



NATIONAL HEALTH MISSION

A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF
NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION IN
KANPUR DEHAT, UTTAR PRADESH

SUBMITTED TO
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA



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AUGUST 2017

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List of Abbreviations

ANC	Ante Natal Care	MDR	Maternal Death Review
ANM	Auxiliary Nurse Midwife	MMU	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	MoHFW	Ministry of Health and Family Welfare
BEMOC	Basic Emergency Obstetric Care	MOIC	Medical Officer In- Charge
BMW	Biomedical waste	NBCC	New Born Care Corner
BSU	Blood Storage Unit	NBSU	New Born Stabilization Unit
CDMO	Chief District Medical Officer	NSSK	NavjatShishu Suraksha Karyakram
CHC	Community Health Centre	NSV	No Scalpel Vasectomy
DH	District Hospital	OCP	Oral Contraceptive Pill
DMPA	Depot Medroxyprogesterone Acetate	OPD	Out Patient Department
DPM	District Programme Manager	OPV	Oral Polio Vaccines
ECG	Electrocardiography	PIP	Programme Implementation Plan
EMOC	Emergency Obstetric Care	PNC	Post Natal Care
FRU	First Referral Unit	PPP	Public Private Partnership
HMIS	Health Management Information System	PRC	Population Research Centre
IEC	Information, Education and Communication	RBSK	Rashtriya Bal Suraksha Karyakram
IMEP	Infection Management and Environment Plan	RCH	Reproductive Child Health
IPD	In Patient Department	RKS	RogiKalyanSamiti
IUCD	Intra Uterine Contraceptive Device	RPR	Rapid Plasma Reagin
IYCF	Infant and Young Child Feeding	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	SKS	SwasthyaKalyanSamiti
JSY	Janani Suraksha Yojana	SN	Staff Nurse
LHV	Lady Health Visitor	SNCU	Special New Born Care Unit
LSAS	Life Saving Anesthetic Skill	TFR	Total Fertility Rate
LT	Laboratory Technician	TT	Tetanus Toxoid
M&E	Monitoring and Evaluation	VHND	Village Health and Nutrition Day
MCTS	Mother and Child Tracking System		

Acknowledgement

The Monitoring and Evaluation of NHM PIP in Kanpur Dehat district of Uttar Pradesh was successfully completed due to the help and cooperation received from District NRHM Staff and support extended by officials from State Medical, Health and Family Welfare Department.

We gratefully acknowledge the support from the Chief Medical Officer of Kanpur Dehat district. We specially thank the District Nodal Officers, District Programme Manager (Kanpur Dehat) Mr. Amitabh and the Health Education Officers for their help. The M&E exercise heavily relies on the cooperation and enthusiasm of the health facility staff and we thank them for their active involvement during the monitoring visits in the districts.

Last but not the least, credit goes to all the NRHM officials, ANMs, ASHAs and beneficiaries who spent their time and responded to the questions with enthusiasm

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August 2017

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Executive Summary

Strengths

- CHC Pukhrayan achieved 100% immunisation at birth.
- In PHC Sarwankhera, fumigation is regularly done. The facility has functional laundry, dietary and drug storage facilities also.
- Nukkadnataks for awareness are often organised by the CMO office.
- Information, Education and Communication posters were displayed properly at most of the health centres. The district hospital had a rich display of IEC for the various schemes.
- The premises of most of the facilities visited were clean and hygienic. Bed covers for hospital beds and toilets were also clean and in good condition.
- Diet provided under the JSY/JSSK scheme was good. Essential dietary items like milk and fruits were provided properly to the mothers.
- The drug delivery system was functional with counters and most of the essential drugs were available in all public health facilities. Medical equipment like the BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter and so on were available and functional. There was supply of pregnancy testing kits, urine albumin and sugar testing kit and OCPs in most of the facilities visited.

Weaknesses

- The combined district hospital in Akbarpur faces several issues in the collection of BMW include ill-timed supply, bad quality of bins and polythene bags, low budget for BMW. Further, the road from the hospital to the temporary storage site of waste is broken, prohibiting transport by trolley. The bins are not adequately covered. Vermin or pests can easily enter them. Locked gates or barbed wire is not provided around the bin. In the immunisation room, it was seen that waste is not collected frequently.
- In CDH Akbarpur, the seating available for OPD patients is inadequate. In the wards, benches besides patients' beds are not available. This leads relative visiting patients to sit on the beds. Toilets in the general ward are in bad shape. Female ward is dimly lit. There is water seepage in the building. Construction of the facility also needs to be reinforced. Further, roads in front of the facility were waterlogged at the time of this visit.
- CHC Pukhrayan does not have a Nutritional Rehabilitation Center. It does not have a dedicated OT for labour. There is one general OT which is not centrally air conditioned,

and runs two operations per day. While an increase in population prompted a shift of this centre from a PHC to a CHC, the infrastructure and resources were not expanded appropriately. Security guards are not present in the facility, causing lax security measures. Females working in the facility feel unsafe because of this.

- While the CHC in Pukhrayan is a FRU, and carries out C-section deliveries, it does not have adequate staff in the OT. There is no dedicated staff nurse or sweeper.
- The registration counter for OPD should ideally have three lines- male, female and disabled. But the CHC lacks adequate staff to carry this out.
- Both the sub-centres visited did not have adequate funds available, causing the ANMs to make certain expenses from pocket.
- The SCs visited also face shortage of essential drugs and supplies.
- The SC at Nariha lacks IEC display.

Introduction

The Ministry of Health and Family Welfare, Government of India has involved network of Population Research Centres for quality monitoring of Programme Implementation plan of National Health Mission in the states.

For the year 2016-17, monitoring of PIP in various districts of Rajasthan, Haryana, Uttar Pradesh and Delhi is being carried out by the Population Research Centre at Institute of Economic Growth, Delhi.

This monitoring report relates to Kanpur Dehat District where the monitoring was carried out in last week of August 2017. In the district besides the Chief Medical Officer's Office, Combined District Hospital- Akbarpur, Community Health Centre Pukhrayan, Primary Health Centre Sarwankhera and Sub Centres Nariha and Sangsiapur were visited. The staff in the facilities greatly assisted with the process of monitoring. During the monitoring, we interviewed women who had recently delivered.

This report provides a review of key population, socio-economic, health and service delivery indicators of the Kanpur Dehat District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries. Along with the team some district health official also visited various health facilities.

District Profile: Kanpur Dehat

In 1981, Kanpur district was divided into the two districts of Kanpur Nagar and Kanpur Dehat with a view to reduce the crowd in Kanpur Mahanagar. The district headquarters are in Akbarpur (Mati).



Total area of the district is 3021.0 Sq. Km. The rural area covers 2940.1 Sq. Km. and urban recorded 80.9 Sq. Km. There are 966 inhabited villages and 63 uninhabited villages in the district. Akbarpurtahsil has the highest number (267) of inhabited villages while Derapur tahsil has the lowest number (138) of inhabited villages. In urban area, there are 9 statutory Towns and 03 Census Towns. The percentage share of urban population in the district is 9.7 percent as against 22.3 percent of the population in urban areas of the state.

