



Draft

District Family Planning Plan



District: Gajapati

2012-13

District Family Welfare Bureau
Zilla Swasthya Samiti





**OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER: GAJAPATI
DISTRICT PROGRAMME MANAGEMENT UNIT**

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Letter No. _____ / NRHM-2012 Paralakhemundi Date _____

To,

The Director of Family Welfare,
Odisha, Bhubaneswar.

Subject: *Submission of District Family Planning Plan 2012 – 13.*

Sir,

I am submitting herewith the “***District Family Planning Plan 2012-13***” of District Gajapati in the prescribed format attached. This is for favour of your information and necessary action.

Yours Faithfully

**Chief District Medical Officer,
Gajapati**

Foreword

Understanding the need, the National Population Policy aims to meet the unmet need for family planning as its immediate objective. The achievement of family planning certainly requires promotion of spacing methods in the country. As the family planning activities have been one of the major of the health programme since the RCH-I/RCH-II and NRHM there has been many specific steps take for improving the Family planning programme to meet the unmet need of the community by introducing various specific strategies like fixed day sterilization facilities, promotion of NSV & 10 years of IUCD, organizing Mega sterilization camps and human resource development by different training programmes like Laparoscopy, Minilap, NSV, IUCD insertion (no touch technique) and fictionalization of L3, L2 & L1 institutions. Timely procurement of equipments, instruments drugs and other logistics with strengthening supply chain systems plays a vital role of family planning achievement.

ASHA as community volunteer is also involved in the process of community mobilization and counseling in implementing the Family Planning programmes, Gaon Kalyana Samitis are also involved in improving the Family Planning activities in the community by creating awareness to accept the family planning methods as per need.

The efforts of District Family Planning Bureau and District Programme Management Unit collectively resulted in achieving 99 % in sterilization, in IUCD 62 %, in CC 81% and in Oral Pill 80% of the Expected Level in the year 2011-12. Periodical and regular monitoring and review was one of the non-negotiable strategies along with regular IEC/BCC as one of the major cross cutting issue.

This year Action Plan (2012-13) prioritize the provision of for Family Planning services (Limiting and Spacing) as per state mandate in all the all delivery points This emphasized on the skill development of (Doctors & Paramedics) through training (Minilap, Laparoscope, IUCD, Contraceptive updates etc.) and strengthening informed choice by IEC/BCC intervention. This is to be done by the involvement of ASHA and GKS.

Feasible milestones are set to achieve Realistic planning has been made and achievable milestones have been set along with budget and other resources. We are confident that the planned activities will be achieved with team effort and the unmet need gap will be reduced.

(Dr. Pranakrushna Behera)
Chief District Medical Officer
Gajapati

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Executive Summary:

The district located at 18⁰ 46' to 19⁰ 39' North latitude and 83⁰ 48' to 84⁰ 27' East longitude and bordered by Andhra Pradesh, Kandhamal District, Ganjam District and Rayagada District having 136 nos. of SC . 20 PHC (N)s 8 CHCs, 1 No. DHH, 1 OH and other system of institutions. The unmet need for the family planning services as per DLHS-III total, spacing (4.6) and limiting (7.5). According to the HMIS the trend for family planning performances during last three years and the acceptance of family planning method mix per 1000 population.

Presently the district provides the family planning services in 9 nos. of FDS sites and the camps contribute about 70 % of the ELA in the last year 2011-12 till (March-12). Out of this minilap (98.23) male sterilization (1.60) and PP sterilization accounts for (0.17)%. The number of empanelled surgeons for sterilization operation as on 1st April 2012 is Lap (1), minilap (11) and NSV (1). Out of the empanelled surgeons 3 nos. are O&G specialists. There is no accredited institution in the district.

The ratio of sterilization operation per surgeon remains at minilap (9%) during 2011-12. Out of them the ratio for O&G specialists (30%). The trained personnel for providing IUCD are MO (80%) Staff Nurse (5%) and ANM (6%) and LHV (9%).

1. The main constraints are higher achievement of the ELA in Camps. The progress in Family Planning programme achieved upto 99% of the ELA. Organization of FDS is mainly cancelled due to lack of trained Minilap surgeons.
2. In IUCD & Other contraceptive we don't have proper trained person at all levels in all blocks.
3. Awareness among the people is very poor due to language and socio cultural differences. Informed choices are limited.
4. Non availability of equipment and instruments like Minilap kit, NSV kit and IUCD kit
5. Minilap trained doctors status:

Sl No.	Name of the Health Institution	Minilap service provided or not	If Yes name of the Surgeon/No then specified reason	Status of services provision in L2 or L3 Institutions
1	DHH, Paralakhemundi	yes	Dr.S.KSahoo, Dr.R.KSahoo, Dr.Ch.P.K Patro, Dr.P.L.N Patro, Dr.C.R.Patanayak	L3
2	CHC, Chandragiri	yes	Dr.P.K Gantayat	L3
3	CHC, Mohana	Yes		L2
5	CHC B.K. Pada	Yes	Dr.B.Jayabadu	L2
7	CHC, Gurandi	Yes	Dr.V.Rajesh	L2
9	CHC,Kashinagar	Yes	Dr.R.R Mishra	L2

The priority of the district for the year 2012-13 is:

1. Identification of low performed sectors on Family Planning Activities and reaching them through specific IEC/BCC interventions with respect to their Socio cultural issues,
2. Creation of mass awareness by identifying sector wise performances and reaching them through specific IEC/BCC interventions with respect to their socio-cultural issues.

3. Promoting PP &PA Contraception with enhancement of informed choices through family planning counselor.
4. Training to the service providers for up gradation their skills.
5. Regular post training follow-up with supportive supervision.
6. Hoarding on family planning method at Block and PHC(N) level.
7. Organization of Quarterly IUCD Camps at PHC(N) level.
8. Operationalof Parivar Kalyan Divas (PKD) at PHC(N) level. Enhancing informed choices through family planning counselor.

