

RAJASTHAN:

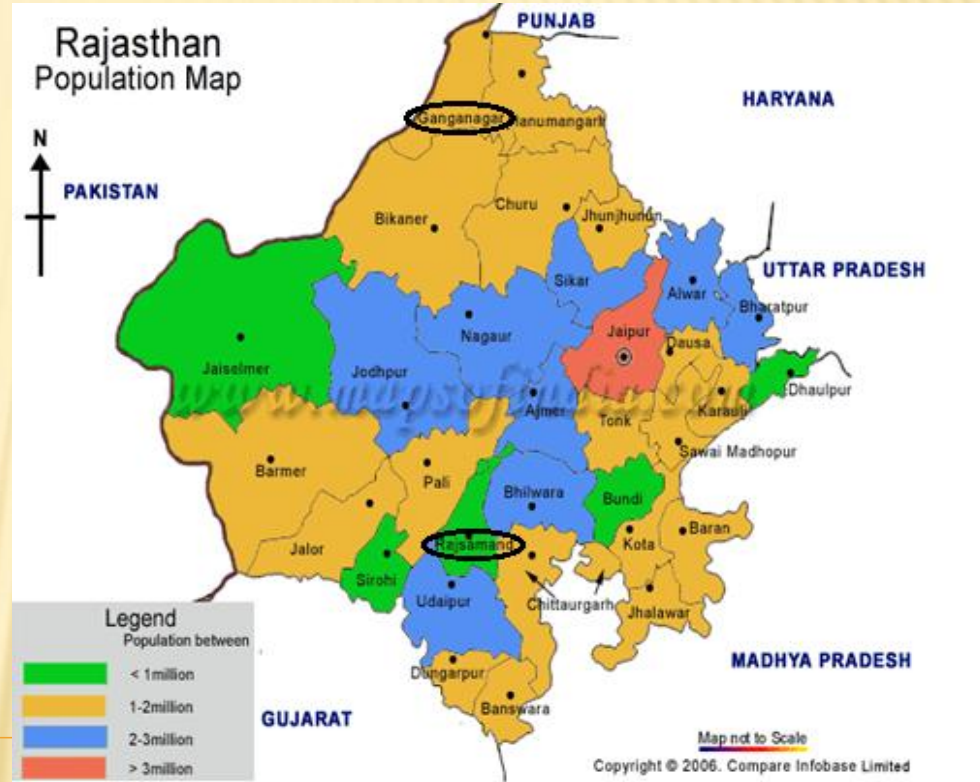
RAJSAMAND (HPD)

SRI GANGANAGAR

8 th CRM Rajasthan PPT Final

Total Population	686.21 lacs (2011 Census)
Districts	33
High Priority Districts	10

Facilities	Functional Facilities as per RHS 2014	Required facilities as per population (Census-2011)
SC	14407	11459
PHC	2082	1863
CHC	567	465



TOR 1: SERVICE DELIVERY



OBSERVATIONS

- 104 and 108 (GPS) ambulance services are functioning well
- IEC material prominently displayed at all facilities; good community awareness about various schemes; all District IEC Coordinators in place
- Yashodas support post natal mothers, reduced workload of nursing staff

RECOMMENDATIONS

- Urgent need to outsource bio-waste management uniformly across the state
- MMU should be operationalized and strengthened to cater to unreached & tribal areas
- Scaling up of Yashoda intervention



TOR 2: RMNCH+A



OBSERVATIONS:

- Development partners monitor every facility in HPDs quarterly to review performance
- WIFS and school health programmes rolled out in few districts; AFHCs functional in Rajsamand
- Timely payments in JSY and Shubhlaxmi schemes
- Community MDR operationalized
- Adequate vaccination sessions being conducted and micro-plans for drop-outs in unreached areas

RECOMMENDATIONS

- Appropriate use of partograph is necessary
- Need to display of 5X5 matrix in all facilities.



