

Thelma Narayan
CPHE-SOMARA,
19/1/2010



Sub Group Meeting
PIP 2010-11
Madhya Pradesh
19.01.2010

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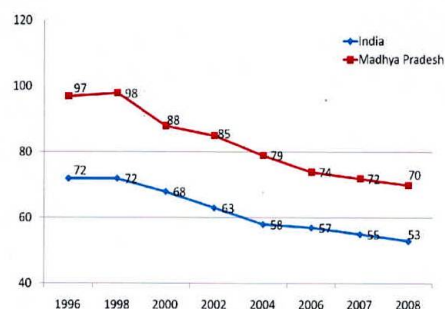
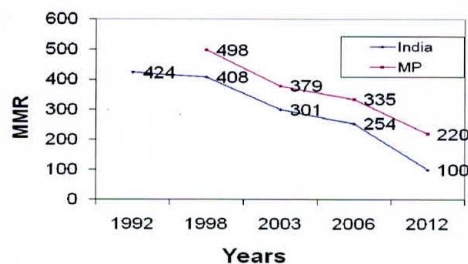
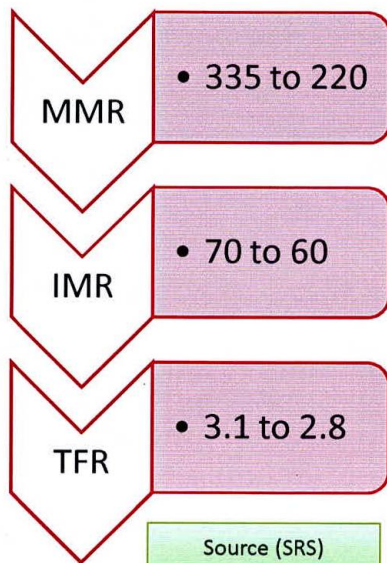
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The Plan has been prepared with a vision of overall improvement in the health indicator and quality of life of the people by ensuring, architectural correction in the health care delivery system

MADHYA PRADESH - Demographic Profile

Area (in sq.kms.)	3,08,000
Population (Estimate 2009-10)	7,17,55,814
Male	3,73,77,604
Female	3,43,78,210
Scheduled Tribes	1,45,44,904 (20.27%)
Scheduled Castes	1,08,89,793 (15.18%)
Development Blocks	313 (Tribal blocks - 89)
Populated villages	52,117
Gram Panchayats	23,040
Literacy	64.1 percent
Male	76.5 percent
Female	50.6 percent
Density of Population	196 per sq. kms.
Male-Female Ratio	1000 : 920
Child Sex Ratio	919

Goals



Situation Analysis

No. of Health Institutions in State

Health institutions	Sanctioned Numbers		
	1998	2003	2009
DH	36	39	50
CH	57	57	57
CHC	228	227	333
PHC	1178	1194	1155
SHC	8835	8835	8869

District Hospital
Civil Hospital
Community Health
Primary Health
Sub Health Cent

Gaps As per 2001 Census

Health institutions	Requirement as per 2001 census	Shortfall as per 2001 census
CHC	333	Nil
PHC	1636	481
SHC	10144	1275

Process of Planning

- Consultative meetings at State and divisional level to sensitize for decenteralized planning process.
- Organise 3-day plan facilitation workshops for select districts (GoI central team)
- Block level meeting of block medical officers and BPMs
- Meeting of field functionaries at Block level for developing village plans
- Village level plan preparation
- Block level planning workshop
- District level planning workshop of BMOs and field functionaries
- Facilitation of district workshop by State consultant and Dy. Directors
- Developing district plans and submission to State
- Compilation of districts data to prepare State plan

Plan Coverage

Level of Plan	Coverage
	2010-11 (%)
Village plan (55392)	60.0
Block plan (313)	100
District plan (50)	100

Key Issues

- Shortage of skilled manpower,.
- Difficult outreach areas,
- Poor health seeking behavior of the community
- Lack of accountability amongst service providers.
- Poor presence of private sector in rural areas.
- High levels of malnutrition and anaemia in women and children.
- Adverse sex ratio
- large share of population in Reproductive age bracket.
- High proportion of unmet needs for contraception .

Contd....

- The planning has been done with NRHM's mandate of making public health services 'equitable, affordable and effective'. The focus is on addressing the poorest and underserved populations with substantial degree of flexibility, decentralised management and enhanced accountability for results.
- improving the health infrastructure, strengthening health systems, promoting social mobilisation and community participation, .
- incentivising performance and quality to retain and attract human resources, and monitoring.

Contd....

- District planning was done with a view to moving away from prescriptive scheme-based micro-planning and, encouraging Districts to develop need-based work plans using innovative approaches.
- The resource envelope of 25% distributed well in advance to district.

Approved and Proposed Budget

S. No.	Scheme/Program	Approved Budget 2009-10 (Rs. in Crores)	Proposed Budget 2010-11 (Rs. in Crores)
1	RCH Flexible Pool	386.66	506.38
2	NRHM Flexible Pool	253.10	393.28
3	AYUSH	11.30	45.65
4	Routine Immunization	19.44	28.96
	Total	670.50	974.27

Budget Summary-NRHM- 2010-11 (National Program)

SL. NO.	ACTIVITY	AMOUNT (in lacs)
1	NVBDCP	5545.54
2	RNTCP	2262.96
3	NPCB	5545.68
4	NIDDCP	17.40
5	IDSP	1141.42
6	NLEP	477.17
7	Mental Health Program	702.00
8	Tobacco Control Program	79.88
9.	Deafness control programme	92.62
10.	Control of Diabetes, Cardio vascular & Stroke Programme	498.00

Maternal Health Scenario

MH Monitoring Indicators	Current Status (DLHS-3)	JSY Assessment Report 2009.	Target (2010-11)
% of ANC registrations in first trimester of pregnancy	33.8%	41.43% *	85%
3 ANC checks	34.2%	64.51%	80%
2 TT injections	60.4%	93%	90%
100 IFA Tablets	16.7%	37.1%	60%
% of births assisted by SBA	52.8%	83% *	95%
% of institutional births	47.1%	72.3% *	90%
% of mothers who received post partum care from a SBA within 2 weeks of delivery	37.7%	40%	90%

* D&E Bulletin of DHS.

MNCH - Continuum of Care Community to Facility

Community

- Addressing anemia in adolescent girls
- Ensuring full ANC and immunization of children on VHNDs
- Promoting institutional deliveries
- Home based post natal care and new born care
- Maternal death Audit

Referral Transport

EMRI & JEY



Facility

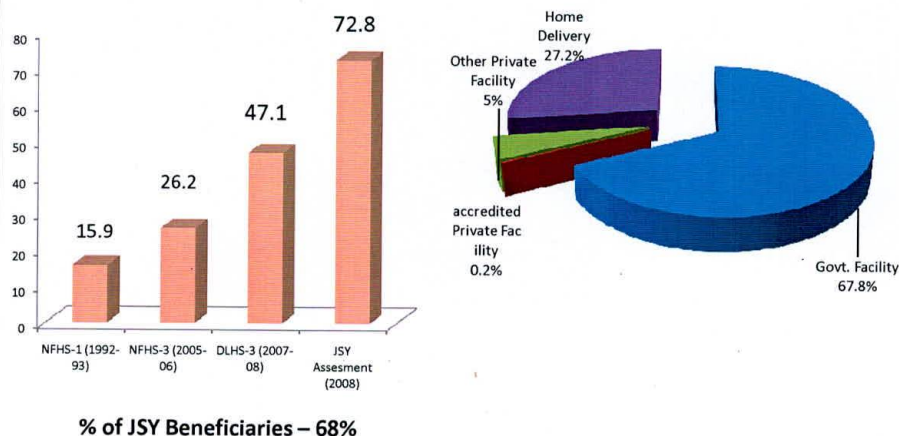
- Operationalizing institutions for 24 hrs basic emergency services with essential new born corners
- Strengthening 120 institutions for CEmONC Care
- Provision of sick new born care services through SNCU level I, II & III.
- Establishment of blood banks and blood storage units in all CEmONCs
- Capacity building of health service providers for SBA skills, BEmONC, CAC and essential new born care services
- Facility based maternal death audit.

Interventions Based on EBS

- ▶ Increasing access to EmOC services
- ▶ Following evidence based practices - AMTSL, Use of Mag.sulf etc.
- ▶ Improving coverage and quality of antenatal and postnatal care through pregnancy tracking
- ▶ Strengthening referral transport facilities
- ▶ Increasing access to safe abortion services
- ▶ Providing RTI/STI services up to PHC level
- ▶ Strengthening monitoring and evaluation mechanism.

Major Achievements

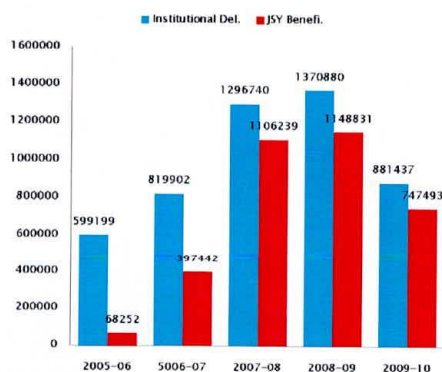
Progress in Institutional Deliveries



Janani Suraksha Yojana – catalyst in increasing institutional delivery

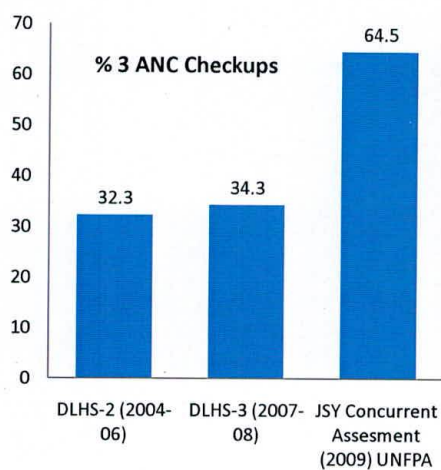
Year	Physical Target	Physical Achieved
2008-09	1370880 inst. del.	1148831
2009-10	1306736 inst. del.	747493 (84.80%) (Nov.)

- Payment through bearer cheque;
- Grievance redressal mechanism in place.
- Quality of services for deliveries monitored
- Help desk establishment in DH
- Two days post natal stay along with immediate breast feeding and vaccination



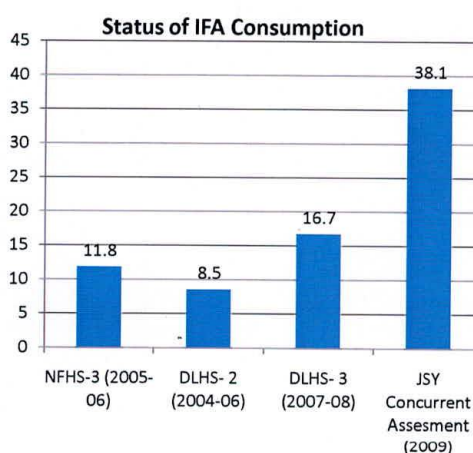
Improving Quality of Essential Obst. Care - ANC check ups

- DIO designated as MCH Officer to monitor VHNDs.
- Focus on ANC check up on VHND
- Mobilization of each Pregnant Women by ASHA.
- Ensuring early registration of pregnancy by Nischay Kit
- SBA training of ANMs on quality ANC and PNC checkup.



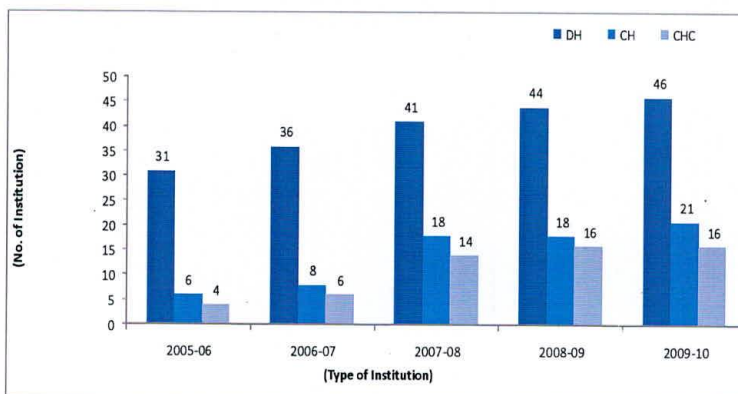
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- Tracking of each Pregnant Women through UID Number.
- Promoting IFA consumption on pattern of DOT services by ASHAs
- Refresher training of ANMs on quality ANC and PNC checkup.

