

Background

Manipur with a population 28 lakhs (Census 2011) is spread over 16 districts. As per RHS 2020, the state has 418 SCs, 93 PHCs, 17 CHCs, 1 SDH and 7 DHs, but there is a shortfall of SCs (112) and CHCs (4) in the state. The state has 2 Medical Colleges one of which is under Govt. of India. The distribution of medical and para-medical staff in the health facilities in the state is having skewed distribution in the districts in hilly region compared to valley districts, thereby affecting the delivery of health care services.

Govt. of Manipur in the year 2011 identified 4 PHCs which were non-functional, located in interior areas with poor road connectivity, no electricity and afflicted by extremist problem where posting and retaining medical & paramedical staff was a stiff challenge. Govt. of Manipur invited Karuna Trust who at that time was managing few PHCs under Public Private Partnership (PPP) in Arunachal Pradesh. In 2011, Govt. of Manipur handed over 4 PHCs to Karuna Trust and they were under PPP till 2014. After that in 2016, a local NGO of Manipur, New Life Trust was requested by the Govt. of Manipur to help the state in running the PHCs. Initially, in 2016, New Life Trust was given 3 PHCs and later in 2017, state handed over 2 more PHCs. At present, there are 5 PHCs under PPP, of which 3 are in Pherzawl district and 1 each in Chandel and Senapati district.



The PPP model in Manipur has been successful in retaining manpower in the PHCs for rendering the health care services but at times the service gets disrupted either because of extremist threat or staff resigning from the service.

As per the last Memorandum of Understanding (MoU) signed on 28th May, 2021, between the State NHM and New Life Trust, the hospital building, furniture and equipment has been handed over to the NGO for running the PHCs. The NGO has to employ suitably trained Medical Officer, Pharmacist, Staff Nurse, Female Health Worker, Laboratory Technician and Group D staff but how many staffs should be there in the PHCs to provide service is not mentioned in the MoU.

As per the MoU, the NGO shall be responsible for running the PHC 24x7, with 6 days OPD service, 5 to 10 functional beds, antenatal & postnatal care, round the clock normal and assisted delivery, safe abortion services, prevention & management of RTI/STI, essential newborn care, immunization services, family planning services, essential laboratory services, essential medicines, implementation of all National program and outreach camps.

PIP Conditionality

In the RoP of Manipur for the FY 2021-22, an amount of Rs. 203 lakhs have been approved @ Rs. 40.60 lakhs for 5 PHCs with a condition that RRCNE/NHSRC will develop performance benchmark in consultation with the State and review the performance biannually.

Salient Observation

In this connection, a team from RRCNE led by Director and Lead Consultant visited Imphal from 13th to 16th September 2021. The team visited 2 (Two) PHCs viz PHC Sajik-Tampak (Chandel district) and PHC Lai (Senapati district) to assess the performance of the PHCs. The team also met the MD, NHM and all the State Program Officers to decide on performance benchmark.

Infrastructure: Both the visited PHCs are in interior areas with difficult road and have poor internet connectivity. The PHCs are housed in Govt. building; PHC Sajik-Tampak has been upgraded from a SC to a PHC recently and has shifted to new building. Staff quarters are available and most of the staffs stay in quarter. The staff of Laii PHC under Senapati district are staying in a barrack type temporary structure, provided by the village community. The PHCs have adequate sitting area in the OPD, separate toilets for male & female. There are functional beds (6 to 8). PHC Lai has running water and power back up facility whereas it's not available in PHC Sajik-Tampak. The floor and wall of the labour room is tiled with attached toilet.

Equipment and Drugs: Both the PHCs are cold chain points and have been provided with ILR. The PHCs do not have radiant warmer, mucus extractor and ambu bag. PHC Sajik –Tampak has been provided with 2 nos. of oxygen concentrator, but the staffs have not been trained how to use. The labour room in PHC Sajik-Tampak has not been organized with equipment tray, medicine tray, baby tray, dressing trolley, sterilizer and protocol poster whereas same is available in PHC Laii. Sajik – Tampak PHC has hired a vehicle on monthly rental basis for patient transport in case of referral, but in Laii PHC, one Patient Transport vehicle has been donated by Local MLA. But Laii PHC do not have any driver. The laboratories in the PHCs do not have any equipment like centrifuge, refrigerator or semi auto-analyzer. Both the PHCs have adequate stock of medicine (analgesic, antipyretics, antibiotics – oral & injectable, haematinics, H2 blocker, anti-hypertensive and anti-diabetic).

Service delivery: The PHCs have regular OPD service (6 days a week) with round the clock emergency service (on call). The OPD load is 6 to 10 per day and the delivery load is 6 to 10 per month. There is high reporting of home delivery in the PHC areas and pregnant woman do not come for hospital delivery at times due to accessibility problem. Routine immunization is provided on fixed day of the week. There is no record of MTP being performed in the PHC, though the PHCs have maintained records of OCP and condom distribution. The laboratories in the PHCs are doing only kit based tests (Hep-B, Hep-C, PTK, RDK-malaria and RPR) apart from Hemoglobin estimation. However, service utilization by the community in both the facilities is showing gradual improvement.

