



Monitoring and Evaluation of Programme Implementation Plan, 2021-22
Gajapati District, Odisha

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Monitoring and Evaluation of Programme Implementation Plan, 2021-22 Gajapati District, Odisha

Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2021-22 Gajapati District was carried out by the PRC team during 24-27 November, 2021. The District Programme Monitoring Unit, District Headquarter Hospital, CHC Chandragiri, PHC Nuagada and SC Nuagada are visited for the study by the PRC team. During the field visit the PRC team was accompanied by Dy. Manager RCH and DPM. This report discusses in detail the implementation of PIP in Gajapati district as observed during the field visit for monitoring. The key observation is given below:

General

There is lot of scope for the overall improvement in health system in the district. As the district is listed as an aspirational category and tribal population is 66.8 percent.

Highlights of the District

- Improved overall ANC registration in the district. Looking at previous years' health indicators, so far there is consistency in overall health care services in the district.
- Increase in institutional deliveries. But there is increase in home deliveries as compare to previous year.
- All 21 PHCs are being converted into HWCs and out of 136 SCs 40 are functioning as HWCs. Though HWC branding has been done and facilities converted into HWCs. As CHOs are not yet been appointed at the facilities and due to unavailability of lab technicians they are not functioning its fullest.
- Free meals and drugs facility for mothers at institutions are in execution. At District Headquarter Hospital free meal are being provided to the women.
- In case of JSSK state has made some changes i.e. in lieu of drop back to delivered women to her residence. State providing Rs. 500/- to women provided she must stay for 48 hours after delivery.
- Though selected ASHAs are trained up to Vth module and provided with drug kits but it is not replenishing time to time. Most of the instruments given to them are either not working or broken they were given long back.
- MMUs are providing services to underserved areas.
- Ultrasound Sonography service is available only at the District Head Quarter Hospital. So, the pregnant women requiring ultrasound are referred to the District Head Quarter Hospital, Parlakhemundi.
- After the distribution of 3.5 Lakhs LLIN in 2017 covering all population of the district, around 75% Malaria case load decline is being observed in the year 2018. The combo approach of DAMaN (state Govt. initiative) & LLIN leads to further decline of Malaria cases. The year wise Malaria Positive case as follows 2017- 16226; 2018- 4125; 2019- 1252; 2020- 544; 2021 (Jan to Oct) - 321. In 2020-21 3.9 Lakhs of LLINs distributed covering all population. Up to Oct-21 around 41% Malaria case load

reduction is being observed with 30% increase in surveillance. Community counselling on up scaling the use of LLIN regularly done by ASHA through IPC and through megaphone announcement.

- Comprehensive Primary Health Care being implemented, total 20723 CBAC form has been filled in the district. 40 SC-HWC, 21 PHC-HWCs and 1 UPHC-HWCs have started NCD screening.

Areas for Further Improvement

- RBSK programme need to be strengthen in the district. As there are 14 teams in the district. But there is not a single team having HR as per the guidelines of team composition. Doctors required 28 (1 male, 1 female) whereas 14 are filled. Similarly, out of 14 ANMs and 14 Pharmacists, 13 and 10 posts of ANM and Pharmacists are filled respectively.
- Vacant posts need to fill up on priority basis.
- For monitoring of the programme mobility support needs to be increased of DPMU.

Infrastructure

- All the PHCs and 40 SCs are upgraded to HWCs, space for YOGA and other activities is not available.

Human Resources

- The district needs to address the shortage of specialist doctors (46% vacancies), similarly 35% Class-II MO positions are vacant. Overall all the medical and paramedical positions need to be filled on priority basis.
- Multi-specialty training for health staff is required.
- To improve the manpower and reduce the dropout provision of higher payments for NHM staff is required. As due to less payment people are not willing to join.

Service Delivery

- Well-functioning web HMIS, IHIP, NIKSHAY portal, etc. district headquarter but in the interior part of the district connectivity is the main concern.
- Significant increase in institutional deliveries.

A. Overview of district

Gajapati District has been named after Maharaja Sri Krushna Chandra Gajapati Narayan Deo, the Ex-Raja Sahib of Parlakhemundi estate (the 1st Prime Minister of Odisha State), who is remembered for his contribution in formation of a separate Odisha province and inclusion of Parlakhemundi estate in Odisha. It got a District status on 2nd October 1992 after bifurcated from Ganjam District. It was Parlakhemundi sub-division in Ganjam and yet it is only sub-division in Gajapati. There are 7 Tehsils, 7 Blocks, 1,534 Villages, 149 Gram Panchayats and 11 Police stations. From seven tehsils of the district 5 tehsils are having population of tribal.

The total population of the district is 632531. The rural population is 507151 and urban population is 70666 (As per Census 2011). ST population in the district is 423065 is the share of 66.8 % of the total population of the district (As per 2011 Census). The literacy rate of the district is 53.49 % as per census 2011). The district is categorised as Tribal and undeveloped district and most of the land is covered with forest and hills. The total forest of Gajapati district is 2302 sq. km, of which 473 sq. km is reserve forest. In this forest 737 red sandal trees were present. Paddy is the main agriculture produce in this district. The Main profession of the people is farming.

Table 1: district background, health indicator and facility details of Gajapati district, 2021-22.

| Indicator | Remarks/ Observation | | | |
|---|--|----------|-------------|----------|
| 1. Total number of Districts | 1 | | | |
| 2. Total number of Blocks | 7 | | | |
| 3. Total number of Villages | 1534 | | | |
| 4. Total Population | 5,77,817 | | | |
| • Rural population | 507,151 | | | |
| • Urban population | 70,666 | | | |
| 5. Literacy rate | 53.49% | | | |
| 6. Sex Ratio | 1043 | | | |
| 7. Sex ratio at birth | 973 | | | |
| 8. Population Density | Gajapati district is 134 people per square kilometer | | | |
| 9. Estimated number of deliveries | 11694 | | | |
| 10. Estimated number of C-section | 1659 | | | |
| 11. Estimated numbers of live births | 11694 | | | |
| 12. Estimated number of eligible couples | 94408 | | | |
| 13. Estimated number of leprosy cases | 36 | | | |
| 14. Target for public and private sector TB notification for the current year | TOTAL TARGET =1300 (PUBLIC TB NOTIFICATION TARGET = 1200 PRIVATE TB NOTIFICATION TARGET = 100) | | | |
| 15. Estimated number of cataract surgeries to be conducted | 3744 | | | |
| 16. Mortality Indicators: | Previous year | | Current FY | |
| | Estimated | Reported | Estimated | Reported |
| • Maternal Death | | 20 | | 17 |
| • Child Death | | 227 | | 111 |
| • Infant Death | | 193 | | 87 |
| • Still birth | | 228 | | 118 |
| • Deaths due to Malaria | 0 | 0 | 0 | 0 |
| • Deaths due to sterilization procedure | 0 | 0 | 0 | 0 |
| 17. Facility Details | Sanctioned/ Planned | | Operational | |
| 1. District Hospitals | 1 | | 1 | |
| 2. Sub District Hospital | 0 | | 0 | |
| 3. Community Health Centers (CHC) | 8 | | 8 | |
| 4. Primary Health Centers (PHC) | 21 | | 21 | |
| 5. Sub Centers (SC) | 136 | | 136 | |
| 6. Urban Primary Health Centers (U-PHC) | 1 | | 1 | |
| 7. Urban Community Health Centers (U-CHC) | 0 | | 0 | |
| 8. Special Newborn Care Units (SNCU) | 1 | | 1 | |
| 9. Nutritional Rehabilitation Centres (NRC) | 2 | | 2 | |
| 10. District Early intervention Center (DEIC) | 1 | | 1 | |
| 11. First Referral Units (FRU) | 1 | | 1 | |
| 12. Blood Bank | 1 | | 1 | |
| 13. Blood Storage Unit (BSU) | 0 | | 0 | |
| 14. No. of PHC converted to HWC | 21 | | 21 | |
| 15. No. of U-PHC converted to HWC | 1 | | 1 | |

| | | |
|---|-------------------------|---|
| 16. Number of Sub Centre converted to HWC | 40 | 40 |
| 17. Designated Microscopy Center (DMC) | 11 | 11 |
| 18. Tuberculosis Units (TUs) | 7 | 7 |
| 19. CBNAAT/TruNat Sites | CBNAAT = 1 TRUNAT =1 | CBNAAT = 1 TRUNAT =1 (BOTH ARE LOCATED AT DHH, PARALAKHMUENDI) |
| 20. Drug Resistant TB Centres | 1 | 1 (LOCATED AT DHH, PARALAKHEMUNDI) |
| 21. Functional Non-Communicable Diseases (NCD) clinic | | |
| • At DH | 1 | 1 |
| • At SDH | 0 | 0 |
| • At CHC | 0 | 0 |
| 22. Institutions providing Comprehensive Abortion Care (CAC) services | | |
| • Total no. of facilities | 10 | 10 |
| • Providing 1st trimester services | 9 | 9 |
| • Providing both 1st & 2nd trimester services | 1 | 1 |

Source: DPMU, Gajapati

Progress of selected health indicators in the district

Gajapati district MMR at 207 has increased as compared to previous three years. As in 2017-18 to it was at 164. But during the year 2021-21 it has suddenly increased to 207. This is 26 points more than state average (181.7 MMR per 100000 live births). The IMR at has also increased and reported at 105 is 76 points more than the state average (28.9 IMR per 1000 live births). The child mortality rate is 18 per 1000 live births is also showing increase to previous consecutive years. It is more four times than to the state average (3.6 per 1000 live births) (Table 2).

