MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN-2019-20: PUNJAB STATE

(A Case Study of Rup Nagar District)

Submitted to

Ministry of Health and Family Welfare
Government of India, New Delhi-110008

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LIST OF ABBREVIATIONS

ACS	Assistant Civil Surgeon	**GOI**	Government of India
AD	Allopathic Dispensary	**HBNC**	Home Based New Born Care
AEFI	Adverse Effect of Immunization	**HCV**	Hepatitis- C Virus
AMC	Annual Maintenance Contract	**HFDs**	High Focus Districts
AMG	Annual Maintenance Grant	**HFWTC**	Health & Family Welfare Training Centres
ANC	Anti- Natal Care	**HIV**	Human Immuno-deficiency Virus
ANM	Auxiliary Nurse Midwife	**HMIS**	Health Management Information System
ANMT	Auxiliary Nursing Midwifery Training	**H&WCs**	Health & Wellness Centres
ASHA	Accredited Social Health Activist	**ICDS**	Integrated Child Development Scheme
ARSH	Adolescent Reproductive & Sexual Health	**IDD**	Intellectual Developmental & Disabilities
AWC	Anganwadi Centre	**IDSP**	Integrated Disease Surveillance program
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy	**IEC**	Information Education & Communication
BeMOC	Basic Emergency Obstetric Care	**IFA**	Iron & Folic Acid
BHE	Block Health Educator	**ILR**	Implantable Loop Recorder
BHW	Block Health Worker	**IMNCI**	Integrated Management of Neo-natal & Child Infections
BMO	Block Medical Officer	**IMR**	Infant Mortality Rate
BPL	Below Poverty Line	**IPD**	In- Patient Department
BPMU	Block Programme Management Unit	**IPHS**	Indian Public Health Standards
CCU	Critical Care Unit	**ISM**	Indian System of Medicine
CBC	Complete Blood Count	**IUD**	Intra- Uterine Device
CeMOC	Comprehensive Emergency Obstetric Care	**JSY**	Janani Suraksha Yojna
CHC	Community Health Centre	**JSSK**	Janani Sishu Suraksha Karyakaram
CHE	Community Health Educator	**KFT**	Kidney Function Test
CHO	Community Health Officer	**LFT**	Liver Function Test
CMO	Chief Medical Officer	**LHV**	Lady Health Visitor
COPD	Chronic Obstructive Pulmonary Disease	**LMP**	Last Menstrual Period
C-Section	Caesarean Section		
CS	Civil Surgeon	**LT**	Laboratory Technician
CTG	Cardiotocography	**MCH**	Maternal and Child Health
CVD	Cardiac Valvular Dysplasia	**MD**	Mission Director
DEIC	District Early Intervention Centre	**MDT**	Multi Drug Treatment
DDK	Disposable Delivery Kit	**MIS**	Management Information System
DDO	District Data Officer	**MMPHW**	Male Multi-Purpose Health Worker
DH	District Hospital	**MMUs**	Medical Mobile Units
DHO	District Health Officer	**MO**	Medical Officer
DOTS	Directly Observed Treatment Strategy	**MOHFW**	Ministry of Health and Family Welfare
DPMU	District Programme Management	**MoU**	Memorandum of Understanding

