	Kit for ASHA					Health Department
	2 outreach camps/block for all blocks to ensure happening for VHND, registering pregnant women, community level ANC					Health Department
	Organise demand through ASHA and VHND to encourage pregnant women to seek care					Health Department
	Skill upgradation of Doctors in EmOc					Health Department
<b>A 1.6</b>	<b>Increase Institutional Delivery {Janani Suraksha Yojana (JSY)}</b>					Health Department
	Establishing Quality Care Facility - Renovation and construction of PHC and APHC					Health Department
	Ensure availability of supplies at health centres -Procurement of MTP and DC kit at District Referral and PHC					Health Department
	Diagnostics kit for RTI/STI Services					
	Drugs kit for RTI/STI Services					
	Skill upgradation of LHV, ANM and Nurses grade - A on IMNCI, FP, RI, SBA, Full ANC etc					Health Department
	Institutional Deliveries (rural)					Health Department
	Home deliveries					Health Department
	Deliveries in urban areas					Health Department
	Printing of formats, Registers etc at district level					Health Department
	IEC per block					Health Department
	Fund disbursement to beneficiaries					Health Department
	Incentive to ASHA for promotion of institutional deliveries					Health Department

Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>A. 2 JBSY (CHILD HEALTH)</b>						
<b>A. 2.1</b>	<b>Increase in %of New Born Babies given colostrums and exclusive breastfeeding</b>					
	Streamlining Human Resources - Recruitment and posting of District Immunisation Officer, Vacant position of ANM, ASHA, AWW					Health Department/WCD
	Salary and Honorarium to staff					
	Regularising VHNDs with ANC					Health Department
	Orientation programme for AWW/TBA/ANM/ASHA to promote breast feeding and Home Based Neo Natal Care (HBNC)					Health Department
	Development of BCC in collaboration with NGOs and PRIs					Health Department
	Dissemination of BCC in collaboration with NGOs, PRIs, SHG and Mahila Mandals					Health Department
<b>A. 2.2</b>	<b>Increase in Fully immunized children (12-23 months) - To increase immunisation rate.</b>					Health Department
	Development micro plans 100% of blocks					Health Department
	Maintenance of Quality of cold chain					Health Department
<b>A. 2.3</b>	<b>Decrease IMR and Child Mortality</b>					Health Department
	Orientation programme for ANM, AWW, ASHA on Neo Natal Care, Home Based Neo Natal Care (HBNC)					Health Department
	New borne care facilities in 50% of PHCs					Health Department
<b>A. 2.4</b>	<b>Reduce % severely malnourished children below 6 yrs.</b>					Health Department
	5 PHCs, 2 Referral and the District Hospital equip with Manpower.					Health Department
	5 PHCs, 2 Referral and the District Hospital equip infrastructure.					Health Department
	5 PHCs, 2 Referral and the District Hospital equip with the SAM Units.					Health Department
	Training for 50% of doctors at PHCs, APHCs and Referral Hospital.					Health Department
	2 orientation programmes conducted in each block with School.					Health Department
	12 numbers of orientation camps conducted in each block.					Health Department

<b>Work Plan (2010-2011) For Supaul District</b>						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>A. 3 FAMILY PLANNING</b>						



<b>A. 3.1</b>	<b>To reduce unmet demand for contraception</b>						
	Accredited private providers for providing sterilisation in at least 50% of blocks.						Health Department
	Skill upgradation of 70% of doctors and ANMS in all blocks.						Health Department / NRHM CBOs/NGOs
	Supplies like IUD, OCP and condoms to health centres of all blocks.						Health Department / NRHM CBOs/NGOs
	Communication bureau at District level established						Health Department / NRHM CBOs/NGOs
	Two orientation camps held in each block (APHC and PHC) covering NSV and RCH.						Health Department / NRHM CBOs/NGOs
<b>A. 3.2</b>	<b>Promote family planning, distribution of contraceptive supply, counseling mother and eligible couple,</b>						Health Department / NRHM CBOs/NGOs
	Community Based Distributor to promote family planning and use of contraceptive and ensure spacing						Health Department / NRHM CBOs/NGOs
<b>A. 3.3</b>	<b>Compensation for Family Planning acceptors</b>						Health Department / NRHM CBOs/NGOs
	Compensation for female sterilization						Health Department / NRHM CBOs/NGOs
	Implementation of IUD services						Health Department / NRHM CBOs/NGOs
	Monthly fix day RCH camps						Health Department / NRHM CBOs/NGOs

<b>Work Plan (2010-2011) For Supaul District</b>							
Sl. No.	Component	Time Line				Primary Roles	
		Q 1	Q 2	Q 3	Q 4		
<b>A.4: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH</b>							
<b>A. 4.1</b>	<b>Mainstreaming ARSH issues</b>						Health Department / Youth Department
	Formation of district ARSH Bureau						Health Department / NRHM CBOs/NGOs
	Appointment of district ARSH focal person and ANM (4) in place.						Health Department / NRHM CBOs/NGOs
	Formation and operationalisation of ARSH units in 50% of PHCs.						Health Department / NRHM CBOs/NGOs
	Appointment of block level ARSH Focal person and ANM (2)						Health Department
	Honorarium to all Focal Person and ANMs						
	Orientation camps organized for Focal person, ANM and doctors of 50% PHCs						Health Department
	Orientation camps for 50% of schools in the district.						Health Department
	Block wise camps for adolescent and their guardians.						Health Department/ NGO
<b>A. 4.2</b>	<b>Provide health facility at PHC level</b>						
	Preparation of district operation plan						Health Department
	Establish linkages with WCD/Education department regarding convergence of ARSH issues in ICDS and School Education.						Health Department



	Provide regular supply of IFA and deworming tablets to HSC, Schools					Health Department
	Develop BCC strategy and materials with special emphasis on increasing age at marriage.					Health Department

Work Plan (2010-2011) For Supaul District						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>A. 5: INFRASTRUCTURE AND EQUIPMENTS</b>						
A. 5.1.	Running of Sub centres					Health Department
<b>A. 6: LOGISTIC STRENGTHENING</b>						
A. 6.1	Provisioning of fund for transportation of supplies					
	i) District					Health Department
	ii) Block					Health Department
<b>A. 7: TRAINING</b>						
A. 7.1	Strengthening of training site					Health Department
A. 7.2	SBA training					Health Department
A. 7.3	Training on Quality of care					Health Department
A. 7.4	Formation and training of VHSC					PRI, PHED and Health Department
<b>A. 8: BCC/IEC</b>						
B. 1	Establishment and running of District IEC Bureau					Health Department / NRHM CBOs/NGOs
	ii) Printing					Health Department / NRHM CBOs/NGOs
	iii) NGO-PPP schemes					Health Department / NRHM CBOs/NGOs

Work Plan (2010-2011) For Supaul District						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part B: Mission Flexi pool</b>						
<b>B.1: ASHA</b>						
	Supply of ASHA kits to ASHAs					Health Department
	Incentive to ASHAs					Health Department
	Annual ASHA Samilan					Health Department
<b>B.2: Upgradation of facility to FRUs</b>						

	<u>Position</u>					
	PHCs operationalised to FRUs					Health Department
<b>B. 3</b>	<b>Untied grant to facilities</b>					
	DH					Health Department
	PHCs					Health Department
	APHC					Health Department
	Sub-Centres					Health Department
<b>B. 4</b>	<b>Annual maintenance grant to facilities</b>					
	DH					Health Department
	PHCs					Health Department
	APHC					Health Department
	Sub-Centres					Health Department
<b>B. 5</b>	<b>Funds to Rogi Kalyan Samiti</b>					
	DH					Health Department
	PHCs					Health Department
	APHC					Health Department
<b>B. 6.</b>	<b>Capacity Building of Rogi Kalyan Samiti</b>					
	training in batches					Health Department
<b>B. 7</b>	<b>Construction and strengthening of Subcentres (SC)</b>					
	Construction of SCs and PHCs					Health Department
	Construction of OT					Health Department
	Repair of SCs					Health Department
	Repair of PHCs					Health Department
	Electrification of SCs					Health Department
	Electrification of PHCs					Health Department
	Inverters/Generators for APHCs and PHCs					Health Department
<b>B. 8</b>	<b>RCH Mela</b>					



	mela/block					Health Department / NRHM CBOs/NGOs
<b>B. 9</b>	<b>Concurrent Audit</b>					

<b>Work Plan (2009-2010) For Supaul District</b>						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part C: Routine Immunisation</b>						
C. 1.	Review of district and Block level routine immunization micro plan					Health Department / ICDS
C. 2	Strengthening service delivery					Health Department
C. 2.1	Printing of vaccine stock register					Health Department
C. 2.2	Printing of consumption register					Health Department
C. 2.3	Printing of ANM Tally sheet and reporting format					Health Department
C. 2.4	Printing of UIP monthly reporting formats for block and districts					Health Department
C. 2.5	printing of ASHA/mobilisor payment receipt book					Health Department
C. 2.6	Preparation of immunisation tracking bags					Health Department
C. 2.7	Printing of Job Aids and posters					Health Department
C. 2.8	Purchase of Hypochlorite Solution					Health Department
C. 2.9	Vaccine storage point					Health Department
C. 2.10	purchase of syringe disinfectant					Health Department
C. 2.11	purchase of plastic bag for disposal of used syringes					Health Department
C. 2.12	Purchase of small polythene bags to keep vaccine in vaccine carriers					Health Department
C. 3	Social Mobilization (for ASHA/link workers in rural areas)					Health Department
C. 4	Alternate Vaccine delivery sessions in Rural Areas					Health Department
C. 5	Mobility support for supervision and monitoring					Health Department

<b>Work Plan (2009-2010) For Supaul District</b>						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part D: RNTCP</b>						
D. 1	<b>Increase Annual case detection and treatment success rate.</b>					Health Department
	sanctioned of District TB Officer					Health Department
	Recruitment of DOT providers					Health Department
	Training of DOT providers					Health Department
	Honorarium to District TB Officer					Health Department



	Honorarium to DOT providers					Health Department
	Construction of TB unit at the district headquarter					Health Department
	Purchase of laboratory materials					Health Department
	Maintenance of equipments					Health Department
	Development of BCC/IEC materials and dissemination					Health Department
	Improvement in case finding by strengthening identification and referral of TB patients.					Health Department
	Regular Drug Supplies					Health Department

Work Plan (2009-2010) For Supaul District						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part E: National Programme for Control of Blindness will be undertaken in 2010-2011</b>						
E. 1	Cataract operation at district level					
	i) By government sector					Health Department
	ii) By NGO sector					NRHM CBOs/NGOs
	iii) By Private Sector					NRHM CBOs/NGOs/Accredited Pvt. Nursing Homes
E. 2	Establishment of vision centre at district level					Health Department

Work Plan (2009-2010) For Supaul District						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part F: National Leprosy Eradication Programme</b>						
F. 1	<b>Reduce prevalence and provide quality leprosy services</b>					Health Department
	Recruitment of District NLEP Officer					Health Department
	Recruitment of support staff					Health Department
	Honorarium to District NLEP Officer					Health Department
	Honorarium to support staff					Health Department
	Construction of NLEP unit at the district headquarter					Health Department
	Purchase of laboratory materials					Health Department
	Procurement (Medicines, items for deformity patients, patients welfare)					Health Department
	Training of ASHA					Health Department
	Ensure quality diagnosis and completion of treatment					Health Department
	Develop BCC and IEC materials.					Health Department
	Undertake community level activities to reduce social stigma and ensure proper counseling.					Health Department



Incentive to ASHA for MB and PB cases						Health Department
Programme Monitoring						Health Department
Office maintenance						Health Department
Mobility						Health Department

<b>Work Plan (2009-2010) For Supaul District</b>						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part G: National Vector Borne Disease Control Programme</b>						
<b>G. 1</b>	<b>Reduce incident of Malaria</b>					Health Department
	Recruitment of District Malaria Officer					Health Department
	Recruitment of support staff					Health Department
	Honorarium to District Malaria Officer					Health Department
	Honorarium to support staff					Health Department
	Construction of NVBD unit at the district headquarter					Health Department
	Purchase of laboratory materials					Health Department
	Procurement (Medicines, items for deformity patients, patients welfare)					Health Department
	Improvement in surveillance and endemic preparedness					Health Department
	Ensure applying anti-larva measures at least 4 times during June, July in all malaria affected area of the district,					Health Department
	Orientation campaign held in each block during monsoon.					Health Department
	Training of ASHA					Health Department
	Ensure quality diagnosis and completion of treatment					Health Department
	Develop BCC and IEC materials.					Health Department
	Undertake community level activities to reduce social stigma and ensure proper counseling.					Health Department
<b>G. 2</b>	<b>Reduce incident of KALA-AZAR</b>					Health Department
	Improve district coordination					Health Department
	Ensure facility for diagnosis and treatment					Health Department
<b>G. 3</b>	<b>Reduce FILARIAL cases</b>					Health Department
	Increase % of DEC consumption though MDA.					Health Department

<b>Work Plan (2009-2010) For Supaul District</b>						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part H: Convergence</b>						
<b>H. 1</b>	<b>Improved inter sectoral convergence</b>					



Sensitization of PRI members through orientation camps on Micro planning, Functioning of VHSC, happening of VHND					Health Department
Improving interaction with WCD, Education departments					Health Department
Developing innovative schemes through NGOs					Health Department

### C. Summary Budget:

#### CONSOLIDATED BUDGET

SL. NO.	BUDGET HEAD	AMOUNT
<b>Part A:</b>	<b>RCH Flexi pool</b>	<b>189289900</b>
	A. 1: JBSY (Maternal Health)	101282900
	A. 2: JBSY (CHILD HEALTH)	14254000
	A. 3: FAMILY PLANNING	35760000
	A. 4: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH	16000000
	A. 5: INFRASTRUCTURE AND EQUIPMENTS	392000
	A. 6: LOGISTIC STRENGTHENING	9000000
	A. 7: TRAINING	10640000
	A. 8: BCC/IEC	1960000
<b>Part B:</b>	<b>Mission Flexi pool</b>	<b>198168600</b>
	B.1: ASHA	500000
	B.2: Up gradation of facility to FRUs	400000
	B. 3: Untied grant to facilities	18950000
	B. 4: Annual maintenance grant to facilities	10375000
	B. 5: Funds to Rogi Kalyan Samiti	5200000
	B. 6: Capacity Building of Rogi Kalyan Samiti	748000
	B. 7: Construction and strengthening of Sub centers (SC)	151540000
	B. 8: RCH Mela	1050000
	B. 9: Concurrent Audit	500000
	B. 10: Programme Management	8905600
<b>Part C:</b>	<b>Routine Immunization</b>	<b>52796000</b>
	C. 1: Review of district and Block level routine immunization micro plan	36000000
	C. 2: Strengthening service delivery	11700000
	C. 3: Social Mobilization (for ASHA/link workers in rural areas)	2000000
	C. 4: Alternate Vaccine delivery sessions in Rural Areas	2000000
	C. 5: Mobility support for supervision and monitoring	1000000
	C. 6: Human Resources	96000
<b>Part D:</b>	<b>RNTCP</b>	<b>13588000</b>
<b>Part E:</b>	<b>National Programme for Control of Blindness (Will be taken up in 2010 and 2011)</b>	<b>3400000</b>
<b>Part F:</b>	<b>National Leprosy Eradication Programme</b>	<b>10248000</b>
<b>Part G:</b>	<b>National Vector Borne Disease Control Programme</b>	<b>46220000</b>



	G. 1: Reduce incident of Malaria	43520000
	G. 2: Reduce incident of KALA-AZAR	2200000
	G. 3: Reduce FILARIA cases	500000
Part H:	Convergence	25600000
<b>Grand Total of Part A – H</b>		<b>539310500</b>

Detailed budget attached in Annexure – I.

## ANNEXURE

- I. Detailed Budget.
- II. The findings of block level consultations (*Triveniganj and Kishanpur*).
- III. The output of the district consultation.
- IV. Situational Analysis for District Action Plan questionnaire/format/templates.

### Annexure – I

#### Budget

##### Budget (2010-2011) For Supaul District

Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>Part A: RCH Flexi pool</b>					<b>101282900</b>
<b>A.1: JBSY (Maternal Health)</b>					
<b>A.1.1:</b>	<b>27576000</b>	<b>27576000</b>			
	Honorarium to Doctor	30000	18	12	6480000
	Honorarium to Specialist	35000	8	12	3360000
	Honorarium to Staff Nurses	9000	29	12	3132000
	Honorarium to Lab technicians	8000	21	12	2016000
	Honorarium to Data Assistant	12000	8	12	1152000
	Honorarium to ANM	7000	30	12	2520000
	Honorarium to Pharmacist	11000	28	12	3696000
	Honorarium to Health Educator	5000	21	12	1260000
	Training on Quality of care	5000	11	12	660000
	Infrastructure	25000	11	12	3300000
	Supplies	30000	18	12	6480000
<b>A.1.2:</b>	<b>Operational sing of 24 X 7 (BPHC/APHC) -</b>	<b>12684000</b>			
	Honorarium to Lady doctors for BPHCs	25000	5	12	1500000
	Honorarium to Staff nurses	9000	30	12	3240000
	Establish Blood storage facility in 75%	10000	11	12	1320000



	of PHC				
	Procurement of MTP, DNC and MVA kits at District Referral and APHC	25000	11	12	3300000
	Provision of RTI/STI services like Diagnostic and Drug Kits	2000	11	12	264000
	Mobile Health Units for emergency area with Doctors, Staff and supplies.	100000	4	6	2400000
	Provide untied fund to VHSC, HSC, to promote local health action	5000	11	12	660000
<b>A 1.3.</b>	<b>Universal Coverage of all pregnant women with quality ANC Services</b>	<b>4922500</b>			
	Formation and orientation of VHSC				0
				<i>Batch/Num</i>	
	Training of VHSC in 624 villages	3000	624	1	1872000
	Training of ASHA (1557 will be covered in 30 batches)	50000	1	30	1500000
	Kit for ASHA	500	1557	1	778500
	2 outreach camps/block for all blocks to ensure happening for VHND, registering pregnant women, community level ANC	20000	11	2	440000
	Organise demand through ASHA and VHND to encourage pregnant women to seek care	1000	11	12	132000
	Skill upgradation of Doctors in EmOc	100000	1	2	200000
<b>A 1.4.</b>	<b>Increase Institutional Delivery {Janani Bal Suraksha Yojana (JBSY)}</b>	<b>56100400</b>			
	Establishing Quality Care Facility - Renovations and construction of PHC and APHC	200000	200000	200000	200000
	Ensure availability of supplies at health centres - Procurement of MTP and DC kit at District Referral and PHC	50000	50000	50000	50000
	Diagnostic kit for RTI/STI Services	5000	5000	5000	5000
	Drugs kit for RTI/STI Services	20000	20000	20000	20000
	Skill upgradation of LHV, ANM and Nurses grade - A on IMNCI, FP, RI, SBA, Full ANC etc	100000	100000	100000	100000
	Institutional Deliveries (rural)	50000	50000	50000	50000
	Home deliveries	50000	50000	50000	50000
	Deliveries in urban areas	5000	5000	5000	5000
	Printing of formats, Registers etc at district level	25000	25000	25000	25000
	Administrative expenses Block level	5000	5000	5000	5000
	Administrative expenses District level	70000	70000	70000	70000
	IEC per block	600	600	600	600
	Fund disbursement to beneficiaries (50 beneficiaries /month*1700)	<b>56100400</b>	<b>56100400</b>	<b>56100400</b>	<b>56100400</b>
	Incentive to ASHA for promotion of institutional deliveries (2 ben/Asha/month)	200000	200000	200000	200000

**Budget (2010-2011) For Supaul District**



Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>A. 2: JBSY (CHILD HEALTH)</b>					<b>14254000</b>
<b>A. 2.1</b>	<b>Increase in %of New Born Babies given colostrums and exclusive breastfeeding</b>	<b>2764000</b>			
	Honorarium to District Immunisation Officer	35000	1	12	420000
	Honorarium to ANM	7000	5	12	420000
	Regularising VHNDs with ANC	5000	11	12	660000
	Orientation programme for AWW/TBA/ANM/ASHA to promote breast feeding	50000	2	2	200000
	Development of BCC in collaboration with NGOs and PRIs	200000	4	1	800000
	Dissemination of BCC in collaboration with NGOs, PRIs, SHG and Mahila Mandals	2000	11	12	264000
<b>A. 2.2</b>	<b>Increase in Fully immunized children (12-23 months) - To increase immunisation rate.</b>	<b>1650000</b>			
	Development micro plans 100% of blocks	5000	11	6	330000
	Maintenance of Quality of cold chain	10000	11	12	1320000
<b>A. 2.3</b>	<b>Decrease IMR and Child Mortality</b>	<b>1100000</b>			
	Orientation programme for ANM, AWW, ASHA on Neo Natal Care, Home Based Neo Natal Care (HBNC)	50000	11	2	1100000
	New borne care facilities in 50% of PHCs				0
<b>A. 2.4</b>	<b>Reduce % severely malnourished children below 6 yrs.</b>	<b>8740000</b>			
	Honorarium to Manpower. 5 PHCs, 2 Referral and the District Hospital.	10000	8	12	960000
	Infrastructure to 5 PHCs, 2 Referral and the District Hospital.	200000	8	1	1600000
	SAM Units in 5 PHCs, 2 Referral and the District Hospital.	100000	8	1	800000
	Training for 50% of doctors at PHCs, APHCs and Referral Hospital.(91/2=45 Doctors)	50000	2	1	100000
	2 orientation programme conducted in each block with School	10000	11	24	2640000
	12 numbers of orientation camps conducted in each block.	20000	11	12	2640000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>A. 3: FAMILY PLANNING</b>					<b>35760000</b>
<b>A. 3.1</b>	<b>To reduce unmet demand for contraception</b>	<b>8160000</b>			



	Accredited private providers for providing sterilisation in at least 50% of blocks.	50000	6	11	3300000
	Skill upgradation of 70% of doctors and ANMS in all blocks. (6 batches)	50000	6	1	300000
	Supplies like IUD, OCP and condoms to health centres of all blocks.(33 APHC, PHC, RH, DH)	10000	33	12	3960000
	Staff and Administrative cost for Communication bureau at District	50000	1	12	600000
	Two orientation camps held in each block (APHC and PHC) covering NSV and RCH.				0
<b>A. 3.2</b>	<b>Promote family planning, distribution of contraceptive supply, counseling mother and eligible couple,</b>	<b>2640000</b>			
	Community Based Distributor to promote family planning and use of contraceptive and ensure spacing	20000	11	12	2640000
<b>A. 3.3</b>	<b>Compensation for Family Planning acceptors</b>	<b>24960000</b>			
	Compensation for female sterilization	10000	33	12	3960000
	Implementation of IUD services	5000	11	12	660000
	Quarterly RCH Camps at APHC and PHC	25000	33	12	9900000
	Monthly fix day RCH camps in 70% of 624 villages	2000	435	12	10440000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>A.4: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH</b>					<b>16000000</b>
<b>A. 4.1</b>	<b>Mainstreaming ARSH issues</b>	<b>12160000</b>			
	Formation of district ARSH Bureau, Honorarium, Infrastructure	50000	1	12	600000
	Honorarium to district ARSH focal person.	25000	1	12	300000
	Honorarium to district ARSH ANM (4) in place	7000	4	12	336000
	Formation and operationalisation of ARSH units in 50% of PHCs.	25000	6	12	1800000
	Honorarium to block level ARSH Focal Person	25000	11	12	3300000
	Honorarium to block level ARSH ANM (2)	7000	11	12	924000
	Orientation camps organized for Focal person, ANM and doctors of 50% PHCs	100000	1	1	100000
	2 Batches of orientation camps for 50% of schools in the district.	200000	2	1	400000
	4 Block wise camps/year for adolescent and their guardians.	100000	11	4	4400000
<b>A. 4.2</b>	<b>Provide health facility at PHC level</b>	<b>3840000</b>			
	Preparation of district operation plan	100000	1	1	100000
	Establish linkages with WCD/Education department regarding convergence of ARSH issues in ICDS and School				0



	Education.				
	Provide regular supply of IFA and deworming tablets to HSC, Schools	20000	11	12	2640000
	Develop BCC strategy and materials with special emphasis on increasing age at marriage.	100000	11	1	1100000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget
					<b>21992000</b>
<b>A. 5: INFRASTRUCTURE AND EQUIPMENTS</b>		<b>14504000</b>			
A. 5.1.	Running of Sub centres	500	500	500	500
	Honorarium to ANM	9000000	9000000	9000000	9000000
<b>A. 6: LOGISTIC STRENGTHENING</b>		<b>9000000</b>			
A. 6.1	Provisioning of fund for transportation of supplies	200000	200000	200000	200000
	i) District	50000	50000	50000	50000
	ii) Block	10640000	10640000	10640000	10640000
<b>A. 7: TRAINING</b>		<b>10640000</b>			
A. 7.1	Strengthening of training site (6 training sites in the district)	50000	6	12	3600000
A. 7.2	SBA training (6 batches in a year)	100000	6	1	600000
A. 7.3	Training on Quality of care for selected ANM, AWW and ASHA (4 batches in a year)	50000	4	1	200000
A. 7.4	Formation and training of VHSC (624 Village=624 VHSC X 10 Member /30 members per batch = 208 Batches of training)	30000	208	1	6240000
<b>A. 8: BCC/IEC</b>		<b>1960000</b>			
B. 1	Establishment and running of District IEC Bureau	50000	1	12	600000
	i) Honorarium to District Communication Officer	30000	1	12	360000
	ii) Printing	500000	1	1	500000
	iii) NGO-PPP schemes (including the partnership cost of 4 NGO and programme coordination cost)	500000	1	1	500000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>Part B: Mission Flexi pool</b>					<b>198168600</b>
<b>B.1: ASHA</b>		<b>500000</b>			
	Supply of ASHA kits to ASHAs (Included in Maternal Health)				0

