CHAPTER 7

Implementation of Central and State Sector Health Schemes

Implementation of the disease control programmes under NHM, in the State, suffered from inadequate manpower, low spending efficiency, etc., impacting programme outcomes adversely. The State suffered from shortage of human resources, in critical positions, at the district level, affecting successful implementation of the programmes. The activities approved in Programme Implementation Plans for implementation of various disease control programmes, were not carried out fully to achieve the desired goals/ targets set in the National Health Policy/ SDGs.

7.1 National Health Mission

The National Health Mission (NHM) is a flagship programme of the Government of India. The programme aims at attainment of universal access to equitable, affordable and quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action, to address the wider social determinants of health.

The key goals of NHM are enabling and achieving the stated vision, making the system responsive to the needs of citizens, building a broad-based inclusive partnership for realizing national health goals, focusing on the survival and wellbeing of women and children, reducing the existing disease burden and ensuring financial protection for households.

While the healthcare infrastructure and management of health services, including maternal and child healthcare, in the State, has been discussed in the previous chapters, implementation of some disease control programmes under NHM, is discussed in this Chapter.

7.1.1 National Mental Health Programme

The National Mental Health Programme (NMHP) aims to provide minimum mental healthcare for all and to reduce the stigma and discrimination attached towards mentally ill persons. The NHM Framework, 2012-17, envisaged that the district hospitals should, *inter alia*, provide outpatient services, inpatient services, child mental health services, specialist and counseling services, *etc*. Promotion of mental health is also one of the targets under SDG -3.

Audit observed deficiencies in the implementation of the mental health programme, in the State, as discussed below:

7.1.1.1 Mental Health Rules, not framed

As per Section 121 (2) of the Mental Healthcare Act, 2019, the State Government, by notification, may make rules for carrying out the provisions of the Act with the approval of the Central Government.

Audit noticed that the State had framed the draft 'Odisha Mental Health Rules, 2019' and sent (August 2019) the same to the GoI, for approval. The draft Rules had not been approved by the GoI till date (November 2022). Due to want of approval from the GoI, the State Rules for mental health services have not come out so far.

The State, had, however, prepared the Operational Guidelines for NMHP 2019-20, with the objectives of promoting mental wellbeing; preventing mental disorders; and reducing mortality, morbidity and disability of persons with mental disorders, *etc*.

7.1.1.2 Availability of human resources under NMHP, in the State

Guidelines for the NMHP and the NHM Framework, 2012-17, envisage the provision of required manpower, such as Psychiatrists, Clinical Psychologists, Psychiatric Nurses, Counselors, *etc*. Audit observed that availability of human resources in the State, for implementation of the programme, was quite inadequate, as shown in **Table 7.1**. The full strength of required staff, was not available in any of the categories, except for the 'Programme Officer' category.

Table 7.1: Manpower position under NMHP

Name of the Post	Requirement	Available
Psychiatrist	30	14
Programme Officer	3	3
Clinical Psychologist	30	18
Psychiatric social worker	30	20
Psychiatric Nurse	30	4
Community Nurse	30	25
Record keeper	30	20

(Source: Data provided by the Director of Public Health, Odisha)

Most of the posts under NMHP were also found vacant in the test-checked districts. There was acute shortage of Psychiatrists and Psychiatric Nurses in the DHHs, as detailed in **Table 7.2**.

Table 7.2: Availability of manpower under NMHP in the test-checked DHHs, as of March 2022

DHH	Psychiatrist	Clinical Psychologist	Psychiatric Social Worker	Psychiatric Nurse	Community Nurse	Record Keeper
Bhadrak	No	Yes	Yes	No	Yes	No
Dhenkanal	No	Yes	No	No	Yes	No
Kandhamal	Yes	Yes	Yes	No	Yes	Yes
Nabarangpur	No	No	Yes	Yes	Yes	No
Nuapada	No	Yes	Yes	No	No	No
Puri	Yes	Yes	Yes	No	Yes	No
Sundargarh	No	No	Yes	No	Yes	No

(Source: Data obtained from the test-checked DHHs)

Due to scarcity of skilled mental health professionals, the quality of mental healthcare provided in the State, was compromised.

The Director of Public Health, Odisha, attributed (March 2022) the shortage of manpower to delay in recruitment at the district level. The fact, however, remained that the posts had been lying vacant for years together, and even the Psychiatrists had not been posted in many districts, though they were to be recruited at State level by the H&FW Department/ NHM, Odisha.

