4th Common Review Mission

(December 16 – 22, 2010)

Assam

A Report

Ministry of Health & Family Welfare

Government of India

Acknowledgement

The Common Review Mission team sincerely expresses its deep appreciation and thanks to the officials of the Government of Assam, State NRHM Mission, Directorates of Health & Family Welfare, the staff of the health facilities visited by the team, officers of the NE Regional Resource Centre and other partners for the cooperation and hospitality provided to the team. The team deeply appreciates the participation of the State Mission in the debriefing session and the positive openness with which various issues were not only discussed but also taken note of for consideration.

Chapter1: Team Members

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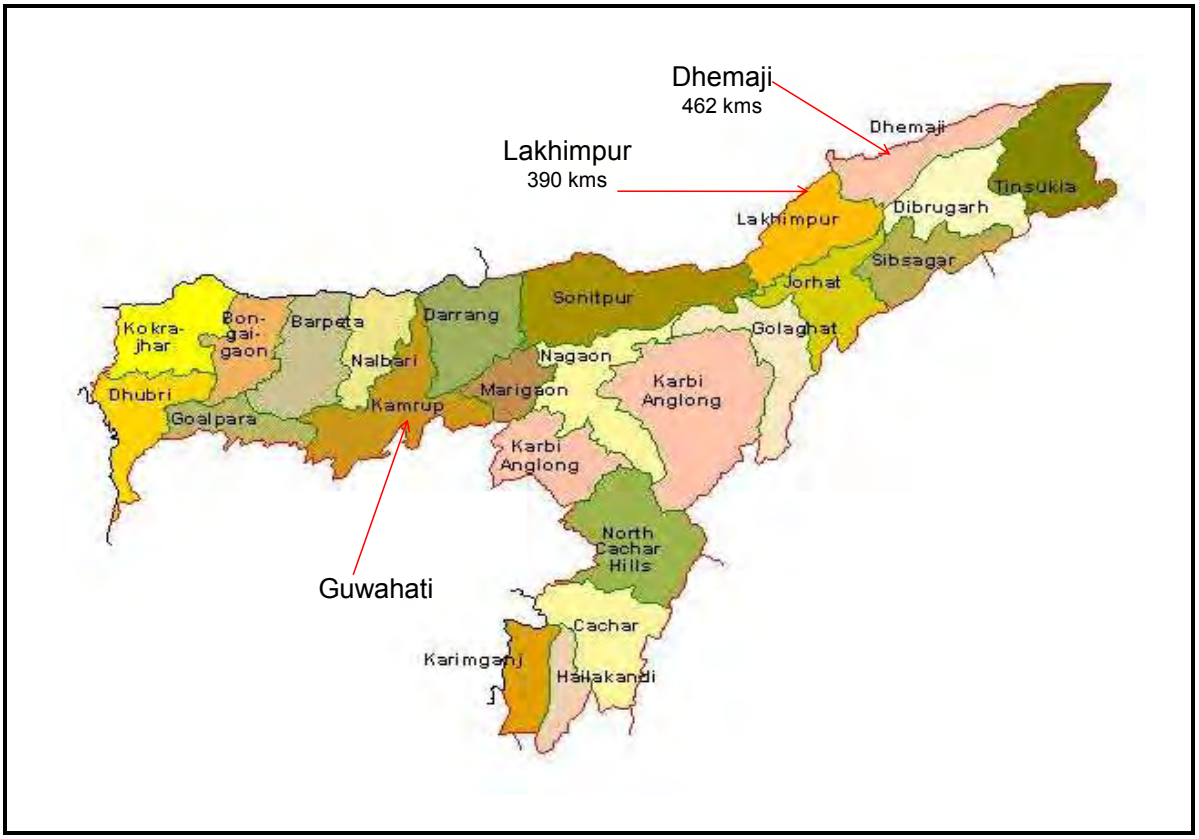
The team was also accompanied by the State and district programme officers.

The Districts /Institutions Visited

1. **Lakhimpur district :** Sonapur Sub Centre, Tunijan Sub Centre, Gobindpur Health Day at AW centre, Harmoti Mini PHC, PPP with Harmoti Tea Estate Hospital, Dhalpur Block PHC & CHC, North Lakhimpur Civil Hospital, Boat Clinic:NRHM and C-NES village-Amaraibari (char area) Missing community tribal belt(under Bihpuria Block PHC and Boangmora CHC), Bongalmora CHC, MMU(Mobile Medical Unit):Location :Laholial Village, Bihpuria Block PHC.

2. **Dhemaji District :** Silapathar MPHC, Silapathar SC, Dhemaji Civil Hospital, Lamajan SC, Dekapam MPHC, Telam MPHC, Jonai CHC, Jonai PHC, Raichaori SC, Gogamukh CHC.

Chapter 2: Introduction



PROFILE OF THE ASSAM STATE

Geography

Assam, the land of hills and valleys, the land of the mighty river Brahmaputra, the land of Mother Goddess Kamakhya, lies in the northeastern corner of India. The name "Assam" is derived from the term "Asom" which, in Sanskrit, refers to unequal or unrivalled. The uneven topography of the land, full of hills, plains and rivers might, therefore, have contributed to her name. The Mongolian Ahom dynasty that had ruled Assam for more than six hundred years might also be the cause for her name. Except for a narrow corridor running through the foothills of the Himalayas that connects the state with West Bengal, Assam is almost entirely isolated from India. This state is bordering Arunachal Pradesh in the east, West Bengal, Meghalaya, Bangladesh in the west, Arunachal Pradesh, Bhutan in the north and Nagaland, Manipur, Mizoram, Meghalaya, Tripura in the south. Its longitude lies at 88.250E to 96.00E and latitude at 24.50N to 28.00N and temperature varies from 60C TO 380C. Assam's economy is based on agriculture and oil. Assam produces a significant part of the total tea production of the world. Assam produces more than half of India's petroleum.

The humidity that is brought into Assam by the southwest monsoons, which shower an average annual rainfall of 120 inches or more on the great Brahmaputra valley and the surrounding region, also create spectacular sunsets during most of the year. The monsoons are Assam's lifeblood; creating a bio-diversity that can compete with the equatorial rain forests and painting the region with a thousand shades of green.

Administration

The current state capital of Assam, Guwahati, known in ancient time as Pragjyotishpura or The Eastern City of Light, was the capital of Kamrup which finds frequent mention in the Great Hindu Epic Mahabharata and other Sanskrit volumes and historical lores. Its major towns are Guwahati, Dhubri, Barpeta, Dibrugarh, Tinsukia, Jorhat, Nagaon, Sivasagar, Silchar, Tezpur. Under the unicameral legislature system, it has 126 seats of legislative assembly. The state is represented in the Lok Sabha by fourteen members and seven members in the Rajya Sabha. Assam is divided into three regions, each headed by a commissioner. Under each commissioner, there are several administrative units called Districts.

Demography

The geographical area of Assam is 78438 sq km. The population of Assam is 26655528 according to 2001 census and is scattered over 27 district and 26312 villages. The State has the highest population density among NE states, of 339 persons per sq. km. As against decadal growth rate of 21.54% at the national level, the population of the State has grown by 18.92% over the period 1991-2001. The sex ratio of Assam at 935 females to 1000 males is higher than the national average of 933. Female literacy of the State rose to 56.03% from 43.03% in 1991. There are so many major tribes and a number of sub-tribes inhabiting the area.

Table 1: State Profile

Rural Population (In lakhs)	232.16
Number of Districts	27
Number of Sub Division/ Talukas	46
Number of Blocks	219
Number of Villages	26312
Number of District Hospitals	22
Number of Community health centres	108
Number of primary health centres	844
Number of sub centres	4592

Table 2: Status of Health Indicators in Assam

Sl. NO	Indicators	Assam	All India
1	Infant Mortality rate	64	53
2	Maternal Mortality Rate	480	254
3	Total Fertility Rate	2.6	2.6
4	Institutional deliveries	75494	1944193
5	At least 1 ANC (DLHS-3)	74.8%	75.2%
6	Full ANC (DLHS-3)	7.9%	18.8%
7	Full immunisation (In Lakhs) (MIS)	3.08	100.62
8	Early initiation of breast feeding (DLHS-2)	51.0%	

Data source:

Table 3: Funds Released for total NRHM

(Rupees in Crores)

Year	Allocation	Release	Expenditure
2005-06	234.67	137.79	84.60
2006-07	513.21	346.96	212.53
2007-08	637.84	602.15	547.47
2008-09	638.94	606.89	698.32
2009-10	906.90	813.75	730.83
2010-11(upto Nov. 2010)	786.44	336.49	231.80

Table 4: Progress under NRHM

Sl. No	Activity	Status
1	24x7 PHC	343 PHCs are functioning on 24x7 basis
2	Functioning as FRUs	60(21 DH, 2 SDH and 37 CHC)
3	ASHA selected	28798 ASHAs selected, 23271 trained up to 5th Module and 26225 are provided with Drug Kits.
4	ANMs at SCs	All 4592 SCs are functional with one ANM and 3699 SCs are functional with 2nd ANMs
5	Contractual appointments	1067 Doctors, 2295 Staff Nurse, 698 paramedics, 4921 ANMs & 117 specialists are positioned.
6	Village Health & Sanitation Committees	26816 constituted VHSCs.
7	Selected for upgradation	103 CHCs
8	Physical upgradation started	In 103 CHCs
9	No of District Hospitals which have been taken up for upgradation under NRHM	22 DHs

Table 5: Physical Progress of JSY

Year	Home Deliveries	Institutional Deliveries	Total
2005-06	1116	16407	17523
2006-07	56272	134062	190334
2007-08	8621	296120	304741
2008-09	3434	324460	327894
2009-10	112	366321	366433
2010-11 (April to June)	5	75489	75494

Table 6: Indicates the status of Family welfare Services

Services	06-07	07-08	08-09	09-10	2010-11 (upto Oct. 2010)
Male Sterilisation	0.00011	0.00019	0.01144	0.14072	0.08057
Female sterilisation	0.03253	0.19978	0.47916	0.67157	0.32527
Full immunisation		5.69	5.56	5.71	3.08

(In Lakhs)

HEALTH INDICATORS OF ASSAM

Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Assam State as compared to India figures

S. No.	Item	Assam	India
1	Total population (Census 2001) (in million)	23.216	1028.61
2	Decadal Growth (Census 2001) (%)	18.92	21.54
3	Crude Birth Rate (SRS 2008)	23.9	22.8
4	Crude Death Rate (SRS 2008)	8.6	7.4
5	Total Fertility Rate (SRS 2008)	2.6	2.6
6	Infant Mortality Rate (SRS 2008)	64	53
7	Maternal Mortality Ratio (SRS 2004 - 2006)	480	254
8	Sex Ratio (Census 2001)	935	933
9	Population below Poverty line (%)	36.09	26.10
10	Schedule Caste population (in million)	1.83	166.64
11	Schedule Tribe population (in million)	3.31	84.33
12	Female Literacy Rate (Census 2001) (%)	54.6	53.7

Table II: Health Infrastructure of Assam

Item	Required	In Position	Shortfall
Sub-centre	1051	841	210
Primary Health Centre	157	133	24
Community Health Centre	39	34	5
Multipurpose Worker(Female)/ANM at Sub Center	5436	8875	-
Health Worker (Male)/MPW(M)	4592	359	4233
Health Assistants(Female)/LHV	844	-	-
Health Assistants(Male)	844	-	-
Doctor at PHCs	844	344	500
Surgeons at CHCs	108	24	84
Obstetricians & Gynaecologists at CHCs	108	67	41
Physicians at CHCs	108	18	90
Paediatricians at CHCs	108	33	75
Total specialists at CHCs	432	142	290
Radiographers	108	-	-
Pharmacist at PHCs & CHCs	952	291	661
Laboratory Technicians at PHCs & CHCs	952	557	395
Nurse Midwife	1600	3014	-

(Source: RHS Bulletin, March 2009, M/O Health & F.W., GOI)

Table III: The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	4+3(New)
District Hospitals	22+5(New)
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	1
Ayurvedic Dispensaries	380
Unani Hospitals	-
Unani Dispensaries	1
Homeopathic Hospitals	3
Homeopathic Dispensary	75

Chapter 3: Findings of the 4th CRM in Assam

1. Infrastructure up gradation

- During the last two years infrastructure development has been taken up intensively as a measure to extend the reach of the services. Almost all places visited by the team had good infrastructure.
- Construction is in progress at many places. But the Dhemaji DH construction has been delayed from its time schedule.
- The infrastructure of SNCU in DH Lakhimpur is in place but not yet functional as the formal inauguration is due.

