

Uttar Pradesh Field Visit & Review Report:

A monitoring cum health review visit was organized by MoHFW in Lucknow, Uttar Pradesh on 11th April 2019 under the chairpersonship of Mr. Manoj Jhalani Additional Secretary & Mission Director and Ms. Vandana Gurnani Joint Secretary, RCH, MoHFW, GoI along with other officials from MoHFW and NHSRC. The review meeting was attended by Principal Secretary Health, Mission Director-NHM along with a team of District Collectors, Chief Medical Health Officers from districts and all State program officers and nodal persons from different health departments. In addition to review, State Mission Director-NHM briefed the participants on the upcoming health-innovation IT models in UP.

The opportunity was utilized to oversee the district preparedness on operationalizing Health & Wellness centers, LaQshya certification of health facilities, MDR & CDR initiative, FRUs, line listing of anemic pregnant females, free drugs and diagnostics scheme, biomedical equipment maintenance program, grievance redressal initiative, RKS and ambulance functioning. A brief field visit was conducted to understand the functioning of District Hospitals at GB Nagar district, Noida and observe NUHM implementation in peri-urban areas of GB Nagar on 10th April 2019, just before the review.

Positive observations

- All the labor rooms visited at DH were clean, well maintained with privacy around labor tables
- No OOPE was reported during patient interactions
- At DH, cataract surgeries were performed and spectacles were distributed
- DEIC at Noida was well maintained and followed necessary protocols. This can be made as a national Model for replication. However its percentage utilization still remains a matter of concern
- Round the clock availability of lab services and Pathology labs well maintained
- Under NUHM, positions under all category of service delivery staff for UPHCs were filled
- GIS mapping for urban areas in the state is completed

Major Challenges:

- Only 32% FRUs functional against the designated
- Systematic identification and follow-up of HRPs were not recorded
- Nurses were not trained, have weak technical knowledge
- MDSR reporting and review was only 50% while CDR review was not taking place
- The rate of child-screening under RBSK in schools is only 15%
- % Screening at birth under DEIC is only 37% and needs to be improved
- Screening of pregnant women for HIV and Syphilis is only 25% and 9% respectively
- Tests for Glaucoma, OCT, Perimetry not conducted in ophthalmic department
- At NRC, only 37% children were discharged with the targeted weight gain
- Though supply of drugs at district hospital was adequate, the indents were not based on department wise consumption. High drug stock-outs were reported from CHC
- HR positions for almost 65% under all category together is vacant (55% under regular cadre and 76% under contractual)
- BEMP not managed properly: poor response reported from Centralized equipment management system/call center
- The condition of ambulance at DH was very bad. All the five ambulances were in poor condition and none was found to have any functional equipment
- Biomedical waste management was very poor and facilities did not follow BMW protocols as per the norms. Staff not trained enough on waste segregation
- Under NUHM, there is severe dearth of program management staff. For example, at district level there is only 1 UH coordinator for 15 facilities. This position is vacant since past 6 months. Also, the timings of UPHCs was 9 am to 4 pm which is not convenient for the focused population

Key deliverables to be achieved in next 2 quarters:

1. Health & Wellness Center

- 50% of the total PHCs, UPHCs and SCs to be converted into HWC by Sept 2019
- 100% of the total PHCs, UPHCs and SCs to be converted into HWC by March 2020
- MLHPs to be trained and posted to saturate HWC as planned at (a) & (b)
- All the ASHAs, MLHPs and MOs to be trained in NCD by Sept. 2019
- 25% of the population screened in all the HWC villages by Sept. 2019
- 50% of the population screened in all the HWC villages by March 2020
- Every DH and identified FRUs should have fixed day clinic

2. LaQshya

- All 8 facilities either state certified or under process should achieve Gol certification
- Atleast 25% of the facilities should start conducting prescription audits by Sept. 2019
- Achieve at least 80% follow-up of HRP cases