In case of HIV numbers of patients are increasing as in the year 2017-18 it was 65. However, in the year 2019-20 the number of HIV patients has increased to 50, whereas in the year 2020-21 it slightly reduced to 32. Pertaining to the deaths due to HIV has increased as compared to the cases reported in the respective years. In case of TB, number of cases have declined drastically from 47 in the year 2017-18 has increased to 117 in the year 2020-21. As far as non-communicable diseases in concern, Diabetes and hypertension cases have been increasing over the period in the district (**table 3**).

There is decline in the number female sterilization and IUD insertion has observed in the district during 2020-21. Number of home delivery has increased from 795 in the year 2017-18 to 1423 in the year 2020-21. The number of new-born screened for defects at birth has increased to 6541 in 2020-21 than 29 in 2018-19 (**Table 4**).

Financial Expenditure

Below **table 5** shows the trend in budget sanctioned, released and audited expenditure for Gajapati district. From the table one can see that the total budget sanctioned has increased to Rs 3947.13 lakhs

in FY 2021-22 from 3060.71 in FY 2020-21. Till October 2021, only Rs. 1355.07 has been released against the sanctioned budget and expenditure is Rs. 1172.19.

Table 2: Trend in maternal and child mortality in Gajapati district.

| Indicators | Gajapati | | | | Odisha | SDG goal (by 2030) |
|-----------------------------|----------|---------|---------|---------|---------|-------------------------|
| | 2020-21 | 2019-20 | 2018-19 | 2017-18 | 2020-21 | |
| Maternal mortality ratio | 207 | 58 | 120 | 164 | 181.7 | <70/100,000 live births |
| Infant Mortality Rate (IMR) | 105 | 13 | 19 | 14 | 28.9 | <12/ 1,000 live birth |
| Child mortality rate | 18 | 2.25 | 3.20 | 2.89 | 3.6 | <12/ 1,000 live birth |

Source: HMIS standard report.

Table 3: Trend in communicable and non-communicable diseases in Gajapati district.

| Indicators | Gajapati | | | | Odisha | SDG goal (by 2030) |
|---|----------|---------|---------|---------|---------|---------------------------|
| | 2020-21 | 2019-20 | 2018-19 | 2017-18 | 2020-21 | |
| HIV Cases (Male, female and pregnant women) | 32 | 50 | 39 | 42 | 1163 | End the epidemics by 2030 |
| Death due to HIV | 4 | 2 | 2 | 3 | 41 | |
| Tuberculosis inpatients; on-going DOTS patients | 117 | 130 | 171 | 47 | 1746 | |
| Inpatient - Malaria | 97 | 259 | 726 | 1367 | 20376 | |
| Outpatient - Diabetes | 12277 | 10859 | 7288 | 2032 | 254829 | |
| Outpatient - Hypertension | 22373 | 1996 | 2515 | 4474 | 379031 | |

Source: HMIS standard report.

Table 4: Trend in demand side intervention in Gajapati district.

| Indicators | Achievement (no. of beneficiaries) | | | |
|--|------------------------------------|---------|---------|---------|
| | 2020-21 | 2019-20 | 2018-19 | 2017-18 |
| Total female sterilization | 1827 | 1970 | 2235 | 2243 |
| IUD Insertion | 1899 | 1493 | 2032 | 1773 |
| Institutional deliveries | 8310 | 8035 | 8105 | 7786 |
| C-Sections deliveries | 1351 | 1305 | 1507 | 1443 |
| Home deliveries conducted by skilled persons | 1423 | 888 | 795 | 434 |
| JSSK-free diagnostic; and drugs | 22897 | 23307 | 22845 | 19444 |
| Number of new-born screened for defects at birth (as per RBSK) | 6541 | 78 | 29 | 78 |
| Number of children (6 month to 6 years) screened by RBSK mobile health teams at Anganwadi centre | 0 | 34504 | 41967 | 66083 |

Source: HMIS standard report.

Table 5: Trend of Sanctioned, Released and audited expenditure (in Lakhs) in Gajapati district

| Trends in Financial Expenditure | | | | |
|---------------------------------|---------------------------|------------|------------|------------|
| Items | FY 2021-22 (April-Oct'21) | FY 2020-21 | FY 2019-20 | FY 2018-19 |
| Sanction | 3947.13 | 3060.71 | 3108.80 | 3033.26 |
| Released | 1355.07 | 3372.69 | 2212.45 | 1747.78 |
| Audited expenditure | 1172.19 | 2795.74 | 2289.94 | 2277.57 |

Note: For the financial year 2021-22 sanctioned and released. Source: DPMU.

B. Public Health planning and implementation of National Programmes

District health Action Plan (DHAP)

In preparation District Health Action Plan (PIP) all the facilities are involved in preparation of the DHAP. All the facilities sending their requirements and action plan to the district in for approval. According to the DHAP send by the district, state with some minor changes give their approval. The district is categorised as Tribal and undeveloped district and most of the land is covered with forest and hills. ST population in the district is 423065 is the share of 38.11% of total population of the district. (As per 2011 Census) Some funds are allocated from Zillah Parishad for health subject. The District has received an amount of Rs. 1175Lakhs as the first instalment of approved PIP August 2021-22. DPMU has provided the details of funds received and utilised on for the various programmes of NHM. Every year PIP funds are received in the same period. But they are able to manage their routine activities of the unspent grant which they have received in the last financial year. As DPMU is stated that there is no delay in making payment of ASHAs.

Since past 2 years all the facilities are sending JSY beneficiaries data to Block Medical Officer and from BMO payment is made to the beneficiaries through PFMS.

Table 6: details about DHAP and status of construction of building in Gajapati district.

| Indicator | Remarks/ Observation | | |
|--|---|-----------------|---|
| 1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify) | Yes | | |
| 2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify). | Yes | | |
| 3. Date of first release of fund against DHAP | | | |
| 4. Infrastructure: Construction Status | | | |
| <ul style="list-style-type: none"> Details of Construction pending for more than 2 years | Name of the facility | Status | Reason for Delay |
| | Construction of attendant rest shed at DHH, Parlakhemundi | Not yet started | Project cancelled after giving work order. Redevelopment plan approved of DHH |
| | New construction ward at CHC Chandragiri | Not yet started | Estimate not yet submitted by R & B division. |
| | New construction ward at CHC B. K. Pada | Not yet started | Estimate not yet submitted by R & B division. |
| | New construction of OPD at CHC Udaygiri | Not yet started | Estimate not yet submitted by R & B division. |
| | New construction of OPD at CHC Kashinagar | Not yet started | Tenders not invited |
| | Construction of new CHC building Gumma | Not yet started | Estimate not yet submitted by R & B division. |
| | Construction of DEIC building Gumma | Not yet started | Estimate not yet submitted by R & B division. |
| <ul style="list-style-type: none"> Details of Construction completed but not handed over | No | | |

C. Service Availability

There is 1 District Headquarter Hospital (DHH), 8 CHCs, 21 PHCs and 136 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 21 PHCs; 1UPC; 40 SCs are converted into HWCs. There 1 blood bank available in the district. In the district free drug policy is being implemented under all national programmes and for BPL patients. There is in house labs are available in the all the facilities of the district for most of the diagnostic tests.

RBSK: There are total 14 Mobile Health Teams (RBSK) are available in the district. As per the guidelines of the programme team composition is 2 MO (1 male and 1 female), 1 ANM, 1 Pharmacist and one vehicle for each team. So, ideally there must be 28 doctors (1 male, 1 female) but in Gajapati district only 14 doctors are there (10male, 4 female). Total 14 vehicles are on the road. All teams are having inadequate HR. According to the DPMU there are 2 teams are working in each block. Due COVID 19 pandemic all RBSK teams are working under DHO for COVID duties as all the schools and Anganwadi's are not in function.

