GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 1506
TO BE ANSWERED ON THE 10th FEBRUARY, 2023

REVIEW MISSIONS UNDER NRHM

1506. SHRI JUAL ORAM:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the number of Common Review Missions (CRMs) and Joint Review Missions (JRMs) undertaken in Odisha for monitoring the National Rural Health Mission (NRHM) during last three years;
(b) the details of the comments made by each such mission regarding the functioning of NRHM in the State, district-wise; and
(c) the action taken by Government to implement the suggestions of these missions and to make improvements as per their comments in Odisha?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)

(a): During the last three years, two Common Review Mission (CRM) have been taken up in Odisha by Government of India, as follows : 13th CRM in 2019 and 14th CRM in 2021 .
(b) & (c): Under National Health Mission (NHM), the Ministry of Health & Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope

Under NHM, the Common Review Mission is one of the supportive supervision tools to support States/UTs to take course corrective actions or warranted mid-course adjustment. Hence, the implementation of the suggestions of the Mission is done by the State Government as per local needs and resources available. The final Report of 13th and 14th CRM, in which State of Odisha was covered, are available on the website of National Health Mission at the Uniform Resources Locator (URL) as under:

13th CRM report (2019) : https://nhm.gov.in/New_Updates_2018/Monitoring/CRM/13th/13th-CRM_Report.pdf

14th CRM report (2021): https://nhm.gov.in/New_Updates_2018/Monitoring/14th_CRM/14th_CRM.pdf

The key observations made by the Mission and action taken thereon for 13th and 14th CRM, as furnished by the Government of Odisha, are given at Annexure-I and Annexure-II respectively.

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Annexure-I

13th CRM Observations and State's Response
(as furnished by State Govt. of Odisha)

Sl. No.	Areas	Major Observations	Action Taken
1.	CPHC / HWCs	Block /PHC Saturation	To ensure dedicated post of CHOs, a post of Nursing Officer has been created for all SCs under Staff Nurse (SN) Cadre whose career progression will be as per SN cadre.
		Posting of CHOs	Efforts made to ensure saturation of SC Level HWCs under PHC & CHC. So far 4817 out of 5400 CHOs have been posted.
		Mentoring & Tele-consultation	• The state has revised the modus operandi and has 10 Medical Colleges as HUB and one virtual HUB. The 6 HUB is regionally divided - catering to the specialist needs of 5-6 districts. • Along with this 6 HUB Medical College Hospital, five of the designated HUBs are mapped to all the facilities for specialist consultations (Cancer, Peads. Mental Health & Dental). • PHC/UPHC spokes can connect to Hub at MCHs & Specialized wings as per the requirements of individual patients (SVP PGIP Cuttack, AHPGIC, Manglabag, Cuttack, SCB Dental College & Hospital, Cuttack, MHI SCB Cuttack). • All SC HWC can consult directly with the specialists/Super specialists at the designated HUB Medical College and the four major Specialist wings which are mapped for all the facilities across Odisha - SVP PGIP Cuttack, AHPGIC, Manglabag, Cuttack, SCB Dental College & Hospital, Cuttack, MHI SCB Cuttack. • All HWC Spokes (SC/PHC/UPHC)can also connect to Specialised wings of DHH or be placed at any other facilities within the district i.e. SNCU, DEIC, NRC, Mental Health wing directly.
2.	RMNCH+A	Social marketing of Sanitary Napkins cost around Rs. 22/- in one place	That might not be State branded product.The State Government has introduced "Khushi" sanitary napkins, which are provided free of cost to women during post-delivery and post-MTP at all public health facilities (@ 6 packets per woman, each packet having 6 napkins). In addition, introduced social marketing of "Khushi" sanitary napkins in the rural community, through ASHAs, at the subsidized rate of Rs. 6/- per packet of 6 napkins.
		SNCUs are not functional at CHC level	NBSU is functional at 25 CHCs/40 CHCs).
		Birth Companion Scheme not fully implemented	Birth Companion scheme is implemented under SAMPURNA Scheme and rolled out across the State.

