

**UTTAR  
PRADESH  
STATE REPORT**

## Uttar Pradesh

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## UTTAR PRADESH

### Summary of approvals

Financial Management under NRHM (Rs. in crore)					
Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	746.69	930.00	573.30	124.55	61.65
2006-07	1142.70	1180.24	720.47	103.29	61.04
2007-08	1459.42	1531.50	1086.43	104.94	70.94
2008-09	1480.37	1806.88	1789.77	122.06	99.05
2009-10	1531.43			0.00	
<b>Total</b>	<b>6360.62</b>	<b>5448.62</b>	<b>4169.97</b>	<b>85.66</b>	<b>76.53</b>

S. No.	Timeline Activities	Achievement	%
1	ASHA	Selection	134434
		Training	129076
2	VHSC	51150	48
3	24X7 PHCs	648	18
4	Mobile Medical Unit	0	0
5	Rogi Kalyan Samiti	3648	89

Budget Allocations (2005-09) ( Amount in Crores)			
Uttar Pradesh			
	Allocation	Releases	Expenditure
<b>RCH Flexipool</b>			
2005-06	251.37	169.73	26.21
2006-07	349.28	156.00	87.12
2007-08	256.80	192.72	242.35
2008-09	428.17	373.25	458.26
2009-10	437.34		
<b>Total (A)</b>	<b>1722.96</b>	<b>891.70</b>	<b>813.94</b>
<b>NRHM Flexipool</b>			
2005-06	No separate allocation	129.52	1.10
2006-07	293.58	241.77	41.31
2007-08	513.22	417.21	82.80
2008-09	373.02	305.43	318.80
2009-10	385.90		
<b>Total (B)</b>	<b>1565.72</b>	<b>1093.93</b>	<b>444.01</b>
<b>National Disease Control Programme</b>			
2005-06	50.89	72.10	79.49
2006-07	69.68	77.03	76.57
2007-08	84.34	49.43	36.67
2008-09	102.22	90.41	25.00
2009-10	106.40	10.97	0.00
<b>Total (C)</b>	<b>413.53</b>	<b>299.95</b>	<b>217.72</b>
<b>Grand Total (A + B + C)</b>	<b>3702.21</b>	<b>2285.58</b>	<b>1475.67</b>

**Record of Proceedings (2005-2009) for Mission Flexible Pool**

<b>Approval for Infrastructure (Rs. in Crore)</b>						
<b>S. No</b>	<b>Health Facilities</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Sub C	18.58		0.00	88.75	260.00
2	PHC		1.92	0.00	0.00	0.00
3	CHC	56.00	21.2	0.00	24.25	177.79
4	DH			1.27	0.00	357.92
5	<b>Equipment</b>			1.00	6.09	2.06
6	<b>Transport</b>			0.00		73.35
7	Others		47.95	101.72	47.24	33.06
	<b>Total</b>	<b>74.58</b>	<b>71.07</b>	<b>103.99</b>	<b>166.32</b>	<b>904.18</b>

<b>Approval for Human Resources(Rs. in Crore)</b>						
<b>S. No</b>	<b>Personnel</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Doctors			0.00	0.00	54.30
2	Specialists			0.00	0.00	0.00
3	Staff Nurses			0.00	0.00	51.64
4	ANM			0.00	0.00	16.20
5	Others			0.00	0.00	58.24
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>180.38</b>

<b>Approval for other activities (2005-2009) in Rs. Lakh</b>							
<b>S.No</b>	<b>Initiative</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>Remarks</b>
		Released	Approved	Approved	Approved	Approved	
<b>ASHAs</b>							
1	ASHA						
2	Selection & Training of ASHA	1646					
3	ASHA Kit	441	2300	2878.02	11611.3	7500	
4	ASHA Incentives					6000	
	<b>TOTAL</b>	<b>2087</b>	<b>2300</b>	<b>2878</b>	<b>11611.3</b>	<b>13500</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters</b>							
5	Rogi Kalyan Samitees		87.5				
6	RKS - DH				655.00	790.00	
7	RKS - CHC		55		1278	1278.00	
8	RKS-PHC		32.5		794	573	

9	RKS- BPHC					794.00	
10	RKS-APHCs				567.4		
11	Untied Fund						
12	Untied Fund for DH & CHC			508.00			
13	Untied Fund for CHC				213.00	213.00	
14	Untied Fund for BPHC				198.50	198.5	
15	Untied Fund for PHC		915	1820.00	425.55	716.75	
16	Untied Fund for SC	1858	2052.00	2052.10	2052.10	2052.10	
17	Untied Fund for VHSC		3000	5200.50	5201	10700	
18	Annual Maintenance Grant -DH & CHC			254.00			
19	Annual Maintenance Grant -CHC				426	426	
20	Annual Maintenance Grant -BPHC				297.75	397	
21	Annual Maintenance Grant -APHC				305.4	804.5	
22	Annual Maintenance Grant -PHC		1830	910.00			
23	Annual Maintenance Grant -SC			2052.10	700	830	
	<b>TOTAL</b>	<b>1858</b>	<b>7972</b>	<b>12797</b>	<b>13113.2</b>	<b>19773.3</b>	
<b>Infrastructure related matters</b>							
24	MMU		2611	711.2	2611.2	2516	
25	Emergency & Referral Services			4740.16	1843.81	7309.45	
	<b>TOTAL</b>		<b>2611</b>	<b>5451.4</b>	<b>4455.01</b>	<b>9825.45</b>	

#### Status of Infrastructure 2005-2010

	As per RHS 2008	New Construction	Upgradation / Renovation
<b>Number of Sub Centre</b>	20521	4050	1500
<b>Number of PHC</b>	3690	0	0
<b>Number of CHC</b>	515	33	50
<b>Number of DH</b>	70	0	20
	As per State Data Sheet, NRHM		

**Status of NRHM as on 15.05.2009**

1	ASHA	Selection	134434
		Training	129076
2	VHSC		51150
3	Joint A/C		51150
4	24X7 Facility		990
5	FRU		121
6	Contractual Manpower	Doctors & Specialist	189
		AYUSH Doctors	428
		Staff Nurse	2250
		Paramedics	138
		ANM	1411
7	JSY Beneficiaries (in Lakhs)		26.08

**National Disease Control Programme**

**NLEP**

Although state has reached elimination of the disease, still large number of new cases is being detected every year indicating active transmission in the community. An in-depth situational analysis with steps to complete treatment etc be started.

**IDSP**

It is a Phase III state. The recruitment of human resources needs to be fast tracked and completed in a time bound manner. The data reporting should start from all the districts.

**NBCP**

Satisfactory performance.

**NVBDCP**

Though the state is considered low endemic but during 2008, some districts reported malaria outbreak. The state need to gear up the epidemic preparedness and response mechanism.

**RNTCP**

Total Case Detection and cure rate need to be improved. This appears to be due to gaps in key HR (STO, DTO and other levels), weak supply chain management and supervision.

## Demographic, Socio-economic and Health profile

### HEALTH INDICATORS OF UTTAR PRADESH

The Total Fertility Rate of the State is 3.9. The Infant Mortality Rate is 69 and Maternal Mortality Ratio is 440 (SRS 2004 - 06) which are higher than the National average. The Sex Ratio in the State is 898 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

**Table I: Demographic, Socio-economic and Health profile of Uttar Pradesh State as compared to India figures**

S. No.	Item	Uttar Pradesh	India
1	Total population (Census 2001) (in million)	166.20	1028.61
2	Decadal Growth (Census 2001) (%)	NA	21.54
3	Crude Birth Rate (SRS 2007)	29.5	23.1
4	Crude Death Rate (SRS 2007)	8.5	7.4
5	Total Fertility Rate (SRS 2007)	3.9	2.7
6	Infant Mortality Rate (SRS 2007)	69	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	440	254
8	Sex Ratio (Census 2001)	898	933
9	Population below Poverty line (%)	31.15	26.10
10	Schedule Caste population (in million)	35.15	166.64
11	Schedule Tribe population (in million)	0.11	84.33
12	Female Literacy Rate (Census 2001) (%)	42.2	53.7

