8TH COMMON REVIEW MISSION

UTTARAKHAND

8 – 14 NOVEMBER 2014
Team Composition

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- Dr. Abhishek Gupta, NRHM-III
- Dr. Anamika Saxena, Training
- Mr. Prabhash Jha, NHM-Finance
- Dr. Prem Lal, Add. Dir., UK
# Facilities visited

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Tehri</th>
<th>Almora</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospital</td>
<td>Baurari</td>
<td>Male &amp; Female</td>
</tr>
<tr>
<td>Sub-District Hospital</td>
<td>Narendranagar</td>
<td>Base Hospital, Almora &amp; Ranikhet</td>
</tr>
<tr>
<td>Community Health Centre</td>
<td>Beleshwar, Thatyure</td>
<td>Dwarhat</td>
</tr>
<tr>
<td>Primary Health Centre</td>
<td>Nandgaon, Pilkhi, Nainbag</td>
<td>Dhauladevi, Panvanaula, Barachina</td>
</tr>
<tr>
<td>Sub Centre</td>
<td>Gaja, Chowpadiyal Gaon, Magron, Fakot, Almas</td>
<td>Panwanaula, Darmar, Barachina</td>
</tr>
<tr>
<td>Anganwadi Centres</td>
<td>Chowpadiyal AWC</td>
<td>Gargoot Mini AWC</td>
</tr>
<tr>
<td>School</td>
<td>GIC, Naulbasar</td>
<td></td>
</tr>
<tr>
<td>Villages</td>
<td>Chowpadiyal, Jajal, Aam Pataa, Almas, Kathud</td>
<td>Gargoot</td>
</tr>
</tbody>
</table>
Best Practices and Innovations

- Block PHC Philkie (Tehri) and SC Darmar (Almora) – an example of strong leadership of the BMO/ANM
- Boat Ambulance in Tehri
- Doli services to carry sick people and pregnant women from remote areas to ambulance
- On-site training of ANMs at Tehri
- Regular monthly Block level review meetings for quality of HMIS and MCTS data
- Disbursement of Fund from SHS to DHS and below level units on time
**POSITIVE FINDINGS**
- Referral transport 108 and Khushiyon ki Sawari working well
- RMNCH+A Communication Strategy

**AREAS OF CONCERN**
- Inadequate health infrastructure
- Utilization of services suboptimal
- Posters not displayed at strategic locations

**RECOMMENDATION**
- Infrastructure development should be expedited
- Demand generation
- Rationale deployment of resources
- Develop and implement district communication plan

<table>
<thead>
<tr>
<th>Facility</th>
<th>Available</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC</td>
<td>1847</td>
<td>1525</td>
</tr>
<tr>
<td>PHC/APHC</td>
<td>257</td>
<td>249</td>
</tr>
<tr>
<td>CHC</td>
<td>55</td>
<td>71</td>
</tr>
</tbody>
</table>
POSITIVE FINDINGS
- Regular supply of IUD, OCPs, condoms at the facilities
- 3 ANC check-ups 70% of the ANC registrations
- Hb kits, BP apparatus - available & functional at visited facilities

ISSUES
- ↓ in modern CPR & SNs not trained in PPIUD & FP counseling
- ↓ in ANC registrations; only 53% registrations in 1st trimester
- Only 53% of delivery points functional
- 42% home deliveries; increasing trend in non-SBA assisted ones
- No mother, after delivery stays at facility for 48 hrs.
- MDR – inconsistent reporting and poor record maintenance

RECOMMENDATION
- Strengthen services for ANC and institutional births
- Safe deliveries at home by SBA in difficult terrains
- IPC by all health professionals - 48 hours post-natal care, importance of institutional deliveries, immunization, and use of family planning methods
- Review and adopt electronic MDR system
ADOLESCENT AND CHILD HEALTH
POSITIVE FINDINGS

- RBSK operational with high level of coverage and good integration with ICDS and Education departments in Tehri

ISSUES

- Vitamin A and IFA syrup was not available with ANMs and in visited PHCs in Tehri
- Shortage of vaccines at most of the facilities and session site
- Referral linkages were poor for child health service
- Poor awareness and training on RKSJ. WIFS is not implemented

RECOMMENDATION

- Strengthen infrastructure and human resource for improving child health services on urgent basis in Tehri
- Ensure availability of vaccines, Vitamin A and IFA by improving supply chain system
- Implementation of Alternate Vaccine Delivery and Open Vial Policy for VHND sessions
- Training on RKSJ and operationalize ARSH clinics
DISEASE CONTROL PROGRAM

[Image of a mosquito and two people drinking water]
POSITIVE FINDINGS

- IDSP: Nearly all reporting units in Tehri are generating S (syndromic), P (presumptive) and L (Laboratory) formats
- RNTCP: Success rate among NSP patients >90% in last 2 Qtrs.
- NTCP functioning well in Tehri

ISSUES

- RNTCP-CDR is suboptimal, NGOs & PPs not involved in programme
- Other programs like Oral Health, Mental Health weak

RECOMMENDATIONS

- Integrated district health planning for DCP with robust monitoring
- Engage private providers for strengthening TB notification and case detection
- Special IEC materials for migrant population
HUMAN RESOURCE AND TRAINING
**POSITIVE FINDINGS**

