RCH II: 6th Joint Review Mission (August 2009)

RAJASTHAN

Rajasthan's MMR at 388 (SRS 04-06) has improved from 445 in SRS 01-03, but still way above the national average of 254. The IMR (SRS 2007) at 65 is fifth highest in the country after MP, Orissa, UP and Assam. TFR at 3.4 (SRS 2007) is higher than the national average of 2.7 and nowhere close to the target of 2.1 for the year 2012.

Rajasthan has shown some good progress on key RCH indicators, between DLHS 2 and 3: Institutional deliveries increased by 15.2% points to 45.5%; full immunization in children 12-23 months age increased by 24.9% points to 48.8%; exclusive breastfeeding increased by 20.1% points to 25.4%; ORS use during diarrhea has increased by 1.7% points to 30.6%; and unmet need for family planning methods reduced by 4.2% points to 17.9%. However, full ANC is very low at 6.6% and there is no improvement in mothers who received 3 or more ANC checkups.

Audited expenditure has increased sharply from Rs. 19.31 crores in 05-06 to Rs. 82.25 crores in 06-07 and Rs. 186.01 crores in 07-08; reported expenditure in 08-09 is Rs. 279.00 crores i.e. 76% of allocation (Rs. 365.47 crores). JSY accounted for 54% of the reported expenditure in 08-09.

Out of 692 PHCs surveyed during DLHS-3, 394 (56.9%) were functioning as 24x7. Out of these 394 PHCs only 24% (94) were providing new born care services, 31.5% (124) were having referral services and 42% (166) were conducting at least 10 deliveries per month. 355 CHCs were surveyed and 31.5% (112) of the CHCs were having gynecologist; around 99% (351) CHCs were conducting normal deliveries and 52.7% (187) were designated as FRUs. Out of 187 FRUs, only 18% (34) were conducting c-section and only 15% (28) were having blood storage facilities. 88% (165) of the FRUs were providing newborn care services.

PROGRESS, KEY ISSUES AND RECOMMENDATIONS

PROGRESS/ STATUS	KEY ISSUES	RECOMMENDATIONS
Facility Operationalisation		

Facility operationalisation and training:
• As reported by the state, 237 FRUs have been planned; however 55 are functional as per GoI guidelines (GoI's target is 377 FRUs).
• State has trained 35 MOs in EmOC and 89 in LSAS so far.
• State has planned to operationalise 750 PHCs as 24x7 (GoI's target is 857); however, only 237 are functional as per GoI guidelines.
• 66 Blood Storage Units' license has been issued so far.
	• There is irrational selection and placement of regular and trained human resource: -State has 172 gynaecologists, 98 anaesthetists and 116 paediatricians; however some of specialists are posted at either 24x7 PHCs or other PHCs (e.g. 5 OBG specialists at 24x7 PHC and 12 anaesthetists at other PHCs). -4 EmOC trained doctors and 26 LSAS trained doctors are working at PHC level.
	• Pace of facility operationalisation and multi-skill training is slow:
	  • Only 14.6% of targeted FRUs (377) are functional
	  • Only 9.3% of EmOC and 23%
		• State needs to map the specialists in entire state and have a higher level mechanism to relocate these specialists if necessary.
		• There needs to be a policy for selection of trainee, pre-training and their placement at designated FRUs post training.
		• State needs to scale up multi skill training and utilise capacity of all the medical colleges fully.
		• State needs to ensure that all the inputs are available where trained doctors are to be placed.
		• SBA training has to be scaled up to meet the training load.

	of LSAS MBBS doctors have been trained (against the target of 377). • 27.6% (857) of the targeted PHCs are functional as 24x7. • Only 164 MOs have been trained in BEmOC and 1080 SNs/ANMs/LHVs have been trained in SBA (against the target of 3256).	
	• State is conducting C-section in 93 FRUs; however only 63 FRUs are having blood storage/ linkages. It means some of the FRUs are conducting C-section, without proper blood linkages.	• State needs to ensure that these 66 BSUs are established fast and these should be linked with trained personnel and FRUs planned for operationalisation.

Service availability and utilization: • Average delivery per month per FRU is 100 (highest 600 and lowest 40). On an average 3-4 C-sections are conducted at FRUs per month (highest 10 to lowest 1) • 55 FRUs provide newborn care services. • 38 Malnutrition Treatment Corners (MTCs) and 35 level-2 Facility Based New born Care Units (FBNCs) have been established in the state • State has reported that 56 FRUs are providing male sterilisation services, 115 are providing female sterilisation services and 160 are providing safe abortion services	• Only 3-4 C-section per month per FRU is very low and it seems capacity of these facilities are not fully utilized. • Only 1-2 blood transfusion has been done per month • No PHC provides essential newborn care services. • It was observed that the reported fixed day services are not really fixed day and are camp based. There are very few providers available in the system	• Considering low utilization of facilities state should monitor facility wise data, this can be done through new HMIS in place. Further, specific actions may be taken facility wise to improve the utilization • State needs to ensure that essential newborn care facilities e.g. newborn care corners are in place at least at 24x7 PHCs. • State needs to have more number of training centres. District Hospitals with high load should be designated as training centres • Minilap should be focused rather than lap ligation.
Quality assurance/ waste management: • State is operationalising District Quality Assurance Cell in 4 districts through UNFPA support. • State is planning for evaluation of the districts which have reported		

higher coverage, by the state Demographer cell to ensure correctness of reported data		
Referral transport: • Free Ambulance Services (102) are also available in the state. • JSY helpline in place • State is providing cash incentives to Dai for referral of JSY deliveries.		• State should ensure that referral of pregnant women doesn't get affected in light of cancelled contract with EMRI and is given due importance while signing the MoU with other private transport providers. • There is a need for assured referral linkage both from the beneficiary/community to the facilities and also between the facilities.
Organisation/ management: • State has developed external monitoring system for immunization through IIHMR. • Regular district RCH review meetings are conducted. • Recruitment of 165 Specialists @ Rs.40000 per month through in campus interviews at all 7 Medical colleges	• State does not have monitoring mechanism for utilisation of services of a trained doctors or operationalised FRUs.	• State should introduce standard inspection system with scoring and ranking to grade the facilities for monitoring of services. • State should have a monitoring and supervisory

• An incentive package has been developed for ASHA to conduct post natal visits on 3rd, 7th, 24th and 42nd day. This is supported by the NIPI programme.		mechanism in place to support multi skilled doctors and supervise their performance. • Incentives should not be uniform for all; state should develop minimum benchmark for each kind of incentive at different levels of facilities. • Difficult and remote area allowances may be planned.
Village Health and Nutrition Days		
• 78.6% of the planned MCHN days (a form of VHNDs) were held in 08-09 (4.83 lakhs out of 6.13 lakhs) • Average number of beneficiaries per VHND was 20	• In spite of the well known MCHN days in place, full ANC in the state remains very poor (6.6%, DLHS-3). It seems more focussed is on immunisation sessions only	• State needs to ensure that comprehensive range of services are being offered during MCHN days and not just immunisation services. • State should use VHNDs as a forum for IPC.
ARSH		
• State has doing following activities: o Life Skills Education for school going adolescents. o Social Marketing of Sanitary Napkins. o Counselling sessions for		

non school going adolescent girls o ARSH services are provided at all District Hospitals, CHCs and PHCs of 12 districts. o 328 MOs have been trained in ARSH		
Other aspects		
• Mukhya Mantri BPL Jeevan Raksha Kosh has been launched in the state; till date 54244 IPD and 230300 OPD cases have been given benefit of this scheme. • Pregnancy tracking system is in all districts		