

Draft



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# District Family Planning Plan

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Keonjhar

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2012-13

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District Family Welfare Bureau  
Zilla Swasthya Samiti  
Keonjhar, Odisha



## **Foreword**

Since the launch of NRHM considerable improvements have been made in enhancing access to health care services. There is significant improvement in maternal and child health indicators in the district. It has been realized that family planning, is one of the important programme, contributes significantly in reducing maternal and child morbidity and mortality. In our attempt to reduce the high unmet need (23%) as per DLHS –III, the district is focusing upon the fixed day static center approach along with other interventions. The present plan emphasized upon both the limiting and spacing method. The focus is in the context of strengthening the different delivery points in providing family planning services as per the state mandate.

The new issues like contraceptive logistic supply management (C-LMIS), Contraceptive Home Delivery by ASHA, capacity building and rational positioning of human resources, operationalization of Fixed Day Static (FDS) Centers, Promoting Post Partum & Post Abortion Contraception & Male Sterilization (NSV) are also dealt in this plan.

With reference to the current scenario the plan identifies the action points towards a policy on workforce management, with emphasis on organizational, motivational and capability building aspects. It recommends on how existing resources of manpower and materials can be optimally utilized and critical gaps identified and addressed. It looks at how the facilities at different levels can be structured and become functional in providing services in an efficient and effective manner.

It is hoped that this District Family Planning Plan, 2012-13 will fulfill the intended purpose. I am thankful to Dr. Sanjay Kumar Sahoo, District Facilitator, UNFPA, DPM & DMCHC (NRHM) for the support in developing the plan.

**Chief District Medical Officer  
Keonjhar**

## Table of Contents

Chapter	Topics	Page Number
<b>Executive Summary –</b>		
Chapter – 1	Background	<b>6 - 9</b>
Chapter – 2	Situational Analysis	<b>10</b>
	Contraceptive Use	<b>10 – 11</b>
	Service Delivery	<b>11 – 13</b>
	Quality Assurance Mechanism	<b>13</b>
	Logistic and Supply System	<b>14</b>
	Private Sector Partnership	<b>14</b>
	Human Resource Development	<b>14 – 15</b>
	Monitoring and Evaluation	<b>15</b>
	..	
Chapter – 3	<b>Family Planning Plan for the year 2012-13</b>	<b>16</b>
	<b>A. Service Delivery Plan</b>	<b>17 – 21</b>
	<b>B. Human Resource Development and training</b>	<b>21 – 22</b>
	<b>C. Quality Assurance</b>	<b>22</b>
	<b>D. Plan for promoting Private Sector Partnership</b>	<b>22</b>
	<b>E. Eligible Couple Survey</b>	<b>22</b>
	<b>F. Monitoring &amp; Supervision</b> ✓ FDS ✓ Logistics & Supply Chain.	<b>23 - 27</b>
	Chapter – 4	Resource Requirements

## **Executive Summary**

Keonjhar, located in the northern part of Orissa is dominated by tribal and have huge forest cover. According to the census 2011, the population of the district is 1802777. The sex ratio as per thousand male 987, and child sex ratio (0-6 years) is 957 with a population density is 217. It has 13 blocks, 244 Grampanchyats and 2,125 revenue villages. Banspal, Harichanadanpur, Telkoi are the most difficult in terms of accessibility with very low service utilization. The district is concerned to its Infant & Child mortalities due to communicable diseases (Malaria, ARI and water borne diseases).

There is high unmet need in family planning and there is moderate progress in other RCH intervention. Though in 2011-12 year, district has witnessed 81 NSV acceptors, still female sterilization is the accepted method by the community. There is increase in contraceptive acceptance per 1000 population in the district with the collective efforts by the District Family Welfare Bureau and NRHM. All the Health Institutions have shown progress in 2011-12 in comparison to the year 2010-11. Laparoscopic sterilization operation in a camp approach by two empanelled surgeons contributed towards the achievement of ELA in last two years. Fixed Day static Center approach is yet to be fully functional.

Participation of Rogi Kalyan Samiti (RKS), Gaon Kalyan Samiti (GKS) and other stake holders was under utilized in improving service environment. Presently all the transactions relating to the family planning supplies are tracked and monitored through the central store. The ProMIS being made functional and operational for the family planning supplies. The orientation and training to the concern personnel on logistics supply (C-LMIS), management, documentation and maintenance of records are paying good dividends.

This year plan is emphasizing clearly to strengthen fixed day static centers for family planning with target to achieve more than 40% of ELA in Fixed Day sessions in all MCH Centers by the empanelled doctors through a proper micro plan. There will be focused attention for sterilization operation (Minilap) in the 10 institutions having O&G specialists in position and to increase Post partum sterilization from 0.45% to 5% during this year. More over in this year there will be an attempt to motivate for NSV and popularizing IUCD as a method of spacing through our partner NGOs, ASHA, AWW etc.

In order to strengthen the service delivery in the respective level of institutions focused intervention will be taken up in sensitizing the RKS members for procurement of IUCD Kits, NSV kits, Minilap kits and other essentials from RKS funds or fund allocated in NRHM PIP.

All the HW (F) placed in L1 institutions will be given preference to undergo the IUCD training in 2012-13 and in total 64 ANM, LHV and Staff Nurses will be trained in IUCD insertion, 2 doctors in minilap and one in NSV. One doctor to be trained in Laparoscopy.

Contraceptive Home Delivery by ASHA has been introduced in 2011 in the district. To scale it up special plan has been percolated. Logistics, monitoring systems has been planned to strengthened with involvement of district and block level nodal officers.

Special attention will be given for wide publicity regarding FDS centers and sensitization of community. NYK volunteers, ASHA & AWWs along with the GKS members will be oriented in family planning methods. The focus will be on spacing methods, particularly IUCD. Emphasis will be given on IUCD during observation of population week and family planning week to be observed during July & Sept.2012.

The QAC will be strengthened with regular meetings and updating of empanelled surgeons list.