- Strengthening of Pre-service nursing and midwifery through State Nodal center
- Onsite training of ANMs/SNs in 3 districts

**ISSUES**

- Irrational deployment of HR and high number of vacancies
- Huge gaps in training

**RECOMMENDATIONS**

- HR manual to be developed
- Policy for rationale deployment of trained staff
- Multiskilling, multitasking & incentives to retain staff

<table>
<thead>
<tr>
<th>HR</th>
<th>In position</th>
<th>Shortfall</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANMs at SCs</td>
<td>1808</td>
<td>39</td>
</tr>
<tr>
<td>ANM/HW in SC &amp; PHCs</td>
<td>1828</td>
<td>276</td>
</tr>
<tr>
<td>HA/LHV in PHCs</td>
<td>90</td>
<td>167</td>
</tr>
<tr>
<td>Doctors in PHCs</td>
<td>160</td>
<td>97</td>
</tr>
<tr>
<td>Surgeons in CHC</td>
<td>9</td>
<td>50</td>
</tr>
<tr>
<td>Gyn/Obst in CHC</td>
<td>13</td>
<td>46</td>
</tr>
<tr>
<td>Physicians in CHC</td>
<td>7</td>
<td>52</td>
</tr>
<tr>
<td>Pediatrician in CHC</td>
<td>20</td>
<td>39</td>
</tr>
<tr>
<td>Radiographers in CHC</td>
<td>16</td>
<td>43</td>
</tr>
<tr>
<td>Pharmacists in PHCs and CHCs</td>
<td>100</td>
<td>216</td>
</tr>
<tr>
<td>LTs at PHC &amp; CHCs</td>
<td>157</td>
<td>159</td>
</tr>
<tr>
<td>SNs at PHC &amp; CHC</td>
<td>456</td>
<td>214</td>
</tr>
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COMMUNITY PROCESSES
POSITIVE FINDINGS

- ASHAs – a very visible face of the programme
- Good convergence between ASHA and AWW functionaries
- Options for promotion of interested & eligible ASHAs as GNMAs/ANMs

ISSUES

- Inadequate orientation of PRIs roles and responsibilities of VHSNCs
- Community monitoring not yet initiated
- Delay in ASHA incentive payments demotivating factor

RECOMMENDATIONS

- Orientation of PRI members and establishment of VHSNCs to be carried out on priority basis
- Re-orientation of ASHAs and ASHA facilitators is required
- Convergence and co-ordination at state level to be strengthened especially for nutrition and urban health issues
INFORMATION AND KNOWLEDGE
POSITIVE FINDINGS

- Facility-wise HMIS reporting high with 97% facilities uploading data
- Regular monthly reviews to strengthen and link HMIS with MCTS
- Analysis and utilization of data is strong at district level

ISSUES

- Block and sub-block level data utilization low
- ANMs report difficulty in use of new integrated RCH registers
- Data quality issues

RECOMMENDATIONS

- Re-orientation trainings at block and sub-block levels to improve data reporting, validation & analysis
- Standardized registers across facilities
POSITIVE FINDINGS

- Book of accounts are maintained well at the SHS, DHS and facility level
- JSY payments made through DBT in Tehri
- Financial records as per guidelines maintained at CHC Dwarahat

ISSUES

- Delays in JSY payment, ASHA incentive payment for 4-12 months at DHS Ranikhet
- Advance registers for payments not maintained at any level
- Position of Director Finance at State level is vacant

RECOMMENDATIONS

- Ensure timely payment of JSY and ASHA incentives (Almora)
- Monitoring of VHSNC funds required
- Financial training at DHS and sub-district level is required
- Computerized books of accounts should be maintained
ISSUES

- State and District level Quality Assurance Committees not functional
- Quality assessment and Quality Assurance trainings not been initiated
- General cleanliness was good across facilities but Bio medical waste management guidelines not implemented

RECOMMENDATIONS

- Operationalize Quality Assurance Committees at State and District levels
- Develop action plans for ensuring quality assessment activities and trainings
- Strengthen BMW management
POSITIVE FINDINGS

- Facility-wise EDL developed and displayed at visited facilities and uploaded on website
- Standard Treatment Protocols disseminated across all levels of facilities
- Free drug services approved and policy being formulated

ISSUES

- Stock-out of key drugs - IFA tablets, ORS, Vitamin A and vaccines (Measles, OPV)
- Delays in replenishment of drug stock
- No mechanism of prescription audits

RECOMMENDATIONS

- Streamline supply chain management of drugs
- Improve warehousing
POSITIVE FINDINGS

- 21 Urban health centers operational
- GIS mapping completed
- Programme management staff positions filled at state and city level

ISSUES

- Poor coordination between ICDS, Water and sanitation department, urban local bodies
- No assessment of performance of UHCs

RECOMMENDATIONS

- Pilot data management system to strengthen urban HMIS and MCTS
- Align TOR for establishing urban PHC with the framework for NUHM
- Conduct baseline identification of vulnerable groups
POSITIVE FINDINGS

- Integration - Program Management Unit and Directorate of Health Services
- Task groups

ISSUES

- Supportive supervision and monitoring visits sub optimal
- Induction/orientation training for programme managers weak

RECOMMENDATIONS

- Strengthen supportive supervisory and monitoring visits
- District vigilance and Monitoring Committee to strengthen its activities and provide suitable recommendations/feedback for program refinements
THANK YOU