MONITORING OF NATIONAL HEALTH MISSION STATE PROGRAMME IMPLEMENTATION PLAN-2019-20: PUNJAB

(A Case Study of Pathankot District)



Submitted to

Ministry of Health and Family Welfare
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ABBREVIATIONS

ANC	Ante-Natal Care	LHV	Lady Health Visitor
ANM	Auxiliary Nurse Midwife	MIS	Management Information System
ASHA	Accredited Social Health Activist	MMHW	Male Multipurpose Health Worker
AWC	Anganwadi Centre	MMR	Maternal Mortality Ratio
AWW	Anganwadi Worker	MMU	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy	MO	Medical officer
BemoNC	Basic emergency obstetric & Neonatal Care	MoHFW	Ministry of Health & Family Welfare
BMO	Block Medical officer	MMPHW	Male Multi-purpose Health Worker
BMWM	Bio-Medical Waste Management	MTP	Medical Termination of Pregnancy
BPM	Block Programme Manager	NFHS	National Family Health Survey
BPMU	Block Programme Management Unit	NGO	Non-Government organization
BPL	Below Poverty Line	NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
CemoNC	Comprehensive emergency obstetric & Neonatal Care	NLEP	National Leprosy Eradication Programme
CHC	Community Health Centre	NRC	Nutritional Rehabilitation Centre
CMO	Chief Medical Officer	NHM	National Health Mission
DH	District Hospital	NSSK	NavjatShishu Suraksha Karyakram
DEO	Data Entry Operator	NSV	Non-scalpel vasectomy
DLHS	District Level Household Survey	NUHM	National Urban Health Mission
DOTS	Direct observation Therapy - Short- course	NVBDCP	National Vector Borne Disease Control Programme
DPM	District Programme Manager	OPD	Out Patient Department
DPMU	District Programme Manager Unit	PHC	Primary Health Centre
EDL	Essential Drug List	PHN	Public Health Nurse
EmocNC	Emergency obstetric & Neonatal Care	PIP	Programme Implementation Plan
FMPHW	Female Multipurpose Health Worker	PMU	Programme Management Unit
FP	Family Planning	PMJAY	Pradhan Mantri Jan ArogyaYojna
FRU	First Referral Unit	PPIUCD	Post Partum Intra-uterine Contraceptive Device
GNM	General Nursing Midwife	PPP	Public Private Partnership
HMIS	Health Management Information System	PRC	Population Research Centre
HR	Human Resource	PRI	Panchayati Raj Institutions
H&WC	Halth and Wellness Centre	PWD	Public Works Department
SC	Sub-centre	RCH	Reproductive and Child Health
ICDS	Integrated Child Development Scheme	RDK	Rapid Diagnostic Kit
ICTC	Integrated Counselling and Testing Centre	RHFWTC	Regional Health & Family Welfare Training Centre
IDSP	Integrated Disease Surveillance Project	RKS	RogiKalyanSamiti
IEC	Information education Communication	JKMSCL	Jammu and Kashmir Medical Services Corporation Ltd
IMNCI	Integrated Management of Neonatal and Childhood Illnesses	RNTCP	Revised National Tuberculosis Control Programme
IMR	Infant Mortality Rate	RSBY	RashtriyaSwasthyaBimaYojana
IPD	In Patient Department	SBA	Skilled Birth Attendant
IPHS	Indian Public Health Standards	SDH	Sub District Hospital
IUCD	Intra-uterine Contraceptive Device	SC	Sub Centre
JPHN	Junior Public Health Nurse	SNCU	Special Newborn Care Unit
JSSK	Janani Shishu Suraksha Karyakram	SPMU	State Programme Management Unit
JSY	Janani Suraksha Yojna	TB	Tuberculosis
MCTS	Mother and Child Tracking System	VHND	Village Health and Nutrition Day
MDR	Multi-drug Resistant (TB)	VHSNC	Village Health Sanitation and Nutrition Committee

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in J&K to improve the health care delivery system. National Health Mission is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the state in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of National Health Mission (NHM) launched during 2013, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan of Punjab, 2019-20 has been approved and State has been assigned mutually agreed goals and targets. The State is expected to achieve them, adhere to the key conditionalties and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre, Srinagar on a monthly basis. During 2019-20, Ministry has identified 5 districts in Punjab for monitoring by PRC Srinagar. These districts are Pathankot, TaranTaran, SSB Nagar, Rupnagar and Fazilka. The staff of the PRC is visiting these districts in a phased manner and the reports ofTaranTaran, SSB Nagar, Rupnagar and Fazilka have already been submitted to the Ministry. The present report is the 5^{th} in the series and presents findings of the monitoring exercise pertaining to Pathankot district.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Director NHM Punjab for his cooperation and support rendered to the PRC in conducting this monitoring exercise. Special thanks are due to the Dr.Vinod Sareen, Civil Surgeon Pathankot and Dr.Bupinder Singh, Senior Medical Officer, Civil Hospital Pathankot for sparing their time and sharing with us their experiences. We also place on record our thanks to Dr.Ravi Kant, Block Medical Officer NarotJaimal Singh for his cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit Pathankot, Block Programme Management Unit Pathankot, RBSK Manager, NCD Programme Management Unit Pathankot for their cooperation and help in the collection of information. Special thanks are also to staff of Primary Health Centre Taragarh and Health and Wellness centre Majra for sharing their inputs.

Last but not the least credit goes to all respondents, ASHA workers, and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is hoped that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the State Government in taking necessary changes.

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1. EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalties while implementing the approved PIP and to what extent the key strategies and the road map for priority action and various commitments are adhered to by the State. The present study was conducted in Pathankot District and information was collected from the office of Civil Surgeon and District Programme Management Unit Pathankot, Civil Hospital Pathankot, CHC NarotJaimal Singh, PHC Taragarh and Health and Wellness Centre Majra. We also conducted some exit interviews at each of these health facilities. Main findings of the study are as follows:

- Although Pathankot has a district hospital, but it has acute shortage of specialists in general and Gynecologists, Pediatrician and Anesthetists in particular. CHCs and PHCs also have shortage of doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or from private clinics. Therefore, there is an immediate need to address the shortage of specialist doctors in the DH and CHCs on priority basis.
- The State Government has drafted a comprehensive HR Policy for attraction, recruitment and retention of skilled professionals in rural and remote areas but it has not been in a position to attract doctors due to low salaries.
- NHM support has led to improvement in human resource, infrastructure facilities, drugs and fund availability. But it was seen that Pathankot district has been sanctioned with limited number of paramedical staff. Further, there is a lot of disparity between in service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
- There was an acute shortage of beds in the district hospital, especially in the gynecological ward. Due to this shortage, a number of women were discharged much earlier than the prescribed norms under NHM, both in case of normal or C-section deliveries. It is suggested that the MCH unit which is under construction should get completed on priority basis. This would enable the staff to adhere to the quality issues as well as timely discharge of mothers after delivery, as per the NHM norms.
- CHC Narot has a dental unit but the there is a need to replace the old dental chair with a new one. Further, the X-Ray unit also needs to be shifted to some other room which confirms to the radiation protocols.
- Essential Drug List has been prepared for various facilities and an updated list of drugs is available at various facilities visited by us.
- The Government has announced the policy of providing free drugs. But the drugs supplied to the health facilities meet 80-90 percent of their demand of drugs.
- State government has made it mandatory for doctors to write only generic names of drugs in public health facilities. The doctors generally prescribe generic drugs that are available at the health facilities or Jan Aushadhi stores.
- Jan Aushadhi Kendra in the district hospital is well equipped with requisite medicines enhancing its utilization.
- Audit of prescriptions of drugs and diagnostic is taking place at DH.

- Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, NCDs etc. is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in various facilities. There is also a need to display IEC material emphasizing the importance of staying in the facility for at least 48 hours after delivery.
- Despite irregular/late release of funding, facilities are in a position to provide free drugs, diagnostics and diet under JSSK. So far as free transport is concerned, 108 referral patient transport system is freely available to pregnant women.
- JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs on completion of the necessary documents
- SNCU with required infrastructure, equipments and manpower is functional in the district. Hospital. There is a need to put in place a pediatrician round the clock so that its services are fully utilized. The establishment of the SNCU has resulted in improving health of neonats and minimize the referrals from DH to tertiary care hospitals.
- Almost 95 percent of ASHAs have received HBNC training and all have been provided HBNC kits. ASHAs have made a total of 2658 HBNC visits during the first 9 months of 2019-20. Our interaction with the mothers revealed that although ASHAs conduct HBNC visits but these visits are just informal. Proper guidelines are not followed to make these visits more effective. Further, it was observed that there is hardly any effective mechanism for monitoring of HBNC. Consequently, HBNC has not been in a position to achieve its objectives.
- Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
- Institutionalized mechanisms for grievance redressal was not evident in any of the facilities visited by us. Often complaint boxes are seen to be having 'token' presence, and the boxes remained un-opened. Patients visiting the health facilities largely lacked awareness and knowledge regarding the grievance redressal mechanism.
- Screening for NCD at H&WCs, PHCs, CHCs and NCD clinics has been initiated and is progressing well. However, there is a need to strengthen the referral mechanism of screened cases for appropriate confirmation of diagnosis, treatment & follow- up.
- The dialysis Centre with a bed capacity of 4 has recently been established at DH Pathankot. It has been provided with requisite infrastructure. A total number of 127 patients are registered with the dialysis centre and during 2019-20, 677 dialysis sessions have been conducted benefitting about 50 patients.
- There is no District Early Intervention Centre (DEIC) at the District Hospital.
- There is no dedicated staff under ARSH/Umang program at DH and CHC and adolescents are attended at general gynecological OPD.
- The district is progressing well in upgrading PHCs and SCs to Health and Wellness Centres. But it was seen that ASHAs are not properly trained to fill CBAC forms. Further, the SC upgraded to H&WCs have been given an amount of Rs. 50,000 for upgradation but PHCs upgraded to H&WCs have not been glen any financial support to renovate/upgrade the existing

facilities. There is a need to monitor the performance of H&WCs at this stage, so that the problems can be identified and rectified at the initial stage of functioning.

- The PHCs, CHCs and DH have taken a lot of interest in improving the sanitation and cleanliness under Kayakalp. DH Pathankot has received the first prize during 2017-18, 2018-19 and also during 2019-20. CHC Narot has also received certificate of commendation under Kayakalp during 2018-19.None of the labour rooms in Pathankot district has received LaQshya certification. Sr. Medical Officer of DH Pathankot mentioned that although, the LR and OT of DH has been upgraded but due to the shortage of space in DH Pathankot it has not scored enough in internal assessment so as to qualify for external assessment. MS of DH mentioned, further improvement in internal assessment is possible only when OT and LR are shifted to new MCH block which is under construction. The OT at CHC Narot is in a bad shape and is non-functional for so many years because of non-availability of manpower and therefore CHC has no plan to get it certified under LaQshya.
- DH Pathankot has received NQAS certification on June 2017 and the certificate is valid till June, 2020.
- HMIS have improved in the district to a great extent as the district has taken some steps to minimize the multiplicity of reporting. The facilities are following area based reporting for ANC, PNC and child immunization. Information on most of the new HMIS indicators is not recorded and reported. Although the FMPHWs were oriented with new data elements but it was found that they have some confusion on these new data elements. The information contained in the HMIS formats and that available on HMIS website matches to a great extent but some of the facilities do not report services provided by them. For example facilities of testing FOR GDM are available at DH and CHC and these facilities conduct such tests and also give insulin to positive cases but the facilities do not maintain information about these new indicators and therefore do not upload it on HMIS. This is the reason that district has not reported any information about number of women tested with gestational diabetes mellitus. Similarly although BP testing facility is available at all the facilities visited by us but PHC Taragarh and SC Majra has not reported any hypertensive women or any pregnant women treated for hypertension. Thus, there is still a lot of scope for improving the quality and content of HMIS particularly lab testing, immunization and PNC. This can be ensured by proper monitoring by District & Block Monitoring Officers. CMOs and BMOS need to support them in undertaking monitoring visits.

2 INTRODUCTION

Launching of the National Rural Health Mission (NRHM) as a flagship programme by the Government of India to revamp the basic health care delivery system necessitated a relook at health care systems and policies. As NRHM encompasses structural changes in public expenditure on health, removal of regional imbalances, pooling of resources, organizational structures, optimization of health manpower, decentralization of management of health programmes, greater community participation, improvement in the district health systems, operationalization of the Community Health Centres (CHCs) into functional hospitals, etc. (Government of India 2011), the need for effective monitoring of achievements is enormous. Regular concurrent quality monitoring is a tested tool to assess the progress of the NRHM for course correction. With the inclusion of urban areas in the program-fold, now the NRHM has given way to National Health Mission (NHM). However, the progress in starting the program in towns and cities is yet to be full-fledged.

Ministry of Health and Family Welfare, Government of India has approved the State Programme Implementation Plans (PIPs) under National Health Mission (NHM) for the year 2014-15. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalties and implement the road map provided in each of the sections of the approved PIP document.Project implementation plan (PIP) helps in successful implementation of projects. It embodies complete description of intended actions in the project in the backdrop of project objectives and goals. It also provides the stakeholders with the confidence that the all possible aspects of project including the tasks, activities and processes involved in producing the deliverables are well deliberated and factored into project goals and objectives. Being a comprehensive document, it captures a range of basic information that is crucial for delivery of health care services in the target area, facilities and programmes.

Though, States were implementing the approved PIPs since the launch of NRHM, but there was hardly any mechanism in place to monitor the implementations of these PIPs. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIPs and has roped in Population Research Centres (PRCs) to undertake this monitoring exercisebecause of their state-specific expertise of socio-demographic and health issues. While undertaking evaluation and monitoring assignments, the PRCs work in close coordination with the Government of India as well as the respective State Governments on a regular basis. The PRCs also contribute immensely to the efficiency of the NHM by undertaking quality checks on selected indicators (as outlined in the PIP document of respective State/Union Territories) and focusing on challenges involving policy and systemic issues in a regional perspective and reporting same to both the union as well as the respective state government. Quarterly monitoring is found appropriate for assessing the progress of NHM as it is believed to bring unique feedbacks from field that would not have been otherwise possible through conventional data gathering exercise in limited time.

