5th Common Review Mission – Dissemination Workshop

Amit Mohan Prasad,
JS (Policy), MoHFW

12th January 2012

Objectives of the 5th CRM

- Critically review the functioning of NRHM vis-à-vis its goals and objectives, assess the health care delivery system in the States to explore the main reasons for successes and shortcomings.

Thematic Areas for Assessment	
Infrastructure Development	National Disease Control Programs
Health Human Resources	Program Management
Health Care Service Delivery	Procurement System
Outreach Services	Effective use of IT
ASHA Programme	Financial Management
Reproductive and Child Health	Decentralized Local Health Action
Preventive and Promotive Health and Intersectoral Convergence	Mainstreaming of AYUSH
Gender Issues and PCPNDT	Overall Outcomes

Geographical Coverage of 5th CRM

Category of States	Names of States
High Focus States (Excluding NE) (8)	Bihar, Chhattisgarh, Jharkhand, Orissa, Rajasthan, Uttar Pradesh, Uttarakhand, Himachal Pradesh
High Focus NE States (2)	Assam, Sikkim
Non High Focus States (5)	Andhra Pradesh, Goa, Gujarat, Karnataka, Haryana

Composition of teams of 5th CRM

- 10-12 members team:

3-4 Government Officials,

2 Public Health Experts,

1- 2 Representatives of Devpt Partners

2 Representatives of Civil Society

Consultants of MoHFW

Programme of the 5th CRM

Day	Date	Event
Day 1	8th November	National Briefing
Day 2	9th November	State briefing
Day 3 -6	10th to 13th November	Field visits
Day 7	14th November	Meeting with State officials, draft report and ppt preparation
Day 8	15th November	Debriefing and return to Delhi

Some Highlights of the Mission

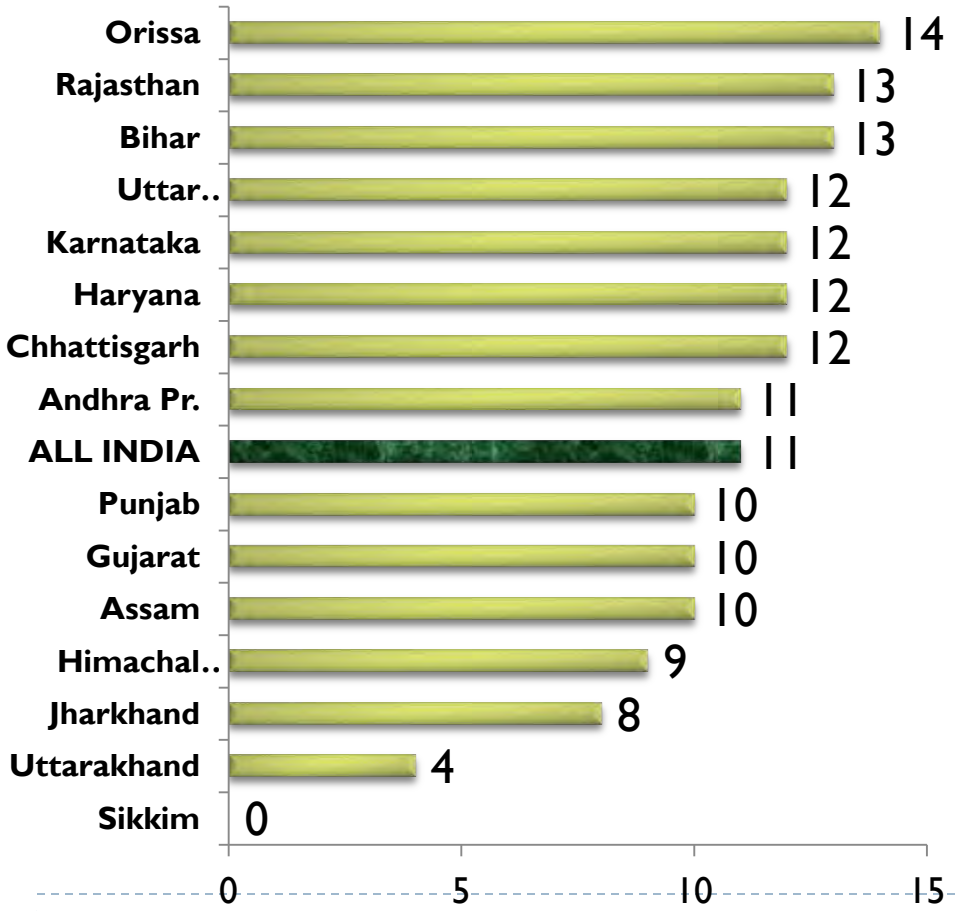
- Increase in child and maternal survival and reduction of fertility rates in the last five years. The rate of improvement is better in rural areas.
- Steady increase in case load and range and quality of services rendered by the public health system across the States.
- Substantial increase in Human Resources and programme management staff across States
- Community participation and mobilisation has been strengthened by ASHA programme, VHSNC and RKS.
- Social protection role of the public sector has been enhanced in most States

