PRESENTATION ON
7TH COMMON REVIEW MISSION (CRM)
NRHM - HARYANA
(AMBALA & PALWAL)
(8 - 15TH NOVEMBER, 2013)
1. **Newborn Care & Resuscitation and Facility Readiness:**

   Initiatives have been taken to evaluate skills and train health workers including, ANMs, Staff Nurses, and MOs for providing care during the first golden minute.

2. **SNCU Online Data Entry and Surveillance:**

   Each newborn admitted in SNCU is being entered in online software.

3. **Line listing for each newborn followed up in community under HBNC:**

   Each newborn is being followed up under HBNC program and the data is being entered in online portal.

4. **Linkages of SNCU discharged babies with HBNC:**

   For follow-up of SNCU admitted babies linkages have been established with HBNC.
5. Infant Death Review (IDR):
Guidelines have been developed and disseminated to districts about infant death review i.e. minimum one review in each PHC per month.

6. Launch of Anaemia Tracking Module:
A major initiative has been launched to track those women suffering from anaemia during Pregnancy and take corrective action for the gaps administered during Antenatal period to reduce maternal mortality.

7. Supportive Supervision:
NRHM, Haryana has introduced and implemented the concepts and process of supportive supervision thereby changing the attitude of the staff to work efficiently.
Focus Areas of CRM Review in Haryana

• RCH service delivery at Service Delivery Points – Commendable in Ambala & substantial improvement is there in Palwal

• Drug supply chain management system - Drug availability is adequate at all level of facilities in Ambala; SCM and e-indenting facility is available upto the CHC level.

• HR – Staff is knowledgeable & improved skills of ANM, ASHA, SN in Ambala have been observed, but needs focused attention in Palwal.

• Innovations – In Palwal *Upkar Mandal, a Community Based Organization* is effectively working as a catalyst for generating demand for opthalmic interventions and is also providing opportunity for the community to avail the services.
# MAJOR FACILITIES VISITED BY THE TEAM

<table>
<thead>
<tr>
<th>AMBALA</th>
<th>PALWAL</th>
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<tbody>
<tr>
<td>DH-AMBALA</td>
<td>GH- PALWAL</td>
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<tr>
<td>SDH- NARAINGARH</td>
<td>CHC- HATHIN</td>
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<td>CHC-SHEHJADPUR</td>
<td>CHC-HODAL</td>
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<td>CHC-MULLANA</td>
<td>PHC-ALAWALPUR</td>
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<td>CHC-CHAUDMASTPUR</td>
<td>PHC-ALAWALPUR</td>
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<td>PHC-NAHONI</td>
<td>PHC-MANDKULA</td>
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<td>PHC-SAMLEHDI</td>
<td>PHC-HASSANPUR</td>
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<td>SC-KHODAKHURD</td>
<td>SC- PUNDRI</td>
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<td>SC-BERPURA</td>
<td>SC-GAILAB</td>
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<td>SC-LALPUR</td>
<td>SC-PRITHLA</td>
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<td>SC-DHANANA</td>
<td>SC-DIGHOT</td>
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<td>VILLAGES -</td>
<td>SC-JANOLI</td>
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<tr>
<td>- TANGEDIA</td>
<td>SC-TAHAR</td>
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<td>- LOTTAN</td>
<td>SC-METHAPUR</td>
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Infrastructure & Equipment

The state has been augmenting the level of infrastructure availability, especially in the rural areas.

In Ambala this is reflected in the ongoing construction, renovation, upgradation resulting in clean facilities with excellently appointed labour rooms, ANC and PNC wards, (except at the DH), and laboratories etc. This activity is even more intensive in Palwal.

Cleanliness of facilities was better in Ambala than in Palwal. All facilities had well displayed signages. However at Ambala DH, some of the signages were in English. In Palwal, all signages were in Hindi.

PHCs and SCs need further improvement in the quality of delivery huts. Mechanisms to ensure 48 hrs stay to be explored for deliveries at SCs.

Staff accommodation is either not available or of poor quality at 24/7 centres.

Utilities such as Bio Medical Waste, water supply, sanitation, kitchen and power back up was found to be adequate across all facilities up to the PHC level.
Service Delivery

Service delivery for RCH and other clinical services has increased in varying degrees across facilities, with the greatest load at DH.

Service delivery, especially outreach services for migrant populations at brick kilns need to be incorporated in district plans.

AYUSH is co-located with functional panchkarma unit. Patient inflow was found to be on an average as high as 150 per day, reflecting a good utilization.

Signage of ‘National Ambulance Service’ was not found on any ambulance in Ambala but was visible in the new ambulances procured in Palwal district.

MMU is not available in Ambala, but is available in Palwal.
Services in SNCU were found to be proper, despite a heavy case load. Overall, the facilities, especially the labour rooms at all service delivery points up to the PHC are very good. Partographs were being used at higher level of facilities.