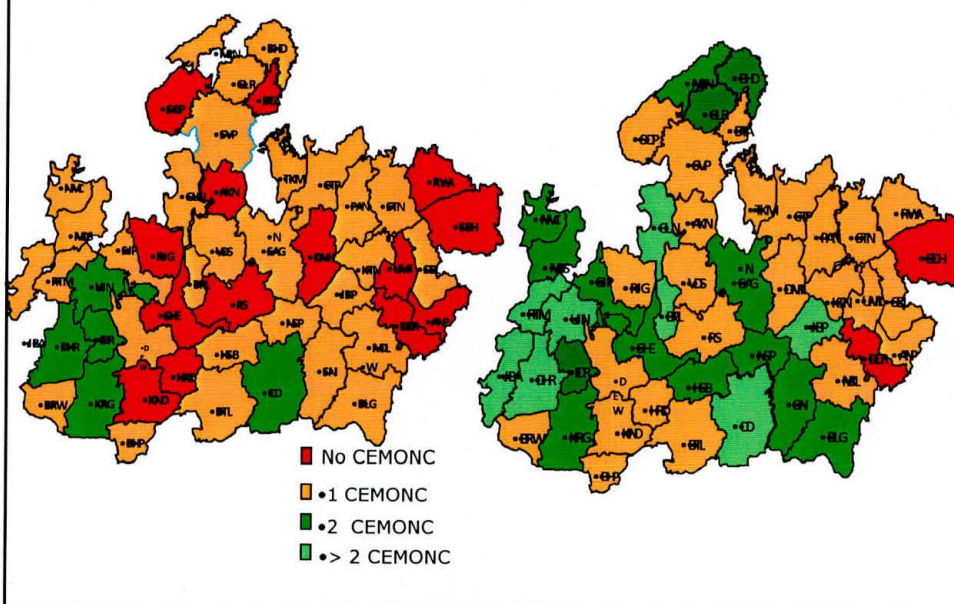


Efforts towards Facility operationalisation for EmONC Services

Year	Physical Target	Physical Achieved
2009-10	120	83 (Dec.'09)



STATUS OF FUNCTIONALITY OF CEMONC April 2005 & Dec. 2009

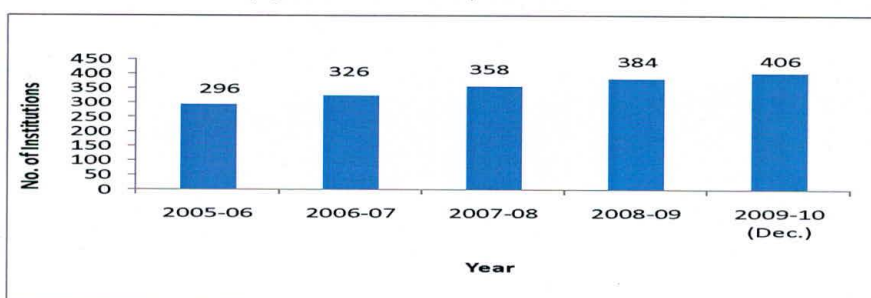


Operationalizing BEmONC

Year	Physical Target	Physical Achieved
2009-10	500	406 (Dec.'09)

Strategies adopted –

- Contractual appointment of medical & paramedical staff
- Ensuring quality through BEmONC and SBA Training
- Infrastructure up-gradation with respect to 24x7.



contd....

- ▶ 40 Blood Banks, 60 Blood storage units established
- ▶ Level II Sick & New Born Care functional in 14 District Hospitals.
- ▶ 124 CEmONCs & 64 BEmONCs institutions providing Safe Abortion Services.
- ▶ 4000 additional beds sanctioned to cater increased case load.
- ▶ Capacity building of health service providers through BEmONC and SBA training to ensure quality



contd....

- Establishment of 20 bedded maternity ward in 27 district hospitals.
- Staff duty room with toilet in 44 CEmONCs
- Upgradation of labour room in 53 and OT in 27 CEmONCs.
- Janani Sehyogi Yojana PPP initiative for EmOC and MTP Services

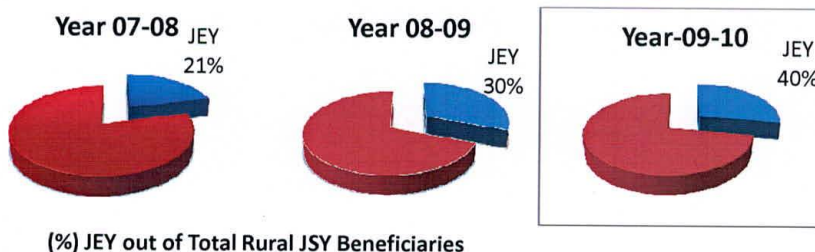


Addressing HR Issues in Operationalizing FRUs and BEmONCs

- ▶ HR Policy Change to address Staff Crunch : Pay Hike at all levels :
 - ▶ Post Graduate Specialist salary from Rs. 26,000/- to 35,000/- ,
 - ▶ MOs salary from Rs. 20,000 to 26,000
 - ▶ Staff Nurses : Rs. 9,000 to 10,000/-.
 - ▶ ANM Rs. 5500 to 6000/-
- ▶ Enforcement of Rural Service bond for Doctors:
 - ▶ Compulsory 2 Years Govt. service for fresh graduate and post graduate doctors.
- ▶ EMoNC and LSAS training of MOs
- ▶ 6000 posts of medical and paramedical post sanctioned.

Responding to the Second Delay – Janani Express Yojana

Year	Physical Target	Physical Achieved
2008-09	313 Blocks	298 Blocks With 3 Call centers
2009-10	313 Blocks with 10 Call Centers	287 Blocks with 6 Call centers December 2009



➤ Scheme Evaluated by UNFPA per patient referral cost Rs.371

State Specific mechanism - referral transport system

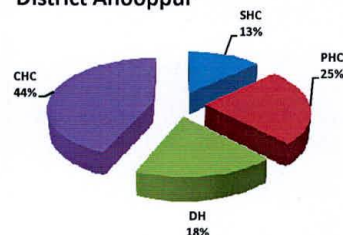
- Janani Express Vehicle (Emergency Express scheme) to mobilize all pregnant women for institutional deliveries, medical and surgical emergency and ensure transport of sick children
- Referral transport fund incorporated in incentives of ASHA to be used for operationalizing of scheme.
- Establishment of call centers in all district.



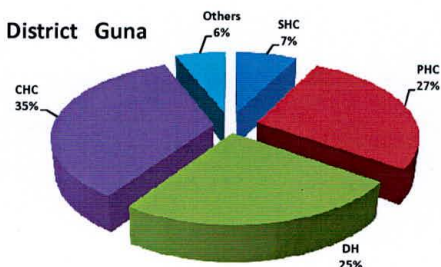
Accreditation of Sub Health Centre

- 125 Remote Sub Centers upgraded in state for 24 x 7 Safe deliveries
- Accreditation Criteria developed.

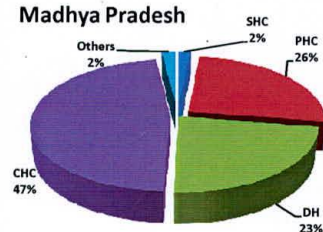
District Anoopur



District Guna



Madhya Pradesh



Trainings 2009-10

MH Training	Physical Target	Physical Achieved (Nov.)
EmOC Training	32 MOs	23
• LSAS Training	16 MOs	4 Batch is in process
• BEmONC training	396	95
• AYUSH doctors	76	45
• SBA training (ANM+LHV)	576	380
• SBA training staff nurse	384	159
• Blood storage training	224	195

- Integrated SBA training in process incorporating infection prevention, safe abortion counseling skills, IUD insertion, RTI/STI counseling.
- 40 Gynaecologists & 84 Staff Nurses (Master Trainers) of all districts oriented in Integrated SBA Training Plan.
- State quality assurance cell in place for monitoring of EmOC and LSAS training.

Maternal Death Review

- Notification of each maternal death has been taken on priority, GO issued to all District Collectors.
- Community based maternal death audit (MAPEDIR) is under implementation in 4 districts of the state with UNICEF support.

IMPEDING FACTORS IN REDUCING MMR

- Scarcity of specialists and para medical staff.
- Lack of private sector at sub district level.
- High prevalence of anemia in pregnant women.
- Incomplete provision of full ANC by service providers.
- Learning of training not reflected in performance
- Governance issues in managing services.

MATERNAL HEALTH (Financial Status)

Rs. In Crores

2009-10	Budget Sanct.	Exp. (till Dec.)	%	2010-11	Budget Planned
MH	6.78	2.41	35.55	MH	24.48
JSY	248.32	150.34	60.55	JSY	202.08
MH Trainings	3.57	1.12	36.00	MH Trainings	7.92

Maternal Health (Rs in lacs)

Budget head	Total budget (Rs. in lakhs)	Remarks
Operationalise CHCs/ SDHs/ DHs as FRUs		
Upgradation of Maternity Wing including establishing Model Labour Room (In 50 DH) as per the need based proposal submitted by districts.	0.0075	75 Crore from 13th finance comission, Technical support from UNICEF
Ensuring evidence based practices in labour room through FOGSI		UNFPA support
Renovation of labour room, OT and equipments including labour tables at sub districts CEmONCs	100.00	For identified 35 sub district CEmONCs.

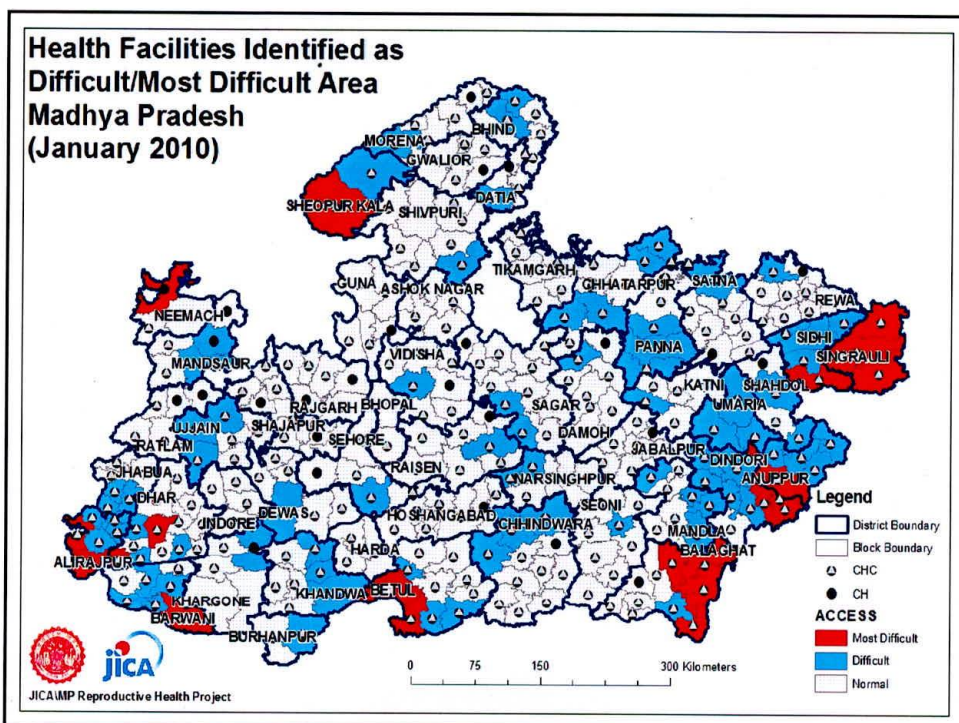
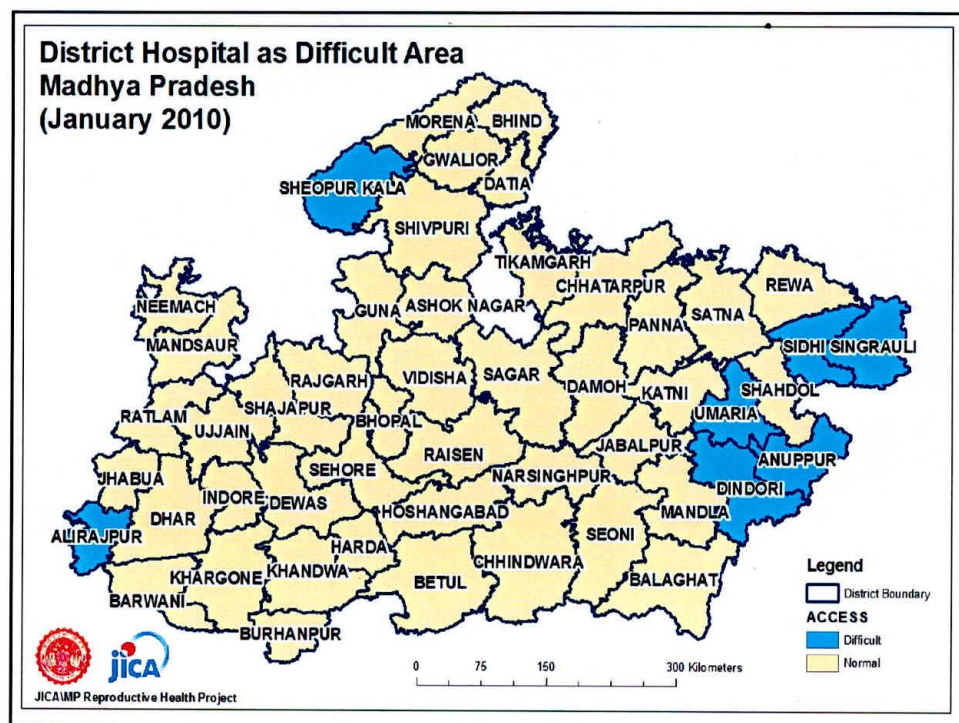
Keeping pace with increased delivery load –Focus on Quality

- ▶ Rs. 75 Crores sanctioned Comprehensive Maternity wing for extension of Maternity ward , labour room. OT complex, Observation room.
- ▶ 10% hike in salary after completion of one year service.
- ▶ Provision of contractual specialists in 7 difficult district hospital (Anooppur, Sidhi, Singrauli, Dindori, Umaria, Sheopur, Alirajpur).
- ▶ Provision of 3 LMO and 6 SN for maternity wing in district hospital.

