5th Common Review Mission
(November 9 – 15, 2011)

Uttarakhand

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Team-RUDRAPRAYAG- (RP)

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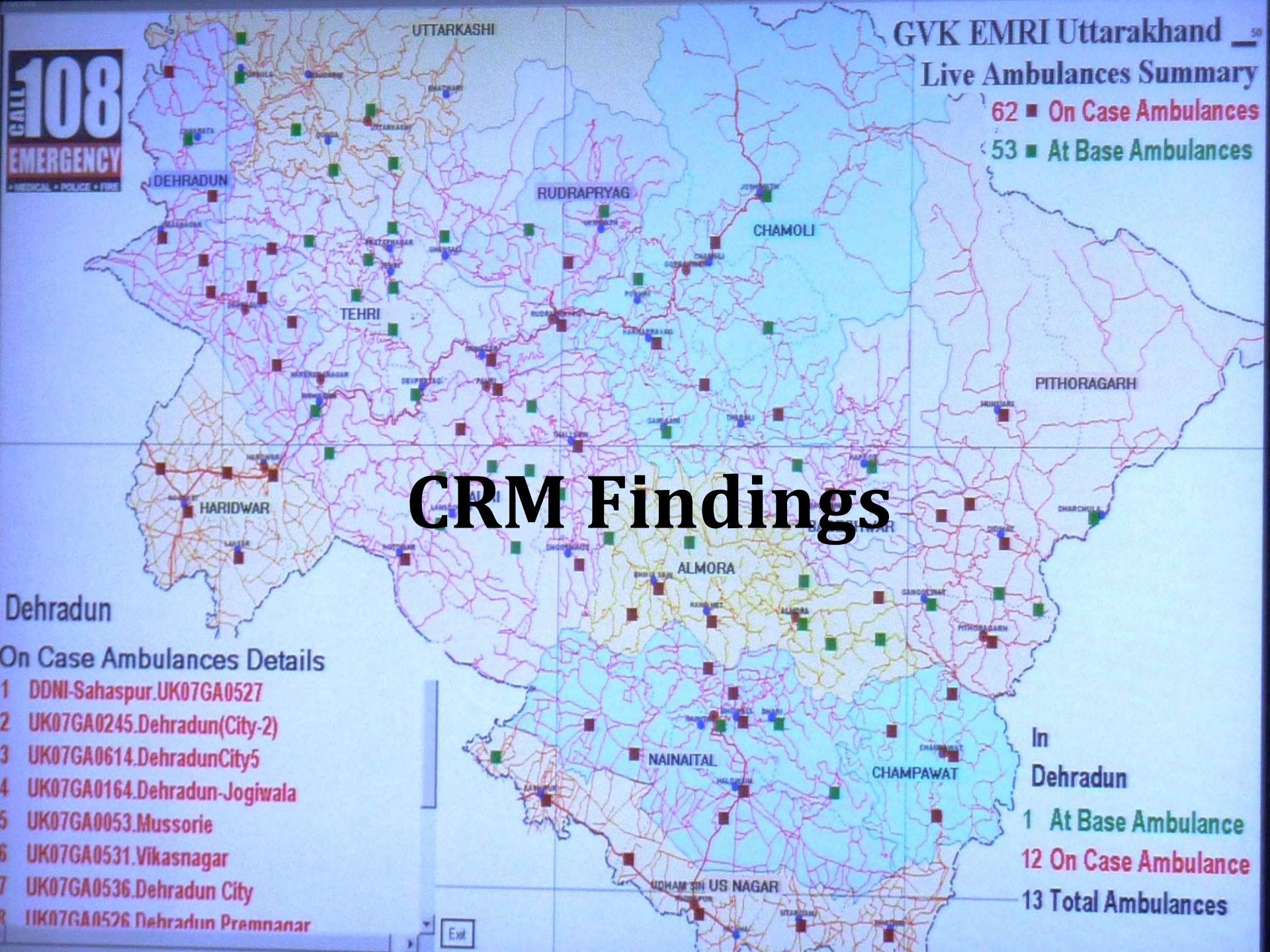
Districts visited

