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Ministry of Health and Family Welfare
Government of India



A MONITORING AND EVALUATION REPORT NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION PLAN: LALITPUR DISTRICT, UTTAR PRADESH 2021-22



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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

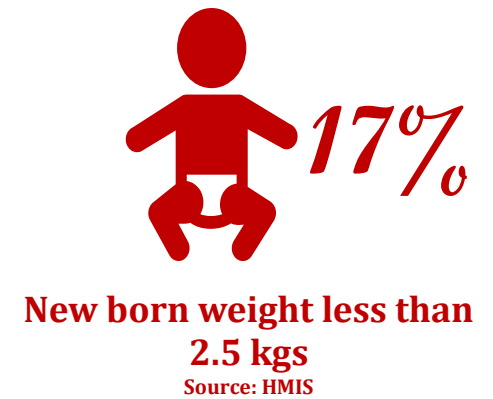
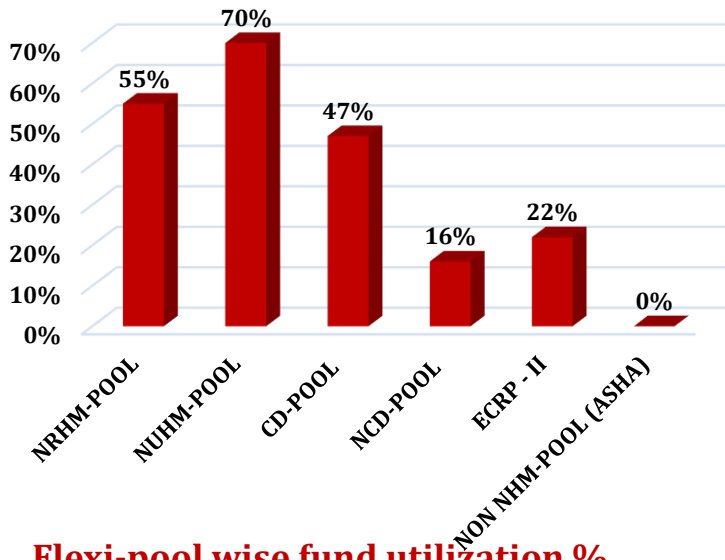
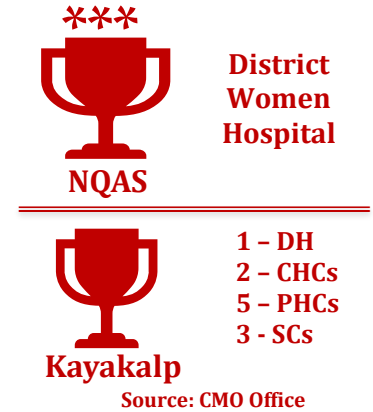
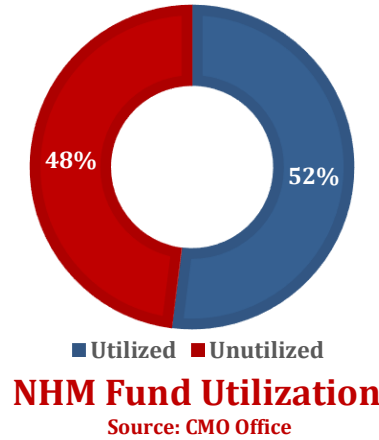
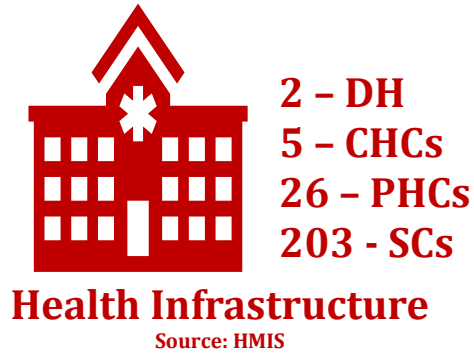
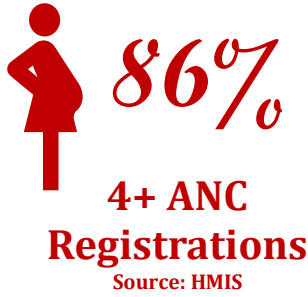
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The Monitoring & Evaluation of National Health Mission Programme Implementation Plans would not have been possible without the active participation and insightful inputs by each and every Paramedical and Administrative staff, who form the public health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

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Flexi-pool wise fund utilization %

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 Lalitpur 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 Lalitpur: District Women Hospital, Community Health Centre Bar, Community Health Centre Talbehat, New Primary Health Centre Gadyana, New Primary Health Centre Jakhaura, Sub-Health & Wellness Centre Kachnonda Kala and Sub-Health Centre Bhamhaurisar. 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:

- ❖ **Severe Shortage of Specialist:** District women hospital does not have gynecologist; the previous gynecologist has been transferred and because of that C-section deliveries is not being conducted at the facility (October 2022).
- ❖ **Strengthening of delivery points:** High burden of delivery at the District women hospital due to non-availability of C-Section facility at the CHC-FRU level in the district. Only one CHC (Talbehat) has C-section facility but, only normal cases being taken due to on call anesthetic from district male hospital and non-functional blood storage unit.
- ❖ **NHM Nodal officers:** Earlier there was seven post of nodal officers for the NHM programme implementation in the district, but now district has only one nodal officer who has responsibility of all the NHM programmes.

