



**MAY, 2023**

**A MONITORING AND EVALUATION REPORT  
OF THE KEY COMPONENTS OF THE**

# **NATIONAL HEALTH MISSION**

**PROGRAMME IMPLEMENTATION PLAN**

**DISTRICT BAGHPAT  
UTTAR PRADESH**



**POPULATION RESEARCH CENTRE  
INSTITUTE OF ECONOMIC GROWTH  
UTTAR PRADESH**

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# ACKNOWLEDGEMENTS

The National Health Mission stands as a testament to the Government of India's commitment to public health and family welfare. It is a privilege for the Population Research Centre, Uttar Pradesh to be trusted by the Ministry of Health and Family Welfare, GoI, to undertake the Monitoring and Evaluation concerning the pivotal aspects of NHM Programme Implementation Plans (NHM-PIP). We express our profound gratitude to Shri S.R. Meena, Director General; Ms. Anjali Rawat, Deputy Director General; Mr. Kumar Sundaram, Director; and Ms. Preeti, Assistant Director, from MoHFW (Stat.), GoI, for their financial backing and unwavering support.

Our acknowledgment extends to the Chief District Medical Officer, Baghpat, and to the District Programme Manager, Baghpat District. Their invaluable support was instrumental in the seamless execution of field operations, and their dedication facilitated our access to vital facilities, records, and data. Their contributions were indispensable.

Our gratitude also goes out to the Medical Officers across the district facilities we visited. Their insights, stemming from hands-on experience, shed light on the nuances of programme implementation. Additionally, our heartfelt appreciation is directed towards the beneficiaries and patients across these facilities, whose patience and cooperation enriched our understanding.

Lastly, a special mention to Ms. Sangam Singh, whose invaluable assistance during our facility visits was instrumental in the success of our endeavours.

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# ABOUT THE REPORT

## **Objective:**

A successful planning and implementation of a given plan of action must always necessarily stipulate for a sound monitoring and evaluation mechanism. M&E plays a key role in ensuring the sustainability of a programme/plan in the long run, and also helps with course-correction – if and wherever required – in the short term.

## **Background:**

The Government of India's flagship health programme – National Health Mission – is approaching its two-decade mark in 2025. The programme has undergone several structural shifts to envisage “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health”. The programme is publicly funded by the union and state governments and is structured across six financing components.

## **Methodology:**

The MoHFW annually assigns its pan-India network of Population Research Centres with the Monitoring and Evaluation component of the NHM-PIP at the district level. The approach consists of:

- Conducting a desk-review of health systems framework specific to each assigned state or district to work out the contemporary trends in health outcomes vis-à-vis health inputs.
- Corroborating the secondary findings with methodical visits to the health facilities in each of the assigned districts.

## **Scope:**

This NHM-PIP monitoring report is focused on the district of Baghpat, Uttar Pradesh. It offers insights into key population, socio-economic, health, and service delivery indicators of the district. Further, it touches upon the health infrastructure and human resource availability within the district, and summaries observations from the team's visit to the health facilities in the district.

## **Data Sources:**

The information for this report was derived from:

- Health facility visits
- Secondary data from the CDMO office
- Structured checklists from the NHM nodal officers and health facilities
- Round table meeting with the CDMO, NHM Nodal officers, and administrative/managerial staff
- Desk review of state PIPs and district FMR records
- Evaluation of HMIS and NFHS-5 data trends for Baghpat District

## **Purpose:**

The findings of this report aim to assist key stakeholders in determining whether the current health system effectively addresses the health needs and aspirations of its people.

### Structure of the Report:

This report is meticulously designed to first present an encompassing view of Baghpat's district, capturing its social, demographic, and health metrics. As readers progress, they will find a deeper dive into the intricacies of the district's healthcare framework, with a focus on its financing, infrastructure, and workforce dynamics. The culmination of the report is marked by detailed observations from field visits, which are further distilled into a succinct summary and a set of actionable recommendations.

Throughout our analysis, our lens remains fixed on understanding various facets of the district's public healthcare system. The goal is to garner insights that can fortify the National Health Mission's (NHM) implementation in Baghpat. To aid this analytical journey, it's pivotal to have a holistic understanding of the national health programmes currently in play or slated for implementation in the Baghpat district (as presented below). This foundational knowledge will enrich readers' comprehension, connecting granular findings to the overarching objectives of the NHM.

# NHM IMPLEMENTATION IN BAGHPAT DISTRICT: A SNAPSHOT

Implemented/Available				Not Available/Implemented	
Free drugs	SNCU	HBNC	IDSP	NRC	UHC- Cancer
PMSMA	NBSU	Referral Transport (CAT Cell)		PE & WIFS	SMHA
NIDDCP	NVBDCP	NTEP	Kayakalp/QA	DH only	Approval Awaited
NTCP		NLEP		Free diagnostic (Outsource basis)	RBSK
				Mera-Aaspatal	MTC : Under Planning Phase. NVHCP

# **DISTRICT BAGHPAT: AN OVERVIEW**



# THE DEMOGRAPHICS

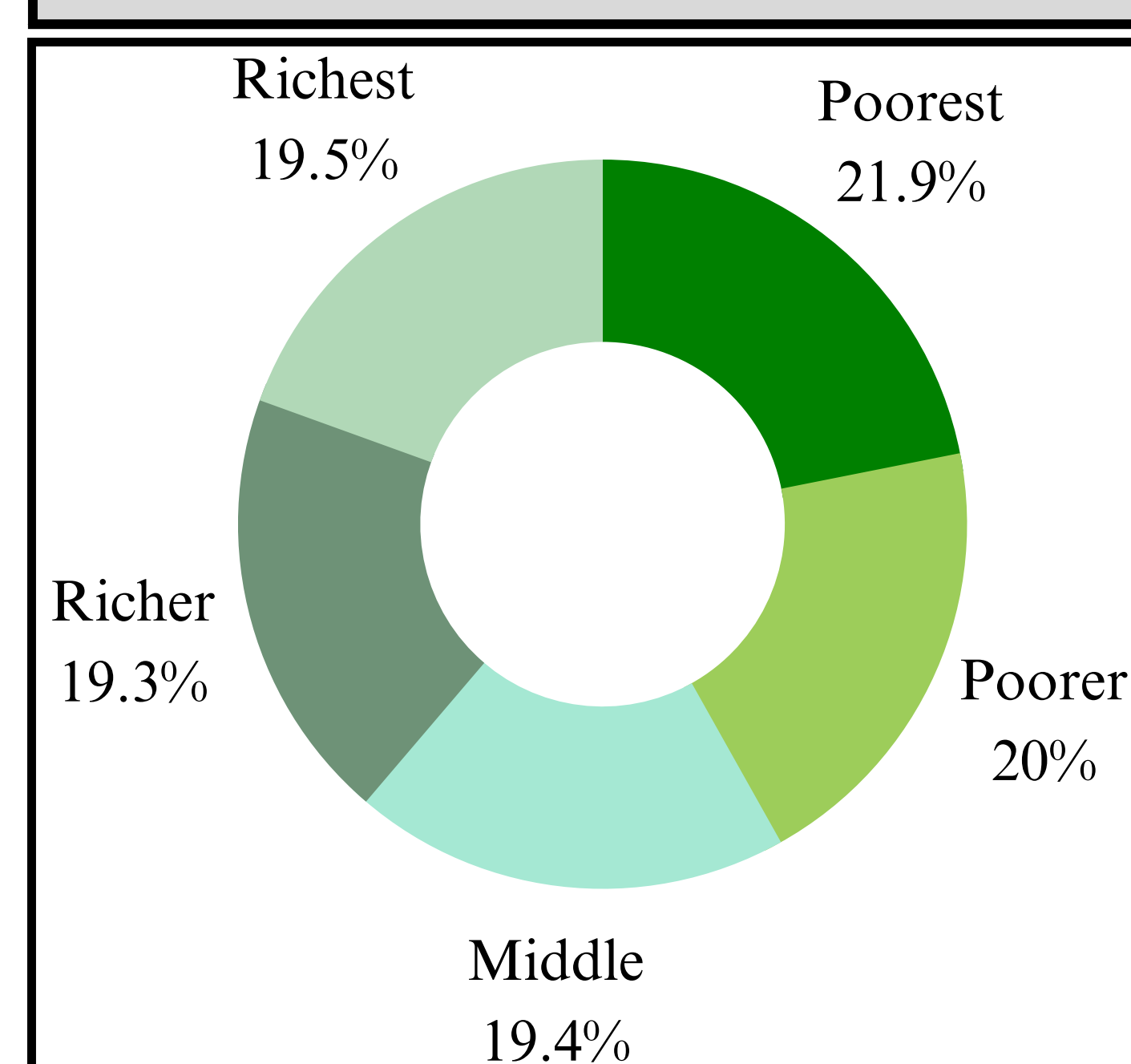
Situated on the eastern periphery of Uttar Pradesh, Baghpat District is defined by its unique geographical location, sharing its boundaries with the NCT of Delhi. The district is characterized by a high population density, recorded at 27,132 individuals per square kilometer, a figure substantially higher than the state average of 11,320. Over the decade from 2001 to 2011, the district has undergone significant demographic transformations. The population has escalated from 1,463,583 to 1,709,346, reflecting substantial growth. Additionally, there has been an improvement in gender equity, as evidenced by the sex ratio, which has increased from 843 females per 1000 males in 2001 to 884 in 2011.

The literacy rate in Baghpat District is relatively high, with 89.3% of the population being literate. However, a gender disparity exists, with 93.12% literacy among males and 84.97% among females. In terms of religious composition, Hindus constitute the majority with 1,410,852 adherents, followed by Muslims at 178,807, and other religious communities comprising the remainder of the population.

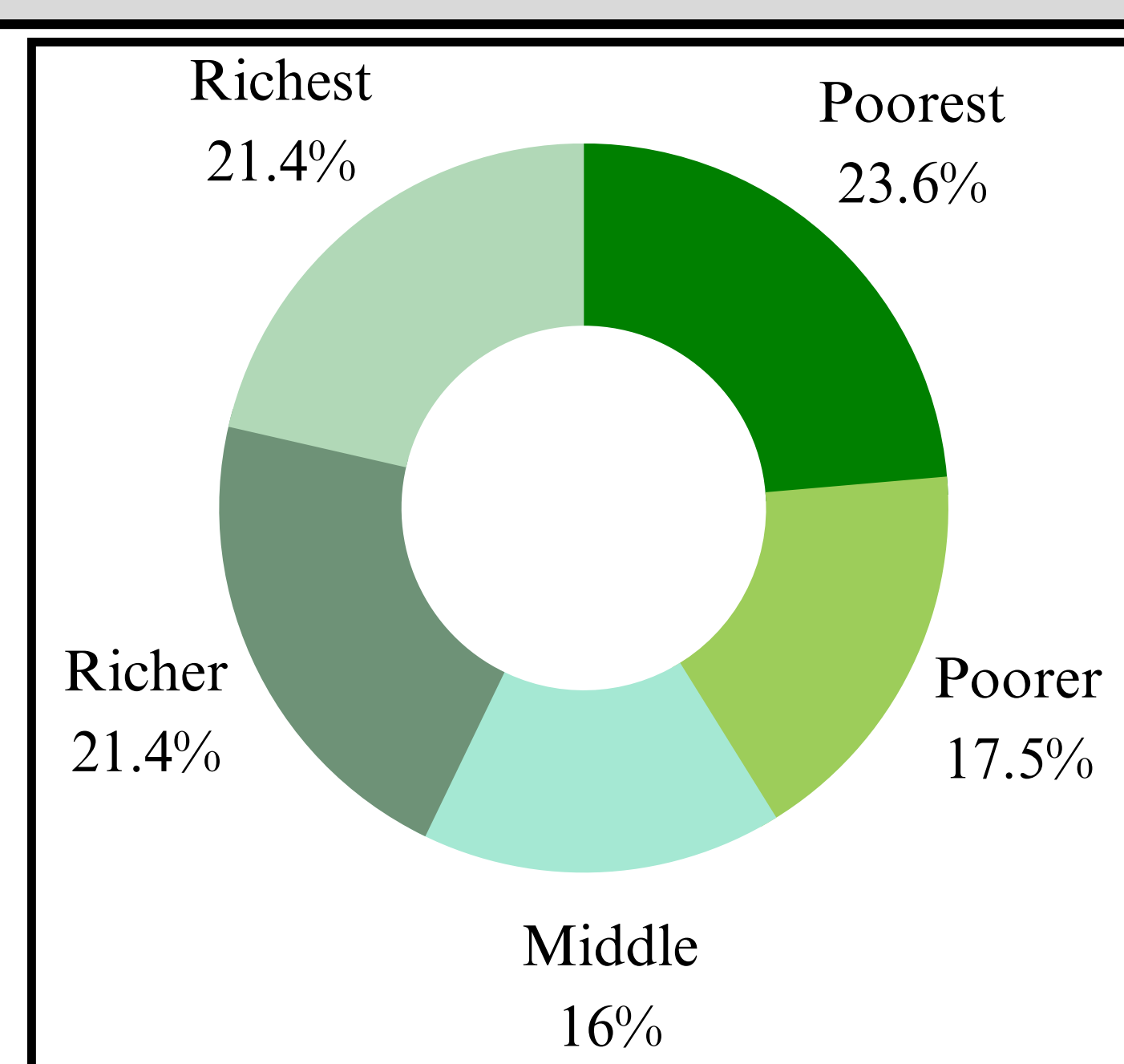
Largely, the district is a bustling urban expanse, distinguished by its high population density.

