



Report

MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN HARDOI DISTRICT, UTTAR PRADESH



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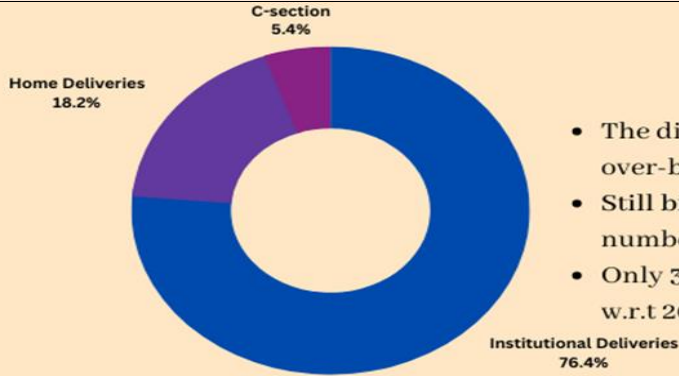
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Abbreviations

AFHS	Adolescent Friendly Health Clinic	LaQshya	Labour room Quality improvement initiative
ANC	Ante Natal Care	LHV	Lady Health Visitor
ANM	Auxiliary Nurse Midwife	LSAS	Life Saving Anaesthesia Skill
ASHA	Accredited Social Health Activist	MCH	Maternal and Child Health
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy	MCTS	Mother and Child Tracking System
BB	Blood Bank	MOIC	Medical Officer In-Charge
BCC	Behaviour change communication	MTP	Medical Termination of Pregnancy
BCG	Bacillus Calmette Guerin	NBCC	New Born Care Corner
BEmOC	Basic Emergency Obstetric Care	NBSU	New Born Special Unit
BPL	Below Poverty Line	NGO	Non-Government Organization
BSU	Blood Storage Unit	NHM	National Health Mission
CHC	Community Health Centre	NLEP	National Leprosy Eradication Programme
CMO	Chief Medical Officer	NPCB	National Programme for Control of Blindness
DEIC	District Early Intervention Centre	NPCC	National Program Coordination Committee
DH	District Hospital	NRC	National Rehabilitation Centre
DHQ	District Health Quarter	NRHM	National Rural Health Mission
DOTS	Directly Treatment Strategy	NSSK	Navjat Shishu Suraksha Karyakram
DPMU	District Programme Management Unit	NSV	Non Scalpel Vasectomy
DPT	Diphtheria Pertussis Tetanus	NUHM	National Urban Health Mission
DWH	District Women Hospital	NVBDCP	National Vector Borne Disease Control Programme
EmOC	Emergency Obstetric Care	NVHCP	National Viral Hepatitis Control Programme
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness	OBG	Obstetrics Gynaecologist
FRU	First Referral Unit	OCP	Oral Contraceptive Pill
HBNC	Home Based New Born Care	OPV	Oral Polio Vaccine
HIV	Human Immunodeficiency Virus	ORS	Oral Rehydration Solution
HMIS	Health Management Information System	PFMS	Public Financial Management System
HWC	Health & Wellness Centre	PHC	Primary Health Centre
ICDS	Integrated Child Development Services	PIP	Programme Implementation Plan
IEC	Information Education & Communication	PPIUCD	Post-Partum Intrauterine Contraceptive Device
IFA	Iron & Folic Acid	RKS	RogiKalyanSamiti
IMEP	Infection Management and Environment Plan	RNTCP	Revised National Tuberculosis Control Programme
IPD	Indoor-Patients Department	RTI	Reproductive Tract Infection
IPHS	Indian Public Health Standards	SBA	Skilled Birth Attendant
IUCD	Intra Uterine Contraceptive Device	SNCU	Special Newborn Care Unit
JSY	JananiSurakshaYojana	SPUHC	Seed Primary Urban Health Centre
JSSK	JananiShishuSurakshaKaryakaram	STI	Sexually Transmitted Infection
KMC	Kangaroo Mother Care	U5MR	Under 5 Mortality Rate

Highlights of Hardoi

- Nearly 70% of pregnant women have registered for 1st Trimester.
- 39.7% mothers visited for 4th ANC visit.
- Average OOP of delivery in Public Health Facilities is Rs. 1679/.
- 63.3% of Pregnant women were Anemic.



- The district has only one SNCU at DH which is over-burdened during peak season.
- Still births are high in the district due to less number of ANC registrations
- Only 3 pediatricians and 2 OB& GY are in-place w.r.t 20 sanctioned post(each).



- NQAS-Result Awaited
- LaQshya-02 facilities (1 result awaited)
- Kayakalp-6 facilities



There is a dire shortage of referral transport at the district as only 4 ALS are stationed at the DH



- Stunted Children: 44.5%
- Wasted Children: 22.3%
- Under weight Children: 33%
- Anemic Children: 76.1%



Executive Summary

This report presents key findings from the concurrent monitoring of essential components of NHM in Hardoi district of Uttar Pradesh. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Hardoi district. The following public health care facilities were visited by the PRC-IEG Team: The District Combined Hospital, two Community Health Centers (Sursa & Ahirori), two Primary Health Centers (Fathiyapur & Bamnakheda) and one Sub Centre which was also a Health & Wellness Centre (Kamrauli). Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the National Health Mission.

Following are the key findings and recommendations based on the monitoring visits and interaction with health officials on the site.

Maternal & Child Health Programmes

- ❖ The Maternal & Child health-related programmes are not running efficiently in the District. Under the JSSK diet provision, it is being reported that the amount defined for the diet per day was not enough to meet the quality of food for the mothers.
- ❖ The number of anaemic women is still a major reason of high risk pregnancies in the district due to lack of education and counselling imparted by the ASHAs at community level.
- ❖ The field observation also supports the fact that the follow up of the Hypertension, Diabetic & anaemic women were not done properly which could be a reason for the increasing number of maternal & child deaths.
- ❖ Delaying in receiving the fund tends to affect most of the related Maternal & Child health activities.
- ❖ The District Hospital was handed over to the Medical College of the Hardoi, which affects majority of the services as well as the management of the DH. The staff nurses handling the maternal department were transferred to other departments. Presently the Internship students of the medical college & the concerned staff from the college were managing the work load of the hospital, somehow affects the NHM Programmes as well.

Communicable & Non-Communicable Diseases

- ❖ Looking into the NCD care programmes, the Tobacco Control Programme posed the most important role in the Uttar Pradesh state, as the state falls among the states with most consumption rate of tobacco.
- ❖ The district presents with a huge unmet need for NCD care. This includes demand for regular drugs and diagnostics for diabetes and hypertension. Strengthening of NCD care at the community level is highly recommended.
- ❖ The District has carried out activities for the National Leprosy Eradication Programme (NLEP) & Integrated Diseases Surveillance Programme from last year's budget release. No fund has been sanctioned under the said programmes for the FY2021-22.
- ❖ Most of the programmes under Non-Communicable Diseases pool remain non-functional due to the non-sanctions or non-availability of the nodal officers for the respective programmes as they are engaged in other programmes as well.