**Table II: Health Infrastructure of Uttar Pradesh**

Particulars	Required	In position	shortfall
Sub-centre	26344	20521	5823
Primary Health Centre	4390	3690	700
Community Health Centre	1097	515	582
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	24211	21024	3187
Health Worker (Male) MPW(M) at Sub Centres	20521	2097	18424
Health Assistant (Female)/LHV at PHCs	3690	3509	181
Health Assistant (Male) at PHCs	3690	4294	-
Doctor at PHCs	3690	2001	1689
Obstetricians & Gynaecologists at CHCs	515	131	384
Physicians at CHCs	515	186	329
Paediatricians at CHCs	515	135	380
Total specialists at CHCs	2060	618	1442
Radiographers	515	133	382
Pharmacist	4205	1954	2251
Laboratory Technicians	4205	1085	3120
Nurse/Midwife	7295	3340	3955

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

**The other Health Institution in the State are detailed as under:**

<b>Health Institution</b>	<b>Number</b>
Medical College	16
District Hospitals	70
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	1771
Ayurvedic Dispensaries	340
Unani Hospitals	210
Unani Dispensaries	49
Homeopathic Hospitals	8
Homeopathic Dispensary	1482

## **Note on Progress of NRHM in Uttar Pradesh (June 2009)**

The National Rural Health Mission is aimed at ensuring effective and quality healthcare, especially to the poor and vulnerable sections of the society. It is being implemented in the State with the aim of reducing infant mortality rate & maternal mortality ratio, ensuring population stabilization, prevention & control of communicable & non-communicable diseases. Significant progress has been made in terms of implementation of various activities under NRHM. A number of new schemes have also been launched, such as, the Saubhagyawati Surakshit Matretev Yojana, a scheme to promote institutional deliveries by involving private sector providers. The overall objective of the State is to have the highest attainable standards of services at the public health institutions coupled with the recent technical advances in terms of well equipped facilities and adequate skilled manpower at every level. Brief information on progress vis-a-vi issues have been highlighted which are as follows:

### **Institutional Framework of NRHM**

Meeting of State & District Health Mission has been held regularly. Meeting District Health Mission held 355 times. Merger of societies is completed in 71 districts. 51150 VHSCs has been constituted & 51150 Joint Accounts have been operationalised. Rogi Kalyan Samitis are operational at 70 DH, 386 CHCs & 308 PHCs. 71 districts have started developing their own IDHAP.

### **Infrastructure Improvements**

In total 252 PHC have been strengthened with three Staff Nurses to make them functional for 24x7 services. Overall 62 CHC are functioning on 24X7 basis & facility survey completed in 169 health institutions at below district level. Total number of 53 DH, 68 CHC and others level are functioning as FRUs. No Mobile Medical Units (MMU) is functional in the state.

### **Human Resources**

A total of 1, 34,434 ASHAs have been selected & 1, 08,223 are trained upto 4<sup>th</sup> Module. In total 1, 24,309 ASHAs have been provided with drug kits. Total 17323 Sub-centres are functional with an ANM and 1158 SCs are strengthened with 2<sup>nd</sup> ANM. In the state 428 Contractual AYUSH Doctors have been appointed. To augment the manpower contractual appointments of 189 specialists, 2250 Staff Nurse, 1411 ANMs and 138 paramedics have been done under NRHM and need to strengthen the positioning of MBBS Doctors.

### **Services**

Institutional deliveries improved from 21.23 lakhs (06-07) to 23.25 lakhs (07-08). During the year 2008-09 there are 18.18 lakhs Institutional deliveries in the state. JSY beneficiaries increased from 1.69 lakhs (06-07) to 8.64 lakhs (07-08). During the year 08-09 there are 15.64 lakh JSY beneficiaries. Female sterilizations have increased from 4.27 lakh (06-07) to 4.65 lakh (07-08) and male sterilisation has increased from 2669 (06-07) to 5940 (07-08). During year 2008-09, 468381 female & 11132 male sterilization done so far. 18 districts are implementing IMNCI & 13687 people trained so far. 24, 85,043 VHND held since the launch of NRHM. First Phase of Community Monitoring has been operationalised in the state.

## **General**

Overall improvement in health system since NRHM

Achievements Made:-

- Upsurge in institutional deliveries and in general utilization of OPD and indoor services
- RKS formed up to Block PHC level.
- SPMU is active. DPMU and BPMU being set up.
- Fixed day services at the facilities being initiated.
- Infrastructure improvements have improved the quality of services
- Performance of sterilisation amongst male and female has been improved.
- Immunisation performance has improved.

**Areas for Further Improvement:-**

- Second ANM needed at Sub-centres.
- FRU and Mobile medical Units need to be operationalised
- Mapping of human resource and redistribution for rationalization of services at different levels following IPH standards is recommended.
- Creation of a public health cadre is required.
- Huge shortage of Nurses and Specialists.
- Need to improve the AYUSH facilities at the institutions.
- Encourage involvement of greater NGO support.
- Strengthening the MIS processes.

## **Infrastructure**

- Infrastructure in District Hospitals, CHCs and PHCs has vastly improved. There is a lot more to be done. Construction is going on at many places. A large number of Health Sub Centres need new buildings or repair.
- Site selection for PHCs must be near habitation for their optimal use.

## **Human Resources**

- Nursing cadre shortages.
- Transparent policy and rational procedures for recruitment and transfers need to be initiated.
- Human resource is the real challenge in UP. Huge shortage of Nurses and Specialists. Some rationalization is improving availability of services of Anaesthetists and Gynecologists. This alone will not be enough. Need to expand nursing and medical education services on a large scale.
- The load on a single ANM is heavy. Fixed day services have started with good results.
- Block and PHC level staff strengthening needed for better financial management.

## **Service Delivery**

- Need to streamline processes of reporting and their timeliness. Efforts needed to ensure the implementation of new web based HMIS and its analysis at all levels.

## **National Disease Control Programme**

### **NLEP**

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### **IDSP**

It is a Phase III state. The recruitment of human resources needs to be fast tracked and completed in a time bound manner. The data reporting should start from all the districts.

### **NBCP**

Satisfactory performance.

### **NVBDCP**

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### **RNTCP**

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## An Analysis of Financial Monitoring Report for the year 2008-09

### A. RCH Flexible Pool

#### Component-wise expenditure & utilisation under RCH against approved PIP for the year 2008-09

Rs. in Lakhs

Activities	SPIP	Expenditure	% Utilization against PIP
Maternal Health	26564.30	28695.67	108.02%
Child Health	1540.42	1295.99	84.13%
Family Planning Services	6196.53	7126.28	115.00%
Adolescent Reproductive and Sexual Health/ Arsh	344.05	343.76	99.92%
Urban RCH	1891.90	718.48	37.98%
Innovations/PPP/ NGO	844.31	228.91	27.11%
Infrastructure & Human Resources	6271.63	3090.35	49.28%
Institutional Strengthening	539.01	154.53	28.71%
Training	2152.20	635.75	29.54%
BCC / IEC	1841.76	42.47	2.31%
Procurement	1661.88	2728.70	164.19%
Programme Management	1625.66	764.55	47.03%
<b>Total</b>	<b>51473.65</b>	<b>45825.64</b>	<b>89.03%</b>

Based on table above and record available in FMG, observations are as under:-

#### General Observations

1. Significantly, Rs.458.26 crore, i.e 89% of the approved PIP of Rs.514.74 crore has been utilized under RCH-II as compared to national level expenditure of 71%.
2. There is 90% increase in expenditure as compared to 2007-08.
3. Since the launch of RCH-II, Rs. 812.50 crores, i.e 91% has been utilized by the state against the release of Rs. 891.70 crores during the period 2005-06 to 2008-09.
4. Remarkable expenditure of 115% on Family Planning Services and almost 100% under ARSH has been noticed.
5. More than 100% expenditure during 08-09 under MH is also appreciable.

#### Areas of Concern

1. There is need to implement IEC/BCC activities as the reported expenditure is just 2.31% against the planned expenditure.

2. Activities like Urban RCH, PPP/NGO, Institutional strengthening and Training etc. where reported expenditure is less than 50% of the approved PIP also needs proper attention so as to improve these activities.
3. The expenditure on procurement is 164% of approved PIP, for which we need a detailed break-up along with the procurement procedure followed for the same.

