6TH COMMON REVIEW MISSION

PUNJAB

3rd to 9th of November 2012

Ministry of Health and Family Welfare, Nirman Bhawan,
New Delhi.

Contents

Introduction:

The CRM team visited Punjab from 3rd to 9th of November 2012 following a National briefing workshop held at New Delhi on the 2nd of November. On 3rd November 2012, there was a detailed state level briefing of the team made by the Mission Director, accompanied by all the senior programme officers and directorate officials as well as officials from the Punjab Health System Corporation.

Pursuant to the briefing by the State, the CRM team divided into two groups. One team visited Patiala district and the other, visited Moga district.

The composition of the teams is as follows:
Patiala: Dr. V.S. Salhotra, Dr.K.S. Gill, Dr. M.A. Qasmi, Dr.Preeti Kumar, Ms. Chhaya Pachauli, Mr Dharmendra Kumar and Ms. Ankur Vaidya
Moga: Dr.A.C. Baishya, Dr.Sonali Rawal, Dr. V.K. Anand, Mr. Sanjay Kumar and Ms. Neha Agarwal

The teams conducted their review over four days from 4th to the 7th November in the districts and returned to Chandigarh on 8th November, 2012. On 9th morning, the team leader de-briefed the State with the preliminary findings, issues and recommendations of the districts visit. The meeting was attended by the State programme officers and chaired by the DGHS and MD-NRHM. The meeting was also attended by the Director, Family Welfare.

Salient observations and recommendations

Observations:

Progress made by the State/ districts:

- The patients have easy and subsidized access to health services
- JSSK - Free deliveries and delivery related services in all Government Health Institutions – free drugs, diagnostics, diet delivery, and referral services have been institutionalized.
- Mata Kaushlaya Kalyan Yojna (State Scheme) - Rs. 1000/- to all pregnant women delivering in Government Health Institutions.
- Emergency Response Services – '108' services free of cost to all citizens including pregnant women, sick children, trauma and other emergencies.
- Free School Health Check Up and treatment of school children in Government Hospitals since June 2009.

- Free treatment of school children for congenital heart disease, cancer and Thalassemia in PGI, CMC, DMC, Silver Oak, IVY and MD Oswal Cancer Hospitals at a cost ranging from 1 to 1.5 lakh per student.
- De-centralized Purchase of Drugs has been initiated. The State has concluded a State Rate Contract for 159essential drugs and is in the process to have more drugs on the rate contract. The districts can procure drugs through these rate contracts.
- Mobile Medical Unit- 24 Mobile Medical Units well equipped with diagnostic tools and two doctors for all the districts since December 2008
- Maternal and Child Tracking is in place
- Maternal Death Review has been initiated
- Punjab Health Systems Corporation acts as a Nodal Agency for health infrastructure upgradation. State is making good progress on completion of infrastructure projects.
- Drinking water provision in health facilities is satisfactory
- Financial and career promotion incentives are yielding results to attract manpower to work in difficult areas

Shortfalls:

- Partographs were not being maintained at the labour rooms visited in both the districts.
- No SOPs were available at any facility visited in both districts.
- User charges being levied for OPD, IPD registration, Rs 2 and Rs 5 respectively. Exempt for delivery cases, BPL and Punjab Govt. employees.
- It was observed that the ANMs did not perform ante natal check-up (per abdominal examination) of the mothers though they meticulously recorded their parameters (weight, Hb etc.).
- There was no participation of adolescent girls, thus hardly any services were being rendered for adolescent girls during VHNDs
- Privacy arrangements (curtains, examination table) for ANC check-ups was found missing at many of the sites.
- Monitoring and supervision of VHNDs and handholding support to frontline workers by govt. officials was found to be weak.
- Incentives to ASHA are also pending since April 2012
- Shortage of drugs and basic medicines was seen at the VHNDs. However, for the Mamta Diwas, ANM had purchased medicines under the untied fund of SC.
- Use of IEC/BCC and their dissemination was hardly evident on the Mamta diwas.
- Zinc tablets were also not available in Moga although they were found in Patiala but its usage was not known to the staff.
- The district needs to expedite trainings on IMNCI, F-IMNCI, HBNC.

Other areas of concern

1. *Human Resource:*

- In Patiala significant no. of posts are lying vacant. 123 MPW (M), 35 Field workers, 2 Insect collectors & One Zonal Entomologist posts lying vacant. Need to be filled at the earliest.
- In Moga, 12 vacancies in regular posts of SNs and 26 regular posts of ANMs are vacant, 66 posts of MPW male are vacant out of 99 sanctioned positions.

2. *Rational Deployment of Staff:*

- In case of delivery points the comprehensive plan for HR deployment was not seen and critical positions of MOs, LTs were lying vacant. Comprehensive plan for deployment of specialists in FRUS and plans for creating additional manpower to minimize the gap were not available.

3. *AYUSH:*

- AYUSH services are neglected in the State. During visit of PHC's in Patiala, it was observed that the drug supply of AYUSH Medicine is poor and least attention is being paid towards these systems of Medicine.

4. *Drugs and Supplies:*

- System of drugs and logistics management is not uniform and needs attention.

5. *ASHA:*

- ASHA have been trained in module 6&7 for HBNC. ASHAs have been provided with drug kit however, HBNC kit is yet to be provided.
- Delay in payment of ASHA incentive is seen in the State. Payments lasting for as long as 9 months is a major demotivating factor.
- Mechanisms for grievance redressal need to be established for ASHAs and ASHA facilitators.

RECOMMENDATIONS

Human Resources and Infrastructure

- The State needs to expedite the process for filling of the vacant posts. The State needs to prioritize for filling the crucial post of specialist at different level, at the earliest. There is a need to rationalize deployment of existing human resource at health facilities, especially the crucial ones, e.g. Medical Specialist at the Dialysis Unit, Paediatricians and anaesthetics at CHCs.
- Training of relevant staff on the use of new equipment, new diagnostic and treatment procedures
- Role of DPMU and SPMU needs to be enhanced for supervision. For the purpose capacity building of the DPMU and SPMU needs to be prioritized.
- The increments approved under ROP for the contractual staff should be appropriately disbursed.

Health Care Service Delivery

- The State needs to inform the districts about the existing rate contracts for drugs and also needs to finalise the rate contracts for remaining drugs at the earliest. There is a need for rational drug use and the State needs to monitor the use of drugs at the district level.
- The supply chain management of drugs and health products needs to be streamlined. The State may consider capacity building of the relevant health functionaries in this regard.
- State needs to implement effective bio medical waste management in all the districts. For the purpose, the training needs may be assessed and a training plan may be prepared.
- The State should actively consider setting up of quality management cell/divisions at different levels to improve quality in different areas, e.g. Infrastructure, service delivery, supply chain management, biomedical waste management, transportation (ambulances etc.) and patient satisfaction etc.
- User fees for ANC cases covered under JSSK needs to be eliminated completely.
- All the investigations for the antenatal women covered under JSSK should be provided free of cost at the health facilities/out-sourced (if not available at the health facilities)
- All drugs contained in the Essential medicine list should be covered under the State rate contract and should be available at the relevant health facilities (as per requirement) to reduce OoPE.
- Condition of ancillary facilities like toilets and power back up needs to be improved.

RCH Programme

- State needs to establish NRCs for treatment of malnourished children especially, SAM.
- All district hospitals need to establish a functional and licensed blood bank. Blood storage units need to be made functional at all the designated FRUs.
- State needs to ensure display of management protocols in the labour rooms.
- The In-service training, particularly skill based training like LSAS, EMOC, SBA, IMNCI; NSSK needs immediate implementation ensuring quality as per training protocols.

AYUSH

- The AYUSH practitioners should be supported by providing them Para medical staff (Pharmacist and attendant) and separate space in the health facility (PHCs, CHCs and DHs) with requisite equipment and furniture.

- The State needs to make provision of funds for procurement of AYUSH medicine through the Directorate of AYUSH in the State and Department of AYUSH, Ministry of Health and F.W, Government of India. AYUSH medicines (covering the entire range of drugs) in sufficient quantities should be made available in all health facilities having AYUSH doctor.

- The State needs to increase the visibility for availability of AYUSH doctors in health facilities to the public by providing signboards with names of the doctors and the system of medicine they are practicing.
- AYUSH MOs may involved in all National programmes. AYUSH doctors who are providing antenatal and post-natal services should be recognized and their services may be made more professional by giving them training.

ASHA

- ASHAs need to be provided support at the health facility for their services provided to the antenatal cases at odd hours, eg waiting area/room.
- The State needs to ensure that ASHAs are paid incentives regularly
- State needs to set-up grievance redressal system for ASHAs

Recommendations for VBD

- As Punjab is endemic for malaria and dengue surveillance both for diseases and vector borne diseases needs further strengthening by filling the vacant posts of MPWs, field workers, AMOs, Malaria Investigators and regular DMOs.
- Posts of State Entomologist and three Zonal Entomologists which are lying vacant for the last so many years, requires immediate attention. The posts should be filled on a priority basis keeping in view the future threats of Vector Borne Diseases.
- ABER in Patiala and Moga Districts were found less than 10%, needs immediate attention.
- To improve active surveillance in these districts ASHAs and ANMs can be involved in malaria blood slide collections.
- SMOs and MOs in the districts should be familiar with the latest malaria drug policy particularly regarding the treatment of P.f. cases.
- As the state is endemic for Dengue/DHF and the threat for Chikungunya is already there, there is urgent need for further strengthening the urban areas in terms of human resources and surveillance for virus and vector mosquitoes and timely preventive measures.

Improving Programme Management

- Increased use of HMIS data for state and district level monitoring/management purposes.
- Improve financing of facilities and districts to make it more responsive to case loads.
- The State needs to make the SHSRC functional.
- The State needs to develop the SIHFW. The ANMs, nurses, and doctors in the system should be trained regularly by SIHFW.
- The State may take up an initiative to set up an ASHA resource center to manage both the ASHA and the VHSC programmes together.

Financial Management

- Though in principle, the state should monitor the activities on a monthly basis, but it was found that the same is not regularly happening in practice. It is recommended that the State should regularly monitor the financial management activities (Monthly/Quarterly intervals) Training to finance staff should be provided at the State Level, so that the opportunity of cross learning as well as exposure can be exploited. In this regards a 3 days training programme (2 days on Tally ERP.9 and 1 day on Operation Guidelines & Model Accounting Hand Book developed by the MoHFW) can be made and thereafter 1 days refresher training at 6 months interval should be organised. As for as possible state concurrent auditor should also be involved in such training programme.
- Financial Monitoring Reports (FMR/SoE) are prepared by the districts and blocks but it does not have-
    - Physical Progress along with the financial progress.
    - Progress of the National Disease Control Programme.

