

## Chapter 4: Technical Components

### Part -I

#### Situation Analysis of Health Indicators for Various Programmes

##### DLHS-RCH-II Survey

##### Related to Pregnancy and Maternal Health

Issue		Issue	
Mean age at marriage for boys		Mean age at marriage for girls	
Boys married below legal age at marriage 21 years		Girls married below legal age at marriage 18 yrs	
Any antenatal check up		Antenatal check up at home	
3 or more antenatal check ups		Who had one TT injection during pregnancy	
Who had two or more TT injection during pregnancy		Who had no TT injection during pregnancy	
Who received 100 or more IFA tablets during pregnancy		Who consumed two or more IFA tablets regularly during pregnancy	
Received adequate IFA tablets/syrup		Who consumed one IFA tablet regularly	
Full ANC1 - (At least 3 visits for ANC + at least one TT injection + 100 or more IFA tablets)		Safe Delivery (Either institutional delivery or home delivery attendant -Doctor/Nurse/TBA)	
Full ANC2 - (At least 3 visits for ANC + at least one TT injection + 100 or more IFA tablets/syrup)		Safe Delivery (Either institutional delivery or home delivery attendant by Doctor/Nurse)	
Institutional delivery		Home delivery	
Institutional delivery - government		Women who had pregnancy complications	
Institutional delivery – private		Women who had delivery complications	
Women who had post delivery complications		Utilization of Govt services for ANC	
Sought treatment for post delivery complications		Women whosaid that ANM spent enough time	
Utilization of govt services for pregnancy complications		Satisfied by advise of ANM	
Utilization of govt services for treatment of post delivery complications		Visit by ANM	
		No ANC	

##### Related to Family Planning

Issue		Issue	
Women aware of RTI/STI		Birth order 3+	
Women aware of HIV/AIDS		Unmet need for limiting-1	
Knowledge of any modern family planning method		Unmet need for spacing-1	
Knowledge of any modern spacing FP method		Unmet need -total-1	
Knowledge of all modern family planning methods		Current Use IUD	
Knowledge of any traditional method		Unmet need for spacing-2	
Current use of any family planning method		Unmet need –Limiting -2	
Current use of any modern family planning method		Unmet need -total-2	
Current use of any traditional family planning method		Current use - Male sterilization	
Current use - Female sterilization		Current use - PILLS	
Current use - Male sterilization		Current use - CONDOM	
Women had side effects due to use of female sterilization		Women had side effects due to Pills	
Women had side effects due to use of IUD		Sought treatment abnormal vaginal discharge	
Women who utilized government health facility for treatment of RTI/STI (vaginal discharge)		Women who had abnormal vaginal discharge	
		Women who had any symptom of RTI/STI	

## Related to Child Health

Issue	Issue
Breastfeeding within 2 hours (children below 36 mths)	Percentage of children age 12-35 months received BCG
Percentage whose mother squeezed out the first breast milk (children below 36 months)	Percentage of children age 12-35 months received DPT 3
Exclusive breastfeeding at least 4 months (children 4-12 months)	Percentage of children age 12-35 months received Measles
Percentage of children 12-35 months received Polio 0	Percentage of children 12-35 months received Polio 3
Percentage of children age 12-35 months not received any vaccination	Percentage of children age 12-35 months received Full Immunization
Awareness of diarrhoea	Knowledge of ORS
Who had diarrhoea (two weeks prior to survey)	Given ORS to children during Diarrhoea
Sought treatment for Diarrhoea	Aware of danger signs of Pneumonia
Who had Pneumonia (two weeks prior to survey)	Sought treatment for Pneumonia

## District Health Information

Sr No.	Services	No. of cases in the year 2008-09
<b>Reproductive &amp; Child Health (</b>		
<b>1</b>	<b>Ante Natal care</b>	
1.1	Cases Registered	
1.2	No. of pregnant women who had three check ups.	
1.3	Pregnant women attended and treated at facility.	
1.4	No. of high risk pregnant women identified	
	At PHC/SC	
	At CHC	
	At FRU	
	At District Hospital	
	Urban Dispensary	
	No. of high risk pregnant women referred	
1.5	TT & IFA	
	TT (2 <sup>nd</sup> dose)	
	Booster (Dose)	
	IFA	
<b>2</b>	<b>Pregnancy Outcome</b>	
	<b>Total No of deliveries</b>	
	By TBA trained	
	ANM/LHV	
	<b>Institutional Deliveries</b>	
	<b>At SC</b>	
	<b>At PHC</b>	
	<b>At FRU</b>	
	<b>At DH</b>	
	<b>At Urban Dispensary</b>	
	<b>PPC</b>	
	<b>Complications</b>	
	<b>Referral</b>	
2.1	<b>Live Births</b>	
i	1 <sup>st</sup>	
ii	2 <sup>nd</sup>	
iii	3 <sup>rd</sup>	
2.2	<b>Still Births</b>	
2.3	<b>New born Status at birth</b>	

