



The way forward
through innovations
in healthcare - Assam



National Rural Health Mission

Department of Health & Family Welfare

Government of Assam

*The way forward through
Innovations in Healthcare ...*



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FOREWORD



The National Rural Health Mission (NRHM), a flagship programme of Government of India, aims in improving the health status of the people by providing assured, responsive and quality health services.

While implementing the Programme the State have utilized the flexibility provided under NRHM by introducing a number of innovations, recognizing the importance of health in the process of economic and social development and also improving the quality of life of our citizens. These innovations cover several areas such as safe motherhood, neonatal and child health including immunization, service delivery, programme management etc.

I am happy to note that the central theme in most of the innovations being implemented relates to equity and improvement of quality of health services in consonance with the programme policy. It gives me immense pleasure to acknowledge the guidance and advice received from Hon'ble Chief Minister of Assam Shri Tarun Gogoi, who is also the chairman of State Health Mission, for his leadership and continuous support in implementing the innovative schemes under NRHM in this part of the region.

I hope that the document being brought out by National Rural Health Mission, Assam will be useful for all the stakeholders and will be a big step in the process of cross learning and would benefit all those involved in the implementation of the Programme.

(Dr. Himanta Biswa Sarma)
Minister of Health & Family Welfare
Government of Assam

FOREWORD



The National Rural Health Mission has come a long way since it was launched in 2005 with a continuous focus on achieving acceptable, affordable and quality health care to the rural population.

With a view to improving the use of health care services by the poorest and under served populations, the State have initiated and adopted innovations in various thematic areas. These include areas related to Mother and Child Health, Nutrition, Management Information Systems, Communitization, Programme Management etc.

This document provides wealth of information on various innovations initiated by the State and the Districts to improve the quality of health services for the information of the general public and obtaining valuable comments for further improvements.

I am glad and place on record my appreciation for National Rural Health Mission for their dedicated efforts in bringing out this directory of innovations.

A handwritten signature in black ink, appearing to read 'P. P. Verma'.

(P. P. Verma, IAS)

*Additional Chief Secretary
Department of Health & Family Welfare
Government of Assam*

FOREWORD



It gives me immense pleasure in presenting before you The way forward through innovation in Health care- Assam, a document that highlights few new initiatives, innovations and best practices, carried out by NRHM Assam.

Prior to the inception of NRHM, there were ideas but could not be translated into execution due to lack of resources. However, with the advent of the Mission, the quality of healthcare services has experienced a drastic change. Most noteworthy among these improvements have come about in the field of Maternal and Child Health. The ASHAs, who can be regarded as the mouthpiece of the NRHM, have been instrumental in taking the benefits of JSY and Institutional Delivery to the villages and other remote areas of Assam. Further, in order to reach out to the unserved people residing in uncovered areas, NRHM has provided Mobile Medical Units and Boat Clinics, whose contribution has been exemplary.

Behind each initiative undertaken by NRHM, there is a team of hardworking and highly skilled personnel striving to take the quality of health services to the next level. Apart from this, the constant guidance and support of the Hon'ble Minister, Health and Family Welfare, Assam and the Senior Officers of the Health Department have been immense.

The zenith is still far, but if the present scenario is something to go by, Assam will shortly be one of the flourishing states of the country, as far as Health is concerned.



(Dr. J. B. Ekka, IAS)

Mission Director, NRHM

& Secretary

Department of Health & Family Welfare

Government of Assam



INNOVATIONS & BEST PRACTICES

BOAT CLINIC

Improving access to basic services by the marginalize communities of Riverine areas

Background

Assam with a population of 2.6 crore has 87% of population in the rural area and 13% in the urban area. Further, out of the total population, 24, 90,097 reside in the riverine islands known as Char Areas. These riverine islands are created by the Brahmaputra river which passes through the heart of the State. As such these areas are frequently devastated by yearly floods, which have adverse affect on the health of the people. There are 2251 villages in these char areas with 52 PHCs and 132 SCs which are not sufficient to cover the entire population. Moreover, perennial floods make it difficult to construct any permanent infrastructure in these areas. The situation is further worsened by the fact that the people residing in these areas change their base frequently.

Partnership and Alliances

Keeping these constraints in mind, Govt. of Assam under NRHM joined hands with an NGO named Center for North East Studies and Policy Research (C - NES) under Public Private Partnership (PPP) to set up Boat Clinic services which will help to reach the riverine areas of the State. These Boat Clinics are providing preventive and promotive services in the char areas of ten districts - Dibrugarh, Tinsukia, Morigaon, Dhemaji, Dhubri, Nalbari, Barpeta, Jorhat, Sonitpur, and Lakhimpur.

The responsibility for the construction of the boats and their insurances has been vested on C-NES and the expenditure on the recurring cost (i.e. manpower, medicines, maintenance of the boat and camp organizing cost etc) is borne by Government of Assam under NRHM.

