

Date:-01/10/2015 1:45 To 3:00PM

Venue: - PHC TARIYANI

MOIC :- Dr Sudhir Sharma

Direct Observations while conducting the Interview

Reference Point	Response
<ul style="list-style-type: none">Type of facility – District Hospital (DH), Primary Health centre (PHC), Additional PHC (APHC)	Primary Health Centre
<ul style="list-style-type: none">The approach to the health facility (from the main road, whether these are congested and blocked by vendors, vehicles, etc.)	On Sheohar Patna Main Road , Easily accessible and open to approach
<ul style="list-style-type: none">Surroundings – especially look for waste dumps, water logging, presence of boundary wall, any source of pollution, etc.	Boundary wall exists , but long grass and water logging in some parts of the campus are conspicuous .
<ul style="list-style-type: none">Building – type, condition, general cleanliness, crowd (of patients)	Every nook and corner of the double storied building is clean and well maintained . Crowd needs managed more systematically.
<ul style="list-style-type: none">Signage with the facility	Signage is there and the various departments have their name plates
<ul style="list-style-type: none">Information Displays (displaying user charges/rate list, service charter, doctors on duty, contact details, drugs available)	These information are not displayed properly and there is a sense of ambiguity about doctors on duty and contact details.
<ul style="list-style-type: none">Facilities – registration, waiting room, OPD, labs, pharmacy, toilets, wards, labor room, emergency, minor OT (observe building, electricity/water connection, space, privacy, equipments and conditions of the equipments, stationery and registers, drugs and consumables)	Space and available equipments are maintained . Drugs are consumables are short supply in spite of repeated indents .

<ul style="list-style-type: none"> Staff behaviour – of different staff interacting with the patients (doctors, nurses, pharmacists, lab technicians, ward boys, cleaning staff, security staff, office staff) 	<p>This is the area which pushes the beneficiaries to go the private doctors or even the RMPs . Doctors don't attend properly . It was observed the other staff too were not much people friendly . acute shortage of staff at PHC makes the situation worse .</p>
<ul style="list-style-type: none"> Patient/Beneficiaries – waiting time, attitude towards the facility and staff 	<p>Waiting time long. OPD is dependent on one doctor mostly , and the beneficiaries prefer private doctors who are more easily accessible .</p>

Questions for the Interview

Respondents identification

- Name :- Dr Sudhir Sharma.
- Designation :- MOIC TRAIYANI.
- Duration of tenure: - JAN 2012 To 2015 .
- Place of previous posting: - Paru, Muzaffarpur.

General Information of the facility

Reference Point	Response
<ul style="list-style-type: none"> What is the population covered by the facility? 	2 ,00, 000
<ul style="list-style-type: none"> How many beds are functional in the facility? 	6 bedded
<ul style="list-style-type: none"> What are the other health facilities in the vicinity (private, trust, NGO run, other govt. facilities) 	No private hospital .
<ul style="list-style-type: none"> Does the facility have any vehicle/ambulance? 	One Ambulance , one hired for DPMU, Two for RBSK (hired)

<ul style="list-style-type: none"> What are the different types of staff in the facility? (number, vacancy, duration of tenure) 	ANM-0 (for PHC) , Lab Technician-0 , Compounder/ dresser -0 Six doctors – 6 which includes Two APHC grade Four -2 and T Grade III -3 accountant -1
<ul style="list-style-type: none"> What are the working hours in the facility? (days open, timings) 	60 hours in a week including Sundays. The facility function as 24x7

