



स्वास्थ्य एवं परिवार कल्याण मंत्रालय | भारत सरकार
Ministry of Health and Family Welfare
Government of India



A MONITORING AND EVALUATION REPORT
NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN:
KASHI RAM NAGAR (KASGANJ) DISTRICT, UTTAR PRADESH 2021-22



Submitted by:

Prof. Suresh Sharma
Rahul Kumar
Arun Singh



सत्यमेव परमो धर्मः

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

Table of Contents

Executive Summary:.....	1
Chapter 1: Introduction.....	4
1.1 Background & Objectives:.....	4
1.2 Demographic Profile:.....	5
1.3 Health Profile of Kasganj district:.....	6
Chapter 2: NHM Budget & Finance.....	8
2.1 State Resource Envelopment:.....	8
2.2 District Health Action Plan:.....	8
Chapter 3: Public Health Planning & Implementation.....	12
3.1 Health Infrastructure & Facilities:.....	12
3.2 Referral Transport:.....	13
3.3 Human Resources and Training:.....	13
Chapter 4: NHM Program Intervention.....	16
4.1 RMNCH+A Services:.....	16
4.2 Communicable Disease Programs:.....	18
4.3 Non-Communicable Disease Program:.....	19
Chapter 5: Health Facilities Monitoring Assessment.....	20
5.1 Combined District Hospital:.....	20
5.2 CHC Sahawar:.....	22
5.3 CHC Soron:.....	23
5.4 PHC Gangagarh.....	24
5.5 UPHC Birla:.....	25
5.6 SC- HWC Gorha:.....	26
Chapter 6: Community Interaction.....	27
Chapter 7: Conclusions & Recommendations.....	29
7.1 Conclusion:.....	29
7.2 Recommendation:.....	31
Appendix.....	32

List of Tables

Table 1: Visited Health Facilities	5
Table 2: Demographic Profile of Kasganj District, Uttar Pradesh	6
Table 3: Health Profile of Kasganj District, Uttar Pradesh	7
Table 4: Flexi-Pool wise Budget allocation & Utilization, Kasganj District, 2021-22	8
Table 5: NRHM-RCH Flexi-Pool Budget Utilization, 2021-22	9
Table 6: CD, NCD, NUHM, ECRP-II, VX-FCG and Non-NHM Flexi-Pool wise Budget Utilization, 2021-22	10
Table 7: HR Status of Kasganj District.....	13
Table 8: Training Scheduled and Completed under ROP Kasganj District, 2021-22	14
Table 9: HR Status of Combined District Hospital, Kasganj	21
Table 10: Amenities available at the CHC visited.....	24
Table 11: Amenities available at the visited PHCs.....	26

List of Figures

Figure 1: District Map of Kasganj, Uttar Pradesh	5
Figure 2: Combined District Hospital Kasganj.....	20
Figure 3: Community Health Center, Sahawar, Kasganj.....	22
Figure 4: Community Health Center Soron, Kasganj.....	23
Figure 5: Primary Health Center Gangagarh, Kasganj	24
Figure 6: Urban Primary Health Center Birla, Kasganj.....	25
Figure 7: Sub Health Center, Gorha	26
Figure 8: Community Interaction at VHND session.....	27

ABBREVIATION

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BMW	Biomedical waste
BSU	Blood Storage Unit
CMO	Chief District Medical Officer
CHC	Community Health Centre
DH	District Hospital
DPM	District Programme Manager
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
HWC	Health & Wellness Centre
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LSAS	Life Saving Anesthetic Skill
M&E	Monitoring and Evaluation
MDR	Maternal Death Review
MMU	Mobile Medical Unit
MOIC	Medical Officer In- Charge
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
NHM	National Health Mission
NVBDCP	National Vector Borne Disease Control Programme
NSV	No Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
PNC	Post Natal Care
PPP	Public Private Partnership
RBSK	Rashtriya Bal Suraksha Karyakram
RCH	Reproductive Child Health
RKS	Rogi Kalyan Samiti
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit
VHND	Village Health and Nutrition Day

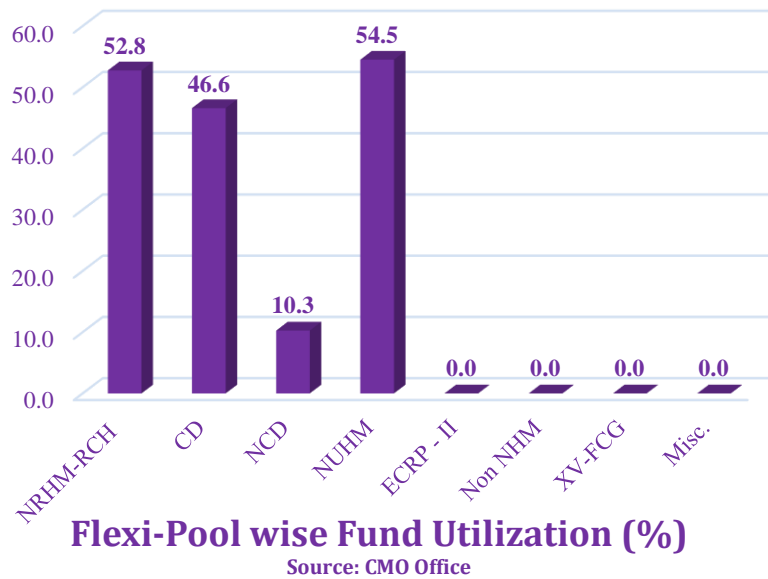
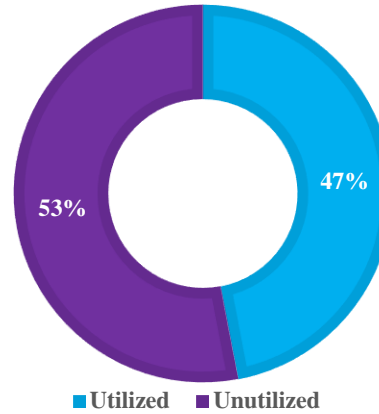
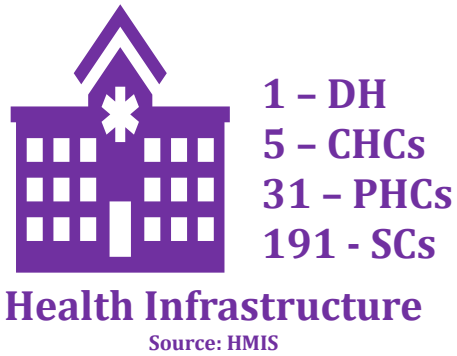
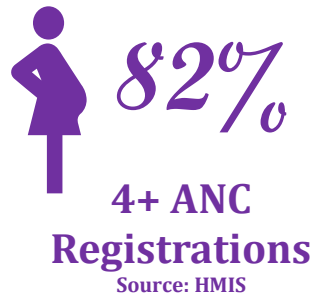
ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM PIP in Kasganj district was successfully completed with the help and cooperation received from district NHM staff and support extended by officials from state medical, health and family welfare department. We wish to extend, first, our immense gratitude to Smt. Anjali Rawat, Deputy Director General and, Shri Sundaram Kumar, Director, Ms. Preeti Tiwari, Assistant Director, Ministry of Health and Family Welfare, Government of India for trusting Population Research Centre, Institute of Economic Growth with the work of monitoring of the important components of NHM Programme Implementation Plan.

