



## 6<sup>TH</sup> CRM VISIT – MANIPUR

2<sup>nd</sup> – 9<sup>th</sup> November 2012

# ***TEAM MEMBERS***

## **Dist - Ukhurul**

- Dr. Pradeep Haldar, DC Immunization
- Dr Rajesh Kumar, NIHFW
- Mr. Arun B. Nair IPH, Bangalore
- Mr. Sharad Singh Consultant, MoHFW
- Dr. Salima Bhatia Consultant, MoHFW

## **Dist-Churachandpur**

- Padam Khanna NHSRC
- Dr S N Sahu, Dy Adviser, AYUSH
- Dr H G Thakor NVBDCP
- Dr Raveesha Mugali UNICEF
- Ms. Shraddha Masih Consultant NRHM

# ***FACILITIES VISITED***

## **Ukhrul**

- DH Ukhrul
- CHC Kamjong
- PHC Somdal
- PHSC Shirui
- PHSC Teinem
- PHSC Sirarakhong
- PPP - CHSRC

## **Churachandpur**

- DH Churchandpur
- CHC Parbung
- PHC Thanlon
- PHC Sagang
- PHC Saikot
- PHSC Sainoujang
- PHSC Leisang



# *HIGHLIGHTS !!!*

***1st***


***CRM Visit to Manipur  
since the launch of  
NRHM***

***1st***

***Prize for Best  
Performance on Health  
in Small States by  
India Today***



# *SYSTEMIC ISSUES*

- **Only DH Churachandpur fit into the criteria of delivery points** in all facilities of both districts
  - **Partograph not maintained** though staff trained, emergency trays not maintained.
  - **Quality Assurance Committees non functional**
  - **Maternal Deaths not recorded**
  - **Referral system almost non existent**
  - **JSY: Payments made in cash; delayed upto 2-3 months; for ASHAs delay of upto one year.**
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# *SYSTEMIC ISSUES*

- No shortage of HR but irrationally deployed & underutilized
  - 2<sup>nd</sup> ANM in all subcentres but- not conducting delivery, No Hb Checkups & no line listing of severely anemic women
  - All PHCs have 1 doctor & 33 PHCs have more than 3 staff nurses but no PHC in Ukhrul conducted more than 10 deliveries;
  - Irrational Deployment: eg: 64 ANMs for 41 Subcentres but 3 Sub Centres vacant
- Personnel trained in NSV, IMNCI, IUCD etc but not deployed rationally & skills not utilized

# ***SYSTEMIC ISSUES***

## Drug supply

- Supply of drugs as per the availability not as per the indent.
- Validation of HMIS Data not institutionalized: Discrepancies in HMIS data observed

Data Element	HMIS	Facility Records
C- Section	102	76
Deliveries	9	23

- Supervisory visits need to be strengthened at all levels
- SHP & ARSH programmes need to be operationalized



# ***STRENGTHS***

## ○ ASHA Programme

- **Module 6&7:** Almost all ASHAs have completed 3<sup>rd</sup> round of training
- **Non-monetary incentives** given to ASHAs such as raincoat etc
- Hon'ble Minister of H & F W, Manipur distributed mobile phones

## ○ Active IEC/BCC Cell

- 1<sup>st</sup> Prize for 3 consecutive years for Republic day Tableau
- Health ASHA programme on radio
- Manipuri Digital Movies for Promotion of Health seeking behaviours
- TV and Radio spots on all major programmes of NRHM are regularly aired. Spots are also shown in cinema halls



# ***STRENGTHS***

## ○ AYUSH

- AYUSH medicines available & AYUSH doctors practising AYUSH system
- Public Private Partnerships for Delivery points
- Innovative Partnerships:
  - Efforts to tie up the Rajasthan drugs corporations



# ***JANANI SHISHU SURAKSHA KARYAKARAM***

- **JSSK awareness weak or almost non existent (scheme launched on 15th August 2012)**
- Diet facility available only in Ukhrul
- **Out of pocket expenditures on referral transport**
  - Eg. Rs. 3000 spent by mother to reach DH.
  - **Drop back is not available** at DH & in PPP mode inspite of availability of ambulance
  - 40 ambulances approved - not operationalized.



# ***JANANI SHISHU SURAKSHA KARYAKARAM***

- User charges inspite of GO
- USG not universally available in facilities, where available beneficiaries still referred outside
- Out of pocket expenditures for drugs for JSSK



Type of Service	Out of pocket expenditure in Rs
Normal Delivery	1200- 2500
C- Section	Upto 7000



# *REPRODUCTIVE & CHILD HEALTH*

- Condition of labor rooms extremely poor – poor infrastructure, broken ceiling, gas cylinder in labor room, IMEP not followed
- Essential New born care not provided in any facility.
  - Radiant Warmers lying unused in all facilities & health personnel not trained
  - staff nurses not aware of how to conduct neonatal resuscitation
- PPIUCD services not available
- Fixed day IUCD services at sub centers not available



# *IMMUNIZATION*

- No micro plan prepared for immunization; once a month vaccination as per convenience of ANM
- No Inventory Management of Vaccines & no stock registers maintained
- ILR & Deep Freezers : temperature not recoded
- Immunization Incentives for ASHAs met from VHSNC funds in Ukhrul & NOT from Immunization funds. In CCP imm incentives not paid to ASHAs.
- Alternate Vaccine Delivery not functional.



# *OTHER AREAS OF CONCERN*

## ○ ASHA


- Lack of Clarity on Field on ASHA incentives
- Monitoring Mechanisms of activities of ASHA not institutionalized resulting in inability to track payments entitled to ASHA

## ○ Salary of Contractual Staff divided into basic & performance based: not receiving performance based

## ○ JSY Beneficiary not getting payment or payments getting delayed as lack of clarity on who will make payment-Delivery point or PHC

## ○ Urgent Need for Integration between NRHM team & DHS at all levels

# ***DISEASE CONTROL PROGRAMMES***

- **Malaria:**
    - Spraying & fogging not done in the field
    - Anti-malarial drugs completely out of stock
    - Districts require a reorientation on IMCP-2
    - Diagnostic facilities available only at DH level
    - Need to move towards case based surveillance followed by public health action
  - **RNTCP** staff not provided salaries since three months in Ukhurul
  - Need to focus on the operationalization of **tele-ophtalmology** facilities.
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# ***FINANCIAL MANAGEMENT***

- System of Fund Transfer
  - E transfer of funds up-to Block Level. **Tally installed but not operational.**
- Training
  - Finance and accounts staff & MOs lack clarity with regard to the guidelines and procedures of NRHM
- In CCP, block finance manager positions vacant
- Monitoring and Evaluation of Financial Systems
  - No system of finance control mechanisms and monitoring of spending.
- State needs to deposit the State Share







Thank you

