

7th Common Review Mission -Jharkhand



CRM Dissemination 5th March 2014

Facilities Visited

District Bokaro	District Sahebganj
SDH Chas	Sadar Hospital, Sahibganj
CHC Nawadih	SDH Rajmahal
CHC Peterwar	CHC Taljhari
CHC Chas	PHC Udhawa
APHC Chalkari	PHC Mirzachoki
HSC Chapri	HSC Koyla Bazar
HSC Harladih	HSC Khorikhotana
HSC Partar	HSC Tertaria
HSC Bijulia	HSC Madansahi
Bokaro General Hospital	HSC Maharajpur
UHC Yadohadih More	HSC Sakrigali and Sahiya meeting
AWC Pindrar	VHND HSC Karalh (Khorikhotana)
MMU Umari	MCH, MTC, Mamta Vahan

Best Practices Observed

- **Substantial increase in the new infrastructure** during the NRHM period.

Set up :- 90% PHCs / CHC - Government buildings
 55% Sub centres - Rented building

- **Referral transport** – “Mamta Vahan” via PPP model between Panchayat & State Govt. in all the 24 districts.
- **Mobile Medical Unit (MMU) running in PPP mode** with local NGOs - providing regular services as per micro plan in difficult/inaccessible terrain.
- **Malnutrition Treatment Centres** have been established with need based planning across all the districts

Best Practices Observed

State Review Mission is a new initiative to strengthen programme monitoring and ensuring supervision by programme experts' visits to districts every quarter.

The team comprises of :-

- Programme managers
- Consultants from SPMU
- Public health experts
- Representatives of disease control programmes
- SHSRC
- Development partners

Findings

Maternal Health:

- Delivery points increased from 684 to 888 from last CRM
- FRUs increased from 17 to 48 in the last two years (State to operationalize more FRUs)
- Direct Benefit Transfer through account payee checks has been started
- JSY payment is done at the facilities (although delay in payment)
- EmOC trained MOs are not being deployed to strengthen FRUs
- In Bokaro district - no blood bank and no functional blood storage unit
- Maternal and Child Health registers not available in districts
- Lack of uniformity in the record maintenance.

Findings

Child Health:

- Home Based New born care through Sahiyas has been initiated
- Facility based new born care needs to be strengthened
- Need for creation of SNCUs and NBSUs
- Optimal utilisation through adequate posting of staff trained in NSSK /F-IMNCI needs to be strengthened

Adolescent Health:

- About 194 ARSH clinics have been established in the state
- Scheme for promotion of menstrual hygiene is operational in Bokaro since 2011 and has been accepted well by the community

Findings

IEC/BCC:

- A functional SBCC cell has been established
- IEC/BCC needs to be strengthened to create awareness on National Programs and Schemes such as JSY/JSSK.
- Random display of IEC material at all the facilities visited

AYUSH:

- AYUSH MOs/Paramedics yet to be appointed under NRHM.
- Funds released for AYUSH clinics and essential drugs not utilised so far.

Findings

Family Planning:

- Schemes of Home Delivery of Contraceptives & Pregnancy Testing Kit are in place as per the guidelines in the district visited.
- No strategy for Fixed Day Static (FDS) services available in SDH & Add.PHCs
- Postpartum Family Planning services such as PPIUCD need strengthening
- No RMNCH counselors in districts visited (only 8/27 approved in position).
- No clarity about Ensuring Spacing at Birth scheme among ASHAs

ASHA (Sahiyas):

- Support structure for ASHA at all four levels
- Performance monitoring system well in place
- ASHA help desk established in DHs/ CHCs in high priority districts.
- Timely replenishment of ASHA drug kit required
- Delay in ASHA payment incentives

Findings

Infrastructure:

- The state did substantial addition in the number of facilities through the creation of new facilities in the first two years of NRHM

However, from 2007 till now the number of facilities at all levels remain unchanged and progress is noted in infrastructural strengthening and enabling these facilities through government buildings
- There is a need to strengthen and upgrade the existing infrastructure.
- Designated facilities are not having adequate infrastructure as per the service delivery norms (bed strength).
- No MCH wing in Bokaro whereas it has been made functional in District Hospital Sahibganj using the State funds.

Findings

Human Resource:

- Under HRIS, the state has established HR database of Medical Officers in all 24 districts
- Rational deployment of Human Resource lacking
- The state does not have a specialist cadre for posting in FRU's.
- Sporadic cases of delay in payment reported by ANMs (Borio and Talijhari blocks in Sahibganj)
- No difficult area incentives for MO's /staff
- There is a lack of clear Transfer & Posting policy in the state, which leads to lack of motivation for doctors placed in the remote workstations.

Findings

Drug Procurement System:

- State needs to strengthen the Drug Procurement System, there was no clarity on the procurement of drugs at all the levels.
- Inadequate drugs available at the facilities visited. Eg: In Sahibganj, only 17 drugs supplied at DH level at OPD and there was limited stock of emergency drugs and ambulatory equipment. District warehouse was functioning out of 10x 15 size room.
- Central rate contracting for only 112 drugs has been done. Essential drug list not known below the district level (DH//CHC/PHC/HSC).
- Action taken by State HQ not conveyed at the district level. Medicines tendered at the State and District level not known to field staff (MOICs).
- No IFA supply in the facilities in Bokaro from the last one and half year which leads to increased out of pocket expenditure by patients.

