

Prioritizing Health in Legislative Space

(April – September 2016)

Prepared by: CYSD

Submitted to: National Foundation for India (NFI), New Delhi

1. Inception phase:

During the conceptual phase CYSD facilitated identifying project partners both knowledge partner and media partner for the state. Specific meetings were organised with the selected partners for the deliverables expected and the role to make the initiative success.

2. Engagements with the Legislature:

Health standing committee: CYSD has undertaken five rounds of discussion with the standing committee chairman Mr. Surya Narayan Patro. Discussion was all about the briefing of the action under the initiative, regarding holding meeting with the standing committee members and the issues and challenges in health sector in the state.

During Budget Session of 2016-17, when the Standing Committee meeting was being undertaken, CYSD had prepared a two page note covering the issues non availability of health personal, medicine, equipment, bed and proper utilisation of NHM budget and shared with a brief bilateral discussion. The issues were placed in the recommendation report of standing committee on health. Engagement with the Health standing commitment is a continuous work of the centre.

Other Key Legislators:

- *Narasingh Mishra (Leader of Opposition):* Since inception, CYSD has been undertaking bilateral discussion with the opposition leader. The discussion covered the pertinent health issues of the state followed by submitting questions on the essential drugs and medicines, beds, Medical devices, budget utilisation under NHM for the monsoon session. Discussion is being undertaken for a small group meeting with the selective legislators on issues of health.
- Selected MLAs interested on health issues have been identified, based on it a data base of 15 MLAs are prepared and bilateral discussions are hold with these MLAs along with the selected constituencies' member. The discussion was all about the pertinent health issues of the state; conduct an induction programme for MLAs inside the assembly, health issues in general and district specific in particular.
- Legislator of the selected constituencies: During the roll out of perception study in Bolangir and Kalahandi districts, CYSD along with the district partner organisations visited the constituencies had bilateral discussions with MLAs Bhujabala Majhi (INC), Dibya Shankar Mishra (BJD spoke person), Kanak Vardhan Singh Deo ((BJP) and Narasingh Mishra, share the study framework for their feedback . Discussion was also about the project and overall issue for health service delivery.

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3. Perception study:

District Partner selection: Partners were selected on the basis of their work on health issues and strong networking in the districts. After discussion with this partner constituencies and study area was selected.

Concept note and study framework was developed with consultation with the knowledge partner, media partner, district partner and NFI. Study scheduled was designed and was piloted in deagoan block of Bolangir district. People who had received orientation on real time data collection were selected and oriented on the study tool.

CYSD also interacted with the organisation working on health at ground level like World Vision, Ekjut for understanding outreach issues. The learning were further used in developing the questioner for the perception study.

Health in Odisha Development Conclave-2016:

CYSD was the anchor organisation to hold Odisha Vikash Conclave from 19th to 21st September 2016 at Bhubaneswar. Health was one the theme in Odisha Development Conclave-2016 which focused on the following key questions for discussion and deliberations and to come out with key policy asks.

- Is health is adequately provided with resource support in state?
- What are the key issues in terms of Governance and human resources for health?
- How much state is able to expand public health and community outreach?
- What are the good practices and opportunity which can be scaled up?

This was shared before the Health Minister Shri Atanu Sabyacachi Nayak, Smt. Arti Ahuja, IAS, Principal Secretary, Health and Family Welfare Department, Govt. of Odisha, Dr. Lipika Nanda from PHFI, the State Finance Manager, NHM, Dr. P K B Pattnaik, Joint Director of Health Services, GoO, Dr. T Sundararaman from TISS Mumbai, Dr Tapas Padhi of LV Prasad and leading NGOs working on health were present in the workshop.

Organising Orientation programme on Real time data collection:

CYSD facilitate in selection of volunteers real time data collection and organised a two days orientation programme on real time data collection at Bolangir district. Volunteers were identified from both the district Kalahandi and Bolangir and were oriented.

Partners' Meetings:

On 18 July a partner meeting was organised in order to develop a shared understanding on prospect of the PHLS project, identify and strategize role of various partners involved in this project and creating synergy between partners and derive a collective work for successful implementation of the project. Reframing of the strategic direction of the initiatives were briefly

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discussed. The major decision taken in the meeting was programme team for content finalisation and Project Steering group were constituted. The idea of a big event Odisha Development Conclave has discussed. A full version of "Odisha health issue" would be a part of this conclave.

Meeting on programme content finalisation was held on 21st July. Certain specific issue in the content that should be obtained were decided in the meeting. Based on the content the knowledge partner will prepare district health index, the media partner will prepare an archived on the health data and CYSY will conduct a perception study.

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1. Engagements with the Legislature:

- *Health Standing Committee:* The team had a meeting with the newly appointed H&FW standing committee chairperson Dr. Pradeep Panigrahy. The discussion focussed on the pertinent health issues of the state and the team appraised him on the initiative. A set of documents like the perception study report, Factsheet, policy brief on health and Budget response on health 2017-18 were shared. The Chairperson of the standing committee wanted CYSD to work on 'Odisha State Treatment Fund' (OSTF); NIRAMAYA – a free medicine scheme; specific plan for health care facilities in the inaccessible pockets or a model "Citizen Free Health Care Facility for All" reviewing different models available and provide doable suggestion to the state . Based on his suggestion CYSD have done a policy review of 'Odisha State Treatment Fund' (OSTF). This will be further shared before the standing committee members.
- *Engagement with MLAs during the winter and budget session Assembly Session:* Selected MLAs interested on health issues have been identified, based on the data base of 80 MLAs, we have been able to reach 11 MLAs. On their demand CYSD submitted health document (Budget Response 2017-18) but had effective bilateral discussions were hold with 5 MLAs. The discussion are below described:

