

National Health Summit on Good and Replicable Practices and Innovation in Public Health Care System in India



104 An Integrated Health Care Solution

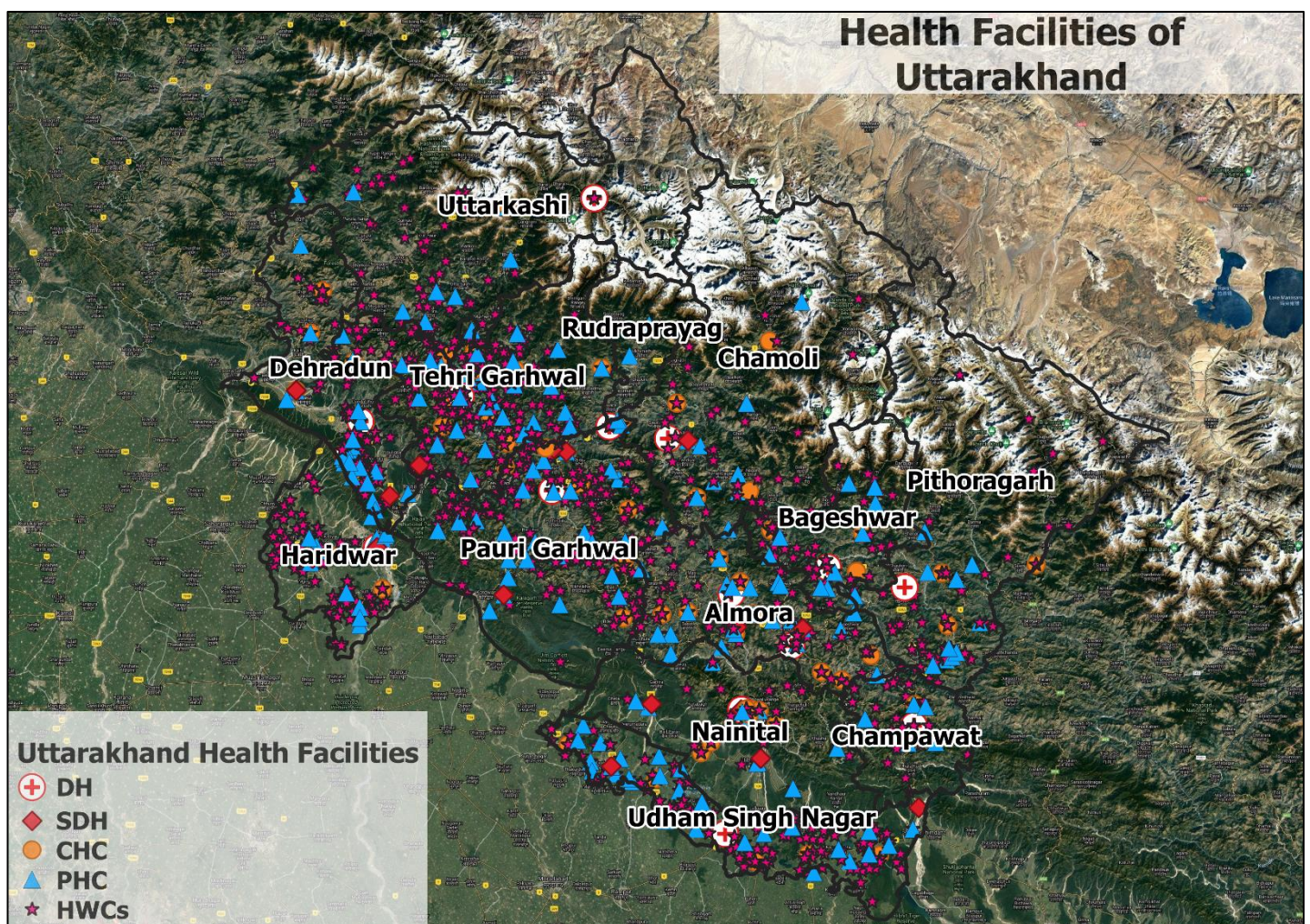


National Health Mission, Uttarakhand

Rationale

State of Uttarakhand due to its rugged hilly terrain always possess a challenge when it comes to last mile delivery of any public intervention, health is no different. The difficult terrain and weather make it harsh to operate around the year and can be very challenging to keep both the service provider and the beneficiary motivated.