Difficult Area Allowance Proposed:

Institutions being categorized into normal/difficult/most difficult/ for ensuring availability of doctors and para medical staff to those posted in CEmONC and BEmONC

S.No.	Type of Institutions	Normal	Difficult	Most Difficult	Total
1.	DH	43	07	0	50
2.	CH	56	0	0	56
3.	CHC	212	94 (17 CEmOC & 65 BEmONC)	27 (7 CEmOC & 17 BEmONC)	333
4.	PHC	522	476 (120 BEmONC)	157 (42 BEmONC)	1155



Proposed incentive for difficult and most difficult area

S.No.	Doctors/Para Medical	Difficult Area				
		DH	CH	CHC		PHC BEmONC
				CEmONC	BEmONC	
1	PG Doctors & EmOC/LSAS Trained Doctors	20000		25000	20000	
2	MBBS Doctors	15000		20000	20000	25000
3	Para Medical Staff	10000		12000	12000	15000

S.No.	Doctors/Para Medical	Most Difficult Area				
		DH	CH	CHC		PHC BEmONC
				CEmONC	BEmONC	
1	PG Doctors & EmOC/LSAS Trained Doctors			30000	25000	
2	MBBS Doctors			25000	25000	30000
3	Para Medical Staff			18000	15000	18000

Total amount proposed - Rs. 96,95,04,000/-

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contd.....

Rs in lacs

Budget head	Total budget (Rs. in lakhs)	Remarks
Operationalise PHCs to provide 24-hour services	65.00	
Strengthening of CAC Services	9.80	
RTI/STI Services	3.00	
Operationalise sub-centres for essential obstetric care	21.25	UNICEF technical support

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Contd.

Rs in lacs

Budget head	Total budget (Rs. in lakhs)	Remarks
Referral Transport System		
Establishment of Call Centers (With Technical Support of UNICEF) in 34 remaining districts (Except EMRI districts) @ Rs. 2.00 Lacs	68.00	Technical support by UNICEF
Running Cost of existing Call Centers @ Rs. 24000	27.36	
Running Cost of New Call centers @ Rs.	35.28	
Running cost of Emergency Express Yojana	2000.00	Referral cost incorporated in incentive of ASHA/motivator under JSY will be deducted from her package in every case and it will be used for agreement of Emergency Express Vehicle

Contd.

Rs in lacs

Budget head	Total budget (Rs. in lakhs)	Remarks
Public Private Partnership - Janani Sehyogi Yojana	101.00	
Strengthening of Sub health Centres for accreditation to conduct normal delivery	25.00	Extra Cost will be met from untied and maintenance grant of SHC
Community based Maternal death audit- Notification and tracking of maternal deaths through ASHA, ANM and supervisor	10.00	Technical support from UNICEF.
Facility based maternal death audit in All Districts including Medical Colleges	5.00	Technical support UNICEF and UNFPA
Hiring of 7 Training Coordinators for monitoring of Maternal Health Training (1 at State Head Quarter and 2 each at Regional training centers)	0.00	As per RCH/NRHM Norms by UNFPA
Addressing Anemia through distribution of DFS	0.00	Micronutrient initiative

Janani Suraksha Yojana

Rs in lacs

Budget head	Unit Cost (Rs.)	Total budget (Rs. in lakhs)	Remarks
Home deliveries (40000)	500	200.00	As per honorable supreme court instructions
Rural Beneficiaries of JSY under Institutional deliveries is 85% of institutional delivery (and Target for institutional delivery for 72%) (905328)	1750	15843.24	
Urban Beneficiaries of JSY under Institutional deliveries is 85% of institutional delivery (and Target for institutional delivery for 90%) (290192)	1200	3482.30	
Other Strategy/activities (Under JSY)			
District level IEC & administrative expenses (3%)		585.76	
State level IEC & administrative expenses (0.5%)		24.40	
TOTAL JSY		20208.90	

Maternal Health Trainings

Rs in lacs

Budget head	Total budget (Rs. in lakhs)
(MH Trainings)	
One time grant to training sites @ Rs. 55000 per DH	27.50
Integrated SBA @ Rs. 127980 Per Batch (Minimum 3 Batch per District) and refresher training of ANM/LHV at each block	431.88
BEmONC Training of Medical Officers (one batch of 4 medical officers) Minimum 3 Batches per Districts @ Rs. 77600 per Batch	116.40
Monitoring of training session by divisional program management units, RHFUTC, SIHMC and IMNCI Coordinators @ Rs. 50000	5.50
Functioning of State Quality Monitoring Unit for EmOC and LSAS Training	8.00
Up gradation of 4 Medical Colleges for LSAS Training (Including hiring of One Computer Operator at Rs. 6000 per month)	8.00
Up gradation of 13 District hospital as training sites of LSAS training	13.00
EmOC Training	56.19
Life saving Anaesthesia skills (LSAS) training	40.23
MTP training	47.00
RTI/STI Trainings	34.48

PROCUREMENTS

Rs in lacs

Budget head	Total Amt. in Lakhs	Remarks
Obstetrics Record Card for BEmONC and CEmONC and Medical Colleges	50.00	10.00 Lacs card
Printing of BEmONC, SBA, RTI/STI Training Module, Facilitators guide and hand book	5.00	
Printing of jaccha bachha Card for Use of ANM	5.00	
Provision of Uristics and Hemoglobin colour scale	0.00	From State budget
Provision of IFA tablet in PNC		From State budget
Provision of Drugs for Medical Abortion at DH	0.00	From State budget
Provision of MVA Kits	0.00	From State budget
Provision LLIN in SHC with API>5 not covered by IRS	1000.00	

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SAFE ABORTION SERVICES

GoMP signed MoU with Ipas to increase access to safe abortion services.

STRATEGIES

- Training of Doctors to increase provider base .
- Quality services.
 - Early abortion.
 - Ensuring availability of equipments
 - Use of new improved technology.
 - Responsive behavior of providers.
 - Reporting & Record Keeping
- IEC
- DLCs made functional.
- PPP – Janani Sahayogi Yojna

Activities

- Operationalized 13 training sites.
 - Strengthening-Training Aid, MVA Kits.
 - Conduct TOT & Refresher TOT.
 - Assessment of case load.
- Two types of training .
 - Certified Providers – Refresher Training
Duration 6 days.
 - Certification Training- 12 Days.

Every Batch is provided supportive supervision during the training.
- Integration of MTP Training in EmOC training.
- No. of Doctors trained
 - 12 Days – **317** (65% are providing services.)
 - 6 Days - **241**

Contd...

- Trainee tracking.
- Performance monitoring on surgical procedure of individual Doctors.
- Non – performing MO's.
- Hand holding - Consultant IPAS to provide on the job – Hands-on technical support.
- Refresher training / attaching to DH.
- Pvt. Doctors sensitized through FOGSI/IMA/CME on safe abortion services.
- Principals ANMTC's sensitized on role of ANM in safe abortion services . Module developed, incorporated in course curriculum.
- Integration of Safe abortion component in SBA (ANMs) training.

Contd...

- Monitoring system strengthening ; Field visits by Govt. & Ipas, Record keeping & Reporting.
- Block program managers oriented on safe abortion services.
- Medical method of abortion included in the reporting format.
- To Prevent misuse of MMA, Information notice (for doctor & chemist) is in process of publication in newspaper.
- Ensuring availability of consent & opinion forms.
- IEC material; ANM information booklet & Posters prepared, for wide dissemination.
- ❖ Orientation workshop for principals of GNM-schools.
- ❖ Total 170 CEmONC's & 100 BEmONC's to be made functional.

Child Health Scenario

Key Indicators	M.P
IMR	70 (2008- SRS)
NMR	45 (NFHS-III)
U5MR	94.2 (NFHS-III)
Process Indicators (DLHS-III)	
Neonates breastfed within one hour	42.9%
Infants breastfed exclusively till 6 months	31.5%
Children under 3 years age underweight	60.3%
Children under 3 years age 2 weeks received ORS	29.9%

Interventions Based on EBS (Child Health)

- Operationalizing sick newborn care services through SNCUs at CEmONCs
- Establishment of new born corners
- Integrated management of neonatal and childhood illnesses (IMNCI)
- Home Based Newborn Care (HBNC)
- Management of severely acute mal-nourished children through NRCs
- Promotion of IYCF practices
- Bal suraksha Mah for Vitamin Supplementation and deworming
- Promotion of ORS with zinc in diarrhea management.
- Capacity building of service providers for providing child care services

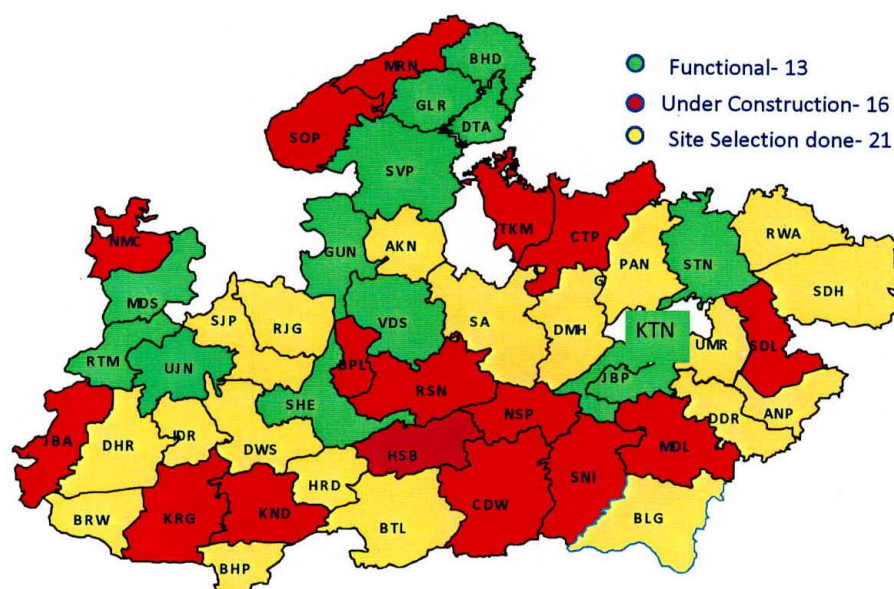
Strengthening Facility Based New Born Care- SNCU level-II

- Establishment of SNCU level II at DH CEmONCs -
 - 13 SNCUs functional
 - 16 construction under process
- New Positions of 4 Pediatrician, 12 Staff nurses and 2 lab technicians created separately to run each unit.
- 13880 newborns treated & 11826 lives saved till date.

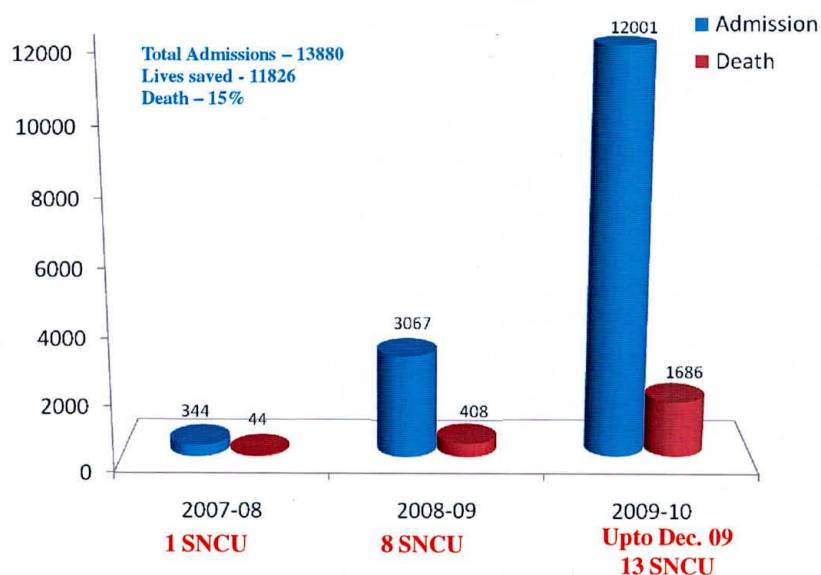


SNCU-level 2

SNCU level-II



Admission and Death Status in SNCUs level-II



Essential New born care services

SNCU – Level-1

- 10 SNCU level-I are functional at CHC CEmONC.
- SNCU Level-I has 3 additional Staff Nurses and essential resuscitation for stabilization of sick newborns.



CHC Beenaganj.

New Born Corners

- New- Born Care Corners established at all CEmONC
- 386 Newborn Corners functional in BEmONCs & other PHCs

Pediatric Intensive Care Unit

- PICU established in Guna
- Under process in Bhopal & Ujjain District Hospitals.
- Additional staff – 2 Paediatrician & 6 Staff Nurses

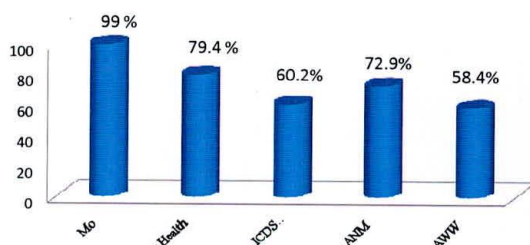
TRAINING ON NSSK

- ToT of NSSK (Navjaat Shishu Suraksha Karyakram) of all districts completed
- 125 master trainers trained in five medical colleges with GoI & IAP support.
- District level trainings planned from January 2010.

