Monitoring Appraisal

NRHM-PIP KARNATAKA
(Second Quarter Appraisal- July-September 2012-13)

Population Research Centre

Institute for Social and Economic Change
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As part of the second quarter monitoring of PIP in Karnataka state, an appraisal was undertaken both at the state head quarters and two selected districts on the functioning of the NRHM. The study focuses appraisal on the approval of budgets, posting of NRHM logo and mandatory disclosures, functional and operational review of certain strategies and compliance to certain conditionalities. The study also examines the quality of service at different facilities in the field districts ascertained from health functionaries and a few beneficiaries. The appraisal is based on qualitative approach.

Two districts, viz., Chitradurga and Hasan are selected for the monitoring purpose of which Chitradurga is a high focus district. The details of the facilities and type of beneficiaries selected for the survey are provided in Appendix I.

Major Findings

Budget and Funds

Item wise allocation of budget is finalized and approval received for the current year in both the study districts. It was reported that around 65 to 70 per cents of the budgeted amount has been released to these districts and as such there are no dearth of funds at the district level at present.

The DPMOs/RCH Officers of the study districts pointed out that they were given only a week's time for preparation of PIP, which is not sufficient if a good PIP is to be prepared. The DPMOs/RCH Officers also mentioned that Medical Officers of the facility do not have program planning skill to prepare action plans and they needed orientation in PIP.

With regard to PIP at the facility level it was reported that not all the facilities had finalized (only 50 % in case of PHCs) Action Plans for the current year which was verified in the visited facilities. It was noticed that District Hospital in Chitradruga and the sub-district hospital and CHC under study in Hassan are yet finalize their Action Plan for the current year. However, more than 80 % funds of facility budgets have been released.

Posting of NRHM L ogo

The DPMOs/RCH Officers of the study districts said that all the vehicles under NRHM (108 ambulance) carried NRHM logo, while it was not posted yet on the buildings constructed (under construction) under NRHM. This was further confirmed in one of the study facilities, viz., Doddaullarthi PHC Chitradurga district constructed under NRHM funds. However, action is being initiated by the state to post the logo on buildings which would be implemented in next couple of months.

Mandatory Disclosures

The details regarding contractual staff appointed under NRHM are yet to be posted/updated on web site in the state as part of fulfillment of mandatory disclosures, which is true for study districts as well. Similarly, information with respect to with transport ambulance regarding details of patients transported and KMs logged are not disclosed as per mandatory conditionalities. Also, details of procurements and civil works under taken by the facilities under NRHM in the state are not available on web site which is found to be true in the study districts. But it has been informed at the head quarters that the action is already initiated in this regard and the information will be uploaded soon in the website.

PIP Strategies and Implementation:

Strategies	Implemented/to be Implemented at State/ District Level as Applicable
Public health planning & financing:	

1.Planning and financing	1. Appraisal of facility wise monthly review of performance is being reported for the district, CHCs and PHCs but not at sub-district and district hospitals. The district health officers want more time (one month) for preparation of PIP. A week allotted currently would not be sufficient. They also suggested greater participation of health and social planning experts and community in the preparation of PIP. 2. No outstanding balance is reported in the study districts 3. Audited statement and FMR figures for 2011-12 have been finalized. Variation was reported only for district hospital, Chitradurga as around 50 % of the funds of the previous year (2011-12) could not be spent. 4. It is reported that special provision has been made not to discharge the mothers from the Golla community within 48 hours after delivery. They will be discharged only after four days. The facilities available under JSSK would be provided until their discharge. This is because Golla community is considered as vulnerable group in Chitradurga district under NRHM which does not allow women to enter home for at least 4 to 5 days of delivery due to social stigma. 5. The MOs of visited facilities particularly in the PHCs appreciated that they are able to maintain housekeeping in the facilities procure certain equipments and carryout minor repair works of the buildings from NRHM fund which was not possible earlier. 6. It was found that the PHCs and sub-district hospitals or CHCs have better Action Plans for utilization of NRHM funds than the district hospitals in both the districts. For instance, 50 % of the funds during previous year could not be utilized by Chitradurga district hospital.
Human resources:	
2.HR policies for NRHM staff <u>Compliance of conditionalities:</u>	While efforts are being made to post the medical and paramedical staffs on the basis of client load, social equity and rational consideration, the officials in both the districts, however, said that it would be difficult to put them into practice. The district and sub-district hospitals (FRUs) have greater unmet need for specialists particularly Gynecologists and Pediatrician, whereas, only one specialist is posted in each of these category as per policy. This appears to be inadequate due to patient load. At the same time, it is

