6th Common Review Mission-Rajasthan

2nd - 9th Nov 2012

The CRM Team to Rajasthan

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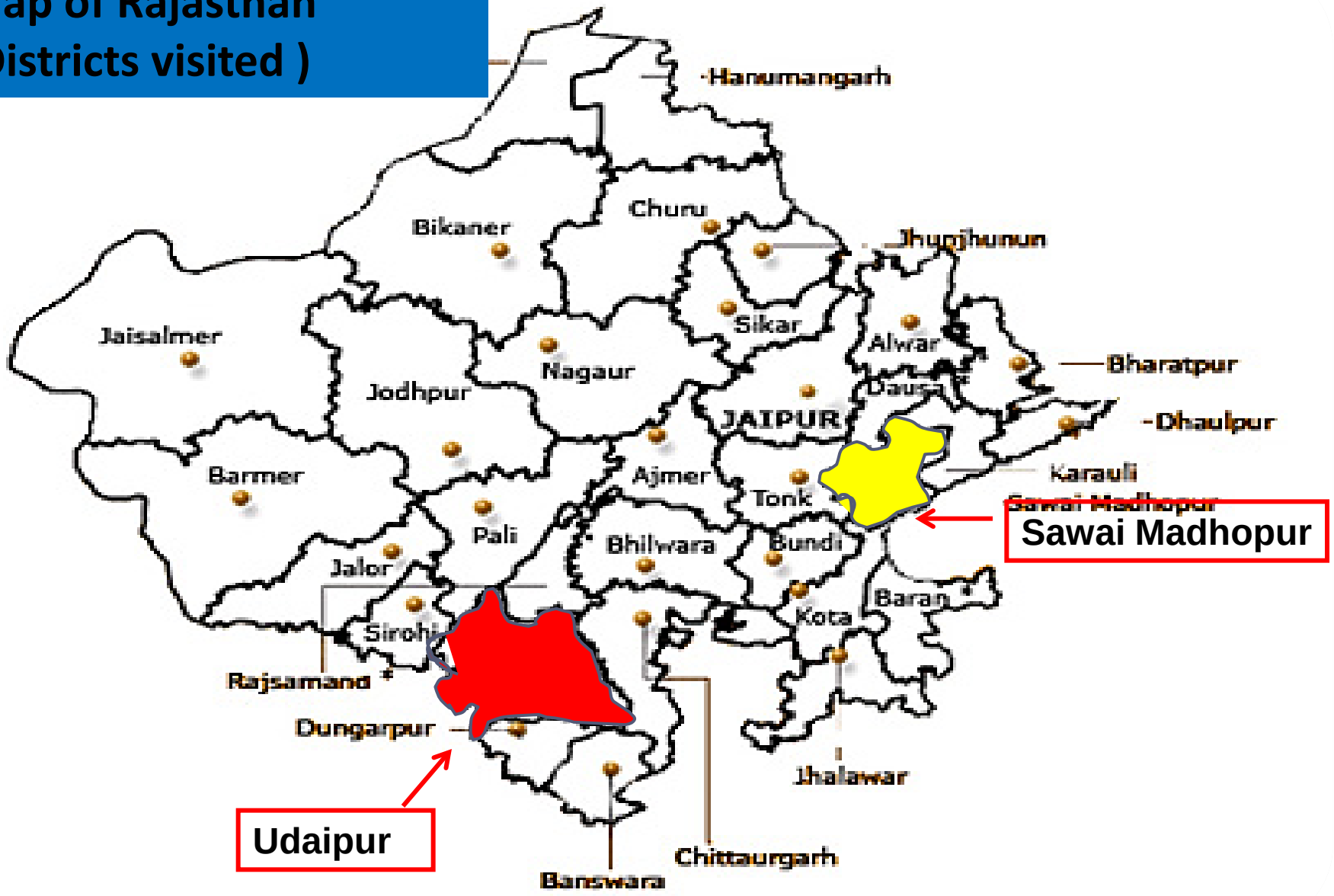
Map of Rajasthan (Districts visited)



Facilities/Areas Visited

	Sawai Madhopur	Udaipur	Total
District Hospital	1	1	2
Area Hospital/ SDH/ CHCs	2	4	6
PHC	3	4	7
✓24*7 PHCs	3	4	7
Sub Centers	5	3	8
AWCs/VH&NDs	1	0	1
Villages	1	2	5
ANMTCs	1	1	2
Others (District drug stores)	1	1	2
Focus Group discussions (interaction with ASHA, ANM, District officials)	4	2	6
Total health facilities visited	18	20	38

CRM Observations

TOR 1: Facility based curative services: Access, affordability, quality, equity

- There has been a substantial increase (up gradation and construction of new facilities) in infrastructure.
- Utilization of services including drug availability across facilities has improved. JSY & JSSK is being implemented well.
- Equipment availability at facilities has improved.
- Quality of facility based services is still a challenge.

