

# **State Programme Implementation Plan**

## **Reproductive and Child Health**

### **RCH - II**

**Department of Public Health & Family Welfare  
Government of Madhya Pradesh**

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## **VISION**

“All people living in the state of Madhya Pradesh will have the knowledge and skills required to keep themselves healthy and have equity in access to effective and affordable health care, as close to the family as possible, that enhances their quality of life, and enables them to lead a healthy productive life”.

## **MISSION**

“It is our Mission to become the repository of institutional leadership and support for health system in the state capable of rendering decentralized, proactive and user-friendly health care services -preventive, promotive and curative-to the people of the state, pursuing excellence in operations, expanding access and increase in demand”.

\* Quality of Life is the Perceived Physical and Mental Health of a Person or Group over time

## BACKGROUND AND CURRENT STATUS

### SOCIO-DEMOGRAPHIC PROFILE OF THE MADHYA PRADESH

INDICATORS	M.P.	India
Area (In sq. km)	3,08,245 (9.38% of India's total area)	32,87,263
Population (Census 2001)	6,03,85,118 (5.88% of India's total population)	1,027,015,247
Population growth rate (1991-2001)	24.34	21.34
Population density	196	324
Literacy Rate -Total	64.11	65.38
• Male Literacy	76.80	75.85
• Female Literacy	50.28	54.16
Sex ratio (Females per 1000 Males)	920	933
Urban population	26.67%	27.78%
Scheduled Castes	74,78,000 (15.4%)	16,65,76,000 (16.20%)
Scheduled Tribes	96,82,000 (19.94%)	8,31,88,235
Maternal Mortality Rate (SRS 1998)	498	407
Infant Mortality Rate (SRS 2004*)	79*/1000 R-84 U-56	58/1000 (SRS 2004) R-64 U-40
Total Fertility Rate (NFHS-II)	3.3	2.9
Birth Rate	29.8	24.1
Death Rate	9.2	8.2

### Administrative Profile

Indicator/Parameter	Nos.
Development Blocks	313
Tribal Blocks	126
No. of Towns/cities	394
No. of Municipal Corporations	14
No. of Municipalities	85
No. of Nagar Panchayats	235
No. of villages	55392
No. of inhabited villages	52143
No. Gram Panchayats	22,029
No. of Janpad Panchayats	313
No. of district Panchayats	48

## SITUATIONAL ANALYSIS

### MATERNAL HEALTH

Promotion of maternal and child health is most important component of the Reproductive and Child Health Programme. Provision of quality antenatal care (early registration, three antenatal checkups, two tetanus toxoide injections and IFA tablets) has been envisaged under the programme.

In Madhya Pradesh, DLHS survey 2004 has reported that only 34.5% pregnant women have received three antenatal checkups (PW consuming 100 IFA tablet by 5.9% and 2 T.T. by 77.5%). The percentage of women receiving any ANC has increased from 52.4 (1998-99) to 74.1 (2004). 17.6% deliveries take place in govt. institutions and 10.6% in private institutions. Still 71.5% are domiciliary deliveries and 35.5% deliveries are attended by Skilled Birth Attendant. The percentage of safe delivery has gone up from 27.5 (1998-99) to 35.5 (2004).

Coverage of antenatal care is lower for women amongst the vulnerable groups. The Reproductive and Child Health Programme seeks to promote institutional delivery conducted by Skilled Birth Attendants. The Survey has also noticed inter-district variations in the coverage of the antenatal care services.

### Child Health

Infant and child mortality rates reflect level of socio-economic development and quality of life and are used for monitoring and evaluating population and health programmes and policies being pursued by the State. Efforts made by the Department of Health & Family Welfare have brought down IMR 79/1000 live births (SRS-2004). However, the rural mortality rates persist to be considerably higher than the urban mortality rates. Post Neonatal Mortality Rate is almost twice as high in rural areas as in urban areas, and Child Mortality Rate is almost three times as high in rural areas as in urban areas. Neonatal Mortality Rate is 31 percent higher in rural areas, Infant Mortality Rate is 49 percent higher, and the Under-Five Mortality Rate is 84 percent higher in rural areas than in urban areas. (NFHS-II). Thus, it is evident that the rural areas do merit a consistent and concerted attention in regard to requisite interventions under the RCH Programme.

**Mortality Statistics of Madhya Pradesh**

	<b>Neonatal Mortality</b>	<b>Post Neonatal Mortality</b>	<b>Infant Mortality*</b>	<b>Child Mortality</b>	<b>Under 5 Child Mortality</b>
Urban	41.9	17.6	56	26.5	84.4
Rural	64.6	36.8	84	66.5	161.2
Male	67.3	29.8	82	49.4	141.7
Female	51.7	35.9	75	66.3	148.0

Source: NFHS- II (1998-99)

\* SRS - 2004

## Child Immunization

The vaccination of children against six serious but preventable diseases (tuberculosis, diphtheria, pertusis, tetanus, poliomyelitis, and measles) has been a cornerstone of the child health care programme under the public health system in India. As part of the NRHM, the National Immunization Programme is envisaged to be strengthened on a priority.

Antigen	Reported Coverage 1998/99	NFHS-II 1999	DLHS 2004	Reported Coverage 2005-06
<b>Fully Vaccinated</b>		<b>22</b>	<b>32.5</b>	
<b>BCG</b>	<b>73.4</b>	<b>65</b>	<b>72.6</b>	<b>99.1</b>
<b>DPT-3</b>	<b>73.2</b>	<b>37</b>	<b>43.9</b>	<b>96.7</b>
<b>Measles</b>	<b>70.8</b>	<b>36</b>	<b>50.1</b>	<b>95.4</b>
<b>Drop-out BCG Measles</b>	<b>2.6</b>	<b>29</b>	<b>21</b>	<b>3.7</b>
<b>TT 2+booster</b>	<b>63.5</b>	<b>55</b>	<b>-</b>	<b>87.9</b>

The public sector is the primary provider of childhood vaccinations in Madhya Pradesh (92% being provided by the public health system).

## Population Stabilization

Population stabilization constitutes another key stream in the mandate of the RCH programme. DLHS survey findings report an increase in CPR from 44.4% (1998-99) to 50.5% (2004) with female sterilization continuing to be predominant (37.5% of CPR) and male sterilization lagging behind at a virtual insignificant level at 0.8%. Amongst the use of limiting methods, IUD is reported at 1.1%, Pills at 2.5% and Condoms 5.4%. The Unmet Need has been reduced from 27.2 (1998-99) to 21.0% (2004) with the limiting methods accounting for 13.6% and 7.4% on account of spacing method. The survey reports that around half of the women of childbearing age (49.4%) are giving birth to more than 3 children. Thus, it can be seen that the State has a huge task ahead in meeting the challenge of population stabilization.

In Madhya Pradesh, like in other parts of India, age at marriage signals the beginning of socially acceptable active reproductive life. It is because of this reason that female age at marriage is regarded as one of the proximate determinants of fertility. Female median age at marriage is 18.2 years (DLHS 2004) and for boys it is 21.8 years. 43.5% of the girls get married before the age of 18 years.

Family planning methods and services in Madhya Pradesh are provided primarily through a network of government hospitals and urban family welfare centers in urban areas and Primary Health Centers (PHC) and sub-centers in rural areas. Family planning services are also provided through private hospitals and clinics, as well as non-governmental organizations (NGOs). Needless to state that the challenge ahead and the service delivery as it occurs today need a careful and serious consideration

so that envisaged impact in health outcomes may be realised in a programmed and coordinated manner.

### **Health Infrastructure**

According to the Madhya Pradesh Family Welfare Programme Evaluation Report (2003), the most common health facility available in the villages is the private doctor. In almost half of the villages surveyed, the presence of a private doctor was reported. These private doctors include all categories of health and family welfare services providers including unregistered practitioners who are commonly termed as 'quacks'. Compared to institutions and practitioners of modern or allopathic system of medicine, the presence of the providers of indigenous and Indian system of medicine - Ayurveda, Unani, Homeopathy, etc. – has been found to be more common. In more than 45 per cent of the villages, the presence of either a Vaidya or a Hakeem was reported.

The average distance of the villages surveyed from the nearest sub-health center has been estimated to be 4.33 kilometers. This distance is longer than the average radial distance of 3.41 kms covered by a sub-health center according to the official estimates (Government of Madhya Pradesh, 1997). On the other hand, the average distance of the villages surveyed from the nearest community health center has been estimated to be 21.45 kms. This distance is, incidentally, shorter than the official estimates of official average radial distance of 26.52 km. The distance analysis is only of an indicative nature here. What is more significant is the average time that a child or a woman would take to be able to reach a facility which can effectively meet the emergency need well within the time before it gets too late; particularly given the difficult terrain and lack of appropriate mode of transport.

### **Public Private Partnership**

Some of the initiatives that have been taken up in the State are:

- Rogi Kalyan Samiti
- Increasing accessibility of MCH & Family Welfare services in remote and underserved areas through public-private partnership.
- Capacity building of service providers by accreditation of private institutions as training centers.
- Provision of mobile health units in identified 11 tribal blocks of the State.
- Integrated Nutrition and Health Project and Maternal and Infant Survival Project (MISP) - CARE M.P.
- Health Projects – MPVHAI, FPAI, JANANI, IMA

## PROGRAMME GOALS AND OBJECTIVES

The RCH II programme in Madhya Pradesh shall seek to address the attainment of goals as enshrined in Madhya Pradesh Population Policy. The programme is also consistent with the mandates of Millennium Development Goals, Common Minimum Programme and ICPD's Programme of Action.

### RCH-II Programme Goals

Broadly, the programme seeks to improve the health status of all women and children through improved access and quality Reproductive and Child Health services with focused attention to the most vulnerable sections of the society.

OUTCOMES	Madhya Pradesh		
	Current status (Reference Year, Source)	Goal	
		2007	2010
MMR	498 (1998: SRS)	350	220
IMR	79 (2004: SRS)	75	60
TFR	3.9 (1999: SRS)	3.2	2.1

**Component-wise, the MP RCH II Programme addresses the following process and enabling indicators:**

#### Maternal Health

Reduce unmet need of EmONC - To have a minimum of 4 Basic EmONC and 1 Comprehensive EmONC facilities for a population of 5 Lakh, which will function for 24 hrs. 365 days a year. Consequently, the State has determined to fully operationalise select 170 CEmONC and 500 BEmONC facilities (List of Proposed CEmONC and BEmONC Facilities is attached at Annexure- I)

- Improve access to skilled delivery care and emergency obstetric care.
- Improve coverage and quality of antenatal and postnatal care.
- Increase proportion (progressively to 50% in 2006-07, 65% in 2007-08, 80% in 2008-09 and 85% in 2009-2010) and quality of institutional deliveries.
- Increase coverage of postpartum care.
- Improve the access of safe abortion services.
- Ensure high level of political and societal commitment to maternal health.
- Provide RTI/STI services up to PHC level and to increase awareness.
- Mobilize community for referral transport for delivery and to promote institutional deliveries.

#### Child Health

**In addition to the related indicators covered under maternal health component, the following would be addressed:**

- Improve essential newborn care, sick new born and Infant & Young Child Feeding practices (IYCF) within the community and health institutions.
- Implement Integrated Management of Newborn and Childhood Illnesses (IMNCI) Strategy.
- Conduct training for skill enhancement and capacity building of medical officers, para-medical health service providers and community volunteers.
- Ensure 100% full immunization coverage by year .
- To reduce incidences of diarrhoea and ARI.
- Facilitate referral and care of sick newborn.

### **Population Stabilization**

- Increase the use of modern contraceptive methods to 65 per cent by 2010
- Provide universal access to full range of safe and reliable family planning methods and quality family welfare services for men, women and adolescents.
- Provide services to reduce the unmet need for spacing and limiting methods by 90 per cent by 2010.
- Increase male participation in Family Welfare Programme to 10% by 2007 and 20% by 2010.
- Reduce the proportion of births of order 3 and above.
- Increase the age of the mother at the birth of her first child to 21 years by 2010.

### **Institutional Mechanisms**

- Strengthen programme management arrangements.
- Ensure availability of required functionally competent human resource.
- Strengthen technical capacity of existing human resource.
- Strengthen decentralized approach by devolution of adequate financial and administrative powers to various levels for effective implementation.
- Promote public-private partnerships for expanding the reach of services.
- Promote convergence with other concerned departments and agencies such as DWCD (ICDS), Panchayat, Education, Department of Medical Education, universities, research institutions and NYK etc.

### **Gender Concerns in RCH/ Sex Ratio**

- Address issues related to gender inequity.
- Increase knowledge of the service providers and the community on gender concerns including gender-based violence..
- Enhance capacity of services providers at all levels to deliver gender sensitive and quality services.
- Create an enabling environment for gender interventions.

### **Adolescent Health**

- Increase knowledge on ARSH and enhance life skills and gender sensitivity for adolescent boys and girls.
- Promote ARSH services and their optimum utilization by the adolescent population.

- Enhance capacity of services providers at all levels to deliver gender sensitive and quality ARSH services with sensitivity and confidentiality.

### **Behavioral Change Communication (BCC)**

- Develop requisite message and media strategy for meeting communication needs of different audience-segments in each of the technical components such as Maternal Health, Child Health, Population Stabilization, Gender and Adolescent Health.
- Enhance capacity of service providers as well as community volunteers and groups to be able to provide effective communication and counselling services.
- Involve concerned stakeholders like media, opinion makers, religious leaders, representative of PRIs/ULBs and elected legislature representatives for social mobilization.

### **Public Health Infrastructure Development**

- Improve the infrastructure facilities of existing health institutions..
- To rationalise the infrastructure
- Partner with community / private sector to strengthen the infrastructure of existing health institutions.

### **Health Management Information System (HMIS)**

Develop and institute:

- Health Personnel Management Information System
- Performance Management Information System
- Financial Management Information System
- Resource (equipment, infrastructure) Management Information System
- Drug and Supplies Management Information System

### **Urban Health**

- Provide integrated and sustainable system for primary health care service delivery in the urban areas, particularly in slum populations.
- Provide RCH and Family Planning services for urban poor living in slums.
- Increase the accessibility of RCH and Family Planning services for urban poor.
- Generate demand for RCH and Family Planning services in urban poor.

### **Quality Assurance**

- Develop and implement quality standards for RCH services.
- Develop and institute protocols for standard performance management practices.
- Develop and institutionalize standard treatment guidelines.

## **I. MATERNAL HEALTH**

### **Achievements during the Year 2005-06**

- 48 PGMOs (Obs. Gynae., Paed. & Anesth.) in CEmONC and 125 MOs appointed in BEmONC facilities on a contractual basis.
- 382 Staff Nurses at BEmONC, 31 Staff Nurses at CEmONC, and 736 ANMs appointed in CEmONC & BEmONC facilities on a contractual basis.
- Incentive scheme for motivating health workers for providing quality RCH services implemented in all the districts
- Janani Kalyan Insurance Scheme - financial assistance for institutional delivery and compensation on maternal death
- Promotion of institutional deliveries - provision of incentives to health providers (Doctors, Staff Nurse & cleaning staff)
- Standard treatment protocols for managing different obstetric emergencies and new born care are being followed in the state.
- Equipments for CEmONC and BEmONC facilities have been provided under SIP.
- To facilitate process of labour provision of birth companion has been made
- Scheme for PPP for RCH services to BPL population. 6 hospitals have been accredited.
- One NGO accredited as training institute for family planning operations and safe abortion services.
- Deen Dayal Mobile health clinics in 11 tribal blocks through NGOs

### **Training Activities carried out under RCH during the Year 2005-2006**

- Training of MOs & Lab Technicians of CEmONC facilities in running Blood Storage Units – 37 districts completed.
- Total 23 MOs under took Short training course in Anaesthesia (5), Gynaecology (10) and Paediatrics (8).
- TOT for orientation training of MOs and Staff Nurses/LHVs & ANMs – 1 batch conducted.
- TOT (State level) for Skilled Attendance at Birth training for Staff Nurses/LHVs & ANMs – completed.
- TOT (district level) for Skilled Attendance at Birth training for Staff Nurses/LHVs & ANMs – 6 districts completed.
- Induction training of PMU – 1 batch completed.
- TOT (State level) for orientation training of PMU staff – completed.

### **Strategy for 2006-07**

Strategy adopted for the year 2005-06 will be continued in year 2006-07 which will be as follows:

- Enhance availability of access to facilities for institutional deliveries and emergency obstetric care.
- Strengthening Antenatal and postnatal care services.

- Increased access for safe abortion services
- Involvement of NGOs and promotion of Public-Private Partnership for effective programme implementation.
- Prevention and management of RTI / STI.

### **Implementation Plan:**

#### **A. Enhance Availabilities of facilities for institutional deliveries and emergency obstetric care**

Comprehensive and Basic Emergency Obstetric Care services:

The State Govt. has planned to operationalise all district hospital, civil hospital and blockhead quarter CHCs as CEMONC facilities. 170 CEMONC facilities have been identified for providing the Comprehensive Emergency Obstetric Neonatal Care services.

The following steps have been taken for streamlining the CEMONC services in the State :-

- **Hiring of Service Providers:** During the year 2006-2007, 35 Obstetricians, 30 Pediatricians, 35 Anesthetists have been appointed on contract basis. Also, Anesthetists and Gynecologists will be hired on case-to-case basis. In addition, services of 124 Staff Nurses and 11 Lab Technician who have been hired in the year 2005-2006 will be continued. 314 Medical officers, 628 Staff nurses for PHC BEmOC and 178 Staff nurses for CHC BEmONC and 628 ANMs for 314 BEmONC will be appointed on contract basis during the year.
- **Infrastructure strengthening**
  - Provision has been made for repair and renovation (including OT, labour room and maternity ward,) electric work and water supply. This activity was approved in 2005-06. Thus, budget provisions for this activity has not been made during the year 2006-2007 because the budget of the year 2005-2006 amounting to Rs. 336 lakhs will be utilized this year.
  - In 10 newly created districts, Blood Banks will be established and blood storage facilities will be created at 124 CEMONC facilities.
  - Telephone facilities and running cost will be provided to all the CEMONC and BEmONC facilities.
  - Provision has been made for the maintenance of all the district hospitals, CEMONC and BEmONC facilities.
  - Concurrent evaluations of CEMONC and BEmONC facilities will be undertaken through an identified agency.
- **Training**
  - Fill up the gap of specialist in CEMONC facilities by short-term training in Gynecology and Anesthesia for 32 Medical Officers in identified medical colleges.

- Medical Officers and Lab. Technicians of the CEmONC will be provided 3 days training in blood transfusion and storage facilities in accordance with the guidelines for the Blood Banks. For this activity, funds under SIP will be utilized.
- Two programmes for Training of Trainers (ToT) of two days duration will be organised at RFWTCs for BEmONC trainers of the districts. After the ToT, training of Medical officers, Staff Nurses and ANMs will be conducted at identified district hospitals for 15 days by the trainers trained. In all, a total of 360 batches will be conducted during the year. Each batch will comprise 2 MOs, 2 SNs and 2 ANMs.
- The ToT for the trainers from district hospitals for Skilled Birth Attendants (SBA) Training will be organised at SIHMC/RFWTCs. The trained trainers will conduct 2 weeks SBA Training for SNs, LHV and ANMs. In one batch, 4 participants will be trained. Each district will organise the training of 5 batches during the year.
- One week refresher training of 576 ANMs will be conducted at district hospitals. Each district will organise the training of 12 batches.
- Two weeks training of 200 paramedical posted at BEmONC facilities will be provided training on multiple skills at district hospitals.
- Standard Treatment Protocols printed under IPD project will be got framed and displayed at appropriate places at all the CEmONC and BEmONC facilities.
- Provision of budget has been made for the districts for the development and printing of the training books and post-training literature.

## **B. Special Schemes**

- **Referral Transportation:** The scheme of Prasav Hetu Parivahan Evam Upchaar Yojana will cover all facilities (CEmONC and BEmONC) for all BPL and SC/ST women who are not covered under the JSY. In year 2006-07, the scheme will be funded from State Budget.
- **Outsourcing of Emergency Transportation:** Provision has also been made to outsource emergency transportation of women with obstetric complications.
- **Janani Suraksha Yojana (JSY):** In year 2005-06, there were 68252 beneficiaries of JSY. In year 2006-07, provision has been kept for 2 lakh deliveries under JSY assuming 50% BPL will deliver in the institutions.
- **24 Hour Delivery Services:** The presence of health providers in BEmONC facilities for providing 24 hour Delivery Services will be ensured. For this purpose, an incentive scheme is operational and the same would be continued in the year 2006-07 as well. Under this incentive scheme, an incentive of Rs. 330/- per delivery is paid as cash incentive (Rs. 200/- for the attending MO, Rs. 100/- for the Staff Nurse and Rs. 30/- for the Sweeper). The incentive is applicable for all deliveries conducted in BEmONC over and above a benchmark of achieving 200 deliveries during the year.
- **Maintenance of Health Institutions:** CEmONC and BEmONC health institutions will be provided @ Rs. 5000/- and Rs. 3000/- per month respectively for specific purpose of ensuring cleanliness, upkeep and maintenance of the facilities.

- **Incentive to ANMS / MPW / AWWs: In order** to motivate the ANMS / MPW / AWWs, an incentive scheme was introduced in the year 2005-2006. This scheme will be continued. Under this scheme, the best performing ANMS/MPW (M)/AWWs will be identified on key performance indicators and will be paid a cash incentive of Rs. 1000/- for the ANM and Rs. 500/- each for the MPW (M) and AWW respectively.

