



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

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Table of Content

Table of Content	i
Executive Summary	1
1. Overview of district.....	3
2. Public Health planning and implementation of National Programmes	5
2.1 District Health Action Plan (DHAP)	5
2.2. Service Availability	5
2.3 Implementation of CPHC.....	14
2.4 Status of Human Resource.....	14
2.5 State of Fund Utilization	15
2.6 Status of trainings	16
3. Service Availability at the Public health facilities	17
3.1 Service Delivery: District Hospital	17
3.2 Service Delivery: Community Health Centre-TARBHA	19
3.3 Service Delivery: Community Health Centre (CHC) Dunguripali	21
3.4 Service Delivery: Primary Health Centre: Menda	22
3.5 Sub Centre: RANISARDA	24
4. Discussion and Key recommendations	25
4.1 Key issues	25
4.2 Recommendations.....	27
5. Glimpses of the Sonepur district PIP monitoring visit, 25-28 November 2021.....	30

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

Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the Monitoring and Evaluation of the PIP 2021-22 of Sonepur District of Odisha was carried out by the PRC team during 25 November to 28 November, 2021. The District Health Office (DPMU), District Hospital, CHC-Dunguripali, CHC-Tarbha, Primary Health Centre (PHC)- Menda and Sub Centre Ranisarada were visited for the study by the PRC team. During the field visit the PRC team was accompanied by community process manager and District data manager (DDM). This report discusses in detail the implementation of PIP in Sonepur District as observed during the field visit for monitoring. The overall progress of health system are given below:

General

There is an overall improvement in health system in the district.

Achievements made

- Improved OPD cases at SC, PHCs and CHCs and SDH level though due to the COVID-19 pandemic utilization of health care service has drastically decreased in the district.
- Increase in institutional deliveries.
- All 24x7 PHC are with basic lab facilities. All the PHC are being converted into HWCs.
- Free meals and drugs facility for mothers at institutions are in execution.
- ASHAs are selected, trained upto IVth module and provided with drug kits.
- VHSC formed and bank accounts have been opened.
- Significant reduction in the maternal, neonatal and child deaths in the district.
- Increased in the uptake of family planning methods.

Areas for Further Improvement

- Regular meetings of State & District Health Mission should be held.
- Initiatives need to be taken for more BPMUs to make them functional.
- The district needs to plug the gap between lower-level staff and DPMU.

Infrastructure

- Construction of new infrastructure and repair/up-gradation of the existing infrastructure is required at the district hospital.
- Rational utilization of civil works as per guidelines is needed.

- All the SC and PHC upgraded to HWCs, though the branding is yet to start of some of the health facilities.

Human Resources

- The district needs to address the shortage of specialist doctors and also need to rationalize the posting of health staff.
- 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.

Service Delivery

- Very well-functioning web HMIS, IHIP, NIKSHAY portal etc. in the district.
- The error in data reporting has minimised.
- Significant increase in institutional deliveries.
- Increased in the screening of the NCDs among the suspected population in the district.

1. Overview of district

Sonepur, also known as Subarnapur, is a district of Odisha state. The district spreads over an area of 2284.89 km². It is also known as Second Varanasi of India for its cluster of temples having architectural importance and also of tantricism and second Allahabad for the Meeting Point (Sangam) of two rivers Mahanadi and Tel in place just like in Allahabad. Sonepur is also famous for silk, handloom, prawns, terracotta etc. The district is situated between 20.83° N and 83.92° E coordinates.

Sonepur district is further subdivided into 6 Blocks. As per the Census 2011 Sonepur District's total population is 610183. Total rural population of Sonepur is 560242 which is 91.82% of total Sonepur's population and urban population is 34054 about 5.58% of total population. Total geographical area is 2337.00 Ha. Total villages in the district is 962. Total number of households in Sonepur District are 151136. Total literacy rate of Sonepur district is 74.42 %. Sex ratio of District is 960 females per 1000 male. In Sonepur sex ratio in rural area is 961 and urban area is 983 per 1000 male persons. The overall literacy rate of the district is 74.42%. Literacy % in rural area is 73.64% as compared to urban area which is 78.99%. Population Density of Sonepur District is 261/km².

The details of the district are given in the below table 1. Data for the below table is received from the District office of the Sonepur district.

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

Sr. no.	Indicator	Remarks/ Observation	
1	Total number of Districts	01	
2	Total number of Blocks	06	
3	Total number of Villages	962	
4	Total Population	610183	
	Rural population	560242	
	Urban population	34054	
5	Literacy rate	74.42%	
6	Sex Ratio	960	
7	Sex ratio at birth	Data not provided	
8	Population Density	261/km ²	
9	Estimated number of deliveries	9917 as per RI	
10	Estimated number of C-section	1487	
11	Estimated numbers of live births	9057	
12	Estimated number of eligible couples	105306	
13	Estimated number of leprosy cases	124	
14	Target for public and private sector TB notification for the current year	420 (Public) + 30 (private)= 450	
15	Estimated number of cataract surgeries to be conducted	Data not provided	
16	Mortality Indicators:	Previous year	Current Year

		Estimated	Reported	Estimated	Reported
	• Maternal Death	00	11	00	11
	• Child Death	00	167	00	106
	• Infant Death	00	154	00	98
	• Still birth	00	69	00	30
	• Deaths due to Malaria	00	0	00	01
	• Deaths due to sterilization procedure	00	0	00	00
17.	Facility Details	Sanctioned/ Planned		Operational	
1	District Hospitals	01		01	
2	Sub District Hospital	01		01	
3	Community Health Centers (CHC)	05		05	
4	Primary Health Centers (PHC)/HWC	20		20	
5	Sub Centers (SC)	89		89	
6	Urban Primary Health Centers (U-PHC)	0		0	
7	Urban Community Health Centers (U-CHC)	0		0	
8	Special Newborn Care Units (SNCU)	01		01	
9	Nutritional Rehabilitation Centres (NRC)	02		02	
10	District Early intervention Center (DEIC)	01		01	
11	First Referral Units (FRU)	02		02	
12	Blood Bank	01		01	
13	Blood Storage Unit (BSU)	02		02	
14	No. of PHC converted to HWC	20		20	
15	No. of U-PHC converted to HWC	0		0	
16	Number of Sub Centre converted to HWC	46		24	
17	Designated Microscopy Center (DMC)	07		07	
18	Tuberculosis Units (TUs)	06		06	
19	CBNAAT/TruNat Sites	01		01	
20	Drug Resistant TB Centers	01		01	
22	Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • DH • SDH • CHC 	Data not provided		Data not provided	
23	Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	07 176 0		07 Data not provided	

Source: DPMU, Sonapur District

2. Public Health planning and implementation of National Programmes

2.1 District Health Action Plan (DHAP)

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 given their approval dated on 29-06-2021. DPMU has provided the details of funds received and utilised on for the various programmes of NHM. Every year PIP funds are received in same period. But they are able to manage their routine activities from the unspent grant which they have received in the last financial year. As DPMU is stated, there is no delay in making payment of ASHAs.

