Health on Hills

Draft Report of 4th CRM: Arunachal Pradesh

4th Common Review Mission

Arunachal Pradesh

Contents

Mandate of the 4th CRM

- To document evidence for validating key paradigms of NRHM
- To identify key constraints limiting the architectural correction envisaged under NRHM
- To recommend policy and implementation level adaptations
- to accelerate achievement of the goals of NRHM

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Introduction

a. Introduction of the state

PROFILE OF THE ARUNACHAL PRADESH

1. Geography

Arunachal Pradesh (Land of the Dawn-Lit Mountains) is situated in the North-Eastern part of India with 83743 sq. kms area and has a long international border with Bhutan to

the west (160 km), China to the north and north-east (1,080 km) and Myanmar to the east (440 km). It stretches from snow-capped mountains in the north to the plains of Brahmaputra valley in the south. Arunachal is the largest state area-wise in the north-east region, even larger than Assam which is the most populous. It is situated between latitude 26° 30' N and 29° 30 ' N and longitude 91° 30' E and 97° 30' E. Its main river are Siang, Kameng, Subansiri, Kamla, Siyum, Dibang, Lohit, Noa - Dihing, Kamlang, Tirap and important festivals are Mopin, Solung, Nyokum, Lossar, Si-Donyi, Boori-boot, Dree, Reh, Sipong Yong, Chalo-loku, Kshyatsowai, Tamladu, Sarok, Nichido, Sangken, Mopin, Oriah etc.

2. Administration

Arunachal Pradesh attained its statehood on 20th February 1987. It has 16 districts namely Tawang, West Kameng, East Kameng, Papumpare, Lower Subansiri, Upper Subansiri, East Siang, West Siang, Upper Siang, Dibang Valley, Lower Dibang Valley, Lohit, Changlang, Tirap, Kurung Kumey and Anjaw. It also possess 36 sub divisions, 69 blocks and 149 circles. Under the unicameral legislature system, it has 60 seats of legislative assembly. The state is represented in the Lok Sabha by two members and one member in the Rajya Sabha.

3. Demography

The population of Arunachal Pradesh is 1.1 million according to 2001 census and is scattered over 16 towns and 4065 villages. The State has the lowest density of 13 persons per sq. km. As against decadal growth rate of 21.54% at the national level, the population of the State has grown by 27% over the period 1991-2001. The sex ratio of Arunachal Pradesh at 893 females to 1000 males is lower than the national average of 933. Total literacy of the State rose to 44.24% from 41.59% in 1991. There are 20 major tribes and a number of sub-tribes inhabiting the area. Most of these communities are ethnically similar, having derived from and original common stock but their geographical isolation from each other has brought amongst them certain distinctive characteristics in language, dress and customs.

State Capital

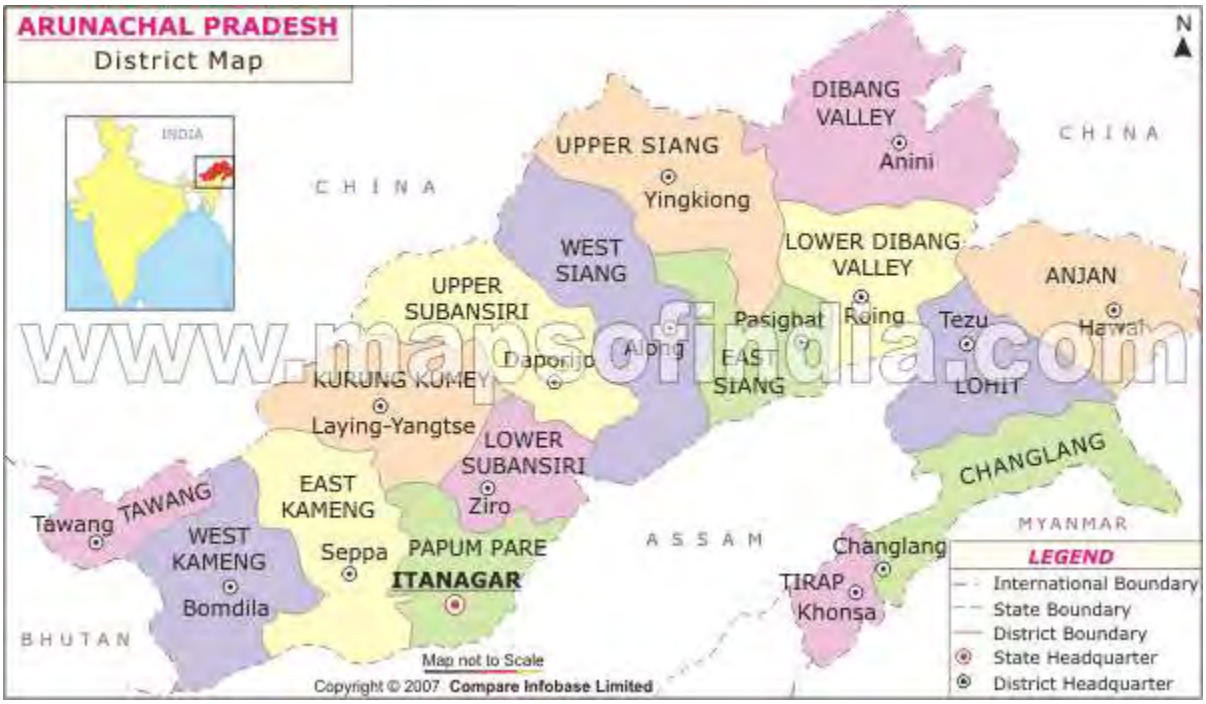
Itanagar is the capital of Arunachal Pradesh and located at an altitude of 530 meters above MSL. It is named after Itafort meaning fort of bricks built in 14th century A.D.