### **C. Strengthening Antenatal and Postnatal Services**

The following activities will be undertaken to improve the coverage and quality of ANC:

- Rendering effective and quality ANC services through fixed day (Friday) clinic approach with focus on women of BPL/SC/ST, primigravidas and adolescent mothers.
- Anganwadi workers will be involved for improving the coverage.
- Orientation of community (integrated with BCC module).
- Skill training of ANMs in Obstetric First Aid with focus on emergency drugs approved for the use by ANM.
- 200 Additional ANMs will be recruited in the year 2006-07 for SHCs and 321 ANMs of RCH I for SHC will be continued.
- 313 Dai Sammelans are planned (one in each block) in the year 2006-07 for orientation of TBAs for promoting institutional deliveries and creating referral linkages with health system.

#### **Postnatal care services**

Postnatal care services will be ensured along with the newborn care. The following steps will be adopted in strengthening the PNC and newborn services:

- Postnatal care will be provided through ANM & Anganwadi workers.
- Mothers will be encouraged / educated regarding the importance of care after delivery. In cases of institutional deliveries, all mothers will be asked to stay for 3 days in the hospital so that they could receive adequate post natal care. Orientation of community on postnatal care will be done.

#### **Monitoring and Evaluation**

- An effective monitoring mechanism for monitoring the CEmONC and BEmONC services will be developed to assess the performance of health service providers in public and private sectors.
- Maternal death audit: A system of maternal death audit will be introduced to identify the causes of maternal death. An orientation programme will be conducted in a phased manner covering 5 districts with high MMR in year 2006-07.
- Monthly review meetings at regional, district and block levels will be held to assess and review the shortfalls of the objectives and the activities reflected in the annual plan.
- Inter-sectoral coordination mechanism will be strengthened through involvement of WCD, PHED, Panchayat, Education and representatives of NGO/Private sector.

- Appropriate registers, modified ANC cards covering details of PNC will be made available to ANMs and health institutions.
- Incentive-based scheme for the ANMs, MPW (M), and AWW on the basis of performance criteria will be continued for year 2006-07..
- Concurrent evaluation of BEmONC & CEmONC by external agency is planned 2006-07.

#### **D. Increased Access for Safe Abortion Services**

To increase the accessibility of safe abortion services following interventions have been planned for year 2006-07:

- Training of all the Medical officers of CEmONC and BEmONC in MTP services including medical means of termination of pregnancies at medical colleges. A total number of 52 MOs will be trained in 26 batches during the year.
- MTP by MVA technique will be ensured in BEmONC. Training of 50 MOs will be conducted at identified district hospitals.
- Provision of essential equipments and drugs at the identified centers will be made.

#### **E. Involvement of NGOs and promotion of Public-Private Partnership for effective programme implementation**

To improve the access and availability of MCH services, the public-private partnership is being promoted under the RCH.

- Janani Suraksha Yojana provides hiring of specialists of OBGY and Anesthesia to provide specialist care in managing complicated obstetric cases. Using the similar norms, CEmONC and BEmONC facilities would be able to hire the services of OBGY and Anesthesia specialists on case-to-case basis.
- Private sector service providers will be accredited to provide normal delivery services and management of complicated obstetric cases. Such hospitals / nursing homes will be identified and accredited and will be reimbursed the cost of services rendered by them to BPL and SC/ST cases.
- NGOs involvement in conducting trainings and rendering services and in community mobilization will be actively promoted.
- In 10 districts where health indicators are poor, the services for emergency obstetric care will be outsourced. A scheme will be developed and implemented for Public-Private Partnership in these districts.
- Private sector institutions/hospitals will be identified for providing clinical training for the service providers.

#### **E. Prevention and Management of RTI / STI**

Preventive and curative services for management of RTI/STI up to PHC level institutions will be ascertained through appropriate training of MOs and health workers with support from Madhya Pradesh State AIDS Control Society. The strategy will be worked out on possible areas of interventions in order to avoid any duplication in the services.

## **II. CHILD HEALTH**

### **Achievements of Year 2005-06**

- IMNCI strategy is being implemented in 8 districts, namely Bhind, Morena, Datia, Sehore, Bhopal, Vidisha, Shivpuri and Guna with UNICEF support in Shivpuri and Guna districts. 525 medical & paramedical staff have been trained in Shivpuri. Two batches of district ToT have been completed.
- Provision of Funds for referral of sick children of vulnerable group in IMNCI districts.
- 23 state core trainers and 193 mid level trainers trained in IYCF with support of UNICEF.
- Bal Sanjeevni campaign - reduction of severely malnourished children from 5.5% to 1.2% and reduction of malnourished children by 50%.
- State Task Force and State Core Group have been constituted and regular meetings are being convened for monitoring routine immunization activities.
- For transportation of vaccine and supervision of immunization sessions, alternate vaccine delivery system has been started in all districts.

### **Strategy for Year 2006-07**

Strategy adopted for the year 2005-06 will be continued in year 2006-07 which will be as follows:

- Improve Household Caring Practices for Newborn Care (NBC) and Infant and Young Child Feeding (IYCF)
- Improved Routine Immunisation (RI) to achieve 100% fully immunised by one year of age, and five doses of vitamin A by three years of age.
- Integrated Management of Neonatal and Childhood Illnesses (IMNCI)
- Appropriate management of malnourished children.

### **Implementation Plan:**

#### **A. Improve Household Caring Practices for Newborn Care (NBC) and Infant and young child feeding (IYCF)**

- It is planned to train all frontline workers, including ANMs, AWWs and community volunteers on infant and young child feeding practices. Funds for this purpose have now been allocated from Gol to the WCD department.
- Newborn care facilities (warmer, bag and mask, oxygen) are being made available in all CEMONC & BEMONC institutions.
- Audience – segment specific Behavioural Change Communication strategy for improved household NBC practices, breastfeeding and child feeding, recognition and care of low birth weight babies and timely referral, including improved recording of birth weights & prevention of childhood anaemia.

## **B. Improved Routine Immunisation (RI)**

The activities for strengthening of routine immunisation have been reflected in immunization plan of RCH-II.

## **C. Integrated Management of Neonatal and Childhood Illnesses (IMNCI)**

- Printing of 11000 IMNCI training modules.
- Medical and Paramedical staff of identified 8 IMNCI districts (Bhind, Morena, Datia, Bhopal, Vidisha and Sehore, Guna and Shivpuri) will be trained in IMNCI. Training of MOs and Supervisors will be conducted at Medical colleges and training of paramedical staff will be conducted at the district hospitals.
- 600 MOs of the remaining 40 districts (non-IMNCI districts) will be trained during the year and the training of paramedical staff of non-IMNCI districts is clubbed with the BEmONC training under the maternal health intervention.
- To increase the pool of master trainers, faculty from the PSM and Paediatric faculty of medical colleges of Rewa, Indore, and Jabalpur will be trained at National Nodal Institute.
- Provision for referral transport of sick children U5 of BPL and SC/ST has been made at all the CEmONC and BEmONC facilities @ Rs. 200/- per case. A provision for 10000 cases has been made for this year.

## **D. Appropriate Management of Malnourished Children**

State Action Plan for reduction of malnutrition will be implemented in collaboration with the Department of Women & Child Development which includes the following:

- Strengthening facilities for management of severely malnourished children by hospital based treatment and institutional rehabilitation under Bal Shakti Yojna funded by DFID.
- IEC for hygiene education at the community level through the frontline workers.

### **III. POPULATION STABILIZATION**

#### **Achievements during year 2005-06**

- Quality assurance committee has been constituted at the State level and instructions have been issued for setting up the similar committees at the district level.
- Public-Private Partnership (PPP) for providing family welfare services to BPL families has been started.
- Training of ANMs in 'IUD –CuT- 380 A' has been started.
- Sterilization Wards are being developed in all district hospitals.
- Hiring of counselor for FW services at all CEmONC facilities is in process.
- 40 surgeons have been trained for NSV operations & 28417 cases have been done in year 2005-06. NSV mega camps were organized in Balaghat, Dewas, Hoshangabad, Betul, Satna

#### **Strategy for 2006-07**

- Promoting the acceptance of spacing methods through community participation.
- Expanding the choice of spacing methods of contraceptives.
- Access to quality services for sterilization be improved at health facilities in all the CEmONC and BEmONC facilities.
- Involvement of private sector in providing quality family planning services.
- BCC activities through interpersonal communication, IEC material on sterilization, Condom, IUD, Oral Contraceptives, male participation, NSV, PNMT Act etc.
- Implementation of mother NGO scheme.

#### **Implementation Plan**

##### **A. Promoting the acceptance of spacing methods through community participation**

- Link couples programme was introduced in the year 2004-2005 in 5 IPD districts. The same program was integrated with RCH II. The Link Couple Program will be continued in the 5 IPD districts namely Chhatarpur, Panna, Rewa, Satna and Sidhi under which training of Link Couples and Quarterly meetings at PHC level has been planned.
- The condom vending machines were procured by districts using the funds under other programs. This year provision of Rs. 6 Lakhs is planned for running and maintenance of these machines.

##### **BCC activities**

The IEC Bureau will organise workshops for media officials for highlighting the key issues. This will enable them to prominently report informative and analytical information on population and development issues. Likewise, films would be developed, as may be required, video films and audio cassettes would be distributed on themes including delaying the age of marriage,

reducing gender bias, birth spacing, safe sex and male involvement in reproductive health.

## **B. Expanding the choice of spacing methods of contraceptives**

- ANMs will be trained in providing IUD services using T 380A. Training of ANMs will be conducted at the district hospitals. A total number of 3840 ANMs will be trained in 960 batches. Training guidelines will be printed. A performance assessment will be undertaken in erstwhile 5 IPD districts by the Gynecologist of the district hospital. All trained ANMs will be provided asepsis kits for IUD insertion.
- **Social Marketing:** To increase availability of spacing contraceptives methods in rural areas, a program of social marketing will be launched. In addition, other conventional channels like PDS, JSR, Link Couples and other suitable outlets will be utilised for making contraceptives available.

## **C. Improved access to quality services for sterilization at all CEmONC and BEmONC facilities**

- The surgeons performing more than 1000 sterilization operations in a year will be given an incentive @ Rs. 50/- per case for the number of operations performed after achieving the benchmark of 1000 cases.
- 170 counselors will be hired on contractual basis and will be posted at each CEmONC facility. The counselors will inform the clients about the available options for contraceptive services and remove myths and misconceptions about the contraceptive devices, if any and assist them in choosing the suitable contraceptive method.
- Three regional NSV Resource Centers at Bhopal, Indore and Jabalpur will be established during the year together with the continuity and strengthening of State NSV Resource Center located at Gwalior. IEC campaigns will be carried out by these centers for generating the demand for NSV services. 100 MOs of the CEmONC and BEmONC institutions will be trained by these centers so as to equip them as regular provider of NSV services.
- 50 Medical Officers will be imparted training in Minilap in 5 medical colleges and identified districts hospitals in the state.
- To ensure laparoscopic sterilization services, 20 MOs will be trained for a period of two weeks at medical colleges and identified district hospitals. Reorientation training of 60 MOs comprising gynecologists and PGMOs will also be conducted for a period of one week.
- Mega NSV camps will be organized by the districts by the team of trained MOs. One sterilization ward at each district hospital will be equipped well to provide best quality of care to sterilization acceptors (activity already started in the year 2005-2006) and will be functional.
- A lump sum provision has been made for the repair and maintenance of the existing laparoscopes. It is expected to receive 150 single puncture and 50 double puncture laparoscopes from the GoI.

#### **D. Involvement of private sector in providing quality family planning services**

A large section of the society seeks health services from private service providers. The potential of the private sector will be tapped for providing quality of FP services. Regulation and accreditation of the private sector facilities for providing services would be undertaken.

#### **E. Implementation of Mother NGO Scheme**

This will include:

- Base line survey will be conducted in all 48 districts.
- Projects submitted by the NGOs would be appraised and identification of the areas for service NGOs will be made.
- Grant- in-aid will be provided to the selected NGOs for conducting the activities.
- The NGOs' work would be supervised and periodic review meetings shall be held.
- The NGO Cell at the directorate will be strengthened.

## **IV. ADOLESCENT HEALTH**

### **Strategy to be adopted for 2006-2007:**

- Implementation of the National Youth Policy (Health component).
- Establishment of Multi Purpose Youth Friendly Centers at all divisional headquarters.
- In-school adolescent activities (based on the experiences gathered in IPD districts).
- Reaching the out-of-school adolescents.
- ARSH and gender-sensitive service delivery through public health system.

### **Implementation Plan:**

#### **A. Implementation of the National Youth Policy (Health component) at the State**

- The action plan developed on the basis of the workshop conducted will be implemented in the state and monitoring will be done on quarterly basis in coordination with the Director, Youth and Sports Affairs, and Nehru Yuva Kendra (NYK).
- Multipurpose youth friendly centers will be established at 7 divisional head quarters through an identified agency. These centers would provide space for the young people to meet and discuss their problems with their peer and provide counseling and basic services for young people. This center would also serve as an information resource center where the youth can get correct information on Adolescent Sexual and Reproductive Health issues, career etc. The district Nehru Yuva Kendra Sangathan or an identified NGO would coordinate the activities of the center. Seven Multi Purpose Youth Friendly Centers will be established at the divisional headquarters, namely, Bhopal, Indore, Gwalior, Rewa, Ujjain, Sagar and Jabalpur.

#### **B. In-school Adolescent Activities based on the experiences gathered in IPD districts**

- The Health Department in support with SCERT will undertake the responsibility of developing the training module for the trainers in the area of life skills education for the adolescent boys and girls. It will also undertake the printing of the training module. Reprinting of the training modules and reference material developed under IPD project.
- TOT of Master trainers on Adolescent Reproductive and Sexual Health (ARSH), gender and life skills will be conducted. Training will be of five days duration and 5 persons each of the 10 identified districts will be trained.
- One-day environment building workshops on Adolescent Reproductive and Sexual Health (ARSH) for the district level officials will be conducted at the identified 10 districts.

- Orientation of 250 School Principals from 5 identified new districts and reorientation of the Schools principals of existing 5 districts will be conducted to enable environment building and to advocate the importance of addressing adolescents and enlisting their support for initiating the activities in their schools.
- Orientation training of the 500 school teachers of the 5 identified new districts will be conducted and orientation of 2000 school peer educators will be conducted during the year by the trained teachers. Co-Curricular activities such as parent teachers meeting, sports meet, question box activity, essay and debate competition will be held in these schools.

### **C. Reaching Out-of-School Adolescents**

- This program will be implemented in 5 IPD districts, namely Chhatarpur, Panna, Rewa, Satna and Sidhi and 5 non IPD districts, namely, Bhopal, Indore, Jabalpur, Ujjain and Gwalior.
- TOT of 3 master trainers from each district from the identified NGOs will be done for a period of one week on adolescent life skills education. 20 Villages from each district will be identified for the implementation of this program. One Animator from each village will be selected and will be trained by the master trainer for a period of 15 days. These trained animators will provide the training to the out-of-school adolescent girls for a period of six months on life skills education. The CEDPA training module “Better life option / Chose your future” will be used by the animators in training the 25-30 adolescent girls from each village.
- NYK will be partnered to provide training to the out-of-school adolescent boys. The activity will be carried out in 10 districts (5 IPD and 5 Non IPD). A total no. of six batches of 40 boys each will be trained in each district.

### **D. ARSH service delivery through public health system**

- This activity will be implemented in all the identified 10 districts. TOT will be conducted to train the master trainers who will in turn train MOs and Paramedical staff of CEmONC and BEmONC of these institutions to provide adolescent friendly health services. During the year, a total number of 240 MOs and 450 paramedical staff of these institutions will be trained. Supply of medicines, vaccine and contraceptives will be done by the Gol.

## **V. GENDER CONCERNS IN RCH / SEX RATIO**

### **Strategy proposed to be adopted for 2006-2007:**

- Review of policy and programme decisions at state level
- Review and adoption of service guidelines / protocols
- In service training  
Monitoring indicators and performance appraisal
- Social clinical and managerial audit
- Existing women/community groups mobilized around RH, Reproductive Rights and Gender issues in blocks
- Strengthening the existing women groups, Mahila Mandals, SHGs, MSS and community members
- Support to FCCs and enabled to address Gender Based Violence

### **Implementation Plan:**

#### **A. Policy and programme decisions at state level**

- Workshop at state level for the review of the policies for refocusing gender perspective & development of appropriate programme strategies.
- Workshops will be conducted at the State, District and Block level for effective implementation of PNDT Act.
- Staff duty rooms with toilet facilities will be constructed in identified 50 CEmONC institutions.

#### **B. In service training**

- TOT of master trainers for health care service providers to provide gender sensitive services will be conducted. The activity will be implemented in all the districts.
- Training of Medical & Para Medical staff on providing gender sensitive services – Gender sensitive aspect will be included in all the ongoing training programmes for medical and Para medical staff as gender will be made a cross-cutting component across all training programmes. During the year a total number of 240 MOs and 2880 paramedical staff of these institutions will be trained.

#### **C. Monitoring indicators and performance appraisal**

- State level award for best district for the deliveries attended by the health professionals on the basis of the various criteria defined in the HMIS and quality of care from the gender perspective will be instituted to motivate the health functionaries to pursue gender-sensitive approach.
- District level award for best CHC & PHC will be given to the concerned in-charge Medical Officer and CMHO on the basis of defined criteria pertaining to quality of care from the gender perspective.

#### **D. Existing women/ community groups mobilized around RH, Reproductive Rights and Gender issues in blocks**

This activity will be implemented in the Rewa, Satna, Sidhi, Panna and Chhatarpur districts on a pilot basis.

- The strategic intervention of this programme will involve mobilization of existing women's groups and giving them intensive training inputs to build their self-esteem and see themselves as agents of change. The group strategy has the advantage of being sustainable in the long run and also gives women protection from any backlash. It would be expected that with these inputs women understand their social 'position', question norms that subjugate them, question myths and misconceptions all of which interfere with their health-seeking behavior. The focus of the training activities will directly address all the socio cultural, gender constraints that prevent women from accessing services to be provided under Maternal Health and Child Health strategies.
- Four resource persons hired on contractual basis for monitoring the activity will be continued during the year. Quarterly meeting of the animators will be conducted. The animators will also attend the meetings with the Sarpanch and VHCs and Gram Raksha Committee and other relevant agencies in order to address the issue of Gender based violence and thereby prevent the child marriage, promotion of girl child education, encourage girl child drop outs for continuing education Nutrition education, nutritional anemia, ANC, PNC, micro finance and skill development. During the end of the year exposure visit of these animators will be conducted to enable cross learning.

**E. Strengthening the existing women groups, Mahila Mandals, SHGs, MSS and community members**

The focus of activities is to enhance male participation and responsibility in population and family welfare programmes. To achieve this strategy, advocacy, sensitization activities will be conducted to mobilize support from men at the family, community and society level. These could include workshops, meetings, Sammelans and other such activities. Special focus will be to ensure support of religious, social political leaders in the empowerment process with a focus on gender equality.

**F. Support to FCCs and enabled to address Gender Based Violence**

This activity will be carried out In Rewa, Satna, Sidhi, Chhatarpur and Panna districts as pilot in partnership with Police department.

Family Counseling centers (FCCs) already operational during the IPD project will be continued. FCCs will provide counseling support to women who have experienced some form of domestic violence meted out by spouses or in – laws. Couples and families are counseled for better mutual adjustment. Besides undertaking follow-up visits, the FCCs are also organizing awareness camps on gender and reproductive health issues. Recognizing violence against women as a public health issue and the reproductive health outcomes of many instances of violence, referral linkages of the FCCs with the public health system is also contemplated.

## **VI. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)**

### **Strategy proposed to be adopted for 2006-2007:**

- Establishment of HMIS Unit at the State Level
- Situational Analysis of Existing Health Management Information System
- Development of Input Formats
- Developing Software
- Facilitate Operational Research Activities

### **Implementation Plan:**

#### **A. Establishment of HMIS Unit at the State Level**

- Manpower support and hiring services of professionals for HMIS unit – At present, the existing HMIS is not equipped with adequate systems, professionals and hardware support. The HMIS unit will be manned by professionals including Research Officers, Computer Programmer, Computer Operators on contract/work assignment basis.
- Hardware support will be provided to strengthen the HMIS unit at the state level.

#### **B. Situational Analysis of Existing Health Management Information System**

- Situational analysis is proposed to be undertaken through an external agency of existing MIS and the type of information currently being gathered, ways of gathering the same, capacity existing to record such information, flow of such information (upwards and downwards), extent to which such information is processed and utilized for further strategizing and programming.

#### **C. Development of Input Formats**

- Based on the information needs assessed in the Situational Analysis, the data formats for different levels will be evolved while taking care that simplicity in completion of and use of data formats is ensured with minimal changes in the existing formats.
- Capacity development of block level health functionaries in processing data in the manual formats developed and transmitting the same to the respective districts where the computerization will take place.

#### **D. Developing Software**

- Software development for health personnel management information system, financial management information system, resource management information system, performance management information system, drug and supplies management information system will be done with the help of in-house expertise and hiring services of professionals including up gradation of the software.
- Upgradation of departmental website including portal charges and hiring professional/agency for its continued maintenance.

- Training needs of BMOs and district level personnel will be assessed. Training programmes will be developed and conducted accordingly. This will also facilitate orientation training in GIS based HMIS.
- Gaps for hardware support such as computers, printers, UPS will be identified specially in newly created districts and support will be made available. For better maintenance of the hardware, a system of comprehensive AMC will also be introduced.
- Printing of proforma formats, registers, manuals etc. as per the needs of application software's will be undertaken and made available to the districts.
- Experience sharing workshops/inter-State visits will be held to gain an insight in to innovations and best practices in the field of HMIS in other States.

