Monitoring Report for the State of Jharkhand
(April-June 2013)
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1 Executive Summary

The First quarter monitoring visit covers Koderma district. The visit was conducted during 28th-31st May 2013 at District Hospital, FRU, CHC, PHC and SC to understand program management and implementation at field level. This report is based on observations at different facilities, patients’ interviews and interactions with service providers and beneficiaries. Data was collected from the District Program Management Unit and the facilities visited.

Health Infrastructure:
The state has 23 DH, 188 CHCs 330 PHC, 3958 SC to cater the health care needs of 32,966,238 population. Koderma district has 39 bedded Sub-divisional hospital functions as District hospital. Beside this one referral hospital Domchach, 6 PHCs, 65 health sub centers and 5 additional health sub centers. The newly created Chandwara block has an APHC. It was also observed that many PHC/APHC were not in government buildings. Hence new buildings for 3 PHCs (Markachho, Satgama, and Chandwara) and 3 APHCs (Jhumari Tilaiya, Pathaldiha and Itai) have been proposed in the PIP.

Human Resources
The healthcare workforce in the state is broadly classified into 3 categories: regular government employees (43%), state contractual employees -paid through the treasury route (18%) and proportion of NRHM contractual are 39%. In koderma DH, a Paediatrician, Anaesthetist and Gynaecologist are appointed under NRHM on contractual basis. 45 MOs.7 SN, 102 ANM, 3 Lab technicians are in place. Total 53 SNs/ANMs are SBA Trained whereas 2 MOs are trained in LSAS. However there is no MO trained in EmOC.

State’s Health human resource information system is an excellent initiative for HR Planning and rational deployment.

Maternal health
As per HMIS 2012-13, 82% deliveries were institutional, whereas AHS 2011 statistics indicates only 45.8%. 85.7% of institutional deliveries are normal deliveries however only 0.4% deliveries are complicated and most of them are attended at district hospital. Only 25 pregnancies (0.3%) were taken up for C-section in the public institution whereas 1947(34.7%) cases handled by private health care provider. The reasons for very few C-section at FRU/DH are reluctance of service provider to take up the cases. It was also seen that only 16% PW stay in IPD for more than 48 hours after delivery.

The proportion of unreported deliveries is less (6%) however home deliveries are 12%. The reason for high proportion of home deliveries is lack of awareness among the beneficiaries. As
per HMIS, 3 ANC checkup at the district is 63% which is very comparable to AHS data i.e. 65.9%. During interaction with Pregnant mother it was observed that majority of them are undergone ANC registration and later came to avail the delivery services. In between they are in touch with private health care provider for consultation, medications and diagnostic test.

The IFA tablets were not available across the facilities visited. There was no maternal death recorded or reported by the district However MDR committee has been constituted.

**JSSK**

All the facilities visited have prominent IEC displays, however most beneficiaries were not aware about their entitlements under JSSK. Out of eight pregnant women (PW) five were not aware about the scheme benefits. Free diet (cooked or dry diet) is available across the facilities visited. Lab/diagnostics services are free for pregnant women and newborns wherever available as per the facility norms (CHCs and DH). At Domchanch FRU lab/diagnostic services are closed. The out of pocket expenses incurred by PW is generally on USG. At DH USG machine was available but trained manpower was not available. The drug supply was enough to meet the requirement of the beneficiaries. Out of 8 PW interviewed PW only one reported of purchasing medicine from outside pharmacy. The state has dedicated vehicle as Mamta Vahan for transportation of pregnant women from home to facility and drop back. Out of 8 women interviewed only three availed services of ‘Mamta vahan’ to reach facility for delivery. The beneficiaries informed that Informal payments were demanded handed over to the provider. No robust mechanism for redressal of grievances exists in facilities visited, not even suggestion box was available at the facilities visited.

**JSY**

During 2012-13 total 49 % of institutional deliveries and 6% of home deliveries received JSY payment. 21% ASHA paid JSY for reported Institutional deliveries. Earlier the payment was made through bearer cheque to the beneficiaries however after initiation of payment by account payee cheques, many of the women are unable to encash them due absence of personal bank account.

**Child health**

In FY 12-13, total 7 SCNU were proposed in the state out of which 2 could only be functionalized; Ghatshila in East Singhbhum and Department of Pediatrics-RIMS, Ranchi. Also 32 NBSU were proposed out of which 7 have become functional so far. In Koderma district 4 NBCCs were proposed at each of the CHC, however only District hospital NBCC was found to be functional. There is no NBSU and SNCU available in the district.

As per HMIS (Apr’12-Mar’13) analysis, fully immunized children against the expected live births was 79% However as per AHS 2011 statistics shows only 58.5% . The HMIS statistics also show
81% immunization sessions held as against the required number of VHNDs in Koderma. During the visit cold chain maintenance was found good in the district. There was no shortage of vaccines in the field. There are 2 MTC established in the district- at Domchanch Referral hospital and district hospital both the MTCs are 6 beded. Overall the utilization of MTCs is poor. The performance of DH MTC is better than Domchanch FRU.

