

**National Level Orientation Workshop on People's  
Plan Campaign 2021 (*Sabki Yojana Sabka Vikas*)**

**Ministry of Health & Family Welfare**

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# Our health care needs depend on...



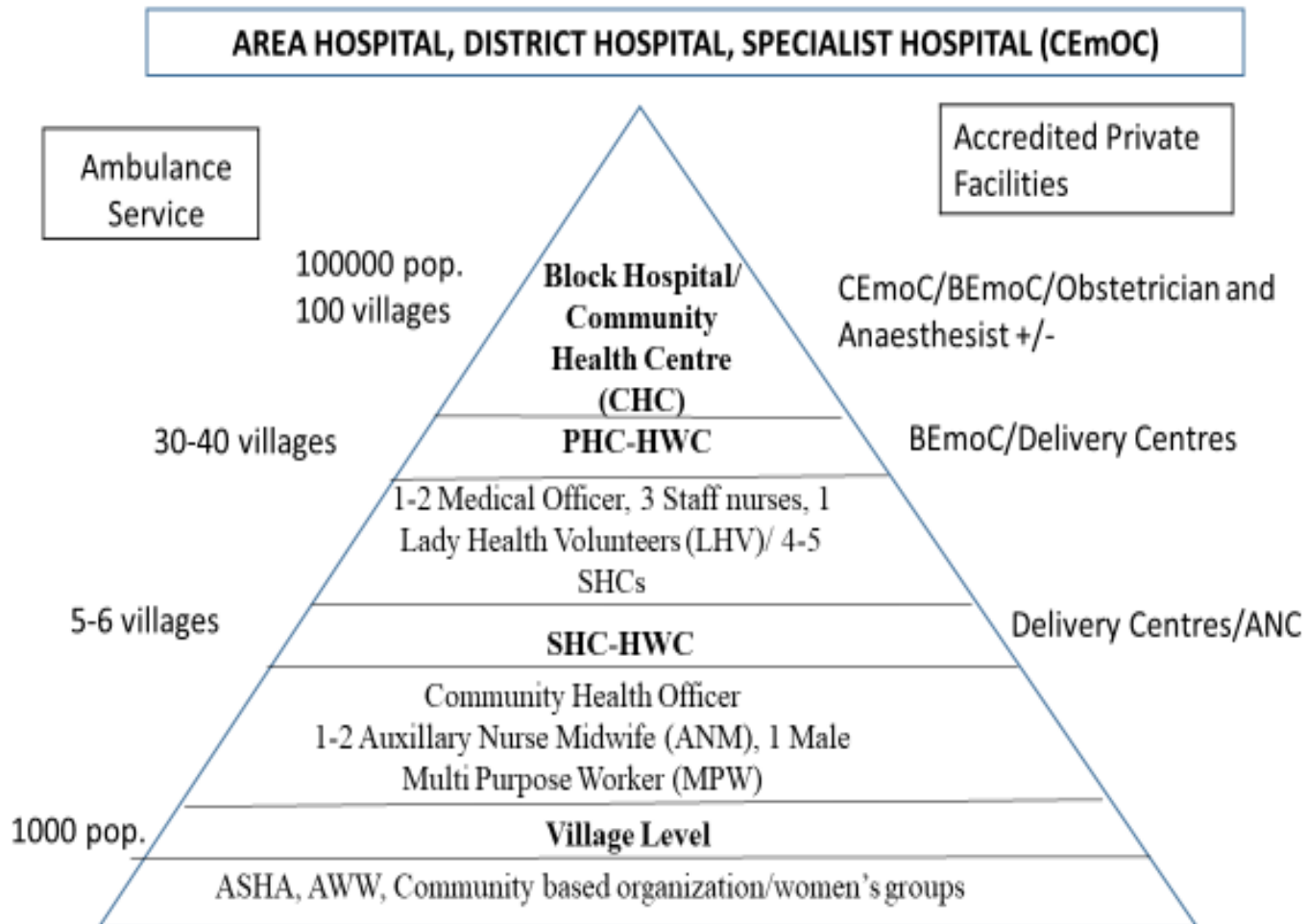
## Social Determinants

1. Nutrition (Eat-right & Eat-safe)
2. Physical activity (Fit-India)
3. Education
4. Income and social status
5. Employment
6. Access to health services
7. Gender Equality – *Beti Bachao Beti Padhao*
8. Genetics (family inheritance)
9. Socio-cultural beliefs