# Chapter 1

## Background

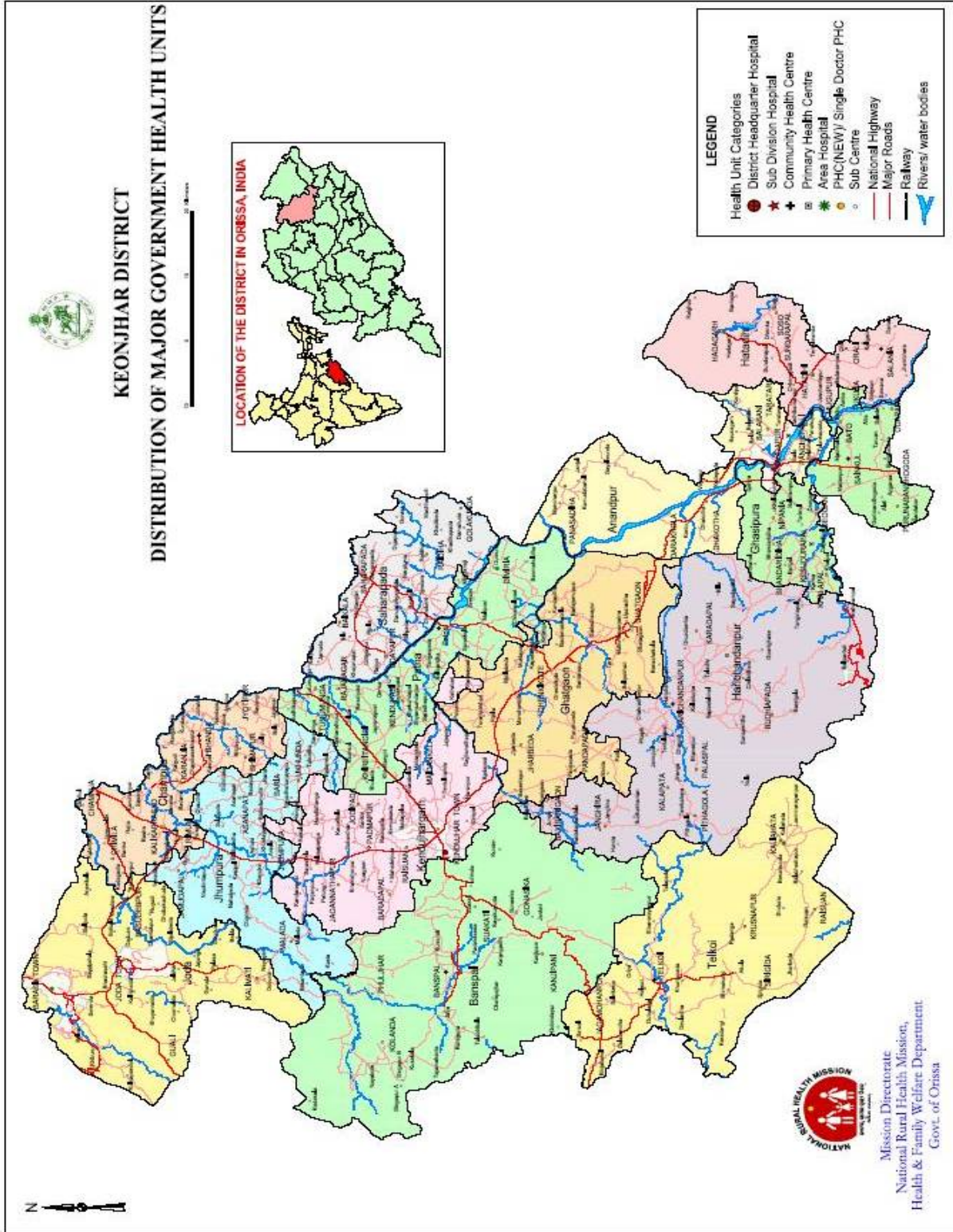
Spread over an area of 8,240 square kilometers, Keonjhar is known for its scenic beauty and rich mineral resources, 40% of the landmass in the district is covered under forest. According to the census 2011, the population of the district is 1802777. The literacy rate of the district, according to the census 2011 is 69% and the female literacy is 58.70% with a male literacy rate is 79.22. The sex ratio as per thousand male 987, and child sex ratio (0-6 years) is 957 with a population density is 217.

Administratively the district is divided in to three subdivisions namely, Sadar, Champua & Annadpur. It has 13 blocks, 244 Grampanchyats and 2,125 revenue villages. Out of the 13 blocks, 12 are categorized as RCH difficult or high focus blocks. Banspal and Harichanadanpur are the most difficult in terms of accessibility with very low service utilization. The district is more concerned about infant & child mortalities due to communicable diseases (Malaria, ARI and water borne diseases). The institutional delivery is 66.56 % of the total expected deliveries in the district. However, the immunization coverage stands at 93% (HMIS).

No of District Head Quarter Hospital	1
No. of Blocks	13
No of Sub-Divisional Hospital	02
No. of CHC	17
No. of PHC (N)	66
Mobile Health Unit	20
Sub-centre	351
No. of MCH Centres	42
No. of hospital bed available	502
No. of total medical institutions	86

Out of the 351 sub centers nearly 48 are in the most vulnerable and hard to reach areas falling under the category V3 (35) and V4 (13) as per the states vulnerability index.

# District Map of Keonjhar



**Human Resource: Sanctioned Staff (Regular)**

Sl.	Name of the Post	Sanctioned	In position
1	Asst. Surgeon	124	90
2	Staff Nurse	105	84
3	Pharmacist	89	87
3	MPHW(M)	221	197
4	MPHW(F)	402	380
5	MPHS(M)	64	51
6	MPHS(F)/LHV	57	48
7	L.T.	43	36
8	Radiographer	7	7
9	Specialists	75	31
10	ASHA		1895
11	AWW		2262
12	GKS		1966
13	SHG		10650

The above table clearly indicates that there are high vacancies in technical human resources.

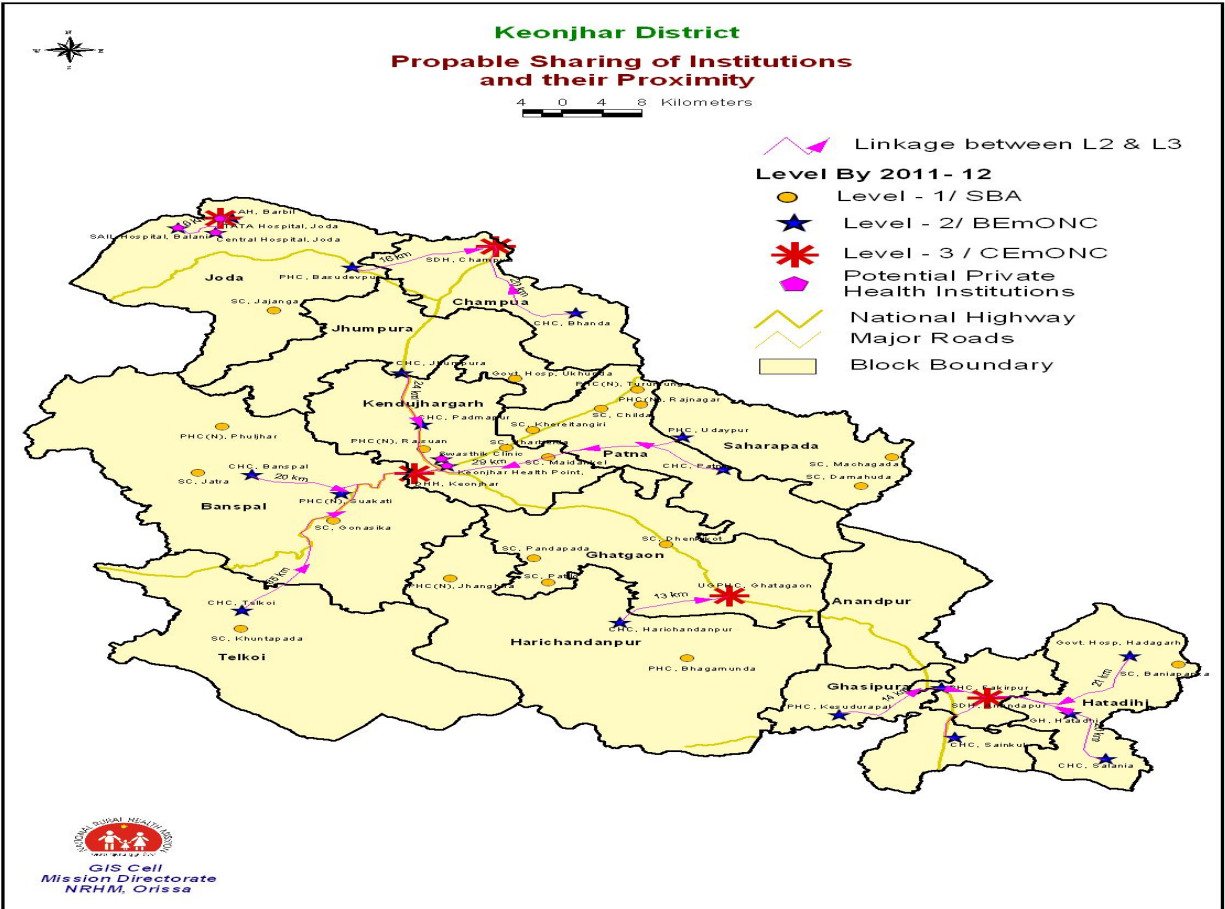
More ever the vacancies in rural areas are comparatively high.

