**BRIEF REPORT ON NUHM VISIT TO JHARKHAND**

A team from NHSRC comprising Dr. Smita Shrivastava and Ms. Shivangi Rai, visited Ranchi on 6th February 2020 to review and study the implementation of NUHM in the state. The team interacted with SPM (NHM), State Nodal Officer (NUHM), District Nodal Officer and various other key officials of the State and Ranchi district.

The facilities visited at Ranchi were UPHC Lem Bargai in Ranchi and Atal Clinic at Kalyanpur in Hatia.

**Demographic Profile**

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| --- | --- | --- | --- |
| **Total Population** | **Rural Population** | **Urban Population** | **Slum Population** |
| 329.88lakhs |  250.55 lakhs(75.95%) | 79.33 lakhs(24.05%) | 3.73 lakhs(4.70% of the total urban population) |

**NUHM Coverage - Jharkhand**

NUHM is being implemented in 22 cities/towns of Jharkhand.

|  |  |
| --- | --- |
| **Category of City** | **Number** |
| Metropolitan City | 00 |
| Total No. of cities/towns approved | 22 cities |
| No. of million+ cities covered | 03 |
| No. of cities with 5 to 10 lakh population | 10 |
| No. of cities with 50,000 – 1 Lakh population | 09 |
| District Headquarters <50,000 | 01 |

**NUHM Implementation Status**

* SPMU, 18 DPMUs and 4 CPMUs have been formed in the state.
* There is a requirement of 192 UPHCs based on population norms of NUHM, however, only 60 are functional as of now. Out of these, 32 UPHCs are functioning in government buildings.
* Besides these, the state initiative of ‘Atal Clinics” has been started, 100 of which had been sanctioned. Out of these, 72 Atal Clinics are functional and location has been identified for 26 other clinics.
* Jharkhand Space Application Centre (JSAC) has been empanelled for GIS mapping of urban slums and vulnerable population, which is ongoing since October 2018. The mapping is under process in 10 cities while it is completed in 12 cities.
* 14 District Co-ordination Committees for convergence under NUHM have been formed. The committee comprises of an Executive Officer, Civil Surgeon, DR CHO, District Education Officer, District Welfare Officer and Head of the Sanitation Department. Orientation has been done in 5 cities.

**Key information:**

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| --- | --- | --- | --- |
| S.N.  | Major Activity  | Target  | Achievement  |
| 1 | No. of UPHC  | 60 | 60 |
| 2 | No. of HWCs  | 54 | 53 |
| 3 | No. of UCHCs | 6 | 6 |
| 4 | Total no. of Urban ASHA selected  | 1165 | 1125 |
| 5 | Total no. of Urban ASHA Trained | 706 | 706 |
| 6 | Total no. of MAS formed  | 918  | 918 |
| 7 | Total no. of MAS trained | 918 | 648 |
| 8 | Total no. of MAS (A/C) opened | 918 | 899 |
| 9 | Total no. of MAS (UF distributed) | 918 | 804 |
| 10 | Total no. of Special Outreach camp (2019-20)  | 224 | 114 |
| 11 | Total no. of RKS/HMS | 65 | 58 |
| 12 | District/City Level Convergence Coordination Committee  | 22 | 14 |
| 13 | Recruitment of Staff at different units of NUHM  | 755 | 411 |
|   |

* 512 ASHAs have been demanded in the Supplementary PIP of 2019-20.
* 6834 out of 13440 approved UHNDs (50%) and 114 out of 224 approved Special Outreach camps (50%) have been conducted by the state during 2019-20 (till the time of the visit).

**HR Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Staff** | **Sanctioned**  | **In position** | **% Vacant** |
| Specialists | 18 | 4 | 78% |
| MO full time | 51 | 23 | 55% |
| MO part time | 59 | 43 | 27% |
| Staff Nurse | 138 | 50 | 64% |
| Pharmacist | 70 | 35 | 50% |
| Lab Technician | 68 | 42 | 38% |
| ANM | 253 | 165 | 35% |
| Programme staff | 93 | 45 | 52% |
| Total | 750 | 407 | 46% |

* The Public Health Managers/District Urban Health Managers have been trained in NUHM.
* There is a reported crunch of staff at all levels in urban areas.

