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**MONITORING VISIT REPORT**

**Madhya Pradesh, Karnataka, Odisha**

**Public Health Administration**

**National Health System Resource Centre**

**New Delhi**

**INDEX**

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**BACKGROUND**

As per Census 2011, population of India is 121.01 crores with the urban population at 37.7 crores, which is 31.14% of the total population. The urban population in India is increasing rapidly. It is projected to increase from 31% (2011) to 46% (2030).It is estimated that 30%–40% of population in metros lives in slum or slum-like habitation.

India’s National Health Policy, 2017 envisions the goal of attaining highest possible level of health and well-being for all through a preventive and promotive health care approach. The NUHM framework provides directions for comprehensive planning for urban healthcare infrastructure. In the urban context of achieving Universal Health Coverage, the Urban Primary Health Centres (UPHC) would be strengthened as Health and Wellness Centres (HWCs) to ensure an expanded range of Comprehensive Primary health care services which will be universally accessible to all.

As on June 2019, NUHM has been implemented in 1067 cities and out of the 4831 approved UPHCs 4601 (95%) are functional. A total of 3190 UPHCs have been strengthened to HWCs and 3005 UPHCs have done their population enumeration and filled Community Based Assessment Checklist (CBAC) till February 2020.

Though the Government strives to provide Comprehensive health care to all but there is disparity among states in availability and utilization of their resources.

The Asian Development Bank (ADB) had granted a loan in 2015 for supporting the National Urban Health Mission (NUHM) with the aim of improving the health status of the country’s urban population. The project aims to strengthen health systems across urban areas by improving the networks of primary urban health facilities, with a particular focus on the poor and vulnerable, to deliver quality services. It also aims to improve planning, management, capacity building and innovation under NUHM. The financing for the project was based on achievement of results, such as increase in institutional deliveries and childhood immunization rates.

**OBJECTIVES**

Since the launch of Ayushman Bharat and strengthening of UPHCs to HWCs, the loan document for the NUHM project based on the Disbursement Linked Indicators (DLI) needed to be revisited by ADB. Hence, a visit was carried out by the technical assistance team from ADB to study the provision of Comprehensive Primary Health Care in urban areas, procurement of the essential logistics along with status of infrastructure, human resources, medical supplies, implementation of PFMS, social and environmental safeguards and Gender equality. Besides this visit to Health and Wellness Centres was undertaken to explore the challenges state is facing in transformation of UPHCs to HWCs.

The visits were conducted by the team of 6-8 members, that included representatives from NHSRC and ADB Technical Assistance team, to Madhya Pradesh, Karnataka and Odisha in February 2020.

During the visit key personnel like MD NHM, SPM NHM, NUHM Nodal person, District CMHOs and other key persons were met. The teams undertook field visits to urban health facilities in both these districts to assess overall NUHM status, understand the roll out of HWCs in Urban areas and interacted with the Mission Directors (NHM), SPM NHM, NUHM Nodal Officers, Commissioners of Municipal Corporations and District CMHOs and other key personnel. The core ADB team members also interacted with the nodal officers of Finance, Procurement, CPHC, Community Process, HMIS, IEC/BCC, Infrastructure, Training at the State level and the CMHO at the District/City Level.

**TEAM MEMBERS**

**Madhya Pradesh (12th -14th Feb 2020)**

|  |  |
| --- | --- |
| Dr. Dipanjan Roy | ADB |
| Mr. Kaustabh Basu | ADB |
| Mr. Sandeep Kota | ADB |
| Mr. Sanjay Shakya | ADB |
| Mr. Tarun Gupta | ADB |
| Dr. Warisha Mariam | NHSRC |

**Karnataka (17th -18th Feb 2020)**

|  |  |
| --- | --- |
| Ms. Alivia Biswas | ADB |
| Mr. Suman Sarkar | ADB |
| Ms. Shubhra Rehman | ADB |
| Mr. Bhupinder Bedi | ADB |
| Dr. Smita Shrivastava | NHSRC |

**Odisha (17th -18th Feb 2020)**

|  |  |
| --- | --- |
| Dr. Dipanjan Roy | ADB |
| Dr. Mukta Tyagi | ADB |
| Ms. Sujata Mallick | ADB |
| Mr. Sandeep Kota | ADB |
| Mr. Tarun Gupta | ADB |
| Dr. Archana Pandey | NHSRC |

The opportunity was utilised by NHSRC members to review and study the implementation of NUHM in the three states.

**APPROACH AND METHODOLOGY**

Visit to different health facilities to review the infrastructure status, Branding of HWCs, provisional status of Comprehensive primary health care by assessment of availability of desired human resource, drugs, diagnostics and essential equipment. The information was gathered by the help of a checklist prepared by NHSRC. To triangulate the findings, secondary data was also reviewed both provided as records and registers by the health facilities as well as HMIS, RHS data.

**FACILITIES VISITED**

**Madhya Pradesh**

* UPHC Gulabhi Bag, Bhopal
* UPHC Ashoka Garden, Bhopal
* Civil Dispensary, Bag Sewania, Bhopal
* Sanjeevni Clinic, Priyadarshini Nagar, Bhopal
* UPHC Shivpur, Indore
* Sanjeevni Clinic, Nipanya Ward, Indore
* Smart City Mission Office

**Karnataka**

* UPHC Adugodi- Benagluru
* UPHC-HWC Agrahara, Tumakuru
* UPHC Shetty Nalliget, Tumakuru

**Odisha**

* UPHC Ghatikia, Bhubneshwar
* UPHC Unit 3, Bhubneshwar
* UPHC KDMM, Puri

**MADHYA PRADESH**

The team visited Madhya Pradesh from 12th to 14th February 2020 to review and study the implementation of NUHM in the state. The team interacted with Mission Director (NHM), SPM (NHM), State Nodal Officer (NUHM), District CMHOs – Bhopal and Indore, District Assistant Program managers and various other key officials of state and district. A total 4 UPHCs, 2 *Sanjeevni* Clinics were visited in the State from Bhopal and Indore districts.

Salient points from deliberations with the key personnel:

* MD NHM informed that NUHM has gained momentum since last 6 months in the state.
* The State has proposed constitution of City Health Mission as well as Divisional Health Mission, under which Programme Management Unit will also be set up.
* State has recently completed its visit to Odisha to study their urban health model and has proposed the Smart City Model in project mode.
* The footfall at UPHCs is low due to shortage of Human Resources. The State plans to adopt a hybrid model of Mohalla Clinics in the form of *Sanjeevni* Clinics, which will cater to a population of 50,000 and provide preventive, promotive and curative services. The first *Sanjeevni* Clinic has been started in December 2019 and has a tie up with ULBs (ward counsellors) so as to strengthen the accountability mechanism.
* The State is working on the lines to set up a supervisory framework, wherein, one Public Health Manager (PHM) for 5 UPHCs has been proposed and a rating/ranking system of UPHCs is also being developed. This framework would be reviewed by District CMHOs every month and a performance-based incentive would be given.
* Also, the state has sanctioned the post of urban community mobiliser for supportive supervision of urban ASHAs.
* The State has currently outsourced the laboratory tests through a private lab Zedar. However, it plans to run its own laboratory network through hub and spoke model from April 2020 onwards. This model will provide 120 laboratory tests and districts will act as hub. Alternate Vaccine Delivery system will be utilised for transporting the samples to the district/hub for 4 days in a week.
* A MoU with WISH foundation for providing IT related services is being carried out in the state. For eg: telemedicine and drug dispensing machines installed by WISH foundation was observed at a UPHC in Bhopal.
* A referral app called as “MP Referral App” has been launched in the state in March 2019, however it has not yet been implemented, in spite of first round of training, due to challenges in man power recruitment and technical glitches in the app. This application can be used by ASHAs and ANMs and will provide a real time data.
* The SHSRC located in the NHM Bhopal campus provides support in implementation of the various programmes under NHM and is also the reporting unit of DEIC of the state.
* The SIHFW is the nodal for conducting training and has conducted 5 out of 7 trainings of Divisional HQs and a two- day training in urban health, NQAS and Kayakalp. It also conducts four- day induction refresher training.
* ASHAs and ANMs were distributed thinly and unevenly across the state and hence were not able to cater to the population’s needs.
* The team was also informed about high attrition rate among urban ASHAs in the state as there is no defined structure for their career upliftment.

