



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
**HEALTH AND
FAMILY WELFARE**



A MONITORING AND EVALUATION REPORT NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN: BULANDSHAHR DISTRICT, UTTAR PRADESH - 2022-23



Submitted by:

**Prof. Suresh Sharma, Rahul Kumar
Arun Singh & Amarjeet Kumar**



**POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH
UNIVERSITY OF DELHI ENCLAVE, NORTH CAMPUS,
DELHI - 110007**

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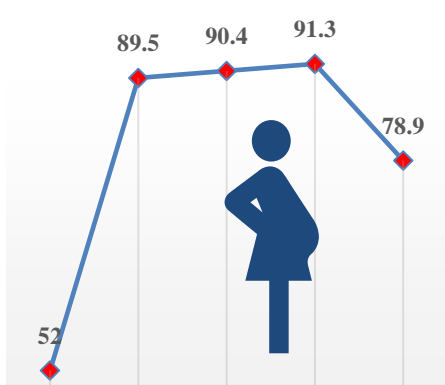
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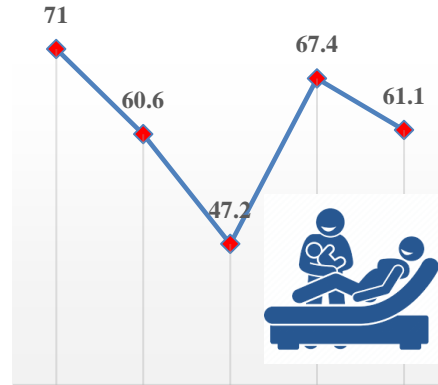
Prof. Suresh Sharma
Mr. Rahul Kumar
Mr. Arun Singh
Mr. Amarjeet Kumar

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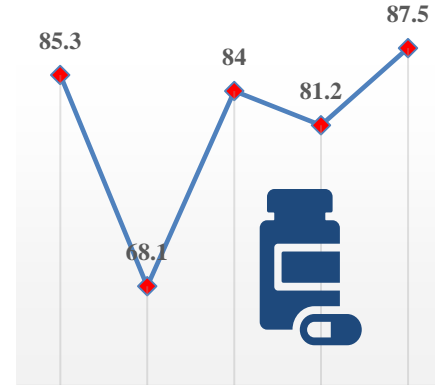
Bulandshahr District, Uttar Pradesh, Highlights, 2022-23



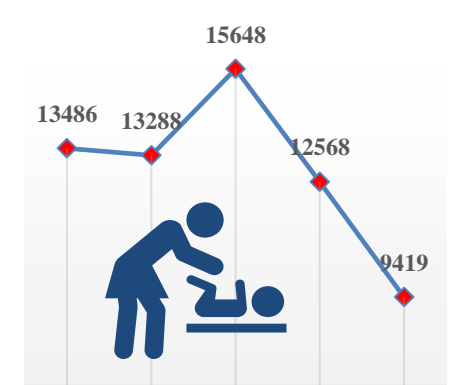
2018-19 2019-20 2020-21 2021-22 2022-23
% of 4+ ANC Registrations to Total ANC Registration
 Source: HMIS



2018-19 2019-20 2020-21 2021-22 2022-23
% of Institutional Deliveries to Total ANC Registration
 Source: HMIS



2018-19 2019-20 2020-21 2021-22 2022-23
% of 180 IFA to Total ANC
 Source: HMIS



2018-19 2019-20 2020-21 2021-22 2022-23
Total Home Deliveries
 Source: HMIS



4 ALS, 81 BLS
 Source: CMO Office



2 - DH
 16 - CHCs
 73 - PHCs
 419 - SCs

Health Infrastructure

Source: CDMO Office



NQAS

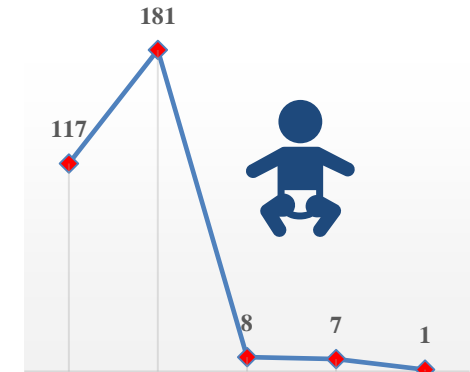
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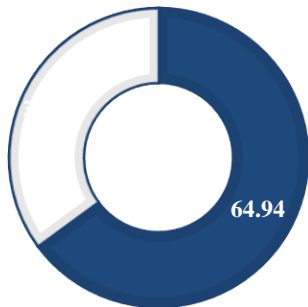
Kayakalp

1 - DH
 4 - CHCs
 5 - PHCs
 1 - UPHC

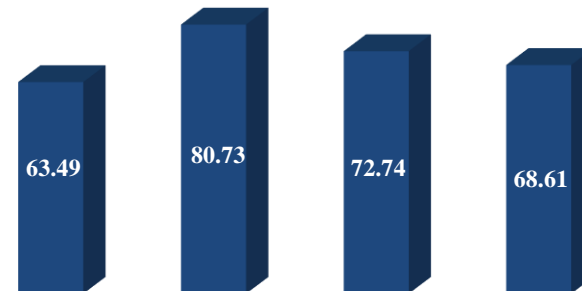
Source: CMO Office



2018-19 2019-20 2020-21 2021-22 2022-23
Infant Deaths
 Source: HMIS



NHM Fund Utilization (%)
 Source: CDMO Office



RCH CD NCD NUHM
Flexi-Pool Wise Fund Utilization (%)
 Source: CMO Office



JSY Payment, 2022-23
 Source: CMO Office

Executive Summary:

The Ministry of Health and Family Welfare (MoHFW), Government of India, has entrusted the Population Research Centre (PRC) with the responsibility of monitoring the quality of essential components of the National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). This report, prepared by the Population Research Centre at the Institute of Economic Growth in Bulandshahr (PRC-IEG), highlights the key findings from the concurrent monitoring of vital NHM components in Bulandshahr. The report provides information on service coverage, challenges in service delivery, and the utilization of health services by the local population in the area.

The report is based on visits made to several public health facilities located in Bulandshahr, including District Women Hospital (DWH), Community Health Center (CHC) Shikarpur, CHC Danpur, Primary Health Centre (PHC) Dharampur, PHC Surjawali, SC-HWC Nangalchattu and Kelawan. During these visits, meetings were conducted with the Chief Medical Officer (CMO) and the NHM Nodal Officials. Additionally, interactions were held with the Medical Officer-in-Charge (MOIC) of the selected facilities and healthcare providers such as ANMs (Auxiliary Nurse Midwives) and ASHAs (Accredited Social Health Activists). These interactions aimed to gather insights into the strengths and weaknesses of the facilities in terms of service provision.

Key Findings:

- ✚ **Uncovered Area:** Bulandshahr district, one of the largest districts in Uttar Pradesh with 16 blocks, has reportedly faced a shortage of Accredited Social Health Activists (ASHAs) specifically needed for urban areas.
- ✚ **Strengthening of FRUs:** The district currently has only four FRUs, which include the DWH where C-section deliveries are conducted. However, it's noteworthy that only two out of these four FRUs are equipped with the essential personnel and facilities necessary for such procedures, including a Gynecologist, Anesthetist, and a blood storage unit. The remaining two FRUs lack at least one of these critical requirements.
- ✚ **JSY & JSSK:** Under the JSY (Janani Suraksha Yojana) scheme, approximately 93 percent of the payments have been processed in the last financial year, 2022-23. JSSK facilities in

the district rely on the SHG – Prerna Canteen for providing diet, but the contracted amount of 100 rupees per patient is considered inadequate.

