

Assam

4th Common Review Mission (December 16 – 22, 2010)

Dissemination Workshop

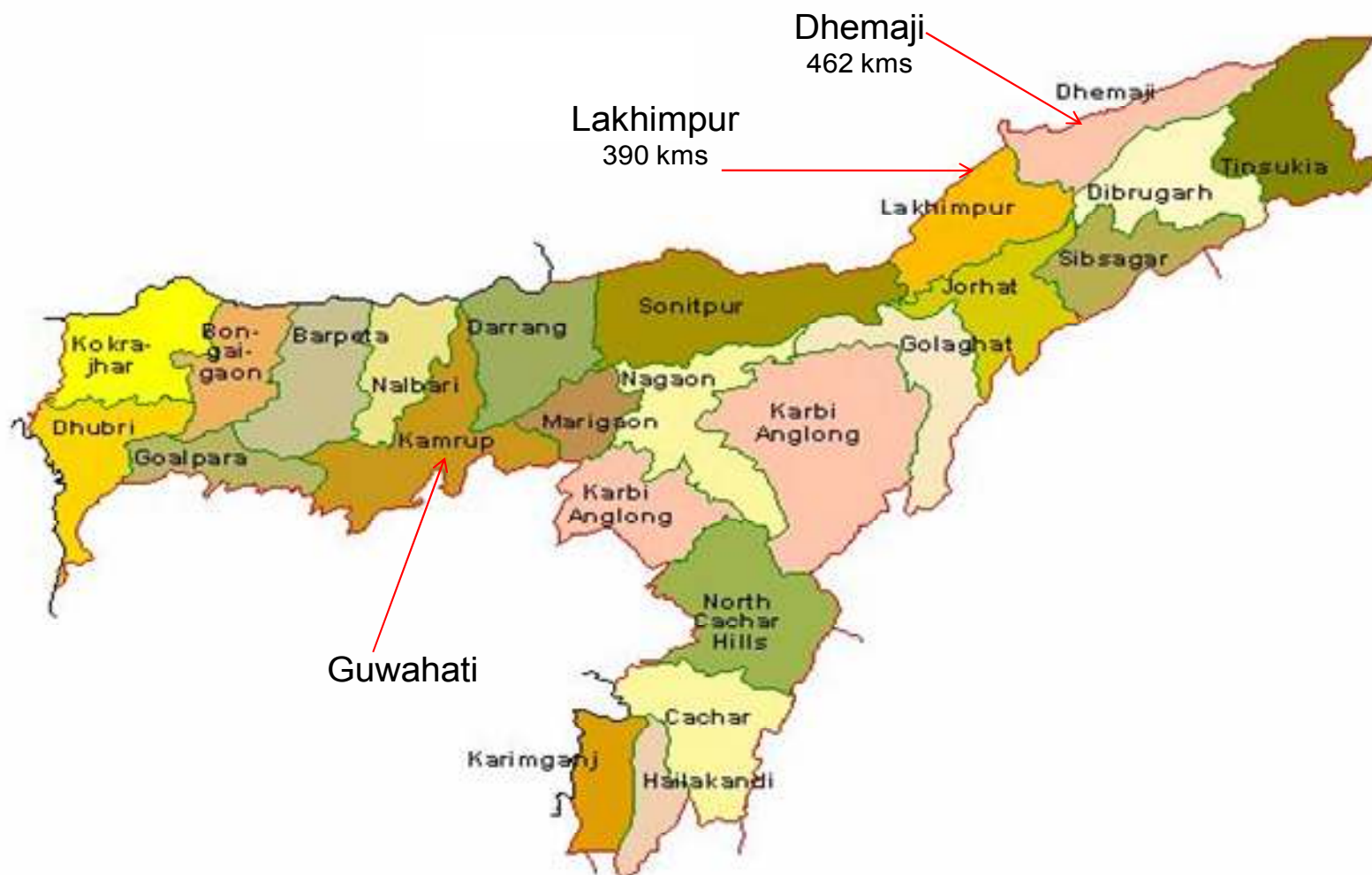
26th Feb 2011



Team Members

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- ❖ **Dr. Ravinder Kaur**, Consultant, Maternal Health Division, MoHFW .
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Districts visited



Institutions Visited

S.No	Facility	Dhemaji (High Focus)	Lakhimpur (Non High Focus)
1	Anganwari Centre	-	1
2	Sub Centre	3	2
3	PHC	1	2
4	Mini PHC	3	1
5	CHC	2	2
6	Civil Hospital	1	1
7	Tea Gardens Hospitals	-	1
8	Boat Clinic	1	1
9	Mobile medical Unit	-	1
Sub-Total		11	12
Total		23	

CRM Findings

Infrastructure up gradation

Positives:

- Almost all places visited by the team had good infrastructure.
- Facilities visited by the team were clean and well kept.