#### **E. Facilitate Operational Research Activities**

- Operations Research activities including implementation of innovative ideas, surveys, facility survey of CEmONC and BEmONC facilities, Mid term and End Line evaluation will be carried out with the help of internal/external agencies to improve the access, coverage, quality, cost effectiveness and sustainability of the RCH interventions. Impact Evaluation studies will be carried out with the help of internal/external agencies.
- To ensure continuous monitoring and evaluation of services at PHC and SHC level, a system of community based monitoring will be evolved. One block in each district will be identified, preferably from a block with poor demographic indices and having a CEmONC facility. The activity will be outsourced to an external agency.
- A control room will be established at State level to keep track of monitoring activity in these identified blocks. The key activities such as availability of ANM and MO, provision of services, availability of drugs and medicines, vaccine and other related services will be monitored to improve the efficiency of the system.

## **VII. BEHAVIOURAL CHANGE COMMUNICATION (BCC)**

### **Strategy adopted for 2006-2007:**

- Institutionalize capacity for behavioral change communication strategy formulation, implementation and monitoring
- Promote community and social mobilization in health care, nutrition practices and fertility behaviors.
- Promote inter-sector synergy as well as public-private partnership
- Community and social mobilization through BCC and capacity building of community groups and interested local service providers etc.

### **Implementation Plan:**

#### **A. Institutionalize capacity for behavioral change communication strategy formulation, implementation and monitoring**

- State IEC Bureau and District IEC Bureaus will be strengthened by way of providing additional manpower support, including two IEC consultants at the state level and one IEC consultant each at the districts. State and district IEC Bureaus will be equipped with the AV and training aids. The funds planned during the year 2005-2006 amounting to Rs. 53 Lakhs will be utilized for the same. Training of the IEC professionals in communication skills, IPC and BCC will be conducted.

#### **B. Promote community and social mobilization in health care, nutrition practices and fertility behaviors**

- One state level and four regional workshops will be conducted. These workshops will be conducted to develop area-specific BCC plans at State and regional levels for Identification of target groups and development of segment specific communication plans. These will include plan for care providers, plan for service providers, plan for social mobilization, media advocacy plan, plan for VDC Members, plan for policy/decision makers, plan for private sector and plan for capacity building.
- Audience-specific communication plans will be implemented and disseminated. Communication material pertaining to themes like age at marriage, sterilization, condom use, IUD, oral contraceptives, male participation, NSV, PNMT Act, IMNCI, child health issues, VDC members, needs of tribal areas and supply of TV & VCD to all CEmONC, BEmONC institutions, IEC material for counsellors at CEmONC etc. will be provided under this intervention.
- State level media advocacy workshops on issues related to maternal and child health and population stabilisation will be conducted.

#### **C. Promote inter-sector synergy as well as public-private partnership Advocacy for adoption of improved health care practices, safe drinking water, sanitation, and dietary intake practices**

- Advocacy for adoption of improved health care practices, safe drinking water, sanitation, and dietary intake practices.
- Development and implementation of joint action plans with Dept. of Women & Child Development, Panchayat, Education, PHED and NYK etc.

**D. Community and social mobilization through BCC and capacity building of community groups and interested local service providers etc.**

With a view to altering the child bearing and rearing practices in the community, it is necessary that the community be enabled to restructure its perceptions as to the do's and don'ts with regard to maternal health. The changes in behavior in the community can occur only when the community members can perceive the need for the same in an unequivocal manner and take self-initiated steps in removing the restraining forces, which inhibit them from adopting appropriate practices. Audience-segment specific communication messages would need to be addressed to the community to prepare it for registering sustainable change for improved maternal health care practices. It is proposed to undertake an intensive community and social mobilization campaign through behavioral change communication and capacity building of community groups, interested local services providers etc. The activity is proposed to be under taken by an identified agency / NGOs.

The following steps shall be undertaken under this sub component-

- Development and printing of orientation modules. (The Module developed by UNFPA will be adopted for the same), the prime focus of this module will be on the danger signs of pregnancy, labor, postpartum period and emergency transportation. The orientation modules will be used in the orientation camps for the community members/groups and volunteers including PRI representatives, animators, AWWs, JSRs, interested local services providers. Training material for the master trainers and block level trainers will be developed and printed.
- A team of 240 district level master comprising of officials from NGO, NYK, DWCD, Health department will be trained to provide training to the block level master trainers.
- Block level team including 3 trainers from each block will trained by the district master trainers to enable them to impart training to the community members.
- During the year, a total number of 169020 community members will be oriented in 5634 batches by the block level team.

## **VIII. URBAN HEALTH**

### **Strategy adopted for 2006-2007:**

- To develop urban health plans
- Implementation of Urban Slum Health Plans for strengthening and improving RCH service delivery system through existing health infrastructure in the identified cities and towns in coordination with local bodies
- Demand generation for RCH & FW services through IEC activities

### **Implementation Plan:**

#### **A. To develop urban health plans**

- Urban health plans developed during the year 2005-2006 will be implemented.
- Performance indicators will be developed for periodic monitoring and supportive supervision of urban health plans. This will be in conjunction with HMIS.

#### **B. Implementation of Urban Slum Health Plans for strengthening and improving RCH service delivery system through existing health infrastructure in the identified cities**

- In order to provide Outreach RCH services such as Immunization, ANC, PNC, RTI / STI in urban slums of 5 identified cities, two mobile units each will be outsourced and services will be provided.

#### **C. Inter-sectoral coordination**

- A coordination committee will be constituted in these cities involving different stakeholders such as Urban Development Authorities, ULBs, WCD, PHED Education etc.
- Members of ULBs will be actively involved in plan implementation process and its follow up.

#### **D. Demand generation for RCH & FP services through IEC activities**

- IEC activities will be conducted for health education and awareness creation among community.
- Urban health melas and health check up camps will be conducted
- Urban health activities will be conducted in 8 cities namely Bhopal, Indore, Jabalpur, Ujjain, Ratlam, Sagar, Gwalior and Satna.

## **IX. TRIBAL HEALTH**

### **Strategy adopted for 2006-2007:**

- Identification of areas and need assessment for RCH & FP services.
- Improved accessibility through establishing service delivery points for quality RCH & FP services
- Strengthen existing health service mechanism and ensure operationalisation of CEmONC facilities.
- Convergence with the Tribal Welfare Department and involvement of various stakeholders, NGOs and public-private partners in implementation of plan and service delivery mechanism.
- Development of need based IEC activities / material in local dialects for involvement of tribal people in the implementation of activities
- Burden of diseases and study on health status and health seeking behavior of tribal population in M. P.
- Promotion of ISM in tribal areas.

### **Implementation Plan:**

#### **A. Identification of areas and need assessment for RCH & FP services**

Plans developed for identified 86 tribal areas in the year 2005-06 will be implemented during the year.

#### **B. Improved accessibility through establishing service delivery points for quality RCH & FP services**

- Minor civil works / repair and renovation of the existing health facilities at the block level and below will be done (covered under 'Infrastructure' intervention).
- Establish new service delivery points as per 2001 population with the support from Gol.
- Mobile dispensaries for rendering quality RCH and FP services in identified tribal blocks functioning in 13 blocks will be continued during the year and services in 25 new blocks will be started during the year.

#### **C. Convergence with the Tribal Welfare Department and involvement of various stakeholders, NGOs and public-private partners in implementation of plan and service delivery mechanism**

- Promotion of NGO activities in the field of RCH and FP services – NGOs will be encouraged and involved in RCH and FW activity in tribal areas, particularly in difficult and distant areas (this activity is covered under various interventions of RCH-II).
- Constitute coordination committee to ensure better coordination among various stakeholders and to ensure quality RCH and FW services.

**D. Development of need based IEC activities/ material in local dialects for involvement of tribal people in the implementation of activities**

- During the year 300 health check-up camps / melas (4 camps in a year in 51 blocks and 96 camps in other tribal dominated areas) for awareness creation among the tribal community in selected tribal blocks will be conducted.

**E. Burden of diseases in tribal areas**

- In order to ensure services for various diseases like Malaria, TB, Sickle-cell along with RTI/STI and various other reproductive health problems, a disease profile will be developed in coordination with the Tribal Welfare Department.

**F. Promotion of ISM in tribal areas**

- During the year one day training programme for ISM functionaries will be conducted in 19 districts having tribal blocks.
- A study will be conducted by an independent agency on health status and health seeking behavior of tribal population in M.P.
- Utilization of ISM service delivery points for rendering RCH & FW services by enhancing the capacity of ISM practitioners.

## **X. HUMAN RESOURCE MANAGEMENT AND TRAINING**

### **Strategy adopted for 2006-2007:**

- Strengthening Human Resource Management and Training Unit (HRM&TU) for reinforcing RCH Programme implementation

### **Implementation Plan:**

#### **A. Strengthening Human Resource Management and Training Unit (HRM&TU) for Reinforcing RCH Programme Implementation**

The effective implementation of RCH-II hinges upon adequate programme management at the apex level. A dedicated Human Resource Management Training & Unit (HRM&TU) will be established at the Directorate of Health Services to effectively operationalize the existing establishment functions in a professional manner.

- Review and development of existing HR policies including job functions and workloads of administrative and technical officers, transfer and promotion of officers and staff by engaging HR experts/ External agency.
- Facilities for Masters Course in public health as well as in hospital administration at State level institutions for state and district programme officers and administrators etc, in collaboration with national and international institutions or 20 officials will be sent to the institutions for training.
- Lump sum provision is made for nominating the officials of the department on study tours to international institutes.
- Lump sum provision is made for study tours for field officials.
- ANM/ Nursing training centres in the state will be strengthened during the year.
- Training of all the Civil Surgeons on capacity building in management will be conducted at identified institution.
- Hospital Administrators will be hired on contract in all district hospitals.
- Annual training plans at State Institute, RFWTCs and at district level training centres will be developed and implemented.
- State and regional training centres will be strengthened by hiring professionals/faculty.
- Orientation training of PMU staff for a period of 4 days will be conducted in order to enhance their skills and capabilities.
- Technical updates for programme managers and service providers on Maternal Health, Child Health, contraceptives and adolescent health issues will be conducted at the state / regional levels.
- IEC functionaries and consultants of state and district level will be trained on communication strategy and IPC skills

## **XI. STRENGTHENING OF INFRASTRUCTURE**

**Strategy adopted for 2006-2007:**

- **Strengthening the infrastructure and its maintenance-including Operationalization of CEmONC facilities**

**Implementation Plan:**

**A. Strengthening the infrastructure and its maintenance-including Operationalization of CEmONC facilities**

- SPMU and DPMUs created in the year 2005-2006 will be continued.
- Model labour rooms in identified 5 district hospitals (Bhopal, Ujjain, Ratlam, Sagar and Satna) and 5 government medical college hospitals will be established.
- Neo natal care units will be established in 10 identified district hospitals.
- Residential quarters taken on rent for the staff of CEmONC and BEmONC Facilities in 2005-2006 will be continued/taken on rent.
- Residential quarters will be taken on rent for the MOs placed at CHCs for internship.
- Furnishing of 92 CHCs will be done during the year.
- Provision has been made for repair and renovation (including OT, labour room and maternity ward,) electric work, water supply. This activity was approved in 2005-06, budget provisions for this activity is not made during the year 2006-2007 because the budget of the year 2005-2006 amounting to Rs. 336 lakhs will be utilized in completing this activity.
- Annual maintenance of DH, CHC and PHC buildings through district health societies will be continued.
- Running cost of the telephones established at the institutions during the year 2005-2006 will be continued.

## **XII QUALITY ASSURANCE**

### **Strategy adopted for 2006-2007:**

- Working Groups on Clinical Specialties
- Developing Core Quality Indicators and Standards
- Quality Assurance Groups for Implementation of Quality Assurance Program
- Orientation of personnel on Quality Assurance
- Benchmarking of doctors
- Quality assurance for private sector health care providers
- Surveys and Audits

### **Implementation Plan:**

#### **A. Working Groups on Clinical Specialties**

Working groups on different clinical specialties like pediatrics, gynecology, obstetrics, etc. will be constituted for developing standards and standard treatment protocols.

#### **B. Developing Core Quality Indicators and Standards**

Core quality indicators and standards for measuring quality of inputs, processes and outputs will be developed.

#### **C. Quality Assurance Groups for Implementation of Quality Assurance Program**

Facility-specific Working Groups on Quality Assurance will be developed to ensure wider participation in the process of successful implementation of the quality initiative

#### **D. Orientation of Personnel on Quality Assurance**

Working Groups on Quality Assurance of all the selected 10 districts will be taken up for the Quality Assurance Programme.

- A team of trainers will be trained
- One MO in each district will be hired on contract basis for quality assurance programme.
- Vehicle will be hired for the supervisory work and conduction of follow up visits.

#### **E. Benchmarking of Doctors**

A system for benchmarking of doctors will be developed to assess their performance on the basis of checklist on quality aspects. Checklist will be developed by the Directorate of Health Services with the help of professionals engaged for the purpose.

#### **F. Quality assurance for Private sector health care providers**

Private health care providers play an important role in providing ambulatory and in-patient care both in urban and rural areas. All the private health care providers will be brought in the ambit of QA programme in the State. A system

of accreditation of private health facilities will be set up in the state and an independent agency will be involved in periodical assessment of quality of health care service provided in the private sector health facilities.

The professional associations of doctors and paramedical staff will be involved in development of standard treatment protocols, quality standards and the process of accreditation and assessment.

**G. Surveys and Audits**

Patient satisfaction survey, medical audit and prescription audit will be conducted in year one and three through process evaluation by involving external agencies/professionals.

### **XIII. PROGRAMME MANAGEMENT ARRANGEMENTS**

#### **Strategy adopted for year 2006-2007:**

- Programme management Arrangement
- Contracting out CHC downward (Up to SHCs) infrastructure to private/non-government partners on management cost basis, on a pilot basis in year one in one division and adding 1 CHC network/per division from year 2 onwards up to year 5.
- Additional support units at State and selected districts for implementing ARH and Gender activities in RCH II

#### **Implementation Plan:**

##### **A. Programme Management Arrangements**

- State Programme Management Unit created during the year 2005-2006 will be continued and 9 consultants will be hired. District Programme Management Units created in the year 2005-2006 will be continued and the vacant positions at the state and district programme unit will be filled.
- Provision has been made for the office expenses of SPMU and DPMU during the year 2005-2006 which will be continued.
- Quarterly meeting of CMHOs and District Programme Officers will be held at the state level in order to review the progress of the programme.
- Regular monitoring meetings will be held at the State and district level.
- Experience sharing workshops will be conducted.
- Continued supervision by the State and District level officials for the effective implementation of RCH II programme.
- In addition to SPMU & DPMU there is a plan of establishing programme manage unit in all 313 blocks of the state in phase manner with provision of one block level program manager , one account assistant & one data entry operator in each of these block level units. In year 2006-07 provision has been made for block level data entry operator only as programme manager & account manager positions at district level are still vacant in few districts. Hence a decision has been taken to establish block level programme management unit fully from year 2007 onwards.

##### **B. Contracting out CHC downward (Up to SHCs) infrastructure to private/non-government partners on management cost basis, on a pilot basis in year one in one division and adding 1 CHC network/per division from year 2 onwards up to year 5.**

- A triangulation study will conducted in all the districts.
- Outsourcing management of CHC/PHC network on pilot basis in 10 facilities – With a view to extending the services to difficult areas in a more effective manner and also to promote replicable models in public-private partnership, the State Govt. plans to outsource the management of

CHC/PHC network up to the SHC level to private/NGO partners through an MoU mechanism whereby they would be remunerated based upon performance indicators and outcome.

Infrastructure development and maintenance – An amount of Rs. 3 lakh per block and 20 lakhs per DH has been year marked as untied fund to complete the unfinished work sanctioned under RCH-I and to meet out the additional requirement for maintenance/up gradation of facilities.

**C. Additional support units at State and selected districts for implementing ARH and Gender activities in RCH II**

Gender and ARSH staff of the IPD will be integrated in the State Project Management unit at the state level and in selected districts i.e. Chhatarpur, Panna, Rewa, Satna & Sidhi to facilitate implementation of ARSH and Gender interventions under RCH II.

## **XIV. LOGISTICS**

### **Strategy adopted for 2006-2007:**

- Design and Establishment of an Integrated Logistics Management System and Establishment of Logistics Management Cell.
- Creation of Logistic Management Unit at the State level.

### **Implementation Plan:**

#### **A. Design and Establishment of an Integrated Logistics Management System**

It is proposed to review all functions of logistics management from Sub Health Center level to that of Directorate of Health Services. The proposed system shall be computerized and web-enabled so that queries/indents can be smartly converted in to reports on stock status, status of dispatches/supplies as well as reorder levels. The review and redesign of the system shall be done through the engagement of a professional agency/hiring of professionals in inventory management systems on work assignment basis. The staff at the State and Districts would be trained in the use of the system before it is fully operationalised.

- Review and redesigning of logistics management system.
- Development of web-enabled stores management information system Operationalization of warehouses in each district and their e-connectivity with the State and District logistics management units.

#### **B. Creation of Logistic Management Unit at the State level.**

- Establishment of an integrated logistics management system at State– At State level State Logistics Management Unit (SLMU) along with staff comprising one Stores Officers, two Stores Assistants and one Assistant Programmer-cum-Data Entry Operator. These positions will be filled up by way of hiring professionals, redeployment of officers from within and outside the department as well as fresh recruitment of individual staff on contract basis.
- Assessment of needs and projections of commodities for future years in relation to demand.
- Development and establishment of supply chain mechanism (including routines for transportation arrangements) for uninterrupted supply of drugs, medicines and contraceptives up to the SHC level. These funds will

be in addition to the regular budget available at districts to supplement and to ensure regular supply.

**COMPREHENSIVE TRAINING PLAN FOR THE YEAR 2006-07 (PROPOSED)**  
**01-04-2006 TO 31-03-2007**  
**No. of Districts – 48**

Name of State / UT - Madhya Pradesh

Date of Submission: 28-08-2006

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee	No. of Batches x rates per batch	Budget Planned
1	2	3	4	5	6	7	8	9	10	11
Short Training course for MOs in Anesthesia, Gynecology and Pediatrics in CEmOCs in identified training institutions	32	MO			4	120	8	32	8 x 340000	2,720,000
TOT for Orientation training of MOs and Staff nurses / LHVs & ANMs of identified BEmONC institutions	60	Gyne / Ped / SN			30	2	2	60	30 x 250000	500,000
Orientation training of MOs, Staff nurses, LHV & ANMS of identified BEmOC institutions	2160	MO/ Staff Nurses / LHV / ANM			6	15	360	2160	360 x 57262	20,614,320

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee		
1	2	3	4	5	6	7	8	9	10	11
Multi Skilling training of Para medicals of BEmOC institutions at District Hospitals	200	Lab Tech / X ray Tech			10	14	20	200	20 x 73645	1,472,900
Training of two persons from district and two persons from each block on maternal death audit system in identified 5 districts	60	MO / Supervisors			30	2	2	60	2 x 102940	205,880
Training of Medical officers in MTP services and medical means of termination of pregnancies at CEmOC level facilities.	52	MO			2	14	26	52	26 x 23160	681,460
MTP by MVA technique will ensured BEmOCs	50	MO			2	6	25	50	25 x 12740	318,500
ToT for Skilled Birth Attendants training	180	Gyne / SN			20	2	9	180	9 x 85000	765,000
Skilled Birth Attendants training	960	ANMs			4	15	240	960	240 x 3000	720,000
Refresher training for ANMs	2304	ANMs			4	7	576	2304	576 x 10862	6,256,512

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee		
1	2	3	4	5	6	7	8	9	10	11
Skill enhancement of service providers (MOs & Supervisors) in IMNCI in 8 identified districts.	288	MO / Supervisors			24	8	12	288	12 x 108640	1,303,680
Orientation training for MOs in management of neonatal and child hood illnesses including referral protocol in remaining 40 districts other than IMNCI districts.	600	MO			25	4	24	600	24 x 80510	1,932,240
Skill enhancement of service providers (Paramedicals and Community Health & Nutrition Teams)) in IMNCI in 8 identified districts.	432	ANMs / MHW / FHW			24	8	18	432	18 x 65520	1,179,360
Continued activity of training of Link couples by district and block level training teams already trained under IPD	2000	Link Couples			30	3	67	2000	67 x 14750	1,976,500

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee		
1	2	3	4	5	6	7	8	9	10	11
Skill training of ANMs in T 380A IUD insertion at District hospital guidelines to be made available to all the ANMs.	3840	ANMs			4	6	960	3840	960 x 8790	8,438,400
Skill training of MOs at BEmOCs/CEmOCs in NSV at State and Regional NSV Resource Centres	100	MO			2	4	50	100	50 x 1500	750,000
Skill training of MOs of BEmOCsin 75% BEmOCs in Minilap at recognized institutions, DH/ Medical colleges for 15 days in a batch of 2 MOs.	50	MO			2	14	25	50	25 x 21860	546,500
Orientation training in LTT to Gyanecologist and PGMOs for 7 days at Medical Colleges/ District Hospitals.	20	Gyne / PGMOs			2	7	10	20	10 x 218601	218,600
Re-orientation training in LTT to Gynecologists and PGMOs for 1 weeks at Medical Colleges/ District Hospitals.	60	Gyne / PGMOs			2	7	30	60	30 x 12660	379,800