- ✚ **Encroachment at CHC Pahasu:** Encroachment at the inside of the hospital gate (CHC Pahasu) for the use of the toilet by street vendors is a concern that needs attention.
- ✚ **Sick New Born Care Unit (SNCU):** DWH has 12 bedded fully functional SNCU with 6 beds for inborn and 6 for out born situated in MCH wing of DWH. All the required staff is available for smooth functioning of SNCU. 10 Bedded NRC is also functional at the District male hospital.
- ✚ **Mother Newborn Care Unit (MNCU):** MNCU has been established in all Community Health Centers (CHCs) across the district with the aim of enhancing the quality of care provided to both mothers and newborns.
- ✚ **Strengthening of DPMU & BPMU:** It was reported that multiple positions at the District Program Management Unit (DPMU) and Block Program Management Unit (BPMU) remain vacant. Furthermore, a notable absence is observed in the form of a quality manager at the district hospital. This staffing shortfall is adversely impacting the effective implementation of National Health Mission (NHM) programs at the district level.
- ✚ **Strengthening of Quality Control Program:** Out of the 512 health facilities in the district, only 11 facilities (1 DH, 4 CHC, 5 PHC & 1 UPHC) have received the Kayakalp award, and none have achieved NQAS certification, indicating a need for improved quality and accreditation efforts.
- ✚ **Poor Infrastructure of SC-HWC:** The Sub-Centers with Health and Wellness Centers (SC-HWCs) are facing structural issues due to the use of inferior quality materials. Many of these facilities are in a dilapidated condition, characterized by cracked walls, subsided floors, and poorly fitted washrooms. This poses a significant challenge to the overall functionality and hygiene of these centers.
- ✚ **Shortage of Medical Officers at PHCs:** A significant shortage of Medical Officers (MOs) exists at the Primary Health Center (PHC) level, as the majority of PHCs are currently managed by Pharmacists and Laboratory Technicians/Assistants (LT/LA). This shortage of qualified medical personnel raises concerns about the adequacy of healthcare provision at the grassroots level.

- ✚ **Conflict between CHO/ANM & Pradhan:** Reports indicate that, for the withdrawal of untied funds for SC-HWC, the signatures of both the Pradhan and Community Health Officer (CHO) are necessary. However, it has been reported that Pradhans often refuse to sign unless a certain amount of money is provided. This situation raises concerns about potential financial challenges and the need for transparent and fair practices in fund disbursement.
- ✚ **Health & Wellness Centers (HWC):** 313 Sub health centers out of 419 are converted into health & Wellness Centre in which all 313 HWCs are functional with CHOs. Implementation of HWC is good at the SC level however, PHC which is converted into HWC is not functional as per the HWC guidelines. Only branding was done and with respect facilities to be render as an HWC is not available due to shortage of HR.
- ✚ **RBSK Team:** Bulandshahr district has 32 teams of RBSK in 16 different blocks but only 9 teams are complete with all the HR.
- ✚ **Low Budget Utilization:** The overall expenditure of NHM budget for Bulandshahr district is around 64.94% to the total budget allocated. Low budget utilization (around 63%) has been observed in the RCH flexi pool.
- ✚ **Community perception:** There was a mixed preference in the community for availing the public & private health care services. While low-income households relied on both public sector and the private sector, they expressed some dissatisfaction with the quality and access of public sector health facilities. Chronic diseases such as hypertension and diabetes were common among the older adult population.

Recommendations:

- ❖ Some SCs are co-located with PHCs, and these PHCs are currently limited to operating only OPDs due to a shortage of MOs in the district. To address this challenge, there is a proposal to repurpose these PHCs into delivery points by leveraging the assistance of ANMs stationed at the co-located SCs. This approach aims to optimize the available resources and enhance healthcare services in the district.
- ❖ EmOC and LSAS training should be given to LMOs and MOs to fill the shortage of gynecologist and anesthetist gaps in the district. It will also strengthen the CHCs for C-section deliveries.

- ❖ The acute shortfall of medical staff i.e. specialist, obstetrics and Gynecologist, Anesthetics, etc, So, the vacant post of the specialist doctors must be filled as soon as possible to reduce the burden at the district.
- ❖ District officials do not have a clear picture regarding budget approval under PIP. In this regard, a state-level meeting is recommended to strengthen the planning and budgeting structure of the PIP.
- ❖ Public health facilities in Bulandshahr should initiate action for assessments under NQAS, LaQshya and Kayakalp initiatives. Because facilities are lagging in terms of quality assurance program in the district.
- ❖ There is a shortage of Human Resources (HR) within the BPMU/DPMU, which is causing difficulties in implementing programs at the grassroots level. Therefore, there is an urgent need to fill the HR positions at DPMU/BPMUs.

Chapter 1: Introduction

1. Background & Objectives:

Over the years, since the introduction of the National Health Mission (NHM), various strategies have been implemented to improve the accessibility and affordability of the healthcare system. It is crucial to conduct timely evaluations of key components of the NHM State Program Implementation Plan to facilitate program changes, allocate resources effectively, and strengthen these plans further. The Ministry of Health and Family Welfare (MoHFW) has assigned Population Research Centers (PRCs) to ensure quality monitoring of important components of the NHM State Programme Implementation Plan (PIP) for the year 2022-23. The role of PRCs involves identifying critical concerns in the implementation of NHM activities and developing suitable quality parameters to monitor these components. In the case of Bulandshahr, PRC Delhi has been assigned to conduct quality monitoring of essential components of NHM PIPs in selected states, namely Delhi, and Uttar Pradesh. The monitoring report prepared by PRC Delhi will specifically focus on the performance of the Bulandshahr district in NHM activities. The report will discuss demographic indicators, health indicators, healthcare financing, and public health planning within the district. It will also cover various healthcare programs, including Reproductive, Maternal, Newborn, Child and Adolescent Health Plus Nutrition (RMNCAH+N), disease control programs, and other health initiatives. Overall, the report aims to provide a comprehensive assessment of the NHM activities in the Bulandshahr district and contribute to the improvement of healthcare services in the region. This report/study would analyze different issues and problems of the district and the specific objectives of the study are as follows:

- ❖ To examine the status of physical infrastructure of health facilities under NHM.
- ❖ To identify the gap between demand and supply of health service delivery under NHM.
- ❖ To highlight the performance and implementation of different scheme under NHM.
- ❖ To understand the availability and efficiency of human resource.
- ❖ To assesses functionality of equipment, supply & essential drugs etc.
- ❖ To assess availability of finance for the NHM activities in the district.

The monitoring and evolution report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected

from HMIS Web Portal for Bulandshahr district, 2022-23. Prior to visiting to District, the monitoring and evaluation team reviewed the district PIP document and formulated the semi structured interviews schedules for the DPM, facility staff and beneficiaries. Before visiting the different level of healthcare facilities, a meeting with key personnel of NHM, of the District was held. The healthcare facilities visited are listed below:

Table 1: List of Facilities Visited During PIP Visit

Facility Type	Name of the Facility
District Hospital	K.M.C District Women Hospital, Bulandshahr
Community Health Centre (CHC)	CHC Shikarpur, CHC Danpur
Primary Health Centre (PHC)	PHC Dharampur, PHC Surjawali
Sub Centre (SC)	SC-HWC Nanglachattu and Kelawan

1.1 Demographic profile:



Figure 1: District Map of Bulandshahr

Bulandshahr district is divided into seven sub-divisions: Dibai, Anoopshahr, Khurja, Shikarpur, Siyana, Bulandshahr, and Sikandrabad. For development purposes, there are sixteen development blocks: Bulandshahr, Gulaothi, Lakhaowati, Shikarpur, Khurja, Pahasu, Arniya, Sikandrabad, Anoopshahr, Dibai, Danpur, Siyana, B.B.nagar, Jahagirabad, Uncha Gaon, and Agauta blocks.

As per the 2011 Census, Bulandshahr, with an actual population of 34,991,711, is a district within the larger state of Uttar Pradesh, which has a total population of 199,812,341. In comparison, the population of India as a whole is approximately 1,210,569,573. When looking at gender distribution, Bulandshahr has a male population of 18,452,600 and a female population of 16,539,111. In Uttar Pradesh as a whole, there are 104,480,510 males and 95,331,831 females. On a national scale, India has a significantly higher population of males (62,318,430) than females (58,744,730). The child sex ratio in Bulandshahr, which indicates the number of girls per 1,000 boys in the age group of 0-6 years, is 854. In comparison, the child sex ratio in Uttar Pradesh is 902, while the national average for India is 914. The sex ratio in Bulandshahr, which represents the number of females

per 1,000 males across all age groups, is 896. In Uttar Pradesh, the sex ratio is slightly higher at 912, while the national average for India is 943.

The literacy rate in Bulandshahr is reported as 68.88 percent, indicating the percentage of individuals who can read and write. In comparison, Uttar Pradesh has a literacy rate of 67.68 percent, and the national literacy rate for India is 74.0 percent. Looking at gender-specific literacy rates, in Bulandshahr, the male literacy rate is 80.93 percent, while the female literacy rate is 55.57 percent. In Uttar Pradesh, male literacy is slightly lower at 77.28 percent, and female literacy stands at 57.18 percent. On a national scale, male literacy is 80.9 percent, while female literacy is 64.6 percent. The decadal population growth rate in Bulandshahr is 20.12 percent, indicating the percentage increase in population over a ten-year period. In comparison, Uttar Pradesh has a slightly higher decadal growth rate of 20.23 percent, while the national average for India is 17.7 percent.

