5th Common Review Mission
State of Haryana

Dissemination Workshop
12th January 2012
MOHFW, New Delhi
5th CRM Team

Team Leader & GOI Representative

Mewat

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State Representative

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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
<table>
<thead>
<tr>
<th>Issues</th>
<th>Action recommended</th>
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<tr>
<td>Non-availability of Accounting Manpower below CHC</td>
<td>To recruit one additional accounts staff at CHC to provide accounting support to PHCs under it</td>
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<td>Delay in Funds transfer to PHC / Sub-Centers and VHSC (Min. 1.5 months)</td>
<td>Electronic funds transfer below district to be done</td>
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<td>Accounting software Tally ERP not implemented below district</td>
<td>To start training in Tally ERP Software and implementation at CHC in current year</td>
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<td>SOE, Utilization Certificates not being obtained from VHSC</td>
<td>Effective steps to obtain pending SOE and Utilization Certificates from VHSC</td>
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<td>Training of MOs and ANMs in financial guidelines and Model accounting handbooks needed</td>
<td>Training in financial guidelines to be organized at CHC / PHC level</td>
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<td>AMG and Untied funds withheld for many CHC/PHC/Sub-centers as advances are outstanding</td>
<td>Funds release to be expedited and necessary follow-up to be done for settlement of outstanding advances</td>
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<td>User charges earned by SKS are not being used and monthly meetings not held regularly</td>
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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

• DPUs & 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