  Therefore, an office order should be issued to the districts in this regard.
- No separate bank accounts are maintained for each programme at district level due to which programme wise tracking of funds cannot be made and there is always a possibility of diversion of funds. Therefore, banking arrangement should be made as per the guidelines of the Ministry.
- It was observed that staff is not aware about the utilisation of Untied Fund and Annual Maintenance Grant (AMG), mainly at sub-centre level. Therefore, an awareness programme for staff as well as PRIs members should be organised to disseminate that how and for what purposes that funds can be utilised. As RKS fund should be utilised with the decision of the Rogi Kalyan Samit (RKS) but very few cases meeting minutes was found. Also meeting of RKS is not regular.
- The pending State share of Rs. 113.70 crores needs to be settled by the State at the earliest.
- The unspent balance of Rs. 10.27 lakhs under RCH-I should be settled at the earliest.

Punjab Socio-demographic profile

Punjab with a population of 2.77 crores is an economically better performing State in India. The decadal growth in population in the 2011 census survey in Punjab was 13%, (13.9% in Moga and 20.3% in Patiala district as per 2001 Census). DLHS-3 (2007-08) shows 76% literacy among age 7+years in Punjab with 68.4% in Moga and 76.1% literacy in Patiala. Population below 15 years of age has declined from 31% (2002-04) to 27 % (2007-2008). In the households that were surveyed: 56.2% households belonged to highest wealth quintile. In Punjab, 65 per cent of household heads are Sikhs and 32 per cent are Hindus. The average household size in the state is 5 persons and there is not much rural-urban difference. Thirty seven per cent of household heads belong to scheduled castes, 17 per cent to other backward classes and 46 per cent to others. The median age of household heads is 48 years.

Punjab has traditionally performed well on many social indicators. Thus, almost all households (98 Per cent) in Punjab have electricity connection, 35 per cent of the households have access to tap water for drinking, 60 per cent of households have provision for flush toilet, 36 per cent of households use LPG for cooking (30% in Moga and 43% in Patiala), 64 per cent live in pucca houses (52% in Moga vs. 75% in Patiala have pucca houses) and over two-thirds (68 per cent) households have at least 3 rooms.
For the state of Punjab, 15 per cent of households have BPL (below poverty line) cards and it varies from a low of 8 per cent in Ludhiana to a high of 29 per cent in Faridkot. 20% in Moga and 10% in Patiala have BPL cards.

The administrative divisions and health infrastructure in the State is given below:

Divisions	**5**
Districts	22
Sub divisions/ Tehsil	81
Revenue Blocks	145
Health Blocks	118
Towns	143
Inhabited villages	12,581

Health Institutions:

INSTITUTIONS	**PUBLIC SECTOR**
Medical colleges	3 (5 in Pvt. Sector)
District hospitals	22
Sub divisional hospitals	43

Community health centres	149
PHC level institutes	428
SUBSIDIARY HEALTH CENTERS (with PRIs)	1186
Sub-centres at village level	2950

Progress made by the State/ districts under NRHM

- The patients have easy and subsidized access to health services
- JSSK - Free deliveries and delivery related services in all Government Health Institutions – free drugs, diagnostics, diet delivery, and referral services have been institutionalized.
- Mata Kaushlaya Kalyan Yojna (State Scheme) - Rs. 1000/- to all pregnant women delivering in Government Health Institutions.
- Emergency Response Services – '108' services free of cost to all citizens including pregnant women, sick children, trauma and other emergencies.
- Free School Health Check Up and treatment of school children in Government Hospitals since June 2009.
- Free treatment of school children for congenital heart disease, cancer and Thalassemia in PGI, CMC, DMC, Silver Oak, IVY and MD Oswal Cancer Hospitals at a cost ranging from 1 to 1.5 lakh per student.
- De-centralized Purchase of Drugs has been initiated. The State has concluded a State Rate Contract for 159essential drugs and is in the process to have more drugs on the rate contract. The districts can procure drugs through these rate contracts.
- Mobile Medical Unit- 24 Mobile Medical Units well equipped with diagnostic tools and two doctors for all the districts since December 2008
- Maternal and Child Tracking is in place
- Maternal Death Review has been initiated

Infrastructure Up-gradation

- Punjab Health Systems Corporation acts as a Nodal Agency for health infrastructure up-gradation. State is making good progress on completion of infrastructure projects.
- Infrastructure below district level is satisfactory in terms of the health centre's capacity in Patiala district.
- MKH's expansion plan needs to be prioritized and completed at the earliest
- Drinking water provision in health facilities is satisfactory
- Condition of ancillary facilities like toilets and power back up needs to be improved.
- Augmentation of Maternity Wards and Labour Rooms of all DHs required
- For equipment maintenance, the PHSC has categorized all equipment in category A, B, & C. For A-category, which is meant for vital equipment, Annual Maintenance Contracts

are being made by PHSC. For B-category, sources have been identified for the repair and powers have been delegated to the Hospital In-charges to get it repair at their level. For C-category, repairs are being done by Assistant Biomedical Engineers in their workshops

Facilities visited in Patiala district:

S. No	Name	Level
1	MKH	DH (MKH)
2	Rajpura	SDH – Rajpura
3	Bhadso	CHC Bhadso
4	Sauja	PHC Sauja
5	Kakrala	PHC Kakrala
6	Kalyan	Mini PHC Kalyan
7	Rohti Maura	SC Rohti Maura
8	Chotti Rauni	AWC Chotti Rauni
9	Dhandrala	VHND Dhandrala
10	Ghannaur	CHC (Ghannaur)
11	Sauja	Sauja- PHC 24X7
12	Harpalpur	Harpalpur- PHC
13	Agheti	Agheti - SC
14	Ajrawar	Ajrawar Mini PHC & SC
15	Faridpur Jattan	MMU- Faridpur Jattan

Facilities visited in Moga district:

S. no.	Name of the facility	Category	Person met/ Designation
1.	Dr. Mathura Das Civil Hospital	District Hospital	Dr. Navraj Singh, SMO Incharge Dr. Ritu Jain, MD. Pathology Dr. Daisy Sood, O&G Dr. Rajani, O&G Dr. S.K. Setia, Paediatrician
2.	Kot Isse Khan	CHC	Dr. Surjit Singh, Sr. MO Dr. Manisha Gupta, O & G Dr. Ashish Agarwal, Pediatrician Dr. Ranjit Singh
3.	Dhudike	CHC	Dr. Rakesh Kumar, SMO Dr. Manjit Singh Bathwa, O&G Dr. Rupinder Gill, GDMO Dr. Punish, GDMO
4.	Dharamkot	PHC	Dr. Maninder Kaur, MO

			Dr. Bharat Bhushan, MO(A)
5.	Buttar Kalan	PHC	Dr. Manish Arora
6.	Chand Nawan	PHC	Dr. Janpreet Singh, MO Dr. Anchala Mittal, LMO
7.	Kot Sadar Khan	SC	Mrs. Rajveer Kaur, ANM
8.	Baduwal	SC	Mrs. Harbinder Kaur, ANM
9.	Daudar Sharki	SC	Neeru Anchal, ANM Jaspreet Kaur, ANM Kulveer Singh,MPW Male
10.	Samadh Bhai,	SC	Mrs. Satwinder Kaur, ANM Mr. Jatinder Singh, MPWM
11.	ANM Training Centre, Moga	ANM Training	Mrs. Kuljeet Kaur, Incharge PNO
12.	Smadh Bhai SHC	Rural SHC under PRI	Dr. Ekbal Singh
13.	MMU	Moga	Dr. Yaspal Singh, MO Dr. Usha Gupta, MO

Detailed observations:

TOR wise summary table

TOR	**Moga**	**Patiala**
Facility Based Curative Services: accessibility, affordability, quality, equity	Accessibility is satisfactory. Paediatric services require major improvements. OoPE by the patients is high. Supply of drugs and commodities needs improvement.	Accessibility is satisfactory. Paediatric services require major improvements. OoPE by the patients is high. Supply of drugs and commodities needs improvement.
Outreach and Patient Transport Services	Outreach through VHND(Mamta Diwas) is restricted to immunisation only but number of health facilities is adequate	Outreach through VHND(Mamta Diwas) is restricted to immunisation only but number of health facilities is adequate
HUMAN RESOURCES FOR HEALTH – Number, Skills, Performance	Deficient for specialist services and field level functionaries. Rational deployment at delivery point is an issue.	Deficient for field level functionaries.
Reproductive and Child	Delivery load is high. OPD is	Delivery load is high. OPD is

Health Programme	also high, however, IPD is not optimally utilised. Operationalization of NBSU, NBCC, SNCU, NRC is deficient. The quality of infrastructure of labour room and OT is not satisfactory.	also high, however, IPD is not optimally utilised. Operationalization of NBSU, NBCC, SNCU, NRC is deficient. Infrastructure is satisfactory.
Disease Control Programmes	Immediate attention required for Vector borne diseases.	Immediate attention required for Vector borne diseases.
Community Processes	Drop-out for ASHAs is high	Satisfactory
Promotive Health Care	Satisfactory	Satisfactory
Programme Management	Position in DPMU was found to be vacant. Supervision and monitoring needs attention.	Satisfactory, however, Supervision and monitoring needs attention.
Knowledge Management: SIHFWS, SHSRCs, Training and Technical assistance and use of information.	Training quality is not satisfactory. MCTS is functional and work plans are used for tracking the beneficiary and providing due services	Training quality is not satisfactory. MCTS is functional and work plans are used for tracking the beneficiary and providing due services
Financial Management	Needs improvement block level and below	Needs improvement block level and below

Detailed TOR wise observations

ToR I: Facility Based Curative Services: accessibility, affordability, quality, equity

Moga District having a total population of 10, 04,251 is divided in five blocks and has 1,50,664 urban population at Moga town (2011 census).

One district hospital, 5 CHCs (FRUs), 22 PHCs and 122 sub-centres are available in public sector to deliver the primary and secondary level of care in the district. The numbers of facilities, particularly PHCs and sub-centres are inadequate in numbers to serve the rural population.

Health Facilities in Moga District:

TOTAL POPULATION	**10,04,251**
RURAL POPULATION	8,53,587
DISTRICT HOSPITAL	1
BLOCKS	5
NO. OF CHCs	5
No. of PHCs	22
No. of SCs	122
No. of FRUs (DH + CHC)	6
NO. OF ASHA	731
NO. OF ASHA FACILITATORS	38

District Hospital at Moga is fully functional with range of services including OPD, IPD, emergency care, blood bank and functional laboratory. Out of 5 CHCs, 4 CHCs are functional as CEmOC Centre, however no facilities of blood storage available in any one of them. Range of RCH services are not available in any one of them and mostly they are serving only for delivery care and Cesarean section. No general emergency, trauma care, other than delivery no other patients are admitted in these CHCs. Child care including Newborn Stabilization Unit, Sick Newborn Care Unit (SNCU) and Comprehensive Abortion Care (CAC) is missing in the facilities visited.

Out of 22 PHCs of district, 13 have been made 24x7 services PHC. Load of delivery is low in the PHC level and only four PHCs have more than 10 deliveries per month fulfilling criteria of delivery points. However availability of services as assured under RCH, new born package and MTP care were not available in any one of them. Only ANC and delivery care are made available in these 24X7 PHCs.

All 122 SCs are giving only outreach RCH services (ANC and immunization) and none of the SCs is a delivery point. This is also the case in the rest of the State as the Punjab Government is not encouraging deliveries at SCs which are also not considered institutional deliveries in the State.