National Health Mission has a gamut of services offered covering a vast number of beneficiaries across the mountainous terrain of the Himalayan State of Uttarakhand. With the onset of COVID-19 in the state the services offered by the Department of Health, Uttarakhand had started being affected with all the field staff getting involved in COVID-19 mitigation activities, monitoring and evaluation which are the core components of keeping a track on the progress of health schemes was being gravely affected by the prevailing situation in the state.



Description of Model

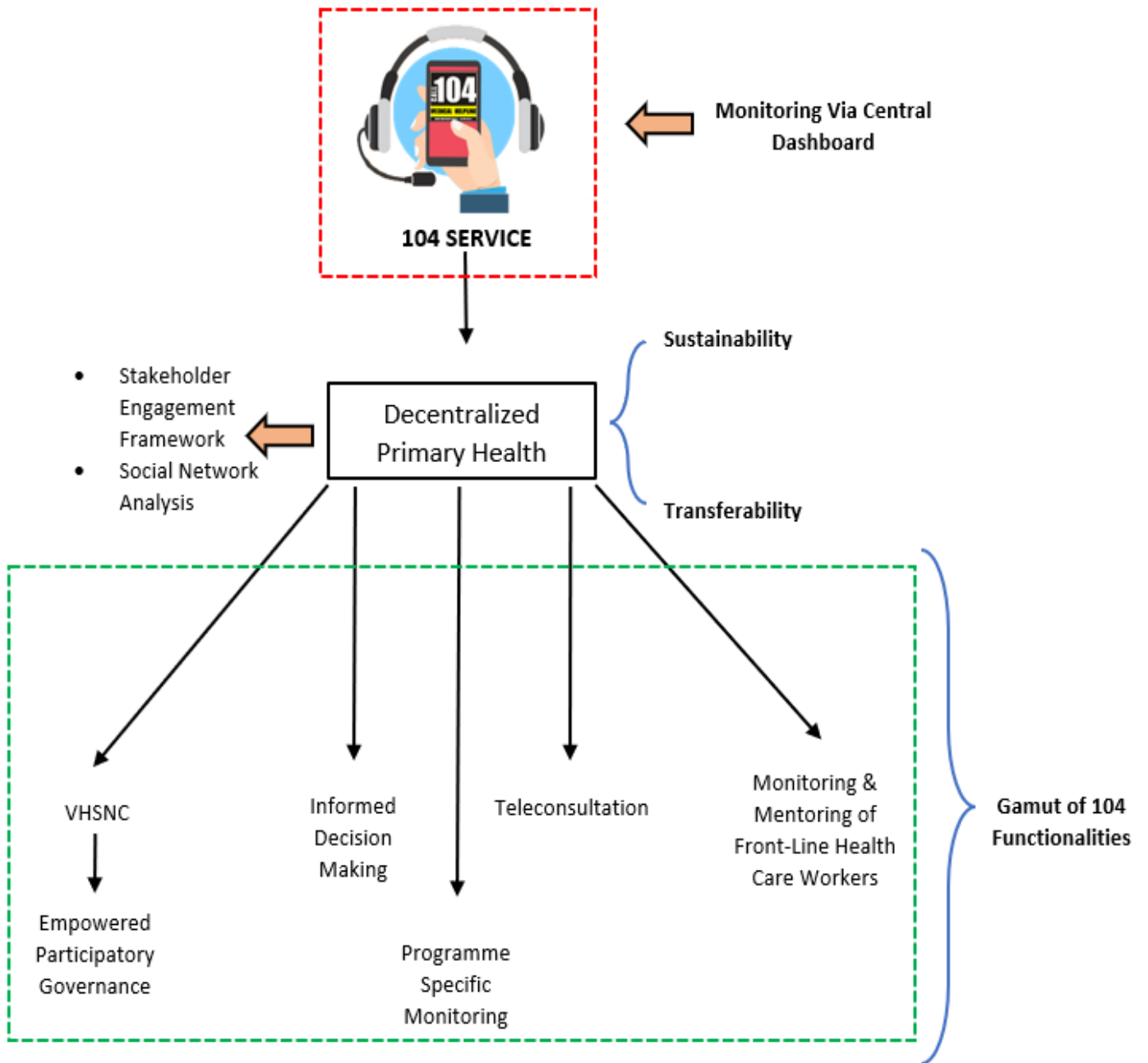
To combat the circumstances National Health Mission, Uttarakhand along with the Department of Health and Family Welfare, Uttarakhand adopted an integrated and holistic service delivery cum monitoring mechanism by revamping the existing 104 Helpline into an “All in One Health Solution” platform, this strategy has proven to be a pivot in minimizing the collateral damage on health service delivery as a result of the COVID-19 situation in the state.

