

6th Common Review Mission: Dissemination Workshop

Salient Observations of Bihar Visit
(2nd – 9th November, 2012)



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TEAM MEMBERS

1. Government Rep.- 3
2. Development Partners-1
3. Consultants - 5
4. Publ. Health Experts - 3
5. Civil society Member – 1
6. State Representatives – 2

Team Leader – Dr Ajay Khara, DC

Banka District

- 1.Dr J N Srivastava
- 2.Dr S A Pasha
- 3.Ms Sabina Bindra Barnes
- 4.Mr Sanjeev Gupta
- 5.Dr Manoj Patki
- 6.Mr Rajeev Agarwal
- 7.Dr G P Verma (State Rep.)

Gopalganj District

- 1.Dr Renu Shaharawat
- 2.Mr Ajit Kumar DungDung
- 3.Dr Sai Subhasree Raghavan
- 4.Dr Neha Kashyap
- 5.Mr. Anisur Rehman
- 6.Mr Dushyant Meher
- 7.Mr Ranjeet Samaiyar (State Rep.)



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Facilities Visited

Dist. Hosp. – 02	Ref. Hosp. - 05	APHC – 02	AWC - 4
Sub. D H – 01	PHC - 06	H S C - 12	MMU & AMB. - 02

Banka District

1. Sadar Hospital Banka
2. RH Amarpur
3. RH Katoriya
4. RH Baunsi
5. PHC Chanan
6. PHC Dhouraiya
7. PHC Barahat
8. Additional PHC Ahiro
9. HSC Sultanpur
10. HSC Bhairuganj
11. HSC Mirzapur
12. HSC Shyambazar
13. HSC Kadhar
14. HSC Jaipur
15. Village Invaran & Letwa AWC
16. Village Kunta AWC

Gopalganj

1. Sadar Hospital, Gopalganj
2. SDH, Hathua
3. RH, Phulwaria
4. RH Bhore
5. PHC Manjha
6. PHC Uchkagaon
7. PHC Thave
8. APHC Mirganj
9. HSC, Mirganj
10. HSC, Hussepur
11. HSC Basdila
12. HSC Dahibhata
13. HSC Paithanpatti
14. HSC Batarde
15. AWC, Basdila
16. Dhanvantri Rath (Mahadalit tola)
17. 102 Ambulance



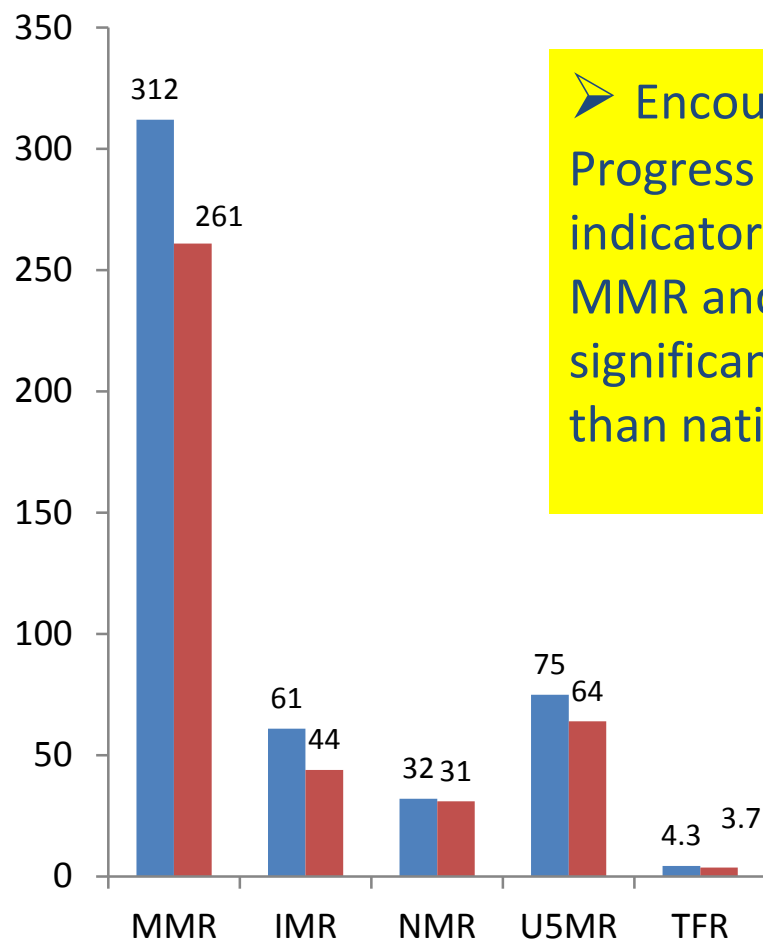
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Snapshot of Progress in Bihar during NRHM Period



➤ Encouraging Progress in RCH indicators, however, MMR and TFR are significantly higher than national average.