District Kanpur Dehat ranks 54th in terms of population in the state. Kanpur Dehat district has population density of 595 persons per sq.km. which is less than the state average of 829 persons per sq. km. Decadal growth rate of the district (14.9) percent which is below than the state average 20.2 percent.

Kanpur Dehat district ranks 64th in terms of sex ratio (865) which is lower than the state average of 912 females per thousand males.

Kanpur Dehat district ranks 8th in literacy with 75.8 percent which is higher than the state average of 67.7 percent.

There are 329,817 households in the district accounting for 1.0 percent of the total households in the state. The average size of households in the district is 5.4 persons.

Table 1: Census Data for Kanpur Dehat

Description	Uttar Pradesh	Kanpur Dehat
Actual Population	199,812,341	1,796,184
Male	104,480,510	963,255

<i>Female</i>	95,331,831	832,929
<i>Population Growth</i>	20.23%	14.89%
<i>Area(Km2)</i>	240,928	3,021
<i>Density/km2</i>	829	595
<i>Proportion to Uttar Pradesh Population</i>	100	0.90%
<i>Sex Ratio</i>	912	865
<i>Child Sex Ratio</i>	902	897
<i>Literacy</i>	67.68%	75.78
<i>Male Literacy</i>	77.28%	83.45
<i>Female Literacy</i>	57.18%	66.86
<i>Total Child Population (0-6 Age)</i>	30,791,331	251,965
<i>Male Population (0-6 Age)</i>	16,185,581	132,839
<i>Female Population (0-6 Age)</i>	14,605,750	119,126

Source: Census 2011

Table 2: District information at a glance

<i>No. of Blocks</i>	10
<i>No. of Villages</i>	1032
<i>Population (2011)</i>	1795092
<i>Literacy Rate</i>	77.52
<i>Sex Ratio</i>	862
<i>Child Sex Ratio</i>	892
<i>Density of Population</i>	594

Source- DPMU Office, 2017

Health Profile: Kanpur Dehat

The NMR in the district is 41, while infant mortality is 65. Maternal mortality rate is 250.

Table 3: Health Profile of Kanpur Dehat

<i>Health Indicators</i>	<i>Number</i>	<i>Percentage/Ratio</i>
NMR	41	
IMR	65	
U5MR	94	
MMR	250	
TFR	2.5	
Fully immunized children	37244	72.51
ANC Registration in the first trimester	12046	20.25
Full ANC	23303	39.18
Safe Deliveries(Institutional+SBA attended home deliveries)	24283	46.69
Institutional Deliveries	24283	46.69
No of women received PNC checkups within 48 hours	24283	

Source- DPMU Office, 2017

Health Infrastructure

The district has one district hospital functioning out of a government building. All of 6 CHCs and 31 PHCs are also working in government buildings. Out of the 223 SCs, 181 function out of government buildings. The district does not have mother & child care centers, medical college, skill lab, DEIC or Adolescent Friendly Health Clinics. Private facilities exist in the district, but are not that great.

There are 17 108 ambulances and 28 102 ambulances. Besides these, 2 ALS vehicles are also available.

Table 4: Health Infrastructure in Kanpur Dehat District

<i>Health Facility</i>	<i>Number available</i>	<i>Govt. building</i>	<i>Rented building/ Under const.</i>
District hospital	1	1	0
CHC	6	6	0
PHC	31	31	0

SC	223	181	42
Mother & Child Care Centers	-	--	-
Medical College	0	0	0
Skill Labs	0	0	00
District Early Intervention Centre	0	0	0
Delivery Points	15	15	0
Adolescent Friendly Health Clinic	0	0	0
Transport Facility	Number available	Number	
108 Ambulances	17	17	
102 Ambulance	28	28	
Referral Transport	0	0	
ALS	2	2	
Mobile Medical Units	0	0	

Source-
DPMU
Office,
2017

**Human
Resourc
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Trainin
gs**

The district has 4 sanctioned and 1 contractual MOs, while 3 of these positions remain vacant. There is only one gynaecologist in the district, with a vacancy for one position. 3 paediatricians, one regular and one contractual surgeon, 96 ANMs, 1 Lab technician, 17 Data Entry Operators, 33 Staff Nurses (both at CHC and PHC) are also available in the district. No X-ray technician or LHV is available in the district.

There is a vacancy for 3 MOs, 1 gynaecologist, 3 paediatricians, 1 lab technician, 1 data entry operator.

Table 5: Human Resource in Kanpur Dehat District

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	4	1	3
Gynecologists	1	0	1
Pediatrician	3	0	3
Surgeon	1	1	0
LHV	0	0	0
ANM	96	96	0
Pharmacist	-	-	-
Lab technicians	1	0	1
X-ray technicians	0	0	0

Data Entry Operators	17	16	1
Staff Nurse at CHC	33	33	0
Staff Nurse at PHC			
ANM at PHC	0	0	0
ANM at SC	0	0	0
Any other, please specify	-	-	-

Source- DPMU Office, 2017

No training either on IUCD insertion, RTI/STI/HIV screening, FIMNCI, NSSK, SBA, BeMOC, MTP, Minilap/PPS or NSV was given to any health personnel in the last financial year.

Maternal Health

ANC Check-ups

Antenatal Care (ANC) is useful in prevention, early recognition and treatment of pregnancy related ailments and general medical problems. Reproductive health counselling is also done in these sessions.

It is advised to register early for these medical services. In the last two financial years, the district has seen a steady increase in the number of women who get registered in the 1st trimester. However, the services that should be extended to pregnant women post registration have been lacking. Not all women 3 ANC check-ups or received TT2, Booster or IFA. Further, only 4% of women detected with severe anaemia were treated institutionally. On a positive note, there has been a decline in cases of hypertension among women registered for ANC.

Janani Suraksha Yojana, the safe motherhood programme for encouraging institutional delivery among poor women requires completion of 3 ANC check-ups for payment of incentives. All women who registered for ANC also registered for JSY.

Table 6: Details of ANC Registrations in Kanpur Dehat District

Indicators	2016-17	2015-16
% 1st Trimester registration to Total ANC Registrations	34.8	31.5

% JSY registration to Total ANC Registration	100	100
% Pregnant Woman received 3 ANC checkups to Total ANC Registrations	65.2	62.7
% Pregnant women received TT2 or Booster to Total ANC Registration	67.1	70.4
% Pregnant women given 100 IFA to Total ANC Registration	87.1	77.4
% Pregnant women having severe anemia (Hb<7) treated at institution to women having Hb level<11	3.9	14.2
% New cases detected at institution for hypertension to Total ANC Registrations	9.1	16.3

Source- HMIS Data

In the data made available from the DPMU office, while the details of women who completed 3 ANCs in each block were not available, it can be seen that all women who registered for ANC received TT1 or TT2. This is contrast with the district level data available from HMIS.