“104” service which was initially set up by the state as a platform for health-related grievance redressal its popularity and effectiveness had grown with time, considering the challenges state of Uttarakhand has it was the need of the time to enhance the umbrella of 104 or in other words a launch an updated version of 104 Helpline (Version 2). State envisaged 104 now as an “ALL IN ONE HEALTH SOLUTION” for the department. This was not just limited to grievance redressal but included aspects of active community participation at the panchayat level by involving the Panchayati raj department and monitoring the meeting of village health sanitation & nutrition committee. Both inbound and outgoing calls were not monitoring using Key Performance Indicators (KPIs) via a central dashboard this now allowed the state authorities to take decisions based on requirements and evidence. With the advent of COVID-19 the aspect of remote and direct monitoring of important health programme of the state like Tuberculosis, RBSK, Maternal and Child Health, RKSK, Immunization and COVID-19 vaccination, COVID-19, Hemophilia, Mental Health, etc. was added to the modus operand of 104, this was accompanied by monitoring and mentoring of our front line health care workers this was done to ensure that the field staff was well trained to deal with the situation on ground and to gather, access and motivate them for strict implementation and increased outreach of the service.

The terrain and low population density in the state is also an road block in implementing global/ nationally accredited IT based solutions, but when clubbed with the local solution can be very potent in solving huge problems, one such example is that of telemedicine/ tele-consolation, the e-sanjeevni service offered by the state has some limitation in 104 version 2 it was molded a bit to help fit the local context, the amalgamation of e-sanjveeni OPD with the 104 service has allowed the doctors to reach the remotest of the corners in the state.

The model was adopted based on the output obtained after application of Stakeholder Engagement Framework and Social Network Analysis. While designing it special focus was on making the model Sustainable and Transferable across genres.

