

## Minutes of State De-briefing meeting by Common Review Mission Team

Date : 15 November, 2013

Venue: Conference Hall, Vishal Complex, VS Marg Lucknow

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7th Central Review Mission team of Government of India was in UP for review of NRHM programmes from 9th November to 15th November 2013. The team split up into two groups and from 9<sup>th</sup> to 13<sup>th</sup> November 2013, visited District Pratapgarh and Mathura. The Pratapgarh team was headed by Dr. Himanshu Bhushan, Dy. Commissioner and In charge-Maternal Health, MoHFW,GoI and Mathura team was headed by Dr. AK Puri, Additional Director General-Leprosy, MoHFW,GoI. As per TOR for CRM visit, the teams visited various level of facilities and did field visits to sub centres, outreach, VHNDs, AWW, primary schools including home visits to the JSY beneficiaries.

On 15th November 2013, CRM team leader, Dr. Himanshu Bhushan did the presentation on the observations of both the teams and recommendations for further improvement in the programme. The Meeting was chaired by Mission Director, NRHM, UP. It was attended by AMD-NUHM, AMD-NRHM, Director General, Medical Health and Director General, Family Welfare, Director- Homeopathy and all programme officers from Directorate of DG Family Welfare and Medical Health, SPMU and others (List enclosed).

At the outset, Dr. Himanshu Bhushan mentioned that CRM team received warm welcome everywhere in UP. UP is doing substantial work in NRHM. 80-90% Health Staff is willing to work but they need guidance, encouragement, hand holding for which there is need to strengthen the support system so as to achieve the targets set for NRHM programme. Salient observation points mentioned by Dr. Himanshu Bhushan are given below:-

- The strength of UP is the Chief Medical Officers. District Magistrates are quick in action supportive to programme and proactive, despite the fact that they are not oriented.
- Infrastructures in UP are clean and adequate, OT and delivery services 24X7 are working. In Mathura, two modular OTs are good. SNCUs, are well maintained and functional. Doctors and Nursing Staff knowledge is satisfactory.
- In Immunization programme Cold Chain is maintain down up to VHND level along with line listing of potential beneficiaries.
- In Mathura, there is adherence to Infection Prevention practices at all the facility levels while there is need to strengthen the same in Pratapgarh.
- **108 Ambulance Service** is good. Convergence of 108 & 102 Ambulance Services is important. 108 Ambulance Service is meant for critical care services. Right now, there is no rationale use of 108 services. In JSSK indicators for women are there but no default indicators are there for infants such as drop back facility for infants.
- Monitoring on CCTV has been done in District Hospitals but there seems to be no need to have CCTV monitoring at PHC level, instead of that it should be at the high case load facilities in the Districts.

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- RBSK Programme is linked with School Health Programme and this programme is running very well. Schools are filling the health cards also. Coverage of out of school children under RBSK should be initiated.
- Mother and Child cards are not been filled up completely due to lack of training of front line workers particularly in SBA's training. But these cards are not readily available.
- Outreach camps are being organized in Mathura through NGOs but not so in Pratapgarh.
- **RI Programme** is going on well but wastage of vaccine is not monitored at the vaccine issuing facility (BPHC or CHC) level.
- **MCTS:** On first contact with pregnant woman, she should be registered on MCTS portal but this is not happening. CRM team noticed that ANM registers pregnant woman when she gets vaccinated for TT, further. MCTS is not being updated every day at block level which is an area of concern. Follow up visits for ANCs as per the due list should be generated through MCTS. Line listing and follow-up of severely anemic women must be ensured at all PHCs and SHCs.
- **HMIS & MCTS:** Data need lot of improvement with analytical details based on key indicators. Regular feedback should go to districts.
- RKS funds are enough and available but untied funds at subcentres level are not being utilized. Needs attention and support of DMs,
- Service Delivery:-Only 46% services are functional in Mathura and 26% to 29% in Pratapgarh. 24X7 facilities are to be operationalised. *Geographical distribution of delivery points is required* as they are not uniformly distributed. In Mathura, good facilities are under utilized while not in Pratapgarh.
- DWH in Pratapgarh: 100 bedded MCH wing is required as the average bed occupancy rate is more than 140 and the *site for construction should be in the 'District Women Hospitals' as no additional staff would be sanctioned for functioning of the MCH wing*. Dr.Bhushan also mentioned that the dignity and privacy is not maintained in labour room, *OT condition needs attention of state head quarter*. DWH needs channel gates in front of labour room and OT to restrict the entry of relatives of patients. During the meeting, Dr. Himanshu Bhushan was informed that 100 bedded MCH wing in Pratapgarh has already been allotted.
- Essential services are being provided but the quality standards and the protocols are not being followed. This is only possible if district and block officials viz. DPMs, BPMs and HEIOs who are recently recruited and needs orientation and training are provided technical support from SIHFW and SPMU.
- VHNDs are not functional in every revenue villages. Simple investigations are not carried out in VHND, ASHAs are not provided with support. District Community Mobilizers are least active. Outreach services like VHND, immunization sessions should be held comprehensively at all AWC or other designated places as per micro plan generated.

