7th Common Review Mission National dissemination

सत्यमेव जयते

Karnataka State
5th March 2013

Presenter on behalf of the Team :
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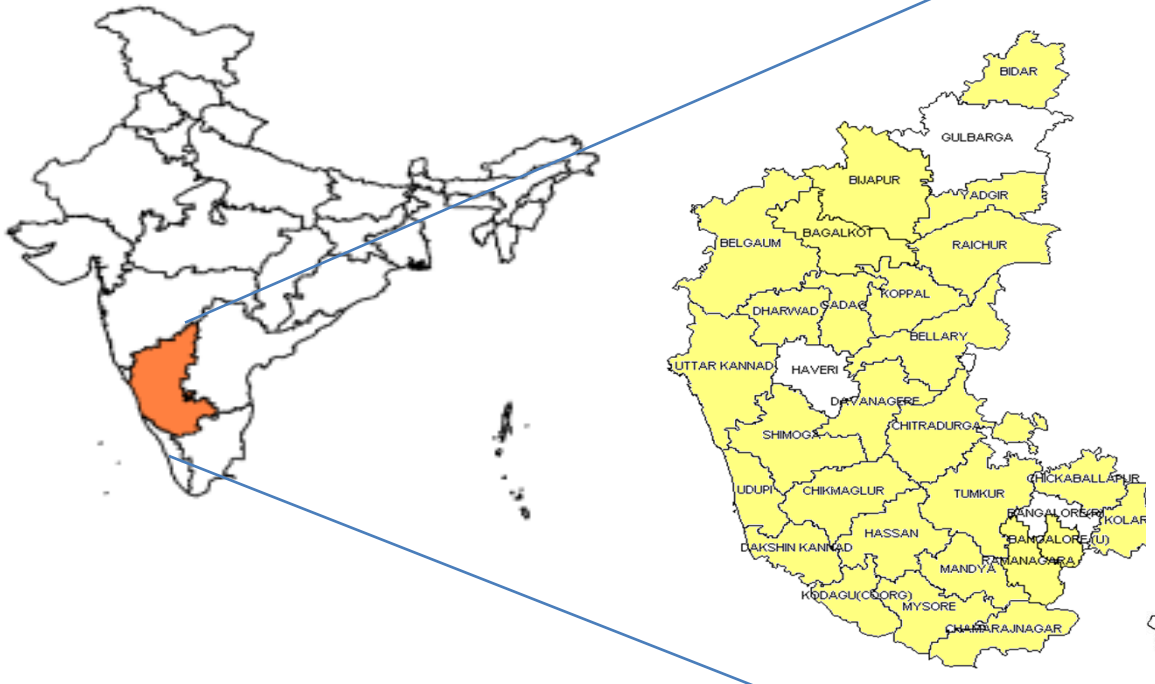
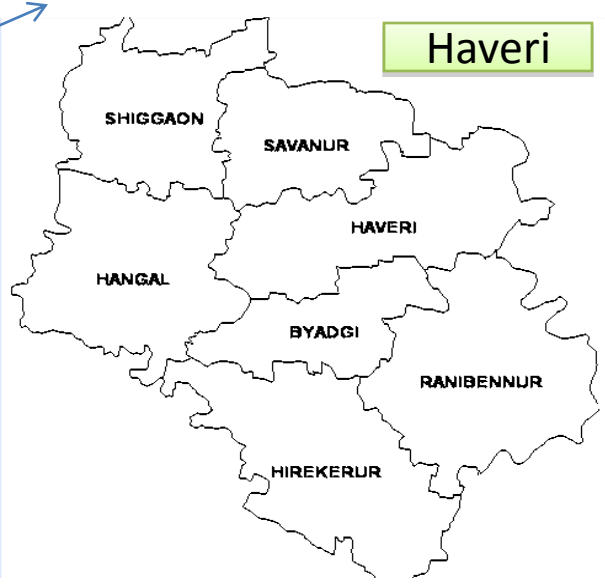
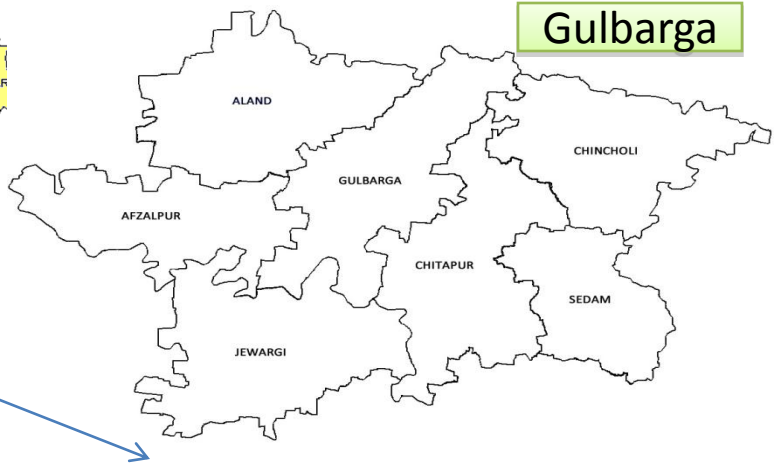
Karnataka :districts 7th CRM



Haveri



Gulbarga



Facilities visited

Haveri District

1. District Hospital: Haveri
2. Taluka hospital: Shiggoan, Byadagi
3. PHC 24*7: Tadas, Attigeri, Kaginele
4. Non FRU CHC: Rattihalli
5. Ayush Hospital: Shiggoan
6. ANM/GNM training center
7. District Vaccine stores
8. SCs: Neeralagi, Kuruba gonda, Attigeri
9. Sonali: Attigeri and Tadas
10. Village: Neeralagi, Tadas, Kuruba gonda, Attigeri
11. MMU: Sheelavanta Somapura, Shiggoan
12. Anganwadi center: Devagiri
13. SIHFW Karnataka drug logistics and warehouse

