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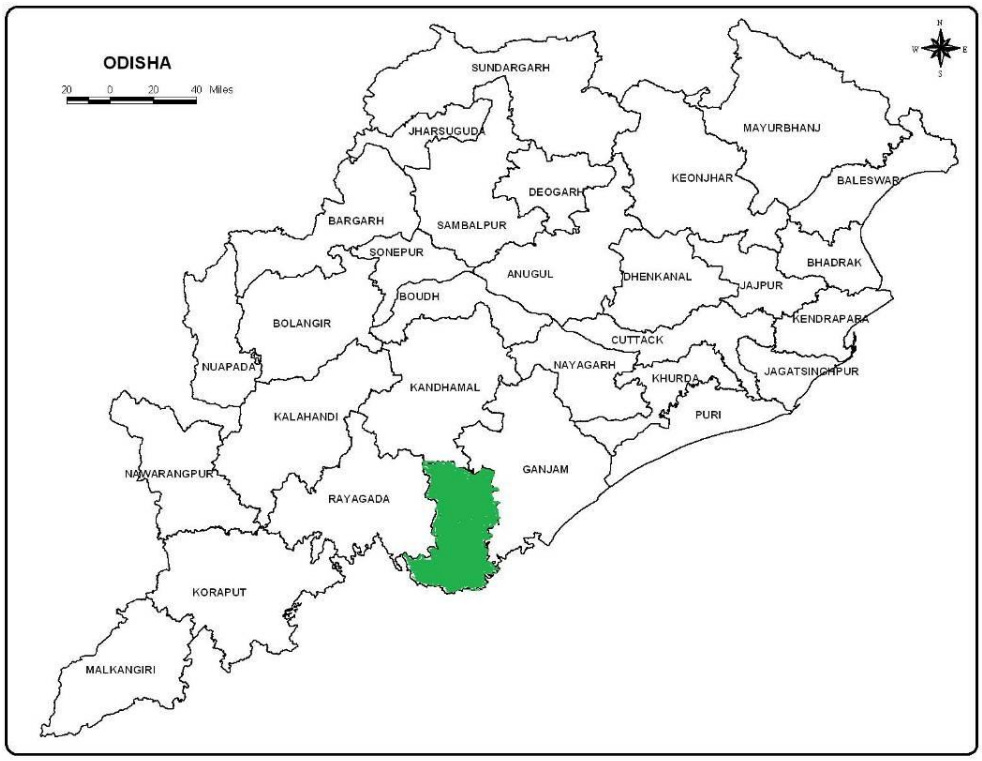

Monitoring Report for the State of ODISHA; 2nd Quarter 2013-14

This report is based on health facility assessment, provider and beneficiary interviews and HMIS data analysis and for Gajapati district and Odisha state. The monitoring visit includes all levels of health facilities in Gajapati district. One need to be cautious in interpretation of HMIS data, the state and districts may have good service delivery but there might be problem in reporting data and reflecting in national HMIS portal.

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10/1/2013

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1 Executive Summary

This report is based upon the direct observations, consultations with service providers, interviews with beneficiaries at Gajapati district and HMIS data analysis. Following thematic areas have been summarized:

- **Human Resources:**

- Healthcare workforce in Orissa is categorized under Regular (73%), State contractual (9%) and Contractual under NRHM (18%).
- The district has dearth of contractual staff. A total 77% of SN, 42% of Additional ANM, 40% of AYUSH doctors, 60% of LT is lying vacant. Under program management one BPM and Pharmacist cum logistic Assistance positions is lying vacant under NRHM.
- Approximately half of the specialist position is vacant. Vacancy is mainly as such specialist of surgery, Medicine, Ophth, Anaesthesia & Skin & VD, TB&CD, ENT and Radiology. At administrative level position of DMO is vacant.

- **Maternal health**

- Maternal Mortality Ratio (MMR) has been reduced from 303 (SRS 04-06) to 258 (SRS 07-09). There are 45 points drop in MMR. However it is higher than the National average of 212 maternal deaths per 100,000 live births (SRS 2007-09).
- As per HMIS 2012-13 in Gajapati district Institutional deliveries against estimated deliveries is 58.7% which is worse than states figure (64.6%). However very close to AHS statistics (59.3%).
- B.K Pada and Mohana blocks attribute high home deliveries in Gajapati districts. The reasons of such a low institutional deliveries are inaccessible areas and poor telenetwork.
- As per HMIS (2012-13) 3ANC checkups against ANC registration in Gajapati is 80% which is lesser than state figure (90%) However AHS statistics (80.3%) is very close to the HMIS figure.
- HMIS data shows 57% mother received post natal checkups against reported deliveries within 48 hours which is very close to AHS statistics 58.7%.

- **Maternal death Review**

Data suggests that there is a 4 point decline in the maternal deaths in the state as a whole, however there is a possibility that all deaths are not being captured. The analysis of maternal death shows 90% of deaths were reviewed and found Hemorrhage 326 (32%), Others 400 (39%), and Anemia 150 (15%) are the major cause of deaths. In Gajapati district, 4 maternal deaths were reported. All reported cases were reviewed at district level however significant

cause of deaths were not identified. Out of 4 cases 3(75%) attributes to 'other' while 1 (25%) death due to bleeding.

- **Janani Shishu Suraksha Karyakaram (JSSK)**

In Gajapati district total 15 institutions were designated and made functional as delivery points (DP). All these DPs are implementing JSSK.

- All the facilities visited have prominent IEC displayed in odiya and English. However most beneficiaries were not aware about their entitlements under JSSK. Language may be a barrier as large proportion of population are Telgu speaking.
- At district hospital cooked hot food were served to the beneficiaries. However below CHC facilities dry food such as milk, bread and egg were served. During visit it was observed that at Chandragiri CHC diet was not being provided. At Ramagiri PHC (N) instead of food money for the same is given to the beneficiary.
- Except DHH, most facilities provide only rudimentary lab tests (blood and urine, sputum for TB and PS for malaria). At DHH Ultra sonogram services is also being provided. However many beneficiaries undergone USG at private diagnostic centre.
- It was observed during the visit that drugs and consumables were bought by beneficiaries Out of Eight mothers interviewed at DHH Six reported of purchasing medicine from outside pharmacy. The Out of Pocket Spending is ranging from 800/- to 1400/- Beneficiary also reported demand of informal payments at DHH. There is no grievance cell or nodal person appointed for JSSK in the district.
- **Blood Bank:** The blood bank was functional at DHH and provides free blood to the PW wherever required. At Chandragiri CHC infrastructure was available but due to lack of manpower blood storage unit was not functional.

- **Janani Suraksha Yojana (JSY)**

As per the state data 35.53 lakh mothers have benefited under JSY (2005 – Mar 2013). After instruction of making payment through A/c payee cheque district reported some delays in payment now a days. The district is maintaining record of physical and financial comparisons of JSY. In the visited facilities of district it was observed that the payment was lagging behind by 2 to 3 months.

- **Child Health**

State has made good efforts to bring down the IMR in the state. As per SRS state has shown maximum change of 18 points from 2007 to 2012.

SNCUs: There are 35 SNCU have been planned for the state. In Gajapati-DHH the SNCU is not yet started. Only NBCC was functional. There are 10 NBCC in place in the district. The list of EDL for Sick newborn was not available at the facilities. There is an urgent need to establish SNCU with appropriate human resources in DHH to improve newborn survival.