- ❖ **Uneven Man power allocation:** There is an uneven man power allocation 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.
- ❖ **Low Budget Utilization:** The overall expenditure of NHM budget for Lalitpur district is around 52% to the total budget allocated. Low budget utilization (around 16%) has been observed in the NCD flexipool.
- ❖ **Training:** Timely Orientation training for NHM programs as well as PIP budget related training has been not carried for the district officials. Due to low utilization of funds allocated in the district and lack of knowledge with respect to PIP budget and recent mergers of FMR codes.
- ❖ **Delay in fund transfer:** For the current financial year, district did not receive RKS funds (till the month of October 2022) from the state level and due to this several procurements of services or goods for the facilities have been delayed.
- ❖ **Family planning:** Lalitpur district always secured top position in sterilization targets among all the district of Uttar Pradesh. This is because, they have 24 sterilization expert medical officers in the district. But now Lalitpur has only 4 specialists.
- ❖ **Diagnostic equipment:** Due to lack of reagents or delay in maintenance, several diagnostic machines are not functional in the district. This could be the prime reason for the complete failure of the diagnostic machines.
- ❖ **Strengthening of BPMU:** Several posts of BPMU units (BAM, BCPM, BPM) in the district is vacant and due to which district is facing hurdle in implementation of programmes.
- ❖ **Strengthening of Quality Assurance Program:** District has total 33 health facilities including DH, PHCs and CHCs. District womne hospital secure second rank in India under NQAS certification. However, only 12 facilities including DH have been Kayakalp awarded.
- ❖ **Outreach Programs:** Weekly outreach programs are being organized at the community through ANM for ANC services at AWC or some common place.
- ❖ **Community perception:** There was a mixed preference in the community for availing the public & private health care services. While low-income households relied on both public sector and the private sector, they expressed some dissatisfaction with the quality and access of public sector health facilities. Chronic diseases such as hypertension and diabetes were common among the older adult population.

- ❖ **Formation of Jan Arogya Samiti:** District has initiated formation of Ayushman Bharat-Jan Arogya Samiti (AB-JAS) at the SCHWC. The existing Rogi Kalyan Samiti at PHC is being reformed as Jan Arogya Samiti-PHC (JAS-PHC) since 2022.
- ❖ **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 will be utilized for purchasing of fuel which is very difficult for the rural facilities where electricity supply is very poor.

Recommendations:

- ✚ It is recommended that the transfer policy of the health personnel should be such that the personnel transferred should not be relieved until a replacement is appointed. Often there are long gaps between the transfer and new appointment leaving the provision of healthcare services hampered. At Lalitpur district hospital, the gynecologist was transferred and the replacement has not yet been appointed, resulting in zero caesarian sections being conducted at DWH (In the month of October 2022).
- ✚ 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.
- ✚ There is severe shortage of NHM Nodal Officers. Multiple programmes are being looked after by an individual nodal officer resulting in compromised quality of programme management. All efforts must be exerted to appoint new nodal officers.
- ✚ BPMUs needs to be strengthening with the human resource for better implementation of NHM programmes.

- ✚ 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 to six years and the implementation of programmes is suffering.
- ✚ 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.

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 Lalitpur 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 Lalitpur district, 2021-22. Prior to visiting to Lalitpur District, the monitoring and evaluation team reviewed the Lalitpur 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, Lalitpur District was held. The healthcare facilities visited are listed below:

Table 1: List of Facilities Visited During PIP Visit

Facility Type	Name of the Facility
District Hospital (DH)	District Women Hospital
Community Health Centre (CHC)	CHC Bar & CHC Talbehat
Primary Health Centre (PHC)	NPHC Jakhaura, NPHC Gadyana & UPHC Govind Nagar
Sub-Centre, Health & Wellness Centre (SC-HWC)	SC Bhamhauri Sar