**B. Mission Flexible Pool:-**

**Componet-wise expenditure under NRHM against approved PIP**

Rs. In Lakhs

Activites	SPIP	Expenditure	% Utilisation against PIP
ASHA	11611.30	6505.91	56.03
Untied Funds	8089.65	7097.67	87.74
Hospital Strengthening	2425.12	1035.91	42.72
Annual Maintenance Grants	1729.15	1851.15	107.05
New Constructions/ Renovation and Setting up	9025.00	8117.40	89.94
Corpus Grants to HMS/RKS	3294.40	3549.11	107.73
Action Plans (District, Block, Village)	350.00	0.39	0.11
Panchayati Raj Initiative	70.00	1.42	2.03
Mainstreaming of AYUSH	0.00	0.07	-
IEC-BCC NRHM	798.51	521.13	62.26
Mobile Medical Units	2611.20	0.00	0
Referral Transport	1843.81	0.00	0
School Health Programme	0.00	0.00	-
Additional Contractual Staff (Selection, Training, Remuneration)	0.00	0.00	-
PPP/ NGOs	0.00	0.00	-
Training	2636.23	628.25	23.83
Incentive Schemes	698.56	0.00	0
Planning, Implementation and Monitoring	1300.00	154.52	14.19
Procurements	5886.20	0.00	0
Regional Drug Warehouses	118.56	0.00	0
New Initiatives/ Strategic Interventions (As per State health policy)	3096.33	1890.55	61.06
Support Services	940.98	0.00	0
NRHM Management Costs/ Contingencies	3491.10	496.78	14.23
Other Expenditures (Power Backup, Convergence etc)	508.76	0.00	0
<b>Total</b>	<b>60524.86</b>	<b>31880.22</b>	<b>52.67</b>

On the basis of above table and records available in FMG, observations are as under:-

### **General Observations**

1. As compared to 2007-08, 237% increase has been noticed in overall expenditure during 2008-09.
2. Since the start of the programme, Rs.1093.93 Crores were released to the state, the utilization is Rs.453.19 Crores (41.42%) and Rs.540.74 Crores (49%) remains unutilized.
3. Good Expenditure against the approved PIP has been reported under the heads Annual Maintenance Grants (107%), New Constructions/ Renovations (90%) and utilization of Corpus Grants to HMS/RKS (107%).

### **Areas of Concern**

1. No Expenditure has been incurred under the heads Mobile Medical Units, Referral Transport, Incentive Schemes, Regional Drug House, Support Services, Procurement and Others (Power back up etc.). It requires, reasons to be identified so as to take proper actions to implement these activities on priority basis.
2. Less than 20% of the approved PIP has been spent on activities such as District Action Plan (0.11%), Panchayati Raj Initiative (2.03%), Planning, Implementation and Monitoring (14.19%) and NRHM Management Costs/ Contingencies (14.23%). You should give priorities on these activities. Expenditure on planning for District Action Plan should be reviewed and suitable action should be taken so that involvement of every one and at each level can be adhered.
3. No budget has been planned for some important activities i.e. School Health, Additional Contractual Staff and PPP/NGO.
4. FMR is not in the prescribed format, therefore, care may please be taken in this direction.
5. Break-up of Expenditure on RKS Rs.3549.11 Lakhs has not been provided.
6. Expenditure on Sub-Centre Rent has been booked under Infrastructure & Human Resource, whereas, the same should be booked under "Institutional Strengthening" under sub-head 'Sub-Centre'.

## BRIEFING NOTE ON RCH II: UTTAR PRADESH

### A. Background/ current status

#### 1. RCH II Goals

UP's (including Uttarakhand) MMR at 440 (SRS 04-06) has improved from 517 in SRS 01-03, but still way above the national average of 254. The IMR (SRS 2007) at 69 is third highest in the country after MP and Orissa. TFR at 3.9 (SRS 2007) is higher than the national average of 2.7 and nowhere close to the target of 2.1 for the year 2012 (refer Annex 1).

#### 2. RCH II Outcomes

UP's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is far from satisfactory (refer Annex 1):

- Mothers having full ANCs decreased from 4% to 2.8%.
- Institutional deliveries marginally increased from 21.4% to 24.5%.
- Full immunisation in children 12-23 months increased from 25.8% to 30.3%.
- Children with diarrhoea receiving ORS has increased from 15.4% to 17.3%.
- Unmet need for family planning has reduced marginally from 34.3% to 33.8% and still remains very high. Further, use of modern contraceptives has increased from 24.8% to 26.7%.

#### 3. Expenditure

Audited expenditure has increased sharply from Rs. 26.21 crores in 05-06 to Rs. 87.12 crores in 06-07 and Rs. 240.91 crores in 07-08; reported expenditure in 08-09 is Rs. 458.26 crores i.e. 89% of allocation (Rs. 514.74 crores). JSY accounted for 61% of the reported expenditure in 08-09.

### B. Key achievements

#### 1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 0.12 lakh in 05-06 to 1.69 lakh in 06-07 and 7.98 lakh in 07-08. A total of 15.63 lakh beneficiaries have reportedly availed of the services in 08-09. State has accredited 158 private facilities under this scheme.
- Training on Life Saving Anaesthesia Skills (LSAS): 6 medical colleges have been identified, 12 master trainers and 29 MBBS doctors have been trained in LSAS against a target of 257.
- Training in comprehensive Emergency Obstetric Care (EmOC): CSMMU (Lucknow) and JLN Medical College (Aligarh) have been identified as training centres, 10 master trainers and 30 MBBS doctors have been trained in EmOC against a target of 257.
- Skilled Birth Attendant training (SBA): 37 districts have been identified, 215 district level master trainers and 489 SNs/ ANMs have been trained as SBA, against a target of 10673.
- Saubhagyawati scheme: Private sector participation to promote access of BPL women to institutional deliveries.
- Voucher scheme for referral transport: A voucher scheme for providing transport to the BPL patients through accredited private transport providers.
- Voucher Schemes for Institutional Delivery (Kanpur and Bahraich): Use of vouchers as a mechanism for demand side financing where RCH services for BPL women and children are provided through private practitioners.
- Merrygold Scheme: PPP through a network of 770 franchised health facilities offering quality RCH services at pre-fixed prices at different levels, for low-income working class and poor.

## 2. Child Health

- Comprehensive Child Survival Programme (CCSP) has been implemented in 17 districts and will be extended to 19 additional districts in 2009-10. Facility Based Newborn Care training has been implemented in 17 districts and will be extended to additional 19 districts in 2009-10
- Bal Swasthya Poshan Mah: Biannual Vitamin A supplementation along with intensive promotion of exclusive breast feeding, complementary feeding iodised salt consumption and referral of severely undernourished children are organised in fixed months - June and December, in coordination with ICDS.

## 3. Other initiatives

- Considering lack of specialists in the system, state has made provision for on-call specialists as per requirement at the facility level.
- State has taken initiative to resolve the issue of irrational placement of specialists through redeployment of key functionaries at FRUs. This has been done through regional workshops chaired by Principal Secretary.

## C. Key issues

### 1. Maternal Health, including JSY

While number of institutional deliveries under JSY has increased sharply from 0.12 lakhs in 05-06 to 15.63 lakhs in 08-09, UP is yet to adequately gear up facilities to meet the load:

- State has operationalised only 648 PHCs as 24x7 so far against the target of 1830 PHCs by 2010.
- Similarly FRU operationalisation is very slow, 121 FRUs have been operationalised so far against the target of 257 by 2010. Further, a large number of FRUs do not provide the stipulated range of services due to lack of access to blood storage facilities and lack of specialist staff.
- Only 29 doctors in Life saving anaesthesia skills (LSAS) and 30 in comprehensive Emergency Obstetric Care (EmOC) have been trained so far against the target of 257.
  - The quality of LSAS training at Uttar Pradesh is improving but needs constant monitoring. The annual LSAS training capacity of the 6 medical colleges is not being fully utilized hence the pace of training is slow and is not moving at the desired pace, and adequate numbers of district hospitals have not been identified to undertake the 2<sup>nd</sup> part of the training.
- A rapid assessment of functionality of FRUs and 24x7 PHCs was carried out in the state through GoI/ Development Partner support. There is no indication that the state is utilising facility survey findings for comprehensive planning of operationalisation of FRU and PHCs, including linking the same with EmOC and LSAS trainings, placing anaesthetic drugs, SBA drugs, operationalising OTs, and establishing Blood Banks/ Blood Storage facilities at FRUs.
- There is irrational selection and placement of trained staff; as a result the existing staff is not used appropriately.
- As per the proposal from the State of UP, Government of India granted permission for posting of an additional MBBS Doctor at each of the 823 block PHCs/ CHCs and 53 District Women Hospital. The details on the recruitments of such contractual doctors and their place of posting have not been shared by the State.
- Though SBA training has been initiated in 37 district women's hospitals, quality of training needs attention. Further, in the field, use of partograph, delivery and new-born care, availability of drugs etc, are not appropriately practiced/ supervised. Considering the increase in delivery load at various facilities (on account of JSY), state should increase the number of training sites for SBA.
- Progress on the SBA Training of Medical Officers of 70 districts of UP through 2 medical colleges in UP i.e. CSMMU, Lucknow and GSVM Medical College, Kanpur needs to be shared with GoI.

