# National Rural Health Mission

# District Health Action Plan

# Supaul

# Bihar

# (2011 – 2012)

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**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 (2011-12), 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 2010-2011. 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

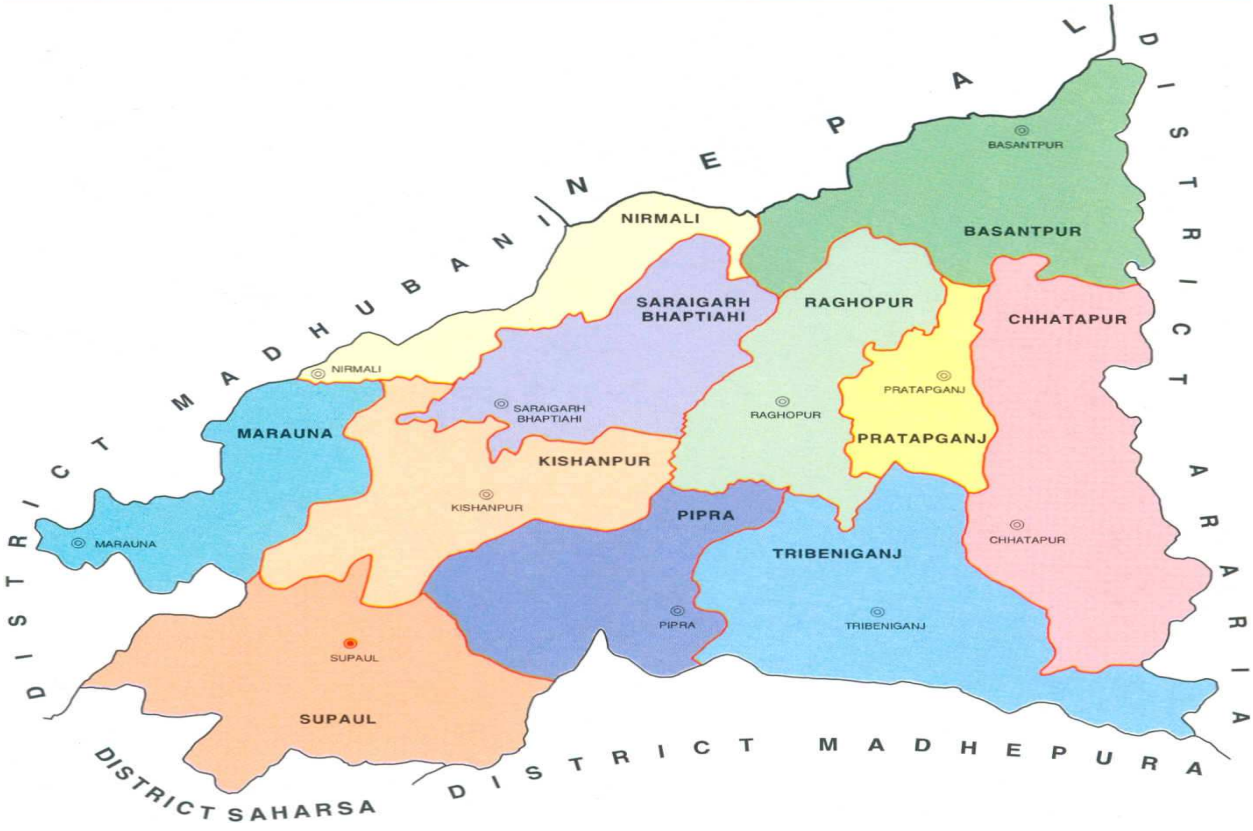
| | |
|---|---|
| Divisions | 9 |
| Districts | 38 |
| Sub-Divisions | 101 |
| CD Blocks | 534 |

| | |
|---|---|
| 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.[1] 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), 181 GPs and 567 villages. The total land area of the district is 1624 sq.kms. The district has the population of 2146122. 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 1/3rd of the year.

[1] Source: NIC Supaul district, Bihar and State Health of Bihar, Population Foundation of India.Pg.3.




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 Indicators2 | | |
|---|---|---|
| Demographic Indicators of Supaul district of Bihar State | | |
| Indicators | District | State |
| Population | 2146122 | 82998509 |
| Average annual exponential growth rate | 2.5 | 2.5 |

[2] 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**[3]

| | |
|---|---|
| Persons | 2146122 |
| Males | 1122207 |
| Females | 1023915 |
| 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 |

[3] 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 [4]

| 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[5]

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

[4] 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)}

[5] Source: Bihar Election Commission, 2006

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

| No. | Variable | Data |
|---|---|---|
| 1 | Total geographic area | 2410 sqkm |
| 2 | Total no. of blocks | 11 |
| 3 | Total no. of Gram Panchayats | 181 |
| 4 | No. of villages | 567 |
| 5 | Total population | **2146122** |
| 6 | Male population | **1122207** |
| 7 | Female population | **1023915** |
| 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 | 65423 |
| 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 |
| **Health Facility in the District** | | |
| | PHC | 09 |
| | Referral Hospital | 02 |
| | District Hospital/ Sadar Hospital | 01 |
| | APHC | 16 |
| | 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 2011 – 2012. 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. DPMU
4. MOIC
5. BPMU

*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 on13-09-10 to 18-09-10 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,DMO 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).

*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 BPMU. 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 data was analyzed by DHS 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 meeting was chaired by the Civil Surgeon. The DPMU, BPMU, representatives from all line departments, representative from PRI and NGO were present in the consultation. Members of the district DHAP team, 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 2146122 (Male: 1122207 and Female: 1023915). 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 2146122 in the district. So there is a gap of 39 PHC/APHC in the district. Further Proposed 31 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, 147 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 filing 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. PHCs of Basantpur are running in the APHC building due to non-availability of a separate building. The building of Pipra, Saraigarh 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 All PHCs . 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.*** PHCs have the provision of vehicle and 9 have Ambulance.

The human resource statuses of the PHCs are as follows;

| S No. | Position | Sanctioned | Position | % of position |
|---|---|---|---|---|
| 1 | Doctor | 57 | 38 | 70% |
| 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 | | 1 | |
| 9 | Grade III and IV | | 35 | |
| 10 | Computer | | 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 Labratory 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 bocks (Raghopur and Kishanpur) have the assured running water supply. Raghopur 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 Raghopur 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 | 18 | 50% |
| 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.

### 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 16 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 Decease 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 Raghopur, 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 Decease 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 been formed in all of the blocks. 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.

There are 1690 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.

Though a large number of training needs is being reported from all the blocks there were only 15 rounds of SBA training in which only 55 personnel were trained (source: situational analysis) . 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

9 out of 11 blocks have reported that there is no BCC activity being conducted in their respective block. The other 2 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$^{st}$ and 2$^{nd}$ child and use of contraceptives in ensuring population stabilization.
12. Heath 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 PregnancyTest 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. Provision for supply and availability of all requisite equipment and adequate supplies like; Baby warmer, Incubator, Ambubag, Suction Machine etc.

2. 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 Heath 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 2011-12.

# 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: Heath 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 last 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 1st 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. 2 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. Rs20000000-00 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 JBSY 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 58% 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(2nd 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 ( 1st 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 -2nd 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 -2nd 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 -2nd 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 -2nd 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 -2nd 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 -2nd 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) | | -2nd 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 -2nd 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 -2nd 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 -2nd 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 -2nd 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)<br><br>Khakhai(Kishanpur Block)<br><br>Hatwaria,Tumha(Pipra Block)<br><br>Koriapatti(Trivaniganj)<br><br>Bhimnagar(Basantpur)<br><br>Kunauli(Nirmali)<br><br>Gwalpara,Balwa bazaar (Chhatapur | Condoms,OCPs-(Every Wednesday) | UCDs (last Wednesday) |

| | | |
|---|---|---|
| Block)<br><br>Manoharpatti(Marauna Block)<br><br>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(2nd Wednesday)

**Condoms & OCPs- Twice a week(Every Wed & Friday)**

**IUCDs- Once a month (2nd 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(2nd last Saturday)**
Out of 10 PHCs,10 will hold 1 Minilap Camp every month
**Every 2nd 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
**3rd 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

3. **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**
4. **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

5. **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, LHVs on IUCD; by Skill upgardation 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**

| | Doctors | | | | A-Grade Nurses | | | | ANMs / LHVs | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DH/SHD/PHCs | Minilap | NSV | Vasec. | IUCD | Minilap | NSV | Vasec. | IUCD | Minilap | NSV | Vasec. | IUCD |
| 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 GoI 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 GoI 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**(Trainning 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 al 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 11-12 |
|---|---|---|---|---|
| **Part A: Maternal Health** | | | | |
| | | To strengthen health services and make FRUs functional. | Updradation 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. |

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| | | | 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, Mercury, Catheter, Riles tube, Gastric larvae, ILR1, V Speculum etc. | All PHCs should have essential supplies with 3 months buffer stock. The HSC should have basic supplies. |
| | | | 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. |
| **PART - B: CHILD HEALTH** | | | | |
| | | 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. |

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| | | 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 children and provide referral services. | 2 orientation programmes conducted in each block. |
| | | | Orientation of AWW/SHG groups and Mahila Mandals on grade 1 and grade 2 malnourishment | 12 numbers of orientation camps conducted in each bock. |
| **PART - C: FAMILY PLANNING** | | | | |
| | | 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. |
| **PART - D ARSH** | | | | |
| | | 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. |

