



Draft

District Family Planning Plan



SAMBALPUR

2012-13

District Family Welfare Bureau
Zilla Swasthya Samiti





**OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER:
SAMBALPUR
DISTRICT PROGRAMME MANAGEMENT UNIT
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No. 1438/

Sambalpur

Date: 21/8/2012

To

The Director of Family Welfare
Odisha, Bhubaneswar

Sub: Submission of district family planning plan of Sambalpur district for the year 2012-13.

Sir,

With reference to the above cited subject, I am submitting herewith the District Family Planning Plan of Sambalpur district for the year 2012-13.

This is for favour of your kind information and necessary action.

Yours faithfully,

Chief District Medical Officer, Sambalpur

Foreword

With passage of time it is being realized that Family Planning contributes significantly in reducing maternal and child morbidity and mortality. In our attempt to reduce the high unmet need (25) as per DLHS -III, the district is focusing upon the fixed day static center approach along with other intervention. The present plan emphasized upon both the limiting and spacing method. The focus is in the context of strengthening the various levels (L1, L2, L3) of MCH centers and providing family planning services as per the state mandate.

The new issues like logistic supply management, capacity building and rational positioning of human resources, operationalization of Fixed Day Static Centers, Promoting Post Partum & Post Abortion Contraception & Sterilization 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.

We hope that this District Family Planning Plan, 2012-13 will fulfill the intended purpose. We are thankful to Mr. Anil Kumar Mohanty, DPM, Mr Aswani Mahananda, DMCHC, Mr Kali Shankar Dash, Data Assistant & Suresh Mishra, SA for the support in developing the plan.

**Assistant District Medical Officer (FW)
Sambalpur**

**Chief District Medical Officer
Sambalpur**

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1. Executive Summary

Sambalpur district located at latitude- between 20° 40' N and 22° 11' N and longitude between 82° 39' E and 85° 15' E & one of the most leading district in Western Orissa. The district Hqr. is situated near the river bank of the Mahanadi and the Prime Goddess of this district is Maa Samaleswar. The district is covering approximately 6702 sq.Km.area. Population of the district is 10,44,410, out of which SC 15% & ST is 30%. There are 167 nos. of SCs, 31 nos. of PHCs, 11 nos. of CHCs & 1 DHH and other system of institutions. There are One Municipality, 4 nos NACs, two Sub-Divisions, nine blocks and 148 Gram Panchayats. Nearly 25% of area is under forest cover. Per capita income of most of the population is below state average. Most of the people are depending on agriculture and forest products.

The unmet need for the family planning services as per DLHS-III total, spacing (9.2%) and limiting (15.8%). It is revealed that our district is in a good position in achievement of sterilization. We have also taken some major steps to increase the insertion of IUD. Fixed day camps have yet to be operational. We are also trying to involve some accredited nursing home to improve the sterilization and spacing method. Training regarding Laparoscopic & IUCD insertion is required. Further there are 12 nos Laparoscopic Machine is required for the increased the performance.

General Information	Orissa	Sambalpur
Sterilization	2.95	3.19
IUD	3.23	1.68
OP	N.A	3
CC	N.A	6
Static Centers	1.059	2.009

Presently the district provides the family planning services in 16 of FDS sites and the camps contribute to 80 % of the ELA in the last year 2011-12 Out of this lap 2645 minilap 952 male sterilization 17 and PP sterilization accounts for 11.34%. The number of empanelled surgeons for sterilization operation as on 30th Nov.2011 is Lap. 2 Minilap 20 NSV 2 .Out of the empanelled surgeons 13 no. are O&G specialists. Steps have already been taken for the fixed day camps. There are nine blocks and 5 nos PPC and 2 nos urban centers have taken in consideration for the fixed day camps. Steps have also been taken for the training of Laparoscopic, Mini Lap, NSV, MTP and insertion of IUCD. Family Planning services are also provided through accredited private institutions.

The trained personnel for providing IUCD are MO 7 Staff Nurse 6 and ANM 3 and LHV 12

The main constraints in achieving the ELA and progress are

1. M.O.s are not conducting sterilization operation
2. Non availability of laparoscopic machine.

The priority of the district for the year 2012-13 are 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 Laparoscopic Machine, IUCD Kits, NSV kits, Minilap kits and other essentials from RKS funds or fund allocated in NRHM PIP2012-13

Chapter-01

Background

Spread over an area of 6702 square kilometers, Sambalpur is known for its scenic beauty and Hirakud dam. According to the census 2011, the population of the district is 10, 44,410. The literacy rate of the district, according to the census 2011 is 77% and the female literacy is 68.47% with a male literacy rate is 85.17. The sex ratio as per thousand male 973, and child sex ratio (0-6 years) is 931 with a population density is 158.

Administratively the district is divided in to three subdivisions namely, Sadar, Rairakhol & Kuchinda. It has 9 blocks, 148 Grampanchyats and 1320 revenue villages. It has One Municipalities and 4 urban local bodies' i.e Sambalpur municipality and Hirakud, Burla, Rairakhol & Kuchinda NAC. Out of the 9 blocks, one is categorized as RCH difficult or high focus blocks. The institutional delivery is 76 % of the total expected deliveries in the district. However, the immunization coverage stands at 94% (HMIS).

No of District Head Quarter Hospital	1
No. of Blocks	09
No of Sub-Divisional Hospital	02
No. of CHC	11
No. of PHC (N)	31
Other hospital	01
Mobile Health Unit	07
Sub-centre	167
No. of hospital bed available	612

Out of the 167 sub centers 02 are in the most vulnerable and hard to reach areas falling under the category V3 (02) as per the states vulnerability index. Five blocks are declared as LWE (left wing extremist) affected areas, whereas three block are tribal block under Kuchinda Sub-Division.

Human Resources (Sambalpur) Regular:

SI.NO	Rank of Officers	S	I	V
1	Doctors	154	117	37
2	Dy MEIO	1	1	0
3	DPHN	1	1	0
4	BEE	9	9	0
5	Pharmacist	60	55	5
6	Staff Nurse	63	60	3
7	Radiographer	7	6	1
8	MPHS(F)	31	24	7
9	MPHS(M)	42	15	27
10	MPHW(F)	199	176	23
11	MPHW(M)	120	102	18