i	Less than 2.5 kg	
ii	2.5 kg or more	
iii	Weight not recorded	
<b>3</b>	<b>Post Natal Care</b>	
3.1	No of women given at least three post natal checkups	
<b>4</b>	<b>Maternal Deaths</b>	
4.1	During Pregnancy	
4.2	During Delivery	
4.3	Within 6 weeks of delivery	
<b>5</b>	<b>RTI/STI</b>	
5.1	No. of clinics in District	
5.2	No. of male cases treated	
5.3	No. of female cases treated	
5.4	Cases treated	
5.5	Cases referred	
5.6	PHC	
5.7	FRU	
5.8	District	
<b>6</b>	<b>Immunization</b>	
6.1	Infant 0 to 1 year	
i	BCG	
ii	DPT 1 <sup>st</sup>	
iii	DPT 2 <sup>nd</sup>	
iv	DPT 3 <sup>rd</sup>	
v	OPV 0	
vi	OPV 1 <sup>st</sup>	
vii	OPV 2 <sup>nd</sup>	
viii	OPV 3 <sup>rd</sup>	
ix	Measles	
x	Fully immunized	
<b>6.2</b>	<b>Children more than 18 months</b>	
	DPT booster	
	OPV booster	
<b>6.3</b>	<b>Children at 5yrs and above- DT</b>	
<b>6.4</b>	<b>Children at 10yrs and above -TT</b>	
<b>6.5</b>	<b>Children at 16yrs and above- TT</b>	
<b>6.6</b>	<b>Adverse Reactions reported after immunization.</b>	
<b>7</b>	<b>Vitamin A administration (9 months to 3 years)</b>	
I	Dose 1	
Ii	Dose 2	
Iii	Dose 3 -5	
<b>8</b>	<b>Child Hood Diseases</b>	
<b>8.1</b>	<b>Vaccine Preventable diseases (cases reported)</b>	
<b>a</b>	<b>Diphtheria</b>	
i	Cases	
ii	Deaths	
<b>b</b>	<b>Poliomyelitis</b>	
i	Cases	
ii	Deaths	
<b>c</b>	<b>Neo Natal Tetanus</b>	
i	Cases	
ii	Deaths	
<b>D</b>	<b>Measles</b>	
i	Cases	
ii	Deaths	

<b>e</b>	<b>Whooping Cough</b>	
i	Cases	
ii	Deaths	
<b>f</b>	<b>Tetanus other than neonatal</b>	
i	Cases	
ii	Deaths	
<b>8.2</b>	<b>ARI cases among under 5 years (Pneumonia)</b>	
a	Treated with Cotrimoxazole	
b	Referred to higher facility	
c	Deaths	
<b>8.3</b>	<b>Acute Diarrhoeal disease among under 5</b>	
a	Total No. of cases	
b	Treated with ORS	
c	Referred to higher facility	
d	Deaths	
<b>9</b>	<b>Child/Infants Deaths</b>	
A	Within 1 week	
B	1 week to 1 month	
C	1 month to 1 year	
D	1 year to 5 years	
<b>10</b>	<b>Contraceptive Services</b>	
<b>10.1</b>	<b>Eligible couples contacted</b>	
<b>10.2</b>	<b>Total number of cases counseled</b>	
<b>10.3</b>	<b>Male Sterilization</b>	
a	Number of operated cases followed up	
b	Number of failure cases	
c	Complications/ deaths	
<b>10.4</b>	<b>Female Sterilization</b>	
a	Number of operated cases followed up	
b	Number of failure cases	
c	Complications/ deaths	
<b>10.5</b>	<b>IUD Insertions</b>	
a	No. of cases counseled	
b	No. of insertions	
c	Cases followed up	
d	Complications	
e	Discontinued	
f	No. of women using alternative method after discontd.	
<b>10.6</b>	<b>Oral pills cycles distributed</b>	
<b>10.7</b>	<b>No. of condom pieces distributed</b>	
	<b>Conventional Vasectomy</b>	
	<b>Non Scalpel Vasectomy</b>	
	<b>Abdominal Tubectomy</b>	
	<b>Laposcopic Tubectomy</b>	
<b>11</b>	<b>Abortions</b>	
A	No. of MTP done	
B	Spontaneous abortions	
C	Cases followed up	
D	Deaths	
<b>1</b>	<b>Malaria</b>	
i	No. of blood slides sent to lab	
	Active	