PMSMA: Under the PMSMA programme of Govt. of India, at least one medical check-up of all PW is being done by Medical Officer during 2nd or 3rd trimester of pregnancy.

All the diagnostics, treatment, drugs and diet facilities are being provided at the identified facilities which include all CHCs, UPHC and DHH, Parlakhemundi.

The Ultrasound service is available only at the District Head Quarter Hospital. So, the pregnant women requiring ultrasound are referred to the District Head Quarter Hospital, Parlakhemundi.

SNCU: The district is having 15 beds SNCU situated at a women hospital. There are 15 radiant warmers and step down and KMC care is also available. During April 2021 to November 2021, total 690 (437 inborn and 253 out-born) children were admitted in the SNCU in the district. Of total, 555 children are cured and discharged; 77 referred to higher facility; 29 left against medical advice and 26 children died. Nineteen children were admitted due to the defect at birth.

Table 7: Number of children admitted in SNCU in Gajapati district.

| | Inborn | Out born |
|--------------------|--------|----------|
| • Admission | 437 | 253 |
| • Defects at birth | 0 | 0 |
| • Discharged | 351 | 207 |
| • Referral | 54 | 23 |
| • LAMA | 13 | 16 |
| • Died | 19 | 7 |

Source: DPMU, Gajapati district

NBSU: NBSU facility is not available in any facility of the district.

NBCC: All most all the CHC's; PHC's are having NBCC. Data not made available by DPMU.

Nutrition Rehabilitation Centres (NRC): Two NRC's are available in the district hospital. One is at DHH and another is at CHC Chandragiri. During the period of April to November 227 children has admitted in the NRC.

MAA GRUH: All 5 Tribal blocks of the district is having MAA GRUH. This specially made for the high risk pregnant women nearing to delivery or the women who is not having transport means to reach to the hospital at the time of delivery. Such expected women are being called 2 to 3 days prior to their expected date of delivery. But this is underutilised as the no body from the family is willing to stay with such expected mother during her stay at MAA GRUH as they losing their wages of those days. Therefore, it is strongly recommended that companion of expected mother is being paid loss of wages on the lines of NRC.

MMU: There seven mobile medical units are working in the district, of which 5 are run by government and 2 are run by NGOs. About 51 visits are being done by each MMU. Each one of them are catering 45 villages. The average number of patients they are treating are 2026 per month. In case of lab services are conducting 31 lab tests approximately. No X-ray facility is available with MMUs. Avg. no. of sputum collected for TB detection per month 300; Avg. CBNAAT Testing 250; Truenat Testing 230; ZN Microscope 750

Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 300 for each MMU. Pertaining to the referral services district is having total No. of 8, Advanced Life Support (ALS) (on the road).

Table 8: Details about the health service delivery in the district

| Indicator | Remarks/ Observation |
|---|---|
| 1. Implementation of Free drugs services (if it is free for all) | Yes, it is implemented. |
| 2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> Number of lab tests notified | Yes, it is implemented. 172880 |
| 3. Status of delivery points | |
| <ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month | 1 |
| <ul style="list-style-type: none"> No. of 24X7 PHCs conducting > 10 deliveries /month | 5 |
| <ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month | 7 |
| <ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month | 1 |
| <ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section | 1 |
| <ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month | NA |
| <ul style="list-style-type: none"> No. of Medical colleges conducting C-section | NA |
| 4. Number of institutes with ultrasound facilities (Public+Private) | 2 |
| <ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act | 2 |
| 5. Details of PMSMA activities performed | Under the PMSMA programme of Govt. of India, atleast one medical check-up of all PW are being |

| Indicator | Remarks/ Observation | |
|--|--|-----------------|
| | <p>done by Medical Officer during 2nd or 3rd trimester of pregnancy.</p> <p>All the diagnostics, treatment, drugs and diet facilities are being provided at the identified facilities which include all CHCs, UPHC and DHH, Parlakhemundi.</p> <p>The Ultrasound service is available only at the District Head Quarter Hospital. So, the pregnant women requiring ultrasound are referred to the District Head Quarter Hospital, Parlakhemundi.</p> | |
| 6. RBSK | | |
| • Total no. of RBSK teams sanctioned | 14 MHTs | |
| • No. of teams with all HR in-place (full-team) | <p>AYUSH Doctor : Sanctioned - 28 Persons, In Position - 14</p> <p>Pharmacist : Sanctioned – 14, in Position – 10</p> <p>ANM : Sanctioned – 14, In position - 13</p> | |
| • No. of vehicles (on the road) for RBSK team | 14 Nos. | |
| • No. of Teams per Block | 02 MHTs | |
| • No. of block/s without dedicated teams | NIL | |
| • Average no of children screened per day per team | 225 | |
| • Number of children born in delivery points screened for defects at birth | <p>Fy' 2021-22 :</p> <p>Live Birth =4496</p> <p>Children screened for Birth Defect=4496</p> | |
| 7. Special Newborn Care Units (SNCU) | | |
| • Total number of beds | | |
| ○ In radiant warmer | 15 | |
| ○ Stepdown care | 8 | |
| ○ Kangaroo Mother Care(KMC) unit | 4 | |
| • Number of non-functional radiant warmer for more than a week | 0 | |
| • Number of non-functional phototherapy unit for more than a week | 0 | |
| | Inborn | Out born |
| • Admission | 437 | 253 |
| • Defects at birth | 0 | 0 |
| • Discharged | 351 | 207 |
| • Referral | 54 | 23 |
| • LAMA | 13 | 16 |
| • Died | 19 | 7 |
| 8. Newborn Stabilization Unit (NBSU) | NA | |
| | Inborn | Out born |
| • Admission | NA | NA |
| • Discharged | NA | NA |
| • Referral | NA | NA |
| • LAMA | NA | NA |
| • Died | NA | NA |
| 9. Nutrition Rehabilitation Centers (NRC) | | |
| • Admission | | |

| Indicator | Remarks/ Observation |
|---|--|
| <ul style="list-style-type: none"> ○ Bilateral pitting oedema ○ MUAC<115 mm ○ <'3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others | 2 36 92 3 19 0 0 75 0 4 |
| <ul style="list-style-type: none"> ● Referred by <ul style="list-style-type: none"> ○ Frontline worker ○ Self ○ Ref from VCDC/ CTC ○ RBSK ○ Pediatric ward/ emergency | 6 3 0 147 23 |
| ● Discharged | 200 |
| ● Referral/ Medical transfer | 3 |
| ● LAMA | 6 |
| ● Died | 0 |
| 10. Home Based Newborn Care (HBNC) | |
| ● Status of availability of HBNC kit with ASHAs | 974 (355 Kit will be replaced in 2021) |
| ● Newborns visited under HBNC | 4183 |
| ● Status of availability of drug kit with ASHAs | 1282 |
| 11. Number of Maternal Death Review conducted | |
| ● Previous year | 7 |
| ● Current FY | 5 |
| 12. Number of Child Death Review conducted | |
| ● Previous year | 206/222 |
| ● Current FY | 95 (Out of 100 upto Aug'21) |
| 13. Number of blocks covered under Peer Education (PE) programme | NA |
| 14. No. of villages covered under PE programme | NA |
| 15. No. of PE selected | NA |
| 16. No. of Adolescent Friendly Clinic (AFC) meetings held | 1 |
| 17. Weekly Iron Folic Acid Supplementation (WIFS)stockout | NIL |
| 18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan | |
| ● No. of trips per MMU per month | 51 |
| ● No. of camps per MMU per month | |
| ● No. of villages covered | 45 |
| ● Average number of OPD per MMU per month | 2026 |
| ● Average no. of lab investigations per MMU per month | 31 |
| ● Avg. no. of X-ray investigations per MMU per month | No provision |
| ● Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month | 31 |

| Indicator | Remarks/ Observation | |
|--|--|-----|
| <ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month | Avg. no. of sputum collected for TB detection per month = 300 Note: <ol style="list-style-type: none"> 1. Avg CBNAAT Testing = 250 2. Truenat Testing =230 3. ZN Microscope =750 | |
| <ul style="list-style-type: none"> Average Number of patients referred to higher facilities | NIL | |
| <ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof | NIL | |
| 19. Vehicle for Referral Transport | | |
| <ul style="list-style-type: none"> No. of Basic Life Support (BLS) (on the road) and their distribution | | |
| <ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution | 8 (2+6) | |
| | ALS | BLS |
| <ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) | PPP | PPP |
| <ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre | YES | YES |
| <ul style="list-style-type: none"> Average number of calls received per day | 16 | 21 |
| <ul style="list-style-type: none"> Average number of trips per ambulance per day | 2 | 2 |
| <ul style="list-style-type: none"> Average km travelled per ambulance per day | 282 | 218 |
| <ul style="list-style-type: none"> Key reasons for low utilization (if any) | Network problem and also Bad road condition | |
| <ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) | 6 | |
| <ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre | YES | |
| <ul style="list-style-type: none"> Average number of trips per ambulance per day | 2 | |
| <ul style="list-style-type: none"> Average km travelled per ambulance per day | 168 | |
| <ul style="list-style-type: none"> Key reasons for low utilization (if any) | Network problem and also Bad road condition | |
| 20. Universal health screening | | |
| <ul style="list-style-type: none"> If conducted, what is the target population | 48745 | |
| <ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date | 20723 | |
| <ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer | <ul style="list-style-type: none"> 924 433 276 127 142 | |
| 21. If State notified a State Mental Health Authority | Yes | |
| 22. If grievance redressal mechanism in place | Yes | |
| <ul style="list-style-type: none"> Whether call center and toll-free number available | Yes | |