# SOCIO-ECONOMIC INSIGHTS

Indicators	Uttar Pradesh (%)	Baghpat (%)	District Ranking (Ascending)
Households with an improved drinking water source	99.5	98.6	11
Households that use an improved sanitation facility	80.8	81.2	7
Households using clean fuel for cooking	98.9	99	5
Households having a Mosquito Net for Sleeping	8.1	4.3	8
Households with a BPL Card	11.2	12.8	4

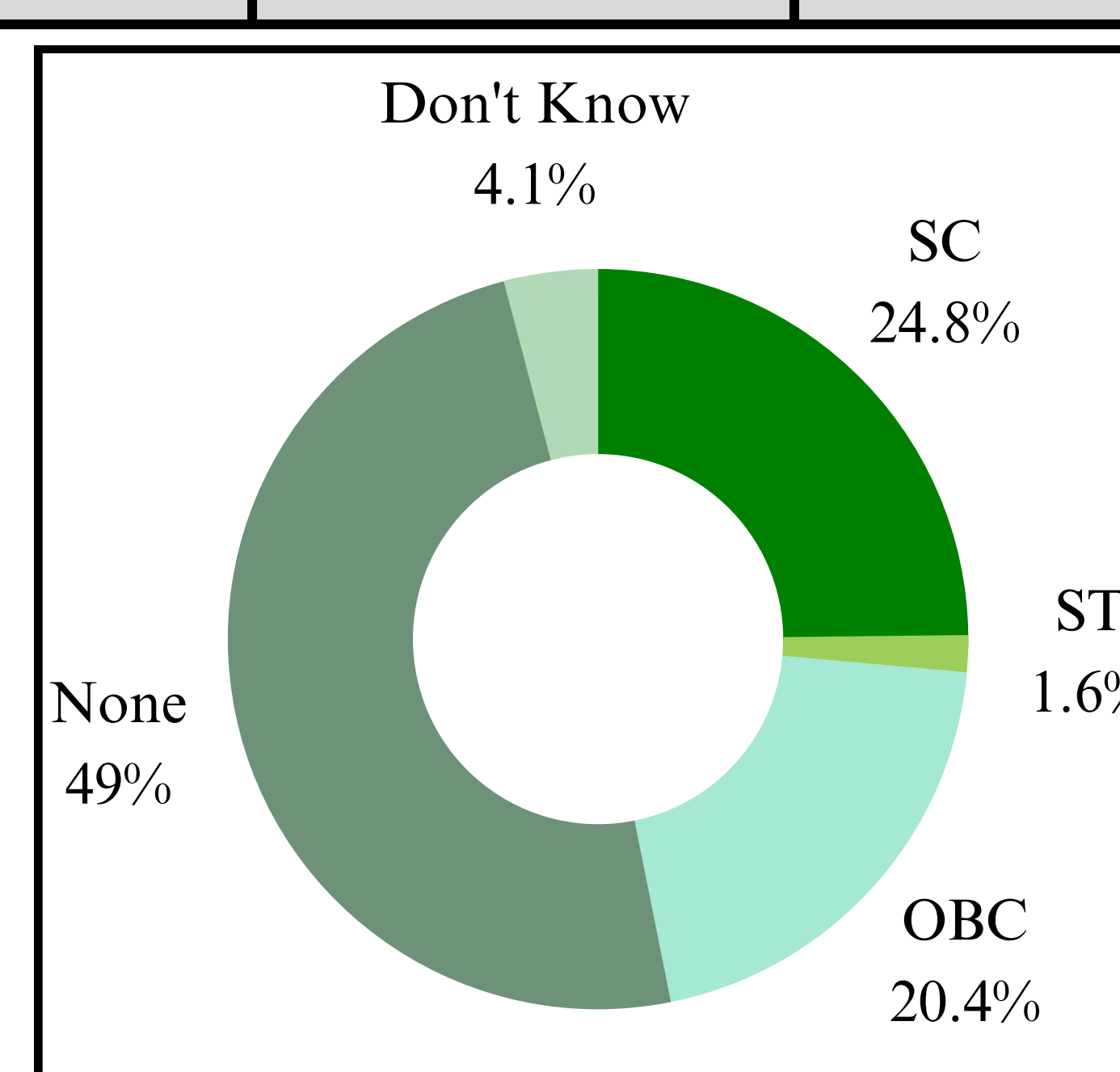


Uttar Pradesh

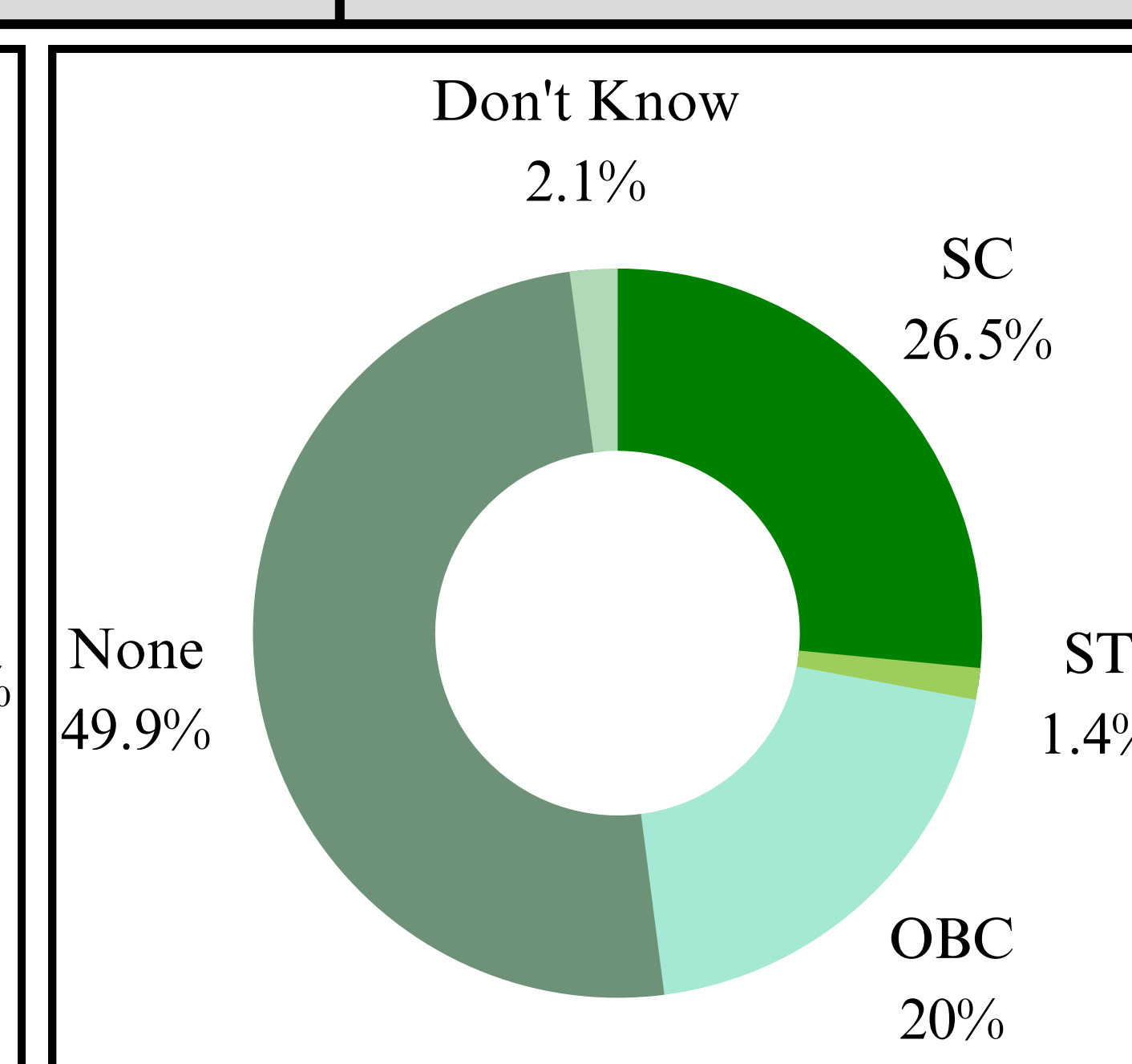


Baghpat

DISTRIBUTION OF HOUSEHOLDS BY WEALTH INDEX



Uttar Pradesh



Baghpat

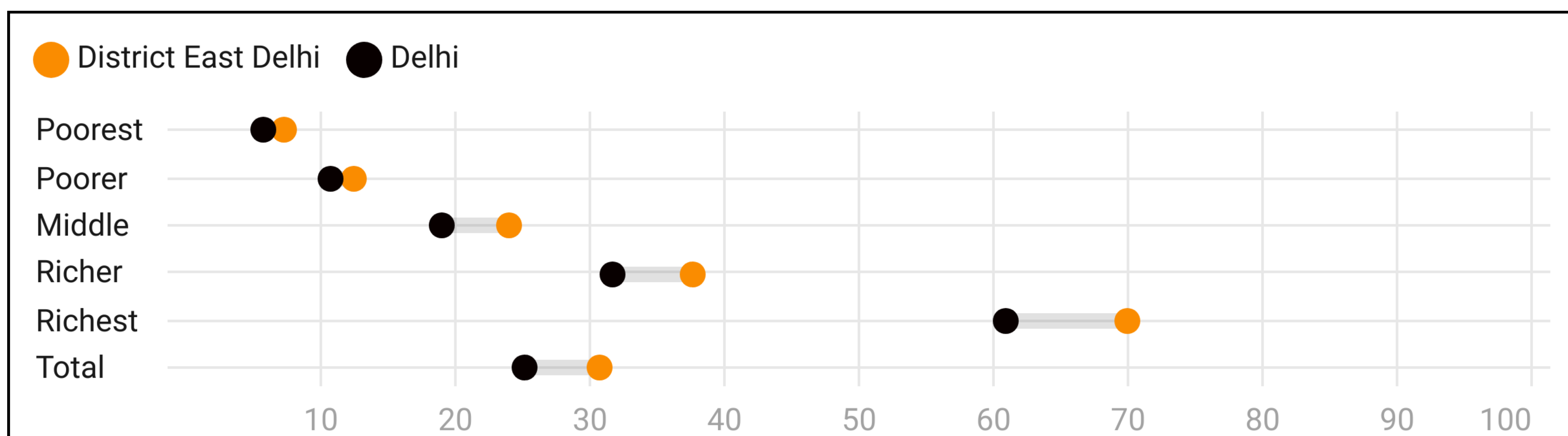
DISTRIBUTION OF HOUSEHOLDS BY WEALTH INDEX

In examining the basic amenities and socioeconomic structures of Uttar Pradesh and its Baghpat, some notable patterns emerge. Baghpat boasts an impressive 98.6% of households with access to an improved drinking water source, which is just slightly lower than Uttar Pradesh's commendable average of 99.5%. The sanitation facilities tell a similar story: Baghpat slightly outperforms the broader region with 81.2% of its households using improved facilities, as opposed to Uttar Pradesh's 80.8%.