During 2019-20, Ministry has identified 5 districts in Punjab for PIP monitoring by PRC Srinagar. These districts are Pathankot, TaranTaran, SSB Nagar, Rupnagar and Fazilka. The staff of the PRC visited these districts in a phased manner and the reports ofTaranTaran, SSB Nagar, Rupnagar and Fazilka have already been submitted to the Ministry. The present report is the 5th in the series and presents findings of the monitoring exercise pertaining to Pathankot district of Punjab

2.1 Objectives

The main objective of the quarterly monitoring of the PIP in Pathankot District are to

- portray the key demographic and health characteristics of the district vis-à-vis the state of Punjab to examine the status of the availability of physical infrastructure and manpower in different hierarchies of health facilities
- know the status of various diagnostic services along with availability of drugs and different types of equipments in the sampled health facilities
- to ascertain the implementation and performance of different components of NHM Programme viz. maternal and child health, JSSK, JSY, NRC, RBSK, family planning, ARSH, disposal of biomedical waste, IEC, Disease Control Programme (National Malaria Control Programme, RNTCP and NLEP) and
- analyze the quality of HMIS information.

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in a workshop organized by the Ministry at National Institute of Health and Family Welfare (NIHFW) on 12-14 August, 2013. The sampling design and the instruments for monitoring were finalized in the workshop. As per this sampling design, a team of two officials were to visit the District headquarter, District Hospital, 1 CHC, 1 PHC and 1 Sub Centre in each selected district to collect desired information. It was also decided that the team will also interact with some beneficiaries (both IPD and OPD) to gauge the services delivery. The present study conducted in Pathankot district, is based on the information collected from the District Programme Management Unit (DPMU) and Office of Civil Surgeon, Civil Hospital Pathankot, CHC NarotJaimal Singh, PHC Tarapurand H&WC Majra. In the selected facilities, different levels of medical and paramedical staff, with varying position and job responsibility, were interviewed. Civil Surgeon (CS), District Programme Manager (DPM), District Monitoring and Evaluation Officer (DMEO), District Statistical Assistant (DSA), at the district level; Senior Medical Officer (SMO), Block Statistical Assistant (BSA) and Block Information Assistant (BIA) at the CHC level; Medical Officer (MO), and Lady Health Visitor (LHV) at the sector level, female multipurpose health workers (FMPHW) at the H&WC were the main health functionaries with whom detailed discussions were carried out regarding the PIP and related aspects. Individual observations and suggestions were recorded with regard to functioning of NRHM in the respective institutions. The PRC team also interacted with a few OPD clients who had come to avail the services at DH, CHC and PHC. Similarly few IPD clients were also interviewed at DH and CHC. We could not interview any OPD or IPD patients at SC due to their non-availability. The information was collected by two officers of the PRC between 10th and 13th February, 2020. The following sections present a brief report of the findings of the monitoring.

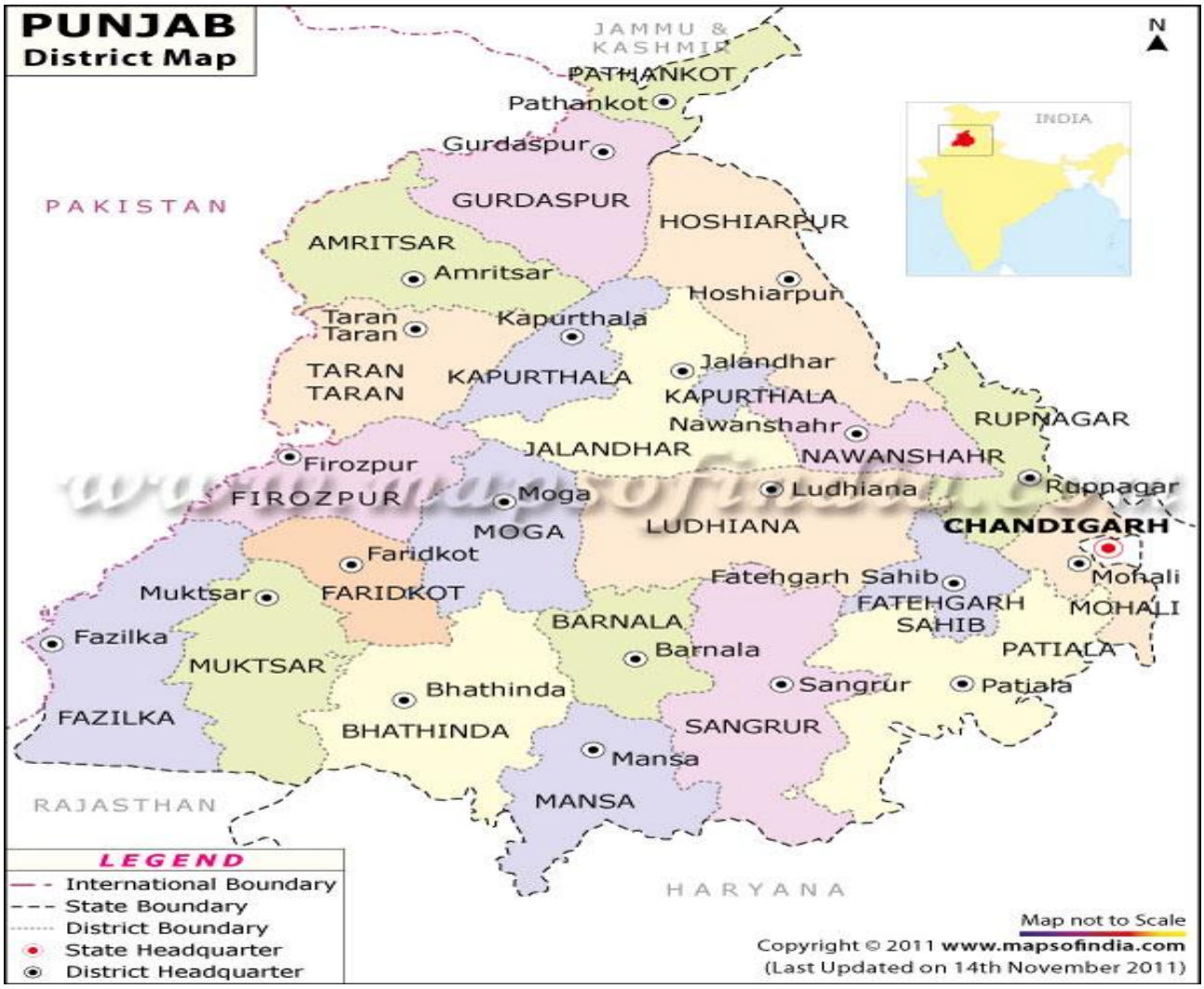
3. KEY HEALTH AND SERVICE DELIVERY INDICATORS

The State of Punjab comprises of 22 districts, 146 blocks, 143 towns and 12581 villages. According to the Census of 2011 the total population of Punjab is 2,77,43,338 persons of which male population is 1,46,39,465 and female population is 1,31,03,873. The sex ratio in Punjab is 895 which is much below national average of 940. Literacy rate is Punjab has seen upward trend and is 75.8 per cent. Density of population in Punjab is 551 per sq km. Punjab has progressed well on the demographic

front. As per the National Family Health survey-4, the current Total Fertility Rate of 1.6 in Punjab is slightly lower than the TFR of 2.2 at the national level. According to NFHS-4, Punjab has an infant mortality rate of 29 per 1,000 live births, which is lower than the national average of 41. According to the latest estimates of Sample Registration System, Punjab has a birth rate of 15.5, death rate of 76 per 1,000 population and IMR of 21. The corresponding figures at the national level are 20.4, 6.4 and 34 respectively. The Maternal Mortality Rate of 122 deaths per lakh women is lower by 8 points compared to India as a whole. According to latest estimates, expectation of life at birth in Punjab has increased to 71.6 years as compared to about 68 years at the national level. The gap in the life expectancy at birth by gender in the State has gradually closed down and currently the female life expectancy is higher than male life expectancy. With the introduction of Reproductive and Child Health Programme, more and more couples are now using family planning methods. As per National Family Health Survey-4 (NFHS-4), about 74 percent of women are now using some method of family planning as compared to 57 percent in India as a whole.

Table 1 : Demographic Profile of District Pathankot	
Demographic Character	**Number/Percentage/Ratio**
Total Population as per census 2011	677,903
Male	169,124
Female	149,774
Urban Population	178,900 (16.8%)
SC Population	212183 (31.3%)
Literacy Rate Total	82.4
Literacy Rate Male	89.7
Literacy Rate Female	74.3
Population Growth rate	17.1%
Sex Ratio	927
Child Sex Ratio (0-6)	787
Total No. of Health blocks	3
Total No. of Health Institution	85 (1 DH, 4 CHCs, 3 Block PHC, 5 24X7 PHC**,** 4 PHCs and 68 SC)
No. of RKS Registered	18
No. of Village Health Sanitation & Nutrition Committees Constituted	468
Total No. of ASHA's in Position	Rural 419 Urban 35

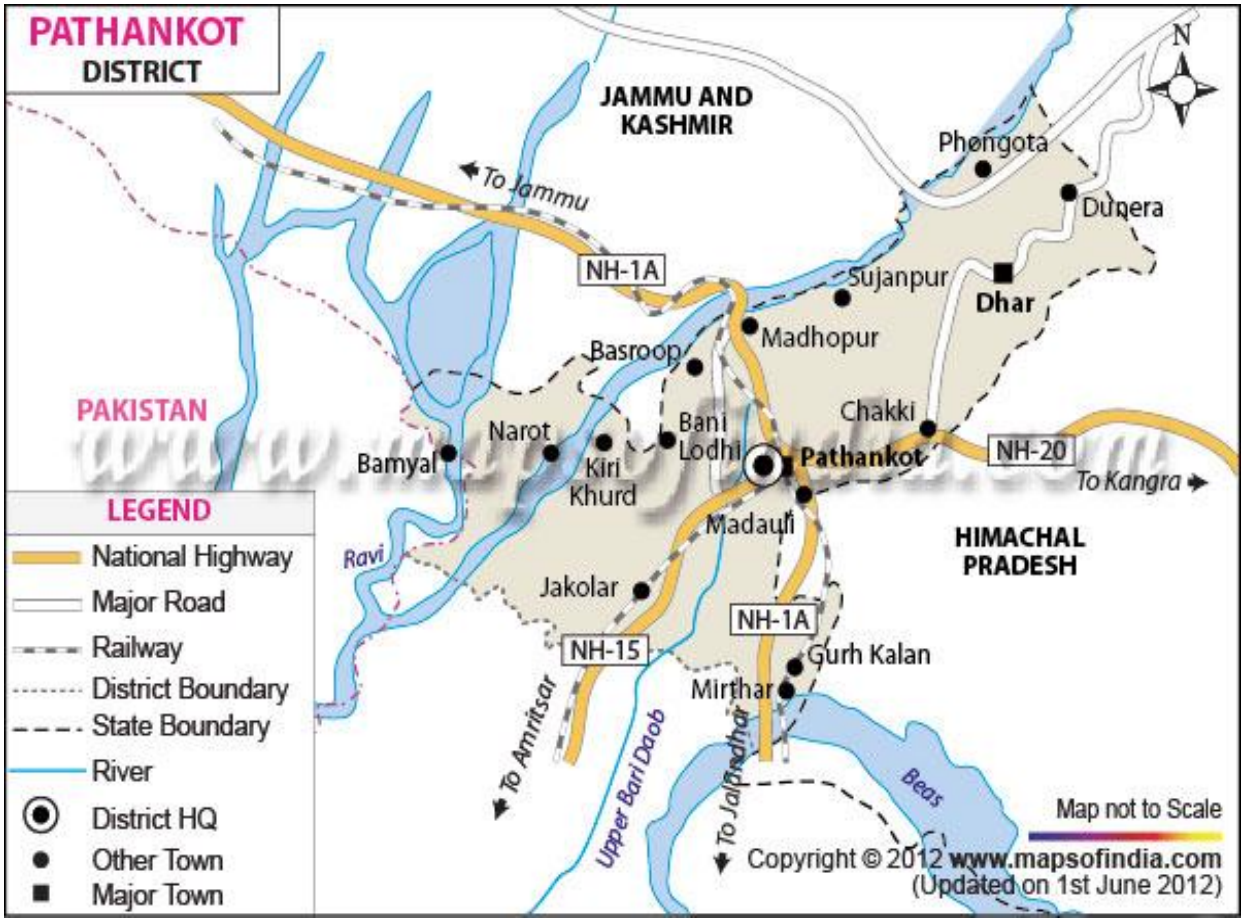
Figure 1: Location of District Pathankot, Punjab.



Pathankot was carved out from Gurdaspur district on 27 July 2011. It is a border district, sharing an international border with Pakistan on its West. Pathankot district is at the tripoint of three of the northern states of India — Punjab, Himachal Pradesh and Jammu and Kashmir. Due to its location, Pathankot serves as a travel hub for these three northerly states. The strategic point of location has prompted the establishment of an army presence and air force station for the defense of India.

As per 2001 Census, Pathankot has a population of 6.2 lakhs. Women account for 46 percent of the total population. Like other districts of Punjab, Pathankot also has a low sex ratio (865). Majority of the population live in rural areas. Large majority of the population of Pathankot is Hindu (88 percent) and Sikhs account for 8 percent of the population. The district has a substantial proportion of Scheduled Caste population (31 percent). Eighty five percent of population age 7 and above are literate. Literacy is higher among men (89 percent) as compared to women (80 percent). Although reliable estimates of fertility and mortality at district level in Punjab are not available, however both fertility and mortality has shown considerable decline in Pathankot. As per the estimates maintained

by the Office of Civil Surgeon Pathankot, the district has a birth rate of 13, death rate of 5.8 and infant mortality rate of 10.



The public health facilities are the main sources of health care delivery system in the district. A total of 3.56lakh patients have visited the OPDs of different health facilities in the district during April-December 2019 (Table 2). AYUSH OPD accounts for about 15 percent of the total OPD in the district. Of the total OPDs, 57 percent have visited District Hospital, 6 percent have visited CHC NarotJaimal Singh and about 1.5 percent has received the services from PHC Taragarh. A total of 21815 admissions have been made in the IPD of various health facilities of the district, with DH accounting for 16013 (74 percent), CHC NarotJaimal Singh has reported630 IPD admissions (3 percent) and PHC Taragarh has admitted 164 patients (1 percent). Further 3208 major and 3528 minor surgeries have been performed in various health institutions in the district during the April-December, 2019. Eighty five percent of the major and minor surgeries have been performed at DH Pathankot. Information collected from the office of CMO shows that around 6.4 lakh lab tests, 1476 Ultrasound, 28000 X-Ray and 26474 ECG have been performed in various public health facilities in the district during April, 2019- December, 2019. A total of 9733 deliveries have been reported in the district during the last 9 months. Of these deliveries, 60 percent have been performed at private facilities and 33 percent at District Hospital. While comparing the OPD and IPD performance of visited facilities, the performance of DH Pathankot has slightly improved and the performance of CHC and PHC has declined.

