



# ODISHA

16th February, 2015

**ODISHA (ORISSA) DISTRICTS**

Map showing the districts of Odisha (Orissa) and their headquarters. The map includes neighboring states (Jharkhand, West Bengal, Andhra Pradesh, Madhya Pradesh, Chhattisgarh) and the Bay of Bengal. A legend defines the symbols used for boundaries and capitals.

**Districts and Headquarters:**

- Sundargarh: Sundargarh
- Jharsuguda: Jharsuguda
- Deogarh: Deogarh
- Kendujhargarh: Kendujhargarh
- Mayurbhanj: Baripada
- Baleshwar: Baleshwar
- Bhadrak: Bhadrak
- Jajpur: Jajpur
- Kendrapara: Kendrapara
- Jagatsinghpur: Jagatsinghpur
- Puri: Puri
- Khordha: Bhubaneswar
- Ganjam: Chhatrapur
- Gajapati: Rayagada
- Parlakimidi: Parlakimidi
- Koraput: Koraput
- Kalahandi: Bhawanipatna
- Nabarangapur: Nabarangapur
- Nayagarh: Nayagarh
- Cuttack: Cuttack
- Dhenkanal: Dhenkanal
- Angul: Angul
- Subarnapur: Sonapur
- Balanganir: Balanganir
- Baouda: Baouda
- Phulabani: Phulabani
- Bargarh: Bargarh
- Sambalpur: Sambalpur
- Naupada: Naupada
- Malkangiri: Malkangiri

**Legend:**

- International Boundary
- State Boundary
- District Boundary
- State Capital
- District Headquarters

Map not to Scale

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**GANJAM**  
TEHSIL MAP

Kandhamal

Nayagarh

Khordha

Bay of Bengal

Gajapati

Andhra Pradesh

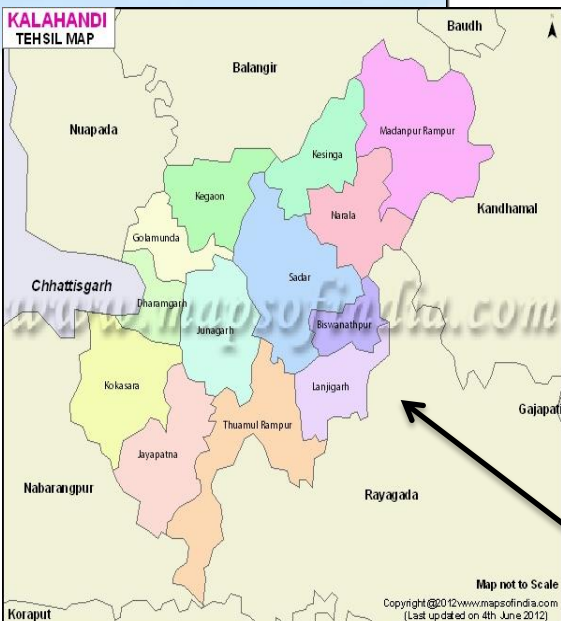
Blocks shown on the map:

- Tamsingi
- Bhanjanagar
- Jaganmohi Prasad
- Bugada
- Surada
- Gangapur
- Polasara
- Kodala
- Khalikote
- Badagada
- Dhinkajika
- Asika
- Kalsuraganagar
- Parusotampur
- Rambha
- Patapur
- Hingiti
- Chhatrapur Ganjam
- Brahmapur Sader
- Brahmapur (M. Cora)
- Chamatkhandi
- Digapahandi
- Huagaon
- Golanthara
- Jirada
- Ramagni

Map not to Scale

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 (Last updated on 4th June 2012)

