4TH COMMON REVIEW MISSION ORISSA

December 16- 22, 2010

Team Composition

Team - Nuapada

- Dr. J. N. Sahay
- , Advisor Quality, National Health Systeesource Centre (NHSRC)
- Prof. Dr. M. Bhattacharya, HOD Community Health Administration,
- National Institute of Health & Family Welfare (NIHFW)
- **Dr. Shyama Nagarajan**, Health Specialist,
- The World Bank

Team - Gajapati

- Dr. P Haldar,
 Asst Commissioner,
 Immunization, GoI
- Dr.Sanjay Pandey
 Chief of Party, Population
 Foundation of India
- DeepakTechchandani,
 Financial Management Group, NRHM, GoI.

– Hena Chakrabarty,

Planning & Policy Division,NRHM,GoI.

Vulnerability of the state

38.66% of the state's population belongs to ST (22.13%) and SC (16.53%). All India figures - SC - 16.20% and ST - 8.19%.

Gajapati and Nuapada are the two high focus districts visited by the team

Orissa and districts visited

Comparative Analysis of Health Indicators

	Orissa	Gajapati	Nuapada
Improved Sources of Drinking Water	76.7	15.5	7.4
Have Access to Toilet facility	16.9	8.1	7.2
Any Modern method of contraception	37.8	30.1	31.1
Total unmet need	24.0	12.1	32.5
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy	54.6	71.8	59.4
Institutional births	44.3	19.9	28.7
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles)	62.4	42.9	57.4
Children breastfed within one hour of birth	63.7	69.1	49.8
Women heard of HIV/AIDS	47.4	16.3	6.0
Women heard of RTI/STI	14.4	9.7	1.6
Source: DLHS-320078			

Indicators (%)

	STATE HMIS Baseline			
Indicator		(Apr-Nov 2010)		
	HF	State		
Maternal Health	Districts	TOTAL		
Service Delivery				
% Pregnant women registered for ANC	90%	85%		
% PW registered for ANC in the first trimester	34.68%	35.04%		
Institutional deliveries (%) aginst expected	55.40%	57.70%		
Institutional Delivery Against Reported Delivery	72.10%	81.50%		
Quality				
% unreported deliveries in the quarter	23.20%	29.30%		
% high risk pregnancies identified				
(a) % women having hypertension	2.79%	2.89%		
(b) % women having low Hb level	15.94%	16%		
% of Home Delivery by SBA (i.e. assisted by doctor/ nurse/ ANM)	23.78%	24.31%		
C-sections performed (%)				
(a) in Public facilities	4.10%	4.06%		
(b) in private accredited facilities	38.71%	36.98%		
% of deliveries discharged after at least 48 hours of delivery (out of public institution deliveries)	61.16%	67.78%		

Child Health	High Focus districts	State
Service Delivery		
Children 9-11 months age fully immunised (%)	81.00%	76%
% children breastfed within 1 hour of birth	60%	65%
% of low birth weight babies	19%	18%

36 Facilities visited during 4th CRM

Type of Facility	No. of Facilities visited in Gajapati	No. of Facilities visited in Nuapada	Total No. of Facilities visited
District Head Quarter Hospital	1	1	2
No. of CHC	5	3	8
PHC (New)	3	5	8
Sub-centre	5	10	15
Others(MHU, Maternity Waiting Hall & PHC(N) in PPP mode)	3		3

Functionaries met by CRM team - Orissa

Smt Anu Garg, Secretary Health, Govt of Orissa. Dr. P K Meharda Mission Director, NRHM, Orissa

Mr. P K Hota, District Collector Nuapada Dr. Nishakar Hota, CDOM, Gajapati & Dr. B B Jagat, CDMO, Nuapada

Demographic Indicators Orissa

INDICATOR	ORISSA			INDIA	
	State (year & source)	Gajapati	Nuapada	Current status	NRHM (2012) goal
Maternal Mortality Ratio (MMR)	303 (SRS 04-06)			254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	65 (SRS 2008)	58 (RHS 2002- 2004)	74 (64 HMIS Distt) (RHS 2002- 2004)	53 (SRS 2008)	<30
Total Fertility Rate (TFR)	2.1 (SRS 2007)	3.3 (2001 Census)	3.0 (2001 Census)	2.7 (SRS 2007)	2.1