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| | | | 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 increasing age at marriage. | 2 orientation camps held at the district level by the ARSH Bureau seeking the presence of NGO, PHCs, and Youth Based Organisation. |
| **PART - E: RNTCP** | | | | |
| | | 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. |
| **PART - F: NLEP** | | | | |
| | | 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. |

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| | | | Enhancing BCC and IEC activities to reduce social stigma and ensure proper counseling. | 6 orientation camp held in each block in the year. |
| **PART - G: NVBDCP** | | | | |
| | | Reduce incident of Malaria | Establishing systems for addressing Vector borne decease 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 surveliance and endemic preparedness |
| | | | Social Mobilisation through BCC | 3 orientation campaign held in each block during monsoon. |
| **PART - H: KALA-AZAR** | | | | |
| | | 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 |
| PART - I: FILARIAL | | | | |
| | | Reduce Filarial cases | increase % of DEC consumption through MDA. | 50% of Filarial cases treated with DEC consumption through MDA. |
| **PART - J: CONVERGENCE** | | | | |
| | | 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.**

| **Work Plan (2011-2012) For Supaul District** | | | | | | |
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| | | | | | | |
| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **Part A: RCH Flexi pool** | | | | | | |
| **A.1: JBSY (Maternal Health)** | | | | | | |
| **A.1.1:** | ***Updradation of PHCs/APHCs -*** | | | | | Health Department |

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|---|---|---|---|---|---|---|
| | 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 |
| **A.1.2:** | ***Operationalising of 24 X 7 (BPHC/APHC) -*** | | | | | 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 |
| **A 1.3.** | **Universal Coverage of all pregnant women with quality ANC Services** | | | | | |
| | 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 |
| **A 1.6** | **Increase Institutional Delivery {Janani Suraksha Yojana (JSY)}** | | | | | 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 |

| **Work Plan (2011-2012) For Supaul District** | | | | | | |
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| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **A. 2 JBSY (CHILD HEALTH)** | | | | | | |
| **A. 2.1** | ***Increase in %of New Born Babies given colostrums and exclusive breastfeeding*** | | | | | |
| | 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 |
| **A. 2.2** | ***Increase in Fully immunized children (12-23 months) - To increase immunisation rate.*** | | | | | Health Department |
| | Development micro plans 100% of blocks | | | | | Health Department |
| | Maintenance of Quality of cold chain | | | | | Health Department |
| **A 2.3** | **Decrease IMR and Child Mortality** | | | | | Health Department |
| | Orientation programme for ANM, AWW, ASHA on Neo Natal Care, Home Based Neo | | | | | Health Department |

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| | Natal Care (HBNC) | | | | | |
| | New borne care facilities in 50% of PHCs | | | | | Health Department |
| **A. 2.4** | **Reduce % severely malnourished children below 6 yrs.** | | | | | 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 |

| **Work Plan (2011-2012) For Supaul District** | | | | | | |
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| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **A. 3 FAMILY PLANNING** | | | | | | |
| **A. 3.1** | **To reduce unmet demand for contraception** | | | | | |
| | 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 |
| **A. 3.2** | **Promote family planning, distribution of contraceptive supply, counseling mother and eligible couple,** | | | | | Health Department / NRHM CBOs/NGOs |
| | Community Based Distributor to promote family planning and use of contraceptive and ensure spacing | | | | | Health Department / NRHM CBOs/NGOs |
| **A. 3.3** | **Compensation for Family Planning acceptors** | | | | | 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 |

| **Work Plan (2011-2012) For Supaul District** | | | | | | |
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| **Sl.** | **Component** | **Time Line** | | | | **Primary Roles** |

| No. | | | | | | |
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| | | Q 1 | Q 2 | Q 3 | Q 4 | |
| **A.4: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH** | | | | | | |
| **A. 4.1** | **Mainstreaming ARSH issues** | | | | | 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 |
| **A. 4.2** | **Provide health facility at PHC level** | | | | | |
| | 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** | | | | | | |
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| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **A. 5: INFRASTRUCTURE AND EQUIPMENTS** | | | | | | |
| A. 5.1. | Running of Sub centres | | | | | Health Department |
| **A. 6: LOGISTIC STRENGTHENING** | | | | | | |
| A. 6.1 | Provisioning of fund for transportation of supplies | | | | | |
| | i) District | | | | | Health Department |
| | ii) Block | | | | | Health Department |
| **A. 7: TRAINING** | | | | | | |
| 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 |
| **A. 8: BCC/IEC** | | | | | | |
| 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 (2011-2012) For Supaul District | | | | | | |
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| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **Part B: Mission Flexi pool** | | | | | | |
| ***B.1: ASHA*** | | | | | | |
| | Supply of ASHA kits to ASHAs | | | | | Health Department |
| | Incentive to ASHAs | | | | | Health Department |
| | Annual ASHA Samilan | | | | | Health Department |
| ***B.2: Upgradation of facility to FRUs*** | | | | | | |
| | **Position** | | | | | |
| | PHCs operationalised to FRUs | | | | | Health Department |
| **B. 3** | **Untied grant to facilities** | | | | | |
| | DH | | | | | Health Department |
| | PHCs | | | | | Health Department |
| | APHC | | | | | Health Department |
| | Sub-Centres | | | | | Health Department |
| B. 4 | **Annual maintenance grant to facilities** | | | | | |
| | DH | | | | | Health Department |
| | PHCs | | | | | Health Department |
| | APHC | | | | | Health Department |
| | Sub-Centres | | | | | Health Department |
| **B. 5** | **Funds to Rogi Kalyan Samiti** | | | | | |
| | DH | | | | | Health Department |
| | PHCs | | | | | Health Department |
| | APHC | | | | | Health Department |

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| **B. 6.** | **Capacity Building of Rogi Kalyan Samiti** | | | | | |
| | training in batches | | | | | Health Department |
| **B. 7** | **Construction and strengthening of Subcentres (SC)** | | | | | |
| | 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. 8** | **RCH Mela** | | | | | |
| | mela/block | | | | | Health Department / NRHM CBOs/NGOs |
| **B. 9** | **Concurrent Audit** | | | | | |

| **Work Plan (2011-2012) For Supaul District** | | | | | | |
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| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **Part C: Routine Immunisation** | | | | | | |
| 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 | Prining 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 |

| Work Plan (2011-2012) For Supaul District | | | | | | |
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| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **Part D: RNTCP** | | | | | | |
| D. 1 | **Increase Annual case detection and treatment success rate.** | | | | | 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 (2011-2012) For Supaul District | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **Part E: National Programme for Control of Blindness will be undertaken in 2010-2011** | | | | | | |
| 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 (2011-2012) For Supaul District | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q** | **Q** | **Q** | **Q** | |

| | | 1 | 2 | 3 | 4 | |
|---|---|---|---|---|---|---|
| **Part F: National Leprosy Eradication Programme** | | | | | | |
| **F. 1** | **Reduce prevalence and provide quality leprosy services** | | | | | 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 |

| **Work Plan (2011-2012) For Supaul District** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **Part G: National Vector Borne Disease Control Programme** | | | | | | |
| **G. 1** | **Reduce incident of Malaria** | | | | | 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 |
| **G. 2** | **Reduce incident of KALA-AZAR** | | | | | Health Department |
| | Improve district coordination | | | | | Health Department |
| | Ensure facility for diagnosis and treatment | | | | | Health Department |
| **G. 3** | **Reduce FILARIAL cases** | | | | | Health Department |
| | Increase % of DEC consumption though MDA. | | | | | Health Department |

| **Work Plan (2011-2012) For Supaul District** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **Sl. No.** | **Component** | **Time Line** | | | | **Primary Roles** |
| | | **Q 1** | **Q 2** | **Q 3** | **Q 4** | |
| **Part H: Convergence** | | | | | | |
| **H. 1** | **Improved inter sectoral convergence** | | | | | |
| | 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* |
|---|---|---|
| **Part A:** | **RCH Flexi pool** | **189739900** |
| | 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 EQUPIMENTS | 392000 |
| | A. 6: LOGISTIC STRENGTHENING | 9000000 |
| | A. 7: TRAINING | 10640000 |
| | A. 8: BCC/IEC | 1960000 |
| | A.9: Vitamin 'A' | 450000 |
| **Part B:** | **Mission Flexi pool** | **198168600** |
| | 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 |
| | | |
| Part C: | Routine Immunization | **52796000** |
| | 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 |
| | | |
| Part D: | RNTCP | 13588000 |
| | Iodine( NIDDCP) | 45000 |
| Part E: | National Programme for Control of Blindness (Will be taken up in 2010 and 2011) | 3400000 |
| Part F: | National Leprosy Eradication Programme | 10248000 |
| Part G: | National Vector Borne Disease Control Programme | 46220000 |
| | 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 |
| | | |
| **Grand Total of Part A – H** | | **539310500** |