| Indicator | Remarks/ Observation | | |
|---|---|--|-------------------|
| <ul style="list-style-type: none"> Percentage of complains resolved out of the total complains registered in current FY | Complaints received - NIL | | |
| 23. If Mera-aaspatal has been implemented | Yes | | |
| 24. Payment status: | No. of beneficiaries | Backlog | DBT status |
| <ul style="list-style-type: none"> JSY beneficiaries | 3805 (Institutional Delivery) 23 (Home Delivery) | 892 775 | Yes |
| <ul style="list-style-type: none"> ASHA payment: | | | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm | Data Not received | | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> B- Incentive under NTEP | 689 Beneficiaries (Total incentive paid to ASHAs = 3445000 for TB notification under public sector) | Backlog 136 (the above backlog will be cleared by the end of this month) | 84% |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> C- Incentives under NLEP | Nil | | |
| <ul style="list-style-type: none"> Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) | | | |
| <ul style="list-style-type: none"> Patients incentive under NTEP programme | 554 number of patients got Tribal incentive out of 602 ASHAs | Backlog 48 (the above backlog will be cleared by the end of this month) | 92% |
| <ul style="list-style-type: none"> Provider's incentive under NTEP programme | 601 number of ASHA got patient provider incentives out of 619 ASHAs | Backlog 18 (the above backlog will be cleared by the end of this month) | 97% |
| <ul style="list-style-type: none"> FP compensation/ incentive | Data Not received | | |
| 25. Implementation of Integrated Disease Surveillance Programme (IDSP) | | | |
| <ul style="list-style-type: none"> If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year and in current FY | - Yes, ■ DPHO, ADPHO (DC), Epidemiologist, MPHS (Male), Attendant. ■ NIL | | |
| <ul style="list-style-type: none"> How is IDSP data utilized | It is intended to detect early warning signals of impending out breaks and help imitate an effective response in a timely manner. it is also expected top provide essential date to monitor progress of on – going disease control programme and helps allocate health resources more efficiently. Under the project weekly disease surveillance data on epidemic prone disease are being collected from reporting units such as sub centres, primary health centres, community | | |

| Indicator | Remarks/ Observation |
|---|---|
| | health centres, hospitals including government and private sector hospitals and medical colleges |
| <ul style="list-style-type: none"> Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP | NIL. |
| 26. Implementation of National Vector Borne Disease Control Programme (NVBDCP) | |
| <ul style="list-style-type: none"> Micro plan and macro plan available at district level | Action-plan for anti-malaria interventions available at district level. |
| <ul style="list-style-type: none"> Annual Blood Examination Rate | 21.86 (from Jan to Oct-2021) |
| <ul style="list-style-type: none"> Reason for increase/ decrease (trend of last 3 years to be seen) | <p>After the distribution of 3.5 Lakhs LLIN in 2017 covering all population of the district, around 75% Malaria case load decline is being observed in the year 2018. The combo approach of DAMaN (state Govt. initiative) & LLIN leads to further decline of Malaria case. The year wise Malaria Positive case as follows</p> <p>2017- 16226 2018- 4125 2019- 1252 2020- 544 2021 (Jan to Oct) - 321.</p> <p>In 2020-21 3.9 Lakhs of LLINs distributed covering all population.</p> <p>Up to Oct-21 around 41% Malaria case load reduction is being observed with 30% increase in surveillance.</p> <p>Community counseling on up scaling the use of LLIN regularly done by ASHA through IPC and through megaphone announcement.</p> |
| <ul style="list-style-type: none"> LLIN distribution status | 4.00 Lakhs LLIN distributed in the year 2020-21 covering all population. |
| <ul style="list-style-type: none"> IRS | 1 st round IRS-21 conducted in 13 high risk Sub-centers of 3 high endemic CHCs (Mohana, R.Udayagiri and Rayagada) covering 70% room coverage. |
| <ul style="list-style-type: none"> Anti-larval methods | Repeated larval source reduction of Aedes mosquito being conducted at village and urban level by ASHA. Spraying of Temephos done by NFCP unit in urban area. |
| <ul style="list-style-type: none"> Contingency plan for epidemic preparedness | Dedicated RRT teams have been formed both at block and district level to contain any fever upsurge. |
| <ul style="list-style-type: none"> Weekly epidemiological and entomological situations are monitored | District level analysis is being done every month through monthly epidemiological report. |
| <ul style="list-style-type: none"> No. of MDR rounds observed | MDA conducted from 2010 to 2014 |
| <ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% | District is currently conducting TAS-III activity, as on 20-11-21 1 positive out of 1387 valid tests (mf rate- 0.07) |
| 27. Implementation of National Tuberculosis Elimination Programme (NTEP) | |

| Indicator | Remarks/ Observation |
|---|---|
| <ul style="list-style-type: none"> Target TB notification achieved | TB Notification Target up to October 2021 = 1080 TB Notification Achieved up to October 2021 =942 % of TB Notification = 87% |
| <ul style="list-style-type: none"> Whether HIV Status of all TB patient is known | Yes (HIV Status of all TB Patients Known) |
| <ul style="list-style-type: none"> Eligible TB patients with UDST testing | 94% (941 TB cases are tested in CBNAAT out of 1004 TB Cases) |
| <ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available | Yes |
| <ul style="list-style-type: none"> Patients notification from public sector | No of patients notified: 825 Treatment success rate:96% No. of MDR TB Patients:8 Treatment initiation among MDR TB patients:8 |
| <ul style="list-style-type: none"> Patients notification from private sector | No of patients notified: 118 Treatment success rate:96% No. of MDR TB Patients:0 Treatment initiation among MDR TB patients:0 |
| <ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana | <ol style="list-style-type: none"> 879 number of patients received NPY benefit out of 940 patients Back log 61 (the above backlog will be cleared by the end of this month) 94% |
| <ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year | <input type="checkbox"/> Yes/ <input type="checkbox"/> No (Yes) |
| 28. Implementation of National Leprosy Eradication Programme (NLEP) | |
| <ul style="list-style-type: none"> No. of new cases detected | 5 |
| <ul style="list-style-type: none"> No. of G2D cases | 2 |
| <ul style="list-style-type: none"> MDT available without interruption | Yes |
| <ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted | 0 |
| <ul style="list-style-type: none"> MCR footwear and self-care kit available | Yes |
| 29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis | 1 |
| 30. Percent of health workers immunized against Hep B | 85% |
| 31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme | No provision in the PIP 2021-22 |
| 32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme | Yes ongoing. |
| 33. Key activities performed in current FY as per ROP under National Tobacco Control Programme | Observation of world no tobacco day, sensitize to line department regarding COTPA. Roles & responsible of line department. |
| 34. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA | 1350 1329 1313 16 21 |

| Indicator | Remarks/ Observation | | | |
|---|---|------|---------------|-----|
| 35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme | 912 | 8 | 1073 | 8 |
| 36. Status of Mahila Arogya Samitis (MAS)- <ul style="list-style-type: none"> a. Formed b. Trained c. MAS account opened | 34 | 34 | 34 | |
| 37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ul style="list-style-type: none"> a. Formed b. Trained c. VHSNC Account opened | 1375 | 1375 | 1375 | |
| 38. Number of facilities quality certified | 6 | | | |
| 39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS) | 3 | | | |
| 40. Activities performed by District Level Quality Assurance Committee (DQAC) | Planning & Monitoring of the quality of activities being implemented. | | | |
| 41. Recruitment for any staff position/ cadre conducted at district level | | | | |
| 42. Details of recruitment | Previous year | | Current FY | |
| | Regular cadre | NHM | Regular cadre | NHM |
| • Total no. of posts vacant at the beginning of FY | 333 | 42 | 498 | 47 |
| • Among these, no. of posts filled by state | 5 | 01 | 0 | 02 |
| • Among these, no. of posts filled at district level | 0 | 01 | 108 | 01 |
| 43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place | Yes | | | |