Table 2: details about DHAP and status of construction of building in Amravati district.

Sr. no.	Indicators	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 - DHAP (PIP) submitted to the state and it has sanctioned.
2	Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Sanctioned Action Plan (DHAP) by state. 26 th June 2021
3	Date of first release of fund against DHAP	Not provided by DPMU
4	Infrastructure: Construction Status	
i.	Details of Construction pending for more than 2 years	The construction of 4 buildings have been completed and DPMU in the process to handover these buildings.
ii.	Details of Construction completed but not handed over	Data not provided by DPMU

Source: DPMU, Sonapur district.

2.2. Service Availability

There are 1 DH, 1 SDH, 5 CHCs, 20 PHCs, and 89 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 20 PHCs; 24 SCs are converted into HWCs. In the district free drug policy is implemented under all national programmes and for BPL patients.

RBSK: There are total 12 RBSK teams are available in the district; of which only none of the team is with all required Human resource. There are 12 vehicles available for RBSK teams (on the road); two teams per block. A total of 381 children born at the delivery points screened for defect at birth.

SNCU: District is having 12 beds SNCU situated at District hospital. There are 18 radiant warmers, 10 stepdown units and 2 Kangaroo Mother Care (KMC) units are available in the SNCU. Though, 2 radiant warmers are not currently working. During April 2021 to October 2021, total 451 (217 inborn and 234 out-born) children were admitted in the SNCU in the district. Of total, 14 children were admitted due to the defect at birth. Data on child death has not been provided by DPMU.

Nutrition Rehabilitation Centres (NRC): There are 2 NRCs are available in the district. Among the total admitted children, 125 children were admitted due to Bilateral pitting oedema, 20 were admitted due to the MUAC<115, 58 due to <3SD WFH 3 with Diarrhoea, 20 children were admitted due to ARI/Pneumonia and 16 children were admitted due to other causes during the reference period. Of total, 21 children were referred by frontline worker, 37 by RBSK teams and 60 from Paediatric ward/emergency.

HBNC: A total of 594 HBNC kits are available with ASHAs and total 3224 new-borns were visited under HBNC during April to October 2021. 504 ASHAs are equipped with the drug kits.

Maternal and child Deaths Review: A total of 11 maternal deaths and 106 child deaths review have been conducted during April to October 2021.

MMU and PE programme: There is no mobile medical units (MMU) and PE programme are working in the district.

Referral Transport: the referral transport in the district is working based in public Private Partnership PPP model. All the vehicle is equipped with GPS and handled through centralised call centre. Average call received per day is 5 for ALS and 6 for BLS. The same number of trips are being completed by the both type of ambulance.

Total 6 vehicles are available of 102 number in the district, and all the vehicles are equipped with GPS. On average 4 trips per day are being done per ambulance, and on an average 250 km distance are being covered per ambulance per day.

Universal Health Screening: A total of 51475 individuals has been screened under the universal health screening program. Besides, no data have been provided by the DPMU.

Mera Aaspatal: Mera Aaspatal initiative has been implemented in the district hospital.

Payment status: The JSY payment has been made to 2945 beneficiaries during the reference period, of which 200 were the backlog. The DBT payment has been made to 2745 beneficiaries.

The 386 beneficiaries have received the incentive under NTEP programme, of which 377 have received it through DBT mode.

Implementation of Integrated Disease Surveillance programme (IDSP): A rapid response team is constituted in the district to grapple with the situation of any outbreak. The team consist with an Epidemiologist, Additional District Programme Heath Officer, Lab technician, attendant etc. No outbreaks have been investigated in the district in previous year and in current year.

National Vector Borne Disease Control Programme (NVBDCP): The micro and macro plan for NVBDCP is available at the district level. The annual blood examination rate is 11.64% during the

reference period. Total Long-lasting insecticidal nets (LLIN) is being distributed in the district. Weekly epidemiological and entomological situation are monitored.

Implementation of National Tuberculosis Elimination Programme (NTEP): Under the NTEP, 81% of the TB notification target has been achieved by the district. All TB patients are tested for HIV and UDST testing is universal for all eligible TB patients. Drugs for both drug-sensitive and drug-resistant TB is available in the district. The treatment success rate in the public section is 91%, whereas, in the private sector it is 89%. Total 374 beneficiaries paid under Nikshay Poshan Yojna.

Implementation of National Leprosy Eradication Programme (NLEP): Total 124 new cases of Leprosy have been detected, of which 2 cases were G2D cases during the reference period. Total 11210 footwear and self-care kits are available in the district.

Kayakalp and Swachh Swasth Sarvatra (SSS): The Kayakalp and Swachh Swasth Sarvatra initiative are implemented in the 2 CHCs and 4 PHCs of the district.

Status of ASHAs: Total 597 ASHAs are working in the district. Four ASHAs are covering more than 1500 (rural)/ 3000 (urban) population. There are 3 areas in the district where no ASHA is available.

The below table 3 gives the details of the health service delivery indicators at the district level of the Sonapur district on 31 October 2021.

Table 3: Details about the health service delivery in the Sonapur district, 1st April – 31st October 2021.

	Indicators	Remarks/ Observation
1	Implementation of Free drugs services (if it is free for all)	yes
2	Implementation of diagnostic services (if it is free for all) Number of lab tests notified	Yes Number not provided
3	Status of delivery points	
i.	No. of SCs conducting >3 deliveries/month	0
ii.	No. of 24X7 PHCs conducting > 10 deliveries /month	0
iii.	No. of CHCs conducting > 20 deliveries /month	5
iv.	No. of DH/ District Women and child hospital conducting > 50 deliveries /month	01
v.	No. of DH/ District Women and child hospital conducting C-section	01
vi.	No. of Medical colleges conducting > 50 deliveries per month	-
vii.	No. of Medical colleges conducting C-section	-
4	Number of institutes with ultrasound facilities (Public +Private)	2+4 = 6
i	Of these, how many are registered under PCPNDT act	6
5	Details of PMSMA activities performed	9 th of every month,