	Incentive to ASHAs (Included in Maternal Health)				0
	Annual ASHA Samilan	500000	1	1	500000
<b>B.2: Upgradation of facility to FRUs</b>		<b>400000</b>			
	2 PHCs operationalised to FRUs	200000	2	1	400000
<b>B. 3: Untied grant to facilities</b>		<b>18950000</b>			
	DH and referral	100000	3	1	300000
	PHCs	100000	11	1	1100000
	APHC	50000	19	1	950000
	Sub-Centres (180 in function + 152 proposed)	50000	332	1	16600000
<b>B. 4: Annual maintenance grant to facilities</b>		<b>10375000</b>			
	DH and referral	100000	3	1	300000
	PHCs	75000	11	1	825000
	APHC	50000	19	1	950000
	Sub-Centres	25000	332	1	8300000
<b>B. 5: Funds to Rogi Kalyan Samiti</b>		<b>5200000</b>			
	DH	500000	1	1	500000
	Referral	300000	2	1	600000
	PHCs	200000	11	1	2200000
	APHC	100000	19	1	1900000
<b>B. 6: Capacity Building of Rogi Kalyan Samiti</b>		<b>748000</b>			
	Training in batches	10000	11	2	220000
	Bimonthly meeting of Rogi Kalyan Samiti	2000	11	24	528000
<b>B. 7: Construction and strengthening of Subcentres (SC)</b>		<b>151540000</b>			
	Construction of 2 PHC Building	1500000	2	1	3000000
	Construction of 80% SCs {228} (in position 180 +proposed 152 - 104 have building = 228 required building)	700000	182	1	127400000
	Construction of OT - 5 PHCs	1000000	5	1	5000000
	Blood bank facility in 4 PHCs and 2 referral	500000	6	1	3000000
	Repair of SCs	50000	180	1	9000000
	Repair of PHCs	200000	9	1	1800000
	Electrification of 50% SCs in operation	10000	100	1	1000000
	Electrification of PHCs	30000	6	1	180000
	Storage Facility in PHCs	5000	11	12	660000
	Inverters/Generators for APHCs and PHCs	50000	10	1	500000
<b>B. 8: RCH Mela</b>		<b>1050000</b>			
	mela/block	50000	11	1	550000
	Mela/ District	500000	1	1	500000
<b>B. 9: Concurrent Audit</b>		500000	1	1	<b>500000</b>
<b>B. 10: Programme Management</b>		<b>8915600</b>			
	Honorarium to DPM	32900	1	12	394800
	Honorarium to District Community Mobilisor	20000	1	12	240000
	Honorarium to District Account Manager	25200	1	12	302400
	Honorarium to District M & E Officer	25200	1	12	302400
	Honorarium to Office Assistant & peon-2	15000	1	12	180000
	Honorarium to Block Health Manager	16800	11	12	2217600
	Honorarium to Block Accountant	11200	11	12	1478400



	Honorarium to Block Data Assistant	8000	11	12	1056000
	Office rent of DPMU	15000	1	12	180000
	Office rent of BHMU	7000	11	12	924000
	Vehicle DHMU	30000	1	12	360000
	Office expenses DHMU	10000	1	12	120000
	Office expenses BHMU	5000	11	12	660000
	Miscellaneous (Block and District)	5000	12	12	720000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>Part C: Routine Immunisation</b>					<b>52796000</b>
<b>C. 1: Review of district and Block level routine immunisation micro plan</b>		500000	12	6	<b>3600000</b>
<b>C. 2: Strengthening service delivery</b>		<b>11700000</b>			
C. 2.1	Printing of vaccine stock register	200000	1	1	200000
C. 2.2	Printing of consumption register	200000	1	1	200000
C. 2.3	Printing of ANM Tally sheet and reporting format	200000	1	1	200000
C. 2.4	Printing of UIP monthly reporting formats for block and districts	200000	1	1	200000
C. 2.5	Printing of ASHA/mobilisor payment receipt book	200000	1	1	200000
C. 2.6	Preparation of immunisation tracking bags	500	1000	1	500000
C. 2.7	Printing of Job Aids and posters	1000000	1	1	1000000
C. 2.8	Purchase of Hypochlorite Solution	2000000			0
C. 2.9	Vaccine storage point (100% PHC, APHC, 1 District Hospital)	200000	31	1	6200000
C. 2.10	Purchase of syringe disinfectant	1000000	1	1	1000000
C. 2.11	Purchase of plastic bag for disposal of used syringes	1000000	1	1	1000000
C. 2.12	Purchase of small polythene bags to keep vaccine in vaccine carriers	1000000	1	1	1000000
<b>C. 3: Social Mobilisation (for ASHA/link workers in rural areas)</b>		2000000	1	1	<b>2000000</b>
<b>C. 4: Alternate Vaccine delivery sessions in Rural Areas</b>		2000000	1	1	<b>2000000</b>
<b>C. 5: Mobility support for supervision and monitoring</b>		1000000	1	1	<b>1000000</b>
<b>C. 6: Human Resources</b>		<b>96000</b>			
C. 6.1	Honorarium to District Immunisation Officer - DIO (Put in Child Health head)				0
	Honorarium to Contractual Computer Assistant for DIO	8000	1	12	96000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget



<b>Part D: RNTCP</b>		<b>13588000</b>			
D. 1	<b>13588000</b>	<b>13648000</b>			
	Honorarium to District TB Officer (Contractual)	30000	1	12	360000
	Honorarium to DOT Manager	12000	12	12	1728000
	Honorarium to DOT providers (11 block + 1 District)	5000	12	12	720000
	Training of DOT providers	100000	1	1	100000
	Construction of TB unit at the district headquarter	1000000	1	1	1000000
	Purchase of laboratory materials	500000	1	1	500000
	Maintenance of equipments	20000	1	12	240000
	Pol and vehicle maintenance	500000	1	1	500000
	Vehicle hiring charges	20000	1	12	240000
	Development of BCC/IEC materials and dissemination	1000000	1	1	1000000
	Improvement in case finding by strengthening identification and referral of TB patients.	25000	12	12	3600000
	Regular Drug Supplies	25000	12	12	3600000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>Part E: National Programme for Control of Blindness (Will be taken up in 2010 and 2011)</b>				<b>3400000</b>	
E. 1	Cataract operation at district level				0
	i) By government sector	300	1000	1	300000
	ii) By NGO sector				0
	(a) Conventional	500	1000	1	500000
	(b) IUL	800	1000	1	800000
E. 2	Establishment of vision centre at district level	400000	3	1	1200000
E. 3	Honorarium to contractual staff including the District NPCB officer				<b>600000</b>
	(a) NPCB Officer	30000	1	12	360000
	(b) O.A	8000	1	12	96000
	( C ) Data Operator	8000	1	12	96000
	(d) Peon	4000	1	12	48000

<b>Budget (2010-2011) For Supaul District</b>					
Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>Part F: National Leprosy Eradication Programme</b>				<b>10248000</b>	
F. 1	Reduce prevalence and provide quality leprosy services				<b>10248000</b>



	Honorarium to District LEP Officer	35000	1	12	420000
	Honorarium to support staff	8000	5	12	480000
	Construction of NLEP unit at the district headquarter	1000000	1	1	1000000
	Purchase of laboratory materials	500000	1	1	500000
	Procurement (Medicines, items for deformity patients, patients welfare)	500000	1	1	500000
	Training of ASHA	50000	4	1	200000
	Ensure quality diagnosis and completion of treatment	100000	1	1	100000
	Develop BCC and IEC materials.	500000	1	1	500000
	Undertake community level activities to reduce social stigma and ensure proper counseling. (11 Block and 1 district)	20000	12	12	2880000
	Incentive to ASHA for MB and PB cases (@ Rs. 300/case X 1 cases/month = 600 X 25% of ASHA {390 ASHA})	600	390	12	2808000
	Programme Monitoring	200000	1	1	200000
	Office maintenance	25000	1	12	300000
	Mobility	30000	1	12	360000

**Budget (2010-2011) For Supaul District**

Sl. No.	Component	Unit Cost	Number	12 months	Budget
<b>Part G: National Vector Borne Disease Control Programme</b>					<b>46220000</b>
<b>G. 1: Reduce incident of Malaria</b>					<b>43520000</b>
	Honorarium to District Malaria Officer	35000	1	12	420000
	Honorarium to support staff	8000	5	12	480000
	Construction of NVBD unit at the district headquarter	1000000	1	1	1000000
	Purchase of laboratory materials	500000	1	1	500000
	Procurement (Medicines, items for deformity patients, patients welfare)	500000	1	1	500000
	Improvement in surveillance and endemic preparedness (4 months)	100000	11	4	4400000
	Ensure applying anti-larva measures at least 4 times during June, July in all malaria affected area of the district,	500000	11	4	22000000
	Orientation campaign held in each block during monsoon. (5 times)	200000	11	5	11000000
	Training of ASHA	50000	4	1	200000
	Ensure quality diagnosis and completion of treatment	100000	1	1	100000
	Develop BCC and IEC materials.	500000	1	1	500000
	Undertake community level activities to reduce social stigma and ensure proper counseling.	20000	11	11	2420000
<b>G. 2: Reduce incident of KALA-AZAR</b>					<b>2200000</b>
	Improve district coordination through meeting (4 meetings in a year)	50000	4	1	200000





	Ensure facility for diagnosis and treatment	2000000	1	1	2000000
<b>G. 3: Reduce FILARIA cases</b>		<b>500000</b>			
	Increase % of DEC consumption through MDA.	500000	1	1	500000

<b>Budget (2010-2011) For Supaul District</b>					
<b>Sl. No.</b>	<b>Component</b>	<b>Unit Cost</b>	<b>Number</b>	<b>12 months</b>	<b>Budget</b>
<b>Part H: Convergence</b>					<b>25600000</b>
<b>H. 1</b>	<b>Improved inter sectoral convergence</b>	<b>25600000</b>			
	Sensitization of PRI members through orientation camps on Micro planning, Functioning of VHSC, happening of VHND	500000	11	1	5500000
	Improving interaction with WCD, Education departments	100000	1	1	100000
	Developing innovative schemes through 4 Centralised NGOs and 20 local NGO	5000000	4	1	20000000

**Annexure - II:**

**A. Group 1: Maternal Health**

**a. Gaps**

- i. Lack of Nutritional food
- ii. Lack of health education
- iii. Early Marriage
- iv. Lack of health workers/service providers
- v. Lack of spacing between two child
- vi. Irregularity in supplementary food at ICDS
- vii. Short supply of IFA tablets
- viii. Short supply of drugs under Janani Bal Surakshya Yojna

**b. Suggestions/Solution**

- i. Ensure regular check-up/ANC
- ii. Importance to institutional Delivery
- iii. Focus on arrangement of C-section
- iv. Arrangement for Pathology lab and blood banks
- v. Awareness creation on Maternal Health through Nukad Natak



- vi. Honorarium to ASHA
- vii. Allocation of fund for organizing ASHA Day
- viii. Formation of health and sanitation committee
- ix. Special arrangement for delivery during natural disaster like flood.

## B. Group 2: Child health and Immunization

### a. Gaps

- i. Lack of cleanliness and hygiene
- ii. Lack of safe drinking water
- iii. Lack of information at the community on Child care and immunization
- iv. Lack of knowledge at the community on balanced diet
- v. Lack regular and routine immunization
- vi. Short supply of drug and vaccine
- vii. Lack of Human Resource/Service providers at community level
- viii. Less supply of Routine immunization card
- ix. Lack of adequate sanitation facility. Specifically lack of septic latrines.
- x. Lack of communication/transportation leads to access the health services in the nearest area.

### b. Suggestions/Solutions

- i. Regularization of Mahila Mandal meeting and ensuring the discussion on health issues
- ii. Examination of safe drinking water for human consumption.
- iii. Ensure discussion on health in community meeting and PRI meetings
- iv. Provision of regular supplementary food for Pregnant and lactating mother within the age group of 6 month to 6 years
- v. Ensure visit of Doctor once in every week in every sub centers.
- vi. Ensure supply of septic latrines to every household and educate people about its utility.
- vii. Making health service provider more accountable and service oriented and fill the vacancy where ever it is unfilled.
- viii. Formation of additional sub-centers

## C. Group 3: Family Planning

a. Gaps

i. Female sterilization (Tubectomy)

1. Lack of medicine at health centre
2. No staying arrangement for the patient
3. Improper arrangement in the health center – non availability infrastructure, support machinery, lack of electric supply.
4. No adequate supply of condoms, contraceptives
5. Poor and improper storage facility

ii. Male sterilization (Vasectomy)

1. Lack of awareness about Male sterilization (NSV)
2. Misconception regarding Male sterilization such as weaknesses and lack of sex satisfaction

b. Suggestions/Solutions

- i. Ensure facility at the health centre like staying, availability of medicine (including contraceptives), infrastructure, machinery and electricity/"Generator" etc for patients.
- ii. Organising regular orientation and refresher trainings for Doctors, ANMs, AWWs, ASHAs, TBA.
- iii. Mass awareness campaign on Family planning and population stabilisation services from the community using community as the media of communication e.g. Organising Nukad Natak by the community actors and youth,
- iv. Emphasis on developing the BCC and IEC materials. Investment on wall painting/ writing on the issue.

D. Group 4: Disease control programme

a. Gaps

i. Diaphorrea

1. Lack of awareness and information
2. Lack of safe drinking water at community level
3. Lack of infrastructure pertaining to transportation to take the patient to the nearest health centre
4. Non-availability of septic latrines in most of the household.



5. Inadequate supply and availability of ORS with service provider at the community level.
- ii. Malaria and KALAZAR
    1. Inadequate supply and availability of DDT at the community level
    2. Lack of blood testing facility at PHC level.
  - iii. Tuberculosis
    1. Lack of sputum testing facility at PHC level.
    2. The practice of negligence by the people and service provider due to non availability of facility.
    3. Shortfall of Human Resources (Doctors, STLS, etc)
  - iv. Anemia
    1. Inadequate supply of IFA tablet
  - v. RTI/STI
    1. Lack of awareness regarding cleanliness and hygiene among the people
    2. Lack of specialized Human resource
    3. Inadequate supply of medicine
    4. Hesitation to discuss on the issue by the community
    5. Lack of k
    6. knowledge among the service provider
  - vi. Eye disease
    1. Lack of specialised human resources, supporting staff, infrastructure, special attention on the issue.
    2. Non occurrence of eye treatment and operation
- b. Suggestions/Solutions
- i. Make the health centre functional with availability of Human Resource, Infrastructure, machinery and medicine
  - ii. Ensure visit of specialized health professional to undertake periodic examination, treatment and operation of various disease and refer the patients to district hospitals
  - iii. Awareness generation through BCC and IEC materials on issues and services available.



- iv. Involve Panchayat, SHG, AWW, ANM in maintaining hygiene at the community level

### **The findings of block level consultation: *Kishanpur***

#### **A. Group 1: Maternal Health**

##### **a. Gaps**

- i. Non occurrence of 100%(3ANC)
- ii. Delivery not done by ANM or by TBAs
- iii. No health education initiative undertaken at community level
- iv. Short supply of IFA tablet
- v. Age to have early child and gap between 1<sup>st</sup> and 2<sup>nd</sup> child
- vi. Non availability of Ambulance and other facility
- vii. No arrangement of lady doctor in PHC
- viii. Nutrition, water and sanitation
- ix. Required facility and cleanliness in the Operation theatre
- x. Medicine

##### **b. Suggestions/Solutions**

#### **B. Group 2: Child health and Immunization**

##### **a. Gaps**

- i. New Born – Proper Care, Immunisation, Health Check up
- ii. Shortfall of ANM and other health service providers
- iii. ICDS service – Irregular supply of Nutritional stock

##### **b. Suggestions/Solutions**

- i. Proper care through Nutritional food, Information to be provided on different diseases and its remedies
- ii. The information regarding immunization scheduled and other disease to be provided to the people specifically mother, father, Grand mother etc by the community health service provider.
- iii. Awareness campaign for ensuring complete immunization to be undertaken at the community level taking the example success stories/cases from the community by the health workers.



- iv. Steps to be taken in addressing the short of ANM and other health service provider (AWW and TBA) so as to implement the programme like MUSKAAN
- v. Provisions to be made in finding the alternate vaccinator and orienting them in providing immunization to the children at the community level
- vi. Ensure regularization of routine immunization card at the community level
- vii. Regularisation of supply to the Anganwadi center to address the issue of diarrhea, Nutritional food, Medicines for worm, Cough and cold.

### C. Group 3: Family Planning

#### a. Gaps

- i. Availability of specialised doctors, Anesthesia person, Infrastructure (Bed, Bed sheet, Room),
- ii. Non availability of C-section facility
- iii. Non availability of Mini lab
- iv.

#### b. Suggestions/Solutions

- i. Form a team comprise male and female both at Panchayat and Block level to create awareness among the community about Family Planning
- ii. Create awareness among male regarding the misconception about vasectomy
- iii. Incentive to ASHA to accelerate the family planning at the community level
- iv. Referral services should be ensured at community in sending the complicated to District Sadar Hospital and to address the referral cases sufficient support should available at district hospital.
- v.

### D. Group 4: Disease control programme

#### a. Gaps

- i. Vector Born Disease (Malaria, Filariasis, KALAZAR) – Absence of preventive measures



- ii. Leprosy – No step to identification of Leprosy by the health service provider.
  - iii. Tuberculosis – Early identification and sending for treatment.
  - iv. Eye related – Orientation of ANM, ASHA and AWW
- b. Suggestions/Solutions
- i. VBD – Cleaning of drain and water logging/stagnated, Provisioning of Latrines, Creating awareness to use mosquito nets and Provision at Health centre to examine the blood.
  - ii. Establishment of VBD information at the Panchayat level
  - iii. Orient the ASHA, ANM on the sign and symptoms of Leprosy at the earliest and refer the patient to the PHC to obtain MDT.
  - iv. ASHA and AWW to be oriented to identify and send the TB patient to the PHS for early treatment (DOTS).
  - v. ANM, ASHA and AWW to be oriented on identification of the Cataract patient and refer them for treatment and operation to the PHC.



## Annexure – III:

### The findings of district consultation.

#### 1. Maternal Health

S.N.	Gaps	Recommendations
	The PHCs don't have functional OT and other facility to undertake safe delivery	OT should be made functional with equipments and safe delivery should be ensured through involvement of NGOs
	No facility to undertake surgery and safe delivery	C Section should be in place
	No proper ANC	100 % ANC (3 ANC) should be ensured
	Poor quality of health services	Quality of Care service should be ensured
	Unskilled manpower	District level Training for health service providers at
	No initiative for state government in building the capacity of health functionaries	Strengthening to impart periodic training for the health service providers
	Service providers not present in health centers	To ensure availability of service providers at health centers
	No lady doctor posted in Health Centers	Lady doctors should be posted at least in PHC
	Non availability and insufficient drugs and other supplies	Ensure sufficient availability of supplies
	Lack of awareness about service deliveries and quality of care among community	MNGO, NGO should be involved in awareness building, demand generation and advocating for Quality of care
	Early marriage and pregnancy (Adolescent) very much persisting in the community	MNGO, NGO, PRI, Mahila Mandal should be engaged in advocating for Marring girl child after attaining the age of 18 years

#### 2. Child Health



S.N.	Gaps	Recommendations
	Not happening of complete immunization	Ensure 100% immunization
	Immunisation camp not happening in all places and not regular	Immunisation camp should be held as per plan
	New Born Care facility not available at PHC	<p>AI equipment and drug supplies for New Born Care should be placed at PHCs viz;</p> <ul style="list-style-type: none"> <li>• Baby Warmer</li> <li>• Incubator etc</li> </ul>
	Inadequate training to health service providers	Training to service providers on Neo Natal Care
	Lack of qualitative immunization to the children	PRI and NGO should be engaged in monitoring and advocating for qualitative service delivery for children.

### 3. Family Planning

S.N.	Gaps	Recommendations
	Insufficient supply of condoms, pills and IUDs	Regular and sufficient supply of contraceptives
	Poor quality of Family Planning services at health centers	Quality of care should be ensured for Family planning services by strengthening health centers, Human Resource, equipments, Training, regular supplies of drugs and other facility.
	Lack of Adolescent reproductive education	Adolescent Reproductive Sexual Health education should be initiated through NGO, school health programme and Youth based organizations
	Lack of skilled manpower for delivering qualitative Family planning services	Training on IUD insertion to ANMs, AWWs, ASHAs and TBAs
	Lack of knowledge and skill at	Training to service providers for orienting

Community level for using contraceptives	eligible couple on usage of contraceptives and spacing methods. MNGO/NGO can be engaged
--	---

#### 4. Adolescent/ARSH

S.N.	Gaps	Recommendations
	Adolescent are unaware about ARSH issues	ARSH education should be promoted
	Adolescent are not aware about contraceptives	Adolescent should be trained on contraceptives and its use
	No facility (even counseling facility) available at PHC level	Service providers should be oriented to provide counseling to Adolescent on RTI and STI.
	Lack of facility is being provided to youth based organizations (NYK, NSS etc)	Government should ensure engagement of Youth Based organization in educating adolescent with special focus on out of school

#### 5. Infrastructure and others

S.N.	Gaps	Recommendations
	Building not available	Construction of new building and functional of available infrastructure
	No alternative arrangement for the victims during natural disaster like flood	Mobile health facility, Boat health clinic should be in place
	OT not functional	Functionality of OT should be ensured
	No regular visit of the doctor	Regularization of Doctors visit at the Health centres
	Insufficient human resource	Ensure placement of human resources at all health centres including HSC, PHC, APHC, Referral and District

		Hospital.
	Inadequate electricity and water supply available at the health centres	Electrification of the 100% PHCs those who does not have the facility and availability of continuous water supply to all health centres including HSC, PHC, APHC, Referral and District Hospital.
	Lack/insufficient equipment	Equip the all the health centres (HSC, PHC, APHC, Referral and District Hospital) with requisite equipments
	Lack of residential facility for service providers	Provision for constructing residential facility for service providers
	No referral service ensured/provided	Upgrade the FRUs and ensure the happening of Referral case with the provision incentives to service provider – ASHA
	No mobile health unit	Place mobile clinic and emergency health units to cater the emergency case and need of people during natural disaster like flood.
	Insufficient provision of Ambulance/availability	Provision for availability of Ambulance in high priority PHCs and Referral hospitals
	Lack of Trained human resource	Provide skill upgrade training to health professional.

## **E. IDSP(Integrated Disease Surveillance Project )**

### **Action Plan.**

**A.** Timely collection of Data from different reporting units.



- B.** Scrutiny, compilation, tabulation and analysis of data received.
- C.** Meeting and training of Medical Officers, A.N.M ,ASHA regarding proper filling of forms , diseases in “P” form epidemic like situation and latest trends of diseases to avoid future occurrence.
- D.** In case of out break initiate investigation with Rapid Response Team.
- E.** Liasoning with private labs for better overview of condition which may lead to epidemic.
- F.** Weekly submission of data to IDSP portal , reporting same to state surveillence unit,Patna and maintaining weekly and monthly records in IDSP Unit Supaul .
- G.** Monthly meeting of District Surveillence Committee.
- H.** Timely distribution of information \ materials to the reporting unit received from centre/state Surveillence unit.

**Gaps:-**

1. Non Reporting of L(Lab) Forms from all Reporting units.
2. Regular Monitoring of PHC's can't be done because of inadequate Resources.
3. Lack of IDSP Trained Personnel at PHC's & Sub Centre Level.

**Suggestion:-**

1. Increasing Infrastructure of Labs at PHC's level.
2. Providing Vehicle to IDSP units so that in case of emergency (Outbreak) Places can be reached to provide relief in no time.
3. Training of MOIC's & ASHA regarding Disease & IDSP Performas.

**Proposed Estimated Budget(IDSP) : 2010-2011**

**Salary :-**

**1. Epidemiologist-**

30500 \* 12 = 366000 Rs.



2. **Data Manager**(if Attached to DHS) -  $13500 * 12 = 162000$  Rs.

3. **Data operator** -  $8500 * 12 = 102000$  Rs

### **Training :-**

1. **ASHA**(Regarding Outbreak & IDSP formats) -  $150 *(100+200+100)*12 = 720000$ Rs.(@150 ASHA per month with on honorarium 100\travelling-200,fooding-100, for 12 months)

2. **MOIC**(Regarding Outbreak & IDSP Formats)- $12 *(2000+200)*12 = 316800$  Rs. (@ 12 MOIC per month with on honorarium +travelling- 2000,fooding-200, for 12 months)

3. **Block Health Managers**(Regarding Outbreak & IDSP Formats)- $12 *(500+100)*12 = 86400$  Rs. (@ 12 BHM per month with on honorarium +travelling- 500,fooding-100, for 12 months)

### **Mobility:-**

$10000 * 12 = 120000$

### **Office :-**

1. **Expences** :-  $5000 * 12 = 60000$  Rs.

2. **Stationary** :-  $500 * 12 = 6000$ Rs.

### **Printing of Reporting Formats :-**

$10000*20 = 200000$ Rs.

### **ASHA Incentive:-**

For Outbreak: -  $100 * 1928 * 120 = 23136000$  Rs.(@Rs 100 for 1928 ASHA assuming each ASHA Reports 10 outbreak per months)

### **Laborites Expenses :-**

1. Consumable - 50000 Rs.

2. Collection & Transportation of Sample - 50000Rs.

3. Renovation of PHC labs –  $12 * 140000 = 1680000$ Rs.

4. Equipments of District Labs -85000 Rs

**Computer Softwares(Anti virus & others) -10000** Rs.

Contingency Fund ( For Outbreak or any others factors for promoting betterments of IDSP)-500000 Rs.

