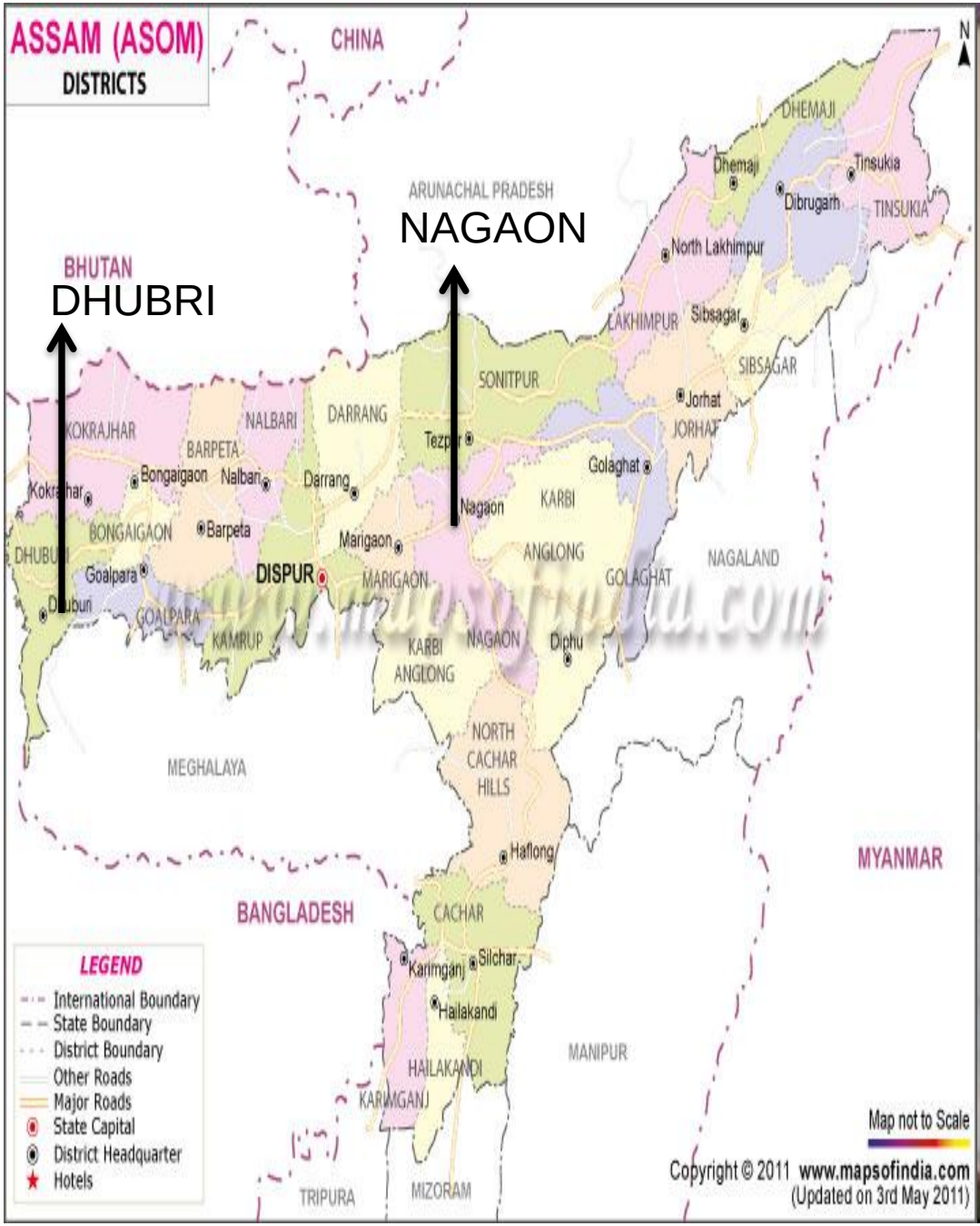
5TH COMMON REVIEW MISSION DISSEMINATION WORKSHOP

- **Assam(8-15 Nov 2011)**
- **12th January 2012**


ASSAM (ASOM)
DISTRICTS
CHINA
ARUNACHAL PRADESH
NAGAON
BHUTAN
DHUBRI
DHEMAJI
Dhemaji
Tinsukia
Dibrugarh
TINSUKIA
North Lakhimpur
LAKHIMPUR
Sibsagar
SIBSAGAR
SONITPUR
Jorhat
JORHAT
KOKRAJHAR
NALBARI
DARRANG
Tezpur
BARPETA
Bongaigaon
Nalbari
Darrang
Golaghat
Kokrajhar
Nagaon
KARBI
BONGAIGAON
Barpeta
Marigaon
ANGLONG
NAGALAND
DHUBRI
Goalpara
DISPUR
MARIGAON
GOLAGHAT
Dhubri
GOALPARA
KAMRUP
KARBI
ANGLONG
NAGAON
Diphu
NORTH
CACHAR
HILLS
MEGHALAYA
Haflong
MYANMAR
BANGLADESH
CACHAR
Karimganj
Silchar
Hailakandi
MANIPUR
HAILAKANDI
KARIMGANJ
LEGEND
International Boundary
State Boundary
District Boundary
Other Roads
Major Roads
State Capital
District Headquarter
Hotels
Map not to Scale
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(Updated on 3rd May 2011)
TRIPURA
MIZORAM

