# RCH II: 5th Joint Review Mission (March 2008)

## RAJASTHAN

Rajasthan has made good progress in terms of systematically strengthening facilities and providing manpower to these facilities. The state has recruited and posted large number of new staff for improving capacities. The state needs to focus on quality of services and also quickly train the staff for operationalizing 24X7 PHCs and FRUs in order to reduce load at district level facilities.

BUDGET AND REPORTED EXPENDITURE

| | FY 05-06 | FY 06-07 | FY 07-08 |
|---|---|---|---|
| Allocation (Rs. crores) | 87.5 | 105.76 | 93.62 |
| Release (Rs. crores) | 40 | 105.22 | 99.22 |
| Reported Expenditure/ Audited Expenditure* (Rs. crores) | 19.31 | 74.25 | 17.30 |
| Expenditure/ Release** (%) | 48.3% | 59.0% | 11.5% |
| Expenditure/ Allocation (%) | 22.1% | 70.2% | 18.5% |

Notes:

1 * For 2005-06, figures are for audited expenditure, while for subsequent years figures refer to reported expenditure.

2 ** Release in 2006-07, and during first 9 months of 2007 also takes into account unspent balance from previous year respectively.

3 For 07-08, JSY, sterilization compensation and NSV Acceptance are not included in the allocation or reported expenditure (unlike 05-06 and 06-07)

Component wise observations and suggested action points are as follows:

| RECOMMENDATIONS OF PREVIOUS JRM (JRM-4) | ACTION TAKEN & FURTHER ACHIEVEMENTS/ OBSERVATIONS | JRM-5 RECOMMENDATIONS |
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| **MATERNAL HEALTH** | | |
| • Establish JSY grievance redressal mechanism. | • At State Level Nodal Officer (JSY) is in charge of all issues related to JSY including grievance redressal. All complaints and grievances of the community, Asha-Sahyoginis and medical staff related to JSY are being handled by him. At district level the grievance cell is headed by the RCHO. | • Grievance redressal mechanism for JSY is to be set up at the local level; listing of beneficiaries outside the PHC/ CHC, etc. should be instituted for ensuring transparency. |
| • 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 | • 18 FRUs and 17 Blood storage units have been operationalised in the state<br>• 60% of identified 24X7 PHCs are conducting at least 10 deliveries per month.<br>• 365 institutions have been identified in the State to ensure that there is a functional 24*7 health institution within a radius of 25-30 km. anywhere in the State.<br>• These institutions are being given priority developing the physical infrastructure, | • State should strengthen the 24X7 PHCs and FRUs on priority to reduce JSY load on district hospitals and medical colleges.<br>• 48 hour stay after delivery should be ensured during which essential newborn care as well as counseling for FP should be focused. |

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| for meeting demand. | providing additional manpower and equipment.<br>• Facilities are also being strengthened for neonate and infant care by improving the physical infrastructure and providing additional nursing staff.<br>• The state government has also provision of accreditation of private hospitals but till December, 2007, 49 institutions have been accredited.<br>• 553205 beneficiaries have availed services of JSY | |
| • 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). | • The requirement of RCH drugs for 2007-08 was sent to MoHFW. | |
| **CHILD HEALTH** | | |
| | • IMNCI has rolled out in 9 districts<br>• IMNCI trainings below targeted: 155 out of 648 MOs; 129 out of 342 Staff Nurses; and 793 out of targeted 1026 ANM/LHVs trained. | • The state has initiated IMNCI implementation in 9 districts. The state should first review progress in these 9 districts and then plan for expansion, saturating districts to over 50% before |

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| | | expanding. |
| | • 1 SNCU has been developed in the state | |
| **FAMILY PLANNING** | | |
| | • 38 MOs in laparoscopy, 19 MOs in Minilap and 53 MOs in IUD have been trained<br>• 24 SNs and 440 ANMs have been trained in IUD insertion<br>• 10362 female sterilisation camps and 144 NSV camps organised. | • 2 days to be fixed for sterilization at district hospitals |
| **GOVERNANCE/PROGRAM MANAGEMENT** | | |
| • Ensure proper HR systems are in place for the large number of contractual staff being hired. Monitor attrition and address the causes. | • HRD Manual was prepared and adopted by the State.<br>• Attrition rate has been significant in the State. One major cause of attrition is the ceiling of Rs. 26,000 on the honorarium of consultants. | • State should provide annual increments to SPMU/ DPMU staff based on their performance during the year. |
| | | • State should follow GoI guidelines for delegation of financial powers |
| **TRAINING/ IEC/ NGO INVOLVEMENT** | | |
| • Training targets should be set based on plan for operationalisation of | • Training calendar for the current year has been prepared. It is expected that | • The training plan should be made realistic: The state |