**Family planning**
The Total Fertility Rate (TFR) of Jharkhand is 2.9 whereas TFR of India is 2.4 (SRS 2011). As per HMIS (2012-13) limiting methods and permanent sterilization are adopted in equal proportion in Koderma. The district hospital has Fixed Day Service. It was also observed during the visit to FRU that service providers were reluctant to accept the female sterilization cases. Four women approached the facility but they all were advised to come some other day. During visit to sub centre, condoms, CuT and OCP were not found available. The ANM said that there was delay in the supply of these materials for long time. IEC related to family planning seems to be neglected in the district.

**ARSH & SHP**
There are 4 ARSH clinic established in the district in each block. Total 1,624 persons are benefitted through these clinics during April to March. The WIFS program was not taken up much in the district as a whole except Markaacho block where total 6,538 children were covered under WIFS. Total 546 schools have been covered so far under SHP and 80,758 students were screened and health cards have been distributed to them.

**Quality in health services**
The infection prevention practices were being followed but the quality varied from facility to facility. At FRU and CHC Jainagar it was observed that they are re-using gloves despite any supply issues with the gloves. Fumigation of OT/LR was not a regular practice. Deep pit for disposal of biomedical waste were found at all the facilities visited. Colour coded bins for biomedical waste disposal were not being used at Jainagar CHC.

**Clinical Establishment Act**
For Regulation of services in the private sector Implementation of Clinical Establishment Act, Rs 86.62 lakh have been approved in current financial year for the implementation of this act.

**MMUs:**
Out of 4 MMUs in the district, only 3 are functional and cover all 4 blocks. Based on MMU data analyzed by district team, the **average cost per beneficiary during FY 2012 -13** ranged from Rs 68.71 to Rs 85.35. During the visit micro plan of MMUs was not available hence its difficult to comment on its functionality.
ASHA
Total 763 ASHAs have been selected in the district. The State has 15 State Trainers for Module 6 & 7. Total 647 ASHAs have been trained up to 6A Module whereas the attendance decreases in module 6 B training only 618 ASHAs participated in this training. Total 652 (85%) ASHAs in Koderma are equipped with drug kit. The drugs are supposed to be replenished at facilities but this is not a regular event. ASHAs complained about not getting drug kit refilled.

VHSNC:
Total 526 VHSNCs are created in Koderma district. Out of these 376 are having Bank A/c whereas only 362 Submitted SoE for FY 2011-12. The DPC informed that due to lack of identity and address proof of VHSNC members it’s difficult to open an account.

Disease control programmes
Malaria: In the district total 2813 Blood Slides were collected against target of 3,000 cases in the month of May 2013. All collected slides were examined and 98 were found Pv positive However there was no Pf cases found. Adequate malaria drugs were found at the facilities visited.

NLEP: In previous year total 43 cases were detected in the koderma district. Out of these 9 were PB and 34 cases were MB. During April-May 2013 total 13 new cases were detected out of these 5 were PB and 8 MB.

NCD: The state is preparing a separate PIP for NCD Pool. However the district officials were not aware about supplementary PIP for NCD. Neither NCD clinics were established at block/district level nor IEC were available regarding NCD. NPCDCS program was piloted in Bokaro in year 2010-11, and further scaled up to two more districts i.e. Ranchi and Dhanbad in subsequent year.

Program Management
Programme Management Units has been established at districts & block levels to coordinate & implement different activities of NRHM. The position of District Hospital Manager is vacant. In Blocks out of four three position of Block Program Manager is lying vacant however recruitment is going on for all 4 Block Data Managers.
2 Introduction
The First quarter monitoring visit covers Koderma district. The visit was conducted during 28th-31st May 2013 at District Hospital, FRU, CHC, PHC and SC to understand program management and implementation at field level. This report is based on observations at different facilities, patients’ interviews and interactions with service providers and beneficiaries. Data was collected from the District Program Management Unit and the facilities visited.

The team interacted with medical officers, ANM, ASHA and discussed the different issues related to health services at the visited facilities. Interviews were carried out with pregnant women in the post natal ward of the visited facilities.

After this visit the findings were shared with concerned officers at district level and state level. Details of visit schedule and team composition is given in table 1

Table 1- Visit Schedule and Team composition

<table>
<thead>
<tr>
<th>Date</th>
<th>29th May 2013</th>
<th>30th May 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility visited</td>
<td>Chandawara PHC, Jainagar, CHC, Chadra pipradih SC</td>
<td>District Hospital, Koderma Domchanch FRU Malnutrition treatment centre, Koderma</td>
</tr>
<tr>
<td>Team Members</td>
<td>Dr Navneet Ranjan, Consultant, NHSRC</td>
<td>Mr Deepak Tubid, State Consultant, Quality Assurance. Dr Trupti Shinde, HMIS Fellow, Jharkhand Mr Vipin Kumar, District Program Coordinator, Koderma</td>
</tr>
</tbody>
</table>

Other inputs incorporated in this report are Jharkhand Public Health Workforce – Issues and Challenges and the data analysis from HMIS team of NHSRC.
3  State Profile and district profile
Table:2. State and District Profile

