POST GRADUATE DIPLOMA IN HOSPITAL AND HEALTH MANAGEMENT

BATCH 17 (2012 – 2014)

Summer Training At

NRHM

Odisha, India

Management Gaps of DPM Unit

By

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Under the Guidance of

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Certificate

This to certify that Ms. Srutidhara Dhir Narendra student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur, Batch 17th has successfully undergone her summer training in National Rural Health Mission (NRHM), Odisha and has done a project on "Analysis of Management Gaps in District Programme Unit of a district and provided appropriate suggestions to bridge the gaps"

The candidate has successfully carried out the mentioned studies assigned during her summer training from 08 April 2013 – 08 June 2013 and her approach towards the study was sincere, scientific and analytical.

We wish her success in all her future endeavors.

Dr. Tanjul Saxena

Assistant Professor
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INDEX:

Acknowledgement

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This training wouldn't have been completed without a substantial support from Dr D K Panda, Team leader

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Srutidhara Dhir Narendra

ABBREVIATIONS

ADMO	Additional District Medical Officer
ADMPH	Additional District Manager for Public Health
ANM	Auxillary Nurse Mid-wife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homoeopathy
BPMU	Block Programme Management Unit
BPM	Block Programme Manager
BMO	Block Medical Officer
CDMO	Chief District Medical Officer
CRM	Common Review Mission
DC	District Collector
DAM	District Accounts Manager
DDM	District Data Manager
DLO	District Leprosy Officer
DLHS	District Level Household Survey
DMRCH	District Manager for Reproductive and Child Health Services
DPMU	District Programme Management Unit
DPM	District Programme Manager
DPHIO	District Public Health Information Officer
EAG	Empowered Action Group States
FMR	Financial Management Report
FOGSI	Federation of Obstetric and Gynaecological Services of India
GKS	Gaon Kalyan Samiti
HMIS	Health Management Information System
ICDS	Integrated Child Disease Surveillance
IMA	Indian Medical Association
JRM	Joint Review Mission
JSSK	Janani Sishu Suraksha Karyakram
JSY	Janani Suraksha Yojna
MCTS	Mother and Child Tracking System
MPR	Monthly Progress Report
OSMIS	Odisha State Malaria Information System
OHSP	Odisha Health Sector Plan
PIP	Project Implementation Plan
PMU	Programme Management Units
PNC	Post Natal Care
RCH	Reproductive and Child Health Services
RKS	Rogi Kalyan Samiti
RWSS	
SPMU	State Programme Management Unit
SPM	State Programme Manager
TOR	Terms of Reference
VHND	Village Health and Nutrition Day
VHSNC	Village Health, Sanitation and Nutrition Committee
ZSS	Zila Swasthya Samiti

NATIONAL RURAL HEALTH MISSION ODISHA

The Government of India launched NRHM on 12th April, 2005. The vision of the mission is to undertake architectural correction of the health system and to improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care throughout the country with primary special focus on 18 EAG states with weak health indicators. The state of Odisha comes under these 18 EAG states. The health indicators of the state are still very poor compared to other states of the country.

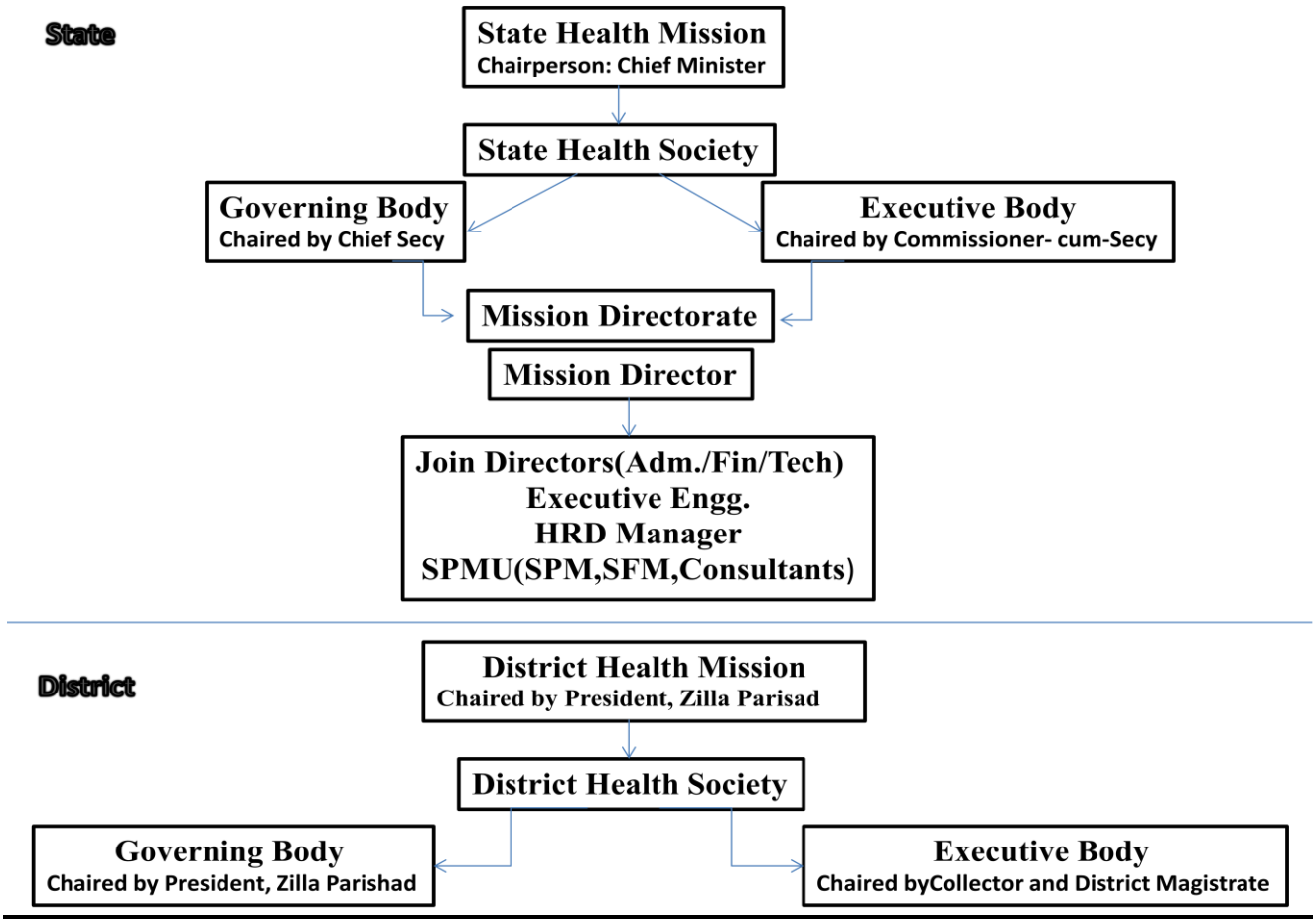
Objectives of NRHM:

1. To bring IMR to less than 28
2. To bring MMR to less than 100
3. To achieve TFR of 2.1
4. To strengthen the existing infrastructure
5. Appointment of contractual staff
6. Addition of component of AYUSH
7. To increase community participation with the help of Rogi Kalyan Samiti at all hospitals and Village health and Sanitation Committee

The IMR and MMR of the state are still very high demanding a special attention to address the health issues of the state on an urgent basis.

In the state of Odisha the VHSNC have been nomenclature as Gaon Kalyan Samiti. There are 45407 GKS in the state presently functioning in the state. The network of ASHA and ANM is strong in the state with many people benefitting from them and thus leading to improve in health statistics.

ORGANOGRAM OF NRHM ODISHA



STATE INITIATIVES

- Swasthya Kantha Campaign: To provide health related communication information to rural population by writing the information on specific walls meant for the purpose. The walls are located at strategic points in most villages.

- ASHA PNC: Home based post natal care for mother and infant by ASHA

- Bicycles provided to ASHA for greater mobility so as to reach difficult and distant areas. Cycle is preferred in many villages due to lack of proper infrastructure of roads in those areas

- ASHA Fixed day payment to address grievances related to payment of ASHA incentives in time and encouraging performance based incentive motivation

- The Government of Odisha has started the 108 Ambulance Service this year

- ASHA Gruha providing help desk cum rest shed for ASHA in hospitals

- Gramsat to promote health provisions

- Public- private partnership:

    1. Urban Slum Health Project: Targeted for outreach and vulnerable areas. Provides services for health, hygiene, sanitation and nutrition.
    2. AROGYA Plus project: Specially targeted at Naxalite areas for providing health services to these areas. This project functions similarly as mobile health units
    3. PHC New project: 32 PHC (New) in very outreach areas
    4. VG project: Meant for primitive tribe groups
    5. Maternity Waiting Home: Providing PNC support to pregnant women in outreach areas. Providing temporary home for expectant mothers living in hard to reach tribal areas, where they come 5-7 days before EDD and can wait for delivery

- Mobile Health Unit : To provide preventive, promotive & curative health services in the inaccessible areas & difficult terrains which are un-served /underserved under usual circumstances

- Janani Express: Free referral transport system to promote institutional delivery and reduce out of pocket expenditure by providing nonstop free transport facility and contributing in reduction of infant and maternal mortality

- Mobile Boat Clinic: To provide basic health services to people of most inaccessible and difficult areas of Malkanagiri district (Naxalite area)

- Tika Express: An alternate vaccine delivery system for children of difficult and tribal dominated pockets

- Sick New Born Care Unit: To improve neonatal survival and provide special level- II care to neonates including low birth weight and sick neonates

- Single Window: Janani Sewa Kendra for JSY beneficiaries to reach upto a mark of 100% birth registration and to provide all major MCH related benefits at facility level

- IT initiatives: e-Swasthya Nirman, e-Blood Bank, e-Sanjog (GPS based MHU tracking system), HRMIS, Grievance Redressal System for JSSK scheme, OSMIS, OVLMS

LIST OF PERSONS ITERACTED

NAME	DESIGNATION
Dr. Pramod Kumar Meherda	Commissioner-cum-Mission Director, NRHM
Dr. D. K. Panda	Team- Leader
Mr. Biswajit Modak	Senior Training Consultant
Mr. Adait Kumar Pradhan	State Programme Manager
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Mr. Dhirendra Kumar Nanda	DAM, Dhenkanal
Mr. Ashok Kumar Sahu	DDM, Dhenkanal
Dr. Laxmi Prasad Mohapatra	CDMO, Dhenkanal
Dr. G. B. Paikray	ADMO (FW and IMM), Dhenkanal
Dr. Sujata Rani Mishra	ADMO (Med), Dhenkanal
Dr. Sanjit Pattnaik	District Leprosy Officer, Dhenkanal
Mr. Jashobanta Panda	District Public Health Information Officer
Mrs. Jyotirmayee Jena	District Asha Co-ordinator, Dhenkanal

EXECUTIVE SUMMARY

The project is to assess the management gaps found in the District Programme Management Unit of a district and to provide strategies to bridge the gaps.

