7th Common Review Mission-Odisha
Key Observations and Recommendations (2013)
### Team Composition and Members

#### Koraput Team
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#### Jajpur Team
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RMNCH+A Progress in Odisha

Maternal Mortality Ratio

- Consistent improvement in health outcome
- An estimated 2000 maternal deaths, 60,000 under five deaths annually
Infrastructure

- 8% of facilities are delivery points
- Only 11% of PHC are delivery points.
- Shortage of PHC and Sub Center (population norms) requiring additional 869 PHCs and 5296 Sub Centers
- Sub centers are in old or rented buildings.
- Checking and validation of data that is being reported by districts on physical and financial progress is inadequate.
- Koraput and Jajpur have limited staff quarters (13 & 9) respectively.
  - Nurses have no staff quarters.
- Construction of the MCH wing sanctioned two years back at the DH Jajpur need to be expedited.
Human Resources

- Established Directorates of Nursing and Public Health
- Special incentive strategy initiated for retention of Human Resources working in difficult areas.
- Short fall in staff nurses, MPW male and radiographer
- Large disparity between the contractual and regular staff salaries
- Inadequate incentives for skilled personnel working in difficult areas
- Irrational deployment of trained personnel
- Anesthetist (diploma) are not receiving incentives (SDH Jaipur)
- Remuneration for SNCUs too less to attract specialists
- The HRMIS has scope of inclusion of regular staff data posted at facilities to enable rational deployment of HR.
Information and Knowledge

- All the Districts are reporting facility-wise data on HMIS portal.
- The registration of pregnant women and children on MCTS portal is around 74% and 64% respectively on pro-rata basis.
- Deliveries were reported for 69% of pregnant women registered with LMP.
- Measles vaccination was reported for 65% of children with date of birth.
- Phone numbers of around 91% ANMs and 3% ASHAs were validated.
- Details of address and husband’s / father’s name of ASHAs are not available.
- Personnel handling HMIS and MCTS were entrusted other responsibilities.
  - For better results, separate manpower may be hired for handling the data of other programmes.
  - Call centre facility may be utilised to validate the phone numbers of ANMs, ASHAs and getting other details of ASHAs.
Health Care Financing

• 434.6 crore rupees were allotted to the state (2013-14)
  • 36% of the budget was expended upto second quarter in 2013.
• Statutory audit reports and audited UCs are pending for the financial year 2012-2013.
• Physical and financial data report in Financial Monitoring Report are not tallying
  • Non reporting of physical data under major activities (i.e. Trainings, Female sterilization camps etc.) in FMR at district Jajpur.
• Several accountant positions are vacant (9 DHH and 54 CHC/PHC)
• Low utilisation observed under various activities against approved budget + committed liabilities which are as follows:
  • RKS at DH (Jajpur) (10%), GKS(36%), Untied fund for Sub- centres (27%) and New construction/ renovation of SHCs/SCs (0.41%).
  • 8% of JSY beneficiaries are not paid (out of total 1265 deliveries) CHC Dhangadi in Jaipur and JSY payments are delayed
• Drugs are available and mechanism to ensure quality of drugs are in place.
• Trained personnel are available at District Drug Store to operate the DIMS
  • BDMs are used for data entry in DIMS (but not the pharmacist) at the block level
• AYUSH drugs are not included in the DIMS and AYUSH doctors do not have pharmacists
• The storage capacities need to be expanded by constructing new drug stores and / or installing more racks in the drug stores.
• Zinc/Vit. K are available only in few places
• State Equipment Management Unit is functional and is effective only upto CHC level.
• SMS based contraceptive logistics management information system (CLMIS) is functional and updates current stock status, procurement and use of contraceptive commodities.
• Common EDLs have been prepared for all the facilities (separate EDLs for different categories of facilities are recommended)
Service Delivery

- Limited services are provided at the sub center
  - ANM is occupied with out reach activities due to vast geographical spread and difficult terrain
- Jaipur FRU in not functional (blood storage unit)
- PHCs and CHC services are under utilized
- Promising Practices
  - VHND and immunization days are separate
  - In hard to reach areas, NGOs are engaged through PPP for community mobilization (integrated with sub-center activities)
Maternal Health

- Labour rooms were clean, well-lit and ventilated
- Privacy is ensured.
- Adequate numbers of trained staff, including specialists are available.
- Required equipment, drugs and supplies were available.

Child Health

- NBCCs were available at all delivery points.
- Well functioning SNCUs at Koraput
- Well maintained feeding room with stay facilities for mothers
- Well functioning NRCs in both districts.
- No diarrhoeal deaths recorded in Koraput in last 1 year
- Regular growth monitoring at VHNDs followed by referral of SAM cases on *Pushtikar Diwas*.
Maternal Health

• Unbalanced distribution of case load across all facilities (Jajpur)
• Standard management protocols are not being followed
• Facilities are not delivering services as per set norms
• Not all FRUs conduct 24x7 C-sections
• 24x7 PHCs are not doing initial management of PPH
• Unnecessary referrals (especially to SCB, Cuttack, which led to maternal deaths in transit).