Sl. No.	Areas	Major Observations	Action Taken
		Less no of Delivery Points	Strengthened all PHC HWC as delivery points.
3.	NCD	No NCD Clinic below District level	Exclusive NCD clinics have been established at DHH. But due to shortage of doctors, NCD cases are managed at general OPD.
		Expansion of PBS is slow & prioritized focus should be on difficult villages	PBS is implemented in all 30 districts. So far 135 Crore population have been screened.
		NCD Epidemiologist is not trained on NCD managerial training. No NCD management structure	Health system approach has been adopted to strengthen NCD implementation. Accordingly, Epidemiologists (working under IDSP/NCD) are assigned responsibility of team leader and to be assisted by Consultant, NTCP (re-designated as ASST Manager, NCD). Management training has been given to DPMs & Epidemiologist in 2018-19. Refresher training conducted every year.
4.	Communicable Disease Control Programme	Expansion of CBNAAT /TRUNAAT	48 CBNAAT and 190 TRUNAAT machine in 201 sites/blocks are available
		Engagement of TB Champions for improvement of case detection & success rate	Planned one TB Champion per HWC in current year PIP. Currently 400 TB Champions are active across the State.
		DAMMAN programme should not be done as a routine manner.	Noted
5.	Community Process	ASHAs catering large geographical areas	On an average, Each ASHA caters 780 populations in the State.
		ANM admission to good performing ASHAs	• ASHA who fulfill the eligibility criteria for admission into ANM/GNM is given **2% extra marks for each completed year of service as ASHA,** subject to a maximum of 20% additional marks. ASHA are allowed to pursue the course both in Govt. and Pvt. Nursing Institutions. • For selection of ANM, **additional weightage of 1% mark for each year of service for eligible ASHAs,** subject to a ceiling of 15% additional marks in the ANM recruitment.
6.		Training Management Information System is not regularly updated neither used properly for facility wise need assessment.	Training Management Information System is effectively used and updated regularly upto block level.
		None of the PHC/CHC/SDH visited were certified/NOC for Fire Safety. Neither fire drill held at these facilities for the staff	Noted
		Medico-Legal care Protocol for rape and sexual violence cases not found	Standard Operating Procedure for Medico-Legal care already circulated to all DHHs/doctors. One Stop crisis

Sl. No.	Areas	Major Observations	Action Taken
			centre (SAKHI) established in all districts. Medico-Legal care reporting format circulated to all districts for further dissemination to all public and private health facilities for reporting also shared with all RMNCH+A Counselors, Medical officers during Gender trainings.
		None of the PHC/CHC/SDH visited facilities were certified/ NOC provided by the Pollution Control Board for BMW management.	All 1821 have applied for authorization for BMW management. So far 1636 have received authorization certificates from Pollution Control Board.

Annexure-II

14th CRM Observations and State's response (as furnished by State Govt. of Odisha)

<table>
<tr><th>Sl. No</th><th>Areas</th><th>Major Observations</th><th>Action taken</th></tr>
<tr><td rowspan="3">1.</td><td rowspan="3">Comprehensive Primary Health Care (CPHCs) / Health & Wellness Centre (HWCs)</td><td>7 out of 12 service packages have been rolled out so far, while it was observed that NCD screening limited to Hypertension and Diabetes Mellitus only.</td><td>All 12 Expanded Package of Services (EPS) services have been rolled out in 5770 (89%) operational Health & Wellness Centres (HWCs). The Primary Health Care providers have been trained in EPS and are providing the services at the health facilities. Required logistics for the same are procured and placed at the HWC level. Special emphasis is given to the orientation of the primary healthcare team members on using and interpreting the results from the appliances.

Apart from the RMNCHA+N services, the Community Health Officers (CHOs) have been theoretically oriented on the seventh package of service i.e. on Non Communicable Disease (NCD) services.

All 5 types of screening are conducted in the HWCs. The status till now is furnished below.

<table>
<tr><th></th><th>Screened</th><th>Referred By Screening</th><th>Diagnosed</th><th>Under Treatment</th></tr>
<tr><td>Hypertension</td><td>1,35,30,629</td><td>9,29,734</td><td>2,86,189</td><td>2,78,629</td></tr>
<tr><td>Diabetes</td><td>1,34,82,923</td><td>7,65,794</td><td>1,23,978</td><td>1,21,896</td></tr>
<tr><td>Oral</td><td>1,33,02,330</td><td>60,428</td><td>821</td><td>445</td></tr>
<tr><td>Breast</td><td>63,96,642</td><td>40,971</td><td>199</td><td>27</td></tr>
<tr><td>Cervical</td><td>26,66,010</td><td>1,06,268</td><td>599</td><td>101</td></tr>
</table>
</td></tr>
<tr><td>Gaps in infrastructure (electricity, water supply, boundary wall) observed at the HWCs</td><td>Electricity & water supply connections is in place & boundary wall is in construction phase.</td></tr>
<tr><td>Telemedicine services were utilized primarily for routine illnesses and a potential challenge of overloading of the hubs was felt by the team.</td><td>Telemedicine services are not only used for primary routine illness but also for specialist services at DHHs, SDHs &CHCs along with super specialist consultations at MCHs, Acharya Harihar Post Graduate Institute of Cancer, Cuttack, Sardar Vallabh bhai Patel Graduate Institute of Paediatrics, Cuttack.