Family Planning

- ❖ All the Public Health Facilities have reported notable acceptance of IUCD insertions, Postpartum Intrauterine and Contraceptive Device (PPIUCD) insertions and condoms.
- ❖ All the visited centers are trying to provide necessary information about family planning to women through proper counseling. However, there is a need to fill vacant counselor positions on an urgent basis, as the doctors and ANMs are only handling the counseling sessions at the time of ANC's or Child Immunization itself.
- ❖ Due to the apparent space crunch, the facilities did not have any privacy while counseling the couples for family planning which bears implications for the effective result of the counseling.
- ❖ The male sterilization rate is pretty low in the district due to lack of awareness. So, there is a need to focus on raising public awareness about male as well as female sterilization in the district. It is also necessary to provide detailed information about the benefits and the side effects of sterilization through proper counseling to both, males and females.

Emergency Response Service

- ❖ In Hardoi district, total 47 ambulances for 108 and 48 ambulances for 102 provide services. While lack of ambulance services is found at PHC level.
- ❖ There should be more focus to provide ambulance facility at PHC level, which should cover the outreach population for health care in an effective as well as efficient manner.

Human Resources for Health

- ❖ Critical shortage of human resources is especially cited for specialists and medical officers in the district hospital as well as CHC level. Moreover, there are no Gynecologist and Anesthetic in-place at the FRUs.
- ❖ The major HR issues observing into the light was due to the merging of the District Women Hospital with the Medical College. As a consequence the staff of DWH has been transferred to another District and the Principal of the Medical College has now taken up the administration of the Hospital.
- ❖ Lack of training like BeMOC, EmOC, MTP, FIMNCI and NSSK, has been reported by the staff of district women hospital.

CHAPTER-1: INTRODUCTION

1.1. Background and Objectives

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned population Research Centre (PRC) for quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2019-20). Considering PIP as a major task, Population Research Centre, IEG would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the listed components.

This report presents the key findings from the concurrent monitoring of essential components of under NHM in Hardoi district of Uttar Pradesh. The report is prepared on the basis of field – based observations and visits to selected public health facilities in Hardoi. The following public health care facilities were visited by the PRC-IEG team: *District Women Hospital, 2 Community Health Centers (Sursa & Ahirori), 2 Primary Health Centers (Fattehapur & Bamnakheda) and 1 Sub Centre (Kamrauli)*

Structured checklist was used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the umbrella of NHM.

Further, interactions with district and block level health administrators including the Chief Medical Officer (CMO) and the Block Medical Officer-In-Charge (MOIC), facility and community level health care providers (ANM, ASHAs etc.) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Besides, review of relevant programmatic data and information available from Health Management Information System (HMIS) and the observations made during the monitoring and evaluation of field visit and the key components of NHM are included for robust feedback on programme implementation in the district.

The overall objective is to monitor the functioning of National Health Mission in Hardoi. Especially the study aims to look into the coverage of the mission, constrains during service delivery and utilization of health services by the population of rural and underserved areas at large. Further it seeks to examine the status of utilization of health care services under NHM by the underserved section of the population. The quality monitoring of Programme Implementation Plan (PIP) and some other aspects of the programme have been evaluated in this study which will help the planners and policy makers to modify the existing policies for better service delivery under the mission. Apart from assessing the availability and adequacy of health services in the study area, the monitoring process intends to assess the performance of the health facilities.

The specific objectives of the study are mentioned below.

- To assess the adequacy of physical infrastructures like buildings, hospitals beds, ambulances, medical equipment's and essential drugs needed for better service delivery at the DH, CHC, PHC and SC level.
- To assess the availability of human resources and specialists along with their training status working under National Health Mission.
- To obtain block-wise reports on the status of institutional deliveries, antenatal care, post- natal care, maternal deaths and immunization, family planning in the district.
- To obtain information about the coverage of beneficiaries under JSSK and JSY of NHM.
- To assess the quality in health care services like bio-medical waste management and infection control; community progress like status and activities related to ASHAs; functioning of disease control programme etc.
- To understand the utilization of NHM programme budgetary allocations on various components including utilization of untied funds at selected health facilities through RogiKalyanSamiti (RKS).

Table 1: List of institutions and facilities visited by the PRC-IEG team

Institution and facilities	Person name
Chief District Medical Officer	Dr. Rajesh Kumar Tiwari
District Programme Manager	Mr. Sujeet
District Maternal Health Consultant	Ms. Mahi
Chief Medical Superintendent (District Women Hospital)	Ms. Vinita Chaturvedi
Medical Officer In-Charge (Community Health Centre, Sursa)	Dr. Hemant Kumar Rajput
Medical Officer In-Charge (Community Health Centre, Ahirori)	Dr. M. Singh
Medical Officer In-Charge (Primary Health Centre, Bamnakheda)	Dr. Bal Mukund Murari
Pharmacist (Primary Health Centre, Fattehapur)	Mr. Pankaj Agnihotri
Community Health Officer (Sub-Centre, Kamrauli)	Mr. Vivek Kumar

1.2. Demographic Profile

HARDOI is a district of Lucknow Commissionaire in Uttar Pradesh Province of India. It is situated in between 26-53 to 27-46 North Latitude and 79-41 to 80-46 East Longitude. Its north border touches Shahjahanpur & Lakhimpur Kheri districts, Lucknow (capital of U.P) & Unnao are situated at south border, on eastern border Gomati river separates the district from Sitapur. Nemisharayan the Pilgrim of Dwapar age is just 45 km away from district headquarter. The length of this district from northwest to southeast is 125.529 km and width from east to west is 74.83 km. District Hardoi comprises of 5 tehsils (Hardoi, Shahabad, Bilgram, Sandila & Sawayajpur), 19 blocks, 191 Nyay Panchayat, 1306 Gram Sabha & 1907 habited revenue villages. It also has 7 Nagar Palika Parishads & 6 Nagar Panchayats. Geographical area is 5989 sq. km. As per census 2011 population of the district is 4092845, out of which Female are 1901403 & Male are 21, 91,442.

As per the 2011 Census, population of Uttar Pradesh is 1998, 12,341 and the density of population in Uttar Pradesh at 829 persons per square kilometer as against the national level of 382 persons per square kilometer. Uttar Pradesh is the highest city in term of population density in all states and union territories according 2011 census. Uttar Pradesh is one of the fastest growing cities in the country. Hardoi district is a district situated in the center of Uttar Pradesh, India. The district headquarters is in the city of Hardoi. Hardoi is the third largest district of Uttar Pradesh. It falls under Lucknow division in the history region of Awadh. It is the 13th most populous district in Uttar Pradesh with total population of 40, 92,845 according to census 2011



The Census of India (2011) provides the following highlights for the district. Hardoi has a sex ratio of 868 females for every 1000 males (the 62nd-highest ratio in Uttar Pradesh) and a literacy rate of 64.6%. (51st in the state). Scheduled Castes made up 31.14% of the population. Additionally, 15.9% of the district's population is in the 0-6 age group as of 2011. Decadal population growth rate of the district is 20.4%, which is slightly higher than the state average of 20.2%. Hardoi has population density 684 persons per sq.km, which is less than the state average 829 persons per sq. km.

1.3. Maternal and Child Health

As per NFHS 2019-21, 44.4% mothers had antenatal check up in the first trimester and 42% had undertaken at least four ANC visits. IFA consumption for 100 days or more was lower at 17% during pregnancy. A total of 82% births took place in institutional facilities with 67% births happening across public health facilities. Of the total births, 83% births were assisted by a skilled birth attendant whereas

11% births were through caesarean section. About 69% mothers received postnatal care from a doctor or other skilled health personnel. The average out of pocket expenditure per delivery in public health facility was Rs. 2602.

