DISTRICT HEALTH ACTION PLAN- 2018-19
BEGUSARI

DEMOGRAPHIC & SOCIO ECONOMIC INDICATORS

(source: CENSUS 2011/ Report - Selected Socio-Economic Statistics India-2011, Ministry of Statistics and Programme Implementation(www.mospi.gov.in))

	India	DIST.			India	State
Total Population		**404656**	Population Below Poverty Line (number and %age)			1451333
Rural population (number and %age)		387729	%age working population			45%
Urban population (number and %age)		16927(37.9)	Per Capita income[1] (at current prices)			14654
SC population (number and %age)		405310	Literacy rate	Male		71.20
				Female		46.40
ST population (number and %age)		1788	Gross Enrolment as percentage to the Total Population (MALES) (6-14 yrs)			n/a
%age population under 15 yrs of age		42.8	Gross Enrolment as percentage to the Total Population (FEMALES) (6-14 yrs)			n/a
%age population over 60 yrs of age		7.0	Drop Out Rate at Upper Primary level (MALES)			n/a
% age population under 5 yrs of age		42100	Drop Out Rate Upper Primary level (FEMALES)			n/a
Sex Ratio		894	Drop Out Rate at Secondary level (MALES)			n/a
Female population (number and %age)		1418097	Drop Out Rate Secondary level (FEMALES)			n/a
Under 5 sex ratio		n/a				

ADMINISTRATIVE DETAILS		
Number of Districts	01	
Number of Blocks	18	
Number of Villages	1250	
Number of Cities (>50,000 population)	**8**	
Name and Number of High Priority Districts	**NAME**	**POPULATION**

FACILITY DISTANCE *(source: Jansankhya Sthirta Kosh: www.jsk.gov.in)*

	Number	How many of out of these villages fall in HPD
No. of villages with a PHC within 10 kms/30 mins of walking tance	30	
No. of villages with a 24X7 PHC within 10 kms/30 mins of walking distance	62	
No. of villages with SC within 10 kms/30 mins of walking distance	800	

1. **Current Status & Situation Analysis: MATERNAL HEALTH**

Indicators	DLHS 3
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)	**25.7**
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)	**28.3**
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)	**76.2**
Institutional births (%)	**26.8**
Mothers who received post natal care within 48 hours of delivery of their last child (%)	**37.9**
PHC having separate Labour Room	**20**
PHC having Neonatal Warmer	**18**
PHC having Operation Theatre with anaesthetic medicine	**18**

2. **Goals:** Improving maternal health indicators by improving services at facility and at outreach

3. **Objective:**

To ensure availability and accessibility of quality care during ANC, Normal delivery , complication management during pre and post partum period to pregnant women and mothers to be covered during 2018-19.

4. **Strategies proposed:**

Following are the strategies to improve maternal health indicators at the district.

Community level- Birth preparedness, pre and post natal counseling on complication management, child care and family planning

System level- strengthening of service delivery points according to FFHI standards, (availability of drugs, equipments and other required consumables). HSC meeting to strengthen community level monitoring and follow up mechanism.

Capacity building – training and refresher training for nurses and doctors, SBA training, skill lab and mobile nurse training team,

5. Activity Proposed:

Registration within 1st Trimester- The benchmark or the quality of any health workers is the registration of pregnant women within first trimester. According to HMIS data the low performing blocks are >>>>>>>>>>>>>>>>

Anti Natal Care- The aim of Antenatal care (ANC) is to assist women to remain healthy, and thus aid the health of the unborn. 1–3 ANC also provide support and guidance to the woman and her partner or family in their transition to parenthood. The women should receive at least 3 ANC in each trimester other than the first registration. She should be counseled on nutrition, taking rest, IFA and TT, complications during pregnancy, new born care, family planning.

MCH Tracking- Pregnant woman tracking mechanism MCTS has been introduced to track the ANC, delivery and the PNC status for monitoring and recording purposes to increase the target for ANC, ID, PNC .This tracking is also helped us to find out the left outs and the drop outs clients. The good performing blocks are >>>>>>> and the poor performing blocks are >>>>>>>>

PNC card- Post Natal Counseling and Discharge card is to ensure women and their attendant are informed about the care of mother and newborn, probable complications for mothers and new born, basket of choice for family planning methods at the time of discharge from a public health facility mainly PHCs. It is emphasis that on duty nurse counsel the women of the above mentioned aspects thoroughly. It also contains the discharge information; follow up to do by ASHA. The card should be given to every women comes for delivery in a public facility.

