

# National Rural Health Mission

Group X  
Social Audit- National Rural Health Mission (NRHM)

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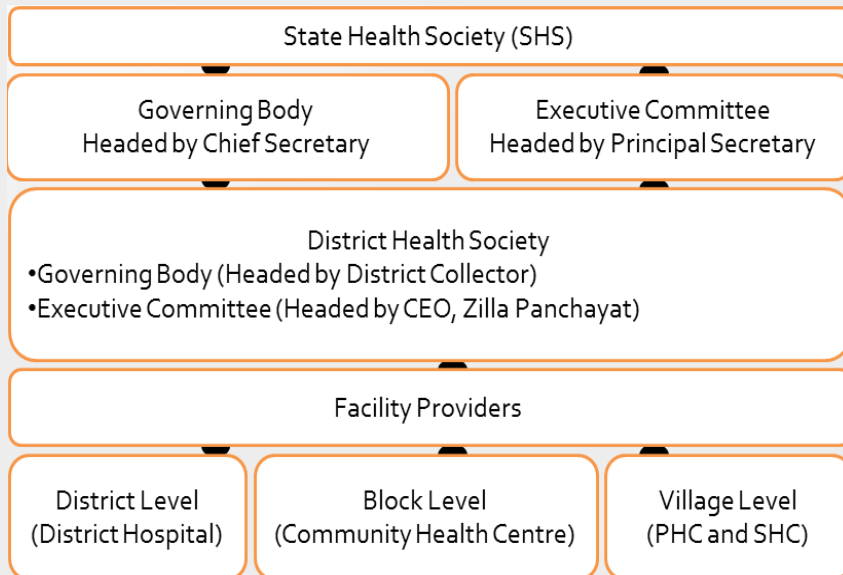
# National Rural Health Mission

- Launched in April 2005.
- To provide accessible, affordable, accountable, effective and reliable healthcare services and to bridge gaps in healthcare facilities

- Report of the year ending **31 March, 2017** for **Government of Chhattisgarh**.

**Objective :** To assess the impact of NRHM on improving reproductive and child health in the State by test check of the following :

- *Extent of availability of health care professionals.*
- *Extent of availability of physical infrastructure.*
- *Quality of health care services provided.*

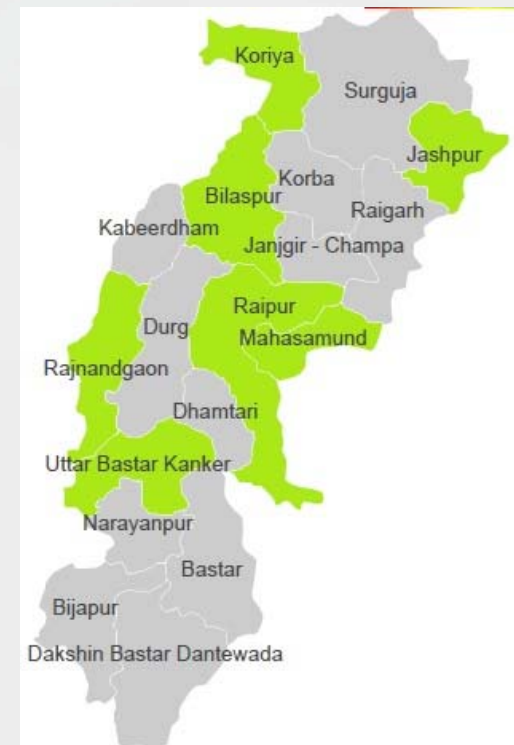


# Audit Criteria

- NRHM framework for implementation 2005-12 and 2012-17
- NRHM operational guidelines for financial management
- Indian public health standards (IPHS) guidelines 2012 for SHCs, PHCs, CHCs and District Hospitals (DHs)
- Operational guidelines for quality assurance in public health facilities 2013
- Assessor's guidebooks for quality assurance in DHs 2013 and CHC (first referral unit) 2014

