

# 8<sup>th</sup> Common Review Mission Chandigarh

Ministry of Health & Family Welfare,  
Government of India

7<sup>th</sup> to 14<sup>th</sup> November 2014



# Chandigarh CRM Team

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# List of Facilities Visited

Facility	Number	Name
DH	1	DH Sector 16
CHC	3	MCH Polyclinic 22, Civil Hospital Manimajra, Poly clinic 45 (under construction)
Civil Dispensary	6	Citco, 37 B, Dhanas, Resettlement colony, Attawa, Mauli Jagaran
AYUSH Dispensary	3	Mauli Jagaran, 47, 37 B
AMU	2	Khuda Jassu, Khuda Lahora
SC	14	Raipur Kalan, KishanGarh, Mali Jagran, Khuda Jassu, Khuda Ali Sher, Sharangpur, sector 47, Dhanas, Sector 45, Sec 44, Palsora, Behlana, Raipur Khurd, Kishan Garh
AWC	2	Raipur Kalan, Indra Colony
UHTC	2	UHTC 44, UHTC Indira Colony
RHTC	1	Sector 54
MC	2	GMCH 32, PGI Chandigarh
Total	36	

# Follow-Up on 4<sup>th</sup> CRM Recommendations

RECOMMENDATIONS	ACTION TAKEN
Increasing load in the facilities needs to be met with improvement in infrastructure and personnel.	Certain health facilities have been/are being upgraded like CHC- Manimajra to Civil Hospital, PolyClinic-45 to CHC and 3 dispensaries to UPHC 7 AMUs have been sanctioned, 5 are established
The benefits of the JSY are to be extended to the underserved and other needy who do not have the BPL card.	Earlier, the benefits of the JSY were given only to BPL card holders but now the benefits are given on the certification of Medical Officers/LHV/ANM as well.
Training of AWWs as Link workers should be completed on priority.	The concept of using the service of Aaganwadi workers was discarded given the increased work load on them and a fresh plan of selecting ASHAs was made. To start with 50 ASHAs shall be selected during 2014-15.
Under RNTCP, treatment success rate and default rate in re-treatment cases in the slum areas, especially in the migrant population should be monitored.	All the pulmonary and extra pulmonary cases in the slums are enlisted and followed individually.
Recruitment of staff for IDSP to be completed and capacity building of new staff to be planned. IDSP data needs to be used for epidemiological analysis for feeding into facility/area plans.	Recruitment of staff under IDSP has been completed and capacity building of the new staff is done by the Programme Officer and Epidemiologist

## Follow-up on 4<sup>th</sup> CRM Recommendations contd.

Low financial utilisation of 25.3% under RCH Flexi Pool and 18% under Mission Flexi Pool indicates the need to strengthen financial management system. Tally ERP 9 needs to be procured and operationalized.	Tally yet to be procured by the State (U.T is still following the manual system of accounting).
Community monitoring needs to be initiated for infusing accountability and effectiveness in programme implementation.	The process of community monitoring is done but not with the help of NGOs, instead with the help of NSS volunteers/Nursing students. Apart from this, U.T. has prepared format 'DOZEN' to know the service availability to the community.
Implementing PROMIS to strengthen procurement and logistics system may be considered.	NOT yet complied. No scientific system for demand assessment at facility level. NO web inventory management system in place.
Performance Measurement system set up and implemented to monitor performance of regular and contractual staff	In place

# Compliance to Key Conditionalities

CONDITIONALITY	STATUS
Rational deployment of HR with the highest priority accorded to high priority districts and delivery points	There is no HR Policy in U.T Chandigarh. Facility-wise deployment of NHM staff has been uploaded on State NHM website under Mandatory Disclosures. However, in instances of irrational deployment were noted during CRM visit.
Facility wise performance audit and corrective action based thereon.	Facility wise HMIS reporting is being done. The facilities are regularly monitored for their performance as per HMIS and MCTS
Gaps in implementation of JSSK	Partial compliance. Free drugs, diagnostics, referral transport not assured. Free diet only available at 2 out of 3 DPs. POOR/NIL IEC regarding JSSK at facilities, community.