2 DH
4 FRU
PHC-9
Ayush-1
SCs-11
AWC:4
Schools:4
MMU-1
Villages:13

Gulbarga District

1. District Hospital: Gulbarga
2. Taluka Hospitals: Jewargi, Sedam
3. CHC: Mudhol, Malkhed, Gundagurti
4. PHC:Mandewal, Jeratgi, Aurad, Mahagaon, Ambalga, Madbool, Kadganchi
5. UHC: New Rahmat nagar, Ghazipura Urban PHC, Gullar Gali (Slum)
6. SCs:Khanadal, Kattisangavi, Mandeval, Aurad , Sindigi, Madaki, Dhottargaon, Ranjol
7. ANM Training Centre
8. District Training Centre and R.H.W.T.C.
9. Regional Drug Warehouse
10. Villages:Khanadal, Kattisangavi, Mahagaon, Madaki, Neeloor, Chandapur, Sindgi, Kansoor , Dhottargaon, Bennur K
11. Schools: Sindgi, Kadganchi

Regional/State drug warehouse
District,regional & ANM training centers
SIHFW

Service Delivery

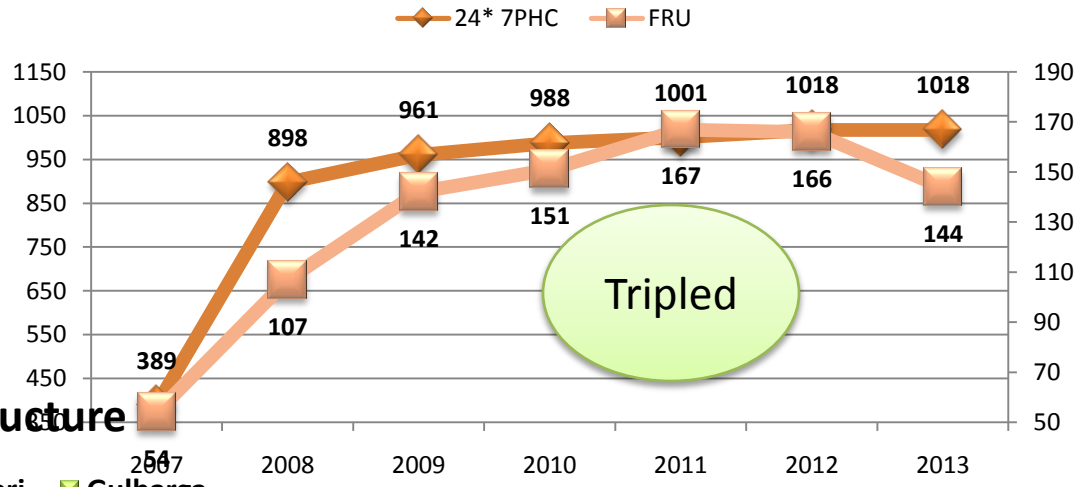
What sparks?

- Infrastructure development (FRUs & 24*7 PHCs Tripled)
- Utilization of Public health facilities has increased over 5 years
- Wide range of services provided
- 108 ambulance service adequately utilized
- AYUSH units co-located in most of the facilities
- MMU in PPP mode provides routine medical services to remote areas

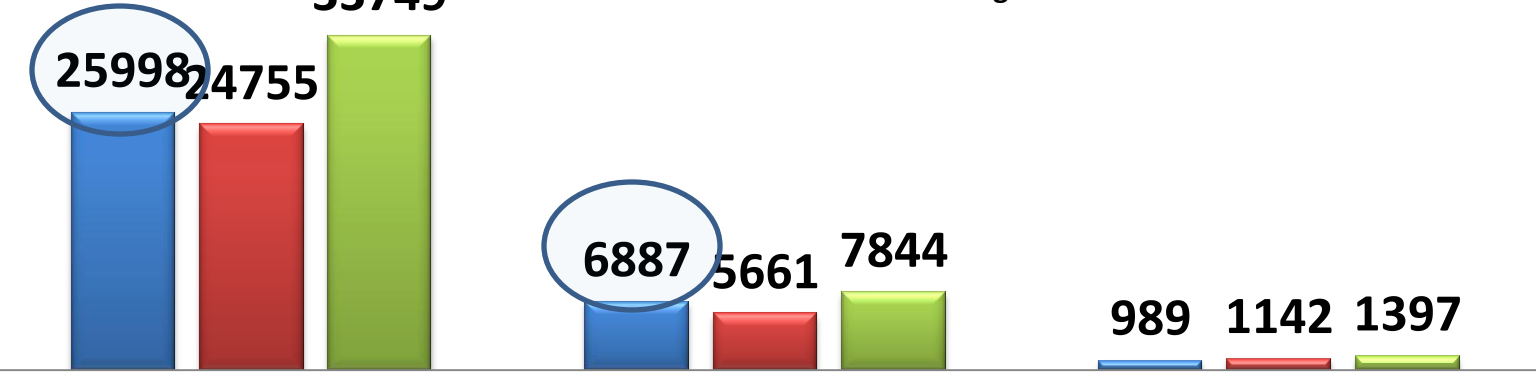
What doesn't spur?