**Ranchi District**

* There is a requirement of 25 UPHCs as per norms in Ranchi, however only 8 UPHCs exist wardwise.
* Atal Clinics are the initiative of the state government. Presently, 12 Atal Clinics are functional in Ranchi urban, which have been established by State NUHM in convergence with Municipal Corporation.
* Ranchi has 60 urban ASHAs and 156 MAS have been constituted.
* There is scarcity of doctors in urban areas and procedure for hiring is ongoing.
* The UPHCs are functional in 2 shifts- 9am to 3 pm with full time medical officer and 1 pm to 5 pm with part-time MO.
* Routine immunisation is not taking place at the UPHCs but only during outreach sessions. Only the UPHC Hatia reportedly had Routine Immunisation ongoing (with cold chain maintenance) at the time of visit.
* The UPHCs have a domestic refrigerator but ILR was not present. As per the NUHM nodal officer, UNDP would be providing the ILR to the urban centres.
* Collaboration with Sight Saver NGO has been done for refraction checkup and cataract cases in all UPHCs.
* Ward level convergence with ICDS, WHO, NULM, school and NGO has been done.

**Key Observations**

* Gross underutilisation of urban facilities (average OPD is in the range of 10-20) has been observed, despite the presence of adequate infrastructure and basic healthcare staff in the facilities visited.
* This is attributable to the inadequate timings of the UPHCs (9am -3pm and 1pm -5pm) and inadequacy of services compared to those required as per the UPHC guidelines.
* Basic services like routine immunisation, family planning and laboratory services are lacking in the facilities visited.
* Household survey has not been conducted by the ANM/ASHA and no records for the same were available at the UPHC.
* Inadequate record keeping for routine immunisation, family planning and BMW were noted.
* NCD screening has not yet started and CBAC forms are not being filled.
* BMW management is not being done as per BMW rules.
* No bank accounts have been opened for the UPHCs.
* Atal Clinics are providing only curative services to the population.

 **Facility wise Observations**

**UPHC Lem Bargai, Ranchi**

**Basic Information**

* The facility is managed by state government and is functioning since 2016.
* Total population served is 86,983 (tagged wardwise) and the total slum population covered is 8086 (Lem basti, Pahantoli, Bhagalpur)
* This UPHC is functional only in the evening shift (1 to 5 pm) with the part time Medical Officer as the Full time MO was posted only till April 2018, after which the position is vacant.
* Average daily OPD is 15-20 patients.

**Infrastructure**

* The facility is in a rented building with monthly rent of Rs. 12,000.
* Adequate space is available for service provision. Regular water supply is there but only 1 toilet is available.
* No inverter is available for power backup. Internet connection is through a Reliance Jio dongle and no landline phone/internet connection is available.
* Tablets have not been provided to ANMs. ANMs have been trained on NCD app but are still not using it.
* Citizen charter had been displayed and suggestion/complaint box was installed.

**Service Provision**

* Routine ANC is being done but the family planning activities are not being undertaken. The Staff Nurse/ANM are not inserting IUCDs or distributing any OCPs. No new contraceptives such as Chhaya tablets are being made available by the centres. No proper records are being maintained for family planning.
* Routine immunisation was not being done at the UPHC but only at Aanganwadi centres during outreach on Thursdays and Saturdays. The unused vaccines are returned by ANM to the CHC Duranta. Rs. 500 per month for AVD has been sanctioned but its actual utilisation / payment is possibly not being done. The facility had a domestic refrigerator but ILR was not present.
* The registers for family planning and immunisation are not being maintained.
* No records of survey were available at the facility although 5 ANMs have been posted at the facility. As per the ANM, the records are kept with ASHAs (Sahiya) but were not made available to the team.
* NCD screening has not yet started and CBAC forms are not being filled.
* Counselling for adolescents was being done but there was no special day for the activity for AFHI clinics.
* The centre did not have the anaphylaxis/AEFI kit in place. The inj. Hydrocortisone was found expired.
* Dressing or primary care of wounds was not being done.
* Routine lab investigations are being carried out but, on an average, only 2-3 lab tests are done per day.
* Rapid diagnostic kits for dengue, typhoid, HbsAg were not available. UPT kits are available for testing but the supply for ASHAs is lacking.
* The centre is a Designated Microscopy Centre (DMC) under NTEP, microscope is available, however no drugs are available and the staff has not been trained.
* 4 Outreach sessions are being held by each ANM every month.
* As per the Public Health Manager, 7 Special Outreach sessions are held per year, but no records on paper were available for the same.
* The ASHAs did not have the drug kit and HBNC kit but the same was under the process of procurement utilising the 2017-18 untied fund.
* Formal training of MAS (Vishwas Training) is being undertaken for 4-5 MAS.
* Emergency cases are referred to Sadar Hospital or RIMS because the nearest CHC is 5 km away.
* Referral for de-addiction and mental health cases are being done to Ranchi Medical College and Hospital.

Fund Flow and utilisation:

* The bank accounts for UPHCs have not been opened for UPHCs at Ranchi. Contingency is not provided directly to the MOI/C.
* RKS has not been registered and no funds allotted.