Table:2 Institution wise Progress of various activities in Pathankot District during April-December, 2020					
Name of activity	Total	District Hospital	CHC Narot	PHC Taragarh	SC Majra
Allopathic OPD	356717	204445	20397	5337	1159
AYUSH OPD	54148	5022	NA	3179	NA
IPD (Total)	21815	16013	630	NA	NA
Major Surgeries	3208	2713	0	NA	0
Minor Surgeries	3528	2957	2	0	0
USGs	1476	2966	NA	NA	NA
ECG	?	7400	NA	NA	NA
X-Ray	28260	27230	1374	NA	NA
Lab Tests (Total)	639203	218578	28665	NM	NM
Inst. Deliveries	9733*	3242	27	15	NA
C-Section deliveries	5061*	1439	NA	NA	NA

* includes private facilities

4. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of 85 institutions which include 1 District Hospital, I Sub District Hospital, 4 CHCs, 3 Block PHC, 5 24X7 PHC**, 4** PHCs and 69 SCs and 15 Health and Wellness Centres. There is a huge presence of private nursing homes, hospitals and clinics in the district. As per the norms district has sufficient numbers of CHCs but has an additional requirement of 1 Maternal and Child Care Hospital and 2 PHCs. All the CHCs, 24X7 PHCs, Health and Wellness Centres and few SCs are housed in government buildings.

District Hospital: Civil Hospital Pathankotis also known as Shri PrabodhChander District Hospital and has been established in March 1973. The hospital is located in the middle of Pathankot city in a congested area. The hospital is accessible from the main road easily. The district hospital complex consists of 2 main buildings. The hospital has a bed capacity of 150. Separate

wards for male and female are available. The hospital has a separate gynecological unit with a bed capacity of 37 children. There is also a geriatric ward with a bed capacity of 6. Pediatric ward has a capacity to admit 10 children. The DH has space constraint for various services like OPD, IPD; separate IPD for women, OTs, NCD clinic, Special Pay rooms, laboratory and Registration.MCH block is under construction. There are 3 staff quarters for doctors and two quarters for other staff.

This hospital provides24X7 services for general medicine, surgeries, paediatrics, emergency and trauma, paediatrics, obstetrics and gynaecology, C-section delivery, orthopaedic, ENT and dental services. Dermatology, dialysis, AYUSH and ARSH services are available during day time only. Doctors on call are available for emergency purposes during night hours. Cardiology, services are provided through NCD clinic. Facility for C-section, mini laparoscopy and IUD services are available on daily basis. NSV services are not available at the DH. Child immunization is available on daily basis. There is a functional SNCU in the hospital which is co-located with the labour room and is equipped with requiredequipments. The district hospital also has aRegistered Blood Bank with adequate blood storage facility.AYUSH hospital is co-located with the hospital. Power backup supply is available in the OT, labour room and wards. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards and were found somewhat clean. Citizen's charter, timings of the facility, list of services available, protocol postersare displayed properly. Complaint box is also available for registration of complaints and grievances.

CHC NarotJaimal Singh is located in the heart of NarotJaimal Singh town which is around 30 kms from Pathankot. This CHC caters to a population of around one lac. There are 3 PHCs and 17 SCs attached with the CHC. A narrow road connects the CHC with the main road. CHC is currently housed in an old building which has sufficient pace to house the various facilities available at the CHC. Some five years back a beautiful building for Drug De-addiction Centre was constructed adjacent to CHC. Although the building was inaugurated but the Drug De-addiction Centre never became functional at the CHC. Most of the space of this building remains unutilized. Currently the CHC has a total bed capacity of 13 with a common ward for male and female patients. CHC does not have separate wards for gynaecology, paediatrics and geriatrics.Due to the shortage of staff, the facility generally provides services during day time, although a Staff Nurse stays in the hospital during night to attend gynaecological emergencies. The facility provides day time emergency services, normal delivery services, general medicine and emergency obstetric care and dental

services. There is a Sub Centre within the CHC which provides ANC, immunization and spacing methods of family Planning.

Two staff quarters for doctors, 2 for Staff Nurses and 5 for other paramedical staff are available at the CHC but all these staff quarters in dilapidated condition and not fit for residence. Back up in the form of an inverter for electric supply is available in the CHC. There is also a generator but due to the non-maintenance, it has become non-functional. Facility for adequate drinking water in the form of a water cooler is available in the CHC. There is a bore well in the CHC and adequate water supply in the toilets is available.Separate toilets for men and women are not available in the hospital. Toilets in both OPD and IPD were not clean. The hospital and its premises are also not very clean.Colour coded waste bins for segregation of waste are available in the CHC. Sharpeners, needles and syringes could not be seen in the premises of the facility.CHChas arrangement with a private agency for the disposal of bio medical waste.Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint and suggestion box is not available at CHC.

PHC Taragarhis a 24X7 PHC which has been upgraded to a Health and Wellness Centre in 2019-20. It is located at a distance of 25 kilometres from DH and 15 Kms from CHC Narot. The PHC is located on the main road. The PHC caters to the health care needs of 37 villages/ hamlets with a population of around 31,000. There are 05 SCs in the PHC area. The PHC is housed in a government building, which badly needs renovation. The present building has adequate space to accommodate OPD, IPD, Dental, AYUSH services and laboratory. The services available at the PHC include general medicine, AYUSH, ANC, normal delivery, immunization and temporary methods of family planning. The PHC has a total bed capacity of 4. Separate ward for male and female is not available at the PHC. Staff quarters for MOs, Staff Nurses and paramedical staff are not available. The PHC has regular water supply both for drinking as well as in wash rooms. Electric back up is available. Colour coded waste bins for segregation of waste are available in the PHC. Sharpeners, needles and syringes could not be seen in the premises of the facility. PHC has arrangement with a private agency for the disposal of bio medical waste. Citizen's charter, timings of the facility, list of services available, protocol posters, ASHA incentives, JSY and JSSK entitlements are displayed properly.

H&WC Majra: This Sub Centre (SC) is located at a distance of 15 Kms from CHC NarotJaimal Singh and 4 Kms from PHC Taragarh.The Centre is located in a government building with 6 rooms near the main habitation.This centre has recently been upgraded to a Health and Wellness Centre.The Centre caters to 11 villages with a total population of around 6500. Seven ASHAs are attached with the H&WC. The approach road has a sign board to show the direction to the SC and a sign board is also placed at the entrance of the SC. This SC provides ANC, IFA, TT, child immunization, NCD

screening and contraceptive services. It also serves as a DOTS Centre for TB patients. It is not functioning as a delivery point. There is a tube well for regular water supply in the SC. SC does not have a registered power connection.Toilet facility is available in the SC. The general cleanliness of the SC is satisfactory. Although colour coded bins are available but the SC does not have a proper mechanism for management of bio medical waste. All bio medical waste is thrown in open. Complaint/suggestion box is also not available in the SC. Information regarding availability of services, timing of the SC, NCD, JSSK and immunization schedule isdisplayed at the H&WC.

5. HUMAN RESOURCE

5.1 Regular Health Staff

The post of Civil Surgeon/Chief Medical Officer, Sr. Medical Officer at District Hospital, District Immunization Officer, District Health Officer and 6Sr. Medical Officers at block CHCs are in place in Pathankot district. However, like other districts of the State, Pathankotdistrict has acute shortage of doctors in all the fields particularly Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology, ENT, Anaesthetist, Orthopaedics, Cardiology and Dermatology. The district has asanctioned strength of 49doctors only and although most of them are in place but keeping in view the population of Pathankot district, the present sanctioned strength of doctors does not suffice the requirements of the district.There is shortage of consultants in all the fields particularly, cardiology, medicine, surgery, dermatology, radiology, anaesthesiology, ENT, gynaecology, paediatrics and dentistry.Another area which is a cause of concern is the non-availability of paramedical staff particularly Staff Nurses and Technicians. Our observations regarding the availability of staff in the four health facilities visited by us are as under:

District Hospital Pathankot: A district hospital is supposed to have 4 physicians, 4 surgeons, 3 gynaecologists, 3 anaesthetist, 1 ophthalmologist, 1 radiologist, 1 paediatrician, 2 orthopaedic, 1 dermatologist, 1 ENT specialists, 21 Medical Officers. But like other district hospitals of Punjab, Pathankot DH also has shortage of specialists and doctors (Table 3). The post of Medical Superintendent/Sr. Medical Officer is in place. Out of the 34 sanctioned positions of Specialists doctors only 23 are currently posted in the hospital. There is no specialist doctor in the fields of Cardiology, Radiology, Medicine, ENT, Dermatology, Anaesthesiology and Psychiatry. Radiologists and Anaesthetist have been arranged on outsource basis. Five surgeons, 6 orthopaedics, 2 gynaecologists and 3 paediatricians are currently posted at the DH. Of the 15 posts of Medical Officers, only 4 are in place.

The position of paramedical staff in hospital is satisfactory, as most of the sanctioned positions of Lab Technicians and X-ray Techniciansare in place. But there is shortage of pharmacists and Staff Nurses as out of 5 positions of pharmacist and Staff Nurses, 3 are vacant in both the cases. Further, only 3 out of 10 positions of FMPHWs are in place. Due to the shortage of Specialists Doctors at the District Hospital, large majority of the patients in the district prefer to visit private hospitals/private clinics for consultation/treatment.

Table 3: Availability of Doctors in Selected Health Facilities of Pathankot District (Regular Side). January, 2020										
	District Total		DH Pathankot		CHC Narot		PHC Taragarh		H&WC Majra	
Category Medical	S	IP	S	IP	S	IP	S	IP	S	IP
Civil Surgeon	1	1	-	-	-	-	-	-	-	-
Sr. Medical Officer	6	6	1	1	-	-	-	-	-	-
Dy. Chief Medical Officer	0	0	-	-	-	-	-	-	-	-
District Health Officer	1	1	-	-	-	-	-	-	-	-
District Immu Officer	1	1	-	-	-	-	-	-	-	-
Block Medical Officer	0	0	-	-	-	-	-	-	-	-
Blood Bank Officer	1	1	1	1	-	-	-	-	-	-
Consultant Pathologist	1	1	2	2	-	-	-	-	-	-
Consultant Radiologist	1	1	1	***	-	-	-	-	-	-
Consultant Dentistry	0	0	-	-	-	-	-	-	-	-
Sr. Consultant Medicine	3	3	-	-	-	-	-	-	-	-
Sr. Consultant Surgery	5	5	-	-	-	-	-	-	-	-
Consultant Medicine	3	3	3	2	-	-	-	-	-	-
Consultant Surgery	0	0	7	5	-	-	-	-	-	-
Consultant ENT	0	0	-	-	-	-	-	-	-	-
Consultant Anesthetist	0	0	***	***	1	0	-	-	-	-
Consultant Pediatrician	4	4	2	3	1	0	-	-	-	-
Consultant Gynecologist	2	2	3	2	1	0	-	-	-	-
Consultant Orthopedic	6	6	6	6	-	-	-	-	-	-
Consultant Psychiatry	1	1	-	-	-	-	-	-	-	-
Consult Ophthalmologist	2	2	2	2	-	-	-	-	-	-
Medical Officer	20	5	15	4	1	2	1	1	-	-
M.O Homeopathy	1	1	1	1	-	-	-	-	-	-
Dental Surgeon	5	5	1	1	1	-	-	1	-	-
PARAMEDICAL										
Staff Nurse	64	64	52	29	5	2	1	1	-	-
LHV			1	1	1	1	1	1	-	-
FMPHW			10	3	1	0	1	1@	1	1
MMPHW			1	1	1	1	1	0	1	1
Pharmacist			5	3	3	0	1	0	-	-
X-Ray Technician			6	6	2	2	0	0	-	-
Ophthalmic Technician			0	0	1	0	0	0	-	-
Dental Tech/Assistant	2	2	1	1	1	0	0	0	-	-
Lab. Technician			8	8	3	3	1	1	-	-
OT Technician			4	1	1	-	-	-	-	-

ECG Technician			1	0	1	-	-	-	-	-
CHO/HE			-	-	-	-	-	-	-	-
BHW			-	-	-	-	-	-	-	-
Nursing orderly	7	7	-	-	-	-	-	-	-	-
Driver			2	2	0	0	-	-	-	-

*** Available on outsourcing basis

CHC NarotJaimal Singh also has acute shortage of doctors and para medical staff. CHC has a sanctioned strength of 1 Sr. Medical Officer, 1 gynaecologist, 1 anaesthetist, 1 paediatrician and 1 Medical Officer. The CHC also had a sanctioned position of 1 Surgeon, but due to the rationalization of doctors in 2014, some of the doctors including thesurgeon were transferred to some other health facilities. Currently, only 2 Medical Officers are posted at CHC. Recently 1 Dental Surgeon under NHM has also been posted at the CHC. The CHC also has acute shortage of paramedical staff. Of the total 21 positions of paramedical staff, only 9 are in place. All the sanctioned positions of FMPHWs, Pharmacist, ECG, OT, Dental and Ophthalmic technicians are vacant. The CHC is also without a driver

PHC Taragarhhas staff strength of 1 Medical Officers from regular side which is in place. The PHC does not have a sanctioned position of Dental Surgeon from the regular side. So far as the paramedical staff from regular side is concerned, PHC has staff strength of 1 Staff Nurse, 1 FMPHW, 1 MMPHW, 1 Pharmacist, 1 LHV and 1 Lab Technician. Except MMPHW and FMPHW, other positions are in place at the PHC. The FMPHW sanctioned at the PHC is attached with DH Pathankot and visits PHC twice a week. As the PHC is a 24X7 facility and at least one MO should remain available at the PHC during night hours but due to the shortage of staff this PHC generally functions as a normal PHC.