The boats constructed have space for OPD, doctor's cabin, medicine chest, kitchen, toilets and a general store. A generator set and a 200 Lt water reservoir is installed in boats.

Major elements

a) Staffing

The boat clinic has a Programme Management Unit (PMU) at the State and Districts consisting of following personal – Project Director, Programme Managers, Communication Officers, District Community Organisers, Programme Associate and other supporting staffs. The above mentioned team provides managerial support in planning and organizing the camps in the riverine islands.



Side view of Boat Clinic



Service Delivery

In addition to this, to render services, a team of dedicated doctors and paramedics consisting of GNM, ANM, Laboratory Technician and Pharmacist has been recruited who visits the char areas.

b) Service delivery

To provide health care services to the marginalized community of the char areas monthly health camps are being organized in these areas. It is to be mentioned here that for smooth operation of the camps a monthly work plan is developed by the District Community Mobilisers of C- NES in consultation with the District Health Authority.

As per the work plan the team visits the char areas with prior intimation to the community residing their with the help of the ASHAs and provides following services including emergency preparedness and response in case of flood, relief measures etc (when ever required) –

- a) Antenatal & Post natal check up
- b) Immunization of children in which Japanese Encephalitis vaccine campaign was also included
- c) Referral for complicated pregnancies
- d) General check ups for preventive and curative care

Along with the above mentioned services the boat clinic has a referral boat for transporting the cases which needs immediate health care services.

Output

The response to the services 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 in these areas.

The outcome of this intervention under NRHM is shown in the table below which shows the array of services provided by the boat clinics and number of people benefitted by the same.

Performance of Boat Clinic (Since inception up to July 2009)

Total no of camps organized	1,642
No of Patient treated under General Health Checkup	1,47,140
No of Routine Immunization	16,063
No of Antenatal Care (ANC) services provided	5,211
No of Postnatal Care (PNC) services provided	1,364
No of Vit. A	2,254
Special Vaccination	2,660
IPPI	4,281
No of Family Planning Services	4,217

Table - 1

ASHA RADIO PROGRAMME

Background

The state of Assam under National Rural Health Mission (NRHM) has selected and trained 28672 Accredited Social Health Activists (ASHA). These 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 to 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.



Launching of ASHA Radio Programme

Partnership and Alliances

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

Major Elements of the program

As per the program plan it is being aired twice in a 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. Assamese and Bangla. The content of the programme includes updating the ASHAs with new development and also informing them about the mission for upgrading the standard 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, songs and play. Further, the topical issues are also discussed to provide information, e.g. before the immunization week information & 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 were discussed – roles and responsibility of ASHAs under NRHM, ASHAs role in popularizing Immunization, Family Planning, Safe Drinking Water and Village Health Nutrition Day. The program also covered role of ASHAs in containing Malaria, Anemia, Diarrhea, Sanitation, Measles, Tuberculosis and Anti Tobacco, promoting breast feeding and other health related issues.

Feedback Mechanism

As far as feedback is concerned, 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



Pre-paid Postcard

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 sorted 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 feed back 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.

Along with this through the programme the ASHAs also get a feel that they are honored and are a part of the system.



ASHAs with Radio

COMPULSORY RURAL POSTING OF DOCTORS IN ASSAM

Background

The state of Assam is making rapid strides in the health sector during the last couple of years but the lack of MBBS doctors below the PHC level was a major concern. Although there were Ayurvedic doctors posted in those institutions, their aptitude in handling critical deliveries and other health-related complications called for improvements. Despite paying reasonable amount per month to doctors (Rs. 38,000/- per month for specialists and Rs. 28,000/- for MBBS doctors working at difficult areas and Rs. 30,000/- per month for specialists and Rs. 20,000/- per month for MO-MBBS in plain areas) very few doctors were opting to serve at rural areas.



Workshop for Doctors under Compulsory Rural Posting

Major Elements

To address this critical situation, the Govt. of Assam decided to enforce bond by an **order of the Govt. Vide HLB/400/2009/06 dated August 28, 2009 for Government service for 5 years as per "The Medical Colleges of Assam and Regional Dental College (Regulation of Admission of under graduate students) Rules, 1996"** and amended from time to time and **in breach thereof, payment of sum of rupees as mentioned in the rule to the Government as compensation before he/she takes admission in the post graduate course against the state quota seats.** Even, if a doctor obtaining MBBS degree from a medical college of Assam, does not pursue post graduate studies under state quota seats then also the bond to serve the Government of Assam for 5 (five) years and in lieu thereof 1 (one) year rural service as per the

relaxation provision of this Office Memorandum shall be applicable. **However, the student, who does not want to offer the 5 (five) years Government service or 1(one) year rural service will have to pay an amount as mentioned in the bond as compensation and on such compliance he/she shall be allowed to become a candidate for admission to the postgraduate course. This 1 year rural posting is mandatory for those doctors who want to do Post Graduate Studies.**

As envisaged 768 doctors were given appointment across the State at different MPHCs /SDs / SHCs / in few BPHCs & CHCs having less or no doctors. While giving engagement, it was kept in mind to appoint doctors at their home district or at nearby district. While covering the health facilities, it was tried to put doctors at health facilities located at difficult areas or facilities being run by only MO (Ayurvedic).