<table>
<thead>
<tr>
<th></th>
<th>Jharkhand</th>
<th>Koderma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>32,966,238</td>
<td>717169</td>
</tr>
<tr>
<td>No. Districts</td>
<td>24</td>
<td>NA</td>
</tr>
<tr>
<td>No. of Blocks</td>
<td>260</td>
<td>4</td>
</tr>
<tr>
<td>No. of Villages</td>
<td>32620</td>
<td>577</td>
</tr>
<tr>
<td>Literacy</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>Sex Ratio</td>
<td>923</td>
<td>951</td>
</tr>
</tbody>
</table>

Background of Koderma:
Koderma was earlier part of Hazaribagh district of North chotanagpur division. It was created on 10th April 1994. Koderma is known, as the Mica (Abharkh) capital of India. Koderma and Tilaiya are only two important towns in the district. There are four blocks in the district are namely Koderma, Jainagar, Markacho, and Satgawan. The district is bordered with Bihar on the west by Gaya and North by Nawada whereas in east by Giridih and south by Hazaribagh district of Jharkhand.

4  Key health and service delivery indicators
Table:3. Key health and service delivery indicator

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>India status</th>
<th>Current Status</th>
<th>Jharkhand status</th>
<th>Current Status</th>
<th>Koderma Status</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio (MMR)</td>
<td>212 (SRS 07-09)</td>
<td>261 (SRS 07-09)</td>
<td>208 (Uttari Chotanagpur region)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Mortality Rate (IMR)</td>
<td>47 (SRS 2010)</td>
<td>39 (SRS 2011)</td>
<td>36 (AHS 2011)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal Mortality Rate (NMR)</td>
<td>33 (SRS 2010)</td>
<td>26 (SRS 2011)</td>
<td>23 (AHS 2011)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 5 Mortality</td>
<td>59 (SRS 2010)</td>
<td>59 (SRS 2010)</td>
<td>45 (AHS 2011)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fertility Rate (TFR)</td>
<td>2.5 (SRS 2010)</td>
<td>3.1 (AHS 2011)</td>
<td>2.9 (AHS 2011)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5 Health Infrastructure:
The state has 23 DH, 188 CHC (out of these 150 are under construction) 330 PHC (out of these 92 are under construction), 3958 SC (out of these 775 are under construction) to cater the health care needs of 32,966,238 population.

Table: 4. Health Infrastructure in Jharkhand and Koderma

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Jharkhand</th>
<th>Koderma</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospital</td>
<td>23</td>
<td>01</td>
</tr>
<tr>
<td>SDH</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>CHC</td>
<td>188</td>
<td>05</td>
</tr>
<tr>
<td>PHC</td>
<td>330</td>
<td>06</td>
</tr>
<tr>
<td>SC</td>
<td>3958</td>
<td>65</td>
</tr>
<tr>
<td>No. of licensed blood banks</td>
<td></td>
<td>01</td>
</tr>
<tr>
<td>(include pvt)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: PIP 2013-14

Koderma district has one Sub-divisional hospital, one referral hospital Domchach, 65 health sub centers and 5 (Five) additional health sub centers. The district is covered under total leprosy, Malaria and Polio eradication programme.

The total numbers of PHC, APHC and Sub centres are 4, 5 and 65 respectively. The newly created Chandwara block has APHC. There is need to upgrade this APHC into PHC. It was also observed that many PHC/APHC does not have own building. Hence new buildings for PHC at Markachho, Satgama, and Chandwara and APHC building at Jhumari Tilaiya in municipality area, Pathaldiha in Koderma block and Itai in Satgawan block have been proposed in the PIP.

6 Human Resources
Jharkhand has a population of 32.96 million, 28% of which are tribal. The healthcare workforce in the state is broadly classified into 3 categories: regular government employees (43%), state contractual employees -paid through the treasury route (18%) and proportion of NRHM contractual are 39%.
Since its statehood, Jharkhand has been following the Bihar Service Code and wanting to have its own HR policy. During March 2011, the Jharkhand Public Service Code for Health, Medical Education and Family Department (only for Medical Officers) has been published, which defines norms for remuneration, recruitment, promotion & posting etc. The state is in the process of having similar codes for the paramedical workers.

The Medical Officer Cadre is managed by the health secretariat and the establishment for paramedical workers are located at the medical directorate.

**Health human resource information system is an excellent initiative** for HR Planning and rational deployment. Under the iHRIS, the state has computerized information of Medical Officers in all the 24 districts. The database includes information regarding the personal, educational, training and service history. This exercise has been completed recently and the state plans quarterly update of information.

**In Koderma:**
One Paediatrics, Anaesthetics, and Gynaecologist are appointed under NRHM contractual. 45 MOs. 7 SN, 102 ANM, 3 Lab technicians are in place. Total 53 SNs/ANMs are SBA Trained whereas 2 MOs are trained in LSAS However there is no MO trained in Emoc. During the visit at district level recruitment for ANM is going on.