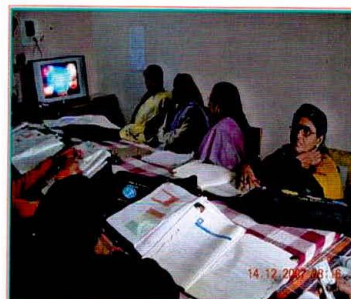


IMNCI

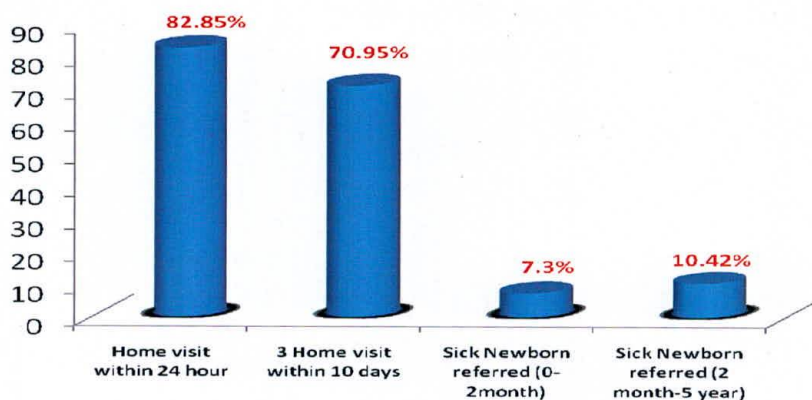
- Operational in 18 districts
- Training completed in Guna & Shivpuri.
- Four districts – Sehore, Vidisha, Datia & Bhind in consolidation phase.
- Supervision through MIID in Shivpuri district will be replicated in all IMNCI districts.



Training Status



Implementation status of IMNCI Programme



Rapid Assessment of IMNCI Strategy done in Shivpuri District

HBNC

HBNC:

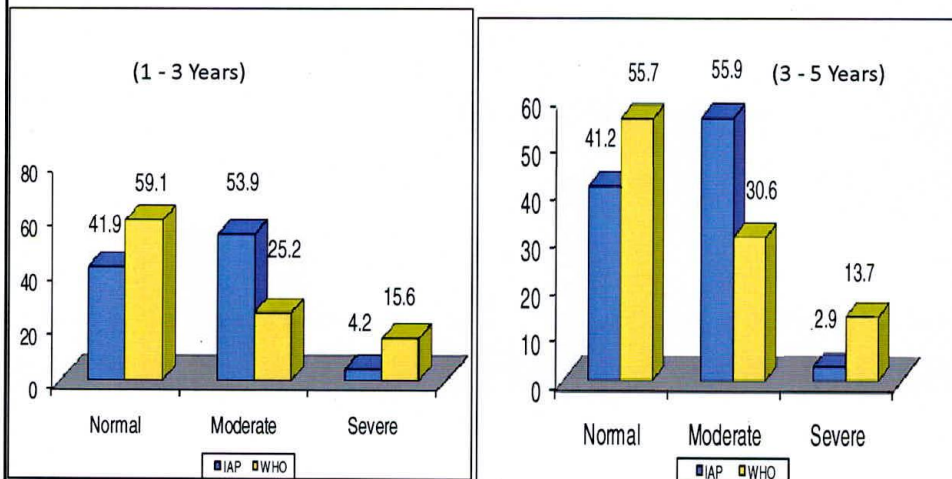
- ToT workshops completed – 18 state level & 84 block level trainers
- 3934 ASHAs in place, will be trained in 131 batches (Jan-Feb 2010)
- State specific Module for ASHA on Newborn care and Nutrition will be developed.

YASHODA:

- 54 Yashodas at 3 District Hospitals – Since October 2008, served 14073 mothers till Dec 2009.
- 17 Yashodas recruited in 3 blocks of Hoshangabad.

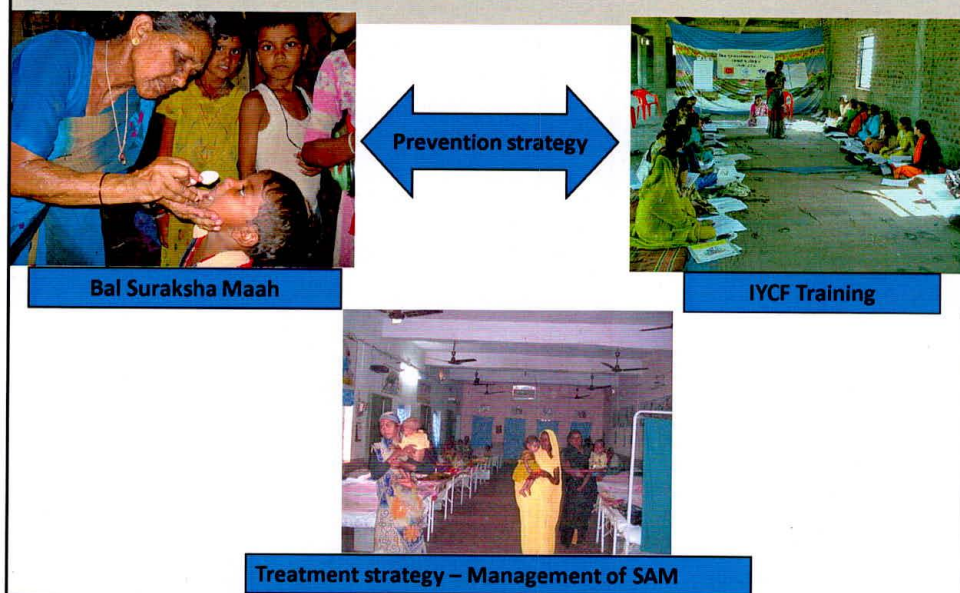
✓ Home based neonatal care

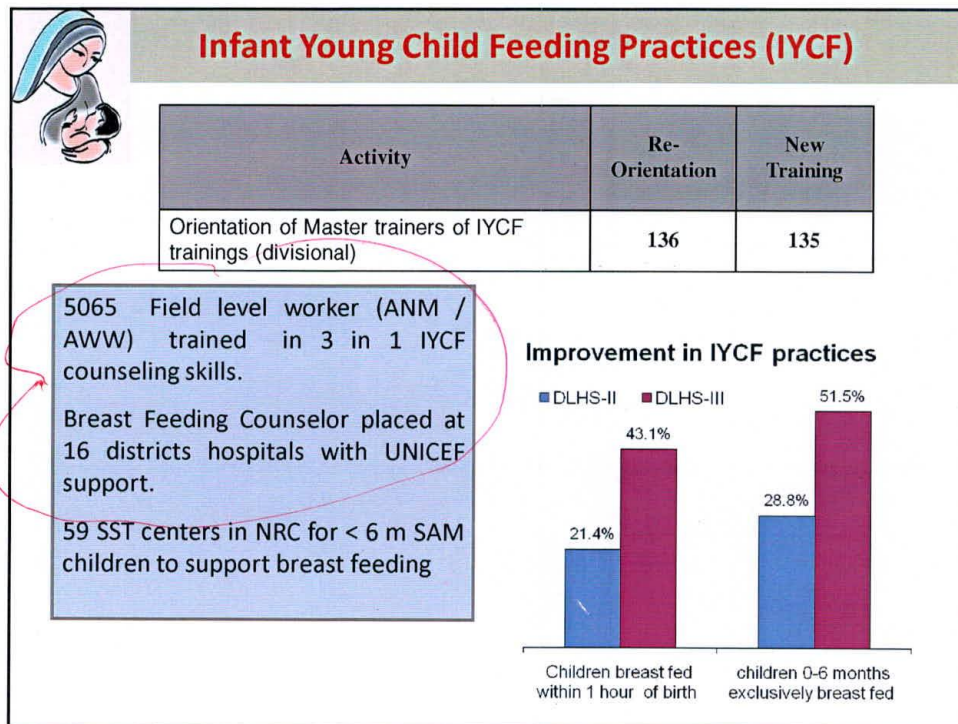
Infant and Young Child Nutrition



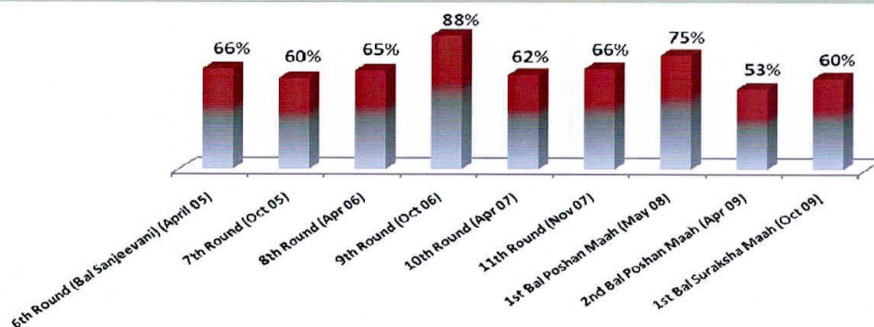
Nutritional status of children by different standards

Addressing the problem of malnutrition in the State through prevention and treatment strategies





Bal Suraksha Maah



- Bi-annual Vitamin "A" supplementation with De-worming
- 2nd round of Bal Suraksha Maah organized from (5th Oct. to 15th Nov. 2009)
- Services ensured by ANM & AWW at Aanganwadi centres

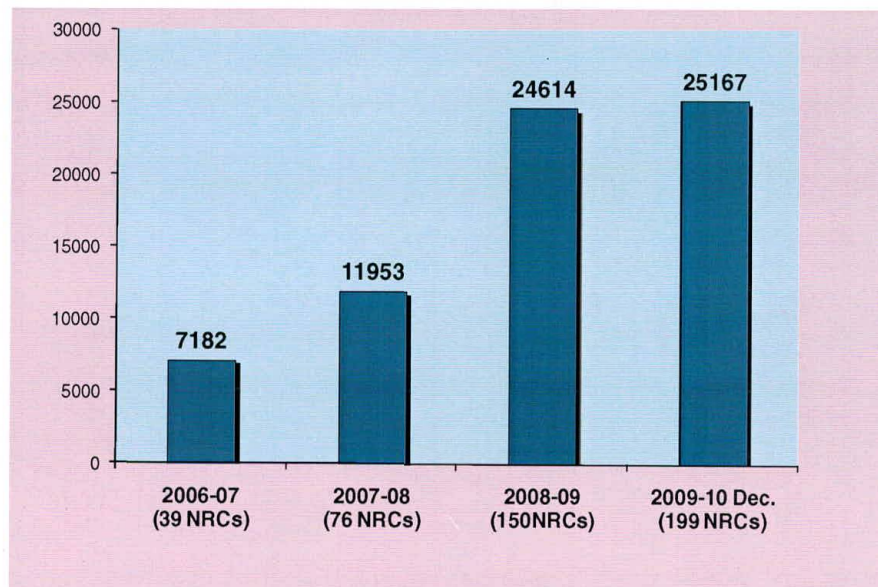
Bal Shakti Yojana

- To manage severe malnourished children
- Facility Based Model
- All the 50 districts equipped with at least one NRC in the District
- NRC 199 functional, 34 partially functional
- Planning for Community based Therapeutic Care



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Severely Malnourished children treated at NRCs



Best Practices in NRCs



Before



After



MUAC of SAM Child



Unique SAM No. for each admitted Child



Supplementary Suckling Technique (SST) for <6m SAM Child



Follow up at NRCs

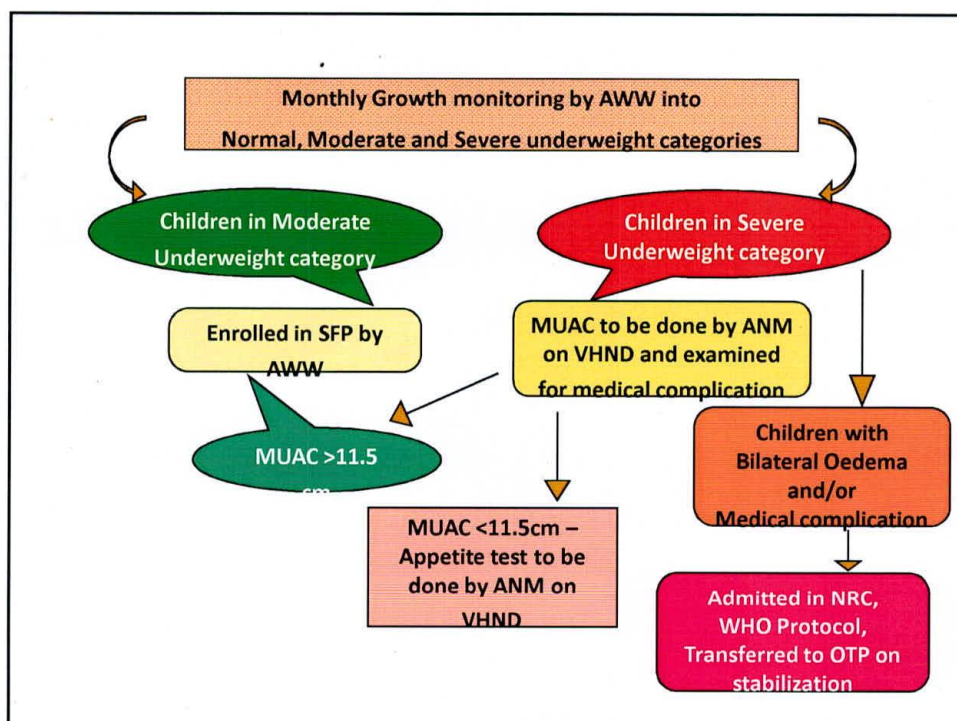
Counseling Charts for counseling mothers