Concerns:

- Delay in construction – at Dhemaji DH.
- The infrastructure of SNCU in DH Lakhimpur is in place but not yet functional.
- IPHS standards not followed at some places – design needs standardization.

Human Resources

Positives:

- First batch of 164 Rural Health Practitioners deployed at the SCs has improved service delivery including deliveries. ★
- 327 AYUSH doctors are in position.
- One year compulsory rural posting has improved service delivery at all facilities
- 4921 ANMs, 2295GNMs recruited under NRHM and posted at institutions where no regular sanctioned post/underserved areas. 55% of SCs have 2 ANMs

Concerns:

- No specialist cadre in the state.
- MO trained in EMOC at Gogamukh not conducting CS as no Anesthetist is posted.
- Some ANMs appeared de-motivated, having low confidence level, some of them are not conducting deliveries, even after SBA training.
- BEmOC training has not taken place in the state.
- SIHFW exists but does not have identified regular faculty members leading to lack of coordination in trainings.
- GNM training school- admissions once in three years.

Health Care Service Delivery

Positives:

- Evening OPDs started (incentive to MOs/ paramedics) ★
- Generic Drugs and supplies adequate.
- Free supply of medicines has increased OPD attendance.
- Deliveries services are free at all facilities.
- Morom-financial assistance for indoor patients for food and wage loss ★

Concerns:

- Nomenclature of facilities is in variance with services provided(e.g Mini PHC, Block PHC).
- Underutilization of facilities (Bongalmora CHC, Silapathar MPHC).
- Drug stock management registers not well maintained in Dhemaji.

Outreach services

Boat Clinics and MMUs

Positives:

- Boat clinic covers hard to reach areas along the river through regular outreach camps.
- MMUs Caters unreached areas with clinical and diagnostic services
- ASHAs were very confident and active in these areas . Some were trained by the boat clinics to give injections prescribed during the clinic visit.


Concerns:

- Boat clinic frequency needs to be increased from present once a month visit.
- Non availability of boat ambulance for emergency transport.
- Less functional Sub Centres in the area for regular services.
- MMUs need equipment maintenance at some places.
- The design of the Van needs to be patient friendly, especially the stairs to be lowered and creation of drug dispensing windows.


It was observed that services provided by the ASHAs is highly appreciated by the community in both the districts.

ASHA Programme

Positives:

- ASHAs in place in all villages (28,928). All are provided with drug kits and uniforms.
- Training up to 5th module is completed for all.
- ASHAs are very proactive and knowledgeable (Some ASHAs expressed the desire to receive training in BP measurement)
- Average earning Rs. 600 to Rs. 2000 per month.
- All ASHAs have bank account to which payments are transferred.
- Radio set, umbrella and bicycle is provided to each ASHA.
- 2702 ASHA facilitators are appointed.
- ASHA badge and coding system - a pilot project in Dhemaji/Lakhimpur to help in tracking ASHA's work is showing positive results. 

Radio Programme for ASHA's:


- 4 Radio Stations broadcasting half an hour ASHA programme twice weekly 
- Radio programme updates their knowledge and also gives them credibility and respect among community.

Concerns:

- ASHA facilitators not properly trained for mentoring.
- Career progression pathway for ASHAs needs to be devised to sustain the enthusiasm.

RCH - Maternal Health

Positives:

- Intuitional deliveries are steadily increasing @11-12% per year for last year.
- Operationalizing 343 PHCs as 24X7 by constructing Labour Room/ Ward and Up gradation of 39 facilities to FRU. Up gradation of Sub Center for Delivery (191 SCs in 14 HF districts).
- Regular Training on SBA / CEmoc/ LSAS is being done.
- Strengthening of referral mechanism (108 Mrityunjy -Emergency Referral Transport and by providing ambulances)
- VHNDs – conducted every month, Micro Birth Planning is being done.
- Mamoni scheme - Nutritional Support of Rs. 1000/- to pregnant women and Mamta Kits given to women after 48 hrs stay in the facility post delivery (state sponsored). 

