Assam

4th Common Review Mission
(December 16 – 22, 2010)

Dissemination Workshop
26th Feb 2011
Team Members

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- **Dr. Ravinder Kaur**, Consultant, Maternal Health Division, MoHFW.
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## Institutions Visited

<table>
<thead>
<tr>
<th>S.No</th>
<th>Facility</th>
<th>Dhemaji (High Focus)</th>
<th>Lakhimpur (Non High Focus)</th>
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<tbody>
<tr>
<td>1</td>
<td>Anganwari Centre</td>
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<tr>
<td>2</td>
<td>Sub Centre</td>
<td>3</td>
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<tr>
<td>3</td>
<td>PHC</td>
<td>1</td>
<td>2</td>
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<tr>
<td>4</td>
<td>Mini PHC</td>
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<td>1</td>
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<tr>
<td>5</td>
<td>CHC</td>
<td>2</td>
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<tr>
<td>6</td>
<td>Civil Hospital</td>
<td>1</td>
<td>1</td>
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<tr>
<td>7</td>
<td>Tea Gardens Hospitals</td>
<td>-</td>
<td>1</td>
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<tr>
<td>8</td>
<td>Boat Clinic</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Mobile medical Unit</td>
<td>-</td>
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<tr>
<td>Sub-Total</td>
<td></td>
<td>11</td>
<td>12</td>
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<td>Total</td>
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CRM Findings
Infrastructure up gradation

Positives:

• Almost all places visited by the team had good infrastructure.
• Facilities visited by the team were clean and well kept.

Concerns:

• Delay in construction – at Dhemaji DH.
• The infrastructure of SNCU in DH Lakhimpur is in place but not yet functional.
• IPHS standards not followed at some places – design needs standardization.
Human Resources

Positives:

• First batch of 164 Rural Health Practitioners deployed at the SCs has improved service delivery including deliveries.
• 327 AYUSH doctors are in position.
• One year compulsory rural posting has improved service delivery at all facilities.
• 4921 ANMs, 2295 GNMs recruited under NRHM and posted at institutions where no regular sanctioned post/underserved areas. 55% of SCs have 2 ANMs.

Concerns:

• No specialist cadre in the state.
• MO trained in EMOC at Gogamukh not conducting CS as no Anesthetist is posted.
• Some ANMs appeared de-motivated, having low confidence level, some of them are not conducting deliveries, even after SBA training.
• BEmOC training has not taken place in the state.
• SIHFW exists but does not have identified regular faculty members leading to lack of coordination in trainings.
• GNM training school- admissions once in three years.
Health Care Service Delivery

**Positives:**
- Evening OPDs started (incentive to MOs/ paramedics)
- Generic Drugs and supplies adequate.
- Free supply of medicines has increased OPD attendance.
- Deliveries services are free at all facilities.
- Morom-financial assistance for indoor patients for food and wage loss

**Concerns:**
- Nomenclature of facilities is in variance with services provided (e.g., Mini PHC, Block PHC).
- Underutilization of facilities (Bongalmora CHC, Silapathar MPHC).
- Drug stock management registers not well maintained in Dhemaji.
Outreach services

**Boat Clinics and MMUs**

**Positives:**

- Boat clinic covers hard to reach areas along the river through regular outreach camps.
- MMUs Caters unreached areas with clinical and diagnostic services
- ASHAs were very confident and active in these areas. Some were trained by the boat clinics to give injections prescribed during the clinic visit.

**Concerns:**

- Boat clinic frequency needs to be increased from present once a month visit.
- Non availability of boat ambulance for emergency transport.
- Less functional Sub Centres in the area for regular services.
- MMUs need equipment maintenance at some places.
- The design of the Van needs to be patient friendly, especially the stairs to be lowered and creation of drug dispensing windows.

*It was observed that services provided by the ASHAs is highly appreciated by the community in both the districts.*
**ASHA Programme**

**Positives:**
- ASHAs in place in all villages (28,928). All are provided with drug kits and uniforms.
- Training up to 5th module is completed for all.
- ASHAs are very proactive and knowledgeable (Some ASHAs expressed the desire to receive training in BP measurement)
- Average earning Rs. 600 to Rs. 2000 per month.
- All ASHAs have bank account to which payments are transferred.
- Radio set, umbrella and bicycle is provided to each ASHA.
- 2702 ASHA facilitators are appointed.
- ASHA badge and coding system - a pilot project in Dhemaji/Lakhimpur to help in tracking ASHA’s work is showing positive results.

**Radio Programme for ASHA’s:**
- 4 Radio Stations broadcasting half an hour ASHA programme twice weekly
- Radio programme updates their knowledge and also gives them credibility and respect among community.

**Concerns:**
- ASHA facilitators not properly trained for mentoring.
- Career progression pathway for ASHAs needs to be devised to sustain the enthusiasm.
RCH - Maternal Health

**Positives:**
- Intuitional deliveries are steadily increasing @11-12% per year for last year.
- Operationalizing 343 PHCs as 24X7 by constructing Labour Room/ Ward and Upgradation of 39 facilities to FRU. Upgradation of Sub Center for Delivery (191 SCs in 14 HF districts).
- Regular Training on SBA / CEmoc/ LSAS is being done.
- Strengthening of referral mechanism (108 Mrityunjoy -Emergency Referral Transport and by providing ambulances)
- VHNDs – conducted every month, Micro Birth Planning is being done.
- Mamoni scheme - Nutritional Support of Rs. 1000/- to pregnant women and Mamta Kits given to women after 48 hrs stay in the facility post delivery (state sponsored).