These rural doctors will get an added advantage if they want to go for post graduate study. Each doctor who undergoes rural posting and appears for Post Graduate Entrance Examination of the State shall be awarded an additional marks of 2% for doctors in rural area and 3% for doctors posted in difficult rural area. The performances of the doctors would be certified by the Joint Director of Health Services of the concerned district. These doctors will be mainly responsible for rendering curative care, preventive and promotive care, new born and child health care, immunization, family planning services etc. The doctors will be paid an honorarium of Rs. 25,000/- (monthly fee Rs. 20,000/- per month + Rs. 5,000/- as book allowance for preparing for PG entrance examination).



Distribution of Appointment Letters to Doctors

Conclusion

Posting of MBBS doctors in rural areas has given hopes to the rural masses as now they hardly will be in need of coming to town seeking better health care. Majority of the health related issues can now be addressed at the health facilities of the remote villages. This intervention will also remarkably reduce the burden of the urban health facilities in terms of patients' load and thus improving the quality of the health care services.

This step of the Govt. of Assam is seen as a major bold step is improving the rural health care services. The need of the hour is to extend support to the newly appointed MBBS doctors at the facility level so that he/she does not feel isolated and enjoys his/her job. This will also be a major motivating factor for him / her to continue in this job and thus bringing cheers in the faces of the thousands of rural masses of Assam.

MOBILE PHONE TO SUB CENTER ANM



The Sub Center is the platform for first contact health care service to the community. At present other than providing health services and monthly reporting, the sub center is not equipped with facility through which they can coordinate between the community and primary health care center. In many instances it has been observed that due to no connectivity between Sub Center and higher level of health facility information flow from either side not propagated on time during emergency and disease outbreak. Hence, keeping in mind the above constraints Govt. of Assam has provided mobile set along with SIM card under networking and communication to ANMs so that she can report any suspected cases to the Primary Health Center to take immediate action before it results to outbreak. Along with this the

ANM can also facilitate for the referral transport so that people can avail the facility as there are villages where public transportation facility is not available and in the process many people die.

This Mobile Phone connection is provided through BSNL. To facilitate this, BSNL has created one Virtual Private Network (VPN)/ Close User Group (CUG) for all mobile phones under the scheme Mobile Phone to Sub Center ANM under NRHM. All mobile phone users under this Close User Group (herein after referred to as "group") are able to call each other free of charge. From now onwards, all information from Health Department will be communicated to Sub Center through mobile phone.

Monthly rental is being paid by NRHM

- Facilities available with this facility are:
- Unlimited free call and SMS within the Close User Group
- 100 Free SMS per month within BSNL network.

RURAL HEALTH PRACTITIONERS

Background

In order to provide healthcare services to rural populations of the state, the Govt. of Assam brought in an act called Assam Rural Health Regulatory Act in 2004. It is an act to provide for the establishment of a regulatory authority in the State of Assam, to regulate and register the Diploma Holders in Medicine and Rural Healthcare (DMRHC) and their practice of medicine in rural areas (areas not included in a Municipal Corporation, a Municipal Board or a Town Committee or any other area notified as urban area) and also to regulate and running of Medical Institute for imparting 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.
- Regularisation of trained manpower will minimize the practice of village quacks and self-made doctors in those areas spreading unscientific knowledge of health.

Major Elements

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 92 RHP has been posted in the PHC/MPHC/SD/SHC located in the remotest areas of the State (i.e. Health Institutions below Community Health Centre).

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

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

1. The Rural Health Practitioners can treat diseases, prescribe drugs and carry out only those procedures that have been outlined in the rules.
2. They cannot carry out any surgical procedures, 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.
3. They shall have to practice only in rural areas as defined in the Act
4. They shall issue illness certificates and death certificates.
5. They shall maintain name, address, age, sex diagnosis and treatment records of all patients treated by them, and
6. They shall not be eligible for employment in Hospitals, Nursing Homes and Health establishment located in urban areas as General Duty Physicians involved in patient care in OPD, Emergency and Indoor Services.

Conclusion

It is worth mentioning that the Rural Health Practitioners are performing their duties as per the expectation by making the non functional health facilities function. Apart from performing their regular duties these efficient health personnel are also attending many emergency cases. It is to be mentioned that after the appointment of the RHPs community have been benefitted, particularly in the field of maternal and child health.

