

National Dissemination - 6th Common Review Mission

(Jan 4, 2013)



राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

Uttarakhand

Team Members

Bageshwar

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Pithoragarh

- Ms Anuradha Vemuri, Director, MOHFW
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- Dr Badauni (JD Disease Control UK)

Districts visited



Facilities Visited

Type of facility	Bageshwar	Pithoragarh
DH	DH	DH
CHC	CHC Kapkote, CHC Baijnath	CHC Dharchula CHC Gangolihat
PHC/APHC	PHC Kausani, APHC Sama, PHC Chani, APHC Kanda	PHC Berinag PHC Kanalichina PHC Askot PHC Egyadevi PHC Muwani PHC Gauchar Thal
SC	SC Sama, SC Kasauni, SC Chani SC Kanda SC Kupkote SC Baijnath	SC Askot SC Gangolihat SC Gauchar Thal SC Egyadevi
Others	Arogya Rath (MMU) DARC, 3 FGDs (ASHAs, AWWs , community) FMRI	FGD (ASHAs, ANMs, RKS and VHSNC)



Best practices observed

- JSSK entitlements were clearly displayed and JSY payments were up to date at various facilities visited. Deliveries in public health facilities have risen sharply under NRHM after launch of JSSK.
- Delivery points have been prioritized for strengthening - was visible in state and district plans.
- Dedicated hard working health workers were noticed with their spirit of working round the clock. ANMs were staying at sub-centers in hard to reach areas.
- Designated space earmarked for NBSU and knowledge for planning of newborn care facilities was found to be excellent.
- MCTS data entry has improved significantly.
- Knowledge on financial aspects was found to be good at the district level.

Best practices observed –contd...



- **PNDT-** On line filing of F-forms under PNDT Act has been initiated in districts.
- Regular review of programme is being carried out by DHS.
- Awareness regarding provision of 108 service “Khushion ki Sawari” under NRHM was found to be good and beneficiaries were satisfied with their services.
- Facilities are well built and well maintained.
- Door to door supply of contraceptives was being done regularly by ASHAs in hard to reach areas.
- The Arogyarath “MMU” was providing regular services with a well maintained micro plan and was providing services to unreached/ remote areas.
- E-banking facility has started at all levels.
- ASHA facilitators were highly motivated.

Major Observations

Maternal & Child Health (incl. Immun.)

- JSSK is implemented with Free drugs, diagnostics, diet, blood for delivery, Entitlements clearly displayed at facilities visited.
- Referral and drop back has improved significantly but linking 48 hour stay to drop back is not being practiced.
- Only day care facility given to patients admitted in many facilities visited except CHC Baijnath (Bageshwar).
- Practice of Partograph not observed in the facilities.
- No operational FRU in Bageshwar as DH has no Blood Bank/BSU. However in Pithoragarh MDH has a functional BSU.
- JSY payments updated at most of the facilities visited.
- On line filing of F-forms under PNDT Act has been initiated in districts.





condt....

- Quality of ANC is not satisfactory, 3 ANC is quite low (AHS 2011- 52.3%), weak postnatal follow up.
- (HMIS) and Maternal Child Tracking System (MCTS) data is collected but not being used for improving quality of services and follow up.
- Labour rooms are cramped with equipment (both functional and non functional)
- Information dissemination of grass-root workers to the pregnant women is limited only to IFA and TT
- Weak postnatal follow up
- Facility based MDR analysis not being done in DH Bageshwar and community based not being reported.
- New MCP cards not available in many facilities visited
- Zinc was not available in the ASHA drug kit and not many ASHAs heard about it.
- Lack of Microplanning including village population, target beneficiary and vaccine requirement

MCH contd.....