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- GoI will organize a two days 'Skill Labs Workshop, in which 30 standard protocol videos CD would be provided. This CD can be used as training tool at the health facilities.
- **IP & Bio-medical waste Management:** Dr. Himanshu Bhushan informed that agency is there but adherence to protocols is not there in the facility. State should send the proposal relating to Waste Management Hospital Cleanliness Budget in totality and not in parts and it should be comprehensive. Dr. Himanshu Bhushan informed that GoI QA Guidelines mentioned additional manpower of a "Facility Quality Control Officer". To begin with State should have one "Facility Quality Control Officer" in the District Hospitals.
- Dr. Himanshu Bhushan informed that there are gaps in the procurement of essential drugs and it should be addressed immediately. Regular Zinc and ORS supply must be ensured at all SHCs. All supplies to health facilities must be linked with the demand and utilization of drugs. Supplies like IV Sucrose, IV fluid must not be pushed to SHCs.
- **IEC:** No Communication Plan of IEC was seen at the district level and at the State level. However, IPC through ASHA, ANM, AWW and HEO needs strengthening.
- **FP services:** There are no visible efforts for increasing the FP services. ARSH programme is not implemented Trained doctors in Sterilization methods, PPIUCD, EmOC etc. should be deployed at the FRU, 24X7 facilities on priority basis. Their performance monitoring should be done. Fixed day FP services should be implemented at all delivery point. PPIUCD must be ensured at district level and all FRUs providing EmOC services. Sterilization camps being organized should be conducted throughout the year instead of being season specific. Sterilization protocols in these camps must be ensured for improving quality of sterilization. Eligible couple register should be updated on priority.
- **Eligible couple registers** are not updated. ANMs are not doing parity wise analysis of eligible couples as a result of which focused IPC to couples is not being done. Wall writing regarding JSSK and JSY components is sufficient.
- **AYUSH activities** are not reflected in the district. The funds provided for AYUSH Hospitals and dispensaries are not reaching the facility. Mission Director, NRHM emphasized the need of having convergence meeting of AYUSH, homeopathy, Ayurveda and DG Medical Education.
- **Mapping of EmOC facilities:** None of the districts have comprehensive EmOC and BmOC services or plan which includes - how many such facilities are required in the district against the GoI norm. The norm set by GOI is to have 2 EmOC facilities at 10.00 Lakh population. Mapping of EmOC facilities should be done which will facilitate easy and quick transportation of pregnant woman. Dr. Himanshu Bhushan informed that the ideal timing is within 20 minutes the vehicle should reach to pick up pregnant woman on receiving the call, in next 30 minutes pregnant woman should reach in the facility providing BmOC and in next 30 minutes woman should reach in the facility providing EmOC services.
- **Blood Bank proposal of UP** can not be accepted as the justification with supportive data has not been mentioned in the PIP proposal. Dr. Himanshu Bhushan informed that important information on parameters such as: how many delivery points are there, how many deliveries at one delivery point, How many FRUs are there. How many C-

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Sections are done or complicated cases referred to DWH as blood was not available etc should always be provided in the proposal.