The monitoring and evaluation exercise rely heavily on the cooperation and support from the health department of the visited district. We are grateful to Dr. A. K. Prasad, Chief Medical Officer, Kashi Ram Nagar (Kasganj) District without whose support and cooperation the evaluation would not be possible. We would further like to thank the District Programme Manager of Kasganj District, Mr. Pawan Kumar, and DCPM, Mr. K. P. Singh, for investing his full efforts in facilitating the visits to health facilities and providing required data. We are also thankful to the medical health personnel posted at the visited facilities for their active involvement, cooperation and enthusiasm during the monitoring visit. Last but not the least, we would also like to thank Mr. Arun Singh for his immense support and cooperation during the field visits.

The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Paramedical and Administrative staff, who form the public health system of Kasganj District.

Prof. Suresh Sharma
Mr. Rahul Kumar
Mr. Arun Singh
Population Research Centre
Institute of Economic Growth
August, 2022



NHM Fund Utilization
Source: CMO Office



Executive Summary:

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of quality monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2022-23). This report of Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) presents the key findings from the concurrent monitoring of essential components of under NHM in Kasganj district. The report provides information on coverage of services, constraints in service delivery and utilization of health services by the population in the catchment area.

The report is prepared on the basis of visits to the following public health facilities in Kashi Ram Nagar (Kasganj): Combined District Hospital, Community Health Centre Soron, Community Health Centre Sahawar, Urban Primary Health Centre HWC - Birla, Primary Health Centre Gangagarh and Sub-Health Centre Khitauli. 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.) to understand the strengths and weakness of the facilities in service provisioning. Health Management Information System (HMIS) data was verified for the District Hospital Ranking data validation purposes.

Key Findings:

- ❖ **Delay in fund transfer:** For the current financial year district didn't receive the does not received RKS fund (till the month of October 2022) from the state level and due to this several procurements of services and goods for the facilities have been delayed.
- ❖ **Fuel Fund:** Earlier NHM has a separate fuel fund for the power backup of the facilities. As per the recent guidelines, no separate fuel fund has been given. RKS fund has been utilized for the same as to purchase the fuel which becomes extremely difficult for the rural facilities where electricity supply is poor.
- ❖ **No intensive care facility for sick new born:** The district does not have SNCU at any public health facility. Newborns with any complications are thus referred to Aligarh Medical College.

- ❖ **Strengthening of delivery points:** High burden of deliveries at the District Hospital due to non-availability of C-section facility at CHC-FRUs.
- ❖ **Lack of Coordination:** District hospital has 2 permanent pediatrician and all the setup for SNCU. But as per the district hospital, they want separate staff for the SNCU.
- ❖ **Location of District Hospital:** New 100 bedded combined district hospital was constructed 5 kms far from the city due to which the patient load is still on the CHC Kasganj which was earlier acting as a DH.
- ❖ **Training:** Orientation training for NHM programs as well as PIP budget related training is still not released for the district officials. However, low utilization of funds allocated in the district is due to lack of knowledge with respect to PIP budget and recent mergers in the FMR codes.
- ❖ **Low Budget Utilization:** The overall expenditure of NHM budget for Kasganj district is around 47% to the total budget allocated. Low budget utilization (around 10%) has been observed in the NCD flexi pool. Around 3.5 crores rupees were unutilised under ECRP-II, XV-FCG and Non-NHM grant in last financial year.
- ❖ **Diagnostic Equipment:** Due to lack of reagent or delay of maintenance, several diagnostic machines are not functional in the district. This could be the prime reason of complete failure of machines.
- ❖ **Strengthening of Quality Programme:** District has a total of 228 health facilities including DH, CHC, PHCs and SC. However, only 5 facilities including DH, 2 CHCs and 2 PHCs have received Kayakalp award. Whereas, no facility has NQAS certification in the entire district.
- ❖ **Outreach Programme:** Weekly outreach programme are being organized at the community through ASHAs and ANM for ANC, immunization etc. services at AWC or some common place.
- ❖ **Formation of Jan Arogya Samiti (JAS):** District has initiated formation of Ayushman Bharat Jan Arogya Samiti (AB-JAS) at the primary level health facilities. The existing Rogi Kalyan Samiti at PHC is being reformed as Jan Arogya Samiti-PHC (JAS-PHC) since 2022.
- ❖ **Severe shortage of specialist and Staff Nurses:** There is an acute shortfall of Gynecologist, Anesthetist Pediatrician, other specialist and Staff Nurses in the district. As

per the district officials walking interview have been organized previously but selected candidates denied joining or attrition rate is very high.

Recommendation:

- Functional SNCU has a major implication in the district because for any severe case of new born, district has to rely on the Aligarh Medical College despite having infrastructure and HR. So, efforts must be made to establish the SNCU as soon as possible.
- Electricity supply in rural areas is a big challenge and removal of separate fuel fund increased the financial burden on health facilities. So, the policy of fuel budget needs to be revised for the backward district.
- EmOC and LSAS training should be given to LMOs and MO to fill the shortage of gynecologist and anesthetist gaps in the district.
- Acute shortfall of medical staff i.e. Obstetric and Gynecologist, Anesthetist, Pediatrician Staff Nurses etc. So, the vacant post of the medical and paramedical staff must be fill as soon as possible to reduce the burden of DH.
- Refresher training for district officers with regard to NHM programme implementation needs to be conducted from the state as well as district. As there has been no training for past five years and the implementation of programmes is suffering.
- District officials does not have 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.

Chapter 1: Introduction

1.1 Background & Objectives:

Over the years, since the introduction of the NHM, numerous strategies have been introduced to make the health care system more accessible and affordable. In this regard, the timely evaluation of the key components of the NHM State Program Implementation Plan is essential for key program changes, resource allocation and to further strengthen of these plans. The Ministry of Health and Family Welfare (MoHFW) has assigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2021-22. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. In this regard, PRC Delhi is assigned to conduct the quality monitoring of the essential components of NHM PIPs for year 2021-22 in selected states (Delhi, Uttar Pradesh, Meghalaya, and Tripura) of India. This PIP monitoring report would focus on the performance of the Kasganj District of Uttar Pradesh in NHM activities. The report discusses with the demographic indicators, health indicators, Healthcare financing, and public health planning of the district and also discuss with the healthcare programme such as RMNCAH+N, Diseases control programmes and other health programs. 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.

