4th Common Review Mission
(17th to 20th December 2010)

Nagaland
<table>
<thead>
<tr>
<th>District</th>
<th>Team Members</th>
<th>Block</th>
<th>Type of HI</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mokokchung</td>
<td>Ms. Anuradha Vemuri</td>
<td>Ongpangkong</td>
<td>SC</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Dr Narendra Gupta</td>
<td>Mangkolemba</td>
<td>PHC</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Mr. L Piang</td>
<td>Changtongya</td>
<td>CHC</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Ms. Preety Rajbangshi</td>
<td>Tuli</td>
<td>DH</td>
<td>2 (+Wokha)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changtongya</td>
<td></td>
<td></td>
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<tr>
<td>Zunheboto</td>
<td>Dr. Sushma Dureja</td>
<td>Satakha</td>
<td>SC</td>
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<td></td>
<td>Ms. Neidono Angami</td>
<td>Aghunato</td>
<td>PHC</td>
<td>4</td>
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<tr>
<td></td>
<td>Dr Dhananjoy Gupta</td>
<td>Pughoboto</td>
<td>CHC</td>
<td>2</td>
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<tr>
<td></td>
<td>Mr. Sanjeev Gupta</td>
<td>Akuloto</td>
<td>DH</td>
<td>1</td>
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<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>
State Profile

Background Characteristics *

Population | 2,061,430
---|---
No of Districts | 11
Literacy rate | 67.11%
Sex Ratio | 900 females to 1000 males

Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>India</th>
<th>Nagaland</th>
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<tbody>
<tr>
<td>MMR</td>
<td>254</td>
<td>240</td>
</tr>
<tr>
<td>IMR***</td>
<td>53</td>
<td>26</td>
</tr>
<tr>
<td>TFR**</td>
<td>2.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Institutional** Delivery</td>
<td>40.7</td>
<td>12.2</td>
</tr>
<tr>
<td>Full Immunization **</td>
<td>44</td>
<td>21</td>
</tr>
</tbody>
</table>

Public Infrastructure

<table>
<thead>
<tr>
<th>Public Infrastructure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospital</td>
<td>11</td>
</tr>
<tr>
<td>CHC</td>
<td>21</td>
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<tr>
<td>PHC</td>
<td>124</td>
</tr>
<tr>
<td>SC</td>
<td>398</td>
</tr>
</tbody>
</table>

Source:
* - Census 2001, ** - NFHS 3, *** - SRS 2009
## Trend in Out patient and In-patient load

<table>
<thead>
<tr>
<th>Year</th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-2011 (up to Oct’10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-patient Load</td>
<td>226,957</td>
<td>295,963</td>
<td>478,078</td>
<td>523,090</td>
<td>336,959</td>
<td>341,265</td>
</tr>
<tr>
<td>In-patient Load</td>
<td>18,500</td>
<td>29,158</td>
<td>34,460</td>
<td>63,805</td>
<td>54,532</td>
<td>346,683</td>
</tr>
</tbody>
</table>

### Institutional Delivery

- **Source:** State PIP (2011-12)
Full immunization

Source: State PIP (2011-12) & HMIS report

Sterilization
Positive Areas

» VHND are regularly organized with participation of VHC members and community

» Untied funds used for essential infrastructure development that has enabled improvement of services

» Health Institutions operational- clean and well maintained

» Involvement of Community through contributions from civil society/community for
  ➢ Building of health facilities
  ➢ Donations

» Tally ERP9 is implemented at State/District Level

» Telemedicine operational in DH, Mokukchung, connected with RIMS-Imphal
Citizen Charter

A good, clean labour room

SC built by VHC
KEY FINDINGS
Infrastructure

» Slow progress in construction/renovation

» New construction or renovation required for most facilities. Acute shortage of staff quarters

» Electricity is a problem!! No generator back up in most health facilities

» Blood Bank – not completely functional due to lack of equipment and power back up

» Lack of Referral transport, especially in remote and inaccessible areas

» New born care facilities:
  ➢ SNCU not established in district hospitals
  ➢ NBSU not established at all
  ➢ NBCC were recently established with equipment requiring installation
Poor condition of staff quarter

District Drug Store

Burning of Hospital Waste
Newborn care equipment yet to be installed

Other drugs, test kits, stored in Deep Freezers with vaccines

Locally managed new born care corner
Drugs & supplies

» Essential supplies not seen such as -
  > DDK kit
  > Zinc tablet (if available, staff not aware how to use)
  > Misoprostol, Vitamin A, Haemaccel IV fluids

» Essential drug list not displayed

» Mechanism to dispose expiry medicines & obsolete equipment is not available

» Drug supply and distribution system is weak.
  » ASHA Drug Kit not being refilled regularly

» Irrational supply of drugs, medicines, instruments to SC/PHC that were:
  > More than required
  > Not as per essential drug list
Human Resource

» The manpower (doctors, nurses, ANM, LTs) deployment at the health institutions does not match with the case load.

