**UPHC Visit**

**Antkoneshwar Health Centre (UHP), Thane**

A monitoring visit to UPHC Antkoneshwar at Thane, Mumbai was conducted on 16th August 2019 by NHSRC to assess the implementation status of NUHM in Thane Corporation. The visit focused on the overall infrastructure, HR and services components at the UPHC. The UPHC has a population of 1,26,000 attached to it, which is mostly slum population, living in and around a hilly terrain. The facility was built on the ground floor of a building, the top two floors of which had a functional school.

**Key Observations:**

Population: 1,26,000

Timings: 9 am to 4 pm for 6 days a week

(The UPHC is not closed for 2 consecutive days at any time)

Average OPD: 150-175/day

Staff in position:

|  |  |  |  |
| --- | --- | --- | --- |
| SN | Name of Position | Nos. Posted | Comments |
| 1 | Medical Officer | 1 | Regular |
| 2 | GNM (Staff Nurse) | 2 |  |
| 4 | ANMs | 9 | One ANM caters to 14000 population.12-13 ANMs are required as per the population norms for UPHC |
| 3 | Ambulance GNM (Male) | 1 | For motorbike ambulance in hilly areas of slum |
| 6 | MPW | 1 |  |
| 5 | ASHAs | 15  | One ASHA covers a population of 7000. Total of 15 ASHAs cater to a population of 1,05,000.Hence, approx. 26000 population is left, where no ASHA workers are posted.  |
| 7 | TBHV | 1 |  |
| 8 | Pharmacist | 1 |  |
| 9 | Sweeper | 2  | Regular |
| 4  | Contract |
| 10 | Driver | 2 | TB prog |
|  | For Pharmacy |

\* No Dresser, Lab Technician, DEO or NO/Clerk are posted.

\* 3 PHMs have been approved in Thane corporation

\* Gynecologist from RGMC visits every Friday for ANC

As per the City Program Manager, the Thane Corporation has 3700 CHVs (Community Health Visitors), who are trained in community work in slum and non-slum areas since several years and they can be roped in to work as ASHAs, wherever there is deficiency of ASHAs in Mumbai.

A total of 3 positions of Public Health Managers has been approved for Thane corporation. One PHM looks after the management of 3-4 UPHCs.

**Services provided:**

Routine OPD

Immunisation

ANC

Family Planning (except IUCD)

National programs

Pulse Polio Program

Leprosy/TB treatment

Rabies Vaccination

Referral (Rajiv Gandhi Medical College & Hospital)

The OPD registration involves a coupon of Rs. 5/- per patient and the OPD card is given to patients. The daily amount collected (*Bharna*) is deposited at the Thane Ward office on day to day basis by staff.

Vulnerability mapping has not yet been started by UPHC.

UHNDs are conducted in the nearby slums with a hilly terrain, however no Specialist Outreach Camps are conducted as of now. The UPHC conducts 4 health camps each year utilizing the budget of Rs. 10,000/- sanctioned under NUHM for each camp. Specialist services such as Gynecologist, Pediatrician and Physician are provided during the camps.

ANCs are conducted on Fridays by a gynecologist from RGMCH. Approximately 20 new ANCs present each week and FU of High-Risk cases is done by the gynecologist. Direct Referrals are done to Rajiv Gandhi Medical College and Hospital.

There is no IUCD insertion taking place at the UPHC although there are 9 ANMs and 2 GNMs, most of whom have been trained in IUCD insertion. There is no autoclave or boiler at the facility. Sufficient space is available in the facility to provide this service.

The data entry is done by 2 GNMs. The RCH portal is updated by ANMS on mobile.

There is only facility for sample collection, which are sent to the Rajiv Gandhi College and Hospital (4-5km) for testing. Thane has 27 UPHCs, of which only 11 have lab facility, with the remaining sending samples to RGMCH for testing.