	Passive	
ii	No. of passive cases given radical treatment	
iii	No. of villages sprayed with DDT	
<b>2</b>	<b>Tuberculosis</b>	
i	No of new smear positive patients put on treatment	
ii	No. of new sputum positive patients got cured, who were put on treatment 12 months earlier	
<b>3</b>	<b>IDSP (Source:State Surveillance Unit IDSP - Jan to Dec 06)</b>	
<b>i</b>	<b>Gastro Enteritis Cases</b>	
a	Number of cases	
b	Deaths due to Gastro Enteritis	
c	No. of Jaundice Cases	
<b>ii</b>	<b>Dengue Fever</b>	
a	Number of cases	
b	Deaths due to Dengue	
<b>iii</b>	<b>Chikingunya</b>	
a	Number of cases	
b	Deaths due to Chikingunya	
<b>iv</b>	<b>Japanese Encephalitis</b>	
a	Number of cases	
b	Deaths due to Japanese Encephalitis	
<b>v</b>	<b>Typhoid</b>	
a	Number of cases	
b	Deaths due to Typhoid	
<b>4</b>	<b>Road Accidents</b>	
i	Number of cases	
ii	Deaths due to other diseases	
<b>5</b>	<b>IDD Control Programme</b>	
i	No. of salt samples tested	
ii	Salt samples with nil iodine	
Iii	Salt samples with 15 PPM or more iodine	
Iv	Salt samples with 15 PPM or less iodine	
<b>6</b>	<b>Leprosy cases</b>	
i	Suspected	
ii	Referred	

<b>Registration of Vital Events</b>		
i	No. of births notified (Live Birth)	
ii	No. of deaths notified	
iii	No. of still births notified	
iv	No. of maternal deaths notified	
v	Reported Deaths 0-1 yr	
vi	Reported Deaths 1-6 yrs	

## Part-II Programme-wise Action Plan

### Objectives and Strategies

District Plan Objectives	Suggested Strategies
1. Universal coverage of all pregnant women with package of quality ANC services as per national guidelines	<ul style="list-style-type: none"> <li>◆ Schedule out-reach sessions for ANC especially in inaccessible areas/ blocks by developing visit schedules and activity plans</li> <li>◆ Re-orient ANMs in new guidelines for ANC as an integral component of SBA</li> <li>◆ Ensure availability of supplies i.e. ANC kits such as BP instrument, foetoscope, Hb measurement, Urine examination</li> <li>◆ Organise demand side so as to encourage pregnant women to seek care as per schedule</li> </ul>
2. Increase in deliveries with skilled attendance at birth including institutional deliveries	<ul style="list-style-type: none"> <li>◆ Civil works in form of labour rooms at facilities</li> <li>◆ Additional human resources ANMs at sub centres</li> <li>◆ Skill up gradation of ANMs in SBA</li> <li>◆ Need based supplies for normal deliveries</li> <li>◆ BCC: linkages with ASHA</li> </ul>
3. FRUs (including DHs, CHCs/PHCs) made functional as defined in the National RCH2 PIP	<ul style="list-style-type: none"> <li>◆ Establishment of Blood Storage Facilities</li> <li>◆ Civil works in identified facilities for LR, OT and staff residences</li> <li>◆ Need based supplies of equipments/drugs</li> <li>◆ Deployment of critical staff as per guidelines</li> <li>◆ Skill up gradation of Doctors - life saving skills in anesthesia, Emergency Obstetric Care (CS Section)</li> <li>◆ Training in Management of common obstetric complications</li> </ul>
4. Universal coverage of all eligible pregnant women under JSY scheme	<ul style="list-style-type: none"> <li>◆ Adapt / Develop district specific guidelines for eligibility, transfer of money and reporting mechanisms</li> <li>◆ Accreditation of private providers for eligible for benefits under JSY</li> <li>◆ BCC strategy for the communication objective of raising awareness</li> </ul>
5. Increase in percentage of new born babies given colostrums	<ul style="list-style-type: none"> <li>◆ Orientation of community based functionaries such as AWWs/TBAs/ASHAs</li> <li>◆ BCC with women's group and PRI members</li> </ul>
6. Increase in prevalence of exclusive breast feeding	<ul style="list-style-type: none"> <li>◆ Orientation of AWW/ASHA on lactation management</li> <li>◆ Communication activities</li> </ul>
7. Increase in fully protected children in 12-23 months as per national immunization schedule	<ul style="list-style-type: none"> <li>◆ Development of facility based micro plans for out-reach sessions</li> <li>◆ Cold chain plan</li> <li>◆ Surveillance of VPDs</li> <li>◆ BCC for Immunization</li> </ul>
8. Universal coverage with Vitamin A prophylaxis in 9-36 months children	<ul style="list-style-type: none"> <li>◆ BCC</li> <li>◆ Ensuring supplies of Vit A through distribution system</li> </ul>
9. Percentage of severely malnourished children below 6 yrs referred to medical institutions	<ul style="list-style-type: none"> <li>◆ Orientation of AWWs on grade III and grade IV malnutrition.</li> <li>◆ Orientation of Doctors at PHCs in management of grade III and grade IV</li> </ul>