Institutions Visited

S.No	Facility	Rudraprayag	Pauri Garhwal
1	Anganwari Centre	1	1
2	VHND	1	1
3	Sub Centre	1	3
4	SAD	-	1
5	PHC	1	3
6	CHC	1	2
7	District Hospital	1	1
8	Sub district Hospital	-	1
9	Mobile medical unit	-	1
10	ASHA resource centre/MNGO	1	1
11	ANMTC	1	1
12	EMRI call centre	1	
Sub-Total		9	16
Total		25	



CRM Findings

Irrational Deployment

S.No	District	Contractual	OBG	CEMOC	Anesthetist	LSAS	Pediatrician	Performance/ month	
								Normal Del	C-Sec
1	Almora	14	5	1	3	1	4	493	24
2	Bageshwar	0	1	0	0	2	1	169	2
3	Chamoli	3	2	2	1	1	1	285	15
4	Rudraprayag	2	1	0	1	1	0	159	3
5	Haridwar	13	4	0	5	1	5	550	3
6	Nainital	30	18	1	8	3	8	613	58
7	Pihthoragarh	5	1	2	2	2	3	443	21
8	Uttarkashi	4	0	1	0	1	2	168	3
9	Dehradun	40	22	2	10	2	17	1114	181
10	U.S.Nagar	5	4	3	3	3	8	919	37
11	Tehri	8	0	1	0	3	1	301	0
12	Champawat	2	1	1	1	1	3	179	0
13	Pauri garhwal	9	3	2	3	5	6	558	30
	Total	135	62	16	37	26	59	5950	377

S.No	District	Deli in Govt		Govt Accre		Private		Remarks
		ND	CS	ND	CS	ND	CS	
1	Almora	2957	143	20	0	-	-	No CS in CHCs
2	Bageshwar	1016	12	0	0	0	0	CS in DH
3	Chamoli	1712	91	-	-	-	-	CS in DH & CHC
4	Rudraprayag	951	15	-	-	-	-	CS in DH/no BB
5	Haridwar	3298	17	111	0	3335	0	CS in DH
6	Nainital	3678	349	9	0	614	0	DH=15 SDH-334
7	Pihthoragarh	2658	128	0	0	0	0	CS-DH
8	Uttarkashi	1006	17	0	0	0	0	CS-DH
9	Dehradun	6684	1085	0	0	2502	501	DH/SDH Only. Nil in CHC
10	U.S.Nagar	5513	222	153	0	2481	0	More in SDH-181
11	Tehri	1805	0	0	0	0	0	No CS
12	Champawat	1071	0	0	0	0	0	DH non-functional
13	Pauri garhwal	3350	182	17	0	200	0	DH-2 CS SDH-180
	Total	35699	2261	310	0	9132	501	

