

DRAFT

National Rural Health Mission

District Health Action Plan

Supaul

Bihar  
(2009 – 2010)

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# Content

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

## Annexure:

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

## 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

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



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.

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

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

Table 1.1: Basic Demographic Indicators <sup>3</sup>		
Demographic Indicators of Supaul district of Bihar State		
Indicators	District	State
Population	1732578	82998509
Average annual exponential growth rate	2.5	2.5
Population density (per Sq Km)	719	881
Sex ratio (females per 1000 males)	910	919
Percent urban	5.1	10.5
Percent scheduled caste	14.8	15.7
Percent scheduled tribe	0.3	0.9
Percent of literate population age 7+ years		
Total Person	37.3	47.0
Male	52.4	59.7
Female	20.8	33.1

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

Persons	1732578
Males	902207
Females	830371
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)	1991	904
	2001	920
Child Sex Ratio (0-6 years) (girls per 1000 boys)	1991	941
	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

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

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

	Households with safe drinking water (%)	97.4
	Households with electricity connection (%)	4.7
Vital rates	Crude Birth Rate	36.2
	Total Fertility Rate	4.7
	Infant Mortality Rate	NA
RCH indicators from DLHS, 2002-04		
Key RCH indicators	Girls marrying below 18 years (%)	61.1
	Birth order 3 + (%)	51.6
	Current use of any FP Method (%)	36.4
	Total unmet need (%)	25.0
	Pregnant women with any ANC (%)	24.9
	Pregnant women with 3+ ANCs (%)	9.7
	Pregnant women received IF A tablets (%)	3.3
	Safe delivery (%)	27.8
	Institutional delivery (%)	12.5
	Children with full immunization (%)	15.7
Communicable Diseases	Kala-azar prevalence (%)	2.3
	TB incidence (%)	1.1
	HIV + prevalence among STD Clinics	0.4
	HIV + prevalence among ANC Clinics	0
Women's Health Awareness	A ware of R TI/ STI (%)	85.4
	A ware of HIV / AIDS (%)	15.4
Health Infrastructure	CHCs /District hospital	1
	PHCs	11
	APHC	19
	Sub-Centres	178

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

Sl.No.	Indicators	Ranking and (%)	Ranking and (%)	Ranking and (%)
1	Decadal Growth rate	13 (24.40)	20 (29.02)	
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)	

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

8	Any Antenatal Care	32 (17.9)	34 (24.9)	
9	Institutional Delivery	31 (9.4)	28 (12.5)	
10	Complete Immunization	18 (20.1)	30 (15.7)	
11	Contraceptive Prevalence Rate	03 (27.7)	07 (26.4)	

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

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

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

## 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 2009 – 2010. 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. Chairperson Zilla Parishad
2. District Magistrate
3. Civil Surgeon
4. DHMU
5. MOIC
6. PHED
7. Representative from Education
8. Representative from ICDS
9. Alliance for Holistic and Sustainable Development of Communities (AHSDC)
10. UNFPA
11. Population Foundation of India

#### *State level planning meeting:*

Based on the consent of the State Health Society a preparatory meeting about the plan in developing the DHAP for Purnia and Supaul was held on 7<sup>th</sup> January 2009 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, Assistant Chief Medical Officer (ACMO) and District Programme Manager (DPM) of District Health Society from Rohtas, Vaishali, Purnia and Suapul block of Bihar, representative of PHRN, including UNFPA, PFI, AANSVA and AHDS were present in the meeting. The UNFPA/PFI plan was presented by Matish Kumar in the meeting.

It was suggested by the SHS that, since the ground work was already been done by the SHS therefore PFI/UNFPA team can go straight for collecting the information from the block level taking the help of Block Health Management Unit (BHMU). SHS there after issued the letter to the District Magistrate to provide support to PFI/UNFPA in undertaking the activity to develop the DHAP.

### *Situational Analysis:*

Followed to the State level meeting the team visited both the districts and had the meeting with the District Magistrate (DM)/Civil Surgeon (CS), DPMU and BHMU. An orientation was undertaken for the BHMU in collecting the data and questionnaire was circulated. Though the data was collected from all the blocks of both the districts (Purnia – 14 blocks and Supaul – 11 blocks), however the pilot study was made in two blocks from each district. Considering the high and low risk area, Bkothi and Kasba of Purnia district and Triveniganj and Kishanpur of Supaul was taken for pilot blocks based on the suggestions by the District authority 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 could manage to undertake the group works in the villages to validate the secondary data.

The filled in formats then submitted to PFI for analysis so as to facilitate the process of undertaking the Block level and District level Consultations. The data was analyzed by PFI for sharing at the Block and district level consultation to place the situation of the district for discussion and gather the recommendation for developing the DHAP.

