A Study of Functioning of DPMUs and Their Role in the Delivery of Services in Various Districts of Madhya Pradesh

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Gandhi Medical College, Bhopal

A Study of Functioning of DPMUs and Their Role in the Delivery of Services in Various Districts of Madhya Pradesh

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PREFACE

The National Rural Health Mission (NRHM) was launched by the Government of India on 12 th April 2005 to carry out necessary architectural correction in the basic health care delivery system, with a plan of action that includes a commitment to increase public expenditure on health. The Mission envisages an additionality of 30% over existing annual budgetary outlays every year to fulfil the mandate to raise the outlays for public health from 0.9% of GDP to 2-3% of GDP. Under the Mission, multifarious activities have been initiated to strengthen the rural health care delivery system for the improvement of health of the rural population.

NRHM implementation framework does not envisage significant engagement of medical colleges in delivery of mission interventions. The role of medical colleges in RCH-II is largely limited to conduction of clinical skill-based trainings. In the absence of any systematic engagement of medical colleges, faculty members of departments are clueless about the evidence-based technical strategies being pursued in the implementation of various National Health Programmes. There is a huge potential available in medical colleges of the country for undertaking innovations, facilitating programme interventions and conducting health systems research, which largely remains untapped.

The Rapid Assessment of Health Interventions (RAHI), a collaborative activity with the United Nations Population Fund (UNFPA), is a unique initiative taken under the wider umbrella of the Public Health Education and Research Consortium (PHERC) of the National Institute of Health and Family Welfare (NIHFW) for developing partnerships with different organisations working in the field of health and family welfare. The objective of the project is to accelerate NRHM delivery in identified states by organising timely, quality and appropriate inputs through rapid assessments/reviews to address priority implementation problems. During the first phase of the RAHI project, the UNFPA supported 12 health systems research projects in five low performing states viz. Madhya Pradesh, Jharkhand, Chhattisgarh, Uttar Pradesh and Orissa. During the second phase, another 12 health systems research projects from 6 low performing states viz. Uttar Pradesh, Uttarakhand, Madhya Pradesh, Jharkhand, Bihar and Rajasthan were taken up.

The rationale for supporting such rapid assessments stems from the discussions during the periodic Joint Review Missions and Common Review Missions. An impressive number of innovations have been supported by the states to improve access and enhance service quality. Many innovations are currently underway in the states and districts to deliver health care services in an effective manner. The state and district programme managers wish to know how well these innovations are performing so that in case of gaps corrective measures can be taken to achieve the stated objectives. There has been an increasing recognition for incremental improvements in the programme delivery by undertaking quick and rapid health systems research and engineering the feedback into the processes.

As an institutional response to such demand an attempt has been made to develop a network of institutions and strengthen their capacities on rapid appraisal methodologies for generating programme-relevant information at local and regional levels.

The rapid appraisal of some of the interventions taken up in the second phase of RAHI project covered the issues of contribution of indigenous systems of medicine in operationalisation of 24x7 services, interface of ASHAs with the community and service providers, logistics and supply management system of drugs at different levels, functioning of mobile medical units, birth preparedness and complication readiness as a tools to reduce MMR, quality assessment of institutional deliveries, performance-based incentives to ASHA Sahyogini, referral transport systems, functioning of programme management units, functioning of RKS, utilisation of untied funds at various levels and utilisation and client satisfaction of RCH service. The present study report entitled "**A Study of Functioning of DPMUs and Their Role in the Delivery of Services in Various Districts of Madhya Pradesh**" by the Department of Community Medicine, Gandhi Medical College, Bhopal, was finalized by NIHFW in consultation with UNFPA.

The findings and recommendations of these studies will trigger of a series of follow-up measures by programme managers in the state. We strongly feel availability of such a resource to the programme managers will provide necessary evidence-based inputs enabling them to make any mid-course corrections and also scaling up. An added benefit will be incorporation of information about newer programmatic interventions in the medical curriculum.

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Special thanks are due to the CMHOs, SPMU, and DPMU staff of study districts who have provided excellent support and co-operation for providing valuable information for the study during the course of in-depth interviews.

Prof. (Dr.) D.K.Pal

ABBREVIATIONS

DPMU -	District Programme Management Unit
DAM -	District Accounts Manager
DDA -	District Data Assistant
SPM -	State Programme Manager
SFM -	State Finance Manager
SDA -	State Data Assistant
BOA -	Books of Accounts
SOE -	Statement of Expenditure
UC -	Utilization Certificate
RKS -	Rogi Kalyan Samiti
VHSC -	Village Health and Sanitation Committee
JSY -	Janani Suraksha Yojna
PIP -	Programme Implementation Plan
MIES -	Management of Information and Education System
DHS -	District Health Society
CMHO-	Chief Medical and Health Officer
DC/M-	District Collector/Magistrate
NRHM-	National Rural Health Mission
GOI-	Government of India
HR Policy-	Human Resource Policy
TOR-	Terms of Reference
RTGS -	Real Time Gross Settlement

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EXECUTIVE SUMMARY

NRHM was launched by Government of India on 5th April 2005. It formally began in MP on 23rd April 2005, when Governor of the state inaugurated it. NRHM has included the task of integrating vertical health and family welfare programmes at national, state and district and block level under its core strategies to achieve its goals. The resultant scenario will not only help in developing and nurturing a holistic perspective on all public health issues and national health programmes, but will also lead to pooling of all available resources in implementation of programme activities. To oversee the working of the proposed integrated society and to implement the activities of the NRHM, setting-up of a State Health Mission was required, which will synergize the aspirations and goals of NRHM. Subsequently the framework for implementation of NRHM was received by the State Government The later lucidly illustrated the formation of State Rural health Mission, a project management unit at state level (SPMU) and a project management unit in each district (DPMU). NRHM envisaged development of district action plan to achieve the timely results envisaged in the missionary approach.

On the lines of the State Health Mission every district has a District Health Mission. To support the District Health Mission every district has an integrated, District Health Society.

DPM is seen as a key player not only in setting-up and operationilizing the DHS Secretariat, but also in arranging managerial and supportive assistance to the district health administration including general management and logistic support. It is because of the twin responsibility that DPM is made the convener of both the Governing Body as well as the Executive Committee.

NIHFW with financial assistance with UNFPA initiated capacity building workshop on rapid appraisal methodologies and concurrently undertook appraisals of health intervention in Madhya Pradesh. The report is based on the rapid appraisal of DPMU in various districts of Madhya Pradesh.

The overall objective of the study was to undertake a rapid appraisal of functioning of DPMUs and their role in the delivery of services in the selected districts of Madhya Pradesh.

METHODOLOGY

Under the methodology 7 districts were identified from the 7 health division of the state. From each division, one district was selected through random sample technique.

The study was a cross-sectional one with emphasis on qualitative techniques (in-depth interview).

Study respondents at state level were – -State Programme Manager

-- State Accounts Manager

-- State District Officer

Study respondents at district level were – Chief Medical and Health Officer

-- District Programme Manager

-- District Accounts Manager

-- District Data Assistant

A total of 28 respondents from seven districts were interviewed and three respondents from state level were interviewed.

SALIENT FINDINGS

- Human resource is available in all DPMUs as per recommended norms, except one district. Space available was not sufficient in four out of seven districts. Vehicle is available on hire basis. Equipments and furniture is either available in the unit or shared with CMHO.
- The DPMs were given pre-service training of two and half to three days and covered theoretical aspects of RCH, NRHM, etc. practical exposure was not given. Duration of training was considered insufficient by most of the DPMs.
- The component of skill development is lacking in pre-service trainings. There should be more emphasis on development of skills related to financial management, data management, store purchase rules, filing process and recruitment process.
- Development of district PIP takes approximately two months in every district. It starts with development of village PIP in few selected villages of the district. This is compiled at the block and finally at the district level. Due to frequent changes in the guidelines from the state the preparation of PIP gets delayed.
- The DPMUs have satisfactory vertical and horizontal linkages with the health functionaries.

- Main problems faced by the DPMUs were overwork (average 8 to 10 hrs/ day), delay in preparation and submission of the reports due to totaling mistakes and incorrect data, pending advances towards PWD, RKS and VHSC.
- DPMU staff is now better accepted in the health system after initial resistance from field staff as well as the administrative staff at the district level.

RECOMMENDATIONS

- Additional human resource is required for effective functioning of DPMU that is one technical DPM with public health background and one office assistant to reduce the workload.
- Duration of pre-service training for DPM should be increased to 7-10 days, in case of presently working DPMs regular refresher training covering relevant issues should be conducted.
- Standard guidelines for preparation of district PIP should be made available at the beginning and should not be changed frequently.
- There should be HR policy for DPMU staff with specific guidelines on regular increments, medical benefits and leave benefits.

Chapter 1

INTRODUCTION

NRHM was launched by the Honourable Prime Minister on 12th April 2005 with the objective of providing quality health care to the rural population in the country. The Mission is concerned as a programme subsuming the existing programme of health and family welfare including RCH II, National Disease Control Programme and Integrated Disease Surveillance Programme. The outlay of NRHM was the merger of multiple societies and constitution of district/state Mission since June 2005.

With the implementation of NRHM the approach in the health care delivery has revamped. It has resulted in formation of various task groups. The important ones are strengthening community health care through community level activists (ASHA), exploring new health financing mechanisms, district planning and technical resource support for the Mission.

The public health expenditure is likely to increase from 0.9% of GDP to 2 -3% over next 5 years. In order to handle such increased allocations, health sector needs architectural corrections so as to be able to deliver expected outcomes.

The revamping of health system at the national level include the formation of the National Mission Steering Group and Empowered Programme Committee. Implementation framework at the state includes constitution of state and district health mission. Integration of health and family welfare societies of preparation of integrated state action plan including PIPs for RCH.

Operational issues under the mission stressed on strengthening programme management units, training and technical support. States were to prepare their core indicators and time frame for the achieving milestones in its PIP. Annual performance award of 10% of actual funds utilized available for achieving core indicators. NRHM also aims at funneling funds at district level to facilitate district health management.

The setting up of the State and District Mission was the starting point of the implementation of the goals of the mission. Project management costs for all districts were covered under the financial envelop of RCH II. 18 high focus states are to make contractual engagement of skilled professionals i.e. CA , MBA, MIS specialist at state and district levels for enhancing capabilities of programme. The personnel in DPMUs were recruited and were trained by master trainers who were trained by National Institute of Health and Family Welfare and ASCI.

RATIONALE

DPMU is the key unit for the planning, implementation, monitoring and management of various activities under NRHM in every district if objectives and targets of NRHM are to be achieved the DPMU has a vital role to play with. Thus it is very important health intervention under NRHM. A number of factors influence the performance of DPMUs. This study is an attempt to explore the factors which hinder or promote the performance of the DPMUs. The findings of this study will be very useful to district health authorities/state health authorities for improving the performances of DPMUs and thus achieving the objectives and targets under NRHM.

RESEARCH QUESTION

1. What is the status of functioning of DPMUs in terms of :
    a. Manpower
    b. Space
    c. Equipments and instruments
    d. Transport facilities
2. What are the difficulties faced by DPMUs at various levels in fulfilling their job responsibilities.
3. What are the perceived needs of DPMUs for better/optimum functioning of DPMUs?
4. What are the expectations of district and state health authorities from DPMUs?

GENERAL OBJECTIVE

To study the functioning of DPMUs in the selected districts of Madhya Pradesh

SPECIFIC OBJECTIVES

To assess the adequacy of resources available with the DPMUs.

1. To assess the mechanism of planning and monitoring of health programmes and linkages with health functionaries by DPMUs.
2. To study the constraints/problems faced by DPMUs at different levels to perform the assigned tasks in scheduled time.
3. To assess the acceptance of DPMUs in the health system.

Chapter 2

METHODOLOGY

Study Design

Cross-sectional descriptive and qualitative study.

Study Universe

All functioning DPMUS of Madhya Pradesh.

Study Area

Seven districts namely—Vidisha, Rewa, Ujjain, Ashoknagar, Damoh, Jhabua and Balaghat.

Study Units

District Programme Management Unit.