NRCs: In the state 20 Nutrition Rehabilitation Center (NRC) are operational. In Gajapati- 10 bedded NRC is operational since Sept 2012. During the visit all beds were occupied. The NRC has play area, counseling, nursing station, kitchen, storage space, bathroom, and toilets. Three ANM, 1 cook, 1 care taker and 1 nutrition counselor was placed at NRC. However the positions of 2 ANMs were vacant. The pediatrician has additional charge of NRC.

In the inspection of register it was found that children had gained weight as desired. After discharge from NRC they used to come the facility for follow up on 7th, 15th and 28th day on their own. The mothers of children are getting lump sum amount Rs 700/- beside which they are getting two times meals from the health centre.

- **Immunization**

Gajapati district reports 98% BCG coverage and 95% of full immunization coverage in 2012-13. These figures are high as compared to state average. As per District data Total 2,662(99%) immunization sessions were held against total 2,682 planned sessions. Till August'13 3,103 (82%) VHNDs held against 3,768 planned sessions. The team visited Krushnapur and Abarsingh Sub centers of Rayagada bock of the visited district to understand the programme implementation. On the day of visit Immunization day was observed at Sub centers. At Krushnapur Sub centre ASHA, AWW and ANM were present. The mothers brought their child and vaccination was carried out by ANM as per the universal immunization schedule. The cold chain was maintained and other necessary equipments including needle cutter were found in place. The due list was taken from MCTS. The ANM was SBA and IMNCI trained.

- **RBSK**

The state constituted 240 teams out of the target of 723 teams of RBSK. State has planned to create 6 district/regional Early Intervention clinics. State also proposed to engage existing MHUSs (240) for RBSK. Therefore in the RoP of 2013-14 Budgets of MHUs has been shifted to RBSK.

- **Family planning**

Total 56.2% couples use family planning methods in the state which is similar to the visited district statistics. The total unmet need of family planning in the visited district is (19.4%), whereas the state figure is 23.2%. As per HMIS 2012-13, 41% female in Gajapati are using sterilization as family planning method. Steps should be taken to strengthen IUD insertion and promotion of usage of OCP and condoms.

- **ARSH**

Total 95 of ARSH clinics are established in the state. At village level on every six month 'Kisori Mela' was organized in the district. At AWC on third Thursday of every month Adolescent Education Session on Adolescent Health were organized. ARSH clinic is functional at CHCs level.

- **Quality in health services**

The labor room was clean and well maintained in the district hospital. However the cleanliness were lacking in the visited CHCs. Technical protocols were not displayed in the labor room. It was observed there is no consistency in Partograph preparation. EmOC drugs (e.g. Oxytocin, Prostaglandin etc) were available but emergency drug tray was missing in the labor room. Bleaching powder was unavailable in the visited facility except district hospital. District outsourced the Bio medical waste services. Color coded bins were used up to CHC level of institutions. At District hospital BMWM committee has been formed. Pits were found in the campus of visited facilities.

- **IEC & registers**

There was no consistency of maintaining delivery records. At Rayagada CHC the SN was maintaining the details on plain paper later transferred the data to the main register. SN reported that register were out of stock therefore they are maintaining the record in plain register. IEC material in the form of poster and flex and wall writing were adequately available in the district.

- **Referral transport and MMUs**

The state launched '108' services in a phased manner. There are 419 Janani Express (JE) in place against the target of 466, and are spreaded in all 30 districts of the state. Beside this the state has 422 ambulances distributed in KBK (142) & non KBK (280) districts. In Gajapati 9 JE are dedicated for referral transport services for pregnant women. There are 10 ambulances functional in the visited district.

MHU: The state required 354 Mobile Health Units (MHU); out of these currently 240 are operational. For tribal blocks as well as KBK District, state has decided to provide Additional MHUs. In the District Gajapati 4 additional MHUs are allocated at Kasinagar, Gumma, Rayagada and R.Udayagiri. State proposed to engage existing MHUSs (240) for RBSK. Therefore in the RoP of 2013-14 Budgets of MHUs has been shifted to RBSK.

- **Community processes**

Total 43,095 ASHAs are in position against the target of 43,530. The ratio of ASHA is 1:764 (i.e. within the norms). Against the target of 835 ASHAs 820(98%) are in position in Gajapati. The first round of training on module 6 & 7 has been given to 685 (84%) ASHAs of Gajapati. District is undergoing to train remaining ASHAs in the same. Beside this modular training ASHAs also undergone training on First aid, FTD (Malaria), RNTCP & NLEP. Uniform and ASHA diary were distributed to every selected ASHA. Whereas Bicycle was given to 686 (85%) ASHAs. The district created 2 ASHAs Gruha at DHH & CHC Chandragiri.

- **Gaon Kalyan Samitis (GKS)**

In the state of Odisha 45,362 (99.9%) GKS have been constituted against target of 45,407. In Gajapati 100% GKS have been constituted against target of 1,394. Except Mohana block of Gajapati every block achieved 100% target of bank account opening of constituted GKS. Data also says that 96.6%of GKS had undergone training.

- **Disease control programmes:**

Malaria: At district level, Integrated Vector Control measures were being taken including Indoor Residual Spray (IRS), long lasting Insecticide Net (LLIN), Mashari for Pregnant Women. During the visit to the post natal wards it was observed none of the windows had mesh placed and the newborns/mothers had no bed nets available.

Elimination of Lymphatic Filariasis (ELF): In Gajapati Filariasis is major vector borne disease next to malaria. The district is working towards its elimination through integrated vector control Program. NFCP unit is situated in the district under Parlakhemundi Municipality.

Non Communicable Diseases

The state has prepared PIP for NCD pool as per the latest guideline.

- **HMIS and MCTS**

Facility level reporting in HMIS is well established under state level system which also has GIS. Timely Data Collection is one of major issues as there many Sub centers are without ANM (Vacant/Long Leave/ Training).

2 Introduction

The Second quarter monitoring visit covered Gajapati district of Odisha. The visit was conducted during 17th -20th September 2013. Field visit was planned in consultation with district officials. Relevant data was collected from the District Program Management Unit and the facilities visited. The team interacted with medical officers, ANM, ASHA and discussed the different issues related to health services at the visited facilities. Interviews were carried out with pregnant women/mothers as beneficiaries of JSSK in the post natal ward of the visited facilities. After this visit the findings were shared with concerned officers at district level and state level. Details of visit schedule and team composition is given in annexure 1.

3 State Profile and district profile

The key demographic detail of state and visited district is given in table 1.

Table: 1 Key Demographic detail

Key Demographic details	State	Gajapati
No. Districts	30	NA
No. of Blocks	314(Tribal-118, Non Tribal-196)	7 Blocks
No. of Villages	51,313	1620
No. of Panchayats	6,235	129
No of Towns	223	2- Paralakhemundi (Municipality), Kasinagar (N.A.C.)
Population (2011)	41,947,358	577,817
Literacy	73.45%	53.49
Sex Ratio	978	1043
Density of Population	269 per Sq. Km.	134 per sq. km
Urbanization Ratio	14.97%	--
Decadal Growth rate	13.97%	--

4 Key health and service delivery indicators

Comparison of state and district figures is shown in table 2. It is evident from table the district indicators are poor as compared to the state statistics.