In terms of population density, Bulandshahr has a density of 776 persons per square kilometer. In comparison, Uttar Pradesh has a slightly lower density of 829 persons per square kilometer, while the national density for India is 382 persons per square kilometer. The area of Bulandshahr is 4,512 square kilometers, while Uttar Pradesh spans an area of 240,928 square kilometers. On a national scale, India has a much larger area of 3,287,240 square kilometers.

Table 2: Demographic Indicators of the District

Indicators	Bulandshahr	Uttar Pradesh	India
Actual Population	3,499,171	199,812,341	1,21,05,69,573
Male	1,845,260	104,480,510	6,231,843
Female	1,653,911	95,331,831	58,74,47,730
Child sex ratio (0-6 year)	854	902	914
Sex ratio	896	912	943
Literacy rate (%)	68.88	67.68	74.0
Male literacy rate (%)	80.93	77.28	80.9
Female literacy rate (%)	55.57	57.18	64.6
Decadal population growth	20.12	20.23	17.7
Density/Km2	776	829	382
Area (in sq. Km.)	4512	240,928	3287240

Source: Census of India 2011

1.2 Health profile:

The following table 3 depicts the health care service delivery indicators in Bulandshahr and Uttar Pradesh with respect to various domains such as Maternal Health, Child Health, Delivery care, Family Planning, etc. for the year 2022-23. Antenatal Care (Pre-Natal care), is one of the most important components of the Maternal Health. ANC refers to the regular medical and nursing care suggested for women throughout their gestation period of pregnancy to ascertain the well-being of the mother and the fetus as well. Furthermore, with regular prenatal care, women can reduce the risk of pregnancy complications. According to the HMIS, 51.68 per cent of women in Bulandshahr registered for ANC in the first trimester while women who registered for ANC up to 4 or more checkups, has (78.92 %). According to the HMIS data source, IFA supplementation was given to 87.5 per cent of all women who registered for ANC. Total 59 Maternal Deaths recorded in the district.

Delivery care is a vital factor of Infant health. Of the total home deliveries in Bulandshahr, around 53.3 per cent deliveries were attended by SBA worker to the total home deliveries. Skilled Birth Attendant (SBA) as an individual is the one who can handle common obstetric and neonatal emergencies. Thus, the attendance of SBA in case of home delivery is necessary to combat maternal deaths. About 90.57 per cent of all deliveries were institutional deliveries and of all the institutional deliveries in Bulandshahr. Of all women who registered for ANC, 61.11 per cent went for institutional delivery and around 6.77 per cent of all institutional deliveries were C-section deliveries.

In terms of Postnatal Care, 92.53 percent of the newborns were breastfed within one hour of delivery, and 95.18 percent of newborns were weighed at birth in the district. Out of the total weighted newborns, more than 8 percent had a weight less than 2.5 kg. Around 141 percent of women received the first postpartum checkup after home delivery. In the last financial year, there were 3 reported child deaths and one infant death was reported in Bulandshahr district. The Reproductive and Child Health program incorporates all possible interventions to improve child health and addresses factors contributing to infant and under-five mortality. Regarding Child Health service delivery, approximately 107340 children were fully immunized (9-11 months) in Bulandshahr.

In the year 2022-23, female sterilization was the dominant method of permanent family planning in Bulandshahr, accounting for 99.04 percent of all sterilizations conducted.

Table 3: Health Statistics of Bulandshahr District

HMIS indicators	Bulandshahr	Uttar Pradesh
1. Maternal Health		
% of beneficiaries registered for 1 st trimester to total ANC registration	51.58	72.38
% of pregnant women with 4 or more ANC checkups	78.92	86.74
% of pregnant women given 180 IFA to total ANC registrations	87.5	97.9
% Pregnant women given 360 Calcium tablets	91.71	96.92
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	53.03	22.5
Total home deliveries	9419	312123
% of institutional deliveries to total reported deliveries	90.57	92.17
% of institutional deliveries to total ANC registrations	61.11	51.7
% of C-Section deliveries to total institutional deliveries	6.77	11.95
% of women received 1 st post-partum checkup after home delivery	141.58	132.96
2. Newborn and Child Health		
% of newborn weighted to total live birth	95.18	94.22
% of newborn breast fed within 1 hour of birth to total live birth	92.53	91.42
% of newborns having weight less than 2.5 kg to total live birth	8.5	9.81
No of children admitted in NRC	401	16358
% of children discharged with target weight gain from NRC	69.33	64.76
Number of children (9-11 months) fully immunized	107340	5624782
3. Family Planning		
% of male sterilization to total sterilization	0.96	1.04
% of female sterilization to total sterilization	99.04	98.96
% of IUCD insertion to total institutional deliveries	35.13	21.19
Total Sterilization conducted	46.5	287252
4. Mortality Indicators		
Maternal death	59	3407
Child (1-5 years) death	3	1795
Infant (1-12 months) death	1	2017
Still Birth	477	32882

Source: HMIS 2022-2023

To enhance healthcare delivery, the National Health Mission (NHM) has contributed by improving the facilitation and coordination of public health systems, leading to an increase in both outpatient department (OPD) and inpatient department (IPD) services. In terms of patient services, the OPD had a significantly higher patient load, with 2579156 OPD patients (Allopathic) in 2022-23 compared to 161830 IPD patients. As a percentage, IPD patients accounted for approximately 6.3 percent of the total patient load in Bulandshahr District.

Chapter 2: NHM Budget & Finance

2.1 State Resource Envelopment:

For the financial year (FY) 2022-23, against a resource envelope of Rs. 7661.6 Crore (calculated assuming state share of 40%), Uttar Pradesh received administrative approval for an amount of Rs.12091 Crore. The total support from Government of India is Rs. 4596.96 Crore whereas the state share of 40% works out to be Rs. 3064.64 Crore.

Table 4: State Budget Allocation for Uttar Pradesh, 2022-23

S. No.	Particulars	2022-23	
		GOI Share Including Incentive Pool	State Share (40%)
1	RCH Flexi Pool (Including RI, IPPI, NIDDCP)	935.59	
1.1	RCH Flexi Pool (Including RI, IPPI, NIDDCP) including Cash Grant Support	675.40	
1.2	RCH Flexi Pool (Kind Grant Support under Immunization)	260.19	
2	Health System Strengthening (HSS) under NRHM	2349.67	
2.1	Other Health System Strengthening (HSS) cover under NRHM	1929.74	
2.2	Ayushman Bharat Health & Wellness Centers under NRHM	271.37	
2.3	Additional ASHA benefits package including support to ASHA facilitator	148.56	
3	NUHM Flexi Pool	108.65	
3.1	Other Health System Strengthening (HSS) cover under NUHM	80.52	
3.2	Ayushman Bharat Health & Wellness Centers under NUHM	28.13	3064.64
4	NDCP Flexi Pool	217.85	
4.1	NVBDCP (Cash & Kind)	31.09	
4.2	NTEP (Cash & Kind)	141.93	
4.3	NVHCP (Cash & Kind)	31.65	
4.4	NLEP	4.41	
4.5	IDSP	6.56	
4.6	National Rabies Control Programme (NRCP)	2.05	
4.7	Programme for Prevention and control for Leptospirosis	0.17	
5	NCD Flexi Pool	107.26	
6	Infrastructure Maintenance (Including Direction and Administration)	877.93	
Total Resource Envelopment (1+2+3+4+5+6)		459 6.96	

Source: ROP 2022-24, Uttar Pradesh

The breakup of the total resource envelope shows that Rs. 935.59 Crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 2249.67 Crore is allocated for Health System Strengthening (HSS) under NHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs. 3285.26 Crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 108.65 Crore, Rs. 217.85 Crore and Rs. 107.26 Crore, respectively. Within NDCP Flexible Pool, bulk of the resources is allocated for NTEP activities. Finally, over one-fifth of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

2.2 District Resource Envelopment:

The table 5 presents a breakdown of budget allocations and expenditures for several healthcare programs. Each row in the table corresponds to a specific program, with details including the allocated budget, actual funds utilized, and the percentage of the budget that has been spent.

The table provides a comprehensive overview of budget allocations and their utilization across various programs. Notable entries include the RCH+HSS program, which has utilized 63.49% of its allocated budget, the CD program with an 80.73% utilization rate, the NCD program with an 72.74% utilization, the NUHM program with an 68.61% utilization, the ECRP-II with an 36.32% utilization and the PM-ABHIM initiative, which has yet to utilize its budget.