Name of Training Programme	Total Training Load	Category	Name of Training Intitutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee	No. of Batches x rates per batch	Budget Planned
1	2	3	4	5	6	7	8	9	10	11
TOT of Master trainers	60	NGOs			30	5	2	60	2 x 250000	500,000
Orientation of school principals and reorientation on every alternate years	500	Principals			50	1	10	500	10 x 20000	200,000
Training of school teachers for 5 days on Life Skills Education / ARSH and reorientation training in the 3rd year	500	Teachers			25	5	20	500	20 x 60125	1,202,500
Training of peer educators of school	2000	Students			40	5	50	2000	50 x 39000	1,950,000
Training of master trainers for training of Animators for out of school adolescent girls	30	NGOs			30	15	1	30	1 x 110000	110,000
Training of Animators	200	Animators			20		10	200	10 x 50000	500,000
Training of adolescent girls of villages through trained village Animators of identified NGO	5000	Students			500	180	10	5000	10 x 75000	750,000

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee		
1	2	3	4	5	6	7	8	9	10	11
Training of youths (boys) through NYK in 10 identified districts	2400	Students			40	5	60	2400	60 x 44550	2,673,000
Training of Trainers for Health care service providers to provide Adolescent friendly services	30	SIHMC / RTC Trainers			30	5	1	30	1 x 229000	229,000
Training of MOs of CEmOC and BEmOC institutions at RTCs to provided adolescent friendly health services	240	MO			30	3	8	240	8 x 84330	674,640
Training of Paramedical staff of CEmOC and BEmOC institutions at districts to provided adolescent friendly health services	450	SN / ANMS			30	3	15	450	15 x 51367	775,050
Induction training of Counselors placed at Multi Purpose Youth Friendly Centers	14	Counselors			14	2	1	14	1 x 150000	150,000
Training of Trainers for Health care service providers to provide Gender sensitive services	30	SIHMC / RTC Trainers			30	3	1	30	1 x 229000	229,000

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee	No. of Batches x rates per batch	Budget Planned
1	2	3	4	5	6	7	8	9	10	11
Training of Medical staff on providing gender sensitive services of DH, CEmOC and BEmOC institutions at RTCs	240	Mo			30	3	8	240	8 x 84330	1,854,600
Training of Para Medical staff on providing gender sensitive services of DH, CEmOC and BEmOC institutions Districts and reorientation in the Fourth year	2880	SN / ANMs			30	3	96	2880	96 x 51367	4,931,232
Training of block level computer staff and supervisor in data validation, compilation, and analysis for two days.	626	Computer staff			30	3	21	626	21 x 39667	833,007
MDP for District level officials / BMOs on HMIS and Supervision	375	MO			25	3	15	375	15 x 70505	1,057,575
Training of DAM and DA on MIS software	96	PMU Staff			20	3	5	96	5 x 120000	600,000

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee	No. of Batches x rates per batch	Budget Planned
1	2	3	4	5	6	7	8	9	10	11
Training of District Master trainers of RTCs and NGOs for training VDC members and community members/groups and volunteers including PRI representatives, animators, AWWs, SHG members, JSRs, at district level.	240	SIHMC / RTC Trainers / NGOs			20	2	12	240	12 x 49320	591,840
Training of block level master trainers for training VDC community members/groups and volunteers including PRI representatives, animators, AWWs, SHG members, JSRs, members and community groups	939	NGOs			30	2	32	939	32 x 26300	841,600
Conduct training programmes for ISM functionaries in RCH and FP aspects in all 5000 ISM practitioners to be trained in one day orientation training.	1140	ISM			30	1	38	1140	38 x 10000	380,000

Name of Training Programme	Total Training Load	Category	Name of Training Institutions		No. of Participant per Batch	Duration of Training	Training load as projected for coverage during 2006-2007		Fund requirement for training during 2006-2007 (Rs.)	Budget estimate
			Training Centers	Hospitals			No. of Batches	No. of Trainee	No. of Batches x rates per batch	Budget Planned
1	2	3	4	5	6	7	8	9	10	11
Orientation training and refresher training of SPMU and DMU staff.	144	PMU Staff			20	5	7	144	7 x 275000	1,925,000
Technical updates for programme managers and service providers on Maternal Health, Child Health, contraceptives and adolescent health issues	120	MO			30		4	120	4 x 250000	1,000,000
Capacity building of IEC functionaries and consultants of state and district level and orientation training.	75	IEC Functionaries			15	5	5	75	15 x 150000	650,000
Training of all the Civil Surgeons on Capacity Building in Management	48	Civil Surgeons			4	5	12	48	12 x 208333	2,500,000
Training of trainers on quality assurance 4 per district in 10 selected districts	40	MO			20	5	2	40	2 x 100000	200,000
<b>Total</b>										<b>78,887,696</b>

**Budget Break Up of RCH - II, Madhya Pradesh  
2006-2007**

<b>S. No.</b>	<b>Head</b>	<b>Budget (Rs.) 2006-07</b>	<b>Percentage of Total Budget</b>
1	Maternal Health	35.94	38.45
2	Child Health	0.81	0.87
3	Population Stabilization	8.51	9.11
4	Adolescent Health	2.03	2.17
5	Gender	2.33	2.49
6	Health Management Information System	1.23	1.32
7	Behavioural Change Communication	9.87	10.56
8	Urban Health	3.44	3.68
9	Tribal Health	5.67	6.07
10	Human Resource Management & Training	3.88	4.15
11	Strengthening Infrastructure	11.21	11.99
12	Quality Assurance	0.52	0.55
13	Programme Management Arrangements	7.93	8.49
14	Logistics	0.10	0.11
<b>TOTAL RCH II</b>		<b>93.47</b>	<b>100.00</b>
	Mandatory (JSY, Compensation for sterilization)	28.39	
	<b>Grand Total</b>	<b>121.86</b>	

## Maternal Health

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.1.1 Enhance Availabilities of facilities for institutional deliveries and emergency obstetric care</b>		
<b>CEmONCs &amp; BEmONC</b>		
Hiring Post Graduate Medical Officers for CEmONCs	100 PGMOs (35 Obstetricians, 30 Pediatricians and 35 Anesthetists) on contract @ Rs 18000/-pm plus performance based incentive to an extent of Rs 10000/- pm	25,000,000
Hiring services of specialists for gynae and anesthesia on case basis	lumpsum Rs. 10 Lacs	1,000,000
Infrastructure strengthening and annual maintenance (Repair and renovation, electric work, water supply and provision of telephones in the identified CEmOC institutions for uninterrupted services at the facilities.	Covered Under Infrastructure development	
Establishment of blood banks in 10 District Hospitals new districts.		20,000,000
Establishment of Blood Storage Units in all the CEmONCs	@ Rs.1.50 lacs for 124 CEmONCs and @ Rs.50000/-for 46 District Hospital	
Training of MOs & Lab. Technicians of CEmONCs facilities in running Blood Storage Units.	To be supported under SIP	
Short training course for MOs of CEmONCs in Anesthesia and Gynecology in identified training institutions, <b>based on the guidelines from Gol.</b>	Training of 32 MOs (16 in Anesthesia, 16 in Gynecology ) @ Rs. 85000/- per participant	2,720,000
Provision of contractual MOs for 2/3rd BEmONC facilities and 5 Staff Nurses/LHVs in case of non availability of Staff Nurse/LHV, services of ANMs would be hired at each BEmONC.	MOs @ Rs. 15000/- pm for 314 PHC BEmONC (150 MOs for 12 months and 164 MOs for 9 months ) ; Staff Nurses for 314 PHC BEmONC two staff nurses each (628) @ Rs. 7000/- pm ; for 178 CHC BEmONC 1 staff nurse each @ Rs. 7000. For 314 PHC BEmONC 2 ANMs each @ Rs 5500/- pm.	158,292,000
Provision of additional Staff Nurse for each CEmONCs (excluding DHs).	124 staff nurses @ Rs. 7000 pm	10,416,000
Infrastructure strengthening and annual maintenance (Civil works, repair & renovation including electrical, water supply and provision of telephones in each of the identified BEmOC institutions for uninterrupted services at the facilities. )	Covered Under Infrastructure development	

Activity	Budget Estimate	Budget (Rs.) 2006-07
TOT for Orientation training of MOs and Staff nurses / LHV & ANMs of identified BEmONC institutions	2 batches (1 Gynecologist, 1 Pediatrician and 1 SN) for 20 districts @ 2.50 lacs per batch	500,000
ToT for Skilled Birth Attendants training	@ 85000/- per batch x 9 batch	765,000
Skilled Birth Attendants training	4 participants (SN/LHV/ ANM), 5 batch per district, 15 days training @ Rs. 3000/- per batch.	720,000
Orientation training of MOs and Staff nurses / LHV & ANMs of identified BEmONC institutions (including neonatal and child care , Hospital waste management and infection prevention)	Training of 2 MOs, 2 staff nurses/LHVs and 2 ANMs in one batch for a period of 15 days at 30 identified DHs (TA to MO @ 200/-, DA to MO @ Rs. 200/- per day, TA to SN and ANM @ Rs. 200/-, DA to SN @ Rs. 125/- per day, DA to ANM @ Rs. 125/- per day , Honorarium to Gynecologist & Pediatrician @ Rs. 200/- each for 15 days, Honorarium to SN @ Rs. 150/- per day, Stay arrangements for the participants @ Rs. 200/- per day per participants, contingency exp. @ Rs. 600/- per participants per day, Institutional overhead 15 % of total cost Rs. 7312/- (Training cost of One Batch of training of 2 MOs and 2 SNs/ LHVs & 2 ANMs is Rs. 57262/-) (total 360 Batches)	20,614,320
Refresher training for ANMs	4 ANMs per batch, 12 batch per district, 7 days training, (TA @ 200/-, DA @ Rs. 125/-) Honorarium to trainer (MO @ Rs. 200/- per day , Honorarium to trainer (Paramedical @ Rs. 150/- per day) contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 1312/- (Training cost of One Batch of training is Rs.10862/-)	6,256,512
Salary of Contractual Lab. Tech. in CEmONCs, other than district hospitals.	11 Lab. Tech. @ Rs 7000/- pm	924,000
Multi Skilling training of Para medicals of BEmONC institutions at District Hospitals.	One from each facility in a batch of 10 for two weeks. (TA to participants @ 200/-, DA to participants @ Rs.125/- per day, Honorarium to trainers @ Rs. 200/- per day, Stay arrangements for the participants @ Rs. 200/- per day per participants, contingency exp. @ Rs. 100/- per participants per day, Institutional overhead 15 % of total cost Rs.9345/- (Training cost of One Batch Rs. 73645/-) Total 20 batches.	1,472,900
Implementation of standard treatment protocols for management of different obstetric emergencies	Already prepared and printed under IPD. Operational cost @ Rs.10000/- per district.	480,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
Training books/post training literature	@ Rs. 10000/- per districts and Rs. 20000/- at state level	500,000
<b>Special Schemes</b>		
Emergency transportation – Prasav Hetu Parivahan Evam Upchar Yojana, Developing an emergency referral transportation and treatment system	For institutional deliveries in all SC/ST and BPL families with more than two children (provision made in the state budget)	
Outsourcing of emergency transportation	48 districts, Lumpsum, '@ Rs. 25000/- per districts	<b>1,200,000</b>
Jananni Suraksha Yojana		
Promotion of 24 Hours delivery services at BEmONC Institutions (Incentives to staff for conducting deliveries)	On and above 200 deliveries per annum per institution. (Rs 330 per delivery to the MO and staff, assuming 1/4 of the BEmONC will perform over the bench mark).	<b>4,125,000</b>
Provision and maintenance of basic amenities such as cleanliness, hospital waste disposal, gardening, etc. for CEmONCs s & BEmONC.	@ Rs. 3000/- per month for 500 BEmONC and Rs 5000/- pm for 124 CEmONC institutions on an average.	<b>25,440,000</b>
<b>7.1.3 Strengthening Antenatal and postnatal services</b>		
Strengthening reporting system for ANC and PNC services and printing of registers, cards and formats.	Reflected in HMIS	
Provision of additional ANMs for 1000 SHCs on contractual basis.	200 ANMs @ Rs. 5500/- p.m.(including conveyance)	13,200,000
<b>Monitoring &amp; Evaluation</b>		
Training of two persons from district and two persons from each block on maternal death audit system in 5 districts	One day orientation training for 60 persons in a batch of 30 at SIHMC (TA to participants @ 1500/-, DA to participants @ Rs.200/- per day for two days, Honorarium to trainers @ Rs. 200/- per day, guest faculty exp. Rs. 20000/- per person for two, contingency exp. @ Rs. 100/- per participants per day, Institutional overhead 15 % of total cost Rs.2340/- (Training cost of One Batch Rs. 102940/-) Total 2 batches)	205,880
Concurrent evaluation of BEmONC and CEmONCs	Lumpsum, @ Rs. 1 lac per district.	4,800,000
Inter sectoral coordination	One meeting in a quarter in each block @ Rs. 200/- per meeting	250,400
Incentive to ANMs/MPW(M)/AWWs based on performance.	On an average Rs 1000/- pm to 20% of ANMs, Rs. 500/- pm to 20 % MPW(M) and Rs. 500/- pm to 20% of AWWs on achieving the laid down benchmarks.	48,000,000
Operationalisation and monitoring of Incentive scheme for ANMs and AWWs.	Average 5% of projected expenditure.	2,400,000
Orientation of TBA (DAI) for creating linkage with institutional deliveries	313 DAI Sammelan at block level, @ Rs. 10000/- per block	3,130,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.1.4: Increased access for safe abortion services</b>		
Training of Medical officers of CEmONCs/BEmONC facilities in MTP services (including MVA) and medical means of termination of pregnancies . (5 Medical colleges, JP Hospital, Badwani, Sagar, Satna, Elgin JBP, Guna, Ujjain, Mandsaur)	Training of 15 days at identified 13 DHs, One batch of 2 MOs only (TA to participants @ 1000/-, DA to participants @ Rs.200/- per day for two days, Honorarium to trainers @ Rs. 200/- per day, Stay arrangements @ Rs. 200/- per day per participants, contingency exp. @ Rs. 100/- per participants per day, Institutional overhead 15 % of total cost Rs.3210/- (Training cost of One Batch Rs.26210/-) Total 26 batches. TA @ Rs. 1000/- per participant, DA @ Rs. 200/- per day for 14 DA, Honorarium to participants @ Rs. 200/- per day for 12 days for 2 resource persons, Stay srrangements @ Rs. 200/- per day for 14 days, Contingency @ Rs. 100/- per day per participant for 12 days. 15% intititutional overhead i.e. Rs. 2760/- . Total batch cost for one batch is Rs. 23160/-	681,460
Medical means of termination of pregnancy will be taken in all the CEmONCs	Supply of Mifepristone and Misoprostol tablets (To be be supplied in kind by Gol)	
MTP by MVA technique will be ensured at BEmONC facilities	Training of 50 MOs for 6 days at identified hospitals in a batch of two MOs (TA to participants @ 2000/-, DA to participants @ Rs.200/- per day for 7 days, Honorarium to trainers @ Rs. 200/- per day, Stay arrangements @ Rs. 200/- per day per participants, contingency exp. @ Rs. 100/- per participants per day, Institutional overhead 15 % of total cost Rs.1140/- (Training cost of One Batch Rs.12740/-) Total 25 batches	318,500
Supplies for MVA Kit	To be supplied in kind by Gol	
<b>7.1.5 Involvement of NGOs and promotion of Public-Private Partnership for effective programme implementation</b>		
Hiring of specialist on the lines of Janani Suraksha Yojana	Funds shall be provided by NRHM	
Payment to the accredited health institutions run by NGOs / private sector for providing obstetric services to the BPL and SC/STs.	20 deliveries in 10 identified institutions per month on an average Rs 1200/- per delivery.	2,880,000
Outsourcing of emergency obstetrics in 10 worst performing districts	Lumpsum @ Rs. 3 lac per district	3,000,000
Increased involvement of NGOs in conducting trainings and rendering services, community mobilization	Covered under various trainings	

Activity	Budget Estimate	Budget (Rs.) 2006-07
Accreditation of private sector institutions for imparting training to health service providers	On an average @ Rs. 25000/- per year for 5 districts towards the cost of inspection and appraisal.	125,000
<b>7.1.6 Prevention and management of RTI / STI</b>		
Development and printing of training module on RTI / STI prevention for the medical and paramedical staff	Covered under MPSAC	
Training of MOs and Paramedical staff on RTI / STI prevention	Covered under MPSAC	
Training of trainers on infection prevention including hospital waste management, two teams per district	Covered under DHS	
One day training of Medical and Paramedical staff on infection prevention including hospital waste management at DH, CEmONCs (staff of BEmONC to be clubbed with 15 days BEmONC training)	Covered under DHS	
<b>Total</b>		<b>359,416,972</b>

## Child Health

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.2.1 Improve household caring practices for newborn care (NBC) and infant and young child feeding (IYCF)</b>		
Adaptation and printing of standard training modules and training of master trainers through NNF, BPNI etc.	No budget required as Gol has provided funds to WCD	
Joint training of ANM / AWW / JSRs/ASHA at the districts for one day	No budget required as Gol has provided funds to WCD	
Audience – Segment specific behavioural change communication strategy.	Covered under BCC	
Develop and print referral cards for newborns, mechanism for referral / back-referral	Covered under HMIS	
<b>7.2.2: Improved Routine Immunization (RI) plus coverage to more than 90% fully immunized by one year of age, and five doses of vitamin A by three years of age</b>		
Preparation of micro plans for strengthening MCD (mother and child day) activities to ensure improved access to immunization services.	To be part of Immunization plan.	
Maintenance of cold chain. @ Rs. 1 Lakh per district	To be part of Immunization plan.	
Ensure adequate vaccine and vitamin A supply along with ADS.	Gol supply	
Development and printing of registers, cards and formats for monitoring immunization activities.	Covered under HMIS	
<b>7.2.3 Integrated Management of Neonatal and Childhood Illnesses (IMNCI)</b>		
Printing of IMNCI training modules	@ Rs. 100/- per module for 11000 modules	1,100,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
Skill enhancement of service providers (MOs and Supervisors) in IMNCI in 8 identified districts	District Shivpuri & Guna supported by UNICEF. The strategy will also be implemented in Bhind, Morena, Datia, Bhopal, Vidisha and Sehore districts . (TA to participants @ 1000/-, DA to participants @ Rs.200/- per day , Honorarium to 6 facilitators @ Rs. 200/- per day, DA to facilitators (outstation) @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participants per day, Institutional overhead 15 % of total cost Rs.11040/- (Training cost of One Batch Rs. 108640./-) Total 6 batches of 24 participants of District trainers and 6 batches of Supervisors. training to be conducted at medical college.	1,303,680
Skill enhancement of service providers (Para Medicals and Community Health & Nutrition Teams) in IMNCI in 8 identified districts	District Shivpuri & Guna supported by UNICEF. The strategy will also be implemented in Bhind, Morena, Datia, Bhopal, Vidisha and Sehore districts . (TA to participants @ 200/-, DA to participants @ Rs.125/- per day , Honorarium to trainers @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participants per day, Institutional overhead 15 % of total cost Rs.7920/- (Training cost of One Batch Rs. 65520/-) Total 3 batches per districts total 18 batches, training to be conducted at DH.	1,179,360
Orientation training for MOs in management of neonatal & childhood illnesses including referral protocol in remaining 40 districts other than IMNCI districts	Four days training for 600 MOs at RTCs in a batch of 25 MOs (TA to participants @ 1500/-, DA to participants @ Rs.200/- per day , Honorarium to 3 trainers @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participants per day, Institutional overhead 15 % of total cost Rs.5610/- (Training cost of One Batch Rs.80510/-) Total 24 batches , training to be conducted at RTCs.	1,932,240
Refresher training for health workers/ANMs and supervisors in management of Obstetric and neonatal & childhood illnesses including referral protocol in remaining 40 districts other than IMNCI districts	Clubbed with training of BEmONC functionaries at MH	
Training of PSM and Pediatric Faculty of Medical College Indore, Jabalpur, Rewa	Total 24 participants, @ Rs.25000/- per participants	600,000
Develop and strengthen essential NBC at BEmOC and emergency NBC at CEmOC facilities.	From SIP funds at CEmOCs and @ Rs. 50000/- per BEmOC	

Activity	Budget Estimate	Budget (Rs.) 2006-07
Establish a functional referral system for sick children U5 belonging to SC/ST and BPL families at CEmONCs and BEmONC level facilities.	Rs. 200/- per case x 10000 cases per year	2,000,000
Mobility support for supervision of immunization activities.	To be part of Immunization plan.	
Alternative vaccine delivery support for 4 sessions p.m. @Rs. 50 per session = Rs. 200 per sub centre per month which is Rs. 2400/- per sub centre p.a. 8835 sub centers 212 lakhs 212 lakhs 212 lakhs 212 lakhs	To be part of Immunization plan.	
<b>7.2.4 Appropriate management of malnourished children.</b>		
Coordination with WCD in joint Implementation of State action plan for reduction of malnutrition.	Covered under Bal Shakti and Bal Sanjivani schemes supported by WCD and DFID.	
Skill building of Community Health and Nutrition Team for IYCF.	Reflected in 7.2.1	
Standard management protocols and training of MOs in management of referrals	Reflected in 7.2.3	
IEC for hygiene education at the community level through the frontline workers.	Covered under BCC	
<b>Total</b>		<b>8,115,280</b>