Table: 2. Key health indicator

Key Indicator	Odisha	Gajapati
MMR	237	297
Crude Birth Rate	19.8	20.2
Crude Death Rate	8.2	7.8
Natural Growth Rate	11.6	12.4
IMR	59	61
Neo Natal Mortality Rate	39	30
Post Neo natal Mortality Rate	21	31
Under 5 Mortality Rate	79	82
95% Confidence interval for Under 5 Mortality Rate	77	71
Sex ratio at Birth	903	907
Sex ratio (04) years	932	907
Sex ratio all ages	995	991

Source: AHS 2011-12

5 Health Infrastructure:

Orissa has a population of 41.94 million with 83% of the rural population. The availability of infrastructure in the state is enlisted below:

Table: 3. Health Infrastructure

	Health Facilities	Present	Required
1	District Hospitals	32	31
2	Sub Divisional Hospitals	26	419 (if taken per 1 lakh population)
3	Community Health Centers	456	
4	Primary Health Centers	1228	2097 (@1/20000 population
5	Sub Centers	6688	13982 (@1/3000 population)

The overall availability of Health infrastructure in the state as well as in the district is as follows.

Table: 4. Situation analysis of health infrastructure in state & visited District

Existing Health Infrastructure	State	Gajapati
No. of Medical College and Hospitals (Government)	3	--
No. of District Hospitals (Capital Hospital, BBSR & R.G.H RKL)	32	1
No. of Sub-Divisional Hospitals	27	0
No. of Community Health Centers	377	8
No. of Other Hospitals	79	1
No. of Primary Health Centers (N)	1226	20
No. of Rural Family Welfare Centers	314	--
No. of Urban Family Welfare Centers	10	--
No. of Postpartum Centers	79	--
No. of Sub-Centers	6688	136
No. of Health Posts (Revamping) (Bhubaneswar, Cuttack &	3	--
No. of Health & Family Welfare Training Centers (Cuttack & Sambalpur)	2	--
No. of Rural Health Centers (Jagatsinghapur, Attabira & Digapahandi)	3	--
No. of A.N.M. Training Schools	16	NA
No. of M.P.H.W.(Male) Training School	3	--
No. of Ayurvedic Hospitals	5	--
No. of Ayurvedic Dispensaries	619	7
No. of Homoeopathic Hospitals	4	
No. of Homoeopathic Dispensaries	564	5
No. of Unani Dispensaries	9	

Source: State Data

6 Human Resources

Healthcare workforce in Orissa is categorized under Regular, State contractual and Contractual under NRHM. The proportion of each category is 73% regular, 9%State contractual and 18% Contractual under NRHM. The overall distribution of public health force in the state is shown in figure 2.

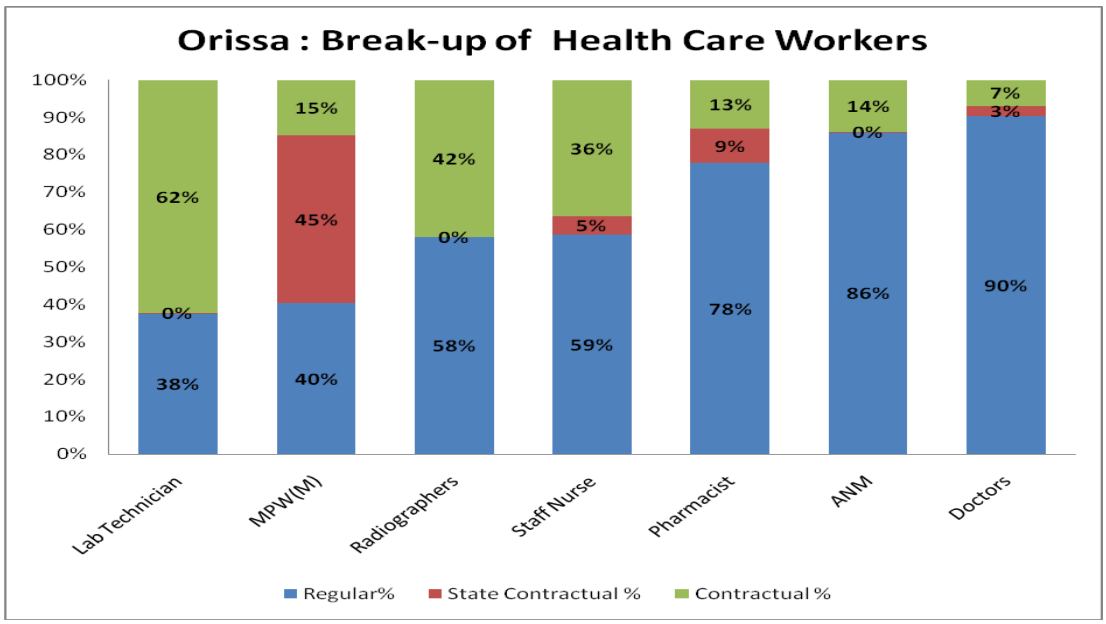


Figure 1. Graphical presentation of staffs under various categories

HR Status in Gajapati district:

The district has dearth of contractual staff. A total 77% of SN, 42% of Additional ANM, 40% of AYUSH doctors, 60% of LT is lying vacant. Under program management one BPM and Pharmacist cum logistic Assistance positions is lying vacant under NRHM.

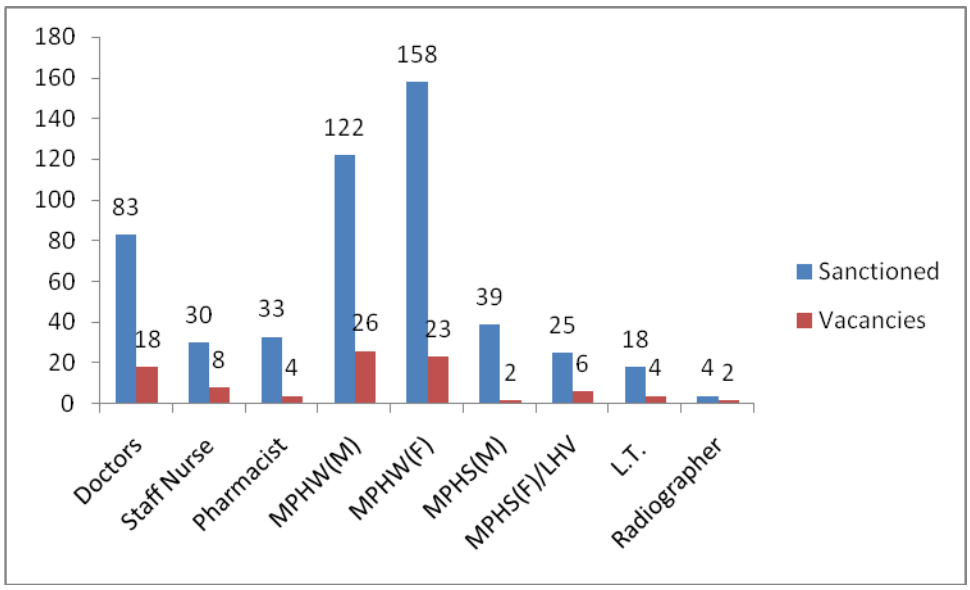


Figure 2.Status of Health Human Resources in Guajarati (Regular)

