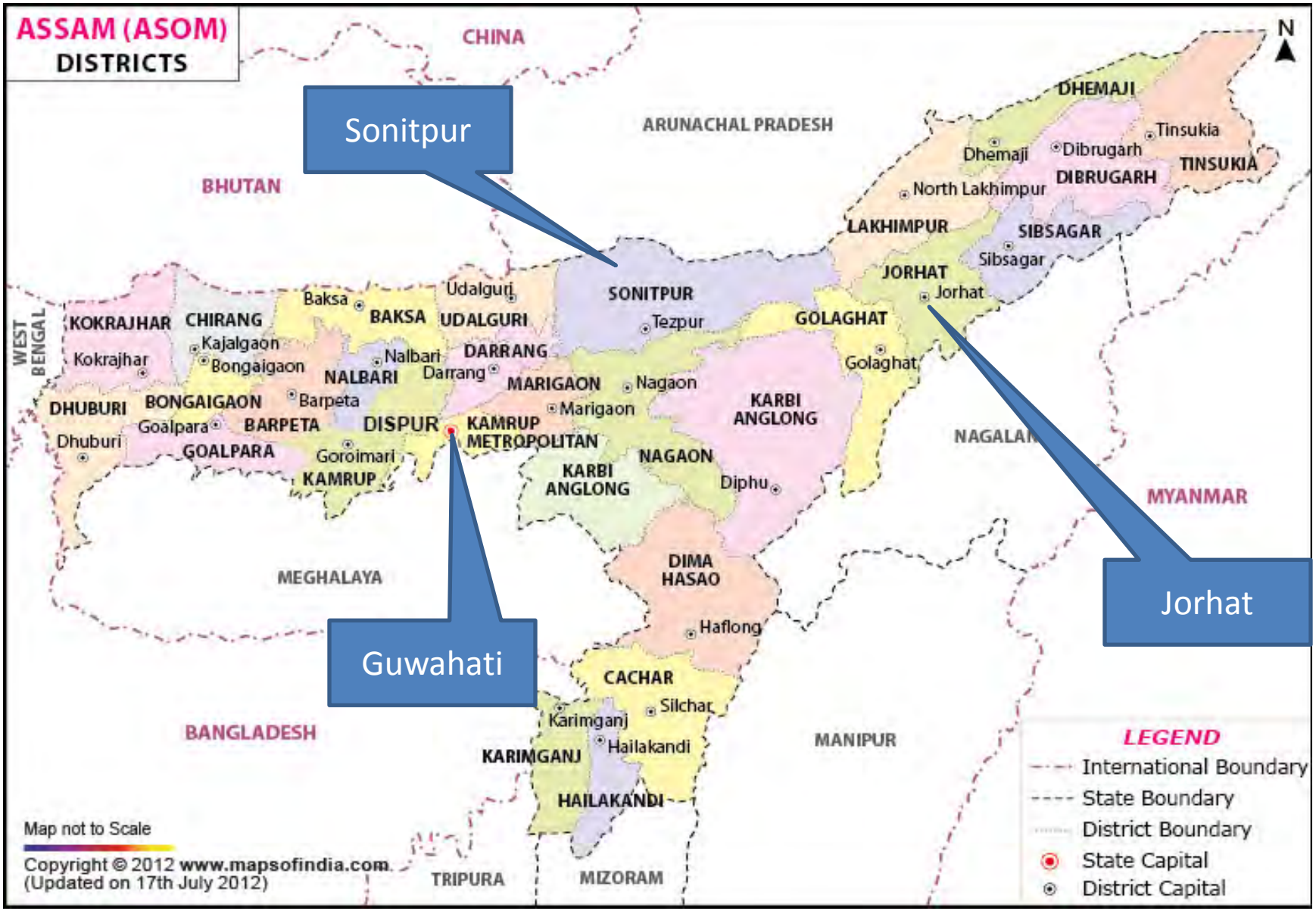
6th Common Review Mission - NRHM: Assam

4th - 9th November, 2012


ASSAM (ASOM)
DISTRICTS
CHINA
ARUNACHAL PRADESH
BHUTAN
WEST BENGAL
BANGLADESH
MEGHALAYA
NAGALAND
MYANMAR
MANIPUR
TRIPURA
MIZORAM
Sonitpur
Guwahati
Jorhat
DHEMAJI
Dhemaji
Tinsukia
TINSUKIA
Dibrugarh
DIBRUGARH
North Lakhimpur
LAKHIMPUR
SIBSAGAR
Sibsagar
JORHAT
Jorhat
GOLAGHAT
Golaghat
SONITPUR
Tezpur
UDALGURI
Udalguri
Baksa
BAKSA
KOKRAJHAR
Kokrajhar
CHIRANG
Kajalgaon
Bongaigaon
NALBARI
Nalbari
DARRANG
Darrang
MARIGAON
Marigaon
Nagaon
KARBI ANGLONG
DHUBURI
Dhuburi
BONGAIGAON
Goalpara
BARPETA
Barpeta
DISPUR
KAMRUP METROPOLITAN
GOALPARA
Goroimari
KAMRUP
NAGAON
Diphu
DIMA HASAO
Haflong
CACHAR
Silchar
Karimganj
Hailakandi
KARIMGANJ
HAILAKANDI
N
LEGEND
International Boundary
State Boundary
District Boundary
State Capital
District Capital
Map not to Scale
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(Updated on 17th July 2012)

Team composition

Jorhat		Sonitpur	
Name	**Designation**	**Name**	**Designation**
Dr. S K Sikdar	DC I/C FP, MoHFW	**Dr. D K Mangal**	UNFPA
Mr. Rahul Pandey	Sr. Consultant (FP), MoHFW	**Dr. Abhishek Gupta**	Consultant (NRHM), MoHFW
Dr. S S Das	Cosnultant (SHP), MoHFW	**Sh. Ashish Tiwari**	Plan India
