Manipur NRHM

National Rural Health Mission

Quarterly Edition : October - December, 2012

Janani Shishu Suraksha Karyakram (JSSK)

Assures NIL out of pocket expenses in all Government Health Institutions for Pregnant Women & Newborn

Entitlements for Pregnant Women as set by the Ministry:

- Free delivery
- Free caesarean section at District Hospitals
- Free drugs and consumables
- Free diagnostics (Blood, Urine routine for sugar and protein, Haemoglobin test, pregnancy test etc.)
- Free diet during stay (up to 3days for normal delivery and 7 days for caesarean section) only at govt. Hospitals except RIMS and JNIMS
- Free provision of blood at FRU/ District Hospitals
- Free transport from home to nearest delivery points/health institution, between health institutions in case of referrals and drop back home
- Exemption from all kinds of user charges

Entitlements for Sick Newborn till 30 days after birth:

- Free and zero expense treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood at FRU/ District Hospitals
- Free transport between nearest health facilities in case of referral and drop back from nearest health institutions to home
- Exemption from all kinds of user charges

Published by: **National Rural Health Mission, Manipur**

10) For Herpes:- Take a few ice cubes and rub them on the cold sore affected areas for few minutes. Take warm tea bags and apply it on the fever blisters for about half an hour.

11) For High Blood Cholesterol:- In a glass of water add 2 drops of coriander seeds and bring to boil. Let the decoction cool for some time and then strain. Drink this mixture twice a day.

    Sunflower seeds are extremely beneficial as they contain Linoliec Acid that helps in reducing then cholesterol deposits on the walls of the arteries.

12) For High Blood Pressure:- Effective remedy for high blood pressure is to take 1 tsp of honey, 1tsp of ginger juice and 1tsp of cumin powder mix them well. Take this mixture at least twice in a day.

    Take about 25-30 curry leaves and make a juice using 1 cup of water with little lemon juice for taste. Strain and drink in the morning.

Management of Primary Health Centres under Public-Private- Partnership (PPP) Program with Govt. of Manipur

Progress Report
April 2012 to November 2012

KARUNA TRUST
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Public-Private-Partnership (PPP) for PHCs in Manipur

In the year 2010, Government of Manipur, in order to further improve the health facilities in the State, had decided to implement a pilot project in which one Primary Health Centre (PHC) in three districts of the State will be managed and operated through a selected Non Government Organization (NGO). Following invitation of the Expression of Interest (EOI) through leading national newspapers, KARUNA TRUST was selected for the management of following three PHCs in three different districts of the state.

Sl No	Name of the PHC	District	Date of Taking over
1	Borobekra	Imphal East	1st May 2011
2	Tousem	Tamenglong	1st May 2011
3	Patpuihmun	Churachandpur	28th Sep 2011

On March 31st, 2011, Memorandum of Understanding was signed between the Governor of Manipur represented by the Commissioner Health on the one part and KARUNA TRUST represented by Dr. H. Sudarshan, Honorary Secretary on the other part.

The State Government handed over the building and physical infrastructure of the PHCs to Karuna Trust along with the existing equipment, furniture, etc. The conditions of the building & equipment handed over were duly recorded. Karuna Trust is maintaining the said building/equipment with due care as would be reasonably expected.

Karuna Trust is providing the entire Health & Family Welfare Services viz. curative, preventive & promotive, as are normally expected from any Primary Health Centre, to local population in geographical area under jurisdiction of the said PHC(s) through its own qualified Medical, Paramedical & other staff and ensures that these personnel are always available at the pre-decided timings. The personnel also reside at headquarter.

Changes brought out by Karuna Trust in PHCs:

- Functionalization of all the non functional PHCs
- Functionalization of all four SCs of Tousem, three of Borobekra and four of Patpuihmun.
- Two ANMs stay in each Sub-centre
- Services provided at 24 x 7 patterns in PHC and SCs.
- 100% availability of Medical & paramedical staff at PHC premises.
- Good hospital care through assured availability of doctors, drugs and quality health services improved access to universal immunization.
- Improved facilities for institutional deliveries. Regular Institutional deliveries in Tousem and Borobekra.
- Availability of generic drugs for common ailments & mandatory lab tests are provided fee of cost
- Establishment of ICTC centre in Tousem and Borobekra PHC

- Prevention and control of communicable and non- communicable diseases, including malaria. Specific malaria control camp in certain pockets.
- Created a new confidence among the villagers about the public health system managed by voluntary organization.
- Flexibility to deliver and meet people's needs.
- Good referral system. Ambulance in all three PHCs.
- Unprecedented gains in outpatient care, inpatient care, institutional deliveries and immunization.
- Continuous training & reorientation of ASHAs under PHC jurisdiction who becomes the community level worker at village level, drug kits are refilled from PHCs.
- Every week VHNDs different villages/Anganwadi level on a fixed day for provision of immunization, ante/post natal checkups and services related to mother and child care including nutrition.
- Improve outreach services at village level.
- Innovation and autonomy.
- Service guarantees- a rights based approach.
- Implementation and participation in all National Health Programs including NRHM.
- Alternate power facility/ Generator facility in all PHCs, cold chain in all PHCs