The following is a brief account of the findings in facilities visited in Moga:

- CHC- Kot Isse Khan is the CHC with the highest delivery load, which should provide a range of RCH services, treatment for emergencies and other ailments in the community. However, it was centered more on maternal care – e.g. the CHC has conducted 872 deliveries since April 2012. 180-200 deliveries per month with 50-60 C-sections. Out of the 30 bedded CHC – 24 beds were occupied by post-natal patients and one ward was utilized for the vaccine storage room. No beds were available for other patients, no pediatric ward and there was no designated male ward.
- In other facilities, too – PHC Dharamkot is conducting 30-40 deliveries per months with 6 functional beds.
- In terms of Child health services -in the CHC and PHC that conduct deliveries, no comprehensive child health package of services was available. New born care Corner (NBCC) in CHC Kot Isse Khan was not established in the labour room and OT despite a pediatrician being available. In the PHC, although a warmer was available, it was a very old model in need of repair.
- CHC - no New Born Stabilization Unit (NBSU) No provision of NBSUs in the district, establishment of Sick New Born Care Unit (SNCU) at the DH is yet to be done.
- NBCC was available at CHC Dhudike but not found at any other facility visited in district.
- Abortion care was not available – no separate minor OT available for MTPs, the MO at PHC Dharmkot had received MTP training and was certified but was not confident in her skills as the training lacked practical exposure – training was done at DH Moga.
- Adolescent health – menstrual hygiene programme is operational in Moga with ASHAs supplying SNs to adolescent girls as well IFA tablets.
- Immunization services in the CHC, PHC, SC – cold chain well maintained, vaccines were available. New-borns are given zero dose of OPV and hepatitis B at birth but not BCG which is given on Wednesdays at outreach sessions.

Health facilities in Patiala district

The numbers of facilities, particularly PHCs and sub-centres are adequate in numbers to serve the rural population . However, paucity of Staff at the facility weakens the uptake of assured services.

TOTAL AREA in (sq. kms)	**3290**
TOTAL POPULATION	1916068
DISTRICT HOSPITAL	1
MEDICAL COLLEGE	2
DENTAL COLLEGE	2

SUB DIVISIONS	3
BLOCKS	6
NO. OF CHCs	10
No. of PHCs	28
No. of SHCs	60
No. of Sub Centers	185
NO. OF ASHA	1100
NO. OF ASHA FACILITATORS	55

Infrastructure

i) CHC building – the facility visited CHC Kot isse khan was not built as per plan for MCH service delivery. Facility for OPD cubicles, waiting area, dispensing area seems to be inadequate. However, in Patiala CHC buildings facility for OPD cubicles, waiting area, dispensing area seems to be adequate.

ii) The dental OPD was situated right next to the labour room in CHC Kot isse Khan in Moga thus negating any privacy for the female patients in labour. Septic zone of the labour room was not properly maintained – OPD patients were found waiting right outside the labour room. Patient attendants were entering the labour room directly. There was no waiting room for pre-labour patients, as well as post natal patients.

iii) X-ray: 2 machines both 100 MV were situated in two adjacent rooms which had large windows and were ventilated – not certified by ABER. No safety measures for the X-ray technician were in place. This was also the case at CHC Chandnawan in Moga district

iv) At the CHC Kot Isse Khan, the immunization room and the DOTS treatment centre were located adjacent to each other providing opportunity for infection.

v) PHC Dharamkot, was not built as per norm with inadequate space – no OPD cubicles, no seating arrangements for the patients PHC Chand Nawan had no ward for patient and post natal cases were seen in the labour room having one extra bed.

vi) Staff quarters were inadequate at the CHC as per available staff and not planned and at PHC level in the district.

vii) No space as waiting room designated for ASHAs at the CHC and PHC in Moga as well as Patiala.

viii) At the Patiala DH and SDH, the OTs were well maintained, well equipped and well utilized. However, the autoclave in the Moga DH was not functioning properly and though the management was aware of the issue, the problem had not been resolved.

ix) Staff quarters were inadequate at the CHC and at PHC level in Patiala. The team was informed that this factor contributed to poor retention of staff at these facilities.

x) CHC Bhadson suffers lack of space. While it should be a 30 bedded facility, due to lack of space it functions with just 15 beds.

xi) Many of the facilities in Patiala had inadequate arrangements for drug storage. Shortage of shelves was commonly seen. Since Punjab govt. is about to start with free medicine scheme next year January onwards, this needs to be seriously taken care of.

- Infrastructure of all the facilities visited was in good condition including the SCs in Patiala.
- Civil Hospital Moga: in terms of Infrastructure, the labour room, OT and maternal were in very poor shape with seepage, peeling plaster and broken crooked floor.

xii) MCH wing was under construction at DH Moga but not completed as the budget had exhausted.

Facility based services

xiii) Lab facilities were functioning satisfactorily in the facilities visited in both the districts. User charges for diagnostics were levied on patients including ANC in both the districts.. Patient toilets were dirty in most facilities in Moga especially in the DH Moga.

xiv) No system for Biomedical waste management at the district as well as facility level in Moga. No segregation of waste was being done at labour room or at the labs. Color coded bags, signages etc. were absent.

xv) In Patiala, Biomedical waste management at the district as well as facility level was outsourced. Waste was collected daily. Waste is segregated in the colour coded bags as per the BMW norms.

xvi) Utilization of facility based services: Civil hospital Moga treated 163607 OPD cases in 2011. Average monthly OPD cases have increased with 13130 OPD patients in October 2012. Regarding inpatient admissions there is a slight increase over the previous years now average monthly admission has increased to 1075 in October 2012. Institutional Delivery at DH has shown a marginal increase from 883 in the first 6 month of 2011 (Apr-Sep) to 936 in Apr-Sep 2012. No. of C-sections has also increased and it is more than 20%. More than 9000 (9723) surgeries excluding C-sections have been done in 2011. Regarding RTI/STI services: the hospital is providing HIV testing, VDRL and the report of 6 positive HIV cases and 37 VDRL positive cases have been detected since Jan 2012. RTI/STI colour coded kits for syndromic treatment were available at DH and being given to patients. During 2011, 328 Tubectomy and 56 vasectomies were conducted in the civil hospital.

xvii) The services in DH Patiala are satisfactory and expanding.

xviii) District Hospital Moga has emergency wing with well-equipped minor OT with 2 OT tables and central Oxygen supply and emergency drugs etc. 6 common beds for male and female with central O_2 supply. Trolleys, wheelchair are being used in adequate numbers.

xix) Dialysis services at DH Moga have stopped due to non-availability of Medical specialists.

xx) Lab at both the districts: diagnostic service include X-ray, USG, full range of path tests are functional. However, the X-ray unit at Moga had no safety measures and USG room had no mandatory display of PC-PNDT act. The Pathological lab is headed by a pathologist with full range diagnostic services including lipid profile. Microbiological facilities at DH Moga like blood culture are not available.

xxi) Utilisation of facility based services at Patiala: OPD services are high but very low IPD is seen across all the facilities visited. However, the DH and the SDH had a good bed occupancy rate, essentially due to increased institutional delivery.

xxii) The District Hospital in Patiala known as the MKS Hospital is different to other district hospitals as it provides essentially RCH services for both inpatient and out-patient care while the general OPD services are available to both men and women. However, the team was informed that license for the blood storage unit has not been renewed and the hospital administration is working towards obtaining one at the earliest. Range of services available includes general, emergency and trauma care. The equipments for NICU/SNCU have been procured and space has been earmarked. However, the units were not operational at the time of visit.

xxiii) 24X7 services PHC have a delivery load of at least 10 deliveries per month fulfilling criteria of delivery points. Assured services under RCH and new born package are available and MTP services are available. All 185 SCs are providing outreach RCH services (ANC and immunization) but none of them is a delivery point.

xxiv) Name of the District: Patiala		**Year : 2012-13**						**Total Deliveries Upto the Month 2012**
Sr. No.	Name of the Institute	No. of Normal deliveries conducted Upto 2012			No. of Ceasarean deliveries up to 2012			
		Day time	Night hours	TOTAL	Day time	Night hours	TOTAL	
1	DH Mata Kaushilya Hospital Patiala	645	486	1131	603	258	861	1992
2	SDH Rajpura	207	150	357	44	20	64	421
3	SDH Nabha	176	69	245	100	42	142	387
4	Ghanour	66	68	134	18	7	25	159
5	Bhadson	44	22	66	41	0	41	107
	Total	1138	795	1933	806	327	1133	3066

- All CHCs provide a range of RCH services, treatment for emergencies and other ailments in the community.
- In all the FRUs visited deliveries are taking place due to the presence of Specialists. However, 48 hrs. post partum stay is still not being achieved.

- In all the 24 X 7 PHCs visited viz. Harpalpur, Sauja and Kakrala, have 6 functional beds each and deliveries are taking place every month. .
- In Patiala Child health services -in the CHC and PHC that conduct deliveries, comprehensive child health package of services was available. New born care Corner (NBCC) in CHC was available in the labour room and OT. In PHCs, radiant warmer was available.
- In CHCs of Patiala district an important gap was observed and that was the absence of NBSU and establishment of SNCU at the DH had yet to be initiated. This is particularly important in view of the higher proportion of neonatal mortality contributing to the overall IMR in the state/district.
- Abortion care services were available in most of the facilities visited.

S.no.	Block	Delivery Point	Abortion Care Services	First Trimester Abortion up-to Sep. 2012	Second Trimester Abortion up-to Sep. 2012	Remarks
1	-	MKH	Yes	34	0	
2	-	SDH Rajpura	Yes	5	0	
3	-	SDH Nabha	Yes	15	0	
4	Harpalpur	CHC Ghanour	No	0	0	Gyne. Post Vacant
5	Bhadson	Bhadson	Yes	5	0	
6	Bhadson	PHC Sauja	No	0	0	
7	Bhadson	PHC Kakrala	No	0	0	

- Adolescent health – Performance of ARSH clinics need to be strengthened.
- In both the districts visited School health activities are provided through Rural Medical Officers (RMOs) placed in the dispensary through the Department of Rural Development.
- Immunization services in the CHC, PHC, SC – cold chain well maintained, vaccines were available. Newborn are given zero dose of BCG, OPV and hepatitis B at birth in all cases of institutional delivery

Ancillary Services: drugs, blood bank, diagnostics

- Despite facility level EDLs being drawn up by the States no EDL was displayed at any of the facilities visited in both the districts. However, drugs were found available at the hospital
- Essential drugs like IFA were not found at the CHC, PHC and SC.
- Common drugs like paracetamol, ORS etc. were not found at most SCs.
- Post-delivery newborns were not being given inj. Vitamin K except in PHC Buttar Kalan where it was found as part of the delivery kit that was made by the staff under supervision of the MO.
- Very few drugs were available at the PHC Dharamkot.
- Drugs for newborn i.e. antibiotics were being purchased by the patients from outside as well as higher antibiotics for the mothers at the PHC in both the districts.
- Display boards and signages for service guarantees, citizens charter, JSSK etc. were hardly visible in the facilities visited in Moga. However, IEC material for JSSK was displayed at every facility which was visited. Display boards, signage were satisfactorily available at Patiala
- Diet for JSSK patients had been recently started in both districts one month ago and was outsourced to local eateries in Patiala while facilities in Moga were making their own arrangements involving the ASHA or other local women.
- Blood Bank is functional at Civil Hospital Moga with adequate no. of blood units in storage. As on date 240 units of blood inluding rare blood groups: AB-ve 6 units, AB +ve 21 and O –ve 6 units. Voluntary blood donation is encouraged with 543 units of voluntary donation. Blood bank also has unit for blood component with 25-35 units being utilized at the hospital. This is the only blood storage facility in the district which also caters to the FRUs and 24x7 facilities.
- DH Moga has one Red cross run Jan Aushadhi store which is open till 10 pm. However, it is stocking both branded as well as generic drugs.

