

Uttar Pradesh

VI-CRM: Dissemination workshop

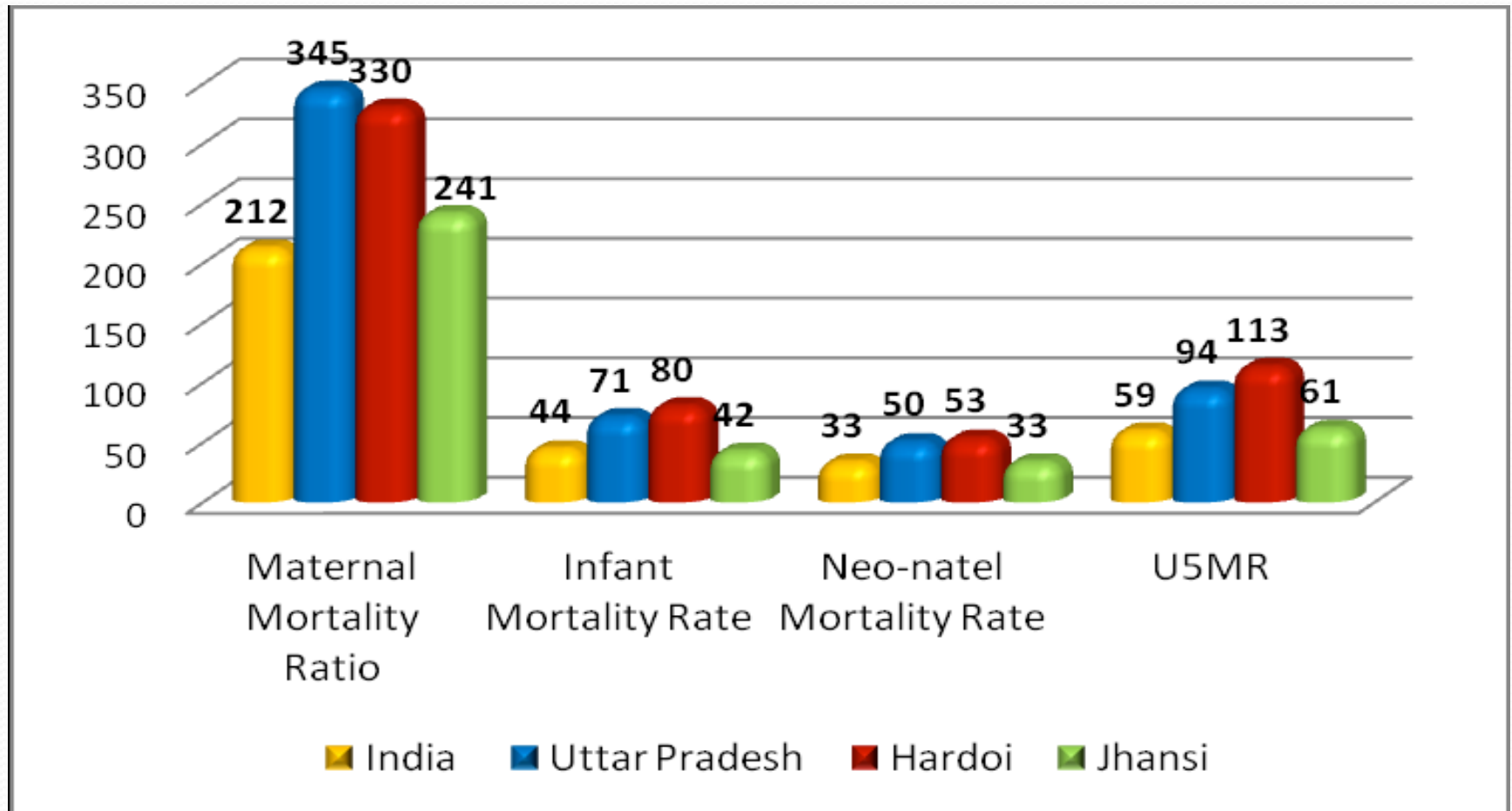
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Districts covered: Jhansi & Hardoi

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Comparative Analysis of Key Indicators



Positives

Infrastructure

- Development during NRHM period: 2 District Hospitals, 328 CHCs, 779 PHCs and 10604 Sub Centers
- Facilities visited in both districts housed in Government buildings, functional and satisfactorily maintained.

Services

- Significant increase in OPD attendance (Doubled from 3.57 Crores in 2006 to 6.42 Crores in 2011) and IPD attendance (5 times-from 11 lacs in 2006 to 51.7 lacs in 2011) of female hospital/CHCs and PHCs
- Community affirmation for improved presence of service providers in the facilities and better drug availability
- **Drug** availability satisfactory in facilities visited

Positives continued ■ ■ ■

- **JSSK:** free drugs available at all levels and free diet provided at PHC level and above; drop back facilities initiated
- **JSY :** payments through bearer cheque & status updated on State JSY website from block level
- **Cold Chain** points well maintained and 'Alternate Vaccine Delivery' mechanism in place
- Out of the existing 20521 Sub Centers in the State, 12% are delivery points, some with high caseloads (Jhansi district)
- **ASHA:** 1,36,094 ASHAs selected (target of 1,36,174); 95% have been trained up to Module-4 and 89% up to Module 5;
- Implemented Comprehensive Child Survival Program (**CCSP**) Training; 80% ASHAs trained in 17 districts and 20% in another 19 districts

Positives continued...