**Contractual staff engaged under NRHM**

SI	Type of Personnel	Sanctioned	In position	Vacant
1	DPM	1	1	0
2	DAM	1	1	0
3	DHIO	1	1	0
4	ASHA Coordinator	1	1	0
5	Hospital Manager	1	1	0
6	Staff Nurse	69	67	2
7	Additional ANM	96	64	32
8	LT	3	3	0
9	AYUSH doctor	69	61	8
10	Work Consultant (JE)	5	5	0
11	Immunization computer Asst	1	1	0
12	System In charge-cum-DEO	1	1	0
13	BPO	13	13	0
14	BPO at SDH	2	1	0
15	Block Account	13	13	0
20	Accountant at DHH/SDH	3	3	0
21	Accountant at AH	2	2	0
22	MCH Coordinator	1	1	0
23	Child Health Coordinator (NIPI)	1	1	0
24	Routine Immunization Coordinator	1	0	1
25	Yashoda Supervisors (NIPI)	0	0	0
26	YASHODA (NIPI)	12	12	0
27	MHU personnel	76	60	16
28	LT RNTCP	3	3	0
29	Pharmacist-Cum-Store Keeper	1	1	0

The district has recruited most of the contractual staffs as planned. However, there is a shortage of availability of staff nurses.



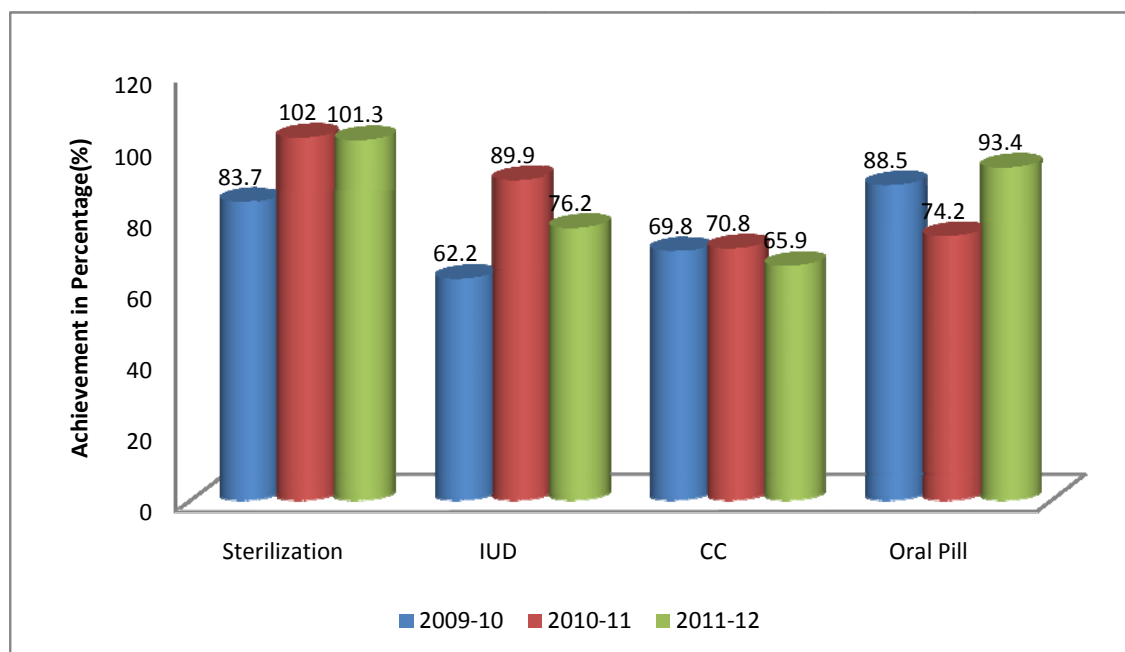


## Chapter- 02

### 2. Situational Analysis:

There is a steady progress in the family planning programme in the district. It is observed that female sterilization is the only method adopted by the community to limit family.

**Family Planning performance in the Keonjhar in percentage**



F.W. Activities	2009-2010			2010-2011			2011-12		
	Target	Ach.	%	Target	Ach.	%	Target	Ach.	%
Sterilization	6807	5728	83.7	6836	6971	102	6844	6930	101.3
IUD	7111	4420	62.2	7632	6862	89.9	8258	6291	76.2
CC	16742	11682	69.8	15297	10837	70.8	16552	10907	65.9
Oral Pill	9037	7995	88.5	9014	6691	74.2	9014	8415	93.4

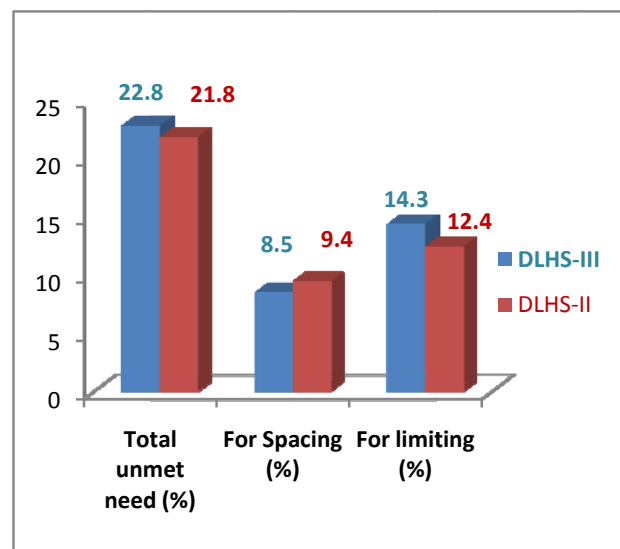
### **DLHS-II & DLHS-III comparison**

Marriage & Fertility	DLHS III		DLHS II	
	Total	Rural	Total	Rural
Percentage of girl's marrying before completing 18 years	20.9	24.8	28.9	34.3
Percentage of Births of Order 3 and above	26.7	27.3	47.9	51.1
Percentage of women age 20-24 reporting birth of order 2 & above	50.6	48.9	-	-
Percentage of birth to women during age 15-19 out of total births	13.8	14.6	-	-

