

6th COMMON REVIEW MISSION

2012-13



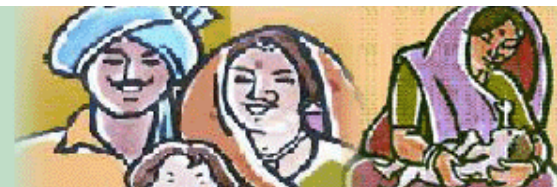
Tripura

2nd to 9th November
2012



Government of India

NATIONAL RURAL HEALTH MISSION
Ministry of Health & Family Welfare
Govt. of India



CRM Team Members

NAME	DESIGNATION
Dr. M.K. Aggarwal	Deputy Commissioner, MoHFW, GOI - Team Leader
Dr. D.K. Saikia	Faculty, NIPPCD Regional Centre Guwahati, WCD
Prof A. M. Khan	Faculty, NIHFW
Ms Sangeeta C. Pinto	Operations Officer, World Bank
Dr. S. N. Bagchi	Senior Programme Manager, PHFI
Mr. Arun Srivastava	Consultant, NHSRC
Ms. Sulakshana Nandi	State Convenor, SHRC Chhattisgarh
Mr. S.J. Sultan	Consultant – MoHFW, GOI
Mr. Rakesh Shokeen	Consultant – MoHFW, GOI
Dr. Anil Kashyap	Consultant – MoHFW, GOI

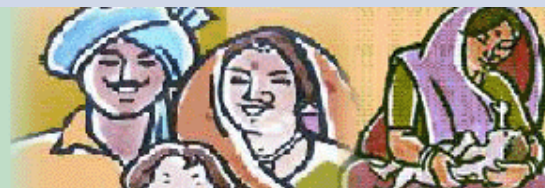


Government of India

NATIONAL RURAL HEALTH MISSION

Ministry of Health & Family Welfare

Govt. of India



Strengths/Positives

- Strong emphasis on expanding the availability and accessibility of Health care services
- Innovative strategies to deliver health services like Tele-Ophthalmology and Tele-Cardiology services
- Good convergence at Community level in VHNDs
- Timely trainings of ASHAs and additional incentivisation by the state (33.3% over and above the due incentives)

CORONARY CARE UNIT

TRIPURA SUNDARI DISTRICT HOSPITAL
INTEGRATED TELÉCARDIOLOGY & TELEHEALTH PROJECT

A JOINT VENTURE BETWEEN
GOVT. OF TRIPURA & ASIA HEART FOUNDATION

COMPLAIN BOX
T.S.D. HOSPITAL
MEDICAL

কোম্পানি এবং
কম্পিউটার বিভাগ



Strengths/Positives

- Well functioning AYUSH clinics in CHCs, SDHs and DHs and provision & availability of AYUSH doctors in PHCs.
- Functional MMUs with dental services as well as special diagnostic facilities like Ultrasound services
- Good Practices for career development:
 - sponsorship of PG studies for MOs after 3 years of service.
 - 10% seats in ANM schools reserved for ASHAs

Strengths/Positives

- Revised National Tuberculosis Control Program and national Program for Control of Blindness
- Funds utilization under NRHM shows increasing trend from 10% in 2005-06 and 32% in 2006-07, it has reached 48% in 2011-12 and 38% spent in 2012-13 till September, 2012

Issues/Weaknesses

- Deficient Services-
 - In respect of completeness of ANC and FP services in HSCs
 - In diagnostic facilities in PHCs/CHCs
 - Availability of drugs and consumables across all facilities
 - Sick new born care: NO SCNUs in the districts visited
 - Safe abortion facilities: Limited
 - Cleanliness, Sanitation and availability of drinking water

Issues/Weaknesses

- JSY – Delay in making JSY payments (from 7-30 days after delivery)
- JSSK
 - Low awareness amongst staff of the health facility
 - Transport cost reimbursed to the beneficiary on fixed sum basis resulting in more outgo from beneficiaries pocket
 - Essential drugs and consumables not available at health facilities resulting in outside prescription though the mothers are being reimbursed the cost of some medicines out of JSSK funds

Issues/Weaknesses

- Non availability of institutionalized emergency and patient transport system in the state
- General waste disposal and Bio-medical waste management including hospital infection control systems were found inadequate
- HIGH OUT OF POCKET EXPENSES on drugs and transport
- Frequent stock outs and non availability of anti malarial drugs, particularly adult ACT drugs along with deficient district program management units for NVBDCP

Issues/Weaknesses

- Low coverage under School Health Program
- Low expenditure on Trainings
- High unspent balances at the end of each financial year 2010-11, 2011-12 and 2012-13 (up to Sept. 2012)

Challenges

- Human resources for health
- Strengthening Drug/Equipment Procurement, equipment maintenance and supply chain management systems
- Strengthening the CHCs for provision of Emergency Obstetric care and safe abortion services
- Improving utilization of newly constructed buildings for health facilities

Challenges

- Targeted completion of construction works for health facilities, training centre buildings, ware houses etc.
- Establishing institutionalized emergency and patient transport system in the state
- Building capacity to utilize the unspent balances/funding under NRHM

Thank You