Team Composition

Dhubri	Nagaon
Dr.Rakesh Kumar, Director (NCD), GOI	Dr. V K Manchanda ,World Bank
Dr.Parthajyoti Gogoi, RD(ROHFW)DGHS, Guwahati	Dr. V K Raina – NVBDCP, GoI
Prof. J.K.Das NIHFW	Dr. Pradeep Khasnobis, IDSP, GoI
Dr.Raghu Astt. Adv (AYUSH)	Dr. K S Jacob- CMC, Vellore
Dr.Bhrigu Kapuria –WHO	Mr. Puneet Jain, FMG, GoI
Dr.Suchitra Lisam NHSRC	Dr. Abhishek Gupta, GoI
Dr.P.N Bora SPM NRHM Assam	Dr. Joydeep Das, RRC-NE

FACILITIES VISITED

Dhubri		Nagaon	
Civil Hospital Dhubri		**Civil Hospital, Nagaon**	
FRU Chapor CHC/FRU South Salmora CHC(Tumni) Mankachar CHC	24x7 PHC Lakhiganj SD Golakganj BPHC Kachokhona SD Satrasal MPHC Halkura BPHC/CHC	FRU Block PHC Dhing CHC Hojai BPHC Jakhalabandha	24x7 PHC Block PHC Jugijan Simonabasti Kathiatoli
CHC/BPHC South Salmora BPHC Ghaziakandi BPHC	Boat Clinic	CHC/BPHC Doboka	Tea estate PPP Sagamotea
Satsingmari SD Civil hospital		MPHC/SD Udmari Kuwaritol Riverine PHC Khundalimari	
Sub-Center Bilasipara SHC Folimari SHC Bolad mora SHC Fekamari SHC Rakhalpat SHC Jaskal SHC		Sub centres khairamari South Radha Nagar Borjuri	AWC Udmari

Health, Demographic & Socio-Economic Indicators

Sl. No.	Item	Assam	India
1.	Total population (Census 2011) (in million)	31.17	1210.19
2.	Crude Birth Rate (SRS 2011)	23.6	22.5
3.	Crude Death Rate (SRS 2011)	8.4	7.3
4.	Total Fertility Rate (NFHS 3)	2.42	2.68
5.	Infant Mortality Rate (SRS -2009)	61	53
6.	Maternal Mortality Ratio (SRS 2007-2009)	390	252
7.	Sex Ratio (Census 2011)	954	940
8.	Population Below Poverty Line (%)	36.09	26.10
9.	Female Literacy Rate (Census 2011) (%)	67.27	65.46

GOOD PRACTICES

- 108-Mrityonjay- EMRI
- Boat Clinics in Assam: “Reaching Out to the Unreached”.
- An electronic complaint redressal system has been started as an added service to 104 Health Information Help Line.
- Mamoni: Incentivizing ANC check-ups
- Majoni: Targeting the newborn girl to safeguard education, health & nutritional rights.
- Distribution of Mamta kit
- E-HRMIS- State wide Health Institution Manpower details are provided on the web portal.
- Rural Health Practitioners

INFRASTRUCTURE DEVELOPMENT

- Good infrastructure is available at all facilities except District hospital Dhubri
- 47 % of all sub-centers located in government owned building, many Sub-centers lack water and electricity connections.
- New construction, extensive renovations being undertaken but the pace of construction and renovation is slow.
- The Maternity wards at FRU and DH were congested.
- **Signages generally in place, Citizen's charter and list of drugs are displayed at most of the facilities.**

Health Human Resource

- **The shortfall of human resource; doctors (16%), specialists (29%), staff nurses (43%), laboratory technicians (51%), pharmacists (43%) and ANMs (only 2%)**
- **3 years course named "Diploma in Medicine and Rural Health Care" (DMRHC) in 2005 and has trained 261 personnel**
- **2-years diploma course in Maternal Health, Paediatric Medicine, Clinical Anaesthesiology and Radiology in 2012.**
- **The skills required through trainings on CeMOC and LSCS not utilized due to lack of follow-up/ supervision**
- **Lack of confidence of the providers on the trained technical issues needs to be addressed.**
- **Need for making rational assessment & placement of requirement. Nagaon has better human resource**
- **ASHAs are very Active, articulate, confident in communication and enjoy confidence and link with the community.**