| Date | Name of the MLAs and its Constituency | Key Issues Discussed | Concerns/ Assurance of MLAs |
|----------------|--|---|---|
| 11th Sept 2017 | Mr. Rabi Narayan Mohapatra, MLA, Ranpur | <ul style="list-style-type: none">• Issues related to free transportation facilities (102 &108 ambulance) and out of pocket expenses of the people residing in inaccessible area.• Shortage of bed at DHH, SDH and CHC level | <ul style="list-style-type: none">• He assured to discuss the issue in the assembly and to influence the nodal committee of NHM to change the guideline and make the ambulances operational management at district level.• So far bed is concern he assured that the bed issue will also be discussed on 14th Sept 2017 (the discussion day of H&FW dept). |
| 15th Sept 2017 | Dr. Ramesh Chandra Chau Pattnaik, MLA, Berahmpur | <ul style="list-style-type: none">• Major factors contributing high Maternal Mortality Rate (MMR) in the state. | <ul style="list-style-type: none">• Dr. Pattnaik assured to take the issue to district planning committee meeting and will have a discussion with the |

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|----------------|--|--|---|
| | | <ul style="list-style-type: none"> Quality implementation of Village Health and Nutrition Day (VHND) AWCs to provide door step health check-up facilities to the pregnant women and adolescent girls. Shortage of bed at DHH, SDH and CHC level | CDMO to attach a doctor in VHND. |
| 15th Sept 2017 | Mr. Manas Madkami, MLA, Malkangiri | <ul style="list-style-type: none"> Issue related to Maa Gruhas (maternity waiting home) in the inaccessible tribal pockets of the state. Issues related to institutional delivery and MAMATA scheme (conditional cash transfer state scheme). Shortage of bed at DHH, SDH and CHC level | <ul style="list-style-type: none"> Mr. Madkami assured to discussion with the Minister of Health and Family Welfare Department. He wanted CYSD team to provide time to time information on the social issues specially focussing on Tribal dominated areas. |
| 15th Sept 2017 | Dr. Raseswari Panigrahi, MLA, Sambalpur & Member H&FW Standing Committee | <ul style="list-style-type: none"> Maa Gruhas having male attendants create reluctantancy amongst the tribal women for overnight stay. | <ul style="list-style-type: none"> Dr. Panigrahi assured to discuss the issues in the assembly. |
| 15th Sept 2017 | Mr. Rabi Narayan Naik, MLA, Kuchinda | <ul style="list-style-type: none"> Requirement at CHC, DHH to increase the strength of beds. | <ul style="list-style-type: none"> Mr. Naik assured to take the issues to the appropriate forum. |

2. Perception study:

The concept note and framework of the study has been developed. The study will basically emphasize on three broad areas i.e functioning of existing schemes and programmes on MCH; issues and challenges related to food and nutrition status during antenatal, delivery and post-natal phase; and issues and challenge associated with water, sanitation and hygienic condition of pregnant women, lactating mothers, newborns and infants. The study scheduled is designed and will be rolled out in the month of November. The quantitative data collection will be done through mobile bass tab with support of SDRC.

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4. Expert Consultation:

Before the district consultation at Kalahandi an expert's consultation was organised to identify the ground health issues and the expert group to take the matter to district administration and policy makers. The member present includes retired government officials, media, CSOs, citizen forums etc. The health issues discussed were malnutrition, early marriage and early detection of pregnancy, causing maternal death. Sometimes, practice of home delivery, unavailability of 10 2/108 vehicle, lack of council sessions on breast feeding, early pregnancy, family planning, 48 hours retention system, requirement of ASHA, no quality VHND, etc. It was decided the identified health issues will be presented by the group in the district health consultation.



A similar consultation was also organised in Bolangir prevailing health issues of the district on 23rd August 2017. 12 experts from different fields actively participated the district level consultation. The points raised were health care facility at district hospital is very poor, the entire district is severely affected by malnutrition and of them, Godbhela and Tureikela block is very prone to malnutrition, because of poor communication, 102 and 108 is not reaching to the community, since January, not a single pregnant woman is registered under MAMATA scheme, provision of at least 2 doctors in a district hospital is there, lack of specialized doctor is a major drawback, malaria kit is not available with ASHA/ANM, most of the PHCs are running by AYUSH doctors, at the DHH, most of the machineries are not working, staying 48 hour in hospital is a issues, hygienic condition is very poor both in PHC/CHC and district hospital, quality of food is neither available at the Anganwadi nor at the ICDS center.

It was decided in the meeting a Health Watch Group will be formed. The group will gathered specific health issues with proof and take health issues to the policy makers. Specialized doctors should be appointed at every CHC.

5. PRI Consultation:

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A PRI consultation was conducted in M. Rampur block of Kalahandi district. 33 newly elected PRI members and four media person attended the session and also actively participated in the discussion session on “Prioritising Health on Pachayat’s planning”. A guiding note for PRIs Meeting was prepared and shares in the meeting. The topic discuss were:

- Role of the Gram Panchayat in ensuring “Health for all” in the Panchayat.
- Indicators for measuring Health Status in a Panchayat.
- Health Functionaries, platform and committee available with the Gram Panchayat for Health Services delivery.
- Institutions of Gram Panchayat and their role
- Convergence and coordination collaboration with the Health System
- Devolution of 14th Finance commission grant to panchayat.
- Role of Gram Panchayat in Health planning
- Key Programmes and Schemes related to health



Health issues were gathered from the PRI members like malnutrition is also closely associated with people’s health due to extreme poverty; medicine is not available with ASHA in adequate amount; malaria; Sanitation; situation of PHC and CHC; pathological lab and transport issue. The identified issues were incorporated in the district consultation.