Governance issues

Reference Point	Response
<ul style="list-style-type: none"> Is the Rogi Kalyan Samiti (RKS) functional? If yes, no. of meetings in last quarter, total funds in the RKS account (request for a copy of last year's annual financial statement), 	Rogi Kalyan samiti is functional. Two meetings conducted in 2015. Fund for the current financial year . Annual Financial statement was not ready hence it was not shared .
<ul style="list-style-type: none"> What is the nature of involvement of other (other than health) officials, civil society, PRI? 	Mukhiya and Block Pramukh are part of 20 point program and thus they come in touch . No other officials are involved directly . The building department was involved in levelling of the campus and building construction . Untied fund of Rs. 1'60, 000 is being used for construction of shed for patients' waiting
<ul style="list-style-type: none"> What are the administrative and financial power (and limits) of the facility in-charge? 	There is limitation on administrative powers due to local interference . In the financial powers the plan is developed and allocation is received on that basis. But allocation is sometimes so meagre that its difficult to plan . Funds are made available to the facility generally after passage of several months of the financial year .
<ul style="list-style-type: none"> What are the HR processes for the facility staff? (recruitment, transfers, training, staff/career development) 	For the permanent staff recruitment is done by the state and contractual staffs appointment or transfer by the district.
<ul style="list-style-type: none"> What are the incentives/disincentives for the facility staff? Whether the 	There is system of incentive for ASHA/ANM but it is difficult to select honestly because there is

incentives/disincentives are linked to performance, does it affect motivation of staff?	pressure of local politicians or the staff . Disincentive is extremely difficult to impose.
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Service issues

Reference Point	Response
<ul style="list-style-type: none"> What are services provided in the facility? (request for a copy of service statistics - OPD, admissions, deliveries; by male/female/children) 	<p>OPD registration is decreasing due to lack of medicine yet there are 2000 registrations every month.</p> <p>Family planning , Sterilisation , Delivery and other MCH (Immunisation and ANC)</p>
<ul style="list-style-type: none"> Are any new services added in the last 2-3 years (or after NRHM)? (reasons whether yes or no) 	<p>Due to lack of space no new service couldn't be started .</p> <p>MAMTA service has started since last month in August 15</p>
<ul style="list-style-type: none"> What are the constraints of service delivery? (lack of staff, stock-outs, non-functional equipment, electricity, water) Are you forced to turn away people because of constraints in providing services? 	<p>Lack of staff is the biggest challenge , staff is overburdened and one person has to carry on five to six jobs . shortage in Medicine supply is so acute that the facility feels helpless in providing services . Beneficiaries themselves turn away .</p> <p>Security of the doctors and staff is a big constraint . Few 'homeguard Jawans' are posted here who are of no use in the time of crisis</p>
<ul style="list-style-type: none"> Drugs and consumables – What is the frequency supply, is the supply adequate, what is the indenting process? What is the number of drugs received (monthly/quarterly/annually)? How much of the drugs received were consumed, what the balance left, how much of the drugs expired? Were there any stock-outs in the last one year? What is the process of quality testing of the drugs? 	<p>Since last one year medicine supply has not been regular . Even after regular indenting , no drug has been supplied . Even the essential drugs are in short supply . Fund given is so late and so meagre that meeting the demand is not possible .</p> <p>Yes , many drugs have stock out since last one year . The quality testing is done at state level and there is no such facility at PHC or even at the district level</p>
<ul style="list-style-type: none"> Are the services provided (in the facility) meeting the demands of the people served? How do you monitor this? How do you ensure people's expectations are met? 	<p>In the current situation its difficult to meet the demands . We make aware about the bottle necks to the district and state but of no use</p>

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Resource Mobilization issues

Reference Point	Response
<ul style="list-style-type: none"> What are the different sources of funds for the facility? (treasury budget, NHM, donations/grants from private parties, user charges) Do you receive in-kind donations? (give examples from last few years) 	<p>Treasury budget (non plan) and NHM allocations are the only source of fund . No private donation is received .</p> <p>No in kind donation is received by the facility directly</p> <p>Panchayat samiti has supported in two other facilities by soil filling</p>
<ul style="list-style-type: none"> Is the facility empanelled under (Rastriya Swasth Bima Yojna) RSBY? If yes, how much funds are received against patients treated under RSBY? 	<p>No , its not empanelled under RSBY.</p>

