FOURTH COMMON REVIEW MISSION - 2010

16th - 22nd December 2010

MADHYA PRADESH

Team A : District Damoh

Dr. Dinesh Baiswal,
Assistant Commissioner(MH),MoHFW,

Ms. Yasmin Zaveri Roy,
Senior Programme Manager, SIDA

Mr.K.Kausal, Financial Analyst,
MoH&FW, GoI

Dr. Arpana Kullu , Consultant, NRHM-I, MoH&FW, GoI

State Representatives

1. Dr. K.L.Sahu, Joint Director, Sagar
2. Dr. M.M.Maholiya,Entomologist, NMCP
3. Ms.Arti Pandey- ASHA,NRHM, Consultant.
4. Ms.Bhawna Bharti- Charted Accountant, NRHM
5. Ms.Resha Patel- Nutrition Consultant, UNICEF

Representative from JICA

1. Mr. Fareed Uddin,
   Project Operations Manager
2. Mr.Konohara Makiko,
   Project Formulation Advisor

Team B : District Khargaon

Dr. Thamma Rao
Public Health Advisor – NHSRC,

Dr. R.K Dasgupta,
Joint Director – NVBDCP, GoI

Dr. Shahab Ali Siddiqui, Consultant, NRHM- I, MoH&FW , GoI

Dr. Iti Kaushik, Consultant, NRHM-I, MoH&FW, GoI

State Representatives

1. Dr. Ajay Khare, Deputy Director
2. Dr.J.C.Paliwal, Consultant, NVBDCP
3. Dr.Sharad Pundit, Joint Director, Indore Division
4. Mr.Abhijit Pathak, Divisional, Maternal Health, Indore
5. Mr.Vishal Sharma, Accounts Manager
6. Ms.Gunjan, IMNCI Co-ordinator

Representative from UNFPA

1. Mr. Tej Ram Jat
   State Programme Officer

Introduction

Demography:

The state of Madhya Pradesh has a population of 44.381million (Census 2001). There are 50 districts in the state. The State has population density of 195 per sq. km. (as against the national average of 312). The decadal growth rate of state is 24.3% (against 24.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

The Total Fertility Rate of the State is 3.3. The Infant Mortality Rate is 70 and Maternal Mortality Ratio is 335 (SRS 2004 - 06) are higher than the national average. The Sex Ratio in the State is 919 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Madhya Pradesh

S. No.	Item	MP	India
1	Total population (Census 2001) (in million)	44.381	1028.61
2	Decadal Growth (Census 2001) (%)	24.3	21.54
3	Crude Birth Rate (SRS 2009)	28.0	2.8
4	Crude Death Rate (SRS 2009)	8.6	7.4
5	Total Fertility Rate (SRS 2009)	3.3	2. 6
6	Infant Mortality Rate (SRS 2009)	70	53
7	Maternal Mortality Ratio (SRS 2004 - 2006)	335	254
8	Sex Ratio (Census 2001)	919	933
9	Population below Poverty line (%)	37.43	26.10
10	Schedule Caste population (in million)	9.16	166.64
11	Schedule Tribe population (in million)	12.23	84.33
12	Female Literacy Rate (Census 2001) (%)	50.3	53.7

INFRASTRUCTURE

The infrastructure Development Wings were established at the State and Divisional levels. In both the districts visited, the progress in constructions is very slow and the provision of compound walls was not provisioned and security and patients absconding after delivery has been an issue for the administrators. The provision of uninterrupted water supply and electricity has been a constraint at SHCs, PHCs and some of the CHCs and Sub-district hospitals visited. Several new electrical generators were supplied in May 2010 and are yet to be installed even after a lapse of six months. The report to the Director of Health Services indicated that all except four generators have been installed.

There is a shortfall of 1533 sub centres in the state whereas that for PHCs is 515. Likewise the shortfall of CHCs is 84. There are a total of 50 district hospitals and 8 medical colleges.

Table II: STATUS OF HEALTH INFRASTRUCTURE IN THE STATE

	Required	In position	Shortfall
Sub-centres	10402	8869	1533
Primary Health Centres	1670	1155	515
Community Health Centres	417	333	84

(Source: RHS Bulletin, March 2009, M/O Health & F.W., GOI)

OTHER HEALTH INSTITUTIONS IN THE STATE ARE AS UNDER:

The institutions of Indian System of medicine present in the state includes 34 Ayurveda hospitals and 1427 dispensaries, whereas 2 Unani Hospitals 2 and 50 dispensaries. Also 22 Homeopathic hospitals and 146 dispensaries forms the part of the ISM institutions.

Table III: Other HEALTH INSTITUTION IN THE STATE ARE AS UNDER:

Health Institution	Number
Medical Colleges	8
District Hospitals	50
Ayurveda Hospitals	34
Ayurveda Dispensaries	1427
Unani Hospitals	2
Unani Dispensaries	50
Homeopathic Hospitals	22
Homeopathic Dispensaries	146

Human Resources status in Madhya Pradesh

There is a huge shortfall of 5324 health workers (male) to be appointed at Sub centres. 1655 nurses and midwives fall short to be posted in PHCs and CHCs. Similarly there are only 331 pharmacists in position. Likewise, the case with the specialists at CHCs is that there is a shortfall of 1087. The AMN at SHCs and PHCs are 13282 in position against a requirement of 10024. There are only 93 obstetrician and gynecologists in position for CHCs against a requirement of 333 in the state.

Table IV: Human Resource Status

Human Resource	Required	In position	Shortfall
ANM at SHCs & PHCs	10024	13282	surplus
Health Worker (Male) at SHCs	8869	3545	5324
LHV at PHCs	1155	355	800
Health Assistant (Male) at PHCs	1155	118	1037
Doctor at PHCs	1155	541	614
Doctor (GDMO) at CHCs	850	370	480
Obstetricians & Gynaecologists at CHCs	333	93	291
Physicians at CHCs	333	93	240
Paediatricians at CHCs	333	49	284
Total specialists at CHCs	1332	245	1087
Radiographers at CHCs	333	138	195
Pharmacist at PHCs & CHCs	1488	331	1157
Laboratory Technicians at PHCs and CHCs	1488	384	1104
Nurse/Midwife at PHCs and CHCs	3486	1831	1655

Indicators

Table V: Indicators – Current Status

Sr. No.	Indicators	Achievement
1.	Birth Rate (RHS Bulletin - 2008)	28.0
2.	Death Rate (RHS Bulletin - 2008)	8.6
3.	IMR (RHS Bulletin - 2008)	70
4.	MMR	355
5.	TFR	3.3
6.	Male Sterilization (2010-11)	92.58 Lakhs
7.	Female Sterilization (2010-11)	899.89 Lakhs
8.	Full immunization (2010-11)	8.71 Lakhs
9.	Awareness about DOTS (Tuberculosis) (DLHS - 3)	66.9 %
10.	Awareness about Leprosy Eradication (DLHS - 3)	51.9 %
11.	Awareness about Malaria/Dengue/Chikun Guinea (DLHS - 3)	89.1 %
12.	Improved source of safe drinking water (DLHS - 3)	80.8 % households

The IMR of the state is highest in the country according to RHS bulletin (2008) which is 70. It is significantly higher than the National average of 53. This poor status calls for immediate action on the part of the state to improve the maternal & child health services. Birth rate and Death rate are also considerably high being 28.0 & 8.6 respectively which is amongst the highest in the country. The state still needs big strides in disseminating awareness for leprosy eradication program of the government since even after many years of the launch of the program the awareness level is only 51.9%. The MMR of the state (355) needs immediate attention which is starkly higher than the national average of 254.

Status of PRI:

There are 37008 existing VHSCs which are functioning at the community level. The composition of the VHSCs involves the representatives of the PRIs also. The monthly meetings are being held to address the health and sanitation related issues in the village. The selection of ASHAs also involves participation from members of the PRI as evident from the interaction with 18 ASHAs in

the district Khargone. The places at which there is a lady sarpanch, the position of president of the VHSC is held by her.

There is a participation of PRI members in the RKS also. The untied funds given to the SHCs operate through the joint account of ANM and PRI member.

Special Constraints:

HR is one of the major constraints for the state. There is a huge shortage of specialists (61.5%) and Staff Nurses (52.9 %) in public health institutions.

With the progress of NRHM there has been up gradation of public health facilities due to which the number of beds in the institutions have been increased thus even with the continuous recruitment process the gap in human resource still remains considerably wide. Moreover the sanctioned positions also need to be enhanced accordingly.

Table VI:

4th Common Review Mission 17th to 23rd December 2010		
Name of the State		Madhya Pradesh
Names of the District Visited		
	District	Name of CMHO
1.	Khargone	Dr. Viraj Bhalke
2.	Damoh	Dr. Chaubey
Facilities visited		

	Facility	Location	Level	Person In Charge
1.	District Hospital	Damoh	District Hospital	Dr.R.K.Shrivatav
2.	DH-Khargone	Khargone		Dr.D.S.Solanki CS
3.	Civil Hospital	Sanawad, Khargone Dist	Sub-District Hospital	Dr. Virendra Mandloi MO
4.	Civil Hospital	Barwah, Khargaon Dist.		Dr. A.L. Ahirwar BMO
5	CHC, Tendukheda	Damoh Dist.	CHC	Dr.S.N.Gupta
6	CHC, Hatta			Dr.P.D.Kargainya
7	CHC, Jabera			Dr.K.K.Athiya
8	CHC, Patheria			Dr.E.Minz
9	CHC-Mandleshwar	Khargone Dist.		Dr.M.L. Sharma MO
10	CHC-Segaon			Dr. Sunil Verma BMO
11	PHC, Abhana	Damoh District	PHC	Dr.Rita Chaterjee
12	PHC, Sarra			Staff Nurse-Kalawatu Raikwar
13	PHC,Raneh			Dr.S.S.Rajput
14	PHC-Padliya	Khargone District		Dr. M.L. Kaag MO
15	PHC-Choli			Dr. Prasann Jain MO
16	PHC-Oon (Block)			Dr. Alok Gupta BMO
17	PHC-Bamnala (BEMOC)			Dr. S.K. Verma MO
18	SHC, Taradehi	Damoh District	SHC	ANM- Lakshmi Panikar
19	SHC, Raseelpur			ANM- Dhanwanti
20	SHC, Harduga			ANM- Damyanti Vishkarma
21	SHC, Battkhamariya			ANM- Nisha Kiran Bala
22	SHC, Kodakala			ANM- Annupama Pandey, Bina Aherwal
23	SHC, Gaisabad			ANM- Lakshmi Tandan
24	SHC, Basa			ANM- Mira Devi
25	SHC-Dhargaon	Khargone		ANM Jayawanti Kurmavat

26	SHC-Bablai	District		ANM Gangapal
27	SHC-Kavdia			ANM Basanti Bhalekar
28	SHC-Dodwa			ANM Paru Rawat & Priti Patidar
29	SHC-Lal Kheda			ANM Rewadabar
30	SHC-Ghugriya Khedi			ANM Meera Dabar

Table VII: Additional Facilities visited

Places Visited	District	Location
Regional Health & FW Training Centre	Indore	Indore
College of Nursing	Indore	Indore
ANM Training School	Damoh	Sagar District
Nutritional Rehabilitation Centre		District Hospital Sagar
Nutritional Rehabilitation Centre		CHC Tendukheda
Nutritional Rehabilitation Centre		CHC Jabera
Nutritional Rehabilitation Centre		CHC Hatta
Nutritional Rehabilitation Centre		CHC Patheria
Community Interactions		Villages :Ghutariya, Raseelpur, Garrai, Patlauni, Kodakala, Jabera, Harduga
Nutritional Rehabilitation Centre	Khargone	District Hospital, Khargone
Nutritional Rehabilitation Centre		Sehgaon CHC
VHSC-Peplia Khurd		Peplia Khurd
VHSC-Nawalpura		Nawalpura
VHSC- Ghugriya Khedi		Ghugriya Khedi
MMU (Deen Dayal)		Dhargaon
Leprosy camp		
Community Interactions		Villages :Padiliya Khurd, Choli, Kavidiya, Bablai,

Chapter 3: FINDINGS

INFRASTRUCTURE

i) **Infrastructure development Wing:**

a) State:

The infrastructure wings are established at the state and divisional levels.The construction works are being entrusted to the Public Works Department Madhya Pradesh housing Board, Madhya Pradesh Laghu Nigam, Madhya Pradesh Warehousing and Logistic Corporation, Rural engineering Service Department. The details of the engineering staff of the infrastructure development wing are as detailed below-

Table VIII: Infrastructure Development Wing

Designation	No. of Posts	Status	Posting Level
Chief Engineer	1	On Deputation from Public Works Deptt.	State
Executive Engineer	1	On Deputation from Public Works Deptt.	State
Asistant Engineer	8	6 Employed at Health Deptt 2 On Deputation from Public Works deptt.	State and Divisional levels
Sub Engineers	14	2 each at Divisional Hq	Divisional Levels
Consultant Civil	1	Contractual under SPMU,NRHM	State
Superintending Engineer	1	Contractual under NRHM (retd. from works deptt.)	State
Executive Engineer	1	Contractual under NRHM (retd. from works deptt.)	State
Sub Engineers*	50	Contractual under NRHM	District

* The recruitment is under process and the incumbency shall remain only till the NRHM is in place

The State is contemplating the procurement of services of architects and project managers. The infrastructure development has ensured construction of SNCU-II, Maternity / Pediatric wards at district hospitals, Nutritional Rehabilitation as well as the buildings for the PHCs, CHCs and hospitals.