Child Health

• Only one NBSU at Jajpur with limited case load
• No SNCU in NBSU
• Pneumonia contribute to more than 30% of child deaths
• Standard management protocols for essential New Born Care are not being followed at some facilities.
• Zinc is not provided for management of diarrhoea.
• Antibiotics are being prescribed routinely for diarrhoea management.
**Immunization**

- Good cold chain at all facilities.
- No stock out of vaccines
- Pass book to record vaccine stocks are available at ILR points
- Due list for vaccination prepared using MCTS
- Immunisation days separate from VHNDs which ensures adequate focus on RI.

**Adolescent Health**

- Shradhha clinics are being run at few CHCs by AYUSH doctors twice weekly.
- Low case load at clinics (3-4 patients per OPD).
- Sanitary napkins are not available in both districts.
Family Planning

- Home delivery of contraceptives by ASHAs is well functioning.
- Scheme for Ensuring spacing of births functioning
- ASHAs is yet to receive incentives for delaying first birth and spacing after first birth (Jajpur).
- Incentive for sterilisation after 2 children are given
- Nischay kits available at sub-centres and with ASHAs at Koraput, but only with ASHAs and not ANMs at Jajpur.
- Low uptake of PPIUCD (none at Koraput, low numbers in Jajpur, despite trained providers at both districts)
- Interval IUCD uptake is also poor (only MOs inserting IUCDs, but not ANMs)
- Mondays are fixed days for female sterilisation at DH/SDH/CHC
- Camp approach is followed at PHC.
- No focus on NSV (very few trained providers for NSV)
- No counselling on FP, at facilities or at VHNDs
- Yashodas are available at facilities
Malaria

- Consistent decline in API for Malaria noted from year 2010 (9.3 to 6.2).
- Malaria cases reduced from 4 lakhs to 2.5 lakhs per year.
- Number of districts with API >10 reduced from 12 to 10
- RDK test kits and ACT drug kits are available with ASHA.
- “MO-MOSHARI” initiative for pregnant women and tribal residential school for LLIN distribution is a good example of convergence
- Cluster approach to LLIN, case treatment, strong BCC, ASHA involvement and ownership of health department at all levels contributed to Malaria reduction.
- 4 position of DMO and 8 malaria technical supervisor are vacant.

Pre-elimination status (API<1) to be achieved by 2017
**Tuberculosis**

- Detection rate is 57% against the target of 70%
- 93 lab technicians at microscopic centres are vacant
- Poor referral (2%) of symptomatic patients from health facilities
- Adequate availability of drugs for TB
- MDR testing facility in Koraput
- INH preventive treatment for childhood tuberculosis is followed.
- ASHA and ANM are actively participating in case detection and DOT respectively
- TB-HIV coordination is satisfactory.

**Leprosy**

- State Leprosy prevalence rate is 1.2 per 10,000 population against the target <1
- 3 districts have more than 3 leprosy prevalence rate.
- Recruitment of 22 district SMO, 22 physiotherapist and 184 paramedical worker at block level is delayed due to GOI conditionalities.
- 10 position of Epidemiologist of IDSP are vacant which are critical for early detection and management of outbreaks.
Community Processes and Convergence

- ASHAs are empowered, motivated, knowledgeable and well respected
- Remarkably good and efficient coordination among ASHA, AWW and ANMs (demonstrated at the VHNDs, VHSNC meetings).
- Excellent support structure for ASHA in the form of ASHA Gruhas, ASHA SATHI, Provision of cycles, ASHA uniform and inclusion in the Swalamban pension scheme.
- Timely disbursement of incentives directly into ASHA bank accounts
- The GKS meetings are held regularly and village action plans are being formulated.
  - The utilization of VHSNC/ GKS funds in the State is poor
- ASHA is involved in home delivery of contraceptives and all the necessary logistics were available in ASHA kit including NISHCHAY kits
- Alternate vaccine delivery system through NGOs found to be satisfactory
- ASHA SATHI training sites in both the districts was comprehensive.
Key Recommendations

- Sub Centers needs to be strengthened
- Catchment area for ANM to be rationalized based on distance rather than population.
- Revise sanctioned staff nurse positions
- Fill vacancies in Disease Control Program on a priority basis.
- Ensure that facilities deliver services based on their level on a 24x7 basis, with focus on EmOC services
  - To help rational distribution of case load across facilities
  - To avoid unnecessary referrals
- Improve skills of health care providers
  - SBA, HB estimation, AEFI reporting, Anaphylaxis management, F-IMNCI training for Pneumonia management, NSSK resuscitation protocol, IUCD training for ANM.
Key Recommendations

- Reorient district maternal death review team on concept, protocols and processes of MDR.
- Expand the availability of safe abortion services using all available methods and reorient providers on Comprehensive Abortion Care guidelines.
- Monitor trained PPIUCD providers to track service delivery.
- Initiated FDS services for IUCDs to be initiated at sub-centers at least twice weekly, and displayed in citizen's charter.
- Strengthen counselling on FP needs at facilities and during VHNDs.