District Programme Management Units (DPMU) is an important unit of the NRHM which have been established to support and strengthen the existing management structures at the district levels, especially in high focus states. The DPMU comprises of three persons:

1) District programme manager (DPM)
2) District accounts manager (DAM)
3) District data manager (DDM)

The management gaps were assessed based on the basic principles of management i.e. planning, implementing, monitoring, controlling, reviewing and decision making.

The study was conducted in one district of Odisha i.e. Dhenkanal. It was a qualitative study and in-depth interviews of all the managers and various programme officers was conducted based on a scheduled questionnaire.

The findings showed that most of the functions by the mangers were performed according to those mentioned in the TOR. But some major gaps were also noticed in the management functions performed by them. Thus a few strategies were suggested to bridge the gaps. The State Programme Manager may consider the suggestions which if implemented might help in improving the efficiency and functioning of the DPM unit.

Geographical Boundaries:

The study covers DPM unit which was located in District Hospital of Dhenkanal district of Odisha.
Odisha is situated on subcontinent's south-east coast, by the bay of Bengal. It is surrounded by west Bengal to the north-east and in the east, Jharkhand to the north, Chattisgarh to the west and north-west and Andhra Pradesh to the south.
Odhisa comprises of 30 districts.
The study to be conducted in Dhenkanal district of Odhisa.
Dhenkanal district is occupying a central position in the Geo-political map of Odhisa . It is the district which touches the boundary of Keonjhar in the north , Jajpur in the east, Cuttack in the south and Angul in the west .
Total population :11,92,948
Total Area : 4452 Sq.kms
Blocks : 8

INTRODUCTION

Ministry of Health & Family Welfare (MoHFW), Government of India (GoI) launched RCH II on April 1, 2005. Key features of RCH II included: emphasis on outcomes (IMR including NMR; MMR; TFR and intermediate indicators such as immunization coverage and institutional deliveries); states were expected to set their own goals for outcomes, evolve their own strategies and prepare their own state Plan of Implementation (PIP), based on district plans; provision of flexible or untied funds for implementing state PIPs; and state and district programme management capacity strengthened with induction of professionals on contract.

RCH II was a key component of National Rural Health Mission (NRHM) which is an umbrella programme encompassing disease control programmes as well as convergence with determinants of health i.e. water, sanitation and nutrition.

To augment the programme management capacity for RCH II/ NRHM, State Programme Management Unit (SPMU) and District Programme Management Units (DPMU) were established to support and strengthen the existing management structures at the state and district levels respectively. The SPMU consists of 4 persons:

- State Programme Manager (SPM)
- State Finance Manager (SFM)
- State Accounts Manager (SAM)
- State Data Officer (SDO)

The DPMU at each district consists of 3 persons:

- District Programme Manager (DPM)
- District Accounts manager (DAM)
- District Data Assistant (DDA)

All the above positions were staffed by professionals on contract. For 6 EAG states, MoHFW facilitated the recruitment of these staff. Further, during the period, November 2005-April 2006, at the behest of MoHFW, a management consulting company worked with the 8 EAG states to develop a tailor made HRD strategy for SPMU/DPMU staff taken on contract.

The establishment of DPMUs and the lateral infusion of professionals on contract into the respective state health departments was a major initiative towards improving management of health programmes. However, this was also a challenge for state departments to use these resources in the best possible way for achievement of NRHM/RCH II goals. .

District Programme Management Units (DPMU) is an important unit of the NRHM which have been established to support and strengthen the existing management structures at the district levels, especially in high focus states.

As per the NRHM guidelines the following are the prescribed functions of the DPMU unit:

- Planning of programmes with approved assistance
- Preparation of necessary proposals for allocation of resources/ flexible funds to blocks/ spending centres in line with the overall allocation to the district with necessary approvals
- Preparation of annual district plan.
- Implementation of the approved programmes and plans
- Monitoring of the ongoing and implemented programmes
- Ensure that funds are released to implementing agencies on time/in accordance with the planning and monitoring manual
- Maintain necessary books of accounts and ensure that procedures laid down in the accounting manual are followed.
- Facilitate audit of books of account.
- Identify, in consultation with CMHO/DC priority areas for process improvement. (e.g. ASHA programme, village health plans, drugs logistics, cold chain maintenance, outreach health camps, etc.) Review current process, identify changes required, prepare proposals, obtain necessary approvals from CMHO/ DC, facilitate implementation and demonstrate improvement through appropriate indicators
- Obtaining feedback on implemented programmes
- Analysis of reports
- Follow up to ensure that blocks submit monthly/ quarterly reports. Analysis of these reports, visiting blocks/ villages if necessary, participating in review meetings and recommending corrective action

Preparing consolidated monthly/quarterly progress reports highlighting achievements (physical/ financial) against the PIP, reasons for delay/ adverse variance, corrective action to be taken, etc

The study was conducted to assess whether these functions were performed by the managers as mentioned and to notice any gaps if prevailed.