6. District Consultation:

A district level consultation was organized at Bhawanipatna on “Understanding Issues and Challenges on Health in Kalahandi”. The primary objective behind this consultation was to sensitize the MLAs on district specific health issues and the policy maker to discuss in the legislative space. Around 70 participants attended the consultation. Of them, the key



persons present were: Capt. Dibya Shankar Mishra, MLA, Junagarh; Dr. B.K. Brahma, CDMO, Kalahandi; Mr. Abani R. Mohanty, DPM, NHM, Kalahandi; Ms Namita Sahu, Zilla Parishad Chairperson, Kalahandi; Mr. Puspendra Singhdeo, Zilla Parishad Member, M. Rampur; Mr. Satya Pattnaik, Secretary, Seba Jagat, Kalahandi.

The key concerned issues were raised categorically and a comparison was drawn with state’s scenario. The district expert group put their before the forum which were:

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- People prefer to go to CHC/DHH for treatment of common ailment due to unavailability of MBBS doctor in PHC
- Unavailability of lab technician leads to unavailability of diagnostics services at the PHCs
- Doctors are not staying in the PHC (PHCs are not open 24 hour)
- Unhygienic environment in govt hospitals (toilet and water facility not available)
- Very difficult to stay for 24 hours after delivery due to unavailability of basic facility
- 108/102 ambulance do not reach in time
- Ambulance is not dropping the patient from hospital to home
- ASHA are not getting incentive at right time, so lacking interest
- General medicines, specifically medicines for NCDs are not available in PHCs
- Incentives under different schemes like JSY, MAMTA etc, are not provided on time

Capt. Dibya Shankar Mishra MLA Junagarh ensure in the coming assembly session, questions will surely raise on addressing health issues of Kalahandi district special health package for KBK region will be formulated; the grass root level health issues will be focused closely and specialized doctors will be placed in CHC level within a month or two; major steps will be taken on curative measures rather than preventive measures.

7. Real time data collection:

- Organised 2 orientation programme one at state level and another at district level for the volunteers on real time data collection.
- Coordinate and monitor the volunteers for data collection.
- Track of the mobile Vanni data on monthly basis through action plan and progress report.
- Orientation of students of Sarba Mangala College, Golamunda on Mobile Vani. Where around 100 degree students and 15 lecturers along with Principal in Sarba Mangala College at Golamunda are oriented on Mobile Vani. Unanimously they agreed to take steps for resolving health issues in the district.
- For extensive outreach of Mobile Vanni developed and disseminated leaflet.

8. Partners' Meetings:

On 22nd July a partner meeting was organised in order to discuss on work plan and MLAs engagement. The major decision taken in the meeting was

- For each assembly session each partner will develop 3-4 questions which will be shared with the MLAs and regular follow-up will be carried out.
- A knowledge kit will be developed which will be compiled by SDRC by taking the fact sheets developed by OBAC and MRDS and short budget analysis by OBAC as well.

On 11th April 2017 a meeting was organised with the district partner to discuss and plan the intervention for 2nd year. The objectives of the meeting was to reflect the challenges, the successes, failures and based on the learning explore the new possible area of interventions and design the intervention plan in a most doable form..

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Generating evidence to make health a political issue for systems and policy change

1. Identifying Public Health Issues through Community Perception and Engagement with Stakeholders:

- **Identifying issues and opportunities on Odisha State Treatment Fund (OSTF) & Free Medicine Distribution Scheme (NIRAMAYA) for Health Standing Committee action:**

During the regular engagement with the Chairperson and members of Health and Family Welfare Department Standing Committee of Odisha Legislative Assembly (OLA), it was emerged to identify the issues for effective implementation of two important schemes like Odisha Treatment Fund (OSTF) and Niramaya. The team prepared a policy brief with suggestive recommendations on OSTF and shared with the chairperson. The Chairman, H&FW Standing Committee invited the team OBAC to present the policy brief on OSTF in the scheduled meeting of Standing Committee at OLA conference hall on 23rd October 2017. This was a very good opportunity to present the issues and suggestions for effective implementation of OSTF before the chairman, members and departmental officials including the principal secretary, Director of NHM, Director of Niramaya scheme. The key areas related to access, coverage, awareness among citizens of the state, effective functioning of the scheme, convergence of OSTF with the existing Niramaya Scheme etc was acknowledged and noted by the Standing Committee and government officials for corrective measures.



***U.D 1476. Ms. Tukuni Sahu :** Will the minister for Health and Family Welfare be pleased to state that :- How much fund received allocated for Bolangir district under Odisha state treatment fund (OSTF) in 2016-17 and 2017-18 how many beneficiary received benefit under OSTF and what is the amount spent in 2016-17 and 17-18 till February 2018 in Bolangir district what are the steps taken for the awareness generation of the people on OSTF and what is the amount spent under awareness on OSTF ?*

The final report of OSTF was published and shared with Health standing committee members, MLAs and health officials at state and district level during the winter and budget assembly sessions. The hon'ble MLA Ms Tukuni Sahu has put a starred question on the issues related to underutilisation of OSTF fund and coverage of beneficiaries in

Bolangir district in the current budget session for the larger interest of the state.

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- **Mapping Perception of one thousand mothers on “Issues and Challenges in Maternal and Child Health Care in Tribal Dominated Districts of Odisha”**

has been prepared and published. The study carried out in two districts focusing on maternal health and looked at the ground realities of the schemes and programme intended for mother and child like Janani Suraksha Jojana (JSY); Janani Sishu Suraksha Karyakram (JSSK) and MAMATA.