Facilities visited by the team were clean and well kept, except the District Hospital - Dhemaji, CHC-Dhalpur, and DH - Lakhimpur.

- Silapather M PHC has huge building but the design of the building was not proper and the labour room was large, wards were small, convoluted passages connecting rooms; no quarters for doctors; SC was co- located instead of being merged.
- Bongalmora CHC is underutilized in spite of all facilities. IPD discouraged; same with Silapathar M PHC.
- IPHS standards not followed at many places – design needs standardization.

Status of Infrastructure upgradation

Sl.	Name of work	Numbers
1	Construction of new District Hospital	Target – 5+1
		Completed – 1 and functional
		and in 3 Civil Works completed
2	Upgradation of District Hospital as per IPHS	Target – 4+4
		Completed – 3 and functional
3	Up gradation of CHC as per IPHS	Target – 103
		Completed – 101 and functional
4	Construction of new PHC	Target – 100 +50 (Riverine)
		Completed -46 and functional from December 2010
5	Construction of Ward	Target – 122
		Completed – 85 and utilized
6	Construction of new Sub – Centres	Target – 2250
		Completed – 470 and functional
7	Construction of Labour Room	Target – 464
		Completed – 383 and functional

8	Construction of Special Newborn Care Unit (SNCU)	Target – 19
		Completed – 6
9	Construction of Newborn Stabilization Unit (NSU)	Target – 402
10	Construction of new CHC	Target – 60
11	Construction of Medical College	Target – 4
		Functional – 1 (Jorhat Medical College Hospital)
12	Construction of new BSc Nursing School	Target – 2
		(Work under progress)
13	Construction of new GNM School and Hostel Building	Target – 8
		Completed – 4
14	Rural Health Block Pooling Complex	Target – 76
		Completed – 56 and occupied
15	Doctors & Nurses Quarter	Target – 153
		Completed – 112 and occupied

2. Human Resources

- The first batch of 164 Rural Health Practitioners (a 3 year course started by the State – details given in the Innovations section) has been deployed at the Sub Centres.
- 327 AYUSH doctors are in position. MO(MBBS) in position are 1431regular and 1067 contractual, including 1 year compulsory rural posting ones. The detail of One year rural postings is given in the Innovations section.
- Only four gynecologists in Dhemaji: three posted in DH and one in CHC Jonai. The MO trained in EMOC is not able to conduct CS in Gogamukh or Jonai as no Anaesthetist is posted in these facilities.
- ANMs appeared de-motivated, having low confidence level, some of them are not conducting deliveries, even after SBA training.
- BEmoC training has not taken place in the State.
- Training calendar was not available – adhoc trainings are happening.
- SIHFW exists but does not have identified regular faculty members to impart trainings, hence lack of coordination of trainings in the State.
- GNM training school takes a batch at a time and the next batch is taken in only on completion of the existing batch. The team had suggested to take a new batch every year to facilitate reduction in the HR gap for GNMs.

Year wise target and achievement of Training conducted by SIHFW, Assam

Type of Training	Category	TARGET 2009-10	ACHV. 2009-10	%	TARGET 2010-11	ACHIEVEMENT till NOV, 2010	%	Total trained till date
MATERNAL	HEALTH							
SBA-TOT	Supdt.(DH), Dy. Supdt (FRU) Nodal Person, Gyn, Ped, GNM from DH & FRU	110	125	114	50	45	90	351
SBA -DIST	SN/ANM/LHV	1512	875	58	1632	612	38	2324
BeMONC	Medical Officer				288			
EmOC	Medical Officer	16	7	44	48	7	15	14
LSAS	Medical Officer	20	4	20	20	7	35	30
MTP	Medical Officer	205	35	17	250	50	20	271
RTI/STI-ToT	Medical Officer	300	84	28	168	66	39	203
RTI/STI	Medical Officer				165			
RTI/STI	ANM	1200			1200			
TBA	DHAis				1000			

T- Target A- Achievement P- Percentage of achievement

Year wise target and achievement of Training conducted by SIHFW, Assam

Type of Training	Category	TARGET 2009-10	ACHV. 2009-10	%	TARGET 2010-11	ACHV. till NOV,2010	%	Total trained till date
CHILD	HEALTH							
IMNCI-TOT	MO/ Para Medical/Social Welfare Personnel's	360	220	61	384	113	29	596
IMNCI-DIST	ANMM / AWW	6240	4149	66	10032	4703	47	11646
IMNCI	Supervisor				552			
F- IMNCI-ToT	Medical Officer		18		48	17	35	35
F- IMNCI	MO/SN				960	99	10	99
FBNC	MO/SN					111		111
NSSK-ToT	Medical Officer				60	75	125	75
NSSK-dist	MO/SN				2258	775	34	775
RoutineImm	MO	2705	425	16	2280	1632	72	2057

T- Target A- Achievement P- Percentage of achievement

Year wise target and achievement of Training conducted by SIHFW, Assam

Type of Training	Category	TARGET 2009-10	ACHV. 2009-10	%	TARGET 2010-11	ACHV till Nov, 2010	P%	Total trained till date
FAMILY	PLANNING							
Laparoscopic Training	Medical Officer/SN.OT	153	95	62	150	24	16	158
Minilap	Medical Officer	112	87	78	240			123
NSV	Medical Officer	100	91	91	100	32	32	123
Contraceptive update trng	Medical Officer				300			
IUCD-ToT	MO/SN/LHV					19		212
IUCD-DTT	MO/SN/LHV	2290	618	30	1200	533	44	1417
IUCD	ANM	3480	1537	44	2400	718	30	2664
ARSH	TRAINING							
ARSH-ToT	Medical Officer				120			140
ARSH-	Medical Officer				300			
ARSH-	ANM/SN				900			

T- Target A- Achievement P- Percentage of achievement

3. Health Care Service Delivery-Facility Based- Quantity and Quality

Health Institutions in the State

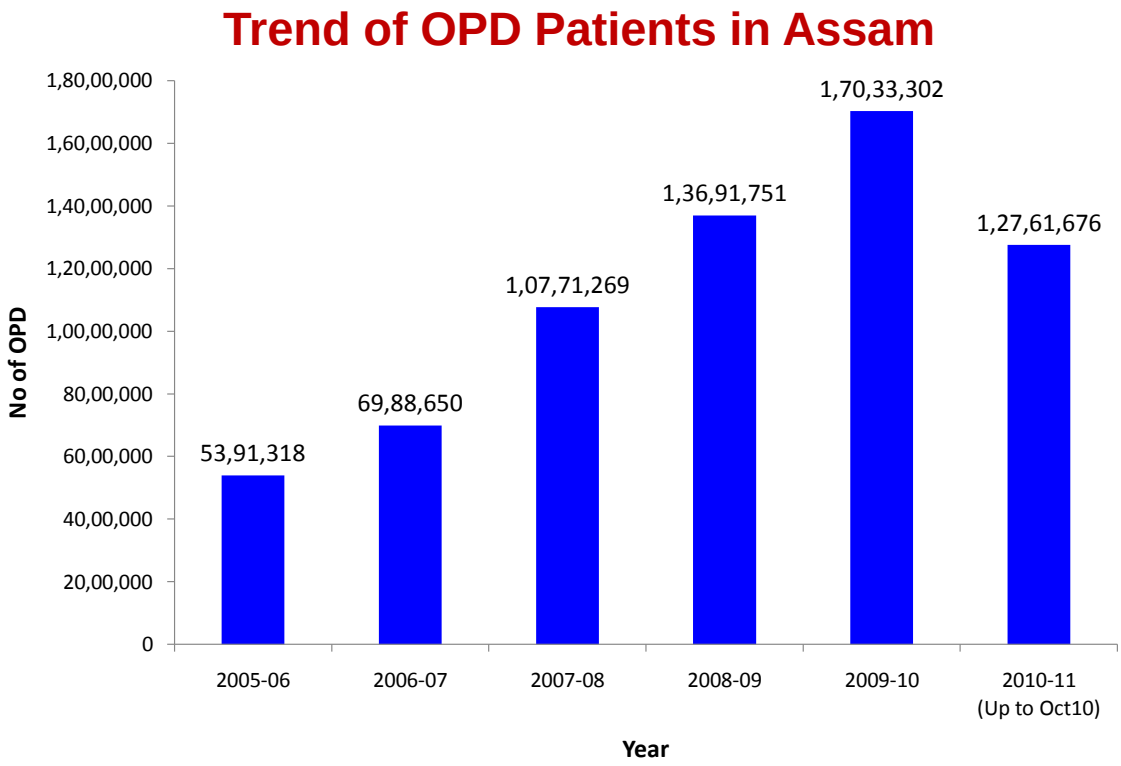
Medical colleges	4 + 3 (New)
District Hospitals	22 + 5 (New)
SDCHs	13
CHCs	108 + 60 (New)
PHCs	844 + 150 (New)
Sub Centres	4592

