



5th Common Review Mission KARNATAKA

12th January, 2012

Team Composition

Bijapur Team

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State Officer

- Dr. P.K. Srinivas

Chamarajanagar Team

- Dr. K. Ravikumar
- Dr. Dilip Singh
- Dr. Pratima Mittra
- Mr. Vaibhao Ambhore
- Mr. Sanjiv Rathore
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State Officer

- Dr. Shapete

Path Breaking steps

- Karnataka State Civil services (Regulation of Transfer of Mos & Other Staff) Act, 2011, for transfer and posting of specialists, MOs and compulsory rural posting.
 - HRMIS- wherein data of all health personnel will be maintained and promotions and other HR decisions will be made on the basis of MIS
- Amendment in Cadre and Recruitment rules for direct recruitment of specialists
- Karnataka Private Medical Establishment Act, 2009- for registering all private medical establishments for bringing in quality, uniformity and standard in care.
- Establishment of Karnataka State Drugs Logistics & Warehousing Society (KDLWS) for electronic Drug Distribution management System
- E- procurement for all drugs, chemicals and consumables from 2010
- System for liquid and solid bio-medical waste management system
- Strong monitoring system – nodal officers from State for each district and nodal officers from district for each taluk
- SMS based tracking of Mother and new born, reliable and updated HMIS
- Financial MIS – web enabled bank independent portal for tracking fund flow & expenditure
- Revised Public Health Act and PPP policy are in the offing

Infrastructure Maintenance

- Infrastructure is impressive
- Facilities clean and well maintained from DH to SC
- Patient amenities present, proper waiting area, RO filters, working toilets with running water.
- Residential quarters available at most places. However, Quarters not planned/built in new facilities.
- Disabled friendly initiatives such as ramps in newly constructed health facilities and Commodes in PHCs in Chamarajanagar

Programme Management

- Integration of directorate and NRHM PMU has happened and working well
- DPMU doubly staffed due to integration with KHSDRP, 6 instead of 3 staff
- BPMUs in Chamarajanagar district do not have proper office set up
- ASHA resource centre – ASHA co-ordinators in all districts.

Human Resource

- Competition among MOs to excel, high motivation
- HR adequate (except some 24x7 PHCs & FRU in Chamarajanagar)
- MOs staying at HQ at most facilities
- EmOC & LSAS doctors performing; confident EmOC doctor in Bijapur
- SC ANMs staying at HQ (Bijapur: 142/299, Chamarajanagar : 120/256)
- Knowledge of ANMs high even without SBA (Bijapur)
- DTC – Highly motivated principal in Bijapur (only clinical trainer posted)
- AYUSH co-location done with AYUSH drug supplies

ASHA



ASHAs at Gumballi PHC, Karnataka proudly display their Mobiles & Wrist Watches...
Courtesy NRHM ChamaraJanager District

ASHA

- ASHAs confident, well versed with the programmes, using Nischay kits for pregnancy tests
- Given I-cards, weighing scale, watch, mobile (Chamarajanagar) and sari.
- HBNC training started in Chamarajanagar.
- Monthly earning -Rs.600-1000 & institutional delivery the main source with about 5 hours a day in the field



Training

- Training expenditure low
- Budget sent from SIHFW to DTC (not to district)
- Issue of post-training performance monitoring
- Training Needs of district not always addressed.

Maternal Health

- Deliveries at public institutions has decreased by 7.1%; whereas at private accredited institutions has increased by 7%. (HMIS Apr-Sept 2011)
- Adequate delivery points, many SCs performing deliveries
- JSSK: Free deliveries ,Drugs, lab tests, diet provided, Drop back facility not available universally. JSY backlog at some places in Chamarajanagar
- Well maintained labour rooms, Partograph used and protocols displayed, EmOC drugs in place and 48 hours stay ensured
- None of the FRUs visited in Bijapur was a functional FRU as per norms. Doing only elective C-sections.
- High referral from FRU to DH (same complement of staff & facilities at both places - Bijapur)
- Blood bank in place in Bijapur and linked at Chamrajnagar.