3. MDR & CDR

- Facilities should report and register 100% Maternal and Child Death in their catchment area
- All maternal deaths in state to be reviewed by Sept. 2019
- All districts in the division should report 100% Child deaths and start reviewing them as per the Gol guidelines by Sept. 2019

4. FRUs

- All the FRUs to be operationalized in the division by Sept. 2019

5. Line listing of Severely Anemic women

- All blocks in the division should have definite follow-up plan for HRPs including severe anemia by Sept. 2019

6. RBSK

- All newborns to be screened at birth by Sept. 2019
- ANMs and nurses working in the LR to be trained in screening birth defects by June 2019

7. SNCU

- Improved SNCU monitoring on functionality every week and report monitoring points
- Treatment audits & SNCU software analysis to find gaps & take corrective actions

8. RNTCP

- Case notification against target to be increased to 90% by Dec 2019
- Payment under Nikshay to be increased to 95% by Dec 2019
- Success rate of treatment to be increased to 85% by March 2019

9. HBNC

- Coverage of HBNC to be increased to 90% by March 2019
- Supervision of ASHAs & ASHA facilitators by DPMs and CPMs should be increased by 50%

10. RKSK

Comprehensive & integrated counseling to be initiated at 60% of facilities

11. NQAS

- At least 40% of the facilities to be certified by NQAS by March 2019
- 100% staff to be oriented on NQAS certification by Sept. 2019

12. Free Drugs and diagnostics

- Prescription audits to be initiated in 50% of facilities by Sept. 2019
- NQAS and eQAS to be initiated for 50% of in-house facilities
- The terms and conditions listed in MOU for PPP-mode needs to be adhered. The timelines need to be captured for: NABL accreditation, NQAS and EQAS for all service provider's lab catering to public health facilities

13. Bio-medical Equipment maintenance Program & AERB Compliance

- All the radiological services to be AERB certified by Sept. 2019
- The upkeep time of equipment reflecting on dashboard needs to be physically verified by the nodal officers
- Facility wise logbook needs to be prepared for monitoring of services

14. GRS, RKS & Ambulance

- All the District hospitals to have Grievance Redressal helpdesk linked with 104 health helpline by March 2019

15. District Hospital

- Mera Aspatal should be initiated by Sept 2019 for all district hospitals
- 40% facilities to be made Revised-IPHS compliant by March 2020

16. NUHM

- State needs to speed up the process of vulnerability assessment
- Positions of vacant UH coordinator, MOs, SNs and ANMs to be filled by Sept 2019
- State to ensure that 100% MAS training to be completed by March 2020
- 100% RKS to be made functional by Sept 2019 in all UPHCs, so that the facilities can start using their untied funds as and when required

17. Pradhan Mantri National Dialysis Program:

- State is suggested to ensure the quality of services by documenting essential parameters including Kt/V and Urea reduction rate of each patient at the facility

Facility & Program wise Detailed Findings:

District Hospital Findings:

Infrastructure	100 bedded District Hospital Total functional:175 (Gynac: 50) OT: 1 Labor Table: 5	Outsourced 1. DEIC by HLPPT 2. Housekeeping -	Not Available 1. ICU, HDU 2. SNCU, NRC 3. Skill Lab 4. NICU, PICU
Human Resource	Medicine- 1; General Surgeon-3; Orthopedic -2; Pediatrician- 3; Anaesthesist-2; Ob/Gyn-8; Ophthalmologist-2;	Radiologist- 3; ENT-1; Pathologist: 3(1 Microbiologist) Dental: 2 (2 BDS) Dermatologist: 1;	Nurses:72 Lab Technician: 5 Counsellor: 1 Psychologist: 1 Psychiatrist: 1
Service Delivery	OPD: 38 / day / Spe; Bed Occupancy Rate: 111%; Major Surgery/ month: 690 Minor Surgery/ month: 530	Deliveries: 650 per month 6-7 C-sections per month per doctor. 13 surgeries per week per doctor Dental OPD - 60 per day	