## Population Stabilization

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.3.1: Promoting the acceptance of spacing methods through community participation</b>		
Preparation and Implementation of Communication strategy for VDC members, PRI/ULB representatives and community volunteers etc	Part of Communication plan.	
Training of Master trainers of RTCs and NGOs for training VDC members and community groups at district level.	Clubbed with BCC Activity 7.1.2	
Training of block level master trainers for training VDC members and community groups at district level consisting of MOs, Health Workers and CDPO.	Clubbed with Maternal Health activity 7.7.4	
Development of training material (Module and flip book) for master trainers and block level trainers.	Clubbed with Maternal Health activity 7.7.4	
Development of pictorial material for the trainees	Clubbed with Maternal Health activity 7.7.4	
Training of VDC members, PRI/ULB representatives and community volunteers etc.	Clubbed with Maternal Health activity 7.7.4	
Continued activity of training of Link couples by district and block level training teams already trained under IPD to train remaining link couples. Training for a period of three days by the block level team of trainers in five districts	Total 2000 remaining Link couples to be trained in a batch of 30. Honorarium to master trainers @ Rs. 200/- per day per master trainer for 2 master trainers=1200 TA @ 50 x 30=1500, Hon. to participants @ Rs. 75/- per day for 3 days=6750, Stay & food arrangements @ Rs. 50/- per part. 4800/- Miscellaneous expenses 500/- per batch, total one batch = 14750/- Total 134 batches.	1,976,500
Conduction of Quarterly meeting of 3649 Link Couples at the block in five districts.	TA to Participant (To & Fro) (Fixed) @ Rs. 75/- per person, DA to participants @ Rs. 100/- per person, Organizational cost of meeting @ Rs. 20/- per participant which includes tea and stationery and arrangement for the venue (assuming 60% will attend the meeting)	3,415,464
Installation of Condom Vending Machines at identified locations such as Cinema halls, Railway Stations, Bus Stands, Shopping Centers / ATM / Sulabh complex etc., 5 machines each in 5 districts with partnership with private / NGOs	Rs. 10000/- per month per city running cost	600,000
<b>BCC activities</b>		

Activity	Budget Estimate	Budget (Rs.) 2006-07
Development and dissemination of Communication materials	Part of IEC and BCC activity.	
<b>7.3.2 Expanding the choice of spacing methods of contraceptives</b>		
Printing of guidelines for ANMs in T 380A IUD insertion.	Total 20000 modules @ Rs. 50/-	1,000,000
Procurement of teaching materials for training	@ Rs. 1.00 lakh per training centers	4,200,000
Skill training of ANMs in T 380A IUD insertion at District hospital.	Per batch 4 ANM x 6 days. Total 960 Batches (TA @ 200/-, DA @ Rs. 125/-) Honorarium to trainer @ Rs. 200/- per day , contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 990/-(Training cost of One Batch of training is Rs.8790/-)	8,438,400
Performance assessment of trained ANMs in 5 districts I.e. Chhatarpur, Panna, Rewa, Satna & Sidhi	Trainers from district (Gynecologist & Paramedical staff) hospital would visit health institutions. Vehicle to be hired @ Rs. 1000/- per day (including Pol & Charges for the hiring of the jeep). Honorarium to Gynecologist @ Rs. 250/- and Rs. 150/- for the paramedical staff per visit. During the visit at least 3 centers to be visited. 25 visits every year in each district	175,000
Supplies of asepsis kit to trained ANM in T 380A IUD insertion	2 IUD insertion per month per ANM @ Rs. 50/- per kit	4,800,000
Social Marketing schemes for promotion of contraceptives including commercial brands through identified NGO, Public distribution system (PDS) / JSRs in rural areas	Lumpsum	500,000
<b>7.3.3 Access to quality services for sterilization be improved at all the CEmONCs &amp; BEmONCs</b>		
Incentive to surgeons who would perform more than 1000 LTT/CTT/NSV/VT in a year	@Rs.50/- per case for 3 lakh cases	15,000,000
Establishment of contraceptive/Family Planning Counseling centers at 170 CEmONCs institutions	Hiring of One counselor at each institution @ Rs. 5000/- per month	7,650,000
Supply of IEC Material on family planning and contraceptives for counseling centers at CEmONCs	Part of BCC Activity	
Recurring cost of 3 Regional NSV Resource at Indore, Satna & Bhopal	Operational cost including One Coordinator, IEC Officer, Staff Nurse, Computer Operator, Office assistant, POL, Stationery and office expenses @ Rs. 10 Lakh per center per annum	3,000,000
Continued support to state NSV resource center at Gwalior	Rs. 10 Lakh per annum from SIP	

Activity	Budget Estimate	Budget (Rs.) 2006-07
IEC activities using local and folk media, IPC, Miking etc for promotion of NSV through State and Regional NSV resource centers	@ Rs. 2 Lakh per center per year	800,000
Skill training of MOs at BEmONCs/CEmONCs in NSV at State and Regional NSV Resource Centers	Total 100 MOs to be trained in a batch of 2 MOs @ Rs.7500/- per batch of duration 4 days. Total 100 batches.	750,000
Skill training of MOs of 75% BEmONCs in Minilap at identified DHs/ Medical colleges for two weeks.	Total 50 MOs to be trained in a batch of 2 MOs per batch. Total 25 batches. (TA @ 1500/-, DA @ Rs. 200/-) Honorarium to trainer (MO @ Rs. 200/- per day , stay arrangement @ Rs. 200/- per day per participants contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 2460 /-(Training cost of One Batch of training is Rs.21860/-)	546,500
Training of MOs in LTT at Medical College for two weeks.	Total 20 MOs to be trained in a batch of 2 MOs per batch. Total 10 batches. (TA @ 1500/-, DA @ Rs. 200/-) Honorarium to trainer (MO @ Rs. 200/- per day , stay arrangement @ Rs. 200/- per day per participants contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 2460 /-(Training cost of One Batch of training is Rs.21860/-)	218,600
Re-orientation training in LTT to Gynecologists and PGMOs for 1 weeks at Medical Colleges/ District Hospitals.	Total 60 MOs to be trained in a batch of 2 MOs per batch. Total 30 batches.(TA @ 1500/-, DA @ Rs. 200/-) Honorarium to trainer (MO @ Rs. 200/- per day , stay arrangement @ Rs. 200/- per day per participants contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 1260 /-(Training cost of One Batch of training is Rs.12660/-)	379,800
Organizing Mega NSV camps	30 districts x Rs.1.50 lakhs	4,500,000
Development of one sterilization ward in each district equipped with AC, AV system water cooler, and quality facilities etc.	lumpsum provision for completing works that have already started	10,000,000
Repair and maintenance of Laparoscopes including spare parts	lumpsum provision	1,000,000
Supply of Laparoscopes 150 Single puncture and 50 Double Puncture	Gol supply	
<b>7.3.4 Involvement of private sector in providing quality family planning services</b>		
Use of public sector facilities by private sector Specialists/MOs for rendering specialized and regular services on user fee basis, apart of fee will be deposited towards RKS.	No extra funds needed.	

Activity	Budget Estimate	Budget (Rs.) 2006-07
Regulation and accreditation of private sector facilities for providing services through contract in and contract out basis in identified institutions	Rs. 10000/- per year per district	480,000
<b>7.3.5 BCC activities through interpersonal communication, IEC material on sterilization, Condom, IUD, Oral Contraceptives, male participation, NSV, PNDT Act, age of marriage etc.</b>	Reflected in Section on Behavior Change Communication	
Reward for intimation of child marriage (before the legal age of marriage) at least 48 hours before marriage	Rs. 1000/- per case, total incidents estimated to be 500	500,000
<b>7.3.6: Implementation of Mother NGO scheme</b>		
Base line survey of the districts		
Grant in aid to MNGOs.	For 24 districts	12,000,000
Grant to Service NGOs.	On an average Rs 15.00 lakh per year for at least 5 SNGOs,	2,500,000
Appraisal of projects by independent agency/person, supervision and periodic meetings etc. at State level	Lumpsum	500,000
Strengthening NGO cell at the directorate.	Annual running expenses	200,000
<b>Total</b>		<b>85,130,264</b>

## Adolescent Health

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.4.1 Implementation of the National Youth Policy (Health component) at the State</b>		
Workshop at state level for assessing the needs of adolescents and developing action plan		
Implementation of action plan as per the findings of the workshop		500,000
<b>7.4.2 Establishment of Multi purpose youth friendly centers one at each divisional headquarter (7) through identified agency.</b>		
Strengthening of Pediatrics Dept. as State Adolescent Resource Center	Rs. 5.00 lakh lumpsum for the year	500,000
Establishment of Multi purpose youth friendly centers	Rs.2 Lakhs per center for 7 centers	1,400,000
Running of Multi purpose youth friendly centers	(Hiring of two counselor @ Rs. 7000/- per month on contractual basis, one support staff @ Rs. 5000/- P.M. on contractual basis, at each center, Budget for the rent @ Rs. 5000/- p.m, Stationery and contingency expenses @ Rs. 5000/- per month)	1,827,000
Induction training of Counselors placed at Multi Purpose Youth Friendly Centers	Two days induction training of counselors. Lumpsum	150,000
Organizing of activities at Multi purpose youth friendly centers	@ Rs.150000 per center per year	1,050,000
<b>7.4.3 In school Adolescent Activities (Based on the experiences in IPD districts) in 5 IPD districts and 5 non IPD districts</b>		
Review of existing curriculum	is being done by education department	
Defining criteria and identification of trainers	No Budget required	
Re-printing of training module for trainers for out of school and In school (in 5 new districts other than IPD)	Rs. 100/- per module , approx 600 modules per district for 5 new districts (As modules are already printed for the IPD districts)	300,000
TOT of Master trainers (in 10 identified districts) (IPD Districts and Bhopal, Indore, Jabalpur, Gwalior & Ujjain)	30 master trainers of new districts and 30 from IPDP districts (6 from each district) for 5 days. One batch @ Rs. 2.50 lakhs x 2 batches (30 per batch) As per IPD norms	500,000
Re-printing of Reference Materials for peer educators of school, colleges & youth trained through NYKS	@ Rs.75/- per handout. Approx. 500 handouts per district for a total number of 50 schools and 5 colleges each in 10 selected district & peer education (youth) trained through NYKS (total 5000 reference materials to be re-printed)	375,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
District level orientation meetings	2 workshops in each district of 50 officials for one day @ Rs. 20000/- per workshop. Total 20 workshops in 10 districts	400,000
Orientation of school principals and reorientation on every alternate years	One day orientation of school principals 50 schools per district in 10 selected districts @ Rs. 20000/- per workshop. Orientation of 250 principals of new districts in the first year	200,000
Training of school teachers for 5 days on Life Skills Education / ARSH (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	Five day training of school teachers (2 from each schools) in batch size of 25. Total 500 Teachers, total 50 schools from each district in 5 new districts. (TA @ 200/-, DA @ Rs. 125/-) Honorarium to 2 trainer @ Rs. 200/- per day, stay arrangement @ Rs. 200/- per person per day, contingency exp. @ Rs. 100/- per participant, per day, (Training cost of One Batch of training is Rs.60125/-), Total 20 batches.	1,202,500
Training of peer educators of school (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	Five day training of peer educators (4 from each schools) 50 schools each in 10 selected districts in batch size of 40. Total 2000 peer educators will be trained every year. (TA @ 50/-, DA @ Rs. 25/-) Honorarium to 2 trainer @ Rs. 200/- per day, stay arrangement @ Rs. 50/- per person per day, contingency exp. @ Rs. 100/- per participant, per day, (Training cost of One Batch of training is Rs.39000/-)	1,950,000
Organizing Co-Curricular activities in the schools such as parent teacher meeting, sports meet, question box activity, essay debate competition etc.	@ Rs. 5000/- per school for 50 schools per districts in selected 10 districts	2,500,000
<b>7.4.4 Reaching out to out of school adolescents (based on the IPD Project in 5 districts) in 5 IPD and 5 Non IPD districts</b>		
Training of master trainers for training of Animators for out of school adolescent girls (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	Three master trainers per district, in 10 selected districts NGO & from the Govt. sector (W&CD / Health / NYK) at division level. One batch size of 30 trainers @ Rs. 110000/- per batch	110,000
Training of Animators (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	20 Animators per district from 20 villages in 10 selected districts x Rs. 50000 per batch, Villages will be changed every year, 10 days training of 10 batches	500,000
Honorarium to Animator	Honorarium x 20 Animators x Rs. 400 per month x 6 months x 10 districts	480,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
Training of adolescent girls of villages through trained village Animators of identified NGO (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	The CEDPA training module "Better Life Option / Choose your Future" will be adopted for the training, 20 animators in each district will conduct the sessions in their respective villages for a period of 6 months, one animator will train approx. 20 adolescent girls of their villages. other expenses includes field visits of adolescent girls, extra curricular activities & miscellaneous expenses. @Rs.75000/-per district	750,000
Training of youth (boys) through NYKS in 10 identified districts (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	One batch of 40 adolescents. Total 6 batches in one year in each district in 10 selected districts . (TA @ 50/-, DA @ Rs. 25/-) Honorarium to 2 trainer @ Rs. 200/- per day, stay arrangement @ Rs. 50/- per person per day, contingency exp. @ Rs. 100/- per participant, per day, institutional overhead 15 % Rs. 5550/- (Training cost of One Batch of training is Rs.44550/-)	2,673,000
<b>7.4.5 ARSH and Gender sensitive service delivery through public health system</b>		
Development and printing of training material for the MOs and Paramedical staff of CEmOC and BEmOC institutions of 10 selected districts in first phase to provided adolescent friendly health services	Rs. 250 per module for 5000 modules	1,250,000
TOT of Master trainers to provide adolescent friendly health services' training	One batch of training (30 per batch) of master trainers for 5 days @Rs 1.5 lacs each (Faculty from RTC,SIHMC and district level nominations) (TA @ 1500/-, DA @ Rs. 200/-) expenditure of trainer Rs. 40000/- consolidated , stay arrangement @ Rs.500/- per day per participants, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 24000 /-(Training cost of One Batch of training is Rs.229000/-)	229,000
Training of MOs of CEmOC and BEmOC institutions at RTCs to provided adolescent friendly health services in 10 selected districts (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	In a batch size of 30 Mos. Total 8 batches to be conducted for a period of 3 days. Total 240 Mos to be trained. (TA @ 1500/-, DA @ Rs. 200/-) Honorarium to 2 trainer @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 5130 /-(Training cost of One Batch of training is Rs.84330/-)	674,640

Activity	Budget Estimate	Budget (Rs.) 2006-07
Training of Paramedical staff of CEmOC and BEmOC institutions at districts to provide adolescent friendly health services in 10 selected districts (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	In a batch size of 30 Total 15 batches to be conducted for a period of 3 days. (TA @ 200/-, DA @ Rs. 125/-) Honorarium to 2 trainer @ Rs. 200/- per day, stay arrangement @ Rs. 200/- per person per day, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 5917 /-(Training cost of One Batch of training is Rs.51367/-)	775,050
Supply of medicines, vaccines and contraceptives	Gol supply	
<b>Total</b>		<b>20,296,190</b>

### Gender Concerns in RCH / Sex Ratio

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.5.1 Policy and programme decisions at state level</b>		
Workshop at state level for the review of the policies for refocusing gender perspective & development of appropriate programme strategies		
State level workshop on effective implementation of PNDDT Act	Workshops at the state level @ Rs 5 lacs	500,000
District level Workshops on implementation of PNDDT ACT and issues of sex selection	Two workshops at the district level @ Rs25000/- per workshop	1,200,000
Staff duty rooms with toilet facilities in 124 CEmONCs (for female staff).	@ Rs.2 lac per CEmONC - 50 this year	10,000,000
<b>7.5.3 In service training</b>		
Training of Trainers for Health care service providers to provide Gender sensitive services	One batch of training (30 per batch) of master trainers for 5 days @Rs 1.5 lacs each (Faculty from RTC,SIHMC and district level nominations) (TA @ 1500/-, DA @ Rs. 200/-) expenditure of trainer Rs. 40000/- consolidated, stay arrangement @ Rs.500/- per day per participants, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 24000 /-(Training cost of One Batch of training is Rs.229000/-)	229,000
Training of Medical staff on providing gender sensitive services of DH, CEmOC and BEmOC institutions at RTCs	In a batch size of 30 Mos. Total 8 batches to be conducted for a period of 3 days. Total 240 Mos to be trained. (TA @ 1500/-, DA @ Rs. 200/-) Honorarium to 2 trainer @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 5130 /-(Training cost of One Batch of training is Rs.84330/-)	1,854,600
Training of Para Medical staff on providing gender sensitive services of DH, CEmOC and BEmOC institutions at districts	In a batch size of 30 Total 96 batches to be conducted for a period of 3 days. 2 batches per districts (TA @ 200/-, DA @ Rs. 125/-) Honorarium to 2 trainer @ Rs. 200/- per day, stay arrangement @ Rs. 200/- per person per day, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 5917 /-(Training cost of One Batch of training is Rs.51367/-)	4,931,232
<b>7.5.4 Monitoring indicators and performance appraisal</b>	Monitoring indicators for the performance appraisal of the human resource is planned under HMIS	

Activity	Budget Estimate	Budget (Rs.) 2006-07
State level award for best district for the deliveries attended by the health professionals on the basis of the various criteria defined in the HMIS and quality of care from the gender perspective.	Rs. 50000/- for distribution of shield, mementos and appreciation certificate at State level function.	50,000
District level award for best CHC & PHC will be given to concerned incharge Medical Officer and CMHO on the basis of various criteria defined in HMIS and quality of care from the gender perspective.	Rs. 10000/- per district for distribution of shield, mementos and appreciation certificate at District level function x 48	480,000
<b>7.5.6 Existing women / community groups mobilised around RH, Reproductive rights and gender issues in blocks</b>		
<b>Activity to be run as pilot in five districts i.e. Chattarpur, Panna, Rewa, Satna &amp; Sidhi</b>		
Quarterly meeting of animators	TA to Animators (To & Fro) @ Rs. 75/- for 50 participants, DA to participants @ Rs. 100/- , Organisational cost of meeting @ Rs. 20/- per participant which includes tea and stationery and arrangement for the venue	390,000
Hiring of resource persons for the monitoring of the project	@ Rs. 2000/- per month and Rs. 1000/- TA & DA per month for 4 Resource person in 5 IPD District	720,000
Exposure Visit of Animators & Co-Animators to neighbouring districts for 2 days	@20000/-per IPD district	100,000
<b>7.5.7 Strengthening the existing women groups, Mahila Mandals, SHGs, MSS and Community members.</b>		
Interface of the existing women groups, Mahila Mandals, SHGs, MSS, Community members with the health dept.	No budget required	
Advocacy programs/sensitization of community members at the sector level (One day orientation workshop for selected members of caste panchayats, religious and political leaders etc...)	@ Rs. 20000/- per workshop, one workshop in every two years at each dhanwantari block i.e. 50 blocks	1,000,000
<b>7.5.8 Support to FCCs and enabled to address GBV (On pilot basis in 5 districts )</b>		
Honorarium to two Counselors, Social Workers, Advocate and other support staff of FCC	Counselor @Rs. 4500/- pm, Social workers Rs 3000/-pm,Advocate Rs 2000/-pm, Typist Rs 2500/- pm and contingency @ Rs 2500/- pm.	870,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
TA / DA and POL for FCC staff for follow up visits	@ Rs. 5000/- per month for the follow up visits made by the FCC staff. (Minimum 5 visits in a month to be made by the FCC staff and atleast two to three follow ups to be made in a visit)	300,000
Honorarium to FCC Psychologist on per case basis	@ Rs. 250/- per case (assuming 48 cases per district for five IPD districts)	60,000
Organisation of legal literacy camps in the villages	Four camps in a month to be organised @ Rs. 2500/- per camp which includes the complete cost of organising the camp including hiring of vehicle etc.	600,000
<b>Total</b>		<b>23,284,832</b>

## Health Management Information System (HMIS)

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.6.1 Establishment of HMIS Unit at the State Level</b>		
Manpower support and hiring services of professionals for strengthening of HMIS unit.	Two computer assistants Rs 6000/-pm, three computer operator Rs 5500/-pm and other support staff and short term professional @ Rs 5000/- pm to be hired by contractual appoint/out sourcing.	402,000
Hardware support and office automation and other contingency expenditure.	Running expenses	100,000
<b>7.6.2 Situational Analysis of Existing Health Management Information System</b>		
Situational analysis and strengthening of existing MIS and the type of information, flow of information (upwards and downwards), including logistics management system and utilized for planning and decision making purpose etc.	Rs. 16.00 lakhs for one time by out sourcing.	1,600,000
Inventory / Mapping of facilities in private sector	Lumpsum	1,000,000
<b>7.6.3 Development of Input Formats</b>		
Based on the information needs assessed in the Situational Analysis (detailed above), a fresh set of data formats for the grassroots level workers and health functionaries at below-block level will be developed.	Rs. 5.00 lakhs one time.	500,000
Training of DAM and DA on MIS software	@ Rs. 1.5 lakhs per batch for 4 batches	600,000
Training of block level computer staff and supervisor in data validation, compilation, and analysis for two days.	Two persons per block. Total 626 persons to be trained in a batch of 30 at RTCs. Total 21 batches (TA @ 500/-, DA @ Rs. 125/-) Honorarium to 2 trainer @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs.3217 /-(Training cost of One Batch of training is Rs.39667/-)	833,007
<b>7.6.5 Developing Software</b>		
Data collection and entry - for regular updation of HMIS	Lumpsum	1,000,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
Development of software modules for health personnel management information system, Financial management information system, resource utilization system, performance management information system, drug and supplies management information system and up gradation of Programme management software of IPD etc with the help of in-house expertise and hiring services of professionals including up gradation and maintenance of the software.	Rs 5.00 lakh per module and Rs 1.00 lakh per year for maintenance and upgradation and modification. Total eight modules expected @ Rs 5 lakh each. (3 modules in the second year)	1,500,000
Up gradation of departmental Website including portal charges and hiring professional/agency.	Development cost in Y1 and maintenance and up-gradation cost in consecutive years	100,000
MDP for District level officials / BMOs on HMIS and Supervision	Total 15 batch of 25 participants to be trained for 3 days (TA @ 1500/-, DA @ Rs. 200/- Honorarium to trainer @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs. 4305 /- Training cost of One Batch of training is Rs.70505/-)	1,057,575
Printing of proforma, formats, registers, manuals etc. such (ANC and PNC, Immunization registers, cards, and reporting formats) for SHC, PHC, CHCs, BEmONC and CEmONC, DH etc level institutions.	@Rs.25.00 lakh lumpsum for 10000 institutions	2,500,000
<b>7.6.6 Facilitate Operational Research Activities</b>		
Operations research activities including implementation of innovative ideas.	@ Rs. 5 Lakh per year .	500,000
Community based monitoring in identified blocks to ensure continuous monitoring and evaluation of services at PHC and SHC level, a system of community based monitoring will be evolved	One block in each district will be identified, preferably having CEmONC facility. The activity will be outsourced to an external agency @ Rs. 1.00 lakh per annum for 5 blocks in the second year and Establishment of Control room at the State level @ Rs.1.00 Lakh	600,000
<b>Total</b>		<b>12,292,582</b>