H&WC Majra has sanctioned strength of 2 FMPHW and 1 MMPHW. Of these positions, one post of FMPHW is vacant. One Community Health Officer (CHO) has also been posted at the facility after it was upgraded as a H&WC.

5.2 Staff Recruited under NHM

NHM has been helpful to fill up critical gaps in human resource particularly in the far flung areas of the State. The State Health Society has centralized the process of recruitment of contractual staff under NHM. District Health Societies have not been delegated powers to appoint contractual staff. The State Health Society is following a transparent policy in the recruitment of the staff. In order to attract doctors to work under NHM in far flung areas, State is offering higher incentives (graded as

per remoteness) to the doctors who are willing to work in far flung and remote areas of the State. Some of the doctors have already joined and process is on to fill other vacant positions of doctors in the district.

Table 4: Status of Manpower under NHM in Pathankot District January, 2020										
	Total		DH Pathankot		CHC Narot		PHC Taragarh		H&WC Majra	
CATEGORY	Per	IP	Per	IP	Per	IP	Per	IP	Per	IP
Gynecologist	4	3	0	0	1	1	0	0	0	0
Anesthetist	4	0	0	0	0	0	0	0	0	0
Pathologist	0	0	0	0	0	0	0	0	0	0
Child Specialist	4	0	0	0	1	0	0	0	0	0
MBBS Doctors Female	5	0	0	0	0	0	0	0	0	0
ISM Doctors	0	0	0	0	0	0	0	0	0	0
ISM Dawasaz	0	0	0	0	0	0	0	0	0	0
Sr/Jr.Staff Nurse	0	0	0	0	0	0	0	0	0	0
PHN	0	0	0	0	0	0	0	0	0	0
Sister Tutor	0	0	0	0	0	0	0	0	0	0
Lab. Tech. Assistant	0	0	0	0	0	0	0	0	0	0
O.T. Tech.	0	0	0	0	0	0	0	0	0	0
X-Ray Tech.	0	0	0	0	0	0	0	0	0	0
ANMs including SNCUs	0	0	0	0	0	0	0	0	0	0
MMPHW	0	0	0	0	0	0	0	0	0	0
DPM	1	1	0	0	0	0	0	0	0	0
DAM/	1	1	0	0	0	0	0	0	0	0
DMEO	1	1	0	0	0	0	0	0	0	0
RMNCH+A District Consultant	1	0	0	0	0	0	0	0	0	0
DEO for DPMU	2	2	0	0	0	0	0	0	0	0
DEO for various units	1	1	1	0	0	0	0	0	0	0
BAM	4	3	0	0	1	1	0	0	0	0
BMEO	4	4	0	0	1	1	0	0	0	0
Adolescent Health Councilor	0	0	0	0	0	0	0	0	0	0
IYCF Counselor	0	0	0	0	0	0	0	0	0	0
MLHP	25	15	0	0	0	0	0	0	0	0
Total	96	70	9	8	4	3	0	0	0	0

The district has a total sanctioned strength of 96 under NHM excluding RBSK and MMU staff and of these 70 positions (73percent) already stand filled up (Table 4). There are 4 positions of gynaecologists and 3 of them are in place. But none of the positions of Anaesthetists, Paediatricians

and Medical Officers have been put in place. All the 36 positions of FMPHWs are in place.The district has not been sanctioned any position of OT technicians, Lab technicians, Dental technicians, X-ray technicians, MMPHW and ARSH counsellors.Nutritional Rehabilitation Centre (NRC) has not yet been established at the DH. The district has a sanctioned strength of 15 posts in Programme Management Units (PMU). Except one position of Block Accounts Manager and RMNCH+ consultant all other positions in DPMU and BPMU are in place. Pathankot also has a sanctioned strength of 25 MLHPs and 15 are currently posted at various H&WCs in the district.

District hospital has a sanctioned strength of 8 positions of FMPHW and 1 position of Data Entry Operator (DEO) under NHM. All the 8 positions of FMPHW are already working in the hospital. CHC NarotJaimal Singh has sanctioned staff strength of 8 under NHM. These include 1 position each of gynaecologist, paediatrician, FMPHW, Block Accounts Manager and Block Monitoring and Evaluation Officer. Except paediatrician, all positions are in place at CHC Narot. PHC Taragarhand H&WC Majra have been provided with one position each of FMPHW under NHM. A Community Health Officer has also been posted at H&WC Majra.

Overall, it may be concluded that all the health institutions in the district particularly CHCs and PHCs have a skeleton staff and given the present strength of regular staff particularly doctors, the health care delivery services in the district have severely got affected.

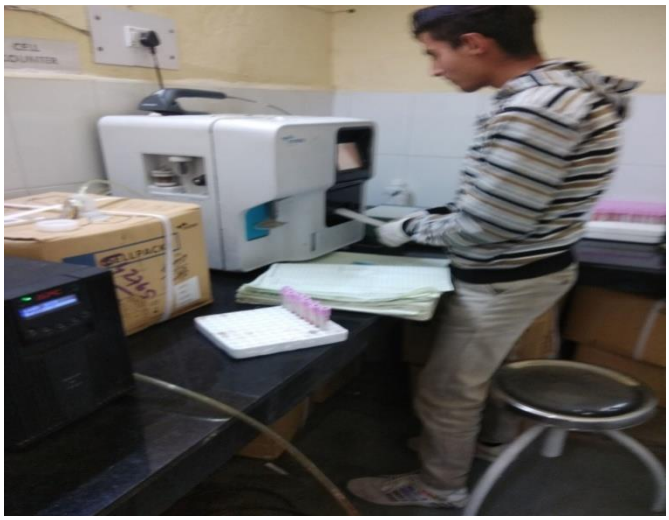
The job description and reporting relationships of various categories of staff has been defined but the services of the staff of the PMUs are also utilized for other activities also. As, there is no plan for the inclusion of NHM staff in the State budget and also due to the instability of tenure; the contractual appointees leave the job once they get a job with better service conditions. Although, the NHM staff have been pressing for better service conditions and equal pay for equal work for the last 10 years, but the government has not yet made any efforts to redress their grievances and this is severely affecting the quality of health care delivery system in the district particularly in remote areas where the health care delivery system depends wholly on NHM staff.

6. OTHER HEALTH SYSTEM INPUTS

6.1 Equipments

The Directorate of Health Services Punjabhas done an equipment needs assessment survey of all health institutions in the State and the directorate procuresthe equipments for all the health institutions through Punjab Medical Corporation.Equipments under NHM are also procured by the Punjab Medical Supplies Corporation. The newly procured equipments have inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period.

After the warranty is over, health institutions undertake repairs of the equipments out of HDF. Our observations regarding the availability of various equipments in visited health facilities are as follows:



***District Hospital Pathankot*: Sr.** Medical Officer mentioned that almost all the essential equipments/instruments and other laboratory equipmentrequired in the OPD, OT, labour room, SNCU and laboratory are available and functional. However, laparoscopes, MRI, CT scan and Endoscopes are not available. Further the lab of the hospital is in need of a fully automatic anaylser, PTI analyser and hormone analyser to meet the growing diagnostic demand.Equipment maintenance and repair mechanism is OK.

CHC NarotJaimal Singh:All the essential equipments required for a CHC are not available at the CHC. Functional Fetal Doppler/CTG, Mobile Lights and MVA/EVA equipment is not available in the CHC. Although few OT equipments are available in the OT but since the OT is non-functional for so many years, therefore most of these equipment are rusted now. Mobile OT lights, multi para monitors and surgical diathermies, multi-channel, video langroscope are not available in the CHC. The facility also lacks most of the diagnostic equipment. USG and digital X-ray are not available. Old ECG equipment is available but due to non-availability of Technician, it is also non-functional. Dental X-ray machine is available at the CHC but space available for its functioning does not confer to the radiation protocols and is therefore non-functional. CHC is also in need of a binocular microscope, digital hemoglobinometer and fully automatic analyser. Although few deliveries take place at CHC but it does not have a New Born Stabilization Unit (NBSU).

PHC Taragarh:BP apparatus, stethoscope, sterilized delivery kits, resuscitation kits (All), weighing machines (Adult and Child), needle cutter, delivery table, Radiant warmer and emergency tray with injections are available at PHC. Facility for oxygen administration is also available. Suction apparatus and autoclave are non-functional. MVA/AVA equipment, Phototherapy unit and Nitrous oxide cylinder is not available in the PHC. Among the diagnostic equipments, Microscope, Hemoglobinmeter, Centrifuge is available, but semi auto analyser, ECG, X-Ray, USG, and Fetal Doppler are not available. Reagents and testing kits for typhoid and HIV are available but rapid plasma reagent test kit for syphilisis not available in the PHC.

H&WC Majra:Available and functional equipments at the centre include examination table, weighing machine (adult and infant), BP instrument, glucometer, haemoglobimeter, stethoscope and HB and pregnancy testing kit. SC does not have Infusion set. A digital Thermometer is also available at H&WC.

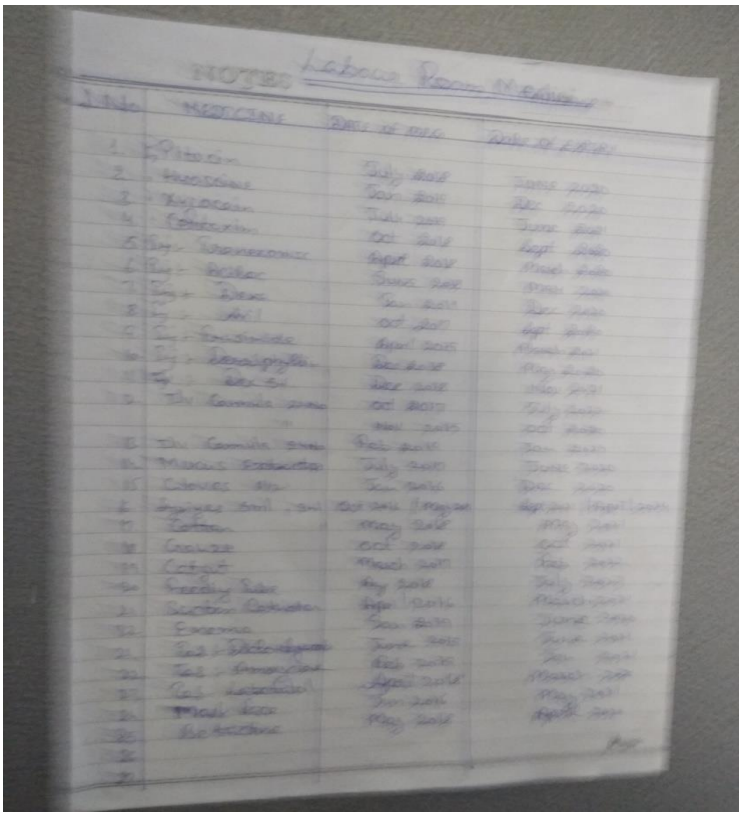
6.2 Drugs

Punjab has established Punjab Health System Corporation Ltd. (PHSCL) for procurement of drugs and equipments in 2016-17.This Corporation has the responsibility to procure drugs for all public health care facilities in the State. All the health facilities generally receive drugs through this corporation. However, in case of stock outs and emergencies, health institutions also make some purchases from the Hospital Development Funds (HDF) and Untied Funds. The items to be purchased are approved by the RKS and procured from Jan Aushadhi Stores and in case they are not available in the Jan Aushadhi Stores, then they are purchased from the market on the basis of lowest quoted rates through quotations.

District Hospital: Sr. Medical Officer of DH mentioned that they have adequate supply of drugs as per the EDL. The hospital is regularly receiving drugs under EDL from the ware house as they have an online inventory of drugs. If at all they have stock out in case of JSSK drugs, they ensure their availability through Jan

Aushadhi stores. However, when we enquired about the availability of drugs from the store keeper, it was found DH has shortage of the some injectable like amkacin, ampicillin, gentamycin, betamethasone, mgso4, carboprost, sipro, cefitroxin, drotavin and diazepam. EDL and list of free drugs available in the DH is displayed prominently. Computers have been provided and the hospital has computerized inventory management of drugs in place. Our interaction with the OPD and IPD patients revealed that about 80 percent of the drugs prescribed to them were provided to them free of cost from the hospital. Women who had come to deliver at the DH were provided all the drugs and consumables free of cost.

CHC NarotJaimal Singh: Essential drug list is displayed in the OPD. Sr. Medical Officer and the Pharmacist mentioned that they haveall essential drugs required in the OPD and labour room. Drugs for hypertension, diabetes, allergy and antibiotic are also available in the CHC. Drugs for other common ailments, IFA (Blue), Vitamin A, Zinc tablets, ORS packets are also available. CHC also has adequate supplies/reagents in lab section. However, it was found that the work load of dental section has increased with the posting of a dental surgeon but the supply of consumables in the dental section has not increased to meet this growing demand. Medical Officer mentioned that they provide all the prescribed medicines to patients free of cost. We interacted with 4 patients who received the services on the day of our visit and all these four patients had received all the prescribed medicines free of cost from the CHC.



PHC: The list of Essential Drug is available but it is not updated. Supply of drugs was reported to be sufficient in PHC keeping in view the case load. Drugs required during labour or delivery care are available. PHC has shortage of Mifepristone tablets, anti-acid drugs and injection Magnesium Sulphate. Drugs, for hypertension, diabetes and common ailments, IFA, ORS, albendizole and zinc tablets are available. IUCDs, OCPs, condoms and EC Pills are available at the PHC. There are no supplies issues with the vaccines.Medical Officer reported that PHC experienced stock out of AYUSH medicinesrecently,however, fresh

consignment of AYUSH drugs has now been received. Keeping in view the case load and supply of drugs, PHC is in a position to provide free drugs to almost 80 percent of patients.

H&WC: Drugs provided to SC are limited. ORS, Zinc and IFA tablets, paracetamoltablesare available at the SC. Vitamin-A, antibiotics,Magnesium Sulphate, Gentamycin, Cap Ampicillin, Tab Metronidazole, misoprostol and dextrose is not available at the SC. The Community Health Officer mentionedthat the centre has adequate stock of hypertensive and diabetic drugs. So far as contraceptives are concerned, oral pills, emergency contraceptives and condoms are adequately available at the H&WC.There are no supply issues with the vaccines.

