RANKING OF DISTRICTS ON THE BASIS OF PROGRAM REVIEW INDICATORS, DECEMBER 2017

December - 2017

DISTRICTS (CMO) PERFORMANCE RANKING

Background

- Improve the districts performance on different indicators by generating evidences and action plan.
- Performance is measured using set of input and output indicators used for program reviews by GoUP
- The Government order No-144 have been issued by GoUP in Jan 2014 and ranking of districts was started on 34 key indicators (7 input indicators and 27 output indicators) since Apr 2014.

Revised Plan

- NITI Ayog is also preparing state health index based on 28 indicators (given in next slide) on annual basis.
- As per recommendation in 16th PCC, the proposed ranking is based on 41 indicators. The selection of indicators are as following -
 - NITI Ayog index (14/28)
 - PIP conditionality DH/CHC/PHC ranking (10)
 - State priority/impact on mortality (17)
- Out of 41 indicators 38 are with positive valence and 3 are with negative valence
- Current ranking is based on 36 indicators excluding 4 NITI Ayog indicators (TB, IDSP and HIV) and 1 indicators related to PHC strengthening due to unavailability of data.

Distribution of indicators for program prioritization

| Indicator Category | # of indicator |
|-----------------------|----------------|
| Availability | 10 |
| Quality | 13 |
| Utilization | 10 |
| Data quality | 8 |
| Total | 41 |

DATA QUALITY CONSIDERATION TO GENERATE DISTRICT PERFORMANCE RANKING

| Indicator | Severe data quality issues/ remedial action taken |
|---|---|
| Stock-out rate of essential drugs | Issue: Under reporting and misreporting Remedial Action: Rounded of the value into 100 % if it is more than 100 Suggestion: Strengthen the reporting quality |
| Percentage of maternal complication identification rate | Issue: Plenty of outlier numbers and duplication in maternal complication - Under reporting of Institutional deliveries Remedy: Removed the outliers and excluded SC level reporting to avoid the duplication Suggestion: Strengthen the quality of reporting and train to report without duplication in maternal complication categories |
| Percentage of new born complication rate | Issue: Plenty of outlier numbers and duplication in newborn complication - Under reporting of Institutional deliveries Remedial Action: Removed the outliers and excluded SC level reporting to avoid the duplication Suggestion: Strengthen the quality of reporting and train to report without duplication in newborn complication categories |
| Number of laboratory tests per technician | Issue: Plenty of outliers by over reporting in lab test conducted - Under reporting of LA/LTs Remedial Action: Major outliers removed and cumulative data are used for lab test. Max number of LA/LTs reported were are used for denominator Suggestion: Strengthen the reporting quality especially in avoiding outlier for lab test and underreporting of LA/LTs |
| Number of OPD per doctor | Issue: Plenty of outliers by over reporting in OPDs - Under reporting of Doctors Remedial Action: Major outliers removed and cumulative data are used for OPDs. Maximum number of doctors reported were are used as denominator Suggestion: Strengthen the reporting quality especially in avoiding outlier for OPDs and underreporting of doctors |
| Patient satisfaction score | Issue: Non-reporting and misreporting Remedial Action: Excluded the outlier which have the value more than 100 Suggestion: Strengthen the reporting quality |
| Percentage of maternal complication treated | Issue: Plenty of outlier numbers and duplication in maternal complication treated - Under reporting of Institutional deliveries Remedy: Removed the outliers and excluded SC level reporting to avoid the duplication Suggestion: Strengthen the quality of reporting and train to report without duplication in maternal complication treated categories |
| Percentage of new born complication treated | Issue: Plenty of outlier numbers and duplication in newborn complication treated - Under reporting of Institutional deliveries Remedial Action: Removed the outliers and excluded SC level reporting to avoid the duplication Suggestion: Strengthen the quality of reporting and train to report without duplication in newborn complication treated categories |

DATA QUALITY CONSIDERATION TO GENERATE DISTRICT PERFORMANCE RANKING

| Indicator | Moderate data quality issues/ remedial action taken |
|--|--|
| type of facilities | Data Quality: Moderate Reporting of C-section delivery from CHC/BCHC/DH taken as proxy to FRU Issue: Poor quality of data on C-section deliveries Remedial Action: Reporting of C-section delivery in any of the last 8 months from CHC/BCHC/DH considered as FRU Suggestion: Strentghen the reporting of C-section delivery |
| C-section delivery rate | Data Quality: Moderate Issue: Poor quality of data on C-section deliveries Remedial Action: Reporting of C-section delivery in any of the last 8 months from CHC/BCHC/DH considered as FRU Suggestion: Strentghen the reporting of C-section delivery |
| Surgical Productivity Index | Data Quality: Moderate Issue: Under/non reporting of major surgeries and surgeon Remedial Action: Maximum number of surgeon reported in any of months were taken Suggestion: Strengthen the quality of reporting |
| Percentage of fully immunized children as per MCTS | Data Quality: Moderate - under reporting |