**Human resources**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Category** | **Approved / Sanctioned** | **Recruited / In Position** | **Remarks** |
| 1 | Medical Officer (Fulltime) | 1 | - |  |
| 2 | Medical Officer (Part time) | 1 | 1 |  |
| 3 | Specialist (if any) | - | - |  |
| 4 | Public Health Manager | 1 for 4 UPHCs | 1 | Looks after 1 UPHC and 3 Atal Clinics |
| 5 | Staff Nurse | 2 | 1 | 1 SN Deputed to CHC Risaldar |
| 6 | ANM | 5 | 5 |  |
| 7 | Lab Technician |  |  |  |
| 8 | Pharmacist | 1 | 1 | Gives DOTS but not trained |
| 9 | Dresser | 1 | 1 |  |
| 10 | Date Entry Operator | - |  |  |
| 11 | Other health staff | - | 1 Ophthalmic Assistant | visits 3 days each week |
| 12 | Cleaning/Security Staff | 1 | 1 |  |

* Medical officer has not been trained in NUHM but PHM has been trained. However, the trainings record register has not been maintained.
* ASHAs have been trained in 6th module, not in 7th module (HBNC). The ToT for 7th module has been planned. NUHM orientation has been done.

**Atal Clinic, Kalyanpur, Hatia**

**Basic Information**

* This facility is located in Kalyanpur ward (ward 50) which has 13 villages as its catchment, consisting of rural areas and urban slums.
* Total population catered to is 5000-6000, including rural and urban slums) with approximately 1500 households.
* It is located in a PRI building and started functioning in October 2019. The facility is managed by state NUHM.
* Average monthly OPD is 70-90 patients per month.
* OPD timings are in dual shifts from 8-10am and 6-8pm.

**Services**

* The Atal Clinics provide only curative services to the population.
* They not providing preventive services or outreach services and mapping / survey is also not being undertaken.
* General OPD including management of NCDs is being done. Opportunistic screening of NCD cases was being done.
* However, no ANC is being provided.
* IUDs were not being inserted by the ANMs.
* No anaphylaxis kit/AEFI kit was available.
* Inj. TT was not being given to injury cases as no refrigerator was available.
* Only sample collection was being done at the facility. The samples are sent to a centralised laboratory that functions on a hub and spoke model for all the Atal Clinics.
* BMW was not being done as per the BMW rules. The colour coded buckets were not available and BMW register was not being maintained.
* IEC was not displayed at the facility.
* The medicines are procured separately for Atal Clinics through the agency of Jharkhand Medical Health Corporation and Infrastructure Corporation Limited. The EDL of Sub Centre is used.
* Referral are done to the Sadar Hospital, which is a District Hospital.

**Human Resources**

* 1 Medical Officer, 3 ANMs and support staff are posted at the facility.
* There is no pharmacist. The drug dispensing and dressing work is also being handled by ANMs.

**Recommendations**

* The number of UPHCs needs to be strengthened as per the population norms of NUHM.
* GIS mapping of urban slums and vulnerable population should be completed on priority in the remaining 10 cities.
* Recruitment of HR, especially Specialists, MO, SN and ANM needs to be strengthened as per the guidelines.
* The UPHCs which are functional in 2 shifts with full time and part time MO, are not able to suffice the needs of the catchment population, resulting in very low footfall. The UPHCs should be open from 8am to 2pm in morning shift and from 4pm to 8pm in evening shift. This would ensure better utilisation of services by the people in urban areas.
* Routine immunisation sessions should be held in the UPHCs as they are an intricate part of the services to be provided in UPHCs. Adequate training of ANMs/SNs and availability of cold chain equipment including ILRs should be ensured.
* ANMs and SNs should perform IUD insertion, promote usage of newer contraceptives and create awareness on permanent methods amongst eligible couples.
* Population enumeration and NCD screening and CBAC forms should be filled after adequate training of ANMs/ASHAs.
* Rapid diagnostic kits need to be made available for testing.
* Regular ASHA supply for drug kits , UPT kits and HBNC kits should be ensured.
* Ensure availability of anaphylaxis kit at UPHC and at Outreach.
* Record keeping at UPHC needs to be strengthened, particularly those pertaining to survey, routine immunisation, family planning, special outreach, BMW and financial documentation.
* Bank
* Currently, only 50% outreach is being done. UHND and Special Outreach need to be conducted as per the approvals given.
* Separate Bank accounts (with joint signatories) should be opened at each UPHC and audits done as per FMG guidelines under NUHM.
* RKS at UPHCs should be registered and separate RKS account opened after fund allocation.
* Trainings on NUHM of all staff and 7th module for ASHAs should be done on priority.
* ANC and routine immunisation should also be provided by Atal Clinics.
* Atal Clinics should also provide preventive and promotive services, besides curative services.