6.3 Essential Drug List (EDL)

Punjab has approved free drug policy for the State under which listed drugs are to be provided free of cost to patients at all health facilities from June 01, 2016 onward. As per the policy, 23 medicines at the level of sub-centres, 53 at the level of PHC and 68 at the level of SDH/CHCs/ District Hospitals have been included in the EDL. It was observed that the facilities are in a position to ensure free distribution of drugs contained in the list. Further, the facilities are supposed to display thelist of available drugs in labor room, IPD, OPD and OT and update it regularly. However, it was found that the facilities do display the EDL but it is not updated on a regular basis.

6.4 Generic Drugs

State government has made it mandatory for the doctors to prescribe generic names of drugs. Most of the drugs supplied to the health facilities by the corporation are generic. Jan Aushadhi stores also sell generic drugs. It was found that doctors generally prescribe drugs that are available in the facilities. Therefore,generic drugs are mostly prescribed by the doctors and in some cases where generic drugs are not available in the facilities, then non generic drugs are prescribed.

6.5 AYUSH

The district AYUSH is co-located with DHin the district. All the PHCs in the district have been provided AYUSH Medical Officers under NHM. AYUSH doctors at PHC level are involved in the implementation of National Health Programmes. AYUSH facilities earlier used to have surplus supplies but presently they have shortage of all drugs and medicines. The District and the PHC AYUSH Medical Officers are the members of the respective RKS committees in the district.During 2019-20, 54148 patients have visited AYUSH clinics in the district and AYUSH accounted for about 15 percent of the total OPD in the district.

6.6 Diagnostics

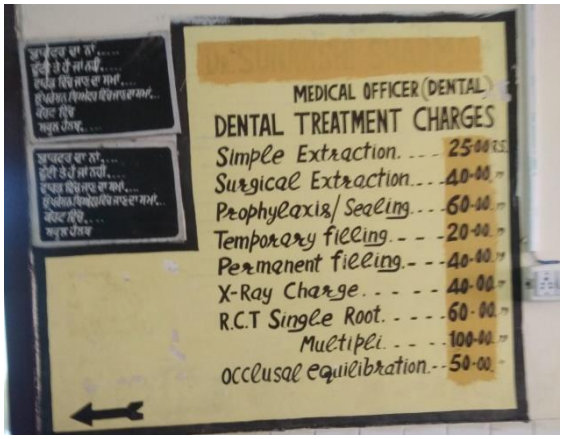
The DH Pathankot is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, ECG, VDRL, LFT and KFT. But RPR, T3, T4 testing facility, culture sensitivity and histopathology is not available at DH. Although USG facility is available at the DH but currently radiologist is not available and therefore USGs are not currently conducted at the DH. ANC cases requiring these tests have to obtain these services

from the private diagnostic facilities. Endoscopy, CT scanand MRI facility is not available at any government health facilities in the district.DH needs PTI Analyser, PFT and hormone analyser. It was also found that DH hasadequate supplies of reagents and consumables in the laboratory. CHC Narot also provides some diagnostic facilities such as haemoglobin, blood sugar, CBC, HIV, urine culture, TB testing, LFT, KFT and RPR.USG, ECG is not provided at CHC due to its non-availability. X-Ray unit is not functional because of space constraints.

PHC Taragarh has a small laboratory which has facility for conducting some basis blood and urine investigations. These diagnostic facilities are available for pregnant women only and patients needing such services are referred to CHC or DH. The diagnostic facilities available at the PHC are haemoglobin, TLC, DLC, urine albumin and sugar, blood sugar and HIV testing. RPR/VDRL facility is currently not available. X-ray, USG and ECG facilityis not available at the PHC.Malaria testing facility is available at PHC but facility for TB slides is not available at the PHC. PHC is in need of asemi-automatic analyser. So far as H&WCs Majra is concerned, it has facility for conducting blood sugar and HB. Pregnancy detection kits for distribution are available at the SC.

6.7 User Charges

The National Health Mission's (NHM) free essential diagnostics initiative launched in 2015 was supposed to address the high burden on patient on account of various investigations and procedures. To ensure affordable diagnostic tests at government hospitals, the State Government has devised a price list for various diagnostic services. This price list has a fixed price cap for each test, a measure that can greatly reduce the burden on out of pocket expenditure of patients. Pregnant women, senior citizens and BPL households are exempted from all kinds of user charges.



6.8 Prescription Audit

The State has a policy for rational prescription of diagnostic tests and drugs. It was found that audit of diagnostic tests and drugs prescribed by the doctorsat the district hospital takes place regularly.

7 MATERNAL HEALTH

7.1 Antenatal Care (ANC)

ANC services are available at all health facilities in the district. ANC registration generally takes place at SCs, PHCs and CHCs. Each health facility registers women belonging to its catchment area. This has reduced the ANC registration load of DH and CHCs. Table 5 present information about various ANC and PNC services delivered by the various health facilities visited by us during 2019-20. District has registered a total number of 6752 pregnancies during April-December, 2019. The number of pregnant women registered for ANC services at DH, CHC NarotJaimal Singh, PHC Taragarh and H&WC Majra is 1697,259,106 and 73 respectively. Early registration is 90percent, which is slightly better compared to other districts. DH and CHC has reported 93 percent early

registration followed by PHC Taragarhand H&WC Majra (88 percent each). Almost 90percent of the ANC registered cases in the district have received at least 4 ANC check-ups. Full ANC coverage (4+ visits) is higher in case of H&WC Majra (100 percent), followed by PHC Taragarh (99 percent) and DH Pathankot (97 percent). IFA coverage is 92 percent in the district but it is almost 100 percent at CHCNarot. Even at H&WC and DH more than 70 percent of pregnant women registered for ANC services have received IFA. TT1 and TT2 have been given to almost all the registered women.Calcium is available at all the health facilities and 81 percent have received calcium 360 tablets during ANC. Albendizole tables for de-worming have been given to only 23 percent of pregnant women.

Table 5: Institution wise Progress of Antenatal Care Activities in Pathankot (April-Decembe-2019)

Name of activity	Total District		District Hospital		CHC Narot		PHC Taragarh		H&WC Majra	
	Total		DH		CHC		PHC		SC	
Ante Natal Care (ANC)	No	%	No	%	No	%	No	%	No	%
Total No. of pregnant women registered for ANC	6752		1697		259		106		73	
Out of the total ANC registered, number registered within 1st trimester (within 12 weeks)	6060	89.8	1582	93.2	241	93.1	93	87.7	65	89.0
No. of PW given TT1	6602	97.8	2003	118.0	257	99.2	99	93.4	72	98.6
No. of PW given TT2	6791	100.6	1871	110.3	268	103.5	102	96.2	77	105.5
No of PW given 180 IFA tablets	6243	92.5	1468	86.5	247	95.4	121	114.2	72	98.6
No of PW given 360 Calcium tablets	5481	81.2	1468	86.5	212	81.9	121	114.2	51	69.9
No. of PW given one Albendazole tablet after 1st trm	1573	23.3	1559	91.9	0	0.0	106	100.0	28	38.4
No. of PW received 4 or more ANC check ups	6137	90.9	1648	97.1	247	95.4	105	99.1	73	100.0
New cases of PW with hypertension detected	145		7		1		1		1	
Cases managed at institution	121	83.4	7	100	1	100	100		1	100
Pregnant women (PW) with Anemia										
No. of PW tested for Hb<=4 times	5718		1697		250		105		77	
No. of PW having Hb level<11 (tested cases)	5915	103.4	1435	84.6	252	100.8	75	71.4	62	
No. of PW having Hb level<7 (tested cases)	93	1.6	219	12.9			2	1.9	0	
No. of PW having severe anemia (Hb<7) treated	74	79.6	43	19.6			2	100.0	0	
Pregnant women with GDM	0		1				1		0	
No. of PW tested for blood sugar using OGTT	0								0	
No. of PW tested +ve for GDM	0						1		0	
No. of PW given insulin out of total tested positive for GDM	0		1						0	

Facilities for haemoglobin, blood sugar, urine investigations, measurement of BP and weight are freely available for all pregnant women at all health facilities in the district and most of the ANC cases are diagnosed for anaemia, blood sugar and hypertension. The laboratories maintain separate registers for ANC cases and general patients and also record the results of diagnostics on the registers. However information regarding blood sugar and hypertension is not maintained properly. Only 2 percent of the pregnant women registered for ANC services in the district are anaemic. Most of the anaemic cases are reported by DH. CHC Narotand H&WC Majra have not reported any anaemic case, indicating that anaemia reporting and recording at CHC and SC is highly erroneous. Pregnant women are also to be tested for diabetes during gestation but it was found that although DH, CHC and PHC conduct these investigation but they do not maintain information about No. of PW tested for blood sugar using OGTT and no. of women given insulin.

7.2 Institutional Deliveries

One of the priority areas of the state is to improve maternal health. DHs, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. Facilities for institutional deliveries in Pathankot district are available at DH and all CHCs. Some of the PHCs and SCs were also provided delivery tables and other requisite equipments but deliveries in the district generally take place at DH. Very few deliveries take place at CHCs and PHCs.

As per the population of the district and the prevailing crude birth rate in the State, about 12 thousand deliveries are expected annually, and the district is almost registering about 12000 deliveries including home deliveries under HMIS. A total of 9733 deliveries have been reported in the district during the last 9 months (Table 6). Of these deliveries, 60 percent have been performed at private facilities and 40 percent at public health facilities. Further as per HMIS, home deliveries accounted for less than 1 percent of the total deliveries in 2019-20

Information collected from the office of Civil Surgeon shows a total 4023 institutional deliveries have taken place in the district during April 2019-December, 2020 in the public health facilities. Of the deliveries performed at public health facilities, 3242 (81 percent) have been reported by DH Pathankot. This implies that CHCs and PHCs are poorly equipped to handle the institutional deliveries and this is the main reason why more than 60 percent of the deliveries take place at private health facilities.C-section deliveries account for about half of the deliveries in Pathankot and most of the C-section deliveries are performed at private health facilities. Forty four percent of the births at District hospital are also performed through C-section.

Table 6: Institution wise Progress of Post Natal Care Activities in Pathankot (April-Decembe-2019)

Name of activity	Total District*		District Hospital		CHC Narot		PHC Taragarh		H&WCM ajra	
	No	%	No	%	No	%	No	%	No	%
Total Deliveries	9810		3242		35		25		0	0
Home Deliveries	77	0.78	0				0		0	0
Institutional Deliveries	9733	99.2	3242	100.0	35		25	100		
C-section deliveries	5061	52.0	1439	44.0	0		0			
Discharged < 48 hours	3645	37.4	1507	46.8	35	100	25	100		
Births Weighted	9595	98.5	3208	98.9	26	74.2	22	88.0		
Births weight <2.5kg	489	5.0	332	10.3	0	0	0		-	-
PP Check-up<48 hours home del	53	68.8	0		0		0		-	-
PP Check-up 48h-14 day	7585	77.9	1539	47.4	35	100	0		-	-
Breast fed within 1 hour	8925	93.0	3208	98.9	26	74.2	22	88.0	-	-
IFA after delivery	4912	50.4	1537	47.3	18	51.4	7	28.0	-	-
Calcium after delivery	4696	48.2	1537	47.3	18	51.4	7	28.0	-	-

7.3. Post Natal Care (PNC)

Women who have a normal delivery are encouraged to stay back for at least 48 hours after delivery both at DH and CHC, but it was found that hardly any women who has a normal delivery stays in the hospital for even a day after a normal delivery takes place. This is substantiated by the fact that

78percent of reported normal institutional deliveries have been discharged within 48 hours of delivery. Almost all deliveries that took place at CHC and PHC are discharged within 48 hours as they neither have the manpower nor the infrastructure to provide post-natal care during night. Our interaction with the patients and staff revealed that patients and their attendants prefer to reach back home soon after a normal delivery and the hospital staff also encourage it. It may be true but no efforts seem to have been made to reverse this trend.

Postpartum services in the district have improved exponentially as almost three fourth of women who have delivered during the past 9 months have received post-partum check-up within the first month after 48 hours of delivery. Weighing of newborns has also improved to almost 98 percent and the proportion of new born less than 2.5 kg is about 5 percent. It was observed that the ANMs/Nurses correctly weighted and recorded the weight of these children. Further more than 90 percent of infants are breastfed within one hours of birth.This is a big improvement in PNC care. IFA after the delivery hasbeen given to 50 percent of women in the district while as Calcium Tablets after delivery have been given to 48 percent of women during April-December 2019.

7.4 Janani Sishu Suraksha Karyakaram (JSSK)

All the districts in Punjab are implementing JSSK. State has issued guidelines for the implementation of JSSK. These guidelines are regularly updated and communicated to the districts. CMO functions as the Nodal Officer for the implementation of JSSK in the district. Health officials at various levels report that they are providing all services (transport, medicines, meals, diagnostics, blood, user charges) free of cost to all pregnant women and neonates. Our observations regarding the implementation of JSSK in Pathankot district are as follows:

7.4.1 Transportation

Punjabhas introduced108 patient referral transport system throughout the State. Pregnant women generallyring 108 or contact the ASHAs for availing free transport. But health officials reported that due to the shortage of ambulances, they are unable to provide transport to all delivery cases from home to facility. Usually most of the pregnant women reach the delivery point by their own transport or by public transport. This is substantiated by the fact that only 56percent women who delivered in a public health facility in the district have been provided free transport for reaching a health facility.In fact 3 of the 5 women who were interviewed at DH mentioned that they had arranged their own transportation for visiting health facility at the time of delivery. However, free referral transportation is provided in most of the cases. Almost 90 percent of the referred cases have been provided free referral transportation in the district. Drop back facility has also been provided to about 87 percent of women who delivered in a public health facility.

7.4.2 Medicines

Sr. Medical Officers both at DH and CHC mentioned that they have adequate supply of medicines, drugs and consumables which are required at the time of delivery. They also informed that they make it sure that patients need not to buy any medicines from the market. Information maintained at various facilities show that all women have been provided medicines and drugs free of cost at the time of delivery. We contacted 10 women who had delivered at DH, 1 at CHC and 1 at PHC and all these

women mentioned that all medicines at the time of delivery/C-section were provided to them at the hospital free of cost.