CONTRACTUAL STAFF(NRHM)									
Sl.	Name of the Post	S	I	V	Sl.	Name of the Post	S	I	V
1	Staff Nurse	42	42	0	24	Acct. AH	1	1	0
2	Additional ANM	51	44	7	25	Hos. Manager (DHH	1	1	0
3	LT	7	5	2	26	Acct. DHH	1	1	0
4	AYUSH doctor	42	31	11	27	VBD Consultant(NVBDCP)	1	1	0
5	Pharmacist	4	3	1	28	Acct. (NVBDCP)	1	1	0
6	ANM	4	0	4	29	MTS	5	5	0
7	Work Consultant	3	3		30	Data Manager (IDSP)	1	1	0
8	RVS Coordinator	1		1	31	Data entry operator (IDSP) & NVBDCP	2	1	1
9	Immunization (compu	1	1	0	32	Opth. Asst. (Rairakhol)	1	1	0
10	Cold chain technicians	4	3	1	33	Eye Donation Counsellor	1	1	
11	System Incharge	1	1	0	34	RTI & STI Doctor	1		1
12	Logistic Asst. (Store)	1	1	0					
13	BPO	9	9		35				
14	Block Accountant	9	9	0	36				
15	DPM	1	1		37	Yosodas	12	12	0
16	DAM	1	1	0	38	Data Operator	1	1	0
17	DMCH	1	1	0	39				
18	DHIO	1	1		40	Staff Nurse (SNCU-II)	12	12	0
19	Dist. ASHA Coordinator	1	1		41	Doctors (SNCU-II,DHH)	3	3	0
20	Off. Asst	1	1	0	42				
21	Office Boy	1	1		43	Data entry Operator	1	1	0
22	SDPM (SDH level)	2	2	0					
23	Acct. SDH	2	2	0					

Detail about Delivery Point & MCH Centre

The number of Delivery point in the district is 19 & 16 nos of institution are declared as MCH Centre. The institution wise name detail is as below.

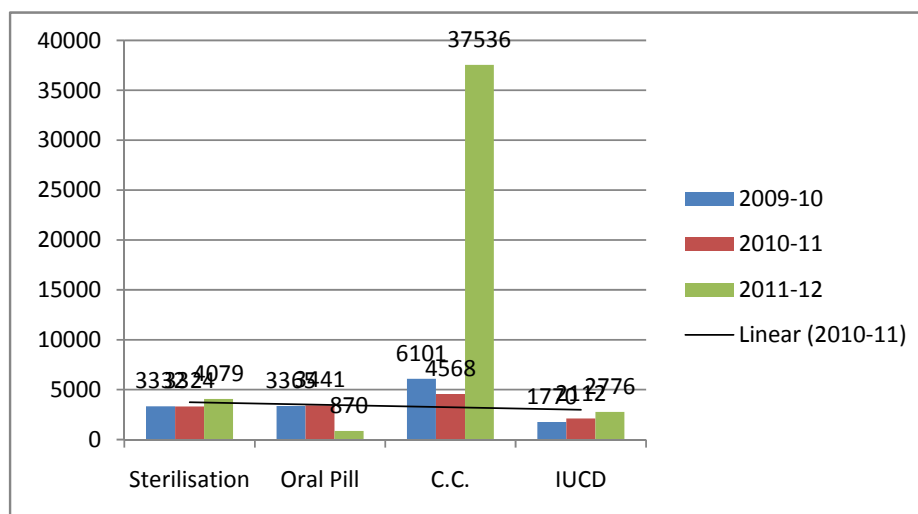
Sl.No.	Name of the Institution	Delivery Point	MCH Centre
1	DHH	Y	Y
2	SDH,Kuchinda	Y	Y
3	SDH,Rairakhol	Y	Y

4	CHC,Debipali	Y	Y
5	CHC,Themra	Y	Y
6	CHC,Laida	N	Y
7	AH,Rengali	Y	N
8	CHC,Gaposh	Y	Y
9	CHC,Govindpur	Y	Y
10	PHC(N) Parmanpur	Y	N
11	PHC(N)Dhama	Y	N
12	CHC,Charmal	Y	Y
13	CHC,Jujumura	Y	Y
14	CHC,Padiabahal	Y	N
15	CHC,Naktideol	Y	Y
16	CHC,Fashimal	Y	Y
17	PHC(N),Jamankira	Y	N
18	AH,Hirakud	Y	Y
19	JPM,Sambalpur	Y	Y
20	PHC(N),Keshibala	Y	N
21	UFWC, Sambalpur	N	Y
22	Burla MCH	N	Y

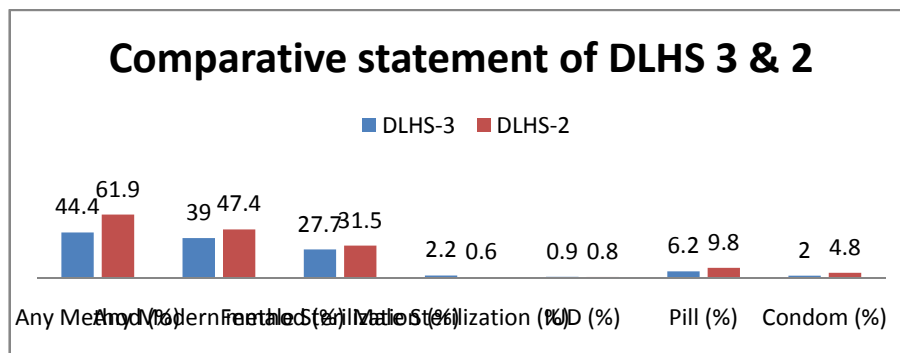
CHAPTER- 2

2. Situational Analysis :

A comparative analysis of performances of Family planning programme with graphs as per HMIS 2009-10, 2010-11 & 2011-12 is given below and it shows the steady progress in the FP activities. Regarding CC, due to logistic problems the trend is downwards whereas IUCD trend is increased, others remains steady progress.



A Comparative Statement of DLHS-III & DLHS-II of Sambalpur is given below relating to the FP performances.



Family planning (currently married women, age 15-49)

Current Use :