- **Delivery points:** In both the districts, SBA trained ANM/SNs were not posted at the delivery points in the labour room. The deployment of all types of trained staff at the right service delivery points is must. Unless a facility has 80% trained service providers in position, one cannot bring the behavior change in the service delivery at the facility. All delivery points should have SBA in position, functional New born care unit, SNCU, services to pregnant women should be available. Gap analysis of all delivery points and 24x7 sites should be done on priority and it should be followed by gaps closer.
- Dr. Himanshu Bhushan emphasized that three things must be ensured in the labour room-(1) protocols of Active Management of III Stage of Labour, (2) Injection Oxytocin and Magnesium Sulphate and (3) partograph of each woman in labour, Dr. Himanshu Bhushan informed that in the visit it was noticed that in the labour room, Staff Nurses were not aware of use of injection Oxytocin and still injection Methargine is used. Staff Nurses do not know how to fill up Partograph and do AMTSL.
- There is need to establish a Skill lab. in District Women Hospital, which will be helpful for the practical training of Staff Nurses, ANMs, Lab Technicians and Doctors.
- CRM team observed that in the DWHs certain investigations are carried out from outside patho. Lab. It should be monitored and stopped at district level itself. Free supplies for JSSK clients are not available. However, service providers are not writing irrational prescriptions. But important medicines such as Oxytocin and Magnesium Sulphate are not available. Dr. Himanshu Bhushan recommended that free entitlements under JSSK for infants and neonates should be monitored on regular basis and can be a default indicator for the success of JSSK implementation. User charges for JSSK beneficiaries should be immediately waived off. JSY payment should be account payee and must be issued at the time of discharge.
- **MDA:** UP has engaged AYUSH doctors for third party audit, which is wrong as reporting quality is very poor. State should engage a Gynecologist of PMHS cadre; if Gynae doctor is not available then a MBBS doctor or Gynecologist of adjoining district can perform MDA after undergoing training. AMD, NRHM requested that GoI may allow state to take services of local doctors.
- ANMs and ASHAs are not doing identification and line listing of high risk pregnant women and severely anemic women. State may provide such women a card, which will help them in getting priority and attention on approaching a hospital.
- Rational deployment of Gynecologist, Anesthetist and Pediatricians is must within district. Powers may be given to CMO or Divisional Additional Director. DGMH should ensure rationale deployment and necessary services at such facilities. Doctors performance should be monitored. In Karnataka and J&K, doctors' performance is uploaded on website on daily basis. Rational deployment and gap filling through skilled based trainings and regular recruitment should be initiated on priority. There are huge vacancies under state health services and particularly under RNTCP which needs to be filled on priority. Dr. Himanshu Bhushan suggested that walk in interviews involving NHSRC or GoI representatives can be organized to fill the existing

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vacancies. Dr. Himanshu Bhushan reiterated the fact that performance appraisal is conditionality of GoI and this obligation must be ensured. Mission Director, NRHM informed that State has already initiated actions in this direction.