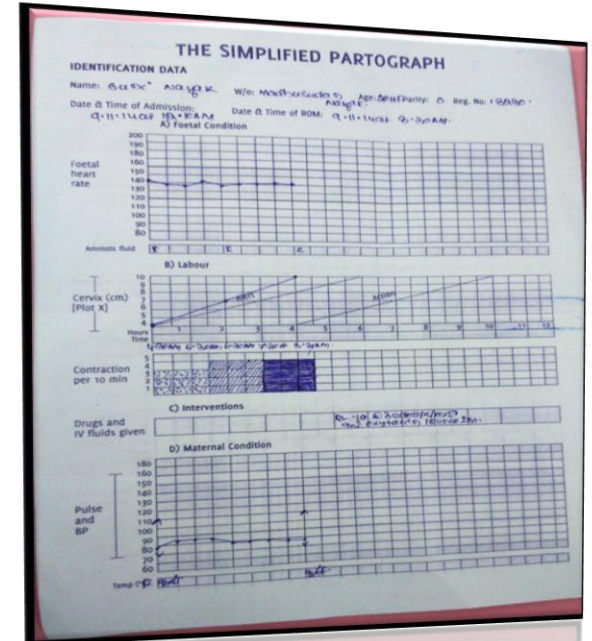
# Kalahandi





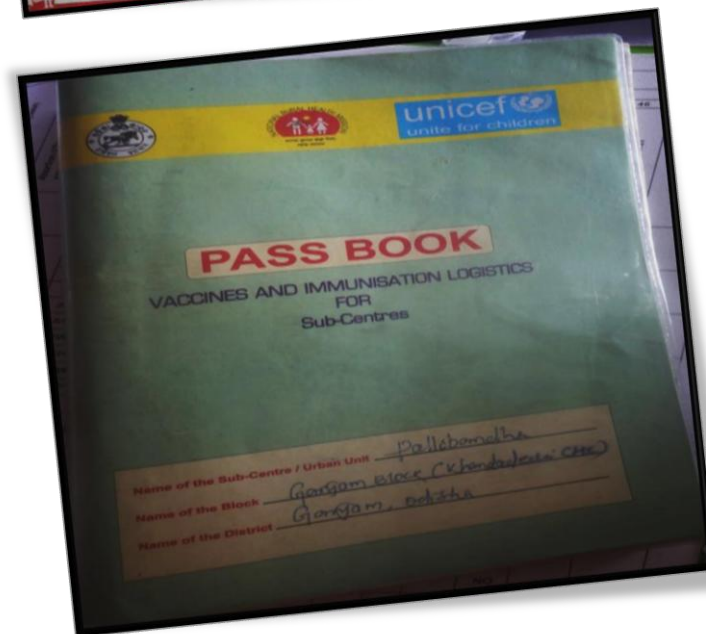
# Positives

- Good Synergy between the Mission and the Directorate
- Multi skilling of Lab technicians and integrated labs
- Multi skilling of AYUSH MOs
- MCP card- JSSK entitlements, high risk mothers identification symbol, JSY voucher was printed which is a good initiative with targeted approach for generating awareness
- Good practice of use of Partographs
- Hospital Managers also designated as nodal persons for the Quality Assurance in DH and SDH
- Center of Excellence for Communication - "Integrated approach for IEC" – e.g. MCP cards