DLHS - 3

DLHS - 2

Total

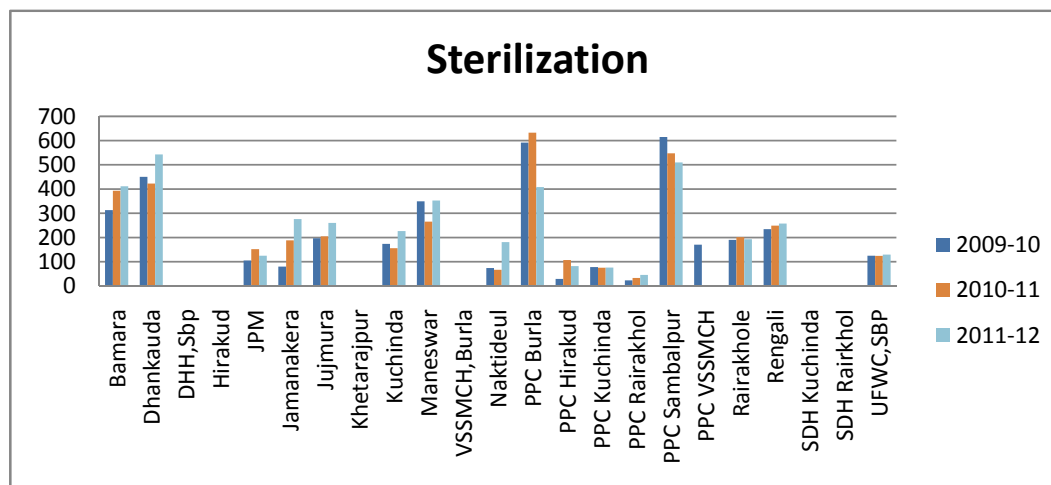
Rural

Total

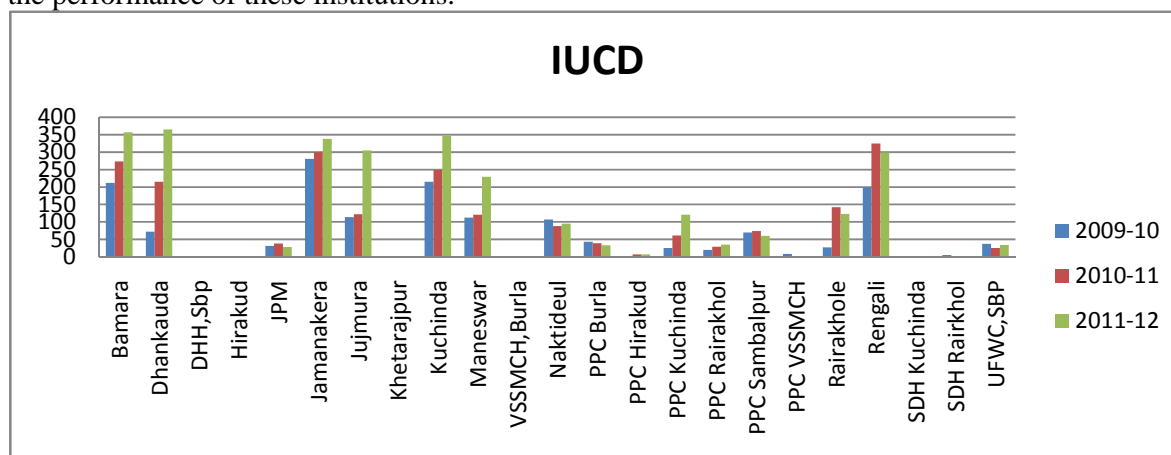
Rural

Any Method (%)	44.4	38.3	61.9	52.6
Any Modern method (%)	39.0	33.9	47.4	43.8
Female Sterilization (%)	27.7	25.1	31.5	33.6
Male Sterilization (%)	2.2	2.6	0.6	0.4
IUD (%)	0.9	0.6	0.8	0.2
Pill (%)	6.2	5.1	9.8	7.0
Condom (%)	2.0	0.5	4.8	2.6
Unmet Need for Family Planning:				
Total unmet need (%)	27.7	31.5	17.5	21.3
For spacing (%)	9.0	10.9	7.2	9.2
For limiting (%)	18.7	20.6	10.3	12.1

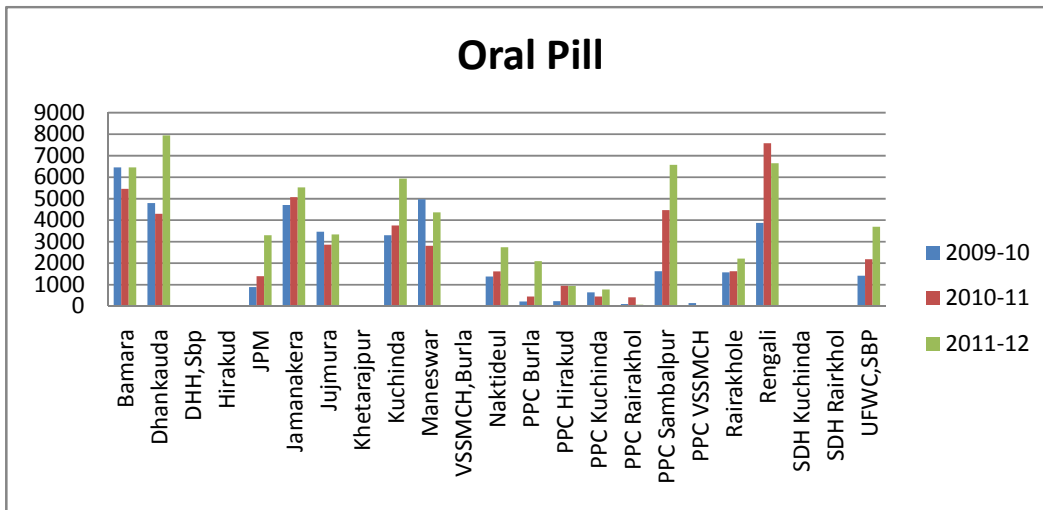
Graph showing the difference in achievement in family planning performances in the last three year (2009-10, 2010-11 & 2011-12) of Sambalpur district.



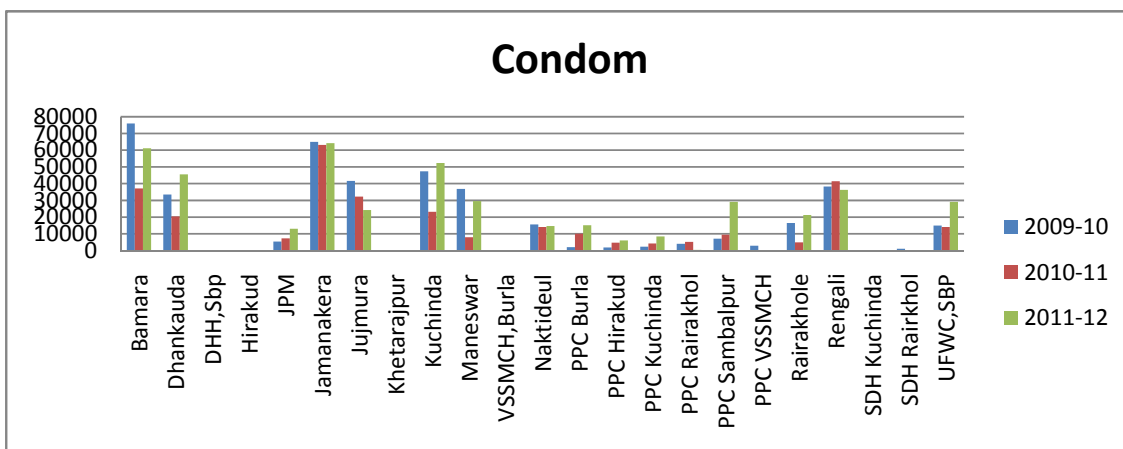
It is revealed that Bamra, Jujumura, Naktideol, Rengali & UFWC, Sambalpur have shown improvement while others are in a static or downward trend. The priority will be to improve the performance of these institutions.



Except JPM, PPC Burla, PPC Sambalpur, Rairakhol & Rengali the trend for IUCD is upwards.