» Absence of HR plan & plan for incentivizing the doctors and paramedics posted in the rural/ difficult areas

» Shortage of specialist doctors at District Hospital, no specialist at the First Referral Units

» Pharmacist being posted at Sub-Centres. SC require additional ANM and MPW in place of pharmacist.

» Lack of pay parity between staffs (regular vs NRHM contractual)
Training

» Slow progress of various trainings - not as per plan (e.g. IMNCI, SBA, NSSK, NSV etc)

» IMNCI training reduced to 5 days from 8 days

» Training systems need improvement -
  > multi-skilling training needed but the progress is slow
  > training centres such as SIHFW to be established
  > On the job training for the medical and paramedics
  > exposure visits of the district officials & MO (I/C)

» 1 GNM school is not sufficient to cater to the demand.
Quality of Care/ Service Delivery

» Health infrastructure not fully utilized; home deliveries still high

» Micro birth planning for pregnancies not available

» Standard Treatment Protocols not available & Newborn Care protocols not implemented

» Family planning service provision inadequate. A huge gap between demand and supply

» Infection prevention and biomedical waste management not established
Universal Immunization Programme

» Micro planning on Routine Immunization need strengthening
» Alternate vaccine delivery not operational
» Lack of knowledge about maintaining immunization registers
» Vaccine storage practices not upto standard
  ➢ Vaccines not stored in baskets
  ➢ No temperature recording
  ➢ Bottom storage of vaccines
  ➢ No Generator back up at the district cold chain office
» ASHA not utilized for tracking left-outs and drop-outs
» Vaccine handler needs training
Financial Management

» Post of Director Finance is vacant at State level

» No separate Government Order (GO) issued for Delegation of Financial Powers

» Summary of Concurrent Audit report is not being sent to GoI

» Lack of understanding of double entry system at District level

» No integration of all NDCPs programme under NRHM

» RKS funds are not being audited by the chartered Accountants firm
HMIS/ Supportive Supervision

» Analysis of disaggregated data on health parameters is not being done

» CHC/ PHC does not have computers, even shortage of computers against the staff in position in DPMU

» ANC/ stock registers of the health institutions as well as ASHA diary may be re-looked.

» Supportive supervision at each level to be strengthened

» Mobility support to the district and block officials (including DPMU) for better supervision of the programme is required

» MCH tracking systems yet to be implemented for tracking
Actions Required at State level
Action points....

» Meeting of State Health Mission to be held regularly

» Inter-sectoral Convergence with the other line departments

» A guideline/ decision for uniformity in the user fees for the services rendered by the health institutions

» Re-deployment of manpower between facilities

» Despite increase in no. of operational facilities, full functionality still an issue. Blood bank at DH & blood storage at FRUs, and availability of specialists / multi-skilled MOs to be made functional.
Action points...

» Maternal Death Review and MCH tracking to be implemented.

» Civil works need to be expedited under NRHM

» Establishment of State Training Centre, (like SIHFW in the other States). Need to rationalise training management at all levels.

» Procurement and supply chain management to be established
  • Centralized procurement
  • Monitoring stocks at all level

» Equipment maintenance:
  • Annual Maintenance Contract
Non availability of blood storage units is a major barrier in operationalisation of FRUs, Ministry may need to work together with NACO for time-bound establishment of Blood Storage Centres (BSCs).

Under JSY scheme ASHA’s incentive of Rs. 250/- per pregnant women (out of Rs. 600/-) for referral transport is not sufficient looking at the difficult terrain and non availability of public transport in the hilly areas.

Handholding of the state by supportive visit is required to help them in better understanding and implementation of the programme.

Facilitate involvement of Development Partners in the State
THANK YOU