It is expected that these trained RHPs will lead to increase in trained manpower in the health sector with a pool of trained physicians in the rural areas of the State.



NEW
INITIATIVES

MAMONI “NUTRITIONAL FOOD TO PREGNANT WOMEN” – - AN INITIATIVE UNDER ASSAM BIKAS YOJNA (ABY)

Background

More than half a million (536,000) women die from issues related to pregnancy and childbirth. India alone accounts for 22percent of total maternal deaths in the world and 62 percent of all maternal deaths in South Asia. (WHO - 2007. Maternal mortality in 2005: estimates developed by WHO, UNICEF and UNFPA). Each year in India, roughly 30 million women experience pregnancy and 27 million have a live birth (MOHFW, 2003). Of these, over 100,000 maternal deaths and one million newborn deaths occur annually.

In Assam the Maternal health indicators are not very impressive. The Maternal Mortality rate in the state is 480 per 100,000 live births which is highest in the country (District Level Household Survey - III). The criticality of this issue requires attention of the Health department and NRHM to come forward with interventions to address it.

A healthy mother and baby can lead to a Healthy nation. Improving the health status of pregnant women and mothers can be achieved if food with essential nutrients is provided to them.



Inauguration of Mamoni Scheme

In Assam, a majority of the women in the family are equally engaged in hard labor along with the male member of the house. The women consume less food and prefer eating after the whole family has taken food. During pregnancy, women ideally should take balanced diet but they continue to take the same food. As a result of this, it is reported that 69% of the pregnant women in the state are anemic. Malnutrition & Anemia are the major cause of maternal mortality in the state and the anemic and malnourished pregnant women fail to withstand the post partum hemorrhage.

About the Program

Considering this situation, a new scheme on nutrition has been launched in the state from October 2008 where in every pregnant woman is given a monetary assistance of Rs. 1000/- during their pregnancy to ensure that a pregnant woman 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 institution, which will lead to reducing maternal mortality.

In this scheme,

- Every pregnant woman gets Rs. 1000/ for taking nutritious food.
- During the registration the pregnant women receives Mamoni Booklet comprising information on the care and management of pregnancy and the new born.
- During her 1st ANC, the pregnant woman receives an A/C payee cheque of Rs. 500/-
- During her 3rd ANC, she gets another cheque of Rs. 500/- along with a voucher for the referral transport.

Outcome

Since the inception of the program the department has been ensuring that all pregnant women in rural areas can avail the scheme. The assistance encourages pregnant women to buy food at the crucial time. Till now 13,730 women have availed the scheme. The scheme is also in turn encouraging the three Ante natal care check up.



MAJONI “ASSISTANCE TO GIRL CHILD”

- AN INITIATIVE UNDER ASSAM BIKAS YOJNA (ABY)

Background

Promotion of a girl child is one of the major initiatives for women empowerment in future. However, the sex ratio does not show a better picture of empowerment/preference of girl child in the country as well as in the state. In the state of Assam sex ratio is 935:1000 that means there are 935 females against 1000 males (source -Census 2001)



About the program

To improve the situation of sex ratio Government of Assam launched a scheme called “Majoni” for newborn girl child to safeguard them 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. 5,000/- is given to every girl child born in the health institutions after 1st 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.

Details of the Scheme

1. An amount of Rs 5000/- is provided by the Govt. of Assam as fixed deposit for every new born girl child and it will be limited to 2 children in a family.
2. A mother who delivers a girl child in a Govt. health institution / Govt. accredited private/tea garden hospital (Tea garden hospitals enrolled in Public Private Partnership with NRHM) is entitled to get the benefit.
3. The bank receipt of the amount is given to the family along with the birth certificate of the newly born baby.
4. The Fixed Deposit is issued in the name of the Girl Child and the date of maturity is the eighteenth birthday of the girl (Completion of 18 years).



Conclusion

Since the inception of the program 10, 051 new born girls have been enrolled in the scheme from the date of implementation and also the scheme is encouraging the institutional deliveries in the State.

MOBILE MEDICAL UNITS:

A BRIEF REPORT ON THE FIRST PHASE OF IMPLEMENTATION

Background

The primary vision behind the launch of the National Rural Health Mission was to provide easy accessibility of quality healthcare services to the people of the State. Assam being one of the eighteen high-focus States has many areas where there is a lack of basic healthcare infrastructure, thereby limiting access to primary health services. Besides, the presence of many unserved and uncommutable areas in the State makes providing even the basic healthcare services a hassle. Keeping these factors in mind, the Govt. of Assam introduced Mobile Medical Units on the 11th of November, 2007 in 10 districts and at present it is being launched across the State. MMUs or Mobile Medical Units are vehicles equipped with the latest medical equipment and medicines, which allow prompt delivery of health-care services to areas that are remote and far-fetched.

About the Mobile Medical Unit

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.