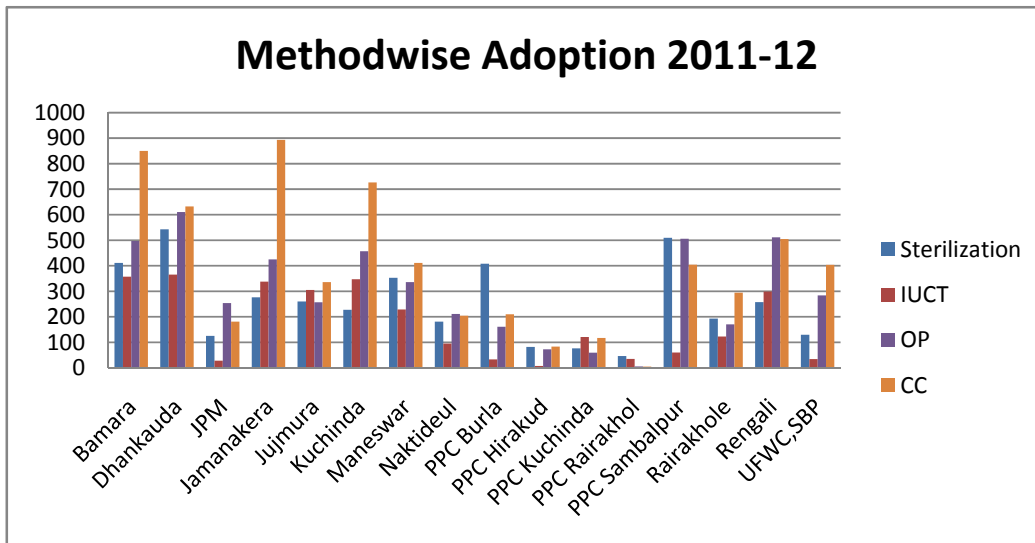
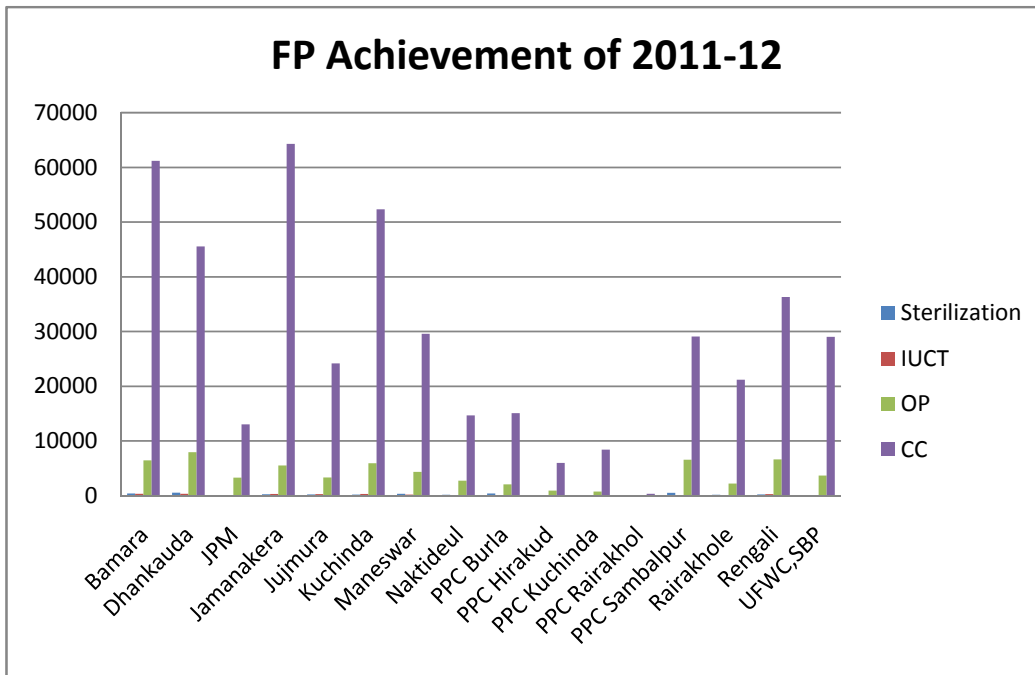


It is revealed that the performance in the urban areas is better than that of rural areas.



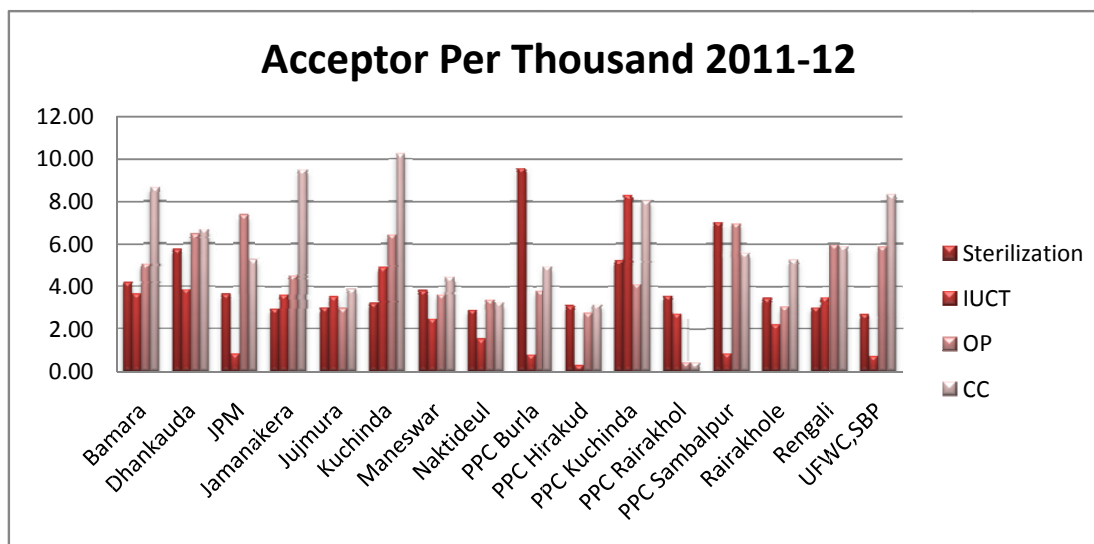
The urban rural difference is clearly observed. Mass mobilization and strengthening of logistics and supply chain will be taken up this year.

b) Block wise performances method wise is given below:-



The Comparative chart shows that Sterilisation and Oral Pills trend is in high and increasing ,whereas Condom and IUUCD is marginalising. Regarding sterilisation it is shows that most of the couples interested for Laparoscopic surgery that Minilap. In sterilisation , Female contribution is drastically higher than the male,due to social mis-conception. The District will focus on these issues during this year and addressing the issues through the mass IEC campaign at the district and block level.

c) Contraceptive use in last year in the blocks & PPC per 1000 population (IUCD, CC, OP) are given below:



As per the trend it is revealed that Family Planning Acceptors per thousand is increasing. But the increasing rate is higher in Urban areas than rural areas. There is high increasing in IUCD and Oral Pills, whereas Sterilisation and Condoms trend is marginally increased. Condoms increasing trend is very low comparing to others. So, it is needed some focus on the IEC as well as logistic management.

d) Service Delivery

It was planned during 2011-12 to operationalise 16 Fixed Day Static Centers (FDSC) for family planning services in the district in all the L3 and L2 MCH centers. But at present only ten are functional. Also it is found that the coverage in terms of achievement in FP services in the FDS centers is only 12.12% 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.