1.2 Demographic profile:

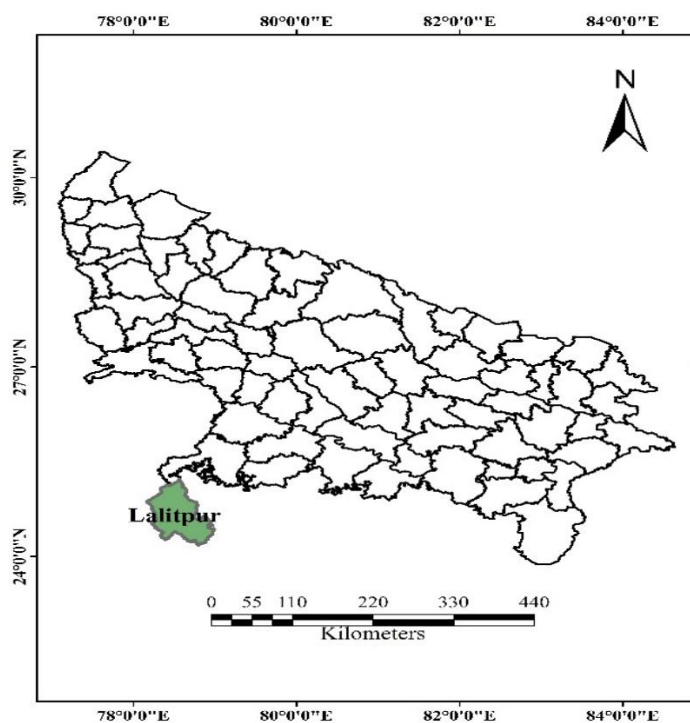


Figure 1: District Map of Lalitpur, Uttar Pradesh

The district is situated in the south-east of the state and comes under the Lalitpur division. Lalitpur covers a total area of 5039 square kilometer and has a population of 122.16 lakh (Census of India 2011) residing across 6 development blocks of the district. There are 665 Gram Panchayats in the district. The Census of India (2011) provides the following highlights for the district. The total population of Lalitpur district is 0.6 percent of population of Uttar Pradesh. The percentage share of urban population in the district is 14.36% as against 85.64% in rural areas of the state. Sex ratio of the district is 906 which is lower than the state average

of 912 females per 1000 males. The literacy rate of the district is 63.5% as compared to 67.7% of Uttar Pradesh. Decadal growth rate of the district is 19.96% which is lower than the state average of 20.2%. Lalitpur district has population density 242 persons per sq.km, which is quite lower than the state average 829 persons per sq. km.

Table 2: Demographic Indicators of the District

Indicators	Lalitpur	Uttar Pradesh	India
Actual Population	1221592	19.98 (in Crore)	1,21,05,69,573
Male	641011	104,480,510	6,231,843
Female	580581	95,331,831	58,74,47,730
Child sex ratio (0-6 year)	916	899	914
Sex ratio	906	912	943
Literacy rate (%)	63.52	67.7	74.0
Male literacy rate (%)	74.98	77.3	80.9
Female literacy rate (%)	50.84	57.2	64.6
Decadal population growth	19.96	20.2	17.7
Density/Km2	242	20.7	382
Area (in sq. Km.)	5039	829	3287240

Source: Census of India 2011, ORGI, GOI

1.3 Health Profile:

Table 3: Status of key maternal and child health indicators, Lalitpur district, Uttar Pradesh

HMIS indicators	Lalitpur	Uttar Pradesh
1. Maternal Health		
% of beneficiaries registered for 1st trimester to total ANC registration	58.2	64.7
% of pregnant women with 4 or more ANC checkups	85.4	83.0
% of pregnant women given 180 IFA to total ANC registrations	94.7	90.5
% Pregnant women given 360 Calcium tablets	68.7	82.6
a) Institutional and Home Deliveries		
% of SBA attended home deliveries to total home deliveries	9.9	13.1
% of institutional deliveries to total reported deliveries	98	98.7
% of institutional deliveries to total ANC registrations	71.5	54.0
% of C-Section deliveries to total institutional deliveries	5	9.4
% of women received 1st post partum checkup after delivery	98.3	66.1
2. Newborn and Child Health		
% of newborn weighted to total live birth	99	91.7
% of newborn breast fed within 1 hour of birth to total live birth	97.4	90.0
% of newborns having weight less than 2.5 kg to total live birth	16.6	9.6
No of children admitted in NRC	464	112.9
% of children discharged with target weight gain from NRC	82.8	67.3
Number of children (9-11 months) fully immunized	25029	4419723
3. Family Planning		
% of male sterilization to total sterilization	0.1	1.1
% of female sterilization to total sterilization	99.9	98.9
% of IUCD insertion to total institutional deliveries	38	40.9
Total Sterilization conducted	8231	259718
4. Mortality Indicators		
Maternal death	13	3345
Child (1-5 years) death	13	1473
Infant (1-12 months) death	20	10130
Still Birth	361	33936

Source: HMIS data, 2021-22

In Lalitpur, although 58.2% of the ANC registrations occur in the first trimester but more than 85% pregnant women receive four or more ANC checkups. The coverage of 180 IFA tables among pregnant women is 94.7% and is lower than the state level coverage of 90%. In the district, 98.7% births are institutional deliveries with C-section deliveries accounting for 5% of the total institutional births. More than 98% women first post-partum checkup within in 24 hours of the delivery.

The HMIS report shows that 97% of the newborn are breastfed within the first hour of the birth. About 16.6% of the births care categorized as low birth weight babies (weight below 2.5 kg). Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 95% of the children received BCG vaccine.

The mortality indicators are also presented in Table 3. The district reported a total of 13 maternal deaths during 2021-22. The number of infant deaths reported is 20 whereas the number of still births reported is 361. Female sterilization is dominant method of family planning in the district.

2. Background & Objectives:

2.1 State Resource Envelopment, Uttar Pradesh

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: Flexipool wise NHM Budget Utilization, 2021-22

Description	Allocation	Expenditure	% Utilization
TOTAL OF POOL-NRHM	583548356	312989393	55%
TOTAL OF POOL-NUHM	10457634	7275094	70%
TOTAL OF POOL-CD	33393669	15724494	47%
TOTAL OF POOL-NCD	20344188	3206500	16%
ECRP - II	28651000	6428922	22%
TOTAL OF POOL-NON NHM (ASHA)	4522500	0	0%
GRAND TOTAL	680917347	345624403	52%

Source: CMO Office, Lalitpur District, 2021-22

As per the given details of table 4, it can be observed that around 68 crores rupees were allotted to the Lalitpur district in six different pools and around 53 percent of the total budget get utilized in last financial year 2021-22.