New born corners and radiant warmers should be used optimally.

Ambulance: GPS was not functional in Ambala and in Palwal.

No facility is able to retain the women following delivery for the required 48 hours.

The SNCU in Ambala was found to be in excellent condition with good utilization.

Free diet as part of JSSK program, is provided only at the district level. The team was informed that almonds were being provided as substitute for meals at the facilities in Ambala.
RCH

**JSY** - JSY incentive payments in Palwal, were not being made timely.

**IMNCI** - Proper records maintained and well displayed protocols.

**HBNC** – Proper records maintained.

**Immunization** – overall excellent. Well organized outreach sessions, due list available, efficient cold chain, trained HR, good record keeping. VHND was restricted to immunization.

**RBSK /School Health Program**—Teams are trained, screening has begun in schools in Palwal. In Ambala, screening at AWC is ongoing. Medicines are allopathic, while the doctors are AYUSH.

**ARSH** – Functional clinics were available in Palwal and Ambala. However, uptake of services was low. Gender specific counselors are needed.
Haryana is endemic for JE, Malaria and Dengue. MIS data shows ABER (6 – 8%) in the districts visited, against norm of 10%.

PHC Hathin – outbreak of Malaria detected late due to poor active surveillance and due to lack of manpower in the field. However, age specific ACT not available at the site of outbreak.

Labs – poor quality of equipment (microscope) and consumable (stain). DH of Ambala and Palwal need to have more diagnostic facilities.

JE sentinel surveillance centre should be linked to PGI Chandigarh.

Surveillance system, Case detection and treatment, vector control measures must be strengthened in the districts in reference to accurate epidemiological inputs at all levels.
DCP (Malaria) - Recommendations

• Surveillance system must be strengthened, as the state is endemic for Malaria, JE and Dengue.

• Vector surveillance be augmented for better vector management.

• Devise action plan for malaria control in endemic areas.

• Regular monitoring of entomological parameters in endemic and urban areas.

• Lab services may be re-organised under VBDCP.

• As the area has JE potential, immunization against JE in Palwal is required.

• Additional microscopes may be provided to separate AFB and Malaria work.
DCP- RNTCP, Leprosy, Blindness

RNTCP - Need to shift the criteria from A to C for Haryana, for improving identification of MDR suspects.

Diagnosis of paediatric cases is sub optimal in Ambala.

HIV and TB testing facilities should be co-located.

No state level training of MO and para medical staff has been done since 2010.

The services should be decentralized for improving accessibility to DOT services.

Blindness: Provision of spectacles to children screened with refractive errors was sub-optimal.
Human Resource & Training

• HR shortages exist across the facilities, especially for medical and nursing cadre. The role of Yashoda’s appeared to be well integrated.

• AYUSH personnel are co-located and involved in providing clinical services and supporting the monitoring of national and school based health programs.

• Need to build greater level of coordination between the front line health workers and AWW and other ICDS functionaries.

• On the Job education is being provided to staff at some facilities by their supervisors and MOs and even written test for SNs has been conducted by an MO at a facility in Ambala.

• ASHA facilitators are very few and needs capacity building.
Community Processes & Convergence

VHSNCs – In both districts, VHSNCs though formed are poorly functioning.

Participation of PRI representatives needs improvement.

VHND – Were routinely organised, but activities found to be limited to immunization.

ASHA – ASHA recruitment and deployment is satisfactory. All the ASHAs have been trained up to 5\textsuperscript{th} module, and on HBPNC from the 6\textsuperscript{th} and 7\textsuperscript{th} module.

ASHA kits – ASHAs knowledge of the contents and use of these kits was satisfactory, however the replenishment procedure was not clear.

\textit{High level of community awareness of their ASHAs who acknowledged their support}
Information and Knowledge Management

Online district health information system is being implemented in all facilities up to the PHC level.

The quality of data entered needs improvement.

Periodical programme reviews based on data reported under HMIS/ DHIS should be proactively done.

MCTS records are well kept in most of the SCs.

Work plans are required to be generated for MCTS.

Registration of pregnant women and Children in MCTS needs to be improved.
Financial Management

Expenditure Trend in Ambala for the financial year 2010-11 to 2012-13

<table>
<thead>
<tr>
<th>AMBALA</th>
<th>RCH FLEXI POOL</th>
<th>PIP</th>
<th>Expenditure</th>
<th>% of Expenditure</th>
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<tbody>
<tr>
<td></td>
<td>2010-11</td>
<td>229.91</td>
<td>192.27</td>
<td>83.63</td>
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<tr>
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<td>2011-12</td>
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<td></td>
<td>2012-13</td>
<td>484.00</td>
<td>407.09</td>
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<tr>
<th>Mission Flexible Pool</th>
<th>PIP</th>
<th>Expenditure</th>
<th>% of Expenditure</th>
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<tbody>
<tr>
<td>2010-11</td>
<td>481.28</td>
<td>445.31</td>
<td>92.53</td>
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<tr>
<td>2011-12</td>
<td>300.82</td>
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<td>2012-13</td>
<td>389.21</td>
<td>396.19</td>
<td>101.79</td>
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### Expenditure trend in Palwal for the financial year 2010-11 to 2012-13