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 (2011-2012) For Supaul District**

| Sl. No. | Component | Unit Cost | Number | 12 months | Budget |
|---|---|---|---|---|---|
| | | | | | |
| **Part A: RCH Flexi pool** | | | | | ***101282900*** |
| **A.1: JBSY (Maternal Health)** | | | | | |
| **A.1.1:** | **27576000** | **27576000** | | | |
| | 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 |
| **A.1.2:** | ***Operational sing of 24 X 7 (BPHC/APHC) -*** | **12684000** | | | |
| | Honorarium to Lady doctors for BPHCs | 25000 | 5 | 12 | 1500000 |
| | Honorarium to Staff nurses | 9000 | 30 | 12 | 3240000 |
| | Establish Blood storage facility in 75% of PHC | 10000 | 11 | 12 | 1320000 |
| | 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 |
| **A 1.3.** | **Universal Coverage of all pregnant women with quality ANC Services** | **4922500** | | | |
| | Formation and orientation of VHSC | | | | 0 |
| | | | | *Batch/Num* | |
| | 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 |
| **A 1.4.** | **Increase Institutional Delivery {Janani Bal Suraksha Yojana (JBSY)}** | **56100400** | | | |
| | 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) | **56100400** | **56100400** | **56100400** | **56100400** |
| | Incentive to ASHA for promotion of institutional deliveries (2 ben/Asha/month) | 200000 | 200000 | 200000 | 200000 |

| **Budget (2011-2012) For Supaul District** | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **A. 2: JBSY (CHILD HEALTH)** | | | | | ***14254000*** |
| **A. 2.1** | ***Increase in %of New Born Babies given colostrums and exclusive breastfeeding*** | **2764000** | | | |
| | 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 |

| | | | | | |
|---|---|---|---|---|---|
| **A. 2.2** | ***Increase in Fully immunized children (12-23 months) - To increase immunisation rate.*** | **1650000** | | | |
| | Development micro plans 100% of blocks | 5000 | 11 | 6 | 330000 |
| | Maintenance of Quality of cold chain | 10000 | 11 | 12 | 1320000 |
| **A 2.3** | **Decrease IMR and Child Mortality** | **1100000** | | | |
| | 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 |
| **A. 2.4** | **Reduce % severely malnourished children below 6 yrs.** | **8740000** | | | |
| | 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 |

| **Budget (2011-2012) For Supaul District** | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **A. 3: FAMILY PLANNING** | | | | | ***35760000*** |
| **A. 3.1** | **To reduce unmet demand for contraception** | **8160000** | | | |
| | 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 |
| **A. 3.2** | **Promote family planning, distribution of contraceptive supply, counseling mother and eligible couple,** | **2640000** | | | |
| | Community Based Distributor to promote family planning and use of contraceptive and ensure spacing | 20000 | 11 | 12 | 2640000 |
| **A. 3.3** | **Compensation for Family Planning acceptors** | **24960000** | | | |

| | | | | | |
|---|---|---|---|---|---|
| | 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 |

| **Budget (2011-2012) For Supaul District** | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **A.4: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH** | | | | | ***16000000*** |
| **A. 4.1** | **Mainstreaming ARSH issues** | | | **12160000** | |
| | 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 |
| **A. 4.2** | **Provide health facility at PHC level** | | | **3840000** | |
| | Preparation of district operation plan | 100000 | 1 | 1 | 100000 |
| | Establish linkages with WCD/Education department regarding convergence of ARSH issues in ICDS and School Education. | | | | 0 |
| | 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 |

| **Budget (2011-2012) For Supaul District** | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | ***21992000*** |
| | | | | | |
| **A. 5: INFRASTRUCTURE AND EQUPIMENTS** | | | | **14504000** | |
| A. 5.1. | Running of Sub centres | 500 | 500 | 500 | 500 |
| | Honorarium to ANM | **9000000** | **9000000** | **9000000** | **9000000** |
| **A. 6: LOGISTIC STRENGTHENING** | | | | **9000000** | |

| | | | | | |
|---|---|---|---|---|---|
| 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** |
| **A. 7: TRAINING** | | **10640000** | | | |
| 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 |
| **A. 8: BCC/IEC** | | **1960000** | | | |
| 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 |

| **Budget (2011-2012) For Supaul District** | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **Part B: Mission Flexi pool** | | | | | ***198168600*** |
| ***B.1: ASHA*** | | **500000** | | | |
| | 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.2: Upgradation of facility to FRUs*** | | **400000** | | | |
| | 2 PHCs operationalised to FRUs | 200000 | 2 | 1 | 400000 |
| ***B. 3: Untied grant to facilities*** | | **18950000** | | | |
| | 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. 4: Annual maintenance grant to facilities*** | | **10375000** | | | |
| | DH and referral | 100000 | 3 | 1 | 300000 |
| | PHCs | 75000 | 11 | 1 | 825000 |
| | APHC | 50000 | 19 | 1 | 950000 |
| | Sub-Centres | 25000 | 332 | 1 | 8300000 |
| ***B. 5: Funds to Rogi Kalyan Samiti*** | | **5200000** | | | |
| | DH | 500000 | 1 | 1 | 500000 |

| | | | | | |
|---|---|---|---|---|---|
| | Referral | 300000 | 2 | 1 | 600000 |
| | PHCs | 200000 | 11 | 1 | 2200000 |
| | APHC | 100000 | 19 | 1 | 1900000 |
| ***B. 6: Capacity Building of Rogi Kalyan Samiti*** | | **748000** | | | |
| | Training in batches | 10000 | 11 | 2 | 220000 |
| | Bimonthly meeting of Rogi Kalyan Samiti | 2000 | 11 | 24 | 528000 |
| ***B. 7: Construction and strengthening of Subcentres (SC)*** | | **151540000** | | | |
| | 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. 8: RCH Mela*** | | **1050000** | | | |
| | mela/block | 50000 | 11 | 1 | 550000 |
| | Mela/ District | 500000 | 1 | 1 | 500000 |
| ***B. 9: Concurrent Audit*** | | 500000 | 1 | 1 | **500000** |
| ***B. 10: Programme Management*** | | **8915600** | | | |
| | 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 District planing coordinator | 20000 | 1 | 12 | 240000 |
| | Honorarium to Office Assistant & peon-2 | 15000 | 1 | 12 | 180000 |
| | Honorarium to Block Health Manager | 16800 | 11 | 12 | 2217600 |
| | Honorarium to Hospital Manager | 25000 | 2 | 12 | 600000 |
| | 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 |

| **Budget (2011-2012) For Supaul District** | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **Part C: Routine Immunisation** | | | | | ***52796000*** |
| **C. 1: Review of district and Block level routine immunisation micro plan** | | 500000 | 12 | 6 | **36000000** |

| | | | | | |
|---|---|---|---|---|---|
| **C. 2: Strengthening service delivery** | | | | | **11700000** |
| 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 | Prining 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 |
| **C. 3: Social Mobilisation (for ASHA/link workers in rural areas)** | | 2000000 | 1 | 1 | **2000000** |
| **C. 4: Alternate Vaccine delivery sessions in Rural Areas** | | 2000000 | 1 | 1 | **2000000** |
| **C. 5: Mobility support for supervision and monitoring** | | 1000000 | 1 | 1 | **1000000** |
| **C. 6: Human Resources** | | **96000** | | | |
| 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 |

| **Budget (2011-2012) For Supaul District** | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **Part D: RNTCP** | | | | | ***13588000*** |
| D. 1 | **13588000** | **13648000** | | | |
| | 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 |

| Budget (2011-2012) For Supaul District | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **Part E: National Programme for Control of Blindness (Will be taken up in 2010 and 2011)** | | | | ***3400000*** | |
| **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 | | | | **600000** |
| | (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 |

| Budget (2011-2012) For Supaul District | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| | | | | | |
| **Part F: National Leprosy Eradication Programme** | | | | | ***10248000*** |
| **F. 1** | **Reduce prevalence and provide quality leprosy services** | **10248000** | | | |
| | 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 (2011-2012) For Supaul District | | | | | |
|---|---|---|---|---|---|
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| **Part G: National Vector Borne Disease Control Programme** | | | | | ***46220000*** |
| **G. 1: Reduce incident of Malaria** | | | **43520000** | | |
| | 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 |
| **G. 2: Reduce incident of KALA-AZAR** | | | **2200000** | | |
| | Improve district coordination through meeting (4 meetings in a year) | 50000 | 4 | 1 | 200000 |
| | Ensure facility for diagnosis and treatment | 2000000 | 1 | 1 | 2000000 |
| **G. 3: Reduce FILARIA cases** | | | **500000** | | |
| | Increase % of DEC consumption though MDA. | 500000 | 1 | 1 | 500000 |

| Budget (2011-2012) For Supaul District | | | | | |
|---|---|---|---|---|---|
| **Sl. No.** | **Component** | **Unit Cost** | **Number** | **12 months** | **Budget** |
| **Part H: Convergence** | | | | | ***25600000*** |
| **H. 1** | **Improved inter sectoral convergence** | | **25600000** | | |
| | Sensitization of PRI members through orientation camps on Micro planning, Functioning of VHSC, happening of | 500000 | 11 | 1 | 5500000 |

| | | | | | |
|---|---|---|---|---|---|
| | VHND | | | | |
| | 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. Diahorrea

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 heath education initiative undertaken at community level

iv. Short supply of IFA tablet
v. Age to have early child and gap between 1st and 2nd 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, Filaria, KALAZAR) – Absence of preventive measures
        ii. Leprosy – No step to identification of Leprosy by the heath 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 heath 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 | Al equipment and drug supplies for New Born Care should be placed at PHCs viz;<br>• Baby Warmer<br>• Incubator etc |
| | 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 heath 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 surveillance unit,Patna and maintaining weekly and monthly records in IDSP Unit Supaul .

**G.** Monthly meeting of District Surveillance Committee.

**H.** Timely distribution of information \ materials to the reporting unit received from centre/state Surveillance 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 = 720000Rs.(@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 = 6000Rs.