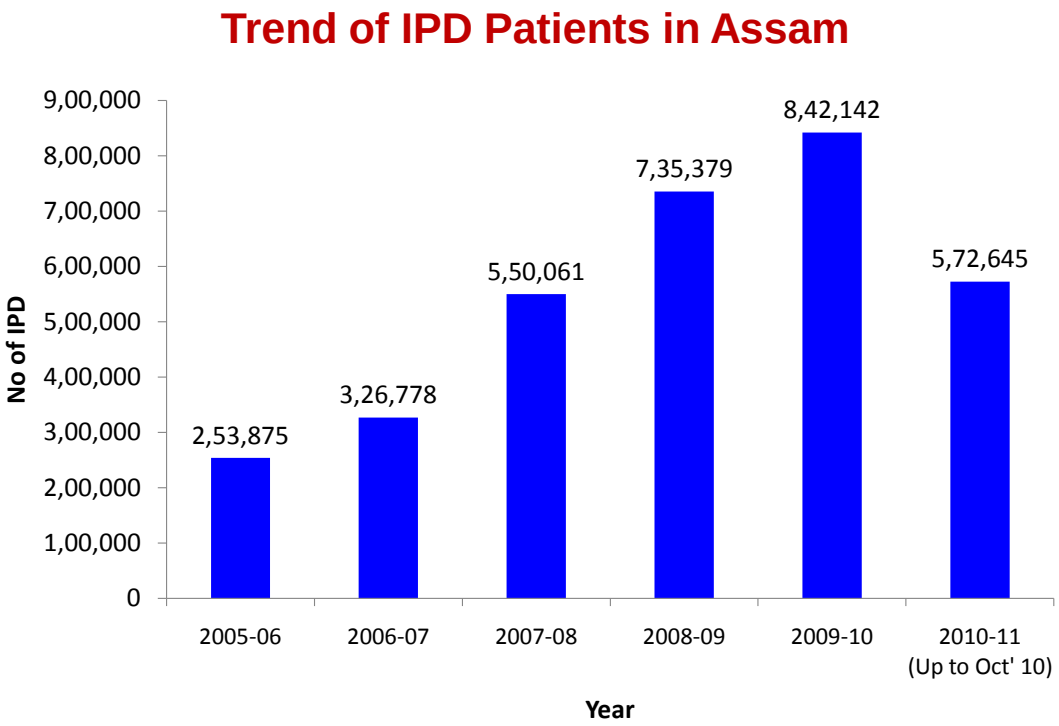
- FRUs – 61 (22 DH + 39 SDCH/CHC)
- 24 X 7 PHCs – 343 (MCH Centres among these are 169 and 109 are proposed)
- BSc Nursing Colleges – 1, construction for 2 more are going on
- GNM Training Centres – 15 + 8 new
- ANM Training Centres - 18

- Range of services are being provided from Sub Centre; Mini-PHC, Block PHC, CHC and District Hospital. There is an issue of the use of nomenclature for these facilities. Though facilities have been titled as PHCs, BPHCs, CHCs etc. but they do not fulfill the criteria for that nomenclature. The team was informed that they have been identified so and are being upgraded.

- Assam State has made it mandatory for MBBS students to sign a bond that after completion either they serve in the Govt. institution for five years or opt for one year rural posting. Doctors who plan to pursue post graduation also have to serve in the rural areas for one year prior to applying for it.

- The State has initiated Evening OPDs to make the services available to the workers who are unable to avail the services in the morning hours. M Os are paid Rs. 300/- extra per evening OPD day. This service was available in both the districts the team visited. The number of patients visiting evening OPD is 40 – 60 % in addition to the morning OPDs in different facilities.





- Drugs and supplies are found to be more than adequate – Drug stock management is not appropriate – registers not maintained at DH -Dhemaji while at Lakhimpur they were well maintained.
- Free supply of medicines has increased overall service delivery.
- Range of services in facilities is uneven and inadequate according to the nomenclature of those facilities.
- In couple of facilities at Dhemaji patients were asked to purchase drugs from pharmacy despite free supply of the same (needs investigation)

3. Outreach services

4. Boat Clinic is a good initiative (details given in the Innovations section). Presently Once a month visit is planned which seems low ,frequency needs to be increased for effective follow up of patients. Service delivery uptake has increased but does not reflect community level outcomes. Availability of a Boat ambulance to support these services would add value. A functional Sub Centre in the area will meet the daily needs of the tribal community., t ASHAs were active in the area. Since the boat clinic takes place once a month, the ASHA of the area has been trained to give injections. The medicine and ampules along with the prescription is given to the patients and ASHA does the follow up of the treatment and provide timely dosage of injections also.

5. The Mobile Medical Unit – MMU (details given in the Innovations section) visits the unreached areas and provides clinical and diagnostic services with medicines dispensing. The ones visited by the team were found to need equipment maintenance (X ray and baby weighing machine has not been in working condition for quite some time). The design of the Van needs to be patient friendly, especially the stairs to be lowered and creation of drug dispensing windows.

6. Services provided by the ASHA in community like distribution of PCM, ORS, and Contraceptives are appreciated by the community.

5. ASHA Programme

- Total no. of ASHAs in position =28,928.
- ASHA Drug kit distributed to all the ASHAs.
- Training module available in Assamese, Bengali.
- Training upto 5th module is completed for all ASHAs.
- Incentive paid to ASHAs for Institutional Delivery, Full Immunization, Family Planning motivation, organizing VHND, detecting fever cases (Malaria), completion of DOTS treatment under RNTCP (TB).
- Earning Rs. 600 (Dhemaji) to Rs.2000 + (Lakhimpur) per month on an average.
- Radio set distributed to all the ASHAs.
- Radio Programme for ASHA's started from 8th October 2007. The programme gives them renewed and latest knowledge on the subjects they deal with people. ASHA radio program is not only a good initiative to update their knowledge, improves their functioning but also gives credibility and respect to ASHAs since many a times ASHAs share these programme with the community when they are being aired.
- 4(four) Radio Stations Guwahati, Dibrugarh, Silchar and Tezpur broadcasting the Half an hour ASHA programme twice weekly.
- Bicycle is provided to each ASHA – an initiative by Govt. of Assam under Assam Vikash Yojana
- Total 2702 ASHA facilitators are appointed. Though it is a good initiative, these facilitators are not trained enough to supervise ASHAs, with proper training they can support the communitisation process.
- ASHAs in Dhemaji and Lakhimpur are very proactive and knowledgeable

- ASHA badge and coding system is a good initiative in Dhemaji and is working well., helps in tracking the work done by each ASHA Similar system functional in Lakhimpur

- Some ASHAs expressed the desire to receive training in BP measurement; Career progression pathway for ASHAs needs to be devised – may need policy changes. During debriefing the Principle Secretary Health also agreed for providing career progression. A proposed suggestion is that ASHAs who have been functional for 3-4 years can now be identified and given ANM training be absorbed in the system and be posted at the SCs. This will give opportunity to new set of ASHAs to come up and the momentum continues. Similarly ANMs who are performing well can be given opportunity to go for GNM training and have career progression. This way the manpower shortage can also be managed since newer facilities are coming up and many more are required as per IPHS standards to meet the requirements to decentralize the patient load.

6. RCH II

Maternal Health activities

- Involvement of 28,861 ASHAs equipped with drug kit and pregnancy kit for maternal and child health care.
- Support to ASHAs by appointing 2702 ASHA facilitators.
- Organizing Village Health & Nutrition Day every month.
- Micro Birth Planning by the ANM for all the pregnant women
- "Mamoni" Nutritional Support of Rs. 1000/- to pregnant women – an initiative by Govt. of Assam (details given in the Innovations section).
- Cash assistance to mothers under JSY scheme.
- Encouraging mothers to stay in the Hospital up to 48 hours after delivery to prevent post partum hemorrhage by providing Baby Kit (Mamata Kit - details given in the Innovations section.
- Training of ANMs/Staff Nurse for SBA
- Training of Medical Officers on CeMOC and LSAS
- All the SCs have been provided with SC Kit – A and B.
- Upgradation of Sub Center for Delivery (191 SCs taken up in 14 high focus districts).

- Rural Health Practitioners have been posted in the Sub-centres

- Compulsory one year Rural Posting for MBBS doctors to get admission in the PG courses.

- Construction of Labour Room/ Ward in PHC/SD/SHC and operationalizing 343 PHCs as 24X7.

- Upgradation of SDCH/ CHC to 39 functional First Referral (FRU) Unit having specialist doctor with provision of C-section operation and Blood Storage facility.

- Strengthening of referral mechanism from village to Health Institutions through 108 Mrityunjoy Emergency Referral Transport and by providing ambulances to health institutions.

- Dhemaji and Lakhimpur: Only one facility/DH having LSCS services. Need to have at-least one more facility, appropriately located, for LSCS/EmoC services.

- Labour rooms equipped with almost all medicines, but need to have suction machines, additional labour table is required in MPHCs and PHCs – Gogamukh.

- Deliveries not happening at SCs in Dhemaji – despite ANMs being trained as SBAs. Char area needs TBA training according to revised curriculum. Lakhimpur SCs are conducting deliveries and some have RHPs posted there that has added value to the services

- MDR: Forms being filled, but not reviewed or used for decision making – not able to capture delays

- Lakhimpur: 28 maternal deaths (anemia, PPH) and 11,152 institutional deliveries (33% institutional deliveries, and 64% unreported deliveries) in the current year

- Dhemaji: 34 maternal deaths during 2010 (April-October) and 8,285 deliveries (71% institutional deliveries) in the current year Dhemaji: Only one facility/DH having comprehensive obstetric services and cesarean facilities. Need to have at-least one more facility, appropriately located, for CS/EmoC services. There was only one operation theatre (OT) at Dhemaji hospital that was shared between surgical and obstetric team. At times, if a long surgery is going on in the OT, emergency cesarean sections could not be held and cases of Stillbirths were reported due to lack of timely CS. Lakhimpur DH has two OTs, one is for ObGy., similar arrangement can be made in DH Dhemaji

