



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:**  
**KAUSHAMBI DISTRICT, UTTAR PRADESH 2021-22**



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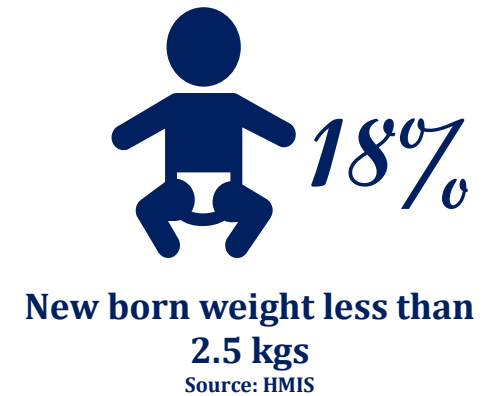
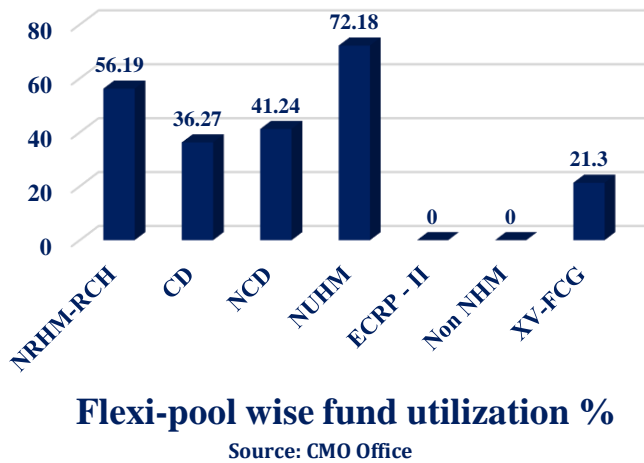
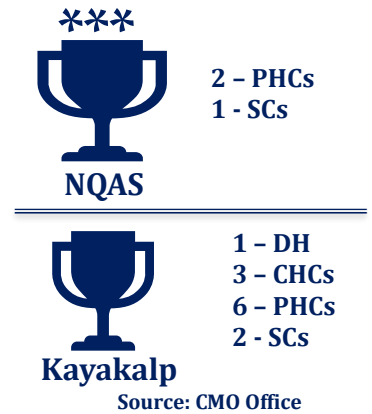
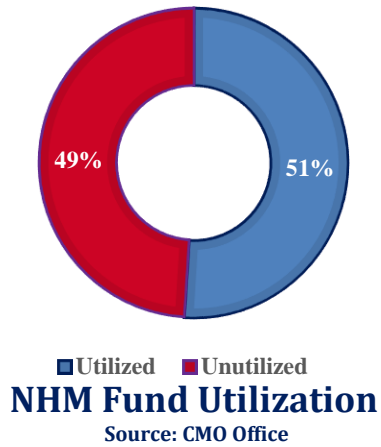
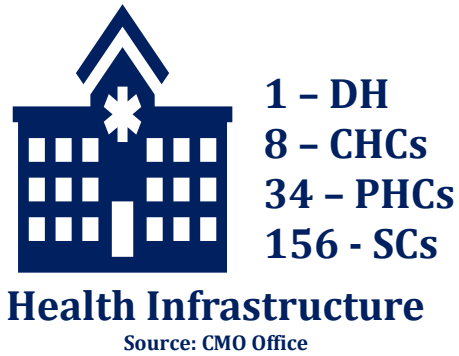
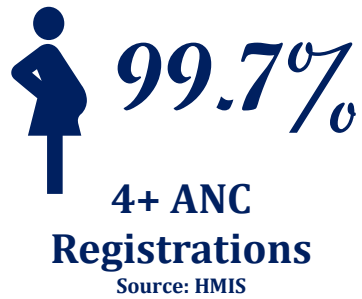
## **ACKNOWLEDGEMENT**

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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 Kaushambi District.

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## **Executive Summary:**

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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 Kaushambi 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 Kaushambi: Combined District Hospital, Community Health Centre Sirathu, Community Health Centre Kada, Primary Health Centre Sarsawan, Primary Health Centre Mooratganj and Sub-Health Centre Garhi. 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:**

- ❖ **Network issues:** District has severe problem of mobile network, due to which internet connectivity is quite poor. Field work which required online reporting suffers a lot and affects the ranking of the district in several ongoing health programmes.
- ❖ **Delay in fund transfer:** for the current financial year district did not received RKS fund (till the month of October 2022) from state level and due to this several procurements of services and goods for the facilities have been delayed.
- ❖ **Fuel Fund:** Earlier NHM had 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 will be utilized for purchasing of fuel which is very difficult for the rural facilities where electricity supply is very poor.
- ❖ **Strengthening of delivery points:** High burden of deliveries at the District Hospital due to non-availability of C-section facility at CHC-FRUs.