**Printing of Reporting Formats :-**

10000*20 = 200000Rs.

**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=1680000Rs.
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 I 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.** | **BPL population** | **47711** |
| **21.** | **No. of primary schools** | **80** |
| **22.** | **No. of Middle and High Schools** | **37** |
| **23.** | **No. of Anganwadi centers** | **141** |
| **24.** | **No. of Anganwadi workers** | **141** |
| **25.** | **No. of electrified villages** | **47** |
| **26.** | **No. of villages having access to safe drinking water** | **85** |
| **27.** | **No. of households with constructed toilets** | **8978** |
| **28.** | **No of villages having motorable roads** | **55** |

## 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 | 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 | 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. | Basantpur | 153907 | 5 | 1 | 2 | 3 | N | - |

## 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/S | No. of PHCs proposed |
|---|---|---|---|---|---|---|---|---|---|
| | | | PHC | Referral | SDH | DH | Total | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | **DH)** | |
| 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 /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 | Amrit Chowk | 7823 | 8 | 1 | | 1 | | Govt. | + | NA | + | NA | Y | ++ |
| 2 | Sitapur | 10967 | 7 | | 1 | | 1 | Rent. | +++ | NA | NA | NA | N | No facilit |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | y |
| 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 | Goct. | # | 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 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/Staff residing at APHC area (Y/N) | No. of Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 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 | Bhimnagar | 2 | 2 | 2 | 0 | 1 | 1 | 0 | 0 | 2 | 2 | 2 | 0 | 0 | 0 | 0 |

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 Hospit | Population serve | Building owners | Building condition (+++/++/#) | Assured running water supply | Continuous power supply | Toilets (A/NA/I) | Functional Labo | Condition of labour room (+++/++/#) | No. of | No. of be | Funct | Condi | No. of Availabile |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | al/SDH/ DH Name | d | hip (Govt/P an/ Rent) | | (A/NA/I) | (A/NA/I) | | ur room (A/NA ) | | ro o m s | ds | io n al O T (A /N A) | ti o n of O T (+ + +/ + +/ #) | vehic les | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | V e hi cl e | a m b u l a n c e |
| 1 | Basan tpur | 15390 7 | No buildin gh | # | 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 drogs are required. |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

### Procurement and Logistics Management for Drugs

| No. | Name | Drugs required | Stock outs last year |
|---|---|---|---|

| | of facility | | | |
|---|---|---|---|---|
| | **PHC** | **IUCD insertion instruments** | **Name of Drug** | **Months** |
| 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 | 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** |
| 1 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | |
| | | % of immunization sessions held against planned | |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | |

Note- PHC Basantpur is running in APHC Bhimnagar.

| Name of the PHC/Referral Hospital/SDH/DH | | | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 1 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 73% |
| | | % of immunization sessions held against planned | 90% |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 2834 |
| | | % of pregnant women registered for ANC in the 1st 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 | 45% |

| | | | |
|---|---|---|---|
| | | IFA tablets | |
| | | 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 |
| | | Number of Maternal Deaths | 0 |
| 4 | ***Reproductive Health*** | 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 sterlisations | 15% |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 |
| | | Number of FTDs and DDCs | Do |
| 7 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 |
| | | Number of cases referred | Nil |
| 9 | ***Inpatient Services*** | Number of in-patient admissions | 1226 |
| 10 | ***Outpatient services*** | Outpatient attendance | 14279 |
| 11 | ***Surgical Servics*** | 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 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. | 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 bead quarter, Supaul in which 2 ANMs and the LHV. Participated.**

| No. | Name of Block | BCC campaigns/ activities conducted |
|---|---|---|
| 1 | Basantpur | Marila Mandal meeting beld for strengthening R.I. and mushar<br>Meeting with PRI Members and religious leaders to sort out refusal issues in pulse Polio.<br>Panchayat level meeting with minority leaders to Promote family plaaing |

**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 |
| Laproscopic | 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** | | | | |
| | **Laproscopic** | **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 I 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 | **No. of Middle and High Schools** | **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 | **No. of households with constructed toilets** | **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. 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 | Chhatapur | 235493 | 48 | 23 | 25 | 25 | 8-Y<br>17-N | Govt.-3<br>Pvt. -5 |
| 2 | | | | | | | | |
| | **Total** | | | | | | | |

## 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. |
| | **Total** | | | | | | | |

## 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 required (After including referral/DH/SDH |
|---|---|---|---|---|---|---|---|---|
| | | | PHC | Referral | SDH | DH | Total | |
| 1 | Chhatapur | 235493 | 1 | | | | 1 | 4 |
| | Total | | | | | | | |

## 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 powe supp (A/NA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | (R) | (C) | (R) | (C) | | | | | |
| 1 | Matiori | 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 | Giwha | 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 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 | Condi of reside facilit (+++/+ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 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 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 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

| | PHC /Referral /SDH/DH Name | Popn Served | Doctors | ANM | Laboratory Technician | Pharmacist | Nurses | Specialis |
|---|---|---|---|---|---|---|---|---|

**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 bed |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 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**

| | | | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | Po i |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Chhatapur | 235493 | 6 | 6 | 26 | 15 | 2 | 0 | 3 | N | 3 | Nil | 0 | N |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Total** | | | | | | | | | | | | | |

## 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, Drerring of st |
| 3 | OT | OT light, scirrar, Operatio lamp, staus, ambu bay succor machi |
| 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 las |
|---|---|---|---|
| | | Oral piles, Copper-T, Condoms | Name of Supply |
| 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 | 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 |
| 1 | *Child Immunisation* | % of newborns weighed within one week | |
| | | % of newborns weighing less than 2500 gm | |
| | | Total number of neonatal deaths (within 1 month of birth) | |
| | | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 25% |
| | | Total number of infant deaths (within 1-12 months) | |
| | | % of immunization sessions held against planned | |
| 2 | *Child Health* | Total number of live births | |
| | | Total number of child deaths | |
| | | Total number of still births | |

| | | | |
|---|---|---|---|
| | | Treatment Success Rate (% of new smear positive patients who are successfully completed treatment) | |
| | | Number of diarrhea cases reported within the year | 150 |
| | | % of diarrhea cases treated | |
| | | Number of ARI cases reported within the year | |
| | | % of ARI cases treated | |
| 6 | ***Vector Borne Disease Control Programme*** | Annual Parasite Incidence | |
| | | Annual Blood Examination Rate | |
| | | Number of Falciparum Cases | |
| | | Slide Positivity Rate | |
| | | Number of patients received treatment for Malaria | |
| | | % of children below 5 yrs who received 3 doses of Albendazole | |
| | | Number of ETDs and DDCs | |
| 7 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | 150 |
| 10 | ***Outpatient services*** | Outpatient attendance | 11903 |
| | | Number of pregnant women registered for ANC | |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | |
| 5 | ***RNTCP*** | % 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) | |

| Name of the PHC/Referral Hospital/SDH/DH | | | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 1 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 68% |
| | | % of immunization sessions held against planned | 98% |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 92% |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | 32% |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | |
| | | Number of FTDs and DDCs | |
| 7 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | 1298 |
| 10 | ***Outpatient services*** | Outpatient attendance | 48989 |
| 11 | ***Surgical Servics*** | 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. 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. | 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 |
| Laproscopic | | | | | | |
| 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** | | | | |
| | **Laproscopic** | **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** | | | | | | | | |

**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 I 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 |

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

## 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) |
|---|---|---|---|---|---|---|---|
| 1 | Kishanpur | 170424 | 34 | 14 | 16 | 0 | 0 |
| 2 | | | | | | | |
| | **Total** | | | | | | |

## 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. | Kishanpur | 170424 | 6 | 1 | 4 | 4 | 4 | Govt. |
| | **Total** | | | | | | | |

## 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 | 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 | **Kadampura** | 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/Staff residing at APHC area (Y/N) | No. of Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 |
| | **Total** | | | | | | | | | | | | | | | |

**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 Availabile vehicles | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | Vehicle | ambulance |
| 1 | Kushanpur | 170424 | Govt. | ++ | NA | A | A | A | ++ | 7 | 6 | A | ++ | NA | |
| | Total | | | | | | | | | | | | | | |

| | PHC /Referral /SDH/DH | Popn Served | 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 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

| | Name | | | | | | | | | | | | | | | ator | er |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | San ctio n | In Positio n | Sanc tion | In Posit ion | Sanct ion | In Posit ion | Sanctio n | In Positio n | Sanc tion | In Positi on | Sanc tion | In Posit ion | | | |
| 1 | Kishanp ur | 1704 24 | 3 | 2 | 19 | 8 | 1 | 1 | 2 | 0 | Nil | 1 | 0 | 0 | 2 | NA | A |
| | **Total** | | | | | | | | | | | | | | | | |

**Section C: Equipment, Drugs 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, Anticuqnlanrrts, 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 | |
|---|---|---|---|---|
| | | Oral piles, Copper-T, Condoms | Name of Supply | Months |
| 1 | RI | Fem3, Fam6, Fan1-7, MCh Reqister | Nil | |
| 2 | | Dai Reqister, Muinan Reqister | 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 | | | | | |

