16th Common Review Mission Uttar Pradesh

State Debrief

24th November 2024

Objectives of the 16th CRM

- **Assess NHM implementation:**
  - Evaluate strategies and operational efficiency
- **Identify gaps:**
  - Highlight challenges in health service delivery and community engagement
- **Document innovations:**
  - Capture and promote best practices for scalability

Scope of the Review

Focus Areas:
- RMNCAH+N (Maternal, Newborn, Child Health, Adolescent Health, Family Planning and Nutrition)
- Infrastructure and human resource gaps
- Community engagement and platforms
- Financial management (Onboarding of audit agency)

Facilities Covered:
- Sub-Centers, PHCs, UPHCs, CHCs, District Hospitals, VHSND sessions, Anganwadi Centers, Schools, AYUSH-AAMs, BPHUs and Medical College

Districts Reviewed:
- Kushinagar including Aspirational Block and Agra

Districts of UP covered
under previous CRMs

16th CRM- **Agra and Kushinagar**

15th CRM- Chitrakoot and Maharajganj

14th CRM- Fatehpur and Mahoba

13th CRM- Meerut and Bahraich

CRM Team
Team Leader: Dr K Madan Gopal, Advisor PHA NHSRC , MoHFW GOI

Agra

Name	Designation
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Dr. Viral Dave	Prof & Head, GCS Medical College, Ahmedabad, Gujarat
Prof M Mariappan	TISS Mumbai
Dr. Nischay Keshri	Regional Director I/C, ROHFW, Lucknow
Dr Ravi Kumar	Consultant, MWCD
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Ms. Rachana Kumari	Consultant QPS, NHSRC
Ms. Daisy A. John	Consultant, PHA, NHSRC

Kushinagar

Name	Designation
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Dr. Nidhi Tiwari	Consultant, MoHFW
Khushbu Chauhan	Consultant, MoHFW
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Dr. Vijay Yadav	Field Investigator, PRC
Dr. Richa Sharma	Senior Consultant, NHSRC
Bhavna Nahata	Consultant, NHSRC

Supported by State and District Teams

27-11-24

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Facilities Visited

Kushinagar- 9 out of 14 blocks visited
Agra- 7 out of 15 blocks visited

Facility Level	Number of facilities visited
District Hospital	3
Community Health Centres	9
AAM PHC	5
AAM SHC	9
UPHC and UAAM	4
AYUSH Centre	2
BPHU	2
Total Facilities Visited	33

Facilities Visited- Kushinagar

DH Kushinagar

CHC- Kasia, Hatta, Ramkaula, Kaptanganj, Tamkuhi, Sevraih

AAM-SHC- Perojahan, Pagra Basantpur, Tekuatar, Balkudia

AAM-PHC- Tekuatar, Balkudia

UPHC and UAAM - UPHC, Gayatrinagar, Padrauna; UAAM

MCH wing at all the CHCs and DH

AYUSH Centre- AAM Mathrauli; Sakrauli

VHSNDs, Community Interactions, ASHA Interaction, AAA meetings, Anganwadi Centres, Aanganwadi Kendra, Mid Day Meal, Primary School, Tekuatar, Homeopathic AAM, Tekuatar, Visit to TB patient house, HRP- Eclampsia, Aspirational BlocK
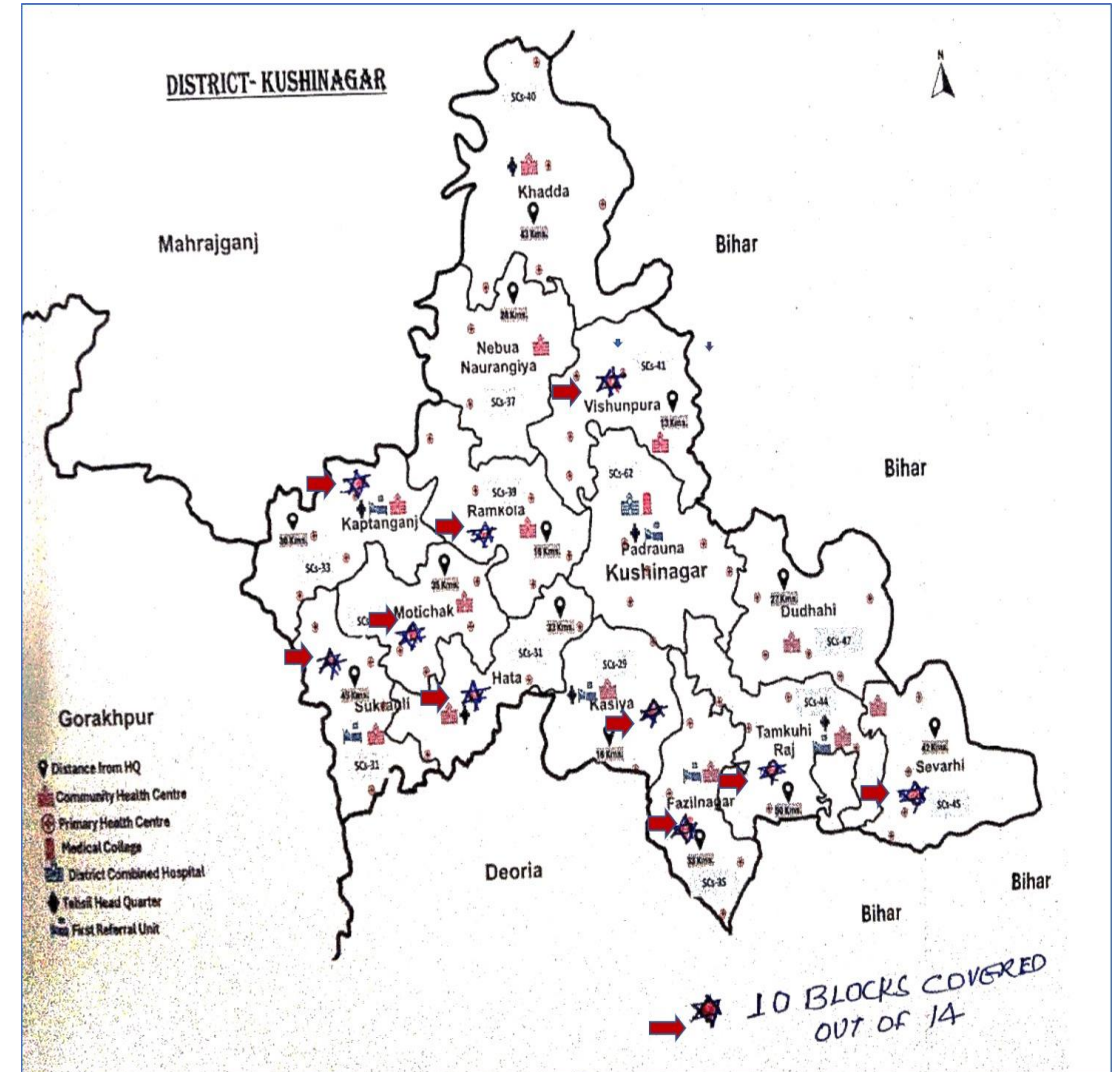
Facilities Visited- Agra