7.1.1.3 Patient care services for persons with mental illness

Audit noticed that:

- Psychiatric OPD services were available in all the test-checked DHHs. The services were, however, provided partially on the basis of fixed day approach, by deputing psychiatric specialists from other hospitals for four days in a month.
- IPD services for persons with mental illness were not available in four (Bhadrak, Dhenkanal, Kandhamal and Nabarangpur) of the seven test-checked DHHs, though 5,181 patients were under treatment during 2021-22. IPD services were, however, available in three DHHs (Nuapada, Puri and Sundargarh).
- Dedicated psychiatric wards were not available in any of the seven test-checked DHHs, as of March 2022, although NMHP had envisaged the establishment of a 10-bedded ward in each district hospital. Subsequently, one 10-bedded psychiatric ward was established in DHH, Sundargarh, only in June 2022. In the absence of separate wards, psychiatric patients were treated in general wards, which was neither appropriate, nor envisaged under the NMHP.

7.1.1.4 Low spending efficiency

Audit noticed that NHM had received ₹6.17 crore during 2016-22, against the demand of ₹26.82 crore made by the State Government, for implementation of the NMHP in the State. The total funds available with the NHM during 2016-22, were ₹17.96 crore, including unspent balance of ₹9.84 crore, pertaining to previous years and an interest amount of ₹1.95 crore. Out of this available amount, ₹11.02 crore (61 *per cent*) was spent, leaving a closing balance of ₹6.94 crore, as of March 2022.

The year-wise details of funds received during the period from FYs 2016-17 to 2021-22, are shown in **Table 7.3.**

Table 7.3: Receipt and Expenditure under NMHP, during FYs 2016-17 to 2021-22

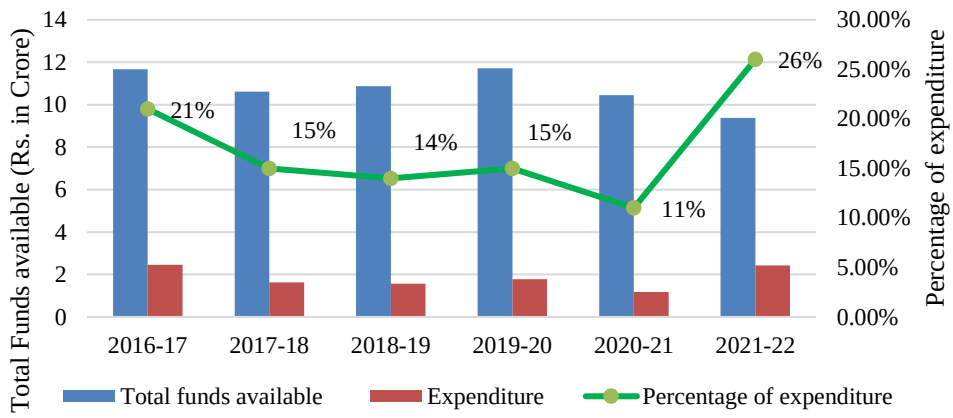
(₹ in crore)

Financial Year	Opening Balance	Funds received	Interest	Total funds available	Expenditure	Closing Balance
2016-17	9.84	1.50	0.33	11.67	2.45	9.22
2017-18	9.22	1.14	0.26	10.62	1.63	8.99
2018-19	8.99	1.50	0.38	10.87	1.56	9.31
2019-20	9.31	2.03	0.37	11.71	1.78	9.93
2020-21	9.93	0	0.52	10.45	1.17	9.28
2021-22	9.28	0	0.09	9.37	2.43	6.94
TOTAL		**6.17**	**1.95**	**17.96**	**11.02**	

(Source: Data furnished by the NHM, Odisha)

The year-wise expenditure during this period, ranged between 11 and 26 *per cent* of the available funds as shown in **Chart 7.1**.

Chart 7.1: Percentage expenditure of available funds under NMHP during 2016-22



(Source: Date furnished by NHM, Odisha)

This indicated poor spending efficiency on part of the State. The low expenditure was due to non-deployment of required staff by the districts and non-execution of the activities approved in the PIP.

DPH, Odisha, attributed the low expenditure to non-completion of approved activities, such as training of ASHAs, Paramedics, *etc*., due to want of skilled mental health professionals in the district.