### Untied Funds

| No. | Name of the Facility | Funds received | Funds utilized |
|---|---|---|---|
| 1 | Untied Fund for PHC | 57150 | Rs. 18750 |
| 2 | Untied Fund for PHC | | |
| 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 | 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 | **Child Immunisation** | % of children 9-11 months fully immunized (BCG + DPT123 + OPV123 + Measles) | 80% |
| | | % of pregnant women who received 2 TT injections | 80% |
| | | % of pregnant women who received 100 IFA tablets | 82% |
| | | Number of pregnant women registered for JSY | 0 |
| | | Number of institutional deliveries conducted | 0 |
| | | Number of home deliveries conducted by SBA | 0 |
| | | % of institutional deliveries in which JBSY funds were given | 0 |
| | | % of home deliveries in which JBSY funds were given | 0 |
| | | Number of deliveries treated due to complications | 0 |
| | | % of mothers visited by health worker during the first week after delivery | |
| 2 | **Child Health** | Number of IYCs conducted | |
| | | Number of RTI/STI cases treated | 102 |
| 4 | **Reproductive Health** | % of couples provided with barrier contraceptive methods | 90% |
| | | % of couples provided with permanent methods | 72% |
| | | % of female sterilisations | 72% |
| | | 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 |
| 5 | **RNTCP** | % of TB cases suspected out of total OP | 20% |
| | | Number of undernourished children | 130 |
| | | Proportion of New Sputum Positive out of Total New Pulmonary Cases | 2/2 |
| | | % of children below 5 yrs who received 5 doses of Vit A solution | 85 |
| | | Annual Case Detection Rate (Total TB cases registered for treatment per 100,000 population per year) | 100% |
| | | Treatment Success Rate (% of new smear positive patients who are documented to be cured or have successfully completed treatment) | 100% |
| 3 | **Maternal Care** | Number of pregnant women registered for ANC | 222 |
| | | % of pregnant women registered for ANC in the 1st trimester | 81% |
| | | % of patients put on treatment, who drop out of treatment | |
| | | % of pregnant women with 3 ANC check ups | 78% |

| | | | |
|---|---|---|---|
| 6 | ***Vector Borne Disease Control Programme*** | 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 | |
| | | Number of FTDs and DDCs | |
| 7 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | 5919 |

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

| No. | Service | Indicator | Data |
|---|---|---|---|
| 1 | ***Child Immunisation*** | % 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 1543 |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | 70% |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | 1632 |
| 10 | ***Outpatient services*** | Outpatient attendance | 30193 |
| 11 | ***Surgical Servics*** | 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 Disployed in Fair & Hatia) |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

**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 | 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 |
| Laproscopic | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Minilap** | | | | | | |
| **NSV** | | | | | | |
| **IUD Insertion** | | | **1** | **2** | **5** | |
| **On spacing** | | | | | | |

**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** | **2** | **0** | **1** | **0** | **1** | **1** | **4** | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**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** |
| **PHC** | **2** | **0** | **1** | **0** | **1** | **1** | **4** | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**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** | | | | |
| | **Laproscopic** | **Minilap** | **NSV** | **IUD** | **Emergency Pill etc.** |
| **Kishanpur** | | | | | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |

**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 Awarness** |
| | | |
| | | |
| | | |

**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)**

| 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 the PHC-Marauna

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

| | | |
|---|---|---|
| 100. | SC population | 25496 |
| 101. | ST population | 1195 |
| 102. | BPL population | 28484 |
| | No. of primary schools | 51 |
| 103. | No. of Middle and High Schools | 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. | No. of households with constructed toilets | 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 |
|---|---|---|---|---|---|---|---|---|

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

## 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<br>3-No | Govt. |
| | **Total** | | | | | | | |

## 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 | 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 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/ | 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 Availabile |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | 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 Dhutrah 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 |
|---|---|---|---|---|---|---|---|---|---|---|

| | Name | (A/Ay/R/C) | | | | technician | | | | A) | | nder | | | Educat or | IV/Grade III staff |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Sa nct ion | In Positi on | Sanc tion | In positio n | Sancti on | In positi on | Sancti on | In positi on | Sanction | In Positi on | Sanction | In positi on | | | |
| 1 | Manoharpatti | 2 | 1 | 2 | 0 | 1 | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 1 | 12+3 |
| | Baskhora | 2 | 1 | 2 | 0 | 1 | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 1 | 12+3 |
| | Bela Dhutraha | 2 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 12+3 |
| | Ghograriya | 2 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 2 | 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 Availabile 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 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

| | 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 |
| | **Total** | | | | | | | | | | | | | | | | |

## 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 Phylium | Nil | Nil |
| 2 | | Inj. Deriphylim | 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 | |
|---|---|---|---|---|
| | | Oral piles, Copper-T, Condoms | Name of Supply | Months |
| 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 | RKS | y | 07 | 15035 | 15020 |
| 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

**Name of the APHC**

| No. | Service | Indicator | Data |
|---|---|---|---|
| 1 | *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 | NA |
| | | % of immunization sessions held against planned | NA |
| 2 | *Child Health* | | |

| | | | |
|---|---|---|---|
| | | birth) | |
| | | Total number of infant deaths | NA |
| 4 | ***Reproductive Health*** | (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 | ***RNTCP*** | Number of ARI cases reported within the year | NA |
| | | % of ARI cases treated | NA |
| | | Number of children with Grade 3 and Grade 4 | NA |
| | | undernutrition who received a medical checkup | |
| | | Number of children with Grade 3 and Grade 4 | NA |
| 6 | ***Vector Borne Disease Control Programme*** | undernutrition who were admitted | |
| | | Number of undernourished children | NA |
| | | % of children below 5 yrs who received 5 doses of Vit | NA |
| | | A solution | |
| | | | |
| | | Number of patients with Malaria referred | NA |
| | | Number of FTDs and DDCs | NA |
| 3 | ***Maternal Care National Programme for Control of Blindness*** | Number of pregnant women registered for ANC | NA |
| | | Number of cases detected | NA |
| 7 | | % of pregnant women registered for ANC in the 1st trimester | NA |
| | | Number of cases registered | 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 |
| 8 | ***National Leprosy Eradication Programme*** | % of pregnant women with anaemia | NA |
| | | 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 | ***Inpatient Services*** | Number of in-patient admissions | NA |
| | | | |

| | | | |
|---|---|---|---|
| 10 | ***Outpatient services*** | Outpatient attendance | NA |

| **Name of the PHC/Referral Hospital/SDH/DH** | | | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 1 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 91% |
| | | % of immunization sessions held against planned | 96% |
| 2 | ***Child Health*** | 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 1st 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 | ***Reproductive Health*** | 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 sterlisations | 0 |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | NA |
| 10 | ***Outpatient services*** | Outpatient attendance | NA |
| 11 | ***Surgical Servics*** | 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 |
|---|---|---|
| 1. | Marauan | 24 |

| | | |
|---|---|---|
| 3 | | |
| 4 | | |
| 5 | | |

**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 | 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** |
| **Laproscopic** | | | | | | |
| **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** | | | | |
| | **Laproscopic** | **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 | 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)**

| **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- Pipra

**DISTRICT PROFILE**

**e**

| No. | Variable | Data |
|---|---|---|
| **110.** | **Total geographic area** | **49535.36** |
| **111.** | **Total no. of blocks** | **1** |
| **112.** | **Total no. of Gram Panchayats** | **16** |

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

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

## 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 | Pipra | 198322 | 40 | 22 | 7 | 11 | N | - |
| 2 | | | | | | | | |
| | **Total** | | | | | | | |

## 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 |
| | **Total** | | | | | | | |

## 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 | 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 | ++ |
| | **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: 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 Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | |
| | **Total** | | | | | | | | | | | | | | | |

**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 Availabile 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 |
| | **Total** | | | | | | | | | | | | | | | | |

## 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 | Shartoge of Doctors & staffs | All instruments required for abdominal operation |
| 2 | O.T. Room shartage | |
| 3 | Buildings:- doctors & Staffs Quartes | |
| 4 | Pathological, X-Ray wwanting | |
| 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 | |
|---|---|---|---|---|
| | | Oral piles, Copper-T, Condoms | 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 | RKS | Y | 12 | | |
| 2 | | | | | |
| 3 | | | | | |

**Untied Funds**

| 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 | | | |
|---|---|---|---|
| **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 ARI cases treated | |
| | | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | |
| | | Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup | |
| | | % of immunization sessions held against planned | |
| 2 | ***Child Health*** | Total number of live births | |
| | | Total number of still births | |
| | | Number of children with Grade 3 and Grade 4 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) | |
| | | Total number of child deaths (within 1-5 yrs) | |
| 3 | ***Maternal Care*** | Number of pregnant women registered for ANC | |
| | | | |

| | | | |
|---|---|---|---|
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | |

| **Name of the PHC/Referral Hospital/SDH/DH** | | | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 1 | ***Child Immunisation*** | % 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 2347 |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | 0% |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | |
| 11 | ***Surgical Servics*** | 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**

| S.No | Name of Block | Health Manager Appointed (Y/N) | Accountant appointed (Y/N) | Store keeper appointed (Y/N) |
|---|---|---|---|---|
| 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

- 

# 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 |
| Laproscopic | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Minilap** | | | | | | |
| **NSV** | | | | | | |
| **IUD Insertion** | | | | **1** | | |
| **On spacing** | | | | | | |