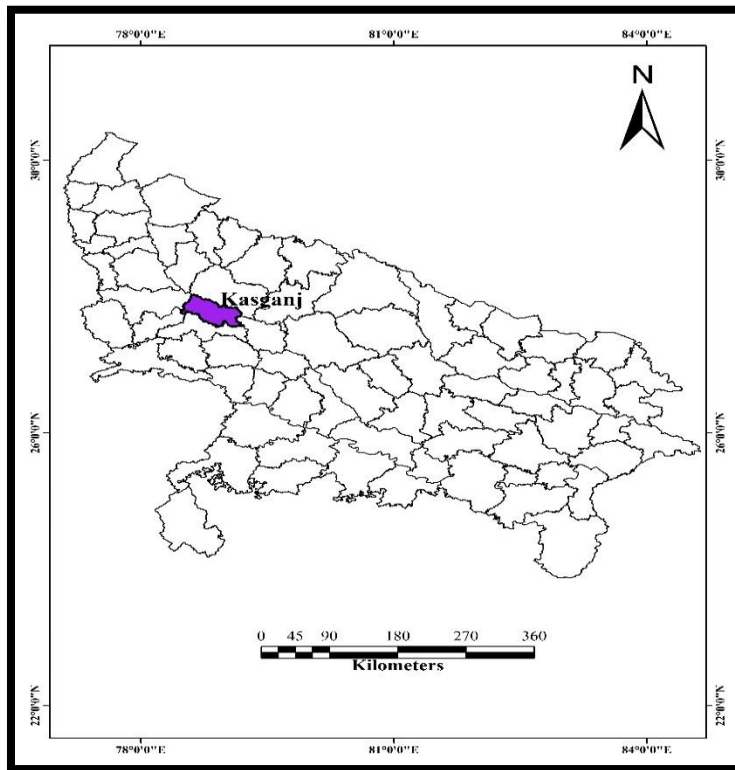
The monitoring and evolution report is based on both primary as well as secondary data. Primary data collected from visited health facility and CMO Office while secondary data has been collected from HMIS Web Portal for Kasganj district, 2021-22. Prior to visiting to Kasganj District, the monitoring and evaluation team reviewed the Kasganj district's 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, Kasganj District was held. The healthcare facilities visited are listed below:

Table 1: Visited Health Facilities

Facility Type	Name of the Facility
District Hospital (DH)	Combined District Hospital
Community Health Centre (CHC)	CHC Sahawar & CHC Soron
Primary Health Centre (PHC)	PHC Gangagarh, & UPHC Birla
Sub-Centre, Health & Wellness Centre (SC-HWC)	SC-HWC Gorha

1.2 Demographic Profile:



The district Kasganj (Former Name as Kanshi Ram Nagar) was formed on 17th Apr 2008 by carving out Kasganj, Patiali and Sahawar Tehsils from Etah district. Initially, the district was named after a politician, Kanshi Ram. Figure 1 shows a map of Uttar Pradesh highlighting the Kasganj district.

Table 2 lists the key demographic indicators of Kasganj district. It covers a total area of 1955 square kilometer and has a population of 14.37 lakhs (Census of India 2011)

Figure 1: District Map of Kasganj, Uttar Pradesh

residing across 7 development blocks of the district. The Census of India (2011) provides the following highlights for the district. The district is home to about 14.37 lakh people, among them about 7.6 lakh (53 per cent) are male and about 6.7 lakh (46.8 per cent) are female. The population of the district equals to around 0.62 per cent of the total population of Uttar Pradesh. Around 80 percent of the population in the State

resides in villages. Total of about 61 percent of the population in the district is literate and across gender, about 71 percent males and 49 percent females are literate.

The sex ratio of the Kasganj District is females per 1000 males and is lower compared to the state sex ratio of 880 females per 1000 males. Sex ratio for India stands at 943. Kasganj district is less densely populated as compared to the state of Uttar Pradesh. It has population density of 735 persons per square kilometers compared to the state average of 829 persons per square kilometers.

Table 2: Demographic Profile of Kasganj District, Uttar Pradesh

➤ Indicators	India	Uttar Pradesh	Kasganj
Total number of Blocks	6612	820	7
Total number of Villages	649481	97941	718
Actual Population	1,21,08,54,977	23,15,21,022	1,436,719
Male	623,270,58	104,480,510	764,165
Female	58,75,84,719	95,331,831	672,554
Urban Population %	31.16	22.3	20.06
Rural Population %	68.84	77.7	79.84
Male literacy rate (%)	80.9	77.28	71.56
Female literacy rate (%)	64.6	57.18	49
Density/ km ²	382	829	735
Literates %	72.98	67.7	61.02
Sex Ratio (females per/000 male)	943	912	880
Child Sex Ratio (0-6 age)	914	899	893

Source: Census 2011

1.3 Health Profile of Kasganj district:

In Kasganj district, out of the number of pregnant women who registered for ANC, 96.2 percent of them registered in the first trimester which is higher than the state average of 64 percent. Percentage of pregnant women who underwent 4 or more ANC checkups to total ANC registration is 81.9. IFA supplementation was given to 121.5 percent of all women who registered for ANC while pregnant women given 360 Calcium tablets to total ANC registrations is 116.9 percent.

A vital component of Infant Health is proper delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed a mere 0.49 percent of the home deliveries are SBA attended in Kasganj district, and the reason cited for the same was lack of SBA trained staff. A total of about 91.9 percent of all deliveries were observed to be institutional deliveries. However, the percentage of institutional

deliveries to total ANC registrations is reported as 53.9 percent on HMIS. With regards to Post Natal Care, 98 per cent of the newborns were breast fed within 1 hour of delivery and 10.9 per cent of newborns weighted less than 2.5kgs at birth. Out of the total women who delivered, approx. 59.4 percent of women received 1st post- partum checkup within 48 hours and 14 days of delivery. The district reported a total of 8 maternal deaths, 324 still births, 0 child deaths and 12 infant deaths in the year 2021-22.

Table 3: Health Profile of Kasganj District, Uttar Pradesh

Indicators	Kasganj	Uttar Pradesh
1. Maternal Health –Delivery care		
Total number of pregnant women registered for ANC	47361	6440941
% of beneficiaries registered for 1st trimester to total ANC registration	96.2	64.7
% of pregnant women with 4 or more ANC checkups to total ANC registration	81.9	83.0
% of pregnant women given 180 IFA to total ANC registrations	121.5	90.5
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	116.9	82.6
Total number of reported deliveries	27756	3824217
% of SBA attended home deliveries to total home deliveries	0.49	13.1
% of institutional deliveries to total reported deliveries	91.9	98.7
% of institutional deliveries to total ANC registrations	53.9	54.0
% of C-Section deliveries to total institutional deliveries	1.4	9.4
% of women received 1st postpartum checkup after delivery	59.4	66.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	98.7	90.0
% of newborn breast fed within 1 hour of birth to total live birth	98.01	91.7
% of newborns having weight less than 2.5 kg to total live birth	10.9	9.6
Number of children (9-11 months) fully immunized	36135	4419723
3. Family Planning		
No of emergency contraceptive pills distributed	8378	1192702
% of female sterilization to total sterilization	98.7	98.9
% of IUCD insertion to total institutional deliveries	37.1	40.9
Total Sterilization conducted	792	259718
4. Mortality Indicators		
Maternal death	8	3345
Child (1-5 years) death	0	1473
Infant (1-12 months) death	12	10130
Still Birth	324	33936

Source: HMIS, 2021-22

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 98.7 percent of all sterilization conducted in 2021-22 in Kasganj district. Total Sterilization Conducted was 792 in the district. Of the total deliveries conducted in the district, 37.1 percent females got IUCD insertions done.