District Plan Objectives	Suggested Strategies
<p>10. Unmet demand of Contraception</p> <ul style="list-style-type: none"> <li>- Spacing</li> <li>- Limiting</li> </ul>	<ul style="list-style-type: none"> <li>◆ BCC on contraception</li> <li>◆ Alternative service delivery mechanism for FP supplies</li> <li>◆ 24 x 7 PHCs provide regular clinical contraceptive services including IUD insertions &amp; IUD insertion</li> <li>◆ Accreditation of private providers for providing sterilization of IUD services</li> <li>◆ Skill upgradation of Doctors in IUD insertion, male &amp; female sterilization</li> <li>◆ Skill upgradation of ANMs in IUD insertion</li> </ul>
<p>11. Number of health institutions in PHCs/CHCs offering ARSH services</p>	<ul style="list-style-type: none"> <li>◆ Orientation of MOs and ANMs in ARSH services</li> <li>◆ Linkages with WCD/Education department</li> </ul>
<p>12. Number of health institutions providing services for management of STIs and RTIs</p>	<ul style="list-style-type: none"> <li>◆ Skill upgradation in new management protocols</li> <li>◆ Hiring of lab technicians</li> <li>◆ Need based equipments/supplies</li> </ul>
<p>13. Performance indicator for NVBDCP</p> <ul style="list-style-type: none"> <li>- API for MP</li> <li>- Annual blood examination rate for MP increased (over 10% of all OPD cases)</li> <li>- Slide Postivity Rate</li> <li>- Number of deaths due to malaria</li> </ul> <p>a. Malaria - As given in the document</p>	<ul style="list-style-type: none"> <li>◆ Identify pockets populations at risk to have increased access to early diagnosis and prompt treatment.</li> <li>◆ Activities such as antyi larval measures and spray to reduce malaria transmission using appropriate preventive measures.</li> <li>◆ Ensure inter-sectoral collaboration at different levels to achieve the collaboration between health and related sectors, private and NGO sectors etc.</li> <li>◆ Bring about an improvement in surveillance, epidemic preparedness and response.</li> <li>◆ Emphasize upon Behavioural Change communication and social mobilization</li> </ul>
<p>b. Filaria - Percentage of target population consumed DEC during MDA (Applicable to endemic states only)</p> <p>c. Kala-azar - Number of kala-azar cases detected and received complete treatment</p>	<ul style="list-style-type: none"> <li>◆ Human resource development and capacity building.</li> <li>◆ Convening meeting of district coordination committee under the Chairmanship of District Collector</li> <li>◆ Identification and training of drug distributors at the village level</li> <li>◆ All PHCs/CHCs having the facility for diagnosis and treatment of kala-azar cases.</li> <li>◆ Quarterly observance of kala-azar fortnight for active cases detection.</li> </ul>
<p>14. Performance indicator for RNTCP</p> <ul style="list-style-type: none"> <li>- Annual case detection rate</li> <li>- Proportion of new positives out of total new cases</li> <li>- Treatment Success Rate</li> <li>- Conversion Rate</li> </ul>	<ul style="list-style-type: none"> <li>◆ BCC for improved treatment seeking behavior for TB suggestive symptoms</li> <li>◆ Improvement in case finding activities in terms of strengthening, identification and referral of TB suspects</li> <li>◆ Quality assurance of sputum microscopy network</li> <li>◆ Ensure proper categorization of TB patients</li> <li>◆ Ensure treatment compliance by the patient</li> <li>◆ Ensure regular drug supply</li> </ul>