### *Block level consultation:*

The Block level consultation at Kishanpur was held on 15<sup>th</sup> January '09 and at Triveniganj it was held on 16<sup>th</sup> January '09. While the consultation at Kishanpur was chaired by BDO, the consultation at Triveniganj was chaired by MOIC. The Panchayat Pramukh, MOIC, BHM, UNFPA representative were also present in the consultations. Briefing about the objective, expected outcome, processes to attain the expected output was explained to the participants belongs to ICDS, Health, Education, SSA, PRIs, NGOs, community members etc. The participants were divided into groups to undertake the discussion on Maternal Health, Child Health and Immunisation, Family Planning and Disease control programme. After the group work the group has come out with the prioritized issues, concerns and feasible solutions/ intervention strategy pertaining to the block. The consultation was facilitated by members of BHMU and representatives from UNFPA and PFI. [The findings block level consultations are given in Annexure – III.](#)

### *District level consultation:*

The district level consultation was held on 22<sup>nd</sup> January 2009. The meeting was chaired by the Civil Surgeon. The DHMU, BHMU, representatives from all line departments, representative from PRI and NGO were present in the consultation. The consultation was facilitated by the PFI and UNFPA. The objective, expected outcome, processes to attain the expected output was explained to the participants. The findings and recommendation of the block level consultation was shared with the participants. This followed with the NRHM component specific discussion and feedback gathering by the facilitators with the participants. [The key finding from the district consultation is given in Annexure – IV.](#)

### *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 was shared with the District officials in

Supaul for their inputs and comments. The District Level dissemination was held on -----.  
The purpose of the dissemination was to finalise the draft DHAP for Supaul. Participants were district and block level government functionaries, PRI members, NGOs.

## CHAPTER – III

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

#### A. Situational Analysis:

Data has been collated by the BHMUs from all 11 blocks of the district based on the prescribed format. The compiled data is enclosed as Annexure ..... Highlights of an analysis of the data for the district follows.

#### A.1 Public Health Infrastructure

- **Status of Health Facilities:**

- A total of 339 Health Sub-centres are required as per the norms, of which only 180 HSCs are present in the district, which is a shortage of 159 facilities at this level. 28 HSCs have no building, 52 centres are on Government owned land and 24 are on private land.
- Of a total of 55 APHCs required as per the norm, only 18 exist currently in the district. In Saraigarh block the APHC is functioning with the PHC. Of the current APHCs 6 are on Government owned land and 7 are on private land.
- The district has a total of 30 PHCs (including 19 APHCs). Two blocks, Basantpur and Supaul Sadar do not currently have any PHC.

- **Human Resource**

- 97 ANMs have been formally posted and 135 ANMs are in position in the entire district
- At the APHC level there is severe shortage of staff with only 22 Doctors in position as against 33 sanctioned positions, ANMs in position are only 8 as against 27 sanctioned posts. Similar situation exists for Lab Technicians (6 in position, 16 sanctioned), Pharmacists (only 1 in position, 15 sanctioned), Nurses Grade A (12 in position, 20 sanctioned) and Dresser/Compounder (6 in position, 17 sanctioned)
- At the PHC level, there is a major shortage of ANMs, Pharmacists, Specialists, Lab Technicians, Pharmacists and Health Educators.

- **Infrastructure**

- The infrastructure at the HSC level is extremely poor with running water supply and continuous power supply not available in most sub-centres,

#### A.2 Rogi Kalyan Samities

- District average of utilization of total available funds by RKS is 50.3%
- District average of utilization of available untied funds is 20.4%

#### B. 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 availability of Ambulance and other facility at PHC level.
9. Formation of Health and Sanitation Committee.
10. Educating the eligible couple on RSH with special focus on age to have child, spacing between 1<sup>st</sup> and 2<sup>nd</sup> child and use of contraceptives in ensuring population stabilisation.
11. Health education to Women, Mahila Mandal Member, Adolescent girl, newly married couple at community level.
12. Special arrangement for delivery during natural disaster like flood.

- **Child Health and immunization**

1. Community sensitization for availing regular immunization through ANM, AWW, ASHA and NGO.
2. Ensuring conduct of 100% planned immunization.
3. Ensuring discussion on child health entitlements in community meeting and PRI meeting.
4. Posting and training of alternative vaccinator for ensuring 100% immunization.
5. Regular and sufficient supply of vaccines at all health centers.
6. Regularization of RI card.

- **Family Planning**

1. Form a team comprise male and female both at Panchayat and Block level to create awareness among the community about Family Planning.
2. Create awareness among male regarding the misconception 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 to District Sadar Hospital and to address the referral cases required support should be available at district hospital.
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, TBAs.
7. Mass awareness campaign on Family planning and population stabilization 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.

- **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 sign 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. Special arrangement should be made in development of BCC and IEC materials.
8. Involve Panchayat, Mahila Mandal/SHG/CBO, AWW, ANM in maintaining hygiene at the community level. Special responsibility to VHSC. 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.

## **C. Recommendations from District Consultation**

### **• Maternal Health**

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

### **• Child Health**

1. Formation of New Born Care Centre in each PHC
2. Provision for supply and availability of all requisite equipment and adequate supplies like; Baby warmer, Incubator, Amu bag, Suction Machine etc.

### **• Family Planning**

Increase the quality of service

1. Formation of Mini Lab
2. 4 hrs stay arrangement should be provided to all patients at PHC level
3. Focus on vasectomy
4. Increase number of service providers
5. At least two doctors trained for MTP
6. Ensure availability of contraceptive such as Oral pills, Condom, IUD at village through AWW and ASHA.

A model can be developed to find the potential of lunching 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 provide 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 Nukad 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 be continuing in high school on ARSH and developed peer educator for further training.

- **Other**

1. Rogi Kalyan Samittee fund should be increased
2. Clarity on usage of untied funds
3. The entire stakeholder including Zila Parishad members feel that a ANM training centre should be established at District Head quarters.
4. Mobile Medical unit established in the district
5. DPMU should be strengthen in terms of HR. and communication facility
6. District planning team should meet on a regular interval 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.