<b>Family Planning</b>				
Any Method (%)	48.0	46.0	55.1	51.9
Any modern method (%)	36.5	36.0	42.0	42.2
Female Sterilization (%)	28.4	28.9	30.7	33.5
Male Sterilization (%)	0.2	0.2	0.3	0.3
IUD (%)	0.0	0.0	0.5	0.1
Pill (%)	6.9	6.4	8.4	7.2
Condom (%)	0.9	0.6	1.7	0.8
<b>Unmet need for Family Planning</b>				
Total unmet need (%)	22.8	22.9	21.8	23.2
For Spacing (%)	8.5	8.7	9.4	9.9
For limiting (%)	14.3	14.2	12.4	13.2

### Unmet Need for Family planning Services in Keonjhar

There is increase in contraceptive acceptance per 1000 population in the district with the efforts by the District Family Welfare Bureau & NRHM. All the health institutions have shown progress in 2010-11 in comparison to the year 2009-10 except Barbil PPC whose performance has gone down from 25.8% to 22.9%. With regards to the spacing, IUCD performances have gone up to 89.9% from the previous year 62.2 % ( 2009-10). The



relatively poor achievement in oral contraception can be attributed erratic supply. However there is hardly any change noticed in the unmet need.

### Service delivery FP services –FDS and achievement in FDS centers

It was planned during 2011-12 to operationalise 18 Fixed Day Static Centers (FDSC) for family planning services in the district in all the L3 and L2 MCH centers. But at present only six are functional. These institutes are Keonjhar PPC, Annadapur PPC, Barbil PPC, Champua PPC, Sainkul CHC and Ghatagaon CHC. Out of 4 L3 institutions, all are providing FDS FP services and Sainkula CHC & Barabil CHC out of the identified 17 L2 institutions providing the fixed day services. Also it is found that the

Performances in Fixed Day static Centers for Family planning is only 5.6% as only 6 centres are functional out of 18 planned. No IUCD insertion in the FDS Centers in designated

coverage in terms of achievement in FP services in the FDS centers is only 5.6 % and the coverage of IUCD is negligible in Fixed Days. Even in cases of L1 institutions the services (IUCD insertion and distribution of non-clinical contraceptives, counseling) are being provided but there is hardly any adherence to the FDS norm.

### **Post Partum & Post abortion Contraception**

With the strengthening of referral transport support system (plying of Janani Express, Ambulances, and MHUs) and conditional cash assistance for institutional delivery and active involvement of the community link workers and activists (ASHAs) there is significant rise in institutional delivery. At this background emphasis was given to utilize the opportunity to promote post partum sterilization and contraception. Sensitization of staff nurses of PPC and Labour room in charge, Yashoda Coordinator was carried out in 2010-11 FY. The progress has been poor. It is observed that only 32 & 47 cases of post partum sterilization were reported IN 2010-11 & 2011-12 FY. But there is no reports relating to the post abortion contraception.

### **Service Environment**

Mention institution wise/Delivery point wise availability of critical equipments status

Sl. No.	Name of the institutions/Delivery points	Category (L1,L2 ,L3)	Name of the equipment (IUCD/NSV/ Minilap Kit /Lap. Machine)	Units	Status (Functional/ non-functional)	Remark/Steps taken (if any)
1	DHH	L3	IUCD, Minilap, Lap.	2,1,2	Functional	
2	SDH Anandpur	L3	IUCD, Minilap	2,1	Functional	
3	SDH Champua	L3	IUCD, Minilap	2,1	Functional	
4	CHC Ghatagaon	L3	IUCD, Minilap, NSV	1,1,1	Functional	
5	CHC Sainkul	L2	IUCD, Minilap	1,1	Functional	
6	CHC Salania	L2	IUCD, Minilap	1,1	Functional	
7	CHC Fakirpur	L2	IUCD, Minilap, NSV	1,1,1	Functional	
8	CHC Patna	L2	IUCD, Minilap	1,1	Functional	
9	CHC Jhumpura	L2	IUCD, Minilap	1,1	Functional	
10	CHC Harichandanpur	L2	IUCD, Minilap	1,1	Functional	

11	CHC Padampur	L2	IUCD, Minilap, Lap, NSV	1,1,1, 1	Functional	
12	CHC Banspal	L2	IUCD, Minilap	1,1	Functional	
13	CHC Telkoi	L2	IUCD, Minilap, NSV	1,1,1	Functional	
14	CHC Udaypur	L2	IUCD, Minilap	1,1	Functional	
15	CHC Bhandra	L2	IUCD, Minilap	1,1	Functional	
16	CHC Basudevpur	L2	IUCD, Minilap, NSV	1,1,1	Functional	
17	CHC Barbil	L2	IUCD, Minilap	2,1	Functional	
18	CHC Keshudrapal	L2	IUCD, Minilap	1,1	Functional	
19	CHC Hatadihi	L2	IUCD	1	Functional	
20	Janghira PHC(N)	L1	IUCD	1	Functional	
21	Sirigida PHC(N)					
22	Suakati PHC(N)	L2	IUCD	1	Functional	
23	Panasadiha PHC(N)					
24	Phuljhar PHC(N)	L1	IUCD	1	Functional	
25	Gonasika SC	L1	IUCD	1	Functional	
26	Childa SC	L1	IUCD	1	Functional	
27	Pandapada SC	L1	IUCD	1	Functional	
28	Jatra SC	L1				
29	Patilo SC	L1				
30	Baniapanka SC	L1				
31	Jajanga SC	L1				
32	Maidankel SC	L1	IUCD	1	Functional	
33	Jharbelda SC	L1	IUCD	1	Functional	
34	Khareitangri SC	L1				
35	Damahuda SC	L1				
36	Kalikaprasad SC					
37	Basantapur SC					
38	Khuntapada SC	L1	IUCD	1	Functional	

**Quality Assurance Process :**

Government of India places utmost importance to the Quality assurance Committee in family Planning aspects. The Honorable Supreme Court directives clearly outline the structure, institutional arrangement, role and responsibility and significance of the Quality Assurance Committee. The QAC was held regularly in 2011-12 and all the plan, FDS functionalisation, failure & complication of sterilization etc. were discussed topics.

### Logistics and Supply system

Stock in hands as on 1<sup>st</sup> April 2012

Tubal Rings (0 pairs) IUCD (1330pcs. ) OP (40500 cycles) CC (9000 Pcs.)

