

**MADHYA
PRADESH
STATE REPORT**

Madhya Pradesh

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MADHYA PRADESH

Summary of approvals

Financial Management under NRHM (Rs. in crore)

Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	280.76	298.14	156.90	106.19	52.63
2006-07	413.10	472.14	370.11	114.29	78.39
2007-08	544.05	636.91	653.71	117.07	102.64
2008-09	575.65	747.83	712.21	129.91	95.24
2009-10	597.21			0.00	
Total	2410.76	2155.02	1892.93	89.39	87.84

S. No.	Timeline Activities	Achievement	%	
1	ASHA	Selection	42777	96
		Training	38499	
2	VHSC	21282	38	
3	24X7 PHCs	226	20	
4	Mobile Medical Unit	20	40	
5	Rogi Kalyan Samiti	1203	79	

Budget Allocations (2005-09) (Amount in Crores)			
Madhya Pradesh			
	Allocation	Releases	Expenditure
RGH Flexipool			
2005-06	95.32	66.20	26.29
2006-07	126.88	114.35	109.04
2007-08	121.25	230.65	317.45
2008-09	155.79	316.84	344.87
2009-10	159.04		
Total (A)	658.28	728.04	797.65
NRHM Flexipool			
2005-06	No separate allocation	82.23	0.68
2006-07	106.82	136.62	47.06
2007-08	186.73	152.24	105.73
2008-09	135.71	157.51	122.61
2009-10	140.33		
Total (B)	569.59	528.60	276.08
National Disease Control Programme			
2005-06	45.69	30.35	31.42
2006-07	44.07	34.79	36.66
2007-08	47.04	29.04	14.98
2008-09	52.83	26.30	9.66
2009-10	55.69	0.00	0.00
Total (C)	245.31	120.48	92.73
Grand Total (A + B + C)	1473.18	1377.12	1166.46

Record of Proceedings (2005-2009) for Mission Flexible Pool

Approval for Infrastructure (Rs. in Crore)						
S. No	Health Facilities	2005-06	2006-07	2007-08	2008-09	2009-10
1	Sub C	12.01		35.00	11.00	16.00
2	PHC			3.94	3.54	4.00
3	CHC	38.40		10.26	28.49	28.95
4	DH		17.2736	0.00	7.54	1.99
5	Eqpmt			1.69	0.00	0.68
6	Transp			0.00		6.26
7	Others		12.62	14.00	38.71	14.50
	Total	50.41	29.90	64.89	89.28	72.38

Approval for Human Resources(Rs. in Crore)						
S. No	Personnel	2005-06	2006-07	2007-08	2008-09	2009-10
1	Doctors			0.00	0.00	24.03
2	Specialists			0.00	0.00	0.00
3	Staff Nurses			0.00	0.00	4.23
4	ANM		1.26	2.75	5.25	12.19
5	Others			0.00	0.00	3.01
	Total	0.00	1.26	2.75	5.25	43.45

Approval for other activities (2005-2009) in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA	888	1756.5	910.75	1434.35	3087.17	
2	ASHA- Selection & Training						
3	ASHA Support System			532.46			
4	Mainstreaming ASHA			116.05			
5	Incentive to ASHA			180	400		900
	TOTAL	888	1756.5	1090.8	2482.86	3987.17	
Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters							
6	Rogi Kalyan Samiti-DH		195	240	240	250	
7	Rogi Kalyan Samiti-Civil Hospital			54	54	54	
8	Rogi Kalyan Samiti-CHC		289	270	334	280	

9	Rogi Kalyan Samiti- PHC		1152	1152	748	870	
10	Untied Fund for CHC		133	135	167	166.5	
11	Untied Fund for PHC/APHC		298	288	212	288.75	
12	Untied Fund for SC	1201	883.5	883.5	880	886	
13	Untied Fund for VHSC		156.5	1546	5214.3	5539.3	
14	Annual Maintenance Grant - CHC		266	270	334	333	
15	Annual Maintenance Grant -PHC		596	576	424	441	
16	Annual Maintenance Grant- SC			883.5	880	640	
	TOTAL	1201	3969	6298	9487.3	9748.55	
Infrastructure related matters							
17	Emergency & Referral Services		648	1040.00	3826.34		
18	MMU		92.25			606	
	TOTAL		740.25	1040.00	3826.34	606	

Status of Infrastructure 2005-2010

	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	8834	767	0
Number of PHC	1149	56	38
Number of CHC	270	14	97
Number of DH	48 As per State Data Sheet, NRHM	0	48

Status of NRHM as on 15.05.2009

1	ASHA	Selection	42777
		Training	38499
2	VHSC		21282
3	Joint A/C		21282
4	24X7 Facility		408
5	FRU		81

6	Contractual Manpower	Doctors & Specialist	319
		AYUSH Doctors	0
		Staff Nurse	45
		Paramedics	0
		ANM	1359
7	JSY Beneficiaries (in Lakhs)		27.38

National Disease Control Programme

Leprosy

Although the state has already achieved the goal of elimination of leprosy still an in-depth situational analysis with steps to complete treatment etc be started.

IDSP

Madhya Pradesh is a Phase – I state under IDSP. Joining of Epidemiologists, Microbiologists and State Entomologist is under process and needs to be fast tracked. The data reporting should start from all the districts.

Blindness

UCs for GIA released to State Blindness Control Society is not being received timely. Performance of School Eye Screening Programme needs to be improved. Performance report of cataract, School Eye Screening and Eye Donation for 2007-08 is awaited.

NVBDCP

The incidence of malaria is showing marginal fluctuation during the last three years. Assistance is being provided for performance based incentive in five high malaria endemic districts by the Centre

RNTCP

Overall performance of the State is not satisfactory. The case detection rates in MP have consistently hovered around 50% of expected and the cure rate around 83%. This appears to be due to gaps in key HR (STO, DTO, other levels), weak supply chain management and supervision.

