RCH-2: Eighth Joint Review Mission Presentation on Key Thematic Areas

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Joint Presentation by RCH-2 Development Partners

Dissemination Workshop

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Background

Launched by GOI in April 2005 in partnership with the state governments and DPs; consistent with GoI's National Population Policy-2000, National Health Policy-2001 & Millennium Development Goals

Implemented in all 35 States and Union Territories

Enhanced financial and technical assistance in 264 high focus districts

Largely financed by GoI with financial and technical support from Development Partners (DPs) including DFID, World Bank, UNFPA, USAID, UNICEF, WHO, EC, NIPI, and JICA

Major thrust areas in RCH -2

- Pro-poor focus
- Sector Wide Approach
- Focusing on results
- Evidence based prioritization
- 'Bottom up' approach
- Performance based funding
- Innovative approaches
- Partnerships with private sector
- Effective behaviour change communication
- Monitoring by multiple organisations

Thematic Areas for JRM-8

Technical

- Maternal Health
- Child Health
- Family Planning/Reproductive Health
- Quality Assurance

Cross-cutting

- Behavior Change Communication
- Gender and Equity including PCPNDT
- Adolescent Health
- Public Private Partnerships

Management

- Program Management
- HMIS and Data Management
- Procurement
- Financial Management

Progress Towards Program Objectives

RCH goal indicators have shown good progress, although none of the three goals are likely to be met by 2012

RCH II GOAL INDICATOR	ALL INDIA STATUS (year & source)			RCHII/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	**301** (SRS 2001-03)	**254** (SRS 2004-06)	**212** (SRS 07-09)	**<100**
Infant Mortality Rate (IMR)	**58** (SRS 2004)	**53/50** (SRS 2008/2009)	**47** (SRS 2010)	**<30**
Total Fertility Rate (TFR)	**2.9** (SRS 2004)	**2.6** (SRS 2008)	**2.6** (SRS 2009)	**2.1**

Some indicators indicate greater improvements among marginalized groups; while on others there are still wide disparities

(Percentage point increase)

Indicators	Overall	SC	ST	Lowest wealth quintile	EAG
12-23 months children fully immunized	**15.3**	**17**	**13.3**	**16**	**18.2**
Eligible couples using modern contraceptive methods	**1.4**	**6**	**3**	**- 2.4**	**3.7**

Technical Areas
Maternal Health, Child Health, Family Planning
Quality Assurance

Maternal Health

Progress

- Technical protocols, modules updated and disseminated
- Visible improvement in adherence to evidence based protocols during intra-partum and immediate postpartum care
- Strategic prioritization of operationalization of FRUs and 24x7 PHCs
- Initiation of Maternal Death Reviews at facility level
- Introduction of Mother and Child Protection Card (MCP)

Key Issues

- Quality of ANC during VHNDs
- EmOC and LSAS providers: lack of database, monitoring system & CME
- Inconsistent quality of trainings and skill uptake in tackling obstetric complications
- Enabling environment sub-optimal-limited supervision & mentoring support at BEmOC and CEmOC centers
- Inconsistent recording of obstetric complications
- Limited progress for accrediting private sector providers for JSY
- Limited access to early and safe abortions
- Convergence with relevant NACP interventions not fully operationalized

Child Health

Progress

- Training materials and Guidelines developed and disseminated for different cadre of providers
  - Operational guidelines for IMNCI, Facility-based IMNCI & Home-based New Born Care
  - Facility-based management of severely malnourished children & combating early childhood anaemia
- IMNCI modules included in the curriculum of medical and nursing undergraduates and ANMs in some states

Key Issues

- Limited access to trained front-line health workers
- Lack of supportive supervision at state, district and sub-district levels
- Child malnutrition remains a neglected area
- NBCCs, NBSUs and SNCUs not fully operationalized
- Inappropriate distribution of case load at health facilities
- Every 4^{th} or 5^{th} child not yet fully immunized