	Unit		
DTO	District Tuberculosis Officer	**MS**	Medical Superintendent
ECG	Electro Cardio Gram	**MTP**	Medical Termination of Pregnancy
ECP	Emergency Contraceptive Pill	**NA**	Not Available
EDD	Expected Date of Delivery	**NBCC**	New Born Care Unit
EDL	Essential Drug List	**NCD**	Non -Communicable Diseases
ENT	Ear, Nose and Throat	**NGO**	Non-Governmental Organisation
FDS	Fixed Day Static	**NO**	Nursing Orderly
FMPHW	Female Multi-Purpose Health Worker	**NQAS**	National Quality Assurance Scheme
FRU	First Referral Unit	**NIHFW**	National Institute of Health & Family Welfare
GIS	Geographical Information System	**NLEP**	National Leprosy Eradication Program
GNM	General Nursing & Midwifery	**SMO**	Senior Medical Officer
NPCB	National Program for Blindness Control	**SNCU**	Sick New-born Care Unit
NRC	National Resource Centre	**SPMU**	State Program Management Unit
NRHM	National Rural Health Mission	**SRS**	Sample Registration System
NPHCE	National Program for Health Care of the Elderly	**ST**	Scheduled Tribe
NSSK	Navjat Sushu Suraksha Karyakaram	**STI**	Sexually Transmitted Infection
NSV	Non-Scalpel Vasectomy	**STLS**	Senior T.B Laboratory Supervisor
NVBDCP	National Vector Born Disease Control Program	**STS**	Senior Treatment Supervisor
OP	Oral Contraceptive Pills	**TB**	Tuberculosis
OPD	Out Patient Department	**TBA**	Traditional Birth Attendant
OPV	Oral Polio Vaccine	**TFR**	Total Fertility Rate
ORS	Oral Rehydration Solution	**TSH**	Thyroid-stimulating hormone
OT	Operation Theatre	**TT**	Tetanus Toxoid
PNC	Post- Natal Care	**USG**	Ultra Sonography
PCB	Pollution Control Board	**VBD**	Vector Born Disease
PHC	Primary Health Centre	**VDRL**	Venereal Disease Research Laboratory
PHN	Public Health Nurse	**VHND**	Village Health and Nutrition Day
PIP	Program Implementation Plan	**VHSC**	Village Health and Sanitation Committee
PMU	Programme Management Unit	**WIFS**	Weekly Iron Folic Acid Supplementation
PPI	Pulse Polio Immunization		
PPP	Public Private Partnership		
PRC	Population Research Centre		
PSC	Public Service Commission		
QAC	Quality Assurance Cells		
RBSK	Rashtriya Bal Swasthya Karyakaram		
RCH	Reproductive & Child Health		
RKS	Rogi Kalyan Samiti		
RMP	Registered Medical Practitioner		
RNTCP	Revised National Tuberculosis Control Program		
RPR	Rapid Plasma Reagin		
RTI	Reproductive Tract Infection		
SCs	Scheduled Castes		
SC	Sub Centre		
SN	Staff Nurse		

PREFACE

Since 1952, India has launched so many Health and Family Welfare Programmes in the country for the wellbeing of its people and Punjab government has also implemented these programmes from time to time 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 for improving health care by addressing the key issues of accessibility, availability and financial viability during the first phase (2006-12). The second phase of NHM, which started from 2013-14, focuses on health system reforms so that critical gaps in the health care delivery are geared up. The Programme Implementation Plan of Punjab, 2019-20 has been approved and Punjab has been assigned mutually agreed goals and targets. The Punjab 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 PIP by Population Research Centre, Srinagar on monthly basis. During the year 2019-20, twenty districts have been allotted to PRC Srinagar from three States. The J&K comprises 10 districts which are Kargil, Kulgam, Reasi, Bandipora, Shopian, Kupwara, Samba, Srinagar, Anantnag and Jammu. The Punjab comprises 5 districts consisting of Rup Nagar, Fazilka, Shahid Bhagat Singh Nagar, Pathankot and Tarn Taran and finally 5 districts are from Jharkhand which were exempted at the last moment to the PRC Srinagar. The present exercise of monitoring has been undertaken in district Rup Nagar of Punjab.

The study was successfully completed due to the involvement, cooperation and support of a number of officials and individuals at different levels. 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 go to Shree Amit Kumar, Mission Director, NHM Punjab for his cooperation and support extended to us. We are highly thankful to Civil Surgeon of Rup Nagar (Dr. H. N. Sharma) and Senior Medical Officer of District Hospital (Dr. Tarsem Singh) for extending their full cooperation and sharing with us their necessary inputs of different schemes implemented in the district. We also place on record our thanks to Medical Officer of CHC Chamkaur Sahib (Dr. Harbans Singh) and PHC Amrali (Dr. Harveen) for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District and Block Programme Management Units of Rup Nagar District. Special thanks are also to staff members posted at CHC Chamkaur Sahib, PHC Amrali and SC Chatamla for sharing their inputs.

We thank Mr. Bashir Ahmad Bhat, Associate Professor of the PRC for his guidance during the completion of this study. Special thanks are due to Mrs. Shahida (Jr. Assistant) and Mr. Tahir Mir (Sr. Assistant) for providing office assistance.

We also thank to all IPD and OPD patients 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 Government of Punjab in taking necessary changes.

