7th Common Review Mission Maharashtra

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Dr. Sanjay Kapur
Team Leader, USAID

Ratnagiri district

Nandurbar district

The CRM Teams

Ratnagiri Team	Organization
Dr. Sila Deb	DC, MoHFW
Dr. Nirmala Mishra	PHFI
Dr. Sanjay Kapur	USAID
Dr. Anilkumar Kandukuri	NHSRC
Dr. P. R. Sodani	IIHMR
Sh. Anil Garg	FMG
Ms Mrunal Pandit	FP
Nandurbar Team	**Organization**
Dr. D Bachani,	DC(NCD), MoHFW,
Ms. Jhimly Baruah	USAID Project
Dr. Suryavanshi	RNTCP
Dr. Faisal Shaikh	NRHM-I
Dr. G. C. Gaur	OT, Ayush,
Dr. Joyeta Ghoshal	TMSA
Dr. Anil Agarwal	UNICEF
Dr. B. R. Thapar	NVBDCP

Figures at a glance

S. No	Indicator	India	Maharashtra	Ratnagiri	Nandurbar
1	Population (Census 2011)	121,01,93,422	11,23,72,972	16,15,069	16,46,177
2	Population growth rate	17.64	15.99	-4.96	25.5
3	Sex ratio	940	925	1123	972
4	Sex ratio 0-6 years	914	883	940	932
5	Literacy rate	74.04	82.91	82.43	63.04
6	MMR (SRS 2010-12)	178	87	44*	117*
7	IMR (SRS 2013)	42	25	20*	35*
8	Under 5 mortality rate (SRS 2007-09)	55	28	21*	44*
9	Total fertility rate	2.4	1.8		
*	Source: HMIS 2012-13				

Terms of Reference

1. Service Delivery
2. Reproductive and Child Health
3. Disease Control Programmes
4. Human Resources and Training
5. Community Processes and Convergence
6. Information and Knowledge
7. Health Care Financing
8. Medicine and Technology
9. National Urban Health Mission
10. Governance and Management

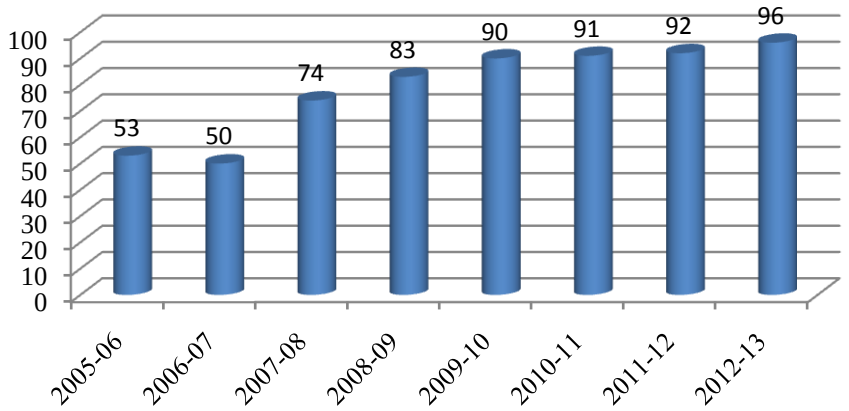
Service Delivery- Positives

- Good Infrastructure, Good availability of diagnostic services and drugs in facilities
- Comprehensive range of services (including emergency and trauma services) available in DHs. Telemedicine facilities, dialysis units and trauma centres available in DHs
- Staff quarters are available at most of the places
- Reaching the unreached - MMUs , Floating dispensaries, Fibre sub centres are available in underserved tribal/forest areas
- Strong referral network through 102 vehicles; vehicles adhering to the GOI / NAS in design and are GPS fitted. Call centres available in DH. Pick and drop back services regularly provided for JSSK
- Good collocation of AYUSH services in all facilities with availability of AYUSH drugs; increase in utilization of AYUSH OPD
- IEC Display at the facilities is good, with promotional materials on Sickle Cell, Tobacco control, ARSH and PC and PNDT