Summary statistics of variables (75 Districts)

| Availability Variables | Mean | Std. Dev. | Min | Max |
|--|------|-----------|-----|------------------|
| % of specified type of facilities functioning as First Referral Units (FRUs) | 28 | 18 | 0 | 83 |
| % of CHCs with grading above 3 points | 52 | 32 | 0 | 100 |
| % of NHM funds utilized | 50 | 8 | 28 | 75 |
| % of vacant health care provider positions (Regular + Contractual) in public health facilities | 54 | 11 | -10 | 71 |
| % of total staff (regular + contractual) for whom an e-pay slip can be generated in the IT enabled HRMIS | 46 | 16 | 5 | 75 |
| % of 24x7 PHCs providing all stipulated healthcare services | 3 | 5 | 0 | 23 |
| Number of functional hospital beds per 100,000 population | 23 | 11 | 7 | 65 |
| Stock-out rate of essential drugs (if reported value more than 100 than assumed only 100%) | 12 | 30 | 0 | 100 |
| % of CHCs/PHCs which have Stand-by facility (generator) available | 22 | 14 | 2 | 87 |
| % of PHCs with grading above 3 points | 22 | 22 | 0 | 100 |
| Data Quality Variables | Mean | Std. Dev. | Min | Max |
| Proportion of Reporting Units (RU) reporting in stipulated time period against total Reporting | | | | |
| Units, for P and L forms during period | 64 | 22 | 0 | 100 |
| % of deliveries which are not reported | 25 | 17 | -25 | 61 |
| % of estimated pregnant women registered in MCTS | 52 | 8 | 27 | 88 |
| % of estimated children registered in MCTS | 45 | 9 | 20 | 71 |
| Maternal death reported per 100 expected maternal death | 34 | 24 | 0 | 102 |
| % of reports uploaded on UPHMIS portal against expected reports (HMIS/UPHMIS) before 30th | 74 | 21 | 17 | 100 |
| % of facilities which have reported more than 80% non-blank data elements | 66 | 22 | 8 | ₅ 100 |
| % of facilities which have reported more than 50% non-zero data elements | 7 | 7 | 0 | 36 |

Summary statistics of variables 75 districts (Contn....)

| Service Quality Variables | Mean | Std. Dev. | Min | Max |
|--|------|-----------|-----|-----|
| % of low birth weight (less than 2.5 Kg) new born | 11 | 4 | 5 | 25 |
| % of pregnant women (15-49 years) who are anemic | 34 | 13 | 9 | 70 |
| Total case notification rate of TB | 56 | 17 | 23 | 106 |
| % of maternal complication identification rate | 2 | 3 | 0 | 20 |
| % of new born complication rate | 1 | 2 | 0 | 16 |
| % of pregnancy identified as HRP | 4 | 2 | 1 | 11 |
| Number of laboratory tests per technician per day only at DH | 88 | 109 | 0 | 514 |
| Number of OPD per doctor per day only at DH | 24 | 18 | 0 | 62 |
| C-section delivery rate | 4 | 5 | 0 | 27 |
| Surgical Productivity Index per month | 32 | 31 | 0 | 160 |
| Blood Bank Replacement rate | 14 | 29 | 0 | 198 |
| Post-surgical infection rate | 2 | 11 | 0 | 66 |
| Patient satisfaction score | 6 | 20 | 0 | 100 |
| Utilization Variables | Mean | Std. Dev. | Min | Max |
| % of institutional deliveries against estimated deliveries | 61 | 16 | 24 | 105 |
| Treatment success rate of new smear positive tuberculosis (TB) cases | 77 | 37 | 32 | 247 |
| % of people living with HIV (PLHIV) on antiretroviral therapy (ART) | 0 | 0 | 0 | 0 |
| % of maternal complication treated | 1 | 2 | 0 | 10 |
| % of new born complication treated | 1 | 1 | 0 | 4 |
| % change in OPD | -9 | 17 | -56 | 23 |
| % change in IPD | 17 | 56 | -71 | 236 |
| % of Sterilization to total workload | 14 | 14 | 1 | 101 |
| % of PPIUCD insertion to total number of births | 12 | 6 | 2 | 38 |
| % of fully immunized children as per MCTS | 32 | 9 | 7 | 50 |