TOR 3: DISEASE CONTROL

OBSERVATIONS

- Around 2,000 Gambusia fish ponds in the state
- **Good referral & reporting** except from private sector
- Mandatory undertaking **for government officials as non-tobacco users**

RECOMMENDATIONS

- **Urgent need for trained manpower** in some programmes i.e. DTO, ICTC counsellors etc
- Scope for **better convergence between disease control programmes**

TOR 4: HUMAN RESOURCES & TRAINING

OBSERVATIONS

- **Good utilization of available manpower** through working arrangements for pharmacist, LTs to run MNJY, MNDY
- **SIHFW functioning well**

RECOMMENDATIONS

- provide **competitive remuneration for contractual staff**
- **Expedite recruitment** process which was on hold for last 4-5 years
- Create **HR policy** and its implementation

TOR 5: COMMUNITY PROCESSES AND CONVERGENCE

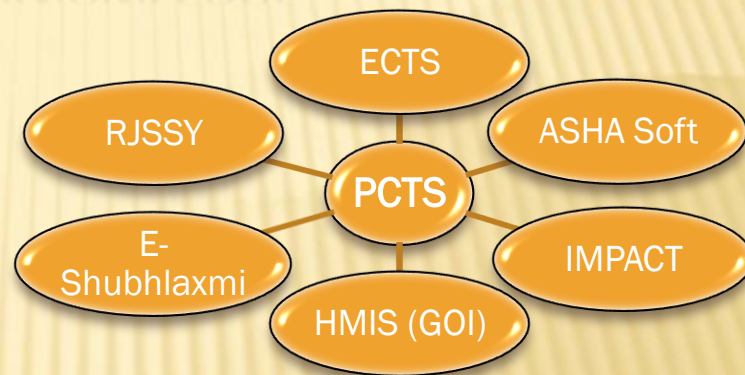
OBSERVATIONS

- **Most of the ASHAs are trained** till Module 6&7
- community have accepted the ASHAs
- **ASHA diaries** and
- timely payments of incentives to ASHAs

RECOMMENDATIONS

- **VHSNC meetings** should focus more on village level planning, sanitation, health and other development issues, rather than on procurement of items for SCs.
 - Representatives like PRI members not aware of their roles and responsibilities
- **Timely disbursement of untied funds** to VHSNCs and their strengthening

TOR 6: INFORMATION & KNOWLEDGE



OBSERVATIONS

- **E governance:** Many softwares developed & successfully used to help regular reviews are held to take corrective actions in implementation of programmes

RECOMMENDATIONS

- Delay in **salaries** should be monitored in DPMUs and facilities
- **Better integration** of multiple on-line computerized IT systems

TOR 7: HEALTHCARE FINANCING

OBSERVATIONS

- **Financial management:** Satisfactory and improvement noticed since last CRM

Funds are transferred through RTGS/ Account Payee cheques incl Payment of JSY and ASHA incentives

RECOMMENDATIONS

- Activities under Untied Funds/ AMG should be treated as ongoing and should not be stopped. Clear instructions/ guidelines may be issued by the State to all concerned
- Implement PFMS on priority with Customised Solution for Accounting.
- Train and orient all F&A personnel in programmes

TOR 8: QUALITY ASSURANCE

OBSERVATIONS

- Clean toilets and linen, proper waste management, ramps for wheelchairs, signboards in most facilities
- Boxes for grievance redressal installed but action taken is unknown

RECOMMENDATIONS

- Immediately establish SQAC, DQAC, SQAU and DQAU
- Laundry services in District Hospital, Sri Ganganagar. No proper drainage.



TOR 9: DRUGS, DIAGNOSTICS, PROCUREMENT & SUPPLY CHAIN MANAGEMENT



OBSERVATIONS

- **MNDY:** From SC upto Med College supplied by RMSC for use through all 16,053 HF's
- **Well established Procurement** by e-bidding, technical and financial evaluation with built-in quality control
- **MNJY:** Provides quality essential diagnostic services at all government health care institutions free of cost PHC (15) and DH (44)

RECOMMENDATIONS

- **Expired drugs** were found at a few facilities.
- **Ensure timely returning of unused vaccines**
- **SOPs to be displayed at prominent locations**



TOR 10: NATIONAL URBAN HEALTH MISSION

OBSERVATIONS

- Establishment of urban PHCs and CHCs as per approval
- ✗ Late Approval for FY 2013-14 in February 2014

RECOMMENDATIONS

Expedite

- Constitution of MAS groups and recruitment of Urban ASHAs
- Plan outreach sessions in urban areas and putting in place the required human resources.
- selection of manpower for PMUs at State, district and city levels

TOR 11: GOVERNANCE & MANAGEMENT

OBSERVATIONS

- Supervisory visits are discussed and action taken
- District Health Society meetings not held regularly

RECOMMENDATIONS

- Establish District Vigilance & Monitoring Committee in Sri Ganganagar to monitor functioning of SCs, PHCs, CHCs and DHs.
- Implement Clinical Establishment Act

Thank you!