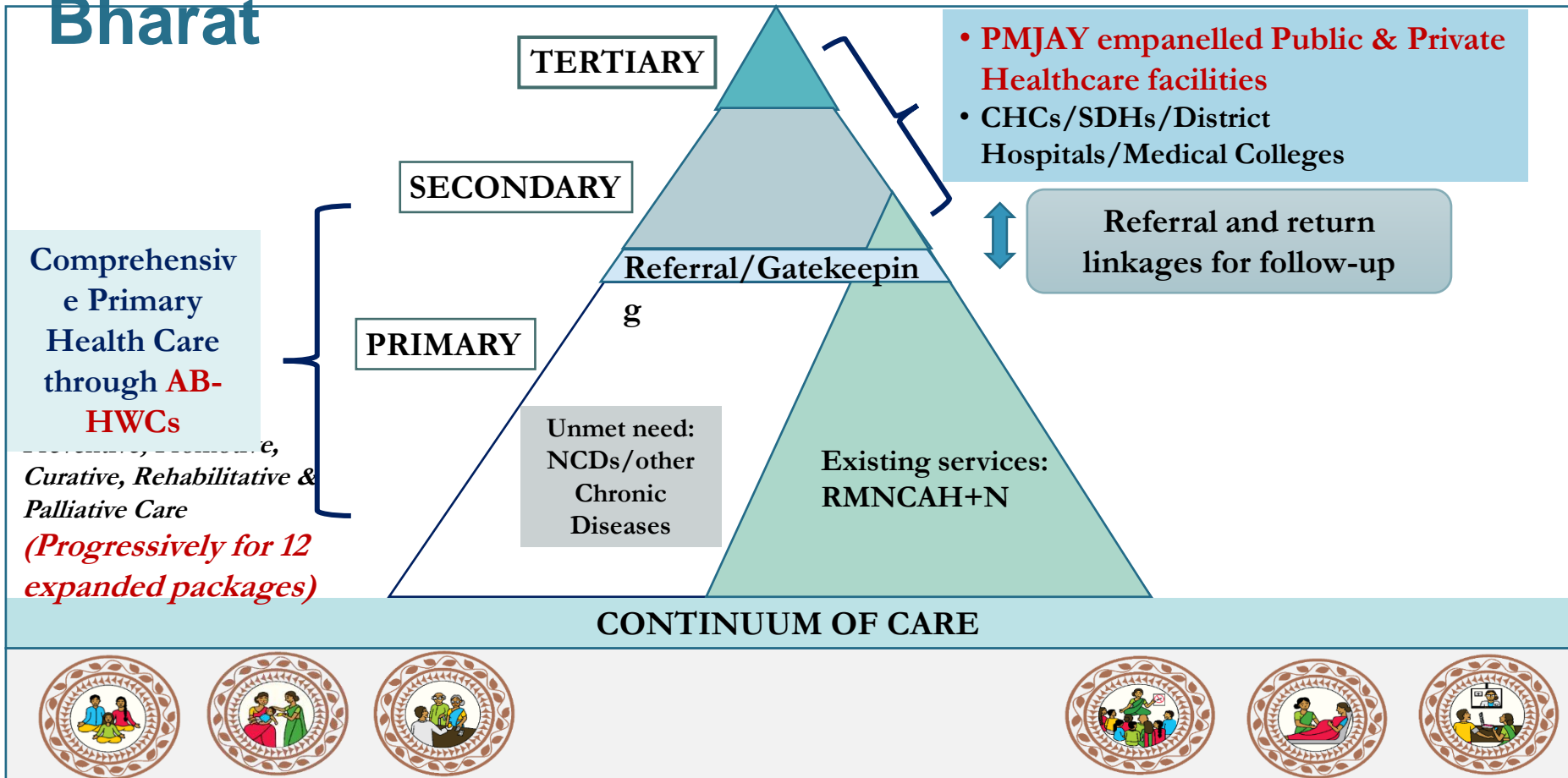
## Environmental Determinants

1. Clean drinking water, Safe Sanitation and Hygiene – at Household, Anganwadi, school and Village level -  
*Go for Open defecation free villages*
2. Air & Water Pollution, secondary smoke
3. Healthy & clean surroundings
4. Occupational hazards e.g. asbestosis, silicosis
5. Water Sanitation and hygiene (VISHWAS)

# Present Health Care Delivery Structure



# Universal Health Coverage : Ayushman Bharat



# Comprehensive Primary Health Care

## Operationalization of all Ayushman Bharat - Health & Wellness Centres with Expanded package of Services

1. Care in Pregnancy and Child-birth
2. Neonatal and Infant Health Care Services
3. Childhood and Adolescent Health Care Services
4. Family Planning, Contraceptive Services and other Reproductive Health Care Services
5. Management of Communicable Diseases: National Health Programmes
6. General Out-patient Care for Acute Simple Illnesses and Minor Ailments
7. Screening, Prevention, Control and Management of Non-communicable Diseases
8. Care for Common Ophthalmic and ENT Problems
9. Basic Oral Health Care
10. Elderly and Palliative Health Care Services
11. Emergency Medical Services including Burns and Trauma
12. Screening and Basic Management of Mental Health Ailments

# Health indicators in Mission Antyodaya

1. Availability of CHC/PHC/SHC in the village and the distance of the nearest CHC/PHC/SHC from the village
2. Number of anaemic pregnant women
3. Number of underweight newborn children in the village during the year
4. Number of anaemic young children
5. Number of children categorized as 'not stunted' under ICDS
6. Number of under-six year children categorized as 'underweight'
7. Number of anaemic adolescent girls
8. Availability of MCH facilities in the village
9. The distance to the nearest MCH facility (if not available)
10. Availability of Jan Aushadhi Kendra in the village
11. Number of households registered for PMJAY
12. Distance to the nearest hospital empanelled under PMJAY/any state health insurance scheme

# Focus of GPs should be on..

- Sustainable Development Goals (SDG) and National Health Policy 2017
- Conversion of Sub Health Centres and Primary Health Centres (PHCs) into **Ayushman Bharat - Health and Wellness Centres (AB-HWCs)**
- Achieving **90% coverage of routine immunization** under Universal Immunization Programme (UIP)
- **Ending the epidemic of TB** and achieving the SDG targets for the same by 2025

# Key Roles of PRIs

- **Planning:** At village level - VHSNC platform, taking stock of the situation regularly.
- **Addressing inequities:** Mapping vulnerable and unreached population ; Ensuring services reach them
- **Awareness generation and community mobilization:** For improved healthcare seeking of services at HCFs and in community, address demand & supply gaps, quality issues, participate in IEC/ BCC campaigns to promote healthy lifestyles and positive health behaviors, promote improvement in practices on sustained basis by developing school children as agents of behaviour change, resolve conflicts & social stigmas.

# Key Roles of PRIs

- **Support for inter-sectoral convergence:** with ICDS, Education, drinking water & sanitation, etc.
- **Leverage funds from other resources:** under three tier panchayat system, and other programmes like BRGF, Border Area Funds, Tribal Sub-plan for VHSNC / RKS, 15<sup>th</sup> FC grants, PMASBY grants
- **Action on indoor and outdoor air pollution:** promote use of clean fuels, use of LPG, Ujjwala Yojana, reduce burning of stubble, crop residue, raise community awareness on risks of pollution.

# Planning Process

- **Understanding Milestones – SDGs, indicators, norms**
- **Situation analysis – gaps – need assessment**
- **Estimation of resources required**
- **Prioritization**
- **Mapping of resources**
- **Monitoring mechanisms – data capturing and analysis – use of IT**

# Convergence of Resources

- **NHM – schemes and programmes – PIP**
- **PMJAY - claims**
- **15<sup>th</sup> Finance Commission**
- **MoRD – MGNREGA**
- **MoTA – Scheduled areas**
- **MoMA – Minority areas**
- **MoSJE – SC areas and Drug dependence treatment**
- **DMDF**
- **MPLADS**
- **PMASBY**

# Planning Imperatives – services

- Essential drugs and diagnostics at all levels
- 100% pregnancy, birth, marriage and death registration
- Institutional deliveries – including C-section - FRUs
- Immunization
- Neo-natal care – SNCUs, NBSUs and NBCCs
- HBNC ; HBYC
- RBSK – screening of children up to 18 years for 4Ds
- Family planning services
- Nutritional rehabilitation centers

# Planning Imperatives – services

- Communicable diseases – early detection and complete treatment
  - TB, leprosy, viral hepatitis, malaria, dengue, filariasis, kala azar, JE
- NCDs – Screening and availability of drugs
- Blood collection, storage and transfusion
- PMJAY
  - Enrolment of beneficiaries
  - Empanelment of hospitals
  - Utilization of claims funds
- ASHAs – Training and timely payment of incentives
- DBT schemes – JSY, NPY

