7th CRM Andhra Pradesh

Composition of Teams

- Dr. Teja Ram, DC(FP) - MoHFW
- Dr. S R Chinta, Asst Adviser-AYUSH - MoHFW
- Dr. Suman Lata Wattal, DD- NVBDCP - MoHFW
- Dr. Venkatesh Srinivasan, Assistant Representative- UNFPA
- Dr. Sheetal Rahi, Medical Officer - MoHFW
- Ms. Aparna Addala, Sr Program Manager , SAATHII
- Ms. Shobhana Singh Consultant, Family Planning
- Sh. Puneet Jain, FMG, MoHFW
- Sh. Bhaswat Das, NHSRC
- Ms. Anamika Saxena, Trng Div, MoHFW
- Dr. Chakrapani Chatla, Consultant, RNTCP - WHO
- Dr. Shazia Anjum, Consultant, RNTCP- WHO
- Mr. Ritesh Laddha, Prayas
- Dr Salima Bhatia, Sr. Consultant, MoHFW

Visited 1 teaching hospital , 2 district hospitals , 2 Area hospitals , 3 CHCs, 11PHCs, 2 UHPs, 17 SCs, 6 Community Health Nutrition Clusters (CHNC), 4 AYUSH Dispensaries, 4 VHND) and the Central Drug Stores at the State and 2 districts

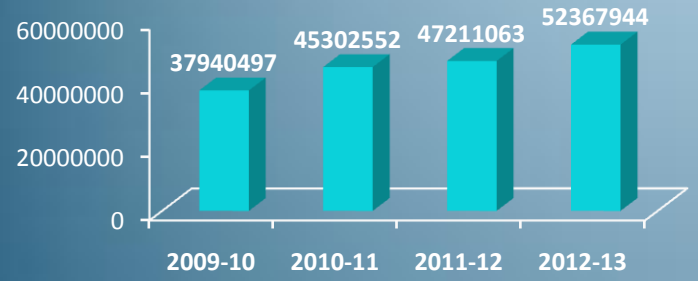
Encouraging Findings

- Improved Off-take of RCH services
- State's introduction of schemes such as Bangaru Talli, Amma Kongu
- Large number of ARSH Clinics & Centre Of Excellence at Nilofer hospital
- Creation of SPHO cadre at the cluster level for monitoring
- Governments concurrence to hiring of large number of doctors
- Initiation of excellent skill lab facility at district hospital, Mahbubnagar and mobile skill lab for onsite training
- Streamlined State level procurement of drugs through APSMIDC
- Quality of training of ASHA's

