7th Common Review Mission

Findings from Uttar Pradesh

5th March 2014

Team Members – Uttar Pradesh

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29 Health facilities (incl. ANMTC) visited across both districts

Strengths

- **Administration-** Proactive District Collectors and CMOs, receptive to new ideas for improvement
- *It is heartening to note that the state has initiated a joint monitoring team involving DGHS Health, DGHS FW and NRHM.*
- **Program Implementation-** Well running School Health Program with school health cards being issued and maintained
- RBSK & WIFS integrated with school health program; adequate record keeping observed in schools covered till date

- Well maintained cold chain
- Micro plan for immunization being generated and available
- 108 Ambulance well functioning.
- Facility based reporting under HMIS being done
- Family Planning QA committee functional at Mathura
- **Financial Management-** E-transfer up to Block PHC level and Tally up to district
- EDL displayed at most health facilities visited
- JSY, JSSK entitlements well displayed

- PPIUCD inserted in more than 10% of deliveries at DWH, Mathura
- Well running RNTCP program, Leprosy elimination level achieved with continued surveillance
- No disease burden for Dengue, Chikungunia, Filariasis, Kala-Azar
- Adequate supervisory staff available from division to block level
- Good reporting and surveillance under IDSP at Pratapgarh.
- **Infrastructure-** Neat, clean and adequate health facilities
- OPDs, Emergencies and delivery services at DPs available 24x7

Increased uptake of AYUSH services.

Outreach Camps for Blindness control program being organized by NGOs at Mathura

Well run RNTCP program and Cure rate achieved in both the districts.

Proportion of TB-HIV co-infected patients receiving HIV care and support has shown an increasing trend (2010- 24%, 2011- 44%, 2012 -50%, 2013- 61%)

Key Observations:

Service Delivery

- Adequate no. of facilities available, but only 26.25% (Pratapgarh) and 18% (Mathura) functional as Delivery Points (DPs).
- DPs inadequate and not uniformly distributed.
- Mismatch between service demand and availability of beds at Pratapgarh; under-utilization at Mathura.
- Dignity and client perspective missing at all DPs, including labor room and OT at Pratapgarh, situation fairly good at Mathura.
- Essential services delivered but technical protocols and quality parameters compromised.
- Sub-contracting for support services not in place; CSSD guidelines shared by state is not comprehensive and needs improvement.

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- JSSK free entitlements offered to pregnant women. However, the full complement of services are not available.
- Out-of-pocket expenses reported by beneficiaries on diagnostics /drugs/diet/blood.
- Complaints at facility and community level of informal payments being demanded for delivery, IV fluids etc.
- Poor drop back services (32% in Pratapgarh, 28% in Mathura)
- Less than 48 hours of stay observed
- JSSK entitlements for infants were lacking.

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- ‘Hausla’ Campaign at state level. However, no communication plans at district and facility level.
- No IPC by ASHAs, HEOs, ANMs and other field staff. Inadequate demand side generation activities.
- Visibility of IEC activities limited to wall paintings and posters at almost all health facilities visited, however effectiveness of messages needs to be assessed.

Reproductive & Child Health

- No comprehensive plan available at district and facility level for ensuring availability, adequacy and accessibility of EmOC, BEmOC, FP, CH and Adolescent health services
- Labor rooms and NBCC not adhering to technical protocols, except at DWH and Combined Hospital at Mathura
- Partographs being made at DHs and few facilities down below; however correctness is an issue
- Inadequate EmOC services in both districts (C-section rate only 2% at Pratapgarh and 1.4% at Mathura)
- Only one blood bank functional in each district in Male Hospital; no blood storage unit available and functional in any facility
- Routine diagnostic services upto Block PHC while USG upto district level; emergency diagnostic not guaranteed at any level

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- No line listing of severely anemic women and identification of high-risk pregnancies being done at SHC/PHC
- IFA and ORS supplies mostly available; Zinc available at few facilities
- Community Level HBNC not yet implemented - ASHA training module (1st round of 6th module) was underway
- Weak outreach and home visits for ANC, PNC, identification of ARI, diarrhoea and malnourished children

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- Full immunization -

  72.6% in Pratapgarh, 20% in Mathura (AHS 2010-11)

  72.1% in Pratapgarh, 49% in Mathura (as per monitoring data of WHO, UNICEF, MCHIP, MI, Govt.)

- RI card not duly filled-up by ANM; either lost/not available with beneficiaries

- Few facilities visited still using 200 watt bulbs at NBCC
- CAC available upto district level, but availability of trained manpower and services below district level is an issue.
- Maternal deaths under reported, poor review quality (external auditor in Pratapgarh an AYUSH doctor)
- Infant DR not implemented
- Only one functional and well maintained NRC at DH Pratapgarh, however admission through outreach referrals only 14% indicating poor detection and referral

Family planning

- Fixed day FP services not available in both districts; however fixed day camp services for sterilization available at both places
- Nishchay Kits mostly available, however expired stock found in one ASHA kit in Mathura
- Eligible couple registers not available/not updated
- Lack of awareness and demand for FP commodities, especially among spouse and in-laws
- No efforts for improving FP services and coverage

School Health

- Out-of-school children not yet covered under RBSK
- Treatment and referral for diseases inadequate
- Weak follow-up of identified cases especially for deformities and disability

National Disease Control Program

Integrated Disease Surveillance Program

- Facility reporting and field level surveillance report available at Pratapgarh. At Mathura, the same is missing due to non availability of HR

National Vector Borne Disease Control Program

- No disease burden on JE, Kala-Azar, Dengue, Chikungunia and filariasis in both the districts.
- Not an endemic area for Malaria.