The state has revised the modus operandi and has 10 Medical Colleges as HUB and one virtual HUB. The 6 HUBs are regionally divided - catering to the specialist needs of 5-6 districts.

Along with this 6 HUB Medical College Hospital, 5 of the designated HUBs are mapped to all the facilities for specialist consultations (Cancer, Peads. Mental Health & Dental).

PHC/UPHC spokes can connect to Hub at MCHs & Specialized wings as per the requirements of individual patients (SVP PGIP Cuttack, AHPGIC, Manglabag, Cuttack, SCB Dental College & Hospital, Cuttack, MHI SCB Cuttack).

All SC HWC can consult directly with the specialists/Super specialists at the designated HUB Medical College and the four major Specialist wings which are mapped for all the facilities across Odisha - SVP PGIP Cuttack, AHPGIC,</td></tr>
</table>

			Manglabag, Cuttack, SCB Dental College & Hospital, Cuttack, MHI SCB Cuttack. All HWC Spokes (SC/PHC/UPHC) can also connect to the specialised wings of DHHs or be placed at any other facilities within the district i.e. SNCU, DEIC, NRC, Mental Health wing directly.
		There was no awareness about the availability of the palliative care services among the community. Staff were not trained in palliative care	Palliative care services have been rolled out in 5860(90%) operational HWCs. Physiotherapists at SDH, CHC & empanelled Physiotherapists and Rehabilitation workers attend HWC for fixed day sessions at PHC HWC & go for home visits at least 1 day in week
2.	**Critical care**	There is also an urgent need to operationalize facility for Obstetric HDU and Obstetrics ICUs in both DHH and RGH to improve maternal survival.	State has 3 functional High Dependence Units (HDUs) (Keonjhar, Kalahandi and Kandhamal DHHs) and Capital hospital ready to be functionalized, Civil work completed in Dhenkanal and equipment/instruments installed.
		Operationalizing functional FRUs to reduce delivery load and late referrals to higher centres	61 First Referral Units (FRUs) are fully functional where as 79 FRUs are conducting any C-Sections. PHC and SC HWCs staffs trained in conducting normal deliveries to reduce delivery load at higher facilities.
		Establishing Obstetric HDU in both hospitals to improve emergency care	There is no proposal for Obstetric ICU in DHHs category.
3.	**IT Application**	real-time data entry is inadequate due to poor internet connectivity.	Blocks are connected with internet through provisioning of high speed leased line. Provision has been made to choose area specific internet service provider through incentivising.
		RCH Portal usage was found to be limited by the service providers due to lack of connectivity and handwritten registers and records are used more.	The RCH Portal performance has improved and is 100% updated against HMIS. Provision has been made to choose area specific internet service provider through incentivising (Rs.650/month). QR code introduced for easy search and updation of beneficiary by ANMs.
		Nikshay and IHIP were not fully operational at AB-HWC in PHC / SHC levels due to common internet connectivity challenges	Nikshay and Integrated Health Information Platform (IHIP) are fully operational in PHC / SHC levels HWCs. Provision has been made to choose area specific internet service provider.
		e-VIN was not found to be fully functional as indenting of vaccines, logistics and temperature monitoring gaps observed across the facilities.	The functioning like order management, the indenting of vaccine is implemented and regarding temperature monitoring, state is taking all steps to ensure 100% operationalization of data loggers across the state and new SIM cards for data loggers & new Data loggers were issued to facilities as per facility assessment.
4.	**Training**	There is a need for improving the capacity building and orientation of service provider in using the IT applications.	Training and capacity building is provided to service providers during monthly validation meeting and district level training on various IT applications viz. HMIS, RCH, HWC, NCD, Nikshay etc. Data validation & Analysis of various portals are organised at state level exclusively for the data personnel at all levels.
		Annual training should be conducted on data entry and management of various tools for all the staff handling data.	Annual training is conducted on data entry and management of various tools for all the staff handling data. Budget provision available under PIP
		The real time use of IT initiatives can be improved by using the data for purpose of planning and monitoring. Supervisory visits by the higher	Real time use of IT initiatives like HMIS, HWC, Nikshay, IHIP is done for purpose of planning and monitoring. State integrated monitoring Team has been formed consisting of Programme, Finance, data related officials for making Supervisory visits

