

Country Story- Jharkhand India

Jharkhand Health Society (JHS)

Improving the quality of health care by strengthening district management

After the IBP Inter-Country Meeting, September 2003, the Jharkhand Secretary of Health and Family Welfare decided to apply an IBP-like collaborative approach to a challenge facing his department: *the central government's mandate to devolve management of the health care system to the district level.*

In Jharkhand the State Secretary of Health decided to improve collaboration by engaging health organizations from all sectors in discussions on how to improve the quality of health care. He established the Jharkhand Health Society (JHS) and membership was open to all organizations. The JHS proved to be a dynamic and productive committee and by 2006 it had become the official nodal body of the Department of Health and Family Welfare. The JHS functions today as the Jharkhand Rural Health Mission Society.

To help prepare the districts for increased responsibilities, the Jharkhand Secretary of Health asked the IBP partners to help with strengthening the technical knowledge and management skills of district managers. Led by the Centre for Development and Population Activities (CEDPA)/India, the IBP partners and IBP Secretariat, along with other international organizations and the WHO Country Office, helped the ministry and the JHS organize a 3-day meeting for district management teams and local nongovernmental organizations based in each of the state's 22 districts, which served 27 million people.

The Secretary of Health contributed funds for the workshop. The "Management to Action" meeting took place in October 2006, with 130 participants. It introduced the district staff members to management methodologies such as Performance Improvement, fostering change, and SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. UNFPA and the WHO Country Office prepared a National District Planning Manual, which was introduced at the workshop.

Workshop participants took these techniques and tools back to their districts and applied them to solving some of the managerial challenges they were facing. Follow-up was supported by members of the JHS.

Read the personal story below

Personal Story

Strengthening district management in Jharkhand: The co-ordinator's view by Kiran S. Kamble

It was a mere two months of my joining the Jharkhand Health Society (JHS) under the Department of Health, Government of Jharkhand, as a consultant for public-private partnerships that the Secretary Health, Dr. Shivendu, called me to his office and informed me of the IBP “Management to Action” workshop.... My immediate reaction was: ‘Oh no! Not another workshop!’... But as I started to look at the work of IBP and its partners across the world and in India and Jharkhand, I started feeling an excitement that precedes a successful endeavour. Then followed two months of hectic logistic management with CEDPA.... These mundane tasks didn't bother me much owing to the support [I received] and also due to the feeling of being a part of an important “movement”.The most difficult part was convincing the civil surgeons, the heads of the public health system at the district level, of the pertinence of this workshop and the value that these three days would add to their management skills.

The workshop was a hectic affair.... The best part of this workshop was its interactive nature and the group work sessions. The participants, particularly the civil surgeons, were seen taking active interest in the activities. I got so involved in the superb sessions and the invaluable knowledge being disseminated that I had to be reminded quite often that I am the coordinator and not a participant.... I was amazed by the insights that came out of the civil surgeons, who otherwise, in any other forum, would act like typical bored bureaucrats. My most important lesson learned from this workshop was that honest initiatives like IBP and their way of managing knowledge dissemination are imperative for rejuvenating the healthcare cadre, who are usually so handicapped and overburdened by administrative work that they do not find time for personal and professional development.

True icing on the cake came for me a month later when I was travelling to a remote district in Jharkhand. While visiting a PHC (Primary Health Center), I saw a medical officer sitting in his chamber beyond his duty timings—a rare occurrence—working on a piece of paper with obvious interest. When asked, he showed me the paper with four boxes on it—strengths, weaknesses, opportunities, and threats—and told me that the civil surgeon had conducted a training session for all the medical officers of the district on performance management and SWOT analysis (presentations from the workshop had been provided to the participants) and had asked each officer to do a SWOT analysis of their PHCs and work environments! I regret not having availed of this excellent photo opportunity. I guess I was too overwhelmed! I felt like I also had played some role in bringing about this change. Thank you, IBP, for paving the way.