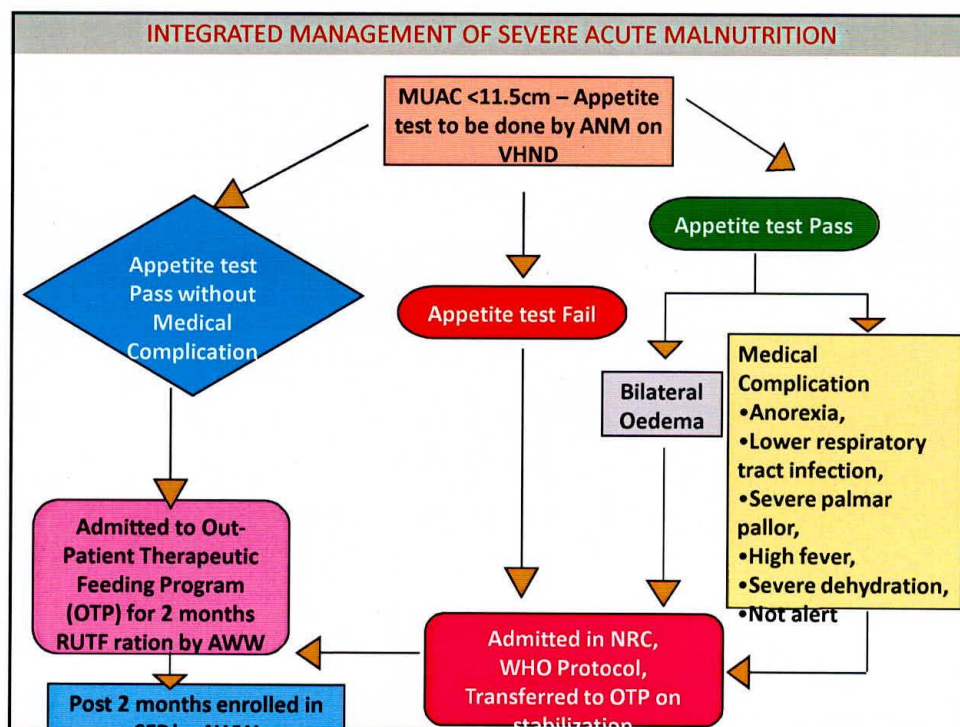
- Length of all children
- Good MIS

Severe Acute Malnutrition (SAM)

- In India – treatment restricted to Facility
- New Evidence – large cases of SAM without medical complication can be treated in their Communities – Joint UN Statement

Madhya Pradesh has developed an Integrated Strategy for Management of Severe Acute Malnutrition





Budget – Child Health

Rs. In Crores

Year 2010-11	
Activity	Budget Planned
Child Health	18.34
HR & Infrastructure	12.00
Training	7.93
Procurement	25.60
Civil	3.12
BCC	0.25

Plan for 2010-11

- Level-III SNCU - 2 Medical College.
- SNCUs level-II - 21 district hospitals.
- SNCUs level-I - 50 CEmONC CHCs.
- PICU - 11 district hospitals.
- F-IMNCI trainings of Medical Officers & Staff Nurses.
- IMNCI scale up in 2 more districts.
- District level NSSK trainings - 100 batches.
- Community level management of SAM children without medical complications.
- Accreditation of CEmONC as BFHI (Baby Friendly Hospital Initiative).
- Promotion of Zinc with ORS in Diarrhea cases
- Development of ASHA module for Newborn care and Nutrition

Child Health Plan 2010-11

Budget Head	Physical Planned	Amt. in Lakhs
2.1 Integrated Management of Neonatal and Childhood Illnesses (IMNCI)		
Implementation of IMNCI in 20 districts	20 districts (18 existing + 2 new)	83.00
2.2 Facility Based New born Care		
Maintenance cost and HR of SNCU level-II	29	540.00
Establishment of remaining 21 districts (State Budget)		
Cost of Bubble C-PAP, Portable Machine, ABGA Machine and Ventilators (State Budget)		
SNCU level – 1 50 CEmONC institutions		50.00
Maintenance cost and HR of PICU	3	15.00
Establishment of 11 New PICU @ 40 lacs (state Budget)		

Child Health Plan 2010-11

Budget Head	Physical Planned	Amt. in Lakhs
2.3 Management of Malnutrition		
Running cost of NRCs and Quartely Meeting	30000	1060.00
Micronutrient Supplementation & Deworming through <i>Bal Surksha Mah</i>	50 districts	55.30
2.6 Management of Diarrhoea		
Dissemination of standard treatment protocol of Management of Diarrhoea, promotion of use of Zinc with ORS, procurement of zinc	50 districts	20.65

Child Health Plan 2010-11

Budget Head	Physical Planned	Amt. in Lakhs
2.4 Home Based Newborn Care		
Home Based Newborn Care in 4 districts	4 districts	NIPi Support
2.7 Other strategies/activities		
Workshop and Conferences of IAP and Supervisory Visit by National and State Facilitators		840
Total Child Health		1834.00

Child Health HR and Infrastructure

Budget Head	Physical Planned	Amt. in Lakhs
SNCU- level -2- Salary of 4 Paediatrician, 12 staff nurses, 2 Lab Technician, Support Staff and Data Entry Operator in each	29	972.63
SNCU- level -1 Salary of 3 Staff Nurse and Support Staff	50	145.86
PICU salary of staff (Paediatrician & SN)	3	42.30
New born Corners	200	40.00
Total		1200.79

Child Health Training

Budget Head	Physical Planned	Amt. in Lakhs
F- IMNCI Training (MO- 60 batches , SN – 20 batches)	20	118.27
IMNCI Training 263 HNT batches and FUS 41 batches	20	514.71
Navjat Shishu Suraksha Karyakram Training (NSSK)	100	78.00
IYCF Training 290 batches	290	82.65
Total		1200.79

Child Health Procurement

Budget Head	Physical Planned	Amt. in Lakhs
Printing of Modules (Worker's, Physicians, FUS. F- IMNCI Medical Officer & Staff Nurse)- State Level	20	60.00
Procurement of Therapeutic Food for Management of SAM children in OTP (Out Patient Therapeutic Feeding Program) for 1 lakh children	1 lakh children	2500.00
Total		2560.00

Child Health Civil

Budget Head	Physical Planned	Amt. in Lakhs
Establishment of 50 SNCU level 1 in functional CEmONC or CHC where Pediatrician is available (Civil Work 2.5 lakh)	50	125.00
Construction of Incomplete NRC's (Ongoing)	46 NRCs	187.50
Total		312.50
Printing of Management standard treatments protocol for Diarrhea & ARI management for workers		2.50

Family Planning Physical Progress (in Lakhs)

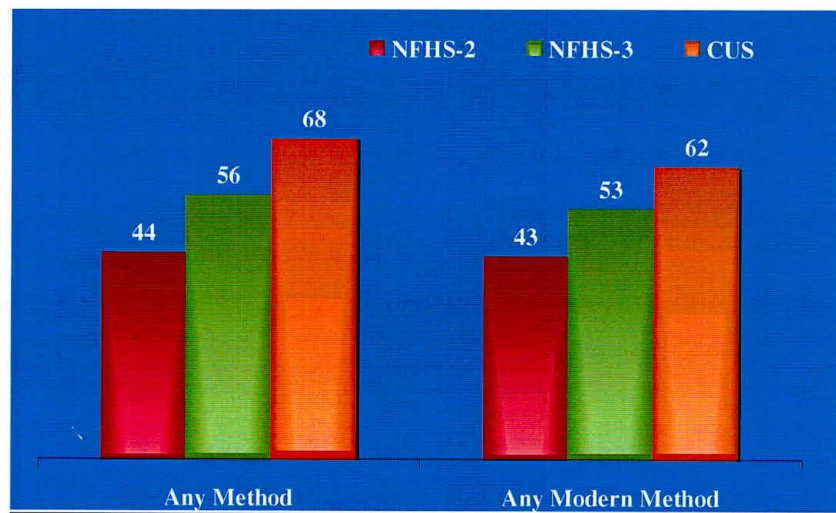
S.no.	Programmes/ Activity	Annual Service Need	Achievement 2005-06	Achievement 2006-07	Achievement 2007-08	Achievement 2008-09
1	Sterilization	5.83	3.67	3.67	4.58	4.40
2	I.U.D.	6.63	4.53	4.61	5.01	4.95
3	Oral Pill Users	7.77	5.54	5.59	6.15	6.28
4	Condom Users	17.75	13.16	13.58	17.1	15.99

Physical Progress of Family Welfare (April'09 to December'09)

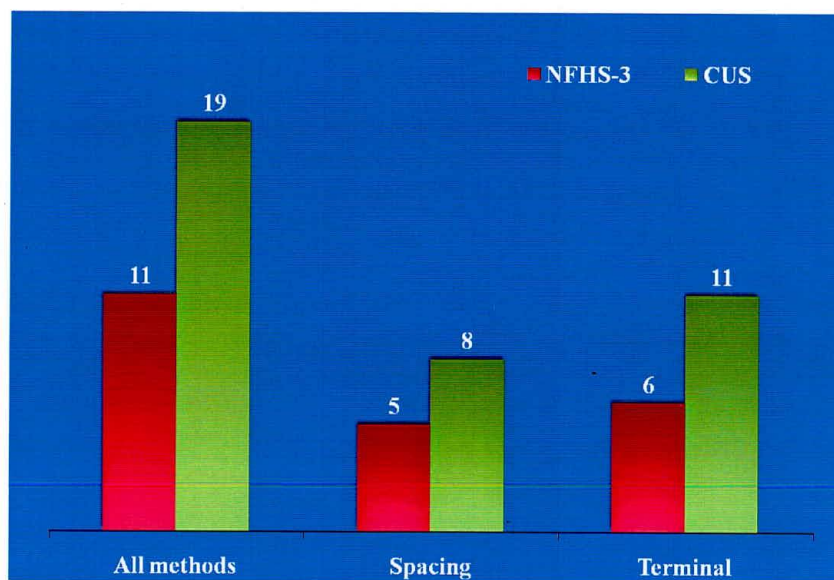
S.N.	Programme / Activity	Annual Service Need (in Lakhs)	Achievement	% age Achievement of Annual Service Need
			(in Lakhs)	
A	B	C	D	E
1	STERILISATION	7.00	2.8	40.1
2	I.U.D.	6.20	3.07	49.5
3	ORAL PILL USERS	8.30	5.72	68.9
4	CONDOM USERS	18.61	12.70	68.2

*

Contraceptive Prevalence Rate



Unmet need for Contraception



Challenges

Health system-based:

- ☐ Only about 50% CEmONC health institutions providing limiting contraception services.
- ☐ Lack of counseling and clinical skills amongst paramedical staff for IUD
- ☐ Shortage of lady medical officers in rural health institutions
- ☐ Inadequate follow up of training
- ☐ Increasing effective couple protection rate
- ☐ Access to quality family planning services

Community-embedded:

- ☐ Belated acceptance of terminal contraception method (largely only after 3 and more children)
- ☐ Male participation is very low
- ☐ Decision making autonomy of women continues to be poor

Proposed Strategies

- ☐ Capacity building of service providers
- ☐ Incentives to surgeons
- ☐ Ensuring availability of laparoscopes
- ☐ PPP in rendering quality FP services (JSK's Prerna & Santushti schemes)
- ☐ BCC campaign for promotion of family welfare services
- ☐ Strengthening post partum sterilization services
- ☐ Increased access to quality FP services- fixed day LTT camps
- ☐ Expanding the choice of spacing methods of contraceptives

Budget Planned-2010-2011

- | | |
|---------------------------|--------------|
| • Sterilization Camps | 480 lakhs |
| • Compensation | 5350 lakhs |
| • Trainings | 98.70 lakhs |
| • Counselors Hon. | 112.32 lakhs |
| • Incentive to Surgeons | 100 lakhs |
| • State NSV R.Centre | 16.75 lakhs |
| • State Female ster. R.C. | 10 lakhs |

Adolescent Reproductive & Sexual Health

- To create an conducive environment for adolescents .
- To educate adolescents and increase awareness on ARSH issues.
- Building capacities of health service providers for delivering AFHS.
- To strengthen health delivery system for delivering AFHS.
- To address adolescent anemia with the vision for subsequent reduction in IMR, MMR & TFR.

Key Challenges

- Due to high birth rate the population pyramid has large numbers of adolescent population entering into reproductive age
- Poor sensitivity in health service providers in ARSH issues
- Poor health seeking behavior in adolescents.
- High incidence of anemia amongst adolescents (future mothers)
- Ignorance in adolescents regarding physical & psycho social changes
- Lack of appropriate of IEC/BCC activities
- Implementation needing inter-departmental coordination.

ARSH - Strategies

- Creating an conducive and friendly environment for adolescents for promoting health seeking behaviour.
- Operationalising adolescent friendly services in 22 new district hospitals.
- Capacity Building of services providers for increased sensitivity for ARSH issues.
- Enhanced communication activities with adolescents.
- Promoting menstrual hygiene in marginalized tribal adolescent girls. *San. napkins in Adwasi Kanya hostels then state budget*
- Holistic health checkups, hemoglobin estimation and addressing adolescent anemia, both in school & out school adolescents.
- Strengthening IEC/BCC for ARSH.

ACHIEVEMENTS



- State level ARSH TOT for identifying master trainers & cascade mannered training of district officials.
- Establishment of 60 adolescent clinics in identified adolescent districts. ✓
- Outreach health activities for village level adolescents .