MPWs are posted for data entry, slides collection, control of communicable diseases including Malaria, Dengue, distribution of Chloroquine and Primaquine tablets to positive cases, container survey and IEC/Health talk and counselling services.

46 MAS have been formed under Thane Corporation but their training is still pending.

AW are functional in the area.

For BMW collection, a vehicle comes daily, however no records and registers are maintained regarding BMW at the UPHC. BMW Registration Certificate is also not available at the Center.

**Key Observations:**

1. The location of UPHC was very apt because it is very close to the slum locality around it. Almost all population covered by the UPHC is urban slum and vulnerable population.
2. The timings of 9 am to 4 pm of the UPHC does not suit the health requirements of the vulnerable urban slum population. A change in schedule is advised so as to incorporate both morning and evening OPD services for urban slum.
3. The UPHC caters to a population of 1,26,000 urban slum population. The service delivery structure under NUHM envisages that a UPHC would serve a population of 50,000. Furthermore, the patients from UPHC are directly being referred to the nearby Rajiv Gandhi Medical College in Kalwa.

The above situation needs to be addressed.

There is a need for developing linkages with UCHC/other such facilities because the slum population going directly to a Medical College might not get adequate response and would lead to overload. Medical colleges are mandated to treat severe cases requiring specialist treatment, while any specialist at CHC level is well equipped to manage cases referred from UPHCs. Hence, it is suggested that strategy should be to focus on strengthening of linkages with UCHCs in the vicinity.

However, if such arrangement is not feasible, there is need to augment the staff for adequate service provision , if the slum population is 1.26 Lakhs, which the UPHC is supposed to cater.

Vulnerability mapping has not yet been started by UPHC.

Specialist Outreach Camps were not being conducted till date.

Despite 9 ANMs and 2 GNMs, all of whom are trained in IUCD insertion techniques, no IUCDs are being inserted at the UPHC. Besides, there is no autoclave available at the UPHC.

No training of MAS has been undertaken till now.

***Good Initiative:***

Motorbike ambulance initiative has been started 3months back to cater to the health needs of the population in the nearby hilly areas. An Ambulance GNM (Male brother) position has been sanctioned to operate the ambulance.

***Key Challenges:***

* The number of ASHAs is very less for the total population of 1.26L
* There is no Dresser, Lab Technician, DEO or NO/Clerk in place.
* There was no power backup at the UPHC, although power cuts were frequent at the area.
* There is no provision of any kind of Laundry services at the UPHC, neither inhouse nor outsourced.
* BMW registration certificate not available.
* No records and registers of BMW available at UPHC

***Pending Deliverables under NUHM***

* GIS mapping and Vulnerability mapping has not yet been started by the UPHC.
* RKS formation not done for utilisation of untied under NUHM.
* No NCD screening or population enumeration work started.

***Recommendations:***

1. Setup of another UPHC can be proposed if the population is 1.26L for the current UPHC. Revised headcount survey should be done to confirm the above.
2. More ASHAs (approx. 20-30) should be recruited as per the population norms for ASHA coverage. Currently each ASHA is looking after a population of 7000, which is very high. Further, approx. 26000 population is not covered by existing ASHAs.
3. IF CHVs can do the work of ASHA, they can be posted as ASHA for urban areas.
4. The posts of Dresser, Lab Technician, DEO or NO/Clerk should be filled urgently for smooth provision of quality services.
5. IUCD insertion should be started at the facility as sufficient trained staff is available. Autoclave demand should be sent to ward/district office.
6. The public health manager should made accountable for the overall management of UPHC.
7. State should ensure urgent training of the MAS members as 46 MAS have been formed in Thane Corporation.
8. Training of all medical and para-medical staff on NUHM and NCDs.
9. The RKS formation should be started on priority at the UPHC for proper utilisation of the untied funds.
10. Supportive supervision, handholding and monitoring visits by State authorities and Corporation for effective implementation of NUHM.
11. Better coordination between State, Corporation and other stakeholders in the area to improve the health status of population in the area.