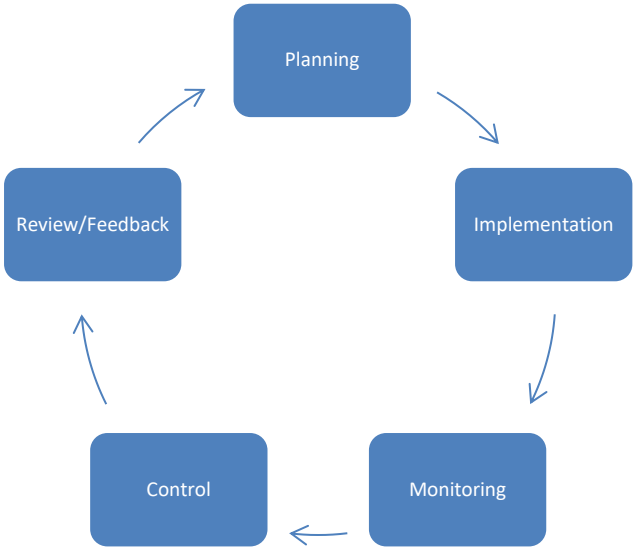
Since the DPMU is a management unit, its function and efficiency was assessed based on the basic principles of management.

The basic management principles of any system or unit include the following:

- Planning
- Implementation
- Monitoring
- Control
- Review

Besides that decision making also forms a major part of management.

Thus the following is the management cycle:



We want to study these basic principles of management in the DPMU unit of a district and to find out the management gaps in the unit.

LITERATURE REVIEW:

For this particular project several reports provided by the NRHM were reviewed and secondary data was noted from among this. The documents studied were as follows:

- Performance monitoring unit report for SPMU/DPMU
- TOR of DPMU
- NRHM Mission document copy
- National Training Strategy for In-service training under NRHM
- Human Resource for health – NRHM
- District PIP of Dhenkanal
- CRM report for Odisha-1st, 5th,6th and 7th
- JRM report for Odisha – 1st and 6th
- HR Structure of Odisha
- District Plans in Odisha- 2012

All these documents were reviewed and roles and responsibilities of DPMU managers were noted along with some additional information.

OBJECTIVES :

- To assess the management functions performed by each manager at different level
- To identify the gaps between the prescribed functions and performed functions of each manager
- To analyse the resource gap analysis of the DPMU unit (in terms of man and money)
- To propose probable strategies to bridge the gaps

RESEARCH QUESTIONS:

- What are the prescribed management functions in TOR of DPM, DAM, DDM?
- What are the management functions performed by them?
- What are the gaps noticed between the actual and prescribed functions performed by the managers?
- What are the intra- and inter-management gaps as a support unit?
- What are the major gaps noticed in the resource allotment and utilization (man and money)?
- What are the probable strategies to bridge the gaps?

METHODOLOGY

The following tools were used for carrying out the study; some of the tools were purely used for exploratory research.

1) **Secondary Data:** documents offered by National rural health mission like TOR of DPMU,PMU of DPMU, CRM, JRM etc

2) **Primary Data:** primary research is done in form of interviewing members of DPM unit and other members of the health system unit like CDMO, ADMOs and various programme officers in Dhenkanal

3) **Questionnaire:** A scheduled questionnaire was prepared which formed the backbone of the survey. Interview was conducted based on this questionnaire

STUDY DESIGN

Study Type : Qualitative Study

Study Area: Dhenkanal district, Odisha

Sample Design: Non-probability judgmental / purposive sampling

Sampling Unit : DPM unit of Dhenkanal

Study Respondents:

DPM unit- DPM, DAM, DDM, Dep. Mngr. RCH, Asha coordinator
Health system- CDMO, ADMO (FW and MED), programme officers (DLO, ADMPH, DPHIO)

Data Collection Tool: Questionnaire. Refer Annexure

Data Collection Method: In depth interview of respondents was conducted focusing on the basic principles of management. Their roles and responsibilities were studied. Their performance was studied based on the prescribed roles and responsibilities

Data Analysis Technique: Comparison with standard norms by NRHM

FINDINGS and ANALYSIS

RESEARCH QUESTION 1:

I. Terms of Reference of District Programme Manager

Programme Management Support: Pre-Planning

- Undertake situational analysis pertaining to health and health related services and identify district-specific key problems and issues as 'hot spots' with particular reference to un-served and under-served areas and needs of vulnerable population.
- Facilitate in maintenance of updated District programme Manual for adherence to prescribed mandates, reporting mechanism, institutional linkages, reporting formats, protocols and resource envelops. Review plan and programme performances in terms of key process indicators.
- Ensure that updated district data-sets in terms of demographic profile as well as data on service delivery system, utilization of facilities as well as website up-dation are maintained.

Programme Management Support: Implementation and Monitoring

- Facilitate village, block and district level consultations in preparation of appropriate annual action plans.
- Provide leadership and guidance to the Block Programme Management Support Units (BPSMUs) in enabling Village Health Planning initiative for community action for health and development of Block Programme Implementation Plans (Block PIPs).
- Assist the BPMU in preparing and pursuing annual work plan.
- Aggregate Block PIPs in to District Programme Implementation Plan in consultation with the CDMO and other programme officers.
- Assist the CDMO in dissemination of PIP and programme communication across the district.
- To follow up and prepare consolidated monthly / quarterly progress report highlighting achievement (physical/ Financial) against the target set. Analyze the reasons for delay/ adverse variance and suggest corrective actions to be taken etc. Also share the feedbacks at district, block & sub block level.
- Use appropriate tools and software (annual work plans, responsibility-function matrix) in capturing physical and financial progress of PIP and track progress. Also suggest requisite changes in programme implementation/increasing pace and improving quality of implementation based on regular visit at least for 10 days in a month.
- Review plan and programme performances in terms of key process indicators.