**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 Pipra** | **8** | **8** | **8** | **8** | **8** | **8** | **8** | **8** | **8** | **8** | **8** | **8** | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**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** | | | | |
| | **Laproscopic** | **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** | **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)**

| 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** | | |

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

| | | |
|---|---|---|
| **Building Status** | | |
| | | |
| | | |

# Block-Nirmali

**Block/DISTRICT PROFILE**

e

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

## 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. |
| | **Total** | | | | | | | |

## 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. |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Total** | | | | | | | |

## 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 | 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 | Dighiya | 1 | 1 | 0 | 1 | Govt. | A | NA | NA | NA | Y | # |
| 4 | Raharia | 106265 | Dighia | 1 | | | 1 | Pan. | # | NA | NA | NA | N | # |
| 5 | Dharhara | 11655 | Kamapur | 1 | | | 1 | Pan | # | NA | NA | NA | N | # |
| 6 | Kunauli (APHC) | 13215 | Kunauli | 1 | 1 | 0 | 1 | | # | NA | NA | NA | N | # |
| 7 | Sikrahata | | | 1 | | | | | | | | | | |
| 8 | Lagunia | | | 1 | | | | | | | | | | |
| 9 | Dudhaila | | | 1 | | | | | | | | | | |
| 10 | Bathnaha | | | 1 | | | | | | | | | 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 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/Staff residing at APHC area (Y/N) | No. of Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 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 | Kunauli | 2 | 1 | 2 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 2/1 |
| 2 | **Kunauli** | 2 | 1 | 2 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2/1 |
| 3 | **Dagmara** | 2 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| नोटः– 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। | | | | | | | | | | | | | | | | |
| | **Total** | | | | | | | | | | | | | | | |

**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 Availabile 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 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

| | 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 | Nirmali | 94524 | 7 | 5 | 9 | 7 | 1 | 0 | 1 | 0 | 5 | 2 | 0 | 0 | 2 | 0 | 13/1 |
| | **Not. 1-** एक पद Lab Technician का एवं दो पद Pharmacist एव कम से कम दो पद श्रनतेमे का सृजित करते हुए पदस्थापित करने का कृपा की जाए। | | | | | | | | | | | | | | | | |
| | **2- PHC** में Doctor के 07 पद सृजित हैं लेकिन निर्मली अनुमंडल होने के कारण सात चि0 पदा0 को पदसीापित किया गया है। जिस में दो चि0 पदा0 संविदा पर हैं। | | | | | | | | | | | | | | | | |

## Section C: Equipment, Drugs and Supplies

### Availability of Equipment

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

**Procurement and Logistics**

**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 उपलबध कराया जाय। | | | |
| 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 | Generator | Yes | 8 | 121944 | Nil |
| 2 | Ambulance | | | | |
| 3 | Cleaniness, RI | | | | |

**Untied Funds**

| 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 | | 0 | 0 | NA | NA | NA | Yes | Yes |
| 3 | Ambulance | | | | | | NA | 1 Yes |
| 4 | Generator | | | | | | | |
| 5 | Laboratary | | | | 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 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 86% |
| | | % of immunization sessions held against planned | 90% |
| 2 | ***Child Health*** | 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 cheekup |
| | | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 70% |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | Nil |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | Nil |
| 10 | ***Outpatient services*** | Outpatient attendance | 1450 |

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

| | | | |
|---|---|---|---|
| | | % of immunization sessions held against planned | 95% |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 298 |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | 4:5 |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | Nil |
| 10 | ***Outpatient services*** | Outpatient attendance | Nil |
| 11 | ***Surgical Servics*** | 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.<br>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. |

| S. No | Name of Block | Health Manager Appointed (Y/N) | Accountant appointed (Y/N) | Store keeper appointed (Y/N) |
|---|---|---|---|---|
| 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)**

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

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

| Method | No. of providers (Block) S. Bhaptiyahi | | | | | |
|---|---|---|---|---|---|---|
| | Gynaecologist | Surgeon | MO | LHV | ANM | Others |
| Laproscopic | | | | | | |
| Minilap | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **NSV** | | | | | | |
| **IUD Insertion** | | | | | **5** | |
| **On spacing methods** | | | | | | |

नोटः– 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** | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**नोटः–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** |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**नोटः– यहाँ Male Sterlisation 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** | | | | |
| | **Laproscopic** | **Minilap** | **NSV** | **IUD** | **Emergency Pill etc.** |
| | | | | | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |

नोटः– **Specialist** नहीं होने की वजह से किसी प्रकार का **sterlisation** 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 & familiy 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** | | |

| | | |
|---|---|---|
| **Emergency pills promotion** | | |

**Note- Not any agency of social marketing .**

**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- Pratapganj

**Block/DISTRICT PROFILE**

| No. | Variable | Data |
|---|---|---|
| 165. | Total geographic area | |
| 166. | Total no. of blocks | |
| 167. | Total no. of Gram Panchayats | |
| 168. | No. of villages | |
| 169. | Total population | 98297 |
| 170. | Male population | 52563 |
| 171. | Female population | 45734 |
| 172. | Estimated no. of Pregnant women | 1234 |
| 173. | Total no. of expected JSY beneficiaries | 3234 |
| 174. | Total No. of MTPs conducted | 0 |
| 175. | Total no. of Maternal Deaths | 2940 |
| 176. | Estimated no. of births | |
| 177. | Children (0-6 years) | |
| 178. | Total no. of neonatal deaths (birth up to the end of I month) | |
| 179. | Total no. Infant deaths (1 month to 1 year) | Not known |
| 180. | Total no. of child death (1 year to 5 years) | |
| 181. | Sex Ratio | 53:47 |
| 182. | SC population | 25804 |
| 183. | ST population | 14335 |
| 184. | BPL population | 22071 |
| 185. | No. of primary schools | 54 |

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

**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 | 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 | | | | | | | |
| | **Total** | | | | | | | |

## 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 | 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 | # |
| | **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: 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 Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 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 | | | | | | | | | | | | | | | | |
| | **Total** | | | | | | | | | | | | | | | |

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 Availabile vehicles | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | Vehicle | ambulance |
| 1 | Pratapganj | 98297 | Govt. | NA | A | A | A | +++ | 7 | 6 | A | # | | 1 | 1 |
| | Total | | | | | | | | | | | | | | |

| | 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 | Pratapganj | 92569 | 4 | 3 | 11 | 8 | 01 | 1 | 1 | 0 | 2 | 2 | 0 | 0 | 1 | 1 | 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

### 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 | Vhecllu 40cs Veginal 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 | | |
| 5 | | |

**Procurement and Logisti**

**cs Management for Drugs**

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

**Procurement and Logistics Management for Supplies**

| No. | Name of facility | Supplies required / including contraceptives etc. | Stock outs last year | |
|---|---|---|---|---|
| | | As Required given | 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-Referal 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** |

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

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

## 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 | Raghopur | 205947 | 41 | 21 | 18 | 18 | N | B Govt. |
| | **Total** | | | | | | | 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. |
| | **Total** | | | | | | | |

## 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 | # |
| | **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

**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 Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 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 | 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 |
| | **Total** | | | | | | | | | | | | | | | |

**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 Availabile 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 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

| | 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 | Raghopur | 205947 | 9 | 7 | 22 | 14 | 1 | 1 | 3 | 1 | 4 | 4 | 4 | 0 | 0 | 0 | 24/1 |
| | **Total** | | | | | | | | | | | | | | | | |

### Availability of Equipment

| No. | Name of facility | Equipment required |
|---|---|---|
| 1 | Referal Hospital Raghopur | IUD Kit |
| 2 | | Monitor for Pulse BP Pempreture ECG |
| 3 | | Saction Machine |
| 4 | | Amu Bag |
| 5 | | Adult Pedsic Operation Kit |

### Procurement and Logistics Management for Drugs

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

| | | | | |
|---|---|---|---|---|
| 1 | Referal Hospital Raghopur | **40 Type of drugs are required** | 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, floxacin 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 |
|---|---|---|---|---|---|
| 2 | Referal Hospital | Y | 3 | 27032 | 6020 |
| 3 | Raghopur | | | | |

**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 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 11685 |
| | | % of immunization sessions held against planned | 91% |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | Nil |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | Nil |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | 18471 |
| 10 | ***Outpatient services*** | Outpatient attendance | 41431 |
| 11 | ***Surgical Servics*** | 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

| S. No | Name of Block | Health Manager Appointed (Y/N) | Accountant appointed (Y/N) | Store keeper appointed (Y/N) |
|---|---|---|---|---|
| 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 |
| Condom (pieces) | 48000 | 1700 | 3900 | 7800 | 5400 | 4400 | 9200 | 9200 | | | | | |
| OCP (packets) | 1500 | 7 | 9 | 8 | 6 | 5 | 8 | 9 | | | | | |
| IUD 380 A | 1200 | 14 | 10 | 12 | 14 | 11 | 12 | 11 | | | | | |
| Emergency Contraceptive | | | | | | | | | | | | | |

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

| Status of training by areas (Block) S. Bhaptiyahi | | | | |
|---|---|---|---|---|
| | 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 | | | |

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

| Method | No. of providers (Block) S. Bhaptiyahi | | | | | |
|---|---|---|---|---|---|---|
| | Gynaecologist | Surgeon | MO | LHV | ANM | Others |
| Laproscopic | | | | | | |
| Minilap | | | 3 | | 3 | |
| NSV | | | | | | |
| IUD Insertion | | | | | | |
| On spacing | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **methods** | | | | | | |