SN Medical College Agra
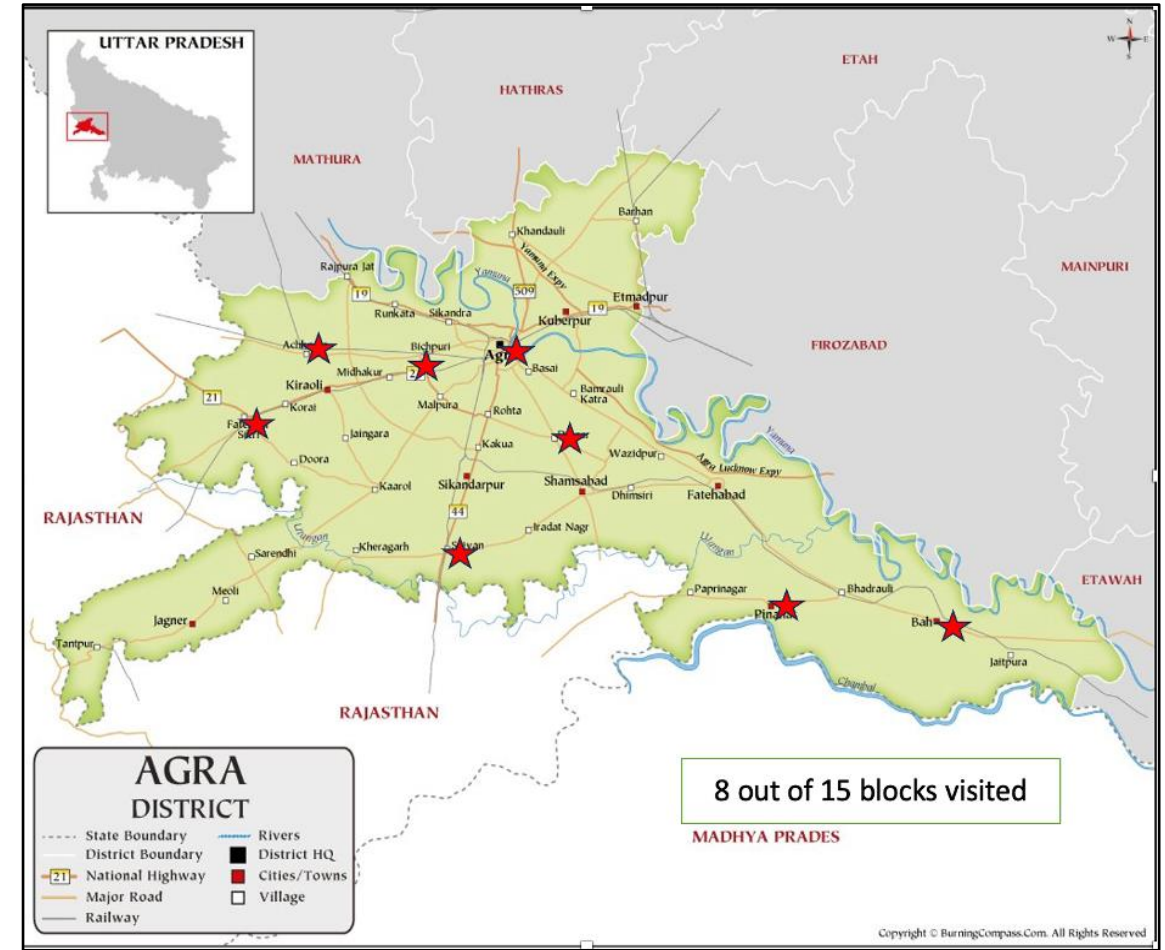
District Hospital, District Women Hospital

AAM HWC Digner, AAM Mandi Mirja Khan, AAM Bishera, AAM – Semri, AAM HWC Farera

UPHC Jeeoni Mandi, UPHC Lohamandi - 2

CHC FRU Achhnera, CHC Bah, CHC Saiyyan

L-1 PHC Basai Ahrera, PHC Semri

BPHU Bichpuri

8 out of 15 blocks visited

State Health Overview

Maternal Mortality Ratio (MMR):

- Significant improvements, yet inter-district disparities remain.

Immunization Coverage:

- High rates in reviewed districts
- **Fully immunised Children**- 74.1 (AGRA- NFHS-5)

Institutional Deliveries:

- Continuous improvement over the last 5 years

State and Districts Health Overview

Indicators	Agra	Kushinagar	Uttar Pradesh	India	Source	Year
Sex Ratio	952	1145	1017	1020	NFHS-5	2019-21
Maternal Mortality Rate	153 *	208	167	97	SRS	2020
Infant Mortality Rate	51 *	38	50.4	35.2	NFHS-5	2019-21
Under 5 Mortality Rate	69 *	46	59.8	41.9	NFHS-5	2019-21
Underweight	26.2	36.6	32.1	32.1	NFHS-5	2019-21
Stunted	35.9	32.2	39.7	35.5	NFHS-5	2019-21
Anaemia in adolescent female	61.4		52.9	59.1	NFHS-5	2019-21
Anaemia in Pregnancy	61.8	32	45.9	52.2	NFHS-5	2019-21
Antenatal care - Min 4 visits	42.7	35.8	42.4	58.1	NFHS-5	2019-21
Fully immunised Children	74.1	65.4	69.6	76.4	NFHS-5	2019-21
Tb incidence rate	NA	-	265	196		
Leprosy Prevalence rate	0.2	-	0.41		MPR	
API - Malaria	<1	-	<1		MPR	
ABER - Malaria	6.01 (Till Oct.24)	-	5.71		MPR	

*AHS 12-13

State Performance Metrics

NQAS-Certified Facilities

- Progress toward 100% certification for CHCs and PHCs.-
- Agra- 4 Facilities (0.69%) are NQAS certified ; 27 Facilities (5%) are Kayakalp awarded.

IPHS-compliant facilities

- Progress towards 100% self-assessment and plans to address the gaps.

PMJAY Claim Settlements:

- Persistent backlogs affecting hospital operations.

- Ongoing efforts to enhance efficiency and reduce out-of-pocket expenditure.

NQAS status

Facility Type	Facilities (as per HDI 2022-23)	Certification status		Total
		State Certified	National Certified	
DH	125	26	66	92
CHC	950	92	55	147
PHC	3653	110	23	133
SHC	25723	26	321	347
Total	30451	254	465	719

NQAS Status

Name of the facility Agre	NQAS status
DH Agra	-
DWH Agra	National Certified
CHC Acchnera	State Certified
CHC Bah	-
CHC Saiyan	-
PHC Basai	-
PHC Semri	-
UPH Jeoni MANDI	-
uphc Lohamandi-2	-
AAM-SHC Digner	National Certified
AAM-SHC Farera	-
AAM-SHC Bishera	-
AAM-SHC Semri	-
AAM-SHC Mandi Mirza	State Certified

Name of the facility (Kushinagar)	NQAS status
CHC Kasaya	-
CHC Tamkuhiraj	State Certified
CHC, Kaptainganj	-
CHC Hatta	-
CHC Ramkola	-
CHC Sevaraih	-
PHC Tekuatar	-
PHC Balkudia	-
UPHC Gayatri Nagar	Nationally Certified
AAM SHC Perojahan	-
AAM Balkudia	Nationally Certified
AAM Pagra Basantpur	-
AAM Tekuatar	-
UAAM Padrauna	-

IPHS Status

Facility Type	Facilities (as per HDI 2022-23)	IPHS Complaint score				Total	%assessed
		Aspirant Less than 50%	Progressive (50-69%)	Progressive (70-79%)	Compliant (More than 80%)		
DH	125	72	20	1	1	94	75
SDH	0	5				5	
CHC	950	534	142	25	6	707	74
PHC	3653	2125	293	38	30	2486	68
SHC	25723	12341	6096	1482	631	20550	80
Total	**30451**	**15077**	**6551**	**1546**	**668**	**23842**	**78**

IPHS

Facility Name (Agra)	Category	Score
Digner	AAM HSC	90.66
Farera	AAM SHC	65.17
DH Agra	District Male Hospital	48.67
Saiyan	CHC	41.38
Achnera	FRU CHC	40.58
DWH Agra	District women hospital	39.43
Basai Arela	PHC	26.47
Bah	FRU CHC	21.99
UPHC Jeonimandi	UPHC	19.64
Lohamandi	UPHC	19.38
Kuaakheda	AAM SHC	18.33
Mandi Mirza Khan	AAM SHC	65.54
Bisera	AAM SHC	63.93
Semri	PHC	48.29