- ❖ **Uneven Man power allocation:** There is an uneven man power allocation across facilities was observed in the district. Because of this, the output with the present level of human resources was not efficient as the district were unable to provide the services effectively.
- ❖ **Training:** Oriantiaon trainig for NHM programs as well as PIP budget related trainig have been not done for the district officals. There is low utilization of funds allocated in the district due to lack of knowledge with respect to PIP budget and recent mergers of FMR codes.
- ❖ **Strengthening of Quality Programme:** District has total 199 health facilities including DH, CHC, PHCs and SC. However, only 11 facilities including 3 CHCs, 6 PHCs and 2 SCs received Kayakalp award. Only 3 facilities have NQAS certification in entire district.
- ❖ **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, and Staff Nurses in the district. The district does not have any eye surgeon and dedicated pediatricians in SNCU. As per the district officials walking interview have been organized previously but selected candidates denied joining or attrition rate is very high.
- ❖ **Diagnostic Equipment:** Due to lack of reagent or delay of maintenance, several diagnostic machines are not functional in the district. This could be the primer reason of complete failure of machines.
- ❖ **RBSK teams:** Kaushambi district has 16 teams of RBSK in 8 different blocks but only 11 teams are complete with all the HR.
- ❖ **Low Budget Utilization:** The overall expenditure of NHM budget for Kaushambi district is around 51% to the total budget allocated. Low budget utilization (around 36%) has been observed in the CD flexi pool.

## **Recommendations:**

- ❖ District has major issue with the mobile network and due to this internet facility is very poor. All online reporting programmes is suffering. So, to reduce the burden of poor internet connectivity, broadband connection should be provided to all the facilities (DH/CHC/PHC).
- ❖ 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 MOs to fill the shortage of gynecologist and anesthetist gaps in the district. It will also strengthen the CHCs for C-section deliveries.
- ❖ The acute shortfall of medical staff i.e. specialist, obstetrics and Gynecologist, Anesthetics, etc, So, the vacant post of the specialist doctors must be filled as soon as possible to reduce the burden of DH.
- ❖ District officials do not have a clear picture regarding budget approval under PIP. In this regard, a state-level meeting is recommended to strengthen the planning and budgeting structure of the PIP.

# Chapter 1

## 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 consigned 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 Kaushambi 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 Kaushambi district, 2021-22. Prior to visiting to Kaushambi District,

the monitoring and evaluation team reviewed the Kaushambi 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, Kaushambi District was held. The healthcare facilities visited are listed in table 1:

**Table 1: List of facilities visited during PIP Monitoring**

Facility Type	Name of the Facility
District Hospital (DH)	Combined District Hospital
Community Health Centre (CHC)	CHC Kada & CHC Sirathu
Primary Health Centre (PHC)	PHC Mooratganj, & UPHC Sarsawan
Sub-Centre, Health & Wellness Centre (SC-HWC)	SC-HWC Godhi

## 1.2 Demographic Profile:



**Figure 1: District Map of Kaushambi**

The present Kaushambi district was carved out of Allahabad district on 4th April 1997. The District Headquarter, Manjhanpur is situated in the south-west of the Allahabad on the north bank of the Yamuna river, about 55 km away from Allahabad. It is surrounded by the districts Chitrakoot in the south, Pratapgarh in the north, Allahabad in the east & Fatehpur in the west.

Table 2 lists the key demographic indicators of Kaushambi district. It covers a total area of 1779 square kilometer and has a population of 15.99 lakhs (Census of India 2011) residing across 8 development blocks of the district.

The Census of India (2011) provides the following highlights for the district. The district is home to about 15.99 lakh people, among them about 8.3 lakh (52 per cent) are male and about 7.6 lakh

(48 per cent) are female. The population of the district equals to around 0.69 per cent of the total population of Uttar Pradesh. Around 92 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 73 percent males and 49 percent females are literate.

The sex ratio of the Kaushambi District is females per 1000 males and is lower (908) compared to the state sex ratio of 912 females per 1000 males. Sex ratio for India stands at 943. Kaushambi district is less densely populated as compared to the state of Uttar Pradesh. It has population density of 899 persons per square kilometers and is higher as compared to the state average of 829 persons per square kilometers.

**Table 2: Demographic Indicators of Kaushambi District**

<b>Indicators</b>	<b>India</b>	<b>Uttar Pradesh</b>	<b>Kaushambi</b>
Total number of Blocks	6612	820	8
Total number of Villages	649481	97941	665
Actual Population	1,21,08,54,977	23,15,21,022	1,599,596
Male	623,270,58	104,480,510	838,485
Female	58,75,84,719	95,331,831	761,111
Urban Population %	31.16	22.3	7.78
Rural Population %	68.84	77.7	92.22
Male literacy rate (%)	80.9	77.28	72.78
Female literacy rate (%)	64.6	57.18	48.56
Density/ km <sup>2</sup>	382	829	899
Literates %	72.98	67.7	61.28
Sex Ratio (females per/000 male)	943	912	908
Child Sex Ratio (0-6 age)	914	899	923

Source: Census 2011

### **1.3 Health Profile of Kaushambi district:**

In Kaushambi district, out of the number of pregnant women who registered for ANC, 59.9 percent of them registered in the first trimester which is lower than the state average of 64 percent. Percentage of pregnant women who underwent 4 or more ANC checkups to total ANC registration is 99.7. IFA supplementation was given to 98.4 percent of all women who registered for ANC while pregnant women given 360 Calcium tablets to total ANC registrations is 87.3 percent (Table 3).

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 5 percent of the home deliveries are SBA attended in Kaushambi district, and the reason cited for the same was lack of SBA trained staff. A total of about 98.9 per cent of all deliveries were observed to be institutional deliveries. However, the percentage of institutional deliveries to total ANC registrations is reported as 58.9 percent on HMIS. With regards to Post Natal Care, 91 per cent of the newborns were breast fed within 1 hour of delivery and 18 per cent of newborns weighted less than 2.5kgs at birth. Out of the total women who delivered, approx. 15.6 percent of women received 1<sup>st</sup> post- partum checkup within 48 hours and 14 days of delivery.