# **Situation Analysis for**

# District Health Action

## Plan

Name of the District-Supaul

Name of Block- Basantpur

### **DISTRICT PROFILE**

e

No.	Variable	Data
1.	Total geographic area	314
2.	Total no. of blocks	1
3.	Total no. of Gram Panchayats	14
4.	No. of villages	85
5.	Total population	153907
6.	Male population	79497
7.	Female population	74410
8.	Estimated no. of Pregnant women	5079
9.	Total no. of expected JSY beneficiaries	4617
10.	Total No. of MTPs conducted	
11.	Total no. of Maternal Deaths	
12.	Estimated no. of births	4617
13.	Children (0-6 years)	936
14.	Total no. of neonatal deaths (birth up to the end of 1 month)	23394
15.	Total no. Infant deaths (1 month to 1 year)	32
16.	Total no. of child death (1 year to 5 years)	65
17.	Sex Ratio	15
18.	SC population	24009
19.	ST population	165

20.	<b>BPL population</b>	<b>47711</b>
21.	<b>No. of primary schools</b>	<b>80</b>
22.	<b>No. of Middle and High Schools</b>	<b>37</b>
23.	<b>No. of Anganwadi centers</b>	<b>141</b>
24.	<b>No. of Anganwadi workers</b>	<b>141</b>
25.	<b>No. of electrified villages</b>	<b>47</b>
26.	<b>No. of villages having access to safe drinking water</b>	<b>85</b>
27.	<b>No. of households with constructed toilets</b>	<b>8978</b>
28.	<b>No of villages having motorable roads</b>	<b>55</b>

### Section A: Health Facilities in the District

**Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

S.No	Block Name	Population	No. of Sub-centres required	No. of Sub-centres Present	No. of Sub-centres proposed	No. of Further sub-centres required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1	Amrit Chowk	7823	2	1	1		Y	Govt.
2	Sitapur	10967	2	1	1	1	Y	Govt.
3	Kushar	10668	2	1	1	Yes	Y	Govt.
4.	Bishanpur	10486	2	1	1	No		
5.	Balbhadrpur	12835	3	1	1	No		
6.	Kochgama	11594	2	1	1			
7.	Parnanandpur	11206	2	2	-	Yes		
8.	Bahelipatti	12487	2	1	1	No		

9.	Baijnathpur	9282	2	1	1	Yes		
10.	Ratanpur	11102	2	1	1	No		
11	dhada	7344	1	1	1	Yes		
12	Pachparar wa	10055	2	1	1	Yes		
13	Ladmanp atti	5362	1	1	1	No		
14	Nirmali	11726	2	1	1	No		
15	Duaschdh	10970	2	-	2			

### Section A: Health Facilities in the District

**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Popul ation	No. of APHC s requir ed (After includi ng PHCs)	No. of AP HC s pre sen t	No. of APHCs propose d	No. of Addition al APHCs required	Availab ility of Land (Y/N)	Nature of Land ownersh ip (Govt/Pv t)
1.	Basantpur	153907	5	1	2	3	N	-
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
	<b>Total</b>							





**Section A: Health Facilities in the District**

**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**

No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PHC	Referral	SDH	DH	Total		
1	Basantpur	153907	1				1	1	
	Total								

**Note- PHC Basantpur running at bhimnagar APHC, it required land and building to function at Basantpur.**

**Section B: Human Resources and Infrastructure**

**Name of the Block: Basantpur**

**Sub-centre database**

Sub-centre Name	Pop.	No of G. P at /village	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Plan/)	Building condition (+++/++/+/#)	Assured running water	Toilets (+++/++/#)	Cont. power supply (A/NA)	ANM residence	Condition of residential facility (+++/+)
			(R)	(C)	(R)	(C)							

			s s e r v e d					Rent)		suppl y (A/NA /I)		/I)	n g a t H S C a r e a ( Y / N )	+/#)
1	Amrit Chowk	7823	8	1		1		Govt.	+	NA	+	NA	Y	++
2	Sitapur	10967	7		1		1	Rent.	+++	NA	NA	NA	N	No facility
3	Bishanpur	10486	6	1		1		No	#	NA	NA	NA	N	#
4	Kushar	10668	6	1		1		Rent	#	NA	NA	NA	N	No Facility
5	Balbhadarpur	12835	9	1		1		Govt.	++	NA	NA	NA	N	#
6	Kochgama	11594	7	1		1		Rent	#	NA	NA	NA	N	#
7	Parmanandpur	11206	5	1		1		Govt.	++	NA	NA	NA	N	#
8	Banelipatti	12487	8	1		1		No	#	NA	NA	NA	N	#
9	Baijnathpur	9282	5	1		1	1	Rent	#	NA	NA	NA	N	#
10	Pachpararia	10055	8	1		1		Rent	++	NA	NA	NA	N	#
11	Ratanpur	11102	9	1		1	1	Govt.	#	NA	NA	NA	N	#
12	Dhada	7344	5	1		1		No.	Under Construction	NA	NA	NA	N	#
13	Lalmanpatti	5362	4	1		1		Govt.	++	NA	NA	NA	N	#
14	Nirmali	11726	11	1		1		Govt.	#	NA	NA	NA	N	#
15	Deshbandi	10970	6	0		0		No	#	NA	NA	NA	N	#

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

**Section B: Human Resources and Infrastructure**  
**Additional Primary Health Centre (APHC) Database: Infrastructure**



No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (++++/+/++/#)	MO/S staff residing at APHC area (Y/N)	No. of Available	
													Vehicle	Ambulance
1	Bhimnagar	153907	Govt	+++	NA	A	+++	+++	6	6	++	Y	1	1
Total														

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

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Human Resources

APHC Name	Doctors (A/Ay/R/C)	ANM (R/C)	Laboratory technician	Pharmacists	Nurses (Grade A)	Dresser/Compounder	LHV	Health Educator	Grade I / V / Grade III staff

		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1	Bhimnagar	2	2	2	0	1	1	0	0	2	2	2	0	0	0	0
2																
3																
4																
5																
	<b>Total</b>															

**Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)**

**Section B: Human Resources and Infrastructure**

**Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure**

No	PHC/Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehi cle	amb u l a n c e
1	Basantpur	153907	No building	#	NA	NA	NA	NA	NA	#	0	#	#	#	0
2															
3															
4															
5															

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



**Section B: Human Resources and Infrastructure**  
**Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources**

**Section C: Equipment, Drugs and Supplies**  
**Availability of Equipment**

No.	Name of facility	Equipment required
1	PHC	All essential and emergency drugs are required.
2		
3		
4		
5		

**Procurement and Logistics Management for Drugs**

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
	<b>PHC</b>	<b>IUCD insertion instruments</b>		
1		Instruments for family planning operation and NSV		
2				
3				
4				

**Procurement and Logistics Management for Supplies**

No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			Name of Supply	Months
1				
2				
3				
4				
5				
6				

**Section D: RKS, Untied Funds and Support Services**



### Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	PHC	Yes	4	55000	25000
2					
3					

### Untied Funds

No.	Name of the Facility	Funds received	Funds utilized
1		125700	30000
2			
3			

### Support Systems to Health facility functioning

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	House keeping	Data Operator
1		O/I/NA	O/I/NA	O/I/NA	O/I/NA	O/I/NA		
2								
3								
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available

## Section E: Health Services Delivery

<b>Name of the APHC</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<i>Child Immunisation</i>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	
		% of immunization sessions held against planned	
2	<i>Child Health</i>	Total number of live births	
		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	
3	<i>Maternal Care</i>	Number of pregnant women registered for ANC	
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	
		% of pregnant women who received 2 TT injections	
		% of pregnant women who received 100 IFA tablets	
		Number of pregnant women registered for	

		JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
4	<b>Reproductive Health</b>	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterilisations	
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	





		Number of complicated cases	
		Number of cases referred	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	

Note- PHC Basantpur is running in APHC Bhimnagar.

<b>Name of the PHC/Referral Hospital/SDH/DH</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	73%
		% of immunization sessions held against planned	90%
2	<b>Child Health</b>	Total number of live births	730
		Total number of still births	21
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	15%
		Total number of neonatal deaths (within 1 month of birth)	05
		Total number of infant deaths (within 1-12 months)	35
		Total number of child deaths (within 1-5 yrs)	48
Number of diarrhea cases reported within the year	235		

		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	342
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	0
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	0
		Number of undernourished children	0
		% of children below 5 yrs who received 5 doses of Vit A solution	89%
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	2834
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	80%
		% of pregnant women with 3 ANC check ups	45%
		% of pregnant women with any ANC checkup	68%
		% of pregnant women with anaemia	40%
		% of pregnant women who received 2 TT injections	78%
		% of pregnant women who received 100 IFA tablets	45%
		Number of pregnant women registered for JSY	730
		Number of Institutional deliveries conducted	0
		Number of home deliveries conducted by SBA	0
		% of C-sections conducted	60%
		% of pregnancy complications managed	100%
		% of institutional deliveries in which JBSY funds were given	0
		% of home deliveries in which JBSY funds were given	29
		Number of deliveries referred due to complications	0
		% of mothers visited by health worker during the first week after delivery	0
4	<b>Reproductive Health</b>	Number of MTPs conducted	0
		Number of RTI/STI cases treated	0
		% of couples provided with barrier contraceptive methods	22%
		% of couples provided with permanent methods	10.5%
		% of female sterilisations	15%
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	2%

		Proportion of New Sputum Positive out of Total New Pulmonary Cases	8.75%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	31.2
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	88%
		% of patients put on treatment, who drop out of treatment	12%
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	No Examination Facility
		Annual Blood Examination Rate	No Examination Facility
		Plasmodium Falciparum percentage	Do
		Slide Positivity Rate	Do
		Number of patients receiving treatment for Malaria	Do
		Number of patients with Malaria referred	Do
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	No Service
		Number of cases registered	DO
		Number of cases operated	Do
		Number of patients enlisted with eye problem	DO
		Number of camps organized	Do
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	28
		Number of Cases treated	28
		Number of default cases	Nil
		Number of case complete treatment	25
		Number of complicated cases	Nil
9	<b>Inpatient Services</b>	Number of in-patient admissions	1226
10	<b>Outpatient services</b>	Outpatient attendance	14279
11	<b>Surgical Services</b>	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	184

### Section F: Community Participation, Training & BCC\ Community Participation Initiatives

S. No	Name of	No. of	No. of VHS	No. of VHSC	Total amount	No. of	Number of ASHAs	Number of	Total amount paid
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	Block	GPs	C formed	meetings held in the block	released to VHSC from untied funds	ASH As	trained		meetings held between ASHA and Block offices	as incentive to ASHA
							Round 1	Round 2		
1.	Basantpur	14	Nil	Nil	Nil	116	116	Nil	05	21750
2.										
3.										
4.										
5.										
6.										

### Training Activities:

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1.	Basantpur	2	3	0	0	Any training on SBA and IMNCI required.
2.						
3.						
4.						
5.						
6.						

**Note- SBA Training was held at district head quarter, Supaul in which 2 ANMs and the LHV. Participated.**



No.	Name of Block	BCC campaigns/ activities conducted
1	Basantpur	Marila Mandal meeting held for strengthening R.I. and mushar Meeting with PRI Members and religious leaders to sort out refusal issues in p Panchayat level meeting with minority leaders to Promote family plaining

### BCC Activitie

S.No	Name of Block	Health Manager Appointed (Y/N)	Accountant appointed (Y/N)	Store keeper appointed (Y/N)
1	Basantpur	Y	Y	N
2				
4				
5				
6				

### National Vector Borne Disease Control Programme Infrastructure

- Lab room in APHC/PHC
- District office

- **District Store**
- **Vehicle**

### Human Resources

- 

## Additional Service Delivery: Maternal Health and Family Planning

### Contraceptive Stock Position (Block)

Contraceptive Stock Position (Block)													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom (pieces)		4940	8000	3700	2865	2240	1700	1175					
OCP (packets)		165	190	15	4	2	155	140					
IUD 380 A		543	565	440	433	428	424	421					
Emergency Contraceptive													

### Status of training by areas (Block)

Status of training by areas (Block)				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section	No	NA	NA	NA
Minilap	1	NA	NA	NA
NSV	No	NA	NA	NA
Anaesthesia	No	NA	NA	NA
MTP / Abortion	1	NA	NA	NA
Contraceptive updates	3	1	5	2
STI / RTI	3	1	2	No
SBA training	NA	1	2	NO

### No. of trained Providers (Block)

Method	No. of providers (Block)					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laposcopic	No Posting	No		NA	NA	
Minilap	do	No	1	NA	NA	
NSV	do	No	NO	NA	NA	
IUD Insertion	do	No	2	1	5	
On spacing methods	do	No	2	1	2	

### No. of female sterilization camps (Block)

No. of female sterilization camps (Block)												
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
PHC	1					Nil						


**No. of male sterilization camps (NSV)**

No. of male sterilization camps (NSV) – (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

**No. of static sites (365 days) for sterilization services (Block)**

No. of static sites (365 days) for sterilization services (Block)					
Name of the site	Type of services				
	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.

**Report of services provided (Block)**

Report of services provided (Block)													
Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation	690	3					1	7					
NSV													
Condom distributed		525	700	4300	835	625	540	525					
OCP distributed		75	135	90	11	2	12	15					
IUD 380A		8	4	15	7	5	4	3					
Emergency Pill													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

List of NGOs working in the areas of Maternal Health and Family Planning (Block)		
Name of the NGO	Geographical area of work	Type of activity
No NGO is working in the field of maternal health and Family Planning		




**Availability of IEC Materials (Block)**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								
OCPs								
IUD 380A								
Emergency pills								

Remarks :- IEC material regarding famality planning and ofter baffier methods are not supplied by the district, in the last two years.

**Details of the IEC Campaigns (Block)**

Details of the IEC Campaigns (Block)		
Method	Months in which done	Geographical area where the campaign was conducted
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

Remarks :- At Block level we do following things:-

1. Organize weekly meeting of Health Staffs and give them in formation regarding camps.
2. Organize monthly ASHA meeting and give them training to promote family Planning and other barrier methods.

**Status of Social Marketing by agency (Block)**

Status of Social Marketing by agency (Block)		
Method	Name of the Agency	Geographical area that the agency covers
Condoms promotion		
OCPs promotion		





IUD 380A promotion		
Emergency pills promotion		

Remarks:- No agency is working.

**Status of Public Private Partnership (Block)**

Status of Public Private Partnership (Block)		
Services	Name of the Private provider	Geographical area where the provider provides the services
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

Remarks. No Private Providers are available all services are given by Govt. Department.

# Name of Block- Chhatapur

## DISTRICT PROFILE

No.	Variable	Data
29	Total geographic area	
30	Total no. of blocks	
31	Total no. of Gram Panchayats	23
32	No. of villages	69
33	Total population	235493
34	Male population	122340

35	Female population	113153
36	Estimated no. of Pregnant women	7764
37	Total no. of expected JSY beneficiaries	4000
38	Total No. of MTPs conducted	0
39	Total no. of Maternal Deaths	3
40	Estimated no. of births	7050
41	Children (0-6 years)	
42	Total no. of neonatal deaths (birth up to the end of 1 month)	1
43	Total no. Infant deaths (1 month to 1 year)	5
44	Total no. of child death (1 year to 5 years)	4
45	Sex Ratio	1000:980
46	SC population	46695
47	ST population	2238
48	BPL population	
	No. of primary schools	115
49	<b>No. of Middle and High Schools</b>	49
50	No. of Anganwadi centers	215
51	No. of Anganwadi workers	190
52	No. of electrified villages	7
53	No. of villages having access to safe drinking water	23
54	<b>No. of households with constructed toilets</b>	5000
55	No of villages having motorable roads	50

### Section A: Health Facilities in the District

**Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

S. N	Block Name	Population	No. of Sub-	No. of Sub-	No. of Sub-	No. of Furthe	Availability of Land	Nature of Land
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No	Block Name	Population	centres required	centres Present	centers proposed	sub-centers required	(Y/N)	ownership (Govt/Pvt)
1	Chhatapur	235493	48	23	25	25	8-Y 17-N	Govt.-3 Pvt. -5
2								
<b>Total</b>								

### Section A: Health Facilities in the District

**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	Chhatapur	235493	8	2	2	4	Y	Pvt.
<b>Total</b>								

### Section A: Health Facilities in the District

**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**

No	Block Name/sub division	Population	No. of type of facilities present				Total	No. of additional required (After including referral/DH/SDH)
			PHC	Referral	SDH	DH		
1	Chhatapur	235493	1				1	4
<b>Total</b>								

**Section B: Human Resources and Infrastructure**  
**Name of the Block:-Chhatapur**

**Sub-centre database**

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont power supp (A/NA)
				(R)	(C)	(R)	(C)					
1	Matori	9318	½	1		1		Govt.	+	NA	NA	NA
2	Bhimpur	10347	¼	1		1		Govt.	+	NA	NA	NA
3	Chunni	9800	¼	1		1		Pan.	+	NA	NA	NA
4	Pariahi	5600		1		1		Pan.	+	NA	NA	NA
5	Mohanmadganj	10000		1		1		Pan.	+	NA	NA	NA
6	Madhuani	9094		1		1		Pan.	#	NA	NA	NA
7	Udampur	6833		1				P		NA	NA	NA
8	jeewachpur	10443		1				Govt.		NA	NA	NA
9	Thuthi	8087		1				P		NA	NA	NA
10	Hariarpur	90733		1				P		NA	NA	NA
11	Tilathi	9124		1				P		NA	NA	NA
12	Khunti	6117		1				Govt.		NA	NA	NA
13	Rampur	9033		1				P		NA	NA	NA
14	chorma	9118		1				P		NA	NA	NA
15	Giwaha	5663		1				P		NA	NA	NA
16	Thamhua	8503		1				Govt.		NA	NA	NA
17	Ratanpur	10109		1				P		NA	NA	NA
18	Sohata	8738		1				Govt.		NA	NA	NA
19	Mohanpur	8912		1				P		NA	NA	NA



20	Lakminia	9311		1				P		NA	NA	NA
21	Madhopur	9700		1				P		NA	NA	NA
22	Jhakargarh	7900		1				P		NA	NA	NA
23	Paharia	9000		1				Govt.		NA	NA	NA

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

## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residence facilities (+++/++/+)
1	Balwa	10322	Govt.	+++	NA	1	#	++	++	+	+
2	Gwalpra	10420	Govt.	#	#	NA	#	++	=	+	+
	Total										

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

## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Human Resources

APHC Name	Doctors (A/Ay/R/C)	ANM (R/C)	Laboratory technician	Pharmacists	Nurses (Grade A)	Dresser/Compounder

		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position
1	Balwa	2	1	1	1	1	1	1	1	1	1	1	NA
	Gwalpara	2	1	1	1	1	1	1	1	1	1	NA	NA

**Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)**

## Section B: Human Resources and Infrastructure

### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds
1	PHC Chhatapur	235493	Govt.	++	NA	1	A	A	++	9	7
	Total										

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



	PHC /Referral /SDH/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist		Nurses		Specialist	
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position
1	Chhatapur	235493	6	6	26	15	2	0	3	N	3	Nil	0	N
	<b>Total</b>													

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources

### Section C: Equipment, Drugs and Supplies Availability of Equipment

No.	Name of facility	Equipment required
1	OPD N Indoor	Mekwhy, BP instrument, Stithorcops, Blankt,
2	JBSY	BP instrument, Glover, Cordclamp, Ruffar cloth, Dren
3	OT	OT light, scirrar, Operatio lamp, staus, ambu bay suc
4	Labor Room	Duty room, suction machine,
5		

#### Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1				

#### Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year
			Name of Supply
		<b>Oral piles, Copper-T, Condoms</b>	
1	F.W.	IUD, DCP, condom	
2			
3			
4			
5			

6			
---	--	--	--

**Section D: RKS, Untied Funds and Support Services  
Rogi Kalyan Samitis**

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	RKS	Y	9	291884	3000
2					
3					

**Untied Funds**

No.	Name of the Facility	Funds received	Funds utilized
1	Release of fund to ANM		
2			
3			

**Support Systems to Health facility functioning**

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housing	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2								
3								
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available



### Section E: Health Services Delivery

Name of the APHC	Service	Indicator	Data
1	Child Immunisation	Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
4	Reproductive Health	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	25%
		Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of immunization sessions held against planned	
		% of couples provided with barrier contraceptive methods	
		Total number of live births	
		Total number of still births	
		% of couples provided with permanent methods	
		% of newborns weighed within one week	
		% of female sterilisations	
2	Child Health RNTCP	% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	150
		Number of diarrhoea cases reported within the year	
		% of diarrhoea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
6	Vector Borne Disease Control Programme	Treatment Success Rate (% of new smear positive children who were cured)	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup successfully completed	
		Number of children with Grade 3 and Grade 4 of undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	
		Plasmodium Falciparum percentage	
3	Maternal Care	Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
7	National Programme for Control of Blindness	Number of patients with Malaria referred	
		Number of pregnant women registered for ANC	
8	National Leprosy Eradication Programme	Number of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	
		Number of cases detected	
		Number of cases registered	
		% of pregnant women with 3 ANC check ups	
		Number of cases operated	
		% of pregnant women with any ANC checkup	
		Number of patients enlisted with eye problem	
		% of pregnant women with anaemia	
		Number of camps organized	
		% of pregnant women who received 2 TT injections	
9	Inpatient Services	Number of cases detected	
		Number of cases treated	
		Number of pregnant women who received 100 IFA tablets	
		Number of default cases	
		Number of institutional deliveries conducted	
		Number of case complete treatment	
		Number of home deliveries conducted by SBA	
		Number of complicated cases	
		% of institutional deliveries in which JBSY funds were given	
		Number of cases referred	
9	Inpatient Services	Number of in-patient admissions	150
		% of home deliveries in which JBSY funds were given	
10	Outpatient services	Outpatient attendance	11903

Name of the PHC/Referral Hospital/SDH/DH			
No.	Service	Indicator	Data
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	68%
		% of immunization sessions held against planned	98%
2	<b>Child Health</b>	Total number of live births	2197
		Total number of still births	8
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	30%
		Total number of neonatal deaths (within 1 month of birth)	4
		Total number of infant deaths (within 1-12 months)	4
		Total number of child deaths (within 1-5 yrs)	NA
		Number of diarrhea cases reported within the year	450
		% of diarrhea cases treated	90%
		Number of ARI cases reported within the year	95
		% of ARI cases treated	98%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	120
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	4
		Number of undernourished children	120
		% of children below 5 yrs who received 5 doses of Vit A solution	88%
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	92%
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	35%
		% of pregnant women with 3 ANC check ups	60%
		% of pregnant women with any ANC checkup	90%
		% of pregnant women with anaemia	70%
		% of pregnant women who received 2 TT injections	92%
		% of pregnant women who received 100 IFA tablets	88%
		Number of pregnant women registered for JSY	0
		Number of Institutional deliveries conducted	2197
		Number of home deliveries conducted by SBA	0
		% of C-sections conducted	0
		% of pregnancy complications managed	7
		% of institutional deliveries in which JBSY funds were given	82%
		% of home deliveries in which JBSY funds were given	0
		Number of deliveries referred due to complications	8
% of mothers visited by health worker during the first	0		

		week after delivery	
		Number of Maternal Deaths	2
4	<b>Reproductive Health</b>	Number of MTPs conducted	1
		Number of RTI/STI cases treated	0
		% of couples provided with barrier contraceptive methods	48%
		% of couples provided with permanent methods	0%
		% of female sterilisations	32%
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	1.2%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	11.5%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	52%
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	80%
		% of patients put on treatment, who drop out of treatment	0
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	2.25%
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	250
		Number of patients with Malaria referred	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	30
		Number of cases registered	6
		Number of cases operated	0
		Number of patients enlisted with eye problem	6
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
9	<b>Inpatient Services</b>	Number of in-patient admissions	1298
10	<b>Outpatient services</b>	Outpatient attendance	48989
11	<b>Surgical Services</b>	Number of major surgeries conducted	92
		Number of minor surgeries conducted	300

## Section F: Community Participation, Training & BCC

### Community Participation Initiatives



S. No	Name of Block	No. of GPs	No. VHS C formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	Chhatapur	23				215	204		22	
2.										
3.										
4.										
5.										
6.										

### Training Activities:

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a
7.	Chhatapur	4	80	0	0	

### National Vector Borne Disease Control Programme Infrastructure

- Lab room in APHC/PHC-No
- District office-No
- District Store-No
- Vehicle-Yes jeep by R.K.S.

