Uttarakhand
4th Common Review Mission
16 – 22 December 2010

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New Delhi.
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Districts Visited: Uttarkashi & Chamoli

Facilities & Services visited

- District Hospitals
- CHCs
- Block PHCs
- Additional PHC
- Sub-centres
- Aanganwadi Centres
- Mobile Medical Units (MMU)
- EMRI
- VHND

Meeting with Health functionaries and other stakeholders

- District team (DPMU),
- Medical Officers, ANMs, LHVṣ, male supervisor at different places.
- Groups of ASHAs
- Group of ASHA Facilitators
- Mothers and community members
- MS, specialists, laboratory staff, pharmacist
- VHSC members,
- Anganwadi worker
- MNGO
- MS of Medical College Srinagar
- EMRI district coordinator
- MMU team.
Key Observations

**Infrastructure:**
- By and large **available**
- New Infrastructure being developed (Specially CHCs)
- Infrastructure not disable friendly nor disaster resistant

**Electricity:**
- Available at most places, however shortage of electricity and low voltage was an issue at many places.
- Back up generator not available at some facilities (effecting cold chain maintenance for vaccine)

**Water:**
- Toilets were either not attached or without water supply
- No potable water supply for patients.
- No provision of hot water during winters in wards & labour rooms.
Key Observations

Drugs & Equipment

- Short supply of drugs at some facilities & proper indent not in place.
- AMC for most of the medical equipment (including cold chain equipment) not in place.
- Equipment and drugs procurement under Pharmacists.
- Mismatch between the availability of equipments and human resource.

Residential accommodation:

- Staff Quarters are either in bad shape or inadequate.
- Rented houses not easily found in villages and hence problem in renting houses for staff.
- Rs. 250 per as rent of sub-centre is inadequate.
Key Observations

Services

- Deliveries taking place at PHC and above. New born care corners available at PHCs and above, but equipments maintenance was poor.
- Pregnant women tracking being done
- Blood storage facility not available at CHCs
- ICTC functional at district hospital and CHC.
- The disease reporting from periphery is not being reviewed at MO level.
- Family planning:
  - RCH camps being held.
  - High unmet need for family planning service
- MTP services not being provided at the PHCs and most CHCs
- MMUs are well functioning
Key Observations

Human Resources

- Over all shortage of skilled human resource
- No MPW & therefore no second ANM.
- Mismatch in deployment of available manpower & Resources (trained manpower but no labour table / X ray machine but no technician)
- Staff as per norms not provided for blood bank.
- Laboratory Technicians available at most places

Infrastructure for Training:

- Inadequate number of Institutions leading to poor supply (MBBS doctors, GNM, ANMs, Health worker male, other paramedical skilled manpower)
- Generally not available (In service training of Nurses, ANMs)
- Large pool of dental surgeons, AYUSH doctors & pharmacists
Key Observations

Training
- Random trainings; no assessment of training needs being done & no training plans generally seen in the district.
- Basic skills (measuring BP, estimating Hb, Urine examination) were lacking in ANMs
- Post training deployment not as per the skills acquired, (MO trained in EmOC, but not utilizing his skills)

Poor biomedical waste disposal systems
- Disposal Pits are being used in almost all places but IMEP guidelines for bio-medical waste not being followed.

Outreach Services - VHNDs:
- Immunization is the only focus.
- Range of recommended services not being provided (missed opportunity for community communication & counseling / other services)
- Nutritional Supplementation not being given to less than 3 year & pregnant and lactating women - ICDS.
- Involvement of ASHA facilitators, LHV, male supervisors lacking.
Key Observations

Finance & Budget

- The Funds are transferred electronically from State to District and District to Blocks through PNB/SBI
- In some of the VHSCs Rs. 500 pm has been earmarked for Sudurwarti Swasthya Sahayak.
- The district, block accounts officers training in Tally not completed, they have not been upgraded / Poor Maintenance of books of accounts
- Untied funds to VHSC & Sub Centre, although transferred for the current year (2010-11) but have not been utilized.
- Concurrent Auditing is conducted on quarterly basis while as per GOI instructions, it should be done on monthly basis.
- VHSCs have been formed and joint accounts opened but One gram pradhan heads 5-6 VHSCs leading to irregular meetings and lack of accountability at village level.