Summary statistics of variables (between poor and best performance districts)

| | | - | | _ | | | | | |
|--|------|-----------|---------------|-----|------------|-----------|--------------|------------|-----|
| Availability Variables | | | or Performers | | | | t Performers | | |
| | Mean | Std. Dev. | Min | Max | Mean | Std. Dev. | Min | Max | |
| % of specified type of facilities functioning as First Referral Unit | S | | 10 | • | 25 | 40 | 22 | 27 | ~~ |
| (FRUs) | | 11 | 10 | 0 | 25 | 49 | 22 | 27 | 82 |
| % of CHCs with grading above 3 points | | 63 | 37 | 20 | 100 | 68 | 32 | 20 | 100 |
| % of NHM funds utilized | | 48 | 11 | 36 | 59 | 45 | 15 | 28 | 62 |
| % of vacant health care provider positions (Regular + | | | | | | | | | |
| Contractual) in public health facilities | | 59 | 7 | 50 | 69 | 41 | 29 | -10 | 59 |
| % of total staff (regular + contractual) for whom an e-pay slip | | | | _ | | | | | |
| can be generated in the IT enabled HRMIS | | 55 | 26 | 9 | 73 | 40 | 12 | 27 | 56 |
| % of 24x7 PHCs providing all stipulated healthcare services | | 1 | 1 | 0 | 3 | 5 | 5 | 0 | 13 |
| Number of functional hospital beds per 100,000 population | | 19 | 9 | 11 | 33 | 45 | 16 | 22 | 65 |
| Stock-out rate of essential drugs (if reported value more than | | | | | | | | | |
| 100 than assumed only 100%) | | 20 | 45 | 0 | 100 | 22 | 35 | 0 | 83 |
| % of CHCs/PHCs which have Stand-by facility (generator) | | | | | | | | | |
| available | | 7 | 4 | 2 | 11 | 19 | 5 | 12 | 25 |
| % of PHCs with grading above 3 points | | 8 | 6 | 0 | 18 | 17 | 12 | 6 | 35 |
| Data Quality Variables | | | r Performers | | | | t Performers | | |
| · · | Mean | Std. Dev. | Min | Max | Mean | Std. Dev. | Min | Max | |
| Proportion of Reporting Units (RU) reporting in stipulated time | | | | | | | | | |
| period against total Reporting Units, for P and L forms during | | 45 | 25 | 0 | C 2 | 01 | 10 | C 7 | 05 |
| period | | 45 | 25 | 0 | 63 | 81 | 10 | 67 | 95 |
| % of deliveries which are not reported | | 27 | 16 | 10 | 49 | 10 | 23 | -12 | 49 |
| % of estimated pregnant women registered in MCTS | | 47 | 8 | 37 | 55 | 54 | 7 | 44 | 61 |
| % of estimated children registered in MCTS | | 36 | 9 | 20 | 43 | 44 | 9 | 33 | 57 |
| Maternal death reported per 100 expected maternal death | | 27 | 17 | 7 | 47 | 54 | 39 | 3 | 95 |
| % of reports uloaded on UPHMIS portal against expected | | | | | | | | | |
| reports (HMIS/UPHMIS) before 30th | | 45 | 23 | 18 | 74 | 86 | 7 | 77 | 96 |
| % of facilities which have reported more than 80% non-blank | | | | | | | | 7 | |
| data elements | | 49 | 24 | 9 | 72 | 77 | 14 | 55 | 90 |
| % of facilities which have reported more than 50% non-zero | | | | | | | | | |
| data elements | | 2 | 1 | 0 | 3 | 8 | 3 | 5 | 12 |

Summary statistics of variables (between poor and best performance districts) (Contn...)