### 7 Other health System inputs
There is no separate woman hospital exists in the district. The district accredited following private health care provider under JSY payment: Holi Family Hospital – Koderma, Surya Clinic - Jhumri Telaiya, Sant Kameshwari – Jhumri Telaiya, New Kameshwari – Jhumri Telaiya, Navjeevan Clinic, Krishna Clinic, Sahnaj Memorial Hospital, Kumar Clinic, Purnadih and Baba Clinic – Chandwara.

**Other Private Health Facilities:**
1. Parvati Clinic Pvt. Ltd. – Jhumri Telaiya, Koderma
2. Hope Hospital – Jhumri Telaiya
3. Telaiya Clinic – Jhumri Telaiya
4. Gayatri Hospital – Jhumri Telaiya
5. Gita Clinic – Jhumri Telaiya
6. Koderma Nursing Home – Jhumri Telaiya
7. City Nursing Home – Jhumri Telaiya
8. Chandra Clinic – Jhumri Telaiya
9. Raj Nursing Home – Jhumri Telaiya
10. Narayan Clinic – Jhumri Telaiya
8 Maternal health

8.1 Institutional deliveries Vs Home Deliveries
As per HMIS 2012-13, 82% deliveries are institutional whereas AHS 2011 statistics indicates only 45.8%. The proportion of unreported deliveries is less (6%) however home deliveries are 12%. The reason for high proportion of home deliveries is lack of awareness among the beneficiaries. 85.7% of institutional deliveries are normal deliveries however only 0.4% deliveries are complicated and most of them are attended at district hospital. Only 25 pregnancies (0.3%) were taken up for C-section in the public institution whereas 1,947(34.7%) cases handled by private health care provider. The reasons for very few C-section at FRU/DH are reluctance of service provider to take up the cases. At FRU lab/diagnostic services and Blood storage Unit was not functional.

![Percentage of Deliveries conducted at Public Health Facilities](image)

Percentage of Deliveries conducted at Public Health Facilities
8.2 ANC
As per HMIS, 3 ANC registration at the district is 63% which is very close to AHS data i.e. 65.9%. During interaction with Pregnant mother it was observed that majority of them are undergone ANC registration and later came to avail the delivery services. In between they are in touch with private health care provider for consultation medication and diagnostic test. It was also evident that they leave the hospital soon after deliveries happened.

The IFA tablets were not available across the facilities visited.

Table: 5. Status of ANC at Koderma

| ANC Registration against Expected Pregnancies | 82% | TT2/ Booster given to Pregnant women against ANC Registration | 82% |
| 3 ANC Checkups against ANC Registrations | 63% | 100 IFA Tablets given to Pregnant women against ANC Registration | 53% |

8.3 PNC
During the visit to facilities PW are not staying at the facilities. The service provider explained that the beds are not enough to reiterate them for stay of mandatory 48 hours. The HMIS 2012-13 indicates only 16% PW stays more than 48 hours after delivery in the hospital.

8.4 Maternal death Review
There was no maternal death recorded or reported by the district However MDR committee has been constituted.
8.5 JSSK

The exit interviews were conducted at facilities visited where delivery conducted. Total (n=8) beneficiary were interviewed. The key findings of interview are as follows:

a. **Display of entitlements and awareness among beneficiaries**-
   - All the facilities visited have prominent IEC displays, however most beneficiaries were not aware about their entitlements under JSSK.
   - Out of eight pregnant women (PW) five were not aware about the scheme benefits. Among the interviewed pregnant women (PW) who had been told about free delivery, transport and free drugs, usually ASHA and ANM was the key informant.
   - There is a need of an hour for an intensive awareness raising campaign by front line workers and PRI members about entitlements under JSSK to intended beneficiaries.

b. **OPD and IPD services**
   - The OPD and IPD registration charge at all the visited facilities were exempted for pregnant women and infants.

c. **Diet**
   - Free diet is available across the facilities visited. At district hospital cooked hot food were served to the beneficiaries. However below DH level facilities where deliveries are few- milk, bread and egg were served.

d. **Diagnostic tests**
   - Lab/diagnostics services are free for pregnant women and newborns wherever available as per the facility norms (CHCs and DH).
   - Except District hospital, most facilities provide only rudimentary lab tests (blood and urine, sputum for TB and PS for malaria). At Domchanch FRU lab/diagnostic services are closed. The FRU facility in-charge informed that all the diagnostic services are outsourced however there was no MoU available in this regard.
   - The out of pocket expenses incurred by PW is generally on USG. At DH USG machine was available but trained manpower was not available. Now initiative has been taken to train the existing manpower of DH to make it operationalize.
   - Out of 08 PW interviewed at various facilities seven were reported of getting ultrasound from a private practitioner and paid Rs 400/-.

e. **Drugs and Blood**
   - It was observed during the visit that drug supply was enough to meet the requirement of the beneficiaries. Out of 8 PW interviewed PW only one reported of purchasing medicine from outside pharmacy. The OOPS for medicine incur was Rs 150/-
• There is *Janaushadhi* Medicine Store established in the premises of DH. It supplies the generic medicine in lesser price than the market price of the same drug.
• The DH has blood bank whereas blood storage unit was found anywhere not even at Domchanch FRU.
• Blood Bank provides the blood to the PW wherever required free of cost. It is maintained by Red Cross.

