

5TH COMMON REVIEW MISSION GOA



9th -15th November 2011

THE 5TH CRM GOA TEAM

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- Dr. Aboli Gore, Maternal Health Specialist, UNICEF
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- Ms. Anamika Saxena, Consultant, Training Divn., MoHFW
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- Mr. Prabhash Jha, Consultant-FMG, MoHFW



GMC: Handling all complicated cases but also handling a host of unnecessarily referred normal delivery cases



DH: Handling maximum cases of normal delivery and also handling fair amount of C. Section cases. An NICU has been recently set up.



CHC: Handling only 10-12 normal deliveries/ month and have gynaecologists conducting ANC clinics



PHC: Out of 19, 4 handle more than 10 deliveries per month, 9 conduct less than 3 deliveries per month and 6 do not conduct deliveries

At most PHCs ANC clinics are conducted by Gynaecologists once - twice a week



Sub Centres: Do not conduct deliveries or outreach ANC camps. ANC services are available at the subcentres once a week when the doctor conducts OPDs at the Sub centre. NO DELIVERIES

STRENGTHS

- Fully functional One Tertiary care and two secondary care Hospitals to cater to 14 lakh population.
- Good quality Infrastructure development of DH North Goa recently taken up and DH South Goa underway to address the increasing case loads.
- Completely FREE Services including diagnostics and drugs to those who come to the government facilities
- Out of pocket expenditures are minimal and absence of evidence of informal payments.
- Facilities are neat & clean with adequate amenities for patients and well displayed signages.
- Availability of assured referral transport to cater to emergencies.

STRENGTHS

- Specialized neonatal ambulances have been introduced since October 2011.
- Efficient Vector Borne Disease Control Programme focusing on migrant population.
- Maternal & Infant Death Review well in place
- Initiatives towards addressing emerging needs of non-communicable diseases which include:
 - Mobile Mammography Vans
 - Cancer Registry
 - Hypertension screening
 - Screening for Infant Metabolic Disorders
 - Tobacco Control Initiatives
 - Mental Health – De-addiction
 - Diabetes Screening and Registry



RALLY BY SCHOOL CHILDREN ON OCCASION OF WORLD DIABETES DAY



8 people trained with the aim of creating Diabetes Educators in:

- Diabetes management
- Diabetic Foot care
- Collection of anthropometric parameters
- Diet
- Exercise
- House to house survey - 72785 houses surveyed with a population of 309719. 18853 RBS done. 8557 people referred to health centers for further investigation

All 1260 AWWs from 11 blocks :

- Educated in understanding diabetes
- Refresher course after 1 year
- >60% retention

STRENGTHS

- Good IDSP monitoring team with a programme officer, epidemiologist and his team.
- Among top states in terms of completeness of data entry for the Mother and Child Tracking System
- Active PRI involvement
- Good general awareness among people contributes to better health seeking behavior
- Significant focus on IEC



CONVERGENCE FOR MDA ROUNDS

It was interesting to note that in the absence of AWWs to help out with the MDA rounds, the Chief Secretary of the State had mobilized other measures to ensure that the rounds are conducted as per schedule. NSS students had been trained for the MDA rounds and under the supervision of the ANMs, the students distributed the tablets to the households. Interactions with the students showed that they had been trained well and were capable of doing the needful.

GOOD INITIATIVES FOR INTERSECTORAL CONVERGENCE.

