

5th Common Review Mission State of Haryana

Dissemination Workshop

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MOHFW, New Delhi

5th CRM Team

Team Leader & GOI Representative

Mewat

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State Representative

- Dr. Suresh Dalpat

Hisar

- Ankur Yadav, NIHFW
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State Representative

- Dr Amit Phogat
- Dr. Sawinder Singh
- Dr. Vandana Gupta

Facilities Visited in District Mewat & Hissar

- District Hospitals- 2
- CHCs- 4
- PHCs - 6
- Sub Centres - 9
- Delivery Points - 2
- Outreach Session- 1
- Focus Group Discussion - 3

Strengths

Active participation in State briefing & debriefing by -The Health Secretary, Mission Director, Officers from DHS & other state institutes (NIHFW, SHSRC).

MEWAT & HISSAR BOTH

- Proactive CMO with sound knowledge of all the program activities being implemented.
- Functional referral services with quality ambulances
- Adequate availability of medicines at Health Facilities
- RCH facilities available
- Well functioning cold chain systems up to Block level.
- Detection of low birth weight babies was being done .
- Good Biomedical waste management system
- Functional SNCU

HISAR In Addition

- well functioning Blood Bank at DH, Blood Storage unit at 2 CHC's & good sanitation observed in facilities visited.



Well equipped Emergency transport system

Infrastructure

- **Issues**

- Construction work is being done through PWD (B&R) and some District Hospitals are upgraded through professional agency like NBCC but there are delays in infrastructure development & effective utilization of funds.
- Hence better monitoring or involving other suitable professional agency for infrastructure planning and proper execution may be considered.
- In 2008 State has standardized the designs of CHC, PHC and Sub centre, the new designs conform to IPHS standard. Whether it is being implemented in practice needs to be monitored.

- **Recommendations**

- Separate institutional mechanism/agency required for effective planning, monitoring and maintenance of infrastructure as per approved standards.
- Prioritization of Construction according to case load, manpower and location.

Human Resource

- Issues

- Availability : 285 new posts of doctors are created during 2011-12 by the state govt. Rational placement policy has also been put in place.
- Hence it is important to monitor whether Rational placement policy is being followed in practice in all the health facilities.
- Training : Special emphasis has been laid down for EmONC and LSA trainings of doctors, but continuous monitoring is needed for a systematic training plan & its implementation.
- Recruitment: Special incentive of Rs. 25000/- PM to Specialist and Rs. 10000/- PM to GDMO posted in Mewat.

- Recommendations

- In high focus areas (such as Mewat) compulsory rotational posting along with incentives in form of weightage for PG seats for MO.
- Annual training plan for all levels to be planned and implemented
- Selecting the suitable candidates from the community and sending them for appropriate training

Financial Management –District Level

Issues	Action recommended
Non-availability of Accounting Manpower below CHC	To recruit one additional accounts staff at CHC to provide accounting support to PHCs under it
Delay in Funds transfer to PHC / Sub – Centers and VHSC (Min. 1 ½ months)	Electronic funds transfer below district to be done
Accounting software Tally ERP not implemented below district	To start training in Tally ERP Software and implementation at CHC in current year
SOE, Utilization Certificates not being obtained from VHSC	Effective steps to obtain pending SOE and Utilization Certificates from VHSC
Training of MOs and ANM s in financial guidelines and Model accounting handbooks needed	Training in financial guidelines to be organized at CHC / PHC level
AMG and Untied funds withheld for many CHC/ PHC/ Sub-centers as advances are outstanding	Funds release to be expedited and necessary follow-up to be done for settlement of outstanding advances
User charges earned by SKS are not being used and monthly meetings not held regularly	

Procurement Management System

- Well defined Drug Procurement Policy
- Well managed State and District drug Store
- Issues
 - Quality testing of Drugs
 - Equipment procurement and maintenance to be streamlined: Procurement is done through professional agencies like UNOPS and HLL Life care but delays in the process are a concern.
 - Bio Medical division has been setup to look after repair, maintenance and AMC/CMC of medical and non medical equipments but it needs better monitoring as BP instruments & Haemo globinometers were found not functioning in number of health facilities at sub district level.
- Recommendations
 - To explore possibility of establishing an equipment procurement agency like TNMSC
 - Adaptability of ProMis software with DDMS being used

RCH & health care service delivery: Issues

Findings:

RCH:

- Treatment protocol not displayed in LRs
- Use of Multiple registers in labor rooms for same information
- Partographs not found at most of the facilities
- 48hr stay after delivery not taking place
- free diet under JSSK only up to DH
- Publicity of JSSK at Delivery points not adequate in many facilities
- Overloaded District SNCU
- District QA committee not constituted
- No tracking of severe anaemic PW

JSY:

- Delay in JSY payment

Maternal & Infant Death Audit (MDR & IDR):

- System of Maternal & Infant Death Audit to be improved

Out reach: Immunization, ANC, MMUs, VHND

Issues

- Quality not up to the standards
 - Shortage of immunization card, BCG vaccine
 - Non availability of eligible list with ASHA
 - Non functional BP instrument
 - Injection at gluteal region
 - ANC without laboratory investigation resulting in missing out High risk pregnancy
 - Clinical service by SN/Pharmacist in MMUs