Srinagar
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1. Executive Summary

The objective 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. Punjab is bounded on the west by Pakistan, on the north by Jammu and Kashmir, on the northeast by Himachal Pradesh and on the south by Haryana and Rajasthan. According to 2011 Census, Punjab has a population of 20.7 million, accounting roughly for 2.3 percent of the total population of the country. The sex ratio of the population according to 2011 Census is 895. The Punjab comprises 22 districts, 147 community development blocks, eighty-two (82) Tehsils, three hundred and thirteen (313) Panchayats and nine (9) urban agglomerations. There are 12581 villages with 217 Towns in five divisions. Following is the summary of findings of this study:

Health Infrastructure

a. The district has a total of 134 public health institutions which include one DH, 2 SDH, 4 CHCs, 13 PHCs (7 PHCs 24x7 and 6 PHCs Normal), 12 PHCs as H&WCs 115 SCs with 33 H&WCs.
b. Only 17 SCs/MACs are operating from rented buildings in the district.
c. The District hospital is functioning from old building and some new programmes are functioning in small rooms with lot of conjunction.
d. CHC Chamkaur Sahib is functioning again from old type of single storey building and is accommodating the existing space. PHC Amrali is housed in government old building while as SC Chatamla is housed in single room inside in the panchayat building with almost none of the basic facilities.
e. DH Rup Nagar has a bed capacity of 120 beds and the functional bed capacity of 4 CHCs is again 120 beds. CHC Chamkaur Sahib has a bed capacity of 30 beds. All the 7 (24X7) PHCs have 12 beds while as other normal PHCs have a bed capacity of about 6 beds to each. PHC Amrali has a bed capacity of 8 beds only.

Human Resource

a. The overall current scenario regarding staffing pattern of the district shows that 28 percent positions of doctors and 26 percent of Para-medical staff are vacant in the district. Further, out of 65 sanctioned positions of MBBS Doctors/MO/Assistant Surgeons, only 45 (69 percent) are in place and most of them are posted at DH and CHC level.
b. In case of Gynaecologists, out of 7 sanctioned positions only 5 are in place in the district. Out of 9 sanctioned positions of Paediatricians only 5 are in place and lastly all the 5 sanctioned positions of aanaesthetists are in place.
c. Overall the position of para medical staff is satisfactory in the district, however, presently there is none of the ECG technician in place in the district.
d. The DH has a total of 10 sanctioned positions of medical officers and 8 of them are in place. One each sanctioned position of radiologist, dermatologist and blood bank officer are vacant. The present strength of gynaecologists finds it very difficult to cater to the growing demand of institutional deliveries in the hospital.
e. Most of the sanctioned positions of CHC Chamkaur Sahib are in place. There are 8 sanctioned positions of Assistant Surgeons (MOs) and out of which 7 are in place. At the same time, almost all the para-medical staff is in place.
f. PHC Amrali has 1 sanctioned post of MO vacant and it is run by one NHM medical officer.
g. The NHM fill up the vacancy to some extent both for medical and paramedical staff in the district. In this regard a total of 8 MBBS doctors, 12 AYUSH doctors, 11 RBSK doctors, 56

staff nurses, 59 FMPHWs, 10 pharmacists and 13 different types of technicians are working under NHM.

h. In the state of Punjab there is a condition for recruitment of the 2nd FMPHW that is if a SC caters a population of more than 5,000 then the SC is entitled for having a 2nd FMPHW.

Training Status /Skills of Various Cadres

a. During the year 2019-20 only 3 doctors received the training of minilap sterilization.
b. SBA training was imparted to 3 staff nurses. While as PPIUCD is provided to 4 doctors and 6 staff nurses during the same year.
c. A total of 3 medical officers have received training for safe abortion while as RTI/STI training has been received by 22 paramedics (Staff Nurses & FMPHWs).
d. MDRS training was received by 35 participants that is 10 doctors and 25 paramedics (staff nurses & FMPHWs).
e. Lastly one more programme as FBNC was also received by 1 doctor and 2 staff nurses during same year.

Availability of Drugs and Diagnostics, Equipment, Drugs

a. In Rup Nagar, all the visited health facility had EDL displayed but it was verified from the EDL that most of the drugs were found not available at these health facilities.
b. Though the drug stores at the DH and CHC maintain a daily consumption register of drugs, but the list of drugs supplied to OT, OPD and wards was not found displayed publicly in labour room, OT and wards.
c. Computerized inventory management for testing facilities was not found at DH and CHC in the district. Similarly, the medical stores also have not yet been computerized in the district at any facility.
d. The district is providing free drugs to MCH patients under JSSK, and most of the women (interviewed in OPD and IPD) in the district reported to have received free drugs at the time of delivery and during their stay at hospital after delivery.