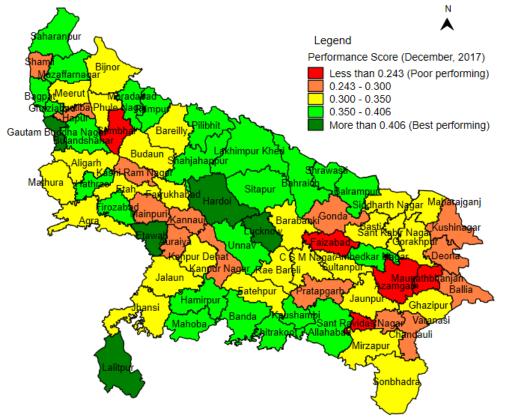
| Samias Quelin Maniaklas | | Роо | r Perform | ers | | 1 | | | |
|--|------|-----------|-----------|-----|------|--------|---------|-----|-----|
| Service Quality Variables | Mean | Std. Dev. | Min | Max | Mean | Std. D | ev. Min | Max | |
| % of low birth weight (less than 2.5 Kg) new born | | 9 | 1 | 7 | 10 | 15 | 3 | 11 | 18 |
| % of pregnant women (15-49 years) who are anemic | | 24 | 11 | 11 | 33 | 46 | 10 | 35 | 63 |
| Total case notification rate of TB | | 48 | 19 | 28 | 71 | 68 | 18 | 47 | 92 |
| % of maternal complication identification rate | | | | | | | | | |
| (outlier reporting is excluded from ranking) | | 1 | 0 | 0 | 1 | 2 | 1 | 1 | 4 |
| % of new born complication rate | | 1 | 1 | 0 | 2 | 2 | 1 | 0 | 3 |
| % of pregnancy identified as HRP | | 3 | 1 | 2 | 4 | 4 | 2 | 2 | 6 |
| Number of laboratory tests per technician per day only at DH | | 4 | 6 | 0 | 13 | 246 | 212 | 65 | 514 |
| Number of OPD per doctor per day only at DH | | 7 | 10 | 0 | 22 | 43 | 11 | 28 | 52 |
| C-section delivery rate | | 2 | 2 | 0 | 4 | 11 | 10 | 1 | 27 |
| Surgical Productivity Index per month | | 24 | 30 | 0 | 74 | 70 | 46 | 17 | 124 |
| Blood Bank Replacement rate | | 0 | 0 | 0 | 0 | 53 | 84 | 0 | 198 |
| Post-surgical infection rate | | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |

| | P | oor Performe | rs | | Best Performers | | | |
|--|---------------|--------------|-----|------|-----------------|-----|-----|-------|
| Utilization Variables | Mean Std. Dev | v. Min | Max | Mean | Std. Dev. | Min | Max | |
| % of institutional deliveries against estimated deliveries | 60 | 13 | 46 | 79 | 82 | 23 | 50 | 105 |
| Treatment success rate of new smear positive tuberculosis (TB) cases | 84 | 49 | 44 | 161 | 58 | 33 | 32 | 113 |
| % of people living with HIV (PLHIV) on antiretroviral therapy (ART) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| % of maternal complication treated | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 4 |
| % of new born complication treated | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 3 |
| % change in OPD | -16 | 13 | -30 | -1 | 2 | 8 | -7 | 11 |
| % change in IPD | -15 | 25 | -35 | 26 | 72 | 73 | 0 | 。 158 |
| % of Sterilization to total workload | 10 | 6 | 5 | 20 | 35 | 38 | 9 | 101 |
| % of PPIUCD insertion to total number of births | 9 | 2 | 6 | 11 | 17 | 7 | 8 | 23 |
| % of fully immunized children as per MCTS | 27 | 16 | 7 | 47 | 26 | 5 | 21 | 34 |

Using the aforesaid methodology, districts are ranked based on 40 indicators, out of 41 indicators. I indicator is not included since we need to collect the same from department

| Good Perf | orming Districts (by All | Indictors) | Poor Per | Poor Performing Districts (by All Indicators) | | | | |
|---------------------|--------------------------|------------|--------------------|---|------|--|--|--|
| District | Index | Rank | District | Index | Rank | | | |
| Lalitpur | 0.4604 | I | Sant Ravidas Nagar | 0.2423 | 71 | | | |
| Lucknow | 0.4566 | 2 | Maunathbhanjan | 0.2416 | 72 | | | |
| Gautam Buddha Nagar | 0.4414 | 3 | Azamgarh | 0.2402 | 73 | | | |
| Hardoi | 0.4232 | 4 | Faizabad | 0.2361 | 74 | | | |
| Etawah | 0.4105 | 5 | Sambhal | 0.2220 | 75 | | | |

CLASSIFICATION OF DISTRICTS OF UTTAR PRADESH BASED ON INDEX VALUE



- As per index the districts are classified in 5 groups.
- There are 5 top and 5 poor districts based on Index value.
- To improve poor performing districts major indicators are given in next slides
- 27 districts are in yellow colour, these districts are also need high focus on implementation of activities and ensuring availability.
- 23 districts are in light green colour, these are classified in moderate group.