Family Planning

Progress

- Family planning repositioned in the wider context of maternal and child health
- Work on introduction of new contraceptives (e.g. injectables and implants) at various stages; Multiload introduced in six districts in the first phase
- Reinvigoration of IUCDs - roll-out of post partum IUCD programme
- Some good examples of state level PPPs in operation for expanding range of available contraceptives

Key Issues

- No designated space for provision of FP services at District Hospitals & CHCs
- Irregularities in supply of contraceptives
- Limited access to IUCD and PPIUCD services
- JSY platform not fully tapped for providing FP counselling and services
- Limited basket of contraceptive choice
- Limited engagement of private providers
- Quality Assurance Committees not functional

Quality Assurance (QA)

Progress

- QA committees constituted and notified in most States; expanded mandate provided beyond family planning to include maternal health services
- Some states have rolled out specific QA initiatives
  - Maharashtra- QA initiated in12 districts
  - Meghalaya piloted facility based Quality Assurance Grading
  - J &K has taken up NABH accreditation through QCI
  - District level QA committees set up in J & K, WB, MP and Maharashtra
  - MP has issued State directives on quality and utilizes checklists for monitoring various services

Key Issues

- QA Committees though constituted are not functional & QA processes not operationalized
- Lack of clarity on internal and external Certification
- Lack of coordination between the QA committee and IPHS Coordinator
- QA not comprehensively reviewed during Central Monitoring Team-visits

Key Recommendations: Technical Areas

Service Delivery & Quality

- Strengthen VHND platform to provide comprehensive RCH services including ANCs, preventive and promotive nutrition services
- Fast track roll-out of key interventions including IMNCI, PPIUCD, EmoC
- Operationalize key RCH services at sub-centers and delivery points
- Expand pool of providers through private sector engagement
- Develop & operationalize guidelines for identification and management of Moderate and Severe Acute Malnutrition. Promote community-based management and referral of those with medical complications to facilities
- Provide all referral transport vehicles with necessary life saving equipment
- QA system fully operationalized to focus on key RCH services; consider simple and operational quality indicators as a first step towards accreditation

Program Planning & Management

- Institutionalize micro-planning for training, deployment of staff, and implementation of RCH services at district level
- Put in place performance monitoring and supportive supervision structures at all levels
- Standardize recording & monitoring formats including labor room registers/case forms
- Support CME using e- learning formats and peer-based learning
- Institutionalize pre-service training for IMNCI

Cross-cutting Areas
Behaviour Change Communication, Gender & Equity, Adolescent Health and Public Private Partnerships

Behavior Change Communication BCC)

Progress

- Mapping of potential national level institutions for undertaking BCC capacity building efforts completed
- Draft communication operational plan for intensification of routine immunization developed
- Mass media campaign to promote reproductive health rolled out by JSK
- A series of Facts for Life Videos developed and rolled out in 4 states
- Some good state-level BCC initiatives developed
  - 360 degree campaign on maternal mortality in Rajasthan
  - Campaign to promote vouchers scheme in Uttarakhand
  - BCC cells established in select districts to strengthen inter-departmental convergence
- Technical Resource Group on BCC constituted by MOHFW

Key Issues

- IEC/BCC efforts continue to remain ad-hoc and fragmented
- Lack of comprehensive evidence based communication strategy
- Limited capacity for planning, implementing, and monitoring BCC efforts at all levels
- Lack of repository of good BCC campaigns

Gender & Equity (G&E)

Progress

- State PIPs and annual budgets demonstrate a stronger focus on reaching vulnerable groups
- Specific efforts for making services more accessible to women and other vulnerable groups
- Improved transport to and from delivery and referral facilities
- Some signs of improvement at health facilities: signage, information displays, IEC materials and drug supplies
- Institutional arrangements for monitoring of PCPNDT Act getting into place

Key Issues

- Inadequate availability and use of data for addressing G&E issues in program planning and implementation
- Lack of competent nodal persons at state level for G&E activities
- Poor participation of women in decision making in the health system (VHSCs)
- Field-visits reflect a knowledge gap among program managers regarding the provisions of PCPNDT Act and MTP Act in states