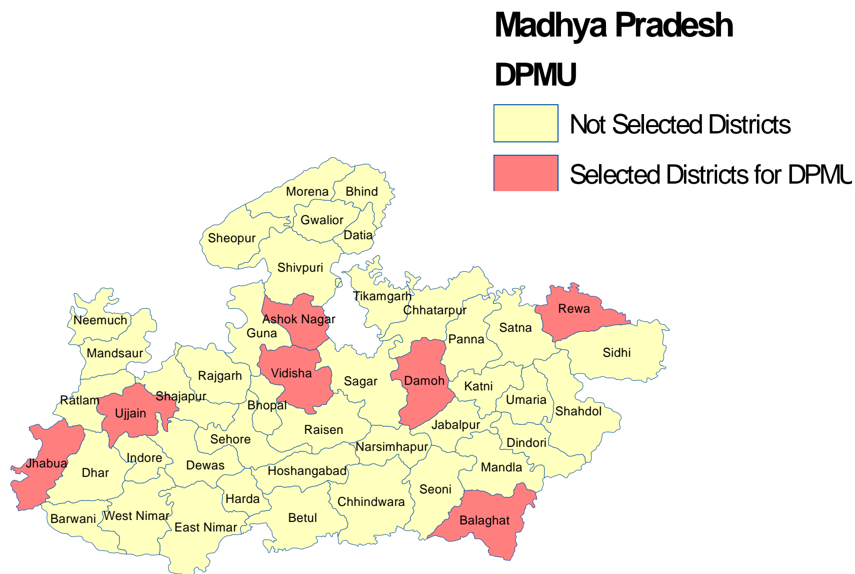
Selection of District

From each health division one district was selected by random sampling technique.

Sampling Design

Simple random sampling there are seven health divisions in the state. The n umber of districts in each health division varies from minimum five districts in Sagar division to maximum eight districts in Bhopal, Gwalior and Jabalpur division. These districts were numbered by simple random sampling one district each from each health division were selected. (List of health divisions are in Annexure 1)

Selected Districts for DPMU Study in Madhya Pradesh



Study Subject

At state level – SPM, SDO and SFM
At district level – DPM, DDA, DAM and CMHO

Study Duration

September 2008 – December 2008

Study Tools

In depth interviews.

Data Collection Methods

Data were collected in a pre-designed, pre-tested in-depth interview formats. Primary data were collected from all respondents. Study maintained all study ethics and informed consent was taken before taking the interview and recording the same.

Data Analysis

Qualitative data were manually analyzed using the information collected during in-depth interviews.

Quality Assurance

In order to ensure the quality of data PI/COPI or a senior faculty member from Department of Community Medicine conducted the in-depth interview. A team of two investigators and one field staff worked in various districts for 21 days. Two separate teams worked simultaneously to cover more Districts.

A team of PI/COPI/Sr. faculty and field staff visited each district for 3 days. Consultants from NIHFW monitored the training, field activities and report writing. All the staff who was involved in the field work was given training on research tools and research issue before the commencement of the field work.

Data Analysis Plan

Qualitative data gathered through in-depth interview was analyzed manually.

Ethical Clearance

Project structure was examined and cleared by ethical committee of the Institution Review board of NIHFW for ethical considerations.

Chapter 3

FINDINGS AND DISCUSSIONS

(1) ADEQUACY OF RESOURCES

(2) CAPACITY BUILDING

(3) JOB RESPONSIBILITIES

(4) MECHANISM OF PLANNING

(5) MONITORING OF HEALTH ACTIVITIES

(6) FINANCIAL MANAGEMENT

(7) CONSTRAINTS and PROBLEMS

(8) SECRETRIAT ASSISTANCE

(9) PROBLEMS AND CONSTRAINTS

(10) EXPECTATION FROM THE GOVERNMENT

(11) SUGGESTIONS FOR IMPROVEMENTS

ADEQUACY OF RESOURCES

HUMAN RESOURCE

District Programme Manager

District Programme Managers (DPMs) were working in all seven districts. Out of seven Districts, in three districts; DPMs were females while the remaining four, DPMs were male. Only two of them were below 35 years of age, and five were upto 40 years of age. Six District Programme Managers had the requisite qualification of MA Sociology/Master in Social Work. Only one district programme manager of Ashoknagar district was B.Com. with MBA and none had qualification of MA Sociology/Master of Social Work. Mostly DPMs were working in the capacity since last 3 years. All the DPM had experience of working in health sector either in national or international health agencies.

DISTRICT ACCOUNTS MANAGER

District Accounts Managers were also functioning in all the surveyed districts. All DAMs were males, mostly in the age group of 30-40 years. Only one DAM was below 30 years. All had requisite qualification of graduate in commerce. Two of the DAM were working for last 2 years and remaining were working for last three years. All the DAMs had previous work experience either in Government or Private Sector.

DISTRICT DATA ASSISSTANT

DDA were present in six out of seven districts. In-depth interview of only six DDAs were conducted as one post of DDA of district Vidisha was vacant. All the DDAs were in the age group of 30 to 40 years except Jhabua who was 24 years old. All DDAs were males. All DDAs were fulfilling the essential qualification of graduation with diploma in computers. Out of six DDAs were working for last 3 years or more and rest three DDAs were working for last 1-2 years. All the DDAs had work experience as per norms.

OPINION REGARDING ADEQUACY OF HUMAN RESOURCES AT DPMU

In most of the districts the staff at DPMU was available as per the norms. At district Vidisha the post of the DDA was vacant. Most of the DPM felt that staff is required for better functioning of DPMU in the form of office assistant and data operator. DPM of the Ashoknagar was of the opinion that additional technical staff will be more helpful in functioning of DPMU.

“yes as per norms staff is sufficient.’ (DPM Ujjain)
“yes, human resource is sufficient for the effective functioning.” (CMHO Balaghat)

"Recommended staff hai magar wo sufficient nahin hai. jese ki state level main har programme ke leye ek-ek programme manager hai usi prakar block aur district main hona chaiye. Trained technical staff nahin hai." (DPM Ashoknagar)

(Required staff is insufficient, there should be individual programme manager for each programme at the block and district level as it is available at the level of state. There is no trained technical staff.)

"Lack of staff hai. DAM abhi 15 din pahile join kiya hai, DDA pichle ek saal se nahin hai. Main khud bhi ja rahi hoon."(DPM Vidisha)

(There is lack of staff, DAM has joined 15 days back and DDA is unavailable for last one year. I am also leaving.)

"Data entry operator aur office assistant ki kami lagti hai." (DPM Balaghat**)**
(There is requirement of data entry operator and office assistant.)

Table 1: Human Resource Available in Seven Districts

HUMAN RESOURCE	**AVAILABLE**						**VACANT**	
	Male		**Female**		**Total**			
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
DPM	4	79	3	21	7	100	0	0
DAM	7	100	0	0	7	100	0	0
DDA	6	100	0	0	6	86	1	14
TOTAL	**17**	**85**	**3**	**15**	**20**	**100**	**1**	**5**

Overall availability of human resource in the surveyed DPMUs was 20 out of 21 (95%). Out of 20 DPMU staff, only three (15%) were females.

SPACE

The office space available for functioning of DPMU was sufficient in three districts namely Vidisha, Ujjain and Balaghat but in remaining four districts the space provided to the DPMU was not sufficient and they felt that at least one hall or two rooms may be made available.

"Space aur chahiye, at least 3-4 logo ke liye bethane ke liye sufficient hona chahiye. atleast 2-3 room aur 1 hall aur hona chahiye." (DPM Jhabua)

(There should be more space available, to accommodate at least 3-4 people. There should be additional 2-3 rooms and one hall.)

"Accommodation is a great problem in Rewa, we are also in the rental building. So that creates a great problem." (DPM Rewa)

VEHICLE - Vehicle was available to all DPM mostly on hire basis. Only at district Rewa a separate vehicle was provided to DPM by CMHO.

Vehicle on call basis per kiraye ka hai. (DPM Ashoknagar)

(Vehicle is hired and available on call basis.)

EQUIPMENTS - There were sufficient equipments available in the form of computers, fax machine and photocopy machine etc. At district Jhabua photocopy and fax machine is required and at district Balaghat the requirement of fax machine was felt by DPM.

"CMHO office ke sath hone ke karan kami nahi hai. yadi office alag hota to ek fax, ek photocopy ki jarurat hogi."(DPM Jhabua)

(There is no deficiency of office equipments as we are working in CMHO office. If we had a separate office then there will be requirement of one fax and photocopy machine.)

FURNITURE - There was sufficient furniture available in Vidisha, Rewa, Ujjain, Damoh and Balaghat district. At Ashoknagar the unit used the furniture borrowed from CMHO office.

"Space to adequate hai magar kai DPM CMHO office ke ek kamre main chal rahe hai." (DPM Ashoknagar)

(There is adequate space here but there are many DPM offices running in one room of CMHO offices.)

"Furniture adequate hai kami nahin lagti hai." (DPM Jhabua)
(There is adequate furniture.)

State Programme Manager stated that there were adequate resources in terms of manpower, space, vehicle and equipments.

Conclusion

Recommended staff is adequate in almost all the districts but the working conditions need additional human resources that is one at office level and one technical person. This will go a long way in retaining them and preventing frequent leaving of jobs. More office space is required at some districts. Practical availability of the equipment, furniture and vehicle was adequate in all the districts.

CAPACITY BUILDING

DURATION

Most of the DPMs received pre-service training for a duration of 2 $^{1}/_{2}$--3 days, which was mainly theoretical covering the areas of RCH, NRHM, health care delivery system, National Health Programmes and Role of DPMs etc. Duration of training was opined by DPMUs as insufficient and they felt that at least 15-30 days training would suffice to be able to work effectively as DPM.

"No not at all it was totally insufficient. I belong to the health sector for 14 years but non - health background people faced difficulties. Uske bad chod diya tha ki ab kam karo." (DPM Vidisha)

(The training was insufficient, since I belong to health sector so I did not face any problem but non-health background people faced difficulties. After that we were left to work on our own.)

"Training ke bare main muze knowledge nahin hai, magar kam se kam 15 din ke training dena chahiye, health sector separate che ez hai isleye separate training dena chahiye kyoki DPM alag alag background se aye hai." (CMHO Vidisha)

(I am unaware whether training has been given or not but at least 15 days training is required, since health sector is a separate entity therefore separate training should be given to DPM because they are coming from different backgrounds.)

There were different opinions from CMHOs regarding the adequacy of training to execute their job responsibilities. 3 CMHOs considered it to be inadequate whereas four CMHOs considered them to have acquired sufficient skills after the training.

"Beech beech main state Government ke taraf se jo training mile hai wo on job hui thi, training total theoretical thi. Class room study ke andar jo practical hua tha. Role play aur case studies IIM Indore main karai thi. Personality development to acchha tha magar working pattern acchii nahin thi. Theoretical to accha hai par jab usko implement karne ki baat aati hai to Government process, prashaskiya niyam, filling process ya Bandar kraya niyam ki koi training nahi di gayi hai." (DPM Ashok Nagar)

(Time to time training was imparted from the state government which was on job and totally theoretical. There was practical in class room study only. There was role play and case studies in the IIM Indore training. There was good personality development but working pattern was not good. Theoretically it was good training but when it comes to implementation the practical topics like government processes, administrative rules, filing process, and purchase rules were not included.)

"Inko training dena chahiye, specially accounts ki training dena chahiye, District main ye log accahe se kam kar lete hai per field main kya ho raha hai, they don't know. Accounts ki training accahe se honi chahiye, maine field main mahsus kiya hai ki kuch lacking hai accounts ki understanding main."(CMHO Rewa)

(They should be given training, especially training on the accounts. They are able to work in the district but what is happening in the field they don't know. There should be comprehensive accounts training. I have realized that there is some lacunae in the accounts understanding in the field.)

"Training should be of one month, topics covered should be administrative experience, account, GD, circular, finance, national programme."(CMHO Ashok Nagar)

"Training kum se kum ek do mahine ki honi chahiye. Topics should be Maternal health, child health ."(CMHO Ujjain)

(Training should be at least of one month and it should cover the topics of maternal child health.)

Practical aspects and skill development was not included in the training therefore DPM were of the opinion that they had not acquired sufficient skills after the training to fulfil their responsibilities. They clearly indicated that there was need to train them on managerial skills, particularly financial management and guidelines under NRHM. They also expressed to involve certain technical issues related to MCH , official procedures and administrative aspects of recruitment of staff to be included in the training.

