RCH II: 4th Joint Review Mission (August 2007)

RAJASTHAN

Rajasthan seems to be 'on the move'. The state has added capacity by recruiting large numbers of staff at various levels and has emphasized their training (5 ANMTCs being established). The state needs to plan in a more cohesive manner in order to more rapidly improve delivery and quality of services.

Financial progress

	FY 05-06	FY 06-07
Allocation	Rs. 87.50 crores	Rs. 105.76 crores
Release	Rs. 40.00 crores	Rs. 105.22 crores
Reported Expenditure	Rs. 22.72 crores	Rs. 74.25 crores
Expenditure/ Release	56.8%	60.6%*
Expenditure/ Allocation	26.0%	70.3%

* Release includes unspent balance from FY 05-06.

Component wise observations and suggested action points are as follows:

RECOMMENDATIONS OF PREVIOUS JRM (JRM-3)	ACTION TAKEN & FURTHER ACHIEVEMENTS/ OBSERVATIONS	JRM-4 RECOMMENDATIONS
MATERNAL HEALTH		
• Provide JSY benefits to all women coming to health institutions, irrespective of them having undergone ANCs	• 83% of target set for JSY beneficiaries achieved during January –June 07.	• Establish JSY grievance redressal mechanism. • Gear up to meet the increased demand for institutional deliveries arising out of JSY. Facilities with the highest utilisation should be

		identified and strengthened on priority basis. Essential to ensure quality of care including for neonates in order to reduce maternal and infant mortality. Also consider accrediting private sector facilities for meeting demand.
• Procure and distribute RCH kit A and B • Distribute ASHA kits • Provide pregnancy detection kits to ASHAs		• Ensure that based on existing stocks, the requirement of RCH drugs to be procured for 2007-08 and 2008-09 is sent to MOHFW (in prescribed format).
CHILD HEALTH		
• Use flexi pool for supplementing alternate vaccine delivery funds	• 93% of targeted immunisation achieved during Jan-June 07.	
	• Facility based new born care operationalised in 8 districts • Home based new born care in 2 districts through NIPI support	
	• IMNCI program being upscaled from 9 to 18 districts • Malnutrition treatment corners being set up from previous 7 to 32 districts.	

GOVERNANCE/PROGRAM MANAGEMENT		
	• NRHM/RCH II institutional framework well set up in the state	• Ensure proper HR systems are in place for the large number of contractual staff being hired. Monitor attrition and address the causes.
TRAINING/ IEC/ NGO INVOLVEMENT		
	• 5 new ANMTCs being established •Except for BEmOC trainings (95% of targeted for Jan-June 07), all other trainings are quite slow.	• Training targets should be set based on plan for operationalisation of facilities, and estimated shortfall of trained staff as per the plan
		• State taking action on reported PNDT cases and challans being filed regularly in the courts
		• For every service, there should be corresponding IEC. E.g. facility operationalisation should also be linked with a BCC/ IEC plan for generating demand
EQUITY AND ACCESS		
• Ensure timely payment for ASHAs, provide ID cards for ASHAS, and link them to functional facilities.	• ASHAs being selected at each AWC in the state	
M&E AND TA REQUIREMENTS		

	• State planning to obtain disaggregated data by modifying the reporting formats	• The state should make use of the disaggregated data for monitoring of service delivery as well as planning during the next year.
OTHER ISSUES		
	• 24 DHAPs have been prepared and have been appraised by the state and approved	• Ensure preparation of DHAPs is based on consultative process as indicated in the DHAP guidelines. Consultants if used should only provide assistance/ facilitate the plan preparation process
	• IMEP/waste management being implemented under RHSDP	
	• Adolescent friendly health services to be expanded to all 110 DHs and CHCs from present 8 districts	

	• At PHCs, it is planned to construct staff quarters in the facility campus or the vicinity of the health facility. For this land acquisition being done.	• Prepare and implement micro-plans for operationalisation of FRUs and 24X7 PHCs strictly in accordance with criteria specified by GOI. Placement of full complement of trained staff should be a key component of the micro plan. In case of facilities identified for IPHS, the micro-plan should first aim to meet the criteria for FRU/24X7 PHCs. Facilities thus operationalised should be posted on the state's website and communicated to GOI