Table 7: ANC Progress in Kanpur Dehat District

Block	ANC Registered	3 ANCs	TT1 or TT2
Akbarpur	4915		4915
Amroudha	5308		5308
Derapur	3877		3877
Jhinjhk	3885		3885
Maitha	4524		4524
Malasa	4029		4029
Rajpur	4282		4282
Rasulabad	6491		6491
Sandalpur	3736		3736
Sarwanhkera	4422		4422

Source- DPMU Office, 2017

Delivery Indicators

Promotion of institutional delivery is pivotal in reducing maternal and child death. The delivery indicators in Kanpur Dehat district show that there has been an increase in the incidence of institutional deliveries in the last two financial years. At the same time, the incidence of C-sections in institutional deliveries have also grown.

The reliance on private institutions for delivery has grown in the last two financial years. However, it should be noted that more C-sections (as a percentage of total deliveries in facility) are reported in private facilities.

Post-delivery care is majorly extended up to 48 hours of delivery. Check-ups between 48 hours and 14 days of delivery are rarer.

Sex ratio at birth increased from 883 in 2015-16 to 901 in 2016-17.

Table 8: Delivery Indicators in Kanpur Dehat District

Indicators	2016-17	2015-16
% SBA attended home deliveries to Total Reported Home Deliveries	2	2.3
% Institutional deliveries to Total Reported Deliveries	88	79.6
% Safe deliveries to Total Reported Deliveries	88.3	80
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	68.8	48.4
% Institutional Deliveries to total ANC registration	45.2	43.3
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	1.5	0.8
% C-sections conducted at public facilities to Deliveries conducted at public facilities	0.7	0.8
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	7	
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	87	100
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	13	0
% Women receiving post-partum check-up within 48 hours of delivery to Total Reported Deliveries	93.7	90.7
% Women getting Post-Partum Checkup between 48 hours and 14 days to Total Deliveries	57.9	51
% Total Reported Live Births to Total Deliveries	99.2	99.1
% Newborns weighed at birth to live birth	97.9	88.5
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	5.8	8.3
% Newborns breast fed within 1 hour of birth to Total live birth	95.9	98.5
% newborns visited within 24hrs of home delivery to total reported home deliveries	56.2	37.4
Sex Ratio at birth (Female Live Births/ Male Births *1000)	901	883

Source- HMIS Data

Table 9: Delivery Indicators in Kanpur Dehat District

Block/Health Facility	Institutional Deliveries	Home Deliveries	
		SBA assisted	Non-SBA
District Combined Hospital, Akbarpur	5294	00	
CHC Akbarpur	119	0	
Amroudha	601	0	
CHC Sikandra	1223	0	
Derapur	1662	0	
Jhinhak	1751	0	
Maitha	1165	0	
Malasa	465	0	
Rajpur	1063	0	

Rasoolabad	2697	0	
Sandalpur	1082	0	
PHC Sarwankhera	604	0	
CHC Pukhraya	3016	0	
CHC Gajner	299	0	

Source- DPMU Office, 2017

Janani Suraksha Yojana (JSY)

Not all women who delivered at public institutions received any JSY incentive. This is not surprising, given that all women who registered for ANC did not complete all 3 ANC check-ups.

The payments to ASHAs for institutional delivery is very low at 52%(or in case of 21 thousand deliveries), even if it has seen an increase from 2015-16.

Table 10: Details of JSY Payments in Kanpur Dehat District

Indicators	2016-17	2015-16
% Mothers paid JSY incentive for home deliveries to Total Reported Home Deliveries	0.1	0.1
% Mothers paid JSY Incentive for Delivery at Public institution to Total Public Deliveries	87.9	73
% of cases where JSY Incentive paid to ASHA for Delivery at Public institution to Total Public Deliveries	52.6	45.5

Source- HMIS Data

Table 11: Status of JSY Payments in Kanpur Dehat District

Status of payments for JSY		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs
21041	0	18077

Source- DPMU Office, 2017

Maternal Deaths

There have been 6 maternal deaths in Kanpur Dehat District in the previous year. 3 of these occurred in the hospital. 5 out these 6 deaths occurred due to haemorrhage, while one of these occurred due to sepsis.

Table 12: Maternal Death Review in Kanpur Dehat District

Total Maternal Deaths	Place of Deaths			Major Reasons	Time of Death		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
6	3	1	2	Hemorrhage		2	3
				Obstetric Complications			
				Sepsis		1	
				Hypertension			
				Abortion			
				Others			

Source- DPMU Office, 2017

Adolescent & Child Health

Neonatal Health

The infrastructure for child health in the district includes 2 NBSUs and 14 NBCCs. The SNCU has 8 staff nurses and NBSU has 3 staff nurses. There is one NRC with 8 staff positions.

While the district has a SNCU, it is non-functional owing to the lack of a paediatrician.

Table 13: Neonatal health indicators in Kanpur Dehat District

	Numbers	whether established in last financial year (Yes/No)
Total SNCU	1	No (Non-functional due to vacant of Pediatrician)

Total NBSU	2	Yes
Total NBCC	14	Yes
Total Staff in SNCU	8(SN)	
Total Staff in NBSU	3 (SN)	
Total NRCs	1	
Total Admissions in NRCs	118	
Total Staff in NRCs	8	
Average duration of stay in NRCs	12	

Source- DPMU Office, 2017

There were no admissions in the SNCU or NBSU in the previous year. There were 118 admissions in the NRC, with an average duration of stay being 12 days.

Table 14: Treatment of sick neonates in Kanpur Dehat District

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NRCs	Treatment Outcome			
	Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA*
0	0	0	0	0	118	118	0	0	

Source- DPMU Office, 2017

Childhood Diseases

The most prevalent reason for childhood death in both financial years was diarrhoea and dehydration. However, measles as a cause has caused more deaths in 2016-17 than in 2015-16. No cases of Diphtheria, Pertusis, Tetanus Neonatorum (or Others) or Polio was reported in Children aged 0-5 Years.

Table 15: Causes of Death in Children aged 0-5 years

Cause of Death	2016-17	2015-16
Measles	1.7	0.2
Diarrhea and dehydration	97.8	98.4
Malaria	0.5	1.4

Source- HMIS Data

Immunisation

The administration of zero dose OPV and BCG at birth has grown in the last two financial years. Although the proportion of infants being vaccinated for measles has grown from the previous year, 10% of children drop out between the administration of BCG and measles. The administration of vitamin A presents a livelier picture as take-up is much higher. More children complete the 9th dose than the first dose.