None of the manpower posted in the PHCs have been trained in BEmONC, SBA, NSSK, IUCD insertion, CPHC and NCD screening. Both the PHCs though have been designated as Health & Wellness Centre in

2020 but neither population enumeration has yet started nor the CBAC forms are available. Population based screening of common NCDs are yet to start in both the PHCs.

The RRCNE team after visiting the PHCs, had detailed discussion with the MD, NHM and State Program Officers along with the representative to NGO to determine the performance benchmark of the PHCs. Based on the discussion, following parameters have been decided, as agreed upon by both the State and visiting team members, as the key performance indicators.

Key Performance Indicator for PPP Hospital, Manipur

The proposed indicator may be used to monitor the performance of the PHCs under PPP

RMNCH+A – KPI for monitoring monthly performance

Sl.	KPI Indicators	Data Definitions	Source
1	80% 1st Trimester registration to Total ANC Registrations	Numerator: Number of Pregnant women registered during 1 st Trimester Denominator: Number of Pregnant Women registered during the reporting month/year	HMIS Portal
2	80% Pregnant Woman received 4 ANC check-up to Total ANC Registrations	Numerator: Number of pregnant women received 4 th ANC Denominator: Number of Pregnant Women registered during the reporting month/year	HMIS Portal
3	100 % Pregnant Woman received 180 Iron Folic Acid (IFA) tablets to Total ANC Registrations	Numerator: Number of Pregnant Woman received 180 Iron Folic Acid (IFA) tablets Denominator: Number of Pregnant Women registered during the reporting month/year	HMIS Portal
4	100 % Pregnant Woman given TT2 (TD2) / TT (TD) Booster to Total ANC Registrations	Numerator: Number of Pregnant Woman TT2 (TD2) / TT (TD) Booster Denominator: Number of Pregnant Women registered during the reporting month/ year	HMIS Portal
5	50 % Pregnant Women tested 4 or more Hb% with respective ANC against total ANC Registrations	Numerator: Number of Pregnant women tested 4 or more Hb% Denominator: Number of Pregnant Women registered during the reporting month/ year	HMIS Portal
6*	50 % SBA attended home deliveries to Total reported home deliveries	Numerator: Number of Home deliveries attended by SBA Denominator: Number of total reported home delivery during reporting month/year	HMIS Portal
7	80 % institutional deliveries to total estimated deliveries	Numerator: Number of Institutional deliveries Denominator: Number of estimated Delivery during reporting month/year	HMIS Portal

8	100 % New-borns weighed at birth to live birth	Numerator: Number of New-borns weighed at birth Denominator: Number of reported live birth during reporting month/year	HMIS Portal
9	90 % newborn breast fed within one hour of birth	Numerator: Number of New-borns breast fed at birth within 1 hour Denominator: Number of reported live birth during reporting month/year	HMIS Portal
10	60 % new-born received full HBNC visit	Numerator: No. of new-born received HBNC as per schedule Denominator: Number of reported live birth during reporting month/year	HMIS Portal
11	90 % of children fully immunized (9-11 months) (BCG+ Penta3 + OPV3 + Measles) to estimated live birth	Numerator: No. of children fully immunized (9-11 months) Denominator: Number of estimated infants (0-1 year) during reporting month/year	HMIS Portal
12 [#]	5 % PP IUCD Insertions(within 48 hours of delivery) to Total Institutional Deliveries	Numerator: Number of Postpartum IUCD insertions(within 48 hours of delivery) Denominator: Total Institutional Deliveries	HMIS Portal
13 [#]	50 % Post Abortion IUCD Insertions	Numerator: Number of Post Abortion IUCD insertion during reporting month/year Denominator: Total number of MTP during reporting month/year	HMIS Portal

* *This indicator can be added only after completion of training of ANM and GNM on SBA by State*

This indicator can be added only after completion of training of GNMon IUCD by State and making IUCD available to the PHCs

NTEP – KPI for monitoring monthly performance

SI.	KPI Indicators	Data Definitions	Source
14	2% of TB Cases referred for screening out of Total OPD	Numerator: Number of suspected TB cases referred for Diagnosis Denominator: Total number of patients attended in the OPD	NISCHAY Portal
15	100 % of TB Cases receiving treatment as per protocol	Numerator: Total number of TB cases receiving treatment as per protocol Denominator: Total number of active TB Cases	NISCHAY Portal

NVBDCP – KPI for monitoring monthly performance

Sl.	KPI Indicators	Data Definitions	Source
20	100 % blood slide examination for fever cases registered in the OPD	<u>Numerator:</u> Number of fever cases examined for blood slide <u>Denominator:</u> Number of fever cases per month/year	NVBDCP Report

