4th Common Review Mission (17th to 20th December 2010)

Nagaland

Health Institutions visited

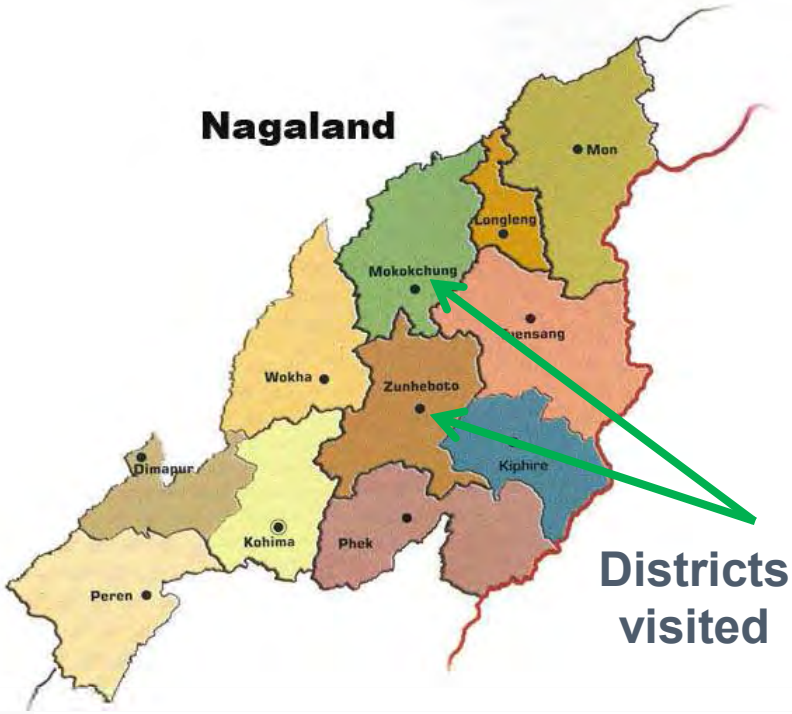
District	Team Members	Block	Type of HI	Number
Mokokchung	Ms. Anuradha Vemuri	Ongpangkong	SC	6
	Dr Narendra Gupta	Mangkolemba	PHC	3
	Mr. L Piang	Changtongya	CHC	3
	Ms. Preety Rajbangshi	Tuli	DH	2 (+Wokha)
		Changtongya		
Zunheboto	Dr. Sushma Dureja	Satakha	SC	7
	Ms. Neidono Angami	Aghunato	PHC	4
	Dr Dhananjoy Gupta	Pughoboto	CHC	2
	Mr. Sanjeev Gupta	Akuloto	DH	1
Total health facilities visited			**28**	

State Profile

Background Characteristics *	
Population	2,061,430
No of Districts	11
Literacy rate	67.11%
Sex Ratio	900 females to 1000 males

Health Indicators

Indicator	India	Nagaland
MMR	254	240
IMR***	53	26
TFR**	2.7	3.7
Institutional** Delivery	40.7	12.2
Full Immunization **	44	21