Support Services

- Standard treatment guidelines/protocols were not displayed in the labour rooms, wards etc.

Infection Control and Biomedical Waste Management

- Infection control and BMW mgmt. – sterile procedures were not being followed at the CHC Kot Isse Khan, Moga. It was observed in the CHC during the C-section being conducted by the Gynaecologist – none of the SNs were wearing sterile gloves. They were handling the OT equipment and the patient without any aseptic precautions and the catheterization and dressing of the patient was done by a male attendant.

- No pits were seen at the PHC Dharamkot, Moga district an open old well and an open pit were used for disposal. No pit was seen at the CHC Kot isse khan. Waste was being collected by the pollution control vehicles.
- Waste segregation and BMW management was being done at DH Moga.
- Sanitation of the facility especially toilets for patients were in very poor condition. No staff toilets were there in the OPD blocks at DH Moga.
- Waiting area for patients at DH Moga was seen but no waiting hall for attendants.
- Waste segregation and BMW management was done at all the facilities visited in Patiala.
- Sanitation at the facility especially toilets for patients was satisfactory in Patiala district.
- Waiting area for patients at all the facilities visited was adequate in Patiala.

Cost of Care for services

- User charges being levied for OPD, IPD registration, Rs 2 and Rs 5 respectively. Exempt for delivery cases, BPL and Punjab Govt. employees.

Out of Pocket Expenditure

- OoP expenditure: Drugs for newborn i.e. antibiotics were being purchased by the patients from outside as well as higher antibiotics for the mothers at the PHC Dharamkot in Moga. It was also observed that most mothers appearing for ante natal care in SCs in Patiala were simultaneously accessing services, especially diagnostic services, from private providers, adding to the OoP expenditure.
- Apart from patients covered under JSSK, other patients had no other option but to buy almost 80% of the prescribed medicines from outside chemist shops, which certainly calls for high OoPE.

Privacy and Safety issues

- Very little privacy at the labour rooms in Moga – in CHC Kot Isse Khan the dental OPD was situated next to the labour room. No curtains between the 3 labour beds in the labour room.
- Separate toilets for men and women were available though dirty in Moga district.
- Partographs were not being maintained at the labour rooms visited in both the districts.
- No SOPs were available at any facility visited in both districts.
- It was observed that in 24x7 PHCs for e.g. PHC Buttar Kalan, the only staff available during the night hours was a solitary Staff Nurse with no security staff which was a serious concern raised by the staff.

ToR II: Outreach and Patient Transport Services

Sub Centres

Moga:

- 122 SCs in Moga district: as per the norms the no. is inadequate.
- Out of sanctioned strength of 125 regular ANMs, only 96 are in position in Moga and others are filled by contractual NRHM, ANMs.
- 27 SC in Kot isse khan block of which 23 have regular ANMS
- 48 SCs are manned by 2 ANMs in Moga; two SCs visited had two ANMs in place and two had one ANM each.
- In SC visited ANMs were trained in SBA, IUCD but no ANM was NSSK trained.
- However, no delivery is being conducted at the SC despite SBA training.
- SCs are manned by 2 ANMs. The work distribution is as per geographic area No MPW male at SC.
- No OPD record and no drugs were found at SC – PCM, cotrimoxazole, zinc, IFA etc.
- Hb meter and BP apparatus were available at SCs and being used by ANM. This was also observed by the team at the VHND conducted at SC Smadh Bhai

Patiala:

- 185 SCs in the districts as per the norms is adequate.
- 60 regular ANMs, 105 contractual ANMs and 68 are 2nd ANMs in position.
- Sub centers visited during the visit had two ANMs whose job is divided as per the population. No MPW male at SC.
- ANMs were trained in SBA. However, no delivery is being conducted at the SC despite SBA training.
- It was observed that the ANMs did not perform ante natal check up(per abdominal examination) of the mothers though they meticulously recorded their parameters (weight, Hb etc.).
- All equipment was present in the SC and were functional.

Package of Services

- Package of services in the VHNDs (MAMTA diwas): immunization ANC, health education, motivation for family planning etc. VHNDs are held on Wednesday as MCHN day.
- The ASHAs were found preparing their due lists and calling children to the SC. However, no convergence was seen with ICDS dept. and nutrition component was ignored. MPW (M) was also not involved.
- Counselling services which form an essential part of VHND appeared negligible.
- There was no participation of adolescent girls, thus hardly any services were being rendered for adolescent girls during VHNDs
- Privacy arrangements (curtains, examination table) for ANC check-ups was found missing at many of the sites.

- Monitoring and supervision of VHNDs and handholding support to frontline workers by govt. officials was found to be weak.
- Incentives to ASHA are also pending since April 2012
- Shortage of drugs and basic medicines was seen at the VHNDs. However, for the Mamta Diwas, ANM had purchased medicines under the untied fund of SC.
- Use of IEC/BCC and their dissemination was hardly evident.

Immunization services

- Microplans for Mamta Diwas (VHNDs) etc. were available and being followed.
- Average no of beneficiaries (children being immunized): 5 per session
- Line list/drop-outs not being tracked in Moga. This was also confirmed by the DIO at the dist. briefing on 4/11/12. However, in Patiala Drop-outs are being tracked with the help of work-plans generated through MCTS.
- IFA tablets and syrup were not available in any facility
- Zinc tablets were also not available in Moga although they were found in Patiala but its usage was not known to the staff.
- Cold Chain – in both PHC and CHC – had ILR and DFs and maintained well. Temperature record was also being maintained.

Social Marketing arrangements

- In Moga, Social marketing of SNs for menstrual hygiene was done by ASHAs – the ASHAs stated that there were quality concerns regarding the SNs supplied and this had led to some girls not continuing the use of the product.
- Schemes like Social marketing of SNs for menstrual hygiene and contraceptive distribution by ASHA are not being implemented in Patiala district.

Mobile Medical Units

MMU is operational in the district functioning 6 days a week conducting camps with work plans being made a month in advance. Adequate staff deployed with radio technician, lab technician, pharmacist. Team has one FMO and one Male MO. For Patiala, female Medical Officer has resigned and new female MO is yet to be appointed. The work plan for MMU is prepared a month in advance. MMUs service utilization is good with 50-60 OPD cases per day including diagnostic facilities and drugs are available. There are no registration charges but user fees for diagnostics are levied.

Emergency and Patient Transport Services

108 ambulance services are functioning well in the State with respondents questioned in both districts being satisfied with the services. Many respondents commented that the ambulances usually reached within 30 minutes of the call being made. The ambulances were being utilized

for transporting pregnant women to facilities as well as drop back though it was stated in the State briefing that level of drop back is low.
Progress of EMRI in Patiala district till September 2012 is:

Total No. of Calls Availed	**1732**
Total No. of Pregnancy Cases	393

AYUSH Service delivery

- AYUSH: Ayurvedic drugs at PHC, Homeopathy at CHC drugs were available at both facilities.
- They are not prescribing allopathic medicines and not oriented and used for any NRHM programmes. Neither used for supervision of frontline workers.
- Main cases at AYUSH OPD: skin problems, arthritis, gout, respiratory problems.
- User charges 2 Rs for OPD registration being charged with free follow-up for old cases upto one month

BBC/IEC during outreach

- Very little BCC/IEC activity was observed during outreach sessions like the VHND and the MMU visits and this was pointed out to the district and State officials.
- The LCD monitor used to display IEC messages was not functional in the MMU at Moga district. It was observed in the MMU of Patiala district that the LCD monitor in the current circumstances cannot be used during day time.

ToR III: HUMAN RESOURCES FOR HEALTH – Number, Skills, Performance

Number and Distribution of Staff

- Moga: In Moga district has 85 sanctioned positions of Medical officers and out of that, 49 are in position and 36 are vacant. Programme officers and facility in charge posts are lying vacant in 5 facilities. Out of 102 posts of pharmacists, 29 were vacant.
- The positions of MOs and specialists in the district are lying vacant and most of the CHCs are run by 2-5 medical officers including specialists. A large no of specialist positions in civil hospital and all CHCs which are declared as FRUS are lying vacant. Only 2 contractual specialists in CHC Kot isse khan.
- The critical position of anesthetist in all FRUs in Moga including civil hospital is vacant. In civil hospital only one anesthetist is working against position of MO.
- The State is trying to fill vacant positions of MOs and specialists by walk –in interviews and campus recruitments.

In Patiala district the Staff at the facility is mentioned below:

Sl. No.	Place	Specialist Staff in FRU	In place	Vacant
1.	FRU	Physicians	9	5
		Gynecologist	20	4
		Surgeon	11	4
		Pediatrician	9	6
2.	24X7 PHC	Female MO	10	5
		Ayur. MO	11	2
		Staff Nurse	32	Nil
		LT	7	6
		Pharmacist	17	1
3.	Ayush Staff in Civil Hospital/Block PHC	AMO	18	3
		HMO	13	2
		Dispenser	16	3

Quality and range of services

Moga:

- With the support of NRHM since 2006, there is substantial increase in number of contractual providers in Moga district which comprises of: 78 ANMs, 64 GNMs, 2 specialists in different levels of health facilities of Moga district.
- Out of 85 regular positions sanctioned for MOs in Moga 36 are vacant. 12 vacancies in regular posts of SNs and 26 regular posts of ANMs are vacant, 66 posts of MPW male are vacant out of 99 sanctioned positions.
- Radiographer: out of 8 positions 5 are vacant and 19 posts of LT are vacant in different health facilities. Of the facilities visited in Moga i.e. 2 CHCs, 3 PHCs most posts of MOs were vacant.
- In case of delivery points the comprehensive plan for HR deployment was not seen and critical positions of MOs, LTs were lying vacant. Comprehensive plan for deployment of specialists in FRUS and plans for creating additional manpower to minimize the gap were not available.
- Medical colleges: 3 in Govt. sector and 6 in private sector in the State, none in Moga dist.

Patiala:

- Significant no. of posts are lying vacant. 123 MPW (M), 35 Field workers, 2 Insect collectors & One Zonal Entomologist posts lying vacant. Need to be filled at the earliest
- Financial and career promotion incentives are yielding results to attract manpower to work in difficult areas

AYUSH

The main objective of the Mainstreaming of AYUSH is to co-locate the AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs). The visiting team found that the AYUSH facilities are not co-located at PHCs, CHCs and DHs in Patiala. However, in Moga district, AYUSH facilities were found at PHC and CHC level with Ayurveda dispensaries at PHC and Homeopathic dispensaries at CHC level.