The state of Arunachal Pradesh has an area of 83743 sq. km. and a population of 1.1 million. There are 16 districts, 69 blocks and 4065 villages. The State has population density of 13 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 27.0% (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

HEALTH INDICATORS OF ARUNACHAL PRADESH

The Total Fertility Rate of the State is NA. The Infant Mortality Rate is 32 and Maternal Mortality Ratio is NA (SRS 2004 - 06). The Sex Ratio in the State is 893 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

MAP / DISTRICTS AND STATE




TAWANG
Arunachal Pradesh
N
CHINA
(Tibet)
Nyuri
Chumba
Shakti
Tawang
Jang
Kharteng
Khat
BHUTAN
WEST KAMENG
International Boundary
District Boundary
River
State Highway
Road
Trekking Routes
District Headquarter
Town
Map not to Scale
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1. **Table I: Demographic, Socio-economic and Health profile of Arunachal Pradesh State as compared to India figures**

S. No.	Item	Arunachal Pradesh	India
1	Total population (Census 2001) (in millions)	1.1	1028.61
2	Decadal Growth (Census 2001) (%)	27.0	21.54
3	Crude Birth Rate (SRS 2008)	21.8	22.8
4	Crude Death Rate (SRS 2008)	5.2	7.4
5	Total Fertility Rate (SRS 2008)	NA	2.6
6	Infant Mortality Rate (SRS 2008)	32	53
7	Maternal Mortality Ratio (SRS 2004 - 2006)		254
8	Sex Ratio (Census 2001)	893	933
9	Population below Poverty line (%)	33.47	26.10
10	Schedule Caste population (in millions)	0.006	166.64
11	Schedule Tribe population (in millions)	0.71	84.33

12	Female Literacy Rate (Census 2001) (%)	43.5	53.7

2. **Table II: Health Infrastructure of Arunachal Pradesh**

Item	Required	In Position	Shortfall
Sub-centre	254	592	-
Primary Health Centre	39	116	-
Community Health Centre	9	44	-
Multipurpose Worker(Female)/ANM	708	256	452
Health Worker (Male)/MPW(M)	592	156	436
Health Assistants(Female)/LHV	116	0	116
Health Assistants(Male)	116	56	60
Doctor at PHCs	116	87	29
Surgeons	44	5	39
Obstetricians & Gynaecologists	44	1	43
Physicians	44	3	41
Paediatricians	44	0	44
Total specialists at CHCs	176	9	167
Radiographers	44	7	37
Pharmacist	160	66	94
Laboratory Technicians	160	52	108
Nurse Midwife	424	312	112

3. (Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)
4. **The other Health Institution in the State are detailed as under:**

Health Institution	Number
Medical College	
District Hospitals	14
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	1
Ayurvedic Dispensaries	2
Unani Hospitals	-
Unani Dispensaries	-
Homeopathic Hospitals	2
Homeopathic Dispensary	44