District Plan Objectives	Suggested Strategies
15. Performance indicator for NLEP District Plan Objective - Further reduce prevalence at district and sub-district level - Reduce new case Detection Rate gradually - Provide quality leprosy services to all leprosy patients	<ul style="list-style-type: none"> <li>◆ Ensure quality diagnosis and proper categorization of patients at PHC</li> <li>◆ Ensure completion of treatment</li> <li>◆ BCC for motivation of patients having suggested signs of leprosy for self reporting</li> <li>◆ Enhancing IEC activities to further reduce social stigma</li> <li>◆ Proper counseling of leprosy patients to prevent deformities</li> <li>◆ Human Resource Development and capacity building</li> </ul>
16. Percentage (as planned) of ASHAs functional in the district (received induction training)	<ul style="list-style-type: none"> <li>◆ Plan for identification of ASHAs</li> <li>◆ Finalize ASHA training programme</li> <li>◆ Procurement of kits to ASHAs</li> <li>◆ Support Mechanism for ASHA</li> </ul>
17. Number of RKS registered/established	<ul style="list-style-type: none"> <li>◆ Development/adaptation of model MOU</li> <li>◆ Formation of RKS and opening of bank accounts</li> <li>◆ Guidelines for RKS</li> <li>◆ Training of RKS members</li> </ul>
18. Number of Health care delivery institutions upgraded - SHCs - PHCs - CHCs (these institutions should be in conformity with IPHS)	<ul style="list-style-type: none"> <li>◆ Facility survey completed</li> <li>◆ Deployment of staff</li> <li>◆ Civil works</li> <li>◆ Equipment and supplies</li> </ul>
Village Health and Sanitation Committees constituted	<ul style="list-style-type: none"> <li>◆ Guidelines for VHSC finalized</li> <li>◆ Opening of Bank Account - Grants given</li> <li>◆ Orientation of VHSC members in NRHM</li> </ul>
20. Number of SCs strengthened - Additional ANMs hired - Annual maintenance grants given	<ul style="list-style-type: none"> <li>◆ Criteria for identification of sub-centres</li> <li>◆ Contractual ANMs</li> <li>◆ Guidelines for use of maintenance grants by SCs</li> </ul>
21. Number of PHCs strengthened as per RCH-PIPs to provide 24 x 7	<ul style="list-style-type: none"> <li>◆ Hiring of additional staff, Nurses for 24 x 7 PHCs</li> <li>◆ Guidelines for use of maintenance grants by PHCs</li> <li>- 3 staff nurses hired</li> <li>- Annual maintenance grants given</li> </ul>
22. National Blindness Control programme - Cataract surgery rate (450/100,000 population) - % surgery with IOL	<ul style="list-style-type: none"> <li>◆ Strengthening service delivery,</li> <li>◆ Developing human resources for eye care,</li> <li>◆ Promoting outreach activities and public awareness and</li> <li>◆ Developing institutional capacity.</li> </ul>

District Plan Objectives	Suggested Strategies
23.IDSP - Number of labs to be upgraded (L1 and L2) ♦ Training of staff for surveillance work	♦ Assessment of labs and identification of needs for strengthening Surveillance ♦ Contractual staff appointed for labs as per plan ♦ Number of staff to be trained in surveillance activities
24. Staff for mobile medical units in place	♦ Identification of blocks requiring visits from the MMU ♦ Staff deployment ♦ Services to be offered through MMU ♦ Procurement of drugs and medicines
25. Number of facilities to be covered for facility survey	♦ Finalisation of format for facility survey ♦ Training/orientation of staff in conduct of facility survey ♦ Sharing findings in monthly meeting and also with RKS
26. Number of villages to be covered for HH survey	♦ Constitution and orientation of teams for HH survey ♦ Finalisation of format and analysis plan
27. Number of Community Hearings planned	♦ Guidelines for public hearings finalized
28. District Training plan developed implemented	♦ Assessment of training needs for different stakeholders ♦ Development of a training plan based on the state guidelines ♦ Implementation of the district training plan ♦ Assessment of- existing availability; -gaps -yearly quantifiable training loads.
	♦ Detailed training heads: - No. to be trained in female sterilization - No. to be trained in male sterilization - No. to be trained in IUD - No. to be trained in contraceptive update
29. District BCC Plan developed	♦ Assessment of Communication needs for the district in the context of and implemented NRHM ♦ Development and Implementation of Communication Plan
30. District Procurement and Logistics Plan developed	♦ Assess need for supplies and equipments based on norms and facility survey ♦ Develop plan for procurement at district level for supplies not coming from the state ♦ Finalise plans for reaching supplies at different levels of care including ASHAs
31. Monitoring Mechanism (a) Monitoring of FP Service - Similar to RET (b) Monitoring of Maternal Services (c) Monitoring of Immunization -	- Evaluation of contraceptive service provider - Evaluation of institutional deliveries (A team of district official Evaluation of complete immunization NGO / PRI)
32. No. of PHCs/CHCs where AYUSH physicians posted	♦ Re-location of existing AYUSH dispensaries ♦ Contractual appointment of AYUSH manpower