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<tr>
<th></th>
<th>Mission Flexible Pool</th>
<th>PIP</th>
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<th>% of Expenditure</th>
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<tbody>
<tr>
<td>2010-11</td>
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<tr>
<td>2011-12</td>
<td>261.76</td>
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<tr>
<td>2012-13</td>
<td>306.59</td>
<td>339.46</td>
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<tr>
<th></th>
<th>PALWAL</th>
<th>PIP</th>
<th>Expenditure</th>
<th>% of Expenditure</th>
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<tbody>
<tr>
<td>RCH FLEXI POOL</td>
<td>PIP</td>
<td>Expenditure</td>
<td>% of Expenditure</td>
<td></td>
</tr>
<tr>
<td>2010-11</td>
<td>161.70</td>
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</tr>
<tr>
<td>2011-12</td>
<td>304.57</td>
<td>245.55</td>
<td>80.62</td>
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</tr>
<tr>
<td>2012-13</td>
<td>382.55</td>
<td>305.43</td>
<td>79.84</td>
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**Suggestions – Financial Mgmt.**

**Tally ERP-9** is being used in Ambala DHS. Below DHS books of accounts were maintained manually. In CHCs and PHCs there were no separate computer for Accounts person.

**Group bank account** should be at all levels. There should be one main account from where funds should be transferred to the account of each program.

Director Finance / State Finance Manager must visit districts every month for improving the financial management system.

**ARSH** – single signatory is operating the ARSH Accounts which is not appropriate as per financial management guidelines.
Facility level infrastructure for storage and inventory management is satisfactory.

Most of the essential drugs are available in public health system.

Computerisation and e-indenting is currently available only at DH and CHC level. However, some CHCs and all the PHCs continue to use manual indenting and reporting.

Focus on orienting and encouraging medical officers in use of Standard Treatment Guidelines for prescribing generic medicines from EDL.
Recommendations (Summary of above)

1. **Infrastructure**: The PHCs and SCs need further improvement in the quality of delivery huts, especially new born corners. Need to cover gaps in some utilities at the SC level – running water, continuous electricity supply etc..

2. Expedite completion of facilities in Palwal, which are near completion.

3. Accommodation for staff is essential, especially at 24/7 facilities.

4. **Service Delivery**: Mechanisms to ensure 48 hrs stay to be explored for deliveries at all facilities, especially in SCs. Use of partograph needs to be strengthened at all delivery points, especially at SCs in Ambala and may be monitored more closely.

5. **SNCU** - The full retinue of dedicated staff in both districts should be ensured to ensure optimal utilisation of these excellent facilities.

6. MMU services in Ambala could be utilised for migrant hard to reach populations such as brick kiln workers. In Palwal they should be made functional by hiring staff.

7. IDR and MDR duly recorded, but follow up action should be ensured.

8. Service delivery especially outreach services for migrant populations at brick kilns need to be incorporated in district plans of Ambala.

9. **RBSK** – AYUSH drugs may be included in the RBSK drug list.

10. **Ambulances**: GPS needs to be operationalised in order to ensure monitoring and rationalise usage, especially to ensure post delivery transportation.

11. Signage of ‘National Ambulance Service’ on NRHM ambulances to be expedited.

12. **HR**: revisit sanctioned positions of medical and para medical personnel, Expedite hiring of contractual staff to fill critical vacancies as per GOI conditionalities - SN, pharmacist
Recommendations

13. In order to enhance case detection of paediatric TB cases, the State may consider TB as a part of disease screening under RBSK. Attempts need to be made to ensure that HIV and TB testing facilities are co-located in order to improve testing of HIV of all TB patients. Since no state level training of MO and para medical staff has been done since 2010, training are required at the state and district level.

14. IDSP – Need for clarification on the issue of risk of duplication of reported cases in weekly records. Clarity needed regarding daily IDSP reports. TB may also be included in the weekly IDSP reporting format, since it has become a notifiable disease.

15. SCM: Overall progress excellent. Storage facility at Ambala DH should be reassessed for capacity and inventory mgt. Need for ensuring replacement of manual indents to e indenting till PHC level. EDL lists should be available at all prescription points. Need for encouraging use of generic medicines and prevent purchase of drugs from outside.

16. Orientation to PRIs and field level workers will be needed to make the VHNC functional.

17. District should be encouraged to prepare decentralised district action plans using HMIS/DHIS and greater stakeholder involvement, for planning.