5th Common Review Mission

BIHAR

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Facilities Visited

Begusarai District

- DH Begusarai
- Referral Hospital Manjhol
- SDH Ballia
- PHC Bakhari
- PHC Naokothi
- PHC Ballia
- PHC Teghra
- PHC Barauni
- APHC Sokhra
- APHC Banwaripiur
- APHC Simariya I
- APHC Simariya I
- HSC Ataura
- HSC Kasalbariyan
- HSC Barauni – II
- HSC Barbigha
- HSC Bhagatpur
- HSC Mohanpur

Kishanganj District

- DH Kishanganj
- Referral Hospital Chhatarbach
- PHC Teragachch
- PHC Bahadurganj
- PHC Pothia
- PHC ThakurGanj
- HSC Jhala
- HSC Gamhariya
- HSC Mirzapur
- HSC Chargariya
- HSC Maheshbathna
- HSC Piprithan

Health Indicators & Achievement So Far

Indicators	Bihar	India
Infant Mortality Rate (SRS- 08,09,10)	56, 52, 48	53, 50, 47
Maternal Mortality Rate (SRS 2007-09)	261	212
Total Fertility Rate (SRS- 2009)	3.9	2.6
Institutional Deliveries (against expected deliveries) (Up to September 2011)(MIS)	21%	24 %
Institutional Deliveries (against reported deliveries) (Up to September 2011)(MIS)	81 %	80%
Full immunization (In thousands) 2011-12 (Up to September)(MIS)	219	4781

- Over the period of the NRHM, substantive policy modifications to facilitate improved access and delivery
- Significant increase in coverage and quality in service delivery, particularly for mothers and children
- Creation of new institutional mechanisms to facilitate improvements in infrastructure, recruitment, and drugs and supplies
- Recruitment of large numbers of contractual staff
- Community level action initiated, with ASHA and first steps taken with Village committees

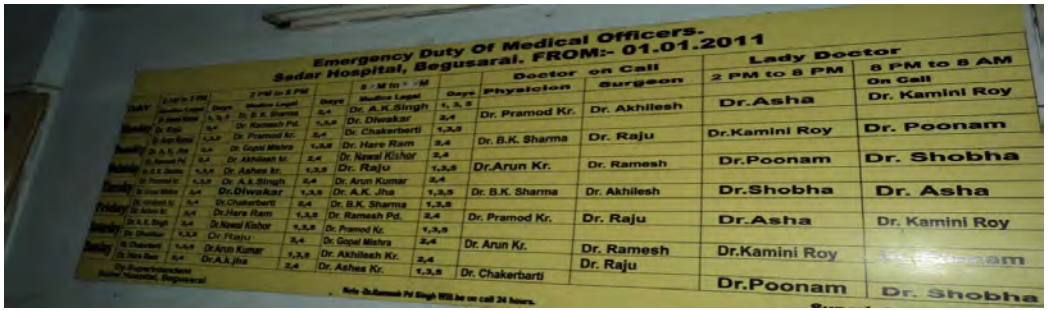
Infrastructure & HR

- Infrastructure gaps persist, despite many achievements – at all levels
- Bihar State Medical Services Infrastructure Corporation established; still to be operationalized
- Block PHCs designated as CHC with less than adequate infrastructure & manpower
- Residential accommodation a major lacunae- no new additions between 2005 and now
- Delays in handover of newly constructed/ renovated building
- State level action for recruitment and retention of human resources – pay scale revisions, walk in interviews, rationalizing staff postings, initiated
- Expansion of nurses training and activation of ANMTCs resulting in increased availability in most parts of the state
- Acute and disproportionate shortage of HR across all levels
- Multi-skilling training initiated but pace of training is slow

Health Care Service Delivery

(Fig: HSC Kishanganj)

- OPD and IPD increases across the board, in DH and BPHC
- Lab and Diagnostic Services outsourced
- Laboratory examination for TB, Hb & Kala azar
- 102 and 108 ambulances are available at all levels of facility. However drop back facility not available and is restricted to BPL patients even for maternity, thus out of pocket expenses are high
- Drug inventory management systems not in place
- Essential equipment like mucus sucker, AMBU bag generally not seen in facilities
- Poor Infection prevention practices in several sites
- Service guarantee displays on few facilities
- Grievance redressal committee in place
- 48 MMU operational in the state



(Fig: Begusarai DH)

(Fig: PHC Naokothi, Begusarai)

ASHA & Outreach Services

(Fig: Outreach services in Kishanganj)

ASHA

- ASHA Support structures exist, trained up to 4th module; but vacancies exist at all levels.
- No refresher input to the ASHA for last 18 months, training being initiated in January 2012
- Bank accounts for ASHA mostly in place
- ASHA attrition more on account of urban notification than drop out
- Convergence between ANM, AWW and ASHA is good at village level
- ASHA plays an active role in VHND, and supporting the ANM during the sub center clinic days.

