5th Common Review Mission
KARNATAKA

12th January, 2012
Team Composition

Bijapur Team

• Dr. S.K. Sikdar
• Dr. Anbazhagan
• Dr. Megha Khobragade
• Ms. Mona Gupta
• Mr. K.V. Hamza

Chamarajanagar Team

• Dr. K. Ravikumar
• Dr. Dilip Singh
• Dr. Pratima Mittra
• Mr. Vaibhao Ambhore
• Mr. Sanjiv Rathore
• Dr. Raghuvanshi

State Officer

• Dr. P.K. Srinivas

State Officer

• Dr. Shapete
Path Breaking steps

• Karnataka State Civil services (Regulation of Transfer of Mos & Other Staff) Act, 2011, for transfer and posting of specialists, MOs and compulsory rural posting.
  • HRMIS - wherein data of all health personnel will be maintained and promotions and other HR decisions will be made on the basis of MIS
• Amendment in Cadre and Recruitment rules for direct recruitment of specialists
• Karnataka Private Medical Establishment Act, 2009 - for registering all private medical establishments for bringing in quality, uniformity and standard in care.
• Establishment of Karnataka State Drugs Logistics & Warehousing Society (KDLWS) for electronic Drug Distribution management System
• E- procurement for all drugs, chemicals and consumables from 2010
• System for liquid and solid bio-medical waste management system
• Strong monitoring system – nodal officers from State for each district and nodal officers from district for each taluk
• SMS based tracking of Mother and new born, reliable and updated HMIS
• Financial MIS – web enabled bank independent portal for tracking fund flow & expenditure
• Revised Public Health Act and PPP policy are in the offing
Infrastructure Maintenance

- Infrastructure is impressive
- Facilities clean and well maintained from DH to SC
- Patient amenities present, proper waiting area, RO filters, working toilets with running water.
- Residential quarters available at most places. However, Quarters not planned/built in new facilities.
- Disabled friendly initiatives such as ramps in newly constructed health facilities and Commodes in PHCs in Chamarajanagar

Programme Management

- Integration of directorate and NRHM PMU has happened and working well
- DPMU doubly staffed due to integration with KHSDRP, 6 instead of 3 staff
- BPMUs in Chamarajanagar district do not have proper office set up
- ASHA resource centre – ASHA co-ordinators in all districts.
**Human Resource**

- Competition among MOs to excel, high motivation
- HR adequate (except some 24x7 PHCs & FRU in Chamarajanagar)
- MOs staying at HQ at most facilities
- EmOC & LSAS doctors performing; confident EmOC doctor in Bijapur
- SC ANMs staying at HQ (Bijapur: 142/299, Chamarajanagar: 120/256)
- Knowledge of ANMs high even without SBA (Bijapur)
- DTC – Highly motivated principal in Bijapur (only clinical trainer posted)
- AYUSH co-location done with AYUSH drug supplies
ASHAs at Gumballi PHC, Karnataka proudly display their Mobiles & Wrist Watches…
Courtesy NRHM Chamarajanaenger District
ASHA

- ASHAs confident, well versed with the programmes, using Nischay kits for pregnancy tests
- Given I-cards, weighing scale, watch, mobile (Chamarajanagar) and sari.
- HBNC training started in Chamarajanagar.
- Monthly earning - Rs.600-1000 & institutional delivery the main source with about 5 hours a day in the field

Training

- Training expenditure low
- Budget sent from SIHFW to DTC (not to district)
- Issue of post-training performance monitoring
- Training Needs of district not always addressed.
Maternal Health

• Deliveries at public institutions has decreased by 7.1%; whereas at private accredited institutions has increased by 7%. (HMIS Apr-Sept 2011)
• Adequate delivery points, many SCs performing deliveries
• JSSK: Free deliveries, Drugs, lab tests, diet provided, Drop back facility not available universally. JSY backlog at some places in Chamrajnanagar
• Well maintained labour rooms, Partograph used and protocols displayed, EmOC drugs in place and 48 hours stay ensured
• None of the FRUs visited in Bijapur was a functional FRU as per norms. Doing only elective C-sections.
• High referral from FRU to DH (same complement of staff & facilities at both places - Bijapur)
• Blood bank in place in Bijapur and linked at Chamrajnagar.
DISPLAY OF PROTOCOLS & BMW MANAGEMENT
Child Health