- State needs to provide status on various issues related with referral transport such as mode of referral transport, monitoring mechanism used, assured referral linkage both from the beneficiary/ community to the facilities and also between the facilities, scaling-up of referral transport etc. The on-going voucher scheme needs to be evaluated before scaling up.
- State hasn't mentioned the scope of work for the Quality Assurance Cells. It is requested to enlarge the scope of QA cells for RCH services including FP services. QA cells should be established both at the level of state and district for all MCH activities including training. TORs of the QA cell, already communicated to the State, should be followed.

## *2. Child Health*

- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 48 (SRS 2007) accounts for 70% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 36 (SRS 2007) accounts for 75% of the NMR. An evaluation of JSY in the state in December 2008 highlighted that only 16% of the beneficiaries surveyed stayed for at least two days in the health facility after delivery. With the huge offtake in JSY in the state (15.63 lakh beneficiaries in 2008-09), this is clearly a missed opportunity to address early neonatal mortality.
  - Further, facility based newborn care is yet to be addressed; only 2 Sick Newborn Care Units are functional in the state.
- In spite of high prevalence of malnutrition there is no focus on Nutritional Rehabilitation Centres in the state. State is yet to replicate the Lalitpur district NRC model.

*A brief note on Polio status in Uttar Pradesh is attached at Annex 2*

**A. Background/ current status****1. RCH II Goals**

S. No.	RCH GOAL INDICATOR	UTTAR PRADESH		INDIA	
		Trend (year & source)		Current status	RCH II/ NRHM (2012) goal
1.	Maternal Mortality Ratio (MMR)	517 (SRS 01-03)	440 (SRS 04-06)	254 (SRS 04-06)	<100
2.	Infant Mortality Rate (IMR)	76 (SRS 2003)	69 (SRS 2007)	55 (SRS 2007)	<30
3.	Total Fertility Rate (TFR)	4.4 (SRS 2003)	3.9 (SRS 2007)	2.7 (SRS 2007)	2.1

**2. RCH II Outcomes**

S. No.	RCH OUTCOME INDICATOR	UTTAR PRADESH		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	21.5	22.3	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	4.0	2.8	16.5	19.1
3.	Institutional deliveries (%)	21.4	24.5	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	25.8	30.3	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	36.3	8.2	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	15.4	17.3	30.3	33.7
7.	Use of any modern contraceptive method (%)	24.8	26.7	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	34.3	33.8	21.4	21.5

\* - Provisional results for DLHS-3

**B. Trends in Financial Expenditure**

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	169.73	156.00	192.72	373.25
Audited Expenditure	26.21	87.12	240.91	458.26*

\* - Audit for 2008-09 not yet carried out; reported expenditure provided.

- Allocation for 2008-09: Rs. 514.74 crores.

**C. Progress on Key Strategies****1. Demand side interventions**

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1.	Janani Suraksha Yojana	12,127	1,68,613	7,97,505	15,63,516
2.	Total Sterilisation	4,50,431	4,29,441	4,71,891	NA
3.	IUD Insertions	19,91,819	18,55,238	19,43,474	NA

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	121	47.1 (against the target of 257 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	648	35.4 (against the target of 1830 PHCs)
3.	No. of private institutions accredited under JSY	158	NA
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	18	25.7 (out of 70 districts in the state)
5.	No. of people trained in IMNCI	13,687	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	24,85,043	NA

(Source: NRHM MIS report, April 2009)

### **Brief Note on Pulse Polio Programme Uttar Pradesh**

With the global initiative of eradication of polio in 1988 following World Health Assembly resolution in 1988, Pulse Polio Immunization programme was launched in India in 1995. Children in the age group of 0-5 years administered polio drops during National and Sub-national immunization rounds (in high risk areas) every year. About 172 million children are immunized during each National Immunization Day (NID).

#### **Progress**

1. With the implementation of pulse polio programme from 1995, significant success has been achieved in reducing number of polio cases. There has also been significant reduction in number of infected districts. In 2008 the virus could be restrained to 90 districts mainly in Western UP and Bihar.
2. Most parts of India are polio free. Of the 35 states and Union Territories, 33 have stopped indigenous polio virus transmission. Only Uttar Pradesh (UP) and Bihar remain endemic for polio virus because of the uniquely challenging conditions like poor environmental sanitation, high population density, high birth rate which make them the most challenging places on earth to eradicate polio.
3. Of the 3 types of polio causing viruses, type 2 virus has already been eradicated in 1999. Currently Type 3 virus and Type 1 virus are in circulation and is limited mainly to UP and Bihar.
4. The number of genetic families of polio virus Type 1 circulation has also been reduced from 12 in 2005 to 3 in 2008. Only 1 family is circulation since May 08.

#### **Polio Situation in year 2009**

- In UP there has been intensification of the programme since 2002 by increasing the frequency of polio immunization campaigns. At least 8 SIAs are implemented per year.
- To finish the P1 circulation mOPV1 vaccine are being used in the State since April 2005 as per advice of IEAG. To keep P3 circulation under check, mOPV3 vaccine is used intermittently.
- 41 Wild Polio Virus cases has been reported in UP during 2009 out of which 10 are P 1, 40 are P 3 and one case having both P1+P3.
- Total number of infected districts in 2009 is 16.

#### **Steps taken by the Government to achieve target of polio eradication**

- Migratory populations from UP and Bihar are being identified in the States of Punjab, Haryana, Gujarat and West Bengal and these migratory children are being covered during the SNID in UP and Bihar.
- Social Mobilization activities are being intensified by involving the local influencers, community and religious leaders to improve community participation and acceptance of polio vaccine.
- In the States of UP and Bihar every new born child is being identified and vaccinated during the polio immunization campaigns and is being tracked for 8 subsequent rounds.
- In order to reach every eligible child during the pulse polio round, apart from the strategy of vaccinating children at fixed booths and house to house visit, efforts in vaccinating children in transit at railway stations, inside long distance trains, major bus stops, market places, religious congregations, major road crossings etc. throughout the country have been intensified.
- Efforts are being continually intensified to remove the misconception and rumours among certain section of the community about the use of Oral Polio vaccine.

**SIA Strategy for 2009-10 as per IEAG recommendations:**

- SNID in May 09 , June, 09 , July 09, Aug/Sep 09 and Oct/Nov 09
- Two NIDs in January & February 2010.
- Mop up in response to detection of WPV case in polio free areas.

**Issues:**

- RI coverage in the State is quite low. As per DLHS full immunization coverage in the State is only 31.1 %.
- Majority of the Polio cases are with the migratory/mobile communities. Need intensive focus on coverage of these populations.
- Needs to improve sanitation & hygiene in the polio endemic district.
- In spite of intensive social mobilisation activities, 8-10% houses are missed in UP during each SNID.

## Immunization

### Uttar Pradesh

#### Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	NA	20.2	22.9	33.8	37.2	25.8	30.3
BCG	NA	56.5	61.0	64.9	71.6	57.4	73.4
Measles	NA	33.5	37.5	42.1	46.7	34.9	47.0
DPT 3	NA	32.7	30.0	43.0	44.0	36.0	38.9

#### Progress

- The FI coverage is 30.3% as per DLHS 3. The improvement in BCG coverage from 57.4% (DLHS-2) to 73.4 % (DLHS-3) reflects an increase in access to the immunization services.
- There has been a very good progress in immunization trainings of the health workers (14912/20099) with 74.2 % of training completed.
- In 52 out of 72 districts the AEFI committees have been constituted.
- RIMS has been installed in most of the districts.