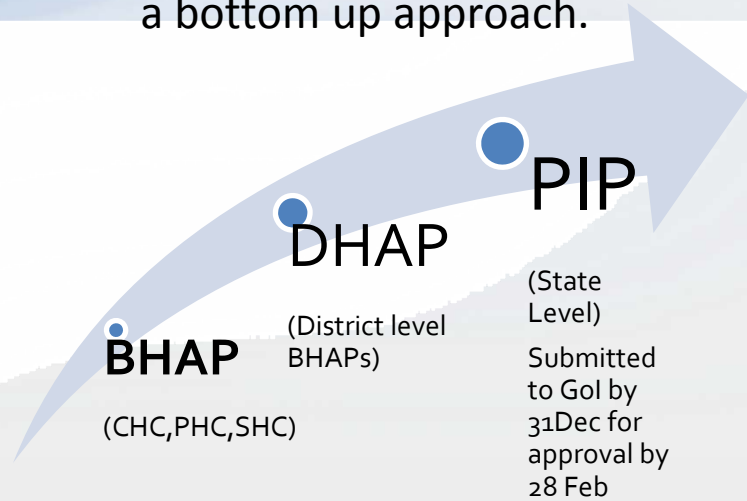
# Scope and Methodology

Period	2012-13 to 2016-17
Method	SRSWOR
District	7/27
CHC	14/169
PHC	28/785
SHC	84/5186

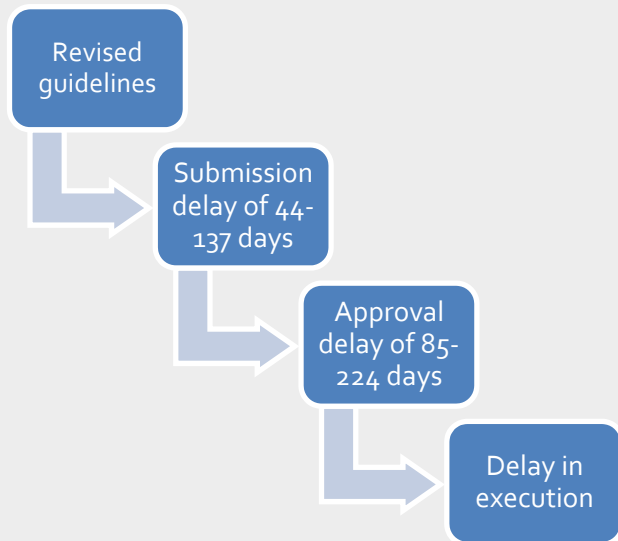


# Planning

- NRHM operational guidelines for financial management prescribe a bottom up approach.