Flow of the updated 104 service





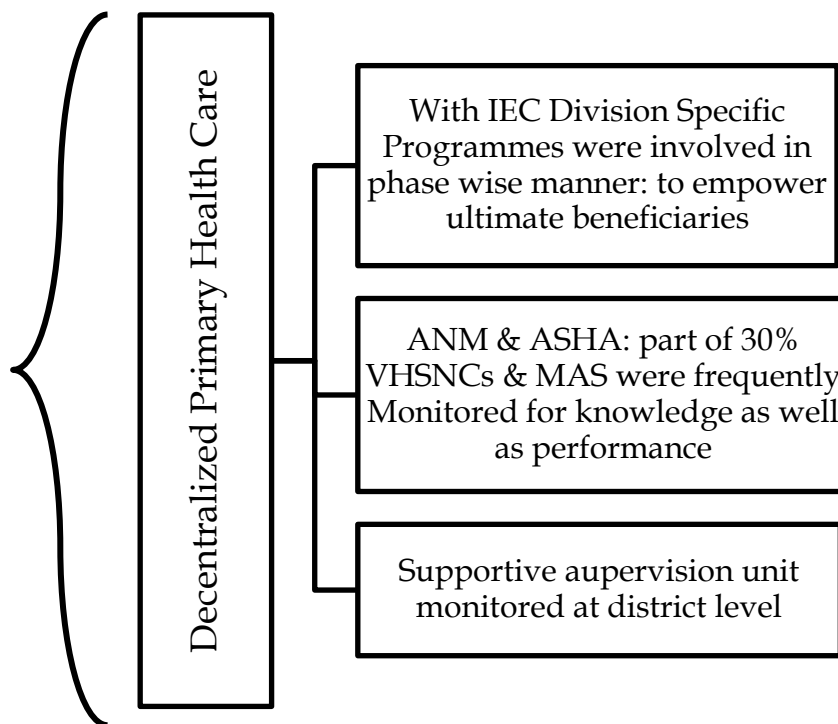
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Decentralized Primary Health

- Identifying Nodal Person
 - Explaining Roles & Responsibility
 - Video Monitoring & VHSNCs/ MAS
 - Merging VHSNCs with VHNDs & MAS with USNDs
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- Participatory spaces were created in the form of VHSNC & MAS, to improve utilization of healthcare services.
 - All the initial enthusiasm and motivation through training triggered some changes but, the space remind underutilized and villages or ward level planning not successful.
 - Lack of Information and awareness about creation of the spaces and role of accountability associated with it.
 - Although this model we felt the need to shift from participatory governance to empower participatory governance.

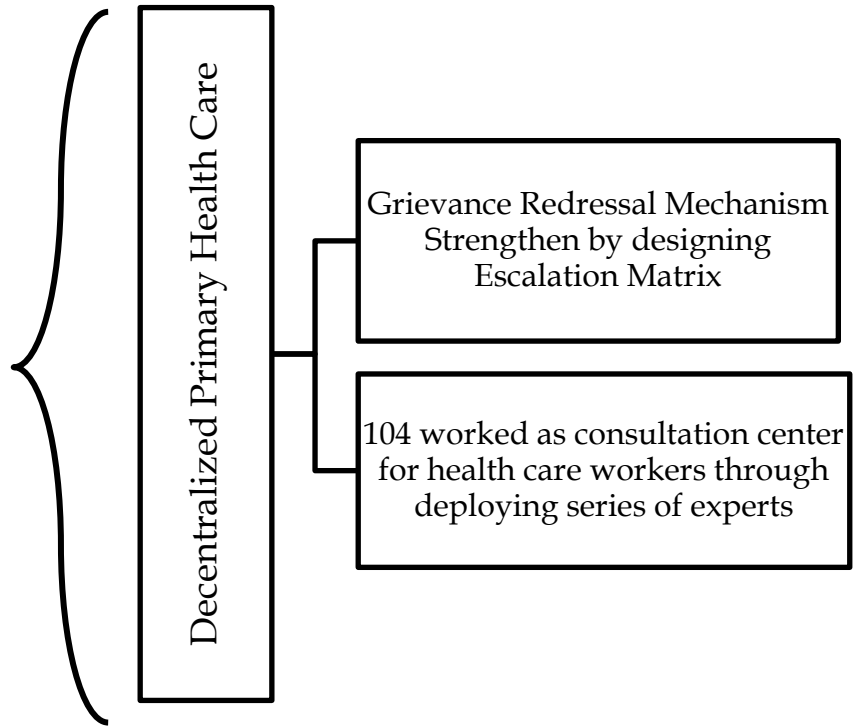
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Program Specific Monitoring



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Monitoring of Frontline Workers



