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

16.02.2015
# Team Members

<table>
<thead>
<tr>
<th>Sangrur District</th>
<th>SBS Nagar</th>
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<tbody>
<tr>
<td>Ms. Preeti Pant</td>
<td>Mr. Mahendar Pal</td>
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<td>Dr. Nishant Kumar</td>
<td>Dr. Sandeep Rathod</td>
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<td>Dr. Ajay</td>
<td>Mr. Anil Gupta</td>
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<td>Dr. Rajesh</td>
<td>Dr. Saurabh Gupta</td>
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<td>Mr. Sahil Chopra</td>
<td>Mr. Deepak</td>
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<td>Dr. Jatin Dhingra</td>
<td>Dr. B R Thapar</td>
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<td>Mr. Ritesh Laddha</td>
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<td>Mr. Subash Satyam</td>
<td>Ms. Tanvi Jain</td>
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<td>Mr. Daman Ahuja</td>
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## Facilities visited

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<tr>
<th>Sangrur District (HPD)</th>
<th>SBS Nagar District</th>
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<tbody>
<tr>
<td><strong>Blocks visited:</strong> Amargarh, Kauhrian, Malerkotla, Longowal, Balachaur and Saroya</td>
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<td><strong>Facilities visited:</strong></td>
<td><strong>Facilities visited:</strong></td>
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<tr>
<td>1. DH, Sangrur</td>
<td>1. DH, Nawanshahar</td>
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<td>2. SDH, Malerkotla</td>
<td>2. SDH, Balachaur</td>
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<td>3. Urban Slum Dispensary, Malerkotla</td>
<td>3. CHC, Saroya</td>
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<td>4. 24x7 PHC, R H Cheema</td>
<td>4. Sub Center, Saroya</td>
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<td>5. Sub Centre, Beerkalan</td>
<td>5. Mini PHC, Paniali</td>
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<td>6. Mini PHC, Jakhepal</td>
<td>6. AWC, Paniali</td>
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<td>7. CHC, Lehra Gaga</td>
<td>7. 2 VHNDs / AWCs in Balachaur Block</td>
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<td>8. PHC, Chajli</td>
<td>8. CHC, Mukandpur</td>
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<td>9. CHC, Koriya</td>
<td>9. SC, Mukandpur</td>
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<td>10. CHC, Amargarh</td>
<td>10. SC, Gunachar</td>
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<td>11. SDH, Sunam</td>
<td>11. PHC, Aur</td>
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<td>12. SC, Chonda</td>
<td>12. PHC, Khakhatkalam</td>
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<td>13. 24x7 PHC, Manvi</td>
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<td>14. Mamta Divas at Badla, Chonda, Cheema &amp; Beerkalan</td>
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Good Practices

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

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
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

4. HR & Training
- PHCs and CHCs adequately staffed – In terms of Staff Nurses and LHV
- 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
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
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 up till 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

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 RKSK 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 6th CRM recommendation
Areas of Concern

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 6th 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

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

- 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

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CHC-Mukandpur

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