In Hardoi, about 60% children age 12-23 months are fully immunized (BCG, measles, and 3 doses each of polio and DPT). The coverage of 3 doses of polio is estimated to be 70% and the coverage of 3 doses of Hepatitis B vaccine is 64%. About 75% children age 9-35 months have received a vitamin A dose in last 6 months. The district has high prevalence of diarrhea in the last two weeks prior to the survey among children (15%). The treatment of diarrhea is increased from 64% in 2015-16 to 78% in 2019-2 with about 48% receiving oral rehydration solution and 31% of children under age 5 years is received Zinc.

1.4 Nutritional Status of Women and Children

In Hardoi, 28% women in the age group 15-49 years have a low body mass index (BMI < 18.5 kg/m²). In addition, 20% women are overweight or obese (BMI > 25.0 kg/m²). Anemia is another major concern among women in Hardoi. A total of 61% women age 15-49 years are anemic. The anemia prevalence among pregnant and non-pregnant women is 69% and 61%, respectively. The prevalence of high blood sugar among women is 6.7% and hypertension (slightly above normal with systolic 140-159 mm of Hg and/or diastolic 90-99 mm of Hg) is 5%.

In Hardoi, 37% children under five years are stunted, 36% are underweight and 19% are wasted including 4% with severe wasting. With a prevalence of 75%, anemia is also a major concern among children. Only 6% children age 6-23 months are estimated to receive an adequate diet as per NFHS 2015-16. The practice of important interventions such as breastfeeding within one hour of birth is low at 22%. Besides, only 23% children are exclusively breastfed for the first 6 months after birth.

Indicators	Hardoi district			Uttar Pradesh		
	NFHS-5	NFHS-4	Differences	NFHS-5	NFHS-4	Differences
Children age 6-59 months (<11.0 g/dl)	62.0	72.6	-10.6	63.2	66.4	-3.2
Non-pregnant women age 15-49 years (<12.0 g/dl)	49.3	54.4	-5.1	52.5	50.6	1.9
Pregnant women age 15-49 years (<11.0 g/dl)	48.8	54.3	-5.5	51.0	45.9	5.1
Adolescent-female (15-19 years)	51.6	57.0	-5.4	53.7	52.9	0.8
Adolescent men (15-19 years) (<13.0 g/dl)	NA	NA	NA	31.5	28.2	3.3

1.5 Family Planning Services

Education has an important influence on family planning. As per NFHS-5 (2019-21), in Hardoi Uttar Pradesh, 84.9% women are literate and 65.5% women have 10 or more years of schooling. Further, in Hardoi, 7.5% of women aged 20-24 years were married before the age of 18 years. About 2.6% women age 15-19 years were already mother or pregnant at the time of the survey. The use of any modern method of contraception was 65.2% with female sterilization having 18.0% coverage and 34.3% reported using of condoms. Use of IUD/PPIUD (6.9%) and pills (3.5%) is also low. Male sterilization is negligible at 0.4%. Overall, the total unmet need for family planning was 2.6% including a 1.0% unmet need for spacing.



The visited facilities reported to have very good acceptance of Antara as well, the beneficiaries were counselled in an effective way that even with heavy flow, the weight gain and other side effects of the Doses they continue the usage and went upto 8 doses of the same. The highly acceptance of the contraceptive method among the modern contraception was PPIUCD, then the ANTARA as per the discussion with the health personnel, the Condom boxes placed at the facilities for the eligible group of people was highly appreciated by the community as well as the health officials.

1.6 HMIS Service Delivery Indicators

In Hardoi, although 69% of the ANC registrations occur in the first trimester but more than 95% pregnant women receive four or more ANC checkups. The coverage of 180 IFA tables among pregnant women is 78% and is lower than the state level coverage of 90%. In the district, 82% births are institutional deliveries with C-section deliveries accounting for 11% of the total institutional births. More than 60% women are discharged within 48 hours of the delivery.

The HMIS report shows that 88% of the newborn are breastfed within the first hour of the birth. About 13% of the births care categorized as low birth weight babies (weight below 2.5 kg). Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 95% of the children received BCG vaccine.

The mortality indicators are also presented in Table 1.2. The district reported a total of 63 maternal deaths during 2020-21. The number of infant deaths reported is 103 whereas the number of still births reported is 523. The volume of OPD services is 11.6 Lakhs per year whereas the district provides care for more than 78 thousand IPD cases in a year. Female sterilization is dominant method of family planning in the district.

Table 2: Status of key maternal and child health indicators, Hardoi district, Uttar Pradesh, 2021-22

HMIS indicators 2021-22	Hardoi	Uttar Pradesh
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	72.2	64.7
% of pregnant women with 4 or more ANC checkups	91.5	83.0
% of pregnant women given 180 IFA to total ANC registrations	85.6	90.5
% Pregnant women given 360 Calcium tablets	73.2	82.6
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	4.4	13.1
% of institutional deliveries to total reported deliveries	98.7	98.7
% of institutional deliveries to total ANC registrations	39.0	54.0
% of C-Section deliveries to total institutional deliveries	14.4	9.4
% of women received 1st post-partum checkup after delivery	87.7	66.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	90.9	91.7
% of newborn breast fed within 1 hour of birth to total live birth	92.2	90.0
% of newborns having weight less than 2.5 kg to total live birth	8.3	9.6
No of children admitted in NRC	60.5	112.9
% of children discharged with target weight gain from NRC	77.8	67.3
Number of children (9-11 months) fully immunized	97730	4419723
3. Family Planning		
% of male sterilization to total sterilization	0.2	1.1
% of female sterilization to total sterilization	99.8	98.9
% of IUCD insertion to total institutional deliveries	49.3	40.9
Total Sterilization conducted	2710	259718
4. Mortality Indicators		
Maternal death	30	3345
Child (1-5 years) death	9	1473
Infant (1-12 months) death	64	10130
Still Birth	956	33936

Source: HMIS data, 2021-22, MoHFW

CHAPTER-2: PUBLIC HEALTH FINANCING

2.1. State Programme Implementation Plan

For the financial year (FY) 2021-22, against a resource envelope of Rs. 7366.43 Crore (calculated assuming state share of 40%), Uttar Pradesh received administrative approval for an amount of Rs.9621.79 Crore.

Table 3: Breakup of resource envelope, NHM FY 2021-22, Uttar Pradesh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share	
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	891.04	20.2%	2946.57	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	643.24			
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization) as per FY 2019-20	247.8			
2	Health System Strengthening (HSS) under NRHM	2237.78	50.6%		
2(i)	Other Health system Strengthening covered under NRHM	1837.85			
2(ii)	Comprehensive Primary Health Care under HSS	258.44			
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	141.49			
	Total NRHM-RCH Flexible Pool	3128.82			
3	NUHM Flexible Pool	103.48	2.3%		
3(i)	Other Health System Strengthening covered under NUHM	76.69			
3(ii)	Ayishman Bharat-Health & Wellness Centres under NUHM	26.79			
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	207.47	4.7%		
4(i)	NVBDCP (Cash & Kind)	29.6			
4(ii)	NTEP (Cash & Kind)	135.17			
4(iii)	NVHCP (Cash & Kind)	30.14			
4(iv)	NLEP	4.20			
4(v)	IDSP	6.25			
4(vi)	National Rabies Control Programme (NRCP)	1.95			
4(vii)	Programme for Prevention and Control of Leptospirosis (PPCL)	0.16			
5	NCD Flexible Pool (NPCB, NCHCP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	102.15	2.3%		
6	Infrastructure Maintenance (including Direction and Administration)	877.93	19.9%		
	Total Resource Envelope	4419.86	100%		2946.57
	Grand Total Resource Envelope (Central Allocation + State Share)	7366.43	-		

Source: Record of Proceedings (NHM Uttar Pradesh 2021-22), MoHFW

The total support from Government of India is Rs. 4419.86 Crore whereas the state share of 40% works out to be Rs. 2946.57 Crore. The resource envelope for FY 2021-22 consists of union government's support of Rs. 2998.19 Crore for flexible pool allocation including cash and kind, Rs.543.74 Crore for incentive pool based on last year's performance and Rs. 877.93 Crore for infrastructure maintenance.