# Planning Imperatives – cross cutting

- **Infrastructure –**
  - Buildings – including maintenance and renovation
  - Equipment
- **Human Resources – IPHS, 2012**
  - Vacancies – district cadres – ANMs \ MPWs \ *ASHAs*
  - Residential accommodation for staff
  - District needs to State – as per reqmt and vacancies
- **Availability of medicines –**
  - EDLs at DH\CHC\PHC levels
  - DVDMS – indenting and replenishment
  - District drug store – logistics arrangements

# Planning Imperatives – cross cutting

- **Availability of diagnostics –**
  - Diagnostics at DH\CHC\PHC level
  - BMEMP – contracts in place
  - District store – logistics arrangements – kits and consumables
- **Training –**
  - District training center
  - Availability of trainers
- **Blood services**
- **Referral transport – 108/102 ambulance services**

# 15<sup>th</sup> Finance Commission (FC-XV) Award to Panchayats for Health - Key Components (Rural)

Component	Total Allocation (spread over 5 years)
<b>Rs 43,928 Crores</b> allocated for HCFs in rural areas - to be coordinated by Rural Local Bodies (RLBs)	
Block Public Health Unit	Rs. 5279 Crores
Support for diagnostic infrastructure to the primary healthcare facilities :	Rs. 16377 Crores
Building-less Sub centres, PHCs, CHCs - support for infrastructure	Rs. 7167 Crores
Conversion of Rural PHCs and Sub Centres into Health and Wellness Centre	Rs. 15105 Crores

## Building-less Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs)

- Construction of Building less SHCs, PHCs and CHCs - to meet infrastructure gap & ensure availability of CPHC close to the community
- For SHCs and PHCs that do not currently operate out of their own buildings or are operating from dilapidated buildings / rented buildings
- Fund allocation is contingent upon availability of land for the health facility.
- Priority to PHC/SHC in remote areas, with 30 minutes time to care approach
- **Selection of sites** - priority to vulnerable sections - SC/ST dominated areas
- Selection and posting of HR to be ensured with the building process
- **Unit Cost** : For a new building is **Rs 55.5 lakhs for a SHC** (maximum), **Rs.1.43 Cr for a PHC** (maximum) and Rs. 5.75 Cr for a CHC (maximum).
- Local bodies are free to supplement their resources to provide further improved infrastructure taking into consideration, local demands and needs.
- State to arrange operational costs, in advance, to ensure facility utilization

# Conversion of rural PHCs and Sub-Centres to AB-HWCs

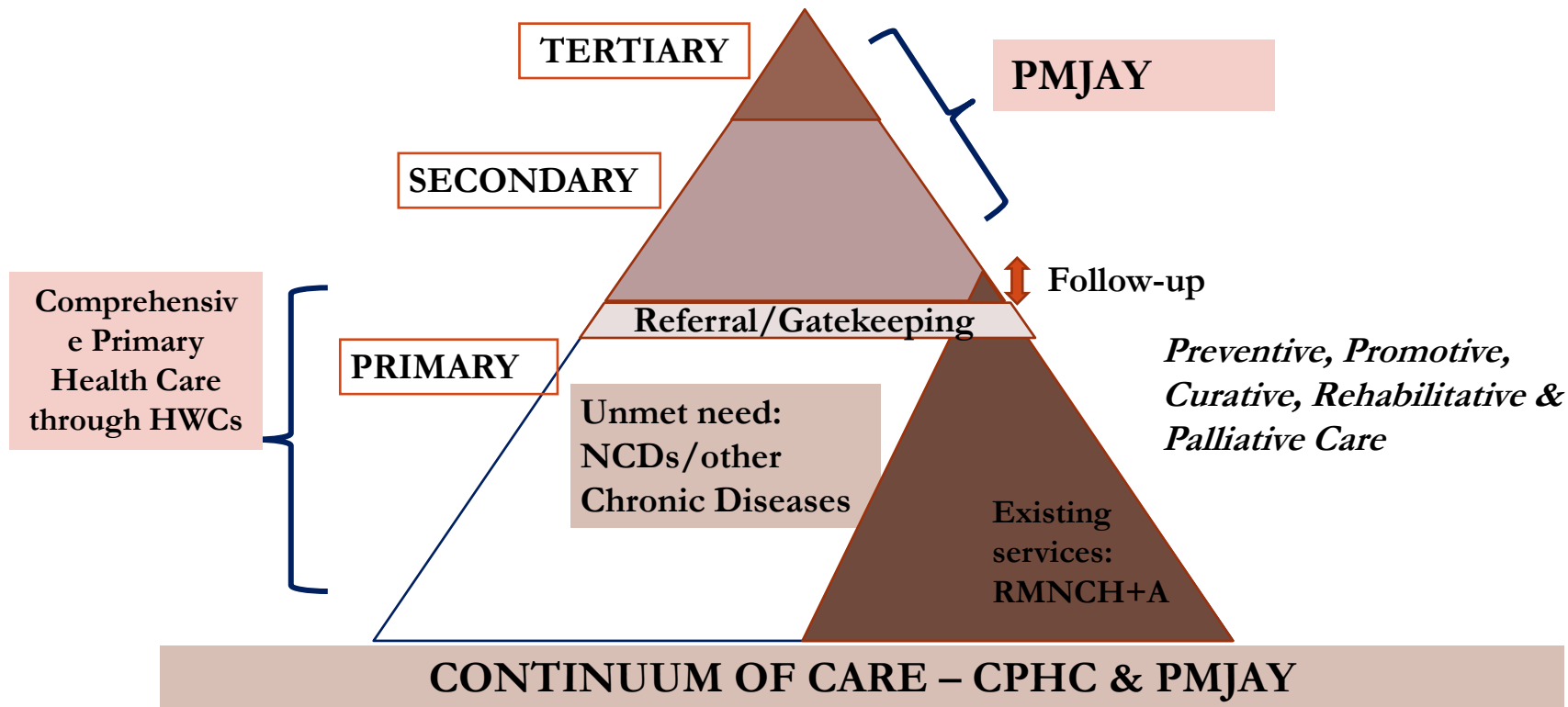
- The indicated activities include -
  - Infrastructure (physical and IT) upgradation as per the CPHC guidelines
  - HRH - Remuneration, PBIs of CHOs, TBIs of HWC Teams, ASHA incentives
  - Additional services: Physiotherapy, Counselling, Yoga,
  - Capacity building : ASHAs, ANM/ MPWs, CHOs, VHSNC / JAS / PRI / SHG
  - IEC, Data management, Office Support, and IT Support,
  - Monitoring / Accountability: Independent monitoring cost, Support cost to JAS for Social Audit
- **Unit Cost : Rs. 9.7 lakhs** (maximum) for conversion of **each SHC** into HWC, and **Rs. 5.6 lakhs** for conversion of **each PHC** into HWC