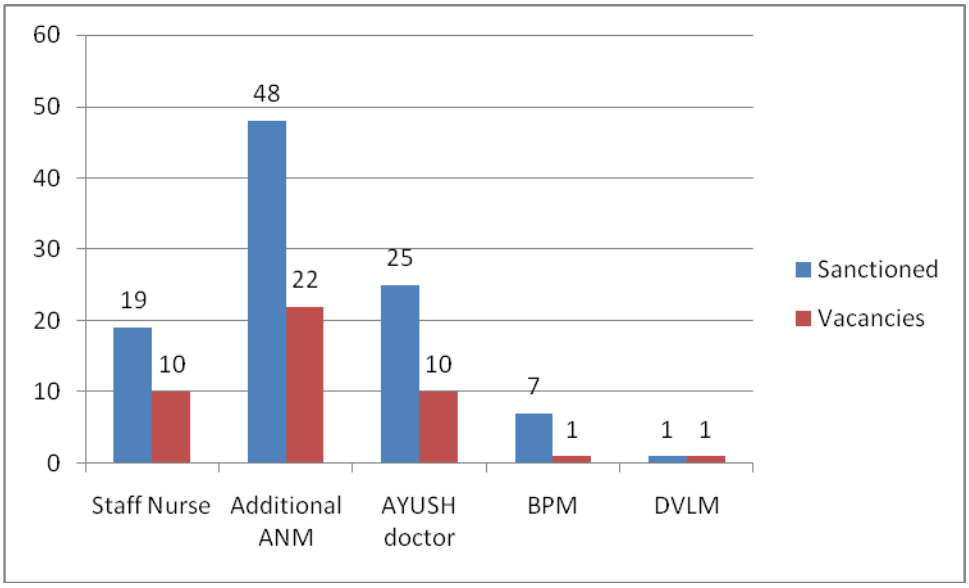


Figure 3.Status of Health Human Resources in Gajapati (Contractual)

Approximately half of the specialist position is vacant. Vacancy is mainly specialist of surgery, Medicine, Ophth, Anesthesia & Skin & VD, TB&CD, ENT and Radiology. At administrative level position of DMO is vacant.

The district officials stated that after introduction of Orissa Reservation of Vacancies (reservation for SCs and STs in contractual appointments) under OSH&FW Society, it is difficult to get suitable candidate.

7 Other health System inputs

a. Blood Bank:

In the State of Odisha 53 Blood Bank & 28 Blood Storage Units are functional. The district has functional Blood Bank. There are 3 lab technicians and one system support engineer was in place. There are two refrigerators in the Blood Bank. However, only one was found functional at the time of visit. The blood bank is linked through online with e-blood bank. It was observed that regular stock updation was not done by this facility.

The blood were available at free of cost on recommendation for Thalessemia and cancer. The beneficiaries under JSSK also received blood if necessary, free of cost. For others it charged at the rate of Rs 500/- per unit. This was informed by lab technician of blood bank.

b. Equipments

Equipments are available at the facility visited as per the facility norms except Chandiput SHC where Hemaglobinometer and Spheginometer were not found this raised the concern of quality of ANC.

c. Laboratory Records:

Laboratory records were maintained at the facilities visited in the district. Routine Lab tests are conducted. It was observed that Laboratory records highlighted high risk Pregnancies. However *Line listing of anemic pregnant women is not practiced.*

8 Maternal health

Maternal Mortality Ratio (MMR) has been reduced from 303 (SRS 04-06) to 258 (SRS 07-09). There are 45 points drop in MMR. However it is higher than the National average of 212 maternal deaths per 100,000 live births (SRS 2007-09).

8.1 Institutional deliveries:

As per HMIS 2012-13 in Gajapati district Institutional deliveries against estimated deliveries is 58.7% which is worse than states figure (64.6%). However very close to AHS statistics (59.3%).

Table: 5. Maternal health indicator

Indicators	Odisha	Gajapati
Reported Deliveries against Expected Deliveries	74.5%	93.0%
Institutional Deliveries against Estimated Deliveries	64.6%	58.7%
Institutional Deliveries against Reported Deliveries	86.7%	63.1%
Home Deliveries(SBA& Non SBA) against Estimated Deliveries	9.9%	34.3%
Home Deliveries(SBA& Non SBA) against Reported Deliveries	13.3%	36.9%
C Section Deliveries against Institutional Deliveries(Pvt & Pub)	6.6%	10.3%

Source: HMIS 2012-13

B.K Pada and Mohana blocks attribute high home deliveries in Gajapati districts. The reason of such a low institutional deliveries may be distance of institution is more as compared to the other facility of adjacent block/district. Another reason is low sounding but yet significant one is poor tele-networks this leads to inability to call JE on time and consequently deliveries happened at home. The social taboo is another reason the elder member prevents pregnant

woman to access the hospital services.

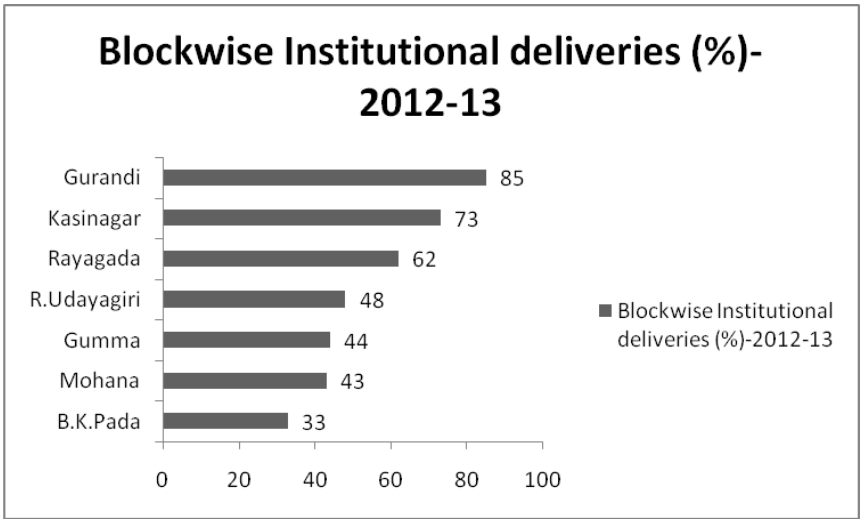


Figure 4. Block wise institutional deliveries (%)

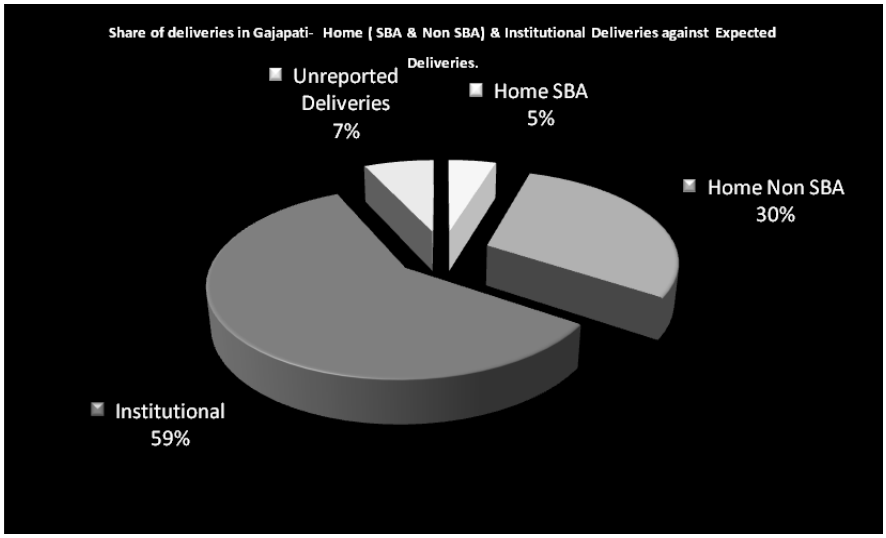
Source: District Data

This was informed by service provider of the district. However district has taken initiative to create maternity waiting home to sort out such issues. There are four maternity waiting rooms formed in Gajapati district. It is 5 bedded set up for expectant mothers usually meant for inaccessible pockets. The details about maternity waiting home will be discussed later in this report.