PRIMARY HEALTH CENTRE TOUSEM

Name of the PHC	Tousem	Population	15962
Name of the Dist	Tamenglong	Male	8265
Distance from Imphal	260 km	Female	7697
Distance from District HQ	190 km	Eligible couple	2364
No of villages	42	0-1 yr population	351
No of ASHA	40	0-5 year population	2034

(A) Performance (April 2012 to Nov 2012)

Months	OPD	IPD	Minor OT	Injection	Casualty/ Emergency	Referral
April	491	5	30	176	13	1
May	603	7	27	216	9	4
June	862	10	45	141	11	4
July	1010	28	16	195	9	7
Aug	1032	12	9	164	15	5
Sep	1248	18	4	130	17	4
Oct	1225	6	16	290	3	2

Nov	554	6	15	77	10	2
TOTAL	7025	92	162	1389	87	29

(B) Maternal & Child Health Services:-

SERVICES	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
New ANC registered	30	71	14	38	27	33	27	38	278
ANC>12 weeks	11	17	11	15	10	18	11	10	103
Pregnant women who had 3 ANC	15	22	17	17	9	11	16	14	121
TT 1	32	36	11	20	8	21	15	10	153
TT 2	9	9	13	19	16	14	17	13	110
Booster	3	3	0	3	0	0	3	2	14
Pregnant women given 100 IFA tab.	22	28	19	25	22	21	26	31	194
Home delivery	12	16	1	7	4	8	8	17	73
Institutional delivery	1	1	1	6	1	0	2	1	13
Live Birth	13	17	2	16	10	18	10	16	102
Still Birth	0	1	0	0	0	0	0	2	3
PNC within 48 hrs	13	17	2	14	8	8	10	18	90
Child Death if any	0	0	0	0	0	0	0	0	0
Maternal death	0	0	0	0	0	0	0	0	0
Oral pills distributed	29	1	1	2	9	5	10	2	59
Nos. of condom pieces distributed	2	18	15	3	8	18	20	19	103

(C) Child Immunization Report:

Name of vaccines	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
BCG	26	44	4	26	32	33	12	35	212
DPT 1	37	66	9	0	30	28	15	46	231
DPT 2	15	34	7	0	26	24	27	35	168
DPT 3	25	36	2	0	17	18	12	45	155
OPV 0	10	10	1	2	4	13	7	6	53
OPV 1	36	66	9	13	30	29	15	46	244
OPV 2	15	34	7	8	26	24	27	35	176
OPV 3	25	36	2	7	17	18	12	45	162
Measles	7	17	4	16	11	14	28	44	141
Full Immunization (0-11 month)	2	19	1	0	8	3	5	18	56
DPT Booster	10	47	0	0	15	8	9	21	

OPV Booster	10	0	0	4	15	8	9	21	110
Vit. A dose 1	0	88	0	85	12	16	10	15	67

(D) Laboratory Services:-

Name of lab tests	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
Blood for MP test	15	19	14	29	27	22	9	9	144
RMT done	15	19	14	29	28	21	10	9	145
Positive cases (slide + RMT)	1		1	1	10	3	0	3	19
Total PV	2	0	0	0	2	1	0	1	6
Total PF	1	0	1	1	8	2	0	2	15
Total mixed type	0	0	0	0	0	0	0	0	0
Blood sugar	0	0	0	0	2	1	4	1	8
Widal test	6	17	3	4	5	7	5	2	49
VDRL test	6	9	11	3	7	6	3	0	45
Pregnancy test	0	25	23	40	35	8	11	5	147
Hb% in PHC	0	27	51	55	42	14	20	21	230
Urine RE	0	10	12	6	5	8	8	1	50
Stool RE	0	0	0	0	0	0	0	0	0
Blood grouping	0	9	18	0	12	6	3	0	48
Sputum	0	1	0	0	0	1	0	0	2
Wet mount test	0	0	0	7	7	7	3	1	25

(E) Preventive Health Services:-

Outreach Programs	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
General Health Camps	0	3	0	3	2	0	0	1	9
School Health Camp	0	1	0	0	6	1	2	0	10
Immunization camps in SC villages	0	0	0	0	0	0	7	11	18
Home visits by ANMs of SC	0	0	0	0	0	0	285	591	876
House visited by ANMs of PHC	0	0	0	0	0	0	60	65	125
Visits to SCs by MO	6	6	4	5	8	10	2	2	43
VHNDs in PHC	4	2	4	4	4	4	4	4	30
VHNDs in SCs	13	4	4	17	22	16	17	18	111
RKS meeting	0	1	0	0	0	0	2	0	3

(F) Manpower position as on Nov' 2012

Sl No	Designation	At PHC	At SC	Total
1	Medical Officer MBBS	1	0	1
2	Medical Officer AYUSH	1	0	1
3	GNM, Staff Nurse	1	0	1
4	Pharmacist	1	0	1
5	ANM	1	8	9
6	Lab technician	1	0	1
7	Male Health worker	0	0	0
8	Health Educator	0	0	0
9	Driver	1	0	1
10	Male attendant	1	1	2
11	Female attendant	1	0	1
12	Sanitary assistant	1	0	1
			Total	19