Facility Name (Kushinagar)	Category	IPHS
Kasaya	CHC	47.32
Tamkuhiraj	CHC	40.99
Kaptainganj	CHC	7.75
Hatta	CHC	45.66
Phirojaha	SHC	59.46
Pagara Basantpura	SHC	50.38
Balkudia	SHC	16.09

Key Health Indicators (September 2024) as compared to the neighboring districts- Kushinagar

Indicator	Kushinagar	Gorakhpur	Deoria	Maharajganj
Institutional Deliveries (%)	85%	90%	83%	87%
Immunization Coverage (%)	88%	92%	86%	89%
SNCU Bed Occupancy Rate (%)	**179% (High)**	85%	90%	88%
Ayushman Bharat Claim Pendency	₹33 Crores (12,000 claims)	₹20 Crores (9,000 claims)	₹15 Crores (6,500 claims)	₹25 Crores (10,000 claims)
HR Vacancy (Lab Technicians) (%)	40%	30%	35%	33%
NQAS-Certified Facilities	60%	75%	55%	65%

Innovations and Best Practices

Alternate Vaccine Delivery system
reducing vaccine wastage

Streamlined Timing and Cold Chain Maintenance:

- AVD ensures timely vaccine delivery and return of vaccine carriers on the same day; Prevents vaccine wastage

Efficient Planning:

- RI microplans include session site locations, distance, route charts, and nearest cold chain points.
- Supported financially under NHM: ₹90 per carrier (normal terrain), ₹200 per carrier (hard-to-reach areas).

Impact on Program Goals:

- Reduced vaccine wastage through proper cold-chain management.
- Improved service quality as ANMs focus more on community care than vaccine logistics.
- Fulfilled supply-demand gaps, enhancing program efficiency

E-voucher for HRPs
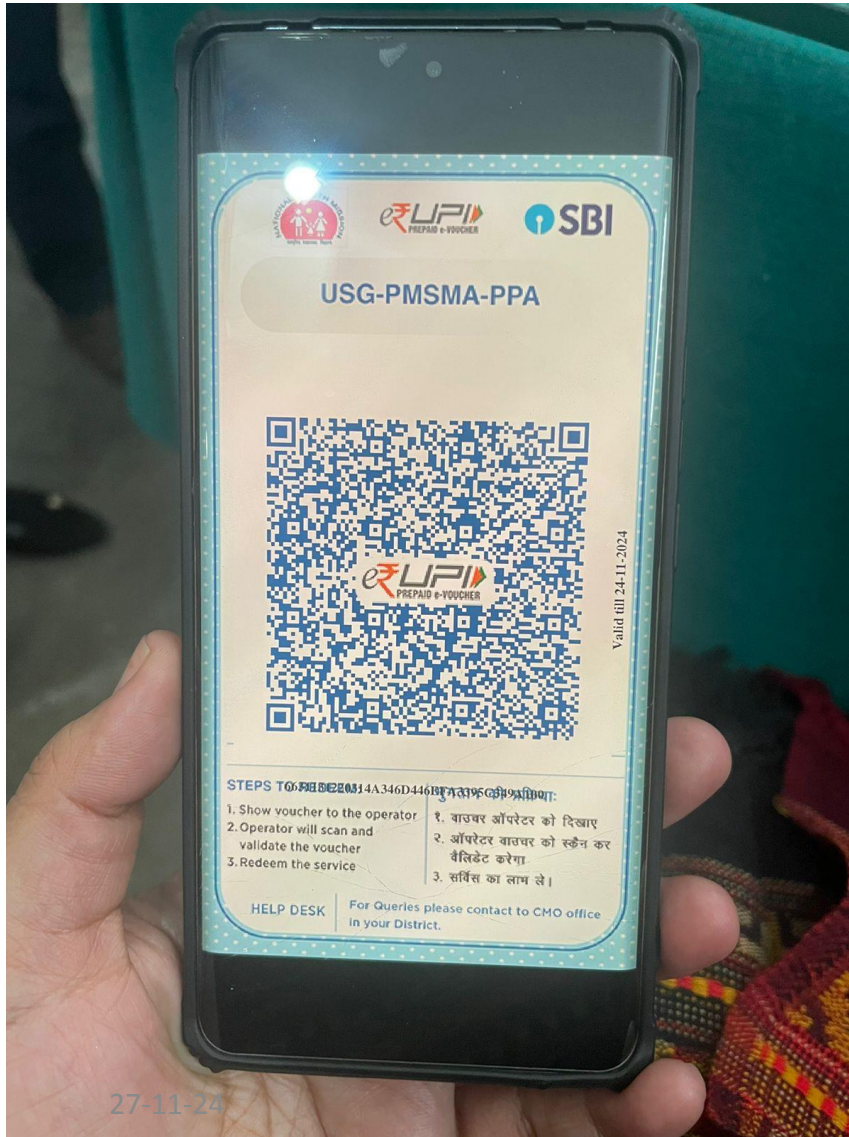
- Empaneled USG centre, empaneled for USG under PMSMA scheme.
- The facility is getting reimbursement of Rs.425/- per patient.
- Facility personal following up 2-3 times per patient once barcode generated for respective patients.
- The validity for the barcode is 1 month from the generation of it.

Status of Achievement – Aspirational Block, Vishnupura

Key Achievements

Ayushman Arogya Mandirs (AAM):
- 97% drug indenting through DVDMS.
- 1,77,506 teleconsultations via e-Sanjeevani (April–October 2024).

Immunisation:
- High maternal and child immunization coverage under the U-WIN portal.
- Timely vaccine delivery ensures uninterrupted services.

Tuberculosis (TB) Elimination:
- 92% treatment success rate for drug-sensitive TB.
- AI-enabled X-ray devices screened 15,582 individuals under Project C-19.

Key Challenges

Family Planning:
- Limited counselling on contraceptive choices at VHSNDs.
- Low community awareness of newer methods.

Maternal and Child Health (MCH):
- High-risk pregnancies face gaps in service awareness (e.g., PMSMA days).
- Inadequate documentation in MCP cards and growth charts.

Human Resources:
- 40% lab technician positions vacant.
- Limited training for ASHAs and ANMs on critical health programs.

Recommendations

1.Strengthen Awareness Campaigns:
1. Promote PMSMA days and family planning services.
2. Increase community engagement for TB-free and immunization initiatives.

2.Build HR Capacity:

1. Recruit lab technicians and enhance ASHA/ANM training.

3.Improve Data Management:

1. Ensure accurate documentation via MCP cards and digital platforms.

PMSMA Days:

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) days are observed on the 1st, 8th, 16th, and 24th of every month to ensure antenatal care.

High-Risk Pregnancy Screening:

- A robust screening system is in place, supported by the e-USG voucher scheme for high-risk pregnancies.

Immunization Coverage:

- High immunization rates achieved: Kushinagar (88%) and Agra (92%), surpassing the state average.

Functional Labor Rooms:

- CHC labor rooms are well-equipped with essential life-saving drugs like Oxytocin and Magnesium Sulfate.

Td Vaccination:

- Successfully integrated Td vaccination with Kishor/Kishori Diwas initiatives to improve adolescent health.

Contraceptive Availability:

- A comprehensive basket of contraceptive choices is available at all levels of healthcare delivery.

Maternal Health

Challenges

Pregnancy Tracking and Dropouts:

- **Significant dropout** between the registration of pregnant women and actual deliveries.
- Missing tracking mechanisms for registered pregnancies (70,000 registered; data available for only 35,000)

High-Risk Pregnancy (HRP) Monitoring:

- Data mismatch between U-WIN and other portal hinder effective HRP tracking.
- Significant gaps in tracking high-risk pregnancies

Infrastructure and Equipment Gaps:

- Several, SHC-AAM designated as functional "**Delivery Points**" but **lack even basic amneties-water, regular electricity, proper delivery table,** essential equipments (delivery trays, baby trays, PPIUCD trays) etc.