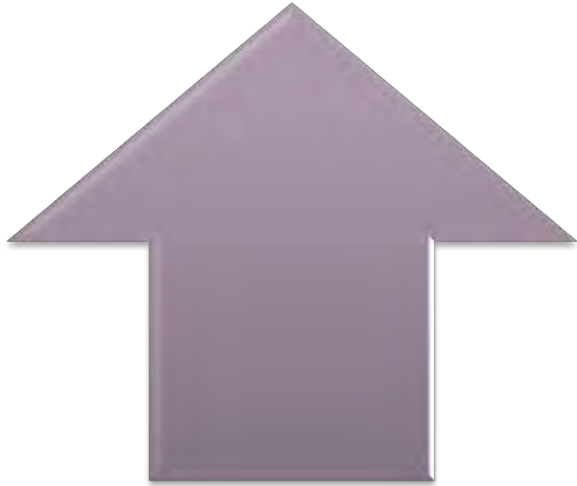


WEAKNESSES - RCH

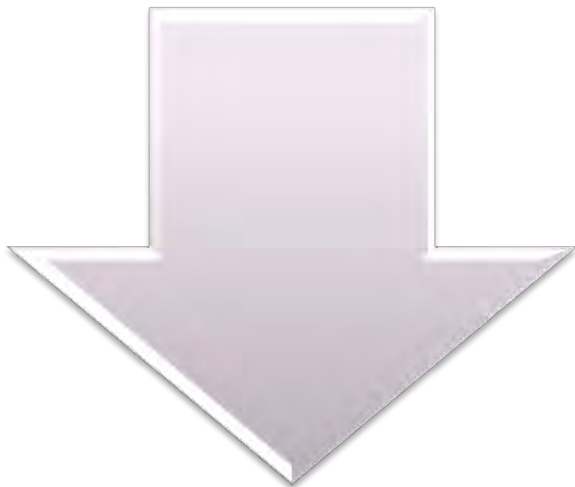
- Irrational distribution of specialists. There are 16 gynecologists but only 2 FRUs
- Drop back facilities for pregnant women not available
- Suboptimal utilization of PHCs: Out of 19, 4 handle more than 10 deliveries per month, 9 conduct less than 3 deliveries per month and 6 do not conduct deliveries
- High number of irrational referrals to GMC
- Issues in Quality of Care at facilities below DH level
 - Emergency Tray not well maintained at all facilities eg- it took 10 mins for the nurse at PHC Pernem to get hold of adrenaline.
 - NSSK protocols are not being followed
 - Use of Partographs and delivery protocols are not being followed and technical capacity is weak
 - QACs are only restricted to family planning services

RECOMMENDATIONS RCH

- Strengthening RCH services using a two pronged approach



Reduce load at the GMC by Ensuring availability of full complement of Gynae, Paeds and Anesthetist at atleast one more facility in each district to provide EmOC services



Mapping of facilities catering to migrant population and ensuring availability of normal delivery services at these PHC/ CHC

RECOMMENDATIONS RCH

- Immediately start drop back services for operationalizing JSSK.
- JSSK entitlements should be displayed at all facilities
- Expand the mandate of Quality Assurance Committees
- Define referral protocols and strengthen technical capacity at CHC/PHC to reduce referrals to higher facilities
- Performance appraisal of specialists should be conducted.

WEAKNESSES & RECOMMENDATIONS- TRAINING

- Training is the weakest component
 - Absence of a training institute and an MPW School in the State
 - Training plans and calendars not in place
 - NSSK and other essential trainings like IMNCI not yet initiated
 - Similarly SBA and BEmOC trainings need to be expedited
- Recommendations
 - Training infrastructure and capacity to achieve training load should be developed
 - Either set up an MPW school/ tie ups with other States for admitting candidates from Goa
 - Establish mechanisms for post training supervision
 - Fill up the position of the State training consultant

WEAKNESSES – SERVICE DELIVERY

- Many instances of Stock outs (buffer stock not maintained)
 - Eg lack of bronchodilators for nebulization at PHC Sakoli and PHC Aldona
 - Lack of Glucometer Strips at CHC Valpoi
- EDL is not displayed and it could not be seen at any of the visited facilities
- Initiatives such as Mobile Mammography Vans, Neonatal Ambulances, Tele Medicine units have been established, however their utilization needs to be increased substantially and closely monitored
- High waiting time at public health facilities acting as a barrier to access