**NUHM Progress - MADHYA PRADESH**

According to the 2011 census, total population of MP is 7,25,97,565 while the urban population is 2,00,59,666 (27.63%) and the state has 51 districts (RHS 2018-19). The population of Madhya Pradesh consists of a number of ethnic groups and tribes, castes and communities, including the indigenous tribes and relatively more recent migrants from other states.

NUHM in Madhya Pradesh is running under the guidance of PS (H&FW) and Mission Director of NHM. Currently it is rolled out in 66 cities and towns. As per the population distribution, none of the cities in MP fall under the category of a metropolitan. The number of cities categorised under NUHM in MP are as follows-

|  |  |
| --- | --- |
| **Category of City** | **Number** |
| Million Plus City | 4 (Indore, Gwalior, Bhopal, Jabalpur) |
| 1 Lakh- 10 Lakhs | 29 |
| 50,000 – 1 Lakh | 29 |
| District Headquarters <50,000 | 4 |

**Planning & Mapping:** The task of carrying out vulnerability mapping for million plus cities has been given to Atal Bihari Institute of Good Governance and is likely to be done by August 2020.

|  |  |  |  |
| --- | --- | --- | --- |
| Total cities covered under NUHM | Mapping of urban health facilities  Number of cities completed mapping  N (%) | Mapping of urban Slums  Number of cities completed mapping  N (%) | Mapping of Vulnerable Population  Number of cities completed mapping  N (%) |
| 66 | 66 (100) | 66 (100) | 0 (0) |

**Programme Management:**

1. Urban Health Cell under SPMU has been formed and is functional.
2. Out of the total four HR sanctioned at SPMU level, only one post is filled (M&E Consultant).
3. Out of the 14 Urban Health Cell sanctioned at District level, only 9 DPMU are functional.
4. Out of the 14 sanctioned posts at DPMU, 3 are vacant and 10 posts have been filled. The Additional Programme Manager (APM) is responsible for looking after NUHM implementation at the district level.
5. There is no City Programme Management Unit in the State.

**Infrastructure:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MP** | **BHOPAL** | **INDORE** |
| Medical Colleges | 10 |  | |
| Number of District Hospitals (RHS 2018-19) | 51 | 1 | 1 |
| Sub Divisional Hospitals | 84 | 3 | 3 |
| UCHC | 21 | - | - |
| No. of UPHCs approved | 259 |  |  |
| No. of UPHCs functional | 141 UPHC + 62 Civil Dispensary (CD) |  |  |
| No. of UPHCs functional in Govt. Building | 45 |  |  |
| No. of UPHCs functional in Rented Building | 120 |  |  |
| No of UPHCs working 24\*7 | 1 |  |  |
| No. of UPHCs with minimum staff and service package | 141 |  |  |
| No. of UPHCs with RKS formed and registered | 0 |  |  |
| No. of Sanjeevni Clinics approved | 88 |  |  |
| No. of Sanjeevni Clinics functional | 9 |  |  |
| No. of HWC-UPHC Operational | 132 | 8 | 15 |
| MMU | 150 | - | - |

**NB:** 71% Shortfall of UPHC (RHS 2019).

5 new UPHCs sanctioned in 2016-17, opening of which is under process.

**Human Resources:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **No of HR for UPHCs** | **Sanctioned** | **Status** | **Shortfall** | **Trained** |
|  | Medical Officer (Full Time) | 207 | 121 | 86 (41.5%) | 88 |
|  | Medical Officer (Part Time) | 50 | 0 | 100 (100%) | - |
|  | Public Health Manager (Elaborate on his/her functions) (AMP) | 0 | 0 | 0 | - |
|  | Staff Nurse | 522 | 109 | 413 (79.1%) | 57 |
|  | Pharmacist | 141 | 15 | 126 (89.4%) | - |
|  | Lab Technician | 85 | 36 | 49 (84.6%) | - |
|  | ANMs | 282 | 743 | \*\*\* | - |
|  | No Support staff (DEO cum Accountant, Accounts Assistant etc) | 259 | 68 (DEO)  + 136 (Support staff) | 55 (21.2%) | - |
|  | Others (Pl. specify) |  |  |  | - |

\*\*\* Total 282 ANMs. Additional ANM recruited lately last year is being rationalised By State HR cell.

The salient findings from the visit -

* The urban health cell at the state and district program management unit has been established, however city health mission PMU is not yet formed, though its proposal has been approved.
* 78% of the sanctioned UPHCs in State are functional with an average patient footfall of more than 60 per day.
* State has approved 88 *Sanjeevni* Clinics for the year 2020-21, out of which 3 Sanjeevni Clinics in Bhopal and one in Indore have already been inaugurated during the FY 2019-20.
* State has appointed APMs (Assistant Program Managers) at DPMU in place of public health managers at the UPHCs. However, they are overloaded with data entries (from HMIS) which have led to compromised deliverables under NUHM.
* However, for FY 2020-21, the state has proposed one Public Health Manager for every 5 UPHCs.
* Under the Aarogyam scheme, comprehensive package of services including RMNCHA+ services, treatment of communicable diseases, screening of NCDs, wellness activities is being done along with outreach sessions.
* UPHCs across the state are providing comprehensive primary care – preventive, promotive and curative services, along with implementation of National Health Programmes for urban slum and non-slum population.
* The OPD timings of urban facilities have been extended in order to improve access of urban community to the UPHCs. OPD services are being provided from 12pm to 8 pm at UPHCs and Sanjeevni Clinics and from 9am to 4pm at Civil Dispensaries.
* Due to security issues at vulnerable localities, especially for female staff, the UPHCs do not function till 8 pm.
* Operationalization of HWCs was weak as not all range of expanded services was being provided as well as the wellness component was mostly lacking at all the facilities visited, except at UPHC Ashok Garden and UPHC Gulabi Bagh.
* CBAC and Population based screening has been initiated in both slum and non- slum areas.
* Though UHNDs are conducted, special outreach sessions are not being conducted properly. 284/1476 Special Outreach camps planned/conducted.
* The UPHCs are not able to utilize untied grants as the process of RKS formation is pending from a long time at State
* Lab services have been outsourced to a private lab in the state and in-house tests are being done through kits for haemoglobin, RBS, HIV, URM, BG.
* Referral are done from UPHC to Civil Hospitals/ CHC /DH & Medical college.
* Utilisation of services was found to be low and OOPE on medicines was being incurred as informed by the people from the community.
* There is acute shortage of staff in the state. Out of the total sanctioned posts, 41% of posts of doctors, 79% of staff nurses, 89% of Pharmacists and 84% of Laboratory technicians were vacant.
* The state also has high attrition rate of urban ASHAs.
* Community Processes:
* 98% ASHAs and 74% MAS have been formed and more than 70% have been trained.
* 4150/4200 (98%) urban ASHAs have been selected.
* 3812/5100 (74.75%) MAS/community groups constituted of which 3516 (92.24%) accounts have been opened and 3264 (85.62%) trained.
* Monitoring and Evaluation: 131 out of 141 facilities are reporting through HMIS.
* Convergence with Urban Local Bodies:
* Training imparted to 51 out of 66 elected ULB members/functionaries.
* 1-day orientation and national workshop at Indore under Smart City Mission Project done in November 2019.
* Finance- Rupees 90.29 Crores fund sanctioned under NUHM (in crores).
* No separate City Health Society constituted for NUHM (Added additional members in DHS)