### Human Resources- Ambulance from APHC

- 

### Additional Service Delivery: Maternal Health and Family Planning

#### Contraceptive Stock Position (Block)

Contraceptive Stock Position (Block)													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom									2000				



(pieces)													
OCP (packets)										350			
IUD 380 A										400			
Emergency Contraceptive										15			

**Status of training by areas (Block)**

Status of training by areas (Block)				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section		NA	NA	NA
Minilap	4	NA	NA	NA
NSV		NA	NA	NA
Anaesthesia	1	NA	NA	NA
MTP / Abortion		NA	N1A	NA
Contraceptive updates	2		12	
STI / RTI	1			
SBA training	NA		2	

**No. of trained Providers (Block)**

Method	No. of providers (Block)- Chhatapur					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laposcopic						
Minilap						
NSV			5			
IUD Insertion					10	
On spacing					15	ASHA

**No. of female sterilization camps (Block)**

No. of female sterilization camps (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
						4	18						

**No. of male sterilization camps (NSV)**

No. of male sterilization camps (NSV) – (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

**No. of static sites (365 days) for sterilization services (Block)**

No. of static sites (365 days) for sterilization services (Block)					
Name of the site	Type of services				
	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.
	0	300	0	145	1025

**Report of services provided (Block)**

Report of services provided (Block)													
Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation							4	18					
NSV													
Condom distributed							9400	4000					
OCP distributed							20	30					
IUD 380A													
Emergency Pill							120	125					

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

List of NGOs working in the areas of Maternal Health and Family Planning (Block)		
Name of the NGO	Geographical area of work	Type of activity

**Availability of IEC Materials (Block)**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								
OCPs								
IUD 380A								



Emergency pills								
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**Details of the IEC Campaigns (Block)**

Details of the IEC Campaigns (Block)		
Method	Months in which done	Geographical area where the campaign was conducted
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**

Status of Social Marketing by agency (Block)		
Method	Name of the Agency	Geographical area that the agency covers
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Public Private Partnership (Block)**

Status of Public Private Partnership (Block)		
Services	Name of the Private provider	Geographical area where the provider provides the services
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

# Name of Block- Kishanpur

## DISTRICT PROFILE

e

No.	Variable	Data
56.	Total geographic area	196.69
57.	Total no. of blocks	1
58.	Total no. of Gram Panchayats	16
59.	No. of villages	77
60.	Total population	170.424
61.	Male population	90324
62.	Female population	80100
63.	Estimated no. of Pregnant women	5453
64.	Total no. of expected JSY beneficiaries	5453
65.	Total No. of MTPs conducted	0
66.	Total no. of Maternal Deaths	0
67.	Estimated no. of births	5453
68.	Children (0-6 years)	
69.	Total no. of neonatal deaths (birth up to the end of 1 month)	30505
70.	Total no. Infant deaths (1 month to 1 year)	
71.	Total no. of child death (1 year to 5 years)	52
72.	Sex Ratio	47:53%
73.	SC population	1552
74.	ST population	103
75.	BPL population	998





	<b>No. of primary schools</b>	<b>88</b>
<b>76.</b>	<b>No. of Middle and High Schools</b>	<b>39&amp;3</b>
<b>77.</b>	<b>No. of Anganwadi centers</b>	<b>135</b>
<b>78.</b>	<b>No. of Anganwadi workers</b>	<b>115</b>
<b>79.</b>	<b>No. of electrified villages</b>	<b>61</b>
<b>80.</b>	<b>No. of villages having access to safe drinking water</b>	<b>90</b>
<b>81.</b>	<b>No. of households with constructed toilets</b>	<b>250</b>
<b>82.</b>	<b>No of villages having motorable roads</b>	<b>65</b>

### Section A: Health Facilities in the District

**Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

<b>S. No</b>	<b>Block Name</b>	<b>Population</b>	<b>No. of Sub-centres required</b>	<b>No. of Sub-centers Present</b>	<b>No. of Sub-center s proposed</b>	<b>No. of Further sub-centers required</b>	<b>Availability of Land (Y/N)</b>
1	Kishanpur	170424	34	14	16	0	0
2							
	<b>Total</b>						





1	Kishanpur	170424							5		0
	Total										

**Section B: Human Resources and Infrastructure**  
**Name of the Block:Kishanpur**

**Sub-centre database**

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)
				(R)	(C)	(R)	(C)							
1	Chouhatta	8665	1	1	0	1	0	Govt.	++	NA	NA	NA	N	NA
2	Sumanpur	15489	2	0	0	0	0	NA	NA	NA	NA	NA	N	NA
3	Singiyawan	8709	1	1				Govt.	0	0	0	0	0	0
4	Namenwa	9515	1	1				Govt.	0	0	0	0	0	0
5	Sikharom	21081	2	1				Govt.	0	0	0	0	0	0
6	Hansa	8401	1	1				NA	0	0	0	0	0	0
7	Khanhar	12529	1	0				NA	0	0	0	0	0	0



8	Asanpur	10766	1	0				NA	0	0	0	0	0	0
9	Andauli	25563	1	1				NA	0	0	0	0	0	0
10	<b>Kadampura</b>	12024	1	0				NA	0	0	0	0	0	0

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

## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population Served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/St aff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance
1	Khakhai	1024	Govt.	#	NA	NA	++	NA	3	4	NA	N	NA	0
2														
	Total													

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



## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Human Resources

	APHC Name	Doctors (A/Ay/R/C)		ANM (R/C)		Laboratory technician		Pharmacists		Nurses (Grade A)		Dresser/Compounder		LHV	Health Educator	Grade IV/Grade III staff
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1	Khakai	1	1	2	1	1	0	1	0	1	1	1	1	NA	NA	2
	<b>Total</b>															

Allopathic (A),Ayush (Ay), Regular (R), Contractual (C)

## Section B: Human Resources and Infrastructure

### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	Kushanpur	170424	Govt.	++	NA	A	A	A	++	7	6	A	++	NA	
	Total														



	PHC /Referral /SDH/DH	Popn Serv ed	Doctors	ANM	Laboratory Technician	Pharmacist	Nurses	Specialists	LHV	Health Educ	Grade III staff/ Comput
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ANM(R)-  
Regular/  
ANM(C)-  
Contractual;  
Govt- Gov/

Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less than Rs10,000-+/ needs new building-#;  
Water Supply: Available –A/Not available –NA, Intermittently available-I

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources



	Name														ator	er	
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position					
1	Kishanpur	170424	3	2	19	8	1	1	2	0	Nil	1	0	0	2	NA	A
<b>Total</b>																	

**Section C: Equipment, Drug**

**s and Supplies  
Availability of Equipment**

No.	Name of facility	Equipment required
1	Delevery	OT Table, Del. Kit, Episiotomy Instrument, Warmes, Dury room
2	Ri	DF, ILR
3	Dressing room	Dresing Table etc.
4		
5		

**Procurement and Logistics Management for Drugs**

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1	Delivery 'OPD, Emergency	Oxytown, Methaugin Epidosim, Antitiotics, Anticuqnlarrts, Antibiotic Drrgs for Basier HigherAntibiotics by, Deripholum Trimacort,	Nil	



		Deriphemllwo, Dexanothars, Niethlovde, m Succer		

### Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			Name of Supply	Months
		<b>Oral piles, Copper-T, Condoms</b>		
1	RI	Fem3, Fam6, Fan1-7, MCh Register	Nil	
2		Dai Register, Muinan Register	Nil	
3				
4				
5				
6				

### Section D: RKS, Untied Funds and Support Services

#### Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Kishanpur	Y	12	203854.63	210738/-
2				(Upto Oct. 09)	(Upto Oct. 09)
3					
No.	Name of the Facility	Funds received		Funds utilized	
1	Untied Fund for PHC	57150		Rs. 18750	
2	Untied Fund for PHC				
3					

**Untied Funds**





### Support Systems to Health facility functioning

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2	Kishanpur	0	0	0	0	0	0	0
3								
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available

### Section E: Health Services Delivery

No	Name of the Service	Indicator	Data
----	---------------------	-----------	------



1	<b>Child Immunisation</b>	% of pregnant women with fully ANC utilization (BCG, DPT1, 2, 3, OPV 1, 2, 3, Measles)	86%
		% of pregnant women who received 2 ITI injections	86%
		Total pregnant women who received 100 IFA tablets	82%
		Number of pregnant women registered for JSY	Delivery
		Total number of stillbirths	0
		Number of newborn deliveries conducted	0
		% of newborn deliveries conducted by SBA	0
		% of newborns weighing less than 2500 gm	0
		Total number of neonatal deaths (within 1 month of birth)	0
		Number of home deliveries in which JSY funds were given	0
		Total number of infant deaths due to complications (within other 12 months)	0
		% of infant deaths by health worker during the first	
		Total number of child deaths	
		Number of MTPs conducted	
		2	<b>Child Health</b>
% of diarrhoea cases treated with barrier contraceptive	80%		
Number of ARI cases reported within the year	240		
% of ARI cases treated with permanent methods	92%		
4	<b>Reproductive Health</b>	Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	60%
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	0
		% of TB cases suspected out of total OP	79%
		Number of undernourished children	130
5	<b>RNTCP</b>	Proportion of New Sputum Positive out of Total New Pulmonary Cases	85%
		% of children below 5 yrs who received 3 doses of Vit A solution	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	100%
		Treatment Success Rate (% of new smear positive)	100%
3	<b>Maternal Care</b>	patients who are documented to be cured or have successfully completed treatment	222
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	81%
		% of pregnant women with 3 ANC check ups	78%



6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	40
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
7	<b>National Programme for Control of Blindness</b>	Number of FTDs and DDCs	
		Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
8	<b>National Leprosy Eradication Programme</b>	Number of camps organized	
		Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	5919

**Name of the PHC/Referral Hospital/SDH/DH-Kishanpur**

No	Service	Indicator	Data
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	2110
		% of immunization sessions held against planned	90%
		Total number of live births	1543
		Total number of still births	68
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	0



		Total number of neonatal deaths (within 1 month of birth)	68
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	432
		% of diarrhea cases treated	90%
		Number of ARI cases reported within the year	1159
		% of ARI cases treated	86%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	316
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	20
		Number of undernourished children	340
		% of children below 5 yrs who received 5 doses of Vit A solution	90%
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	1543
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	76%
		% of pregnant women with 3 ANC check ups	62%
		% of pregnant women with any ANC checkup	100%
		% of pregnant women with anaemia	28%
		% of pregnant women who received 2 TT injections	88%
		% of pregnant women who received 100 IFA tablets	80%
		Number of pregnant women registered for JSY	1543
		Number of Institutional deliveries conducted	1543
		Number of home deliveries conducted by SBA	0



		% of C-sections conducted	40%
		% of pregnancy complications managed	92%
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	0
		Number of deliveries referred due to complications	10
		% of mothers visited by health worker during the first week after delivery	80%
		Number of Maternal Deaths	1
4	<b>Reproductive Health</b>	Number of MTPs conducted	0
		Number of RTI/STI cases treated	240
		% of couples provided with barrier contraceptive methods	40%
		% of couples provided with permanent methods	70%
		% of female sterilisations	70%
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	4%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	7.5%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	90%
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	90%
		% of patients put on treatment, who drop out of treatment	2%
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	



		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	27
		Number of cases registered	27
		Number of cases operated	0
		Number of patients enlisted with eye problem	5
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
9	<b>Inpatient Services</b>	Number of in-patient admissions	1632
10	<b>Outpatient services</b>	Outpatient attendance	30193
11	<b>Surgical Services</b>	Number of major surgeries conducted	159
		Number of minor surgeries conducted	173

### Section F: Community Participation, Training & BCC

#### Community Participation Initiatives

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	Kishanpur	16	0	1	1	123	123		One in Every Month	
2.										
3.										
4.										



5									
6									

**Training Activities:**

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
8.	Kishanpur	Nil	Nil			it should be given at all
9.						
10.						
11.						

**BCC Activities**

No.	Name of Block	BCC campaigns/ activities conducted
1	Kishanpur	nukkad natak (chart Displayed in Fair & Hatia)
2		
3		
4		
5		

**District  
and Block  
level  
Managem**

**ent**



<b>S.No</b>	<b>Name of Block</b>	<b>Health Manager Appointed (Y/N)</b>	<b>Accountant appointed (Y/N)</b>	<b>Store keeper appointed (Y/N)</b>
1	Kishanpur	Y	Y	N
2				
4				
5				
6				

**National  
Vector Borne  
Disease  
Control  
Programme  
Infrastructure**

- **Lab room  
in  
APHC/PH**

**C-1**

- **District office**
- **District Store**
- **Vehicle-1**





## Human Resources

### **Additional Service Delivery: Maternal Health and Family Planning**

#### Contraceptive Stock Position (Block)-Kishanpur

Contraceptive Stock Position (Block)													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom (pieces)		2000	2000	1700	1700	1690	130	130					
OCP (packets)		130	130	115	115	104	0	0					
IUD 380 A		50	50	43	43	36	18	18					
Emergency Contraceptive													

#### Status of training by areas (Block)

Status of training by areas (Block)				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section		NA	NA	NA
Minilap		NA	NA	NA
NSV		NA	NA	NA
Anaesthesia		NA	NA	NA
MTP / Abortion		NA	NA	NA
Contraceptive updates				
STI / RTI				
SBA training	NA		2	

#### No. of trained Providers (Block)

Method	No. of providers (Block)					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laprosopic						



<b>Minilap</b>					
<b>NSV</b>					
<b>IUD Insertion</b>			<b>1</b>	<b>2</b>	<b>5</b>
<b>On spacing</b>					

**No. of female sterilization camps (Block)**

<b>No. of female sterilization camps (Block)</b>													
<b>Site</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
<b>PHC</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>						

**No. of male sterilization camps (NSV)**

<b>No. of male sterilization camps (NSV) – (Block)</b>													
<b>Site</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>
<b>PHC</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>						

**No. of static sites (365 days) for sterilization services (Block)**

<b>No. of static sites (365 days) for sterilization services (Block)</b>					
<b>Name of the site</b>	<b>Type of services</b>				
	<b>Laprosopic</b>	<b>Minilap</b>	<b>NSV</b>	<b>IUD</b>	<b>Emergency Pill etc.</b>
<b>Kishanpur</b>					



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**Report of services provided (Block)**

Report of services provided (Block)													
Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation	1500	0	5	0	0	29	10	115					
NSV	200	0											
Condom distributed		465	675	210	835	210	540	592					
OCP distributed		17	25	15	21	11	5	8					
IUD 380A		6	5	9	8	7	12	13					
Emergency Pill													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

List of NGOs working in the areas of Maternal Health and Family Planning (Block)		
Name of the NGO	Geographical area of work	Type of activity
Gyan Bigyan Samiti, Kishanpur, Supaul	Kishanpur Block	Nukad Sabha For Health Awareness

**Availability of IEC Materials (Block)**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation		Wall Writing						



NSV								
Condoms								
OCPs								
IUD 380A								
Emergency pills								

**Details of the IEC Campaigns (Block)**

<b>Details of the IEC Campaigns (Block)</b>		
<b>Method</b>	<b>Months in which done</b>	<b>Geographical area where the campaign was conducted</b>
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**

<b>Status of Social Marketing by agency (Block)</b>		
<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
Female Sterilisation promotion		
NSV promotion		



<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Name of the PHC-Marauna**



<b>No.</b>	<b>Variable</b>	<b>Data</b>
<b>83.</b>	<b>Total geographic area</b>	<b>210</b>
<b>84.</b>	<b>Total no. of blocks</b>	<b>1</b>
<b>85.</b>	<b>Total no. of Gram Panchayats</b>	<b>13</b>
<b>86.</b>	<b>No. of villages</b>	<b>38</b>
<b>87.</b>	<b>Total population</b>	<b>142278</b>
<b>88.</b>	<b>Male population</b>	<b>72917</b>
<b>89.</b>	<b>Female population</b>	<b>69346</b>
<b>90.</b>	<b>Estimated no. of Pregnant women</b>	<b>4695</b>
<b>91.</b>	<b>Total no. of expected JSY beneficiaries</b>	<b>1800</b>
<b>92.</b>	<b>Total No. of MTPs conducted</b>	<b>0</b>
<b>93.</b>	<b>Total no. of Maternal Deaths</b>	<b>0</b>
<b>94.</b>	<b>Estimated no. of births</b>	<b>44419</b>
<b>95.</b>	<b>Children (0-6 years)</b>	
<b>96.</b>	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>	<b>48</b>
<b>97.</b>	<b>Total no. Infant deaths (1 month to 1 year)</b>	<b>62</b>
<b>98.</b>	<b>Total no. of child death (1 year to 5 years)</b>	<b>22</b>
<b>99.</b>	<b>Sex Ratio</b>	<b>1000:950</b>



100.	SC population	25496
101.	ST population	1195
102.	BPL population	28484
	No. of primary schools	51
103.	<b>No. of Middle and High Schools</b>	23
104.	No. of Anganwadi centers	113
105.	No. of Anganwadi workers	106
106.	No. of electrified villages	1
107.	No. of villages having access to safe drinking water	85
108.	<b>No. of households with constructed toilets</b>	71
109.	No of villages having motorable roads	0

### Section A: Health Facilities in the District

**Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

S. No	Block Name	Population	No. of Sub-centres required	No. of Sub-centers Present	No. of Sub-centers proposed	No. of Further sub-centers	Availability of Land (Y/N)	Nature of Land ownership
-------	------------	------------	-----------------------------	----------------------------	-----------------------------	----------------------------	----------------------------	--------------------------



						<b>required</b>		<b>(Govt/Pvt)</b>
1	Mrauna	142278	16	16	10	6	3-Y 15-No	Govt.
2								
	<b>Total</b>							

### Section A: Health Facilities in the District

**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	Mrauna	142278	1	4	0	1	1-Y 3-No	Govt.
	<b>Total</b>							

### Section A: Health Facilities in the District

**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**





No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PH C	Referral	SDH	DH	Total		
1	Marauna	142278	1				1	1	0
	Total								

## Section B: Human Resources and Infrastructure

Name of the Block: Pipra

### Sub-centre database

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/+++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/+++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/+++/+/#)
				(R)	(C)	(R)	(C)							
1	jamardanpur	8949	4	0	1	0	1	NA	#	NA	NA	NA	Y	#
2	Agargarha	9959	5	0	0	0	0	NA	#	NA	NA	NA	N	#
3	Menha	8579	4	1	1	1	1	NA	0	0	0	0	0	0



4	Kadmaha	7740	3	0	0	1	0	NA	#	NA	NA	NA	Y	#
5	Jobha	8423	5	1	0	1	0	NA	#	NA	NA	NA	N	#
6	Rasuar	8679	5	1	0	1	0	Govt.	#	NA	NA	NA	Y	#
7	Belhi	10415	5	1	0	1	0	Govt.	++	NA	NA	NA	Y	++
8	Kulhariya	8921	5	1	1	1	1	Govt.	++	NA	NA	NA	Y	++
9	Sarojabela	8750	6	1	0	1	0	NA	#	NA	NA	NA	Y	#
10	Kamrauli	8921	5	0	1	0	1	Govt.	++	NA	NA	NA	Y	++
11	Harri	9049	6	0	0	0	0	NA	#	NA	NA	NA	N	#
12	Ganuara	8936	5	0	1	0	1	NA	#	NA	NA	NA	Y	#
13	Manga Sihaul	8636	4	0	1	0	1	NA	#	NA	NA	NA	Y	#
14	Khikhnaha	8636	3	0	0	0	0	NA	#	NA	NA	NA	N	#
15	Gidrahi	8793	6	0	1	0	1	Govt.	++	NA	NA	NA	Y	++
16	Baskhora	8892	5	1	0	1	0	Govt.	++	NA	NA	NA	Y	++

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

## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/)	Building condition (+++/++/#)	Assured running water	Continuous power supply	Toilets (+++/++/+/#)	Condition of Labour room	No. of room	No. of beds	Condition of residential	MO/Staff residi	No. of Available
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			Rent)		supply (A/NA/I)	(A/NA/I)		(+++/+/#)	s		facilities (+++/+/+/#)	ng at APHC area (Y/N)	vehic le	Ambu lance
1	Manohar patti	33478	Govt.	++	NA	NA	++	#	6	0	#	N	0	0
2	Ghoghra riya	36722	NA	#	NA	NA	#	#	6	0	#	0		
3	Bela Dhutra a	37533	NA	#	NA	NA	#	#	6	0	#	0		
4	Baskhor a	33492	Govt.	++	NA	NA	++	#	6	0	#	0		

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

## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Human Resources

APHC	Doctors	ANM (R/C)	Laboratory	Pharmacists	Nurses (Grade	Dresser/Compou	LHV	Health	Grade
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	Name	(A/Ay/R/C)		technician		A)		nder		Educator	IV/Grade III staff	
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position			
1	Manoharpatti	2	1	2	0	1	0	1	0	0	1	12+3
	Baskhora	2	1	2	0	1	0	1	0	0	1	12+3
	Bela Dhutraha	2	0	2	0	1	0	1	0	0	0	12+3
	Ghograriya	2	0	2	0	1	0	1	0	0	0	12+3

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/ Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	Marauna	142278	Govt.	++	NA	NA	A	NA	NA	05	6	A	++	1	1
	Total														

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



### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources

	PHC /Referral/SDH/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist		Nurses		Specialists		LHV	Health Educator	Grade III staff/ Computer
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position			
1	Marauan	142278	5	5	4	0	1	1	1	0	2	2	0	0	2	1	1+1
<b>Total</b>																	

### Section C: Equipment, Drugs and Supplies Availability of Equipment

No.	Name of facility	Available	Equipment required
1	I.L.R	01	01
2	Deep Freezer	01	1
3	Refregprator	01	01
4	Invetor(850VA)	01	03
5	Nubulizer	01	02
No.	Name of facility	Drugs required	Stock outs last year
			Name of Drug      Months

#### Procurement and Logistics Management for Drugs



1		Inj. Amino Phylum	Nil	Nil
2		Inj. Deriphylin	Nil	Nil
3		Inj. Forthoin	Nil	Nil
4		Inj. Coramin	Nil	Nil
5		Inj. Pertnorm	Nil	Nil
6		Inj. Nekethamide (Coramine)	Nil	Nil
7		Inj. Dexona	Nil	Nil
8				
9				

### Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			Name of Supply	Months
		<b>Oral piles, Copper-T, Condoms</b>		
1				
2		Oral Pules (Contraceptive)	Nil	
3				
4				
5				
6				

### Section D: RKS, Untied Funds and Support Services

#### Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1					
2					
3					

**Untied Funds**



No.	Name of the Facility	Funds received	Funds utilized
1	untied Fund	152000/-	2000/-
2		23.06.06	
3			

### Support Systems to Health facility functioning

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2		1	0101	NA	NA	NA	NA	Y
3								
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available

### Section E: Health Services Delivery

No.	Name of the APHC	Service	Indicator		Data
			Indicator	Data	
1	Child Health	Child Immunisation	Total number of live births		NA
			Total number of still births		NA
			% of newborns weighed within one week		NA
			% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)		91%
			% of newborns weighing less than 2500 gm		NA
			Total number of neonatal deaths (within 1 month of birth)		NA
			% of immunization sessions held against planned		NA



		birth)	
		Total number of infant deaths	NA
4	<b>Reproductive Health</b>	(within 1-12 months)	
		Total number of child deaths	NA
		(within 1-5 yrs)	
		Number of diarrhea cases reported within the year	NA
		% of diarrhea cases treated	NA
5	<b>RNTCP</b>	Number of ARI cases reported within the year	NA
		% of ARI cases treated	NA
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	NA
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	NA
		Number of undernourished children	NA
6	<b>Vector Borne Disease Control Programme</b>	% of children below 5 yrs who received 5 doses of Vit A solution	NA
		Number of patients with Malaria referred	NA
		Number of FTDs and DDCs	NA
3	<b>Maternal Care National Programme for Control of Blindness</b>	Number of pregnant women registered for ANC	NA
		Number of cases detected	NA
7	<b>Maternal Care National Programme for Control of Blindness</b>	% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	NA
		Number of cases operated	NA
		% of pregnant women with 3 ANC check ups	NA
		Number of patients enlisted with eye problem	NA
		% of pregnant women with any ANC checkup	NA
		Number of camps organized	NA
		% of pregnant women with anaemia	NA
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	NA
		% of pregnant women who received 2 TT injections	NA
		Number of cases treated	NA
		Number of default cases	NA
		Number of case complete treatment	NA
		Number of complicated cases	NA
		Number of cases referred	NA
9	<b>Inpatient Services</b>	Number of in-patient admissions	NA





10	<b>Outpatient services</b>	Outpatient attendance	NA
<b>Name of the PHC/Referral Hospital/SDH/DH</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	91%
		% of immunization sessions held against planned	96%
2	<b>Child Health</b>	Total number of live births	4388
		Total number of still births	115
		% of newborns weighed within one week	22%
		% of newborns weighing less than 2500 gm	2%
		Total number of neonatal deaths (within 1 month of birth)	44
		Total number of infant deaths (within 1-12 months)	56
		Total number of child deaths (within 1-5 yrs)	22
		Number of diarrhea cases reported within the year	160
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	207
		% of ARI cases treated	207
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	29
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	14
		Number of undernourished children	94
		% of children below 5 yrs who received 5 doses of Vit A solution	91%
		Number of pregnant women registered for ANC	3238



		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	82%
		% of pregnant women with 3 ANC check ups	58%
		% of pregnant women with any ANC checkup	3238
		% of pregnant women with anaemia	82%
		% of pregnant women who received 2 TT injections	58%
		% of pregnant women who received 100 IFA tablets	6%
		Number of pregnant women registered for JSY	13%
		Number of Institutional deliveries conducted	78%
		Number of home deliveries conducted by SBA	0
		% of C-sections conducted	83%
		% of pregnancy complications managed	7%
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	0
		Number of deliveries referred due to complications	41
		% of mothers visited by health worker during the first week after delivery	40%
		Number of Maternal Deaths	0
4	<b>Reproductive Health</b>	Number of MTPs conducted	0
		Number of RTI/STI cases treated	225
		% of couples provided with barrier contraceptive methods	4%
		% of couples provided with permanent methods	2%
		% of female sterilisations	0
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	2%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	25%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	6
		Treatment Success Rate (% of new smear positive	75%



		patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	10%
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	NA
		Annual Blood Examination Rate	NA
		Plasmodium Falciparum percentage	NA
		Slide Positivity Rate	NA
		Number of patients receiving treatment for Malaria	26
		Number of patients with Malaria referred	NA
		Number of FTDs and DDCs	NA
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	NA
		Number of cases registered	NA
		Number of cases operated	NA
		Number of patients enlisted with eye problem	NA
		Number of camps organized	NA
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	21
		Number of Cases treated	12
		Number of default cases	9
		Number of case complete treatment	12
		Number of complicated cases	12
		Number of cases referred	0
9	<b>Inpatient Services</b>	Number of in-patient admissions	NA
10	<b>Outpatient services</b>	Outpatient attendance	NA
11	<b>Surgical Servics</b>	Number of major surgeries conducted	NA
		Number of minor surgeries conducted	370

### **Section F: Community Participation, Training & BCC Community Participation Initiatives**



S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	Marauan	13	16	32	0	84	36	48	8	0
2.										
3.										
4.										
5.										
6.										

### Training Activities:

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
12.	Marauan	NA	NA	NA	NA	0
13.						
14.						
15.						