Demographic, Socio-economic and Health profile

HEALTH INDICATORS OF MADHYA PRADESH

The Total Fertility Rate of the State is 3.4. The Infant Mortality Rate is 72 and Maternal Mortality Ratio is 335 (SRS 2004 - 06) which 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 State as compared to India figures

S. No.	Item	MP	India
1	Total population (Census 2001) (in million)	60.35	1028.61
2	Decadal Growth (Census 2001) (%)	NA	21.54
3	Crude Birth Rate (SRS 2007)	28.5	23.1
4	Crude Death Rate (SRS 2007)	8.7	7.4
5	Total Fertility Rate (SRS 2007)	3.4	2.7
6	Infant Mortality Rate (SRS 2007)	72	55
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

Table II: Health Infrastructure of Madhya Pradesh

Particulars	Required	In position	shortfall
Sub-centre	10402	8834	1568
Primary Health Centre	1670	1149	521
Community Health Centre	417	270	147
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	9983	8718	1265
Health Worker (Male) MPW(M) at Sub Centres	8834	4030	4804
Health Assistant (Female)/LHV at PHCs	1149	741	408
Health Assistant (Male) at PHCs	1149	495	654
Doctor at PHCs	1149	1042	107
Obstetricians & Gynaecologists at CHCs	270	53	217
Physicians at CHCs	270	51	219
Paediatricians at CHCs	270	66	204
Total specialists at CHCs	1080	220	860
Radiographers	270	162	108
Pharmacist	1419	603	816
Laboratory Technicians	1419	491	928
Nurse/Midwife	3039	901	2138

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	8
District Hospitals	48
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	34
Ayurvedic Dispensaries	1427
Unani Hospitals	2
Unani Dispensaries	50
Homeopathic Hospitals	22
Homeopathic Dispensary	146

Note on Progress of NRHM in Madhya Pradesh (June 2009)

In order to provide accessible, affordable and equitable health services to all citizen of Madhya Pradesh, is committed to follow strategy of pro-poor planning, need based approach, decentralization, convergence and participatory process. Madhya Pradesh has implemented the activities of National Rural Health Mission efficiently for attaining the goals and objectives of National Population Policy and Millennium Development Goals. The performance of JSY, community mobilization by ASHAs, referral transport, institutional deliveries, OPDs cases have significantly improved. Brief information on progress vis-a-vi issues have been highlighted which are as follows:

Institutional Framework of NRHM

Meeting of State & District Health Mission held regularly. Merger of societies is completed in 43 districts. Overall 21,282 VHSCs constituted & 21,282 Joint Accounts operationalised at SCs. Rogi Kalyan Samiti are operational at 48 DH, 268 CHCs & 830 PHCs. All 48 districts have started developing their own IDHAP.

Infrastructure Improvements

In total 226 PHC have been strengthened with 3 staff nurse for 24x7 work. To provide quality services 178 CHC are functioning on 24X7 basis & facility survey completed in 96 health institutions at below district level. A total number of 19 SDH, 16 CHC including others level and 46 DH are functioning as FRUs. 20 districts have functional Mobile Medical Unit (MMU)

Human Resources

A total of 42,777 ASHAs have been selected & 17,538 are trained upto 4th Module. 35,000 ASHAs have been provided with drug kits. Total 8590 Sub-centres are functional with an ANM and 726 SCs have been strengthened with 2nd ANM. No Contractual appointments of AYUSH Doctors in the State. Contractual appointments of 59 specialists, 260 MBBS Doctors, 45 Staff Nurse and 1359 ANMs have been completed under NRHM for manpower augmentation.

Services

Institutional deliveries have improved from 9.19 lakhs (2006-07) to 12.90 lakhs (2007-08). During the year 2008-09 there has been 13.70 lakhs Institutional deliveries in the State. During the year 2008-09 there were 11.38 lakh JSY beneficiaries. Female sterilizations have increased from 3.55 lakh (2006-07) to 4.25 lakh (2007-08) and male sterilisation has increased from 11569 (2006-07) to 30682 (2007-08). During the year 2008-09, 4 11007 female & 29408 male sterilization have been reported. 15 districts are implementing IMNCI & 10053 people trained so far. 12,97,895 VHND held since the launch of NRHM. First Phase of Community Monitoring has been operationalised in the state.

General

Overall improvement in health system since NRHM

Achievements Made:-

- Significant increase in IPD and institutional delivery at SC and PHC
- *Swastha Gram Swastha Panchayat Programme*- MCH services being provided at CHC, PHC and Sub Health Centres through specialists from Private Sector.
- RKS are operational at various levels of health facilities.
- VHSC formation is under progress.
- ASHAs selected have been trained upto IVth module and are placed with drug kits.
- Insurance schemes for BPL families.
- Nutrition Rehabilitation Centres , *Janani Sahyogi Scheme* (Accreditation of Private Institutions) & *Matra Shakti Yojana* through PPP for MCH services initiated
- MMU is functional in 20 districts.
- SPMU and DPMU are functional.

Areas for Further Improvement:-

- Strengthening of PHCs needs to be looked up.
- Training of PMU staff and District Programme Officers for District Health Action Plan (DHAP) needs to be strengthened.
- Fund utilisation and PPP need to be streamlined.
- Additional incentives may be planned for personnel posted in difficult areas.
- Ensure use of untied fund for SHCs and VHSCs appropriately.
- There is no expenditure under Additional Contractual Staff.

Infrastructure

- The State has infrastructure development wing. Good infrastructure, new buildings are under construction.
- The State need to rationalise the location of new facilities keeping in mind the needs of hinterland populations.

Human Resources

- HR policy, up gradation of medical practice skills of MO & SN are required, additional incentives may be planned for persons posted in difficult areas.
- The training programme of ASHA needs to be augmented to strengthen the accessibility to health care services.
- Multi skilling training need to be extended.

Service Delivery

- Availability of Janani Express vehicles for referral, Mobile health unit (DINDAYAL CHALIT HASPATAL) in tribal blocks to address the health care needs of the population.
- Newborn corners are in place in the labour rooms in most of the FRUs.
- There is increase in male sterilisation.

An Analysis of Financial Monitoring Report for the year 2008-09

A. RCH Flexible Pool:-

Component-wise utilization against the approved PIP for the year 2008-09 under RCH

Rs. in Crores

B.

Activities	SPIP	Utilization	% Utilization
Maternal Health	190.12	239.78	126.12%
Child Health	16.70	16.34	97.82%
Family Planning Services	34.97	47.36	135.42%
Adolescent Reproductive and Sexual Health/ARSH	.84	.36	42.64%
Urban RCH	2.55	1.77	69.39%
Tribal RCH	18.20	16.88	92.77%
Vulnerable Groups	5.95	0.00	0.00%
Innovations/PPP/ NGO	4.45	1.46	32.87%
Infrastructure & Human Resources	8.75	7.75	88.65%
Institutional Strengthening	2.90	.63	21.77%
Training	3.85	2.39	62.10%
BCC / IEC	10.00	5.45	54.53%
Procurement	8.91	.07	0.75%
Programme Management	5.52	4.60	83.34%
Total	313.74	344.87	109.92%

Based on the table above and record available in FMG, observations are as under:-

General Observations

1. Significantly amount Rs.344.87 crores, i.e. 110% against the PIP approved of 313.74 crores has been utilized under RCH-II as compared to national level expenditure of 71%.
2. There is only 5% increase as compared to 2007-08.
3. Since the launch of RCH-II, Rs.808.13 crores, i.e. more than 100% has been spent by the state against the release of Rs. 728.04 crores during the year 2005-06 to 2008-09.
4. Remarkable expenditure has been noticed under Child Health.
5. Under the Maternal Health more than 85% expenditure has been incurred for JSY scheme.