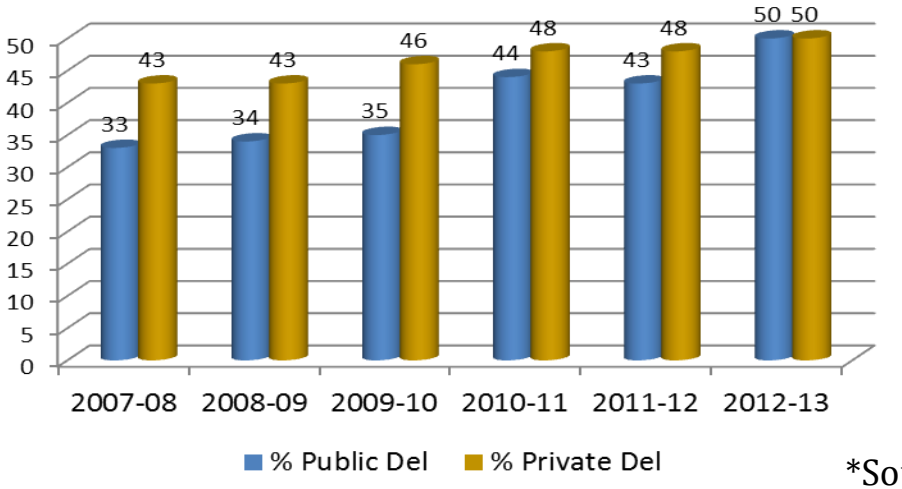
Trend In Institutional Deliveries

Institutional deliveries increased from 53% in 2005-06 to 96% in 2012-13.

Institutional Deliveries



% Deliveries at Public & Private institutions



Deliveries at Public institutions have increased from 33% in 2007-08 to 50% in 2012-13.

*Source: PHD data on National portal

Service Delivery- Positives

SNCU-Ratnagiri

Collocated AYUSH Facility

Display of Citizen Charter

Service Delivery- Areas for improvement

- Coordination required between MMU and health department. Training of MMU staff should be as per GOI guidelines and monitored
- State has designated facilities into IPHS facilities and also Delivery points , both the concepts co-exist causing confusion
- Sub optimal Utilization of the CHCs and PHCs. Even in IPHS facilities with 2 medical officers, utilization of entire range of services including deliveries is inadequate. There is need for improving the foot falls by strengthening outreach activities for demand generation
- Bio-medical waste management policies - followed in Ratnagiri but weak in Nandurbar

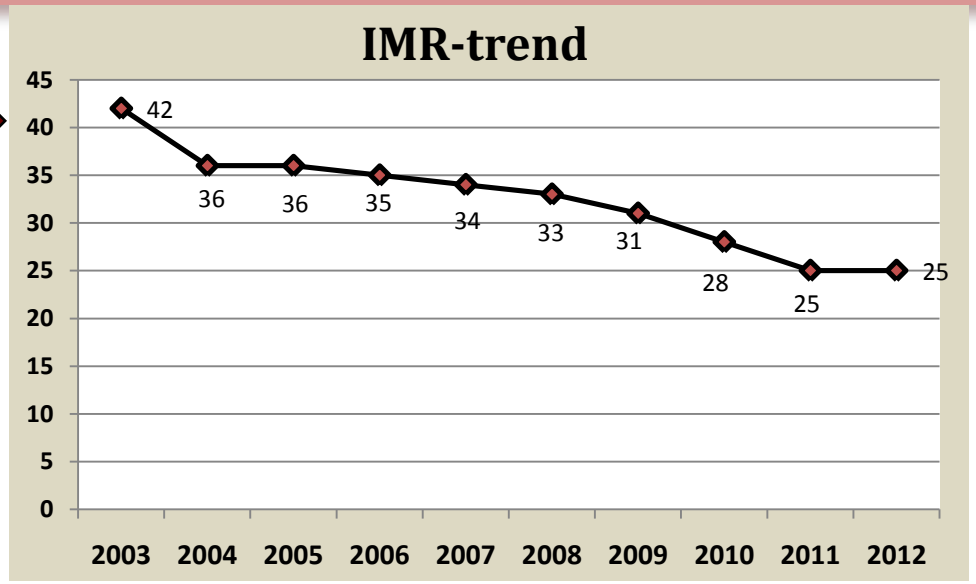
Reproductive and Child Health-Key points