Concerns:

- Highest MMR 480 (DLHS-3).
- Anemia is an issue in the state despite relatively good nutrition habits. Worm infestation due to improper sanitation could be an issue.
- C-Section Services are available only at District hospital.
- Percentage of women with complete ANC is low (46.4%-DLHS-3)

Maternal Death Review:

- MDR being done regularly but analysis of the forms not done systematically in light of the three delay model and in context to Levels of facilities.
- The analysis of MDR would help in taking appropriate action

RCH - Child Health

Positives:

- New born corners in place at all facilities.
- 6 SNCUs established and functional at DHs in the state.
- Mother and child tracking system in place (Dhemaji and Lakhimpur)
- Percentage of fully immunization children has improved from 16 in DLHS-II to 50.9 in DLHS-III.
- JE immunization has also improved.
- Special six monthly de-worming and Vitamin-A drive in both districts.
- IMNCI trainings of AWW and ANMs.

Concerns:

- IMR is 61 (SRS 2009). It has reduced by only 3 points. 80 % is due to neonatal mortality.
- SNCU at Gogamukh BPHC/DH Lakhimpur not yet operationalised despite available infrastructure.

RCH - Family Planning

Positives:

- Fixed Day Services available in all DHs.
- PP IUCD services are provided regularly at Medical College, Guwahati.
- Increase in NSV cases.
- Regular trainings in FP, except IUCD are going on.

Concerns:

- FP performance has been much below the ELA since last two years.
- Services provided mainly during camps
- Emphasis on Postpartum FP is low despite increase in institutional deliveries
- Training in IUCD needs to be scaled up
- IUD insertion is mainly done by MOs, ANMs need to be trained so as to provide services at level of SC

Disease Control Programme

Positives:

- Malaria positivity has decreased by 26.6 % since 2009 due to increased surveillance and introduction of RDT.
- Malaria – ASHA using RDK for PF and also making slides for PV (Incentives are not given at Dhemaji).
- RNTCP doing well.
- JE was found to be not a major issue in the districts visited.
- IDSP infrastructure available and functioning well in both districts.

Concerns:

- Low focus on Leprosy and blindness control programmes.

Financial Management

Positives:

- Web based data management system in place in *Lakhimpur* up to block level.
- Concurrent audit being initiated.
- All transfers until block level are made electronically.
- Transactions to the JSY beneficiaries by account payee cheques.

Concerns:

- Overall fund utilization relating to various activities are not adequate - (51%) in 2010.
- Utilization is more in RCH and less in NRHM.
- Every year there are unutilized untied funds in most health facilities.
- Untied fund for the 2010-11 year (Nov) yet to reach the health facility.
- Officials found maintenance of accounts and payment to the beneficiaries unmanageable with the implementation of newer schemes.

Decentralized Local Health Action

Positives:

- VHSCs in all villages; joint A/c have been opened; one day training conducted.
- All districts have developed DHAP.
- All vertical health societies merged (except HIV/AIDS).
- Field NGOs involved in VHSC training.

Concerns:

- Planning process not as per village needs.
- Community Monitoring has been suspended for last two years.
- Expenses dictated/limited to a great extent by guidelines.
- Relationship between VHSC and VHND are not strong
- RKS functioning needs regularization and strengthening.
- PRI involvement needs to be strengthened.

IEC

Positives:

- IEC/BCC activities very visible (hoardings, print media, use of mobile phone messages, radio shows, television, IPC, GDs, etc)
- All relevant information regarding services and citizens charter displayed at the facilities.

Concerns:

- There are no issue specific IEC/BCC. It is all about NRHM initiatives and activities.
- Impact study is needed.
- ASHAs need more training and orientation in IPC/ Counseling.

Monitoring and Evaluation

Positives:

- HMIS entries are being made till block level.
- Training for data entry operators completed (Lakhimpur).
- Regular reviews of NRHM activities by Hon'ble CM and Health Minister
- Regular monthly review meetings are held at State levels.
- Regular monthly review meetings at districts by District commissioners .
- An Additional DC posted in each district by Govt. of Assam to look after health programmes.
- Attrition rate is low in the state mission office which has led to strengthening of the district level programme implementation.

Concerns:

- Registers (OPD) were not maintained, inconsistencies found in the data management.
- Monitoring system at Dhemaji involves submission of CD of VHND. This needs to be replaced by better system in future.

Recommendations

- Design of infrastructure and its utilization needs improvement.
- Specialist cadre needs to be introduced.
- Facilities providing C-Section services need to be increased.
- Reported maternal deaths high. Maternal death review process needs to be strengthened.
- High number of deliveries going unreported. Tracking system should capture this information.
- Post-partum F.P. services need to be strengthened.
- Anaemia in children and pregnant women needs more attention
- Optimal utilisation of nursing institutions (regular annual intake).
- Rationalization of training and posting.
- PRI involvement needs to be actively promoted.

THANKS TO THE ASSAM TEAM