Utilization of Health Services

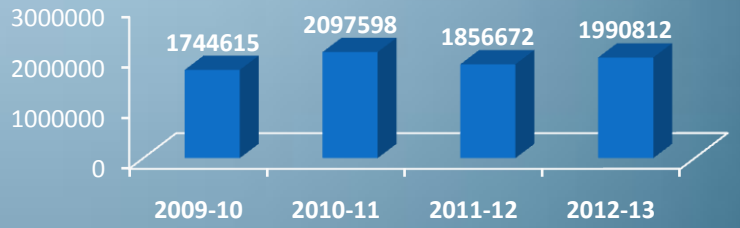
OPD

38 % Increase



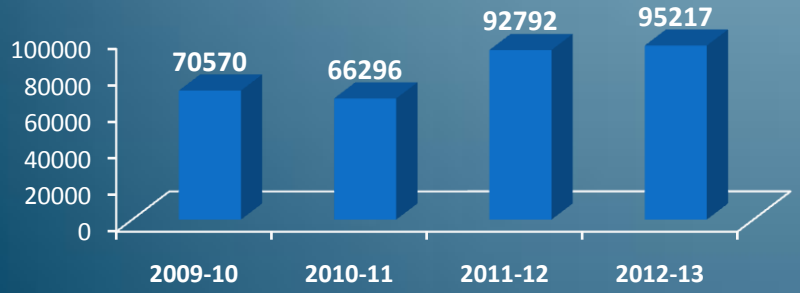
IPD

14 % Increase



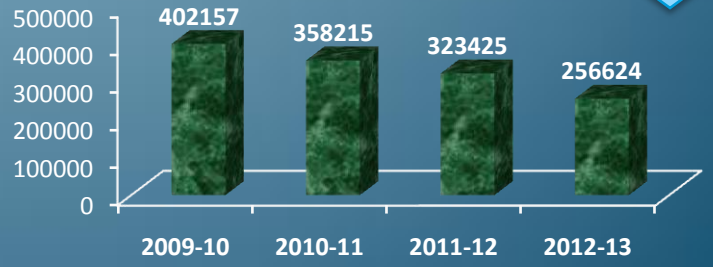
C- Section - Public

35 % Increase



IUCD

36 % Decrease



Source: HMIS

Progress on NRHM Initiatives

- JSSK: Most beneficiaries get free drugs, diagnostics and diet. However gaps noticed in availability of USG facilities, free transportation esp drop back and grievance redressal mechanisms.
- Well established SNCUs, NBSUs and NBCCs
- Linkages of the community with the NRC need improvement
- Field level implementation of RBSK not visible
- WIFS –- good coverage in schools. But out of school component at the Anganwadis need uniform implementation.
- Skype based video conferencing method for follow-up of MCTS that is being implemented in Mahbubnagar should also be initiated in other districts.
- High IMR & MMR inspite of high Institutional Deliveries: Significant Need for focus on spacing and improved nutrition

Community Processes

- ASHA is providing: Home visit; HBNC; Contraceptive distribution; VHSNC meeting; Supporting in VHND; due list preparation, promotion of institutional deliveries etc. However
  - Gap of 700 ASHAs in Chittoor district
  - HBNC kits not yet provided
  - 10 indicator based performance monitoring system not followed
  - ASHA Mentoring Group, ASHA Resource Centres etc need to be established
- Community Monitoring as prescribed under NRHM not initiated
- Release and utilization of untied grants to be strengthened
  - Untied Funds: Many SCs in Chittoor received only Rs. 2500 out of Rs. 10,000 in 2012-13
  - In 2013-14, AMG funds not released, in some places in Mehbubnagar. In Chittoor, funds not released to most facilities

Health System Strengthening

- Vacancy of 337 medical officers, 1292 specialists, 688 paramedics, 1333 lab technicians/ paramedics, 2811 MPHWs, 3740 ANMs and 5873 ASHA facilitators. Recruitment of doctors and specialists initiated to be completed quickly.
- Need for rationalization of HR as some specialists posted as SPHO's.
- Effective engagement of SPHO's in financial management to be ensured
- Trainings being conducted but no strategy for post training follow up and supervision. IIHFW to play a key role beyond organising trainings.
- Medical Colleges could conduct assessments of SBA skills, to improve service quality

Health System Strengthening

- Quality Assurance Committees not restructured as per the revised norms.
- Drug availability and dispensation has been computerized

  in all warehouses. However
  - drug inventories not computerized at facility level
  - EDL not displayed at all facilities
  - PHC/CHC MO's to oversee logistics functions of pharmacists

Disease Control Programmes

- Data collated by IDSP serve being disseminated and utilized by different disease control programmes at the district, state and central level.
- Convergence between AIDS control program and NRHM evident. But
  - capacities of the laboratory technicians need to be enhanced
- Malaria: in order to meet the target of 10% ABER, slides are collected by the health workers from people without fever and presumptive treatment administered to all with or without fever
- RNTCP: commendable roll out of PMDT services. Web based data entry of more than 95% of all TB cases completed in the Nikshay website. Need for strict implementation of
  - Ban on serological diagnostic tests for TB
  - TB notification from private sector
  - reporting of Schedule H1 Anti TB drugs

Governance & Management

- Co-ordination between Dept of ME, APVVP and public health needs significant improvement
- Capacities of SPMU/ DPMU need augmentation in terms of HR and programme monitoring
- Supportive supervision and field visits by programme officers need focus
- Lack of co-ordination between the AYUSH and Health directorates.
- A concrete system of CHNC evolved - well conceptualized
  - but significantly underutilized

Financial Management

- Inadequate manpower at State and district level effecting financial management
- low utilization of funds in 2012-13
- State & District Health Society are not registered under section 12 A
- Bank accounts are not as per GoI guidelines.
- Books of accounts are not properly maintained at District Hospital, CHC, and PHC level and not updated on regular basis
- APVVP: All advances given to units are treated as expenditures.
- Unspent balance of Rs. 5.18 crore of EC SIP programme is lying with SHS.

"The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have little....."

ASHA Worker in the field at Rompicherla