Quarter	CC			OCP			IUCD		
	Requirement	Available	Remark	Requirement	Available	Remark	Requirement	Available	Remark
Qr 1	303000	672000		36000	117380		2130	3000	
Qr 2	303000			36000			2130	2870	
Qr 3	303000	246000		36000	70380		2130		
Qr 4	303000			36000			2130	2570	

There was separate store for family planning and family planning material. During the year 2010-11, the logistics system for the Family planning material and supplies were integrated with the central store. Presently all the transactions relating to the family planning supplies are tracked and monitored through the central store.

### Private Sector Partnership & Accredited Institutions and NGO Involvement

Only one private institution, Keonjhar Nursing Home, is accredited to provide family planning services. But due to administrative reasons it is yet to be functional. Other two (Tata Hospital, Joda & Keonjhar Health Point, Keonjhar) are also planned to be taken as accredited Family Planning Service Centers.

### Human Resource Development

Total number of empanelled surgeons at the district and their respective place of posting and achievement during 2011-12 are as follows:

Sl. No	Name of the Surgeon	Presently posted	Category Of Institute (L1/L2/L3)	No. of sterilization operation conducted during the 2011-12				Remark (if delivery)
				Vasec	NSV	Minila	Laparoscopy	
1	Dr. Madan Mohan Mohapatra, O & G Spl.	DHH Keonjhar	L3				3895	
2	Dr. Jagannath Pahi, O & G Specialist	DHH Keonjhar	L3			37	2397	
3	Dr. Trinath Pal, O & G Specialist	Bhanda CHC	L2		0		0	
4	Dr. Pravat Nayak,	Salania CHC	L2			8		

	O & G Specialist						
5	Dr. Nirmal Ku. Nayak, O & G Specialist	Joda CHC	L2			0	
6	Dr. Soudamini Dhal, O & G Specialist	Barbil PPC	L2			36	
7	Dr. Swarup Ch. Mishra, O&G Spl.	Sainkul CHC	L2			332	
8	Dr. Girish Ch. Rout, O & G Specialist	SDH Champua	L3			0	
9	Dr. G.C. Pati, O & G Specialist	Champua PPC	L3			66	
10	Dr. Bikram Maharana, O & G Specialist	SDH Anandapur	L3			38	
11	Dr. Dillip Ku. Nayak, O & G Specialist	SDH Anandapur	L3			60	
12	Dr. Sudhansu Sekhar Bal, MO I/C	Fakirpur PHC	L2			0	
13	Dr. Muktikanta Nayak, MO I/C	Ghatagaon CHC	L3		81		

During 2010-11, Dr. Uttam Nayak and his team were trained in laparoscopy but his service is yet to be utilized. Other doctors i.e. Dr. Surenda Singh, Jharbeda PHC (N), Dr. Rajendra Murmu (Kesudrapal), Dr. Bharat Sahu (Janghira) also were trained in Minilap in the district. Besides this, there are other O & G specialists in the districts (enlisted later) who are not conducting single sterilization operation. IUCD insertion is another grim area. With regards to the spacing, services of the huge human resource in terms of ASHAs, AWWs are untapped & they are to be sensitized as motivators for various spacing methods. A small briefing and sensitization can really make the difference.

#### **Present status on Training till 1<sup>st</sup> April 2012**

<b>2011-12</b>	<b>NSV</b>	<b>IUCD</b>	<b>Minilap</b>	<b>Lap.</b>	<b>Prog.guidelines</b>	<b>Contraceptive update</b>
<b>Trained Personnel</b>	1	32	9	3	0	27

#### **Monitoring and Evaluation**

The poor performances in the fixed day static centers, O&G specialists not conducting sterilization operation can be attributed to poor supervision and monitoring. At present the review of family planning is done as the part of regular monthly meeting, but there is no specific regular review on it.

### **Chapter-03**

### Plan for 2012 – 2013

(Source as per the norms suggested by state)

Sl. No	Name of the Block	ELA			
		Sterilization	IUCD	CC	OP
1.	<b>Banaspal CHC</b>	441	496	938	551
2.	<b>Basudevpur CHC</b>	574	654	1273	685
3.	<b>Bhanda CHC</b>	418	469	869	521
4.	<b>Fakirpur CHC</b>	455	513	969	570
5.	<b>Ghatagaon UGPHC</b>	483	544	1029	604
6.	<b>Harichandanpur CHC</b>	585	658	1242	731
7.	<b>Jhumpura CHC</b>	457	515	973	572
8.	<b>Padampur CHC</b>	662	744	1406	827
9.	<b>Patana CHC</b>	448	504	952	560
10.	<b>Sainkul CHC</b>	622	700	1322	778
11.	<b>Salania CHC</b>	643	723	1367	804
12.	<b>Telkoi CHC</b>	425	478	905	532
13.	<b>Udyapur CHC</b>	389	437	826	486
14.	<b>Keonjhar PPC</b>	222	249	471	277
15.	<b>Anandapur PPC</b>	162	183	346	203
16.	<b>Barbil PPC</b>	217	245	463	272
17.	<b>Champua PPC</b>	137	145	245	201
18.	<b>Total</b>	<b>7340</b>	<b>8257</b>	<b>15596</b>	<b>9174</b>

**The eligible couple for the district**



(From EC survey report of last year, by 30<sup>th</sup> June, 2011)

Age Group	No of E.C.s.		
	Rural	Urban	Total
15-19	7407	464	7871
20-24	39231	3787	43018
25-29	52542	5872	58414
30-34	51238	5506	56744
35-39	42807	4558	47365
40-44	32461	3098	35559
<b>Total</b>	<b>225686</b>	<b>23285</b>	<b>248971</b>

**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	14	7	17	2	1	
DPS non-MCH(strategic Locations)						
	SC	PHC	CHC	SDH	DHH	Remark
Plan 12-13	2	2				

**Operationalization of FDS center** is still a challenge to the district due to different reasons like shortage of staff, lack of awareness etc. This year steps have been taken to make them functionalized achievement expected to be increased by 40 %.

- i. one micro-plan has been developed to depute empanelled doctors to designated FDS centers in “ Parivar Kalyan Diwas”. The micro plan is as follows:

Sl. No.	Name of the Institution	1 <sup>st</sup> Week	2 <sup>nd</sup> Week	3 <sup>rd</sup> Week	4 <sup>th</sup> Week
1	Padampur CHC	Dr. P.L. Mahanta, DHH	-----	Dr. Mamata Jena, DHH	-----
2	Jhumpura CHC	Dr. K. Mahanta,	Dr. K. Mahanta,	Dr. K. Mahanta,	Dr. K. Mahanta,
3	Bhanda CHC	Dr. T. Pal,	Dr. T. Pal,	Dr. T. Pal,	Dr. T. Pal,
4	Basudevpur CHC	Dr. Nirmal Nayak, Joda CHC	Dr. Nirmal Nayak, Joda CHC	Dr. Nirmal Nayak, Joda CHC	Dr. Nirmal Nayak, Joda CHC
5	Patna CHC	Dr. U. Nayak,	-----	Dr. U. Nayak,	-----
6	Udaypur CHC	-----	Dr. U. Nayak, Patna CHC	-----	Dr. U. Nayak, Patna CHC
7	Ghatagaon CHC	Dr. A. Mishra, Ghatagaon CHC	Dr. S.N. Singh, Jhrabeda PHC (N)	Dr. M. Nayak, Ghtagaon CHC	Dr. S.N. Singh, Jhrabeda PHC (N)
8	Harichndanpur CHC	-----	Dr. A. Mishra, Ghatagaon CHC	-----	Dr. A. Mishra, Ghatagaon CHC
9	Fakirpur CHC	Dr. S. Bal,	Dr. S. Bal,	Dr. S. Bal,	Dr. S. Bal,
10	Salania CHC	Dr. P. Nayak, Salania CHC	Dr. P. Nayak, Salania CHC	Dr. P. Nayak, Salania CHC	Dr. P. Nayak, Salania CHC
11	Sainkul CHC	Dr. S. Mishra, Sainkul CHC	Dr. S. Mishra, Sainkul	Dr. S. Mishra, Sainkul CHC	Dr. S. Mishra, Sainkul CHC

			CHC		
12	Bansapal CHC	Dr. M. Mahapatra, PPC, Keonjhar	-----	Dr. M. Mahapatra, PPC, Keonjhar	-----
13	Telkoi CHC	-----	Dr. M. Mohapatra, PPC, Keonjhar	-----	Dr. M. Mohapatra, PPC, Keonjhar
14	Champua SDH	Dr. G.C. Pati & Dr. G.C. Rout, Champua SDH	Dr. G.C. Pati & Dr. G.C. Rout, Champua SDH	Dr. G.C. Pati & Dr. G.C. Rout, Champua SDH	Dr. G.C. Pati & Dr. G.C. Rout, Champua SDH
15	Anandapur SDH	Dr. D. Nayak & Dr. Maharana, SDH, Champua	Dr. D. Nayak SDH, Champua	Dr. D. Nayak & Dr. Maharana, SDH, Champua	Dr. D. Nayak & Dr. Maharana, SDH, Champua
16	DHH, Keonjhar	Dr. J. Pahi, & Dr. Mamata Jena, DHH	Dr. J. Pahi & Dr. P.L. Mahanta, DHH	Dr. J. Pahi & Dr. P.L. Mahanta, DHH	Dr. J. Pahi, & Dr. Mamata Jena, DHH
17	Barabil CHC	Dr. S. Dhal, Barabil CHC	Dr. S. Dhal, Barabil CHC	Dr. S. Dhal, Barabil CHC	Dr. S. Dhal, Barabil CHC
18	Keshdurapal CHC	-----	Dr. Maharana, SDH, Champua	-----	-----

ii. IEC/IPC Activities:

The PHEIO of the respective CHCs are to take necessary steps to inform the community regarding the fixed day static centers for family planning services. Hoardings and wall paintings will be made for publicity of the “Parivar Kalyan Diwas” .

iii. Monitoring :

Monitoring plan has been developed for the district level officials as per their allotted blocks/ institutions.

**Action: DMCHC, DPM & ADMO (FW)**

**Plan for Sterilization Camp:**

It is planned to hold the camp in Friday of one fixed week in each block and accordingly the deputation of operating surgeon would be there. This time it is planned to have more NSV camps and to increase the male participation in accepting limiting methods. De-freezing the previous year's record of achievement i.e. “0” , last year it was 81 in number. This time it is planned to have 300 NSV acceptors in our district.

**Action: ADMO (FW), DMCHC, DPM**

**Observation of World Population Fortnight -2012:**

Observation of World Population Fortnight during July-2012 will be there throughout the district with special focused plan for underserved areas like Bansapal, Telkoi, Joda, Harichandanpur.

**Action: ADMO (FW) & DPM**

**Steps to promote PP&PA sterilization & IUCD insertion**

One batch of training on PPIUCD has been completed. Dr. Mamata Jena, O& G Specialist, DHH is the trainer to our district. In all the monthly meetings this message i.e. to motivate and conduct the PPIUCD has been disseminated. ASHA, ANMs are motivated to use the opportunity to increase the PPIUCD acceptors among the eligible women.

**Action: ADMO (FW), DMCHC, MO I/C**

**Plan to scale up and monitor the “Home Delivery of Contraceptives by ASHA”**

One sensitization workshop for Medical Officers was held in 2011-12 FY. This year it is planned to have-

A. Training:

- i. District level TOT for BPO, BEE, AYUSH Medical Officers
- ii. Sector level training of ASHAs

B. Logistics Monitoring:

- i. Monthly stock transaction monitoring
  - ii. Ensuring appropriate supply to ASHAs
  - iii. Timely indenting to State
- C. Field Monitoring
- i. Monitoring the stock with ASHAs
  - ii. Monitoring the process of delivery of contraceptives
  - iii. Monitoring whether the ASHA is getting money after providing the contraceptive to the client
- D. Review
- i. Monthly review in the sector level meeting
  - ii. Monthly review in the district level meeting

**Action: ADMO (FW), DMCHC, MO i/cs, BPO**

**B.Human Resource Development Plan(Training Plan)**

**Training Calendar for Family Planning Services -2012-13:**

	Q1	Q2	Q3	Q4	Total target	Person responsible
IUCD	0	2	2	1	5 (batches)	DMCHC/ADPHCO
PPIUCD	0	1	1	1	3 (batches)	DMCHC/ADPHCO
NSV/CV	0	1	1	0	2 (batches)	DMCHC/ADPHCO
Minilap	0	0	1	1	2 (batches)	DMCHC/ADPHCO
Contraceptive update(doctors)	0	1	0	0	1(batch)	DMCHC/ADPHCO
Contraceptive update(paramedics)	0	1	1	1	3 (batches)	DMCHC/ADPHCO
Programme Guideline orientation						
Logistics & Supply chain management/RHCLMIS/ProMIS						
Counseling						

**C. Quality assurance Plan**

This year it is planned to have regular QAC meeting to update the empanelled doctors list for sterilization operation and perform the assigned duty of facility audit, exit interview, access quality relating to prudent clinical practices.

**Action: MCH Coordinator & ADMO (FW)**

**D.Plan for promoting Public Private Partnership for Family Planning :**

Only one private nursing homes i.e Keonjhar Nursing Home is accredited to provide the Family Planning services. It is proposed to expand the facility to another 3 institutions during this year by critical assessment by end of third quarter.

**Action: DMCHC, DPM & ADMO (FW)**

#### **E. ELCO Survey :**

Eligible Couple serves the basis of the family planning programme and interventions. The last headcount and detail assessment of the eligible couples was done in 2005. Since then there was only annual updating. This year it is proposed to conduct the Eligible Couple survey during the first quarter by involving the ASHA & Health Worker (Male and Females) as directly surveyors and LHV, MPHS (M), AYUSH doctors, BEE, SA & MO as supervisors. The activity will be as :

- i. District Level Sensitisation Workshop for MO i/c, BPO, BEE etc.
- ii. One day Block Level Orientation for HW (F), HW(M), MPHS (M),LHV, SA, AYUSH MOs by the support of UNFPA

**Action: DPM, DMCHC, ADMO (FW), MOI/C, BEE & BPO**

#### **F. Monitoring & Supervision plan**

Besides the regular IEC activities, the programmatic intervention based IEC is a dire need to expand family planning services at the present scenario.