Missing Deliveries :

upto September, 2024

District	PW Registered (%)	Total Delivery			
		Govt. Faciity	Private Facility	Total Institutional	%
Gorakhpur	69483**(46)**	15801	28514	44315	**64**
Deoria	54573 **(51)**	17315	8675	25990	**48**
Kushnagar	63450 **(47)**	19728	11915	31643	**50**
Mahrajganj	48048 **(48)**	14458	9589	24047	**50**
Total :	**235554 (48)**	**67302**	**58693**	**125995**	**53**

Deliveries which are not recorded anywhere, anywhere at any IT system
Its may cause of

- To provide entitlement of JSYs and other services
- Tracking cause of maternal and neonates deaths
- Neonate and children and immunization services.
- Auditory issues

Maternal Health: Challenges

SC Harpur Berwa

Maternal Death Review (MDR):

- Limited root cause analysis during MDR, e.g., PPH and anemia-related maternal deaths in Kushinagar lacked actionable insights.
- Gaps in effective Anemia treatment and counseling on spacing and family planning methods

JSY Backlog

- Beneficiary payouts delayed due to **unavailability of beneficiary bank accounts**
- Pradhan Mantri Matru Vandana Yojana is not functional

Maternal Health : Recommendations

- Conduct regular MDSR and child death reviews linked to action plans.

- Integrate high-risk pregnancy tracking with e-Kavach and U-WIN.

- **Integrate Family Planning Awareness with PMSMA campaigns** to promote birth spacing and improve maternal and child health outcomes.

- **Agreement with Post Offices** to facilitate account opening of pregnant women

- Frontline workers require regular refresher training.

- Low integration of family planning awareness during PMSMA days and AAA-Cluster meetings.

- Low screening rates for cervical cancer and inconsistent follow-ups for NCD patients.

- Lack of good quality IEC materials on Breast Feeding, Contraceptives, Nutrition missing; **Effective IEC** during PMSMA days

Child Health

Observations

- Availability of functional Newborn Care Corners (NBCC) and Special Newborn Care Units (SNCUs) at delivery points
- Breastfeeding Awareness
- Fetal Doppler, Radiant Warmers, baby tray etc available
- Neonatal resuscitation equipment, such as a radiant warmer, suction device, shoulder roll, and pediatric Ambu bag, was available
- Distribution of IFA red and blue tablets observed
- Hemoglobin testing kit was available with ANM
- Well-equipped Mini PICU observed at district Kushinagar

Child Health

Challenges

- Shortage of staffs at SNCU & PICU
- counseling for mothers on low-birth-weight care.
- Ventilators available at Mini PICU but unutilized due to lack of training.
- Irregular RBSK Team Visits: Infrequent visits; lack of regularity
- High LAMA rates and inadequate referral tracking in SNCU/NBSU facilities.
- Ineffective Resource Utilization:
    - Mini PICU at CHC Kaptanganj: High caseload with only 3 beds.
    - DH Kushinagar: 25-bed PICU underutilized with low occupancy rate
- Referral of SAM cases not adequate from community
- Anemia Screening: Regular screening for anemia (5-59 months) is missing
- Limited quality IEC-materials on Anemia prevention and newborn care.

Child Health : Challenges

- >100% bed occupancy

- Overload

- A/C wiring to be separated – inspection work completed –rest under process

- Paediatric Ventilators (4) > 10 years old – out of focus for AMC-replacement request pending since one year

- No written SoP for Neonatal Death – only departmental audit – No interdepartmental audit

- No NRC available

- Incomplete forms/details in Child death review

- Absence of important stakeholders in child death review meeting.

- Routine Immunization proper, cold chain maintained both at community and facility level.

Child Health: Recommendations

- PICU staff should be designated for only PICU purpose to ensure availability of trained HR

- Critical Care Training/Refresher training of staff nurses

- DwH to be strengthen with Paediatrician/Residents to decrease workload

- Electrical works/repairs on priority based – Regular inspection

- Ventilators issues from RKS/AB-PMJAY revenue

- Uniform SoP with interdepartmental faculty

- NRC to be made available – DHS-NHM to manage

- U-win application training required for Cold chain Handlers, ANM, SN at LR.

Family Planning

Achievement

Basket of Choice:

- Available up to the community level.

Self-Care Kit:

- Parivar Niyojan kit installed at strategic locations in facilities.

FPLMIS Software:

- Operational up to ASHA level for supply and demand strengthening

ASHA distributing SUGAM KIT to newly-wed couples

Khushal Parivar Diwas on 21st of every month

Family Planning Challenges

Adhoc Referral Mechanism:

'Missed opportunity for referral from ANC OPD to Family Planning Counseling; optimal time to encourage birth spacing.

Dilapidated sterilization OT with no scrub area, proper-bed, equipment etc at non-FRUs

Sterilization cases at CHC have not been discussed with clients.

Post-Pregnancy Contraception:

Despite good delivery caseload, adoption of PPIUCD is suboptimal.

In most of the facilities, while ASHA were geeting PPIUCD compensation amount but package

Sagun Kit Supply: Pending supply of Sagun Kit to ASHAs for this year.

ASHA Refresher Training: ASHAs require refresher training for Anatra injections.

FPLMIS Utilization: ASHAs are indenting commodities using FPLMIS but still need hand-holding.

Anatra Register Maintenance: Not up to mark.

Family Planning Recommendations

- Promotion of Family Planning during PMSMA campaign
- Promote the program as a initiative for the health and well-being of mothers and children
- Use of quality IEC materials for promotion of Family Planning.
- Installation of SUGAM model up to CHC level for promotion of Family Planning

Challenges

- Adolescent health services were not available at any level
- RKSK program was not implemented
- Sanitary pads were lying in bulk in Warehouse but not seen its distribution on field and in some facilities, sanitary pads are not available for free distribution.
- No adolescent counselling
- Inadequate facilities for substance abuse

Challenges

- Limited distribution of IFA
- Deworming programme??-(High Prevalence of worm infestation in children)
- No IEC

Recommendations

- Focus on distribution of IFA an Albendazole tablets
- Require strong monitoring mechanism
- Iron rich diet can be included in Mid-day meal

PC-PNDT

❑ **e-Voucher Scheme Highlights:**

▪ Launched by the Uttar Pradesh Government for high-risk pregnancies.

▪ Vouchers issued @ ₹1/-to beneficiaries for accessing USG services.

▪ Services available at empanelled ultrasonography centres.

❑ **Observations from Field Visit:**

▪ Accreditation under the PC & PNDT Act (2017-2022) expired two years ago.

▪ Renewal application submitted but certificate yet to be issued.

❑ **Key Recommendations:**

▪ Review the bottlenecks and redressal for renewal of accreditation under the PC & PNDT Act

▪ Conduct regular reviews and audits of empanelled centres

▪ Strengthen documentation processes to maintain compliance and service quality in alignment with national guidelines

Secondary care

BPHU

Component	Units Approved	Work completed
Block Public Health Unit	21	6

- Construction completed for 4 BPHU in Agra and 2 in Kushinagar.

- More than 50% of construction works have been completed at visited BPHUs.

Dilapidated and damaged Buildings in Healthcare facility Premises of District hospital, CHC and AAM-SHC facilities

Infrastructure: Observations

Safety Concerns:

- Low-hanging wires near oxygen plants pose significant safety risks.

Space Limitations:

- Inadequate waiting areas in health facilities, impacting patient comfort.

Fire Safety Deficiencies:

- Lack of mock drills or staff training on firefighting equipment.