Arunachal Pradesh-Health Indicators

S. N.	Indicators (%)	Arunanchal Pradesh	Changlang	Tawang
1	Improved Sources of Drinking Water	92.8	89.3	94.8
2	Percentage of Births of Order 2 and above	61.2	57.8	56.3
3	Any Modern method of contraception	48.2	50.9	50.5
4	Total unmet need	13.3	5.7	15.1
5	Mothers who had at least 3 Ante-Natal care visits during the last pregnancy	46.3	62.7	46.4
6	Institutional births	47.6	45.3	40.6
7	JSY Beneficiaries	5.8	15.2	11.0
8	Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles)	13.3	15.0	18.2
9	Children breastfed within one hour of birth	38.2	54.0	35.9
10	Women heard of HIV/AIDS	72.0	68.2	73.9
11	Women heard of RTI/STI	19.6	16.4	27.3
12	Villages having Sub-Centre within 3 km	47.1	36	2.7
13	PHC functioning on 24 hours.	36.1	60.0	100.0
***Source**: DLHS-3, 2007-08*				

Human Resource

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Health Worker (Male)/MPW(M)	592	156	436
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4th Common Review Mission				
17th December 2010 to 23rd December 2010				
Name of State			Arunachal Pradesh	
Names of Districts visited				
Sno	Name	District HQ	Name of DM	Name of CMO
1	Tawang			
2	Changlang			
Add more rows if required				
Health Facilities visited				
Sno	Name	Address / Location	Level (SC / PHC / CHC/other)	Name of the Person in Charge
1	Tawang District Hospital	(District Tawang & West Kameng)	DH	
2	Primary Health Centres – Jang & Lumla	(District Tawang & West Kameng)	PHC	
3	Sub Centres – Lhou, Kitpi, & Lembardung	(District Tawang & West Kameng)	SC	
4	Village / Community – Kungba	(District Tawang & West Kameng)	Village/Community	
5	Bomdila District Hospital	Bomdilla	DH	
6	Community Health Centre - Dirang	Dirang	CHC	
7	Primary Health Centre – Bhalukpong	-	PHC	
8	Sub Centre – Shangti	-	SC	

9	District Hospital Changlang	Changlang	DH	
10	Community Health Centre Bordumsa(Changlang)	Changlang	CHC	
11	Primary Health Centres(upgraded to CHC) Jairampur (Changlang)	Jairampur (Changlang)	PHC	
12	Primary Health Centres Khimiyang (Changlang)	Khimiyang (Changlang)	PHC	
13	Primary Health Centres Nampong (Changlang)	Nampong (Changlang)	PHC	
14	Sub Centre Yinman and village(Changlang)	Changlang	SC	
15	Sub Centre Longran and village (Changlang)	Changlang	SC	
16	Community Health Centre Bordumsa(Changlang)	Bordumsa(Changlang)	CHC	
Add more rows if required				

3. Findings of 4th CRM in state

i. Observations of the team:

Infrastructure

- Facilities visited were well maintained and clean infrastructure including toilets with round the clock water available up to the Sub center levels
- More residential quarters needs to be created
- Comprehensive Plan for infrastructure development is required

- Infrastructure plan for MCH centers to be under taken
- Need to create more level I centers which is nearer to the community
- The OPD complex of DH (Changlang) is situated over a sinking zone. The complex already has cracks and separated from the main building.

Human Resources

- Proactive and motivated personnel
- Lack of specialist and SNs at DH (Tawang & Changlang)
- ANMs posted at DH against their posting at Sub-centre
- More MOs needed at other facilities.
- Sanctioned and regular vacancy of doctors not clearly identified, Hampering gap analysis and long term plan
- State needs to fill the regular vacancies of GDMO's, SN's and specialists.
- A clear HR policy for the cadre of Specialists, MO and Para medicals needs to be prepared and implemented.

Capacity building

- Good Quality of ASHA training
- Critical training like SBA, IMNCI, F-IMNCI, NSSK, Mini lap etc lacking
- No comprehensive district wise plan for conducting these training
- No Quality Assessment of training centers and the training
- Training follow up and post training assessment needs strengthening

Pre-service Training capacity

- More ANM and nursing training Institutes needs to be created
- Any PPP model for training can be explored

Equipments

- Adequate equipments in the facilities visited, however utilization is sub optimal.
- **Attention needed on** :
    - Purchase of equipments to be linked with availability of trained man power to handle the equipments. In-house training of service provider needs to be prioritized.
    - Equipments to be purchased based on facility assessments and need.
    - All equipments purchased to be linked with installation in a specified period and annual maintenance contract at least for 3 years
    - State can think of creating a separate division/ cell for procuring equipments and its maintenance.
    - Demands for services in the health facility needs to be created through rigorous IEC, BCC and involving public leaders, Self Help Groups, NGOs etc.