Areas of Concern

1. There is no expenditure reported under the Vulnerable Group against the PIP approved Rs.5.95 crores.
2. Under the Operationalise FRU (A.1.1) only dissemination, monitoring, and quality activities can be booked, it seems that expenditure pertain to the procurement has also been booked as the booking amount is as high as 18.10 crores under this head, there is a possibility that some procurement related expenditures are also been wrongly booked as negligible expenditure reported under the main head which is entirely for Procurement. In view of the fact that procurement expenditures are not reimbursable by the World Bank. State is advised to book all the expenditures according to the FMR format and guidelines issued by the Govt. of India.
3. There is no synchronization between the PIP and Utilizations.

B. Mission Flexible Pool:-**Component-wise utilization against the approved PIP for the year 2008-09 under Mission Flexible Pool**

Activities	Rs. in Crores		
	SPIP	Utilization	% Utilization
ASHA	24.67	8.19	33.22%
Untied Funds	65.78	19.14	29.10%
Hospital Strengthening	17.53	2.74	15.67%
Annual Maintenance Grants	17.84	10.06	56.38%
New Constructions/ Renovation and Setting up	33.03	25.66	77.69%
Corpus Grants to HMS/RKS	23.76	9.90	41.68%
District Action Plans (Including Block, Village)	.48	.26	55.86%
IEC-BCC NRHM	2.40	.91	38.18%
Referral Transport	28.84	14.44	50.08%
School Health Programme	3.84	.62	16.13%
Additional Contractual Staff (Selection, Training, Remuneration)	5.39	0.00	0.00%
Training	14.14	1.38	9.76%
Planning, Implementation and Monitoring	.75	0.00	0.00%
Regional drugs warehouses	7.54	9.92	131.58%
New Initiatives/ Strategic Interventions (As per State health policy)	15.67	0.00	0.00%
NRHM Management Costs/ Contingencies	12.08	18.09	149.71%
Total	273.74	121.31	44.32%

Based on the table above and record available in FMG, observations are as under:-

General Observations

1. Out of Rs.273.8 crores approved by the NPCC and released Rs. 157.51 crores, state has utilised Rs.122.61 crores i.e. only 45% of approved PIP, while the national average of expenditure against PIP is 68.14%.
2. As compared to last F.Y. 2007-08, 19% increase has been noticed in expenditure during 2008-09.
3. Since launch of Mission Flexible Pool Rs.528.6 crores were released to the state, the utilization is only Rs.273.18 crores (52%) and Rs.255.42 crores (48%) remains unutilized.

Areas of Concern

1. There is no expenditure under Additional Contractual Staff..
2. Under the Training component less than 10% amount is spent against the PIP.
3. Against Rs.17.53 crores approved under Hospital strengthening only 15.67% expenditure is reported.
4. Under the Programme Management part much higher expenditure has been reported.
5. State were approved Rs 15.68 crores under New Initiative/ Interventions as per state health policy, the utilization is NIL.

Other Observation from FMR

1. As per our calculations the expenditure under RCH Flexible Pool is Rs. 344.87 Crores instead of 344.82 Crores reported by the state.
2. Expenditure under Pulse Polio operating cost has not been booked by the state.
3. Financial Monitoring Report was send in JPG format instead of Excel.

BRIEFING NOTE ON RCH II: MADHYA PRADESH

A. Background/ current status

1. RCH II Goals

Madhya Pradesh (including Chhattisgarh's) MMR at 335 (SRS 04-06) has improved from 379 in SRS 01-03, but is still way above the national average of 254. The IMR (SRS 2007) at 72 is highest in the country. TFR at 3.4 (SRS 2007) is higher than the national average of 2.7 and nowhere close to the NRHM target of 2.1 for the year 2012 (refer Annex 1).

2. RCH II Outcomes

Madhya Pradesh has made significant progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) (refer Annex 1 for details):

- Mothers having full ANC increased from 6.0% to 7.9%.
- Institutional deliveries have increased from 28.7% to 47.1%.
- Full immunisation in children 12-23 months increased from 30.4% to 36.2%.
- Children with diarrhoea receiving ORS has increased from 26.4% to 29.9%.
- Unmet need for family planning has decreased from 21.2% to 19.3% and still remains high. Further, use of modern contraceptives has increased from 46.7% to 53.1%.

3. Expenditure

Audited expenditure has increased sharply from Rs. 26.29 crores in 05-06 to Rs. 109.04 crores in 06-07 and Rs. 327.93 crores in 07-08; reported expenditure in 08-09 is Rs. 344.87 crores i.e. 109.9% of allocation (Rs. 313.74 crores). JSY accounted for 59.04% of the reported expenditure in 08-09.

B. Key achievements

1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 4.01 lakh in 06-07 to an extremely impressive 11.38 lakh in 08-09.
- Janani Express Yojana – Provision of free referral transport facility through PPP to pregnant mother for institutional delivery is operational in 298 out of 333 blocks across all districts in the state.
- Janani Sahyogi Yojana – for provision of safe motherhood services for BPL families through accredited private health facilities across the state. 207 Private Hospitals have been accredited in 34 districts in the state. Scheme was modified due to high LSCS rate and 90% of accredited hospitals being located in urban areas and has been redesigned on the lines of Chiranjeevi Yojana of Gujarat.
- Deen Dayal Chalit Aspatal Yojana –for providing health services (ANC, PNC, family planning and immunization services, routine investigations and free distribution of drugs) in un-/ under-served areas (e.g. identified tribal blocks) through mobile health units on pre-scheduled days. 91 mobile health units have been operationalized in 89 Tribal Blocks.
- 2145 ANMs/ LHV's/ SNs have been trained as SBA, against a target of 7619.

3. Child Health

- IMNCI is ongoing in 15 districts of the state and around 10,053 personnel have been trained so far. 5 Medical colleges are implementing pre-service IMNCI.
- 10 sick newborn care units (SNCUs) are reported to be functional in the state. Each SNCU is a 24 bedded unit & each unit on an average can save 1500 New Borns per year. Facility Based New Born Care has been strengthened to ensure Continuum of Care with IMNCI in

community and SCNU at the Facility. This is needed to cater to the increasing load of new born due to JSY and increasing referrals under IMNCI.