The non-availability of infrastructure development staff at the district and sub-district levels has been noticed to be a major constraint in planning and supervision of the constructions for early completion of the proposed works and underutilization of funds. In Khargaon district, the pending works include CHC Bhikangaon started in 2008-09 and the SHC Mehatwada building approved inPIP 2010-11 is yet to be started.

ii) Plan for Comprehensive and Sustainable Infrastructure Development:

a) State:

The facility survey completed in the year 2008 lead to the identification of 763 health facilities for up-gradation (50 district hospitals, 270 CHC, 51 CH and 392 PHC**)** and the cost estimates have been prepared to be undertaken in a phased manner with the availability of funds under NRHM, state 13th finance commission, NABARD and planning commission (under ACA). The proposed MCH Plan (2010) incorporates up-gradation of 1,142 health facilities (451 as level-I, 595 as level–II and 96 as level–III) during the next four years including the 18 level-I, 15 level –II and 3 level–III in the high focus district of Damoh.

iii) Progress of works:

Over 4000 additional beds were provided in the district hospitals and 500 in sub-district hospitals. 69 PHCs were upgraded as 30 bedded CHCs and 60 SHCs as 4-6 bedded PHCs. The CRM team observed that the Damoh district hospital upgraded as 300 bedded facility is functioning with 134 beds physically available. The financial and physical progress is as under-

Table IX: Status of Works in 50 Districts of Madhya Pradesh

	Particular of Work	PHYSICAL PROGRESS		
		Sanctioned	Completed	Under Progress
1	**District Hospitals (Total 50)**			
1.1	Upgradation of District Hospital Building as per IPHS	5	1	4
1.2	Construction of level II SNCU at DH	29	21	8
1.3	Construction of 20 Bedded Maternity Wards at DH	37	20	17
1.4	Construction of 20 Bedded Paediatric Wards at DH	16	9	7
1.5	Construction of Blood Bank Building at DH	2	2	0
1.6	Construction of Drug store & CMHO office Building a	21	12	9
1.7	Construction of Model Labour Room at DH	4	3	1
2	Upgradation works as per IPHS in CHC (Total 333)	40	4	36
2.1	Construction of CHC Buildings	22	0	22
2.2	Construction of Labour Rooms at FRU (CHC level)	50	23	27
2.3	Construction of Staff Duty Room with Toilet in 60 FRU	60	44	16
2.4	Construction of staff quarters- 50 CEMoNCs (CHC level	132	132	0
2.5	Provision of Drinking Water by Laying Pipe lines/ Drilling Tubewells in 30 CEMoncs at CHC level	30	30	0
3	Construction of PHC Building as per IPHS	61	31	30
4	Construction of SHC Building as per IPHS	1000	460	540
5	Total	1509	792	717

Table X: FINANCIAL PROGRESS

YEAR	BUDGET PROVISION	BUDGET UTILISATION (Rs. Lakhs)	% of Utilisation
2007-08	75.88	28.29	37.28
2008-09	74.45	45.50	61.11
2009-2010	73.60	44.31	60.20
2010-11	71.35	16.75(up to Nov.)	23.50

b) Khargone:

The district hospital at Khargone was provided additional wards for maternity and pediatric wings, Labour Room, Gynae OT, SNCU, Janani Express Call Centre,.33 KV Electric Line has been laid down for meeting the required load of electricity. help desk for JSY & Din Dayal Antyoday Upchar Yojana additional quarters for doctors & paramedical staff. Blood storage units were provided at both of the civil hospitals in the district. The construction of buildings for five CHCs (Bhikangaon, Kasravad, maheshwar, Bhagwanpura & Zirniya) is under progress and the civil

works were started at two CHCs for the provision of blood storage units. The generators supplied in May 2010 for several CHCs and PHCs are yet to be installed after a lapse of 8 months. During the debriefing, the Director of Health Services shared the false reporting through SMS that all except four generators have been installed. The construction of building for 2 PHCs was completed and two others are under progress. The construction of buildings is yet to be started for the approved 16 SHCs (one under NRHM and remaining under state budget).

Damoh district:

The current status of infrastructure in the district includes 1 District Hospital, 1 Civil hospital, 7 CHCs, 14 PHCs and 163 SHC. The up gradation process has been taken up in very large scale but the process has not been in tune with the plan. The District Hospital has been upgraded to 300 beds whereas only 135 are functional, and the CHC in Hatta has been upgraded to 60 beds but only 30 were currently functioning. Out of the three CEmONC facilities (District Hospital, CHC Hatta and CHC Jabera) only the District Hospital has blood storage facilities yet the rest of the two are designated as CEmONC Centres. The district hospital at Damoh had wards for maternity and pediatric wings, Labour Room, Gynae OT, SNCU, Janani Express Call Centre and a Diagnostic lab. The District Hospital also had a training site for SBA training and was well equipped with training modules and IEC material was well displayed. The ICTC Centre on the day of the visit was closed. The generators in the District Hospital have been received but haven"t been installed since last 6months.Also for CHC Hindoriya administrative approval has been given but construction has not started. And out of the 163 SHCs in the district only 75 have their own building, 65 are under construction and only 20 have received administrative approval but the construction has not yet started.Out of the 14 PHCs in the district PHC Nohatta, Bandakpure, Imaliaghat, Jerat and Sadgua have been approved but construction for only PHC Bandapure has started. The newly built facilities were well maintained but since there was no provision for boundary wall in the plan it posed security concerns for the ANMs residing in the SHCs located in forest area like PHC Sarra and SHC Gaisabad.

In both the districts visited, the provision of uninterrupted water supply and electricity has been a constraint at several SHCs, PHCs, and few CHCs and Sub-district hospitals visited. In all the constructions, the provisions for compound walls and internal roads were not included and in

certain facilities the same are provided with PPI initiatives of the concerned i/c MOs and RKS as security and privacy have been expressed to be major concern of for staff and communities.

2. HUMAN RESOURCE PLANNING

The State initiatives undertaken for bridging the gaps included the following -

- Enhancement of retirement age to 65 for doctors, nurses and other categories.
- Contractual appointment of specialists and Medical Officers.
- Rational deployment of available regular specialist.
- Appointment of staff nurses from private colleges and other state institutions.
- Recruitment of candidates from other states for doctors, nurses, ANMs, Lab Tech. etc.
- EMOC and LSAS trainings of MOs to bridge the gap for specialists
- Enforcement of rural service bond for doctors.
- B Sc. Nursing schools are being started in two districts and ANM schools in all each districts - three new ANMs school started in Umariya, Anupur and Dindori.
- Provision of difficult area allowance for health providers.

The State continues to have acute shortage of several critical categories of human resources including specialists (62%), medical officers, staff nurses (53%), ANMs, male health workers, lab. technicians (25%), x-ray technicians (34%) and pharmacists. The estimated additional HRH requirements for the identified 18 MCH high focus districts including Damoh district is – 677 ANMs, 1464 staff nurses, 243 lab. technicians, 539 doctors, 54 obstreticians, 25 pediatricians and 34 anesthetists even though the production capacities are relatively better than other EAG states.

Table XI: Human Resources availability &Shortfalls – Madhya Pradesh State

Category	Sanctioned	In Position		Shortfall	Shortage (%)
		Regular	Contractual		
Doctors	3790	**3583 total**		207	5.4
Specialists	3057	**1177 total**		1880	61.5
Staff Nurses	7309	3095	347	3867	52.9
ANM	10492	10373	1810	+ 1691	+ 16%
LHV	2044	1618	**62**	364	17.8
MPW _ Male	7933	6037		1896	23.9
Lab Technician	1415	1058	**?**	357	25.2
Pharmacist	2262	1520	**?**	742	32.8
X-Ray Technician	667	427	**?**	240	35.9

ASHAs	52177		50113	2064	3.9

Recruitment and cadre management –

The state introduced recruitment of doctors, ANM, MPW, staff nurse and ASHA at the district level. Walk-in interviews on every Monday for ANMs and on the first Monday of every month for doctors as stated during district briefing.

The state overall surplus of ANMs (16%) needs to be rationalized for deployment as there is scarcity of ANMs in districts like Khargone. The shortages more often appears to be non-availability of requisite posts keeping in pace with the up-gradation of health facilities as considerable number of educational institutions are available within the state. The services of CEmonc and BEmonc trained doctors could be optimally utilised by decentralising the administrative powers to districts. The capacity building of DPM Units (DPM, DAM, DM&E) as well as district programme managers for district planning, monitoring and supportive supervision is essentially required. The in-service training of ANMs for basic skills such as BP recording and training of LHVs prior to posting them as Malaria supervisors are highly desirable.

District Khargone: The availability of human resources in the Khargone district and the progress during 2008 to 2010 are as detailed below –

Human Resources availability &Shortfalls –Khargone district

Categories	Sanctioned	Status 2008	In Position 2010				Total in Position 2010 Dec.	Increase / decrease from 2008
			Regular	Contractual				
				NRHM	Others	Total		
Doctors	136	85	92	20	10	122	122	+ 27
Specialists	82	14	15	4	1	20	20	+ 6
Staff Nurses	230	101	108	8	0	116	116	+ 15
MPW	207	160	146	0	0	146	146	- 14
ANM	377	330	375	64	0	459	439	+ 109
Lab. Tech.	53	35	33	11	0	44	44	+ 9
Pharmacist	85	40	37	0	0	37	37	- 3
X-Ray Tech.	22	19	21	0	0	21	21	+ 2
Ward Staff	692	353	486	38	0	524	506	+ 153
Cleaning Staff	121	75	70	2	0	72	72	- 3
Managerial Staff	152	80	101	40	0	141	141	+ 61
ASHAs	1260	861	0	861	0	861	1050	+ 189

There are high shortages of doctors, specialists (76 %), pharmacists (57 %), Lab technicians, ANMs etc. As per the data furnished by the DPMU of Khargone district, of the designated 54 PHCs, only 4 PHCs are functioning with one staff nurse and another staff nurse is not posted to another 5 PHCs even though staff nurse post is available. In the remaining 45 PHCs staff nurse posts are not available and none of the designated 24x7 PHCs have the minimum of three staff nurses. Doctor posts are created in all the PHCs, however MOs (allopathy) are available in 28 PHCs and the remaining 25 functioning without a doctor either allopathy or AYUSH. There is only one AYUSH doctor in all the 54 PHCs. Similarly lab.technician posts are available in 11 PHCs (out of 54 PHCs) and only 3 posts of Lab. technicians are filled in the entire district. In the district hospital, 6 lab. technician are only available as the other 6 posts are vacant. Pharmacists are available in 20 PHCs and pharmacist posts are vacant in 32 other PHCs and the dressers or other group D staff are performing the duties of pharmacists.

There is shortage of ANMs in the Khargone district as several ANMS including those trained in SBA have opted to neighboring Indore district on appointment to regular posts even though there is overall surplus of ANMs in the state. The rationalization of deployment such as retaining them till the appointment of contractual staff would avoid such acute shortages.

District Damoh:

Human Resources Availability &Shortfalls –Damoh district

Category	Sanctioned	Total in Position 2010 Dec	Vacant	Position vacant against sanctioned (in percentage)
Specialists	76	11	65	85
MOs	55	36	19	34.5
Staff Nurses	156	42	114	73
LHV	35	29	6	17.14
Lab Technician	13	4	9	69.2
ANM	187	187	0	0

The District faces acute shortage of staff across all cadres. There is marked shortage of specialists in the district which is approximately 85%. The shortage of staff nurses is approximately 73% and the shortage of lab technicians also stands at 69.2%. Hence more than 50% of positions for Specialists, Staff Nurses and Lab technicians are lying vacant. Shortage of staff has resulted in

multi tasking by the staff in position. The Paediatrician in the District Hospital is also the District Immunization Officer, The Pathologist in the DH is the nodal officer for malaria and theGeneral Surgeon is the nodal officer for RTI/STI, which was resulting in over burdening of the available staff. All positions for ANMs in Damoh are filled and no vacancies are recorded.

Nursing & Midwifery education:

The nursing and midwifery educational institutions available in the State are as detailed below-

Nursing and midwifery educational institutions

	Category	Institutions			Annual Requirement	Gap
		Govt.	Private	Total		
1	ANM Schools	32	49	81	-	Nil
2	LHV Schools	2	-	2	150	250
3	GNM Schools	9	103	112	1000	755
4	MPHW (Male) Schools	7	-	7	420	400
5	Post Basic B. Sc (Nursing) College	2	29	31	100	100
6	B.Sc. (Nursing)- College	2	93	95	600	480
7	M.Sc. (Nursing)-College	Nil	24	24	40	40

There are no ANM schools and nursing schools in both the districts of Damoh and Khargone leading to severe shortfall of nurses and ANMs in Khargone district.

In-service Trainings:

Initiatives by State

- LSAS trained MOs posted quarterly (for 2 years) at district hospitals for a week to ensure their skill up-gradation..
- Post training performance based incentives proposed.
- All the EmOC and LSAS trained MO"s are being posted at FRU"s after counseling
- Training Site up gradation - funds released to the EmOC and LSAS training sites

The status of training in the State as of November 2010 is detailed below -

Type	Trained (cumulative)				
	MOs	Specialists	ANMs	Staff Nurses	LHVs
IUCD	237		2508	1144	
NSSK	949		1759	896	
SBA	-	-	2210	1154	409
IMNCI	730		4081		843
F-IMNCI	128		-	13	-
IUCD	-	-	-	-	-
BeMOC	570	-	-	-	-
EmOC	72	-	-	-	-
LSAS	40	-	-	-	-
MTP/MVA (6days)	414	315	621	(Supportive Staff)	
NSV	103		-	-	-
Minilap	208		-	-	-
Laparoscopy	155		-	-	-

The annual training calenders are scrupulously followed by the training centres at Indore and Sagar as both the districts visited by the CRM team do not have any full pledged district training centres. The DPMUs (Khargone and Damoh) main constraint has been the lack of training infrastructure (class rooms, accommodation for trainees) even for the SBA and IMNCI trainings.