- Identify resources/ flexible funds under major components.
- Seek and coordinate requisite techno-managerial assistance from concerned development partners
- Document State/ national mandates, key thrust areas of State/ national policies/strategies /Vision Document etc., evidences on best practices and share their articulated versions with the key stakeholders at district and sub-district levels.
- Identify success stories and document and disseminate the same.

Programme Management Support: Management of Funds

- Ensure that funds are released to implementing agencies in time together with clear guidelines on their use.
- Follow up to ensure that implementing agencies report back on statement of expenditure/ submission of utilization certificates in accordance with the Manual.
- Report the funds utilization to Zilla Swasthya Samiti/ SPMU.
- Follow up with SPMU regarding timely release of fund against approved activities.

Programme Management Support: Secretarial/ administrative assistance

- Render administrative support to Zilla Swasthya Samiti including compilation of reports/ background papers, arrangements for meetings/ workshops/ seminars/consultations including preparation of agenda notes, minutes, follow up and action taken reports.
- Facilitate adherence to all statutory requirement, for example, disposal of bio medical waste (infection prevention rules), PNDT Act etc.
- Undertake intra-and inter-sectoral coordination with Rural Development and Panchayati Raj, Tribal Development, Social Welfare & ICDS, RWSS etc to ensure smooth delivery of services as well as convergence at the grassroots.
- Promote and formulate Public Private Partnership in different Health Programmes.
- Ensure linkage with FOGSI, IMA, NGOs private health care providers and development partners working at the District level
- Ensure that incentives/ awards are disbursed in a timely manner.

Other: Any other activities as assigned by the Mission Directorate from time to time

II. Terms of Reference of District Accounts Manager

Programme Management Support: Pre-Planning

- Maintain an updated District Programme Management Manual for adherence to prescribed mandates, reporting mechanism, institutional linkages, reporting formats, protocols and resource envelops.
- Coordinate with the members of DPMU as well as programme officers on day to day basis for expeditious implementation of scheme.

Programme Management Support: Implementation and Monitoring

- Activate Financial Management Group (FMG) at district level in proper co-ordination with other office assistants.
- Assist CDMO and other programme officers in prudent planning for expeditious utilization of funds.
- Provide leadership and guidance to the Block Programme Management Support Units (BPSMUs) in enabling Village Health Planning initiative for community action for health and development of Block Programme Implementation Plans (Block PIPs).
- Facilitate financial plans in the aggregate block PIPs in to District Programme Implementation Plan in consultation with the CDMO & DPM.
- Assist the CDMO in dissemination of PIP and programme communication across the district.
- Identify resources/ flexible funds under major components.
- Undertake planned monitoring (physical and financial) of implementation and share feedback at sub-district, district and state levels and undertake required field visits.
- Ensure proper maintenance of cash books and accounts relating to various programmes and have it countersigned by CDMO on monthly basis.
- Dissemination of all financial rules and guidelines to all field functionaries
- Ensure compliance of financial discipline by all levels through regular fields visits at least for a minimum of 10 days in a month
- Assist CDMO in physical verification of cash book
- To track advances and ensure timely recoupment / adjustment
- Ensure collection of all UCs & SoEs and their complication at district level and submission to SPMU.

Programme Management Support: Management of Funds

- Ensure that funds are released to implementing agencies in time together with clear guidelines on their use.
- Follow up to ensure that implementing agencies report back on statement of expenditure/ submission of utilization certificates in accordance with the Manual.

- Report the funds utilization to Zilla Swasthya Samiti/ SPMU.
- Follow up with SPMU regarding timely release of fund against approved activities.
- To manage the accounts of the society including the grants received from state society and mobilize for its flow to the ground level.
- Ensure maintenance of necessary books of accounts and arrange timely internal audit to ensure that procedures laid down in the accounting manual are followed.
- Facilitate audit of books of account.

Other.

- Any other activities as assigned by the Mission Directorate from time to time.

III. Terms of Reference of District Health Information Officer

Programme Management Support: Pre-Planning

- Maintain an updated District Programme Management Manual for adherence to prescribed mandates, reporting mechanism, institutional linkages, reporting formats, protocols and resource envelops.
- Maintain updated district data-sets in terms of demographic profile as well as data on service delivery system, utilization etc. Also have the same maintained and updated on the website.
- Assist the DPM in preparation of Monthly Progress Report on the implementation of programme activities in the district.
- Periodically share the situation profile of the district with key stakeholders in consultation with CDMO.

Programme Management Support: Implementation and Monitoring

- Activate and manage District Data centers. Coordinate with Data Assistants (Accounts Assistants of other related programmes) to ensure regular compilation and submission of reports.
- Ensure that information relating to different programmes and captured and reported in a timely fashion through regular field visits at least 10 days in a month.
- Provide leadership and guidance to the Block Programme Management Support Units (BPSMUs) in enabling Village Health Planning initiative for community action for health and development of Block Programme Implementation Plans (Block PIPs).
- Aggregate Block PIPs in to District Programme Implementation Plan in consultation with the CDMO & DPM.
- Use appropriate tools and software (annual work plans, responsibility-function matrix) in capturing physical and financial progress of PIP and track progress.