Some Highlights of the Mission (Contd)

- Assured Referral Transport including Emergency Medical Transport Service (Call centre based 108 type) across the States
- Enhancement in absorptive capacity of the States and better financial management
- Definite shift towards a paradigm of integrated horizontal health systems approach
- Enhanced capacity for planning and implementation at the district level and below
- Flexibility has led to several innovations for addressing the context specific requirements

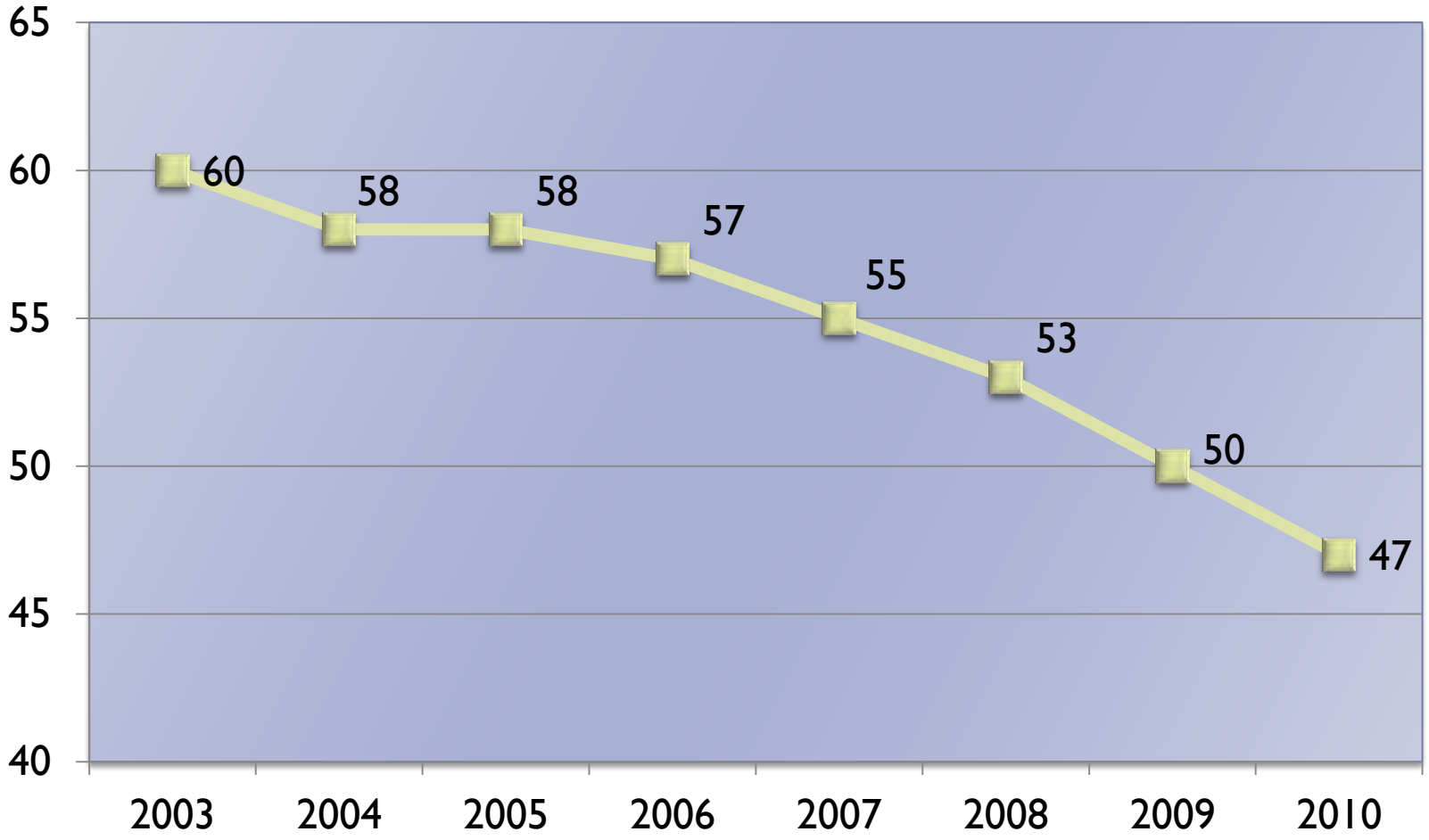
Achievement in IMR decline (2005-2010) in CRM States