It is planned to improve Service Delivery (Limiting & Spacing) by following activities (In four to five lines citing specifications)

1. Service Environment (Equipments, accessories, building and other facilities)
 - Training to Service Providers on insertion of IUCD.
 - Development of IEC Corner for Parivar Kalyan Divas
2. Availability of manpower (empanelled surgeons, IUCD trained Personnel, Counselors etc.)
 - One batch of Minilap training to be conducted.
3. Mechanism or modes of operandi for the same (FDS, Camp etc, PP Sterilization).
 - Organization of fixed day IUCD services at PHC (N) level.
 - One NSV camp for each block during the year 2012-13.
4. Likewise for spacing (PPIUCD, CBD, home delivery by ASHA OR any other means)
 - ASHA contraceptive Distribution to be strengthened.
 - Training to ASHAs during Monthly sector meeting.
 - Regular FP review meeting at district level.
5. IEC activities for the same.
 - Hoarding at all PHC (New) level on FP issues.
 - Folk drama on FP issues at identified low coverage pockets.
 - Development IEC material by use of local languages.
6. Accreditation process will be initiated to accredit the facilities and corporate for provision of family planning services at interior pockets.
7. Quarterly meeting of QAC team on Family Planning.

Chapter-01

Geographical Situation :

Gajapati district was created after bifurcation of Ganjam district with effect from 02.10.92 . The district of Gajapati lies in the south of the state of Orissa with a geographical area of 4325 Sq. Km. fully cover with mountains , forest and inaccessible areas. It was Surrounded by Kandhamal district in its North, State of Andhara Pradesh in its South, Rayagada district in its west and Ganjam district in east. It is predominantly inhabited by tribals namely Lanjia Soura, and Kondha. They are mostly poor , illiterate follow their own traditions like early marriage, avoidance of Hospitals, reluctant to adopt family planning procedures. Administratively Gajapati has 7 Tehsils, 7 Blocks, 2 towns, 129 Gram Panchayats, 1620 (Habitant & Non-Habitant) villages, Paralakhemundi is the districts headquarter.

- Primary health care provided through 1 DHH, 8 CHCs, 20 PHC(N)s, 8 MHUs in addition to this 2 ICTC center and one STD clinic ic functioning in Gajapati district.
- Performance on RCH activates in the district:

Component	2010-11			2011-12		
	Target	Achievement	%	Target	Achievement	%
Sterilization	2337	2145	91.78%	2275	2249	99%
IUD (Cut) Insertion	2629	1609	61.20%	2522	1570	62%
Condom distributed	4966	4958	99.84%	5075	4064	80%
Oral Pill	2921	2471	84.59%	3168	2573	81%
Immunization						
BCG	13002	13228	102%	12741	13175	104%
DPT	13002	12832	98%	12741	11547	92%
Polio	13002	12790	98%	12741	11121	87%
Measels	13002	11793	91%	12741	10510	82%
Vit-A (1 st Dose)	13002	11793	91%	12741	10510	82%
Maternal Health	14300	14145	99%	14015	12321	88%
Delivery	Total Delivery		11193	12623		
	Institutional		6524	59%	8113	64%
	Home Delivery		4669	41%	4510	36%

Total infant Death during the year (2011-12) : 272

Total Maternal death during the Year (2011-12) : 26

	<u>2010-11 (HMIS)</u>	<u>AHS-2010</u>	<u>2011-12 (HMIS)</u>
IMR	:	22/1000	
MMR	:	151/100000	

CHALLENGES

- The geographical situation of the district is itself a challenge.
- The scattered villages in the hilly terrain multiply the inaccessibility.
- Though MHUs and Ambulance and Janani Express are available, due to poor all weather roads vehicles are unable to reach to the villages.

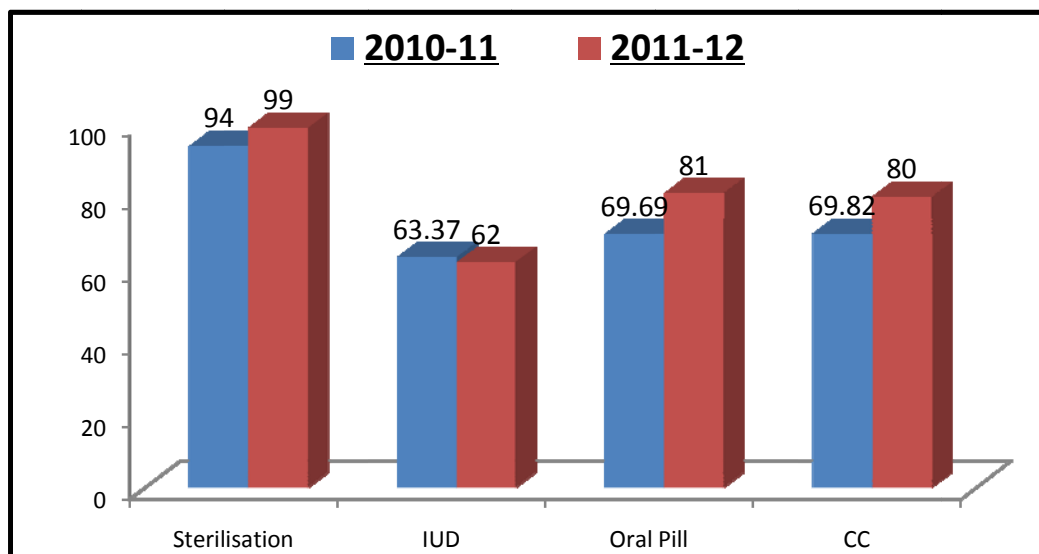
- Lack of tele-communication facilities.
- As it is a border district surrounded by Andhra Pradesh and the interior pockets of the district the peoples are using telugu.
- The low literacy rate.
- Left wing extremism is another problem for development of the district.
- Trained manpower on family planning (i.e: Minilap, IUCD) are not available to provide better health care service at grassroot level and in remote areas of the district.