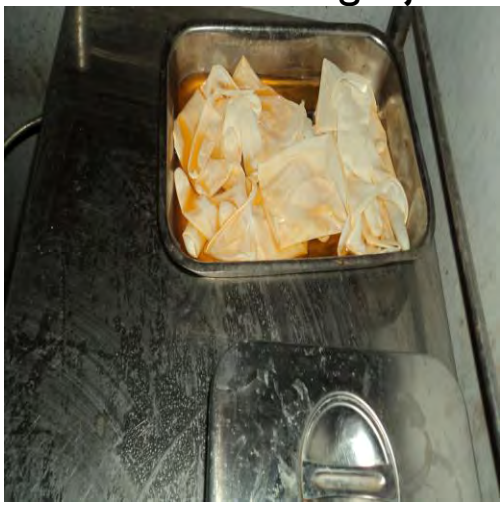
(Fig: ASHA , in Begusarai)

Outreach

- ANM overburdened: population load of up to 10,000, leaving little time for community meetings and sporadic home visits
- Second ANM posted in Begusarai- little clarity in roles and work allocation
- No MPW in either district
- Untied Funds – Rs. 10,000 made available for FY 10-11
- ANMs maintaining large number of registers- time consuming
- VHND: visible and active; slight lag between planned and achieved, only immunization and Vitamin A for children and for pregnant women: TT, IFA
- Weight/BP instrument found but not being used.
- Health camps held as part of Swasthya Chetna Yatra across the state in February 2011

Reproductive and Child health

- Significant increase in institutional delivery, but persistent home deliveries about 20- 25 %
- High ANC with little attention to quality of care
- Nischay Kit was found
- JSY payments by and large being made within 3 months
- JSSK not yet initiated
- No MTP and RTI/ STI services currently available in public health facilities.
- Out of pocket expenses reported by many women on drugs and transport
- Standard protocols displayed in labour rooms
- Post partum hospital stay is 4- 8 hours in Begusarai, and 24 hours in Kishanganj
- C-section rates in public health facilities negligible
- Maternal Death Review not implemented
- MCP cards rolled out. However tracking is not functional
- Quality Assurance Committees not yet established



(Fig: Gloves reused at PHC Begusarai)

(Fig: Family Planning OT, DH Begusarai)

(Fig: Patient lying at corridor, DH Begusarai)

(Fig: Patient lying on the floor, RH Majhol)

Reproductive and Child Health

- 374 PHCs have functional New Born Care Corner out of 534
- Only 7 SNCU is functional in 38 district
- Weekly camps for female sterilization regularly held in the DH, SDH and BPHC
- IUCD as a spacing method gaining credence
- Stocks for social marketing of Contraceptives have reached up to ASHA
- Demand generation activities for spacing methods and NSV not visible
- Significant improvement in RI to 68%, attention to drop outs and unreached is low.
- Measles vaccine was not available at district Begusarai
- Open vials of measles, Hepatitis B and Polio found in ILR stock for future use.
- Diluent storage norms not being followed in Kishanganj district.
- School health programme :Nayee Pidhee Swasthya Guarantee Karyakram being operationalized

Nutrition, Gender Mainstreaming & Convergence

- Growth monitoring not taking place- weighing scales in many places not in working condition
- Issues of coverage in Kishanganj, resulting in missed out HH- implications for nutrition and other health services
- NRC operational in Kishanganj, being implemented in Begusarai on PPP model
- Vitamin A – First dose is assured with measles vaccine but no child with complete dose was seen
- Salt testing kit is being used by ASHA, but kits were currently out of stock
- PCPNDT Committee constituted in Kishanganj
- No Form F in place in either district
- Consideration of privacy for women not part of general consciousness
- Little planning for action on social determinants & No NGO involvement in social mobilization
- Sanitation is a challenge in most areas – little awareness of TSC, although improved sanitation is articulated as felt need by community