- Drop in rural IMR (13 points) is greater than the drop in urban IMR (9 points)

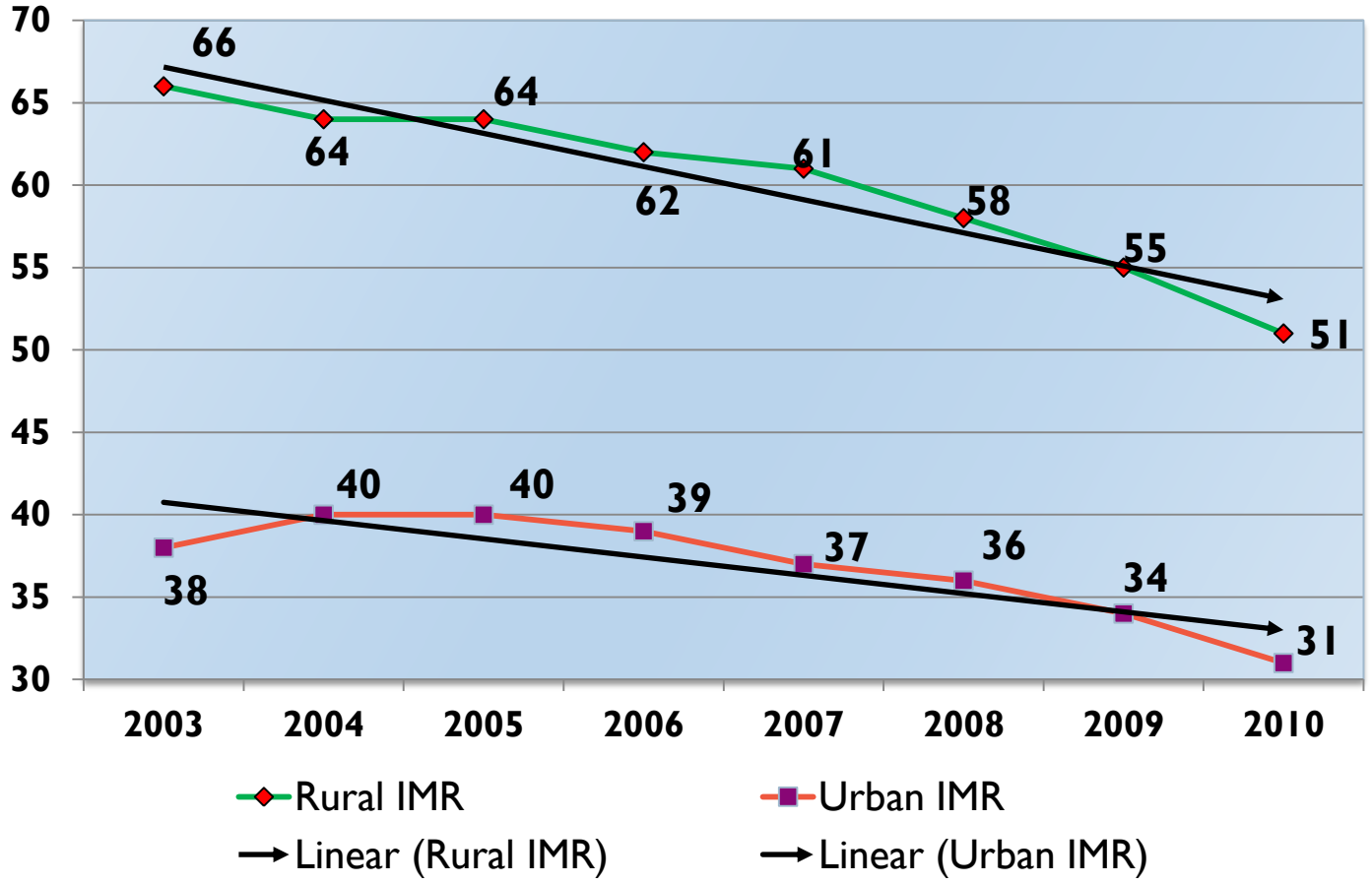


Name of State	IMR 2005	IMR 2010
Orissa	75	61
Rajasthan	68	55
Bihar	61	48
U P	73	61
Karnataka	50	38
Haryana	60	48
Chattisgarh	63	51
A P	57	46
Punjab	44	34
Gujarat	54	44
Assam	68	58
Himachal	49	40
Jharkhand	50	42
Uttarakhand	42	38
