

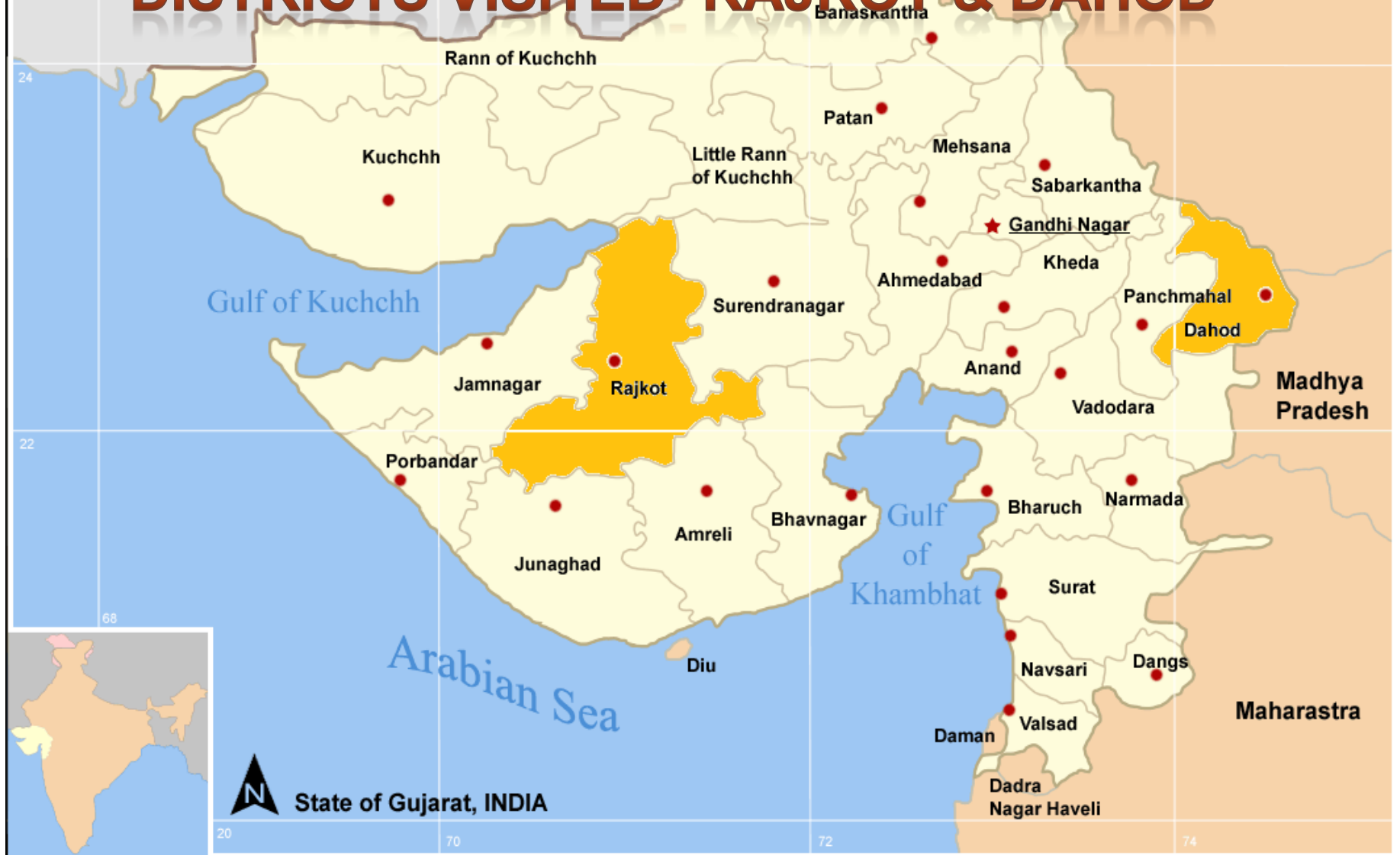
5th Common Review Mission

November 2011

Gujarat

CRM Dissemination Meeting, Vigyan Bhavan, January 12, 2012

DISTRICTS VISITED- RAJKOT & DAHOD



Team Members

Rajkot	Dahod
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Key Observations

Infrastructure

- Project Implementation Unit for infrastructure has helped in completion of projects on time.

