Evaluation of Taluka Health Officer Scheme in Maharashtra

Submitted by:

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An ISO 9001-2008 Certified Company

Pune

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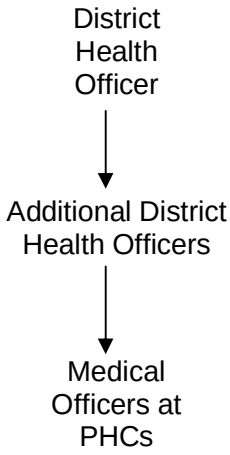
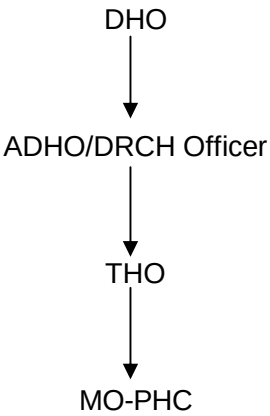
1. Background:

National Rural Health Mission (NRHM) launched by the Government of India in April 2005 with the goal to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. One of the feature of the planning and implementation of NRHM was decentralization.

The number of PHCs in a district range from 50 to 100 per district. It has, therefore, become difficult to have effective monitoring of the various health programmes implemented by the PHC from the district level through the district level officers at the District Head Quarter. The existing structure for monitoring of health services in the district is as below:



In this 3 tier rural infrastructure by Government, the link between MO at PHC and District Health Officer was weak and to bridge this gap Government of Maharashtra introduced Taluka Health Officer Cadre in 2006 for implementation, monitoring and evaluation of all health programmes under its jurisdiction. The proposed structure is as below:



The idea of health official at taluka level was first conceived under European Commission (EC) supported Sector Investment Program (SIP). The purpose of the THO position was to bridge the gap between MO PHCs and district level health officers. Thus, the pilot was initiated in Satara district. This initiative was found effective, as results were also encouraging.

The matter of decentralization of monitoring process at the Taluka level has been considered at all levels for a long time and certain districts like Pune, Satara, Nashik and Ahmednagar are implementing this scheme in an effective manner, which is encouraging too.

Subsequently the scheme started across the State. Later course, under NRHM apart from monitoring and supervision other roles were also given to the THO.

Their major roles were defined as below:

I. As Taluka Health Head,
   a. Record keeping at Taluka level
   b. Coordination of all health activities
   c. Monitoring and Supervision of all activities
   d. Management of Accounts/finance at block level

II. As a strong link between MO PHC and DHO

III. As a trainer at block level:
   a. Conduct training for ANM, MPW and LHVs

IV. As a planner at Taluka Headquarter –
   a. Preparation of plan at village, SC and PHC under NRHM

V. As a Technical team leader for planning epidemic control, handling medico-legal cases etc.

2. Rationale:

Since the establishment of this new cadre in the health system, no evaluations have been done. It is necessary to document the current status of THOs regards their knowledge levels, their performance, problems they face as well as their further training needs.

This will help in strengthening the system and improving the performance.

Prognosis Management & Research Consultants Pvt. Ltd, an organization empanelled with SHSRC, was commissioned to undertake the evaluation of Taluka Health Officers in Maharashtra.

3. Objectives of the Evaluation

Overall objective:

- Evaluation of THOs in Maharashtra

Specific objectives:

- To assess the current status in terms of number available
- To assess their understanding about their roles and responsibilities
- To document their reporting mechanisms
- To assess their level of performance with respect to:
    - Their Knowledge
    - As a Coordinator
    - As a Supervisor
    - As a Planner
    - As a Trainer
    - As a Technical Team Leader
- To document enabling and hindering factors in performing the duties as THO
    - Knowledge of THO
    - Within system
    - Other factors
- To assess the record keeping by THO
- To assess training needs of THOs

4. Methodology

Data for this study was collected in two ways – Primary data collection and secondary data collection.

In the primary data collection; mixed method approach was used. **Qualitative and quantitative methods** were adopted to achieve the research objectives.

The stakeholders' regard to Taluka Health Officer Scheme were as follows:

These included:

- ✓ Decision makers and planners at state level:
  - o Mission Director NRHM
  - o Additional Director (FW)
  - o Programme Officer (DHS)
  - o Joint Director NRHM
- ✓ Circle level Programme Managers
  - o Deputy Director Circle
- ✓ District Level Managers
  - o CEO
  - o DHO
  - o ADHO
- ✓ Taluka Level implementers
  - o THOs
  - o BDO
  - o CDPO
- ✓ Health Services Providers
  - o MO PHC
- ✓ Peripheral Field and community level functionaries
  - o ANM
  - o ASHA

In-depth interviews (Qualitative) were conducted for the officials at State, Circle, and District level. Guides were developed to document the insights of the scheme and the measures to improve the scheme further.

Developed structured tools (Quantitative) were executed to ascertain required information from THOs, MO PHCs, and DHO.

FGDs were conducted with ANM and ASHA.

For primary data collection, circle-wise public health specialists were recruited, considering their know-how and comfort level with the health system.

Training was organized to orient them about:

1. Purpose of the study
2. Tool orientation
3. Sample to be covered
4. Method of sample unit selection
5. Time line

Training was imparted by senior public health experts from Prognosis team. Training was conducted for a day.

During the data collection period, Prognosis members were accompanying these public health specialists. The complete process was photo-documented as well.

5. Sample:

Final sample constituted:

Sample type	Number#
Quantitative	176
Qualitative	43

 # Detailed breakup is given in the Annexure 3

QUALITATIVE- CIRCLE, DISTRICT, BLOCK IDIs (IN-DEPTH): IN SELECTED DISCTRICTS									
Circles	Districts	DD	CEO	DHO	ADHO	BDO @THO HQ	CDPO @THO HQ	MO PHC	TOTAL IDI/ CIRCLE and TOTAL
Thane	Thane	1		1		1	1		4
Pune	Pune		1		1			1	3
Kolhapur	Kolhapur	1		1		1	1		4
Nashik	Jalgaon		1		1			1	3
Aurangabad	Jalna	1		1		1	1		4
Akola	Akola		1		1			1	3
Latur	Osmanabad		1		1			1	3
Nagpur	Bhandara	1		1		1	1		4
		4	4	4	4	4	4	4	28

QUALITATIVE- FIELD: IN SELECTED DISTRICTS FGDs (FOCUS GROUP) Randomizer used				
Circle	District	ANM	ASHA	TOTAL FGD/ CIRCLE and TOTAL
Thane	Thane	1		1
Pune	Pune	1		1
Aurangabad	Jalna		1	1
Akola	Akola		1	1
		2	2	4

QUALITATIVE	
	TOTAL IDI
MD NRHM	1
DHS	1
PRINCIPAL HFWTC	1
ADDL DIR FWB	1
JT. DIR NRHM	1
JT. DIR TB LEPROSY	1
JT. DIR. MALARIA	1
ADHS LEPROSY	1
CIVIL SURGEON	1
DTO	1
DMO	1
	11

The collected quantitative data was entered in CSPro. The data was cleaned and was further utilized for analysis. The qualitative data was collected in the form of recordings and field notes which were further converted in to transcripts. The qualitative data was analyzed by using the Open Code 3.6 software.

6. Findings

The findings under this study constituted the following aspects – demographic profile of respondents, area under their jurisdiction, awareness about THO scheme, involvement and support of THO with other staff, financial processes, training needs, satisfaction with scheme and perceived necessity of the scheme.

Table-1: Demographic Profile of THOs

Demographic Profile of Respondents	Number	Percentage
Age in Years		
<= 40	41	37.6
41 to 45	22	20.2
46 to 50	10	9.2
More than 50	36	33
Total	109	100
Sex		
Male	106	97.2
Female	3	2.8
Total	109	100
Educational Qualification		
MBBS	63	57.8
BAMS	34	31.2
PG	12	11
Total	109	100

The demographic profile of THOs that were interviewed shows that majority(37.6%), were from the age group of <= 40years. 20.2% THOs were from the age group of 41-45 years and 9.2% were 46-50 years old while 33% THOs were more than 50 years of age.

Out of these, all THOs were male exceptfor03 THOs who were female.58% THOs were MBBS and 31% were BAMS while 11% THOs had a post-graduation degree.