8.2 ANC and PNC

As per HMIS (2012-13) 3ANC checkups against ANC registration in Gajapati is 80% which is lesser than state figure (90%) However AHS statistics (80.3%) is very close to the HMIS figure.

Table 6: **ANC indicators in Gajapati and Odisha**



Sl No	Indicator	Odisha	Gajapati
1	*3ANC Check up against estimated pregnancies*	82%	102%
2	*3ANC Checkups against ANC registration*	90%	80%
3	TT2/ Booster given to Pregnant women against ANC Registration	93%	87%
4	100 IFA Tablets given to Pregnant women against ANC Registration	78%	77%

Source: HMIS 2012-13

PNC: Only few women stayed at facility for mandatory 48 hrs. As per HMIS, 57% mother received post natal checkups against reported deliveries within 48 hours which is very close to AHS statistics 58.7%. AHS statistics also indicates 75.3 % mother's breastfed within 1 hour of birth. During the visit it was found that mothers are willing to leave the hospital soon after delivery (If it's normal delivery) happened. Reasons stated by facility in-charge that in sometimes unavailability of beds becomes problem to force them to stay back for 2 days. Many times family members are not willing to stay.

8.3 Maternal death Review

Odisha state as a whole total 1038 maternal deaths were reported in year 2011-12 whereas in 2012-13 the figure was 1034. There is a 4 point decline in the maternal deaths in the state as a whole. It was also noted that 90% of deaths were reviewed and found Hemorrhage 326 (32%), Others 400 (39%), and Anemia 150 (15%) are the major cause of deaths.

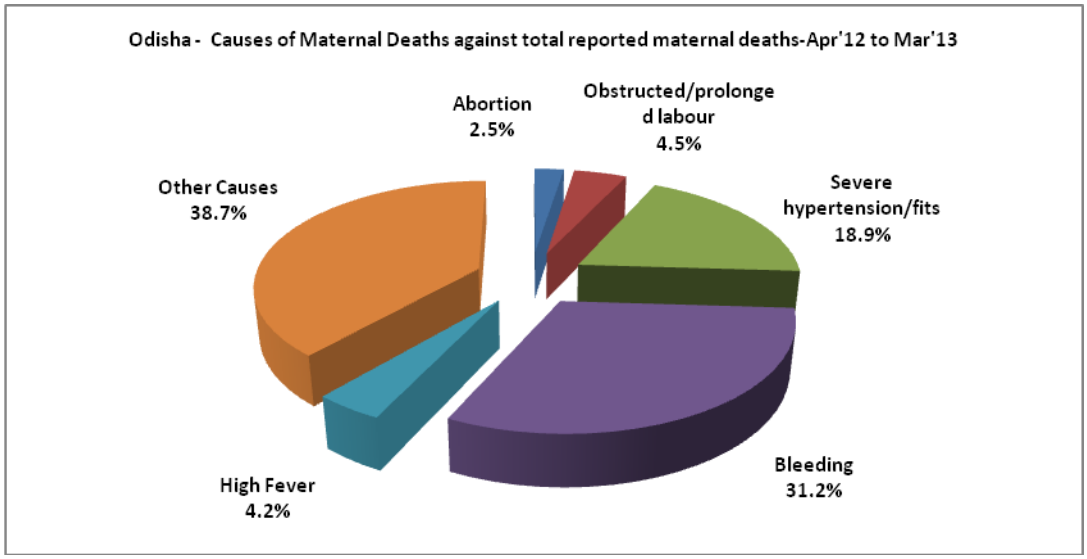


Figure 5.Cause of Maternal Deaths ***Source: HMIS***

Nabrangapur district reported highest (118) deaths whereas Jagatsinghapur stands for the lowest (6). The state had made analysis of the cause of deaths however there is need to take corrective measure based on this analysis.

In Gajapati district, 4 maternal deaths were reported. All reported cases were reviewed at district level however significant cause of deaths were not identified. Out of 4 cases 3(75%) attributes to other reason while 1 (25%) death due to bleeding.

8.4 Janani Shishu Suraksha Karyakaram (JSSK)

In Gajapati district total 15 institutions were designated and made functional as delivery points (DP). All these DPs are implementing JSSK.

Beneficiaries were interviewed in the visited hospitals wherever available. The interview with mothers was conducted at Rayagada, Chandragiri CHCs and DHH. In Rayagada block team interacted with beneficiary at community level. Total Eleven (n=11) beneficiaries (excluding the beneficiary interviewed in community) were interviewed, out of them 8 were at DHH whereas 2

and 1 at Rayagada and Chandragiri CHC respectively. All the C-section cases are conducted at District hospital only. The implementation of JSSK entitlements varies facility to facility.
The detailed findings on implementation of JSSK are as below:

a. Display of entitlements and awareness among beneficiaries-

- All the facilities visited have prominent IEC displayed in odiya and English. However most beneficiaries were not aware about their entitlements under JSSK. The reason behind this- large proportion of population are Telgu speaking.
- Out of 11 pregnant women (PW) nine were not aware about the JSSK scheme benefits. Among the interviewed PW who had been told about free delivery, transport and free drugs, usually ASHA and ANM was the key informant.
- Considering the fact of multi lingual population of this district the front line worker should be oriented to convey the message.

b. OPD and IPD services

- There is no user fee (OPD and IPD registration charge) being charged at the facilities including pregnant women and infants.

c. Diet-

- Free diet is available in all fifteen facilities designated as DPs as reported by district official. At district hospital cooked hot food were served to the beneficiaries. However below CHC facilities dry food such as milk, bread and egg were served. The beneficiaries of DHH informed that they are getting diet from the facility.
- At Chandragiri CHC diet was not being provided as told by beneficiary.
- At Ramagiri PHC (N) instead of food money for the same is given to the beneficiary. The reason cited by facility in-charge that though this facility at the middle of the community but dry food is also not available.

d. Diagnostic tests-

- Lab/diagnostics services are free for pregnant women and newborns wherever available as per the facility norms (CHCs and DH).
- Except DHH, most facilities provide only rudimentary lab tests (blood and urine, sputum for TB and PS for malaria). At DHH Ultra sonogram services is also being provided.
- The out of pocket expenses incurred by PW is generally on USG. At DHH USG machine and trained manpower was available but not much USG carried out. Out of 11 PW interviewed at various facilities almost everyone undergone at least one scan. They reported of getting ultra sonogram done at private facility only. The cost of per USG scan was Rs 400/- to Rs 500/-.

e. Drugs and Blood:

- It was observed during the visit that drug supply was enough to meet the requirement of the beneficiaries However out of Eight mothers interviewed at DHH Six reported of purchasing medicine from outside pharmacy. The Out of Pocket Spending are ranging from 800/- to 1400/-
- The commonly prescribed drugs are Dresin, cefexime, Irentia Plus, Diclofenac Sodium, and Cholecalciferol tablets. These drugs were written on small piece of paper and advised to purchase it from private pharmacy.
- It was also observed that suturing material (catgut) and certain consumable like syringes were also purchased by beneficiary.
- The blood bank was functional at DHH and provides free blood to the PW wherever required. At Chandragiri CHC infrastructure was available but due to lack of manpower blood storage unit was not functional.
- The blood bank of DHH not updating the status of availability of blood in the website.