Table 5: Flexi-Pool wise NHM Budget Utilization, 2022-23

Description	Budget Released	Budget utilized	Utilization (%)
RCH+HSS	1205692635	765527191	63.49
CD	148311517	119734090	80.73
NCD	62028929	45121251	72.74
NUHM	75234907	51618307	68.61
ECRP - II	59983107	21784070	36.32
PM-ABHIM	1788000	0	-
SGFDHS	0	2313153	-
XV-FCG	127280578	85045384	66.82
Total	1680319673	1091143446	64.94

Source: CMO Office, FMR Sheet, Bulandshahr District, 2022-23

The "SGFDHS" entry indicates utilization without a predefined budget. In total, the combined utilization across all programs amounts to 64.94%, with the XV-FCG program demonstrating a 66.82% utilization rate. This breakdown offers a clear insight into the financial status and expenditure patterns of each program, contributing to an overall understanding of resource utilization within the specified budget framework.

Table 6: CD, & NCD Flexi-pool wise Budget Utilization, 2022-23

Description	Budget Released	Budget utilized	Utilization (%)
Communicable Disease (CD) Pool			
CD-IDSP	20371037	23612128	115.91
CD-NLEP	15932519	11653753	73.14
CD-NRCP	988238	857101	86.73
CD-NVBDCP	7100261	4796362	67.55
CD-NVHCP	1508631	651872	43.21
CD-RNTCP	102410831	78162874	76.32
Total	148311517	119734090	80.73
Non-Communicable Disease (NCD) Pool			
NCD-NIDDCP	853017	316574	37.11
NCD-NMHP	8758263	6532598	74.59
NCD-NOHP	1868078	1496422	80.10
NCD-NPCB	10258440	6732407	65.63
NCD-NPCDCS	27573263	23694166	85.93
NCD-NPHCE	5413922	872616	16.12
NCD-NTCP	5676113	4655950	82.03
NCD-NPPC	300000	97704	32.57
NCD-NPPCD	907833	470561	51.83
NCD-NPCCHH	420000	252253	60.06
Total	62028929	45121251	72.74

Source: CMO Office, FMR Sheet, Bulandshahr District, 2022-23

The table outlines the budget allocation and utilization for various programs falling under the Communicable Disease (CD) Pool. Each program, such as CD-IDSP, CD-NLEP, CD-NRCP, CD-NVBDCP, CD-NVHCP, and CD-RNTCP, has been allocated a specific budget. Notably, the CD-IDSP program has surpassed its budget utilization, reaching 115.91%, possibly due to unexpected needs or overestimation of the initial budget. The CD-NLEP and CD-RNTCP programs also show substantial utilization rates of 73.14% and 76.32%, respectively. Overall, the CD Pool has utilized

80.73% of the total allocated budget, providing insights into the financial performance of communicable disease-related initiatives.

The second part of the table focuses on the Non-Communicable Disease (NCD) Pool, detailing budget allocations and utilization for various programs within this category. Programs such as NCD-NIDDCP, NCD-NMHP, NCD-NOHP, NCD-NPCB, NCD-NPCDCS, NCD-NPHCE, NCD-NTCP, NCD-NPPC, NCD-NPPCD, and NCD-NPCCHH are included. Noteworthy utilization rates include NCD-NPCDCS at 85.93%, indicating efficient spending, and NCD-NPHCE at 16.12%, suggesting underutilization. The total utilization for the NCD Pool is 72.74%, offering valuable insights into the financial status and efficiency of resources allocated to address non-communicable diseases.

Table 7: NRHM-RCH Flexi-Pool Budget Utilization, 2022-23

Description (NRHM-RCH Pool)	Budget Released	Budget utilized	Utilization (%)
CP	543023848	313866585	57.80
MH	244940145	174454763	71.22
CH	73550723	34750191	47.25
RBSK	66210798	55958656	84.52
FP	48444507	33323823	68.79
RI	49153049	35400880	72.02
IMEP	40619679	31586187	77.76
AYUSH	23253426	21310008	91.64
HR	29874686	23130538	77.43
Blood Cell	15312101	6551043	42.78
IEC	9084478	3695932	40.68
RKSK	7879778	6081519	77.18
QA	17336767	6377143	36.78
MIS	4028000	2315463	57.48
Training	5966670	3935015	65.95
ME	10318512	6979092	67.64
Nursing	2092000	1211223	57.90
Procurement	3996069	2343829	58.65
FD	499511	349507	69.97
PD	22000	19990	90.86
CIVIL	85888	1885804	2195.65
COVID 19	10000000	0	0.00
Total	1205692635	765527191	63.49

Source: CMO Office, FMR Sheet, Bulandshahr District, 2022-23

The table presents a detailed breakdown of budget allocation and utilization for various programs falling under the National Rural Health Mission - Reproductive and Child Health (NRHM-RCH) Pool. Each program, represented by abbreviations such as CP, MH, CH, RBSK, FP, RI, IMEP, AYUSH, HR, Blood Cell, IEC, RKSK, QA, MIS, Training, ME, Nursing, Procurement, FD, PD, CIVIL, and COVID-19, has been allocated a specific budget. The "Budget Released" column denotes the funds allocated to each program, while the "Budget Utilized" column reflects the actual expenditure.

Several programs stand out in terms of utilization rates, with AYUSH demonstrating a particularly high rate of 91.64%, indicating efficient utilization of allocated funds. RBSK also shows a notable utilization rate of 84.52%, while programs like RI, IMEP, and RKSK have utilization rates ranging from 72.02% to 77.76%. On the other hand, programs such as QA, Blood Cell, and IEC have relatively lower utilization rates, suggesting potential areas for improvement or further investigation. Notably, the program related to COVID-19 indicates no utilization, possibly due to the nature of the pandemic response, where funds might be allocated on an as-needed basis.

Chapter 3: Public Health Planning & Implementation

3.1 Health Infrastructure & Facilities:

Infrastructure provides health system the foundation to deliver, evaluate and respond to community health needs. It is essential to effectively provide essential public health services. An adequate system is capable of providing preventive, diagnostic, and curative care, according to the requirements of the people being served. The Public Health Care Infrastructure under NHM includes Sub Health Centers at the most peripheral level, Primary Health Centers to provide an integrated curative and preventive health care, and Community Health Centers which serve as a referral center for PHCs and also provides facilities for obstetric care and specialist consultations.

With regards to Public health infrastructure, there is 2 District Hospital (Male & Female), 2 sub district hospitals, 16 Community Health Centers (CHCs), 73 Primary Health Centers (PHCs), and 419 Sub Centers (SCs) in Bulandshahr District. With respect to Ayushman Bharat Health & Wellness Center, 45 PHCs, and 313 SCs were converted in the district. An assessment of delivery points across the tiers of health facilities tells that only 7 PHCs out of 73 PHCs are conducting more than 10 deliveries per month. 12 out of 16 CHCs are functional as optimal delivery points with more than 20 deliveries per month in the district.

Details of ancillary health infrastructure in the district is depicted in (Appendix 1). 12 bedded SNCU with 5 bedded KMC ward is functional at the DH with dedicated pediatrician and staff Nurses. 1 MNCU, 1 NRC, 1 blood bank and 1 Blood Storage Unit are also present in the district. There are 1 drug resistant TB center, 34 Designated Microscopy Centers and 20 tuberculosis unit functioning.

The district has implemented 'Free Drug Services' and 'Free Diagnostic Services' for ALL. However, there were some concerns raised by the pharmacists at health facilities with regard to the procurement procedure of drugs. A centralized drug warehouse of Uttar Pradesh State Medical Corporation (UPSMCL) has been established in Bulandshahr district and it is the responsibility of all health facilities to get their stocks from the central warehouse. This requires dedicated personnel and incurring transportation costs. Pharmacists reported that ideally, the CMO office should procure medicines and distribute it to health facilities. For medical consumables, facility has to indent Central Medical Store Depot (CMSD) situated at the CMO office.

3.2 Referral Transport:

Health system strengthening includes transport facilities provided by the district for safe and timely movement of patients. These include ambulances or any other form/mode of transport used to commute by the people of the community. The district has 81 Basic Life Support (BLS) ambulances and 4 advance life support ambulances. There is no Mobile Medical Unit (MMU) is operational in the district. Out of total 85 ambulances, 41 is dedicated for 102 services and rest 44 is dedicated for 108 services. The operational agency for ALS and BLS Referral ambulances is the State, and a PPP agency, respectively. Both the BLS and ALS vehicles are GPS fitted and cover an average distance of approximately 150kms per day for ALS and 200kms for BLS.

