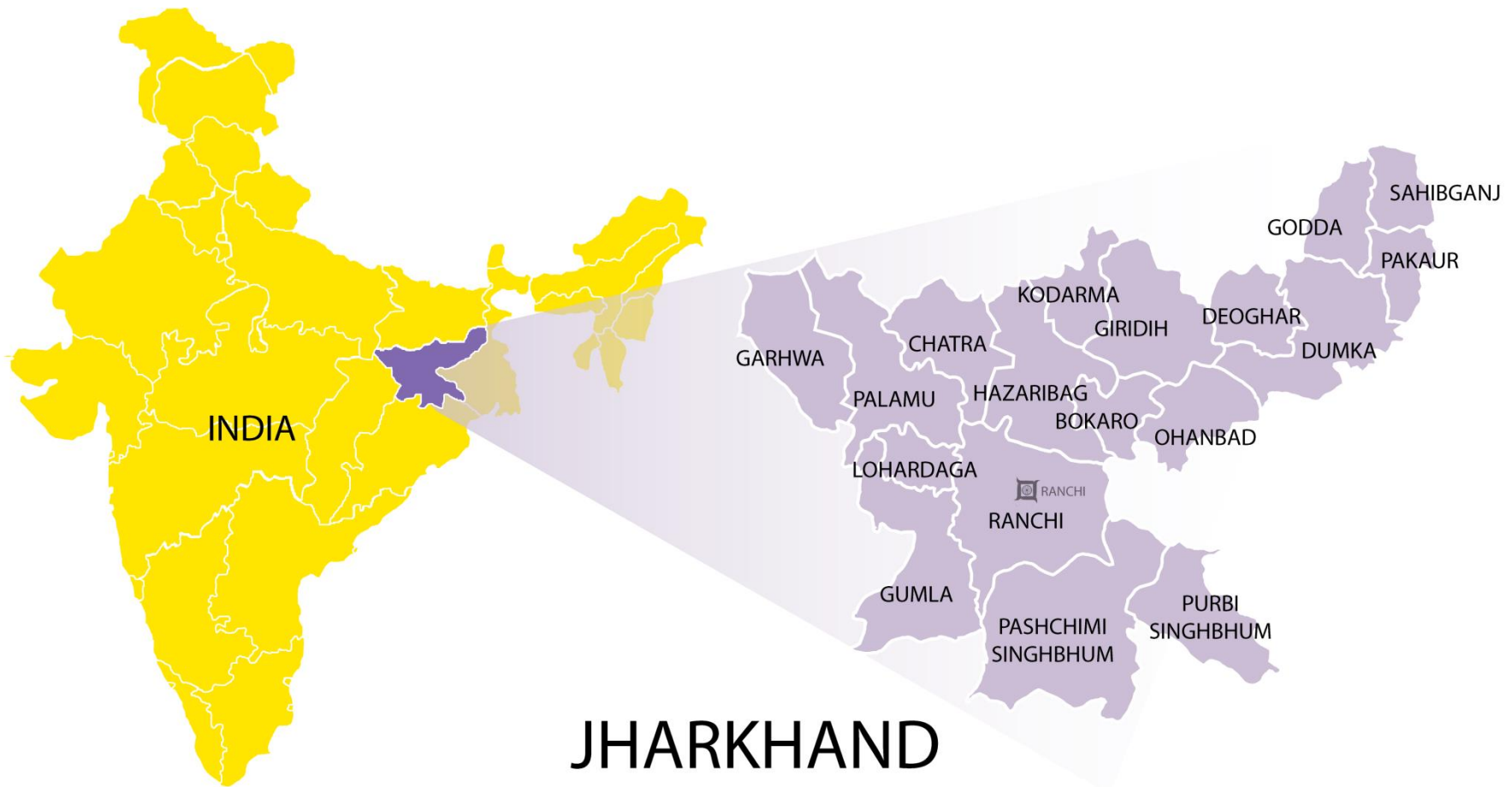


Availability and Supplies at the Last Mile: Jharkhand

October 11, 2013

Himani Sethi

Jharkhand-India



Challenges

- Low contraceptive use (CPR 38.0% MW)
- Inequality in modern contraceptive use:
Rural/urban disparity (R-35.0% and U – 46.8%)
- Early marriage 17.6% of women are married below the legal age at marriage (18 years)
- Adolescents experience childbearing: 48.2% women aged 15-19 already mothers or pregnant
- Low male engagement (Male sterilization – 0.5% and condom use 3.3%)
- Socio-cultural and religious barriers