# Support for diagnostic infrastructure to the primary healthcare facilities

- For existing SHCs and PHCs costs to depend on the gap analysis
- The range of diagnostic tests expanded
  - 14 tests at SHC-HWC
  - 63 tests at PHC-HWC
- States have to plan comprehensively - either by strengthening in-house facilities or through Hub and Spoke model, duly pooling the resources.
- Outsourcing model for diagnostic services can also be considered.
- States may use these resources for developing an IT system to monitor the diagnostic services provided to the people effectively
- **Unit Cost :** For required diagnostic infrastructure - a **maximum of Rs 3.91 lakhs for each SHC and a maximum of Rs 25.86 lakhs for a PHC**

# National Health Programmes – A brief

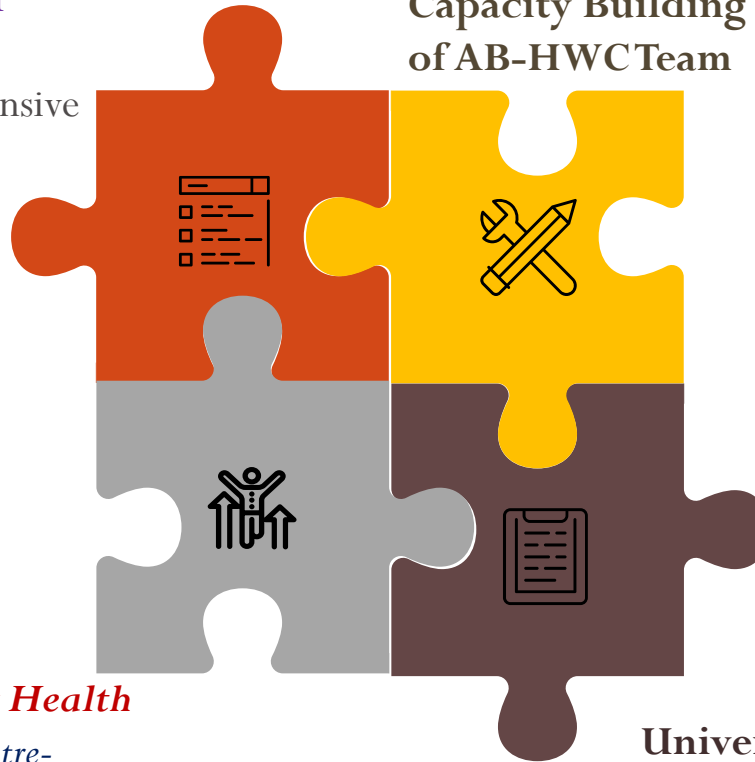
# Universal Health Coverage: Ayushman Bharat-Health and Wellness Centre



# AB-HWC led transformation

## Incremental expansion of the package of services

For providing comprehensive  
primary health care



## Capacity Building of AB-HWC Team



## Positioning *Community Health Worker (CHO)* at Sub Centre- *Health and Wellness Centre*

Ensuring service closer to  
the community.

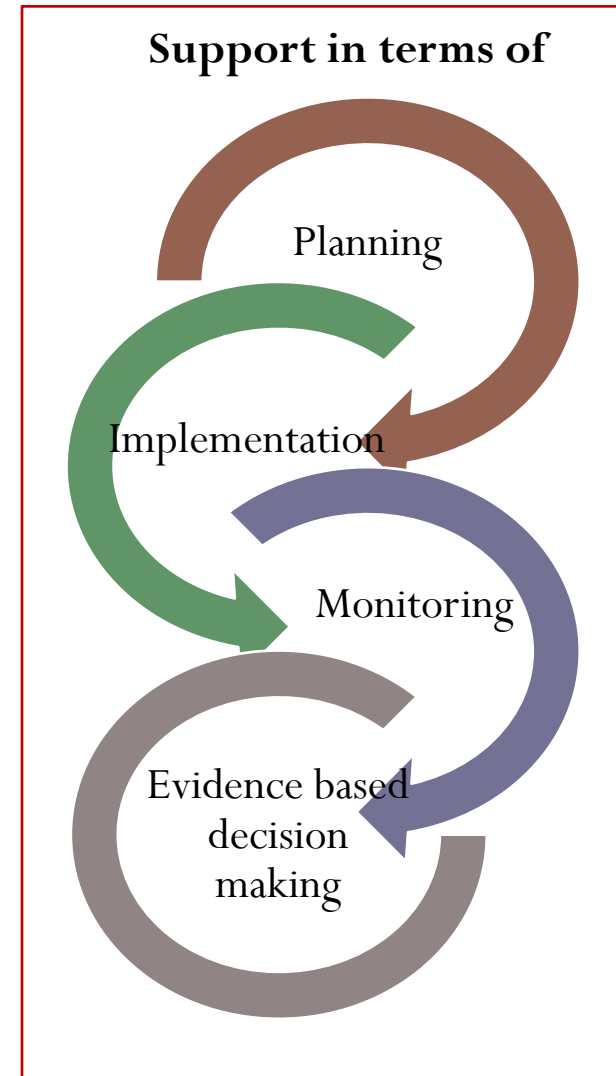
## Universal Screening and Management of

### NCDs

For early detection and  
prevention of NCDs

# Platforms to support our services

- **Village Health, Sanitation, and Nutrition Committee (VHSNC)-**
  - Community platform
  - Sub committee of GP Standing Committee on Health
  - Chairperson of VHSNC : Sarpanch or a Panch of GP  
(*Untied funds per year: Rs. 10,000/-*)
- **Jan Arogya Samiti (JAS)-**
  - Institutional Platform for—SHC-HWC and PHC-HWC
  - JAS at SHC – Chairperson - Sarpanch of GP ; Co-Chair: MO of concerned PHC
  - JAS at PHC – Chair : Zilla Panchayat Member of the area ; Co chair : BMO/THO
  - Functions – facilitates quality service delivery, health promotion, social accountability and grievance redressal
  - *Untied funds per year : Rs. 50,000/- for SHC-HWC and Rs. 1.75 lakhs for PHC-HWC*



# Platforms to support our services (contd.)

## ■ VISHWAS

- Village-based Initiative to Synergize Health Water and Sanitation (VISHWAS)
- VHSNC collective campaign initiative for Swachhta and Swasthya and its impact on health and quality of life.
- 11 monthly campaign days in a year by each VHSNC