**Table 3: Health Indicators of Kaushambi District**

<b>Indicators</b>	<b>Kaushambi</b>	<b>Uttar Pradesh</b>
<b>1. Maternal Health –Delivery care</b>		
Total number of pregnant women registered for ANC	56962	6440941
% of beneficiaries registered for 1st trimester to total ANC registration	59.9	64.7
% of pregnant women with 4 or more ANC checkups to total ANC registration	99.7	83.0
% of pregnant women given 180 IFA to total ANC registrations	98.4	90.5
% Pregnant women given 360 Calcium tablets to Total ANC Registrations	87.3	82.6
Total number of reported deliveries	33933	3824217
% of SBA attended home deliveries to total home deliveries	5	13.1
% of institutional deliveries to total reported deliveries	98.9	98.7
% of institutional deliveries to total ANC registrations	58.9	54.0
% of C-Section deliveries to total institutional deliveries	5.1	9.4
% of women received 1st postpartum checkup after delivery	15.6	66.1
<b>2. Newborn and Child Health</b>		
% of newborn weighted to total live birth	91.6	90.0
% of newborn breast fed within 1 hour of birth to total live birth	90.6	91.7
% of newborns having weight less than 2.5 kg to total live birth	18	9.6
Number of children (9-11 months) fully immunized	42496	4419723
<b>3. Family Planning</b>		
No of emergency contraceptive pills distributed	61868	1192702
% of female sterilization to total sterilization	98.1	98.9
% of IUCD insertion to total institutional deliveries	52.6	40.9
Total Sterilization conducted	4142	259718
<b>4. Mortality Indicators</b>		
Maternal death	61	3345
Child (1-5 years) death	22	1473
Infant (1-12 months) death	20	10130
Still Birth	566	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 98.1 percent of all sterilization

conducted in 2021-22 in Kaushambi district. Total Sterilization Conducted was 4142 in the district. Of the total deliveries conducted in the district, 52.6 percent females got IUCD insertions done. The district reported a total of 61 maternal deaths, 566 still births, 22 child deaths and 20 infant deaths in the year 2021-22.

# Chapter 2

## 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 NHM Budget Utilization, 2021-22*

Description	Budget Released	Budget utilized	Utilization (%)
NRHM-RCH	621434980	349175052	56.19
CD	39561196	14349313	36.27
NCD	17681240	7292160	41.24
NUHM	4963231	3582344	72.18
ECRP - II	25384000	0	0
Non NHM	7465500	0	0
XV-FCG	30217000	6434810	21.30
<b>Total</b>	<b>746707147</b>	<b>380833679</b>	<b>51.0</b>

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

As per the given details of table 4, it can be observed that around 74.7 crores rupees were allotted to the Kaushambi district in seven different pools and around 51 percent of the total budget get utilized in last financial year 2021-22.

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

<b>Description (NRHM-RCH Pool)</b>	<b>Budget Released</b>	<b>Budget utilized</b>
CP	199944422	95060595
MH	170947360	109916317
CH	40342704	20052931
CD-IDSP	35080454	24355256
RBSK	31010060	26093144
FP	26304015	15112644
RI	22129044	12768960
IMEP	19592019	4339497
AYUSH	15686912	10363387
HR	12188070	8748708
Blood Cell	6944866	2832134
IEC	5223430	1016316
RKSK	4597469	1948470
QA	4515532	3340053
MIS	4088307	2185160
NCD-NPCDCS	4055920	702995
ME	4014000	3121879
CD-RNTCP	3326097	2735224
CD-NLEP	3140821	2876568
NCD-NMHP	2588022	630000
Nursing	2148755	547550
NCD-NPHCE	1718006	0
Procurement	886587	0
FD	406290	265650
NCD-NPCB	267080	154126
NCD-NTCP	255938	0
NCD-NIDDCP	13000	0
CD-NRCP	12000	0
PM	7800	7488
<b>Total</b>	<b>621434980</b>	<b>349175052</b>

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

Around 81 percent of the total budget was allocated to NRHM flexipool and out of which only 56 percent of the budget were utilized in the last financial year. With regards to NUHM pool, around 49 lakhs rupees were allocated and around 72 percent of the budget utilized successfully. For

Communicable Diseases (CD) Programmes, around 3.9 crores rupees were allocated and around 36 percent of the budget utilized. Non-Communicable Diseases (NCD) Programmes, around 1.7 crores rupees were allocated and around 41 percent of the budget utilized.

Under Emergency Covid Response Package (ECRP) budget, non-NHM ASHA pool, and XV-FCG, 253.8, 74.6, and 302 lakhs rupees were allocated respectively but only 21 percent of XV-FCG budget was utilized. No budget was utilized under ECRP-II and Non-NHM ASHA budget pool in the last financial year 2021-22.