Quality of Health Care Service Delivery

- All visited facilities had citizen charters, JSY beneficiary list, Doctors duty roster and also IEC posters in Tawang and some facilities at Changlang.
- **Services** :
    - Specialized services lacking at the DH
    - Technical protocols for maternal, child health and family planning needs to be strengthened
    - OPD services satisfactory, utilization of indoors inadequate
    - RTI, STI, safe abortion and family planning services need more focus
    - Good focus on immunization coverage and follow up.
    - ANC, PNC coverage and follow up needs improvement
    - Special efforts needed to increase institutional delivery
    - Labor room well equipped with good infrastructure, but sub optimal utilization.

- SN's and ANM's posted in labor rooms lack knowledge and skills in conducting delivery, ENBC, resuscitation; need orientation and training.
- No SNCUs / NICUs available in both the districts, new born care corner available but protocols not known to the concerned staff.
- Only basic and routine Laboratory services available at DH and at other facilities this needs to be improved.
- ECG, US available at DH(Tawang) but X-ray machine non functional due to some technical reasons.
- No blood bank in District Tawang. The infrastructure marked for the blood bank is being used by RCH, NRHM and other program officers, since they have no working space.
- Blood bank is not functional due to License issue at Changlang; though the complete infrastructure is present.
- Urgent attention needed for a new infrastructure for the office of District RCH/NRHM.

Support services

- Diet is given at DH (Tawang), needs to be implemented at other facilities to encourage 48 hrs stay.
- General cleanness was found satisfactory, waste disposal available but some of the protocols of infection prevention such as placing of colored baskets, disinfecting of needles etc was seen at DH but needs to be established at other facilities.
- laundry services available at DH but needs improvements at other facilities

Procurements and Drugs

- Drugs were available but mostly out of RKS funds since limited supplies / fund from the state

- Essential list of drugs not available at the facilities although state has prepared it
- Need to create a robust supply chain management with implementation of tools like PROMIS
- Standard treatment guidelines and quality protocols as per GOI guidelines needs to be adapted and implemented

Assured Referral & Emergency Transport

- Lack of assured referral because of difficult terrain
- Only government ambulances functioning as emergency transport
- District specific assured referral linkages needs to be created.
- Schemes for free transportation of BPL families can be planned, particularly for high mortality cases/ conditions.

Finance/Funds Management

- Online transfer of funds from state to the district and by cheque from district onwards
- Reporting from district and state on TALLY
- Concurrent audit being done but irregular periodicity. Feed back on such audits not received by the district.
- RKS, AMG untied funds, VHSC funds released from the district to the concern institution on time.
- UC and SOE for the last financial year received by the district except for the VHSC funds
- Records and registers for all funds from DH to SC available. However there is no standardized registers and formats.
- Cash book either not available or inadequately maintained; except at DH
- RKS meeting held at irregular periodicity; PRI members not interested for attending these meeting. Agenda notes and minutes of the meeting needs improvements

- Lack of Supervisory and monitoring visits
- Guidelines for cash book, other records and registers inadequate

Outreach Services

- Through Sub Centre and VHND's
- VHND's limited to organizing cleanliness and immunization
- Poor micro-planning of VHNDs & Linkages with ICDS
- Staff posting needs rationalization
- Many of the Sub Centers did not have ANM's
- None of the ANM's are IMNCI trained, very few are SBA trained
- ASHA's visiting home for ANC and ID, however the family lacks interest for ID. Some of the reasons being difficult terrain, cultural bars and lack of arrangements for providing warmth in the wards.
- Sub Centre at Lou (Tawang) had excellent keeping of records, registers and every child was being tracked for immunization. "Mr.T.K.Mondal" in-charge pharmacist has kept record of every household for better micro-planning and needs appreciation.
- Other visited Sub-Centre had varied keeping of records and registers.
- ANC, PNC needs attention.
- Alternate delivery of vaccines needs to be implemented for far flung villages
- No other outreach services
- AWC not adequately functional. Convergence between AWW and ANM/ASHA lacking.
- Lack of proper and adequate supply of ration and other food items to AWC
- No supervisory visits to the AWC's
- No nutritional and FP counseling
- Limited outreach services through MMU

- Movements restricted since the vehicle is heavy
- More outreach / RCH camps need to be organized

ASHA Programme

- Availability of ASHA in each villages
- Team interacted with about 50 ASHA's in Tawang District but only few in Changlang
- They are active, most of them have good knowledge of their roles and responsibilities
- Good quality training is attributed to Ms.Nawang Chhofen, LHV and Dr. Wang D Lama, District RCHO, Tawang and DRCHO Dr. Datta in District Changlang
- ASHA support structures to be created
- ASHA monthly meetings to be organized
- For improved ASHA services, coordination with AWW & PRI role is important so needs adequate linkages

Other RCH activities

Name Based Tracking

Name based tracking of pregnant women & children:

- Only formats received
- Training of MO's and other Para-medical staff needs to be initiated
- Software for tracking needs implementation on priority
- **Pregnancy and Immunization tracking**: registers are not maintained properly. (Exceptions: facilities run by Karuna Trust in Changlang)

JSY

- Payments are updated but by cash
- Beneficiary list displayed in Tawang but was displayed at only some facilities in Changlang District.