- Bal Shakti Yojana – Grade III and IV malnourished children are identified by ICDS during Bal Sanjivani Abhiyan, and are treated in Nutritional Rehabilitation Centres (NRCs).
- There are 150 Nutritional Rehabilitation Centres (NRCs) reported to be functional in the state. NRCs have been operationalised till block level. Trainings of Medical Officers and NRC staff have been completed. Children are admitted for minimum of 14 days, treated as per IAP protocols. The entire package includes transportation cost, wage compensation for mothers and incentives for AWW.
- Improved Diarrhea Management: New Formula ORS has been made available State Wide, while Zinc is being rolled out in 2 districts using UNICEF supplies. Zinc is being procured state wide and joint orders on use of the same have been issued by WCD & Health departments.

4. Other initiatives

- Deen Dayal Antyodaya Upachar Yojana – Free diagnostic and treatment facilities to poorer sections at govt. and accredited private health facilities on referral.
- Swavlamban Yojana – Strengthening of nursing cadre by sponsoring candidates for post basic nursing certificate course, B.Sc. and M.Sc. nursing courses.

C. Key issues

1. Maternal Health, including JSY

While number of institutional deliveries under JSY has increased to 11.38 lakhs in 08-09, Madhya Pradesh is yet to adequately gear up facilities to meet the load:

- State has operationalised 226 PHCs as 24x7 so far as against the target of 596 PHCs by 2010.
- Monthly NRHM report submitted by the state reports 81 FRUs as functional as against the target of 170 FRUs by 2010.
- DLHS-3 facility surveys highlighted the following key gaps in critical inputs: only 32.3% of 24x7 PHCs have newborn care services and of the CHCs designated as FRUs only 6.3% have Blood Storage facility and 13.2% provide C-section.
- Only 7 MBBS doctors have been trained in Life saving anaesthesia skills (LSAS) but not certified as per GoI protocol and 36 MBBS doctors have been trained in comprehensive Emergency Obstetric Care (EmOC) so far against the target of 170. There is a need scale up anaesthesia training on priority with linkages to the functionality of FRUs.
- As per DLHS III findings there has been an actual fall in at least one TT injection during pregnancy (which has reduced by 10.2% points to 60.4%) and measurement of blood pressure during pregnancy (has declined by 1.3% points to 30.1%). These findings point out that even though service delivery is increasing there is a decline in quality of service provided and steps need to be taken for improving the service delivery along with emphasis on quality.
- State needs to establish quality assurance committees both at the State and district level enlarging the scope of family planning services by incorporating MH and CH services This needs to be taken on priority for ensuring quality and monitoring of all MCH activities which should also include monitoring of the training.

2. Child Health

- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 49 (SRS 2007) accounts for 68.1% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 39 (SRS 2007) accounts for 79.6% of the NMR. An evaluation of JSY in the state in December 2008 highlighted that only 20.5% of the beneficiaries surveyed stayed for at least two days in the health facility after delivery. With the huge off take in JSY in the state (11.38 lakh beneficiaries in 2008-09), this is clearly a missed opportunity to address early neonatal mortality.

A. Progress on Key Indicators*1. RCH II Goals*

INDICATOR	MADHYA PRADESH		INDIA	
	Trend (year & source)		Current status	RCH II/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	379 (SRS 01-03)	335 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	82 (SRS 2003)	72 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	3.8 (SRS 2003)	3.4 (SRS 2007)	2.7 (SRS 2007)	2.1

2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	MADHYA PRADESH		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	32.3	34.2	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	6.0	7.9	16.5	19.1
3.	Institutional deliveries (%)	28.7	47.1	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	30.4	36.2	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	28.8	31.1	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	26.4	29.9	30.3	33.7
7.	Use of any modern contraceptive method (%)	46.7	53.1	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	21.2	19.3	21.4	21.5

* - Provisional results for DLHS-3

B. Trends in Financial Expenditure*(Rs. crores)*

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	66.20	114.35	230.65	316.84
Audited Expenditure	26.29	109.04	327.93	344.87*

* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 313.74 crores.

C. Progress on Key Strategies*1. Demand side interventions*

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	68,252	4,01,184	11,15,941	11,38,000
2	Total Sterilisation	3,66,930	3,66,842	4,51,896	na
3	IUD Insertions	4,53,012	4,61,265	5,01,433	na

(Source: M&E Division reports, and JSY reports from the states)

2. Technical interventions

S. No.	Indicators	Achievement upto March 2009
1.	No. of First Referral Units (FRUs) operationalised	81
2.	No. of PHCs operationalised to provide 24-hour services	226
3.	No. of private institutions accredited under JSY	207
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	15
5.	No. of people trained in IMNCI	10,053
6.	No. of Village Health & Nutrition Days (VHNDs) held	12,97,895

(Source: NRHM MIS report, April 2009)

Immunization

Madhya Pradesh

Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	NA	22.6	40.3	38.9	55.9	30.4	36.2
BCG	NA	62.0	80.5	80.3	90.0	72.5	84.2
Measles	NA	34.1	61.4	58.8	71.8	47.3	57.7
DPT3	NA	35.8	49.8	51.4	62.0	43.0	47.4

Progress

- The fully immunized coverage is 36.2 % and BCG coverage is 84.2 % in the state as per DLHS - 3.
- The State has completed 39.6% (7525/19024) of health workers training.
- The district level AEFI committees are in place in 34/48 districts.
- State, divisional, and district level monitoring, focused efforts in the tribal areas and urban slums, to strengthen immunization services along with other maternal and child health interventions.

Issues

- As per the DLHS 3 the State continues to have **high dropout from BCG to DPT 3 and Measles at nearly 83%**. This is a critical parameter for further improvement in full immunization coverage.
- All the Programme managers (DIOs) at District level are officiating and none of them are permanent. Supervision of RI sessions and programme is therefore suffering.
- The State needs to expedite the trainings of health workers and plan for trainings of Medical officers and other field staff related to immunization.
- The AEFI reporting needs to be further improved.