#### Issues

- The State continues to have **high dropout from BCG to DPT 3** which is critical for further improvement in full immunization coverage. As per DLHS3 Survey there are **61.1 %** unimmunized children (based on DPT3 Coverage) which translates to around **33.1 lakh** children per year.
- The disparity between **reported and evaluated coverage** is huge, this need to be rectified for better monitoring and programme management.
- The State needs to expedite the constitution of **AEFI** committees in the 30 districts The State needs to strengthen AEFI reporting further to improve reporting of AEFI cases.
- Revision of Microplans to strengthen outreach services especially in the districts with low BCG coverage reflecting poor accessibility.
- The vacant positions at District and PHCs need to be filled which is critical for improving the service delivery in the State.

## Brief on National TB Control Programme in Uttar Pradesh

### 1. Infrastructure

Total districts – 70 (WB-43, GFATM-27), Total TUs – 336, Total DMCs – 1409  
 Population – 1820 lakh

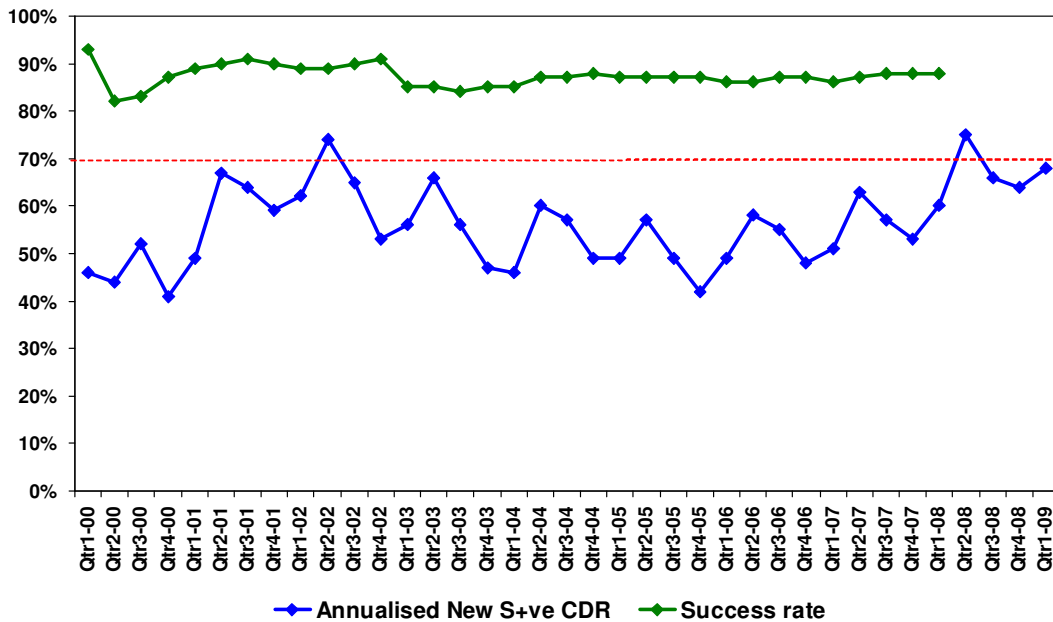
### 2. Status of Implementation

- 8 districts (Baghpat, Barabanki, Ghaziabad, Gautam Budh Nagar, Lucknow, Meerut, Rae Bareli & Unnao) and BCM Hospital Khairabad in Sitapur district were initially implementing RNTCP.
- 35 more districts under expansion plan (World Bank assistance) latter also started implementing RNTCP.
- Remaining 27 districts, approved under GFATM, are also now implementing RNTCP. Thus the whole of the State is now covered under RNTCP since 30<sup>th</sup> Dec 05.

### 3. State level Performance (Based on the Quarterly reports for 1<sup>st</sup> qtr of 2009)

- Overall State level case finding is not satisfactory. New sputum positive case detection rate and sputum conversion rate and cure rate in new smear positive patients needs improvement. The NSP case detection rate has improved in the last few quarters.

## Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Uttar Pradesh, 2000-2009\*



\*Population projected from 2001 census

\*Estimated no. of NSP cases - 95/100,000 population per year (based on recent ARTI report)

4. **District-wise Performance (Based on the Quarterly reports for 1<sup>st</sup> quarter 2009)**

Name of the districts	TB Suspects examined/ lakh population	Annualised total case detection rate (against >180/lakh)	Annualised new sputum positive case detection rate (against >67/lakh)		Sputum conversion rate in new cases (against >90%)	Cure rate in new case (against >85%)
Agra	202	205	68	72%	90%	84%
Aligarh	201	187	78	83%	94%	88%
Allahabad	170	133	58	61%	86%	77%
Ambedkar Nagar	102	93	56	59%	91%	88%
Auraiya	141	153	84	88%	90%	85%
Azamgarh	103	102	44	46%	87%	80%
Baghpat	123	151	77	82%	95%	87%
Bahraich	177	169	86	90%	90%	88%
Ballia	79	92	54	57%	94%	83%
Balrampur	117	128	59	62%	89%	84%
Banda	136	123	45	47%	91%	85%
Barabanki	143	136	68	72%	92%	87%
Bareilly	224	147	59	62%	91%	85%
Basti	101	148	49	52%	90%	84%
Bijnor	162	119	67	71%	91%	84%
Budaun	191	154	89	94%	94%	86%
Bulandshahar	176	214	82	86%	93%	89%
Chandauli	122	93	49	52%	92%	91%
Chitrakoot	131	149	58	62%	92%	84%
Deoria	96	78	43	45%	90%	83%
Etah	171	145	73	77%	94%	88%
Etawah	237	174	81	85%	93%	86%
Faizabad	125	132	61	65%	91%	85%
Farrukhabad	139	140	57	60%	93%	87%
Fatehpur	159	131	61	64%	93%	83%
Firozabad	140	170	67	71%	89%	82%
Gautam Budh Nagar	175	246	84	89%	92%	87%
Ghaziabad	200	259	87	92%	93%	90%
Ghazipur	78	80	47	49%	87%	80%
Gonda	100	126	56	59%	93%	88%
Gorakhpur	119	76	42	44%	92%	85%
Hamirpur-UP	148	144	68	72%	92%	86%
Hardoi	151	153	66	70%	93%	84%
Hathras	139	131	68	71%	94%	86%

Jalaun	155	154	59	62%	88%	83%
Jaunpur	99	158	55	58%	90%	85%
Jhansi	162	148	76	80%	94%	85%
Jyotiba Phule Nagar	201	115	79	83%	94%	91%
Kannauj	169	126	67	71%	93%	89%
Kanpur Dehat	102	121	70	74%	94%	87%
Kanpur Nagar	164	168	66	69%	<b>81%</b>	<b>74%</b>
Kaushambi	177	183	83	87%	98%	94%
Kheri	126	126	59	62%	89%	84%
Kushinagar	89	86	51	53%	92%	88%
Lalitpur	146	156	80	84%	92%	84%
Lucknow	262	184	76	80%	86%	81%
Maharajganj	115	89	50	53%	89%	87%
Mahoba	135	145	76	80%	95%	82%
Mainpuri	118	109	60	63%	92%	88%
Mathura	177	165	75	79%	93%	85%
Mau	102	84	34	<b>36%</b>	92%	81%
Meerut	220	188	87	92%	92%	91%
Mirzapur	162	137	62	66%	95%	90%
Moradabad	180	131	84	88%	91%	82%
Muzaffarnagar	171	146	73	77%	92%	87%
Pilibhit	208	146	72	75%	92%	84%
Pratapgarh	140	121	50	53%	90%	82%
Rae Bareli	112	154	67	70%	89%	81%
Ramp	209	163	74	78%	90%	86%
Saharanpur	203	156	68	72%	91%	87%
Sant Kabir Nagar	123	122	53	55%	<b>82%</b>	90%
Sant Ravidas Nagar	163	178	74	78%	96%	93%
Shahjahanpur	157	123	73	76%	91%	83%
Shravasti	117	97	59	62%	91%	87%
Siddharthnagar	97	92	46	<b>48%</b>	91%	86%
Sitapur	141	148	54	57%	89%	<b>76%</b>
Sonbhadra	105	112	67	71%	91%	85%
Sultanpur	111	110	55	58%	94%	87%
Unnao	154	162	70	74%	93%	89%
Varanasi	162	157	67	71%	90%	86%

5. **Funds Status as on 31<sup>st</sup> March 2009 (Rs. in lakh)**

	C/F	Release	Expenditure	Balance
<b>GFATM</b>	<b>234.44</b>	<b>800.00</b>	<b>795.69</b>	<b>238.75</b>
<b>World Bank</b>	<b>97.60</b>	<b>2534.00</b>	<b>2260.51</b>	<b>371.09</b>
<b>Total</b>	<b>332.04</b>	<b>3334.00</b>	<b>3056.20</b>	<b>609.84</b>

## 6. Drugs

RTNCTP Districts:- All districts have been provided drugs as per their requirements reflected in the quarterly reports.