**District wise Findings**

**(1) Bhopal:**

Bhopal has 8 UPHCs, 12 Civil Dispensaries and 3 Sanjeevni Clinics, which are functional.The findings of the 3 UPHCs and 1 *Sanjeevni* Clinic visited are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UPHC** | **Gulabi Bagh** | **Ashoka Garden** | **Civil Dispensary Baghsevaria** | **Sanjeevini Clinic, Priyadarshini Nagar** |
| ***Details*** |  |  |  | Started on Dec 6, 2019 |
| ***Total population*** | 58,000 | 60,000 | 50,000 | 50,000 |
| ***Slum population*** | 35,000 | 29,000 | 48,000 | NA |
| ***Total number of households in slums*** | 2000  (28 slums) | 3000  (25 slums) | 6300 | 5061 |
| ***Timing*** | 12 to 8 pm | 12 to 8 pm | 9am to 4pm | 10am to 6pm |
| ***Governance*** | Rented building | Government | Government run building | Government + ULBs |
| ***HWC Branding*** | No | Yes | Yes | No |
| ***Display of Citizen Charter*** | Yes | No | No | Yes |
| ***Display of EDL*** | Yes | Yes | No | No |
| ***No. of AWC*** | 35 | Data not available | 36 | NA |
| ***UHND planned/ held*** | 35 | Data not available | 54/54 | No |
| ***Special Outreach (No.)*** | 0 | 0 | 4 sessions, one per week at temple premises | No |
| ***OPD per month*** | 1500 | 2500 | 1600 | 90 per day |
| ***Fixed day specialist services*** | None | None | Tue/ Fri- Obstetrics and Gynaecology | No |
| ***Wellness activities*** | Yes, 5 days per week, however no separate room for wellness activities was found, it was being conducted in an open space inside the building | Yes, by a certified yoga instructor, a separate wellness room has been constructed adjacent to the UPHC and the campus has been fenced.  Conducted twice weekly, Thursday and Friday. Yoga mats and Yoga asanas have been displayed in this room | No | No |
| ***Population based screening*** | Initiated, old CBAC forms are being filled  14986 have been screened for NCDs  194 DM, 351 hypertension cases |  | Initiated for slum and non-slum areas, old CBAC forms being used,  Universal screening being done for Hypertension (84 cases) and diabetes (48 cases) | Not yet initiated |
| ***Average no. of lab tests per day*** | - | 12-16 | 68 | 68 |
| ***ANC last month*** | 15 | 7 | 13 | 18 |
| ***Immunization per month*** | 120 | 15 | 200 | 35 |
| ***Total no. of ASHAs*** | 15 | 4 | 14 | NA |
| ***Total no. of MAS*** | 15 | 4 | 14 | NA |
| ***Total no. of ANMs*** | 2 | 2 | 2 | NA |
| ***RKS constituted*** | No | No | Yes, Rs. 10 per OPD is charged from patients | No |
| ***Quality Certification*** | Not yet initiated | Not yet initiated | In process | NA |
| ***Human Resources*** | MO (2)- Regular  SN (1)/LDCMIS (1)- Contractual  Hired Vaccinator  No Pharmacist  No LT | MO (1)- Regular (Specialist)  MO (2)- Contractual (MBBS)  LHV (1)  LT (Malaria worker)- Regular  SN (2)- Regular  Supporting staff (1)  LDCMIS (1)  DEO (1)- outsourced  No pharmacist | MOIC (1)- Regular  Pharmacist (1) /  Ward Boy (1)/ Staff nurse (1) – Regular  DEO (1)/ LT (1)/ Telemedicine Operator (1)- Outsourced | MO (1)- Contractual  SN (1)- Contractual  MPW(M)-1  LT (1)- Outsourced  Cleaner (1)  Pharmacist (1)- regular |
| ***IT Reporting*** | HMIS  RCH  NCD  HWC  Also reports P forms for IDSP and IMI Reports | HMIS  RCH  NCD  HWC | RCH Portal  HMIS  NCD app is not being used due to technical issues and offline form filling is being carried out | Not yet mapped |
| ***Telemedicine*** | No | Yes | Drug dispensing ATM and telemedicine kiosk present | No |
| ***Registers*** | OPD register,  FP Register,  Immunization Register,  ANC Register  HMIS formats  Pharmacy stock register | OPD register,  FP Register,  Immunization Register,  ANC Register  HMIS formats  Pharmacy stock register | OPD register,  FP Register,  Immunization Register,  ANC Register  HMIS formats  Pharmacy stock register | - |
| ***Remarks*** | Facility located inside slum locality and the Overall condition of facility is good.  Facility located in unsafe locality so a guard is required and Open waste tanks in garden, breeding ground for mosquitoes  The facility has provision for clean and safe drinking water, waiting space, cold chain room.  Inadequate lighting of the facility.  Referral hospital is situated 5 km away from the facility.  The facility has 70 EDL out of which 50 drugs were available and NCD drugs were present in stock. | This is a renovated facility with wellness room and boundary walls of the campus.  Branding for HWC has been completed and has 3 beds for emergency cases and FP cases.  Separate room for cold chain and immunization was maintained.  No DEO cum accountant as well as pharmacist hence SN is looking after all accounts work and one is dispensing medicine. | Well maintained facility with display of signages, manual registration counters, waiting space for patients, however with no facility for drinking water and a dirty common toilet.  It is running since past 10 years with the DH situated 8 kms away from the dispensary. It is headed by a Gynaecologist MOIC and also has facility for providing telemedicine services.  The CD has 120 EDL which includes medicines for NCDs. | This is a completely new facility opened in an ULB building  It provides only curative service as of now as its catchment area has not yet been mapped  It has no space for separate wellness room.  120 EDL is present and in house kit based tests are done while other serological and blood tests are outsourced through Zedar.  The patient registration is done through electronic mode via a tab and the doc has been provided with another tab for maintaining patient record and a separate patient slip is generated for the patient to take home. |

* Almost all the UPHCs are located in slum or adjacent to slum like areas and catering to a population of 55,000 and more. Largely all the UPHCs were found functional from 12 noon to 8 pm. UPHCs are catering to an average OPD of 100 to 150 per day.
* The facilities do not have standard signage and direction boards.
* UPHCs in Bhopal are largely functional by MO and a support staff, which is strikingly different from the proposed UPHC norms under NUHM.
* Due to non-formation of RKS, there is no utilization of untied funds.
* The MAS was interacted at UPHC Ashoka Garden, and was found to be formed 2 years back and was attached to AWC 537. MAS have 12 members including *Adhyaksh* and *Sachiv*. The account for this MAS has not been open yet. MAS have been given basic induction training. Monthly meetings are held in last week of every month. Proper meeting registers with records of meetings from last 2 years was observed with this MAS. Interaction with other MAS group reported opening of bank account few months back and receiving of untied funds, which has not been utilised though.
* Community Visit to slum at Ashoka Garden and AWC no. 375
* 1030 population served. Beneficiaries registered - 16 Pregnant woman, 130 Under 5 Children, Adolescent 87. All services under AWC is being given
* Sanitary Napkins free of cost by MP is given, Also WCD provides Sanitary napkins at AWC at Rs 20 per packet comprising of 6 pads. Records were well maintained. Supervisory visits were being done by CDPO and ASHA Facilitator
* Few members of the community were also interviewed and it was found that the community had OOPE for medicines and preference for local doctors was more than the UPHC situated adjacent.

**Challenges:**

* 1. The facilities visited were largely focussed in providing curative services, while providing of preventive and promotive services was found to be lacking.
  2. Implementation of all the National Health Programmes under NHM was found to be lacking; only ANC and immunization related activities was being carried out.
  3. HR shortage is found for all cadres, specially ANMs, LTs and pharmacists.
  4. The Doctor at UPHC Gulabi Bagh was also the Zonal MOIC and therefore was overburdened with dual positions.
  5. APM at DPMU is overloaded with data entry for HMIS which is keeping him away from regular program management and monitoring.
  6. Security of the facility, its equipment and female staff was quoted as a major issue by the MOs of almost all the facilities visited.
  7. UHND sessions focussed on immunization services and ANC related services. Special outreach sessions were found to be not planned based on the needs of the community and was rather a centralised approach from the State.
  8. Health kiosk was being utilised during UHND sessions which displayed IEC messages on nutrition, lifestyle related, ANC etc.
  9. At Civil Dispensary, Biomedical waste training was imparted only to the MOIC, similarly at other health facilities visited BMW training was due for majority of the staff.

**(2) Indore:**

Indore is the cleanest city of India with urban population of 2.4 million and 41% of the population lives in slums.

