7th Common Review Mission National dissemination

Karnataka State
5th March 2013

Presenter on behalf of the Team:
Dr. Raveesh R Mugali
## Mission Team

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Karnataka: districts 7th CRM
### Haveri District

1. District Hospital: Haveri
2. Taluka hospital: Shiggoan, Byadagi
3. PHC 24*7: Tadas, Attigeri, Kaginele
4. Non FRU CHC: Rattihalli
5. Ayush Hospital: Shiggoan
6. ANM/GNM training center
7. District Vaccine stores
8. SCs: Neeralagi, Kuruba gonda, Attigeri
9. Schools: Attigeri and Tadas
10. Villages: Neeralagi, Tadas, Kuruba gonda, Attigeri
11. MMU: Sheelavanta Somapura, Shiggoan
12. Anganwadi center: Devagiri
13. SIHFW: Karnataka drug logistics and warehouse

### Facilities visited

### Gulbarga District

1. District Hospital: Gulbarga
2. Taluka Hospitals: Jewargi, Sedam
3. CHC: Mudhol, Malkhed, Gundagurti
4. PHC: Mandewal, Jeratgi, Aurad, Mahagaon, Ambalga, Madbool, Kadganchi
5. UHC: New Rahmat nagar, Ghazipura Urban PHC, Gullar Gali (Slum)
6. SCs: Khanadal, Kattisangavi, Mandeval, Aurad, Sindigi, Madaki, Dottargaon, Ranjol
7. ANM Training Centre
8. District Training Centre and Regional/State drug warehouse
9. Regional Drug Warehouse
10. Villages: Khanadal, Kattisangavi, Madaki, Neeloor, Chandapura, Dottargaon, Bennur K
11. Schools: Sindgi, Kadganchi
Service Delivery

What sparks?

• Infrastructure development (FRUs & 24*7 PHCs Tripled)
• Utilization of Public health facilities has increased over 5 years
• Wide range of services provided
• 108 ambulance service adequately utilized
• AYUSH units co-located in most of the facilities
• MMU in PPP mode provides routine medical services to remote areas

What doesn’t spur?

• Inadequate provision of Staff Quarters
• Patient amenities are inadequate
• Privacy concerns
• A Number of deliveries reported in transit
• Diet provision for in-patients
• Coverage of all JSSK entitlements
Functionalization of 24x7 PHC & FRUs, Karnataka

- **Population/PHC**: 25998, 24755, 33749
- **Population/SC**: 2547, 898, 961
- **Population/Bed**: 389, 107, 1018

Health infrastructure

- **Karnataka State**: 25998, 24755, 33749
- **Haveri**: 2547, 898, 961
- **Gulbarga**: 389, 107, 1018

Service delivery | RMNCH+A | Disease control | HR and training | Community process | Inform & Knowledge | Finance | Medicine & technology | Governance
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**Functionalization**

- **24*7PHC**: 2547, 898, 961
- **FRU**: 389, 107, 1018

**Tripled**

**RMNCH+A**

**Disease control**

**Inform & Knowledge**

**Community process**

**HR and training**

**Governance**

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Human Resources & Training

What Inspires?

• Doctors, Nurses, and ANM are adequately trained esp, SBA trained nurses

• Majority of T.H. and D.H do have specialist doctors

• ASHAs are available, trained and motivated

• CPHN training of LHVs at SIHFW is good initiative

What stands betterment?

• Compliance to key HR recommendations

• Vacant GDMO and Nurses" positions

• Training needs assessment & Training plans

• Specialists at FRU’s/ TH (Gulbarga)

• Placing Nutrition counselor and M.O. at NRCs
Compliance to key HR Conditionalities

- **Rational Deployment**
  - Partial Compliance-SNs. Majority of the LSAS/EmOC doctors not performing.

- **Facility wise audit and Corrective action**
  - Partial Compliance. Facility wise rating and action plan not yet uploaded.

- **Performance measurement system**
  - Yet to be fully complied with. Baseline performance targets not uploaded on website.