**Table 6: CD, NCD, NUHM, ECRP-II, XV-FCG Flexi-pool wise Budget Utilization, 2021-22**

<b>Description</b>	<b>Budget Released</b>	<b>Budget utilized</b>	<b>Utilization (%)</b>
<b>Communicable Disease (CD) Pool</b>			
CD-IDSP	1825184	1584995	86.84
CD-NLEP	6721135	993345	14.78
CD-NRCP	345144	127198	36.85
CD-NVBDCP	10566572	1931701	18.28
CD-NVHCP	60500	0	0.00
CD-RNTCP	19844661	9611408	48.43
ME	198000	100666	50.84
<b>Total</b>	<b>39561196</b>	<b>14349313</b>	<b>36.27</b>
<b>Non-Communicable Disease (NCD) Pool</b>			
NCD-NMHP	1560000	597678	38.31
NCD-NOHP	0	0	0.00
NCD-NPCB	9125080	5034776	55.18
NCD-NPCDCS	3412500	131787	3.86
NCD-NPHCE	390000	145670	37.35
NCD-NTCP	2928660	1292489	44.13
NCD-NPCCHH	265000	89760	33.87
<b>Total</b>	<b>17681240</b>	<b>7292160</b>	<b>41.24</b>
<b>National Urban Health Mission (NUHM) Pool</b>			
CD-NVBDCP	185500	166540	89.78
NUHM	4777731	3415804	71.49
<b>Total</b>	<b>4963231</b>	<b>3582344</b>	<b>72.18</b>
<b>Emergency Covid Response Package (ECRP II)</b>			
CD-ECRP	<b>25384000</b>	<b>0</b>	<b>0</b>
<b>Fifteenth Finance Commission Grant (XV-FCG)</b>			
XV-FCG	<b>30217000</b>	<b>6434810</b>	<b>21.30</b>
<b>NON-NHM Pool</b>			
NON-NHM (ASHA)	<b>7465500</b>	<b>0</b>	<b>0</b>

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

Table 5 depicts the percentage utilization of NRHM RCH flexi pool in Kaushambi district for the last financial year 2021-22. As per the total funds allotted, the share utilization stands at 83.2 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, FP AYUSH, IMEP and HR with an approximate figure of 92.2 percent of the total budget allocated.

However, the least share of budget utilization has been observed in IEC with only 19.45 percent following NCD-NPCDCS and IMEP with 19% & 22% 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 (86.84%) and RNTCP (48%) whereas the least share is under NLEP and NPBDGP.

Furthermore, if we observed under the NCD flexi-pool only 6 programmes are functional in the district for last financial year 2021-22. Similarly, NUHM flexi-pool has utilized 72.18 percent of the allocated budget. Whereas no budget has been utilized in ECRP-II, and Non-NHM ASHA flexi-pool despite the budget allocation.

# Chapter 3

## 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, 8 Community Health Centres (CHCs), 33 Primary Health Centres (PHCs), 1 Urban Primary Health Centres (PHCs) and 156 Sub Centres (SCs) in Kaushambi District. With respect to Ayushman Bharat Health & Wellness Center, 22 PHCs, 1 UPHC and 66 SCs were converted in the district. An assessment of delivery points across the tiers of health facilities tells that only 14 out of the 156 sub-centres in the district are conducting more than 3 deliveries per month and 13 out of 33 PHCs are conducting more than 10 deliveries per month. 8 out of 4 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). 12 bedded SNCU with 6 bedded KMC ward is functional at the DH but no dedicated pediatrician is posted there due to shortage of staff. 1 NRC, 1 blood bank and 1 Blood Storage Unit are also present in the district. There are 1 drug resistant TB center, 16 Designated Microscopy Centers and 1 tuberculosis unit functioning.

The district has implemented 'Free Drug Services' and 'Free Diagnostic Services' for ALL. However, there were some concerns raised by the pharmacists at health facilities with regard to the procurement procedure of drugs. A centralized drug warehouse of Uttar Pradesh State Medical Corporation (UPSMCL) has been established in Kaushambi 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 50 Basic Life Support (BLS) ambulances and 3 advance life support ambulances. District does not have mobile medical units 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, 16 are stationed at the CHCs, 5 at the DH level, 27 at the PHCs and 2 for emergency purpose.

### 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 Kaushambi District*

Name of Post	Sanctioned		Total Sanctioned	In position		Total in position	Vacant %
	Regular	NHM		Regular	NHM		
MO	30	40	70	29	39	68	3
Specialist	25	66	91	20	58	78	14
OBGY	9	5	14	4	1	5	64
Pediatricians	9	3	12	1	0	1	92
Anesthetist	9	6	15	4	0	4	73
Senior Nursing Officer	17		17	10		10	41
Nursing Officer	147		147	107	8	115	22
ANM	225		225	116		116	48
ASHA	NA	1800	1800	NA	1599	1599	11
Technicians	93		93	43	25	68	27
Admin	35	0	35	25	0	25	29
MTS	98		98	39	59	98	0

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

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 7 is providing the HR status under CMO. The number of health workers available in a district is a key indicator of that district's capacity to provide delivery and intervention. Table 7 provides the Human Resource Availability in Kaushambi District. An analysis of vacancy percentages reflects that the vacant positions are high for specialist doctors – Anesthetists (73%), Pediatricians (92%), OBGY (64%). 48 percent positions for ANMs 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. Despite of having shortage of specialist, district also has 1 LSAS and 1 EmOC trained doctors which are utilizing to fill the gaps of OBGY and Anesthetist. 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 Status of Kaushambi District, as Per ROP – 2021-22*

<b>List of training (to be filled as per ROP approval)</b>	<b>Planned</b>	<b>Completed</b>
SBA	1	1
HBNC	9	9
HBYC (ASHA +ANGANWADI)	58	58
New Contraceptive Training. M.O. & Staff Nurse	3	3
Refresher Training. FPLMIS	2	2

**Source: CMO Office, District Checklist PIP Monitoring, Kaushambi 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 table 8, some trainings have been planned and completed in the district for the last financial year. These include trainings on, FPLMIS-Urban staff & ASHA Sangini; New contraceptive (ANTRA) training for Ayush Doctors, MBBS Doctors, and for ANM/LHV/STAFF NURSE; HBYC training for ASHAs and Anganwadi workers, HBNC training for ASHAs and SBA training for ANMs. 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.