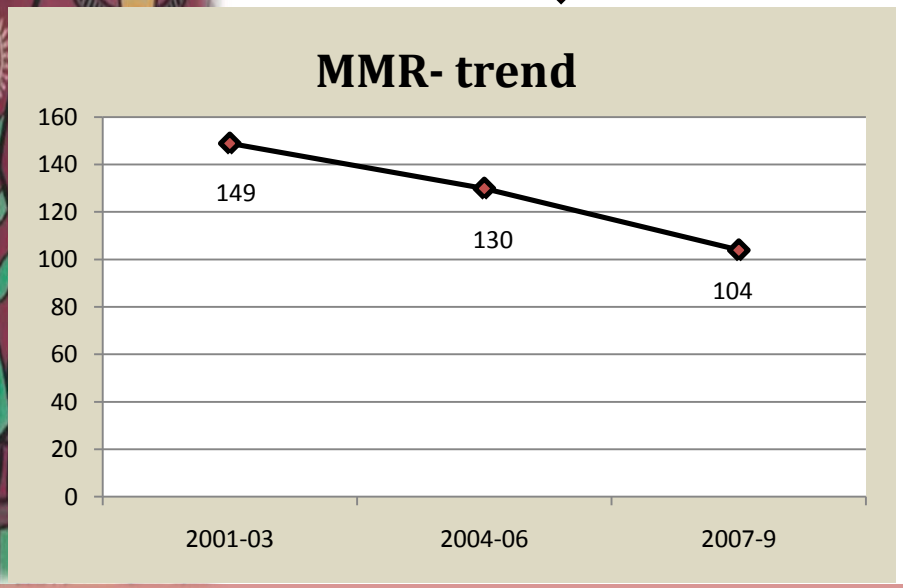
- Plans for ensuring availability and to improve access (especially in difficult, tribal districts) are in place and are being monitored regularly by the state-particularly for strengthening of delivery points, 24X7 PHC, SNCU , NRC and PPIUCD
- JSY: Monitoring of JSY and follow up is weak
- VHNDs have been made regular but are limited to providing immunization services mainly. *Fixed day VHND strategy* is not being implemented
- Observance of standard treatment protocols particularly in labour rooms, SNCU, Post Natal and Post Operative wards is lacking
- Supply side constraints: lack of ECPs and irregular availability of Nischay kits in SCs and with ASHAs. Zinc tablets though available in SCs, not available with ASHAs- the knowledge of Zinc use is inadequate
- ARSH services were not very vibrant
- IUCD insertions in the '*no touch*' method is yet to pick up in spite of trained providers in the facilities (Ratnagiri); PPIUCD is yet to take off in the DH

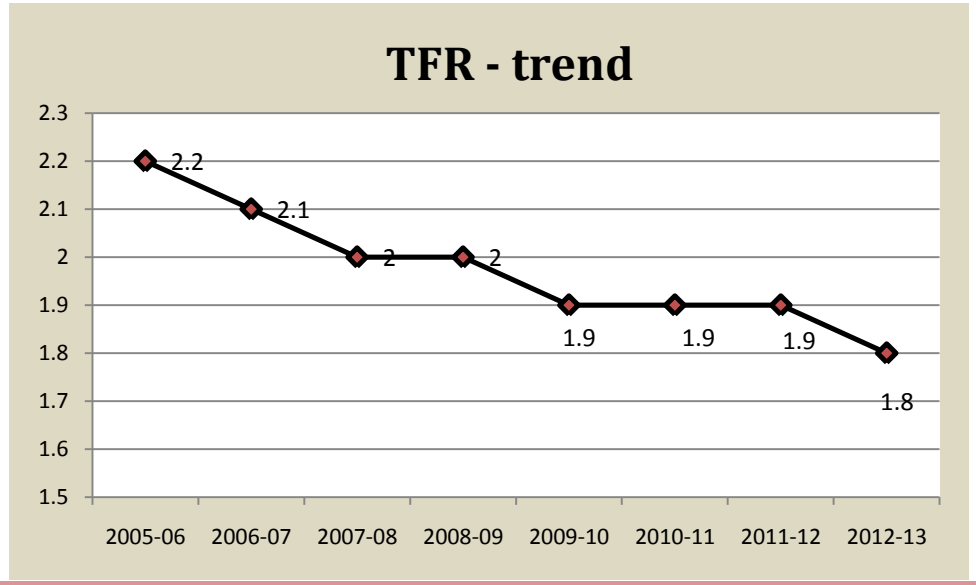
RCH-Progress in Vital Indicators

IMR reduced from 36 to 25 in six years.