The breakup of the total resource envelope shows that Rs. 891.04 Crore is allocated for RCH Flexible Pool (including Routine Immunisation (RI), Intensified Pulse Polio Immunisation (IPPI), National Iodine Deficiency Disorders Control Programme (NIDDCP), Rs. 2237.78 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. 3128.82 Crore. The GOI contribution toward NUHM Flexible Pool, National Disease Control Programme (NDCP) Flexible Pool and Non-Communicable Disease (NCD) Flexible Pool is Rs. 103.48 Crore, Rs. 207.47 Crore and Rs. 102.15 Crore, respectively. Within NDPC 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 Health Action Plan

The District Action Plan comprises of the situational analysis, goals and objectives for each of the defined indicators, strategies, activities, support required from the state, work-plan and the budget for each of the thematic areas. All the aspects of health have been incorporated including the NRHM additionalities of ASHA, Untied funds, Mobile Medical Unit, Facilities as per IPHS norms, the National Disease control programmes, and Intersectoral Coordination and Community involvement. Capacity building and Human Resources have been dealt with in details. The other Cross cutting issues of Gender, Logistics and Warehousing, HMIS, IEC and Biomedical Waste management have been also incorporated.

Table 4: Information about District Health Action Plan (DHAP) , 2021-22

Indicators	Year
Whether district prepared District Plan (PIP) for current year and submitted it to states	Yes
Whether the District received the approved District Health Action Plan (DHAP) from state	Jan 22
Date of first release of fund against DHAP	
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	NA
Details of Construction completed but not handed over	NA

Source: District Profile Checklist, Hardoi Uttar Pradesh

Table 4 shows about the information given in the District Profile Checklist by the DPM about District Health Action Plan (DHAP), 2021-22. The district has prepared the District Plan (PIP) for the current year and submitted to the state, which is done from the end of Hardoi district and also mentioned the date Jan 22 for the submission of DHAP. Details of the construction pending for more than 2 years marked as NA as none of the building was under construction, and no details of construction completed but not handed over.

CHAPTER-3: PUBLIC HEALTH PLANNING AND IMPLEMENTATION

3.1 Health Infrastructure

The District of Uttar Pradesh has made significant progress in improving the health status of its people. Hardoi has made substantial progress in building reliable health infrastructure at various levels. The District has been at the forefront of health care development. Basic to tertiary health care services are being provided by the public and private sectors and voluntary organizations. Integrated management of health services has helped tide over the critical phase of the COVID-19 pandemic. The Health Care Infrastructure in the District is as follows;

- A. District Hospital of Hardoi
- B. Community Health Centres (CHCs)
- C. Primary Health Centres (PHCs)
- D. Sub-Centres/ Health & Wellness Centres (SCs/HWCs)

The Health Infrastructure followed in Uttar Pradesh, is District Hospital for the major health issues & injuries, then the Community Health Centres there for all the Mother & Child care services and General Casulty, then the Primary Health Centres, which were supposed to provide the basic services to the public including the General OPD, ANCs, Child Immunization and other primary stuffs, and the referrals were made to the CHCs, located in the middle of the community or near by the community to facilitate the community, also the Sub-Centres/ Health & Wellness Centres were supposed to provide the primary health care facilities to the community/locality they placed in, another work that the HWCs are entitled for is to provide the health and wellness activities for example, the Yoga sessions within the catered area.

Table 5: Details of health facilities available, 2021-22

Facility Details	Sanctioned/ Planned	Operational
1. District Hospitals	02	02
2. Sub District Hospital	00	00
3. Community Health Centers (CHC)	21	21
4. Primary Health Centers (PHC)	43	43
5. Sub Centers (SC)	535	535
6. Urban Primary Health Centers (U-PHC)	05	05
7. Urban Community Health Centers (U-CHC)	00	00
8. Special Newborn Care Units (SNCU)	01	01
9. Nutritional Rehabilitation Centres (NRC)	01	01
10. District Early intervention Center (DEIC)	00	00
11. First Referral Units (FRU)	05	02
12. Blood Bank	01	01
13. Blood Storage Unit (BSU)	02	02
14. No. of PHC converted to HWC	40	35
15. No. of U-PHC converted to HWC	00	00
16. Number of Sub Centre converted to HWC	35	29
17. Designated Microscopy Center (DMC)	43	43
18. Tuberculosis Units (TUs)	23	23
19. CBNAAT/TruNat Sites	3/9	2/9
20. Drug Resistant TB Centres	01	01

Source: District Checklist, NHM PIP Monitoring, 2021-22

Table 5 above shows the details of the Health Facilities of the Hardoi District of Uttar Pradesh, which clearly depicts that the district lacks with the government health facilities in order to facilitate the community well, there are 2 DH in the district sanctioned and both are operational, it includes the male as well as female district hospital, only problem arises with the same is that involvement of Medical College with the District Women Hospital, there's no Sub-District in Hardoi, need for the same was also not there, the total number of Community Health Centres are 21 and all are functional, then under them 43 Primary Health Centers all are functional, the Sub Centers are 535 in total and full functional. No Urban Community Health Centers in the District. The Special Newborn Care Units (SNCU) was in DWH which is functional but overloaded being a single unit in the district. Again 1 NRC, in DWH functioning very well. The District has been allotted with 5 FRUs (First Referral Units among them only 2 were functional during the time of visit. 1 at DH level and other at CHC, only 1 blood bank in the DH and 2 BSUs (Blood Storage Unit)-1 at DWH and other at CHC. The Tus were 23 and 01 TB Centre providing the drugs as well and with 2/9 TruNat sites.

3.2 Human Resource for Healthcare

It has been observed since long time that every District suffered with staff crunch, at every health care facility whether it's primary tier level or DH, the Human Resource has a major deficit in running that particular facility, showing below the table with the In-Place position and short fall of vacancies at the district level with respect to that of sanctioned to the district.

Table 6: Availability of human resource, 2021-22

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	488+435	205+403	35
MPW (Male)	196	32	84
Staff Nurse	57+182	34+107	42
Lab technician			
Pharmacist (Allopathic)	116	107	08
MO (MBBS)	252	140	45
OBGY	20	02	90
Pediatrician	20	03	85
Anesthetist	20	03	85
Surgeon	20	00	100
Radiologists	00	00	00
Other Specialists	00	00	00
Dentists/ Dental Surgeon/ Dental MO	18	15	26
Dental technician	00	00	00
Dental Hygienist	04	01	75
Radiographer/ X-ray technician	21+04	15+04	24
CSSD Technician	00	00	00
OT technician	04	01+04	75
CHO/ MLHP	335	182	46
AYUSH MO	41	35	25
AYUSH Pharmacist	14	14	00

Source: District Checklist, NHM PIP Monitoring, 2021-22

The table 6 above represents the HR Status of the Hardoi District, the staff details includes the Regular staff, the staff appointed under National Health Mission and the Out-sourced. The difference between the sanctioned and In-place was considerable in some of required post but with surgeon, Anesthetist and Pediatrician, it was 100%-85%-85% which are among the foremost resource to any district. Other than that,

the MO (MBBS) has also 90% of the vacant seat in the District. Although they had major crunch of HR at every level but the most reprovng thing is to have the specialist or important place vacant in the district which affect the necessity and required health care facilities.