Mobile Medical Unit

Conclusion

Successful implementation of Mobile Medical Units is imperative to bring remote and far-reached areas of the State on par with the more developed ones, at least where health is concerned. This will not only boost NRHM's motive to provide 'health for all', but also to pave way for the socio-economic development of Assam and its people. Furthermore, if the initial figures are something to go by then the health scenario in the unreached areas of the State is all set to witness a sea change in the days to come, as per the year wise comparison shown in the table below:

Activity	2007-08	2008-09	2009-10 (Up to Aug 09)
No of District MMU Functioning	10	23	27
No of Camps held	183	1606	1450
No of Patient Treated	40304	259150	242355
No of ANC	673	4113	4632
No of PNC	177	1792	1278
No of X-Ray	375	3379	3902
No of USG	236	4619	4055
No of ECG	162	2604	1611
No of Patient examined for Blood Test	1182	12292	20088
No of Patient examined for Urine Test	175	1548	1742
No of Patient examined for Stool Test	0	0	203

Table - 2

EMERGENCY MANAGEMENT & REFERRAL TRANSPORT

Background

In the changing life styles, an integration of multiple services to provide quick and comprehensive emergency response is required. Further, with increase in the number of road traffic accidents, high rate of birth related emergencies, bomb blast and other calamities demand a centralized emergency management system. Although there are referral transports available in the health facility but their services are do not address all the medical emergencies and cater very few of the rural population. 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 Mrityunjoy Emergency Response Services was formally inaugurated on 6th November, 2008 at Guwahati. The objective of the partnership is to improve access of the general public to services like Medical, Police and Fire. There are in total 280 Advance Life Saving (ALS) ambulances covering all 27 districts.

About the Service

The 108 Mrityunjoy Emergency Response Services has been operationalized in the entire state in a phased manner, i.e. in Phase-I urban and rural area is being covered with 146 Advance Life Saving (ALS) ambulances. The remaining 133 ambulances will be launched October, 2009. The Ambulances are equipped with oxygen, musks, first aid medicine, nebulizer, ECG machine, cardiac defibrillator and ventilator.

The 108 Mrityunjoy Emergency Response Services is 24 x 7 functional with dedicated team members. Dialing '108' the toll free emergency number, the emergency call lands at Emergency Response Centre (ERC). From there the call is processed depending on the emergency and location of the caller and is dispatched to the Ambulance located nearest to the site of emergency.

Each Ambulance is manned by a 'Pilot' and an 'Emergency Medical Technician' (EMT) who is a trained para-medic capable of providing pre-hospital care while transporting the patient to the hospital.

Outcome

Since the inception of the scheme 108-Mritunjoy Emergency Response Service (From 6th November 2008 to 27th September 2009) has attended 27, 04,203 calls out of which 3, 03,345 were emergency calls.



PUBLIC PRIVATE PARTNERSHIP (PPP) WITH TEA GARDEN HOSPITALS

Background

In Assam, about 13% of the total population belongs to tea tribe community. This population is deprived of basic health care facilities resulting high disease burden. Amongst the tea tribe population anaemia and diarrheal disease is found to be major contributing factor for Maternal & Child Death. As the existing Government health facilities cannot cater to these population as well as the tea garden hospitals are not in a position to tackle the problems because of limited resources.

Looking at this, in the year 2008-09, the Govt. of Assam under NRHM has initiated PPP with Tea Garden Hospitals and in its first phase have been signed MoU with 143 Tea Garden Hospitals out of which Ambulances have been provided to 100 Tea Gardens. In addition to this it is being planned that in 2009-10 another 150 Tea Garden hospitals will be included under this partnership.

About the scheme

Coverage: The Scheme covers

- a. Workers and their authorized dependants as per census book
- b. Staff members and authorized dependents residing in tea estates;
- c. Non-entitled cases excluded under Definition of 'Family' of the PLA;
- d. Retired workers;
- e. Other authorized and identified residents of the estate;

Objectives

- To provide health care services to the tea garden workers & non workers;
- To strengthen existing infrastructure in the TE hospitals based on facility survey;
- To purchase medical equipment pertaining to service delivery mentioned in the MoU;
- To standardize the existing Labour Room;
- To provide baby care rooms and other facility to meet emergencies of new born;
- To appoint Doctors, Nurses and paramedical staff, if required;
- To appoint support staff, if required;
- To undertake expenditure as approved by committee for betterment of existing facility.