Service Delivery										
Sl. No	Block	No of Functional FDS Centers (2011-12)	Achievement in FDS(2010-11) in fixed days in number		Achievement in camps		Total Achievement of the block in number		Overall performance vs.FDS center coverage (%)	
			Sterilization.	IUCD	Sterilization.	IUCD	Sterilization	IUCD	Sterilization.	IUCD
1	Debeipali	1	0	0	379	198	379	198	0	0
2	Jujmora	1	0	0	205	126	205	126	0	0
3	Themera	1	0	0	284	125	284	125	0	0
4	Laida	1	1	0	218	316	219	316	0	0
5	Kuntara	1	83	0	278	41	361	41	23	0
6	Fasimal	1	57	0	490	77	547	77	10	0
7	Garposh	1	5	0	102	15	107	15	5	0

8	Naktideol	1	0	0	120	30	120	30	0	0
9	Charmal	1	30	0	70	36	100	36	30	0
10	PPC Burla	1	54	0	102	271	156	271	35	0
11	PPC Sambalpur	1	86	0	110	291	196	291	44	0
12	PPC Hirakud	1	56	0	212	278	268	278	21	0
13	UFWC,SBP	1	9	0	58	65	67	65	13	0
14	JPM Hosp.	1	0	0	95	97	95	97	0	0
15	PPC Kuchinda	1	0	0	192	105	192	105	0	0
16	PPC Rairakhol	1	22	0	6	41	28	41	79	0
		16	403	0	2921	2112	3324	2112	12	0

e) Post Partum & Post abortion Contraception

The high institutional delivery provides us an opportunity to counsel the mother and her family members to accept contraceptives. In this context district is promoting post partum sterilization.

f) Service Environment

The achievement of ELA (Expected Level of Achievement) in Sterilization is substantially contributed by two surgeons by tuba ligation. As a result, there is a lack of attention to improve FDS facilities and institutionalize the system. Participation of Rogi Kalyan Samiti, (RKS) Gaon Kalyan Samiti (GKS) and other stake holders was negligible in improving service environment

The minilap kits, IUCD insertion kits are old and there is need for replacement. Sterilizers are required at least one per each L2 and L3 institutions. Drapes, gloves, medicines, logistics other essentials requires to improve the quality service delivery. The detail of equipment status is as follow:

Facility Centre: 16 Block: 09

Equipments	Required	Available	Gap
Laroscopic	3	1(unservicable)	3
Minilap Set	16	10 (unservicable)	16
IUD Set	183	15	168
Autoclave	16	10 (unservicable)	06
Multi burnle	16	Nil	16
StoveHeater	16	Nil	16

Sl. No.	Equipment/Instrument	Numbers	Process of Procurement	
			State	District
1	Laparoscopic Machine	03	Yes	
2	IUD insertion set	168		yes
3	Vasectomy Set	16		Yes
4	Minilap Set	16		Yes
5	Gloves	5000		Yes
6	NSV Set	16		Yes
7	Multi Burnle	16		Yes
8	Stove Heater	16		Yes

g) Quality Assurance Process

The quality assurance committee meeting is regularly organized on the monthly basis at the CDMO Office, which is headed by the CDMO and facilitated by the ADMO (FW). During this meeting the committee reviews the performances of the facilities and issues relating to the family planning activities.

Review of registers and records	Done
Client case audit	Regularly done it
Facility audit	Twice in last year
Procedure observation	The committee visited the facility for observation
Client exit interview and reporting of sterilization deaths	Not reported
Complications and failures	Received and addressed

The following Revision of empanelled surgeons list –number of times the QAC approved the same.

QUALITY ASSURANCE PROCESS				
List of Newly Empanelled during the yr. 2010-11	Vide QAC Meeting date	List of De-empanelled During the yr 2010-11	Vide QAC Meeting date	Number of claim cases discussed in QAC
Dr. P.K.Dash	7.5.2010	Nil	20.12.2010	14nos
Dr. Sunita Bramha	7.5.2010			
Dr. B.B.Nayak	7.5.2010			
Dr. Barun Behera	7.5.2010			
Dr. Kulamani Patel	7.5.2010			
Dr.Durga Dutta	20.12.10			

h) Logistics and Supply system

S l. N o.	Health Facility	CC		OP		IUCD	
		2011-12	Issued	2011-12	Issued	2011-12	Issued
1.	Debeipalli		1810		650		200

Last year the district received 243360 no's of C.C, 61500 cycles of O.P and 3200 pieces of IUCD from the State and the same stock distributed to the Health facilities of the district during 2011-12. Now the district has insufficient stock of CC, OP and IUCD. The stocks were distributed as per the requirement of the block. According to the requisition of the block, the Central store supplied the stock to the Blocks. The detailed expenditure and requirement of the stock was provided the block in every monthly basis. They also submitted the annual plan indent during month of May or June. Regarding the field level situation, most of the condoms are not distributed to the eligible couple due to lack of sufficient male staff. Female staffs are reluctant to receive and provide to the beneficiaries at the field level. The block level officials are now taking several steps to avoid the situation and change of the attitude of the HW.

		0	0	
2.	Jujumura	8100	180 0	200
3.	Themera	2410 0	860 0	274
4.	Laida	2410 0	660 0	200
5.	Kuntura	2610 0	540 0	320
6.	Fasimal	1810 0	680 0	396
7.	Garposh	4210 0	680 0	350
8.	Naktideul	1210 0	340 0	200
9.	Charmal	6100	240 0	200
10	PPC-Burla	1610 0	150 0	100
11	PPC-Sambalpur	1010 0	440 0	200
12	PPC-Hirakud	1010 0	140 0	100
13	UFWC-Sambalpur	1210 0	150 0	50
14	JPM-Hos.-SBP	6100	140 0	50
15	PPC-Kuchinda	4000	200 0	200
16	PPC-Rairakhol	2000	100 0	100
	Total	2394 00	615 00	314 0

i) Communication Activities

During last three year the district has taking various types of IEC and BCC activities like Folk media show, cultural show, wall paintings, leaf lets with block level and village level meetings on the Family planning activities for creating awareness among the community. Due to lack of Public accountability system at the Govt. sector, most of the programmes are not upto the mark. In our district two things are lacking i.e., low acceptance of the IUD and NSV. For materialization of these issues we are taking a comprehensive IEC & BCC plan with convergence with other line department

j) Private Sector Partnership

There is 13nos Private Accredited Nursing Home under Family Planning Programme who provided the services in Sambalpur district. The QAC team visited regularly to the Pvt Institutions for quality check-up and record verifications for financial aspects. The Pvt. Institutions submit their reports on monthly basis to the FW sections

k) Human Resource Development

Total number of empanelled surgeons at the district and their respective place of posting