f. Referral transport-

- The district has nine Janani Express (JE) for to and fro transportation for JSSK beneficiaries. Beside this there are 15 ambulances were positioned at 14 institutions that can be used instead of JE in case of emergency.
- During the visit it was observed that JE are functioning well in the peripheral institution.
- Out of Eight women interviewed at post natal ward of DHH, two PW used JE to reach the facility. Another four used hired vehicle, whereas one came by their own vehicle. Those who used hired vehicle spent Rs 300/= to Rs 900/= based on the distance and type of vehicle hired.
- The drop back facility was provided to those who stayed mandatory 48 hrs stay at the institution. For inter-facility referral Ambulance or JE is being used.
- Many interviewed patients stated that they had been aware of the availability of the JE, but due to poor tele-network not able to call the same and came by other vehicle. One PW at DHH informed that JE vehicle was in repair therefore did not reached to them
- The ADMO told that for up referral all the pregnancy related cases were transferred to Berhmpur Medical College

g. Informal payments-

- At peripheral institution there was no informal payments were demanded. However at DHH almost every interviewed PW reported demand of money by service provider. The amount ranges from Rs.1, 000/ to 1,500/- were handed over to them.

h. Grievance Redressal-

- There is no grievance cell or nodal person appointed for JSSK in the district. At Chandragiri CHC a complaint box was mounted for JSSK however no records of registration of complaints follow up actions, and post-resolution feedback related to JSSK had been maintained.
- There is an urgent need to put grievance redressal system in place.

Table 7: Status of JSSK beneficiaries in the District

Sl. No	Particulars			2013-14 (up to June)
1	**Total Delivery at DP**			1589
2	**C-section**			264 **(17%)**
3	**Free Blood**	No. of Beneficiaries	Pregnant Women	90 **(6%)**
			Sick Newborn	0
4	**Free Referral Transport**	Home to facility	No. of PW	1035 **(65%)**
			No. of Sick Newborn	156
		Higher Facility	No. of PW	73 **(5%)**
			No. of Sick Newborn	10
		Drop back	No. of PW	846 **(53%)**
			No. of Sick Newborn	19
5	**Free Diet**	No. of Beneficiaries (PW)		1589 **(100%)**
6	**Free Diagnostic facility**	PW		1482 **(93%)**
		Sick Newborn		268
7	**Free Drugs facility**	PW		1408 **(89%)**
		Sick Newborn		29
8	**Grievance Local**	Received		0
		Solved		0
9	**Sanjog Help Line**	Received		0
		Solved		0

Source: District data

8.5 Janani Suraksha Yojana (JSY)

As per the state data 35.53 lakh mothers have benefited under JSY (2005 – Mar 2013). JSY payments had been streamlined in the district. However after instruction of making payment through A/c payee cheque district reported some delays in payment now days. The district is maintaining record of physical and financial comparisons of JSY. In the visited facilities of district it was observed that the payment was lagging behind by 2 to 3 months. There is need to explore some other mode of payment in order make it more friendly to beneficiary. Many beneficiaries reported of not having bank account in their name.

9 Child health

Table 8: Child Health Indicators

Indicator	Odisha(AHS 2011-12)	Gajapati (AHS 2011-12)	India(SRS2010)
Infant mortality Rate(IMR)	59	61	47
Neonatal Mortality	39	30	33
Post neonatal mortality	21	32	--
Under 5 Mortality	79	82	59

Table 8 shows the status of child health in Odisha. It is clearly understood that in Odisha status of child health is poorer than national statistics. Further these indicators are worsening in the Gajapati except Neonatal mortality.

9.1 SNCU

There are 35 SNCU have been planned for the state – 28 DHH, 3 Medical Colleges, Capital Hospital Bhubaneswar, RGH Rourkela, Sishubhavan Cuttack and 1 SDH in Jeypore.
In Gajapati-DHH the SNCU is not yet started. Only NBCC was functional. There are 10 NBCC in place in the district.

The list of EDL for Sick newborn was not available at the facilities. All the medicine required for the sick new born should be made available at zero cost under JSSK. There is an urgent need to establish SNCU with appropriate human resources in DHH to improve newborn survival.

9.2 NRCs

In the state 20 Nutrition Rehabilitation Center (NRC) are operational. In Bolangir, Deogarh, Gajapati-1, Jajpur-1, Jharsuguda, Kalahandi, Kandhamal, Kendrapara, Keonjhar, Koraput, Mayurbhanj, Nuapada, Sambalpur &Sundargarh is having one NRC however in Dhenkanal, Malkangiri and Nawarangpur having 2 NRCs.

A 10 bedded NRC is operational in Gajapati since Sept 2012. During the visit all beds were occupied. The NRC has play area, counseling, nursing station, kitchen, storage space, bathroom, and toilets. Three ANM, 1 cook, 1 care taker and 1 nutrition counselor was placed at NRC. However the position of 2 ANM was vacant. The pediatrician has additional charge of NRC. In the inspection of register it was found that children had gained weight as desired. After discharge from NRC they used to come the facility for follow up on 7th, 15th and 28th day their own. The mothers of children are getting lump sum amount Rs 700/- beside this they are getting two times meals from the centre.

Pustikar Diwas: - Pushtikar Diwas (Nutrition Day) has been initiated in the State for treatment and referral of Malnourished Children (0-6 years). It is organized on 15th day of each month at Community Health Centers to provide treatment & free medicines to the beneficiaries. Now Pustikar diwas is being taken care by department of women and child development.

9.3 Immunization

Gajapati district reports 98% BCG coverage and 95% of full immunization coverage in 2012-13. These figures are high as compared to state average. The BCG Measles drop out is 1%.

Table 9: **Percentage immunization against estimated live births in Gajapati and Odisha**

District	BCG	DPT 3	OPV 3	Measles	Full Immunization
Odisha	85%	88%	86%	87%	86%
Gajapati	98%	99%	97%	97%	95%

Source: HMIS Data 2012-13

As per District data Total 2,662(99%) immunization sessions were held against total 2,682 planned sessions. Till August'13 3,103 (82%) VHNDs held against 3,768 planned sessions. To ensure the vaccines alternative vaccine carrier is appointed. For stock management there is provision of vaccine storage centre at district and block level.

Observation during visit:

The team visited Krushnapur and Abarsingh Sub centers of Rayagada bock of the visited district to understand the programme implementation. On the day of visit Immunization day was observed at Sub centers. At Krushnapur Sub centre ASHA, AWW and ANM were present. The mothers brought their child and vaccination was carried out by ANM as per the universal immunization schedule. The cold chain was maintained and other necessary equipments

including needle cutter were found in place. The due list was taken from MCTS. The ANM was SBA and IMNCI trained.

9.4 RBSK

The state constituted 240 teams out of the target of 723 teams of RBSK. State has planned to create 6 district/regional Early Intervention clinics. State also proposed to engage existing MHUSs (240) for RBSK. *Therefore in the RoP of 2013-14 Budgets of MHUs has been shifted to RBSK.*

10 Family planning

As shown in Table 10, total 56.2% couples use family planning methods in the state which is similar to the visited district statistics. The total unmet need of family planning in the visited district is (19.4%), whereas the state figure is 23.2%.