Table 5: NRHM-RCH Flexi-Pool wise Budget Utilization

Programs	Allotted	Utilized	% Utilization
AYUSH	6709234	5830457	86.90
BLOOD-CELL	4469369	2390716	53.49
CD-IDSP	29164792	21029215	72.10
CD-NLEP	19100	0	0.00
CD-NRCP	12000	0	0.00
CD-RNTCP	5227724	4636835	88.70
CH	47596218	28585018	60.06
CP	199569107	76807164	38.49
FD	768580	642911	83.65
FP	42264682	21699918	51.34
HR	10874956	8409931	77.33
IEC	1116720	237167	21.24
IMEP	19178691	9464925	49.35
ME	3222000	2485435	77.14
MH	114970771	79571608	69.21
MIS	3691344	2681386	72.64
NCD-NIDDCP	13000	0	0.00
ND-NMHP	2663022	0	0.00
NCD-NOHP	540000	0	0.00
NCD-NPCB	1258371	0	0.00
NCD-NPCDCS	27987069	13528432	48.34
NCD-NPHCE	3916945	2619111	66.87
NCD-NPPC	712195	0	0.00
NCD-NPPCD	768096	0	0.00
NCD-NTCP	1224678	668727	54.60
NURSING	4657592	2590637	55.62
PM	6900	6840	99.13
PROCUREMENT	886587	653245	73.68
QA	7424416	3197766	43.07
RBSK	22571686	17405976	77.11
RI	18613651	6792334	36.49
RKSK	1430860	753639	52.67
Total	583530356	312689393	-

Source: CMO Office, Lalitpur District, 2021-22

Around 85 percent of the total budget was allocated to NRHM flexipool and out of which only 55 percent of the budget were utilized in the last financial year. With regards to NUHM pool, around 1.04 crores rupees were allocated and around 70 percent of the budget utilized successfully. For Communicable Diseases (CD) Programmes, around 3.34 crores rupees were allocated and around 47 percent of the budget utilized.

Table 6: CD,NCD,NUHM,ECRP-II and Non-NHM ASHA Flexipool Budget Utilization

Programs	Allotted	Utilized	% Utilization
Communicable Diseases (CD)			
NLEP	4733550	255677	5.40
IDSP	1539608	1172768	76.17
NRCP	528132	0	0.00
NTEP	24254661	14056507	57.95
NVBDCP	2205027	239542	10.86
NVHCP	132700	0	0.00
Total	33393678	15724494	-
Non-Communicable Diseases (NCD)			
NMHP	1760000	0	0.00
NPCB	2994460	302407	10.10
NPCCHH	265000	0	0.00
NPCDCS	10528309	2120947	20.15
NPHCE	480027	0	0.00
NPPC	100000	0	0.00
NPPCD	100000	0	0.00
NTCP	4116392	783146	19.03
Total	20344188	3206500	-
NUHM			
CD-NVBCDP	294200	84142	28.60
NUHM	10163434	7190952	70.75
Total	10457634	7275094	-
ECRP-II			
CD-ECRP-II	28651000	6428922	22.44
Non-NHM ASHA Flexipool			
CP	4464000	0	0
NUHM	58500	0	0
Total	4522500	0	-

Source: CMO Office, Lalitpur District, 2021-22

With respect to non-communicable diseases (NCD) programmes, around 2 crores rupees were allocated and only 16 percent of the budget get utilized in the last financial year 2021-22. In

Emergency Covid Response Package (ECRP) budget, around 2.8 crores rupees were allocated and 22 percent of the total budget utilized. Under non-NHM ASHA pool district received around 45 lakhs rupees and the entire budget was not utilized in the last financial year 2021-22.

Table 5 depicts the percentage utilization of NRHM RCH flexi pool in Lalitpur district for the last financial year 2021-22. As per the total funds allotted, the share utilization stands at 55 percent. The major share of fund utilization has been incurred in the following programme heads such as Community process, Maternal health, child health family planning IDSP and NPCDCS with an approximate figure of 80 percent of the total budget allocated.

However, the least share of budget utilization has been observed in community process with only 38 percent. 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. Interestingly, the budget utilization of routine immunization incurred at the district was relatively less i.e. 36 percent of the total budget. 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, and Non-NHM ASHA flexi-pool. Under CD programmes, the major utilization has been incurred in the IDSP (76%) and NTEP (57%) where as the least share is under NLEP and NVBDCP.

Furthermore, if we observed under the NCD flexi-pool only 3 programmes are functional in the district for last financial year 2021-22. Similarly, NUHM flexi-pool has utilized 71 percent of the allocated budget. Moreover, under ECRP-II only 22 percent of the budget has been utilized whereas no budget has been utilized in Non-NHM ASHA flexipool despite the budget allocation.

3. 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 2 District Hospital (Male & Female), 5 Community Health Centres (CHCs), 24 Primary Health Centres (PHCs), 2 Urban Primary Health Centres (PHCs) and 203 Sub Centres (SCs) in Lalitpur District. An assessment of delivery points across the tiers of health facilities tells that only 26 out of the 203 sub-centres in the district are conducting more than 3 deliveries per month and 6 out of 24 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). 12 bedded SNCU is present at the district women hospital. District has 6 NRC established in all the blocks. A blood bank is present at the district hospital. There are 1 designated microscopy centers and 7 tuberculosis units functioning 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 Lalitpur 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.