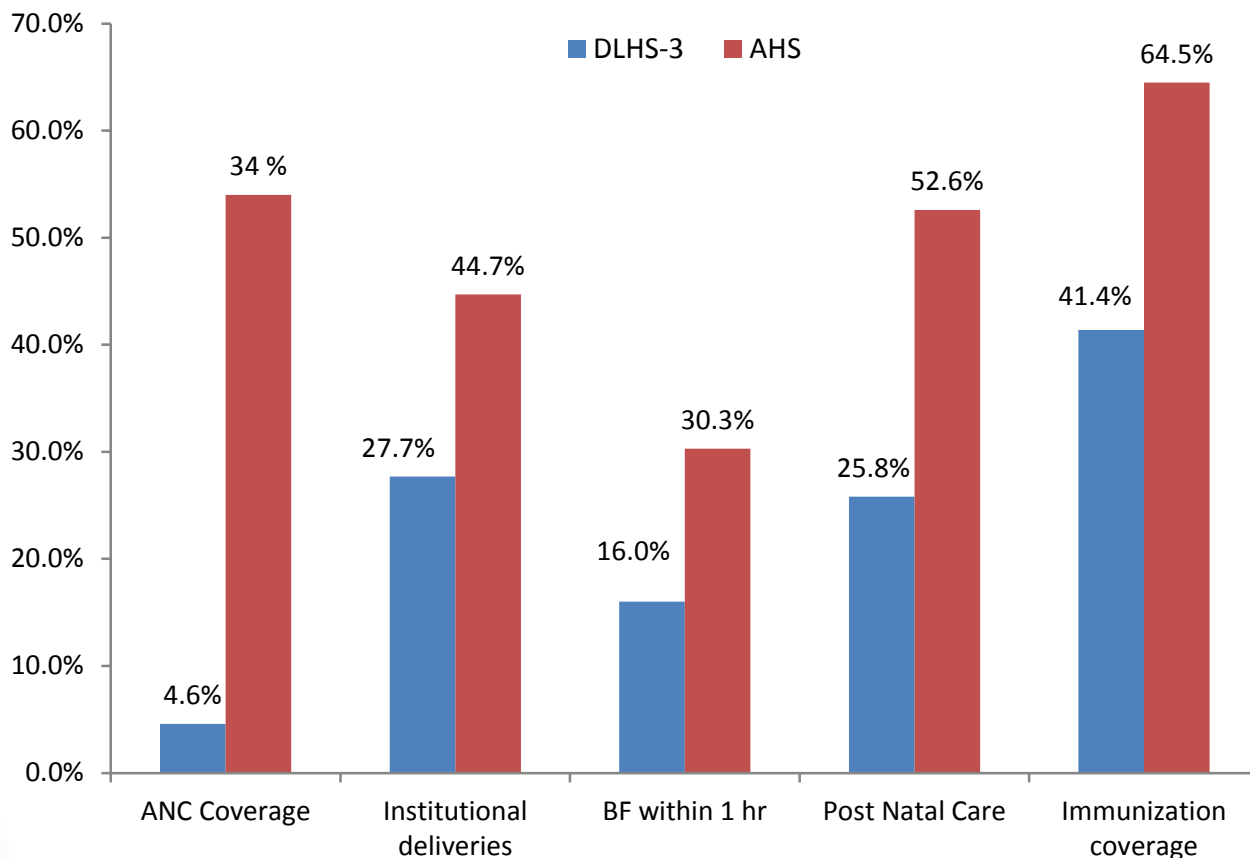
INDIA		
Indicator	2005-06	2010-11
MMR	398	212
IMR	58	44
NMR	37	33
U5MR	69	59
TFR	2.9	2.5



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Snapshot of Progress in Bihar during NRHM Period



- Encouraging progress in Most of the interventions.

- Cause of concern- ANC Coverage and institutional deliveries

- Inter- district disparity: Kishanganj: lowest Immunization (26.6%) and Madhepura : highest Child Mortality (77)



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Positive Findings During field Visit.....

- Customized software to rank the districts on 34 parameters
- Generic Medicine Shops within the facilities' premises (Total no. 209)
- Establishment of 27 Skill Laboratories for improving ANM & GNM Trainings
- Bihar Medical Services and Infrastructure Corporation Ltd (BMSICL) for improvement in execution of civil work and strengthening of Procurement System.
- Bio Medical Waste was as per the guidelines. Liners and bins were available at the point of generation of bio medical waste.



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Positive Findings During field Visit.....

- Good Infrastructure at DH, SDH and Referral Hospitals
- Innovation in IEC – Mobile Kunji to ASHAs and AWW
- 100% contribution of State's share to NRHM fund, and Uniform Accounting System and 'e-transfer' of funds up to the block level.



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Issues

- High under-5 mortality (> 100): *Khagaria, Madhepura, Purnia & Sitamarhi*
- Maternal Health -
 - *Quality of ANC (Lack of Examination table and facilities for Hb & Urine Exam at APHCs & Subcentres)*
 - *Partograph recording not being done.*
- Weak JSSK implementation below DH level (Diet, drop back & outside prescriptions)
- Lack of 24X7 Functional Blood Storage Units at FRUs below DH.
- Unavailability of Safe Abortion services in PHCs and FRUs.



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Issue..... (2)

- Policy decision on filling of vacant contractual posts (more often in reserved category)
- Outsourced PPP Diagnostic services should be monitored in terms of QC norms, AERB norms and Facilities' own diagnostic services should be strengthened.
- APHCs and Subcentres need strengthening (building condition, absence of light source, non-availability of water, quarter for ANM, rusted examination table or its non-availability, non-functional toilets etc)



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Issue..... (3)

- State PC & PNDT Cell to be created.
- Strengthening of State Health Systems Resource Centre (SHSRC)
- Lack of Drugs for Kala-Azar and AYUSH medicines.
- Lack of clarity on job roles and responsibilities of Mamta, ASHA, ANM and AWW



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THANK YOU



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