Khargone:

The comprehensive annual training calendar are available with DPMUs and the designated regional training institutes in the neighboring districts and 75% of the trainings have completed. The scheduled trainings were in progress for the doctors, ANMs and LHVs.

The status of trainings in the Khargone district is as detailed below -

Paramedical Staff –

SBA - 78 (SNs 10 and ANMs/LHVs 68) SBA Refresher - 28

Immunisation - 221 NSSK - 40

MOs -

BEmONC - 16, EmONC - 2, LSAS - 1
IMNCI - 15, F-IMNCI - 5 NSSK - 19

Damoh

Training Calendar is in place and the planned activities are taken up according to the calendar itself. Regular monitoring and supervision of the trained staff is lacking within the system. As told by the ANMs in case of any doubts and difficulties they consult the gynecologists at the District Hospital and they provide hand held support to the trainees.

The status of trainings in the Damoh district is as detailed below **of the trainings completed in 2010-11**

Training	Category	Duration (days)	Batches	Trainees / batch
SBA	ANM	21	4	16
SBA	LHV/SN	14	3	13
SBA Refresher	MPW(F) / LHV	2	7	209
Cold Chain Management	Supervisor/ MPW	1	1	19
NSSK	MO/ANM/ LHV/SN	2	2	51
IUD 380	MO/ANM/ LHV/SN	6	2	19
	ANM	3	5	56
BEmONC	Doctors	10	1	4
Data Handling	Computer Operator	1	1	18

3. Health care services delivery- facility based –Quantity & Quality

Table XVII: Physical Progress of JSY

Year	Home Deliveries	Institutional Deliveries	Total
2005-06	Not Available	68252	68252
2006-07	3742	397442	401184
2007-08	9602	1106239	1115841
2008-09	3790	1148325	1152115
2009-10	5113	1118616	1123729
2010-11 (April to June)	308	219911	220219

- There has been a considerable increase in the number of Institutional Deliveries in the state. The above data shows the increase in absolute numbers in the institutional deliveries and a decreasing trend in the number of home deliveries.
- And this increase to a large extent is also due to the JSY Scheme under NRHM. Hence the load on the public health facilities is on a rising trend.

Table XVIII: Family Planning Services

Services	06-07	07-08	08-09	09-10	10-11
Male Sterilization	115.69	306.82	294.08	165.28	92.58
Female Sterilization	3552.73	4253.24	4110.07	3652.34	899.89

The above data clearly indicates a declining trend of Male Sterilization from the year 2007-08 up till current year. Hence the male participation in family planning needs attention. Whereas a rise is being observed in the Female Sterilization from year 2007-08 to 200-09 but then in the year 2009 - 10 there has been a decrease. The annual % achievement is as low as 39% uptill Nov 2010, against the annual service need for 2010-11 of 700,000. (Source: State Family Welfare Division). One of the challenges being faced by the state is the limited number of health institutions providing sterilization because of the acute shortage of staff. Also the lack of skilled paramedical staff for IUD insertion has led to a few numbers of cases of IUD insertion. Also to promote the use of spacing methods Contraceptive Corners are being established at the District Hospitals. There is limited availability of Functional FRUs, BEmONC & 24X7 PHC. Currently obtained data from the state in the year 2009-10 reveals that there are 83 functional CEmONC centres against the target of 120, hence a shortfall of 37. Whereas, the number of BEmONC Centres have increased from 296 in 2005-06 to 430 in 2010 Nov. Non Availability of essential water supplies & electricity affects adversely the quality of services being delivered. Generators procured in May‟ 10 are yet to be installed. In both the districts visited. There is non availability of X- Ray machines in FRUs. Under utilisation of In-patient facilities – PHCs & CHCs

Key issues: in Service Deliveries

- Inadequate medical and Para medical staff in the public health institutions.
- Dominance of private sector in Divisional and District head quarters.
- Under Utilization of Blood Banks and Blood Storage Facility.
- Skill based training not on priority.
- Reluctance in management of complicated cases at sub district FRU‟s
- Inadequate monitoring and supervision at the Division and District level.

b) Khargone:
Table XIX:

Services	**2008-09**	**2009-10**	**Apr.10-Nov.10**
Family Planning	11465	10928	5533
OPD	573930	627493	469256
IPD	67734	70150	66059
RTI/STI	14489	2976	2624

Availability and rational use of drugs & equipments (Standard Treatment Guideline)

i. Standard treatment guidelines are being followed
ii. Due to Shortage of MOs the Utilization of Equipments is not optimal.

iii. All Dipo Holders and ASHAs Drug kits filled on time

- **Support Services (laundry, security, sanitation & more) –**

i. Diet - Available at DH and other Health Facilities
ii. Laundry - Services available at all Health Facilities, Modern Laundry Facility will be initiated at DH within three months
iii. Sanitation - Out Sourced at all Health Facilities
iv. Security - Out Sourced at DH

- **Availability and adequacy of Emergency Transport Services-**

i. 13 Ambulances available
ii. 20 Janani Express Vehicles are available

- **Accreditation and quality improvement processes**

4 Private Hospital have been accredited for providing family planning services out of 2 have been accredited providing Obstetric & Neonatal Services. 10 SHCs have also been designated for providing Institutional Delivery services. The Staff of these SHCs have been trained in SBA to ensure quality care for delivery. While in some of the SHCs it has been observed that the SBA trained personnels are also not confident for conducting deliveries. So, there is a need for refreshment training for some.

c) Damoh

Availability and rational use of drugs & equipments (Standard Treatment Guidelines)

i. Use of essential drug lists is available but drugs not available and was subjected to govt.supply and standard treatment protocols not available
ii. Clarity to the storekeepers and pharmacists is not present
iii. Policies for maintenance of equipments in place but the providers are not aware

4. Outreach services:

Mobile Medical Units:

The MMUs (Deendayal Chalit Aspatal).are functional in 21 districts and the MMUs have been increased from 11 (2006-07) to 91 in 2010-11.

YEAR	No. of MMUs	Beneficiaries (in lakhs)	Expenditure (in lakhs)
2006-07	11	4.70	197.27
2007-08	86	16.06	916.27
2008-09	92	25.19	1687.60

2009-10	92	25.02	1525.06
2010-11 (Up Nov. 2010)	91	13.79	1058.58

Action plan for improving the MMU services:

- Instead of Haat Bazaar the focal point of service delivery would be village and health centers.
- Homogenous groups of blocks
- All 89 tribal blocks & 2 LWE blocks are planned to be covered by the facility. 27 Schedule Caste blocks to be included from state budget.
- Vigorous monitoring through GPS to be ensured.

Village Health and Nutrition Days have been very effective in ANC and Immunization, but there scope needs to be expanded.

YEAR	No. VHND CONDUCTED
2007-08	510816
2008-09	688669
2009-10	560671
2010 – 11 (April 2010 – Nov. 2010)	327950

No. of VHSC constituted – 37080 till 2010 -11

YEAR	**NO. OF HEALTH MELAS HELD**
2007-08	40
2008-09	25
2009-10	7
2010 – 11 (April 2010 – Nov. 2010)	68

The no. of health melas held are increased this year to 68 from 7 (2009-10).

b) Khargone:

Sub Centre functioning (outreach services, immunization and more) – There are 276 functional SHC in the district. 10 SHCs have been designated in the district for conducting deliveries. Where the ANM is not available, immunization and other activities are conducted through deputation of ANMs of the neighboring SHC for immunization on alternate days. On an average 37 immunization sessions are being conducted per month in this manner in the district.

Micro-planning of VHNDs and Linkages with ICDS, Behavior Change Communication – The micro-plan of all VHNDs has been made available at the village level and all the higher levels. This provides the base for monitoring the VHND done at the district/block and sector level.

The Health department and the ICDS in the district works in tandem with each other for improving the service quality and reach to the health services at the grass-root level. The monitoring of service delivery of both the departments is done jointly by both the department officials. The immunization sessions/VHND are held mostly in the Aanganwadi centres and the Aanganwadi worker, the ANM/MPW and the ASHA work as a team for the same. Trainings like IYCF and IMNCI are also held involving the functionaries of both the departments. Special sessions like "*Baal Suraksha Mah*" are conducted jointly by both the departments.

For BCC interpersonal communication involving home visits by the ANM and the ASHA for ANC, PNC immunization, nutritional counseling, Family Planning and other health activities. Counseling of mothers is also done at the NRCs for nutritional care.Health education sessions are also conducted through TV shows by Mobile Medical Units.

Mobile Medical Units in the District – Mobile Medical Units are being run in the 7 tribal blocks of the district. They provide primary health services in the tribal rural areas. They are also disseminating health messages in the villages and form a major source for IEC. 1, 87, 134 people benefitted including women and children by Mobile Medical Units in the period 2009-10.

c) Damoh

- ✓ **Sub Centre functioning (outreach services, immunization and more) -** There are 10 SHCs that are identified for conducting deliveries in the district out of the total of 163 SHCs in the district.
- ✓ Sub Centers are very effective in providing, ANC, Immunization and PNC services
- ✓ There is a huge gap of approx.30-50% of vaccines.
- ✓ The VHND are very effective in providing ANC and Immunization services but their functioning is getting restricted to these two activities only.
- ✓ SHCs are not regularly reporting the fever cases.
- ✓ Malaria cases to be detected by Rapid Diagnostic Kit, So MPW"s need to be involved and trained as well as supervised, through Sector Supervisor.
- ✓ CEmONC Centres-3 and BEmONC-9
- ✓ Laboratory facilities are not adequate and the rapid Diagnostic Kits are not being used for detection of malaria cases.
- ✓ Patients amenities include provision of linen and blankets for inpatients
- ✓ Bio Medical Waste Management is appreciable in the whole district.
- ✓ Financial record maintenance is erratic at the levels below CHC"s

Transport: Referral transport and the travel time on an average was less than an hour in 44% of the times. And it was mainly utilized to take pregnant women for delivery. 54% of the total institutional deliveries were transported by the Janani Express.

5. ASHA program

There 45971 ASHAs with drug kits out of total 50113 ASHAs in the state. The drug kits supplied to ASHAs have been only distributed once and approximately 4142 ASHAs have not received these drug kits. The ASHAs are well aware of their incentives due to them and were receiving the payments on the 8th day after each institutional delivery. The ASHAs, DPMUs as well as State level officials were unaware of the ASHA incentives for Blindness control programme. ASHA are accompanying the women for deliveries and community interviews confirmed their active role in ANC and immunisation at VHNDs.

The ASHA trainings in Module 4 were completed for over 85% of ASHA positioned and the Modules 5, 6 & 7 are to be started. Total 40546 ASHAs trained up to 4th module. The ASHA supervisory structures such as area / block / district coordinators and mentoring are to be established. The ToT of district trainer is in process and 78 trainers have trained in 5th module.

There is a shortfall of approximately 2004 ASHAs in the state. The dropout rates of ASHA‟s who have been selected but are not working actively is not recorded hence their attrition rates is not known. The activities that are incentivized are taken up more actively by the ASHA‟s and the other activities like awareness generation to create demand is limited to ANC, Delivery and Immunization. ASHA‟s in 9 World Bank supported districts for malaria have been trained in malarial slide preparation. Therefore the surveillance is better in these districts. The pockets in several districts which are not focus districts are being left inadequately attended.

ASHA –Incentives

- Payment for JSY- Rs. 350 (Rural), Rs 200 (Urban)
- For ANC/PNC-Rs. 150.
- Full ANC check up –Rs 100 per pregnant women.
- For immunization Rs. 150
- For attending meeting at block-Rs.50
- Malaria slide preparation measures Rs.5, if test comes positive and treated Rs. 50
- RDK and treatment in positive cases Rs. 20
- Malaria prevention measures Rs.100 per month.

- On completion of DOTS treatment of patient
- Detection of leprosy cases Rs. 100 per case.
- Treatment of leprosy (MB)-Rs 400 per case
- Treatment of leprosy (PB) Rs 200 per case.

Khargone

All the interviewed ASHAs were well versed with the RCH and disease control programmes including preparation of blood slides in the malaria focus district of Khargone and were provided with IEC materials and drug kits. The ASHAs, DPMUs as well as State level officials were unaware of the ASHA incentives for Blindness control programme. ASHA are accompanying the women for deliveries and community interviews confirmed their active role in ANC and immunization at VHNDs. Out of the total district target for selection of ASHA of 1260, 1187 ASHAs have been selected. Out of these 1050 ASHAs have been trained on the different modules as per the following-

i. Module 1 - 1050 (100%)
ii. Module 2 & 3 - 928 (88%)
iii. Module 4 - 893 (85%)
iv. Refresher Trg. - 774 (74%)

ToT planned on 5th module in month of January 2011

ASHA mentoring groups are not available in the district. They are supported through monthly block level meetings wherein their issues are resolved and relevant information disseminated. Incentives are provided to the ASHA workers regularly for JSY, Immunization, ANC, PNC, Leprosy, Malaria, Family Planning, TB, Maternal death review and AFP. They are paid by cheques. ASHAs playing effective role in creating demand for utilization of MH, Child Health, FP, Sanitation etc. and also helping in referral cases to health facilities.