Source: DPMU, Gajapati district

D. Implementation of CPHC

Table 9: Status of CPHC in the district as on 30 November 2021.

| Indicator | Planned | Completed |
|---|---------|---------------------------------------|
| 1. Number of individuals enumerated | 48745 | 20743 |
| 2. Number of CBAC forms filled | 73000 | 20723 |
| 3. Number of HWCs started NCD screening: | | |
| a. SHC- HWC | a. 40 | a. 40 |
| b. PHC- HWC | b. 21 | b. 21 |
| c. UPHC – HWC | c. 01 | c. 01 |
| 4. Number of individuals screened for: | 48745 | |
| a. Hypertension | | ▪ 924 |
| b. Diabetes | | ▪ 433 |
| c. Oral Cancer | | ▪ 276 |
| d. Breast Cancer | | ▪ 127 |
| e. Cervical Cancer | | ▪ 142 |
| 5. Number of HWCs providing Teleconsultation services | 22 | 22 |
| 6. Number of HWCs organizing wellness activities | 22 | 8 (Active user as per current status) |

Source: DPMU, Gajapati district

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program is undertaking a population-based NCD (non-communicable diseases) program is being implemented in the district. Total 20743 individuals are enumerated during the period and about 20723 CBAC forms are filled (**table 9**). Total number of 21PHCs; 1 UPHC and 40 SHCs are functioning as HWCs. 22 facilities are providing teleconsultation and organising wellness activities. During April to November 2021, total 48745 patients were screened under NCD at different facilities of the district. Hypertension 924, for Diabetes 433, for Oral Cancer 276, for Breast Cancer 127, and 142 for Cervical Cancer.

D. Status of HRH

Pertaining to the regular staff of the in the district 1183 positions are sanction of different discipline, of which 800 are filled and 377 are vacant. Most serious here is the vacancies of specialists 40% posts are vacant, in case of total number of doctors 33% of posts are vacant. This somewhat serious issue as Gajapati district is aspirational district and most of the population of the district is tribal. There are no private facilities available in the district. Almost all population is dependent on government health system. Therefore, it is strongly recommended that all these vacancies need to filled up on top priority. (Table No 10)

Table No 11 showing the status of NHM staff of the district. There are total 158 posts of different discipline is sanctioned for the district under NHM of which 121 posts are filled and 37 posts are vacant. Total 23.41 percent posts are vacant in the district.

Table 10: Regular HR at Gajapti

| Sl. No. | Designation | Sanction | Imposition | Vacancy |
|--------------|---------------------------------|-------------|------------|------------|
| 1 | Medical Officers CI-I | 83 | 49 | 34 |
| 2 | Medical Officer Class-II | 94 | 68 | 26 |
| 3 | Dental Surgeon | 9 | 06 | 3 |
| 4 | Group B Medical and Paramedical | 96 | 60 | 30 |
| 5 | Group C Including MPH (M & F) | 735 | 502 | 233 |
| 6 | Group D | 166 | 115 | 51 |
| Total | | 1183 | 800 | 377 |

Table 11: Status of NHM staff in the Gajapati district.**NHM Staff**

| Sl. No. | Designation | Sanction | In Position | Vacancy |
|---------|--|----------|-------------|---------|
| 1 | District Programme Manager | 1 | 1 | 0 |
| 2 | District Accounts Manager | 1 | 1 | 0 |
| 3 | Deputy Manager (RCH) | 1 | 1 | 0 |
| 4 | Asst. Engineer | 1 | 1 | 0 |
| 5 | District Data Manager | 1 | 1 | 0 |
| 6 | Works Consultant | 1 | 1 | 0 |
| 7 | Junior Engineer | 1 | 1 | 0 |
| 8 | Asst. Manager (ASHA) | 1 | 1 | 0 |
| 9 | Asst. Manager (GKS) | 1 | 0 | 1 |
| 10 | RBSK Manager | 1 | 1 | 0 |
| | AYUSH Doctors | 25 | 10 | 15 |
| 11 | Programme Associate, Legal Affairs & Inst. Strengthening | 1 | 0 | 1 |
| 12 | Programme Associate (RKS) | 1 | 0 | 1 |
| 11 | Logistic Manager (LPI) | 1 | 1 | 0 |
| 12 | Cold Chain Technician | 1 | 1 | 0 |
| 13 | Accountant (DPMU) | 4 | 4 | 0 |
| 17 | Office Assistant | 1 | 1 | 0 |
| 18 | Immu. Computer Assistant | 1 | 1 | 0 |
| 19 | BDM (Urban) | 1 | 1 | 0 |
| 20 | Suystem I/C. -cum-DEO | 1 | 1 | 0 |
| 21 | Sub staff | 1 | 1 | 0 |
| 22 | Hospital Manager | 1 | 1 | 0 |
| 23 | Accountant DHH | 1 | 1 | 0 |
| 24 | RMNCH+A Counsellor | 1 | 0 | 1 |
| 25 | Block Programme Manager | 7 | 7 | 0 |

| Sl. No. | Designation | Sanction | In Position | Vacancy |
|---------|---|----------|-------------|---------|
| 26 | Block Accounts Manager | 7 | 7 | 0 |
| 27 | Block Data Manager | 7 | 7 | 0 |
| 28 | Asst Manager NCD | 1 | 1 | 0 |
| 29 | Finance-cum-Logistic Consultant | 1 | 1 | 0 |
| 30 | District VBD Consultant | 1 | 1 | 0 |
| 31 | Financial & Logistic Assistant | 1 | 1 | 0 |
| 32 | Data Entry Operator | 1 | 1 | 0 |
| 33 | Malaria Technical Supervisor (MTS) | 5 | 5 | 0 |
| 34 | Sentinel Site Malaria Technician & Co-ordinator | 3 | 2 | 1 |
| 35 | MO-SNCU | 4 | 0 | 4 |
| 36 | Data Entry Operator | 1 | 1 | 0 |
| 37 | DEO | 1 | 1 | 0 |
| 38 | Ophth. Asst. | 1 | 1 | 0 |
| 39 | Epidemiologist | 1 | 1 | 0 |
| 40 | Data Manager (IDSP) | 1 | 1 | 0 |
| 41 | DEO (IDSP) | 1 | 1 | 0 |
| 42 | Microbiologist | 1 | 1 | 0 |
| 43 | District Programme Coordinator | 1 | 1 | 0 |
| 44 | Public Private Mix Coordinator | 1 | 1 | 0 |
| 45 | Data Entry Operator | 0 | 0 | 0 |
| 46 | STS | 7 | 7 | 0 |
| 47 | L.T | 5 | 3 | 2 |
| 48 | STLS | 2 | 2 | 0 |
| 49 | Sr. Dots plus | 1 | 1 | 0 |
| 50 | NRC Counsellor | 2 | 2 | 0 |
| 51 | ANM-NRC | 8 | 8 | 0 |
| 52 | Attendant-cum-sweeper | 6 | 6 | 0 |
| 53 | Programme Officer (Mental Health) | 1 | 0 | 1 |
| 54 | Record Keeper-cum-Case Registry Asst. | 1 | 0 | 1 |
| 55 | Clinical Psychologist | 1 | 0 | 1 |
| 56 | Psychiatric Social Worker | 1 | 1 | 0 |
| 57 | Community Nurse | 1 | 1 | 0 |
| 58 | Dentist | 1 | 0 | 1 |
| 59 | MO, MBBS (DEIC) | 1 | 0 | 1 |
| 60 | Early Interventionist cum Special Educator | 1 | 1 | 0 |
| 61 | Physiotherapist, | 1 | 1 | 0 |
| 62 | Psychologist, | 1 | 1 | 0 |
| 63 | Staff Nurse-DEIC | 1 | 1 | 0 |
| 64 | Audiologist | 1 | 0 | 1 |

| Sl. No. | Designation | Sanction | In Position | Vacancy |
|---------|---------------------------------|------------|-------------|-----------|
| 65 | Radiographer | 1 | 0 | 1 |
| 66 | Social Worker | 1 | 0 | 1 |
| 67 | Optometrist | 1 | 1 | 0 |
| 68 | Assistant Programme Manager, UH | 1 | 1 | 0 |
| 69 | Public Health Manager | 0 | 0 | 0 |
| 70 | Laboratory Technician, UPHC | 1 | 1 | 0 |
| 71 | Data Assistant-cum-Accountant | 1 | 1 | 0 |
| 72 | ANM-NUHM | 5 | 4 | 1 |
| 73 | Physiotherapist | 2 | 0 | 2 |
| 74 | Staff Nurse | 1 | 1 | 0 |
| 75 | ANM | 3 | 3 | 0 |
| | Total | 158 | 121 | 37 |