## Part A: RCH and Related Components

The second phase of National RCH 2 programme was launched in April 2005. The programme aims to achieve national population policy goals with reference to IMR, U5MR, MMR and TFR (since subsumed - in NRHM goals) National/State/District RCH PIPs reflect on a set of technical strategies and activities to achieve these goals. It is advisable to the district planning team members (members of district health missions and other co opted members) to familiarize themselves with the state PIP with special reference to RCH goals and strategies. This document will also be useful in guiding the district teams in terms of how state proposes to hire additional human resources, capacity building plans and BCC activities etc. While district plans are independent self-standing plans, nevertheless some activities will be undertaken at the state level to support district level implementation.

### Goal

INDICATOR	Current	Goals	
		10-11	11-12
Infant Mortality Rate (IMR)			
Neo-natal Mortality Rate (NMR)			
Maternal Mortality Ratio (MMR)			
Total Fertility Rate			
Ante-Natal Care as defined			
Three Ante-Natal Checkups			
IFA tablets			
2 TT Injection			
Institutional Deliveries			
Delivery by Skilled Birth Attendants			
Contraceptive Prevalence Rate			
Complete Immunisation of Children (12-23 month of age)			
Proportion of Children Exclusively Breastfed			
Reduce Prevalence of STI/RTI			

### 1. *Maternal Health*

#### Present Status of activities under Maternal Health

#### Issue relating to Maternal Health in the District

#### How to strengthen ANC/PNC -

- Schedule out-reach sessions for ANC especially in inaccessible areas/ blocks by developing visit schedules and activity plans
- Re-orient ANMs in new guidelines for ANC as an integral component of SBA
- Ensure availability of supplies i.e. ANC kits such as BP instrument, foetoscope, Hb measurement, Urine examination
- Organise demand side so as to encourage pregnant women to seek care as per schedule

### **How to strengthen institutional deliveries**

- Civil works in form of labour rooms at facilities
- Additional human resources ANMs at sub centres
- Skill up gradation of ANMs in SBA
- Need based supplies for normal deliveries
- BCC: linkages with ASHA

### **Referral Transport:**

- Functional ambulances
- PPP for referral services

### **Upgradation of CHCS for EmOC and Upgradation of PHCs for 24x7 services**

- Civil works in identified facilities for LR, OT and staff residences
- Need based supplies of equipments/drugs
- Deployment of critical staff as per guidelines
- Establishment of Blood Storage Facilities
- Skill up gradation of Doctors - life saving skills in anesthesia, Emergency Obstetric Care (CS Section)
- Training in Management of common obstetric complications

### **JSY**

- Adapt / Develop district specific guidelines for eligibility, transfer of money and reporting mechanisms
- Accreditation of private providers for eligible for benefits under JSY
- BCC strategy for the communication objective of raising awareness

### **Maternal Death Audit**

### **SBA Trainings**

### **Anesthesia Trainings**

## **2. *Child Health***

### **Present Status of activities under Child Health**

#### **Neo Natal Corners**

- Civil Work & Equipment-Baby Warmer & UV light unit, Manual Mucus Sucker etc.

#### **Increase in percentage of new born babies given colostrums**

- Orientation of community based functionaries such as AWWs/TBAs/ASHAs
- BCC with women's group and PRI members

#### **Increase in prevalence of exclusive breast feeding**

- Orientation of AWW/ASHA on lactation management
- Communication activities.