Recommendations

- MO PHC should ensure availability of required assets for out reach activities
- Quality supervisory visit to outreach session particularly for Nutrition component
- Basic laboratory investigation especially for ANC by MMU staff
- Staff to be sensitized for identification of high risk pregnancies in time
- Recruitment /deployment of MOs for MMU, additional incentives



**Injection at gluteal region
instead of antero-lateral in
few outreach**



**Haemoglobinometer with
round hole and square glass
tube**



Non-functional BP apparatus

Decentralised local health action

Issues

VHSC

- there are issue with WCD for Utilization Certificates (Ucs) not being submitted. Scope of functioning and funding of VHS&NC and VLC needs to be clarified.
- Infrequent meetings; no planning
- No record of activities and fund utilization

SKS/RKS

- No system for periodic review of activities & expenses
- Limited awareness regarding grievance redressal mechanisms

Recommendations

- Regular review of activities & expenses required for VHSCs and SKS
- Periodic review of activities & expenses of VHSC & RKS need to be realized as regular deliverables of MOs, ANM, Civil Surgeon and DPM
- Fast recording & redressal of grievances.

ASHAs

Issues

- 13000 ASHAs in place against 14000 required. The gap needs to be filled up
- Non performing ASHAs need to be identified & replaced
- variable training status of ASHA in field (newly recruited ASHA have not been trained to 5th module-Dobla , Nautki)
- No ASHA had been provided with drug kit at the facilities visited.
- No apparent evidence of a mentoring process for ASHA

Recommendations

- Asking Support by Health staff from ICDS (AWW, Sahayika), sarpanch, school teachers to get suitable candidate.
- Preparation of training plan to enhance their skill
- local purchase of drug kit, Timely reimbursement of incentives to keep them motivated
- In monthly meeting at HFs, reward to best performing ASHA

Effective Use of Information Technology

Issues

Workforce

- 6 data entry operators available against 13 posts at CHC/PHC (Mewat)

MCTS

- MCTS data uploading started for pregnant women; not yet for children
- Sub-district entries created by DPMU; Work plan starting to be generated
- Huge backlog of data entry as data entry confined to CHCs

Recommendations

Workforce

- Fast recruitment & effective quality training

MCTS

- Offline data entry format to be encouraged
- Initiate data entry at PHCs ASAP

Gender issues & PCPNDT

Issues

- District Advisory committee is not holding meetings as prescribed
- Monitoring of ultra sound clinics requires more attention

Recommendations

- Meetings of DAC to be organized once in 60 days
- periodic inspection of ultra sound clinics needs to be ensured
- Ultra sound Clinic inspection and thorough study of FORM - F is needed with special emphasis on Gravida-2 & 3 ultrasound done between 11 to 13 weeks where previous children are females only.
- All these cases should be followed till delivery to know sex of child and survival

Preventive & Promotive Health Services

Issues

- Vitamin A to children & Iron Folic Acid tablets being distributed to PW and children but course advised is not completed

Recommendations

- IEC/BCC on nutrition to be enhanced.

National Disease Control Programs: NPCB

Issues

- Limited case load of surgeries (in Mewat)
 - Approx 500 Surgeries (Cataract) performed per year in Mewat
 - cases may be much more than the surgeries performed.
- Limited capacity:
 - 2 Ophthalmologists in Hisar
 - 1 OT in Hisar, GH

Recommendations

- IEC/BCC to be enhanced for increasing awareness about cataract
- Increase capacity to conduct cataract surgeries in the district
- Possibly through alternative models (eg. sourcing of expertise from medical colleges, other districts, etc)

National Disease Control Programs: IDSP

- **Issues (in Hisar)**

- Limited capacity of DSU staff; involved in multiple activities
- Minimal analysis of collected data

- **Suggestions**

- Early warning and control systems for JE outbreaks needs strengthening
- Technical feedback & consultations on collected data at all levels (state ↔ district & district ↔ sub-district)
- FETP Training (Field Epidemiology Training Programme)
- Sensitisation of district health machinery on importance of surveillance, possibly using real life case studies

- **Good practices**

- Monthly disease surveillance initiated... and then stopped in Hisar because of lack of feedback and action
- Tie up with Agroha Medical College for testing for Chikungunya & Dengue in Hisar in place

Program Management

Issues

- DPU & DPM lack the support & capacity to take up the massive planning and monitoring role.
- Mos are handling administrative and financial responsibilities.
- In difficult to reach areas immunization & ANC outreach sessions not being held regularly.

Recommendations

- Existing role & expertise of DPM need to be expanded and number of relevant experts to be added.
- As being implemented in Mewat weekly provision of hiring vehicles for team of ANMs & supervising Mos need to be initiated & continued.

Suggested action areas

- Strengthen management capacity at district and sub-district levels
- Competent and effective mechanisms / agency for
 - infrastructure planning, execution and maintenance
 - drugs and equipment procurement, supply and maintenance
 - tracking and submission of SOEs, especially from VHSCs and SKS (RKS) and concurrent audit
- Mobilize communities in decision making, possibly through SHGs (Self Help Groups) and CBOs (Community Based Groups), using a well planned multi-year strategy
- Program auditing of schemes should be done

Thank You