# Positives

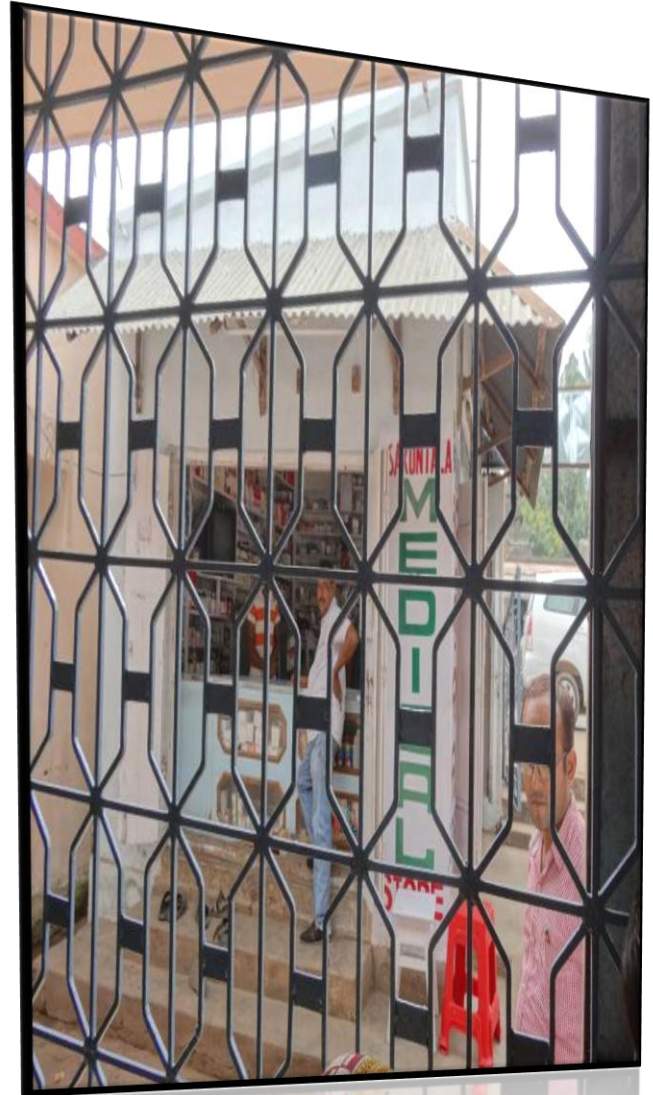
- Health Wall: **"Swathya Kantha "** in sub centres.
- **"Pass book for Vaccines and Immunization Logistics for Sub-centers"**. RHCLMIS – ICT enabled RCH related logistic supply chain management up-to the ANM level.
- **"MO-MOSHARI"** initiative for pregnant women and tribal residential school for LLIN distribution
- **Drug administrators for MDA instead of Drug distributors**
- **No delays** in payment to ASHAs and payments through e-transfer
- **Validation committee for HMIS** at district & block level and validation checks on monthly basis.



# Areas of Improvement

- CHCs and PHCs not functional as per norms – service delivery, bed strength, HR etc
- Low utilization of public facilities owing to Community perception of poor quality
- Despite perceived availability of drugs within the system – no mechanism put in place to ensure availability to patients
- Facility wise EDL for drugs not available
- Policy of allowing private drugs stores within public health facilities
- Diagnostic services- mismatch between Demand vs Supply
- Poor Sanitation and hygiene in facilities, Open defecation was prevalent. ASHAs/VHSNC members including PRI not sensitized on open defecation. ASHAs unaware of incentive under Total Sanitation Campaign.
- ASHA not the member secretary of GKS and ANM is not the holder of joint account of GKS. Both these roles being done by AWW.

Private Medical Stores inside facility premises

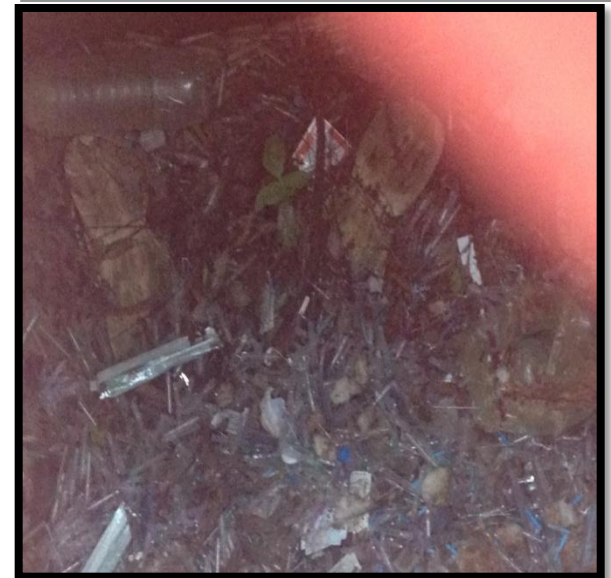




# Areas of Improvement

- No monitoring mechanism for follow up of SNCU discharged or referred children.
- SNCU Reporting Software & MDR software not being used.
- No information found on observing the Integrated Diarrhoea Control Fortnight (IDCF) – neither at facility level or in village/ASHA etc.
- Vitamin K injection – not yet started
- IFA compliance was not being captured in the dedicated page in the MCP card
- Fixed day FP services & CAC services remain a challenge
- Poor Compliance to **Biomedical Waste Management**
- Community participation poor
- Under NUHM, most HR put in place but services not started
- Poor monitoring of ANC services - Hb and BP measures either not recorded or all ANCs of all PWs have same BP 110/70.