Total functional delivery points in Health Facilities of the district (as on March, 2012)				
Sl.No	Indicator	MCH Centres	Non_MCH Centres	Total
1	SCs > 3 Deliveries	2	0	2
2	24x7 PHCs (Phc-Ns, Ohs) > 10 Deliveries	0	0	0
3	Other PHCs (PHC-Ns, Ohs) > 10 Deliveries	3	0	3
4	CHC - (Non_FRUs) > 10 Deliveries	6	0	6
5	CHC -FRUs > 20 Deliveries	1	0	1
6	SDH > 20 Deliveries	0	0	0
7	DHHs > 50 Deliveries	1	0	1
Sub Total of Functional Delivery Points		13	0	13
1	24x7 PHCs < 10 deliveries but consider as delivery points as situated at strategic locations (including PHC-Ns, OHs & GHs)	0	0	0
2	CHCs (Non- FRU < 10 deliveries but consider as delivery points as situated at strategic locations	0	0	0
Sub Total of non_functional Delivery Points L2(24x7)/ L3(FRU) situated at strategic locations (2.b + 4.b)		0	0	0
Grand Total		13	0	13

Chapter- 02

2. Situational Analysis :

A comparative analysis of performances of Family planning programme with graphs as per HMIS 2010-11 and 2011-12 relating to the FP performances is given below:



The above graph shows not only increase in adoption of the permanent methods of contraception and but also adoption of OP and CC. However it has been found slightly decrease in the adoption of IUCD. So more emphasis is to be given on the IUCD adoption.

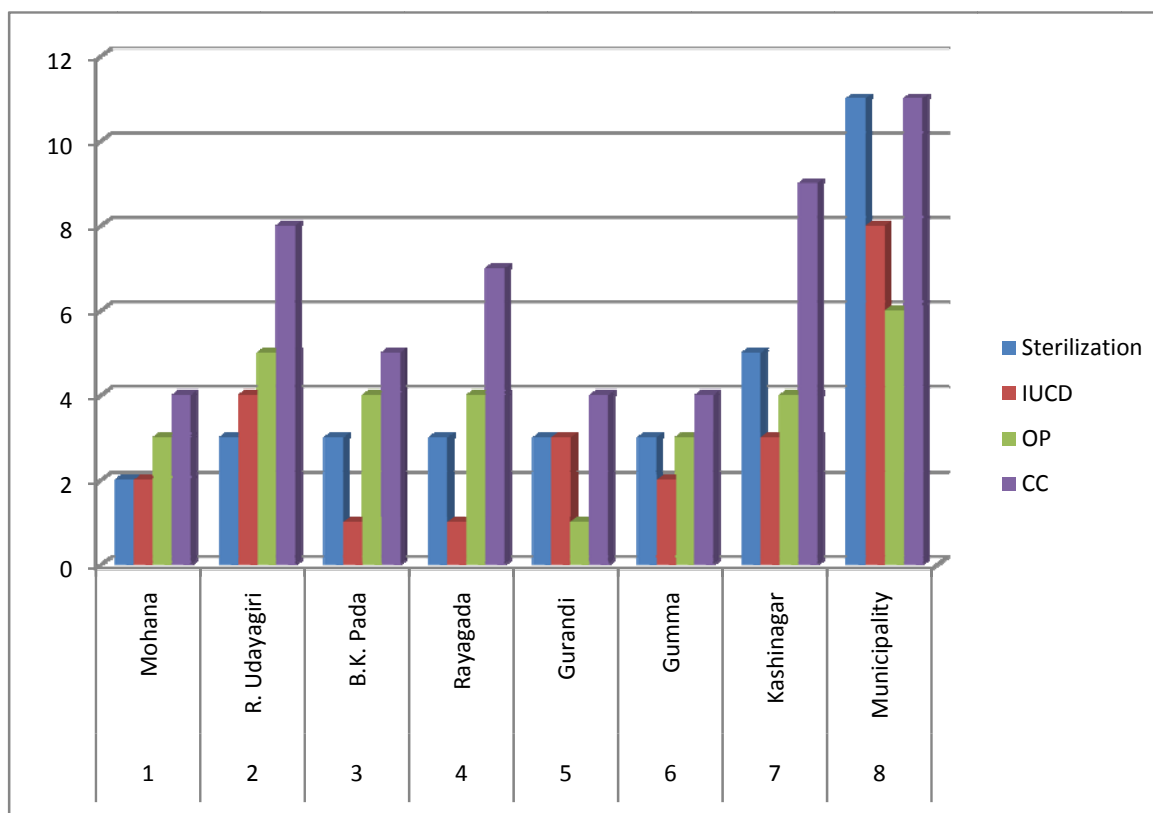
- Block wise performances for the year **2010-11 & 2011-12**

Sl. No.	Health Institution	Progress							
		Sterilization		OP		CC		IUCD	
		% (2010-11)	% (2011-12)	% (2010-11)	% (2011-12)	% (2010-11)	% (2011-12)	% (2010-11)	% (2011-12)
1	Mohana	61	68	65	114	52	63	38	34
2	R. Udayagiri	79	91	95	79	95	79	96	67
3	B.K. Pada (Nuagada)	66	72	77	59	56	73	15	35
4	Rayagada	82	110	75	108	78	43	32	45
5	Gurandi (Paralakhemundi)	86	79	25	75	50	153	73	42
6	Gumma	97	107	55	86	45	71	42	92
7	Kashinagar	122	103	80	89	97	80	88	139
8	Paralakhemundi Municipality	166	164	117	39	128	101	192	105
9	District Performance	99	74	81	75	83	72	70	99

ACCEPTANCE OF METHODS OF FAMILY PLANNING IN THE BLOCK PER 1000 POPULATION (Sterilization, IUCD, CC, OP) for the year 2010-11.