New Initiatives

- Operationalisation of new Adolescent Clinics in 22 district hospitals. *in 300 bedded DHs*
- Strengthening of existing adolescent clinics by providing specialists services at 7 divisional HQ adolescent clinics.
- Five days inter-department state level consultative workshop for developing communication content on ARSH issues.
- Adolescent Anaemia Control Program for 11-17 years Adolescent Girls (AACP). *in school & out of school adolescents*
- Reaching out adolescent girls in tribal girls hostel (Adivasi kanya aashram & Adivasi kanya chatravas).
- Support to State Adolescent Research & Resource Centre for improving adolescent health and creating awareness about healthy lifestyle.

ARSH PIP 2010-11

Budget Head	Total budget (Rs. in lakhs)
Adolescent friendly services	11.60
Strengthening of existing adolescent clinics	9.66
Communication Strategies	7.5
Other strategies/activities <i>biannual hlt checkups, research</i>	74.5
Capacity Building of Service Providers	34.64

ARSH PIP 2010-11

Budget Head	Total budget (Rs. in lakhs)
Reaching out adolescent girls in tribal girls hostel (Adivasi kanya aashram & Adivasi kanya chatravas)	3.50
Adolescent Anaemia Control Program for 11-17 years Adolescent Girls (AACP)	8.00
TOTAL	149.40

As per 10% expenditure so far.

Gender PIP - 2010-11

- To ensure effective implementation of PC&PNDT Act
- To ensure Gender equity in Health Services

PRESENT SCENARIO

- Child Sex Ratio (2001 Census)
India:927
» Madhya Pradesh : 932
- Further decline in Child Sex ratio after 2001
- Cause : Sex selective elimination of girl child
- Total Sonography Centers in MP. :1307 (Pvt. 1225, Govt. 82)
- 81 Percent sonography centers are situated in 16 districts

Key Challenges

- Sex Selective Elimination of Daughters
- Poor Participation of Women in Health & Development Issues
- Access of Quality Health Services to Vulnerable Social Groups
- Women are on receiving ends as far as health service delivery is concern .
- Women experience religious or cultural barriers in accessing health services.
- Male participation in the contraceptive use is negligible.
- Men engage in risky sexual behavior and transmit infections to women.

Strategies

- Advocacy and Awareness Generating activities from State level .
- Establishing & functioning of 40+ Clinics.
- Implementation of PC & PNDT Act.
- Operationalize Cell- The PC & PNDT .
- District level workshops for implementation of PC & PNDT Act.
- Youth Group Mobilization
- Meeting of Advisory Committee & Supervisory Board.
- IEC/ BCC interventions.

— PRI members newly elected

Strategies

- PC & PNDT Act Implementation Strengthened through Capacity Building and Sensitization of Judicial Officers and Legal Professionals
- Gender Training To Be Cross Cutting Theme In Every Training
- Monitoring of Sex Ratio At Birth And Infant Mortality of Boys And Girls
- Organization of events and campaign.
- Printing of Gender Tool Kit

EFFORT SO FAR

- Analysis of Ultra-Sonography Centers.
- State level advocacy interventions (celebrate special days)
- Mobile medical health units fully operational in 116 tribal areas covering geographical inaccessible areas.
- Strengthening of accountable and transparent health system.
- Equity through JSY.

New Initiatives

- Orientation workshop of MLAs on PC PNDT
- Orientation of Women PRI members on Reproductive health and domestic violence
- Establishment of new 40+ clinic in Rewa
- PC & PNDT Act Implementation Strengthened through Capacity Building and Sensitization of Judicial Officers and Legal Professionals .
- Youth Group Mobilization
- Organization of events and campaign.
- Printing of Gender Tool Kit
-

GENDER PIP 2010-11

Budget Head	Total budget (Rs. in lakhs)
PC-PNDT State Plan: Advocacy and awareness activities from state level & division level.	15.00
State level: conducting rally/event on PC-PNDT	12.00
State level: Research on the child sex ratio in the state of MP	4.00
Advocacy and awareness activities at district level on sex selection issues and concerns and implementation of PC-PNDT Act.	60.00
Hiring services: State level consultant	6.24

GENDER PIP 2010-11

Budget Head	Total budget (Rs. in lakhs)
Functioning of PC & PNDT Cell, at state & district level	14.00
Printing of Gender Tool Kit	5.00
Strengthen the services delivery of 40+ Clinics Indore, Bhopal, Gwalior, Jabalpur, Ujjain & Rewa	12.00
Orientation workshop of MLAs on PC PNDT	10.00
TOTAL	138.24

Urban Demography in Madhya Pradesh

- Total Population of the State – 60 million
- Urban Population – 16.1 million (27% of the total population)
- Urban Poverty – 38.4 %
- Total Slum Population in 43 towns and cities – 2.4 million
- Cities Having Population over 1 lakhs- 26

Changing face of population in Madhya Pradesh

- Decadal growth rate (1991 – 2001) of MP
 - Total Population – 24%
 - Urban population – 31%
 - Rural population – 22%

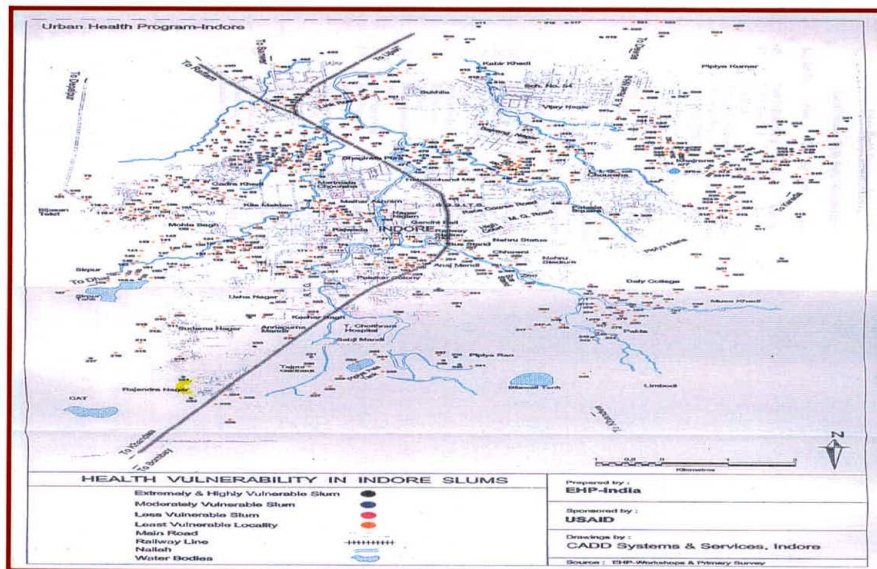
Source: Census 2001; Poverty Estimates, Planning Commission, 1999-2000

mapping of urban
slums - 8 faculty
mapping exercises
of facilities in
8 disto

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Mapping of health Facilities and Urban slum



Development of Urban Health Programme in view of the following..

- Rapid increase in urban poor population compared to population growth.
- Health indicators for urban poor/slums are lowest
- Existing health infrastructure is unsuitable to spatial distribution, large population and 1st tier and 2nd tier service delivery requirements
 - Inadequate development of health infrastructure particularly in small and medium sized towns.
- Resource constraints of urban local bodies lead to insufficient number of service providers causing :
 - Improper work distribution.
 - Duplication and leaving a large number of under served pockets.

Key Challenges

- Low health seeking behaviour of slum dwellers
- Lack of data on actual number of urban poor
- Inappropriate location of health posts
- Inadequate health infrastructure and less manpower in public sector
- Weak Health Services Coverage in slums
- Lack of coordinated planning among Stakeholders
- Poor hygienic & sanitation conditions
- Low literacy & awareness among slum dwellers

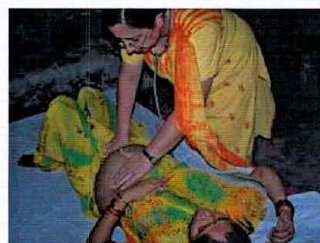
Key Strategy

- Detailed Urban Health Plans as per categorization of urban slums
 - Separate Roles and Responsibilities under each urban health component.
- Up gradation of urban health & Family Welfare centre
- Capacity building of Human Resources
- Maternal and Child Health camps in cluster of slums
- Community Participation
- Involvement of private sector for services delivery
- Coordination with urban local bodies and other stakeholders.
- Quarterly reviews and appraisals with stakeholders

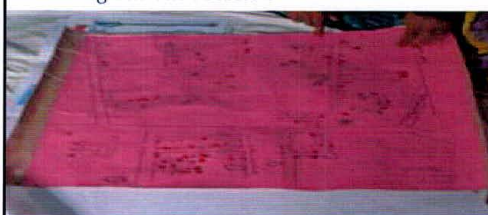
Community level activities conducted by USHA



Dissemination of health messages – CBO members counseling pregnant women during outreach session



Trained Slum Volunteers encourage women for ANC checkups during outreach camps



Immunization tracking – identifying left-outs and drop-outs through slum mapping



Information and community motivation – CBO members singing health songs

Achievements 2009-10

- Spatial Mapping of slums and health facilities in all 8 cities.
- Establish 7 Urban Health Centre through Public Private Partnership
- Extension of Maternal health, Child and FP outreach services.
- 600 USHAs and 10 social mobilizers selected and trained
- 135 Ward Arogya Samitis activated.
- 230 outreach RCH camps organised.

Particulars	Male	Female	Total
Total No. of Children Examined (0-12 year)	13015	16557	29572
Total No. of Adolescent Examined(10-19 year)	990	1741	2731
Anti Natal Checkup			14711
Immunization – children	1962	3058	5026
Immunization- Women			3982
High Risk Pregnancy			1675
Pathological Investigation			6513
General Patient examined	11728	48321	60049

Urban Health-2010-11

Activity	Physical Planned	Financial Budget in Lakhs
Data base of slum dwellers of 4 cities (In coordination with MPUSP)	4	2.00
Hiring of staff (additional Human resource – Medical Officer)	6	14.40
Hiring of staff (additional Human resource – ANM)	50	59.40
Strengthening of Health Facilities in Identified Cities	20	20.00
Strengthening health facilities –Untied fund	50	12.50
Rent of Existing Centres	10	9.60
Organization of Outreach health camps at slum to provide Maternal Health, Child Health, Family Planning services	416	41.60
Orientation of District level officials of health and Urban Local bodies on health and hygiene issues		2.00
TOTAL BUDGET		161.50

*Jabalpur BPL
Indre fraction.*

*less salary than
usual Army*

*5 lakh for health
Mela (need not a
good strategy) i.e.
a medical camp
(outreach)
Rs 5500/camp
UMHIA - redesign.*

HMIS - Major Challenges

- Inadequate IT equipments and related facilities (Electricity)
- Inadequate Human Resources - *need to recruit*
- Lack of MIS related skills in the health functionaries
- Weak feedback mechanism
- Quality of data

HMIS - Proposed Strategy

- Establishing Integrated Monitoring & Evaluation Units (IM & E U) - at block, dist. & state level
- Establishment of IM & EU with the help of TAST (one State Coordinator and three Data Analysts).
- Posting of SO, ASO and other staff in the state unit, assigning specific roles and responsibilities.
- 100% recruitment of block level computer operator/M&E assistant. - showing 150
- Recruitment and M&E Assistant/Computer Operators at Civil Hospitals, CHCs other than Block Head Quarters.
- Expanding the role of computer operators placed for JSY monitoring - expanded role - based at civil hosp.

HMIS - Proposed Strategy

- Capacity Building of end users for –
 - operationalization of facility wise HMIS.
 - Name based Tracking for Pregnant Women and Child Immunization.
- Equipping field officials with computers, laptops and high speed broadband connectivity.

laptops & data cards

HMIS – Plan 2010-11

Budget Head	Unit of measurement	Unit Cost (Rs.)	Budget (Rs. in lakhs)	Remarks
Monitoring of Operationalization of NBT, HMIS and Facilities through field visits & documentation, checklist and others	No of units	5000	217.80	MH Activities
Procurement of Hardware and Software and other equipments			544.51	
Printing of reporting/Recording and Village Health Registers	No of Districts	100000	50.00	GoI HMIS Formats and State designed recording format, Village Health Registers
Workshops/Training on M & E/HMIS			115.55	
Quarterly review meeting of CMHO & DPMU/BPMU staff at the state level	No of Meetings	500000	20.00	
Total			947.86	

des. by IICA

laptops - Rs 1000/-
date and
50% vacancies in
PMUs

ASHA

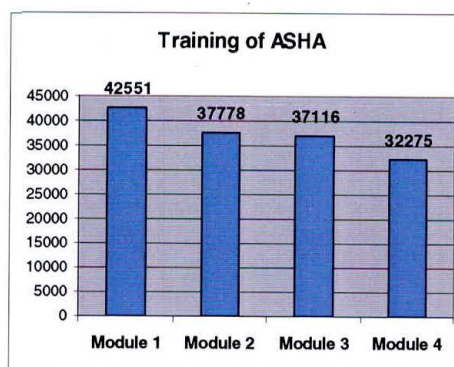
- ASHAs have gained faith of community & built rapport with providers
- Actively involved in VHNDs
- Support system inadequate, ANMs/ LHV's given responsibility. Distt. Community Mobilizer, BPM also involved
- Additional ASHAs for better coordination with AWWs, convergence for community action

Selection of ASHA

- One ASHA for 1000 population in place, additional selection to be co-terminus with AWC
- 45,971 ASHA selected. 60,000 by March 2010
- Selection process complete, Gramsabha meetings after Panchayat election.
- Target: 71, 291 by end of 2010-11

ASHA Training

- 93% of selected ASHA trained for Module 1
- 82% for Module 2
- 81% for Module 3
- 70% for Module 4
- Module 5 yet to be started