DISPLAY OF PROTOCOLS & BMW MANAGEMENT



Child Health

- SNCU at Bijapur- an example of dedication but staffing inadequate
- NBSUs more like NBCC- occupancy was nil at both the places visited.
- NRCs need to be nearer the community at CHC level or below
- Full immunization coverage is 107.7%; State needs to revisit the data.



Family Planning

- Some MOs at PHCs conducting sterilizations on demand
- FP performance decreasing in both districts
- Long post tubectomy stay 5-7 days which is not required.
- Relatively low age of tubectomy clients 22-27 yrs
- IUD training of ANMs not done. No touch technique not being practiced.

ARSH

- Sneha clinics seen in both the districts.
- ANMs in place are trained on ARSH
- On an average 20 adolescents visiting the clinic
- At places girls utilizing the services more than boys

PC- PNDT and Gender Equity

- State supervisory board and structure in place.
- 1075 inspections by the appropriate authorities during this year
- No meeting of advisory committee (chamrajanagar) in 2011.
- Display of form B ensured from all centres
- Screen in OPD and IPD for privacy

Infection Management & Environment Protection

- BMW Management outsourced at DH, deep burial & liquid waste management practiced at other facilities.
- Fumigation, autoclave, Cidex solution, Colour coded bins, Sharp pits used in most of the facilities. However, open incineration in few facilities in Bijapur Dist.



Intersectoral Convergence

- Good co-ordination between ANM, AWW & ASHA
- CEO- Zila Panchayat chairs the District Health Mission , meeting being held every month
- Excellent convergence of NACP-3 & NRHM.



Drug Dispensing Counters

- All Drug stores have glass walls for transparency

PPP

- HR arrangement in PPP for PHC outsourcing not clear.
- ANM from NGO/agency's training institute not able to strike adequate rapport

Innovation in Bijapur



Mobile Dental Clinic, Chamrajanagar



Disease Control Programmes

NVBDCP

- Surveillance, Record maintenance appreciable
- High M.f rate in districts like Gulbarga in spite of 7 MDA rounds.

IDSP

- Reporting exemplary, alerts sent, weekly analysis and feedback regular
- Lab confirmed outbreaks increased from 57 % to 76 % (2009 &11)
- Video-conferencing not used regularly

NLEP

- Rate of child cases in new cases detected about 11 % (over last 5 years)
- Acute shortage of manpower.
- Sensitization of health workers, medical officers and ASHA is inadequate

RNTCP

- Maintenance of records, follow up, SOPs, charts display proper
- Districts where defaulter rate > 5 %- intense activity needed
- Referral of chest symptomatic for sputum is to be improved.

Supportive Supervision

- Nodal officer for each district, attends DHS, DHM and EC
- Nodal officers from district for each taluk
- DHS and DHM meetings taking place on a monthly basis
- Checklists provided to DC for review of programmes

Action on CRM 2 recommendations

- Remedial actions have been taken on all the issues raised in the second CRM

Some Issues

- All districts uploading data timely but not committing data on time
- Uploading not done at FRU (having computer & connectivity)
- ZPs engaged too closely with functioning of DHS/ARS.
- Low Expenditure in 2nd Quarter 2011-12 , RCH 30.10%, MFP 23.17%
- Single bank account for NRHM and State schemes was being maintained- remedial measures taken

Recommendations

- Analysis of FRU functioning in 7 C districts in terms of Availability of 24x7 EmOC services, posting of specialists, Blood storage linkage
- Profiling of maternal death vis-à-vis parity (against the backdrop of most schemes limited to BPL and first two live births)
- State transfer policy should have a clause for exceptional candidates to promote them speedily to the next tier (instead of waiting for the mandatory period) and reward excellence
- Up-gradation of facilities to the next level to be based on need and utilization
- ZPs role to be limited to broad policy guidelines
- VHSNCs needs to display availability of funds, meetings and work done
- Practice of withdrawing entire untied funds at once in SCs to be revisited
- Monitoring needs to be more focused at sub-district level
- Deliveries at SCs could be treated as ID (State may accredit high caseload SCs.)
- Budget Vs expenditure must be analyzed to know the exact variance of budget and expenditure so that proper steps can be taken to improve the utilization of funds.

Thank you