Key Findings of the perception study:

- Schematic awareness among the beneficiaries of both districts is not that widespread. Of all the schemes, majority of beneficiaries of both districts (52.27% in Kalahandi and 45.87% in Balangir) are well aware about MAMATA scheme. Awareness regarding JSY scheme is also prominent next to MAMATA. While awareness regarding JSSK scheme is very poor, at the same time BKKY which is only meant for the farmers family is not garnering its space due to lack of awareness among the communities.
- Malnutrition is still a challenge in both the districts. High risk mothers are being identified by the front line health workers and the situation is not under control. Even the supplementary nutrition programme is not able to provide nutritious food to the mother and child, due to poor quality and irregular supply of Chhatua and egg.
- Both availability and access of Individual Household Toilet (IHHL) are serious issues. Majority of the beneficiary households are yet to have their household toilets. As per the beneficiaries, the reason behind unavailability of IHHL is Government’s mandate to construct IHHL at first and the incentive will be given to them later on. On the contrary, those who have their IHHL are not using it, as they not habituated with this.
- Lack of adequate number of cleaning staffs, female attendants and specialized doctors especially gynecologist is a major bottleneck in ensuring good quality delivery services. In addition to this, insufficiency of labour room, ambulance services and inadequate beds in maternity ward are posing serious hurdles in implementing MCH programmes.
- The front line health workers are not able to impart the required service to the beneficiaries. As a result, the beneficiaries are less aware regarding government schemes programmes and the facilities they are providing, nutritional aspect of mother and child, need of sanitation measures etc.
- Panchayati Raj Institutions, Panchayat’s Health Standing Committee and Village Health and Sanitation Committee/ Gaon Kalyan Samiti are not active agents in diminishing the health issues of their concerned panchayat and/or village.
- Low Quality Village Health Nutrition Day (VHND) Continues.

- **Mobilise PRIs for identifying health issues and prioritise in local planning and policies:**

PRI consultation was conducted in Bolangir in Kalahandi in order to identify health issue, implementation gap of the public health services and also understand the institutional

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mechanism and availability of resource at panchayat to address health issues. The ground finding was taken to the MLAs for policy discussion.

Details of the programme

| Date | Constituency | Number Of Panchayat Elected Representative |
|-------------|----------------------|---|
| 16.11.2017 | Loinsingha (Agalpur) | 35 |
| 22.02.2018 | Junagarh | 52 |
| 13.03. 2018 | Loinsingha | 40 |

- On 16th November 2018, PRI consultation was held at Agalpur block of Loinsingha Constituency. Along with PRI representative the member present in the meeting were Vice-Chairperson, Agalpur block, BDO and Block Education Officer (BEO), Gram Panchayat Extension Officer (GPEO), Agalpur CHC Medical Officer-in-Charge and NHM Block Programme Manager, NHM.



- Similarly, on 13th March another PRI consultaion were organised in Loinsingha Block of Bolangir district. Around 40 PRI representatives (both Sarpanch and Panchayat Samiti Members) from 20 participated in the consultation process. The consultation was organised in collaboration with the Block Administration. Member present in the meeting were Block chairman & block vice-chairman, CHC-Public Health Extension Officer and district GKS manager.
- A PRI consultation was held on 22nd February 2018 Kalahani in Junagarh constituency covering two blocks Junagarh and Golamunda. President of Sarpanch Union, Kalahandi and NGOs were present in the meeting.

Issue emerged in the consultation are:

- Unhygienic environment in govt hospitals (toilet and water facility not available)
- Very difficult to stay for 24 hours after delivery due to unavailability of basic facility
- 108/102 ambulance do not reach in time
- Ambulance is not dropping the patient from hospital to home
- Difficult to access to public service facilities is due to distance and unavailable of human resources in the nearby PHCs.

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- Three districts are depending on the DHH, Bolangir, due to shortage of bed patients in the district head quarter, patient are treated on the floor including delivery patients.
- Mal nutrition prevails in the block
- Sub-centres are defunct due to unavailability of ANMs in the centres.
- Unhealthy Menstrual practices leading numbers of health hazard

The issues identified were shared by the PRI representative with their concern MLAs.

Public health issues are prioritised and discussed in the legislative space

1. Engagement with the Legislator :

- *Health Standing Committee:* A policy brief with suggestive recommendations on OSTF was prepared and shared with the chairperson. CYSD presented same in the standing committee meeting in the conference hall of Odisha Legislative Assembly on 23rd October 2017. The objective of the meeting was basically to share the issues and challenges in implementation of OSTF and to identify areas of mutual interest for further engagement. Six MLAs cum members of the standing committee present in the meeting are Shri Pradeep Kumar Panigrahy, MLA Gopalpur; Dr. Raseswari Panigrahi, MLA Sambalpur; Dr. Rajshree Mallick, MLA Tirtol; Shri Parsuram Dhada, MLA Soro; Shri Bhujabal Majhi, MLA Dabugaon ; Shri. Pritiranjana Ghadei, MLA Sukinda.

Apart from these legislators, 20 government officials including Director and Principal Secretary of H&FW department, Director of National Health Mission, Odisha and officials from Directorate of Medical Education and Training (DMET) and OSTF cell were present in the meeting.

- *Engagement with MLAs during the Winter Assembly Session (23rd Nov – 22nd Dec 2017):* CYSD have been able to reach 30 MLAs during the winter session. CYSD submitted a health document in form of Charter of Demand for 2018-19, which could be discussed in the assembly session by the MLAs. The discussion points are as below described:
 - Shortage of Doctors and Para medical staff in the state.
 - The concern is also with irregular attendance/absenteeism in rural/ remote areas.
 - Non-transparent transfer and posting policy of medical staff.
 - Issue related to menstrual hygienic in the rural area.