### Behavioral Change Communication (BCC)

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.7.1 Institutionalize capacity for behavioural change communication strategy formulation, implementation and monitoring.</b>		
Strengthen IEC Bureau at state and district level by engaging professionals on contract basis/ short term consultancies.	Two consultants at state level @ Rs 20000/- pm and at district level one consultant @ Rs 12000/- pm.	6,160,000
Strengthening of State and District IEC bureaus with AV aids and training aids.	AV aids and other equipments @ Rs 1.00 lakh per district and Rs 6.00 lakh at state level.	
Training of IEC consultants and media officers in communication skills, IPC, BCC etc for 5 days and refresher training for 3 days.	Covered under HRM and training.	
<b>7.7.2 Promote community and social mobilization in health care, nutrition practices and fertility behaviours</b>		
Communication development workshops to develop area specific BCC plans at State and regional levels for Identification of target groups and development of segment specific communication plans : Plan for care providers, Plan for service providers, Plan for social mobilization, Media advocacy plan, plan for VDC Members. Plan for policy/decision makers, plan for private sector, plan for capacity building	One workshop in each region for 4 regions and one at state level. State and regional level work shops for 5 days @Rs 250000/- each in alternate years.	1,250,000
Implement audience specific communication plans and disseminate relevant communication material (Age at Marriage & BCC activities through interpersonal communication, IEC material on sterilization, Condom, IUD, Oral Contraceptives, male participation, NSV, PNMT Act, IMNCI, Child Health Issues, Film Making, VDC Members, Material for Tribal blocks, Supply of TV & VCD to all CEmOCs, BEmOC institutions, IEC material for counselors at CEmOCs ) etc. Orientation of SHG members in 14 DPIP districts	Rs.2.00 lakhs per block x 313 blocks	62,600,000
Media advocacy on issues related to maternal and child health and population stabilization.	One Work shops at state, and district level @ Rs 3.00 lakh at State level and Rs 25,000 per district level	1,500,000
<b>7.7.3 Promote inter-sectoral synergy as well as public-private partnership</b>		

Activity	Budget Estimate	Budget (Rs.) 2006-07
Development and implementation of joint action plans with Dept. of Women & Child Development, Panchayat, Education, PHED and NYK etc.	Reflected above 7.7.2	
<b>7.7.4 Community and Social Mobilization through BCC and capacity building of community groups interested local service providers etc.</b>		
Development of training material (Module and flip book) for master trainers and block level trainers.	@ Rs. 50 for module and Rs. 50 for Flip book for 1500 modules	
Development of pictorial material for the trainees	@ Rs. 25/- per for 250000 copies (1.25 Lakh copies per year)	3,125,000
Training of district trainers at RTCs including NGOs (five from each districts) for training VDC members and community members/groups and volunteers including PRI representatives, animators, AWWs, SHG members, JSRs,	A batch of 20 master trainers for two days training. Total 12 batches, two at each RTCs (TA @ 1500/-, DA @ Rs. 200/-) Honorarium to 2 trainer @ Rs. 200/- per day, contingency exp. @ Rs. 100/- per participant, per day, Institutional overhead 15 % of total cost Rs.2520 /-(Training cost of One Batch of training is Rs.49320/-)	591,840
Training of block level master trainers for training VDC community members/groups and volunteers including PRI representatives, animators, AWWs, SHG members, JSRs, members and community groups at district level consisting of MOs, Health Workers and CDPO.	Total 939 trainers in a batch of 30 for two days training, total 32 batches at district level (TA @ 200/-, DA @ Rs. 125/-) Honorarium to 2 trainer @ Rs. 200/- per day, stay arrangements @ Rs. 100/- per participants per day, contingency exp. @ Rs. 100/- per participant, per day, (Training cost of One Batch of training is Rs.26300 /-)	841,600
Orientation of community members/groups and volunteers including PRI representatives, through Identified agencies/ NGOs on RCH & FP issues (Five participants from each village 3 VDC member and 2 other - SHG/MSS members) assuming that training will start from Sept. onwards and one block level trainer will be conducting at least one batch in a month.	One day training per village at sector level in a batch of 30. Total 5634 Batches (TA @ 50/-, DA @ Rs. 25/-) Honorarium to 2 trainer @ Rs. 125/- per day, contingency exp. @ Rs. 50/- per participant, per day, (Training cost of One Batch of training is Rs.4000 /-)	22,536,000
Inventory of trained persons/PRI/NGOs/ etc.	Lumpsum	100,000
<b>Total</b>		<b>98,704,440</b>

## Urban Health

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.8.1 To develop urban health plans</b>		
Identification of urban poor pockets and development of urban health plans involving NGOs and Public Private Partnership for 5 cities namely Gwalior, Ujjain, Ratlam, Sagar & Satna and later on in 6 more cities namely Burhanpur, Khandwa, Dewas, Katni, Sidhi and Rewa cities.	Lumpsum Rs. 1.00 lakh per city	
Development of performance indicators based for periodic monitoring & supportive supervision of urban health plans.	Covered under HMIS	
<b>7.8.2 Implementation of Urban Slum Health Plans for strengthening and improving RCH service delivery system through existing health infrastructure in the identified cities.</b>		
Identification of areas where minor civil work / maintenance is required.	Lumpsum Rs. 10.00 lakhs per city	
Increased access to RCH & FP services in urban poor pockets involving NGOs and public-private partnership.	Reflected in Maternal, Child health and Pop. Stab.	
Develop guidelines and framework for contracting and outsourcing service delivery through public private partnership (PPP).	No separate budgeting required	
Outsourcing of RCH services (Immunization, ANC, PNC, RTI / STI) in Urban slums. Five cities in the first two years with two Mobile units each)	@ Rs. 55000/- pm which includes services of Doctor, Staff Nurse, Dresser cum attendant, driver, POL, maintenance of vehicle, over heads, medicines and institutional charges for 10 cities	4,400,000
Training need assessment and impart skill training to Health providers for delivering RCH & FP services	Covered under various training provided under Maternal Health, Pop. Stabilization & Child Health)	
<b>7.8.3 Inter-sectoral coordination</b>		
Constitute coordination committee to involve different stake holders and empowering them with the requisite administrative, financial and decision making powers.	No separate budgeting required	
Involve members of Urban Local Bodies in plan implementation	Lumpsum Rs. 20000 per city	
<b>7.8.4 Demand generation for RCH &amp; FP services through IEC activities</b>		
Develop appropriate IEC plan for demand generation for RCH and FP services.	Covered under IEC	

Activity	Budget Estimate	Budget (Rs.) 2006-07
Conduct IEC activities for health education and awareness creation among community.	Covered under IEC	
Urban health activities in 8 cities	Rs 50 lakh per city for Bhopal, Indore and Jabalpur and Rs. 30 lakhs for Ujjain, Ratlam, Sagar, Gwalior and Satna per annum	30,000,000
<b>Total</b>		<b>34,400,000</b>

## Tribal Health

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.9.1 Identification of areas and need assessment for RCH &amp; FP services.</b>		
Development of special plans for identified 86 tribal areas for the implementation of RCH-II programme	Lumpsum Rs. 25000/- per block	
<b>7.9.2 Improved accessibility through establishing service delivery points for quality RCH &amp; FP services.</b>		
Minor civil works for repair and renovation of existing health facilities at block level and below.	Covered under Infrastructure	
Establish new service delivery points as per 2001 population.	With support from Gol	
Provision for mobile dispensaries for rendering quality RCH & FP services in identified tribal blocks including provision for POL and medicines etc.	Hiring of One mobile dispensary @ Rs. 25 Lakh per year for 13 old blocks & extending it to 25 new blocks for three months	48,125,000
<b>7.9.3 Strengthen existing health service mechanism and ensure operationalization of CEmOCs</b>		
Operationalization of at least one CEmOC in each block (Total 86 tribal blocks) ensuring service delivery to tribals through nearest point.	Covered under Infrastructure	
Appointment of Medical and Para Medical staff on contractual basis.	Covered under HRM & Training	
Establish strong referral system for pregnant women and sick new born.	Covered under Maternal & Child Health	
<b>7.9.4 Convergence with the Tribal Welfare Department and involvement of various stakeholders, NGOs and public-private partners in implementation of plan and service delivery mechanism.</b>		
Promotion of NGO activities in the field of RCH and FP services.	Covered under Pop. Stabl.	
Constitute coordination committee to ensure better coordination among various stakeholders and to ensure quality RCH and FP services.	No separate budgeting required.	
<b>7.9.5 Development of need based IEC activities / material in local dialects for involvement of tribal people in the implementation of activities.</b>		

Activity	Budget Estimate	Budget (Rs.) 2006-07
Communication need assessment of tribal community and development of IEC material with the help of local resources.	Covered under BCC	
Conduct health check-up camps / melas for awareness creation among tribal community in selected 89 tribal blocks once in every quarter.	@ Rs. 25000/- per camp x 4 camps in a year per block x 51 blocks and 96 camps in other tribal dominated areas	7,500,000
<b>7.9.6 Burden of diseases in tribal areas.</b>		
Develop a disease profile and ensure services for various diseases like Malaria, TB, Sickle-cell, G6PD deficiency is rampant in tribal areas, along with RTIs/STIs and various other reproductive health problems.	Lumpsum Rs. 5.00 lakhs	500,000
<b>7.9.7 Promotion of ISM in tribal areas.</b>		
Utilization of ISM service delivery points for rendering RCH & FP services.	No separate budgeting required.	
Conduct training programmes for ISM functionaries in RCH and FP aspects in 19 districts having tribal blocks - one day orientation training.	Two training programmes per district in batch of 30-35 persons @ Rs. 10000/- per training	380,000
7.9.8 Study on health status and health seeking behaviour of tribals in M. P.	To be conducted by an independent agency	200,000
<b>Total</b>		<b>56,705,000</b>

## Human Resource Management and Training

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.10.1 Strengthening Human Resource Management and Training for Reinforcing RCH Programme Implementation</b>		
Review and development of existing HR policies including job functions and workloads of administrative and technical officers, transfer and promotion of officers and staff by engaging HR experts/ External agency.	One time expenditure of Rs 5.00 lakh.	500,000
Developing facilities for Masters course in public health at State level institutions for state and district programme officers & administrators etc, in collaboration with national and international institutions.	Per year 20 persons to be trained.	3,000,000
Developing facilities for Masters course in hospital administration at State level institutions for state and district programme officers & administrators etc, in collaboration with national and international institutions.	Per year 20 persons to be trained.	3,000,000
Study tours for departmental officials in better health care in international institutes.	Lumpsum	2,500,000
Study tours for field officials	Lumpsum	2,500,000
Strengthening of ANM/ Nursing training centers	Lumpsum	10,000,000
Training of all the Civil Surgeons on Capacity Building in Management	Lumpsum	2,500,000
Posting of Hospital Administrators on contract in all District Hospitals	Rs.22000/- per month x 48 x 9 months	9,504,000
Development of indicators to monitor the performance at CEmONCs, BEmONCs and other Institutions.	Part of HMIS	
Development of annual training plans at State Institute, RTCs and at District level training centers and its implementation and follow up.	Rs 1.00 lakh for State Inst. and 3 RTCs and Rs.10000/- per District.	880,000
Study on Human Resource Planning and Development	Funded by SIP	
Strengthening State and Regional training centers by hiring professionals/faculty.	Faculty/ Professionals will be hired on the basis of task/course.	800,000
Orientation training of PMU staff.	Orientation training for 4 days @ Rs 1.75 lakh per batch . Total 11 batch.	1,925,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
Technical updates for programme managers and service providers on Maternal Health, Child Health, contraceptives and adolescent health issues	Total four workshops each of 2 days at the state / regional level (One batch of 50 persons) One workshop @ Rs. 250000/- per workshop per year.	1,000,000
Capacity building of IEC functionaries and consultants of state and district level and orientation training .	5 days workshops on communication strategy and IPC skills @ Rs.150000/- per workshop and 15 days training for 15 IEC functionaries @Rs.2.00 lakh	650,000
<b>Total</b>		<b>38,759,000</b>

## Strengthening Infrastructure

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.11.1 Strengthening the infrastructure and its maintenance- including operationalisation of CEmONCs.</b>		
Establishment of SPMU	@Rs.25.00 lakhs lumpsum	1,000,000
Establishment of DPMUs in all the 48 districts	@Rs.10.00 lakhs per district x 48 district	4,800,000
Establishment of model Labour rooms in identified 5 DHs (Bhopal, Ujjain, Ratlam, Sagar and Satna) and 5 Govt. Medical College Hospitals	@Rs.50.00 lakhs per hospital	50,000,000
Establishment of Neonatal care units in identified 10 DHs	@Rs.10.00 lakhs per DH	10,000,000
Residential quarters for MOs and Staff at CEmONCs other than the district hospital places and BEmONCs on rental basis	Rs. 1500/- per month for 400 contractual Medical Officers	6,000,000
Residential facilities for doctors on rental basis placed at CHCs identified as CEmONC institutions	Rs.3000/- per month x 92 CHCs x 12 months	3,312,000
Furnishing for the 92 CHCs (CEmONC institutions) and other expenses	@Rs.50000/- per CHC x 92 CHCs	4,600,000
Addition of OT facility and Labour room at 20% of CHCs and 20% of BEmONCs institutions	24 OTs and Labour Rooms at CHCs @ 4.0 Lakh per CHC and 120 Labour Rooms at BEmONCs @ Rs. 2.0 Lakh per BEmONC	
Annual maintenance including repair renovation of CHC and PHC buildings, staff quarters Including CEmONCs and BEmONCs institutions.	Rs. 40000/- per CEmONC, Rs 20000/- per BEmONC and Rs 200000/- per year per DH/CH for annual maintenance	24,880,000
Establishment of telephone at CEmONCs and BEmONC institutions	@ Rs.1000/- Per month running cost	7,488,000
<b>Total</b>		<b>112,080,000</b>

## Quality Assurance

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.12.1 Working Groups on Clinical Specialties</b>		
Working groups on different clinical specialties like pediatrics, gynecology, obstetrics, etc. will be constituted in developing standards.	No budgeting required	
<b>7.12.2 Developing Core Quality Indicators and Standards</b>		
Development of core quality indicators and standards for measuring quality of inputs, processes and outputs	Lumpsum Rs. 5.00 lakhs	500,000
<b>7.12.3 Quality Assurance Groups for Implementation of Quality Assurance Program</b>		
Facility specific Working Groups on Quality Assurance will be developed to ensure wider participation in the process of successful implementation of the quality initiative.	No budgeting required	
<b>7.12.4 Orientation of personnel on Quality Assurance</b>		
Training of trainers 4 per district in 10 selected districts	2.00 lakh per batch	200,000
Orientation of quality assurance team members of CEmONCs and follow up visits by evaluators to assess the impact.	65 batches @ Rs. 30000/- per batch for the training	1,950,000
<b>7.12.5 Benchmarking of doctors</b>		
Development of benchmarks for PGMOs to assess their performance	No budgeting required	
<b>7.12.6: Quality assurance for Private sector health care providers</b>		
Establishment of a system of accreditation		1,000,000
Revision and printing of quality standards, SOPs		500,000
<b>7.12.7 Surveys and Audits</b>		
Feed back from users	5 districts	500,000
Conduct of patient satisfaction survey, medical audit and prescription audit through process evaluation by involving external agency.	Lumpsum Rs. 5.00 lakhs for each survey	500,000
<b>Total</b>		<b>5,150,000</b>

## Programme Management Arrangements

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.13 Programme Management Arrangement</b>		
SPMU remuneration	State Programme Management team will be as follows: One State Programme Manager @ Rs. 25000/- per Month, One Manager (Finance) @ Rs. 20000/- Per Month, One Accounts Manager @ rs. 18000/- P. M., One Data Officer @ Rs. 15000/- P. M., One NGO Coordinator @ Rs. 25000/- P. M., a team of 9 consultants (maternal health, child health, training, logistics, civil works, MIES, Legal , ARH & Gender consultant) @ Rs.20000/- per month and 6 Data Entry Operator @Rs.7000/- per month, 6 Office Assistant @Rs.7000/- per month and 3 support staff @Rs.5000/- per month	3,796,000
DPMU remuneration	District Programme Management Unit will consist of One Programme Manager @ Rs. 22000/- P. M., District Accounts Manager @ Rs. 15000/- P. M. & One Data assistant @ Rs. 12000/- P. M.	25,401,600
Office expenses for SPMU at State level including TA-DA, POL, hiring of vehicle, Telephone etc and other misc expenses	Rs 1.00 lakh for Telephone/Fax/Internet etc, Rs 2.00 lakhs for stationery and consumables, Rs 4.00 lakh for TA/DA, Rs 3.00 lakh for other contingency.	1,000,000
District Contingency expenses for the State which includes TA & DA of the staff, office expenses and hiring of vehicle, and other contingent expenses	Rs 50000 for Telephone/Fax/Internet etc, Rs 50000 for stationery and consumables, Rs 50000 for TA/DA, Rs 1.00 lakh for other contingency including electricity charges, rental building and hiring professional on work charge basis.	12,000,000
Quarterly meeting of CMHOs and District PO at the State Level	24 districts on day 1 and 24 districts on day 2 @ Rs. 2.5 Lakhs per meeting	2,000,000
Monthly meetings at district and block levels.	To be provided from regular budget	
Continued supervision and inspection by the State level officers and SPMU consultants (includes hiring of vehicles.)	Rs 12 lakh per anum.	1,200,000
Inter state and international study tours, Experience sharing workshops/inter State visits		1,500,000
Establishment of State Health Resource Center	Lumpsum	1,000,000
Incentives for good performers at state, district & block level	Lumpsum	10,000,000

Activity	Budget Estimate	Budget (Rs.) 2006-07
Escalation cost @ 5% of the total project cost	Amount distributed from Third year onwards	
<b>7.13.2 Contracting out CHC downward (Up to SHCs) infrastructure to private/non-government partners on management cost basis, on a pilot basis in year one in one division and adding 1 CHC network/per division from year 2 onwards up to year 5.</b>		
Triangulation study in 48 districts	@Rs.1.00 lakh per district	
Outsourcing management of CHC/PHC network on pilot basis in 20 facilities	Management cost @ Rs. 20 lakhs per facility per year	20,000,000
<b>Additional Support Unit at 5 districts i.e. Chattarpur, Panna, Rewa, Satna &amp; Sidhi</b>		
Remuneration to staff of additional support unit in 5 districts. (Satna, Sidhi, Chhatapur, Panna, Rewa)	Gender Officer @Rs.12000/- pm, ARH Officer Rs 12000/-pm, subject to the approval of General Body	1,440,000
<b>Total</b>		<b>79,337,600</b>

## Logistics

Activity	Budget Estimate	Budget (Rs.) 2006-07
<b>7.14.1 Design and Establishment of an Integrated Logistics Management System and Establishment of Logistics Management Cell</b>		
Review and establishment of Logistics Management System.	Part of HMIS.	
Development of web enabled stores management information system and e-connectivity of warehouses.	Part of HMIS.	
<b>7.14.2 Creation of a Logistics Management Unit at the State Level</b>		
Establishment of State logistics Management Unit at Sate level	Hring services Logistics Officer @ Rs. 15000/- pm, one Stores Assistant @ Rs. 6000/- pm and One Data Entry Operator @ Rs. 6000/-pm.	324,000
Support to warehouses/drug stores in all the districts. Storage racks and equipments and minor repairs etc.		
Development and establishment of supply chain mechanism	Provision for POL / Hiring vehicles / courier etc. for uninterrupted supply of drugs, medicines and contraceptives upto the SHC level. @ Rs. 1 Lakh per year per regional store	700,000
<b>Total</b>		<b>1,024,000</b>

### Mandatory

Activity	Budget Estimate	Budget (Rs.) 2006-07
Janani Suraksha Yojana		163,900,000
Compensation money for Sterilisation operations.	Rs 400/- per sterilisation	120,000,000
<b>Total</b>		<b>283,900,000</b>