7.4.3 Diagnostics

Officials at all levels maintain that all available diagnostics for pregnant women and sick new-borns in public health facilities in the district are free of charge. Free diagnostics facilities (urine test and blood tests,) are provided to pregnant women at DH, CHCs and PHCs in the district. As mentioned above that thyroid testing facility and USG facility is not available at any of the facilities, so women needing a USG or a thyroid test have to visit a private clinic for this facility. It was also reported by the women that the Gynaecologist posted at the DH recommend them to private diagnostic labs for fetalUGS before delivery on the pretext that such an examination is must for the survival of both mother and child.

7.4.4 Diet

An amount of Rs. 100/= is earmarked for providing free meals to pregnant women under JSSK in the State. State has issued orders to the districts to provide hot cooked meals to women under the scheme. There is a canteen in DH Pathankot which provides food to JSSK cases free of cost. CHCNarotJaimal Singh does not have canteen facilities and is locally arranging food for JSSK cases. PHC Taragarh does not provide any diet to women as no women stays at PHC during night after delivery. Official information shows that meals have been provided to 91 percent of womenwho delivered in various health facilities in the district and stayed for more than 48 hours during the reference. Interaction with women interviewed at DH showed that all had received some food during their stay in the hospital.

7.4.5 User Charges and Consumables

All the women interviewed by us reported that all the services during delivery are provided free of charge and no fees are charged from them during their stay at the hospital.

7.4.6 Blood Transfusion

There is a registered blood bank in the district hospital. Blood storage facility is not available at CHC. Facility of blood transfusion is available only at DH. A total of 1667 blood points have been infused at the DH but all patients needing blood transfusion had to arrange a blood donor.

7.5 JananiSurakshaYojna (JSY)

Women belonging to households who are below poverty line and scheduled caste and scheduled tribe women are entitled to JSY payments in Punjab. An amount of Rs 700/= is paid to women belonging to rural areas and Rs 600/= is paid to women from urban areas.JSY cards are prepared and updated at the time of delivery. JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries andASHAs through DBTS. ASHAshave been oriented regarding the documents required for payment of JSY benefits and they inform and guide the pregnant women for opening of bank accounts well in advance i.e. at the time of ANC registration to avoid delay and other problems in JSY payments.District has paid JSY benefit to 837 women during April-December,2019. ASHAs have received JSY incentive for 87percent of deliveries conducted at public health facilities. We contacted 8 women who had delivered during 2019-20and all of them mentioned to have received the recommended amount under JSY but none

had received it at the time of discharge from the facility and majority of them had received their entitlements within the first month of delivery.

8. CHILD HEALTH

8.1 Facility Based New-born Care (FBNC)

The district has established 1 SNCUs at DH Pathankot. NBSUs have not been established at any facility in the district. SNCU at DH has been provided with requisite infrastructure. There are 5Radiant Warmers and 1 Phototherapy unit in the SNCU. A separate intramural and extramural room for new-borns is available. Mothers area for expression of breast milk is available adjacent to SNCU. There are 3 Paediatrician in the DH who manages SNCU. There is a duty roster which also includes 2 Medical Officer and 3 Staff Nurses from the staff of the main hospital. The MOs and 4 Staff Nurses posted at SNCU have received NSSK, FBNC or IMNCI training. The SNCU does not have a separate laboratory; instead the facilities of the general lab are used for investigations of SNCU cases.

Generally all births that take place in the DH are examined by the Paediatricians. More than 1000 infants have been examined in SNCU during the last 9 months. The percentage of inborn infants admitted is 76 percent, which indicates that substantial number of sick new-born is referred to DH SNCU from other health facilities. Of the 1273 admissions, 1114 (87 percent) were discharged, 7 (1 percent) expired and 146 (12 percent) 270 were referred to various tertiary care hospitals located in Gurdaspur and Amritsar. SNCU has been provided with a computer and Data Entry Operator for computerization of data and online uploading of data is taking place. Records about inborn and out born IPD, sex of the child, weight at birth, referrals and mortality details of neonates/infants are documented in the SNCU. Senior Medical Officer DH Pathankot mentioned that almost all children who need a referral are provided free referral transport. During April-December, 2019, all 270 new-borns from DH Pathankot have been provided free referral transport. Free drop back transportation is not provided to all new-borns due to shortage of ambulances. Free medicines under JSSK are provided to all infants admitted in SNCUs. Similarly, all those infants who required any tests are reported to have been provided free diagnostics under JSSK.

There were 4 infants admitted in SNCU DH Pathankot. Information collected from their parents revealed that they received free services (consultation, lab) and mentioned that they had not to purchase any medicine from the market for their children during their admission in SNCU.

It was observed that the nurses and doctors posted at the DH and CHCs do counsel the women about early and exclusive breast feeding and discourage bottle feeding. This has a significant impact on initiating early breast feeding. In fact almost all the women who had delivered in DH and CHC during our visit had initiated breastfeeding soon after the delivery.

8.2 Child Immunization

According to NFHS-4, Punjab has full immunization coverage of more than 89percent. There are few slum areas and villages close to international border where immunization coverage is low. Areas with low immunization coverage have been identified in the district and plan for intensification of routine immunization has been prepared for these areas. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for the preparing micro plans. The facility of birth dose of immunization (OPV0 and HB0) is available on daily basis at DH and CHCs. BCG and routine immunization is available at all health facilities on every Wednesday. Outreach sessions are conducted by SCs and PHCs to net in drop-out cases/left out cases. VHNDs and outreach sessions are used to improve DPT-1 Booster and Measles-2. Further mobility support for supervision and monitoring has been approved in the district. Pentavalent was introduced in 2016 and Rotavirus in September, 2019. MCP cards are available in all the health facilities visited by us. All the facilities reported regular supplies of vaccines. Vitamin-A was available at all the facilities visited by us. AEFI committee and Rapid Response Team (RRT) have been constituted but during the last three months, meetings of AEFI and RRTs have not taken place as the district has not reported any AEFI case.

HMIS child immunization statistics of the district are not very accurate as private clinics do not report their immunization figures; consequently, there is some under reporting of immunization. The district has 9810 deliveries but only 8746 are reported to have received BCG and 8688 have received OPV0 Thus lesser number of children is reported to be immunized than the actual number of births. The DIO should examine whether it is a case of under reporting of immunization or low level of immunization. Although the supply of Vitamin A has improved in the district but only 85 percent of the children are reported to have received first doze of Vitamin-A. There is a need to improve the vitamin-A coverage in the district.

8.3 RashtriyaBalSwasthyaKaryakaram(RBSK)

Like other districts of the State, RBSK has been launched in Pathankot district in March 2014. There is sanctioned strength of 95 positions and 83 of them have already been put in place. There are 8 RBSK teams (2 teams in each block) in the district and each team consists of 2 AYUSH Medical Officers (1 Male and 1 Female), 1 FMPHW and 1 Pharmacist. There are 16 positions of AYUSH Medical Officers and all are in place. Barring one position of Pharmacists and 5 positions of Staff Nurses, all the posts of Pharmacists and Staff Nurses have been put in place. District Early Intervention Centre (DEIC) at the District Hospital has not yet been sanctioned and the district has to refer its cases to DEIC Gurdaspur.

Child health screening cards have been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. The vehicles for RBSK are hired by the State through e-tendering. Although NHM and RBSK logo should have been displayed on these vehicles, but such logos are not available on these vehicles.

PRC team found that the RBSK Unit at the office of Civil Surgeon is not properly maintaining information about various activities of RBSK. We could not get any information about the No. of children detected with various kinds of ailments, No. of children treated and Number of children referred to tertiary care hospitals for specialized treatment. Nor any information was provided regarding the financial assistances sanctioned for specialized treatment. It appears that RBSK has a very weak monitoring mechanism and there seems to be no accountability.

9. FAMILY PLANNING

Facilities for sterilization, mini lap, IUD and PPIUD in the district are available at DH. These services are generally provided on designated days. NSV, sterilization services and Post-Partum Sterilization services and PPIUD services are not available at CHC and PHC due to non-availability of doctors. There are only a few doctors in the district who are trained to provide Laprolization/mini lap services. Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services. However during 2019-20, no such camps have been organized in the district.

A total of NSVs, 11Laparoscopic Sterilizations and 258 mini lap sterilizations have been performed in the district during April-December, 2019. DH Pathankot accounted for 90 percent of the sterilizations. Quality Assurance Cells (QAC) for monitoring of family planning activities have been

constituted at district level. The meeting of the committee has been held once during 2019-20. IUCD services are available at DH, CHCs, few PHC and SCs in Pathankotdistrict. PPIUCD services have recently been introduced in the district.A total of 1141 IUCDs and 511 PPIUCDs have been inserted in the district during 2019-20. Of these more than half are reported by DH.

Condoms and Oral Pills (OPs) were available in all the 4 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP) are also available at these facilities. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. Further ARSH clinics also provide information about condoms and OPs. A total number of 22956 OP cycles and 505163 pieces of condom have been distributed in the district during the last nine months. Antara injections have been introduced in the district through CHCs and PHCs. A total of 143 women have received first dose of Antara and 97 have received second dose. It was found that proper attention is not paid by the health facilities to maintain information about various methods of family planning. Family Planning now seems to be ignored area even during monthly review meetings.

10. COMMUNITY PROCESSES

11.1 Accredited Social Health Activist (ASHA)

District Pathankot has a sanctioned strength of 461 ASHAs and 456 are currently working in the district. ASHAs in the district have been provided money for uniform during 2019. ASHA Diary has been provided during the current financial year. ***ASHAGhar*** (rest room) has been established at DH for ASHAs who accompany the pregnant women. SIM for mobile phone has been provided to ASHAs and mobile charges @ Rs. 100 per month are paid to ASHAs.

10.2 Skill Development

Skill development of the ASHAs is a continuous process in the district. 432 ASHAs and allFacilitators in the district have received Home Based New Born Care (HBNC) training. Skill tests conducted showed that ASHAs do have good knowledge of their role and responsibilities but their understanding of HBNC is somewhat poor.

Health officials maintained that they have put in place a mechanism to monitor the performance of ASHAs on 10 indicators and have identified non/under-performing ASHAs. But none of the ASHAs have been disengaged from the system because of under/non-performance.

10.3 Support structures for ASHAs

The district has already identified District Coordinator, Block Coordinators and ASHA Facilitators to support, facilitate and monitor the performance of ASHAs. Review meeting of ASHAs take place on monthly basis atcluster, block and district level. ASHAs report to ASHA coordinator and the Program Management Units along with the block medical officer and ASHA Coordinators reviews the performance of the ASHAs by using their performance on 10 activities. ASHA grievance redressed committees have been constituted at district and block level to address the grievances of ASHAS

10.4 Functionality of the ASHAs

ASHAs are involved in a host of activities which include identification of pregnant women and their early registration for ANC, education about ANC checkups, TT, IFA, arranging transport and accompanying women to health facility for delivery, PNC visits, and coordination and participate in the VHNDs and VHNSC meetings. They are also involved in TB and leprosy related activities, supporting AWW in mobilizing the community to the AWC for availing health and nutrition services, mobilizing the community for adopting family planning methods and also distributing contraceptives. ASHAs also have been given the additional responsibility of collecting information on Community Based Assessment Check List under NCDs

ASHA kit was provided only once during the last 8 years and depending upon the availability some supplies like IFA, ORS with zinc, condoms and oral pills are provided to the ASHAs. They reported that their drug kits are not replenished regularly and except for iron and contraceptives they have hardly anything to offer to their clients.

During our visit to various health facilities we interacted with 8 women who had delivered in the DH and CHC NarotJaimal Singh and enquired about the services provided to them by their ASHAs. All these women reported that ASHAs helped them to register for ANC services and prepare MCP card. Two of them expressed that ASHAs did not visit them for any services after ANC registration. None of these women had received IFA from the ASHAs. However, all the women mentioned that ASHAs visited them in the last trimester of pregnancy and advised them to deliver in the health facility. Six were accompanied by ASHAs to a health facility for delivery. Thus it appears that most of the ASHAs are generally interested in registration of women for ANC and their delivery in a health facility so that their JSY incentive is ensured rather than ensuring the women receives full ANC care. Keeping this perspective of pregnant and lactating women in view, it appears that ASHAs 10 point performance monitoring is not based on the actual performance of ASHAs. Therefore, there is a need to monitor the performance of the ASHAs more meticulously.

10.5 Home Based New-born Care (HBNC)

As mentioned above that 432 of the 456 ASHAs have received training for conducting HBNC visits and all were provided HBNC kit. ASHAs have made a total of 2658 HBNC visits during the first 9 months of 2019-20. Our interaction with the mothers revealed that although ASHAs conduct HBNC visits but these visits are just informal. Proper guidelines are not followed to make these visits more effective. Further, it was observed that there is hardly any effective mechanism for monitoring of HBNC. Consequently, HBNC has not been in a position to achieve its objectives.

10.6 *Maternal and Infant Death Review*

State has issued necessary orders and guidelines for the reporting of maternal deaths and their audit to all health facilities in the State. Maternal and Infant Deaths Review committee has been established in the district. As per these orders, maternal death reviews are to be done by the CMOs and District Magistrates. ASHAs are to be given incentives to report maternal deaths and Rs. 250 is kept for maternal death investigation. Both the CMO and BMO admitted some infant deaths taking place in the remote areas of the district are not reported because of inaccessibility and poor communication

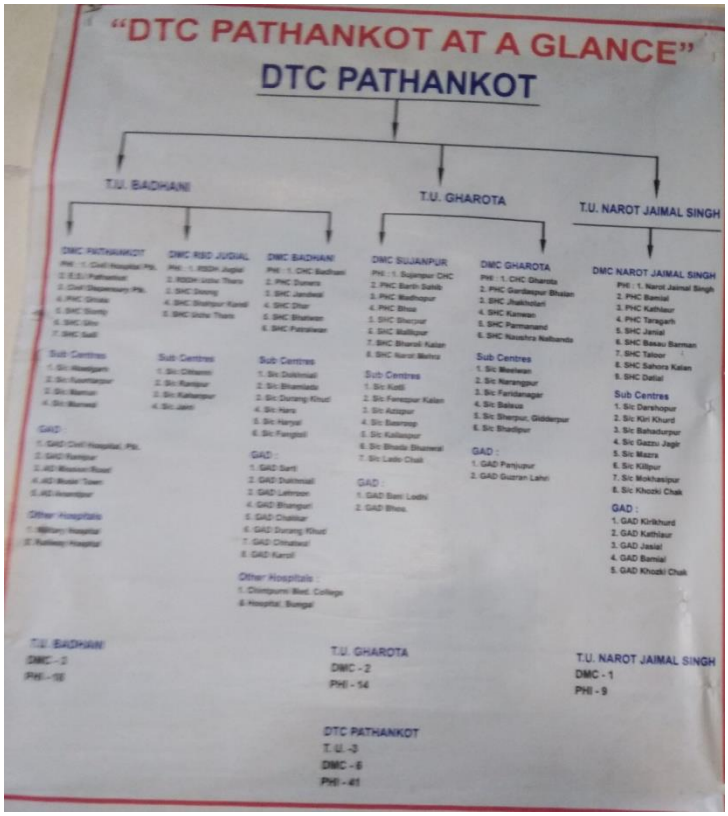
facilities. However, reporting of maternal and infant deaths has improved. The list of infant deaths is available at various health facilities. Six maternal deaths have been reported in the district during the last three quarters and all the 6 have been reviewed. A total number of 15 infant deaths have been reported in the district during the last three quarters. The verbal autopsies have been conducted for 11 of these infant deaths. ASHAs/ANMs generally submit verbal autopsy reports but no further action has been taken on these reports. Incentive for reporting of maternal and infant deaths has been given to the ASHAs.