Sanitation Issues:

- Poor sewage and sanitation conditions in Maternal and Child Health (MCH) facilities.

Facility Maintenance:

- Persistent dampness in CHCs negatively affects service quality, staff well-being, and patient care.

Underutilized Infrastructure:

- Defunct and non-utilized spaces, such as RT-PCR labs with unused equipment, remain unproductive.

Secondary Care HR

- The number of staff available was adequate for the patient footfall.
- A designated help desk was set up; however, its functionality was suboptimal.
- Gaps were identified in biomedical waste (BMW) management training.
- Staff underwent behavioral training, but no training was provided for Code Red procedures or the use of fire safety equipment.
- Ambulance staff lacked recent training in Advanced Life Support (ALS) and Basic Life Support (BLS), with their last training conducted a long time ago.
- Emergency codes training was absent, and no IEC materials related to emergency codes were displayed.
- Dietary services to the inpatients.
- Verify reported 7-minute ambulance response times through field data.

Comprehensive Primary Healthcare

Infrastructure

- **21,668 AAMs are operationalized against target of 27,847**
- **Branding** was completed in all the **centres except Harpurbarwa**
- **Quarters not available** for CHO & ANM
- Majority of the **centres lack disable friendly infrastructure-** ramps, wheel chairs, toilets
- Adequate waiting area, except in SHC, Harpurbarwa
- Adequate space for Yoga/ Wellness activities
- Proper electricity and water supply, except in SHC Hapurbarwa

Challenges

- Some facilities are damp with seepages
- Coordination between ANM and CHOs
- Lack of disable friendly infrastructure

Recommendations

- Regular audit by MOIC during their routine monitoring visits
- Ramps, wheel chairs, side rails can be implemented

Comprehensive Primary Healthcare

Human Resource

- Availability of staff was adequate
- ANMs primarily focus on RMNCH services, while CHOs handle NCDs, leading to siloed operations and a lack of integration.
- CHOs are trained in all the packages except RCH, Family Planning, Elderly, Palliative and Emergency
- ASHA and ANMs were not trained on expanded services
- Weak team coordination of Medical Officers with CHOs, ANMs and ASHAs in their catchment area
- Lack of training for JAS Members for the functioning of committee

Challenges

- AAM-SHC Perojahan only CHO was present at the time of visit
- Interpersonal coordination not adequate between ANM and CHOs
- Training on expanded packages including

Recommendations
- Training of CHOs on RCH

Comprehensive Primary Healthcare

Drugs

Observations

- AAM-SHCs were maintaining drugs as per the State EDL (84) and PHC (106)
- Drugs not in EDL but required by the community- Some variety of Anti-hypertensive drugs, drugs for dermatological and respiratory conditions, and AYUSH drugs wherever PHCs had MO (AYUSH)
- DVDMS portal used for indenting drugs at SC/ PHC levels. No issues reported on the usage

Challenges

- Medicines were not arranged in FIFO manner
- E pill and Medical MTP kit were out of stock at few delivery points
- TB drugs not present at PHC- Basai Ahrera
- Lack of training in inventory management

Diagnostics

- 14 diagnostic tests were available at SHCs and 12 set of tests available
- All the tests are conducted in house
- Equipment mapped and maintenance undertaken through PPP mode ('Cyrix' agency)

Comprehensive Primary Healthcare

Service Delivery

Observations

- In majority of facilities, 8-9 service packages were rolled out
- Communicable diseases including dermatological diseases are prevalent
- PHCs not strengthened and weak referral between SC and PHC. Most cases being referred to CHC/DH. No follow-up of the referred cases
- Internet connectivity are sub optimal
- SHC Perojahan was a **delivery point with average 20 deliveries** in a month, but **no maintenance of equipments, labour table, new born corner etc**. Labour room hygiene not maintained

Challenges

- JAS was constituted in mostly all the facilities but record keeping of fund utilization was extremely poor
- Delivery points not maintained, rusted bed and equipments
- Poor biomedical waste management
- Parallel incentives by other health care providers

Recommendations

- Consider LaQshya standards implementation at every delivery point with training
- Regular visit of MoIC for supportive supervision
- Equipment audit

Comprehensive Primary Healthcare

IT Portals

Observations

- Network issues
- No integration of portals- not even in state specific ones- E-Kawach and Mantra
- E-Kawach is not allowing to back track the data to check the quality and compliance
- ANMOL and NP-NCD not in use
- Poor quality tele consultations. Teleconsultation are going directly to DH or BHU or anywhere
- DH Hubs prescribing medicines on the basis of chats, no video calls
- Quality of prescriptions are very poor

Recommendations

- Only 10-20 teleconsultations were attempted at DH, with reported average 20-30 OPDs per day per centre, need to thoroughly examine where the calls are going and how the drugs are dispensed or if over the counter drug distribution practices are being practiced at AAM-SHC level
- Map AAM-SHCs to their PHCs
- Portal integration atleast state specific ones
- CHOs can be trained on E-Kawach for further training of ASHAs in sector or AAA meeings

Community Processes and Engagement

VHSNDs

Observations
- Three VHSNDs visited
- Staff occupied for VHSNDs were ANM and ASHAs
- Services provided were routine immunization, ANCs, family planning awareness and commodities distribution only
- Height and weight measurement
- Point of care tests such as HB, Urine test, Blood Sugar etc

Challenges
- No BMW management, blood-tinged swabs were collected in paper polybag
- Lack of training
- Conducted in a house with crunch in space
- No counselling observed
- Lack of awareness about family planning options, PMSMA services, including USG vouchers

Recommendations
- BMW management
- More portable equipment
- Engage adolescent girls, newly weds for counselling
- VHSND should be organized in an Anganwadi Centre or any other government building with adequate space. As far as possible the VHSND site should be a fixed place in the village.

ASHAs

Observations

- ASHAs are well connected with the community
- AAA meetings are getting conducted

Challenges

- 21st of every month is supposed to be ASHA Voucher submission day, but none of the ASHAs had completed their vouchers

Recommendations

- Performance tracking mechanisms may be devised for BCM/AS/ASHA

Human Resources

Human Resource Challenges:

Vacancies in Key Positions:

- 40% of lab technician positions are vacant, significantly affecting diagnostic services.
- Pharmacist positions remain unfilled, disrupting medicine availability and management.
- Critical specialists such as OBGYN, pediatricians, and radiologists are not available in many facilities.

Staffing for Specialized Care:

- There is a lack of dedicated staff to manage PICUs, impacting the quality of pediatric intensive care.

Training Gaps:

- Limited induction and refresher training opportunities for all cadres, including ASHAs, ANMs, and paramedical staff.
- Inadequate training for CHOs and ANMs, particularly in integrating RMNCH and NCD services.

Operational Silos:

- ANMs focus primarily on RMNCH services, while CHOs manage NCDs, leading to fragmented care and limited coordination.

Human Resource Strengthening:

Address Vacancies:

- Expedite the recruitment process to fill critical staff shortages across health facilities.

Capacity Building:

- Enhance training programs for ASHAs and ANMs, focusing on both technical and community engagement skills.

PICU Efficiency:

- Assign dedicated staff exclusively for Pediatric Intensive Care Unit (PICU) tasks to improve service delivery and outcomes.

Role Definition:

- Clearly define roles and responsibilities for nurses and healthcare workers to reduce overlap and enhance operational efficiency.

Refresher Training:

- Implement periodic refresher courses to update staff knowledge and improve competency.

Mentorship Programs:

- Establish mentorship initiatives by pairing senior professionals with junior staff for hands-on skill development and knowledge transfer.

Enhancing Human Resources and Training

Resident Deployment:

- Prioritize posting residents from the District Residency Program (OBGY, Pediatrics, Anesthesia) to high-case load or remote CHC/FRU facilities to fill critical vacancies.