Source: DPMU, Gajapati district

F. State of Fund Utilization

Table 12: Budget component details, 2021-22

| Indicator | Budget Released (in lakhs) | Budget utilized (in lakhs) | Reason for low utilization (if less than 60%) |
|--|-------------------------------|-------------------------------|---|
| 1. FMR 1: Service Delivery: Facility Based | 284.42 | 286.85 | |
| 2. FMR 2: Service Delivery: Community Based | 65.19 | 57.76 | |
| 3. FMR 3: Community Intervention | 596.41 | 569.28 | |
| 4. FMR 4: Untied grants | 228.57 | 204.90 | |
| 5. FMR 5: Infrastructure | 435.25 | 393.55 | |
| 6. FMR 6: Procurement | 92.06 | 71.24 | |
| 7. FMR 7: Referral Transport | 20.68 | 7.27 | |
| 8. FMR 8: Human Resource (Service Delivery) | 586.10 | 453.16 | |
| 9. FMR 9: Training | 70.69 | 54.76 | |
| 10. FMR 10: Review, Research and Surveillance | 4.36 | 0.36 | |
| 11. FMR 11: IEC-BCC | 45.56 | 15.58 | |
| 12. FMR 12: Printing | 14.09 | 7.16 | |
| 13. FMR 13: Quality | 73.62 | 24.10 | |
| 14. FMR 14: Drug Warehouse & Logistic | 27.35 | 19.56 | |
| 15. FMR 15: PPP | 84.34 | 80.29 | |
| 16. FMR 16: Programme Management | | | |
| • FMR 16.1: PM Activities Sub Annexure | 303.41 | 307.18 | |
| 17. FMR 17: IT Initiatives for Service Delivery | 3.38 | - | |
| 18. FMR 18: Innovations | 75.54 | 64.58 | |

Source: DPMU, Gajapati district

Table 13: Status of budget released, budget utilised by programme heads under NHM as on 30 November, 2021.

| Indicator | Budget Released (in lakhs) | Budget utilized (in lakhs) | Reason for low utilization (if less than 60%) |
|---|-------------------------------|-------------------------------|---|
| 1. RCH and Health Systems Flexi pool | 2752.11 | 2370.20 | |
| • Maternal Health | | | |
| • Child Health | | | |
| • RBSK | | | |
| • Family Planning | | | |
| • RKSK/ Adolescent health | | | |
| • PC-PNDT | | | |
| • Immunization | | | |
| • Untied Fund | | | |
| • Comprehensive Primary Healthcare (CPHC) | | | |
| • Blood Services and Disorders | | | |
| • Infrastructure | | | |
| • ASHAs | | | |
| • HR | | | |
| • Programme Management | | | |
| • MMU | | | |
| • Referral Transport | | | |
| • Procurement | | | |
| • Quality Assurance | | | |
| • PPP | | | |
| • NIDDCP | 3.84 | 0.24 | |
| 2. NUHM | | | |
| 3. Communicable Diseases Pool | | | |
| • Integrated Disease Surveillance Programme (IDSP) | 4.57 | 4.53 | |
| • National Vector Borne Disease Control Programme (NVBDCP) | 63.50 | 101.34 | |
| • National Leprosy Eradication Programme (NLEP) | 12.85 | 6.87 | |
| • National TB Elimination Programme (NTEP) | 133.64 | 103.96 | |
| 4. Non-Communicable Diseases Pool | | | |
| • National Program for Control of Blindness and Vision Impairment (NPCB+VI) | 16.22 | 22.96 | |
| • National Mental Health Program (NMHP) | 4.56 | 2.69 | |
| • National Programme for Health Care for the Elderly (NPHCE) | 0.80 | 0 | |

| Indicator | Budget Released (in lakhs) | Budget utilized (in lakhs) | Reason for low utilization (if less than 60%) |
|---|-------------------------------|-------------------------------|---|
| • National Tobacco Control Programme (NTCP) | 9.06 | 0.51 | |
| • National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS) | 8.82 | 4.26 | |
| • National Dialysis Programme | | | |
| • National Program for Climate Change and Human Health (NPCCHH) | 0.30 | 0 | |
| • National Oral health programme (NOHP) | | | |
| • National Programme on palliative care (NPPC) | | | |
| • National Programme for Prevention and Control of Fluorosis (NPPCF) | | | |
| • National Rabies Control Programme (NRCP) | | | |
| • National Programme for Prevention and Control of Deafness (NPPCD) | | | |
| • National programme for Prevention and Management of Burn & Injuries | | | |
| • Programme for Prevention and Control of Leptospirosis (PPCL) | | | |

G. Status of trainings

Information is not provided on the trainings by DPMU.

H. Service Availability at the Public facilities

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc. The monitoring team visited the following health facilities comprising on Sub centre, one PHC, one CHC and District Headquarter Hospital of the district.

1. Service Delivery: Sub Centre: Nuagada

The PRC team visited the Nuagada sub centre on November 26, 2021. Well accessible by the road. The facility is in a government building but condition of the building is too bad. It is on the verge of demolition. The facility is providing OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery villages. This facility is not converted into HWC.

- Facility is having 24*7 running water, no provision for geriatric and disabled patients, no toilet available in the facility. Delivery room is not available.
- The drinking water facility is available.
- There is no waiting area for OPD patients, no restroom for ASHAs is available.
- Facility is not having any type of power back up.
- Essential drug list is available in the facility. The facility is available all basic instruments i.e. B.P. instrument, thermometer, DDK and blood urine testing kits. All essential drugs are being supplied to the facility. There is no major shortage in the past one month. The facility is having a vaccine hub cutter. ANM is well aware about vaccine schedule and open vial policy. Facility is having micro plan for immunisation.
- Line listing of high-risk women is available, overall all records are maintained well at the facility.
- No maternal and child death reported during previous and current year.
- ASHAs are not provided smart phones.
- Line listing of the high risk pregnancies are available in the facility.
- Staff is not trained for insertion of IUCD is available at the facility.
- According to the survey of SC there are 1817 persons are there in the village of SC. ASHAs have filled CBAC forms, of them 1317 are having score below 4 and 500 are having score above 4.
- The below table 14 shows the number of cases screened and confirmed cases of different type of NCDs in the periphery. It can be seen that from the table, total 500 persons were screened for hypertension, Diabetes and Oral cancer during the reference period. Of the total, 150 cases were found positive for Hypertension, and 98 cases for Diabetes. No patient of oral, breast and cervical cancer. Patients are getting medicine for Hypertension and diabetes from the facility. About 1800 villagers are referred to PHC for lifestyle changes.
- No facility of tele consultation.
- Drugs for TB are available. Currently 6 patients are under medication for TB.
- ASHAs are being supplies drug kits and instruments from CHC. All required medicine is available with ASHAs.
- During the reference period 48 VHND has conducted by the ANM and ASHAs.
- VHSNCs are conducted in the periphery.
- The facility has received and utilised Rs.10000 of funds during the year 2021-22.
- 108 and 102 ambulances are available at the facility on-call basis.
- During April to August 32 patients are referred to higher facility. Most of the referrals are of ANC cases.

Table 14: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.

| NCDs | Screened | Confirmed |
|-----------------|----------|-----------|
| Hypertension | 279 | 150 |
| Diabetes | 280 | 98 |
| Oral Cancer | 250 | 00 |
| Breast Cancer | 500 | 00 |
| Cervical Cancer | 500 | 00 |

➤ Source: Sub Centre-Nuagada, Gajapati district

YOGA and wellness activity is being done on a weekly basis in the space SC. Tele consultation via E-Sanjeevani is available but due to poor quality of network it is not working properly. VHSNC is done once in a month. Weekly S form under IDSP is being filled. Due to pandemic all CHOs are posted in COVID duties therefore, the regular work of CHOs is getting hampered.

Table 15: Available Human Resource at facility as on 31 August 2021.

| Human Resource | Sanctioned | Filled | Vacant |
|-----------------|------------|--------|--------|
| ANM/ MPW Female | 1 | 1 | 0 |
| MPW Male | 1 | 1 | 0 |
| ASHA | 11 | 11 | 0 |

Source: Sub Centre-Nuagada, Gajapati district

Pertaining to HR facility has sanctioned posts of ANM and MPW on contractual basis. 11 ASHAs are working in the periphery of SC.

During the visit to the facility, the PRC team felt the following are the challenges of the facility and the root cause of the problems.

- ASHAs are being provided HBNC kits.
- All other medicine is available with them.
- There is one-month delay in getting payment to ASHAs.
- SPACE for wellness activity is not adequate.
- Patients waiting area is not sufficient.
- Tele consultation facility is available but due to poor network it doesn't work.