	mentioned that specialists are difficult to get in public services. This being the case, it is much more difficult to get specialist posted at CHCs. It is suggested by the district health officials that immediate steps are necessary to strengthen districts and FRUs with necessary specialists which can later be extended to the CHCs. It is also reported that sometimes the CHCs are overstaffed with paramedical personnel. This was observed in one of the study CHCs.
3.HR Accountability Compliance of conditionalities:	State Program and Finance officials have visited the study districts and facilities for program reviews and financial management, and for addressing utilization of funds effectively during this financial year. For facilities below the district level, it is being regularly done by officials of the district and sub-districts. Doctors and staff nurses are posted in the facilities particularly in CHCs without proper orientation in health programs, and, hence, they are found to be somewhat ineffective in the implementation NRHM programs. They seem to concentrate more on curative clinical services. This was evident in the study CHCs.
4. Training & capacity building	It is reported that several orientation training programs of short periods have been conducted during last 6 months in the study districts and also in the facilities that covered HMIS, MCTS, JSSK, biometry, ophthalmology, RNTCP and biomedical waste management aspects.
Strengthening services:	
5.Drugs, procurement & logistics management policies	The officials in the Hassan district said that they are not facing major problem in procuring drugs or other logistics since warehouse is located within the district itself. Also, Hassan district has generic drugs' sales counter located in the district hospital which is functioning quite effectively. However, in Chitradurga district drugs and other logistics have to be procured from Bellary district warehouse which is causing delay and sometimes short supplies. Of course, a warehouse is under construction in Chitradurga.
6. Ambulance and referral transport	There appears to be no major complaints in recent times regarding ambulance and transport referral services (108 or JS Vahini) in both the study districts. Of course there were complaints of negligence and delay by ambulance staff in the past in Hassan district which even resulted in death of patients (maternal case). A district nodal officer of transport referral organization (108) is looking after patient transports closely monitored by DPMO and district RCH officers. There are seventeen 108-services and eight JS Vahini vehicles in Hassan and sixteen 108-services and five JSV vehicles in Chitradurg

	district operating for patient referral. The officials pointed out that referral transport is being operated only for picking-up the patients from home but not for dropping them back.
7. New infrastructure, maintenance of buildings and house keeping	Minor repair works are carried out by the facilities themselves and monitored by ARSs. Major repair works and new constructions are carried out by KHSDRP and monitored by local ZPs. It may be mentioned that 6 PHCs and 19 SCs were constructed under NRHM funds in Chitradurga district.
Community involvement:	
8.Pateint's feedback and redressal	Generally, patients' feedback and complaints are received orally and through complaint boxes and addressed by concerned facility medical officers and specialist doctors. It is addressed through *Jana Samparka Sabhas* (meant only for health sector) and *Jana Spandana* (all developmental programs) which is attended by local elected representatives, officials and community members. Such meetings are regularly held in the study districts at village, sub-districts and district levels. There are no facilities in the study districts for conducting video conferencing for health related grievances. It may be noted that a Citizen help-desk is established in both the study district hospitals in collaboration with an NGO for guiding patients in seeking various services which is functioning satisfactorily.
9.Community participation Compliance of conditionalities:	ARSs and VHNDCs have been functioning effectively in the study districts as found from the minutes of the proceedings of meetings held in the facilities. ARSs are found to be actively involved in the implementation of Action Plans of NRHM of the facilities. Many health and sanitation activities coordinated by the VHNDCs were highlighted by the officials during the field visit. The officials mentioned about funds raised from the private donors in the study districts towards public health serves which are planned and implemented through ARS. Complaints of misappropriation funds by ARSs (members) are not found in the district.
Coordination & regulation:	
10.Private Public Partnership (PPP)	PPP is achieved in the study districts through functional adoption of PHCs by NGOs (like Karuna Trust), collaboration with private medical college hospitals, mobile clinics and ambulances and curative services by private providers, Red Cross Society, local private clubs, etc.
11. Regulation of private sector services	Private services are regulated and monitored through the provisions of KPME act in both the districts based on investigation by the district team. It is reported in Chitradurga district that an AYUSH service provider has been booked and the facility has been ceased a few months ago for illegally