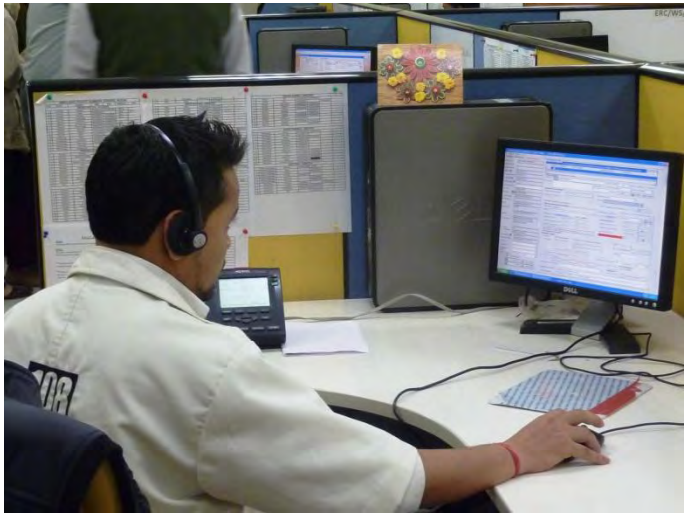
Irrational Deployment Contd…

- Severe shortage of specialists, doctors & SNs, LT, X ray technicians
- Multiskilled MOs are not rationally deployed and no performance monitoring of LSAS and EmOC trained doctors.
- Underutilization of staff like Health supervisors, pharmacist, Sudoorwati Swasthya Sahayak.
- Hard to reach area allowances/ incentives not in place
- Comparative package for MOs in MMU (PPP) is much higher
- Yatra duties engaging already thin human resource for six months.
- Specialists are being hired at higher packages on contractual basis but performance not being monitored

Health Care Service Delivery

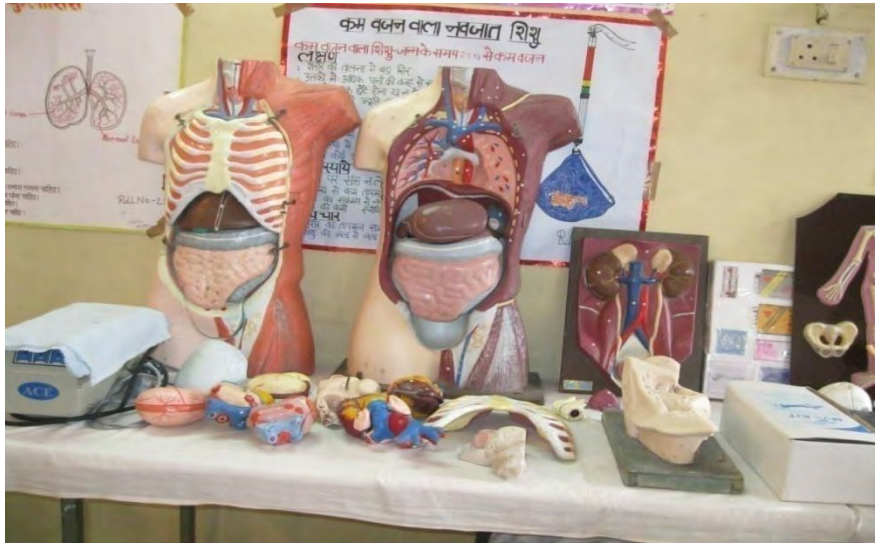
- Very few Delivery points and Functional FRUs
- Safe abortion services, RTI/STI, ARSH services not available.
- Underutilization of all facilities

Good Practices



- **School Health Programme**: Two dedicated teams to screen- disability, deficiency and disease.
- **AYUSH** doctors and Pharmacist co located and AYUSH Medicines available in plenty
- **PNDT**: Active District Appropriate Authority and Form F is being filled.
- **EMRI**: Call centre based, strategically placed ambulances, In collaboration with police, fire and forest department

Good Practices Contd...



- **ANMTC- Ranipokhri** ; Model ANMTC
- **Bharat Gas:** Community kitchen
- **Mobile phone :** SMS reporting of IDSP. MDR and IDR can also be added.
- **NGO**s working in remotest areas generating awareness on immunisation, FP (NSV, spacing), ANC/PNC, ARSH, age at marriage, ID.
- **IDSP** priority lab functional.
- **LT** for RNTCP also managing hospital diagnostic services

RCH

Maternal Health:

- JSSK is implemented with Free drugs, diagnostics, diet, blood for delivery.
- Drop back by EMRI by contract vehicle "Khushiyon ki sawari"
- Delivery points are identified by name
- JSY payment on time by cheque to PW, to ASHAs by e-transfer.
- Quality of ANC is not satisfactory , 3 ANC is quite low(32.3%)
- Very high unreported deliveries (40%)
- Post natal stay is of 24hrs or less
- MCP card not implemented.
- Trained Dias conducting deliveries in the remote areas.
- Minimal availability of C-Section Services.
- RCH kits/ DDKs not available at all centers.
- Grievance redressal is not in place - Nodal officer not identified.
- LR protocols not displayed in any facility
- No training on RCH in the State, so far.