MAJOR INDICATORS IN WHICH POOR PERFORMER DISTRICT SCORED LOWEST AND NEED TO IMPROVE

| | Sant Ravidas Nagar | | Maunathbhanjan | | Azamgarh | | Faizabad | | Sambhal |
|---|---|----------|--|----------|---|----------|--|----------|--|
| I | Number of laboratory tests per technician per day only at DH | ۱. 2. | % of new borncomplication treated% of new borncomplication rate | ۱. 2. | % of 24x7 PHCs providing all stipulated healthcare services Number of laboratory | ۱. 2. | Patient satisfaction score % of maternal complication treated | ۱. 2. | score |
| 2 | . Number of OPD per doctor per day | 3. 4. | % of maternal complication treated | 3. | tests per technician per day only at DH | 3. | % of maternal complication identification rate | 3. 4. | healthcare services C-section delivery rate % of specified type of |
| 3 | . Patient satisfaction score | | complication identification rate | | doctor per day only at DH | 4. | % of new born complication treated | | facilities functioning as First Referral Units |
| 4 | . C-section delivery rate | 5. | % of facilities which have reported more than 50% | 4. | % of maternal complication treated | 5. | % of new born complication rate | 5. | (FRUs) Number of laboratory |
| 5 | % of new born complication treated | 6. | non-zero data elements C-section delivery rate | 5. | % of new born complication treated | 6. | % of facilities which have reported more | | tests per technician per day only at DH |
| 6 | o. % of new born complication rate | 7. | % of CHCs/PHCs which have Stand-by facility | 6. | % of new born complication rate | | than 50% non-zero data elements | 6. | Number of OPD per doctor per day only at |
| 7 | % of maternal complication treated | 8. | (generator) available % of 24x7 PHCs | 7. | % of maternal complication | 7. | % of 24x7 PHCs providing all stipulated | 7. | DH % of PHCs with |
| 8 | 8. % of maternal complication | | providing all stipulated healthcare services | 8. | identification rate | 8. | healthcare services % of pregnancy | 8 | grading above 3 points Surgical Productivity |
| | identification rate | | incantificare services | 0. | have reported more than 50% non-zero data elements | | identified as HRP | 0. | Index per month |

COMPARATIVE PERFORMANCE RANKING

| Description | Oct 2017 | Nov 2017 | Dec 2017 | Consistent |
|-----------------|--|---|---|---|
| Top performing | BagpatGautam BuddhaGautam Buddha NagarNagarLalitpurLalitpurEtawahGhaziabad | | Lalitpur Lucknow Gautam Buddha Nagar Hardoi Etawah | Lalitpur Lucknow Gautam Buddha Nagar Etawah |
| Poor Performing | Azamgarh Meerut Kushinagar Sambhal Sant Ravidas Nagar | Sambhal Azamgarh Maunathbhanjan Sant Ravidas Nagar Ballia | Sant Ravidas Nagar Maunathbhanjan Azamgarh Faizabad Sambhal | Sant Ravidas Nagar Azamgarh Sambhal |

District Ranked by Selected NITI AYOG indicators:

13 indicators are used out of 14 suggested indicators. Excluded 1 of the indicators are not directly available but need to collect from department)

| Good Perfor | ming Districts (I Indicators) | oy NITI Ayog | Poor Performing Districts (by NITI Ayog Indicators) | | | | |
|--------------|-----------------------------------|--------------|--|--------|------|--|--|
| District | Index | Rank | District | Index | Rank | | |
| Lucknow | 0.5784 | I | Mainpuri | 0.3036 | 71 | | |
| Kanpur Nagar | 0.5458 | 2 | Jyotiba Phule Nagar | 0.2960 | 72 | | |
| Kaushambi | 0.5455 | 3 | Auraiya | 0.2713 | 73 | | |
| Firozabad | 0.5179 | 4 | Ballia | 0.2407 | 74 | | |
| Lalitpur | 0.5107 | 5 | Sambhal | 0.2334 | 75 | | |

District Ranked by Data Quality Indicators : 8 indicators are used out of 8 suggested indicators.

| Good Performing Districts (by Data Quality Indicators) | | | Poor Perform | Poor Performing Districts (by Data Quality Indicators) | | |
|--|--------|------|----------------|--|------|--|
| District | Index | Rank | District | Index | Rank | |
| Pilibhit | 0.7414 | I | Faizabad | 0.3032 | 71 | |
| Lalitpur | 0.6898 | 2 | Hapur | 0.2964 | 72 | |
| Shrawasti | 0.6774 | 3 | Azamgarh | 0.2412 | 73 | |
| Sonbhadra | 0.6751 | 4 | Maunathbhanjan | 0.2321 | 74 | |
| Balrampur | 0.6691 | 5 | Kanpur Nagar | 0.1756 | 75 | |

THANK YOU