## ■ Rogi Kalyan Samiti (RKS)

- Formed at – DH, CHC
- *PRI representatives* are members in RKS committees
- Critical role in monitoring quality of care, addressing patient grievance, and improved functioning of health facility.
- *Untied Funds* are also granted to health facilities for patient welfare, CHC and SDH – 5 Lakh and DH – 10 Lakh

# Reproductive and Maternal Health

Program	Eligibility	Service provision	Whom to contact	Where to avail services
<b>Janani Shishu Suraksha Karyakram (JSSK)</b>	Pregnant women and Infants (up to 1 year of age)	Free services, including medicines, diagnostics, diet, referral transport (dial 108/102), blood for delivery, ANC and PNC complications, and treatment of sick infants.	ASHA/ ANM (MPW)/ CHO/ MO	Public health care facility




# Reproductive and Maternal Health

Program	Eligibility	Service provision	Whom to contact	Where to avail services
<b>Janani Suraksha Yojana (JSY)</b>	Pregnant women – • All women in high focus States/UTs • Women from SC/ST and BPL categories in other States/UTs	Cash benefit for institutional delivery: • Rs. 1400 in rural areas and Rs. 1000 in urban areas in high focus States/UTs • Rs. 700 in rural areas and Rs. 600 in urban areas in other States/UTs	ASHA/ ANM (MPW)/ CHO/ MO	Public health care facility or accredited private health facility



जननी  
सुरक्षा योजना

# Reproductive and Maternal Health


Program	Eligible	Service provision	Whom to contact	Where to avail services
<b>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	Pregnant women	<ul style="list-style-type: none"> <li>•Fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women (in 2<sup>nd</sup> and 3<sup>rd</sup> trimester) on the 9<sup>th</sup> of every month at public health facility - for early detection of danger signs, ANC and counseling by OBGY specialists/ Radiologist/Physicians.</li> </ul>	MO/ ASHA/ ANM (MPW) / CHO	Public health care facility
		<ul style="list-style-type: none"> <li>•Pregnant women can search the nearest PMSMA facility- <a href="https://pmsma.nhp.gov.in/">https://pmsma.nhp.gov.in/</a> or download the 'PMSMA' mobile application.</li> </ul>		

# Reproductive and Maternal Health

Program	Eligibility	Service provision	Whom to contact	Where to avail services
<b>Family Planning</b>	All eligible couples	Free universal access to family planning services- <b>Spacing methods:</b> Condoms, oral contraceptive pills, emergency contraceptive pills, Injectable contraceptives (Antara), centchroman, IUCD, PPIUCD, <b>Limiting methods:</b> sterilization (male/female), etc.	MO/ ASHA/ ANM (MPW) /CHO	Public health care facility



# Newborn, Infant and Child Health

Program	Eligibility	Service provision	Whom to contact	Where to avail services
<p><b>Home based care for newborn and young child</b></p> 	<p>Newborns and young children</p>	<p>Home visits by ASHAs to assess the health status of the child and provide counselling to family on healthy child care practices:</p> <ul style="list-style-type: none"> <li>• <b>Home Based Newborn Care:</b> (6 visits in case of institutional delivery on day 3,7,14,21,28 and 42 days and seven visits in case of home deliveries with additional visit on day of birth)</li> <li>• <b>Home Based Young Child Care</b> (4 visits at 3<sup>rd</sup> month, 6<sup>th</sup> month, 9<sup>th</sup> month and 12<sup>th</sup> month)</li> </ul>	<p>ASHA/ ANM (MPW) /CHO/ MO</p>	<p>Public health care facility</p>

# Newborn, Infant and Child Health

Program	Eligibility	Service provision	Whom to contact	Where to avail services
<b>Immunization</b>	<ul style="list-style-type: none"> <li>•PW</li> <li>•Infants</li> <li>•Children</li> </ul>	<p><b>Universal Immunization Programme</b> – TT immunization to every PW and every child is entitled to free immunization services against vaccine preventable diseases, through outreach and facility based immunization services (<i>at birth, 6 weeks, 10 weeks, 14 weeks, 9-12 months, 16-24 months, 5-6 years, 10 years &amp; 16 years</i>). <i>Newly added vaccines- Rota virus, MR &amp; PCV vaccines.</i></p>	ASHA/ ANM (MPW)/ CHO/ MO	Public health facility / AWC (VHSND)



**Village Health, Sanitation & Nutrition Day (VHSNDs)** - organized in every village at least once every month to provide ANC/PNC, immunization, growth monitoring, family planning, food supplementation and counseling on health services.

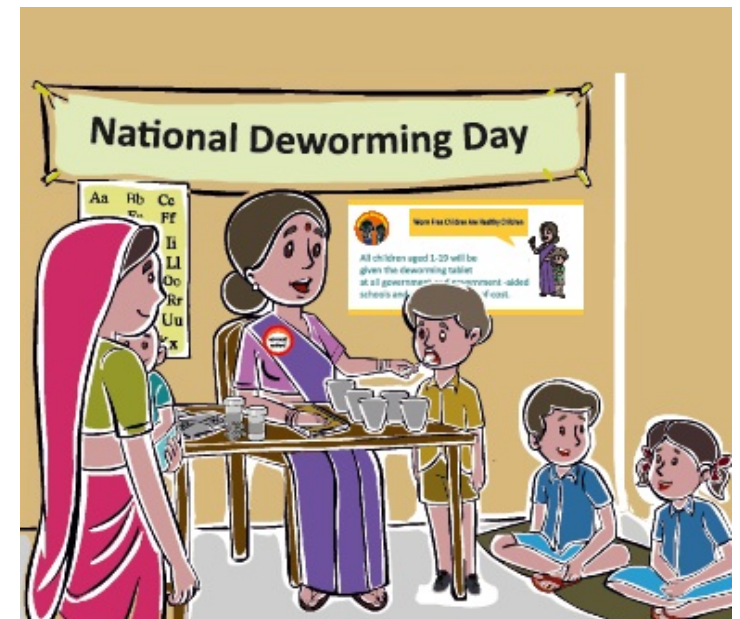
# Management of common childhood illnesses

## • Prevention and Management of Diarrhoea

- ORS packets and Zinc tablets provided free of cost and readily available with ASHA/ANM .
- Counseling services provided on preventive strategies.
- Intensified Diarrhoea Control Fortnights and Defeat Diarrhoea Campaigns are organized at village and facility level.

## • National Deworming Day

Free deworming campaign organized twice a year to deworm (using Albendazole) all preschool and school-age children between 1-19 years –in schools and anganwadi centers.