- **Trainings:** There is no comprehensive need based training plan for SIHFW or at District level. Comprehensive revamping of training is required to build capacities for assessing functionality of training centre as per protocol, training needs, monitoring training quality along with follow-up for better performance.
- **SBA training** should be given on priority to Staff Nurses and ANMs posted in DWHs, FRU CHCs, 24X7 facilities and ANMs posted at accredited subcenters.
- State should send a proposal for establishing 3 model training centers of excellence in nursing care-at KGMU, Lucknow, Meerut and Kanpur. PGI, Lucknow, also wants one such center.
- Trained manpower is lacking for comprehensive Abortion services and RTI/STI services.
- Monitoring by SIHFW and RHFWTCS is almost nil. The participant for training is selected without being consider the requirement of the facility. If SBA is required for FRU CHC, then Staff Nurse or ANMs of any Subcenter is selected. Therefore FRUs, 24X7 facilities are without trained SBA staff. Such facilities should be saturated first. District hospitals have not trained 90% of their service providers. Dr. Himanshu Bhushan reiterated that the state must work on war footing to have SPHRI. GoI will provide all necessary support required by the state.
- **Monitoring visits:** Divisional PM, AD & JD, CMS DWHs have leadership role. Their visits should be much focused using the GOI defined checklist for each facility and they should be oriented for doing effective monitoring. They should know the programmes and the technical protocols and they should stay in the districts for 1 -2 days, identify problems of the visiting facilities. 60-70% problems are local which could be resolved immediately and for rest of the problems set the timeline and fix the responsibility, and check the compliance during the next visit.
- **Orientation and Training:** Dr. Himanshu Bhushan informed that programme managers are not aware of the location of the facilities under them. Monitoring aspect is very weak particularly for DPMs, BPMs MOI/Cs. There is immediate requirement for orientation training for them. Mission Director, NRHM commented that state will ensure better supportive supervision including 100% orientation of staff in the districts and blocks in the area of supportive supervision and monitoring and evaluation.
- Dr. Himanshu Bhushan informed that the regular key diagnostic services should be available at FRUs, 24X7 facilities & accredited subcenters.. There should be a pool of Lab. Technicians or Lab. Assistants posted in DWH or CHCs under vertical programmes such as TB, HIV programme and Lab. Technician has to be regular hospital staff. All of them should be oriented to do bare minimum pathology investigations. Their duty should be on rotation basis in 3 shifts. This will help in diagnosis of severely anemic women. Same theory is applicable for Staff Nurses and counselors.



- State should send a proposal to GOI with full justification including client load so that an Auto analyzer is provided to every DWH and semi Auto analyzer is provided to every CHC.
- **Nutrition Rehabilitation Center** working is good. Doctors and Staff Nurses are knowledgeable but referrals to NRC from outreach are only 14%, because AWWs are not doing monitoring in VHND or at AWW centers.
- **Community Based Newborn care:** Dr. Himanshu Bhushan reiterated that priority must be given to High Priority districts. Similarly, there is need to augment Essential new born care and resuscitation training.
- **IDSP:** Dr. Himanshu Bhushan informed that reporting is satisfactory in Pratapgarh but MOICs and surveillance officer knowledge about IDSP is weak and they need orientation training.
- **TB programme:** Dr. Himanshu Bhushan informed that case detection rate, pediatric case detection rate needs further improvement and DOT providers vacancy is 70%, Mission Director informed that RNTCP will be reviewed by Additional Mission Director on weekly basis.
- **NBCP:** School Health programme is complimenting the routine programme.
- Dr. Himanshu Bhushan informed that ASHA do not know about the programme she is supposed to know in detail. District Community officer is another category of staff who need special attention. Because VHND fund is not utilized, Pradhans are not signing because either they do not know the importance or else they do not want to sign. This is a sensitive issue which needs District Magistrates attention too and they may be requested to intervene. Community Mobilization Officers need to gear up their activities such as supportive supervision, hand holding of frontline workers, MOI/Cs, BPMs etc.
- **Health Care Financing:** Dr. Himanshu Bhushan informed that Subcenter untied funds are not being utilized. Why can't additional infrastructure or Generator set be provided to subcenters with very high delivery load (100 to 120 cases per month). Record keeping in finance is very poor. DPMs must orient and monitor BDAAAs and DDAAAs. Data related to finance is not regularly fed in the HMIS which is an area of concern. Dr. Himanshu Bhushan informed that at some subcenters, accounts are not operational because contractual staff is posted there, and GOI has not given drawing power to them. Identify such subcenters at block level and post a regular ANM over there. Untied funds are not utilized at the sub centers, as Pradhan is not clear about the use of funds or he is not cooperating with ANM. District Administration must provide active support in such cases
- **Banking Arrangement:** Dr. Himanshu Bhushan informed that at some VHSNCs/SHCs, current accounts have been opened instead of savings bank account (e.g. in Farah block of Mathura). Mission Director, NRHM commented that action against the persons responsible for opening current account against the financial guidelines shall be initiated.
- **RKS :** Dr. Himanshu Bhushan informed that RKS and untied funds are less utilized because there is no specific guide line for utilization of funds. In the district RKS Meeting, agenda does not precisely reflect the activity for which RKS funds/approval

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is required. Similarly, for approved agenda item the estimated rates and the amount in rupees is not mentioned which might eventually lead to financial irregularity. RKS audit is not done. However, good point is internal audits are being carried out.