Availability of JSSK defined drugs and consumables at facilities- The approach is to focus on entitlements for both pregnant women and sick neonates. It emphasize on institutional delivery and public facility including caesarean section entirely free.

The Entitlements for Pregnant Women are.
Free and Zero Expense Delivery and Caesarean Section
Free Drugs and Consumables
Free Essential Diagnostics (Blood, Urine and Ultra Sonography)
Free Diet during stay in the Health Institution (up to 3 days for Normal Delivery & 7 Days for C- Section)
Free Provision of Blood
Free Transportation from Home to Health Facility
Free transportation between facilities in case of referral
Drop back from Institution to Home after 48 hours of delivery
Exemption from all kinds of user charges.

Availability of Oxitocin or Misoprostol for AMTSL- The GOI protocol describes management of third stage of labour to reduce the chances of PPH. Among the three steps the first step is to administration of Oxytocin preferably or Misoprostol within an minute of delivery of baby. The availability of both of the drugs is scar in the government supply in the district. To implement AMTSL as per the protocol, the drugs should be available in all institution where delivery is happening on regular basis.

Availability of emergency drugs and consumables- All drugs and equipments which are essential according to JSSK and FFHI standard for complication management and stabilizing a women or a

newborn before referral, should be available at the all institution at regular basis without any interruption.

Skill lab and MNTT – The concept of skill lab and MNTT is to train a group of identified nurses in their own institutional set up focusing on maintaining standard procedures of normal delivery, new born care, complication management, infection control and bio medical waste management as well as family planning methods. It includes organization of labour room, NBC, maternity wing and OT. Facilities are identified and a small skill lab set up to train nurses
In Begusarai in the year 2011 the concept was introduced with the help of CARE –India. 4 skill lab PHCs established in which 34 nurses were trained. In 2012 total 7 facilities indentified including DH for skill lab and MNTT. Total 41 nurses are participating in the training. The training is a course. The trainee nurses are fixed and they should attend all the monthly sessions to complete the course.

Developing facility at L1, L2 and L3 category according to FFHI norms- In order to reduce MMR the strategies adopted are Skill Attendant at Birth, Basic Emergencies and Obstetric Care and EmONC. All three strategies are adopted at different level of facilities which are Health Sub center, APHCs, Primary Health Centre, Community Health Centre as well as district Hospitals. Later on these facilities were classified under the umbrella of Level 1, 2, 3 Facilities. The Level 1 are the SBA centers, Level 2 are the BEmOC centers where as Level 3 are the CEmOC centers. The basic objective of all the three is to ensure safe delivery and thus reducing the MMR.

Operationalising of FRUs- The public and private health facilities with emergency obstetric care are mostly situated in the urban areas of the district. To make the services available to the larger community during the emergency, it is urgent to make functional the FRUs in the periphery blocks. First Referral Units where EmONC services and emergency care of children is being provided along with entire range of Family Planning Services, safe MTPs, and RTI/STI Services, linkages with Blood bank and Blood Storage Units 24X7 basis. The services to be provided in these facilities will be as per the prescribed services for various levels by Government of India in MCH Operational Guidelines on Maternal and Newborn Health.

Functional Blood storage unit at FRUs- FRUs are meant to provide EmONC and other services for complications related to maternal health; therefore, it is necessary to make arrangement for blood transfusion in the FRUs. In Begusarai only DH has a functional Blood storage service. It should be immediately established to other FRUs of the district.

6. **Aation: To ensure 90% institutional delivery to reduce MMR, IMR etc.**

7. **Deliverables: To ensure 100% coverage of Rural & Urban delivery, C-section, Family Planning according to Ela as well as Free drugs & diagnosis ,Free Diet & free Referral transport for each & every person who need.**

1. **Situational Analysis: CHILD HEALTH**

Indicators	DLHS/AHS
Neo Natal Mortality Rate	25
Post Neo Natal Mortality rate	20
Infant Mortality Rate	46
Under 5 Mortality Rate	65
Children breastfed within one hour of birth (%)	9.4
Children (age 6 months above) exclusively breastfed (%)	4.2

Children are considered the future of the nation therefore; health concerns of children need urgent attention. The declaration of MDGs (MDG 4) gave a sense of direction and urgency to the issues concerning child health. Child health situation of any country can be described through a set of indicators, like Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR) etc. These indicators reflect the status of child health situation as well as the development status of the state.