11. ADOLSCENT FRIENDLY HEALTH CLINIC (AFHC)

ARSH clinics have not been established in any of the public health facilities in Pathankot.

12. DISEASE CONTROL PROGRAMME

12.1 Revised National Tuberculosis Control Programme (RNTCP)



Pathankot has a full-fledged RNTCP Unit co-located in DH Pathankot. The district has 6 District Microscopic Centres (DMCs). The posts of District Tuberculosis Officer, MOTC, STS, STLS and Lab Technician are in place. RNTCP has an independent lab with required equipments and other lab consumables. Diagnostic testing facilities for RNTCP are freely available in the DH, CHCs and PHCs. The Technicians posted in these labs were trainedin RNTCP. During the last 3 quarters, at total of 10746 tests have been conducted in Pathankot and 224 of these specimens have been found positive. Thus case detection rate is about 2.01 percent. Currently a total of 634 cases are registered under DOTS in the district and 517 have already successfully completed the treatment. District Hospital Pathankot has conducted 3869 sputum tests and 341 were found positive. Around 1000 old cases are on treatment and 792 have completed treatment. The drugs for the treatment of TB are provided free of cost to all the patients at all levels. There is no shortage of supplies. The district has started providing monthly incentive of Rs. 500 under NikshayPoshanYojna from April, 2019 and 1116 patients are receiving incentive under NikshayPoshanYojna.

12.2 National Leprosy Elimination Programme (NLEP)

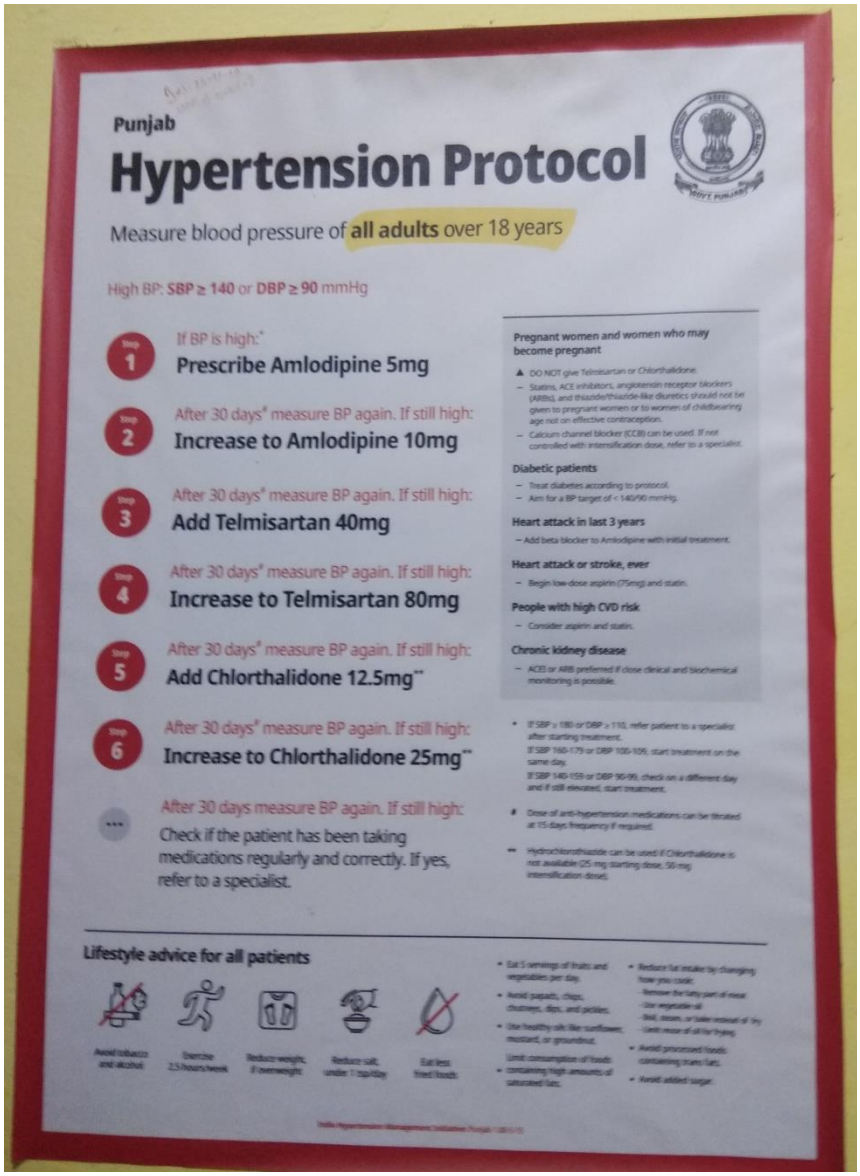
All the positions under NLEP are Vacant. Screening for leprosy is done at the DH and CHCs. Screening for leprosy is done in the DH and CHCs. There are a total of 7 leprosy cases in the district who are under treatment. Five of these are new patients. The district has adequate supplies of MDT drugs.

12.3 National Malaria Control Programme (NMCP)

Pathankot district has a full-fledged malaria control unit at the district level and District Epidemiologist is looking after malaria control programme. Almost all the sanctioned positions under malaria control programme are in place. These include 14 MPHS and 28 MLTs. The post of SLT is vacant. Besides DMO, out of the sanctioned positions of various para medical staff, 4 MI, 19 JHIs and all the 73 basic health workers are in position. Rapid Diagnostics Kits are available at DH and CHC. The screening for malaria is done at DH, CHCs and PHCs. The drugs for the treatment of malaria are provided free of cost. Overall a total 29551blood smears have been examined for malaria. Of these, 141 cases were found positive and were treated in the district during the same period.

13. NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF CANCER, DIABETESE, CARDIOVASCULAR DISEASES & STROKE (NPCDCS)

13.1 Non Communicable Diseases (NCD)



Government of Punjab has approved population based screening as part of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)in all districts. Screening for blood pressure is done at DH Pathankot under India Hypertension Control Initiative. But all the posts sanctioned under NCD clinic both at DH and CHC are vacant. CHC and PHC arescreening patients for hypertension and blood sugar as part of its routine activity. Glucometers and BP apparatus were provided to PHCs and SCs some 4 years back but strips were not replenished regularly. These equipments have now become non-functional.

Now some PHCs and SCs have been upgraded to H&WCs and these Centres have to play an important role in undertaking population based screening of common non-communicable diseases, identification of cases for referral, follow up, recognition of

complications, prevention, ensuring continuity of care, health promotion and improving recording and reporting of information. Although the ASHA working in these centres have stared filling Community Based Assessment Check List but screening on massive scale is yet to take place. Information provided by the office of Civil Surgeon shows that a total of 7044 persons have been identified to have diabetes and 7135 have hypertension. It was seen that the facilities do not maintain information about the total number of patients screened. Drugs for diabetes and hypertension are available at all the facilities visited by us and are provided free of cost to patients.

On the eve of World Cancer Day, camps for screening of breast, cervical and oral cancers were organised at H&WCs and a total of 629 patients were examined and 20 were suspected for breast cancer, 13 for cervical and 2 for oral cancer. All the suspected cases were referred to DH for confirmation.

13.2 Dialysis Centre

A Dialysis Centre with a bed capacity of 4 has been established at DH Pathankot in April, 2016. It has been provided with requisite infrastructure. The Centre has been equipped with 4 HD machines, monitors, refrigerator and other required material. One Staff Nurse has been provided for the Centre and some more staff from the hospital have been trained to operate the Centre. A total number of 127 patients are registered with the dialysis centre and during 2019-20, 677 dialysis sessions have been conducted benefitting about 50 patients.

14. AYUSHMAN BHARAT YOJANA

Ayushman Bharat Yojna or Pradhan Mantri Jan Arogya Yojna (PMJAY) or National Health Protection Scheme or Modi-Care is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of MoHFW. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and pro-motive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness centres and National Health Protection

Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including RashtriyaSwasthyaBima Yojna (RSBY), Senior Citizen Health Insurance Scheme (SCHIS), etc. Further, the National Health Policy, 2017 has envisioned Health and Wellness Centres as the foundation of India's health system which the scheme aims to establish.

Ayushman Bharat under the banner of **SarbatSehatBima Yojna**was officially launched in Punjab on August 20th2019. A total of 88815 families are to be covered under the scheme in Pathankot. The district has verified 85 percent of beneficiaries from the list. A total number of 151594 golden cards have been generated and issued to the beneficiaries during this short period of time. DH, 5CHCs and 12 Private health care institutions have been empaneled to provide free services under Ayushman Bharat. Separate counter with visible PMJAY logo and requisite infrastructure has been established in the district hospital. Two ArogyaMitras to run a help-desk to ease cashless treatment for beneficiaries has been appointed at the DH. A total of 4036 patients have received free treatment from various facilities empaneled under AB during the last 6 months and an amount of Rs. 634140 has been spent for treatment of beneficiaries under PMJAY during 2019-20. A total of about 4.54crores have been incurred on the treatment of these patients in the district. DH has provided services under PMJAY to 2723 patients for treatment and 1742 have received surgical services under PMJAY.

15. HEALTH AND WELLNESS CENTRES (H&WCs)

During 2018-20, a total of 37 health facilities were identified to be upgraded to HWCs in the Pathankot district. The district has upgraded 25 SCs to Health and Wellness Centres in the first Phase and all these have become functional. Each of the SCs upgraded to H&WCs have been granted an amount of R. 50000 for branding. The district is in the process of upgrading some more SC into HWCs. Community Health Officers have been posted at 15 of these H&WCs and 10 are manned by Medical Officers. The district has initiated training under CPHC/NCDs. Around 200 ASHAs, 53 MPWs, 15 CHOs, and 9 Staff Nurses have been trained under CPHC. Requisite equipments (weighing machines, BP apparatus, Glucometers and kits) for screening of hypertension and diabetes and drugs for the

treatment of NCDs have been provided to SCS upgraded to H&WCs. NCD registers and other stationery has been provided to H&WCs for CBAC. Desktops have been provided to H&WCs and ANMs have been providedTabs to record information. ASHAs posted at H&WC Majraand PHC have started collecting information on CBAC formats and screening of adults is also taking place at H&WC.Nineteen screening camps have been organised by different H&WCs in the district during 2019-20and 653 persons were screened for hypertension and 174 for diabetes. Of the screened cases, 232 were diagnosed with hypertension and 23 with diabetes. Those diagnosed with hypertension and diabetes are provided treatment and referral to PHC. However, it was seen that H&WCs do not properly maintain information about the services provided under NCDs.

16. CLINICAL ESTABLISHMENT ACT

The clinical establishment act has not yet been implemented in Punjab.

PNDT cell has been formed and a district advisory committee has also been constituted, which meets every alternate month. The last meeting of PNDT committee was held in Jan, 2020. A total of 50 Ultrasound Centres are registered in the district and these centres have a total of 70 USG machines.

17. REFERRAL TRANSPORT AND MOBILE MEDICAL UNIT (MMU)

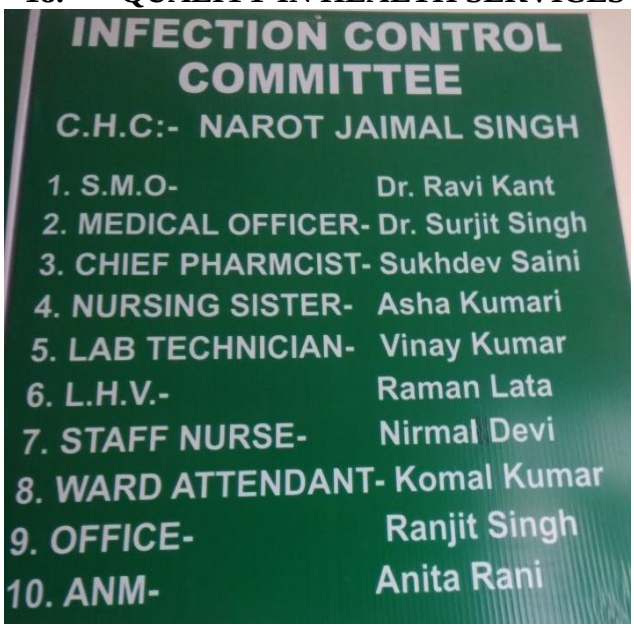
There is centralized referral (108) call centre in the state but district level call centre not in place. The universal toll free number is 108 for ambulance services which is used by patients for making such requests. Ambulance services are available free of cost for pregnant women, sick infants and road side accidents victims and in-patients referred to the higher level public institutions. There is a centralized call centre at the Amritsar. The

universal toll free number is 108 for ambulance services which are used by patients for making such requests. The average waiting time for ambulance is 50 minutes. Average numbers of calls received in a day are 9-10 calls per vehicle and one vehicle covers about 40-50 kms per day. Besides the 108 service, DH has 3 and CHC Narot has one ambulance. PHC Taragarh doesnot have an ambulance. Apart from these ambulances, there is a critical care ambulance in the district.