- **Baseline assessment of Competencies of SNs, ANMs**
  - Partial Compliance-Action plan has been shared and the process has been initiated

- **Filling up of vacancies of regular posts of MOs, SNs etc.**
  - Not complied due to legal impediments

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*Article 371-J*
RMNCH+A

What is correct?

- Institutional deliveries – increased to > 90% (70-75% in public health facilities)
- Labor room nurses are SBA trained,
- Partographs are being maintained
- Good visibility of Technical protocols
- Emergency obstetric drugs were available in LR

What needs correction?

- Operationalization of Blood storage units and C-section facility is needed in CHCs, THs (Gulbarga).
- Safe abortion services below district level
- Orientation on processes for MDR and quality of Reviews at facilities and at District
- Line listing of severely anemic women
- 3 ANC checkup Gulbarga district (58%)
- Multiple referrals
Inst deliveries trend change-Haveri MCH

Deliveries

Home Deliveries  Institution Deliveries

# of deliveries


24*7 PHC  ASHA incentives  FRUs  JSY  Thayi bhagya Plus  Thayi bhagya

Madilu kit  Prasuthi arike  JSSK

Service delivery  RMNCH+A  Disease control  HR and training  Community process  Inform & Knowledge  Finance  Medicine & technology  Governance

# of deliveries

0 5000 10000 15000 20000 25000 30000

Report
A snapshot of RMNCH+A progress in Karnataka

- Maternal Mortality Ratio
  - 2001-03: 228
  - 2004-06: 213
  - 2007-09: 178
  - 2010-12: 144

- Child Mortality Rate
  - E-NMR
  - NMR
  - IMR
  - U5MR

- Child Sex Ratio (0-4)
  - 2005: 930
  - 2006: 934
  - 2007: 925
  - 2008: 951
  - 2009: 955
  - 2010: 946
  - 2011: 946

- Total Fertility Rate
  - 2005: 2.2
  - 2006: 2.1
  - 2007: 2.1
  - 2008: 2.0
  - 2009: 2.0
  - 2010: 2.0
  - 2011: 1.9
  - 2012: 1.9

- Consistent improvement in health outcome
- Achieved MDG 4 & 5
- An estimated 1,600 maternal deaths and 41,800 under five deaths annually (Neo-natal deaths 26, 011, Infant deaths 36,189)
Percentage contribution of E-NMR to NMR, SRS 2012...highest in Karnataka

Karnataka: 87.0
Jharkhand: 85.2
Bihar: 82.1
Andhra Pradesh: 81.5
Chhattisgarh: 80.6
Jammu & Kashmir: 80.0
India: 79.3
Assam: 79.3
Maharashtra: 77.8
West Bengal: 77.3
Rajasthan: 77.1
Himachal Pradesh: 76.9
Uttar Pradesh: 76.5
Punjab: 75.7
Gujarat: 75.0
Haryana: 75.0
Madhya Pradesh: 74.4
Orissa: 74.4
Tamil Nadu: 73.3
Delhi: 68.8
Kerala: 57.1
RMNCH+A

Innovations & Improvements

• **Prasuthi Araike Programme** is popular in Karnataka. Many State initiatives (PrasoothiAraike, Madilu, ThayiBhagya and ThayiBhagya Plus) have dramatically increased institutional deliveries in Public Health facilities.
• **ARSH:** Services to adolescents in general OPD
• Most women stayed 48 hrs after delivery at FRUs
• Counseling provided by ICTC counselor or at Suraksha clinic
• WIFS initiated in schools
• State Innovation- RoP at SNCU

Could be better

• 10-12% mortality in SNCUs (Early NMR high in the state (87% of NMR)
• Central oxygen supply
• Poor admissions in NRC due to lack of referrals
• IYCF practices needs improvement
• Awareness about JSSK entitlements
• Greater visibility of JSSK
• Delay in payment in few facilities
Immunization

Strengths

• Immunization planned vs held > 100%
• Micro planning exists at every level
• Trained workforce & Increased community mobilization-ASHA
• Incentives for mobilization
• Adequate cold chain space at periphery, Avg population per cold chain point:24000
• Potential state for new vaccine introduction

