

7TH COMMON REVIEW MISSION VISIT TO NAGALAND

DISSEMINATION WORKSHOP
5TH MARCH, 2014

VIGYAN BHAVAN



CRM TEAM MEMBERS: NAGALAND

PEREN DISTRICT TEAM

- ◉ Dr. Pradeep Halder, Team Leader DC (Imm), MoHFW
- ◉ Dr. K C Meena, Dy. Asst. Dir. (NVBDPC), MoHFW
- ◉ Ms. Upasna Varu, HIV Specialist, UNICEF-Guwahati
- ◉ Mr. Arun Unnikrishnan, DNIP Care
- ◉ Dr. Nitasha M Kaur, Consultant (NRHM-I), MoHFW
- ◉ Dr. Ravish Behal, RCH-II TMSA (Deloitte)
- ◉ State and District officials

DIMAPUR DISTRICT TEAM

- ◉ Dr. Suresh Dalpath, Dy. Director (Child Health), Govt of Haryana
- ◉ Mrs. P Padmavati, Asst. Director (NRHM), MoHFW
- ◉ Dr. V R Raman, Principal Fellow (Health Governance), PHFI
- ◉ Dr. Manoj Singh, Consultant (Community Participation), NHSRC
- ◉ Dr. Rajeev Agarwal, Sr. Consultant (Maternal Health), MoHFW
- ◉ Mr. Rajeev Prasad, Finance Assistant (FMG), MoHFW
- ◉ Mr. Rajeev Kumar, NRHM, MoHFW
- ◉ State and District officials

UNITS VISITED

| Level | DIMAPUR | PEREN |
|----------------------------------|--|---|
| District | <ol style="list-style-type: none"> 1. Dimapur DH 2. District Hospital Laboratory | <ol style="list-style-type: none"> 1. Peren DH |
| CHC (3) | <ol style="list-style-type: none"> 1. Medziphema 2. Dhansiripar | <ol style="list-style-type: none"> 1. Jalukie |
| PHC (7) | <ol style="list-style-type: none"> 1. Molvom 2. Sirginijam 3. Neuiland 4. Chokodima | <ol style="list-style-type: none"> 1. Tenning 2. Azailong 3. Ahtihbung |
| Village (4) / Sub centre (7) | <ol style="list-style-type: none"> 1. Tsiepama 2. Diezephe 3. Bade 4. L.Vihoto 5. Aoyimiti – VHND 6. Aoyimchen –VHND 7. Town health sub center - UHP | <ol style="list-style-type: none"> 1. Samzuram 2. Mhainamtsi 3. Punglwa 4. VHND Jalukie B 5. VHND Nchangram 6. Bongkolong |
| Other facilities | <ol style="list-style-type: none"> 1. Maova – village community center 2. Nursing school Dimapur 3. District TB Hospital 4. AYUSH Pharmacy & Drug testing centre 5. MMU | <ol style="list-style-type: none"> 1. IRC centre, Jalukie |
| Urban areas/ slum dwelling areas | <ol style="list-style-type: none"> 1. Burma camp slums 2. New Market red light areas | <ol style="list-style-type: none"> 1. Marketplace near Punglwa |

Also visited the State 102 call centre

PROGRESS OVER PREVIOUS CRM 1

- ◎ Efforts made to implement the recommendations of 4th CRM (Dec 2010)
 - ✓ All new construction/ renovation sanctioned in previous years completed
 - ✓ 1 SNCU and 4 NBSUs set up. NBCC seen in all facilities visited
 - ✓ Blood storage at FRUs initiated
 - ✓ Color coded BMW bins in place in all health facilities and training of staff done
- ◎ However, some gaps remain
 - ✓ Staff quarters still a shortage
 - ✓ NSSK trained staff not placed at LRs/ NBCCs
 - ✓ Two BSUs visited had all infrastructure and equipment in place – license awaited
 - ✓ Poor knowledge and practices related to BMWM



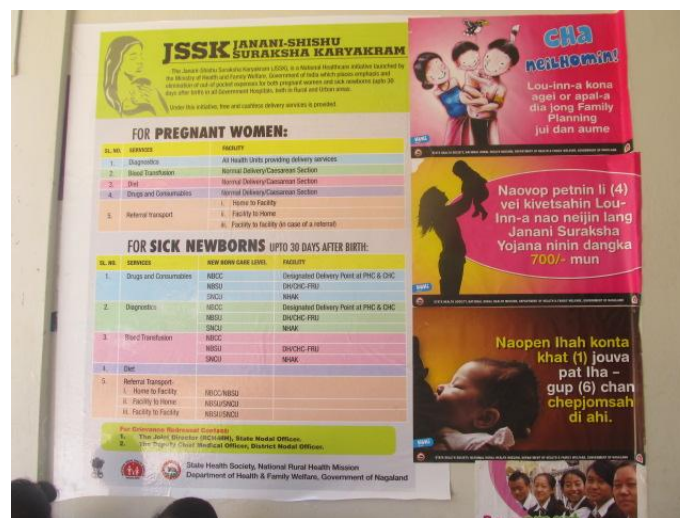
PROGRESS OVER PREVIOUS CRM 2

○ Efforts made to implement the recommendations of 4th CRM (Dec 2010)

- ✓ Referral transport system put in place – call centre, toll free no., 76 GPS fitted ambulances with tracking software
- ✓ State Drug Policy, EDL & STG in place
- ✓ Display of SOPs on MNCH, infection control, asepsis and waste disposal in LR & OT in place
- ✓ Patient Charter, and IEC on JSY, JSSK and other health issues well displayed

○ However, some gaps remain

- ✓ Toll free no. not working; tracking software non-functional due to no AMC; test calls to drivers not picked up
- ✓ Some essential drugs not available.
- ✓ Awareness of STGs lacking



POSITIVES

1

- ◉ Good coordination between the State Health/ FW Directorate and State NRHM Directorate.
- ◉ Well staffed and skilled PMU at district and block level.
- ◉ Well maintained health infrastructure in all health facilities (though running water an issue in some)
- ◉ Model Blood Bank with component separator, in Dimapur, with arrangements for transport to other districts.
- ◉ A new nursing school set up in Dimapur with state-of-the-art infrastructure
- ◉ AYUSH co-located in DH/ CHC/ PHC. Good utilisation of AYUSH services.
- ◉ VHND platform used well to deliver services. Good involvement and support from community.