Chapter 2: NHM Budget & Finance

2.1 State Resource Envelopment:

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. 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 (Exhibit 1 – Appendix).

The breakup of the total resource envelope shows that Rs. 891.04 Crore is allocated for RCH Flexible Pool (including Routine Immunization (RI), Intensified Pulse Polio Immunization (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 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 Health Action Plan:

Table 4: Flexi-Pool wise Budget allocation & Utilization, Kasganj District, 2021-22

Description	Budget Released	Budget utilized	Utilization (%)
NRHM-RCH	446499175	235558178	52.8
CD	33331702	15532647	46.6
NCD	12814165	1315956	10.3
NUHM	9805376	5345564	54.5
ECRP - II	12648000	0	0.0
Non NHM	5782500	0	0.0
XV-FCG	27412000	0	0.0
Mis.	63000	0	0.0
Total	548355918	257752345	47.0

Source: CMO Office, FMR Sheet ROP, Kasganj District, 2021-22

As per the given details of table 4, it can be observed that around 54.8 crores rupees were allotted to the Kasganj district in eight different pools and around 47 percent of the total budget get utilized in last financial year 2021-22.

Table 5: NRHM-RCH Flexi-Pool Budget Utilization, 2021-22

Description (NRHM-RCH Pool)	Budget Released	Budget utilized
AYUSH	11013167	7985225
Blood Cell	4973134	107350
CD-IDSP	29362188	26758720
CD-NLEP	332785	300142
CD-NRCP	12000	0
CD-RNTCP	3040000	3026859
CH	33215255	9715166
CP	138660415	62860451
FD	336000	0
FP	8183639	2184780
HR	11354961	7911930
IEC	971450	134318
IMEP	8351105	4347855
ME	3618000	1058288
MH	120472416	67941089
MIS	4073937	1634940
NCD-NIDDCP	13000	0
NCD-NMHP	2987031	607498
NCD-NOHP	228875	116802
NCD-NPCB	267080	120460
NCD-NPCDCS	4899367	1562468
NCD-NPHCE	2102006	480264
NCD-NTCP	255938	0
Nursing	2147710	161820
PM	7200	912
QA	3122559	1136126
RBSK	26821274	21129720
RI	20733102	8694022
RKSK	4903581	2017777
Total	446459175	231994982

Source: CMO Office, FMR Sheet ROP, Kasganj District, 2021-22

Around 81 percent of the total budget was allocated to NRHM flexipool and out of which only 53 percent of the budget were utilized in the last financial year. With regards to NUHM pool, around 98 lakhs rupees were allocated and around 54 percent of the budget utilized successfully. For

Communicable Diseases (CD) Programmes, around 3.3 crores rupees were allocated and around 47 percent of the budget utilized.

Under Emergency Covid Response Package (ECRP) budget, non-NHM ASHA pool, XV-FCG and Miscellaneous, 126, 57.8, 274 and 0.63 lakhs rupees were allocated respectively but the entire budget was not utilized in the last financial year 2021-22.

Table 6: CD, NCD, NUHM, ECRP-II, VX-FCG and Non-NHM Flexi-Pool wise Budget Utilization, 2021-22

Description	Budget Released	Budget utilized	Utilization (%)
Communicable Disease (CD) Pool			
CD-IDSP	1027514	1322735	128
CD-NLEP	4755760	0	0
CD-NRCP	446680	10326	23
CD-NVBDCP	2611787	173400	6.6
CD-NVHCP	133500	0	0
CD-RNTCP	24158416	14026186	58.1
ME	198000	0	0
Total	33331657	15532647	46.6
Non-Communicable Disease (NCD) Pool			
NCD-NMHP	1560000	74882	4.8
NCD-NOHP	500000	547641	109.5
NCD-NPCB	3518005	0	0
NCD-NPCDCS	3652500	572179	15.7
NCD-NPHCE	390000	121254	31.1
NCD-NTCP	2928660	0	0
NCD-NPCCHH	265000	0	0
Total	12814165	1315956	10.3
National Urban Health Mission (NUHM) Pool			
CD-NVBDCP	447800	0	0
NUHM	9357576	5345564	57.1
Total	9805376	5345564	54.5
Emergency Covid Response Package (ECRP II)			
CD-ECRP	12648000	0	0
Fifteenth Finance Commission Grant (XV-FCG)			
XV-FCG	27412000	0	0
NON-NHM Pool			
NON-NHM (ASHA)	5782500	0	0

Source: CMO Office, FMR Sheet ROP, Kasganj District, 2021-22

Table 5 depicts the percentage utilization of NRHM RCH flexi pool in Kasganj district for the last financial year 2021-22. As per the total funds allotted, the share utilization stands at 52.8 percent. The major share of fund utilization has been incurred in the following programme heads such as Community process, Maternal health, child health, IDSP, RBSK, RI and HR with an approximate figure of 88 percent of the total budget allocated.

However, the least share of budget utilization has been observed in Child Health with only 29 percent following RI and CP with 42% & 45% utilization respectively. The budget could not be utilized due to ongoing pandemic during the financial year. As majority of the activity were on hold in the district. Notably, many of the FMR codes for CD and NCD programs has been added to the NRHM RCH flexi pool.

Table 6 summarizes budget allocation for CD, NCD, NUHM, ECRP-II, VX-FCG, and Non-NHM ASHA flexi-pool. Under CD programmes, the major utilization has been incurred in the IDSP (128% also includes last year commuted fund) and NTEP (58%) whereas the least share is under NRCP and NVBDCP.

Furthermore, if we observed under the NCD flexi-pool only 4 programmes are functional in the district for last financial year 2021-22. Similarly, NUHM flexi-pool has utilized 54.5 percent of the allocated budget. Whereas no budget has been utilized in ECRP-II, Non-NHM ASHA flexi-pool and XV-FCG despite the budget allocation.