- Utilize Radiodiagnosis residents as resources for diagnosing congenital anomalies and conducting antenatal scans at District Hospitals, FRUs, and CHCs.

- Deploy Orthopedic and Surgery residents for minor procedures and plastering to reduce the burden on senior staff.

Training for Postgraduates:

- Plan training during the first 1.5 years of postgraduate programs to build clinical competencies.

- Collaborate with Medical College Deans and respective department HoDs to align training with PG teaching requirements and skill-building objectives.

Establishment of District Training Teams (DTT):

- Set up a permanent District Training Team (DTT) with master trainers from medical and paramedical staff stationed at the District Headquarters.

- DTT to oversee and plan all patient care and software/IT application-related training on an annual or financial year basis.

Supply Chain Management- Drug Warehouse
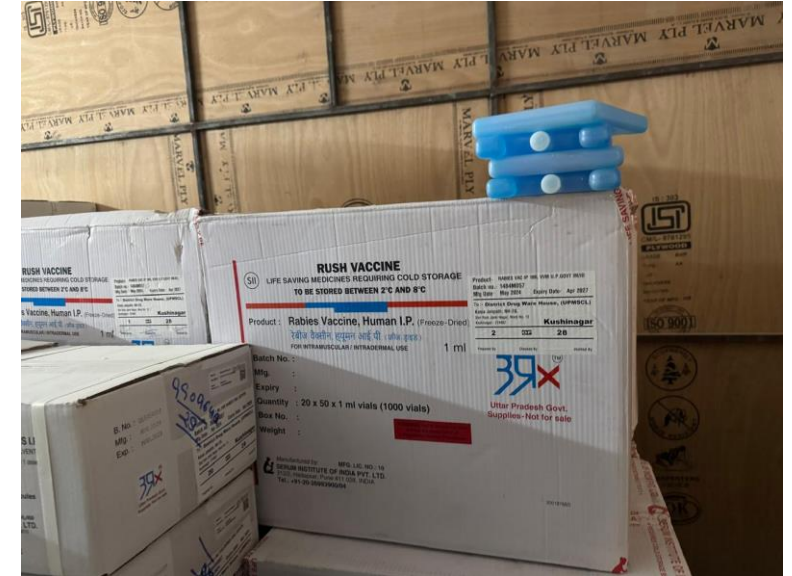
Drug Warehouse, Kasya, Kushinagar

The new warehouse of Kushinagar under construction at Suvarih block which is one side of Kushinagar

Supply Chain Management- Drug Warehouse

Key Observations:

1. **Storage Issues:**

   o Absence of racks for systematic storage; large boxes stored directly on the floor and against walls, increasing the risk of moisture exposure and physical damage.

   o Mould detected on medicines due to poor storage conditions.

2. **Hygiene and Maintenance:**

   o Poor hygiene standards and lack of proper maintenance in storage areas.

3. **Cold Chain Violations:**

   o Rabies vaccines stored in open conditions, failing to maintain the mandatory temperature range of 2–8°C.

4. **Inefficient Distribution:**

   o No systematic mechanism for timely and efficient drug distribution to healthcare facilities.

   o Poor inventory tracking, leading to delays and inefficiencies.

Compliance Gaps:

1. **Storage Protocols:**

   o Violations of standard storage protocols, posing a risk to drug efficacy and patient safety.

2. **Monitoring and Checks:**

   o Lack of routine monitoring for storage and distribution practices.

3. **Safety Measures:**

   o Absence of fire safety equipment and camera surveillance in storage facilities.

Supply Chain Management- Drug Warehouse

1. Infrastructure Improvement:

- Procure and utilize functional refrigerators specifically designed for vaccine storage.
- Implement regular temperature monitoring systems to ensure vaccines remain within the mandated range of 2–8°C.

2. Drug Distribution System:

- Develop a robust and efficient drug distribution system, supported by proper inventory management and tracking mechanisms.

3. Staff Training and Inspections:

- Conduct regular inspections of storage facilities to identify and address compliance gaps.
- Provide comprehensive training to staff on drug storage and distribution protocols to ensure adherence to standard operating procedures (SOPs).

4. Mould-Affected Medicines:

- Segregate and safely dispose of mould-affected medicines to prevent the use of compromised drugs and ensure patient safety.

Bio Medical Equipment Management System

Incomplete procurement

Availability of health ATM with zero utilization

Dental chair available but Dentist not posted

Effective utilization of OCs

Equipment Management: Issues and Recommendations

Key Issues:

1. **Inventory Management:**
   - Poor management of equipment inventory, leading to disorganized tracking and utilization.

2. **Non-Functional Equipment:**
   - Equipment remains non-functional, with no complaints registered with service providers for timely resolution.

3. **Beyond Economical Repair (BER):**
   - Lack of clear provisions or processes for handling BER equipment.

4. **Monitoring Systems:**
   - Absence of a robust monitoring mechanism at the facility level to oversee equipment functionality and maintenance.

Recommendations:

1. **Training Programs:**
   - Conduct training for staff on equipment inventory management and Biomedical Maintenance Management Program (BMMP).

2. **Complaint Mechanisms:**
   - Establish a system for registering complaints related to non-functional equipment with service providers.

3. **Audits and Census:**
   - Regularly perform equipment census and audits to maintain an updated inventory.

4. **BMMP Committees:**
   - Form dedicated BMMP committees at the facility level for effective oversight and action.

Digital Systems and Data Management Achievements

E-Kawach:

ASHAs are successfully conducting annual censuses using the E-Kawach platform, ensuring comprehensive data collection.

E-Mantra:

Fully implemented across all delivery points, enhancing service delivery efficiency.

HMIS Reporting:

Both Agra and Kushinagar districts have achieved 100% data reporting status under the Health Management Information System (HMIS).

FPLMIS Indenting:

ASHAs are effectively using the Family Planning Logistics Management Information System (FPLMIS) for accurate and timely indenting.

DVDMS Implementation:

The Drug and Vaccine Distribution Management System (DVDMS) has been successfully rolled out up to the sub-center level.

Data Validation Committees:

Committees have been established at all levels to ensure accuracy and validation of reported data.

Digital Systems: Observations

E-Kawach Discrepancies:

Significant data mismatches were identified between E-Kawach records and ASHA diaries at multiple locations, undermining data reliability.

Training Gaps:

HMIS data handlers have not received comprehensive training, leading to confusion and inconsistent adherence to indicator guidelines at the facility level.

Printed Formats:

Several facilities lacked printed formats, resulting in violations of HMIS guidelines and difficulties in maintaining accurate records.

Data Validation Issues:

No fixed template for validation processes, causing inconsistencies in data review.

Missing indicators were validated and uploaded without proper checks, a practice that compromises data quality.

Digital Systems: Observations

Repetitive Data Patterns:

Identical values reported across multiple indicators every month, raising concerns about potential data fabrication.

Staff Awareness:

Facility staff are unaware of discrepancies between source registers and the HMIS portal, leading to unverified and potentially inaccurate data reporting.

Monitoring Gaps:

Monitoring officers are not conducting physical data verification, resulting in unchecked errors and compromised data quality.

Challenges in HMIS Data Management & Recommendations

1. **Training Deficiencies:**

   ○ Inadequate training on HMIS data definitions and guidelines has resulted in inconsistent data entry and handling across facilities.

2. **Data Validation Gaps:**

   ○ Lack of a standardized data validation process allows missing indicators to be improperly validated and entered, compromising data accuracy.

3. **Monitoring Gaps:**

   ○ Monitoring officers at all levels fail to conduct physical data verification, leading to unchecked errors and data discrepancies.

4. **Printed Formats:**

   ○ Absence of printed HMIS formats at facilities violates standard guidelines, hindering proper data collection and accurate reporting.