- Inadequate provision of Staff Quarters
- Patient amenities are inadequate
- Privacy concerns
- A Number of deliveries reported in transit
- Diet provision for in-patients
- Coverage of all JSSK entitlements

Functionalization of 24x7 PHC & FRUs, Karnataka



Health infrastructure



Human Resources & Training

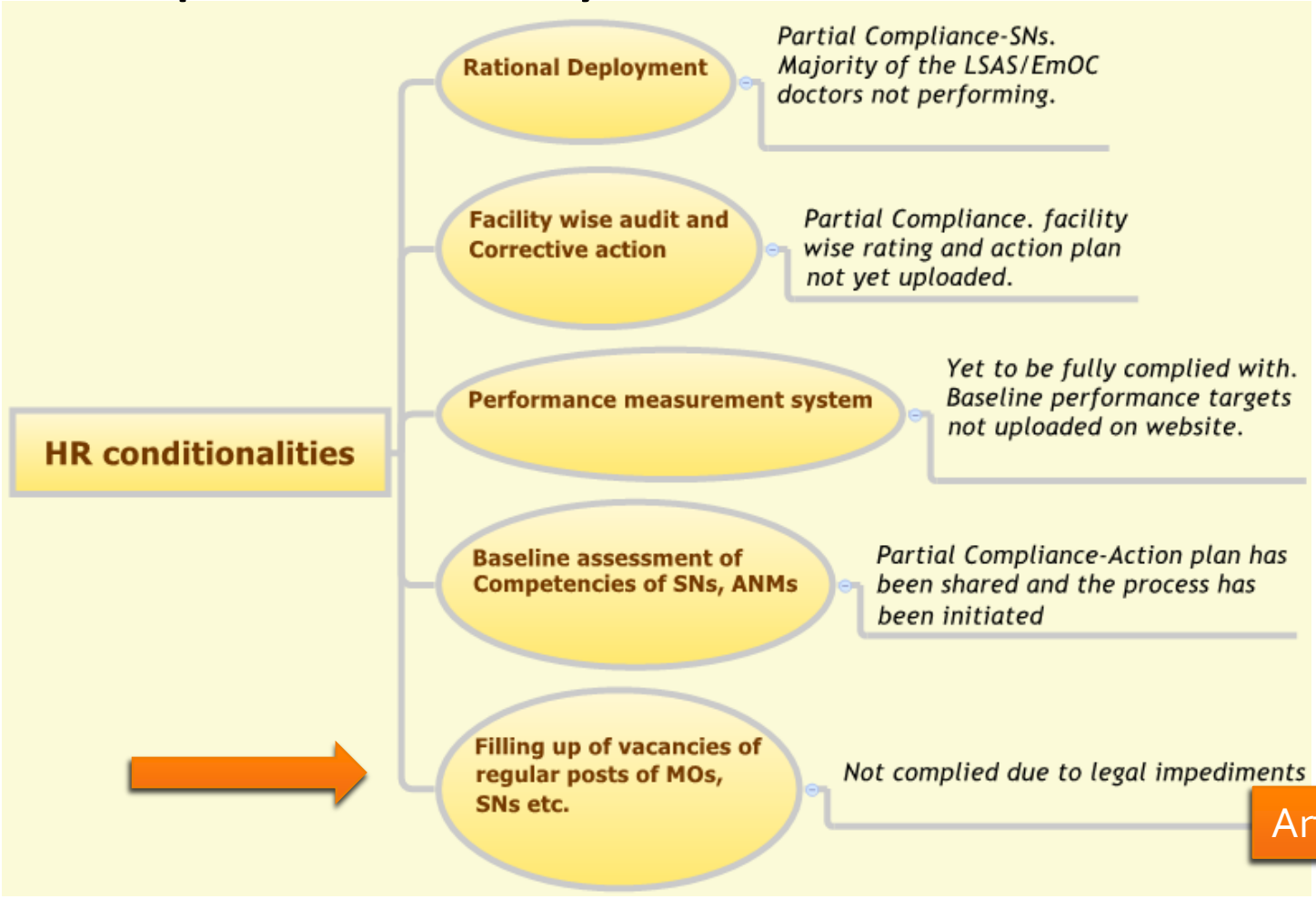
What Inspires?

- Doctors, Nurses, and ANM are adequately trained esp, SBA trained nurses
- Majority of T.H. and D.H do have specialist doctors
- ASHAs are available, trained and motivated
- CPHN training of LHVs at SIHFW is good initiative

What stands betterment?

- Compliance to key HR recommendations
- Vacant GDMO and Nurses" positions
- Training needs assessment & Training plans
- Specialists at FRU’s/ TH (Gulbarga)
- Placing Nutrition counselor and M.O. at NRCs