Brief on National TB Control Programme in Madhya Pradesh

1. Infrastructure

Total population	–	693 lakh
No. of districts/reporting units	–	45
No. of Tuberculosis Units (TUs)	–	142
No. of Designated Microscopy Centres (DMCs)	–	736

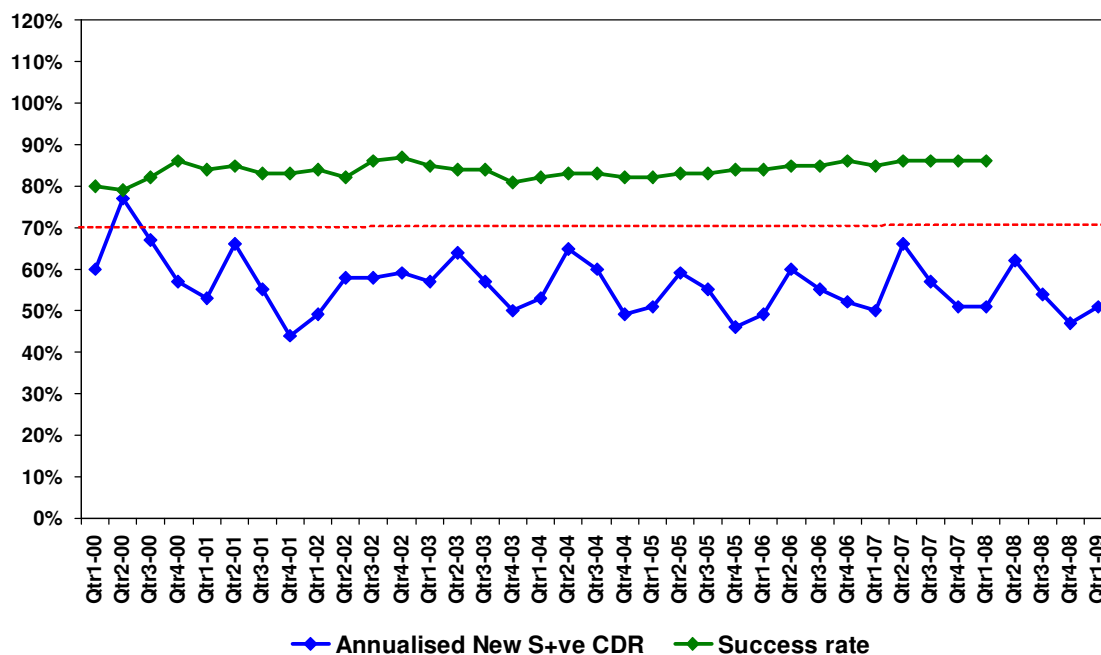
2. Status of Implementation

- The State achieved full coverage under RNTCP in December 2004.

3. State level performance: (Based on the quarterly reports of 1st quarter 2009)

- **Overall performance of the State is not satisfactory.** The case detection rates in MP have consistently hovered around 50% of expected and the cure rate around 83%. Only 105 TB suspects/lakh pop have been examined in 1st quarter 2009 against national average of 152 TB suspects/lakh pop. Total case detection rate of 115/lakh and new smear positive case detection rate of 41/lakh (52%) remain very low
- Sputum conversion rate of 89% and cure rate of 83% in NSP patients are on the lower side. Cure rate of 53% in retreatment sputum positive patients is very low due to very high default rate of 16%.

Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Madhya Pradesh, 2000-2009



• Population projected from 2001 census

• Estimated no. of NSP cases - 80/100,000 population per year (based on recent ARTI report)

4. **District-wise performance (Based on Quarterly reports for 1st quarter of 2009)**

- Less than 100 TB suspects/lakh pop examined in 27 (60%) districts in 1st quarter.
- TCD rate is less than 108/lakh (50% of estimated) in 21 districts and NSP case detection rate is less than 40/lakh (50%) in 26 districts.
- Sputum conversion rate is very low (<85%) in 6 districts and cure rate is very low in (<80%) in 8 districts.

District	TB Suspects examined/ lakh population	Annualized total case detection rate/lakh (Expected >151)	Annualized new sputum positive case detection rate/lakh (Expected >56)	Sputum conversion rate new cases (Expected >90.0%)	Cure rate (new cases) (Expected >85.0%)
Balaghat	49	76	37 47%	90%	82%
Barwani	124	82	41 52%	92%	85%
Betul	118	68	29 36%	93%	84%
Bhind	100	97	28 35%	89%	79%
Bhopal	244	198	57 71%	82%	80%
Chhatarpur	115	86	25 31%	89%	78%
Chhindwara	81	78	35 44%	91%	83%
Damoh	125	154	59 74%	86%	84%
Datia	118	180	66 83%	92%	80%
Dewas	99	99	37 46%	91%	86%
Dhar	119	111	48 61%	91%	86%
Dindori	95	69	30 38%	79%	77%
Guna	96	91	31 39%	89%	84%
Gwalior	214	152	50 62%	90%	85%
Harda	77	78	35 43%	75%	81%
Hoshangabad	134	158	45 56%	94%	89%
Indore	207	149	59 73%	92%	86%
Jabalpur	84	124	42 53%	70%	54%
Jhabua	100	104	38 48%	97%	92%
Katni	77	130	55 68%	93%	84%
Khandwa	95	112	44 55%	91%	88%
Khargone	101	139	48 60%	92%	90%
Mandla	89	123	60 75%	95%	90%
Mandsaur	111	131	39 49%	87%	82%
Morena	98	77	20 25%	82%	81%
Narsinghpur	90	103	35 44%	86%	77%
Neemuch	153	139	51 63%	93%	85%
Panna	59	99	44 55%	84%	74%
Raisen	54	105	26 32%	89%	77%
Rajgarh	70	118	32 40%	89%	86%
Ratlam	92	146	37 46%	94%	88%
Rewa	110	141	46 58%	91%	87%
Sagar	98	126	48 60%	89%	83%
Satna	71	135	39 48%	90%	86%
Sehore	75	86	30 38%	92%	81%
Seoni	45	64	25 32%	90%	84%
Shahdol	86	90	44 54%	89%	84%

Shajapur	86	84	36	45%	95%	88%
Sheopur	111	143	75	93%	86%	74%
Shivpuri	94	113	46	58%	92%	87%
Sidhi	97	98	37	46%	90%	85%
Tikamgarh	59	70	28	36%	93%	80%
Ujjain	99	111	39	49%	90%	84%
Umaria	58	90	36	45%	86%	82%
Vidisha	77	163	39	49%	87%	83%
Total	105	115	42	52%	89%	83%