**D. 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.

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

1. Discussion to be held at state level in developing the IEC, BCC materials and training to the health service providers.
2. Strengthening SIHFW.
3. Formation of new and strengthening the existing Regional training centre 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 2009-10.

## CHAPTER – IV

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

#### A. Objectives and strategies:

Based on the above process and recommendations from Block and District level consultations following are the key objectives and strategies identified for the district. The achievement of these objectives has been further detailed within each category in relation to specific levels to be achieved.

#### Objective and Strategies

Sl. No.	Component	Objective	Strategy	Level to be achieved in 09-10
<b>Part A: Maternal Health</b>				
		To strengthen health services and make FRUs functional.	Upgradation of PHCs/CHCs - Provision of Human Resources e.g. Specialist and technicians	6 no. of PHCs Upgraded. 80% Number of Human Resource in place
			Operationalising of 24 X 7 (BPHC/CHC) - provision of Human Resources e.g. Lady doctor and staff nurses	100% PHCs with 24 X 7 (BPHC/CHC)
			Establish blood storage facility	50% of PHCs blood storage facilities established
			Provide mobile health units for flood affected and remote areas.	4 mobile health units
			Provide untied funds to VHSC, SC, PHC to promote local health action.	Quantum of untied funds disbursed and utilized
		Universal coverage of all pregnant women with quality ANC services	Formation and orientation of VHSC	90% VHSCs formed
			Strengthening Rogo Kalyan Samiti	80% of RKS functional
			Need based supplies of equipments and drugs	Quantum of supplies

			Outreach camps for ANC in remote areas	Number of camps, participants
			Complete ASHA training and procure kits for ASHSs.	100%ASHAs trained
			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	80% of the doctors in place at health centres
		Increase in institutional delivery	Civil works in the form of labor room, OT and staff residences at facilities	60% of PHCs with functional OT and labour room
			Ensure availability of supplies i.e ANC kit, Urine examination, HB measurement etc.	Quantum of supplies
			Skill upgradation of ANMS	80% of ANMs trained
			Incentive for promotion of institutional deliveries	60% institutional deliveries conducted and fund disbursed
<b>PART - B: CHILD HEALTH</b>				
		Increase in % of New Born Babies given colostrum and exclusive breast feeding.	Posting of District Immunisation officer	1 DIO in place
			Orientation of AWW/TBA/ANM/ASHA to promote breast feeding	12 orientation camps done
			BCC with NGOs and PRI members	4 BCC camps conducted
		Increase in Fully protected children (12-23 months) - To increase immunisation rate from 15.7% to 50%.	Development of microplan,	100% blocks having micro plans

			Maintained cold chain,	Quality of the cold chain maintained
			Training of Service providers on Neo Natal Care	6 orientation held
			Provide New born care facility at PHC level	50 % PHCs having new borne care facilities
		Reduce % severely malnourished children below 6 yrs.	Oreintation of AWW on grade 3 and grade 4 malnutrition	4 orientation camps held
			Orientation of Doctors	3 no. of orientation camps done
			Orientation of SHG groups and Mahila Mandals	12 no. of orientation camps done
<b>PART - C: FAMILY PLANNING</b>				
		To reduce unmet demand for contraception	Accreditation of private providers for providing sterilisation	at least 50% blocks having accredited private providers for providing sterilisation
			Skill upgradation of Doctors and ANMs	70% of doctors and ANMS trained
			Regular supply of contraceptives	Quantum of supplies
			Set up a communication Bureau at the district level	1 communication beaurau established
			Develop BCC strategy with special emphasis on birth spacing in collaboration with NGOs.	2 orientation camps held
<b>PART - D ARSH</b>				
		Increase knowledge on ARSH issues	Orientation of inschool and out of school adolescent	50% of scholls covered with orientation camps

			Engage Youth Based Organisations/NGOs at community level for educating adolescent.	12 orientation camps held
		Provide health facility at PHC level	Orient service provider on RTI and STI management.	12 orientation camps held
			Orient Service providers (MO and ANM)	4 orientation camps held
			Establish linkages with WCD/Education department.	4 no. of meetings held
			Provide regular supply of IFA and deworming tablets	Quantum of supplies
			Develop BCC strategy with special emphasis on increasing age at marriage.	2 orientation camps held
<b>PART - E: RNTCP</b>				
		Increase Annual case detection and treatment success rate.	BCC for improved treatment seeking behaviour and treatment compliance.	2 orientation camps held
			Improvement in case finding by strengthening identification and referral of TB patients.	60% increase in case finding
			Regular Drug Supplies	quantum of supplies
<b>PART - F: NLEP</b>				
		Reduce prevalence and provide quality leprosy services	Ensure quality diagnosis and completion of treatment	70% of the cases of leprosy diagnosed and treated
			enhancing BCC and IEC activities to reduce social stigma and ensure proper counselling.	2 orientation camps held
<b>PART - G: NVBDCP</b>				
		Reduce incident of Malaria	ensure anti-larva measures	Number of times such measured implemented
			Improve surveillance and epidemic preparedness and response	50% improvement in surveillance and endemic

				preparedness
			Social Mobilisation through BCC	3 orientation camps held
<b>PART - H: KALA-AZAR</b>				
		Reduce incident of Kala-azar	Improve district coordination	4 quarterly meetings held
			Ensure facility for diagnosis and treatment	60% of the cases of kalazar treated
<b>PART - I: FILARIA</b>				
		Reduce Filaria cases	increase % of DEC consumption through MDA.	50% of the filaria cases treated
<b>PART - J: CONVERGENCE</b>				
		Improved inter sectoral convergence	Sensitization of PRI members	6 orientation camps held
			Improving intercation with WCD, Education departments	4 quarterly meetings held
			Developing innovative schemes through NGOs	50% of the GOI/GoB NGO schemes rolled out

