Districts visited
<table>
<thead>
<tr>
<th>Key indicators</th>
<th>Source and year of reference</th>
<th>Rate of change per year (current)</th>
<th>Projected value by year 2015 with current rate of change per year</th>
<th>Required rate of change to reach MDG/targets by 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMR</td>
<td>67 (SRS 2008)</td>
<td>2 (2005-2008)</td>
<td>53</td>
<td>5.28</td>
</tr>
<tr>
<td>MMR</td>
<td>440 (SRS 2004-06)</td>
<td></td>
<td>25 (2002-05)</td>
<td></td>
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<tr>
<td>TFR</td>
<td>3.8 (NFHS III)</td>
<td>0.05 (NFHS II to III)</td>
<td>3.3</td>
<td>0.18</td>
</tr>
<tr>
<td>Total institutional delivery rate</td>
<td>21% (NFHS III)</td>
<td>8 (NFHS III 2005-06 to 2008-09)</td>
<td>77%</td>
<td>8.7</td>
</tr>
<tr>
<td>ANC Check up Rate</td>
<td>22% (DLHS III)</td>
<td>0.25 (DLHS II to III)</td>
<td>24%</td>
<td>11</td>
</tr>
<tr>
<td>Measles Immunization Rate</td>
<td>47% (DLHS III)</td>
<td>2.4 (DLHS II-35% to III)</td>
<td>66%</td>
<td>6.6</td>
</tr>
<tr>
<td>Unmet Need for Family Planning</td>
<td>33.8% (DLHS III)</td>
<td>0.25 (DLHS II to III)</td>
<td>31%</td>
<td>4.25</td>
</tr>
</tbody>
</table>
Progress made and best practices

• Increasing numbers in service delivery reaching remote areas.
• Frontline workers performing well even in difficult conditions. Subcentres performing well.
• Drug supply good at peripheral facilities.
• Cleanliness standards fairly good overall.
• JSY payments largely prompt and transparent. ASHA payments through e transfer.
• ASHA valued by community, contributing to increased demand for MCH services.
• Detailed microplanning for VHNDs - immunization being done in the community by ASHA, AWW and ANM.
• Good use of displays in health facilities (drug stock position, and VHND schedule)
Issues: Infrastructure and HR

- **Infrastructure**: Improved infrastructure for deliveries.
- **Gap in the building position of CHCs and PHCs.**
- **No strategy to meet the requirements of the MCH plan.**
  Weak linkage with infrastructure development wing.
- **Limited residential accommodation provided in most facilities for the health staff.**
- **Newborn care facilities were cramped in PHCs.**
- **Sub-centres were in need of strengthening – power back up, and space for a stay after.**

- **Huge shortfall of human resource.**
- **Delay in recruiting and positioning of ANMs, MPWs and BPMU staff.**
- **Skewing of HR with sufficient doctors but insufficient numbers of nurses.**
- **Training programmes have been stopped for the last three months.**
- **SBA training is grossly inadequate.**
- **Post training follow up is also in need of strengthening.**
Issues: Health care delivery

Quality:
- Good evidence of health information in health facilities (wall paintings)
- Health camps with > 200 women undergoing laparoscopic tubal ligation in a day were not uncommon.
- Biomedical waste management systems not handled professionally.
- No maternal death review processes were seen to be happening in the state.
- Safety: General anaesthetic drug in ILR

Completeness of services:
- Safe abortions services are minimal throughout the state.
- No evidence of MVA or medical abortion seen.
- Limited availability of contraceptive methods.

Accountability:
- No display of grievance redressal mechanisms.
Issues: Outreach and community

- Good coverage of IEC (Pradhan Sammelan, ASHA Sammelan and Saas Bahu Sammelan).
- Early and exclusive breastfeeding observed widely in the field.
- Electronic transfer of payment of ASHA has been introduced in most of the districts.
- At the state level the ASHA mentoring group is functioning.
- Mobile Medical Units procured but implementation delayed.
- No Name Based Tracking of pregnant women followed.
- New mother and child protection card is not filled/incomplete – no growth monitoring.
- No arrangements for the ASHA to stay in the institution following delivery.
- Vector control efforts are minimal.
- Private sector contributing to cataract surgery targets under blindness control programme and needs validation.
Issues: Financial management

- Nil expenditure reported under the activities of Procurements, Referral Transport, School Health Programme and New Initiatives under NRHM by the state.
- Less than 10% expenditure reported are Maternal Health (other than JSY), ARSH, Innovations/PPP/NGO, ASHA, Contractual Staff and Training.
- Lack of clarity on use of RKS, untied funds and VHSC funds
- Out of 71 districts, 21 positions of Districts Account Managers are vacant and positions of 422 block accountants out of 823 blocks are vacant.
- Manual system of accounting is followed up across the state.
- Process for release of funds for naxal affected district planned for Integrated Health Action Plan has been delayed and has contributed to delay in infrastructure development.
## Recommendations

### Infrastructure
1. State and district level should review the MCH plan to ensure that infrastructure requirements are properly noted.
2. Maintenance of infrastructure and equipment need to be improved - a caretaker system at district may be considered.

### Human resources
3. A sustainable long term policy for human resource planning needs to be developed including transfer and recruitment policies.
4. Recognition of meritorious staff to increase staff motivation levels.
5. In service training for AYUSH doctors in provision of primary health care needs to be provided.
6. Involvement of ASHAs in implementation of National Disease Control Programmes needs to be improved.
7. Engagement of Civil Society organizations may be explored to provide training capacity.
8. Gender sensitive working conditions for women staff must be ensured at facilities.
Recommendations

Service delivery
9. Accreditation of private hospitals for delivery and other services needs to be encouraged.
10. Emergency drug supply must be ensured at all levels of facilities, especially essential drugs to manage obstetric emergencies, eg. Magnesium sulphate.
11. Guidelines to prevent oxytocin misuse during labour must be put in place.
12. Monitoring to ensure appropriate use of oxytocin must be ongoing
13. No other drug should be kept in the cold chain except vaccines.

Outreach
13. Regular growth monitoring must be urgently put in place for early diagnosis of malnutrition.
14. There is an urgent need to have a separate policy for tackling health and health determinants of urban poor.

Programme management
13. Regular uploading of financial data on HMIS portal should be done.
# 4th CRM TEAM

<table>
<thead>
<tr>
<th>Lakhimpur Kheri</th>
<th>Sonbhadra</th>
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<tbody>
<tr>
<td><strong>Team Members</strong></td>
<td><strong>Team Members</strong></td>
</tr>
<tr>
<td>1. Dr. Ajay Khera</td>
<td>1. Mr. Billy Stewart</td>
</tr>
<tr>
<td>2. Dr. P. Saxena</td>
<td>2. Dr. B. Subha Sri</td>
</tr>
<tr>
<td>3. Mr. V.K. Tiwari</td>
<td>3. Dr. Rakesh Rajpurohit</td>
</tr>
<tr>
<td>4. Dr. Almas Ali</td>
<td></td>
</tr>
<tr>
<td>5. Ms. Isha Rastogi</td>
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</tr>
<tr>
<td><strong>Name of DM</strong></td>
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</tr>
<tr>
<td>1. Sh. Pandhari Yadav</td>
<td>1. Mr Sameer Verma</td>
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<tr>
<td><strong>Name of CMO</strong></td>
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</tr>
<tr>
<td>Dr Rajendra Singh</td>
<td>Dr. Mahendra Kumar</td>
</tr>
<tr>
<td>Dr J P Bhargav</td>
<td>Dr. G.K. Kuril</td>
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