Mr. Utpal Kapoor	FC (FMG), MoHFW	**Dr. Swati Patki**	PHFI
Dr. Pragati Singh	Consultant (PHP), NHSRC		

Facilities visited

Facility Type	Jorhat	Sonitpur
	Name	**Name**
DH	Jorhat Medical College – **1**	Kanaklata Civil Hospital - **1**
CHC/ SDCH/ FRU	Garmur, Kamalabari, Teok & Titabor – **4**	Biswanath Chairali – **1**
BPHC/ MPHC	Dhekorgorah, Kakojan, Nakachari, Moriani & Baghshung, – **6**	Haleswar – **1**
State Dispensary	Rangachahi – **1**	
SHC	Nimati, Gharbolia, Mokhuti, Phuloni, Komar Khatuwal, Rajabari, Dholi & Na-Ali-Dhekiajuli – **8**	Borjarani, Shankar Maidan, Pub Jamugiri & Bakarigaon – **4**
ANMTC	Jorhat, GNM & ANM TC – **1**	Nursing School – **1**
Other	DPMU & Boat Clinic – **2**	DPMU, Boat Clinic, TE PPP - **3**
Total units	**22**	**11**

ASHA with male clients for NSV

ASHAs


WORK PLAN FOR


এইড্ছৰ বিষয়ে জানা পূৰাকৈ
ৰাখিব পাৰিবা এইড্ছ তেহে দূৰতেই
এইচ্ আই ভি/এইড্ছ
— কেনেকৈ বিয়পে —
এইচ্ আই ভি/এইড্ছ
— কেনেকৈ নিবিয়পে —

Community Process

Strengths:

- ASHA- empowered, **well trained** & qualified. Good negotiation skills.
- Average monthly incentive earned **Rs.1000- 1500** with rare payment delays
- District is maintaining ASHA data base.
- ASHAs are member secretary of VHSNCs & maintain meeting minutes.

