5th Common Review Mission
State - Jharkhand
Selected Districts
Giridih & Deoghar

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Team Members - Deoghar

Central Team Members
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- Dr. G.S. Sonal
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- 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 hence 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 coordination 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