Table 16: Immunisation Progress in Kanpur Dehat District

	2016-17	2015-16
% Newborns given OPV0 at birth to Reported live birth	84.8	72.8
% Newborns given BCG to Reported live birth	143.6	139.8
% Infants 0 to 11 months old who received Measles vaccine to reported live births	128.8	118.6
% Drop Out between BCG & Measles	10.3	15.2
% Children given Vit A dose1 to Reported live birth	128.8	118.6
% Children given Vitamin A Dose 9 to Children given Vit A dose1	207.1	156.3
% Immunisation Sessions Held to Immunisation Sessions Planned	95.1	94
% Immunisation Sessions where ASHAs were present to Immunisation Sessions Planned	89.3	88.9

Source- HMIS Data

Table 17: Immunisation Progress in Kanpur Dehat District

Block	Target	OPV at birth	BCG	DPT	OPV	Measles	Full Immunization
Akbarpur	5290		4094	3896	3896	3782	68.64
Amroudha	5991		4685	4413	4413	4421	71.13
Derapur	4283		3284	3374	3374	3119	69.56
Jhinhk	4184		3615	3219	3219	3263	74.43
Maitha	4863		4045	4587	4587	4447	87.83
Malasa	4333		3399	3234	3234	3274	72.02
Rajpur	4543		3871	3715	3715	3546	74.70
Rasulabad	7156		5334	5058	5058	4931	66.86
Sandalpur	3867		3038	2972	2972	2656	65.03
Sarwanhker	4758		3890	3735	3735	3241	65.36
Pukhrayana			598	455	455	388	
DCH			910	409	409	176	

Source- DPMU Office, 2017

Analysis of Block wise immunisation progress in the district reveals that Maitha district has come closest to meeting its immunisation goal (87%), while Sandalpur has performed the worst. (65.03%)

RashtriyaBal Suraksha Karyakram

RBSK team in the district covered 2456 school and registered 1.2 lakh children. Of these, 3871 children were diagnosed while 1747 were referred.

Table 18: RBSK Progress in District

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred
2016-17	2456	121875	3871	1747
2015-16				

Source- DPMU Office, 2017

Details of eye disease, ear, heart, physically challenged or anaemic children is not available,

Adolescent Health

Family Planning

While there has been some growth in male sterilisations from the previous year, it is largely females who undergo sterilisation. Majority of these sterilisations were conducted in PHCs.

Laparoscopic sterilisations is the main process by which females undergo sterilisation. Post-partum sterilisation accounts for 1.5% of all female sterilisations. All sterilisations were done at public institutions.

Table 19: Details of Family Planning Process in Kanpur Dehat District

	2016-17	2015-16
% Male Sterilisation (Vasectomies) to Total Sterilisation	1.7	0
% Total Sterilisation conducted at PHC to Total Sterilisation	63.8	50.3
% Total Sterilisation conducted at CHC to Total Sterilisation	27.4	37.3
% Total Sterilisation conducted at SDH/DH to Total Sterilisation	8.8	12.5
% Total Sterilisation conducted at Other Public Institutions to Total Sterilisation	0	0
% Total Sterilisation conducted at Private institutions to Total Sterilisation	0	0

% Laparoscopic Sterilisations to Total Female Sterilisations	91	80.1
% Mini Lap Sterilisations to Total Female Sterilisations	7.5	16.7
% Post-Partum Sterilisations to Total Female Sterilisations	1.5	3.2
% Laparoscopic Sterilisations at Public Institutions to Total Laparoscopic Sterilisations	100	100
% Mini Lap sterilizations at Public Institutions to Total Mini Lap Sterilisations	100	100
% Post-Partum Sterilisations at Public Institutions to Total Post-Partum Sterilisation	100	100
% PP IUCD Insertions (public) to Total IUCD Insertions (public)	24.2	3
% PP IUCD Insertions (public) to Total Institutional Deliveries (public)	17.3	1.9
% IUCD insertions in public plus private institutions to all family planning methods (IUCD plus permanent)	95.1	92.7

Source- HMIS Data

The cases of sterilisation in all of the blocks falls way below their targets. Sarwankhera block achieved the highest level of IUCD insertions with respect to its set target, while Rasulabad block could only complete 20% of its IUCD target.

Table 20: Family Planning in Kanpur Dehat District

Block	Sterilization			IUCD insertions		Oral Pills		Condoms User	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*
Akbarpur	1035	4	63	3070	1653	1105	473	-	1017
Amroudha	1051	1	113	3124	745	1135	350	-	1324
Derapur	766	2	68	2300	1594	825	567	-	1121
Jhinjhk	839	0	17	2510	1559	905	288	-	1599
Maitha	909	1	60	2740	1705	986	416	-	1125
Malasa	812	4	82	2430	1528	875	385	-	1088
Rajpur	812	0	58	2430	986	875	461	-	1100
Rasulabad	1409	0	43	4220	863	1525	669	-	1260
Sandalpur	679	0	76	2040	1061	745	374	-	912
Sarwankhera	939	1	88	2810	2087	1015	455	-	1064
Pukhrayana	0	0	25	0	269	0	28	-	59
DCH	0	0	57	0	1011	0	0	-	5

Source- DPMU Office, 2017

Communicable Diseases

There has been a sharp rise in the number of detected cases of malaria in the district from 2015-16 to 2016-17, accompanied by a modest increase in the number of cases of TB. The number of detected cases of leprosy have remained more or less the same.

The data on Japanese Encephalitis or other communicable diseases is not available for the district.

Table 21: Communicable Diseases in Kanpur Dehat District

Name of the Programme/ Disease	2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
TB	12635	1097	13999	1192
Leprosy	236	236	237	237
Malaria	44081	171	56867	405

Source- DPMU Office, 2017

Non- Communicable Diseases

The data from DPMU Office reveals that there have been no screenings for diabetes, hypertension, osteoporosis, heart disease or other non-communicable diseases in the district.

Table 22: Details of Non-Communicable Diseases in Kanpur Dehat District

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes	0	0	0	0		0
Hypertension	0	0	0	0		0
Osteoporosis	0	0	0	0		0
Heart Disease	0	0	0	0		0
Others, if any	0	0	0	0		0

Source- DPMU Office, 2017

AYUSH Progress in District

There is an AYUSH centre in each of the blocks in Akbarpur, Amroudha, Derapur, Jhinhk, Maitha, Malasa, Rajpur, Rasulabad, Sandalpur, Sarwanhkeria and Pukhrayana. There is one centre in the combined district hospital as well.

Table 23: AYUSH progress in Kanpur Dehat District

<i>Block</i>	<i>No. of facilities with AYUSH health centers</i>	<i>No. of AYUSH Doctors</i>
<i>Akbarpur</i>	1	1
<i>Amroudha</i>	1	1
<i>Derapur</i>	1	1
<i>Jhinhk</i>	1	1
<i>Maitha</i>	1	1
<i>Malasa</i>	1	1
<i>Rajpur</i>	1	1
<i>Rasulabad</i>	1	1
<i>Sandalpur</i>	1	1
<i>Sarwanhkeria</i>	1	1
<i>Pukhrayana</i>	1	2
<i>DCH</i>	1	2

Source- DPMU Office, 2017

The details of patients receiving treatment in the AYUSH centre is not known for any of the blocks.

Community Process in District

1700 ASHAs are presently working in the district. No ASHA resource centre or ASHA ghar is available in the district.

Table 24: Community Process in Kanpur Dehat District

<i>Last status of ASHAs (Total number of ASHAs)</i>	
<i>ASHAs presently working</i>	1700

<i>Positions vacant</i>	
<i>Total number of meeting with ASHA (in a Year)</i>	
<i>Total number of ASHA resource centers/ ASHA Ghar</i>	0
<i>Drug kit replenishment</i>	
<i>No. of ASHAs trained in last year</i>	
<i>Name of trainings received</i>	1)

Source- DPMU Office, 2017

Quality in health care services

Bio medical pits are not available in any of the health facilities in the district. Provision of color coded bins and outsourcing of bio medical waste collection have been made available in the DH, all CHCs and 6 PHCs.

