

Chapter XI

Conclusion and Recommendations

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11.1 Conclusion

Reproductive and Child Health (RCH) programme emphasised, *inter-alia*, various key interventions to help reduce the maternal mortality rate (MMR) and the total fertility rate (TFR) of pregnant women (PW). It also encompassed provisions for neonatal care, vaccination and immunisation to reduce the infant mortality rate (IMR).

The Performance Audit (PA) of impact of National Rural Health Mission (NRHM) on RCH revealed that proper identification of gaps in implementation of programme and needs required to be addressed on a priority basis, could not be assessed in the absence of Perspective Plans. Involvement of State Health Mission in the planning and monitoring of the programme was found absent during 2014-15 and 2015-16. Bottom-up decentralised and community-based approach to public health planning was not ensured.

The year-wise utilization of available funds was poor which resulted in partial achievement of targeted goals, including fund cuts/short releases by the Government of India (GoI). Short utilisation of available funds and delay in submission of Annual Accounts along with Utilisation Certificates to GoI caused delay in receipt of grants including imposition of fund cuts against the approved grants.

There were shortages of health centres against the requirement as per the prescribed norms to cover the entire rural population under the programme. There had been delay in construction of health centres and in some cases, health centres were not found located in easy accessible areas and in equitable manner *viz.*, operation of two health centers in one compound *vis-a-vis* overburdened health centres covering more population than the prescribed norms *etc.*

There were shortages of General Doctors, Specialist Doctors, AYUSH¹⁰⁷ Doctors and Staff Nurses *etc.*, in the State. Numbers of health centres were functioning without Doctor, Laboratory Technician, Pharmacist, Accountant, Male Health Worker, Female Health Workers and Lady Health Visitor. Besides, irrational posting of Doctors and other staffs and Specialist Doctors were also noticed in the test checked health centres.

The State had not adopted web based supply chain management application (e-Aushadhi) to assess the requirement and distribution of drugs, surgical items on a scientific basis. As a result, instances of both shortage and expiry of medicines due to excess supply were noticed in the test checked health centres. Basic services such as electricity, water, toilet *etc.*, were not found available in a number of health centres.

Audit revealed that health care services in outreach areas especially in Char and Tea Garden areas were inadequate. Boat Clinics were not able to provide comprehensive health care in Char areas. Tea Garden areas contributed to the high MMR in the State while MMR data of Char areas was not maintained by the NRHM, Assam.

¹⁰⁷ Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.

A number of health centers were noticed with inadequate laboratory services and emergency care for sick new born due to shortage of manpower or non-availability of infrastructural support. Instances have been noticed where health infrastructures remained unutilized due to non availability of trained/skilled manpower. Required Quality Assurance activities for quality health care were also not ensured.

Number of home deliveries in the State was decreasing but 85 *per cent* home deliveries were not attended by the Skilled Birth Attendant trained Auxiliary Nurse Midwife though required as per norms.

It was revealed in audit that 98.13 *per cent* children upto one year of age were immunised and 98.57 *per cent* of the target for pulse polio administration was achieved under the programme which were high but 100 *per cent* immunisation to eradicate Polio from the State was still not achieved. Further, 39 deaths were recorded owing to Adverse Event Following Immunisation in the State during 2011-16 and there was shortfall in achieving the target for sterilisation under Family Planning.

It was revealed during joint patient survey, conducted by audit along with NRHM staff, among the beneficiaries of the seven selected DHs that patient's family had to spend money from their own pockets on account of purchase of medicines, diagnostic services *etc.*, though delivery service was free of cost under the programme. Further, Maternal Death Report in case of one deceased woman disclosed that the woman could not be shifted to higher health centre due to poor financial condition of the family.

It was noticed in audit that the State had not analysed the causes of maternal and infant deaths. Non-maintenance of data in a proper manner and lack of data validation resulted in mis-reporting and discrepancy between the actuals and Health Management Information System (HMIS) data, making it unreliable to assess the actual status of performance indicators under the programme.

Even though the State had set targets for performance indicators *viz.*, for MMR, IMR and TFR much below the national targets but the same however, remained to be achieved.

Thus, due to deficient implementation and non-resolution of the key issues related to implementation of various programmes under the Mission as discussed in the Report, the objective of NRHM on improving "Reproductive and Child Health" in the State was yet to be achieved.


11.2 Recommendations

- *Annual plans should be prepared by following bottom-up decentralised and community-owned approach in order to address the gaps and needs in health care at grass root levels. NRHM, Assam should ensure timely preparation and submission of Annual Accounts along with Utilisation Certificates as per rules.*
- *Health centres should be evenly located at easily accessible places and should ensure coverage of the populace in equitable manner. Rational deployment of*

available manpower should be ensured and adequate steps taken to fill up the vacant posts on priority basis for effective implementation of the programmes. Drug Inventory Management and Distribution System should be implemented in the State so as to ensure sufficiency of essential drugs and surgical items at all levels of the health system.


- In Char areas, regular visit of Boat Clinics equipped with the minimal facility for conducting deliveries and also availability of Boat Ambulances should be ensured. The data relating to mortality rates in Char Areas needs to be maintained to assess the progress of implementation of the programme in such areas. Special focus should be accorded to Tea Garden areas by providing infrastructural, logistical and manpower support under NRHM in order to reduce the maternal mortality rate.
- Quality Assurance Activities by the concerned State level and District level Committees needs to be reviewed as per guidelines and by conducting patient satisfaction survey to ascertain the quality of health care to beneficiaries.
- Effective system of data maintenance and its validation with basic records should be put in place before uploading in the Health Management Information System to make it reliable to monitor the actual progress of performance indicators under the programme.

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The 28 July 2017


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