Challenges:

- ASHAs have no assigned place to stay during night while they accompany pregnant mothers.
- Large amounts of unspent balance (RKS) & low participation of PRIs
- PRI members are signatory of cheques in RKS resulting in huge delay and unnecessary interference

Key Positives

- Facilities generally have good & adequate infrastructure
- Labour rooms & OTs at most facilities are well equipped & well maintained.
- Key specialists by & large available in the districts
- Subcentres have full complement of personnel (2 ANMs, FA, MPW & RHP)
- ANMs, by & large knowledgeable & mostly committed
- Reliable referral transport (108 services)
- Drop back at a nascent stage but evolving fast
- Good road connectivity to the facilities
- ASHAs a major strength - (highly motivated, knowledgeable & committed)

Key challenges

- High out of pocket expenses
- Low utilisation of facilities
- FRUs including medical college not performing round the clock caesarean sections
- Planning process including supportive supervision is weak
- Irrational drug procurement & ‘push down’ system

Facility Based Health Care

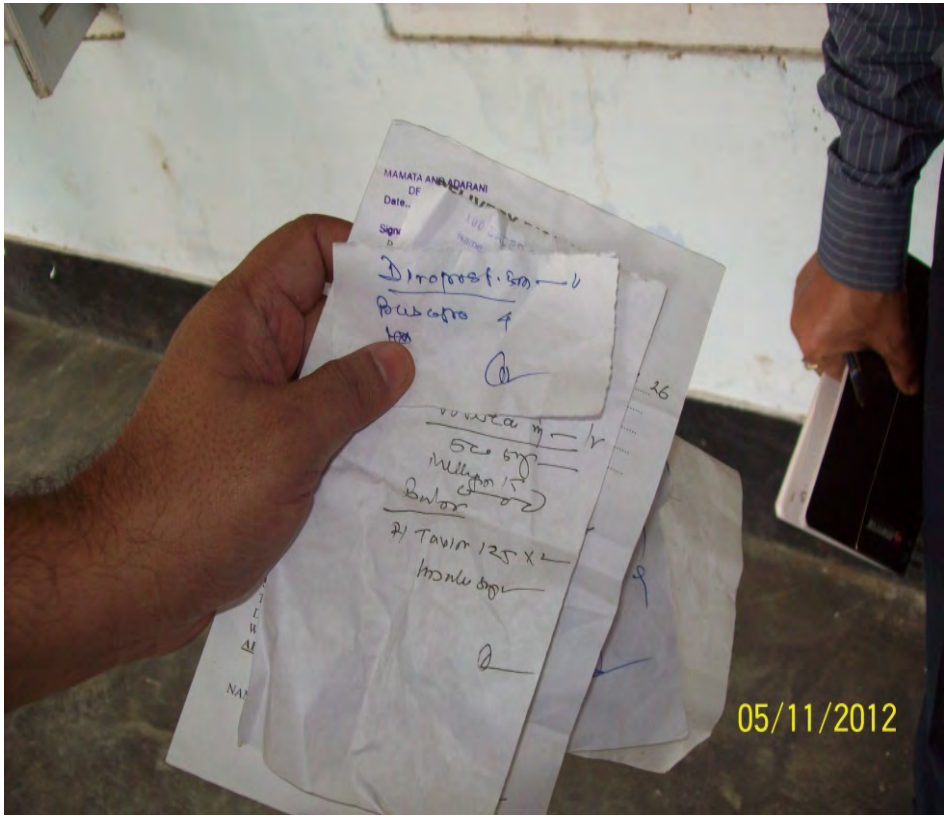
Strengths:

- **Adequacy of facilities & infrastructure -** most facilities in govt. building
- Significant **increase in OPD & IPD** numbers (more than 300% increase); however, per provider output (OPD/ IPD) still very low
- **Improved patient amenities** in terms of clean facilities , waiting area, sitting arrangements & drinking water
- **Citizens charter/Information** & drugs availability are displayed prominently.

Challenges:

- **Crowding** of wards due to unrestricted entry of attendants & male relatives in female wards.
- **Inadequate beds** for post partum women – Sonitpur.
- **BMW** management & infection prevention not in place - no centralised waste collection mechanism
- Non-availability of **AMC** for equipment
- **Drug supply** is not as per demand & no system based on facility utilisation:
  - Ceftriaxone provided at lower level like MPHC & SC, Jorhat without the demand
  - **EDL** not enforced
- **OOP** expenditure is high at all the facilities

Out of Pocket Expenditure



Push System of Supply

Outreach & Patient Transport Services

Strengths:

- Both districts have full complement of personnel at SHCs (2 ANMs, MPW, & FA).
- Each SC 'delivery point' has been provided with a Rural Health Practitioner
- Referral transport to pregnant women ensured through 108 services
- Drop back being systemized through dedicated ''Adorni" vans

Challenges:

- Immunization services are not uniformly available to Tea garden population, riverine islands & internally displaced population
- VHNDs are mainly immunisation sessions
- IUCDs not inserted at SHCs in spite of ANM being well trained in the procedure

contd….