The observation of visit is as under:

- Overall AYUSH facilities are not adequate in Patiala. The number of sanctioned posts of AYUSH is 26 AMO, 11 HMO and 21 drug Dispensers. The vacant posts are as 5 AMO, 3 HMO and 6 Dispenser. Not a single Unani Medical Officer is posted in the entire State.
- There is no service delivery provision and package in AYUSH Dispensaries as distinct from SC, PHC and CHC in Patiala.
- AYUSH doctors are working in place of General Duty Medical Officers. They are providing their service in National Health Programme under NRHM especially in NCDs.

- AYUSH services are neglected in the State. During visit of PHC's in Patiala, it was observed that the drug supply of AYUSH Medicine is poor and least attention is being paid towards these systems of Medicine.
- During the visit to PHC's (Ghanour, Sauja, Harpalpur), it was found that in Souja (PHC) &Ghanour (CHC), HMO & AMO have resigned and in Harpalpur(PHC) AMO had gone to attended School Health Programme. No interaction happened with AYUSH Doctor during the visit. The dispenser was present in Sauja(PHC) and after checking the Store, 11 Ayurvedic medicines were found. No Dispenser was available at Harpalpur Dispensary. On Telephonic call AMO told that 14 Ayurvedic Medicines are available in the State. In Moga district in PHCs and CHCs visited AYUSH MOs were present and OPDs were functioning.

Rational deployment of HR

- Rational posting of doctors, specialists was not seen in Moga district. Position of Medicine Specialist was lying vacant in DH; however medical specialistwas posted at CHC level without inpatient facilities.
- CHC and PHC visited had doctors available.
- Categories of incentives: Performance based financial incentive for contractual MOs as well as SNs. To make the facilities operational, the financial incentive for health care providers working in difficult to access areas is a welcome decision. However, the benchmarking for provision of incentive in FRUs may be reviewed in case of Kot isse khan considering its proximity to headquarters.
- Educational incentives: preference is given for post-graduate studies for regular staff that is posted in difficult and most difficult identified areas.
- Monetary incentive for regular staff for posting in difficult and most difficult areas.
- Transfer out policy after serving a minimum number of stipulated years in difficult/most difficult areas was in place.
- Regular staff promotions are done

Support Staff

- Support staff was found lacking in the facilities visited specially class IV and ad-hoc arrangements have to be made at facility level which leads to intermittent cleaning.
- In case of 24x7 PHCs considering the need for uninterrupted service delivery during night hours, security provision is essential keeping in view that during the night hours only a single SN is working in all 24X7 PHCs visited in Moga.

Service Conditions for contractual staff

- No policy for regularizing contractual staff.
- Recruitment of staff through walk in interview, yearly contract, capacity building of contractual staff is being done.

- Salary difference between regular and contractual staff is de motivating the contractual staff.
- Increments have been approved for contractual staff in the ROP however the contractual staff is not getting these increments.
- All staff including ASHAs reported delays in getting their salaries and ASHAs their incentives
- Innovations in workforce management – walk in interview monthly and campus placement for contractual staff with facilities identified for posting.
- Most Staff nurses posted at Labour room at civil hospital Moga were trained in SBA and NSSK.
- Pediatricians had received NSSK, EPI, Breast feeding and HIV training. Pediatrician is rarely admitting children beyond neonatal period and there are no designated pediatric beds. Sick newborn are being referred to Faridkot Medical College as no SNCU/NBSU has been established at the DH.

ToR IV: Reproductive and Child Health Programme

Planning for RCH services

- Delivery points plan is not comprehensive. Facilities designated as FRUs lack the critical component of BSU – e.g. CHC Kot Isse Khan
- Regarding 24x7 delivery facilities the performance is not uniform – some are conducting much more deliveries than other.
- EMOC training has not yet been started; NSSK training has been done however, SBA training of ANMs is not yet complete.
- Comprehensive newborn care plan in non-existent – no SNCU in the dist. No plan for NBSU. NBCC non-functional at CHC Kot isse Khan.
- **DH Moga**: No new-born corner in the OT of the maternal ward but there is a NBCC in the labour room. However, radiant warmer needs repair. No protocols displayed in labour room or OT. Post natal wards were overcrowded, dirty due to shortage of beds (only 21 beds for Obg/Gynae). Normal delivery patients have to be sent home within 24 hours. Hep B and OPV 0 dose are being given to all newborns.
  Patiala district:
- At 24x7 PHCs, 3 SN are there at most places, AYUSH MO is there. Vacant position of LT is observed. Complicated deliveries are referred. Process of recruitment has been advertised many times but nothing has worked out
- Institutional deliveries is 89.05% and stands at second position.
- Institutional deliveries have increased when compared to last year
- There is a high level of awareness among ANM and ASHA to encourage deliveries in public institution
- Incentives are being paid on time to beneficiaries but not to ASHAs
- From the records observed, anaemia is widespread among pregnant mothers. Categorization and focused drive is needed to tackle this problem through IEC/BCC.
- Facilities in-charge should focus on increasing post-partum stay.
- In Patiala District 52 centre accredited in JSY scheme.

Quality of care

- Labour room quality: drugs are being procured and purchased locally without needs assessment. A fridge in the observation room in labour area at CHC Kot Isse Khan was found storing: (these were all mixed together)
  - One unit of blood that had expired on 19/09/12
  - Anti-snake venom
  - Hepatitis B and Swine Flu vaccine
  - Anesthetic medication – pancuronium and vecuronium vials that had expired
  - More than 75 vials of Carboprost

  - Another refrigerator in a PHSC Store was found with 400 vials of Pancuronium with an expiry of August 2013.
- Nutrition Rehabilitation Centers non-existent in the District as well as State. No plan for management of Severe Acute Malnourished Children was seen.
- Sick newborn care quality is very poor, no comprehensive plan in place.
- Although the team was informed that breast feeding is initiated within one hour after normal delivery and 6-8 hours after C-section. However, in the CHC the mothers interviewed said that they were giving top feed with cup and spoon and this was not actively discouraged by the gynecologist and the pediatrician.
  Use of pre-lacteals is common
- Poor quality of services being provided at the facilities at Moga district.
  Post-natal home visits by both ASHAs and ANMs are being done inadequately without proper planning or records.
- Abortion care: deficient in the district, MO at PHC Dharmkot was not confident about her skills despite MTP training as she did not handle the required number of cases during the training.
- District level committee for certification and regulation of private sector providers are constituted and functioning.

Family Planning

- Unmet need of the district was below national and state figure.
- No focus or comprehensive plan for spacing methods in the State particularly for PPIUCD.
- Thursday is the fixed day at CHC for sterilization when camps are held.
- Minilap training is not done
- ASHAs – motivate for sterilization services and incentives are paid to them for this.
- Very low rate of male sterilization was observed.
- Demand generation for FP is missing and not a priority area for the State.
- IUCD, OC available at SC.
- Condoms were found discarded on a waste bin at CHC at Moga

Child Health

- Though the IMR has shown an impressive decline, the focus now needs to shift to Neonatal Mortality Rate(NMR) and Early Neonatal Mortality Rate (ENMR). In fact, the ENMR has shown a rising trend.
- The district needs to expedite trainings on IMNCI, F-IMNCI, HBNC.
- NBCC is operational but skills of paramedics should be built. SNCUs need to be operationalized at the earliest.
- The district needs to set up NRC at-least at the DH
- Availability of Vitamin A, Iron Syrup, Zn-ORS should be ensured at all facilities.

Drugs

- While drugs at facilities in block Kot Isse Khan were largely unavailable, in block Dhudike drugs were found at facilities including sub-centres although these were locally purchased at the facility level. This shows the importance of having a system of procurement in place with supply chain management. JSSK drugs were procured from market at Dharamkot PHC.
- No procurement started by districts as per rate contract by state HQ.
- System of drugs and logistics management is not uniform and needs attention.

Implementation of Janani Shishu Suraksha Karyakaram (JSSK)

State Government has made all deliveries and delivery related services free for pregnant women. Implementation has started with free services during delivery; diet provision has started last month.

User Charges

State is working on modalities to waive off user charges being levied for pregnant women.eg- for USG, lab diagnostics, blood etc. (other than during delivery). Approval of cabinet is required

Referral Transport

- 108 services are being utilized for transportation of pregnant women and sick neonates from home to health institutions, referral and drop back to home.
- 49277 PW in 2011-12 and 40819 PW utilized this service from April 2012 to September 2012 to reach the hospitals.
- 38644 PW who delivered in Government Hospitals availed this services for drop back home from April 2012 to September 2012.

Free Diet

- Provision for free diet at all health institutions for pregnant women during their stay in the hospital for delivery (3 days for normal and 7 days for C-section).
- Diet services are outsourced. Diet is provided through local vendor, ASHA or any other local lady at PHC level.

Free Treatment for Sick Neonate

- The provision of free treatment for sick neonates has been extended from July 2012,this means neonatal check-up and new born care will be totally free i.e., Registration fee, Admission fee, Visiting Fee, Ambulance charges, Anaesthesia Charges, Radiology and Lab Investigation Fees. However, it has been observed that higher antibiotics for neonates are purchased from the market in some cases.
- Clinical pathology, microbiology, biochemistry and Blood Transfusion charges are not being charged in case of neonates.

Grievance Redressal

- Grievance redressal help desks need to be formed at all delivery points in all districts.
- Grievance redressal Committee at different levels have been formed and is chaired by
    - Civil Surgeon at District Level,
    - Senior Medical Officer at Block Level and
    - In-charge Medical Officer at Delivery Point

JSY and Mata Kaushalya Yojana(MKS)

Prominent display of contact information of grievance redressal authorities at facility / district / and is disseminated widely in public domain.

- To create demand and increase the deliveries at Government hospitals, Government of Punjab has initiated the "Mata Kaushalya Kalyan Yojana".
- The main focus of the scheme is to increase institutional deliveries in the Government hospitals, reduction in IMR & MMR and provide nutritional support to pregnant women.
- Under this scheme every pregnant woman delivering in Government hospital is being given Rs. 1000/- irrespective of caste/ class/ other considerations. This scheme is in addition to JSY already being implemented. The amount is being paid to the mother before discharging her from the hospital.
- JSY - payments given by bearer check regularly within a week of delivery
- SNs being used for writing cheques for JSY, MKS

Surakshit Janepa Yojana (SJY)

- SJY, a scheme for promoting institutional deliveries in PPP mode. Private institutions in under-served/ un-served areas are accredited for conducting deliveries and paid Rs. 2500/- per case for delivery of BPL pregnant women. 76 Institutions have been empanelled under the SJY scheme.
- During 2011-12, Till March, 2012 about 4958 deliveries have been conducted under the SJY scheme. During the year 1205 deliveries reported under the scheme till September 2012.
- Gian Sagar Medical College is an example in district Patiala for effective PPP.