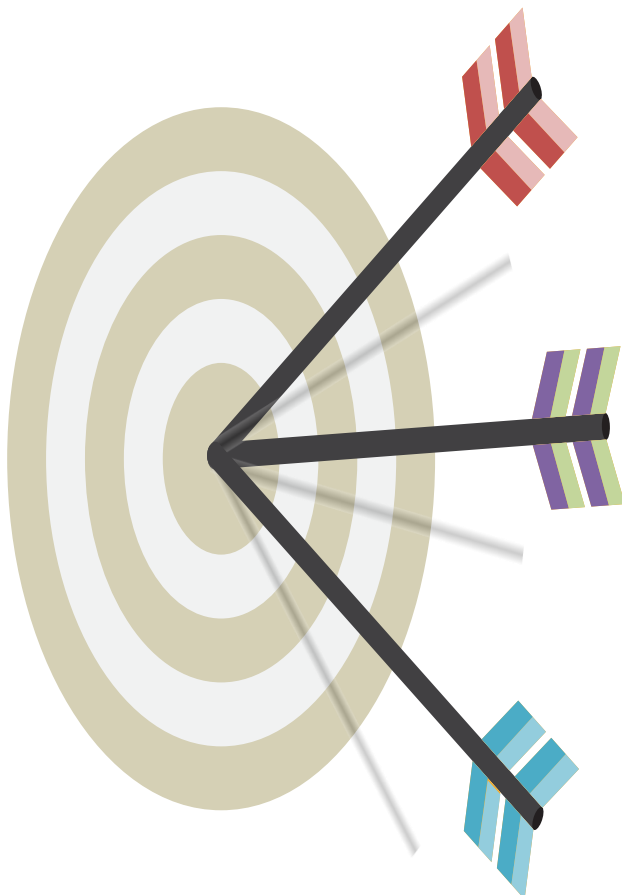
104 service: Adopting an Integrated and Holistic Approach

GATHER

- Great and Introduce
- Ask Permission and Questions
- Tell Key Information
- Help to address key grievances and concerns
- Explain danger signs
- Return call (To reply to any queries or for follow up if required and end call with information on next call and Thanks)

Standardized

- SOPs designed for Maternal Health, Child Health, Immunization, RBSK and RKSK
- Training was conducted by different division representatives on their programme
- Resource centre identified
- Capacity Building
- Roster Developed
- Integration & linkage



Manpower

The Centralized 104 is mix of Doctors, ANMs, consultants, IT experts, Trainers and the Back bone of 104 the tele-callers:

- The backbone of the system are the tele-calling staff: considering the success of the established 104 model NHM Uttarakhand has increased the number of tele-calls by **325%** in the past 1 year taking the total strength of the tele-callers to 34, which are involved in the operation 24 X 7 and 365 days.
- 16 ANMs were onboarded for monitoring of Maternal and Child Health.
- The team now consist of 08 doctors on call which are available form 8AM to 8PM every day, including an emergency doctor on call 27 X 7.
- Consultants and IT experts are utilized to analyses the generated data for better service delivery.
- All the Officer-In-Charge of NHM, Uttarakhand use 104 as a monitoring tool for their respective programs and are responsible for development of SOPs for operation of 104 as well.
- All these are held under the direct supervision of Mission Director National Health Mission, Uttarakhand and is discussed under a mandatory weekly review meeting held under her chairmanship.



Capacity Building Strategies

The most important aspect in success of this model has been the continuous and vigorous specialized training led from experts and professionals. In the past 1 years the 104 team has undergone 100+ training sessions. In addition, 104 network was also utilized for capacity building of the front-line workers.

Training for Tele-callers

- Programme specific training on SOPs by concern programme in-charges.
- HR capacity building: front desk training
- Training by Psychologist and Mental Health experts.
- Communications refresher courses.
- Trainings on General usage of important computer-based tools.

Training of Doctors and ANMs on Board

- Training in collaboration with AIIMS Rishikesh and State Medical Colleges on use of tele-consultation and latest medical trends.
- Maternal and Child Health Training for ANMs.
- Trainings on General usage of important computer-based tools.