3.1 Human Resources for Health:

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. 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.

Table 7: Status of Human Resources in Lalitpur District

Post	Regular			NHM		
	Sanction	In position	Vacant	Sanction	In position	Vacant
MO (MBBS)	81	25	NA	33	17	16
MD Medicine		0		NA		
ObGy		0		2	1	1
Pediatrician		2		3	3	0
Anesthetist		1		2	1	1
Surgeon		2		NA		
Radiologist		0				
Pathologist		0				
Orthopedician		2				
Ophthalmologist		1				
Dental Surgeon		3				
MO (AYUSH)		NA			10	10
MOCH	18	5	13	NA		
Pharmacist	44	39	5	5	4	1
Lab Technician	7	3	4	20	20	0
ANM (MH)	218	68	150	114	107	7
SN (MH)	12	2	20	58	52	6
SN (NRC)	NA			22	22	0
SN(SNCU)				8	6	2
SN (RBSK)				12	8	4
SN (Sampoorna)				2	1	1
SN (NCD)				6	5	1
SN(NBSU)				9	9	0
SN (CCU)				4	3	1
SN (NPHCE)				6	4	2
SN (Blood Bank)				1	1	0
SN (NUHM)				3	3	0
SN (MH CP)				16	16	0

Source: CMO Office, HR Data under CMO (District Hospital HR data is not included)

The human resources profile of the Lalitpur district as per the information shared by the CMO office is presented in table 7. With regards to regular posts, out of 81 sanctioned post of doctors and specialists only 36 were in place. About 18 out of 5 MOCH, 44 out of 39 pharmacists, 7 out of 3 lab technicians, 218 out of 68 ANM and 12 out of 2 Staff Nurses were in position against the regular position in the district. At the time of visit there was no gynecologist in the district women hospital. With respect to NHM positions, 33 out of 17 MOs, 2 out of 1 gynecologist, 2 out of 1

anesthetist 5 out of 4 pharmacist and 114 out of 107 ANMs were posted. Under NHM, 130 staff nurses were posted against the 147 sanctioned posts.

3.2 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 1000 ASHAs. However, against the said number, 967 ASHAs are currently in place. Thus, the shortfall is of 3 percent.

About 892 ASHA workers and 40 ASHA facilitators in the district are insured under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and 955 ASHA workers and 40 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, 722 ASHA workers and 40 ASHA facilitators are registered beneficiaries of the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

The Mahila Arogya Samitis are community worker groups in urban areas. The district has 3 MASs in place and all trained with a valid account.

3.3 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 22 Basic Life Support (BLS-108) ambulances and 16 ambulances for 102 services. There are no 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.

4. Health Infrastructure & Facilities:

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.

A total of 8603 beneficiaries were registered for JSY cash transfer, out of which 1076 have received the payments. 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 them had bank accounts.

JSSK has been implemented and is functional in the Lalitpur District. Beneficiaries are being provided free of cost consultation (32168), drugs (32168). Diagnostic (32168), Blood and referral transport (15150). With respect to diet, the one's delivering at facilities level are being given food (16282). Free referral transport is also being utilized by the beneficiaries but only for hospital admissions.

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 751 for in-born and 801 for out born of which the number of males were more than the number of females in the out-born section. 598 in-born and 517 out-born were discharged in the last financial year. Exhibit 4 (Appendix) even shows that 310 were referred, 58 taken LAMA and 70 have died including both the inborn and out-born units. District has 3 NBSU units at the PHC but all non-functional/partially functional due to lack of HR and infrastructure and NBSU service statistics report is directly submitted to state.

Nutrition Rehabilitation Center (NRC) is a in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. Lalitpur district has six NRCs in the district in which 1 is at DH and other 6 are situated at CHC level. Total 266 children were admitted at the NRC and 223 were discharged, 4 were referred and 11 had taken LAMA. Out of the total cases admitted in the last financial year, 50 cases were referred by frontline workers, 14 by self, 54 by RBSK and 25 by pediatric emergency.

PMSMA programme is running at the district women hospital, 5 CHCs and 26 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.

Under Rashtriya Bal Swasthya Karyakram (RBSK), Lalitpur district has total of 12 RBSK teams, with 2 teams per block, which ensure coverage of children. Out of which, only two teams are full in place as per the composition and 12 vehicles are on the road for RBSK team. The programme remains functional in all government schools and anganwadis. An average of 125 children are being screened per day by the team.

Total 106962 children were screened against the target of 377190 in the last financial year. Out of the total children screened, 6645 children were diagnosed with some kind of illness and 2451 children were treated. With respect to RBSK surgeries, 65 children were treated in the last financial year for Cleft Palat, Cleft Lip, Club Foot, CHD, Congenital Cataract & Deafness, NTD, Toungue Tie, Anal Atresia, Phemosis, and Cyst.

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.

Lalitpur district observed 13 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. However, the same is not being uploaded on the data portals.

HBNC is functioning in the district. As reported, a total of 955 ASHA workers have HBNC kits. New-born are being visited by ASHA workers.

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 12 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 7 and 2 outbreaks investigated in the year 2020-21 and 2021-22 respectively.