RECOMMENDATIONS- STRENGTHENING SERVICE DELIVERY

- Since basic structure of service delivery is in place, State may consider Quality Certification of Hospitals
 - Introduce the position of hospital managers to strengthen service delivery
 - Conduct time motion studies to reduce waiting time in hospitals
- Closely monitor the achievements of innovative interventions such as MMUs and neonatal ambulances
- Improve implementation of Biomedical waste management protocols
- Update and disseminate essential drug list (EDL) to all health providers and ensure that the same is displayed at the facilities

WEAKNESSES & RECOMMENDATIONS - DECENTRALIZATION

- District and Block Health Plans not made.
- Utilization of untied funds at Sub-centres poor.
 - Only 4 out of 172 sub-centres were able to utilize more than 50 % of their funds in 2010-11
- Only one meeting of State Health Mission conducted from the start of the mission
- Recommendations
 - Planning at block level to be immediately initiated.
 - To ensure functional VHSNCs a reorientation is required.
 - Systems for monitoring VHSNC meetings, RKS functioning are not in place. These need to be introduced.

OTHER RECOMMENDATIONS

- Study the reason for low annual case detection rate of TB & strengthen RNTCP programme to meet the national targets.
- To detect glaucoma cases Ophthalmic Assistants should perform tonometry.
- Monitoring by the SPMU needs to be strengthened.
- Financial Management:
 - All account registers including the advance register need to be maintained and reconciled periodically by the District Health Societies.
 - Proper record keeping of the financial transactions at the facility level should be ensured.
 - State should not divert funds from one programme to another programme.
- Procurement manual/ guidelines need to be prepared by the state for all NRHM societies

PHC LOUTOLIM

OPD TIMING
9:00 AM TO 1:00 PM
SUB CENTRE TIMING
S C MANORA / BHARIABHAT
MON 2:00 PM TO 4:30 PM
S C RAIA
TUE. 2:00 PM TO 4:30 PM
S C RACHOL
WED. 2:00 PM TO 4:30 PM
S C NUVEM
THUS. 2:00 PM TO 4:30 PM
S C RUMDER
FRI. 2:00 PM TO 4:30 PM

STOP BREEDING OF MOSQUITOS



Keep Malaria, Dengue & Chikungunya Away Stay Healthy

LET US FIGHT

MALARIA, DENGUE & CHIKUNGUNYA

PHC LOUTOLIM

IMMUNISATION SESSION
9:00 AM TO 1:00 PM
OPHTHALMOLOGY OPD
1st & 3rd SATURDAY
9:00 AM TO 1:00 PM
PSYCHIATRIC OPD
2nd & 4th FRIDAY
9:00 AM TO 1:00 PM
AYURVEDIC OPD
EVERY WEDNESDAY
9:00 AM TO 1:00 PM
ADOLESCENCE CLINIC
EVERY FRIDAY
2:00 PM TO 4:00 PM
DIABETES CLINIC
EVERY SATURDAY
9:00 AM TO 1:00 PM

SAVE YOUR CHILD FROM SIX KILLER DISEASES

TETANUS
POLIO
WHOPPING COUGH
DIPHTHERIA
MEASLES
TUBERCULOSIS
IMMUNIZE YOUR CHILD
WITH FOLLOWING VACCINE
B.C.G.
POLIO
DPT
Hep. B
Measles
JE VACCINE
M.M.R.
RUBELLA
T.T.
ALL VACCINES ARE GIVEN IN IMMUNISATION FOR MAXIMUM SAFETY
IMMUNISATION BEGINS EVERY THURSDAY 9:00 AM TO 1:00 PM



Cough more than two weeks ?
GET YOUR SPUTUM TESTED

DOTS - sure cure for TB

बेटी बचाओ
save the girl child
SEX TEST OF FOETUS IS ILLEGAL

SMOKING KILLS



CHOOSE LIFE, NOT TOBACCO

THANK YOU