Table No 2: Issues Covered in Training of DPMs

ISSUES COVERED IN TRAINING	YES	NO
NRHM and RCH	7	0
HEALTH CARE DELIVERY	7	0
DISTRICT HEALTH PLANNING	7	0
MONITORING and SUPERVISION	0	7
FINANCIAL MANAGEMENT	2	5

Issues related to NRHM and RCH, health care delivery and district health planning was 100% covered whereas monitoring and supervision was not covered at all and process of financial management was not given due weightage.

Table 3: Type of Training Received

HUMAN RESOURCE	PRESERVICE	INSERVICE
DPM	6#	7
DAM	0	0
DDA	0	0

#One DPM was not given pre-service training because of her late joining.

All the DPMs received 100% pre-service and in-service training and none of the DDAs and DAM received either in-service or pre-service training.

DPM of Rewa district was of the opinion that official procedure of administrative aspects should be included in the training. While DPM of Damoh and Ashoknagar said that training should have included information about Government rules for appointment of staff at district government level. In Rewa district the training of ANM is planned on correct injection practices. In Ujjain and Damoh the emphasis is on motivational techniques and various aspects of programme implementation. In Jhabua district, supervisors were given training on supervisory skills.

State Programme Manager was not happy regarding the capacity building he pointed out that performance is totally due to experience of working as DPMU. I had no training before and on asking about training he insisted to have training one management programmative issue child health immunization and overall RCH. Recently SPM admitted that he had orientation training by UNFPA at Khajuraho for 2 days and previous had training at Sehore for 3 days.

Conclusion

DPMs, CMHOs and SPM were not satisfied regarding the duration of pre-service training for capacity building since this reflected their performance in executing their job responsibility upto the mark. They suggested 15-30 days training. Although this much duration of training may not be feasible at one stretch but 7-10 days training should be sufficient. Apart from this regular in-service refresher trainings will be more useful. Focus should be on imparting certain skills for data management, financia l management and monitoring and supervision of field activities.

JOB RESPONSIBILITIES

DPMs of Vidisha, Rewa, Ujjain, Balaghat and Ashoknagar said that their responsibility was preparation of PIP, implementation of PIP, monitoring of NHP and the finances, reporting at district level. DPM of Vidisha and Balaghat district said that they had certain hidden responsibility like laisoning with CMHO, DC, media and politicians. They also said that they were assigned some responsibilities by DC.

Table 4 : Responsibilities of DPM as Perceived by Them

	VIDISHA	JHABUA	UJJAIN	BALAGHAT	REWA	ASHOKNAGAR	DAMOH
PREPARATION OF PIP	Y	Y	Y	Y	Y	Y	Y
IMPLEMENTATIN OF PIP	Y	Y	Y	Y	Y	Y	Y
FINANCIAL MANAGEMENT	Y	Y	N	Y	Y	Y	Y
RECORDING and REPORTING	Y	Y	Y	Y	N	Y	Y
SECRETARIAL ASSISTANCE OF CMHO/DHS	Y	Y	Y	Y	N	Y	Y
MONITORING AND EVALUATION	Y	Y	Y	Y	Y	Y	Y

All the DPM's were aware about their main job responsibilities. The DPM of Ujjain district did not include financial management as his job responsibility and DPM of Rewa district did not say about recording and reporting and secretarial assistance as his job responsibility though they were actually involved and executing these responsibilities.

"Planning of PIP of our district, implementation in a proper way, flow of funds properly, released fund ka proper utilization ho raha hai, laisoning with media, politician, and collector." (DPM Vidisha)

(Our main work is planning of PIP of our district, its implementation in a proper way, flow of funds and its proper utilization, and laisioning with media, politicians and collector.)

"Har programme ko village se state level tak present aur compile karte hai. DHS ki meeting bulate hai, planning implementation aur monitoring karte hai, iske liye BMO ki meeting har 25 ko karte hai. Implementation ke liye DHS ki meeting main saal bhar ka plan ek saath pass karate hai."(DPM Ashoknagar)

(Compilation of all the programmes from village to state level. Organizing DHS meeting and do planning, implementation and monitoring, for this purpose BMO meeting is called at every 25th. For implementation the plan is approved for a period of one year in DHS meeting.)

"Norms ke according DHS ki functioning karana, general administration ka kam hi hota hai, inventory management, logistic reporting, recording and financial management. Monitoring and evaluation, planning of programme, supporting of CMHO for implementation of programme."(DPM Balaghat)

(DHS meeting is organized as per norms. Apart from that I do general administration work, inventory management, logistic reporting, recording and financial management, monitoring and evaluation, planning of programme, supporting of CMHO for implementation of programme.)

Conclusion

All the DPMs were aware of their job responsibilities which were mainly preparation of district PIP and its implementation, management of fund flow, maintenance of records and reports, organizing DHS meetings as well as laisioning with media, politicians and district collector. As DPM is a non-technical person he/she faces problems in field monitoring and supportive supervision on health issues. This could also be the reason for their infrequent field visits.

MECHANISM OF PLANNING

PROGRAMME IMPLEMENTATION PLAN

The PIPs are holistic with targets for outcomes, strategies based on a situation analysis, a work plan and budgets. They demonstrate a wide range of innovative interventions. Reasonable consultation and considerable effort is needed for preparation of PIP. All the DPMs were actively involved in preparing district PIP. Generally, the average time taken for preparation of PIP was around 2 months. DPMs said that due to frequent changes in the guidelines from the state, the PIP preparation gets delayed.

"Ek mahina kam se kam lagta hai block level aur district level per compile karte hai. Sufficient time diya jata hai. 08-09 ka PIP sanction ho gaya hai. Aur ab sept. main 09-10 ka plan banane ko aa gaya hai. Es kam ke liye expertise staff nahin hai. Maternal health component ke liye kya jarori hai, yeh maloom nahin hai. Training na hin hai. Inappropriate plan ata hai to hum refuse kar dete hai.08 -09 main set of activities de diya tha."(DPM Ashoknagar)

(It takes about one month to compile PIP at block and district level. Sufficient time is given, we have taken sanctions for 08-09 PIP and now 09-10 plan has to be prepared, but there is no trained staff for this work. What is required for the maternal health component is not known. Training is not given. We refuse the inappropriate plan. Set of activities were given in 08-09)

"Parayapt samay nahin diya jata hai. Quality aur process jo directorate expect karate hai uske according nahin milta hai. Samay kam hota hai 6 mah se jayada milna chahiye. Village level per samaz main nahin aata hai kyoki saksharta kam hai. Man power block level per kam hai.Last year show cause notice mere pas aya tha."(DPM Jhabua)

(Sufficient time is not given, the quality and process as expected by the state is not met with, at least 6 months should be given. At village level there is low literacy status and manpower is less at the block level and last year there was show cause notice for me.)

All the DPMs said that there is definite deadline for preparation of PIP which varies from year to year. They also said that they get sufficient time for preparation of PIP.

Most of the DPM said that the delay in preparation of PIP is mainly due to frequent changes in format and guidelines. Sometimes the inability of preparation of village level PIP also posseses a hurdle in preparation of PIP timely. In most of the district PIP is prepared in time and hence the situation of taking action against them doesn't arise. Only at district Jhabua one show cause notice was issued to DPM for not preparing district PIP in time.

"Village level se planning hoti hai. PRI esme hamare s ath kam karte hai, village health and sanitation commette esme sath deti hai. Community ke need assess karke, health plan village ke liye banate hai, phir block level aur district level per holistic comprehensive plan banta hai."(DPM Balaghat)

(Planning is done at the village level, PRI and VHSC contribute towards formation of PIP. This is done as per community need assessment. Plan is formulated at the village level then at block and District level a holistic comprehensive plan is made.)

In four district village health and sanitation committee were closely involved in preparation of village plan. In remaining three districts various other health workers like ASHA, ANM, AWW, Dai, LHW, Sarpanch and other PRI members were said to be involved in the planning process.

Most of the DPM said that initially the preparation of PIP at the village level was not upto the mark as their orientation towards such activity was not their but gradually over the years their orientation has developed and now in most of the vi llages it is possible to develop the PIP with the help of local health worker and village health society members. All the DPM affirmed the active participation of PRI members in village PIP. In district Vidisha, Damoh, Ashoknagar a preliminary meeting was organized at village level which helped in preparation of good village plan.

"VHSC aur dept. of women and child development, ASHA, civil society ka collective effort hai. Village PIP me kafi sudar aaya hai last year ke comparison main."(DPM Vidisha)

(VHSC, ASHA, Civil Society, and D epartment of Women and Child Development jointly contributes towards the formation of the village PIP. There is significant improvement in the village PIP compared to last year.)

All the DPM are maintaining district maps and they have done health facility mapping. There is no specific format for baseline data collection in the district but all the units are collecting regular information on various activities like no. of deliveries held, no. of immunizations, FP status etc. and this information is being regularly updated and is useful for preparation of PIP.

"Health facility mapping hamare pass hai. Sure, Baseline information as a guiding force aur light house ki tarah kam karta hai. Baseline information about malnutrition sta tus, sanitation, water facility, communicable disease trends, gender activity, infrastructure, kaun sa family planning trend effective hoga." (DPM Vidisha)

(We have health facility mapping. Baseline informatio n act as a guiding force and works as a light house. We gather baseline information about malnutrition status, sanitation, water facility, communicable disease trends, gender activity, infrastructure and trend of effective family planning)

Some of the DPM had extra effort to collect the information for better preparation of PIP. DPM of Rewa designed certain formats for collection of data from block and tehsil level separately. In Damoh district the DPM made extra effort to get the list of educational institute and the BPL list from zila panchayat.

DPMs are able to identify the priority area for their district. Their priority varied from district to district. In Rewa immunization coverage and establishing NRCs and JSY, at district Ujjain NSV camps, continuous work and training activities.

CMHO perspective regarding their contribution in finalization of PIP was during meeting they guide and provide technical support.

"I sit with DPM and discuss and plan for PIP, all national health programme and NRC, fund flow. Drawing, disbursing, purchase, store etc." (CMHO Ashoknagar)

SPM Bhopal was of the view that DPM needed technical assistance for preparing PIP. Orientation and guidance is given during meeting to prepare realistic PIP. 30% of the districts were not able to send PIP in time because of new recruitment of DPMU.

Conclusion

Preparation of the district PIP is one of the key activities of DPM. Comprehensive guidelines and training is given to DPM for this purpose. In the initial phase village PIP was developed from few selected villages of the district. On the basis of village PIP, block PIPs were developed and then district PIP was prepared. PRI members and VHSC members contribute at the village level in preparation of village PIP. With the appointments of BPMs it is expected that the process of preparation of the PIP will be further streamlined.

MONITORING OF HEALTH ACTIVITIES

Monitoring is key indicator for measuring progress with list of desired indicators against the project's key objectives.

MONITORING – Majority of DPM were monitoring activities of subordinate institutions mainly through report, monthly review meeting and field visit. DPM of Balaghat district reported monitoring through desk review and review of plan also. Monitoring through a standard check-list is not in regular practice. Some DPM have designed and developed their own check list for the health activities which they considered important for their district e.g. in Rewa district the DPM has developed a check-list for immunization activity, in Balaghat the check-list is used for monitoring of BMOC/CMOC and sub-center level activities. DPM of Ashoknagar used to monitor the activities by maintaining a personal diary and cross-checking it in the field.

"Meeting ke dwara, observation ke dwara aur report dekhte hai.Bmoc aur Cmoc per hum jate hai, plan ke hisab se discussion karte hai. Discussion point diary main likate hai aur usi hisab se jankari lete hai. koi nirdharit checklist nahin hai"(DPM Jhabua)

(Monitoring is done by means of meeting and observation in the field as well as by Government of Indiang through the reports. As per plan we visit the BMOC and CMOC and discuss and gather information according to the points mentioned in the diary. No standard check-list is there.)

"NRHM main check-list nahin hai, magar immunization main check-list hai." (DPM Rewa)

(There is no check list in NRHM but there is check list in Immunisation.)

"Meetings, regular meeting at district and block level, field visit dwara cross check karte hai, aur regular correspondence karte hai."(DPM Ashoknagar)

(Monitoring is done by meetings at district and block level, and cross-checking it at field visits and through regular correspondence.)