A total of 37 cases new cases were detected for leprosy with 1 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, non-availability of MCR footwear and selfcare kit was reported. Reconstruction surgeries for G2D cases is also not being conducted in the district.

National Tuberculosis Elimination Programme (NTEP) is functional in the district. There are 2517 eligible 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 1709 and from private sector was 1405 in 2021-22. The treatment success rate is reported to be 89% for public sector and 88% for private sector. Number of MDR TB patients is 34 from public sector. There was no MDR TB patient got registered in the private facilities in year 2021-22.

Also, district has dedicated Chest Hospital. They have 1 CBNAAT and 5 TRUENAT machines in the hospital. 1 DMC, 7 TU and 1 drug resistant TB center 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 2.8 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), and National Tobacco Control Programme (NTCP). Very low utilization (around 16% 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.

4.4 Other National Programs:

Lalitpur district is working on Quality Assurance Programmes such as LaQshya and Kayakalp. During FY 2021-22 a total 12 facilities have been won Kayakalp award which includes District Women & Male Hospital, 5 CHCs/Maternity Home, 2 PHCs and 3 PHCs. District women hospital won 2nd price at India and 1st price in State level under NQAS certification. District women hospital also certified with LaQshya Certification for OT/Labor Room.

The team visited total Six facilities in Lalitpur 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 District Women Hospital:



Figure 2: District Women Hospital, Lalitpur District

- ✚ District women hospital Lalitpur is 83 bedded facility. The number of deliveries are recovering after the Covid-19 impact but the levels are yet to match the pre-Covid situation. The C-section services are provided but the DH reported shortage of beds, specialist doctors and surgeons to further strengthen the services.
- ✚ The average monthly delivery load including normal delivery and C-section was around 400-450 with 40-45 C-section.
- ✚ District women hospital does not have gynecologist and due to which C-section deliveries is not being conducted at the facility.
- ✚ District women hospital Lalitpur secure second rank in India under NQAS certification and 1st rank in Uttar Pradesh under Kayakalp quality assurance program.

- ✚ 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. The SNCU has not segmented its In-born and Out-born sections; instead it had mentioned the names accordingly in their records.
- ✚ Facility has fully functional 10 bedded NRC at the male 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. FPLMIS is implemented in the facility.
- ✚ Adolescent friendly health clinic was available with separate male and female counselors. Around 1917 counseling have been done in the last six months.
- ✚ 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 29914028 and the opening balance was Rs 4223849 out of which 34166879 has been utilized by the facility.

Table 8: HR Status of District Women Hospital, Lalitpur

Staff Designation	Sanctioned	Filled		Vacant
		Regular	Contractual	
MO (MBBS)	4	1	0	3
ObGy	3	0	0	3
Pediatrician	3	0	3	3
Anesthetist	3	0	3	3
Staff Nurses	14	9	17	-
Pharmacist	3	2	0	1
LT	1	0	1	0

Source: District Women Hospital Lalitpur, 2022

5.2 CHC Talbehat:



Figure 3: Community Health Center, Talbehat, Lalitpur District

- ✚ CHC Talbehat is a 60 bedded facility with designated FRU and provides normal as well as C-section deliveries with on call anesthetist. The average delivery load of the facility is reported to be around 250 deliveries/month. For complicated cases the referral facility is district women hospital.
- ✚ The facility offers secondary healthcare services which are normal/ C-section deliveries, ANC, General OPD, IPD, Immunization, Covid vaccine, dental and family planning services.
- ✚ Facility has their own Oxygen plant along with 40 oxygen concentrators. It also has 30 bedded emergency Covid ward as well as 10 bedded PICU ward.
- ✚ Facility has 6 bedded NRC and 2 bedded NBSU is fully functional. Shortage of staff nurses in the NRC was reported.
- ✚ With regards to Non-communicable diseases, 6970 people were screened for diabetes and hypertension out of which 809 patients were diagnosed for diabetes and 708 for hypertension in last six months. No cases of Oral, Breast and Cervical cancer were reported at the facility.
- ✚ Talbehat block received a total of Rs. 30294932/- during the last financial year and out of which a total of Rs. 21472613/- was utilized till May 2022.

- ✚ Dental chair and infrastructure are available at the facility but due to vacant post of dentist it was not utilized.
- ✚ Due to non-availability of reagents CBC machine was not functional since last one year. This is the prime reason for the complete breakdown of the diagnostic machines.

5.3 CHC Bar:



Figure 4: Community Health Center, Bar, Lalitpur District

- ✚ CHC Bar is a 30 bedded facility and the average monthly delivery load was around 150 deliveries per month. Due to shortage of gynecologists and anesthetists at the facility, only normal deliveries is being conducted.
- ✚ The services available at the CHC are IPD, OPD, Normal delivery, NRC, family Planning services, TB unit, lab tests, emergency treatment, and immunization.
- ✚ With regards to Non-communicable diseases, 3451 people were screened for diabetes and hypertension out of which 172 patients were diagnosed for diabetes and 89 for hypertension in last 6 months. No cases of Oral, Breast and Cervical cancer were reported at CHC.
- ✚ Total 15 types of diagnostic test being conducted at the facility. Due to non-availability of reagents CBC machine was not functional since last two year and this is the prime reason for the complete breakdown of the diagnostic machines.
- ✚ CHC Bar has received 73 percent score in Kayakalp quality assurance programme and was awarded with the consolation price in year 2021-22.