Damoh

Total no of villages in the district are 1158 and the number of ASHA‟s selected are 1033 hence there is a shortfall is 125 and only 905 ASHA‟s have been trained in IVth Module. And only 890 ASHA‟s have received Refresher training. Trainings for the new ASHA‟s are yet to be undertaken

ASHA‟s involvement in ANC, Institutional Deliveries and Immunization is prominent but her participation in other National Health Programmes is not seen. Drop outs for ASHA Programme were not being analyzed and the adequate follow up is not being done. Effective-ANC, Institutional Deliveries, PNC, Immunizations is being done by them. Review and Monitoring is very weak.. ASHA Drug kit has been only distributed once and there is no replenishment of the kits. The newly appointed ASHA‟s have not yet received the kit. ASHA was not being involved in making slides; no training has been given in this regard. ASHA incentive funds of 50,000 have thus been left unutilized. The incentives are paid through cheques.

6. RCH II (Maternal Health, Child health and Family planning activities)

Name Based tracking of pregnant women & children:

The tracking of pregnant women and children is to be initiated in the state. The State has developed good network of SNCUs, New Born Corners with radiant warmer up to the level of PHCs. But the availability of functional FRUs, BEmONC and 24X7 PHC is grossly inadequate in both the districts visited. The State may need to reconsider the proposal of MCH centres to provide a minimum of one BEmonc for each block and one of every 4 or 5 PHCs as 24x7 PHC. All the Sub-District hospitals also need to be developed as „fixed day" sterilization facilities as at present only the District Hospitals are providing these services.

In both Khargone & Damoh district

Name Based Tracking System training is provided to ANMs, Supervisors, BEEs, DEOs at Block Level. ASHAs creates the awareness at village level for Institutional delivery, Immunization, Family Planning, Disease control programmes and other health services.

Role of ASHA in generating demand for services:

The ASHAs are trained up to 4th module and are bringing the ANC, PNC and delivery cases to the facilities. The drug kits are supplied to the ASHAs and are replenished on time from their respective reporting facilities.

PPP:

Janani Sehyogi Yojana

The scheme launched 4 years back and now is modified in consultation with IMA, FOGSI and Nursing Home Association. There are 24 private hospitals which are accredited for providing JSY benefits. As per new modified version payment to private partners will be on „per case" basis. In districts like Indore, Bhopal, Jabalpur, Gwalior, Ujjain only private hospitals with more than 50 beds and in Rewa & Sagar hospitals with more than 25 beds will be accredited. And for rest of the districts previous norms of total 8-10 beds will be adhered to.

Khargone

In Khargone there are **4** - Private Hospital Accredited under PPP- *Janani Sahyogi Yojana* for maternal, child health & family planning services to BPL families.

Janani Surakhsha Yojana:

The JSY payments are being regularized and the payments are being done within a week after delivery through bearer cheques while this was not the case last year.

For payments to ASHAs the e-transfers of incentives are not being done as a result of which they are facing problems like deduction of some amount of money on every cheque payment. This can be done by collaboration of rural cooperative banks with SBI.

The financial progress of JSY can be estimated by the following figures:

2005 – 06 – Rs. 4.15 crores

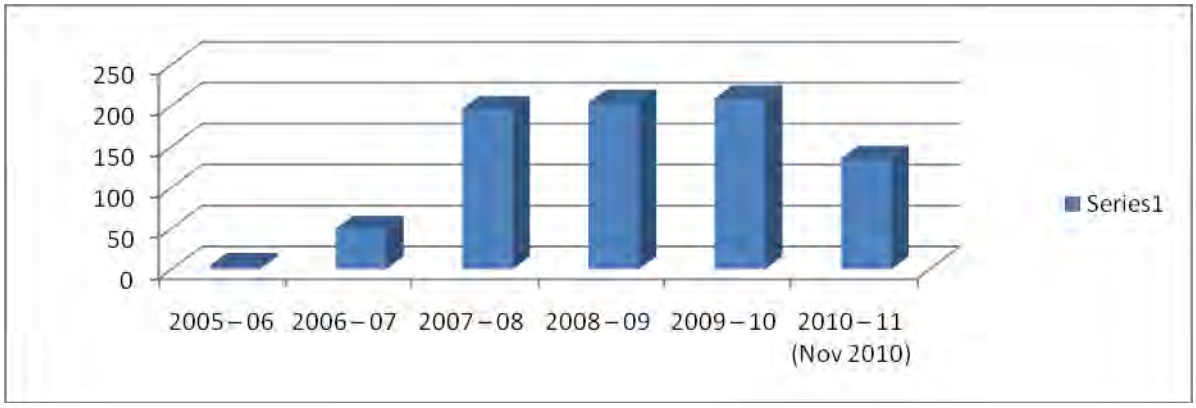
2006 – 07 – Rs. 49.59 crores

2007 – 08 – Rs. 195.97 crores

2008 – 09 – Rs. 203.62 crores

2009 – 10 – Rs. 208.75 crores

2010 – 11 (till Nov 2010) – Rs. 135.08 crores



Janani Express:

This is another intervention of the state to ensure timely transportation of the women in need to the health facility. The benefits can be drawn in case of:

- 1.Pregnant women for institutional delivery
- 2. Obstetric emergency
- 3. Referral of sick children

- 4. Referral of sick children to NRC.

There are 43 districts with functional call centers and 530 Janani Express vehicles which are covering 302 blocks.

Khargone

There is a functional JSY call centre in the district operating on 24 hour basis.

Damoh

There are 15 Janani express in the district,mostly utilized for transporting pregnant women to institution. 54% deliveries utilized the janai express services.

Monitoring and Supervision:

Maternal death audits started this year in MP. There is no specific format provided to the districts, as a result of which every district is conducting the audits in different ways and their reporting too is dissimilar.

Total audits conducted in the state are 341 out of which 162 were community based maternal audits and 179 were Facility Based Maternal death Review.

Khargone

In the district of Khargone, 13 maternal audits were done. Due to the lack of proper format for conducting the maternal audits there is no uniformity in the reporting. Out of 13 cases analyzed only two audits had documents related to ANC check up, rest of the audits were conducted without collecting any ANC information. For 11 out of these cases, the causes were anemia and associated problems which were certainly preventable through proper interventions at the right time.

Damoh

In Damoh maternal death audits are being conducted but without appropriate documentation leading to inconclusive reports. Incomplete documentation was observed in SHC Bassa and Koda Kala.

Actions taken by state to improve maternal health services:

1. All LSAS trainees would be posted in district hospitals and work under the supervision of specialists for one week (7 days) on quarterly basis for next 2 years after their certification for continuation of skill practice.

2. All EMOC, LSAS trained MOs are being posted at FRUs after state level counseling.
3. Training site up gradation funds released to the EMOC and LSAS training sites.
4. Model Maternity wing will be established in all district hospitals in phased manner.
5. Model Labour Room established in Sehore, shivpuri, Guna, Morena, Bhind.

MCH centers:

State has identified District Hospital, Civil Hospitals, CHC and PHC as CEmONC and BEmONC for providing Comprehensive and Basic Emergency Obstetric and New Born Care. Private Hospitals are also accredited under the Janani Sehyogi Yjana for CEmONC services. SHC are also being accredited for providing essential obstetric care in remote areas.

To avail MCH and Family Planning services 24X7 within 20 kms of radius, health institutions are being identified as MCH Centres level 1, 2, 3. Priority has been given to 34 High Focus District in the state, but the state has identified facilities for all the 50 districts in the state.

The state has identified following number of institutions:

1. Level I – 623 all of them are SHCs
2. Level II – 814 out of which 13 are civil hospitals, 243 are CHCs and 558 are PHCs
3. Level III – 184 out of which 10 are medical colleges, 50 district hospitals, 36 civil hospitals and 64 CHCs.

Current Status of health Institutions identified as MCH centres is given the table below:

Institution	DH	CH	CHC	PHC	Total
CEmONC	48	35	37	-	120
Level 3	50	36	64	-	150
BEmONC	-	6	235	359	600
Level 2	-	13	243	558	814

Khargone

Management of malnourishment: the problem of malnourishment is being addressed in context of children with the services of Nutritional rehabilitation centre. The status of the establishment and services provided by these NRCs in the district is shown in the table below.

Years	No. of NRCs	No. of Beds	No. of Admission in NRCs
2006-07	1	20	176
2007-08	2	30	210
2008-09	4	50	526
2009-10	6	70	910
Apr. 10 to Nov. 10	8	90	1154

6. NUTRITION

The State has developed good network of Nutrition Rehabilitation Centres adequately equipped and staffed as per the guidelines. The districts are in a position to enhance the coverage of malnourished children and follow up mechanisms.

Nutritional Rehabilitation Centres

Since Financial Year 2005-06 the number of NRC has increased from 8 to 230 in the current year Financial Year 2010-11. This year 34031 Severely Acute Mal Nourished children were treated against the target of 25700. The children treated and discharged from NRC"s are followed up for 2months with an interval of 15 days, and the Anganwadi Centres play an instrumental role in this. But the data for re-admission of children treated in these NRC is not available hence their effectiveness needs to be revisited. The strategy employed by the state to address the problem of malnutrition is:

PROMOTIVE AND PREVENTIVE STRATEGY -Infant & young feeding Practices

The state has formulated a strategy of training of field level functionaries (ANM/ASHA/AWW) in 3-in-1 IYCF counseling skills for promoting, early initiation and exclusive breast feeding followed by appropriate complementary feeding. To achieve this TOTs are conducted with the support from Unicef. NGOs are also being partnered in this endeavor. Furthermore the inter convergence with department of women and child development (DoWCD) is also being taken care of. Bi-annual drive for micro nutrient supplementation (Vit.A, albendazole) for under 5 children is yet another activity taken up by the state to improve the nutritional status of children.

CURATIVE STRATEGY- *Bal Shakti yojna*

This is a flagship programme of Madhya Pradesh. This involves establishment of Nutritional Rehabilitation centres across the state. The felt need for community based management of severe acute malnourished children has led to the phased implementation of planning of integrated management of SAM, which will link both facility and community management. Hence the state has developed a specific strategy for integrated management of severe acute malnutrition with both facility and community based interventions under ABM. Another plan is a community based model to be piloted first in two districts and based upon the experiences will later be scaled up to cover entire state in convergence with DoWCD.

Intervention for improving nutrition level of mothers, children & adolescent girls –

Khargone and Damoh

To improve the nutritional levels of mothers, children and adolescent girls the strategies adopted in both the districts visited were through promotion of early exclusive breast feeding and healthy dietary habits. Encourage the use of local resources by the community. And also through integration with ICDS for supplementary nutrition, early identification of malnourished children is being done.

Access to IEC material on nutrition – at both the district visited various IEC material regarding posters of Breastfeeding, BSM, Iodine Supplement etc. was displayed at AWCs, SHC, PHCs & CHCs.

Functioning of Aanganwadi Centres –In Khargone as well as Damoh take home food is being given to children at AWCs through Mid Day Meal Programme.

7. NATIONAL DISEASE CONTROL PROGRAMMES (NDCP)

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

The program is running in all the 50 districts of the state. In the first phase of New World Bank project initiated in 9 districts and 77 out of 313 blocks in the state. For diagnosis and treatment of Malaria Falciparum Rapid diagnostic kits are made available to 756 selected sub centres. MPW and ASHAs are trained for referral of severe malaria cases. District Malaria officer are appointed in all 44 sanctioned places. There is no state entomologist in place there are only 2 entomologists out of 4 sanctioned. There is a huge gap in availability of Malaria inspectors nearly 184 posts are still vacant. There are 300 vacancies for laboratory technicians. For MPWs there are 1687 vacant posts in the state. The state Consultants under World Bank (Malaria Control) Project are functioning under various divisions viz. monitoring & evaluation, procurement and supply chain, financial management, social mobilization, vector control etc. There are still 334 vacant posts for MPW male in 2nd phase. 8773 ASHAs are trained in malaria control.

The disease control programmes for malaria and leprosy have been effective in reduction of cases mainly due to the supportive supervision of state and district level officers. However the DPMUs have not been integrated with disease control programmes and the data is not being collated with the district programme officers. In other programmes, the district officers need to concentrate on low performing blocks and communities including tribal populations.

QUALITY ASSUARANCE

- 454 institutions are examining blood slides in the state.
- 5% negative and all positive slides are cross checked.
- Cross checking is done at state level in Central laboratory in Indore and also in state level laboratory in Regional Director GoI office at Bhopal.
- Total 386 positive cases detected in cross check of 1, 53,149 negative blood slides received.
- Lot Quality Assurance Sampling is being done in 52 blocks specifically in 9 WB project districts.

Khargone:

For quality assurance trainings are being given to ANM, ASHA and MI. Larva surveys are conducted by the ANMs and MPWs and the larvicidal medicines sprayed in the affected areas. Supervision by DMO, MI is being done. Cross check of Blood slides done at Indore and Bhopal. Review Meetings are being conducted frequently which are being attended by BMO, MI, LT.

Damoh:

There is no integration of National Disease Control within NRHM. They still exist as individual programme within one health system.

District Damoh is not a high focus for Malaria. But the block Jabera has reported cases of malaria hence it requires attention. All malaria Investigators positions are vacant and the post of district Assistant Malaria Officer is vacant. Also the SHC are not reporting fever cases. And there are no monitoring visits being made by the District Malaria Officer as he complains of being over burdened with the additional charges.

