Availability and Supplies at the Last Mile: Jharkhand

October 11, 2013

Himani Sethi
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

Individual

• Build knowledge and functional skills to improve delivery of their scope of work

Institutional

• Strengthen select systems and processes within the FP Cell and at the district level.

Networks and partnerships

• Increase FP Cell engagement with other departments and civil society and ability to manage partnerships with state-level institutions.
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.

Health Sub Center Paro, Bano
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 in District W Singhbhum.

Photo courtesy: Futures Group India, PHRS & CINI
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
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.
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.
Increased display - IEC/BCC & schemes
**Improved practices—Stocks lists updated and signed by FP Incharge**

<table>
<thead>
<tr>
<th>July - Aug 2012</th>
<th>May - June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simdega</td>
<td>Giridih</td>
</tr>
<tr>
<td>Stock registers incomplete &amp; not updated in most CHCs. Not signed each month by MOIC or concerned officials</td>
<td>2 out of 4 block CHCs had updated stock registers</td>
</tr>
</tbody>
</table>

- 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
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
“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!

www.healthpolicyproject.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with CEDPA (CEDPA is now a part of Plan International USA), Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).