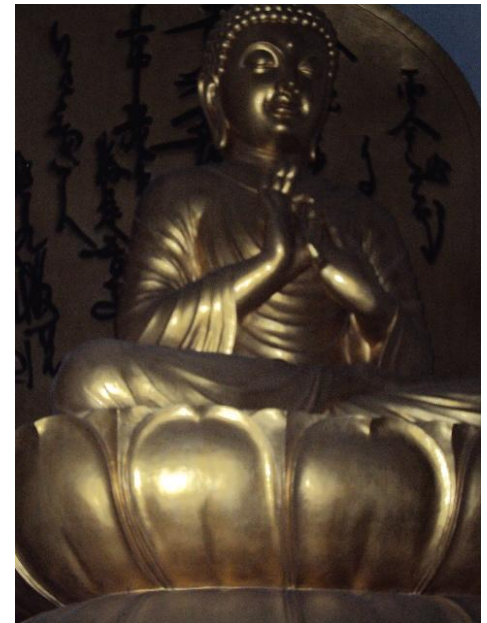


# 7<sup>th</sup> Common Review Mission National Health Mission Bihar

Presentation by 7<sup>th</sup> CRM Bihar Team  
Dissemination Workshop  
March 5, 2014  
Vigyan Bhawan  
New Delhi



# Team Members

## VAISHALI

- Dr. Sushma Dureja  
(Team Leader)
- Dr. R.K. Das Gupta
- Ms. Sheena Chhabra
- Mr. Biraj Kanti Shome
- Mr. Alok Vajpeyi
- Dr. Sanjeev Jha
- Mr. Vipin Garg
- Dr. Sarita Sinha

## PURNEA

- Dr. R.S.Gupta
- Dr. V.K.Shahi
- Dr. S.N.Bagchi
- Ms. Mona Gupta
- Mr. K. Kaushal
- Dr. Anisur Rahman
- Ms. Zahra Afroz
- Mr. Vinod Kumar

# Facilities Visited

## District: Vaishali

- **Sadar Hospital -1**
- **Sub-divisional hospitals- 2**
- **BPHCs -6**
- **APHCs -2**
- **Sub-centres - 4**
- **ANMTC-2 (1 govt.;1pvt)**
- **VHSND- 3**
- **MMU- 1**
- **102/108/1099**
- **Ultra Sound Clinics- 3**
- **SIHFW**

## District: Purnea

- **Sadar Hospital- 1**
- **Sub-divisional hospitals- 2**
- **BPHCs - 2**
- **APHCs- 5**
- **Sub-centres- 5**
- **ANMTC- 1**
- **VHSND- 8**
- **MMU- 2**
- **102/108/1099**

# Key Observations : I

- Bihar has made good progress on several indicators especially among EAG states
- Project management capacities have been augmented at various levels but contractual staff needs greater empowerment
- Appreciable increase in the number of doctors, nurses, and ANMs but sub-optimal utilization and shortage of specialists persists
- ASHAs in place with fairly good support system
- Quality Assurance Committees functional at state & district levels



## Key Observations : 2



- Facility up-gradation is slow and not as per IPHS standards
- Most facilities are clean with running water and electric supply/generator back-up
- Citizen charters adequately displayed in Purnea (few in Vaishali)
- Well displayed BCC materials in PHC and higher level facilities – except for Family Planning & AYUSH services
- Free drug policy in place; adequate availability of most drugs & diagnostics (exceptions include Magnesium Sulphate)





# Key Observations : 3

- Block PHCs functioning as CHC without adequate infrastructure; and one out of six APHCs serving as level I facility
- Quality of services need significant improvement
  - lack of adherence to Standard Treatment Protocols
  - inadequate sterilization facility at BPHC and below
  - infection control practices not followed
  - weak bio-medical waste management system
  - grievance redressal system present but not being used
  - line listing of severely anemic pregnant women & LBW babies not done
  - no blood storage units in any of the designated FRUs in Vaishali



## Key Observations : 4



- Functional cold chain equipment, radiant warmers and baby resuscitation equipment
- State-of-the art SNCU at Vaishali
- Ultrasound clinics need close monitoring



- Low community awareness and utilization of ambulance/referral transport services; repeated breakdown of vehicles
- 34 Mobile Medical Units (MMUs) functional but do not conform to National MMU Services Guidelines

# Key Observations : 5

- IDSP data is collected regularly but documentation of action taken is lacking. Referral lab is not working, district priority lab to be established in Purnea
- Kala-azar is showing a declining trends in 2013
  - four key contractual positions at state HQ vacant since 36 months
  - quality of IRS is very poor; BMOs not utilized for IRS supervision
- Malaria and other VBD not a major problem in Vaishali and Purnea
- No full-time dedicated State Programme Officer for VBD
- Shortfall in number of functional Designated Microscopy Centres in both districts
- Only handful of TB cases registered were uploaded in Niskshay and TB notification not initiated in Vaishali



# Key Observations : 6

- SIHFV needs to be strengthened to improve number and quality of trainings
- Private ANMTCs need close monitoring. ANM training needs to be further streamlined and strengthened



# Key Observations : 7

- HRMIS web portal has been developed and data verification process is on-going
- Supportive supervision, review and feedback mechanisms require substantial strengthening
- JSY (JBSY) functioning fairly well; need to operationalize monthly payments to ASHAs and A/C payee cheque payments to JSY beneficiaries
- VHSNDs regularly conducted twice a week

## Key Observations : 8

- Ranking of districts and divisions based on on-line dashboard system for monitoring progress
- Maternal death reviews not undertaken
- MCTS is not real time and captures only about half the mothers and children accessing public sector services; those seeking no or private care are also missed out
- Innovations include piloting of mobile kunji, last mile delivery of Government to person (G2P) payments
- Several services provided through PPP mechanisms

# Key Recommendations - I

- Need-based differential facility, block and district planning needs to be put in place and speedily implemented
- Prioritize comprehensive rational deployment of human resources
  - Appoint HR against sanctioned positions and incentivize staff posted in difficult locations
  - Appoint HR against sanctioned positions and design performance based incentives especially for specialists
  - Fill up vacancies in high priority districts
  - Undertake evaluation of Mamta workers
- Up gradation of all BPHC to CHC on priority basis to provide quality of care to pregnant women, newborn and other complicated cases
- Prioritize facility wise performance audits of facilities with high caseloads and take timely corrective action

# Key Recommendations - 2

- Ensure post partum 48 hours stay of mothers at health facilities
- Undertake baseline assessment of competencies of staff nurses, ANMs, and laboratory technicians on priority
- Strengthen the capacity building system, revive SIHFW, explore PPPs in training
- Establish performance monitoring system of LSAS and EmOC trained providers posted at FRUs
- Put in place effective monitoring and supportive supervision systems at all levels



Thank You