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

| 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) Raghopur**

| 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)- Raghopur**

| No. of static sites (365 days) for sterilization services (Block) | | | | | |
|---|---|---|---|---|---|
| **Name of the site** | **Type of services** | | | | |
| **Raghopur** | **Laproscopic** | **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** |

| | Target | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Female Sterilisation** | | | | | | **3** | **19** | **41** | | | | | |
| **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** |
| **Nil** | **Nil** | **Nil** |
| | | |
| | | |
| | | |

**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)**

| 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- Sadar Block-Supaul

**DISTRICT PROFILE**

| No. | Variable | Data |
|---|---|---|
| 221. | Total geographic area | 247 |
| 222. | Total no. of blocks | not Applicable |
| 223. | Total no. of Gram Panchayats | 26 |
| 224. | No. of villages | 75 |
| 225. | Total population | 298818 |

| | | |
|---|---|---|
| 226. | Male population | 160172 |
| 227. | Female population | 138640 |
| 228. | Estimated no. of Pregnant women | 9860 |
| 229. | Total no. of expected JSY beneficiaries | 8964 |
| 230. | Total No. of MTPs conducted | 0 |
| 231. | Total no. of Maternal Deaths | |
| 232. | Estimated no. of births | 8964 |
| 233. | Children (0-6 years) | |
| 234. | Total no. of neonatal deaths (birth up to the end of I month) | Delivery facility in not available |
| 235. | Total no. Infant deaths (1 month to 1 year) | -Do- |
| 236. | Total no. of child death (1 year to 5 years) | -Do- |
| 237. | Sex Ratio | 53:47 |
| 238. | SC population | 35549 |
| 239. | ST population | 528 |
| 240. | BPL population | 88625 |
| | No. of primary schools | 184 |
| 241. | No. of Middle and High Schools | 88 |

| | | |
|---|---|---|
| 242. | **No. of Anganwadi centers** | **250** |
| 243. | **No. of Anganwadi workers** | **234** |
| 244. | **No. of electrified villages** | **24** |
| 245. | **No. of villages having access to safe drinking water** | **72** |
| 246. | **No. of households with constructed toilets** | **19475** |
| 247. | **No of villages having motorable roads** | **52** |

## 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 | Supaul Sadar | 298818 | 39 | 19 | 20 | 8 | N | NA |
| | **Total** | | | | | | | |

## 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 |
| | **Total** | | | | | | | |

## 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 | NA | 1 | # | Govt. | ++ | NA | +++ | NA | N | # |
| 10 | Veena | 25612 | | 1 | NA | 1 | # | Govt. | ++ | NA | +++ | NA | N | # |
| 11 | Chakla Nirmali | 8205 | | 1 | NA | | # | Govt. | ++ | NA | +++ | NA | N | # |
| 12 | Hardi West | 12618 | | 1 | NA | | # | Govt. | ++ | NA | +++ | NA | N | # |
| 13 | Jagaipur | 7421 | | 1 | NA | | # | Govt. | ++ | NA | +++ | NA | N | # |
| 14 | Bairo | 12118 | | NA | NA | | # | Govt. | ++ | NA | +++ | NA | N | # |
| 15 | Bakaur | 12712 | | NA | NA | | # | Govt. | ++ | NA | +++ | NA | N | # |
| 16 | Chandel | 9615 | | NA | NA | | # | Govt. | ++ | NA | +++ | NA | N | # |
| 17 | Sipohar | 11001 | | NA | NA | | # | Govt. | | | | | | |
| 18 | Sokhpur | 11205 | | NA | NA | | # | 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/Staff residing at APHC area (Y/N) | No. of Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 Builoling available for renning PHC , Now Building I under construetion .Son No Delivery facilities to OPD and Evergency | | | | | | | | | | | | | | | |

**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 Availabile 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 Served | 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 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

| | Name | | | | | | | | | | | | | | | ator | er |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | | | |
| 1 | | | | | | | | | | | | | | | | | |
| | **Total** | | | | | | | | | | | | | | | | |

**Section C: Equipment, Drugs 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 for Drugs**

| No. | Name of facility | Drugs required | Stock outs last year | | |
|---|---|---|---|---|---|
| | | | Name of Drug | Months | |
| 1 | | List enclosed | Annex-1 | +++ | NA |

**Procurement and Logistics Management for Supplies**

| No. | Name of facility | Supplies required / including contraceptives etc. | Stock outs last year | |
|---|---|---|---|---|
| | | Oral piles, Copper-T, Condoms | Name of Supply | Months |
| 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 |
|---|---|---|---|---|---|
| 1 | | Yes | 7 | 125000=00 | No |
| 2 | | | | | |
| 3 | | | | | |

**Untied Funds**

| 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 | | % of children below 5 yrs who received 5 doses of Vit A solution | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 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 | |
| | | % of pregnant women registered for ANC in the 1st trimester | 65% |
| | | Total number of still births | |
| | | % of newborns weighed within one week | |
| | | % of pregnant women with 3 ANC check ups | 60% |
| | | % of newborns weighing less than 2500 gm | |
| | | % of pregnant women with any ANC checkup | 50% |
| | | Total number of neonatal deaths (within 1 month of birth) | |
| | | % of pregnant women with anaemia | 10% |
| | | % of pregnant women who received 2 TT injections | 58% |
| | | Total number of infant deaths (within 1-12 months) | |
| | | % of pregnant women who received 100 IFA tablets | 80% |
| 3 | ***Maternal Care*** | Total number of child deaths (within 1-5 yrs) | |
| | | Number of pregnant women registered for JSY | 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 | |
| | | % of home deliveries in which JBSY funds were given | 25% |
| | | Number of children with Grade 3 and Grade 4 undernutrition who received a medical checkup | |
| | | Number of deliveries referred due to complications | 0 |
| | | Number of children with Grade 3 and Grade 4 undernutrition who were admitted | |
| | | Number of undernourished children | 0 |
| | | % of mothers visited by health worker during the | |

| | | | |
|---|---|---|---|
| | | Number of FTD delivered by DDCs | |
| 7 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | 5% |
| | | Number of camps organized | 20% |
| 4 | ***Reproductive Health*** | Number of cases detected | |
| | | Number of Cases treated | |
| 8 | ***National Leprosy Eradication Programme*** | Number of default cases | |
| | | Number of case complete treatment | |
| | | Number of complicated cases | |
| | | Number of cases referred | |
| 9 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | 11025 |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | |

| Name of the PHC/Referral Hospital/SDH/DH | | | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 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*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 65% |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | |
| 5 | ***RNTCP*** | % of TB cases suspected out of total OP | Not applicaction |
| | | 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | 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 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | |
| 11 | ***Surgical Servics*** | 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 | | |

| | S.No | Name of Block | Health Manager Appointed (Y/N) | | Accountant appointed (Y/N) | | Store keeper appointed (Y/N) | |
|---|---|---|---|---|---|---|---|---|
| 1. | Supaul Sadar | 26 | Nil Nil | Nil | 238 | 238 | 7 | 125615 |
| 2. | | | | | | | | |

## 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 |
|---|---|---|---|---|---|---|
| 20. | | ONe | THAE | | | it should be given at all |
| 21. | | | | | | |

## BCC Activities

| No. | Name of Block | BCC campaigns/ activities conducted |
|---|---|---|
| 1 | Supaul Block | Block lvevel Task force |
| 2 | | meeting of panchyat |
| 3 | | Meetin of 20 Sutri |
| 4 | | R.K.S. |
| 5 | | |

## 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 |
| Laproscopic | | | | | | |
| Minilap | | | 3 | | | |
| NSV | | | 1 | | | |
| IUD Insertion | | | | | | |
| On spacing | | | | | | |

**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 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | | | |
| | Laproscopic | 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)**

| **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** | | |

## Section E: Health Services Delivery

| Name of the APHC | | | |
|---|---|---|---|
| **Name of the PHC/Referral Hospital/SDH/DH S.Bhaptiyahi** | | | |
| **No.** | **Service** | **Indicator** | **Data** |
| 1 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 83% |
| | | % of immunization sessions held against planned | 82% |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 2047 |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | 63% |

| | | | |
|---|---|---|---|
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | Number of cases detected | - |
| | | Number of cases registered | - |
| | | Number of cases operated | - |
| | | Number of patients enlisted with eye problem | - |
| | | Number of camps organized | - |
| 8 | ***National Leprosy Eradication Programme*** | 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 |
| | | Number of cases referred | 0 |
| 9 | ***Inpatient Services*** | Number of in-patient admissions | 0 |
| 10 | ***Outpatient services*** | Outpatient attendance | 1376 |

| | | | |
|---|---|---|---|
| 11 | *Surgical Servics* | 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 | Pratapgaj | | | | | |

### BCC Activities

| No. | Name of Block | BCC campaigns/ activities conducted |
|---|---|---|
| 1 | Pratapganj | E P & Polio |

| S. No | Name of Block | Health Manager Appointed (Y/N) | Accountant appointed (Y/N) | Store keeper appointed (Y/N) |
|---|---|---|---|---|
| 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 Soureed.**

**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)** | | | | | | | | **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** |
| **Laproscopic** | | | | | | |
| **Minilap** | | | **1** | **1** | **1** | **1** |
| **NSV** | | | **1** | **1** | **-** | **-** |
| **IUD Insertion** | | | **1** | **1** | **3** | **-** |
| **On spacing** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **methods** | | | | | | |

**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** | | | | |
| | **Laproscopic** | **Minilap** | **NSV** | **IUD** | **Emergency Pill etc.** |
| | | | | | |
| | | | | | |
| | | | | | |