Table-2: Years of experience as THO across districts

Experience in years	Number	Percentage
1	13	11.9
2	20	18.3
3	9	8.3
4	14	12.8
5	18	16.5
6	14	12.8
7	11	10.1
8	10	9.1
Total	109	100

When asked about the years of experience working as THO, it ranged from one to eight years. 9.1% of them had held the post of THO since its commencement and an almost equal distribution was seen in the years of experience as shown in Table-2.

Table-3: Previous post held before THO (As per THO)

Previous post held before THO	Number	Percentage
THO	9	8.3
MO PHC	93	85.3
Other	7	6.4
Total	109	100

When THOs were asked about the previous post that they had held before the current post, 85.3% THOs were MO (PHC) before joining post of THO. While 8.3% were THO at other place before joining the THO post in the current situation.

Table-4: Aware about criteria & actual process adopted of selection as THO (As per THO)

	Number	Percentage
Awareness about the criteria for selection of THO		
Yes	104	95.4
No	5	4.6
Total	109	100
Senior most MO, when selected as THO		
Yes	85	78
No	24	22
Total	109	100
Willingness considered		
Yes	90	82.6
No	19	17.4
Total	109	100

When enquired about the awareness about the criteria of selection of THO, 95.4% THOs were aware about the same. 78%THOs were senior most MO when they were selected as THO. 83% THOs reported that their willingness was considered while joining as THO.

Table-5: Expected Qualification for THO post (As per DHO)

Expected Qualification for THO post (DHO)	Number	Percentage
MBBS	9	69.2
PG	4	30.8
Total	13	100

When DHOs were asked about their expectation as to who (from the point of view of qualification) should hold the post of THO, 62% DHOs felt that an MBBS personnel hold the said post and 31% DHOs felt a Post Graduate hold the post of a THO.

Similar finding was observed from the qualitative interviews. There was a mix group of MBBS, BAMS and PG qualified doctors who currently hold the post of THO except for Osmanabad where all the THO posts are held by an MBBS personnel. All the Deputy Directors that were interviewed (Thane, Kolhapur, Bhandara [under Nagpur circle] & Jalna [under Aurangabad circle]) preferred the THO post to be held by an MBBS personnel as BAMS personnel lack technical knowledge when it comes to controlling epidemics or emergency cases, though the Deputy Director for Thane replied that an experienced and senior MO (need not be an MBBS) are also good performing and can be a THO.

One of the Deputy Director even went to the extent to qualify only those for the post of THO who have even a higher qualification than an MBBS degree - Diploma in Public Health (DPH). All Deputy Directors and ADHO Pune told that the performance differed between MBBS and BAMS personnel.

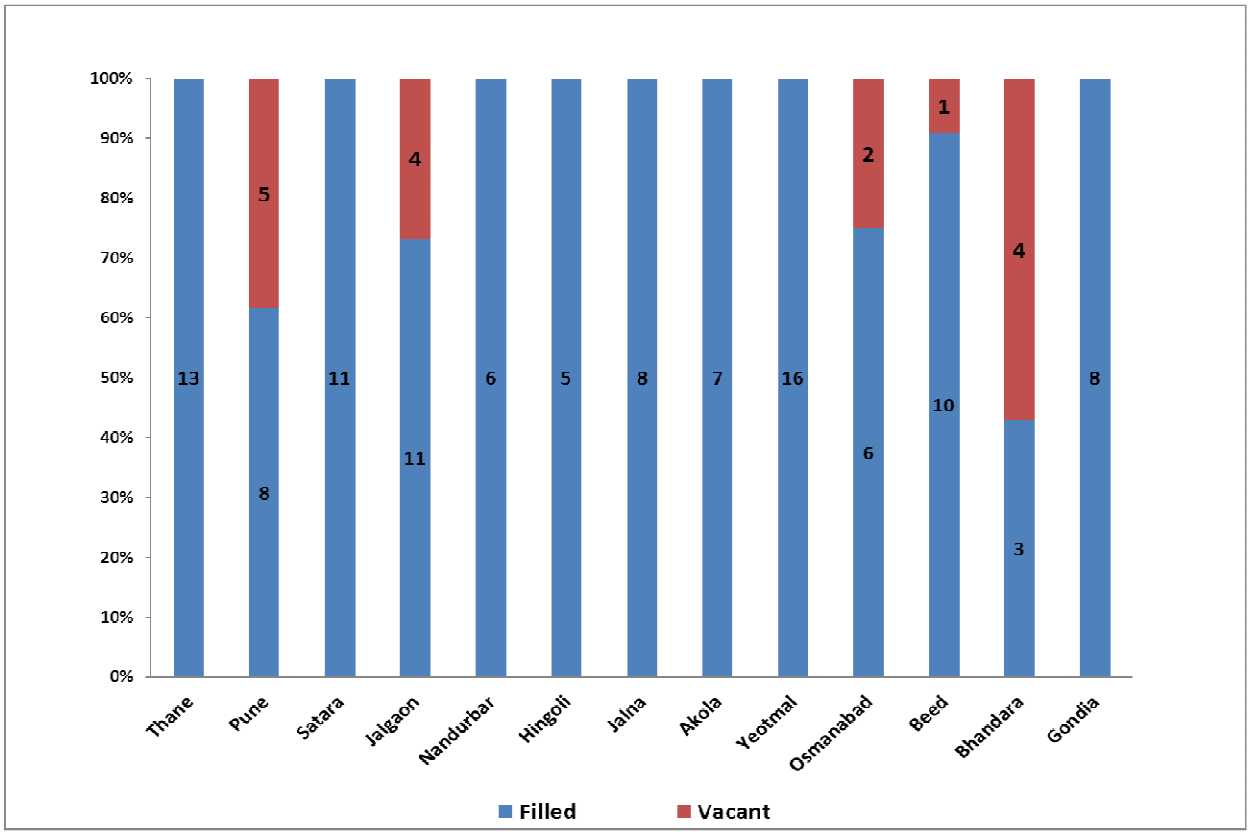
Table-6: Number of Sub Centers and PHCs under Taluka (As per THO)

No. of Sub Centers under THO		
	Number	**Percentage**
Less than 25	45	41.2
26 to 50	55	50.5
51 to 75	9	8.3
Total	109	100
No. of PHCs under THO		
	Number	**Percentage**
Less than 5	68	62.4
6 to 10	33	30.3
11 to 15	8	7.3
Total	109	100

Similar to the finding from the number of villages the THO had to cater to, from the Table-6,we can see that 51% THOs were catering to 26-50 SCs. 41.2% THOs were catering to less than 25 SCs under their Taluka while 8% were catering to 51-75 SCs under them.

Similarly, considering the number of PHC under each THO it was seen that 62.4% THOs had less than 5 PHCs under them, 30.3% THOs were catering to 6-10 PHCs and 7.3% had 11-15 PHCs under their Taluka. This again indicates the varied amount of work load that THOs has to cater to and this variation can be a factor for difference in the performance of THOs.

Graph-1: Current status of THO post (As per DHO)



Out of 13 positions only 8 were filled in Pune, 6 out of 8 in Osmanabad, 10 out of 11 in Beed and 3 out of 7 in Bhandara. All the THO posts are filled in Thane, Satara, Jalna, Nandurbar, Hingoli, Akola, Yavatmal and Gondia.

From the qualitative interviews it emerged that almost in all the districts under study, all the THO posts were completely filled except for Bhandara and Thane where few THO posts were currently vacant due to shortage of MOs. The Deputy Director for Kolhapur felt that the appointments of THO should be their (Deputy Director's) responsibility rather than the CEO appointing them.

Table-7: Awareness about Main objectives/Purpose of THO scheme (As per THO)

Objective of THO scheme	Number	Percentage
Planning	83	76.1
Co-ordination	100	91.7
Evaluation	63	57.8
Monitoring & feedback	98	89.9
Liaison officer	85	78.0
Training	80	73.4
Support in administration	98	89.9
Support in financial aspect	85	78.0
Support in technical aspect	82	75.2

When THOs were asked about the main objectives of their post, it was found that more than 3/4thwere aware of their role as a planner, coordinator, trainer, administrator etc. The least reported objective was of evaluation by 58% THOs.