### **3.4 Key Indicators for ASHA & ASHA Facilitator:**

The community health workforce acts as an interface between the community and the public health system. The district requirement of ASHA workers in accordance with the population norms is that of 1800 ASHAs. However, against the said number, 1599 ASHAs are currently in place. Thus, the shortfall is of 11 percent.

About 687 ASHA workers and 58 ASHA facilitators in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and 690 ASHA workers and 58 ASHA facilitators are insured under Pradhan Mantri Suraksha Bima Yojana (PMSBY). These are both governments backed insurance schemes. In a yet another social welfare scheme oriented towards pensions, 1301 ASHA workers and 52 ASHA facilitators are registered beneficiaries of the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

The Mahila Arogya Samitis (MAS) are community worker groups in urban areas. The district has 6 MASs in place with a valid account but only 3 are trained.

Village Health Sanitation and Nutrition Committee (VHSNC) has been formed to take collective actions on issues related to health and its social determinants at the village level. For this regard, 587 committees have been formed and trained in the district.

# Chapter 4

## 4. NHM Programme Interventions

### 4.1 RMNCH+A Services:

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

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

Around 86 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 Kaushambi 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 for hospital admissions and discharge.

District has 2 public institution and 35 private institution equipped with Ultra-sound facility and all public and private facilities are registered under PCPNDT act. 2 private institution is also providing services at PPP mode in the district.

The district has 12-bedded SNCU with 6 beds for Inborn and 6 beds for out born unit situated at the Combined District Hospital but no dedicated pediatrician is posted due to shortage of HR. District has 4 NBSU units at the CHC but not completely functional due to lack of HR and infrastructure. The district has 12-bedded SNCU at the District Hospital with separate ward for inborn and out-born patients. The total number of admissions in the SNCU unit were 687 for in-born and 647 for out born of which the number of males were more than the number of females in the out-born section. 455 in-born and 320 out-born were discharged in the last financial year. Exhibit 4 (Appendix) even shows that 148 were referred, 219 taken LAMA and 198 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. Kaushambi district has one NRCs at the combined district hospital. Total 195 children were admitted at the NRC and 179 were discharged, 3 were referred and 13 had taken LAMA. Out of the total cases admitted in the last financial year, 5 cases were referred by frontline workers, 18 by self, 10 from pediatric ward and 7 by RBSK team.

PMSMA programme is running at the combined district hospital, 5 CHCs and 5 PHCs in the district. ANC checkups are being provided on 9<sup>th</sup> 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 1560 ASHAs, 1476 ASHA workers have HBNC kits. Total new-born visited in the August 2022 was 2140. 1560 ASHA workers have drug kits. District has total 1582 ASHAs but 22 are inactive.

Under Rashtriya Bal Swasthya Karyakram (RBSK), Kaushambi district has total of 16 RBSK teams, with 2 teams per block, which ensure coverage of children. Out of which, 11 teams are full in place as per the composition and 16 vehicles are on the road for RBSK team. The programme remains functional in all government schools and anganwadis. An average of 85 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.

Kaushambi district observed 61 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 162 villages covered under PE programs. Total 704 peer educator selected in the last financial year under this programme. 156 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 7 members comprising of MBBS doctors, lab technicians, and field workers. The IDSP data is used for surveillance of several communicable diseases and for outbreak investigations. Reporting status of weekly IDSP data for private health facilities is quite less. Total 3 outbreaks investigated in the last financial year 2021-22.

A total of 55 new cases were detected for leprosy with 2 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 being conducted in the district.

National Tuberculosis Elimination Programme (NTEP) is functional in the district. There are 79 TB patients with UDST testing. Drugs for both, drug sensitive and drug resistance TB have been reported to be available. Number of patients notified from public sector was 1454 and from private sector was 201 in 2021-22. The treatment success rate is reported to be 90% for public sector and

89% for private sector. Total 52 MDR cases of TB is reported in public health facility. Around 80 percent payment has been done on Nikshay portal.

Also, district has dedicated Chest wing in the district hospital. They have 2 CBNAAT and 3 TRUENAT machines in the district. 1 drug resistance TB center, 16 designated microscopy centers and 1 TUs are fully functional in the district.

The micro and macro plan for National Vector Borne Disease Control Programme (NVBDCP) have been reported to be available at the district level and weekly epidemiological and entomological situations are monitored. There has been an increased boosted surveillance at ward village level. Neither LLIN distribution nor any Indoor Residual Spray (IRS) has been done in the last year because Annual Parasite index and Annual blood examination rate is within the limit. Annual blood examination rate of the district was 2.11 percent for year 2021-22. 6 blocks achieved elimination status of Lymphatic Filariasis i.e. Microfilaria (MF) rate is less than 1 percent.

#### **4.3 Non-Communicable Disease Program:**

The Non-communicable disease programmes that have been implemented in the district 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 Program for Healthcare for Elderly (NPHCE), National Programme for Climate Change & Human Health (NPCCHH) and National Tobacco Control Programme (NTCP). Low utilization (around 41.23% 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

## 5. Health Facilities Monitoring Assessment

The team visited total Six facilities in Kaushambi 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, Kaushambi:



*Figure 2: Combined District Hospital, Kaushambi District*

- ✚ Combined District hospital Kaushambi is a 200 bedded facility including 100 bedded MCH wing. The number of deliveries is recovering after the Covid-19 impact but the levels are yet to match the pre-Covid situation.
- ✚ An average monthly load of delivery was around 550 deliveries with 10 percent of C-section deliveries cases. Around 70 percent JSY payments have been done in the last financial year.
- ✚ Facility has 40 bedded separate PICU ward with oxygen concentrator. Also 3 oxygen plant were installed in the hospital premises.
- ✚ Newly built 100 bedded MCH building has some major infrastructural issues like no washrooms in the Operation Theater, damp walls, seepage problems etc.