3.3 Human Resources:

The table provides a detailed overview of the vacancy percentages for various positions within the National Health Mission (NHM) in Bulandshahr District. Notably, positions such as Female MO (specialist), MO, Dentist, MO (SNCU), MO (OBGY), and MO (UPHC) are currently experiencing full vacancies, indicating a critical need for recruitment in these specialties. Additionally, roles like Anesthetist and X-Ray Technicians have a 50.0% vacancy, underscoring the need for additional personnel. Staff Nurse and ANM positions, crucial for healthcare delivery, demonstrate vacancy rates of 24.2% and 32.4%, respectively. Paramedical Staff (RBSK) faces a significant vacancy percentage of 30.0%. On the positive side, some positions, including MO (NCD), MO (Blood Bank), MO (NRC), and Data Operator, show no current vacancies. Analyzing these vacancy percentages offers valuable insights for health authorities to strategically address workforce shortages, particularly in high-demand areas, to ensure the effective functioning of the healthcare system in Bulandshahr District under the NHM. Immediate attention and targeted recruitment efforts may be necessary to optimize staffing levels and improve healthcare services in the region.

The table provides a comprehensive overview of the current status of permanent Human Resources (HR) positions in Bulandshahr District, with a specific focus on various levels of Medical Officers and other healthcare roles. The data highlights critical insights into the staffing landscape, revealing notable vacancy percentages across different positions. In particular, Medical Officer Level-4 and Level-3 positions exhibit relatively high vacancy rates of 60.0% and 43.9%,

respectively, indicating a significant shortage in these key healthcare roles. The Dental Officer position faces an acute staffing challenge, with an 85.7% vacancy rate. Medical Officers at Community Health Centers (CHC) also experience a substantial vacancy percentage of 75.9%. Among pharmacists, while Chief Pharmacist positions show a 30.0% vacancy, regular Pharmacist positions have a relatively lower rate at 9.4%. Other positions such as Junior Engineer, X-Ray Technician, Lab Technician, Lab Assistant, Staff Nurse, and Optometrist also demonstrate varying degrees of vacancy.

Table 8: Status of HR under NHM (Contractual)

Status of HR under NHM, Bulandshahr District			
Post	Sanctioned	In post	Vacant %
Anesthetist	2	1	50.0
Female MO (specialist)	3	1	66.7
MO	4	0	100.0
Dentist	4	2	50.0
MO (SNCU)	3	0	100.0
MO (OBGY)	3	0	100.0
MO (NCD)	1	1	0.0
MO (RBSK)	60	51	15.0
MO (NRC)	1	1	0.0
MO (UPHC)	8	7	12.5
MO (AYUSH)	38	34	10.5
MO (Blood Bank)	1	1	0.0
Staff Nurse	207	157	24.2
ANM	336	227	32.4
X-Ray Technicians	4	3	25.0
Lab Technician	37	32	13.5
Lab Assistant (Blood Bank)	4	4	0.0
OT Technician (FRU)	5	4	20.0
CHO	327	313	4.3
Data Operator	6	6	0.0
Paramedical Staff (RBSK)	50	35	30.0
Councilor	8	7	12.5
Hospital Manager	4	3	25.0

Source: CMO Office, District Checklist PIP Monitoring, 2022-23

These insights underscore the urgent need for strategic recruitment efforts and targeted retention strategies to address the significant staffing gaps in key healthcare positions. Identifying the root

causes behind these high vacancy rates and implementing effective solutions is crucial for enhancing the overall capacity and functionality of the healthcare system in Bulandshahr District.

Table 9: Status of HR (Permanent Positions)

Status of HR (Permanent position), Bulandshahr District			
Post	Sanctioned	In post	Vacant %
Medical Officer Level - 4	15	6	60.0
Medical Officer Level - 3	41	23	43.9
Medical Officer Level - 2	25	28	-
Medical Officer Level - 1	134	82	38.8
Dental Officer	14	2	85.7
MO (CHC)	29	7	75.9
Chief Pharmacist	10	7	30.0
Pharmacist	106	96	9.4
Junior Engineer	1	0	100.0
X-Ray Technician	15	3	80.0
Lab Technician	28	14	50.0
Lab Assistant	37	9	75.7
Staff Nurse	48	22	54.2
Optometrist	15	7	53.3

Source: CMO Office, District Checklist PIP Monitoring, 2022-23

3.4 Key Indicators for ASHA & ASHA Facilitator:

The community health workforce serves as a vital link between the community and the public health system. In line with population norms, the district requires 2772 Accredited Social Health Activists (ASHAs). Currently, there are 2322 ASHAs in place, resulting in a shortfall of 16 percent. It's worth noting that 315 ASHAs are responsible for more than 1500 people in rural areas, and there are 1291 villages and 212 slums with no ASHAs in place.

To ensure comprehensive healthcare services and support for the residents of these slum areas, it is essential to address the lack of ASHA workers in those specific locations. By increasing the number of ASHAs or assigning existing ASHAs to these areas, the district can enhance healthcare access and promote community engagement within the underserved slum populations.

In urban areas, Mahila Arogya Samitis (MAS) function as community worker groups. Presently, the district has 215 MASs in operation, with 196 of them maintaining valid accounts and all

members being adequately trained. With respect to Village Health Sanitation and Nutrition Committee (VHNSC) total 1187 committee were formed and all members are trained.

All the 2322 ASHA workers and 115 ASHA facilitators in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Shram Yogi Mandhan Yojana (PMSYMY). These are the governments backed insurance schemes.

3.5 Status of Training:

The table 12 presents a list of training programs and their respective completion statuses. In the last financial year, the district had planned eight sessions of Skill Birth Attendant (SBA) training for eight batches. However, only six batches successfully completed their training. Additionally, the district had planned five sessions for the Navjat Sishu Suraksha Karyakram (NSSK) for five batches, but only one batch completed the training. Furthermore, the district also organized training sessions for Comprehensive Abortion Care (CAC) for Medical Officers. Unfortunately, only two sessions out of the planned nine were completed.

Chapter 4: NHM Programme Interventions

4.1 RMNCH+A Services:

The Reproductive, Maternal, Child and Adolescent Health programme is at the heart of the flagship programme National Health Mission (NHM). Central tenets guiding this programme have been equity, universal care, entitlement and accountability. The aim is to protect the lives and safeguard the health of women, adolescents and children. RMNCH+A links maternal and child survival to other components namely, family planning, adolescent health, gender & PNDT. It also denotes inclusion of adolescence as a distinct 'life stage' in the overall strategy. Exhibit 4 (Appendix) provides details on several programmes running under RMNCH+A in the district.

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission. JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women.

Around 93 percent of the JSY payments has been done in the last financial year. During the visit, it was reported by medical officers that any delay in JSY incentive was mostly because of delay in receipt of funds from the district authorities. Interaction with beneficiaries revealed that they were satisfactorily aware about the JSY scheme, and most of the them had bank accounts.

JSSK is actively implemented and functional in the Bulandshahr District. Beneficiaries are being provided free of cost consultation, drugs, diagnostic, blood and referral transport. With respect to diet, the one's delivering at facilities level are being given food. JSSK diet facilities in the district rely on the SHG – Prerna Canteen for providing diet, but the contracted amount of 100 rupees per patient is considered inadequate. Free referral transport is also being utilized by the beneficiaries for hospital admissions and discharge.

District has 4 public institution and 34 private institution equipped with Ultra-sound facility and all public and private facilities are registered under PCPNDT act. Some of the private institution is also providing services at PPP mode in the district.

The district has 12-bedded SNCU with 6 beds for Inborn and 6 beds for out born unit situated at the District Women Hospital with dedicated pediatrician and staff nurses. The total number of admissions in the SNCU unit were 381 for in-born and 1002 for out born of which the number of males were more than the number of females in the in-born section. 314 in-born and 660 out-born were discharged in the last financial year. Exhibit 4 (Appendix) even shows that 276 were referred, 53 taken LAMA and 81 have died including both the inborn and out-born units. District also has 4 NBSU units at the CHC but not completely functional due to lack of HR and infrastructure.

Nutrition Rehabilitation Center (NRC) is a in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. Bulandshahr district has one NRCs at the district male hospital. Bulandshahr district has one NRCs at the district male hospital. Total 326 children were admitted at the NRC and 119 were discharged, 5 had referred and 59 had taken LAMA. Out of the total cases admitted in the last financial year, 159 cases were referred by frontline workers, 2 by self, 20 from pediatric ward and 241 by RBSK team.

PMSMA programme is running at the two-district hospital, 13 CHCs and 14 UPHCs/PHCs in the district. ANC checkups are being provided on 9th of every month. Mothers who are found to be severely anemic during the checkups are given injectable iron supplements (iron sucrose). Also, it was observed that pregnant women are being distributed bananas and biscuits on the PMSMA day. Also, the mothers are instructed to take similar nutritious diet on daily basis.