Public Infrastructure

District Hospital	11
CHC	21
PHC	124
SC	398

Source :
*- Census 2001, ** - NFHS 3,
*** - SRS 2009

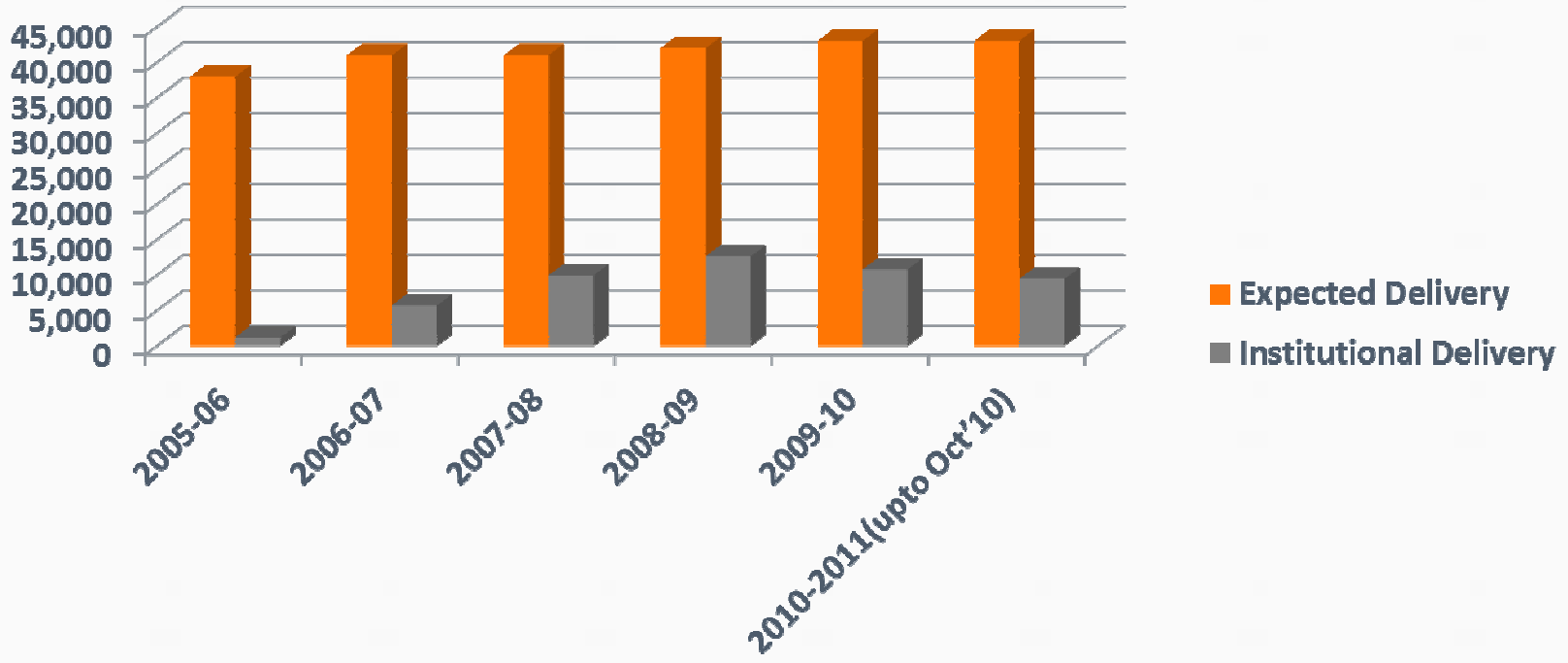
Progress under NRHM

Trend in Out patient and In-patient load

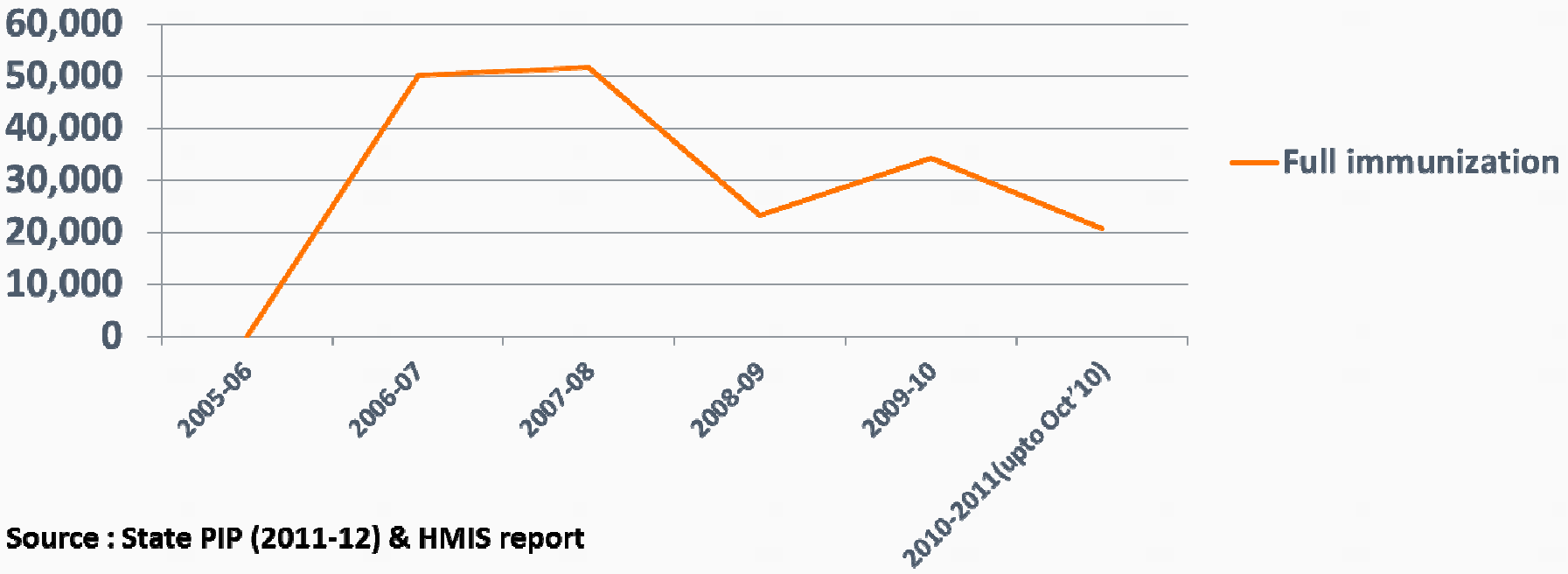
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-2011 (up to Oct'10)
Out-patient Load	226,957	295,963	478,078	523,090	336,959	341,265
In-patient Load	18,500	29,158	34,460	63,805	54,532	346,683