Deep Burial Pits not as per norms



# Recommendations

- Need to improve health care service provision in public health facilities and instill confidence in the public about quality of health services
- Devise mechanism to ensure provision of drugs and diagnostics
- Effective Grievance Redressal mechanism system both for client and service providers
- Infrastructural plan needs to be visionary considering IPHS norms and keep in view the needs in next few years.
- Implement Time-To-Care approach for setting up sub-centers in tribal blocks/district of the State
- Rational deployment of HR
- Referral linkages for transferring patients from primary to secondary to tertiary level need to be established to avoid over-burdening of tertiary level facilities

# Recommendations

- Focus on quality of care in RMNCH+A services - revitalize Postpartum Family Planning including PPIUCD
- Facility wise EDLs for drugs need to be put in place
- Standard Treatment Guidelines (STGs) and train doctors in using the STGs.
- Provision of uniforms for ANMs to enhance their visibility
- HR competency assessment / skill assessment of all existing and new staff especially ANMs & Staff Nurse needs be carried out for capacity building
- Strengthening of Quality Assurance Institutional Framework need to be done at the state and district level as per the GoI operational guidelines.



# Facilities Visited

<b>District Kalahandi</b>	<b>District Ganjam</b>
<b>DH Bhawanipatna</b>	<b>DH City Hospital, Berhampur</b>
<b>SDH Dharmagarh</b>	<b>SDH: Bhanjanagar, Chattarpur</b>
<b>CHC- Kesinga (FRU), Kalampur, Lanjigarh, Biswanathpur, Junagarh, T. Rampur, M. Rampur</b>	<b>CHC- Khallikote, Kudrakhandi, Girisola, Hinjlicut, Buguda, Belgaon</b>
<b>PHC- Utkela, Bara Bhandra,</b>	<b>PHC- Ganjam, Baragaon, Manitarra (PPP)</b>
<b>SC- Utkela, Kutrukhamar, Bara Bhandra, shergad, Bali Sarai, Gopalpur, T rampur, Daspur,</b>	<b>SC- Bendalia, Baragaon, Baghala,</b>
<b>Villages/Community interaction- Kiding, Balabhadrapur, Trilochanpur, Kutrukhumar, Kanagown UGHS, T.rampur, Lanjigarh, Bankapala</b>	<b>VHND– Sunadhara, Pochlima, Sapuapalli, Kanchioru, Baghala, Punitola Cultural Bhawan (Immunization Site) , Palibandh Sub-center, Belpada AWC, Subhalaya Sub-center, Belpada</b>
<b>Maternity Waiting rooms: Lanjigarh &amp; Burrat</b>	<b>Village: Govindpur</b>
<b>NRC: DH Bhawanipatna, Dharmagarh SDH</b>	<b>Academic: MKCG Medical College, Nursing College</b>
<b>SNCU: DH Bhawanipatna</b>	<b>NRC: SDH Bhanjanagar</b>
<b>AWC: Kumari, Shripalli, Gunapur, Pulingpada</b>	<b>SNCU:MKCG College</b>
<b>Schools: Udaypur, Deypur, Shripalli</b>	<b>NBSU: SDH Bhanjanagar</b>
	<b>School: Sapuapalli</b>

# Team Members

Ganjam District	Kalahandi District
Ms. Limatula Yaden	Mr. G. Narayan
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Mr. Nabeel Ahmed	Mr. B. B. Pattanayak
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***THANK YOU***