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 Centres at the most peripheral level, Primary Health Centres to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

With regards to Public health infrastructure, there is 1 Combined District Hospital, 5 Community Health Centres (CHCs), 29 Primary Health Centres (PHCs), 2 Urban Primary Health Centres (PHCs) and 191 Sub Centres (SCs) in Kasganj District. With respect to Ayushman Bharat Health & Wellness Center, 22 PHCs, 1 UPHC and 112 SCs were converted in the district. An assessment of delivery points across the tiers of health facilities tells that only 2 out of the 191 sub-centres in the district are conducting more than 3 deliveries per month and 2 out of 29 PHCs are conducting more than 10 deliveries per month. All 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 Exhibit 2 (Appendix). 10 bedded SNCU is nonfunctional due to lack of HR at the DH. 1 NRC, 1 blood bank and 1 Blood Storage Unit are also present in the district. There are 1 drug resistant TB center and 8 tuberculosis units functioning. However, Designated Microscopy Center is not available in the district.

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 Kasganj 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 40 Basic Life Support (BLS) ambulances and 3 advance life support ambulances. There are 2 mobile medical units functioning in the district. 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 180 per day. Of the total BLS ambulances, 14 are stationed at the CHCs, 2 at the DH level, 2 at the PHCs.

3.3 Human Resources and Training:

Human resources are one of the principle health system inputs with the knowledge, skills and motivation of these individuals deriving the performance and the outcomes of the healthcare delivery.

Table 7: HR Status of Kasganj District

Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place	Vacancy (%)
ANM	206	186	9.7
Staff Nurse	107	59	44.9
Lab technician	10	8	20.0
Pharmacist (Allopathic)	-	-	-
MO (MBBS)	8	3	62.5
OBGY	3	1	66.7
Pediatrician	4	0	100.0
Anesthetist	2	1	50.0
Surgeon	-	-	
Radiologists	-	-	
Other Specialists	1	0	100.0
Dentists/ Dental Surgeon/ Dental MO	2	1	50.0
Dental technician	1	0	100.0
Dental Hygienist	1	0	100.0
Radiographer/ X-ray technician	0	0	
CSSD Technician	0	0	
OT technician	1	1	0.0
CHO/ MLHP	112	80	28.6
AYUSH MO	18	15	16.7
AYUSH Pharmacist	4	4	0.0

Source: CMO Office District Checklist, Human Resources under CMO (District Hospital HR is not included)

Under NHM, financial support is provided to strengthen the health system including engagement of nurses, doctors and specialist on contractual basis based on the appraisal of requirements proposed by the States in their annual Programme Implementation Plans.

The given number in the table 4 is providing the HR status under CMO. District hospital HR is not included in this table. The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 4 provides the Human Resource Availability in Kasganj District. An analysis of vacancy percentages reflects that the vacant positions are high for specialist doctors –Anesthetists (50%), Pediatricians (100%), OBGY (67%). 48 out of 107 positions for staff nurses stand vacant in the district. Vacancy with regards to Staff Nurses, OBGY and Anesthetist must be seriously attended to, as the same was reported to cause serious issue pertaining to workload and patient management. The district has 8 MOs in place. Prioritized attention must be given to the HR situation in the district, and by all means, vacant posts should be filled against, in a timely manner.

Table 8: Training Scheduled and Completed under ROP Kasganj District, 2021-22

List of training (to be filled as per ROP approval)	Planned	Completed
MO Antra	1	1
Ayush (Antra)	1	1
SN/ANM/HV/Antra	1	1
FPLMIS Urban Staff	1	1
FPLMIS Asha Sangani	2	2
Training CCH	1	1
Training data handler	1	1
Training Health worker	1	1
Kayakalp	1	1
HMIS/MCTS	1	1
HMIS Block	7	7
MO IDSP	1	0

Source: CMO Office, District Checklist PIP Monitoring, Kasganj District, 2021-22

Workforce training is another important component of health system strengthening. A properly trained and competent workforce is essential to any successful health care system. In the last financial year, some trainings have been planned and completed in the district. These include trainings on, FPLMIS-Urban staff & ASHA Sangini; New contraceptive (ANTRA) training for Ayush Doctors, MBBS Doctors, and for ANM/LHV/STAFF NURSE; Training for CCH, data

handler and Health Worker; Kayakalp, HMIS/MCTS Module 6-7 training of ASHA and IDSP training for MO.

It was reported that due to COVID, the number of trainings planned and executed were very less in number. New options for the education and in-service training of health care workers are required to ensure that the workforce is aware of and prepared to meet a particular country's present and future needs.

Chapter 4: NHM Program Intervention

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 80 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 Kasganj 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. Only 90 rupees per day per beneficiary has been allocated under JSSK diet which is a very less amount to provide quality of food. Free referral transport is also being utilized by the beneficiaries but only for hospital admissions.

The district has 10-bedded SNCU at the District Hospital but it is non-functional due to lack of HR. out-born units. District has 5 NBSU units at the DH/CHC but not completely functional due to lack of HR and infrastructure. The total number of admissions in the NBSU unit were 264 for in-born and 6 for out born unit. 243 in-born and 4 out-born were discharged in the last financial

year. Exhibit 4 (Appendix) even shows that 20 were referred, 3 taken LAMA and none of them have died including both the inborn and out-born units.

Nutrition Rehabilitation Center (NRC) is a in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. Kasganj district has one NRCs at the combined district hospital. Total 94 children were admitted at the NRC and 60 were discharged, 4 were referred and 8 had taken LAMA. Out of the total cases admitted in the last financial year, 23 cases were referred by frontline workers, 9 by self, and 65 by RBSK team.

PMSMA programme is running at the combined district hospital, 5 CHCs and 4 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, out of total 1249 ASHAs, 1147 ASHA workers have HBNC kits. Total new-born visited in the last financial year was 28370. 1080 ASHA workers have drug kits.

Under Rashtriya Bal Swasthya Karyakram (RBSK), Kasganj district has total of 14 RBSK teams, with 2 teams per block, which ensure coverage of children. Out of which, 10 teams are full in place as per the composition and 14 vehicles are on the road for RBSK team. The programme remains functional in all government schools and anganwadis. An average of 145 children are being screened per day by the team.

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.

Kasganj district observed 8 maternal deaths in the year 2021-22. Maternal Death Review is reportedly being carried out in the district and reasons are being identified for both facility and community deaths.

Peer Education (PE) program for adolescent health and Weekly Iron Folic Acid Supplementation (WIFS) is functional in the district. 4 blocks and 198 villages covered under PE programs. Total 780 peer educator selected in the last financial year under this programme. 7 meetings were held for Adolescent Friendly Clinic. No stockout have been reported for iron folic acid supplementation.

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 4 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 4 outbreaks investigated in the last financial year 2021-22.

A total of 22 new cases were detected for leprosy with no G2D case in the year 2021-22 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 not being conducted in the district.

National Tuberculosis Elimination Programme (NTEP) is functional in the district. There are TB patients with UDST testing (**Numbers not provided**). Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Number of patients notified from public sector was 2157 and from private sector was 916 in 2021-22. The treatment success rate is reported to be 76% for public sector and 87% for private sector.

Also, district has dedicated Chest wing in the district hospital. They have 1 CBNAAT and 5 TRUENAT machines in the district. 1 drug resistance TB center and 8 TUs are fully functional in the district. However, there is no designated microscopy center 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 1.39 for year 2021-22.