MMR reduced from 130 to 104.







Reproductive and Child Health

Recommendations:

- There is need to closely monitor the still birth rate; a review of still births may be planned by the state
- New born care corners need to be operationalized in all delivery points
- Anaemic mothers and other high risk pregnancies need to be tracked for adequate management in intra-natal and postnatal period (e.g. hypertension, Rh negative, short stature with poor weight gain)
- Need for strengthening the counseling of Post natal mothers in the postnatal wards for adoption of family planning method

Disease control programs

Observations:

- State (SSU) and District (DSU) Surveillance Unit for urban and rural areas in place. Rapid Response Team to combat the forthcoming epidemics in the state is existent.

- HIV TB activities are good- state examining 87 % of TB patients for HIV testing

- Nikshay- state has almost completed the data entry for 2012 and 1q & 2q of 2013. The 3q13 is ongoing. But the data entry is not real time

- All PHCs does not have DMCs (designated microscopy centre) so suspects from PHCs are referred to nearby RH/ SDH with DMC and there is chance of losing the suspected case

Disease control programs

Observations contd..

- Gene Xpert is yet to be rolled out in the districts
- There is often a break in supply of MDR Drugs which can fuel total drug resistance
- School Eye Screening program is being implemented effectively with more than 70 thousand students being checked up annually. More than 2000 children were detected with refractive errors and provided corrective spectacles
- The State has initiated Palliative Care centre with support from Tata Memorial Hospital, Mumbai. Terminally ill patients and other serious patients are being treated at this centre.

Disease control programs

Recommendations

- Establish sputum collection and transportation mechanism in the PHCs where DMC is not established under the supervision of MO/THO with maintenance of sputum transportation register
- Nikshay- it is recommended to complete the remaining data entry for 2012 and 1 , 2, 3 q 13 immediately. Efforts to make the data entry real time need to be done at every PHC and block through Pharmacist /DEO /any staff available
- Vacant post of MPWs need to be filled on priority to implement the time bound activities for prevention and control of VBD
- In remote and inaccessible districts like Nandurbar, the Long lasting insecticides nets (LLIN) should be distributed in all high risk villages / SCs prior to the onset of the rainy season for prevention and control VBD

Human resources and training

Observations:

- >27000 HR approved and supported under NRHM in PIP 13-14. > 18000 HR in position
- State has adequate training capacity and also has a training calendar
- To ensure retention of HR in rural area the state has initiated bond for mandatory rural service
- No baseline assessment of competencies of various cadres such as staff nurse, ANMs etc
- No clarity on the work distribution in SCs having 2 ANM. Home visits are being done by both the ANMs, as well as ASHAs for same activities, without any value addition

Recommendations:

- State should plan for differential performance linked incentives for most difficult blocks
- Mechanism for monitoring of quality of training to be put in place
- Mechanism for post training follow up to be established

Community processes and convergence

Observations

- PRI system is good compared to other states, COOs are managing the RH,PHC and DH
- Maharashtra is the 1st state to launch ASHA Software. It captures important information such as work performance, incentives paid, training and personal profile of ASHAs.
- ASHA resource centre is in place, 6th Module first phase is completed. Referring SAM/MAM to NRCs also doing post follow up at community.
- Availability of ASHA ghar/home is not seen in the facilities visited by the CRM team

Community processes and convergence

Recommendations

- VHSNC needs to be strengthened with more accurate and timely documentation of activities. There is a huge scope of involvement of PRIs in terms of making the health system accountable and improving the performance of the facilities.
- HBNC visits and follow up by ASHA needs to be strengthened.
- ASHA services may be utilized in household surveys and reporting related to NCDs, ARSH, and NDCPs. This would help to enhance their monthly incentives.
- ASHA Block Facilitator role needs to be redefined and support mechanism needs to be strengthened.
- State should consider providing training especially to those who are key actors for community mobilization in NRHM such as ASHA, ASHA Facilitators, District Community Mobilizer, DPM and MO-PHC to enhance this component.