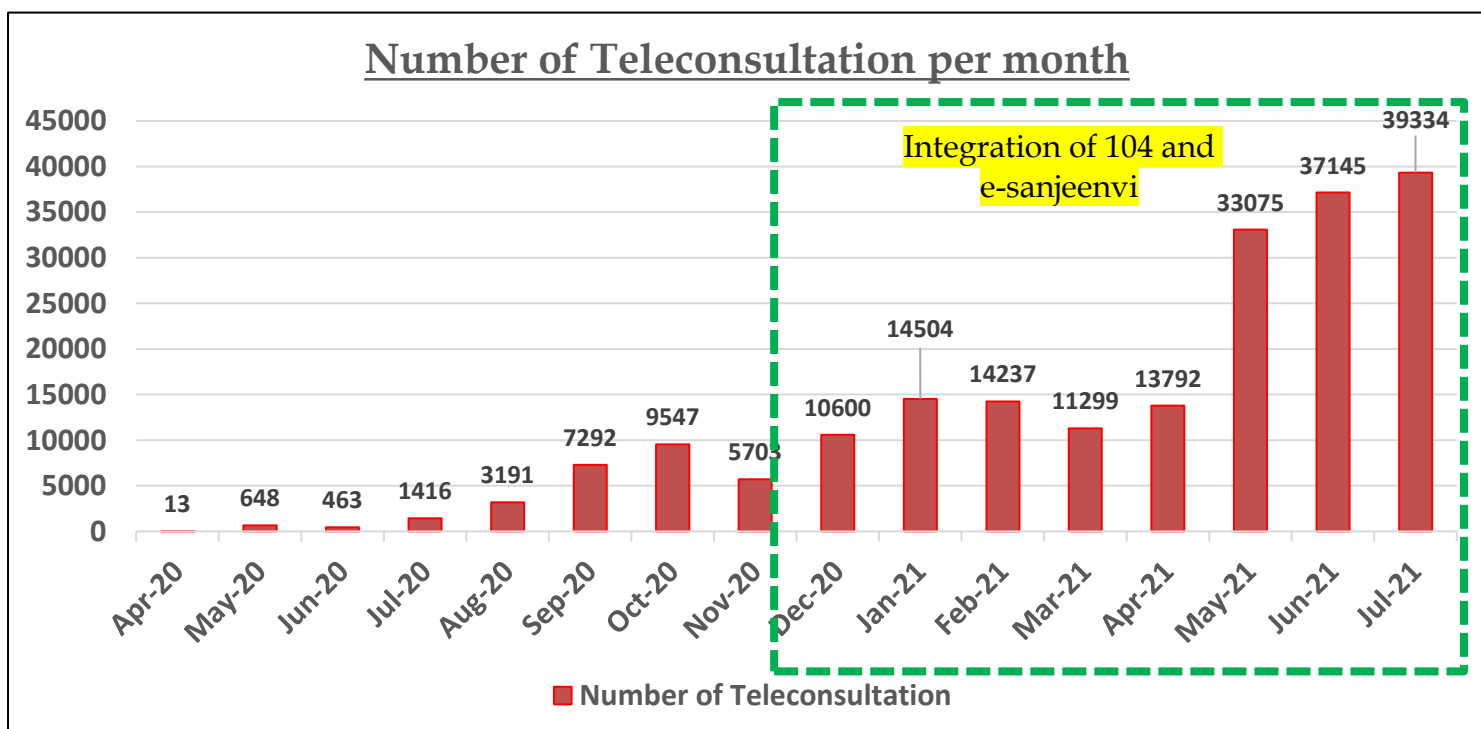
Capacity Building of IT team

- Trainings on General usage of important computer-based tools.
- Advance training on use of dashboard and data analysis tool.

