8TH COMMON REVIEW MISSION ASSAM

Key observations and recommendations

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Karimganj		Tinsukhia
Hospitals (5)	Civil Hospital Karimganj, Makunda Christian Leprosy & Genral Hospital, Isabel T.E. Hospital	Civil Hospital Tinsukia
Model Hospital(3)	Durlabhchera Model CHC	Margherita CHC FRU, Digboi CHC
PHC(13)	R.K. Nagar BPHC, Nivia PHC, Cheragi PHC, Chargula Mini PHC, Bazarichera Subsidiary Health Center, Patharkandi BPHC, Nilambazar PHC	Ledo-MPHC, Ketetong BPHC, Na-Sadia BPHC, Hapjan BPHC, Bordirak MPHC, Kakopather BPHC
Sub center(11)	Dohalai State Dispensary & SC, Bazarghat Medighat, Tillibhumi, Bazarichera, Puraharia	Alubari SC, Makumkilla SC, Islambari SC, Kailaspur SC, Naupanitulla SC, Rumaighabharu SC
Others(10)	Hamindpur AWC, Khukhichera AWC, Ranu prabha Upper primary School, Kalacherra	Sankardev Vidyapeeth High School, Kailaspur AWC, Margherita Tea Estate Hospital, Boat Clinic, MMU


RURAL HEALTH MISSION

Service delivery

- Strengths
  - Substantial increase in OPD and IPD admissions
  - Good display of IEC materials of JSSK and JSY
  - Improvement in patient amenities (waiting areas, signage etc)
  - Clean and well maintained facilities
  - Adequate infrastructure

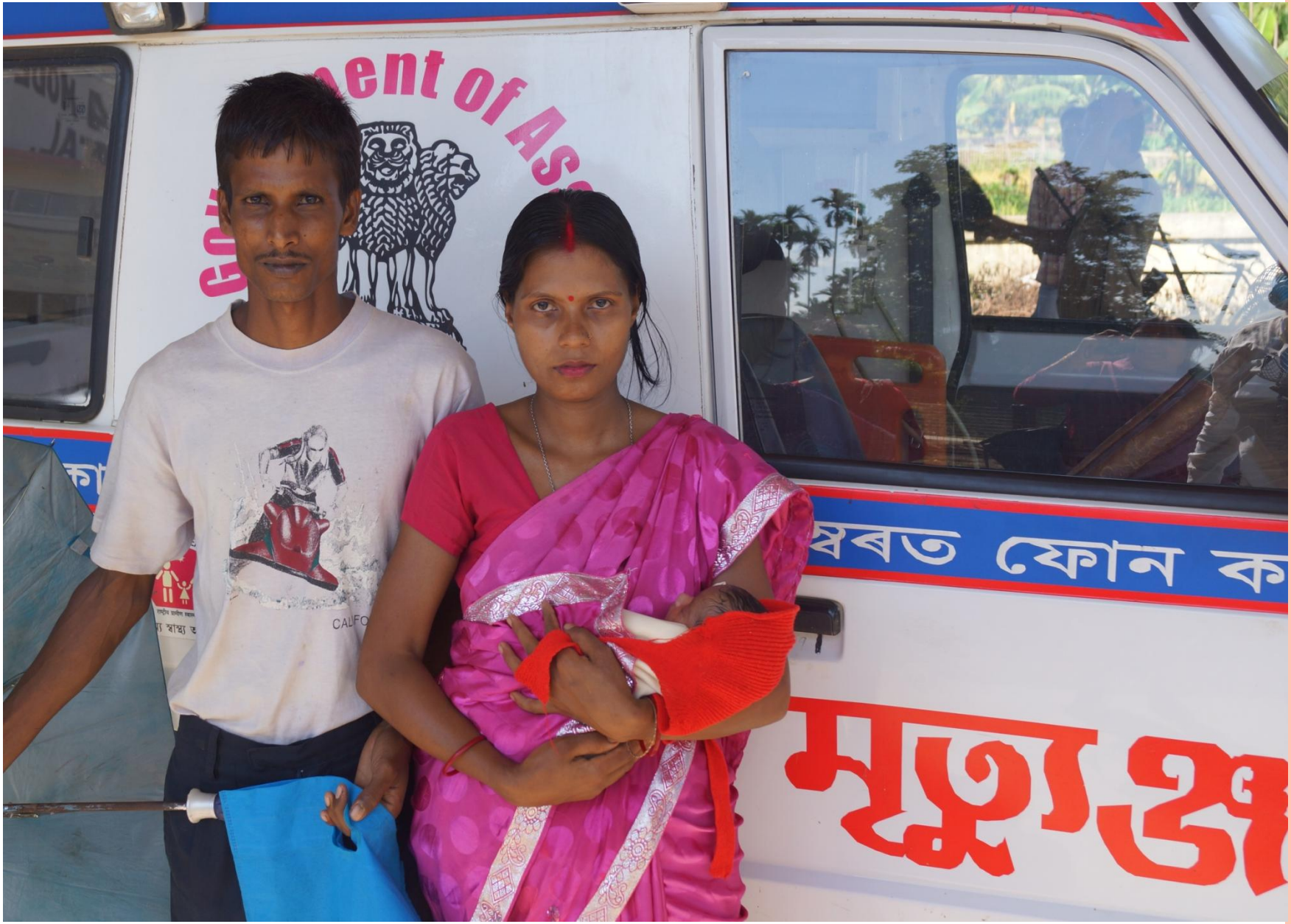
- Issues
  - Wide variety and nomenclature of health institutions
  - Shortfall of CHCs , PHC and SCs as per population norms; plan to plug in the gaps through Model hospitals
  - Quality of infrastructure is varied : relatively better in Tinsukia and weak in Karimganj . Availability of essential inputs e.g. water supply, electricity were of varied nature with basics in place in Tinsukia , but lacking in Karimganj