		Conducted at all CHCs, SDHs and DH level	
6.	RBSK		
i.	Total no. of RBSK teams sanctioned	12	
ii.	No. of teams with all HR in-place (full-team)	0	
iii.	No. of vehicles (on the road) for RBSK team	12	
iv.	No. of Teams per Block	2	
v.	No. of block/s without dedicated teams	0	
vi.	Average no of children screened per day per team	10	
vii.	Number of children born in delivery points screened for defects at birth	2381	
7.	Special Newborn Care Units (SNCU)		
i.	Total number of beds <ul style="list-style-type: none"> in radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit 	18 10 2 6	
ii.	Number of non-functional radiant warmer for more than a week	2	
iii.	Number of non-functional phototherapy unit for more than a week	0	
		Inborn	Out born
iv.	Admission	27	234
v.	Defects at birth	4	10
vi.	Discharged	161	142
vii.	Referral	46	65
viii.	LAMA	Data not provided	Data not provided
ix.	Died	Data not provided	Data not provided
8.	Newborn Stabilization Unit (NBSU)		
		Inborn	Out born
i.	Admission	Data not provided	Data not provided
ii.	Discharged	Data not provided	Data not provided
iii.	Referral	Data not provided	Data not provided
iv.	LAMA	Data not provided	Data not provided
v.	Died	Data not provided	Data not provided
9.	Nutrition Rehabilitation Centers (NRC)		
i.	Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others 	125 0 20 58 3 20 0 0 4 6 16	
ii.	Referred by <ul style="list-style-type: none"> Frontline worker 	21	

	<ul style="list-style-type: none"> • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	7 0 37 60
iii.	Discharged	110
iv.	Referral/ Medical transfer	1
v.	LAMA	1
vi.	Died	0
10.	Home Based Newborn Care (HBNC)	Data not provided
i.	Status of availability of HBNC kit with ASHAs	594
ii.	Newborns visited under HBNC	3224
iii.	Status of availability of drug kit with ASHAs	594
11	Number of Maternal Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 	11 11
12	Number of Child Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 	167 106
13	Number of blocks covered under Peer Education (PE) programme	Nil
14	No. of villages covered under PE program	Nil
15	No. of PE selected	Nil
16	No. of Adolescent Friendly Clinic (AFC) meetings held	Nil
17	Weekly Iron Folic Acid Supplementation (WIFS) stock out	0
18	No. of Mobile Medical Unit (MMU) (on the road and micro-plan	0
i.	No. of trips per MMU per month	NA
ii.	No. of camps per MMU per month	NA
iii.	No. of villages covered	NA
iv.	Average number of OPD per MMU per month	NA
v.	Average no. of lab investigations per MMU per Month	NA
vi.	Average no. of lab investigations per MMU per Month	NA
vii.	Avg. no. of X-ray investigations per MMU per Month	NA
viii.	Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	NA
ix.	Avg. no. of sputum collected for TB detection per MMU per month	NA
x.	Average Number of patients referred to higher facilities.	NA

xi.	Payment pending (if any) If yes, since when and reasons thereof	NA		
19	Vehicle for Referral Transport	NA		
i.	No. of Basic Life Support (BLS) (on the road) and their distribution	Data not provided		
ii.	No. of Advanced Life Support (ALS) (on the road) and their distribution	Data not provided		
		ALS	BLS	
iii.	Operational agency (State/ NGO/ PPP)	PPP	PPP	
iv.	If the ambulances are GPS fitted and handled through centralized call center	yes	Yes	
v.	Average number of calls received per day	5	6	
vi.	Average number of trips per ambulance per day	5	6	
vii.	Average km travelled per ambulance per day	450	500	
viii.	Key reasons for low utilization (if any)	NA	NA	
ix.	No. of transport vehicle/102 vehicle (on the road)	6		
x.	If the vehicles are GPS fitted and handled through centralized call center	Yes		
xi.	Average number of trips per ambulance per day	4		
xii.	Average km travelled per ambulance per day	250 km		
xiii.	Key reasons for low utilization (if any)	NA		
20	Universal health screening			
i.	If conducted, what is the target population	51475		
ii.	Number of Community Based Assessment Checklist (CBAC) forms filled till date	Data not provided		
iii.	No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer			
21	If State notified a State Mental Health Authority	Data not provided		
22	If grievance redressed mechanism in place	Data not provided		
	Whether call center and toll-free number available	Data not provided		
	Percentage of complains resolved out of the total complains registered in current FY	Data not provided		
23	If Mera aaspatal has been implemented	Yes		
24	Payment status:	No. of beneficiaries	Backlog	DBT status
i.	JSY beneficiaries	2945	200	2745

ii.	ASHA payment:			
	• A- Routine and recurring at increased rate of Rs. 2000 pm	Data not provided	Data not provided	Data not provided
	• B- Incentive under NTEP	74	06	68
	• C- Incentives under NLEP	237	93	144
iii.	Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	Data not provided	Data not provided	Data not provided
iv.	Patients incentive under NTEP program me	386	9	377
v.	Provider's incentive under NTEP program me	88	8	80
vi.	FP compensation/ incentive	Data not provided	Data not provided	Data not provided
25	Implementation of Integrated Disease Surveillance Program me (IDSP)			
i.	If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year and in current FY	Yes Epidemiologist, ADPHO, LT, attendant etc. 0		
ii.	How is IDSP data utilized	Detection of outbreaks		
iii.	Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	No Pvt. Facility		
26	Implementation of National Vector Borne Disease Control program me (NVBDCP)			
i.	Micro plan and macro plan available at district level	Yes		
ii.	Annual Blood Examination Rate	12.49 M 20, 11.64 14 2021		
iii.	Reason for increase/ decrease (trend of last 3 years to be seen)			
iv.	LLIN distribution status	56815 (DBS) / 276292 (GKATM)		
v.	IRS	Focon spray dine in few villages		
vi.	Anti-larval methods	No		
vii.	Contingency plan for epidemic preparedness			
viii.	Weekly epidemiological and entomological situations are monitored	Yes		
ix.	No. of MDR rounds Observed	MDR done 2020-21		
x.	No. of districts achieved elimination status for Lymphatic Filariasis i.e. rate <1%	MR rate 2-50% as per NBS 2020		
27	Implementation of National Tuberculosis Elimination Program me (NTEP)			
i.	Target TB notification achieved	375 / 304 (81%)		
ii.	Whether HIV status of all TB patients is know	Yes		
iii.	Eligible TB patients with UDST testing	382/325/326 (100%)		
iv.	Whether drugs for both drug sensitive and drug resistance TB available.	Yes		
v.	Patients notification from public sector (data is not provided)	No. of patients notified: 283 Treatment success rate: 91% No. of MDR TB patients: 2		

