

# **8th Common Review Mission of National Health Mission - Punjab National Debriefing**

**16.02.2015**

# Team Members

2

<b>Sangrur District</b>	<b>SBS Nagar</b>
Ms. Preeti Pant	Mr. Mahendar Pal
Dr. Nishant Kumar	Dr. Sandeep Rathod
Dr. Ajay	Mr. Anil Gupta
Dr. Rajesh	Dr. Saurabh Gupta
Mr. Sahil Chopra	Mr. Deepak
Dr. Jatin Dhingra	Dr. B R Thapar
Mr Ritesh Laddha	Ms. Rita Pradhan
Mr. Subash Satyam	Ms. Tanvi Jain
	Mr. Daman Ahuja

# Facilities visited

3

## Sangrur District (HPD)

## SBS Nagar District

**Blocks visited:** Amargarh, Kauhrian, Malerkotla, Longowal, Balachaur and Saroya

### Facilities visited:

1. DH, Sangrur
2. SDH, Malerkotla
3. Urban Slum Dispensary, Malerkotla
4. 24x7 PHC, R H Cheema
5. Sub Centre, Beerkalan
6. Mini PHC, Jakhepal
7. CHC, Lehra Gaga
8. PHC, Chajli
9. CHC, Koriya
10. CHC, Amargarh
11. SDH, Sunam
12. SC, Chonda
13. 24x7 PHC, Manvi
14. Mamta Divas at Badla, Chonda, Cheema & Beerkalan

### Facilities visited:

1. DH, Nawanshahar
2. SDH, Balachaur
3. CHC, Saroya
4. Sub Center, Saroya
5. Mini PHC, Paniali
6. AWC, Paniali
7. 2 VHNDs / AWCs in Balachaur Block
8. CHC, Mukandpur
9. SC, Mukandpur
10. SC, Gunachar
11. PHC, Aur
12. PHC, Khakhatkalam

# Good Practices

4

## 1. Service Delivery

- Sufficient availability of medicines, Well functional Cold chain management & Drug De-addiction center
- Increasing uptake of services - Especially at the delivery points

## 2. RMNCH+A

### 2.a Reproductive Health

- SN/ANMs trained in IUCD insertion – Uptake of IUCD services good
- Home Delivery of contraceptives & availability of Pregnancy testing kits was ensured through ASHA in both the Districts

### 2.b Maternal Health

- MDR – District level review of Maternal Deaths by District Collector and CMO being done
- Line listing of high risk pregnancies available at all facilities
- Availability of IFA, Oxytocin and Magnesium Sulphate at all level

# Good Practices

5

## 2.c New Born Health

- Counseling for early initiation and exclusive breast feeding observed
- Vitamin K being administered at all level however knowledge about dosage was poor
- HBNC visits undertaken by ASHA

## 2.d Child Health

- RI sessions were planned as per due list – Vaccines, diluents and syringes available as per load
- Availability and knowledge of using Zinc at all levels

## 2.e Adolescent Health

- ARSH trained MOs available in all facilities
- WIFS program rolled out in both District and blue IFA found at all levels

# Good Practices

6

## 3. Disease Control Program

### 3. a Integrated Disease Surveillance Program

- Reporting mechanism well established under IDSP

### 3. b. National Vector Born Disease Control Program

- Vector control measures found satisfactory (*Total Malaria and Dengue cases are showing declining trend*)

### 3. c. Revised National TB Control Program

- ASHAs being used as DOT provider – Requires monitoring

### 3. d. National Leprosy Elimination Program

- Case detection and management for completion of treatment was satisfactory

### 3. e. National Program for Control of Blindness

- Regular screening of students for refractive error being done

# Good Practices

7

## 4. HR & Training

- PHCs and CHCs adequately staffed – In terms of Staff Nurses and LHVs
- Most of the program related training have been given to SN/ANMs except PPIUCD

## 5. Community Process

- All ASHAs trained in Module 6 & 7
- Payments were made through e-transfer to ASHA