## B. Workplan.

<b>Work Plan (2009-2010) For Supaul District</b>						
Sl. No.	Component	Time Line				Primary Roles
		Q 1	Q 2	Q 3	Q 4	
<b>Part A: RCH Flexipool</b>						
<b>A.1: Maternal Health</b>						
	<b>A.1.1: Upgradation of PHCs/CHCs - Provision of Human Resources (Contractual)</b>					Health Department
	<b>A.1.2: Operationalising of 24 X 7 (BPHC/CHC) - provision of Humna Resources</b>					Health Department
A 1.3	<b>Incentive for promotion of institutional deliveries</b>					Health Department
A 1.4	<b>Provision of MTP Services</b>					Health Department
	Procurement of MTP and DNC kit at District Referral and CHC					
A 1.5	<b>Provision of RTI/STI services</b>					Health Department
	Diagnostic and Drug Kits					
A 1.6.	<b>Integrated outreach Camps</b>					NRHM CBOs

	2 camps/block for all blocks					
<b>A 1.7</b>	<b>Janani Suraksha Yojana (JSY)</b>					
A 1.7.1	Institutional Deliveries (rural)					Health Department
A 1.7.2	Home deliveries					Health Department
A 1.7.3	Deliveries in urban areas					Health Department
A 1.7.4	Printing of formats, Registers etc at district level					Health Department
A 1.7.5	IEC per block					Health Department
A 1.7.6	Fund disbursement to beneficiaries					Health Department
<b>A. 2 CHILD HEALTH</b>						
A 2.1	Comprehensive Child Survival Programme					Health Department, Women and Child Development Department
A. 2.2	Infant and Young Child Feeding					Women and Child Development Department
A. 2.3	School Health Programme					Education Department
<b>A. 3 FAMILY PLANNING</b>						
A. 3.1	Provision of IUD services in district					Health Department
A. 3.2	NSV camps including compensation					Health Department / NRHM CBOs/NGOs
A. 3.3	RCH camps at CHC and PHCs					Health Department / NRHM CBOs/NGOs
A. 3.4	Compensation for Family Planning acceptors					Health Department / NRHM CBOs/NGOs
	a. Compensation for female sterilisation					Health Department / NRHM CBOs/NGOs
	b. Implementation of IUD services					Health Department / NRHM CBOs/NGOs
A. 3.5	Monthly fix day RCH camps					Health Department / NRHM CBOs/NGOs
<b>A.4: ADOLESCENT HEALTH</b>						
A. 4.1	Preparation of district operation plan					Health Department / Youth Department
A. 4.2	Orientation workshop at district and block level					Health Department / NRHM CBOs/NGOs
A. 4.3	Procurement of deworming and IFA tablets					Health Department
<b>A. 5: INFRASTRUCTURE AND EQUIPMENTS</b>						
A. 5.1.	Running of Sub centres					Health Department
<b>A. 6: LOGISTIC STRENGTHENING</b>						
A. 6.1	Provisioning of fund for transportation of supplies					
	i) District					Health Department
	ii) Block					Health Department
<b>A. 7: TRAINING</b>						
A. 7.1	Strengthening of training site					Health Department
A. 7.2	SBA training					Health Department
A. 7.3	Training on Quality of care					Health Department

A. 7.4	Formation and training of VHSC					PRI, PHED and Health Department
<b>A. 8: BCC/IEC</b>						
B. 1	Establishment and running of District IEC Bureau					Health Department / NRHM CBOs/NGOs
	ii) Printing					Health Department / NRHM CBOs/NGOs
	iii) NGO-PPP schemes					Health Department / NRHM CBOs/NGOs
<b>Part B: Mission Flexipool</b>						
<b>B.1: ASHA</b>						
	Supply of ASHA kits to ASHAs					Health Department
	Incentive to ASHAs					Health Department
	Annual ASHA Samilan					Health Department
<b>B.2: Upgradation of facility to FRUs</b>						
	<b>Position</b>					
	CHCs operationalised to FRUs					Health Department
<b>B. 3</b>	<b>Untied grant to facilities</b>					
	CHCs					Health Department
	PHCs					Health Department
	APHC					Health Department
	Sub-Centres					Health Department
<b>B. 4</b>	<b>Annual maintenance grant to facilities</b>					
	CHCs					Health Department
	PHCs					Health Department
	APHC					Health Department
	Sub-Centres					Health Department
<b>B. 5</b>	<b>Funds to Rogi Kalyan Samiti</b>					
	CHCs					Health Department
	PHCs					Health Department
	APHC					Health Department
	District hospital					Health Department
<b>B. 6.</b>	<b>Capacity Building of Rogi Kalyan Samiti</b>					
	training in batches					Health Department
<b>B. 7</b>	<b>Construction and strengthening of Subcentres (SC)</b>					
	Construction of SCs and PHCs					Health Department
	Construction of OT					Health Department
	Repair of SCs					Health Department
	Repair of PHCs					Health Department
	Electrification of SCs					Health Department
	Electrification of PHCs					Health Department
	Inverters/Generators for CHCs and PHCs					Health Department
<b>B. 8</b>	<b>RCH Mela</b>					
	mela/block					Health Department / NRHM CBOs/NGOs
<b>B. 9</b>	<b>Concurrent Audit</b>					
<b>Part C: Routine Immunisation</b>						
C. 1.	Review of district and Block level routine immunisation microplan					Health Department / ICDS
C. 2.	Strengthening service delivery					Health Department
C. 2.1	Printing of vaccine stock register					Health Department