Sl. No.	Block	Total Population (2010 - 11)	Sterilization		IUCD		OP		CC	
			Total Acceptors	Acceptors Per 1000 Population	Total Acceptors	Acceptors Per 1000 Population	Total Acceptors	Acceptors Per 1000 Population	Total Acceptors	Acceptors Per 1000 Population
1	Mohana	137318	270	2	226	2	423	3	577	4
2	R. Udayagiri	60318	182	3	257	4	284	5	481	8
3	B.K. Pada (Nuagada)	55545	151	3	36	1	211	4	261	5
4	Rayagada	73045	228	3	107	1	275	4	490	7
5	Gurandi (Paralakhemundi)	71272	241	3	243	3	91	1	313	4
6	Gumma	74045	251	3	143	2	206	3	285	4
7	Kashinagar	59590	300	5	200	3	246	4	507	9
8	Paralakhemundi Municipality	46818	522	11	397	8	269	6	501	11
TOTAL		577951	2145	4	1609	3	2005	3	3415	6

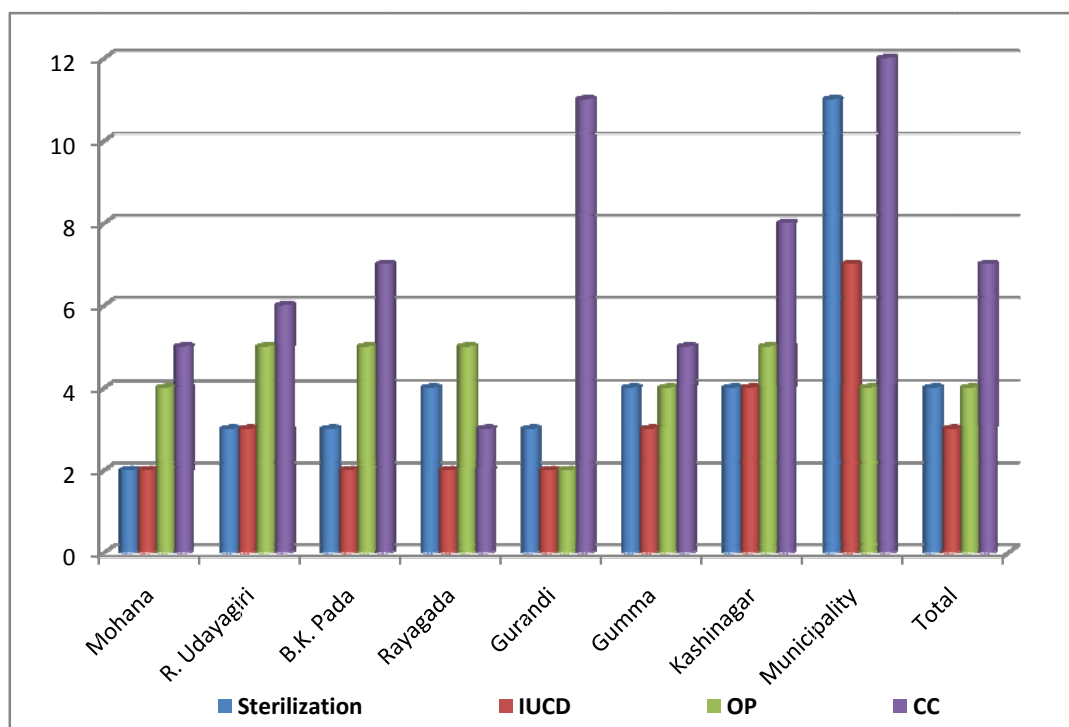
Graphs representing Contraceptive use in the block per 1000 population



**Contraceptive use in the block per 1000 population
(Sterilization, IUCD, CC, OP) for the year 2011-12.**

Sl. No	Block	Total Population (2011 - 12)	Sterilization		IUCD		OP		CC	
			Total Acceptors	Acceptors Per 1000 Population	Total Acceptors	Acceptors Per 1000 Population	Total Acceptors	Acceptors Per 1000 Population	Total Acceptors	Acceptors Per 1000 Population
1	Mohana	141156	302	2	227	2	609	4	744	5
2	R. Udayagiri	62008	210	3	209	3	314	5	391	6
3	B.K. Pada (Nuagada)	57097	164	3	91	2	262	5	385	7
4	Rayagada	75072	303	4	115	2	406	5	252	3
5	Gurandi (Paralakhemundi)	73251	222	3	130	2	180	2	838	11
6	Gumma	76112	278	4	219	3	342	4	409	5
7	Kashinagar	61249	252	4	265	4	281	5	479	8
8	Paralakhemundi Municipality	48134	518	11	314	7	180	4	567	12
TOTAL		594079	2249	4	1570	3	2574	4	4065	7

**GRAPHICAL PRESENTATION OF CONTRACEPTIVE USE IN THE
BLOCK PER 1000 POPULATION**



SERVICE DELIVERY FP SERVICES –FDS AND ACHIEVEMENT IN FDS CENTERS

Block	No. of functional FDS centers	Achievement		Achievement in camps		Total achievement		Overall performances vs. FDS center coverage (%)	
	(2011-12)	In FDS(2011-12) in Fixed days in number		Strzl	IUCD	Strzl	IUCD		
		Strzl	IUCD	Strzl	IUCD	Strzl	IUCD	Strzl	IUCD
Mohana CHC	1	208	138	94	89	302	227	69	61
R. Udayagiri CHC	1	139	118	71	91	210	209	66	56
B.K. Pada CHC	1	95	63	69	28	164	91	58	69
Rayagada CHC	1	209	72	94	43	303	115	69	63
Gurandi CHC	1	132	77	90	53	222	130	59	59
Gumma CHC	1	175	122	103	97	278	219	63	56
Kasinagar CHC	1	161	153	91	112	252	265	64	58
DHH, Paralakhemundi	1	323	185	195	129	518	314	62	59
TOTAL	8	1442	928	807	642	2249	1570	64	59

Post Partum & Post abortion Contraception

Total number of postpartum sterilization done 2010-11 –58

Total number of postpartum sterilization done 2011-12 –4

Quality Assurance Committee:

The district quality assurance committees meet regularly and discuss the family planning progress and issues concerning complication and failures following sterilization operation. Steps are initiated for facility audit, exist interview and observation of the asepsis procedure by the QAC members.

Private Sector Partnership & Accredited Institutions and NGO Involvement

Private Institutions Accredited for FP services

No private institution is accredited in Gajapati district for provision of family planning services because the Post-Partum centers is functioning at Paralakhemundi, However there are some private institutions who are approaching regularly for accreditation, so as they can provide services. Therefore it has been planned to accredited two numbers of the institutions with due formalities.