- Assist the CDMO in dissemination of PIP and programme communication across the district.
- Document State/ national mandates, key thrust areas of State/ national policies/strategies /Vision Document etc., evidences on best practices and share their articulated versions with the key stakeholders at district and sub-district levels.
- Undertaken training programme of field functionaries for ensuring timely submission of all reports.
- Seek and coordinate requisite techno-managerial assistance from concerned development partners.
- Review plan and programme performances in terms of key process indicators.
- Identify success stories and document and disseminate the same.

Programme Management Support: Secretarial/ administrative assistance

- Render secretarial and administrative support to Zilla Swasthya Samiti including compilation of reports/ background papers, arrangements for meetings/ workshops/ seminars/consultations including preparation of agenda notes, minutes, follow up and action taken reports.
- Assist the District Programme Manager in undertake intra-and inter-sectoral coordination with Rural Development and Panchayati Raj, Tribal Development, Social Welfare, ICDS, RWSS, etc to ensure smooth delivery of service as well as convergence at the grassroots.
- Assist the District Programme Manager in coordinating with FOGSI, IMA, NGOs private health care providers and development partners working at the District level under Public Private Partnership initiative.
- Provide assistance operations research / studies undertaken / to be undertaken in the district.

Other.

- Any other activities as assigned by the Mission Directorate from time to time.

RESEARCH QUESTION 2:

- Most of the functions were performed as mentioned in the above TOR
- As the study was conducted based on basic principles of management, the functions were analyzed accordingly.
    - ***Planning:*** Entire planning process was a joint venture.
  - The planning of the district was top-bottom approach.
  - Need analysis is performed before any planning is taken place for a programme. SWOT analysis is carried out to identify strengths and weaknesses in planning process and planning strategy is prepared for a forthcoming year based on the current scenario during the mid year and the drawbacks so that it can be strengthened. Outcome analysis is performed to carry out further plans
  - GKS present at village level and RKS in district hospitals
  - Planning at different levels is carried out after dissemination of funds from district according to PIP

- Various tools utilized for planning include sample survey, statistics like HMIS, DLHS etc
  - For planning process respective wing officers, block officers, DPM, DAM and CDMO were equally involved
  - The DPM was responsible for developing and planning district PIP with support from CDMO and coordinate entire planning process with other members at different levels
  - DPM is also responsible for discussing planning process with different wing officers
  - The DAM was responsible for planning of annual district budget and the planning for allocation of budgets to various blocks with support from CDMO
  - The DDM was involved in development of district HMIS, MCTS etc
  - The ASHA coordinator and DMRCH were engaged in planning of village related activities and other training activities

➢ ***Implementation:***

- Various programmes implemented at various levels (RKS in hospitals, other block level programmes at block level, sector wise-PHC NEW) PIP is also implemented simultaneously
- Monitoring of implemented programmes is done at different levels by different personnel responsible for monitoring.
- The DPM was responsible for ensuring implementation of planned programmes at the district level and also providing guidance to block with assistance from CDMO as he is the main in charge
- Quality of implemented programmes checked by DPM unit, External agencies, Zila Parishad, PRI members etc using different tools
- Analysis of implemented programmes is done on monthly basis
- Cause-effect analysis done by epidemiologists for various disease outbreaks
- The ASHA coordinator and the DMRCH were responsible for implementing their respective programmes at the village level and also to maintain their quality.
- The ASHA coordinator was responsible for maintaining GKS, Swasthya Gram Panchayat
- DAM was responsible for allocation of funds to implementing agencies at different levels

➢ ***Monitoring:***

- Monitoring at the district and blocks and villages is done on a fixed time by different personnel including DPM, DAM, DDM and other respective programme officers. Monitoring is also done based on need basis.
- Monitoring is done on monthly basis and also on need basis and interventions are taken at different levels depending on the gravity of the situation. Intervention steps are taken with the help of various stake-holders
- DPM monitors the various programmes at the community centers whilst interacting with the providers and the beneficiaries, gaps are resolved in the field.
- The monitoring and performance appraisal of DPMU personnel is done by DPM and CDMO depending on the targets achieved by various personnel (manpower).
- For financial resources, monitoring is done through periodic audits and utilization trends (at district and block levels).
- Monitoring tools: targets achieved as per mentioned in PIP, FMR present for finance tracking

- Social audits for target beneficiaries is also done to check the level and quality of benefits provided
- For gaps or bottlenecks noticed in monitoring process, exemplary action is taken against personnel responsible so as to avoid such situations in future.
- Advance tour diary and tour particulars are provided to personnel responsible for carrying out monitoring activities by the authorities so as to keep records of monitoring processes.

➢ ***Controlling:***

- DPM being the team leader of the DPMU, all leaves are applied through him to the CDMO and granted according to personnel's leave entitlement; salary deduction is implemented in case of uninformed absenteeism; salary provided from funds under ZSS.
- Performance appraisal of personnel done through CDMO via the DPM
- CDMO is in-charge of controlling of programmes and their implementation.
- All other personnel in the DPMU are facilitators of implementation of programmes.
- Reporting mechanism is hierarchical with reference to TOR; reporting done by concerned programme officers

➢ ***Reviewing/Feedback:***

- Regular review on various programmes carried out, monthly or quarterly (depending on need/situation). E.g. review on immunization done quarterly, JSSK- monthly, VHND-monthly.
- Analysis of review reports done by various concerned programme officers, DPMU personnel and final reports submitted to Medical Officers and concerned implementers and necessary feedback is provided.
- Review meetings conducted on 3rd of every month for various programmes and on 29th of every month for BPM officials; quarterly review and monthly review of various programmes also carried out.
- Observations made during such meetings are noted and suggested corrective measures are implemented.
- Grievance redressal measure of community workers at sector meetings by sector medical officers, BMO or at district.
- Feedback on resource utilization (money) through audits and of programmes through impact analysis is carried out.
- Monthly Progress report send from district to state headquarters and feedback given on any gaps noticed; analysis done through targets and parameters met
- HMIS updated and analyzed every month by DDM and consequently by DPM, CDMO.