- Micro-plan for bringing home delivery into institutional fold is needed
- MCH card and safe motherhood booklet to be adopted for improving quality of services

MCH Centre

- Although Arunachal Pradesh has only 3 high focus districts but can plan for MCH centers in other districts also.
- The state needs more level I MCH centers for better coverage of its scattered population.
- Level II and level III should be few since utilization of existing centers are not adequate.
- Focused attention needed for operationalization of such identified centers

MDR

- Not yet implemented
- Training and Formats to be disseminated on priority

Nutrition

- No specific plan for management of underweight and malnourished infants and children
- NRC not available and Micro-Nutrient Supplementation Plan weak
- Special interventions needed for improving nutrition levels of mothers, children and adolescent girls.

ARSH

- No activity

School Health

- Limited to eye check up by the trained teachers in Tawang.

IEC

- IEC messages displayed at the facilities in Tawang but is a weak area beyond that. Even facility level IEC needs improvement in Changlang District.
- For the state, IEC and BCC, still remains one of the important tool for bringing its population into institutional folds. So this needs strengthening.

- All the programs conducting vertical IEC and as such reports shortage of funds for adequate IEC.
- IEC materials and BCC involving local people needs to be undertaken on priority.

National Disease Control Programmes (NDCP)

- NDCP integrated within NRHM
- District authorities of individual program do not know the sanction against their program for the financial year 2010-11, except RNTCP where this has been communicated.

T.B

- Man power available, monitoring and supervision adequate, drugs available, 100% treatment and cure rate. The case detection is low in the districts visited (about 50% in Tawang district). It might be attributed to fewer cases in the community and needs further investigation. However interaction with the state programme manager indicated that the case detection rate is 100%.

Leprosy

- Only 4 cases under treatment in Tawang District
- Man power available, monitoring and supervision adequate, Drugs available.

Swine Flu

- Special ward for swine flu has been created at DH(Tawang)
- Doctors trained and oriented in handling the situation

IDSP

- During state briefing the program officer has shown regular reporting and monitoring

- The same does not match with field visit since the staff at sub centre and PHCs could not provide the details on surveillance neither could show copy of any previous reporting.
- Surveillance and reporting Staff position and other details could not be assessed since officer in charge was on leave in Tawang.
- In Changlang the district IDSP incharge acknowledged the fact on reporting and attributed this to the lack of computer at the facilities.
- Training for reporting in IDSP is being done.

Blindness control

- DH at both the districts had a well maintained eye OPD and indoor with one eye surgeon
- Patients coming to OPD are being treated, beyond this, outreach activity is limited to training of school teacher in detecting refractory error in Tawang.
- No special camps for cataract detection in Tawang. However the state program officer conveyed that few camps have been undertaken. However, DMO/RCHO were not knowing about these camps neither the staff available under the program could show any record of camp activity.
- Cataract surgery is limited to case detected at DH

Institutional Mechanisms and Program Management

- District RCH officer is very active and does his best for monitoring the program activity; however he needs support particularly filling of vacancies at the peripheral facilities.
- District program management units urgently needs their own infrastructure for proper implementation and monitoring of RCH and NRHM activities in Tawang. Funds for this may be marked in the PIP for 2010-11
- Lack of adequate supportive supervision and monitoring from the state level

- DPM, Data Manager, Accounts Officer needs orientation at state level, in program and financial management and data analysis in Tawang.
- The monitoring suffers because of absence of well functional DPMU. The post of DPM is vacant in Changlang district.
- Reporting of data is not cross checked at supervisory level
- HMIS data analysis is not undertaken for improving program management
- Two existing vacancies of BPO's in Tawang, selection should be linked with some experience/knowledge in accounting
- **Private Sector accreditation**: There is no presence of private sector

