8th COMMON REVIEW MISSION

Uttar Pradesh 7th to 14th November 2014
<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Meerut</th>
<th>Shrawasti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical College</td>
<td>LLRM Medical College</td>
<td>---</td>
</tr>
<tr>
<td>District Hospital</td>
<td>District Main Hospital &amp; District Women Hospital</td>
<td>District Combined Hospital</td>
</tr>
<tr>
<td>CHC</td>
<td>CHC Mawna, CHC Kharkhoda, CHC Daurala, CHC Sardhana</td>
<td>CHC Ikona, CHC Gilola, CHC Sirsia</td>
</tr>
<tr>
<td>PHC</td>
<td>PHC Hastinapur, PHC Falawda, APHC Lawad, APHC Kheda</td>
<td>PHC Sonva, PHC Harharpur- rani, PHC Lakshmanpur</td>
</tr>
<tr>
<td>Sub Centre</td>
<td>SC Jalanpur, SC Tigadi, SC Ganespur, SC Mahadeo, SC Naidu</td>
<td>SC Katra, SC Takiya, SC Motipur, SC Sonva, SC, Harharpur- rani, SC Patijiya</td>
</tr>
<tr>
<td>Others</td>
<td>2 Schools in Tigadi</td>
<td>Teeka Express</td>
</tr>
<tr>
<td></td>
<td>1 VHND Jalanpur</td>
<td>RBSK-Masakalal</td>
</tr>
<tr>
<td></td>
<td>1 AWC, Sandesh Vahini Saraswa</td>
<td>RBSK – Amarebhairiya, 2 VHND, 1 School</td>
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<tr>
<td>Urban Health</td>
<td>UHP Shalimar Garden, Health Post - Meerut nagar, Urban Health Training Centre-Medical College, HP Nagla Batt</td>
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</tbody>
</table>
Broad Methodology

- Facility visits including visits to AWCs
- Record scrutiny
- Discussion meetings with district authorities & health care providers
- Observations
- FGDs and household interviews with community members and beneficiaries
- FGDs & interviews with ASHAs/ AWW
- Visits to Schools & interaction with School children
Encouraging Findings

• Special attention towards addressing the issue of shortage of health human resource - UPPSC and on contractual basis

• Good availability, awareness and utilization of 102/108 ambulance services - 5 cases/ ambulance/ day.

• Centralized Call Centre for Grievance Redressal put in place

• Bal Swasthya and Poshan Mah: BSPM is a Vit A supplementation programme - organized twice a year for administering 2nd to 9th dose of Vit A

• In-service mentoring by way of appointment of nurse mentors at block level supported by UP-TSU (University of Manitoba & other partners)
Well Maintained Labor Rooms
Online drug procurement and inventory control system initiated
Under NHM, UP has converted more than 10400 SC s (75%) and more than 1700 PHCs (94.25%) functioning in rented buildings to those in government buildings.

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>2005</th>
<th>2014</th>
<th>% decline in facilities functioning in rented Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Govt. Building</td>
<td>6494</td>
<td>14027</td>
<td>74.69</td>
</tr>
<tr>
<td>Rented Building</td>
<td>1835</td>
<td>1825</td>
<td>94.25</td>
</tr>
<tr>
<td>Sub Centres</td>
<td>386</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary Health Centres</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Govt. Building</td>
<td>16971</td>
<td>3392</td>
<td></td>
</tr>
<tr>
<td>Rented Building</td>
<td>3550</td>
<td>105</td>
<td></td>
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Newly Constructed District Hospital - Shrawasti
Encouraging Findings

- State Nutrition Mission has been set up
- PYARI BITIYA website launched
- Good momentum in implementation of the RBSK programme
- Mobile Kunji being launched for IEC/ BCC of ASHAs:
Areas of Concern

• Shrawasti, does not have a single fully functional FRU in place. Only 3-4 C- Sections conducted in the district since April 2014- BSU at DH non-functional

• District hospital in Shrawasti has been established and has started functioning at the cost of nearby CHC- But severe shortage of staff

• In Meerut district, out of 360 facilities only 25 facilities (7%) are functional as Delivery Points. In Shrawasti, none of the PHCs are delivery points

• Identification of high risk pregnancies and line listing not being done. MCP cards are symbolic. Hb estimation and urine sugar estimation not conducted.

• Maternal Death Reviews not conducted regularly
Areas of Concern

- SNCU not yet functional in Shrawasti and not as per GoI Guidelines in Meerut.
- Radiant warmers not available at Delivery point sub centres in Shrawasti.
- Immunization: lack of follow up drop out case and Micro plans are not prepared in most cases.
- At the VHND nutrition counselling is not a priority and focus is entirely on immunization.
Areas of Concern

- Medical officers are not in the habit of prescribing state provided drugs. –need for prescription audits
- Out of pocket expenditure reported by community over drugs and other consumables
- Procurement of Drugs: approx 35% to 40% of the items remained unsupplied without any written communication by the suppliers.
- Quality assurance committees, district level vigilance & Monitoring Committees and supportive supervision almost non-existent on field
- HMIS: Only sub-centre format was available in HINDI, other all formats were in English creating significant difficulty in data entry.
Areas of Concern

- Differential payments/ incentives based on difficult/ most difficult/ hard to reach areas not in place
- Wide Variation in performance: wide variation in OPD services- in one facility OPD of more than 1000/ month/ doctor whereas in others OPD of around 300/ doctor/ month
- Activities under NUHM are confined largely to planning stage
- Ownership of programs by District Medical Officers and particularly the Block medical officers at district and block level is an important issue – coupled with frequent change of District level staff
- General neglect of disease control programmes.
- Funds released even to unconstituted VHSNCs; Differential financing for RKS/untied grants not followed.
- Differential financing for the high priority districts i.e. 30% in comparison to other districts not implemented.
Areas of Concern

- Where accounts are being looked after by LDC at the District and Block level (CHC-Mawana and DHS-Meerut) - need for training
- Vacancies in FM staff at the State, District and Block level need to be filled-up.
- Reconciliation of Balances at District and Sub district level should be done on a quarterly basis.
- RKS audits should be conducted on an annual basis as per requirement of Societies Registration Act and should cover user charges.
- Non-operational bank accounts at the block level should be closed at all the districts.
- Periodically monitor the advances at the district level and to other agencies. Regular notices to the agencies having advances pending for settlement for more than a year and no further funds to be released
- Regular field visits from supervisory units (District and block level) & periodical physical verification of Stores and Cash
Five Key Recommendations

- Operationalize DH Shrawasti with adequate specialists, SNCU, Blood Storage Unit etc
- Establishing of Skills Lab to serve as training site for lower level facilities
- Capacity building of ANMs and Ensure line listing of high risk pregnancies at all levels ASHAs to provide quality ANC services including early registration-Maternal Death Reviews be conducted as per norms.
- Sustain and scale up quality new-born care (NBSUs, NBCCs) Nutrition care of underfive (VHND).
- Considering the size of the State, consider the introduction of Regional Mission Directors who can provide leadership at the regional levels