# Best Practices

- Convergence-effective linkages have developed with PRIs, Medical College and NGOs.
- Disabled friendly delivery points.
- At DH 16, DNB courses & Internship are being run, also acting as school for Nursing.
- Elaborate dental services available along with relevant drug & logistics. (DH 16, Sector 22, CD19)
- Dialysis & Endoscopy being performed at DH 16.
- Centralized oxygen delivery system and 24hr ECG facility in place at DH 16
- Psychiatric OPD in place and helpline being run under ASHA initiative.
- IEC on Cancer Awareness being carried out.
- Efficient laundry system observed at DH 16.

# Human Resource Intensive Mission

**Heavy dependence on NHM for recruitment and development of Human Resource in U.T. Chandigarh**

For instance, in 2014-15, 75% of RCH and MFP Flexipool dedicated to HR.

Yet **vacancy rate is quite high** ( for e.g. NPCDCS- 70%, NPPCD- 83%, RBSK, RKSK- 39%)

Majority of staff from contractual cadre. Distribution is approximately 60:40.



# Key Findings

- **Janani Shishu Suraksha Karyakram: Major gaps in implementation of entitlement;** many instances of significant out of pocket expenditure for transportation, diagnostics and drugs being incurred were noted. **Awareness is also abysmally low.**
- **Free Drugs and Diagnostics Scheme:** U.T. does not have any standard drug policy and the state does not follow the **EDL policy** as implemented by Government of India. The state has not implemented the NHM free **Diagnostic Services**. Most of the diagnostic services are centralized to DH 16 .
- **Ambulance and Referral Services:** no dedicated helpline for Ambulances. State still to comply to National Ambulance Services (NAS) Guidelines.
- **Quality Assurance : SQAC not yet constituted.** Gap analysis as per check lists of QA programme, awareness training, service providers training and internal assessors training has not been done.
- **National Urban Health Mission:** in spite continued efforts by the U.T., they have not been able to **constitute a Mahila Arogya Samiti** till now, as most of the slum population is migratory.
- No institutionalized **Grievance Redressal Mechanism** in place.
- Citizen charter and entitlements at most facilities is missing. Also, signage at health facilities is inadequate.

# Key Findings (continued)

- Better Space Management is required- rationalization of beds.
- Serval instances of **irrational deployment of existing HR** were observed.
- Under **Finance division**, there were many in-operative accounts under programmes such as NPCB, NLEP, IDSP and NVBDCP.
- Rogi Kalyan Samities (RKS): (a). Meetings has not taken place regularly, (b) No recording of transactions incurred in FY 2013-14 at Civil Hospital, Mani Majra and (c) Statutory Audit has not been taken at RKS Sec. 16.
- Relating to **drug procurement**, provision of storage facilities is inadequate with insufficient racks and storage space.
- **Few Essential commodities** as per the 5X5 Matrix of RMNCH+A were deficient. (Vitamin A, mini IFA and IFA syrup, Mifepristone, MUAC, testing equipment of Hb, PTKs)
- There are **no dedicated vehicles** for transportation of drugs and vaccines. Ambulances are being used for this purpose.
- Gaps in implementation of **Clinical Establishment Act (2010)**
- Atomic Energy Regulatory Board Guidelines is also not being adhered to.

# Recommendations

- **JSSK:** U.T. to ensure implementation of all entitlements under JSSK. IEC regarding JSSK needs to be improved.
- **Free Drug Policy/Diagnostics Scheme:** U.T. should implement the NHM Free Diagnostic Services with display of information on entitlements. U.T. may explore the possibility of PPP arrangement to functionalize the ultrasound facilities at all 3 DPs.
- Moreover, the **drug management system** for the state should be **computerized**. Therapeutic committee for conducting prescription audit should be constituted.
- **Ambulance Services:** State needs to comply to National Ambulance Services (NAS) Guidelines and strengthen ambulance network across the U.T.
- **Quality Assurance:** Expedite roll out of Quality Assurance programme and undertake initiatives as per revised QA guidelines.

# Recommendations (continued)

- Expedite roll out of **NUHM** and constitute MAS.
- Institutionalize **Grievance Redressal Mechanism** across facilities.
- **Human Resource:** Expedite recruitment process and fill vacancies especially under programmes NPPCD and NPCDCS.
- HRMIS needs to be in place to develop proper linkages between performance assessment and payments/promotions.
- Leverage **training initiatives** across programmes, ensure satisfactory implementation of annual plans. Provide adequate training to Public Health managers.
- **Finance Training** to be planned and organized for all the finance staff. The staff should be trained to use Tally ERP 9 and PFMS. There should be **immediate closure of the non-operational bank accounts**.

**Thank You**