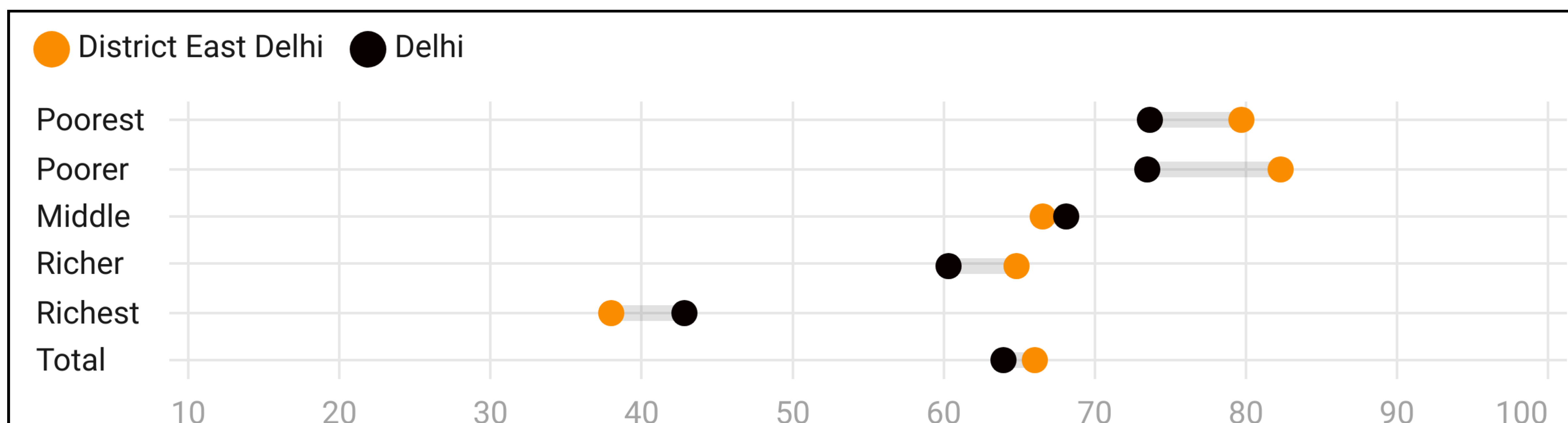
Economically, Baghpat has a slightly higher proportion of households identified as "poorest" at 23.6% when compared to Uttar Pradesh's 21.9%. Remarkably, Baghpat presents a juxtaposition with higher percentages of households in both the "poorest" and the "richest" categories, suggesting a broader economic divide within the district.

The caste and community composition further offer insights into the region's socio-demographic profile. Scheduled Caste representation is a tad higher in Uttar Pradesh at 26.5%, compared to Baghpat's 24.8%. In both regions, the Scheduled Tribe population remains minimal. Other Backward Class percentages hover around the 20% mark for both areas. Further, approximately half of the population in both regions doesn't identify with any of the designated categories.

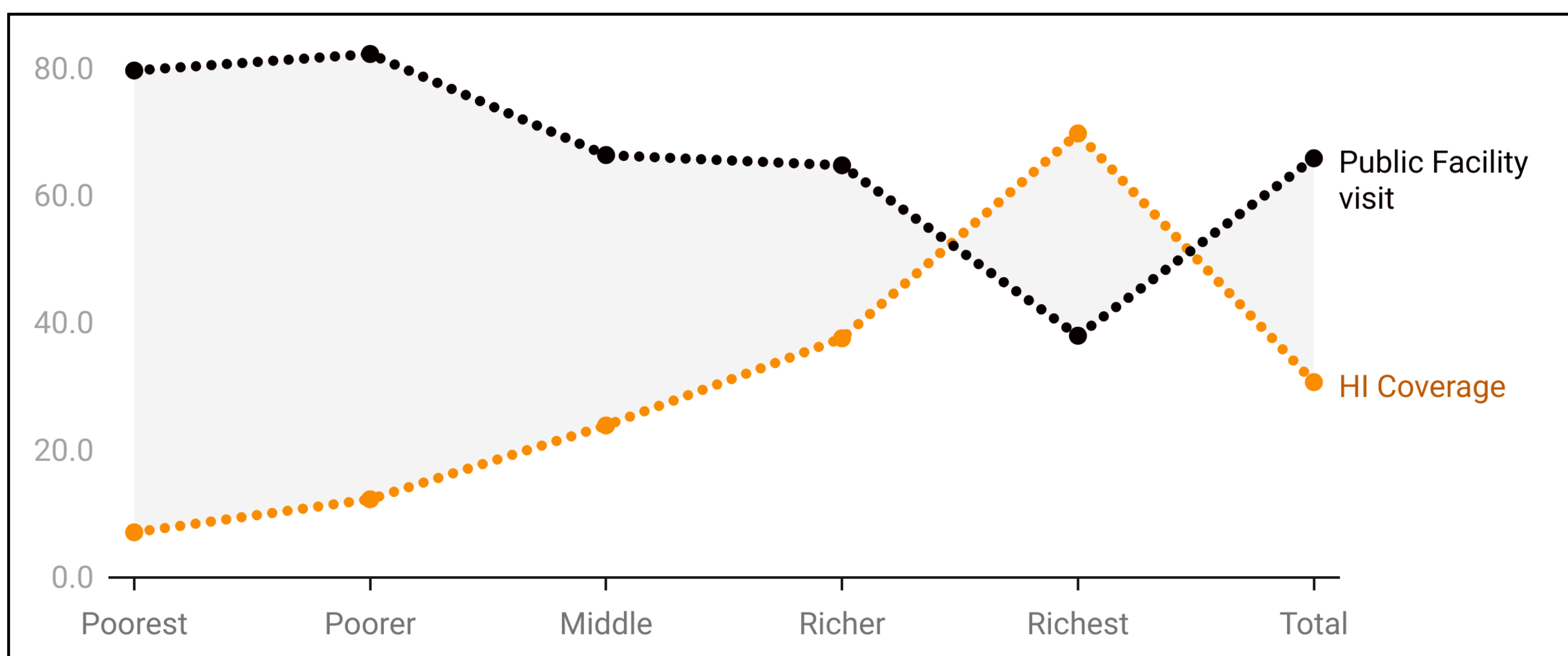
**HOUSEHOLD HEALTH INSURANCE COVERAGE (ANY MEMEBER), NFHS-5 2019-20**



**HOUSEHOLD PREFERENCE FOR SEEKING TREATMENT AT A GOVERNEMNT HEALTH FACILITY, NFHS-5 2019-20**



**HOUSEHOLD HEALTH INSURANCE AND TREATMENT SEEKING PREFERENCE AT A PUBLIC FACILITY, NFHS-5 2019-20**



# HEALTH PROFILE

The figures illustrate key health indicators across varying wealth indices in Baghpat and the broader Uttar Pradesh region. An intriguing inverse relationship is evident in both regions: as the wealth index rises, health insurance (HI) coverage increases, yet the propensity to access public health facilities wanes.

In Baghpat, the poorest demographic indicates a mere 7.1% HI coverage, which dramatically surges to 69.8% for the richest. In contrast, 79.7% of the most economically disadvantaged households exhibit a preference for public facilities, plummeting to 38.0% among the wealthiest. This trend is mirrored in the Uttar Pradesh state, albeit at different rates: HI coverage ascends from 5.6% among the poorest to 60.9% for the richest. Overall, Baghpat tends to manifest a slightly higher inclination towards public facilities across most wealth tiers.

**HEATH  
FINANCING:  
ANALYSING DISTRICT PIP  
SANCTIONS**

	Budget allotted as per RoP	Budget allotted: East District	% allocated to East District of Total
<b>Grand Total</b>	55,345.72	1,991.49	3.6
Health System Strengthening (HSS) Rural	21,623.63	808.3	3.7
Health System Strengthening (HSS) - Urban	11,494.57	516.83	4.5
National Disease Control Programmes (NDCP)	11,227.62	415.41	3.7
RCH (including RI, IPPI, NIDDCP)	8,348.62	201.91	2.4
Non-Communicable Disease Control Programme (NCD)	2,651.28	49.04	1.8

**WHAT IS A PIP?**

PIPs in the context of the NHM refer to "Program Implementation Plans." The National Health Mission (NHM) is an initiative of the Indian government aimed at addressing the health needs of the country's under-served rural population. PIPs are essentially detailed plans prepared by states and union territories outlining their strategies and intended interventions in the health sector. These PIPs are submitted to the Ministry of Health & Family Welfare for approval. Once approved, the central government provides the necessary funds based on these PIPs to the states and union territories to implement their proposed health programs. The PIPs play a crucial role in ensuring that the goals and objectives of the NHM are met in a tailored manner, addressing the specific needs and challenges of each state or territory.

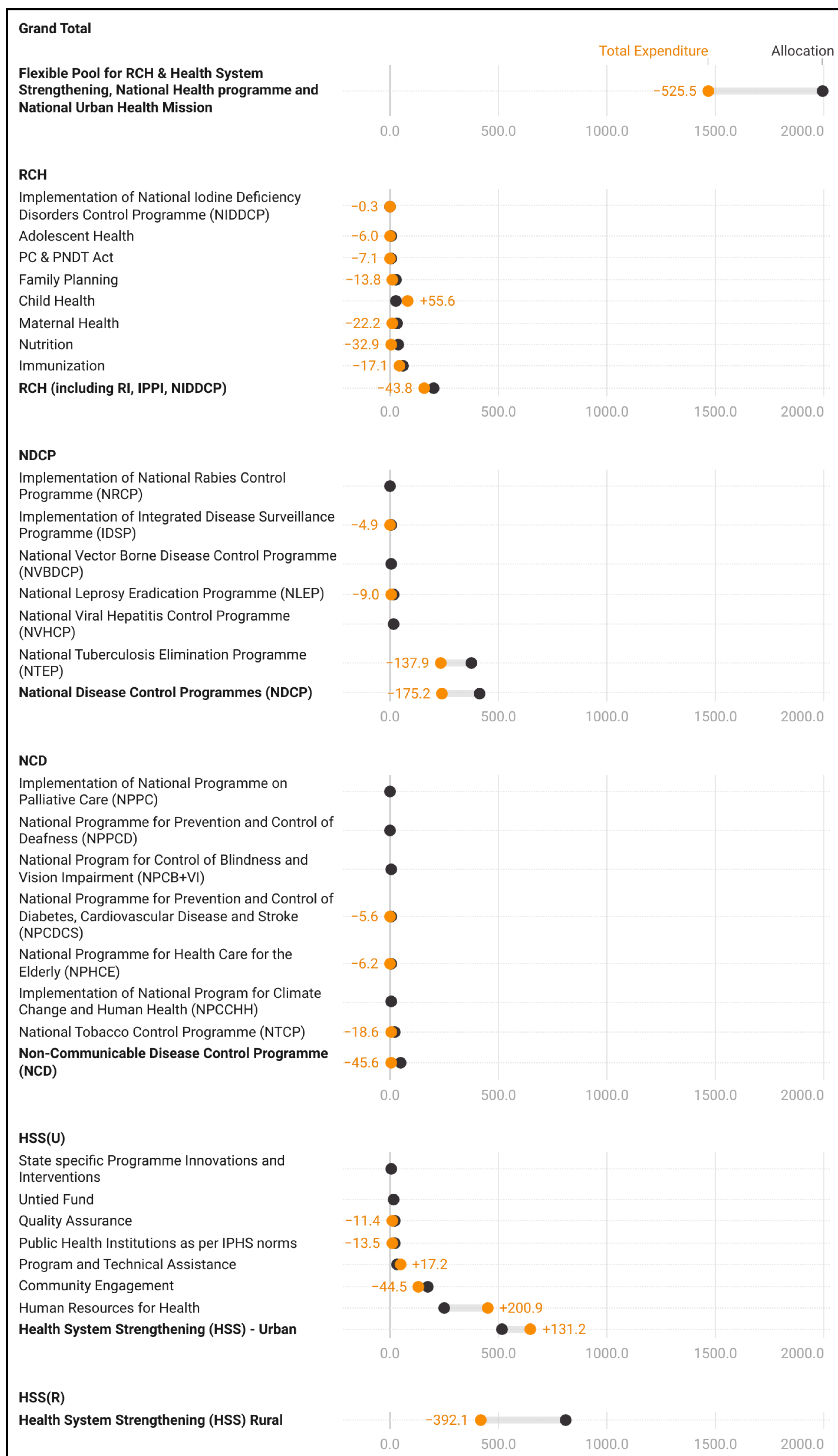
# PROGRAMME IMPLEMENTATION PLAN (PIP)

The figure above shows the budget allocation under the National Health Mission (NHM) Program Implementation Plans (PIPs) for the entire state of Uttar Pradesh, focusing on the Baghpat district's budget allotment. The data also presents the percentage share of Baghpat district's budget concerning the total state allocation.