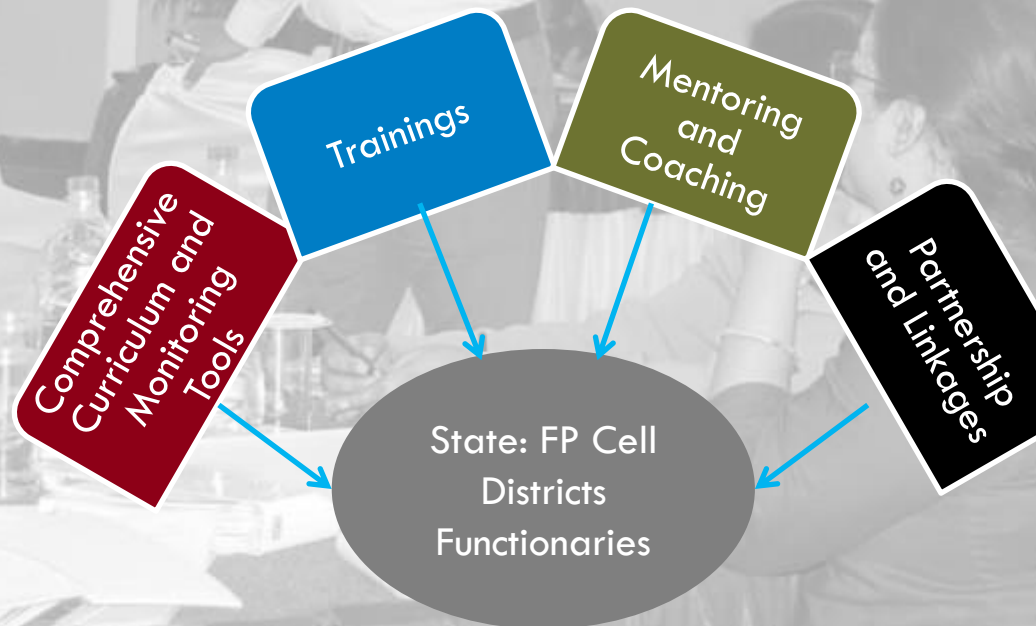
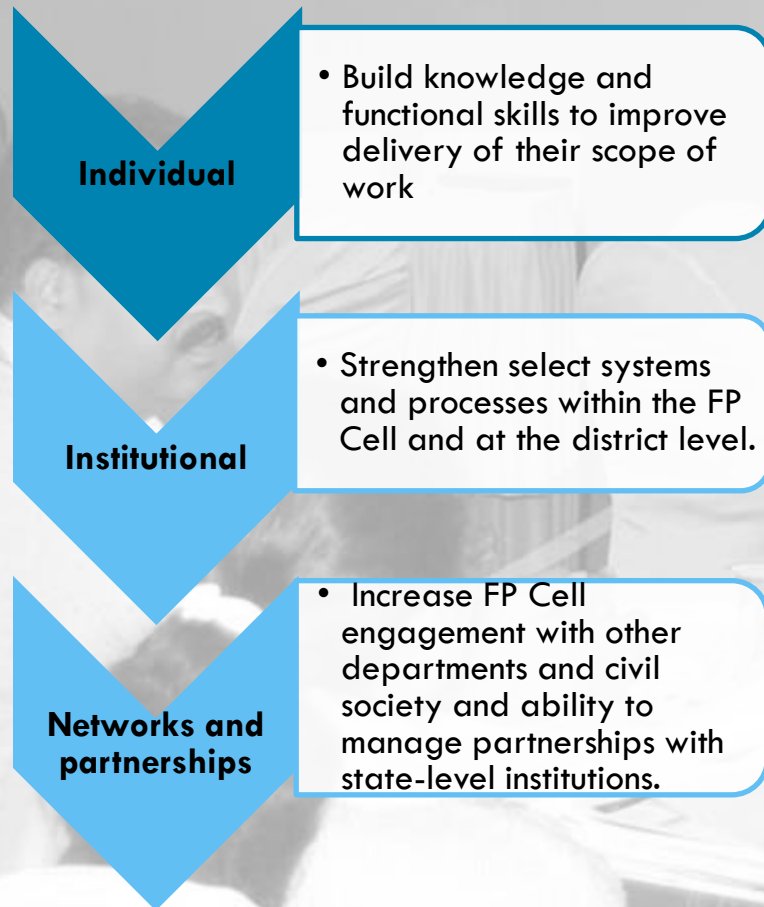