* The city is divided into 4 health zones for the purpose of health service delivery. There are 14 UPHCs, 10 Civil Dispensaries and 2 Sanjeevni Clinics functional.
* Out of the total 14 UPHCs approved, all are functional. The city also has functional 11 Civil Dispensaries.
* GIS Mapping of the city has been done ward wise and is complete. They have also involved the nursing college and other volunteers in household survey. However, vulnerability mapping is still to be undertaken.
* The services provided at both UPHC and Sanjeevni Clinic was of curative in nature and lacked preventive and promotive aspect.
* Though UHNDs are conducted, but special outreach sessions and fixed day NCD screenings have not been implemented. Lack in data was also observed.
* There is increase in UHND sessions from 1236 to 1342 sessions till 2019. 16 sessions held in a week by each ANM
* Immunisation, ANC, Nutrition and FP services are provided at all health facilities.
* Fixed Day Services (FDS) for ANC, NCD and Family Planning are being organised. Specialist service is being provided by doctors on call on payment of Rs. 2000 per session per day as incentive for a two-hour session.
* Laboratory services are outsourced to the private company Zedar Labs for sample collection and reporting.
* LT and pharmacist position is vacant in all UPHCs.
* Formation of Urban Health Common Coordination Committee (UHCCC) - Convergence meeting held under NUHM involving NULM and Municipal Corporations annually.
* Wellness Activities in Urban –Appropriate wellness activities not initiated in Urban Areas.
* Population based NCD Screening has been initiated along with filling of CBAC forms; however, the tablets and filled CBAC forms were not seen either with ANMs or at the facility during the field visit.

The findings of the 2 facilities visited are as follows:

|  |  |  |
| --- | --- | --- |
| ***Details:*** | **UPHC Shiv Bagh** | **Sanjeevni Clinic,**  **Nipanya Ward** |
|  |  | Started on Dec 7 2019 |
| ***Total population*** | 89288 | 22,000 |
| ***Slum population*** | 35,504 | NA |
| ***Total number of households in slums*** | 3741 (14 slums) | NA |
| ***Timing*** | 12 to 8 pm | 10am to 6pm |
| ***Governance*** | Rented building | Government + ULBs |
| ***HWC Branding*** | No | Yes |
| ***Display of Citizen Charter*** | Yes | Yes |
| ***Display of EDL*** | Yes | Yes |
| ***No. of AWC*** | 8 | NA |
| ***UHND planned/ held*** | 16 | No |
| ***Special Outreach (No.)*** | 0 | No |
| ***OPD per month*** | 2310 | 60 per day |
| ***Fixed day specialist services*** | None | No |
| ***Wellness activities*** | No | No |
| ***Population based screening*** | Initiated, old CBAC forms are being filled  4207 have been enrolled and 3840are over 30+, have been screened for NCDs; 70 DM, 125 hypertension cases | Not yet initiated |
| ***Average no. of lab tests per day*** | 25 | 68 |
| ***ANC last month*** | 8, PMSMA is also being conducted every 9th of month, currently 15 High risk pregnancies have been registered. | 5 |
| ***Immunization per month*** | 15, No AEFI kit | 0 |
| ***Total no. of ASHAs*** | 16 | NA |
| ***Total no. of MAS*** | 16 | NA |
| ***Total no. of ANMs*** | 3 | NA |
| ***RKS constituted*** | No | No |
| ***Quality Certification*** | Not yet initiated | NA |
| ***Human Resources*** | MO (1)- Regular  SN (1)- Regular  LT (1) / DEO (1)- Outsourced  No Pharmacist | MO (1)- Contractual  SN (1)- Contractual  MPW(M)-1  LT (1)- Outsourced  Cleaner (1)  Pharmacist (1)- regular |
| ***IT Reporting*** | HMIS, RCH, NCD, HWC  Also reports P forms for IDSP and IMI Reports | Not yet mapped |
| ***Telemedicine*** | No | No |
| ***Registers*** | OPD register, FP Register,  Immunization Register,  ANC Register  HMIS formats  Pharmacy stock register |  |
| ***Remarks*** | Facility located inside slum locality and the Overall condition of facility is good.  The facility has provision for clean and safe drinking water, waiting space, cold chain room.  Crowding was observed at the facility due to inadequate space.  Referral hospital is situated 7 km away from the facility.  The facility has 70 EDL out of which 50 drugs were available and NCD drugs were present in stock.  No Pharmacist was available so The SN was dispensing the medicines. | This is a completely new facility opened in an ULB building  It provides only curative service as of now as its catchment area has not yet been mapped  It has no space for separate wellness room.  120 EDL is present and in-house kit-based tests are done while other serological and blood tests are outsourced through Zedar.  The patient registration is done through electronic mode via a tab and the doc has been provided with another tab for maintaining patient record and a separate patient slip is generated for the patient to take home. |

**Vinayak Arogya Samiti MAS, Vinayak Nagar W-41, Indore**

* The samiti was formed 3 years back and attached to AWC 720
* MAS have 12 members including *Adhyaksh* and *Sachiv*.
* It caters to slum of 2500 population with 450 households.
* The account for this MAS has been opened
* MAS has been given basic induction training
* Monthly meetings are held in last week of every month, however on examining the meeting registers records of meetings from September 2019 was found to be missing.
* The members of MAS were also passive and did not respond well to the questions asked.

**Challenges**

1. The MOIC at Sanjeevni Clinic informed about the technical issues being faced while using tablets for entering patient details.
2. Sanjeevni Clinics remain open on Sundays and closed on Mondays as a result the staff complained of Sunday as an odd day for duty and said they were facing issues at home front.
3. Since there are security issues at vulnerable localities and few eve-teasing cases in the past, the UPHCs are largely not functional from 12 to 8 pm but are operational from 12 noon to 6.30 pm.
4. Shortage of Human resources.

**Recommendations**

1. All vacant positions under NUHM in SPMU and DPMU must be filled on priority.
2. All medical and para-medical positions in UPHCs need to be filled urgently.
3. An NUHM induction training at all levels is a prerequisite to drive the program and should be done on priority basis.
4. SIHFW and other training institutes needs to be strengthened and oriented for NUHM training.
5. Convergence meetings need to be held regularly.
6. The assistant program managers should be made accountable for the overall NUHM implementation and management of UPHCs while data entry should be responsibility of DPMU. An addition data assistant can be assigned at the DPMU and APMs should be free to manage and monitor UPHCs
7. As there is only 1 full time MO from 12 to 8pm in the facilities, they should not be deputed for additional night duties and state special programs.
8. State needs to prioritise RKS formation and utilization of untied funds.
9. Operationalizing all UPHCs into HWCs with the availability of the Expanded Range of Services should be done. UPHCs planned to be upgraded to UPHC-HWC need to expand the provision of services as per 12 packages including services for elderly, mental health etc.
10. State needs to complete HWC branding of UPHC-HWC facilities.
11. Specialist clinics should be initiated during evenings/based on local community needs, in collaboration with Medical Colleges or by hiring private doctors on daily remuneration basis.
12. State needs to start conducting special outreach sessions and fixed day NCD screening as per the NUHM guidelines.
13. Recruitment and retention of Urban ASHAs to ensure the reach of Health care delivery services especially in the slum areas.
14. Training of Urban ASHAs on their roles and responsibilities especially related to PMJAY and their engagement in activating MAS is required.
15. MAS should be formed as per guidelines and linked with income generation activities under NULM. Strengthening of supportive supervision for MAS at the community level is required.
16. Role of MAS needs to be explored in outreach activities/ camps and NCD screening.

**Smart City Mission Visit at Indore:**

* This visit provided an insight to convergence of NUHM with ULBs and Smart City Mission to bring about an innovation and re-structuring of urban health system through sustainable efforts.
* The MD of Smart City Mission, Indore informed about the upcoming proposals where convergence with health is being done. He informed about developing Hospital Management Information System being launched at P.C. Shetty Hospital.
* Smart City Mission Project has also signed a MoU with John Snow Inc for improving urban health through its project “Building a healthy city”.
* Proposal of setting up of Health ATMs at bus stations is also underway.
* The pioneers in Integrated Solid Waste Management also explained their process of waste management and informed the team that daily garbage collection and treatment is 1150 – 1200 metric tonnes and each vehicle carrying the waste to Garbage Transfer station (GTS) is monitored through control room. Also, the waste collected is measured at point of collection, at each transfer points as well as at the end.
* Smart City Mission has also proposed for setting of smart classrooms which will deliver IEC for health through its classes.