Table 10: Distribution of Family Planning indicators

Family planning Methods	Odisha (%)	Gajapati (%)
Any Methods	56.2	56.6
Any Modern Methods	44.0	53.9
Female sterilization	30.1	50.5
Male sterilization	0.3	0.7
Cu-T/IUD	0.3	0.1
Pills	11.1	2.5
Condom/Nirodh	2.1	0.2
Emergency Pills	0.1	0.0
Any Traditional Method	12.2	2.7
Total unmet need	23.2	19.4
Unmet need for limiting	12.4	9.5
Unmet need for Spacing	10.8	9.9

Source: AHS 2011

As per HMIS 2012-13, 41% female in Gajapati are using sterilization as family planning method. *Steps should be taken to strengthen IUD insertion and promotion of usage of OCP and condoms.* Family planning sterilization is being conducted on camp mode on regular basis. ASHA and ANM escort the user to the respective camps.

Table: 11. Status of family Planning Methods in Gajapati

	Reported	%age of All Reported FP Methods
Total Reported FP Method (All types) Users	5,888	-
Sterilizations	2,438	41%
IUD	818	14%
Condom Users	1,543	26%
OCP Users	1,089	18%
Limiting Methods	2,438	41%
Spacing Methods	3,450	59%

Source: HMIS 2012-13

11 ARSH

Total 95 of ARSH clinics are established in the state.

At village level on every six month 'Kisori Mela' was organized in the district. At AWC on third Thursday of every month Adolescent Education Session on Adolescent Health were organized. ARSH clinic is functional at CHCs level. District Level TOT has been imparted to the service providers.

12 Quality in health services

12.1 Infection Control

The labor room was cleaned and well maintained in the district hospital. The cleanliness were lacking in the visited CHCs. Technical protocols were not displayed in the labor room. It was observed there is no consistency in Partograph preparation. EmOC drugs (e.g. Oxytocin, Prostaglandin etc) were available but emergency drug tray was missing in the labor room.

Bleaching powder was unavailable in the visited facility except district hospital.

12.2 Biomedical Waste Management

District outsourced the Bio medical waste services. Color coded bins were used up to CHC level of institutions. At District hospital BMWM committee has been formed. Pits were found in the campus of visited facilities.

12.3 IEC & registers

There was no consistency of maintaining delivery records. At Rayagada CHC the SN was maintaining the details on plain paper later transferred the data to the main register. SN reported that register were out of stock therefore they are maintaining the record in plain register. IEC material in the form of poster and flex and wall writing were adequately available in the district.

13 Clinical Establishment Act

There was no budget proposed in FY 2013-14 for Implementation of Clinical Establishment Act.

14 Referral transport and MMUs

The state launched '108' services in the phased manner. In the first phase it's started in 8 districts namely Ganjam, Puri, Khurda, Cuttack, Jajpur, Bhadrak, Rayagadda and Koraput.

Janani Express (JE): There are 419 JE are in place against the target of 466 and are spreaded in all 30 districts of the state. There are additional financial provisions given for the KBK districts. In Gajapati nine JE is dedicated for referral transport services for pregnant women.
Ambulances: The state has 422 ambulances distributed in KBK (142) & non KBK (280) districts. There are 10 ambulances are functional in the visited district.

Call Centre: The state is also planning to establish centralized call centre for '102' services. This call centre will be dedicated for the referral transport of pregnant women.

MHU: The state required 354 Mobile Health Units (MHU); out of these currently 240 are operational.

In Odisha for tribal blocks state has decided to provide Additional MHUs to all the tribal Blocks as well as KBK District. These new programme so called is "Swasthya Sanjog". In the District Gajapati Addl. 4 Nos of MHUs are allocated at Kasinagar, Gumma, Rayagada and R.Udayagiri.

Table:12. Status of MHU in Gajapati

Sl. No	Name of the Block	Manpower-Ayush Doctor(AD);Pharmacist(P); ANM+Attendent(A)	Patient treated 2012-13	Patient treated 2013-14 (Up to Aug-13)
1	R. Udayagiri	AD+P+ANM+A	13895	5485
2	Rayagada	AD+P+ANM+A	12798	4939
3	Kashinagar	AD+P+A	15505	5754
4	Gumma	AD+P+ANM+A	13509	8493
Total			**55707**	**24671**

Source: District Data

State proposed to engage existing MHUSs (240) for RBSK. Therefore in the RoP of 2013-14 Budgets of MHUs has been shifted to RBSK.

Observation during visit:

The team visited Badaputtar village of Rayagadda block. The MHU was functioning with doctor and support from pharmacist, ANM and attendants. The MHU has micro planning for 26 days of every month that covers unreachable village and three residential schools. The doctor informed that most of the complaints are fever and problem related to skin & eye. The OPD register shows on average 65-80 cases were taken care by the team of MHU.

15 Community processes

15.1 Status of ASHA in Gajapati

Total 43,095 ASHAs are in position against the target of 43,530. The ratio of ASHA is 1:764 (i.e. within the norms).

Block wise Status

Sl. No	Block	Target of ASHA (Rural)	Total in position (Rural)	V3 ASHA Target	V3 ASHA in Position	Total Target (Rural+V3)	Total Selection (Rural+V3)	Shortfall
1	Mohana	220	220	30	30	250	250	0
2	R. Udayagiri	88	80	19	19	107	99	8
3	BK Pada	69	69	5	5	74	74	0
4	Rayagada	93	93	14	14	107	107	0
5	Gurandi	123	116	0	0	123	116	7
6	Kashinagar	66	66	0	0	66	66	0
7	Gumma	96	96	12	12	108	108	0
Total		755	740	80	80	835	820	15

Source: District Data

Against the target of 835 ASHAs 820(98%) are in position in Gajapati. The reason of shortfall is due to non availability of suitable candidates as per selection criteria. At Block level ASHA Diwas and sector level meeting organised to address the issues related to ASHAs as well as to monitor their performance.

All interviewed ASHAs were aware about the JSSK and other Governments health programmes. ASHAs are maintaining the lists of all eligible couples including the women in reproductive age group, Pregnant mothers, Newborns & children <5 yrs age group, Malaria & TB cases. They have the list of BPL families and SC & ST category household too. All ASHAs reported they had drug kit that contains basic drugs like PCT, CPM tablets, ORS packets.

15.2 Skill development

The first round of training on module 6 & 7 has been given to 685 (84%) ASHAs of Gajapati. District is undergoing to train remaining ASHAs in the same. Beside this modular training ASHAs also undergone training on First aid, FTD (Malaria), RNTCP & NLEP.

15.3 Functionality of the ASHAs

In Odisha 43,530 ASHAs are equipped with drug kit whereas number of ASHAs completed the module training is only 40,845. The analysis of average monthly payment received by ASHAs varies from Rs. 1,500/- to 2,500/-.

15.4 Supportive activities

Uniform and ASHA diary were distributed to every selected ASHA. Whereas Bicycle was given to 686 (85%) ASHAs. The district created 2 ASHAs Gruha at DHH & CHC Chandragiri.

15.5 Gaon Kalyan Samitis (GKS)

In the state of Odisha 45,362 (99.9%) GKS have been constituted against target of 45,407. In Gajapati 100% GKS have been constituted against target of 1,394. Except Mohana block of Gajapati every block achieved 100% target of bank account opening of constituted GKS. Data also says that 96.6%of GKS had undergone training.