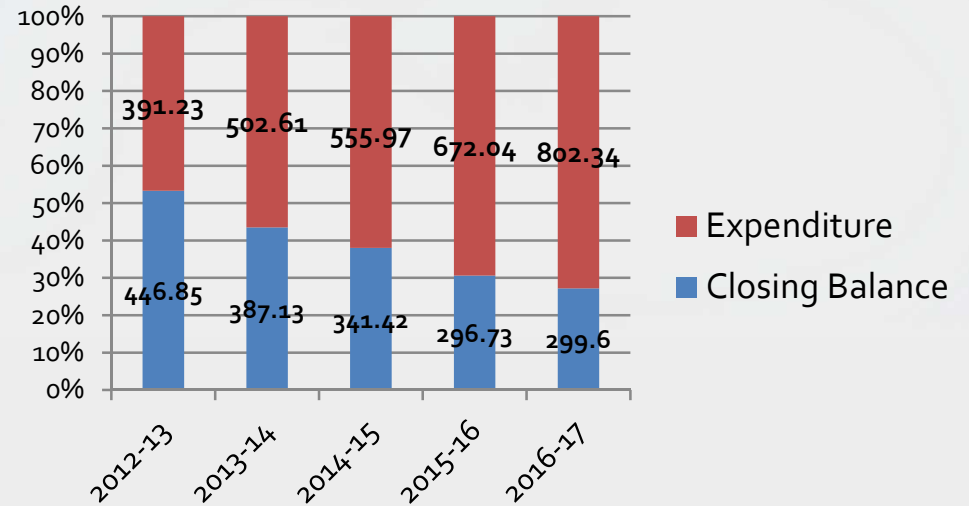


# Finding



# Financial Management

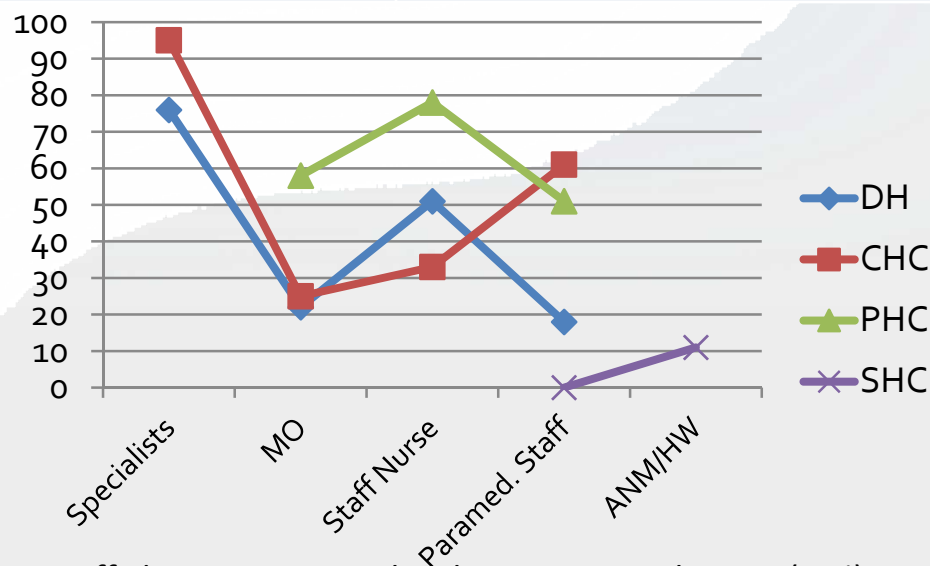
- **Envisages increased public spending**
- **Resource Envelope**
  - unspent balances of previous year
  - Proposed allocation (BE)
  - state share



- Expenditure ranged between 47 to 73 percent with an average of 65 percent.
- **Failure of SHS to spend allotted fund**
  - Non procurement of drugs & equipment
  - Incomplete construction activities
  - Inadequate recruitment of human resources
  - Less routine immunization
  - Less expenditure under female sterilization

• **Impaired the aim of mission**

Sub-Objective	Audit Question	Audit Criteria	Evidence
<b>Audit Objective 1: To assess the impact of NRHM on improving reproductive and child health in the State.</b>			
1.1 Extent of availability of health care professionals	1. Whether health care professionals at DH, CHC, PHC and SHC are available as per standards?	IPHS guidelines 2012 and Government orders	Director of Health services records



Staff Shortage at state level as on 31 March 2017 (in%).  
(Source: Director of Health Services)

### Recommendations :

Department should prioritize filling up of critical vacancies and ensure availability of medical equipments. Drugs, Lab services, etc.

- DHS appointed 1226 MOs but only 474 joined(Feb 2018)
- In test checked districts only 2.3% (220/9412) c-section deliveries conducted in 9 CHC while in 38 CHCs no such facility is available due to non availability of gynecologist.
- In 28 test checked PHC, MO not posted in 19
- Shortage of professionals at all levels of health facilities and patients referred to other hospitals
- Desired health care services have been compromised

*In exit conference PS admitted the shortages and stated that steps are taken to attract and retain specialists, and walk in interviews are conducted every Monday to recruit doctors.*

## Physical Infrastructure(Based on population norms as per IPHS)

### Availability of health centers(shortage in %)

	Year	Requirement as per IPHS norms	Available (shortage percentage)
CHC	2012	200	149 (26)
	2017	223	169 (24)
PHC	2012	795	755 (5)
	2017	884	785 (11)
SHC	2012	5043	5111 (26)
	2017	5617	5186 (8)

**Location of health centers:** No of sampled health centers (14 CHCs, 28 PHCs and 84 SHCs)

- 93% of CHC beyond 30km from the farthest village
- 14% beyond 30 km from the remotest village and 21% of PHC were not accessible by public transport
- 76% of SHC beyond 3 km from the remotest village and 44% were not accessible by public transport

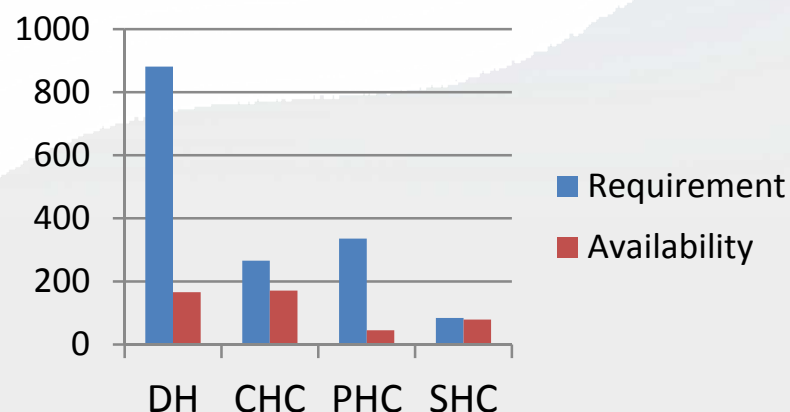
### Construction of health centers

NRHM aims to bridge the gaps in the existing capacity of the rural health infrastructure by establishing functional health facilities through revitalization of the existing physical infrastructure such as health centers and new constructions or renovation, wherever required.