**KARNATAKA**

The team visited Bengaluru and Tumkuru on 17th February 2020. At Bengaluru, meetings were held with MD NHM, Nodal officers of different divisions, BBMP officials and CMHO/City Health officials/Corporation officials. On 18th Feb 2020, visit to urban health facilities and District Office in Tumkuru was undertaken.

**State Profile - Karnataka**

Out of a total population of approx. 6.11 Crore in Karnataka, 2.36 Crore (38.6%) is urban population, of which approx. 35 Lakhs (14.8%) reside in the urban slum. NUHM is jointly implemented by State Health Department and ULBs (including Bangalore Municipal Corporation) in 79 cities/towns with population above 50,000.

**NUHM Progress in Karnataka**

|  |  |
| --- | --- |
| **Category of City** | **Number** |
| Metropolitan City | 01 |
| Million Plus City | 00 |
| 1 Lakh- 10 Lakhs | 25 |
| 50,000 – 1 Lakh | 52 |
| District Headquarters <50,000 | 01 |

State Health Society includes the Bangalore City Health and Family Welfare Society, where the Commissioner is the chairperson and Mission Director, NHM, is the Vice Chairperson, and Chief Health Officer, BBMP is the Member Secretory. Urban Health cell under SPMU is functional.

The state has a total of 364 UPHCs [of which 48 are in Bangalore Urban, 112 under Bruhat Bengaluru Mahanagara Palike (BBMP)and 204 in Rest of Karnataka] and 9 UCHCs functional. The 27 Maternity Homes were converted into UPHC in BBMP. There has been a slow progress in completion of the new construction of 19 approved UPHCs.

Besides these, 49 Health Kiosks, 8 MMUs and 2 Transit Clinics (at bus stations) are serving in the urban areas of Karnataka. The state has developed 6 Hi-tech labs with auto-analyzers, x-ray unit, scanning besides other equipment on a hub spoke model in the 6 referral hospitals of BBMP.

Currently, 72 UPHC-HWC functional against 364 UPHC-HWC approved. However, the state has taken initiative to up-grade all 364 UPHCs into Health and Wellness Centres (HWC). Branding of UPHCs and CBAC activity is being implemented in urban areas. State level training on Population Based Screening and CBAC form has been completed with involvement of Bangalore Medical College and Research Institute (BMCRI) for Medical Officers, Staff Nurses, ANMs and ASHAs. District level trainings on Population Based Screening are in progress.

19 UPHCs are working under PPP model with NGOs, namely Lions, Karuna Trust, Sri Sharana Seve Samaja, CSI, Indian Red Cross Society, Mysore Makkala Koota and All India Women Council. Convergence has been developed with private practitioners for evening clinics and scanning centres. State level convergence meetings are held with ICDS and Social Welfare Department.

363 centres have completed the GIS mapping and Vulnerability assessment has been completed in all the Urban Primary Health Centres.

As part of Innovations under NUHM, the state has started two Transit Clinics in partnership with Bangalore Metropolitan Transport Corporation (BMTC), which provides free space, while the services are provided through BBMP for commuters, BMTC staff and general population. The services include OPD, management of communicable diseases and trauma, Screening for NCD, lab investigations and referral.

Evening Specialist Clinics, which function from 5-8 pm have been started in UPHCs in BBMP and other cities. Specialists and AYUSH doctors engaged on hourly basis. This intervention has resulted in increases OPD at UPHCs.

The state has developed an innovative IT portal called Public Health Informatics and Epidemiological Cell (PHIEC) in BBMP with the support of NUHM for GIS mapping of health facilities and laboratories, defining and mapping of Urban Poor population and reporting of disease outbreaks with accurate details of patient location, SMS alerts to health officials and GPS enablement of 6 MMUs in BBMP for monitoring.

The vulnerability mapping of urban slums is being done using an IT enabled Survey using the “*Namma Samudaya*” Survey Tool, which is an android based smart phone application developed by BBMP in collaboration with the Department of Community Medicine, Benguluru Medical College & Research Institute (BMCRI), for Vulnerability Assessment and CBAC form for early detection of NCDs.

Digital televisions along with digital signages have placed in UPHCs for the purpose of IEC, which are connected through a cloud-based application, each device having an individual IP address. Administration uploads the centralised content as per required frequency (daily, weekly or monthly) and also monitors it through a dashboard. IEC in any form such as videos, PPTs or audios can be displayed.

Approximately 89% Clinical and Paramedical staff (3153/3529) and 94% Programme management staff (200/212) is in position. Similarly, 94% ASHA have been selected (4092/4114). Aarogya Rakshana Samiti (ARS) is the RKS in the State, which gets Rs. 1.5 Lakh per annum for government and Rs. 1 L per annum for rented facilities. Approximately 98% RKS have been formed at UPHCs.

NUHM trainings and workshops at district and state level have been conducted. State level workshop on Convergence of Medical Education Institutes and NUHM has been held. Inter-sector convergence meeting has been conducted under the chairmanship of Additional Chief Secretory, Government of Karnataka.

The state has 3011 ASHAs in place as against 3329 sanctioned (90%). At BBMP, 180 ASHA out of a total of 630 ASHAs have been trained in Module 6 & 7 in the district. All ASHAs have been trained in the induction module. ASHA dairy was provided to the ASHAs. They had the ASHA drug kit and HBNC kit available with them. ASHAs are given a fixed incentive of Rs. 3500 and under NHM, they are given Rs. 2000 as fixed incentive.

A total of 3745 MAS has been formed in the state as against 4071 sanctioned (92%). There are total 600 MAS in the Bengaluru District. Accounts in Nationalized banks (Corporation bank, Vijaya bank). The Bengaluru district has 8 MAS formed.

RCH portal has been implemented in all the districts.

State Initiatives-

* State budget- 40 UCHCs in 7 Corporations.
* 825 posts sanctioned- UCHC of 7 Corporations
* 1285 post- UPHCs of 8 Corporations
* 603 post of ANM/FHW sanctioned for UPHC in Municipalities
* Rs. 3115.55 lakhs have been allotted for UCHC under State budget for construction and HR

Achievements in Key Areas-

* PPP engagement-
  + - MAS training is being provided through the NGO “CHETNA”.
    - Gynaecology and pediatrics specialists provide fixed day services at PHCs once weekly.
* Reporting is being done through HMIS and TeCHO+
* ULB training have been completed in corporations. Medical and paramedical training is being provided through SIHFW and District Training Centres. SIHFW is the nodal institution for imparting trainings to NUHM Staff.
* The UFWCs and UHPs have been upgraded as UPHCs.
* Convergence has been strengthened with Urban Development Department – NULM and SBM for MAS related activities. Land has been identified in Corporation and Municipality areas. Collaborations with Medical Colleges have been strengthened for training, curative and referral services. The UHTCs have been identified as centres of excellence. Budget has been proposed fro training under NVDBCP and NCD programmes.
* The State is implementing quality initiatives such as Kayakalp and NQAS in all UPHCs and UCHCs. 38 UPHCs have qualified for the Kayakalp award in 2018-19 and 3 UPHCs are nationally certified for NQAS and 25 UPHCs undergone state certification for NQAS in 2019-20.
* NABH and Swachhata Mission are also being implemented in the state.

**District wise Findings**

1. **Bengaluru**

**UPHC Adugodi, Bengaluru**

**Basic Information**

The timings of the facility are from 9am to 4pm and specialist clinics in the evening from 5pm to 8pm. The Medical Officer in-charge was Dr. Rajeshwari. The specialty services are provided by physician (DNB Family Medicine) on Tuesday, Thursday and Friday, ENT on Wednesdays and Dental on Mondays. NGO Karuna Trust has taken over the functioning of the UPHC.

A good example of convergence was observed at the UPHC. The facility has been renovated by the corporate company “Bosch” 2 years back, under its CSR programme and is run by Karuna Trust. The facility was Kayakalp certified in 2019. However, HWC branding has not been done. Reporting is being done on NCD, HWC, RCH, NIKSHAY portals by the LT.

**Coverage**

The population covered is 43,990 by the UPHC. Vulnerable slums are called as ‘Namma Samudayam” and slum mapping has been done. There are 3 slums in its vicinity, with 560 and 90 households and the third with 4000 population.