Table 25: Quality in health care services in Kanpur Dehat District

Bio-Medical Waste Management	DH	CHC	PHC
<i>No of facilities having bio-medical pits</i>	0	0	0
<i>No. of facilities having color coded bins</i>	1	6	6
<i>Outsourcing for bio-medical waste</i>	1	6	6
<i>If yes, name company</i>	MPCC	MPCC	MPCC
<i>How many pits have been filled</i>			
<i>Number of new pits required</i>			
Infection Control			
<i>No. of times fumigation is conducted in a year</i>			
<i>Training of staff on infection control</i>			

Source- DPMU Office, 2017

Facility-Wise Observations

Combined District Hospital

Figure 1: Combined District Hospital (CDH)



- The hospital looks at an OPD of 200 to 250 patients in a day, most dealing with ANC. Patients come from surrounding villages.
- Local initiatives have not been that successful. NGO participation in healthcare in the district is low.

Infrastructure

- The female part of the combined district hospital functions out of 15 years old good condition building. The governing body is from the male hospital. The facility has The infrastructure in the facility is akin to a 30-bedded hospital. However, the facility has 60 donated beds.

- Staff quarters for MOs are not available, while those for staff nurses and other categories are available. Further, rooms in the hospital for doctors are lower than what is needed.
- The facility has electricity with power back up, running 24*7 water supply, clean toilets separate for male/female, clean labour room, with attached toilet and new born care corner. Daskh Skill Lab & ICTC Centre is available in the facility. BMW management process is in place.
- The facility does not have NBSU, SNCU or ARSH clinic. Nutritional Rehabilitation Centre or Burn Unit are also not available. The blood bank is available with the male hospital.
- The facility suffers from several drawbacks- seating for patients is inadequate. In the wards, benches besides patients' beds are not available. This leads relative visiting patients to sit on the beds. Toilets in the general ward are in bad shape. Female ward is dimly lit. There is water seepage in the building. Construction of the facility also needs to be reinforced. Further, roads in front of the facility were waterlogged at the time of this visit.

Figure 2: Waterlogging in front of CDH, Kanpur Dehat



8 ambulances- 4 108, 4 102, 2 ASLV

Human Resource

- The facility employs 2 regular OBGs, 2 regular Anaesthetist and 2 regular Paediatrician and One General Surgeon on contract. No Other Specialists are employed in the facility. 3 regular MOs, 7 regular and 8 contractual SNs, 2 contractual ANMs, 1 regular LT, Radiographer and Pharmacist. For Security of the facility, two home guards are employed.
- The staff underwent training for SBA, MTP/MVA, NSSK, Mini Lap-Sterilisations, Laproscopy-Sterilisations, PPIUCD and Immunization and cold chain in the last fiscal year.

Equipment

- BP Instrument and Stethoscope, delivery sets, Neonatal, Paediatric and Adult Resuscitation kit, Weighing Machine (Adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Foetal Doppler/CTG, Mobile light, Delivery Tables, Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment and Phototherapy unit
- Dialysis Equipment is not available. The facility also needs food trolley, larger capacity of RO and blood storage unit.
- The facility has all OT equipment like O.T Tables, O.T lights (mobile & ceiling), Anaesthesia machines, Pulse-oximeters, Multi-para monitors, Surgical Diathermies, Laparoscopes and Autoclaves (H or V). Functional Ventilators or C-arm units are not available.
- Laboratory Equipment like functional Microscope, Hemoglobinometer, Centrifuge, Semi autoanalyzer, Reagents and Testing Kits and Ultrasound Scanners. This is the only facility having ultrasound machine besides CHC Rasoolabad. C.T Scanner, X-ray units or ECG machines are not available.

Essential Drugs & Supplies

- The facility displays EDL and resorts to computerised inventory management.

- Drugs such as IFA tablets, Vit A syrup, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets, antibiotics. Labelled emergency tray is available.
- Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc and Adequate Vaccine Stock is available.
- IFA syrup with dispenser, ORS packets, Zinc tablets and Mifepristone tablets are not available.
- Supplies such as Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, EC pills or IUCDs are available. The facility does not have adequate supply of sanitary napkins.
- Essential consumables such as Gloves, Mckintosh, Pads, bandages, and gauze etc. are available in the facility.

Laboratory Services

- The facility (pathology department in the male facility) can conduct tests for Haemoglobin, CBC, Urine albumin and sugar, Blood sugar, RPR, Malaria, T.B, HIV, Ultrasound scan (Ob.), Ultrasound Scan (General).X-ray& ECG is available in the male facility. Liver function tests(LFT) cannot be conducted at the facility.

Funds

- No funds were received by the health facility in 2016-17.

Maternal Health

- 5294 deliveries were conducted in the facility in the previous year.
- Anaemia is a common problem in pregnant women. While WIFS are distributed, their approach is mostly in the later stages of pregnancy and is not able to make as much of a difference as it could.
- Mothers are asked to stay for 48 hrs after delivery.
- JSSK diet is being provided free of charge. They receive milk and biscuits for breakfast, and thali for lunch. Food is made in the facility.
- All mothers initiated breast feeding within one hour of normal delivery
- Manage high risk pregnancy

Child Health

- Zero dose BCG, Hepatitis B and OPV is given in the facility.
- The facility has a new (6 months old) SNCU. However, the space is not adequate as per its SNCU, and is affected by seepage.
- Presently, no paediatrician is available in the facility. Children are referred to Kanshi Ram in Kanpur.
- The facility can provide essential new-born care (thermoregulation, breastfeeding and asepsis) and manage sick neonates and infants.

Adolescent Health

- No separate room for ARSH clinic is available.
- Adolescents come in via regular OPD. Irregular menstruation is the most common common problem.

ICTC

- Kits for RTI/STI are available in the ICTC room. 8-10 cases of HIV are reported per year.
- Any high risk cases are individually screened and followed up. Pregnant women are also counselled. To tackle social stigma around these illnesses, family counselling is also done.
- Saturdays are reserved for outreach in the community.
- The centre also deals in family planning counselling

Blood Bank

- Blood storage capacity and amount of donations is low. Often, the supply for blood is lower than demand.
- Functional blood bag refrigerators with chart for temperature recording and sufficient no. of blood bags are available.

Biomedical Waste Management

Figure 3: Biomedical Waste Management in CDH, Kanpur Dehat



- The internal structure of BMW management in the facility involves a BMW committee (comprised of a doctor, a pharmacist, a supervisor, anaesthetist and a lady doctor) that meets monthly.
- Waste collection has been outsourced to a company names MPCC. The contract for this arrangement is made on a district level. The rates for collection are mentioned in this the contract. No penalty clause is mentioned in this contract.
- The issues faced in the collection of BMW include ill-timed supply, bad quality of bins and polythene bags, low budget for BMW. The hospital cannot make its own arrangements to manage BMW. While training for waste management is givento all staff, it is not working very well in all department. The best practice is followed in the OT, while its functioning in the labour room faces some issues.
- The BMW supplies are collected by the pharmacist who is available only till 2pm. However, the delivery by the company is made at different hours. The company claims to collect more polythenes than it supplies.
- The road from the hospital to the temporary storage site of waste is broken, prohibiting transport by trolley. The bins are not adequately covered. Vermins or pests can easily

enter them. Locked gates or barbed wire is not provided around the bin. Handwashing facility is available close to the bins.