		Treatment initiated among MDR TB patients: 100%
vi.	Patients notification from private sector	No. of patients notified: 21 Treatment success rate: 89% No. of MDR TB patients: 0 Treatment initiated among MDR TB patients: 0%
vii.	Beneficiaries paid under NikshayPoshan Yojana	374
viii.	Active Case Finding conducted as per planned for the year.	Yes
28	Implementation of National Leprosy Eradication Programme (NLEP)	
i.	No. of new cases detected	124
ii.	No. of G2D cases	2
iii.	MDT available without interruption	Yes
iv.	Reconstructive surgery for G2D cases being conducted	Nil
v.	MCR footwear and self-care kit available	112/0
29	Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	
30	Percent of health workers immunized against Hep. B	100%
31	Key activities performed in current FY as per ROP under National Fluorosis Control Programme	Data not provided
32	Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	Data not provided
33	Key activities performed in current FY as per ROP under National Tobacco Control Programme	Data not provided
34	Number of ASHAs a) Required as per population b) Selected c) No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population d) No. of villages/ slum areas with no ASHA	597 a) 0 b) 597 c) 4 d) 3
35	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • 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)	363/8 560/10

	<ul style="list-style-type: none">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_____	108/10	122		
36	Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	0 0 0			
37	Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened	784 784 0			
38	Number of facilities quality certified	0			
39	Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Yes 2 CHC/4 PHC			
40	Activities performed by District Level Quality Assurance Committee (DQAC)	Yes			
41	Recruitment for any staff position/ cadre conducted at district level	0			
42	Details of recruitments	Previous year	Current FY		
		Regular cadre	NHM	Regular Cadre	NHM
i.	Total no. of posts vacant at the beginning of FY	Data is not provided		Data is not provided	
ii.	Among these, no. of posts filled by state	Data is not provided		Data is not provided	
iii.	Among these, no. of posts filled at district level	Data is not provided		Data is not provided	
43	If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes			

Source: DPMU, Sonapur district

2.3 Implementation of CPHC

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program is undertaking a population-based non-communicable diseases (NCD) program is being implemented in the district. Total 5434 individuals have been enumerated during the period and the same number of CBAC forms are filled (**table 4**). Total number 89 SHC-HWC and 20 PHC-HWC has started screening for NCDs in the district. Total number of scanned cases for selected NCDs are given in the table.

Table 4: status of CPHC in the district as on 31st October 2021.

Indicators	Planned	Completed
1. Number of individuals enumerated	51475	5434
2. Number of CBAC forms filled	Data is not provided	5434
3. Number of HWCs started NCD screening:		
a. SHC- HWC	89	89
b. PHC- HWC	20	20
c. UPHC – HWC	00	00
4. Number of individuals screened for:		
a. Hypertension	69449	634
b. Diabetes	68011	307
c. Oral Cancer	50457	1
d. Breast Cancer	22836	00
e. Cervical Cancer	6403	00
5. Number of HWCs providing Teleconsultation services	20	19
6. Number of HWCs organizing wellness activities	44	23

Source: DPMU, Sonapur district

Only 19 HWCs are providing Teleconsultation Services and 22 HWCs have organised the wellness activities during the reference period. During April to October 2021, a total of 634 patients for Hypertension, 304 patients for Diabetes and 1 for Oral Cancer were screened.

2.4 Status of Human Resource

There are total 631 posts of different discipline are sanctioned for the district under NHM of which 444 posts are filled and 187 posts are vacant. About 30 per cent posts are vacant in the district (**Table 5**).

Table 5: Status of Human resource (Regular + NHM) at public health facility in the Sonapur district as on 31st October 2021.

Name of the Post	Sanctioned	In place	Vacant
ANM	124	112	12
MPW(Male)	69	43	26
Staff Nurse	211	145	66
Lab technician	22	10	12
Pharmacist(Allopathic)	44	33	11
MO(MBBS)	90	41	49
OBGY	12	12	0
Pediatrician	10	8	2

Anesthetist	3	0	3
Surgeon	8	6	2
Radiologists	1	0	1
Other Specialists			0
Dentists/Dental Surgeon/Dental MO	8	2	6
Dental Technician	1	0	1
Dental Hygienist	0	0	0
Radiographer/X-ray technician	4	3	1
CSSD Technician	-	-	
OT technician	1	1	0
CHO/MLHP	0	11	-11
AYUSH MO	23	17	6
AUSH Pharmacist.	0	0	0
Total	631	444	187

Source: DPMU, Sonapur district

2.5 State of Fund Utilization

Table 6: Budget component details, 2021-22

Particulars	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization (if <60%)
FMR Code : 1 : Service Delivery - Facility Based	225.38	192.583	
FMR Code : 2 : Service Delivery - Community Based	53.82	35.93432	
FMR Code : 3 : Community Interventions	383.82	346.40749	
FMR Code : 4 : Untied Fund	82.28	152.57045	
FMR Code : 5 : Infrastructure	192.00	415.41723	
FMR Code : 6 : Procurement	83.08	61.88533	
FMR Code : 7 : Referral Transport	13.48	1.77967	-
FMR Code : 8 : Service Delivery - Human Resource	555.85	405.98944	
FMR Code : 9 : Training & Capacity Building	48.15	23.55388	Due to covid
FMR Code : 10 : Review, Research, Surveillance & Surveys	1.81	1.33507	
FMR Code : 11 : IEC/BCC	44.74	21.85564	Due to Covid
FMR Code : 12 : Printing	9.26	7.62898	
FMR Code : 13 : Quality Assurance	46.84	36.94192	
FMR Code : 14 : Drug Warehousing and Logistics	20.44	9.46032	
FMR Code : 15 : PPP	17.6	143.82	
FMR Code : 16 : Programme Management	289.99	253.80617	
FMR Code : 17 : IT Initiatives for strengthening Service Delivery	2.7	0.078	-
FMR Code : 18 : Innovations (if any)	13.01	0.14399	
Total Budget: (Rs. In lakhs)	2084.35	2111.1909	

Source: DPMU, Sonapur district

Table 7: Status of budget released, budget utilised by programme heads under NHM as on 31st October, 2021.