**Infrastructure**

The UPHC is functional in a government building. Electronic registration counter in the waiting area was present. Aadhar card and phone number of patients are used for registration and generation of EMR number. It has been done as a pilot for 6-7 months for follow up of cases.

OPD rooms, pharmacy, immunisation cum dressing room, lab, toilets were available. Inverter backup, drinking water supply and overhead tanks were present for 24\*7 water supply. X-ray unit was also available on the first floor of the facility. Signages and citizen charter are displayed properly, however IEC display was not up to the mark. Suggestion box installed.

**Service Provision**

The OPD is approximately 70-80 patients per day. The specialty services are provided by physician (DNB Family Medicine) on Tuesday, Thursday and Friday, ENT on Wednesdays and Dental on Mondays. Fixed day services for ANC, NCD, Eye, Oral health were being conducted, but not for ENT/skin/palliative/Mental health. Proposal for starting adolescent clinics “ Sneha clinic” has been sent to the state. Proposal for ENT doctor and instruments sent for 2020-21.

General OPD, ANC, high risk pregnancy screening under PMSMA, PNC, routine immunisation (on Thursday) was being done. Newer contraceptives were being made available to patients. However, IUCD insertion was not being done at the facility. The MOI/C visited a nearby maternity home for inserting IUCD there. Patients for sterilization were being referred to Siddheya Tawrekere Hospital, which is a hi-tech CHC. Universal screening was being done for HTN, DM, oral and breast cancers but revised CBAC forms were not being filled. The VA checklist was being used for VA mapping. For patients above 30 years, the data is transferred to CBAC form.

Daily optometrist for 6 days from 9am to 4pm is available for refraction, anterior chamber and fundus examination, which is done using Remidis Fundus-on-phone App, connected through internet/cloud and report sent by specialist.

Free dental treatment is also provided to patients including cleaning, root canal treatment, dentures and dental extraction. A dental chair was present and around 5-8 patients visited daily.

The facility has immunisation cum dressing room. Deep freezer and ILR available. Iron sucrose injections are given to patients with haemoglobin less than 7gm%. No delivery services are provided. Daily approx. 70 lab tests are conducted. Each UPHC in Bengaluru has been upgraded to DOTS centre with microscopy.

Wellness activities such as yoga are conducted 2days/week and the yoga trainer is paid honorarium of Rs. 250/hour for 4 sessions in a month. Separate yoga guidelines in local language has been sent by districts. No teleconsultation provided.

Awareness on tobacco control activities were being done. IEC fund is being utilised for activities like bus branding and radio jingles. AYUSH services were not being provided. Various communicable disease control programmes were being undertaken, except Viral Hepatitis. The facility also had an ICTC centre under AIDS control programme.

Inhouse diagnostic lab was there with facility for conducting 25 tests. For higher end tests patients are referred to nearest UCHC. X-ray, USG and ECG facility are available (provided by Bosch through CSR) and Staff Nurses have been trained to conduct them. EDL had 67 drugs. 25 lab tests were being conducted. The pharmacy had dispensing, indent and stock registers.

The lab had a functional autoclave, semi-autoanalyzer (BBMP), bacteriological incubator. Lab register was available. BMW management was being done but there was no BMW register being maintained for record purpose with the details of quantity being handed over to the CBTF person. Anaphylaxis kit, oxygen cylinder and pulse oximeter were there but ambu bag was not there. The facility had no preparedness for disaster and triage such as splints, triage ribbons, including training of staff.

ANMOL tab, RCH portal, NCD app being used. DVDMS was being utilised for inventory management. Online indenting of drugs is done. While OPD, ANC and Immunisation registers were being used, no records for Family planning such as Sterilisation, IUCD were being maintained.

There are 4 ASHAs attached to the UPHC, who cater to slums with 7500 population. ASHAs are providing HBNC. Outreach sessions are being held once a week on Tuesdays. There is 1 MAS, which looks after PNC, sanitation and garbage disposal.

Patients are referred to the General Hospital on H. Siddhaya road. Mental health and de-addiction cases are referred to NIMHANS and Taluka Hospital at Jayanagar. The nearest NRC is Indira Gandhi Institute Child Centre. Ambulance services have been outsourced.

**Human Resources**

The facility has 1 MO in-charge 2 Staff Nurses, 1 pharmacist, 3 ANMs,1 LDC and 2 Group D staff. Besides these, there are 6 part time specialists for evening clinics. 1 ICTC counsellor has also been posted at the centre. There is no appointment of DEO and dresser. Staff nurse performs the functions of DEO and dresser as well.

Medical officer and Staff nurses have been trained on RI, NCD, NVDBCP, leprosy, RNTCP, mental health and soft skills. DOTS is given by ANM and Staff nurse. NCD training has been provided to MO, SN, ANM and ASHA. MO and SN have also been given hands-on training in VIA but not on NCD App.

1. **Tumakuru District**

**UPHC-HWC Agrahara, Tumakuru**

**Basic Information**

The facility is run by the state government and is functional since 2017. The timings are from 9 am to 4.30 pm. The Medical Officer In-charge is Dr. Kamakshi. The facility is under the purview of Smart City Mission at Karnataka.

**Coverage and Mapping**

Population covered by the UPHC is 49,748. It has 4 slums attached to it with a population of 6450. The nearest slum is 2km from the UPHC. GIS mapping and vulnerability assessment has been done.

**Infrastructure**

The building for the UPHC has been provided by the Education Department on a temporary basis. It is counted under rented buildings, though no rent has to be paid for the building. The permission for construction of a new UPHC has been taken.

Tumakuru is under the Smart City programme, hence the facility has regular supply of electricity, communication facilities. Uninterrupted electricity and water supply are available and RO system has been installed for supply of drinking water. Under the Smart City project, there is a separate computer provided for online registration of patients and for telemedicine. The citizen charter was displayed.

**Service Provision**

The UPHC has a daily general OPD of approx. 60-70 patients. Teleconsultation facility is available as part of the Digital India Communication (DIC) in 6 UPHCs at Tumkur, 3 UPHCs at Kotitop, and all in Shettihalliget. At this UPHC, specialist services through telemedicine are given from 5-8pm with the following schedule: Monday - Medicine, Tuesday/Friday - Surgeon, Wednesday - Gynaecologist, Saturday -Orthopaedics. Patients are given a UID number at the time of registration, tokens are given, repeat visits are entered, treatment of ANC scanned, BP/sugar measurement is done. Specialist OPD is 20-30 patients. NCD clinics are held on Friday for screening of DM, HTN and oral cancers.

Basic laboratory tests including those for ANC profile are being done. Patients are referred to District Public Health Lab for higher end tests. However, Rapid Diagnostic Tests for Dengue, Malaria and typhoid were not available at the facility. Water quality testing using MPN test to check faecal/bacterial contamination was being done at District Public Health lab in DH. Three monthly sample testing of drinking water is done for 6 wards. The unfit report is informed to the ANM. Chlorination by waterman of corporation is done. BMW valid registration certificate and registers were not available at the facility.

UHNDs are being conducted by ANM once per month, on Thursdays. There are 4 ASHAs and 3 AW are attached to the facility. Specialist outreach is conducted once a month, which is attended by Specialist, MO, SN, ANM and link workers. Private physician, pediatrician, gynaecologist is hired for the special outreach by paying Rs. 1000 per outreach camp. The cardiac and liver disorder patients from special outreach camps are referred to Jaydeva Hospital.

The facility has 1 MOI/C and 5 specialists for the fixed day specialist clinics. 2 staff nurses, 6 ANMs (3 contractual, 3 regular), 1 pharmacist, 1 LT, 1 LHV, 1 group D staff, 2 link workers were posted at the facility. There was however, no Public Health Manager post. 4 ASHA workers were associated with the UPHC.

The UPHC bank account has 2 signatories, the MO and ANM. The RKS is called as ARS and receives Rs. 1.5 Lakh per year as untied grants. 50% funds have been utilised under MAS and RKS. Cash book audit has been done and report submitted to BMMC.

**UPHC Shetty Nalligate, Tumakuru**

Total Population attached to the facility is 58,162, of which approximately 14,000 is the vulnerable population in the 3000 households in 6 slums. The facility has distributed 173 Ayushman Bharat cards.