- **Overall Allocation:** The grand total for NHM PIP budget allocation for Uttar Pradesh stands at INR 55345.72 lakhs. Out of this, Baghpat district has been allocated INR 1991.49 lakhs, representing 3.6% of the total state allocation.
- **Reproductive, Maternal, Newborn, Child, and Adolescent Health (RCH):** The RCH initiatives, which encompass RI, IPPI, and NIDDCP, have a total budget allocation of INR 8348.62 lakhs for the state. Baghpat's share in this is INR 201.91 lakhs, which is 2.4% of the state's RCH budget.
- **National Disease Control Programmes (NDCP):** The state's allocation for NDCP is INR 11227.62 lakhs, of which Baghpat gets INR 415.41 lakhs, representing 3.7% of the state's NDCP budget.
- **Non-Communicable Disease Control Programme (NCD):** With an allocation of INR 2651.28 lakhs for the entire state, Baghpat's share is INR 49.04 lakhs, translating to 1.8% of the state's NCD budget.
- **Health System Strengthening (HSS) - Urban:** The urban HSS allocation for the state is INR 11494.57 lakhs, and Baghpat's portion is INR 516.83 lakhs, making up 4.5% of the state's urban HSS budget. This is one of the highest percentages among the components, indicating a strong emphasis on strengthening the urban health system in Baghpat.
- **Health System Strengthening (HSS) - Rural:** Despite Uttar Pradesh being predominantly urban, there is a considerable allocation for rural HSS at INR 21623.63 lakhs for the state. Baghpat has been allotted INR 808.3 lakhs, which is 3.7% of the state's rural HSS budget.

- The total allocated budget for Baghpat district was 1991.49 lakh, out of which 1466.03 lakh has been utilized, representing a utilization rate of 74%.
- **Reproductive, Maternal, Newborn, Child, and Adolescent Health (RCH):** The overall RCH budget utilization stands at 78%. However, there are significant variations within:
  - Extremely high utilization in "Child Health" at 304%, suggesting over-expenditure.
  - Notably low utilization rates observed in "PC & PNDT Act" (9%), "Adolescent Health" (15%), and "Nutrition" (15%).

**BUDGET ALLOCATION VS. EXPENDITURE, BAGHPAT DISTRICT, FY 2022-23**



- **National Disease Control Programmes (NDCP):** The cumulative utilization for NDCP is 58%. Within this category:
  - Zero utilization is noted for NVBDCP, NVHCP, and NRCP.
  - NTEP has a relatively higher utilization rate of 63%.
- **Non-Communicable Disease Control Programme (NCD):** Overall low budget utilization is evident for NCD at 7%. Particularly:
  - NTCP has a slightly higher utilization at 15%.
- **Health System Strengthening (HSS) - Urban:**
  - The overall budget utilization for urban health systems surpasses the allocated amount at 125%.
  - "Human Resources for Health" shows an over-expenditure of 181%.
  - In contrast, "Public Health Institutions as per IPHS norms" and "Quality Assurance" have under-utilized their budgets at 39% and 46%, respectively.
- **Health System Strengthening (HSS) - Rural:** The rural health system budget utilization stands at 51%.
- Overall, for RCH, there's an allocation of 201.91 lakh and expenditure of 158.14 lakh, resulting in a significant underspend of 43.77 lakh. NDCP has an underspend of 175.23 lakh, and (HSS) - Rural, indicates an underspend of 392.11 lakh.

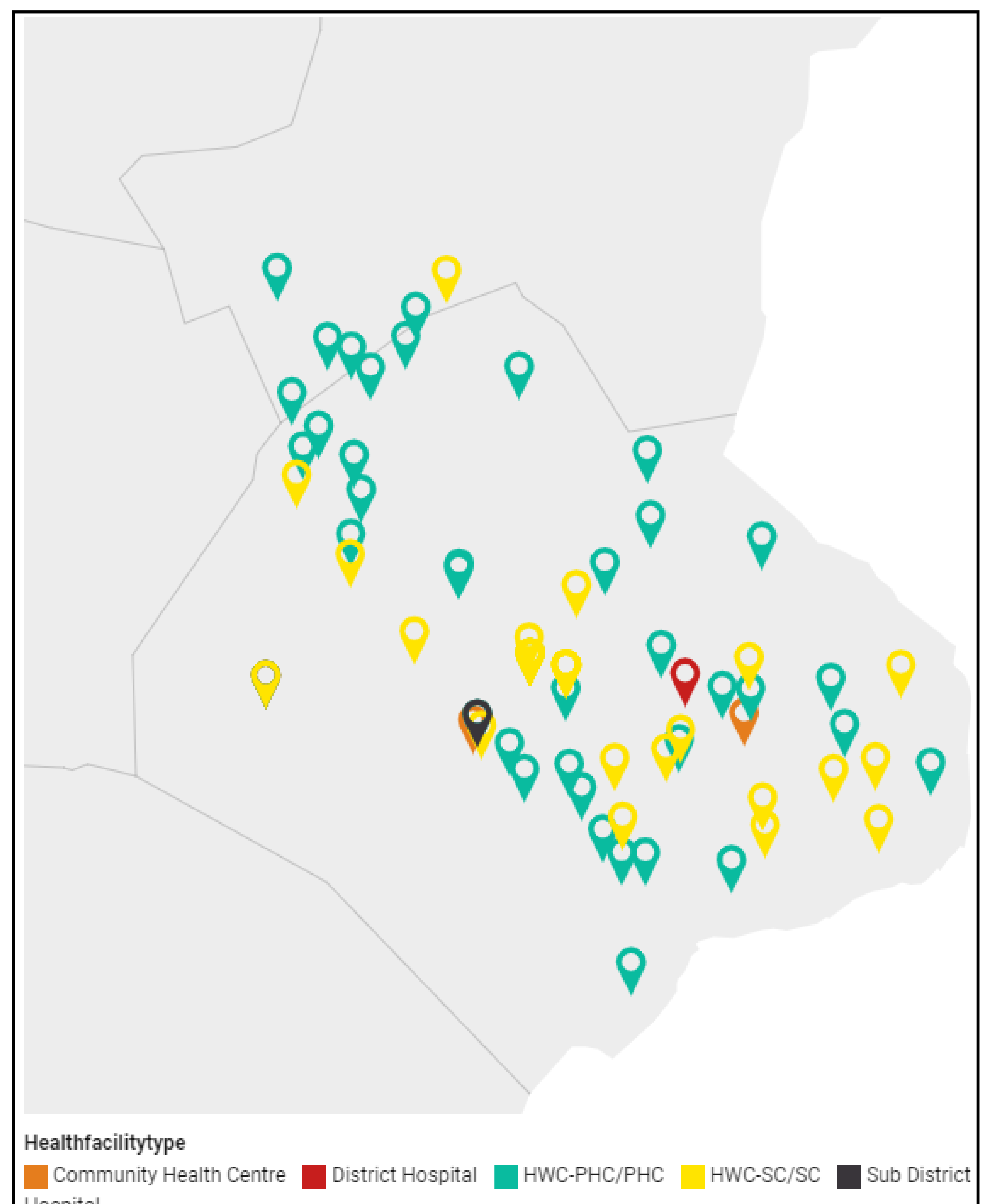
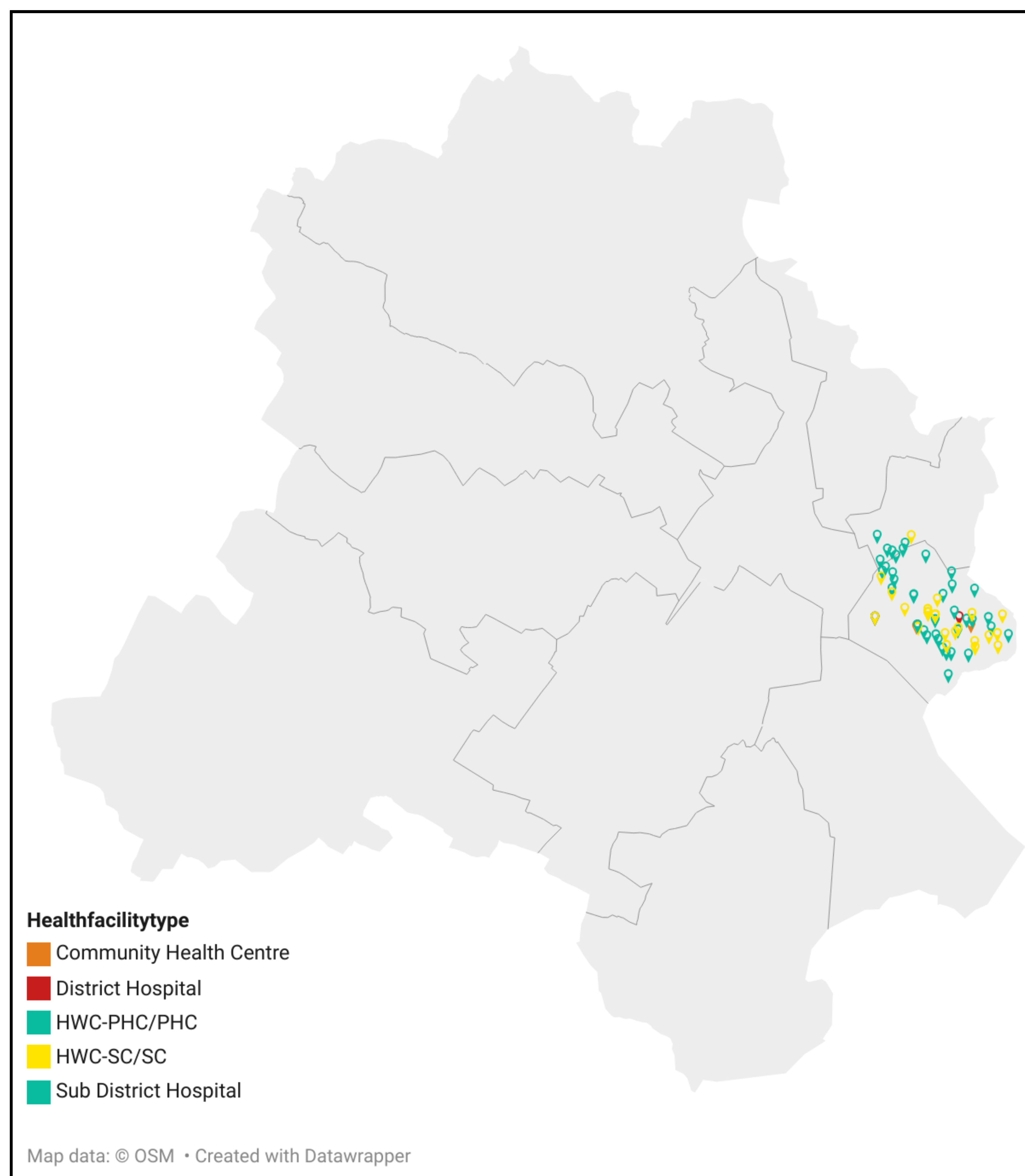
**BUDGET SPENDING DISTRIBUTION ACROSS FINANCIAL QUARTERS, BAGHPAT, FY2022-23**

GT	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Flexible Pool for RCH & Health Sysytem Strengthening, National Health programme and National Urban Health Mission	15	19.7	21.9	43.5
<b>RCH</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>
<b>RCH (including RI, IPPI, NIDDCP)</b>	6.8	38.7	12.7	41.8
Maternal Health	5.6	5.8	24	64.6
PC & PNDT Act	19.8	0	0	80.2
Child Health	4.1	63.7	1.7	30.6
Immunization	11.5	12.5	31.5	44.5
Adolescent Health	0	0	0	100
Family Planning	2.2	15.2	3.5	79.2
Nutrition	21.5	5.6	29.4	43.5
Implementation of National Iodine Deficiency Disorders Control Programme (NIDDCP)	0	0	0	100
<b>NDCP</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>
<b>National Disease Control Programmes (NDCP)</b>	0	23	6.5	70.5
Implementation of Integrated Disease Surveillance Programme (IDSP)	0	0	100	0
National Leprosy Eradication Programme (NLEP)	0.7	7.5	0.5	91.4
National Tuberculosis Elimination Programme (NTEP)	0	23.4	6.6	70
<b>NCD</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>
<b>Non-Communicable Disease Control Programme (NCD)</b>	1	11.7	3.2	84
National Programme for Health Care for the Elderly (NPHCE)	0	0	0	100
National Tobacco Control Programme (NTCP)	1.1	12.9	2.9	83.1
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	0	0	6.3	93.7
<b>HSS(U)</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>
<b>Health System Strengthening (HSS) - Urban</b>	32.3	18.7	17.7	31.4
Community Engagement	0	17	29.2	53.8
Public Health Institutions as per IPHS norms	0	34.9	33.9	31.2
Quality Assurance	0	0	3.7	96.3
Human Resources for Health	45.8	20.4	15.2	18.6
Program and Technical Assistance	6.4	7.8	9	76.8
<b>HSS(R)</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>
<b>Health System Strengthening (HSS) Rural</b>	0	12.1	40.9	47

The distribution pattern across Financial quarters for the year 2022-23 reveals that the total expenditure incurred under the “Flexible Pool for RCH & Health System Strengthening” in Baghpat District is highly skewed towards the 4th quarter, with more than 65% of the total spending concentrated towards the last two financial quarters (Oct, 2022 –Mar, 2023).