1. Orientation of RKS and GKS members on advantages of family planning, the requirement for facility up gradation, fixed day static center approach and the quality aspects and role of RKS for betterment of patients and clients.
2. Sensitization of the NYK volunteers regarding the fertility issues and programme intervention.
3. Display boards in front of the PPCs citing about the provisions for the family planning methods as an information kiosk.
4. Wide publicity through banner, poster, wall paintings about the FDS centers, provisions and incentives in family planning programmes.
5. Periodic monitoring and field visit by the district officials and QAC members to access facility, exit interview and verification of records and registers.
6. Tracking the progress through facility based reporting and action towards non reporting of the units.
7. Quarterly review of Family planning programmes and institutionalizing the QAC meeting in every quarter.



**MONITORABLE INDICATORS FOR FAMILY PLANNING 2012-13**  
**(Against each indicator, Districts are to provide consolidated quarterly targets and trace month wise achievements)**

		Baseline (1 <sup>st</sup> April 2012)	Q1 Target	Q2 Target	Q3 Target	Q4 Target	Annual
<b>C</b>	<b>Family Planning</b>						
<i>C.1</i>	<i>Service Delivery</i>						
C.1.1	% of total sterilization against ELA	<b>101.3%</b>	<b>1101</b>	<b>1468</b>	<b>2569</b>	<b>2202</b>	<b>7340</b>
C.1.2	% post partum sterilization						
C.1.3	% male sterilizations	<b>2%</b>	<b>0</b>	<b>50</b>	<b>100</b>	<b>50</b>	<b>200</b>
C.1.4	% of IUD insertions against planned	76.2%	<b>1238</b>	<b>1651</b>	<b>2890</b>	<b>2478</b>	<b>8257</b>
C.1.5	% IUD retained for 6 months						
C.1.6	% Sterilization acceptors with 2 children	<b>4080</b>	<b>620</b>	<b>1080</b>	<b>1300</b>	<b>1150</b>	<b>4150</b>
C.1.7	% Sterilization acceptors with 3 or more children	<b>2178</b>	<b>230</b>	<b>430</b>	<b>530</b>	<b>500</b>	<b>1690</b>
<i>C.2</i>	<i>Quality</i>						
C.2.1	% of complications following sterilization						
<i>C.3</i>	<i>Outputs</i>						
C.3.1	% doctors trained as minilap	<b>60%</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
C.3.2	% doctors trained as NSV	<b>10%</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>
C.3.3	% doctors trained as laparoscopic sterilization	<b>11.7 %</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
C.3.4	% ANM/LHV/SN/MO trained in IUD insertion	<b>18 %</b>	<b>0</b>	<b>16</b>	<b>32</b>	<b>32</b>	<b>80</b>



<b>C.4</b>	<b><i>HR productivity</i></b>						
C.4.1	Average no. of NSVs conducted by trained doctors	<b>81</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>80</b>
C.4.2	Average no. of minilap sterilizations conducted by minilap trained doctors	<b>34</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>120</b>
C.4.3	Average no. of laparoscopic sterilizations conducted by lap sterilization trained doctors	<b>3220</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>100</b>
C.4.4	Average no. of IUDs inserted by MO trained in IUD insertion	<b>0</b>	<b>528</b>	<b>555</b>	<b>555</b>	<b>555</b>	<b>2193</b>
C.4.5	Average no. of IUDs inserted by MO trained in IUD insertion						
C.4.6	Average no. of IUDs inserted by SN	<b>445</b>	<b>700</b>				<b>6065</b>
	Average no. of IUDs inserted by LHV			<b>1220</b>	<b>2345</b>	<b>1800</b>	
	Average no. of IUDs inserted by ANM						
<b>C.5</b>	<b><i>Facility utilization</i></b>						
C.5.1	Average no. of sterilizations performed in FRUs	<b>145</b>	<b>0</b>	<b>40</b>	<b>60</b>	<b>40</b>	<b>140</b>
C.5.2	Average no. of sterilizations performed in 24x7 PHCs		<b>75</b>	<b>125</b>	<b>120</b>	<b>135</b>	<b>455</b>

**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 )	2 <sup>nd</sup> Qtr Sept. 30 <sup>th</sup> 2012	ADMO (FW), DMCHC, DPM	CDMO		
IUCD insertion & Services in another specific day ( in all L2 & L1 centers and delivery points)	2 <sup>nd</sup> Qtr Sept. 30 <sup>th</sup> 2012	ADMO (FW), DMCHC, DPM	CDMO		
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 and ICA 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			District officials to take corrective steps if any  MOI/c to take corrective measure, BPO /BEE for proceedings & meetings.
Camp scheduled after the quarter to address the backlog – organizing camp s and other details as per guideline		Dy .DPHIEO , SA			
IEC/BCC activities regarding the a. Fixed Day Static Centers b. Camps	Fixed Days After each quarter/Decisions	(Dy .DPHIEO)  BPHIEO			ADMO(FW)  MOI/c
Monitoring visit to the Fixed Day Static Centers	Continuous	ADMO(FW) and assigned officials			CDMO & ADMO(FW) to review and rectify

Activities	Time Line	Responsible Person/Officer	Reviewing Officer	Achieved Yes/NO	If No Reasons and Corrective action
<b>MONITORING AND SUPPORTIVE SUPERVISION TEMPLATE FOR DISTRICTS ON LOGISTICS &amp; SUPPLY CHAIN</b>					
Assessment of stock /Contraceptive Commodity Security for free supply & ASHA	Monthly	DMCHC	ADMO (FW)		
Updation in CLMIS/ProMIS	Monthly	DMCHC, DPM	ADMO (FW)		
Transportation of Family Planning Supplies Dist.to Block Block to Sector/SC	Quarterly	Store Pharmacist, SA, DMCHC	ADMO (FW)		
<b><u>MONITORING AND SUPPORTIVE SUPERVISION TEMPLATE FOR DISTRICTS QUALITY ASSURANCE PLAN</u></b>					
Periodic QAC meeting	Quarterly	DPM, ADMO (FW)	CDMO		
Facility audit/Exit Interview /verification of records	As per requirement/ Quarterly	2 QAC members, ADMO (FW)	CDMO		
Failures/Complications	Regularly	SA, ADMO (FW)	CDMO		
Insurance Claims etc.	Regularly	SA, ADMO (FW)	CDMO		
Any other					