16 Disease control programmes:

The vacancies under NVBDCP in Odisha are as follows DMO (10%), SSMTC (11%), DEO (26%) and MPHW (38%).

16.1 Malaria

The state has high risk of malaria in remote, rural, tribal, and inaccessible and forest fringed areas. However, other areas of the state are not free from the malaria risk factors. Around 85% of the cases reported from the state are due to falciparum malaria (Pf).

Out of 30 district malaria officer 27 are in position. The 3 vacancies are in the district of Sambalpur, Kendrapara and Sundargarh.

At district level Integrated Vector Control measures were being taken including Indoor Residual Spray (IRS), long lasting Insecticide Net (LLIN), Mashari for Pregnant Women.

During the visit to the post natal wards it was observed none of the windows had mesh placed and the newborns/mothers had no bed nets available.

Table 12: Malaria Epidemiological data of Gagapati District (June to August 2013):

Name of the Block	BSC	BSE	Positive		Total positive	R.T Done	Death
			PV	PF			
Mohana	3438	3438	54	492	546	546	0
R.Udayagiri	3299	3299	6	119	125	125	0
B.K.Pada	1977	1977	4	277	281	281	0
Rayagada	3993	3993	7	186	193	193	0
Gurandi	1105	1105	2	48	50	50	0
Gumma	3600	3600	0	188	188	188	0
Kashinagar	1357	1357	5	80	85	85	0
DHH	1814	1814	11	122	133	133	0
Total	**20583**	**20583**	**89**	**1512**	**1601**	**1601**	**0**

Source: District data

16.2 Elimination of Lymphatic Filariasis (ELF):

In Gajapati Filariasis is major vector borne disease next to malaria. The district is working towards its elimination through integrated vector control program. NFCP unit is situated in the district under Parlakhemundi Municipality.

17 Non Communicable Diseases

The state has prepared PIP for NCD pool as per the latest guideline. The details of existing NPCDCS program is follows:

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) is being implemented in the state. There are five districts (namely koraput, Belgam, Malakangiri, Nabrangapur) selected to pilot the NPCDC. The screening of target population is carried out at sub centre level sometimes MHU also engaged for the same. ANMs are performing blood test for glucose and recording blood pressures. There is a provision to recruit additional lab technician for the purpose.

18 Good Practices and Innovations

- **Maternity waiting home:**

The geographical terrain and poor tele-network connecting hinders in transportation of expectant mothers to hospital in the last stage of labour or in an emergency. This situation is worse in tribal and inaccessible areas that further attributes to lower institutional deliveries and high IMR/MMR.

Considering these problems Maternity Waiting Home (MWH) has been established. This is extremely useful for people residing in most difficult tribal blocks. The MWH provides temporary residence away from home for expectant mothers where they can wait for delivery. On commencement of labor, they are to be shifted to nearby facility having BeMOC facilities for delivery. Maternity cases may be admitted in the home for at least 5-7 days before the expected date of delivery or as advised by the Medical Officer. Provision of food for expectant mothers, dependants & escorts.

- **Odisha telemedicine network phase**

Telemedicine activities were established in the Gajapati. The programme was initiated in Orissa in the year 2001 with support from Department of Information Technology, Govt. of India and Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow. Later ISRO/Dept. of Space, Govt. of India becomes instrumental in establishing telemedicine Network in the state of Orissa.

The Odisha telemedicine network was established in phased manner. In the first phase the network expanded to include district Hqrs. hospitals of Koraput, Bhawanipatna, Baripada, Rayagada, Sundergarh, and Capital Hospital, Bhubaneswar. In the third phase which is being implemented at present, all the rest 21 district Hqrs. Hospitals viz; Balasore, Bhadrak, Jajpur, Kendrapara, Jagatsinghpur, Puri, Dhenkanal, keonjhar, Deogarh, Jharsuguda, Baragarh, Sonepur, Bolangir, Boudh, Angul, Nayagarh, Kandhamal, Nuapada, Gajapati, Nabarangpur, Malkangiri and one more city hospital i.e.; Rourkela Govt. Hospital, Rourkela will be provided the telemedicine facility and will be connected to all the three Govt medical college.

SCB Medical College & Hospital established a State-Level telemedicine Resource Center to promote telemedicine application in the state and to monitor the activities of the state-wide Telemedicine network. The network is being effectively used for benefit of patients, health professionals, paramedical workers, Nurses and medical students.

19 HMIS and MCTS

Facility level reporting in HMIS is well established under state level system which also has GIS. The district report is aggregated electronically and uploaded in to web portal for all districts. The system supports district and sub district facility level analysis of data and its use. Multiple programme reports of each district are generated at the state HMIS office and feed back is sent to the programme management units at district and state level.

The main problems that still have to be addressed is the poor recording and data aggregating system in hospitals handling large patient volume like the DHH and well functioning CHCs.

Key Issues

- Timely Data Collection is one of major issues as there many Sub centres are without ANM (Vacant/Long Leave/ Training).
- As we are aware that large proportion of deliveries are conducted at DHH and Private Hospitals, and their data collection is cumbersome for the ANMs at Sub centre level.
- Disparity between HMIS and MCTS recording. Many deliveries conducted in neighbouring district (in case of Gajapati from neighbouring state) are reported in HMIS, but not registered in MCTS.
- Validation checks are regularly and well done but other aspect of data quality is insufficiently addressed. PHCs are duplicating a lot of ANC reports which are also registered at sub centre.
- Immigration and emigration also affects the proper data collection.
- Poor internet/mobile network connectivity also creates hurdle on timely reporting.

20 Key Conclusions and Recommendations

- Rational deployment of staff is required as per the case load of facility.
- There is need to explore some other mode of payment for JSY in order make it more friendly to beneficiary. Many beneficiaries reported of not having bank account in their name.
- Printed delivery records should be supplied to the facilities where these register are out of stock.
- Considering the fact of multi lingual population of this district the front line worker should be oriented to convey the message.
- There is a need to put grievance redressal mechanism at facility level.
- The vacant position under program management should be filled up.
- Ensure free medicine for JSSK beneficiaries at DHH.
- Operationalize the Blood Storage Unit at chandragiri CHC.

- Although Laboratory records didn't highlight the high risk Pregnancies. Line listing of anaemic pregnant women and their management is required.
- Steps should be taken to strengthen IUD insertion and promotion of usage of OCP and condoms.
- Hemaglobinometer and Spheginometer were not found at chandiput SHC is a concern wrt quality of the ANCs.
- There is an urgent need to establish SNCU with appropriate human resources in DHH to improve newborn survival.

21 Annexure

Annexure1- Visit Schedule and Team composition

Date	**18th September 2013**	**19th September 2013**
Facility visited	Rayagada-CHC Krushnapur- Sub Centre & Community interaction Abarsingh-Sub centre MHU at Badaouttar village of Rayagadda block District Headquarter Hospital Nutritional Rehabilitation Centre	Ramagiri-PHC(N) Chandragiri-CHC Chandiput-Sub centre
Team Members	Dr Navneet Ranjan, Consultant, NHSRC, New Delhi Mr. Sanjib Kumar, State Data officer, Bhubaneswar Mr. Biswamber Behera, DPM-Gajapati Mr. Loknath Mahapatra, DDM-Gajapati Mr. Bana Bihari Mishra,DMRCH-Gajapati	