Operational barriers

- Staff vacancies, inadequate trained staff-especially specialist
- Equipment and supplies
 - Regular maintenance of equipment is lacking
 - Inadequate storage facilities lead to wastage
 - Gaps in forecasting and logistics coordination
 - Stock out of EC and Forceps for PPIUCD
- Administration
 - Gaps in capacities and skills for management
 - Use of data & Strategic information use
 - Strengthening Management Information System
 - Quality Assurance
 - Monitoring Results and tracking performance

Strengthening Management: Health System Approach



Mentoring and Supportive Supervision to improve RH supplies



Mentoring Process

- Handholding support to use Managers Tool-analyze issues and gaps and prepare plan of action
- Debrief Civil Surgeon on issues and solutions recommended
- Facilitate need based trainings and orientation (HMIS and QA)
- Encouraged field monitoring of district and block officials
- For Contraceptive Supplies
 - Check stock registers and actual stocks
 - Validate with eligible couple list
 - Validate with ANM/MOIC/nurses
 - Duration of Stock-outs
 - Availability of forceps and sterilization related supplies
 - System to maintain registers and place orders/ requests
 - Discuss ways to improve stock management and timely ordering/requisition
- Between December 2012 to May 2013, 71 mentoring visits were made to 33 facilities.

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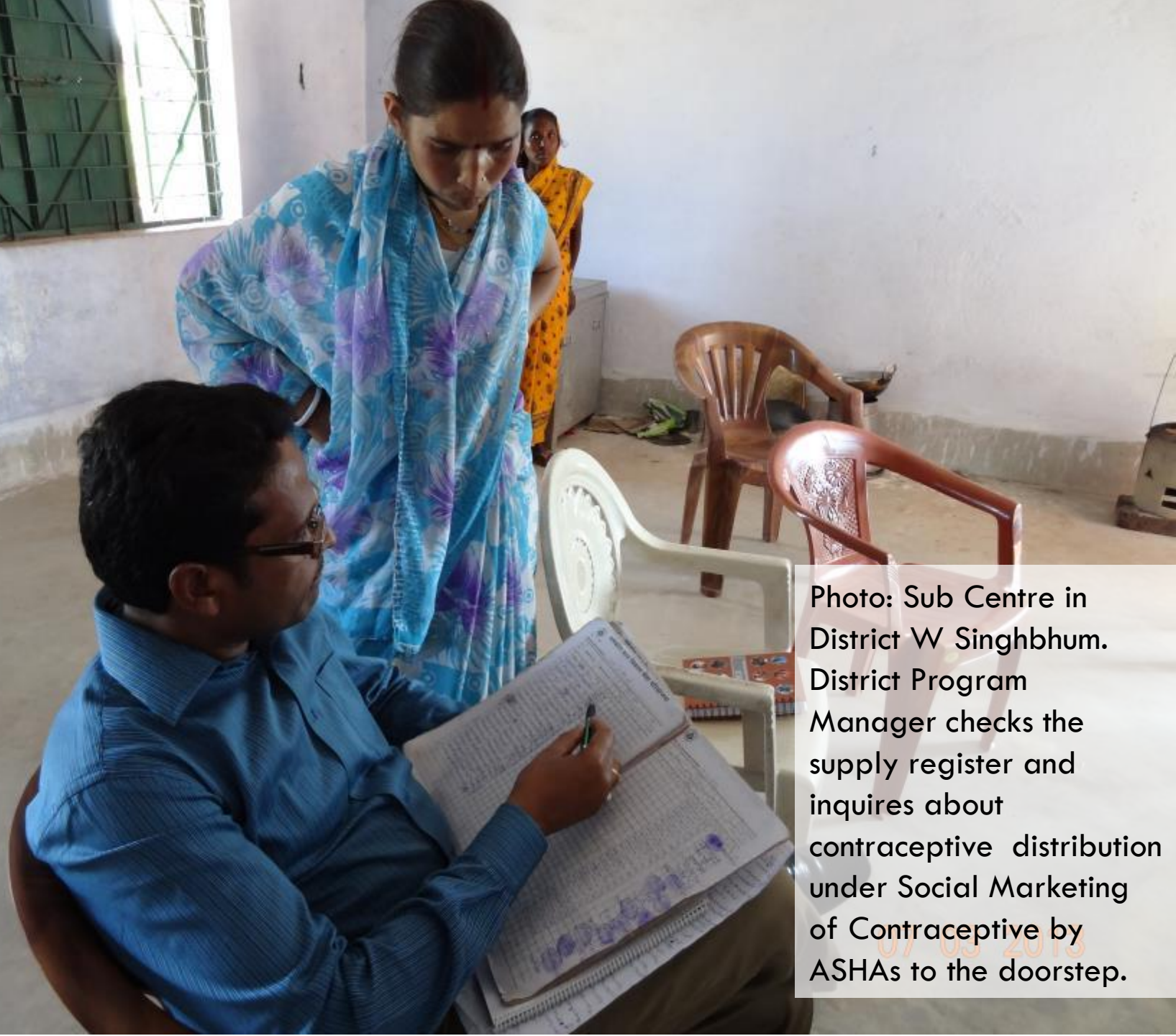