AYUSH services: 1498 AYUSH Doctors and 549 AYUSH Pharmacists have been added to the Public Health Workforce, AYUSH wings planned for 57 male & 27 combined hospitals

Referral transport: 500 Basic state owned ambulances (102 service), 544 BLS ambulances (108 EMRI service) procured however, full utilization awaited.

198 hired vehicles for drop back (taxi permit) recently deployed

Programme management: SPMU is being strengthened through 18 new theme wise cells ,recruitment under process

Positives continued...

DCP

NVBDCP

- **Malaria** :Adherence to National Drug policy - 2010
- **Dengue** :22 sentinel surveillance labs and 1 apex lab functioning.
- **JE** :Construction of 100 Bedded JE ward at BRD Medical College, Gorakhpur is in progress

RNTCP

- Achievement of 70% NSP **case detection** and 85% NSP **cure rate**
- 8 districts implementing Programmatic Management of Drug Resistant TB (PMDT) and 25 districts ready to roll out.

Issues

Symbolic of the state of affairs - need for rational deployment of available resources (CHC, Kachhauna, Hardoi)



Issues and Recommendations

Issues	Recommendations
Infrastructure: Large gap in number of facilities sanctioned as per norms as well as completion of sanctioned works	Priority to be given for timely completion of ongoing works. Delivery points to be prioritized in proposing new works
HR: Large number of vacancies in all categories of healthcare providers - both regular and contractual Vacancies: 4525 MO, 2557 paramedical and 2412 ANM	State to have a comprehensive strategy to attract and retain healthcare providers in the rural areas (Monetary and non monetary incentives) as well as focus on rational deployment of available HR
Trainings: Low levels of achievement for critical trainings that include SBA, NSSK, LSAS, F-IMNCI, BeMOC and EmOC	Training plan and post training deployment plan should be in place and strict compliance to be ensured ANMTCs and SIHFW to be strengthened
Equipments: Delivery points, especially sub centers lack appropriate/usable labour tables, newborn care corners, running water leading to compromised quality of care	Facility wise Gap analysis & Gap filling of equipments with priority to delivery points need to be done

Issues	Recommendations
<p>Maternal Health: Entitlements under JSSK such as Home to Health Facility Transport , Emergency diagnostics absent in many 24x7 facilities; C- sections not available below District level in districts visited</p> <p>Quality of ANC poor; Hb estimation not done routinely at most of the facilities</p>	<p>Operationalization of Ambulances, Toll free number</p> <p>Initiatives to establish PPP for MTP and family planning procedures to be taken</p> <p>-Hb testing to be done in the facilities & Line listing of severe anaemic women at all levels to be emphasized</p>
<p>Child health:- New born care corners have not been set up in many of the delivery points</p> <p>-SNCU not present in both districts at DH</p> <p>-Minimal presence of neo-natal care services</p> <p>-NRC not present in both the districts</p>	<p>A comprehensive plan for establishment of SNCU, NBSU, NBCC with special focus on delivery points</p> <p>District wise planning based on incidence of mal nourishment in the community needs to be done.</p>
<p>Family Planning: Focus only on tubectomy in camp mode; Minilap and Vasectomy achievements poor</p> <p>-Poor availability of ECPs</p>	<p>Focus on spacing methods as well as PP-IUCD insertion</p>
<p>ARSH & School Health Program-Adolescent health services non existent</p>	<p>School Health programme to be launched and facility based fixed day counseling services must be initiated for ARSH.</p>

Issues	Recommendations
BMW – Waste segregation and colour coded bins unavailable in many of the facilities visited	Basic equipments to be provided Staff at all levels of to be oriented on waste segregation and BMW
ASHA - 6 & 7 Modules still not initiated in the State Drugs Kits - No replenishment done since the provision of kits	-ASHA trainings need to be accelerated. -Replenishment of drugs its needs immediate attention -non-monetary incentives to be planned
AYUSH - Erratic supply of AYUSH Drugs -No Clear cut job description of the AYUSH doctors	AYUSH drugs procurement and supply mechanism to be strengthened. - Job description & involvement in National health programmes to be ensured
IEC/BCC - IEC on JSSK related entitlements poor	Need for a comprehensive IEC / BCC Strategy
Programme Management - Huge No of vacancies across SPMU, DPMU & BPMU	State to expedite the process of recruitment at all levels & Robust performance appraisal system to be in place

Issues	Recommendations
VHSNCs non functional in the State	Orientation of the VHSNCs members to be done
HMIS/ MCTS- Facility based HMIS reporting not in place in all the districts	State to expedite FBR in all the districts, data to be used for programme management
DCP: Delayed release of funds across all the DCPs has affected the implementation	State should ensure timely submission of UCs to enable timely release of funds
IDSP- No trainings other than induction training of epidemiologists being conducted -6 districts are yet to start reporting due to lack of HR	Trainings to be planned in accordance with National guidelines
Financial management: The statutory audit for the period 2010-11 pending as on October 2012	State to conduct timely concurrent and statutory audits

TO SUM UP

- ✓ **Strengthen** programme management at district level including supportive supervision
- ✓ **Train** personnel in basic maternal and child health services
- ✓ **Expand** scope of services like MTP, PP-IUCD, RTI/STI
- ✓ **Prioritize** high case load delivery points for HR/equipments gap filling
- ✓ **Utilise** available HR and infrastructure optimally
- ✓ **Plan** delivery points to deliver full complement of RCH services

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Thank You!