Table-8: Awareness about Job responsibility (As per THO)

Broad responsibility of THO	Number	Percentage
Co-ordination	101	92.7
Supervision	108	99.1
Planning	92	84.4
Training	84	77.1

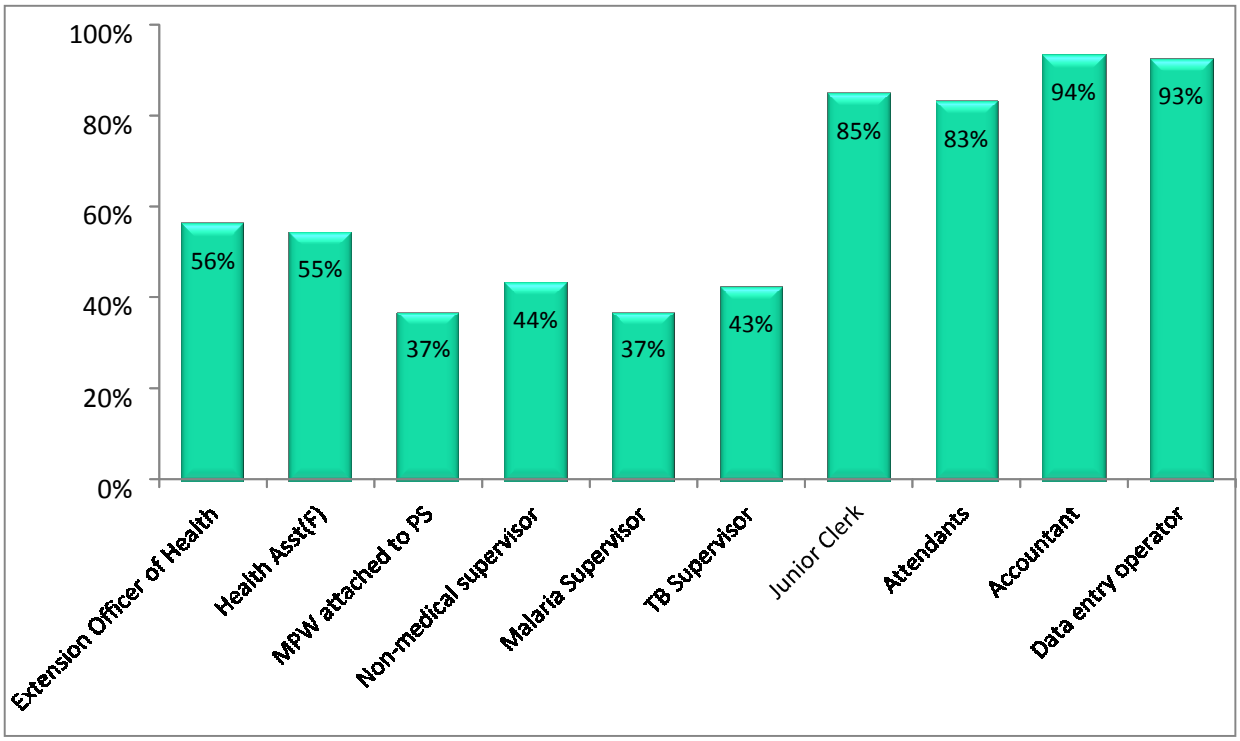
Almost all THOs knew their broad job responsibilities as a Coordinator, Supervisor, Planner and Trainer and felt that THO post is significantly contributing in the improvement in the implementation of the health programs in their respective block.

Table-9: Awareness about Main objectives/Goals/Purpose of THO scheme (As per DHO)

District Name	Objective of THO scheme								
	Planning	Co-ordination	Evaluation	Monitoring & Feedback	Liaison officer	Training	Support in administration	Support in financial aspect	Support in technical aspect
Thane	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Pune	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Satara	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Jalgaon	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nandurbar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hingoli	Yes	Yes	No	No	Yes	Yes	No	No	Yes
Jalna	Yes	Yes	Yes	Yes	No	No	No	Yes	No
Akola	Yes	Yes	Yes	No	No	No	Yes	No	Yes
Yavatmal	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes
Osmanabad	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Beed	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bhandara	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Gondia	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Total (Yes)	10	12	8	10	11	10	11	10	11

When DHOs were asked about the main objectives of THO post, it was observed that more than 3/4thwere aware of their role as a planner, coordinator, trainer, administrator etc. The least reported objective was of evaluation by 8 DHOs out of 13.

Graph-2: Team under THO (As per THO)



When the THOs were asked about the team under them, it emerged that majority of the THOs did not have the complete staff that is assigned as the support staff for the post. Though Attendants, Accountant & Data entry operator are available they are all contractual positions.

Table-10: Schedule of meetings with DHO (As per THO)

Schedule of meetings with DHO	Number	Percent
Once in a week	35	32.1
Fortnight	45	41.3
Once a month	19	17.4
Not fixed, meet as and when required	10	9.2
Total	109	100

Majority of the THOs (41.3%) when asked about the schedule of meetings with DHOs replied that there were meetings with the DHO once in fifteen days. 32.1% replied of having meetings with DHO once a week, 17.4% THOs replied of having meetings with the DHO once in a month while 9.2% replied that they met the DHO as and when need arises.

Similarly, when DHOs were asked about the number of THO meetings that they had held in the last one year, varied response was noted. In places like Bhandara, Satara, Jalna and Gondia where there were more than 36 meetings; in Thane, Hingoli, Osmanabad and Beed there were less than 12 meetings in a year.

Table-11: Schedule of meetings with MO-PHC, Programme Coordinator and MS-RH (As per THO)

Schedule of Meetings	MO-PHC		Programme Coordinator (PC)		MS-RH	
	Number	Percentage	Number	Percentage	Number	Percentage
Once a month	84	77.1	68	62.4	40	36.6
Once in a two month	10	9.2	10	9.3	30	22.9
Not fixed, meet as and when required	15	13.8	31	28.4	39	35.8
Total	109	100	109	100	109	100

When THOs were enquired about the schedule of meetings with MO PHC and PC, 77% and 62% of the THOs replied that they have their schedule of meetings with MO PHC & Programme Coordinator at least once in a month respectively. About meetings with MS-RH it was either once a month for 37% THOs, once in two months for 23% THOs and 36% THOs replied that they meet MS-RH as and when necessary i.e – the schedule per se is not fixed.

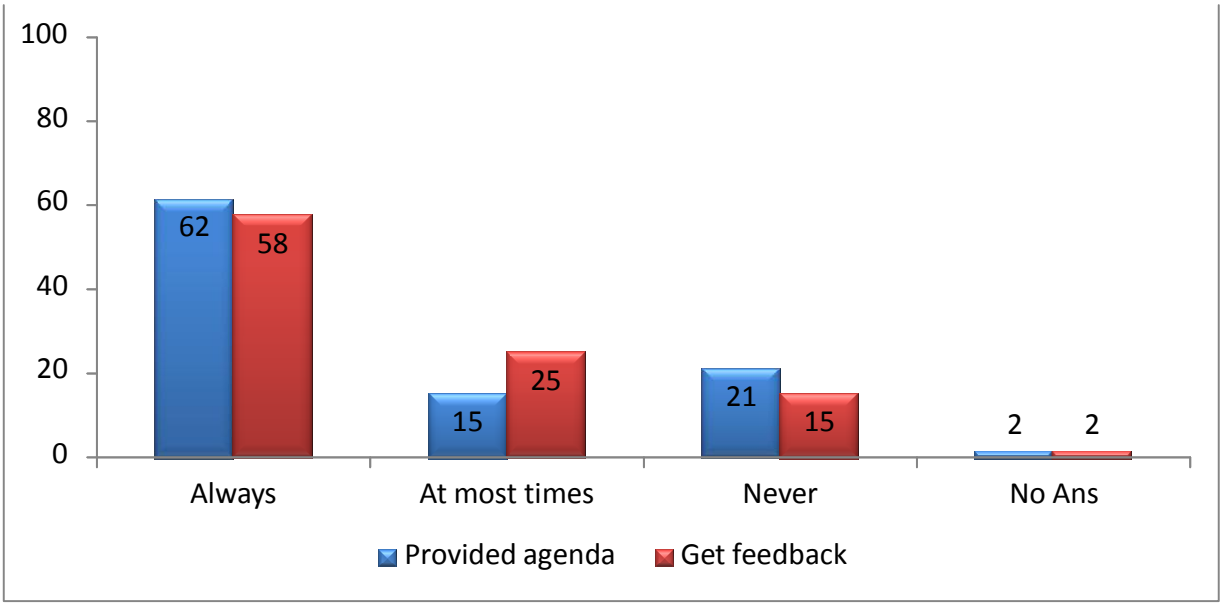
Table-12: Schedule of visits to PHC and meetings with MOs (As per THO)

	Schedule to visit PHC		Meeting schedule called by THO	
	Number	Percentage	Number	Percentage
Once in a month	41	78.8	43	82.7
Once in a two months	4	7.7	4	7.7
Once in a Six months	1	1.9	0	0
Not fixed	6	11.5	5	9.6
Total	52	100	52	100

When THOs were asked about their schedule of visit to PHC and meetings with MOs, 79% THOs replied that their scheduled visit to PHCs is once in a month and 83% THOs schedule their meetings with MOs once in a month. Monitoring being a key responsibility of the THOs; it was emerged from the qualitative data of THO & MO-PHC that they collect the MIS reports from all MOs, study them, discuss them with respective MO and then submit it to DHO.