Human Resource Development

List of Doctors and staff trained in different contraceptives (facility wise)

Sl No	Block	NSV		Minilap		Laprosopic		IUCD	
		Name	Year	Name	Year	Name	Year	Name	Year
1	CHC Mohana	Nil	Nil	Dr P.K Gantayat Dr B.K Dash		Nil	Nil	6 ANMs	
2	CHC R.Udayagiri	Nil	Nil	Nil	Nil	Nil	Nil	3 ANMs/ 2 LHV's	
3	CHC B.K Pada	Nil	Nil	Dr B.Jayababu		Nil	Nil	3 ANMs/ 1 LHV	
4	CHC Rayagsda	Nil	Nil	Nil	Nil	Nil	Nil	3 ANMs/ 2 LHV's	
5	CHC Gurandi	Nil	Nil	Dr V.Rajesh		Nil	Nil	4 ANMs/ 2 LHV's	
6	CHC Gumma	Nil	Nil	Nil	Nil	Nil	Nil	3 ANMs/ 1 LHV	
7	CHC Kasinagar	Dr. Bhuyan	Nil	Dr R.R Mishra		Nil	Nil	3 ANMs/ 1 LHV	
8	PPC Paralakhemundi			Dr S.K Sahoo Dr R.K Sahoo Dr Ch P.K Patro DR C.R.R Patnaik		Nil	Nil	3 ANMs/ 1 LHV/ 3SN	

Present status on Training till 1st April 2012

2011-12	NSV	IUCD	Minilap	Lap.	Prog. guidelines	MTP	Contraceptive update
Doctor	1	4	9	1	8	2	12
Staff Nurse	0	3	0	0	8	0	10
LHV	0	10	0	0	5	0	8
HW(F)	0	28	0	0	9	0	0
Total Trained Personnel	2	30	9	1	36	2	30

Monitoring and Evaluation

- Report Review:** It is being planned to collect the reports from peripheries in time and in the required format so as to check the accuracy level and data quality.

- b. **Field visits:** For every block a nodal officer has been designated to do the regular field visit of the concerned block and submit the report before the district authorities for analysis of the performance.
- c. **Review meetings:** Regular review of all the family welfare activities has been done during the monthly review meetings of the MO I/C, and BEE/BPO.

1. Chapter-03

Plan for 2012 – 2013

Sl.No	Name of the Block	ELA				Remark
		Sterilization	IUCD	CC	OP	
1.	Mohana	538	605	1142	673	
2.	R. Udayagiri	230	259	489	288	
3.	B.K. Pada (Nuagada)	223	251	475	279	
4.	Rayagada	299	336	634	373	
5.	Gurandi (Parlakhemundi)	289	325	615	362	
6.	Gumma	307	345	652	383	
7.	Kashinagar	266	299	565	332	
8.	Parakhemundi (Municipality)	182	205	387	227	
TOTAL		2334	2626	4960	2917	

The eligible couple for the district (from EC survey report of last year)

Blocks	Total Eligible Couple (15 – 49 yrs)
Mohana	22391
R. Udayagiri	10877
B.K. Pada (Nuagada)	10194
Rayagada	12966
Gurandi (Parlakhemundi)	12681
Gumma	13518
Kashinagar	11802
TOTAL	94429

The eligible couple of the district

Blocks	15-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	40-44 yrs	45-49 yrs	Remark
Mohana	1425	3534	4324	4412	3954	2813	1929	
R.Udayagiri	1005	1645	2332	1751	1554	1316	1274	
Nuagada	942	1586	1988	1807	1642	1181	1048	
Rayagada	372	1916	2389	2525	2247	1801	1716	
Gosani	797	2442	2844	2529	1847	1214	1008	
Kasinagar	412	2118	2687	2498	1815	1314	958	
Gumma	983	2332	2742	2340	2132	1771	1218	
Total	5936	15573	19306	17862	15191	11410	9151	

A. Service Delivery Plan

Facility & Community Level (Spacing & Limiting)

Functional FDS						
Delivery Points MCH centers						
	SC	PHC	CHC	SDH	DHH	Remark
As on 01.04.12	0	3	5	0	1	IUCD & Temporary methods only can be provided at SC level
Plan 12-13	11	4	8	0	1	

- Assistance of Rs.500/- per Static center for maintenance.
- One Attendant may be allowed for each static center.

B. Human Resource Development Plan(Training Plan)

Training Required for 2012-13							
Name of the Trainees	From Inst.	IUCD	NSV	Minilap	Laparoscopic	Contraceptive update	Counseling
HW(Female)	CHC	20	0	0	0	30	30
Doctors	CHC & DHH	0	1	2	0	30	0
Staff Nurse	CHC & DHH	6	0	0	0	15	15

Focus is to train personnel from Delivery points as a priority.

TRAINING CALENDAR FOR FAMILY PLANNING SERVICES -2012-13:

	Q1	Q2	Q3	Q4	Total Target
IUCD	0	1	1	0	2
PPIUCD	0	0	1	0	1
NSV/CV	0	0	1	0	1
Minilap	0	0	0	0	0
Contraceptive update(doctors)	0	1	0	0	1
Contraceptive update(paramedics)	0	0	1	0	1
Programme Guideline orientation	0	1	0	0	1

C. Service Environment Strengthening Plan

Sl. No.	Level of Institute (MCH Centers & Strategic Institutions)	IUCD Kits	Minilap Kits	Laparoscope	Sterilizers	Any other	Process of Procurement	
							District	State
1	DHH, Pkd (L3)	6	3	1	2		Yes	
2	AH Chandari (L3)	3	3	1	2		Yes	
3	CHC R. dayagari (L2)	3	3	0	2		Yes	
4	UGPHC, B.K Pada (L2)	3	3	0	2		Yes	
5	CHC Rayagada (L2)	3	3	0	2		Yes	
6	PHC Gurandi (L2)	2	3	0	2		Yes	
7	CHC Kasinagar (L2)	2	3	0	2		Yes	
8	PHC Gumma (L2)	2	3	0	2		Yes	
9	CHC Mohana (L2)	3	3	0	2		Yes	

