Seventh Common Review Mission

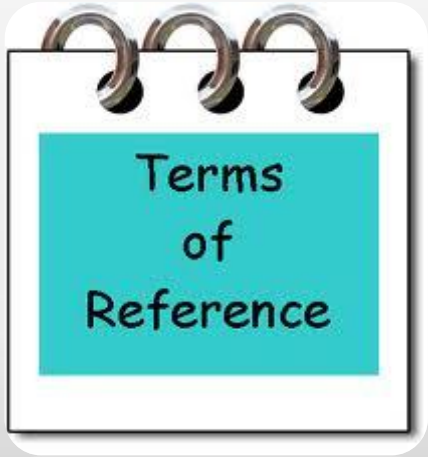
Summary of Key Findings and Recommendations

Background

- Held between November 8 and November 15, 2013.
- Last of NRHM CRMs- Between NRHM and NHM; also included elements of NUHM
- Covered a total of 14 states - nine high focus (including three NE States) and five non-high focus states.
- A total of 197 members - government officials, public health experts, and representatives of development partners and civil society

Key Areas of Terms of Reference

1. Improvements in Service Delivery
2. Reproductive, Maternal, Newborn, Child & Adolescent Health
3. Disease Control Programmes
4. Human Resources for Health and Training
5. Community Processes and Convergence
6. Information and Knowledge
7. Financial Management
8. Healthcare Technologies
9. National Urban Health Mission
10. Governance and Management



Encouraging Findings

- Improvement in population served per facility
  - Across Jammu & Kashmir, Karnataka, Maharashtra, Arunachal Pradesh and Nagaland,
- Investment in infrastructure responsive to caseloads.
- Provision of running water, electricity and power back up good in all states except Arunachal Pradesh.
- Separate infrastructure wings are facilitating the quality and pace of construction e.g. Karnataka, Maharashtra
- Package of health care services now includes wider range of communicable and NCDs in non high focus states, but largely RCH services in EAG states
- Good utilization of AYUSH services in Haryana, Maharashtra, Meghalaya and Nagaland.
  - AYUSH MOs involved in providing OPD services, monitoring & in RBSK teams.

Encouraging Findings

- JSSK operational in all states, resulting in considerable reduction of OOP
- JSY well established; increased awareness
- Effective Referral Transport systems with a mix of 102 and 108
  - Also, positive reports of partnerships with private local vehicles such as *Mamta Vahans* of Jharkhand and the *Janani Express* in Odisha
- IEC: Impressive progress e.g. in Jharkhand and Odisha in context specific, structured communication strategy
- Increases in institutional deliveries seen in ten of the fourteen states (HMIS data)

Encouraging Findings

- Impressive rise in the number of Special Newborn Care Units, New Born Stabilization Units and NBCCs
- ASHAs are being trained in Home Base Newborn care, except Himachal Pradesh
- Implementation of Rashtriya Bal Swasthya Karyakram has begun but it is in its nascent stage
- Adolescent Friendly Health Clinics (AFHC) operationalized in most States (except Uttar Pradesh and Arunachal Pradesh) at tertiary level facilities
- Most states have implemented the WIFS programme (except Jammu & Kashmir)

Encouraging Findings

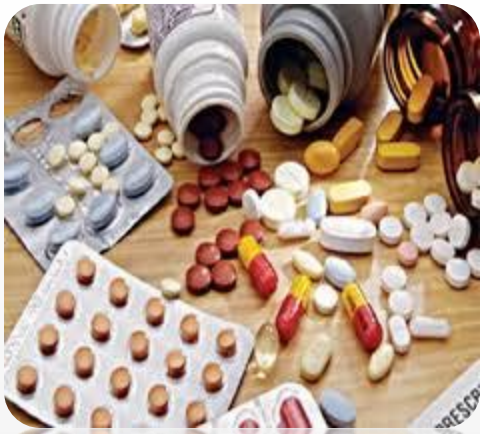
- Implementation of the Menstrual Hygiene scheme stabilized.
- Home delivery of contraceptives by ASHAs has begun in all states
- ASHA continues to act as a vibrant interface between the community and health system
  - training in Module 6 & 7 is in progress (slow pace in UP, Bihar, J & K and Haryana)
  - Payments streamlined but delays persist. Non-monetary incentives are also provided (insurance/ educational support/ *Swalamban Yojana)*
  - ten-indicator based performance monitoring introduced
- Improvements in cold chain and vaccine logistics continue.