ASHA Training

- Refresher training of ASHAs started
- In 2010-11, NGOs will be involved in all ASHA trainings
- Selection and orientation of NGOs will be done at state level
- Special focused training on Newborn care, Nutrition and HIV planned
- ASHAs being trained for malaria, T.B. also

ASHA Mainstreaming

- Monthly meetings of ASHAs proposed at block level
- Payment of incentives through e-transfer on monthly basis
- Monthly refilling of drug kits
- ASHAs will have a diary and village health register
- Specific indicators for performance monitoring being developed

instructions given

"

"

Incentives to ASHA

- Incentive to ASHA proposed for ensuring consumption of IFA by anemic mothers – evidence based payments
- Incentive also proposed for mobilizing RTI/ STD cases for examination
- Incentive for DOTS provision & detection of TB cases
- Additional incentives for malaria in identified districts

new to MP

ASHA - Physical Progress 2009-10

Act. Code	Activity Proposed by State	Physical Target	Physical Achieved	Remarks
1.1	Training of ASHA Module 1 -4	100% trg	70-93% trg	Will be 90% by Mar. 10
1.1	Module 5 training	100% trg	0%	Will be started by Feb 10
1.2	ASHA Support System	100% placement	0%	Resigned, did not join
1.3	Incentive to ASHA for mobilizing ANC & PNC cases	100%	27.41%	being done

ASHA - Plan 2010-11

Activity Code	Activity	Physical Target	Proposed Budget (Rs. In Lakhs)
1.1.1	Selection of additional ASHA	11000	--
1.1.1-4	ASHA Training - Module 1-4	Trg of 23000-43000 ASHAs	2058.00
1.1.5-11	ASHA Module 5 Training	Trg of 38000 ASHAs	722.00
1.4.1	Refresher Training of ASHAs	Trg of 40000 ASHAs	760.00
1.2.1-6	Salary and expenses of ASHA Support System		106.96
1.2.7	ASHA Mentoring Group Activities	Quarterly meeting and field visits	10.00
1.3.1	Best performance award to ASHAs at district level	Best performance Award	9.39
1.3.1	Payment of Incentives to ASHA	100% Incentive payment	1838.00
1.3.2	Monthly meetings of ASHAs		281.70
	Total Budget		5786.05

- by Feb

Village Health & Sanitation Committee

- Multiplicity of committees constituted by different departments
- Capacity Building of VHSC members
- Meetings not held regularly
- Poor utilization of untied funds and submission of utilization certificate

Village Health & Sanitation Committee

- Integration and reconstitution of VHSC as the "Swasth Gram Samiti" *women panch after election*
- Capacity Building of SGS Members – through SATCOM
- Mandatory monthly meetings of the Swasth Gram Samiti.
- Disbursement of untied fund in two installments, compulsory submission of UC within six months

SWASTH GRAM SAMITI

- Ad-hoc committee of the Gramsabha duly constituted under the Panchayati Raj Act
- 50% of the members to be women
- ANM, AWW, ASHA to be ex-officio members
- ASHA will be secretary/ jt. Secretary
- SGS will have three separate accounts
- Health fund account will be operated jointly by the Chairperson and ASHA

VHSC- Plan 2010-11

Activity Code	Activity	Physical Target	Proposed Budget (Rs. In Lakhs)
2.1.1	Reconstitution of VHSCs as SGS	52117	--
2.2	Untied fund to 100 % VHSCs @ 10,000	52117	5211.70
2.3	Orientation of VHSC through SATCOM	2 rounds	64.60
2.4	Monthly meetings of VHSC	52117 X 12	--
2.6	Development of Village Health Plan	52117	--
Total Budget		5276.30	

Mobile Medical Units

- Operational in 91 tribal blocks under the **Deendayal Chalit Aspatal** scheme
- Solo activity for tribal health in NRHM
- Popular and been able to provide basic health care services to the tribals
- Health infrastructure poor in tribal blocks, shortage of manpower persists
- Being up scaled to SC/ naxal affected blocks with state budget

+35 Se dominated blocks 7 come then state budget

Mobile Medical Units Plan 10-11

Activity Code	Activity	Physical Target	Proposed Budget (Rs. In Lakhs)
201	Provision of mobile health clinics for rendering quality RCH & FP services	91	1820.00
20.2	Technical Support for Monitoring of Mobile Health Services		6.00
Total Budget			1826.00

Civil Plan 10-11

Objectives:

- General Improvement of existing Infrastructure
- Creation /Construction of SHC,PHC & CHC as per Population norms
- Upgradation of Facilities as per IPHS norms

Strategies:

- Construction of New buildings as per population norms in each category particularly SHC & PHC
- PHC level buildings to be provided with staff quarters
- Upgradation/Construction of CEmONCs (DH/CH/CHC) and BEmONCs (CHC/PHC)
- Upgradation of CHCs as FRUs and then finally as per IPHS
- Construction of Doctors Quarters at Block Level (CHC & PHC level)

Situation Analysis

No. of Health Institutions in State

Health institutions	Sanctioned Numbers		
	1998	2003	2009
DH	36	39	50
CH	57	57	57
CHC	228	227	333
PHC	1178	1194	1155
SHC	8835	8835	8869

481 PHCs lack beds

Gaps As per 2001 Census

Health institutions	Requirement as per 2001 census	Shortfall as per 2001 census
CHC	333	Nil
PHC	1636	481
SHC	10144	1275

Status of Health Institution Buildings

Type of Health Institution	Total No. Functioning	Available Buildings as per norms	Functioning in buildings less than norms	Buildings Under Construction	No. of Buildings Required to be Constructed
District Hospitals	50	41	9	5	4
CHC	333	190	143	71	72
PHC	1155	994	161	97	64
SHC	8869	6443	2426	912	1514

BIG funds being used by state

Financial Need

- Infrastructure gap fulfillment requires approx. Rs 2000 Cr investment for construction and upgradation of Health Facilities.
- State Budget supports app. Rs 50.0 Cr. every year
- NRHM Additionality Funds support app. Rs 50.0 Cr. every year
- The gap filling will take pretty long time due to this limited - 20 yr funds availability
- State envisages resource pooling from various sources like One time grant from Planning Commission, Financial assistance from 13th Finance Commission and NABARD Loan
- The Infrastructure development needs special attention for financial assistance

Achievements :Year 2004 onwards..

- 9 DH, 90 CHC, 284 PHC, 462 SHC, 145 Staff Quarters, 3 nos 20 bedded maternity wards from State Head
- 13 No. PHC, 432 SHC, 132 Staff Quarters under NRHM
- 14 Level II SNCU
- 21 nos 20 bedded Maternity Wards
- 7 nos 20 bedded Paediatric Wards
- Labor Rooms in 37 BEmONCs
- Operation Theatre's in 9 CEmONCs
- Female Staff duty rooms with toilets in 60 FRUs
- 2 No. Blood Bank at DH Sidhi and Datia
- Establishment of blood storage units at 60 CEmONCs
- Drinking Water facility in 30 CEmONCs by drilling tube wells and laying pipe line
- Construction of 14 drug Warehouse cum CMHO office buildings

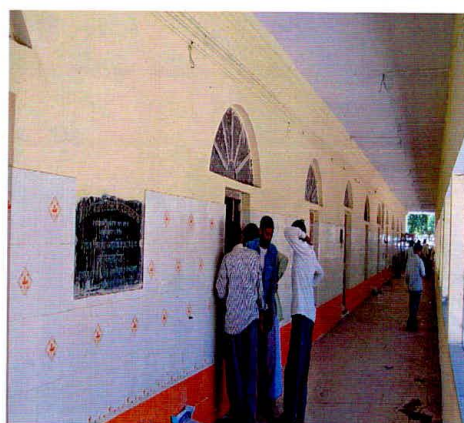
*from state resources
+ RCH-NRHM*

Budget 2010-11

ACTIVITY	Total Proposed Budget
	13296.10
STRENGTHENING OF SUB-HEALTH CENTRES	4103.80
STRENGTHENING OF PHCs	2311.50
STRENGTHENING OF CHCs	1549.50
STRENGTHENING OF ANM TRAINING CENTRES	185.00
STRENGTHENING OF IN-SERVICE TRAINING FACILITIES	520.00
LOGISTICS (Drug Warehouse cum CMHO office buildings)	600.00
UPGRADATION OF HEALTH CENTRES AS PER IPHS(Maternity & Paed. Wards,SNCU,NRC,Mechanised Laundry,OPD,Labour Rooms,General Infrastructure etc)	4026.30

*only 33% of
permitted under
NRHM norm
for infra*

Corridor at DH Neemuch Before & After Renovation



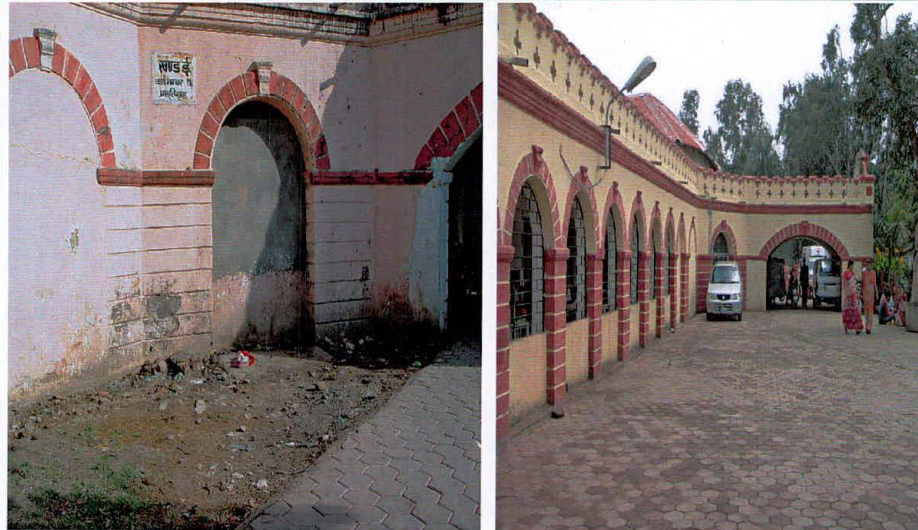
A View of Maternity Wing of DH Ujjain Before & After Upgradation



Corridor Before and After Renovation



**Exterior View Before & After Renovation
Sankhya Raje Maternity Wing at DH Ujjain**



PHC Gosalpur, Distt. Jabalpur



Maternity Ward at District Hospital Neemuch



Drug Warehouse cum CMHO Office Building



Quality Assurance

- GoMP has taken up the challenge of meeting NABH & ISO Standards
- In the year, 2007 State has an agreement with Quality Council of India for providing technical supports on NABH accreditation of 5 district hospitals (Bhopal, Jabalpur, Guna, Mandsaur & Satna).
- Quality assurance committees are monitoring NRHM activities and interventions.

The Journey so far...

- Quality Assurance cell has been established at the State, Division & district level.
- SOPs as per NABH/ISO norms have been prepared.
- Seven health care institution has been certified for ISO 9001: 2000
- Pre-assessment of J.P Hospital was carried for NABH accreditation.
- All major license/NOC/certificates which are mandatory for any hospitals have been obtained.

iso certifica 7 nos. mil



Work in Progress

- Two more district hospital have been taken for ISO plus certification(Jhabua & Mandla). *CMP-TNIST Support*
- Baseline for Hospital Acquired Infection for the district hospitals: Inception report prepared.
- Mechanized laundry in district Shivpuri & Guna will be installed soon. *+ dialysis services*
- Help desk in each district hospital.
- Quality Operational Manual under review.
- Detailed Hospital Dietary services manual prepared.

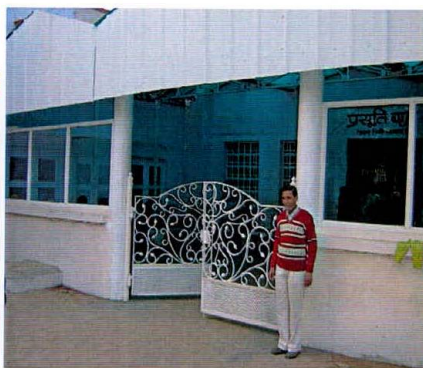


**Initiatives- infrastructure dev.- District Hospital, Guna
Maternity ward-**

before



now

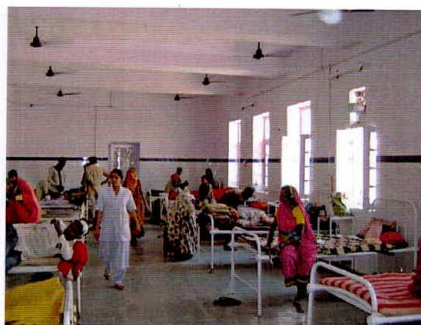


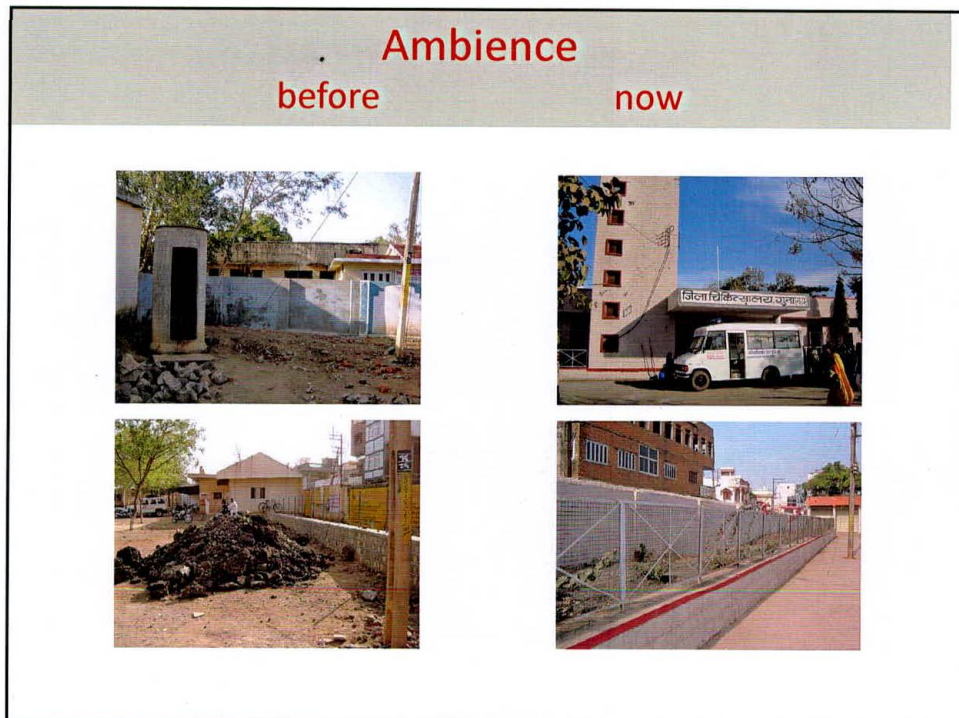
General ward- Dist. Hospital, Guna

before



now





Challenges

- Low ownership on quality of care.
- Fulfilling structural resource gaps.
- Fulfilling equipment resource gaps
- Fulfilling human resource gaps.
- Sensitization of health functionaries.

