

Tour Report

Monitoring Evaluation Tour to Kangra and Chamba Districts undertaken by Dr Rajesh Guleri SPO-NHM wef 19th to 24th January,2015

Summary findings and Recommendations

1. General upkeep of Infrastructure and cleanliness is good in both the Districts; however there is a scope of further improvement especially in Chamba District.
2. There was visible lack of knowledge of guidelines pertaining to various National Health Programmes specially JSSK/JSY/RBSK/RKSK amongst field functionaries particularly amongst young Medical Officers who feel that their primary job responsibility is providing curative health services. These findings were shared in BMOs Meetings in both the districts and they were advised to involve all MOs in the Block meetings where small CMEs for such guidelines can be a very effective tool for aggressive percolation of all guidelines.
3. There is an urgent need for rational deployment/strengthening of Human Resources (particularly Staff Nurses) especially for the designated Delivery Points. Specific examples are given in the detailed report.
4. There is need for directions to Districts to prominently display SOPs for obstetric emergencies and also ensure use of partographs in all DPs.
5. Staff at most of the delivery points visited, expressed ignorance about the essential emergency drugs as per the MNCH tool kit. We need to circulate these freshly in the field.
6. At Dr RPGMCH Tanda and Civil Hospitals of the Districts , immunization services are given by the Health Workers deputed by the BMOs for those particular days. As such there is no dedicated manpower posted in this institution. To maintain consistency and quality of service either new posts of HW need to be created or we can consider providing these services in PPP mode through some reputed NGOs.
7. It was observed during interactions with new medical officers that our trainings should be need based (depending upon the level of facility one is working) and more practical oriented. Most of the fresh doctors had

not even received Induction Trainings. It was also felt that it would be in the better interest of the State if more trainings for these 2 Districts are held at RHFWTC Chheb, Kangra.

8. The Medical Blocks need to be aligned with CD Blocks
9. Reporting Mechanisms need strengthening-HMIS/MCTS/CRS- Data Reporting Errors e.g. Low Reporting of severe anaemia, Duplication in BCG/IFA-100 (more than 100% in some blocks)- Remedial steps were discussed with both CMOs and all BMOs. The Block wise progress thus made will be monitored in the next visits.
10. Need for awareness of uniform case definitions among fresh appointees/paramedics for proper surveillance (IDSP) - BMOs advised to take up in block meetings.
11. Cash Books are maintained and regularly updated at District HQ and Block HQ and regular Bank Reconciliation Statements generated but hard copy of ledger is not being maintained at Block HQ. BMOs have been advised to maintain them in addition to Tally Software.

Detailed Tour Report

Day 1- 19th of January 2015-Visit to PHC and Block HQ Tiara and Nagrota Surian District Kangra

Tiara Block

1. The population of the entire Block is 147000. The ELAs for MH/FP/Immunization were available and displayed prominently. The block is performing fairly good and at par with District averages for various HMIS indicators, however there were some areas of improvement (institutional delivery, duplication in BCG, discrepancy in DPT1, 2 and 3 data etc.) which were discussed with BMO and request made to initiate corrective measures.
2. PHC Tiara has 2 sanctioned posts of Medical Officers. It is not a designated Delivery Point. In the past deliveries used to be conducted here which have stopped for last 2 years. The MOs posted there were willing to take deliveries, but the main limitation was that there was only one Staff Nurse in the PHC. The BMO informed that there were 2 SN

posted at nearby PHCs i.e. Icchi and Takipur where their services are underutilized and it will be good if they are relocated to PHC Tiara and then it can start the delivery services. The labour Room at PHC is functional with availability of essential drugs however the SN did not know about partographs etc.

3. One of the MO posted and present during the visit had a very sketchy idea about JSSK but had no knowledge of other NHPs e.g. RKSK RBSK etc. A request was made to BMOs to share all the relevant guidelines with all MOs of the block in the next meeting so that these National Health Programmes can be implemented effectively.
4. MO Dr Vivek Chaudhary had received some trainings on ARSH/SBA and PPIUCD but he felt that he was not making any use of them as this is not a delivery point/YPK. He felt that it could have been more useful if he was imparted induction training first. In view of this we need to device our trainings based on actual needs of the user.
5. About 75 % of drugs prescribed to OP s were provided from within the Hospital Pharmacy and generally the beneficiaries were satisfied with drug availability.

Nagrota Surian Block

1. It is a comparatively small block with a population of 35170 and the population catered by CHC Nagrota Surian is about 21000.
2. It's a designated delivery point and in last year, 118 deliveries were conducted. Annual new OPD is about 50000.
3. There are 3 posts of MOs plus one post of BMO sanctioned, but presently only BMO is posted. 2 Doctors from nearby PHC have been temporarily deployed to maintain 24*7 services. There is urgent need to fill the posts of MOs keeping in view the high OP/IP/Delivery load.
4. The Medical Officer deployed at the CHC had received Induction/BMOC/SBA/RNTCP Trainings and was making use of the skills learnt in these trainings. He had a good idea about the National Health Programmes and attributed his updated knowledge to the active interaction of BMO.