POSITIVES

2

- ◉ MMU services have picked up with four-fold increase over previous year. Remote and hard to reach areas specifically targeted.
- ◉ Facility-wise HMIS data being uploaded.
- ◉ ASHAs - overall adequate in number; trained in module 6 and 7; provided with drug kits; regular review meetings at block level; support system active at district and block level; performance monitoring done regularly.
- ◉ Nischay pregnancy test kits available in all sub-centres; ANMs aware on use. PTK also available with ASHAs.
- ◉ Good availability of Finance & Accounts staff; customised version of Tally being implemented upto district level and FMRs being generated.



- ◉ RD Kits for malaria and ACT available at all facilities from Gol supply. ABER has increased and API is reducing.
- ◉ 92% TB cure rate reported.
- ◉ Integration with NACP initiated through pooling of Lab. Techs (NRHM/ DHS/ NSACS), ICTC Counselors providing ARSH services; RKS funds used for local purchase of OI drugs
- ◉ In Dimapur district, urban slum populations are well organised and supportive e.g. provided land for health facility, identification and mobilisation of target population.



ISSUES/ CHALLENGES

1

- ◉ No medical college in the State.
- ◉ Facility-wise sanctioned positions not available. Lack of rational deployment of available HR and mismatches; DH and CHC don't have adequate complement of specialists.
- ◉ Home deliveries predominant due to difficult terrain and poor referral transport mechanism.
- ◉ Quality of ANC services: birth-plan not prepared; high-risk pregnancy not identified and line-list not in place.
- ◉ Delivery points staffed with adequate number of nurses, however capacity was a concern.
- ◉ JSY cheque / DBT payment delays where banking services inadequate; cash payments continuing in some areas.



ISSUES/ CHALLENGES

2

- ◉ JSSK – cash given to PW for diet and transport; OOP expenses on drugs, diagnostics, and blood (for screening); poor awareness on entitlements.
- ◉ No RTI/ STI or safe abortion services below DH level (even though training done); drugs / kits not available.
- ◉ Gaps in maternal death reporting; MDRs not done.
- ◉ Some key drugs N/A (e.g. IFA syrup, Zn Tablets, Inj. Mag. Sulph, Vit. A).
- ◉ Poor microplanning, AVD not in place, inadequate knowledge of correct immunisation schedule and open vial policy.
- ◉ Cold chain maintenance issues, e.g. incorrect ILR temperature monitoring; frozen vaccines; vaccines submerged in water in ILR.



ISSUES/ CHALLENGES

3

- ◉ Fixed Day Static services not provided; PPIUCD just started; IUCD insertion service quality a concern – high (30-40%) removal rates seen in Peren District
- ◉ New ASHAs not trained systematically from induction module. Sector level facilitators not yet recruited
- ◉ ASHA training quality – evaluation and practicing of skills during training not done; poor knowledge and skills of danger signs for HBNC visits
- ◉ Training of VHC members pending; VHC untied funds used mostly for conducting VHND.
- ◉ LLIN distribution not done systematically done. NVBDCP training not done as per guidelines. Scrub typhus outbreaks now coming up in all districts.



ISSUES/ CHALLENGES

4

- ◉ Weak FM capacity at sub-district level; poor accounting practices and internal controls.
- ◉ Quality and timeliness of concurrent audit inadequate.
- ◉ Too many registers → data loss in transferring from one to the other. Data mismatches between HMIS and MCTS. Dues list and workplans for ANMs are not generated from MCTS. Data not analysed or used for corrective action; inadequate capacity.
- ◉ Capacity for inventory management and warehousing needs attention.
- ◉ State-of-the-art AYUSH drug testing facility but no staff posted.
- ◉ Systematic capacity building of PMUs not planned.
- ◉ Monitoring & supportive supervision weak at all levels.



RECOMMENDATIONS

1

- ◉ Rational deployment of existing staff based on a gap analysis, to ensure provision of services at various levels.
- ◉ Capacity building at all levels – technical areas, programmatic guidelines, financial management, analysis and use of data for corrective action.
 - Baseline competency of ANMs to be assessed and any gaps addressed.
 - Skill lab may be considered for set up at the new nursing school, and also a nursing in-service training centre may be developed.
- ◉ Strengthen monitoring and supportive supervision at all levels for adherence to SOPs, programmatic progress, financial management, recordkeeping and reporting.
- ◉ Supplies of essential medicines needs to be fast tracked.

- ◉ Newly recruited ASHAs should first undergo 8 day induction training of 1-5 modules.
- ◉ State 102 call centre should be made fully operational. Rational deployment of existing ambulances as per usage – explore local tie ups.
- ◉ Shortage of staff quarters to be addressed, prioritising HPDs and delivery points.
- ◉ Cash reimbursement under JSSK to be discouraged; enhance awareness through community institutions.
- ◉ Streamline registers for improved recordkeeping

**THANKS TO THE STATE & DISTRICT
OFFICIALS FOR EXCELLENT
FACILITATION OF THE CRM VISIT!**