3.3 Health Systems Strengthening

3.3.1 Drugs and Diagnostics

The District's Health facilities have enough medicines to meet the needs of daily general OPD and ANCs, every facility has required medicines as per the norms, the shortage of some drugs was noticed at the primary tier level health centres due to non-availability of the medicines from the district level,

3.3.2 HR Training as per RoP

Training constitutes a basic concept in human resource development. It is concerned with developing a particular skill to a desired standard by instruction and practice. It is a highly useful tool that can bring an employee into a position where they can do their job correctly, effectively, and conscientiously. Training is the act of increasing the knowledge and skill of an employee for doing a particular job. The NHM supports training for the ASHAs, ANMs, & HMIS expert to facilitate the quality of programmes being run under the NHM. The number of training needed to be organized in any particular district would be first stated into the RoP prepared by the District officials. Thereafter, the same would be planned accordingly. Some of the training under NHM includes the HMIS data entering, the quality assurance programmes, family planning (assuring the better counseling of the eligible couple), ASHAs training to alighting the community, Training to fresher ASHAs, the programmes related trainings to the health personnel which run under NHM, Maternal & Child Care training etc.

Table 7: Details of HR training as per RoP approval, 2021-22

List of training (to be filled as per ROP approval)	Planned	Completed
1. HMIS	4	4
2. Quality	3	0
3. Family Planning	1	1
4. Maternal Health	1	1
5. NLEP	4	4
6. Refresher ASHA	-	-

Source: District Checklist, NHM PIP Monitoring, 2021-22

The District reported about the training status, that it was up to date and according to the RoP as planned which is represented by the table given below, Table 15 shows the list of training filled as per RoP approval, the HMIS which were planned as 4 in number and all were completed, then the Quality Programmes related training planned as 3 and none of them accomplished, the family planning training to health personnel was 1 as per the RoP and that one completed, the trainings on Maternal Health was 1 and that was completed then the NLEP, National Leprosy Eradication Programme's training were planned as 4 and all were completed. Only these 5 training were planned by the district as per the RoP.

3.4 State of Fund Utilization

Status of Expenditure year (Financial year 2021-22), given below the tables showing the state of expenditure in different sub heads.

Table 8: FMR wise (as per ROP budget heads, if available)

	Indicator	Budget Released (in lakhs)	Budget Utilized (in lakhs)	Reason for low utilization (if less than 60%)
1	FMR 1: Service Delivery: Facility Based	2169.35	1020.62	
2	FMR 2: Service Delivery: Community Based	268.28	80.80	
3	FMR 3: Community Intervention	3158.83	1652.34	
4	FMR 4: Untied grants	478.93	47.33	The District has not provided the details for the same
5	FMR 5: Infrastructure	2035.55	555.96	
6	FMR 6: Procurement	798.64	383.84	
7	FMR 7: Referral Transport	9.09	0.33	
8	FMR 8: Human Resource (Service Delivery)	3662.62	1901.066	
9	FMR 9: Training	149.77	16.73	
10	FMR 10: Review, Research and Surveillance	23.12	12.36	
11	FMR 11: IEC-BCC	181.60	39.55	
12	FMR 12: Printing	144.79	28.91	
13	FMR 13: Quality	16.41	13.22	
14	FMR 14: Drug Warehouse & Logistic	78.61	60.17	
15	FMR 15: PPP	136.46	79.28	
16	FMR 16: Programme Management	945.42	723.82	
17	FMR 17: IT Initiatives for Service Delivery	43.22	0.26	
18	FMR 18: Innovations	0.15	00	

Source: District Checklist, NHM PIP Monitoring, 2021-22

Table 8 shows the status of budget utilized with respect to budget released for the financial year 2021-22, FMR wise, the least percentage of fund utilization were for untied grants, Training, IEC-BCC, for IT Initiatives and Referral Transport, they're not even 50% of the utilization of budget and still the district stays with the statement that they had to face difficulties with the fund delays and also they had Ambulance crunch at the District level.

CHAPTER-4: PUBLIC HEALTH FACILITY ASSESSMENT

4.1 District Women Hospital, Hardoi (DWH)

The District Women Hospital of Hardoi was supposed to provide all the services which left withhold at the other primary-tier level health care facilities, so as the DWH of the visited district following, the District Hospital was well equipped with all the required machines and instruments. The Delivery load was quite low there as compared to what the District Hospitals were supposed to, this was due to better performing CHCs (Community Health Centres) of the Hardoi.



Extensively the problem with the District Hospital stands with the Human Resource as the building was handed over to the Medical College and since then all the functions were operating under the supervision of the Principal of the Medical College instead of the Medical Superintendent. In Vast the Staff of the District Hospital was transferred to some other District or health facilities. The Interns and Students were now in position to handle the minor OPD or related stuffs.

Due to this, all the NHM Programmes get affected, none of the Quality Care Programmes like; Laqshya, NQAS, Kayakalp etc were in practice there for the last 3 years, the District Women Hospital has not initiated any assessment because the Medical College is not entitled to do so according the National Health Mission.

4.2 Community Health Centre (CHC Level Health Facility)

NHM Monitoring team visited 2 Community Health Centres one from Sursa and another from Ahirori.

Community Health Centre, Sursa

The Community Health Centre in Sursa most of the NHM Programmes were not operational since COVID at the health facility. The Delivery load at the facility was only 4 to 5 deliveries in a month, the facility was providing primary level services only which consist of ANCs & Child Immunization, regular OPD which were 200-250 on daily basis handled by 3 Doctors at the facility.



Figure 2: Community Health Centre, Sursa



Figure 3: Community Health Centre, Ahirori

Visit to Community Health Centres, Hardoi, Uttar Pradesh

Community Health Centre, Ahirori

The Community Health Centre in Ahirori was functioning under the Supervision of Dr. M. Singh posted as MoIC of the facility. The services available at the facility were General OPD, 24*7 Labour Room Services, Family Planning Services, Child Immunization and ANCs. As per the discussion & observation during the field visit, it could be stated that the facility was providing enough services to the community and was well maintained with no lack of drugs and equipments, all the primary care services and deliveries were handled at the facility but the high risk pregnancies and all other major patients with major health issues arises due to fish farming there in the block, the hardoi district has enough ponds, where fish farming is done regularly which also their one of earning source, as a consequence the water borne diseases were at par due to water lodging for the same. The Health Personnel reported the crunch of Man Power at the facility, the HR was not sufficient to them but as per the observation we found that they did not have that much of crowd to manage during the hike hours as well, so they staff crunch's problem could not be considered primarily as a major issue of the facility. The facility was very efficiently performing in family planning counselling and inserting PPIUCD/ providing contraception's to the eligible couples, and also in ANCs checkups.

The tables given below show the picture of the Community Health Centres of the District in terms of Infrastructure, Human Resource available and the Services provided by the facilities to the community.