HIGHLIGHTS OF ACHIEVEMENTS

Achievements

Maternal and Child Health

- <u>19.59 lakh mothers</u> have benefited under Janani Surakhya Yojana (JSY) (between 2006-2010).
- IMNCI (Integrated Management of Neonatal and Childhood Illnesses) implemented in 16 districts
- Name-based tracking of pregnant women and children being done as per the national guidelines.
- 1,62,477 Malnourished Children treated through Pustikar Diwas (During 2009-10).

Strengths

Infrastructure

Attempts to improve health infrastructure through construction of new buildings, renovations of some buildings to cover critical gaps.

Medical equipments have been supplied adequately

State Maintenance Unit is in place

INFRASTRUCTURE---strengths

➢Infrastructural up-gradation is in progress, pace is variable across the facilities visited:

Naupara district

- All Sub centers visited & 30-40% of PHC(N)s had residential accommodation for health care providers.
- ASHA gruhas have been provided however, arrangements for attendants are yet to be made available.

Strengths

Human resource

- Trained AYUSH doctors conducting deliveries in absence of MBBS doctors.
- Recruitments short and long term plans in place, process decentralized till RKS level, most DPMU and BPMU contractual staff in place

□ Incentives and differential remuneration system in place for staff in remote/difficult areas

Human Resource Management

Recruitment and Cadre Management

□State is making efforts to expand the HR base by creating new post and recruiting against various cadre posts through contractual staff, the gap is still huge owing to the rising case load.

Most of the contractual staff-- DPM and BPMU are in place, except for hospital manager, and staff nurses.
The recruitments have been decentralized and RKS is empowered to recruit critical personnel, as and when the need arises. This model in working satisfactorily.

Human Resource Management

Transparent Transfer & posting policies

□ Whether there are special rotational posting policies or workforce management policies for this purpose c) whether there are any regulatory measures- compulsory service bonds, pre-PG rural service mandates etc in place.

> Plan for Augmentation of Health Human Resources.

□ The HMIS details and fed from block level is analysed at the district level, which is a key strength Short-term and long-term plans with regards to recruitments are in place; however skill enhancement through capacity building and training is in early stage of development.

Strengths

Facility upgradation

- Renovation of existing buildings, provision of equipments NBC, water filter, inverter etc., provision of Referral Transport – Janani Express and Ambulances.
- Other initiatives are ASHA Gruha, Maternity waiting Hall, Segregation of bio medical waste, construction of pits, out sourcing of house keeping and sanitation etc.

Outreach services

- □ About 60% of subcentres have ANMs residing in subcentre village
- Most sub-centers have second ANMs and MPWs in place and their support is available during outreach activities.
- Eight Mobile Medical Units called Arogya are providing services in remote / hard to reach areas. They are staffed with one AYUSH MO, pharmacist, ANM and an attendant.

Reaching the unreached

- November 2010 JananiExpress has supported 1934 cases which is 81% of total delivery in the district.
- State also have Mobile Health Units designed as an alternative model of rural health care delivery in Orissa with adedicated team of health professionals with equipment and drugs.
- MHUs were rationally re-deployed to the neediest areas in accordance to the need assessment made in micro-plan.
- MHUs attend villages and residential Schools fortnightly on "fixed day". Branding of MHUs& treatment pointshas ensured transparency in its implementation.

Outreach Services

VHNDs:

- Conducted regularly as per the micro-plan and the laid down guidelines.
- Organized along with the day for carry home rations for the families to ensure greater attendance.

School Health Program

Establishment of Adolescent Friendly Health Clinics (AFHCs) at DHH (Ex Paralakhemundi & AH Chandragiri) Training on ARSH to all concerned has been planned.