Compliance to key HR Conditionalities



RMNCH+A

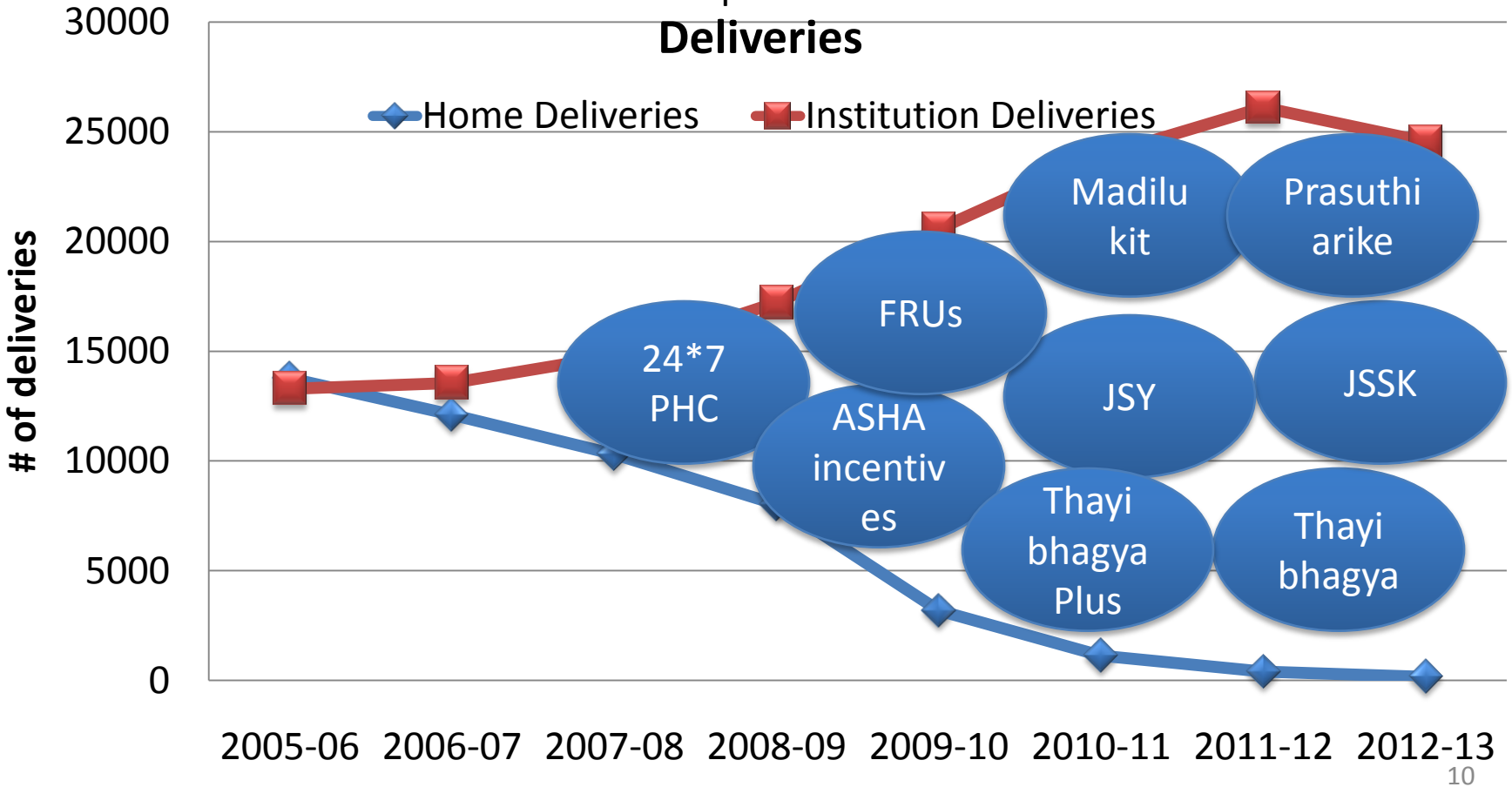
What is correct ?

- Institutional deliveries – increased to > 90% (70-75% in pubic health facilities)
- Labor room nurses are SBA trained,
- Partographs are being maintained
- Good visibility of Technical protocols
- Emergency obstetric drugs were available in LR

What needs correction?

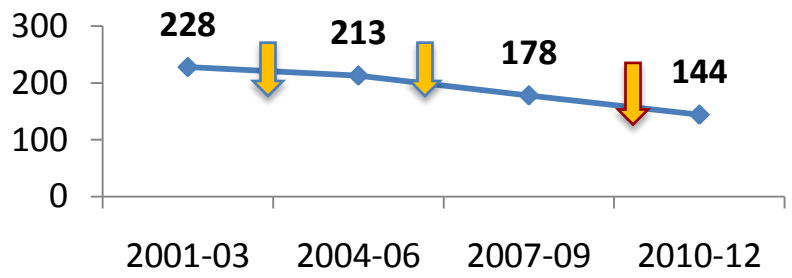
- Operationalization of Blood storage units and C-section facility is needed in CHCs, THs(Gulbarga).
- Safe abortion services below district level
- Orientation on processes for MDR and quality of Reviews at facilities and at District
- Line listing of severely anemic women
- 3 ANC checkup Gulbarga district (58 %)
- Multiple referrals