Newborn and Child Health:

- Only one New born corner functional in RP
- Nil NBSU or SNCU in both the districts.
- No NRCs
- Zero dose Hepatitis- B not being administered

RCH Contd..

Family Planning:

- FP performance has been much below the ELA since last two years.
- Services provided mainly during camps

Outreach Services:

- VHNDs are focusing only on immunisation services with limited focus on ANC & nutrition counselling.
- Take home rations not available in AWC
- Convergence with other departments including VHSNCs --not happening.
- MMU placed near PHC/SAD/SC and No follow up of patients.
- Complaint of USG Sex determination in MMU.

Financial Management

- Tally ERP-9 software is not being used at any level.
- Model accounting hand book has not been disseminated at subdistrict level
- State has not reported the physical progress of any program and the expenditure of the NDCPs in the FMR.
- No audit report has been submitted for Concurrent audit
- Operation of NRHM account at block level for RCH, NRHM and immunization(Part-A,B,C) are operated singly by the MOIC instead of joint Signatory
- Financial management reporting format are not according to GOI.
- Transfer of VHSC untied funds treated as expenditure without taking any SOE.
- Opening balances not considered for fund release .
- State, district & block have not informed the Reversal of bank charges to bank
- Opening balances of district level are not tallied with their audit report
- Training for DAM, BAM need to provided at regular intervals.

HMIS/MCTS

Positives

- MCTS operationalized and has picked up in the districts since October , 2011.
- ANMs, DPMs , BPMs and BLA have been trained on MCTS
- ASHA diary is synchronized with the MCTS registers .
- BPMs are entering the data and spend approximately 3-5 hours/day in entering the data at SWAN center .
- MCTS data base is being used for :
  - Alerting the ANMs on EDD,
  - Work plan for ANMs,
  - EMRI for following up on pregnant women.
- At the state level ,HMIS data is being analyzed quarterly and feedback provided to districts
- Facility wise reporting of HMIS started from October .

Concerns

- Poor internet connectivity in the districts has affected data entry of MCTS .
- A full time data entry operator needs to be put in place at the block level.
- Neither the state nor the district has made any verification calls so far.
- No evidence of analysis of HMIS data at the district and block level . Evaluated data is not used .

Other Concerns

- Approachability by road to remote sub centres.
- Inadequate residential facilities
- Non Functional BB/BSU- RP.
- Weak District Quality Assurance Cell.
- Inadequate mobility support to BMOs.
- Lack of full fledged Programme officer (Additional CMO).
- RNTCP: Case detection rate and cure rate is low.
- NPCB :Vitamin A supply not available since the last six months.
- IEC on NLEP , NVBDCP and NPCB not visible.

Recommendations

- At least **two FRUs** beside DH/MC need to be made operational in each district at the earliest.
- Transparent, time bound and rational transfer policy
- Rationalization of training and redeployment.
- High number of deliveries going unreported and tracking system needs to be made use of .
- Maternal Death Review process needs to be strengthened.
- NBCCs, NBSUs, SNCUs need to be planned and made functional at DPs on priority.
- Construction of LR in SCs situated in very remote areas.
- Program Managers should regularly monitor.
- Retired contractual staff at State Level needs to be actively involved in monitoring with fixed TORs, accountability and responsibility.

Recommendations Contd…

- ANMTCs require more support to improve training quality of ANM students.
- Micro planning for supportive supervision of ASHA to be strengthened through ASHA support structure at the block, district and State level.
- In areas where SADs are adjacent to SCs, the two should be merged and may be designated as APHC for optimal utilisation of staff.
- Better integration with VHSNC and micro planning at VHND
- Addition of dentist in the SHP to take care of dental health and prescribe allopathic medicines for common ailments.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Thank you…