Following services are being rendered under the partnership

- Mother & Child Care
- Provision of normal delivery
- Routine Ante- Natal & Post – Natal care to all women.
- Facility for New born Care such as neonatal resuscitation & management of neonatal hypothermia/jaundice
- Immunization of the children

- Diagnosis and management of anaemia & vitamin A deficiency among the children
- Family Planning services e.g. OC Pill, Condom, IUD insertion and permanent methods like Vasectomy/NSV
- Counseling and appropriate referral for safe abortion services (MTP) for those in need or MTP using Manual Vacuum Aspiration (MVA) technique
- Provision of facility on Janani Suraksha Yojna (JSY)
- Free medical camps and spread awareness on nutrition, hygiene on regular intervals
- For Laboratory Investigations (viz. Blood, Stool, and Urine) the specimen collected in the Tea Garden hospital would be tested in the nearby designated PHC. The responsibility of the collection of the specimen, transporting specimen and collection of report will lie with the Tea Garden Hospital
- Nutrition & health Counseling
- 24 hours emergency service : appropriate management of injuries and accident, First Aid, Stabilization of the patient before referral and other emergency conditions
- Referral Services
- Prevention & Control of diseases like Malaria, Tuberculosis, and Japanese Encephalitis etc
- In case of epidemic and any emergency, TE will provide services to the people of nearby villages keeping in mind their capacity and security of the TE.

Conclusion

It is important to note that the people residing in tea-garden areas make for 13 percent of the total population of the state. As such it needs no reiteration that unless their health-indicators undergo a major reformation, the indicators of the State, as a whole, will remain deficient.

This partnership is not just another initiative, but an endeavour by the Government of Assam to bring about radical changes in the quality of health services available to the people residing in tea gardens and with quality healthcare services, their path to all-round socio-economic development will be clearer.

EVENING OUT PATIENT DEPARTMENT

AN INITIATIVE BY GOVERNMENT OF ASSAM TO PROVIDE ROUND-THE-CLOCK MEDICAL SERVICES TO THE PEOPLE OF THE STATE

Background

Assam being one of the eighteen high-focus states under NRHM possesses areas where easy accessibility of health services is still the foremost necessity. Most people residing in rural and remote areas of the State are heavily dependent on the government health facilities, where OPD hours range from 8:30 am to 2 pm. This time period is inconvenient to people who are daily wage earners, agriculture labourers or farmers, as these timings clashes with their working hours, thereby leading to the non-diagnosis of many of their ailments. In view of this, 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).



Inauguration of Evening O. P. D.



Service delivery during E.O.P.D.

About the program

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 steps 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 at 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 service is operational in 214 Health Institutions (i.e. District Hospital, SDCH, CHC & PHC) 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 Specialists, Medical Officers, Nurses, Laboratory Technicians, Pharmacists, X – ray Technicians (in case of CHC/FRU, SDCH & District Hospital) 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:

Sl.No	Detail	Person per day	Amount given (Rs in per day)
1	Doctors		
1.1	Specialist (only in District Hospital, SDCH & CHC/FRU)	5	500
1.2	MBBS doctors	2 in District Hospital, SDCH & CHC/FRU & 1 in PHCs	300
1.3	Ayurvedic doctors	1	250
2	Paramedics		
2.1	Nurse (GNM)	1	100
2.2	Laboratory Technician/ Radiographer/ Pharmacist	1 each	100
3	Support staffs		
3.1	Assistant for OPD Counter	1	100
3.2	Grade IV	2	75
3.3	Sweeper	1	75

Table - 4

Conclusion

The services of the EOPD are overwhelming as it is being highly appreciated by the community. During one of the interaction with a patient named Meena on the services provided during EOPD she replied *“Earlier we hardly used to get time to attend the hospital losing our daily wages hence we never used to visit the hospital with a fear of losing our wages but now due to evening OPD services we can get ourselves examined as per our convenience as the doctors and nurse are available from 5 pm to 8 pm”*.

Further, it can be seen that within one and a half year from the date of implementation of the services, out of the total patient (including day and evening OPD) 15% of the patient are availing services during EOPD, as shown in the table given below:

Detail	Day OPD	Evening OPD
No of Patient Registered	79,72,784	14,51,561
No of Laboratory Investigation	10,05,584	1,54,789
No of Radiological Investigation	1,71,613	24,196

Table - 5

ASHA RESOURCE CENTRE (ARC)

Background

ASHAs, the new light of National Rural Health Mission has significantly contributed in improving the delivery of health care services in the community. Assam has a total of 28672 ASHAs across 27 districts and they are the bridge between the community and the health system. As community health workers they are involved in generating awareness and uplifting the health status of the community through various activities and this could only be possible through training and handholding, as per the structured training programme of Government of India and the State has initiated and completed training on 5 modules.

Simultaneously, during the training of ASHAs on 5 modules, it was felt that to uplift the ASHAs and also to update them with the latest techniques and programme it is essential to have an institution focusing on providing technical support to the ASHA programme that will include providing continuous training/capacity building, building grievance mechanism at each level and handholding the ASHAs. To do so and to support the ASHA activities and handhold the ASHAs for better performance, state of Assam has set up ASHA's Resource Centre (ARC) through Public Private Partnership with Don Bosco Institute (DBI) as it is having deep community level reach.