Recommendations for Data Validation and Supervision

1. **Supportive Supervision Framework:**
   - Senior staff to conduct periodic on-site checks, providing real-time guidance and feedback to facility staff.
2. **Mentorship Program:**
   - Pair experienced personnel with facilities for hands-on training and ongoing mentorship.
3. **Routine Cross-Checking:**
   - Schedule regular cross-checks of data between source documents and HMIS portal.
4. **Standardized Validation Templates:**
   - Develop and implement uniform templates for data validation to ensure consistency across facilities.
5. **Clear Validation Guidelines:**
   - Circulate detailed, step-by-step instructions for validating each indicator to prevent common errors.
6. **Training for Validation Committees:**
   - Conduct regular training for validation committee members on techniques, error identification, and reporting accuracy.
7. **Interactive Role-Specific Training:**
   - Provide ongoing, role-specific training using mobile modules and interactive content to improve staff proficiency in data handling and HMIS guidelines.

Key Observations

1. **Space and Infrastructure:**

   o Adequate space available for OPD and other healthcare services.

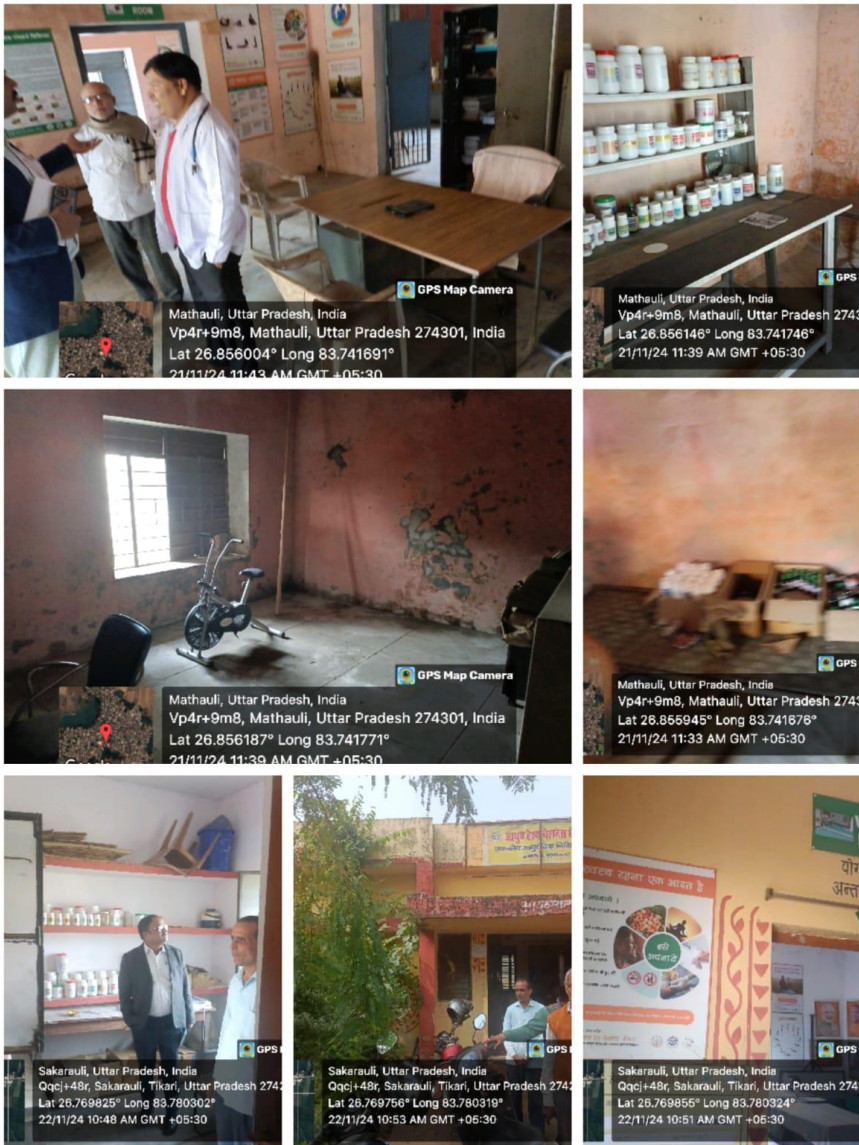2. **Service Delivery:**

   o OPD services are functioning well, with an average daily footfall of 15 patients.

3. **Yoga Sessions:**

   o Regularly conducted yoga sessions as part of patient wellness programs.

4. **Data Management:**

   o Patient care data is well-maintained through the AIMMS portal.

AYUSH Facilities: Challenges

1. **Infrastructure Gaps:**
   - Absence of electricity connection, drinking water facilities, and proper biomedical waste management.
2. **Citizen Awareness:**
   - Citizen charter is not displayed at the facility.
3. **Digital Infrastructure:**
   - Lack of laptops/desktops and internet connectivity.
4. **Lab Services:**
   - Laboratory services are not operational due to budget and manpower constraints.
5. **Program Implementation:**
   - Telemedicine services, CBAC screening, and Prakriti Parikshan are not being conducted.
6. **Governance:**
   - Ayush Jan Arogya Samiti has not been constituted.
7. **Herbal Garden Maintenance:**
   - The herbal garden is not properly maintained.

AYUSH Facilities : Recommendations

Training and Reporting:

- Conduct regular training for Ayush doctors to improve service delivery skills.
- Ensure timely and accurate reporting of data for better planning and monitoring.

Awareness and Outreach:

- Display Citizen Charters prominently at all Ayush centers.
- Organize Ayush health camps and awareness programs on a regular basis.
- Distribute IEC materials to enhance public awareness of Ayush services.
- Make Community-Based Assessment Checklist (CBAC) and Prakriti Parikshan forms readily available.

Infrastructure:

- Provide essential facilities like electricity and drinking water at Ayush centers to ensure smooth operations.

Human Resources:

- Fill vacant staff positions promptly to address service delivery gaps.

Budgetary Support:

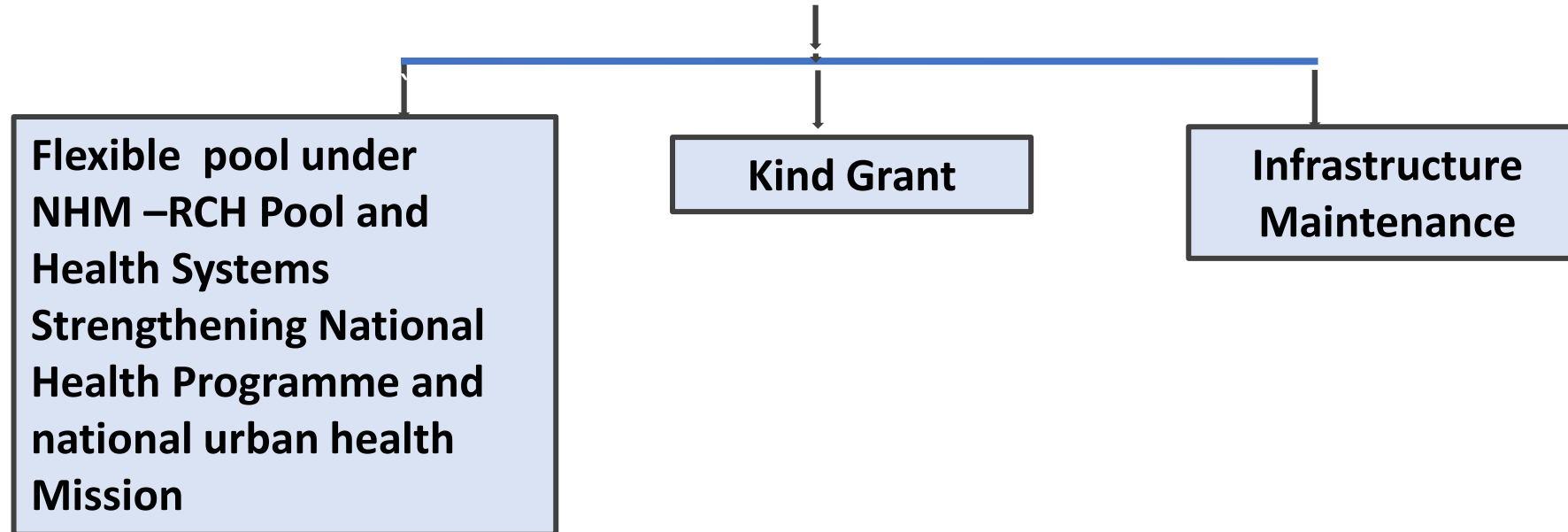- Ensure the timely release of budgets to enable uninterrupted operations and program implementation.

