



4TH COMMON REVIEW MISSION MAHARASHTRA

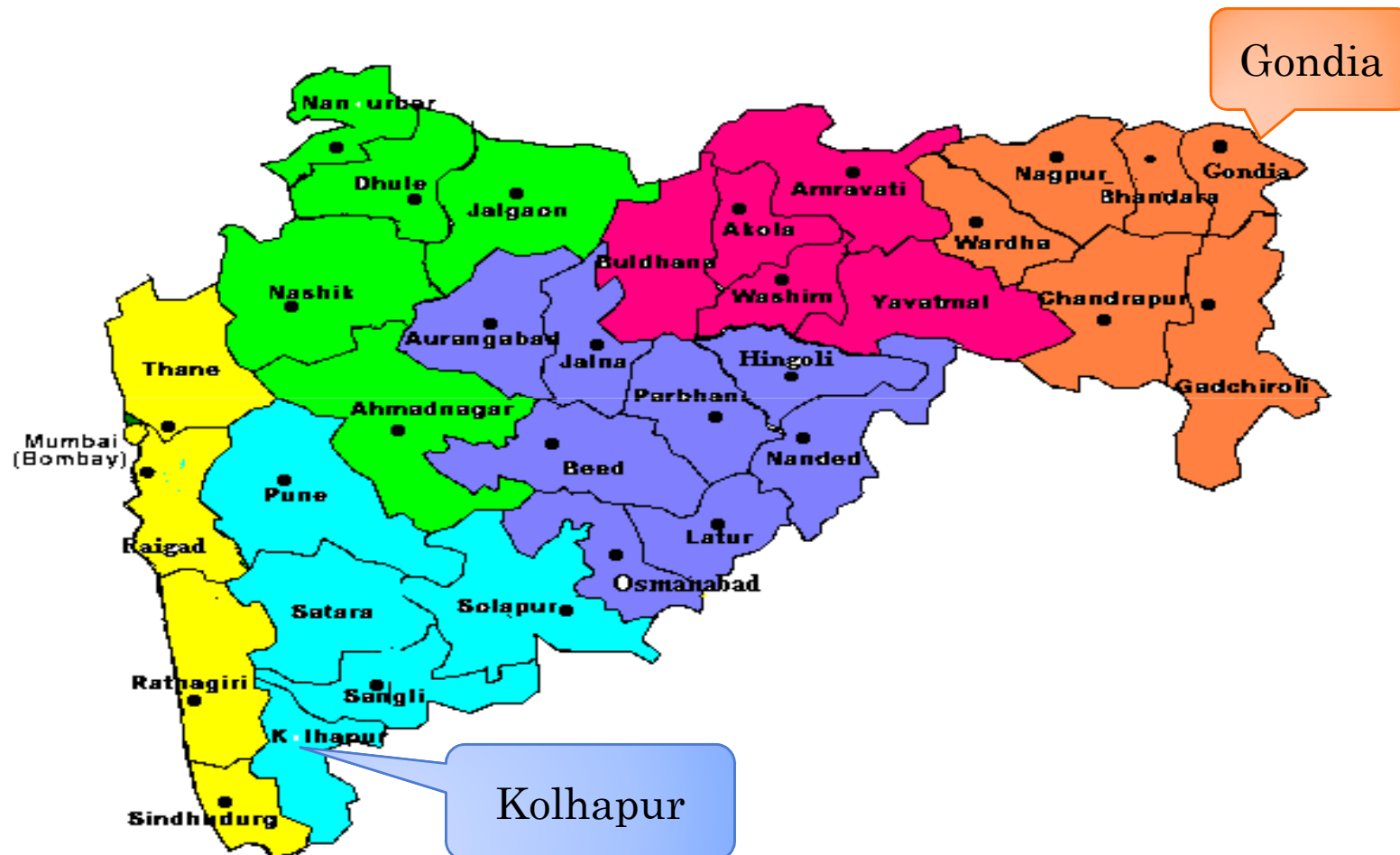
February 26, 2011 , Vigyan Bhavan, N. Delhi

TEAM MEMBERS

- ❑ Shri P. A. Sawant, MOHFW, GoI
- ❑ Dr. Manisha Malhotra, MOHFW, GoI
- ❑ Dr. S.B. Nadoni, Sr. Regional Director, MOHFW, GoI
- ❑ Dr. V. K. Manchanda, World Bank
- ❑ Dr. Subrato K. Mondal, PFI
- ❑ Dr. Abhay Shukla, NRHM Advisory Group for Community Action
- ❑ Dr. Santosh S., Public Health Expert
- ❑ Dr. Pushkar Kumar, MOHFW
- ❑ Dr. Salima Bhatia, MOHFW



MAHARASHTRA



FACILITIES VISITED

Kolhapur Team

- HFWTC, Nagpur
- Public Health Laboratory, Nagpur
- CPR District Hospital & Medical College, Kolhapur
- District Hospital, Satara
- District TB Centre, Satara
- Sub-district Hospital, Gadhinglaj
- Sub-district Hospital, Kodoli
- Rural Hospital, Ajara
- Rural Hospital, Panhala
- PHC, Kargaon
- PHC, Chikhali
- PHC Maligre
- PHC, Shirol (Pulachi)
- PHC Wagholi (Pune)
- Sub-Centre, Belewadi Masa
- Sub-Centre, Kini
- AWC, Shirol
- Village Lingapur



FACILITIES VISITED

Gondia Team

- Daga Women Hospital, Nagpur
- District Hospital Gondia
- DH Gadchiroli
- SDH Tiroha
- Navegaon bandh RH (not FRU)
- Goregaon RH
- Deori RH
- Akody PHC
- Bangaon PHC
- Kawrabandh PHC
- Mullah PHC
- Sondad PHC
- Mahagaon PHC
- Kumbhtola (SC)
- Sub Centre Dandegaon
- Chichtola AW
- Jhaliya SubCentre and VHND