BOAT CLINICS

- Labour rooms non functional
- Surplus staff for the reported output.
- 4 lakh per month per boat paid is exorbitant

MMUs

- The positioning of the MMUs & cost implications not analysed when these vehicles are taken to field without the availability of suitable providers
- Avg. no. of X-rays done is 3 - 7/month
- Avg. no of lab tests done is 10-15/month

Reproductive & Child Health

Maternal Health:

- 20% decline in MMR during the NRHM implementation period (from 480 to 390)
- Labour rooms in general were in good condition barring emergency drug availability in few facilities**:**
- Infection prevention protocols not being followed.
- 48 hours stay is not uniformly ensured in both the districts.
- Huge gap in home deliveries between the AHS (30%) & HMIS (4-5%)
- JSY - physical & financial matching is still in a nascent stage .
- JSSK has been launched (issues in diet provision at the facilities below CHC, drug availability & increased out of pocket expenditure)

Child Health:

- New born corners universally in place;
- State of the art NBSUs in all BPHCs, however the utilization is yet to start.
- Cold chain system is generally good.
- Proper reconstitution of vaccines & management of return vials is an issue

SNCU – Medical College, Jorhat

Contd…

Family Planning

- Most of the ANMs & GNMs are aware of right technique of IUCD insertions; however, output is very poor (max 1-2 IUCDs per month).
- State has notified Fixed Day for IUCD/ FP services; however, same has not been widely publicized & clients are not aware.
- There is substantial decline in number of sterilizations.
- Fixed day service for sterilization is not in place & camp is the primary mode of service delivery
- ASHAs are aware & upbeat about the delivery of contraceptive scheme; however, free supply is not withdrawn from SHC & PHC yet
- Scheme for ensuring spacing after marriage and after first birth has been notified only after the intervention of the CRM team with the Addl. Chief Secretary.

ARSH/ School Health/ WIFS:

- SHP - implementation structures at District & Block level inadequate
- ARSH services non-existent in both the districts
- WIFS - Districts not aware, no plan of District WIFS advisory committee

HR - Adequacy, skill & performance

Strengths:

- HR availability is comfortable across facilities
- Increase in HR has resulted in improved performance (C-sections/ inst. deliveries etc)
- AYUSH doctors are available at most facilities & providing services
- e-HRMIS, an online portal developed for manpower planning & management
- State has a good data base of all the HR posted at different level of facilities; however, there is no system for performance appraisal

Challenges:

- C-sections are mainly carried out during day time & even the district hospitals dissuade night caesareans.
- Lack of supportive supervision system is preventing improvement of their performance
- No cadre for specialists

Programme Management

- Programme management staff is mostly in place at the district & block level in both the districts.
- There is no monitoring plan for visits by the PMU & other district officials.
- Facility level supervision by facility in-charge / doctors not in place.
- HMIS/ MCTS data is only being entered but not analysed; moreover, there is no system of comparing physical & financial progress.
- **Coordination between NRHM & FW directorate is an eternal issue.**
- Planning process at district & block level is not participatory
- RKS meetings are erratic & does not follow stipulated frequency

Financial Management

- The post of SFM is vacant
- Instead of flexi pool system, a piecemeal approach has been adopted by SHS & activity-wise funds are being released
- Untied fund withdrawal at SHC & MPHC in one tranch without any plan for spending in place.
- Districts not aware of approved ROP and fund receipt is taken as approved budget.
- Fund releases for NDCPs are not made through DHS
- FMR prepared without obtaining expenditure data from vertical programs
- SoE & U/Cs submitted by PPP-TE are not being analysed at DHS & funds released in spite of high unspent balance
- No manual for procurement system in place

Thank You