Maternal Death Review

- MMR of Punjab is 178/100000, which is a serious concern for the state. Maternal Death Review has been initiated to find the causes of Maternal Death. However, Infant death review has not yet started.
- Government order making it mandatory for district Collector to implement Maternal Death Review has been issued
- All MDR are discussed or reviewed in monthly meetings by the District MDR committee. Every case is discussed with Deputy Commissioner. Common reasons for Maternal mortality are anaemia, PPH, Eclampsia, Hypertension(PIH) other cases not related to pregnancy i.e. Jaundice. Only 5 Maternal deaths in Patiala have been reported.

ARSH

Under ARSH programme following action has been initiated –

- Operationalization/Strengthening of Adolescent Friendly Health Clinics.
- Trained personnel are deployed appropriately in ARSH Clinics/Services.
- All DHs and SDHs have a dedicated fixed day, fixed hour strategy per week. The clinics provide counseling and referral services to adolescents.
- ICTC Counselors are involved for counseling services (weekly) at ARSH Clinic to provide promotive and preventive services.
- Issues like drug abuse, de-addiction addressed in counseling session of adolescents in out-reach camps.
- Convergence with Sakhi –Saheli of SABLA Districts Faridkot, Hoshiarpur, Gurdaspur, Jalandhar, Mansa and Patiala

WIFS

To reduce the prevalence and severity of anemia in adolescent population (10-19 years) – Weekly Iron and Folic Acid Supplementation (WIFS) programme has been planned in the State for the following two groups –

- Adolescent girls and boys who are school going and are in government/government aided schools from 6th -12th Classes.
- Adolescent girls and boys who are out of school.

Following action has been initiated –

- Constituted State/District /Block WIFS Committees and are approved in the meeting of Executive Committee of State Health Society.
- State Level intradepartmental meeting (Health, Education and SSWCD) for implementation of WIFS programme in the Punjab State in November 2012.
- Wednesday earmarked day for weekly supplementation in all schools as well as Anganwadis.
- Training of Stakeholders from Health, Education and SSWCD in the month of November 2012.
- Procurement of IFA tablets for all adolescents under process.
- Procurement of Albendazole tablets for all adolescents under process.

ToR V: Disease Control Programmes

IDSP

IDSP is functional – the surveillance work of IDSP is satisfactory in Moga district and the IDSP unit is working with district administration for e.g in combating an outbreak of cholera reported in Moga in October 2012 with speed and efficiency. District epidemiologist is the nodal officer in charge of surveillance as well as other activities of IDSP in the district.

NVBDCP

Punjab is endemic for Malaria and Dengue. During 2011 up to September, only 1402 Malaria cases were reported with 22 Pf cases with average ABER > 10% and API is less than 1.3 with no deaths so far. Dengue cases during 2012 up to September, only 433 cases with 9 deaths were reported. Dengue is being monitored in the States with 15 Sentinel Surveillance Hospital (SSHS) throughout the State. Regarding vector borne diseases like malaria, dengue the surveillance activities are below the benchmark for ABER is handicapped due to severe shortage of MPW (Male) but are supplemented by ANMs. At the CHC level, screening for malaria is done and slide positivity is very low (only 5 found positive out of 870 for p. vivax).

The post of State Entomologist (1)and Zonal Entomologists (3) are lying vacant for last so many years. As a result surveillance for VBD is not adequate to predict any outbreak like condition in the state.

District Patiala is also endemic for Malaria and Dengue. During 2012 till October, 75 Malaria cases with 11 Pf were reported. Nine confirmed cases of Dengue were also detected in the district till October 2012. Revised drug policy of Malaria is being followed in the district for treatment of Pf cases with ACT. No insecticide residual spray (IRS) is carried out in the district as the API is below 2 %.

Urban Malaria control scheme (UMS) is being implemented in Patiala district with the help of 7 MPWs and 38 field workers. Temephos is being used as a larvicide for the treatment of mosquito breeding places and Pyrethrum extract for the control of adult Anopheles mosquitoes in and around Malaria case houses.

123 posts of MPWs 35 posts of and field workers are lying vacant in Patiala district. As a result surveillance for disease and vector mosquito suffers. Similarly, 69 out of 99 sanctioned posts of MPW (Male) and 15 posts of medical lab technicians are lying vacant in Moga district although all 27 posts of Malaria supervisors have been filled up. The State needs to expedite the recruitment for the vacant posts.

ABER is less than 10% (About 8.76%) during 2011. Number of P.falciparum cases is also showing a rising trend in the district.

Laboratory service for malaria was found satisfactory in the visited CHCs/PHCs in the district. Malaria drug policy was found displayed in the laboratories. Technicians were found trained in malaria microscopy. The microscopes found in the labs were binocular and good. Stains used for the staining of malaria parasite were of JSB I&II and of good quality. Various reports and records of the laboratories were up to the mark.

During the visit to CHCs (Ghannaur & Sauja), recent drug policy for malaria was not found displayed in one of the room of SMO. However, it was displayed in the laboratory. Specialist MO I/c at Sauja was not aware of the treatment of P.f cases with ACT. CHC Ghannaur was found to have low prevalence of Malaria and only 14 cases of P.v were detected during 2012. However, no Dengue case was reported by CHC Ghannaur & Sauja.

RNTCP

At the CHC level, DMCs are functional and 40-50 cases are detected per month on average. All the designated microscopic centres are doing smear microscopy and there is no dearth of lab technicians and lab consumables.
Case detection in dist Moga is poor. Less than 75% but cure rate is over 85%.

NPCB

The performance of Moga district is satisfactory with most cases cataract and it was reported that cataract surgeries have increased over the last year. Eye OPD has 60-70 patients per day, 597 cataract surgeries were conducted in 2011 and 503 in 2012 (Sep -30, October - 54). However, separate beds for eye surgeries are not available. Staff for Opthalmology at DH: 3 Eye Surgeon, Ophthalmic Asst.

NLEP

The disease is not a major public health concern, only 5 cases have been detected in 2012 in Moga.

ToR VI: Community Processes

PRIs and VHSNCs

- PRIs are found to be involved in VHSNCS and are also taking interest in the community level activities. The Sarpanch are the chairman of the VHSNCs.
- Untied fund for VHSNCs are being released regularly through the sub-centre, ANMs are in charge of the bank accounts and expenditure seems to be incurred in consultation with the community.
- All SCs visited had bank accounts of VHSNC and ASHA was found to be working as convener of VHSNCs and for VHND activities.
- The VHNSC meetings are held regularly and also minutized.
- The names of the VHNSC members are also displayed on the AWC.
- Expenditure of untied fund is evident but effort will have to be made to ensure that ideas for expenditure should largely come from the community members rather than the Sarpanch or ANM proposing the idea.
- Role of VHNSC in organizing VHNDs was found nil.
- VHNSCs need to be further oriented and strengthened to carry out regular monitoring of health facilities and VHNDs through a systematic and periodic system of monitoring of health facilities established across the state. Their role otherwise would remain limited to holding monthly meetings and spending untied fund.

ASHA

- ASHAs are being monitored against performance and different tasks have been integrated for increasing ASHAs functionality and sustaining their interest. ASHA facilitators are taking keen interest in ASHAs work, monitoring their performance and giving feedback.
- HBNC visits have started by ASHAs of their own volition although training has been completed for round 1 and 2 and kits are not yet provided to them.
- ASHAs have been trained in module 6&7 for HBNC. ASHAs have been provided with drug kit however, HBNC kit is yet to be provided.
- Payment is done directly into accounts of ASHAs however, most ASHAs complained of delays in payments lasting for months (as long as 9 months) and cited this as a major demotivating factor. The ASHAs also reported that they were not paid TA, DA during the trainings and usually paid TA for only one day instead of the whole duration of training.
- They also stated that no proper channel existed for grievance redressal and issues raised by ASHA facilitators are often not heard by higher authorities. ASHA facilitators are not oriented as to who to approach for their grievances and they also complained of long delays in payment of their salaries.
- Although uniforms for ASHAs are provided, they are of no use in the winter months due to the extremes in temperatures in the State. It is recommended that special uniforms for winter season should also be provided to the ASHAs.

- In terms of the menstrual hygiene scheme, ASHAs have reported that quality concerns regarding the absorbance of the sanitary napkins is an issue that has often led to many girls not continuing with the 'freedays' brand, The cost of Rs 6 per pack was also reported to be inconvenient as many ASHAs reported that they were often paid only Rs 5 (due to lack of exact change) which deprived them of their Rs 1 incentive for providing the napkins to the adolescent girls.
    - The ASHAs maintained extensive records of their daily activities in their ASHA diaries which were checked and signed by the ANMs and ASHA facilitators.
    - ASHAs are paid incentives for a total of 26 activities by the State.
    - No waiting rooms have been provided for ASHAs at the delivery points. As a result, ASHAs have to wait with the mothers they accompany for delivery and usually do not have a designated place to sit.
    - Overall, the ASHAs seemed to be motivated and active in the community and many attached value to the respect they got from their community due to their work. Drop-out rate of ASHAs was not found to be high in Moga districts especially in blocks Kot Isse Khan and Dhudike.

Non-Government Partnership

- Mother NGO scheme extended to 17+1 out of 20 districts of Punjab. 3 MNGOs have completed 3 years of intervention in 5+1 districts.
- MNGOs, Field NGOs have worked in un-served /underserved sub-center area and the slums of districts of the state providing RCH services to about 5,00,000 population.
- In addition to this, there are SNGOs in district Amritsar, Ludhiana, Gurdaspur and Pathankot catering to un-served and underserved population in the slum areas of the districts, targeting about 1.5 Lakh of population.
- RRC– MAMTA, a Technical Resource Group under MNGO-RCH Scheme providing support in capacity building of NGOs.
- Selection, funding and monitoring of NGOs is de-centralized through district by District NGO Committee.
- NGOs are involved in community process i.e. ASHA training, as a Member Secretary of Health Planning & Monitoring Committees.
- AWW along with ASHA to participate in routine immunization and in special campaigns like pulse polio and mobile community.
- Community Based Monitoring has not yet been started in the State and social audits are not being implemented.

ToR VII: Promotive Health Care

Convergence with Department of Women and Child Development

- MAMTA Divas is held every Wednesday at Anganwadi Centre.
- AWW to be a part of the Village Health Sanitation and Nutrition Committees and inform the VHSNC about the activities of the ICDS.
- Convergence with ICDS was seen only in nutrition at AWC. No Aanganwari worker was present at Mamta Divas held at SC Smadh Bhai in Moga.
- Coordination in implementation of WIFS,SABLA,IGMSY is required
- AWW and ASHA to counsel the adolescent girls on the provision of adolescent health in various health facilities. AWW and ASHA to be informed of the provision.

Convergence with Education department

- School Health programme provides health check up to all school going children.
- Special campaign for treatment of Rheumatic Heart Disease, Congenital Heart Disease, Cancer and Thalassemia among School going children has been initiated.
- Orientation of secondary school teachers on the Adolescent issues and availability of health services in the public health facilities has also been initiated.