PRIMARY HEALTH CENTRE BOROBEKRA

Name of the PHC	Borobekra	Population	9072
Name of the Dist	Imphal East	Male	4781
Distance from Imphal	249 km	Female	4291
Distance from District HQ	249 km	0-5 year population	1135
No of villages	32	0-1 year population	198
No of ASHA	16	Eligible couple	1461

(A) Performance (April 2012 to Nov2012)

Months	OPD	IPD	Minor OT	Injection	Casualty/ Emergency	Referral
April	787	4	31	89	41	2
May	1111	1	53	74	37	4
June	872	25	29	49	39	3
July	782	3	20	63	25	1
Aug	810	9	26	60	26	5
Sep	949	6	17	155	18	3
Oct	996	6	30	183	9	1
Nov	863	10	61	206	18	0
TOTAL	7170	64	267	879	213	19

(B) Maternal & Child Health Services:-

SERVICES	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
New ANC registered	27	21	23	22	16	27	34	24	194
ANC>12 weeks	12	9	21	7	7	6	13	11	86
Pregnant women who had 3 ANC		6	8	9	6	11	13	13	66
TT 1	12	16	17	11	13	20	19	19	127
TT 2	9	11	8	13	7	15	10	20	93
Booster	0		1	9	3	4	5	5	27
Pregnant women given 100 IFA tab.	12	36	27	9	16	27	34	20	181
Home delivery	0	0	0	0	2	5	13	10	30
Institutional delivery	1	0	3	2	2	1	1	0	10
Live Birth	1	0	2	2	4	6	14	10	39
Still Birth	0	0	0	2	0	0	1	0	3
PNC within 48 hrs	1	4	2	2	4	6	15	9	43
Child Death if any	0	0	0	0	0	0	1	0	1
Maternal death	0	0	0	0	0	0	0	0	0
Oral pills distributed	8	3	0	86	0	5	3	5	110
Nos. of condom pieces distributed	20	65	30	0	0	0	32	90	237

(C) Child Immunization Report:

Name of vaccines	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
BCG	16	42	11	9	4	5	8	15	110
DPT 1	14	49	10	9	4	8	9	20	123
DPT 2	8	8	11	10	7	3	6	7	60
DPT 3	12	4	1	4	10	3	6	4	44
OPV 0	2	4	2	2	1	1	3	0	15
OPV 1	14	42	10	9	4	8	9	20	116
OPV 2	8	49	11	10	7	3	6	7	101
OPV 3	12	4	1	4	10	3	6	4	44
Measles Full Immunization	9	28	1	7	2	5	13	10	75
(0-11 month)	0	2	0	2	2	2	3	3	14
DPT Booster	2	52	1	0	0	0	5	3	
OPV Booster	2	52	1	0	0	0	5	3	63
Vit. A dose 1	9	33	1	0	2	34	61	10	63

(D) Laboratory Services:-

Name of lab tests	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
Blood for MP test	10	102	45	45	38	4	13	35	292
RMT done	4	11	0	0	0	0	0	0	15
Positive cases (slide + RMT)	0	3	1	0	0	0	2	0	6
Total PV	0	2	0	0	0	0	2	0	4
Total PF	0	1	0	0	0	0	0	0	1
Total mixed type	0	0	0	0	0	0	0	0	0
Blood sugar	1	10	5	6	2	0	0	0	24
Widal test	11	39	48	45	33	0	0	0	176
VDRL test	15	17	12	4	7	0	0	0	55
Pregnancy test	19	29	17	15	3	3	13	5	104
Hb% in PHC	27	48	31	20	12	8	4	31	181
TLC	0	1	1	0	4	2	0	0	8
DLC	0	1	1	0	4	2	0	0	8
ESR	0	0	0	0	4	2	0	0	6
Urine RE	0	9	1	0	0	0	0	0	10
Stool RE	0	1	0	0	0	0	0	0	1
Blood grouping	14	25	21	11	12	4	0	0	87
Sputum test	0	3	0	0	0	0	0	0	3

(E) Preventive Health Services:-

Outreach Programs	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
General Health Camps	1	3	0	0	1	1	7	1	14
School Health Camp	2	1	0	0	0	0	0	0	3
Immunization camps in SC villages	3	4	0	0	0	1	7	4	19
Home visits by ANMs of SC	0	0	0	0	0	54	276	221	551
House visited by ANMs of PHC	0	0	0	0	0	255	516	380	1151
Visits to SCs by MO	4	5	6	5	6	6	5	2	39
VHNDs in PHC	2	3	3	2	4	4	8	8	34
VHNDs in SCs	4	4	8	2	5	3	12	8	46
RKS meeting	0	0	0	0	0	0	2	0	2