#### 4. *Family Planning*

- **Targets and compensation-** NSV, Tubectomy, IUD, CC, OP
- **Capacity Building** –Contraceptive update Training ,Laparoscopic Surgery Training
- **Unmet demand of Contraception:** Spacing, Limiting
  - BCC on contraception
  - Alternative service delivery mechanism for FP supplies
  - 24 x 7 PHCs provide regular clinical contraceptive services including IUD insertions & IUD insertion
  - Accreditation of private providers for providing sterilization of IUD services

#### 4. *ARSH*

- Number of health institutions in PHCs/CHCs offering ARSH services
- Orientation of MOs and ANMs in ARSH services
- Linkages with WCD/Education department
- Some innovative Programme,

#### 5. *Urban Slum*

- Identify slum areas and ANMs to be deputed

#### 8. *NGO/PPP*

##### *PNDT*

- Innovative Programme

##### *NGOs – State Level*

Names of NGOs	Key Activities in Health/Nutrition/community organisation	Block/Villages of NGOs operations

#### 9. *Infrastructure and Human Resource*

- *Salary of Gynecologists, Pediatricians, Female Medical Officers, Staff Nurses*
- *Expenditure on Blood Storage Unit(Booked from Maternal Health Component)*
- *POL and Vehicle Maintenance.*

#### 10. *Logistic Management –*

Logistics Elements	Description
Availability of a dedicated District warehouse for health department	
Stock outs of any vital supplies in last year	
Indenting Systems (from peripheral facilities to districts)	
Existence of a functional system for assessing Quality of Vaccine	

- POL for supply
- Suggestion for supply Chain Management

## **11. HMIS**

- Infrastructure requirement – Internet connection and stationary
- TA/DA for M&E activities.
- Training requirements

### ***Quality Assurance- Suggestions***

## **12. Training**

- Strengthening training institutes
- Requirement of training on different components especially SBA Training EmOC training, RTI/STI Training,
- Operational cost

## **13. IEC/BCC**

- Advocacy workshop for different Programme i.e Maternal Health, Family Welfare, ARSH, PCPNDT etc.
- Focus Group discussion
- Wall painting for different Programme
- BCC through local MELAS and functions
- Any other innovative programme

## **14. Programme Management**

- Salary of DPMU
- Operational Expenditure, TA/DA to DPMU
- Issues to strengthen DPMU

## **PART-B-NRHM Additionalities**

### ***I. Village Health and Sanitation Committee***

- Their constitution and untied funds

### ***II. ASHA – Training, ASHA kit – Support Mechanism***

### ***III. Untied funds and Annual Maintenance Grant***

***Sub Centres*** – UF @ Rs 10,000/- for all SCs and AMG @ Rs 10,000/- to SCs in Govt. Building

***PHCs*** - UF @ Rs 25,000/- and AMG @ Rs 50,000/- for all PHCs

***CHCs***- UF @ Rs 50,000/- and AMG @ Rs 1,00,000/- for all PHCs

### ***Upgradation of Institutions***

#### ***IV. Sub Centre: Based on Facility Survey***

- Requirement of new buildings for Sub Centre with dilapidated buildings and having availability of land in suitable location.
- Repair and renovation of SCs
- Requirement of 2nd ANM – for Sub Centres where population is more than 6000
- Requirement of equipment and furniture after evaluating the availability and expenditure from untied funds.

#### ***V. Upgradation of PHCs: Based on Facility Survey***

- Requirement of new buildings for PHCs with dilapidated buildings and having availability of land in suitable location.
- Repair and renovation
- Equipment and furniture
- Manpower as per norms- gaps for regular cadre and FMO-NRHM

#### ***VI. Upgradation of CHCs: Based on Facility Survey***

- Repair and renovation
- Equipment and furniture
- Manpower as per norms

#### ***VII. Upgradation of SDHs: Based on Facility Survey***

- New SDH required-(Sub Divisions where SDH is not there)
- Repair and renovation
- Equipment and furniture
- Manpower as per norms

#### ***VIII. Functioning of MMUs***

- Route plan, Operational Cost.

#### ***IX. Programme Management***

- Block Programme Management Unit

#### ***X. Rogi Kalayan Samities***

- Constitution and Funds

## **PART - C**

### ***IMMUNISATION***

Each district is preparing immunization service delivery plans to provide efficient and safe immunization services to all infants and PW as per National Immunisation schedule. These plans respond to intra district specific needs with reference to ensuring availability of immunization agents on designated sites on session days, cold chain maintenance, monitoring adverse events following immunization and surveillance of VIPs etc. It should be noted that ASHAs are supposed to mobilize clients (women & children) for immunization session. The plans should include activities for cold chain equipments, support for vaccine delivery, and support for ASHAs and requirements for AD syringes in the district. The communication activities for improving immunization coverage and for mobilizing clients on the designated NIDs have to be reflected separately.