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- Provision of diagnostic services, ultrasound facilities, pathology tests like digital X-Ray, CT-scan and MRI free of cost in government health facilities for the pregnant women at the health care centre.
- Strengthen health delivery services in the outreach area like additional alternative transportation system besides the existing 102 Ambulance, Mobile health Unit and providing basic facilities in the rural health institution.
- Wider awareness on OSTF, BKKY and RSSY to accommodate more number of beneficiaries.
- Access and outreach of JSSK a multifarious scheme are not garnering much focus due lack of information among the people.

List of the MLAs with whom

| SIno. | Name of the MLA | Designation |
|-------|----------------------------|---------------------------|
| 1 | Pradeep Kumar Panigrahi | Chairperson, H&FW and WCD |
| 2 | Pritiranjana Gharai | Member, H&FW and WCD |
| 3 | Raseswari Panigrahi | Member, H&FW and WCD |
| 4 | Rajashree Mallick | Member, H&FW and WCD |
| 5 | Tukuni Sahu | Member, H&FW and WCD |
| 6 | Parsuram Dhada | Member, H&FW and WCD |
| 7 | Krishna Chandra Sagaria | Member, H&FW and WCD |
| 8 | Sashi Bhusan Behera | Finance Minister |
| 9 | Tara Prasad Bahinipati | Chip Whip, Opposition |
| 10 | Jogendra Behera | MLA, Loinsingha |
| 11 | Capt. Dibya Shankar Mishra | MLA, Junagarh |
| 12 | Rabi Naik | MLA, Kochinda |
| 13 | Anam Naik | MLA, Bhawanipatna |
| 14 | Pranab Kumar Balabantaray | MLA, Dharmasala |
| 15 | Manas Madkani | MLA, Malkangiri |
| 16 | Dambaru Sisa | MLA, Chitakunda |

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| L | 17 | Ayub Khan | MLA, Kantabanji |
| | 18 | Anubhav Pattnaik | MLA, Talsara |
| | 19 | Dr. Prafulla Majhi | MLA, Talsara |

Bilateral discussion took place in the winter session:

- Discussion raised by Capt. Dibya Shankar Mishra in the state assemble on issues of menstrual hygienic among the young girl, in 2018-19 budget a New KHUSHI Scheme (with outlay of Rs 50 crore) was introduced to provide free sanitary napkins to girls studying in Classes VI-

KHUSHI new scheme lunched to provide free sanitary napkins to girls studying in to promote menstrual hygiene among girls from poor households.

XII of Government (and Government-aided) Schools to promote menstrual hygiene among girls from poor households.

Similarly continues discusses on free diagnostic services at Public Health Institution result in

NIDAN introduced for high-end tests like digital X-Ray, CT-scan and MRI, free of cost, in government health facilities.

this year budget allocation has increased from Rs 16cr to Rs 80Cr under NIDAN Schemes which cover pathology tests like digital X-Ray, CT-scan and MRI free of cost in government health

facilities for the pregnant women at the health care centre.

- *Engagement with MLAs during the Budget Session (23rd March 2018):* During the Budget session CYSD team had intensive engagement with the MLAs particularly with the standing committee members. CYSD had prepared a document (Response to the health budget 23017-19) submitted to the standing committee for discussion and affirmative measures. The assembly will continue till 5th May2018.



Discussion with the MLAs:

- Issues of save drinking water facilities in PHC & Sub centre
- Operational gap in implementation of MAMATA and JSY scheme.
- Absenteeism of medical professional

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- 102 & 108 Ambulance is not access by the all beneficiary in the right time.
- Requirement of more capital investment for Rural health Infrastructure
- Strengthen the operational mechanism of Mobile Health Unit
- Deployment of more health technical person in the rural health Unit
- Difficulties in access and outreach of JSSK schemes.
- Periodic and Monitoring health services

Ultra Sound Machines Supplied in Bolangir District

U.D 1475 . Ms. Tukuni Sahu : Will the minister for Health and Family Welfare be pleased to state that :- How many Ultra Sound Machines Supplied in Bolangir District till February 2018 Which are the community Health Centers (CHC) have function Ultra Sound facilities in Bolangir district and how many number of Patients got ultra sound facilities from the CHCs in 2017-18 (till feb 2018) ?

| Sln. | Name of the MLA | Designation |
|-------------|----------------------------|---|
| 1 | Sashi Bhusan Behera | Finance Minister |
| 2 | Pradeep Kumar Panigrahi | Chairperson, Standing Committee, H&FW Dept. |
| 3 | Pritiranjana Gharai | Standing Committee member, H&FW Dept. |
| 4 | Tukuni Sahu | Standing Committee member, H&FW Dept. |
| 5 | Krishna Chandra Sagaria | Standing Committee member, H&FW Dept |
| 6 | Dr. Rajashree Mallick | Standing Committee member, H&FW Dept. |
| 7 | Dr. Raseswari Panigrahi | Standing Committee member, H&FW Dept |
| 8 | Tara Prasad Bahinipati | Chip Whip, Opposition |
| 9 | Jogendra Behera | MLA, Loinsigha |
| 10 | Capt. Dibya Shankar Mishra | MLA, Junagarh |
| 11 | Rabi Naik | MLA, Kochinda |
| 12 | Pradip Purohit | MLA, Padampur |
| 13 | Dambaru Sisa | MLA, Chitrakunda |
| 14 | Ayub Khan | MLA, Kantabhanji |

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| 15 | Anubhav Pattnaik | MLA, Khandapada |
| 16 | Manas Madkam | MLA, Malkangiri |
| 17 | Dr. Prafulla Majhi | MLA, Talsara |
| 18 | Naba Kishor Das | MLAs, Jharsuguda |
| 19 | Ranedandra Pratap Swain | MLA, Athagada |

Standing committee will submit the report in the assembly on 11th April 2018.

