



4TH CRM:DISSEMINATION WORKSHOP MADHYA PRADESH



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Team Members

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4th Common Review Mission 17th to 23rd December 2010

Name of the State

Madhya Pradesh

District

Name of CMHO

1. Khargone

Dr. Viraj Bhalke

2. Damoh

Dr. V.K.Chaubey

Health Facilities Visited		
Health Facilities	Damoh	Khargone
District Hospital	1	1
Sub-District hospital	-	2
Community Health Centres	4	2
Primary Health Centres	3	4
Sub Health Centres	7	6
Sub –Total	15	15
Total	30	

Madhya Pradesh

S.No	Item	MP	India
1	Population (Census 2001) (in million) - Total	44.381	1028.61
2	Schedule Caste population (in million)	9.2	166.6
3	Schedule Tribe population (in million)	12.2	84.3
4	Population Below Poverty Line (%)	37.4	26.1
5	Population - Decadal Growth (Census 2001) (%)	24.3	21.5
6	Crude Birth Rate (SRS 2009)	28.0	22.8
7	Crude Death Rate (SRS 2009)	8.6	7.4
8	Total Fertility Rate (SRS 2009)	3.3	2.6
9	Infant Mortality Rate (SRS 2009)	70	53
10	Maternal Mortality Ratio (SRS 2004 - 2006)	335	254
11	Sex Ratio (Census 2001)	919	933
12	Female Literacy Rate (Census 2001) (%)	50.3	53.7

Key Strengths

Infrastructure

- The infrastructure Development Wings are established at the State and Divisional levels.
- Well developed SNCU's at the District Hospitals.
- Provision of New Born Corners and Infant Radiant warmer up to PHCs.
- Referral transport- Janani Express: Effective in hard to reach areas.

Human Resource

- Even with manpower constraints the health centres and services are being provided.

ASHA Program

- ASHAs are active in mobilising community for deliveries, ANC and immunisation at VHNDs.
- They are well versed with the RCH and disease control programmes including preparation of blood slides for malaria.

Nutrition

- Good network of Nutrition Rehabilitation Centres, adequately equipped and staffed as per the guidelines.

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Outreach Services:

- Services are provided through Mobile Medical Units in PPP mode.

Service Delivery:

- Bio-Medical Waste Management was well maintained in Damoh district.
- IEC materials were well displayed at all facilities including SHCs.
- Civil Registration is done in District Hospital (Damoh).
- Maternal Death Reviews are done in Khargone district.

Disease Control Programs:

- The disease control programmes for malaria and leprosy have been effective in reduction of cases.

Financial Management:

- Delegation of financial powers to BMOs to facilitate expenses at SHCs.
- Timely payment of JSY beneficiaries.



Bio Medical Waste Management



CHC Tendukheda, Damoh



SHC Taradehi, Damoh



Labour Room, District Hospital Khargone

**Contraceptive Corner,
SHC Bablai, Khargone**



**Contraceptive and ORS Corner,
SHC Choli, Khargone**



Key Concerns

Infrastructure Up-gradation

- The progress in constructions is very slow.
- Non Availability of water supply and electricity- generators procured in May 2010 are yet to be installed.

Health Care Service Delivery including quality

- The institutional deliveries have declined and the data validation for immunisation etc are issues of concern.
- Fixed-Day Sterilization only available in DH (Khargone) and in Damoh the number of providers were very few.
- Under-utilization of In-patient facilities – PHCs and CHCs
- The maternal death audits are being conducted in Khargone district and as per the data furnished needs analysis and follow-up.
- The availability of functional FRUs and 24X7 PHC is inadequate.

Human Resource

- There is an acute shortage of staff including specialists, medical officers, nurses, lab. technicians and pharmacists.
- The services of LSAS and EmONC trained doctors are not being optimally utilised.
- The capacity building of DPM Units for district planning, monitoring and supportive supervision is required.

ASHA Program

- The ASHA trainings in Module 4 were completed for over 85% of ASHA positioned and the Modules 5, 6 & 7 are yet to start.
- ASHA incentives for Blindness control Programme to be included in the incentive package.



Nutrition

- Running costs of NRCs with the incentives to staff is an area of concern.
- Community intervention for addressing malnutrition is currently lacking.

Drugs and Supplies

- Clarity about the procedure of local drug purchases was lacking amongst the Medical Officers, Pharmacists and Store Keepers



Monitoring and Supervision

- Weak monitoring and supervision of facilities and RCH activities.

Financial Management

- Delay in release of funds to the peripheries and below the block level.
- Advance Reconciliation, Bank Reconciliation Statement & Inter Facility Funds Reconciliation not done.
- Concurrent Auditing should be initiated immediately in the remaining 21 districts and State Health Society.
- State needs to operationalise e-banking for timely releases and monitoring of funds at all levels.
- The fund releases to be as per the approved District Health Action Plan.

Recommendations

- Infrastructural Plan should be comprehensive and should be chalked out in consultation with Programme officer.
- Prioritizing upgradation of those facilities where service demand is more.
- Birth planning, quality ANC ,48 hrs post natal stay and technical protocols of service delivery needs strengthening.
- Adequate rationality between posting and hiring of regular and contractual manpower.
- Prioritizing those facilities which are planned to be developed by 2012.

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- Establishing linkages between the quality assurance cell , committee and technical manpower for adequate handholding, close monitoring and supportive supervision.
- Financial reporting and data validation needs strengthening.
- Comprehensive VHND with due list for mother and children and identification of low birth weight children should be ensured for adequate follow up and utilization of NRC.
- Supply chain management and logistics for the drugs needs urgent attention, software like PRO-MIS should be implemented on priority.
- Too Many and too much incentives are not sustainable in the long run.
- Need to orient MOs in technical protocols, guidelines and financial management.

THANK YOU