# RESOURCE ALLOCATION

## Family Planning Budget- 2012-13

PIP Code	Budget head	Unit Of measure	Base line Current status	Rate/Rs/Unit	Target				Total Target	Budget (in Lakh)	Officer/Person Responsible
					Q1	Q2	Q3	Q4			
A3.1	Terminal/Limiting Methods				Q1	Q2	Q3	Q4			
A3.1.1	Dissemination of manuals on sterilization standards & quality assurance of sterilization services										
A3.1.2	Quarterly Female Sterilization Camps to address backlogs - 2 camp per qtr per district in the low performing zone	Per camp per quarter		15,000	1	1	1	1	4	0.60	
A3.1.3	NSV camp - one camp per qtr per district in 10 districts (Koraput, Rayagada, Malkanagiri, Nabarangpur, Kalahandi, Nuapada, Bolangir, Sonapur, Mayurbhanj and Kandhamal)	Per camp per quarter		35,000	0	2	3	3	8	2.80	
A3.1.4	Compensation for Female sterilization	Per Beneficiary		1,000	1200	1600	2200	2200	7200	72.00	
A3.1.5	Compensation for Male sterilization	Per Beneficiary		1,500	50	50	50	50	200	3.00	
	<b>Total of Sterilization</b>										
	<b>Budget for Sterilization (85% of Total Sterilizations Budget)</b>										
A3.1.6	Accreditation of private providers for sterilization services										
A3.1.6.1	Regional level orientation of accredited private providers on service protocols & reporting	Per inst.		2,500							
	<b>Sub-total A3.1 (excluding Sterilization &amp; NSV)</b>										
A3.2	Spacing Methods										
A3.2.1	IUD Camps										

<b>A3.2.2</b>	<b>IUD services at health facilities/ compensation</b>										
A3.2.2.1	For Beneficiary (to be utilized to meet essential requirements on IUD services at institution level)	Per beneficiary	20	2025	2025	2025	2025	8100	1.62		
A3.2.2.2	Incentive to ASHA for ensuring retention of IUD by beneficiary for 1yr	Per case	150	90	90	90	90	360			
A3.2.3	Incentive to private accredited institutions for IUD insertion services	Per case	75	0	141	141	141	423	0.32		
<b>A3.2.4</b>	<b>Social Marketing of contraceptives</b>										
<b>A3.2.4.1</b>	<b>Delivery of contraceptics by ASHA at door step in 18 high focus district</b>										
A3.2.4.1.1	Sensitisation workshop at district level	Per district									
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								
<b>A3.2.4.1.4</b>	<b>Eligible couple survey</b>										
A3.2.4.1.4.1	At District level (MO I/c, BPO, PHEO, SA, HQ LHV from block level, 2 staff from PPC, district level participants - CDMO, SI, MCH, DHIO, ICA, DPHEO)	per participant	500								
A3.2.4.1.4.2	At Sub district level - Orientation to programme officer, supervisor & ASHA at existing meeting platforms										
A3.2.4.1.5	Distribution of contraceptives										
<b>Sub-total A3.2</b>											
<b>A3.3</b>	<b>POL for FP/Others - Trasportation of FW materials</b>										
A3.3.1	State to district										
A3.3.2	District to Block										
A3.3.3	Block to Sector (ASHA to be provided contraceptives at sector meeting)										
<b>A3.4</b>	Repair of laparoscopes										
<b>Sub-total A3.3 &amp; A3.4</b>						-	-	-	-	-	

<b>A3.5</b>	<b>Other strategies/activities</b>										
<b>A3.5.1</b>	<b>Strengthening of Family Welfare Bureau for quality implementation of family planning programe</b>										
<b>A3.5.1.1</b>	<b>At State level</b>										
<b>A3.5.1.2</b>	<b>At District level</b>										
A3.5.1.2.1	Manpower										
A3.5.1.2.2	Mobility cost for supportive supervision including QAC members										
A3.5.1.2.3	Operational cost for Dist. FW Bureau for meeting exp., reporting, internet, telephone, postage etc.	Per district per month								-	
<b>A3.5.2</b>	<b>Operationalization of fixed day static services - Family welfare day</b>										
<b>A3.5.2.1</b>	<b>Contingency for Fixed day static FP services</b>										
A3.5.2.1.1	At L3 FRU	Per inst. Per quarter	1,200	4	4	4	4	48	0.58		
A3.5.2.1.2	At L2 24x7	Per inst. Per quarter	600	14	14	14	14	56	0.34		
A3.5.2.1.3	At Other DPs										
<b>A3.5.3</b>	<b>Promote postpartum and post abortion family planning services including sterilization in facilities having high institutional deliveries</b>										
A3.5.3.1	Remuneration of Family Planning Counsellor (32 DHH + SCB MCH) @Rs.10,000/- + PI Rs.1500/- (max 20%)	Per month									
A3.5.3.2	Sensitization of service providers on PP sterilization										
A3.5.3.3	Sensitizing ASHA & AWW to motivate the beneficiary										
A3.5.3.4	Orientation to PPC SN & ANM on FP counseling & on PP										
<b>A3.5.5</b>	<b>Trainings</b>										
<b>A3.5.5.1</b>	<b>Laparoscopic sterilization training</b>										
<b>A3.5.5.2</b>	<b>Minilap training</b>										



A3.5.7.1	NSV kit	Per kit									
A3.5.7.2	Minilap kit	Per kit									
A3.5.7.3	IUCD kit	Per kit									
A3.5.7.4	Laprosocpe machine	Per mechine									
<b>A3.5.8</b>	<b>Performance Based Awards</b>										
A3.5.8.1	Best performing districts (3 districts)/block	Lump sum									
A3.5.8.2	Best performing Surgeon (Female & Male sterilization)	Lump sum									
<b>A3.5.9</b>	<b>Monitoring</b>										
A3.5.9.5	District level QAC meeting (Integrated with general QAC meeting)	Per district per quarter								-	
A3.5.9.6	Quarterly family planning review by District Authorities										
<b>A3.5.10</b>	<b>IEC/BCC</b>										
A3.5.10.1	Production of AV resource materials, broadcasting & telecasting in mass media channels										
A3.5.10.2	Advertisement of local dailies on FP										
<b>A3.5.10.3</b>	<b>Observation of World Population Fortnight</b>										
<b>A3.5.10.3.1</b>	<b>At State level</b>										
<b>A3.5.10.3.2</b>	<b>At District level</b>										
A3.5.10.3.2.1	District level function	Per district		5,000							
A3.5.10.3.2.2	Documentation	Per district		5,000							
<b>A3.5.10.3.3</b>	<b>At Block &amp; sub-block level</b>										
A3.5.10.3.3.1	Block level function	Per block		1,500							
A3.5.10.3.3.2	IEC Van	Per van for 2 block		15,000							
A3.5.10.3.3.3	Poster, leaflet, hoarding etc	Per block		10,000							



A3.5.10.3.3.4	Village contact drive	Per block		10,000							
A3.5.10.3.3.5	Documentation	Per block		1,000							
A3.5.10.4	Sensitizing Kalyani Club members/ NYKs Youth volunteers on FP issues	Per block		1,000							
A3.5.10.5	Board for Designated FP Day at designated institution (Promotion of Fixed day approach)					-		-		-	
A3.5.11	Wall painting - promotion of ASHA contraceptive in 18 high focus districts	4nos per block									
<b>Sub-total A3.5</b>											