	Completed (252)	Incomplete (197)	Not taken up (70)
CHC	14	7	1
PHC	48	17	9
SHC	190	173	60

# Availability of staff quarters

- IPHS mandates for availability of residential quarters near vicinity of health facilities.



- 22 and 6 quarters at CHCs and PHCs respectively remained vacant due to poor condition, lack of water and electric facility.
- Department failed to complete 159 quarters valued at 25.33 crores taken up during 2012-13 till March 2017.



*In exit conference, the PS stated that due to naxal area, non-receipt of tenders, non-availability of land, construction of quarters are incomplete.*

# Quality of Health Infrastructure

## Major deficiencies in health infrastructure

- Shortage of SHCs
- Only 35% of PHCs upgraded to 24x7 PHCs as of March 2017 – due to shortage of doctors and nurses.
- Only 17% of CHCs upgraded as First Referral Unit (FRUs) – due to unavailability of specialists, nurses, blood storage facilities etc.
- Shortage of equipment at DHs

CHC	PHC	SHC
Facility of surgery not available (72)	Non- availability of medical termination of pregnancy (MTP) service (100)	No designated building(15)
Obstetrics and gynaecology not available (65)	Child care including immunisation not available(15)	No skilled birth attendant, trained ANM(70)
No ultrasound facility available(93)	No laboratory service available (18)	No examination table(35)
No blood storage facility available(65)	No emergency room available(75)	No compound wall(65)
No emergency services(36)	No separate male and female ward available(29)	ANM quarter not available(15)
Operation theatre available but not in use(22)	No diet facility available under JSSK(29)	No functional toilet(20)
<b>[Percentage deficiency found denoted in bracket]</b>		

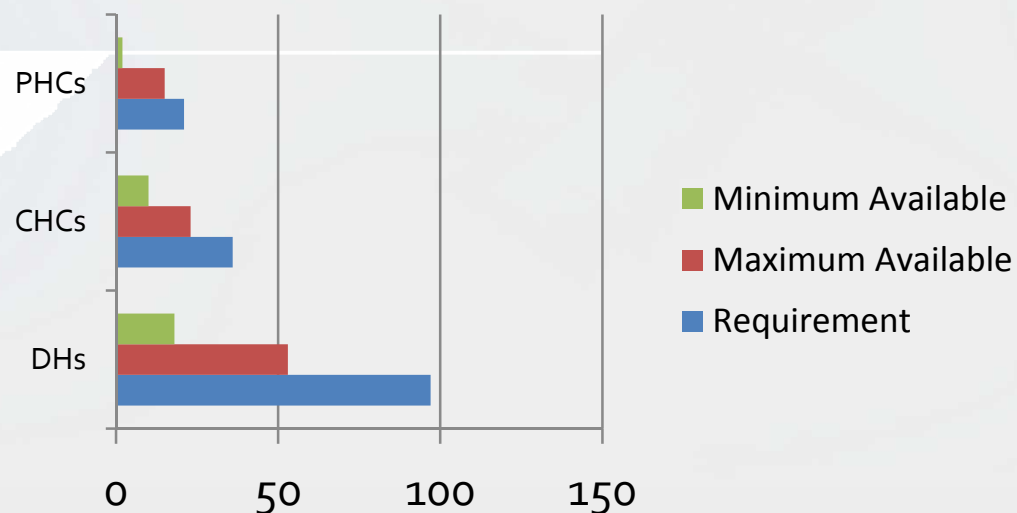


## Quality of Health Infrastructure (cont'd)

### Equipment in Health Centres

	No. of essential equipment required	Avg. no. of essential equipment available
DHs	288	178
CHCs	265	125
PHCs	92	49
SHCs	67	38

### Laboratory Service in Health Centres



### Drugs/consumables in Health Centres

	No. of drugs and consumables required	No of drugs /consumables available
DHs	493	121 to 294
CHCs	176	44 to 118
PHCs	148	37 to 81
SHCs	43	10 to 39

### ***Recommendation***

The Department should assess the gaps in equipment, medicines, diagnostic services etc., and take immediate measures to bridge these by coordinating with the Corporation. Concerted efforts may also be taken to upgrade CHCs to FRUs and all PHCs into 24x7 service providers.