Similar finding emerged from the interviews of THOs where they mentioned that their significant time is spend in the meetings and travel for the same and hence cannot contribute significantly and justify their post.

Graph-3: Provided meeting's agenda and get feedback on issues raised (As per MO PHC)



When the MOs were asked about the support of THO in terms of providing agenda and feedback on issues raised during the meetings, more than 58% of the MOs told that THOs always provide the agenda for the meetings and provide feedback on the issues that are raised during the same. Though 21% & 15% MOs responded negatively for the same.

Table-13: Number of meetings in last one year (As per THO)

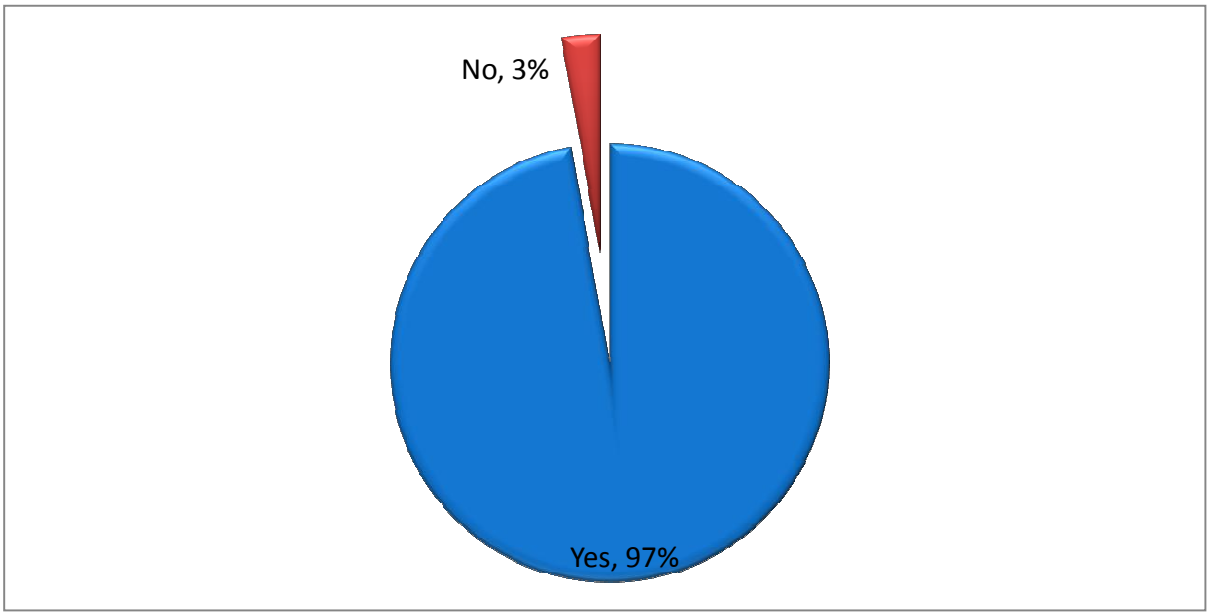
	With RKS		With CDPO		With Water supply & Sanitation		With RH, SDH	
Number of meetings in last one Year	**No.**	**%age**	**No.**	**%age**	**No.**	**%age**	**No.**	**%age**
No Meeting	0	0	1	.9	1	.9	1	.9
1 to 5	8	7.3	44	40.4	44	40.4	44	40.4
6 to 10	37	33.9	39	35.8	39	35.8	39	35.8
More than 11	64	58.7	25	22.9	25	22.9	25	22.9
Total	109	100	109	100	109	100	109	100

All the THOs have attended RKS meetings and majority of them (58.7%) have attended it almost on a monthly basis. Though few had attended it quarterly too.

Considering the meetings with water supply and sanitation (VCDC) about 40% THOs had 1-5 meetings in last 1 year, 32% THOs had 6-10 meetings in last one year, 23% THOs had it almost on a monthly basis in last year. Similar was observed for the meetings with CDPO.

In last year RH, SDH meetings review was, 40% THOs had 1-5 meetings, 32% had 6-10 meetings, 23% had it almost on a monthly basis in last year.

Graph-4: Provided Technical guidance to staff (As per THO)



Almost all (97%) THOs when asked whether they provide technical guidance to staff replied that they provide technical support to staff during their visit to PHC and more than 95% THOs said that MOs coordinate with them during their visit to PHC.

Also, when DHOs were asked about the involvement of THOs in preparation of the district plan, 92% DHOs replied that THOs contribute significantly in this. When MO PHC were asked about THOs involvement in preparing the PHC plan, 85% MOs replied positively to this saying that THO help them in preparing the PHC plan, while 15% responded negatively for the same.

Similar finding was observed from the interview with THOs in which they replied that they always provide technical support to staff during their visit to PHC and that MO PHC coordinated well with them during the visit. Though the THO for Nandurbar and Yawal told that few MOs do not cooperate well as they consider THOs of the same cadre and because THOs don't have any additional powers.

Table-14: RKS member ever complained about MO (As per THO)

RKS members ever complained about MO		
	Number	**Percentage**
Yes	49	45
No	60	55
Total	109	100

45% THOs replied that RKS members have complained them about the functioning of Medical Officers.

Table-15: Programmes for which contacted MS-RH (As per THO)

Programmes for which contacted MS-RH		
	Number	Percentage
Family Planning	90	94.7
RNTCP	56	58.9
HMIS	60	63.2

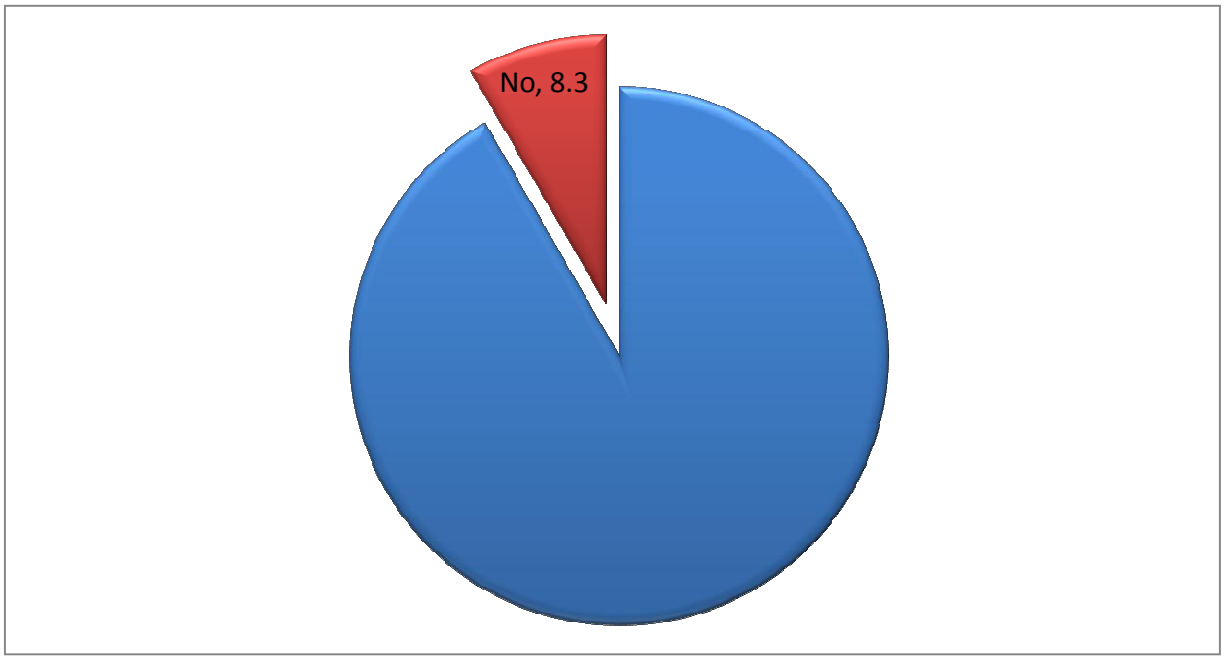
Family planning stood as the most important program for which THOs had to contact MS-RH which was 95%. Whereas 63% & 59% of the THOs said that they had to contact MS-RH for HMIS & RNTCP respectively.