	providing services.
Monitoring & supervision:	
12.Monitoring and Review <u>Compliance of conditionalities:</u>	Monthly performance reviews of the facilities in the study districts are concurrently being conducted at different levels from district, blocks down to PHCs and SCs on basis of HMIS and MCTS data followed by corrective actions on deficiencies. However, reviews done at the district and sub-district hospitals and CHCs appeared to be irregular and not effective. Coverage of MCTS information in the study districts is 70 to 90 percent. Except during July and August when the health staff were on strike data compilation and uploading on to HMIS web portal has been smooth. It is also said that data compilation from private facilities has been improving over the last few months this year. FMIS data compilation is yet to be implemented in the both study districts.

Beneficiary Perspective on the Sectoral Services

This section presents a brief appraisal on the quality of services provided by the different facilities in the study districts based on the response of the beneficiaries. The details on the selection of beneficiaries are presented in Appendix I. On the whole, the quality of health services seemed to be somewhat satisfactory although there are some issues which need to be addressed. Specifically, the respondents are not happy with the logistic support both in terms of medical personnel and other infra-structure facilities available in the district and sub-district hospitals. They narrated how they have to wait for long extended time in queue to receive MCH services in the sub-district and district hospitals. The beneficiaries are selected based on the type of services they are availing at the facility and the assessment of the beneficiaries on each of the services is provided below.

ANC: A majority of respondents in both the study districts are aware when the ANC registration is to be done i.e., within stipulated time of completing 3 months of pregnancy and all of them were registered during the first trimester except one woman. All the interviewed women had received full package of ANC (3 check-ups+TT+IFA). Most of the women have undergone HIV/AIDS and Anemia test during pregnancy. A few of them had suffered from severe anemia during pregnancy and had taken treatment. It is observed that most of the women of both the districts availed the ANC services from the public facilities, viz, district or sub-district

hospital/CHC/PHC as private facilities are negligible in these districts. Most beneficiaries are also holding Tayi (Mother) card given for MCH services.

Delivery: Most of the deliveries were normal and took place in the public health facilities. A few C-section deliveries were also reported. These districts are also have nearly universal institutional delivery. The available data also show that around 1-2 out of 10 births among the respondents were low birth weight (below 2.5 kg) babies who were treated with necessary pediatric intensive care in the facilities where delivery took place. Most of the women had breastfed the new-born babies within two hours of delivery except cases when mother could not feed the baby for physiological reason and no case of squeezing the milk before breast feeding was reported.

JSSY Incentives: About one-half of the interviewed women were eligible for JSY incentive and received the benefit in both the study districts. The women said that incentive has been paid at the facility where the delivery took place at the time of discharge or in couple of days on producing necessary documents. A few of them faced delay in receiving payment for not being able to produce supporting documents before discharging from the facility.

JSSK: The women seemed to be not fully aware of the benefits of the JSSK scheme. The women who had delivery in district hospital and the study CHC in Chitradurga district said that they spent on food and sometimes for medicines from their own packet while staying at the hospital. However, no such complaint was reported for deliveries by women in the study sub-districts and PHCs in Chitradurga district. As regards Hassan district, there were no major complaints on provision of JSSK benefits. Most of the women in both the study districts have used free ambulance (108-vehicle or JS Vahini) for journey to the facility and the transport referral appeared to be functioning smoothly. They also wanted free transport extended for getting dropped back home from the facility. The benefit is now available only for reaching the facility.