### BCC Activities

No.	Name of Block	BCC campaigns/ activities conducted



3		
4		
5		

**District**

**and Block level Management**

<b>S.No</b>	<b>Name of Block</b>	<b>Health Manager Appointed (Y/N)</b>	<b>Accountant appointed (Y/N)</b>	<b>Store keeper appointed (Y/N)</b>
1	Marauan	Y	Y	N
2				
4				
5				
6				

**National  
Vector Borne  
Disease  
Control**

**Programme**

**Infrastructure**

- **Lab room in APHC/PHC**
- **District office**
- **District Store**
- **Vehicle**



## Human Resources

### **Additional Service Delivery: Maternal Health and Family Planning**

#### Contraceptive Stock Position (Block)

Contraceptive Stock Position (Block)													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom (pieces)	10000	2105	1845	1520	1245	953	708	11508					
OCP (packets)													
IUD 380 A													
Emergency Contraceptive													

#### Status of training by areas (Block)

Status of training by areas (Block)				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section		NA	NA	NA
Minilap		NA	NA	NA
NSV		NA	NA	NA
Anaesthesia		NA	NA	NA
MTP / Abortion		NA	NA	NA
Contraceptive updates	4			
STI / RTI	1		3	
SBA training	NA		2	

#### No. of trained Providers (Block)

Method	No. of providers (Block)					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laprosopic						
Minilap						



NSV					
IUD Insertion			1		2
On spacing			1		2

**No. of female sterilization camps (Block)**

No. of female sterilization camps (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
P.H.C.	1	1	1	1	1	1	3						

**No. of male sterilization camps (NSV)**

No. of male sterilization camps (NSV) – (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

**No. of static sites (365 days) for sterilization services (Block)**

No. of static sites (365 days) for sterilization services (Block)					
Name of the site	Type of services				
	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.

**Report of services provided (Block)**

Report of services provided (Block)
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Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation	585	6	2	1	1	2	1	20					
NSV													
Condom distributed		730	260	325	275	292	245	1200					
OCP distributed													
IUD 380A													
Emergency Pill		185	200	100	75	40							

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

Name of the NGO	Geographical area of work	Type of activity

**Availability of IEC Materials (Block)**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								





OCPs								
IUD 380A								
Emergency pills								

**Details of the IEC Campaigns (Block)**

<b>Details of the IEC Campaigns (Block)</b>		
<b>Method</b>	<b>Months in which done</b>	<b>Geographical area where the campaign was conducted</b>
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**

<b>Status of Social Marketing by agency (Block)</b>		
<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
Female Sterilisation promotion		
NSV promotion		



Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

# Name of Block- Pipra

## **DISTRICT PROFILE**

e

<b>No.</b>	<b>Variable</b>	<b>Data</b>
<b>110.</b>	<b>Total geographic area</b>	<b>49535.36</b>
<b>111.</b>	<b>Total no. of blocks</b>	<b>1</b>
<b>112.</b>	<b>Total no. of Gram Panchayats</b>	<b>16</b>



<b>113.</b>	<b>No. of villages</b>	<b>39</b>
<b>114.</b>	<b>Total population</b>	<b>198322</b>
<b>115.</b>	<b>Male population</b>	
<b>116.</b>	<b>Female population</b>	
<b>117.</b>	<b>Estimated no. of Pregnant women</b>	<b>6346</b>
<b>118.</b>	<b>Total no. of expected JSY beneficiaries</b>	<b>5949</b>
<b>119.</b>	<b>Total No. of MTPs conducted</b>	
<b>120.</b>	<b>Total no. of Maternal Deaths</b>	
<b>121.</b>	<b>Estimated no. of births</b>	<b>5949</b>
<b>122.</b>	<b>Children (0-6 years)</b>	
<b>123.</b>	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>	
<b>124.</b>	<b>Total no. Infant deaths (1 month to 1 year)</b>	
<b>125.</b>	<b>Total no. of child death (1 year to 5 years)</b>	
<b>126.</b>	<b>Sex Ratio</b>	<b>11:9</b>
<b>127.</b>	<b>SC population</b>	
<b>128.</b>	<b>ST population</b>	
<b>129.</b>	<b>BPL population</b>	<b>21635</b>
	<b>No. of primary schools</b>	<b>94</b>
<b>130.</b>	<b>No. of Middle and High Schools</b>	<b>43+6</b>



<b>131.</b>	<b>No. of Anganwadi centers</b>	<b>157</b>
<b>132.</b>	<b>No. of Anganwadi workers</b>	<b>146</b>
<b>133.</b>	<b>No. of electrified villages</b>	
<b>134.</b>	<b>No. of villages having access to safe drinking water</b>	<b>NA</b>
<b>135.</b>	<b>No. of households with constructed toilets</b>	
<b>136.</b>	<b>No of villages having motorable roads</b>	<b>39</b>

### Section A: Health Facilities in the District

#### Health Sub-centres **(Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

<b>S.No</b>	<b>Block Name</b>	<b>Population</b>	<b>No. of Sub-centres required</b>	<b>No. of Sub-centers Present</b>	<b>No. of Sub-centers proposed</b>	<b>No. of Further sub-centers required</b>	<b>Availability of Land (Y/N)</b>	<b>Nature of Land ownership (Govt/Pvt)</b>
1	Pipra	198322	40	22	7	11	N	-
2								
	<b>Total</b>							

### Section A: Health Facilities in the District



**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	Pipra	198322	7	2	2	3	0	0
	<b>Total</b>							

**Section A: Health Facilities in the District**

**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**

No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PH C	Referral	SDH	DH	Total		
1	Pipra	198322	1	0	0	0	1	7	0
	Total								



## Section B: Human Resources and Infrastructure

Name of the Block: Pipra

### Sub-centre database

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt./Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)
				(R)	(C)	(R)	(C)							
1	Kataia	10000	5	1	0	1	0	Govt.	+++	NA	NA	NA	N	+++
2	Koshalipatti	5000	1	0	1	0	1	Govt.	+++	NA	NA	NA	N	+++
3	Belakhara	6000	1	1		1		Govt.	+++	NA	NA	NA	N	+++
4	Maheshpur	7000	2	1		1		Govt.	+++	NA	NA	NA	Y	+++
5	Basuli	7500	4	1		1		Govt.	+++	NA	NA	NA	N	+++
6	Rampur	5000	1	0	1		1	Govt.	+++	NA	NA	NA	N	+++
7	Rajpur	5500	1	0	1		1	Govt.	+++	NA	NA	NA	N	+++
8	Gelhiya	5000	3	1		1		Govt.	+++	NA	NA	NA	N	+++
9	dinapatti	6000	3	1		1		Govt.	++	NA	NA	NA	N	++
	<b>Total</b>													



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

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/St aff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance
1	thumha	35000	Govt.	+++	NA	NA	+++	NA	03	6	+++	Y	-	Y
2	Hatwaria	32000	Govt.	+++	N	NA	+++	NA	03	06		+++	Y	0
	Total													

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

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Human Resources



	APHC Name	Doctors (A/Ay/R/C)		ANM (R/C)		Laboratory technician		Pharmacists		Nurses (Grade A)		Dresser/Compounder		LHV	Health Educator	Grade IV/Grade III staff
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1																
	<b>Total</b>															

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	Pipra	198322	Govt.	+++	NA	NA	A	A	++	03	06	A	++	1	0
	Total														

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





	PHC /Referral /SDH/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist		Nurses		Specialists		LHV	Health Educator	Grade III staff/ Computer
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position			
1	Pipra	198322	11	5	22	16	0	0	0	0	0	0	0	0	1	0	4/10
	<b>Total</b>																

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources

### Section C: Equipment, Drugs and Supplies

#### Availability of Equipment

No.	Name of facility	Equipment required
1	Shortage of Doctors & staffs	All instruments required for abdominal operation
2	O.T. Room shortage	
3	Buildings:- doctors & Staffs Quarters	
4	Pathological, X-Ray wanting	
5		

**Procurement and Logistics**



## Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1				

## Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			Name of Supply	Months
		<b>Oral piles, Copper-T, Condoms</b>		
1				
2				
3				
4				
5				
6				

## Section D: RKS, Untied Funds and Support Services

### Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized	Untied Funds
1	RKS	Y	12			
2						
3						
No.	Name of the Facility	Funds received	Funds utilized			



1			
2			
3			

### Support Systems to Health facility functioning

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2								
3								
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available



### Section E: Health Services Delivery

Name of the APHC		Indicator	Data
No.	Service	Indicator	Data
1	Child Immunisation	Number of diarrhea cases reported within the year % of diarrhea cases treated Number of ARI cases reported within the year % of children 9-11 months fully immunized % of ARI cases treated (BCG+DPT123+OPV123+Measles) Number of children with Grade 3 and Grade 4 % of immunization sessions held against planned undernutrition who received a medical checkup	
2	Child Health	Total number of live births Number of children with Grade 3 and Grade 4 Total number of still births undernutrition who were admitted % of newborns weighed within one week Number of undernourished children % of newborns weighing less than 2500 gm % of children below 5 yrs who received 5 doses of Vit A solution Total number of neonatal deaths (within 1 month of birth) Total number of infant deaths (within 1-12 months)	
3	Maternal Care	Total number of child deaths Number of pregnant women registered for ANC (within 1-5 yrs)	



		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	
		% of pregnant women who received 2 TT injections	
		% of pregnant women who received 100 IFA tablets	
		Number of pregnant women registered for JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
4	<b>Reproductive Health</b>	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterilisations	
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive)	



		patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	
<b>Name of the PHC/Referral Hospital/SDH/DH</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	95%
		% of immunization sessions held against planned	95%
		Total number of live births	1224
		Total number of still births	46



		% of newborns weighed within one week	50%
		% of newborns weighing less than 2500 gm	50%
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	97%
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	2347
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	50%
		% of pregnant women with 3 ANC check ups	50%
		% of pregnant women with any ANC checkup	100%
		% of pregnant women with anaemia	10%
		% of pregnant women who received 2 TT injections	100%
		% of pregnant women who received 100 IFA tablets	100%
		Number of pregnant women registered for JSY	80%
		Number of Institutional deliveries conducted	1224



		Number of home deliveries conducted by SBA	
		% of C-sections conducted	
		% of pregnancy complications managed	30%
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	0%
		Number of deliveries referred due to complications	35
		% of mothers visited by health worker during the first week after delivery	1%
		Number of Maternal Deaths	0
4	<b>Reproductive Health</b>	Number of MTPs conducted	0
		Number of RTI/STI cases treated	0
		% of couples provided with barrier contraceptive methods	40%
		% of couples provided with permanent methods	31%
		% of female sterilisations	0%
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	8%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	0
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	9%
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	6%
		% of patients put on treatment, who drop out of treatment	2%
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	





		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	
11	<b>Surgical Services</b>	Number of major surgeries conducted	
		Number of minor surgeries conducted	

### Section F: Community Participation, Training & BCC

#### Community Participation Initiatives

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.										
2.										
3.										



4								
5								
6								

**Training Activities:**

S.No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
16.	Pipra	Y	1			it should be given at all
17.						
18.						
19.						

**BCC Activities**

No.	Name of Block	BCC campaigns/ activities conducted
1	Pipra	No
2		
3		
4		
5		

**District  
and Block  
level  
Managem**

**ent**



<b>S.No</b>	<b>Name of Block</b>	<b>Health Manager Appointed (Y/N)</b>	<b>Accountant appointed (Y/N)</b>	<b>Store keeper appointed (Y/N)</b>
1	Pipra	Y	Y	N
2				
4				
5				
6				

**National  
Vector Borne  
Disease  
Control  
Programme  
Infrastructure**

- **Lab room  
in  
APHC/PH**

**C**

- **District office**
- **District Store**
- **Vehicle**



## Human Resources

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### **Additional Service Delivery: Maternal Health and Family Planning**

#### Contraceptive Stock Position (Block)

Contraceptive Stock Position (Block)													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom (pieces)		708	540	920	830	662	4200	1548					
OCP (packets)													
IUD 380 A		10	18	22	34	35	42	30					
Emergency Contraceptive													

#### Status of training by areas (Block)

Status of training by areas (Block)				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section		NA	NA	NA
Minilap		NA	NA	NA
NSV		NA	NA	NA
Anaesthesia		NA	NA	NA
MTP / Abortion		NA	NA	NA
Contraceptive updates				
STI / RTI				
SBA training	NA		2	

#### No. of trained Providers (Block)

Method	No. of providers (Block)					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laprosopic						



<b>Minilap</b>					
<b>NSV</b>					
<b>IUD Insertion</b>				<b>1</b>	
<b>On spacing</b>					

**No. of female sterilization camps (Block)**

<b>No. of female sterilization camps (Block)</b>													
<b>Site</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
<b>PHC Pipra</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	

**No. of male sterilization camps (NSV)**

<b>No. of male sterilization camps (NSV) – (Block)</b>													
<b>Site</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>

**No. of static sites (365 days) for sterilization services (Block)**

<b>No. of static sites (365 days) for sterilization services (Block)</b>					
<b>Name of the site</b>	<b>Type of services</b>				
	<b>Laprosopic</b>	<b>Minilap</b>	<b>NSV</b>	<b>IUD</b>	<b>Emergency Pill etc.</b>



**Report of services provided (Block)**

Report of services provided (Block)													
Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation	1500	8	8	8	8	8	8	8	8	8	8	8	8
NSV	200												
Condom distributed													
OCP distributed													
IUD 380A													
Emergency Pill													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

List of NGOs working in the areas of Maternal Health and Family Planning (Block)		
Name of the NGO	Geographical area of work	Type of activity

**Availability of IEC Materials (Block)**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								
OCPs								
IUD 380A								



Emergency pills								
-----------------	--	--	--	--	--	--	--	--

**Details of the IEC Campaigns (Block)**

<b>Details of the IEC Campaigns (Block)</b>		
<b>Method</b>	<b>Months in which done</b>	<b>Geographical area where the campaign was conducted</b>
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**

<b>Status of Social Marketing by agency (Block)</b>		
<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		



<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Proposed FRU at P.H.C. PIPRA**

<b>Building Status</b>		





# Block-Nirmali

## Block/DISTRICT PROFILE

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No.	Variable	Data
137.	Total geographic area	0
138.	Total no. of blocks	1
139.	Total no. of Gram Panchayats	7+1(Urban Panchayat)=08
140.	No. of villages	23
141.	Total population	94524
142.	Male population	48173
143.	Female population	46351
144.	Estimated no. of Pregnant women	2561
145.	Total no. of expected JSY beneficiaries	1229
146.	Total No. of MTPs conducted	Nil



147.	<b>Total no. of Maternal Deaths</b>	<b>02</b>
148.	<b>Estimated no. of births</b>	<b>1229</b>
149.	<b>Children (0-6 years)</b>	
150.	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>	<b>22</b>
151.	<b>Total no. Infant deaths (1 month to 1 year)</b>	<b>26</b>
152.	<b>Total no. of child death (1 year to 5 years)</b>	<b>10</b>
153.	<b>Sex Ratio</b>	<b>58:42</b>
154.	<b>SC population</b>	<b>9719</b>
155.	<b>ST population</b>	<b>Nil</b>
156.	<b>BPL population</b>	<b>13852</b>
157.	<b>No. of primary schools</b>	<b>55</b>
158.	<b>No. of Middle and High Schools</b>	<b>10 Middle &amp; 04 High School</b>
159.	<b>No. of Anganwadi centers</b>	<b>76(75 Functioning)</b>
160.	<b>No. of Anganwadi workers</b>	<b>75 (Seventy Five)</b>
161.	<b>No. of electrified villages</b>	<b>1</b>
162.	<b>No. of villages having access to safe drinking water</b>	<b>15</b>
163.	<b>No. of households with constructed toilets</b>	<b>3572</b>
164.	<b>No of villages having motorable roads</b>	<b>17</b>



### Section A: Health Facilities in the District

#### **Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

S. No	Block Name	Population	No. of Sub-centres required	No. of Sub-centers Present	No. of Sub-centers proposed	No. of Further sub-centers required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1	Nirmali	94524	13	5	7	13	Nil	PVt.
	<b>Total</b>							

### Section A: Health Facilities in the District

#### **Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	Nirmali	94524	3	1	2	2	Y	Govt.



	<b>Total</b>								
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### Section A: Health Facilities in the District

#### Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital

No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PH C	Referral	SDH	DH	Total		
1	Nirmali	94524	Y	-	-	-	1	2	1
	Total								

### Section B: Human Resources and Infrastructure

#### Name of the Block: Nirmali

#### Sub-centre database

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)
				(R)	(C)	(R)	(C)							
1	Dagmara	12311	Dagmara	1	0	0	1	Govt.	#	NA	NA	NA	Y	#
2	Kamalpur	13266	Kamalpur	1	1	0	1	Pan.	#	NA	NA	NA	Y	#



3	Dighia	14135	Dighi ya	1	1	0	1	Govt.	A	NA	NA	NA	Y	#
4	Raharia	106265	Dighia	1			1	Pan.	#	NA	NA	NA	N	#
5	Dharhara	11655	Kama pur	1			1	Pan	#	NA	NA	NA	N	#
6	Kunauli (APHC)	13215	Kunau li	1	1	0	1		#	NA	NA	NA	N	#
7	Sikrahata			1										
8	Lagunia			1										
9	Dudhaila			1										
10	Bathnaha			1									N	
	<b>Total</b>													

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



## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/St aff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance
1	Kunauli	42114	Govt.	+++	NA	NA	#	#	12	3	#	Y	N	N
2	Dagmara		Govt.	+++	NA	NA	#	#	3	Nil	#	N	N	N
3	Jarauli		Govt.	+++	NA	NA	#	#	-	-	-	-	-	-
4														
5														
6														
7														
8														
9														
10														
	Total													



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

## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Human Resources

	APHC Name	Doctors (A/Ay/R/C)		ANM (R/C)		Laboratory technician		Pharmacists		Nurses (Grade A)		Dresser/Compounder		LHV	Health Educator	Grade IV/Grade III staff
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1	Kunauli	2	1	2	0	1	1	1	0	1	1	1	1	1	0	2/1
2	<b>Kunauli</b>	2	1	2	0	1	1	1	0	1	1	1	1	1	1	2/1
3	<b>Dagmara</b>	2	0	2	0	1	0	1	0	1	0	1	0	0	0	0
<p>नोट:- एक lab technician का पद सृजित है, और बहाल भी है। PHC में lab technician नरी होने के कारण, एवं कठिनाईयों को दूर करने के कारण PHC में भुला दिया गया है।</p>																
<b>Total</b>																

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

## Section B: Human Resources and Infrastructure

### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure



No	PHC/ Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	Nirmali	94524	Govt.	++	A	A	NA	NA	#	7	6	NA	#	1	Yes
	Total														

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

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources





	PHC /Referral/SDH/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist		Nurses		Specialists		LH V	Health Educator	Grade III staff/ Computer
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position			
1	Nirmali	94524	7	5	9	7	1	0	1	0	5	2	0	0	2	0	13/1
<p><b>Not. 1-</b> एक पद Lab Technician का एवं दो पद Pharmacist एवं कम से कम दो पद श्रनतेमे का सृजित करते हुए पदस्थापित करने का कृपा की जाए।</p>																	
<p><b>2- PHC</b> में Doctor के 07 पद सृजित हैं लेकिन निर्मली अनुमंडल होने के कारण सात चि0 पदा0 को पदसीपित किया गया है। जिस में दो चि0 पदा0 संविदा पर हैं।</p>																	

## Section C: Equipment, Drugs and Supplies

### Availability of Equipment



**Procurement  
and  
Logistics**

No.	Name of facility	Equipment required
1	Oxyten	Sucktion Machine
2		
3		
4		
5		

### Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1				
2				
3				
4				

### Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			Name of Supply	Months
1		कोई भी Logistics उपलब्ध नहीं है अतः उपलब्ध कराया जाय।		
2				
3				
4				
5				



6				
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**Section D: RKS, Untied Funds and Support Services**

**Rogi Kalyan Samitis**

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Generator	Yes	8	121944	Nil
2	Ambulance				
3	Cleaniness, RI				

  

No.	Name of the Facility	Funds received	Funds utilized
1			
2			
3			

**Untied Funds**

**Support Systems to Health facility functioning**

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2		0	0	NA	NA	NA	Yes	Yes
3	Ambulance						NA	1 Yes
4	Generator							
5	Laboratory				I			
6	Ceneen					NA		
	X-Ray			Na				



O- Outsourced/ I- In sourced/ NA- Not available

### Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	<i>Child Immunisation</i>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	86%
		% of immunization sessions held against planned	90%
2	<i>Child Health</i>	Total number of live births	222
		Total number of still births	Nil
		% of newborns weighed within one week	85%
		% of newborns weighing less than 2500 gm	25%
		Total number of neonatal deaths (within 1 month of birth)	6
		Total number of infant deaths (within 1-12 months)	9
		Total number of child deaths (within 1-5 yrs)	7
		Number of diarrhea cases reported within the year	Nil
		% of diarrhea cases treated	95%
		Number of ARI cases reported within the year	2
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	No checkup
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	Nil
		Number of undernourished children	Nil
% of children below 5 yrs who received 5 doses of Vit	97%		



		A solution	
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	70%
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	70%
		% of pregnant women with 3 ANC check ups	40%
		% of pregnant women with any ANC checkup	85%
		% of pregnant women with anaemia	20%
		% of pregnant women who received 2 TT injections	95%
		% of pregnant women who received 100 IFA tablets	100%
		Number of pregnant women registered for JSY	210
		Number of Institutional deliveries conducted	217
		Number of home deliveries conducted by SBA	NA
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	0
		Number of deliveries referred due to complications	3
		% of mothers visited by health worker during the first week after delivery	80%
4	<b>Reproductive Health</b>	Number of MTPs conducted	Nil
		Number of RTI/STI cases treated	Nil
		% of couples provided with barrier contraceptive methods	Nil
		% of couples provided with permanent methods	Nil
		% of female sterilisations	Nil
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	Nil
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	Nil
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	Nil
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have	Nil



		successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	Nil
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	Nil
		Annual Blood Examination Rate	Nil
		Plasmodium Falciparum percentage	Nil
		Slide Positivity Rate	Nil
		Number of patients receiving treatment for Malaria	Nil
		Number of patients with Malaria referred	Nil
		Number of FTDs and DDCs	Nil
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	Nil
		Number of cases registered	Nil
		Number of cases operated	Nil
		Number of patients enlisted with eye problem	Nil
		Number of camps organized	Nil
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	Nil
		Number of Cases treated	Nil
		Number of default cases	Nil
		Number of case complete treatment	Nil
		Number of complicated cases	Nil
		Number of cases referred	Nil
9	<b>Inpatient Services</b>	Number of in-patient admissions	Nil
10	<b>Outpatient services</b>	Outpatient attendance	1450

<b>Name of the PHC/Referral Hospital/SDH/DH S.Bhaptiyahi</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	92%



		% of immunization sessions held against planned	95%
2	<b>Child Health</b>	Total number of live births	1213
		Total number of still births	2
		% of newborns weighed within one week	90%
		% of newborns weighing less than 2500 gm	15%
		Total number of neonatal deaths (within 1 month of birth)	22
		Total number of infant deaths (within 1-12 months)	26
		Total number of child deaths (within 1-5 yrs)	10
		Number of diarrhea cases reported within the year	226
		% of diarrhea cases treated	98%
		Number of ARI cases reported within the year	11
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	No check up
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	Nil
		Number of undernourished children	Nil
		% of children below 5 yrs who received 5 doses of Vit A solution	97%
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	298
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	73%
		% of pregnant women with 3 ANC check ups	50%
		% of pregnant women with any ANC checkup	90%
		% of pregnant women with anaemia	26%
		% of pregnant women who received 2 TT injections	100%
		% of pregnant women who received 100 IFA tablets	1269
		Number of pregnant women registered for JSY	Nil
		Number of Institutional deliveries conducted	Nil



		Number of home deliveries conducted by SBA	3%
		% of C-sections conducted	100%
		% of pregnancy complications managed	00%
		% of institutional deliveries in which JBSY funds were given	18%
		% of home deliveries in which JBSY funds were given	70%
		Number of deliveries referred due to complications	6%
		% of mothers visited by health worker during the first week after delivery	Nil
		Number of Maternal Deaths	Nil
4	<b>Reproductive Health</b>	Number of MTPs conducted	80%
		Number of RTI/STI cases treated	25%
		% of couples provided with barrier contraceptive methods	20%
		% of couples provided with permanent methods	2%
		% of female sterilisations	4:5
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	25
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	50%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	Nil
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	Nil
		% of patients put on treatment, who drop out of treatment	Nil
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	Nil
		Annual Blood Examination Rate	Nil
		Plasmodium Falciparum percentage	Nil
		Slide Positivity Rate	Nil
		Number of patients receiving treatment for Malaria	Nil





		Number of patients with Malaria referred	Nil
		Number of FTDs and DDCs	Nil
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	Nil
		Number of cases registered	Nil
		Number of cases operated	Nil
		Number of patients enlisted with eye problem	Nil
		Number of camps organized	Nil
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	35
		Number of Cases treated	29
		Number of default cases	6
		Number of case complete treatment	Nil
		Number of complicated cases	Nil
		Number of cases referred	Nil
9	<b>Inpatient Services</b>	Number of in-patient admissions	Nil
10	<b>Outpatient services</b>	Outpatient attendance	Nil
11	<b>Surgical Services</b>	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	76

## **Section F: Community Participation, Training & BCC**

### **Community Participation Initiatives**



S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	Nirmali	6								
No any community Participation initiatives in the block. note. Now VHSC is going to be formed recently.										

### Training Activities:

S. No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1	Nirmali	Two	Two	No	NO	Grade "A" Nurse should be trained btter.

### BCC Activities

No.	Name of Block	BCC campaigns/ activities conducted
1	Nirmali	No any BCC activity conducted in the block.