Sikkim	30	30
All India	58	47

Decline in IMR (India) from 2003-2010

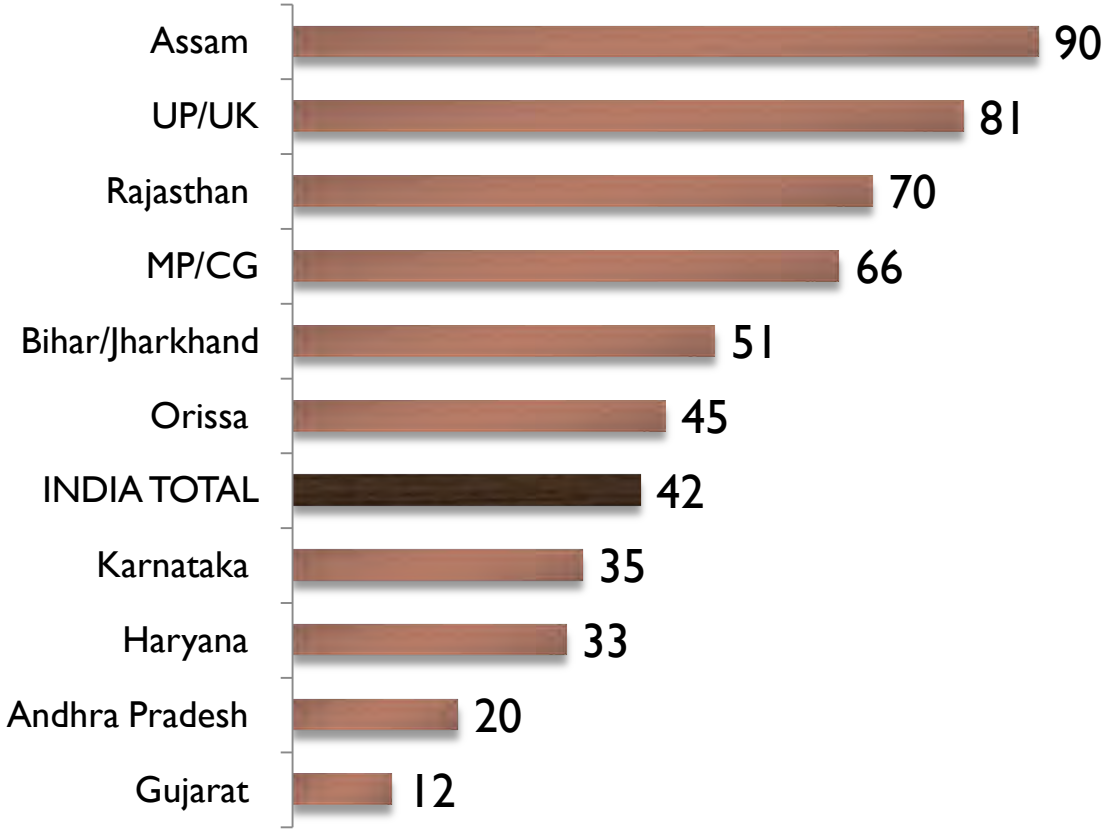


Decline in Rural IMR versus decline in Urban IMR



Achievement in decline in MMR 2006 (2004-2006) To 2009 (2007- 2009)- CRM States

- The poor performing States have shown higher improvement as compared to national average