Issues Raised in Standing Committee Report

7 recommendations have been placed in WCD, Health and Family Welfare Standing Committee's "Action taken report" (FY 2017-18)

- Unhygienic condition of hospitals
- Insufficiency of beds in medical colleges and Govt. hospitals
- Unavailability of specialized doctors
- Rationalization of salary of radiographers
- Deficiency of nurses
- Frequent transfer of ANMs from backward districts to coastal belts

2. District Consultation:

A district level consultation was organized on 11th March 2018 at Bhawanipatna. The objective of the consultation was to share the study findings "Issues and Challenges in Maternal and Child Health Care in Tribal Dominated District in Odisha" were shared. Member present in the workshop were, MLA, Junagarh, CDMO, Kalahandi, DPM, NHM, Kalahandi; Chairperson, Kalahandi; Zilla Parishad Member, M. Rampur; Secretary Seba Jagat, Kalahandi. There were around 70 participants present in the meeting. CYSD made a presentation on functions and effectiveness of Govt. implemented schemes and Programmes; effectiveness and of JSY, JSSK and Mamata Scheme; nutritional security and sanitation measures and institutional role and social accountability.

The key concerned issues were raised and response from the MLAs and Health officials state were as such:

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- The issues of infrastructure, human resources in public health institutions and accessing programme/ scheme benefits are major challenges in the district.
- Shortage of human resources may not be fulfilled immediately but the accessibility to the programme can be addressed by generating awareness among the PRI representatives and responsible citizens
- People are unable to access public health facilities of illiteracy, ignorance, unaware of the schemes etc. so PRI representatives have a vital role to generate awareness among public and assist them to the right forum in accessing the benefits.
- The service demand should also come from the public. Capt. Dibya Shankar Mishra, MLA, Junagarh, Dr. S.K Maity, CDMO, Kalahndi, Ms Puspallata, Chairperson, AWWs' training institute were participated in the consultation.
- Capt. Dibya Shankar Mishra MLA Junagarh ensure in the coming assembly session, questions will surely raise on addressing health issues of Kalahandi district especially menstrual hygienic; free diagnostic services and specialized doctors in CHC level.

ଖାଲି ବିଶେଷଜ୍ଞ ପଦବୀ ପୂରଣ

୧୪୭୭. ଶ୍ରୀମତୀ ଟୁକୁନି ସାହୁ: ସ୍ଵାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣ ମନ୍ତ୍ରୀ ଅନୁଗ୍ରହ କରି କହିବେ କି:- ଚିଚିଲଗଡ଼ ନିର୍ବାଚନ ମଣ୍ଡଳୀରେ ଥିବା ଚିଚିଲଗଡ଼ ଉପଖଣ୍ଡ ସରକାରୀ ଡାକ୍ତରଖାନା, ଜୁଗୁରା ଡାକ୍ତରଖାନାରେ କେତୋଟି ବିଶେଷଜ୍ଞ ଡାକ୍ତରଙ୍କ ପଦବୀ ରହିଛି ଓ ବର୍ତ୍ତମାନ କେତେ ଜଣ କେଉଁ କେଉଁ ବିଭାଗରେ କାର୍ଯ୍ୟରତ ଅଛନ୍ତି ଖାଲି ଥିବା ପଦବୀ କେବେ ପୂରଣ ହେବ ?

3. Real time data collection:

- Organised 4 orientation programmes at district level for the volunteers on real time data collection.
- Coordinate and monitor the volunteers for data collection.
- Track of the mobile Vanni data on monthly basis through action plan and progress report.
- For extensive outreach of Mobile Vanni developed and disseminated leaflet.

4. Partners' Meetings:

On 13 Feb 2018 a partner meeting was organised with the following objectives:

- Sharing of learning and observation of NFI from Chhatisgarh.

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(October 2017 – March 2018)

- Key Progress (learning, challenges and suggestions) of all partners of PHLS.
- Engagement with MLAs in coming budget sessions in the state.
- Ways to consolidate all the communication materials for legislators

The major decision taken in the meeting was

- Analysis of winter budget session will be shared with all the partners by MRDS.
- Adding CSO partner in Media what's app groups and MRDS to promote and focus on wider visibility of face book page;
- News letter on health issues may be prepared by combining the works done by all three partners. MRDS may introduce the news letter with reference to the experience of Chhattisgarh.
- The fact sheets and score cards to be presented in very common manner for easy understanding by SDRC.
- CYSD will facilitate two PRI consultations and MLA meetings before and in between the budget session; perception study report will be shared with them.
- Oninon dev may be invited for a common discussion regarding demands of partners regarding mobile vani.
- Onion dev may provide the analysis of forwarded message from the field.
- Prepare a plan for engagement with MLAs in upcoming budget and try for adjournment motion on health issues session.
- An adjournment motion on health issues may be facilitated in upcoming budget session. MRDS will play a lead role in this regard.