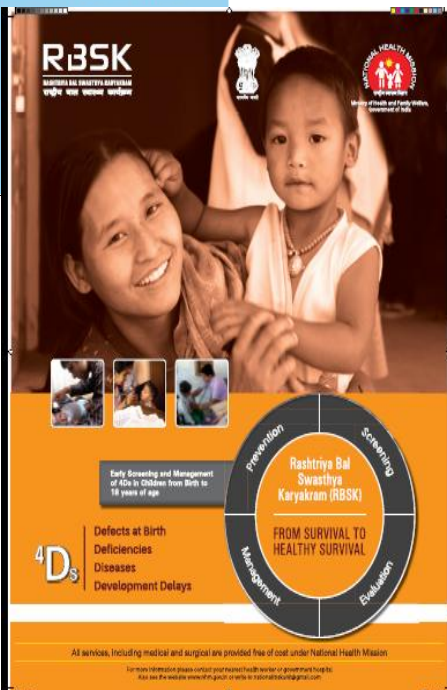
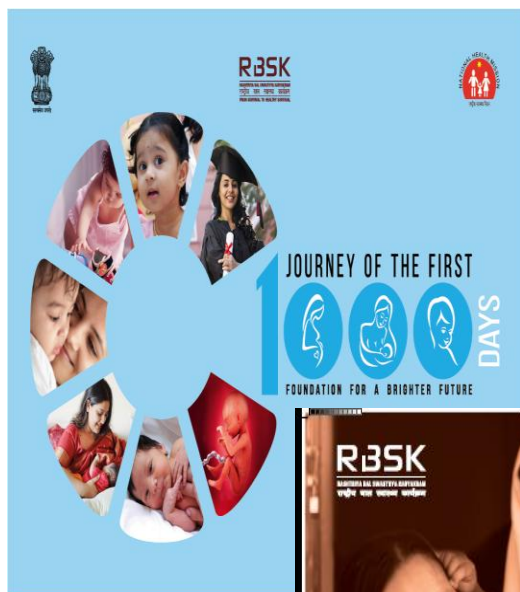


# Other initiatives

- **Nutritional Rehabilitation centers** - NRCs are set up at public health facilities for inpatient management and follow up of sick severely and acutely malnourished children.
- ASHA/ANM(MPW) are involved in referrals and follow-up.



# Rashtriya Bal Swasthya Karyakram and Early Childhood Development

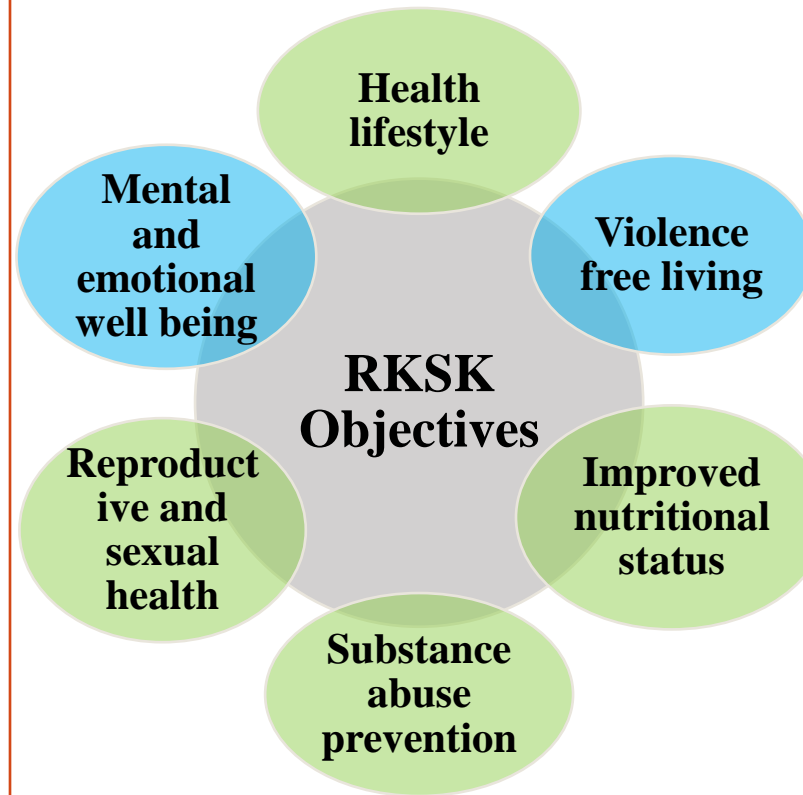


Universal Screening of children of 0-18 years for 4Ds - Defects at birth, Deficiency, Diseases at childhood and Developmental Delays

- Screening of newborn - At birth at public health facilities and in community by ASHAs for newborn till 6 weeks during home visits
- Screening of pre-school children below 6 years of age by Mobile Block Health at the Anganwadi centre at least twice a year.
- Screening of School children age 6 to 18 years by Mobile Health teams at least once a year.
- Ensure referral and free management of those identified with 4 Ds at DEICs

# Adolescent Health

- **Rashtriya Kishore Swasthya Karyakram-**
  - **Peer Educator Programme** – Peer educators are selected from among the adolescents in villages to work with adolescents
  - **Adolescent Health Days** - AHD are to be organized in every village once every quarter on a convenient day to provide Sanitary Napkins, IFA, Albendazole, anti-spasmodic tablets, contraceptives, health education and services
- **Scheme for promotion of Menstrual Hygiene**  
Provision of sanitary napkins to rural adolescent girls at a subsidized rate of Rs 6 for a pack of 6 napkins.
- **Adolescent Friendly Health Clinics (AFHC)** – AFHCs are located at Primary Health Centers-HWC (PHC-HWC), Community Health Centers (CHCs) and District Hospitals (DHs) to provide clinical and counselling services on adolescent health issues
- **Weekly Iron Folic acid Supplementation** to adolescents (10-19 years).



# Communicable Diseases

## *Goal to make India Tuberculosis free by 2025*

### *Revised National Tuberculosis Control Programme –*



- Early screening and diagnosis of TB
  - A person with cough for two weeks or more is a suspect for TB and should be referred to a PHC-HWC/CHC/DH for the confirmation of diagnosis.
- Provision of DOTS – Directly observed treatment short course – TB patients are provided free medicines for daily consumption
- TB Helpline/ Toll Free number : 1800116666
- NIKSHAY POSHAN YOJNA – All notified TB patients are eligible for Rs.500/- per month for the duration for which the patient is on anti-TB treatment.
- Ensure BCG vaccination of children at birth to prevent TB among small children.
- As TB is still seen as stigma, Confidentiality of patient identity must be maintained

# Communicable Diseases

## *National AIDS Control Programme*

- Community mobilization for HIV/AIDS counseling services by ICTC, ART, STI, PPTCT Counsellors.