Table-16: Ever had to contact DHO for MS-RH non-cooperation (As per THO)

Ever had to contact DHO for MS-RH non-cooperation		
	Number	Percentage
Yes	18	16.5
No	91	83.5
Total	109	100

Good team work and coordination could be sensed between the officials at the taluka & district level as almost 3/4th of the THOs did not had to contact DHO for non-cooperation from MS-RH.

Graph-4: Involvement of THOs in preparation of District plan (As per DHO)



92% DHOs felt that THOs are involved in the preparation of plans of all National Program.

Table-17: Flow of Financial Transaction (As per THO)

Smooth Financial Transaction	DHO to THO		THO to MO	
	Number	Percentage	Number	Percentage
Yes	107	98.2	108	99.1
No	2	1.8	1	.9
Total	109	100	109	100
Average time required for financial transaction	**DHO to THO**		**THO to MO**	
	Number	Percentage	Number	Percentage
Less than a month	104	95.4	108	99.1
More than a month	5	4.6	1	.9
Total	109	100	109	100

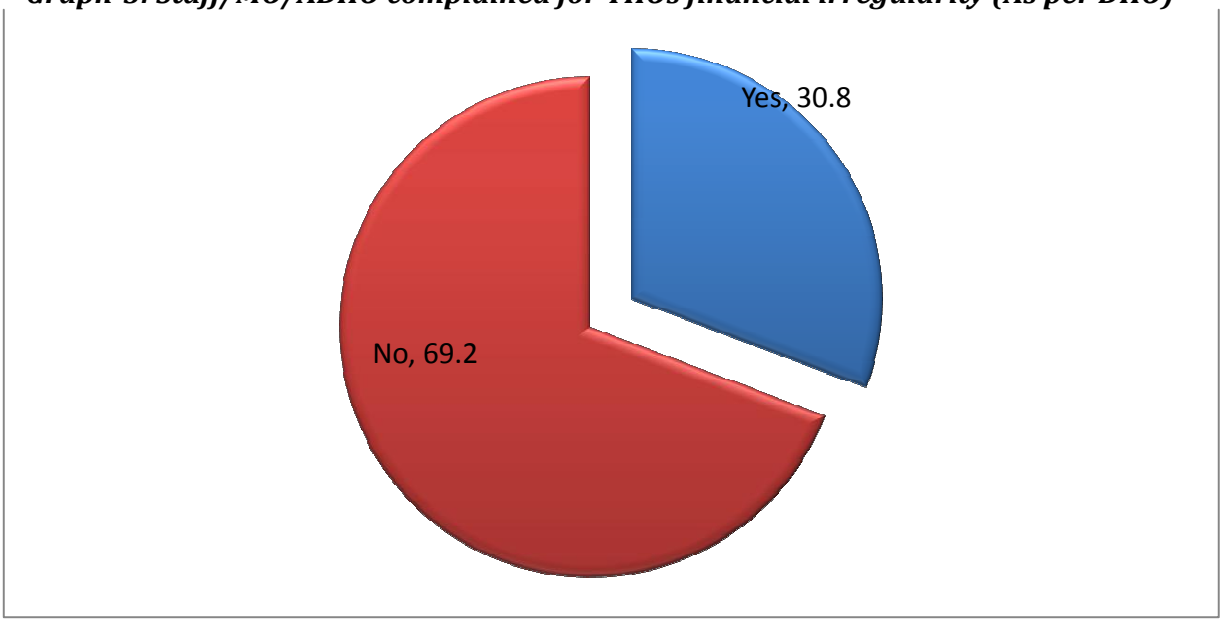
When THOs were enquired about the flow of funds and the duration required for the same, they replied that the flow of funds from DHO to THO and from THO to MO have always been smooth in all the districts and that in majority of the cases (more than 98%) the flow of funds would take less than a week for transfer.

When enquired to the MOs about the time required for financial transaction, 92% of the MOs told that the time required for the financial transaction from the THO office to the MO has always been less than a week.

Similar observation was evident from the qualitative interviews of all THOs wherein they replied that they transfer the funds received to MOs within a week and also provide freedom to them to utilize the funds in any such program which currently has less funds on the condition that they will have to submit appropriate bills for the same.

The same phenomenon emerged from the qualitative aspect that the flow of funds from DHO to THO and from THO to MO has also been smooth except for Bhandara and Thane where the Deputy Directors of the respective district reported of some financial irregularities in their district.

Graph-5: Staff/MO/ADHO complained for THOs financial irregularity (As per DHO)



When the DHOs were enquired about any complaints ever by any staff or MO or ADHO about the financial irregularity of the THO, 69% DHOs replied that there were no complaints. Though, 31% DHOs replied that any staff or MO or ADHO complained regarding THOs financial irregularity. This was also evident from two qualitative interviews of Deputy Directors of Thane & Bhandara [under Nagpur circle] –

"My office received complaints regarding financial irregularities (1 written & 2 verbal); but after enquiry nothing specific came out."

"There are some complaints about financial matters by THO and I asked concerned DHO to take necessary action. No proposals for action are sent by CEO / DHO."

"There have been complaints of financial irregularities by THO & concern has been submitted to higher authorities."

Though, there is a need to explore further as to what type of complaints were registered with the DHO.

Table-18: Training received and Need for refresher training (As per THO)

	Number	Percentage
Received induction training before joining as a THO		
Yes	28	25.7
No	81	74.3
Total	109	100
Need refresher training		
Yes	89	81.7
No	20	18.3
Total	109	100

When the THOs were asked about the induction training that they had received, only 25.7% THOs replied that they received induction training before joining as THO while a staggering 73.4% THOs replied that they didn't receive any such induction training before joining as THO.

When the need of THO for refresher training were assessed, 82% THO felt that they need refresher training but 18% THOs did not felt the same about such training.

It was also evident from all the interviews of the DDs, DHOs and ADHOs that the capability of the THOs can be enhanced by regular training on public health management, communication skills, soft skills and financial management of programs. For the better performance of the THOs it was also suggested by all the stakeholders interviewed that the THO cadre must be made as a separate cadre under which the THO was selected as a higher cadre than the MO PHC and transferred in the same post as THO and no PHC responsibility to be handed over to them. It was also suggested that this post be made a Class I post with additional administrative and financial powers because of which the MOs could be monitored and supervised more effectively. All THOs also reported the same.

Table-19: Area in which training required (As per THO)

District Name	Public health management (%)	Financial management (%)	Soft skill (%)
Thane	100	70	80
Pune	20	80	60
Kolhapur	100	83.3	66.7
Satara	16.7	100	83.3
Jalgaon	40	100	40
Nandurbar	100	100	100
Hingoli	100	100	100
Jalna	100	83.3	100
Akola	87.5	100	87.5
Yavatmal	88.9	88.9	77.8
Osmanabad	100	75.0	25.0
Beed	100	66.7	33.3
Bhandara	100	100	83.3
Gondia	57.1	85.7	85.7
Total	80.6	87.5	75

When we carried out survey of THOs about need for refresher training in different areas the result showed, 81% THOs had opinion that they need refresher training in public health management, 88% THOs need refresher training for financial management and 75% THOs thought that they need training in soft skills.

This also came up in almost all the THO interviews where they expressed the need for additional training in all the above said aspects.