New-born care and FP: Most of the women are aware of new-born care as they have received counseling before discharge from the facility after delivery. This is despite the fact that many of them were not fully aware of JSSK benefits for new-born medical care. 1-2 births out of 10

deliveries are given care in the intensive pediatric ward under JSSK for low-birth weight or premature birth or other neo-natal medical problems. Notably, one woman in Hassan district reported that her one month old baby died as the required treatment could not be given in time due to lack of super specialty pediatric medical care availability in the district hospital, although the case was referred to a private facility. Some of the respondents, of course, mentioned that follow-up activities for new-born care services by the field ANMs is not satisfactory. Counseling and motivation on FP methods in the facilities and at home appeared to be satisfactory in both the study districts, while most of the women are in favor of using female sterilization and many of them have already accepted the method. However, it is interesting to find that young and educated women are inclining to use non-terminal methods of contraception for spacing between children or temporarily.

Adolescent Health: It is mentioned that the girls and boys studying in high-school and above education level are taught and extended yearly counseling sessions in their institutions on family life education aspects (RCH) by the doctors and health paramedical staff. The unmarried adolescents can also visit Sneha clinics organized specially for adolescent health consultations once a week in the facilities. However, it is observed that Sneha clinics are yet to pick-up momentum. But the content of the training provided by the health workers or doctors at the facilities seemed to focus on menstrual hygiene focusing on use of napkins or other genealogical problems than providing counseling on wider aspects of adolescent health (specifically RCH) that includes physiological, psychological, social and behavioral issues as revealed by the responses from the interviewed adolescent girls.

Observations on the Quality of Services: Provider's Perspective

It is said that district and sub-district (FRUs) hospitals receive more patients, perhaps double than their functional capacities and highly disproportional to existing logistics. This is apparently true in the study district and sub-district hospitals as the field team noticed patients waiting in long lines at the consulting rooms and service counters. Moreover the wards are overcrowded with patients in these facilities. Importantly, the doctors explained that gynecology and pediatric units are difficult to handle due to heavy rush. There has been heavy rush in the

pediatric wards in the district and sub-district hospitals. The facilities don't have adequate logistics to deal with the patient rush in terms of specialist doctors or infrastructure. The district Surgeons admitted that the patients are sometimes referred to public facilities from other districts or private institutions. In fact, the problem is so severe that, sometimes the beds are placed on the floor in the wards to accommodate increasing number of patients. For instance every month, 900-1000 deliveries take place on an average in Hassan district hospital (associated as Medical College hospital) and it is about 550-600 in Chitradurga district hospital. And, on an average, about 20-30 cases of babies needed to be provided intensive pediatric care every month in each of the district hospitals. On an average 250-300 deliveries take place every month in the study sub-district hospitals. The situation, however, is quite different in PHCs and CHCs.

On an average 5-8 and 15-20 deliveries take place in the study PHCs and CHCs respectively. However, these facilities receive good number of patients for OPD, ANC and child immunization services etc. It may be noted that CHCs have large space for patient wards and the utilization rate is also not optimum. This is because of various factors including lack of specialist doctors (vacancy not being filled) and lack of other logistics. While, the CHC in Hassan district (viz., Paduvalahippe CHC) is presently served by only one lady doctor who is a Gynecologist. The CHC in Chitradurga district (viz., Parusharmapura CHC) is served by 3 doctors without any specialization who are found to be focusing more on OPD care and not oriented in the provision of NRHM or other program services. Comparatively the study CHC in Hassan district appears to be better maintained than in Chitradurga district, whereas, the study PHC in Chitradurga, (viz., Doddaullarthi PHC) is maintained much better than in Hassan district, (viz., Halekote PHC).