Figure 4: BMW disposal in CDH, Kanpur Dehat



- Blue bins are not available. Black bins are being used for this purpose.
- In the immunisation room, it was seen that waste is not collected frequently.

CHC Pukhrayan

- The CHC in Pukhrayan is a FRU, and handles OPD of about 450 in a day.
- Its catchment area includes a population of 28 thousand.

Figure 5: CHC Pukhrayan**Infrastructure**

- The health facility functions out of a government building and is in good condition.
- Staff quarters for MOs, SNs and other categories are available.
- The facility does not have a Nutritional Rehabilitation Center.
- The development of a BB/BSU is underway.
- There is no dedicated OT for labour. There is one general OT which is not centrally air conditioned, and runs two operations per day.
- While an increase in population prompted a shift of this centre from a PHC to a CHC, the infrastructure and resources were not expanded appropriately.

Human Resource & Trainings

- The facility has one OBG (who is attached to the CHC in Rasoolabad) and one anaesthetist. Specialists for Ortho and ENT are employed in the facility, while no paediatrician or general surgeons are available. The facility has two medical officers, 7 staff nurses, 3 ANMs and 3 LTs. 4 pharmacists, 1 radiographer, 1 RMNCHA + counsellor and a ICTC counsellor also work at the facility.

- Security guards are not present in the facility, causing lax security measures. Females working in the facility feel unsafe because of this.
- The registration counter for OPD should ideally have three lines- male, female and disabled. But the facility lacks adequate staff to carry this out.
- While the facility is a FRU, and carries out C-section deliveries, it does not have adequate staff in the OT. There is no dedicated staff nurse or sweeper.
- The facility has 3 male sweepers as their contractual staff. It needs a lady sweeper for the labour room. Sweepers are also needed in the emergency OT 24*7.
- The staff underwent training for Laparoscopy, PPIUCD and Blood storage in the previous financial year.

Equipment

- The facility has BP Instrument and Stethoscope, Sterilised delivery sets, Weighing Machine (Adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Functional Autoclave and phototherapy unit.
- Neonatal, Paediatric and Adult Resuscitation kits are available, but aren't in a satisfactory condition
- Functional ILR and Deep Freezer, Emergency Tray with emergency injections or MVA/ EVA Equipment is not available.

Essential Drugs and Supply

- While essential drugs list is displayed in the facility, it does not resort to a computerised inventory management.
- Essential drugs and supplies are available at DHH except IFA syrup with dispenser, misoprostol and mifepristone tablets. The facility also does not have zinc, and has been facing a shortage of IFA with ANMs.
- Vaccines are in stock.

Laboratory Services

- The CHC has all laboratory equipment like Microscope, Hemoglobinometer, Centrifuge and Reagents and Testing Kits. It does not have a Semi autoanalyzer.

- The facility can conduct tests such as Haemoglobin, Urine albumin and sugar, Blood sugar, RPR, Malaria, T.B and HIV. CBC and Liver function tests(LFT) are not done in the facility.

Maternal Health

- The facility handles 300 deliveries in a month.
- While the facility does C-sections, it does not conduct emergency C-sections as an anaesthetist and surgeon are not available round the clock. In its catchment population, anaemia is not very prevalent. The need for C-section arises very infrequently. Further, the public has little inclination for C-section deliveries.
- No maternal deaths were reported in this facility so far in this year.
- JSY payments are up to date. Non-linkage of account number and or AADHAAR have led to some lapses in payments.
- Iron sucrose is not available.

Child Health

- The facility has been conducting 100% immunisation at birth.
- While it does not have a paediatrician, cases relating to child health are managed by existing staff.
- NBSS has two phototherapy units
- There have been no neonatal or infant deaths in this year or the previous one.

Family Planning

- The facility conducts 1-2 sterilisations and mini-laps in a day.
- PPIUCD is the most preferred mode of sterilisation. NSV procedures have been recently started. ECP takeup is relatively low,
- Pressured by families
- ICTC
- Patients are followed up on. If positive, they are counselled. Sent to ART centre. RNTCP test is performed. Spouse is tested. And the family is followed up on

Funds

- Resources allocated are not sufficient per an individual facility's need.
- Funds are received by the facility under the RCH flexipool.

Drugs

- The facility faces a shortage of drugs.

Blood Storage Unit

- The facility has trained its doctors and LTs are trained, and will be applying for a license for BSU soon.

Community Process

- The performance of ASHAs is satisfactory.
- As this facility is a non-block CHC, it is not directly involved in the community process.
- ASHAs underwent 3 to 4 trainings in the last year.

Data portals

- MCTS data portal poses occasional problems for the facility.

PHC Sarwankhera

Figure 6: PHC Sarwankhera



- The facility caters to a population of 1.6 thousand.
- While OPD is only functional from 8 to 2, the facility runs 24*7.
- Daily OPD for the facility is 400.
- Seasonal diseases such as cold & skin diseases are common in the catchment area.
- Agriculture is the prevalent occupation for the people in the facility's catchment area.
- The facility secured 2nd position in UP for Kayakalp.

Infrastructure

- Fumigation is regularly done in the facility. It has functional laundry, dietary and drug storage facilities also.

Human Resource

- The facility has limited staff compared to the OPD load it faces.
- Among NHM staff, the facility has has 2 regular and 5 contractual MOs. 2 staff nurses. There are 26 ANMs in all (combining both regular and contractual positions). Besides

this, the facility has 3 LHV/PHNs. Besides this, the facility has one dai and one chowkidar-cum-sweeper to assist the facility in day to day functioning.

- The staff underwent training for SBA, NSS, IUD, RTI/STI and immunisation and cold chain in the previous year.
- 1 chowkidaar cum sweeper is also present in the facility.

Funds

- While the facility proposed for RKS funds amounting to 2.5 lakhs, it is yet to receive these.

Equipment

- BP Instrument and Stethoscope, Sterilised delivery sets, neonatal, Paediatric and Adult Resuscitation kit, Weighing Machine (Adult and infant/newborn), Needle Cutter, Radiant Warmer, Suction apparatus, Facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, Deep Freezer, Emergency Tray with emergency injections and MVA/EVA Equipment are available with the facility.
- Laboratory Equipment like Microscope, Hemoglobinometer, Centrifuge, Semi autoanalyzer and Reagents and Testing Kits are also available with the facility.
- Equipment repair mechanism is in place in the facility.

Essential Drugs and Supplies

- EDL is displayed in the facility premises and computerised inventory management is resorted to.
- All essential drugs like IFA tablets, IFA syrup with dispenser, Vit A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets, Mifepristone tablets, antibiotics, drugs for hypertension, diabetes and other common ailments are in adequate stock in the facility.
- Labelled emergency tray and adequate Vaccine Stock are also available in the facility.
- The facility has adequate stock of all essential supplies like pregnancy testing kits, urine albumin and sugar testing kit, OCPs, EC pills, IUCDs and Sanitary napkins and essential consumables such as Gloves, Mckintosh, Pads, bandages, and gauze etc.