## Work Plan for the Year 2006-2007

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
<b>Maternal Health</b>				
<b>7.1.1 Enhance Availabilities of facilities for institutional deliveries and emergency obstetric care</b>				
<b>CEmONCs &amp; BEmONC</b>				
Hiring Post Graduate Medical Officers for CEmONCs	v	v	v	v
Hiring services of specialists for gynae and anesthesia on case basis	v	v	v	v
Establishment of blood banks in 10 District Hospitals new districts.		v	v	
Short training course for MOs of CEmONCs in Anesthesia and Gynecology in identified training institutions, <b>based on the guidelines from Gol.</b>		v		
Provision of contractual MOs for 2/3rd BEmONC facilities and 5 Staff Nurses/LHVs in case of non availability of Staff Nurse/LHV, services of ANMs would be hired at each BEmONC.	v	v	v	v
Provision of additional Staff Nurse for each CEmONCs (excluding DHs).	v	v	v	v
TOT for Orientation training of MOs and Staff nurses / LHVs & ANMs of identified BEmONC institutions	v			
ToT for Skilled Birth Attendants training	v			
Skilled Birth Attendants training	v	v	v	v
Orientation training of MOs and Staff nurses / LHVs & ANMs of identified BEmONC institutions (including neonatal and child care , Hospital waste management and infection prevention)	v	v	v	v
Refresher training for ANMs		v	v	v
Salary of Contractual Lab. Tech. in CEmONCs, other than district hospitals.	v	v	v	v
Multi Skiling training of Para medicals of BEmONC institutions at District Hospitals.		v	v	v
Implementation of standard treatment protocols for management of different obstetric emergencies	v	v		
Training books/post training literature		v	v	
<b>Special Schemes</b>				
Emergency transportation – Prasav Hetu Parivahan Evam Upchar Yojana, Developing an emergency referral transportation and treatment system	v	v	v	v
Outsourcing of emergency transportation		v	v	v
Jananni Suraksha Yojana	v	v	v	v
Promotion of 24 Hours delivery services at BEmONC Institutions (Incentives to staff for conducting deliveries)	v	v	v	v
Provision and maintenance of basic amenities such as cleanliness, hospital waste disposal, gardening, etc. for CEmONCs s & BEmONC.	v	v	v	v

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
<b>7.1.3 Strengthening Antenatal and postnatal services</b>				
Strengthening reporting system for ANC and PNC services and printing of registers, cards and formats.	v	v		
Provision of additional ANMs for 1000 SHCs on contractual basis.	v	v	v	v
<b>Monitoring &amp; Evaluation</b>				
Training of two persons from district and two persons from each block on maternal death audit system in 5 districts		v	v	
Concurrent evaluation of BEmONC and CEmONCs		v	v	v
Inter sectoral coordination	v	v	v	v
Incentive to ANMs/MPW(M)/AWWs based on performance.	v	v	v	v
Operationalisation and monitoring of Incentive scheme for ANMs and AWWs.	v	v	v	v
Orientation of TBA (DAI) for creating linkage with institutional deliveries	v		v	
<b>7.1.4: Increased access for safe abortion services</b>				
Training of Medical officers of CEmONCs/BEmONC facilities in MTP services (including MVA) and medical means of termination of pregnancies .	v	v	v	v
Medical means of termination of pregnancy will be taken in all the CEmONCs	v	v	v	v
MTP by MVA technique will be ensured at BEmONC facilities		v	v	v
Supplies for MVA Kit				
<b>7.1.5 Involvement of NGOs and promotion of Public-Private Partnership for effective programme implementation</b>				
Hiring of specialist on the lines of Janani Suraksha Yojana	v	v	v	v
Payment to the accredited health institutions run by NGOs / private sector for providing obstetric services to the BPL and SC/STs.	v	v	v	v
Outsourcing of emergency obstetrics in 10 worst performing districts		v	v	v
Increased involvement of NGOs in conducting trainings and rendering services, community mobilization	v	v	v	v
Accreditation of private sector institutions for imparting training to health service providers	v	v	v	v
<b>7.1.6 Prevention and management of RTI / STI</b>				
Development and printing of training module on RTI / STI prevention for the medical and paramedical staff	v	v	v	v
Training of MOs and Paramedical staff on RTI / STI prevention	v	v	v	v
Training of trainers on infection prevention including hospital waste management, two teams per district	v	v	v	v
One day training of Medical and Paramedical staff on infection prevention including hospital waste management at DH, CEmONCs (staff of BEmONC to be clubbed with 15 days BEmONC training)	v	v	v	v
<b>Child Health</b>				
<b>7.2.3 Integrated Management of Neonatal and Childhood Illnesses (IMNCI)</b>				

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Printing of IMNCI training modules	v			
Skill enhancement of service providers (MOs and Supervisors) in IMNCI in 8 identified districts	v	v		
Skill enhancement of service providers (Para Medicals and Community Health & Nutrition Teams) in IMNCI in 8 identified districts		v	v	v
Orientation training for MOs in management of neonatal & childhood illnesses including referral protocol in remaining 40 districts other than IMNCI districts		v	v	v
Training of PSM and Pediatric Faculty of Medical College Indore, Jabalpur, Rewa		v		
Establish a functional referral system for sick children U5 belonging to SC/ST and BPL families at CEmONCs and BEmONC level facilities.	v	v	v	v
Availability of adequate drug for 1000 SHCs with poor access where additional ANMs are being provided.				
Mobility support for supervision of immunization activities.	v	v	v	v
Alternative vaccine delivery support for 4 sessions p.m. @Rs. 50 per session = Rs. 200 per sub centre per month which is Rs. 2400/- per sub centre p.a. 8835 sub centers 212 lakhs 212 lakhs 212 lakhs 212 lakhs 212 lakhs	v	v	v	v
<b>7.2.4 Appropriate management of malnourished children.</b>				
Coordination with WCD in joint Implementation of State action plan for reduction of malnutrition.	v	v	v	v
Skill building of Community Health and Nutrition Team for IYCF.	v	v	v	v
Standard management protocols and training of MOs in management of referrals	v	v	v	v
IEC for hygiene education at the community level through the frontline workers.	v	v	v	v
<b>Population Stabilisation</b>				
<b>7.3.1: Promoting the acceptance of spacing methods through community participation</b>				
Preparation and Implementation of Communication strategy for VDC members, PRI/ULB representatives and community volunteers etc	v	v		
Training of Master trainers of RTCs and NGOs for training VDC members and community groups at district level.	v	v		
Training of block level master trainers for training VDC members and community groups at district level consisting of MOs, Health Workers and CDPO.	v	v		
Development of training material (Module and flip book) for master trainers and block level trainers.	v			
Development of pictorial material for the trainees	v			
Training of VDC members, PRI/ULB representatives and community volunteers etc.			v	v
Continued activity of training of Link couples by district and block level training teams already trained under IPD to train remaining link couples. Training for a period of three days by the block level team of trainers in five districts	v			
Conduction of Quarterly meeting of 3649 Link Couples at the block in five districts.	v	v	v	v

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Installation of Condom Vending Machines at identified locations such as Cinema halls, Railway Stations, Bus Stands, Shopping Centers / ATM / Sulabh complex etc., 5 machines each in 5 districts with partnership with private / NGOs	v	v	v	v
<b>BCC activities</b>				
Development and dissemination of Communication materials	v	v	v	v
<b>7.3.2 Expanding the choice of spacing methods of contraceptives</b>				
Printing of guidelines for ANMs in T 380A IUD insertion.	v			
Procurement of teaching materials for training	v			
Skill training of ANMs in T 380A IUD insertion at District hospital.	v	v	v	v
Performance assessment of trained ANMs in 5 districts i.e. Chhatarpur, Panna, Rewa, Satna & Sidhi	v	v	v	v
Supplies of asepsis kit to trained ANM in T 380A IUD insertion		v	v	v
Social Marketing schemes for promotion of contraceptives including commercial brands through identified NGO, Public distribution system (PDS) / JSRs in rural areas		v	v	v
<b>7.3.3 Access to quality services for sterilization be improved at all the CEmONCs &amp; BEmONCs</b>				
Incentive to surgeons who would perform more than 1000 LTT/CTT/NSV/VT in a year			v	v
Establishment of contraceptive/Family Planning Counseling centers at 170 CEmONCs institutions		v	v	v
Supply of IEC Material on family planning and contraceptives for counseling centers at CEmONCs		v	v	v
Recurring cost of 3 Regional NSV Resource at Indore, Satna & Bhopal	v	v	v	v
Continued support to state NSV resource center at Gwalior	v	v	v	v
IEC activities using local and folk media, IPC, Miking etc for promotion of NSV through State and Regional NSV resource centers	v	v	v	v
Skill training of MOs at BEmONCs/CEmONCs in NSV at State and Regional NSV Resource Centers	v	v	v	v
Skill training of MOs of 75% BEmONCs in Minilap at identified DHs/ Medical colleges for two weeks.	v	v	v	v
Training of MOs in LTT at Medical College for two weeks.	v	v	v	v
Re-orientation training in LTT to Gynecologists and PGMOs for 1 weeks at Medical Colleges/ District Hospitals.		v	v	v
Organizing Mega NSV camps	v	v	v	v
Development of one sterilization ward in each district equipped with AC, AV system water cooler, and quality facilities etc.	v			
Repair and maintenance of Laparoscopes including spare parts	v	v	v	v
Supply of Laparoscopes 150 Single puncture and 50 Double Puncture				
<b>7.3.4 Involvement of private sector in providing quality family planning services</b>				
Use of public sector facilities by private sector Specialists/MOs for rendering specialized and regular services on user fee basis, apart of fee will be deposited towards RKS.	v	v	v	v

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Regulation and accreditation of private sector facilities for providing services through contract in and contract out basis in identified institutions	v	v	v	v
<b>7.3.5 BCC activities through interpersonal communication, IEC material on sterilization, Condom, IUD, Oral Contraceptives, male participation, NSV, PNDT Act, age of marriage etc.</b>				
Reward for intimation of child marriage (before the legal age of marriage) at least 48 hours before marriage	v	v	v	v
<b>7.3.6: Implementation of Mother NGO scheme</b>				
Base line survey of the districts				
Grant in aid to MNGOs.		v	v	v
Grant to Service NGOs.		v	v	v
Appraisal of projects by independent agency/person, supervision and periodic meetings etc. at State level	v			
Strengthening NGO cell at the directorate.	v	v	v	v
<b>ARSH</b>				
<b>7.4.1 Implementation of the National Youth Policy (Health component) at the State</b>				
Workshop at state level for assessing the needs of adolescents and developing action plan				
Implementation of action plan as per the findings of the workshop	v	v	v	v
<b>7.4.2 Establishment of Multi purpose youth friendly centers one at each divisional headquarter (7) through identified agency.</b>				
Strengthening of Pediatrics Dept. as State Adolescent Resource Center	v			
Establishment of Multi purpose youth friendly centers	v			
Running of Multi purpose youth friendly centers	v	v	v	v
Induction training of Counselors placed at Multi Purpose Youth Friendly Centers		v		
Organizing of activities at Multi purpose youth friendly centers		v	v	v
<b>7.4.3 In school Adolescent Activities (Based on the experiences in IPD districts) in 5 IPD districts and 5 non IPD districts</b>				
Review of existing curriculum				
Defining criteria and identification of trainers				
Re-printing of training module for trainers for out of school and In school (in 5 new districts other than IPD)	v			
TOT of Master trainers (in 10 identified districts) (IPD Districts and Bhopal, Indore, Jabalpur, Gwalior & Ujjain)		v		
Re-printing of Reference Materials for peer educators of school, colleges & youth trained through NYKS	v			
District level orientation meetings	v	v	v	v
Orientation of school principals and reorientation on every alternate years		v		

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Training of school teachers for 5 days on Life Skills Education / ARSH (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)		v		
Training of peer educators of school (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)		v	v	
Organizing Co-Curricular activities in the schools such as parent teacher meeting, sports meet, question box activity, essay debate competition etc.		v	v	v
<b>7.4.4 Reaching out to out of school adolescents (based on the IPD Project in 5 districts) in 5 IPD and 5 Non IPD districts</b>				
Training of master trainers for training of Animators for out of school adolescent girls (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	v			
Training of Animators (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)		v		
Honorarium to Animator			v	v
Training of adolescent girls of villages through trained village Animators of identified NGO (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)			v	v
Training of youth (boys) through NYKS in 10 identified districts (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)	v	v	v	v
<b>7.4.5 ARSH and Gender sensitive service delivery through public health system</b>				
Development and printing of training material for the MOs and Paramedical staff of CEmOC and BEmOC institutions of 10 selected districts in first phase to provided adolescent friendly health services	v			
TOT of Master trainers to provide adolescent friendly health services' training		v		
Training of MOs of CEmOC and BEmOC institutions at RTCs to provided adolescent friendly health services in 10 selected districts (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)			v	v
Training of Paramedical staff of CEmOC and BEmOC institutions at districts to provide adolescent friendly health services in 10 selected districts (5 IPD districts and Bhopal, Indore, Jabalpur, Ujjain, Gwalior)			v	v
Supply of medicines, vaccines and contraceptives				
<b>Gender</b>				
<b>7.5.1 Policy and programme decisions at state level</b>				
Workshop at state level for the review of the policies for refocusing gender perspective & development of appropriate programme strategies				
State level workshop on effective implementation of PNDT Act		v		
District level Workshops on implementation of PNDT ACT and issues of sex selection	v	v	v	v
Staff duty rooms with toilet facilities in 124 CEmONCs (for female staff).		v	v	
<b>7.5.3 In service training</b>				
Training of Trainers for Health care service providers to provide Gender sensitive services		v		

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Training of Medical staff on providing gender sensitive services of DH, CEmOC and BEmOC institutions at RTCs		v	v	v
Training of Para Medical staff on providing gender sensitive services of DH, CEmOC and BEmOC institutions at districts		v	v	v
<b>7.5.4 Monitoring indicators and performance appraisal</b>				
State level award for best district for the deliveries attended by the health professionals on the basis of the various criteria defined in the HMIS and quality of care from the gender perspective.	v			
District level award for best CHC & PHC will be given to concerned incharge Medical Officer and CMHO on the basis of various criteria defined in HMIS and quality of care from the gender perspective.	v			
<b>7.5.6 Existing women / community groups mobilised around RH, Reproductive rights and gender issues in blocks</b>				
<b>Activity to be run as pilot in five districts i.e. Chattarpur, Panna, Rewa, Satna &amp; Sidhi</b>				
Quarterly meeting of animators	v	v	v	v
Hiring of resource persons for the monitoring of the project	v	v	v	v
Exposure Visit of Animators & Co-Animators to neighbouring districts for 2 days			v	
<b>7.5.7 Strengthening the existing women groups, Mahila Mandals, SHGs, MSS and Community members.</b>				
Interface of the existing women groups, Mahila Mandals, SHGs, MSS, Community members with the health dept.	v	v	v	v
Advocacy programs/sensitization of community members at the sector level (One day orientation workshop for selected members of caste panchayats, religious and political leaders etc...)	v	v	v	v
<b>7.5.8 Support to FCCs and enabled to address GBV (On pilot basis in 5 districts )</b>				
Honorarium to two Counselors, Social Workers, Advocate and other support staff of FCC	v	v	v	v
TA / DA and POL for FCC staff for follow up visits	v	v	v	v
Honorarium to FCC Psychologist on per case basis	v	v	v	v
Organisation of legal literacy camps in the villages	v	v	v	v
<b>HMIS</b>				
<b>7.6.1 Establishment of HMIS Unit at the State Level</b>				
Manpower support and hiring services of professionals for strengthening of HMIS unit.	v	v	v	v
Hardware support and office automation and other contingency expenditure.	v	v	v	v
<b>7.6.2 Situational Analysis of Existing Health Management Information System</b>				
Situational analysis and strengthening of existing MIS and the type of information, flow of information (upwards and downwards), including logistics management system and utilized for planning and decision making purpose etc.	v			
Inventory / Mapping of facilities in private sector		v	v	
<b>7.6.3 Development of Input Formats</b>				

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Based on the information needs assessed in the Situational Analysis (detailed above), a fresh set of data formats for the grassroots level workers and health functionaries at below-block level will be developed.		v	v	
Training of DAM and DA on MIS software	v			
Training of block level computer staff and supervisor in data validation, compilation, and analysis for two days.		v	v	
<b>7.6.5 Developing Software</b>				
Data collection and entry - for regular updation of HMIS	v	v	v	v
Development of software modules for health personnel management information system, Financial management information system, resource utilization system, performance management information system, drug and supplies management information system and up gradation of Programme management software of IPD etc with the help of in-house expertise and hiring services of professionals including up gradation and maintenance of the software.	v	v		
Up gradation of departmental Website including portal charges and hiring professional/agency.	v	v	v	v
MDP for District level officials / BMOs on HMIS and Supervision		v	v	
Printing of proforma, formats, registers, manuals etc. such (ANC and PNC, Immunization registers, cards, and reporting formats) for SHC, PHC, CHCs, BEmONC and CEmONC, DH etc level institutions.		v		
<b>7.6.6 Facilitate Operational Research Activities</b>				
Operations research activities including implementation of innovative ideas.	v	v	v	v
Community based monitoring in identified blocks to ensure continuous monitoring and evaluation of services at PHC and SHC level, a system of community based monitoring will be evolved	v	v	v	v
<b>BCC</b>				
<b>7.7.1 Institutionalize capacity for behavioural change communication strategy formulation, implementation and monitoring.</b>				
Strengthen IEC Bureau at state and district level by engaging professionals on contract basis/ short term consultancies.	v	v	v	v
Strengthening of State and District IEC bureaus with AV aids and training aids.				
<b>7.7.2 Promote community and social mobilization in health care, nutrition practices and fertility behaviours</b>				
Communication development workshops to develop area specific BCC plans at State and regional levels for Identification of target groups and development of segment specific communication plans : Plan for care providers, Plan for service providers, Plan for social mobilization, Media advocacy plan, plan for VDC Members. Plan for policy/decision makers, plan for private sector, plan for capacity building	v	v		

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Implement audience specific communication plans and disseminate relevant communication material (Age at Marriage & BCC activities through interpersonal communication, IEC material on sterilization, Condom, IUD, Oral Contraceptives, male participation, NSV, PNDT Act, IMNCI, Child Health Issues, Film Making, VDC Members, Material for Tribal blocks, Supply of TV & VCD to all CEmOCs, BEmOC institutions, IEC material for counselors at CEmOCs ) etc. Orientation of SHG members in 14 DPIP districts	v	v	v	v
Media advocacy on issues related to maternal and child health and population stabilization.	v	v	v	v
<b>7.7.3 Promote inter-sectoral synergy as well as public-private partnership</b>				
Development and implementation of joint action plans with Dept. of Women & Child Development, Panchayat, Education, PHED and NYK etc.				
<b>7.7.4 Community and Social Mobilization through BCC and capacity building of community groups interested local service providers etc.</b>				
Development of training material (Module and flip book) for master trainers and block level trainers.				
Development of pictorial material for the trainees	v			
Training of district trainers at RTCs including NGOs (five from each districts) for training VDC members and community members/groups and volunteers including PRI representatives, animators, AWWs, SHG members, JSRs,	v			
Training of block level master trainers for training VDC community members/groups and volunteers including PRI representatives, animators, AWWs, SHG members, JSRs, members and community groups at district level consisting of MOs, Health Workers and CDPO.		v	v	
Orientation of community members/groups and volunteers including PRI representatives, through Identified agencies/ NGOs on RCH & FP issues (Five participants from each village 3 VDC member and 2 other -SHG/MSS members) assuming that training will start from Sept. onwards and one block level trainer will be conducting at least one batch in a month.		v	v	v
Inventory of trained persons/PRI/NGOs/ etc.			v	v
<b>Urban</b>				
<b>7.8.2 Implementation of Urban Slum Health Plans for strengthening and improving RCH service delivery system through existing health infrastructure in the identified cities.</b>				
Outsourcing of RCH services (Immunization, ANC, PNC, RTI / STI) in Urban slums. Five cities in the first two years with two Mobile units each)		v	v	v
<b>7.8.4 Demand generation for RCH &amp; FP services through IEC activities</b>				
Urban health activities in 8 cities	v	v	v	v
<b>Tribal</b>				
<b>7.9.2 Improved accessibility through establishing service delivery points for quality RCH &amp; FP services.</b>				

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Provision for mobile dispensaries for rendering quality RCH & FP services in identified tribal blocks including provision for POL and medicines etc.	v	v	v	v
<b>7.9.5 Development of need based IEC activities / material in local dialects for involvement of tribal people in the implementation of activities.</b>				
Conduct health check-up camps / melas for awareness creation among tribal community in selected 89 tribal blocks once in every quarter.	v	v	v	v
<b>7.9.6 Burden of diseases in tribal areas.</b>				
Develop a disease profile and ensure services for various diseases like Malaria, TB, Sickle-cell, G6PD deficiency is rampant in tribal areas, along with RTIs/STIs and various other reproductive health problems.	v	v	v	v
<b>7.9.7 Promotion of ISM in tribal areas.</b>				
Conduct training programmes for ISM functionaries in RCH and FP aspects in 19 districts having tribal blocks - one day orientation training.	v			
7.9.8 Study on health status and health seeking behaviour of tribals in M. P.	v	v		
<b>HRM</b>				
<b>7.10.1 Strengthening Human Resource Management and Training for Reinforcing RCH Programme Implementation</b>				
Review and development of existing HR policies including job functions and workloads of administrative and technical officers, transfer and promotion of officers and staff by engaging HR experts/ External agency.	v			
Developing facilities for Masters course in public health at State level institutions for state and district programme officers & administrators etc, in collaboration with national and international institutions.	v			
Developing facilities for Masters course in hospital administration at State level institutions for state and district programme officers & administrators etc, in collaboration with national and international institutions.		v		
Study tours for departmental officials in better health care in international institutes.		v	v	v
Study tours for field officials		v	v	v
Strengthening of ANM/ Nursing training centers		v	v	
Training of all the Civil Surgeons on Capacity Building in Management		v	v	
Posting of Hospital Administrators on contract in all District Hospitals		v	v	v
Development of indicators to monitor the performance at CEmONCs, BEmONCs and other Institutions.	v			
Development of annual training plans at State Institute, RTCs and at District level training centers and its implementation and follow up.	v			
Study on Human Resource Planning and Development		v		
Strengthening State and Regional training centers by hiring professionals/faculty.	v	v	v	v