Name of State	MMR (2006)	MMR (2009)
Assam	480	390
UP/UK	440	359
Rajasthan	388	318
MP/CG	335	269
Bihar/ Jhar	312	261
Orissa	303	258
Karnataka	213	178
Haryana	186	153
Andhra P	154	134
Gujarat	160	148
All India	254	212

Infrastructure - Findings

- Infrastructure gaps are largest in Bihar, Jharkhand and Uttar Pradesh and least in Himachal Pradesh and Sikkim.
- Gaps in PHCs and sub-centres are highest.
  - Only 58% of all the sub-centres are functioning in government buildings.
- Issues of location, quality of construction and handing over of the building need to be addressed.
- Better planning and designing of health facilities needed
- Lack of residential accommodation is a major hindrance in ensuring 24/7 service availability

Infrastructure - Recommendations

- Develop a **comprehensive facility development plan** for each district to establish all essential infrastructure in 12th Plan according to population norms.
- Gaps in subcentre constructions to be filled up on priority; requirement analysis should be done on a block-wise basis
- Operationalize "Infrastructure Wing" in each State. For better planning ,designing and implementation.
- Stress on providing residential accommodation for service providers initially at prioritised facilities.
- Birth waiting homes to be established in tribal/ hilly/ inaccessible areas
- Facility for ASHAs to rest while escorting women should be created.

Human Resources – Findings

- Substantial increase in human resources -Both contractual and regular.
- Innovations to increase availability of HR introduced in many States like incentives, compulsory rural service for medical graduates, rotational posting, amendment of recruitment rules and increase in retirement age.
- Irrational deployment of staff at certain locations
- Multi-skilling programmes for doctors – Slow pace and poor quality
- Poor cadre management of health care personnel
- Disparity in service conditions between regular and contractual workforce

Human Resources – Recommendations

- **12th Plan period to focus on augmentation of Human Resource**
- Provision of MPW as 2nd worker at SCs with clearly defined role
- Filling up of all sanctioned posts urgently and sanctioning of new posts as per IPHS requirements and also for programme management positions.
- Setting up of Medical & Paramedical Institutions with an emphasis on unserved and under-served areas
- Strengthening of SIHFWs, RHFWTCs, ANMTCs & DTCs
- Measures for attracting and retaining skilled service providers in rural and difficult areas need to be expanded.
- Develop a robust HR Management Information System
- **Non medical professionals for Programme Management/ Administrative functions to free doctors for clinical work**

Service Delivery - Findings

- Increase in OPD and IPD attendance in most of the States.
- Emergence of an assured referral transport systems in all the States visited except in Sikkim and Uttar Pradesh
- Notable but insufficient progress in functional laboratory services and availability of laboratory technicians.
- Persistent high out of pocket expenses on drugs, diagnostics and transportation costs across the States
- Citizen charters and JSSK benefits are displayed prominently in all States except in Uttarakhand and Uttar Pradesh
- Diet facilities are available upto the level of the CHC only in Andhra Pradesh, Goa, Gujarat, Haryana, Himachal Pradesh, Odisha, and Rajasthan
- Biomedical waste management and infection control procedures – Many states are yet to set protocols.

Service Delivery –Recommendations

- All hospitals to develop better quality management systems; Quality assurance committees to be made more effective
- Reduce out of pocket expenditure at all public hospital
  - Essential drug lists, drug formularies and standard treatment guidelines to be made available
  - Essential Drugs (Generic) to be provided at the facilities
  - Basic minimum set of diagnostics to be made available at every facility and user fees for laboratories could be abolished.
- Renewed emphasis on grievance redressal systems
- Biomedical waste management; Maintenance of hygiene and aseptic conditions to be emphasised
- Clear demarkation between emergency and non emergency medical transport and their strengthening.