Inst deliveries trend change-Haveri MCH report

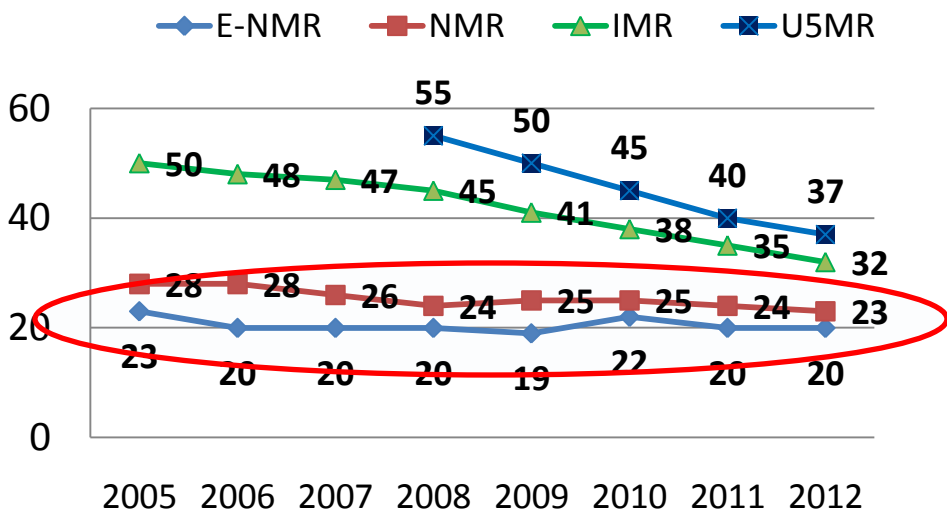


A snapshot of RMNCH+A progress in Karnataka

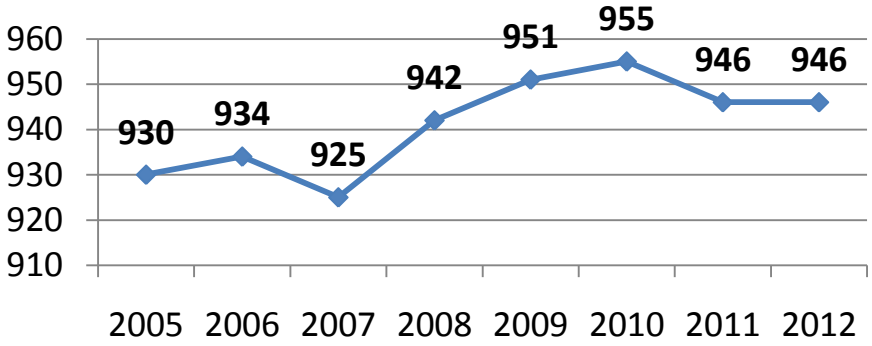
Maternal Mortality Ratio



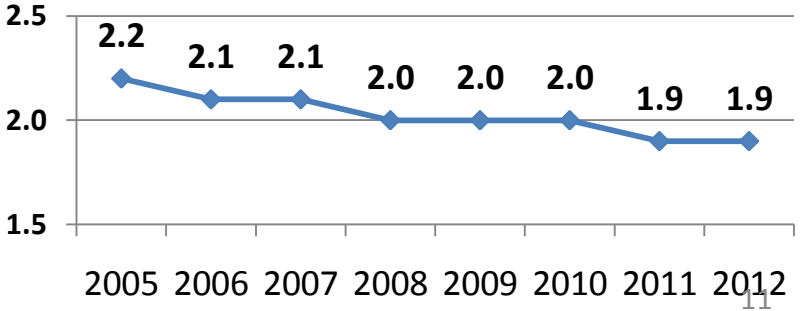
Child Mortality Rate



Child Sex Ratio (0-4)

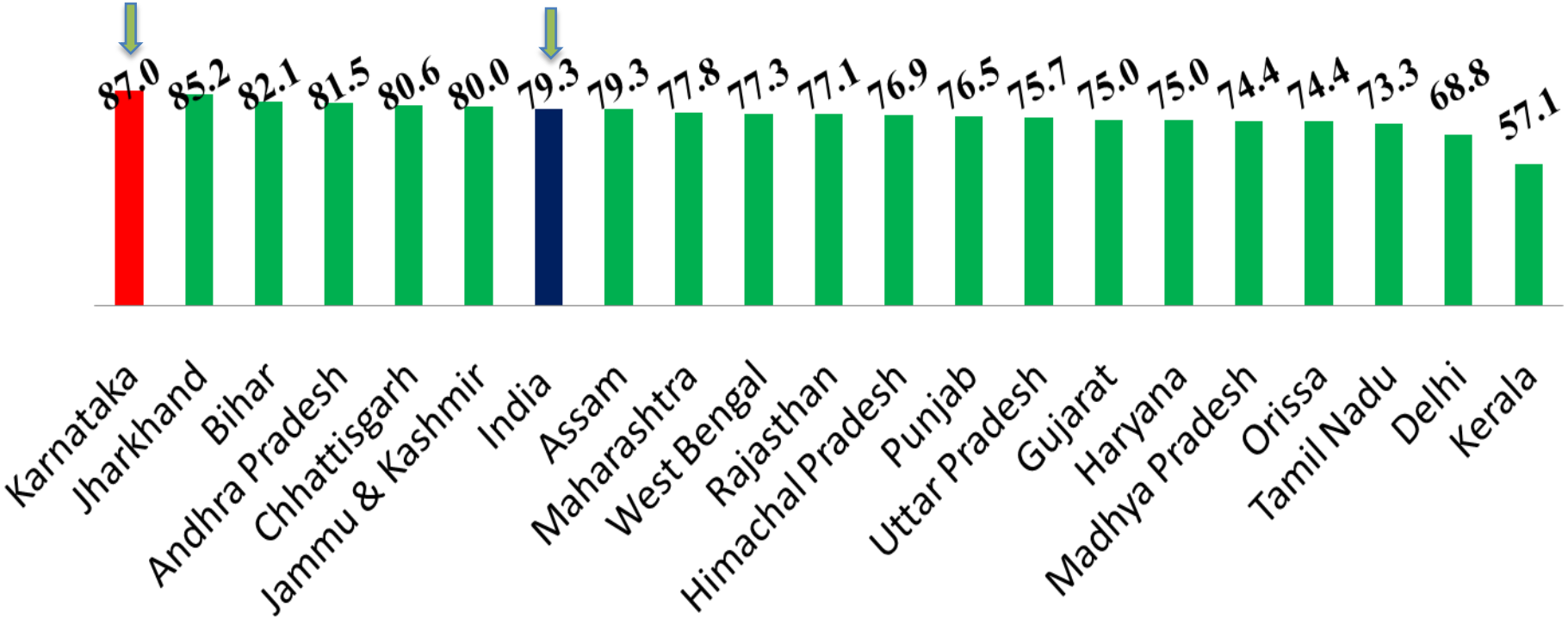


Total Fertility Rate



- ✓ Consistent improvement in health outcome
- ✓ Achieved MDG 4 & 5
- ✓ An estimated 1,600 maternal deaths and 41,800 under five deaths annually (Neo-natal deaths 26, 011, Infant deaths-36,189)