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Orientation training of PMU staff.	v			
Technical updates for programme managers and service providers on Maternal Health, Child Health, contraceptives and adolescent health issues		v	v	
Capacity building of IEC functionaries and consultants of state and district level and orientation training .		v	v	
<b>Infrastructure</b>				
<b>7.11.1 Strengthening the infrastructure and its maintenance-including operationalisation of CEmONCs.</b>				
Establishment of SPMU	v	v	v	v
Establishment of DPMUs in all the 48 districts	v	v	v	v
Establishment of model Labour rooms in identified 5 DHs (Bhopal, Ujjain, Ratlam, Sagar and Satna) and 5 Govt. Medical College Hospitals	v	v		
Establishment of Neonatal care units in identified 10 DHs		v	v	
Residential quarters for MOs and Staff at CEmONCs other than the district hospital places and BEmONCs on rental basis	v	v	v	v
Residential facilities for doctors on rental basis placed at CHCs identified as CEmONC institutions	v	v	v	v
Furnishing for the 92 CHCs (CEmONC institutions) and other expenses	v	v	v	v
Addition of OT facility and Labour room at 20% of CHCs and 20% of BEmONCs institutions	v			
Annual maintenance including repair renovation of CHC and PHC buildings, staff quarters Including CEmONCs and BEmONCs institutions.	v	v	v	v
Establishment of telephone at CEmONCs and BEmONC institutions	v	v	v	v
<b>Quality Assurance</b>				
<b>7.12.1 Working Groups on Clinical Specialties</b>				
Working groups on different clinical specialties like pediatrics, gynecology, obstetrics, etc. will be constituted in developing standards.				
<b>7.12.2 Developing Core Quality Indicators and Standards</b>				
Development of core quality indicators and standards for measuring quality of inputs, processes and outputs	v			
<b>7.12.3 Quality Assurance Groups for Implementation of Quality Assurance Program</b>				
Facility specific Working Groups on Quality Assurance will be developed to ensure wider participation in the process of successful implementation of the quality initiative.				
<b>7.12.4 Orientation of personnel on Quality Assurance</b>				
Training of trainers 4 per district in 10 selected districts		v		
Orientation of quality assurance team members of CEmONCs and follow up visits by evaluators to assess the impact.		v	v	
<b>7.12.5 Benchmarking of doctors</b>				

Intervention / Activities	1st Qtr.	2nd Qtr	3rd Qtr	4th Qtr
Development of benchmarks for PGMOs to assess their performance				
<b>7.12.6: Quality assurance for Private sector health care providers</b>				
Establishment of a system of accreditation	v			
Revision and printing of quality standards, SOPs	v			
<b>7.12.7 Surveys and Audits</b>				
Feed back from users	v	v	v	v
Conduct of patient satisfaction survey, medical audit and prescription audit through process evaluation by involving external agency.		v	v	
<b>Programme Management</b>				
<b>7.13 Programme Management Arrangement</b>				
SPMU remuneration	v	v	v	v
DPMU remuneration	v	v	v	v
Office expenses for SPMU at State level including TA-DA, POL, hiring of vehicle, Telephone etc and other misc expenses	v	v	v	v
District Contingency expenses for the State which includes TA & DA of the staff, office expenses and hiring of vehicle, and other contingent expenses	v	v	v	v
Quarterly meeting of CMHOs and District PO at the State Level	v	v	v	v
Continued supervision and inspection by the State level officers and SPMU consultants (includes hiring of vehicles.)	v	v	v	v
Inter state and international study tours, Experience sharing workshops/inter State visits	v	v	v	
Establishment of State Health Resource Center	v			
Incentives for good performers at state, district & block level	v			
<b>7.13.2 Contracting out CHC downward (Up to SHCs) infrastructure to private/non-government partners on management cost basis, on a pilot basis in year one in one division and adding 1 CHC network/per division from year 2 onwards up to year 5.</b>				
Triangulation study in 48 districts				
Outsourcing management of CHC/PHC network on pilot basis in 20 facilities	v	v	v	v
<b>Additional Support Unit at 5 districts i.e. Chattarpur, Panna, Rewa, Satna &amp; Sidhi</b>				
Remuneration to staff of additional support unit in 5 districts. (Satna, Sidhi, Chhatapur, Panna, Rewa)	v	v	v	v
<b>Logistics</b>				
<b>7.14.1 Design and Establishment of an Integrated Logistics Management System and Establishment of Logistics Management Cell</b>				
Review and establishment of Logistics Management System.				
Development of web enabled stores management information system and e-connectivity of wearhouses.				

<b>Intervention / Activities</b>	<b>1st Qtr.</b>	<b>2nd Qtr</b>	<b>3rd Qtr</b>	<b>4th Qtr</b>
<b>7.14.2 Creation of a Logistics Management Unit at the State Level</b>				
Establishment of State logistics Management Unit at Sate level	v	v	v	v
Support to wearhouses/drug stores in all the districts. Storage racks and equipments and minor repairs etc.				
Development and establishment of supply chain mechanism	v	v	v	v
<b>Mandatory</b>				
Jananni Suraksha Yojana	v	v	v	v
Compensation money for Sterilisation operations.	v	v	v	v

## Annexure – I

Names of Health Institutions for providing BEmOC					
S.No.	District	Identified Health Centres for providing BemOC Services			No. of BEmOCs
		Civil Hospital	CHC	PHC	
1	<b>Anuppur</b>		Parasi	Benibari	8
			Jaithari	Amarkantak	
			Kotma	Karpa	
				Bijuri	
				Malga	
2	<b>Ashoknagar</b>		Mungawali	Shadora	6
			Ishagarh	Bahadurpur	
				Kachnar	
				Malhargarh	
3	<b>Badwani</b>		Rajpur	Anjad	11
			Niwali	Silawad	
			Thikari	Ojhar	
				Palsood	
				Barla	
				Khetia	
				Julwania	
				Gandhwal	
4	<b>Balaghat</b>		Kiranapur	Lamta	13
			Paraswada	Hata	
			Birsa	Matte	
			Khairlanji	Bahela	
			Lalbarra	Bhanegaon	
				Rampali	
				Dogarmali	
				Bamhani	
5	<b>Betul</b>		Athner	Hidli	15
			Chicholi	Jhallaar	
			Shahpur	Barvi	
			Multai	Bhoura	
			Amla	Chunalomha	
			PrabhatPattan	Masod	
				Ranipur	
				Bordehi	
				Chirapatla	
6	<b>Bhind</b>		Amayan	Phoof	10
			Ater	Gormi	
			Roan	Bijora	
			Mou	Surpura	
				Mihona	
				Guhisar	
7	<b>Bhopal</b>		Gandhinagar	Nazirabad	3
				Gunga	
8	<b>Burhanpur</b>		Nepangar	Dhulkot	5
			Shahpur	Amullakhurd	
				Bodarli	

Names of Health Institutions for providing BEmOC					
S.No.	District	Identified Health Centres for providing BemOC Services			No. of BEmOCs
		Civil Hospital	CHC	PHC	
9	<b>Chhatarpur</b>		Bijawar	Harpalpur	13
			Khajuraho	Rajnagar	
			Baxwaha	Ishanagar	
			Gaurihar	Maharjpur	
			Laundi	Chandla	
				Satai	
				Kishangarh	
				Bamitha	
10	<b>Chhindwara</b>	Chandameta	Mohkhed	Pindraikala	19
			Parasia	Mohgaon	
			Jamai	Borgaon	
			Damua	Batkakhapa	
			Bichhua	Surlakhapa	
			Nandanwadi	Teegaon	
			Chorai	Chand	
			Harrai	Badchicholi	
				Rampur	
				Dhanegaon	
11	<b>Damoh</b>		Tendukheda	Hindoria	7
			Patharia	Raneh	
			Patera	Sarra	
			Batiagarh		
12	<b>Datia</b>		Bhander	Indergarh	6
				Unnao	
				Basai	
				Baroni	
				Salon	
13	<b>Dewas</b>	Hat Piplaya	Tonkkhurd	Satwas	13
			Khategaon	Barohta	
			Bagali	Udainagar	
				Loharda	
				Nemawar	
				Kamlapur	
				Bhorasa	
				Chobaradhira	
				Kantaphod	
14	<b>Dhar</b>		Pithampur	Ghatabillod	16
			Tirla	Nalchha	
			Bakaner	Amjhera	
			Dharamपुरi	Karoli	
			Gandhwani	Tanda	
			Nisarpur	Dehri	
			Bagh	Bidwal	
			Dahi	Umarban	
15	<b>Dindori</b>		Karanjia	Vikrampur	12
			Mehadwani	Gadasarai	
			Amarpur	Jamgaon	

Names of Health Institutions for providing BEmOC					
S.No.	District	Identified Health Centres for providing BemOC Services			No. of BEmOCs
		Civil Hospital	CHC	PHC	
			Samnapur	Kisalपुर	
			Shahपुर	Dugaria	
				Chada	
				Rai	
16	Guna		Aaron	Bhadora	8
			Kumbhraj	Bishangarh	
			Bamori	Maksudangarh	
				Myana	
				Ruthiyai	
17	Gwalior		Mohna	Barai	6
				Hastinapur	
				Antri	
				Shuklahari	
				Chinor	
18	Harda		Timarni	Handia	4
				Sirali	
				Rahatgaon	
19	Hoshangabad	Pachmari	Babai	Sandiya	9
			Bankhedhi	Dolaria	
			Sukhtawa	Umardha	
				Semri Herchand	
				Bagratawa	
20	Indore		Manpur	Betma	8
				Gotampura	
				Hatod	
				Bicholi Hapsi	
				Hasalpur	
				Chandrawatiganj	
				Dakachiya	
21	Jabalpur		Panagar	Barela	9
			Natwara	Bargi	
			Majholi	Majhgawa	
				Chargawa	
				Khitola	
				Katangi	
22	Jhabua		Meghnagar	Kalyanपुर	15
			Para	Ambua	
			Ranapur	Umarkot	
			Sondwa	Rama	
			Kaththiwada	Nanpur	
			Udaygarh	Bori	
			Bhabra	Kanjwani	
				Kakanwani	
23	Katni		Badwara	Barhi	10
			Reethi	Kanhewara	
			Umariapan	Badgaon	
				Ghughra	

Names of Health Institutions for providing BEmOC					
S.No.	District	Identified Health Centres for providing BemOC Services			No. of BEmOCs
		Civil Hospital	CHC	PHC	
				Sigodi	
				Kemor	
				Slemanabad	
24	<b>Khandwa</b>		Pandhana	Mandhata	10
			Mundi	Jawar	
			Chhaigaonmakhan	Beed	
				Piplod	
				Roshni	
				Chichgohan	
				Borgaon	
25	<b>Khargone</b>	Sanawad	Gogaon	Oon	13
			Segaon	Mohana	
			Bhikangaon	Bamnala	
			Jhiranya	Bedia	
			Maheshwar		
			Kasrawad		
			Bhagawanpura Mandleshwar		
26	<b>Mandla</b>		Bichhia	Bamhni	13
			Niwas	Khatia	
			Beejadandi	Pindrai	
			Mohgaon	Maneri	
			Ghughari	Jamthar	
			Mawai	Anjani	
				Chhindgaon	
27	<b>Mandsaur</b>		Malhargarh	Dhudhadka	11
			Seetamau	Shamgarh	
				Suvasara	
				Maikheda	
				Sandhara	
				Bhesoda	
				Piplyamandi	
				Gandhisagar	
				Sanjeet	
28	<b>Morena</b>		Noorabad	Bamor	11
			Joura	Khadiahar	
			Porsa	Sujarma	
				Rampurkala	
				Sumavali	
				Dimni	
				Jhundpura	
				Pachokhara	
29	<b>Narsingpur</b>		Gotegaon	Dhamna	9
			Saikheda	Barhata	
			Salichoka	Barman	
			Tendukheda	Chawarpatha	
				Chichli	
30	<b>Neemuch</b>		Manasa	Singoli	8

Names of Health Institutions for providing BEmOC					
S.No.	District	Identified Health Centres for providing BemOC Services			No. of BEmOCs
		Civil Hospital	CHC	PHC	
				Deeken	
				Palsoda	
				Ratngarh	
				Bisalwaskala	
				Kadwasa	
				Jaat	
31	Panna		Amanganj	Devendranagar	9
			Gonnor	Mohindra	
			Shahnagar	Repura	
				Suleha	
				Semaria	
				Kakrhati	
32	Raisen		Udaipura	Sanchi	9
			Gairatganj	Devri	
			Mandideep	Badi Nagar	
			Silwani	Obedullaganj	
				Sultanganj	
33	Rajgarh		Khilchipur	Khujner	11
			Sarangpur	Suthalia	
			Boda	Pachor	
			Jeerapur	Kurawar	
				Talen	
				Machalpur	
				Chhapiheda	
34	Ratlam	Tal	Namli	Bilpak	13
			Sailana	Rawti	
			Piploda	Sarwan	
				Kharwakala	
				Kanadiya	
				Chandergarh	
				Ringnod	
				Badawda	
				Bardiagoel	
35	Rewa		Gangeo	Semaria	18
			Raipur	Bida	
			Govindgarh	Chachai	
			Naigarhi	Dabhora	
			Chakghat	Amiliha	
				Rehat	
				Hata	
				Lalgaon	
				Baikunthpur	
				Mangawan	
				Devtalab	
				Pahadi	
				Teekar	
36	Sagar		Surkhi	Shahpur	17

Names of Health Institutions for providing BEMOC					
S.No.	District	Identified Health Centres for providing BemOC Services			No. of BEMOCs
		Civil Hospital	CHC	PHC	
			Jaisinhnagar	Rehli	
			Gadakota	Agasod	
			Banda	Baraidha	
			Kesali	Khimlasa	
			Malthon	Mandi Bamora	
			Rahatgarh	Gourjhamar	
				Jaruakheda	
				Bilhara	
				Sahajpur	
37	<b>Satna</b>		Majhgawa	Kothi	
			Uchehra	Birsinghpur	
			Mukundpur	Jaitwara	
			Devrajnagar	Sohawal	
			Rampur Bgghelan	Koter	
				Ramnagar	
				Amdara	
				Jaso	
				Parasmania	
				Barodha	
				Nayagaon	
38	<b>Sehore</b>		Shyampur	Mardanpur	9
			Bilkisganj	Jawar	
			Budni	Rehati	
			Ichhawar	Maina	
				Baktara	
39	<b>Seoni</b>		Gopalganj	Khawasa	13
			Ghansaur	Chhui	
			Barghat	Ari	
			Kurai	Piparwani	
			Chhapara	Rumal	
			Dhanora	Palari	
				Bamhni	
40	<b>Shahdol</b>		Gohparu	Channodi	7
			Budhar	Lafda	
			Dhanpuri	Budwa	
			Singhpur		
41	<b>Shajapur</b>	Akodia	Badod	Berchha	11
			Nalkherha	Maksi	
			Kalapeepal	Polatkalan	
			Momanbadodia	Soyatkala	
				Tilawadmaina	
				Kannad	
42	<b>Sheopur</b>		Karhal	Badoda	5
				Beerpur	
				Agra	
				Dondhar	
43	<b>Shivpuri</b>		Narwar	Satanwada	10
			Kolaras	Manpura	
			Khaniadhana	Bamorkalan	

Names of Health Institutions for providing BEmOC					
S.No.	District	Identified Health Centres for providing BemOC Services			No. of BEmOCs
		Civil Hospital	CHC	PHC	
				Dinara	
				Bairadh	
				Rannod	
				Magroni	
44	<b>Sidhi</b>		Simaria	Madwas	15
			Majholi	Amilia	
			Churhat	Amarpur	
			Niwas	Mada (Bindul)	
			Sihawal	Sarai	
				Lumsarai	
				Podi	
				Deosar	
				Barigawa	
				Khaddi	
45	<b>Tikamgarh</b>		Baldevgarh	Badagaon	9
			Prithvipur	Khargapur	
			Palera	Orchha	
				Lidhora	
				Bamhorikala	
				Taricharkala	
46	<b>Ujjain</b>	Madhav Nagar	Ghatia	Tajpur	12
			Tarana	Narwar	
			Khachrod	Unhel	
				Panbihar	
				Makdon	
				Bhat Pachlana	
				Jharda	
				Jhuthawada	
47	<b>Umaria</b>		Manpur	Indwar	5
				Chandia	
				Kerkeli	
				Bilaspur	
48	<b>Vidisha</b>		Gyarasapur	Piplakheda	10
			Kurwai	Tyonda	
			Lateri	Shamshabad	
				Gulabganj	
				Garetha	
				Pathari	
				Rasolisahu	
		7	179	314	500

Names of Health Institutions for Providing CEmONC				
S.No.	District	CEmONC		
		District Hospital	Civil Hospital	CHC
1	Anuppur	Anuppur		Pushprajgarh (RajendraGram)
2	Ashoknagar	Ashoknagar		Chanderi
3	Badwani	Badwani	Sendhwa	Pati
				Pansemal
4	Balaghat	Balaghat	Vara Seoni	Langi
				Baihar
				Katangi
5	Betul	Betul		Bhimpura
				Ghodadongri
				Bhaisdehi
6	Bhind	Bhind		Lahar
				Mehgaon
				Gohad
7	Bhopal	Bhopal	KNK Hospital	Berasia
			CH Bairagarh	
8	Burhanpur	Burhanpur		Khaknar
9	Chhatarpur	Chhatarpur		Naogaon
				Badamalhera
10	Chhindwara	Chhindwara	Amarwada	Saunsar
				Tamia
				Pandurna
11	Damoh	Damoh		Hata
				Jabera
12	Datia	Datia	Sewra	
13	Dewas	Dewas	Kannod	Sonkatch
14	Dhar	Dhar		Dhamnod
				Badnawar
				Kukshi
				Sardarpur
				Manawar
15	Dindori	Dindori		Bajag
16	Guna	Guna		Binaganj
				Raghogarh
17	Gwalior		Murar	Dabra
				Bhitarwar
18	Harda	Harda		Khirkhya
19	Hoshangabad	Hoshangabad	JSR Itarsi	Seoni Malwa
				Sohagpur
				Pipriya
20	Indore	Indore	Mhow	Depalpur
				Sanwer
21	Jabalpur	Jabalpur	Sehora	Patan
				Kundam
22	Jhabua	Jhabua	Alirajpur	Thandla
				Jobat

Names of Health Institutions for Providing CEmONC				
S.No.	District	CEmONC		
		District Hospital	Civil Hospital	CHC
				Petlawad
23	Katni	Katni		Bohariband
				Vijayraghgarh
24	Khandwa	Khandwa		Chhanera (New Harsood)
				Khalwa
25	Khargone	Khargone	Sanawad	Maheshwar
				Bhikangaon
26	Mandla	Mandla		Nainpur
				Narayanganj
27	Mandsaur	Mandsaur	Bhanpura	
			Garoth	
28	Morena	Morena	Ambah	Kailaras
				Sabalgarh
				Noorabad
29	Narsingpur	Narsingpur	Gadarwara	Kareli
30	Neemuch	Neemuch	Rampura	
			Javad	
31	Panna	Panna		Ajaygarh
				Powai
32	Raisen	Raisen		Bareli
				Begamganj
33	Rajgarh	Rajgarh	Bioara	
			Narsingarh	
34	Ratlam	Ratlam	Jaora	Bajna
			Alot	
35	Rewa			Hanumana
				Jawa
				Tyothar
				Mahouganj
				Sirmour
36	Sagar	Sagar	Bina	Khurai
				Deori
				Shahgarh
37	Satna	Satna	Maihar	Nagod
				Amarpatan
38	Sehore	Sehore	Ashta	Nasrullaganj
39	Seoni	Seoni		Lakhanadon
				Kevlari
				Ghansaur
40	Shahdol	Shahdol		Jaisinghnagar
				Beohari
41	Shajapur	Shajapur	Shujalpur	Agar
				Susner
42	Sheopur Kala	Sheopur Kala		Vijaypur
43	Shivpuri	Shivpuri		Badarwas
				Pohari
				Pichhore
				Karera

<b>Names of Health Institutions for Providing CEmONC</b>				
<b>S.No.</b>	<b>District</b>	<b>CEmONC</b>		
		<b>District Hospital</b>	<b>Civil Hospital</b>	<b>CHC</b>
44	Sidhi	Sidhi		Baidhan
				Chitrangi
				Rampur Naikin
				Kusmi
45	Tikamgarh	Tikamgarh		Jatara
				Newari
46	Ujjain	Ujjain	Badnagar	
			Nagda	
			Mahidpur	
47	Umaria	Umaria		Pali
48	Vidisha	Vidisha	Ganjbasoda	Nateran
			Sironj	
		<b>46</b>	<b>32</b>	<b>92</b>
			<b>170</b>	