2. Primary Health Centre: Nuagada

PHC Nuagada is about 62 Km's from district headquarters. PHC Nuagada is easily accessible from the nearest road. PHC is functioning in a government building and on the verge of demolishing. PHC has electricity to power back up of inverter, running 24*7 water supply. It's a 6 bed facility no Separate wards for male and female. ***But on the day of PRC team visit there was not a single patient admitted in the facility.*** Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility. Drinking water is made available. There is no sufficient space for any activity of the PHC. No rest room for ASHAs. Building of HWC is completed but not yet handed over to the MO of the facility. Branding of the HWC is done.

Table 16: status of HR in the PHC- Nuagada, Gajapati as on 31 August 2021.

| Designation | Sanctioned Position | Filled | Vacant |
|--------------|---------------------|-----------|-----------|
| MO/ MBBS | 1 | 1 | 0 |
| Staff Nurse | 4 | 1 | 3 |
| MPHW | 1 | 1 | 0 |
| Pharmacist | 2 | 1 | 0 |
| Peon | 1 | 1 | 0 |
| Sweeper | 1 | 1 | 1 |
| Cook | 1 | 1 | 0 |
| Total | 12 | 07 | 05 |

Source: PHC- Nuagada, Gajapati district

Above table depicts staff positions at PHC. Total 12 posts are sanctioned and 7 of them are filled. Fifty-eight percent of posts are vacant at the facility which is really a serious matter. Large population of the periphery is Tribal and dependent on public health services.

- Computers are available in the facility, but internet connectivity is the problem. All ANMs are being given electronic tablets. ASHAs are not provided with smart phones but they are provided Rs. 250/- for internet recharge.
- Kayakalp and NQAS is not initiated in the facility.
- Metformin, Amlodipine are the drugs available for Hypertension and Diabetic patents. There is sufficient supply of Gloves and essential consumables.
- There is no shortage of any medicine in last six months.
- All the essential equipment is available at PHC. Essential drug list is available and displayed in public domain. Diagnostic tests are in house in the facility. Blood sugar, HB, VDRL, HIV, HBSAG, RDK, NIKSHAY tests are being conducted at the facility. For procurement of medicine Odisha State Medical Corporation's software is in use in entire district.
- 24*7 delivery facility is available at the facility. Delivery set is available in the facility. NBCC is available in the delivery room. But it is too small and needs major repairs. During April 2021 to November 2021, total 23 deliveries took place in the facility. All of them were given O Polio, BCG and Hep. B.
- X-Ray facility is not available in the PHC.
- JSY beneficiaries list is being send to BMO for payment and BMO make payment through PFMS to the beneficiaries. Up to October 2021 there is no pendency of JSY payments.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries. ***In lieu of drop back facility to the delivered women, state is giving Rs. 500/- as an incentive on fulfilling of condition of; if women get discharge after 48 hrs. of the delivery.***
- No shortage of any instrument and equipment in the facility.
- Line listing of high risk pregnancies is available in the facility.
- No maternal death reported in previous and current year. In case of child death 2 are reported in current year.
- Vaccine hub cutter is available in the facility.

- In case of family planning only counselling; distribution of CC and OP is done no sterilisation of male and female is performed at the facility. No staff is trained for insertion of PPIUCD/IUCD. Usually on duty nurse's counsels to the women for family planning services. During the month of October 4 female cases were promoted and send to CHC Khajuripada for sterilisation.
- Other than this supply of condom and oral pills, Copper –T services are provided in the facility. No awareness about FPLMIS is there in the facility. RKSK clinic is available in the facility.
- NCD clinic is there on every Thursday. Data of screened patients are not available in the facility.
- P and L form under IDSP is filled by the facility.
- LLIN is distributed in the villages of PHC periphery. There is no malaria case was detected since 2 years.
- Facility is not as a Designated Microscopy Centre. Every third Sunday of the month TB screening is done at the facility. 41 percent of patients are tested through CBNAAT/TruNat for drug resistance.
- During the year 2020-21, no Leprosy cases were identified.
- TB treatment cards for both drug resistance and drug sensitive is available at the facility. TB register is available. All TB patients are tested for HIV and Diabetes Mellitus.
- Registers for Malaria, Chikun Gunya, Dengue and Leprosy is available.
- Data entry in different portal is being done at block level. This is the practice of the state.
- RKS meetings were taken place.
- During 2020-21 Rs. 2,50,000/- received and Rs. 2,20,000/- is utilised.
- During the reference period, 23 cases referred in from SC and 18 cases referred out to higher facility.

1. Community Health Centre Chandragiri.

Chandragiri Community Health Centre (CHC) is in Chandragiri Block and is about 90 km's away from district headquarters. It is a 50 bedded hospital. The facility is located in a government building. The building is in good condition. Electricity is available with power back with generator and inverter. 24*7 running and drinking water is available in the facility. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are partially clean. Drug store with racks is available in the facility. However, no restroom is there for ASHAs. It is well accessible from the main road. Waste management is outsourced to a private agency. The facility is working 8.30 to 12.30 in the morning and 3 to 5 in the evening. ASHA rest room is available in the facility with 2 beds. Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; and COVID vaccination services are available at the facility.

Pertaining to the speciality of services only Dental and X-Ray Services are available at the facility out of listed 10 services. The following observation has been made by the monitoring team.

- NBSU facility is not available in the facility. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. Tele medicine service is not available.
- Operation theatre is available but only tubectomy and vctomy is done in the facility.
- BSU is not available in the facility.
- For the management of BIO medical waste sharp pit is available as well outsourced.
- KAYA KALP is being implemented internal assessment is done. Current facility score is 84. NQAS is initiated in the facility.
- Computerised medicine inventory system is in place. For procurement of medicine OSMC is available. EDL is available and displayed in the OPD. In-house Lab services are available.

- X-Ray machine is available in the facility. USG service is also not available at the facility. Services are free for BPL, senior citizens and JSSK beneficiaries.
- There is no shortage of any major instrument in the facility.
- Sufficient supply of testing and rapid diagnostic tests is available.
- Labour room is available with two delivery tables well maintained and clean.
- For payment of JSY, list of beneficiaries is being send to the Block Medical officer. From BMO payment made by PFMS. All services are provided free of cost to the JSSK beneficiaries.
- PMSMA services are provided on the 9th day of every month. But no gynaecologist is available on the day of check-up. General check-up of abdomen, height and weight is being done.
- Respectful maternal concept is not known to the staff available in the facility.
- No maternal and child death is reported in previous and current year.
- Except BCG other zero dose is being given to new born.
- Though family planning programme is being implemented at the facility. Only Antra services are preferred by the beneficiaries. Usually SN, on duty staff and MO are giving counselling of FP services. FPLMIS is being filled from CHC Mohana.
- NCD clinic is available daily in the facility. During last six months 254 of Hypertension and 169 of Diabetes patients are confirmed and under the treatment.
- Facility is designated as Designated Microscopy Centre. Average 3 percent of OPD patients are tested for TB. All of them are tested through CBNATT/ TruNat for drug resistance. There is a mechanism for percent patients are tested for CBNATT/TruNat for drug resistance. Anti TB drugs are available in the facility. During last six months 93% of patients are initiated DBT under NIKSAY portal.
- During 2020-21 total Rs. 3739500/-- are sanctioned and 2752640/- were spend by the facility on various programmes.
- Data entry of respective portals is being done at CHC Mohana. As per the state policy data entry is being done at block level CHC of that particular block periphery.
- In respect to the HR 3 specialist posts are sanctioned but not filled in lieu 2 trainee doctors are appointed in the facility. 10 staff nurses are sanctioned, of which only 4 are filled 6 are vacant. 61 percent posts are vacant in this facility. This many vacancies of medical staff may affect the service delivery and most of the population is tribal and depend upon government health services.

Table 17: Status of Human Resource in the CHC- Chandragiri, Gajapati as on 30 November, 2021

| Human Resource | | San | Filled | Vacant |
|------------------|-----------|-----------|----------|-----------|
| Specialist ** | Medicine | 1 | 0 | 1 |
| | OBGy | 1 | 0 | 1 |
| | Pediatric | 1 | 0 | 1 |
| Dentist | | 1 | 1 | 0 |
| Lab Tech | | 2 | 1 | 1 |
| Pharmacy Officer | | 2 | 1 | 1 |
| Staff Nurse | | 10 | 4 | 6 |
| Total | | 18 | 7 | 11 |

** In lieu of this 2 Trainee MO are given in the facility. Source: CHC, Chandragiri, Gajapati district.

4 District Hospital: Parlakhemundi (Gajapati)

District Headquarter Hospital situated at district headquarters Parlakhemundi. It is 164 bedded hospitals. Of which 50 beds are dedicated to MCH services and 10 beds for ICU (yet to function). It is located in government building. But building is old and needs renovation. Redevelopment of the DHH is sanctioned and under the process of planning. Adequate space is not available for the further extension of the facility. Provision for geriatric and disable patients is under construction. Electricity is available with power back of generator for entire hospital. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labour room and are not clean. Drinking water is available in the facility. Drug store extension work is in process in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. OPD timings of the facility is 8.30 to 12.30 in the morning and 4 to 5 in the evening.