- ✚ District hospital has Biosafety level – 4 (BSL-4) lab dedicated for Covid -19, RTPCR testing.
- ✚ Services delivery in the post-natal wards was fully efficient. All beneficiaries were provided with diet services free of charge and were asked to stay for more than 48 hours post-delivery. On interaction with the beneficiaries, they cited that no cost was borne by them for the diet, drugs, or diagnostics and timely doctor rounds were observed. They were fully satisfied with the services being rendered at the facility.
- ✚ District hospital has 12-bedded fully functional SNCU in which 6 beds for in-born and 6 beds for out-born with 1 Phototherapy Machine. Facility also has fully functional 10 bedded NRC and 6 bedded KMC ward at the hospital.
- ✚ Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- ✚ The counselling on family planning services is provided by doctors and ANM. The facility provides condoms, oral pills, Chhaya and sterilization services.
- ✚ The state has outsourced the solid waste management activities to an agency. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.
- ✚ The fund received in the last financial year was Rs 985300 and out of which 983799 (99.84%) has been utilized by the facility.

**Table 9: HR Status of Combined District Hospital, Kaushambi**

Staff Designation	Sanctioned	Filled		Vacant
		Regular	Contractual	
MO (MBBS)	10	1	2	7
ObGy	4	1	1	2
Pediatrician	4	1	0	3
Anesthetist	5	1	0	4
Staff Nurses	67	28	19	20
Pharmacist	12	11	0	1
LT	7	4	2	1
Hospital Manager	1	-	0	1

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

## 5.2 Community Health Centre, Sirathu:



*Figure 3: Community Health Centre, Sirathu, Kaushambi District*

- ✚ CHC Sirathu is a 60 bedded facility and the average monthly delivery load was around 300 deliveries including 10-15 C-section deliveries. Facility providing C-section services but, it does not have functional blood storage unit.
- ✚ Ultra sound facility is available at the facility on the PPP mode through private diagnostic center. Facility also has dedicated oxygen plant.
- ✚ The services available at the CHC are IPD, OPD, Normal & C-section delivery, family Planning services, TB unit, lab tests, emergency treatment, and immunization.
- ✚ Adolescent friendly and family planning counselling session is being conducted at the facility.
- ✚ Branding, IEC and record keeping was well maintained at the facility. Some infrastructural finishing is required for painting and treatment of seepage.
- ✚ With respect to HR, facility has 4 MOs including 1 LMO and 1 Anesthetist, 3 AYUSH doctors, 4 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.
- ✚ CHC Sirathu has an FRU status, and 6 PHCs and 45 SCs are functioning under the facility.

### 5.3 Community Health Centre, Kada:



*Figure 4: Community Health Center, Kada, Kaushambi District*

- ✚ CHC Kada is a 60 bedded facility and the average monthly delivery load was around 350 deliveries. Only normal delivery is being conducted at the facility due to shortage of gynecologist and anesthetist.
- ✚ As per the infrastructure of the facility, CHC kada is a potential site to deliver the FRU level services if it starts providing C-section, Ultrasound, and X-ray services
- ✚ Facility has 30 bedded separate MCH wing with 4 bedded NBSU. Due to shortage of NBSU trained staff nurses it was not functional.
- ✚ In the premises of CHC Kada, there are few graves and due to it some times villagers are reluctant to come for the delivery. Although, the building of the MCH wing is newly constructed.
- ✚ In entire Kaushambi district there is a severe problem of mobile network. Because of that internet connectivity is very poor which affects online reporting.
- ✚ Adolescent friendly and family planning counselling session is being conducted at the facility.
- ✚ Branding, IEC and record keeping was well maintained at the facility. Some infrastructural finishing is required for painting and treatment of seepage.

- ✚ Total 17 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.

*Table 10: Amenities available at the visited CHCs of Kaushambi District*

<b>Condition of Infrastructure</b>	<b>CHC Sirathu</b>	<b>CHC Kada</b>
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 Primary Health Centre, Mooratganj:



*Figure 5: Primary Health Centre, Mooratganj, Kaushambi District*

- ✚ PHC Mooratganj is a 10 bedded facility with more than 200 OPD per day. The facility provides Normal delivery, IPD, OPD, ANC, routine immunization, and COVID-19 vaccination services to the patients.
- ✚ PHC Mooratganj is a NQAS and Kayakalp certified facility. Branding, IEC and record keeping was well maintained at the facility
- ✚ Total 16 types of diagnostic test being conducted at the facility. Due to non-availability of reagents. The CBC machine was not functional since last 5 months.
- ✚ Adolescent friendly and family planning counselling session is being conducted at the facility.
- ✚ The fund received in the last financial year was Rs 538000 and out of which 537996 (99.9%) has been utilized by the facility.
- ✚ With respect to HR, facility has 2 MOs, 6 Staff Nurses, 2 Lab technician and 2 Pharmacist posted at the facility.
- ✚ 31 SCs comes under this PHC and out of 31 SCs, 9 are HWCs and 5 are delivery points.