Source – State PIP (2011-12)

Institutional Delivery

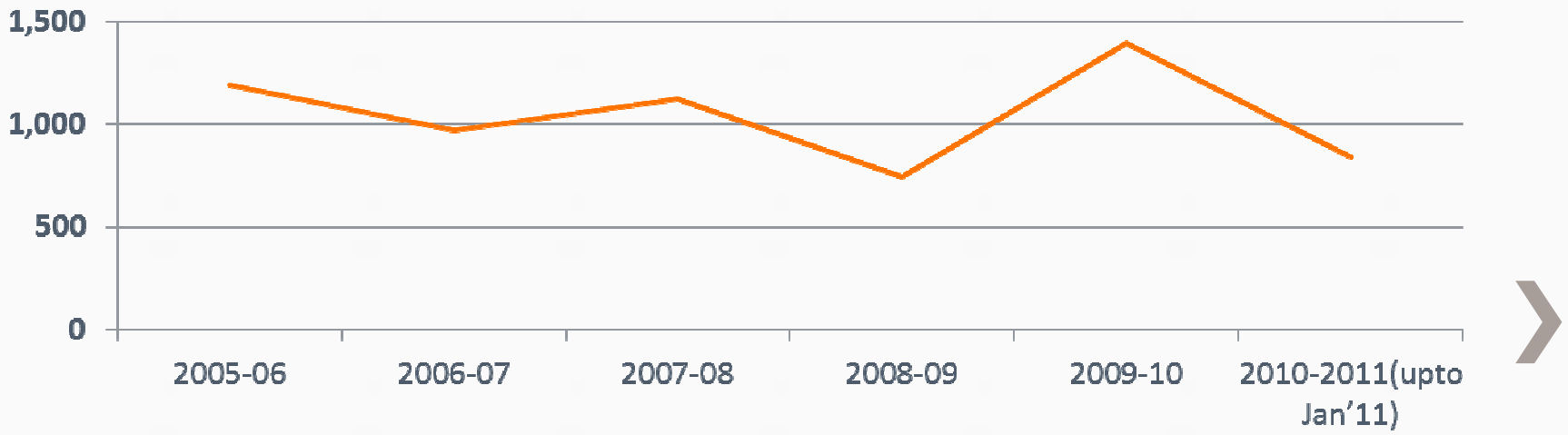


Full immunization



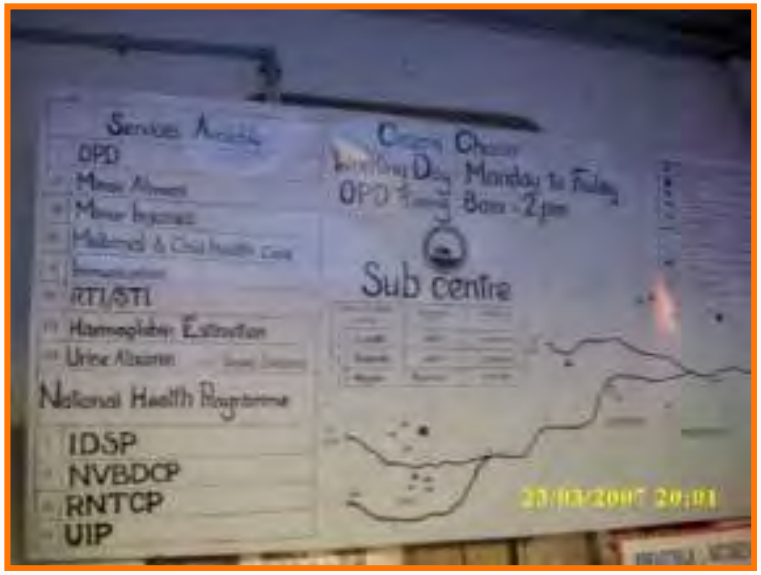
Source : State PIP (2011-12) & HMIS report

Sterilization



Positive Areas

- VHND are regularly organized with participation of VHC members and community
- Untied funds used for essential infrastructure development that has enabled improvement of services
- Health Institutions operational- clean and well maintained
- Involvement of Community through contributions from civil society/community for
  - Building of health facilities
  - Donations
- Tally ERP9 is implemented at State/District Level
- Telemedicine operational in DH, Mokukchung, connected with RIMS-Imphal