4.3 Non-Communicable Disease Program:

The Non-communicable disease programmes that have been implemented in the district only 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 Oral Health Program (NOHP), National Program for Healthcare for Elderly (NPHCE) and National Tobacco Control Programme (NTCP). Very low utilization (around 10.3% of the total budget sanctioned) in NCD program was observed in the district for last financial year 2021-22. The reason cited behind the low utilization of funds was lack of HR and Covid pandemic because most of the programs have outreached activities. Exhibit 6 (Appendix) depicts the status of NCD program of the district.

Chapter 5: Health Facilities Monitoring Assessment

The team visited total Six facilities in Kasganj 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 1 SC-HWC.

5.1 Combined District Hospital:



Figure 2: Combined District Hospital Kasganj

- ✚ Combined District hospital Kasganj is a 100 bedded facility but only 50 beds are functional. The number of deliveries are recovering after the Covid-19 impact but the levels are yet to match the pre-Covid situation.
- ✚ With respect to HR, DH has 4 anesthetists but only 1 gynecologist. This is the main reason that the management of C-section deliveries is difficult at the DH level.
- ✚ Combined district hospital has 10 bedded SNCU but not functional due to shortage of SNCU staffs. Although, DH has 2 regular pediatricians but as per the DH officials they are waiting to recruit separate staff for SNCU to be functional.
- ✚ Infrastructure of the combined district hospital is quite good because new building was constructed from 5kms of the main city. This is also a reason that the CHC Kasganj which was earlier serving as a district hospital is overloaded.

- ✚ Facility has 10 bedded fully functional NRC with 5 extra beds. Shortage of staff nurses in the NRC is also reported.
- ✚ Facility has tertiary level diagnostic services available in their premises which are CT Scan, Dialysis, BSL Lab (Covid-19 Testing), Blood Bank, and Lab tests.
- ✚ Total 32 types of lab tests were available at the district hospital and 44723 tests were conducted in the last financial year 2021-22.
- ✚ The state has outsourced the solid waste management activities to an agency. The DH has a dedicated Medical Records Department but they do not have adequate staff for maintenance of hospital records.
- ✚ Counseling regarding family planning was being given by FP counselors and staff nurses. Adolescent Friendly Health Clinic is also functional with the councilor.
- ✚ The fund received in the last financial year was Rs 9327005 out of which 5464091 has been utilized by the facility. An approximate of 58.5 percent of the budget has been utilized respectively.
- ✚ With respect to quality assurance program, Combined district hospital won Kayakalp consolation award in the last financial year 2021-22.
- ✚ No maternal and child deaths have been reported at the facility for last financial year. Around 77 cases were referred from the peripheral CHCs/PHCs/SCs at the District hospital in the month of August 2022.

Table 9: HR Status of Combined District Hospital, Kasganj

Staff Designation	Sanctioned	Filled		Vacant
		Regular	Contractual	
MO (MBBS)	-	16	-	-
ObGy	-	1	-	-
Pediatrician	-	2	-	-
Anesthetist	-	4	-	-
Staff Nurses	-	30	-	-
Pharmacist	-	8	-	-
LT	-	2	-	-
EmOC trained doctor	-	1	-	-
LSAS trained doctor	-	1	-	-
Hospital Manager	1	0	1	0

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

5.2 CHC Sahawar:



Figure 3: Community Health Center, Sahawar, Kasganj

- ✚ CHC Sahawar is a 30 bedded facility and the average monthly delivery load was around 120 deliveries per month. Due to shortage of gynecologists and anesthetists at the facility, only normal deliveries are being conducted.
- ✚ The services available at the CHC are IPD, OPD, Normal delivery, family Planning services, TB unit, lab tests, emergency treatment, and immunization.
- ✚ New Born Stabilization Unit (NBSU) with 4 beds are available but non-functional due to shortage of SNs.
- ✚ With respect to HR, facility has 2 MOs, 1 Dentist, 3 Staff Nurses, 1 Lab technician and 1 Pharmacist posted at the facility.
- ✚ Total 15 types of diagnostic test being conducted at the facility. Due to non-availability of reagents. The CBC machine was not functional since last two year and this is the prime reason for the complete breakdown of the diagnostic machines.
- ✚ Branding, IEC and record keeping was well maintained at the facility. Some infrastructural finishing is required for painting and treatment of seepage.
- ✚ Counseling regarding family planning was being given by FP counselors and staff nurses. Adolescent Friendly Health Clinic is also functional with the councilor.

5.3 CHC Soron:



Figure 4: Community Health Center Soron, Kasganj

- ✚ CHC Soron is a 30 bedded facility and the average monthly delivery load was around 250 deliveries per month. Due to shortage of gynecologists and anesthetists at the facility, only normal deliveries are being conducted. Facility has completed 98 percent of JSY payment for last financial year.
- ✚ The services available at the CHC are IPD, OPD, Normal delivery, family Planning services, TB unit, lab tests, emergency treatment, and immunization.
- ✚ New Born Stabilization Unit (NBSU) with 4 beds are available but non-functional due to shortage of SNs.
- ✚ CHC Soron has 10 bedded separate PICU ward equipped with oxygen concentrators attached to all beds.
- ✚ The fund received in the last financial year was Rs 600000 out of which 409000 has been utilized (68%) by the facility.
- ✚ Counseling regarding family planning was being given by FP counselors and staff nurses. Adolescent Friendly Health Clinic is also functional with the ARSH councilor.
- ✚ Total 15 types of diagnostic test being conducted at the facility. Due to non-availability of reagents CBC machine was not functional since last one year and this is the prime reason for the complete breakdown of the diagnostic machines.

- ✚ CHC Soron secured 3rd position in district in Kayakalp quality assurance programme with 72.14 percent score.
- ✚ Soron block has 2 RBSK team but one team is grounded since May 2022 because of delay in procurement of vehicle contract.

Table 10: Amenities available at the CHC visited

Condition of Infrastructure	CHC Sahawar	CHC Soron
Accessible from nearest road head	✓	✓
27*7 running water facility	✓	✓
Facility is geriatric and disability friendly	✓	✓
Clean functional toilets (separate for Male & Females)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✗	✗
Drug store room with racks is available	✓	✓
Branding of the health facility	✓	✓
Power backup	✓	✓

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

5.4 PHC Gangagarh:



Figure 5: Primary Health Center Gangagarh, Kasganj

- ✚ PHC Gangagarh is a 2 bedded facility Health & Wellness center (HWC) with 20-30 OPD per day.
- ✚ Due to shortage of HR only general OPD service was being provided. There was only one MO (AYUSH) and one pharmacist available.

- ✚ CHC Soron is the next referral point of this facility which is located five kms away from the PHC.
- ✚ Infrastructure of the facility is quite good and it also has residential quarters for staff. Branding, IEC and record keeping was well maintained at the facility.
- ✚ Facility is situated in the center of village and by providing some HR to the facility it could be the potential health facility to provide health & Wellness center services.
- ✚ Only 6 kit-based tests for ANC profile was available at the facility.