- **High Fourth Quarter Spending:** A significant number of programs, irrespective of their nature, exhibit high spending in the 4th quarter. For instance:
  - RCH's "Adolescent Health", "Implementation of NIDDCP", and NCD's "NPHCE" spent their entire budget in the 4th quarter, showcasing 100% utilization.
  - Similarly, "PC & PNDT Act" under RCH spent 80.2%, and "Program and Technical Assistance" under HSS(U) spent 76.8% of their budget in the 4th quarter.
  - "Quality Assurance" under HSS(U) has 96.3% spending in the last quarter, and "National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)" under NCD spent 93.7% in the last quarter.
- **Zero Expenditure in Initial Quarters:** Programs such as "Adolescent Health", "NIDDCP", and "NPHCE" showed no expenditure in the first three quarters, pushing their entire budget spending to the last quarter.
- **Fertain programs, like the "IDSP" under NDCP, spent their entire budget in just one quarter, the 3rd in this case, indicating a concentrated period of activity or financial adjustments.**

**PUBLIC  
HEALTH  
INFRASTRUCTURE**



# HEALTH INFRASTRUCTURE

Public health in Uttar Pradesh represents a multifaceted collaboration between state and central entities, each contributing uniquely to the city's health landscape. The **Uttar Pradesh government** primarily manages a spectrum of health services, encompassing primary, secondary, and tertiary care institutions, while simultaneously formulating and implementing policies. A notable initiative by the state is the introduction of mohalla clinics, aimed at decentralizing health services and making them more accessible. The **Central Government** complements these efforts by providing technical and financial support, especially through initiatives like the National Health Mission (NHM), focusing primarily on urban health in Uttar Pradesh. The **Municipal Corporation of Uttar Pradesh (MCD)** holds a pivotal role at the grassroots, overseeing many Primary Health Centers (PHCs) and dispensaries.

Furthermore, MCD is instrumental in combating vector-borne diseases and upholding sanitation standards, crucial for overall public health. Another significant player is the **Directorate General of Health Services (DGHS)**, which supervises state government hospitals, orchestrates various health programs, and standardizes health services through guidelines and regulations. Uttar Pradesh Government Dispensaries (DGDs) further augment the public health framework, providing outpatient services and essential medicines, especially benefiting the economically weaker sections. The NHM fund is routed through Uttar Pradesh Government and goes directly to the respective facility.

# HEALTH FACILITIES' DETAILS

## PUBLIC HEALTH CARE FACILITIES BY FACILITY AGENT AND TYPE, BAGHPAT, 2023

Health Facility Agent/Type	No. of Facilities	No. of Functional Beds
<b>CGHS</b>	<b>5</b>	<b>0</b>
HWC-PHC/PHC	5	0
<b>Delhi Govt</b>	<b>53</b>	<b>326</b>
District Hospital (Chacha Nehru Bal Chikitsalaya)	2	326 (221)
(Lal Bahadur Shastri Hospital)		(105)
HWC-PHC/PHC	20	0
HWC-SC/SC	31	0
<b>ESI</b>	<b>1</b>	<b>0</b>
HWC-PHC/PHC	1	0
<b>MCD</b>	<b>17</b>	<b>98</b>
Community Health Centre	3	40
HWC-PHC/PHC	13	10
Sub District Hospital	1	48
<b>Grand Total</b>	<b>76</b>	<b>424</b>

The Central Government Health Scheme (CGHS) has established 5 health facilities in the district, specifically of the HWC-PHC/PHC type, yet none of these facilities offer functional beds. The Uttar Pradesh Government stands out as the dominant health service provider, overseeing 53 facilities. Of these, two are district hospitals with a combined bedcount of 326 functional beds.

The Municipal Corporation of Uttar Pradesh (MCD) manages 17 facilities, with a combined 98 functional beds. In sum, the Baghpat boasts 76 health facilities, with a total of 424 functional beds. The majority of these beds are concentrated in the two district hospitals managed by the Uttar Pradesh Government.

## SPECIALISED HEALTHCARE FACILITY DETAILS, BAGHPAT, 2023

Facility Details	Sanctioned/ Planned	Operational
<b>Maternal and Child Care</b>		
Special Newborn Care Units (SNCU)	2	2
Nutritional Rehabilitation Centres (NRC)	Proposed	-
First Referral Units (FRU)	1	1
Institutions providing Comprehensive Abortion Care (CAC):		
- Total no. of facilities	1	1
- Providing 1st trimester services	1	1
- Providing both 1st & 2nd trimester services	1	1
<b>Blood and Organ Management</b>		
Blood Bank	1	1
Blood Storage Unit (BSU)	1	1
<b>Tuberculosis Care</b>		
Designated Microscopy Center (DMC)	11	11
Tuberculosis Units (TUs)	3	3
CBNAAT/TruNat Sites	1	1
Drug Resistant TB Centres	1	1
<b>Other Services</b>		
District Early intervention Center (DEIC)	Proposed	-
Functional Non-Communicable Diseases (NCD) clinic at DH	1	1

Two SNCUs and one FRU are fully operational in the district. One institution offers CAC for both 1st and 2nd trimesters. Further, both the sanctioned Blood Bank and the Blood Storage Unit (BSU), are operational. The district places a strong emphasis on TB care with 11 DMCs, three TUs, a CBNAAT/TruNat site, and a DR-TB Centre.

An NCD clinic is operational, but at the District Hospital only. The district has proposed for a DEIC, and an NRC to support the strengthen child healthcare in the district.