Sl.No	Name of the Doctors	Presently Posted
-------	---------------------	------------------

1	Dr.Sangita Chaudhury	DHH Sambalpur
2	Dr. P.K.Purohit	DHH Sambalpur
3	Dr. Gyanendra Dash	DHH Sambalpur
4	Dr. Kodanda Rao	DHH Sambalpur
5	Dr. Barun.Behera	DHH Sambalpur
6	Dr. B.B.Nayak	ADMO(FW)
7	Dr. Renubala Dei	PPC Kuchinda
8	Dr S.Pradhan	SDH Kuchinda
9	Dr. B.K.Dey	PPC Rairakhol
10	Dr. Ramesh Ch. Panda	PPC Rairakhol
11	Dr.R.K.Badapanda	SDH Rairakhol
12	Dr. A.Hota	Jujumora CHC
13	Dr. Sunita Brahma	Charmal CHC II
14	Dr. A.Majhi	Charmal CHC II
15	Dr. P.K. Dash	Garposh CHC
16	Dr.Sudhir Mohan Misrhra	Jarabaga PHC(N)
17	Dr. Jadumani Patel	Jamankira PHC(N)
18	Dr. Satyajit Jena	Govindpur CHC
19	Dr. Govind Ch. Jaiswal	Govindpur CHC
20	Dr. Lelin Choudhury	Kuntara CHC II
21	Dr. Byasa Dev Hota	J.P.Maternity Hos.
22	Dr. Durga Dutta	PPC Sambalpur
23	Dr. Panchanan Nayak	PPC Sambalpur
24	Dr. Jayadev Meher	Janani Nursing Home
25	Kulamani Patel	Bhojpur

Training achievements during 2011-12:-

Training	Target	Ach	Gap
IUCD	2	2	0
Minilap	1	1	0
Laparoscopy	1	0	1
NSV	1	1	0
MTP	1	1	0

Contraceptive Updates	1	1	0
PPIUCD	1	0	1

1) Monitoring and Evaluation

- a. **Report Review:** The field level reports were collected every month wise, which is prepared and submitted by the BEE and BPO jointly by hard and soft copy. The district personnel interpret and analyze the reports and prepare the final district report and send to the state and produced before the district level officer for review in the monthly meetings.
- b. **Field visits:** There is two type of monitoring systems like district level and Block level. The block level nodal officers like MO I/C, MOs, AYUSH, BPO, BEE & Supervisors were regularly visit the Sub-centres and monitoring the family planning activities with other activities. At the same time the district level officers visit the facilities and S.C for monitoring of the family planning activities. During last year at the district level officials visited the facilities 57 times for exclusively for the family planning activities and each block level it comes 50-60 times visit to the S.Centres for above purpose by the block level officials.
- c. **Review meetings:** The review meetings were conducted in three tier systems like sector level (at the S.C level), Block level and district level. The concerned persons were prepare the target vs Achievement reports with shortfall and presented before the staff for review and take the stock of the performance. By the way finalize the new initiatives for the poor areas where it is found. During last year 12 Review meetings at the District level, 12 Block level review meetings and 424 times at the sector level meetings were organized on the above purpose.

Similarly during past three years – Specific evaluation was not done whether internal agency or by an external agency. But every month on the basis of the report the specific reviews were conducted regularly.

Family Planning activities are monitored by ADMO (FW) with DPMSU and other wing officers. There is two tier of monitoring system in our district like: One at the District level nodal officers were visited every monthly basis and another is Block level nodal persons were allotted sectors /S.C they are visited and submitted their field visit report to the concerned officer and necessary steps were taken for the improvement of the system.

Chapter-3

Plan for 2012 – 2013

Sl. No	Block	EXPECTED LEVEL OF ACHIVEMENT			
		Sterilization	IUCD	CC	OP

1	Debeipali	460	450	880	520
2	Jujumora	260	415	804	466
3	Themera	335	450	876	518
4	Laida	320	425	825	487
5	Kuntara	370	190	301	178
6	Fasimal	660	359	661	390
7	Garposh	100	120	206	122
8	Naktideol	140	225	422	249
9	Charmal	170	158	285	168
10	PPC Burla	220	340	654	386
11	PPC Sambalpur	265	470	910	537
12	PPC Hirakud	340	475	926	547
13	UFWC,SBP	105	65	87	50
14	JPM Hosp.	210	300	578	341
15	PPC Kuchinda	210	270	516	296
16	PPC Rairakhol	71	53	70	40
Total		4236	4765	9001	5295

ELIGIBLE COUPLE

Sl. No	Block	15-19yr.	20-24yr.	25-29yr.	30-34yr.	35-39yr.	40-44yr	45-49yr	TOTAL
1	Debeipali	557	2332	3247	3141	2745	2289	0	14311
2	Jujumora	847	2168	2703	2571	2521	2264	0	13074

3	Themera	38	3645	3312	2361	1534	1106	1910	13906
4	Laida	290	1883	2504	2486	2247	2049	1093	12552
5	Kuntara	127	1757	2435	2197	2165	1501	0	10182
6	Fasimal	624	2493	3004	2911	2582	2150	0	13764
7	Garposh	657	2546	3157	2947	2695	2213	0	14215
8	Naktideol	397	1537	1891	1763	1871	1118	0	8577
9	Charmal	175	1307	1716	1604	1393	1577	133	7905
10	PPC Burla	80	1592	1888	1530	1374	612	0	7076
11	PPC Sambalpur	1530	1842	2044	2066	1970	1626	0	11078
12	PPC Hirakud	57	678	680	674	575	259	0	2923
13	UFWC,SBP	181	1473	2015	1946	1558	859	0	8032
14	JPM Hosp.	72	975	1203	1560	1100	550	400	5860
15	PPC Kuchinda	169	330	492	561	348	197	0	2097
16	PPC Rairakhol	37	228	381	449	432	191	0	1718
Total		5838	26786	32672	30767	27110	20561	3536	147270

Service Delivery Plan

16 No. of FDS sites (mainly L3 & L2) to be made functional during this year 2012-13. The required Capacity building as well as logistic will be provided with 2nd quarter of this year and made functional all the 16 FDS by the end of 2nd quarter. ADMO (FW) will monitor the sites and evaluate the programme with DMCHC, Dy MEIO and DPM. The MO I/C, BEE, LHV and BPO will responsible for the block level Programme. Creating awareness on Minilap, NSV and 10 years IUD is major challenge for the Sambalpur. The required Communication plan already finalized at the District as well as Block level. The ANM, AWW and ASHA will play the vital role for the mobilization and the RKS members will be sensitized on the FP methods and communication strategy.

At first the District level and block level training will be completed within 2nd quarter of this year. ASHA & AWW will be sensitized at the sector level meeting regarding the importance of the FP methods and different contraceptive choices. Secondly, ensuring the stock will be available at the grassroot level regularly. ANMs will be organizing VHND wise counseling regarding the IUCD and its advantages to the mothers and eligible couples. We are going to organize the IUCD drive at block level to create awareness on the programme and popularize the IUCD.