Resource Allocation issues

Reference Point	Response
<ul style="list-style-type: none"> How do you plan for capital expenditure in the facility (including civil works and high cost equipment procurement)? 	<p>Plan is developed at the start of the financial year and we have clear directives for the use of fund . Civil work is carried through Govt . Building department and other high cost procurements are done by district or state</p>
<ul style="list-style-type: none"> How do you plan for routine expenditure of the hospital? 	<p>We have guidelines from district for the routine expenditure.</p>
<ul style="list-style-type: none"> How do you do cash budgeting for the facility? 	<p>The money which comes is given with guidelines. So money we plan according to priority .</p>
<ul style="list-style-type: none"> How do you plan for the untied grants? 	<p>It on the basis of the priority .</p>
<ul style="list-style-type: none"> Funds flow cycle – How much time it takes to get the funds (from treasury and NHM routes)? What is the frequency of funds flow? What are the processes involved? Are the funds adequate (treasury and society route)? What do you do if funds are not adequate? 	<p>Usually the funds are transferred in August or Sept ., by the time almost half of the financial year is already passed .</p> <p>Fund crunch is the biggest issue , the we have to carry on in the existing resources .</p>

<ul style="list-style-type: none"> During funds crunch, how do you prioritize different requirements? 	We can't do anything
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Resource Utilization issues

Reference Point	Response
<ul style="list-style-type: none"> What is the utilization rate (separately for treasury and NHM funds)? Which expenditures items have higher burn rate and which lower, why? Expenditure cycle – How much time it takes to spend the money? (for both treasury and society funds, by different expenditure items) 	Funds received within the stipulated time frame,
<ul style="list-style-type: none"> What are the factors that help you in spending the money? (separately for treasury and NHM funds) 	
<ul style="list-style-type: none"> What hinders expenditure at the facility level? 	The pressure of local people who try to influence every decision in their own interest .
<ul style="list-style-type: none"> Are you allowed inter-head transfers of funds? Can you take loans to meet expenses, if there is delay/shortage of funds? 	No inter head transfer allowed . Sometimes it is managed but we have to take permission from Civil Surgeon .
<ul style="list-style-type: none"> Are there guidelines on how to spend the untied grants and other funds? Are these clear and easy to understand? Does it cover all the areas you need to spend the money on? Have you been trained/oriented on the expenditure procedures? 	There are clear instructions . But sometimes its vague. Like we have been allotted Rs 36000 for the purchase of some drugs. The guidelines refers to go according to the Financial Rules of GOB . its difficult
<ul style="list-style-type: none"> Do you track the budget and expenditures at the facility? Is there a formal system for routine monitoring (of physical and financial performance)? 	Performance based monitoring is difficult and needs resources which we don't have

<ul style="list-style-type: none"> Do you feel the expenditures (at facility level) have led to increase in the uptake of services by the people and also improved quality? 	Improvement has taken place
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Equity issues

Reference Point	Response
<ul style="list-style-type: none"> Are you able to reach out to the most vulnerable populations? How do you define and identify such vulnerable populations? How do you know what their health needs are? 	Yes we are . There is micro plan for the activity .
<ul style="list-style-type: none"> Is there a system to monitor services provided to BPL, women, SC/ST/minority communities? If yes, details thereof. 	In fact this the community which uses the government health facility . Th well off people generally go for private or other facilities
<ul style="list-style-type: none"> Are there any communication and outreach (IEC/BCC) activities carried out (by the facility) to encourage the population to seek care from the facility? 	Not specific but
<ul style="list-style-type: none"> Is there any transportation provided (by the facility) to people in far flung areas? 	Yes ambulance service is available
<ul style="list-style-type: none"> Are there any subsidies or free care to patients below the poverty line (such as free drugs, free testing etc)? 	Only Rs. 2 is charged by the facility for registration and rest all the available services are free
<ul style="list-style-type: none"> Are all the beneficiaries (of JSY, JSSK) getting the services/cash incentives? (probe the timeliness and adequacy). 	The system of opening of account in bank to transfer fund has created lot many problems as the banks are not pro active in supporting the beneficiary
<ul style="list-style-type: none"> Which types of beneficiaries (caste, community) do you find most difficult to reach with your health services? (details thereof) 	None