# Quality of Healthcare Services

- Maternal healthcare services

- **Ante Natal Care** : Only 63.54 % women were registered in 1<sup>st</sup> trimester
- **Shortage of IFA tablets** : 7.66 lakh pregnant women were given IFAs with stock balance for 4.17 lakh pregnant women
- **Institutional Delivery** : 53,983 women who delivered at Public Health Institutions did not receive Janani Suraksha Yojana incentive
- **Janani Shishu Suraksha Karyakram** : Rs.1.60 crore were irregularly deducted from RSBY smart card in contravention to mandate to provide free services
- **Post natal care** : A pregnant woman has to stay for minimum 48 hours after normal delivery. 35.27% of the total deliveries discharged within 48 hours.

## Immunization

- Routine immunization/vaccinations for preventable diseases : Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, Measles.
- **77% to 83% immunization achieved.**
- Immunization sessions at LWE areas are being organized at *Hostel*, *Gar* etc.

## Quality assurance

- SQACs are mandated to conduct six monthly visits for assessment of health facilities, however no such meeting held during 2014-16, and no DQAC formed
- Quarterly patient feedback is to be taken in structured format by hospital manager but only 20% survey being done.
- Every health facility is required to conduct death audit of all deaths happening in the facility. However, only 66.65% of deaths were audited.



## Status of ultimate goals

- IMR 39<sub>{25}</sub>/1000 live births (15<sup>th</sup>rank)
- MMR 173<sub>{100}</sub>/1,00,000 live births(12<sup>th</sup>rank)
- TFR 2.2 {2.1}

### Recommendations

- Prioritize filling of critical vacancies
- Access and fill voids in physical infrastructure, equipment, medicines, etc.
- Promote institutional delivery through awareness programme, Motivate women through ASHA workers.
- Provide child immunization on priority basis.

Sub-Objective	Audit Question	Audit Criteria	Evidence
<b>Audit Objective 1: To assess the impact of NRHM on improving reproductive and child health in the State.</b>			
1.2Extent of availability of physical infrastructure	1. Whether health centres are available against IPHS norms?	IPHS guidelines 2012	State Health Society (SHS) Records
	2. Whether health centres are centrally located and easily accessible with all weather motorable road and access to SHC within 3km walking distance.	IPHS guidelines 2012	
	3. Whether Construction and renovation of health infrastructure facilities done?	Director of Health Services, SHS and Department orders	Data collected from SHCs
	4. Whether residential quarters for staff available near vicinity of health facility?	IPHS guidelines 2012	Data collected from SHCs, CHC, PHC, DH
	5. Whether quality health infrastructure available as per standards at SHC, PHC, CHC, DH?	IPHS guidelines 2012	Data collected from SHCs, CHC, PHC, DH
	6. Whether equipments are available at the health centres?	IPHS guidelines 2012	Data collected from SHCs
	7. Whether laboratory services are available at each level of health centre?	IPHS guidelines 2012	
	8. Whether essential Drugs, consumables, laboratory reagents and consumables available?	IPHS guidelines 2012	HMIS database Stock register

Sub-Objective	Audit Question	Audit Criteria	Evidence
<b>Audit Objective 1: To assess the impact of NRHM on improving reproductive and child health in the State.</b>			
1.3 Quality of health care services provided	1. Whether Ante Natal care was provided to all pregnant women?	NRHM framework	SHS records
	2. Whether daily dose of IFA Tablets for 100 days provided to pregnant women?	NRHM framework	District health society (DHS) records HMIS database Stock registers of DHS
	3. Whether Maternal health care services like C-section, Ultrasonography, etc. available in rural health centres	IPHS guidelines 2012 NRHM framework	Data collected from DHs, CHCs, PHCs, SHCs
	4. Whether Institutional delivery services available?	Janani Suraksha Yojana(JSY) guidelines NRHM framework	HMIS Database
	5. Whether the under Janani shishu suraksha karyakram(JSSK) delivered?	JSSK Guidelines RSBY framework	HMIS Database
	6. Whether Post natal care for 48hrs provided after delivery?	Janani Suraksha Yojana(JSY) guidelines	
	7. Whether Immunisation vaccines against seven preventable diseases provided?	Indradhanush Programme	RCH registers at SHC Immunisation records at PHC,CHC, DH
	8. Whether adequate steps are taken for achieving Family planning goals?	NRHM Framework Government orders/targets	Sterilisation records
	9. Whether regular visits for Quality assurance and collection of data on key performance indicators done?	Operational guidelines for quality assurance in public health facilities 2013	Health department records
	10. Whether quarterly feedback of Patient satisfaction survey conducted?	Operational guidelines for quality assurance in public health facilities 2013	
	11. Whether audit of Maternal and infant death review done to improve quality of obstetric care and reduce maternal mortality?	Operational guidelines for quality assurance in public health facilities 2013	