- Differential planning of IEC/BCC strategies is lacking
- Underutilization of existing health infrastructure
- Facilities are under performing mainly due to unavailability of trained HR and equipments
- MMUs are not optimally utilized
- Underutilization and poor response time of 108 Referral transport services

RMNCH+A

- Strengths
  - SOPs/treatment protocols, displayed in labour room.
  - JSY payments are varied in all blocks. service providers and beneficiaries are aware of the scheme.

- Issues
  - Delivery points are not planned and mapped
  - SHCs functioning as Delivery Points lack basic infrastructure (24*7 water and electricity)
  - Line listing and tracking of **ALL** severely anaemic pregnant women not being done.
  - Mothers not staying for 48hrs after delivery.
  - HIV RDK not available at most of the facilities.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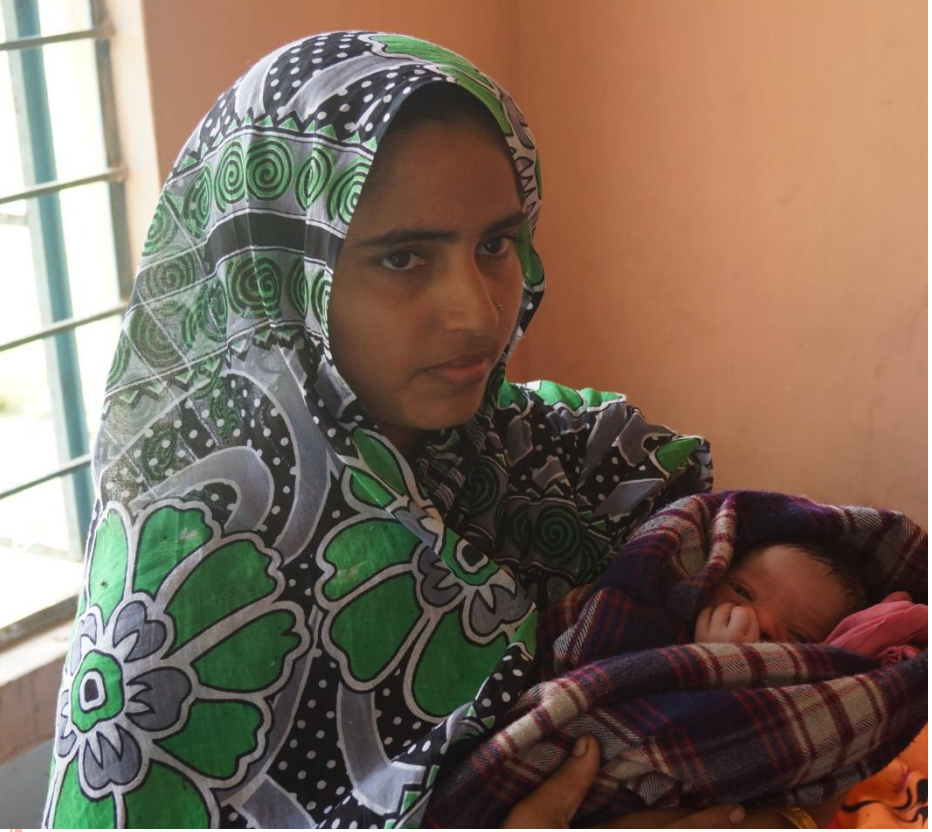
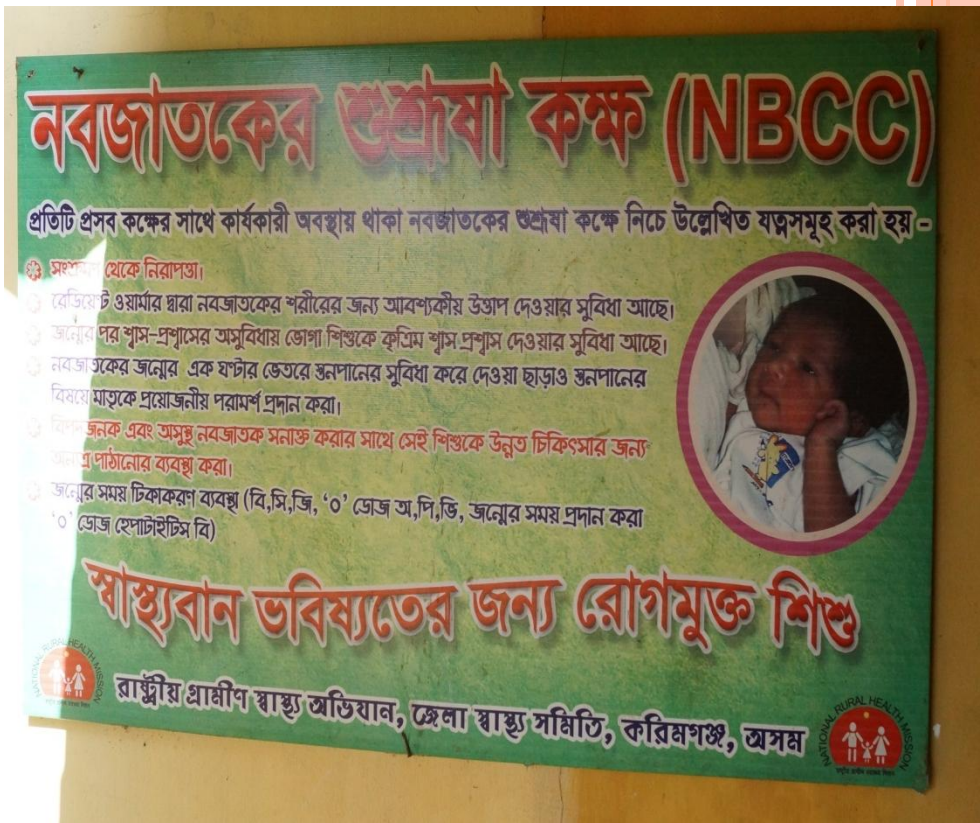
RMNCH+A