Table 9: Status of health infrastructure at Community Health Centres, 2021-22

Condition of infrastructure	CHC-1 (Sursa)	CHC-2 (Ahirori)
24*7 running water facility	√	√
Facility is geriatric and disability friendly (ramps etc.)	√	√
Clean functional toilets (separate for Male and female)	√	√
Drinking water facility available	√	√
OPD waiting area has sufficient sitting arrangement	√	√
ASHA rest room is available	√	√
Drug storeroom with rack is available	√	√

Source: Community Health Centre Level, Checklist

Table 9 states about the condition of health infrastructure at both the Community Health Centres being visited by the monitoring team, it shows the aspects like running water facility for the staff of the facility

as well as the patients visited to the facility, which was available at both the Community Health Centres then the facility of ramps to geriatric and disable persons which is partially available at the Sursa, Community Health Centre, they had ramps for first floor or at the OPD waiting area but not at every required area of the facility. They had clean and functional toilets separately for male and female, the drinking water was available all the time, the OPD waiting area had sufficient sitting arrangements and enough space to the family members accompanying the patients, Drug store with racks was there in the facility, all these facilities were also available at the Community Health Centre of Ahirori as well except for the ASHA rest rooms, which was not available at both the facilities in Sursa and Ahirori. The condition of infrastructure of both the Community Health Centres was quite good and hygienic.

Table 10 represents the specialized services available at the facility, the Medicines were not available at both the Community Health Centres, these services includes the Medicines which were not available at both of the facilities, then O& G, posted on both the facilities, the pediatrician, Sursa block CHC lacks with the NBSU, Tele-medicine consultation, operation theater and Availability of functional Blood storage unit whereas the Ahirori block CHC operating with NBSU and BSU also stated as FRU but didn't have Anesthetist.

Table 10: Availability of specialized services at Community Health Centres, 2021-22

List of services	CHC-1 (Sursa)	CHC-2 (Ahirori)
Medicine	X	X
O&G	√	√
Pediatrician	√	√
General Surgery	X	√
Anesthesiology	X	X
Ophthalmology	√	√
Dental	√	√
Imaging Services (X – ray)	√	√
Imaging Services (USG)	X	X
Newborn Stabilization Unit	X	√
Tele-medicine/Consultation	X	X
Operation theatre	X	X
Availability of functional blood storage unit	X	√

Source: Community Health Centre Level, Checklist

The Sursa had the Imaging Services for the X-ray only not USG which resultant in complete ANCs checkups at one place at a time and no women had to move to the facility due to the inconvenience or non-availability of services. But the Ahirori's Community Health Centre did not have the X-ray machines, therefore the ANCs were referred to other facility but they had the facility of USG at the facility. The Newborn Stabilization Unit was available at both the facilities.

Table 11: Human resources availability at Community Health Centres, 2021-22

HR Positions	CHC- 1 (Sursa)			CHC-2 (Ahirori)		
	Sanction	Regular	Contractual	Sanction	Regular	Contractual
MO (MBBS)	-	00	00	05	05	00
Medicine (Specialist)	-			00	00	00
OB &Gy (Specialist)	-			00	00	00
Paediatrician (Specialist)	-			00	00	00
Anesthetist (Specialist)	-			00	00	00
Dentist	01	01	00	01	01	00
Staff Nurses/ GNMs	05	00	04	08	06	02
LTs				02	02	00
Pharmacist				04	02	00
Dental Technician/ Hygienist	01	01	00	01	01	0
Hospital/ Facility Manager	N	N	N	00	00	00
EmOC trained doctor	N	N	N	00	00	00
LSAS trained doctor	N	N	N	00	00	00
Others	N	N	N	00	00	00

Source: Community Health Centre Level, Checklist

Table 11 states about the Human Resources availability of the Community Health Centres, first we'll look into the account for the CHC-1 which was from Sursa, the total number of sanctioned post of MBBS Dr. for the facility was 5 whereas only 3 Regular Dr. was currently posted there, the Medicine's specialist was not sanctioned then only 1 OB &Gy specialist posted as same in number on contractual, the pediatrician was not there at the facility but sanctioned 1 in number, no anesthetist as no surgeries were performed at the facility but 1 has sanctioned. 1 position for Dental, same as posted, 5 Staff Nurses/ GNMs only 3 regulars were there at the time of visit. 1 pharmacist for the facility dealing with all the patients on the place of 3 as assigned, no trained EmOC trained doctors and LSAS trained doctors were assigned for the facility. On the other hand, the Community Health Centre from Ahirori had different scenario but same in case of vacant position, 5 MBBS doctors were assigned but only 4 were at position among which 3 doctors are regular and 1 contractual, then the specialist for medicines which was not sanctioned to the facility, the ObGy& Pediatrician was not posted, but 1 had sanctioned, no Dentist was there, SNs/GNMs were posted 4 same as sanctioned 1 LTs placed same as sanctioned to the facility, No hospital Manager, EmOC trained doctor and LSAS trained doctors at the facility. The Staff crunch was reported by both the facilities but as per the crowd and work load over both the Community Health Centres it could be considered as they did not need any other human resource at the facility with the same number of services they've been providing to the community.

4.3 Uttar Pradesh Government Dispensaries, PHCs (PHC Level Health Facility)

The PHCs visited by the monitoring team were from Fattehapur & another one from Bamnakheda, during the visit it was being observed that the PHC-1 of Fattehapur was at the center of the community and cater much population majorly the slum area across the road, but the building in which that PHC was functioning was not supposed to be a health facility, the Health staff faces challenges on a daily bases to run the Dispensaries. The PHC-2 from Bamnakheda performing much better any health centres whether we talk about catering the population or the services available at the facility.



Figure 4: Primary Health Centre, Fattehapur



Figure 5: Primary Health Centre, Bamnakheda

Uttar Pradesh Government Dispensaries, Hardoi Uttar Pradesh

Table 12: Status of infrastructure, Uttar Pradesh Primary Health Centre, (PHCs), 2021-22

Condition of infrastructure	PHC-1 (Fattehapur)	PHC-2 (Bamnakheda)
Accessible from nearest road head	✓	✓
24*7 running water facility	✓	✓
Facility is geriatric and disability friendly (ramps etc.)	✓	✓
Clean functional toilets available (separate for Male and female)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✓	✓
Drug storeroom with rack is available	✓	✓
Branding of the health facility	✓	✓
Power backup	✓	✓

Source: PHC Level Checklist, Hardoi Uttar Pradesh

Table 12, shows the status of infrastructure of both the PHCs, it consist of the condition of the health facility in terms of the availability of resources in order to run the facility effectively, both the PHCs are accessible from the nearest road head, the water facility was also available on both the PHCs, the facility from Fattehapur and Bamnakheda PHCs has good with its infrastructure, it has ramps for the disable patients as well, clean and functional toilets were not there at PHC- 1, it was very bad in terms of the building and infra, whether the PHC-2 has that facility. The Drinking water was available on both the PHCs for the staff as well as for the patients. Both the facilities were well designated with the infrastructure and other related stuffs.

