4th Common Review Mission

CHANDIGARH

Government of India

NATIONAL RURAL HEALTH MISSION

Ministry of Health & Family Welfare

Govt. of India

Introduction: Chandigarh

- Chandigarh is the first well planned modern city of India designed by the French Architect Le Corbusier.
- It was constituted as a Union Territory on 1st November, 1966.

Demographic and Socio Economic Profile

	2011 Projected*	Census 2001
Total Population	14,38,000	9,00,635
Urban (excluding slum)	8,60,600	8,08,515
Rural	1,46,000	92,120
Slum	4,31,400	1,07,125

Infrastructure Up-gradation

- There is no Infrastructure Development Wing in the UT of Chandigarh;
- Engineering Department looks after infrastructure related matters.
- No new construction has been undertaken under NRHM.
- Up gradation of a few health facilities is undergoing.

Recommendation

For timely completion of works, completion time for construction should be fixed.

Human Resources Planning

HR

- There is shortage of staff particularly specialists
- Low pay package restricts competent people to join and stay.
- Sanctioned posts are filled up on contractual basis.

Trainings

- The quality of training is good.
- Trainings like CEmONC, BEmONC and IMNCI need to be initiated

Recommendations.

- *Partnership with other institutions and individual providers to provide specialist services.*

Health Care Service Delivery – Facility Development – Quantity and Quality

- **Case Loads :** Progressive increases in AYUSH treatment an ANC **(AYUSH 32% ANC 48%)**
- CHC 22 and DH are overburdened.
- **Drug and Equipment Adequacy:** All essential drugs are available. Basic drugs are provided free of cost
- **Lab and Diagnostics:** At CHCs lab facilities are available
- **Emergency Transport:** Ambulances available for the emergency referral. More drivers are required to operate all the ambulances round the clock.

Recommendations

- *Upgrade the dispensaries to PHC and rationalize the manpower to reduce overburdening of the hospitals.*

Outreach services

- Outreach services are provided through Sub-centres, MMUs and by ANMs. (**Uddhar Project (Slum health initiative)**
- ANMs conduct outreach camps in slums and villages at every month.
- NGO run two MMUs provide OPD services in the peripheral areas and slums.
- Hidden poverty clusters such as constructions sites, brick kilns and pavement dwellers have restricted reach of services

Recommendations

- *Change the timings of mobile units to make them more suitable to the working poor population*
- *Identifying floating migrants and Poverty clusters with the help of AWW will help extending health services to them.*

ASHA Programme

- AWWs to be used as ASHA.
- There is a plan to train the AWWs of the UT as per the prescribed ASHA modules. 1st round of training of the ASHA is underway.

Recommendations

- *Training of AWWs as link workers should be completed on priority.*

RCH II

- **Maternal Health :**
- Maternal health services are provided through , Civil Dispensaries, CHC, and RH
- **JSY Payments:** Use of JSY is a cause of concern. On account of not having BPL cards the benefits of JSY are not reaching to the needy, poor migratory population.
- **Maternal Death Review:** PGI conducts MDR and IDR and share a monthly report with the UT NRHM.
- **School Health:** There is good coordination between the health and the education departments in the implementation of the school health program.
- **Name based tracking** has started but not in online mode.

Recommendations

- *Promote use of JSY benefits to poor*
- *Computerize the records up to the sub center level to operationalize the name based tracking of pregnant women and children.*

Nutrition and Inter-Sectoral Convergence

- VHNDs are organized at AWC with good coordination between the ICDS and health department .
- Comprehensive and targeted IEC materials prepared.
- Doctor periodically visits the AWCs for care of under nourished children.
- Meetings of Swathya Manch held during VHNDs

Recommendations

- *Strengthen existing coordination between ICDS and the Health Dept to the new AWWs*
- *Establish an NRC in the CHC near bigger slum pockets.*

National Disease Control Programmes (NDCP)

RNTCP: Has achieved expected levels of new Smear Positive case detection and treatment rate.

NVBDCP: Dengue positive cases in the UT increased from 25 in 2009 to 202 in 2010 but no deaths reported due to dengue.

- The Annual Blood Examination Rate increased from 7.6 to 9.0 .

NLEP: House to house survey under **Project Foundation** in 2 slum areas with a population of 35000 where 6 cases were identified and put on treatment .

IDSP:

- Staff need to be trained
- Timeliness and completeness need to be monitored
- Involvement of private service providers need to be enhanced.

Contd..

- **Non Communicable Disease:** Health workers are trained in Non Communicable Diseases for early screening and referral.

Recommendations

- *Make efforts to increase ABER.*
- *On job training of staff in IDSP to increase enrollment and involvement of all service providers should be taken up.*
- *NLEP and RNTCP planning should be based on the total population*

Institutional Mechanism and Program Management

- Regular meetings of State Health Society are organised.
- RKS funds are mostly used for providing drugs to the poor patient.
- Citizen / Patient Charters have not been displayed
- The procurement and logistic system is in place
  - Provision of constituting the purchase committee
  - Provision of constituting an inspection team which approves the specification and quality.

Financial Management

- E-transfer of funds to the health facilities and other agencies not operational
- Tally ERP9 has been procured and customized for NRHM but for RCH it is yet to procure at State level.
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Recommendations

- *Funds should be released through e-transfer from SHS to down level.*
- *Properly implement customized tally, ERP9, accounting software.*

Decentralization

- VHSCs and RKS have been formed
- PRI members are involved in VHSC
- Swasthya Manch / VHSc meetings are being organized monthly
- Panchayats have provided infrastructure support (tables, chairs, cupboards) to the sub centre
- VHSC have been constituted but all members not aware of roles and responsibilities

Recommendations

- *Orientation of VHSC members should be undertaken*

THANK YOU !

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