(F) Manpower position as on Nov'2012

Sl No	Designation	At PHC	At SC	Total
1	Medical Officer MBBS	1	0	1
2	Medical Officer AYUSH	1	0	1
3	GNM, Staff Nurse	2	0	2
4	Pharmacist	1	0	1
5	ANM	3	6	9
6	Lab technician	1	0	1
7	Male Health worker	0	0	0
8	Health Educator	0	0	0
9	Driver	1	0	1
10	Male attendant	2	0	2
11	Female attendant	2	0	3
12	Sanitary assistant	1	0	1
			Total	22

PRIMARY HEALTH CENTRE PATPUIHMUN

Name of the PHC	Patpuihmun
Name of the Dist	Churachandpur
Distance from Imphal	304 km
Distance from District HQ	364 km
No of villages	32
Population	13000 approx.
No of ASHAs	32

(A) Performance (April 2012 to Nov 2012)

Months	OPD	IPD	Minor OT	Injection	Casualty/ Emergency	Referral
April	284	22	4	13	0	0
May	364	19	14	14	35	0
June	938	19	33	61	45	0
July	828	3	46	200	91	0
Aug	482	0	22	130	10	
Sep	449	0	7	50	0	0
Oct	600	0	44	139	0	0
Nov	492	0	42	42	0	5
TOTAL	4437	63	212	649	181	5

(B) Maternal & Child Health Services:-

SERVICES	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
New ANC registered	19	35	7	13	14	5	18	27	138
ANC>12 weeks	10	6	2	6	3	0	1	5	33
Pregnant women who had 3 ANC	0	6	3	0	0	0	1	0	10
TT 1	0	0	0	0	0	4	2	0	6
TT 2	0	0	0	0	0	0	0	0	0
Booster	0	0	0	0	0	0	4	0	4
Pregnant women given 100 IFA tab.	0	0	4	6	6	6	5	22	49
Home delivery	0	1		3	3	1	3	2	13
Institutional delivery	0	0	0	0	0	0	0	0	0
Live Birth	0	0	1	3	7	1	3	2	17
Still Birth	0	0	0	0	0	0	0	0	0
PNC within 48 hrs	0	0	1	3	7	1	3	2	17
Child Death if any	0	0	0	0	0	0	0	0	0
Maternal death	0	0	0	0	0	0	0	0	0
Oral pills distributed	0	0	0	0	0	0	0	0	0
Nos. of condom pieces distributed	0	0	0	1	0	0	0	20	21

(C) Child Immunization Report:

Name of vaccines	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
BCG	0	0	0	0	0	27	8	0	35
DPT 1	0	0	0	0	0	42	11	0	53
DPT 2	0	0	0	0	0	0	14	0	14
DPT 3	0	0	0	0	0	0	0	0	0
OPV 0	0	0	0	0	0	0	0	0	0
OPV 1	0	0	0	0	0	39	13	0	52
OPV 2	0	0	0	0	0	0	11	0	11
OPV 3	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	5	11	0	16
Full Immunization (0-11 month)	0	0	0	0	0	0	0	0	0
DPT Booster	0	0	0	0	0	0	0	0	
OPV Booster	0	0	0	0	0	0	0	0	0
Vit. A dose 1	0	0	0	0	0	0	0	0	0

(D) Preventive Health Services:-

Outreach Programs	Apr	Ma	Jun	July	Aug	Sep	Oct	Nov	Total
General Health Camps	0	0	1	0	0	0	0	2	3
School Health Camp	0	1	0	0	1	0	0	1	3
Immunization camps in SC villages	0	0	0	0	0	0	5	0	5
Visits to SCs by MO	2	4	5	6	6	6	6	4	39
VHNDs in PHC	1	0	0	1	3	0	0	5	10
VHNDs in SCs	4	2	2	4	3	3	6	2	26
RKS meeting	0	0	1	0	0	0	1	0	2

(E) Manpower position as on Nov'2012

Sl No	Designation	At PHC	At SC	Total
1	Medical Officer MBBS	0	1	1
2	Medical Officer AYUSH	1	0	1
3	GNM, Staff Nurse	2	1	3
4	Pharmacist	1	1	1
5	ANM	3	8	11
6	Lab technician	1	0	1
7	Male Health worker	1	0	1
8	Health Educator	1	0	1
9	Driver	1	0	1
10	Male attendant	1	0	1
11	Female attendant	1	0	1
12	Sanitary assistant	1	0	1
			Total	24

Churachandpur Diary:

By: Tarshi Elangbam
Assistant HR/Training Consultant

First impression always leaves an impact on everybody's mind no matter how the situation is. It was my first visit to the district, which I heard about so many times but couldn't get the chance to go. Fortunately, NRHM gave me the opportunity of visiting the place, which I wanted to go some time or the other. It was an official visit but things that I discovered were not to be easily forget. May be it was some kind of journey of self discovery.