Citizen Charter

SC built by VHC

A good, clean labour room

KEY FINDINGS

Infrastructure

- Slow progress in construction/renovation
- New construction or renovation required for most facilities. Acute shortage of staff quarters
- Electricity is a problem!! No generator back up in most health facilities
- Blood Bank – not completely functional due to lack of equipment and power back up
- Lack of Referral transport, especially in remote and inaccessible areas
- New born care facilities:
  - SNCU not established in district hospitals
  - NBSU not established at all
  - NBCC were recently established with equipment requiring installation

Poor condition of staff quarter

District Drug Store

Burning of Hospital Waste

Newborn care equipment yet to be installed

Other drugs, test kits, stored in Deep Freezers with vaccines

Locally managed new born care corner

Drugs & supplies

- Essential supplies not seen such as -
  - DDK kit
  - Zinc tablet (if available, staff not aware how to use)
  - Misoprostol, Vitamin A, Haemaccel IV fluids
- Essential drug list not displayed
- Mechanism to dispose expiry medicines & obsolete equipment is not available
- Drug supply and distribution system is weak.
- ASHA Drug Kit not being refilled regularly
- Irrational supply of drugs, medicines, instruments to SC/PHC that were:
  - More than required
  - Not as per essential drug list

Human Resource

- The manpower (doctors, nurses, ANM, LTs) deployment at the health institutions does not match with the case load.
- Absence of HR plan & plan for incentivizing the doctors and paramedics posted in the rural/ difficult areas
- Shortage of specialist doctors at District Hospital, no specialist at the First Referral Units
- Pharmacist being posted at Sub-Centres. SC require additional ANM and MPW in place of pharmacist.
- Lack of pay parity between staffs (regular vs NRHM contractual)

Training

- Slow progress of various trainings - not as per plan(e.g. IMNCI, SBA, NSSK, NSV etc)
- IMNCI training reduced to 5 days from 8 days
- Training systems need improvement-
  - multi-skilling training needed but the progress is slow
  - training centres such as SIHFW to be established
  - On the job training for the medical and paramedics
  - exposure visits of the district officials & MO (I/C)
- 1 GNM school is not sufficient to cater to the demand.

Quality of Care/ Service Delivery

- Health infrastructure not fully utilized; home deliveries still high
- Micro birth planning for pregnancies not available
- Standard Treatment Protocols not available & Newborn Care protocols not implemented
- Family planning service provision inadequate. A huge gap between demand and supply
- Infection prevention and biomedical waste management not established

Universal Immunization Programme

- Micro planning on Routine Immunization need strengthening
- Alternate vaccine delivery not operational
- Lack of knowledge about maintaining immunization registers
- Vaccine storage practices not upto standard
  - Vaccines not stored in baskets
  - No temperature recording
  - Bottom storage of vaccines
  - No Generator back up at the district cold chain office
- ASHA not utilized for tracking left-outs and drop-outs
- Vaccine handler needs training

Financial Management

- Post of Director Finance is vacant at State level
- No separate Government Order (GO) issued for Delegation of Financial Powers
- Summary of Concurrent Audit report is not being sent to GoI
- Lack of understanding of double entry system at District level
- No integration of all NDCPs programme under NRHM
- RKS funds are not being audited by the chartered Accountants firm

HMIS/ Supportive Supervision

- Analysis of disaggregated data on health parameters is not being done
- CHC/ PHC does not have computers, even shortage of computers against the staff in position in DPMU
- ANC/ stock registers of the health institutions as well as ASHA diary may be re-looked.
- Supportive supervision at each level to be strengthened
- Mobility support to the district and block officials (including DPMU) for better supervision of the programme is required
- MCH tracking systems yet to be implemented for tracking

Actions Required at State level

Action points….

- Meeting of State Health Mission to be held regularly
- Inter-sectoral Convergence with the other line departments
- A guideline/ decision for uniformity in the user fees for the services rendered by the health institutions
- Re-deployment of manpower between facilities
- Despite increase in no. of operational facilities, full functionality still an issue. Blood bank at DH & blood storage at FRUs, and availability of specialists / multi-skilled MOs to be made functional.

Action points…

- Maternal Death Review and MCH tracking to be implemented.
- Civil works need to be expedited under NRHM
- Establishment of State Training Centre, (like SIHFW in the other States). Need to rationalise training management at all levels.
- Procurement and supply chain management to be established
  - Centralized procurement
  - Monitoring stocks at all level
- Equipment maintenance:
  - Annual Maintenance Contract

Recommendation for GoI.....

- Non availability of blood storage units is a major barrier in operationalisation of FRUs, Ministry may need to work together with NACO for time-bound establishment of Blood Storage Centres (BSCs).
- Under JSY scheme ASHA's incentive of Rs. 250/- per pregnant women (out of Rs. 600/-) for referral transport is not sufficient looking at the difficult terrain and non availability of public transport in the hilly areas.
- Handholding of the state by supportive visit is required to help them in better understanding and implementation of the programme.
- Facilitate involvement of Development Partners in the State

THANK YOU