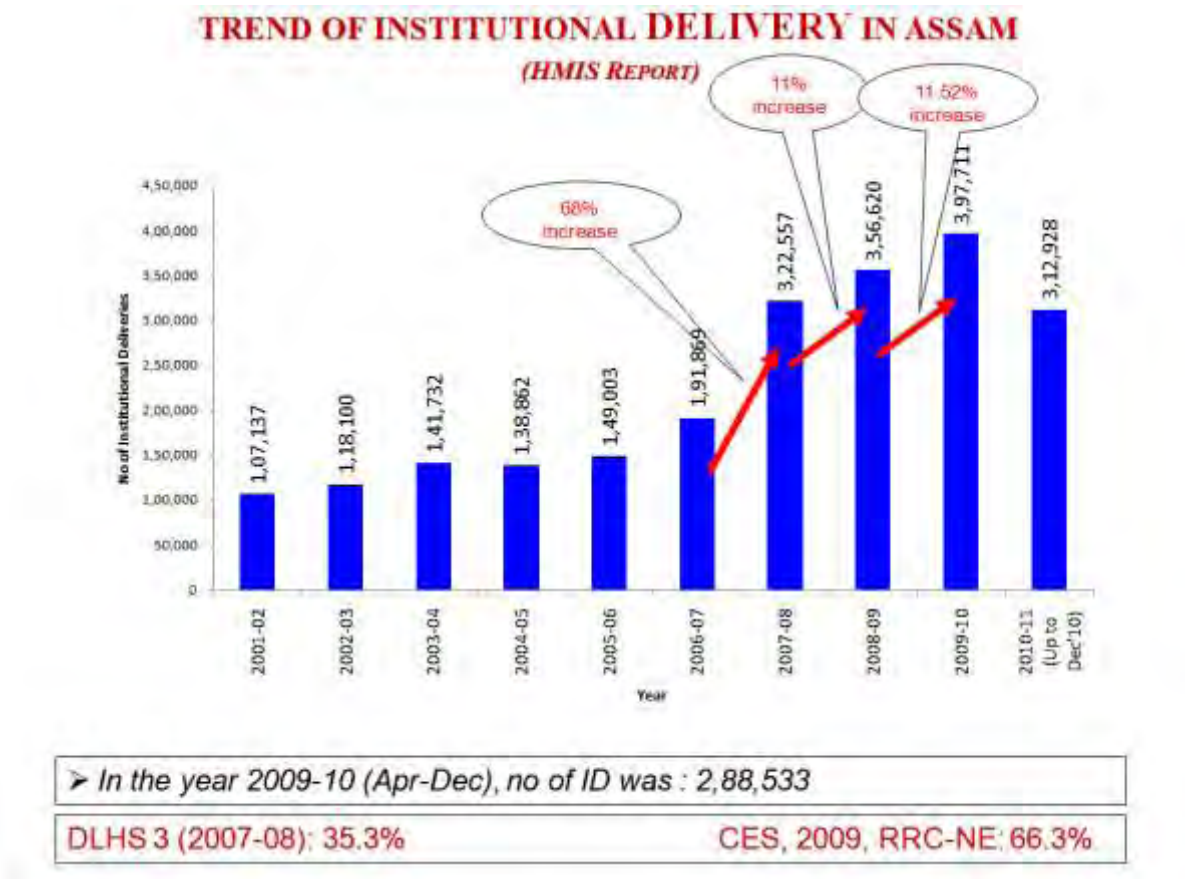
- Maternal Death Review (MDR): Forms being filled, but not reviewed or used for decision making. A lot of stress was put on deaths due to obstructed labor, but the issue of social causes leading to maternal deaths need to be understood and addressed, such as, delays during travel (only one facility available in whole Dhemaji providing CS). MDR needs to capture three delays (delay in identification of complication and decision making to shift to hospital, delay in travel due to far flung areas, delay in receiving attention at the hospital).

- One of the reasons for maternal deaths given was severe anemia. Anemia seems to be an issue in the state despite relatively good nutrition habits and access to fish and poultry. The issue of worm-infestation was also discussed with service providers who mentioned that worm infestation is quite common during pregnancy also. The team recommends that de-worming program during second trimester for all ante-natal women should be initiated.

Maternal Health Status

Indicator	**Present Status**		**Status prior to NRHM**
	SRS Estimates, RGI 2004-06	**CES, RRC-NE 2009**	**SRS Estimates, RGI 2001-03**
Maternal Mortality Ratio (MMR) - per 1,00,000 Live Birth	**480**	**333**	**490**
	DLHS-3 2007-08	**CES, RRC-NE 2009**	**DLHS-2 2002-04**
Institutional Delivery (%)	**35.3 %**	**66.3%**	**23.2 %**
Mothers who received any antenatal check-up (%)	**74.8%**	**-**	**59.8%**
Mothers who had antenatal check-up in first trimester (%)	**39.4%**	**-**	**38.5%**
Mothers who had three or more ANC (%)	**46.4%**	**68.3%**	**39.4%**
Mothers who had at least one tetanus toxoid injection (%)	**69.3%**	**88.9%**	**55.0%**

TREND OF INSTITUTIONAL DELIVERY IN ASSAM



Child Health

- New born corners in place at all facilities
- Routine immunization needs are being picked up and monitored by the tracking system in Dhemaji and Lakhimpur.
- Immunization improving overall immunization rates
- JE immunization has also improved. Last year it was done in campaign mode but it needs to be carried on routinely.
- Deworming programme along with Vit-A is working in both districts
- SNCU needs to be operationalised ASAP

Child Health – Activities

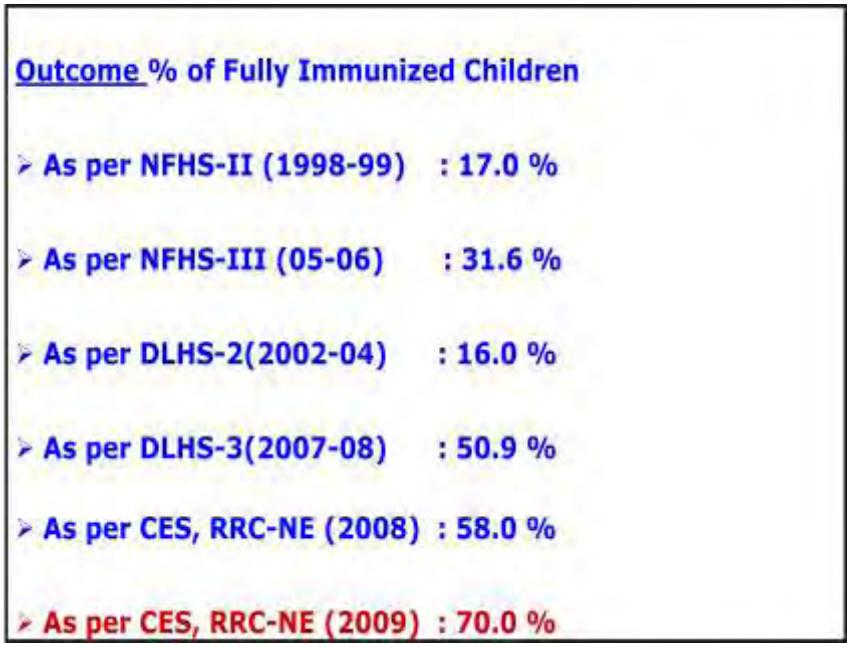
- IMNCI Training of AWW & ANMs

- Strengthening Routine Immunization with special focus in Difficult areas.
- Special Vit. A and Deworming drive bi-annually.
- Establishment of Sick Newborn Care Unit in District Hospital (6 functional)
- Establishment of Newborn Stabilization Unit in all the SDCH/ CHC/ PHC (89 Stabilization ready, manpower training under process)
- Setting up of Nutritional Rehabilitation Center for malnourished children in 3 districts.

Child Health Status

Indicator	**Present Status**		**Status prior to NRHM**
	SRS October 2009	**CES, RRC-NE 2009**	**SRS April 2005**
Infant Mortality Rate (IMR) per 1,000 live birth	**64** (61 as per SRS 2009)	**46**	**67**
	DLHS-3 (2007-08)	**CES, RRC-NE 2009**	**DLHS-2 (2002-04)**
Children 12-23 months fully immunized (%)	**50.9%**	**70.0%**	**16.0%**
Children 12-23 months who have received BCG vaccine (%)	**83.8%**	**94.5%**	**61.3%**
Children 12-23 months who have received 3 doses of DPT vaccine (%).	**60.4%**	**87.1%**	**36.3%**
Children 12-23 months who have received 3 doses of polio vaccine (%)	**64.9%**	**86.7%**	**27.6%**
Children 12-23 months who have received measles vaccine (%)	**64.4%**	**81.7%**	**33.7%**

ROUTINE IMMUNIZATION PERFORMANCE



State of Assam Performance in R.I for Last Few Years

Year	BCG	DPT-1	DPT-3	OPV-1	OPV-3	MLS.	F.Imm	TT(PW) 2+B
2010-11 (upto Oct'10)	54.35	52.52	52.08	52.38	51.76	50.39	49.40	49.36
2009-10	92.57	90.14	86.44	90.06	86.16	84.23	81.54	73.71
2008-09	101.1	101.03	90.03	101.06	90.25	83.32	79.29	71.97
2007-08	105.70	104.99	94.55	101.84	92.29	88.70	82.40	75.22
2006-07	97.93	96.29	86.65	95.81	88.81	85.30	74.96	76.86

Immunization Performance Assam

Infant (2010-2011) : 668,040

Full Immunization (Upto Oct'10) : 330005

Coverage on Full Immunization

2010-11 (up to Oct'10) : 330005 (49.40 %)

2009-10 (up to Oct'09) : 315084 (44.36%)

Increasing Trend of Coverage By : 5.04 in 2010-11 over 2009 – 10

Family Planning

- Family planning activities were observed to be going well but through camp approach only.

- Intra-uterine contraceptive device (IUCD) trainings completed in Dhemaji for Medical Officers and Nurses (GNMs) and they are providing IUCD services. At Lakhimpur only MOs are trained and a few GNMs also, but IUD insertion is mainly done by MOs and is not a popular method of FP. More preference is given to OCPs by women.

- The Post-partum IUCD services are provided regularly at the Guwahati Medical College. The team observed the records at the labor room of the medical college. One of the post-graduate students is conducting a follow up study on the procedure, which can provide useful information for the program at larger scale.

- The state showed an increase in Non-Scalpel Vasectomy (NSV) cases and regular services needs to be provided at District Hospitals (DH).

- At DH/Dhemaji, three gynecologists are posted but laparoscopic tubectomy or routine abdominal tubectomy services are not happening. The only person who knew these procedures has been promoted and two others do not know the procedure. Thus these services are provided through camps only.

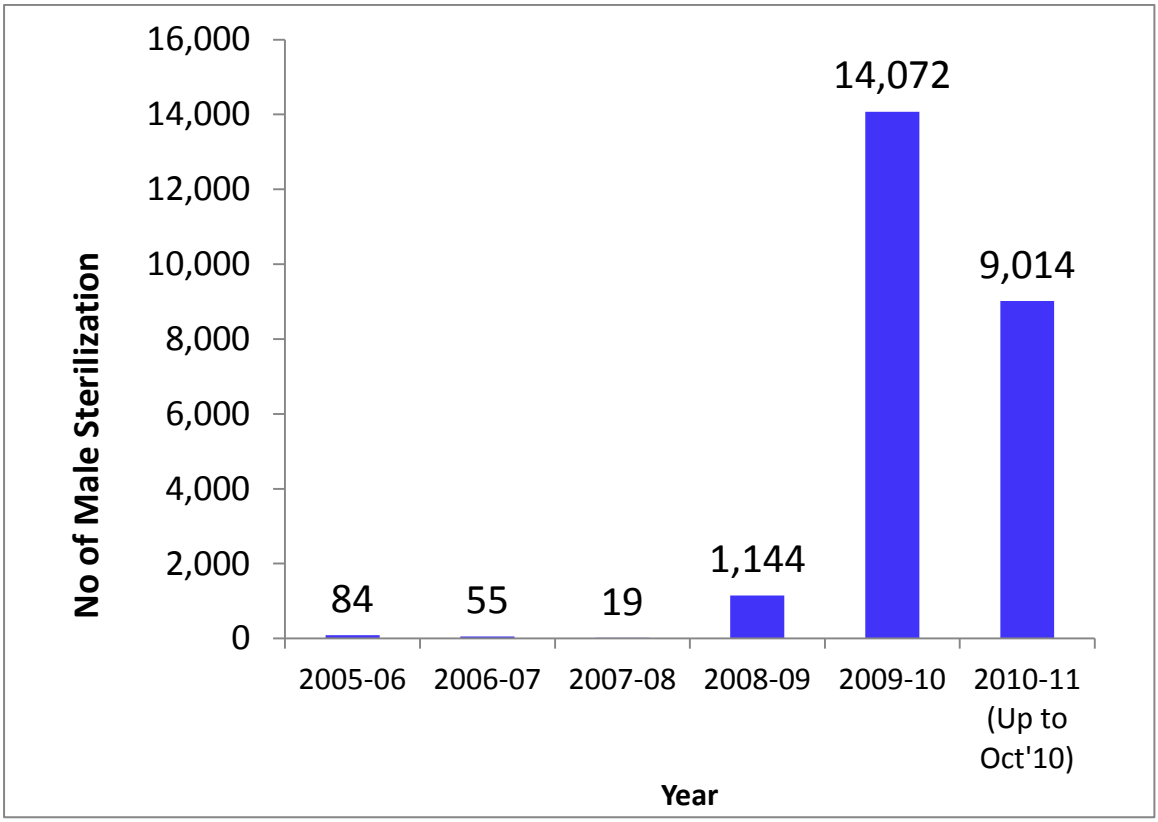
- Post-partum family planning/tubectomy not happening and needs to be institutionalized.