Health care service delivery

- **The healthcare services provided through 3699/4606 sub-centers with 2 ANMs, 216 PHCs with 3 staff nurses and 43 CHCs with 9 staff nurses across the state.**
- **The number of OPD since 2005-06 has shown an increasing trend in Nagaon, but decline in Dhubri**
- **The maternal death audits not being done regularly and no steps taken to find out the reasons and mid-course corrections**
- **No infection control committee in any of CHC and district hospitals and no orientation on Universal Safety Precautions**
- **Lab and diagnostic services poor**

OUTREACH SERVICES

- **Health services provided by the boat clinic services under PPP mode with CNES**
- **All the 4606 sub-centers have at least 1 ANM posted**
- **VHND – Village Health and Nutrition Days held regularly at Anganwadi centers by ANM and ASHAs,**
- **They organize VHND once in a month to provide services like immunization, family planning, ANC,**
- **Counseling of mothers about nutrition and supplementary feeding.**

ASHAs

- ASHAs are active, articulate and highly motivated
- Well versed with RCH and other programme except for new initiatives under disease control programmes
- All ASHAs have bank accounts and receive their incentives in the form of cheques/account transfer
- Post natal home visits for mother and newborn negected
- Average earning is Rs. 1500/- pm
- 29172 ASHAs (95%)recruited and trained in Modules 1-5, Attrition rate is 2%

RCH

- Partographs is being used but not as per the GoI guidelines
- Mother Child Tracking Systems initiated but only at few facilities
- JSSK in its true sense has not picked up in the State.
- 108 EMRI and call centers operational and Community is well aware of the facility and its use
- Immunization coverage improved during the past seven years with 59% children fully immunized.
- Initiation of breast feeding within an hour of birth practiced everywhere
- SNCUs and NBCCs not fully functional
- Early Neonatal mortality increased from 25 in 2005 to 29 in 2009 majorly due to Birth Asphyxia (45.8%)
- Low contraceptive use rate (31%) compared to the National average of 47% (DLHS-3)

NDCP

- 10 million (31%) people are living in malaria high risk areas.
- Assam reached elimination stage for Leprosy (prevalence rate < 1%), must work for total Eradication
- Surveillance units established under IDSP and operationalized in all 27 districts with a regular officer at the State and District level.
- Data analysis to be strengthened for detecting disease outbreaks for epidemic prone diseases.

Programme Management

- **Strong Commitment & good leadership at State level**
- **Programme management structures at District & Block level adequate**

Gender

- **Shortage of Lady doctors esp in Dhubri district**
- **No separate toilets for male and female**
- **In female wards male patients were admitted and vice-versa**

PCPNDT

- Multi member state appropriate authority constituted but meetings are not organized regularly
- State has not constituted a monitoring team and regular monitoring is not being done
- District societies have been formed but no regular meetings/action done

Procurement System

- Basis of need assessment for equipment etc needs improvement.
- Computerization (PROMIS) of logistics is only at the central level.
- No decentralization to the district and below. Some emergency drugs procured by health facilities by RKS funds but generally patients asked to buy the drugs.

Mainstreaming of AYUSH

- AYUSH doctors have been deployed in the rural and remote area, but not practising AYUSH
- AYUSH drugs are not adequately available in the Health Facilities
- No specific IEC programme conducted on mainstreaming and strengths of AYUSH systems

Preventive & Promotive health services

- PRIs members included in management committee VHSNC and RKS but are not actively involved in the effective utilization of the funds
- Three Nutrition Rehabilitation centres have been established in the state without much success.

Decentralized Local Health Action

- District Health Plans available but without any block health plans which should be formulated based on HMIS data.
- Need to establish District Vigilance and Monitoring Committees.

Financial Management

- Tally ERP 9 was not maintained everywhere in the State.
- HMIS not being updated regularly.
- Monitoring is also to be systematized for advances and utilization of funds.

RECOMMENDATIONS

- **Rationalization of Human Resource and appointment of specialist like Anesthetist , Gynecologist, Pediatricians**
- **Multi-skilling training for anesthesia and CeMOC being replaced by 2 years diploma course under Assam Health University But CeMOC need to be continued for ensuring emergency obstetric care in view high MMR**
- **Quality of training seems to be very weak. Skill upgradation requires quality inputs.**
- **Basic Laboratory services to be ensured at all health facilities providing inpatient care**
- **FRUs to be made functional with blood storage facilities**

RECOMMENDATIONS….

- MDR is a very weak area and requires strengthening
- Training must be organized systematically for accounting procedures and software packages
- AYUSH requires to focus on ISM practices
- Emphasis on monitoring to improve utilization of the funds
- ANMs to be posted in ‘Boat-clinic areas’. Rotational posting of Interns/PG students in Boat clinics
- Scaling up of Boat clinics for the remaining under-served population

THANK YOU