Adolescent Health

Progress

- Almost 3000 adolescent friendly health clinics developed
- 5527 Medical Officers and 16728 ANM/LHV/Counsellors trained on adolescent friendly health services
- Clear leadership at national level
- Scheme launched for promotion of menstrual hygiene in 20 states
- Some state initiatives :
  - In Maharashtra a pilot on creating peer educator by the name 'Maitri' initiated
  - In J &K issues concerning adolescent girls are discussed regularly in VHNDs

Key Issues

- Adolescent health not given adequate priority at state and district level
- No linkages with the School Health Programme
- Poor quality of services - psycho-social & behavioural issues not tackled appropriately
- Proper signage, IEC material or contraceptives not available

Public Private Partnerships

Progress

- PPPs initiated in several States with focus on:
  - Strengthening referral transport, diagnostic and ancillary services
  - Addressing gaps in human resources for health
- In 2010-11, private accredited health institutions accounted for
  - 25% of institutional deliveries; 31% of MTPs &16% of sterilizations
- MoHFW has issued guidelines for accreditation of private sector providers for maternal health, child health and family planning services
- PPP course institutionalized at NIHFW with DP support
- Some states have PPP policy for health

Key Issues

- PPP initiatives fragmented
- Lack of advocacy efforts towards fostering a positive environment for harnessing PPPs
- Limited capacity of the government at different levels for designing and effectively managing PPPs
- Fund management, disbursement, monitoring are key bottlenecks

Key Recommendations: Cross-cutting Areas

HR & Capacity Building across all cross-cutting areas

- States should engage nodal persons with relevant expertise for addressing BCC, G&E, Adolescent Health, and PPPs issues
- Focus on capacity building for appropriately addressing cross-cutting issues

BCC

- Develop and implement evidence based RCH-2 BCC strategies
- Define and establish a cross-cutting role for communication in effective service delivery

Gender & Equity (G&E)

- Develop G&E sensitization and training modules for all levels
- Improve availability and use of disaggregated data for planning and monitoring G&E issues
- Refine high focus district strategy to concentrate on 'high focus blocks' and villages

Adolescent Health

- National level importance provided to adolescent health needs to be translated into concerted action at state and district levels

PPPs

- Develop a comprehensive national policy for PPPs in the health sector
- Establish state level PPP units for design, management and monitoring of PPPs
- Develop uniform quality standards for both public and private sector providers

Management Areas
Program Management, HMIS and Data Management, Procurement & Financial Management

Program Management

Progress

- Enhanced collaboration between centre and states
- Strengthened capacity of program divisions with unified administrative direction
- Streamlined system of annual appraisal of State PIPs, fund allocation, and variance analysis
- Strengthened management capacity at state and district level has boosted absorptive capacity
- Enhanced district and sub-district engagement in PIP preparation in several states
- Greater focus on Supportive Supervision
- Janani Shish Surakha Karyakaram (JSSK) rolled-out in visited sites; good first step in the direction of Results Based Financing (RBF)

Key Issues

- Reporting & coordination across cross-cutting functions needs strengthening
- Geographical supervision could be strengthened
- In most states coordination between SPMUs/DPMUs and Directorate is very weak
- Scope for strengthening role and functionality of NHSRCs, SHSRCs and SIHFWs
- Longer-term state plans can improve efficiency
- Limited utilization of State PIPs and District Plans as planning and management
- Weak training management
- Several issues need to be worked out for operationalizing Results Based Financing
- Demand could potentially outstrip supply when JSSK gains momentum

HMIS & Data Management

Progress

- Improvement in computerized HMIS resulting in transparent, fast flow of data from block upwards
- Improvement in quality of available data
- Some evidence of use of HMIS data for PIPs and monitoring of progress
- Mother and Child Tracking System (MCTS) initiated in all districts visited by JRM teams