Laboratory Services

- The facility can conduct tests for Haemoglobin, Urine albumin and Sugar, Blood Sugar, Malaria, T.B, HIV, TLC, DLC and HBSDG.

Maternal Health

- The facility handles 36-40 ANC registrations in a day.
- JSSK diet is provided in the facility.
- 2 beds have been provided in the female ward and 6 beds in the delivery ward. The facility handles two deliveries in a day.
- Home deliveries in the facility's catchment area have reduced considerably.
- The facility is not capable of managing high risk pregnancies.

Child Health

- The facility can provide essential care to new-borns, and manage sick neonates and infants. Immunisation is carried out on Wednesday and Friday.
- 2 RBSK teams are functional in the district and are comprised of two doctors, 1 pharmacist and 2 ANMs. These teams usually identify cases of disability and skin infection. Adolescents encountered during these visits are encouraged to come to the clinic and are made aware of RTI/STI. Adolescents often come in with problems of vision.

Adolescents Health

- Pads are distributed on the field. Sanitary napkins stock is available with the facility.
- Problems often reported among adolescents are white discharge and RTI/STI.

Communicable Diseases

- 3-4 check-ups for RNTCP are done per day. 10-11 positive cases are reported monthly.

Family Planning

- The catchment area of the facility faces lukewarm take-up for contraceptives.
- Family size is 3 to 4 in the area.

- PPIUCD is not done in this facility as most patients are anaemic and this increases chances of bleeding. Patients who experience bleeding are counselled.
- Medicine or multiload is done in the facility.
- It is difficult to convince the population for IUCD insertion.

Community Process

- Nukkadnataks for awareness are often organised by the CMO office.
- The field team met with ASHAs-Sunaina Devi and SundaraDevi in the facility. The ASHAs conveyed that they face no problems relating to payments.
- Weekly training of ASHAs and ANMs is undertaken in the facility.

Record Maintenance

- The following registers are maintained by the facility: OPD Register, IPD Register, ANC Register, PNC Register, Indoor bed head ticket, Line listing of severely anaemic pregnant women, Labour room register, OT Register, FP Register, Immunisation Register, Updated Microplan, Drug Stock Register, Referral Registers (In and Out) and Payments under JSY.

IEC Display

- Approach roads have directions to the health facility. Other IEC like Citizen Charter, Timings of the Health Facility, List of services available, Essential Drug List, Protocol Posters, JSSK entitlements, Immunization Schedule and JSY entitlements are displayed in the facility.

SC Nariha

Figure 7 SC Nariha



- The health facility functions out of a government building where electricity or water are not available. While staff quarters are available, ANM does not reside there.
- The facility is not a delivery point. Deliveries are referred to the DH.
- The facility has one ANM, 7 MPWs and 7 ASHAs. No chowkidar is employed in the premises. The ANM underwent 2-3 trainings in the last financial year.
- It offers services such as immunisation, IUCD, condoms and PPIUCD. Immunisation is carried out on Wednesday and Sunday. Sanitary napkins are distributed as and when they are made available to the centre.
- Among equipment, the sub-centre has a Hemoglobinometer, BP Instrument and Stethoscope, Adult weighing machine and Needle & Hub Cutter. It does not have an autoclave.
- It faces some shortage of essential drugs and supplies. Misoprostol and IFA red has not been made available since May. The facility has Tetanus, iron and zinc, and these are made available to adolescents. Among medical supplies, the facility has stocks of urine

albumin and sugar testing kits, EC pills, IUCDs and sanitary napkins. Occasionally, pregnancy testing kits are made available. Contraception methods such as condoms and oral pills are delivered by ASHAs.

- There is no IEC display in the facility.
- JSY payments not always made to ASHAs, delays in payments for kusht rog and DOTS
- VCPM records maintained, immunisation, copper t and nirodh
- VHND is done on Saturday and Wednesday
- RBSK team comes, not much interaction with kids. That is done by Anganwadi workers
- Untied funds untied have not been received for two years by the facility. Because of this, certain expenses, for example photocopying is done on personal expense.

Table 26: Service Delivery Indicators in SC Nariha

Service Utilization Parameter	2016
Number of estimated pregnancies	161
No. of pregnant women given IFA	50
Number of deliveries conducted at SC	0
Number of deliveries conducted at home	25
ANC1 registration	142
ANC3 coverage	161
No. of IUCD insertions	71
No. of children fully immunized	126
No. of children given Vitamin A	126
No. of children given IFA Syrup	0
No. of Maternal deaths recorded	0
No. of still birth recorded	2
Neonatal deaths recorded	0
Number of VHNDs attended	101
Number of VHNSC meeting attended	101

SC Sangsiapur

Figure 8: SC Sangsiapur



- The facility is located inside school premises besides the Anganwadi centre. Electricity or water is not available in the facility. ANM quarters are present in the facility.
- The facility (and the area) does not have adequate drainage.
- One ANM and 5 ASHAs work at this facility.
- While the facility does not have a hemoglobinometer, it has other methods of haemoglobin estimation, blood sugar testing kits, BP instrument and stethoscope, adult weighing machine and infant/new-born weighing machine.
- It has adequate supplies of urine albumin and sugar testing kits, oral contraceptives, emergency contraceptives, IUCDs and condoms.
- It offers services such immunisation, IUCD, condoms and PPIUCD. Immunisation is carried out on Wednesday and Sunday.
- The facility faces a shortage of drugs.
- During the interaction of the RBSK team with school kids, they are educated about hygiene and cleanliness. This is supplemented by the work of the anganwadi workers, who also distribute iron supplements.
- ASHAs attached with this facility faced delays in payments for PPIUCD and JSY procedures.

- IEC display was proper in the facility. Posters were made available from the CHC.
- Untied funds are not available with the facility. Payments for certain expenses are made from pocket. Ambulance services are not available

Table 27: Service Delivery Indicators in SC Sangsiapur

Service Utilization Parameter	2016
Number of estimated pregnancies	165
No. of pregnant women given IFA	65
Number of deliveries conducted at SC	0
Number of deliveries conducted at home	17
ANC1 registration	165
ANC3 coverage	148
No. of IUCD insertions	69
No. of children fully immunized	121
No. of children given Vitamin A	121
No. of children given IFA Syrup	0
No. of Maternal deaths recorded	01
No. of still birth recorded	01
Neonatal deaths recorded	0
Number of VHNDs attended	84
Number of VHNSC meeting attended	84

Conclusion

Health Infrastructure

- The female part of the combined district hospital functions out of 15 years old good condition building. The governing body is from the male hospital. The facility has The infrastructure in the facility is akin to a 30-bedded hospital. However, the facility has 60 donated beds.
- Staff quarters for MOs are not available, while those for staff nurses and other categories are available. Further, rooms in the hospital for doctors are lower than what is needed.
- The facility has electricity with power back up, running 24*7 water supply, clean toilets separate for male/female, clean labour room, with attached toilet and new born care corner. Daskh Skill Lab & ICTC Centre is available in the facility. BMW management process is in place.
- The facility does not have NBSU, SNCU or ARSH clinic. Nutritional Rehabilitation Centre or Burn Unit are also not available. The blood bank is available with the male hospital.
- The facility suffers from several drawbacks- seating for patients is inadequate. In the wards, benches besides patients' beds are not available. This leads relative visiting patients to sit on the beds. Toilets in the general ward are in bad shape. Female ward is dimly lit. There is water seepage in the building. Construction of the facility also needs to be reinforced. Further, roads in front of the facility were waterlogged at the time of this visit.