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

a) State:

There is increasing trend in the indicators of performance of the programs over the years. In the third quarter of this 2010-11, 132 suspects examined per lakh population while in 2009 – 10 & 2008 – 09 the number was 112 and 115 respectively. Similarly total case detection rate is also showing an increasing trend although the increase is not very significant i.e 120 in 2008 – 09, 121 in 2009 -10 and 131 in 2010 – 11. Other indicators are shown in the table below:

PERFORMANCE INDICATORS	3q-08	3q-09	3q-10
Suspects examined per lakh population per year	115	112	132
Annualized total case detection rate	120	121	131
Annualized NSP case detection rate	43	44	50
% of Annualized NSP case detection rate	54	55	63
3 months conversion rate NSP (%)	88	88	90
Cure rate of NSP (%)	83	83	85
Success Rate (%) of NSP	86	87	88
Default rate (%) of NSP	7	6	5

Death rate (%) of NSP	4	4	4
Initial defaulters (%)	7	9	6
Quality of DOTS implementation			
(%) of NSP/SP cases started DOTS within 7 days of diagnosis	84	90	87
(%) of NSP/SP cases reg. within 1 month of starting DOTS	93	93	95
(%) of cured NSP/SP cases having end of treatment follow up sputum done within 7 days of last dose	76	76	74

b) Khargone:

H.R - STLS - 1 post Vacant L.T. - 3 post required.
Funds release - Funds released regularly from State RNTCP society Bhopal . Availability of fund is required in honorarium, vehicle hiring and maintenance and salary of contractual staff.

c) Damoh:

The RNTCP program has reported an increase in the defaulter rate from 5.53% in Jan-Dec 2008 to 6.47% in Jan-Dec2010. The death rate has also increased from 2.46% in Jan-Dec 2008 to 3.63% in Jan-Dec2010, but it is still within the normal limit of <4%. Also the DPMU data reveals target achievement of 109% for case detection rate in the district. And the sputum positive percent achievement is recorded as 168%.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

The total cataract operations done in 2010 – 11 (up to Nov.) are 188827 (83.92%) against the expected 450000. At this rate it is expected that at the end of this financial year total number of cataract operations done will be approximately around 283241 which shows that the number of surgeries are decreasing from 409601 (91%) out of expected 450000 in 2009 – 10, 376143 (83%) in 2010 -11, 92% in 2007 – 08.

Cataract Operations in Madhya Pradesh

YEAR	Target	Achievement	Percentage	Iol (%)
2006-07	250000	290973	116.4	97
2007-08	350000	322822	92	97
2008-09	450000	376143	84	98
2009-10	450000	409601	91	98.5
2010-11 (Achievement up to Nov.)	450000	188827	83.92%	98.84%

- Decentralized in 1994-95 with the formation of district blindness control society in each district.

FINANCIAL STATUS NPCB (in lakhs)

	2008-09	**2009-10**	**2010-11(Up to Nov.)**
Opening balance	464.39	228.77	158.27
Sanctioned PIP from GoI	1423	1490	1000
Amount Received from GoI	1206.97	1286.78	721.23
Total amount (with interest)	1678	1521.75	891.67
Released & expenditure amount	1449.24	1363.48	339.70
Total balance available	228.76	158.27	551.97

b) Khargone:

2 OTs are established (1 at DH Khargone and 1 at CHC Maheshwar), Cataract Survey and Eye Checkup camps are being held in School students.

c) Damoh:

The cataract operations undertaken from April 2010 to November 2010 is 624 against a target of 4500, hence a percentage achievement of 21%. The new cases detected under the National Leprosy Eradication Programme were 79 and since there were no targets indicated hence the percentage of achievement cannot be assessed.

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

a) State:

HUMAN RESOURCE

POSITION	**SANCTIONED**	**IN POSITION**
District leprosy officer	15	50 (41-i/c DLOs)
Medical Officer	36	25
Sr Non medical supervisor	16	13
Non medical supervisor	211	181
Sr. Healtheducator	10	0
Health educator	2	2
Non medical Assistant	761	612
Sr. lab technician	12	7
Lab technician	33	21
Sr. physiotherapy technician	11	2
Physiotherapy technician	9	8
Clerk	19	18

Staff nurse	37	30
Peon	49	46
Driver	48	37

CONTRACTUAL STAFF

STAFF	**SANCTIONED**	**POSITION**
State health society (leprosy)-HQ		
Surveillance medical officer	1	-
Budget & finance officer cum AO	1	1
Administrative assistant	1	1
Data entry operator	1	1
Driver	1	1
District Health Society (leprosy)		
Driver	19	19
Other Contractual staff (Remuneration paid by state)		
NMA	244	227
NMS	19	18
LDC	8	7

NLEP-AWARENESS GENERATION

- Awareness generation fortnight celebrated in 21 blocks (9 districts) with ANCDR > 20.
- 30th January is chosen as Anti-Leprosy day.
- Advocacy meetings are conducted in blocks with low female coverage.

RECONSTRUCTIVE SURGERIES UNDER DPMR

YEAR	**RECONSTRUCTIVE SURGEREIS**
2007-08	147
2008-09	211
2009-10	282

b) Khargone:

The Leprosy camp visited at the time of visit Leprosy Camp at saint Mary health center (Missionary hospital – 15 bedded) with the cooperation of NGO Umroi Singh was held 42 – Registration Corrective surgery – 6 Physiotherapy recommended to all the 42 cases.MDT – 232. Reconstructive surgery given to 20 patients. The Treatment completion rate is 93.7%.

INTEGRATED DISEASE SURVEILLANCE PROJECT

State surveillance and district surveillance officers are placed at state and district level. Appointment of contractual staff at state and 48 district surveillance units has been done. The posts of Training consultant, entomologist and data manager at SSU are still vacant. 2 microbiologists are appointed, one at state and other at District Priority lab,Bhopal. 103 computers received from GoI for SSU, Medical colleges and DSU. Districts are reporting weekly to SSU in the standard formats. Financial monitoring report is being collected quarterly from the districts and compiled at state level and forwarded to GoI regularly.

INFRASTRUCTURE and HR UNDER IDSP

ACTIVITY	TARGET	IN POSITION
State surveillance unit	01	01
District surveillance unit	50	48
State level committee	01	01
District level committee	50	48
Nomination of state surveillance officer	01	01
Nomination of district surveillance officer	50	48
State RRT	01	01
District RRT	50	48
Medical colleges	05	02
HUMAN RESOURCE (State level)		
State epidemiologist	01	01
State microbiologist	01	01
Consultant training	01	Under training
Consultant finance	01	01
Data manager	50	43
Data entry operator	50	34
HUMAN RESOURCE (Medical college)		
Data entry operator	5	5

TRAINING STATUS

ACTIVITY	TARGET	ACHIEVEMENT	% GAP
Master trainer	185	157	15%
Medical officer	1918	1518	20.8%
Lab (District lab)	180	96	46.6%
Lab assistant (CHC/district lab)	228	656	187%(surplus)
Health worker	10000	10283	2.83% (surplus)

b) Khargone:

District Surveillance Unit is operational at District level. Human Resources available (1- Epidemiologist, 1- Data Manager, 1- Data Entry Operator). Data Center and S.I.T. completed and working properly. Weekly Data analysis has been done.

c) Damoh:

There is no set target for new case detection while the achievement up to nov. 2010 is 79, number of patients cured 66.

Allocation by GoI under items subsumed within NRHM

PROGRAMME	YEAR	AMOUNT (in lacs) MADHYA PRADESH
NVBDCP	2005-06	18.98
	2006-07	20.74
	2007-08	21.79
	2008-09	16.40
	2009-10	18.02
	2010-11	7.90
	Total	**103.84**
NLEP	2005-06	2.93
	2006-07	2.50
	2007-08	1.37
	2008-09	1.54
	2009-10	2.60
	2010-11	2.55
	Total	**13.48**
RNTCP	2005-06	9.26
	2006-07	10.86
	2007-08	13.41
	2008-09	14.86
	2009-10	15.14
	2010-11	16.90
	Total	**80.42**
NIDDCP	2005-06	0.04
	2006-07	0.06
	2007-08	0.13
	2008-09	0.20
	2009-10	0.20
	2010-11	0.20
	Total	**0.83**
NPCB	2005-06	5.50
	2006-07	4.85
	2007-08	9.52
	2008-09	18.00

	2009-10	13.90
	2010-11	12.00
	Total	**63.76**

9. **Institutional Mechanism:**

Institutional Mechanisms and Program Management

The State Health Mission and District Health Mission meetings held

YEAR	STATE HEALTH MISSION	DISTRICT HEALTH MISSION
2007-08	1	19
2008-09	1	52
2009-10	1	155
2010-11	1	33

State and District Health Mission-The meeting of State health mission was held on 09.03.2010 chaired by Chief Minister of Madhya Pradesh. The participants include several ministers, member of legislative assembly, Chief Secretary, principal secretaries of different departments, MD NRHM and other govt officials of the state. The meetings for The District Health Mission have increased over the years but this year"s data shows that very few meetings have been held in this year 2010-11.

This meetings of the District health mission were being held regularly in Khargone which was being chaired by the District Collector whereas the same was not true for the district Damoh.

The Programme Management Unit Structure by NRHM i.e State Programme Management Unit, District Management Units, Block Programme Management Units are in place. Their role as professionals functioning in the health sector team which is essentially inter-disciplinary needs to be recognized and valued for their full potentials to be realized. There are huge vacancies in programme management units in the state currently position of the State Programme Manager is Vacant ,out of 50 positions of the District Programme Manager 16 positions are vacant ,38 out of 313 Block Programme Managers are vacant. There is high attrition rate in the state at all levels. The state has advertised these positions and short listing are in process. There is need to make

waitlist which should be valid for at least 2 years in order to maximize the returns from such resource and time intensive recruitment exercise.

In Khargone, PMU in place, capacities and vacancies, infrastructure and logistic arrangement and more – The PMU is established and all the three posts at the district level i.e. the DPM, DAM and DM&EO are filled. At the block level BPMs and data entry operators are posted in all the 9 blocks, but the block accounts managers are available only in 5 blocks. Accountants at BEMONC level (13) are not yet in place.

In the Programme Management Unit in Damoh the DPM, DAM, Data Assistant, M&E Officer and Computer Assistant were available and at the Block Programme Management unit 5 out of the 7 blocks had BPMs in position, all positions for Block Accountants, Data Assistants and BEmONC was filled.

Utilization of Rogi Kalyan Samiti –

(a).In the state there were 50 **District Hospitals** but there are only 33 Rogi Kalyan Samitis are registered with a total of 43.81% expenditure uptill Nov.2010. The CHC and Civil hospitals were planned for 389 while achieved 229 with an expenditure of 25.97% till Nov.2010. Whereas for PHC level,537 achieved against a total of planned 882 with an expenditure of 12.83% only.

(b).In **Khargone**, There are 56 RKS Registered & 10 are unregistered.RKS Meetings are not being held regularly under the chairmanship of the medical officers in charge.RKS Untied Funds were mainly being Utilized - Boundary Wall & Fencing, Maintenance of vehicle, electricity & water sources, Repair of equipments, Waste Management etc.

(c). Registered Rogi Kalyan Samiti in the district are 17 in number and the meetings are chaired by the District Collector.The RKS fund utilization in **Damoh** is varied across the district and facility level and it was very evident in CHC Tendukheda had utilized for minor civil works and ChC Patheria has utilized its funds for RKS funds for boundary wall construction, recruiting LT, Dresser and Sweeper. RKS in the district has substantial balance due to user charges collected by the facilities. Expenditure incurred by RKS is approved by the members and mainly for maintenance and upkeep of hospital. There is good affect of new guidelines of RKS in the district.

Meeting of RKS is not regular in the district. Details of RKS meeting and utilization are as under given

1. Information of Rogi Kalyan Samitis (RKS)

(Amount in Lakhs)

Type of Facility	Total Number of RKS Constituted (registered) till date	No of meetings in		Minutes of the meetings		Funds received in		Fund Utilisation*	
		2009-10	2010-11	Available	Not Available	09-10	10-11	09-10	10-11
DH	1		2	Yes		5.00	5.00	5.00	5.00
CHC*	7	5	2	Yes		7.00	7.00	6.64	3.98
PHC*	8	2	0			8.00	8.00	4.02	4.30
Others									

Supervision and Monitoring Activities-

(a). At state level the Joint Directors were made in charge of the 7 divisions in the state. Their role was mainly to monitor and supervise the functioning and performance of the various districts in their divisions. It was conveyed, monthly visits were being made to the districts.However, there was no checklists and documents available which would prove that regular visits were being made to the assigned districts. Also, trained HR in SBA and IMNCI is also not being monitored for the outcomes.

Also State quality monitoring cells is functional and monitoring the trainings and services by trainees. Field experiences and feedback shared with the RJDs, CMHOs, DPMs and trainers.

(b).In **Khargone**, There is an established system for supervision and monitoring activities. The CMHO and all the district nodal officers, BMO, BPM, BEEs, sector Doctors and health supervisors have an advanced tour program which is sent to concerned higher authorities and tour diaries are checked on the basis of the same. These reports are regularly checked and feedback given.

(c).In **Damoh,** the monitoring and supervision was one of the weakest link. The District nodal officers were not making field visits and no detailed tour schedules were available with them.

Involvement of PRI – In **Khargone,** participation of PRI,local leaders & other officials was a constraint. Also same was observed in Damoh, the participation of PRI was not very visible in the community since the rapport between health providers and the community was minimal. Only individual cases like in SHC Raseelpur and SHC Taradehi in Damoh were the sarpanch was actively associated with the public health system were seen.

1. **Humans Resource:**

State level: In the State the position of Financial Advisor is in place that is from the State Government. State Finance Manager , State Accounts Manger and Audit officer have been appointed in the month of July"2010 who has strengthen the financial management at State level.

District Level: There is large number of vacancy of District Accounts Manager currently 22 out of 50 positions are vacant. While at block levels out of 67 out of 313 positions are vacant. At divisional level 4 out of 7 positions are vacant. Although now the process of appointment has been started.

Implication: Due to large number of vacancies financial management got affected.

Recommendation: State is advised to make pool of human resource during the next selection process so that shortage of human resource in future can be sorted out easily.

2. **Books of Accounts:**

(a)State Level: Books of Accounts at state level is being maintained manually.