Key Observations:

- The no of sanctioned beds was 100 as opposed to the functional beds ie 175.
- C section - GBNR- 15% (25% private, 125 public)
- Round the clock availability of Laboratory services.
- No daily round by District hospital manager or the CMS/Matron.
- Non availability of EDL in the drug dispensing/Pharmacy area. No knowledge or skill about the same.
- Biomedical equipment maintenance program not being followed in DH.
- Only cataract services and glasses facility being provide at the ophthalmic department. No glaucoma, OCT, Perimetry services provided.
- Practices and protocols issue in Dental services.

- Quality filling of MCP cards an issue. No proper investigation and checkup done of the pregnant mother.
- Pathological lab well maintained.
- Counseling room wrongly located. Affects the quality of counseling of the mothers.
- No privacy maintained in the existing Counseling room.
- Labor room well maintained. Issues in the knowledge and skills of the staff nurses .
- No staff nurse trained in LaQsya/Dakshta or SBA.
- DEIC was well maintained (by HLPPT).
- Out of the existing 5 ambulances present none of the ambulances had an EMT present. No basic facilities available in the ambulances.
- Non utilization of the students by the hospital staff/CMS. No skill building or knowledge being gained by them.

Health & Wellness Center:

- 285 Health and Wellness Centres were operationalized
- 2500 HWCs are likely to be operationalized by March 2019
- Total 4.10 Lakh beneficiaries enrolled
- 1.37 Lakh beneficiaries screened for NCD.

Numbers planned (2329 SC, 1386 PHC and 405 UPHC: FY 2018-19)

Months	HWC- SHC	HWC- PHC	HWC- UPHC	Total
Operationalized	750/792	952/1386	398/405	2085/2583
July 2019	1779*	1386**	405	3570
January 2020	1779*	1786**	405	3970
March 2020	4219*	1786**	405	6410/7167

*Considering 80% pass out rate in the bridge course examination

** Subject to availability of MBBS doctors.

LaQshya

- Less number of facilities with State and national level LaQshya certification: Only 2 facilities (Ghaziabad and Lalitpur) are certified under LaQshya and 7 facilities are certified by state.
- Gap closure activities after baseline assessment missing
- Systemic identification and follow-up of HRPs were not recorded.
- All the labor rooms visited are clean, well maintained with privacy and labor tables but not LDR.
- Nurses posted were not trained enough to know the proper technical protocols.
- Staff was unaware about autoclaving procedure leading improper sterilization.
- No OOPE reported.

MDSR & CDR

- MDSR - reporting is 50% - review by CMHO 50% - no review by DC
- CDR - no reporting or review

FRUs

- As per GOI norms only 95 FRUs are functional against 299 designated FRUs (32%)
- 5.55 % C-Section are being done in Districts and 3.83% C Sections are being done in Public Health facilities as per HMIS

RBSK

- District has 8 Mobile Health teams.
- Out of 764 planned gov. / gov. aided schools 60 schools were visited per month.
- HR: 16- Doctors, 8- Pharmacists and 8 - ANM, 1 Dental hygienist, 4- Physio., 26- optometrist
- Only 15% children's were screened in schools.
- All identified cases were referred to health facilities (137 to PHC/CHC, 12 to DH/SDH and 12 in tertiary care/DEIC/Medical college)

DEIC

- DEIC facility was outsourced to HLPPT
- It was well maintained and followed necessary protocols
- DEIC Noida can be taken as National Model DEIC for replication.
- However, utilization or caseload was poor indicating poor program linkages.

RMNCH+A

- 82 % DBT for JSY
- MCH wing was visited and design needs improvement with national guideline.
- Incompletely filled MCP cards.
- DH and FRUs has good infrastructure. However, DH does not have assured critical care services.