Few Concerns

• Dropout rates
• MCV 2 Coverage-48%
• Review of the immunization programme using HMIS data is difficult at all levels
• Less cold space at state Vaccine store, Need of 1 WIC
• Poor reviews at peripheral level
• Immunization in private sector
• Due lists for tracking for 2 years
An example of Inverse care law

High number of measles outbreaks in Northern Karnataka
MCV2 Coverage less than 20%
Disease Control

RNTCP
- Key RNTCP staff in position.
- Programme reviewed regularly
- State performance is moderate

Areas to Improve..
- Shortage of Pediatric TB drugs and Isoniazid 100 mg
- Low paediatric case notification
- High default rate
- Mandatory TB notification from private sector
- Nikshay entry needs strengthening

NLEP
- In the year 2012-13, 3368 new cases of leprosy were detected
- Treatment success rates of 98%
- Regular trainings are conducted as per PIP
- MCR & RCS available
- Endemic blocks are identified
- Vacant positions to be filled up
Filarial Elimination
- State have 8 Filarial endemic districts. 3 qualified for stop MDA planned TAS.
- Microfilaria rate has been reduced to less than 1%
- Gulbarga is under MDA and needs to improve drug coverage during MDA

Malaria, Dengue & Chikungunya
- Declining trend in cases Malaria and JE
- Increasing trend of Dengue cases
- Good efforts in Source reduction
- Passive & Active surveillance – ASHAs are involved
- Entomological surveillance needs strengthening

Concerns
- Rapid diagnostic kits (RDTs) are out of stock
- Urban malaria control
- A large number of negative slides examined to reach targets
- Practice of giving chloroquine as presumptive treatment
NPCB

- Eye operations done through a network of public, private and NGO network
- Refractionists conducting camps in schools.
- Lack of ophthalmologists in the Hyderabad-Karnataka districts

IDSP

- Increasing in reporting (80% S P L).
- Data used for planning
- Regular programme review
- Weekly alerts generated and communicated

Concerns

- Less reporting from Private sector
- Ayush facilities not reporting under IDSP

National Programme for Prevention & Control of Cancer, Diabetes, CVD & Stroke (NPCDCS) only implemented in 5 districts
VHSNC

- VHSNCs exist in all villages, active & representative
- Regular meetings with minutes
- Optimum utilization of funds
- Active in Monitoring of service delivery
- Instances of irrational use of untied funds e.g. bulk of fund spent on sarees

Concerns
- Coordination between the signatories needs improvement
- Capacity building and appropriate tools and formats can be done
- Timely disbursement and appropriate utilisation of untied fund

ASHA

- ASHAs are vibrant and active
- Effective in mobilization
- Active involvement in NDCPs also
- Matching Grants for ASHA
- Online system of ASHA payments

Areas for improvement
- vacant ASHA positions
- Regular supply of and replenishment of ASHA drug kits & HBNC kits
- Establishment of ASHA restrooms at health facilities
VHNDs

- 1st Saturday of every month
- As per the state’s guidelines
- Service delivery is confined to nutrition supplementation and counseling.
- ANMs are not active in VHNDs
- Immunization/ANC are PHC based

Areas for improvement:
- Enhancing the role of VHNDs in providing comprehensive MCH and nutrition services
- Reorientation of frontline workers on the significance of and operationalization of VHNDs

Mainstreaming of AYUSH

- **Positives**
  - Co-located at the health facilities
  - Trained in National Health Programmes
  - Managing sneha clinic

- **Concerns**
  - Regular supply of AYUSH medicines
  - Space and signage of AYUSH facilities
  - Role in Supportive supervision
Observations

- Karnataka Drug Logistic and Warehouse Society established in 2003, and EDL in place.
- Procurement and quality assurance systems and indenting mechanisms are all in place.
- Drug availability in facilities good. Drug warehouses are being constructed.