Encouraging Findings

- NVBDCP- Downward trend is observed in incidence of malaria cases in Gujarat, Himachal Pradesh, Jharkhand, Maharashtra, Jammu and Kashmir, Nagaland, Odisha, Uttar Pradesh and Meghalaya.
- RNTCP- Improvement in case detection in Gujarat and Himachal Pradesh, but a decreasing trend in Maharashtra.
- NPCDCS -Kupwara district of J & K shows exemplary work.
- HR: Online HR database established in Jharkhand, Bihar and Odisha
  - Streamlining of recruitment processes- online application systems and direct walk-in interviews
  - Improvement in filling up of Regular posts
  - incentive packages to retain staff in rural and remote areas

Encouraging Findings

- Improvements in quality of HMIS data
- Improvements in e-transfer of funds & knowledge of accounting processes
- Policy of free drugs in public facilities articulated by Bihar, Himachal P, Maharashtra, Haryana and Gujarat.
- States report some form of computerized drug inventory management system & EDLs in place
- NUHM- States engaged in identification of slums, gaps in HR and facilities & developing PIPs.
- Improved coordination with pre-existing structures of the Department and the Directorate



Areas of Concern

- Access is a persistent challenge particularly in states with difficult terrain and scattered population
  - (Himachal Pradesh, Arunachal Pradesh and Nagaland)
- Increased case load at district levels and higher, leading to overcrowding in those facilities & lack of access in many areas.
- Inadequate delivery points, availability of FRUs & functional Blood Banks/BSCs and worse, these not evenly spread
- Inadequate improvement in Quality of care :
  - Implementation of Infection control Practices & adherence to Standard Treatment Protocols requires stricter enforcement -poor in Himachal Pradesh, Bihar and Odisha

Areas of Concern

- Home deliveries remain a challenge
- JSSK- benefits of entitlements for sick infants still to be realized; some States show OOPs on drug, diagnostics and referral transport
- Line listing of severely anaemic pregnant women and use of MCTS to track service delivery poor.
- Quality of ANC in terms of Hb estimation, BP measurement, abdominal examination, urine albumin is unsatisfactory. Gaps in skills of ANMs also noticed.
- Reporting on MDR improved; but still does not exceed more than 50% of estimated deaths
- In all high focus states, fixed day FP services and even MTPs below the DH level still remains a challenge

Areas of Concern

- NRCs- community level linkages and the number of post discharge follow-up remains low.
- WIFS- Reports of IFA stock out in some districts.
- Referral transport- Challenge persists in dispersed populations and hilly terrains.
- Need to strengthen monitoring of MMUs
- Grievance redressal mechanisms yet to be established & where available, their effectiveness is limited
- NLEP- Increasing trend of active cases are reported from Valsad in Gujarat and Nandurbar in Maharashtra.

Areas of Concern

- Vacancies of HR particularly specialists remain a critical issue
- Performance Monitoring of facilities and regular/ contractual HR poor
- Training plans in place but implementation is slow with little district level involvement in training need assessment
  - RHFWTCs and ANMTCs where available show considerable gaps and constraints.
- ASHA- Mechanisms of payment, drug logistics, supportive supervision and performance assessment remain a challenge.

Areas of Concern

- Contribution from the private facilities and medical colleges in HMIS minimal
- State level procurement systems in the NE states are inadequate- and not coordinated with the district needs
- Drug inventory management at facilities needs strengthening in the states of Himachal Pradesh, Bihar, Jammu and Kashmir, Jharkhand and Nagaland
- Equipment Maintenance a challenge in many States
- Financial Management-
  - Delays in paymnets
  - Delays in reporting
  - Diversion of funds from one program to another without approval

Recommendations

- Adequate number of evenly distributed facilities need to be strengthened as delivery points/ functional facilities to achieve the norms of “time to care” and population
- Match inputs – especially infrastructure, trained human resources, funds and supplies to facilities with high case loads—
- Implement MSG decision on Untied Funds- Inter-facility allocation responsive to case loads and usage at facility level with a normative payment of 50% to be provided to each facility.
- Address persistent gaps of Specialists and blood banks/ Blood Storage Centres to operationalize adequate number of evenly spread FRUs

Recommendations

- Quality Assurance, facility wise performance audit and supportive supervision must be taken as a priority.
  - Roll out implementation of the new operational guidelines on quality assurance in a time-bound manner.
  - Implementation of BMW management be linked to the planning and practice of comprehensive infection prevention plans.
  - Public/ Patient to be central. Seek and value their feedback on services.
- Responsive & Effective grievance redressal mechanisms to be put in place