# **HUMAN RESOURCE FOR HEALTH (HRH)**

### OBSTETRICIAN/GYNAECOLOGIST

sanctioned

in-position

**2**

**1**

*Institutional deliveries load, 2022-23: 9,320*

### PAEDIATRICIAN

sanctioned

in-position

**18**

**10**

*SNCU Admissions, 2022-23: 1,115  
In-patient admissions, Children<18: 15,697*

### ANAESTHESIST

sanctioned

in-position

**9**

**8**

*Operations Major (General and spinal anaesthesia): 5,475*

### GENERAL SURGEON

sanctioned

in-position

**0**

**0**

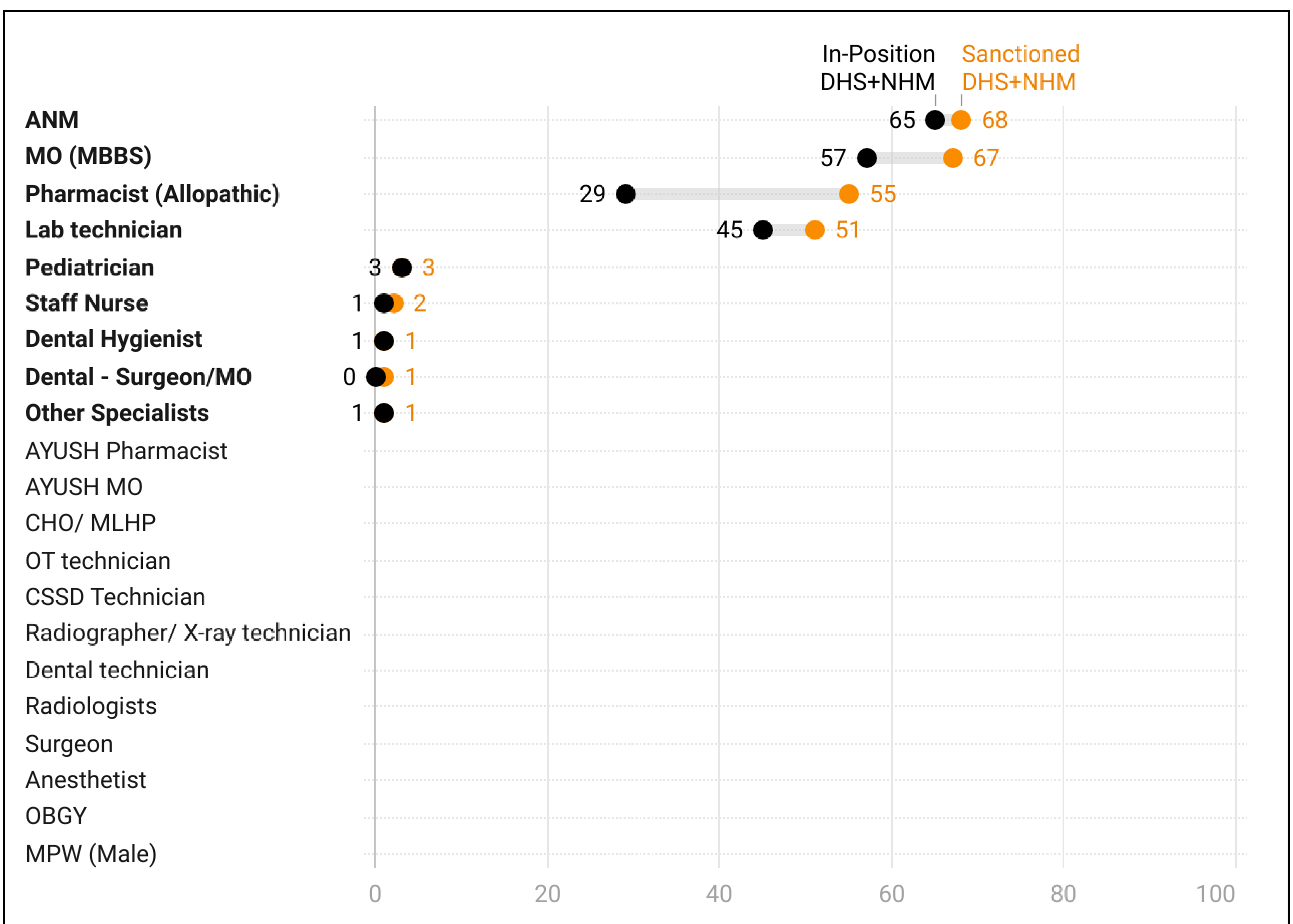
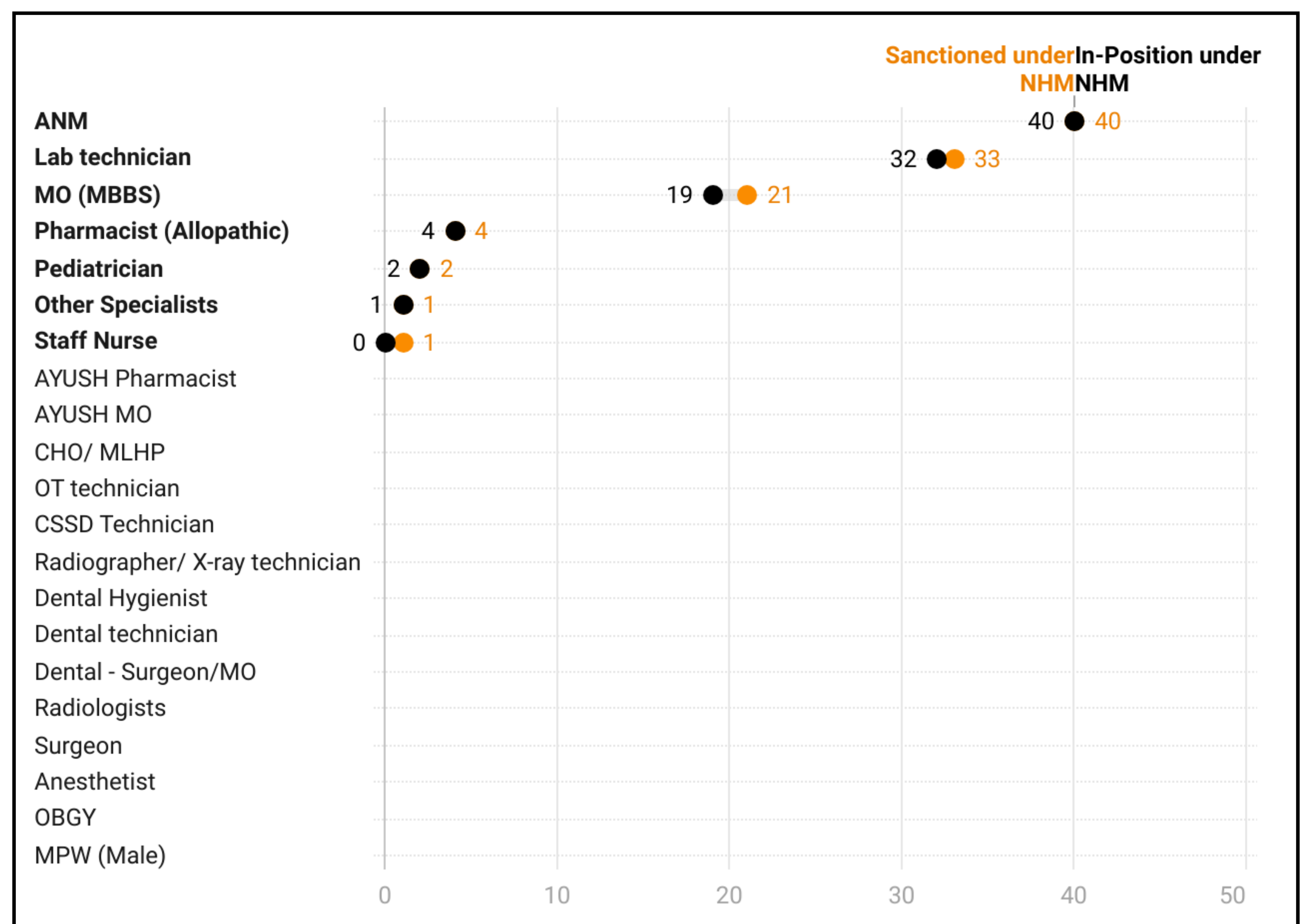
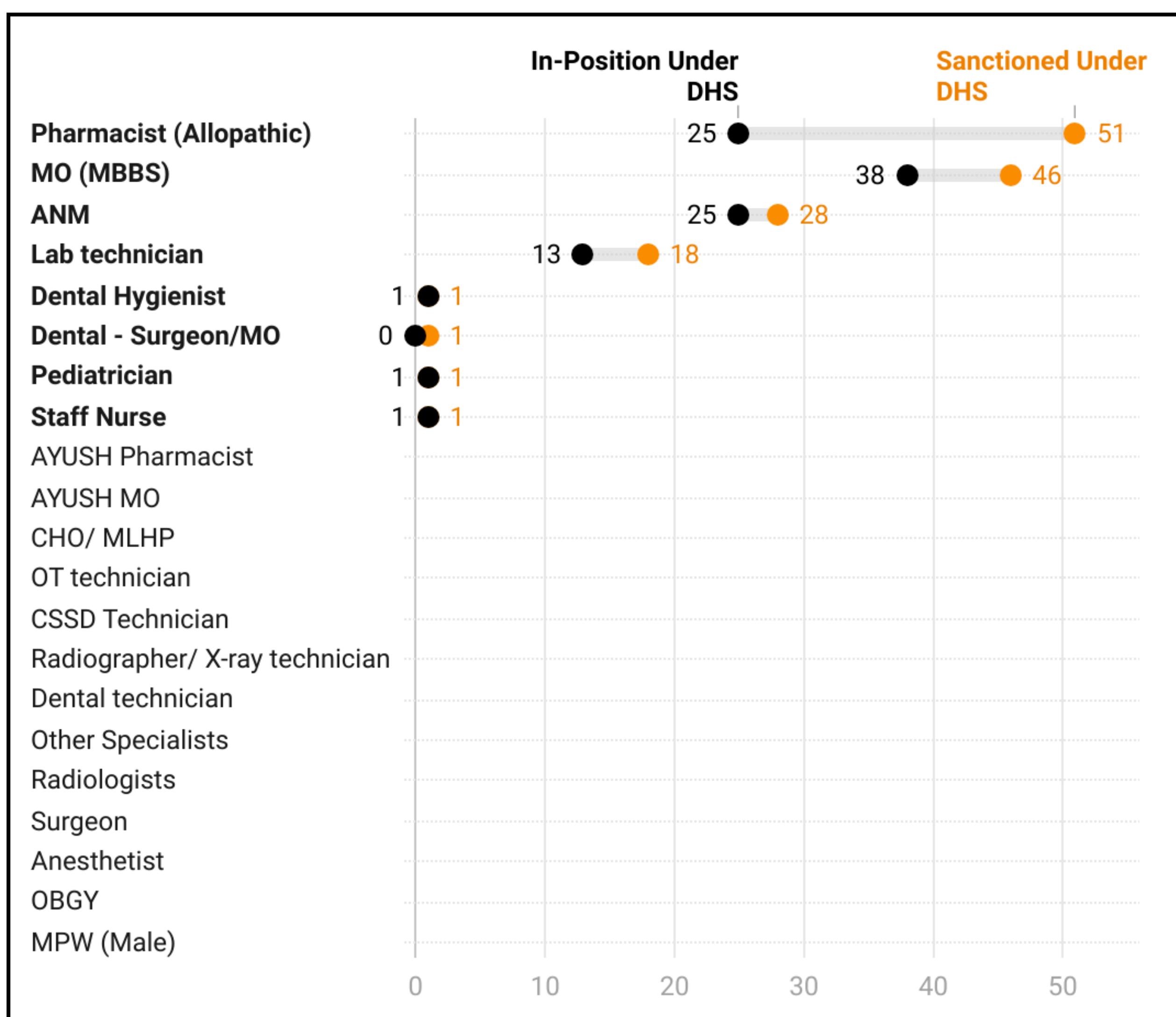
*Major Surgeries excluding Obstetrics, Gynaecology and Ophthalmology. 3,224*

# HEALTH WORKFORCE

Human Resources for Health (HRH) plays a pivotal role in the successful implementation of public health programs, determining their reach, quality, and overall effectiveness. The National Health Mission (NHM) has outlined clear guidelines regarding the optimal number and profile of health workers required for each tier of health facilities. These guidelines are aligned with the standards set by the Indian Public Health Standards (IPHS) to ensure that health outcomes are not compromised due to a lack of skilled personnel.

In the district, it is evident that there is a significant disparity between sanctioned positions and actual personnel in place, especially in critical medical roles. Starting with Obstetrician/Gynaecologists, while there are 2 sanctioned positions, only one is currently occupied. This becomes concerning when we consider the 9,320 institutional deliveries in 2022-23, suggesting an overwhelming workload. The situation is equally alarming in the paediatrics department. Out of 18 sanctioned positions, only 10 are filled. This understaffing becomes even more pressing when we account for the 1,115 SNCU admissions and the extensive 15,697 in-patient admissions for children below 18 in the past year. Furthermore, the anaesthetist's department appears to be almost fully staffed with 8 out of 9 sanctioned positions filled. Given the 5,475 major operations that required general and spinal anaesthesia in the year, this near-complete staffing is essential. However, a notable gap is observed in the general surgery department. Despite there being 3,224 major surgeries excluding Obstetrics, Gynaecology, and Ophthalmology, there are no sanctioned or in-position general surgeons.

**DETAILS OF HUMAN RESOURCE FOR HEALTHCARE, BAGHPAT, 2023**



Based on the data presented by the District Project Management Unit (DPMU) for Baghpat District, the HR scenario unveils several insights. The Figures above clearly illustrate that wherever there are positions sanctioned under NHM, all have been filled without any vacancies. For instance, ANM positions, which are sanctioned 40 under NHM, have all been filled.

However, when focusing on regular positions and positions under District Health Services (DHS), a considerable vacancy against sanctioned posts can be seen. For instance, while there are 51 sanctioned posts for Pharmacists (Allopathic), only 25 are in position, leaving a gap of 26 vacancies. Similarly, MO (MBBS) has 8 vacancies against the 46 sanctioned posts under DHS.

# **KEY HEALTH METRICS**

<b>Ante-natal care services</b>			
1st trimester registration to total registration	52.26	61.28	2
4ANC to total ANC Registrations	92.09	51.08	11
TT Booster to TT1	15.85	21.67	2
<b>Delivery care services</b>			
Institutional Deliveries to Total Deliveries	96.17	96.22	7
C-Section Deliveries to Total Institutional Deliver	27.90	20.38	9
Still Births to Total Births	1.86	1.21	8
Postpartum IUCD to Total Institutional Deliveries	36.30	48.24	2
Maternal deaths to total deliveries	0.28	0.06	8
<b>Child health services</b>			
Vitamin K (Birth Dose) to Total Live Births	90.92	87.10	7
In-born SNCU admissions to Total Live Births	13.89	9.33	7
Out-born SNCU admissions to Total SNCU Admis	27.62	19.26	6
Infant deaths within 24 hours to total live births	0.38	0.02	11
<b>Patient care Services/Others</b>			
Adolescents received clinical services to total adolescents registered in AFHC	97.72	98.32	7
Malaria - Positivity to Total Blood Smears Examined	0.37	0.13	11
On-Going DOTS patients	141923	8650	10
Tested for Hb < 7 mg to total Hb tests conducted	3.81	8.43	1
Bed Occupancy Rate	50.89	97.10	1

# HMIS STATISTICS

## High-Performing Areas:

- The district's 1st trimester registration to total registration under Ante-natal care services surpasses the state's rate, with a rate of 61.28%, and ranking second among the 11 districts.
- The district's Postpartum IUCD rate is 48.24%, higher than the state average, ranking second.
- In terms of Malaria positivity to Total Blood Smears Examined, Baghpat's rate is substantially lower than the state's, relegating it to the 11th position.

## Mid-Tier Performance Areas:

- The district's Institutional Deliveries rate aligns with the state average, ranking 7th.
- Its Vitamin K dose rate is slightly below the state average, ranking seventh.
- Adolescent clinical service rate is 98.32%, above state's average, ranking seventh.

## Low-Performing Areas:

- A significant area of concern is the 4ANC to total ANC Registrations, where the district's rate of 51.08%, positioning it at the bottom rank of 11th.
- The C-Section Deliveries rate is 20.38%, below state's average, ranking ninth.
- Baghpat leads in Bed Occupancy Rate at 97.10%, higher than state's average, ranking first.
- The district's rate for Hb tests <7 mg is 8.43%, surpassing the state average, ranking second.

