



Dr. Suresh K. Mohammed

Director

Telefax : 23061333

e-mail : suresh.mohammed@nic.in



३१/११/१२

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110108

Government of India

Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110108

D.O. Z-20014/1/2010-RCH (DC)

Dated: 23<sup>rd</sup> October, 2012

Dear *Sun Suresh,*

As part of regular and concurrent evaluation of the RCH programme implementation, feedback on the progress made by the state of Manipur during the period April to June of the financial year 2012-13 is enclosed herewith.

This feedback is based on the FMR, target/ budget in the PIP, monitorable targets & critical gaps have been identified in the RCH programme in Manipur, which are highlighted below:

1. During the first quarter of this financial year 2012-13, the State has spent only 32.4 % of the quarterly budget. Expenditure is less than 50% across all programme heads but particularly low for tribal RCH (NIL expenditure), child health (0.8%), maternal health (1.6%), ARSH (4.4%), PC-PNDT (5.6%), family planning (7.6%) and training (13.7%). The State has to improve the pace of implementation of these programmes.
2. In comparison to the same period of the previous year, performance of many indicators shows decline, such as, percentage women being discharged at least 48 hours post-delivery out of deliveries at public institutions (from 10.3% to 8.4 %), percentage of newborns having weight less than 2.5 kg (from 3.6% to 4.2 %), percentage of drop out from BCG to measles (from 14.4% to 23.6 %), percentage total sterilisation against ELA (from 1.1% to 0.7 %) and percentage male sterilizations out of total sterilizations (from 10.3% to 8.4 %). State needs to analyze reasons for the decline of performance under these crucial indicators and take remedial actions.
3. **Analysis of HMIS and FMR for April- June, 2012 shows inconsistencies in the physical progress and financial reporting especially in the case of reported expenditure under JSY, Family Planning activities, training programmes etc. State needs to prepare variance analysis reports with a focus on key indicators, since the emphasis would now be on monitoring of physical progress along with financial progress.**
4. Only 8 maternal deaths have been reported during the first quarter this financial year 2012-13; which is much less as compared to estimated deaths based on population. The state needs to fast track the operationalization of the maternal death review system in the state as per GoI guidelines.
5. It has been observed that under JSY programme, as against 3743 beneficiaries for institutional deliveries only 1498 received benefit and also the number of ASHAs receiving benefit has decreased (from 1044 in Quarter 1 in financial year 2011-12 to 840

*U evaluate -  
9/11/12  
SFM  
W. legend  
Lomasana*

Healthy Village, Healthy Nation




एड्स - जानकारी ही बचाव है  
Talking about AIDS is taking care of each other

in Quarter 1 in financial year 2012-13). The state needs to look into the reasons for the same. ASHAs should continue to play a significant role in motivating women for institutional delivery under JSY.

You are requested to review the progress report and also take necessary action to strengthen the programme in areas where gaps have been noted. Further, necessary action needs to be taken on the inconsistencies pointed out in the report.

With regards,

Yours sincerely,

  
23.10.2012  
(Dr. Suresh K Mohammed)

Sh. Devesh Deval (IAS)  
Mission Director (Health & Family Welfare),  
New Secretariat Building  
Room No. 206  
Imphal - 795 001  
Manipur

Encl: Progress for the quarter ending June 30, 2012

Copy for information to;

1. Director, NERC

Healthy Village, Healthy Nation