FIELD MONITORING

DPM of Damoh, Jhabua, Balaghat and Ashoknagar admitted that they are able to do the field monitoring only during monthly meeting. DPM of Rewa and Ujjain district said that they visited the field 8-9 times per month while DPM of Vidisha was able to visit 4-5 times in a month.

"Field monitoring once in a month karte hai isse sudhar bhi ata hai hum jakar dekate hai. Har mahine accountant meeting karta hai."(DPM Jhabua)

(Field monitoring is done once in a month and it brings improvements. Accountant meeting is conducted every month.)

"Block aur district per regular meeting karte hai, telephonic conversation aur progress review meeting field main karte hai." (DPM Vidisha)

(There is monitoring by regular meetings at block and district level, and by telephonic conversations. Progress review meeting are done in the field) .

PREPARATION OF REPORT

The timely submission of report by DPM is only possible when the report from the block level is received in time. In most of the district, the reports from the block are received by third of every month and DPM also sends their report to the state by 5th of every month. It seems that over the time period they have developed a system by which

almost all reports reach them by 3rd of every month. DPM of Jhabua district said that they receive about 80% of the reports by schedule time.

"Difficult task hai, vahan se jankari nahi aata hai bar bar phone karte hai. 80% report samay per ata hai. 25 tarikh se phone karte hai tab 80% report samay per aa jata hai."(DPM Jhabua)

(It is a difficult task. Since there is no information from periphery, we have to rem ind them constantly, 80% of the reports come in time after telephonic reminders from 25th of the month.)

"25 of every month or by 28th–30th of every month . by 3rd we collect all the reports otherwise personally phone and get them collected. Agar phir bhi report nahin aati hai to CMO ko inform karte hai because he has administrative power."(DPM Ashoknagar)

(25 of every month or by 28th–30th of every month. by 3rd we collect all the reports otherwise personally phone and get them collected. In spite of that if the report does not comes the CMO is informed becau se he has administrative powers).

Conclusion

Monitoring is being carried out through regular reports , meetings and off and on field visits. Field monitoring should be more frequent and if a Technic al DPM is available he/she can effectively perform this activity.

FINANCIAL MANAGEMENT

Financial management is essential for measuring progress and shaping of programme in right direction to achieve its objectives. Budget should be prepared strategy and activity-wise and consolidated. Financial indicators are needed to assess the project's budgetary and financial health.

Priority for the DPM are bounded by the PIP of the district as approved by state health authority. The priority for resource allocati on is inherent in the PIP which varies from district to district. This is the reason that in Rewa district the priority for resource Allocation was on JSY and Immunization, NRC and maintenance while in Balaghat district priority area's were MCH and FP.

"Janani suraksha yojana, immunization, NRC aur local maintainance hamari priority main hai" (DPM Rewa)

(Priority areas are Janani suraksha yojana, immunization, NRC and local maintainance).

"Jaise School health jo activity nai hoti hai BMO ki meeting fi x karake activity plan karte hai, priority as per state guidelines hota hai." (DPM AshokNagar)

(If there is a new activity like school health, BMO meeting is planned and activity is finalised, priorities are as per the state guidelines.)

In Damoh district the DPM stressed on orientation to key functionaries and regular monitoring of the field, implementation of health activities. DPM at Jhabua district gave more emphasis on ANC services. In Balaghat district the priority areas were MCH, FP, Tribal health, strengthening of MIS and BMOC/CMOC activities.

APPROVAL

Before releasing the funds to sub district authorities approval is taken from CMHO for the amount less than Rs. 2 lacs. For the sanction of funds amounting to more than Rs.2 lacs, approval of DC, that is chairman of DHS is essential.

"2 lakh tak ka power hai, DPM aur CMHO milkar dual signature ke dwara, DHS aur collector se approval lete hai."(DPM AshokNagar)

(There is financial power of upto 2 lakhs with dual signature of DPM and CMHO. We also take approval from DHS and Collector.)

Monthly Meetings

DPM confessed that they were able to attend only one meeting at block/CHC in a month. They said that due to lack of staff at district level they were unable to spare time to attend these meeting. DPM utilized monthly meeting held at the block level for capacity building of Health Worker. The areas identified for the training varied from district to district.

Flexi Funds

Flexi pool provision is at the peripheral level. The budget is controlled by BMOs at the block level and by ANM at sub-centre level. The budget for the district is now allocated monthly in the form of flexi funds. The DPMU with the consent of CMHO can utilize this fund for various health activities in the district as per priority identified by the unit.

"Flexi fund main RCH, NRHM, JSY, Immunisation main paise diya jata hai. apni jarurat ke hisab se collector sahib ke permission se head transfer karte hai" (DPM Jhabua).

(In flexi fund money is given for RCH, NRHM, JSY and immunization. According to need, approval is obtained from DC and money is transferred headwise.)

"Fund Flexi-fund ke roop main aata hai, BMO ko set of activities ke tahat flexifund dete hai, jaise Distt. Main karte hai, waise hi block main karte hai. Jab 60% U C de dete hai to baki amount release kar dete hai." (DPM Ashoknagar)

(Fund is given in the form of flexi fund and it is given to BMO according to set of activities as it is given in the district likewise it is given in the block. When 60% of the UC is given then rest amount is released.)

Most of DPMs said that expenditure is done in the same head as approved under PIP. DPM of Jhabua said that there is provision of flexi funds and they can utilize that fund in other head also.

Statement of Expenditure and Utilization Certificate

Monitoring of fund flow is mainly through the regular receipt of SOE and UC. DPM of Jhabua district said that there is also monitoring of funds by physical verification, work report and BOA. In Damoh district the practice of visiting the village beneficiaries and cross-checking is also being used to indirectly monitor the fund flow. Most of the district release the funds timely i.e. within 5 to 7 days of receipt of fund from higher authorities. Though there is no time line for re lease of funds but instruction are there to make the funds available at block and sub-district level as early as possible and as per the requirements. In Jhabua district DPM took personal interest by making telephone calls and calling the block level offic ers to take the demand drafts in time.

"DD banakar personally dete hai, hum bahut najar rakate hai.formality main jo delay hoti hai, 5-7 din main ho jata hai.yadi jarurat hoti hai to ham k hade khade cheque kat dete hai."(DPM Jhabua)

(I personally keep a watch and release the money through DD. The delay is due to formal procedures but money is released in 5-7 days. If there is urgent need I release the cheque immediately.)

In all the district SOE and UC are being received in time. The DPM of Vidisha and Jhabua district said that though they are able to get in house SOE and UC within time, the SOE and UC from PWD, RKS, VHSC is not received in time. Books of accounts in all districts are being maintained according to the operational manual and the advance system of tally accounting is being used in all the districts for purpose of fund monitoring.

"SOE aur UC dekh kar hi fund release karte hai ." (DPM Jhabua)
(Funds are released after seeing SOE and UC.)

BOOK OF ACCOUNTS

The verification of Books of Accounts is a regular practice. All the district accounts manager are maintaining the BOA as per district manual.

"We maintain cash book, ledger book, advance register, fixed asset register, fund received register, cheque issue register, activity register, voucher register." (DAM Vidisha)

"Double entry system hai, record of BMO, CHC, PHC, IPP and cash book maintain karte hai." (DAM Ashok nagar)

(We maintain double entry system, record of BMO, CHC, PHC, IPP and cash book)

"yes in tally and maintained manually also." (DPM AshokNagar)
"Book of account dekate hai wahi per jakar." (DPM Jhabua)
(We see the books of account in the field.)

AUDIT

Monthly audit is done by CA at district level who verifies Book of Account. From the state level Auditor are sent yearly to every district for this purpose. Apart from this Auditor of AG Gwalior office also verifies the accounts time to time.

"Monthly is done by CA and yearly audit is done by state" (DAM Vidisha)
"Monthly audit local CA se karate hai. Annual audit state level se auditor aate hai."(DPM Balaghat)

(Monthly audit is done by local CA and annual audit is done by auditor from the state)

Pending Advances

All the districts are facing the problem of huge pending advances. The amount of pending advances ranged from 89 lacs in Rewa district to 2.5 crore in Ujjain district. The pending advances are towards PWD, RKS and VHSC.

"Bahut sara lagabag 89 lakh pending advances hai. Rewa bahut bada district hai, to pipeline main money block ho jata hai." (DPM Rewa)

(Huge pending advance of Rs. 89 lakh is there. Rewa is a big district so a lot of money is in the pipeline.)

"1.97 Crore pending hai. Kuch purana pending advance hai RCH -I ka purana advance hai, pahele panch crore tha,PWD ka 57 lakh tha ab 18 lakh baki hai ."(DPM Jhabua)

(1.97 crore pending advance is there. Previous old pending advance of RCH was 5 crore, 18 lakhs is remaining out of 57 lakhs on PWD.)

State finance manager had developed monthly expenditure report through e-banking. The guidelines are prepared as per GOVERNMENT OF INDIA financial guidelines. Regarding SOE and UC, SFM was of the opinion that it is usually on time. "We have made such a system that we get the SOE and UC in time. Only if no account manager is there then only we have the problem." (SFM, BHOPAL)

Conclusion

The financial management has improved with the involvement of District Accounts Manager. He is maintaining books of accounts as per the operational manual. As a result there are no audit objections. There are huge pending advances in every district, this problem has been identified at the state level and corrective measures are planned through instructions from District Collector to the concerned village and block authorities.

At the district level approval is routinely taken for any expenditure under PIP, although PIP is already approved in District Health Society meetings. This process unnecessarily delays release of funds which hampers the work process. It is suggested that PIP once approved, all expenditures should be done under the umbrella of that approval.

CONTINUOUS PROCESS IMPROVEMENT

Continuous process improvement is for revision of the current process, identification of the procedural changes required, prepare proposals and facilitation of implementations and demonstration of improvements through appropriate indicators.

The DPMs in general have not been able to evolve any specific strategy for continuous process improvement. In some district they identified some areas where they have adopted a different approach in solving certain issues e.g in Jhabua district – it was difficult to hire ANM at Rs 3000/- month for NRC. The DPM observed that ANMs in other national health programmes were being paid an honorarium of Rs 5500 per month. DPM proposed similar honorarium through district health society which was later approved by state health authorities. Thus they could get ANM on the honorarium of Rs 5500 per month for NRC. DPM of Rewa district developed a strategy for selection of ASHAs where they deputed one to two persons to attend the meeting of Gram Sabha and who helped in proper selection of ASHA.

"Routine observation karte hai. NRC main ANM 3000 main nahin milta, jabki contract per 5500 milta hai. Continous effort ke karan NRC ki ANM ko bhi 5500 milne lage." (DPM Jhabua)

(We do routine observations in NRC, in Rs 3000 no ANM was available whereas on contract ANM was getting Rs 5500. Due to continuous effort in NRC ANM started getting Rs 5500.)

“Pahele ANM’s ka proper selection nahin ho paya tha, political influenc e ki vajah se. hamne ek do logo ko har block se Gram Sabha ke meeting attend karne ko bola aur phir ASHA ka selection kiya.” (DPM Rewa)

(Earlier proper selection of the ANMs could not be done because of the political influence. We have appointed one or two people in each block to attend the gram sabha meeting and then selected ASHA.)

In district Jhabua DDA used to receive reports in 15 formats from peripheral level in which there was repetition of informations, so DDA has reduced the format from 15 to 5 for peripheral level and these formats were approved by State level authorities later on. Initially all the formats were in English later on which was translated in Hindi.

“Pahle sab English formats the hamne sabhi format hindi mein develop kiye. 40 repo rt banana padati thi, lower level se 15 format main report aati hai, jo hamne develop ki hai, mere format state level ne bhi approved kare hai.”(DDA Jhabua)

(Earlier all the formats were in English. We have developed the formats in Hindi and also reduced the 40 formats to 15 formats. These formats are approved by the state level as well.)

Prior Approval DPMs always take approval from CMHO/DC if they desired to make any changes in the current process.

“I was Government of Indiang to collector for approval of each and every programme. Work is easy Government of Indiang if collector supports you.” (DPM Vidisha)

Current Process : In Rewa district the old practice of disbursing the cash was changed and now the funds are being released through DD.