# SURVEY STATISTICS

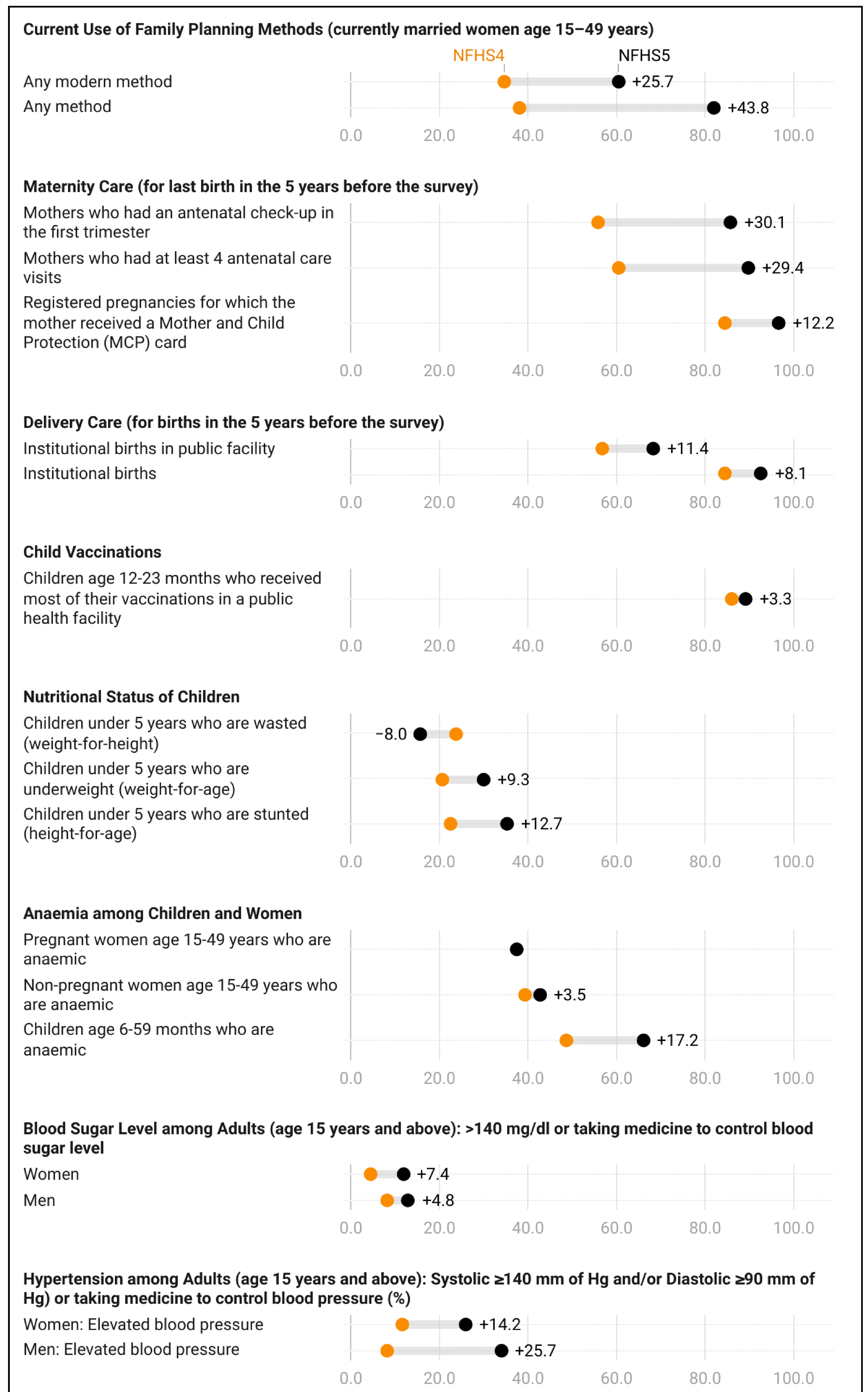
From NFHS4 to NFHS5 in the Baghat district, there has been a significant improvement in the utilization of family planning methods, with any method usage nearly doubling and modern method usage seeing a substantial rise.

Maternity care has shown impressive growth, particularly in early antenatal check-ups and regular antenatal visits. Delivery in institutions and public facilities also observed growth, enhancing the safety of childbirth.

Vaccination in public health facilities has seen a moderate rise.

However, concerning nutritional metrics, there's been an alarming increase in child stunting and underweight rates, indicating worsening child nutrition.

Additionally, there is a rise in the percentage of anaemic children and women. In health metrics for adults, there's a significant increase in both women and men's blood sugar levels, and hypertension rates.



**HEALTH  
FACILITY VISITS:  
OBSERVATIONS FROM THE  
FIELD**

# DISTRICT HOSPITAL

The Govt. District Combined Hospital is recognized as one of two primary hospitals in Uttar Pradesh's Baghpat. With 160 operational beds, it attends to a wide variety of OPD and IPD patients daily. LBS Hospital offers an array of services including Medicine, O&G, Pediatrics, General Surgery, Anesthesiology, Ophthalmology, Dental, and Imaging Services like X-Ray and USG. Additionally, it houses specialized units such as an ICU, SNCU, NICU, and a Skills Lab.

Furthermore, the hospital features a Labor Room complex, a General OT, and specialized OTs for Orthopedics, Ophthalmology, ENT, and Emergency surgeries, along with a Maternity OT. There's also a Blood Bank within the hospital premises that provides blood to patients free of charge.



In the 2022-23 assessment, the hospital achieved a 97 percent score according to the NQAS evaluation. The LaQshya assessment showed scores of 98 and 97 percent for the Labour Room and Maternity OT respectively. The hospital has comprehensively implemented the DVDMS for managing Drugs and Vaccines, and the relevant staff have undergone necessary training. Moreover, the institution manages its bio-medical waste through a shared bio-medical treatment facility.

The hospital undoubtedly serves a vast number of patients not only from all regions of Uttar Pradesh but also from neighboring districts in Uttar Pradesh. Nevertheless, there's a notable staff shortage. The hospital reports the following vacancies:

- 4 Specialist positions (Medicine - 2, ENT - 1, Ophthalmology - 1)
- 4 Medical Officer openings
- 49 Nursing Officer positions
- 47 spots in the Group C MTS (Regular) cadre
- 5 vacancies each for Lab Technicians, OT Assistants, Dressers, Junior Assistants.

There are also open positions for the roles of Medical Superintendent, CAS (Dental), OT Technician, Post-mortem Technician, CSSD Technician, Assistant, among others.

## KEY CHALLENGES

- **Staff Shortage Relative to Patient Load:** The hospital faces a significant challenge due to an insufficient number of staff members relative to the volume of patients it serves. This imbalance leads to overworked healthcare workers and potential delays in patient care.
- **Patient Registration Delays:** Due to a limited number of counters, determined by the AR department based on the number of beds rather than actual patient traffic, patients often experience prolonged wait times during registration. The number of counters have been truncated to 3 over the actual need of 8 counters.
- **Waiting Period for Surgeries:** Space limitations within the hospital mean that General Surgery is allocated only one day a week, causing a backlog. This is because the operating theater is shared among various surgical departments, each allocated specific days of the week.
- **Extended Drug Distribution Wait Times:** The lack of adequate pharmacists has led to extended waiting times for patients to receive their medications.
- **Data Updation Delays:** Absence of a Data Entry Operator (DEO) has resulted in noticeable lags in updating patient and hospital data affecting due record-keeping.
- **JSY payment backlogs:** Technical malfunctions with the online payment portal have caused delays in Janani Suraksha Yojana (JSY) payments.



## KEY STRENGTHS

- **Specialized Surgeries:** The hospital boasts of offering specialized surgeries, including orthopedic procedures and implantations, positioning it as a preferred choice for patients requiring such operations.
- **SNCU services:** The hospital's Special Neonatal Care Unit (SNCU) not only caters to in-house patients but also facilitates admissions for outborn babies, ensuring comprehensive neonatal care.
- **Mosquito Net Implementation:** Prioritizing patient health and comfort, the hospital has employed mosquito nets across PNC and IPD wards.
- **JSSK Entitlements:** The hospital is committed to maternal and neonatal care, as evidenced by its provision of all Janani Shishu Suraksha Karyakram (JSSK) entitlements to both new mothers and their newborns.

# COMMUNITY HEALTH CENTRE



CHC Bagpat functions as the equivalent of an Urban-Community Health Centre (U-CHC) with a capacity of 30 beds. This healthcare facility operates round the clock, providing a comprehensive range of services, including normal deliveries, referral services, OPD, ANC, PNC, immunization, family planning, and laboratory services, among others.

Presently, the facility is staffed by 4 medical officers, two of whom are trained in EMoC, 3 Staff Nurses, 1 pharmacist and 1 LT.

The location of this facility is strategic, catering to the healthcare needs of both urban residents and the underserved slum population. Whereas, its staff commitment to quality service delivery stands out as the facility's key strength, it is riddled with the challenges of:

- **Lack of Counseling Services:** One notable challenge is the absence of a dedicated counselor to provide essential counseling services for family planning, adolescent health, and more.
- **Outdated Infrastructure:** The facility is in dire need of infrastructural improvements to meet current healthcare standards
- **Workforce Shortage:** Staffing shortages pose a significant concern, particularly in managing round-the-clock operations effectively, requiring attention to shift-wise staffing.
- **ANM Nursing School:** Despite long-standing plans, the establishment of an Auxiliary Nurse Midwife (ANM) nursing school in the vicinity of the facility remains unrealized, which could have further enhanced community healthcare services.



The facility has a number of Kayakalp awards to its accolades. It is placed inside a residential society, thereby rendering services to the urban dwellers. The facility boasts of great community engagements, and community service delivery. Augmenting the delivery services by provisions of specialists could really balance the input-output resource balance at the facility.

# PRIMARY HEALTH CENTRE



Urban Primary Health Centre (PHC) Tatiri offers a comprehensive array of healthcare services, including General OPD, ANC and PNC checkups, immunizations, and various primary care services aligned with National Health Programs. The facility is staffed with 2 Medical Officers, 2 ANMs, 2 Lab Technicians (including DOTS), and 2 Pharmacists.

Additionally, it houses an AYUSH unit, although its operations are adversely affected due to a shortage of drug supplies. The facility operates from a recently constructed building and serves as a designated Microscopy Centre, conducting HIV testing for all TB patients.



The patient demographic primarily consists of individuals with communicable diseases and skin infections, attributed to the facility's proximity to nearby urban slums. Childhood diseases, including diarrhea, are prevalent and frequently treated at the facility's OPD. Furthermore, the facility runs a daily NCD clinic, actively monitoring patients' responses to diabetes treatment over time. The facility boasts an overall clean upkeep, with a well-standing goodwill in the catchment area.



During our visit to the associated Aanganwadi, we had the opportunity to observe their activities as they were organising the Village Health and Nutrition Day (VHND). The ANM (Auxiliary Nurse Midwife) and ASHAs (Accredited Social Health Activists) were actively engaged in conducting immunization sessions, updating Maternal and Child Protection (MCP) cards, and recording the weight of children, among other essential tasks. It was evident during our visit that there was a need for an improved and consistent supply of educational materials to enhance their services and outreach.

# **SUMMARY, CONCLUSION & RECOMMENDATIONS**

## **About the District**

Situated on the eastern periphery of Uttar Pradesh, Baghpat District is defined by its unique geographical location. The district is characterized by a high population density, with a population of approximately 1,709,346 individuals. The literacy rate in Baghpat District is at 89.3%.

In the realm of socio-economic dynamics, Baghpat stands out with its expanded access to essential amenities. Notably, nearly 98.6% of households in this district have access to improved drinking water sources, closely mirroring Uttar Pradesh's average of 99.5%. Likewise, sanitation facilities depict a similar story, with 81.2% of Baghpat households utilizing improved facilities, outperforming Uttar Pradesh's broader average of 80.8%. However, beneath these promising figures lies a nuanced economic landscape. Baghpat reveals a higher percentage of households categorized as the "poorest" at 23.6%, surpassing Uttar Pradesh's 21.9%. Intriguingly, it showcases a paradoxical scenario with significant percentages in both the "poorest" and "richest" categories, indicating a more complex economic divide within the district. The demographic composition in terms of caste and community further enriches the socio-demographic portrait, where Scheduled Caste representation in Uttar Pradesh slightly surpasses Baghpat, and the Scheduled Tribe population remains minimal. Around 20% of the population in both regions identifies with the Other Backward Class, while nearly half does not identify with any designated category.

A study of the the health profile reveals a thought-provoking inverse relationship between wealth and health insurance (HI) coverage in Baghpat and Uttar Pradesh as a whole. Among the economically disadvantaged in Baghpat, a mere 7.1% possess HI coverage, a figure that dramatically surges to 69.8% among the wealthiest residents. In contrast, 79.7% of those in the lowest economic strata exhibit a strong preference for public healthcare facilities, whereas this preference drops to 38.0% among the most affluent. This intriguing trend persists throughout Uttar Pradesh, though with varying rates. Altogether, Baghpat showcases a propensity for public facilities across most wealth tiers, suggesting the need for tailored healthcare interventions to address socio-economic disparities and cater to the diverse healthcare preferences within the district.

