4TH COMMON REVIEW MISSION
JHARKHAND

(DECEMBER 16-22, 2010)

KEY OBSERVATIONS
Districts Visited

PALAMU

GUMLA

4th Common Review Mission
Jharkhand
# 4th CRM Team for Jharkhand

<table>
<thead>
<tr>
<th>Palamu Team</th>
<th>Gumla Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. S.N. Sharma, Joint Director NVBDCP, MoHFW</td>
<td>Ms. Deepika Shrivastava, OSD Planning Commission</td>
</tr>
<tr>
<td>Dr. D. K. Saikia, DD-NIPCCD (WCD)</td>
<td>Mr. V. Ramesh Babu, USAID</td>
</tr>
<tr>
<td>Ms. Mona Gupta, TMSA RCH, MOHFW</td>
<td>Mr. Jayanta Kr. Mandal, Finance Analyst MoHFW</td>
</tr>
<tr>
<td>Mr. Gautam Chakrabarty (NHSRC)</td>
<td></td>
</tr>
</tbody>
</table>
## Places Visited by CRM Team

### Gumla
- District Hospital
- CHCs - (1) Palkot (2) Basia (3) Dumri (4) Bishunpur
- PHC- Jairagi
- HSCs- Manjhatoli, Moreng, Solabera, Salem
- AWCs - Dumri, Karmadon, Salem
- 4 VHNDs
- MMUs - Rampur, Bishunpur
- NGO-Vikas Bharti, Bishunpur
- AWTC - Bishunpur

### Palamau
- District Hospital
- CHCs – Patan, Chattarpur, Hussainabad, Chainpur
- PHCs – Kishanpur, Hydernagar, Naudiha Bazar,
- MTCs – Chainpur, Hussainabad
- HSCs – Nawadih, Nodhia
- PPPs – Dipti Hospital, Naudiha, Holi Family Hospital, Mander
MEETINGS WITH STAKEHOLDERS

- State Officials
- Deputy Commissioner, Gumla
- District team, including DSW
- Health functionaries at different facilities
- Groups of ANMs, Sahiyas, AWWs, AWHs
- Mothers and community members
- ICDS functionaries
- Trainers
- NGOs
KEY ACHIEVEMENTS

- Engineering wing within the health department
- Large number of contractual staff put under NRHM
  - 457 Doctors
  - 362 Nurses
  - 332 Lab. Technicians
  - 244 Pharmacists
  - 4098 ANMs
- ASHA / Sahiya Program progressing well
  - 5 round of training completed
  - Sahiya help Desks and Shelters at District and Block Hospitals
  - Coordination with ANM and AWW (especially for VHNDs)
KEY ACHIEVEMENTS (CONTINUED…)

- Increase in number of facilities
  - For conducting deliveries (especially at block and PHC level, including some Sub Centers)
  - Increase in bed occupancy (especially at district and block level)
  - Increase in patients’ amenities

- Malnutrition
  - Malnutrition Treatment Centers have become functional along with food for the children and incentives for mothers
  - IYCF (Infant & Young Child Feeding) training program

- Reporting of IDSP increased

- Strong motivation, commitment and leadership at individual level

- PMUs well staffed and functional
KEY INNOVATIONS

- **Adolescent Week** – helped identification of severely anemic girls

- **Yuva Maitri Kendra** – for counseling

- **Family Friendly Week**

- **Sahiya Help Desks** at district and block level hospitals
AREAS FOR IMPROVEMENT

- Progress of infrastructure construction needs further improvement and coordination with respective departments and agencies.
- A comprehensive HR policy needed to close HR gaps as well as to take care of professional and career prospects.
- More skill building and supervision needed for malaria testing, sprays and treatment follow-ups (especially for PV cases).
- Increased use of HMIS for decision making needed:
  - Needed more hands-on training on use of information for decision
  - Integrate with hospital performance indicators.
AREAS FOR IMPROVEMENT (CONTINUED...)

- National Disease Control Programmes to be put on priority agenda at State / District level.

- Main Focus is need for:
  - Kala-azar Elimination (Only 4 district)
    - Bring down incidence less than 1 case per 10,000 population at Block Level.
  - Lymphatic Filariasis Elimination (17 distts.)
    - Bring down micro-filaria rate less than 1.
Areas for Improvement (continued...)

- Inventory management needs strengthening – especially regarding stock-outs and re-ordering
- Waste management systems needs further improvement
- Quality of ANC needs further strengthening – in terms of training, supervision, and procurement of needed supplies and equipment
- Strengthen the mentoring and support network of Sahiyyas – it may also need enhanced incentives for trainers at block and district level
- Financial management
  - Create a position of Director Finance at state level
  - Expedite Concurrent Audit
  - Uploading of FMR in HMIS portal on regular basis
OTHER KEY RECOMMENDATIONS

- Enhance resources for infrastructure upgradation - also from other sources
- Build on district planning experience with DHAP/BHAPs
- Extend NRHM VHSCs to include ICDS, Nutrition – and these could be a sub committee of panchayats
- Strengthen strategy, with flexibility in approach, for hard-to-reach areas, including LWE areas
FOR HARD TO REACH AREAS...

- Financial incentive for hard to reach areas MOs, Nurses, ANMs, Sahiya’s
- Rotational Policy – those who serve for 5 years in hard to reach areas to be next posted in better duty station
- More ANMTCs in hard to reach districts, so that there is a larger pool of local candidates, who will be willing to stay
- Reservation of seats in Nursing / ANMTCs for candidates from hard to reach areas
- Preferential opportunities for training courses to those serving in hard to reach areas
- Some tie ups/transportation for education of children of those serving in hard to reach areas
PROGRESS AGAINST PIP
2010- 2011
District Hospital Palamu and CHC Chainpur
CHC PATAN
PROGRESS AGAINST PIP 2010-11

- NRHM is contributing to structural transformation
- Strong motivation, commitment and leadership at individual levels, vibrant and effective PMUs
- State initiative commendable to mobilize resources
- HR and Infrastructure gap filling initiated
- Encouraging progress in RCH, VHND / RI microplanning and tracking, SBA training
- Visible face of change in NRHM – Sahiya’s
Acknowledgement

○ Sh. P.K. Pradhan, Special Secretary & MD, NRHM
○ Sh. Amit Mohan Prasad, Joint Secretary (NRHM)
○ Dr. R.S. Shukla, Joint Secretary (PH)
○ Dr. Sajjan Yadav, Director (NRHM)

○ Principal Secretary (Health), Govt. of Jharkhand
○ Mission Director, Govt. of Jharkhand
○ State and District Programme Officers

○ All Team Members of CRM4 to Jharkhand
THANK YOU