## 7. Issues

- Number of DMCs are not as per RNTCP norms.
- Referral of chest symptomatics is poor.
- Case finding is low.
- EQA protocol is not followed (35 districts have not reported the status of RBRC).

### Manpower Resources & Training

- DTOs are not in place in 5 districts (Ambedkar Nagar, Bulandshahr, Etawah, Kanpur Nagar and Mainuri) and in 12 districts (Azamgarh, Ballia, Firozabad, Ghaziabad, Kheri, Kushinagar, Mau, Meerut, Mirzapur, Sant Ravidas Nagar, Shahjahanpur and Sultanpur) DTOs are not full time. DTOs are not yet trained in 11 districts (Auraiya, Fatehpur, Gonda, Gorakhpur, Hardoi, Kannauj, Maharajganj, Pratapgarh, Sant Kabir Nagar, Shravasthi and Sonbhadra).
- The vacant posts of Micro-Biologist & Epidemiology at STDC Agra
  - 31 MO-TCs are not in place and another 92 MO-TCs are not yet trained.
  - 12 STSs are not in place and 2 STSs are not trained.
  - 20 STLs are not in place and 3 STLs are not trained.
  - 128 LTs are not in place and 76 LTs are not trained.

### • Logistics

- Annual maintenance contract (AMC) for Binocular microscopes has not been done till date which is most urgent.

### Other Sectors Involvement

- Involvement of NGOs/PPs in the programme has improved over the past few quarters (183 NGOs and 686 PPs).

### NRHM- RNTCP Co ordination issues:

1. Delay in approval of files, poor co ordination amongst DTO, CMO & DMs lead to poor utilization of funds at district level.
2. Lack of knowledge about NRHM & clarity about its guidelines at state & district level. The NRHM guidelines have not been provided to DTOs by the state. Training of DTOs & accountants regarding NRHM- RNTCP norms is desirable.
3. Although separate Bank Account has been opened for RNTCP, the separate Bank account for different funding agencies (World Bank & GFATM) has not been opened. The request has been made by State Programme Officer (TB) to the Govt. regarding opening of two separate account under RNTCP for two separate funding agencies

## Fact Sheet on NVBDCP- Uttar Pradesh

### Background Information

The State has 70 districts with a population of 166.20 million. There are 386 CHCs, 3660 PHCs, 20521 Sub-centres and 107452 Villages. There are 21900 Multipurpose Workers (Female)/ANM, 5732 Health Worker (Male), 2128 Health Assistants (Female)/LHV, 4061 Health Assistant (Male). In addition, the state has 17324 Fever Treatment Depots (FTDs) and 872 Malaria Clinics.

### Malaria

#### Epidemiological Situation

Year	Total slide examined	Total Malaria Cases	Total Pf. Cases	Deaths
2006	3892119	91566	1875	0
2007	3481182	82538	2106	0
2008	4150306	93383	2310	0
2009(upto March)	154348	4182	40	0

- Though the state is considered low endemic but during 2008, some districts reported malaria outbreak. The state need to gear up the epidemic preparedness and response mechanism.

### Elimination of Lymphatic Filariasis

- Government of India during 2004 initiated massive campaign of Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. The population coverage of MDA in Uttar Pradesh was 66.40% in 2004, 71.03% in 2005, 75.97% in 2006, 79.87% in 2007 and 81.67 in 2008.
- Line listing of Lymphoedema and Hydrocele cases was also initiated in 2004 for morbidity management and as per updated report (2007), there are 104828 Lymphoedema and 39711 Hydrocele cases.

**Kala-Azar** : Kala-azar is prevalent in 4 district of Uttar Pradesh. The cases and deaths are indicated as below:

Year	Cases	Deaths
2006	83	0
2007	69	1
2008	25	0

**Japanese Encephalitis/Acute Encephalitis Syndrome(AES):** Japanese Encephalitis is endemic in Uttar Pradesh. The worst affected districts in UP are Gorakhpur, Kushinagar, Maharajganj, Basti, Deoria, Sant Kabir nagar, Behraich & Siddharth Nagar. The suspected number of JE/AES cases & deaths during the last five years reported by State Health Authorities are given below:-

Year	Cases	Deaths
2006	2320	528
2007	3024	645
2008	3012	537
2009(Prov. Upto May)	245	58

27 districts in the states of U.P. have been covered under JE vaccination till 2008. Seven more districts will be taken up for JE vaccination during 2009

## Dengue

Total of 639 Dengue cases and 14 deaths were reported during the year 2006 whereas in the year 2007, total of 132 dengue cases and 2 deaths were reported. In the year 2008 total of 51 dengue case and 2 deaths were reported. In 2009 till 27<sup>th</sup> May, no dengue case has been reported. Epidemiological data for last five years are as under:

Year	Cases	Deaths
2006	639	14
2007	132	2
2008	51	2
2009(Prov. Upto 27 <sup>th</sup> May)	0	0

## Chikungunya

Total of 4 suspected Chikungunya fever cases and no death were reported during 2006. Out of the total 4 samples tested, 4 were confirmed serologically for Chikungunya. In the year 2007, 4 suspected Chikungunya fever cases and no death was reported. In the year 2008, 11 suspected Chikungunya fever cases and no death was reported. In 2009 no Chikungunya fever case have been reported till 27<sup>th</sup> May.

### Actions taken by Govt. of India

- For proactive surveillance 10 Sentinel Surveillance Hospitals with laboratory support have been identified in the state and linked with Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow which has been identified as Apex Referral Laboratory. NIV Pune has been entrusted the supply of IgM ELISA test kits to the identified institutes.

## Central Assistance

(Rs. In lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	61.87	808.27	870.14	46.40	910.03	956.43
2005-06	68.06	1140.14	1208.20	730.99	2207.64	2938.63
2006-07	833.14	1104.20	1937.34	625.20	1534.12	2159.32
2007-08	1118.70	1032.80	2151.50	578.53	104.53	683.06
2008-09	1157.05	2026.03	3183.08	815.47	1166.31	1981.78
2009-10(B.E.)	857.30	1998.73	2856.03			

### Issues:

#### Malaria:

- The surveillance is very poor which has to be addressed by filling up the vacant post of Surveillance Workers.

#### Filaria:

- Six districts are endemic for Lymphatic Filariasis which needs priority in order to achieve the elimination goal. The morbidity management needs to be intensified as there is no data regarding hydrocele operations and lymphoedema management.

#### Japanese Encephalitis/Acute Encephalitis Syndrome(AES):

- The state should strengthen the early reporting and case management.

## STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN UTTAR PRADESH

- **Epidemiological scenario-**  
The state has achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). However the state contributes about 20% of cases on record in the country. There were 16206 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**  
During 2008-09, a total of 27,577 new leprosy cases were detected as compared to 31028 new cases detected during the corresponding period of previous year. The state contributed >20% of new cases detected in the country. Out of 26508 cases discharged during the year, 24385 cases (92%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**  
There are 3 Govt. institutions viz. King George Medical College, Lucknow; JALMA-ICMR, Agra and DDU Hospital, Varanasi and 2 NGO institution providing reconstructive surgery services to leprosy affected persons with disability in the state. In the year 2008-09, 476 reconstructive surgeries were performed in the state.
- During 2008-09, NLEP action plan amounting to Rs.576.80 lakh has been approved for the State.

### Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
  - (i) Ensuring completion of treatment in each of the new cases detected.
  - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
  - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The State has listed around 3000 grade II disability cases in the last 5 years. RCS services are being provided by 5 institutions. The state should utilize the services of these institutions effectively for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
3. There are about 58 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

**State -Uttar Pradesh**  
**Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009**

Integrated Disease Surveillance Project (IDSP) was launched by Hon'ble Union Minister of Health & Family Welfare in November 2004. It is a decentralized; State based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner.

Uttar Pradesh is a Phase – III state under IDSP and has been inducted in the program during 2006-07. Dr Purnima Srivastava has been designated as the State Surveillance Officer.

The component wise action points are as under:

**1. Manpower:**

- Data managers has been appointed in 71 District Surveillance Units (DSU) and State Surveillance Unit (DSU). Recruitment of other supporting staff including Data Entry Operators, Accountants and Administrative Assistants is under process.
- 50 Epidemiologists and State microbiologist joined in the State under IDSP.

**2. Information Technology & EDUSAT:**

- SIT Equipments delivered at 10 Medical colleges and installed at 7 namely Lucknow, Meerut, Allahabad, Etawah, Agra, Varanasi and Aligarh and others include State Surveillance Unit and SGPGI.
- Data Centre equipments and Training Centre equipments delivered in all districts

**3. Laboratory Strengthening**

- Two priority district laboratories are identified for strengthening under IDSP, at Swasthya bhawan, lucknow and district hospital Gaziabad. Funds for Buying Lab. Equipments for these two labs has been released to the state and procurement is under process.

**4. Data Reporting:**

- Data reporting on S, P, L forms and for outbreaks have to be initiated from all the Reporting units of the 71 districts in UP by using IDSP portal ([www.idsp.nic.in](http://www.idsp.nic.in)) which is one stop portal & has data entry, data analysis and resource sections.

**5. Training:**

- 57 Distict Surveillance Officers trained at Banaras Hindu University, Banaras as trainer under level-1 training under IDSP. Level-2 and Level-3 training is yet to be initiated in the state

**6. Finance:**

<b>Year</b>	<b>Release</b>	<b>Expenditure</b>
2005-06	23.00 lakhs	0
2007-08	250.00 lakhs	0
2008-09	0	0.15
<b>Total</b>	<b>273.00 lakhs</b>	<b>0</b>

**Balance: 272.85 lakhs**

**A total of 40 disease outbreaks were reported in 2008. Outbreaks were of ADD, Measles, Food poisoning and chickenpox**

**Disease outbreaks reported in 2009**

<b>Disease</b>	<b>No. of Outbreak</b>
Acute Diarrhoeal Disease	<b>5</b>
Food poisoning	<b>5</b>
Measles	<b>8</b>
Chickenpox	<b>15</b>
Japanese Encephalitis	<b>1</b>
<b>Total</b>	<b>34</b>

## NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

### STATUS NOTE ON UTTAR PRADESH

#### Magnitude:

Prevalence of blindness:2001	0.94%
Estimated blind persons:	15.61 lakhs

#### Infrastructure developed

State Institute of Ophthalmology	1
Upgraded Medical Colleges	6
Upgraded District Hospitals	68
Mobile Eye Care Units	71
District Blindness Control Societies	69
Upgraded PHC's	860
Eye Banks	6

#### Cataract Performance

YEAR	TARGET	ACHIEVEMENT
2007-2008	550000	597541
2008-2009	714000	681910

#### School Eye Screening

YEAR	TEACHER TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCHOOL GOING CHILDREN SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED FREE GLASSES
2007-2008	7193	2957412	157225	99683
2008-2009	14016	3206223	186667	60481

#### GIA released to Distt. Blindness Control Societies/State Blindness Control Society

*(Rs in lakhs)*

YEAR	RELEASED	EXPENDITURE	BALANCE
2007-2008	738.25		
2008-2009	3818.60	2321.52	1497.08

**NIDDCP**

**Approval issued for the year 2009-10**

Rs. Lakh

	Activity	Amount proposed	Amount	Remarks
			Approved	
<b>1</b>	Establishment of IDD Control Cell	7.5	6	
<b>2</b>	Establishment of IDD Monitoring Lab	-	3.5	There is no fund provision for workshops, training and maintenance under NIDDCP. The state government may carry out activities as per fund allocation of GOI
<b>3</b>	Health Education and Publicity	6.95	12	
<b>4</b>	IDD surveys	5	2.5	
<b>5</b>	Workshop& training	9.55	-	
<b>6</b>	Lab maintenance	1	-	
	<b>Total</b>	<b>30</b>	<b>24</b>	

## Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

This has been prepared to indicate allocations to the State in the previous years for different activities as per the State Programme Implementation Plan. The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters.

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

<b>NATIONAL RURAL HEALTH MISSION</b>							
<b>Uttar Pradesh</b>							
<b>Total MFP Approvals</b>		<b>29358.00</b>	<b>33732.54</b>	<b>60524.00</b>	<b>146154.60</b>		
<b>RoP Approvals for Various Years in Rs. Lakh</b>							
<b>S.No</b>	<b>Initiative</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>Remarks</b>
		<b>Released</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	
<b>ASHAs</b>							
1	ASHA						
2	Selection & Training of ASHA	1646					
3	ASHA Kit	441	2300	2878.02	11611.3	7500	
4	ASHA Incentives					6000	
	<b>TOTAL</b>	<b>2087</b>	<b>2300</b>	<b>2878.02</b>	<b>11611.3</b>	<b>13500</b>	
<b>Infrastructure related matters</b>							
5	Construction / Strengthening / Upgradation of CHC	56	2120		2425.12	11000	
6	Accommodation for Duty Doctors at FRU					245	
7	Construction of Sub-Centres				8000	24000	
8	Construction of District Drug Warehouses					1402.2	
9	Repair of residential buildings at CHCs					6534.08	

10	Repairs of Regional Drug Warehouses					110	
11	Repair of Sub Centres				875	2000	
12	Strengthening facilities to IPHS norms			4601.74			
13	Strengthening of PHCs to IPHS		192				
14	District Hospital Strengthening in Bigger Cities			1127.00		35792.07	
15	Electrification of SC				150	300	
16	Cold Chain Strengthening					30.68	
17	MMU		2611	711.2	2611.2	2516	
18	Emergency & Referral Services			4740.16	1843.81	7309.45	
19	Establishing CUG Network			100	100	76.8	
20	Provision of Power Backup system at 24 hours facilities				98.76	98.76	
21	Purchase of Generator Sets				410		
	<b>TOTAL</b>	<b>56</b>	<b>4923</b>	<b>11280.1</b>	<b>16513.89</b>	<b>91415.04</b>	
<b>Human Resources related matters</b>							
22	Scheme for MOs for PG in Public Health, etc.					50	
23	Contractual staff and contingency expenses for Drug Warehouses at District Level			118.56	118.56		
24	Deployment of AYUSH Providers					4150.08	
	<b>TOTAL</b>	<b>0</b>	<b>118.56</b>	<b>118.56</b>	<b>118.56</b>	<b>4200.08</b>	
<b>Programme Management related matters</b>							
25	Programme Management			197.6	3299.54	1200.05	
26	Divisional PMSU		34.68				
27	Block PMSU		487.8				
28	District Health Action Plan				350.00	355.00	
29	Operational Expense for Drug Warehouses at District Level					118.56	
30	Concurrent audit system			51.56	51.56	41.28	
31	Mobility Support, Monitoring & Evaluation and Contingent Exp.		1139		100		
32	Piloting Community Monitoring Activities					20	