<b>S. No</b>	<b>Name of Block</b>	<b>Health Manager Appointed (Y/N)</b>	<b>Accountant appointed (Y/N)</b>	<b>Store keeper appointed (Y/N)</b>
1	Nirmali	Yes	Yes	NA

**District and Block level Management**

### **National Vector Borne Disease Control Programme**

#### **Infrastructure**

- **Lab room in APHC/PHC**
- **District office**
- **District Store**
- **Vehicle**

#### **Human Resources**

### **Additional Service Delivery: Maternal Health and Family Planning**

Contraceptive Stock Position (Block)

Contraceptive Stock Position (Block)



Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom (pieces)	3600	200	320	220	230	240	240	350	350	350	300	300	300
OCP (packets)	1180	80	70	90	100	90	100	100	90	100	100	120	140
IUD 380 A	460	40	40	40	30	30	40	30	40	50	40	30	50
Emergency Contraceptive													

**Status of training by areas (Block)**

<b>Status of training by areas (Block) S. Bhaptiyahi</b>				
	<b>Number trained</b>			
	<b>MOs</b>	<b>LHV</b>	<b>ANM</b>	<b>Others</b>
<b>Cesarean Section</b>	Nil	NA	NA	NA
<b>Minilap</b>	Nil	NA	NA	NA
<b>NSV</b>	Nil	NA	NA	NA
<b>Anaesthesia</b>	Nil	NA	NA	NA
<b>MTP / Abortion</b>	Nil	NA	NA	NA
<b>Contraceptive updates</b>	Nil	Nil	Nil	Nil
<b>STI / RTI</b>	Nil	Nil	Nil	Nil
<b>SBA training</b>	NA	Nil	Nil	Nil

**No. of trained Providers (Block)**

<b>Method</b>	<b>No. of providers (Block) S. Bhaptiyahi</b>					
	<b>Gynaecologist</b>	<b>Surgeon</b>	<b>MO</b>	<b>LHV</b>	<b>ANM</b>	<b>Others</b>
<b>Laposcopic</b>						
<b>Minilap</b>						



NSV						
IUD Insertion					5	
On spacing methods						

नोट:- सिर्फ 05 ANM पदेमतजपवद की training ली है। प्रषिक्षण की आवष्यकता है।

**No. of female sterilization camps (Block)**

No. of female sterilization camps (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1								100	50	50	50	50	
1								100	50	50	50	50	

नोट:-सर्जन के नहीं होने के कारण Family Planning operation में कठिनाई होती है। अतः यहाँ किसी Surgeon को पदस्थापित करने की कृपा की जाए।

**No. of male sterilization camps (NSV)**

No. of male sterilization camps (NSV) – (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

नोट:- यहाँ Male Sterilisation नहीं होता है। फिर हमलोग प्रयास रत है।

**No. of static sites (365 days) for sterilization services (Block)**

No. of static sites (365 days) for sterilization services (Block)					
Name of the site	Type of services				
	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.



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नोट:- Specialist नहीं होने की वजह से किसी प्रकार का sterilisation नहीं होता है।

**Report of services provided (Block)**

**Report of services provided (Block)**

Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation	600	50	50	50	50	50	50	50	50	50	50	50	50
NSV	60	5	5	5	5	5	5	5	5	5	5	5	5
Condom distributed													
OCP distributed													
IUD 380A													
Emergency													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

Name of the NGO	Geographical area of work	Type of activity

Note- Maternal Health & family Planning के रूप में कोई भी NGO काम नहीं करता है।



**Availability of IEC Materials (Block): Nirmali**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								
OCPs								
IUD 380A								
Emergency pills								

Note- कोई भी IEC material उपलब्ध नहीं है।

**Details of the IEC Campaigns (Block): Nirmali**

Details of the IEC Campaigns (Block)		
Method	Months in which done	Geographical area where the campaign was conducted
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**

Status of Social Marketing by agency (Block)		
Method	Name of the Agency	Geographical area that the agency covers
Condoms promotion		
OCPs promotion		
IUD 380A promotion		



<b>Emergency pills promotion</b>		
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**Note- Not any agency of social marketing .**

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
<b>Female Sterilisation promotion</b>		
<b>NSV promotion</b>		
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		





# Name of Block- Pratapganj

## Block/DISTRICT PROFILE

<b>175.</b> <b>No.</b>	<b>Total no. of Maternal Deaths</b> <b>Variable</b>	<b>2940</b>	<b>Data</b>
<b>176.</b>	<b>Total no. of live births</b>		
<b>177.</b>	<b>Children (0-6 years)</b>		
<b>178.</b>	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>		
<b>168.</b>	<b>No. of villages</b>		
<b>179.</b>	<b>Total no. Infant deaths (1 month to 1 year)</b>	<b>Not known</b>	
<b>169.</b>	<b>Total population</b>	<b>98297</b>	
<b>180.</b>	<b>Total no. of child death (1 year to 5 years)</b>		
<b>170.</b>	<b>Male population</b>	<b>52563</b>	
<b>181.</b>	<b>Sex Ratio</b>	<b>53:47</b>	
<b>171.</b>	<b>Female population</b>	<b>45734</b>	
<b>182.</b>	<b>SC population</b>	<b>25804</b>	
<b>172.</b>	<b>Estimated no. of Pregnant women</b>	<b>1234</b>	
<b>183.</b>	<b>ST population</b>	<b>14335</b>	
<b>173.</b>	<b>Total no. of expected JSY beneficiaries</b>	<b>3234</b>	
<b>184.</b>	<b>BPL population</b>	<b>22071</b>	
<b>174.</b>	<b>Total No. of MTPs conducted</b>	<b>0</b>	
<b>185.</b>	<b>No. of primary schools</b>	<b>54</b>	



<b>186.</b>	<b>No. of Middle and High Schools</b>	<b>Middle 25 High 4</b>
<b>187.</b>	<b>No. of Anganwadi centers</b>	<b>81</b>
<b>188.</b>	<b>No. of Anganwadi workers</b>	<b>76</b>
<b>189.</b>	<b>No. of electrified villages</b>	<b>15</b>
<b>190.</b>	<b>No. of villages having access to safe drinking water</b>	<b>-</b>
<b>191.</b>	<b>No. of households with constructed toilets</b>	<b>-</b>
<b>192.</b>	<b>No of villages having motorable roads</b>	<b>6</b>

**Section A:  
Health  
Facilities in  
the  
District**

**ct**

**Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

<b>S. No</b>	<b>Block Name</b>	<b>Population</b>	<b>No. of Sub-centres required</b>	<b>No. of Sub-centers Present</b>	<b>No. of Sub-centers proposed</b>	<b>No. of Further sub-centers required</b>	<b>Availability of Land (Y/N)</b>	<b>Nature of Land ownership (Govt/Pvt)</b>
1	Surjapur	13248	3	1	0	2	N	0
2	Tekuna	10560	2	1	Ad PHC Proposed	0	Y	0
3	Sukhanagar	6876	2	1	0	0	N	0
4	Bhawanipur North	10748	PHC	0	0	0	0	0
5	Bhawanipur	13298	Mobile	1	Mobile	1	N	0



	South							
6	Gobindpur	14160	2	Mobile	1	2	Y	0
7	Tintolia	12051	1	1	0	0	N	0
8	chiloni South	12036	2	0	0	0	0	0
9	Shripur	9592	2	1	1	0	0	0

### Section A: Health Facilities in the District

**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	Pratapganj							
	<b>Total</b>							

### Section A: Health Facilities in the District

**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**



No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PH C	Referral	SDH	DH	Total		
1	Pratapganj	25297	1	0	0	0	1	2	0
	Total								

## Section B: Human Resources and Infrastructure

Name of the Block: Pratapganj

### Sub-centre database

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)
				(R)	(C)	(R)	(C)							
1	Surjapur	13248	1	0	0	0	0	Govt.	#	NA	NA	NA	N	#
2	Tekuna	10560	1	0	1	1	0	Govt.	+++	NA	A	A	Y	+++



3	Sukha Nagar	6876	1	0	1	1	0	Govt.	+++	NA	+++	Y	NA	+++
4	Bhawanipur North	14748	1	1	0	1	0	Pan	#	NA	NA	NA	NA	#
5	Bhawanipur south	11298	1	1	0	1	0	Pan	#	NA	NA	NA	NA	#
6	Govindpur	14160	1	0	1	1	0	Pan	#	NA	NA	NA	NA	#
7	Tintolia	7051	1	0	1	1	0	Govt.	++	NA	NA	NA	NA	#
8	Chilauni South	10036	1	0	0	0	0	Pan	#	NA	NA	NA	NA	#
9	Shripur	8592	1	0	1	1	0	Pan	#	NA	NA	NA	NA	#
	<b>Total</b>													

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

## **Section B: Human Resources and Infrastructure**

### **Additional Primary Health Centre (APHC) Database: Infrastructure**



No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/St aff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
	Total													

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



## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Human Resources

	APHC Name	Doctors (A/Ay/R/C)		ANM (R/C)		Laboratory technician		Pharmacists		Nurses (Grade A)		Dresser/Compounder		LHV	Health Educator	Grade IV/Grade III staff
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1																
	<b>Total</b>															

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

## Section B: Human Resources and Infrastructure

### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/ Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	Pratapganj	98297	Govt.	NA	A	A	A	+++	7	6	A	#		1	1
	<b>Total</b>														



	PHC /Referral/SD H/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist		Nurses		Specialists		LHV	Health Educator	Grade III staff/ Computer
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position			
1	Pratapganj	92569	4	3	11	8	01	1	1	0	2	2	0	0	1	1	2
	<b>Total</b>																

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

**Section B: Human Resources and Infrastructure**

**Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources**

**Section C: Equipment, Drugs and Supplies**

**Availability of Equipment**

No.	Name of facility	Equipment required
1	PHC Pratapganj	Vhecclu 40cs Veginel Espachilna 4 PCs Oilators 4St. Drum, Ri Forsapeiz brg Siz Sruall Duto elane-2, terini sound-1 sponye holder (Aviese) alleps Frosape 2 D2
2		
3		
4		

**Procurement and Logisti**





### cs Management for Drugs

No.	Name of facility	Drugs required  AS Required given	Stock outs last year	
			Name of Drug	Months
1				
2				

### Procurement and Logistics Management for Supplies

No.	Name of facility	Supplies required / including contraceptives etc.  As Required given	Stock outs last year	
			Name of Supply	Months
1				
2				
3				
4				
5				
6				

### Section D: RKS, Untied Funds and Support Services

#### Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	PHC Pratapganj	Y	120	115772	72000/-
2					
3					

**Untied Funds**



No.	Name of the Facility	Funds received	Funds utilized
1	PHC Pratapganj	10,000/-	3970
2			
3			

### Support Systems to Health facility functioning

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2		0	0	NA	NA	NA	Yes	Yes
3	Pratapganj							
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available



# Name of the Block-Referral Hospital Raghopur

## Block/DISTRICT PROFILE

e

No.	Variable	Data
193.	Total geographic area	South- Pipra, West-Kishanpur+Saraigarh, East-Pratapganj, North-Basantpur
194.	Total no. of blocks	1
195.	Total no. of Gram Panchayats	18
196.	No. of villages	58
197.	Total population	205947



<b>198.</b>	<b>Male population</b>	<b>117389</b>
<b>199.</b>	<b>Female population</b>	<b>88558</b>
<b>200.</b>	<b>Estimated no. of Pregnant women</b>	<b>6069</b>
<b>201.</b>	<b>Total no. of expected JSY beneficiaries</b>	<b>1863</b>
<b>202.</b>	<b>Total No. of MTPs conducted</b>	<b>0</b>
<b>203.</b>	<b>Total no. of Maternal Deaths</b>	<b>9</b>
<b>204.</b>	<b>Estimated no. of births</b>	<b>3824</b>
<b>205.</b>	<b>Children (0-6 years)</b>	
<b>206.</b>	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>	<b>86</b>
<b>207.</b>	<b>Total no. Infant deaths (1 month to 1 year)</b>	<b>105</b>
<b>208.</b>	<b>Total no. of child death (1 year to 5 years)</b>	<b>137</b>
<b>209.</b>	<b>Sex Ratio</b>	<b>57:43</b>
<b>210.</b>	<b>SC population</b>	<b>44928</b>
<b>211.</b>	<b>ST population</b>	<b>22</b>
<b>212.</b>	<b>BPL population</b>	<b>33912</b>
<b>213.</b>	<b>No. of primary schools</b>	<b>128</b>
<b>214.</b>	<b>No. of Middle and High Schools</b>	<b>53 and 6 HS</b>
<b>215.</b>	<b>No. of Anganwadi centers</b>	<b>163</b>



<b>216.</b>	<b>No. of Anganwadi workers</b>	<b>161</b>
<b>217.</b>	<b>No. of electrified villages</b>	<b>107</b>
<b>218.</b>	<b>No. of villages having access to safe drinking water</b>	<b>92</b>
<b>219.</b>	<b>No. of households with constructed toilets</b>	<b>6013</b>
<b>220.</b>	<b>No of villages having motorable roads</b>	<b>54</b>

### Section A: Health Facilities in the District

#### Health Sub-centres **(Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

<b>S. No</b>	<b>Block Name</b>	<b>Population</b>	<b>No. of Sub-centres required</b>	<b>No. of Sub-centers Present</b>	<b>No. of Sub-centers proposed</b>	<b>No. of Further sub-centers required</b>	<b>Availability of Land (Y/N)</b>	<b>Nature of Land ownership (Govt/Pvt)</b>
1	Raghopur	205947	41	21	18	18	N	B Govt.
	<b>Total</b>							13 Pvt.



### Section A: Health Facilities in the District

**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	Raghopur	205947	7	2	5	5	N	2 Govt.
	<b>Total</b>							

### Section A: Health Facilities in the District

**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**

No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PHC	Referral	SDH	DH	Total		



1	Raghopur	205947	1	1	0	0	2	5	5
	Total								

## Section B: Human Resources and Infrastructure

**Name of the Block: Raghopur**

### Sub-centre database

	Sub-centre Name	Pop.	No of G. P at villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)
				(R)	(C)	(R)	(C)							
1	Jagdishpur	14663	3	R	-	1	-	Govt.	+	N/A	N/A	N/A	N	#
2	Parmanand	13100	4	0	0	0	0	Govt.	+	N/A	N/A	N/A	N	#
3	Motipur	12426	3	R	0	1	0	Govt.	++	N/A	N/A	N/A	N	#
4	Daulatpur	11202	2	R	0	1	0	Govt.	++	N/A	N/A	N/A	N	#
5	Ramvishanpur	9741	2	0	0	0	0	Govt.	++	N/A	N/A	N/A	N	#
6	Piprahi	12622	2	-	0	0	1	Govt.	+	N/A	N/A	N/A	N	#
7	Dumri	9926	5	R	0	1	0	Govt.	++	N/A	N/A	N/A	N	#



8	Hariraha	9149	4	-	-	-	-	Govt.	+	N/A	N/A	N/A	N	#
9	Raghopur	1436	2	0	0	0	1	Govt.	-	N/A	N/A	N/A	N	#
<b>Total</b>														

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

**Not- Ten Panchayat haven't building for the sub center.**

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/Staff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance
1	Simrahi	11044	Govt.	+++	A	A	+++	+++	1	12	#	Y	N	N
2	Ganpatganj	12230	Govt.	+++	A	A	+++	+++	1	4	#	N/A	N/A	N/A
3														





4														
5														
6														
7														
8														
9														
10														
	Total													

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

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Human Resources

APHC Name	Doctors (A/Ay/R/C)		ANM (R/C)		Laboratory technician		Pharmacists		Nurses (Grade A)		Dresser/Compounder		LHV	Health Educator	Grade IV/Grade III staff
	Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			



1	simrahi	2R	1	1	1	-	1	1	1	1	1	3	3	N/A	N/A	7
	Ganpatganj	2R	1	-	1(C)	1	1	1	0	1	1	1	0	0	N/A	3
	<b>Total</b>															

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/ Referral Hospital/SDH/ DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	Raghopur	205947	Govt.	+++	A	A	A	A	#	1	12	A	#	N	N
	Total														

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

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources



### Section C: Equipment, Drugs and Supplies

	PHC /Referral/SD H/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist		Nurses		Specialists		LHV	Health Educator	Grade III staff/ Computer
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position			
1	Raghopur	205947	9	7	22	14	1	1	3	1	4	4	4	0	0	0	24/1
<b>Total</b>																	

#### Availability of Equipment

No.	Name of facility	Equipment required
1	Referral Hospital Raghopur	IUD Kit
2		Monitor for Pulse BP Temperature ECG
3		Suction Machine
4		Amu Bag
5		Adult Pediatric Operation Kit

**Procure**

#### Equipment and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months



1	Referral Hospital Raghapur	<b>40 Type of drugs are required</b>	metocloramide, A.R.V, albendazole	25-09-09
2		25 to 29 types of drugs are available in my hospital	A moxadlin Tab. Ampiciline ,B-Com, Cetalasain, Citraizine, Ciprottoxacin, Paracitamol, Iron Polic Acid, Metram, Metronidazol, OrS, floxacine etc.	
3				
4				

**Procurement and Logistics Management for Supplies**

No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			Name of Supply	Months
1				
2				
3				
4				
5				
6				

**Section D: RKS, Untied Funds and Support Services**

**Rogi Kalyan Samitis**

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
3	Raghapur				

**Untied**



## Funds

No.	Name of the Facility	Funds received	Funds utilized
1		121600	8940
2			
3			

## Support Systems to Health facility functioning

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2		0	0	NA	NA	NA	Yes	Yes
3	Raghopur	0	1	0	1	N/A	N/A	1
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available

## Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data



1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	11685
		% of immunization sessions held against planned	91%
2	<b>Child Health</b>	Total number of live births	2.5%
		Total number of still births	97.25%
		% of newborns weighed within one week	100%
		% of newborns weighing less than 2500 gm	Nil
		Total number of neonatal deaths (within 1 month of birth)	86
		Total number of infant deaths (within 1-12 months)	NIL
		Total number of child deaths (within 1-5 yrs)	Nil
		Number of diarrhea cases reported within the year	11
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	Nil
		% of ARI cases treated	Nil
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	27
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	Nil
		Number of undernourished children	Nil
		% of children below 5 yrs who received 5 doses of Vit A solution	28306
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	Nil
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	Nil
		% of pregnant women with 3 ANC check ups	Nil
		% of pregnant women with any ANC checkup	94
		% of pregnant women with anaemia	1%



		% of pregnant women who received 2 TT injections	89.60%
		% of pregnant women who received 100 IFA tablets	2400
		Number of pregnant women registered for JSY	6096
		Number of Institutional deliveries conducted	2868
		Number of home deliveries conducted by SBA	Nil
		% of institutional deliveries in which JBSY funds were given	Nil
		% of home deliveries in which JBSY funds were given	93%
		Number of deliveries referred due to complications	63%
		% of mothers visited by health worker during the first week after delivery	Nil
4	<b>Reproductive Health</b>	Number of MTPs conducted	18
		Number of RTI/STI cases treated	89%
		% of couples provided with barrier contraceptive methods	Nil
		% of couples provided with permanent methods	Nil
		% of female sterilisations	Nil
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	1.5%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	65%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	10%
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	100%
		% of patients put on treatment, who drop out of treatment	0%
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	Nil
		Annual Blood Examination Rate	100%
		Plasmodium Falciparum percentage	Nil
		Slide Positivity Rate	Nil
		Number of patients receiving treatment for Malaria	Nil



		Number of patients with Malaria referred	Nil
		Number of FTDs and DDCs	160 & 160
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	Nil
		Number of cases registered	Nil
		Number of cases operated	Nil
		Number of patients enlisted with eye problem	Nil
		Number of camps organized	Nil
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	32
		Number of Cases treated	5
		Number of default cases	27
		Number of case complete treatment	5
		Number of complicated cases	Nil
		Number of cases referred	Nil
9	<b>Inpatient Services</b>	Number of in-patient admissions	18471
10	<b>Outpatient services</b>	Outpatient attendance	41431
11	<b>Surgical Services</b>	Number of major surgeries conducted	Nil
		Number of minor surgeries conducted	103

## Section F: Community Participation, Training & BCC

### Community Participation Initiatives

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	Raghopur	18	21			177	157		10	96300





### Training Activities:

S. No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1	Raghopur	4	4			

### BCC Activities

No.	Name of Block	BCC campaigns/ activities conducted
1		

### District and Block level Management



<b>S. No</b>	<b>Name of Block</b>	<b>Health Manager Appointed (Y/N)</b>	<b>Accountant appointed (Y/N)</b>	<b>Store keeper appointed (Y/N)</b>
1	Raghopur	Y	Y	N

**National Vector Borne Disease**

**Control Programme**

**Infrastructure**

- **Lab room in APHC/PHC- Yes**
- **District office- No**
- **District Store- No**
- **Vehicle- No**

**Human Resources**

- 

**Additional Service Delivery: Maternal Health and Family Planning**

Contraceptive Stock Position (Block) Raghopur



**Contraceptive Stock Position (Block)**

Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Condom (pieces)</b>	<b>48000</b>	<b>1700</b>	<b>3900</b>	<b>7800</b>	<b>5400</b>	<b>4400</b>	<b>9200</b>	<b>9200</b>					
<b>OCP (packets)</b>	<b>1500</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>9</b>					
<b>IUD 380 A</b>	<b>1200</b>	<b>14</b>	<b>10</b>	<b>12</b>	<b>14</b>	<b>11</b>	<b>12</b>	<b>11</b>					
<b>Emergency Contraceptive</b>													

**Status of training by areas (Block)**

**Status of training by areas (Block) S. Bhaptiyahi**

	Number trained			
	MOs	LHV	ANM	Others
<b>Cesarean Section</b>		NA	NA	NA
<b>Minilap</b>		NA	NA	NA
<b>NSV</b>		NA	NA	NA
<b>Anaesthesia</b>		NA	NA	NA
<b>MTP / Abortion</b>		NA	NA	NA
<b>Contraceptive updates</b>				
<b>STI / RTI</b>				
<b>SBA training</b>	NA			

**No. of trained Providers (Block)**

**No. of providers (Block) S. Bhaptiyahi**

Method	No. of providers (Block) S. Bhaptiyahi					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
<b>Laposcopic</b>						
<b>Minilap</b>			3		3	
<b>NSV</b>						
<b>IUD Insertion</b>						
<b>On spacing</b>						



methods													
---------	--	--	--	--	--	--	--	--	--	--	--	--	--

**No. of female sterilization camps (Block) Raghapur**

No. of female sterilization camps (Block)												
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
R. Hospital	-	-	-	-	3	19	41	-	-	-	-	-

**No. of male sterilization camps (NSV) Raghapur**

No. of male sterilization camps (NSV) – (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

**No. of static sites (365 days) for sterilization services (Block)- Raghapur**

No. of static sites (365 days) for sterilization services (Block)					
Name of the site	Type of services				
Raghapur	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.