Diagnostics

a. A partnership is developed with some private service providers for diagnostic tests taking place in the district.
b. The DH is providing the existing diagnostic facilities to patients at minimal user fee charges. Other health facilities also provide variety of diagnostic facilities to the patients on regular basis. However, the facility of endoscopy, CT scan, dialysis and MRI is not available in the district.

Equipment

a. Equipment is purchased by the Central Purchase Committee. All newly procured equipment has inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period but later health institutions undertaken repairs of the equipment out of HDF.
b. Almost all the essential equipment/instruments and other laboratory equipment are available at the DH Rup Nagar and CHC Chamkaur Sahib. The DH is in need of some of the equipments like as CTG machine for labour room, endoscopy, CT scan and MRI.
c. CHC Chamkaur Sahib has a need of equipments like as multi para monitor laparoscopic set with camera, cell counter, fully automatic analyser and x-ray machine.
d. At PHC Amrali some essential equipments like as MVA/EVA, phototherapy unit, nitrous oxide cylinder 1760 litres, ECG machine, ultrasound scanner and fully automatic biochemistry analyser, Inj. Magnesium sulphate, drugs for TB etc. were not available.

Ayush Services

a. In district Rup Nagar the AYUSH unit is established at DH and in various PHCs of the district. Overall 12 AYUSH doctors out of 13 are in place in the district under NHM.
b. The record of AYUSH OPD is not maintained at the CHC during the two quarters in the district.

GNM School

a. The GNM School in district Rup Nagar is functioning in a government building near close to the district hospital.
b. The total intake capacity for the courses run in the school is 50 candidates. CS reported that there is deficiency of tutors presently in the school. Except 4 tutors no other staff is there in place.

Maternal Health: ANC and PNC

a. Overall 7856 women were registered for ANC during April-December, 2019.
b. 1st trimester registration was found to be less 75 percent while as the coverage of ANC-4 was satisfactory in the district. Almost all the women registered were provided requisite number of TT doses at their respective health facilities.
c. Overall 2927 pregnant women were given IFA supplement during the two quarters.
d. No ANC registration is taking place at CHC and PHC. Women visits CHC for all other services like as ANC 3rd or 4th, even if no gynaecologist doctor is available at the CHC, but still 152 women visited for ANC 4th and none of the women visited the PHC for availing ANC services during the reference time period.

Institutional Deliveries

a. The normal deliveries are conducted at all the identified delivery points up to the SC level. C-section deliveries are conducted at DH Rup Nagar and some CHCs only.
b. Overall a total of 7006 deliveries were conducted during the 9 months period in the district. The contribution of DH was 19 percent while as 3 percent deliveries were conducted by CHC Chamkaur Sahib. The ratio of home deliveries during the quarters is a negligible percentage.
c. Percentage of C-section deliveries during the reference time in the district amounts to 37 percent of the total deliveries in the district and C-sections have taken place at DH and visited CHC.

Maternal & Infant Death Review (MDR&IDR)

a. The districts reported 6 maternal deaths during the 9 months time period and were reviewed.
b. Similarly, 51 infant deaths were reported during the same period from various health facilities and simultaneously all of these deaths were reviewed in time.
c. Reporting of deaths has improved in the district especially at PHCs and SCs as reported.

JSSK for Women: Transportation

a. The free transportation for pregnant women from home to facility and back to home is still lagging behind in the district. This is substantiated by the fact that only 5 percent of pregnant women who delivered in a health facility in the district have been provided free transport for reaching a health facility.
b. While as again a meagre percentage of institutional deliveries in the district were provided transport from facility to home after delivery during the referenced 9 months time period.
c. Free referral transport from facility to facility is also provided to only 10 percent of the referral cases.

Medicines

a. All those women who have delivered at visited health facilities in the district were provided drugs free of cost during two quarters.
b. Our interaction with delivered women in IPD reported that they are staying at hospital with zero expenses from their pocket as they have been provided each and every thing from the hospital.

Diagnostics

a. Free diagnostic facilities (urine test, various blood tests, X-ray etc.) are provided to pregnant women at DH, CHC and some PHCs in the district.
b. The USG is provided to all the women on daily basis at DH. But CHC is providing this facility by mode of having PPP. PHC Amrali did not have such facility.
c. The monitoring mechanism and maintenance of records by various labs was found satisfactory at the visited facilities.