- Due list and tracking of beneficiaries not followed (even through MCTS)
- No record of diluents issued or received
- Functional Vaccine van not available, SC ANMs were collecting vaccines from block PHC or CHC in Pithoragarh and from District HQ in Bageshwar.
- NBSUs are catering to delivery load where SNCU could be made operational e.g. DFH Pithoragarh
- NBCCs are not providing essential newborn care
- No functional NRCs.
- Birth dose for BCG, OPV and Hepatitis B not given for institutional delivery

Family Planning

- Condoms available adequately and ASHAs were distributing under door to door social marketing scheme (Bageshwar).
- NSV not being done (Pithoragarh) due to non-availability of trained doctor [OBG trained in PPIUCD is not inserting IUCDs-DH Bageshwar].



SCHOOL HEALTH

- Schools are being visited only once a year.
- School health teams covering approx. 50% children for curative services only.
- Disease, disability deficiency and development disorder- No referral linkage with health facilities or follow up.

ARSH

- Fixed day services with doctor offered in district hospital Bageshwar however no counselling services available on other days.
- ICTC counsellor are counselling adolescents in DH- PTG and CHC Baijnath
- First lot of sanitary napkins have reached some facilities only under Menstrual hygiene scheme.





INFRASTRUCTURE:-

- Overall health facilities are spacious, clean and well maintained. Security needs to be strengthened in some facilities in form of boundary walls/gates/barbed wires etc.
- Access to health services is an important issue in terms of difficult terrain, the state needs to plan infrastructure keeping in mind the time to reach the public health facility.
- In both the district visited by the CRM teams it was observed that SCs are mostly collocated with another higher facility (PHC/APHC/CHC).
- Approach to health facilities was found to be rough at few facilities visited.



HUMAN RESOURCE:-

- Severe shortage of specialists, doctors, SNs, LTs and X ray tech
- Multi skilled MOs are not rationally deployed (no change in last 1 year).
- No skill training of MOs done in last one year
- No performance monitoring of LSAS and EmOC trained doctors
- LTs are not doing comprehensive testing
- Underutilization of staff like health supervisors, pharmacists (posted in SCs).

FINANCIAL

- Record of AMG/ RKS fund/ untied funds were satisfactory in Pithoragarh but not shown at any facility in Bageshwar district.
- Accounts books maintained manually -all facilities
- Overall very poor and un-satisfactory financial management
- The untied/RKS/AMG are clubbed together at the facility level, and the decision making power regarding the utilization of this pool of funds lies with Chiktisha Prabandham Samiti at the facility in Bageshwar district.
- The meetings of CPS are highly irregular in the entire district of Bageshwar (except CHC Baijnath).
- The financial management was comparatively better in Pithoragarh district regarding knowledge of guidelines and regular conduct of meetings.
- Customised version of TALLY - not initiated
- No cash books available at most of the CHC,PHCs.
- Procurement procedures and records not presented (Bageshwar).



WAY FORWARD/ RECOMMENDATIONS

- Key conditionalities under NRHM (Rational deployment, Facility wise performance audit, JSSK entitlements etc) including mandatory disclosures for FY 2012-13 to be ensured by state
- Prioritized strengthening of Delivery points (DP)
- Bottlenecks in operationalization of FRUs besides DH to be addressed.
- Rationalization of training and re- deployment of staff
- Training and Post training performance monitoring should be done including multiskilling of doctors.
- Refresher trainings and Skill building on Skilled Birth Attendance and New-born Care for ANMs, needs to be ensured.
- HMIS and MCTS data to be analysed and utilized for improving service delivery.
- Services provided by MMU to be closely monitored.
- Behaviour change communication should be utilized for awareness generation to save and protect the girl child.



- PRI/community based monitoring should be used in improving the programme
- Grievance redressal mechanism to be set up for facilities at all level.
- An assessment to be undertaken for equipments as working, not working but repairable and not working and non-repairable.
- The state should focus on a prudent mix of basic level ambulances and emergency response vehicles.



• Financial management

- Training required at DHS & below levels.
- Proper maintenance of account books at all level
- Follow NRHM guidelines
- Computerized books of accounts be maintained at all levels-tally to be used
- Procurement manual to be developed.



Thank you!