Human Resource and Trainings

- The district has 4 sanctioned and 1 contractual MOs, while 3 of these positions remain vacant. There is only one gynaecologist in the district, with a vacancy for one position. 3 paediatricians, one regular and one contractual surgeon, 96 ANMs, 1 Lab technician, 17 Data Entry Operators, 33 Staff Nurses (both at CHC and PHC) are also available in the district. No X-ray technician or LHV is available in the district.
- There is a vacancy for 3 MOs, 1 gynaecologist, 3 paediatricians, 1 lab technician, 1 data entry operator.

- No training either on IUCD insertion, RTI/STI/HIV screening, FIMNCI, NSSK, SBA, BeMOC, MTP, Minilap/PPS or NSV was given to any health personnel in the last financial year.

Maternal Health

- In the last two financial years, the district has seen a steady increase in the number of women who get registered in the 1st trimester. However, the services that should be extended to pregnant women post registration have been lacking. Not all women 3 ANC check-ups or received TT2, Booster or IFA. Further, only 4% of women detected with severe anaemia were treated institutionally. On a positive note, there has been a decline in cases of hypertension among women registered for ANC.
- All women who registered for ANC also registered for JSY.
- The delivery indicators in Kanpur Dehat district show that there has been an increase in the incidence of institutional deliveries in the last two financial years. At the same time, the incidence of C-sections in institutional deliveries have also grown.
- The reliance on private institutions for delivery has grown in the last two financial years. However, it should be noted that more C-sections (as a percentage of total deliveries in facility) are reported in private facilities.
- Post-delivery care is majorly extended up to 48 hours of delivery. Check-ups between 48 hours and 14 days of delivery are rarer.
- Sex ratio at birth increased from 883 in 2015-16 to 901 in 2016-17.
- Not all women who delivered at public institutions received any JSY incentive. This is not surprising, given that all women who registered for ANC did not complete all 3 ANC check-ups.
- The payments to ASHAs for institutional delivery is very low at 52%(or in case of 21 thousand deliveries), even if it has seen an increase from 2015-16.
- There have been 6 maternal deaths in Kanpur Dehat District in the previous year. 3 of these occurred in the hospital. 5 out these 6 deaths occurred due to haemorrhage, while one of these occurred due to sepsis.

Child Health

- The infrastructure for child health in the district includes 2 NBSUs and 14 NBCCs. The SNCU has 8 staff nurses and NBSU has 3 staff nurses. There is one NRC with 8 staff positions.
- While the district has a SNCU, it is non-functional owing to the lack of a paediatrician.
- There were no admissions in the SNCU or NBSU in the previous year. There were 118 admissions in the NRC, with an average duration of stay being 12 days.
- The most prevalent reason for childhood death in both financial years was diarrhoea and dehydration. However, measles as a cause has caused more deaths in 2016-17 than in 2015-16. No cases of Diphtheria, Pertussis, Tetanus Neonatorum (or Others) or Polio was reported in Children aged 0-5 Years.
- The administration of zero dose OPV and BCG at birth has grown in the last two financial years. Although the proportion of infants being vaccinated for measles has grown from the previous year, 10% of children drop out between the administration of BCG and measles. The administration of vitamin A presents a livelier picture as take-up is much higher. More children complete the 9th dose than the first dose.
- Maitha district has come closest to meeting its immunisation goal (87%), while Sandalpur has performed the worst. (65.03%)
- RBSK team in the district covered 2456 school and registered 1.2 lakh children. Of these, 3871 children were diagnosed while 1747 were referred.
- Details of eye disease, ear, heart, physically challenged or anaemic children is not available,

Family Planning

- While there has been some growth in male sterilisations from the previous year, it is largely females who undergo sterilisation. Majority of these sterilisations were conducted in PHCs.
- Laparoscopic sterilisations is the main process by which females undergo sterilisation. Post-partum sterilisation accounts for 1.5% of all female sterilisations. All sterilisations were done at public institutions.

- The cases of sterilisation in all of the blocks falls way below their targets. Sarwankhera block achieved the highest level of IUCD insertions with respect to its set target, while Rasulabad block could only complete 20% of its IUCD target.

Communicable Diseases

- There has been a sharp rise in the number of detected cases of malaria in the district from 2015-16 to 2016-17, accompanied by a modest increase in the number of cases of TB. The number of detected cases of leprosy have remained more or less the same.
- The data on Japanese Encephalitis or other communicable diseases is not available for the district.

Non- Communicable Diseases

- The data from DPMU Office reveals that there have been no screenings for diabetes, hypertension, osteoporosis, heart disease or other non-communicable diseases in the district.

AYUSH Progress in District

- There is an AYUSH centre in each of the blocks in Akbarpur, Amroudha, Derapur, Jhinhk, Maitha, Malasa, Rajpur, Rasulabad, Sandalpur, Sarwankhera and Pukhrayana. There is one centre in the combined district hospital as well.
- The details of patients receiving treatment in the AYUSH centre is not known for any of the blocks.

Community Process in District

- 1700 ASHAs are presently working in the district. No ASHA resource centre or ASHA ghar is available in the district.

Quality in health care services

- Bio medical pits are not available in any of the health facilities in the district. Provision of color coded bins and outsourcing of bio medical waste collection have been made available in the DH, all CHCs and 6 PHCs.

Recommendations

- Drug prescription by doctors should be prescribed based on generic drug compositions. The onus of choosing which company should not lie with the doctors but on a medical board which can evaluate performance of companies. The capping should be placed on companies as to how much advertising is allowed.
- Incentive for sterilisation under JSY should be instituted to push the public towards sterilisation.
- AYUSH doctors are involved with deliveries in some facilities. It may be worthwhile to explore the role AYUSH can play in maternal care. Complimentary AYUSH medicine could be some focus on JSY with AYUSH.
- Infrastructure in the sub-centres needs to be improved so that adequate services can be delivered to the residents. Seating space for OPD patients and seating of visitors for IPD services should be provided in the facilities. Roads connecting health facilities should have mechanisms for drainage so that connectivity to the facility is not hampered. Several buildings were in need of repair or reinforcement, and this needs to be fixed.
- Adequate human resources need to be hired in these health facilities so that service delivery is optimal.
- The facilities face several issues in the collection of BMW, and these need to be addressed adequately. There is a need to sanction more funds for BMW. Quality of bins and polythene bags needs to be ensured. Problems faced by staff in transport of waste from facility to temporary storage site should be minimised. Locks or barbed wire should also be provided around the storage site.
- On part of the facilities, it needs to be ensured that waste is regularly collected from the bins in the facility.