Evidence of Effectiveness

Compared to 2019-20 the year 2020-21 had an **increase of 87%** in the number of calls attended by 104, these calls covered **20+ departments** and **20 lakhs+ beneficiaries** of the state

- 350+ grievances were resolved on daily based in the last one year of operation, with a closure rate of 83%.
- With the amalgamation of 104 and e-sanjeevni the teleconsultation has picked up in the state and has provided door step consultation to around 2 lakhs+ individuals. The state of Uttarakhand currently ranks 3rd in per capita consultation across all states.
- 1.1 lakhs + COVID-19 recovered patients were consulted for post-covid and mental health counselling.
- 3 lakhs + COVID-19 home isolated patents were given medical guidance.
- 3 lakhs + home isolation medical kits were home delivered via 104 and SDRF coordination.
- During COVID-19 it also played a role in:
 - Alleviating panic among general public.
 - Facilitating timely referral
 - Reducing burden on health facilities by timely consultation.



- 25,000+ calls were made to Tuberculosis patients across the state in the year 2020-21 and were directly consulted by 104 in time of COVID when TB were the most venerable of the population the state observed no change in fatality rate in TB cases as compared to 2019-20.
 - The state had 10% increase in outreach of the Nikshay Poshan Yojana (NPY) in the year 2020-21 as compared to 2019-20.
 - 33% increase in the home delivery of essential TB medicines.
- 104 was seamlessly integrated with the emergency 108 service in the state and successfully referred 6,589 cases.
- With 104 as a tool for constant monitoring of patients with Hemophilia the state was able to increase factor availability in the state by 1366%, making it available across 44 health facilities with 104 acting as a facilitator between the service provider and beneficiary.
- AIIMS Rishikesh and NIMAS were onboarded for addressing the mental health issue using 104.
- Around 38,000+ calls were made regarding maternal and Child health; this has a huge impact in addressing the changes of pregnant women during COVID-19 and providing them with health service at their door steps:

Indicators (2020-21)	% Change as compared to 2019-20 <i>(Data from HIMS)</i>
1st trimester	6%
Iron Folic Acid (IFA) tablets	16%
Calcium tablets	3%
Albendazole tablet after 1st trimester	367%
4 ANC check ups	5%
Haemoglobin (Hb) 4 or more than 4 times for respective ANCs	14%
Number of PW having severe anaemia (Hb < 7) treated	27%
Number of pregnant women tested for Syphilis	9%
Total Deliveries	1%
C -Section	4%
C-sections, performed at night (8 PM- 8 AM)	11%
Pregnant women screened for HIV (by finger prick test)	22%

- As part of monitoring and motivation of Front-line staff 53 thousand ASHAs were reached out using the 104 system, they were trained, motivated to perform.
 - Uttarakhand stands 2nd and 3rd respectively in Pregnant Women registration and Infant Registration in RCH Portal implementation coverage respectively.
 - Routine immunization was up by 2% in 2020-21 as compared to 2019-20.
- 1 lakh + beneficiaries with second dose due for COVID-19 were reached out this included 1,534 differential abled beneficiaries as well. The state as successfully administered first dose to 100% of its population and is on track of completing the vaccination by end of 2021. 104 has played an indispensable part in reaching out to the population,

Cost

The Cost of Running the operations of the new integrated and holistic 104 is around 1.8 crores for the year 2020-21.

Summary of Lessons and Challenges

- Although community processes are a vast domain which needs comprehensive approach, 104 has been instrumental in bringing all the stakeholders at one platform through facilitating informed decision making.
- 50% of social determinants of health come from different departments, we had limited success in establishing accountability of other departments although participation was exercised.

Potential for Scale

The two major aspects that are crucial for scaling up any social intervention is sustainability and transferability.

Both principles were incorporated right from the beginning while designing this project. The stakeholder engagement Framework give slot of scope for potential decision-makers to customize this intervention as per the context, hence we have used transferability rather than replicability.

Core processes of community participation are considered while designing the project with the focus of the institute institutionalizing community process which guarantee sustainability.

Partners involved in implementation



- Department of Health & Family Welfare
- Department of Women & Child Development
- Department of Panchayati Raj
- District Administration





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