## **Healthcare Financing:**

The National Health Mission (NHM) allocated INR 55,345.72 lakhs for Uttar Pradesh, with Baghpat receiving INR 1,991.49 lakhs, which is 3.6% of the total. Out of this, Baghpat has utilized INR 1,466.03 lakhs, achieving a 74% utilization rate.

In the Reproductive and Child Health (RCH) category, various sectors show a mismatch between allocation and expenditure. Maternal Health, a critical component of the RCH, saw a vast allocation but still couldn't meet its expenditure during the FY 2022-23. Nutrition, another vital aspect of RCH, also showcased a significant under-expenditure.

The National Disease Control Programmes (NDCP) provides another focal point. The National Tuberculosis Elimination Programme (NTEP) stands out not just because of its over-expenditure by 137.9 units but also due to the importance of tackling TB, a significant public health concern in many regions.

Conversely, the Non-Communicable Disease Control Programme (NCD) reveals some sectors not fully utilizing their allocated budgets. The programs addressing Cardiovascular Disease and Stroke, despite their critical nature given the rising global incidence of heart-related ailments, remained under-utilized. Similarly, the segment dedicated to Climate Change and Human Health, a rising concern in today's environmental context, also witnessed under-expenditure.

Upon reviewing the quarterly expenditure data, there's a clear trend of skewed spending in the 4th quarter across multiple health sectors. For instance, under the RCH banner, many programs such as "Child Health," "Adolescent Health," "Family Planning," and "Nutrition" witness a dramatic surge in expenditure during the 4th quarter. This potentially indicates a rush to utilize the remaining budget towards the end of the financial year.

The NDCP further showcases this skewed expenditure pattern. The National Leprosy Eradication Programme (NLEP) and NTEP both have significantly higher 4th quarter expenditures compared to earlier quarters.

The trend continues within the Non-Communicable Disease Control Programme (NCD). Notably, the segment dedicated to Cardiovascular Disease and Stroke expends a staggering 93.7% of its funds in the 4th quarter. Similarly, the National Tobacco Control Programme (NTCP) and National Programme for Health Care for the Elderly (NPHCE) witness a high expenditure in the final quarter.

When examining the Health System Strengthening (HSS) segment, both Urban and Rural, the trend is similar. The "Program and Technical Assistance" in the urban sector utilized 76.8% of its funds in the last quarter, while the rural component consumed a considerable part of its budget in the 4th quarter as well.

This trend of high 4th quarter expenditure may highlight several issues. It could indicate a delay in the implementation of planned activities, which then get rushed towards the year's end. Alternatively, it could suggest that funds are being spent without adequate planning, leading to possible inefficiencies. Such a pattern necessitates a closer look into the budgetary planning and execution processes to ensure that funds are utilized more uniformly and effectively throughout the year.

### **Healthcare Infrastructure**

**Uttar Pradesh's** health infrastructure is a collaboration between state and central entities. The Uttar Pradesh government manages a diverse range of health services and introduced mohalla clinics for decentralized healthcare. The Central Government, through the National Health Mission (NHM), emphasizes urban health, while the Municipal Corporation of Uttar Pradesh (MCD) handles grassroots healthcare, focuses on vector-borne diseases, and maintains sanitation. The Directorate General of Health Services standardizes services, while Uttar Pradesh Government Dispensaries cater mainly to the economically challenged. Funds from NHM are channeled directly to facilities. The Central Government Health Scheme (CGHS) oversees five facilities without beds, whereas the Uttar Pradesh Government manages 53, including two district hospitals with 326 beds. MCD manages 17 facilities with 98 beds. Baghpat houses 76 facilities with 424 beds, mainly in district hospitals. The district prioritizes TB care, has an NCD clinic, and plans to strengthen child healthcare with proposed DEIC and NRC.

## **Human Resource for Health (HRH)**

A significant concern with regard to the health workforce in Baghpat district is the disparity between the sanctioned medical positions and the actual personnel in place. Consider the Obstetrician/Gynaecologists position. While two positions are sanctioned, only one is filled, raising concerns when juxtaposed with the 9,320 institutional deliveries recorded in 2022-23. Such a disparity hints at a potential strain on the available resources and the quality of care.

The situation with Paediatricians is similarly alarming. With only 10 out of the 18 sanctioned positions occupied, one must consider the extensive 15,697 in-patient admissions for children below 18, alongside 1,115 SNCU admissions in the same year. The near-complete staffing in the Anaesthetist's department is a silver lining, especially considering the 5,475 major operations requiring their expertise.

However, the most glaring gap exists with regard to the in-position general surgeons.

Delving deeper into the data from the District Project Management Unit (DPMU) for Baghpat, it's apparent that positions sanctioned under NHM are mostly filled. But the scenario changes when we look at regular positions and those under District Health Services (DHS). For example, while 51 Pharmacist (Allopathic) positions are sanctioned, there exists a gap with only 25 occupied, marking a 50% vacancy rate. Similarly, the MO (MBBS) department shows eight vacancies against 46 sanctioned posts.

Overall, while the Baghpat District showcases a robust health infrastructure with active collaborations, the gaps in human resources pose a potential threat to the system's efficiency.

## **Key Health Statistics**

A dual examination, utilizing data from both the National Family Health Survey (NFHS) and Health Management Information System (HMIS), provided a comprehensive understanding of the trends and the patterns of key health statistics in Baghpat.

### ***Family Planning and Maternity Care***

The NFHS data underscores the increasing adoption of family planning methods in the district. Between the NFHS4 and NFHS5 periods, there was a notable increase of 25.7% in the adoption of any modern family planning method and a remarkable rise of 43.8% in the usage of any family planning method. Furthermore, there's been a marked improvement in maternity care services. A considerable 30.1% more mothers underwent antenatal check-ups in the first trimester, and an increase of 29.4% was observed for mothers who had at least four antenatal care visits.

### ***Delivery Care***

The HMIS data reveals that the number of institutional deliveries in Baghpat stands at 96.22%, ranking it 7th district-wise. The district also saw an uptick in institutional births by 8.1% between the two NFHS periods. C-section deliveries in the district are among the lowest across Uttar Pradesh.

### ***Child Health***

Child health services in Baghpat have seen both positive and challenging developments. The percentage of children aged 12-23 months receiving most of their vaccinations in public health facilities increased by 3.3%. However, nutritional challenges persist. While there was a decrease of 8.0% in children under 5 years who were wasted (weight-for-height), there was an increase of 9.3% and 12.7% in those who were underweight (weight-for-age) and stunted (height-for-age), respectively.

### ***Anaemia and Chronic Illnesses***

Anaemia remains a significant concern in the district. Anaemic non-pregnant women aged 15-49 years increased by 3.5%. Worryingly, children aged 6-59 months with anaemia surged by 17.2%. On the chronic illness front, the district saw an increase of 7.4% in women and 4.8% in men with elevated blood sugar levels.

### ***Patient Care Services***

The HMIS data suggests that where 97.72% of the total adolescents who registered at the AFHCs, received clinical services, ranking it 7th district-wise. Furthermore, the Bed Occupancy Rates in the district stand at an exceedingly high 97%, holding the 1st rank among the districts of Uttar Pradesh.

### **Observations from the Field Visit:**

***District Hospital:*** The District Hospital Located in Uttar Pradesh's Baghpat boasts 160 operational beds and provides an extensive range of medical services. The 2022-23 NQAS assessment gave it a score of 97%, and the LaQshya assessment awarded scores of 98% and 97% to its Labour Room and Maternity OT respectively. Notably, the hospital efficiently handles Drugs and Vaccines management and waste treatment. However, challenges include significant staffing shortages, with vacancies ranging across various specialists' roles. Other challenges encompass prolonged patient registration, extended wait times for surgeries and drug distribution, data updating lags, and JSY payment issues. Despite these hurdles, strengths such as specialized surgeries, SNCU services, mosquito net implementation, and commitment to JSSK entitlements uphold the hospital's operational efficiency.

***CHC:*** Operating as an Urban PHC, DGD Geeta Colony offers a spectrum of healthcare services, including general OPD and check-ups. The facility's demographic is influenced by its proximity to urban slums, often dealing with communicable diseases, skin infections, and prevalent childhood diseases. It also conducts a daily NCD clinic. The facility maintains commendable hygiene standards and has a solid reputation in its service area.

***PHC:*** Khichripur Maternity Home functions similarly to a U-CHC, with 15 beds available. It provides a myriad of services, but challenges persist: the need for infrastructure updates, workforce shortages, and unrealized plans for an ANM nursing school. In contrast, Maternity Home, Patparganj is known for its expanse community engagements and holds several Kayakalp awards. Enhancing services with specialists could optimize the resource balance in this facility.

***Aanganwadi Visit:*** Observations from the Aanganwadi in Jheel revealed active engagements by ANMs and ASHAs, particularly during the Urban Health and Nutrition Day(UHND). However, there's a discernible need for consistent educational material supplies to boost their outreach services.

**To conclude,** the Baghpat District's healthcare domain presents a multifaceted landscape with both commendable achievements and pressing challenges. A paramount concern is the evident skew in budgetary spending, where a disproportionate amount of resources are funneled into programmes during the fourth quarter. This approach not only strains the system but also disrupts a consistent quality of care throughout the year. A particularly alarming challenge is the acute shortage of specialists, especially within the OBGYN cadre. This dearth has placed a significant strain on tertiary level hospitals, which face heightened service delivery pressures. In contrast, lower-tier health facilities remain underutilized, with untapped human resources, space, and other critical assets.

The district also underscores the importance of robust Monitoring and Evaluation (M&E) operations, timely disbursement of JSY incentives, and the imperative need for human resource training focused on the Health Management Information System (HMIS) and other digital interfaces. Despite these challenges, it's noteworthy to recognize the district leadership's role in ensuring commendable synergies across departments. Their ability to coordinate multiple service providers efficiently has resulted in relatively seamless programme implementation. However, an area demanding immediate attention is the fight against child undernutrition. The district's Nutritional Rehabilitation Centre (NRC) requires substantial amplification in its efforts and resources to address this critical issue. In sum, while the Baghpat District showcases strong foundations in healthcare, it's essential to address these challenges holistically to ensure an equitable and effective healthcare environment for all.

## Recommendations

### 1. Budgetary Allocation and Spending:

- **Finding:** Expenditure across programmes is skewed towards the 4th quarter.
- **Recommendation:** Introduce a mechanism for periodic budget review and release, ensuring balanced spending throughout the fiscal year.

### 2. Specialist Shortage:

- **Finding:** There's a notable shortage of OBGYN specialists.
- **Recommendation:** Prioritise filling up vacant positions for the Ob-Gyn role and provide additional training for existing medical staff to bridge the service gap.

### 3. Healthcare Facility Utilization:

- **Finding:** Tertiary hospitals face extreme service delivery stress, while lower-tier health facilities remain underutilized.
- **Recommendation:** Develop a comprehensive referral system to balance the patient load, ensuring lower-tier facilities are appropriately utilized before tertiary hospital referrals.

### 4. Monitoring & Evaluation (M&E) Operations:

- **Finding:** Need for enhanced M&E operations from the DPMU.
- **Recommendation:** Utilise funds towards M&E operations to introduce robust and periodic M&E tailored to NHM programme implementation.

### 5. JSY Incentive Disbursements:

- **Finding:** Significant lags noted in the timely disbursement of JSY incentives.
- **Recommendation:** Streamlining the technical grievance redressal mechanism to ensure service providers have ease of access with JSY disbursements.

### 6. Training on HMIS and Digital Portals:

- **Finding:** There's a necessity for HR training for HMIS and other digital portals.
- **Recommendation:** Prioritise periodic training workshops and distribution of new formats and manuals for HMIS and other portals, ensuring optimal utilization.

### 7. Child Undernutrition:

- **Finding:** Increasing burden of child undernutrition in the district.
- **Recommendation:** The Nutritional Rehabilitation Centre (NRC) needs to be set up - on priority basis - in the district to address child undernutrition.

### 8. Multi-Centric Service Providers' Synergy:

- **Finding:** District leadership has fostered good synergies across departments for efficient programme implementation.
- **Recommendation:** Regular inter-departmental review meetings to address challenges pertaining to holistic implementation of health services collaboratively.