Dissemination Workshop
6th Common Review Mission
(4th January, 2013)

ODISHA

CRM Team –Odisha

Name of Team Members	Designation
Dr.Himanshu Bhushan	Deputy Commissioner, MoHFW, GoI, New Delhi (CRM Team Leader)
Dr Suryamani Mishra	Deputy Director, WCD Department, Ministry of Women & Child Development, GoI, New Delhi
Sh. Tarun Arora	Research Officer, Planning Commission
Mr. Anders Thomsen	Deputy Representative India / Bhutan, UNFPA
Dr. Vijay Aruldas	Independent Consultant, AGCA
Dr. Shobha Govindan	State Programme Coordinator, Micronutrient Initiative, Gandhinagar, Gujarat
Ms Jhimly Baruah	Consultant, NHSRC
Ms Manjula Singh	DFID
Dr. Ravinder Kaur	Sr. Consultant Maternal Health, MoHFW, GoI, New Delhi
Lt Aseema Mahunta	Consultant NRHM Planning and Policy, MoHFW, GoI, New Delhi
Dr. Munish Joshi	National Consultant Training, Directorate of NVBDCP, MOH & FW, GoI, New Delhi
Sh. Sumantha Kar	Consultant FMG, MoHFW, GoI, New Delhi
Sh. Saswat Rath	Sr. Consultant, TMSA
Dr Umesh Chandra Sahoo	Medical Consultant, RCH-II/ NRHM, NIHFW

Facilities Visited

Kendrapada-16 facilities

- DHH- Kendrapada
- CHC- Marsaghai
- CHC-Pattamundai
- CHC-Rajnagar
- PHC(N)-Kurtunga
- PHC-Ram nagar
- PHC-Korowa
- SC-Mahakalapada
- SC-Pareshwarpur
- SC-Damarpur
- SC-Manikapur
- GKS-Mulabasanta
- School-Napangaurnita
- VHND-Baharsobala
- VHND-Tankidelari
- VHND-Medinipur