Eye Department

- Cataract surgeries were done and spectacles were provided.
- Glaucoma, OCT, Perimetry tests service not provided.
- Equipment: Non availability of OCT and perimeter

NRC

- Bed occupancy - 27%
- Average daily weight gain - 12.33 gms/Kg/day
- Follow-up:
 - 1st follow- up - 5 out of 7
 - 2nd follow- up - 1 out of 1
 - 3rd follow- up - 1 out of 1
 - 4th follow- up - 3 out of 3
- Only 37% children were discharged with targeted weight gain (7 out of 19 admissions)
- All beneficiaries of NRC were admitted through referrals, or from peripheral areas and RBSK program
- Nutrition meals available for both mother and child

- Re-admission to NRC was only due to infections and not due to malnutrition

Pharmacy

- State has implemented free drug policy and the no. of drugs for different level of health facilities as per DVDMS portal are: 112 for DH, 68 for CHC and 34 for PHC
- Adequate drugs were available at DH
- CHC had high stock out of drugs
- Intend was not based on department wise consumption
- Staff was aware about the EDL list and categorization of drugs

Human Resource

- Altogether, 65% HR is vacant in Noida: 55% vacancies in regular cadre and 76 % vacancies under NHM were reported.
- All HR are doing their job sincerely in their defined clinical service area.
- Matron needs special orientation on management of service areas.

Biomedical Equipment Maintenance Program

- Many non-functional and junk equipment were observed in almost all service areas
- Staff not informed or oriented on BEMP so were not aware of whom to contact, how to register complaint, follow-up etc.
- Poor response from Centralized equipment management system (Call center).
- **Log book not universally and properly maintained.**
- Toll free number not being used

Ambulance

- Out of 5 ambulances at DH, none were functional and none were having functional equipment.
- Staff was not available during visit



Figure-1: Ambulance with non-functional equipments at DH

Others:

- Poor management of biomedical waste. BMW protocols were not followed.
- Information about regular tests were defined and displayed but not defined for emergency services.
- Privacy was not maintained during counseling. Neither space was enough for the counseling services.
- Optimally utilized X-ray facilities.
- Limited preparedness for catering to emergency care requirements; Planning for emergency services required
- DH does not have SNCU, NICU, PICU. However, they have separate child hospital.

Recommendations:

Time bound action plan needed for:

- Establishing LDR, Programmatic follow-up and linkages with primary care.
- Technical support can be provided for the improvement of design of MCH wing.
- RBSK program awareness can be improved in peripheral area.
- Centralized response team can be improved.
- Staff can be oriented for quick response to equipment breakdowns

Noida NUHM Visit Report

A monitoring visit was conducted to review NUHM implementation in Gautam Buddha district of UP state on 9th April 2019. The visit focused on looking into the overall structure of NUHM implementation in the district. The visits were made to two UPHCs (UPHC Bhangale & Raipur) catering to slum and peri urban areas of the district.

On an average the patient footfall in the facilities were found good and the availability of drugs was adequate. Serious issues have been observed in the coordination between state, division and district in implementation of NUHM like: information and documents of RKS registration, reports on GIS mapping, knowledge on facility's population coverage, information on untied grants, BMW registration etc. which needs to be more transparent. State also needs to increase supportive supervision and monitoring visits to district for improving the condition of UPHCs. Special focus should be given to Quality assessment and training of staff.

Observations & Challenges

Infrastructure:

- GB Nagar has a population of around 19.5 lakhs. It has 15 UPHCs out of which only 3 are functioning in Govt. building and rest in rented
- 2 UPHCs are functioning as delivery points, rest are day care centers
- 8 UPHCs have been selected for urban HWC but except the branding there is no progress in rolling of CPHC at district level
- None of the facilities visited had clarity on their population coverage. Staff in both the facilities were not aware of their catchment population

Services

- Generally OPD services including immunization and family planning
- NCD screening not observed at any facility
- No trainings under NCD have been given so far

Facility timings:

- All the out-patient facilities (UPHCs) are functional from 9 to 4 pm. Hence the timings in UPHCs may not be convenient to the urban slum dwellers working on daily wages
- Evening OPDs or specialty clinics/ polyclinics not available.

