RCH II: 2nd Joint Review Mission (October 2006)

RAJASTHAN

Rajasthan's performance is good. RCH II is high priority for the senior most levels in the state (Maternal health/RCH II highlighted in the state's budget speeches; Chief Minister has also written to each Sarpanch regarding importance of JSY), strategies have been systematically formulated and several innovations eg. Gram Sat, malnutrition centers, etc are underway. There is, perhaps, a need to speed up implementation.

Financial progress (05-06)

Allocation	Rs. 87.50 Crores
Release	Rs. 40.00 Crores
Expenditure	Rs. 22.72 Crores
Expenditure/ Release	57%

Component wise observations and suggested action points are as follows:

ACHIEVEMENTS/ OBSERVATIONS	SUGGESTED ACTIONS
GOVERNANCE	
• SHS/DHS constituted at state and all districts. 100 professionals in SPMU/DPMUs inducted. High turnover of staff. Difficulties in adjustment between contract and regular govt. staff, especially in case of accountants. •SIHFW has been designated as the Human Resource Management Agency.	• Some key observations of Goa conference on this matter could be actioned: early confirmation of contract staff; integrate old and new staff through appropriate reporting system and clear job responsibilities. State to spell out equivalent levels of contract staff in government hierarchy. •State Human Resource Management Agency to maintain a panel of eligible staff for filling up positions falling vacant. SIHFW's capacity would need to be strengthened to fulfill this role.

FINANCIAL MANAGEMENT	
• Delay in merger of societies at districts has hampered funds flow. District officials unhappy due to removal of cheque signing authority.	• Decided in the Goa conference that to simplify financial procedures and avoid delays, DCs to approve the expenditure under various heads, but cheque signing authority for the approved amount to rest with CMHO/ CS. States to communicate this to the districts.
TECHNICAL INTERVENTIONS	
• Frequent modifications in JSY guidelines creating difficulties in communicating at the lower levels. Thereby JSY implementation suffering. IEC campaign for JSY put on hold	• JSY guidelines being modified in order to simplify implementation at grass root level. Promote JSY at village level to encourage institutional deliveries; conduct workshops at villages, blocks, in functional institutions; make JSY a political issue at community level. •JSY compensation being increased to support and empower women. •Provide post operative care for mothers through effective tracking •ANMs claiming home deliveries under JSY. Monitoring to be strengthened at SHCs.
• Several FRUS do not have blood storage facilities.	• Red Cross has assured support in providing blood storage facilities in all districts. State to work towards forming partnership with Red Cross
• AYUSH practitioners in 360 institutions. Recruitment of AYUSH practitioners underway.	• Integration of AYUSH to increase choice for people. Roles of AYUSH and allopathic practitioners to be clarified.
TRAINING/ IEC/ NGO INVOLVEMENT	
• Master trainers trained for Anaesthesia, SBA, IMNCI, etc. District level training for MOs, ANMs has begun. Resource centres for SBA, ASHA established. Heavy training load in the state/ districts. Lots of modules	• After training the functionaries to be posted such that they provide services in the area of training. Computer data base of trained persons to be maintained and used for their posting. •Medical colleges to be involved in training. SBA, EmOC training to be included in

in the process of development, adaptation.	MBBS curriculum.
• TBA training underway.	• TBA training to be used as stop gap arrangement till SBAs are all in place and trained. TBAs to play the role of assisting ANMs during delivery.
• State BCC plan finalized, rationalization of posts in IEC bureau underway, engagement of professional agency planned. Separate release of IEC funds by GOI causing problem.	• From next year IEC money to be disbursed under common flexible pool. •National level TV advertisement content could be used by state. Sector level meetings to be convened to train ANMs, ASHAs in health messages and IPC. Use IEC tools for awareness generation regarding child marriages, institutional deliveries. Use health messages in textbooks for schools.
INNOVATIONS	
• 3 colour cards for tracking patients referred from SHC, PHC and CHCs.	• Next level of institution for referral services to be identified for all facilities. The referral institutions to be prepared to receive referred cases.
• Panchamrit scheme in hard to reach areas covering child care, ANC/PNC and family planning awareness.	• Home visits by ANM/ AWW for new born care to be carried out.
• Gram Sat studio established, being equipped for providing training at PRI level.	
• JSY helpline piloted in 1 block through PPP. To be upscaled to all districts. 42 patients provided timely care through use of this.	

EQUITY AND ACCESS	
• Supply of ASHA kits underway.	• State to identify the proportion of SC/ STs among ASHAs. • ASHAs to be compensated for identified services.
M&E AND TA REQUIREMENTS	
• HMIS formats revised.	• State to provide documentary evidence for achievement of core 13 indicators as specified in Enclosure 4 of the JRM Process Manual.
	• Data should be provided on the 13 process indicators: refer Annex II of the JRM Process Manual.
OTHER ISSUES	
• Decision on State Corporation on the lines of TNMSC pending. Resources for recurring costs of the corporation required under NRHM.	• Donor partners to assist states with strengthening procurement and logistics systems.
	• Army has proposed to support health care through running PHCs, providing doctors on part time basis at health facilities, training of health department staff, helping women in distress through counseling. States to make use of the offer made by the Army.