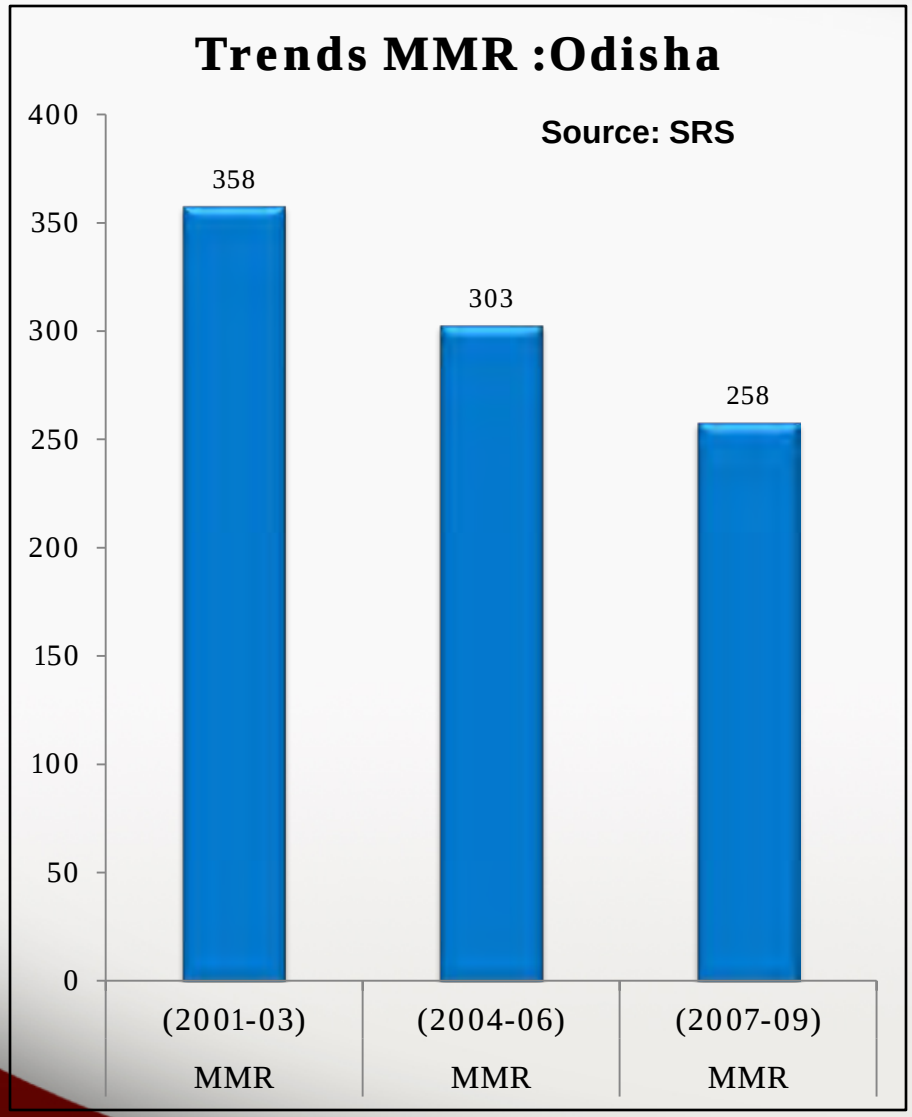
Bolangir-17 facilities

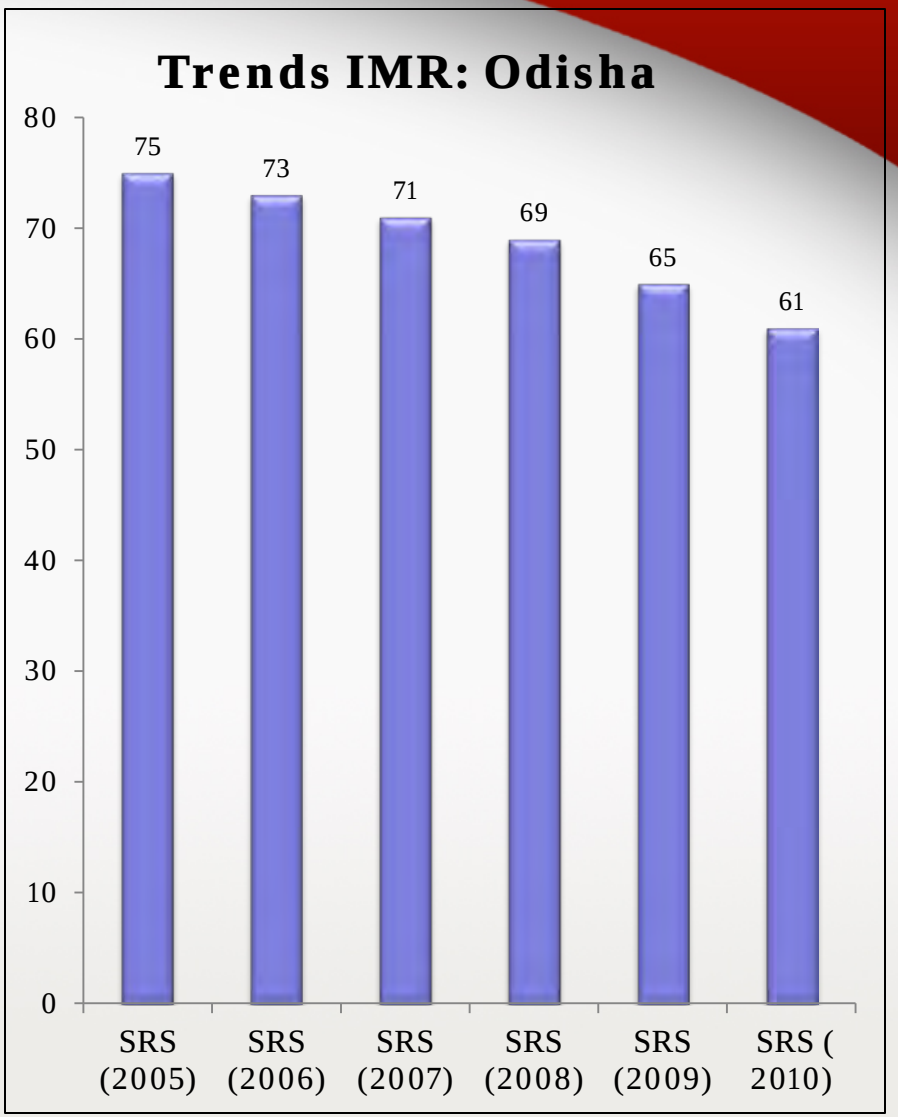
- DHH-Bolangir
- SDH-Patnagarh
- SDH-Titilagarh
- CHC-Ghasian
- CHC-Saintala
- PHC(N)-belgaon
- SC-Jogimunda
- SC-Jogisuguda
- SC-Desil
- SC-Bhadra
- SC-Belgaon
- GKS-Badamunda
- VHND-Dharapgarh
- FGD with GKS members at Convention at Ghasian CHC
- FGD with ASHA at Module 6& 7 training
- School : Jogimunda
- AWC: Madiapali in Puintala block

