



5th Common Review Mission State - Jharkhand



Selected Districts

Giridih & Deoghar

Team Leader: Dr. N.K.Dhamija, DC-Immunization, MoHFW, GoI

Team Members -Deoghar

Central Team Members

- Ms. Shailaja Chandra
- Dr. G.S.Sonal
- Dr.Sangeeta Kaul
- Ms. Nirmala Mishra
- Dr.Purna Chandra Dash
- Dr. Shahab Ali Siddiqui

State Team Member

- Dr. Ajit Prasad (DD-FW)

Team Members -Giridih

Central Team Members

- Dr. N.K.Dhamija
- Dr.J.N. Sahay
- Prof.R.B. Bhagat
- Dr. S.Mishra
- Dr.Shibu Vijayan
- Dr.Pradeep Tandan
- Mr.Dharmendra Kumar

State Team Members

- Dr.B.P Sinha (SRCHO)
- Dr. Pushpa Maria (DD-FW)

Status of Infrastructure Development

HSC level

- **No running water, electricity & toilet facilities in majority of HSCs**
- **Inadequate space for conducting deliveries**

Other Primary & Secondary Care Facilities

- **Residential facilities for staff either not available or were in dilapidated state**
- **Many constructions were incomplete /under progress for over 2 years & not handed over by agency**
- **No involvement of local health officials at any stage of new constructions**

Health Human Resource

- Overall **shortage of skilled health care providers**
- Maximum vacancies-Specialists particularly **Gynecologists**
- Post of **DPM in Deoghar district** was vacant for last 3 years & was recently filled
- Most facilities spend untied funds on salaries of contractual staff leaving little scope for other non-recurring & important needs
- Inadequate **Human Resource planning** for new constructions

Health Care Service Delivery

- **Steady increase in the No. of deliveries** at PHCs & HSCs despite infrastructure constraints
- **Bed occupancy in DH & CHCs** & a few other health facilities -25 to 50 % , Predominantly delivery cases
- **Drugs availability**-50 to 70% of Essential Drug List
- **Standard Protocols** displayed in the labour rooms, **Partograph** are used at sub centres, however quality being sub-optimal

Health Care Service Delivery

Contd...

- Inadequate emphasis given to **family planning**
- **Cold chain** system functioning well
- **Mamta Vahan** Scheme drawing encouraging public response & call centers established in district hospitals
- Inordinate delays in **JSY payments** at many places

Outreach Services

- Sub centers (HSCs) functioning fairly well despite major constraints
- **Immunization-due list** preparation and follow up done by ANM, with the help of Sahiyya and AWW
- **VHNDs** conducted regularly with good performance
- Most of the VHND sessions held as per M/p , however, at times deviated due to long distances, large No. of villages & limited capacity of ANMs
- VHND and Immunization coverage shows appreciable **interdepartmental synergy**

ASHA Program

- Committed **VSRC** present at the state level
- Sahiyya **help desk** at DHs is effective
- About 40% of selected Sahiyyas inactive in Giridih district
- ASHA kits partially distributed and not replenished
- **Sahiyya payments** delayed at many places
- Many villages are deprived of Sahiyya presence
- **Sahiyya Saathi** concept providing hand holding support to sahiyyas effectively

Reproductive & Child Health

- Most of the **ANMs conducting deliveries are SBA trained**
- Negligible number of **C-Sections at district hospitals**
- Severe anemia not detected in most of the facilities including district hospitals
- Field workers are aware but not oriented about Social Marketing of Contraceptives Scheme
- **PPIUCD initiative** at Giridih support from DP (USAID-MCHIP) appreciable
- **Skills lab** initiative for SBA training at Giridih DH is noteworthy

Skills Lab



Reproductive & Child Health contd...

- **SNCUs** still not established
- ANMs not trained in IMNCI
- **New Born Corners** not functioning across most health facilities
- Micro planning & special innovative initiatives for immunization in **HTR** areas and **missed population** not comprehensively taken up
- **AVD initiative** involving NGOs at places are encouraging (e.g. Giridih district)

Preventive & Promotive Health Services, Nutrition, Inter-Sectoral Convergence

- **65 NRCs renamed as MTCs in the state**
- **MTC at Giridih performing very well with skilled staff**
- **Average No. of Children at MTC per month, however was low thence a need for a strong IEC**
- **Provision of supplementary nutrition staggered at many AWCs**
- **State Lab. for NIDDCP not established, resulting in the attrition of the recruited staff**

Preventive & Promotive Health Services, Nutrition, Inter-Sectoral Convergence Contd...