MICROPLAN FOR FIXED DAY STATIC CENTERS

Sl No	Name of the Institution	Type of Institution	Trends in last year	Proposed plan	Remarks
1	DHH, Parlakhemundi	(L3)	Every Day	Every Monday	LTT, Minilap & VO will be conducted
2	AH Chandragiri	(L3)	On demand basic	2 nd Monday of the month	Minilap & VO will be conducted
3	CHC R. Udayagari	(L2)	-Do-	1 st Monday of the month	-do-
4	UGPHC B.K Pada	(L2)	-Do-	Every Monday	-do-
5	CHC Rayagada	(L2)	-Do-	3 rd Monday of the month	-do-
6	PHC Gurandi	(L2)	-Do-	2 nd Monday of the month	-Do-
7	CHC Kasinagar	(L2)	-Do-	Every Monday	-do-
8	PHC Gumma	(L2)	-Do-	4 th Monday of the month	-do-
9	CHC Mohana	(L2)	-Do-	Every Monday	-Do-
10	OH Nuagada	(L1)	-Do-	3 rd Monday of the month	-Do-

D. Quality assurance Plan

This year it is proposed to streamline the district Quality assurance Committee meeting to strengthen the quality care in family planning services.

E. Plan for promoting Public Private Partnership for Family Planning :

District is planning to expand the provision of family planning services to more number of private facilities.

F. ELCO Survey :

Micro-plan for Eligible Couple Survey, time line & person responsible.

Sl. No.	Name of the Block	No of SC	Responsible person	Sector Level Consolidation	Block level Consolidation	Time line
1	Mohana	33	HW(F) & HW(M)	MPHS/ LHV	PHEO & BPO	31 st July
2	R. Udaygiri	14				
3	B. K. Pada	17				
4	Rayagada	23				
5	Gurandi	17				
6	Kashinagar	13				
7	Gumma	19				

G. Monitoring & Supervision plan

Focus on the monitoring activities to strengthen & streamline:

- Fixed day Static Centers
- Logistics & supply Chain
- Quality Care

Sl. No.	Name of Officer	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Remarks
1	CDMO	Mohana	R. Udaygiri BKPada,	Rayagada, Gurandi,	Kashinagar, Gumma	
2	ADMO(FW)	R. Udaygiri BKPada,	Rayagada, Gurandi,	Kashinagar, Gumma	Mohana	
3	ADMO(PH)	Rayagada, Gurandi,	Kashinagar, Gumma	Mohana	R. Udaygiri BKPada	
4	DPM & DMCH	Kashinagar, Gumma	Mohana	R. Udaygiri BKPada	Rayagada, Gurandi,	

MONITORABLE INDICATORS FOR FAMILY PLANNING 2012-13

(Against each indicator, Districts are to provide consolidated quarterly targets and trace month wise achievements)

		Baseline (1 st April 2012)	Q1 Target	Q2 Target	Q3 Target	Q4 Target	Annual
C	Family Planning						
C.1	<i>Service Delivery</i>						
C.1.1	% of total sterilization against ELA		20	25	25	30	100
C.1.2	% post partum sterilization						
C.1.3	% male sterilizations		20	25	25	30	100
C.1.4	% of IUD insertions against planned		20	25	25	30	100
C.1.5	% IUD retained for 6 months						
C.1.6	% Sterilization acceptors with 2 children						
C.4	<i>HR productivity</i>						
C.4.1	Average no. of NSVs conducted by trained doctors	0	0	0	0	0	0
C.4.2	Average no. of minilap sterilizations conducted by minilap trained doctors	2213	100%	100%	100%	100%	100%

MONITORING AND SUPPORTIVE SUPERVISION TEMPLATE FOR DISTRICTS ON FIXED DAY STASTIC CENTRES

Activities	Time Line	Responsible Person/Officer	Reviewing Officer	Achieved Yes/NO	If No Reasons and Corrective action
Sterilization operations conducted in Each assigned L2 & L3 institutions (Delivery points, non –MCH Center)	1st Qtr May 30th 2012	Medical Offier in Charge	ADMO(FW)	No	<ol style="list-style-type: none"> 1. Follow up supervision 2. Regular Review
IUCD insertion & Services in another specific day (in all L2 & L1 centers and delivery points)					
The performance in Fixed day sites (for all methods)analysis and presentation to the District Team(ADMO(FW),CDMO, DPM – at District Level In block level the concern SA/the person in charge of reporting (regular incumbent) to share with BPO & BEE and present before the MOI/c	Every Month Each fortnight	SI/SA to prepare and share with DHIO in each month and DHIO & SI collectively responsible for presenting it to CDMO, ADMO(FW) & DPM SA/SI of the block	ADMO(FW)	Yes	District officials to take corrective steps if any MOI/c to take corrective measure, BPO /PHEO for proceedings & meetings.
Camp scheduled after the quarter to address the backlog – organizing camp s and other details as per guideline		ADPHCO	ADMO(FW)	Yes	
IEC/BCC activities regarding the a. Fixed Day Static Centers b. Camps	Fixed Days After each quarter/Decisions	(PHEO)	ADMO(FW) & ADPHCO	Yes	Regular Review and Reporting on Family Planning
Monitoring visit to the Fixed Day Static Centers	Continuous	ADMO(FW) and assigned officials		Yes	CDMO & ADMO(FW) to review and rectify