(b) District Level: Books of Accounts at Damoh of District is being maintained manually. Books of Accounts are updated; In Khargone books of Account are maintained in Tally ERP 9.0 at District level.

(c) Block Level: Books of accounts in block levels are maintained manually. Due to large number of vacancies at block level particularly in Khargone books of accounts are maintained by MPWs, SNs and Pharmacists.

3. **E-Banking:** Fund from State to District is transferred through e-transfer, funds from district to blocks is also being done through e transfer. From block to peripherals level funds is being transfer through cheque. E- Transfer at all level is done through State Bank of India. Sanction letter emailed to district. As expenditures are not being captured electronically hence e-banking system has not been followed.

Recommendation: State is advised to adopt e-banking facility as soon as possible to better monitoring of funds at all level.

4. **Release of Funds:** Funds from the State to district level is transfer pool wise not activity-wise. District Health Action Plan is not being use at state level. In the beginning of the year approved PIP is being sent to district. From the district to block level funds is being transferred poolwise.But from block to peripheral level funds of both pool is send in consolidated manner i.e. RCH and NRHM in combined. At block level there is no segregation of funds. Further at the time of release of funds unspent balance available at the facilities are not taken into account.

Recommendation: State is advised to release funds to district as per District Health Action Plan

5. **Banking operation:** In Damoh District there is problem in banking operation in one of the block Tendukheda Current Accounts is being opened as explained to us due to non

availability of cheque book in saving bank current Account has been opened. It was also observed in Tendukheda funds for PHC is withdrawn at block level in cash and cash is taken to PHC which near about 30 kilometres and deposited in to bank of PHC. The same practice is being followed in two other blocks of the District. There is substantial delay in cash withdrawn from Block and deposited into PHC bank Account. It was explained to us that since no nationalised bank in these block and PHC having accounts in cooperative bank which takes lot of time in clearing the cheque since bank statement at PHC level was not available same cannot be verified. The cases of delay of deposit and withdrawn are as under :

Amount (Rs.)	**Cash withdrawn at Tendukheda CHC**	**Cash Deposited at Sarra PHC**
100000	18.05.2010	25.05.2010
100000	10.08.2010	17.08.2010
100000	11.11.2010	16.11.2010

In District Khargone also at one of the SHC at Lal Khera the same problem of account in the cooperative bank operating with delays was there.

Recommendation: State is need to take up this issue with Cooperative bank to avoid the delay in funds transfer.

6. **Delay in Funds transferred:** In the year 2010-11 there is substantial delay in the transferring of untied funds to SHC and VHSC funds**.** Transfer of funds start in the month August -September of 2010 and still fund is being transfer.

Recommendation: Funds should be transferred to peripheral level on time.

7. **Funds transfer to Personal Accounts of ANM:** In Damoh district funds for Annual Maintenance Grants to SHC which are in Govt buildings are transferred to personal bank accounts of ANM instead of bank account of SHC.

Recommendation: Such practices should be stop immediately to avoid misuse of funds.

8. **Bank Reconciliation Statement:** Bank Reconciliation statement is being prepared at District level as well CHC level in Damoh district level but not at PHC level. In District Hospital, Damoh bank reconciliation statement for RCH account operated for JSY payment has not been prepared since beginning. In CHC Tendukheda Bank Reconciliation Statement for Current Account operated for JSY payment not prepared. In one of PHC ABHANA bank statement has not been collected since beginning.

In Khargone also, the bank reconciliation statement is not being prepared in any of the facility visited.

9. **Financial Reports:**

Blocks are sending SOE to DHS every month in prescribed format which is consolidated at district level and entered into MIS system of the state. State compiles those SOEs and submitted FMR to GOI on Quarterly basis. In one of the CHC Tendukheda SOE is not prepared from books of accounts as ledger is not updated and not prepared correctly as more than one accounts for single accounts heads available. Block PHC is not sending SOE to CHC; only JSY payment is intimated and sent to CHC telephonically some time through SOE. Statement of funds position containing Bank Balance and Advance position is not being sent to District from CHC. Bank Reconciliation statement also not sent to district level. District is not sending Bank Reconciliation statement to State level. In the Tendukheda there is lot of outstanding entries under JSY account head was updated till July‟2010 although payment has been made, same in case NRC accounts balance as per accounts ledger Advance outstanding was Rs.90424 and balance as per NRC cash book maintained by Nutritionist is Rs.4667 on the day of our visit.

Similar was the case with district Khargone, the accounts were not maintained in proper accounting formats (cash books, ledgers and balance sheets) in most of the facilities except in Civil Hospital, Sanawad where at least a cashbook was maintained.

10. Concurrent Audit: Concurrent Auditor is appointed in 45 districts out of which Concurrent Audit is not yet started in 21 districts. Concurrent Audit of State Health Society is not yet started as appointment letter has not been issued to the concurrent Auditor. Further there is no mechanism for compliance of Concurrent Auditor"s observation at District level as no compliance report has shown to the team.

In district Khargone concurrent audits are conducted but no recommendations are provided after the audits are performed, it was evident in one of the PHC at Oon, where the last concurrent audit was conducted in September.

Recommendation: It is recommended that state should take step for timely appointment of concurrent auditor so that purpose of concurrent audit does not get affected.

11. **Tally:** Tally ERP 9.0 procured at State as well as district level. Same is installed and training is also imparted. But Accounts is being maintained manually at state as well as district level reasons for the same is non availability of customized version of Tally ERP 9.0.

Recommendation: State should take necessary step for implementation of customized Tally ERP 9.0 if necessary refresher training for District Accounts Manager and State finance personnel to be organised.

12. **MIS:** State having good MIS report which contains physical as well as financial target and achievement. It also is having bank & advance position at district level. State is using this report only for expenditure reporting not for advance monitoring.

Recommendation: It is advised to implement MIS system up to block level for better financial monitoring.

13. **Statutory Audit:** Statutory Audit report of 2009-10 not available with district. As per district official Auditor has not visited any block books of account has been bought to district as per RFP Auditor is supposed to visit 40% of block that has not been adhered. Compliance of the statutory audit for the year 2008-09 not available with district.

14. **Monitoring, Evaluation and Capacity Building:** There is no financial monitoring and evaluation done by the district and State level. Recently after appointment of SFM and there are some district visits has been conducted by SFM and SAM. There is no formal visit of

District Account s manager to CHC and PHC level. There is need of refresher training of District Accounts Manager and Block Manger on financial matter.

Recommendation: There is need to make formal mechanism of field visit of SFM, SAM, DAM and proper follow-up on the report should be made for better monitoring. State is required to arrange refresher training for Block Accountant and District Accounts Manager on financial Manager for better financial management at all level.

15. **Delegation of Financial Power:** State has made Block Medical Officer signatory for untied funds to VHSC and SHC along with ASHA and ANM for smooth functioning of VHSC and SHC.

16. **TDS :** It was observed that TDS has not been deducted from the following payment
    1) LTT operation done by CMHO, Damoh during the year more than 4500 LTT done by the CMHO and honorarium is Rs.100 per LTT
    2) Payment of Rs.30000 made to Contractor M/s Mohd Hafiz for painting work in Jabera CHC
    3) Payment of Rs.30000 per month made to Mr Saroj Singh of Sulabh International Complex for cleaning work from RKS funds of District Hospital.

17 **High Advance:** It was observed that state is having huge advance outstanding amounting to more than Rs. 350 crore as on 31.10.2010.Out of total Rs.357crore Rs.71.62 crore is for the State level and remaining is lying at district and below level. Some of the advances are pertaining to even for the year 2004-5.Efforts should be made to collect utilization certificate from the institution to which advance has been given from the state level.

18 **Utilization of funds:** Utilization of funds is low in case of both RCH (37.09%) and Mission Flexible Pool (14.99%) up to second quarter of the e year 2010-11.

19 I**ntegration of NDCPs:** There is no proper integration of disease control programme with DHS.

20 **Utilization of Untied funds.** Utilization of untied funds and Annual Maintenance Grants at CHC ,PHC and SHC level is given in the following table

Formats on Utilisation of Untied Funds

(Rs. In Lakhs)

Utilisation of Untied Fund									
Levels		**2007-08**		**2008-09**		**2009-10**		**2010-11(up to Nov'10)**	
		Allocation	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**
State	**CHC**	135.00	157.21	167.00	155.47	166.50	150.36	167.00	65.46
	PHC	288.00	237.79	212.00	202.62	288.75	209.20	220.50	49.72
	SC	883.50	770.42	880.00	593.50	886.00	606.68	886.90	167.82
D-1 Khargone	**CHC**	0.00	0.00	4.50	4.97	5.00	16.88	5.00	0.98
	PHC	0.00	0.00	12.75	4.95	12.00	20.60	12.00	0.48
	SC	27.60	28.72	27.30	32.57	27.30	13.48	20.00	1.00
D-2 Damoh	**CHC**	3.00	2.79	3.50	2.91	3.50	3.60	3.50	2.46
	PHC	2.50	3.04	3.25	2.78	3.50	3.37	3.50	0.79
	SC	16.20	8.87	16.20	16.43	16.30	19.39	16.30	7.11

21 **High Unspent Balance of RKS Funds:** It is observed that in Damoh there is huge unspent balance available at different RKS .Details are as under

a) District Hospital ,Damoh – Rs.1377089

b) PHC ABHANA - Rs.198928

c) CHC Tendukheda - Rs.36000

d) PHC SARRA - Rs.101930

e) CHC JABERA - Rs.661000

f) CHC PATHARIA - Rs.600000

22 Other Issues

a) **Janani Express:** Janani express is working as referral transport in the district. In the year 2010-11 district has centralized operational from the district level. District has selected 16 Janani express through tender system for this tender has been opened and technical offer analysed if party qualified in technical offer than financial offer is analysed. Our observations on the same areas under

1) Security Deposit: DPMU has collected DD and FDR of Rs.10000 each from the vehicle owner in name of District Health Society and Secretary, District Health Society. 8 DDS have not been deposited into bank and become Stale as has been made before 1st of June, 2010. 3 FDRs have taken in the name of Secretary, District Health Society and other 2 in the name of District Health Society.

2) Range of Rate: Rate is between Rs.10000 to Rs.15890 per month for1500 km (Above 1500 km rate is from 2.83per km to Rs.5.00 per km) which is border range in term of amount.

3) There is no monitoring mechanism regarding insurance of vehicle as insurance of one vehicle owned by Mr.Rajendra Jain expires on 23rd August and 3rd September, 2010 but District Programme Manager was not aware about this.

4) There is no mechanism for checking of distance covered by the Janine express payment is made on the basis of report received from the call centre operated in the District.

5) Team asked for log book from one of the vehicle standing at PHC ABHANA but same was not available in the vehicle.

b) Non Maintenance of Books at SHC: It was observed that books of untied funds to SHC and VHSC not prepared at all SHC visited by the team in Damoh District.

11. **Decentralized Local health Actions:**

Decentralization

Availability of District & Block Health Plans:

Every district had prepared its District specific health Action Plan for the year 2009-10. There are district specific activities proposed in the Integrated DHAP for the year 2010-11.

The District Health Action Plan in both the districts, Khargone and Damoh visited have not yet begun with the planning process for the next financial year 2011-12.

Status on VHSC and joint accounts:

Number of VHSCs constituted in the state are 37008. Untied grants released for VHSCs over the years has been increasing from Rs. 15.46 crores (2007 - 08); Rs. 53.19 crores (2008 - 09); Rs. 55.39 crores (2010 – 11). There will be integration of all village level committees ,***Swasth Gram Samiti'***. The expenditure of this year"s grant is Rs. 9.81 crores (up to Nov.)

There are 861 functional VHSCs in **Khargone** district, against the targeted 1000 functional VHSC. Whereas in **Damoh** , there are approximately 1158 villages in the district, in which there are 915 VHSC"s of which 758 have bank accounts hence 157 don"t even have an account. They have their own bank account which is operated jointly by the ASHA and the woman *"Panch".*

In **Khargone**, the community monitoring is being done in the district through VHSC. There is an additional program, being run by MPVHA (NGO) and Lepra Society (NGO) in selected villages in the district. Hence due to effective collaboration with the NGO in the district has resulted in strong community processes in the district. But in **Damoh**, Community Monitoring is one of the weakest links in the district, VHSC"s participation in the same is almost absent hence the preparation of village Health Plans is also not a very participatory activity.

The only form of community monitoring in **Damoh** was through *Jan Sunwai* although is held on a monthly basis in which health issues are also sometimes raised and the Chief Medical Officers or their representative participate and respond to the complaints and concerns raised by the people.

B) PROGRESS OF IMPLEMENTATION OF PIP 2010 – 11 -

RCH-II

The amount approved under the maternal health was Rs. 2263.84 lakhs which was utilized in the activities like accreditation of hospitals, establishment of call centres for Janani express, formation of Maternal Death Audits etc. The state has utilized Rs. 710.11 lakhs against the approved amount. The percentage utilization was 31.37% of the approved amount, being utilized in establishing 43 call centers against 44 call centers was proposed. MDA committees in all 50 districts formed and 341 maternal death audits were conducted against proposed 2000 MDA. 30 private hospitals were proposed to be accredited through JSY while till now 24 have been accredited.

In the district Khargone 4 hospitals are accredited under *Janani Sehyogi Yojna*. There were 13 Maternal audits Conducted in the district.

JSY: 5.26 lakh people were benefitted against estimated 11.85 lakhs for which state has spent an amount of Rs. 13508.30 against the approved amount of Rs. 20077.58 lakhs registering a utilization of 67.28%.