The administration in the District hospital of Hassan and Chitradurga are constrained by inadequate supporting staff particularly in the finance section which is hampering the processing and payment of JSY incentive. As per the latest procedure, payment of JSY incentive is to be made to the beneficiary at the time of discharge of mother from the facility where the delivery takes place. The administrative staff noted that the new procedure has increased their workload as they have to also handle other regular responsibilities. The scrutiny and processing of JSY cases take longer time since appropriate procedures have to be followed for preventing

misappropriation of incentives, because a few forged cases and false claims by beneficiaries as well as Asha workers have been found in the past in the study district and sub-district hospitals. And, the beneficiaries in many cases do not produce necessary documents. The problem is much severe in the district hospitals because of pending cases of JSY payment after the introduction of new procedure (facility based payment) due to large number of deliveries. And, it is mentioned that more than 70 % of deliveries occurring in district/sub-district hospitals are eligible for JYS incentive. The study sub-district hospitals too do not have required strength of administrative staff, but disbursement of JSY incentives seemed to be somewhat satisfactory. Disbursement of JYS incentives in study PHCs is found to be smooth.

Surprisingly, orientation about JSSK scheme and its implementation appeared to be somewhat ineffective in both the study districts. The nursing staff in Hassan district hospital knew about JSSK program and is extending the benefits satisfactorily. Whereas, the knowledge level about JSSK among health staff in Chitradurga district hospital and provision of the benefits is found to be poor. The knowledge about JSSK program and provision of the benefits in the study sub-district hospitals in both the districts seemed to be quite satisfactory. While, the study CHC staff in Hassan district is aware of JSSK program and accordingly providing services, this is not true among staff in CHC in the Chitradurga district. The PHC staff in both the districts have poor knowledge about JSSK program and provision of its benefits and services are also found to be ineffective.

Appendix I

Introduction:

The PIP under NRHM is designed broadly to address issues relating to annual resource allocations and approval of budget, strategies to be adopted and roadmap for implementation of programs, and setting goals to be achieved by the states and districts. State PIP is, of course, determined by local requirements guided by decentralized planning approach. PIPs submitted by the districts are collated to prepare PIP of the state. The main of the PIP is to facilitate the process and proper implementation of benefits extended under NRHM schemes towards improving accessibility to and availability of quality health care for those living in rural and remote areas and the vulnerable groups, i.e., poor, women and children. Given that the PIP is supported by large inputs in terms of finance, personnel and infrastructure it is important to constantly monitor and evaluate functioning of PIP and progress achieved in attaining the set targets, as well as suggest corrective measures for observed deficiencies in operationalizing PIP, if any. Keeping this in view, the present appraisal study on NRHM-PIP monitoring is conducted in Karnataka with the following specific objectives and methodology.

Study Focus, Data and Methodology:

The present appraisal is the second quarter monitoring review in the current year (2012-13) in Karnataka. The study focuses appraisal on the approval of budgets, posting of NRHM logo and mandatory disclosures, functional and operational review of certain strategies, and compliance of certain conditionalities. The study also examines the quality of service at different facilities in the field districts in the operationalization of PIP as ascertained from health functionaries and beneficiaries. The appraisal is based on qualitative approach. Quantitative data are not collected for the appraisal as such.

Information is comprehended from the discussions with program officers of the state, DPMOs/RCH officers, district Surgeons/Specialist doctors, MOs of one sub-district hospital, CHC and PHC, and other paramedical staff in the study districts. Assessment of beneficiaries' appraisal is done by ascertaining the views through exit interviews in the facilities and visiting respondents at home focusing mainly on quality of services relating to MCH, FP and adolescent health aspects. The districts selected for the field study are Hassan and Chitradurga. Chitradurga belongs to Mumbai Karnataka region and a high focus district located in central part of the state, while Hassan belongs to South Karnataka region and fairly developed district in terms of health and demographic indicators. The facility visited in Hassan district includes Holenarasipura sub-district hospital (FRU), Paduvalahippe CHC and Halekote PHC. The facility visited in Chitradurga district includes Chitradurga district hospital, Challakere sub-district hospital (FRU), Parusharampura CHC and Doddaullarthi PHC. In all, 20 and 15 women who have availed MCH services are interviewed in Hassan and Chitradurga districts respectively. And, two unmarried girls are interviewed in Hassan district for eliciting information on adolescent health aspects.