C. 2.2	Printing of consumption register					Health Department
C. 2.3	Printing of ANM Tally sheet and reporting format					Health Department
C. 2.4	Printing of UIP monthly reporting formats for block and districts					Health Department
C. 2.5	printing of ASHA/mobilisor payment receipt book					Health Department
C. 2.6	Preparation of immunisation tracking bags					Health Department
C. 2.7	Printing of Job Aids and posters					Health Department
C. 2.8	Purchase of Hypochlorite Solution					Health Department
C. 2.9	Vaccine storage point					Health Department
C. 2.10	purchase of syringe disinfectant					Health Department
C. 2.11	purchase of plastic bag for disposal of used syringes					Health Department
C. 2.12	Purchase of small polythene bags to keep vaccine in vaccine carriers					Health Department
C. 3	Social Mobilisation (for ASHA/link workers in rural areas)					Health Department
C. 4	Alternate Vaccine delivery sessions in Rural Areas					Health Department
C. 5	Mobility support for supervision and monitoring					Health Department
<b>Part D: RNTCP</b>						
D. 1	Civil works					Health Department
D. 2	Purchase of laboratory materials					Health Department
D. 3	Honorarium to District TB Officer					Health Department
D. 4	Honorarium to DOT providers					Health Department
D. 5	IEC/Publicity					Health Department
D. 6	Equipments maintenance					Health Department
D. 7	Training					Health Department
D. 8	POL and Vehicle maintenance					Health Department
D. 10	Procurement of Vehicle and equipments					Health Department
D. 11	Contractual Services					Health Department
<b>Part E: National Programme for Control of Blindness</b>						
E. 1	Cataract operation at district level					
	i) By government sector					Health Department
	ii) By NGO sector					NRHM CBOs/NGOs
	iii) By Private Sector					NRHM CBOs/NGOs/Accredited Pvt. Nursing Hmes
E. 2	Establishment of vision centre at district level					Health Department
<b>Part F: National Leprosy Eradication Programme</b>						
F. 1	Placement of Contractual staffing (including District NLEP Officer)					Health Department
F. 2	Office maintenance					Health Department
F. 3	Mobility					Health Department
F. 4	Trainning					Health Department
F. 5	Procuremnt (Medicines, items for deformity patients, patients welfare)					Health Department

F. 6	IEC activities					Health Department
F. 7	Incentive to ASHA for MB and PB cases					Health Department
F. 8	Programme Monitoring					Health Department
<b>Part G: National Vector Borne Disease Control Programme</b>						
G. 1	Malaria control programme					Health Department
G. 2	Eradication of Kala-azar					Health Department
G. 3	Filariasis control programme					Health Department

### C. Summary Budget

Consolidated DHAP Budget		
PART A		57551800
PART B		58675000
PART C		27000000
PART D		8800000
PART E		3500000
PART F		3500000
PART G		7000000
<b>GRAND TOTAL</b>		<b>166026800</b>

[Detailed budget attached in Annexure – II.](#)

### ANNEXURE

- V. Situational Analysis for District Action Plan questionnaire/format/templates.
- VI. Detailed Budget
- VII. The findings of block level consultations (*Triveniganj and Kishanpur*) .
- VIII. The output of the district consultation.

## Budget

## Physical and Financial outlet under NRHM for the year 2009-10

District: Suapul

Sl. No.	Component		Physical Numbers	Budget Allocation (Rs. In Lacs)	Component Total
					<b>57551800</b>
<b>Part A: RCH Flexipool</b>					
<b>A.1: Maternal Health</b>					
<b>A.1.1: Upgradation of PHCs/CHCs - Provision of Human Resources (Contractual)</b>					
	<b>Position</b>	<b>Unit Cost</b>	<b>Number</b>	<b>Budget</b>	<b>-</b>
	Specialist @ Rs. 20000/- / month	240000	11	2640000	
	Staff Nurses @ Rs. 7000/-per nurse/month	84000	22	1848000	
	Lab technicians @ Rs. 8000/person/month	96000	11	1056000	
	Data Assistant @ Rs. 12000/person/month	144000	12	1728000	
	<b>Subtotal</b>			<b>7272000</b>	
<b>A.1.2: Operationalising of 24 X 7 (BPHC/CHC) - provision of Humna Resources (Contractual)</b>					
	<b>Position</b>	<b>-</b>	<b>Number</b>	<b>Budget</b>	<b>-</b>
	Lady doctors for BPHCs (Rs 20,000 per doctor/month)	240000	3	720000	
	Staff nurses (Rs 9000/ per S nurse/month)	108000	6	648000	
	<b>Subtotal</b>			<b>1368000</b>	
<b>A 1.3</b>	<b>Incentive for promotion of institutional deliveries</b>	<b>1306800</b>	<b>1</b>	<b>1306800</b>	
	<b>Sub total</b>			<b>1306800</b>	
<b>A 1.4</b>	<b>Provision of MTP Services</b>				
	Procurement of MTP and DNC kit at District Referral and CHC	3000	3	9000	
	<b>Sub total</b>			<b>9000</b>	
<b>A 1.5</b>	<b>Provision of RTI/STI services</b>				
	Diagnostic Kits @ Rs 12,000/- per facility	12000	12	144000	
	Drug Kits @ Rs 20,000/- per facility	20000	12	240000	
	<b>Sub total</b>			<b>384000</b>	