5.5 UPHC Birla:



Figure 6: Urban Primary Health Center Birla, Kasganj

- ✚ Urban PHC Birla is a 2 bedded facility Health & Wellness center (HWC) with 20-30 OPD. It is located 3kms from the CHC Kasganj.
- ✚ The facility only provides OPD, ANC, routine immunization, kit based diagnostic tests and COVID-19 vaccination services to the patients.
- ✚ With regards to human resources posted at the facility, there are 1 MO (MBBS), 1 LT, 1 Pharmacist, and 5 ANM.
- ✚ Facility has their permanent LT, so that they can make the facility as a hub for diagnostic services which will reduce the burden of tertiary level hospitals.

- UPHC Birla is a potential site to be developed as a fully functional UPHC - Health & Wellness Centre by providing some basic equipment.
- UPHC Birla is a Kayakalp awarded facility. Earlier normal delivery was conducted at the facility but due to shortage of staff it was discontinued.

Table 11: Amenities available at the visited PHCs

Condition of Infrastructure	PHC Gangagarh	UPHC Birla
Accessible from nearest road head	✓	✓
27*7 running water facility	✓	✓
Facility is geriatric and disability friendly	✓	✓
Clean functional toilets (separate for Male & Females)	✓	✓
Drinking water facility available	✓	✓
OPD waiting area has sufficient sitting arrangement	✓	✓
ASHA rest room is available	✗	✗
Drug store room with racks is available	✓	✓
Branding of the health facility	✓	✓
Power backup	✓	✓

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

5.6 SC- HWC Gorha:



Figure 7: Sub Health Center, Gorha

The SC-HWC caters to a population of 10020. The average OPD at the HWC is 15 to 20 cases per day. Facility does not have basic amenities i.e. electricity, toilet 24*7 water supply and drinking water. It is very difficult for a female CHO to serve without water and toilet facility. The services provide are care in pregnancy and child birth, Routine Immunization, Family planning counselling, tele medicine consultation, NCD screening and COVID

vaccination. Register is maintained for ANC, RI and Delivery. There is 1 ANM and 1 CHO posted at the HWC. 7 ASHA workers are attached to the HWC. Essential Drug List was displayed in the OPD area. A total of 10 drugs were available on the day of the visit. Drugs for hypertension and diabetes are available. For Family planning, IUCD, Chaya and condoms are actively promoted.

Chapter 6: Community Interaction



Figure 8: Community Interaction at VHND session

We conducted a focus group discussion to know the overall community perception regarding the accessibility of health facilities available in the district and the lifestyle choices with ASHA workers, ANMs, and local community members. Questions related to knowledge training and incentive were even asked from ASHAs and AWWs. The main purpose was to get valuable insights from the community members and to capture the challenges faced by them while availing the public health facilities and how better the services can be provided.

On discussion with the community members of there was a mixed preference in the community for availing the public & private health care services. While low-income households relied on public health facility and they also expressed some dissatisfaction with the quality and access of public sector health facilities. The main reason cited by the group was the time spent for availing for the services at the public health facilities. Chronic diseases such as hypertension and diabetes were common among the older adult population. Tobacco/Alcohol consumption is high in the community. Beneficiaries have highlighted that the frontline workers have limited interaction with them. There is a greater need to improve the time allocation and quality of counselling services. ASHAs do not necessarily accompany the beneficiary for the antenatal or delivery care.

Health seeking behavior	
Community perception:	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.
Frontline worker perception:	People from low economic strata are more likely to visit government facilities, but due to a lesser number of private facilities present in the district most of the people have to rely on the public facilities.
Access to health	
Community perception:	In rural areas, absence of all-weather roads and public transport pose hindrance in reaching health facilities. For both rural and urban areas, difficulty in availing laboratory and imaging services was reported.
Healthcare Providers:	No barrier reported.
Behavior of health service providers	
Community perception:	All providers including medical and para medical staff was reported to have a cordial behavior. No major issue/complaint in this regard was raised.
Out of Pocket expenditure in public health facilities	
Community perception:	The only component on which out of pocket expenditure was reported is travelling cost to and from the health facility. All medical services are being provided for free in the visited health facilities.
Coverage, Knowledge and skills of ASHA as perceived by the community	
Community perception:	Work of ASHA workers was reported to be satisfactory. Pregnant women reported to being accompanied by ASHA workers for their ANC visits and delivery.
Availability of services for Immunization, ANC, PNC, family planning services, Nutrition counseling and preferred facilities for each	
Community perception:	During pregnancy, women said that with the help of ASHA workers, they registered for antenatal care at public facilities and used its immunization services.
Frontline worker perception:	All efforts being made to sensitize people on importance of family planning. Preferred methods include usage of IUCD, Chaya and condoms.
Screening for common NCDs (HT, DM) and preferred facilities for seeking treatment	
Community perception:	Some people reported accessing private practitioners if their budgets allowed. A few people reported getting stocks of long-term drugs from the public facilities; but these drugs were reportedly consumed for as long as stocks lasted and refilled at irregular intervals. Some reported not being aware of available screening facilities.
Frontline worker perception:	Symptomatic people being tested for NCDs in the OPD. Dedicated days for testing all individuals above 30 years of age. Difficult to convince people to come for regular follow ups.
What can be done to improve the healthcare provision?	
Community perception:	Availability of specialists at CHCs, more awareness campaigns, public transportation to reach health facilities.
Healthcare Providers:	Filling up vacant post, improved availability of drugs and expanding diagnostic services and timely fund disbursement.

Chapter 7: Conclusions & Recommendations

7.1 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 Kasganj District, Uttar Pradesh.

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Kasganj District: Combined District Hospital, CHC Soron, CHC Sahawar, PHC-HWC Gangagarh, UPHC Birla and SC-HWC Gorha. 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 1 DH Combined District Hospital, 5 CHCs, 29+2 PHCs/UPHCs and 203 SCs. With respect to transport, the district has 2 MMU and 102, 108 Ambulance services. District has 1 public institution and 12 private institution equipped with Ultra-sound facility and all public and private facilities are registered under PCPNDT act.

JSY & JSSK services are fully functional in the district. Almost 80 percent of the JSY payments has been done for the last financial year 2021-22. 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 10 bedded SNCU but not functional due to lack of HR. Under NTEP, the treatment success rate from public hospital was achieved to be at 76% and for private facilities were 87% in 2021-22. Under National Leprosy Eradication Programme, 22 new cases were detected with no case of Grade 2 Disabilities (G2D).

The following NCD programmes under the NHM umbrella were functional NPCDCS, NPCBVI, NMHP, and NTCP. The district is working on Quality Assurance Programmes Kayakalp and 5 facilities (1DH, 2 CHCs & 2 PHCs) won the Kayakalp Award in last financial year. NQAS quality assurance program is not implemented in the district.