33	Village Health Index register		106		40	40	
	<b>TOTAL</b>		<b>1767.48</b>	<b>249.16</b>	<b>3841.1</b>	<b>1774.89</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters</b>							
34	Rogi Kalyan Samitees						
35	RKS - DH				655.00	790.00	
36	RKS - CHC		55		1278	1278.00	
37	RKS-PHC		32.5		794	573	
38	RKS- BPHC					794.00	
39	RKS-APHCs				567.4		
40	Untied Fund						
41	Untied Fund for DH & CHC			508.00			
42	Untied Fund for CHC				213.00	213.00	
43	Untied Fund for BPHC				198.50	198.5	
44	Untied Fund for PHC		915	1820.00	425.55	716.75	
45	Untied Fund for SC	1858	2052.00	2052.10	2052.10	2052.10	
46	Untied Fund for VHSC		3000	5200.50	5201	10700	
47	Annual Maintenance Grant -DH & CHC			254.00			
48	Annual Maintenance Grant -CHC				426	426	
49	Annual Maintenance Grant -BPHC				297.75	397	
50	Annual Maintenance Grant -APHC				305.4	804.5	
51	Annual Maintenance Grant -PHC		1830	910.00			
52	Annual Maintenance Grant -SC			2052.10	700	830	
	<b>TOTAL</b>	<b>1858</b>	<b>7884.5</b>	<b>12796.7</b>	<b>13113.2</b>	<b>19773.25</b>	
<b>Training &amp; Capacity Building related matters</b>							
53	Management Development Trainings					66	
54	Capacity Building of RKS Members				144.2	25	
55	Orientation workshops for VHSCs members on their roles and responsibilities		80		70	1056	
56	Biannual Orientation of PRIs during BDC Meetings					32.92	
57	Strengthening Nursing Training Institution in UP		920	3614	920	515	
58	Strengthening Training Institution for ANM & MPW		1228.2				

59	Training Support for BHW(M) & BHW(F)					686.9	
60	Pre service Trg			353.00	1572.03		
	<b>TOTAL</b>		<b>2228.2</b>	<b>3967</b>	<b>2706.23</b>	<b>2381.82</b>	
<b>Innovations related matters</b>							
61	Saas Bahu Sammelan				193.45	312.25	
62	Health Melas		640		516.5		
63	District innovations				2100		<b>Innovation</b>
64	Incentive Scheme			1279.24	698.56		
65	Swasthya Puraskar Yojana			158.20	88.56		
66	Kit A & Kit B (62,000 kits @ Rs. 6,500 per kit)					2500	
67	Drug supply for CHC/FRU	1719					
68	MVAs					14.25	
69	Procurement of Child Survival Kits for ASHAs					227.75	
70	Procurement of IFA Tabs.					691.32	
71	Procurement of Deworming Tabs.					197.52	
72	Procurement of Laprascopes/laparocators/ NSV & IUD Kits				5886.2		
73	Zinc tabs.					48	
74	Vitamin A (3.58 lac bottles)					164.7	
75	Adolescent Health-Deworming tablets					51.98	
76	Adolescent Health-IFA Tablets					87.32	

77	FP-IUD Kits (for Sub Centres) (5000 nos @ Rs.2000/unit)					100	
78	FP-NSV kits (2 per CHC) (852 nos @ Rs.600/unit)					5.11	
79	FP-Laparoscopes (500 nos. @ Rs. 5 lacs/unit)					2500	
80	FP-Repair & Maintenance of Laparoscopes/Laparoscators					219	
81	Kits for CHCs/FRUs (515 kits @ Rs.6 lacs per kit)					3090	
82	Water testing kits-SC Level					738.76	
83	Water testing Kits- PHC Level					78.34	
84	Water testing kits- CHC Level					10.22	
85	Procurement of drugs & consumables for Urban RCH Services					249.84	
86	JE Gorakhpur					588.17	
87	Purchase of Hardware for Immunisation					43.8	
88	Equipments for DOTS Plus					18	
89	Logistics & Procurement-ASHA Kits			369.00			
90	Operationalising HMIS					1200	
91	Strengthening HMIS			79.36	1200		
92	IEC/BCC Campaign for Promotion of Health & Hygiene					55.5	
93	PPP- Janani Project for 6 Districts		100				
94	RCH mela @ Distt and Block Levels			516.50			
95	Research Project			40.00			
96	NRHM Helpline				10.96		

97	Nutrition Component under RNTCP				50		
98	Treatment of MDR Cases under RNTCP				50		
99	Routine Immunisation Component				840.98		
100	Screening of pregnant women for hepatitis A, B, C & E				70		
101	Rashtriya Arogya Nidhi				500		
102	Telemedicine				915.37		
	<b>TOTAL</b>	<b>1719</b>	<b>740</b>	<b>2442.3</b>	<b>13120.58</b>	<b>13191.83</b>	

**District wise Information on Uttar Pradesh under some RCH indicators**

<b>Districts</b>	<b>Mother received at least one TT injection</b>	<b>Institutional Deliveries</b>	<b>Full Vaccination</b>	<b>Contraceptive Use</b>
<b>India</b>	<b>73.5</b>	<b>47</b>	<b>69.6</b>	<b>54.1</b>
<b>Uttar Pradesh</b>	<b>62.9</b>	<b>24.5</b>	<b>47</b>	<b>38.4</b>
Saharanpur	71.8	32.1	57.3	50.1
Muzaffarnagar	72.5	31.2	50.1	39.1
Bijnor	73.3	36.8	57.2	46.4
Moradabad	56.9	24	46.6	35.9
Rampur	55.5	23.3	49.7	42.4
Jyotiba Phule Nagar	58.2	27.3	47.6	42.8
Merrut	73	38.8	62.7	49.5
Baghpat	78.3	32.1	43.7	47.9
Ghaziabad	69.7	39.3	47.6	50.3
Gautam Budh Nagar	66.8	27.5	52.4	54.9
Bulandshahar	72.6	29.5	52.4	45
Aligarh	69.3	32	45.9	34.5
Hathras	47.4	29.1	48.4	42
Mathura	58.4	39.8	31.8	33
Agra	54	36.3	35.7	28.8
Firozabad	65.3	25.7	41.2	23.5
Etah	46.7	20	23.6	26
Mainpuri	91.8	20.8	39.6	37.9
Budaun	32.2	10.9	30.5	18.2
Bareilly	49.2	15.2	44.5	38.2
Pilibhit	57.9	18.7	43.7	40.1
Shahjahanpur	43.7	8.9	38.9	27.6
Kheri	50.7	14.5	29.2	31.5
Sitapur	58.6	21.5	31.3	24.8
Hardoi	32.6	13.4	40.4	30
Unnao	59.7	17.6	52.2	36.9
Lucknow	84.2	47.3	69.1	45.5
Rae bareli	70.5	24.3	54.5	31.5
Farrukhabad	33.4	13.4	37.3	29
Kannauj	44.5	14	44.1	33.4
Etawah	47.4	26.5	49.3	31.2
Auraiya	46.8	14.4	47	36.4
Kanpur Dehat	32.1	21.8	63.3	46.1
Kanpur Nagar	79.8	41	78.2	52
Jalaun	37.1	33.9	44.7	54.7
Jhansi	73.5	40.3	67.4	65.5

Lalitpur	70.2	32.8	56.3	55.5
Hamirpur	63.4	32.4	61.7	56.6
Mahoba	69.2	44.2	59.9	52.3
Banda	57	17.6	34	45.1
Chitrakoot	58	17.9	44.2	45.1
Fatehpur	46.3	15.6	45.9	27.1
Pratapgarh	84.7	29.6	61.4	32.2
Kaushambhi	48.1	14.3	33	32.2
Allahabad	53.1	25	37.4	42.3
Barabanki	60.7	21.2	36.1	32.7
Faizabad	77.4	29.3	57.2	34.8
Ambedkar Nagar	78.8	30.8	64	39.1
Sultanpur	82.1	36.6	58.9	33.9
Bahraich	58.6	7	30	14
Shrawasti	58.5	11.2	30	12.5
Balrampur	66.4	8.6	25.2	8.5
Gonda	71.1	19.3	31.5	18.5
Siddharth Nagar	76.7	9.7	50.4	20.1
Basti	84.7	28	68.2	31.1
Sant kabir	83.7	26	58.6	27.7
Maharajganj	81.6	15	52	35
Gorakhpur	86	31	66.1	38.4
Kushinagar	80.5	26.4	45.4	39.6
Deoria	92.9	41.1	66.3	32.5
Azamgarh	84.3	48.6	55.1	32.4
Mau	89.8	39.7	65	40.8
Ballia	82.6	34.6	62.3	42.9
Jaunpur	85.1	32.5	49.3	39.8
Gazipur	80.2	30	54.1	37.5
Chandauli	80.2	30	54.1	37.5
Varanasi	86.5	54.5	65.2	57
Sant Ravidas Nagar	64.6	26.1	40.5	38
Mizapur	62.8	25.2	30.9	50.4
Sonbhadra	68.2	21.4	49	52.3

source DLHS-III