Thus, implementation of NMHP in the State was deficient in terms of manpower, infrastructure and utilisation of funds for approved activities, impacting programme outcomes. The number of PwMIs under treatment had increased from 15,608 in 2016-17 to 48,640 in 2021-22, with no change in the cure rate of patients, which remained at seven to nine *per cent*, during the period from FYs 2016-17 to 2021-22.

The H&FW Department stated (February 2023) that low spending was due to lack of skilled mental health professionals. It further added that orders had been issued to deploy psychiatric specialist and clinical psychologists from nearby MCHs, to provide mental health service at district level, till finalisation of the recruitment process.

Recommendation 7.1:

State Government may review the manpower position relating to mental health professionals and fill up the vacancies there against, with a view to ensuring quality mental healthcare services to patients, under the programme.

7.1.2 National Programme for the Health Care of the Elderly

The National Programme for Health Care of the Elderly (NPHCE) was launched to provide separate and specialised comprehensive healthcare to senior citizens. A 10-bedded Geriatric ward was to be set up in each DHH for this purpose. Dedicated and specialised Geriatric Clinics were to be formed at the DHH/ CHC/ PHC levels, with availability of equipment, drugs, laboratory services, *etc*.

Scrutiny of records showed that implementation of NPHCE in the State was poor, due to lack of manpower, infrastructure, etc., for providing committed geriatric services, as discussed below:

- Against the requirement of 60 consultants (Medicine) in the State, only 33 (55 *per cent*) were in position. Similarly, 48 *per cent* of the Nurses required under the programme, were not available. DPH, Odisha, stated (June 2022) that the shortage of manpower was being managed by the hospital staff, in an integrated manner. The fact, however, remained that no dedicated staff, as envisaged in the guidelines, was deployed to provide appropriate healthcare services to elderly people, even though there were no specific fund constraints under the programme.
- Dedicated Geriatric clinics, for OPD services, were not available in the test-checked hospitals.
- As per data provided by DPH, Odisha, dedicated geriatric wards were available in all the 32 DHHs of the State. Audit, however, found that dedicated geriatric wards were not available in five
- [140] out of the seven test-checked DHHs. Instances of utilisation of geriatric wards, for other purposes, were also noticed. The following were noted in this regard:
    - The Geriatric ward, constructed at DHH, Bhadrak, at a cost of ₹34.97 lakh, was being used as the Nutritional Rehabilitation Centre, since November 2019.
    - The Geriatric wards, constructed at DHH, Nabarangpur and Kandhamal, had been converted to ICUs, for these hospitals.
    - An amount of ₹40.54 lakh, allotted to DHH, Puri, for construction of Geriatric ward, had been refunded to NHM, Odisha, without establishing the ward.
- NHM, Odisha, had received ₹13.33 crore, during 2016-22, for implementation of the NPHCE programme, and had spent ₹10.02 crore (53 *per cent*), leaving ₹8.77 crore as closing balance, as on 31 March 2022. The year-wise receipt and expenditure under the programme during FYs 2016-17 to 2021-22 is given in **Table 7.4**.

Table 7.4: Receipt and Expenditure under NPHCE, during FYs 2016-17 to 2021-22

(₹ in crore)

Financial Year	Opening Balance	Funds received	Interest	Total funds available	Expenditure	Closing Balance	Percentage of expenditure
2016-17	4.02	2.07	0.20	6.29	0.70	5.59	11
2017-18	5.59	4.62	0.23	10.44	0.96	9.48	9
2018-19	9.48	2.09	0.38	11.95	2.20	9.75	18
2019-20	9.75	4.55	0.30	14.60	2.03	12.57	14
2020-21	12.57	0.00	0.29	12.86	1.89	10.97	15
2021-22	10.97	0.00	0.04	11.01	2.24	8.77	20
TOTAL		**13.33**	**1.44**	**18.79**	**10.02**		**53**

[140] Bhadrak; Nabarangpur; Puri; Dhenkanal; Kandhamal

(Source: Data provided by the NHM, Odisha)

It would be seen from above that the percentage expenditure under the programmes was between 9 and 20 *per cent*, as compared to the available funds, Thus, funds provided under the programme were not optimally utilised, indicating non-completion/ non-execution of the approved activities, by the implementing agencies.