*f. Transportation-*
• Five ambulances are functional in the district. Beside this empanelled vehicle as Mamta Vahan was also available for transportation of pregnant women from home to facility and drop back.
• Out of 8 women interviewed only three availed services of ‘Mamta vahan’ to reach facility for delivery. Remaining PW reached facility either by own vehicle or through hired vehicle. The out of pocket expense ranged from Rs 100/- to Rs 400/- for transportation depending upon the distance travelled and type of vehicle used.
• Majority of interviewed PW did not attempt to call Mamta Vahan because they were not aware about the free transport facility.
• Drop back to home is only provided to those who stayed mandatory 48 hours in the facility. It was also observed through records that utilization of Mamta Vahan for drop back is very less as beneficiaries left the facility soon after the delivery.
• For inter-facility referral Ambulance or Mamta Vahan is being used.

*g. Informal payments-*
• Out of 8 PW interviewed in post natal ward one PW reported demands for money and she handed over Rs 200/- to the service provider.
• The state needs to ensure that such informal charges are not made from people by disseminating more information about JSSK entitlements within facilities. This can be done by display of entitlement in post natal wards, labor room, waiting area in local language.

*h. Grievance Redressal-*
• No robust mechanism for redressal of grievances exists in facilities visited not even suggestion box was available at the facilities visited.
• None of the PW aware about where contact in case of any complaint.
• A grievance redressal mechanism needs to be put in place urgently at all levels of health facilities, and records of the same maintained. Meaningful analysis can be done after 2-3
months of operationalizing the grievance redressal process and determining the commonest complaints, actions taken and the response time.

8.6 JSY
During 2012-13 total 49% of institutional deliveries and 6% of home deliveries received JSY payment. 21% ASHA paid JSY for reported Institutional deliveries. Earlier the payment was made through bearer cheque to the beneficiaries however now this become account payee this leads to lesser payment as many beneficiary do not have bank account. State should explore some alternative methods for smooth payments few examples are through post office.

9 Child health

9.1 SNCU
In FY 12-13, total 7 SCNU were proposed out of which 2 were functional at Ghatshila in East Singhbhum and Department of Pediatrics-RIMS, Ranchi. Also 32 NBSU were proposed out of which 7 are functional.

In Koderma district 4 NBCCs are proposed at each CHC however only District hospital NBCC was functional. There is no NBSU and SNCU available in the district. There is an urgent need to operationalise NBSU with appropriate human resources in DH to improve newborn survival.

Immunization:
As per HMIS (Apr’12-Mar’13) analysis fully immunized children against the expected live births was 79% However as per AHS 2011 statistics shows only 58.5%. The HMIS statistics also show 81% immunization sessions held as against the required number of VHNDs in Koderma. During the visit cold chain maintenance was found good in the district. There was no shortage of vacancies in the field.

Table: 6. Child Immunization (0 to 11 moths) in Koderma

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles given against Expected Live Births</td>
<td>81%</td>
</tr>
<tr>
<td>Measles given against Reported Live Births</td>
<td>86%</td>
</tr>
<tr>
<td>Fully Immunized Children against Expected Live Births</td>
<td>79%</td>
</tr>
<tr>
<td>Fully Immunized Children against Reported Live Births</td>
<td>84%</td>
</tr>
<tr>
<td>Required numbers of VHNDs per thousand population in 12 months</td>
<td>8,783</td>
</tr>
<tr>
<td>Immunization Sessions held as percentage of required VHNDs</td>
<td>81%</td>
</tr>
</tbody>
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9.2 NRCs
Nutritional Rehabilitation centre is known as Malnutrition Treatment Centre (MTC) in Jharkhand. There are 2 MTC established in the district- at Domchanch Referral hospital and district hospital both the MTCs are 6 bedded. The team visited MTC wards of district hospital and Domchanch FRU.

At Domchanch MTC it was observed that a 6 bedded MTC was functional. However only one child was found admitted during the visit. Separate kitchen was created for NRC. There is 1 MO in charge and 3 ANM deployed at the MTC. During FY 2012-13 total 127 children were treated against the estimated 288 children. The performance of DH MTC is more as compared to Domchanch FRU. After discharge from MTC, ASHA follow up the cases. Overall the utilization of MTCs is poor. The community members informed that ANM shows reluctance in admitting the children. There is need to sensitize the community about malnutrition and convergence of ASHAs and AWWs for optimum utilization of such intervention.

10 Family planning
The Total Fertility Rate (TFR) of Jharkhand is 3.2 whereas TFR of India is 2.6 (SRS 2008). Jharkhand has high fertility rate and fall under the group of states having >3 TFR.