RKS

- The RKS institution appears to be in place in most of the facilities, the presence of PRI is significant.
**Recommendations**

**Infrastructure & equipment**

- Critical gaps (generators, baby warmers) need to be filled urgently.
- AMC for all equipment (including cold chain equipment) should be in place.
- PROMIS system needs to be established on a fast track basis.
- Stay facilities for attendants, ASHAs should be uniformly provided at all inpatient facilities.
- Local residential accommodation for all health providers especially in remote areas.
- Medical Officers should be involved in equipment/drug procurement and its distribution.
- Disaster prevention measures (Flood, Earthquake) for all new constructions.
- Promotion of rain water harvesting to tide over water shortage, use of solar power, green buildings may be considered etc.
- Hospital facilities should be Disable friendly – availability of ramps etc.
Recommendations

Capacity Building

- Medical colleges, e.g. Srinagar could be considered as Nodal Centre for capacity building of Medical Officers (pre-service, In-service)
- GNM/ ANM/ Paramedical Schools to be strengthened on priority
- “Skill based trainings” for existing health personnel should be carried out as per requirement. (eg: SBA for ANMs, Multi Skilling for SNs).
- BEMONC, CEMONC/LSAS for MOs training needs to be accelerated
- Basic SBA/IMNCI training to be provided to AYUSH practitioners and utilized for service provision in MCH Level 1 centers at L3 (hardest to reach) sites
- Large volume delivery centres (e.g. Naugaon, Purola, Karanprayag) should be considered as SBA training centres.
- Training in effective cold chain maintenance & vaccine logistics at all levels
- BPMs, BLAs have to be trained on programs and technical issues together as a team
- Higher pay-scales may be considered for multi-skilled health Personnel in difficult and remote areas.
Recommendations

Human Resource Management

- Rotational fixed term postings for remote and inaccessible areas
- Incentives in the form of educational facilities for children of health staff, quota in PG seats for doctors - posted in remote areas
- Higher Remuneration and local accommodation be considered- for doctors and other staff in difficult areas to ensure retention.
- Post training deployment should be commensurate with skills acquired at the facilities with higher case loads.
- ASHA package could include compensation for out of pocket expenses incurred
- The PMU, DPMU and Block level managers work need to be reviewed at State level.
- Sudoorwarti Swasthya Sahayak needs to be reviewed as there is duplication of work with ASHA
- Job Responsibilities of all service providers need to clearly defined and communicated to them
Recommendations

Service Delivery

- Comprehensive MCH care centres (CEMONC & New Born Care) should be established on priority in “hard to reach” areas in greater numbers
- SOPs and protocols to be developed in local language - New born resuscitation, Management of PPH etc - and to be displayed at relevant areas of the facility.
- State Allopathic Dispensaries can be linked with sub centre wherever possible, and utilised for providing MCH Level 1 care.
- Retraining of ANMs in basic clinical skills. (BP recording, blood sugar testing, ANC care)
- Provision of safe abortion services at all CHCs.
- The concept of “Delivery Shelters” attached to MCH Level 1 care prior to EDD may be considered along with palki services from their villages
- Increase in the number of EMRI vans at strategic locations to cater to emergencies including MCH cases.
Recommendations

Institutional Mechanisms and Programme Management

- Roles and job responsibilities of DPMU/BPMU should be clearly defined.
- Adequate use of available data for District Action Plan by PMUs.
- Adequate validation of reported disease incidence data needs to be done by Medical Officers and programme action like outbreak investigation needs to be conducted.