- Equipment like examination tables, foot-steps, wheel chairs, adjustable walkers, partisan screens, patient stretchers on trollies and non-invasive ventilators (cost: ₹1.42 lakh), purchased during March 2022, by DHH, Bhadrak, were lying idle in the sub-store of the hospital, due to non-functioning of the Geriatric ward.

Thus, implementation of the NPHCE programme, for providing dedicated comprehensive healthcare to the elderly people of the State, was not adequate and efficient, despite availability of funds, indicating poor monitoring and supervision of the programme by the State and district authorities.

The H&FW Department stated (February 2023) that instructions would be issued for smooth implementation of the programme.

7.1.3 National Tuberculosis Elimination Programme

The major objective of the National Tuberculosis Elimination Programme (NTEP) is to attain the vision of a TB-free India, in line with the Global End TB targets and Sustainable Development Goals. The National Health Policy, 2017, aims to achieve and maintain a cure rate of more than 85 *per cent,* in new sputum positive patients for TB and to reduce the incidence of new cases, to reach elimination status by 2025.

On scrutiny of records, Audit noticed shortage in the availability of human resources for implementation of the programme in the State, as compared to the sanctioned strength. The shortage of manpower in various cadres, as of February 2022, is shown in **Table 7.5**.

- The maximum shortage was in the cadre of TB specialists (26 *per cent*), followed by TB Lab Supervisors (23 *per cent*). The posts of TB specialists had been lying vacant for more than three years, in the Koraput and Malkangiri districts.

- District TB Officers were not available in five [141] districts, for two to three years. Vacancy in key posts, for years together, hampers effective implementation of the programme.

Table 7.5: Manpower position under NTEP

Name of the post	Sanctioned strength	Availability	Percentage shortage
District TB Officer	31	26	16
TB specialist	27	20	26
TB Lab Supervisor	109	84	23
Treatment Supervisor	322	301	7
TB Health Visitor	64	60	6

(Source: Data obtained from the DPH, Odisha)

[141] Angul; Dhenkanal; Koraput; Malkangiri; Sundargarh

(ii) Receipt and Expenditure: During 2016-22, an amount of ₹235.35 crore was expended, out of the total available funds of ₹247.91 crore. The year-wise expenditure remained between 39 and 83 *per cent* of the total available funds during the year, indicating that approved programmes/ activities in the Programme Implementation Plans had not been optimally implemented/ executed, resulting in savings of the allocated funds. Low expenditure for the programme implies low intensity of NTEP activity implementation in the district.

(iii) Notification by Clinical Establishments: The National Strategic Plan (2017-25) emphasized effective engagement of the private sector, for achieving universal access to TB Care. As per GoI notification (March 2018), it is mandatory for the Clinical Establishments, Pharmacies, Chemists and Druggists, dispensing anti-tubercular medicine, to notify every tuberculosis patient to the local public health authority[142].

Audit noticed that only 9.4 *per cent* of the total 5,518 medical practitioners/ Clinics/ Hospitals/ Nursing Homes and 30.5 *per cent* of 583 laboratories in the State, had notified TB cases in 2021. Non-notification by the private sector, would result in under-reporting of TB cases in the State, thereby affecting proper planning, for achieving the goal of making India TB free, by the timelines set in the NHP/ SDGs.

(iv) Programme outcome: Supervision, monitoring and evaluation are crucial for successful implementation of the programme, to achieve progressive targets, set for making India, TB free. The status of the targets, and achievements in the State, are discussed below:

- The National Health Policy, 2017, aims to achieve and maintain a cure rate of more than 85 *per cent*, in new sputum positive patients for TB, and reduce the incidence of new cases, to reach elimination status by 2025. The cure rate in the State, during the period 2016-20, however, remained between 72 and 77 *per cent* of the new positive cases.
- Achievement in TB notification[143], during 2017-21, remained between 64 (2019) and 83 (2017) *per cent* of the targets fixed, with 80.7 *per cent* achievement in 2021. In the seven test-checked districts, Bhadrak was a poor performer, with 49 *per cent* of targeted notifications (1,660), while Kandhamal had 107 *per cent* achievement of the target (1,170).