**Report of services provided (Block)**

Report of services provided (Block)													
Services	Annual	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar



	<b>Target</b>												
<b>Female Sterilisation</b>						<b>3</b>	<b>19</b>	<b>41</b>					
<b>NSV</b>													
<b>Condom distributed</b>													
<b>OCP distributed</b>													
<b>IUD 380A</b>													
<b>Emergency Pill</b>													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

<b>List of NGOs working in the areas of Maternal Health and Family Planning (Block)</b>		
<b>Name of the NGO</b>	<b>Geographical area of work</b>	<b>Type of activity</b>
Nil	Nil	Nil

**Availability of IEC Materials (Block)**

<b>Availability of IEC Materials (Block)</b>								
<b>Method</b>	<b>Poster</b>		<b>Handbill</b>		<b>Banner</b>		<b>Hoardings</b>	
	<b>In stock</b>	<b>Displayed</b>	<b>In stock</b>	<b>In use</b>	<b>In stock</b>	<b>Displayed</b>	<b>In stock</b>	<b>Displayed</b>
<b>Female sterilisation</b>								
<b>NSV</b>								
<b>Condoms</b>								
<b>OCPs</b>								
<b>IUD 380A</b>								
<b>Emergency pills</b>								

**Details of the IEC Campaigns (Block)**



**Details of the IEC Campaigns (Block)**

<b>Method</b>	<b>Months in which done</b>	<b>Geographical area where the campaign was conducted</b>
<b>Female Sterilisation promotion</b>		
<b>NSV promotion</b>		
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Status of Social Marketing by agency (Block)**

**Status of Social Marketing by agency (Block)**

<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Status of Public Private Partnership (Block)**

**Status of Public Private Partnership (Block)**

<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
<b>Female Sterilisation promotion</b>		
<b>NSV promotion</b>		
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		



# Name of Block- Sadar Block-Supaul

## **DISTRICT PROFILE**

<b>No.</b>	<b>Variable</b>	<b>Data</b>
<b>221.</b>	<b>Total geographic area</b>	<b>247</b>
<b>222.</b>	<b>Total no. of blocks</b>	<b>not Applicable</b>
<b>223.</b>	<b>Total no. of Gram Panchayats</b>	<b>26</b>
<b>224.</b>	<b>No. of villages</b>	<b>75</b>
<b>225.</b>	<b>Total population</b>	<b>298818</b>



<b>226.</b>	<b>Male population</b>	<b>160172</b>
<b>227.</b>	<b>Female population</b>	<b>138640</b>
<b>228.</b>	<b>Estimated no. of Pregnant women</b>	<b>9860</b>
<b>229.</b>	<b>Total no. of expected JSY beneficiaries</b>	<b>8964</b>
<b>230.</b>	<b>Total No. of MTPs conducted</b>	<b>0</b>
<b>231.</b>	<b>Total no. of Maternal Deaths</b>	
<b>232.</b>	<b>Estimated no. of births</b>	<b>8964</b>
<b>233.</b>	<b>Children (0-6 years)</b>	
<b>234.</b>	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>	<b>Delivery facility in not available</b>
<b>235.</b>	<b>Total no. Infant deaths (1 month to 1 year)</b>	<b>-Do-</b>
<b>236.</b>	<b>Total no. of child death (1 year to 5 years)</b>	<b>-Do-</b>
<b>237.</b>	<b>Sex Ratio</b>	<b>53:47</b>
<b>238.</b>	<b>SC population</b>	<b>35549</b>
<b>239.</b>	<b>ST population</b>	<b>528</b>
<b>240.</b>	<b>BPL population</b>	<b>88625</b>
	<b>No. of primary schools</b>	<b>184</b>
<b>241.</b>	<b>No. of Middle and High Schools</b>	<b>88</b>





242.	<b>No. of Anganwadi centers</b>	<b>250</b>
243.	<b>No. of Anganwadi workers</b>	<b>234</b>
244.	<b>No. of electrified villages</b>	<b>24</b>
245.	<b>No. of villages having access to safe drinking water</b>	<b>72</b>
246.	<b>No. of households with constructed toilets</b>	<b>19475</b>
247.	<b>No of villages having motorable roads</b>	<b>52</b>

**Section A: Health Facilities in the District**

**Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

<b>S. No</b>	<b>Block Name</b>	<b>Population</b>	<b>No. of Sub-centres required</b>	<b>No. of Sub-centers Present</b>	<b>No. of Sub-centers proposed</b>	<b>No. of Further sub-centers required</b>	<b>Availability of Land (Y/N)</b>	<b>Nature of Land ownership (Govt/Pvt)</b>
1	Supaul Sadar	298818	39	19	20	8	N	NA
	<b>Total</b>							

**Section A: Health Facilities in the District**



**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	Supaul Sadar	298818	9	3	6	3	N	NA
	<b>Total</b>							

**Section A: Health Facilities in the District**

**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**

No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PHC	Referral	SDH	DH	Total		
1	Not Available for Block								
	Total								



## Section B: Human Resources and Infrastructure

### Name of the Block: Supaul Sadar

#### Sub-centre database

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)
				(R)	(C)	(R)	(C)							
1	Malhad	33126	3	Not	NA	1	#	Govt.	+++	NA	++++	A	Y	+++
2	Basbitti	10105	1	Not	A	0	#	Govt.	++	NA	+++	NA	N	#
3	Mavahaa	11051	1	1	NA	1	#	Govt.	++	NA	+++	NA	N	#
4	Lokha	13268	1	NA	NA	1	#	Govt.	++	NA	+++	NA	N	#
5	Lalchanpatti	11318	1	NA	NA	1	#	Govt.	++	NA	+++	NA	N	#
6	Balha	8921	1	1	NA	1	#	Govt.	++	NA	+++	NA	N	#
7	Parsarma	10510		1	NA	1	#	Govt.	++	NA	+++	NA	N	#
8	East Bruari	8920		1	NA	1	#	Govt.	++	NA	+++	NA	N	#



9	Kariho	13118		1	N A	1	#	Govt.	++	NA	+++	NA	N	#
10	Veena	25612		1	N A	1	#	Govt.	++	NA	+++	NA	N	#
11	Chakla Nirmali	8205		1	N A		#	Govt.	++	NA	+++	NA	N	#
12	Hardi West	12618		1	N A		#	Govt.	++	NA	+++	NA	N	#
13	Jagaipur	7421		1	N A		#	Govt.	++	NA	+++	NA	N	#
14	Bairo	12118		NA	N A		#	Govt.	++	NA	+++	NA	N	#
15	Bakaur	12712		NA	N A		#	Govt.	++	NA	+++	NA	N	#
16	Chandel	9615		NA	N A		#	Govt.	++	NA	+++	NA	N	#
17	Sipohar	11001		NA	N A		#	Govt.						
18	Sokhpur	11205		NA	N A		#	Govt.						

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

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/St aff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance
1	Lokha	35756	Govt.	++	A	NA	+++	#	04	NA	#	N	0	0



2	Sukhpur	53412	Rent.	#	N	N	N	#	#	03	1	#	N	0
3	Brail	33761	Govt.	++	N	N	N	++	+	05	3	++	Y	1

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

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Human Resources

APHC Name	Doctors (A/Ay/R/C)		ANM (R/C)		Laboratory technician		Pharmacists		Nurses (Grade A)		Dresser/Compounder		LHV	Health Educator	Grade IV/Grade III staff
	Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1	Due to Sadar block No. govt./Rented Building available for running PHC , Now Building I under construction .Son No Delivery facilities to OPD and Emergency														

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	Supaul Sadar	298818	3	3	4	1	1	N	n	3	N	N	N	Na	Na
	Total														



	PHC /Referral /SDH/DH	Popn Serv ed	Doctors	ANM	Laboratory Technician	Pharmacist	Nurses	Specialists	LHV	Health Educ	Grade III staff/ Comput
--	-----------------------	--------------	---------	-----	-----------------------	------------	--------	-------------	-----	-------------	-------------------------

ANM(R)-  
Regular/  
ANM(C)-  
Contractual;  
Govt- Gov/

Rented-Rent/ Pan –Panchayat or other Dept owned; Good condition +++/ Needs major repairs++/Needs minor repairs-less than Rs10,000-+/ needs new building-#;  
Water Supply: Available –A/Not available –NA, Intermittently available-I

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources



	Name														ator	er
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position				
1																
	<b>Total</b>															

**Section C: Equipment, Drug**

**s and Supplies  
Availability of Equipment**

No.	Name of facility	Equipment required
1	OPD	No Repurement
2	Family Planning	Releted all by pe of Equipment
3	Delevery	No repuerement
4	R.I.	Deep freezer I.c.R.
5		

**Procurement and Logistics Management**

**ment for Drugs**

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
1		<b>List enclosed</b>	Annex-1	+++

NA

**Procurement and Logistics Management for Supplies**



No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			Name of Supply	Months
		<b>Oral piles, Copper-T, Condoms</b>		
1	R.I.	Carrier Vaccin Cold Boy Small	Vaccin Carrur-190-April-09	
2		N.C.H. Repistev	MCH Aepistn	Nil
3		IUD	Cold Boy	04
4			Cold Boy 20iht	12
5				
6				

**Section D: RKS, Untied Funds and Support Services**

**Rogi Kalyan Samitis**

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized	Untied Funds
1		Yes	7	125000=00	No	
2						
3						
No.	Name of the Facility	Funds received		Funds utilized		
1		215838=00		158218=00		
2						
3						





### Support Systems to Health facility functioning

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2								
3								
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available



### Section E: Health Services Delivery

Name of the APHC No.	Service	Indicator	Data
		% of children below 5 yrs who received 5 doses of Vit A solution	
1	Child Immunisation	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	70%
		% of immunization sessions held against planned	80%
2	Child Health	Number of pregnant women registered for ANC	
		Total number of live births	65%
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	
		Total number of still births	
		% of newborns weighed within one week	60%
		% of pregnant women with 3 ANC check ups	
		% of newborns weighing less than 2500 gm	50%
		% of pregnant women with any ANC check up	
		Total number of neonatal deaths (within 1 month of birth)	10%
		% of pregnant women with anaemia	
		% of pregnant women who received 2 TT injections	58%
		Total number of infant deaths (within 1-12 months)	
3	Maternal Care	% of pregnant women who received 100 IFA tablets	80%
		Total number of child deaths (within 1-5 yrs)	
		Number of pregnant women registered for ISY	Not Applicats
		Number of diarrhea cases reported within the year	“
		Number of institutional deliveries conducted	
		% of diarrhea cases treated	
		Number of home deliveries conducted by SBA	405
		Number of ARI cases reported within the year	
		% of institutional deliveries in which JBSY funds were given	0%
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	25%
		Number of home deliveries in which JBSY funds were given	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted to hospital	0
		Number of undernourished children	
		% of mothers visited by health worker during the	0



		First week of AFDs and IDDCs	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
	<b>National Programme for Control of Blindness</b>	Number of Patients conducted with eye problem	5%
		Number of RHL/STI cases treated	20%
8	<b>Reproductive Health Programme</b>	% of couples provided with barrier contraceptive methods	25%
		Number of Cases treated	
		% of couples provided with permanent methods	
		% of female sterilization	
		Number of cases complete treatment	
		Number of complicated cases	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	11025
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	



<b>Name of the PHC/Referral Hospital/SDH/DH</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	70%
		% of immunization sessions held against planned	80%
2	<b>Child Health</b>	Total number of live births	
		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
% of children below 5 yrs who received 5 doses of Vit A solution	98%		
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	65%
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	60%



		% of pregnant women with 3 ANC check ups	50%
		% of pregnant women with any ANC checkup	10%
		% of pregnant women with anaemia	58%
		% of pregnant women who received 2 TT injections	80%
		% of pregnant women who received 100 IFA tablets	Not Application
		Number of pregnant women registered for JSY	do
		Number of Institutional deliveries conducted	405
		Number of home deliveries conducted by SBA	0%
		% of C-sections conducted	0%
		% of pregnancy complications managed	0%
		% of institutional deliveries in which JBSY funds were given	0
		% of home deliveries in which JBSY funds were given	0%
		Number of deliveries referred due to complications	25%
		% of mothers visited by health worker during the first week after delivery	Not Application
		Number of Maternal Deaths	Nil
4	<b>Reproductive Health</b>	Number of MTPs conducted	0
		Number of RTI/STI cases treated	5%
		% of couples provided with barrier contraceptive methods	20%
		% of couples provided with permanent methods	25%
		% of female sterilisations	
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	Not application
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	



		% of patients put on treatment, who drop out of treatment	
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	applicaction
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	7
		Number of cases registered	7
		Number of cases operated	
		Number of patients enlisted with eye problem	16
		Number of camps organized	9
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	6
		Number of Cases treated	
		Number of default cases	11025
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	
11	<b>Surgical Services</b>	Number of major surgeries conducted	
		Number of minor surgeries conducted	

**Section F: Community Participation, Training & BCC  
Community Participation Initiatives**

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		



		<b>S.No</b>	<b>Name of Block</b>		<b>Health Manager Appointed (Y/N)</b>		<b>Accountant appointed (Y/N)</b>	<b>Store keeper appointed (Y/N)</b>	
1.	Supaul Sadar	26	Nil Nil	Nil	238	238		7	125615
2.									

### Training Activities:

<b>S.No</b>	<b>Name of Block</b>	<b>Rounds of SBA Trainings held</b>	<b>No. of personnel given SBA Training</b>	<b>Rounds of IMNCI Trainings held</b>	<b>No. of personnel given IMNCI Training</b>	<b>Any specific issue on which need for a training or skill building was felt but has not being given yet</b>
20.		One	THAE			it should be given at all
21.						

<b>No.</b>	<b>Name of Block</b>	<b>BCC campaigns/ activities conducted</b>
1	Supaul Block	Block level Task force
2		meeting of panchyat
3		Meetin of 20 Sutri
4		R.K.S.
5		

**BCC Activities**

**District**

**and Block level Management**



1	Supaul	y	N	N
2				
4				
5				
6				

**National Vector Borne Disease Control Programme**

**Infrastructure**

- **Lab room in APHC/PHC-One at APHC Brail**
- **District office-Supaul**
- **District Store-Supaul**
- **Vehicle-No**

**Human Resources**

- 

**Additional Service Delivery: Maternal Health and Family Planning**

**Contraceptive Stock Position (Block)**

Contraceptive Stock Position (Block)													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom		9271	8871	5221	4191	3676	3266	7266					





(pieces)													
OCP (packets)		9050	8490	7286	566	34	4000	2200					
IUD 380 A		255	248	247	245	238	235	233					
Emergency Contraceptive													

**Status of training by areas (Block)**

Status of training by areas (Block)				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section		NA	NA	NA
Minilap	3	NA	NA	NA
NSV	1	NA	NA	NA
Anaesthesia	2	NA	NA	NA
MTP / Abortion	0	NA	NA	NA
Contraceptive updates	3			
STI / RTI	2			
SBA training	NA		2	

**No. of trained Providers (Block)**

Method	No. of providers (Block)					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laprosopic						
Minilap			3			
NSV			1			
IUD Insertion						
On spacing						

**No. of female sterilization camps (Block)**

<b>No. of female sterilization camps (Block)</b>
--



Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
nalhed	11	22	6	19	19	37	68	44 hudet				

**No. of male sterilization camps (NSV)**

**No. of male sterilization camps (NSV) – (Block)**

Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

**No. of static sites (365 days) for sterilization services (Block)**

**No. of static sites (365 days) for sterilization services (Block)**

Name of the site	Type of services				
	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.
Malhaed	0	48	48	12	Malhed

**Report of services provided (Block)**

**Report of services provided (Block)**

--



Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation	1500	11	22	6	19	19	37	68					
NSV													
Condom distributed		750	400	1250	1030	515	410	1000					
OCP distributed		2000	560	1209	6720	532	504	1800					
IUD 380A		11	7	1	2	5	3	2					
Emergency Pill													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

List of NGOs working in the areas of Maternal Health and Family Planning (Block)		
Name of the NGO	Geographical area of work	Type of activity

**Availability of IEC Materials (Block)**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								



OCPs								
IUD 380A								
Emergency pills								

**Details of the IEC Campaigns (Block)**

<b>Details of the IEC Campaigns (Block)</b>		
<b>Method</b>	<b>Months in which done</b>	<b>Geographical area where the campaign was conducted</b>
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**

<b>Status of Social Marketing by agency (Block)</b>		
<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
Female Sterilisation promotion		
NSV promotion		



<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		



### Section E: Health Services Delivery

Name of the APHC			
Name of the PHC/Referral Hospital/SDH/DH S.Bhaptiyahi			
No.	Service	Indicator	Data
1	<i>Child Immunisation</i>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	83%
		% of immunization sessions held against planned	82%
2	<i>Child Health</i>	Total number of live births	11.85%
		Total number of still births	61
		% of newborns weighed within one week	80%
		% of newborns weighing less than 2500 gm	5%
		Total number of neonatal deaths (within 1 month of birth)	Not know
		Total number of infant deaths (within 1-12 months)	Not Know
		Total number of child deaths (within 1-5 yrs)	Not know
		Number of diarrhea cases reported within the year	30
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	121
		% of ARI cases treated	100%
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	-
Number of children with Grade 3 and Grade 4 undernutrition who were admitted	-		



		Number of undernourished children	Not Know
		% of children below 5 yrs who received 5 doses of Vit A solution	100%
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	2047
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	30%
		% of pregnant women with 3 ANC check ups	65%
		% of pregnant women with any ANC checkup	83%
		% of pregnant women with anaemia	60%
		% of pregnant women who received 2 TT injections	61%
		% of pregnant women who received 100 IFA tablets	83%
		Number of pregnant women registered for JSY	2047
		Number of Institutional deliveries conducted	1185
		Number of home deliveries conducted by SBA	-
		% of C-sections conducted	-
		% of pregnancy complications managed	-
		% of institutional deliveries in which JBSY funds were given	1072
		% of home deliveries in which JBSY funds were given	-
		Number of deliveries referred due to complications	19
% of mothers visited by health worker during the first week after delivery	5%		
		Number of Maternal Deaths	-
4	<b>Reproductive Health</b>	Number of MTPs conducted	-
		Number of RTI/STI cases treated	206
		% of couples provided with barrier contraceptive methods	-
		% of couples provided with permanent methods	-
		% of female sterilisations	63%



5	<b>RNTCP</b>	% of TB cases suspected out of total OP	2.77%
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	8.83%
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	35 upto 10''
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	59%
		% of patients put on treatment, who drop out of treatment	0%
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	-
		Annual Blood Examination Rate	-
		Plasmodium Falciparum percentage	-
		Slide Positivity Rate	-
		Number of patients receiving treatment for Malaria	-
		Number of patients with Malaria referred	-
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	-
		Number of cases registered	-
		Number of cases operated	-
		Number of patients enlisted with eye problem	-
		Number of camps organized	-
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	22
		Number of Cases treated	22
		Number of default cases	0
		Number of case complete treatment	3
		Number of complicated cases	0
9	<b>Inpatient Services</b>	Number of in-patient admissions	0
10	<b>Outpatient services</b>	Outpatient attendance	1376





11	<i>Surgical Services</i>	Number of major surgeries conducted	
		Number of minor surgeries conducted	

### Section F: Community Participation, Training & BCC

#### Community Participation Initiatives

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	Pratapganj	9	9			88	5	-	11	25000.00

#### Training Activities:

S. No	Name of Block	Rounds of SBA Trainings held	No. of personnel given SBA Training	Rounds of IMNCI Trainings held	No. of personnel given IMNCI Training	Any specific issue on which need for a training or skill building was felt but has not being given yet
1	Pratapganj					

#### BCC Activities

No.	Name of Block	BCC campaigns/ activities conducted
1	Pratapganj	E P & Polio



<b>S. No</b>	<b>Name of Block</b>	<b>Health Manager Appointed (Y/N)</b>	<b>Accountant appointed (Y/N)</b>	<b>Store keeper appointed (Y/N)</b>
1	Pratapganj	N	Y	N

**District and**

**Block level Management**

**National Vector Borne Disease Control Programme Infrastructure**

- **Lab room in APHC/PHC; Y**
- **District office- Supaul**
- **District Store- Supaul**
- **Vehicle- Out Sourced.**

**Human Resources**

- 

**Additional Service Delivery: Maternal Health and Family Planning**

**Contraceptive Stock Position (Block)**

<b>Contraceptive Stock Position (Block)</b>													
<b>Type</b>	<b>Annual requirement</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>



Condom (pieces)								500					
OCP (packets)								85					
IUD 380 A								115					
Emergency Contraceptive													

**Status of training by areas (Block)**

Status of training by areas (Block) Pratapganj				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section		NA	NA	NA
Minilap	Dr. B. Sharma	NA	NA	NA
NSV	Dr. B. Sharma	NA	NA	NA
Anaesthesia	Dr. M.P. Gupta	NA	NA	NA
MTP / Abortion		NA	NA	NA
Contraceptive updates	Dr. H. P. Sahu	1	2	-
STI / RTI				-
SBA training	NA	1	3	-

**No. of trained Providers (Block)**

Method	No. of providers (Block) Pratapganj					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laprosopic						
Minilap			1	1	1	1
NSV			1	1	-	-
IUD Insertion			1	1	3	-
On spacing						



methods						
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**No. of female sterilization camps (Block)- Pratapganj**

No. of female sterilization camps (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

**No. of male sterilization camps (NSV)**

No. of male sterilization camps (NSV) – (Block) Pratapganj													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

**No. of static sites (365 days) for sterilization services (Block)**

No. of static sites (365 days) for sterilization services (Block)					
Name of the site	Type of services				
	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.



**Report of services provided (Block)**

<b>Report of services provided (Block) Pratapganj</b>													
Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation	300	6						7					
NSV													
Condom distributed								500					
OCP distributed								55					
IUD 380A													
Emergency Pill													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

<b>List of NGOs working in the areas of Maternal Health and Family Planning (Block)</b>		
Name of the NGO	Geographical area of work	Type of activity

**Availability of IEC Materials (Block)**

<b>Availability of IEC Materials (Block)</b>								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								1
NSV								



<b>Condoms</b>								
<b>OCPs</b>								
<b>IUD 380A</b>								
<b>Emergency pills</b>								

**Details of the IEC Campaigns (Block)**

<b>Details of the IEC Campaigns (Block)</b>		
<b>Method</b>	<b>Months in which done</b>	<b>Geographical area where the campaign was conducted</b>
<b>Female Sterilisation promotion</b>		
<b>NSV promotion</b>		
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Status of Social Marketing by agency (Block)**

<b>Status of Social Marketing by agency (Block)</b>		
<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
<b>Female Sterilisation promotion</b>		
<b>NSV promotion</b>		
<b>Condoms promotion</b>		



<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

# Block-Saraygarh Bhaptiyahi

**Block/DISTRICT PROFILE**

e



<b>No.</b>	<b>Variable</b>	<b>Data</b>
<b>248.</b>	<b>Total geographic area</b>	
<b>249.</b>	<b>Total no. of blocks</b>	<b>1</b>
<b>250.</b>	<b>Total no. of Gram Panchayats</b>	<b>12</b>
<b>251.</b>	<b>No. of villages</b>	<b>35</b>
<b>252.</b>	<b>Total population</b>	<b>123316</b>
<b>253.</b>	<b>Male population</b>	<b>67277</b>
<b>254.</b>	<b>Female population</b>	<b>56039</b>
<b>255.</b>	<b>Estimated no. of Pregnant women</b>	<b>4069</b>
<b>256.</b>	<b>Total no. of expected JSY beneficiaries</b>	<b>1280</b>
<b>257.</b>	<b>Total No. of MTPs conducted</b>	<b>Nil</b>
<b>258.</b>	<b>Total no. of Maternal Deaths</b>	<b>05</b>
<b>259.</b>	<b>Estimated no. of births</b>	<b>1280</b>
<b>260.</b>	<b>Children (0-6 years)</b>	
<b>261.</b>	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>	<b>54/46</b>
<b>262.</b>	<b>Total no. Infant deaths (1 month to 1 year)</b>	<b>15</b>
<b>263.</b>	<b>Total no. of child death (1 year to 5 years)</b>	<b>23</b>
<b>264.</b>	<b>Sex Ratio</b>	<b>9</b>
<b>265.</b>	<b>SC population</b>	<b>54/46</b>





266.	ST population	
267.	BPL population	
268.	No. of primary schools	
269.	<b>No. of Middle and High Schools</b>	
270.	No. of Anganwadi centers	
271.	No. of Anganwadi workers	
272.	No. of electrified villages	
273.	No. of villages having access to safe drinking water	
274.	<b>No. of households with constructed toilets</b>	
275.	No of villages having motorable roads	29

### Section A: Health Facilities in the District

#### **Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

S. No	Block Name	Population	No. of Sub-centres required	No. of Sub-centers Present	No. of Sub-centers proposed	No. of Further sub-centers required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)



1	S. Bhaptiyahi	123316	25	7	5	13	No	
	<b>Total</b>							

### Section A: Health Facilities in the District

**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including PHCs)	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1.	S. Bhaptiyahi							
	<b>Total</b>							

### Section A: Health Facilities in the District



**Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital**

No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PH C	Referral	SDH	DH	Total		
1	S. Bhaptiyahi								
	Total								

**Section B: Human Resources and Infrastructure**

**Name of the Block: S. Bhaptiyahi**

**Sub-centre database**

	Sub-centre Name	Pop.	No of G. P at villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/+++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/+++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/+++/+/#)
				(R)	(C)	(R)	(C)							
1	Makar Garhra	15270	2	NA	NA	0	1	Rent	++	NA	+	NA	Y	++
2	Bhaptiyahi	13120	2	NA	NA	0	1	-	-	-	-	-	-	-
3	Narhi ramgarh	12120	2	NA	NA	0	1	-	-	-	-	-	-	-



4	Chanad	1120	1	NA	NA	0	1	-	-	-	-	-	-	-
5	Kodhi	10512	1	NA	NA	0	1	-	-	-	-	-	-	-
6	CTlithi	15116	2	NA	NA	0	1	-	-	-	-	-	-	-
7	Lalgarh	15216	2	NA	NA	0	1	-	-	-	-	-	-	-
<b>Total</b>														

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

## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Infrastructure

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/St aff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance



1	Bhaptiyahi		Gov.	++	Not	NA	++	#	4	0	#	N	N	Y
2														
3														
4														
5														
6														
7														
8														
9														
10														
	Total													

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

### Section B: Human Resources and Infrastructure

#### Additional Primary Health Centre (APHC) Database: Human Resources

APHC Name	Doctors (A/Ay/R/C)	ANM (R/C)	Laboratory technician	Pharmacists	Nurses (Grade A)	Dresser/Compound er	LHV	Health Educa	Grade IV/Grade
-----------	-----------------------	-----------	--------------------------	-------------	---------------------	------------------------	-----	-----------------	-------------------



														tor	III staff	
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1	Bhaptiyahi	NA	1	2	2	1	1	1	1	1	0	0	1	0	0	1
<b>Total</b>																

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/ Referral Hospital/SDH/DH Name	Population served	Building ownership (Govt/Pan / Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (A/NA/I)	Functional Labour room (A/NA)	Condition of labour room (+++/++/#)	No. of rooms	No. of beds	Functional OT (A/NA)	Condition of OT (+++/++/#)	No. of Available vehicles	
														Vehicle	ambulance
1	S. Bhaptiyahi	123316	Gov.	+++	A	A	A	A	+++	13	6	A	+++	N	Y
<b>Total</b>															

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

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources



### Section C: Equipment, Drugs and Supplies

	PHC /Referral/SD H/DH Name	Popn Served	Doctors		ANM		Laboratory Technician		Pharmacist		Nurses		Specialists		LHV	Health Educator	Grade III staff/ Computer
			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position			
1	S. Bhaptiyahi	123316	4	2	3	2	0	0	0	0	0	2	0	0	1	0	8/0
<b>Total</b>																	

#### Availability of Equipment

No.	Name of facility	Equipment required
1	Oxcigeon	
2	Ambulance	
3	Generator	
4		
5		

**Procure**

#### ment and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year



			<b>Name of Drug</b>	<b>Months</b>
1				
2				
3				
4				

**Procurement and Logistics Management for Supplies**

<b>No.</b>	<b>Name of facility</b>	<b>Supplies required / including contraceptives etc.</b>	<b>Stock outs last year</b>	
			<b>Name of Supply</b>	<b>Months</b>
1				
2				
3				
4				
5				
6				

**Section D: RKS, Untied Funds and Support Services**

**Rogi Kalyan Samitis**

<b>No</b>	<b>Name of Facility</b>	<b>RKS set up (Y/N)</b>	<b>Number of meetings held</b>	<b>Total Funds</b>	<b>Funds Utilized</b>
1		Y	12	1,62	00
2					
3					
<b>No.</b>	<b>Name of the Facility</b>	<b>Funds received</b>		<b>Funds utilized</b>	