HBNC is functioning in the district. As reported, 2125 out of 2322 ASHA workers have HBNC kits. Total new-born visited was 6131 in the in the current year 2023. All 2322 ASHA workers have drug kits.

Under the Rashtriya Bal Swasthya Karyakram (RBSK), the Bulandshahr district has a total of 32 RBSK teams, with 2 teams per block, ensuring coverage of children. However, only 6 teams are fully staffed according to the prescribed composition, while the remaining 26 teams have partially filled positions. Additionally, there are 28 vehicles on the road for RBSK teams. The program is operational in all government schools and anganwadis, with an average of 120 children being screened by the teams each day.

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it

provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

Bulandshahr district observed 59 maternal deaths in the year 2022-23. Maternal Death Review is reportedly being carried out in the district and reasons are being identified for both facility and community deaths.

The Peer Education (PE) program for adolescent health is not operational in the district. Only two meetings have been conducted under the Adolescent Friendly Clinic. The distribution of Weekly Iron Folic Acid Supplementation (WIFS) program has been timely, with two instances of stockouts for iron folic acid supplements occurring during the last financial year 2022-23.

4.2 Communicable Disease Programs:

Exhibit 5 (Appendix) shows the status of implementation of three communicable disease programmes in the district. Integrated Disease Surveillance Programme (IDSP) has been implemented in the district with the rapid response team of members comprising of MBBS doctors, lab technicians, and field workers. The IDSP data is used for surveillance of several communicable diseases and for outbreak investigations. Reporting status of weekly IDSP data for private health facilities is quite less. Total 3 outbreak investigated in the last two financial year i.e. 2021-22 & 1 outbreak in 2022-23 respectively. Only 51 percent of the private health facilities reporting weekly data of IDSP.

A total of 112 new cases were detected for leprosy with 4 G2D case in the year 2022-23 under the National Leprosy Eradication Programme (NLEP). Multi Drug Therapy was reported to be available without any interruption. Also, it was reported that MCR footwear and selfcare kit is available at the district. Reconstruction surgeries for G2D cases is being conducted in the district.

National Tuberculosis Elimination Programme (NTEP) is functional in the district. There are 4495 TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Number of patients notified from public sector was 7121 and from private

sector was 4068 in 2022-23. The treatment success rate is reported to be 90% for public sector and 88% for private sector. Total 251 MDR cases of TB is reported in public health facility.

Also, district has dedicated Chest wing in the district hospital. They have 2 CBNAAT and 9 TRUENAT machines in the district. 1 drug resistance TB center, 35 designated microscopy centers and 16 TUs are fully functional in the district.

The micro and macro plan for National Vector Borne Disease Control Programme (NVBDCP) have been reported to be available at the district level and weekly epidemiological and entomological situations are monitored. There has been an increased boosted surveillance at ward village level. Neither LLIN distribution nor any Indoor Residual Spray (IRS) has been done in the last year because Annual Parasite index and Annual blood examination rate is within the limit. Annual blood examination rate of the district was 6.008 percent for year 2022-23. All blocks achieved elimination status of Lymphatic Filariasis i.e. Microfilaria (MF) rate is less than 1 percent.

4.3 Non-Communicable Disease Program:

The Non-communicable disease programmes that have been implemented in the district include National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS), National Programme for Control of Blindness & Visual Impairment (NPCBVI), National Mental Health Programme (NMHP), National Program for Healthcare for Elderly (NPHCE), National Programme for Climate Change & Human Health (NPCCHH), National Tobacco Control Programme (NTCP), National Oral Health Programme (NOHP), and National Programme for Prevention and Control of Deafness (NPPCD). Around 72.74% of the total budget sanctioned was utilized in NCD program was observed in the district for last financial year 2022-23. NCD clinics are operational at the DH and FRUs in the district. Under the National Mental Health Program (NMHP), the district is equipped with one psychiatrist, and basic-level training has been imparted to several medical officers. IEC initiatives, along with other outreach activities, are functioning effectively in the district. Exhibit 6 (Appendix) depicts the status of NCD program of the district.

Chapter 5: Health Facilities Monitoring Assessment

5.1 District Women Hospital (DWH) Bulandshahr:

The team visited total Six facilities in Bulandshahr district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The five facilities visited comprises of 1 district hospital, 2 Community health centers (CHC), 2 Primary Health Centre and 2 SC-HWC.



Figure 2: District Women Hospital, Bulandshahr District

- ✚ The District Women's Hospital (DWH) in Bulandshahr is a 100-bed facility. On average, it handles a monthly delivery load of approximately 400-500 cases, including both normal deliveries and C-sections. Around 15 percent of these deliveries are C-sections.
- ✚ The District Women's Hospital in Bulandshahr currently has five gynecologists and one anesthetist. Out of the five gynecologists, two are permanent, and three are from the National Health Mission (NHM). The blood bank is situated in the district male hospital.
- ✚ The District Hospital has a fully functional Special Newborn Care Unit (SNCU) with 12 beds. Among these, 6 beds are designated for in-born babies and the remaining 6 beds are allocated for out-born babies. Instead of physically separating the in-born and out-born

sections, the SNCU identifies and maintains records of each section accordingly. Facility also has 10 bedded NRC situated in District Male Hospital.

- ✚ MNCU has been established in DWH and all Community Health Centers (CHCs) across the district with the aim of enhancing the quality of care provided to both mothers and newborns.
- ✚ Services delivery in the post-natal wards was fully efficient. All beneficiaries were provided with diet services free of charge and were asked to stay for more than 48 hours post-delivery. On interaction with the beneficiaries, they cited that no cost was borne by them for the diet, drugs, or diagnostics and timely doctor rounds were observed. They were fully satisfied with the services being rendered at the facility.
- ✚ District Women's Hospital (DWH) have an ultrasound facility. However, under the PMSMA scheme, the hospital has partnered with private diagnostic centers through a Public-Private Partnership (PPP) model. These empaneled private diagnostic centers now provide ultrasound services to meet the needs of the patients at the DWH.
- ✚ Under the JSY (Janani Suraksha Yojana) scheme, approximately 94 percent of the payments have been processed in the last financial year, which is 2022-23.
- ✚ The counselling on family planning services is provided by doctors SNs and ANM. The facility provides condoms, oral pills, Chaya and sterilization services.
- ✚ The state has outsourced the biomedical waste management activities to an agency. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.
- ✚ JSSK facilities in the district rely on the SHG – Prerna Canteen for providing diet, but the contracted amount of 100 rupees per patient is considered inadequate.

5.2 Community Health Center (CHC) Shikarpur:



Figure 3: Community Health Center, Shikarpur, Bulandshahr

- ✚ The CHC Shikarpur is a 50-bedded First Referral Unit (FRU) effectively handling a daily outpatient department load of more than 300 patients per month.
- ✚ CHC Shikarpur conducts only normal delivery, with an average monthly delivery load of approximately 120 deliveries.
- ✚ The services provided by CHC include OPD, IPD, antenatal care, postnatal care, normal deliveries, immunization, family planning, dental services, X-ray, mental health counseling, etc.
- ✚ In the current year, specifically during the months of July, the facility encountered a measles outbreak, reporting 5-6 cases.
- ✚ There is a 10-bed Pediatric Intensive Care Unit and a 4-bed Newborn Stabilization Unit available for the care of sick newborn infants and children.
- ✚ In the last financial year, 94% of payments under the Janani Suraksha Yojana (JSY) were made, and the Janani Shishu Suraksha Karyakram (JSSK) has been implemented at the facility. Under JSSK, they are providing free diet, diagnostics, and transportation services.
- ✚ As a FRU, the facility lacked the capability to perform C-section deliveries. Additionally, the facility lacks an anesthetic and blood storage unit.

- ✚ CHC Shikarpur is equipped with two RBSK teams; however, both teams are currently incomplete

5.3 Community Health Center (CHC) Danpur:



Figure 4: Community Health Center, Shikarpur, Bulandshahr

- ✚ CHC Danpur operates as a 30-bed facility. It caters to a significant population of 223,000 individuals, reflecting its critical role in the region. On a daily basis, the center manages an OPD load of around 200 patients each day.
- ✚ CHC Danpur conducts only normal delivery, with an average monthly delivery load of approximately 180 deliveries.
- ✚ The services provided by CHC include OPD, IPD, antenatal care, postnatal care, normal deliveries, immunization, family planning, dental services etc.
- ✚ A total of 14 types of tests are available at the CHC, including tests for hemoglobin, syphilis, blood sugar, urine analysis, malaria, dengue, typhoid, and widal, among others.
- ✚ Last financial year, 93% of payments under the JSY were made, and the JSSK has been implemented at the facility. Under JSSK, they are providing free diet, diagnostics, and transportation services.