“Hum ne cash transaction band kar diya hai, pahele separate cheque dena shuru kiya, phir D.D. dene lage. Ab RTGS se improve kiya.”(DPM Rewa)

(We have stopped cash transaction. Earlier we use to give separate cheques then started giving DD. Now we are using RTGS for improvement.)

In Balaghat district, through process improvement DPMs visited immunization sites in every sector and monitored the immunization sessions which resulted in identification of gaps in immunization process and immediate corrective action. This strategy resulted in significant improvement in immunization coverage in the area. In JSY they obtained feedback from clients and took appropriate corrective measures.

“Ham har sector main, jahan immunization session ho raha hai, wahan jakar motivate karte hai aur unki dikkat ko sham ko bait kar unki samasya ko suljhate hai esse coverage badha hai.”(DPM Balaghat)

(We have visited and motivated the workers in every sector where immunization sessions are being held and sorted out their problems in the eveni ng. This helped in improving the coverage.)

“JSY ki clientale ki feed back lete hai aur corrective measures lete hai.”(DPM Balaghat)

(We obtain feedback from JSY clientle and take corrective measures accordingly.)

At Ashok Nagar - The process improvement resulted in 80% increase in IEC activities for JSY programme.

“Policy changes ke liye DC se permission liya. JSY ke tahat IEC activity per 80% improvement hua. Computer post ka appointment ke liye apna selection criteria banaya aur practical or theory exam karaya.”(DPM Ashoknagar)

(We took permission from the DC for policy changes. In JSY IEC activity improved by 80%. We have designed our own selection criteria for theory and practical exam for the appointment of computer post.)

In Ujjain district process improvement was directed towards financial management that resulted in timely release of funds and timely receipt of SOE and UCs.

Corrective Action - To ensure the desired corrective action th e most common practice is to do on spot verification in the field. DPM of Rewa district said that they do supportive supervision in the field and try to ensure that desired action is taken by the field staff. The DPM of Balaghat district said that they cut down the fund allotment and contact the person in the meeting and stressed on taking corrective action.

“Eske liye jaruri meeting karte he. Clientale se feedback lete he usi ke anusar corrective measure lete he. Jarurat padne per funds ki katauti karte he.” (DPM Balaghat)

(We conduct meeting and take clientele feedback and take corrective measures accordingly. If needed the funds are also curtailed.)

The review of working and corrective action of DPM by CMHOs is done either by personal interaction by DPMU staff or by taking feedback by MOs or by making field visits etc.

“We propose visits according to any complaint received a nd to analyse reports and cross-check." (SPM Bhopal)

All this information is reviewed at Mission Director level. Regarding taking corrective action as suggested in review meeting SPM adopted various method to do so. It was by telephonic review, letters, reports, talking to person. Most of the information was rectified on time.

Conclusion

Continuous process improvement is a new concept for DPMs. It requires experience and deep understanding of the work process to develop a proposal for continuous process improvement. The examples quoted above are a few such instances of continuous process improvement. It needs support and guidance from district and state health authorities in developing innovative approaches.

SECRETARIAL ASSISTANCE

The DPMs are providing adequate secretarial assistance to DHS. The meetings of DHS are being held every month in Rewa, Jhabua, Damoh, and Balaghat. While quarterly meeting is being held in district of Vidisha, Ujjain, and Ashok Nagar. The issues being discussed in these meetings are related to RCH, review of NHP and programme achievements, advances, and manpower apart from the local issues relevant for the district. The desired action is taken in the minutes and the recommendations made are almost entirely followed.

"last year se har mahine hoti hai,kabhi kabhi late bhi hoti hai, sare NHP activities ka review hota hai.RCH, NRHM ka review hota hai. DHS ki activities aur sahayata nidhi per discussion hota hai (DPM Jhabua)

(Since last year meeting is held every month. Sometimes it is late, all national health programmes activities, RCH and NRHM are reviewed. DHS activities and monetary assistance are discussed.)

"DHS meeting do teen mahine main hota hai, issue state level se ata hai usko DHS meeting main anumodit karvate hai, health indicators present karte hai.kam achievement DC se monitor karvate hai. Recommendation ka minutes banate hai. Meeting agenda, invitation, presentation, date fixing, karyawahi se nivaran tak."(DPM Ashok Nagar)

(DHS meeting is conducted in every two to three months. Issues suggested from the state level are approved and health indicators are presented. Less achievement activity is monitored by the DC. DPM activity ranges from organization, formulation, action to solution).

The DPM play a key role in organizing the meetings of DHS. They are responsible for planning, organizing and facilitating, documenting and giving presentations in the meetings.

Table No 5 : Frequency of DHS Meetings In Seven Districts

Frequency of DHS Meeting	Vidisha	Rewa	Ujjain	Damoh	Jhabua	Balaghat	Ashok Nagar
Quarterly	Yes	-	Yes	-	-	-	Yes
Monthly	-	Yes	-	Yes	Yes	Yes	-

Conclusion

All DPMs were playing a key role in the organization and providing secretarial assistance of the District Health Society meetings which are held once in two to three months.

PROBLEMS AND CONSTRAINTS

OVERWORK

All most all the DPMs said that they have to work 8-10 hrs/day on an average and many a times work on Sundays and holidays too. All DPMs were of the view that they were facing time constraints often due to extra administrative work. DPM of Damoh district though expressed his satisfaction with job but also said that sometimes he got disappointed because of overwork. DPM of Rewa district was not satisfied because he had to do extra work apart from the regular work assigned to DPMU.

"8 se 10 ghante even Saturday aur Sunday main kam karna padta hai." (DPM Damoh)
(I work for 8-10 hours even on Saturday and Sunday)

"Minimum 14 hours including holiday's I never got any leave even in holidays since 3 years I worked in very unfavourable circumstances." (DPM Rewa)

(I have to work at least for 14 hours including holidays since last 3 years. I have worked in very unfavorable circumstances.)

"Time ka constraint hai, meetings ke karan, sare holidays main kam karna padta hai, extra administrative work bhi hai."(DPM Balaghat)

(There is constraint of time due to meetings, I have to work in the holidays too. There is also extra administrative work assigned)

"No apart from my duty I have to do secondary work, which is no t under my preview." (DPM Rewa)

"No motivation or appreciation for hard work."(DPM Ashok Nagar)

All **DDAs and** District Accounts Managers are working beyond 7 to 12 hours even on Sundays and holidays. Many a times they are assigned additional work by CM HO and DC which is not directly concerned with DPMU.

"Mainly 6-7 baje tak kam karta hoon, reporting ke samay jyada kam karna padta hai, 7 -8 din mahine main 8 baje tak rukta hoon." (DDA Ujjain)

(I use to work till 6-7 pm, I have to work harder at the tim e of reporting, I work till 8 pm for 7-8 days every month.)

"Muze pulse polio programme main supervisor ka kam diya tha."(DDA Damoh)

(I had to work as supervisor in pulse polio programme)

"Eske sath muze parakh aur jansamvad main kam karna padta hai. Sa th main CMHO ke letter typing, clerical kam main bhi madad karna padta hai." (DDA Ujjain)

(I have to work in parakh and jansamvad as well. I have to help CMO in his letter typing and clerical work.)

"10 se 12 ghante ho jate hai. Pure dinjyada kam karte h ai."(DAM Balaghat)
(we work for 10 to 12 hours. We have to do more work all the days.)
"8 gante lagbhag, 10.30 se sham 8-10 baj jate hai."(DPM Jhabua)

(We have to work for approximately 8 hours from 10.30 to 8-10 pm.)

DELAY IN REPORTS

There is no software for the reports. Most of the DDAs stated that they are able to prepare and send the reports within the schedule time. Occasionally due to the delayed receipt of reports from PHC and CHC. There is delay in preparation of report. DDAs many a time faced the problem regarding incorrect data and tota lling mistakes etc. On identifying their mistakes DDAs immediately contacted to the concerned PHC/CHC and got it corrected then and there.

"State level per 40 format jati hai, lower level se 15 format aati h ai, eske liye koi software nahi hai." (DDA Jhabua).

(At the state level there are 40 formats and from the lower level reports is obtained in 15 formats. There is no software for this.)

“kabhi kabhi PHC se report aane main der hoti hai, jeski wajah se dat a entry late ho jati hai. Sometimes,data galat hota hai, totaling mistake bhi hoti hai.”(DDA Ashok Nagar)

(Sometimes there is delay in getting reports from PHC, so the data entry gets delayed. Sometimes the data is incorrect and there is totalling mistakes as well.)

PENDING ADVANCES

Pending advances was a major problem encountered by all DPMs in all the districts. The pending advances are from PWD, RKS and VHSC.

“Pending advance 1.85 crore , 46 lakh is from PWD, 28 lakh from VHSC, and 16 lakh from the subcentre untied fund.” (DPM Damoh)

(There is pending advance of Rs. 1.85 crore, Rs. 46 lakh is from PWD, Rs. 28 lakh is from VHSC and Rs. 16 lakh from sub-center untied fund).

COORDINATION

Due to frequent changes of the CMHOs, coordination at various levels with various authorities, DPM faced certain difficulties in smooth functioning of the assigned work. DPM of Rewa and Ujjain district however said that district nodal officers of various programmes were not coordinating and accepting them.

“I have two bosses one is CMHO and second is DC. I have to coordinate with both and obey both’s order.” (DPM Rewa)

“District ke nodal officer hame accept nahi karte hai, wo sochate hai ke etni kam umer ke log hamare sath functioning main barabari kar rahe hai.”(D PM Rewa)

(District nodal officer do not accept us, they think that how such young people are functioning at par with them.)

There is good coordination between DPM, DAM and DDA at all the districts. They even had good laisioning with state authorities. Their co-ordination with SFM and SAM was very good. All the DPMUs had good coordination with their colleagues.

“Coordination initially no, but now 100%.”(DPM Ujjain)

“I have made a good environment. No one is abused. Staff is good and worked with me in coordination.”(DPM Vidisha)

“Coordination acchha hai, sabhi se sahyog mil raha hai.”(DAM Jhabua)

(Coordination is good, we are getting help from every one).

CMHO of Vidisha and AshokNagar were envious regarding the facilities availed by the DPM. They expressed their desire that DPM should work under them.

"Unhe kya facility ke jarurat hai , unke pass AC gadi aur phone, TA DA, rent ki suvidha hai Government is giving them all facility." (CMHO Ashok Nagar)
(They do not require any facility, government is giving them all the facility. They have phone, TA, DA, AC vehicle etc.)

"Hamare recommendation se enhe additional benefit dena chahiye."(CMHO Vidisha)
(There should be the provision of additional benefit through our recommendation)

"DPM ke appraisal ke liye koi format nahin hai, gatividiwar format nahi hai,hona chahiye. Activity wise format banana chahiye aur appraisal hona chahiye , staff kitna tha jab tak kam kiya uska additional appraisal milna chahiye ." (CMHO Vidisha)

(There is no format for appraisal of DPM but it should be. There should be activitywise format and appraisal. There should be additional appraisal for working in less staff.)

SATISFACTION WITH JOB

Almost all DPMs were satisfied with their job. DPM of Jhabua when enquired about rating her satisfaction level on the scale of 10 expressed fully satisfied (10).

"Main apne kam se satisfied hoon at least dissatisfied nahi hoon 10/10". (DPM Jhabua)
(I am satisfied from my job,atleast not dissatisfied 10/10 .)

"I am satisfied but overburdening with work is disappointing." (DPM Damoh)
"Yes as per my effort I have done improvement for which I am satisfied." (DPM Ujjain)
"Han main satisfied hu apne kam se."(DPM Ashok Nagar)

(Yes I am satisfied from my work)

DAM four out of seven DAMs were satisfied with their present jobs and in Jhabua district the DAM expressed his level of satisfaction scoring 8 on a scale of 10. In Rewa district DAM was not satisfied because there is no appreciation for the work by district and state and authourites. DAM of Vidisha district gave reason for dissatisfaction as no power, no supporting hand, no motivation, overwork, no increment and no co-operation from state and district authourities respectively.

"Salary se satisfied hai per according to time badana chahiye. "(DAM Balaghat)
(I am satisfied from my salary but it should increase with time .)
"Satisfied, 8 out of 10, good overall experience. (DAM Jhabua)

DDA almost all the DDAs are satisfied with there present job but they wished a better salary i.e. either regular increment or an increase in salary after 3 years DDA of Rewa

district was not satisfied with his job because of low salary and he said that he is compelled to look for better jobs.