- Place for IUCD services to be designated along with Gynecology out-patient department (OPD).

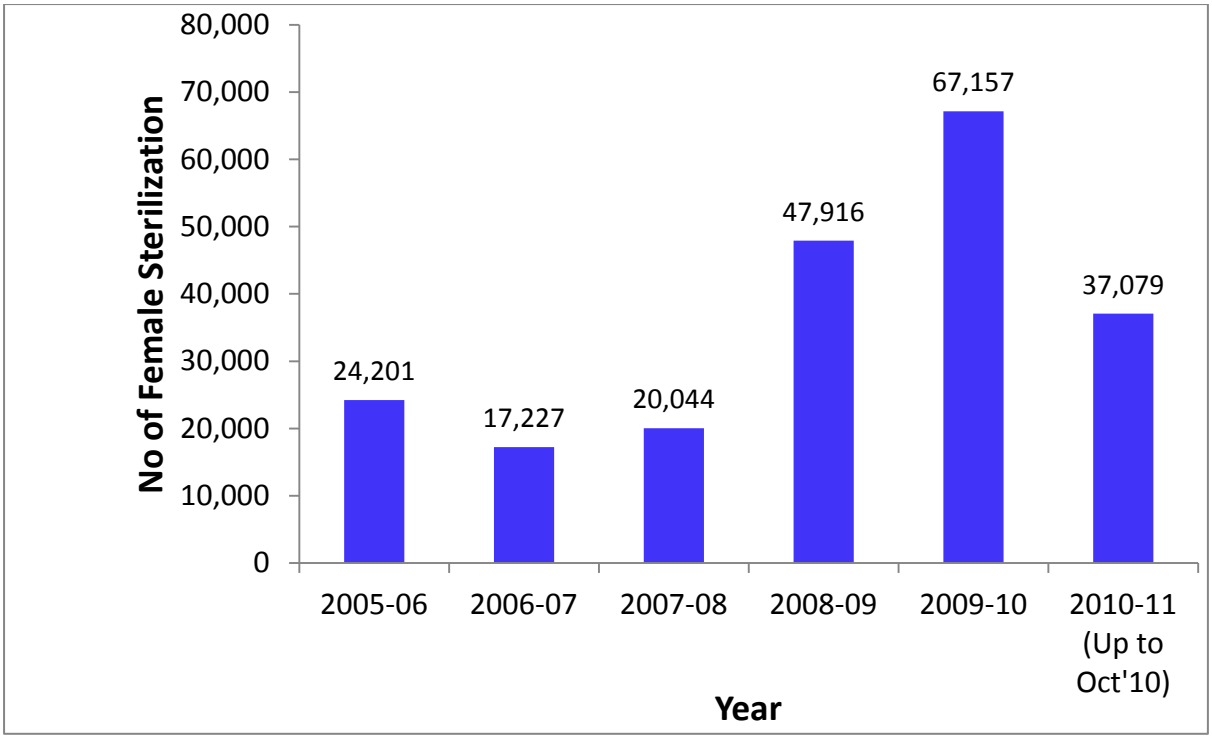
- Fixed day sterilization is happening in all the District Hospital.
- Special monthly sterilization camp is also conducted in CHC/ PHC.
- Training of Medical Officers and O&G Doctors on Mini Lap and Laparoscopic Sterilization is to be held.

- Training of ANMs, Staff Nurse and Medical Officer on IUCD insertion has been held.

Family Planning Performance– Male Sterilization



Family Planning Performance – Female Sterilization



State of Assam Performance in F.W (2007-08 to 2010-11)

Year	STERILIZATION	IUD INSERTATION	CC Users	OP Users
2010-11 (upto Oct'10)	46093	30464	40065	48029
2009-10	81159	40069	50258	64866
2008-09	49060	31152	33576	47422
2007-08	20023	29083	23029	32274

7. Nutrition

- Nutrition does not seem to be of high priority even at VHND since no such activities are taking place.

8. Disease Control Programme

- Malaria – ASHA using RDK for Pf and also doing slides for Pv. Incentives are not given though money is available with PHC at Dhemaji. Lakhimpur is providing incentives.
- ITN provided 14,000/ assembly constituency – inadequate; kaothin is not available for Community based impregnation
- RNTCP doing well
- Both districts have second line treatment but artemesin tablets expired
- Low focus on Leprosy and blindness control programmes
- IDSP working well in both districts

Epidemiological Situation of Malaria in Assam

Year	BSC/E	Total Population	Pf	Pf %	SPR	ABER	API	Death
2007	2399836	94853	65542	69.09	3.95	8.09	3.19	152
2008	2687755	83939	76350	69.09	3.18	8.62	2.74	86
2009	3021915	91413	66557	72.80	3.02	9.66	2.92	63
2010 up to Oct	3797871	62146	43684	70.20	1.64	12.05 MBER	-	32
2009 up to Oct	2587298	84719	61280	72.33	3.27	8.27 MBER	-	60

Observations :-

- Surveillance during 2010 upto Oct increased by 47% in comparision to 2009 for the same period
- Malaria positivity is decreased by 26.6% upto Oct 2010 in comparision to 2009 for the same period
- The increase of Malaria during 2009 in comparision to 2008 is attributed to increase surveillance and diagnosis after introduction of RDT
- Slide positivity rate is also decreased during 2010 by 50% in comparision to 2009

Physical Performance of Eight endemic districts during 2010

Year	BSC/E	Total Positive	Pf Positive	SPR	Death
2010 upto Sept	858989	47652	33998	5.5	12
2009 upto Sept	660735	58307	41466	8.8	15
Observation:- • Surveillance is increase by 30 % during 2010 in comparison to 2009 • Positivity is decreased by 18 % during 2010 in comparison to 2009					

Status of LLIN distribution in 8 endemic districts

Sl. No	Name of dist	Total H-Hold	Total LLIN required API >2	Total LLIN distributed till 2009	LLIN supplied by GOA	LLIN proposed to be supplied by GOI	Total LLIN (end of 2010)	Plain Bednet allotted
1	Baksa	125000	250000	50900	42000	50000	142900	96100
2	Chirang	135000	270000	23000	28000	39000	62000	39500
3	Goalpara	198711	397422	26000	56000	63000	145000	32600
4	Hailakandi	76857	153714	15200	56000	50000	121200	33000
5	K-Anglong	182058	364116	41600	56000	26000	123600	75100
6	Kokrajhar	188000	376000	16600	52000	50000	118600	45200
7	N.C. Hills (Dima Hasao)	44000	88000	22100	14000	25000	61100	30000
8	Udalguri	212315	424630	35700	42000	80000	157700	38500
Total		**1161941**	**2323882**	**231100**	**346000**	**383000**	**932100**	**390000**

AES /JE Cases and Death 2008, 2009 & 2010 (up to Oct)

Year	Diseases	Cases	Death	CFR
2008	AES	319	100	31
	JE	157	33	21
2009	AES	643	109	17
	JE	218	46	21
2010 (Oct)	AES	442	96	22
	JE	134	33	25

J.E Vaccination in ROUTINE IMMUNIZATION 2010-11 (upto Oct'10)

Name of District	Target	TOTAL
Dibrugarh	28,928	0
Sivasagar	29,653	736
Golaghat	23,083	1949
Jorhat	25,240	5189
Tinsukia	27,615	516
Dhemaji	15,412	644
State Total	1,49,931	9034

JE Campaign Coverage – 2010-11

Sl. No	District	Target	GRAND TOTAL (1 – 15 yrs)			%
			Male	Female	TOTAL COVERAGE	
1	NAGAON	859192	120457	137215	257672	92.58
2	SIVASAGAR	437427	184328	185331	369659	84.51
3	DIBRUGARH	431690	205690	195299	400989	92.89
TOTAL		1728309	781995	784082	1566077	90.61

Dengue Status of Assam (30-11-2010)

No. of suspected Dengue Cases	302
Mac Elisa Positive Dengue Cases	158
Death	2

9. Institutional Mechanism & Programme Management

- Evening OPD, a good initiative. It is catering to the needs of the community and has more than 50% attendance of the morning OPD.
- PPP model working well in Lakhimpur at Harmoti Tea garden. The delivery load has diverted back to the Estate hospital from the PHC.
- RKS mechanism needs strengthening

10. Financial Management & Expenditure Pattern

- Web based data management system in place in *Lakhimpur* upto block level.
- Overall fund utilization relating to various activities are not adequate(51%) 2010.
- Utilization is more in RCH and Less in NRHM
- Every year there are leftover untied funds in most health facilities.
- Untied fund for the 2010-11 year (Nov) yet to reach the health facility
- In Dhemaji-Funds are coming on time, RKS meeting are held but they decide on their own where to spend.
- Overburdening of the staff regarding finance management.
- Maintenance of accounts and payment to the beneficiaries is unmanageable by the same official with the implementation of new schemes.
- Concurrent audit being initiated.

