

Dissemination Workshop

6th Common Review Mission

Delhi

Vigyan Bhawan, New Delhi
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TEAM MEMBERS

S.No.	Name	Designation & Organization
1	Dr. N. K. Dhamija	Dy. Commissioner (Trainings) Team Leader, MoHFW
2	Dr. Gyan Prakash Garg	Sr. Chief Chemist, Deptt. of AYUSH, MoHFW
3	Ms. Deepti Shrivastava	Jt. Director (Stats Division) MoHFW
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5	Dr. Srikanta Barik	Sr. Consultant – NRHM - MoHFW
6	Mr. S. Basavraj	Managing Director TMSA
7	Ms. Anamika Saxena	Consultant -Training Division- MoHFW
8	Dr Anubhav Srivastava	Consultant –NRHM- MoHFW
9	Mr. Puneet Jain	Consultant - NRHM (Finance Division)- MoHFW
10	Dr. (Mrs.) Priya John	Acting Head-Community Medicine (CMAI)
11	Mr. K.V.Hamza	Gen. Secretary, (DNip Care)
12	Mr. Anand Rudra	Project Management Specialist – USAID
13	Dr.(Mrs.) Ritu Agrawal	Consultant (Maternal Health)- UNICEF



Key Strengths

- The Program Managers in State and District Program Management Units are in-service employees of Delhi Govt (DHS & DFW) and there is a complete synergy amongst program managers and all senior officers in both DHS & DFW
- The making of institutional mechanism, format structuring, implementation framework designing, documentation and data management is very strong

Innovations & Best Practices

- The first ANC registration and overall ANC services are available in every facility (of any agency) all across the facilities visited in both the districts
- State of the Art ICT platform available and in use to collect data into MCTS and HMIS
- “*Beti Shakti Abhiyaan*”-A focussed and productive effort to promote Girl child
- Initiation of breast feeding within one hour of birth
- Promotion of spacing methods especially PPIUCD
- Timely investigation and prevention of outbreaks in SW district.

Innovations & Best Practices

- State has an essential drug list of 361 drugs out of which 120 are for primary health care facilities. Free drugs are being provided from State funding and are available in sufficient quantities
- The state has undertaken GIS mapping for identifying facility gaps towards developing an infrastructure plan, and created 53 new centres and strengthened/renovated others in underserved areas of the State
- Inclusion of Janani Suraksha Yojna under e-SLA to ensure payment within 7 days
- Use of Blood Collection drapes in labor rooms of DH & SDH to assess blood loss thereby effective management of PPH



Key Issues

- The tenure of senior officers in the health department is apparently insufficient to absorb, act and deliver the desired outcomes and it does affect the program implementation
- Non-uniformity of governance and nomenclature due to multiplicity of agencies leading to duplication of services, lack of accountability and non-optimal usage

Key Issues

- The Program Managers in both SPMU & DPMUs are still not able to give their best outputs because of lack of any administrative, communication skills, management & finance management trainings and vehicular support for mobility and field visits
- ASHAs were not paid incentives in NE district till date. There is no provision of non-monetary incentive. Lower than 50% achievement for three consecutive months results in ASHA being dropped out from the programme. Pace of training is slow

Key Issues

- The dropout from ANC-1 to ANC-3, still a large no of unreported home deliveries, lack of institutional mechanism on the ground to track high risk and severe anaemia cases were observed
- Supportive supervision & monitoring of programme implementation at field level by the officers and managers is sub-optimal. There is no formal monitoring plan & follow up
- There is no apex training institute to cater to the need of all RCH/ NRHM and DCPs trainings in the State. Training infrastructure, deployment of dedicated manpower and overall focus on training mechanism is very weak in state

Key Issues

- The MS' of Delhi Govt. hospitals report directly to Secretary HFW, the linkages and synergy with SPMU, DPMU's, DHS & DFW is limited
- The NRHM funds and expenditures at some places are being done without following financial rules
- Awareness about the entitlements about the JSSK program is poor among the beneficiaries due to the lack of IEC for JSSK across the State
- Utilization of MCTS/HMIS data for policy and other program implementation is sub-optimal at this stage

Roadmap/Recommendations

- Convergent action and joint accountability

**Constitute
Programme
Committees**


**Constituting
an Executive
Committee**

**Strengthening
of SPMU and
DPMU**

**Expanding
the remit to
all sources
of funds**

**Tenure of
senior officers
may be
considered for
stabilization**

Roadmap/Recommendations

- Formulation of clear cut HR policy,
 - Filling of vacant contractual positions & regularization of posts
 - Recruitment rules need to be reassessed
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- The illustration shows five stylized human silhouettes in blue and green, standing in front of a background of interlocking gears in various colors (blue, green, yellow, red). Below the silhouettes, the words "Human Resources" are written in a light blue, sans-serif font.
- ASHAs need to be skilled and supported to enable her to fulfil her roles of facilitation, social mobilization, and community level care , especially in areas with high marginalized populations by facilitating their selection & training. The state should ensure that ASHA incentives are paid immediately. ASHA performance should be measured on her functionality on key tasks rather than the payment she is given

Roadmap/Recommendations

- Engagement with NGOs and scaling up of innovations piloted by NGOs
- Display of Citizens' Charter in English and Hindi in all health facilities
- Privacy issue of patient in all the facilities need to be addressed
- IEC of JSSK needs to be scaled up. Provision for Patient transport ambulances for inter facility transfer and ensure drop back facility
- Synchronize HMIS & MCTS facility masters and impetus on MCTS

Roadmap/Recommendations

- RKS meetings should be held on regular basis with proper documentation and follow up. Proper training of manpower dealing with RKS
- AYUSH MOs may be involved in National Health Programmes especially School Health Programme
- Post of Finance & Accounts personnel to be filled on priority basis
- Full operationalisation of existing SHSRC is important.
- HFWTC at Saraswati Vihar may be upgraded as SIHFW and as an immediate measure the coordination with MCD Training Institute (Rohini) and integration for training activities may be explored