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization (if < 60%).
1. RMNCH+A			
• RCH (Re-productive and child Health)	482.22	193.55	
• HSS (Health System-strengthening)	1873.20	731.79	
• RI and IPPI	43.12	19.49	
2. Communicable Diseases Pool.			
• Integrated Disease Surveillance programme (IDSP)	5.13	0.55	
• National Vector Borne Disease control programme (NVBDCP)	51.10	19.57	
• National Leprosy Eradication programme (NLEP)	40.10	1.95	
• Revised National Tuberculosis programme (RNTCP)	88.33	24.58	
3. Non Communicable Diseases pool.			
• National programme for control of Blindness and vision Impairment (NPCB+ Sunetra)	28.06	55.10	
• National Mental Health Programme. (NMHP)	4.90	0.25	
• National Programme for Health care for the Elderly (NPHCE)	3.80	-	
• National Tobacco control Programme. (NTCP)	14.24	0.15	
• National Programme for Prevention and control of Diabetes Cardiovascular Disease and stroke (NPCDCS)	4.38	0.36	
• National Dialysis programme.			
• National Programme for Climate change and human health (NPCCHH)	0.08	-	

Source; DPMU, Sonapur district

2.6 Status of trainings

Table 8 depicts the status of training obtained by health delivery persons on 31 October 2021 in Sonapur district. From table it can be that a total of 3 staff nurse have received the training of F-IMNCI, 2 MO have received the training of CAC, 2 staff nurse have received the training of observer-ship training during April to October 2021. Similarly, 2 MO have the training of NSSK and STI/STI management during the reference period. By the end of October 2021, 11 MPHWS (F) and 2 LT have obtained the training of VIA, OVE, CBE, training and management of BSU, respectively.

Table 8: Status of state level training obtained by health delivery persons as on 31st October 2021 in Sonepur district, Odisha.

Training Details	Category of trainee
F-IMNCI training	7 staff nurse
CAC training	3 MO
Observer-ship training	2 staff nurse
NSSK training	2 MO
RTI/ STI training	2 MO
CAC refresher training	1 SN; 1 specialist
RI training	8 MO; 5 MO AYUSH
TOT on NCD	6 MO; 2 MO AYUSH
MDP training	4 management staff
TOT on DAKSHATA for Coordinator and DP Mentor	1 MO
CAC training	4 SN
DAKSH	19 SN; 6 ADDL. ANM
VIA training	11 CHO
Multi skilling training	7 LT
FBNC training	2 MO
KMC & family participation Care	3 SN
MDR & CDR Training	2 MO AYUSH
NRC management training	2 Specialist
State level ToT on SAB	2 SN; 1 Specialist
ToT on DAKSHTA	
VIA, OVE, CBE, training	11 MPH (F)
Management of BSU	2 LT

Source: DPMU, Sonepur district

3. Service Availability at the Public health 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 related to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising the District Hospital, two CHCs, one PHC, and one Sub-Centre of the district.

3.1 Service Delivery: District Hospital

Sonepur District Hospital is situated at the district headquarter at Sonepur, and is serving approx. 6 lakhs population. The OPD timings of the facility are 8.00 to 12:00 pm. It is located in Old government building. It is well accessible from the main road. The facility is geriatric and disabled friendly. Electricity is available with power backup. 24*7 running water is available. Separated toilets are there for male and female wards. Drinking water is available. Drug storeroom with rack is available. Some renovation work has been done in last year in wards, Toilets OT and OPD section. It is a 145 beds hospital. Though no ICU bed available in the hospital, however 12 beds SNCU is available in the hospital. Rest room are available for ASHAs in the facility. The critical patient and patients need of

emergency services are being referred to Balangir and Burla from DH. Besides, the following observation has been made by the monitoring team.

- This facility is providing Medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services(X-ray), services. USG services, DEIC, NRC, Emergency Care, teaching block and skill lab is there. Though there is no Burb Unit Dialysis unit, ICU, NICU, PICU facility available at the hospital.
- Facility have Single general OT, Elective OT, obstetrics and Gynecology OT, Ophthalmology/ ENT OT, and emergency OT. All OTs are functional in good condition.
- Blood bank is available in the facility. Blood is issued free of cost for BPL, Senior Citizen and JSSK beneficiaries.
- For Bio-medical waste, the district Hospital is using the sharp pit. There is no entry gate at the place designated for the BMW. The BMW was scattered here and there on the day of the visit. The district hospital violating the protocol of BMW management.
- IT services is available with computers and internet services. Quality of internet is good.
- The Kayakalp, NQAS and LaQshya initiative has been implemented in hospital. Facility scored is 77 for kayakalp, 77 for NQAS. Under LaQshya initiative, labour room score was 76 and operation theatre score was 74.
- The OSMCL supply chain management system is implemented in the hospital.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- Diagnostic facility is available in house (in addition state has appointed HLL for the same).
- PM National Dialysis programme is not implemented in the facility.
- X-Ray services are available in the facility. There were one 100 MA potable and one 300 MA fixed X-ray machine is available in facility. USG services are also available.
- In the Hospital, a total of 21502 persons for hypertension, 21324 for Diabetes, 22124 for Oral cancer, 10031 for Breast Cancer and 2985 for cervical cancer was screened during the reference period. Of which, 1074 cases for Hypertension, 797 cases for Diabetes, 32 cases for Oral Cancer and 39 cases Breast cancer were found positive.

Table 9: status of human resource at Distract Hospital, Sonepur, Maharashtra as on 31st October, 2021.

Human Resource		Sanctioned	Regular	Cont.
MO (MBBS)		5	5	Data not provided
Specialist	Medicine	2	2	
	ObGy	3	3	
	Pediatrician	3	3	
	Anesthetist	2	0	
	Surgeon	2	2	
	Ophthalmologist	2	1	
	Orthopedic	1	0	
	Radiologist	1	0	

	Pathologist	1	1	
	Others	07	7	
Dentist		1	1	
Staff Nurses/GNM		81	60	
LTs		8	4	
Pharmacist		12	12	
Dental technician/ hygienist		0	0	
Hospital/ facility Manager		01	1	
EmOc trained doctor		-	-	
LSAS trained doctor		1	1	
Others NHM		-	-	-
Total				

Key challenges observed in the facility and the root causes

Challenge	Root cause
a) Less number if manpower and clinical staff	Posting of clinical staff by state level
b) non-cooperation of higher authority for some of work	Lack of interest
c) less number of local repair agencies for emergency services	Due to the small district and people like to work at Balanngir and Sambhalpur.
d) delay in work of engineering section	Due to the less number of contractor in the district
e) poor cleaning and hygiene practice	Due to non-involvement of higher authority

3.2 Service Delivery: Community Health Centre-TARBHA

CHC-TARBHA is situated in the Tarbha block of Sonepur district, and is 30 km far from the district hospital. It is a 16 beds hospital and caters for health services to 96720 populations. The condition of the building is very good. There is 24*7 running water available. The facility is geriatric and disables friendly. OPD waiting area has sufficient sitting arrangement, though ASHA rest room is not available in the health facility. The drug store with the rack is available in the facility. Electricity is available with power backup. It is well accessible from the main road. OPD timings of the facility are 8.30 to 1.30 pm in the morning and 4.00 PM to 6. 00 PM in the evening. Emergency care is available 24*7 in the facility. Rest room for ASHAs is available in the facility. The critical patient and patients need of emergency services are being referred to District hospital Sonepur and District Hospital Bolangir. Besides, the following observation has been made by the monitoring team.