Percentage contribution of E-NMR to NMR, SRS 2012…highest in Karnataka



RMNCH+A

Innovations & Improvements

- **Prasuthi Araike Programme** is popular Karnataka has launched many State initiatives(PrasoothiAraike, Madilu, Th ayiBhagya and ThayiBhagya Plus) which has dramatically increased the institutional deliveries in Public Health facilities.
- **ARSH:** Services to adolescents in general OPD
- Most women stayed 48 hrs after delivery at the FRUs
- Counseling provided by ICTC counselor or at Suraksha clinic .
- WIFS initiated in schools
- State Innovation- RoP at SNCU

Could be better

- 10- 12% mortality in SNCUs (Early NMR high in the state (87% of NMR)
- Central oxygen supply
- Poor admissions in NRC due to lack of referrals.
- IYCF practices needs improvement
- Awareness about JSSK entitlements,
- Greater visibility of JSSK
- Delay in payment in few facilities

Immunization

Strengths

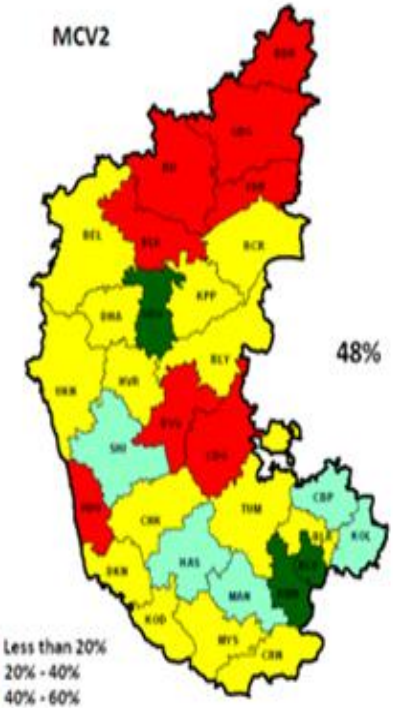
- Immunization planned vs held > 100%
- Micro planning exists at every level
- Trained workforce & Increased community mobilization-ASHA
- Incentives for mobilization
- Adequate cold chain space at periphery, Avg population per cold chain point:24000
- Potential state for new vaccine introduction

Few Concerns

- Dropout rates
- MCV 2 Coverage-48%
- Review of the immunization programme using HMIS data is difficult at all levels
- Less cold space at state Vaccine store, Need of 1 WIC
- Poor reviews at peripheral level
- Immunization in private sector
- Due lists for tracking for 2 years

An example of Inverse care law

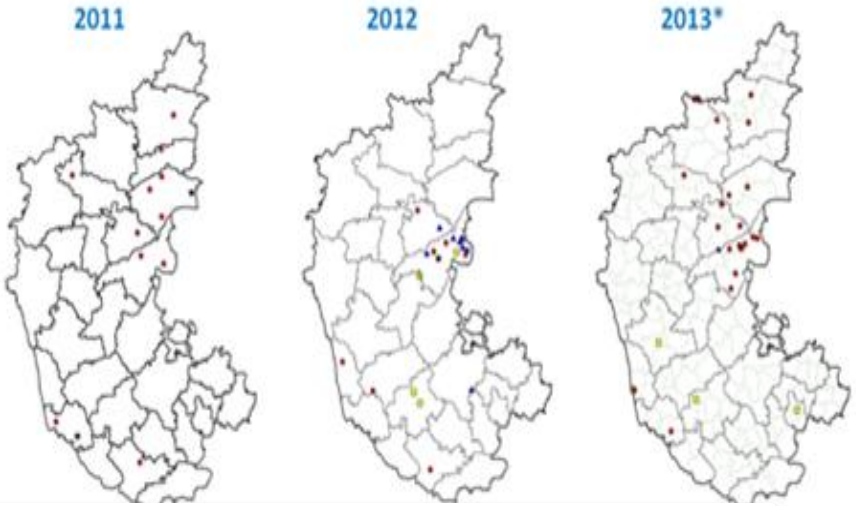
MCV2 Coverage over Expected Level of Achievement Apr 2013 to Sep 2013 (II Qtr)



	Target	Target for II Quarter	(more than 16 months old) Measles (Second Dose)	% of MCV2 coverage
Karnataka	1140287	570144	276273	48
Bagalkote	49552	24776	7518	30
Bangalore Rural	12692	6346	3516	56
Bangalore Urban	18471	9236	25880	280
Belgaum	106249	53125	22789	43
Bellary	64692	32346	15060	47
Bidar	46303	23152	7622	33
Bijapur	67718	33859	8604	25
Chamrajnagar	37200	8600	4454	52
Chikkaballapur	19982	9991	6852	69
Chikmagalur	17490	8745	4334	50
Chitradurga	31731	15866	6085	38
Dakshina Kannada	38505	19253	8721	45
Davanagere	42401	21716	7572	36
Dharwad	40695	20348	9582	47
Gadag	21798	11899	9770	82
Gulbarga	86960	43480	9478	22
Hassan	29737	14869	9302	63
Haveri	35830	17915	8854	49
Kodagu	9126	4563	2523	55
Kolar	26669	13335	8541	64
Koppal	40035	20018	8473	42
Mandya	27317	13659	9113	67
Yadgir	38572	19286	4787	25

Source data: HMIS report

Serologically confirmed# measles, rubella and mixed outbreaks - Karnataka



	2012	2013*
		22
		1
		0
Negative	1	5

★ Mixed outbreaks confirmed

Negative

*Data as of 30/09/2013 #Outbreak confirmation for Measles: ≥ 2 cases IgM positive for measles. Similarly for Rubella

High number of measles outbreaks in Northern Karnataka
MCV2 Coverage less than 20%

Disease Control

RNTCP

- Key RNTCP staff in position.
- Programme reviewed regularly
- State performance is moderate

Areas to Improve..