Outreach Services- Findings

- Improvement in the availability of outreach services in all States – increased immunization, antenatal care, and contraceptive access
- VHND is operational across the States but needs to be expanded beyond RCH services
- Mobile Medical Units are functional in 461 districts but variation in task definition and effectiveness
- 95% of the sub centers are functional with at least one ANM, and 41% of sub centers have a 2nd ANM
- In all States only 5% to 10% of sub centers or fewer provide delivery services

Outreach Services - Recommendations

- For sub-centres, human resources, infrastructure and norms must be made flexible and responsive to caseloads, health systems context (the presence of a higher level/better staffed facility nearby), epidemiological context.
- Sub Centers conducting deliveries to be strengthened with adequate infrastructure, equipment and human resource
- To provide safe home deliveries in inaccessible areas ANMs must be provided SBA training
- Focus on increasing efficiency of MMUs.

Communitization - Findings

- **ASHA** has enabled increased access to the health system.
- ASHA doing home visits for newborn and post partum care in Uttarakhand, Orissa, Sikkim, Rajasthan, UP and Chhattisgarh
- Replenishment of drug kits is a problem in all States
- Chhattisgarh and Rajasthan conduct performance monitoring of the ASHA
- **District Health Action Plans** – vary in quality
- **VHSNCs and RKS:** Increase in the utilization of untied funds but scope for increasing their effectiveness and their involvement in addressing social determinants of health
- PRI involvement in health planning, VHSNC and RKS is limited
- **Community monitoring** was seen only in Karnataka

Communitisation - Recommendations

- Creation of ASHA database at all levels to track performance
- ASHA training in modules 5 , 6 and 7 to be ensured in the coming year with emphasis on training quality
- Regular replenishment of ASHA drug kits
- Functioning of the VHSNC to be enhanced with ASHA playing a central role with active involvement of PRI members
- VHSNC and RKS should be sensitized to address social determinants of health.
- DHAP both proposed and approved must become a public document readily available for the community
  - DHAP must remain the actual guide for program management and review
  - Process of planning must involve consultation with different stakeholders

Reproductive & Child Health -Findings

- JSSK scheme has been launched in almost all States except Bihar and Sikkim
- Availability of SNCUs and NBCCs has increased since 4th CRM
- Maternal Death Audit has been initiated in Gujarat, Goa, Haryana, Himachal, Odisha, Sikkim, Rajasthan
- Emergency Obstetric Care services not being provided even at the DH (Mewat, in Haryana, Deoghar in Jharkhand, Kinnaur in Himachal Pradesh)
- Delays in JSY payments
- School Health programmes are present in most States, but effectiveness and coverage continues to be inadequate

Reproductive & Child Health - Recommendations

- Prioritize facilities for providing full package of quality RCH services
- Provision of basic emergency obstetric care and newborn stabilization units at CHC/ block PHC to be strengthened
- Control and management of communicable diseases like malaria, TB and HIV /AIDS directly related to maternal mortality, needs integration with RCH service delivery
- Strengthen Maternal Death Review
- Adolescent friendly health services including Adolescent Anemia need further strengthening
- Strengthen School Health Programme.

Population Stabilization - Findings

- Good performance for female sterilizations
- Lack of focus on spacing methods
- Provision of safe abortion services is limited to District hospitals, except in Karnataka, Goa and Uttar Pradesh

Recommendations

- Increase availability of MTP services
- Need to encourage NSVs
- Emphasis on spacing methods, especially long term IUCD
- **Greater focus on population stabilization**

Gender Issues & PCPNDT - Findings

- PCPNDT Act is being implemented well in Assam, Goa, Gujarat, Karnataka, Uttarakhand and Sikkim.
- State schemes for limiting family size in families with only girl children are operational in Assam, Haryana, Himachal, Gujarat and Uttar Pradesh
- Provision of privacy in outpatient and inpatients services, and separate toilets for women is poor across States.
- Vishaka guidelines to redress issues of sexual harassment are in place only in Goa.
- Only Himachal Pradesh amongst the States visited has undertaken any sensitization or training of providers in gender issues and violence.