Table-20: Received programmatic guidelines (As per THO)

	Number	Percentage
Received Programmatic guideline		
Yes	97	89.0
No	12	11.0
Total	109	100
Guidelines were helpful		
Yes	96	98.9
No	1	1.1
Total	97	100

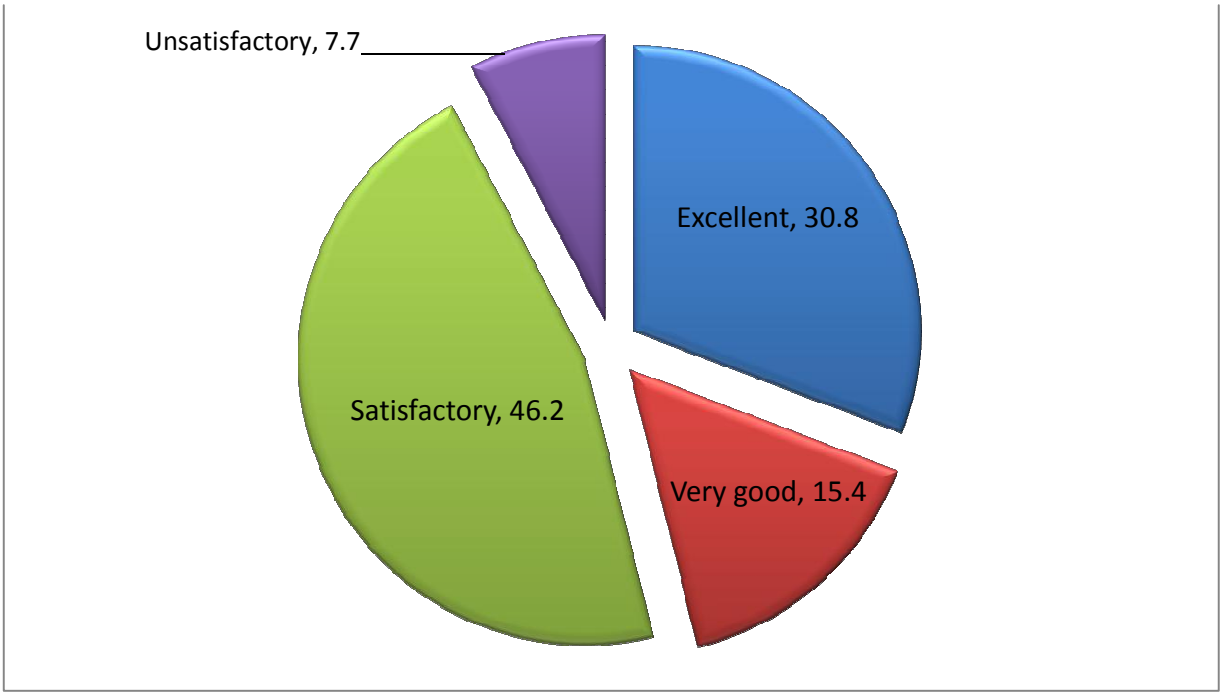
When enquired about the programmatic guidelines received and their helpfulness, 89% THOs replied that they did get guidelines about their roles and responsibilities. Out of these 94 THOs (96%) were of the opinion that these guidelines were helpful too. Similar finding was also observed from the interviews of all the THOs.

Table-21: Regularity of reporting by THOs (As per DHO)

Regularity of reporting by THOs		
	Number	**Percentage**
Yes regularly	9	69.2
Yes, but not very regularly	4	30.8
Total	13	100

When asked about the regularity of reporting by THOs, 69%DHOs replied that THOs report regularly to the authority.

Graph-6: Assessment of THOs work (As per DHO)



When DHOs were asked about the overall performance of the THOs work, 31% felt the work was excellent, 15% replied that THOs performed well, 46% felt satisfied with THOs work while 8% DHOs were unsatisfied with THOs work. The point of satisfaction with THOs work was also evident from the interviews of almost all CEOs, DHOs, ADHOs, MO PHCs, BDOs, CDPOs except from all the DDs who were not satisfied with the work of THOs who were BAMS qualified. Some of the aspects regarding the same are as below –

"The performance of THO differs because of higher qualification, like MBBS, post graduation."

"THO should be higher qualified than MBBS like DPH. BAMS should not be THOs."

"Performance will not differ because of qualification, but BAMS doctors are not technically competent in Medical Knowledge and Surgery."

It was also emerged from the qualitative data that along with the qualification; age and previous experience as MO-PHC should be considered while selecting a personnel for the THO post. It was also suggested to select those as THO who has experience in working in tribal areas.

Table-22: Perceived capability and necessity of THO scheme (As per DHO)

	Feel THOs are capable		Necessity of THO scheme		Training will improve the service	
	Number	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
Yes	11	84.6	13	100	13	100
No	2	15.4	0	0	0	0
Total	13	100	13	100	13	100

DHOs when asked about the capability and necessity of the THO scheme, majority of the DHOs (85%) felt that the THOs are capable and all of them felt the necessity of the THO scheme. All the DHOs replied that the services provision of THOs will enhance if they are provided with proper training.

When MOs were enquired about the necessity of THO, 96% MOs felt that the THO post is necessary and important in the current health infrastructure. Even MO PHCs felt that the THOs are capable and is important in the health infrastructure as they form an important link between the field and district and that small issues can be resolved with the help of THOs which avoided the delay in implementing the programs resulting in better outcomes evident from the health indicators.

Similar finding was observed from the interviews of DDs (except for capability of BAMS THOs), DHOs, and ADHOs.

7. Other Qualitative aspects:

The other stakeholders senior to THO (DHO & ADHO); working along with (BDO & CDPO) and subordinate to THO (MO & field staff); felt that the THOs currently holding the position are capable in undertaking the role that they are assigned. One of the ADHO told that all the THOs under his jurisdiction are posted either from MPSC or through MKCL and are contributing significantly in implementing the programs and functioning of the system. The BDOs and CDPOs that were interviewed also reported that the THOs coordinated well with them, attended the meetings regularly and guided them in technical aspects wherever necessary.

One of the BDO said that "A lot of new health programs are included under NRHM; THO being a technical post contributes effectively & significantly in it". It was also reported that THOs form an integral part of the system as they help them in handling critical issues like immunization, malnutrition, liaisoning with govt. officials like VHSNC and guiding them appropriately. Though, one of the officials said that even if the post of THO is abolished, it would not harm the system but if the staff under the THO is also abolished will make a huge negative impact and will hamper the programs tremendously.

The MOs especially felt the need of THO in preparing the PIP for the PHC and also resolving problems immediately which helped them in preventing the delay in further procedures. They otherwise for the same issue, had to contact the DHO which would generally consume their critical time and led in the delay of the activities and consequently hampered the program. DHO and ADHO from all the sites agreed to this point.

One of the CEO said that –

"THOs are like our hand, they are very important as without them the planning, implementation and monitoring of the programs would not have been possible". "If there is an epidemic in 4 – 5 taluka, where and how is the DHO going to attend & manage".

Almost all the stakeholders interviewed reported that additional administrative and financial powers be provided to the THOs, the absence of which is causing a hindrance for the THOs to perform their duties.

One of the CEO reported that –

"One feels as if your hands are tied up and you can't do anything even though you see wrong things are happening under your nose".

All the stakeholders that were interviewed under the analysis of THO scheme (CEO, DD, DHO, ADHO, BDO, CDPO & MO) reported that the THO post is very much essential as the THO performs critical functions which are essential for the planning, implementation, smooth functioning and monitoring and supervision of all the health programs like:

- Preparing PIP
- Acting as a coordinating link between district and field
- Supervising and monitoring the flow of funds
- Addressing issues and problems at their own levels
- Conducting regular meetings and take review of all activities
- Guiding in various programs
- Coordinating between other officials for better outcome of the programs

Main points emerged after qualitative interview –

- THO post is necessary for better monitoring and coordination and liaisoning between senior and junior officials.
- Power to grant leave to MOs must be with THO for better coordination of activities at the field level.
- Need for provision of additional administrative and financial powers to THO be assessed and Powers to be vested can be worked out like - sanctioning of leave of MO, initiation of CR of MO, reviewing CR of field staff.
- THO post should be made as a separate state cadre for better supervision and monitoring of activities as at present THO is appointed by CEO amongst one of the MO from one of the PHC of block. In case of transfer, THO can be transferred back as MO because of which he/she not able to use powers confidently. Not only this, also certain other problems like MO with qualification of MBBS does not respond properly if THO is BAMS. Thirdly MS of RH is Class I and then because of ego coordination becomes difficult for THO with MS.

Suggestions by major stakeholders (Decision Makers) –

- THO post is necessary in the current infrastructure as because of increase in infrastructure, large no. of programs and activities close supervision is required and it eases the DHO work, BDO supervision is not possible and there is a need for supervision at the taluka level.
- THO post should be made as a separate state cadre which will motivate MO and ensure that in case of transfer he/she is going to be transferred in any district but as THO and this will ensure better supervision and monitoring of activities.
- Long term strategy for THO scheme - Selection of THO be based on qualification, three years PHC experience and should possess either DPH/MD PSM/PG degree.
- Short term strategy for THO scheme - Training and refresher training of THOs for their capacity building should be conducted.