## 5.5 Primary Health Centre, Sarsawan:



*Figure 6: Primary Health Centre, Sarsawan, Kaushambi District*

- ✚ PHC Sarasawan is a 10 bedded facility with more than 100 OPD per day. The facility provides Normal delivery, IPD, OPD, ANC, routine immunization, and COVID-19 vaccination services to the patients.
- ✚ PHC Sarasawan is a NQAS (86.48%) and Kayakalp (95%) certified facility. Branding, IEC and record keeping was well maintained at the facility. It is also acting as main facility of Sarsawan block otherwise CHC level health facility have this status.
- ✚ With respect to HR, facility has 3 MOs (Permanent), 4 Staff Nurses, 1 Lab technician and 1 Pharmacist posted at the facility.
- ✚ Facility has BDS doctor (Dental) but dental table was not available. It also has the cold chain point for the Sarasawan block.
- ✚ For the quality control, an MO has given a charge for the entire block and because of it the implementation of quality control programmes like Kayakalp & NQAS have better implementation in Sarsawan block.
- ✚ PHC building is quite old and it does not have sufficient space for all the services allocated at the PHC to be given.
- ✚ In entire Kaushambi district there is a severe problem of mobile network. Because of that internet connectivity is very poor which affects online reporting.

**Table 11: Amenities available at the visited PHCs of Kaushambi District**

Condition of Infrastructure	PHC Mooratganj	PHC Sarsawan
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 Sub-Centre, Garhi:



**Figure 7: Sub-Centre Gadhi, Kaushambi District**

HWC Gadhi caters to a population of 8514. The average OPD at the HWC is 15 to 20 cases per day. 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. 2 ASHA workers are attached to the HWC. Essential Drug List was displayed in the OPD area. A total of 25 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. Telemedicine facility is also provided at the HWC. Rs 40,000 were received as untied funds and entire fund was utilized for the year 2021-22.

### **5.7 Community Interaction:**

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. For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported public health facilities as their first preference. However, for major illness people prefer tertiary level hospitals of Prayagraj because it is situated around 70 kms form the district headquarters. Main referral point for the combined district hospital Kaushambi is also Medical College situated in Prayagraj. 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. For 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.

# Chapter 6

## 6. Conclusions & Recommendations

### 6.1 Conclusions:

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 Kaushambi District, Uttar Pradesh.

The report is prepared on the basis of field – based observations and visits to the following public health facilities in Kaushambi District: Combined District Hospital, CHC Sirathu, CHC Kada, PHC Mooratganj, PHC Sarasawan and SC-HWC Gadhi. 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, 8 CHCs, 33+1 PHCs/UPHCs and 156 SCs. With respect to transport, the district has only 102, 108 Ambulance services. District has 2 public institution and 35 private institution equipped with Ultra-sound facility and all public and private facilities are registered under PCPNDT act. Also 2 private institutions are providing services at PPP mode in the district.

JSY & JSSK services are fully functional in the district. Almost 86 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 12 bedded SNCU but no

dedicated pediatrician due to shortage of HR. Under NTEP, the treatment success rate from public hospital was achieved to be at 90% and for private facilities were 89% in 2021-22. Under National Leprosy Eradication Programme, only 2 new cases were detected with no case of Grade 2 Disabilities (G2D). The following NCD programmes under the NHM umbrella were functional NPCDCS, NPCCHH, NPHCE, NPCBVI, NMHP, and NTCP. The district is working on Quality Assurance programmes like NQAS and Kayakalp. 3 facilities are certified under NQAS and 12 facilities including (1DH, 3 CHCs, 6 PHCs & 2 SCs) won the Kayakalp Award in last financial year.

Combined district hospital is a 200 bedded facility including 100 bedded MCH wing. Combined district hospital has only 2 Gynecologist and 1 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 (RKS) and Kayakalp grant from NHM. The DH has a dedicated Medical Records Department with adequate staff for maintenance of hospital records.

Both the visited CHCs was 60 bedded facility providing normal delivery C-section (CHC Sirathu only) and other primary care services like family planning, OPD, Immunization etc. 2 PHCs were visited during the PIP visit and both are NQAS and Kayakalp awarded facility. Both the PHCs have HWC status and providing quality services to the beneficiaries. SC Gadhi is a well-maintained Health & Wellness Center. Basic infrastructure like toilet, water and electricity was available at the facility. All the services give at the SC-HWC was available at the facility.

On discussion with the community members of there was a mixed preference in the community for availing the public & private health care services. For the treatment of what people called as “small ailments” like cold, cough, fever, generic pain, and skin infections, people reported public health facilities as their first preference. However, for major illness people prefer tertiary level hospitals of Prayagraj because it is situated around 70 kms form the district headquarters. Main referral point for the combined district hospital Kaushambi is also Medical College situated in Prayagraj.

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

## **6.2 Recommendations:**

- ❖ District has major issue with the mobile network and due to this internet facility is very poor. All online reporting programmes is suffering. So, to reduce the burden of poor internet connectivity, broadband connection will be provided to all the facilities (DH/CHC/PHC).
- ❖ 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 MOs to fill the shortage of gynecologist and anesthetist gaps in the district. It will also strengthen the CHCs for C-section deliveries.
- ❖ The acute shortfall of medical staff i.e. specialist, obstetrics and Gynecologist, Anesthetics, etc, So, the vacant post of the specialist doctors must be filled as soon as possible to reduce the burden of DH.
- ❖ District officials do not have a clear picture regarding budget approval under PIP. In this regard, a state-level meeting is recommended to strengthen the planning and budgeting structure of the PIP.