Convergence with Water Supply and Sanitation

- ASHA, AWW and ANM have been oriented to communicate with the community on sanitation and toilet use. .
- A joint campaign has been initiated to improve sanitation and toilet facilities in all schools Coordination meeting between WSS and health department through the District and State Health Societies has been initiated

PC&PNDT

- Child sex ratio has shown an improvement in the district.
- District has done block wise and village wise survey and mapping of sex ratio done by the ANM and PRI members for community involvement. Line listing of villages has been done based on the sex ratio at birth
- High level of awareness, active IEC, visible signage and posters on saving the girl child
- AWCs have a good representation of female children at their centres
- Immunization – on examination of records, girls and boys being brought to the centre for immunization
- Panchayat showing sex ratio more than 1000 for 4 consecutive years are rewarded Rs. 1.5 lac each for carrying out developmental activities in the villages.
- Sting operations to unearth centers indulging into sex determination - any agency or individual whosoever conducts a sting operation and provides a video audio evidence (CD) for launching prosecution against the erring center will be paid Rs.

25,000/- immediately and another Rs. 25,000/- (totaling Rs. 50,000/-) will be paid after the individual or the agency gives evidence in the court of law.

- Prize to informers - There is provision of awarding informers @ Rs. 20,000/- each who provide information and evidence of sex-determination conducted at any center. 1 Mother acted as an informer and awarded Rs. 50,000
- Incentive for decoy patients - There is provision of incentive for decoy patients @ Rs. 20,000/- each
- Enforcement of PNDT
    - There are 1321 Ultrasound Centers in the State.
    - 122 Court Cases/ FIRs have been launched – 76 cases decided out of which 24 convicted, 53 discharged/ dismissed/ closed due to death. 45 cases are pending.
    - 632 suspensions and 58 cancellations under for violation of section 20 of the Act.

BCC/IEC

No evidence of comprehensive plans seen. Signages were lacking in many facilities' visited.

Civil registration

- Birth and death registration: the ANM has been designated as registrar of births and deaths till one year of age which has strengthened the registration system. ASHAs are also being paid an incentive of Rs 50 for each registration of birth and death.

School Health Programme

- Extensive School Health Check-ups in all 19829 schools (Government + Government aided/recognized) undertaken.
- Under this programme –students examined - 22.80 lakh students (twice in the year 2011-12) and 20.80 lakh (once upto September 2012).
- School going children suffering from Congenital Heart Disease, Rheumatic Heart Disease, Cancer and Thalassemia are provided free treatment in PGI, CMC, DMC, Silver Oak, IVY and MD Oswal Cancer Hospitals – 1719 Students suffering from RHD/CHD referred - 817 operated (82 in 2012). 267 Cancer Patients, 129 Thalassemia Patients put on treatment.
- In Moga, School Health screening is done upto high school level by the regular block team comprising of RMO, AYUSH MO, Optometrist, Dental Surgeon as well as MO of the block, The check-ups are done twice yearly. Spectacles for refraction errors are distributed but no special check ups for prevention and treatment of trachoma are done during the screenings.

ToR VIII: Programme Management

- The Mission Programme Management Unit Head Quarter at State level is operational since 2007 and District Programme Management Unit is operational since 2008 and State Health Resource Centre is operational since May 2010. At the State level, Mission Directorate has full support of Directorate of Health Service, Directorate of Preventive Health & Programme Management and Punjab State Health Service Corporation.
- At the district level the District Programme Management Unit is functional under the leadership of civil surgeon and supported by regular programme officers of all Districts. At the district level reviews are being made at district Head Quarter.
- There are few critical vacancies at DPMU at Moga, the Community Mobilizer, School Health Coordinator and District Statistical Assistant are lying vacant.
- At block level the State has no Block Programme Manager and it is having only Account cum Cashier, Statistical Assistant and Computer operator. As such the monitoring of the programme at the block level by the DPMU and BPMU staff is not operating.
- Regarding the Capacity Building of DPMU staff the comprehensive plans are not available or not being implemented.
- There is no clear monitoring plan of the state and district regarding the functioning of BPMU and DPMU.
- HMIS data of the district visited could not be generated by the DPMU facility wise and as such health indicators were not available readily during the visit.
- Punjab Health Service Corporation is the nodal Agency under the Health Department for procurement of Drugs, Equipments and Logistics and construction of the Health facilities are being done by this Agency. The rate contract, tenders under package 1 for 159 essential drugs have been finalized which is valid since 9th August 2009 till 8th August 2014. The State is in the process of having more numbers of essential drugs on rate contract.
- There is no system of supply of Drugs to the facility on basis of case load or Pass Book system. Drug Availability at the facility and their indenting system is not systematic and there is no district warehouse and PROMIS at the district level. However, with the rate contracts finalized/ being finalized, it is expected that the supply chain management system would improve. However, the State needs to monitor the systems actively.
- Institutional mechanism of timely construction and handing over of infrastructure is under Punjab Health Service Corporation. However, at the district level poor quality of Infrastructure and its maintenance and long pending construction could be seen during the team visit.
- At the district level, there were accredited private providers of JSY, Family Planning and Maternal health.

- There is no regulatory mechanism for the private sector and no system in place for clinical establishment. PPP was not seen in the district. However, a large number of Private Clinics were seen in a small town of Moga having 1.5 lakh population.
- Regarding recruitment on contract under NRHM, SPMU has 33 vacancies, DPMU has 66 vacancies, BPMU has 66 vacancies.

TOR IX: Knowledge Management: SIHFWS, SHSRCs, Training and Technical assistance and use of information.

- State Institute of Health & Family Welfare is taking key role in formulation of training plan and its implementation and monitoring from the state Head Quarter.
- The training of EMOC is not yet started and LSAS training is progressing however, the performance of the trained doctors at FRU level is very low.
- The status of the training of the SBA, MTP etc is not satisfactory. Minilap training and Laparoscopic sterilization is not started yet.
- NSSK, IMNCI and FIMNCI training performance is poor in the State.
- SHSRC has started and the ASHA programme has been monitored including community process by SHSRC. However, the quality at the field level for the handholding of the ASHA facilitator and availability and replacement of the Drug Kit and HBNC Equipment were not seen in a systematic way.

MCTS

- Mother and Child Tracking has been implemented in Punjab and data entries are being done since December 2010 in the MCTS software provided by Govt. of India. Data entry of 2,21,570 mothers and 1,73,944 children have been entered in the MCTS software. In Patiala district data entry for mother registration is 80% and for children it is 75%.
- All the ANMs are providing services by the using the generated work plans. However, data entry can be made more accurate – which will require greater supervision.
- All the relevant district health officials need to be sensitized and ANMs need to be given a refresher training.
- Position of IO at Rajpura should be expedited and meanwhile, data must be updated

Constraints:

- Net connection does not work at times. DH MKH has highest deliveries; data generated is huge which can't be entered by one Information Assistant. There are 17 dispensaries whose data entry is also done at the DH MKH. CH Rajpura: Post vacant, Deputed Assistant operation from PHC recently that's why entries are low.
- Data collation: At block level data is collated, work plans are generated. ANM is given work plan.
- Usefulness: Beneficiaries can be contacted directly, services data can be checked. MCTS and HMIS are not matching.
- District level staff/officers needs to be trained in MCTS.

ToR X: Financial Management

Finance is one of the important means for the operation of any project. Financial management has always been the key area of attention at all level and across the sectors. Therefore, management of finance is utmost important. Management of finance should be made such a way that ensures maximum and optimum utilization of all other organizational resource, in order to achieve the organizational objectives. Visit report of the state Punjab on the set parameter is as under:

1. **Finance Personnel: A**t state level, all key post of finance are held by the following persons-
    - Director Finance- Shri. B. K. Agrawal
    - State Finance & Accounts Manager- CA. Neeraj Singla
    - Assistant Manager Finance & Accounts – Vacant since January, 2012.
    - District Account Manager- 03 posts are vacant out of 20sanctioned posts.
    - Block Accountant-13 posts are vacant out of 118 sanctioned post.

    <u>In district Moga</u>
    - District Account Manager (DAM)- Mr. Lovely Goel
    - Accountant- 06 (01 at district and 05 at block level).

    <u>In district Patiala</u>
    - District Account Manager (DAM)-Mr. Amit Jain
    - Accountant- 07 (01 at district and 06 at block level).

2. **Maintenance of Books of Accounts**: At state level customised version of Tally ERP.9 is used for maintaining Books of Account. At District and block level books of accounts are maintained through the customised version of Tally ERP.9. Further, at district and block level manual cash book are also maintained parallel with the Tally ERP.9. However, below the block at PHC level specified books of accounts like cash books, ledger etc, are not maintained.

3. **Fund Disbursement Procedure:** Funds are disbursed in following two way –
    a. **Activity wise-** Fund are released activity wise like JSY, Pulse Polio Immunisation (PPI), ASHA training, Untied Fund, Annual Maintenance Grant, IEC/BCC etc.
    b. **Pool wise:** Funds are released pool wise like funds for RCH Flexi Pool, Addtionalties, Pulse Polio Immunisation (PPI).

    It was observed that funds are released from State to District mostly Pool wise and District to Block activity wise.

4. **Auditing:** State has mechanism of auditing like statutory audit, concurrent audit and CAG audit. Appointment of statutory audit and concurrent audit is made through the competitive bidding. Details on auditing are as under:

a. **Statutory Audit:** Statutory audit for the 2011-12 has been completed and audit report has been submitted by the state to the Ministry. Audit report for the year 2009-10 has been laid before the Governing Body. State Finance & Account Manager has informed that the year 2010-11 and 2011-12 shall be laid in the next GB meeting

b. Concurrent Audit: Concurrent auditor for the audit of year 2012-13 has been appointed in all district. However, the State has yet to submit executive summary for the 1st and 2nd quarter of 2012-13.

c. **CAG Audit:** CAG Audit till 31st March, 2012 has been completed.

5. **Delegation of Financial & Administrative Power:** Financial & Administrative power has been delegated according to the guidelines of the GoI e.g. cheques up to Rs.5 crore have to be signed by the Director and Manager Finance and Accounts and above that signature of Mission Director is required.

6. **Electronic Fund Transfer (e-Transfer/CPMS):** Funds are transferred from state to district and district to block electronically through RTGS and NEFT. Below the Block funds are transferred through the cheque. Under CPSMS 96% registration has been completed.

7. **Tally ERP.9 Implementation:** Tally ERP.9 has been procured and implemented in the state. Books of accounts are maintained through the Tally ERP.9 at the State, District and Block lavel. It was found that Tally ERP.9 has crashed since last 4 months in Kot Ise Khan Block of Moga district. Further, it was observed that there are some problems in implementation of Tally ERP.9 due to which Tally ERP.9 is not able to generate financial reports like Financial Monitoring Report (FMR) and Statement of Fund Position (SFP). Therefore, a system for solving the tally related problem should be developed. As last year state have trouble shooting mechanism on Tally but this year the same has been discontinued.