A 1.6.	<b>Integrated outreach Camps</b>				
	2 camps/block for all blocks @ Rs 20,000/- per camp	20000	22	440000	
	<b>Sub total</b>			<b>440000</b>	
<b>A 1.7</b>	<b>Janani Suraksha Yojana (JSY)</b>		<b>Expected number</b>		
	Total Institutional Deliveries (rural)	1400	6000	8400000	
	Home deliveries @ Rs 500/- per beneficiary)			0	
	Deliveries in urban areas			0	
	Admin expense - block level	50000	11	550000	
	Admin expense - district level	300000	1	300000	
	Printing of formats, Registers etc at district level	36000	1	36000	
	IEC per block	50000	11	550000	
	<b>Sub total</b>			<b>9836000</b>	
<b>A. 2 CHILD HEALTH</b>					
A 2.1	Comprehensive Child Survival Programme	5000000	1	5000000	
A. 2.2	Infant and Young Child Feeding	1000000	1	1000000	
A. 2.3	School Health Programme	1200000	1	1200000	
				0	
	<b>Sub total</b>			<b>7200000</b>	
<b>A. 3 FAMILY PLANNING</b>					
A. 3.1	Provision of IUD services in district	1000000	1	1000000	
A. 3.2	NSV camps including compensation	2000000	1	2000000	
A. 3.3	RCH camps at CHC and PHCs	1500000	1	1500000	
A. 3.4	Compensentaion for Family Planning acceptors			0	
	a. Compensation for female sterilisation	3000000	1	3000000	
	b. Implementation of IUD services	600000	1	600000	
A. 3.5	Monthly fix day RCH camps	6600000	1	6600000	
	<b>Sub total</b>			<b>14700000</b>	
<b>A.4: ADOLESCENT HEALTH</b>					
A. 4.1	Preparation of district operation plan	100000	1	100000	
A. 4.2	Orientation workshop at district and block level	700000	1	700000	
A. 4.3	Procurement of dewarming and IFA tablets	600000	1	600000	
	<b>Sub total</b>			<b>1400000</b>	

<b>A. 5: INFRASTRUCTURE AND EQUIPMENTS</b>					
A. 5.1.	Rent for Sub Centres (Number of SC in rented buildings)	12000	128	1536000	
A. 5.2	Human Resources			0	
	i) ANM for Sib Centres	2000000	1	2000000	
	<b>Sub total</b>			<b>3536000</b>	
<b>A. 6: LOGISTIC STRENGTHENING</b>					
A. 6.1	Decentralised fund for trasportation of supplies			0	
	i) District	200000	1	200000	
	ii) Block	400000	1	400000	
	<b>Sub total</b>			<b>600000</b>	
<b>A. 7: TRAINING</b>					
A. 7.1	Strengthening of training site	300000	1	300000	
A. 7.2	SBA training to be conducted	1000000	1	1000000	
A. 7.3	Training on Quality of care	800000	1	800000	
A. 7.4	Formation and training of VHSC	1100000	1	1100000	
	<b>Sub total</b>			<b>3200000</b>	
<b>A. 8: BCC/IEC</b>					
B. 1	District IEC Bureau			0	
	i) Honorarium for District Communication officer	300000	1	300000	
	ii) Printing	1000000	1	1000000	
	iii) NGO-PPP schemes	5000000	1	5000000	
	<b>Sub total</b>			<b>6300000</b>	

<b>Physical and Financial outlet under NRHM for the year 2009-10</b>					
<b>District: Suapul</b>					
Sl. No.	Component		Physical Numbers	Budget Allocation (Rs. In Lacs)	Component Total
					<b>58675000</b>
<b>Part B: Mission Flexipool</b>					
		Unit Cost	Number	Budget	
<b>B.1: ASHA</b>					
	Total Number of ASHAs			0	
	ASHA kits	500000	1	500000	-
	Incentive to ASHAs	1000000	1	1000000	
	Annual ASHA Samilan	100000	1	100000	