Recommendations

- FBNC- focus on quality, adherence to protocols, building capacities through partnerships with medical colleges etc.
  - referral link between home based and facility based newborn care needs strengthening
- Speed up implementation of DEICs under RBSK; make school level screening more comprehensive with good two-way referral systems, feedback on software application
- establish MTP services in all FRUs aiming further to cover all 24X7 facilities in timebound manner,
- focused expansion of PPIUCD services to all delivery points

Recommendations

USE DATA e.g.Utilization of HMIS data for monitoring and planning

- CHCs in the 8 high priority districts of Karnataka:

District	Total No. of CHCs	5 Star	4 Star	3 Star	2 Star	1 Star	Not Eligible
Bagalkote	7	0	1	1	0	0	4
Bellary	7	0	0	0	0	0	7
Bijapur	5	0	1	0	0	0	1
Gadag	2	0	0	0	0	0	2
Gulbarga	17	0	0	0	0	0	13
Koppal	9	0	1	2	0	0	6
Raichur	6	0	0	1	0	0	5
Yadgir	5	0	0	0	0	0	5
TOTAL	**58**	**0**	**3**	**4**	**0**	**0**	**43**
% in HP districts	*100*	*0.0*	*5.2*	*6.9*	*0.0*	*0.0*	*74.1*
% in State		*0.4*	*3.2*	*4.2*	*1.8*	*0.4*	*49.1*

Recommendations

- Decreasing dropout rate and increasing full immunization and 4 ANC coverage- use MCTS
- Performance assessment of MMUs to monitor service delivery such as OPD/ month, lab tests, X-rays/ month, referrals etc
- DHAPs to clearly specify functional public facilities where emergency services would be made available - to match the growing presence of Dial 108 ERS

Recommendations

- Referral transport- Integrate Dial 102 & Dial 108 services and other empanelled services like Janani
  - Ensure call centre based referral transport and GPS fitted ambulances
  - Monitor performance on key parameters:
    - Operational cost per month per ambulance
    - Km travelled (availed) per ambulance per day
    - no. of trips per ambulance per day
    - emergency rescues per month per ambulance
    - No. and % of cases where patient could not be attended at the first health facility destination
    - % of calls not attended

Recommendations

- Develop a comprehensive human resource policy which specifies a clear plan of action for meeting public health workforce requirements.
- Service Rules, particularly in relation to specialists, need to be aligned to HR need- Facility Wise positions of specialists to be created which could be filled up by them only either through regular or contractual employees.
- Separate cadres for clinical specialists and public health professionals with dedicated career progression pathways
- Establish and strengthen HRH cell at State level
- Human Resource Management Information System (HRMIS) portal linked to salary payment should be operationalised in all states

Recommendations

- More seats for government doctors in medical colleges in those disciplines where greater shortage of specialists exists.
- Policy for retention and motivation of staff - Higher/differential payments for hard and remote areas particularly for specialists that are in short supply.
  - Basic plus hard area and performance based incentives, use NHM for topping up remuneration
- Link HRH database/ HRIS to facility HMIS to facilitate rational deployment

Recommendations

- Ensure quality in recruitment through rigorous selection & attractive remuneration
- Establish/ improve performance appraisal systems with good contracts design for performance measurement.
- Institute Standard Treatment Guidelines (STG) and base assessment of training needs, training plans and performance on the STGs.
- Develop of training capacity in high focus states by revitalization of existing institutions and leveraging of partnerships with other state level institutes specially medical colleges and schools of public health for training, technical support and mentoring

Recommendations

- USE MCTS+ Integrate information systems e.g. MCTS could be used for civil birth registration plus birth certificates within 24 hours of birth, by WCD for monitoring nutrition status child-wise and delivery of services to target group
- Use MCTS for tracking delivery of services plus IEC/ BCC
- Build district level institutional capacity for planning, management and measurement of IEC/BCC activity.
- Need for better utilization of IDSP data.
- District health plans to spell out the continuity of care for Communicable Diseases and NCDs across facilities providing primary, secondary and tertiary levels of care to be organized.

Recommendations

- NVBDCP-IEC/BCC for engagement with migrant population
  - vacant posts to be filled on priority basis
  - Reorientation/training to LTs/MPWs/ASHA etc
- RNTCP: improving collaboration and engagement with private providers for TB notification
  - NIKSHAY data entry to be done at every PHC through Pharmacist /DEO /any staff available
- plan for establishment of primary care for NCDs- both screening and follow up on doctor/specialist initiated drugs; access to drugs at PHC level

Recommendations

- Build and strengthen the support structures to create a viable structure not just to support the ASHA but also the VHSNC and the community based planning and monitoring.
- ASHAs and ASHA facilitators to be sensitized to reach the most marginalised and vulnerable.
- Ongoing refresher training of ASHA to ensure that her skills are reinforced.
- NIOS certification of ASHAs and Creating career opportunities by supporting participation in nurse education programmes.
- Sensitize Medical officers and programme managers to the ASHA programme