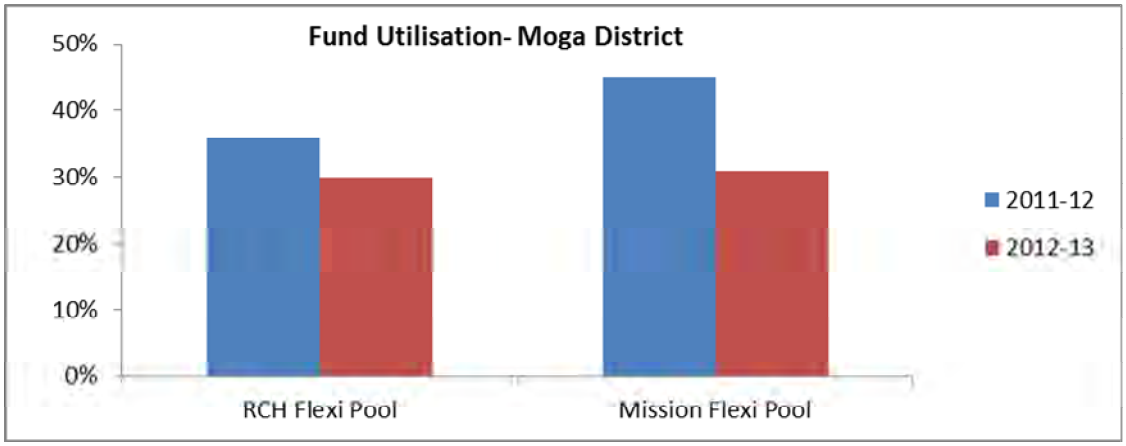
8. **Fund Utilisation:** Funds are utilised for the activities approved in the PIP. Utilisation is reported to the state by district by way of submission of FMR on monthly basis. Year wise fund utilisation are as under-

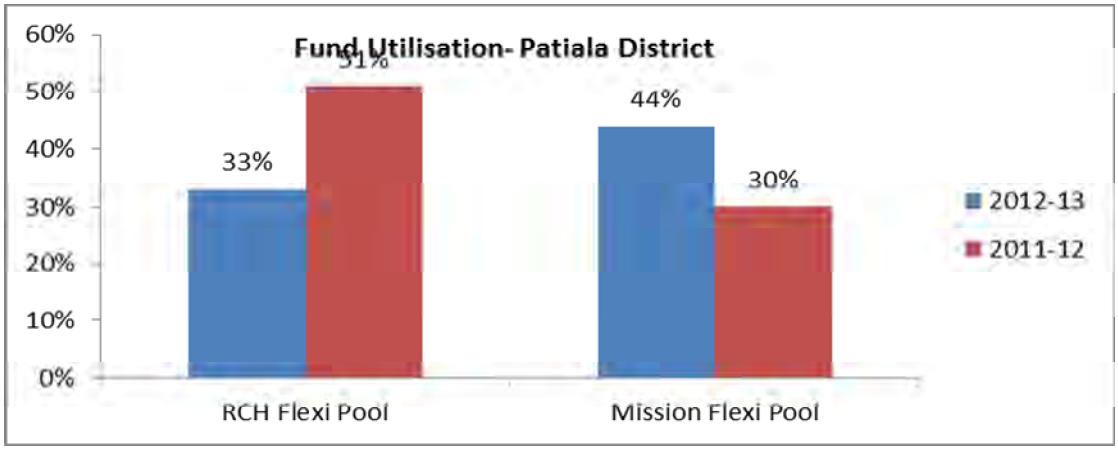
(Rs. in crore)

Year	Allocation	Release	Expenditure
2005-06	81.88	90.71	65.45
2006-07	130.42	138.93	86.62
2007-08	161.69	107.84	111.64
2008-09	185.89	183.03	190.08
2009-10	209.58	359.53	241.41
2010-11	246.77	252.81	339.34
2011-12	276.56	336.45	382.71

No fund utilisation was made more than the approved PIP of 2011-12. Funds are distributed to District as per the approved DHAP.PNDT Activities, New Construction/Renovation and setting up and Panchayati Raj Initiative are some activity having low utilisation in 2011-12.

Further, it was observed that there is decrease trend of fund utilisation upto 2nd quarter of 2012-13 in comparison to the same period of 2011-12 in Moga and Patiala District.





9. **Untied Fund/Annual Maintenance Grant:** Untied Fund and Annual Maintenance Grant are utilised by the facility according to the decision taken by the Rogi Kalyan Samiti (RKS) of the facility. Utilisation of Untied Fund and Annual Maintenance Grant (AMG) during April to September, 2012 are as under:

Facility	Untied Fund	Annual Maintenance Grant (AMG)
CHC	24.04%	22.56%
PHC	25.12%	34.41%
SC	22.18%	26.11%
VHSC	22.41%	NA

Release of AMG and Untied Fund is treated advance and after receiving utilisation certificate the same recorded as expenditure.

10. **RKS/HMS:** RKSs are constituted at DHs, SDHs, CHCs PHCs level as per the requirement of the programme and these samities duly got notified by the Government of Punjab. For the PHCs the Government of Punjab has ordered (2008) to constitute PHC Health Planning & Monitoring Committees and these committees are empowered to work as RKS for these PHCs and on the same line at block level Block Health Planning & Monitoring Committees and these committees are empowered to work as RKS. 454 meetings of RKSs have been convened during January to September 2012. Separate audit of RKS has not been done so far but state has planned to initiate the separate audit of RKS. 20% fund has been utilised till September, 2012 in the current financial year.

11. **Pending Utilisation Certificate**: Details of Pending Utilization Certificates under RCH and Mission Flexible Pool for the period 2005-06 to 2011-12 are as follows:

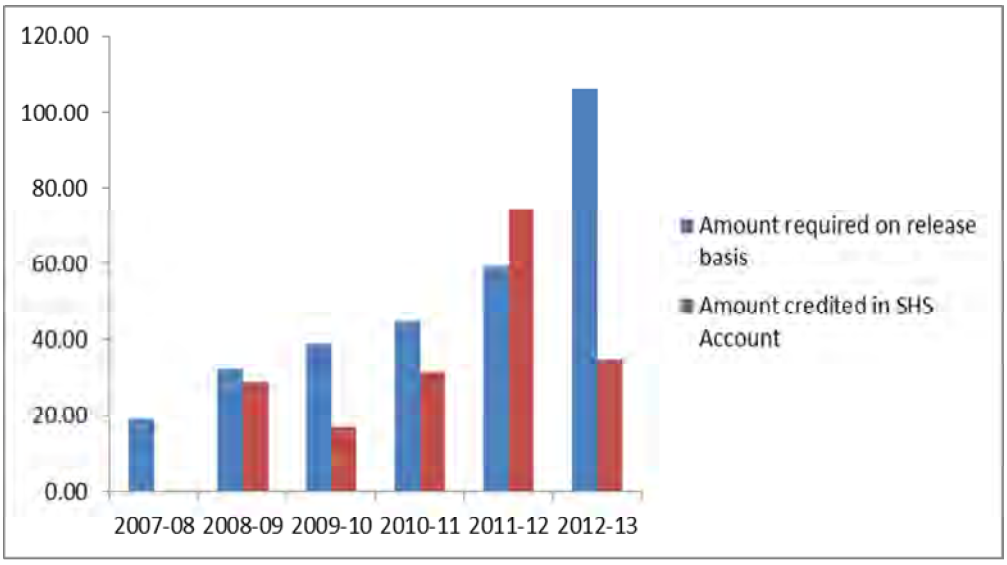
(Rs. in crore)

Programme	From 2005-06 till 2010-11	2011-12	Total
RCH-II	NIL	37.53	37.53
Mission Flexible Pool	NIL	NIL	-

12. **Training for Finance & Account Professionals:** The State has planned to organise one training at state head quarter and one training at district level for finance and account personnel for capacity building of finance personnel. However, State has not maintained any training calendar. One training was organised on 13th & 14th September on Expenditure filing on CPSMS portal for all District Account Officers and State Account Officers.

13. **State Share Contribution-** Status of State Share Contribution are as under:

Year	Amount required on release basis	Amount credited in SHS Account	Short/(Excess)
2007-08	19.00	0.00	19.00
2008-09	32.30	28.84	3.46
2009-10	39.12	16.99	22.13
2010-11	44.61	31.62	12.99
2011-12	59.37	74.56	-15.19
2012-13	106.30	35.00	71.30
Total	**300.71**	**187.01**	**113.70**



Note: State Finance & Accounts Manager has informed that Rs. 69 crore has been approved towards state share contribution and shall be credited in SHS account shortly. After that shortfall of Rs. 113.70 crore shall be reduced by that amount.

Activities carried out from the State contribution are utilised for the activities approved in the state PIP and are commensurate with the approved activities under NRHM.

14. **Diversion of Fund:** There was no diversion of fund noticed at state level. However, at district level all funds for RCH Flexi Pool, Mission Flexi Pool and Immunisation are kept in a single bank account therefore tracking of diversion of funds is not possible.

15. **Financial Integration under NRHM:** Financial Integration under NRHM has been made and Main bank account as well as group account for the NDCPs has been opened at

state level. However, opening of linked group account is under process, as informed by the State Finance & Account Manager.

16. **Internal Control Mechanism:** Procurement are being done by the Punjab Health Systems Corporation on behalf of NRHM. Funds are utilised by the joint signature of the competent authority. Civil works are being executed by the Punjab Health Systems Corporation. JSY beneficiaries are being paid through bearer cheque by the ANM of the respective institutes.

17. **Monitoring and evaluation methodology adopted by the State to improve Financial Management:** Monitoring and evaluation are being made by the state through regular review meeting, field visit and implementation of the concurrent audit systems. However, it was observed that State needs to make more extensive visit for improving the Financial Management.

18. **Unspent Balance under RCH-I:** It observed that the advances of Rs.10.27 lakh outstanding under RCH I has not been yet settled. State Finance & Account Manager had told that such amount is expected to be refunded shortly by the respective institution.

19. **Utilisation of Interest earned on NRHM programmes/not:** Interest has been clubbed into the pool and shall be utilised against the approved activities in the PIP.

20. **Implementation of Model Accounting Handbooks:** Model Accounting Handbooks for sub-district level finance staff has been implemented in Moga and Patiala both districts. However, need of a refresher training was felt.

Innovations in Moga district

1. **Healthy baby competition:** fully immunized girl child with fully developed milestones are given Kisan Vikas Patra (KVP) of Rs 500 each.

2. Balrhi Suraksha Yojana: Couple having only girl child or having two girl child adopting permanent family planning methods are rewarded with scholarship for the girl @500/ per month till the age of 18 years.

3. Delivery Kit – the staff under the supervision of MO at PHC Buttar Kalan had made individual delivery kits comprising of essential drugs and consumables. It was informed that the average cost of each kit was around Rs 500. The following drugs were found in the delivery kit:

- Inj. Methylergometrine
- Inj. Mecobalamine
- Inj. Oxytocin
- Inj. Gentamycin
- Inj. Amikacin
- Inj. Diclofenac sodium etc.

Photos:

Dental OPD and Labour Room in same complex without privacy at Kot isse Khan CHC

Beneficiaries at Mamta Divas (VHND) Smadh Bhai SC (Moga)

Patients waiting at OPD , Moga district hospital

Blood Unit, Vaccine vial of Swine Flu, Hepatitis –B, Pencurium and corbopost vials are in freeze of Observation Room near labour room at Kot isse Khan CHC