  The treatment success rate, during 2017-2020, however, remained around 88.8 *per cent* of all diagnosed TB patients.
- All children below six years, diagnosed with TB, should be given chemoprophylaxis[144]. It was, however, noticed that only 48.7 *per cent* of the diagnosed children, had been given chemoprophylaxis in 2021.
- All TB patients, notified on or after 1 April 2018, including all existing TB patients registered/ notified on the *NIKSHAY*[145] portal, who are under

[142] Chief District Medical Officer/ Health Officer of the urban local bodies
[143] Process of reporting diagnosed TB cases to the health authorities. It is measured as the number of TB cases notified per 1,00,000 population
[144] Preventive treatment for children coming in contact with pulmonary TB patients
[145] Web based TB patient management portal of GoI

treatment, are eligible to receive incentives. It was found that, out of 2,01,223 TB patients, eligible for financial incentive during 2018-2021, 1,80,633 (90 *per cent*) patients had availed the financial benefit. Thus, 20,590 patients were left out of the scheme.

DPH, Odisha, assured (June 2022) that payments to the left-out beneficiaries would be made in the coming years.

Thus, implementation of the programme was deficient, with shortages of manpower and low expenditure, as well as inadequate monitoring and surveillance.

The H&FW Department stated (February 2023) that the concerned districts would be instructed to take early action for deployment of TB laboratory supervisors and the ADPHOs in the districts would be instructed to implement the programme smoothly. It further added that all the districts were reminded to execute all the approved programmes/ activities as per the PIP.

Recommendation 7.2:

State Government may take appropriate action to address the shortfall in manpower, spend the allocated funds optimally, improve monitoring and surveillance to make the State TB free, as per NHP and SDG.

7.1.4 National Leprosy Eradication Programme

As per the NHM framework for 2012-17, the Leprosy Prevalence Rate was to be reduced to less than one, per 10,000 populations, and the incidence to zero, in all districts, by 2017. The said framework envisages complete elimination of the disease, as envisaged in SDG 2030, as also that, as an interim target, the Grade II disability (visible disability/ deformity) rate should be less than 2.

It was noticed that the State had not achieved these targets/ goals and the prevalence rate[146] had remained above one, over the years covered in this report.

Audit observed the following deficiencies in the implementation of the programme:

- There was acute shortage of manpower, in the State, for implementation of the programme. The availability of manpower, in the State, against the sanctioned strength, is given in **Table 7.6**.

Table 7.6: Manpower position under NLEP

Name of the post	Sanctioned strength	Available	Vacancy
District Leprosy Officer	31	14	17
Non-medical Supervisor	86	2	84
Para medical worker	405	54	351
District Leprosy Consultant	22	17	5

(Source: Data provided by the DPH, Odisha)
(Red colour denotes maximum vacancies; Green colour denotes less vacancies)

  - District Leprosy Officers (DLO), who are the key persons for monitoring various activities under the programme, were not

[146] Number of balance cases under treatment per 10,000 population

available in 16 districts, including six[147] high endemic districts with prevalence rates of more than one.

- In Boudh district, only one District Leprosy Consultant had been posted and no other staff were available, even though the district had the second highest prevalence rate (3.3) in the State.

Absence of required manpower, at the field level, impacted various activities, like screening and surveillance, case detection campaigns, treatment and rehabilitation activities, follow-up of patients for completion of treatment, etc.

DPH, Odisha, stated (March 2022) that proposal for filling up the vacant posts of DLO and DLC, had been sent (September 2021/ February 2022) to the Government and NHM, Odisha, respectively. It was further added that the posts of Non-Medical Supervisor and Paramedical worker, had been abolished, as the programme had been integrated with the general healthcare system.

- The Grade II disability (visible disability/ deformity) rate remained at 1.98 in 2019-20. It rose to 2.90 in 2020-21 and 2.99 in 2021-22. The increase in Grade II cases indicated low / poor screening of cases, during these years.
- Out of the available funds of ₹68.90 crore, ₹59.22 crore was utilised during 2016-22, with an unspent balance of ₹9.68 crore. The year-wise expenditure was between 39 and 62 *per cent* of the available funds, during 2017-22 and 93 *per cent* during 2016-17. Low spending of available funds indicated that programmes/ activities, approved in the PIP, had not been executed/ implemented optimally, resulting in savings of the allocated budget.

Thus, the activities/ programmes undertaken were not adequate for eradicating leprosy from the State.

The H&FW Department stated (February 2023) that necessary steps were being taken to achieve the targets of prevalence rate and decrease in Grade II disability cases.