Gender Issues & PCPNDT - Recommendations

- Strengthening of implementation of PCPNDT Act, including in the public health facilities.
- Contribution of excess female mortality in the age group 0-6 years need to be studied in each state where it is a problem
- Orientation to gender sensitivity in service provision needs to be done.
- Dis-aggregation of data for utilization of public services by women needs to be done.
- Maintaining privacy, providing separate toilets in OPD, IPD and labour rooms needs to be ensured.

National Disease Control Programmes - Findings

- NVBDCP:
  - Malaria – increase incidence in many states with high Out of Pocket Expenditures.
  - Kala Azar is being reported from Bihar, Jharkhand, Sikkim and Himachal.
  - Persistent vacancies of contractual posts under the programme
- RNTCP - Improvement in all States except Uttar Pradesh
- NLEP - Active cases continue to be reported from Assam, Uttar Pradesh, and Bihar
- IDSP - reporting on all 3 forms (S/P/L) has shown improvements but data is not being used adequately.

NDCPs - Recommendations

- Better integration of National Disease Control Programme with the State and District Health Societies to be ensured
- Epidemiological profiling for disease control programmes to be focused on.
- Better integration with HIV control programme
- Human resource planning in the district plans should address the needs of disease control programmes, especially for services like eye surgery and reconstructive surgery.

Programme Management and use of IT- Findings

- Regular meetings of DHS/ SHS are not taking place in majority of States.
- Andhra Pradesh, Bihar, Chhattisgarh, Karnataka and Rajasthan have or are in the process of developing a separate corporation/society for drug procurement along the lines of the Tamil Nadu model
- Maternal and Child Tracking System (MCTS) was seen functional in all States but needs strengthening at the field level
- HMIS established and functional in all States

Programme Management and use of IT- Recommendations

- Regular meetings of the governing board and executive committee of SHS/ DHS to be ensured
- Strengthening of SPMUs and DPMUs
- Preventive maintenance needs to be established to reduce machine downtime
- Strengthening of monitoring and evaluation mechanism
  - Periodic and supportive supervision of the facilities by officers of state and districts.
- Strengthening of procurement and Logistic management:
  - Expand the scope of PROMIS for comprehensive inventory and assets management.

Financial Management - Findings

- Utilisation of funds has increased across States. However, large amounts of funds are blocked as advances under civil works and in the VHSNC and RKS accounts
- Integration of programs under NRHM and financial decentralization in the form of untied funds has enabled targeting local problems related to shortage of consumables, repairs, mobility support etc
- States have adopted e-transfer of funds in conjunction with the use of Tally ERP-9 software
- Compliance with statutory audits has enabled increasing transparency and accountability

Financial Management - Recommendations

- Health facilities, blocks and districts that have more needs and greater capacity should get more funds
- Ensuring timely completion of audits
- Implementation of E- banking to be expedited
- Streamlining Accounting Systems in the States to ensure timely submission of Utilization Certificates
- Increase focus on supporting peripheral institutions (RKS and VHSNC) in reconciling their funds position. This might be done by

  (a) more accounting staff at the block level,

  (b) increasing the scope and resource support for Concurrent Audit to cover a larger sample of peripheral institutions

Mainstreaming of AYUSH - Findings

- Co-location is effective in improving utilization of public health facilities and provide choice to the users
- AYUSH Drug supply was inadequate in most of the States
- AYUSH Doctors contribute in School Health Programmes in many States.
- AYUSH doctors have been engaged on contractual basis to meet the short fall, particularly in high focus districts.
- Absence of programmes for capacity building for strengthening AYUSH practice.

Mainstreaming of AYUSH - Recommendations

- Provide better drug supply to co-located AYUSH facilities
- Systematic inclusion of AYUSH staff in national programmes with emphasis on preventive and promotive components
- Adequate training for AYUSH practitioners for better implementation of National Health Programmes
- Performance monitoring of AYUSH practice in collocated facilities, integration of such indicators in HMIS.

In the past six years, sustained efforts have led to development of critical mass and momentum required to achieve the goals and targets.

The next phase of the mission is set to capitalize on the momentum and accelerate our journey towards our National Health Goals.


Challenges are what make
life interesting;
overcoming them is what makes
life meaningful
Joshua J. Marine
Thanks