	<b>Subtotal</b>			<b>1600000</b>	
<b>B.2: Upgradation of facility to FRUs</b>					
	<b>Position</b>				-
	CHCs operationalised to FRUs	2500000	1	2500000	
	<b>Subtotal</b>			<b>2500000</b>	
<b>B. 3 Untied grant to facilities</b>					
	CHCs	100000	1	100000	
	PHCs	100000	11	1100000	
	APHC	50000	19	950000	
	Sub-Centres	50000	156	7800000	
	<b>Sub total</b>			<b>9950000</b>	
<b>B. 4 Annual maintenance grant to facilities</b>					
	CHCs	100000	1	100000	
	PHCs	75000	11	825000	
	APHC	50000	19	950000	
	Sub-Centres	25000	156	3900000	
	<b>Sub total</b>			<b>5775000</b>	
<b>B. 5 Funds to Rogi Kalyan Samiti</b>					
	CHCs	300000	1	300000	
	PHCs	200000	11	2200000	
	APHC	100000	19	1900000	
	District hospital	500000	1	500000	
	<b>Sub total</b>			<b>4900000</b>	
<b>B. 6. Capacity Building of Rogi Kalyan Samiti</b>					
	training in batches	500000	1	500000	
	<b>Sub total</b>			<b>500000</b>	
<b>B. 7 Construction and strengtheing of Subcentres (SC)</b>					
	Construction of SCs and PHCs	10000000	1	10000000	
	Construction of OT	2000000	5	10000000	
	Repair of SCs	5000000	1	5000000	
	Repair of PHCs	550000	1	550000	
	Electrification of SCs	1000000	1	1000000	
	Electrification of PHCs	500000	1	500000	
	Inverters/Generators for CHCs and PHCs	100000	12	1200000	
	<b>Sub total</b>			<b>28250000</b>	
<b>B. 8 RCH Mela</b>					
	mela/block	200000	11	2200000	
	<b>Sub total</b>			<b>2200000</b>	
<b>B. 9 Concurrent Audit</b>					
		<b>500000</b>	1	500000	
	<b>Sub total</b>			<b>500000</b>	

B. 10	Programme Management expense	2500000	1	2500000	
	<b>Sub total</b>			<b>2500000</b>	

**Physical and Financial outlet under NRHM for the year 2009-10**

**District: Suapul**

Sl. No.	Component		Physical Numbers	Budget Allocation (Rs. In Lacs)	Component Total
					<b>27000000</b>

<b>Part C: Routine Immunisation</b>				
		<u>Unit Cost</u>	<u>Number</u>	<u>Budget</u>
<b>C. 1.</b>	<b>Review of district and Block level routine immunisation microplan (Budget per block)</b>	<b>1000000</b>	<b>1</b>	<b>1000000</b>
	<b>Subtotal</b>			<b>1000000</b>
<b>C. 2</b>	<b>Strengthening service delivery</b>			
C. 2.1	Printing of vaccine stock register	200000	1	200000
C. 2.2	Printing of consumption register	200000	1	200000
C. 2.3	Printing of ANM Tally sheet and reporting format	200000	1	200000
C. 2.4	Printing of UIP monthly reporting formats for block and districts	200000	1	200000
C. 2.5	printing of ASHA/mobilisor payment receipt book	200000	1	200000
C. 2.6	Preparation of immunisation tracking bags	3000000	1	3000000
C. 2.7	Printing of Job Aids and posters	2000000	1	2000000
C. 2.8	Purchase of Hypochlorite Solution	2000000	1	2000000
C. 2.9	Vaccine storage point budget	4400000	1	4400000
C. 2.10	purchase of syringe disinfectant	2000000	1	2000000
C. 2.11	purchase of plastic bag for disposal of used syringes	1000000	1	1000000
C. 2.12	Purchase of small polythene bags to keep vaccine in vaccine carriers	2000000	1	2000000

	<b>Subtotal</b>			<b>17400000</b>
C. 3	Social Mobilisation (for ASHA/link workers in rural areas)	2000000	1	2000000
	<b>Subtotal</b>			<b>2000000</b>
C. 4	Alternate Vaccine delivery sessions in Rural Areas	4000000	1	4000000
	<b>Subtotal</b>			<b>4000000</b>
C. 5	Honorarium of contractual DIO	1000000	1	1000000
	<b>Subtotal</b>			<b>1000000</b>
C. 6	Honorarium of contractual computer assistant for DIO	600000	1	600000
	<b>Subtotal</b>			<b>600000</b>
C. 7	Mobility support for supervision and monitoring	1000000	1	1000000
	<b>Subtotal</b>			<b>1000000</b>

**Physical and Financial outlet under NRHM for the year 2009-10**

District: Suapul

Sl. No.	Component		Physical Numbers	Budget Allocation (Rs. In Lacs)	Component Total
					<b>22500000</b>
		<u>Unit Cost</u>	<u>Number</u>	<u>Budget</u>	
<b>Part D: RNTCP</b>					
D. 1	Civil works	1000000	1	1000000	
D. 2	Purchase of laboratory materials	1500000	1	1500000	
D. 3	Honorarium to District TB Officer	500000	1	500000	
D. 4	Honorarium to DOT providers	800000	1	800000	
D. 5	IEC/Publicity	1000000	1	1000000	
D. 6	Equipments maintenance	500000	1	500000	
D. 7	Training	500000	1	500000	
D. 8	POL and Vehicle maintenance	500000	1	500000	
D. 9	vehicle hiring charges	1000000	1	1000000	
D. 10	Procurement of Vehicle and equipments	1000000	1	1000000	
D. 11	Contractual Services	500000	1	500000	
	<b>Subtotal</b>			<b>8800000</b>	
<b>Part E: National Programme for Control of Blindness</b>					
E. 1	Cataract operation at district level				0
	i) By government sector	500000	1	500000	
	ii) By NGO sector	500000	1	500000	