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| facilities, and estimated shortfall of trained staff as per the plan | 60% of the trainings will be completed during the year.<br>• 8 MOs trained in EmOC<br>• 19 MOs trained in LSA<br>• 53 MOs trained in SBA<br>• 24 SNs and 440 ANMs trained in SBA<br>• 38 MOs trained in MTP<br>• 48 MOs trained in RTI/STI | should first estimate total number of trained staff by skill category required to reach the outcome targets. The difference between the estimate of trained staff required and total staff trained so far, will provide the number of staff to be trained until 2010.<br>• Subsequently, there is need to assess the shortfall in training capacity; and identify steps required to plug the gap including PPP where feasible. If training capacity gap cannot be met, then training targets should be lowered.<br>• Refresher trainings should also be conducted for MOs who were trained earlier but have not been able to practice their newly acquired skills. |

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| • For every service, there should be corresponding IEC. E.g. facility operationalisation should also be linked with a BCC/ IEC plan for generating demand | • During the month of October Swasthya Chetna Camps were organized at every Gram Panchayat. | |
| **PCPNDT & SEX RATIO** | | |
| • State taking action on reported PNDT cases and challans being filed regularly in the courts | • 45 court cases have been filled under PCPNDT act<br>• Establishment of PCPNDT cell at state, having its own website and a helpline number. | |
| M&E AND TA REQUIREMENTS | | |
| • The state should make use of the disaggregated data for monitoring of service delivery as well as planning during the next year. | • The sate M&E Cell is collecting desegregated data on SC/ST population and giving feedback to the districts on it.<br>• This data is also being used to prepare next year's plan. | |
| **OTHER ISSUES** | | |

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| • 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 | • Six Technical support Agencies were hired and they were given the task of facilitating the whole process, final compilation of the DHAP and getting the draft approved in the District Health Mission and District Health Societies.<br>• 28 DHAPs are ready. In remaining 4 districts, TA agency could not complete the task. IIHMR has been retained for completing DHAPs in these 4 districts.<br>• 46 MOs in districts have been trained in district planning at IIHMR. | • DPMU staff along with the MOs trained in district planning should be used for DHAP preparation from coming year.<br>• District planning should be strengthened through: providing criteria for allocation of resources to districts (to be weighted in favour of the districts with the worst indicators), in accordance with the DHAP manual; providing fund allocation say 10% against which district schemes could be planned; ensuring district plans are approved by respective health societies appraised and approved by state; funds are released to districts in line with the district plan. |

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| • 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 | • Micro Plan for Operationalisation of FRUs and 24*7 PHCs are being prepared.<br>• A state level committee monthly monitors the progress and officers have been appointed at State for each district to facilitate this process.<br>• Human Resource:<br>o To strengthen theses institutions, posts of 70 Specialists, 67 MOs, 171 Nurse Grade II, 28 Astt. Radiographers have been created by the State. Beside this Specialists and Nurse Grade-II are also being engaged contractually. Major Equipment.<br>• Facility survey of institutions has been completed Blood Bank Refrigerator and Generator units procured. | |

Progress on 13 identified process indicators:

| No. | RCH Indicator | Level of Achievement |
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| 1 | % of ANM positions filled | 69% |
| 2 | a. % of districts having full time programme manager for RCH<br>b. Administrative and financial powers delegated | 87% |
| 3 | % of sampled state and district programme managers aware of their responsibilities | 100% |
| 4 | % of sampled state and district programme managers whose performance was reviewed during the past six months | 100% |
| 5 | % of district not having one month stock of a. Measles vaccine b. OCP c. Gloves | 0% |
| 6 | % of districts reporting quarterly financial performance in time | 91% |
| 7 | % of district plans with specific activities to reach vulnerable communities | 88% |
| 8 | % of sampled outreach sessions where guidelines for AD syringe use and safe disposal followed | 90% |
| 9 | % of sampled FRUs following agreed IP and health care waste disposal procedures | 86% |
| 10 | % of 24 hrs PHCs conducting minimum of 10 deliveries per month | 60% |
| 11 | % of CHCs upgraded as FRUs offering 24 hr EmOC services | 19% |
| 12 | % of sampled health facilities offering RTI/ STI services as per the agreed protocols | 37% |
| 13 | M & E Triangulation | 88% |