## Appendix

### Exhibit 1: Breakup of Resource Envelope, NHM FY 2021-22, Uttar Pradesh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
<b>1</b>	<b>RCH Flexible Pool (including RI, IPPI, NIDDCP)</b>	<b>891.04</b>	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		
<b>2</b>	<b>Health System Strengthening (HSS) under NRHM</b>	<b>2237.78</b>	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		
	<b>Total NRHM-RCH Flexible Pool</b>	<b>3128.82</b>		
<b>3</b>	<b>NUHM Flexible Pool</b>	<b>103.48</b>	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
<b>4</b>	<b>NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)</b>	<b>207.47</b>	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		
<b>5</b>	<b>NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)</b>	<b>102.15</b>	2.3%	
<b>6</b>	<b>Infrastructure Maintenance (including Direction and Administration)</b>	<b>877.93</b>	19.9%	
	<b>Total Resource Envelope</b>	<b>4419.86</b>	<b>100%</b>	<b>2946.57</b>
	Grand Total Resource Envelope (Central Allocation + State Share)	7366.43	-	

Source: ROP, Uttar Pradesh, 2021-22

**Exhibit 2: Status of Infrastructure, Kaushambi District**

<b>Facility Details</b>	<b>Sanctioned/ Planned</b>	<b>Operational</b>
District Hospitals	01	01
Community Health Centers (CHC)	8	8
Primary Health Centers (PHC)	33	33
Sub Centers (SC)	156	156
Urban Primary Health Centers (U-PHC)	01	01
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	01	1
Nutritional Rehabilitation Centers (NRC)	1	1
District Early intervention Center (DEIC)	0	0
First Referral Units (FRU)	04	04
Blood Bank	01	01
Blood Storage Unit (BSU)	01	01
No of PHC converted into HWC	23	23
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)	01	01
CBNAAT/TruNat Sites	2/3	2/3
Drug Resistant TB Centres	01	01

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

**Exhibit 3: Key Indicators for ASHA & ASHA Facilitator**

<b>Kay Indicators</b>	<b>Number</b>
Required as per population	1800
Selected	1599
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-
No. of villages/ slum areas with no ASHA	1
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	687
No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	58
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	690
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	58
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	1301
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	52
Mahila Aarogya Samiti (MAS) Formed	6
MAS Trained	3
MAS Account Opened	6

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

*Exhibit 4: Status of RMNCH Programs*

<b>Interventions/ Activity</b>	<b>Indicators</b>	
<b>Janani Suraksha Yojana (JSY)</b>	Total Deliveries - 33933	
	Total JSY Payments - Approximately 86%	
<b>Janani Shishu Suraksha Karyakram (JSSK)</b>	Total Deliveries - 33933	
	Free Drugs & Consumables – Yes	
	Free Diet – Yes	
	Free Diagnostic – Yes	
	Drop back- Yes	
	Total Beds – 12	
<b>Special New Born Care Unit (SNCU)</b>	In-radiant warmer – 6	
	Stepdown Care – 3	
	KMC Unit - 6	
		<b>Inborn (SNCU)</b>
Total Admission	264	6
Discharged	243	4
Referral	18	2
LAMA	3	0
Deaths	0	0
<b>Home Based New Born Care (HBNC)</b>	Total Number of ASHA - 1560	
	Total Number of ASHA with HBNC Kit - 1476	
<b>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</b>	DH-1	
	CHC-5	
	PHC/UPHC-5	

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

*Exhibits 5: Status of Communicable Programmes*

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**National Tuberculosis Elimination Programme (NTEP)**

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- 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: 100
- Eligible TB patients with UDST testing: 79
- Whether drugs for both drug sensitive and drug resistance TB available: Yes

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<ul style="list-style-type: none"><li>• Patients notification from public sector</li></ul>	<ul style="list-style-type: none"><li>• No of patients notified: 1454</li><li>• Treatment success rate: 90%</li><li>• No. of MDR TB Patients: 52</li><li>• Treatment initiation among MDR TB patients: 52</li></ul>
<ul style="list-style-type: none"><li>• Patients notification from private sector</li></ul>	<ul style="list-style-type: none"><li>• No of patients notified: 201</li><li>• Treatment success rate: 89%</li><li>• No. of MDR TB Patients: 0</li><li>• Treatment initiation among MDR TB patients: 0</li></ul>

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- No. of Beneficiaries paid under Nikshay Poshan Yojana:

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**3. Implementation of National Leprosy Eradication Programme (NLEP)**

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No. of new cases detected: 55  
No. of G2D cases: 2  
MDT available without interruption: Yes  
Reconstructive surgery for G2D cases being conducted: Yes  
MCR footwear & selfcare kit available: Yes

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**4. Integrated Disease Surveillance Programme (IDSP)**

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- Rapid Response Team (RRT) Constituted: Yes
  - Team Composition: 7
  - Proportion of Pvt. Health Facilities weekly data of IDSP: -
  - Outbreaks investigated:
    - 2020-21: 00
    - 2021-22: 03
- 

Source: CMO Office, District Checklist PIP Monitoring, Kaushambi 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)	Yes	
National Mental Health Programme (NMHP)	Yes	
National Programme for healthcare of Elderly (NPHCE)	Yes	Only 41% 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 Climate Change & Human Health (NPCCHH)	Yes	
National Programme for Prevention & Management of Burn Injuries (NPPMBI)	No	

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