It seems true that things that look good on file or report don't have to be necessarily accurate. But, I am indeed content that some good steps are taken through the window of NRHM for the better prospect of humanity. The reason why I am saying this, is because no matter how far science and technology has developed, or how far the economy has prospered, there are some parts of the community that has never been able to get even the shadow of development. I found out that no matter how hard things have been done to maintain equity; there has always been a loop hole. Like every other girl, I was hoping that my journey would be a roller coaster ride but it wasn't to be. I came across certain things which are hard to believe e.g. lack of awareness, lack of infrastructure, the conditions of some roads, lack of transport and most importantly lack of communication facilities etc. From official point of view, it's saddening to find out that JSSK were almost non-existent, with diet facilities not available in CCPUR. USG beneficiaries are being referred out on the pretext of irregular power supply and there is lack of clarity on process of payment to patient & ASHA. There are numerous issues namely infrastructure needs repair, new born baby corner not present, no light, no watch etc. Essential New born care not provided in any facility. Drugs are not available for treatment of malaria, RDT kits are void with ASHAs; diagnostic facilities are present only at the DH level. State needs to move towards case based surveillance followed by public health action. District Authorities urgently require a reorientation on IMCP-2 as well. These are basic programs or amenities, which at least to some extent everybody should get. These are some activities which needs urgent attention otherwise the hard work to implement certain programs will go to the gutter. I don't mean to belittle anyone but the sorry state of some services needs to be rectified by the concern department incase overall prosperity has to be done. It's time to have a broader mind or view, keeping in mind for the better future of Manipur as a whole. In spite of all this, I was surprised by the never dying hospitality of the people, their approach towards life and the originality of livelihood. It's indeed something to be appreciated or learned.

No matter how good we are, if the environment is not good, we are likely to succumb to negative aspects. We depend on each other to keep the cycle of life going, which many tend to forget. I am just a concern citizen who is shock by the amount of disparity found in the area, which shouldn't be. The circumstances people might have faced in their normal day to day life would have been so difficult considering the scenario I have seen. So, I genuinely feel that it's high time to wake up and realized the importance of unity and prosperity. I request every concern authorities to put themselves in the situation of these people and do something for the betterment of the community. And in this midst of all this, I am happy and satisfied that, I am a part of an organization which at least is trying to improve the health conditions of the people with due hard work. Let's hope that we continue to be the guiding factor in the fulfilment of certain basic amenities of the people to a certain level in the future. I thank our organization and the team to allow me to be a part of the trip, which is indeed an eye opener for a rookie like me.

6th Common Review Mission (CRM) Team Observation and Recommendation in the State:

Wahengbam Imo Singh
Community Mobilizer, Manipur
RRC – NE States, Ministry of Health & Family Welfare, GoI

Since the inception of National Rural Health Mission in the State of Manipur, this is the first time to visit the Common Review Mission (CRM) team in the State. The Common Review Mission (CRM) has been setup as part of the Mission Steering Group's (MSG) mandate of review and concurrent evaluation. The review mission consists of Public Health Experts, Representatives of Development Partners, Civil Society Members and GoI Officials.

The objectives of the 6th CRM

Review progress of the NRHM with reference

- Health outcomes goals - IMR, MMR, TFR and outcome indicators of various diseases control programmes.
- Accessibility, equity, affordability and quality of health care services delivery by public health systems including through Public private partnership (PPPs)
- The approved Annual Project implementation Plan (PIP) of the State including the reform measures specified therein (as documented in the Record of Proceeding (RoP) of the National Programme Coordination Committee).
- Recommendations of the last Common Review Mission.
- Where progress is short expectations, identify constraints and causes for these gaps.
- Document best practices, success stories and institutional innovations in the States.
- Make recommendations to improve programme implementation and design.

CRM TEAMS & STATE OFFICIALS IN TWO DISTRICTS IN THE STATE:

District Ukhrul	District Churachandpur
1. Dr. Pradeep Haldar, DC Immunization	1 Mr. Padam Khanna NHSRC
2. Dr Rajesh Kumar, NIHFW	2 Dr S N Sahu, Dy Adviser, AYUSH
3. Mr. Arun B. Nair IPH, Bangalore	3 Dr H G Thakor NVBDCP
4. Mr. Sharad Singh Consultant, MoHFW	4 Dr Raveesha Mugali UNICEF
5. Dr. Salima Bhatia Consultant, MoHFW	5 Ms. Shraddha Masih Consultant NRHM
State Team :	**State Team:**
6. Dr. Rameshor, Nodal Officer Immunization, FW	6 Dr. Arun, Nodal Officer PNDT, FW
7. Latashori K. SF, RRC –NE, Manipur	7 Mr. Imo Singh, Community Mobilizer RRC – NE, Manipur
8. Mr. Tombisana, SFM, NRHM	8 Mr. Rajesh, ASPM, NRHM
	9 Ms. Tarshi, Asst. Training, NRHM

Facilities Visited:

District Ukhrul	District Churachandpur
1. DH Ukhrul	1. DH Churchandpur
2. CHC Kamjong	2. CHC Parbung
3. PHC Somdal	3. PHC Thanlon
4. PHSC Shirui	4. PHC Sagang
5. PHSC Teinem	5. PHC Saikot
6. PHSC Sirarakhong	6. PHSC Sainoujang
7. PPP - CHSRC	7. PHSC Leisang

Observation in two district of Manipur by CRM team:

Facility Base Curative Services – Access, Affordability, Quality

Adequacy of facilities and infrastructure: Inadequate facility development in the State ;only 2 FRU are functional in the State at DH Churchandpur and DH Bishnupur. Remaining district are yet to plan for FRUs. 24/7 are deficient in the State.