		authorities can be undertaken in this regard.	
		Annual training should be conducted on data entry and management of various tools for all the staff handling data. Data Entry Operators (DEOs) should be made aware of manuals/ guidelines availability. In addition, data quality at each level can be enhanced by capacity building of DEOs.	Annual training conducted on data entry and management of various tools for all the staff handling data at State and district level. Manuals/ guidelines provided. For enhancing data quality monthly data validation meeting is held at SC, block and district level. State M&E cell is also validating the HMIS and RCH data and sharing feedback to districts.
		IEC/ Intensified Advocacy Communication & Social Mobilisation (ACSM) activities on creating community awareness on the newer activities under the program such as Nikshay Poshan Yojana, usage of funds received under Nikshay Poshan Yojana and the latest diagnostic and treatment facilities available at public health facilities needs to be done.	IEC/ Intensified Advocacy Communication & Social Mobilisation (ACSM) activities on creating community awareness on the newer activities is done. Under Swathya Sampark NGOs are mobilized along with field functionaries to generate awareness on various health initiatives of Govt including entitlements under various schemes. Integrated campaign is done every year to intensify awareness on MDD, TB, leprosy and others diseases, its tracking and treatment. Nikshay Poshan Yojana: Through awareness campaigns, IEC materials, leaflets, messages on Swasth-Kantha etc and direct involvement of front line workers including ASHA workers with the community have spread activities under NTEP including free diagnostics, free treatment as well as regarding Nikshay Poshan Yojna of receiving of Rs 500 per month to the bank account of TB beneficiaries who are diagnosed with TB till completion of treatment. NAAT facility is available in 201 blocks in the State. All samples collected are tested free of cost by microscopy/Nucleic Acid Amplification Test (NAAT) and those diagnosed with TB are provided high quality drugs free of cost by the program. A treatment supporter is attached to all diagnosed TB patients to ensure adherence of treatment by the patient and successful treatment outcome.
5.	**Accountability Framework**	No plan for training of Human resource on LSAS and CEmONC	Training of Human resource on Life Saving Anaesthesia Skill (LSAS) is provided every year. Instead of CEmONC State is providing CS training to Surgery specialist for 27 days so far 15 Surgery specialists were trained. So far169 LSAS trained. In 2022-23 4 LSAS were trained.
		Central PSUs were not empanelled with BSKY scheme	Central PSUs are not empanelled with Biju Swasthya Kalyan Yojana (BSKY) scheme. However, Free healthcare in 554 empanelled private hospitals (451 no. inside+103 outside State.) is provided.
		Community awareness of the BSKY scheme was lacking. Steps taken in this regard.	Lot of awareness campaign is done such as house to house distribution of leaflets by ASHAs, Wall painting, paper adv., hoardings, special drive to distribute BSKY Smart Card to beneficiaries, etc.
		Additional specialist to be made operational in DH - explore DNB	National Board of Examinations (NBE) Diploma course is provided by State in 2 batches to 58 Doctors in various specialization, details of which is enclosed at Annexure-A.
		Training of doctor / paramedics in LSAS and CEmONC	No training paramedics in LSAS and Comprehensive Emergency Obstetric & Newborn Care (CEmONC)
6.	**Health Care Financing**	Delays in fund disbursal in NHM from the State treasury to the State Health Society (SHS) still continue to be a major problem.	Based on the requisition submitted by SHS, Govt. in H&FW Department issues Sanction Orders and Directorate of Health Services, the Controlling Officer of NHM, ensures submission of bills to Treasury. Finally, the Treasury releases fund to the SHS after scrutiny of the bills. All the said three offices have been