	iii) By Private Sector	500000	1	500000
E. 2	Establishment of vision centre at district level	1000000	1	1000000
E. 3	Contractual Staff (including District NPCB Officer)	1000000	1	1000000
	<b>Subtotal</b>			<b>3500000</b>
<b>Part F: National Leprosy Eradication Programme</b>				
F. 1	Contractual staffing (including District NLEP Officer)	800000	1	800000
F. 2	Office maintenance	200000	1	200000
F. 3	Mobility	300000	1	300000
F. 4	Traininig	500000	1	500000
F. 5	Procuremnt (Medicines, items for deformity patients, patients welfare)	500000	1	500000
F. 6	IEC activities	500000	1	500000
F. 7	Incentive to ASHA for MB and PB cases	200000	1	200000
F. 8	Programme Monitoring	200000	1	200000
	<b>Subtotal</b>			<b>3200000</b>
<b>Part G: National Vector Borne Disease Control Programme</b>				
G. 1	Malaria control programme	2000000	1	2000000
G. 2	Eradication of Kala-azar	3000000	1	3000000
G. 3	Filariasis control programme	2000000	1	2000000
	<b>Subtotal</b>			<b>7000000</b>

**The findings of block level consultation: *Triveniganj***

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. Inproper arrangement in the health center – non availability infrastructure, support machinery, lack of electric supply.
4. No adequate supply of condoms, contraceptives
5. Poor and improper storage facility

ii. Male sterilization (Vasectomy)

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

b. Suggestions/Solutions

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

D. Group 4: Disease control programme

a. Gaps

i. Diaphorrea

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

ii. Malaria and KALAZAR

1. Inadequate supply and availability of DDT at the community level
2. Lack of blood testing facility at PHC level.

iii. Tuberculosis

1. Lack of sputum testing facility at PHC level.
2. The practice of negligence by the people and service provider due to non availability of facility.
3. Shortfall of Human Resources (Doctors, STLS, etc)

iv. Anemia

1. Inadequate supply of IFA tablet

v. RTI/STI

1. Lack of awareness regarding cleanliness and hygiene among the people
2. Lack of specialized Human resource

3. Inadequate supply of medicine
  4. Hesitation to discuss on the issue by the community
  5. Lack of k
  6. knowledge among the service provider
- vi. Eye disease
1. Lack of specialised human resources, supporting staff, infrastructure, special attention on the issue.
  2. Non occurrence of eye treatment and operation
- b. Suggestions/Solutions
- i. Make the health centre functional with availability of Human Resource, Infrastructure, machinery and medicine
  - ii. Ensure visit of specialized health professional to undertake periodic examination, treatment and operation of various disease and refer the patients to district hospitals
  - iii. Awareness generation through BCC and IEC materials on issues and services available.
  - iv. Involve Panchayat, SHG, AWW, ANM in maintaining hygiene at the community level

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

A. Group 1: Maternal Health

a. Gaps

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

b. Suggestions/Solutions

B. Group 2: Child health and Immunization

a. Gaps

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

b. Suggestions/Solutions

- i. Proper care through Nutritional food, Information to be provided on different diseases and its remedies
- ii. The information regarding immunization scheduled and other disease to be provided to the people specifically mother, father, Grand mother etc by the community health service provider.
- iii. Awareness campaign for ensuring complete immunization to be undertaken at the community level taking the example success stories/cases from the community by the health workers.
- iv. Steps to be taken in addressing the short of ANM and other health service provider (AWW and TBA)so as to implement the programme like MUSKAAN

- v. Provisions to be made in finding the alternate vaccinator and orienting them in providing immunization to the children at the community level
- vi. Ensure regularization of routine immunization card at the community level
- vii. Regularisation of supply to the Anganwadi center to address the issue of diarrhea, Nutritional food, Medicines for worm, Cough and cold.

C. Group 3: Family Planning

a. Gaps

- i. Availability of specialised doctors, Anesthesia person, Infrastructure (Bed, Bedsheet, 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 Panchyat 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, Falaria, KALAZAR) – Absence of preventive measures
- ii. Leprocy – No step to identification of Leprocy 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 Leprocy 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.

**The findings of district consultation.**

## 1. Maternal Health

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

## 2. Child Health

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

### 3. Family Planning

S.N.	Gaps	Recommendations
	Insufficient supply of condoms, pills and IUDs	Regular and sufficient supply of contraceptives
	Poor quality of Family Planning services at health centers	Quality of care should be ensured for Family planning services by strengthening health centers, Human Resource, equipments, Training, regular supplies of drugs and other facility.
	Lack of Adolescent reproductive education	Adolescent Reproductive Sexual Health education should be initiated through NGO, school health programme and Youth based organizations
	Lack of skilled manpower for delivering qualitative Family planning services	Training on IUD insertion to ANMs, AWWs, ASHAs and TBAs
	Lack of knowledge and skill at Community level for using contraceptives	Training to service providers for orienting 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.
	NO 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
	No electricity and water supply available at the health centres	
	No bed sheets(even beds)	
	Lack/insufficient equipment	
	No residential facility for service providers	

	No referral service ensured/provided	
	No mobile health unit	
	No provision of Ambulance/availability	
	Lack of Trained human resource	