Table 13: Human resources availability at Uttar Pradesh, Primary Health Centre, 2021-22

HR Positions	PHC-1 (Fattehapur)			PHC-2 (Bamnakheda)		
	San.	Reg.	Cont.	San.	Reg.	Cont.
MO (MBBS)	01	00	00	01	01	00
MO (AYUSH)	01	00	00	01	01	00
SNs/ GNMs	01	00	-	03	01	02
ANM	01	00	01	01	00	01
LTs	01	01	-	01	01	00
Pharmacist	01	01		01	01	00
Public Health Manager (NUHM)				00	0	00
LHV/PHN				00	00	00
Others				03	01	02

Source: PHC Level Checklist, Hardoi, Uttar Pradesh

Table 13 represents the status of Human Resource at the facility PHC- 1 (Fattehapur) shows the staff crunch as per the details received through checklist, the Medical Officer sanctioned for the facility were 01 and the no MO had been appointed there, then the MO (Ayush)'s 01 has been sanctioned for the facility and no one was being appointed till now, the LTs were 01 sanctioned and but no appointment has been done nor on contractual basis, the 01 pharmacist were sanctioned and the same was appointed, no further information of the LHV/PHN from the facility, then the another PHC-2 from Bamnakheda where the MO sanctioned for the facility was 01 and the same were appointed on Regular bases, the staff sanctioned for the facility has appointed in the same number except for the LTs and Pharmacist, which was vacant from last 2 years.

Table 13: Status of health services at Uttar Pradesh Primary Health Centres, 2021-22

Drugs and diagnostics services	PHC-1 (Fattehapur)	PHC-2 (Bamnakheda)
Availability of list of essential medicines (EML)/ drugs (EDL)	230	58
EDL/EML display in OPD area	Yes	Yes
Implementation of DVDMS	Yes	Yes
Shortage of 5 priority drugs from EDL in last 30 days, if any	Yes	Yes
Drugs Available for Hypertension & Diabetic patients	Yes	Yes
Shortage of sufficient number of Hypertension & Diabetic in last 7 days	No	No
Availability of Testing kits/ Rapid Diagnostic Kits	Yes	Yes
Line listing of all high risk pregnancies	Yes	Yes
Availability of vaccines and hub cutter	Yes	Yes
Availability of trained provider for IUCD / PPIUCD	Yes	Yes
Whether reporting weekly data in P and L form under IDSP	Yes	Yes
Maintenance of Records		
Maintenance of records on TB cases (drug sensitive/resistant cases)	Yes	Yes
Maintenance of records on Malaria cases	Yes	Yes
Maintenance of records on Palliative cases	Yes	Yes
Maintenance of records on Dengue and Chikungunia	Yes	Yes
Maintenance of records on Leprosy cases	Yes	Yes

Source: PHC Level Checklist, Hardoi Uttar Pradesh

Table 14 represents the status of health services at Uttar Pradesh Primary Health Centres in terms of availability of Drugs and Diagnostic services among all the services the availability was quite same for both the PHCs the essential medicine list was available which 230 in numbers, and also they did not have shortage of sufficient number of Hypertension & Diabetic patients tablets in last 7 days, the EDL/EML displayed in the OPD area of both the facilities, then the shortage of 5 priority drugs at PHC-1 were *Antacid and Ceterzine*, the list of shortage drugs at Bamnakheda PHCs were; *Ethamsatate, Livocitrizine, Renitidin and Antacid*, both the facilities had availability of drugs for the Hypertension and Diabetic Patients, name

of some of medicines mentioned by the MO in the checklist from PHC Fattehapur was *Ampodimie*, *Metamorfin* and *Glimepride* from PHC Bamnakheda were *Amlodipin*, *HCT* and *Melformin* then testing kits & rapid diagnostic kits were there on the facilities, line listing of all high risk pregnancies were done regularly by ASHAs of the facilities, availability of vaccines & hub cutter were there, the facilities were having trained Staff for insertion for IUCD/PPIUCD. Both the facilities maintained record for the TB treatment Card cases, Malaria cases, Palliative cases, & cases related to Dengue & Chikungunya, and Leprosy cases.

4.4 Sub Centre/ Health & Wellness Centre (SC/HWC)

One Sub-Centre which was also a Health & Wellness Centre was visited by the team in Kamrauli, located within the reach of locality. Catering the population of more than 40000 with the monthly OPD 400.

The SC was providing basic health care facilities to the community including the OPD, Basic ANCs, basic kit based test for example: HB, Glucose, Blood Pressure Etc.



The Challenges that the facility was facing were that they had very few number of OPDs and also due to non-availability of medicines sometimes, very few people opt to get treated at SC level, the ANM on every second day posted to some other facility due to overload or any programme at the respective facility which affect the service being provided at the SC level. The facility also faces the problem of security, at the time of visit it has been observed that being a single room facility they had to place some of the instruments at some other nearby place, from where there's always a fear of getting the thing misplaced.

Table 15: Details of HR available in the facility, Kamrauli

S.No.	HR	Sanctioned	Regular	Contractual
1	ANM/MPW Female	01	00	01
2	MPW Male	-	-	-
3	MLHP/CHO	01	00	01
4	ASHA	05	00	05
5	Others	00	00	00

Source: SC level facility based checklist, NHM

The table 15 above shows the HR details of the facility visited they had total number of 07 staff posted at the SC/HWC level, which included 01 ANM, 01 CHO, 05 ASHAs, the same number is of the sanctioned posts, as per the discussion with the CHO, there's no shortage of HR but due to duty posting at some other facility they faced a lot of problems in managing.

The SC were supposed to fill CBAC form at the facility and track the score of the respective person, they total number of forms being filled in last 6 months were 500, among them 420 were score with below 4 and 80 with 4 or above. The universal testing of NCD had started over the center. All the other facility based activities and days were celebrating there, including VHND, YOGA day (Monthly), "Saas-Bahu Samelan" which was themed on contraception awareness and family planning services.

Key Challenges

- There was a shortage of essential medicines at the facility, the medicines received after so long, even if the intend for the same provided on time.
- The Kit based tests were available at the facility but due to inadequate supply of HB strips and gluco-strips, it became tough to carry-on with tests.
- The facility has enough space to conduct yoga sessions but because of much grassland and unpleasant area, it can't be done so, therefore there's urgent need to make that happen soon, if it got cleaned and trimmed well timed.

CHAPTER-5: CONCLUSION AND RECOMMENDATIONS

This report presents the key findings from the concurrent monitoring of essential components under NHM in Hardoi district of Uttar Pradesh. The report is prepared based on field-visit observations and visits to selected public health facilities in Hardoi. The following public health care facilities were visited by the PRC-IEG Team: District Women Hospital, Hardoi, 2 Community Health Centre (Sursa & Ahirori), 2 Primary health Centres (Fattehapur & Bamnkheda), and 1 Sub-Centre from Kamrauli. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes, JSY and JSSK programme, maternal and child health, RBSK programme, and other programmes under the umbrella of NHM.

The immediate action should be to strengthen the referral links and fuller and flexible utilization of the existing infrastructures. The major problem that the district has reported is about the Human Resource Shortage to facilitate the health centers, specifically at the District Hospital level, since it has been handed over to the Medical College of the District the staff has been transferred or shifted to some other facilities or other districts, and the present staff there was from the College, Its either the Internship students there or the professors, the CMS was not there for the hospital since then, the Principal of the College has been acting as MS of the Hospital. With all these managerial or administrative problems there, one thing would be really appreciable that the facilities were not in such a drastic way, all the previous services were still provided there, the mother care, ANCs, Delivery (Including C-sections as well), the only that is affected is the staff and co-operation with the NHM Nodals which affects all the programmes runs under National Health Mission. With regards to the district's health infrastructure, a large number of primary and secondary health facilities are operating in Old building, which were partially declared as condemn not fit to operate in any kind and same for the residential section of the facilities.