## 6. Information and Knowledge Mgt.

- HMIS maintained and regular updation at the Block & District level

## 7. Health Care Financing

- Maintenance of Books of Accounts was satisfactory
- 96% of the agencies registered on PFMS portal

# Good Practices

8

## 8. Drugs & Diagnostics

- Sufficient availability of drugs and Essential Drug List (EDL) displayed at all the facilities

## 9. Urban Health – Observation

- Preparatory activities undertaken – NUHM yet to be made fully operational

## 10. Governance & Management

- Regular review meetings held at State level chaired by Principal Secretary and Mission Director, NHM
- A separate Punjab Health Systems Corporation (PHSC) exists in the State
- PHSC is a nodal agency for health infrastructure upgradation and maintenance of equipments



# Areas of Concern

9

## 1. Service Delivery

- None of the facilities visited had toilet services attached with labor rooms
- Referral transport needs strengthening – Home to facility transfer not observed

## 2. RMNCH+A

### 2.a Reproductive Health

- PPIUCD training only uptill Gynaecologist, not below

### 2.b Maternal Health

- Lack of display of SBA protocols in labour rooms
- Non functional Blood Storage Unit at CHC level in both Districts
- Poor infection prevention practices observed

### 2.c New Born Health

- Overall New Born care services very poor in both the Districts
- SNCU & NBSU not functional in both Districts even NBCC not available at PHC level

# Areas of Concern

10

## 2.d Child Health

- ❑ RBSK – Progress was very poor
- ❑ DEIC not established in both Districts

## 2.e Adolescent Health

- ❑ ARSH clinic underutilized (10 patients/month)
- ❑ Training on RSKS not initiated in both Districts
- ❑ Compliance card and WIFS register found inadequate or unavailable – WIFS poor at AWC

## 3. Disease Control Programs

### 3. a Integrated Disease Surveillance Program

- ❑ Data generated from IDSP network not being utilized for preparing District Health Action Plan – A part of 6<sup>th</sup> CRM recommendation

# Areas of Concern

11

## 3. b. National Vector Born Disease Control Program

- ❑ Old drug policy (2010) displayed in all the facilities (new policy released in 2013)

## 3. c. Revised National TB Control Program

- ❑ Suboptimal NIKSHAY entries and private TB notification – needs urgent attention

## 3. d. National Program for Control of Blindness

- ❑ Micro planning and mapping of infrastructure not done

## 4. HR & Training

- ❑ Large number of vacancies in specialist positions (*A part of 6<sup>th</sup> CRM recommendation*)
- ❑ Need based planning of Training targets not followed

## 5. Community Process

- ❑ Involvement of PRIs almost 'NIL' though the highest number of PRIs trained

# Areas of Concern

12

## **6. Information and Knowledge Mgt.**

- ❑ MCTS implemented in the State but needs to be updated on a regular basis

## **7. Health Care Financing**

- ❑ Physical progress not captured FMR wise, only financial progress was maintained
- ❑ RKS registered but Statutory obligations not being complied

## **8. Drugs & Diagnostics**

- ❑ Mechanism to track near expiry drugs not streamlined

## **9. Governance & Management**

- ❑ Despite officials from PHSC present at District level, the coordination level was weak with DHS level
- ❑ Supportive supervision and monitoring was poor at the District level

# Recommendations

13

- ❑ Computerized monitoring of the drugs availability at 100 identified facilities
- ❑ 100 facilities identified should be well staffed for providing optimal services
- ❑ For better monitoring at District & Sub District level - Asset register for inventory purchase from NHM funds to be maintained
- ❑ Detailed review of Dial 108 services – For optimal utilization
- ❑ Supportive supervision needs attention – Not only for identifying gaps but for corrective action and follow up
- ❑ HMIS data should be used for periodic review of programs
- ❑ Districts encouraged to prepare decentralized district action plans using HMIS and greater stakeholder involvement for planning

Lay out of Vaccine

H-	Hepatitis
D-	DPT
T-	TT
G-	BCG
M-	Measal
O-	OPV

O MY GOD THORI DER HOR

**ILR**  
**CHC-Mukandpur**

**Thank You**