- **Salt testing kits** are not available
- Iodized salt is being used in **50-60% homes** only
- Certain **practices of ANMs** against medical guidelines
- Implementation of **School Health Program** not visible
- Exemplary **inter sectoral convergence at Birhor** community-in Kalapathar and Amnari Tandas

Gender Issues & PCPNDT

- **No evidence** of districts enforcing PC&PNDT Act or undertaking **advocacy** against sex determination
- Poor concerns for **privacy of the women** during ANC
- **Maternal Death Review** rarely conducted with poor reporting mechanism
- The **display board** in the site visited , not as per guidelines of PC&PNDT Act . Need to convey right guidelines across all districts by the state

PC& PNDT Display Board



National Disease Control Programmes (NDCPs)

- Malaria mortality reduction achievement 58% in 2010 (target reduction of 60% in 2012)
- Sahiyya involved in slide preparation, but the number is still less
- **Dedicated officers present** for Malaria, Leprosy and TB
- Optimal RNTCP performance in State
- Residual spraying has reduced from 80% to 30% after the task was entrusted to VHSNC
- No funding support and absence of local technical guidance for residual spraying

National Disease Control Programmes (NDCPs) Contd.....

- **IDSP reporting format not available** at reporting units
- Majority of MPW and ANMs not trained in RNTCP
- Examination of Suspected TB cases substantially lower than national average
- **MPW vacancies** range around 90% affecting the surveillance and supervision adversely
 - Deoghar has only 2 (25 sanctioned)
 - Giridih has only 3 (36 sanctioned)
- RDT kits not available in the facilities visited
- 2010 treatment guidelines for Malaria not uniformly followed in Giridih district

Program Management

- Program management unit in place but **lack of co-ordination** adversely affecting Impact and Output
- Most of the PMU Staff **unaware of job responsibilities** and accountability. No **induction training** provided
- Infrastructural support provided to PMU-inappropriate
- Inadequate M&E activities by the PMU staff
- Poor coordination among the staff within DPMU & BPMU

Procurement System

- **No procurement cell or Corporation** in place, only procurement committee at the state and district level looks after the functions
- Procurement process for NRHM at the district level is anecdotal and lacks transparency and efficiency
- **ProMIS** (data entry) started recently at the district level
- Need for proper **warehouse management**

Effective use of Information Technology

- Reporting of **MCTS data** is **lagging** behind in districts due to **HR shortage**
- **Data from private** health service provider not captured consistently in HMIS database
- Data **entry** at block level apparently **inaccurate**
- **Delay in uploading** of data at Block level

Financial Management

- Timely release of **funds by SHS**
- Accurate and updated financial records
- Duration between receipt of UCs and fund disbursement reducing progressively
- **Improved trend of fund absorption (72-75%)**
- **Shortage of HR for finance** at district and block level
- **Electronic Transfer** of Funds has not been implemented beyond district level

Financial Management Contd...

- No computerised accounting (**Tally ERP 9**) system at the district level, even though training imparted.
- No initiative on capacity building of BAMs
- No **state level audit** cell established
- No **concurrent audit** system in place, posing difficulty in getting UCs on time
- Absence of **monitoring mechanism** at district level and below
- **DAM not aware of GFR issued by GoI and GoJH**

Financial Management Contd...

- No model accounting handbook provided to sub-district level finance staff
- Lack of **expenditure tracking system** leading to backlog of JSY payments
- **Revenue collection** through **RKS** non existent or insignificant. Contribution from **NRHM only source** of funding
- Irregular maintenance of accounts (especially in Giridih district)
- **Low utilisation of funds for RI (11.92%) and FP (20.86%)** (especially in Giridih district)

Decentralized Local Health Action

- Districts making sincere efforts to prepare PIP since 2010-11 with the help of BPMU
- **PRI members are not part of VHSNC** which were formed prior to Panchayat election which needs rectification
- **RKS meetings** are not conducted regularly
- Stress is on spending the RKS funds rather than fund generation & utilization
- Better utilization of untied funds at sub centre level
- Improper funds utilization at VHSNC level
- The block does not **use the HMIS** data during the preparation of plan

Recommendations

- **Rationalization of HR** needs to be undertaken to avoid Overload Vs No- Work situation
- **Timely HR planning** for the upcoming & ongoing infrastructure
- Monitoring, evaluation & improvement of **NRHM engineering** cell with specified accountability
- **Family Planning Services** need augmentation

Recommendations Contd...

- **C-Sections** to be monitored at state level
- **Rational deployment of ANMs** as per workload & trainings to strengthen ANC (BP/Hb) & Instt. deliveries
- **PRI's involvement** need to be promoted
- **VHSNCs involvement in disease control** needs strengthening
- **Supply of RDTs** needs streamlining

Recommendation Contd...

- **Potential of RKS/HMS with involvement of BDO & PRI at block level and DM & PRIs at district level needs to be effectively utilized**
- **Planning & Monitoring by PMU should be strengthened**
- **Need to expedite timely payment to JSY beneficiaries**
- **Need to establish state level Audit Cell**

Recommendations Contd...

- Need for introduction of **concurrent audit mechanism**
- Timely **installation of Tally** at district and block level
- **Training of DAM and BAM** at regular intervals
- Provision of **accounting manuals** to blocks and below
- Establishment of **expenditure tracking system** through computerisation of financial records

Thank You