**Concerns:**
- Highest MMR 480 (DLHS-3).
- Anemia is an issue in the state despite relatively good nutrition habits. Worm infestation due to improper sanitation could be an issue.
- C-Section Services are available only at District hospital.
- Percentage of women with complete ANC is low (46.4%-DLHS-3)

**Maternal Death Review:**
- MDR being done regularly but analysis of the forms not done systematically in light of the three delay model and in context to Levels of facilities.
- The analysis of MDR would help in taking appropriate action
RCH - Child Health

**Positives:**
- New born corners in place at all facilities.
- 6 SNCUs established and functional at DHs in the state.
- Mother and child tracking system in place (Dhemaji and Lakhimpur)
- Percentage of fully immunization children has improved from 16 in DLHS-II to 50.9 in DLHS-III.
- JE immunization has also improved.
- Special six monthly de-worming and Vitamin-A drive in both districts.
- IMNCI trainings of AWW and ANMs.

**Concerns:**
- IMR is 61 (SRS 2009). It has reduced by only 3 points. 80% is due to neonatal mortality.
- SNCU at Gogamukh BPHC/DH Lakhimpur not yet operationalised despite available infrastructure.
RCH - Family Planning

**Positives:**
- Fixed Day Services available in all DHs.
- PP IUCD services are provided regularly at Medical College, Guwahati.
- Increase in NSV cases.
- Regular trainings in FP, except IUCD are going on.

**Concerns:**
- FP performance has been much below the ELA since last two years.
- Services provided mainly during camps
- Emphasis on Postpartum FP is low despite increase in institutional deliveries
- Training in IUCD needs to be scaled up
- IUD insertion is mainly done by MOs, ANMs need to be trained so as to provide services at level of SC
Disease Control Programme

**Positives:**

- Malaria positivity has decreased by 26.6 % since 2009 due to increased surveillance and introduction of RDT.
- Malaria – ASHA using RDK for PF and also making slides for PV (Incentives are not given at Dhemaji).
- RNTCP doing well.
- JE was found to be not a major issue in the districts visited.
- IDSP infrastructure available and functioning well in both districts.

**Concerns:**

- Low focus on Leprosy and blindness control programmes.
Financial Management

**Positives:**
- Web based data management system in place in *Lakhimpur* up to block level.
- Concurrent audit being initiated.
- All transfers until block level are made electronically.
- Transactions to the JSY beneficiaries by account payee cheques.

**Concerns:**
- Overall fund utilization relating to various activities are not adequate - (51%) in 2010.
- Utilization is more in RCH and less in NRHM.
- Every year there are unutilized untied funds in most health facilities.
- Untied fund for the 2010-11 year (Nov) yet to reach the health facility.
- Officials found maintenance of accounts and payment to the beneficiaries unmanageable with the implementation of newer schemes.
Decentralized Local Health Action

**Positives:**
- VHSCs in all villages; joint A/c have been opened; one day training conducted.
- All districts have developed DHAP.
- All vertical health societies merged (except HIV/AIDS).
- Field NGOs involved in VHSC training.

**Concerns:**
- Planning process not as per village needs.
- Community Monitoring has been suspended for last two years.
- Expenses dictated/limited to a great extent by guidelines.
- Relationship between VHSC and VHND are not strong
- RKS functioning needs regularization and strengthening.
- PRI involvement needs to be strengthened.
IEC

**Positives:**
- IEC/BCC activities very visible (hoardings, print media, use of mobile phone messages, radio shows, television, IPC, GDs, etc)
- All relevant information regarding services and citizens' charter displayed at the facilities.

**Concerns:**
- There are no issue specific IEC/BCC. It is all about NRHM initiatives and activities.
- Impact study is needed.
- ASHAs need more training and orientation in IPC/Counseling.
Monitoring and Evaluation

**Positives:**
- HMIS entries are being made till block level.
- Training for data entry operators completed (Lakhimpur).
- Regular reviews of NRHM activities by Hon'ble CM and Health Minister.
- Regular monthly review meetings are held at State levels.
- Regular monthly review meetings at districts by District commissioners.
- An Additional DC posted in each district by Govt. of Assam to look after health programmes.
- Attrition rate is low in the state mission office which has led to strengthening of the district level programme implementation.

**Concerns:**
- Registers (OPD) were not maintained, inconsistencies found in the data management.
- Monitoring system at Dhemaji involves submission of CD of VHND. This needs to be replaced by better system in future.
Recommendations

- Design of infrastructure and its utilization needs improvement.
- Specialist cadre needs to be introduced.
- Facilities providing C-Section services need to be increased.
- Reported maternal deaths high. Maternal death review process needs to be strengthened.
- High number of deliveries going unreported. Tracking system should capture this information.
- Post-partum F.P. services need to be strengthened.
- Anaemia in children and pregnant women needs more attention.
- Optimal utilisation of nursing institutions (regular annual intake).
- Rationalization of training and posting.
- PRI involvement needs to be actively promoted.
THANKS TO THE ASSAM TEAM