Statement showing the Fund received and utilized under NRHM from 2007-08 to 2010-11 (up to 31st October 2010)

Year	Scheme	PIP Approved	Opening Balance	Fund Received	Fund Utilized	Closing Balance	Total funds in the year	Fund unutilised	%of fund utilisation
2007-08	RCH-II	14113.00	4458.72	12682.44	9021.93	8119.23	17141.16	8119.23	52.63
	NRHM	44683.00	13403.80	42605.72	33155.03	22854.49	56009.52	22854.49	59.20
	UIP	1419.00	176.57	1859.25	2052.58	-16.76	2035.82	-16.76	100.82
	Total	**60215.00**	**18039.09**	**57147.41**	**44229.54**	**30956.96**	**75186.50**	**30956.96**	**58.83**
2008	RCH-II	26379.32	8119.23	28024.0	18207.5	17935.6	36143.23	17935.64	50.3

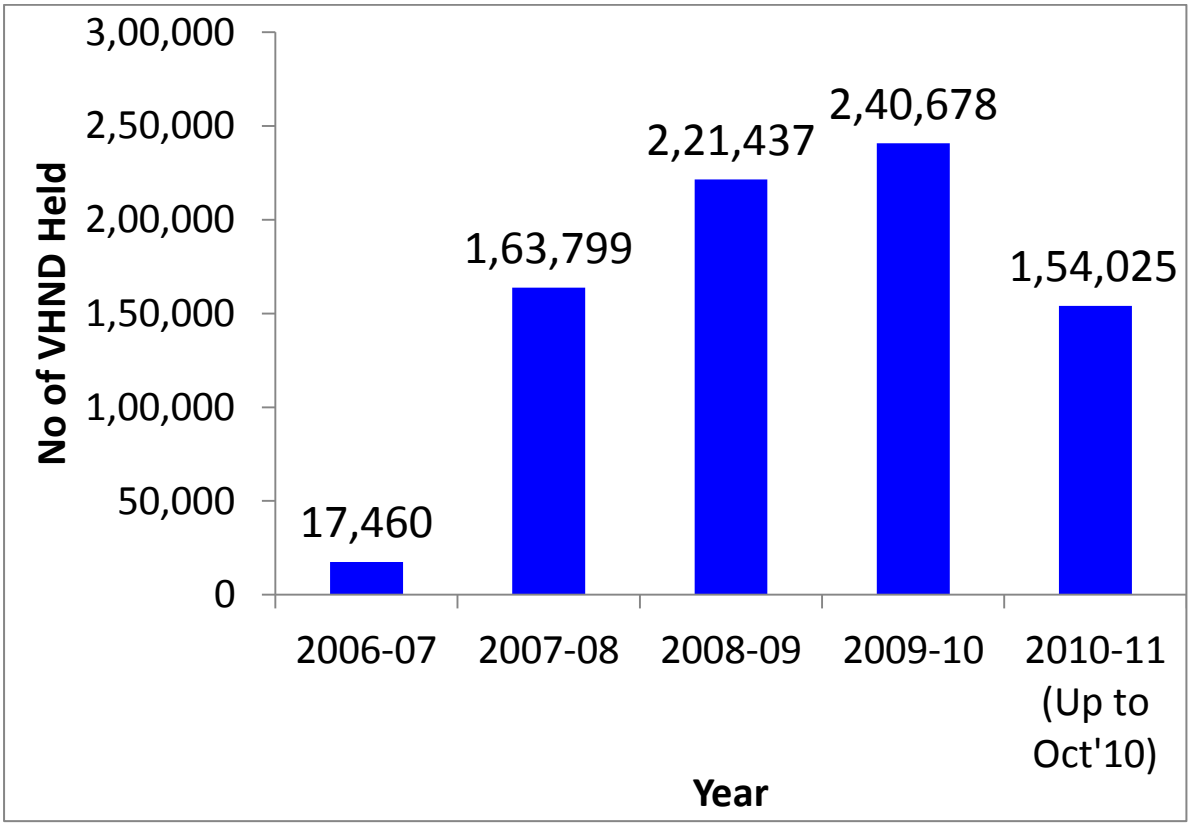
-09				0	9	4			8
	NRHM	43840.73	22854.48	26712.00	36943.48	12623.00	49566.48	12623.00	74.53
	UIP	1024.00	-16.76	3036.15	3257.52	-238.13	3019.39	-238.13	107.89
	Total	**71244.05**	**30956.95**	**57772.15**	**58408.59**	**30320.51**	**88729.10**	**30320.51**	**65.83**
2009-10	RCH-II	22044.59	17935.64	31465.00	15461.94	33938.70	49400.64	33938.70	31.30
	NRHM	58779.92	12623.00	60153.29	44896.27	27880.02	72776.29	27880.02	61.69
	UIP	1543.61	-238.13	2351.99	1989.18	124.68	2113.86	124.68	94.10
	Total	**82368.12**	**30320.51**	**93970.28**	**62347.39**	**61943.40**	**124290.79**	**61943.40**	**50.16**
2010-11	RCH-II	31739.29	33938.70	8709.00	6093.78	36553.92	42647.70	36553.92	14.29
(As on 31st Oct '10)	NRHM	73412.08	27880.02	22618.00	15466.90	35031.12	50498.02	35031.12	30.63
	UIP	2234.38	124.68	1271.00	792.05	603.63	1395.68	603.63	56.75
	Total	**107385.75**	**61943.40**	**32598.00**	**22352.73**	**72188.67**	**94541.40**	**72188.67**	**23.64**

11. Decentralized Local Health Action

- VHSCs in all villages; joint A/c have been opened; VHSC undergone one day training
- Registers have been distributed recently
- Untied fund received – 2 times; Not received in this financial year
- Expenses dictated/limited to a great extent by guidelines – 3000 to BPL families for latrines, BP, exam table, furniture
- Little example of planning according to village needs
- Relationship between VHSC and VHND are not strong
- VHND meetings are more a matter of form than substance
- PRI involvement is 'there' but not adequate
- Field NGOs involved in VHSC training
- Community Monitoring has been suspended for last two years or more

- Field NGOs felt the capacity building of VHSC under Community Monitoring was more effective leading to greater sense of entitlement and participation of VHSC and community
- RKS functioning needs regularization and strengthening

MATERNAL HEALTH – PROGRESS TREND OF VILLAGE HEALTH & NUTRITION DAY



12. IEC

- There are lot of IEC and BCC activities going on at state level.
  (Hoardings at the roadside and various public places, print media, use of mobile phone messages, radio shows, television, IPC, GDs, etc)
- Total 700 employees in a state for IEC and BCC activities(state BCC expert, District Media Expert, Distt. media extension expert, district community mobilizer, ASHA facilitators)
- They are organizing VHND days monthly,
- VHSC s are functional

- All relevant information regarding services and citizens charter displayed at the facilities which is appreciated
- There are no issue specific IEC/BCC activities for the state and districts. It is all about NRHM initiatives and activities.
- No impact study done for IEC/BCC activity
- ASHAs need more training and orientation.
- Formats are available but the activities under VHSC needs activation.
- Monitoring system depends on the submission of a CD as part of reporting in(Dhemaji) for every visit is a good initiative initially but should be replaced by a better system for future.

13. HMIS

- The formats are reaching the block PHCs and are entered there.
- The state is now of the understanding that for decentralized planning, reports from HMIS could possibly be generated at the PHCs and could be utilized for each institution.
- At Lakhimpur training for data entry operators has been completed recently and hope to start getting better data quality now. There were data gaps.
- Registers (OPD) were not maintained, lots of inconsistency found in the data management.

14. JSY

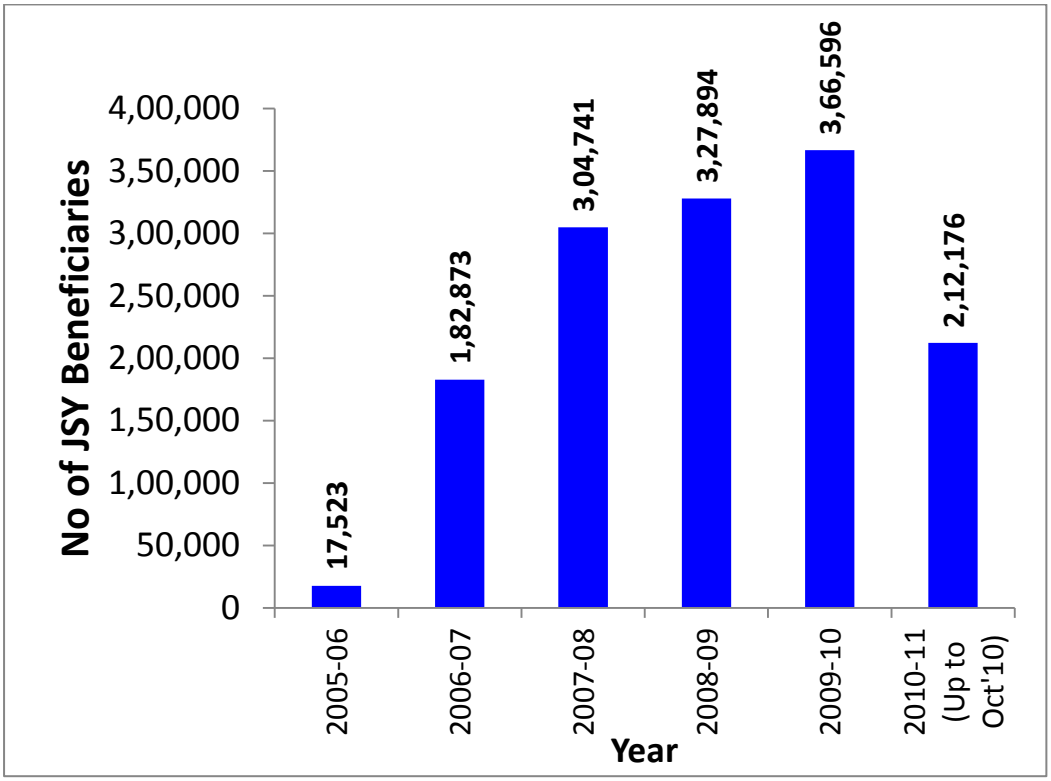
- Formats for JSY payments made by state need to be followed.
- There was no standardized format followed by district hospital which makes tracking the JSY payments difficult.(Lakhimpur)
- At CHC Dhalpur JSY payment records were all fake. Beneficiaries haven't received the money yet for the JSY, but in the records they were shown as paid. Even for the deliveries which happened same day, JSY record were maintained as PAID. On enquiring further we were shown the cheques that were kept ready but on record register it was stamped paid and signed by the accounts person.
- Beneficiaries who came for their delivery had not received the money for Mamoni (1^{st} ANC & 3^{rd} ANC).

- At the District hospital 8 out of 10 women who came for the delivery had not received their payment for 1st ANC as well as 3rd ANC.

- At DH Delivery register was not maintained regularly, it was incomplete.
- More beds needed for the maternity ward. It was overcrowded and unclean.

Trend Of JSY Beneficiaries In ASSAM

(HMIS Report)



Chapter 4: Recommendation

H.R.

- Rationalization of training with work responsibilities required
- Rationalise posting – home district postings are being suggested
- Need to train MOs in BEmoC ; NRHM contractual staff needs training; Regular staff needs motivation and refresher training
- There is a need to rewiew the issue of admission to GNM school in terms of numbers and periodicity to address the shortage of staff.Creation of more faculty positions in these schools accordingly

Health Care Service Delivery

- Need for institutionalizing standard operating procedures and standard treatment guidelines …. for all institutional mechanisms and for services and institutionalize monitoring
- Quality consciousness and client respect training for providers – using an institutional approach
- Free services as mandated by NRHM has to be incorporated into the state mechanism

Maternal Death Review

Dhemaji: 34 maternal deaths and 8,285 deliveries (71% institutional deliveries) were reported. There is a need to conduct maternal death review in light of the three delay model and in context to L1, L2 and L3 facilities. The analysis of MDR would help in taking appropriate action

- Efforts to increase institutional deliveries are required by increasing the facilities (MCH centres) for conducting deliveries as proposed by the state.