- Lacunas in JSSK implementation. High OOPE in diet, referral transport, drugs, and investigations.
- No grievance raddressal mechanism for JSSK and JSY
- CBMDR is very weak in both the Districts, FBMDR in practice but needs to be strengthened
- HBNC was found sub-optimal. no mechanism of referral/follow-up
- NRC at Civil hospital grossly underutilized
- IDR/CDR yet to be started
- RTI/STI services available at Civil hospital only




নবজাতকের শুশ্রূষা কক্ষ (NBCC)
প্রতিটি প্রসব কক্ষের সাথে কার্যকারী অবস্থায় থাকা নবজাতকের শুশ্রূষা কক্ষে নিচে উল্লেখিত যত্নসমূহ করা হয় -
থেকে নিরাপত্তা।
ট ওয়ার্মার দ্বারা নবজাতকের শরীরের জন্য আবশ্যকীয় উত্তাপ দেওয়ার সুবিধা আছে।
পর শ্বাস-প্রশ্বাসের অসুবিধায় ভোগা শিশুকে কৃত্রিম শ্বাস প্রশ্বাস দেওয়ার সুবিধা আছে।
নবজাতকের জন্মের এক ঘন্টার ভেতরে স্তনপানের সুবিধা করে দেওয়া ছাড়াও স্তনপানের
বিষয়ে মাতৃকে প্রয়োজনীয় পরামর্শ প্রদান করা।
জনক এবং অসুস্থ নবজাতক সনাক্ত করার সাথে সেই শিশুকে উন্নত চিকিৎসার জন্য
পাঠানোর ব্যবস্থা করা।
জন্মের সময় চিকাকরণ ব্যবস্থা (বি,সি,জি, '০' ডোজ অ,পি,ভি, জন্মের সময় প্রদান করা
'০' ডোজ হেপাটাইটিস বি)
স্বাস্থ্যবান ভবিষ্যতের জন্য রোগমুক্ত শিশু
রাষ্ট্রীয় গ্রামীণ স্বাস্থ্য অভিযান, জেলা স্বাস্থ্য সমিতি, করিমগঞ্জ, অসম

RMNCH+A

- MTP services available at Civil hospital only.
- FP services are provided through camps only
- PPIUCD is almost nil at all levels
- Religious beliefs/taboos are major barriers to FP service utilization
- Need to strengthen logistics and supply mechanism of blue WIFS IFA tablet

