

RCH II: 3rd Joint Review Mission (March 2007)

RAJASTHAN

Rajasthan has taken several initiatives to set up program management and strengthen institutional arrangements for RCH II. However, these need to impact on better service delivery to the people. The state needs to realign its MMR, IMR goals to national goals of <100 and <30 respectively by 2012, and speed up its pace of implementation for achieving these.

Financial progress

	FY 05-06	FY 06-07
Allocation	Rs. 87.50 Crores	Rs. 105.76 Crores
Release	Rs. 40.00 Crores	Rs. 69.60 Crores (till Sept 06)
Reported Expenditure	Rs. 22.72 Crores	Rs. 10.47 Crores (till Sept 06)
Expenditure/ Release	57%	15 %
Expenditure/ Allocation	26%	10%

Component wise observations and suggested action points are as follows:

JRM 2 RECOMMENDATIONS	ACTION TAKEN & FURTHER ACHIEVEMENTS	SUGGESTED ACTIONS
MATERNAL HEALTH		
<ul style="list-style-type: none"> 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. ANMs claiming home deliveries under JSY. Monitoring to be strengthened at SHCs. 	<ul style="list-style-type: none"> 90% of targeted JSY beneficiaries covered till December 06. JSY help line started in the state. 	<ul style="list-style-type: none"> Provide JSY benefits to all women coming to health institutions, irrespective of them having undergone ANC.

<ul style="list-style-type: none"> • Provide post operative care for mothers through effective tracking. 	<ul style="list-style-type: none"> • 365 health facilities including DH, CHC, PHC, CHCs being developed as 24X7 facilities. 	<ul style="list-style-type: none"> • Procure and distribute RCH kit A and B. • Distribute ASHA kits. • Provide pregnancy detection kits to ASHAs.
<ul style="list-style-type: none"> • Red Cross has assured support in providing blood storage facilities in all districts. State to work towards forming partnership with Red Cross. 	<ul style="list-style-type: none"> • Training for blood storage unit underway. 	
<ul style="list-style-type: none"> • Integration of AYUSH to increase choice for people. Roles of AYUSH and allopathic practitioners to be clarified. 		
		<ul style="list-style-type: none"> • State to revise targets for MMR, IMR so as to align it with national goal for 2012
CHILD HEALTH		
	<ul style="list-style-type: none"> • Immunisation 27% • Panchamrit campaign for immunisation of left out children •Cold chain strengthened • Alternate vaccine delivery in all districts • IMNCI being implemented in 9 districts • Malnourishment 	<ul style="list-style-type: none"> • Appoint retired ANMs/nurses on contract as alternate vaccinator

	treatment centres at 7 DHs	
	<ul style="list-style-type: none"> Budget/PHC for alternate vaccine delivery very low 	<ul style="list-style-type: none"> Use flexi pool for supplementing alternate vaccine delivery funds.
GOVERNANCE		
<ul style="list-style-type: none"> 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 Key observations of Goa conference: early confirmation of contract staff; integrate old and new staff through appropriate reporting system and clear job responsibilities, to be implemented State to spell out equivalent levels of contract staff in government hierarchy. 	<ul style="list-style-type: none"> An external human resource management agency in the process of being appointed. 	

TRAINING/ IEC/ NGO INVOLVEMENT		
<ul style="list-style-type: none"> 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. 		
<ul style="list-style-type: none"> Medical colleges to be involved in training. SBA, EmOC training to be included in MBBS curriculum TBA training to be used as stop gap arrangement till SBAs is all in place and trained. TBAs to play the role of assisting ANMs during delivery 		
<ul style="list-style-type: none"> 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. IEC money from next year to be disbursed under common flexible pool 	<ul style="list-style-type: none"> Swastha Chetna Yatra, and IEC cum mop up campaign conducted in entire state with active participation of health dept staff and the public representatives 	

FINANCIAL MANAGEMENT		
<ul style="list-style-type: none"> As decided in the Goa conference: for simplifying financial procedures and avoiding 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. 		
INNOVATIONS		
<ul style="list-style-type: none"> Next level of institution for referral services to be identified for all facilities. Referral institutions to be prepared to receive referred cases Home visits by ANM/AWW for new born care to be carried out 		
EQUITY AND ACCESS		
<ul style="list-style-type: none"> State to identify the proportion of SC/STs among ASHAs ASHAs to compensated for identified services 		<ul style="list-style-type: none"> Ensure timely payment for ASHAs, provide id cards for ASHAS, and link ASHAS to functional facilities
M&E AND TAREQUIREMENTS		
<ul style="list-style-type: none"> State to provide documentary evidence for achievement of core 13 indicators as specified in enclosure 4 of JRM process manual Data should be provided on 13 process indicators: refer Annex II 		

of JRM process manual.		
OTHER ISSUES		
<ul style="list-style-type: none"> • Donor partners to assist states with strengthening procurement and logistic 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. State to make use of this offer 		

Progress on 13 identified process indicators:

S.No.	RCH Indicator	Level of Achievement
1.	% of ANM positions filled	61%
2.	a. % of districts having full time program manager for RCH b. Administrative and financial powers delegated	89%
3.	% of sampled state and district program managers aware of their responsibilities	100%
4.	% of sampled state and district program 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% 0% 100%

6.	% of districts reporting quarterly financial performance in time	81.25%
7.	% of district plans with specific activities to reach vulnerable communities	0%
8.	% of sampled outreach sessions where guidelines for AD syringe use and safe disposal followed	90.9%
9.	% of sampled FRUs following agreed IP and health care waste disposal procedures	50%
10.	% of 24 hrs PHCs conducting minimum of 10 deliveries per month	22.2%
11.	% of CHCs upgraded as FRUs offering 24 hr EmOC services	10%
12.	% of sampled health facilities offering RTI/ STI services as per the agreed protocols	
13.	M & E Triangulation	