The State has procured some MMUs and some districts have been prioritized for putting in place these vehicles. One such

MMU has also been provided to Pathankot district. Although MMU has sanctioned strength of 2 Medical Officers, 1 position each of Staff Nurse, Radiographer, Lab Technician, Driver and helper but except the post of driver and helper all remaining positions are vacant. The vacant posts have been advertised and dates of interview have also been fixed. Schedule of visits has been developed. MMU offers general examination, X-ray, ECG, lab facility, ophthalmic, family planning, ANC services and also help the RBSK teams in screening of children. During the last one year, the MMU Team has visited 434villages. Overall the MMU has examined 11044 patients during 2019-20. The MMU lab has conducted more than 3000 lab tests. Due to the non-availability of doctors and other technical staff, this MMU has not been in a position to effectively achieve its objectives.

18. QUALITY IN HEALTH SERVICES



18.1 Infection Control

There is an infection control committees in DH, CHC Narot and PHC Taragarh to control and manage the infections in the health facilities. Various units of DH and CHC NarotJaimal Singh are cleaned regularly by the manpower of the sanitation wing 2-3 times daily but the general cleanliness of both these institutions was found poor. Shortage of space in OPD, IPD and maternity and paediatric unit further complicates the problem of maintaining proper hygiene and cleanliness in both these facilities. The general cleanliness of PHC Taragarhwas also poor. However, the overall cleanliness of H&WC Majra was satisfactory. Toilet facilities at all facilities were not clean.

18.2 Biomedical Waste Management

All the visited health facilities use colour coded bins for the segregation of waste but it was found that at some places all the three bins are not placed. Further, guidelines for proper segregation of waste are not properly followed at any of the health institutions. Patients and their attendants need to be educated about proper use of these bins. None of the 4 health facilities visited by us in the district have an internal mechanism for disposal of bio medical waste. All the visited heath facilities have outsourced the disposal of bio medical waste to a private agency, which lifts it on daily basis from DH and twice or thrice a week from other facilities. Sharpens and needles were not visible in the premises of any of the visited health facilities.

18.3 Information Education and Communication (IEC)

Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, hand washing, TB and leprosy is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters are also displayed in all health facilities. There is a need to also display IEC material emphasizing the benefits of normal delivery and importance of staying in the facility for at least 48 hours after delivery.

18.4 Grievance Redressal

Grievance redressal committees for registration of complaints and grievances have been established at DH, CHC Narot and PHC Taragarh. Complaint boxes were not seen displayed in any of the facilities visited by us. MS of DH and CHC and the MO of PHC mentioned that they generally receive the complaints verbally and redress them on spot but our interaction with the patients at DH and CHC revealed that they largely lacked awareness and knowledge regarding the grievance redressal mechanism. They also hesitate to lodge the written complaints as they fear that it may further complicate delivery of services.

19. NEW QUALITY ASSURANCE INITITATIVES

19.1 LaQshya

LaQshya programme has been launched in the country to improve quality of maternal and new-born care and provide respectful care, particularly during the intrapartum and postpartum periods. Its implementation involves improving Infrastructure up gradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. Punjab also has started the process of upgrading labour rooms and OTs under LaQshya. However, none of the labour rooms in Pathankot has received LaQshya certification. Sr. Medical Officer of DH Pathankot mentioned that although, the LR and OT of DH has been upgraded but due to the shortage of space in DH Pathankot it has not scored enough in internal assessment so as to qualify for external assessment. MS of DH added that further improvement in internal assessment is possible only when OT and LR are shifted to new MCH block which is under construction.The OT at CHC Narotis in a bad shape and is non-functional for so many years because of non-availability of manpower and therefore CHC Narothas no immediate plans to get it certified under LaQshya.

19.2 Kayakalp

Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment. To recognise such efforts of ensuring Quality Assurance at Public Health Facilities, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative on 15th May 2015 to give Awards "KAYAKALP" to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. An important objective of the award is to inculcate a culture of ongoing assessment and peer review of performance and to create and share sustainable practices related to improved cleanliness. The DH Pathankot,5 CHCs and 14 PHCs in the district have completed the internal assessment. DH Pathankot was the winner of first prize under Kayakalp in the State

of Punjab in 2016-17 and 2018-19. DH also received Kayakalp award during 2019-20. CHC Narotis maintaininga herbal garden to maintain the greenery. Area for car parking has also been developed adjacent to the CHC to control road side parking. CHC has received certificate of commendation under Kayakalp during 2018-19 and also received a cash award of Rs. one lac. CHC has completed self-assessment during 2019-20 and peer assessment has also been completed and State Assessment is expected shortly. PHC Taragarh has completed self-assessment and because of poor infrastructure, it has scored only 57 in the self-assessment and is in the process to improve its scoring.

19.3 National Quality Assurance Standards (NQAS)

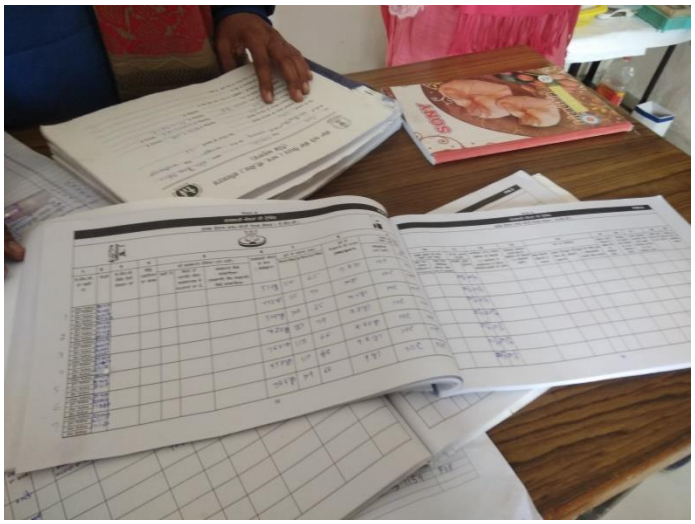
National Health Mission Strives to Provide Quality Health care to all citizens of the country in an equitable manner. The 12th five year plan has re-affirmed Government of India's commitment – "All government and publicly financed private health care facilities would be expected to achieve and maintain Quality Standards. An in-house quality management system will be built into the design of each facility, which will regularly measure its quality achievements." Quality Assurance (QA) is cyclical process which needs to be continuously monitored against defined standards and measurable elements. Regular assessment of health facilities by their own staff and state and 'action-planning' for traversing the observed gaps is the only way in having a viable quality assurance programme in Public Health. Therefore, the Ministry of Health and Family welfare (MOHFW) has prepared a comprehensive system of the quality assurance called National Quality Assurance Standards (NQAS) which can be operationalized through the institutional mechanism and platforms of NHM. District level NQAS team has been constituted in Pathankot and facility level teams have also been constituted for DH. The district has organised a 5 day training programme under NQAS. Various Teams visited the DH for assessment and verification and DH was certified under NQAS on June 2017 and the certificate is valid till June, 2020.

20. GOOD PRACTICES AND INNOVATIONS

The team could not find any good practices or innovations that have been adopted by the health facilities to improve the quality and delivery of health services in the district.

21. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Punjab is one of the states which took an early lead in the facility reporting of HMIS. New RCH Register has been introduced in all the districts including Pathankotand the FMPHWs have been trained in the district to fill various columns in the RCH Register. The health facilities have completed household survey in their catchment areas. Hard copies of the latest HMIS formats are available at DH, CHCs, PHCs and SC. The post of DPM and DM&EO and the posts of Computer Assistants in District Programme Management unit are in place,. The posts of Accountant cum Cashiers, StatisticalAssistants and Computer Operatorsare in place in all the three blocks namely Narot, Gharot and BungalBadhani. DH also has a computer operator who is responsible for data uploading. Required computing and net facilities are available at office of CS, DH and CHCs. The reporting period is 1stto 30th of every month. PHCs and SCs forward HMIS formats to CHC and BMO office takes 2-3 days to verify the data and gives one day time to PHCs and SCs to rectify the mistakes/inconsistencies in data. Thus before uploading the data it is checked for its completeness and consistency by the Statistical Assistant at CHC level. Finally, facility wise data of all institutions is uploaded at block headquartersby the end of every month.



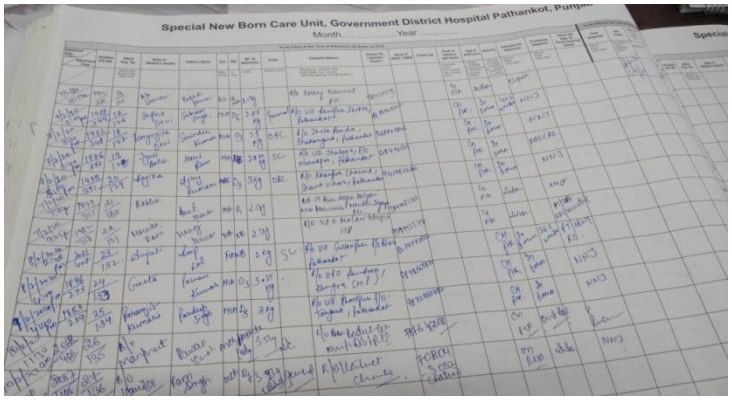
As the pregnant women generally visit multiple facilities for ANC, PNC and child immunization and these services are registered at multiple places. This was resulting in duplication of ANC registration and ANC services. To stop duplication of ANC registration, ANC, PNC and child immunization, it has been decided to follow area based approach for reporting and uploading of data for these indicators and for other services facilities are following facility based reporting. Women are encouraged to seek ANC, PNC and Child immunization from their nearest SCs and PHCs. Thus DH and CHCs generally do not register pregnant women. The pregnant women in the urban areas too are registered by the nearest SC, which in some cases is co-located in DH/CHC. This system has helped Pathankot District to minimize duplication of ANC registration, ANC services and Child immunization.

The information contained in the HMIS formats and that available on HMIS website matches to a great extent but some of the facilities do not report services provided by them. For example facilities of testing GDM are available at DH and CHCand although the facilities conducted such tests and also give insulin to positive cases but the facilities do not maintain information about these new indicators

and therefore do not upload it on HMIS. This is the reason that district has not reported any information about number of women tested with gestational diabetes mellitus. Similarly although BP testing facility is available at all the facilities visited by us BUT PHC Taragarh and SC Majra has not reported any hypertensive women or any pregnant women treated for hypertension.

Information about pregnancy outcome, institutional delivery, sex of child, birth weight is maintained in all the facilities. As per this information the district has recorded a total of 9734 deliveries during April-December, 2019. The number of reported deliveries in DH, CHC Narot and PHC Taragarh matched with the number of deliveries maintained in the registers of these three facilities. Information about permanent methods of family planning and IUDs is correctly recorded and reported. However, information about spacing methods is not properly maintained. While, the reported figures pertaining to IPD and Surgery match with recorded figures in all facilities, but OPD figures in case of DH and CHC are under reported.

It was seen that recording of information in laboratories has improved considerably. The laboratories in the health facilities are maintaining separate registers for ANC and non ANC cases and also record the results of the investigations on these registers and therefore HB reporting in DH, CHC and PHC has improved. While the DH laboratory maintains information on new data elements of gestational diabetes but same was not found true in case of CHC and PHC. Although the FMPHWs were oriented with new data elements but it was found that they have some confusion on these new data elements



The HMIS pertaining to immunization has also improved and minor duplication still exists in immunization reporting particularly at SC level. Facilities have registers for maintaining records about maternal and infant deaths and it was found that there was no mismatch in recording and reporting of infant and maternal deaths at these four facilities.SNCU at the DH has an online system of data entry. The registers are well maintained. Information about inborn and out born IPD, sex of the IPDs, diagnostics, weight at birth, referrals and mortality details of neonates/infants admitted in SNCU are properly documented.

The district is now using HMIS data both for reporting and reviewing its progress. District is also using HMIS data for preparation of PIPs. However, to further improve the HMIS, it is suggested that the post of DM&EO should be given mobility support so that he is in a position to frequently visit the facilities for monitoring of HMIS

22. POSITIVES

- All the payments towards ASHA incentive and JSY beneficiary are being paid through DBT using PFMS. E-transfer at all facilities is followed and no cash transactions are taking place, which is an achievement in itself.
- SNCUs established at DH is functional and has required infrastructure. Although it has shortage of manpower but it has helped the district to stop unnecessary referrals of neonats to other tertiary care Hospitals.
- Almost all the ASHAs have been trained for the implementation of HBNC.
- Despite delays in release of funds, facilities manage to provide free services under JSSK to a large extent.
- All the facilities visited by us reported adequate supply of drugs. Almost 90 percent of the drugs prescribed are freely made available to the patients.
- The district is progressing well in upgrading PHCs and SCs to Health and Wellness Centres.
- Ayushman Bharat Yojna has been launched in the district and 1.52 lac golden cards have been generated and issued to the beneficiaries. DH, 5 CHCs and 12 Private health care institutions have been empaneled to provide free services under Ayushman Bharat More than 4000 patients have received free treatment from various facilities empaneled under AB during the last 6 months

23. CHALLENGES

- The major issue in the district is the shortfall of medical specialists. A number of posts of the medical specialists like Paediatricians, Surgeon, Gynaecologists, Ophthalmologists, Radiologists and Physicians, were lying vacant. Apart from this, essential positions of Lab. Technicians, LHVs, MPHWs, Staff Nurses and other supporting staff are also vacant. In a nutshell, the health facilities in the district were facing acute staff crunch. It is suggested that the sanctioned posts of medical specialists as well as the supporting para-medical staff should be filled in all health facilities on a regular basis. Their deployment in different levels of health facilities should be on a rational basis.
- CHCs are almost non-functional due to the non-availability of doctors and para medical staff. Some of the SCs are without a second ANM. The district has inadequate number of Specialists especially Gynaecologists and Paediatrician at District Hospital and CHCs.
- CHC Narot has a dental unit but the Dental Chair is almost non functional. Similarly these are radation protocol issues with the X-Ray unit.
- Public in general do not have a very good image of quality of delivery services at DH. Consequently, more than half of the women in the district prefer to deliver in private health care facilities.
- CT-Scan, MRI and endoscopy facilities are not available at any of the public health facilities in the district.
- Use of HBNC skills is an issue including filling up of HBNC forms. ASHAs 10 points performance monitoring is weak and needs strengthening.
- There is no DEIC at DH Pathankot this is proving to be an obstacle in fully achieving the goals of RBSK to a great extent.