TB-HIV co-morbidity:

- TB is most common opportunistic infection among people living with HIV
- Improved access to HIV-TB care
- *Single window service for management of HIV-TB co-infections at ART Centres*
- Privacy of patients must be ensured.

## *National Viral Hepatitis Control Programme*

Goal to end Viral Hepatitis by 2030

Prevention:

- Behaviour change
- Immunization of Hepatitis B (Birth dose, high risk groups and health care workers)
- Injection safety
- Safe drinking water, hygiene and use of sanitary toilets

*Screening, diagnosis and treatment for Hepatitis B and C at public health facilities, in phased manner.*

# Anemia Mukht Bharat

- Bi-weekly IFA syrup supplementation for infants & preschool children (6-59 months) and deworming for children 12 months and above.
- Weekly IFA tablets and biannual deworming – mobilization through ASHA and service delivery through teachers for school children and through AWCs for out-of school children.
- Target Population -
  - Children 6- 59 months and 6 – 9 years
  - Adolescents 10-19 years
  - Pregnant and Lactating women : 1 tablet daily for 180 days
  - Women of Reproductive age-1 tablet weekly throughout the reproductive period.



# Anaemia Mukht Bharat – Role of GP

- Engage media, VHSNCs, ASHA/MPWs school teachers, key influential leaders, SHGs for sensitization of communities on healthy diet and services available at public health facilities
- Highlight anaemia prevention during National Nutrition Week, National Deworming Day, Women's Day, World's Breastfeeding Week and World Health Day
- Use comprehensive IEC material available at:  
[www.anemiamukhtbharat.info](http://www.anemiamukhtbharat.info)

# Non-Communicable Diseases

## Universal screening of NCDs:

- Screening for hypertension, heart disease, diabetes, oral cancer, breast cancer and cervical cancer and family history of liver disease, gall stones, for all individuals of 30 years of age and above in the community
- Early detection and treatment of Non-Alcoholic Fatty Liver Disease (NAFLD) NCDs by ASHAs
- Established referral linkages between communities and facilities, to ensure treatment and follow up of patients.
- Identify patients needing dialysis and provide referral support for treatment through Pradhan Mantri National Dialysis Programme (PMNDP)



# Communicable Diseases

## *National Vector Borne Disease Control Programme:*

*(Malaria, Dengue, Kala Azar, Filaria and Japanese Encephalitis)*

- Mobilization for preventive measures for control of breeding of mosquitoes /vectors and use of mosquito bed nets /LLIN.
- Early screening and diagnosis at SC using Rapid Diagnostic Test (RDT) kit.
- Free treatment services at public health facilities.

- *Leprosy –(National Leprosy Eradication Programme)*
- Early detection through active case finding.
- Provision of complete free treatment for Leprosy patients
- Provision of Disability Prevention & Medical Rehabilitation (DPMR) services.

# Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana



Secondary and Tertiary Treatment on  
Cashless and Paperless basis



A cover of Rs 5 lakh per family per  
year (no limit on family size)



Over 10 crore poor and vulnerable  
families eligible



Benefits will be portable across the  
country



To know eligibility/ entitlement,  
check with Ayushman Mitra/ ASHA/  
CSC/ call 14555

- Insurance mode
- Trust / Assurance mode
- Mixed model

# How can GP enhance utilization of PMJAY?

- ❑ Encourage community members who are comfortable to use IT system, to enroll as Ayushman Mitra who in turn would support in spreading awareness about AB-PMJAY in the community
- ❑ Coordinate with Community platforms like VHSNC, JAS to generate awareness about the program benefits and eligibility criteria
- ❑ Mobilize and Support eligible community members for enrolling in AB-PMJAY scheme

# PM Bhartiya Jan Aushadhi Kendra and role of GP

- **Objective** - making available reasonably priced quality generic medicines in the market
- It is proposed that at least one PMBJK will be opened in each district and to be extended to sub-divisional levels as well as major towns and village centers.
- **Eligibility** - NGO, Charitable Institutions/Hospitals, Reputed professional bodies/organizations, Private Hospitals, Trusts, **Societies, Self Help Groups** etc are eligible to open new Pradhan Mantri Bhartiya Janaushadhi Kendra

## **Role of Gram Panchayats –**

- ❑ To encourage the SHG, entrepreneurs especially applicants belonging to weaker sections like SC/ST/Differently-abled for establishment of PMBJK
- ❑ Provide handhold support for completing the formalities of establishment of PMBJK
- ❑ Mobilise the community to avail the benefits of PMBJK

# Social Accountability - Community Reflection and Accountability (CRA) Exercise



*Activity inauguration* through traditional prayer or song

CHO will brief community about the *services rendered* at AB-HWC

Presentation of *Key health indicators* of the village by MPW

*Rating of health services* at HWC through 'Supportive Community monitoring tool' by JAS Chairperson

*Sharing of issues* related to Health facility by community members

Coordination of activity by AF and ASHAs will be community mobilisers

Frequency: *Villages on rotation basis and average twice a year per village*

Location: Panchayat hall, school etc

Participation of: all community members of different age, sex group

Analysis of Supportive community monitoring tool by CHO and action for improvement

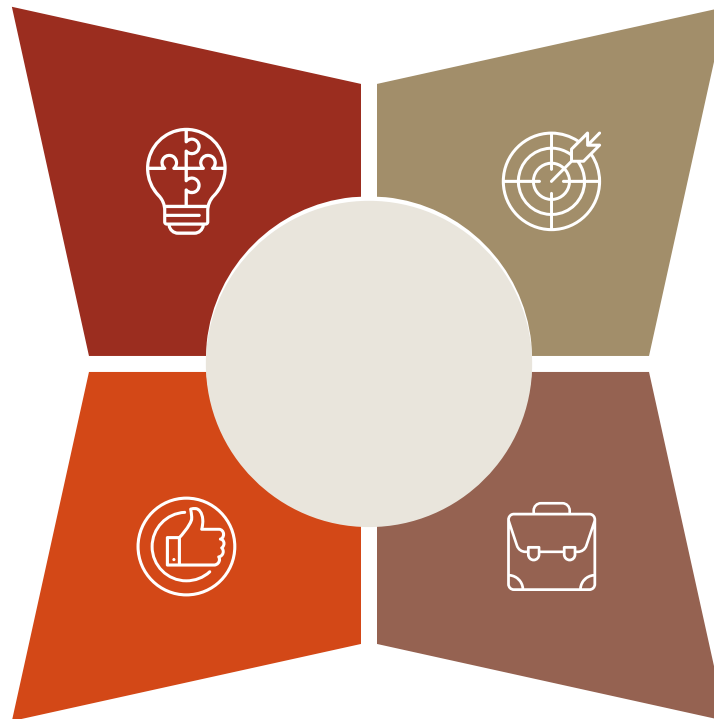
# Arogya Sabhas at AB-HWC

## Frequency

Biannually at the HWC  
Level on Ambedkar  
Jayanti and HWC Day.