- Shortage of Pediatric TB drugs and Isoniazid 100 mg
- Low paediatric case notification
- High default rate
- Mandatory TB notification from private sector
- Nikshay entry needs strengthening

NLEP

- In the year 2012-13 ,3368 new cases of leprosy were detected
- Treatment success rates of 98%
- Regular trainings are conducted as per PIP
- MCR & RCS available
- Endemic blocks are identified
- Vacant positions to be filled up

NVBDCP

Filarial Elimination

- State have 8 Filarial endemic districts.3 qualified for stop MDA planned TAS .
- Microfilaria rate has been reduced to less than 1%
- Gulbarga is under MDA and needs to improve drug coverage during MDA

Malaria, Dengue & Chikungunya

- Declining trend in cases Malaria and JE
- Increasing trend of Dengue cases
- Good efforts in Source reduction
- Passive & Active surveillance – ASHAs are involved
- Entomological surveillance needs strengthening

Concerns

- Rapid diagnostic kits (RDTs) are out of stock
- Urban malaria control
- A large number of negative slides examined to reach targets
- practice of giving chloroquine as presumptive treatment

NPCB

- Eye operations done through a network of public, private and NGO network
- Refractionists conducting camps in schools.
- Lack of opthalmologists in the Hyderabad-Karnataka districts

IDSP

- Increasing in reporting (80% S P L).
- Data used for planning
- Regular programme review
- Weekly alerts generated and communicated

Concerns

- Less reporting from Private sector
- Ayush facilities not reporting under IDSP

National Programme for Prevention & Control of Cancer, Diabetes, CVD & Stroke (NPCDCS) only implemented in 5 districts

VHSNC

- VHSNCs exist in all villages, active & representative
- Regular meetings with minutes
- Optimum utilization of funds
- Active in Monitoring of service delivery
- Instances of irrational use of untied funds e.g.bulk of fund spent on sarees
- **Concerns**
- Coordination between the signatories needs improvement
- Capacity building and appropriate tools and formats can be done
- Timely disbursement and appropriate utilisation of untied fund

ASHA

- ASHAs are vibrant and active
- Effective in mobilization
- Active involvement in NDCPs also
- Matching Grants for ASHA
- Matching Grants for ASHA
- Online system of ASHA payments

Areas for improvement

- vacant ASHA positions
- Regular supply of and replenishment of ASHA drug kits & HBNC kits
- Establishment of ASHA restrooms at health facilities

VHNDs

- 1st Saturday of every month
- As per the state's guidelines
- Service delivery is confined to nutrition supplementation and counseling.
- ANMs are not active in VHNDs
- Immunization/ANC are PHC based

Areas for improvement:

- Enhancing the role of VHNDs in providing comprehensive MCH and nutrition services
- Reorientation of frontline workers on the significance of and operationalization of VHNDs

Mainstreaming of AYUSH

- **Positives**
  - Co-located at the health facilities
  - Trained in National Health Programmes
  - Managing sneha clinic
- **Concerns**
  - Regular supply of AYUSH medicines
  - Space and signage of AYUSH facilities
  - Role in Supportive supervision

Medicine & Technology

Observations

- Karnataka Drug Logistic and Warehouse Society established in 2003, and EDL in place.
- Procurement and quality assurance systems and indenting mechanisms are all in place.
- Drug availability in facilities good. Drug warehouses are being constructed

Areas for improvement

- Out of pocket expenditure on drugs by patients
- Storage at health care facilities weak.
- Steps to strengthen diagnostics.

Healthcare Financing

- State share is more than 15%,
- State spent >80% of NRHM allocation
- Staff in position, funds transfer upto block level happening electronically and accounting satisfactory.
- Expenditure and utilization is in line with expectations.
- Audit processes could be strengthened and made more timely.

Governance & Management

- **Programme Management Units** well integrated with directorate, fully staffed and functional.
- **State and district health societies** functional.
- **Public health cadre** Has set up a committee((Dr.Haligi committee) for creation of public health cadre and is also encouraging doctors and programme officers to get public health management training.
- NRHM Contractual posts appointments are **decentralized**
- **Mechanisms for social audit** such as Janvamsad, public meetings at villages and accountability measures for health needs to be put in place.
- **Supportive supervison:visits** planned – but suboptimal implementation

Best Practices & Innovations

- **Maternal Health**: Karnataka has launched many State initiatives l(PrasoothiAraike, Madilu, ThayiBhagya and ThayiBhagya Plus) which has dramatically increased the institutional deliveries in Public Health facilities.
- **Matching Grants for ASHA**: First of its kind in the Country, each ASHA is given an additional amount equal to the incentives earned by her under NRHM, which will be funded by State Government.
- **Innovations in Transfer & Postings** :The Karnataka State Civil Services Act, 2011 (Regulation of Transfer of Medical Officers & Other Staff) – Compulsory posting in rural areas.
- **Human Resource Management System** (HRMS)
- **Karnataka is the First state to Launch TMIS.**
- **Civil Works**: Separate Engineering wing under Dept of H&FW
- **Immunogram model** for improving immunization coverage and reducing dropouts and covering backlogs
- **Karnataka Internet Assisted Diagnosis of Retinopathy of Prematurity (KIDROP)**: It is India's first PPP in Infant Blindness ROP
- **RNTCP**: Nutrition Support from the State to all TB patients
- **ASHA Online payment**
- **Dialysis Units** (In 1 taluka hospital of all 30 Districts a Dialysis Unit is established with all facilities and treatment is provided free of cost)