Decentralized Local Health Action

- District health plan available. However, the district program managers for RCH, NRHM, Leprosy and other programs do not know their financial sanctions till date. Hampering implementation and prioritization of the activity.
- VHSC accounts not opened in about more than 50% of the villages since PRI members do not show interest, they need orientation.
- Some of the sub centers accounts are managed by MO's since no ANM's at the Sub center.
- No Community Monitoring in place since lack of interest by the stake holders

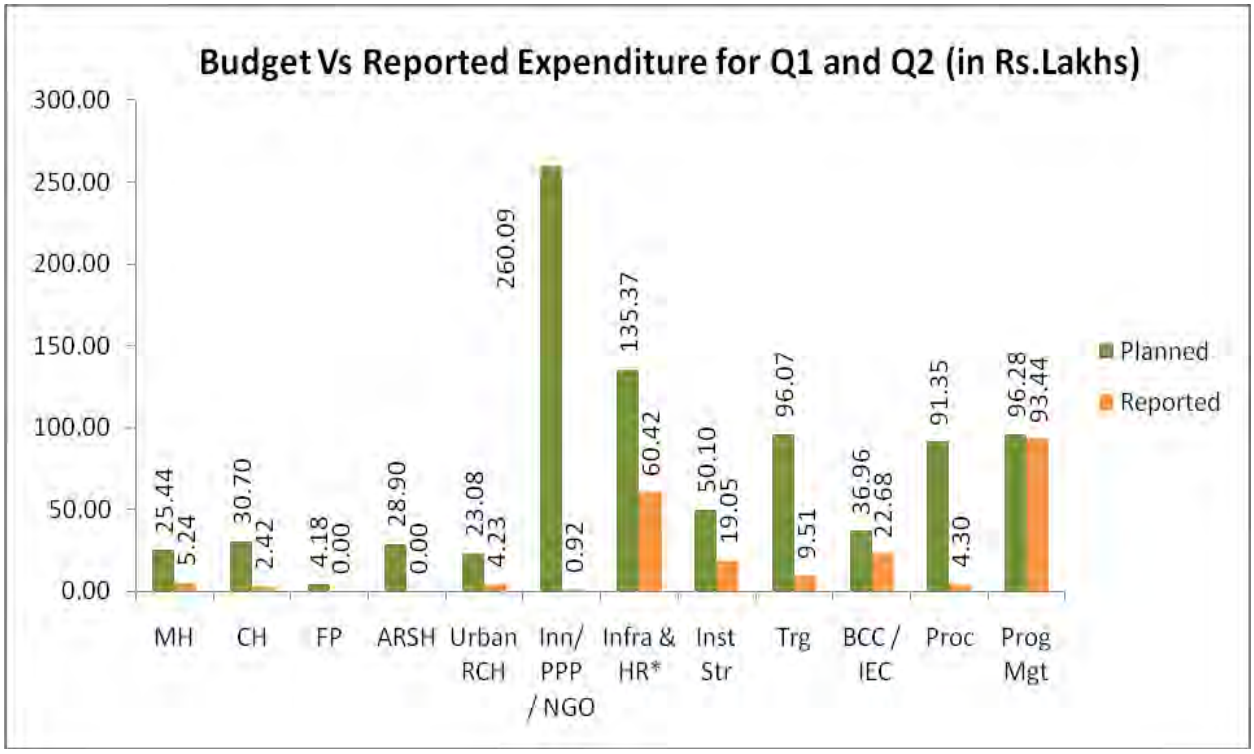
ii. Progress against approved PIP

Financial Progress

- Significant increase in expenditure across quarters
- Total expenditure till Sept. 2010 is Rs. 248 lakhs (26% of 6-monthly budget) including:
  - Rs. 222 lakhs for base flexi pool (25% of budget)
  - Rs. 24.8 lakhs for JSY incentives (30% of budget)
  - Rs. 1.3 lakhs for FP compensation (10% of budget)

- Progress is good in program management (97%), BCC / IEC (62%) etc.
- Expenditure is poor in innovations /PPP (<1%), procurement (4%), child health (8%) and NIL in ARSH
- Utilization of untied funds is less than 10% (Rs. 35 lakhs against Rs. 365 lakhs) and in AMG 17%