5. Mechanism of disbursement of JSY needs to be more robust and beneficiary friendly; the steps needed to improve were discussed with BMO and he has ensured to initiate action immediately.
6. 70-80% of the drugs prescribed were available from the dispensary itself.
7. Ledger was maintained on tally but not on a hard register. BRC/cash book was updated.

Day 2 - 20th January 2015 Field Visit to Mahakal Block

1. The population of Block Mahakal is 92315 and there is some hard area like Chhota and Bara Bhanghal areas covered by the Block.
2. The Block HQ PHC has one Medical Officer, One AMO and a Dental Surgeon posted. In addition a regular BMO is posted. Its a non 24*7 and non DP PHC.
3. There is a functional labour Room with limited availability of essential drugs, but deliveries are not conducted as there is only one staff nurse posted.
4. There were some data discrepancies observed e.g 100 IFA tablet is 150% against total PW registered. Similarly %age of PW having Hb less than 11 gm was more than 100%. BMO and Health Supervisor posted there were made aware about such data elements/errors and remedial actions suggested.
5. The MO posted at PHC HQ could not be interviewed as he was on tour but AMO posted has requested for imparting of induction training on lines of regular MOs for improving her work efficiency. We may check with Training division for considering such request.

Day 3- 21st of January 2015 Monthly Review Meeting of BMOs and SMOs at Dharamshala

The Monthly review meeting was held on 21.01.2015 under the chairmanship of Dr. B.M. Gupta, Chief Medical Officer Kangra at Dharamshala in the presence of State Programme Officer Health & Family Welfare Deptt. HP Shimla. All the BMOs and SMOs Civil Hospital attended the meeting.

The main points discussed are as under----

1. The SPO stressed that reporting and presentation of all the achievements under various Health programs should be strengthened i.e. HMIS, MCTS data should be thoroughly validated by the concerned BMOs/SMOs and then by the Distt. Program Officers before sending it to the Distt. Headquarter.
2. He also advised to rationalization the manpower with special reference to delivery points. Proposal will be submitted shortly.
3. The SPO advised that all the guidelines pertaining to various National Health Programs and National Health Mission programs be percolated up to the sub centre level, so all the BMOs are requested to improve the quality of monthly review meeting with the MOs and workers and salient features of all the programs be discussed in detail in future. One hour CME on health programs be done in monthly meeting.
4. The SPO stressed the rationalization of all the trainings as need based and also to improve the quality of trainings being conducted at the District Level.
5. The SPO also advised that Medical Block be aligned to the Community Development Block. Proposal will be submitted shortly to the DHS Shimla.
6. The SPO also stressed regarding the importance of low reporting of severe Anemia and disparity in other reports i.e. BCG, IFA 100% Tablets etc.
7. The SPO advised to maintain ledger register along with tally accounting. All the BMOs advised to maintain ledger, cashbook maintaining with tally accounting in future properly and regularly on day to day basis as per financial norms in future.
8. The SPO also stressed regarding the analysis of FMR Proportion of expenditure against the approval head wise on the monthly basis, so that exact achievements of financial expenditure can be assessed institution wise and month wise.
9. The SPO stressed that there should be no physical & financial mismatch of the performance during the month.
10. Regarding MCTS, the SPO stressed that registration is OK but there is some gap in regular updation of the beneficiaries, so all the BMOs are requested to kindly ensure the regular updation of all the registered data under MCTS. Only then, it is useful to have exact assessment of quality service delivery system of particular block/area.

11. He also stressed that no child should be registered manually in future. It will be automatically registered on the basis of the registration of antenatal with her UID number.
12. He also told that now RCH portal is going to be started in Himachal soon and register will be supplied and all the data be maintained in these register in future village wise i.e. per thousand population.
13. He also advised to update the house to house survey and only then data will be the true projection of exact population of the area i.e. sub centre/block population and only this data be implicated in the RCH portal only for the year 2015-16.
14. He also advised to report all the maternal deaths and hospital deaths, so that maternal death audit can be done and similarly all the Child deaths be reported immediately, so that Child death review can be done. Incentive of Rs 200/- per death reported is admissible to ASHA/AWW/HW.
15. He also stressed the need for supportive supervision by the medical officers and report is submitted regularly, so that corrective actions regarding any defacing in implementation of any program can be taken well in time.
16. It was suggested by BMOs that uniform formats for House hold survey be supplied to them. It was decided that DPO unit 3 Kangra would design the same and send by Email. Any input required from State HQ will be provided.
17. It was also suggested that specific clause about maternal death of particular area occurring in a health institute outside state be incorporated in MDR format.
18. It was also pointed out by some BMOs that the supply of sanitary napkins being received is of poor quality and there is less acceptance due to this. This has been brought to their notice by some Anganwaris.
19. SMO Kangra informed that SNCU reporting format is not clear and needs to be edited. The matter will be discussed with SPO CH.