Child Health: Under this head the proposal was of operationalizing 50 level 1 SNCUs out of a budget of Rs. 1766.08 lakhs. In this FY 14 SNCUs were operationalized till December. 230 Nutritional Rehabilitation centres were established against 275 planned with the treatment services to 34031 Severe Acute malnourished (SAM) children overshooting the target of 25700 children. In District Khargone there is a well functioning 20 bedded SNCU in the District hospital with an attached Step-down unit.

Family Planning- The family planning expenditure presented by the state shows the activities in a clubbed manner. The activities in the ROP such as „Female sterilization camps" and „compensation for female sterilization" are clubbed as „female sterilization" in the state PIP financial achievement presentation made by the state for the year 2010-11. To account for the specific expenditure under each activity as per the ROP is not clear. Hence it makes it difficult to correlate the utilization in the activities under the family planning head presented by the state with respect to the activities given in the ROP.

In the visited district of khargone the funds were utilized in the hiring of 3 counselors planned for 170 CEmONC centres. Similarly for the compensation for female sterilization the target was for 15500 beneficiaries

ARSH- Rs.149.40 lakhs were approved which also includes Rs.34.64 lakhs for ARSH training of 480 MOs and 480 paramedical staff, the expenditure was Rs. 23.70 lakhs consolidated, accounting for a poor utilization of 15.86% only.

In Khargone during the visits it was observed that this programme requires a more enthusiastic approach in its implementation.

Urban Health- Out of total approval of Rs.153.23 lakhs there is an expenditure of Rs. 32.03 lakhs making for 20.93% utilization.

Tribal Health- There is extremely poor utilization of only 0.78% under this head. The amount spent is Rs.0.19 lakhs against an approval of Rs.24 lakhs.

Vulnerable Groups-Similar is the case with this head also, registering a meager utilization of 0.02% spending Rs.0.04 Lakhs against an approved amount of Rs.200.07 lakhs.

Innovations/PPP- Rs. 57.05 lakhs utilized which involved 11 cases prosecuted under the PCPNDT act till date and 9 cases for which action has been taken under this act. A scheme known as Janani Sehyogi Yojana, under which 24 private Hospitals were accredited for providing delivery services in accordance to JSY provisions. The total amount approved under this head was Rs.128.24 lakhs.

Infrastructure and Human resources- The approved amount was Rs.3738.13 lakhs on which the expenditure by the state was Rs.1621.36 lakhs. The utilization involves recruitment of 1810 ANMs, 347 Staff nurses and 442 doctors against the target of 625 ANMs,1136 Staff nurses, and 635 Doctors.

Infrastructure development involved establishment of 5 model labour room in District Hospitals in Sehore, Shivpuri, Guna, Morena and Bhind.

Institutional strengthening- Rs.620.67 Lakhs were approved out of which Rs. 239.34 lakhs was spent showing 38.5% utilization. The expenditure was for training of DPMs, Das and ASOs in

DHIS-II and MIS formats. Refresher trainings for the newly appointed BPMs. Training of state ,district and block level functionaries in maternal and child tracking system.

Training- Rs.1328.15 lakhs were approved for the FY while Rs.574.58 lakhs were utilized for providing SBA training to 420 service providers against 1200 targeted, EmONC training to 13 batches against 32 targeted, LSAS training of 17 batches while 16 were proposed.

IEC-BCC- Rs.919.52 lakhs were approved out of which Rs. 174.91 lakhs were utilized.

In District Khargone there was a considerable display of IEC materials in the health facilities but this was not evident outside on roads and other public places.

Programme management- Rs. 1907.97 lakhs were approved while the expenditure was Rs. 850.17 lakhs.

Activity proposed	**Amount approved**	**Financial achievement**	**Utilization (%)**	**Comments**
Maternal health	2263.84	710.11	31.37	43 out of 44 proposed Call centres established, MDA committees formed in all 50 districts. 341 out of 2000 proposed audits conducted. 24 hospitals out of 30 proposed, accredited under JSY.
JSY	20077.58	13508.30	67.28	5.26 lacs beneficiaries out of estimated 11.85 lacs.
Child health	1766.08	1391.17	78.77	14 level-1 SNCUs operationalized out of 50 proposed. 230 NRCs established out of 275 proposed. Treatment of 34031 SAM children against 25700 targeted
Family planning	196.99	172.74	87.69	
Female sterilization	4875.00	1762.06	36.14	
Male sterilization	855.00	170.85	19.98	
ARSH	149.40	23.70	15.86	
Urban health	153.32	32.03	20.93	

Tribal health	24.00	0.19	0.78	
Vulnerable groups	200.07	0.04	0.02	Nil
Innovations/PPP	128.24	57.05	44.49	11 cases taken up by PCPNDT cell.
Infrastructure & human resources	3738.13	1621.36	43.37	
Institutional strengthening	620.76	239.34	38.56	
Training	1328.15	574.58	43.26	SBA-420 of 1200 targeted. EMOC-13 of 32 batches conducted. LSAS-17 of 16 batches proposed.
IEC-BCC bureau (state &district)	919.52	174.91	19.02	
Programme management	1907.97	850.17	44.56	
Sub total	**39204.05**	**21288.6**	**54.30204**	

NRHM-MISSION FLEXIPOOL

ASHA Program: The amount approved for this head was Rs. 3464 Lakhs and state has utilized 18.70% i.e. Rs. 625.94 for providing drug kits to 91.73% of ASHAs, training till module IV provided to 80.91% and 50113 new ASHAs selected against the target of selection and training of 11000 ASHAs, 939 to be awarded, bank accounts for 100% ASHA"s opened & regular incentives to be given through e-banking. While in districts visited, the payments to ASHAs were still made by bearer cheques.

VHSCs: Rs.994.14 spent under this head showing a utilization of 17.90% of approved amount of Rs. 5,539 for constituting 37008 VHSCs against a target of 55393 VHSCs.

Strengthening of SHCs: The amount approved was Rs.4185.32 and the financial achievement of the state was Rs. 1260.17/-. Out of total expenditure, Rs 167.82 Lakhs was spent as untied funds for 4853 HSCs against target of 8869 HSCs. Similarly Rs.77.14 Lakhs as AMG to 3311 HSCs against a target of 6443.

Strengthening of PHCs – The amount approved was Rs.1911.05 Lakhs on which the financial achievement was Rs.290.47 registering a percentage utilization of 15.20%. Out of total expenditure, Rs. 49.72 Lakhs was spent as untied funds for 614 PHCs against the target of 1156 PHCs and Rs. 88.40 Lakhs as AMG to 603 PHCs against a target of 882 PHCs.

Strengthening of CHCs – The amount approved was Rs. 1351.00 Lakhs on which the financial achievement was Rs. 251.59 Lakhs. spent on 240 CHCs out of 333 planned. Like wise Rs.112.29 lakhs were spent as AMG on 232 CHCs.

Rogi Kalayan Samiti- Rs.1519.00 lakhs was approved, out of which Rs.323.23 lakhs were spent on 33 RKS against 50 planned for DH, at CHCs for 229 out of 389 planned. Similarly it was for 539 RKS at PHC level out of 882 planned.
In District Khargone there were functioning RKS in all 9 facilities visited including PHCs, CHCs, SDH and DH. The utilization of RKS funds were on the construction of boundary wall in the CHC Segaon, similarly a new ward for NRC was constructed with RKS funds in this CHC. At Barwaha SDH an ambulance service is being maintained through RKS fund.

District Heath Action Plan - Out of Rs. 50 lakhs approved, it is noteworthy that only Rs. 3.07 lakhs were utilized on preparation of DHAPs in the 50 districts planned.

Strengthening of ANM training centre- Rs.288 lakhs were approved against which Rs.112.69 lakhs has been utilized.

Swablamban Yojana- On this scheme the utilization was of Rs.341.30 lakhs out of Rs 504.80 lakhs approved.

Strengthening of In-service training- Rs.15.93 lakhs were utilized against the approval of Rs. 430 lakhs under this head.

Health Mela- 68 Health melas were conducted till the month of December in this FY making a utilization of Rs.42.64 lakhs against the approved amount of Rs.218.40 lakhs.

Mobility support for MOs - Rs.871.20 lakhs were approved, out of which Rs. 337.67 lakhs were spent on mobility support for Medical officers.

Logistics-There was a minimal utilization of about 1.92 % under this head, only Rs.9.61 lakhs were spent on logistics against an approved amount of Rs. 500 lakhs.

Procurement- There is a significantly low utilization (11.2%) under this head. Rs. 1138.56 lakhs have been approved while Rs.127.57 lakhs were utilized for procurement.

Difficult Area Performance based Allowance – Under this head an amount of Rs. 1000 lakhs was approved in the RoP of 2010-11 for performance based allowances to the service providers posted in difficult/most difficult areas but the funds shows nil utilization.

Up gradation of health centers as IPHS – An amount of Rs. 1105.63 lakhs have been spent on upgrading 2 PHCs and 1 CHC into 24X7 facilities, against an approved amount of Rs. 4211.47 Lakhs while Physical up gradation of 27 CHCs against 30 planned CHCs have already been started and are under progress.

Mobile Medical Units – Rs.1058.58 Lakhs have been utilized against Rs. 1006.00 Lakhs approved in the RoP. The funds are utilized on the recurring expenses of 90 mobile medical units known as Deen Dayal Chalit Aspataal in the state.

Emergency services- Amount utilized on emergency services were Rs. 382.61 lakhs against an approved amount of Rs.1118.50 lakhs, registering a utilization of 34.2%.

Community monitoring- There is no utilization under this head against an approved amount of Rs.20 lakhs in this FY.

District specific interventions- The total amount approved were 350 lakhs which was to be spent on activities proposed for 31 high focused districts. The utilization was 13.84% amounting to Rs. 48.45 lakhs.

NRHM Management Cost @ 6% of the sanctioned activities – 22.65% utilization was accounted under this head with an expenditure of Rs. 339.78 lakhs against the approved amount of Rs. 1500 lakhs.

(Amount in Lakhs)

Activity Proposed	Amount Approved	Financial Achievement	Utilization (%)	Comments
ASHA Programme	3464.00	625.94	18.07	Total selected-50113 Trained till module IV-80.91% Drug kits provided-91.73%
VHSC	5,539.30	994.14	17.90	37008 VHSCs of 55393 targeted
Strengthening SHCs	4158.32	1260.17	30.32	
Strengthening PHCs	1911.05	290.47	15.20	
Strengthening CHCs	1351.00	251.59	18.62	
RKS	1519.00	323.23	21.28	33 RKS at DH functional against 50 229 functional at CHC against 389. 537 functional at PHC against 882.
DHAP	50.00	3.07	6.13	DHAP prepared in all 50 districts
Strengthening of ANM training centre	288.00	112.69	39.13	
Swablamban yojana	504.80	341.30	67.61	
Strengthening of in service training facilities	430.00	15.93	3.7	
Health mela	218.40	42.64	19.53	
Mobility support for MO	871.20	337.67	38.75	
Logistics	500.00	9.61	1.92	
Procurement	1138.56	127.57	11.20	
Quality assurance	207.00	11.65	5.63	
Difficult Area performance based allowance	1000.00	0	0	
Upgradation of health centres as IPHS	4211.47	1057.63	25.11	2 PHCs upgrade to 24X7 Physical up gradation started-27 CHCs against 30. Physical up gradation completed-

				1.
Mobile medical units	1006.00	1058.58	105.23	90 operationalized (Target 91.
Emergency services	1118.50	382.61	34.21	
Community monitoring	20.00	0	0	
District specific interventions	350.00	48.45	13.84	
NRHM management cost@ 6%	1500.00	339.78	22.65	
Sub total	**31357.11**	**7635.26**	**24.35**	

Immunization- Rs. 2032.35 lakhs were approved in the ROP against which Rs.721.97 lakhs were spent accounting for a utilization of 35.52%. The utilization was on training of 15242 health workers against 18000 targeted, training of 1450 cold chain handlers and also for training of 1135 out of 3250 Medical officers.

AYUSH- Rs.334.85 lakhs were spent out of the amount of Rs.1413 lakhs approved in the ROP, spent primary on the salaries of the contractual MOs and pharmacists/compounders.

PROGRAME	**Amount Approved**	**Financial Achievement**	**Percentage utilization (%)**	**Comments**
Immunization	2032.35	721.97	35.52	15242 health workers trained out of 18000. 1450 Cold chain handlers trained. 1135 out of 3250 MOs trained.
AYUSH	1116.54	334.85	29.99	
Sub total	3148.89	1056.82	33.56	
Sub total (RCH)	39204.05	21288.6	54.30204	
Sub total (Mission flexi)	31357.11	7635.26	24.35	
Grand total	73710.05	29984.48	40.68	

Integrated Disease Surveillance Programme- The amount approved was Rs.361 lakhs while the the financial achievement was of Rs.93.36 lakhs, rergistering a percentage utilization of 25.86 %.

National Programme for control of Blindness- The amount approved was Rs.100 lakhs and the financial achievement was Rs.339.7 lakhs, percentage utilization being 33.97%. The funds were utilized on cataract surgeries of 188827 patient till November‟10 against a target of 450000 for the current FY. 2568085 students were screened in 28550 schools under school screening activity and 15733 students were given free spectacles against a target of 73800 students.

National Leprosy eradication Programme-the amount approved was Rs.255 lakhs while the utilization is Rs. 29.82 lakhs, accounting for a percentage utilization of 11.69%. The utilization was on reconstructive surgeries of 93 patients, to provide incentives to ASHA‟s @ of Rs.100 for each case of leprosy confirmed, incentives @Rs.400 after the completion of treatment new case of MB and @ Rs.200 for each PB case.