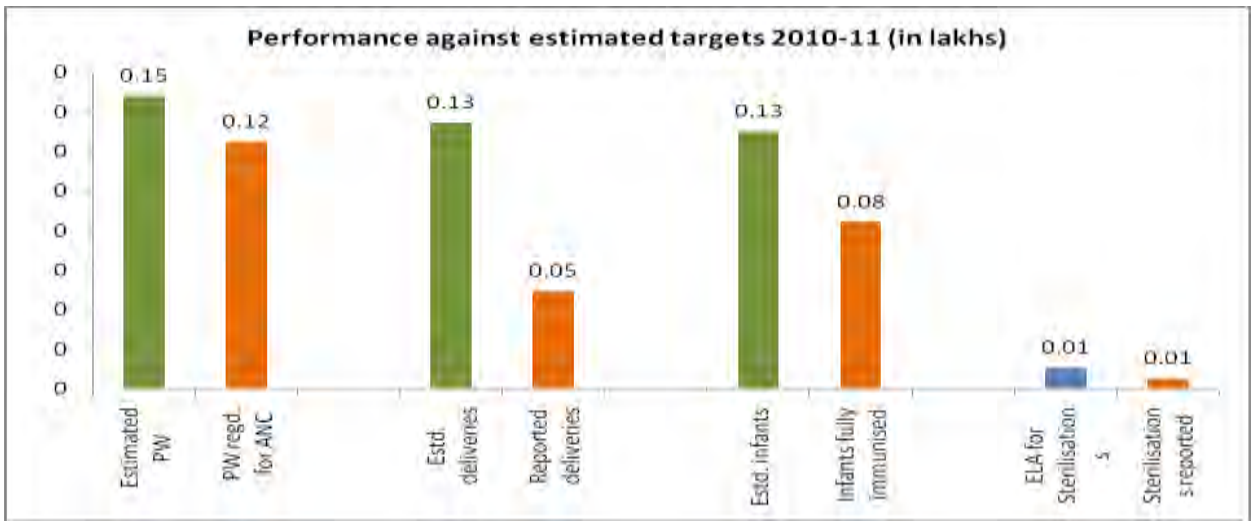
RCH Flexi Pool



Physical Progress

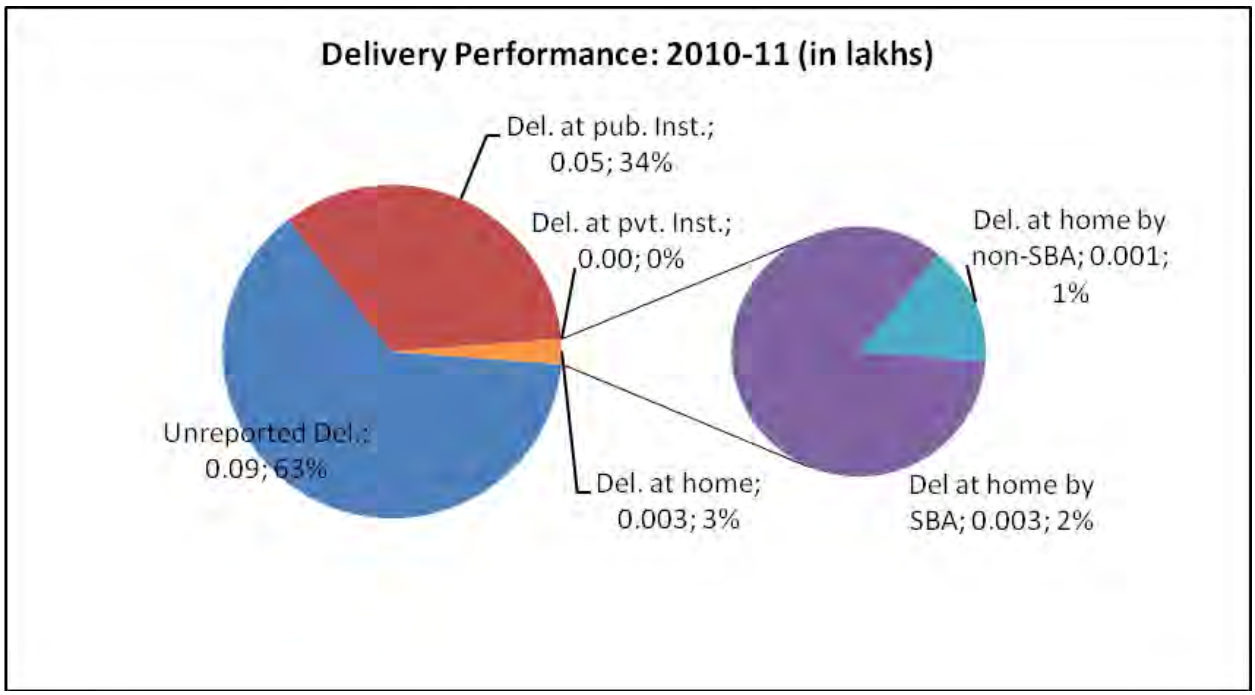
- Against expected number of pregnancies (14808), state has registered 84% (12471) women for ANC.
- State has reported 37% (4941) deliveries against an estimated number of 13462 deliveries.