Recommendation 7.3:

State Government may take effective steps for filling up the vacancies and implementing the activities under NLEP more efficiently, with focus on high-endemic districts to eliminate the disease from the State.

7.1.5 Implementation of the National Vector Borne Disease Control Programme

The National Vector Borne Disease Control Programme (NVBDCP) is the umbrella programme for prevention and control of vector borne diseases, *viz.* Malaria, Filariasis, Kala-azar, Japanese Encephalitis, Dengue and Chikungunya. The Directorate of NVBDCP had also developed National Strategic Plan (2017-22) with the strategy for phased elimination of malaria in

[147] Bargarh; Boudh; Dhenkanal; Kalahandi; Subarnapur; Sundargarh

the country. The total number of cases for vector borne diseases, in the State, during 2017-21, is given in **Table 7.7**.

Audit observed that the Annual Parasite Incidence (API) of malaria had reduced, from 7.76 in 2017, to 0.56 in 2021. During 2021, though the API was less than 1 at the State level, it had remained more than 1 in six[148] districts. Of these six districts, Boudh and Koraput were in the pre-elimination stage (API between 1 and 2), and four other districts were still in the intensified control category, with API more than 2. The goal set in the National Strategy Plan, to bring all districts under the elimination and pre-elimination stage (API less than one) by 2022, are yet to be achieved. Similarly, Dengue cases in the State had also increased, from 4,158 in 2017 to 7,548 in 2021.

Table 7.7: Number of cases during 2017-2021

Name of the disease	No. of cases	No. of deaths
Malaria	5,20,991	58
Filaria	4,25,072	NA
Japanese Encephalitis	450	2
Dengue	21,158	15
Chikungunya	53	0

(Source: Data provided by DPH, Odisha)

Audit also noticed shortage of manpower under the programme, as compared to the sanctioned strength. There were 32 *per cent* vacancies in the cadre of Multi-purpose health worker, 26 *per cent* vacancies in the cadre of Multi-purpose health supervisor and 42 *per cent* vacancies in the cadre of Filaria Inspector. Shortage of manpower, at the field level, was likely to have an adverse impact on the implementation of the programme.

DPH, Odisha, stated (July 2022) that the recruitment procedure was going on, adding that various strategies, like surveillance, early diagnosis, inter-sectoral collaboration, etc., had been adopted, to achieve the targets under the National Strategic Plan.

The H&FW Department stated (February 2023) that all the required interventions were being undertaken to increase surveillance and to decrease the morbidity and mortality cases.

Recommendation 7.4:

State Government may intensify the programme related activities in high burden districts, with continuous monitoring and critical evaluation, for eliminating malaria from the State.

7.1.6 National Programme for prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS), aims to prevent and control common non-communicable diseases (NCDs) through behavior and life style changes, provide early diagnosis and management of common NCDs and build capacity, at various levels of healthcare, for prevention, diagnosis and treatment of common NCDs, *etc*.

[148] Boudh: 1.44; Kalahandi: 2.90; Kandhamal: 4.99; Koraput: 1.62; Malkangiri: 7.65; Rayagada: 2.50

Audit observed that NCD services for comprehensive examination of patients, referred by the lower health facilities or reporting directly, in the test-checked districts, lacked basic facilities as below:

- DHH, Bhadrak, had no NCD cell and also no dedicated staff for NPCDCS activities.
- DHH, Nuapada, was running its NCD clinic, without any dedicated staff.
- No cardiac care unit, for early diagnosis of cardiovascular diseases, had been provided in the NCD clinics of the test-checked DHHs of Bhadrak, Dhenkanal and Sundargarh.
- District Programme Officers were not available in six districts (Bhadrak, Kandhamal, Nabarangpur, Nuapada, Sundargarh and Puri), for supervision/ monitoring of the programme, whereas five districts had no District Programme Assistants, for implementation of the programme.

Thus, implementation of the NPCDCS programme for prevention and control of communicable diseases, was deficient.

The H&FW Department stated (February 2023) that the concerned authorities would be instructed for taking necessary steps for smooth implementation of NPCDCS programme.

7.1.7 Rashtriya Bal Swasthya Karyakram

The Rashtriya Bal Swasthya Karyakram (RBSK), under NHM, aims to deliver child health screening and early intervention, for detection, free treatment and management of 4-Ds[149] prevalent in children, through dedicated mobile health teams (MHTs). At least three MHTs were to be formed in each block, for screening of children. Screening was to be done, at least twice a year, in AWCs, for the children of the age 0-6 years and once a year for school children.