Overcrowding of New Borns (3 in One Warmer), DH, S. Madhopur.

CRM Observations
TOR II. Outreach and patient transport services

- Outreach services:
  - Many of the SHC have ANMs in place.
  - Some SHCs have resident ANMs where residential facilities exist.
  - Outreach services are being provided by ANMs including ANC, Immunization and Family Planning services.
  - Knowledge and Skills of ANMs related to ANC services like Hb estimation, BP measurement and abdominal examination and the use of Zinc as an adjuvant in diarrhea management needs improvement.


ANM on wheels


Sub Centre in S. Madhopur having two ANMs.

CRM Observations
TOR III. Human Resources

- Shortage of HR across all facilities is visible, specifically of Specialists.
- HR Capacity building is not commensurate with the required quality of care services needed across facilities.
- Pharmacists were not available at most health facilities. Drug Stores were being handled by Male Nurses.

Emergency department at SDH, Salumbar is managed mostly by Male Nurses

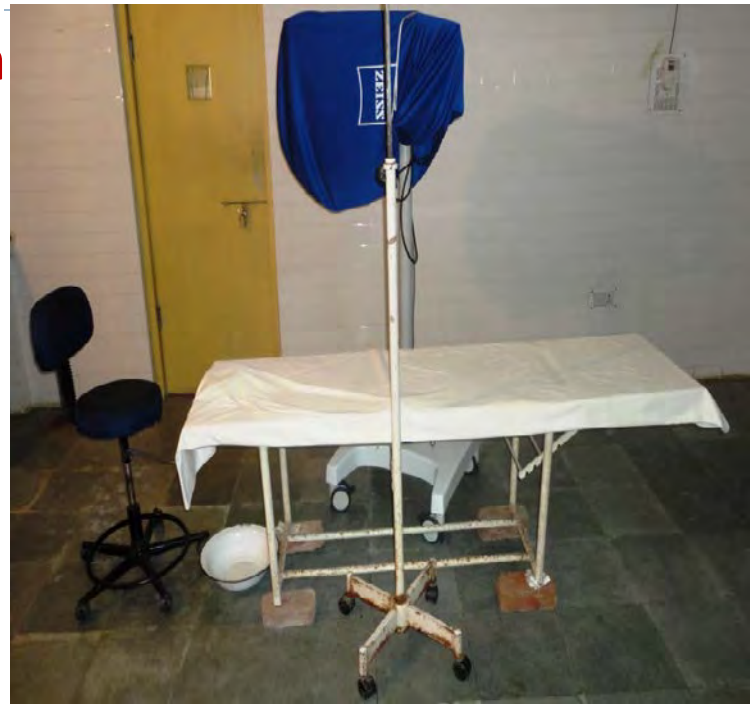
CRM Observations
TOR IV. Reproductive and Child Health Programme

- RCH Services (including JSY and JSSK) were available at all functioning facilities.
- Capacity building of staff at delivery points in SBA/NSSK was variable at facilities.
- FRU non-functional despite having Gynecologists and LSAS trained MOs.(Udaipur).
- Provision of trained manpower to operationalize SNCU, NBSU and NBCCs at certain facilities was limited.

Good performers exist, such centres should inspire other institutions,
LR of SC, Baluwa

CRM Observations
TOR V. Disease Control Programs-Communicable and Non Communicable

- Reporting under IDSP happening through PHC, CHC and district health facilities.
- Supplies and equipment's including Drugs for VBD (microscope, blood slide, pricking needles and stains etc.) were available at facilities.
- Complete radical treatment for malaria as per National Guidelines was not being practiced and presumptive treatment was still being followed at some facilities.
- Not many cataract operations (only 2 in oct 2012) were being done at District Hospital Sawai Madhopur despite of having a qualified eye surgeon.



OT table elevated using Bricks thus compromising infection prevention in ophthalmic OT, DH, Sawai Madhopur.

CRM Observations

VI. Community Processes including ASHA,PRI,VHSNC, Community Based Monitoring and NGO involvement

- ASHAs Sahyoginis are motivated and functioning well.
- RMRS (RKS) constituted at most facilities but meetings were not taking place regularly.
- VHSNCs formed at panchayat level at most villages but holding of meetings was variable.

There is improved synergy between the health and ICDS programme at the community level between ICDS and ASHA Sahyoginis.

Community Based monitoring is poor (PRIs))

CRM Observations
VII. Promotive Health Care, Action on Social Determinants and Equity concerns.