5. **Funds Status as on 31st March 2009 (Rs. in lakh)**

C/F	Release	Expenditure	Balance
218.00	810.00	800.31	227.69

6. **Issues**

- **Infrastructure**
 - Approval of new TUs and DMCs, requested by the districts, pending at State level.
- **Human Resource**
 - Present STO (Dr. D N Chauhan) is in place for >6 months but is not yet trained. He is not full time and has many other responsibilities viz Leprosy, IDSP, Tobacco and Legal cell etc and is not able to give adequate time & attention to RNTCP.
 - Contractual posts of MO-STC, TB-HIV coordinator, 3 Urban TB Coordinators, IEC Officer, 1 of 2 Accountants, and Pharmacist of SDS are vacant. Recruitment of Communication Facilitators is pending.
 - Only 18 of 45 districts have posted DTOs. Remaining DTOs are part-time. Posts of 14 MO-TCs, 14 STSs, 20 STLs and 33 LTs are vacant.
- **Logistics**
 - Printings are taken at the State level in MP. A delay in Printing at the State level leads to inadequate availability of various Registers and Forms in the districts. If the situation is not manageable the work may be decentralized to the districts.
 - AMC for BMs expired 3-4 months back. No steps taken for renewal of the contract.
- **SDS**
 - Building is not in good State of repair. During rainy months heavy seepage noticed.
 - Analysis of the report of 4th quarter 08 shows discrepancy in opening & closing stock and in transferred out & received in stock and uneven distribution of anti TB drugs. Some districts have nil or very less stock whereas others have huge stock.
 - State needs to keep a close track on Date of Expiry (DOE) of drugs to avoid risk of expiry and to divert the excess stock to needy districts.
 - In several cases difference in drugs issued from SDS to districts and drugs received by the districts noticed. Accounting procedure needs to be strengthened.
- **Performance**
 - Overall performance of the State is not satisfactory. Only 105 TB suspects/lakh pop have been examined in 1st quarter 2009 against the national average of 152 TB suspects/lakh pop. In 27 (60%) districts less than 100 TB suspects are examined.

- Total case detection rate of 115/lakh, new smear positive case detection rate of 42/lakh (52%) are very low. 21 (47%) districts have TCD rate of <108/lakh (50%) and 26 (58%) districts NSP case detection rate <40/lakh (50%).
- Sputum conversion rate of 89% and cure rate of 83% in NSP cases are also on the lower side. Cure rate of 53% in retreatment sputum positive patients is very low due to very high default rate of 16%. Cure rate is very low (<80%) in 8 (17%) districts.
- **Coordination with the National Rural Health Mission:**
 - The accounts of RNTCP are maintained separately under State Health Society (TB) account. The STO is one of the signatories for fund disbursements with the Director Health Services.
 - The main issue arising out of the NRHM is that Annual Audit could not be completed in time as the auditors were busy with RCH audits.
- **TB-HIV Collaboration**
 - State Level Coordination Committee and Technical Working Group formed but District Level Coordination Committee formed in only few districts.
 - Cross referrals initiated in only few districts.
- **Supervision and Monitoring**
 - Inadequate & ineffective supervision and monitoring at all levels. Supervisory Registers not being used universally. Since the STO and DTOs are not full time they are unable to carry out this activity effectively.
 - Quarterly review meetings of DTOs held.
- **Intermediate Reference Laboratory (IRL)**
 - Two IRLs established in the State
 - Works of EQA is shared by STDC Bhopal and Indore. Bhopal has an I/c Director, one microbiologist, one MO and 3 LTs. Indore has 7 MOs including 1 Pathologist & 7 LTs.
 - Inadequate visits by IRLs. Only 27 districts out of 45 were covered in 2008.
- **DOTS Plus**
 - Three Laboratories for Culture and Drug sensitivity Test planned at MRTB Hospital Indore, Bhopal Memorial Hospital and Research Centre (BMHRC) Bhopal and Regional Council for Medical Research (RCMR) Jabalpur. BMHRC and RCMR are presently undergoing accreditation.
 - Two DOTS Plus Sites tentatively identified at MRTB Hospital Indore and TB Hospital Bhopal.
- **Medical colleges involvement**
 - All 9 Medical colleges participating.
 - Meeting of State Task Force not held since October 2007.
- **NGOs & Private Sector** - Participation gradually improving but still low. Only 64 NGOs and 294 PPs are participating in RNTCP.

Fact sheet on NVBDCP - Madhya Pradesh

Background Information

The State has 48 districts with a population of 60.35 Million. There are 270 CHCs, 1149 PHCs, 8834 Sub-centres and 55393 Villages. There are 8590 Multipurpose worker (Female)/ANM, 6560 Health Worker (Male), 350 Health Assistant (Female)/LHV, 1168 Health Assistant (Male) and 489 Laboratory Technicians. In addition, the state has 15346 Fever Treatment Depots (FTDs) and 629 Malaria clinics.

Malaria

Epidemiological Situation				
Year	Total slide examined	Total Malaria cases	Total Pf cases	Deaths
2006	9735974	96160	29053	56
2007	9169387	90829	36694	41
2008	9243295	105265	42274	0
2009 (Upto March)	1642265	5834	2021	0

- The incidence of malaria is showing marginal fluctuation during the last three years.
- 19 high malaria endemic districts have been covered under World Bank Assisted National Vector Borne Disease Control Support Project.
- Under World Bank project, 19 district level VBD Consultant, 54 MTS, 27 LTs have been sanctioned to the state.

ELIMINATION OF LYMPHATIC FILARIASIS

- Government of India during 2004 initiated massive campaign of Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. The population coverage of MDA in Madhya Pradesh was 73.74% in 2004, 79.29% in 2005, 88.01% in 2006, 88.48% in 2007 and 50.62% in 2008. The lymphoedema cases have been line listed and as per report of 2008, there are 2941 cases in Madhya Pradesh.
- Lines listing of Lymphoedema and Hydrocele cases were also initiated in 2004 for morbidity management and as per updated report (2007), there are 2941 Lymphoedema and 1495 Hydrocele cases.

DENGUE

Total of 16 Dengue cases and no deaths were reported during the year 2006 and in the year 2007, 51 dengue cases and 2 deaths were reported. In the year 2008, 3 dengue cases and nil death was reported. In 2009 no Dengue cases has been reported till 27th May.

CHIKUNGUNYA

Total of 60132 suspected Chikungunya fever cases and no death has been reported during 2006. Out of the total 892 samples detected 106 (11.88%) was confirmed serologically for Chikungunya. In the year 2007, no suspected Chikungunya fever case has been reported. In the year 2008, no suspected Chikungunya fever case has been reported. In the year 2009 no chikungunya cases has been reported till 27th May.

Action taken by Govt. of India

1. For proactive surveillance 5 Sentinel Surveillance Hospitals with laboratory support have been identified in the state and linked with National Institute of Communicable Diseases, NICD which has been identified as Apex Referral Laboratory. NIV Pune has been entrusted the supply of IgM ELISA test kits Dengue, Chikungunya & JE to the identified institutes.