- Waste management practices are using common BioMedical Treatment plants.
- All the essential health care services (ANC, PNC, delivery care) are being provided and none of the specialized service is available in the facility except NBCC. OG specialist and pediatric are available in the facility.
- Only General emergency services are available at the health facility. Both minor and major OT is available in the facility.

- No Blood storage unit is available in the facility. For Biomedical waste management 1 sharp pit, 3 deep burial pit and 1 autoclave and 1 shadder is available in the health facility.
- In case of IT services, desktop and laptop are in sufficient number with good speed of internet.
- The Kayakalp initiative has been implemented in the health facility, though NQAS and LaQshya assessment have not been done.
- There is a minimal shortage of essential consumables in the facility. 116 Essential Drugs were available at the facility and displayed in the OPD area. The basic diagnostic tests are in house.
- X-Ray services and tele-medicine/consultation is not available in the facility.
- On average 28 deliveries are being conducted at the facility. In the last month of visit, 24 normal deliveries and 1 C-section delivery took place in the health facility.
- All types of JSSK entitlements are being provided at free of cost to the beneficiaries. The JSY payment is up to date; the average delay in the payment is 7 days due to lack of documentation. The PMSMA services provided on every 9th of every month.
- A total of 4 maternal deaths and 24 child deaths has been reported in the health facility during April to October 2021. Also, in case of family planning, 27 female sterilization has been performed during the same period.
- There is no functional Adolescent Friendly Health Clinic and fixed day NCD clinic.
- Regarding the NCD, no record is available at the health facility, so we did not get data of number of individual screened for NCDs.
- At the CHC, Ambulances services with the centralised call centre is available.

Key challenges observed in the facility and the root causes

Challenge	Root cause
a) Problem in OT	Shortage of staff nurse, OT attendant, anesthetist
b) Health Programme	Lack of communication between lower and higher level officer
c) Ward management	Shortage of ward attendants
d) Management of PHCs	Newly joined doctors have lack of interest to be enrolled in national Health program.
e) Infrastructure	Shortage of building for drug warehouse, staff quarters, doctors quarters and wards.

Table 10 indicates the status of human resource at CHC-Tarbha, Sonapur. Total 15 posts of different cadre of health personals are sanctioned; of which 13 posts on regular basis is filled. One post of medicine specialist, 1 post of Dentist, and 1 post of LT is vacant at health facility.

Table 10: Status of Human resource at CHC-TARBHA, Sonepur district

Human Resource		Sanctioned	Regular	Cont.
MO (MBBS)		2	2	0
Specialists	Medicine	1	0	0
	ObGy	1	1	0
	Pediatrician	1	1	0
	Anesthetist	0	0	0
Dentist		1	0	0
Staff Nurses/GNM		5	5	0
LTs		2	1	0
Pharmacist		2	2	0
Dental technician/ hygienist		0	0	0
Hospital/ facility Manager		0	0	0
EmOc trained doctor		0	1	0
LSAS trained doctor		0	0	0
Others		-	-	-
Total				

Source: CHC-Tarbhah, Sonepur district

3.3 Service Delivery: Community Health Centre (CHC) Dunguripali

Community Health Centre (CHC)-Dunguripali is located in Dunguripali Block of Sonepur district of Odisha and is about 60 km's away from district headquarters (Hospital). It is a 60 in-patient beds hospital along with 4 NBSU beds. It is a FRU health facility. It is serving the 1,31,000 population of the periphery and managing the 5 PHCs. The health facility is located in a government building and accessible from the nearest road head. The condition of the building is very good. The OPD timing of the health facility is 8.00 AM to 12:00 PM noon and 3 pm to 5 pm in evening. Besides, the following observation has been made by the monitoring team.

- 24*7 running and drinking water is available in the facility. The facility is geriatric and disability friendly. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are partially clean. OPD waiting area has sufficient sitting arrangement. Drug store with racks is available and ASHA rest room is also available in the health facility. Power back up is available in the whole facility.
- Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; ANC-PNC services and NCDs services are available at the facility. Further, specialised services for Medicine, O&G, Paediatric, Ophthalmology, Imaging services (X-ray) and USG facility is available in the health facility. Though, specialists are available 24*7 only on-call.
- Pertaining to the emergency services, Triage, Resuscitation and stabilization services are available at the facility. There are no telemedicine/consultation services available.
- Blood Storage Unit (BSU) is not available at the facility. Total 13 blood transfusion done in last month. Blood is issued free for all.
- The facility is not following the proper protocol for Biomedical Waste management.

- Desktop/laptop are available in sufficient number with good internet connectivity.
- KAYA KALP is implemented at the facility, and facility has received the 1 prize in 2018-19. The facility score is 80%. Baseline survey of NQAS is done by internal/state. The LaQshya initiative has also implemented at the facility. The labour room score is 69% and operation theatre score is 68%.
- EDL is available and displayed in the OPD with 230 ED. For procurement of medicine E-Niramaya software system is implemented in the facility.
- In house facility for essential diagnostics is available in the CHC. All the tests are done during OPD timing. X-Ray facility also available at the facility.
- The diagnostic services (lab, X-ray, USG etc.) are free for all.
- There is a shortage/requirement of Boil Apparatus in the health facility. Also, shadow less light and OT Light 1 No is non-functional for more than 7 days.
- A total of 106 normal and 12 C-section delivery were performed in last one month. The JSY payment is up to date.
- PMSMA services are being provided on 9th of every month.
- Facility is having the register for entering the birth and deaths. 1 maternal and 25 child deaths reported in the last months at the facility. In case of family planning, total 64 female sterilization has been performed in the last one moth.
- FPLMIS has been implemented and Adolescent Friendly Health Clinic is also in function at the facility.
- There is no fixed day for NCD clinic. Besides, facility is also not having the record of number of individual screened for NCDs. Though, service provider is trained in cancer services.
- Facility is designated as Designated Microscopy Centre. A total of 10% of the OPD patients are tested microscopy in last 6 months.
- Pertaining to the data entry of respective portals is updated.
- Regarding the ambulance services, ambulances services with centralised call centre 102/108 is available in the CHC.