Audit noticed that there were shortfalls in the screening of children by the MHTs, for early detection and management of the conditions. Against the target of 122.08 lakh children, for the period FYs 2016-17 to 2021-22, 81.32 lakh had been screened and 40.76 lakh (33 *per cent*) children had been left out of the reach of the programme. The shortfall in screening was attributed to the absence of children in schools/ Anganwadi Centres, insufficient staff and the Covid-19 pandemic. It was noted that delay in screening/ non-screening of children was likely to result in the deterioration of these conditions into more severe and debilitating disease, thereby increasing the possibility of hospitalisation.

Table 7.8: Target and achievement for screening

Year	Target	Achievement	Shortfall
2016-17	22,36,235	18,62,088	3,74,147
2017-18	21,67,536	18,93,961	2,73,575
2018-19	19,64,207	17,25,253	2,38,954
2019-20	20,11,350	18,35,232	1,76,118
2020-21	19,03,036	2,09,031	16,94,005
2021-22	19,26,101	6,06,352	13,19,749
Total	**122,08,465**	**81,31,917**	**40,76,548**

(Source: Records of DPH, Odisha)

[149] Defects at birth; Diseases in children; Deficiency conditions and developmental delays, including disabilities

Audit further observed that there was shortage of MHTs, coupled with inadequate manpower, for successful implementation of the programme. In seven test-checked districts, only 142 MHTs were operational, against the requirement of 213 teams. Thus, there was shortage of 71 MHTs, which hindered screening and management of the conditions of the entire targeted child population. This was aggravated by inadequate manpower. Availability of manpower, as shown in **Table 7.9,** was not in consonance with the requirements, prescribed in the scheme guidelines. For instance, two MHTs in CHC, Basudevpur, were running without any ANM/ Staff nurse, while two MHTs, under CHC, Chandahandi, in Nabarangpur district, had no female MOs.

Table 7.9 : Availability of manpower for MHTs

Name of the Post	Requirement	Available
MO (Ayush) Male	142	123
MO (Ayush) Female	142	107
ANM/Staff Nurse	142	117
Pharmacist	142	104

(***Source: Records of the DPH, Odisha)***

Thus, shortage of MHTs, coupled with inadequate manpower, impacted the implementation of the programme adversely, as the targeted children were not screened fully, for early detection and management of conditions, which were likely to contribute to child mortality in the State.

District Early Intervention Centres

The RBSK envisages setting up of District Early Intervention Centres (DEIC) at the district level, to provide referral support to children detected with health conditions during screening, and serves as the hub of all activities and also provides referral linkages.

Scrutiny of records and Joint Physical inspection, showed the following deficiencies in the DEICs of the test-checked districts:

- The DEIC at DHH, Bhadrak, was running without any Pediatrician, Medical Officer and Dental Technician. Due to want of space, the dentist posted in the DEIC was working at the dental OPD of the DHH.
- Out of 14[150] core services to be provided in the DEIC, two to seven services were not available in the test-checked DHHs.
- Out of 13 essential medical equipment, two to ten equipment, such as pediatric stethoscope, direct ophthalmoscope, pediatric auroscope, etc. were not available in the DEICs of the test-checked DHHs. Also, laboratory equipment such as automated blood cell counter, microscope, semi-automated analyser, *etc*., were not found available in the DEICs.

Thus, the DEICs in the test-checked DHHs, were not adequately equipped to provide committed services to children diagnosed with various illnesses, under RBSK. Consequently, the referral of children in these DEICs, to higher health facilities, rose from 1.39 *per cent* in 2016-17 to 4.39 *per cent* in FY 2021-22.

[150] Medicine; Dental; Occupational therapy; Physical therapy; Psychological services; Audiology; Speech language therapy; vision services; health services; lab services; Retinopathy of prematurity; Nutrition; social works; Referral services

The H&FW Department stated (February 2023) that birth defects not manageable at district level, were referred to higher facilities for appropriate treatment and steps had been taken for empanelment of different Government and private hospitals, for early treatment of birth defect conditions.

Recommendation 7.5:

State Government may strengthen the monitoring mechanism for achieving the targets for screening of various diseases, so that effective and timely treatment can be provided.