- State has reported 528 sterilisations, which is 50% of the Estimated Level of Achievement (1048):



Issues in Data Reporting

- HMIS data shows high percentage of unreported delivery (63%) in the State; moreover HMIS has not captured any private institution delivery. State is yet to initiate pregnancy tracking as a pilot in two districts.



4. Strengths

- Improved and clean infrastructure
- Citizen charter, doctors roaster, JSY Beneficiary & IEC displayed
- Good immunization coverage and follow up
- Good training of ASHA
- VHND's have started taking place
- No delays in fund transfer
- Up-to date reporting
- Highly proactive and motivated staff; require proper mentoring
- Good coordination between DMO, RCHO and other staff
- Nischay Kit available at all Sub centers and with ASHAs
- District hospital(Tawang) has operationalized "homeopathy wing" out of RKS
- District Hospital (Changlang) has a good "Panchkarma unit" but it is not yet functional; due to non-availability of attendant.
- Good PPP Model seen at PHC Khimiyang; Changlang.
- Good utilization of RKS in improving service delivery

Weaknesses

- Difficult terrain and scattered population
- Average population density is 14/sqKm
- JSY payments through cash
- Poor convergence between ASHA, ANM and AWW

- Lack of interest in health by the PRIs
- No standard formats for RKS, AMG, Untied Fund
- Poor cash book maintenance, Standard Guidelines needed
- Issue of UC & SOE of VHSC's
- Shortage of staff including specialists
- ANMs are not deployed at sub-centre but at DH
- Poor training status
- Lack of Standard Treatment Protocols
- Weak mentoring of supervisors and monitors
- Standard guidelines for managing Finance and Logistics not present
- No internet connectivity below district Level
- Weak Supply Chain Management of drugs
- Lack of comprehensive and sustainable plan for procurement of equipments
- Weak Outreach Coverage

Recommendations

- Allotment of funds on the basis of population needs reconsideration because of low density and wider coverage area
- Establishing Regional Monitoring Units for close supervision and quality implementation of the activities.
- Creation of Infrastructure & office set up for DPMU & NRHM Staff
- Reorientation of DPM, Data Manager , Finance Manager & Other Program Managers on Monitoring with a checklist
- Clear targets and accountability to be given to programme officers and DPMUs.
- Special drive for recruiting specialists with high salary/incentive

- ANMs working at district hospital should be posted back to the Sub Centers
- Higher salaries/ Hard to reach area incentives along with performance incentives can be given to people working in difficult terrain.
- Local Medical Graduates / ANMs are available and needs to be offered appointments
- Offer of PG seats may be linked with 2-3 years bond for serving in difficult terrain
- Family planning services , ANC , PNC and Nutritional activities needs a special focus
- Provision of diet below district hospitals for facilitating 48 hour stay
- NRC can be created along with strengthening of micro-nutrient supplementation Plan
- Innovations like Palki scheme, birth waiting home, incentives etc can be thought for linking service delivery with assured transport.
- Comprehensive IEC/BCC plan to be prepared involving all programs for optimal and best utilization of IEC funds available under different programs
- IEC need to be focused particularly in blocks and villages
- PRI's, public leaders, opinion farmers to be oriented at regular interval on RCH and NRHM key issues.
- Targeting married couple required for FP services
- Presence of doctors at the health facility with assured services delivery should be ensured at DH during emergency hours.
- Key skill based trainings like SBA, IMNCI, NSSK, Minilap needs augmentation
- More training centers need to be created along with pool of master trainers
- If needed, some critical training can be conducted outside the state.
- Need to give induction training to fresh recruits
- .More ANM/SN Training Institutes needed , PPP model can be explored
- Creation of ASHA/ANM home at district level to facilitate their stay during training and as a companion during Institutional delivery
- Assured referral transport with innovations like Palakhi Scheme, Birth Waiting Homes can be established

- MCH Centre plan for all districts with more focus on creation of level I facility, catering to the needs of scattered population
- Concurrent audit and its finding should be communicated to district level at regular periodicity.
- Disease surveillance and reporting needs improvement
- Reorientation of Paramedical workers and doctors for special focus on timely detection & treatment of Malaria cases particularly in endemic zones
- Anti malaria drugs and RD kits to be made available on priority.
- Homeopathy facilities including availability of manpower and drugs at the PHCs to be strengthened. Such alternative will help the shortage of homeopathy doctor.