Utilization of Services: IPD has increased substantially and OPD has double with a slight dip in 2010–11. Institutional deliveries has increased by 61.62% increase in the last four years. AYUSH Services are well accepted and AYUSH MOs are available in all facilities. However, in Ukhrul district, there has not been much improvement in service delivery in Ukhrul district in the past three years. The number of IPD admission & institutional delivery is almost stagnant; in fact the number of Institutional deliveries has slightly reduced.

Ancillary Services;

- Drugs: The AYUSH medicines were available in all facilities visited with sufficient stock to deal with the case load, unlike the allopathic medicines which were less than required.
- Diagnostic: Diagnostic facilities are weak; USG is not available in facilities and even

where available patients are being referred out due to lack of lab technician and irregular power supply.

- Equipment: Lack of equipment was seen in most facilities especially equipment for new born.

Supportive Serves: Lack of electricity for most of the time, even at the level of the district headquarters is a constraints in service delivery .Water supply is a problem in the hill districts. Diet is available for pregnant women in one district.

Bio medical waste management and infection prevention: Infection management protocols are not being followed in the facilities.

Cost Care: User charges for JSSK beneficiaries not waived off and are being charged for registration & diagnostics in DH & for registration in CHC. Very high out of pocket expenditures for drugs e, g, women admitted at DH spent Rs. 1700 & Rs. 1400 for purchase of drugs for normal deliveries, it was found both in Ukhrul &CCP. In CCPur women had to spend Rs. 7000 for C – section.

Gender: Privacy was an issue as two of the windows did not have curtains, there was no toilet attached to the labour room.

Quality Assurance: Quality Assurance Committees are not functional in the State. The District Hospital Churchandpur received ISO certification last year.

Outreach Services – Sub Centres, Mobile Medical Units:

- Sub centres are not up to mark in providing ANC and Skill of ANMs was low in Hb testing & BP checkups.
- MMU vehicles are not suitable to provide service in remote hill districts.
- Non availability micro plans, shortfall of ILR points and lack of maintenance of equipment were observed across the State. State does not have a fixed day for immunization and alternate vaccine delivery system is not functional.

Human Resources for health – Adequacy in numbers, skills and performance:

- Irrational deployment of HR including specialists is paramount across all facilities visited and facilities having minimal work – load has HR in place. Some sub – centers had 3 to 4 ANMs while others had no ANM.
- Contractual staffs were not paid the consolidated monthly salary since the beginning of the current year, only basic pay given in lump sum amount on irregular basis.

Reproductive and Child health programme:

Planning of the facilities, health services and Human resource:

- The total number of expected deliveries is 2748, however only 29% of the expected deliveries have been conducted at health facilities. The State has two FRUs in the Government sector – District Hospital Churchandpur and DH Bishnupur, the latter one is a new one. At the State level private sector is conducting more C- sections than public health facilities. In spite of availability of basic HR, most facilities are under performing.

- In Churchandpur district as per norms there is only delivery point, that is DH Churchandpur which conducted 1980 deliveries in 2011–12. There are 12 other facilities (11 PHCs,1 CHC) in the district that conduct deliveries but they cannot be designated as delivery points as they are performing below GoI norms.

Maternal Health:

- JSY: Delay in JSY payment not made to beneficiaries & there is a delay of up to 2 -3 months whereas for ASHAs there is a delay of up to one year. Payments are made in cash to beneficiaries and ASHAs. There is lack of clarity on the ground level regarding the process of payment to patients & ASHA.
- JSSK: JSSK has been was, but awareness among the staff and beneficiaries is weak. Awareness about it is quite weak at the ground level. Hoardings at the road side and posters in the facilities have been recently put up. Diet facilities are available for JSSK beneficiaries in Ukhrul but not in CCPur. Notification/Assurance issued of NIL out of pocket expenses in all govt. health facilities. However; free drugs are not available for JSSK beneficiaries. Women admitted at DH and spent Rs. 1700 & Rs. 1400 for purchase of drugs for normal deliveries. JSSK patients have out of pocket expenditures of up to Rs. 1200 to 2500 in the PPP mode too. This is mainly towards medicine.
- Family Planning: Tubectomy is the preferred choice and vasectomy holds a back seat. FP performances, especially IUD have dropped as compared to previous year's performance. Same is the case with IUD insertions. The acceptance of FP methods is to be promoted across the districts.