DISEASE CONTROL PROGRAMMES

PROGRAME	**Amount Approved**	**Financial Achievement**	**Percentage utilization (%)**
RNTCP	1321.00		
NVBDCP	2538.69		
IDSP	361	93.36	25.86
NPCB	1000	339.70	33.97
NIDDCP	20		
NLEP	255	29.82	11.69
NIPPCD	95.96		

ANNEXURES

Annexure 6

Summary statement of number of Health facilities falling in difficult, most difficult and inaccessible areas

National Rural Health Mission				
4th Common Review Mission				
Level of Health Facility	**Number of Health Facilities falling in**			
	Total	Difficult areas	Most Difficult Areas	Inaccessible Areas
Health Sub Centre	8649	157	-	-
Primary Health Centre	1156	116	-	-
Other facilities below the block level	-	-	-	-
Community Health Centres	333	91	-	-
Other facilities below the district level	56	6	-	-
District Hospital	50	17	-	-
Other facilities at District level	-	-	-	

Annexure 7

Health facilities visited in difficult, most difficult and inaccessible areas as reported by the States

National Rural Health Mission																		
4th Common Review Mission																		
S. No.	Name of Health Facility	Road Connectivity of the Health Facility			Amenities Available at Health Facility				Location of health Facilities- Revenue Vill./ Town/ City/ Block HQ/Sub Div. HQ	Position of Human Resources at Health Facility			Classification- Proposed/ Difficult/ Most Difficult/ Inaccessible	Incentive Already Paid, If any	Incentive Proposed	Reason of Classification and Amount of Incentive Proposed	Whether the facility is functional on 24x7 basis (Y or N)	Whether the facility is operational as FRU with ALL mandatory components (Y or N)
		Whether Connected by Road Round the Year (Y/N)	If No then distance from nearest road head	Connected by Road (in kilometers) for certain months (not less than Months	Whether having Electric facility (Y/N)	Whether having Housing facility (Y/N)	Whether having Water facility (Y/N)	Whether having School facility in 2 KM radious (Y/N)		No. of Sanctioned Post	In Position		No. of Personnel of this facility attached to Other Facilities					
											Permanent	Contractual						

Annexure 8

Infrastructure Upgradation Checklist

A. Overview of Health Infrastructure in the State/UT

Health Facility	Required as per population norms(2001)		Number functioning as of 31st March 2010		Gap	
	High Focus Districts	Non High Focus Districts	High Focus Districts	Non High Focus Districts	High Focus Districts	Non High Focus Districts
District Hospitals (DH)	34	16	36	14	0	0
Sub-Divisional Hospitals and other hospitals above CHC	20	36	20	36	0	0
CHCs	248	85	248	85	0	0
PHCs	815	340	815	340	380	178
Other Health facilities above SC but below block level (may include APHC etc.)	-	-	-	-	-	-
Sub-Centres	6545	2315	6545	2315	908	426

B. Building position of health facilities

Health Facility	Number functioning in Govt. Building	Number functioning in Rented Building	Gap	No. Functioning in below norns */other buildings of Panchayat/ Vol./ Social Org, etc. without paying any rent	Number of buildings under Construction			Number of buildings required to be constructed on priority
					NRHM Funds	Other Sources	Total	
District Hospitals (DH)	**50**	**0**	**0**	**7**	**0**	**5**	**5**	**2**
Sub-Divisional Hospitals and other hospitals above CHC	**56**	**0**	**0**	**7**	**0**	**0**	**0**	**7**
CHCs	**333**	**0**	**0**	**143**	**6**	**65**	**71**	**72**
PHCs	**1155**	**0**	**0**	**161**	**52**	**45**	**97**	**64**
Other Health facilities above SC but below block level	-	-	-	-	-	-	-	-

(may include APHC etc.)								
Sub-Centres	**6436**	**2426**	**2426**	**400**	**889**	**23**	**912**	**1514**

C. Sources of Funds for Health Care Infrastructure:

(Rs in lakh)

	2006-07	**2007-08**	**2008-09**	**2009-10**	**2010-11**
NRHM	**-**	**7588.00**	**7445.00**	**7360.0**	**7135.00**
Other Central Ministry Funds	**-**	**-**	**-**	**-**	**-**
State Budget	**10600.92**	**9281.99**	**9257.38**	**4300.57**	**5992.73**
Donor funds					
Financial Commission Grants					**1066.00**
Other sources **Planning Commission**				**2000.00**	
Total	**10600.92**	**16869.99**	**16702.38**	**30362.95**	**14193.73**

Annexure 9

Checklist for Human Resources

1. HR status as on date:

Category	Sanctioned	In Position		
		Regular	Contractual	
			NRHM Funds	Other Sources
Doctors	3790	3583		
Specialists	3057	1177		
LHV	2044	1618	62	
Staff Nurses	7309	3095	347	
ASHAs	52177		50113	
MPW	7933	6037		
ANM	10492	10373	1810	
Lab Technician	1415	1058		
Pharmacist	2262	1520		
X-Ray Technician	667	427		

Availability of Training Facilities

	Category	Institutions and Annual Intake capacity				Annual Training Requirement	Gap
		Govt.		Private			
		Number	Intake	Number	Intake		
1	ANM Schools	32	1610	-	-	Nil	Nil
2	LHV Schools	2	150	-	-	150	250
3	GNM Schools	9	245	-	-	1000	755
4	MPHW Schools	7	420	-	-	420	400
5	Post Basic B.Sc(Nursing)-College	2	120	-	-	100	100
6	B.Sc. (Nursing)- College	2	120	-	-	600	480
7	M.Sc. (Nursing)-College	Nil	Nil	-	-	40	40

Status of training of health functionaries

Type of Training	Cumulative number of functionaries trained				
	MO	Specialists	ANM	Staff Nurse	LHV
IUCD	**237**		**2508**	**1144**	
NSSK	**949**		**1759**	**896**	
SBA	**-**	**-**	**2210**	**1154**	**409**
IMNCI	**730**		**4081**	**-**	**843**
F-IMNCI	**128**		**-**	**13**	**-**

IUCD	-	-	-	-	-
BeMOC	**570**	-	-	-	-
EmOC	**72**				
LSAS	**40**	-	-	-	-
MTP/MVA	**414**	**315 (6 Days)**	**621 (Support Staff)**		
NSV	**103**		-	-	-
Minilap	**208**		-	-	-
CCSP	-	-	-	-	-
Laparoscopy	**155**		-	-	-
Communicable Diseases	-	-	-	-	-
Others *	-	-	-	-	-

ANNEXURE-10

Formats on Utilisation of Untied Funds

(Rs. In Lakhs)

Utilisation of Untied Fund									
Levels		**2007-08**		**2008-09**		**2009-10**		**2010-11(upto Nov'10)**	
		Allocation	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**
State	**CHC**	135.00	157.21	167.00	155.47	166.50	150.36	167.00	65.46
	PHC	288.00	237.79	212.00	202.62	288.75	209.20	220.50	49.72
	SC	883.50	770.42	880.00	593.50	886.00	606.68	886.90	167.82
D-1 Khargone	**CHC**	0.00	0.00	4.50	4.97	5.00	16.88	5.00	0.98
	PHC	0.00	0.00	12.75	4.95	12.00	20.60	12.00	0.48
	SC	27.60	28.72	27.30	32.57	27.30	13.48	20.00	1.00
D-2 Damoh	**CHC**	3.00	2.79	3.50	2.91	3.50	3.60	3.50	2.46
	PHC	2.50	3.04	3.25	2.78	3.50	3.37	3.50	0.79
	SC	16.20	8.87	16.20	16.43	16.30	19.39	16.30	7.11

ANNEXURE-11

Formats on Utilisation of Annual Maintenance Grant(AMG)

(Rs. In Lakhs)

Utilisation of AMG									
Levels		**2007-08**		**2008-09**		**2009-10**		**2010-11(upto Nov'10)**	
		Allocation	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**	**Allocation**	**Utilisation**
State	**CHC**	270.00	321.73	334.00	272.43	333.00	264.52	334.00	112.29
	PHC	576.00	422.08	424.00	387.88	441.00	366.96	441.00	88.40
	SC	883.50	370.38	880.00	345.89	640.00	338.97	644.30	77.14
D-1 Khargone	**CHC**	0.00	0.00	9.00	8.34	10.00	12.00	10.00	1.85
	PHC	0.00	0.00	25.50	6.18	24.00	29.00	20.00	1.47
	SC	27.60	0.00	27.30	26.46	24.00	20.19	20.00	0.24
D-2 Damoh	**CHC**	6.00	4.42	7.00	5.56	7.00	7.03	7.00	4.68
	PHC	5.00	2.91	6.50	3.30	4.50	4.91	4.50	0.82
	SC	6.40	0.60	16.20	8.34	7.30	4.77	12.10	1.79

Annexure 12

Checklist for ASHA

i. Information on ASHA

Districts	Number of ASHA required	Number of ASHA Selected	Number of ASHAs dropped out	Number of ASHAs in place	Number of ASHA trained up to 5th Module till date	Number of ASHAs with drug kits
(Total MP)	52117	50113	Not recorded	50113	Nil • Training of ASHA in 5th module has not started. • ToT of district trainer is in process and 78 trainers have trained in 5th module. • Total 40546 ASHAs trained up to 4th module.	45971

ANNEXURE 13

Status of Deliveries in Madhya Pradesh

YEAR	Total Deliveries	Inst. Deliveries	No. of LSCS	No. of Abortions	Maternal Deaths	Infants Deaths
2005-06	16355	599199	-	-	1408	-
2006-07	1776016	919386	-	-	1619	30278
2007-08	1824962	126742	17237	19385	1422	29385
2008-09	1751443	137880	17154	26655	1388	28745
2009-10	1639849	1316034	45272	25888	576	24751
2010-11	1065269	889604	36894	26124	885	16932 (Up to Nov. 2010)

Mobile Health Unit in Madhya Pradesh

YEAR	No. of MMUs	No. of Beneficiaries (in lakhs)	Expenditure (in lakhs)
2006-07	11	4.70	197.27
2007-08	86	16.06	916.27
2008-09	92	25.19	1687.60
2009-10	92	25.02	1525.06
2010-11 (Up Nov. 2010)	91 (123 proposed)	13.79	1058.58

6. FAMILY PLANNING PROGRAMMATIC STRATEGIES:

	Family Planning Intervention		Response
1	**QAC**		
	1.1	Revised DQAC in place (8-9 members)	Yes
	1.2	Number of meetings of DQAC meetings held in 2009-10	Records available in districts
	1.3	Reporting as per new format	No
	1.4	Orientation and dissemination on Standards /Quality Assurance in Male & Female Sterilization held for MOs in the district	Yes
	1.5	If not, is it planned and scheduled?	-
2	**Revised compensation scheme for sterilization**		
	2.1	Is the revised compensation scheme operationalized?	Yes
	2.2	No. of beneficiaries under the new scheme (in ,,000s)	14,98,485
	2.3	Time-line for the payment to the client	Prompt
	2.4	What is the time lag for payment? (in months)	-
	2.5	Fund allocated for compensation for sterilization (for 2010-11)	52.50 crores
	2.6	Fund utilized till date for sterilization (for 2010-11)	13.50 crores (Up to Nov. 2010)
3	**Accreditation/ Empanelment**		
	3.1	Empanelment of doctors done	Yes
	3.2	If yes, no. of doctors empanelled (If not, why?)	466

	3.3	Accreditation of private/ NGO facilities done	Yes
	3.4	If yes, no. of private facilities accredited (If not, why?)	35
	3.5	Empanelment of private doctors done	Yes
	3.6	If yes, no. empanelled (If not, why?)	40
4	**Contraceptive update seminars/ workshops**		
	4.1	No. of seminars required for the district for 2010-11	Nil
	4.2	No. of seminars held in the district in 2009-10	Nil
5	**National Family Planning Insurance Scheme (NFPIS)**		ICICI Lombard Insurance Scheme is being implemented
	5.1	Dissemination session for NFPIS held in the district	Yes
	5.2	No. of deaths due to sterilization in 2009-10	09
	5.3	No. of complications due to sterilization in 2009-10	07
	5.4	No. of failures of sterilization in 2009-10S	473
	5.5	Death audits conducted for death due to sterilization If yes, no. of death audits conducted in 2009-10	–
	5.6	No. of claims cleared and pending with Insurance Company	Cleared: 415 Pending: 74

ANNEX VI

ASSESSMENT OF SUPPORTIVE SUPERVISION STRUCTURES:

STATE/ DISTRICT/ BLOCK

A. ASSESSMENT OF HR SYSTEMS (STATE/ DISTRICT/ BLOCK):

Sn.	Key Aspects	Response	Remarks
1	Organogram including reporting structure available: YES/NO	Yes	
2	HRD manual in place: YES/NO	No	Under process
3	Job description available for all the supervisory staff (both contractual and regular): YES/NO	Yes	
4	Performance Appraisal system in place: YES/NO	Yes	
5	Dedicated HR experts available: YES/NO	Yes	

B. SUPERVISION PROCESS DETAILS:

Sn.	Key Aspects	Response	Remarks
1	Whether a govt order issued for field supervision (e.g. officials identified for supervision, number of visits, etc): YES/NO (If yes ask for a copy)	Yes	
2	Check-list prepared for field supervision: YES/NO	Yes	
	If yes then whether it is different for State/District/Block level officials: YES/NO	No	

	(attach a sample copy)		
3	Whether a format for visit report available: YES/NO	No	
	If yes then whether it is different for State/District/Block level officials: YES/NO *(if yes ask for a copy)*	Yes	
4	System for action on key issues raised in field visit reports: YES/NO	Yes	
5	Provide details on frequency of visits by officials from each level and also the lowest level up to which they go for supervision (e.g. monthly/ weekly/daily and up to SHC/PHC/CHC/DH/Other levels):	Yes	