Laboratory Test – KPI for monitoring monthly performance

Sl.	KPI Indicators	Data Definitions	Source
21	100% lab test (types) done against available test	<u>Numerator:</u> Numbers (types) of lab test done in the month <u>Denominator:</u> 19 types of lab test scheduled to be done every month	District Report

List of Laboratory Tests to be done in the PHC as per AB-HWC guideline

SL.	Name of test
1	Hemoglobin Estimation (Hb)
2	Blood Group (ABO-RH typing)
3	Urine Pregnancy Test (UPT)
4	Urine Sugar/Albumin/Leucocyte/Esterase
5	MP (Slide Method)& Malaria (Rapid test)
6	24 hours urinary protein
7	Clotting Time / Bleeding Time (CT/BT)
8	Urine microscopy
9	Blood Glucose
10	Rapid Plasma Reagin (RPR) Kit Test for syphilis
11	HIV Test
12	Sputum for AFB
13	Dengue (Rapid test)
14	Hepatitis B Surface Antigen test
15	Typhoid Test (IgM)
16	HCV antibody test
17	Stool for OVA and Cyst
18	Visual inspection with acetic acid
19	TB – Montoux test

State to ensure that the PHC laboratory technician is trained for all the 19 tests

Ayushman Bharat – Health and Wellness Centre

- State to train the ASHAs, ANMs, Staff Nurses and MOs in CPHC and NCD on priority
- **These Indicators to be used on half yearly basis to monitor the performance of the PHCs only after the completion of training**

SI.	KPI Indicators	Data Definitions	Source
21	80 % population empanelled above 30 years of age	Numerator: No. of individuals above 30 years of age empanelled using CBAC Denominator: Total population of the PHC enumerated in the catchment area	AB-HWC Portal
22	Population Screening for NCD: Hypertension. 50 % of individuals above 30 years screened for Hypertension.	Numerator: Number of Individuals of 30 years & above screened for Hypertension Denominator: Total population of 30 years and above of the PHC catchment area	AB-HWC Portal
23	Population Screening for NCD: Diabetes. 50 % of individuals above 30 years screened for Diabetes.	Numerator: Number of individuals of 30 years & above screened for Diabetes Denominator: Total population of 30 years and above of the PHC catchment area	AB-HWC Portal
24	Population Screening for NCD: Oral Cancer 50 % of individuals above 30 years screened for Oral Cancer	Numerator: Number of individuals of 30 years & above screened for Oral Cancer Denominator: Total population of 30 years and above of the PHC catchment area	AB-HWC Portal
25	Treatment compliance for Hypertension: 80 % of patients with Hypertension on treatment	Numerator: Number of patients with Hypertension received treatment/follow up Denominator: Total number of patients with screened and diagnosed as Hypertension	AB-HWC Portal
26	Treatment compliance for Diabetes: 80 % of patients with Diabetes on treatment	Numerator: Number of patients with Diabetes received treatment/follow up Denominator: Total number of patients with screened and diagnosed as Diabetes	AB-HWC Portal

RKS / JAS meeting – KPI for monitoring quarterly performance

Sl.	KPI Indicators	Data Definitions	Source
27	100% RKS / JAS meeting held every month	Numerator: Number of RKS / JAS meeting held during the last 3 months Denominator: Number of RKS / JAS meeting scheduled for the quarter (1 meeting every month)	District Report
28	Supportive supervisory visits made in the PHC by District Officials every quarter	Numerator: Number of supportive supervision visit made to the PHC by District Officials in quarter Denominator: Number of supportive supervision scheduled in the quarter (at least 1 visit in a month to PHC by District Officials)	District Report
29	No. of District Review meeting attended by PHC-MO	Numerator: Number of District Review meetings attended by the PHC-MO Denominator: Number of District Review meeting held in the quarter (at least 1 in a month)	District Report
30	Supportive supervisory visits made in the PHC by State Officials every half yearly	Numerator: Number of supportive supervision visit made to the PHC by State Officials half yearly Denominator: Number of supportive supervision scheduled in six monthly (1visit to all PHCs once in six month)	State Report
31	No. of State Review meeting attended by NGO representative running the PHCs	Numerator: Number of State Review meetings attended by NGO representative running the PHCs Denominator: Number of State Review meeting held in the quarter (1 every month)	State Report

Recommendations

1. State / District Health Society to conduct Induction training to all the staffs of the PHC
2. Programmatic training - State / District Health Society to ensure that the Doctors and Staff Nurses of the PHCs are trained on BEmONC, SBA, NSSK, IUCD, RKSK, RBSK, IDSP, NCD, HMIS reporting
3. Monthly Supportive Supervisory Visit by district to the PHCs and Quarterly Supportive Supervisory visits to the PHCs to handhold and review to be a part of monthly District / State Health Society meeting
4. Regular release of monthly salary of staff by NGO