DEO has been appointed for 3 UPHCs from the Smart City Mission, who looks after the patient registration, telemedicine and monthly reporting. Approximately 6-7 patients are referred to DH daily from the facility after telemedicine consultation. LDC is posted for HMIS, RCH ASHA portals and for national health programmes.

Health desk has been established with 1 Medical Officer, 2 staff nurses, 1 LHV, 6 ANMs, 4 ASHAs, 1 Pharmacist, 1 LT, 1 LDC, 1 Group D staff.

Basic ambulance facility was available as its location was far from the District Hospital.

**Recommendations**

1. HWC branding should be done for the UPHC-HWCs.
2. Adequate IEC should be displayed to spread awareness on the various National Health Programmes.
3. Provision of services in accordance with the 12 package of CPHC.
4. IUCD insertion should be done at the UPHC-HWCs.
5. Revised CBAC forms need to be provided to the urban facilities.
6. NCD App training should be completed.
7. Record keeping needs to be strengthened, especially for Family planning measures such as Sterilisation, IUCD and for BMW. BMW register should be maintained.
8. Ambu bag (adult and pediatric) should be available at all UPHCs.
9. Triage facility and disaster preparedness should be strengthened at all health facilities in urban areas. The staff should be appropriately trained for the same.

**ODISHA**

The team reached Bhubaneshwar on 17th of February, 2020 and met Deputy MD(NHM), SPM (NRHM), SPM(NUHM) and other officials and discussed the Convergence model implemented in the states, some best practices and the challenges faced by the state in healthcare service delivery pertaining to urban areas.

**STATE PROFILE - ODISHA**

Odisha has a total population of 419 lakhs of which approximately 70 lakhs (17% of the total population) lives in urban areas. The State has 30 districts comprising 223 towns, of which 111 are statutory towns and 112 are census towns. There are 5 Municipal Corporations, 45 Municipalities and 61 Notified Area Councils under the urban local administration. 36 cities/towns covered under NUHM.

**NUHM Progress in State**

The State has undertaken few initiatives as mentioned-

* Fixed day specialist OPD services are being provided at all UPHCs.
* UPHCs are also holding evening OPDs to meet the healthcare demands of the urban vulnerable groups.
* Against the target of 3132, the state has already constituted substantial number of MAS.
* All urban facilities are reporting on HMIS portal.
* One of the best practices of the State is the grading of MAS on quarterly basis. The state has undertaken innovations in selection and training of MAS along with the practice of scoring and grading MAS on a set of indicators.

The grading of MAS is based upon the ten indicators as follows-

* Meetings held regularly each month
* Universal Coverage for Ante-Natal Care
* No home delivery conducted in the MAS operational area.
* All beneficiaries attend Urban Health and Nutrition Day.
* All children as per due list attend immunisation sessions.
* Regular cleaning of slum.
* Additional resources mobilised from other sources.
* Utilisation of untied fund.
* Mobilise cases to outreach camp/MHU.
* No dengue/diarrhoea case found in the MAS area.

10 Marks is given for each indicator by the ASHAs who have been trained for this purpose. Based on a cumulative score of 100, the MAS could be graded in one of three categories: ~ Green - 80 and above ~ Yellow - 50-79 ~ Red - Less than 50.

Major points discussed in the meeting were as follows-

1. Government of India has special focus over slum population but non-slum population needs to be focussed as well.
2. Migrating and floating population is one of the biggest challenges in the state.
3. State has UPHCs running mainly through PPP mode in collaboration with NGOs or by Government support.
4. The cities having population less than 50,000 also need to be focussed under Urban health.
5. State has showcased various convergence with urban local bodies to improve urban healthcare service delivery. To exemplify the state has mentioned that three UPHCs got NQAS certification in convergence with Municipal Corporation in Berhampur district of Odisha.
6. State has developed many guidelines in convergence with Housing and Urban Development Department.
7. 85% facilities have got Kayakalp Award.
8. All the UPHCs in the state are IPHS compliant as stated by the state authorities.
9. Transformation of UPHC to UPHC-HWC is smooth and 85 out of 90 UPHCs have been transformed till date of visit.
10. 63 Yoga teachers are in place in urban health facilities to conduct Yoga sessions as wellness activity in the UPHC-HWCs.
11. At least three specialist health care services are being provided by all UPHCs.
12. Jhpiego, an NGO designs and plans clinics for NCD screening.
13. Biomedical equipment is maintained well.
14. Supply and procurement are maintained under Logistics Management Information System (LMIS) which is also integrated with DVDMS. Medical supply is being maintained by Kirloskar Company.
15. CPMU works in coordination with Urban Local Bodies.

**District wise Observations -Odisha**

1. **Bhubaneshwar**

**UPHC Ghatikia**

It has been functioning since January, 2017. It is operational under PPP mode with the aid of an NGO called Gopinath Jubak Sangha. The facility timings are 8-11 am in morning and 5-8 pm during evening. Medical officer In-charge was Dr. Lili Das. The facility is Kayakalp certified, branding completed and has very clean surroundings.

**Coverage**

The facility was covering 47603 of total population, of which 24349 was urban population with total 10312 households in the slums. There were 24 vulnerable pockets of migrants in the area. The patients are referred to the Capital Hospital, which is located eight kilometres away from the facility.

**Infrastructure**

* UPHC functions in a Government building with well displayed signages, IEC/BCC and Citizen Charter both in English and vernacular language.
* There was a suggestion/complaint box and registration counters at the entry of the facility. The registration counter was having separate counters for male and female, registration was being done manually.
* There was also an adequate waiting space for the patients. There was separate space for pharmacy, immunization, laboratory services, dressing room, store room and emergency room. There was provision of separate room for yoga/ wellness activities in the facility with well constituted schedule for Yoga activities and certified Yoga instructor in place. Privacy and confidentiality were being maintained in consultation rooms.
* Essential facilities like round the clock drinking water with water storage, electricity supply with power back up and separate male and female toilets were available in the facility.
* Essential equipment like height machine, weighing machine, BP instrument, thermometer, torch, otoscope, tongue depressor, X-ray view box, examination couch and steps were available.

**Service delivery**

* On an average daily OPD is around 100 patients.
* Along with management of acute simple illnesses, facility was providing maternal health services like ANC, identification of high-risk pregnancy under PMSMA, PNC, management of RTI/STI, IUD insertion, provision of newer contraception, routine immunization and weekly adolescent counselling.
* Facility was committed to perform universal screening of NCDs including oral, breast and cervical cancers. CBAC form in outreach sessions were being filled by ASHAs.
* The specialized health care provided include Dental, Paediatrics, Gynae and Obstetrics along with general medical consultation on different days of a week. Paediatric OPD sessions were conducted on Tuesday, Dental OPD on Thursday/Sunday and Obstetric and Gynaecological OPD on Friday.
* Deliveries were not being conducted in the facility. Emergencies and complicated deliveries were being referred to higher health facility.
* The facility handles approx. 60 emergency cases per month, of which around 15 cases need referral to higher facilities.
* Total laboratory tests conducted were 35 per day.
* Biomedical Waste management mechanism though outsourced was in place with valid BMW registration certificate.
* Staff were trained in BMW management, colour coded bins and was linked to common waste treatment facility. BMW was being collected after 48 hours and records were well maintained about BMW management.
* Data was being registered on NCD/HWC portal. MOI/C was given laptop for record purpose. Five tablets were given to ANMs with ANMOL/RCH/NCD app.

**Human Resources**

One Medical officer in-charge, 3 specialists of Paediatrics, Dental and OBGY, two Staff Nurses, one Public Health Manager, one pharmacist, one laboratory technician, one regular and four contractual ANMs were providing health care services to the population. One accounts Assistant/LDC, nine ASHAs and three cleaning/ security staff were performing ancillary services to the facility.

**UPHC Unit 3, Bhubaneshwar**

The facility was located in quite dense area surrounded by urban slums near Kharavela Nagar and easily accessible by road. UPHC was being run by state government. Medical Officer In-charge was Dr. Ashrit Kumar Acharya. The facility timings are 8-11am for morning clinics and 5-8 pm for evening clinics. UPHC was Kayakalp certified and completely branded with very clean environment.

**Coverage**

The facility was covering 38213 of total population and 7799 of urban population with total 2304 households in the slums. There were 28 vulnerable groups of migrants in the area.