Mapping:

- GIS mapping is completed at state level, but there is no information of any mapping at the facility
- Though divisional NUHM consultant have been oriented on Vulnerability assessment, it has not been initiated so far

Human Resource:

S.No.	Cadre	Sanctioned	In-position	% Filled
1.	MO (FT)	15	14	93%
2.	MO (PT)	15	1	6%
3.	SN	31	28	90%
4.	ANM	82	74	90%
5.	LT	15	13	86%
6.	Pharmacist	15	13	86%
7.	Support Staff	32	30	93%
8.	PHM	0	0	-

- Positions under all category of service delivery staff is largely filled
- However there is severe dearth of program management staff. At district level, there is only 1 position of UH coordinator (for 15 UPHCs) along with a DACC (account and data entry person). However as reported, the position of UH coordinator is vacant for more than 6 months now

Community Health workers:

- ASHA: 100% sanctioned positions of ASHAs are filled and almost 99% trained in induction module. Training of ASHA under Module 6&7 is pending and training on NCD and CBAC not initiated
- MAS: Out of the total 108 MAS, accounts for only 60% have been opened so far. Further there have been no trainings for MAS so far
- In the visit it was observed that there is no clarity among ASHA or MAS on the utilization of untied grant

Outreach Activities:

- UHNDs are conducted weekly by ANMs as per the guidelines. The major component of service delivery at UHND is immunization, ANC, FP counselling and community mobilization. Population enumeration and NCD screening not started yet in the visited facilities.
- Special outreach camps are organized 1/month by an empaneled ENT specialist at all UPHCs.

Drugs & Diagnostic

- Availability of drugs was adequate and no shortage was found at the facility
- The indenting system is smooth and stocks are received in a week at the facility
- EDL was not observed at any facility visited. Pharmacist were not aware of essential drug list
- UPHCs are performing basic 8-14 tests in-house (Hb, Blood group, sugar, HIV, Malaria, Widal, urine etc.)

Quality

- There has been no initiative on Quality assurance/ certification/ internal assessment of urban facilities so far
- No trainings for consultant/staff on QA so far

BMW management:

- Very poor practices of waste handling observed at both the facilities
- District has a tie-up with agency (Synergy Ltd.), which collects waste from the UPHC twice a month, but waste segregation practices are highly compromised
- Colour coded bins not observed at any facility

Finance and Rogi Kalyan Samities:

- UPHCs have been recently registered for RKS. Accounts are registered but funds not transferred.
- RKS registration documents not found at any facility
- Staff not aware of fund utilization and as reported by MOs, trainings under RKS not conducted so far; however as per the DMPU training is complete

Recommendations for NUHM:

1. The position of UH coordinator in district should be filled on priority
2. Desirable population norms as per the GoI-NUHM guidelines should be followed for rationalization of facilities in urban areas
3. State needs to speed up the process of vulnerability assessment
4. Results and maps of GIS mapping for all health facilities should be communicated at district level & facility level
5. Catchment area of all the UPHCs should be clearly marked as well as displayed at the facility. Also, the area and population of ANMs and ASHAs should be made clear to them
6. All medical and para-medical positions under NUHM should be oriented and trained on NUHM on priority basis
7. The public health managers should all be appointed and made accountable for the overall NUHM implementation and management of UPHC, formation of community and referral networks
8. State to ensure that MAS accounts to be opened and they should be trained as per the norms
9. RKS to be made functional in all UPHCs, and members to be oriented on RKS so that the facilities can start using their untied funds as and when required
10. System of monitoring and field visits by state and district teams to be strengthened
11. Facility signage and branding of NUHM should be taken on priority, with signage designed to have uniform size, color coding, font, content and NUHM logo