



Andhra Pradesh

CRM-5



Districts covered – Guntur, Warangal

Dr. P. K. Prabhakar

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Encouraging Findings

- ✚ IMR = 46/ 1000 LB (SRS 2010); MMR = 134 / 100000 LB (SRS 2007-09)
- ✚ Mission targets for TFR and Disease Control Programs(malaria, dengue, leprosy, TB) – achieved.
- ✚ High level of satisfaction among people for public health services.
- ✚ Adequate drug supply in facilities.
- ✚ Good availability of equipment in labor rooms & OTs.
- ✚ PG-lien vacancies are filled by contractual doctors.
- ✚ Well established Emergency Ambulance Service (108) with 752 vehicles with GVK-EMRI (PPP).



- ✚ VHNDs carried out regularly.
- ✚ Immunisation coverage is good and cold chain is well maintained.
- ✚ ASHA support structure – well established and ASHA days are carried out regularly.
- ✚ Well designed, good quality of ASHA Training and enthusiastic ASHAs.
- ✚ OOP expenditure in hospital for pregnant women is almost nil.
- ✚ Good convergence between Reproductive Health and NACP-3/PPTCT.
- ✚ Well established Programme Management Structures at State and district levels and good coordination between Health Directorate and PMU, minimal attrition at DPMU.



Observations and Areas of Improvement

➡ Infrastructure

- 🌐 Good infrastructure (buildings) at visited facilities.
- 🌐 In spite of APHMIDC huge delays in starting and completing new construction and renovation projects in the State (174 sanctioned renovations yet to be started).
- 🌐 No barrier free access for disabled and infirm/old people in facilities.
- 🌐 Facilities with good utilization need to be strengthened in terms of infrastructure (eg.CHC at Macherla -Guntur)

➡ **Human Resources and Training:**

- Shortage in the Specialists, Radiographers, Male Multi-Purpose Workers (male), lab technicians and nursing staff at PHCs and CHCs.
- No way of ascertaining quality of training, especially in the private training institutions.
- Training calendars need to be developed and adhered to.
- Multi-skilling (LSAS, EmOC), MTP and IUD trainings to be done.

➡ **AYUSH:**

- Convergence with AYUSH is poor as it is looked after by a separate Directorate
- Mismatch between provision of AYUSH doctors, paramedics and drugs and equipment and short supply of AYUSH medicines and equipment.
- Irregular payment of salaries to AYUSH doctors.

➡ **Service Delivery:**

- Performance of CHC, FRUs and 24 x7 PHCs can be improved.
- Laboratory services poor in secondary hospitals like CHCs, AHS and DHs. Lab services not available on a 24x7 basis in any facility. Lab technicians are not being pooled.
- Poor maintenance of case sheets – doctor's notes not being entered regularly.
- No Grievance redressal mechanism set-up.
- RKS funds are used to purchase drugs from open market. Most commonly, brands of antacids, multivitamins, and antibiotics were procured for 20000 – 25000 per PHC per year.
- Insurance scheme: Evidence that some Aarogya Mitras are working 'for network hospitals'.

➡ **Out-reach services**

- 🌐 Sub-centres functioning: Alternate vaccine delivery system not in place.
- 🌐 Fixed Day Health Services (104) is providing outreach medical services at village level.
- 🌐 Cost-benefit analysis of the Fixed Day Health Services – needs to be undertaken.

➡ **ASHA:**

- 🌐 Attrition rate of ASHAs is high due to seasonal labour, economic and personal reasons.
- 🌐 In Warangal claims of incentives for ASHAs were sent to district HQ for verification causing delay in payments.

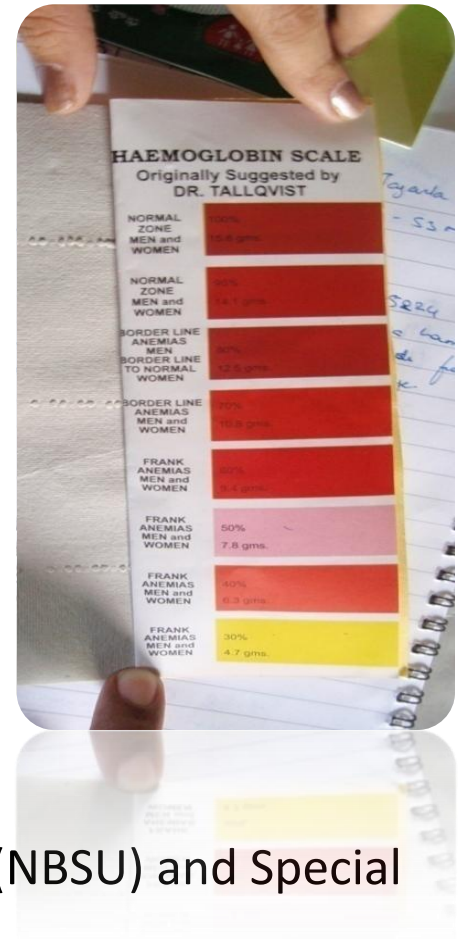
➡ Reproductive and Child Health:

● Maternal Health:

- Quality of ANC to be improved
- Paper method of Hb estimation – inaccurate
- Partographs are **not** being used
- Active Management of Third Stage of Labor
– not followed


● New-born and child health:

- Essential New-born care services need strengthening.
- New Born Care Corners (NBCC), NB Stabilisation Units (NBSU) and Special New-born Care Units (SNCU) not established as per guidelines.
- Use of paediatric zinc tablets for diarrhea management not done.
- BCG was not given before discharge in any facility.






JSY:


-  Delayed JSY payments at APVVP Hospitals but prompt in PHCs.

 **Safe abortion services** - at 1-2 facilities/ district with only D&C.

Family Planning :

-  Sub-district TFR goals are being prescribed.
-  Spacing methods neglected and not being offered.
-  Non availability of EC Pills.

 **Adolescent anaemia control, ARSH and School Health Programme** requires attention.

 **PC&PNDT - Irregularities related to Form F needs to be prosecuted appropriately.**

➡ **IMEP:**

- Infection Control protocols not being followed at any level including OTs.
- Protocols for ensuring asepsis, autoclaving in labour rooms and OTs not being followed.
- Protocols, guidelines, training and facilities for segregation, storage, monitoring and disposal of waste are not established.



➡ **IEC/ BCC:**

- Few IEC/BCC activities observed in the State.
- Lack of strategy for BCC in State and District.

➡ **Disease Control Programmes:**

- 🌐 High TB case detection rate and cure rate.
- 🌐 Vacancies in supervisory positions need to be filled. In Guntur 44.1% LT and 41.8% of MPHA (M) posts are vacant.
- 🌐 Quality of blood slide examination needs to be improved and Quality Assurance of Diagnosis needed.
- 🌐 Coordination with sentinel surveillance unit in Medical College needs to be improved.
- 🌐 CHCs need to be strengthened to handle cases of lymphedema and hydrocele.
- 🌐 Monocular microscopes needs to be replaced by binoculars.

➡ **Decentralized action plan and Quality Assurance**

- 🌐 District Health Action Plans must be made by bottom up planning.
- 🌐 HMIS, MCTS, IT systems and data flow require considerable improvement from peripheral level to district level onwards.
- 🌐 Timely uploading of data in the national portals is to be ensured
- 🌐 Quality Assurance Committees for RCH, District Level Vigilance and Monitoring Committees and District Health Mission are yet to be established, Meetings of DHS and orientation of appropriate authorities in PC-PNDT act implementation is very much required.

➡ **Financial Management:**

- **Financial Guidelines for delegation of Financial and Administrative powers of 2006 not implemented.**
- Adequate training in accounts for all staff needs to be done.
- Auditor appointed under NRHM is not conducting audit of vertical programmes.
- Integration of bank accounts at state/district level and integrated reporting system of vertical programmes has not taken place.
- No Procurement Manuals/ Guidelines exist in the State.
- AMG for SC in a government building have not been released for the year 2011-12.
- Very low level of expenditure at State and districts level for 2011-12

Recommendation of 3 rd CRM	5 th CRM Team observation
Major staffing gaps especially of specialists at CHCs and hospitals- this can be reduced by multi-skilling, and reducing mismatches and better recruitment policies.	Multi skilling of Medical Officers is yet to take off. Underutilization of medical officers at CHC and 24 x 7 PHCs.
Private practice govt. doctors (as allowed) interfering with utilization of services from public facilities	Under utilization of public health facilities is visible. Most people prefer to go to private facilities for medical care.
More capacity building for systems of financial management.	Accounting systems at lower level facilities weak
Need to improve/provide institutional care for new-borns.	Essential and sick new born care services to be strengthened.
Laboratory bio-safety and biomedical waste management was lacking generally across all facilities visited by the team in both districts and needs to improve	Bio Medical Waste Management largely found non-existent in most of the facilities in Warangal and in Warangal District. Similarly, Infection Control Protocols were not being implemented in almost all the facilities in both the districts.

The CRM team to Andhra Pradesh thanks the State and District Officials for their warm hospitality and great support.

Guntur

Dr. P. K. Prabhakar
Dr. Dinesh Agarwal
Dr. Kalpana Baruah
Ms. Sujata Sharma
Ms P. Padmavati
Dr. Rachana Parikh

Warangal

Dr. P. Padmanaban
Dr. H. Sudershan
Prof T. Mathiyazaghan
Sh. V.P. Singh
Mr. Anil Garg
Mr. Vipin Garg
Dr. M. S. Mathur

Thank You