## Participation

Participation by VHSNCs,  
Women SHGs, youth  
group, community  
groups, Gram panchayat  
etc



## Focus Area

Culmination of CRA  
exercise conducted at the  
linked village and  
preparing action plan for  
the village

## To address

Issues faced by Health  
system and support  
required from the  
communities

# Support from GPs requested...

- To create **awareness** about health programmes and healthy lifestyles
- To **mobilize beneficiaries** for 100% Immunization, NCD Screening, RBSK Screening and ANC
- Review of **utilization of Grants** given to VHSNCs, JAS at AB-HWCs as untied funds
- Do gap analysis of number and quality of AB-HWCs and leverage **15<sup>th</sup> Finance Commission grants** to maintain and upgrade the healthcare facilities in the Panchayat
- Support creation of **open spaces** for physical activities, open gym, yoga, etc
- Make GP **Tobacco / Alcohol free**
- Ensure **monthly CRA exercise for social accountability** of AB-HWC
- Plan and do a periodic review of Implementation of **disease control programmes** specially for TB, Leprosy and Malaria!
- **Arogya Sabha once every six months** – one on 14<sup>th</sup> April: Dr BR Ambedkar Jayanthi cum AB-HWC Day; 2<sup>nd</sup> six months later

# Template PPT for Gram Panchayat Development Plans (GPDP 2021-22) Meetings

Presenter: ASHA/ANM

Venue: Gram Panchayat, \_\_\_\_\_

Date: \_\_\_\_\_

*The greater the power of the Panchayats, the better for the people*

# Overview of our village...

	FY 2019-20	Source	FY 2020-21	Source
<b>Total population</b>				
• <b>General</b>				
• <b>OBC</b>				
• <b>SC</b>				
• <b>ST</b>				
• <b>Others*</b>				
<b>BPL population</b>				
<b>Estimated no. of eligible couples (15-49 years)</b>				
<b>Estimated no. of pregnancies during the year</b>				
<b>30+ population enumerated</b>				
<b>No. of Under 5 children</b>				

## Progress so far...

Coming together is a beginning;  
keeping together is progress; working  
together is success....

# Progress so far

S. No.	Programme	FY 2019-20	FY 2020-21
	<b>Reproductive &amp; Maternal Health</b>		
1	No. of ANC registrations		
2	No. of Institutional deliveries <ul style="list-style-type: none"> <li>• Public</li> <li>• Private</li> </ul>		
3	No. of JSY beneficiaries		
4	No. of JSSK beneficiaries		
5	No. of PW who received PMSMA services		
6	Family planning services provided <ul style="list-style-type: none"> <li>• Condoms distributed</li> <li>• IUCD/PPIUCD insertions</li> <li>• Sterilizations conducted (M/F)</li> </ul>		
7	No. of women provided IFA tablets <ul style="list-style-type: none"> <li>• Pregnant</li> <li>• Lactating</li> <li>• WRA (MPV districts)</li> </ul>		

# Progress so far

S. No.	Programme	FY 2019-20	FY 2020-21
	<b>Newborn, Infant and Child Health</b>		
1	No. of Home-based care visits conducted <ul style="list-style-type: none"> <li>• Newborn</li> <li>• Young child</li> </ul>		
2	No. of children provided Immunization services <ul style="list-style-type: none"> <li>• UIP</li> <li>• Mission Indradhanush</li> <li>• Others like MR campaign</li> </ul>		
3	No. of Village Health & Nutrition Days (VHNDs) organized vs held		
4	No. of beneficiaries mobilized at VHNDs		
5	No. of IDCF fortnights and Defeat Diarrhea campaigns conducted		
6	No. of NDDs organized		
7	No. of malnourished children identified		
8	No. of children provided IFA syrup under AMB <ul style="list-style-type: none"> <li>• 6-59 months</li> <li>• 5-9 years</li> </ul>		

# Progress so far

S. No.	Programme	FY 2019-20	FY 2020-21
	<b>Rashtriya Bal Swasthya Karyakram (0-18 years) – 4 Ds (Defects at birth, Deficiency, Diseases and Developmental Delays)</b>		
1	No. of newborns screened for 4 Ds by ASHAs during home visits till 6 weeks of age		
2	No. of pre-school children (below 6 years of age) screened at AWCs		
3	No. of school children (6-18 years of age) screened		
4	No. of newborns and children identified with 4 Ds referred and treated at DEICs		

# Progress so far

S. No.	Programme	FY 2019-20	FY 2020-21
	<b>Adolescent Health</b>		
1	No. of peer educators identified and functional		
2	No. of AHDs conducted vs planned		
3	No. of adolescent girls provided sanitary napkins at subsidized rates		
4	No. of adolescent girls and boys referred to Adolescent Friendly Health Clinics (AFHCs)		
5	No. of adolescent girls and boys provided IFA tablets under AMB (10-19 years)		

# Progress so far

S. No.	Programme	FY 2019-20	FY 2020-21
<b>Non-Communicable Diseases</b>			
1	No. of 30+ individuals screened for: <ul style="list-style-type: none"><li>• Hypertension</li><li>• Diabetes</li><li>• Oral Cancer</li><li>• Breast Cancer</li><li>• Cervical Cancer</li></ul>		
2	No. of tobacco control activities conducted		

# Progress so far

S. No.	Programme	FY 2019-20	FY 2020-21
	<b>Communicable Diseases</b>		
1	RNTCP- <ul style="list-style-type: none"><li>• No. of TB suspects</li><li>• No. of patients provided DOTS</li><li>• No. of beneficiaries under Nikshay Poshan Yojana</li></ul>		
2	NVBDCP- No. of cases diagnosed and treated: <ul style="list-style-type: none"><li>• Malaria</li><li>• Dengue</li><li>• Chikungunya</li><li>• Others*</li></ul>		
3	NLEP- No. of leprosy cases: <ul style="list-style-type: none"><li>• Identified through active case finding</li><li>• Provided treatment</li><li>• Provided rehabilitative services</li></ul>		

THANK YOU