Indicators

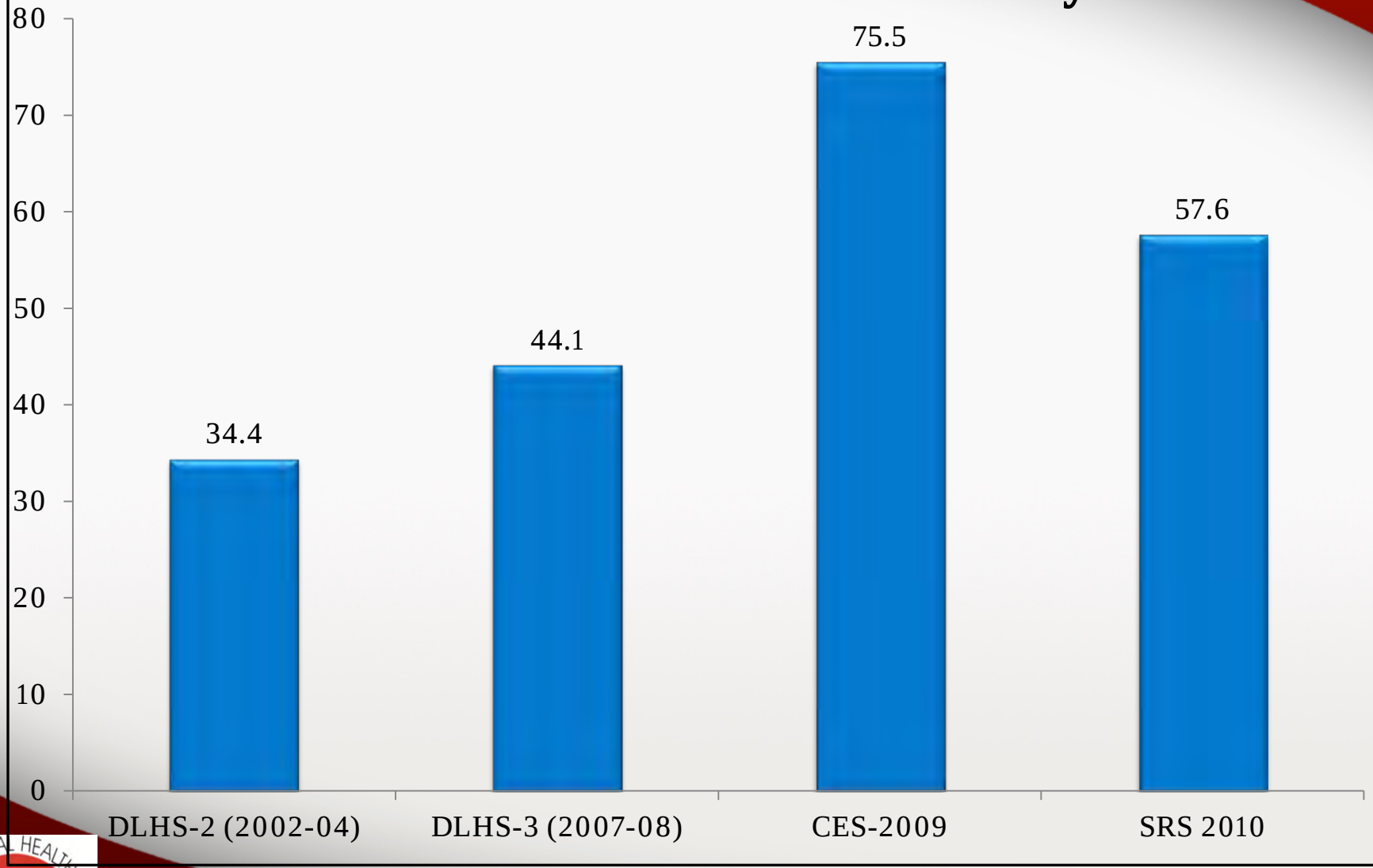
INDICATOR	ORISSA		INDIA		
	Trend (year & source)		Current status	RCH II/ NRHM (2012) goal	Remarks
Maternal Mortality Ratio (MMR)	358 (SRS 01-03)	258 (SRS 07-09)	212 (SRS 07-09)	<100	% decline per year from 2001-03 to 2007-09 is **3.9 %**
Infant Mortality Rate (IMR)	83 (SRS 2003)	61 (SRS 2010)	47 (SRS 2010)	<30	% decline per year from 2003 to 2010 is **3.7 %**
Total Fertility Rate (TFR)	2.6(SRS 2003)	2.3 (SRS 2010)	2.5 (SRS 2010)	2.1	TFR **has reduced** by **0.3 points** since SRS 2003