- The declining child sex ratio (883, AHS, 2010-11) is a cause for concern. The PCPNDT act is being implemented in the districts and appropriate authorities have been appointed, however conviction rate of cases is poor. (2 conviction out of 469 complaints filed.)

- Adolescent health and menstrual hygiene program initiated in few districts.

- Distribution of sanitary napkins through ASHAs is in place in some districts.

CRM Observations

VIII. Program Management including monitoring, logistics and issues of integration and institutional capacity.

- Drug procurement and distribution management system (MMNDY) , a major achievement
- District Health Mission is not meeting regularly. (Last meeting held was one year back S. Madhopur.)
- Contractual positions like DPM/BPM is vacant in some places.

Drug Distribution Counter, DH,Sawai Madhopur

Monitoring and Supervision at the district and block level is poor. Visits are taking place but monitoring and supervision through checking of records and cross verification with formats and register(Service Delivery Register) was not taking place.

CRM Observations

IX. Knowledge Management including technical assistance, SIHFWs, SHSRC, ANMTCs, DTCs and use of Information Technology.

- SIHFW has been identified as the nodal institution for capacity building along with District training centres. However, District training centers have yet to be made fully functional.
- ANMTC buildings at districts are visible but are not being put to full use (ANMTC at Sawai Madhopur was being used temporarily as a drug store).
- No regular faculty position at ANMTCs. Faculty positions at ANMTCs were being filled through deputation from regular ANM and GNM cadre who were not trained in teaching students.
- HR capacity building at facilities was weak. Appropriate capacity building (MH/CH) at most places was missing.

CRM Observations

X. Financial Management-especially fund flows, accounting and absorption

- Disbursement of funds done through e-transfer. This enables the DHS and its unit to receive funds in time.
- Audit of RKS(RMRS) is in place at most facilities(DH,SDH,CHC).
- Serious efforts regarding preparation of monthly report(UCs) is noticed at CHC,PHC level.
- Non compliance of Statutory Audit observations for the year 2007-8 to 2009-10 (Udaipur).
- Adjustment of Advance for closed activity (RCH-I) is not done.
- Single Bank Account for all funds i.e NRHM and non NRHM funds (CHC,PHC,SDH,DH).
- Delay in JSY Payment to beneficiaries (in DH,SDH , PHC and in case accredited privates hospital).
- Lack of adequate training to finance personnel at all level.

CRM Recommendations:

Human Resource:

- The state should have a policy in place to address HR issues.
- There is huge shortage of specialists. Rational deployment efficient utilization of existing HR and Capacity building should be done to meet the shortage.
- All training to be rationalized and need based. Training needs assessment a prerequisite for PIPs.
- Post training supervision and handholding to improve the quality of skills should be mandatory.
- SIHFW should be developed as a center of excellence for training.

CRM Recommendations:

Infrastructure :

- Most Sub Centers which have now become delivery points do not have a proper labor room. The engineering wing under State NRHM should be tasked with the job of developing proper plans for all such Sub centers designated as delivery points with proper facilities.
- The Engineering Wing under NRHM should be tasked with Infrastructural gap analysis across facilities periodically and provide annual maintenance to health facilities. Annual maintenance Contract could include maintenance of equipment's at facilities.

CRM Recommendations:

Quality Issues:

- Standard Operating Procedures should be put in place at all facilities to operationalize MCH&N and family planning services to improve quality of care.
- Infant and Peri-natal death enquiry should be added to the Maternal Death Enquiry to address issues of infant and peri-natal death. MAPEDI is an evidence based intervention to reduce mortality.
- Proper Biomedical Waste Management needs to be put in place at all facilities. Suitable guidelines on BMW management should be issued.

CRM Recommendations:

Quality & Management Issues:

- There is lack of accountability at District level effecting the programme. District Mission Director (on the lines of State Mission Director) could be considered to bring about greater accountability and synergy between the CMHO and the PMO at district level.
- Monitoring and Supportive Supervision(M & S) should be made mandatory at all levels and included in the state/district health action plans. Guidelines for M & S visits should be issued.

CRM Recommendations:

Financial Management:

- Financial Management at District level should be strengthened by training, regular monitoring and evaluation. Efforts should be focused on generation of computerized books of accounts by entering real-time data.
- Plan for training of existing Finance personnel in financial management and customized Tally ERP.
- Definite action plan to be drawn up for compliance of CAG observations as per the Report no .08 of 2005-08 pertaining to state of Rajasthan.
- Definite action plan to be drawn up to comply with the observations of Statutory Audit reports
- Separate Bank Account for RMRS should be opened.

THANK YOU!