➢ ***Decision-Making:***

- For implementation of various programmes, programme officers initiate the decision, which is then approved by CDMO and programmes are finally implemented by the District Collector, the chairman of ZSS.
- BMO, CDMO, Collector of the district (for district and block level) and other State representatives (out of jurisdiction of district) are responsible for dissolving any arising programmatic or administrative issues.
- Decision-making criteria are chosen according to government circulars.
- DPM facilitates decisions through CDMO; no decision-making power with self

- In absence or lack of funds, CDMO/ Collector provide funds through flexi funds available at ZSS.
- In the absence of CDMO, decisions are taken by ADMO or other concerned higher authorities

➢ Resource utilization done on need basis according to size and load of institution.

RESEARCH QUESTION 3:

Though most of the functions are performed according to those mentioned in the TOR of DPMU, still a few gaps were noticed in the management functions.

PLANNING:

- Holistic planning on capacity building seemed to be lacking
- Since a few key positions were found to be vacant for a long duration of time, the planning process could have been hindered during the period
- Managers were overburdened with other file work which caused slight problems in some important issues

IMPLEMENTATION:

- Appreciation mechanism for workers is lacking for which some are not motivated to work according to their capacity, this in turn hinders some implementation of programmes
- Vacancies in certain posts due to reserved seats hampers the implementation process in those areas
- Flow mechanism of files consumes great time which also hinders the implementation process.

MONITORING:

- The monitoring skills of managers needs to be enhanced
- On few occasions, monitoring at field could not be given due importance due to last minute priority

CONTROLLING:

- Although it's been 8 years since the implantation of NRHM, still the personnel of NRHM are considered as contractual workers and sometimes due importance is not given to the observation of DPMU personnel by permanent workers
- Lack of autonomy of power with other personnel of DPMU to make any relevant decisions at the time of need.
- CDMO to some extent is helpless due to political factors and other environmental factors
- CDMO and DPM were also helpless with regarding to monitoring performance of other workers and taking any strong action

REVIEWING:

- Grievance mechanism is not very regular and on a few occasions grievances of workers were not addressed

- Systematic review mechanism on data and programme implementation was also found to be lacking
- Follow-up mechanism on implementation of programmes is not in practice
- Training of workers is done but their skill utilization is not ensured
- Validation of data quality is not in existence
- Data of district is not regularly updated on website
- HMIS and MCTS data need better analysis for decision making
- Other management gaps included the lack of will to work among various stakeholders like PWD contractors.
- Also delay in projects was noticed due to careless attitude.

RESEARCH QUESTION 4:

Though there were no visible inter-management gaps in the DPM unit, some gaps were observed in terms of reporting:

- The DPM was found to be unsatisfied with the level of reporting and so was the ADMO.
- Some workers were not consistent in fulfilling their duties.
- In some wards of the hospitals, absenteeism was a precarious factor due to which some important clerical work suffered.
- Autonomy and decision-making of officers remained a challenge.

Some intra-management gaps as pointed out by some officers were:

- Heavy work-load on behalf of the ZSS, the Collectorate Office and other prominent stakeholders, hindered the progress of some of the essential work of the DPMU.
- Approach of some contractual workers (PWD contractors) was improper, leading to delay in some deliveries.
- Lack of trust among various stakeholders.

RESEARCH QUESTION 5:

Major gaps noticed in resource utilization, both manpower and money were as follows:

- Vacancies in many posts due to reserved posts. This lead to low progress in planning and implementation of programmes in such areas.
- Capacity building of workers needs to be strengthened
- Reward mechanism for excellence performance not present
- Even after 8yrs of its implementation, NRHM is not well accepted as a part and parcel of the system
- The fund flow mechanism from other partnering sources like OHSP was not very smooth
- There was decrease in utilization of funds in the district in the previous year [Out of total approved budget 84% was utilized in 2010-11, 84.7% in 2011-12 and only 77.2 % in 2012-13]

RECOMMENDATIONS

RESEARCH QUESTION 6:

At the end of the study, a few strategies were suggested to bridge the aforementioned managerial gaps. These were as follows:

- Since the planning plan was basically, top-down approach leading to delay in some implementation and feedback processes, Bottom-up approach for planning may be considered.
- Detailed action-plan based on TOR of DPMU may be prepared and implemented
- Capacity building of core management skills may be ensured.
- Continuous capacity building and exposure at all levels can be ensured
- Since community workers and ground level workers, lacked the zeal to perform according to their full capacity, individual reward mechanism can be provided to boost their spirit and performance.
- A regular feedback mechanism should be present in all directions to ensure smoothening of implementation and monitoring of health programmes and others.
- Data validation mechanism may be established to check and maintain quality of data.
- Enforcement and implementation of grievance redressal system needs to be strengthened to address the grievance of community, ground-level and other associated workers/officers.
- The observations and suggestions of DPM should be given due weightage
- Activity-wise monthly analysis of resource utilization at all levels should be done by DPMU
- Empanelled HR list may be available for immediate recruitment (in case of vacancies for essential posts)
- Proposal may be forwarded to fill up reserved posts if suitable candidates are not available for long duration (about 2 years)
- Necessary steps may be taken to fill the vacancies (caused due to reservation)
- Maintenance of website may be outsourced for periodical up gradation.