Key Issues

- Physical records not rationalized, multiplicity of registers
- Lack of consistency of recording formats within the state and between the states
- Limited capacity building efforts at state, district, block and facility level
- CNA data not used for planning
- Facility level data entry yet to gain momentum
- Weak data validation
- Sub optimal use of HMIS data especially at district and facility level
- Quality parameters not captured in the HMIS
- Mother and Child Tracking System not yet firmly established
- Software for MDR not yet accessible at district level

Procurement

Progress

- Two rounds of procurement of kits have been completed at central level through procurement agents and supplies have reached facilities
- Government has cleared proposal for setting up of the Central Procurement Agency (CPA)
- 13 States and UTs have set-up specialized health procurement agencies
- Procurement MIS (PROMIS) was piloted in10 states; training for using the system has been provided to additional states

Key Issues

- Delays in procurement process
- Quality related problems
- Inadequate warehousing and storage
- Weak inventory management
- Limited procurement audit/oversight
- Limited use of PROMIS
- Potential of e-Procurement not fully used
- Maintenance of equipment and Annual Maintenance Contracts need to be closely reviewed

Financial Management

Progress

- Establishment of Financial Management Group (FMG) within MOHFW headed by the Director (Finance)
- Similar institutional structure for financial management set up in select states
- Number of accountants augmented in select states, districts and blocks
- Overall reduction in time-lag for fund transfers, though with some variations
- Improvement in quarterly financial reporting, scope of external audit & transparency
- More use of e-banking for fund management & monitoring

Key Issues

- Retention of contractual professionals
- Increased work load at state and district level due to expansion of NRHM programme
- Delays in fund transfers in some states
- Activity based fund transfers in some states leading to increase in number of fund transfer actions, risk of unspent funds in one activity and delays in payment for another, risk of fund diversion
- Poor quality accounting and uneven TALLY implementation
- Lack of adequate capacity and availability of manuals in local language
- Poor internal control and internal audit

Key Recommendations: Management Related Areas
Program Management & HMIS

Program Management

- Strengthen reporting and coordination across cross-cutting functions
- Plan for institutional restructuring in line with 12th five-year plan
- Consider expanding "results based financing" approach
- Transition to five year State PIP cycle with comprehensive results framework
- Clarify roles of SHRCs, SPMUs, State Directorates and SIHFW and build necessary capacity
- Align state's Comprehensive Training Plans with facility operationalization and emphasize on skill development

HMIS

- Set-up task force to strengthen HMIS with state representation and integrate HMIS and MCTS
- Develop and disseminate a set of dash board indicators to monitor program progress at all levels
- Prepare and share clear guidelines for data validation and reporting
- Strengthen the Monitoring and Evaluation Cells in all states, with better linkages between the directorate staff and NRHM staff

Key Recommendations: Management Related Areas
Procurement & Financial Management

Procurement

- Expedite setting-up of CPA and state level procurement agencies
- Strengthen the capacity of drug regulatory authorities
- Continue with procurement audit and roll-out PROMIS in remaining states
- Strengthen the warehouse/storage capacities and use a professional firm for inventory management

Financial Management

- Develop and implement strategy to sustain Financial Management Group beyond March 31,2012
- Expand the scope of electronic fund transfer to units below the blocks and scale up Karnataka e-banking pilot
- MOHFW may mandate state societies to contract the internal auditors to ensure quality of internal audits
- States to strengthen financial controls and ensure adherence to protocols

Way Forward

- DPs acknowledge the tremendous progress towards meeting RCH goals, however, greater attention needed in key areas to accelerate and sustain momentum
  - Prioritized and phased operationalization of health facilities
  - Innovative strategies for addressing human resource for health
  - Establishment of Quality Assurance Systems
  - Effective demand creation through evidence based BCC campaigns
  - Enhanced focus on results- exploring new approaches such as Results Based Financing
  - Strategic use of private sector through well designed and managed PPPs
  - Improved availability and utilization of disaggregated data
  - Deployment of strategies to address unfinished agenda
    - Malnutrition
    - Adolescent Health
    - Health of the urban poor
  - Institutional restructuring to meet 12th five year plan needs

Thank You