Activities	Time Line	Responsible Person/Officer	Reviewing Officer	Achieved Yes/NO	If No Reasons and Corrective action
MONITORING AND SUPPORTIVE SUPERVISION TEMPLATE FOR DISTRICTS ON LOGISTICS & SUPPLY CHAIN					
Assessment of stock /Contraceptive Commodity Security for free supply & ASHA	As per requirement	ADMO(FW), MO I/C, BPO, ANM	CDMO, ADMO(FW), DPM		
Updation in CLMIS/ProMIS	As per requirement	SMO, Store Pharmacist, DEO	CDMO, ADMO(FW), DPM		
Transportation of Family Planning Supplies Dist.to Block Block to Sector/SC	As per requirement	ADMO(FW), MO I/C, BPO,	CDMO, ADMO(FW), DPM		
<u>MONITORING AND SUPPORTIVE SUPERVISION TEMPLATE FOR DISTRICTS QUALITY ASSURANCE PLAN</u>					
Periodic QAC meeting	Quarterly	SA or ADPHCO	CDMO, ADMO(FW)		
Facility audit/Exit Interview /verification of records	As and when required	SA, DPM, DHIO,	CDMO, ADMO(FW)		
Failures/Complications	On receipt complain	SA or ADPHCO	CDMO, ADMO(FW)		
Insurance Claims etc.	On receipt complain	SA or ADPHCO	CDMO, ADMO(FW)		
Any other	On receipt complain	SA or ADPHCO	CDMO, ADMO(FW)		

RESOURCE ALLOCATION-
GAJAPATI
Family Planning Budget- 2012-13

Point No.	Budget head	Unit of measure	Base-line (current status)	Rate (Rs./unit)	Physical Target for the quarter					Remarks	
					Q-I	Q-II	Q-III	Q-IV	Total Target	Amount (Rs. Lakhs)	
A3.1	Terminal/Limiting Methods										
A3.1.1	Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services										
A3.1.2	Quarterly Female Sterilisation Camps to address backlogs - 2 camp per qtr per district in the low performing zone	Per camp per quarter		15,000	2	2	2	2	8	1.20	
A3.1.4	Compensation for Female sterilisation at public health institutions	Per Beneficiary		1,000	517	517	517	517	2068	20.68	
A3.1.5	Compensation for Female sterilisation in accredited pvt. Health institutions.	Per Beneficiary		1,500	0	0	0	0	0	-	provision to be made as per Gol norm
A3.1.6	Compensation for Male sterilisation at public health institutions	Per Beneficiary		1,500	58	58	58	58	232	3.48	
A3.1.7	Compensation for Male sterilisation in accredited pvt. Health institutions.	Per Beneficiary		1,500	0	0	0	0	0	-	provision to be made as per Gol norm

	Total of Sterilisation									24.16	
	Budget for Sterilisation (90% of Total Sterilisation Budget)									21.74	In the year 2011-12 achiveme nt is 90%, so same proposed this year as more focus on specing methods & sustain the gain.
A3.1.8	Accreditation of private providers for sterilisation services										
A3.1.8.1	Regional level orientation of accridated private providers on service protocols & reporting	Per inst.		2,000	0				0	-	
Sub-total A3.1 (excluding Sterilisation & NSV)										1.20	
A3.2	Spacing Methods										
A3.2.1	IUD Camps										
A3.2.2	IUD services at health facilities/ compensation										
A3.2.2.1	For Beneficiary (to be utilised to meet essential requirments on IUD services at institution level)	Per beniciary		20	667	667	667	667	2668	0.53	
A3.2.3	Incentive to private accredited institutions for IUD insertion services	Per case		75	17	17	17	17	68	0.05	
A3.2.4	Social Marketing of contraceptives										
A3.2.4.1	Delivery of contraceptics by ASHA at door step in high focus district										

A3.2.4.1.1	Sensitisation workshop at district level	Per district									UNFPA support
A3.2.4.1.2	ToT for ASHA training										
A3.2.4.1.3	Training of ASHA on operational modalities (except Angul dist)	Per ASHA		275					0		Budget under ASHA
A3.2.4.1.4	Rest 12 districts (District sensitization & TOT etc.)										UNFPA support
A3.2.4.1.4	Eligible copule survey										
A3.2.4.1.4.1	At District level (MO I/c, BPM, PHEO, SA, HQ LHV from block level, 2 staff from PPC, district level participants - CDMO, SI, DM RCH, DDM, ICA, DPHEO)	per participant		500	43				43	0.22	Training at Ganjam will be supported by UNFPA
A3.2.4.1.4.2	At Sub district level - Orientation to programme officer, supervisor & ASHA at existing meeting platforms										Met out of regular meeting cost
A3.2.4.1.5	Distribution of contraceptics										Detail at A3.3
Sub-total A3.2										0.80	
A3.3	POL for FP/Others - Trasportation of FW materials										
A3.3.1	State to district										Budget under Reg. Drug WH (NRHM Int.)
A3.3.2	District to Block										
A3.3.3	Block to Sector (ASHA to be provided contraceptives at sector meeting)										
A3.4	Repair of laparoscopes										State Eq. Maint. Unit to look into
Sub-total A3.3 & A3.4										-	
A3.5	Other strategies/activities										

A3.5.1.2	At District level											
A3.5.1.2.1	Manpower											RCH Coordinat or will be given additional responsib ility
A3.5.1.2.2	Mobility cost for supportive supervision including QAC members			1,000								Budget under Prog. Mgt.
A3.5.1.2.3	Operational cost for Dist. FW Bureau for meeting exp., reporting, internet, telephone, postage etc.	Per district per month		2,500							-	
A3.5.2												
A3.5.2.1	Contingency for Fixed day static FP services (State is observing every Monday as Pariwar Kalyan Divas, providing limiting & spacing services across the state at delivery points. Another day as suitable to be decided by district authorities exclusively for IUCD.											
A3.5.2.1.1	At L3 DP	Per inst. Per quarter		1,200	2	2	2	2	2	2	0.10	For facility readiness & mobility support for operating empaneled surgeons for FDS if the same institution is not having the surgeon as per FDS micro plan , drop back facilities to post- operative serious cases in case of follow-up visits.
A3.5.2.1.2	At L2 DP	Per inst. Per quarter		600	7	7	7	7	7	7	0.17	