- Child Health: Essential new born care is not being followed as per guidelines in many health facilities in the district. New born baby corners had radiant warmers, largely unused. Essential equipment were missing in all labour rooms.
- ARSH: State has trained 29 State Trainers from 19th - 21st April, in the year 2010. State nodal Officer identified in the month of June 2011. ARSH Nodal Officers have been identified in 9 districts in the month of Sept. 2012. Training of 70 MOs on ARSH, SHP &WIFS completed out of 90 targeted from 26th Sept – 5th Oct 2010 training of 106 ANMs/LHVs on ARSH, SHP & WIFS completed out of 136 target from 8th Oct – 2nd Nov. 2012.

Disease control Programmes – Communicable and non communicable diseases

NVBDCP:

- Malaria: The State is one of the lowest malaria endemic States in north – eastern India. The ABER has remained very low Pf percentage is 43.4% in the State. However, three districts are reporting high Pf%(more than 75%).The State API has remained less than one

for last five years. Highest API was reported from Tamenglong (2.58) District while rest all were having less than 1 API. The ABER has remained very low and API has remained less than one for last five years: Pf percentage is 43.4%.However,three districts are reporting high Pf% (more than 75%).The highest API was reported from Tamenglong (2.58) district while rest all were having less than 1 API. 50000 LLINs have been distributed in the high risk areas in 2010. The programme is affected by the shortfall of MPWs in SCs.

- E/Dengue: Outbreak of Dengue was recorded in 2007 in a border town Moreh of district Chandel in which 275 suspected cases were examined for Dengue out of which 51 cases were confirmed, but no death occurred;6 cases reported during 2010 with history of acquiring infection from outside the State. In 2011, an outbreak has been recorded in churachandpur with 216 out of 747 with 14 cases (10 females + 4 males) and one death due to Dengue Shock Syndrome. The issues of the programme implementation are that Surveillance /Outbreak investigation of AES cases not well organized; Lack of knowledge of systematic documentation of records and reports, lack of timely availability of Testing Kits, systematic follow up of cases, sample transport from periphery not available. Routine JE is yet not started.
- NIDDCP: Sample surveys conducted in all the districts showed that in all the districts (except Senapati and Chandel) more 98% samples were with adequate Iodine content (-> 15 ppm).

Community Process: PRI, VHSNCS, ASHA, Community Monitoring

- All ASHAs have completed third round of training on Module 6 & 7 however the HBNC equipment kit had not been provided to ASHAs. This has resulted in reduced retention of skills as ASHAs were not able to utilize and practice the skills.
- Due to sparse distribution of population, state has selected ASHAs at 300 -500 population in many areas, these results in low performance based income for ASHAs. On an average ASHAs earn around Rs.600 – Rs.1000 in six months.
- Adhoc payment systems and lack of clarity about ASHA incentives among all nodal officers was also observed. Eg – in Ukhrul monthly meetings of ASHAs were recognized to quarterly meetings due to lack of transport services. Payments are made on lump sum basis & not as per schedule. Payment for immunization is given at the end of year from VHSNC funds while JSY incentive has not been paid for more than a year.
- ASHA Grievance Committee is in place in 5 out 9 districts namely Thoubal, Chandel, Imphal East, Imphal West and Bishnupur.
- Non monetary incentives provided to ASHAs included – umbrella, raincoats, radio set and bicycles in Valley districts. A weekly radio programme is aired for ASHAs.

- ASHA Facilitators have been appointed through open advertisements on regular salary but they were not clear on their salary amounts even after being on the job for three months.
- 3878 VHSNCs have been formed at village level but due to low fund utilization untied Fund of Rs.6000/- per VHSNC has been approved for FY 12-13.
- NGO Karuna Trust is actively engaged in managing three inaccessible PHCs and PPP for EmONC is done with Comprehensive Health Services & Research Centre (CHSRC), in Hamleikhong Imphal East and Ukhrul District.

Promotive Health Care, Action on Social Determinants and equity Concerns:

- State has made efforts towards PCPNDT Act by enrolling private service providers, through there of few only. As a social norm, people do not go for abortions; a limited trend is being seen in urban areas.
- The village chief holds the authority for facilitating implementation of all the development programmes and health departments has good coordination with all of them.
- State has been holding planning exercise from village upwards for last two years.
- The school health programmes are continuing but needs to be strengthened further.

Program management including logistics, integration and institutional capacity:

- SPMU and DPMUs are functioning well in the State; however, involvement of district level programme officers is not adequate and uniform.
- The planning process gets initiated from sample village every year with people's participation. There after the block planning process incorporates the outcomes of village plans. A similar exercise of incorporating block plans into district plans takes place and finally State plans considers inputs from all the districts. This planning process required more clarity on the contents of each programme under NRHM both at the State and district level.
- Governing body meeting are held annually. There is a need for structured field monitoring system in place at State and district level.
- The State programme Management Unit is properly set up and functioning well but the DPMUs need to be strengthened.

Knowledge Management: SIHFW, SHSRC, Training, Technical Assistance and use of information

- There is no central training plan with no training need assessment & post training supervision/follow up being done.
- Thus most of the trained staff are not appropriately and not utilizing the skills gained from their training.
- State has an urgent need for training in NSSK and child health services in facilities conducting deliveries.
- Though discrepancies in HMIS data were observed validation HMIS data is not institutionalized.