In our district, the CC and OP were provided to the ASHAs and they maintained the beneficiary list for follow-up. The concerned ANM will monitor the stock and IPC with beneficiaries regarding the usages of the CC and OPs. The concerned AWW will facilitate the process and AWC functions as a information centre. During VHND, Immunization sessions, ASHA, AWW & ANM interact with beneficiaries each other and provided as per their choice.

The field level NGOs is also facilitating the process. The District plans some of the innovative things to popularize of the temporary methods:

- Displaying Information chart at ASHA House or AWW(regarding FP methods)
- Incentive Package for ASHA
- Proper documentation
- Re-orientation on the usages of the CC and Ops
- Time supply of logistic to the ASHA

A. Human Resource Development Plan(Training Plan)

As per the MCH up-gradation plan of the Sambalpur District, the training needs of the district as is follows. Last year train-up the Medical officers and paramedics as per the trainings available. Due to certain reasons NSV and Laparoscopic trainings are not organized. This year all the training needs of the institutions as per the MCH plan will be addressed.

Sl. No.	Name	Designation	Training Required	State Level Intervention	District Level Intervention
Category – I NSV	L2(15) & L3(3)	MOs	Required		Required
Category – II Minilap	Fasimal	MOs	Required		Required
	Naktideul				
	Jujumura				
	Themra				
Category – III Laparoscopy	Sambalpur	OG	Required	Required	
	Kuchinda				
	Rairakhol				
Category – IV IUCD	All S.C (L1-15)	HW(F) & LHV _s	Required		Required
Category – V Asepsis Practices	L3 &L2	MOs	Required		Required

Training Calendar for Family Planning Services -2011-12:

As per the PIP, the following training calendar finalized at the district level and ensures its timely completion and this will enable us to make all of the all FDS centers functional as planned.. ADMO (FW) will act as a Nodal Officer and DPM, DY MEIO will assist him for achieve the target in time. CDMO will overall monitor the programme as per the schedule and DTT will ensure the quality of the training programmes.

Family Planning Trainings	Q1	Q2	Q3	Q4	Total target	Person responsible
IUCD					66	ADMO(FW ,DPM & Dy MEIO
Minilap					03	
Contraceptive update(paramedics)					30	
Programme Guideline orientation					30	
MTP					06	

B. Service Environment Strengthening Plan

The requirement of equipment and instruments for Family Planning Services

Level	Equipment/Instrument	Numbers	Process of Procurement	
			State	District
L3	Laparoscopic Machine	0		Procure
L2,L1	IUCD insertion set	23		
L2,L3	Minilap Set	7		
L1,L2,L3	Gloves	5000		
L2,L3	NSV Set	3		

For district level procurement ADMO (FW) will take the initiation and DPMU will support for purchase of the equipments through the Central Store of Sambalpur District and it will be completed with the 2nd quarter of this financial year

Logistics and Supply System

The Central Store is very active functioning and maintaining the logistics and supply systems as per the requirement of the Blocks. During the monthly meeting, the CHCs do place the requirement and are issued

D. LOGISTICT AND SUPPLY SYSTEM					
SI No	Method	Block	Stock	Annual requirement	Deficit
1	IUCD			4947	
2	Oral Pill	20550		715000	
3	C.C.	8938		76000	
4	Tubal Ring	Nil	Nil	6500	6500

required items.. From block level to S.C and ASHA level supply system is managed by the BEE and BPO of the concerned block. Irrespective of the systems, the concerned MO I/C place the annual requirement of the all family welfare logistic to the Central Store in every year. Shortage of the manpower and inadequate transportation facilities (vehicle) places difficulties in addressing the issues.

A DETAIL DISTRIBUTION PLAN FROM DISTRICT TO BLOCK PHC

Sl. No.	Name of Block	Q-2	Q-3	Q-3
1	Dhankauda	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
2	Maneswar	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
3	Jujumura	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
4	Rengali	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
5	Naktideul	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
6	Kuchinda	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
7	Bamra	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
8	Jamankira	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
9	Rairakhola	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
10	Burla PPC	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
11	Hirakud PPC	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week
12	Sambalpur Local	Sept, 2nd Week	Oct., 2 nd Week	Jan, 2 nd Week

Action: Store pharmacist, DMCHC, SMO and ADMO (FW)

E. Quality assurance Plan

As per the quality Assurance manual of MOHFW the QAC already formed in the district and monitor all the institutions regularly for quality check-up. But, due pressure of other works the regularity of meeting is missing. This is year onwards; the QAC meeting will conduct regularly as per the norms and submit the reports to the state regularly. ADMO (FW) will responsible for the same and CDMO will ensure the things regularly.

F. Plan for promoting Public Private Partnership for Family Planning

All the competent private Nursing Homes are being accredited in Sambalpur. Nearly 15 Nursing Homes are accredited and ensuring the quality aspect of the services. Besides that if any competent Private Hospitals are interested , we will go for further accreditation and FP services will be reach to the all level of community in sambalpur district.

G. ELCO Survey :

Eligible Couple serves the basis of the family planning programme and interventions. The last headcount and detail assessment of the eligible couples will be done after Aug'12. This year it is proposed to conduct the Eligible Couple survey during the 3rd quarter by involving the ASHA, AWWs and Health Worker (Male and Females). The activity is approved as per the Programme Implementation plan-NRHM for the year-2012-13.

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

H. Communication Activities:

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/Urban NGO 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.

I. Monitoring & Supervision :

1. Periodic monitoring and field visit by the district officials and QAC members to access facility, exit interview and verification of records and registers.
2. Tracking the progress through facility based reporting and action towards non reporting of the units.
3. 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)

MONITORABLE INCICATORSFOR FAMILY PLANNING 2012-13

Sl. No	Sambalpur	2011-12				
		Baseline (March-11)	Q2-Target	Q3-Target	Q4-Target	Annual Target
C.	FAMILY PLANNING					
C.1	Service Delivery					
C.1.1	% of total St against ELA	82%	1236	1500	1500	4236
C.1.2	% pf Post partum st.	NA	20	20	35	75
C.1.3	% of Male Sterilisation	10	12	6	6	24
C.1.4	% of IUD insert against planned	50%	1500	1600	1665	4765
C.1.5	%of IUD retained for 6month	50%	1500	1600	1665	4765
C.1.6	%of st with 2 children	70%	90%	85%	83%	2823
C.1.7	%of st with 3 & above chi	30%	10%	15%	17%	501
C.2	Quality					
C.2.1	%of complications following sterilisation	Nil	Nil	Nil	Nil	
C.3	Outputs					
C.3.1	% of doctors trained as Mini lap	15	05			05
C.3.2	% of doctors trained as NSV	1	03			03
C.3.3	% of doctors trained as Laparoscopic sterilisation	02	03			03
C.3.4	% of ANM/LHV/SN/MO trained in IUD insertion	45	12	12		24
C.4	H.R. Productivity					
C.4.1	Average No of NSV conducted by trained doctors	2				4
C.4.2	Average No of minilap sterilization conducted by minilap trained doctors	05				10
C.4.3	Average No of Laparoscopic sterilisation conducted by Lap sterilization trained doctors	Nil				25
C.4.4	Average no. of IUDs inserted by MO trained in IUD insertion	12				15

