

4TH COMMON REVIEW MISSION JHARKHAND

(DECEMBER 16-22, 2010)



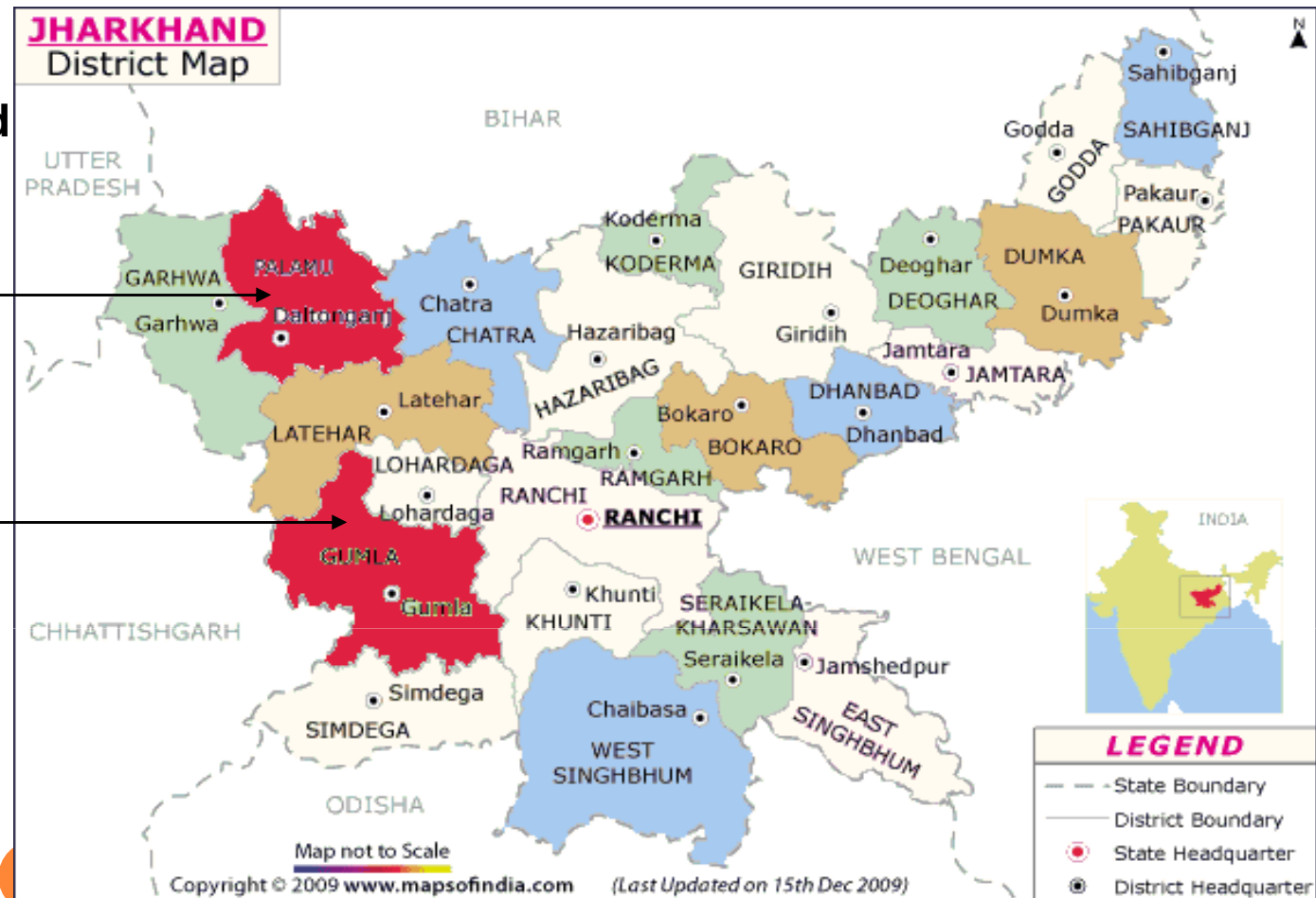
KEY OBSERVATIONS



Districts Visited

PALAMU

GUMLA



4th Common Review Mission Jharkhand

4TH CRM TEAM FOR JHARKHAND

Palamu team

- Dr. S.N.Sharma,
Joint Director NVBDGP,
MoHFW
- Dr. D. K. Saikia,
DD-NIPCCD (WCD)
- Ms. Mona Gupta, TMSA
RCH, MOHFW
- Mr. Gautam Chakrabarty
(NHSRC)

Gumla team

- Ms. Deepika Shrivastava
OSD Planning Commission
- Mr. V. Ramesh Babu
USAID
- Mr. Jayanta Kr. Mandal
Finance Analyst MoHFW



PLACES VISITED BY CRM TEAM

Gumla

- District Hospital
- CHCs - (1) Palkot (2) Basia
(3) Dumri (4) Bishunpur
- PHC- Jairagi
- HSCs- Manjhatoli, Moreng,
Solabera, Salem
- AWCs - Dumri, Karmadon
Salem
- 4 VHNDs
- MMUs - Rampur, Bishunpur
- NGO-Vikas Bharti, Bishunpur
- AWTC - Bishunpur

