RAJASTHAN: RAJSAMAND (HPD) SRI GANGANAGAR

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

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Functional Facilities as per RHS 2014</th>
<th>Required facilities as per population (Census-2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC</td>
<td>14407</td>
<td>11459</td>
</tr>
<tr>
<td>PHC</td>
<td>2082</td>
<td>1863</td>
</tr>
<tr>
<td>CHC</td>
<td>567</td>
<td>465</td>
</tr>
</tbody>
</table>
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 HFs
- **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!