Areas for improvement

- Out of pocket expenditure on drugs by patients
- Storage at health care facilities weak.
- Steps to strengthen diagnostics.
Healthcare Financing

• State share is more than 15%,
• State spent >80% of NRHM allocation
• Staff in position, funds transfer upto block level happening electronically and accounting satisfactory.
• Expenditure and utilization is in line with expectations.
• Audit processes could be strengthened and made more timely.
Governance & Management

• **Programme Management Units** well integrated with directorate, fully staffed and functional.

• **State and district health societies** functional.

• **Public health cadre** Has set up a committee((Dr.Haligi committee) for creation of public health cadre and is also encouraging doctors and programme officers to get public health management training.

• NRHM Contractual posts appointments are **decentralized**

• **Mechanisms for social audit** such as Janvamsad, public meetings at villages and accountability measures for health needs to be put in place.

• **Supportive supervision:visits** planned – but suboptimal implementation
• Maternal Health: Karnataka has launched many State initiatives (PrasoothiAraike, Madilu, ThayiBhagya and ThayiBhagya Plus) which has dramatically increased the institutional deliveries in Public Health facilities.

• Matching Grants for ASHA: First of its kind in the Country, each ASHA is given an additional amount equal to the incentives earned by her under NRHM, which will be funded by State Government.

• Innovations in Transfer & Postings: The Karnataka State Civil Services Act, 2011 (Regulation of Transfer of Medical Officers & Other Staff) – Compulsory posting in rural areas.

• Human Resource Management System (HRMS)

• Civil Works: Separate Engineering wing under Dept of H&FW

• Immunogram model for improving immunization coverage and reducing dropouts and covering backlogs

• Karnataka Internet Assisted Diagnosis of Retinopathy of Prematurity (KIDROP): It is India’s first PPP in Infant Blindness ROP

• RNTCP: Nutrition Support from the State to all TB patients

• ASHA Online payment

• Dialysis Units (In 1 taluka hospital of all 30 Districts a Dialysis Unit is established with all facilities and treatment is provided free of cost)
Overall Areas of Improvement

• **Primary health care service delivery with referral linkage** - Quality primary care at SC and PHC to reduce the burden at FRU’s and district hospitals,
  – **FRU’s to be made functional** to reduce the burden on the tertiary hospitals
  – **Sub centers potential** to be fully explored, roles to be redefined - Non communicable diseases, BCC,
• **Key areas of quality** improvement: EmOC Care, SNCU’s/NBSU’s/NBCC, NRC, RMNCH+A key interventions eg, PPIUCD, Safe abortion
• **User fees** to be abolished - Free diagnostics and drugs
• Implementation of **public health cadre** to be expedited.
• **GDMO’S in FRU’s and district hospitals** Primary care vs specialist care
• **Ayush** care with involvement in programmes and supportive supervision
• **Regular review of the programme using data** - analysis - actions feedback – improvement (not limiting to reporting)
• **HMIS** vs area wise reporting
  – HMIS data not adequately used for programme review, monitoring, formulation of plans and execution
• **Regulation of Private health sector**
To conclude

• Karnataka is a very promising state
• Visible changes brought in health systems
• Contextualised Strategic interventions have the potential for a better health care model

Good is not good when better is possible.

Thank you
Annexure 1 is my pay cheque, ASHA: Haveri Online transfer system of incentives to AHA's
KPMEA
Karnataka Private medical establishment act

- Regulation of clinical establishments under KPME Act enacted.
- Private health sector plays substantial role in healthcare provision
- Private sector needs regulation to ensure quality and cost of care
- Even in rural district like Haveri almost 35% bed strength is in private

**Abstract**

| Total Ailopath.NH 95 | Clinics- 51 | Dental -24 | Labs-38 | Ayush cLinic/NH: 353 | Total 561 | Bed strength:1006 |

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<th>DH</th>
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<td>TLH</td>
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<td>37x6</td>
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| TOTAL          | 1452  |     |

42 private delivery points
8 JSY accredited Hospitals
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RMNCH+A

Maternal and Infant death trend (absolute numbers: Haveri District)

- Infant Death
- Maternal Death