Table 07. Family Planning Methods in Koderma

<table>
<thead>
<tr>
<th>Total Reported FP Method (All types) Users</th>
<th>Reported</th>
<th>%age of All Reported FP Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilizations</td>
<td>5,756</td>
<td>56%</td>
</tr>
<tr>
<td>IUD</td>
<td>1,239</td>
<td>12%</td>
</tr>
<tr>
<td>Condom Users</td>
<td>1,500</td>
<td>15%</td>
</tr>
<tr>
<td>OCP Users</td>
<td>1,826</td>
<td>18%</td>
</tr>
<tr>
<td>Limiting Methods</td>
<td>5,756</td>
<td>56%</td>
</tr>
<tr>
<td>Spacing Methods</td>
<td>4,564</td>
<td>44%</td>
</tr>
</tbody>
</table>

Source: HMIS (2012-13)

As per HMIS (2012-13) Limiting methods and permanent sterilization share equal proportion in koderma. Above table shows that 56% female sterilization was conducted in Koderma district. The district hospital has Fixed Day Service. There is need to strengthen, with focus of spacing methods like IUD and OCP. It was also observed during the visit to FRU that service providers
were reluctant to accept the female sterilization cases. Four women approached the facility but they all were advised to come some other day. During visit to sub centre level condoms, CuT and OCP was not available. The ANM said that there was delay in the supply of these materials from long time. IEC related to family planning seems to be neglected in the district.

Table: 08. Status of Sterilizations in Koderma

<table>
<thead>
<tr>
<th>Sterilization</th>
<th>Reported</th>
<th>%age of Reported Sterilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sterilization</td>
<td>5,756</td>
<td></td>
</tr>
<tr>
<td>NSV</td>
<td>55</td>
<td>1%</td>
</tr>
<tr>
<td>Laparoscopic</td>
<td>69</td>
<td>1%</td>
</tr>
<tr>
<td>MiniLap</td>
<td>5,264</td>
<td>91%</td>
</tr>
<tr>
<td>Post Partum</td>
<td>368</td>
<td>6%</td>
</tr>
<tr>
<td>Male Sterilization</td>
<td>55</td>
<td>1%</td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>5,701</td>
<td>99%</td>
</tr>
</tbody>
</table>

Source: HMIS (2012-13)

11 ARSH & SHP

There are 4 ARSH clinic established in the district in each block. In koderma block the clinic was functional at district hospital. Total 1624 persons are benefitted through these clinics during April to March. The WIFS program was not taken up much in the district as a whole except Markaacho block where total 6538 children were covered under WIFS.

Total 546 schools have been covered so far under SHP and 80758 students were screened and health cards have been distributed to them. The information regarding

Table: 9. Status of ARSH & SHP

<table>
<thead>
<tr>
<th>Name of the Block</th>
<th>No. of ARSH Clinic Functional</th>
<th>Total No. of Beneficiary in ARSH Clinic</th>
<th>Total No. of Children covered under WIFS</th>
<th>Number of Schools Covered under School Health</th>
<th>Number of Students Covered under School Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAINAGAR</td>
<td>01</td>
<td>552</td>
<td>0</td>
<td>69</td>
<td>7838</td>
</tr>
<tr>
<td>MARKAACHO</td>
<td>01</td>
<td>682</td>
<td>6538</td>
<td>118</td>
<td>19991</td>
</tr>
<tr>
<td>KODERMA</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>273</td>
<td>46734</td>
</tr>
<tr>
<td>SATGAWAN</td>
<td>01</td>
<td>237</td>
<td>00</td>
<td>86</td>
<td>6195</td>
</tr>
<tr>
<td>D.H.</td>
<td>01</td>
<td>153</td>
<td>00</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Total</td>
<td>04</td>
<td>1624</td>
<td>6538</td>
<td>546</td>
<td>80758</td>
</tr>
</tbody>
</table>

Source: District Data
12 Quality in health services

12.1 Infection Control
The infection prevention practices were observed in the facility visited, but it varied from facility to facility. At FRU and CHC Jainagar it was observed that they are re-using gloves however they denied any supply issue of gloves. The labour room are clean and well maintained at district hospital & FRU but at CHC & PHC the cleanliness was lacking. Autoclaves were functional at the facilities visited. Fumigation of OT/LR was not a regular practice.

12.2 Biomedical Waste Management
Deep pit for disposal of biomedical wastes are found at all the facilities visited.

Color coded bins for biomedical waste disposal were not being used at Jainagar CHC.

Functional Inclinator was deficient in the district.

12.3 IEC
IEC material pertaining to various programmes including JSSK is displayed in the facilities visited however name and contact number of the nodal person of JSSK should be displayed. There is need to display the entitlements with pictorial diagram. Technical protocols were not displayed in the labour room of any of the facilities visited. The Essential Drug list is available but not displayed in the facilities. It was also observed there is no consistency in Partograph preparation.

13 Clinical Establishment Act
For Regulation of services in the private sector Implementation of Clinical Establishment Act. Rs 86.62 Lakh has been approved in current financial year for the implementation of this act.