#### **Number of session planned**

- Requirement of funds for different activities like Vaccination, Mobilization, Cold Chair Maintenance, POL etc.

## PART- D

### National Disease Control Programmes

i. Revised National Tuberculosis Control Programme (RNTCP)

RNTCP incorporates elements of internationally recommended elements of Directly Observed Treatment (DOTS) short course strategy. The district level of objectives of RNTCP in conformity with national programme includes annual case detection rate of 70 per cent, treatment success rate of 85 per cent. The programme aims at improved treatment seeking behaviour of TB suspects, quality assured sputum microscopy, ensuring proper categorization of TB patients and improving treatment compliance by ensuring directly observed treatment and uninterrupted supply of quality assured drugs.

ii. National Vector Borne Diseases Control Programme (NVBDCP)

The NVBDCP was initiated in the year 2003-2004. It is an umbrella programme for prevention and control of vector borne diseases including Malaria, Filariasis, JE, Kala Azar, Chikungunya and Dengue. Under the programme comprehensive and multi sectoral public health activities are implemented. Districts teams should review incidence and prevalence data available for these diseases in the district through surveillance activities and plan as per national strategy adapted to address local needs.

Vector borne diseases like Malaria, Dengue and Japanese encephalitis are outbreak prone diseases and therefore during formulation of the district health plan, epidemic response mechanism should also be outlined.

iii. National Leprosy Eradication Programme

The programme was initiated as a central programme in the year 1955 and Multi Drug Therapy (MDT) was introduced for treatment of leprosy in 1982. Since then the programme has achieved tremendous success in bringing down leprosy burden and leprosy has been eliminated as a public health problem (PR<1/10,000 population) at National level in December 2005. The programme now aims at providing quality leprosy services through General Health Care System, to eliminate leprosy at remaining state, district and block level and to enhance disability prevention and medical rehabilitation services for deformed leprosy patients.

iv. National Blindness Control programme

The National programme for control of blindness was launched in year 1976 with a goal for reduction in prevalence of blindness from 1.4 percent to 0.3 percent. The four-pronged strategy refers to strengthening service delivery, developing human resources for eye care, outreach activities and developing institutional capacities.

All school children in the age group of 10-14 years should be screened for refractive errors. Percentage of children detected with refractive errors should be 5-7%.

v. *Integrated Disease Surveillance Programme*

Integrated Disease Surveillance Project is a decentralized state based surveillance programme for the common communicable and non-communicable diseases. It is intended to provide essential data to monitor progress of on going disease control programme and also to detect early warning signals of impending outbreaks and help institutions to develop an effective response in a timely manner.

vi. ***National Iodine Deficiency Disorder Control Programme***

*The NIDDCP aims to control iodine deficiency through:*

- *IDD Survey/resurvey*
  - *Supply of iodated salt*
  - *Establishment of IDD Control Cell*
  - *Establishment f IDD Monitoring Lab*
  - *Health Education and Publicity*
- 
- Plan by Programme Officer of RNTCP, NLEP, Blindness Control, NVBCP

## **PART- E**

### **Intersectoral Convergence**

As the indicators of health depend as much on drinking water, nutrition, sanitation, female literacy, women's empowerment as they do on functional health facilities, NRHM seeks to adopt a convergent approach for interventions under the umbrella of the district plan which seeks to integrate all the related initiatives at the village, block and district levels. While substantial spending in each of these sectors would be from the concerned departments, the Village Health Plan /District Plan would provide for some catalytic resources through Untied Grants for convergent action.

Also, as reflected in the HIV/AIDS and RCH convergence document, sub-district activities for prevention of HIV/AIDS are also to be planned as an integral component of the DHAPs. Possible demand generation activities for utilizing services offered such as PPTCT, VCT and ART, should be explored.

There may be variations across the states in integrating DHAPs with Safe water supply and rural sanitation in the initial years. However eventually district health missions should aim to integrate these programmes also to achieve desired synergy in activities leading to comprehensive response for health determinants.

- Innovative Ideas for convergence with Water and Sanitation, ICDS, PRIs and other concerned Departments.
- Availability of Funds / Scheme of other Department to be integrated with health.