1/18/2010

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New Initiatives

- Outsourcing of Hospital Cleanliness for 6 district Hospital. — *Thru Sulebh International*
- Ethics and empathy training of MOs.
- Establishment of Mechanized laundry in 25 District Hospital(300 plus bedded).
- ISO certification in 10 Community Health Centre.
- Hospital Infection control manual.
- Operationalisation of improved hospital dietary services in all the District Hospitals.
- Provision of safe drinking water(RO system).
- Hospital managers in all District Hospitals. — *currently 3 in pos*

1/18/2010

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PIP 2010-11

Budget Head	Total budget (Rs. in lakhs)
Accreditation of 5 District Hospital and 4 CHC	33.00
Establishment of ISO certification in 10 CHC and 2 District Hospital(On site team/M&E/Capacity Building/Travel Cost/Technical fee/citizen charter etc.)	130.00
Strengthening of Quality Assurance Cell(QAC) at State, Division & District Level.	30.00
Training on Bio Medical Waste Management for district hospital staff at divisional level.	14.00
Total	207.00

Drug Procurement Cell

- The State has a Drug Procurement cell headed by Director Procurement , Joint Director-Procurement, two Deputy Directors, Consultant (logistics) , SO(PC) and AO(PC) assisted by Office Staff at the directorate of Health Services MP.
- After the decentralization in August 2009 the District warehouses were converted into CMHO Drug Stores. The Civil Surgeon has a separate Stores in the District Hospital.
- Now 80% budget would be allocated to districts and 20% would be kept at the state level for procurement. If this 20% is not used by December this part would also be allocated to the districts

Activity	Level	Amount (in lac)
Construction of drug Stores in 7 districts and handover of 17 Warehouses and its implementation	State	600.00

Proposed activities: Procurement Summary

S.No	Activity	Amount (in Rs lac)	Remarks
1.	Maternal Health	562.75	
2	Child Health	2919.00	
3.	Family Planning	500.00	
4.	Infrastructure-Dietary	410.00	
5.	HMIS	-	Reflected in HMIS
6.	ASHA	300.00	
7.	School Health	277.58	
8	Pro-MIS	75.00	
9.	Laptop, LCD, Projector, For in one model No. 7340, (Fax Machine, Printer, Scanner & Copier) for RHFUTC	1.10	
	TOTAL	5045.43	

Proposed activities: Procurement for maternalhealth

S.No	Activity	Level	Amount (in lac)
1.	Obstetrics Record Card for BEmONC and CEmONC and Medical Colleges	State	50.00
2	Printing of Training Module, Facilitators guide and hand book for BEmONC Training	State	2.00
3.	Printing of Training Module, for SBA Training, Accreditation Guidelines for PHF and for SBA Training	State	3.50
4.	Facilitator guide for SBA	District	0.13
5.	Hand book for SBA	State	1.50
6.	RTI/ STI Modules	State	0.75
7.	Printing of jaccha bachha Card for Use of ANM	State	5.00

Proposed activities: Procurement for maternal health

S.No	Activity	Level	Amount (in lac)
8	Uristics and Hemoglobin coular scale	District	From State budget
9	Provision of IFA tablet for PNC	District	From State budget (144.00 lakhs)
10	Provision of Calcium citrate for PNC	District	From State budget (1800.00 lakh)
11	Kitting of RTI/STI drugs for sub district hospitals (CEmONCs and BEmONCs)	District/Block	From State budget
12	Provision of Drugs for Medical Abortion at DH	District	From State budget (3.00Lakh)
13	Provision of MVA Kits	District	From State budget (3.90 lakh)
14	Provision of LLIN /ITN in all districts in sub health centers with API>5 not covered by IRS	District	500.00
	TOTAL		562.75

Proposed activities: Procurement for child health

S.No	Activity	Level	Amount(in lac)
1	Printing of Modules (Worker's, Physicians, FUS. F-IMNCI Medical Officer & Staff Nurse)- State Level	State	60.00
2	Cost of Bubble C-PAP & Portable X-ray Machine, and ABGA Machine SNCU-level-2 @ 6 lacs/districts for 29 dists	District	174.00 lakhs
3	Neonatal Ventilator SNCU-level-2 @ 6 lacs/districts for 10 dists	District	60.00 lakh
4	Establishment of 50 SNCU level 1 in functional CEmONC or CHC where Pediatrician is available (Equipments 2.5 lakh/district)	District	125.00 Lakh
5	Establishment of PICU (Shivpuri, Vidisha, Sehore, Bhind, Jabalpur, Katni, Chhindwara, Ratlam, Mandsaur, Hoshangabad, Khargone)11	District	From State Budget
6	Procurement of Therapeutic Food for Management of SAM children in OTP (Out Patient Therapeutic Feeding Program) for 1 lakh children	District	2500.00
7	Procurement of Zinc tablet (20% of u5 children x three episodes x 14 tablets)	District	From State Budget
8	Procurement of Anthelmintes (Albendazole 400 mg)	District	From State Budget
	Total		2919.00

Proposed activities: Family planning/Infrastructure/HMIS

S.No	Activity	Level	Amount (in lac)
A	<u>Proposed activities: Procurement for family planning</u>		
1	Purchase of Laparoscopes, repair and maintenance	State	State level activity for, repair & maintenance 500.00
B	<u>Proposed activities: Procurement for Infrastructure Strengthening</u>		
1	Procurement & Establishment of Equipments for Dietary Department for District Hospitals-41	District	410.00
	Total		410.00
C	<u>Proposed activities: Procurement for HMIS</u>		
1	Printing of new formats/ recording formats/ health registers (Reflected in RCH under HMIS)		

Proposed activities: Procurement for ASHA/School Health

S.No	Activity	Level	Amount (in lac)
A	<u>Procurement for ASHA</u>		
1	Monthly Provision of drugs for ASHA Drug Kit	District	300.00
	TOTAL		300.00
B	<u>Proposed activities: Procurement for School Health Programme</u>		
8	Drugs and Equipments	District	250.00
9	Budget for medical records	District	26.58
10	Printing cost of referral cards	District	1.00
	TOTAL		277.58

Proposed activities: Procurement for Pro-MIS

S.No	Activity	Level	Amount (in lac)
A	<u>Procurement for Pro-MIS</u>		
1	Total Procurement Pro-MIS	District	75.00
	TOTAL		75.00

S.No	Activity	Level	Amount (in lac)
A	<u>Procurement for RHFUTC</u>		
1	Leptop, LCD, Projector, For in one model No. 7340, (Fax Machine, Printer, Scanner & Copier) for RHFUTC Jabalpur	RHFUTC	1.10
	TOTAL		1.10

ProMIS

1. ProMIS is a **web based** scalable and technically versatile model to bring about increased transparency, competitiveness, timely supplies, record keeping, complaints handling, and informed decision making.
2. This software has been successfully implemented in M.P and training has been provided at District/Block level on use of this software.
 - The cost will basically have following components:
 1. Cost of Software (ProMIS)
 2. Cost of Hardware
 3. Cost of web based networking
 4. Cost of Training
 5. Cost of Hand on Support

Routine Immunization

Current Scenario

- Full Immunization coverage (36.2%) *20 districts reverse trend*
- 9.8% children do not receive any vaccine
- 20 districts below state average, 12 showing reverse trend
- BCG coverage high (84.2%) due to success of JSY
- High drop out rates

Source: District Level House hold Survey 3

Challenges

- Wide Gap between Reported & Evaluated data
- High Cold chain sickness rate
- Vaccine stock outs
- Alternate Vaccine Delivery not fully operationalized
- Inadequate monitoring by the supervisors at various levels
- Migration in Tribal areas

Progress so far....

S.N.	Strategy	Achievement
Session Planning and Operationalization		
1.	Micro-Plans Updated	All Districts and Blocks
2.	Social Mobilization	Payment to ASHA streamlined (72% Exp. Was expected till Dec'09 against which 66.17% Exp. Has been achieved)
3.	Alternate Vaccine Delivery System	Partially Operationalized as 52% Exp. Has been incurred till Dec'09

Progress so far....

S.N.	Strategy	Achievement
Capacity Building		
4.	Medical Officers	400/3250 (Sep'09 to Dec'09)
5.	Health Workers	12000/18000
6.	Cold Chain Handlers	All (1417)
Supervision & Monitoring		
7.	Supervision and Monitoring from Districts and State	55% Exp. Has been booked till Dec'09
8.	Regular Review of RI in Districts	81% Exp. Has been booked till Dec'09

Efforts.....

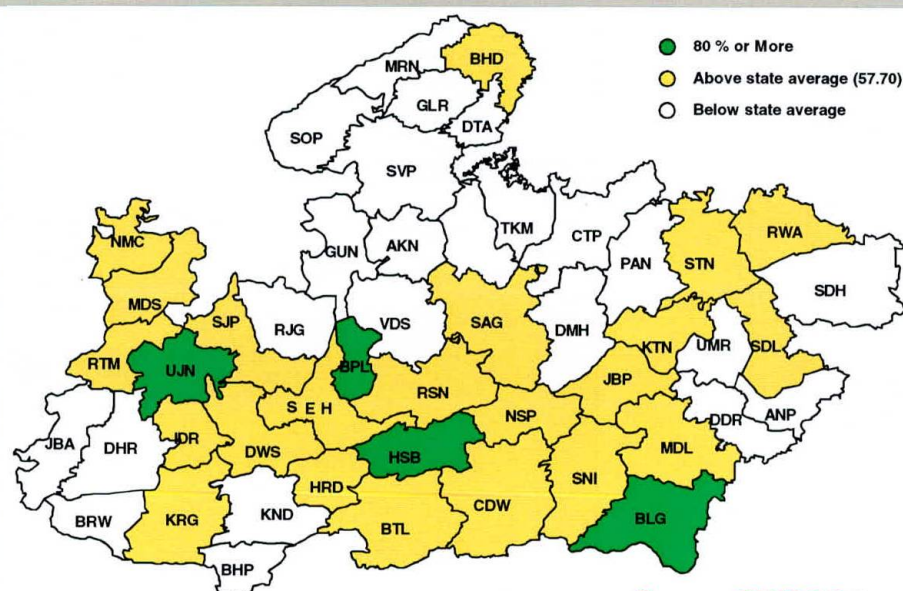
- DIOs regularized & named as District MCH Officers .
- Monitoring by Routine Immunization Control room at State, District and Block level.
- VHND Tracking by call centers (Pilot in Guna, now being up-scaled in entire State)
- Name Based Tracking for Immunization and ANC/PNC is being implemented.
- Health officials exempted from meetings on VHNDs i.e. Tuesdays & Fridays
- No Officer stays on HQ on VHNDs
- Input utilization gained momentum

Measles Control

- M.P. contributes to 8 % of measles deaths in the country (GoI- Unicef-WHO , extrapolated data -2006)
- State has highest prevalence of Malnutrition in the country
- Measles mortality much higher in malnourished children
- Measles coverage only 57.7 % (DLHS 3)
- Supplementary Immunization Activity for Measles is needed (NTAGI recommendations , Measles Mortality reduction – India Strategic Plan 2005-10)

Challenge :- Need for strengthening Surveillance system
(NTAGI recommendations)

Overview Of Measles Coverage....



Measles....Quantum Of Problem

Annual Target Beneficiary	Coverage – DLHS 3	
Infants	Vaccinated with Measles	Vaccinated with Measles (in Figures)
18.96 lacs	57.70%	10.95 Lacs

Quantum of Susceptible Cohort		
Not Vaccinated	Vaccinated but NOT sero-converted [considering efficacy 85% at 9 months]	Total
8.02 Lacs	1.64 Lacs	9.66 Lacs

NRHM – Part “C”

Approved for 2009-10	Fund availability (2009-10)	Performance till Dec'09	<u>Proposed for 2010-11</u>
Rs. Lacs			
1946.88	763.92	790.51	2865.99

THANKS