Combined district hospital is a 100 bedded facility but only 50 beds are functional. Combined district hospital has only 1Gynecologist and 4 Anesthetist due to which management of C-section deliveries is difficult. 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 and Kayakalp grant from NHM. The DH was in the process of shifting its banking arrangements to be consistent with the requirements of the District NHM office. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.

Both the visited CHCs was 30 bedded facility providing normal delivery and other primary care services like family planning, OPD, Immunization etc. 2 PHCs were visited during the PIP visit. Both the PHCs have HWC status but instead of providing HWC level services they are barely rendering the basic services. SC Gorha is Health & Wellness Center but due to lack of basic infrastructure like toilet, water and electricity creates difficulty for the female CHO to provide their services from the facility.

On interaction with the community members' various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, and out-of-pocket expenditure. 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. The main reason cited by the group was the time spent for availing for the services at the public health facilities.

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

7.2 Recommendation:

- Functional SNCU has a major implication in the district because for any severe case of new born, district has to rely on the Aligarh Medical College despite having infrastructure and HR. So, efforts must be made to establish the SNCU as soon as possible.
- Electricity supply in rural areas is a big challenge and removal of separate fuel fund increased the financial burden on health facilities. So, the policy of fuel budget needs to be revised for the backward district.
- EmOC and LSAS training should be given to LMOs and MO to fill the shortage of gynecologist and anesthetist gaps in the district.
- Acute shortfall of medical staff i.e. Obstetric and Gynecologist, Anesthetist, Pediatrician Staff Nurses etc. So, the vacant post of the medical and paramedical staff must be filled as soon as possible to reduce the burden of DH.
- Refresher training for district officers with regard to NHM programme implementation needs to be conducted from the state as well as district. As there has been no training for past five years and the implementation of programmes is suffering.
- District officials do not have clear picture regarding budget approved under PIP. In this regard, a state level meeting is recommended to strengthen the planning and budgeting structure of the PIP.

Appendix

Exhibit 1: 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%	
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)	Ayushman Bharat-Health & Wellness Centres under NUHM	26.79		2946.57
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, NMHP, 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: ROP, Uttar Pradesh, 2021-22

Exhibit 2: Status of Infrastructure, Kasganj District

Facility Details	Sanctioned/ Planned	Operational
District Hospitals	01	01
Community Health Centers (CHC)	5	5
Primary Health Centers (PHC)	30	29
Sub Centers (SC)	191	191
Urban Primary Health Centers (U-PHC)	02	02
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	01	0
Nutritional Rehabilitation Centers (NRC)	1	1
District Early intervention Center (DEIC)	0	0
First Referral Units (FRU)	05	01
Blood Bank	01	01
Blood Storage Unit (BSU)	01	01
No of PHC converted into HWC	22	22
No of UPHC converted into HWC	01	01
No of SC converted into HWC	70	70
Designated Microscopy Center (DMC)	0	0
Tuberculosis Units (TUs)	08	08
CBNAAT/TruNat Sites	1/5	1/5
Drug Resistant TB Centres	01	01

Source: CMO Office, District Checklist PIP Monitoring, Kasganj District, 2021-22

Exhibit 3: Key Indicators for ASHA & ASHA Facilitator

Kay Indicators	Number
Required as per population	1300
Selected	1294
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-
No. of villages/ slum areas with no ASHA	29/817
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1294
No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	44
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1294
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	44
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	-
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	-
Mahila Aarogya Samiti (MAS) Formed	29
MAS Trained	29
MAS Account Opened	13

Source: CMO Office, District Checklist PIP Monitoring, Kasganj District, 2021-22

Exhibit 4: Status of RMNCH Programs

Interventions/ Activity	Indicators	
Janani Suraksha Yojana (JSY)	Total Deliveries - 27756	
	Total JSY Payments - Approximately 88.3%	
Janani Shishu Suraksha Karyakram (JSSK)	Total Deliveries - 27756	
	Free Drugs & Consumables – Data Not Provided	
	Free Diet – Data not Provided	
	Free Diagnostic – Data not Provided	
	Drop back- Data not Provided	
Special New Born Care Unit (SNCU)	Total Beds – 10 (Non-Functional)	
	In-radiant warmer – NA	
	Stepdown Care – NA	
	KMC Unit - NA	
	Inborn (NBSU)	Out born (NBSU)
Total Admission	264	6
Discharged	243	4
Referral	18	2
LAMA	3	0
Deaths	0	0
Home Based New Born Care (HBNC)	Total Number of ASHA - 955	
	Total Number of ASHA with HBNC Kit - 955	
Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)	DH-1	
	CHC-5	
	PHC/UPHC-24/2	

Source: CMO Office, District Checklist PIP Monitoring, Kasganj District, 2021-22

Exhibits 5: Status of Communicable Programmes

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: Unknown
- Eligible TB patients with UDST testing: Unknown
- Whether drugs for both drug sensitive and drug resistance TB available: Yes

<ul style="list-style-type: none">• Patients notification from public sector	<ul style="list-style-type: none">• No of patients notified: 2157• Treatment success rate: 75.88%• No. of MDR TB Patients:• Treatment initiation among MDR TB patients:
<ul style="list-style-type: none">• Patients notification from private sector	<ul style="list-style-type: none">• No of patients notified: 916• Treatment success rate: 87%• No. of MDR TB Patients:• Treatment initiation among MDR TB patients:

- No. of Beneficiaries paid under Nikshay Poshan Yojana:

3. Implementation of National Leprosy Eradication Programme (NLEP)

No. of new cases detected: 22
No. of G2D cases: 0
MDT available without interruption: Yes
Reconstructive surgery for G2D cases being conducted: No
MCR footwear & selfcare kit available: Yes

4. Integrated Disease Surveillance Programme (IDSP)

- Rapid Response Team (RRT) Constituted: Yes
 - Team Composition: 4
 - Proportion of Pvt. Health Facilities weekly data of IDSP: -
 - Outbreaks investigated:
 - 2020-21: 02
 - 2021-22: 02
-

Source: CMO Office, District Checklist PIP Monitoring, Kasganj District, 2021-22

Exhibits 6: Status of Non-Communicable Disease Programmes

Non-Communicable Diseases Programme	Status of Implementation	Key activities performed as per RoP 2021-22
National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)	Yes	
National Programme For Control of Blindness & Visual Impairment (NPCBVI)	No	
National Mental Health Programme (NMHP)	Yes	
National Programme for healthcare of Elderly (NPHCE)	Yes	Only 10% allocated funds under NCD was utilized in year 2021-22
National Programme for the Prevention & Control of Deafness (NPPCD)	No	
National Tobacco Control Programme (NTCP)	Yes	
National Oral Health Programme (NOHP)	No	
National Programme for Palliative care (NPPC)	No	
National Programme for Prevention & Management of Burn Injuries (NPPMBI)	No	

Source: CMO Office, District Checklist PIP Monitoring, Kasganj District, 2021-22