- ✦ With respect to human resources, the hospital is currently staffed with two Medical Officers (MBBS), one ObGy, one Dentist, six staff nurses, one Laboratory Technician (LT), and one pharmacist.
- ✦ The facility has Tuberculosis unit. However, there is a concern in the dental department: the dental chair, crucial for a range of dental treatments, is currently not functional.
- ✦ The facility suffered from a significant lack of cleanliness. Moreover, the condition of the infrastructure was alarmingly poor, evident in noticeable signs of deterioration, such as plaster peeling off in various areas. This highlights the pressing need for immediate repairs and maintenance.
- ✦ The labor room presented a concerning state, marked by a lack of proper maintenance. The majority of the windows had broken glass panes, further compounded by the absence of curtains.
- ✦ The absence of IEC materials on the walls is noticeable, and this gap could impact the dissemination of crucial information within the facility.

5.4 Primary Health Center (PHC) Surjawali:



Figure 5: Primary Health Center, Surjawali

- ✚ PHC Surjawali handles an average daily outpatient department load of 25-30 patients.
- ✚ A sub-centre is situated within its premises, sharing the same boundary.
- ✚ The services provided by PHC include OPD, NCD clinic, general lab tests, and family planning.
- ✚ A total of 7 types of tests are available at the PHC, including tests for HIV, malaria, dengue, typhoid, H.B. RBS, urine test, and blood group.
- ✚ In the context of NCD screening, the facility conducted screenings for hypertension on 579 individuals and diabetes on 579 individuals in the past six months. Among them, 127 individuals were confirmed to have hypertension, and 134 were diagnosed with diabetes.
- ✚ The HR consists of one MO (AYUSH) attached at Shikarpur CHC and one pharmacist on a regular basis, along with one staff nurse on a contractual basis.
- ✚ In the last financial year, the facility received a fund of Rs. 175,000 under NHM, and the entire amount was utilized.
- ✚ The infrastructure displayed clear signs of deterioration, including plaster peeling off in various areas, indicating its poor condition.

- ✚ Primarily, the pharmacist manages the PHC, as the attached Medical Officer (MO) rarely visits due to their engagement at the CHC Shikarpur.
- ✚ The facility is currently operating without a power backup system.

5.5 Primary Health Center (PHC) Dharampur:



Figure 6: Primary Health Center, Dharampur

- ✚ PHC Dharampur is situated at a distance of 13 km from its referral point, CHC Danpur and serves a catchment population of approximately 62,000.
- ✚ PHC Dharampur manages an average daily outpatient department load of 20-25 patients, and a sub-centre is located within its premises, sharing the same boundary.
- ✚ The infrastructure of the facility was in excellent condition, complete with appropriate branding.
- ✚ A total of 12 types of tests are available at the PHC, including tests for hemoglobin, syphilis, blood sugar, urine analysis, malaria, dengue, typhoid, and widal, among others.
- ✚ The HR consists of one MO (AYUSH) attached at Danpur CHC and one pharmacist along with one LT on a regular basis.
- ✚ In the last financial year, the facility received a fund of Rs. 87500 under NHM, and the entire amount was utilized.

- ✚ This facility is designated as a microscopy center, and it has a 100% installment rate for DBT (Direct Benefit Transfer) for TB patients under the Nikshay Poshan Yojna in the last 6 months.
- ✚ The services provided by PHC include OPD, NCD clinic, general lab tests, and family planning.

5.6 Sub-Center Health & Wellness Center (SC-HWC) Kelawan:



Figure 7: Sub-Center Health & Wellness Center, Kelawan

- ✚ SC-HWC Kailawan is located at a distance of 5km away from its referral point CHC Shikarpur and its average daily OPD load is about 15-20.
- ✚ This facility offers services to a population of 7500 individuals, and it is supported by a team of five ASHAs to ensure effective outreach and support.
- ✚ The services provided by SC include OPD, NCD clinic, kit-based tests, ANC checkups, newborn care, immunization, wellness activities and family planning
- ✚ The IEC (Information, Education, and Communication) activities were well executed, and the record-keeping was also well maintained.
- ✚ The human resources at this facility include one ANM, one CHO, five ASHAs.
- ✚ All ASHAs are equipped with HBNC and drug kits, and they are well-informed about the incentive provisions under the NTEP (National Tuberculosis Elimination Program) and Nikshay Poshan Yojana.

- ✚ In the last financial year, the facility received a fund of Rs.40000 under NHM, and the entire amount was utilized.
- ✚ The number of individuals above thirty years of age within the Health and Wellness Center population was 2,775, and a total of 600 CBAC forms were filled out over the past six months.
- ✚ The infrastructure was in a very poor condition; there were cracks in the facility's walls, and the ground has subsided.

5.7 Sub-Center Health & Wellness Center (SC-HWC) Nanglachattu:



Figure 8: Sub-Center Health & Wellness Center, Kelawan

- ✚ SC-HWC Nagla Chattu is located at a distance of 10km away from its referral point CHC Danpur and its average daily OPD load is about 20 patients.
- ✚ This facility offers services to a population of 10000 individuals, and it is supported by a team of eight ASHAs to ensure effective outreach and support.
- ✚ The services provided by SC include OPD, NCD clinic, kit-based tests, ANC checkups, newborn care, immunization, wellness activities and family planning
- ✚ The human resources at this facility include one ANM, one CHO, eight ASHAs.
- ✚ In the last financial year, the facility received a fund of Rs.40000 under NHM, and the entire amount was utilized.

- ✚ The number of individuals above thirty years of age within the Health and Wellness Center population was 3,600, and a total of 1200 CBAC forms were filled out over the past six months.
- ✚ In the context of Non-Communicable Diseases (NCD) screening, the facility conducted screenings for hypertension and diabetes on 800 individuals each over the past six months. Among these, 12 individuals were confirmed to have hypertension, while 10 were diagnosed with diabetes.
- ✚ The infrastructure was in a very poor condition; there were cracks in the facility's walls, and the subsided floor. Due to the floor subsidence, the washroom has been completely damaged.
- ✚ The maintenance of records at the facility was found to be suboptimal. There were noticeable gaps and inconsistencies in the record-keeping process.
- ✚ ASHA workers were equipped with the HBNC kit, but unfortunately, they were without the essential drug kit. This discrepancy highlighted the need for ensuring comprehensive supplies to enhance the effectiveness of their healthcare services.

5.8 Community Interaction:



Figure 9: Community Interaction and VHND Visit

A group discussion was arranged, bringing together ASHA workers, ANMs, CHO and interactions with beneficiaries were conducted at various healthcare facilities, as well as within the local community, to gather insights regarding the accessibility of health services in the district and the lifestyle choices of the community.

ANMs and ASHAs were particularly questioned about their knowledge, training, and the incentives they receive. The primary objective of these discussions was to gain valuable perspectives from the beneficiaries and to comprehend the challenges they face in accessing public health facilities. The overarching goal was to identify areas that need improvement and to find ways to enhance the quality of healthcare services.

Following discussions with beneficiaries at different facilities, it became evident that there is a diverse range of preferences within the community when it comes to utilizing both public and private healthcare services. Low-income households often rely on both sectors but express some dissatisfaction with the quality and accessibility of public healthcare facilities. Among the elderly population, there is a notable prevalence of chronic diseases such as hypertension and diabetes. Furthermore, there is a high prevalence of alcohol, tobacco, and cigarette consumption within the

community. Notably, ASHAs consistently accompany beneficiaries for antenatal or delivery care, and in cases of major illnesses, people tend to prefer seeking treatment at the District Hospital.

ASHAs exhibit a thorough understanding of the specific programs they are trained in and actively engage with, including Home-Based Newborn Care (HBNC) and immunization. HBNC visits are conducted on a regular and systematic basis.

Chapter 6: Conclusion and Recommendation

6.1 Conclusion:

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Bulandshahr District, Uttar Pradesh.

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Bulandshahr District: District Women Hospital, CHC Shikarpur, CHC Danpur, PHC Surjawali, PHC Dharampur, SC-HWC Kelawan and SC-HWC Nanglachattu. Meetings were held with the Chief District Medical Officer (CMO) and the NHM Nodal Officials. Interactions were also held with the Medical Officer-In-Charge (MOIC) of the selected facilities, health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Review of relevant programmatic data and information available from the NHM nodal officials were also conducted. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

The district has 2 DH District Hospital (Male & Female), 16 CHCs, 73+9 PHCs/UPHCs and 419 SCs. With respect to transport, the district has only 102, 108 Ambulance services. District has 4 public institution and 34 private institution equipped with Ultra-sound facility and all public and private facilities are registered under PCPNDT act. Also, some private institutions are providing services at PPP mode in the district.