Human Resource & Trainings

- Strength
  - Well functioning SCs with dedicated frontline workers (ANM & MPWs)
  - PM staff at DPMU and BPMU are dedicated and motivated.
  - Good coordination between district and block program staff.
  - Majority of the GNMs, ANMs are SBA trained
  - RHP providing excellent services at peripheries as per community needs.
- Issues
  - SBA trainings for MOs is weak.
  - Mapping of trained HR not done, resulting in irrational deployment.
  - Lack of supportive supervision & hand holding support after training
  - RHP work limited to OPD and conducting deliveries; who could be provided other skills (PPP-IUCD, RBSK, newborn management, counseling)

Disease Control Programmes

- Strengths
  - Improvement in reporting status of all types of forms with 100% reporting of P and L forms in IDSP; Epidemiologist regularly visiting fields for data generation and verification by cross checking data sent from the facilities.

- Issues
- Training and capacity building of ASHAs, ANMs, SWs, SI, MI and M.O. for the use of Bivalent RDK and quality blood slide making and on National Drug Policy on Malaria (depending on Wt. and age) needs to be strengthened.

Drugs, Diagnostics, Procurement & Supply Chain Management

- Strengths
  - EDL (Essential Drugs List) for different level of facilities is available and drugs are being procured by generic names.
  - Drug availability at Sub centers and PHC is adequate.
- Issues
  - Critical and life saving drugs e.g. Inj. Oxytocin, Inj. Atropine, Adrenaline, Hydrocortisone, ASV, DNS are not available at point of use.
  - Prescription by Brand names.
  - High OOP expenditure on drugs even for JSSK beneficiaries.

Drugs, Diagnostics, Procurement & Supply Chain Management

- Inventory management software developed by state is non-functional.
- No differential drug distribution to facilities
- No designated Drugs and therapeutic committee
- No system established for prescription audit

QUALITY ASSURANCE

- Issues
  - State is yet to Develop a 'Road-map' for Quality
  - Reconstitution of State Quality Assurance Committee (SQAC) as per Operational Guidelines for Quality Assurance at Public Health Facilities is not done.
  - Functioning of State Quality Assurance Units (Full time structure at the state level) not yet established
  - State is yet to identify Number and type of facilities targeted for quality certification in the first year
  - State has not yet start Reporting & Analysis of Key performance Indicators
  - Yet to embark on QA training

Community Processes

- Strengths
  - Enthusiastic and skilled ASHAs
- Issues
  - Weak intersectoral convergence between line departments (health, education)
  - No grievance readressal mechanism in place
  - Existing platforms like Gram Panchayat are not being utilized for discussing health/community participation activities
  - ASHA Rest rooms to be identified for high cased load facilities with basic amenitie.
  - VHNDs were only being utilized for immunization; Counseling of pregnant and lactating mothers on IYCF and family planning and growth monitoring of children was not being done

Financial Management

- Issues
  - Vacancy in key positions of HR
  - Opening and operation of Bank Account as per New banking Guidelines was lacking.
  - Physical Progress in FMR not being reported along with Financial data.
  - Monitoring & supervision at State, District & Sub District level is weak
  - Delay in appointment of Concurrent Auditor at State & District Level.
  - Expenditure reported in FMR must be tallied with Books of Accounts
  - Books of Accounts not being maintained as per GoI Guidelines
  - Delays in Release funds from State to District and District to Sub District Levels

Recommendations

- Rationalize infrastructure planning based on need and “time to care approach”
- Utilize available MDR data and analyze it to plan effective strategies for reducing MMR
- Focus on CBMDR component
- Existing AFHCs need to be stregnthened and new AFHCs to be established.
- Need to evaluate utilization of MMUs and referral transport services for improved service delivery
- Complete Registration of Agencies in PFMS portal at all level.
- Timely release of funds and proper maintenance of book of accounts.
- Establish a robust system of procurement, storage and supply chain management.
- Effective measures to reduce OPPE.

Recommendations

- Need to utilize HMIS & MCTS data optimally
- Rational deployment of HR and differential allocation of funds to Districts/Facilities
- Develop a comprehensive supportive supervision plan for all levels
- Need to establish robust grievance re addressal mechanisms and social audit systems
- Prepare and implement an effective HR Policy, with special focus on job enrichment of RHPs so that this particular workforce is effectively and optimally utilized
- Selecting facilities for national certification.


সুরক্ষিত মাতৃত্বের জন্য
প্রসবপূর্বক স্বাস্থ্য পরীক্ষা
বিপদসংকুল গর্ভধারণ
প্রসবপূর্বক স্বাস্থ্য পরীক্ষার সময় করণীয়
পেটের পরীক্ষা
পরামর্শ
লেবরেটরী পরীক্ষা
THANK YOU