7.1.8 Nutrition Rehabilitation Centre

The Nutrition Rehabilitation Centre (NRC) is the unit in a health facility where severely acute malnourished children are admitted and managed for better medical and nutritional therapeutic care.

On scrutiny of records and Joint Physical Inspection of NRCs, Audit observed deficient manpower, along with inadequate infrastructure and equipment, *etc.*, as discussed below:

- **Manpower:** Against the requirement of four Staff nurses, three NRCs at DHH, Bhadrak, Dhenkanal and Puri, were running with a shortage of one staff nurse/ ANM, each.
- **Infrastructure:** The NRC building (1st Floor of Geriatric Ward) at DHH, Bhadrak, administratively approved (February 2020) and constructed at a cost of ₹ 32.70 lakh, was lying idle. The NRC was running in the ground floor of the two-storied building, which was meant for the Geriatric ward. There was no dedicated space for a nursing station, which was accommodated in the office area. The NRC at DHH, Dhenkanal, had no provision for a counselling area, play area and toilet/ bathroom attached with the ward.
- **Equipment:** One suction machine meant for aspirating fluids, secretions of other foreign material, from a patient's airway, by means of suction, was lying idle at NRC, Bhadrak, due to non-posting of dedicated Medical Officer. In case of requirement, children were being referred to the paediatric ward of the DHH.

  The television and washing machine, received in the NRC in March-April 2022, were lying idle, without installation (as of May 2022).

Thus, the NRCs in the State, were not sufficiently equipped to provide the intended services of better medical and nutritional therapeutic care.

The H&FW Department stated (February 2023) that instructions would be issued to the concerned authorities for taking appropriate steps to provide equipment/ instrument and manpower for smooth functioning of NRCs.

7.2 Implementation of Ayushman Bharat

Ayushman Bharat, a flagship scheme of Government of India, was launched in 2018, to achieve the vision of universal health coverage. The scheme has two components, *viz*. (i) Ayushman Bharat - Health & Wellness Centres (AB-HWCs) and (ii) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). While AB-HWC programme was implemented by the Government of

Odisha, AB PM-JAY programme had not been implemented in the State (March 2022).

7.2.1 Establishment of Health & Wellness Centres

Under Ayushman Bharat scheme, Health and Wellness Centres (HWCs) were to be established by transforming the existing Sub-Centres and Primary Health Centres, for ensuring universal access to comprehensive primary healthcare services[151]. Government of Odisha had allocated ₹337.51 crore during FYs 2018-19 to 2021-22, including Central share of ₹277.69 crore, for establishment of HWCs. Out of this, an amount of ₹331.51 crore had been utilised, as of March 2022, for establishment of HWCs.

Against the target of establishing 5,028 HWCs by March 2022, the State had created 4,483 HWCs by converting the existing SCs and PHCs as detailed in ***Appendix 7.1***. Audit, however, observed that the existing PHCs, though converted to HWCs, comprehensive primary healthcare services, as envisaged under the programme, were not available, as the test-checked PHCs were deficient in manpower, equipment/ instrument, physical infrastructure, *etc*. as discussed in ***Paragraph 2.1.3*** and ***Appendix 2.5***.

7.3 Implementation of Biju Swasthya Kalyan Yojana

Biju Swasthya Kalyan Yojana (BSKY) is the flagship scheme, implemented (2018) by the Government of Odisha, to provide universal health coverage, with special focus on the health protection of vulnerable families and women. The scheme has the following two components:

(i) **Cashless healthcare in State Government hospitals**: The State Government bears the full cost of all health services, delivered to all patients in the Government healthcare facilities, starting from Sub-centre level to Government MCHs. All treatment is cashless and no document is required.

Audit examined the adequacy of infrastructure and healthcare services delivered to patients in public health facilities, observations of deficiencies noticed on these aspects have been discussed in the preceding Chapters.

(ii) **Cashless healthcare in empaneled private hospitals**: The State Government bears the cost of healthcare services provided in empaneled private hospitals, for identified economically vulnerable families in the State, for an annual health coverage of ₹ five lakh per family (₹10 lakh for the women members). Under the scheme, 2,24,030 beneficiaries had been benefitted during FYs 2018-19 to 2021-22, for which the State had incurred ₹387.89 crore towards treatment of patients, in private empaneled hospitals.

[151] Maternal and child health care services, care for non -communicable diseases, palliative and rehabilitative care, *etc*.