Strengths ASHA

- Accessibility has improved through increased convenience due to the use of cycles provided to her.
- The best working ASHA generally receives closer to Rs 3000-3500/- as incentives.
- □ Fixed day ASHA incentive payment, transparent process of calculation at sector meetings

Disease Control Programmes

- □ Prevalence Rate of Leprosy is 0.87, 19 districts sustaining elimination level.
- □ State API for Malaria reduced from 10 to 8.8.by RDK kit by ASHA.
- □ All the other programmes are in place

Outreach Services

Sub-center Functioning:

- The ANMs are undertaking outreach activities, such as immunization, home based new born care, advice on diarrhea and ARI, maternal & child nutrition and Vitamin A prophylaxis, participates in VHNDs. They monitor their progress through micro-planning of VHNDs however; BCC activities have not yielded the desired results in terms of handling ARIs.
- Most sub-centers have second ANMs and MPWs and their support to the outreach activities.

MHU

195 units of Mobile Health Units (2 in pipeline)–are functioning, staffed with one AYUSH MO, pharmacist, ANM and attendant provides services in the remote location.

Strengths - Immunization

- > There is no shortage of vaccine in any facility visited.
- > ILR temperature maintained and no vaccine found in frozen condition.
- Random checking of register vis-à-vis physical stock found complementing.
- Excellent graph on target /achievements (left out and drop out) are drawn though no knowledge about utilisation of such graph was displayed by the SHC ANMs.

Strengths

Institutional mechanisms & programme management

 System for accreditation of private hospitals for JSY, MH and FP services has been established. The Evengelina hospital has been accredited for MCH services in Nuapada.

Financial management

- □ Cash Book is maintained at Sub Centre & GKS level
- Funds are transferred to most of the blocks through e-transfer
- Periodical payments to ASHAs through e-transfer

Strengths

Decentralization

• Community Monitoring is in place, review are held at the ASHA sector meetings and at the higher levels to ensure better management of the services.

• RKS have been empowered to recruit locally as per need

Strength - PPP & Innovations



PHC(N) in Govind pur and Maternity Waiting Hall Raygada are working fine





Janani Express through SHG members in Gajapati is a symbol of proper convergence with other departments

> •MHU – **Arogya+** a new initiatives in PPP mode for Naxal affected areas

Management of ASHA Gruha at DHH increased the interpersonal communication skill of ASHA along with their earning potential.

Challenges - Immunization

- Tracking bag provided to SHCs are not put to effective use by ANMs. They failed to segregate the immunization cards for full immunization and session planned and sessions not held.
- Immunization micro-plan needs rationalization, to reduce vaccine wastage, optiman utilization of manpower, and funds under RI (ie AVD etc).

Status of Infrastructure:

The health infrastructure in the districts have been upgraded to great extent, new

buildings constructed, some buildings are renovated though

- □ Handing over of facility is pending since long.
- □ Handing over of facility is done without completing final work and facility map.

Type of Facility	Progress made So far
DH	•In Progress-1, •Work Not Started -3
CHC	In Progress-9
SC	 Handed Over-1 completed -115 In progress-67 Work not Started -76

Challenges

- Difficult areas due to hilly terrain and Naxalite disturbances.
 Eg:Boden PHC
- Average population density varies density 84(Khandamal) 236(Ganjam)
- Lack of interest in health by the PRIs
- Shortage of staff including specialists
- Weak Supply Chain Management of drugs
- Lack of comprehensive and sustainable plan for procurement of equipments
- Dense forest area and control of malaria is a problem especially in the tribal areas.

Challenges - Financial Management

- Regular visits by State finance personnel to Districts/Blocks for monitoring & evaluation
- Timely filing of TDS quarterly returns
- Regular concurrent audit & analysis of reports
- FMR uploading in HMIS

 Regular trainings for State/Districts/Blocks finance personnel

Suggestions on points Observed

- Developing the health infrastructure however in fulfilling critical human resource gaps esp. in Nursing, anesthetists, lab technicians etc.
- Rationalise Micro planning in RI.
- Health human resource expansion to be need based.
- Career path to be well defined

- Strengthen supportive supervision structure—standardize and systematize service delivery and reporting mechanisms.
- Training of trainers to ensure better M& E and hand-holding at the field level
- New initiatives to be evaluated and assimilated into the system for sustainability
- GKS efforts to have strongly mentored to reap better fruit out of .

Thank You...