Major Elements

a) Staffing

To strengthen the ASHA's Resource Centre as an institution a team of Programme Managers and Community Mobilizers have been positioned at State and Districts. At the State level the team is headed by a Director comprising of Programme Managers, State Community Mobilizers and other support staffs.

Similarly, at the District under ARC District Community Mobilizers (DCM) and the Data Assistants (DDA) has been engaged in all the 27 districts as an integral part of the District Programme Management Unit (DPMU) by assisting them in monitoring the ASHA programme.

b) Roles and Responsibilities

The ARC provides technical assistance to the State through -

- Assessing the training need of the ASHAs & ASHA Facilitators** and developing and implementing training plan.
- Developing village wise ASHAs data base
- Developing grievance handling mechanism to address the grievances of the ASHAs at each level
- Monitoring Health Day and other community based activities along with ASHA related activities.

Outcome

Since the inception of the ASHAs Resource Centre, the State have been able to strategize the ASHA programme effectively as village wise database of the ASHAs have been developed with information on each ASHAs including their educational background, training received etc. Along with as per the need assessment 12 days refresher training programme have been developed for ASHAs which will be imparted to all the ASHAs who have completed the 5 modules.

In other words, it is to be mentioned that the State could streamline the ASHA programme at each level (i.e. starting from State to the Block) as individuals have been engaged to facilitate and handhold the ASHAs and it is being continuously monitored by an institutions named ASHA's Resource Centre to strengthen the support base for ASHA programme in the State.

*** At the block level National Rural Health Mission (NRHM) has also engaged more than 2600 ASHA Facilitators (1:10 ASHAs) covering all the districts to facilitate and handhold the ASHAs.*

IMPLEMENTATION OF YOGA PROGRAMME IN SCHOOLS

Background

Yoga is a new initiative of Government of Assam under NRHM for promoting health seeking behaviour amongst the school going children of the state. Health is no longer defined simply in physical terms as absence of disease or disability but now includes mental and social dimensions. The World Health Organization defines health “as a state of complete physical, mental and social well being and not merely an absence of disease or infirmity”. Yoga is one of the perfect means of attaining physical and mental wellbeing.

Keeping in mind the definition of health by WHO and to mainstream the AYUSH as per the Implementation Framework of NRHM; Yoga have been implemented as a pilot project in seven numbers of schools in Kamrup & Kamrup (Metro) districts in the year 2008-09 and the response was tremendously acclaimed.

After receiving positive response from the schools, the programme is being implemented in across the State in twenty seven districts (27 nos) taking 500 nos. of schools in the year 2009-10 where almost 2, 93,000 students will be receiving yoga classes in the first phase of this programme covering all blocks of the State. The programme is a PPP (Private Public Partnership) initiative where required technical support like providing yoga teachers, developing course module, etc have been entrusted to some leading NGOs dealing with yoga programmes. District Media Experts of the districts are the nodal officer for the programme at district level.



Some points regarding the Yoga programme

1. The course duration will be of minimum 20 classes per child.
2. The ratio of teacher and student maintained is 1:40 approx.
3. Each class is of duration 40 minutes.
4. Other activities to be covered under yoga programme :
 - A Sensitization meeting have been organized in which Principals of the identified schools have attended and signed the tripartite agreement in the district in presence of other concerned district level officers. The meeting was chaired by the Deputy Commissioner /Principal Secretaries in case of Autonomous Council district's.

- Awareness meeting for the guardians of the student of the school has been organized in the school campus in which local NGO's, opinion leaders and other senior citizens of the school have been invited.
5. The yoga curriculum for the 20-classes consist of:
- **Warm up sessions**
 - **Asanas**
 - **Pranayama**
 - **Breathing technique**
 - **Rest and meditation**
 - **Life style tips (healthy indigenous food& health and hygiene)**
6. The list of asanas that are being taught

Tadasan, pabanmuktasan, trikunasan, bhojangan, padahastasang, bajrasanmarjarisan, suryanamaska, pasyatapranayam(anulum-bilum), bhramaripranayam, dog breathing, tiger breathing, singhasan.

Feedback from the schools

The principal of Cotton Collegiate Higher Secondary School, Panbazar, Guwahati, Sri Pabitra Kumar Deka is of the opinion that such programmes will definitely help in the all round development of the students.

Simultaneously, girl students of T.C. Higher Secondary School, Guwahati has reported after practising Yoga they experienced relief from several menstrual related problems.