Photo: Sub Centre in District W Singhbhum. District Program Manager checks the supply register and inquires about contraceptive distribution under Social Marketing of Contraceptive by ASHAs to the doorstep.

Photo: Sub Centre Dondlo, District Giridih was non-functional since 2010. Mentors worked with ANM to put things in order



Begin to improve and sub center
reopened in 3 months



Dondlo : the Changed view

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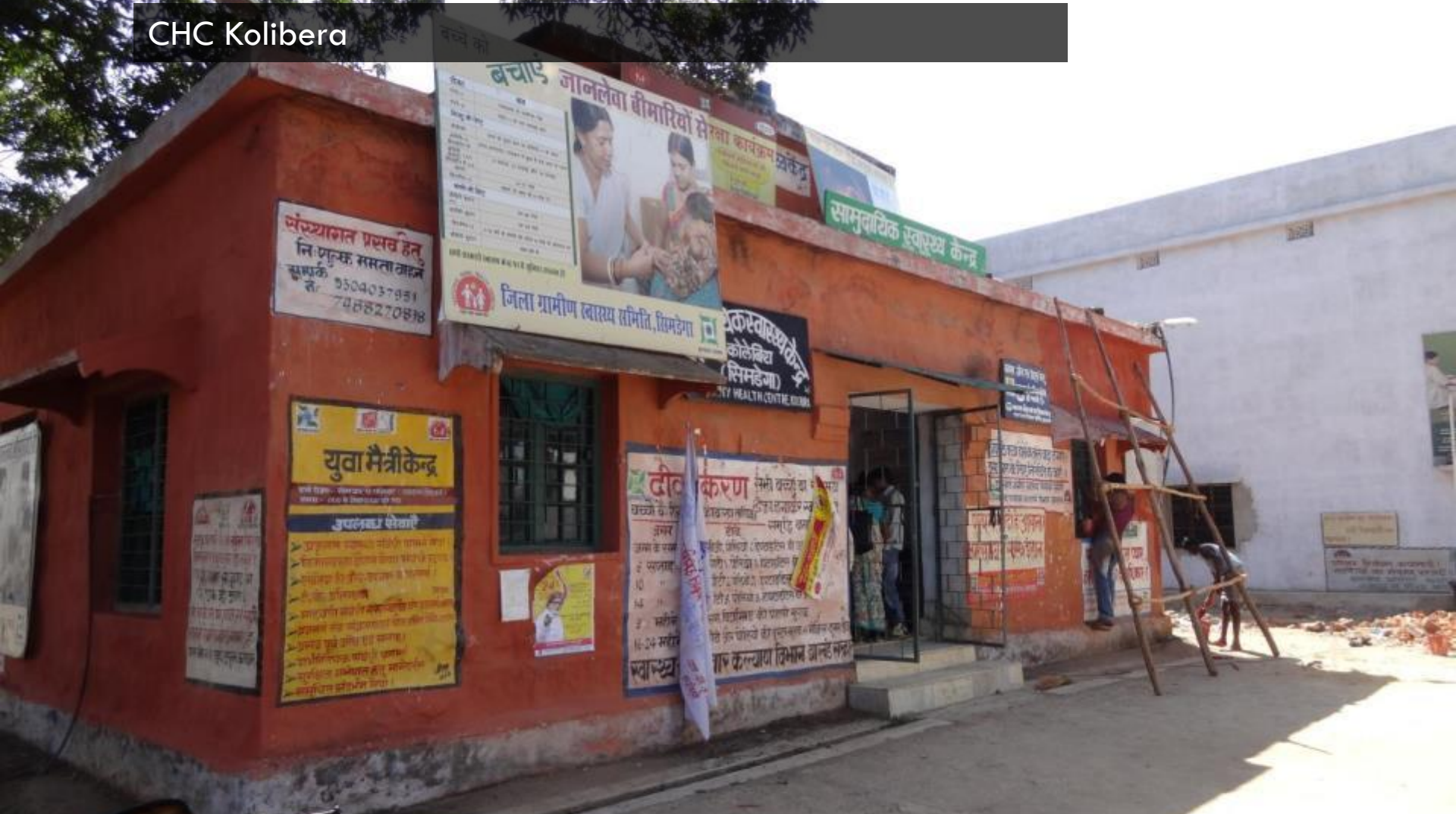