- In DWH Pratapgarh, the amount earned out of registration is deposited in the Bank on monthly basis till that time the dealing clerk keeps the day-to-day amount at home.
- Dr Bhushan informed that Joint Secretary (Policy), GoI has issued a letter to all states that all programmes will run as it is in next FY and expenditure could be booked against the uncommitted, unspent balance of passing by financial year. Mission Director, NRHM UP commented that UP has not received this letter and requested to send the same to UP.
- Discussions were held on the process of transfer of funds from State to district and from district to block PHCs/CHCs. Dr. Himnashu Bhushan commented that the entire process of fund transfer is complicated and time consuming.
- **Drugs/Equipment Supply Change Management:** The requirement of Drugs should be based on annual requirement which in turn should be based on client load at the facility. Dr. Himanshu Bhushan suggested to follow Orissa and West Bengal pattern of Drug equipment and supply indenting.
- **Grievance Redressal :** Dr. Himanshu Bhushan expressed his views that grievance redressal mechanism is not effectively functional in the state. The system needs to be strengthened for eliminating the out of pocket expenses incurred by beneficiaries or their attendants. It is the area of concern that UP has still not launched 'Hello Doctor' scheme which was approved by GoI. Nobody knows about "104 Helpline", which has three components as follows:
  - 1- Anybody can lodge public grievance.
  - 2- Anybody in need of Health related information can dial Helpline.
  - 3- If ANM or ASHA faces any problem they can also take dial Helpline.
- Dr. Himanshu Bhushan suggested that conference hall of Vishal complex may be renovated on the pattern of SIHFW.

At the end of meeting, Dr. Himanshu Bhushan narrated in brief the observation of the CRM team to Principal Secretary in Video Conferencing with him. He emphasized that if only one activity has to be strengthened in UP and that is effective supportive supervision monitoring visits for problem solving and hand holding and guiding field staff.

Principal Secretary, Medical, Health and Family Welfare, UP in his concluding remarks expressed his thanks to the GOI team for providing independent and useful feedback for implementation of NRHM activities. He emphasized that in the field we should be able to identify the shortcomings and take necessary action for improvement otherwise they will not be resolved.

PS, MH & FW, UP emphasized the importance of concurrent monitoring of all the NRHM activities and suggested that at the District level the CMO, ACMOs, Deputy CMOs etc should make a weekly plan and visit at least one health unit in a week to identify the Gaps existing in the health facility on a prescribed format. The monitoring formats, if possible,

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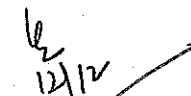
should capture the key issues/ problem identified during the CRM and Checklist provided by GOI that require further monitoring/follow-up. At the Division level all the supervisory officers should provide supportive supervision in terms of monitoring of the health facilities on a regular basis which will ensure quality enhancement.


PS, MH & FW, UP reiterated that the Village health, sanitation and nutrition committee (VHSNC) should be organized on a regular basis. The meeting agenda should be fixed having 8-10 Points wherein the status of health schemes is discussed and action taken and problems, if any, are solved at the respective level i.e. village/block PHC/CMO level. The health field staff should propagate all the health schemes to common man in villages so that service uptake increases and people are aware of their rights.

PS, MH & FW,UP emphasized that in all health facilities Information, Education and Communication (IEC) material should be displayed properly and the toll free numbers should be highlighted so that the villagers are aware of it and can make calls to take benefit under Janani Suraksha Scheme (JSY)/ Janani Shishu Surkasha Karyakram (JSSK) etc. When people will demand health services our system will be obliged to provide the timely, quality services and thus, the Toll free numbers should be propagated. Training is an important component as it helps in developing the skills of the staff and thus an annual training calendar for all cadres in health services should be developed.

The meeting ended with a vote of thanks by Mission Director, NRHM.

  
GM (M & E)  
NRHM, UP

  
AMD (Rural)  
NRHM, UP

  
AMD (Urban)  
NUHM, UP