Overall Areas of Improvement

- **Primary health care service delivery with referral linkage-** Quality primary care at SC and PHC to reduce the burden at FRU's and district hospitals,
  - **FRU's to be made functional** to reduce the burden on the tertiary hospitals
  - **Sub centers potential** to be fully explored, roles to be redefined-Non communicable diseases,BCC,
- **Key areas of quality** improvement: EmOC Care,SNCU's/NBSU's/NBCC, NRC, RMNCH+A key interventions eg, PPIUCD,Safe abortion
- **User fees** to be abolished -Free diagnostics and drugs
- Implementation of **public health cadre** to be expedited.
- **GDMO'S in FRU's and district hospitals** Primary care vs specialist care
- **Ayush** care with involvement in programmes and supportive supervison
- **Regular review of the programme using data -**analysis -actions feedback –improvement (not limiting to reporting)
- **HMIS** vs area wise reporting
  - HMIS data not adequately used for programme review, monitoring, formulation of plans and execution
- **Regulation of Private health sector**

To conclude

- Karnataka is a very promising state
- Visible changes brought in health systems
- Contextualised Strategic interventions have the potential for a better health care model

Good is not good when better is possible.

Thank you

Annexure 1 is my pay cheque , ASHA: Haveri Online transfer system of Incentives to AHA's

KPMEA

Karnataka Private medical establishment act

- Regulation of clinical establishments under KPME Act enacted.
- Private health sector plays substantial role in healthcare provision
- Private sector needs regulation to ensure quality and cost of care
- Even in rural district like Haveri almost 35% bed strength is in private

- **Total Alopathy.NH 95**
- Clinics- 51
- Dental -24
- Labs-38
- Ayush cLinic/NH: 353
- **Total 561**
- Bed strength:1006

42 private delivery points
8 JSY accredited Hospitals

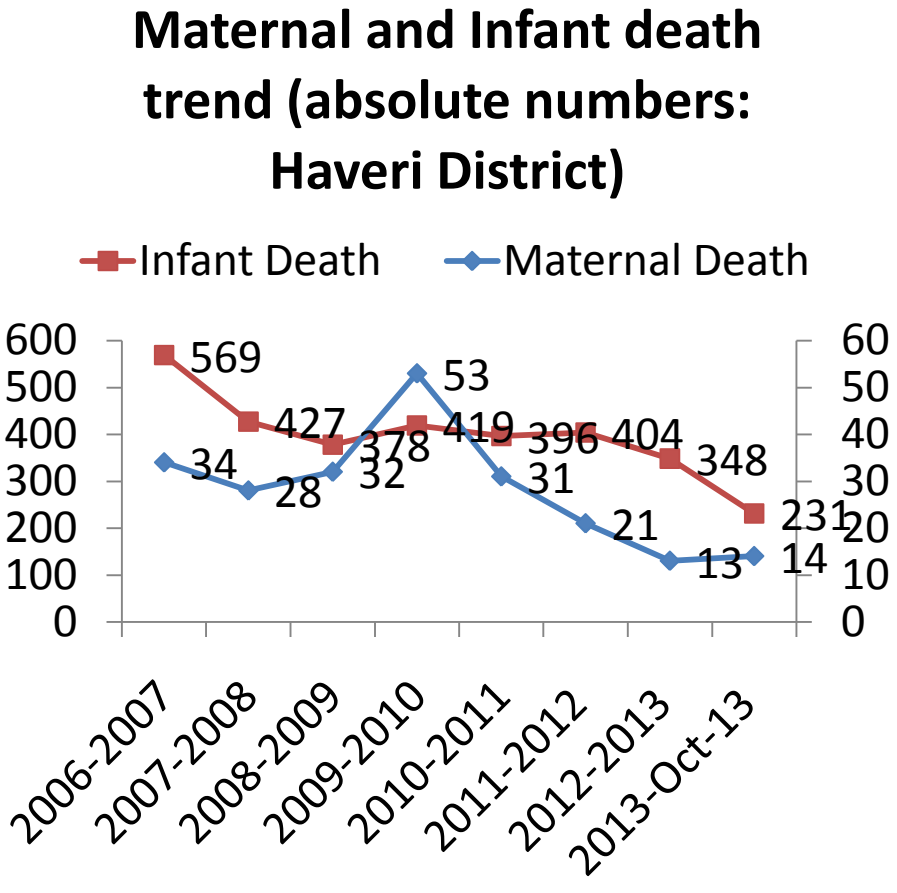
Abstract

DH	**1x250**	**250**
TLH	**6x100**	**600**
CHC	**4x30**	**120**
CHC	**1x50**	**50**
24x7 PHC	**37x6**	**222**
PHC	**30x6**	**180**
MH	**1x30**	**30**
TOTAL		1452

Compliance to key HR Conditionalities

Rational Deployment	Partial Compliance-SNs. Majority of the LSAS/EmOC doctors not performing.
Facility wise audit and Corrective action	State is doing facility wise reporting. Service availability in health facilities uploaded on website but Partial Compliance. facility wise rating and action plan not yet uploaded.
Performance measurement system	Yet to be fully complied with. Baseline performance targets not uploaded on website.
Baseline assessment of Competencies of SNs, ANMs	Partial Compliance-Action plan has been shared and the process has been initiated for
Filling up of vacancies of regular posts of MOs, SNs etc.	Not complied due to legal impediments

RMNCH+A


Maternal and Infant death trend (absolute numbers: Haveri District)
Infant Death
Maternal Death
600
500
400
300
200
100
0
60
50
40
30
20
10
0
569
427
378
419
396
404
348
231
34
28
32
53
31
21
13
14
2006-2007
2007-2008
2008-2009
2009-2010
2010-2011
2011-2012
2012-2013
2013-Oct-13