Pertaining to the HR at District hospital 230 posts are sanctioned of different discipline, of which 139 are filled and 91 are vacant. Total percentage of vacancy is 39 at the facility is huge. Particularly class I medical officers (specialists) posts and nursing posts are vacant. As the district is tribal this many vacancies of the medical staff must be hampering the services and that could be increase dissatisfaction among the community.

Table 18: Status of Human Resource in the District Hospital, Gajapati as on 31 August 2021

| HR | Sanction | Filled | Vacant |
|--------------------------------------|------------|------------|-----------|
| MO CI-I (i.e. specialists) | 34 | 19 | 15 |
| CI-II MO | 24 | 7 | 17 |
| Dentist | 1 | 1 | 0 |
| Administrative Officer | 4 | 4 | 0 |
| All other class III non medico staff | 16 | 9 | 7 |
| Nursing Cadre | 116 | 82 | 34 |
| Class IV | 35 | 17 | 18 |
| Total | 230 | 139 | 91 |

- Following services are available at the facility OPD, IPD, Dialysis, CCU, Medicine, OBG, Paediatric, General Surgery, Anaesthesiology (post of Aesthetic is vacant on call service is there), Ophthalmic, Dental, Imaging services (X-ray, USG), NRC, DEIC, SNCU, Labour Room Complex, ICU, Dialysis, Burn Unit, NCD, TB, Telemedicine, Pathology, ICTC, BB, Emergency, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK. All sanctioned specialist is available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24*7 telemedicine services are available, but to net connectivity issue it cannot function proper.

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- There are 4 OTs available in the facility (general surgery; Orthopaedic; Obstetrics and Gynaecology and ophthalmic. Separate ophthalmic ward of 14 beds. Similarly, orthopedician post is filled at DH but he is unable to perform surgery as he is suffering with Parkinson's disease.
- Though the imaging services are available in the facility but since 7 years radiologist post is vacant. Therefore, it can be utilised at fullest extent.
- Blood bank is available in the facility. Blood issued free of cost for BPL, Senior Citizen, National Programme and JSSK beneficiaries. On the day of visit 105 blood bags are available in the facility and 342 blood transfusion done in last one month.
- IT services is available with computers and internet services. Quality of internet is moderate.
- Renovation work is in progress in some parts of the facility. Therefore, some of the activities are hampered.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- Diagnostic facility is available in house.
- KAYAKALP initiated in January 2021. Peer assessment done.
- Labour room and OT both are certified under LAQSHAY. But branding is not done at both the places. Score of OT is 90% and Labour room is 95%.
- In case of NQAS, internal assessment is done.
- EDL is available. Total 290 drugs are listed in the list. It is displayed in the public domain. Computerised medicine procurement is done through ODMC software in the district. No shortage of the medicine on the day of the visit.
- DVDMS system is in place in the facility.
- In house laboratory is available since April to November 2021, 20339 lab tests are being done at the facility.
- X-Ray and USG services are available in the facility. They are free of cost for all. CT-Scan is not available in the facility.
- There is sufficient supply of testing and Rapid Diagnostic Kits.
- PM National Dialysis programme is being implemented in the facility. Services are free for BPL patients. During January 2021 to October 2021. 1787 patients provided dialysis.
- CT Scan, MRI, 2D ECHO, HPLC instruments are required for the investigation at the facility.
- Deliveries being done at the facility. During last month 109 normal and 193 C-Section deliveries are conducted at the facility. Labour room is well maintained and having new born care corner with radiant warmer and ambu bag.

- JSY, JSSK and PMSMA are provided at the facility. All JSSK beneficiaries are being given Rs. 500/- in lieu of drop back to home. Provided the women has to stay 48 Hrs. Respectful maternity care services are available in the facility. Line listing of high risk regencies is available.
- During 2020, 2 and in 2021, 1 maternal deaths are reported.
- Pertaining to the child deaths in 2020, 34 and 2021, 33 deaths are reported.
- Vaccine Hub cutter is available and Nurses and ANM are well aware about open vial policy.
- All new born are being given "0" dose. During last three months 795 BCG, 789 OPV and 717 Hep-B doses are administered. All mothers of new born and counselled for breast feeding within one hour.
- Staff of DEIC is appointed and DEIC building is sanctioned but due to non-availability of space currently 4 D screening is being done at the facility. If found any problem referred to DHH Barhampur, Cuttack or Calcutta.
- In case of family planning programme. It is being done at the facility. Usually RMNCH counsellor and O & G specialists counsel women for family planning. Concern staff is trained in insertion of IUCD. During last month 23 female sterilisations done in the facility. FPLMIS is has been implemented. During first and second wave of COVID-19. Only Emergency C-section operatives were done. Family Planning operatives were done on demand after getting RTPCR negative.
- Adolescent Friendly Health Clinics are available in the facility. RMNCH counsellor give counselling to the adolescent.
- NCD programme is not yet started in the DHH. Staff is not appointed.
- Designated Microscopy Centre is there in the facility. Average samples testing is done. Anti TB drugs are available in the facility and there are some patients under medication. All TB patients being tested for Diabetes Mellitus and HIV. DBT payment under Nikshay Poshan Yojna is given patients. TB treatment card for both drug sensitive and drug resistance is there. Pertaining to the Leprosy. Yearly community surveillance is being carried. TB notification, treatment card for both sensitive and drug resistance is there. Register for malaria, chikungunya is available.
- Data entry is updated on portals i.e. HMIS, RCH, IHIP.
- During 2020-21 Rs. 3,37,64000/- funds received and Rs. 2,98,01,641/-utilised.
- RKS meetings are being done regularly as per the norms.
- Facility is having 108 and 102 ambulances.
- 147 cases are referred in from various facilities of the district and 42 cases are referred out to higher facility from DHH in the month of October.

I. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2021-22 of the Gajapati District monitoring was carried out by the PRC team during 23-27, 2021. The Chief District Medical Officer, District Headquarter Hospital, Community Health Centre Chandragiri, PHC-Nuagada and Sub Centre Nuagada were visited for Monitoring by the PRC team. During the field visit the PRC team was accompanied by DPM, Dy. Manager RMNC and other staff of DPMU. Based on the discussion with the concerned officials and monitoring/observations of the health facilities the following recommendation have been made by the PRC monitoring team:

1. The district as a whole is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on urgent basis. Further, contractual staff of NHM need to fill on priority basis.
2. Looking at the vacancies at all levels in regular staff. It is recommended that while filling of regular posts NHM staff should be given preference wherever possible. Rather, they should have to be made permanent if the cadre is same.
3. Training of the health personnel is a very important component of quality of care, but in the visited health facility health personal had insufficient training on various program of NHM; of course because of COVID-19 all the staff is engaged in it. Therefore, training schedule was not followed as per the targeted in ROP. However, training should be provided to health staffs of the various facilities on a timely basis in the district.
4. Most of the NHM Health staff are underpaid, and is having lots of responsibilities, therefore, they leave their jobs. There is a high amount of dissatisfaction among them. Some of them are working since the inception of the NRHM. But still they are working as a contractual staff. They are not even eligible for getting home loan due to their contractual status. Therefore, it is strongly recommended to increase the remuneration of the NHM staff. Also principal of equal pay for equal work needs to be followed across all the programmes of NHM. If possible at par with regular staff.
5. As per the population norms 14 RBSK teams are required in the district. Here it is strongly recommended that they have to give some extra incentive. So that required manpower may join.
6. As government is giving hardship allowance to the regular staff those who are working in EAG states. It is also recommended that NHM staff should be given hardship allowance too.
7. As during 2020-21 many child and maternal deaths are being reported, it is strongly recommending that to minimise infant and maternal deaths some stringent actions need to be taken.
8. There is only one SNCU available in the District Headquarter Hospital. One more SNCU needs to be established in the interior part of the district as this is a tribal district. As some blocks of the district

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is about 100 KMs from district headquarter. This is very difficult to reach any new born in emergency to the SNCU.

J. Glimpses of the Gajapati district PIP monitoring visit, 24-27 2021.

Visit to SC Nuagada



PRC Team with PHC Nuagada Staff



PRC team interaction with ASHAs



PRC Team interacting with Pregnant women at ANC clinic



CHC Chandragiri

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