3.4 Service Delivery: Primary Health Centre: Menda

PHC Menda is about 20 KMs far from CHC-TARBHA, with 4 sub-centres providing services to 25,000 populations in the periphery. CHC-Naikerpali is the nearest next referral point of the PHC. This PHC only provides OPD services, there is no admission facility for in-patient. The Health facility is easily accessible from nearest road. PHC is functioning in government building and in good condition. Facility is working morning 8:00 AM to 12:00 PM and in the evening 3 to 5 PM. The significant observations about the PHC-Menda are as follows

- The facility has 24*7 running water facility and it is a geriatric and disability friendly facility. Clean functional toilets separately for male and female are available at the facility. The waiting area has sufficient sitting arrangement. ASHA rest room is not available at the facility. Power back-up facility and branding of the health facility is done. Tele Medicine consultation (E-sanjeevani portal) facility is also not available at the facility.
- Delivery services are not available in the PHC.
- In the case of Biomedical waste management, the proper protocols are not being followed. The Biomedical waste are burned in the open area of the health facility, though 1 Sharp pit and 2 Deep Burial pits are available at the facility.
- In case of IT equipment's, facility is having sufficient number of Desktops and Tablets for ANM with good internet connectivity. However, no Smart phones has been given to ASHAs.
- Kayakalp is implemented in the facility in 2021 and the internal assessment has been done, and facility scored 72%.
- Essential drug list is available and displayed in the public domain at the facility. All the essential equipment is available at PHC.
- Only blood sugar and Malaria RDT test in the PHC. Further, there is sufficient supply of testing/rapid diagnostic kit at the facility.
- JSY is not given at PHC level. The JSSK entitlements; in terms of free drugs of consumables and free diagnostics are available at the facility.
- FPLMIS is implemented at the facility, but Adolescent friendly clinic is not available at the facility.
- Data on NCDs screening is not available at facility, record is not being maintain.
- Facility is not a designated Microscopy Centre. TB drugs are available and currently 6 patients are taking anti-TB drugs from the facility. Currently 7 patients of Leprosy are there.
- No records are maintained for Malaria and Palliative cases.
- Data entry in different portal is updated as per the statement of MO.
- Only one RKS meetings were taken place since one year.

The below table 11 shows the status of Human resource at the PHC- Menda. Total 6 posts of different cadre are sectioned. Of which 5 posts are filled and 1 post of MO (AYUSH) is vacant at the health facility.

Table 11: Status of HR in the PHC- Menda, Sonapur as on 31 October 2021.

Human Resource	Sanctioned	Filed	Vacant
MO (MBBS)	1	1	0
MO (AYUSH)	1	0	1
SNs /GNM	2	2	0
ANM	0	0	0
LTs	0	0	0
Pharmacist	1	1	0
Public Health Manager (NUHM)	-	-	-

LHV/PHN	1	1	0
Others	0	0	0
Total	6	5	

Source: PHC- Menda, Sonapur district

3.5 Sub Centre: RANISARDA

PRC team visited to the RANISARDA Sub Centre on November 26, 2021. Facility having distance of 7 KM from the PHC Menda and well accessible with the road. Facility is providing OPD, ANC and PNC care, RI, Family Planning services, health care to T.B. Patient and all national programmes are being implemented in the periphery of 4 villages and catering 4968 populations. This facility is converted into HWC and CHO is also appointed there on contractual basis. The significant observations about the SC- Rani sarda are as follows:

- Facility does not have 24*7 running water, facility is geriatric and disability friendly. Clean and functional toilet is available at the facility, there is sufficient waiting area but no sitting arrangement. Drinking water facility is available. Branding of the facility has been done.
- No rest room for ASHAs is available. Specified area for Yoga/ welfare activities are available at the facility as per the norms of HWC.
- Inverter for Power backup is available at the facility. In case of IT facilities, CHO is not given laptop; and electronic tablets is given to MPW for their day to day work, no tablet or mobile phones has been given to ASHAs. There is poor quality of internet.
- Essential drug list is also available in the facility. Facility is available all basic instruments i.e. B.P. instrument, thermometer, DDK and blood urine testing kits.
- There is no major shortage in past one month. Line listing of high-risk women is available, overall all records are well maintained at the facility.
- Biomedical waste is being collected in colour-coded bags and PHC vehicle collect it once a week from SC. No maternal death and 1 child death was reported during the current year.
- In case of family planning Oral pill and condom distribution is done at the facility.
- Total 1799 individuals are above 30 years of age in the HWC population. A total of 780 CBAC form has been filed in the last six months at the community level. The universal screening of NCDs has started.
- Total 30 individuals are taking medication for HTN and DM during last six months from Pvt. Chemist shop and the average OOPE is 500/ month.
- Weekly S form under IDSP is being filled.
- During the reference period, none of the presumptive cases of TB identified, though 55 cases referred for testing.
- VHSNC is being done once in a month.
- ASHAs are being provided HBNC kits. All other medicines are available with them. The payment is being made on time. ASHA is aware about provision of incentives under NTEP and Nikshay

Posan Yojana. All CHOs are also getting their incentives regularly on monthly basis. The term based incentive is being also paid to HWC staff.

- The facility had received Rs. 24,000/- during last year (2019-20) and spent total received funds.

The below table 12 shows the number of cases screened and confirmed cases of different type of NCDs in SC. It can be seen that from the table, total 473 persons were screened for hypertension, Diabetes and 472 persons were screened for Oral cancer during the reference period. Of the total of their respective category, 2 cases were found positive for Hypertension and 2 cases for Diabetes.

Table 12: Screened and confirmed cases of NCDs in SC Ranisarda during reference period.

NCDs	Screened	Confirmed
Hypertension	473	02
Diabetes	473	02
Oral Cancer	472	00
Breast Cancer	231	00
Cervical cancer	00	00

Source: Sub Centre- Rani Sarda, Sonepur district

Table 13: Available Human Resource at SC Ranisarda as on 31st October 2021.

Human Resource	Sanctioned	Regular	Contractual
ANM/MPW Female	1	1	0
MPW Male	0	0	0
MLHP/CHO	0	1	0
ASHA	3	0	3
Total			

Source: Sub Centre- Rani Sarda, Sonepur district

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2021-22 of Sonepur District was carried out by the PRC team during 25-28 November, 2021. The DISTRICT HEALTH OFFICE, DISTRICT HOSPITAL, CHC-DUNGURIPALI, CHC- TARBHA, PHC-MENDA and Sub-Centre- RANISARDA were visited for Monitoring by the PRC team. During the field visit the PRC team was accompanied by Community process manager and DDM.