JSY & JSSK services are fully functional in the district. Almost 93 percent of the JSY payments has been done for the last financial year 2022-23. The reason behind the remaining JSY payments cited by the district officials were, inadequate documentation and high proportion of migrant population and change of payment system. However, all the delivery points in the district implement JSSK except PHCs and SCs. The PMSMA activities are conducted at the DH CHCs and PHC / UPHC equivalent facilities. District women hospital has 12 bedded SNCU with dedicated pediatrician and staff nurses. Under NTEP, the treatment success rate from public hospital was achieved to be at 90% and for private facilities were 88% in 2022-23. Under National

Leprosy Eradication Programme, 112 new cases were detected with no case of Grade 4 Disabilities (G2D). The following NCD programmes under the NHM umbrella were functional NPCDCS, NPCCHH, NPHCE, NPPCD, NOHP, NPCBVI, NMHP, and NTCP. The district is working on Quality Assurance programmes like NQAS and Kayakalp. However, no facility was certified under NQAS and 1 DH, 4 CHCs, 5 PHCs and 1 UPHC won the Kayakalp Award in last financial year.

District women hospital is a 100 bedded dedicated. The District Women's Hospital in Bulandshahr currently has 5 gynecologist, 1 anesthetist and three pediatricians' doctors. There are provisions for diet support and other facilities for delivery care through JSSK funds. However, the coverage of referral transport from home to facility and drop back facilities after delivery is not up to mark. The DH receives maintenance grant (RKS) and Kayakalp grant from NHM. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.

Both of the visited Community Health Centers (CHCs) are 30-bed facilities that provide normal delivery services and, in the case of CHC Shikarpur, also offer C-sections. They also offer other primary care services such as family planning, outpatient department (OPD) services, and immunization. During the visit, two PHCs were inspected. Both of these PHCs offer only basic OPD services. Both PHCs have Health and Wellness Center (HWC) status, but they are currently only providing OPD services. Both the SCs, Nanglachattu and Kelawan are facing structural issues due to the use of inferior quality materials. Many of these facilities are in a dilapidated condition, characterized by cracked walls, subsided floors, and poorly fitted washrooms. This poses a significant challenge to the overall functionality and hygiene of these centers.

On discussion with the community members of there was a mixed preference in the community for availing the public & private health care services. For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported public health facilities as their first preference. However, for major illness people prefer tertiary level hospitals in Meerut and Aligarh. Main referral point for the combined district hospital Bulandshahr is Medical College, Meerut.

Based on the monitoring the following recommendations for improving the service delivery in the district are made:

6.2 Recommendations:

- ❖ Some SCs are co-located with PHCs, and these PHCs are currently limited to operating only OPDs due to a shortage of MOs in the district. To address this challenge, there is a proposal to repurpose these PHCs into delivery points by leveraging the assistance of ANMs stationed at the co-located SCs. This approach aims to optimize the available resources and enhance healthcare services in the district.
- ❖ EmOC and LSAS training should be given to LMOs and MOs to fill the shortage of gynecologist and anesthetist gaps in the district. It will also strengthen the CHCs for C-section deliveries.
- ❖ The acute shortfall of medical staff i.e. specialist, obstetrics and Gynecologist, Anesthetics, etc, So, the vacant post of the specialist doctors must be filled as soon as possible to reduce the burden at the district.
- ❖ District officials do not have a clear picture regarding budget approval under PIP. In this regard, a state-level meeting is recommended to strengthen the planning and budgeting structure of the PIP.
- ❖ Public health facilities in Bulandshahr should initiate action for assessments under NQAS, LaQshya and Kayakalp initiatives. Because facilities are lagging in terms of quality assurance program in the district.
- ❖ There is a shortage of Human Resources (HR) within the BPMU/DPMU, which is causing difficulties in implementing programs at the grassroots level. Therefore, there is an urgent need to fill the HR positions at DPMU/BPMUs.

Appendix

Appendix 1: Status of Infrastructure, Bulandshahr District

1. Facility Details	Sanctioned/ Planned	Operational
District Hospitals	2	2
Sub District Hospital	2	2
Community Health Centers (CHC)	16	16
Primary Health Centers (PHC)	73	73
Sub Centers (SC)	419	419
Urban Primary Health Centers (U-PHC)	9	9
Urban Community Health Centers (U-CHC)	-	-
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centers (NRC)	1	1
District Early intervention Center (DEIC)	-	-
First Referral Units (FRU)	5	5
Blood Bank	1	1
Blood Storage Unit (BSU)	1	1
No. of PHC converted to HWC	45	45
No. of U-PHC converted to HWC	0	0
Number of Sub Centre converted to HWC	313	313
Designated Microscopy Center (DMC)	35	35
Tuberculosis Units (TUs)	16	16
CBNAAT/TruNat Sites	2	2
Drug Resistant TB Centres	1	1
Functional Non-Communicable Diseases (NCD) clinic		
At DH	1	1
At SDH	0	0
At CHC	9	9
Institution Providing Comprehensive Abortion Care (CAC) services		
Total No of Facilities	1	1
Providing 1 st trimester services	0	0
Providing both 1 st and 2 nd trimester services	0	0

Source: CMO Office, Bulandshahr, 2022-23

Appendix 2: Key Indicators for ASHA & ASHA Facilitator

S. No.	Kay Indicators	Number
1	Required as per population	2772
2	Selected	2322
3	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	315
4	No. of villages/ slum areas with no ASHA	1291/10
5	No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	2322
6	No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	115
7	No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	2322
8	No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	115
9	No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	2322
10	No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	115
11	Mahila Aarogya Samiti (MAS) Formed	215
12	MAS Trained	215
13	MAS Account Opened	196

Source: CMO Office, Bulandshahr, 2022-23

Appendix 3: Status of Communicable Disease

National Tuberculosis Elimination Programme (NTEP)

- Target TB notification achieved: Yes
- Whether HIV Status of all TB patient is known: Yes
If No, no. of TB patients with known HIV status: Yes
- Eligible TB patients with UDST testing: 4495
- Whether drugs for both drug sensitive and drug resistance TB available: Yes

-
- | | |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Patients notification from public sector | <ul style="list-style-type: none">• No of patients notified: 7121• Treatment success rate: (90%)• No. of MDR TB Patients: 251• Treatment initiation among MDR TB patients: Yes |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
-

- | | |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Patients notification from private sector | <ul style="list-style-type: none">• No of patients notified: 4068• Treatment success rate: (88%)• No. of MDR TB Patients: NA• Treatment initiation among MDR TB patients: NA |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
-
- | | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none">• No. of Beneficiaries paid under Nikshay Poshan Yojana: 1st Installment – NA All Installment paid – 100% |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
-

3. Implementation of National Leprosy Eradication Programme (NLEP)

No. of new cases detected: 112

No. of G2D cases: 4

MDT available without interruption: Yes.

Reconstructive surgery for G2D cases being conducted: Yes

MCR footwear & selfcare kit available: Yes

4. Integrated Disease Surveillance Programme (IDSP)

- Rapid Response Team (RRT) Constituted: Formed
 - Team Composition: 10
 - Proportion of Pvt. Health Facilities weekly data of IDSP: 51% Outbreaks investigated:
 - 2021-22: 3
 - 2022-23: 1
-

Source: CMO Office, Bulandshahr, 2022-23

Appendix 4: Status of Non-Communicable Disease Program

Non-Communicable Diseases Programme	Status of Implementation
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	Yes
National Mental Health Program (NMHP)	Yes
National Programme for Health Care for the Elderly (NPHCE)	Yes
National Tobacco Control Programme (NTCP)	Yes
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	Yes
Pradhan Mantri National Dialysis Programme (PMNDP)	No
Implementation of National Program for Climate Change and Human Health (NPCCHH)	Yes
National Oral Health Programme (NOHP)	Yes
Implementation of National Programme on Palliative Care (NPPC)	No
Implementation of National Programme for Prevention and Control of Fluorosis (NPPCF)	No
National Programme for Prevention and Control of Deafness (NPPCD)	Yes
National Programme for Prevention and Management of Burn & Injuries	No
Implementation of State specific Initiatives and Innovations	No

Source: CMO Office, Bulandshahr, 2022-23