Recommendations

- VHSNC- Ensure representation of the PRI, Community members, particularly women and the marginalized, and enable a central role for the ASHA in the committee.
- ASHA support strucutures to support VHSNCs to:

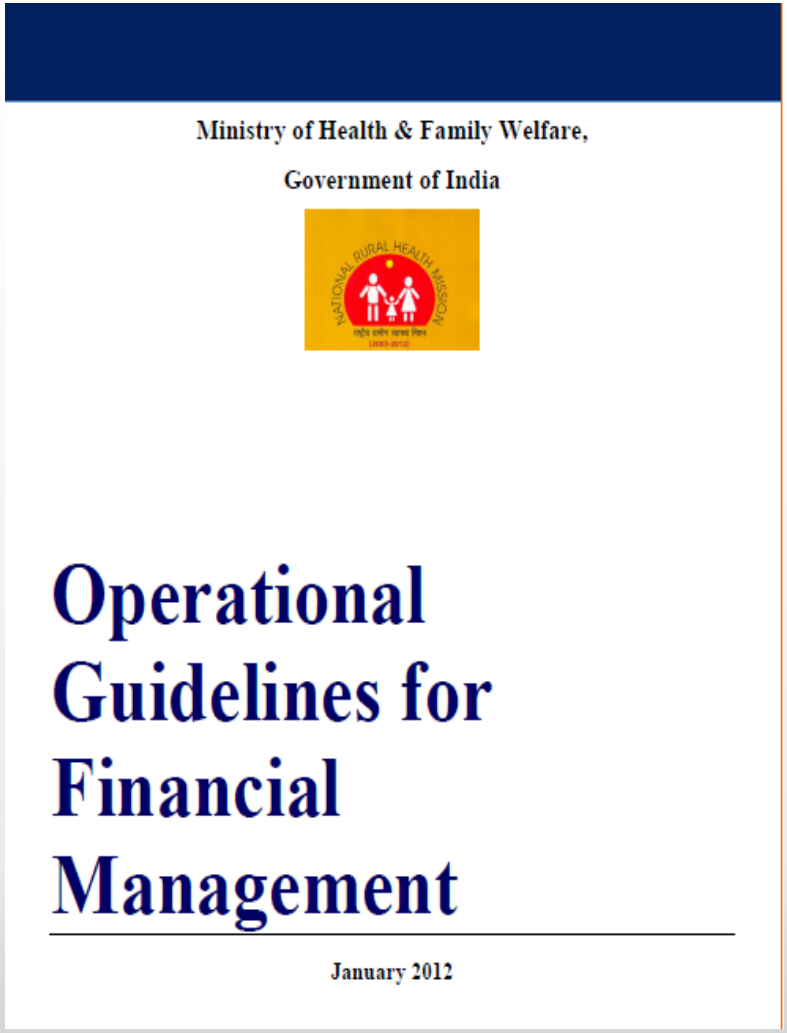
- monitor and facilitate access to all health and health related public services
- organize local collective action for health promotion
- Undertake community monitoring of health care facilities
- Ensure convergence

Recommendations

- Free Drugs & Diagnostics - clear articulation of a policy for free essential drugs and diagnostics, wherein at least the conditions listed in the assured primary health care services are provided free of cost.
  - Robust procurement systems, IT backed supply chain management systems, quality assurance mechanisms, STGs, sensitisation of doctors and prescription audits e.g. TNMSC, RSMC
  - Ensure free diagnostic services
  - Examine and build capacity for procuring, installing and maintaining bio-medical equipment (and if possible even for drugs) GOI facilitation through central rate contracts.

Recommendations

- **Financial Management**
  - Need to create more regular posts in the area of financial management, as consistent with a long term strategy.
  - need to ensure regular annual training of about one week to all those at state, district and block level in charge of accounting and financial management functions



Recommendations

- Ensure access to guidelines at the periphery to enable shared understanding of programmes
- Establish a regular schedule of supportive supervisory visits by directorate and program management staff using checklists and follow up action plans
- Ensure existing urban health care infrastructure and systems are seamlessly integrated with those that are being introduced with NUHM funding, and strengthen them in terms of comprehensive, need-based coverage of services, delivery, staff/HR, drugs and equipment
- Renew the commitment to decentralization, integration and convergence – keeping the district health plan as the central instrument


Every
accomplishment
starts with the
decision to try.
7TH CRM
Thank you...