			made aware of the prescribed timeline of Govt. of India regarding transfer of NHM fund from Treasury to SHS after which the delay has been reduced.
		States need to expedite the process of implementation of Single Nodal Agency (SNA) with mapping and integration across the districts to make financial resources efficiently available to the bottom levels and smooth implementation of healthcare programmes.	The SNA is fully implemented in Odisha with mapping and integration across the districts and sub-district level facilities upto CHCs.
		The funds should be appropriately released without delays from the State Treasury including both central and state shares to State Health Societies accounts and from there to District Health Societies to ensure effective utilization of funds.	In the context of release from Treasury to SHS, the response is stated above. The SHS receives the Central share and its corresponding State share together. In the context of release by SHS to DHSs, it is to state that the allocation in SNA is provided within seven days of receipt of fund from Treasury. Further allocation to DHSs is also provided within seven days of receipt of claims from them.
		For efficient management of funds, states need to adequately recruit finance and account personnel. Capacity building of finance and accounts staff at state and regional levels are needed on regular basis through training for reporting, managing expenditure, monitoring, and maintaining effective financial records.	The vacancies at State and district level have already been filled. However, the vacancies at sub-district level are filled-up by DHSs as these positions are coming under district administration. Further, it is to state that due to frequent turnover of staff, 1 to 2% of the sub-district level positions remain vacant.
		The State needs to focus on mitigating the communication gap between district, block, and state finance teams. A proper channel must be established to coordinate financial activities at various levels.	There is frequent interaction among the State, district and sub-district accounts personnel through direct phone call, whatsapp, e-mail, Video Conferencing and also during field visits. The queries of accounts personnel are addressed promptly through the above media.
		The financial performance of districts and blocks should be monitored on regular basis. The states should identify and examine the areas and reasons for the underutilization of funds and provide supportive supervision for making corrective actions.	The financial progress of the blocks are analysed every month and reviewed in the monthly meeting at the district level, particularly on the grey areas. Similarly, the expenditure of the districts is reviewed on quarterly basis by SHS either physically or through VC. The financial progress of the districts and blocks is also monitored by the State Integrated Monitoring Teams (SIMT) while visiting districts and blocks for monitoring and supportive supervision
		The State must ensure that there is no duplication of activity from various grants viz. the NHM, 15th Finance Commission and PMABHIM grants and ECRP-1 & 2 grants.	There is no duplication of activity from various grants viz. the NHM, 15th Finance Commission and PMABHIM grants and ECRP-1 & 2 grants.
		States should ensure higher allocation to High Priority Districts as per the GoI norms. *f* The RKS meetings need to be regularized and their records are to be duly maintained, particularly at the block level. Minutes of meeting,	The per capita allocation of fund to High Priority Districts is almost 1.5 time that of non- High Priority Districts in Odisha. Instruction has been issued to all concerned to prepare annual action plan for spending the estimated inflow of fund to the RKS including the grant from NHM.

		signature of competent authorities and decisions arrived must be maintained properly for all RKS meetings. An annual plan for the utilization of RKS funds needs to be developed with provision to meet any urgent or emergency needs.	
		The implementation of programmes and schemes such as JSSK and the Free Drugs & Diagnostics Initiative must be strengthened to reduce high OOPE.	JSSK and Free Drugs & Diagnostics schemes are fully rolled out in the State of Odisha. The patients of Odisha are provided with all health care services in Govt. hospitals at free of cost irrespective of his/her income. High-end services like CT, MRI, Dialysis, pathology etc are also provided to the patients at free of cost. Under NIRAMAY scheme of State Govt., all types of drugs are provided to the patients at free of cost. The JSSK beneficiaries, other than the free services at hospitals, are also provided with transportation facility to the hospitals and drop back also from State scheme fund.
		DBT payments are to be made on a real-time basis to the beneficiaries using DSC. Proper follow-up actions are needed in case of failed payments	After implementation of SNA, the DBT payment to the beneficiaries is ensured through DSC only. DBT payment has already been made on real-time basis to more than 95% of the beneficiaries. Delay occurs in case of around 5% of the beneficiaries due to non-submission of documents, error in the account numbers etc. Steps are taken to ensure 100% payment to the beneficiaries.

Annexure-A

Admission Status of NBE Diploma										
Sl. No.	Subject	1st Batch		2nd Batch						Total
		B.B MCH, Bolangir	MKCG MCH, Berhampur	Capital Hospital, Bhubaneshwar	RGH, Rourkela	B.B MCH, Bolangir	SLN MCH, Koraput	PRM MCH, Baripada	FM MCH, Balasore	
1.	O&G	-	-	4	1	-	-	1	3	9
2.	Paed.	-	-	4	-	-	2	2	3	11
3.	Radiology	2	4	2	-	2	-	2	2	14
4.	Anaes.	3	-	1	-	4	2	1	1	12
5.	Family Medicine	1	-	2	-	2	-	-	-	5
6.	T.B & C.D	-	-	1	-	-	-	-	-	1
7.	Ophth.	1	-	1	-	1	-	1	1	5
8.	ENT	1	-	-	-	-	-	-	-	1
Total		8	4	15	1	9	4	7	10	58