A3.5.2.1.3	At Other DPs											Met out of RKS / Untied fund
A3.5.4	Trainings											Budget under Training
A3.5.4.1	Laparoscopic sterilisation training											
A3.5.4.1.1	TOT on Laproscopic sterilization at national Level (12) for O&G Spl. And SNs	3/Team		150,000							-	
A3.5.4.1.2	Laparoscopic sterilisation training for teams (three members : MO, SN, Attendant) :twelve working days at State/Regional Level	3/batch		55,735							-	
A3.5.4.2	Minilap training											
A3.5.4.2.1	Minilap training for MO (Asst Surgeon of L3 & L2): twelve working days at District level	3/batch		41,625							-	
A3.5.4.3	NSV training											
A3.5.4.3.1	NSV training for MOs five working days. State level TOT	4/batch		60,000							-	
A3.5.4.3.2	NSV training for MOs five working days. District level	4/batch		34,800							-	
A3.5.4.3.3	NSV TOT training for surgery specialist or PG holder in surgery at National Level .	5/batch		200,000							-	
A3.5.4.4	IUD insertion training											
A3.5.4.4.1	Six days Dist level IUCD training for MO and SN	12/batch, person		76,210							-	
A3.5.4.4.2	Six days Block level IUCD training for ANM, LHV	10/batch		48,530							-	
A3.5.4.4.3	Three days Postpartum IUCD Training for O&G Spl and Staff Nurses of Respective Districts (5MOs+5SNs)	10/batch		50,000							-	

A3.5.4.4.5	Training of SNs of DHH/MCH/Capital Hospital on FP counselling	30/batch									
A3.5.4.5	Contraceptive update training										
A3.5.4.5.1	One Day Contraceptive update & family planning guideline trg. for MOs (District)	30/batch		30,000							-
A3.5.4.5.2	Contraceptive update Trg. To Paramedics (SN,LHV,HWF,HWM,HSM) per Dist. One batch at District level	30/batch		26,000							-
A3.5.4.6	Other training / Orientation / Workshops										-
A3.5.4.6.5	Orientation of QAC members at state level (3 representatives from each district)	30/batch		60,000					0		-
A3.5.5	Printing										
A3.5.5.1	Printing of sterilization case cards	Per card		10					0		Budget under Advocacy for NRHM
A3.5.5.2	Printing of village wise EC register	Per register		40					0		Printed in 2011-12
A3.5.5.3	Printing of resource material for FP Counselor	Per checklist							0		UNFPA support
A3.5.5.4	Printing of green cards, sterilization & IUCD registers etc. at facilities.	Per card									Met from State budget
A3.5.6	Procurement of equipment & instrument for operationalistion of FP services										
A3.5.6.1	NSV kit	Per kit							0		Budget

				1,000							under Procurement
A3.5.6.2	Minilap kit	Per kit		2,000					0		
A3.5.6.3	IUCD kit	Per kit		2,000					0		
A3.5.6.4	Laprosocpe machine	Per mechine		630,000					0		
A3.5.7	Performance Based Awards										
A3.5.7.1	Best performing districts (3 districts)	Lump sum		150,000						-	Budget under HR
A3.5.7.2	Best performing Surgeon (Female & Male sterilisation)	Lump sum		60,000						-	
A3.5.8	Monitoring										
A3.5.8.1	State Level										
A3.5.8.1.1	Bi annual review meeting at state level (participants: ADMO FW, DPM & MCH Co-ordinator)	Per meeting		60,000					0		
A3.5.8.1.2	Bi-annual QAC meeting (Integrated with general QAC meeting)	per meeting		5,000					0	-	Budget under M&E
A3.5.8.1.3	Bi-annual review of the progress on ASHA contraceptives programmes of 18 high focus district	Per meeting		60,000					0		
A3.5.8.2	Zonal level										
A3.5.8.2.1	Divisional quarerly Review meeting of ADMO and DPM	Per meeting		40,000					0		UNFPA support
A3.5.8.3	District level										
A3.5.8.3.1	District level QAC meeting (Integrated with general QAC meeting)	Per district per quarter		1,000					0	-	Budget under M&E. Rest 6 district supported by UNFPA

A3.5.8.3.2	Quarterly family planning review by District Authorities										Met out of Dist. Level monthly meeting (Inst. Strg.)
A3.5.9	IEC/BCC										
A3.5.9.1	Production of AV resource materials, broadcasting & telecasting in mass media channels			600,000							Budget under IEC
A3.5.9.2	Advertisment of local dailes on FP			400,000							
A3.5.9.3	Sesitising Kalyani Club members/ Youth volunteers on FP issues (NSV)	Per block		1,000					0		
A3.5.9.4	Board for Designated Family Welfare Day at designated delivery points(Promotion of Fixed Day approach)			500							
A3.5.9.5	Wall painting - promotion of ASHA contraceptive in 18 high focus districts	4nos per block		6,000					0		
A3.5.9.6	Observation of World Population Fortnight										
A3.5.9.6.1	At State level										
A3.5.9.6.1.1	State level function	Per function		200,000					0		Budget under IEC
A3.5.9.6.1.2	Monitoring			100,000					0		Budget under Planning, minotorin g & supervisi on

A3.5.9.6.1.3	Best performing Surgeon (Female & Male sterilisation)			60,000					0		Budget under A3.5.8.2
A3.5.9.6.2	At District level										
A3.5.9.6.2.1	District level function	Per district		5,000					0		Budget under IEC
A3.5.9.6.2.2	Documentation	Per district		5,000					0		
A3.5.9.3.3	At Block & sub-block level										
A3.5.9.6.3.1	Block level function	Per block		1,500					0		
A3.5.9.6.3.2	IEC Van	Per van for 2 block		15,000					0		
A3.5.9.6.3.3	Poster, leaflet, hoarding etc	Per block		10,000					0		
A3.5.9.6.3.4	Village contact drive	Per block		10,000					0		
A3.5.9.6.3.5	Documentation	Per block		1,000					0		
Sub-total A3.5										0.26	
A3.5.9.7	ASHA incentive for mobilising eligible couples opt for permanent method upto 2 children	Per case		1,000					0		Budget under ASHA
A3.5.9.8	ASHA incentive for ensure spacing of 2 years after marriage	Per case		500					-		To be budgeted in next financial year PIP
A3.5.9.9	ASHA incentive for ensure spacing of 3 years after birth of 1st child	Per case		500					-		
Total (excluding Sterilisation, NSV & IUD)										1.46	