C.4.5	Average no. of IUDs inserted by MO trained in IUD insertion	12				15
C.4.6	Average no. of IUDs inserted by SN	05				10
	Average no. of IUDs inserted by LHV	02				10
	Average no. of IUDs inserted by ANM	2				10
C.5	Facility utilization					
C.5.1	Average no. of sterilizations performed in FRUs	20%				15%
C.5.2	Average no. of sterilizations performed in 24x7 PHCs	80%				85%

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 nd Qtr Sept. 30 th 2012	ADMO (FW), DMCHC, DPM	CDMO		
IUCD insertion & Services in another specific day (in all L2 & L1 centers and delivery points)	2 nd Qtr Sept. 30 th 2012	ADMO (FW), DMCHC, DPM	CDMO		

<p>The performance in Fixed day sites (for all methods)analysis and presentation to the District Team(ADMO(FW),CDMO, DPM – at District Level</p> <p>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</p>	<p>Every Month</p> <p>Each fortnight</p>	<p>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</p> <p>SA/SI of the block</p>			<p>District officials to take corrective steps if any</p> <p>MOI/c to take corrective measure, BPO /BEE for proceedings & meetings.</p>
<p>Camp scheduled after the quarter to address the backlog – organizing camp s and other details as per guideline</p>		<p>Dy .DPHIEO , SA</p>			
<p>IEC/BCC activities regarding the</p> <p>a. Fixed Day Static Centers</p> <p>b. Camps</p>	<p>Fixed Days</p> <p>After each quarter/Decisions</p>	<p>(Dy .DPHIEO)</p> <p>BPHIEO</p>			<p>ADMO(FW)</p> <p>MOI/c</p>
<p>Monitoring visit to the Fixed Day Static Centers</p>	<p>Continuous</p>	<p>ADMO(FW) and assigned officials</p>			<p>CDMO & ADMO(FW) to review and rectify</p>

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	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)		
<u>MONITORING AND SUPPORTIVE SUPERVISION TEMPLATE FOR DISTRICTS QUALITY ASSURANCE PLAN</u>					
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

Point No.	Budget head	Unit of measure	Rate (Rs./unit)	Physical Target for the quarter				Financial target for the quarter		Responsible Person
				Q-I	Q-II	Q-III	Q-IV	Total Target	Amount (Rs. Lakhs)	
A3. FAMILY PLANNING										
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	SA / SI
A3.1.4	Compensation for Female sterilisation at public health institutions	Per Beneficiary	1,000	704	704	704	704	2816	28.16	DAM
A3.1.5	Compensation for Female sterilisation in accredited pvt. Health institutions.	Per Beneficiary	1,500	70	70	70	70	280	4.20	DAM
A3.1.6	Compensation for Male sterilisation at public health institutions	Per Beneficiary	1,500	79	79	79	79	316	4.74	DAM
A3.1.7	Compensation for Male sterilisation in accredited pvt. Health institutions.	Per Beneficiary	1,500	8	8	8	8	32	0.48	DAM

	sensitization & TOT etc.)										
A3.2.4.1.4	Eligible Couple survey										SA/SI /DPHN
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	57				57	0.29	
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 contraceptics										
Sub-total A3.2										1.34	
A3.3	POL for FP/Others - Transportation of FW materials										
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)										
A3.4	Repair of laparoscopes										
Sub-total A3.3 & A3.4										-	
A3.5	Other strategies/activities										
A3.5.1	Strengthening of Family Welfare Bureau for quality implementation of family planning programme										
A3.5.1.1	At State level										
A3.5.1.1.1	Manpower										
A3.5.1.1.2	Mobility cost for supportive supervision of State level programme officers including TST member visit	Per month		20,000						-	
A3.5.1.1.3	Operational cost	Per month		10,000						-	

A3.5.1.2	At District level										
A3.5.1.2.1	Manpower										
A3.5.1.2.2	Mobility cost for supportive supervision including QAC members			1,000							
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						-	DAM / SA
A3.5.2	Operationalization of fixed day static services - Family welfare day Institutions ready for fixed day Laparoscopic services (L3 institutions in focus) : 45 prog. Institutions ready for Mini-lap services {Both L3 & L2 institutions are in focus but in the current year state is targeting all L3 & L2 institutions above PHC (N) level										ADMO(FW) / DPM / DMCH
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	3	3	3	3	3	0.14	

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		2,00,000						-
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						-
A3.5.4.4.4	Orientation training to PPIUCD and O&G Spl. At State Level (from DHH/MCH/Capital Hospital/ SIHFW and State Prog Manager) 1 day	20/batch		50,000						-
A3.5.4.4.5	Training of SNs of DHH/MCH/Capital Hospital on FP counselling	30/batch								
A3.5.4.4.6	1 day State Level Orientation to ADMO (Fw) & O&G Spl. On IUCD 375-A	30/batch		60,000						-
A3.5.4.4.7	1 day Orientation of trained persons on IUCD 375-A (total trained till date - 974 + nos expected to be trained by march, projected for 1350 trained persons)	30/batch		30,000						-
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									-	
A3.5.4.6.1	Orientation training of newly trained surgeons on standards & protocols of FP methods (State)	30/batch		60,000						-	
A3.5.4.6.2	Two days Orientation training of 33 FP Counsellors on FP counselling & FP methods (State)	30/batch		90,000						-	
A3.5.4.6.3	TOT on Contraceptive-Logistic MIS (State level)										
A3.5.4.6.4	Contraceptive-Logistic MIS training to Pharmacist, ANM (Block level) in six districts on logistics & supply chain management										
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			ADPHCO
A3.5.5.2	Printing of village wise EC register	Per register		40				0			ADPHCO
A3.5.5.3	Printing of resource material for FP Counselor	Per checklist						0			
A3.5.5.4	Printing of green cards, sterilization & IUCD registers etc. at facilities.	Per card									
A3.5.6	Procurement of equipment & instrument for operationalisation of FP services										
A3.5.6.1	NSV kit	Per kit		1,000				0			DAM / DPM
A3.5.6.2	Minilap kit	Per kit						0			

A3.5.9	IEC/BCC										ADPHCO
A3.5.9.1	Production of AV resource materials, broadcasting & telecasting in mass media channels			6,00,000							
A3.5.9.2	Advtrismment of local dailes on FP			4,00,000							
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		2,00,000					0		
A3.5.9.6.1.2	Monitoring			1,00,000					0		
A3.5.9.6.1.3	Best performing Surgeon (Female & Male sterilisation)			60,000					0		
A3.5.9.6.2	At District level										
A3.5.9.6.2.1	District level function	Per district		5,000					0		
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		