Day 4- 22nd of January 2015 – Visit to Block HQ Samote and CH Chowari

1. The BMO head quarter was visited on 22nd January at 10.30 AM and a meeting held with officiating BMO, MO and other staff.
2. It was informed that Health Educator and Office Superintendent are on tour but no movement register was maintained.

3. A male health worker of nearby sub centre i.e S/C Garnota was performing duties of office clerk and the work in Sub Centre was suffering
4. The population under the block is 134640. The average daily OPD is 125 and the delivery points are CHAOWARI, Samote and Dalhousie.
5. At Samote around 18-20 deliveries are conducted every month and about 3-4 referrals to Dr RPGMCH Tanda are made for which IFT ambulance is provided. There are 4 Staff Nurses posted. The general upkeep of labour room was not very good. The suction machine was not functional and there was dearth of essential drugs (like MagSulph, Anti hypertensive's, Vit K, iv Cannula, cord clamps etc.). The matter for rectifying has been taken up both with BMO and CMO. No partographs are being maintained and no SOPs were displayed.
6. CH Chowari was visited on the same day. There are 4 doctors posted here including one paediatrician and one Emoc trained (SMO) and 8 staff nurses. Average OP attendance is about 200 and indoor is 45. Average monthly deliveries are 18-20.
7. The facility has an excellent infrastructure and the interest in developing the same by SMO and other staff was visible. The labour room is fully maintained with availability of all necessary equipment and drugs. There is an urgent need for power back up. The matter has been taken up with CMO and SMO IC was advised to send any specific additional support required from NHM.
8. There is need for imparting small capsule refresher training for the Emoc trained doctor at District Hospital Chamba. Matter to be taken up with SPO MH and SPO-Trainings.
9. The SMO has requested for posting of one additional MO preferably a LSAS trained one for smooth functioning of institution. The matter to be taken up with Government.
10. The field MOs are not aware about the National Health Programmes and the services are getting skewed towards providing curative services only. It would be good idea if we work

on capsule 2-3 trainings on NHPs and various guidelines at block level itself for proper percolation of information.

11. There is need for outsourcing of security services in these institutions.

Day 5- 23 of January 2015 Monthly Review Meeting of BMOs and SMOs at Chamba

The following points were discussed in the review meeting of BMOs and SMOs under the chairpersonship of CMO Chamba

Maternal Health.

- a) OSD informed that 1st trimester ANC registration and 3 ANC progress is low in block Samote, Kihar , Bharmour and Pangti. TT progress report is very low of block Samote and block Bharmour. CMO directed all BMO to increase the progress.
- b) OSD told MCTS and HMIS registration has difference in all block. CMO asked all the BMO's to explain the differences. OSD told to all BMO to circulate the workplan of MCTS on 3rd of every month for coming month & in return updated plan should reach DEO before 1st every next month. HMIS format to be validated and signed by supervisors / Mo's before report filled in the HMIS portal.

Family Planning

CMO told that IUD reported very low in Block Samote, Bharmour and Kihar .Only Block Pukhri reported 70% progress. OP user distribution reporting is also very low in all blocks due to lack of supply from head office. Direction given to all the BMO to improve all the targets of Family Planning.

LBT Camp:- LBT Camp organized in CH Tissa. BMO Tissa requested CMO to direct the Surgeon for doing more than 20 cases in one Camp.

Deliveries

- a) Institution Deliveries:- OSD informed that the instt. Deliveries are only 53 % in Distt. Chamba. The progress is very low in all block of

Distt. Chamba. CMO told that many block of Distt. Chamba have only one delivery point and the proposal to increase the delivery points have already been sent to the higher authorities.

- b) CMO told that the Non SBA deliveries are very high. All FHW, FHS and S/N should be directed to attend all ANC at home before delivery to convert all NON SBA to SBA.

Child Health

OSD told that the percentage of BCG and all parameters of child health calculated on pro target . CMO told that SNCU functional at RH Chamba but there is not any trained staff for SNCU.

OSD told that the proposal for USSSD training for updation on MCTS software on Phone will be conducted soon. No manual registration of children is to be done as child id is autogenrated after updating delivery outcome details.

JSY

OSD told to all BMO that JSY physical and financial report matched Should be before reported in HMIS. Physical and financial Report mismatched in many blocks . CMO directed all to Check the HMIS report before Submission.

DE- Addiction & Mental Health

CMO told that the DE- Addiction & Mental Health Center are Functional in Distt. Chamba and report is submitted monthly to Head Quarter.

Other issues discussed

- Rationalization of HR Specially Para- medices is urgently required especially for DPs.
- Need For aggressive percolation of guidelines of various NHP's specially JSSK, JSY,RBSK,RKS etc. to the field level CME in block meeting can be a tool WWW. Nrhmhp.gov.in.
- Need for maintaining manual ledger in addition to tally
- Analysis of FMR –Head wise trend analysis for administrators.

- C-section rate is very high in Pvt. Facilities IN Chamba District (Its about 60% as compared to State average of 37%). CMO was requested to look into the matter

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