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Revised National Tuberculosis Program

- Detection rate is at plateau in both the districts.
- Detection of Paediatric Tb cases is showing a declining trend (from 7-to 5%) against the national average (10-15%) indicating program weakness.

National Leprosy Elimination Program

- State has achieved elimination of leprosy and is maintaining elimination at state level, basic surveillance for detection of new cases is continued

Human Resources & Training

- Huge vacancies - 37% overall vacancies in regular positions in both distts.
- Vacancies of SNs - 72% (Pratapgarh), 75% (Mathura)
- Non availability of Specialists below district level, where available their pairing is not rational; no plan for filling these gaps through skill based training
- Gross inadequacy and mismatch between service delivery units (LR, SNCU, NBCC, ETC, FP) and availability of trained HR
- Mismatch between investigation load between LTs from various programs.

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- At certain facilities, despite availability of all specialists (anesthetist, orthopaedic, surgeons) no surgeries being undertaken; no performance monitoring of health facility
- No performance related incentives across all levels
- Designated work of employees (FP counsellor & BF counsellor, HMIS & MCTS data entry operators, DPMs, DCMs and BPMs, HEOs and Computer/ARO) is not being monitored
- Performance appraisal format applicable for contractual staff
- Daily performance sheets for doctors are too lengthy which are neither analyzed at district level nor linked with total performance of the facility and its output - stand alone proforma not serving its optimal utility
- Non rotational posting orders for critical areas still not in place.

Training and Capacity Building

- No rational & comprehensive plan for calculating training loads from delivery pts or other functioning facilities
- The training sites are neither practicing nor adhering to the technical protocols defined under the different program.
- No centralized data available at district level on the number of persons trained under various training neither any follow up or monitoring of their performance.
- No road map for strengthening of pre service teaching and training of ANMTCs & GNMTCs in place.
- Role and presence of SIHFW AND RHFWTC to be made more visible.
- Integrated plan for monitoring, evaluation and learning to be developed

Community Processes & Convergence

Accredited Social Health Activist (ASHA)

- ASHA resource centre not established at state level.
- Performance monitoring, mentoring and supportive supervision lacking.
- ASHA restrooms/ghar not available in health facilities.
- Payments of ASHA incentives is delayed by 2 to 3 months
- Most drugs not available in ASHA drug kits in Pratapgarh (PTK not available)
- Timeliness and structured mechanism for drug replenishment was lacking

PRI and VHSNC

- Poor PRI involvement and participation in VHSNCs and meetings not being conducted regularly.
- No mechanism for community based monitoring, awareness is lacking amongst district officials.
- Weak monitoring by DCM in both districts
  - lack of orientation of ASHAs about outreach activity for FP services
  - poor involvement and orientation to community and PRIs
  - lack of IPC
  - Non-declining trend in home deliveries

Village Health and Nutrition Days

- Both ANM and ASHAs had due list prepared on paper by hand but work plan generated through MCTS not available.
- Poor convergence with ICDS, PRI, education and water & sanitation depts.

Information and Knowledge

HMIS & MCTS

- Facility based reporting done upto SHC level
- Poor data quality of HMIS despite adequate staff availability
- Analysis of critical indicators not being undertaken at district or block levels. Thus no corrective actions possible.
- Lack of awareness amongst program managers about standardized and analytical reports readily available on HMIS portal

Drugs, Equipments and Supply Chain Management

- Rational use of drugs observed except few instances of augmenting labor by use of oxytocin
- Supply chain management system and QA systems for drugs and supplies not in place.
- Annual drug requirement for facilities not being calculated and indenting not done based on expenditure.

Governance & Management

- Detailed roles for PMUs developed at district and divisional level. Meeting platforms and appraisal mechanisms also established.
- Poor management of program at each level - no supervision, monitoring and accountability framework in place.
- No systems for induction/orientation training or periodic updation of district and block level program managers.
- Monthly field visit plan of DPMs not structured, with no defined criteria for selection of sites and follow-up.

Financial Management

Human Resources

- Vacancies noted in FM Positions- State level (5), District level (18)
- Lack of training and orientation of FM staff below District level.

Banking Arrangements

- Some VHSNC/SC have current bank account instead of saving accounts.
- 35% of bank accounts at block level remain non operational.

Low Utilization of funds

- low utilization at both the districts. Mathura (55%) and Pratapgarh (38%) in 2012-13.
- Expenditures not incurred till guidelines received from state and even in case of committed liabilities.
- Funds are not released to district and lower levels performance wise.
- Lack of orientation of PRI and health functionaries – where to use the funds.

Audit

- Statutory Audit Report for 2012-13 not received till date even after the delay of more than 7 months, due date is 31st July.
- Delays in appointment of concurrent auditors. Appointment in 2013-14 is done in November, 2013.

- **Fund Disbursement Issues**
  - Funds released to SHCs and VHSNCs treated as expenditure.
  - Huge Cash withdrawals noted at SC / VHSNC level (Rs. 50000/- at Ranhera SC) and expenditure incurred in cash.
  - No monitoring visits undertaken below the block level.
- **RKS**
  - user charges collected in cash not deposited in bank regularly and Meeting registers does not contain financial estimates but only administrative approvals. Audit not done regularly.
- **JSY**
  - No estimation of the outstanding liabilities. Bearer cheques are issued instead of account payee cheques. Delay of 15-20 days noted in JSY payments at the block level and of 20-30 days below the block level.

Thanks for the opportunity to see how UP is taking a road to health