Human Resource

- Shortage of human resources; MOs and Specialists (approx. 50% vacancies in both the districts)
- FRUs are not functional mainly due to shortage of specialists. Only about 50% of designated FRUs are functional.
- Initiatives for bridging HR gaps-e.g. enhancing retirement age to 65 years for doctors and nurses, contractual appointment of specialists and MOs, outsourcing paramedical staff, walk in interviews every for MOs / Specialists

Capacity Building

■SIHFW ..Poor infrastructure

THEN



NOW



- Poor utilization of skills** of existing EMOC & LSAS trained MOs e.g.the single EmOC trained Dr. in Dahod is a non-performer (no C-sections in 3years)
- Declining trends** in intake into Post Basic Course in Nurse Practitioner in Midwifery

Health care service delivery- facility based-Quantity & Quality

CHC Limkheda



Neel Maternity Hospital, Limkheda- Chiranjivi Yojana



- CY facilities are overcrowded due to high case loads and lack of physical infrastructure while public sector facilities in the same area are underutilised and show declining case loads
- Weak monitoring mechanisms to monitor quality of care in private accredited facilities under CY & Bal Sakha

Health care service delivery- facility based-Quantity & Quality

- Accreditation of public health facilities taken up on a large scale under NABH/NABL – no facilities taken up for accreditation in Dahod
- **Service guarantees:** Citizen's Charter and JSSK entitlements displayed in Gujarati



Mainstreaming AYUSH

- AYUSH doctors managing the National Health Programmes well ... substituting for Allopathic MOs- conducting deliveries(not SBA trained), day to day managerial responsibilities.
- Shortage of AYUSH drugs in Rajkot.

Outreach Services

- “Mamta Diwas”(VHND) being conducted with full range of activities and involvement of all field functionaries-ANM, AWW, ASHA
- Effective linkages between the ICDS and Health care system e.g. follow up of CDNC treated children by AWW

ASHA Program- Visible face of NRHM as envisaged

- Empowered and confident, good knowledge and skills
- Selection of ASHAs driven by health functionaries ,not by the community

RCH-II

Maternal Health-

- **JSY-** timely payments at discharge Some problems in encashment of bearer cheques and instances of late payments as much as 2-3 months.
- Well equipped Labour Rooms with Newborn care corners but technical protocols not displayed except in DH.
- CAC service provision using outdated technology even by Gynaecologist (MVA syringes not available)
- Availability of new technical guidelines and tools not universal
- **MDR-** The quality of review of reported deaths particularly FBMDR at health facilities needs improvement
- **Referral Transport :**
 - EMRI 108-available throughout the state -526 ambulances (Basic and Advanced Life Support)
 - Out-of-pocket expenses incurred by poor women under CY on RT, esp. for drop back home is an issue

Child Health-

- Low immunization coverage : full immunization 50.54% in Dahod – due to out migration
- Limited capacity for care of sick newborns eg. single Paediatrician at DH Dahod to manage the OP, IP, Labor Room and NBSU. Most sick newborns referred to the hospital are sent to tertiary level institutions directly

Family Planning-

- Method Mix- Greater acceptability of spacing methods by most communities compared to sterilisation
- Social Marketing Scheme for Contraceptives has taken off well in Dahod- ASHAs prefer not to accept payment for condoms etc.

Preventive & Promotive health services- Nutrition

- Well developed CDNCs with high occupancy rates , the complete complement of HR and good linkages with the community.

Gender issues:

- Inspection of USG Clinics needs to be scaled up under PC-PNDT
- In DH Rajkot, privacy in the labor room needs to be adequately addressed.

Health Management Information System ..effective use of Information Technology

E-Mamta

- Operating well in the state.
- Full coverage not yet achieved. Tracking of migrants is an issue which needs to be addressed.

HMIS

- Veracity of data doubtful.
- Closer monitoring required at District and State level

Decentralised Local Health Action

- Village health plans not formulated.
- DHAPs should be more need based.
- Lack of a platform for all stakeholders in district planning

Essential to prioritize allocation of resources to selected facilities

National Disease Control Programs

- A number of positions for MPWs and LTs lying vacant
- IDSP Programme Officer (Dahod) has 6 additional charges
- RNTCP- need to establish effective tracking mechanism to reduce Defaulter Rates
- Intensive IEC required to enhance detection of leprosy cases.
- *The state has launched a Sickle-Cell Anemia Control Program- under public private partnership, to reach 61.62 lakhs tribal population*

Financial Management

- Mixing of non NRHM fund into NRHM Bank Account at district level (Govt. of Gujarat funds, NCD Grants, AIDS, NPPCD)
- High Advances under RCH (Rs.59.10crore) and NRHM (Rs.103.73 crore)
- Lack of monitoring of funds disbursed to Urban Health Society (for Municipal Corporation)
- Mixing of VHSC funds with untied funds of Sub centre
- Frequent diversion of funds from one pool to other

Recommendations

- Review and rationalize Human Resource Policy:
 - Special incentives and remuneration package to attract and retain specialists, medical officers and nurses in tribal and remote areas and thus address the underutilization of public sector facilities
 - rational deployment of trained manpower
- Capacity Building issues -SIHFW needs immediate relocation and infrastructure strengthening
- Strengthening of Monitoring and Supportive Supervision mechanisms at State and District level esp. quality of service delivery by Chiranjeevi Yojana and Bal Sakha Doctors
- MDR and IDR processes need to be implemented at all levels.
- Decentralized Planning to be taken seriously
- HMIS : Quality of uploaded data needs immediate focus
- State may take corrective actions to settle the pending advances and keep NRHM funds separate from non NRHM funds.

THANK YOU