Governance:

- Constitute Ayush Jan Arogya Samiti (JAS) to strengthen community involvement and governance.

27-11-24

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Governance, Financing and Accountability under NHM

Financial Status National Health Mission: -UP:2024-25

Rs. In crore

Sr	Programme	Opening Balance	Funds Received from GOI*	State Share	Available Funds	Expenditure	% Exp. to available fund
1	NHM	1306.59	2459.96	2116.74	5883.29	4386.58	74.56

* Three installment up to 75% of cash allocation released to the state of UP. Funds of Rs. 411.34 cr is pending to received from UP state treasury. Further installment will process after receive the Statutory audit report.

Financial Status PM-ABHIM: -UP
(2021-22 to 2024-25)

Rs. In crore

Sr	Programme	GOI BE	Funds Received from GOI*	State Share	Available Funds	Expenditure	% Exp. to available fund
1	PM-ABHIM	1959.01	802.44	445.87	1248.31	847.83	67

* Against BE of Rs.534.60 cr ,two installment of Rs.267.30 cr released in 2024-25 under PM-ABHIM.

Financial Status : Agra-UP

Rs. in cr

Sr	Programme	Approved District PIP	Budget Limit Received	Total Available	Exp. up to 15/11/2024	Limit Available	% Exp. to District PIP	% Exp. to available fund
1	NHM	225.41	133.94	133.94	72.86	61.08	32.32	54.39

Financial Status :Khushinagar

Rs. In cr

Sr	Programme	Approved District PIP	Budget Limit Received	Total Available	Exp. up to 15/11/2024	Limit Available	% Exp. to District PIP	% Exp. to available fund
1	NHM	153.68	91.74	91.74	49.32	42.42	32.09	53.76

Good Practices :SHS and DHS

- Single Nodal Accounts (SNA) system of DOE has been implemented upto block level.

- No major delay in transfer of funds from treasury to SNA bank account of SHS.

- PFM System is working till Block-PHC-CHC level.

- DBT system is used for payment to beneficiary of JSY, JSSK, contractual staff payment, NTEP and FP at Agra and Kuhshinagar.

- District Health Action Plan (DHAP) has been circulated and budget has been allocated to district and sub district level on FAMS software at Agra and Kuhshinagar.

- Books of account are maintained at all level manually as well as computerised on FAMS software and the same was authentication at Agra and Kuhshinagar.

- Funds/ limit is available at all levels in PFMS .

- RKS books of account properly maintained.

NHM SHS -UP : Key Finding

- Total amount approved for FY 2024-25 is Rs.225.41 Cr.
- Audit report for the F.Y 2023-24 not submitted to Govt. of India though it should be submitted by 31.07.2024
- State is submitting FMR and SFP to Govt. of India on prescribed format. However Districts are not sending FMR in GOI format to State.
- Internal control system need to be strengthen
- Post of Finance personnel are vacant since more than three years at State and District level.
- Pending payment JSY beneficiaries noticed.
- Advance of Rs 1330.28 cr. need to be settle which is pending at various government agencies like UPMSCL, Construction Agencies and UP ID.
- ECRP-II unspent Balance need to be settled. WIP work of Civil construction pending at 57 units under Emergency COVID Response Package (ECRP II) till 2024-25.
- Reconciliation needs for SNA fund received at SHS and transferred amount of Implement agencies to State Health Society and proper books of account entries need to be done in books of Account.
- Audited Statement of Account (ASE) of Infrastructure Maintenance (IM) not submitted to GOI for FY 2018-19 to 2022-23.

NHM   DHS- Agra and Khushinagar :
Key Finding

- Audit report for the FY 2022-23 and 2023-24 not received from statutory Auditor. Concurrent audit system also not implemented in FY 2023-24 and 2024-25.

- District are not reporting expenditure as per GOI format for FMR and SFP.

- Internal control system need to be strengthen for payment of Bio Medical waste, Vehicle hiring charges and procurement.

- Post of DAM is vacant in Agra since more than three years. Further various post are finance staff is vacant in District and sub district level.

- Pending payment JSY beneficiaries noticed.

- Reconciliation needs for SNA fund transferred amount of Implement agencies to State Health Society and proper books of account entries need to be done in cash book.

Recommendations : Finance

- Internal control system should be strengthen at SHS and sub district level. Concurrent Audit system should be timely used for strengthen internal control system.

- Statutory Audit Report for the FY 2023-24 should be completed on time. The due date of submission is 31 July 2024.

- Pending of JSY payment should be released at all level.

- Orientation Training required for all Finance and Account personnel on priority basis.

- Vacant position of Finance and Account personnel need to fill as the earliest.

- Settlement of all old advances including VHSNCs and SHCs at various level.

- Time lag for payment of JSY and JSSK and FP beneficiary need to be reduced.

Recommendations: Summary

Recommendations

Improve Infrastructure

- Conduct safety checks to remove fire risks and other hazards.

- Make inventory and Fix broken buildings, damp walls and floors and staff quarters in health facilities.

- Provide electricity, clean water, and proper waste management at all health centers.

- Upgrade labor rooms to meet LaQshya standards.

Strengthen Human Resources

- Improve monitoring and Supervision and taking corrective actions at the field level.

- Quickly fill vacant positions like lab technicians, pharmacists, and specialists (OBGYN, pediatricians).

- Train staff in emergency care like Advanced Life Support (ALS) and Basic Life Support (BLS).

- Train ASHAs and ANMs to manage both maternal-child and non-communicable diseases.

- Pair senior doctors with juniors for mentorship and skill-building.

Recommendations:

Boost Maternal and Child Health

Track high-risk pregnancies through platforms like e-Kawach and U-WIN.

Review maternal deaths properly and act on findings to prevent anemia and related issues.

Resolve delays in JSY payments by linking beneficiaries with post offices to create bank accounts.

Fix Data Management Issues

- Train HMIS users to reduce errors in data entry.

- Use a common template for validating data to improve accuracy.

- Combine platforms like e-Kawach, ANMOL, and U-WIN for better data collection.

Improve Supply Chains and Equipment

- Train staff in managing drugs and maintaining medical equipment.

- Set up systems to track drugs and distribute them efficiently.

- Repair or replace old, non-functional equipment quickly.

Recommendations:

Engage Communities

- Promote family planning services during community events like PMSMA days.
- Provide good-quality awareness materials on breastfeeding, contraception, and anemia prevention.
- Organize health sessions for adolescents and ensure access to sanitary pads.

Recommendations:

Fix Financial Systems

- Speed up payments and reduce delays in fund transfers.

- Monitor fund usage regularly to prevent unspent balances.

Strengthen Community Processes

- Use Anganwadi Centers for regular VHSND sessions.

- Train staff on proper biomedical waste management during these sessions.

Upgrade Ayush Services

- Display Citizen Charters at all Ayush centers.

- Start telemedicine services and set up Ayush Jan Arogya Samitis.

Thank You