14 Referral transport and MMUs
Apart from the facility level ambulance the district empanelled Mamta Vahan for referral transport for pregnant mother however the ‘108’ services yet to start.
For smooth functioning of Mamta Vahan a district level call centre is established and the contact number of this call centre is widely publicized. The details of Mamta vahan is given in the table below:

**Table: 10. Status of Mamta Vahan in the district (FY 12-13):**

<table>
<thead>
<tr>
<th>Name of Block</th>
<th>No. of Mamta Wahan Functional</th>
<th>No. of PW who used Mamta Wahan services</th>
<th>No. of sick newborns who used services for</th>
<th>Source: District Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. of Inst to</td>
<td>Home</td>
<td>health</td>
</tr>
<tr>
<td>Koderma</td>
<td>23</td>
<td>867</td>
<td>1093</td>
<td>0</td>
</tr>
<tr>
<td>Satgawan</td>
<td>5</td>
<td>563</td>
<td>664</td>
<td>1</td>
</tr>
<tr>
<td>Markacho</td>
<td>6</td>
<td>161</td>
<td>235</td>
<td>0</td>
</tr>
<tr>
<td>Jainagar</td>
<td>17</td>
<td>241</td>
<td>285</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>51</td>
<td>1832</td>
<td>2277</td>
<td>1</td>
</tr>
</tbody>
</table>
MMUs:
Out of 4 MMUs, 3 are functional in the district covering 4 blocks. Two are run and managed by Vikas Bharti, Khadi Gramodyog and Asha kiran welfare society under PPP. Based on MMU data analysed by district team, average cost per beneficiary during FY 2012-13 ranges from Rs 68.71 to Rs 85.35. During the visit micro plan of MMUs was not available hence not able to comment on its functionality. There is need to monitor and analyze the performance of MMUs which currently is lacking. Also, involvement of ASHA and ANMs is required for effective utilization of MMU.

15 Community processes

15.1 ASHA
ASHA Selection:
ASHA is known as Sahiya in Jharkhand. 763 ASHAs have been selected in the district. ASHAs coordinator informed that attrition rate is high in this district. In some village there were no ASHAs.

15.2 Skill development
ASHAs Training: The State has 15 State Trainers for Module 6 & 7. Total 647 ASHAs have been trained up to 6A Module whereas the attendance decreases in module 6 B training only 618 ASHAs participated in this training.

ASHA Support Structure: District Program coordinator (equivalent to ASHA coordinator) is in place in the district. It was observed that ASHA help desk was not functioning in the hospitals. Bicycle was not distributed to ASHAs.

15.3 Functionality of the ASHAs
Total 652 (85%) ASHAs in Koderma are equipped with drug kit. The drugs are supposed to be replenishing at facilities but this is not a regular event. ASHAs complaint about not getting drug kit refilled.
15.4 VHSNC:

Total 526 VHSNCs are created in koderma district. Out of these 376 having Bank A/c whereas only 362 Submitted SoE for FY 2011-12. The DPC informed that due to lack of identity and address proof of VHSNC members it’s difficult to open an account.

16 Disease control programmes

16.1 Malaria

In the Koderma district total 2813 Blood Slides were collected against target of 3000 cases in the month of May 2013. All collected slides were examined and 98 were found Pv positive. However there was no Pf cases found. The drugs were found adequately at the facilities visited.

16.2 TB

The district has dedicated team of doctors and paramedical under RNTCP program the details are as follows:

Table: 11.Status of RNTCP program in Epidemiological trend of TB

<table>
<thead>
<tr>
<th>Achievement of RNTCP in Last year</th>
<th>Total no of OPD</th>
<th># of Pt whose sputum was diagnosed</th>
<th># of smear positive cases</th>
<th>Total Pt registered and put on DOTS</th>
<th>Cure rate</th>
<th>Conversion rate</th>
<th>Success rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20422</td>
<td>550</td>
<td>49</td>
<td>76</td>
<td>71.69%</td>
<td>87.80</td>
<td>86.79%</td>
</tr>
</tbody>
</table>

It was observed that drop out cases are more in the male patient in comparison to female due to migration for livelihood.

16.3 Other Disease (NLEP)

In previous year total 43 cases were detected in the koderma district. Out of these 9 and 34 MB cases were MB. During April-May 2013 total 13 new cases were detected out of these 5 PB and 8 MB.

17 Non Communicable Diseases

The NPCDCS program was piloted in Bokaro in year 2010-11, and further scaled up to two more districts i.e. Ranchi and Dhanbad in subsequent year. The screening data under this program is given in the table 9.
Table: 9. Status of screening

<table>
<thead>
<tr>
<th>Districts</th>
<th>No. persons screened</th>
<th>Suspected for Diabetes (&gt;140)</th>
<th>Hypertension (&gt;90)</th>
<th>% of Diabetes suspected</th>
<th>% of Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bokaro</td>
<td>185,420</td>
<td>10,529</td>
<td>18,778</td>
<td>5.67</td>
<td>10.12</td>
</tr>
<tr>
<td>Dhanbad</td>
<td>140,044</td>
<td>10,710</td>
<td>11,505</td>
<td>7.65</td>
<td>8.21</td>
</tr>
<tr>
<td>Ranchi</td>
<td>304,914</td>
<td>14,020</td>
<td>11,061</td>
<td>4.60</td>
<td>3.63</td>
</tr>
<tr>
<td>Total</td>
<td>630,378</td>
<td>35,259</td>
<td>41,344</td>
<td>5.59</td>
<td>6.56</td>
</tr>
</tbody>
</table>

The table 9 shows that proportion of suspected hypertension cases (6.6%) is higher than the proportion of suspected diabetics (5.6%).