Chapter 5: State Specific Issues

INNOVATIONS

MAMONI Scheme "Nutritional food to pregnant women"

New scheme on nutrition has been launched in the state of Assam from October 2008 where in every pregnant women is given a monetary assistance of Rs 1000/- during their pregnancy to ensure that a pregnant women receives nutrition rich food. This initiative also ensures the link of each pregnant woman with 3 Antenatal check up, screening of high risk pregnancy cases and motivating her for institutional delivery in the nearby health institutions, which will lead to reducing maternal mortality.

Mamoni beneficiaries in Lakhimpur:

2009-10: Payment for 1st ANC received by 6017 and for 3rd ANC by 3210

2010-11(up to Nov. '10): Payment for 1st ANC received by 16230 and for 3rd ANC by 12979

Majoni Scheme

State of Assam sex ratio is 935:1000 that means there are 935 females against 1000 males (source census 2001).To improve the situation of sex ratio Government of Assam launched a scheme called a "Majoni" for newborn girl child to safeguard with the educational, health & nutritional rights and also to empower them so that they can be a member in a family enjoying equal rights of male counterpart and do not face gender discrimination.

Under this scheme, a financial package of Rs 5000/- is given to every girl child born in the health institutions after 1 Feb 09.The amount is kept under fixed deposit in the name of the girl child and that amount can only be withdrawn once the girl completes 18 years of age.

Majoni scheme utilization in Lakhimpur

	2009-10	**2010-11(upto Nov. 2010)**
No. of Girl child	6188	3653
Application form submitted	2924	3058
No. of Fix deposit issued	1900	1372
Total fund utilized	95,00,000.00	68,60,000.00

Mamta Scheme

44.2% of all maternal deaths and 39.5% of all neonatal deaths occur within the first 48 hours after delivery. It is essential for both mother and the newborn to remain under medical supervision during these crucial hours. Govt. of Assam has introduced a MAMTA scheme to reduce the neonatal and maternal deaths. Under this scheme the mother receives post natal care services, counseling on breastfeeding, counseling on full immunization of the child during the 48 hrs of stay at the hospital.

The newborn baby is given a baby hamper called “Mamta Kit” which consists of a mosquito net, baby soap, powder, oil, blanket, towel, flannel cloth and a plastic sheet. Till Nov. 2010 4399 had received this kit in Lakhimpur

Morom Scheme

“Morom” –Financial assistance to all the patients admitted in the general ward of the Govt. Hospital for fooding and wage loss

Palna Scheme

In Dhemaji district a project started by the District Collector of Dhemaji includes a hologrammed voucher for transport of the pregnant woman to the institution for delivery along with booklet for mother and baby care etc.

Mother and Child tracking system through a coding system introduced in the ASHA card which tracks each

Mobile Medical unit

Govt. of Assam introduced Mobile Medical units on the 11th of November 2007. MMUs or Mobile Medical Units are vehicles equipped with the latest medical equipment and medicines, which allow prompt delivery to health-care services to areas that are remote and far-fetched. Each MMU consists of a unit that is equipped with state-of-the art diagnostic facilities such as portable X-ray machines, Microscopes, ECG equipment, Ultrasound machines, autoclaves, stretchers, a mobile pharmacy and the like. These units comprise of a Mahindra Scorpio for the staff and two 709 Tata busses with inbuilt OPD, laboratory facility and other essential diagnostic accessories. A generator for power supply is also fitted in each MMU. These specially designed units are complete with two medical officers, two nurses, a lab technician, a radiographer and a pharmacist.

Sl	**Year**	**No of Camps Held**	**No of Patient Treated**
1	2007-08	183	40,304
2	2008-09	1,606	2,59,150
3	2009-10	4,226	6,71,911
4	2010-11 (Up to Oct’ 2010)	2,834	4,22,021
Total		**8,849**	**13,93,386**

From the year 2010-11, new 23 MMUs are being launched in 23 sub-division of the State

Outreach Services

VHND – Village Health and Nutrition Days are being held as Health Day. The VHNDs are held regularly at Anganwadi centers by ANM and ASHA's, they organize VHND once in a month to provide services like immunization, family planning, ANC, counseling of mothers about nutrition and supplementary feeding.

Apart from maternal/ child care and nutrition, they also discuss about hygiene and sanitation and about different schemes like mamoni, moram, majori, mamta kit, started by the State Government.

ASHAs have undergone certain training programmes but still need more training and orientation. She is also involved in some extra activities such as distribution of medicine under RNTCP and making of malaria slides.

VHSC – During health day meetings they discuss issues related to health and sanitation, latrines being constructed by the fund allotted for VHSC, out of Rs. 10,000 VHSC fund, 3000 is fixed for latrine construction, VHSCs not using remaining fund properly because of lack of knowledge about the activities in which they can utilize the fund.

Sanitation committee consists of panchayat leader, opinion leaders, anganwadi worker, ANM, ASHA, old age village women, pregnant women, adolescent girls.

IEC – Very good IEC work is going in the district which is also showing positive results. Generally they do program specific meetings, trainings, rallies, role plays and miking to make people aware. At District level, District Media Expert and District Community Mobilizers are appointed. Every block PHC has BEE (Block Extension Educator). District Commisioner of lakhimpur has installed a TV screen at District Headquarter for the relay of audio - video messages. This new initiative is successful as people stop just to have a glance of the TV spots. A big amount of IEC material (Print/ Audio/ Audio - Video) has been developed, which is properly distributed and displayed at all the levels, including Sub centers, Mini PHC, PHC, CHC, District Hospital and Tea Garden Hospital.

At present district is lacking in monitoring and evaluation of IEC activities being done, district also need area/problem specific IEC/BCC strategy. In the second phase of IEC initiatives State government is planning to start evaluation work of all the IEC activities going on in the State. State government is also planning to focus more on BCC activities to motivate the people.

ASHA Radio Programs

ASHAs are the link person between the community and the health facilities. They are playing a major role in the implementation of NRHM as they are the people who are from the community and are directly communicating with the community itself. Therefore it is very important to train ASHAs and also provide timely information about the new schemes or services in the programme.

Thus the episodes of the radio programme will also act as a refresher course for the ASHAs. Keeping in mind these benefits the NRHM; Assam has initiated a radio programme for ASHAs, in collaboration with All India Radio (AIR) Assam to develop their knowledge and skills.

ASHAs of lakhimpur districts listens radio program every Sunday at 12.30 PM. ASHAs completed training on Radio programmes at Nobusa Block, training was provided by an NGO.

Partnership and Alliances – The NRHM is providing fund for the production of the Radio programme and All India Radio (AIR) is airing the radio programme under the guidance of NRHM. The contents of the programme are being provided one month ahead of the programme to be broadcast by the NRHM to producer empanelled by NRHM and according producers plans the programme, arrange artists and produce the programme for broadcasting.

Major Elements of the Programme - As per the programme plan it is being aired twice in the week i.e. in the same week the programme is repeated, hence the programme is aired 4 times in a month. It is being broadcast in three languages viz. Assames and Bangla. The content of the programme includes updating the ASHAs with new development and also information them about the mission for upgrading the standards of life of the rural people in respect to health and hygiene and particularly promoting the healthy environment for mother and child.

The methodology used is infotainment which means information with entertainment that includes discussion with a subject matter specialist from the health department, song and play. Further, the topic issues are also discussed to provide information, e.g. before the immunization week, information and discussion on this is done, similarly, before any specific day/event the topic related to that event/day is discussed in the programme.

At present, after the launching of the programme following issues was discussed – roles and responsibilities of ASHAs under NRHM, ASHAs role in popularizing Immunization, Family Panning, Safe Drinking Water and Village Health Nutrition Day. The programme also covered role of ASHAs in containing Malaria, Anaemia, Diarrhoea, Sanitation, Measles, Tuberculosis and Anti Tobacco, promoting breast feeding and other health related issues.

Feed Back Mechanism – Pre-paid post cards with printed address of the office of the AIR, Guwahati along with health messages for IEC have been provided to ASHAs through Block Programme Managers, by NRHM, Assam. Each ASHA is given 12 postcards and in case of further requirement, they can collect the same from the BPM. In case of individual queries/ complaints the office of Mission Directorate takes necessary actions. Also, general queries and complaints, which are beneficial to all ASHAs are addressed in the programme itself. Along with this, the experiences of ASHAs are also shared in the programme. Already more than 4000 letters from the ASHAs have been received and the queries of them have been stored out and time to time the answers are being broadcasted through the programme.

Conclusion – The ASHA radio programme is an initiative taken up by of the Govt. of Assam under NRHM to update ASHAs working in the field with current information and also to be in close touch with them to obtain feedback on the NRHM programme. Along with this, the programme also targets the issues that are prevalent in the community keeping the

community as the target audience which ASHAs need to know to discuss with the people at large in the village. In this way, even the ASHAs can work effectively as they know about the current programmes and health issues, which are to be discussed with the community.

Mobile Medical Units - Total 27 units are working in the State; each unit has three vehicles, each unit equipped with x-ray machine, microscope, ECG equipment, Ultrasound machine, stretchers and mobile pharmacy. They do sugar test, hemoglobin test, malaria tests in the van.
Every day it goes to new place and follows fixed schedule for visit, BPM informs ASHA about the visit and ASHA informs villagers about the day and date of MMU visit. Generally it starts at 8.30 from lakhimpur, back around 3.30, which also depends on the number of patients reached for check-up and for getting medicine and distance travelled by MMU. The MMU team consists of 2 Medical Officers, 1 Pharmacist, 1 Lab technician, 1 Radiographer, 2 JNM's.

Major health problems identified during MMU visits are Diarrhea/ Dysentery/ Fever/ Diabetes and Hypertension. Very good data is coming out during MMU visits which are showing existing and increasing number of Non Communicable Diseases in the District, at present District administration is not focusing much on NCD.

Boat Clinics

The islands of river Brahmaputra popularly known as chars or Sapori are among the most backward areas of the state, nearly six percent of Assam's land is covered by these islands and a total of ten percent population of the state i.e. more than 30 lacs populace resides in those islands. These areas are frequently devastated by flood as a result the health status of the people living in those areas are badly affected. Due to the recurring floods, it is difficult to construct permanent infrastructure and health facilities in those areas. The situation is even worsened by the fact that the people residing in these areas change their base every six months either due to erosion of the land or in search for livelihood generation.

Partnership and Alliances:

Keeping these constraints in mind, Govt. of Assam joined hands with an NGO named Centre for North East Studies and Policy Research (C-NES) under the NRHM-Public Private Partnership (PPP) to set up a boat-clinic service which is helping to reach the far-flung areas of the state.

