

6TH COMMON REVIEW MISSION PUNJAB



Districts visited by the CRM team: Patiala & Moga

Dr. V. S. Salhotra, DC (Adolescent Health)

ACHIEVEMENTS / INNOVATIONS

- The patients have easy access to health services
- JSSK, Mata Kaushlaya Kalyan Yojna (State Scheme) in addition to JSY , Emergency Response Services, School Health programme institutionalized.
- Free treatment of school children for congenital heart disease, cancer and Thalassemia in PGI, CMC, DMC, Silver Oak, IVY and MD Oswal Cancer Hospitals at a cost ranging from 1 to 1.5 lakh per student.
- Mobile Medical Unit- 24 Mobile Medical Units well equipped with diagnostic tools and two doctors for all the districts since December 2008



ACHIVEMENTS/ INNOVATIONS

- Maternal and Child Tracking is in place, Maternal Death Review has been initiated
- Performance of Punjab Health systems corporation for construction and infrastructure upgradation satisfactory
- Financial and career promotion incentives are yielding results to attract manpower to work in difficult areas
- Healthy Baby Competition
- Balrhi Suraksha Yojana
- Incentives (1.5 Lacs) to Panchayats with favourable F:M Ratio for > 4 years continuously




RCH PROGRAMME

- Short fall in no. of Sub Centres: 512
- Infrastructure , below the DH level in Moga district was found to be poor
- Service delivery: Partographs not maintained in the labour rooms, SOPs not available at any facility visited in both districts, ANMs did not perform per abdominal examination) , Participation of adolescent girls minimal in VHND
- Privacy arrangements (curtains, examination table) for ANC check-ups deficient on VHND
- Monitoring and supervision of VHNDs and handholding support to frontline workers by govt. officials was found to be weak.
- Shortage of drugs medicines was seen at the VHNDs.



RCH PROGRAMME

- Use of IEC/BCC was hardly evident on the Mamta diwas.
 - The trainings on IMNCI, F-IMNCI, HBNC have not been undertaken. Quality of trainings is an issue for LSAS, EMOC, SBA, NSSK
 - Biomedical waste management was sub optimal in Moga district
 - No SNCU and NBSU in Moga, Patiala SNCU not operational . DH Moga has no NBCC in OT
 - State needs to establish NRCs for treatment of malnourished children especially, SAM.
 - District hospitals need to establish a functional and licensed blood bank.
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RCH PROGRAMME


- All the investigations for the antenatal women covered under JSSK should be provided free of cost at the health facilities/out-sourced (if not available at the health facilities).
- Condition of ancillary facilities like toilets and power back up need to be improved.



○ **Human Resources**

- Significant no. of posts are lying vacant in Patial and Moga district

Rational Deployment

- Comprehensive plan for deployment of Specialists in FRUs lacking and critical positions of Specialists, MOs, LTs were lying vacant.
 - Moga: dialysis unit not operational due to lack of Medical Specialists
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DRUGS AND SUPPLIES

- System of drugs and logistics management is not uniform and needs attention.
- State needs to inform the districts about the existing rate contracts for drugs and also needs to finalise the rate contracts for remaining drugs at the earliest.
- There is a need for rational drug use and the State needs to monitor the use of drugs at the district level.



- **KNOWLEDGE MANAGEMENT**

- SHSRC needs to be established and made functional.
- Initiative to set up an ASHA resource center should be undertaken by the State.

- **Ayush**

- AYUSH services need attention in the State.
- Supply of AYUSH Medicine is not satisfactory and low attention is being paid towards these systems of Medicine.
- The AYUSH practitioners need to be supported by providing them Para medical staff (Pharmacist and attendant) and separate space
- AYUSH MOs are not involved in all National programmes.



- **ASHA**
- Delay in payment of ASHA incentive is seen in the State.
- ASHAs need to be provided support at the health facility for their services provided to the antenatal cases at odd hours, eg waiting area/room.
- No grievance redressal system for ASHAs

○ **Vector Borne Diseases**

- Vacant posts: State Entomologist and three Zonal Entomologists MPWs, field workers, AMOs, Malaria Investigators and regular DMOs.
- ABER in Patiala and Moga Districts was less than 10%,
- Minimal involvement of ASHAs and ANMs for malaria blood slide collections.
- As the state is endemic for Dengue/DHF and the threat for Chikungunya is already there, there is urgent need for further strengthening the urban areas in terms of human resources and surveillance for virus.



FINANCIAL MANAGEMENT

- Financial Monitoring Reports (FMR/SoE) prepared by the districts and blocks do not have-
 - Physical Progress along with the financial progress.
 - Progress of the National Disease Control Programme.
- Separate bank accounts are not maintained for each programme at district level due to which programme wise tracking of funds cannot be made.
- The pending State share of Rs. 113.70 Crores needs to be settled by the State at the earliest.
- The unspent balance of Rs. 10.27 lakhs under RCH-I should be settled at the earliest.



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PUNJAB CRM
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STATE

Thank You