BEST PRACTICES

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○ **Infrastructure**

□ **NRHM contribution significant to infrastructure improvement**

- Dedicated Infrastructure Development Wing in place

○ **Human resources**

□ **Initiatives taken by state to improve availability of Specialists:**

- Seats for PG reserved for MOs in service;
- Formation of groups of doctors through professional bodies to facilitate hiring of specialists (IMA)
- Plan for withdrawing specialists deputed to Medical Colleges for posting in Public Health Department
- Hardship allowance being given to Medical officers and specialists

○ **Service Delivery :**

- Grievance redressal mechanisms available: complaint box/ mobile numbers
- PPP for super speciality services
- Well Managed HIV and RNTCP programs
- Free wheel chair and support systems for Physically challenged population
- Telemedicine, CT, Doppler



BEST PRACTICES

○ **ASHAs:**

- ❑ Completed 5 training modules in tribal districts
- ❑ ASHA modules made pictorial by involving NGO's: Sathi/ Cehat
- ❑ ASHAs role and support well acknowledged by ANMs, ICDS, AWWs, mothers, communities



○ **Decentralisation /Local Action:**

- ❑ RKS has been set up at Facilities: MOs well oriented
 - PRI involvement in RKS at facility level and VHSCs visible but need for higher involvement in District level planning and implementation.



Belewadi (Masa Sub-Centre)



INNOVATIONS/ NEW INITIATIVES

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- ❑ **Maheer**—a birth waiting home model (Gondia)
- ❑ Promotion of Breast Feeding – provision of **HIRAKANI CHAMBER** in the facilities at Kolhapur – state may like to upscale to other districts
- ❑ **Sickle Cell Anemia** programme in tribal areas
- ❑ **Child Treatment Camps (CTC)** at PHC, RH, DH for 21 days and **Village Child Development Centres (VCDC)** at AWC for 30 days – good evidence of intersectoral convergence to address malnutrition



HIRAKANI KAKSH

INNOVATIONS/ NEW INITIATIVES

- ❑ Solar panels installed at PHCs
- ❑ Initiatives to improve the sex ratio:
 - Felicitation of Mothers delivering a female child with thermal set, baby kits, sari, certificate – LAXMI ALI GHARI Scheme
- ❑ Mobile Dental Clinics (at Gadchiroli)





ISSUES / CHALLENGES

CHALLENGES



LABOR ROOM - DH SATARA



CHALLENGES

❑ Rational deployment of available resources:

- e.g. DGO gynaecologist posted at RH (Panhala) where C-Sections were not conducted.

❑ Training:

- Quality of training: all trained service providers have not translated skills into practice of standard protocols e.g. partograph, display of protocols in labour rooms
- Post training supportive supervision is a gap area

❑ Emergency Transport System

- No formal system established - Identified local transport with display of contact nos. at health facilities
- Assured Referral Transport to the Referral Centres- (free referral transport not being provided to all (eg. In Gondia- Mulla PHC)



CHALLENGES

- ❑ Universal use of Standard Treatment protocols :
 - Indiscriminate use of injection oxytocin and antibiotics in a health facility in Gondia district
 - Lack of knowledge of service providers on protocols of neonatal resuscitation

- ❑ FP Policy :
 - Lack of focus on P-P methods esp. in-house P-P tubectomy ...state policy on P-P sterilizations needs to be revisited.
 - Negligible no.of NSVs in Kolhapur

- ❑ Need for Streamlining of State Procurement Systems: Expedite the implementation of revised State Procurement Policy
 - Shortage of drugs
 - High costs of drugs- - District level bulk purchases
 - Massive expenditures of RKS funds on drugs

- ❑ Financial Management and accounting systems:
 - poor planning and management of flexible funds at DH Satara





RECOMMENDATIONS

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- ❑ Prioritization of resources: Large number of facilities selected under IPHS: some are underutilized with low case loads
 - e.g. PHC Kargaon, Maligre conduct only 2-3 deliveries /month
- ❑ Rationalization of postings of trained human power
- ❑ Need for a sound HR Policy for contractual appointments: appointments should be for the project period, clearly defined TORs.
- ❑ Mainstreaming of AYUSH Providers - Appropriate training to AYUSH doctors in emergency medicine at co-located AYUSH facilities.
- ❑ Provide assured free referral transport facilities for pregnant women and sick new borns including drop back home, particularly in the remote areas of the high focus districts



RECOMMENDATIONS

- ❑ Ensure cashless (free) delivery for all women irrespective of the parity.
- ❑ Ensure payment of JSY funds to beneficiaries before discharge of the patients.
- ❑ **Strengthen newborn care** : Greater supportive supervision of service providers trained in neonatal care (NSSK etc)
- ❑ **Family planning** activities to be streamlined in accordance with policy directives from the GoI especially with regard to **post partum sterilization**.
- ❑ **Procurement**: Strengthening of State Procurement System through formation of an autonomous body and transparent procurement similar to TNMSC
- ❑ **Financial Management**:
 - Promote use of Tally at block level
 - Enhanced focus on training on financial management for service providers and accounts staff
 - Streamline management of flexible funds at facilities

RECOMMENDATIONS

- ❑ Significantly enhanced financial allocations for purchase of essential medicines to be ensured.
- ❑ Strengthen decentralized district planning processes, linking with other sectors –ICDS, TSC and expand planning to block and village level (bottom up), with greater involvement of PRIs
- ❑ Integration of State MIS and central HMIS
- ❑ Monitoring and Evaluation to be strengthened with special focus on regular field visits. Ensure better maintenance and updating of mandatory registers



THANK YOU