Table 6: Satisfaction of DPMU Staff Regarding Job and Salary

POST	JOB SATISFACTION		SALARY		INCREMENT		PERFORMANCE BASED INCENTIVE	
	YES	NO	YES	NO	YES	NO	YES	NO
DPM	7	0	1	6	0	7	0	7
DAM	7	0	1	6	0	7	0	7
DDA	7	0	2	5	0	7	0	7

Support from CMHO

All DPMs had good relation with CMHO and their staff. Regarding satisfaction with work with DPMU. CMHOs opinion was that they are a helping hand and good support of them. They work systematically and were able to manage fund flow smoothly.

"Yes I am satisfied. Always reminded me for work to be done within time." (CMHO Ashok Nagar)

"Yes I am satisfied with their working. Targets are achieved on due time and utilization of budget on time."(CMHO Jhabua)

"Helps me in note sheet activity and budget approval."(CMHO Damoh)

"mere sath to aisa nahi hai magar, at some places DPM is tortured, CMHO has misconception and state is not supportive . Their should be good understanding between CMHO and DPM." (DPM Vidisha)

(It is not with me but at some places DPM is being tortured, CMHO has misconception and state is not supportive. There should be good understanding between CMHO and DPM.)

CMHO's View Regarding DPMU

All the CMHO acknowledged and appreciated the work of DPMU and specially emphasized that previously before the existence of DPMU the planning was not organized. It was done with the help of then existing staff. On enquiring regarding retaining of DPMU staff suggested that transfer policy, increase of contract duration, medical reimbursement facility and regularization as per performance and HR policy should be there.

"yes gatisheelta badi hai, contact with periphery more frequent. NRC functioning has improved. Quality of work has improved."(CMHO AshokNagar)

(yes there is increase in the pace of the work and contact with periphery more frequent. NRC functioning has improved. Quality of work has improved.)
“Better implementation of the health programmes and planning and achievement of targets.”(CMHO Jhabua)

ACCEPTANCE IN HEALTH SYSTEM

The DPMU is now well accepted in the present health system. Some DPMs said they had problem initially of being accepted in the regular health system but gradually because of their work they are being considered as part of the system.

“Initially treated as foreigner but not now.”(DPM Damoh)
“Now well accepted, pahele thodi problem aati thi.”(DPM Ujjain)
(Initially there was problem but now well accepted)

“Acceptance jarurat ke anusar hai, agar hum kam ke hai to hame accept karte hai. Magar do tarah ke Acceptance hai, ek dil se aur Ek dikhawe ke liye, to dikane ke liye acceptance hai magar dil se nahi hai.”(DPM Rewa)

(Acceptance is need-based. If we are of use to them, we are well accepted in the system. But the acceptance is of two types, one is by heart and other is for showing to others)

“All kinds of support when I joined, to understand the system in the department what was happening so caring and helpful, we propose anything to CMHO, they readily accept it.” (DPM Damoh)

Conclusion

The important problem of the staff working at DPMU is overwork as many of them have to work beyond scheduled hours. Due to lack of availability of trained staff at peripheral level, the reports are received late and sometimes incorrect also which results in late submission of the reports at the district level. Huge pending advances is another problem which needs immediate attention. Coordination both at the vertical and horizontal level has improved over the times but still at many districts coordination with district nodal officers of health programmes is not thawed. Inspite of all these problems most of the DPMU staff is satisfied with there present job and in some cases there level of satisfaction ranges from 8-10 on a scale of 10. Dissatisfaction was mainly due to fixed salary and no increments. CMHOs in general appreciated the work of DPMUs and recommended HR policy to retain better performing staff. Gradually the acceptance of DPMU staff is increased in the present health system.

EXPECTATIONS FROM THE GOVERNMENT

DPMs have lots of expectations from the government They want a definite HR policy for them. They expect a decent salary and more leaves. They wish for more administrative powers with DPM and they should be recognized as part of the health system. DPM of Vidisha districts also suggested that some incentive should be given for hard work. DPMs were not satisfied with the present salary. Fixed salary is being paid to DPMs since last 3 years. There is no provision of any increment even if the DPM continues after the completion of first contract, the salary is not revised.

"Attractive salary no doubt hai par increment nahi hai, performance tools aur reward system nahi hai, regular staff ka DA badta hai par hamara nahi. HR policy hona chahiye, 18 DPMs esliye chode hai state se bahut pressure hai". (DPM Ashoknagar)

(No doubt the salary is attractive but there is no increment, no performance based rewards, when DA of regular staff is raised we don't get it and there is no HR policy. That's why eighteen DPMs have left, there is tremendous pressure from the state.)

"HR policy should be introduced and regular increments should be given."(DPM Ujjain)
"Salary should be decent one, DPM should have separate assigned work with administrative powers."(DPM Damoh)

"Post should be regularized, BPM should be appointed soon, will be great help for us. (DPM Ashok Nagar)

"Do not make us regular. Their is no motivational factor with us. Salary is not a motivational factor. We don't want pension there should not be the discrimination."(DPM Rewa)

Majority of DAMs expected a definite HR policy, security of job, regular increments e tc. DAM of Ujjain district was of the opinion that one assistant accountant should be there to help him. DAM of damoh District said that the designation should be changed from District Accounts Manager to District Accounts Officer and supportive staff should be provided.

"Job Security,nahi hai. Work based security honi chahiye.20% increment hona chahiye."(DAM Jhabua)

(There is no job security, security should be based on work. There should be 20% increment.)

"Definite HR policy honi chahiye, unko tenure bhi decide kar dena chahiye. Agar beech main koi problem hoti hai to woh hame terminate kar sakte hai mager unhe situation analyse karni chahiye." (DAM Rewa)

(There should be definite HR policy and tenure duration. There should be definite situational analysis before termination in case any problem arises.)

Majority of DDAs wanted their designation to be changed from DDA to either DDO or DDM. They expected an increase in salary, regular increment, job security and some administrative power.
"Administrative power hona chahiye jis se report delay main action le saku. No , should be grade based, hame fixed milta hai, 15 se 18 hajar milna chahiye. DDA se DDM ya DDO hona chahiye."(DDA Jhabua)

(There should be administrative powers to the DDA so that action can be taken for the delay in the reports submission, salary should be grade based, it should not be fixed. Atleast 15-18 thousand should be given. Designation of DDAs should be changed to DDM or DDO)

Conclusion

All the DPMU staff expected a definite HR policy, decent salary, performance-based increments and job security. There should be a clear HR policy for staff working at DPMUs. Increments should be performance-based. A policy should be designed to retain better performing staff at DPMU with powers to remove those who are not performing upto the mark.

SUGGESTIONS FOR IMPROVEMENTS

CMHO

1. Better medical orientation to the DPMs so that they can work effectively during implementation of various activities in the district.
2. Strengthening block management unit which will ultimately help in better delivery of services in the district.

DPM

(1) For better field supervision two more persons should be employed in DPMU staff, namely there should be 2 posts of DPMs, one for medical graduates and another for management graduates.
(2) Strengthening of MIS and availability of online software.
(3) Frequent transfer of administrative authority should not be there .
(4) Accountability should be to one person, preferably DC because he is empowered to take action.
(5) Management, financial and clinical training and interstate work exposure to respective staff.
(6) HR policy should be introduced.
(7) Clear cut reporting system.

DDA

(1) Formats should be online so that it can be seen anywhere from the State.
(2) Reporting system should be uniform and format should be changed only once in a financial year.
(3) One more computer operator in the unit which will facilitate the overall working of DPMU.
(4) People involved in reporting at sub-district level should be given adequate training for proper reporting.

DAM

(1) PIP must be prepared at the district level by 1st March and should be approved by state by 31st March.
(2) Training of accounts management at district and block level.
(3) Specific financial software should be developed for better functioning.
(4) Regular orientation programme for strengthening the capacity of DAM staff.
(5) Supportive staff for accounts and clerical purpose.
(6) Yearly visit to other states to learn the experience of better functioning state.

CHAPTER 4

CONCLUSION AND RECOMMENDATIONS

Seven DPMUs were studied for appraisal of functioning of DPMUs in the state. It was observed that most of the district had adequate staff available as per the norms, comprising of 3 i.e., 15% female and 17 (85%) male members. Pre-service training of 1-3 days duration was given to DPMU staff, which covered the issues of NRHM and RCH, health care delivery system and district health planning. Majority were of the opinion that the duration of the training should be 15-30 days. It should cover administrative, financial, and technical issues in more details.

It was observed that majority of the DPM staff were executing their job responsibilities well, which was supported by the statement of CMHOs. They were actively involved in preparation of PIPs and were managing HMIS and fund flow in a better way.

DAMs were monitoring the fund flow by keeping a watch on timely release of the funds and regular receipt of the SOE and UCs. Financial management has improved as evident from the fact that there are no pending audit objections. These units although working in, rather under the guidelines given at the state level have at some places devised continuous process improvements in a few areas.

As the DPMUs staff gained field experiences they may develop vision and innovative ideas for continuous process improvement. DPMUs are actively involved in providing secretrial assistance to DHS. Most of the CMHOs agree that the DPM play a key role in organizing, facilitating and documenting the proceedings of DHS meetings.

Main problems being faced by DPMUs is overwork and extra work assigned from CMHO and DC. Frequent change of formats for preparation of PIPs also delays district PIP in time.

Almost all the members of DPMU are satisfied with their present job but they do expect a better salary and regular increments. CMHOs also supported their demand of definite human resource policy.

Lastly regarding the functioning of DPMUs the statements of CMHO Jhabua stands true "Better implementation of the health programmes and planning and achievements of the targets".

KEY RECOMMENDATIONS

S.No.	AREAS OF CONCERNS	RECOMMENDATION
1	Human Resource Available human resources at DPMU	1. One Technical DPM (preferably with public health background) in addition to the presently working DPM will be helpful in implementation and supervision in the field which is usually not possible as DPM is occupied with office work. 2. One more clerical staff is required at DPMU to assist in various office work.
2.	Training Very short duration of pre-service training. No practical/field exposure during training.	Duration of pre-service training should be increased to 7-10 days. The training should be given to all the members of the DPMU and it should cover practical aspect and field exposure on relevant, administrative, technical, and financial issues as well as various formats and software to be used under the programme.
3.	PIP PIP preparation at district level is delayed.	1. Guidelines for preparation of PIP should be uniform and consistent. There should not be frequent changes in the guidelines once they are issued by the state authorities. This will help in reducing the delay in preparation of PIP. 2. Appointment of Block Programme Manager will facilitate the preparation of PIP at block level.
4.	Field monitoring Less frequent field monitoring.	Field monitoring by the DPM as well as DAM should be more frequent. So it is suggested that there should be one more technical person in DPMU to help DPM and one more office assistant to help both DAM and DDA.
5.	Linkages with health functionaries. Lack of co-ordination with district nodal officer of various health programmes.	The underlying cause for lack of co-ordination is mainly unavailability and lack of facilities to district nodal officers. Hence it is suggested that the present facilities available with District Nodal Officer should be upgraded.

6.	Constraints and problems SOE and UC from some agencies are not received in time and amount of pending advances is very high.	There should be better co-ordination between department like PWD, RES, RKS and DPMU, which may facilitate in timely receipt of SOE and UCs.
7.	Sometimes release of funds to sub-ordinate level gets delayed due to delay in approval from DC.	Once the PIP is approved at the state level there should not be process of taking approval for release of money from DC. It unnecessary delays the release of funds.
8.	Frequent changes in jobs by DPMU staff.	There should be clear cut and specific HR policy for DPMU staff which may have specific guidelines to retain better performing members of DPMU for longer duration, regular increment, medical benefits and leave benefits.