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Prioritizing Health in Legislative Space, Odisha

Action plan for the Period: April 2018 – March 2019

Prepared by: Centre for Youth and Social Development (CYSD)

Submitted to: National Foundation for India (NFI)

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A. Mobilising community to monitor and influence public health delivery mechanism at ground level

In order to understand and identify public health issues for legislative debate, the first two years of the intervention conducted two perception studies at ground such as “Issues and Challenges of the facilities in the primary Health Care centre – perception from the ground” in the first year and ‘issues and challenges in Maternal and Child Health Care in Tribal Dominated Districts of Odisha – perception from the ground” in the second year respectively. Some of the key findings captured through these perception studies are given below;

- Schematic awareness (MAMATA, JSY, JSSK, BKKY, PMSMA etc) among the beneficiaries is not that widespread.
- Access to benefits such as registration of pregnancy, cash assistance of JSY, free transportation during and after delivery, free and cashless delivery, ante-natal check-ups, IYCF counselling etc. are the pertinent issues.
- The front line health workers are not able to impart the required service to the beneficiaries
- Panchayati Raj Institutions, Panchayat’s Health Standing Committee and Village Health and Sanitation Committee/ Gaon Kalyan Samiti are not active agents in diminishing the health issues of their concerned panchayat and/or village.
- Low Quality Village Health Nutrition Day (VHND) Continues.
- Malnutrition is a major challenge in both the districts. The Supplementary nutrition programmes are of poor quality and there is irregularity in supply.
- Lack of ambulance services and inadequate diagnostic services and referral transport is causing difficulties for the people and as a result, out of pocket expenditure increasing.

The above mentioned issues have been shared with the legislators, Health & Family welfare Standing Committee and Government departments for corrective measures in the policy and budget. In order to bridge the gap in service delivery at last mile, the third year of intervention aims to foster community monitoring over the MCH scheme/programme(s) at the ground level. The initiative will not only help in generating evidences on service delivery gaps but also mobilise the community, especially the women and girls and institutions such as PRIs, GKS, Mothers committee etc to influence the public health service delivery apparatus at ground level. The key activities and modalities for the purpose are given below;

- Community mobilisation and monitoring will be grounded in 40 villages of Bolangir and kalahandi district (10 villages from each constituency i.e. Narla, Junagarh, Bolangir and Titlagarh)
- The CSC will be rolled out through following steps:

- Input Tracking Scorecard: Supply side quantitative information
- Performance Scorecard: Community evaluates the services & provides feedback
- Self-Evaluation Scorecard: Service providers evaluate the services & Provide feedback
- Interface Meeting: agreement over the issue and action plan

- **Preparation of Report:** District wise report in form of factsheet will be prepared compiling of the CSCs at village level. Along with this; a consolidated report will be generated. A follow-up format will be developed to track the changes after implementation of CSC in the community.

While the above mechanism will directly establish a reflective mechanism for the community and nearest service providers to act on bridging the gaps in service delivery, the evidences generated in the form of CSC will be used by the community, women PRIs at block level, district expert groups, the partners along with CSOs to influence the PRIs, district administration, legislators, legislative committees, manifesto committee of political parties etc respectively.

B. Develop peoples' manifesto for public health in Odisha

Generally, people's manifesto endeavours to give voice to the demands, concerns and aspirations of the poor and excluded in public health delivery across the state. Before every general election, the political parties give emphasis on citizen's demands and make promise to fulfill the same within a stipulated time frame. In the state of Odisha, as the general election is approaching, this year's intervention will emphasize to influence the manifesto committee of all political parties to include peoples' manifesto for public health in their own commitment. The key activities for the purpose are given below;

- The present government's manifesto will be reviewed and analysed including the promises made, initiatives taken and the present health situation in the state.
- Draft peoples' manifesto for public health integrating the evidences generated from research, perception study, media analysis etc
- Develop and publish peoples' manifesto in consultation with CSOs and networks working on health in the state
- Share the peoples manifesto widely among the legislators, MPs, manifesto committees of all political party, office bearers of political party

C. Engagement with Legislature and administration:

Engagement with MLAs during the Assembly Sessions (i.e. Monsoon, Winter and Budget Session):

- The key documents and evidences generated by CYSD, knowledge partner, media partner and tech partner in the year will be circulated with all MLAs, MPs concerned departments and officials at state and district level.

- We will hold bilateral discussion with at least 70 MLAs during the assembly sessions. The ground level health issues in general and maternal and child health issues in particular will be shared with the legislators.
- Intensive engagement will be made with MLAs of intervention constituencies and districts on the issues identified through community score card exercise and mobile vani
- Effort will be to organise small round tables with MLAs / discussion with Health & Family Standing committee over the identified issues at state and district level
- CYSD in regular interval will interact with Health and & Family welfare Department, Women and Child Development and NHM at district as well as at state level to share the gaps and challenges in service delivery of maternal and child health at the ground.

Engagement with the Manifesto Committee:

- The peoples' manifesto for public health in Odisha will be submitted and discussion will be held with manifesto committee / party bearers across the party line.

Engagement with the Standing Committee:

- CYSD will have intensive engagement with the H&FW standing committee chairperson and the members. The discussion will focus to follow up the recommendations made and submission of recommendations in regular interval.

Exposure Visit of MLAs:

- In order to gain knowledge and insight into robust and innovative health care practices in India, CYSD in consultation with NFI would organise the study visits for MLAs to a state having the exemplary record of health indicators, improved health facilities and healthy community setting. This will further help the MLAs and selected PRIs to understand, adopt best practices and implement it.

District Level Engagement:

- Two district level consultations will be organised at the respective districts by mobilising the district health experts, district administration, MLAs of respective constituencies, CSOs and PRIs. The Expert group will share the ground level health issues in the consultation.
- Bilateral discussion with the district administration and MLAs will be done and the reports will be shared with them.
- There will be 4 numbers of sharing meeting with Women PRIs in two districts (one in each constituency). The purpose of this meeting will be to develop a shared understanding among the Women PRIs on maternal & child health issues and to make them understand their roles and responsibilities for proper implementation of maternal and child health related programmes and schemes. The women PRIs will further engage with the MLAs for larger debate and action around the issues.