- ✚ Malnutrition is high in the Bar block because the population **Sahariya tribes** follows traditional practices for subsistence as well as because of low economic status.
- ✚ Under RNTCP services, facility has TB unit equipped with TRUNAT machine.
- ✚ 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.

Table 9: Amenities Available at the visited CHCs

Condition of Infrastructure	CHC Talbehat	CHC Bar
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 Jakhaura:



Figure 5: New Primary Health Center Jakhaura, Budwar, Lalitpur

- ✚ New PHC Jakhaura is a 4 bedded facility with 40-50 OPD per day. The facility provides OPD, ANC, routine immunization, and COVID-19 vaccination services to the patients.
- ✚ Kayakalp programme is implemented by the facility and received consolation prize in 2021-22. No work is initiated on NQAS programme at the facility.
- ✚ PHC-HWC is initial stage to constituted committee for Ayushman Bharat-Jan Arogya Samiti (AB-JAS) to replace the RKS account since 2022.
- ✚ Under NCD programme, ASHAs are engaged in population-based screening for women and men aged 30 years or more for hypertension, diabetes, oral, breast and cervical cancer with referral to secondary and tertiary care hospital for diagnostics and treatment.
- ✚ Facility has lab technician but facility only has kit-based tests, which is the constraint to provide expand range of test for community. It is leads to increase the cost of expenditure and increase travel time of the patients.
- ✚ Overall infrastructure and cleanliness of the facility is quite good. Facility also has an herbal garden. Record keeping and IEC materials were well maintained.
- ✚ Only one MO, three staff nurse, one LT and pharmacist is posted at the facility. Only limited tests like Malaria, Typhoid, HIV, Blood sugar and NCD screening are being conducted.

5.5 New PHC Gadyana:



Figure 6: New Primary Health Center, Gadyana, Lalitpur

- ✚ New PHC Gadyana is a 2 bedded facility Health & Wellness center (HWC) with 20-30 OPD per day.
- ✚ The facility only provides OPD, ANC, routine immunization, kit based diagnostic tests and COVID-19 vaccination services to the patients.
- ✚ Kayakalp programme is implemented by the facility and received consolation prize in 2021-22. No work is initiated on NQAS programme at the facility.
- ✚ With regard to non-communicable diseases, 359 people were screened for diabetes and hypertension out of which 13 and 8 cases were confirmed respectively in the last 6 months.
- ✚ There is only one MO (MBBS), one pharmacist and three other staff available at the facility.
- ✚ No LT & LA is posted at the facility and due to which only kit-based tests are being done. Facility has HWC stratus but it barely provides services available at PHC level.
- ✚ Overall infrastructure and cleanliness of the facility is quite good. Facility also has an herbal garden. Record keeping and IEC materials were well maintained.
- ✚ Shortage of several drugs like Metformin 500mg, Cetirizine and Glimperide from EDL in last 30 days.

5.6 UPHC Govind Nagar:



Figure 7: Urban Primary Health Center, Govind Nagar, Lalitpur

- ✚ Urban PHC Govind Nagar is a 2 bedded facility Health & Wellness center (HWC) with 20-30 OPD.
- ✚ The facility only provides OPD, ANC, routine immunization, kit based diagnostic tests and COVID-19 vaccination services to the patients.
- ✚ The next referral point for the facility is District hospital situated at 3 kms from the facility.
- ✚ With regards to human resources posted at the facility, there are 1 MO (MBBS), 1 LT, 1 Pharmacist, 2 SN/GNM and 5 ANM.
- ✚ During Covid period, it was converted into a Covid care center but from the last 4 months it has resumed its regular health services.
- ✚ 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 Govind Nagar is a potential site to be developed as a fully functional UPHC - Health & Wellness Centre by providing some basic equipment.
- ✚ Around 12 types of tests are being conducted at the facility and the total number of tests conducted in the last financial year was 472.

Table 10: Amenities available at visited PHCs

Condition of Infrastructure	PHC Jakhaura	PHC Gadyana	UPHC Govind Nagar
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

5.7 SC HWC Bhamaurisar:



Figure 8: SC-HWC Bhamaurisar

The HWC Bhamaurisar caters to a population of 7180. Under Kayakalp program, facility secure 2nd position in U.P. 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. 7 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 52,000 were received as untied funds and entire fund was utilized for the year 2021-22.

Chapter 6:

Community Interaction



Figure 9: Community Interaction at VHND

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 smaller number of private facilities 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.

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 Lalitpur District, Uttar Pradesh.

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

The district has 2 DH District Female & Male Hospital, 5 CHCs, 24+2 PHCs/UPHCs and 203 SCs. With respect to transport, the district has only 102 and 108 Ambulance services. District has 3 public institutions and 14 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 12 bedded SNCU with in born and out born ward. Under NTEP, the treatment success rate from public hospital was achieved to be at 89% and for private facilities were 88% in 2021-22. Under National Leprosy Eradication

Programme, 37 new cases were detected, out of which one case was Grade 2 Disabilities (G2D). The following NCD programmes under the NHM umbrella were functional NPCDCS, NPCBVI, and NTCP. The district is working on Quality Assurance Programmes such as LaQshya and Kayakalp. It has 12 facilities (2DH, 2 CHCs, 5 PHCs and 3 SCs) who won Kayakalp Award in last financial year. Under NQAS quality assurance program, district women hospital secured 2nd position in India and 1st position in Uttar Pradesh in year 2021-22.