- **Need to accelerate the decline for IMR.**


Trends MMR :Odisha
Source: SRS
400
350
300
250
200
150
100
50
0
358
303
258
(2001-03) MMR
(2004-06) MMR
(2007-09) MMR


Trends IMR: Odisha
80
70
60
50
40
30
20
10
0
75
73
71
69
65
61
SRS (2005)
SRS (2006)
SRS (2007)
SRS (2008)
SRS (2009)
SRS (2010)

Trends Institutional Delivery: Odisha



Level of facilities and their functionality

Level of Facilities	Total number of Facilities	Functional as delivery point
L1	6688	153
L2	1596	402
L3	146	145
Total	8430	700(8%)

- Population 4.19 Crores, the required health facilities providing **CEmOC and BEmOC** services should be about **90 & 800** respectively as per the GoI guidelines on Maternal Health Toolkit.

Systemic Issues

Human Resource

Strengths:

- A **Special Secretary (Technical)** is in position-an unique strategy for better technical focus.
- In process of establishing a **public health directorate**.
- In-principle approval for establishment of a **nursing directorate**.
- Tracking HR and all health institutions through an online **HR-MIS** and dedicated HR Unit.
- Various **strategies for retention** of staff like up-gradation of post, financial and other incentives, professional growth, exposure visit etc have been introduced.

Gaps:

- **Rational deployment** of manpower.
- **Performance monitoring** of service providers and delivery points.
- Lack of transparent **transfer policy**.

Procurement

- **Comprehensive EDL**, including specific EDL for JSSK beneficiaries has been made.
- Guideline for rational treatment has been prepared.

Gaps:

- EDL contains **irrational drugs** like 2-3 types of higher antibiotics at subcentres.
- **Poor inventory** and supply chain management.
- **Average availability** of drugs around 50 % in the districts visited.

Training

- **Competent technical team not** being **utilized** for core clinical training.
- **No accountability** for accreditation of Training Centre's.
- **Lack** of effective **monitoring** during training and follow up post training.

Referral Transport

- **JE and Govt. Ambulances** are placed as per population norms and mostly at L2 & L3 facilities after **geographical mapping**.
- **45 % Home to Health** and 38 % drop back are reported under JSSK.

Gaps:

- Outreach coverage by JE is varying due to **lack of adequate IEC** and awareness by the beneficiaries and PRI members.
- **Monitoring and supervision** on the response time, optimal utilization, and other quality parameters is **weak**.

Programme Management

- SPMU is **sufficiently staffed** with 2556 Staff and approx. 40 supportive staff in DPMU.
- Lack of adequate **programme knowledge** at district and block level.
- Substantial support from international technical agencies.
- **Various Web-based software** for system strengthening, programme monitoring and performance tracking are in place.

Gaps: **State level team** for supportive supervision is **present**, however the **districts lack** a definite supportive supervision plan for RCH Services.

GENERAL ISSUES

Infrastructure

- Infrastructure **wing** has been created **including JE** at district level.
- **Co-ordination** with programme, accountability and time lines needs to be ensured.

Delivery Points

- District specific nodal officers (**DMNCH coordinators**) are designated, but there is **no road map** for planning, performance, monitoring, capacity building, equipments etc.
- Only 8 % of the total health facilities are functional as Delivery Points.

AYUSH

- **Well functioning** AYUSH collocated facilities with good OPD load.
- AYUSH MOs **involved in School Health** and **supervision monitoring** of outreach services.

RMNCH Services

Maternal Health

- DPs **identified** as per delivery loads **at the state level**; however districts lack a comprehensive planning for ensuring quality in service delivery.
- Analysis of maternal deaths is not linked to **corrective programme actions.**
- **JSY:** 48 hrs stay is not being adhered, however at the facilities 24 hrs stay is ensured to facilitate JSY payment.
- Mandatory 10% checking of JSY beneficiaries not routinely followed.
- **Comprehensive guideline** is in place to ensure availability of each entitlements under JSSK.
- Dissemination of information related to the free entitlements(under JSSK) for mother and sick new born is weak.

Adolescent Health

- ASHAs **effectively** under taking social marketing of the sanitary napkins provided for the menstrual hygiene and sanitation program.
- **Weekly IFA supplementations** are being done .

Child Health

- Out of total 30 districts, **21 SNCUs** are functional in 16 districts.
- Facility based **web enabled software** have been initiated for **tracking** of discharged SNCU cases.
- Nutritional Rehabilitation Centre's:- The state has established **16** functional NRC.

Immunization

- Immunization services were **very good** with **well-maintained** cold chain.
- Immunization **registers** were **updated** and arrangement of logistics as per the micro plan is done.
- ANMs were trained in immunization and AEFI.