Decentralization & Programme Management

- DHAP and BHAP prepared and available, but not being utilized
- Joint accounts for SC untied funds and VHSNC in place at Panchayat level
- VHSNC funds are not being utilized in most places
- RKS funds for 2011-12 transferred but not utilized due to lack of clarity of guidelines , no audits
- District Level Vigilance and Monitoring Committee constituted but not active
- SPMU functional- has programme officers for a range of areas, in touch with district counterparts.
- At the district level vacancies in DPMU, thus overburdening existing staff/neglect of programmes
- DPMU staff training not commensurate with needs in district
- External donors also provide support to state and district health system
- SIHFW provides training support; quality monitoring and follow up is a challenge
- CARE in Begusarai works closely with the district administration- focus on service delivery, community mobilization and demand creation

Procurement System

- Bihar State Medical Services and Infrastructure Corporation established
- RC at state and district level for generic drugs in place
- RC done by SHS following national competitive bidding following fair and transparent procurement process
- RC sent to districts to place orders
- ProMIS is not being implemented
- Negligible warehousing facilities from DH to block level
- Drugs were found to be available at all levels

(Fig: Drug ware house, DH Kishanganj)

(Fig: Drugs kept in the corridor, DH Begusarai)

Effective Use of Information Technology

- Almost universal complete reporting from district to block, but no validation
- HMIS reports being used for discussion with blocks and in meetings with DM in Begusarai
- Inter district ranking system has been applied
- Infrastructure and internet connectivity is good up to block level
- MCTS operational every where but the data was only partially complete, with poorly filled registers.
- Services of data entry operator includes their own computer and hardware cost

Disease Control

- IRS is being done by Hot Spot Selection of the villages with just a single case of Kala-azar since last three years
- In Begusarai, there is a separate Kala Azar ward with free diet.
- Malaria has not been reported from either district
- ACT for treatment of Pf cases is not available at district
- The National Drug policy on Malaria, 2010 was not available
- No case of Dengue & Chikungunya is being reported from the districts.
- No vaccination for Japanese Encephalitis done
- RNTCP implemented from District to block level, however Case detection rate is low
- ASHA is the main DOTS provider
- ANM involvement in programme is very limited
- District IDD Survey not done
- Cataract operation only at DH level
- District IDSP team is not complete

Financial Management

- 100% Usage of customized version of Tally ERP-9 software up to District, PHC and Block level. All 533 PHCs/Blocks under 38 Districts duly covered under Tally ERP-9.
- Smooth Electronic transfer of funds up to PHC level.
- All JSY Records and Photographs of beneficiaries maintained properly.
- RKS meetings are not timely held.
- Only 8 districts out of 38 have uploaded the financial monitoring report on the HMIS Portal.
- Concurrent Audit has not improved the internal control system as Bank accounts are not being reconciled on regular basis.. No periodic reconciliation of advances and age-wise analysis of advances

Recommendations

- District divergences high in the state- differential planning and financing for all components required.
- High focus on addressing social determinants and gender issues through ASHA, VHSNC, and NGO involvement
- Prioritize renovation/construction of facilities that have land for residential accommodation
- Construction and Operationalization of SNCUs across the state is required on priority
- Strengthen lab and diagnostics services
- Regulation and monitoring of agencies to whom lab tests and other private sector contracting in have been out sourced- through trained and enlightened RKS
- Consider monetary and non monetary incentives for postings in difficult areas
- Need for active recruitment of trained cadres such as ANM from local areas
- Expand the base of training organizations by involving Medical Colleges, NGOs etc

Recommendations

- Rapidly scale up Set up skill labs in DH and BPHCs
- Ensure service guarantees and citizens charters in all facilities, and grievance redressal
- Ensure bio-medical waste management in all facilities.
- Establish and strengthen QA committees at the state and districts
- Prioritize areas with high proportion of home deliveries to promote safe deliveries – through demand generation and increasing access
- Immediate implementation of JSSK
- Strengthen demand generation and service provision for FP (NSV too) specially in outreach
- NSV needs special attention for awareness generation in order to address TFR
- Review the different models of support through the state and donor partners in districts and enable scaling up of effective strategies and replicable practices
- Operationlize use of ProMIS in districts
- Micro planning at district level for NVBDCP is required

Summary Conclusion

During the Mission period, the state has made significant progress across all areas which is highly visible. This is commendable given the low baselines, the short time span, the context and the formidable constraints of substantial gaps in infrastructure, human resources, and facilitatory institutional structures.

Thank You