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ANNEXURE- 1

LIST OF THE DISTRICTS FOR STUDY

Name of the Districts

BHOPAL DIVISON

1. Bhopal
2. Raisen
3. Raigarh
4. Sehore
5. Betul
6. Harda
7. Hoshangabad
8. **VIDISHA**

UJJAIN DIVISON

9. **UJJAIN**
10. Mandsour
11. Neemach
12. Ratlam
13. Dewas
14. Shajapur

INDORE DIVISON

15. Indore
16. Dhar
17. **JHABUA**
18. Alirajpur
19. Badwani
20. Khargoan
21. Khandwa
22. Burhanpur

GWALIOR DIVISON

23. Gwalior
24. Shivpuri
25. Guna
26. **Ashok Nagar**
27. Datia
28. Murena
29. Shoupur
30. Bhind

JABALPUR DIVISON

31. Jabalpur
32. Katni
33. **BALAGHAT**
34. Chhindwara
35. Seoni
36. Mandla
37. Dindori
38. Narsingpur

SAGAR DIVISON

39. Sagar
40. **DAMOH**
41. Panna
42. Tikamgarh
43. Chhatarpur

REWA DIVISON

44. **REWA**
45. Satna
46. Shahdol
47. Anuppur
48. Umaria
49. Sidhi
50. Singroli

ANNEXURE II

ANNEXURE – III

CONSTITUTION AND JOB RESPONSIBILITIES

In order to augment the programme management capacity for RCH II/ NRHM, State Programme Management Unit (SPMU) and District Programme Management Units (DPM) have been/are being established to support and strengthen the existing management structures at the state and district levels, especially in high focus states. 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 are staffed by professionals on contract. For 6 EAG states, MOHFW facilitated the recruitment of these staff.

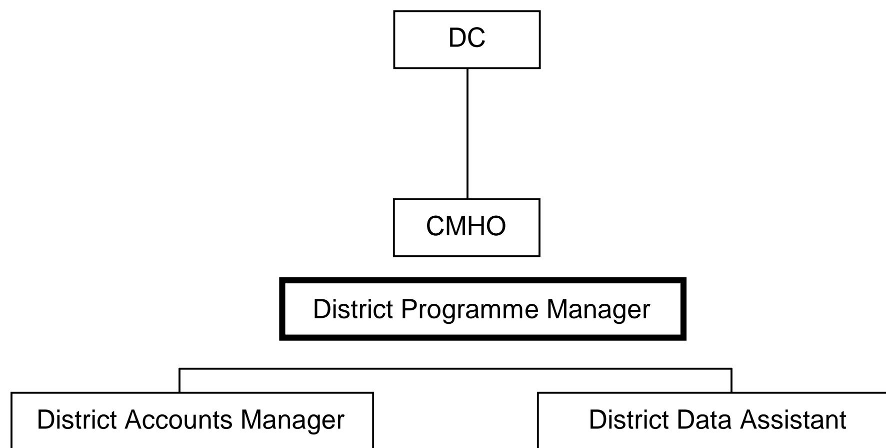
SPMUs and DPMUs have a specific mandate under RCHII/NRHM. Some of the key roles for SPMU/DPMU in RCH II/NRHM include:

- Holistic planning and monitoring,
- Management of flexible funds,
- Financial accounting for flexible funds,
- Health sector reforms/continuous process improvement, and
- Secretariat functions to the state and district health societies respectively.

District Programme Manager (DPM)

The District Programme Manager would report to the DC through CMHO as well as functionally to the SPM at the state capital. They are responsible for overall district planning and monitoring for NRHM, management of flexible funds, continuous process improvement and for the secretariat functions to the District Health Mission and District Health Society.

Organisational Relationships



(Note: District Programme Manager, District Accounts Manager and District Data Assistant also report functionally to respective counterparts at state level).

Key Tasks

The DPM's tasks would include but not be limited to the following :

Planning and monitoring

Review planning and monitoring manual provided by SPMU. Discuss and agree any changes, if required with the SPMU.

At the start of the planning cycle, prepare necessary proposals for allocation of resources/flexible funds to blocks/spending centres in line with the overall allocation to the district. Obtain necessary approvals.

In accordance with the planning and monitoring manual coordinate (also with consultants if the process is contracted out) and ensure preparation of the annual district plan. Obtain necessary approvals from District Health Society/ Mission as

well as SPMU. Provide necessary assistance in reaching an agreement with state DPHFW on the Memorandum of Understanding (MOU), if applicable.

Follow-up to ensure that blocks submit monthly/quarterly reports in accordance with the manual. Review, analyse these reports, visit blocks/villages if necessary, participate in review meetings and recommend corrective action. Prepare consolidated monthly/quarterly progress reports highlighting achievements (physical/ financial) against the PIP, reasons for delay/adverse variance, corrective action to be taken, etc. Follow-up to ensure that agreed corrective action is implemented.

Financial management/accounting

Provide necessary oversight to ensure that funds are released to implementing agencies on time, UCs prepared and books of account maintained in accordance with the operational manual.

District database

Ensure that a district database is maintained updated. The database should include all relevant information such as demographics, status of public and private facilities, availability of staff, etc

Continuous process improvement

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.

Secretariat/Administrative

Secretariat support to District Health Mission and Society including arrangements for meetings, compilation of reports/background papers, preparation of minutes, follow up to ensure implementation etc. Facilitate adherence to all statutory requirements in line with the MOA and Bye-laws.

Basis for assessment of performance

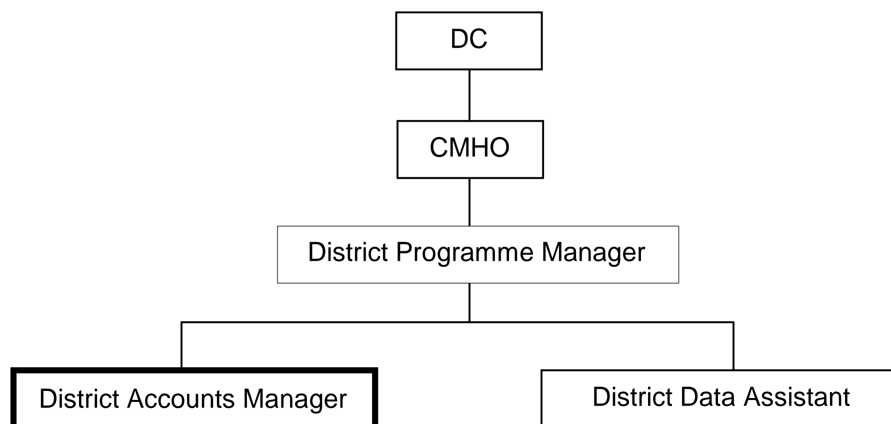
- Annual district PIP prepared on time
- Monthly quarterly district-wise monitoring reports prepared and analysed within agreed time frame (say, 10th of the following month). Quality of analysis.
- Number of process improvement proposals prepared and implemented.

- Arrangements for meetings of District Health Mission/Society made including preparation of agenda papers, recording of minutes, etc

District Accounts Manager

The District Accounts Manager would report to the District Programme Manager and would be responsible for handling the finances of the s ociety and meeting all statutory and audit requirements for the society.

Organisational Relationships



(Note: District Programme Manager, District Accounts Manager and District Data Assistant also report functionally to respective counterpar ts at state level).

Key Tasks

The District Accounts Manager's key tasks would include but not be limited to the following:

- Ensure that funds are released to implementing agencies on time/in accordance with the manual.
- Follow-up to ensure that implementing agencies report back on statement of expenditure/submission of utilization certificates in accordance with the Manual. Promptly forward consolidated statements to SPMU. Closely monitor to ensure that subsequent release of funds takes place on time.
- Maintain necessary books of accounts and ensure that procedures laid down in the accounting manual are followed.
- Facilitate audit of books of account.

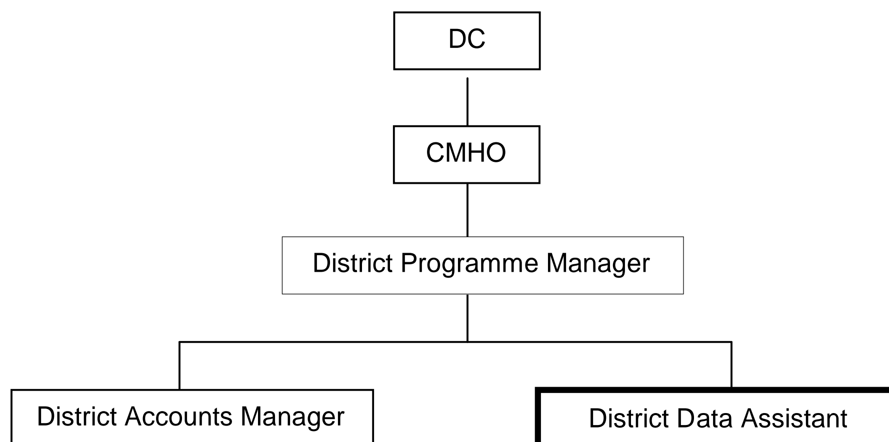
Basis for assessment of Performance

- All the books of accounts maintained and monthly/annual closing of accoun ts within a stipulated time frame/in accordance with the Manual.
- No outstanding UCs with the district.
- Number of audit objections.

District Data Assistant

The District Data Assistant would work closely with the Assistant Statistical Officer and be responsible for programme related MIS in the district.

Organisational Relationships



(Note: District Programme Manager, District Accounts Manager and District Data Assistant also report functionally to respective counterparts at state level).

Key Tasks

The District Data Assistant's key tasks would include but not be limited to the following:

- Design and implement/continuously update a database providing all necessary information relevant to NRHM including e.g. district/block wise demographic data, performance against health indicators, status of public/private facilities, etc.
- Assist the State Programme Manager in preparation of monthly progress reports on the implementation of programme activities in the district.
- Assist the State Programme Manager i n development of annual work plan based on the District Action Plan.

- Assist in routine monitoring of programme activities through compilation and analysis of various reporting/monitoring formats.
- Assist the State Data Officer in developing rationalized and computerized reporting formats and providing implementation support for operationalising these formats at block/sector level.

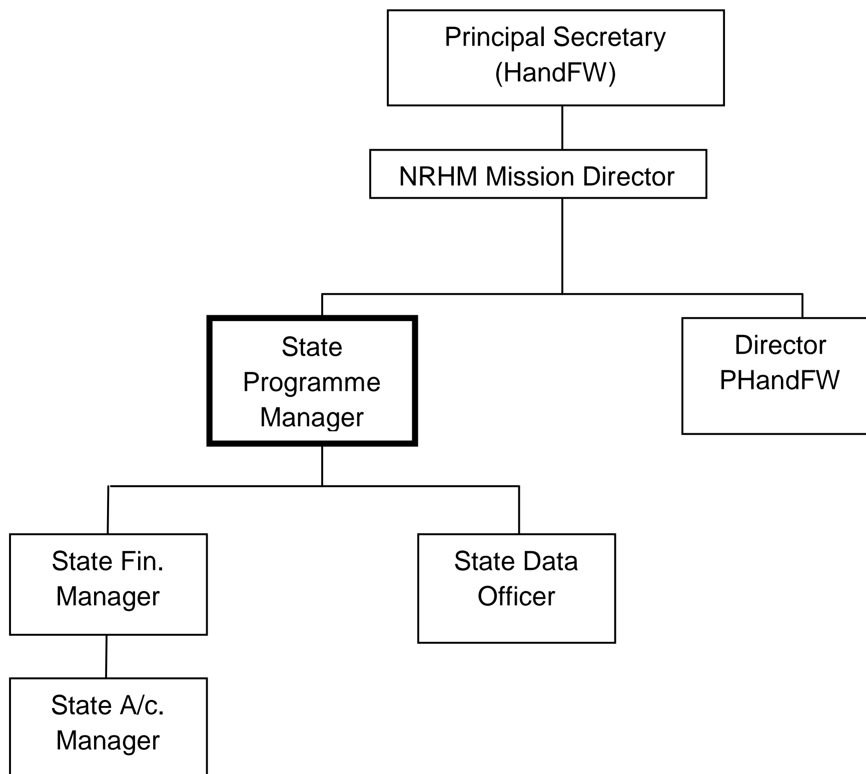
Basis for assessment of performance

- NRHM related database maintained.
- Physical and financial progress reports compiled on time.

State Programme Manager (SPM)

Responsible for preparation of state level NRHM plan and monitoring reports with appropriate analysis and recommendations for corrective action; and facilitating preparation of a planning and monitoring manual, preparation and approval of annual district and state PIPs, continuous process improvement and meetings/ statutory obligations pertaining to State Health Mission and Society.