Family Planning

- TFR is **lower** than **national level**.
- ASHA **home to home** contraception scheme has **picked up** in the districts .

Gaps:

- Sterilizations generally done in **camp mode** and **IUD** services are **limited**.

HMIS and MCTS

- **Data Validation Committees** at the state, district and block level has been set up with **fixed Days** for validation.
- To strengthen MCTS implementation **monthly video conferencing** on NIC platform is undertaken which is chaired by MD,NRHM.
- There is the **SMS system to alert** beneficiaries, ASHAs, ANMs etc. on services due.

Gaps:

- Implementation of **Fixed day meetings** at the district level by HMIS committee to run validation in DHIS-Odisha application is **not satisfactory**.
- ANMs maintaining register for MCH but registration through MCTS and **service delivery linked to MCTS** are not being undertaken
- MCTS data is being analyzed and is being used optimally at state level, however analysis at district and block level is compromised.

Community Process including ASHA, PRI, VHSNC, CBM and NGO

- GKS members are **functional** in community health initiatives and complementing the district officials efforts in various activities.
- **Highly motivated** and committed ASHAs who perform the key tasks of home visits and community mobilization.
- **Reorientation** of ASHAs is required.

- **Intersectoral Convergence:** Convergence between the ICDS, education department, water and sanitation is **visible** in the State.
- **Good coordination** among frontline providers (ANM, AWW, ASHA) for delivering services at VHND.

NVBDCP

- State has shown **commendable progress** in malaria control.
- JE surveillance is **better**, reporting and response time to out breaks has improved.

Gaps:

- Sentinel site hospital have been identified and functioning, however **reporting** is **irregular** .

NLEP

- State has achieved **Leprosy elimination** at the state level.

IDSP

- **Recording and reporting** of data is **nearly 60%** and on time.

Financial Management:

- **No pending** State share **till 2011-12**, however, **State share** for **2012-13**, has **not yet** been **released** by State Govt.
- **Non-settlement of pending advances** to the tune of Rs.55.09 lakhs.

Others Activities

- **Overall utilization** of facilities has **improved** in the state, however performance of facilities with regard to assured services as per IPHS standards and also MNH standards is weak.

- **Comprehensive Plan on IMEP and BMW** from training of service provider adherence of protocols, and segregation& disposal of BMW is **not in place**.

- **Out of pocket expenditure** is still being incurred on some drugs, diagnostics and referral transport in most facilities.

Recommendations

Human Resource:

- Since only 8%of the total facilities are functioning as DPs so **rationalization** needs to be done by Posting the HR from Non performing facilities to the performing facilities.

- **HRMIS** to be used for more active HR **planning** and not just as a database of the manpower. The state HR unit needs to monitor the performance of individual doctor.

Referral Transport:-

- A professionally managed **call center** with 102 toll free number needs to be established for universal coverage of basic transport facilities.
- **Focused IEC** for informing public on availability of different transport under JSSK.

- **IEC/BCC Cells** in every district to be strengthened for greater integration and management of communication programmes.
- Involvement of AYUSH doctors in **other health programme** especially in NCDs can be encouraged.

Family Planning

- Need to give more **focus on spacing methods** and **availability** of contraceptives.
- Maintaining **quality** during sterilizaltion **camps**.

Programme Management:

- The **capacity building** of PMU staff particularly at district and block level needs to be strengthened esp. in supportive supervision and data analysis.

ASHA

- With a regular **attrition of ASHAs** being an ongoing challenge, there needs to be strategy to train smaller batches along with **career progression path.**

Procurement

- Needs to create a **special procurement wing** at corporation level for effective supply management system.
- **Inventory management** for the drugs including the list of short expiry needs to be **standardized** at all facilities

Training:-

- The **SIHFW** needs to build **partnership** with centre of excellence for improving their capacity for clinical and non clinical training.
- Roadmap with timeline needs to be developed for **revamping functioning of SIHFW** for quality outcome.

HMIS & MCTS:

- **District and Block Data Managers** should **analyze** the HMIS and MCTS data for planning programme monitoring and tracking of performance.
- The analysis of data needs to be **presented before the CDMO and DC** by the 7th of every month. **BPM** need to ensure regular updation of MCTS data, MDR and line listing of severely anemic cases.

NVBDCP

- **Quality** of IRS to be **improved**, with increased focus on monitoring and evaluation of malaria and other VBDs.

Financial management

- The State Health Society (**SHS**) should **keep voucher for each payment, receipt and adjustment** with proper supporting document which should be signed by the Accounts personal/ either of the joint signatory of the cheque.