In Koderma district the screening for diabetes and hypertension were not yet started. During discussion with civil surgeon it was revealed that the district officials are not aware about supplementary PIP for NCD. Neither NCD clinics were established at block/district level nor IEC were available regarding NCD.

18 Good Practices and Innovations

There were no significant good practices or local innovations observed in the district.

19 HMIS and MCTS

During the field visit following observation made by HMIS fellow is as follows:

1. Zero error:

   a. Certain HSC are not reporting at all so rather than removing/ excluding them from the block consolidated format, the BEE includes them with all 0 entered.

   b. Certain facilities are providing particular services while leaving few out. E.g. FRU at Domchach is providing only the deliveries thus they put 0 at rest of the indicators.

   c. RTI / STI cases were not treated at any level last year thus the reports show zero. And form this year (in month of April, the RTI/ STI treatment was given only at DH and thus only that facility reports the data.
2. Recurrent violation of validation rules

a. No of BCG are greater than deliveries because if the delivery is conducted at private hospital then the children are not given BCG dose there. And that number of children is added at HSC list of immunization.

b. No of IFA tablet: instead of writing down the number of women given with IFA tablet, the ANMs tend to write no. of tablets distributed.

c. No of children given measles are written as no of fully immunized one. As per the discussion with ANM and nurse in charge, they consider the measles given means full immunization.

3. Persistently low data reading- as compared to expectation.

a. For IFA tablet there was no supply last year thus the data for IFA tablet is persistently low.

Status of MCTS in Koderma district

Source: District Data

20 Program Management

Programme Management Units has been established at districts & block levels to coordinate & implement different activities of NRHM. The position of District Hospital Manager is vacant. In Blocks out of four three position of Block Program Manager is lying vacant however recruitment is going on for all 4 Block Data Managers.
21 Key Conclusions and Recommendations

- There is need to upgrade few APHCs into PHC considering the case load.
- Ensure continuous supply of IFA tablets as it was not available across the facilities visited.
- At FRU lab/diagnostic services and Blood storage Unit should be made functional.
- Maternal deaths must be recorded and reviewed at district level.
- There is a need for an intensive awareness raising campaign by front line workers and PRI members about entitlements under JSSK.
- Technical protocols should be made available for display in the labour rooms.
- The state needs to ensure zero expenses such informal charges by disseminating more information about JSSK entitlements within facilities. This can be done by display of entitlements in post natal wards, labour room, waiting area in local language and internal monitoring.
- A grievance redressal mechanism needs to be put in place urgently at all levels of health facilities, and records of the same should be maintained.
- State should explore some alternative methods for smooth payments of JSY as many beneficiaries did not have bank accounts.
- There is an urgent need to operationalise NBSU with appropriate human resources in DH to improve newborn survival.
- Bed occupancy rate of MTCs are poor in the district. The community members informed that ANM shows reluctance in admitting the children in MTC. There is need to sensitize the community about malnutrition and convergence of ASHAs and AWWs for optimum utilization such intervention.
- Family planning needs to be strengthened, with focus of spacing methods like IUD and OCP.
- There is need to monitor and analyze the performance of MMUs which currently is lacking. Also, involvement of ASHA and ANMs is required for effective utilization of MMUs.
- ASHAs drug kit should be replenished through facility regularly.
22 Annexures

Annexure I: Person who were interacted with during visit

- Dr Praveen Chandra, Director in chief-Jharkhand
- Dr Ajit Kumar, Deputy Director
- Dr Shivshankar Lal, CS-Koderma district.
- Mr Vipin Kumar, District Program Coordinator
- Mr Pawan Kumar, District Data Manager
- Mr Mitendra Kumar Gandhi, Procurement information Mgt Syst Officer, DH
- Mr Chandrashekhar Pd, Lab Tecnician, DH
- Dr Amod Pd Singh, Moi/c Chandwara PHC
- Dr Prakash Kumar Ram, Chandwara PHC
- Ms. Mithu Sen Gupta, ANM, Chandwara PHC
- Dr SM Jafar Ahashan, Duty Doctor, Jainagar, CHC
- Mr Niranjan Sharma, Data entry operator, Jainagar, CHC
- Mr Shailendra Tiwari, BEE/BPM Jainagar, CHC
- Ms Meena Kumari,ANM Chadra Pipradih SC
- Dr Amrendra, Domchanch FRU
- Dr Ranjan Kumar, Domchanch FRU
- Mr Annu Mehta, Driver Mamta Vahan
- Dr Birendra Kumar
- Mr Avinash Anand IDSP- Data Manager, District Hospital
- Mr Priyaranjan, Lab Tech Blood Bank.
- Mr Vipul Kumar, Clerk at Drug Store
- Mr Kaushalendra Kumar-Pharmacist, DH
- Ms Akay Minz, SPM i/c