

*Provision of infrastructure, plus manpower plus training plus equipment does not add up to increased quantity or quality of services. Between central and state government, over the RCH-I and RCH-II programmes there has been an investment of about Rs 10 crores into infrastructure of these 100 CHCs. For this investment to be converted into actual improvements in services, we need to invest in some management and motivational processes and resolve along the way a number of systems issues that arise. The Rogi Kalyan Samiti, which was functional in District and Community Health centres before Jeevan Deep Samiti, was fulfilling the task of Hospital Management Committee.*

- a) Improved quality of care in 136 CHCs plus 18 district hospitals, all PHCs and sub centres in these blocks.*
- b) Ensure that all CHCs and PHCs in these blocks are functioning as 24 hour PHCs of IPHS standards*
- c) Ensure that the services provide for equitable access and are woman friendly and adolescent friendly.*

*An investment of about Rs 12 crores in the form of untied funds placed at the disposal of the facilities, and this is used to not only gaps but also stimulate public participation and accountability is well worth it and could accelerate attainment of quality in each of the facilities.*

**Key Operational Elements:**

- a) There would be a participatory hospital management committee built up for all CHCs, PHCs and district hospitals. This is already achieved.*
  - b) Design quality of care standards and quality of care indicators as applicable to PHC and CHC and sub centres, including indicators for gender sensitivity and equity in access.*
  - c) Participatory micro planning to ensure that all employees in these blocks understand the quality standards and identify constraints in closing the gaps: including gaps in minor equipment. This is facilitated by technical assistance agencies for each district.*
  - d) Initiate and support hospital committee level group processes that will address motivational and attitudinal issues.*
  - e) Close gaps in infrastructure, manpower and skills and equipment along with measured improvements in quality.*
  - f) Address all local level “systems” problems- like linkages to a functional ambulance service, designing a viable referral system, getting access to blood organized, ensuring that the referral fund through Mitans is fully utilised. It also requires motivational and management inputs.*
- a) At the end of the two years these FRU facilities should provide adequate quality of the following:*
- a. Access to Basic and comprehensive Emergency Obstetric Care Services*
  - b. Better quality ANC and post partum and neonatal care,*

- c. *institutional neonatal and sick child care,*
  - d. *Reduce unsafe abortions;*
  - e. *Improved RTI/STI services with utilisation of referral system and*
  - f. *ambulance and laboratory services needed to support this set of interventions*
- b) *The performance of the hospitals would be rated by an independent agency, they would be accredited using a star rating system, and the best performers would be rewarded.*
- c) *Annual facility development plans shall be made by the society in order to fulfil the gaps found as part of the assessment and to achieve the various benchmarks on quality norms.*

*Each district hospital and Civil Hospitals would get a grant of Rs 5 lakhs each and, each CHC, PHC, would get a grant of Rs one lakhs each from NRHM flexi-pool. To ensure however that these funds made available under NRHM are used in the manner outlined above we need to deploy technical assistance agencies whose funds need to come from the RCH-II flexi-pool. This could be used for following purposes:*

- a. *Renovation or even new construction to ensure that there is conformity to IPHS standards. Similar standards would be built up for PHCs as well.*
- b. *Improving residences of staff.*
- c. *Buying equipment to close gaps.*
- d. *Local purchase of drugs for the poor.*
- e. *Payment towards fees for the poor to the Jeevan Deep Samiti account.*
- f. *Motivational meetings and training for the Jeevan Deep Samiti members.*

*As per NRHM the J D Samiti should receive seed fund of 5 lakhs each for District Hospitals and Civil Hospitals since there is a larger issue of maintenance and improvements, Rs 1 lakh for each CHCs and PHCs .*

*Each Jeevan deep Samiti after performance evaluation would draw up an annual plan and work to implement it and achieve necessary standards.*

*For strengthening the Jeevandeep Samiti and general administration of the hospital this year it is proposed to deploy one Hospital Administrator with Civil Surgeon, for each district hospital .*

*In addition to this for the operationalisation of FRUs and CHC Jeevandeep Samitis, a technical person like doctors or people with preferably background of hospital management should be appointed. These persons will help them operationalise the FRUs/CHCs with the help of Jeevandeep Samitis. For bigger districts, 2 persons may be appointed. In difficult areas, the salary package may be slightly higher*

*Every sub centres will have Rs 10,000 in joint account of Sarpanch and ANM to reduce the out of pocket expenditure for routine work. This fund will be utilized for proving transport facility for pregnant mother, incentive to Dai, purchase of consumables, disinfect the facility after delivery etc. It could also be used to observe the health and nutrition day in a fitting manner.*

*Another Measure to strengthen the sub centres is to place a second ANM in the sub centres. For this, Provision of second ANMs in proposed priority area. Second ANM to be introduced in all sub centres in tribal blocks, which is not co-terminus with a CHC or PHC and the absenteeism, is not a problem over there. Second ANM also to those sub centres catering to population of more than 6000 based upon mapping. This is estimated at 30% of sub centres. Another 10 % sub centres where ANM position is vacant, we need to provide at least one ANM also. Hence, the additionality is estimated at 40% for the current year, in the salary and personnel heads.*