- Supervisory visits from State and District Officials to health facilities need to be strengthened.

Financial Management:

- Tally installed in both the district hospitals and at the block facilities only and not below it but it was not found to be operational.
- All blocks have bank accounts, but not below block level. There is a system of E – transfer of funds up – to Block Level, but a computerized system for maintaining the records is lacking. Hence,Manual System of Book Keeping is being followed, hence Cash book and Ledgers needs periodic updating.
- Manipur was the first State in India to submit audit report in the first week of July 2012 along with all UCs.
- Due to huge pending advances, fund was received at the end of FY which led to high Unspent balances. AT the periphery finances are managed by drawing cash or by self cheques since there are no banks available in those areas. State has issued instructions to either discontinue this practice or keeping it to minimum. The expenditure under untied funds, maintenance grants and corpus grants are not frequently monitored. For example, PPI not done but 2011 -12 fund utilization statement shows 100%software that is ERP based accounting system.

- Currently, the SHS is reporting the physical data in FMR to GoI. Expenditure booked by the SHS is not tallied with District FMR. The FMR format used at district level is different from that circulated by the SHS.
- Several posts for the following titles District Accounts Manager, Accountant at DPMU/ CHC/Sub District Hospital are vacant.
- Fund utilization under NRHM has been low, until September 2012, only 17% of the approved budget and the committed unspent balance have been utilized.

OVER ALL KEY FINDINGS BY CRM TEAM:

Positives	Challenges
➢ State has achieved substantial increase in infrastructure through the creation of new and undertaking major/minor renovations to make them patient friendly. PHCs functioning in Government building have increased by 46%, CHCs by 8% and HSC by 3%. ➢ Better infrastructure and HR have resulted in quantum jump in OPD and IPD numbers during the NRHM period. ➢ There is good progress in addressing the HR gaps by using various retention strategies: compulsory one year rural posting for MBBS doctors; introduction of the three year Rural Health Practitioner course and posting the RHP at Sub Centre "delivery Points; initiation of e – HRMIS and database on HR. Most sub centers have 2 ANMs. Process for developing a new cadre for the specialist is in progress. ➢ Adequate availability and functioning of cold chain equipments at all levels. ➢ Dramatic improvement in referral transport due to drop back facility – "Adorni" under JSSK and EMRI for emergency transport. ➢ High motivation, knowledge level and commitment of ASHAs have transformed them into a major strength of the system. First round of training of Module 6 & 7 completed in high focus districts; training in non high focus districts going on. ➢ Sharp decline in the malaria SPR from 3.12 in 2008 to 1.2 in 2011. Regular visit by epidemiologists have improved case investigations and data generation.	➢ Need for comprehensive infrastructure development plan including the facilities above BPHCs (i, e.CHCs, SDCH, FRUs etc) which have been generally excluded in district planning. ➢ Non – availability of AMC for equipment leads to frequently interruptions of critical services. ➢ Supply demand mismatch leading to stock outs of common drugs and storage of fourth generation injectables in lower facilities needs correction to avoid a high OOP. ➢ State has an MDR committee and verbal autopsies are conducted as per protocols, but community based deaths are largely missed, necessitating better systems for reporting of home deliveries. ➢ Out of pocket expenditure remains high despite JSSK and good referral transport. Expenditure on drugs and diet has maximum contribution to high OOP. ➢ A system for performance appraisal of service providers need to be put in place. ➢ State has reported decline in sterilization numbers and provision of IUCD services despite reasonable progress training

NATIONAL RURAL HEALTH MISSION

DIET DURING PREGNANCY

* You need to eat one extra meal a day during pregnancy.

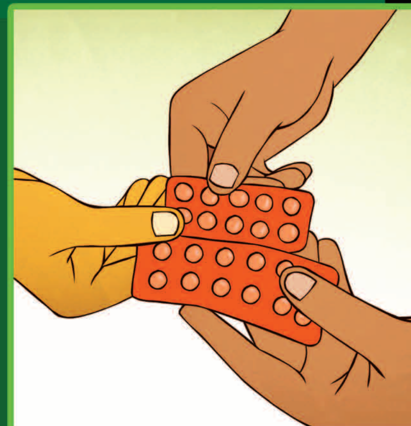
* Take milk and dairy products like curd, buttermilk, paneer-these are rich in calcum, proteins and vitamins.

* Eat fresh/seasonal fruits and vegetables as these provide vitamins and iron. Cereals, whole grains and pulses are good sources of proteins.

* Green leafy vegetables are a rich source of iron and folic acid.

* A handful (45 grams) of nuts and at least two cups of daal provide daily requirement of proteins in vegetarians.

* For non-vegetarians, meat, egg, chicken or fish are good sources of proteins, vitamins and iron.



A well balanced diet consisting of a variety of food helps in the growth of the baby and prevents anaemia.

Published by: **National Rural Health Mission, Manipur**

NRHM NewsLetter

Sangai Festival 2012

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Designed and printed by: Nest Advertising & Marketing Pvt. Ltd.