8. Comments and Conclusion:

- Essentiality of the THO post is felt by all the stakeholders.
- Need for THOs as a separate cadre is felt by all stakeholders.
- All the senior staff to THO recommend the THO post to be held by a MBBS personnel or by a post graduate.
- Complete support staff sanctioned to the THO office is not filled. If supported with the complete staff, THOs can function better.
- Need for additional administrative and financial powers to THOs.
- THO is supposed to look after finance as well as Public Health Programme. Though guidelines from NRHM are there along with powers for finance, there is scope for further improvement. Hence training is essential.
- Number of meetings that the THOs have to attend is high.
- Other than their regular duty as a THO, many THOs have to handle additional charges too and these may affect their duties as THO.
- Evaluation is one of the job responsibilities of the THO. However many THO and DHO are not aware of this and this may affect program evaluation.
- The flow of financial transaction from top to bottom is smooth.
- Good coordination between various departments at taluka level (health, WCD, rural development etc) observed.
- THOs are functioning well and contributing significantly as CEOs and DHOs are satisfied with the work of THOs, MO PHC acknowledges their support and other departments (rural development, ICDS) feels adequate support from the THOs.

9. Recommendations:

- THO post is essential as it plays a key role in the administrative structure for better coordination and implementation of programmes. So THO post should be retained and strengthened.
- Vacant THO post at all sites be filled up on an urgent basis for smooth functioning of the system.
- Taluka level other staff of leprosy, malaria, school health, training etc. should be under direct control of THO.
- All the support staff sanctioned under the THO office should be filled.
- THO post should be made as a separate state cadre for better supervision and monitoring of activities. The posts to be upgraded and transfer should be in same cadre. Postings and transfer of THO should be through Directorate instead of CEO. In case of transfer, THO can be transferred back as MO because of which he/she not able to use powers confidently. Not only this, also certain other problems like MO with MBBS qualification does not respond properly if THO is BAMS. Thirdly MS of RH is Class I and then because of ego, coordination becomes difficult for THO with MS.

- To Career development opportunity for THO in case posts are not upgraded by other ways so as to retain the interest to join and work as THO by –
  - Transfer if to be done should be in and as THO only
  - Consider them/prefer for PG
  - District level posts as DTO/ RMO (OR) where at present senior MOs are posted, these posts can be reserved for THO on seniority basis
- Eligibility criteria to join and appoint THO needs to be developed. For e.g.
  . Qualification - MBBS, Service - Minimum 5 years out of which 2 to 3 years should be served in Tribal area. Should have undergone Training on - Sterilization and Post-Mortem. Should be able to handle Medico-Legal cases.
- Training and refresher training of THOs for their capacity building is the need of the hour.
- Need of additional administrative and financial powers to THOs should be assessed.
- The number of meetings should be such that THO's time is utilized well and various meetings that the THOs have to attend can be clubbed.
- Considering the aspect of financial irregularity state should develop a system to transfer the budget of NRHM through RTGS directly to MO-PHC instead of routing through THO.
- State has also to develop strategy for better coordination at Block level between THO and MS RH

- State has to develop strategy for effective coordination; monitoring and supervision for all programs as at present 90% time is spend on NRHM & RCH because of which other programs get affected.

Annexure 1: THO Tool:

Taluka Health Officer (THO) Scheme Evaluation
Questionnaire for Taluka Health Officer (THO)

Identity code:

District Code			Taluka Code					Respondent	Serial number		
(Format type of respondent – T for THO, D for DHO, M for MO and last 3 numeric digits for serial number of the case)											

Date:
Name of Investigator: ----------
Signature of Investigator: ----------
General Information

Q. No	Questions	Response/Options	Code	Remark& responses of Others wherever applicable
1.1	Name			
1.2	Age			
1.3	Sex	Male = 01 Female = 02		
1.4	Educational qualification	MBBS = 01 BAMS = 02 PG = 03 Other = 77		
1.5	Total no. of years working as THO	---------- Years		
1.6	Months since you joined here as a THO	Months		
1.7	Previous posts held prior to this THO post *(Multiple answers possible)*	THO = 01 MO PHC = 02 Other = 77		
1.8	Were you the senior most MO when you were selected as THO?	Yes = 01 No = 02 Don't know = 98		
1.9	Have you been compelled by CEO / DHO to join to this post?	Yes = 01 No = 02 Don't know = 98		
1.10	Was your willingness considered?	Yes = 01 No = 02 Don't know = 98		

Q. No	Questions	Response/Options	Code	Remark& responses of Others wherever applicable
1.11	Who all were involved in your selection?	CEO = 01 DD = 02 DHO = 03 Other = 77 Don't know = 98		
1.12	Do you know criteria for selection of THO?	Yes = 01 No = 02 Don't know = 98		
1.13	Were you given any induction/orientation training before joining here as a THO?	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.1.15
1.14	Who gave/conducted this training?	DHO = 01 Other = 77 Don't know = 98		
1.15	When was your last training conducted(about THO scheme)?			
1.16	Do you need refresher training?	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.1.18
1.17	If yes,In which areas? *(Please tick the ones told by the respondent)* *(Multiple answers possible)*	Public Health Management = 01 Financial management = 02 Soft skills = 03 Other = 77		
1.18	Did you get any guidelines /written material about your job profile/ your responsibilities?	Yes = 01 No = 02 Don't know = 98		If no, skip to Section 2
1.19	Do you feel that such guidelines were helpful/ would have been helpful for you?	Yes = 01 No = 02 Don't know = 98		

Information about Knowledge of THO scheme:

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
2.1	In which year did this THO scheme start?	_____Year Don't know = 98		
2.2	No. of villages under your THO office?			

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
2.3	No. of SC under your THO office?			
2.4	No. of PHCs under your THO office?			
	No. of dispensaries under your THO office?			
	No. of Health units under your THO office?			
2.5	What are the criteria for selection as a THO?*(Multiple answers possible)*	Senior most of all MOs = 01 Willing to join on this post = 02 Other = 77		
2.6	Can you enlist main objectives/goals/purpose of THO scheme?*(Multiple answers possible)*	Planning = 01 Coordination = 02 Evaluation = 03 Monitoring&Feedback = 04 Liaison Officer = 05 Training = 06 Support in administration = 07 Support in Financial aspects = 08 Support in Technical aspects = 09 Other = 77		
2.7	What are the broad job responsibilities of THO?*(Multiple answers possible)*	Coordination = 01 Supervision = 02 Planning = 03 Training = 04 Other = 77		
2.8	According to you, can the contribution of the THO post improve the implementation of health programs in your block?	Yes = 01 No = 02 Don't know = 98		If no, skip to Section 3
2.9	Please enlist the points in support of your sentence?			

Role as a Coordinator:

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
3.1	Who are involved in your team? *(Please tick the one's whose designated name is taken by the respondent)*	Extension Officer of Health = 01 Health Asst. (F) = 02 MPW attached to PS = 03 Non-medical Supervisor = 04 Malaria Supervisor = 05 TB Supervisor = 06 Junior Clerk = 07 Attendants = 08 Accountant=09 Data entry operator=10 Other=77		
3.2	What is the frequency of regular/ scheduled meetings with DHO? *(personally attended)*	Once in a week=01 Fortnight=02 Once a month = 03 Once in a two months = 04 Not fixed, meet as and when required = 05 Don't know = 98		
3.3.A	No. of meetings arrange at district office in a last three months (Oct. - Dec 2012)?			
3.3.B	No. of meetings you attended at district office in a last three months?			
3.4	What is the frequency of regular/ scheduled meetings you call of all MO-PHCs of your block?	Once a month = 01 Once in a two months = 02 Not fixed, meet as and when required = 03 Don't know = 98		
3.5	Average no. of meetings of MO-PHCs you called in a last three months?			
3.6	Do you provide technical guidance to the staff during your visit to the PHC?	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.3.8
3.7	On which topics do you provide technical guidance?	1)---------- 2)----------		

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
		3)---------- 4)----------		
3.8	Do the MOs coordinate/cooperate with you?	Yes = 01 No = 02 Don't know = 98		If yes, skip to Q.3.10
3.9	If no, what reason do you cite for this?*(Multiple answers possible)*	Seniority = 01 Qualification = 02 Others = 77		
3.10	What is the frequency of regular/ scheduled meetings that you call for all Program coordinators from your block?	Once a month = 01 Once in a two months = 02 Not fixed, meet as and when required = 03 Don't know = 98		
3.11	No. of meetings of Program coordinators you called in a last three months?			
3.12	What are the issues usually gets discussed during these meetings?	1)---------- 2)---------- 3)---------- 4)----------		
3.13	Have you attended RKS meeting?	Yes = 01 No = 02 Don't know = 98		
3.14	In a last one year how many RKS meetings have you attended?			
3.15	What are the issues usually gets discussed during these meetings?	1)---------- 2) ---------- 3----------		
3.16	Have the RKS members ever complained you about the MO?	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.3.19
3.17	What were the complaint issues?	1---------- 2---------- 3---------- 4----------		
3.18	How were they resolved?			
3.19	In a last one year how many meetings related to VCDC (Village Child Development Center under ICDS) have you attended?			