D. Real Time Data Collection:

- Coordinate the process of data collection in two districts.
- 800 (approx) calls, 60 surveys per month per constituency will be facilitated
- Tracking and follow up of mobile Vani data will be ensured
- At least 10 special interviews of officials on health schemes and programmes will be facilitated.

Time Plan

| Time Line (Period: April 2018- March 2019) | | | | | | | | | | | | | |
|--|---|-----|-----|------|------|-----|-----|-----|-----|-----|-----|-----|-------|
| | Activity | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | March |
| 1 | Mobilising community to monitor and influence public health delivery mechanism at ground level | | | | | | | | | | | | |
| 1.1 | Designing the community monitoring mechanism and toolkit | | | | | | | | | | | | |
| 1.2 | Community mobilisation for grounding community monitoring in 40 villages | | | | | | | | | | | | |
| 1.3 | Demonstrate and development of CSC | | | | | | | | | | | | |
| 1.4 | Report and publication | | | | | | | | | | | | |
| 1.5 | Follow Up and monitoring the joint action plan emerged by Front line health workers and community at village level (after six months) | | | | | | | | | | | | |
| 2 | Peoples' manifesto for public health in Odisha development and publication | | | | | | | | | | | | |
| 2.1 | Review of the present govt. manifesto and analysis of the present status of health in Odisha | | | | | | | | | | | | |
| 2.2 | Meeting with CSOs and Networks at state and district level | | | | | | | | | | | | |
| 2.3 | Development of people manifesto kit for the political parties | | | | | | | | | | | | |
| 3 | Engagement with Legislature | | | | | | | | | | | | |
| 3.1 | Sharing meeting (one in each district) | | | | | | | | | | | | |
| 3.2 | Engagement with women PRIs - Sharing meeting (1 in each constituency) | | | | | | | | | | | | |
| 3.3 | Meeting with the Project Partners | | | | | | | | | | | | |
| 3.5 | Engagement with Manifesto Committee | | | | | | | | | | | | |
| 3.6 | Meetings with MLAs | | | | | | | | | | | | |
| 3.7 | Exposure Visit of the MLAs | | | | | | | | | | | | |
| 4 | Real Time Data collection | | | | | | | | | | | | |
| 4.1 | Real Time Data collection in two district (Kalahandi and Bolangir) | | | | | | | | | | | | |

Budget

| Name of the Project: Prioritizing Health in Legislative Space, Odisha | | | | |
|---|---|-----------|------------|---------------------|
| Submitted by : Centre for Youth and Social Development(CYSD), Odisha | | | | |
| Submitted to : National Foundation for India (NFI) | | | | |
| Period: April 2018- March 2019 | | | | |
| | Activity | Unit cost | Total Unit | Total Amount in INR |
| A.Programme Cost | | | | |
| 1 | Personnel | | | |
| 1.1 | Project Manager(12 days @Rs2500/- day)) | 30000 | 12 | 360000 |
| 1.2 | Advocacy(12 days @Rs2000/-) | 24000 | 12 | 288000 |
| 1.3 | Researcher(Full-time) | 36000 | 12 | 432000 |
| | Total | | | 1080000 |
| 2 | Mobilising community to monitor and influence public health delivery mechanism at ground level | | | |
| 2.1 | Designing the community monitoring mechanism and toolkit | Lumsum | | 100000 |
| 2.2 | Community mobilisation for grounding community monitoring in 40 villages | Lumsum | | 120000 |
| 2.3 | Demonstrate and development of CSC | Lumsum | | 200000 |
| 2.4 | Report and publication | Lumsum | | 100000 |
| 2.5 | Follow Up and monitoring the joint action plan emerged by Front line health workers and community at village level (after six months) | Lumsum | | 80000 |
| 3 | Peoples' manifesto for public health in Odisha development and publication | Lumsum | | 150000 |
| | Total | | | 750000 |
| 4 | Engagement with Legislature | | | |
| 4.1 | Sharing meeting (one in each district) | 30000 | 2 | 60000 |
| 4.2 | Engagement with women PRIs - Sharing meeting (1 in each constituency) | 25000 | 4 | 100000 |
| 4.3 | Meeting with the Project Partners | 10000 | 3 | 30000 |
| 4.4 | Local Travel cost at Bhubanswar | 50000 | | 50000 |
| 4.5 | Engagment with Menifesto Committee | 50000 | | 50000 |
| 4.6 | Exposure Visit of selected MLAs and PRIs | | | 300000 |
| | Total | | | 590000 |
| 5 | Anchoring PHLS at State and District Level | 100000 | | 100000 |
| 6 | Meetings with MLAs, CSOs and Networks at state and district level | | | 60000 |
| | Total | | | 160000 |
| 7 | Real Time Data collection | | | |
| 5.1 | Real Time Data collection in two district (Kalahandi and Bolangir) | 168000 | 2 | 336000 |

| | | | | |
|-------------------------------|--------------------------------------|-------|----|----------------|
| | Total | | | 336000 |
| B. Administrative Cost | | | | |
| 1 | Stationary(postage,paper.pad etc | 3000 | 12 | 36000 |
| 2 | Telephone/internet/fax/communication | 2000 | 12 | 24000 |
| 3 | Institutional monitoring,MIS,Finance | 20000 | 12 | 240000 |
| | Total | | | 300000 |
| Grand Total | | | | 3216000 |