The Boat Clinic renders the services to the island areas through outreach health camp. At the beginning of every month the District wise action plan were prepared and the boat clinic team comprises of two Medical officers, GNM, two ANM, Lab Tech, Pharmacist and other support staff visits the island according to action plan. In these districts, the boat clinics are reaching the poor and marginalized population with sustained health care since last two years. The boat clinics provide both preventive and curative care to the population residing in the islands. The services include:

- Curative care, referral of complicated cases, early detection of TB, Malaria, Leprosy, Kala-Azar and other locally endemic communicable diseases and non – communicable diseases such as diabetes and cataract cases etc

- Minor surgical procedure and suturing
- Reproductive and Child health care including ante-natal check up and related services e.g. injection – tetanus toxoid, iron and folic acid tablets, referral for complicated pregnancies, Promotion of institutional deliveries and post – natal check up
- Immunization clinics
- Family Planning Services
- Basic Laboratory Services

Under this PPP the operational cost and human resource remuneration are borne by the NRHM, Assam whereas the infrastructure meaning construction of the boats is the responsibility of CNES along with the insurance of the boats. The medicines, vaccines and family planning consumables are supplied from District Health Society.

Monitoring mechanism:

Under this PPP the partner implementing agency submits monthly action plan and physical & financial progress report to the State. Besides the regular reporting system quarterly review meeting were performed to understand the progress and difficulties arises while implementing the programme.

Progress achieved:

The response to the service being provided by the boat clinics for the marginalized population is overwhelming as the community was deprived from the basic health services due to non availability of the health infrastructure.

Before the NRHM-PPP these island dwellers had a rare chance to visit health personnel and seek treatment for their illness. Since inception (15th February 2008 to 31st March 2010) more than 2500 outreach health camps were conducted in different islands spreading over ten districts and in few camps even the institutional delivery were also conducted. A total of 2,08,203 general health checkups were done and 8,109 pregnant women received the ante-natal checkups, 2,002 women receives post-natal follow-up and 15,818 children were immunized. Besides these boat clinic team regularly conduct IEC/BCC activities on good health practices and importance of sanitation and hygiene.

Major challenges:

- Due to flood and river bank erosion the population changes their base very frequently and sometimes it is very difficult to identify a particular char during the subsequent visits of boat clinic.
- Very poor sanitation and hygienic condition. No supply of drinking water and prevalence of open defecation make the community more vulnerable to different feco-oral transmitted and water borne diseases.
- Tracking the drop out children and antenatal & post natal women as the population in the char areas are mostly migrants.

- The attrition rate among the human resource of boat clinic is very high.
- Follow up of the patients is one of the major challenges for Boat Clinic services as the boat visit a particular island once in a month or bi-monthly.
- Though in few instances deliveries were conducted in the outreach camp but home delivery is the common practice due to non availability of referral transport from the difficult island areas.

On 20th of every month they organize a health camp when boat clinic goes to the Anubari village of lakhimpur district. Total population of Aunibari Village is 511. Major identified health problems of such villages are – Diarrhoea/ Dysentery/ Gastric Problems/ Skin Problems/ Ring Worms/ Fever/ Joint Pain. Source of water is tube well but villagers mostly use river water for day- to – day activities.

Different superstitions still existing in the community and that is why initially community members were not ready for immunization and institutional deliveries. Community was not very open and not ready to accept outside people. But then State government had done lot of IEC activities to motivate the people. They organized street plays and meetings very frequently, now community people are coming out when service are directly reaching to them with the help of boat clinics. But still they are not ready to go to nearby Sub centre, CHC or PHC for treatment, medicines and deliveries.

Sl. No	Districts	2008-09		2009-10		2010-11 (Up to Oct' 2010)	
		Total Camps	Total Health Checkup	Total Camps	Total Health Checkup	Total Camps	Health Checkup
1	Tinsukia	164	13,008	181	12,688	108	9,447
2	Dhemaji	176	17,067	150	11,581	102	8,637
3	Dibrugarh	204	14,259	193	8,586	73	4,670
4	Morigaon	264	13,779	275	18,364	136	10,501
5	Dhubri	195	28,508	201	22,905	105	12,010
6	Lakhimpur	9	1,828	160	15,381	95	7,472
7	Jorhat	5	529	167	8,421	105	5,940
8	Sonitpur	4	559	183	13,362	101	7,140
9	Nalbari	8	819	182	17,285	106	10,360

10	Barpeta	9	1,480	175	12,840	96	9,665
Total		**1,038**	**91,836**	**1,867**	**1,41,413**	**1,027**	**85,842**

Rural Health Practitioners

Under Assam Rural Health Regulatory Act in 2004, Govt. of Assam established a regulatory authority in Assam to regulate and register the Diploma Holders in Medicine and Rural healthcare and their practice of medicine in rural areas and also to regulate and running of medical institutes for education and training for the course of DMRHC.

The main objectives behind introducing this act are:

- To increase trained manpower for rural areas and in the health sector.
- To bridge the gap between doctors working in the PHC and the outreach section of people of rural community.
- To ease implementation of Govt. health programme efficiently.
- To fill up the vacant posts of proper health personnel in rural areas.
- Regularization of trained manpower will minimize the practice of village quacks and self-made doctors in those areas spreading unscientific knowledge of health.

The Rural Health Practitioner (RHP) is a 3 years diploma course being provided to fill up the deficit gap of skilled manpower in the rural health facilities. The first batch of 92RHP has been posted in the PHC/MPHC/SD/SHC located in the remotest areas of the State (i.e. health Institutions below Community Health Center).

To effectively implement it rules have been defined under sections (viz. section 17, 24, 25, 26, 28) detailing the registration, powers and functions of RHP, penalty etc.

As mentioned in the sections following are the eligible criteria and conditions for RHP to practice:

- The Rural Health practitioners can treat diseases, prescribe drugs and carry out only those procedures that have been outlined in the rules.
- They cannot carry out any surgical procedure, invasive investigation or treatment, Medical Termination of pregnancy etc, but shall confine themselves to such medicinal treatment and perform such minor surgery as may be prescribed.
- They shall have to practice in rural areas as defined in the Act.
- They shall issue illness certificates and death certificates.
- They shall maintain name, address, age, sex diagnosis and treatment records of all patients treated by them.
- They shall not be eligible for employment in Hospitals, Nursing Homes and Health establishments located in urban areas as General Duty Physicians involved in patient care in OPD, Emergency and Indoor Services.

Emergency Management and Referral Transport

Looking at the demand for comprehensive emergency system Govt. of Assam has entered into a MoU with the EMRI, Hyderabad on 8th July, 2008. The 108 Mritunjoy Emergency Response Services was formally inaugurated on 6th November, 2008. The objective of the partnership is to improve access of the general public to service like Medical, Police and Fire. There are in total 280 Advance life Saving (ALS) ambulances covering all 27 disricts.

- Total 280 Ambulances deployed for referral transport including obstetric emergencies.
- Toll free number 108 is used as a centralized helpline for Medical, Police, Fire, or any kind of emergencies.
- In the ambulance along with driver an emergency technician is available to provide pre-hospital care while transporting the patient to the hospital.
- Boat Services will be also included in 108 services.
- Performance of 108-Mritunjoy Emergency Response Service (from 6th November 2008 to 14th January 2010)

Total Calls – 32,87,658
Total Life Saved – 13,494
Total Number of Pregnant Women benefited – 85, 121
Total Number of deliveries in 108 Ambulance – 1,720
Total Number of Services during Accidents – 28, 841
Total Number of Cardiac Patients Benefited – 10, 299

From 2010-11, 5 new Boat Ambulances will be started in riverine areas for referral transport including obstetric emergencies. (1 already operational)

Sarathi 104 – Health Information Helpline

Hon'ble Chief Minister of Assam, Shri Tarun Gogoi, dedicated the Sarathi 104 Health Information Help Line on 7th November 2010.

Services offered by the Sarathi 104 are

- Medical Advice
- Counseling Service
- Directory Information
- Feedback Mechanism, etc.

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Sl	Emergency services	Performance from 7th to 15th December 2010
1	Total Calls Reached at RO	68176
2	Calls transferred to service Provider	37970
3	Total Service provided calls	29861
4	Medical Service provided calls	29210
5	Councellor Service provided calls	644
6	Total calls terminated	38315

Evening Out Patient Department

Govt. of Assam under NRHM has launched the Evening Out Patient Services on 6th May, 2008 to make the Govt. health care facilities accessible and available to the rural people beyond routine OPD hours as the timing of the OPD is as per the convenient of the community (i.e. 5 pm to 8 pm). Till date 216 Health Institutions including DH, SDCH, CHC/FRU and PHC are functioning in Assam.

The main objective of implementing evening OPD was –

- To provide health services in the health facilities beyond OPD hours
- To increase the accessibility of health facilities

The state through evening OPD have already taken step to allow government doctors to devote extra hours for the people who are in need of medical treatment. Further, in order to make government health facilities accessible ay all times, provisions have been made to avail services from private doctors in cases where government doctors cannot devote those extra hours. However private doctors do not charge any fee from patients as they are paid for their
services by the government.

The evening out patient is operational in 214 Health Institutions and it is functional for three hours between 5 pm to 8 pm and six days a week. Towards this goal, a team consisting of Specialist, Medical Officers, Nurses, Laboratory Technicians, Pharmacists, X-ray Technicians

and Grade IV staffs is formed in each health facility. All the staffs attending the EOPD are given allowances for their services, the detail of which is shown in the table below:

S. No.	Detail	Person Per Day	Amount given (Rs in per day)
1	**Doctors**		
1.1	Specialist (Only in District Hospital, SDCH and CHC/FRU)	5	500
1.2	MBBS Doctors	2 in District Hospital, SDCH and CHC/FRU and 1 in PHCs	300
1.3	Ayurvedic Doctors	1	250
2	**Paramedics**		
2.1	Nurses (GNM)	1	100
2.2	Laboratory Technician/Radiographer/Pharmacists	1 each	100
3	**Support Staff**		
3.1	Assistant for OPD Counter	1	100
3.2	Grade IV	2	75
3.3	Sweeper	1	75

Performance of Evening OPD from 6th May 2008 to 31st December 2009

Detail	Evening OPD
Number of patient Registered in Evening OPD	20, 14, 323
Number of Laboratory Investigation in evening OPD	2,06, 542
Number of Radiological Investigation in Evening OPD	31, 683

Number of patients coming in evening OPD's is increasing and this initiative is getting good response.

Web Based Immunization Software

Reports on immunization can be checked under District Immunization Programme at lakhimpur.nic.in. Via this software, one can find out the no. of babies immunized and also the drop outs.

Mobile based focused IEC

Under the initiative of the District Administration with the collaboration of NRHM, a telephonic focused IEC has been created as Interactive Voice Response System. Mobile

numbers of the beneficiaries for ANC are collected through the ANMs and the phone numbers are then transferred to the District Data Centre by DPMU and accordingly calls are sent to the pregnant women on ANC-1,ANC-2 and ANC-3, Institutional Delivery and immunization via Voice Over Internet Protocol. Prior to the day of ANC checkups calls are sent to the respective beneficiaries.

Pharmacy Computerization

Under this a check can be kept on stock management and medicine distribution etc. Also, computerized prescriptions are given to the patients and therefore medicines prescribed against each patient can be seen. In all the block PHCs and N.L.Civil Hospital the pharmacy have been completely computerized.

Hospital Management Information System (HMIS)

Complete information of the administration work of the Civil Hospital and the BPHCs can be seen online under http://59.90.154.30/health. All the information like regarding doctor's reports, nurse's reports, blood bank, pharmacy, laboratory, accounts etc can be checked out.