4.1 Key issues

Based on the visit/observation and discussion with the concerned officials following key issues have been observed which need to be addressed on a priority basis:

Ranisarada SC HWC

1. Expired medicine was found in Ranisarada SC-HWC in the drug rack of CHO.
2. HWC branding was not completed and Herbal garden is also not available.
3. Cleaning of back side area of SC-HWC was not properly maintained.
4. Indent register of EDL was not available.

5. Delivery is not conducted although having sufficient of HR and all trained on SBA (CHO-1, MPHWF (F)-1, Additional ANM-1, cleaning staff-1).
6. Cancer screening was not yet initiated by CHO.
7. Referral register, TB register, Malaria register and leprosy register was not available.

PHC Menda

1. Only OPD services are given at PHC Menda.
2. Attitude of medical officer in implementation of the program need to be improved.
3. **The Bio medical waste is burned in the open area of the premises of the containment area; the pits are not used for same.**
4. Medical officer was not aware of the stick of PTK.
5. Wellness activities are not conducted at HWC PHC
6. Deliveries are not conducted at PHC although having well-furnished labour room, Quarters for MO, MO AYUSH, Pharmacist, Attendant are available. Having sufficient man-power (MO-1, MO AYUSH-1, Pharmacist-1, Nursing officer-2, attendant-1, LHV-1, sweeper from RKS-1), still not providing deliveries related facilities is a waste of resource.
7. The screening of the NCDs are below satisfactory level, though MO is trained in NCD screening. NCD register is not properly maintained.
8. No Kayakalp activities have been initiated at the PHC.
9. No Grievance redressed mechanism at the PHC, even Grievance box was not available on the day of visit at the PHC.
10. EDL was not displayed at the OPD area.
11. Nidan register was not updated from June onwards.
12. Only 35% of the RKS fund has been utilised during the last financial year.

CHC-TARBHA

1. Referral-in register was not properly maintained.
2. Herbal garden was not in good condition.
3. Kayakalp initiatives has not been taken in the current financial year.
4. BMW storage facilities was not available.
5. Containment area was not maintained as per the protocol of BMW.
6. Diet is not being provided to post-natal mother.
7. Proper Grievance redressed mechanism is not followed.
8. Infection control practice is not followed as per the protocol.

CHC-DUNGURIPALI

1. Cleanliness and BMW is below satisfactory level.

2. **During the interaction with postnatal mother, it has been found that per Caesarean case Rs. 2000/- is paid to the hospital staff.**
3. Expired medicine was found in the medical rack of the drug warehouse.
4. Spitign of gutkha and Pan Masala has been found in the corridor, window, doors of the entire hospital premises.
5. There is no fixed day for NCD screening at the CHC level.
6. No USG is conducted since last two months.
7. Boyle Apparatus is non-functional since last one year.
8. Referral-In register in not maintained.
9. There is no system for Grievance redressed mechanism.
10. No signage and no privacy maintained in the AFHC clinic.
11. Emergency drug trolley was not available in the OT.
12. Drums are rusted in OT.
13. One lift of MCH building is not functioning.
14. Indent register was not found at labour room.
15. Liquid hand wash was not available at each wash basin in MCH.
16. During the field visit, it was reported by some RKS member that the coordination is lacking between facility and District hospital.

District hospital-Sonepur

1. BMW storage facility is not available. Bio medical waste management is not maintained as per the protocol.
2. Mattress in the OG ward, Paediatric ward and general ward was found in worst condition. On many mattresses, only cushion was there, rexine was not there on the mattresses.

4 Recommendations

Based on the discussion with the concerned officials and monitoring/observations of the health facilities, the following recommendation are made by the PRC monitoring team:

1. District as a whole is facing a severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on an urgent basis. Further, the contractual staff of NHM need to fill on a priority basis.
2. Training of the health personal 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. Training

programme amid CoVID is a daunting task; however, it could have been at least conducted through online mode etc. Training allocation should be done as per the need; bottom up approach. Training halls are required at all the PHCs level.

3. Most of the NHM Health staff are underpaid and have lots of responsibilities; therefore, they leave their jobs. Consequently, it is strongly recommended to increase the remuneration of the NHM staff. Further, it is recommended that EPF be for all NHM employees.
4. Investigation into the data on case of death reveals a high number of maternal and child death are reported as death to other causes. Subsequently it will be difficult for the planners and policy makers to allocate resources etc. Hence, trainings emphasizing on most probable cause of deaths needs to be provided.
5. There is a lack of coordination and communication between administrative staff and other staff in the implementation of NHM programmes. Therefore, it is recommended that there should be frequent meetings among all the concerned officials to bridge this gap. To manage the clinical activities at the facilities facility manager can be appointed.
6. All the PHCs Sonepur district are providing only OPD services, though they have sufficient staff and physical infrastructure. Having sufficient infrastructure and human resources and still not providing the basic inpatient care services is a waste of resources. This situation is also responsible for the heavy workload on CHC and DH levels. Sometimes, it may increase the burden of avoidable maternal and neonate deaths in the district as a whole. Hence, it is recommended to convert all the PHC having sufficient staff and good physical infrastructure into delivery points.
7. Facilities related to Radiology like- X-Ray, USG should be provided at all CHC and SDH to reduce the burden of District Hospital.
8. There is a need for a Laparoscopy machine for FRU and DH.
9. It is also recommended to provide special fund for strengthening of district training unit with kitchen facility.
10. Two 40 seated buses are required for Govt. ANMTC, Sonepur for field visit of ANM students.
11. The need for special clinical treatment for sickle cell patients has also been found in the whole district as per the discussion with the community process manager.

12. During the interaction with postnatal mother, it has been found that per Caesarean case Rs. 2000/- is paid to the hospital staff. Some strict action must be taken against the concerned authority.
13. In Menda, the Bio medical waste is burned in the open area premises of the containment area; the pits are not used for same. The concerned authority must take strict action against this practice.
14. Currently, there is no DPHL facility at the district hospital. Due to the workload, it should be functional at District hospital, Sonapur.
15. Simple procedure or SOP should be developed for condemnation of junk materials (old furniture, chairs, iron material etc.) at all the levels of health facilities.
16. RBSK portal should be re-functionalized.
17. Quality assurance portal should be implemented for all facility levels for day to day monitoring of activities, uploading of photos of quality services, etc.
18. A new online portal should be envisaged to track the referral of children from VHND to DHH level, especially to track the LBWs, SAM children and high risk mothers to prevent avoidable maternal and child mortality.

5 Glimpses of the Sonapur district PIP monitoring visit, 25-28 November 2021.



Visit to SC- Ranisarda



Visit to PHC-Menda



Visit to CHC- Tarbha



Visit to District Hospital

Gayatri Tejankar, PRC, Pune

Bal Govind Chauhan, PRC, Pune