Photo: Sub Centre in Block Biru, District Simdega. Mentors discuss with ANM and Sahiya Coordinators the gaps between eligible couples and stocks that they have and ways to ensure regular supplies and notification for fresh batch.



Photo: Block Bagodhar, District Giridih: Mentors of the State Resource Group discuss and provide on-the-job support to address issues of contraceptive stocks and register updation.

CHC Kolibera

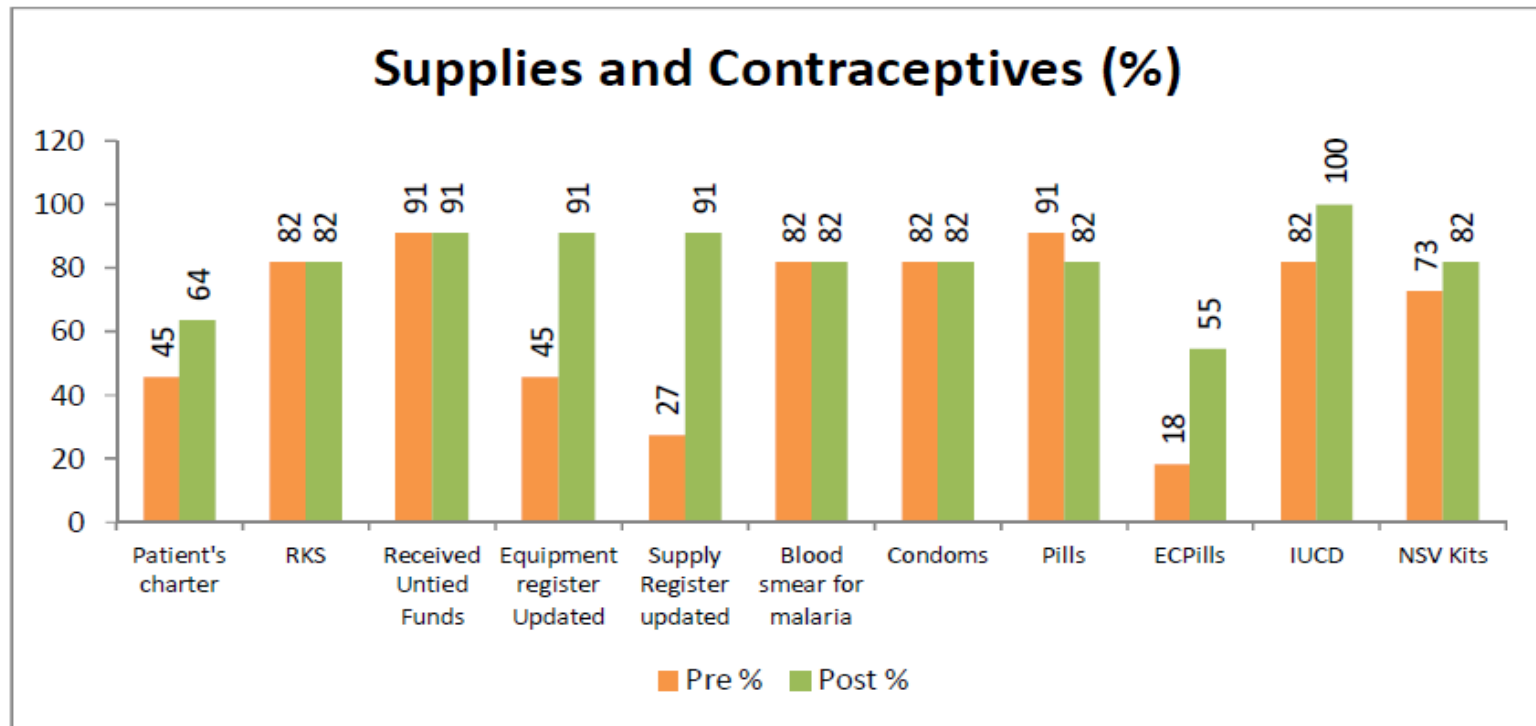


Increased display- IEC/BCC & schemes

Improved practices-Stocks lists updated and signed by FP Incharge


July -Aug 2012			May- June 2013		
Simdega	Giridih	W Singhbhum	Simdega	Giridih	W Singhbhum
Stock registers incomplete & not updated in most CHCs. Not signed each month by MOIC or concerned officials	2 out of 4 block CHCs had updated stock registers	Stock registers incomplete & not updated in most CHCs. Not signed each month by MOIC or concerned officials	Stocks lists are updated and signed by MOIC.		
Condoms and OCPs stocks available in 2/4 blocks ECP stock out PPIUCD forceps unavailable			Condoms and OCP stocks available all months PPIUCD forceps available in 3/4 blocks ECP stocks replenished		Jan & Feb there was stock out of OCPs and condoms PPIUCD forceps in 2/4 blocks ECP stocks replenished in 2/4 blocks

CHC- FP Supplies & untied funds



- Community participation and entitlements like regular RKS meetings and most have received untied funds
- Improvement in updation of supply and equipment registers and stock taking of contraceptives- this ensured constant supply of contraceptives. And increase in ECPills, IUCD kits and NSV kits.

Streamlining Systems of Quality Assurance