With regards to the human resources, the district continues to report significant gap between required and posted health functionaries at referral level and in particular for staff nurses, gynecologists, etc. Further, the visited health centres could not provide any information about the updated training scheduled such as RTI/STI/HIV, NSSK etc.

Under family planning, the number of IUCD insertions, oral pills, emergency pills, condoms and injectable contraceptives have been widely acceptable in the district.

At the end, some of the major key recommendations for the district have given below that the key stakeholders of public health provisioning in the district, must consider for improved efficiency:

Key Recommendations

- I. **For District Hospital:** The Hardoi District lacks with the programmes being run under NHM at the District Hospital level, that's due to the tie-up of the hospital with the medical college or in administrative terms we could conclude that the Building for the District Hospital was handed over to Medical College.
- II. **Human Resource:** Majorly every district seemed to have HR issues at district level and primary tier facilities, but here the foremost problem was with the surgeons and specialist at the District Hospital, there's no Pediatrician, Surgeon & Anesthetist in the district, which is actually a reason to worry and immediate need to fill those posts in order to strengthen the Health Care System in the District.

- III. Delay in Receiving Fund:** at the time of visit to CMO and with Nodal Officers of different programmes, it had cleared that they faced the fund related problem for Instance, the late receiving of funds by the health care facilities in order to facilitate the programmes accordingly while directing any programme at the facility. As a consequence, the MOIC of that particular facility had stated that they had to pay some of the stuffs on their own in order to make sure that nothing hampered the services.
- IV. Partially functioning DoT Centre:** one of CHC- Sursa has DoT Centre established within the facility but due to non-availability or partially functioning equipment's, they respective health personnel could not in a state to provide the service well, which somehow also affect the efficiency in running the TB programme. Even on the frequent demands for the same by the MOIC, the problem has not been solved yet.
- V. Non-Operating FRUs:** The District has total 5 number of FRUs, including the District Hospital, but except for the DH none of them is fully functional, the FRUs were not even well equipped, not having the Blood Storage Unit with Gynecologist and Anesthetist, which supposed to be the minimal demand for any unit to be a FRU, therefore the load for the C-Sections undoubtedly transferred to the DH and it also affect the maternal and child health in the catchment area.

Annexure I

Table 16: Key Demographic Indicators: All India, Uttar Pradesh and Hardoi District

Indicators	Hardoi	Uttar Pradesh	India
Actual Population	40,92,845	1998,12,341	1,21,05,69,573
Male	21,91,442	1044,80,510	6,231,843
Female	19,01,403	955,31,831	58,74,47,730
Child sex ratio (0-6 year)	899	902	914
Sex ratio	868	912	943
Literacy rate (%)	64.6	67.7	74.0
Male literacy rate (%)	74.4	77.3	80.9
Female literacy rate (%)	53.2	57.2	64.6
Decadal population growth	20.4	20.2	17.7
Density/Km2	684	829	382
Area (in sq. Km.)	5,986	2,40,928	3287240

Source: Census of India 2011, ORGI, GOI

Figure 7: Flexipool-wise share of State Resource Envelope, 2021-22 (in percent), Uttar Pradesh

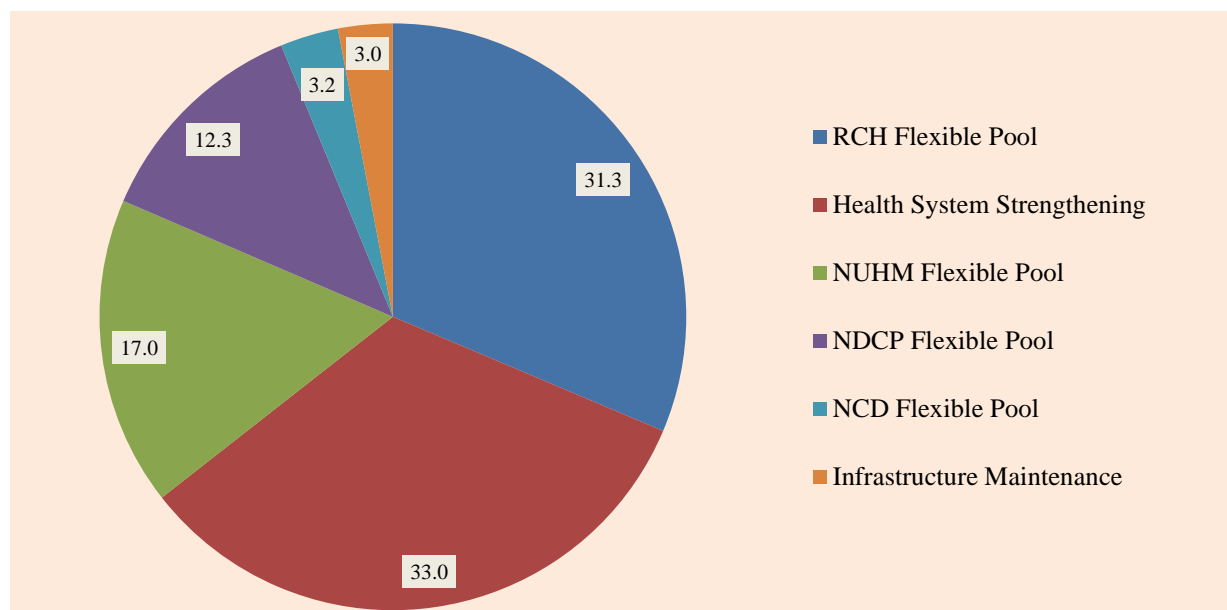


Table 17: Summary of budget approval, 2021-22, (Rs. in Lakhs) – State specific, Uttar Pradesh

FMR	Budget head	Total amount proposed	Total amount approved	share of total approvals	% approved to proposed
1	U.1 Service Delivery - Facility Based	3190.72	3111.85	7.62	97.53
2	U.2 Service Delivery - Community Based	2438.8	1309.81	3.21	53.71
3	U.3 Community Interventions	2754.74	3246.75	7.95	117.86
4	U.4 Untied Fund	418.5	418.5	1.02	100.00
5	U.5 Infrastructure	1361.55	856.55	2.1	62.91
6	U.6 Procurement	5842.85	4886.67	11.97	83.64
7	U.7 Referral Transport	2421.93	2421.93	35.93	100.00
8	U.8 Human Resources	15618.28	14929.39	36.56	95.59
9	U.9 Training and Capacity Building	817.43	735.51	1.8	89.98
10	U.10 Reviews, Research, Surveys and Surveillance	133.21	159.61	0.39	119.82
11	U.11 IEC/BCC	1464.61	1249.03	3.06	85.28
12	U.12 Printing	444.4	414.46	1.01	93.26
13	U.13 Quality Assurance	831.48	786.09	1.93	94.54
14	U.14 Drug Warehousing and Logistics	83.15	83.15	0.2	100.00
15	U.15 PPP	2069	2067	5.06	99.90
16	U.16 Programme Management	4121.87	3324.78	8.14	80.66
17	U.17 IT Initiatives for strengthening Service Delivery	19.2	19.2	0.05	100.00
18	U.18 Innovations (if any)	2332.44	813.34	1.99	34.87
Grand total		46364.16	40833.62	100	88.07
Total amount approved		40833.62			
Infrastructure maintenance		546			
Immunization kind grants		1681			
Grand total approved including MI and Immunization kind grants FY 2021-22		43060.62			

Source: Record of Proceedings (NHM 2021-22), MoHFW