7th Common Review Mission
National Health Mission
Bihar

Presentation by 7th CRM Bihar Team
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# Team Members

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## Facilities Visited

### District: Vaishali
- Sadar Hospital -1
- Sub-divisional hospitals - 2
- BPHCs -6
- APHCs -2
- Sub-centres - 4
- ANMTC-2 (1 govt.;1 pvt)
- 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:

- 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 1 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

- SIHFW 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