- 
- State and District QA committee were revitalized
 - Update workshop of QAC members and other functionaries of the identified institutions.
 - Hand holding support during assessment at field visits- with protocols and checklists
 - Ensure compilation of data on the basis of QA visit

Biggest change observed in Districts

improved conditions & functioning of the health facilities

improved service delivery

an open & enabling environment for collective problem-solving

Key Result Areas



Improved monitoring & supportive supervision



Improved data quality for decision making



Regular QA



State PIP to expand in 11 more districts and MOHFW highly interested

Medical Officers CHC

- *“We have started updating our stock registers after mentors showed how to ensure contraceptives are available and how and when to request for more. Now, I have also started keeping track of stocks”- MOIC visited thrice*
- *“We get feedback then and there in these mentoring visits. This is unlike other visits from the state officials, we don’t get any feedback for a long time and they end up sending a formal letter, most of it is fault finding”- MOIC visited four times*

Program Managers- Block & District

- *“Stock registers are updated regularly now. On my last visit to CHCs they were updated and signed. MOICs are signing off and they are holding at least 3 months stock and placing orders when this depletes”- DPM, Simdega*
- *“Indenting for stocks is regularized”- BPM*
- *“ANMs are maintaining stock registers after we had a half day orientation”- BPM. Giridih*

Thank You!

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