CENTRAL ASSISTANCE

(Rs. In lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	343.54	1366.24	1709.78	343.54	720.27	1063.81
2005-06	414.45	2408.48	2822.93	527.31	905.36	1432.67
2006-07	495.76	1578.26	2074.02	1087.97	481.20	1569.17
2007-08	712.36	1466.77	2179.13	534.27	1096.41	1630.68
2008-09	1136.53	875.26	2011.79	326.77	413.06	739.83
2009-10 (B.E)	1026.52	775.93	1802.45			

Issues:

Malaria

- State has yet to fill up all 516 contractual Male MPW sanctioned by NVBDCP.
- Out of 54 MTS provided under World Bank Project, 21 yet to be filled up and 6 LT posts are also to be filled up.
- Assistance is being provided for performance based incentive in five high malaria endemic districts by the Centre. For remaining malaria high endemic districts, similar provision needs to be made under Village Health and Sanitation Committee of NRHM out of flexi fund.
- The quality spray has to be ensured through intensive supervised spray activities.
- Out of 44832 ASHAs sanctioned, 42777 has been deployed out of which, 27800 have been trained. Remaining should be engaged and trained immediately.

Filaria

- State needs to gear up for hydrocele operation and complete the mapping to show the updated number of lymphoedema and hydrocele. The state also needs to involve medical college faculty for assessment of MDA.

STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN MADHYA PRADESH

- **Epidemiological scenario-**
The state has already achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 5000 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**
During 2008-09, a total of 6309 new leprosy cases were detected as compared to 6058 new cases detected during the corresponding period of previous year. Out of 6108 cases discharged during the year, 5676 cases (92.93%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**
There are 2 institutions, 1 govt. (Govt. Medical College, Bhopal) and 1 NGO (St. Joseph Leprosy Centre, Khargaon) providing reconstructive surgery services to leprosy affected persons with disability in the state. In the year 2008-09, 211 reconstructive surgeries were performed in the state.
- During 2008-09, NLEP action plan amounting to Rs.257 lakh has been approved for the State.

Issues -

1. The state has reported low level of fund utilization in 2008-09. During 2008-09, the state action plan was approved for Rs.333.63 lakhs, however the State could utilize only Rs. 170.76 lakhs.
2. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out in-depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
 - (i) Ensuring completion of treatment in each of the new cases detected.
 - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
 - (iii) Carrying out family contact survey against all multibacillary and child cases.
3. The State has listed around 1100 grade II disability cases in the last 5 years. RCS services are being provided by 2 GOI recognized institutions. The state should utilize the services of these institutions effectively for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
4. There are about 10 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009

Integrated Disease Surveillance Project (IDSP) was launched by Hon'ble Union Minister of Health & Family Welfare in November 2004. It is a decentralized; State based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner.

Madhya Pradesh is a Phase – I state under IDSP and has been inducted in the program during 2004-05. Dr BN Chauhan has been designated as the State Surveillance Officer. The component wise action points are as under:

1. Manpower:

- Contractual supporting staff at State Surveillance Unit and District Surveillance Units has been appointed in 48 districts.
- Joining of Epidemiologists, Microbiologists and State Entomologist is under process in the State under IDSP

2. Information Technology & EDUSAT:

- SIT Equipments installed at State Headquarter.
- Data Centre equipments and Training centre equipments delivered in all districts and installed.

3. Laboratory Strengthening

- One priority laboratory is identified for strengthening under IDSP, at J P Hospital, Bhopal. Funds for buying Lab. Equipments for this lab have been released to the state and procurement is under process.

4. Data Reporting:

- Data reporting on S, P, L forms and for outbreaks is undergoing from all districts in Uttarakhand and has to be initiated from all districts by using IDSP portal (www.idsp.nic.in) which is one stop portal & has data entry, data analysis and resource sections.

5. Finance:

Year	Release (in lacs)	Expenditure (in lacs)
2003-04	0.92	0
2004-05	397.9	0
2005-06	150.00	0
2006-07	0	215.45
2007-08	200.00	277.38
2008-09	0	208.53
Total	748.82	701.36

Balance: Rs. 47.46 lacs

Disease outbreaks

- A total of 15 disease outbreaks were reported in 2008. Outbreaks were of ADD, Measles, Food poisoning and Malaria
- Disease outbreaks reported (Jan. to May 2009 , Acute Diarrhoeal Disease - 4 , Food poisoning – 2 , Measles – 2 , Chickenpox – 1 7 malaria -2 ; **Total No. 11**)

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

STATUS NOTE ON MADHYA PRADESH

Magnitude:

Prevalence of blindness:	2001-02	1.16%
Estimated blind persons:		7.00 lakhs

Infrastructure developed

Regional Institute of Ophthalmology	1
Upgraded Medical Colleges	6
Upgraded District Hospitals	45
District Blindness Control Societies	25
Mobile Eye Care Units	43
Eye Banks	6
Upgraded PHC's	623

Cataract Performance..

YEAR	TARGET	ACHIEVEMENT
2007-2008	350000	37128
2008-2009	450000	376143

School Eye Screening

YEAR	TEACHER TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED FREE GLASSES
2007-08	24247	3848206	73688	19226
2008-09	19185	4010236	73483	14665

GIA released to State Blindness Control Societies/State Blindness Control Society

(Rs in lakhs)

YEAR	RELEASED	EXPENDITURE	BALANCE
2007-2008	989.37	483.00	506.37
2008-2009	540.05	524.58	16.14

Issues

- UCs for GIA released to State Blindness Control Society is not being received timely.
- Performance of School Eye Screening Programme needs to be improved.
- Performance report of cataract, School Eye Screening and Eye Donation for 2007-08 awaited

NIDDCP

Approval issued for the year 2009-10

S.No.	Activity	Amount proposed (Rs.in lakhs)	Amount Approved (Rs.in lakhs)	Remarks
1	Establishment of IDD Control Cell	1.88	6.00	The State Government may carry out the activities as per the fund allocation of GOI.
2	Establishment of IDD Monitoring Lab	2.42	3.50	
3	Health Education and Publicity	9.60	8.00	
4	IDD surveys	3.50	2.50	
	Total	17.40	20.00	

Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

This has been prepared to indicate allocations to the State in the previous years for different activities as per the State Programme Implementation Plan. The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters.