LIMITATIONS OF THE STUDY:

- The study was time-bound, to be completed in two weeks, thus leading to a lot of loss of portentous data
- Due to time crisis, much important information on the DPMU personnel could not be collected and tested.
- The working hours of the DPMU was during the morning hours only, causing heavy work load of all the personnel and low response on their part
- The visits of national teams like JSSK and other officers from the state consumed much time of the personnel, thus they were not available at some times for the study
- A few officers were freshly appointed, so they had less knowledge about the governing system of the particular DPMU.

CONCLUSION:

Thus from the study it was concluded that there were evident major gaps in the management functions of DPMU like planning, implementation, monitoring and feedback besides a dent in resource utilization was also noticed. The capacity building and training of various personnel needs to be strengthened in these areas primarily for better implementation and monitoring of various programmes under NRHM. A major gap in the resource utilization of manpower needs to be handled carefully when the question is about reserved posts. Though intra- and inter-management gaps are few, the lacking trust among stakeholders needs to be strengthened.

To address all the aforementioned issues, the SPM needs to take necessary action. MD NRHM and Principal Secretary (Health and Family Welfare) should also be involved in addressing the various managerial gaps noticed and to form a smooth functioning DPMU for the smooth planning and implementation of various health programmes under NRHM, so as to improve the various health indicators.

ANNEXURE:

Planning:

- Explain about the whole planning process of the DPMU unit
- Explain the need analysis process of the district before planning is undertaken
- Explain where does the planning start from? (village/gp/block/district)
- Explain the current practicing pattern of planning? (top- bottom or reverse)
- How the planning is approved?
- What are the different tools utilized for planning?
- Who assists in planning and what inputs do they provide?
- Explain the planning strategy
- What are the problems faced in the current planning process?
- What is the time gap noticed in planning process?
- Explain the role of DPM in planning
- What is the process for planning for PIP?

Implementation:

- How programmes are implemented?
- What is the process of implementation?
- How approved PIP is implemented at different levels?
- How do you monitor implementation of programmes?
- Is there any feedback mechanism of system?
- How the gap analysis in implementation is done or not?
- Whether there is any implementation of changes that are suggested?
- Who has the ensuring role in implementation?
- Who checks the quality of the implemented programmes?
- What are the tools used to ensure the quality of implementation?
- What is the process of the analysis of implementation?
- What is the trend analysis including gap analysis among programs implemented (activity-wise)?
- What is the trend analysis of resource utilization?
- Is there any cause-effect analysis done?

Decision making:

- What is the decision making procedure adopted at district level?
- How programmatic or administrative issues are resolved?
- What is the process of identifying the decision criteria?
- In what manner are alternatives chosen for making decisions?
- Whether there is any evaluation of the decisions made by the DPM? (who does it and how)
- Whether rational decisions are made?
- What are decisions taken regarding budget allotted and flow of funds if activities are not accomplished in time? Who is the decision maker in such situation?

Monitoring:

- What are the monitoring responsibilities? What is done in actual?
- How does the DPM monitor the programmes?
- What is the monitoring system?
- What type of monitoring is done for the DPMU personnel?
- How is the monitoring of resource utilization done? What are the tools used for monitoring? (FMR)
- What are the actions taken for monitoring?
- How monitoring is recorded?

Controlling:

- What are the controlling mechanisms at DPMU? (In terms of leave, salary, performance appraisal, QPR, program reporting)
- Who is in charge of controlling of programmes and implementation?
- Whether DPM has any power of control/ autonomy?
- What are the controlling powers with other team members (DPM, DAM, DDA)?
- What is the reporting system (TOR)? (who reports to whom?)

Reviewing:

- Is there any review on current programmes in the district being conducted? How review is done? Explain
- Who reviews the analysis of reports?
- Are any regular review meetings being conducted?
- If yes, what is the gap between two review meetings?
- Are any corrective measures suggested in such meetings and being implemented?
- Is grievance of workers and community workers addressed? Explain how.
- How review on utilization of funds is done?
- Whether there is any updated review on NRHM programmes?
- Whether there is any review on monthly progress report? If yes, explain how? How is the analysis done here?
- Is HMIS being updated every month and analysed?
- What is the feedback mechanism on implementation of programmes and resource utilization?

Resource utilization:

- What is the resource utilization trend?
- What is the percentage of man-power gap?
- What is the percentage utilization of approved budget?
- Explain the manner of flow of funds
- Are the funds properly utilized?
- Are logistics (equipments, drugs, etc...) allotted timely?
- What percentage gap is noticed in logistics?
- Are the drugs (free) properly utilized?
- What is the process of monitoring the utilization of resources?

- What is the feedback mechanism on resource utilization?

CDMO:

- What is the support provided by the DPMU unit as whole?
- What are the suggestions provided by DPMU unit and whether they are considered?
- How do you monitor the performance of DPMU unit?
- What are the major management gaps visualized in DPMU unit?
- Suggestions for improvement of functioning of DPMU unit