Information and knowledge

Observations

- SIHFW - Training center network is good. DTC are functional with good infrastructure facilities. Monitoring mechanism is good. However insufficient number of faculty.
- HMIS - Multiple information systems still existent in state.
- MCTS - Functional with online data entry at block level. Both systems need to be utilized for data analysis to review and prioritize the services. Data validation need to be strengthened.
- 104 HACC, ASHA monitoring software, Telemedicine and CME through teleconferencing in place and functioning well.

Recommendations

- MIS - There is a dire need for integration of State MIS and Central HMIS as this leads to duplication of efforts, greater chances of error and reduced efficiency at state and districts.
- Need to use ASHA performance monitoring software more for actual performance monitoring rather than payment monitoring.

Health Care Financing

Observations

- Utilization Status of NRHM funds is 87.98% against total releases (since the inception of NRHM) which is good
- Issues raised in the last two CRMs regarding payments of JSY, rational utilization of funds for Civil Work, procurement and utilization of Untied Funds have been addressed to a large extent except for utilization of UFs
- State has introduced new initiatives of e-filing and e-transfer, which has improved the system for speedy transfer of funds and overall efficiency
- Maintenance of Books of Accounts is good. Financial Monitoring system is working well

Recommendations

- There is need to have F&A Personnel at PHC/ SDH & RH level
- Need to fill the vacant posts on priority
- In view of increased programmes under NHM, state should re-organize all F&A personnel under each program at one place at district level for rational utilization of HR
- More emphasis for collection of SOE from each unit on regular basis

Medicine and Technology

Observations

- Computerized drug inventory management system in place
- Initiatives such as E-banking, ASHA performance monitoring software, Telemedicine and CME through Tele conferencing and 104 Health advisory call centre is functioning well
- Quality assurance mechanism for drugs is in place
- Medicines are available up to sub centre level – both districts have high incidence of snake bites , scorpion bites and supply of ASV and ASS is also adequate

Recommendations

- State should consider setting up of an autonomous corporation similar to TNMSC and KMSCL which would relieve the Health Dept. of the day to day burden procurement related issues
- Need to establish the system and provisions for Annual Maintenance Contract and Comprehensive Maintenance Contract for all equipments
- Direct patient care through telemedicine connected to every district

National Urban Health Mission

Observations

- State is geared up for initiating the Mission; participatory processes followed for developing a robust PIP
- Well developed plan in place with prioritization of strategies

Recommendations

- State should prioritise strengthening the basic urban health system and network before planning for innovative initiatives.
- Given the complexity of Mumbai , special attention needs to be paid for planning of health care delivery mechanism in the city
- Need to grant quick approvals for initiating the preparedness of the operational aspects of the Mission (infrastructure, HR recruitment and training activities)
- Need to reconsider the development of a three year perspective plan considering NUHM is in its infancy

Governance and Management

Observations

- Good coordination and integration of panchayat raj institutions with directorate of health services in planning, monitoring of program activities
- Supportive supervision visits are taking place. However there was no structured visit plan
- Inadequate Integration of the PMU established under NRHM with the departments at all levels
- Poor retention and motivation of the contractual staff recruited under NRHM.
- Inadequate performance monitoring of the staff and facilities, even though HMIS and staff performance monitoring software is in place

Governance and Management

Recommendations

- HR policy for the program management staff should include periodic capacity building, career progression strategies
- Capacity building programs should have more focus on technical and managerial aspects of programs - SOPs, problem solving and district planning skills
- Need to establish an integrated grievance redressal system having a Common Toll Free number for managers, providers and beneficiaries to ensure better accountability and transparency in the districts

Take home messages

Strengths:

- Maharashtra has good infrastructure, reasonable systems and innovations.
- Making significant achievements, key indicators showing progress
- State and district machinery geared up and engaged – make Maharashtra a model for others in many ways

Can do better:

- Improve quality of service delivery in various areas e.g. tracking patients and community processes / value addition by ANMs/ASHAs
- Improve demand generation and utilization of services through IEC/advocacy
- Data analysis, use and harmonization at various levels for improving decision making for program improvement. Supportive supervision should be used for improving services


लसीकरण म्हणजे रक्षण बाळाच्या
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THANK YOU!