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
Madhya Pradesh							
Total MFP Approvals			11773.27	19210	27380	26439.63	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA	888	1756.5	910.75	1434.35	3087.17	
2	ASHA- Selection & Training						
3	ASHA Support System				532.46		
4	Mainstreaming ASHA				116.05		
5	Incentive to ASHA				180	400	900
	TOTAL	888	1756.5	1090.75	2482.86	3987.17	
Infrastructure related matters							
6	Construction of Buildings		987.36			1450	
7	Construction/Renovation & upgradation of CHCs	384	740	1025.9	2849.21	700	
8	Construction & renovation of PHCs			393.65	354.29	400	
9	Construction /renovation of SC			3500	1100	1600	
10	Upgradation of District Hospitals				600		
11	Upgradation of CHC/DH to IPHS					2194.8	

12	Gynaecology & Paediatric Wards in District Hospitals		128		153.6		
13	Strengthening of Nursing Cadre by Swalambvan Yojna		260.1				
14	Emergency & Referral Services		648	1040.00	3826.34		
15	MMU		92.25			606	
16	Equipments and furniture-SC			169.3		67.72	
17	Facility Survey of DH, Civil Hospitals, CHC, PHC		45.09				
18	Rental to SHC			360	45		
	TOTAL	384	2900.8	6488.85	8928.44	7018.52	
Human Resources related matters							
19	Contractual appointments of Second ANMs		126	275	525.36	651.06	
20	AYUSH Practitioner and Pharmacist/Compounder at CHC/PHC/SCH level		102			1080	
	TOTAL		228	275	525.36	1731.06	
Programme Management related matters							
21	State Health Resource Centre		20	168.00	53.69		
22	Programme Management Cost		750.47	1298	1208.57	1789.37	
23	State and District Public Health Reports		7				
24	DHAP			96.00	48.00	50.00	
25	Mobility Support for Medical Officers		140.85	650	572.4	653.4	
26	Strengthening of Drug Procurement Cell		20				
27	Construction of Drug Stores			714.00	754.00	853.00	
28	Mobile telephones to ANM			82.00			
	TOTAL		938.32	3008.00	2636.66	3345.77	
Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters							
29	Rogi Kalyan Samiti- DH		195	240	240	250	
30	Rogi Kalyan Samiti- Civil Hospital			54	54	54	
31	Rogi Kalyan Samiti- CHC		289	270	334	280	
32	Rogi Kalyan Samiti-PHC		1152	1152	748	870	
33	Untied Fund for CHC		133	135	167	166.5	
34	Untied Fund for PHC/APHC		298	288	212	288.75	
35	Untied Fund for SC	1201	883.5	883.5	880	886	
36	Untied Fund for VHSC		156.5	1546	5214.3	5539.3	
37	Annual Maintenance Grant -		266	270	334	333	

	CHC						
38	Annual Maintenance Grant - PHC		596	576	424	441	
39	Annual Maintenance Grant- SC			883.5	880	640	
	TOTAL	1201	3969	6298	9487.3	9748.55	
Training & Capacity Building related matters							
40	Strengthening of In-Service Training facilities				100	180	
41	Strengthening of existing 27 ANMTC		50	27	14.5	168	
42	Strengthening of LHV Training Centres		10	10			
43	Strengthening of Nursing Schools		9	305	55		
44	Capacity Building of PRIs		20	100	100	50	
45	Training of Doctors & Health Workers					50	
46	ANM Training PPP			405.00	405.00		
47	Development of audio, visual aid for training of VHSC				5.00		
	TOTAL		89	847	679.5	448	
Innovations related matters							
48	Health Insurance		1323.75		1000		
49	School Health Programme			528.00	415.75	50.00	
50	Health Melas		232	240	240	250	
51	Swablamban Yojana				754.8		
52	Networking with NGOs and Professional Organizations		50	10			
53	Drugs for CHCs/FRUs	1342	266	324	639.9		
54	Procurement Management Information System					1180.84	
55	E-Governance		20				
56	HMIS		50				

57	Research and Evaluation		165		75		
58	Tele-Medicine		20				
59	Quality Assurance		25			124	
60	Incentive Scheme			100.00			
61	Starting up of promoting best practices for providing health among the citizens through VHSC				100.00		
62	State Cell / District cell					5.72	
	TOTAL	1342	2151.75	1202	3225.45	1610.56	

District wise Information on Madhya Pradesh under some RCH indicators

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
India	73.5	47	69.6	54.1
Madhya Pradesh	60.4	47.1	57.7	56.2
Balaghat	86	47.9	88.9	57.7
Barwani	43.3	29.4	38.3	45.6
Betul	67.7	40.4	73.1	63.9
Bhind	45.3	51.5	62	55.8
Bhopal	78.3	58.9	81	56.9
Chhatarpur	64.9	50.7	53.6	49.1
Chhindwara	68.1	39.8	65.1	57
Damoh	57.4	31.6	46.9	66.4
Datia	64.1	45.1	40.8	59.2
Dewas	76.9	67.6	59.6	62.7
Dhar	63.2	43.1	54.5	56.8
Dindori	36.1	13.1	41.4	53.7
East Nimar	55.4	41.3	56.7	62.5
Guna	32.9	50.4	41.6	49.4
Gwalior	54.5	65.7	55.1	52.2
Harda	64.7	46.1	58	61.8
Hoshangabad	74.7	65.6	80	60.5
Indore	87.1	79.7	76.9	60.1
Jabalpur	84.6	62.6	66.9	65.1
Jhabua	42	40.5	26.7	45.7
Katni	51	43.7	71.6	49.5
Mandla	58.2	28.5	69.4	58.7
Mandsaur	82.2	52.5	62.6	54.3
Morena	39.6	59.3	54.2	52.5
Narasimhapur	80.3	47.7	62	63.8
Neemuch	78.5	53.6	71.2	53.3
Panna	46.6	38	54.4	51.3
Raisen	51.1	36.1	62.6	52.9
Rajgarh	68.6	50	52.1	46.4
Ratlam	82.2	60.4	69.7	56.7
Rewa	54.6	45.4	64.6	44.7
Sagar	64	46.3	70.9	52.7
Satna	53.7	42.4	58.4	48.8
Sehore	79	56.1	65.7	58.9
Seoni	76	52.4	76.8	60.4
Shahdol	70.3	43.9	67.7	46.5

Shajapur	82.4	69.3	67.8	55.3
Sheopur	32.5	41.2	48.9	39.7
Shivpuri	30.1	44.3	29	51
Sidhi	32.1	23.5	42	38.6
Tikamgarh	60.8	51.6	34.2	58.4
Ujjain	89.8	68.1	83.5	63.6
Umari	55.1	34.8	47.4	46.2
Vidisha	57.4	48.5	40.9	55.3
West Nimar	66.3	42.3	64.9	65.7

source DLHS-III