**Report of services provided (Block)**

| Report of services provided (Block) Pratapganj | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **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)**

| 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** | | | | | | | | **1** |
| **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)**

| 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** | | |

# Block-Saraygarh Bhaptiyahi

**Block/DISTRICT PROFILE**

**e**

| No. | Variable | Data |
|---|---|---|
| 248. | Total geographic area | |
| 249. | Total no. of blocks | 1 |
| 250. | Total no. of Gram Panchayats | 12 |
| 251. | No. of villages | 35 |
| 252. | Total population | 123316 |
| 253. | Male population | 67277 |
| 254. | Female population | 56039 |
| 255. | Estimated no. of Pregnant women | 4069 |
| 256. | Total no. of expected JSY beneficiaries | 1280 |
| 257. | Total No. of MTPs conducted | Nil |
| 258. | Total no. of Maternal Deaths | 05 |
| 259. | Estimated no. of births | 1280 |
| 260. | Children (0-6 years) | |
| 261. | Total no. of neonatal deaths (birth up to the end of I month) | 54/46 |
| 262. | Total no. Infant deaths (1 month to 1 year) | 15 |
| 263. | Total no. of child death (1 year to 5 years) | 23 |
| 264. | Sex Ratio | 9 |
| 265. | SC population | 54/46 |

| | | |
|---|---|---|
| 266. | ST population | |
| 267. | BPL population | |
| 268. | No. of primary schools | |
| 269. | No. of Middle and High Schools | |
| 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. | No. of households with constructed toilets | |
| 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 | |
| | **Total** | | | | | | | |

## 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 | | | | | | | |
| | **Total** | | | | | | | |

## 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 | 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 | - | - | - | - | - | - | - |
| | **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: 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 Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 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 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 |
| | **Total** | | | | | | | | | | | | | | | |

**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 Availabile vehicles | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | Vehicle | ambulance |
| 1 | S. Bhaptiyahi | 123316 | Gov. | +++ | A | A | A | A | +++ | 13 | 6 | A | +++ | N | Y |
| | 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

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

## Section C: Equipment, Drugs and Supplies

| | 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 | S. Bhaptiyahi | 123316 | 4 | 2 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 8/0 |
| | **Total** | | | | | | | | | | | | | | | | |

### Availability of Equipment

| No. | Name of facility | Equipment required |
|---|---|---|
| 1 | Oxcigeon | |
| 2 | Ambulance | |
| 3 | Generator | |
| 4 | | |
| 5 | | |

### Procurement and Logistics 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 | | | | |
| 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 | | Y | 12 | 1,62 | 00 |
| 2 | | | | | |
| 3 | | | | | |

**Untied Funds**

| No. | Name of the Facility | Funds received | Funds utilized |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 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

| Name of the APHC | | | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 1 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 80% |
| | | % of immunization sessions held against planned | |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 78% |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | 0% |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | |

| **Name of the PHC/Referral Hospital/SDH/DH S.Bhaptiyahi** | | | |
|---|---|---|---|
| **No.** | **Service** | **Indicator** | **Data** |
| 1 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | |
| | | % of immunization sessions held against planned | |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | |
| 11 | ***Surgical Servics*** | 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:

| 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 | S. Bhaptiyahi | | | | | |

**BCC Activities**

| No. | Name of Block | BCC campaigns/ activities conducted |
|---|---|---|
| 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 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**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 |
| Laproscopic | | | | | | |
| Minilap | | | | | | |
| NSV | | | | | | |
| IUD Insertion | | | | | | |
| On spacing methods | | | | | | |

**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 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

**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** | | | | |
| | **Laproscopic** | **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)**

| 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- Triveniganj

## Block/DISTRICT PROFILE

e

| No. | Variable | Data |
|---|---|---|
| 276. | Total geographic area | 79428 |
| 277. | Total no. of blocks | 1 |
| 278. | Total no. of Gram Panchayats | 27 |
| 279. | No. of villages | 64 |
| 280. | Total population | 312612 |
| 281. | Male population | 168810 |
| 282. | Female population | 143802 |
| 283. | Estimated no. of Pregnant women | 10316 |
| 284. | Total no. of expected JSY beneficiaries | 9378 |
| 285. | Total No. of MTPs conducted | 0 |
| 286. | Total no. of Maternal Deaths | 133 |
| 287. | Estimated no. of births | 9378 |

| | | |
|---|---|---|
| 288. | Children (0-6 years) | 208 |
| 289. | Total no. of neonatal deaths (birth up to the end of I month) | 3.6 |
| 290. | Total no. Infant deaths (1 month to 1 year) | 2.4 |
| 291. | Total no. of child death (1 year to 5 years) | 74.4 |
| 292. | Sex Ratio | 60-40 |
| 293. | SC population | 47315 |
| 294. | ST population | 14210 |
| 295. | BPL population | 49963 |
| 296. | No. of primary schools | 201 |
| 297. | No. of Middle and High Schools | 32+5=37 |
| 298. | No. of Anganwadi centers | 247 |
| 299. | No. of Anganwadi workers | 494 |
| 300. | No. of electrified villages | 7 |
| 301. | No. of villages having access to safe drinking water | 59 |
| 302. | No. of households with constructed toilets | 2743 |
| 303. | No of villages having motorable roads | 57 |

## 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<br>16-N | Govt. |
| | **Total** | | | | | | | |

## 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) |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | **PHCs)** | | | **required** | | |
| 1. | Triveniganj | 312612 | 10 | 1 | 3 | 6 | 1-Y<br>3-N | Govt. |
| | **Total** | | | | | | | |

## 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 | 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/Staff residing at APHC area (Y/N) | No. of Availabile | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 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 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 | Koriyaptii | 2 | 1-R 1-AY | 2 | 1 | 1 | Nil | 1 | Nil | Nil | Nil | 1 | Nil | 1/Nil | 1/Nil | 3/1 |
| | **Total** | | | | | | | | | | | | | | | |

**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 Availabile vehicles |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | PHC /Referral/SDH/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 (+++/++/#) | Vehicle | ambulance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Referal | 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 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

| | | | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | Sanction | In Position | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Feferal | 312612 | 5 | 5 | - | - | 1 | - | 2 | - | 5 | 1 | 5 | - | - | - | Yes |
| | **PHC** | 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 | Tuberalosis | RNTCP lab in running position. |
| 2 | Leprosy | Microscop with Technicial |
| 3 | JBSY | Baby Saction machine UMO Medicine Instrumenfal 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 | |
|---|---|---|---|---|
| | JBSY | Calcium Tab, Iron Tab, Protein. Gramules, | Name of Drug | Months |
| 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 | |
|---|---|---|---|---|
| | | | 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 | Ambulance | Y | 12 | 576931 | 264186 |
| 2 | Out Sourced | | | | |
| 3 | | | | | |

### Untied Funds

| 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 | | 0 | 0 | NA | NA | NA | Yes | Yes |
| 3 | Ambulance | 0 | 0 | 1 | NA | NA | NA | Yes |
| 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 | ***Child Immunisation*** | % of children 9-11 months fully immunized (BCG+DPT123+OPV123+Measles) | 85% |
| | | % of immunization sessions held against planned | 95% |
| 2 | ***Child Health*** | 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 | ***Maternal Care*** | Number of pregnant women registered for ANC | 3300 |
| | | % of pregnant women registered for ANC in the 1st 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 | ***Reproductive Health*** | 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 sterlisations | |
| 5 | ***RNTCP*** | % 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 | ***Vector Borne Disease Control Programme*** | 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 | ***National Programme for Control of Blindness*** | Number of cases detected | |
| | | Number of cases registered | |

| | | | |
|---|---|---|---|
| | | Number of cases operated | |
| | | Number of patients enlisted with eye problem | |
| | | Number of camps organized | |
| 8 | ***National Leprosy Eradication Programme*** | 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 | ***Inpatient Services*** | Number of in-patient admissions | |
| 10 | ***Outpatient services*** | Outpatient attendance | 6752 |
| 11 | ***Surgical Servics*** | 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 | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | as incentive to ASHA |
| 1. | Triveniganj | 27 | | | | 235 | | 235 | 12 | 211500 |

## 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 | Triveniganj | | | | | SBA |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | IMNCI |

## 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)**

| Contraceptive Stock Position (Block) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Type** | **Annual requirement** | **April** | **May** | **June** | **July** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
| **Condom (pieces)** | | | | | | **10900** | **10300** | **9300** | | | | | |
| **OCP (packets)** | **340** | | | | | | | | | | | | |
| **IUD 380 A** | **335** | **160** | **120** | **105** | **10** | **10** | **98** | | | | | | |
| **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** | | | |

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

| **Method** | **No. of providers (Block)** | | | | | |
|---|---|---|---|---|---|---|
| | **Gynaecologist** | **Surgeon** | **MO** | **LHV** | **ANM** | **Others** |
| **Laproscopic** | | | **Yes** | **No** | | |
| **Minilap** | | | | | | |
| **NSV** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **IUD Insertion** | | | | | | |
| **On spacing methods** | | | | | | |

**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** | |
| **Referal Hospital** | | | | | **3** | **8** | **10** | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**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** | | | | |
| | **Laproscopic** | **Minilap** | **NSV** | **IUD** | **Emergency Pill etc.** |
| | | **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)**

| 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** | | |

# THANKING YOU