2. **Goals:** Improving Child Health indicators by improving services of facility and outreach

3. **Objective:**

To ensure availability and accessibility of quality care during pre, intra and post natal period, complication management of newborns and infant as well as child to be covered during 2018-19.

4. **Strategies proposed:**

Following are the strategies to improve maternal health indicators at the district.

Community level- Birth preparedness, pre and post natal counseling on basic new born care, cord care, warming, breastfeeding and KMC.

System level- strengthening of service delivery points according to FFHI standards, (availability of drugs, equipments and other required consumables for NBC, NICU or SNCU). HSC meeting to strengthen community level monitoring and follow up mechanism.

Capacity building – training and refresher training for nurses and doctors, NSSK training

5. **Activity Proposed:**

<u>Functional NBC at all facility:-</u>

All labour rooms & operation theatres (OT) conducting deliveries are required to have a dedicated space for resuscitation & immediate care for newborns requiring resuscitation and emergency care. This dedicated space or newborn corner provides an enabling environment to provide essential thermal, resuscitation and management support.

Facility Mapping: –

As per the GoI Facility based Newborn Care Guidelines a facility assessment exercise would provide a gap analysis for the districts and help to plan newborn activities properly. The main objective of facility mapping is to map facility with functional NBC with trained person working in that facility.

Entitlements for Sick Newborns-JSSK:-

According to the JSSK Guidelines, 2011 the sick newborn (till 30 days after birth) is entitled to free diagnostics, drugs, treatment and transport. Around 10% newborns require emergency care. All the facility should equip with the drug and consumables list provided under JSSK.

The Home based new born care (HBNC):-

All newborns irrespective of where they are born, to be provided with home based care through a series of home visits to reduce Neo Natal Mortality Rate < 20/1000 live birth and to provide postpartum care for the Mother. Lastly Increase Family Planning practises. ASHA will do 7 home visits under HBNC.

Improving breast feeding and KMC practice-:

All the new born should be breastfeed within an hour of delivery and this breast feeding must continue exclusively up to 6 months.All babies who are low in their birth weight, their mother should learn to give KMC to their child. All facilities must have a KMC corner either in post natal maternity ward or in NBC.

NSSK training:-

With a view to positively affecting the neonatal mortality rate in the country the Navajaat Shishu Shuraksha Karyakram, a two days training program was designed for capacity building of health providers in essential newborn care & resuscitation skills. It is estimated that this skill based training when put in place in the States can prevent approximately 1- 2 lakh newborn deaths every year. The course aims to impart the basic skills essential to manage common neonatal problems like asphyxia, infections, hypothermia and breast feeding.
The need for resuscitation should always be anticipated. Thus, every birth attendant should be skilled in newborn resuscitation, (including anticipation, preparation, timely recognition and quick and correct action) and should have the necessary equipment and supplies - clean and functioning- to be able to respond quickly and correctly when needed.

Diarrhea management and ARI:-

Diarrhoea is one of the single most common causes of death among children under age five worldwide, following acute respiratory infection. Deaths from acute diarrhoea are most often caused by dehydration due to loss of water and electrolytes. Nearly all dehydration-related deaths can be prevented by prompt administration of rehydration solutions. The main objective of the programme was to prevent death due to dehydration caused by diarrheal diseases among children less than 5 years of age due to dehydration. Pneumonia is one of commonest cause of mortality among the children.

Establishment of functional NBSU and SNCU:-

NBCC	NBSU	SNCU
18	1	1

8. Whether new or continued: Continued

9. **Achievements (if the activity has been continued from previous year): District has 18 NBCC in each facility where delivery conducted and 10 new NBCC proposed for coming year. One NBSU established in SDH balia, one SCNU functional in DH. As well as Free referral transportation for Mother & children.**

   Justification: For reduce IMR,MMR in district , ensure availability and accessibility of quality care during pre, intra and post natal period, complication management of newborns and infant as well as child to be covered during 2018-19.

