5th Common Review Mission-Odisha

12th Jan 2012
CRM Observations (1)

• Total 47 facilities were visited in 2 districts viz. Raygada and Bargarh

• Type of Facilities visited: District Hospital, Sub Division Hospitals, CHCs, Area Hospitals, Other Hospitals, PHCs, SCs, ASHA Gruhas, AWCs, Drug Ware House, Vaccine Stores, Janaushodhi.

• Services Observed: OPD/IPD, MH/CH, ASHAs at Facilities and Periphery, VHND, VHSNC, MHU, Referral Transport(JE), ASHA training, Interaction with community leaders, others etc.
CRM Observations (2)

- MMR dropped from 303 (SRS, 2005-06) to 258 (SRS, 2007-09) – a decline of 45 points.
- IMR has decreased from 75 (SRS 2006, reference year 2005) to 61 (SRS 2010, reference year 2010) - 14 points - average decline of 3.8 points every year.
- FRUs increased from 20 to 81 FRUs with 63 having blood bank/ blood storage facilities.
- 10 Maternity Waiting Homes made functional – in hard to reach areas
- Construction process decentralized with the establishment of engineering.
- A State Human Resource Management Unit and Nursing Management Support Unit established.
CRM Observations (3)

• The State has made good efforts to expand its HR base by creating new posts and recruiting health personnel against various cadres through contractual staff. Substantial increase in human resource with recruitments for doctors and specialist.

• ASHA is the vibrant face of NRHM and is doing her work well. ASHAs have been well trained and retain skills learnt. Training of ASHAs is being done through NGOs.

• The number of lab facilities functioning with technicians have increased but the range of laboratory tests still limited and not available beyond DH/SDH.
DHH Bargarh

Well maintained Maternity Ward

Separator used at OT

Well maintained Blood Bank
CRM Observations (4)

- The State government has made significant efforts in bringing better synergy between the health and ICDS at the community level. Observance of *Mamata Diwas* (VHNDs), *Pushtikar Diwas*, joint micro planning at district and block level (for immunisation, health checkups and referrals) are effective in bringing functionaries of two departments together.

- Use of the new joint mother and child protection (MCP) card, regular meetings of VHNSC (GKS) with participation of health personnel (LHV/ANM/ASHA) on the planned dates have fostered stronger convergence between health and ICDS, PRI.
ASHA Supporting mothers after delivery

ASHA training at Padampur, Bargarh

Assured Referral Transport

Convergence with ICDS
CRM Observations (5)

- IPHS norms were not in place. Facility up-gradation has not been as per norms. This was seriously affecting the quality of health care.
- Many facilities were renamed as CHC/PHC without the accompanying bed strength or human resource.
- Mandatory 48 hrs stay after delivery was not happening due to lack of adequate sanctioned beds. The mother and the newborn child were bundled and sent home with in few hours, thus putting the health of the newborn and the mother at risk.
- Standard Protocols (Operating Procedures) were not being followed despite SOP Guidelines being made available at facilities.
- Infection control and asepsis in the laboratories, safety measures for the laboratory technicians, use of gloves for handling sharps, needles cutters, segregating BMW, disposal of liquid waste was inadequate.
New born lying on floor

Over crowding at facility Bargharh

Open waste dumping

Poor Waste Management
CRM Observations (6)

• Utilization In RCH, 34% utilisation against approved PIP 2011-12.

• Expenditure reported under the Janani Suraksha Yojana (46%) and Maternal Health (Other than JSY) (45%) till 2\textsuperscript{nd} Quarter of 2011-12 shows good level of utilisation of funds.

• Under Adolescent Reproductive and Sexual Health/ARSH and Tribal RCH each has reported 10% expenditure and less than 20% of the approved budget under the heads of - Vulnerable Groups (12%), Child Health (14%) and Urban RCH (17%).

• Expenditure in Family Planning Services 24%

• The State has reported \textit{nil} utilisation of approved PIP under PNDT Activities.

• The State has reported expenditure less than 30% in Training (23%), in Infrastructure & Human Resources 24% and
Recommendations

- Standard Operating Procedures to be put in place at all facilities.
- Peri-natal death enquiry to be added to Maternal Death Enquiry.
- Biological and hospital waste management needs strengthening.
- Monitoring and supportive supervisory visits at all levels should be made mandatory and should be made part of district and state action plans.
- Build, Operate and Transfer mechanisms with detailed specifications could be explored for all civil works.
- District Mission Director on the same pattern as State Mission Director to be designated to bring about greater accountability under NRHM.
## The CRM Team to Odisha

### Central Team

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### Participants from State

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Thank You

Tribal Population of Odisha