Organisational Relationships



(Note: District Programme Manager, District Accounts Manager and District Data Assistant also report functionally to counterpart at state level.)

Key Tasks

The SPM's key tasks would include but not be limited to the following:
Planning and monitoring

Facilitate/assist in preparation (through technical assistance) of a planning and monitoring including budgeting manual for NRHM/RCH II. Update the manual at least on an annual basis to reflect experience in implementation and changes/ revised guidelines from Government of India, etc.

Disseminate manual to districts, municipalities and other "spending" centres. Facilitate necessary training for personnel (including DPMU staff) in use of the manual.

At the start of the planning cycle, prepare necessary proposals for allocation of resources/flexible funds to districts, municipalities, spending centres. Obtain necessary approvals and facilitate communication to districts/spending centres.

Follow-up, provide necessary assistance to ensure that the plans from district/municipalities, etc are prepared on time and in accordance with the manual. Coordinate/facilitate appraisal of plans, on the basis of appropriate criteria (in accordance with the manual) and recommend approval after changes, if required. Prepare a consolidated state PIP and provide assistance in obtaining necessary approvals from State Health Society/Mission as well as Government of India. Provide necessary assistance in reaching an agreement with MoHFW, Government of India on the Memorandum of Understanding (MoU).

Follow up to ensure that districts/municipalities/spending centres submit monthly/ quarterly reports in accordance with the Manual. Review, analyse these reports, visit districts if necessary, participate in review meetings and recommend corrective actions. Prepare consolidated monthly/quarterly progress reports highlighting achievements (physical/financial) against the PIP, reasons for delay/adverse variance, corrective action to be taken, etc. Follow-up to ensure that agreed corrective action is implemented.

Facilitate conduct of independent impact assessment studies (baseline, periodic) through technical assistance; analyze results and provide feedback to districts.

Continuous process improvement

Facilitate/provide necessary assistance through e.g. arrangements for training, review of operational guidelines etc to enable DPMUs to bring about continuous process improvement in delivery of services e.g. ASHA programme, RCH camps, referral transport, etc.

Identify opportunities for improved utilization of resources across various DPH FW programmes, prepare proposals, obtain necessary approvals and follow -up to ensure implementation.

Secretariat/Administrative

Secretariat support to State Health Mission and Society including arrangements for meetings, compilation of reports/background papers, preparation of minutes, maintenance of records, follow-up to ensure implementation etc. Facilitate adherence to all statutory requirements in line with the MOA and Bye -laws.

Ensure periodic meetings of DPMU staff including for monitoring purposes a nd sharing of experiences.

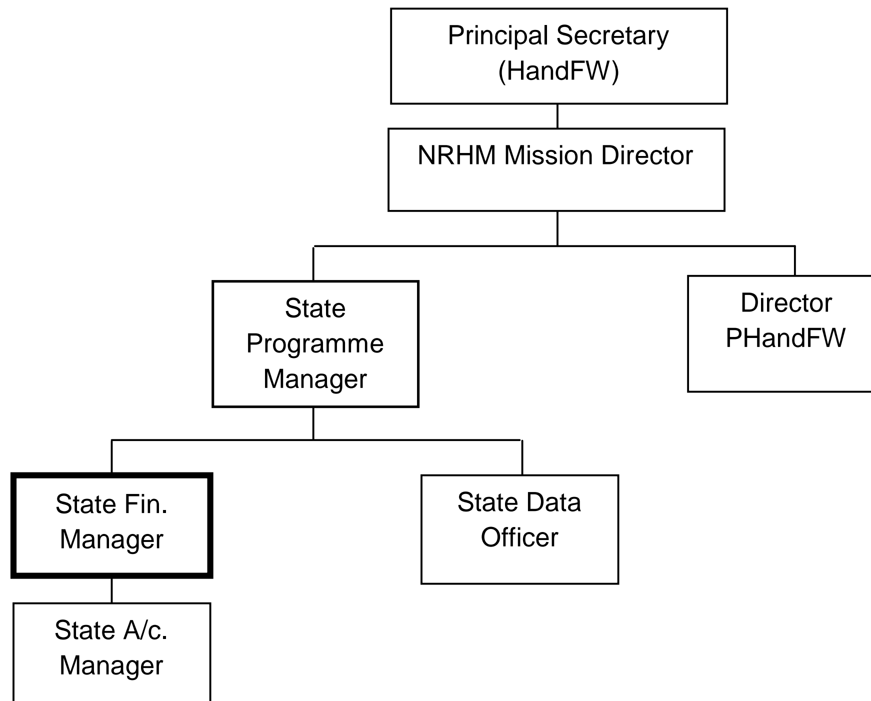
Basis for Assessment of Performance

- Updated planning and monitoring manual in place .
- Annual district and state PIPs prepared on time.
- Monthly quarterly state/district-wise monitoring reports prepared and analysed within agreed time-frame (say, 10th of the following month). Quality of analysis .
- Number of process improvement proposals prepared and implemented
- Number of meetings of DPMU staff held.
- Arrangements for meetings of State Health Mission/Society made including preparation of agenda papers, recording of minutes, etc .

State Finance Manager (SFM)

Responsible for management of State Health Society funds including development of a Manual, training of district level staff, improved utilization of funds, prompt sourcing and disbursement, compliance with laid down procedures and conduct of financial management and accounting audits on time.

Organisational Relationships



(Note: District Programme Manager, District Accounts Manager and District Data Assistant also report functionally to counterpart at state level .)

Key Tasks

The SFM's key tasks would include but not be limited to the following:

- Develop an operational manual for management of funds in state society, district society and facility level societies (e.g. Rogi Kalyan Samitis); obtain necessary approvals.
- Manage society funds including flexi pool funds by:
  - Overseeing disbursement of funds to implementing agencies .
  - Ensuring that the accounting procedures laid down in the operational manual are followed.
  - Preparation of statement of expenditure and collection of utilisation certificates.
  - Ensuring conduct of financial accounting/management audits and compliance with findings.
- Ensure conduct of training needs assessment of state and district accounting staff and conduct of training programmes for them (such as double entry book keeping, using accounting software, etc).

- Budget analysis of the state, district and facility level societies and developing proposals for improving financial management systems a t these levels.

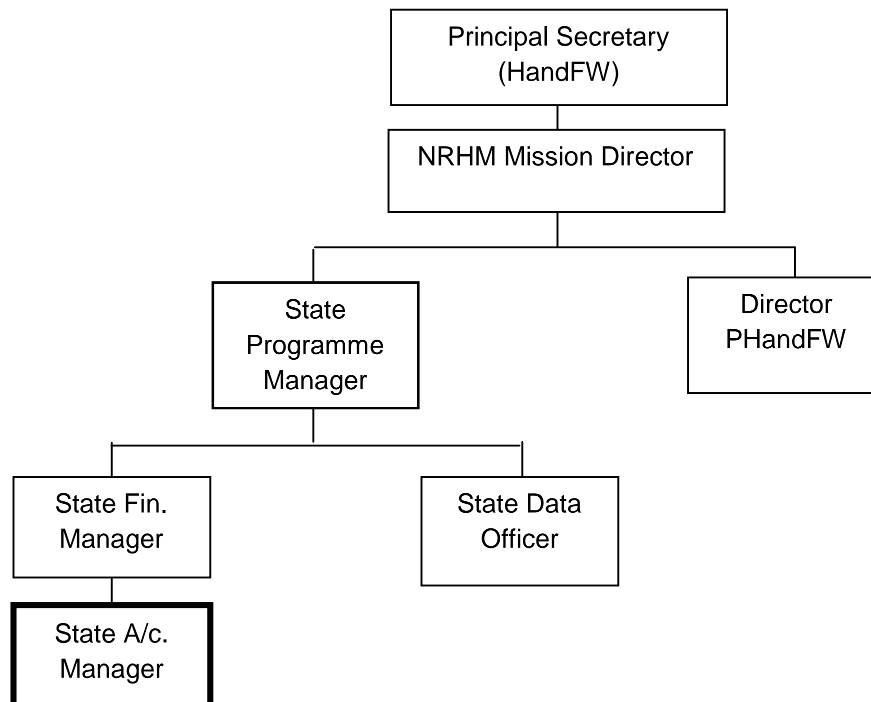
Basis for Assessment of Performance

- Timely disbursement of funds to the district societies and, collection of SOEs and consolidation of financial data each district-wise and for the state as a whole.
- Budget analysis of the state, districts and facility level societies.
- Timely conduct of financial management/accounting audits .
- Number of suggestions for improved utilization of funds implemented and quantum of financial impact.

State Accounts Manager (SAM)

Responsible for maintaining all books of accounts of the State Health Society, oversight over the books of accounts maintained by the District Health Societies and adherence to the provisions of the operational manual.

Organisational Relationships



(Note: District Programme Manager, District Accounts Manager and District Data Assistant also report functionally to counterpart at state level).

Key Tasks

The SAM's key tasks would include but not be limited to the following:

- Maintenance of books of accounts of the socie ty, and monthly and annual closure of books of accounts.
- Disbursement of funds to implementing agencies.
- All bank related activities.

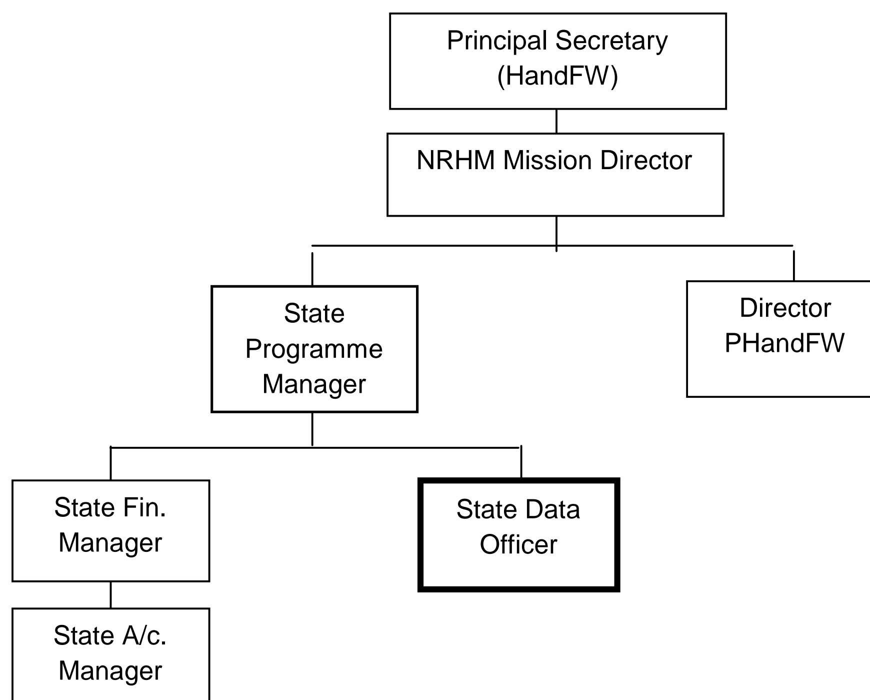
Basis for Assessment of Performance

- All books of accounts maintained and monthly/annual closing of accounts within a stipulated time frame.
- No outstanding UCs with districts/implementing agencies.
- Number of complaints from implementing agencies without allocated funds .
- Number of audit objections.

State Data Officer

Responsible for maintaining an updated data base of NRHM rel ated state/district information, compilation of physical and financial information reports and providing general administrative assistance.

Organisational Relationships



(Note: District Programme Manager, District Accounts Manager and District Data Assistant also report functionally to counterpart at state level).

Key Tasks

The State Data Officer's key tasks would include but not be limited to the following:

- Work closely with the team entrusted with preparation of the planning and monitoring manual to ensure that monitoring/reporting formats at state and district level are rationalized.
- Design and implement/continuously update a database providing all necessary information relevant to NRHM including e.g. district/block wise demographic data, performance against health indicators, status of public/private facilities, etc.
- Compile monthly physical and financial progress reports and critically examine discrepancies and areas of improvement in reporting .
- Implement systems and procedures for efficient functioning of the NRHM Director's office.
- Assist the SPM in use of GIS for e.g. mapping of facilities and other tasks .

Basis for assessment of performance

- NRHM related database maintained.
- Physical and financial progress reports compiled on time.