- SNCU at Bijapur- an example of dedication but staffing inadequate
- NBSUs more like NBCC- occupancy was nil at both the places visited.
- NRCs need to be nearer the community at CHC level or below
- Full immunization coverage is 107.7%; State needs to revisit the data.
Family Planning

- Some MOs at PHCs conducting sterilizations on demand
- FP performance decreasing in both districts
- Long post tubectomy stay 5-7 days which is not required.
- Relatively low age of tubectomy clients 22-27 yrs
- IUD training of ANMs not done. No touch technique not being practiced.

ARSH

- Sneha clinics seen in both the districts.
- ANMs in place are trained on ARSH
- On an average 20 adolescents visiting the clinic
- At places girls utilizing the services more than boys
PC- PNDT and Gender Equity

- State supervisory board and structure in place.
- 1075 inspections by the appropriate authorities during this year
- No meeting of advisory committee (chamrajnagar) in 2011.
- Display of form B ensured from all centres
- Screen in OPD and IPD for privacy

Infection Management & Environment Protection

- BMW Management outsourced at DH, deep burial & liquid waste management practiced at other facilities.
- Fumigation, autoclave, Cidex solution, Colour coded bins, Sharp pits used in most of the facilities. However, open incineration in few facilities in Bijapur Dist.
Intersectoral Convergence

- Good co-ordination between ANM, AWW & ASHA
- CEO- Zila Panchayat chairs the District Health Mission, meeting being held every month
- Excellent convergence of NACP-3 & NRHM.

Drug Dispensing Counters

- All Drug stores have glass walls for transparency

PPP

- HR arrangement in PPP for PHC outsourcing not clear.
- ANM from NGO/agency’s training institute not able to strike adequate rapport
Disease Control Programmes

NVBDCP
- Surveillance, Record maintenance appreciable
- High M.f rate in districts like Gulbarga in spite of 7 MDA rounds.

IDSP
- Reporting exemplary, alerts sent, weekly analysis and feedback regular
- Lab confirmed outbreaks increased from 57 % to 76 % (2009 &11)
- Video-conferencing not used regularly

NLEP
- Rate of child cases in new cases detected about 11 % (over last 5 years)
- Acute shortage of manpower.
- Sensitization of health workers, medical officers and ASHA is inadequate

RNTCP
- Maintenance of records, follow up, SOPs, charts display proper
- Districts where defaulter rate>5 %– intense activity needed
- Referral of chest symptomatic for sputum is to be improved.
Supportive Supervision

- Nodal officer for each district, attends DHS, DHM and EC
- Nodal officers from district for each taluk
- DHS and DHM meetings taking place on a monthly basis
- Checklists provided to DC for review of programmes

Action on CRM 2 recommendations

- Remedial actions have been taken on all the issues raised in the second CRM

Some Issues

- All districts uploading data timely but not committing data on time
- Uploading not done at FRU (having computer & connectivity)
- ZPs engaged too closely with functioning of DHS/ARS.
- Low Expenditure in 2nd Quarter 2011-12, RCH 30.10%, MFP 23.17%
- Single bank account for NRHM and State schemes was being maintained- remedial measures taken
Recommendations

• Analysis of FRU functioning in 7 C districts in terms of Availability of 24x7 EmOC services, posting of specialists, Blood storage linkage
• Profiling of maternal death vis-à-vis parity (against the backdrop of most schemes limited to BPL and first two live births)
• State transfer policy should have a clause for exceptional candidates to promote them speedily to the next tier (instead of waiting for the mandatory period) and reward excellence
• Up-gradation of facilities to the next level to be based on need and utilization
• ZPs role to be limited to broad policy guidelines
• VHSNCs needs to display availability of funds, meetings and work done
• Practice of withdrawing entire untied funds at once in SCs to be revisited
• Monitoring needs to be more focused at sub-district level
• Deliveries at SCs could be treated as ID (State may accredit high caseload SCs.)
• Budget Vs expenditure must be analyzed to know the exact variance of budget and expenditure so that proper steps can be taken to improve the utilization of funds.
Thank you