**Infrastructure at the facility**

* UPHC was functioning in the Government building with well displayed signages, name of the facility, IEC/BCC materials and Citizen charter both in English and vernacular language.
* There was a suggestion/complaint box and registration counters at the entry of the facility. The registration counter was having separate counters for male and female, registration was being done manually.
* There was also an adequate waiting space for the patients. There was separate space for pharmacy, immunization, laboratory services, dressing room, store room and emergency room.
* There was provision of separate room for yoga/ wellness activities in the facility with well constituted schedule for Yoga activities and certified Yoga instructor in place.
* Privacy and confidentiality were being maintained in consultation rooms.
* Essential facilities like round the clock drinking water with water storage, electricity supply with power back up and separate male and female toilets were available in the facility.
* Facility was committed to perform universal screening of non-communicable diseases mainly for Diabetes and Hypertension. Screening for cancers were not being done in the facility.
* Essential equipment like height machine, weighing machine, BP instrument, thermometer, Torch, otoscope, tongue depressor, X-ray view box, examination couch and steps were available in the facility.

**Service delivery**

* On an average 130 OPDs were being conducted per day.
* Specialist health services for Paediatrics, Gynae and Obstetrics, Skin and Venereal disease, Psychiatry along with Physiotherapy is provided.
* Deliveries were not being conducted in the facility. UPHC Unit 3 was handling 80 emergency cases.
* Total laboratory tests conducted were 50-60 per day.
* Maternal health services like ANC, identification of high-risk pregnancy under PMSMA, PNC, management of RTI/STI, IUD insertion, family planning, routine immunization, management of diarrhoea/ARI were provided by the facility.
* NCD Screening, elderly care and weekly adolescent counselling was also performed in the facility.
* Minor procedures were performed in this UPHC. Emergencies and complicated deliveries were being referred to higher health facility.
* Biomedical Waste management mechanism was in place with valid BMW registration certificate. Staff were trained in BMW management, colour coded bins and was linked to common waste treatment facility.
* Liquid Waste Management:In all the visited UPHCs of Bhubneshwar, liquid management system is in place.
* Record keeping was being done properly. MOI/C was given laptop and tablets with ANMOL/RCH/NCD app were given to ANMs. Data was being registered on NCD/HWC portal.

**Human Resources**

Resource pool of Two Medical officer in-charge, 6 number of specialists of Paediatrics, Psychiatry, Physiotherapy and OBGY speciality, two Staff nurse, one public health manager, one pharmacist, one laboratory technician was providing health care services to the population. One accounts Assistant/LDC, five ASHAs and 3 -4 cleaning/ security staff were performing ancillary services to the facility.

1. **Puri**

**UPHC Kamala Devi Memorial Maternity Home, Puri Odisha**

The facility has been functioning since 26th October, 1952 as an efficient delivery point. UPHC was being operational under PPP mode. Medical officer In-charge was Dr. Sushree Mahanta. The facility timings are 8-11am for morning clinics and 5-8 pm for evening clinics. UPHC was Kayakalp certified and completely branded with very clean and hostile environment. Along with slum population, facility was also providing services to the nearby fisherman community.

**Coverage**

The facility was covering 56850 of total population and 29456 of urban population. There were 19 numbers of vulnerable groups/pockets/ migrants in the area.

**Infrastructure at the facility**

* UPHC was functioning in the Government building with well displayed signage, name of the facility, IEC/BCC materials and Citizen charter both in English and vernacular language.
* There was a suggestion/complaint box and registration counters at the entry of the facility. The registration counter was having separate counters for male and female, registration was being done manually. There was also an adequate waiting space for the patients. There was separate space for pharmacy, immunization, laboratory services, dressing room, store room and emergency room.
* There was provision of separate room for yoga/ wellness activities in the facility with well constituted schedule for Yoga activities and certified Yoga instructor in place. Privacy and confidentiality were being maintained in consultation rooms.
* Essential facilities like round the clock drinking water with water storage, electricity supply with power back up and separate male and female toilets were available in the facility.

**Service delivery**

* On an average general OPD was approximately 60 per day. 60-70 deliveries were being conducted in the facility.
* The specialized health care for Dental, Paediatrics and Gynae and Obstetrics was being given.
* Biomedical Waste management mechanism though outsourced was in place with valid BMW registration certificate. Staff were trained in BMW management, colour coded bins and was linked to common waste treatment facility. BMW was being collected after 48 hours and records were well maintained about BMW management.
* Data entry in the portal was found to be poor.

**Human Resources**

One Medical officer in-charge, 2 part time OBGY specialist, one dentist, one paediatrician, two Staff nurse, one public health manager, one pharmacist, one laboratory technician, one Yoga instructor, one regular and six contractual ANMs/LHVs were providing health care and wellness services to the population. One accounts Assistant/LDC, nine ASHAs, 3 attendant and three cleaning staff were performing ancillary services to the facility.

**Challenges**

* Service delivery to non-slum population was found as a universal challenge in all the visited facilities leading to mushrooming of private clinics in these areas.
* Non-availability of hospital staff especially female staff in the evening shift.
* Diseases like vector borne, Leprosy, Tuberculosis are still underreported.
* Domestic violence, addiction, etc. are some issues in the urban population which need special focus.
* Less payment to the MAS has emerged as common complaint in the state.

**Recommendations**

* Establishment of urban health facilities in the non-slum areas and quality of the health service delivery needs to be assured.
* Training of MOs, ANMs and ASHAs on Population based screening should be expedited.
* Monitoring visits for quality assurance of all the UPHCs needs to be done regularly.
* Timing of evening OPD can be changed from 5-8 pm to 4-7 pm. So that, female staff can be made available in the evening clinics.
* The MAS needs to be linked to income generation activities under NULM and timely payment ensured.

**ANNEXURE – I (MADHYA PRADESH)**

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| IMG-20200415-WA0107.jpg  Figure 1: Citizen Charter display at UPHC Shivbagh, Indore | IMG-20200415-WA0109.jpg  Figure 2: Availability of drinking water at UPHC Shivbagh |
| IMG-20200415-WA0105.jpg | IMG-20200415-WA0113.jpg  Figure 3: Overcrowding of Patient waiting area due to lack of space at UPHC Shivbagh |
| IMG-20200216-WA0019.jpg  Figure 4: Patient registration being done electronically using tablet at Sanjeevini Clinic | IMG-20200216-WA0022.jpg |
| IMG-20200415-WA0079.jpg  Figure 5: Patient electronic record at Sanjeevini Clinic | IMG-20200415-WA0080.jpg  Figure 6: Interaction with MAS |
| IMG-20200415-WA0101.jpg  Figure 7: Visit to AWC 375, Bhopal | IMG-20200415-WA0106.jpg  Figure 8: Record of Antara Beneficiary at UPHC Ashok Garden |

**ANNEXURE 2 (KARNATAKA)**

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| *Fig. 1 UPHC Adugodi* | *Fig. 2 UPHC Adugodi* |
| *Fig. 3 Dental Clinic, UPHC Adugodi* | *Fig. 4 Vision Clinic, UPHC Adugodi* |
|  |  |
| *Fig. 5 Registration Counter, UPHC Adigodi* | *Fig. 6 ANM Room, UPHC Adugodi* |
| *Fig. 7 UPHC Agrahara, Tumkuru* | *Fig. 8 UPHC Agrahara* |
| *Fig. 9 Citizen Charter, UPHC Agrahara* | *Fig. 10 Liquid Waste Mgt, UPHC Agrahara* |
| *Fig. 11 IEC display, UPHC Agrahara* | *Fig. 12 Patient Waiting Area, UPHC Agrahara* |

**ANNEXURE – III (Odisha)**

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| Figure 9Coverage of UPHC Ghatikia,BBSR | Figure 2Facility at a glance; UPHC Ghatikia |
| Liquid Waste management | Figure 3Suggestion/complaints box at the entrance of the facility |
| Figure 10 OPD schedule displayed at UPHC Unit 3 | Figure 11 Coverage of UPHC Unit 3 |
| Figure 12IEC displayed in local language | Figure 13 At KDMM, Puri, Odisha |
| Figure 14Colour coded bins and Autoclave | Figure 15In -house BMW management system in the facility |