DISTRICT INITIATIVES

VOUCHER FOR INSTITUTIONAL DELIVERY THROUGH POST OFFICE

- A NEW INITIATIVE OF DISTRICT HEALTH SOCIETY, KAMRUP-RURAL

Background

Successful implementation of schemes under NRHM lies in the transparency of delivery of benefits to common people and ease of access. Kamrup district has been far successful in the implementation of these schemes. To ensure transparency, District Health Society, Kamrup like other districts of the State has been using Account Payee Cheque through recognized banks but for beneficiaries from far flung areas, accessing a Bank has been a major problem. The reason for inaccessibility is due to less number of Banks and hence it is a major hurdle as the people have to travel up to 10-20 kms to reach a Banking Institution.

Looking at the non availability and inaccessibility of the banks the District Health Society with co-operation from the Postal Department has formulated an innovative approach by designing vouchers of defined denominations, which are being issued in the name of the beneficiary. In other words, the vouchers act as Account Payee Cheque which is deposited to the account of the beneficiary that has been open at the post office.



Voucher for JSY & Mamoni Scheme

About the scheme

To successfully implement the scheme a MoU has been signed between the District Health Society, Kamrup and Department of Posts to functionalize the process. The money may be withdrawn/ encashed only by the beneficiary against whom the voucher has been issued. Due to this scheme the beneficiaries get substantial support while opening an account at a Sub/Branch Post office from Block Primary Health Centre, ANM and ASHAs.

The reason of collaboration with the Postal Department is due to the existence of its large number of Sub and Branch Post offices throughout the district. So far, the District Health Society, Kamrup has implemented this method for two schemes viz. Janani Suraksha Yojana (JSY) and Mamoni (under Assam Bikash Yojana).

Conclusion

The process is in initial phase and its positive outcomes are to be seen in due course of time. The process has been simplified enough to maintain two vital characteristics of service delivery - transparency and ease of access.

OUTSOURCING OF HOUSEKEEPING DEPARTMENT

– AN INITIATIVE BY DISTRICT HOSPITAL, TINSUKIA

Background

To improve the sanitation of the District Hospital in terms of cleanliness and proper maintenance of the hospital building including wards, OT, Labour room and other departments, the Hospital Management Committee in support from the District Administration have outsourced the house keeping department to a private agency.

The objective is to improve the cleanliness and efficiency of the hospital's external environment as well as the internal units and wards to keep off infection and maintain environmental sanitation



Maintenance of Hospital

Strategies

- To maintain the hospital an agreement has been signed between the Hospital Management Committee and the private agency.
- Engagement of supervisors, workers and procurement of cleaning materials by the private agency
- Outsourcing of the management of housekeeping department but it is being monitored by the Superintendent of the District Hospital.

Conclusion

The outsourcing to the housekeeping appears to be an important step in improving the quality of care as well as infection prevention and also removes an onerous burden from the public sector in terms of facility management.

PROJECT PALNA

– AN INITIATIVE BY DISTRICT HEALTH SOCIETY, DIBRUGARH

Background

With introduction of modern managerial concepts in healthcare, importance of accurate and timely information to program managers is well acknowledged. This requires sound Health Management Information System (HMIS), which can ensure appropriate and good quality data for use in program monitoring and managerial decision-making. HMIS aims at developing a simple, user-friendly information system capable of providing accurate and timely information to support evidence-based management and decision making. The system produces reports and information on key indicators.

The Project Palna is a similar kind of initiative taken by the District Health Society to strengthen the Information System to track data for Reproductive and Child Health issues at the block level. This software also aims to improve coverage, quality and utilization of health data collected through HMIS.

An overview of Project Palna Software

The HMIS software developed is a computerized database which focuses on services provided to target group of the project i.e. pregnant women (pre/intra/ post natal period) and infants (immunization status of the infants).

The system captures information about services provided to individual target group and also provides facility to view the information captured –

- ⦿ View of Occurrence & Status of Woman
- ⦿ View of Immunization Check for a particular month and year
- ⦿ View list of Pregnant Woman Status (Block-Wise)
- ⦿ Search for a woman in existing record.
- ⦿ Checks ASHA Worker Payment
- ⦿ Checks JSY Payment
- ⦿ Checks Drop out of Women registered (Block Wise.)

Output files

In this system, output files play a very important role as reports can be generated on following indicators:

- Number of beneficiary registered
- ANC detail out of currently registered
- Complications during pregnancy
- Delivery detail
- Delivery complications
- JSY payment detail
- ASHA payment detail
- PNC

- PNC complications
- Child immunization status
- Drop out detail of pregnant women and infants



Home Page of Project Palna

Conclusion

The system provides real time monitoring of the programme including the utilization of the referral transport money.

At the end it is to be mentioned that the software have strengthen the system with

- Readily available timely and accurate information
- Enhancement in maternal immunization percentage
- Increased percentage in birth registration
- Effective implementation of JSY
- Proper utilization of referral transport money



*Snapshots of
Sick New Born
Care Unit
(SNCU)*



*... a new intervention
for ensuring better
new born care
to reduce Infant
Mortality Rate
in the State*