**Untied Funds**





1	Sub-Centerd		00
2			
3			

**Support Systems to Health facility functioning**

No	Facility name	Services available						
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	Data Operator
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2		0	0	NA	NA	NA	Yes	Yes
3								
4								
5								
6								

O- Outsourced/ I- In sourced/ NA- Not available



## Section E: Health Services Delivery

<b>Name of the APHC</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	80%
		% of immunization sessions held against planned	
2	<b>Child Health</b>	Total number of live births	
		Total number of still births	
		% of newborns weighed within one week	0%
		% of newborns weighing less than 2500 gm	0%
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	6
		Total number of child deaths (within 1-5 yrs)	4
		Number of diarrhea cases reported within the year	48
		% of diarrhea cases treated	98%
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	



3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	78%
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	72%
		% of pregnant women with 3 ANC check ups	8%
		% of pregnant women with any ANC checkup	5%
		% of pregnant women with anaemia	15%
		% of pregnant women who received 2 TT injections	98%
		% of pregnant women who received 100 IFA tablets	18%
		Number of pregnant women registered for JSY	1197
		Number of Institutional deliveries conducted	1197
		Number of home deliveries conducted by SBA	0
		% of institutional deliveries in which JBSY funds were given	100%
		% of home deliveries in which JBSY funds were given	0%
		Number of deliveries referred due to complications	16%
		% of mothers visited by health worker during the first week after delivery	3%
4	<b>Reproductive Health</b>	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	25%
		% of couples provided with permanent methods	10%
		% of female sterilisations	0%
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of	



		treatment	
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	
7	<b>National Programme for Control of Blindness</b>	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
		Number of cases referred	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	

<b>Name of the PHC/Referral Hospital/SDH/DH S.Bhaptiyahi</b>			
<b>No.</b>	<b>Service</b>	<b>Indicator</b>	<b>Data</b>
1	<b>Child Immunisation</b>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	
		% of immunization sessions held against planned	
2	<b>Child Health</b>	Total number of live births	



		Total number of still births	
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	
		Total number of infant deaths (within 1-12 months)	
		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	
		% of diarrhea cases treated	
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	
		% of pregnant women with 3 ANC check ups	
		% of pregnant women with any ANC checkup	
		% of pregnant women with anaemia	
		% of pregnant women who received 2 TT injections	
		% of pregnant women who received 100 IFA tablets	
		Number of pregnant women registered for JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of C-sections conducted	



		% of pregnancy complications managed	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first week after delivery	
		Number of Maternal Deaths	
4	<b>Reproductive Health</b>	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterilisations	
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
		Number of FTDs and DDCs	



7	<b>National Programme for Control of Blindness</b>	Number of cases detected	
		Number of cases registered	
		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	
11	<b>Surgical Servics</b>	Number of major surgeries conducted	
		Number of minor surgeries conducted	

## Section F: Community Participation, Training & BCC

### Community Participation Initiatives

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid as incentive to ASHA
							Round 1	Round 2		
1.	S. Bhaptiyahi	12	0	0	0	95	85	0	5	0

### Training Activities:



<b>S. No</b>	<b>Name of Block</b>	<b>Rounds of SBA Trainings held</b>	<b>No. of personnel given SBA Training</b>	<b>Rounds of IMNCI Trainings held</b>	<b>No. of personnel given IMNCI Training</b>	<b>Any specific issue on which need for a training or skill building was felt but has not being given yet</b>
1	S. Bhaptiyahi					

### **BCC Activities**

<b>No.</b>	<b>Name of Block</b>	<b>BCC campaigns/ activities conducted</b>
1	S. Bhaptiyahi	

### **District and Block level Management**





S. No	Name of Block	Health Manager Appointed (Y/N)	Accountant appointed (Y/N)	Store keeper appointed (Y/N)
1	S. Bhaptiyahi	Y	y	No

**National Vector Borne Disease**

**Control Programme**

**Infrastructure**

- **Lab room in APHC/PHC**
- **District office**
- **District Store**
- **Vehicle**

**Human Resources**

- 

**Additional Service Delivery: Maternal Health and Family Planning**

**Contraceptive Stock Position (Block)**

Contraceptive Stock Position (Block)													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Condom (pieces)													
OCP (packets)		165	158	205	309	207	187	198					
IUD 380 A													
Emergency													



Contraceptive													
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**Status of training by areas (Block)**

Status of training by areas (Block) S. Bhaptiyahi				
	Number trained			
	MOs	LHV	ANM	Others
Cesarean Section	0	NA	NA	NA
Minilap	1	NA	NA	NA
NSV	0	NA	NA	NA
Anaesthesia	0	NA	NA	NA
MTP / Abortion	0	NA	NA	NA
Contraceptive updates	0			
STI / RTI	0			
SBA training	NA			

**No. of trained Providers (Block)**

Method	No. of providers (Block) S. Bhaptiyahi					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
Laprosopic						
Minilap						
NSV						
IUD Insertion						
On spacing methods						

**No. of female sterilization camps (Block)**

Site	No. of female sterilization camps (Block)											
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar



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**No. of male sterilization camps (NSV)**

No. of male sterilization camps (NSV) – (Block)													
Site	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April

**No. of static sites (365 days) for sterilization services (Block)**

No. of static sites (365 days) for sterilization services (Block)					
Name of the site	Type of services				
	Laprosopic	Minilap	NSV	IUD	Emergency Pill etc.

**Report of services provided (Block)**

Report of services provided (Block)													
Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation													
NSV													
Condom distributed													
OCP distributed													
IUD 380A													
Emergency Pill													



**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

List of NGOs working in the areas of Maternal Health and Family Planning (Block)		
Name of the NGO	Geographical area of work	Type of activity

**Availability of IEC Materials (Block)**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								
OCPs								
IUD 380A								
Emergency pills								

**Details of the IEC Campaigns (Block)**

Details of the IEC Campaigns (Block)		
Method	Months in which done	Geographical area where the campaign was conducted
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**



<b>Status of Social Marketing by agency (Block)</b>		
<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
<b>Female Sterilisation promotion</b>		
<b>NSV promotion</b>		
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**Name of Block- Triveniganj**



### **Block/DISTRICT PROFILE**

e

<b>No.</b>	<b>Variable</b>	<b>Data</b>
<b>276.</b>	<b>Total geographic area</b>	<b>79428</b>
<b>277.</b>	<b>Total no. of blocks</b>	<b>1</b>
<b>278.</b>	<b>Total no. of Gram Panchayats</b>	<b>27</b>
<b>279.</b>	<b>No. of villages</b>	<b>64</b>
<b>280.</b>	<b>Total population</b>	<b>312612</b>
<b>281.</b>	<b>Male population</b>	<b>168810</b>
<b>282.</b>	<b>Female population</b>	<b>143802</b>
<b>283.</b>	<b>Estimated no. of Pregnant women</b>	<b>10316</b>
<b>284.</b>	<b>Total no. of expected JSY beneficiaries</b>	<b>9378</b>
<b>285.</b>	<b>Total No. of MTPs conducted</b>	<b>0</b>
<b>286.</b>	<b>Total no. of Maternal Deaths</b>	<b>133</b>
<b>287.</b>	<b>Estimated no. of births</b>	<b>9378</b>



<b>288.</b>	<b>Children (0-6 years)</b>	<b>208</b>
<b>289.</b>	<b>Total no. of neonatal deaths (birth up to the end of 1 month)</b>	<b>3.6</b>
<b>290.</b>	<b>Total no. Infant deaths (1 month to 1 year)</b>	<b>2.4</b>
<b>291.</b>	<b>Total no. of child death (1 year to 5 years)</b>	<b>74.4</b>
<b>292.</b>	<b>Sex Ratio</b>	<b>60-40</b>
<b>293.</b>	<b>SC population</b>	<b>47315</b>
<b>294.</b>	<b>ST population</b>	<b>14210</b>
<b>295.</b>	<b>BPL population</b>	<b>49963</b>
<b>296.</b>	<b>No. of primary schools</b>	<b>201</b>
<b>297.</b>	<b>No. of Middle and High Schools</b>	<b>32+5=37</b>
<b>298.</b>	<b>No. of Anganwadi centers</b>	<b>247</b>
<b>299.</b>	<b>No. of Anganwadi workers</b>	<b>494</b>
<b>300.</b>	<b>No. of electrified villages</b>	<b>7</b>
<b>301.</b>	<b>No. of villages having access to safe drinking water</b>	<b>59</b>
<b>302.</b>	<b>No. of households with constructed toilets</b>	<b>2743</b>
<b>303.</b>	<b>No of villages having motorable roads</b>	<b>57</b>

**Section A: Health Facilities in the District**



**Health Sub-centres (Norm: for every 5000 population for General and 3000 for hilly/tribal areas)**

S. No	Block Name	Population	No. of Sub-centres required	No. of Sub-centers Present	No. of Sub-centers proposed	No. of Further sub-centers required	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
1	Triveniganj	312612	47	30	17	17	31-Yes 16-N	Govt.
	<b>Total</b>							

**Section A: Health Facilities in the District**

**Additional Primary Health Centers (APHCs) (Norm: for every 30000 population General and 20000 for hilly/tribal areas)**

No	Block Name	Population	No. of APHCs required (After including	No. of APHCs present	No. of APHCs proposed	No. of Additional APHCs	Availability of Land (Y/N)	Nature of Land ownership (Govt/Pvt)
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			<b>PHCs)</b>			<b>required</b>		
1.	Triveniganj	312612	10	1	3	6	1-Y 3-N	Govt.
	<b>Total</b>							

### Section A: Health Facilities in the District

#### Primary Health Centers/Referral Hospital/Sub-Divisional Hospital/District Hospital

No	Block Name/sub division	Population	No. of type of facilities present					No. of additional PHCs required (After including referral/DH/SDH)	No. of PHCs proposed
			PH C	Referral	SDH	DH	Total		
1	Triveniganj	312612	1	1	-	-	2	10	1
	Total								



## Section B: Human Resources and Infrastructure

### Name of the Block:

#### Sub-centre database

	Sub-centre Name	Pop.	No of G. P at /villages served	No. of ANMs posted formally		No. ANMs in position		Building ownership (Govt/Pan/Rent)	Building condition (+++/++/+/#)	Assured running water supply (A/NA/I)	Toilets (+++/++/+/#)	Cont. power supply (A/NA/I)	ANM residing at HSC area (Y/N)	Condition of residential facility (+++/++/+/#)
				(R)	(C)	(R)	(C)							
1	Simariya	11050	3			1		Govt.	#	NA	NA	N	#	
2	Bhairopatti	11995	4					Govt.	#	NA	NA	N	#	
3	Musharniya	10450	3		1		1	Govt.	#	NA	NA	N	#	
4	Jarella	10800	1					Govt.	#	NA	#	N	#	
5	Gambhirpur	11100	3					Govt.	++	NA	#	#	#	
6	Skhua	10880	1	1		1		Govt.	#	NA	#	N	#	
7	Latauna	10550	1	1		1		Govt.	#	NA	#	N	#	
8	Matkuriya	11555	1	1		1		Govt.	#	NA	#	N	#	
9	Machne	10990	1	1		1		Govt.	+++	A	+++	N	#	
10	Mahesua	11545	3	1		1		Govt.	+++	A	+++	Y	+++	
11	Daparkha	10550	1	1		1		Govt.	#	NA	#	N	#	
12	Pratapur	10420	1	-				Govt.	#	NA	#	N	#	
13	Mirjara	10535	2		1		1	Govt.	#	NA	#	N	#	
14	Hariharpatti	10450	4					Govt.	#	NA	#	N	#	
15	Kushha	9635	1					Govt.	#	NA	#	N	#	



16	Guriya	10245	3					Govt.	#	NA	#	N	#	
17	Pilowaha	10100	2		1		1	Govt.	#	NA	#	N	#	
18	Moholiya	10630	1	1		1		Govt.	#	NA	#	N	#	
19	Jadiya	9605	1	1		1		Govt.	#	NA	#	N	#	
20	Badheli	10231	3					Govt.	#	NA	#	N	#	
21	Raghunathpur	10530	1	1		1		Govt.	++	NA	#	N	#	
22	Malhama	8000	1					Govt.	#	NA	#	N	#	
23	Parsa gadhi	10437	1	1		1		Govt.	++	NA	#	N	#	
24	Phulkaha	8265	1		1			Govt.	#	NA	#	N	#	
25	Manganj	7450	1				1	Govt.	#	NA	#	N	#	
26	Purandaha	10330	2					Govt.	#	NA	#	N	#	
27	Bhotphaga	7000	1					Govt.	#	NA	#	N	#	
28	Govbindpur	7180	2					Govt.	#	NA	#	N	#	
29	Harrinaha	8630	1					Govt.	#	NA	#	N	#	
30	Dafarkha	10530	1					Govt.	#	NA	#	N	#	

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



**Section B: Human Resources and Infrastructure**  
**Additional Primary Health Centre (APHC) Database: Infrastructure**

No	APHC Name	Population served	Building ownership (Govt/Pan/Rent)	Building condition (+++/++/#)	Assured running water supply (A/NA/I)	Continuous power supply (A/NA/I)	Toilets (+++/++/+/#)	Condition of Labour room (+++/++/#)	No. of rooms	No. of beds	Condition of residential facilities (+++/++/+/#)	MO/St aff residing at APHC area (Y/N)	No. of Available	
													vehicle	Ambulance
1	Koriyaphi	100000	Govt.	++	NA	NA	#	#	2	-	#	N	N	N
2														
3														
4														
5														
6														
7														
8														
9														
10														
	Total													

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



## Section B: Human Resources and Infrastructure

### Additional Primary Health Centre (APHC) Database: Human Resources

	APHC Name	Doctors (A/Ay/R/C)		ANM (R/C)		Laboratory technician		Pharmacists		Nurses (Grade A)		Dresser/Compounder		LHV	Health Educator	Grade IV/Grade III staff
		Sanction	In Position	Sanction	In position	Sanction	In position	Sanction	In position	Sanction	In Position	Sanction	In position			
1	Koriyaptii	2	1-R 1-Ay	2	1	1	Nil	1	Nil	Nil	Nil	1	Nil	1/Nil	1/Nil	3/1
	<b>Total</b>															

Allopathic (A), Ayush (Ay), Regular (R), Contractual (C)

## Section B: Human Resources and Infrastructure

### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Infrastructure

No	PHC/ Referral Hospital/SDH/DH Name	Population served	Building ownership	Building condition (+++/++/#)	Assured running water	Continuous power supply	Toilets (A/NA/)	Functional Labour	Condition of labour room	No. of rooms	No. of beds	Functional	Condition of	No. of Available vehicles
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	PHC /Referral/SD H/DH Name	Popn Served	Doctors		ANM	Laboratory Technician		Pharmacist		Nurses		Specialists		LHV	Health Educator	Grade III staff/ Computer
			(Govt/Pan / Rent)			supply (A/NA/I)	(A/NA/I)	I)	room (A/NA)	(+++/+/#)		OT (A/NA)	OT (+++/+/#)			
1	Referral	312612	Govt.	++	A	A	A	A	+++	30	30	A	++	A	NA	
	Total															

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

### Section B: Human Resources and Infrastructure

#### Primary Health Centres/Referral Hospital/Sub-Divisional Hospital/District Hospital: Human Resources

			Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position	Sanction	In Position			
1	Referral	312612	5	5	-	-	1	-	2	-	5	1	5	-	-	-	Yes
	<b>PHC</b>	312612	3	2	30	11-R 5-C	1	-	1	-	2	-	-	-	-	-	-

### Section C: Equipment, Drugs and Supplies



### Availability of Equipment

No.	Name of facility	Equipment required
1	Tuberculosis	RNTCP lab in running position.
2	Leprosy	Microscop with Technical
3	JBSY	Baby Saction machine UMO Medicine Instrumental for Porcep delivery
4	Family Planing	All Instrument for lepropomy
5	Kalazar	Good position.

### Procurement and Logistics Management for Drugs

No.	Name of facility	Drugs required	Stock outs last year	
			Name of Drug	Months
	<b>JBSY</b>	<b>Calcium Tab, Iron Tab, Protein. Gramules,</b>		
1		Syntocinon, Epidocim, Methegrin, Compose syfagain, Ing, Diclonec, sodium Injection, Methergin Tab, G. V. Paint Dexona Derifylin	Insufficient. Sypply, fo all medicine	10-11-09
2	Family Planning	Apropin, digipan, Catamin, T.t. diclonec. sodium Inj, Syfagzon Inj.		
3				
4				

### Procurement and Logistics Management for Supplies



No.	Name of facility	Supplies required / including contraceptives etc.	Stock outs last year	
			<b>Na me of Sup ply</b>	<b>M o n t h s</b>
1				
2				
3				
4				
5				
6				

### Section D: RKS, Untied Funds and Support Services

#### Rogi Kalyan Samitis

No	Name of Facility	RKS set up (Y/N)	Number of meetings held	Total Funds	Funds Utilized
1	Ambulance	Y	12	576931	264186
2	Out Sourced				
3					
No.	Name of the Facility	Funds received	Funds utilized		
1					
2					
3					

**Untied  
Funds**





### Support Systems to Health facility functioning

No	Facility name	Services available						D a t a  C o o p e r a t o r
		Ambulance	Generator	X-ray	Laboratory services	Canteen	Housekeeping	
1		O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA	O/I/ NA		
2		0	0	NA	NA	NA	Yes	Y e s
3	Ambulance	0	0	1	NA	NA	NA	Y e s
4								
5								
6								



O- Outsourced/ I- In sourced/ NA- Not available

### Section E: Health Services Delivery

Name of the APHC			
No.	Service	Indicator	Data
1	<i>Child Immunisation</i>	% of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles)	85%
		% of immunization sessions held against planned	95%
2	<i>Child Health</i>	Total number of live births	3600
		Total number of still births	60
		% of newborns weighed within one week	
		% of newborns weighing less than 2500 gm	
		Total number of neonatal deaths (within 1 month of birth)	35
		Total number of infant deaths (within 1-12 months)	



		Total number of child deaths (within 1-5 yrs)	
		Number of diarrhea cases reported within the year	245
		% of diarrhea cases treated	100%
		Number of ARI cases reported within the year	
		% of ARI cases treated	
		Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup	
		Number of children with Grade 3 and Grade 4 undernutrition who were admitted	
		Number of undernourished children	
		% of children below 5 yrs who received 5 doses of Vit A solution	99%
3	<b>Maternal Care</b>	Number of pregnant women registered for ANC	3300
		% of pregnant women registered for ANC in the 1 <sup>st</sup> trimester	40%
		% of pregnant women with 3 ANC check ups	40%
		% of pregnant women with any ANC checkup	45%
		% of pregnant women with anaemia	30%
		% of pregnant women who received 2 TT injections	80-100%
		% of pregnant women who received 100 IFA tablets	40%
		Number of pregnant women registered for JSY	
		Number of Institutional deliveries conducted	
		Number of home deliveries conducted by SBA	
		% of institutional deliveries in which JBSY funds were given	
		% of home deliveries in which JBSY funds were given	
		Number of deliveries referred due to complications	
		% of mothers visited by health worker during the first	



		week after delivery	
4	<b>Reproductive Health</b>	Number of MTPs conducted	
		Number of RTI/STI cases treated	
		% of couples provided with barrier contraceptive methods	
		% of couples provided with permanent methods	
		% of female sterilisations	
5	<b>RNTCP</b>	% of TB cases suspected out of total OP	
		Proportion of New Sputum Positive out of Total New Pulmonary Cases	
		Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year)	
		Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment)	
		% of patients put on treatment, who drop out of treatment	
6	<b>Vector Borne Disease Control Programme</b>	Annual Parasite Incidence	
		Annual Blood Examination Rate	
		Plasmodium Falciparum percentage	
		Slide Positivity Rate	
		Number of patients receiving treatment for Malaria	
		Number of patients with Malaria referred	
7	<b>National Programme for Control of Blindness</b>	Number of FTDs and DDCs	
		Number of cases detected	
		Number of cases registered	



		Number of cases operated	
		Number of patients enlisted with eye problem	
		Number of camps organized	
8	<b>National Leprosy Eradication Programme</b>	Number of cases detected	
		Number of Cases treated	
		Number of default cases	
		Number of case complete treatment	
		Number of complicated cases	
9	<b>Inpatient Services</b>	Number of in-patient admissions	
10	<b>Outpatient services</b>	Outpatient attendance	6752
11	<b>Surgical Servics</b>	Number of major surgeries conducted	
		Number of minor surgeries conducted	

**Section F: Community Participation, Training & BCC  
Community Participation Initiatives**

S. No	Name of Block	No. of GPs	No. VHSC formed	No. of VHSC meetings held in the block	Total amount released to VHSC from untied funds	No. of ASHAs	Number of ASHAs trained		Number of meetings held between ASHA and Block offices	Total amount paid
							Round 1	Round 2		



										a s i n c e n t i v e  t o  A S H A
1.	Triveniganj	27				235		235	12	211500

**Training Activities:**

<b>S. No</b>	<b>Name of Block</b>	<b>Rounds of SBA Trainings held</b>	<b>No. of personnel given SBA Training</b>	<b>Rounds of IMNCI Trainings held</b>	<b>No. of personnel given IMNCI Training</b>	<b>Any specific issue on which need for a training or skill building was felt but has not being given yet</b>
1	Triveniganj					SBA



						IMNCI
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### BCC Activities

No.	Name of Block	BCC campaigns/ activities conducted
1	Triveniganj	Nukker Natak At plae Jadiya Mehtatola & Kupari Bagheli

**District**

### and Block level Management

#### National Vector Borne Disease Control Programme- Nil

##### Infrastructure

- Lab room in APHC/PHC- Nil
- District office
- District Store
- Vehicle

##### Human Resources

- 

S. No	Name of Block	Health Manager Appointed (Y/N)	Accountant appointed (Y/N)	Store keeper appointed (Y/N)
1	Triveniganj	Y	Y	N



## **Additional Service Delivery: Maternal Health and Family Planning**

### Contraceptive Stock Position (Block)

<b>Contraceptive Stock Position (Block)</b>													
Type	Annual requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Condom (pieces)</b>						<b>10900</b>	<b>10300</b>	<b>9300</b>					
<b>OCP (packets)</b>	<b>340</b>												
<b>IUD 380 A</b>	<b>335</b>	<b>160</b>	<b>120</b>	<b>105</b>	<b>10</b>	<b>10</b>	<b>98</b>						
<b>Emergency Contraceptive</b>													

### Status of training by areas (Block)

<b>Status of training by areas (Block)</b>				
	<b>Number trained</b>			
	MOs	LHV	ANM	Others
<b>Cesarean Section</b>		NA	NA	NA
<b>Minilap</b>		NA	NA	NA
<b>NSV</b>		NA	NA	NA
<b>Anaesthesia</b>		NA	NA	NA
<b>MTP / Abortion</b>		NA	NA	NA
<b>Contraceptive updates</b>				
<b>STI / RTI</b>				
<b>SBA training</b>	NA			

### No. of trained Providers (Block)

Method	<b>No. of providers (Block)</b>					
	Gynaecologist	Surgeon	MO	LHV	ANM	Others
<b>Laprosopic</b>			Yes	No		
<b>Minilap</b>						
<b>NSV</b>						





<b>IUD Insertion</b>						
<b>On spacing methods</b>						

**No. of female sterilization camps (Block)**

<b>No. of female sterilization camps (Block)</b>													
<b>Site</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	
<b>Referral Hospital</b>					3	8	10						

**No. of male sterilization camps (NSV)**

<b>No. of male sterilization camps (NSV) – (Block)</b>													
<b>Site</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>

**No. of static sites (365 days) for sterilization services (Block)**

<b>No. of static sites (365 days) for sterilization services (Block)</b>					
<b>Name of the site</b>	<b>Type of services</b>				
	<b>Laprosopic</b>	<b>Minilap</b>	<b>NSV</b>	<b>IUD</b>	<b>Emergency Pill etc.</b>
		21			



**Report of services provided (Block) – Triveniganj**

Report of services provided (Block)													
Services	Annual Target	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Female Sterilisation						3	8	10					
NSV													
Condom distributed													
OCP distributed													
IUD 380A													
Emergency Pill													

**List of NGOs working in the areas of Maternal Health and Family Planning (Block)**

List of NGOs working in the areas of Maternal Health and Family Planning (Block)		
Name of the NGO	Geographical area of work	Type of activity
Latauna Mossion( charch)	Triveniganj	Maternal Health

**Availability of IEC Materials (Block)- Not Available**

Availability of IEC Materials (Block)								
Method	Poster		Handbill		Banner		Hoardings	
	In stock	Displayed	In stock	In use	In stock	Displayed	In stock	Displayed
Female sterilisation								
NSV								
Condoms								
OCPs								



IUD 380A								
Emergency pills								

**Details of the IEC Campaigns (Block)**

<b>Details of the IEC Campaigns (Block)</b>		
<b>Method</b>	<b>Months in which done</b>	<b>Geographical area where the campaign was conducted</b>
Female Sterilisation promotion		
NSV promotion		
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Social Marketing by agency (Block)**

<b>Status of Social Marketing by agency (Block)</b>		
<b>Method</b>	<b>Name of the Agency</b>	<b>Geographical area that the agency covers</b>
Condoms promotion		
OCPs promotion		
IUD 380A promotion		
Emergency pills promotion		

**Status of Public Private Partnership (Block)**

<b>Status of Public Private Partnership (Block)</b>		
<b>Services</b>	<b>Name of the Private provider</b>	<b>Geographical area where the provider provides the services</b>
Female Sterilisation promotion		



<b>NSV promotion</b>		
<b>Condoms promotion</b>		
<b>OCPs promotion</b>		
<b>IUD 380A promotion</b>		
<b>Emergency pills promotion</b>		

**THANKING YOU**