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
3.20	What are the issues usually gets discussed during these meetings?	1---------- 2---------- 3---------- 4 ----------		
3.21	In a last one year how many meetings with CDPO have you attended?	☐☐		
3.22	What are the issues usually gets discussed during these meetings?	1)---------- 2---------- 3)- ---------- 4) ----------		
3.23	In a last one year how many meeting related to water supply and sanitation have you attended?	☐☐		
3.24	What are the issues usually gets discussed during these meetings?	1---------- 2) ---------- 3) ---------- 4) ----------		
3.25	In a last one year how many meetings with RH, SDH and /or council hospitals have you attended?	☐☐		
3.26	What is the frequency of regular/ scheduled meetings with MS - RH?	Once a month = 01 Once in a two months = 02 Not fixed, meet as and when required = 03 Don't know = 98	☐☐	
3.27	What are the issues that usually get discussed during these meetings?	1)---------- 2)- ---------- 3)- ----------		
3.28	For which programs do you contact them?*(Multiple answers possible)*	Family Planning = 01 RNTCP = 02 HMIS=03 Others = 77	☐☐ ☐☐ ☐☐	
3.29	What are the general purposes for which you contact them?*(Multiple answers possible)*	Place = 01 Surgeon = 02 Others = 77	☐☐ ☐☐	
3.30	Whether you get necessary cooperation?	Yes = 01 No = 02 Don't know = 98	☐☐	

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
3.31	Did you ever have to contact the DHO for MS – RH non-cooperation?	Yes = 01 No = 02 Don't know = 98		
3.32	Whether it is possible for you to settle at your level or you have to take help from DHO to communicate to CS?	Settle at own level = 01 Need to take help of DHO = 02 Others = 77		
3.33	Has the financial transaction from DHO office to THO office always been smooth?	Yes = 01 No = 02 Don't know = 98		
3.34	On an average how much time is required for the same?	Less than a month = 01 More than a month = 02 Others = 77		
3.35	Has the financial transaction from THO office to MO always been smooth?	Yes = 01 No = 02 Don't know = 98		
3.36	On an average how much time is required for the same?	Less than a month = 01 More than a month = 02 Others = 77		
3.37	What types of problems hamperthe smooth flow of funds?*(Multiple answers possible)*	Utilization certificate (UC) = 01 SOE = 02 Others = 77		
3.38	How are these problems resolved?*(Multiple answers possible)*	By asking to submit modified UC = 01 By asking to submit modified SOE = 02 Others = 77		
3.39	What are the problems/issues you came across while coordinating with all these agencies?			
	_____ _____ _____ _____ _____ _____			

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
	_____			

Role as a Planner:

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
4.1	Are you involved in preparing the plans for PHC for MO's under your jurisdiction?	Yes = 01 No = 02 Don't know = 98		
4.2	What administrative powers do you have?*(Multiple answers possible)*	Sanction of leaves = 01 Deputing MO's = 02 Transfer of MO's = 03 Complaint redressal = 04 Report writing = 05 Others = 77		
4.3	What financial powers do you have?*(Multiple answers possible)*	Sanctioning of TA bills = 01 Purchase of medicine = 02 Sanctioning of contingency = 03 Counter sign the bills pertaining to construction of PHC/Sub-centers = 04 Others = 77		

Role as a Supervisor:

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
5.1	What is the frequency of	Once a month = 01		

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
	regular/scheduled visits to each PHC/MO of your block?	Once in a two months = 02 Not fixed, meet as and when required = 03 Don't know = 98		
5.2	In a last three months have you visited each PHC from your block?	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.5.4
5.3	How many PHCs have you visited?			
5.4	In a last three months how many sub-centers have you visited?			
5.5	In a last three months how many beet/PHC meetings have you attended?			
5.6	Whether you visit AWC?	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.5.8
5.7	Please enlist the activities you undertake there.			
5.8	What is the status of malnourishment in your area over the last one year? Has it improved? / (% of malnourished children reduced)	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.5.10
5.9	How much percentage reductionhas been there in malnutrition compared to last year?			
5.10	What are the broad aspects involved in the MIS?*(Multiple answers possible)*	Collection of data = 01 Compilation = 02 Analysis = 03 Feedback = 04 Other = 77		
5.11	Have there ever been problems with the MIS?	Yes = 01 No = 02 Don't know = 98		If no, skip to Section 6

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
5.12	What kind of problems?*(Multiple answers possible)*	Under reporting = 01 Over reporting = 02 Mismatch of data = 03 Other = 77		
5.13	How do you monitor these problems?*(Multiple answers possible)*	Cross check of data = 01 Back check of data = 02 Surprise visit to field = 03 Regular updates for MO = 04 Other = 77		
5.14	How do you resolve these problems?			

Role as a trainer

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
6.1	No. of trainings conducted / organized by you or your office in a last one year?			
6.2	Who were the participants for these trainings?*(Multiple answers possible)*	MO = 01 ANM/LHV = 02 AWW = 03 ASHA = 04 MPW = 05 Other = 77		
6.3	Have the refresher trainings to ANM, MPW and LHVs conducted/organized last year?	Yes = 01 No = 02 Don't know = 98		If no, skip to Q.6.5
6.4	What is the processofinduction/orientation to any new staff/transferred staff which gets			

Q. No	Questions	Response/Options	Code	Remark & responses of Others wherever applicable
	appointed at PHC, Sub-center or your office?			
	_____ _____ _____			
6.5	What are your suggestions/comments/problems you faced/issues of concern regarding your role as a THO?			
	_____ _____ _____			

Annexure 2: Field work Photographs


राष्ट्रीय ग्रामीण आरोग्य अभियान
जननी शिशु सुरक्षा कार्यक्रम
राष्ट्रीय पल्स पोलिओ लसीकरण मोहिम
तालुका आरोग्य अधिकारी कार्यालय वाशी

Annexure 3: Multi-stage sampling

Districts	District nos. per Circle	% of total Districts per Circle	Sample/ Circle w.r.t % representation of Districts	40% Districts selection per Circle	Numbering of Districts for randomizer	Sets for randomizer	Randomly selected Districts	QUANTITATIVE IN SELECTED DISTRICTS. CIRCLES HAVING MORE THAN 2 DISTRICTS, LARGER DISTRICT HAS HIGHER REPRESENTATION			
								THO	MO PHC*	DHO	TOTAL QUANTI
Thane	3	9	10	1	1	1	Thane	10	5	1	16
Raigad					2						
Ratnagiri					3						
Pune	2	6	7	1	4	2	Pune	7	3	1	11
Solapur					5						
Kolhapur	4	12	13	2	6	3	Kolhapur	7	3	1	11
Sangli					7						
Sindhudurg					8						
Satara					9		Satara	6	3	1	10
Nashik	5	15	17	2	10	4					
Jalgaon					11		Jalgaon	9	4	1	14
Ahmednagar					12						
Dhule					13						

Nandurbar					14		Nandurbar	8	4	1	13
Aurangabad	4	12	13	2	15	5					
Hingoli					16		Hingoli	6	3	1	10
Jalna					17		Jalna	7	3	1	10
Parbhani					18						
Akola	5	15	17	2	19	6	Akola	9	4	1	14
Amravati					20						
Buldhana					21						
Yavatmal					22		Yavatmal	8	4	1	13
Washim					23						
Latur	4	12	13	2	24	7					
Osmanabad					25		Osmanabad	7	3	1	11
Beed					26		Beed	6	3	1	10
Nanded					27						
Nagpur	6	18	20	2	28	8					
Wardha					29						
Bhandara					30		Bhandara	10	5	1	16
Gadchiroli					31						
Gondia					32		Gondia	10	5	1	16
Chandrapur					33						
	33	100	110	14				110	52	14	176