The 82 bedded district women hospital is over burden. Shortage of beds as well as shortage of specialist doctors and surgeons were reported. District women hospital does not have Gynecologist and due to which C-section deliveries are not being performed. 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 negligible. 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 & 60 bedded facility providing normal delivery and other primary care services like family planning, OPD, Immunization etc. C-section facility is only available at CHC Talbehat, however anesthetist was on call from district male hospital. Only planned C-section deliveries is being conducted at CHC Talbehat because facility don't have blood storage unit. For any complicated case, patients are referred to district women hospital. 3 PHCs were visited during the PIP visit. Out of 3 PHCs, 2 PHCs have HWC status but instead of providing HWC level services they are barely rendering the basic PHC level services. SC Bhamaurisar is a Kayakalp awarded well maintained facility and providing all the given services of HWC.

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 Recommendations:

- ✚ It is recommended that the transfer policy of the health personnel should be such that the personnel transferred should not be relieved until a replacement is appointed. Often there are long gaps between the transfer and new appointment leaving the provision of healthcare services hampered. At Lalitpur district hospital, the gynecologist was transferred and the replacement has not yet been appointed, resulting in zero caesarian sections being conducted at DWH (In the month of October 2022).
- ✚ 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.
- ✚ There is severe shortage of NHM Nodal Officers. Multiple programmes are being looked after by an individual nodal officer resulting in compromised quality of programme management. All efforts must be exerted to appoint new nodal officers.
- ✚ BPMUs needs to be strengthening with the human resource for better implementation of NHM programmes.
- ✚ Refresher trainings 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 to six years and the implementation of programmes is suffering.
- ✚ District officials does 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	-	

Exhibit 2: Status of Infrastructure, Lalitpur District

Facility Details	Sanctioned/ Planned	Operational
District Hospitals	02	02
Community Health Centers (CHC)	5	5
Primary Health Centers (PHC)	24	24
Sub Centers (SC)	203	203
Urban Primary Health Centers (U-PHC)	02	02
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	01	01
Nutritional Rehabilitation Centers (NRC)	6	6
District Early intervention Center (DEIC)	0	0
First Referral Units (FRU)	02	02
Blood Bank	01	01
Blood Storage Unit (BSU)	01	01
No of PHC converted into HWC	20	20
No of UPHC converted into HWC	02	02
No of SC converted into HWC	70	70
Designated Microscopy Center (DMC)	1	1
Tuberculosis Units (TUs)	07	07
CBNAAT/TruNat Sites	1/7	1/7
Drug Resistant TB Centres	01	01

Source: CMO Office, Lalitpur District, 2021-22

Exhibit 3: Key Indicators for ASHA & ASHA Facilitator

Kay Indicators	Number
Required as per population	1000
Selected	967
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	189
No. of villages/ slum areas with no ASHA	8/22
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	892
No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	40
No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	955
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	40
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	722
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	40
Mahila Aarogya Samiti (MAS) Formed	3
MAS Trained	3
MAS Account Opened	3

Source: CMO Office, Lalitpur District, 2021-22

Exhibit 4: Status of RMNCH Programs

Interventions/ Activity	Indicators	
Janani Suraksha Yojana (JSY)	Total Deliveries - 22603	
	Total JSY Payments - 19963 (88.3%)	
Janani Shishu Suraksha Karyakram (JSSK)	Total Deliveries - 22603	
	Free Drugs & Consumables - 32168	
	Free Diet - 16282	
	Free Diagnostic - 32168	
	Drop back- 15150	
Special New Born Care Unit (SNCU)	Total Beds - 12	
	In-radiant warmer - 12	
	Stepdown Care - 03	
	KMC Unit - 05	
	Inborn	Out born
Total Admission	751	801
Defects at Birth	12	11
Discharged	598	517
Referral	100	210
LAMA	14	44
Deaths	41	29
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, Lalitpur 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: 3073
- Eligible TB patients with UDST testing: 2517
- 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: 1709• Treatment success rate: 89%• No. of MDR TB Patients: 34• Treatment initiation among MDR TB patients: 33
<ul style="list-style-type: none">• Patients notification from private sector	<ul style="list-style-type: none">• No of patients notified: 1405• Treatment success rate: 88%• No. of MDR TB Patients: 0• Treatment initiation among MDR TB patients: 0

- No. of Beneficiaries paid under Nikshay Poshan Yojana:

3. Implementation of National Leprosy Eradication Programme (NLEP)

No. of new cases detected: 37
No. of G2D cases: 01
MDT available without interruption: Yes
Reconstructive surgery for G2D cases being conducted: No
MCR footwear & selfcare kit available: No

4. Integrated Disease Surveillance Programme (IDSP)

- Rapid Response Team (RRT) Constituted: Yes
 - Team Composition: 12
 - Proportion of Pvt. Health Facilities weekly data of IDSP: -
 - Outbreaks investigated:
 - 2020-21: 07
 - 2021-22: 02
-

Source: CMO Office, Lalitpur 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)	No	
National Programme for healthcare of Elderly (NPHCE)	No	
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, Lalitpur District, 2021-22