Palamu

- District Hospital
- CHCs – Patan, Chattarpur
Hussainabad, Chainpur
- PHCs – Kishanpur, Hydernagar,
Naudiha Bazar,
- MTCs – Chainpur, Hussainabad
- HSCs – Nawadih, Nodhia
- PPPs – Dipti Hospital, Naudiha
Holi Family Hospital,
Mander



MEETINGS WITH STAKEHOLDERS

- State Officials
- Deputy Commissioner, Gumla
- District team, including DSW
- Health functionaries at different facilities
- Groups of ANMs, Sahiyas, AWWs, AWHs
- Mothers and community members
- ICDS functionaries
- Trainers
- NGOs



KEY ACHIEVEMENTS

- Engineering wing within the health department
- Large number of contractual staff put under NRHM
 - 457 Doctors
 - 362 Nurses
 - 332 Lab. Technicians
 - 244 Pharmacists
 - 4098 ANMs
- ASHA / Sahiya Program progressing well
 - 5 round of training completed
 - Sahiya help Desks and Shelters at District and Block Hospitals
 - Coordination with ANM and AWW (especially for VHNDs)



KEY ACHIEVEMENTS (CONTINUED...)

- Increase in number of facilities
 - For conducting deliveries (especially at block and PHC level, including some Sub Centers)
 - Increase in bed occupancy (especially at district and block level)
 - Increase in patients' amenities
- Malnutrition
 - Malnutrition Treatment Centers have become functional along with food for the children and incentives for mothers
 - IYCF (Infant & Young Child Feeding) training program
- Reporting of IDSP increased
- Strong motivation, commitment and leadership at individual level
- PMUs well staffed and functional



KEY INNOVATIONS

- **Adolescent Week** – helped identification of severely anemic girls
- **Yuva Maitri Kendra** – for counseling
- **Family Friendly Week**
- **Sahiya Help Desks** at district and block level hospitals



AREAS FOR IMPROVEMENT

- Progress of infrastructure construction needs further improvement and coordination with respective departments and agencies
- A comprehensive HR policy needed to close HR gaps as well as to take care of professional and career prospects
- More skill building and supervision needed for malaria testing, sprays and treatment follow-ups (especially for PV cases)
- Increased use of HMIS for decision making needed
 - Needed more hands-on training on use of information for decision
 - Integrate with hospital performance indicators



AREAS FOR IMPROVEMENT (CONTINUED...)

- National Disease Control Programmes to be put on priority agenda at State / District level.
- Main Focus is need for :
- Kala-azar Elimination (Only 4 district)
 - Bring down incidence less than 1 case per 10,000 population at Block Level.
- Lymphatic Filariasis Elimination (17 distts.)
 - Bring down micro-filaria rate less than 1.



AREAS FOR IMPROVEMENT (CONTINUED...)

- Inventory management needs strengthening – especially regarding stock-outs and re-ordering
- Waste management systems needs further improvement
- Quality of ANC needs further strengthening – in terms of training, supervision, and procurement of needed supplies and equipment
- Strengthen the mentoring and support network of Sahiyyas – it may also need enhanced incentives for trainers at block and district level
- Financial management
 - Create a position of Director Finance at state level
 - Expedite Concurrent Audit
 - Uploading of FMR in HMIS portal on regular basis



OTHER KEY RECOMMENDATIONS

- Enhance resources for infrastructure up gradation - also from other sources
- Build on district planning experience with DHAP/BHAPs
- Extend NRHM VHSCs to include ICDS, Nutrition – and these could be a sub committee of panchayats
- Strengthen strategy, with flexibility in approach, for hard-to-reach areas, including LWE areas



FOR HARD TO REACH AREAS...

- **Financial incentive for hard to reach areas
MOs, Nurses, ANMs, Sahiya's**
- **Rotational Policy – those who serve for 5 years in hard to reach areas to be next posted in better duty station**
- **More ANMTCs in hard to reach districts, so that there is a larger pool of local candidates, who will be willing to stay**
- **Reservation of seats in Nursing / ANMTCs for candidates from hard to reach areas**
- **Preferential opportunities for training courses to those serving in hard to reach areas**
- **Some tie ups/transportation for education of children of those serving in hard to reach areas**



PROGRESS AGAINST PIP 2010- 2011



District Hospital Palamu and CHC Chainpur



CHC PATAN





PROGRESS AGAINST PIP 2010-11

- **NRHM is contributing to structural transformation**
- **Strong motivation, commitment and leadership at individual levels, vibrant and effective PMUs**
- **State initiative commendable to mobilize resources**
- **HR and Infrastructure gap filling initiated**
- **Encouraging progress in RCH, VHND / RI microplanning and tracking, SBA training**
- **Visible face of change in NRHM – Sahiya's**



Acknowledgement

- Sh. P.K. Pradhan, Special Secretary & MD, NRHM
- Sh. Amit Mohan Prasad, Joint Secretary (NRHM)
- Dr. R.S.Shukla, Joint Secretary (PH)
- Dr. Sajjan Yadav, Director (NRHM)

- Principal Secretary (Health), Govt. of Jharkhand
- Mission Director, Govt. of Jharkhand
- State and District Programme Officers

- All Team Members of CRM4 to Jharkhand



THANK YOU