10. **Deliverables: To ensure every child operated carefully by ANM/SN in NBCC, Register maintaining is mandatory, Special care with low weight baby etc.**

11. Goals:

To reduce the burden of diarrhoea on child health and survival, in Bihar

12. Objective:

i. All children who suffer from diarrhoea must receive ORS and Zinc and must be protected from complication.
ii. Zinc and ORS must be made available at all facilities and functionaries involved with child health at all times of the year.
iii. Prompt and correct assessment of dehydration in every child with diarrhoea and timely referral.
iv. Regular Monitoring and evaluation of the programme.
v. Review of childhood diarrhoea on periodic basis.
vi. Training of field functionaries and supervisory staff involved in child health at District, Block and community.
vii. Increasing awareness and utilization of ORS and Zinc at community level through appropriate IEC.

13. Strategies proposed:

- Procurement of Zinc Syrup & ORS packets at the district level.
- Distribution of Zinc Syrup & ORS packets to AWWs, ASHAs, HSCs, APHCs, PHCs & District Hospital.
- Ensure no stock out of Zinc& ORS at all levels at all times
- Continue the involvement of BCMs in Supportive Supervision by incentivizing BCMs for doing supportive supervision.
- Continuous hand holding to ASHAs through Asha facilitators by incentivizing Asha facilitator for supportive supervision of ASHAs.
- Print & distribute registers (ANM, ASHA, AWW) reporting forms (PHC, APHC, HSC, ASHA, AWW), Supportive supervision checklist for BCMs and Asha facilitators.
- Create awareness and demand generation for Zinc& ORS through mothers meeting at community level.

- Ensuring coverage of all diarrheal cases through increased involvement of ASHA as first line provider by incentivizing treatment of cases by ASHA.
- Periodic review meetings at district level under the chairmanship of DM/CS with key Health and ICDS officials and at block level under the chairmanship of MOIC with the presence of Health and ICDS officials.
- Monthly review meeting with BCMs on Childhood diarrhea management programme at district level by DPM,DCM and M&EO. And monthly review meeting of ASHA facilitators by BCM at block level.
- Strengthening IEC activities through Dus Ka Dum.

Situational Analysis: NRCs will provide medical and nutritional care of severely acute malnourished (SAM) children where they will be kept in three weeks. Health concerns of children need urgent attention. The declaration of MDGs gave a sense of direction and urgency to the issues concerning child health. In current scenario district as well as India suffering from malnourished children in huge amount. We have only one NRC in district level which has been not covered malnourished child under district

6. **Goals:** Improving Child Health indicators of Malnourished children by improving services of NRC.

2. The Objectives: To Strengthening of Nutrition Rehabilitation Centre for maximum output.

- To reduction of severe malnutrition parentage among the children aged 7 months to 60 months
- To reduce the percentage of severely malnourished children to less than 1%.

NRCs will provide medical and nutritional care of severely acute malnourished (SAM) children where they will be kept under observation for 3 (Three) weeks. Here in addition to medical care special focus will be given on timely, adequate and appropriate feeding to the children and also efforts made to improve skill of their mothers on complete care and feeding of their children and follow up at household level. Also care givers of malnourished children will be taught the preparation of low cost, nutritious diets from locally available foodstuffs.

3. Activities

- Early Identification of moderate malnutrition
- Early identification severe malnourished children and their admission in NRC
- Meetings with malnourished children and parents in difficult areas
- Nutritional advice to parents of malnourished children
- Promotion of infant and young child feeding
- Promotion of safe water, hygiene and sanitation
- Counselling of mother, father and mother-in-law
- Formation of clubs of mothers of malnourished children at anganwadi centres

5. Strategies proposed:

One another NRC proposed for District Hospital for maximum coverage of malnourished as well as ensure 100% training of Food demonstrator, Mo & Nodal officer NRC.

6. Activity Proposed:

All newborns irrespective of where they are born, to be provided with home based care through a series of as well as counseling for proper nutrition, health & hygiene, drinking water, exclusive breast feeding for the Mother & child.

7. Achievements (if the activity has been continued from previous year): Due to NRC district rehabilitated 376 malnourished children in which 334 follow up completely.

8. Justification: One NRC required for District Hospital for maximum covering of malnourished of entire district.

9. Deliverables: To ensure cleanest, well established, hygienic ,friendly environment in Nrc.

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