Findings

Disease Control Programme:

- **TB**-Treatment completion rate of patients is more than 80%. Adequate supply of anti-TB drugs though supply of paediatric TB drugs is an issue.
- **Malaria**- Malaria mortality rates have come down from 0.10 to 0.02 in the last five years. Involvement of Sahiyas less in Malaria case detection and treatment
- **Japanese Encephalitis**- Three medical colleges of the state are working at Sentinel Surveillance Hospital. MPWs have been trained about JE and they do active surveillance for early case detection.
- **Lymphatic Filariasis**- Endemic in 14 out of 24 districts. The state has a backlog of about 5000 hydrocele operation.
- **NCDs**- NCD programme was started in four districts (Bokaro, Dhanbad, Deoghar and Ranchi) of the state during 2012-13. Of the total cases that have been screened in Bokaro, about 6% were suspected for diabetes and 9.5% for hypertension.

Findings

Information and Knowledge:

- Districts are doing facility wise reporting on HMIS portal.
- Rampant power failures, internet connectivity and infrastructural constraints obstruct the effective functioning of HMIS & MCTS.
- MCTS generated reports are rarely being used by the State to review the implementation progress of various schemes related to RMNCH, to reduce the service delivery gaps and improve the service delivery quality. MCTS system is used as a Data entry portal only.
- SIHFW does not exist in the state. Institute of Public Health has been identified as a State nodal agency for providing leadership training and undertaking capacity building on technical aspects.
- Village wise integrated RCH register designed by MoHFW is in the process of implementation in the State.

Findings

Financial Management:

- E-transfer of funds up-to Block Level, but no computerized system for the maintaining the records.
- Block and PHC accountants have not been trained in Tally ERP-9.
- Finance and accounts staff trained in financial procedures, but lack clarity with regard to the implementation guidelines and various facets of NRHM.
- Bank reconciliation are not maintained at most of the PHC/CHC.
- Financial records not being verified/countersigned by MO in charge and lack of uniformity in record maintenance.
- Advance registers not maintained at all level except DHS.
- Huge unspent balance with the State and District Health Society.
- There is a difference in bank Reconciliation Statement of Rs. 2.34 crore and Rs. 77 lakhs (cheque issued) at the State level since 2005-06, which is not reconciled yet.
- An amount of Rs. 7.80 lakhs given to previous State Finance Manager in the FY 2009-10 is not settled yet.

Findings

National Urban Health Mission:

- State has prepared and submitted PIP for 2013-14. However, urban local bodies were not consulted in the cities visited.
- Discussions with elected or other officials of these bodies shows limited awareness on the programme.
- Focus group discussions point out lack of key services, which they need most, lack of drugs with outside prescriptions being the norm and no referral system.
- FGDs highlighted health related ailments of Kala Azar, Malaria, Filaria, RTIs, water borne ailments such as GE, Jaundice etc.

Findings

Governance and Management:

- State Programme Management Unit functions in coordination well with Directorate.
- District Programme Management Units functional. Block level units have high vacancies. Staff from District and Block voiced a need for a regular programme of training.
- Meeting of DHS not held in Sahibganj since March 2013.
- State has adopted Clinical Establishments Act, notified state council and begun process for establishing district registration authority.

Recommendations

- A well articulated plan for the unreached tribal population. Access and awareness issues in PTGs may be overcome by expediting the implementation of Participatory Learning and Action as in other districts of Santhal Pragna region.
- Need to increase the number of HSCs/facilities as per the Census 2011 population.
- Intense follow up and monitoring needed to commence work on up gradation projects. Immediate attention on strengthening the infrastructure of Sub Centres especially delivery points and those having high case loads.
- Colocation of AYUSH facilities to be made operational even at PHC, CHC level.
- The facilities need to be provided with adequate equipment for the essential service deliveries.

Recommendations

- Construction activities need to be streamlined with quicker completion, better quality, faster handing-over to DHS.
- Rational deployment of Human Resource.
- To ensure timely delivery of performance based incentives and clearing backlog payments of Sahiya by robust implementation of online DBT.
- Centralised Procurement System need to be implemented urgently to address drug stock-outs and for streamlining procurement of drugs.
- Urgent need to equip delivery points with essential drugs such as oxytocin, misoprostol and supply equipment like mucous extractors.
- State to operationalize SNCUs and NBSUs, especially in high focus districts with high IMR like Sahibganj. Rope in additional technical capacities to meet the purpose.

Recommendations

- Focus on PPIUCD particularly at high case load facilities; fixed day services for family planning both for sterilization and IUCD at the facilities.
- Use of partographs to be emphasized and monitored.
- Monitoring to ensure timely payments to JSY beneficiaries.

Financial management:

- Training required at DHS & below levels.
- Use of Tally software and maintenance of computerized books of accounts
- Procurement manual to be developed

CRM Team for Jharkhand

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Thank You