

8th Common Review Mission National Health Mission Telangana

Presentation by 8th CRM Telangana Team
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ADILABAD

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MEDAK

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Facilities Visited

District: Adilabad

- **RIMS Adilabad-1**
- **Area hospital Nirmal- 1**
- **Maternity home Nirmal -1**
- **CHNC-2**
- **PHCs -5**
- **UHC-3**
- **Sub-centres - 4**
- **AW & VHND- 4**
- **MMU- 1**
- **Training Centre-1**
- **School-1**

District: Medak

- **DH Sangareddy- 1**
- **Area hospitals Siddipet, Zaheerabad, Medak- 3**
- **Maternity home Siddipet - 1**
- **PHCs- 8**
- **Sub-centres- 6**
- **AW & VHND- 2**
- **MMU- 1**
- **Schools-2**
- **IIHFW**

Key Initiatives and Good Practices

- In Tribal mandals ITDA & health dept. providing:
 - 24x7 Call center and ambulance for reducing home deliveries
 - Asara- Telemedicine services
- State of the art adolescent health resource center set up in Niloufer Hospital
- Functional IT infrastructure at all levels. Laptops with internet connectivity provided at PHCs
- MCTS based EDDs were displayed & used in PHCs of Adilabad District.
- No user charges at the facility
- Availability of well designed ware house at state level
- Knowledgeable, passionate faculty in IIHFV, potential to be a regional institute
- New scheme for village level convergence and planning ' Mana Vooru Mana Pranalika ; also MAARPU



Key Observations: Service Delivery & RMNCH+A

- Health indices better than all India but not the neighboring states.
- Adequate number of health institutions
- Good emergency referral services through I08 and Mobile Medical Units I04 providing Fixed Day Health Services
- Overcrowding in few hospitals- Quality of services compromised
- Adequate equipment available but unutilized due to non availability of technical person / training (USG machine and CPAP)
- High cesarean sections particularly in private health facilities.
- Line listing of pregnant women being maintained but identification of high-risk pregnant women <1% as against estimated 15-20%.
- Desired focus on spacing methods required . PPIUCD not rolled out in all districts.

Key Observations –RMNCH+A & Quality

- Robust facility based new born care services in the state, however community referrals seem poor, Follow up of SNCU graduates not up to the mark
- Online SNCU monitoring started - utilization of data yet to start
- HBNC implementation needs improvement-awareness in community low.
- Rashtriya Bal Suraksha Karyakram (RBSK) not rolled out.
- State needs to re-constitute Quality Assurance Committee which exist for FP, and teams as per the new guidelines for Quality Assurance.
- Grievance redressal mechanism needs to be fully established in all facilities.
- NUHM-yet to be rolled out fully
- Community has a positive outlook for ASHA but support systems need improvement

Key Observations-DCPs & NCDs

- Malarial nets (LLINs) not supplied since 2012.
- Dengue: absence of regular stock taking mechanism at RIMS, Adilabad resulted in delay in test kit supply and absence of testing during critical period for nearly one month.
- TB achieved 70% diagnosis and 85% cure rate against the revised national targets of 90% Total TB Notification and 90% cure rate.
- Leprosy: Early detection poor
- Outbreak monitoring systems of IDSP can be strengthened further
- NPCDCS implementation needs to be strengthened as there is increasing trend of Diabetes, Hypertension and Cancer in the state.

Key Observations- Drugs & OOP

- TSMIDC carries out procurement. Adequate availability of drugs and supplies in most facilities.
- Funds are also released to facilities for local purchase in case of emergency
- Drug inventories not computerized at facility level
- EDL is displayed only in some facilities
- Expired & Near Expired drugs found in some facilities in Medak
- Inadequate power supply in few drug ware houses
- AYUSH doctors available but AYUSH medicines are in short supply (in some places for years)
- Out of pocket expenditure found in Medak for drugs and lab tests. Community perceives that the staff are not available at PHCs and incur out of pocket expenses to the tune of Rs. 3000/delivery at district hospital.

Key Observations: Information, HR & PM

- Planning doesn't seem to address all the gaps. Use of HMIS and MCTS data for planning and review weak (at places non existent)
- Regular field visits by programme divisions absent.
- Coordination between numerous directorates and institutions a major challenge, in State, as well as in districts. Intra- departmental exchange of information low
- Pace of programme implementation slow- Most positions in SPMU vacant.
- Consolidated numbers for HR difficult to get because of lack of State level HR cell. No HRIS.

Key Observations-Finance & Governance

- Single signatory for DCP bank account in DHS, Adilabad. DCPs need to be integrated in NHM.
- The Statutory Audit for the year, 2013-14 though started in few, has not been completed yet (due on July 2014)
- Separate Audit of RKS has not been conducted.
- State and DHSs have not been registered under Income Tax Act, 1961.
- Customized version of Tally ERP9 is not being used at all levels
- SPCHO and the cluster system as a supervisory unit found to be good. Mobility for SPOs at State and SPHOs restricted due to non sanction/disbursement of approved budget. TA/DA approvals seems to have problems at most places
- Delay in salary payment to contractual staff despite approvals from Gol

Key Recommendations

- Planning to be evidence based and should take care of local requirements well.
- Regular monitoring and supportive supervision
- Co-ordination between the directorates: Directorate of Medical Education looking after teaching hospitals, Telangana State Vaidya Vidhan Parishad (TSVVP) responsible for curative services at secondary level and Directorate of Health and Family Welfare providing primary care services.
- SPMU needs strengthening for mission mode implementation. Balance of experienced regular staff and professionals from open market with required skills



THANK YOU!