Meals

a. The visited DH and CHC have arrangement to provide cooked and fresh meals to women who deliver at these health facilities with outsource system. But the PHC is not providing such facility.
b. Overall during the two quarters on an average 100 percent women were provided meals during their stay in the hospital after the delivery as per the records.

Blood

a. District Rup Nagar and CHC Chamkaur Sahib did have a blood bank facility with blood storage availability.
b. During the two quarter a total of 129 units of blood were provided free to pregnant women at DH.

Janani Suraksha Yojna (JSY)

a. The payment to beneficiaries and ASHAs under JSY has been streamlined in the district by crediting the money directly in the bank accounts.
b. Out of 21 home deliveries, only 3 of them have been provided payment during the referenced time period.
c. Timing of payments depends upon the availability of funds as it was found that there is a backlog of 183 beneficiaries in the district during the period April, 2019 to December, 2019.

Child Health: SNCU/NBSU/NBCC

a. District Rup Nagar has established 1 SNCUs, 2 NBSUs, 10 NBCCs till date. The SNCU at DH has a bed capacity of 10 beds and all of them are functional presently and provides services on 24X7 basis.
b. Presently there is only 1 paediatrician and 3 Staff Nurses in place, however, both the 2 sanctioned positions of medical officers are vacant. Besides, the lab technician and DEO is also vacant.
c. Overall 435 neonates (294 inborn+ 141 out born) were admitted in the SNCU during the year 2019-20 for treatment of various types of ailments.
d. Forty-four neonates were referred to higher facilities located at other district for further treatment during the two quarters.
e. Further only one of the neonatal death was reported at SNCU during 2019-20. Free medicines under JSSK were provided to all the patients during their stay in the SNCU. New-born referred from SNCU/NBSU were provided free transport facility.

Immunization

a. BCG immunization is provided at DH on daily basis. CHCs and at some selected PHCs also provide the BCG. Some of the SCs in the district also provide BCG doses to home deliveries.
b. BCG dose is given to the infant immediately after the birth irrespective of the number of children born on that particular day at all the facilities except SC.
c. Outreach sessions are conducted to net in drop-out cases/left out cases. AEFI committees and Rapid Response Team are in place in the district.
d. A total of 6254 children were given BCG doses during the referenced 9 months of the year 2019-20 in the district while as, Pentavalent-I was also provided to 7252 infants during the same period.
e. The number of fully immunized children among 9-11 months during the referenced time period is 4227 male children and 3545 female children respectively in the district.

Rashtriya Bal Swasthya Karyakaram (RBSK)

a. District Early Intervention Centre (DEIC) at DH Rup Nagar is functional but they lack some of the equipments and the medicine kits. There are a total of 10 positions of the DEIC and out of those most of the positions (7) are filled up.
b. All positions of AYUSH Doctors, Pharmacists and ANMs have been put in place. There are 9 mobile health teams (two each for one block) in the district.
c. The teams have covered 1347 AWCs, 735 govt schools, 628 villages and 14 delivery points during 2019-20. A total of 72780 children were screened for various diseases and deformities during these visits.
d. Out of these, 48 cases were treated and referred for further treatment outside the district. Overall a total of 48 cases were referred to various higher-level health facilities of the State.
e. All the referred cases of 48 were proposed for the financial assistance during 2019-20 and the approval was awaited till 31 December, 2019.

Family Planning

a. In district Rup Nagar, besides the DH and CHCs, 13 PHCs and 115 designated SCs are providing service for IUD insertion or removal. There is a provision of delivery of contraceptives to beneficiaries in the district through ASHAs.
b. Overall during April-December, 2019 a total of 958 IUCD insertions were done in the district, out of which 37 IUCDs were performed at CHC Chamkaur Sahib.
c. Overall in the district a total of 413 minilap sterilizations have been conducted in the district at DH and CHC level during the reference time period.
d. Six of the NSV surgeries were conducted during the 9 months time period in the district. Further no family planning camp was organised in the district during the same period.

Quality in Health Services: Infection Control

a. Overall the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was not found satisfactory at the visited health facilities.
b. The condition of different sections of DH including IPD, OPD and gyane ward is also not satisfactory.

Biomedical Waste Management

a. The segregation of bio-medical waste was found satisfactory in the DH, CHC and PHC and SC. However, the guideline for segregation of waste is not properly followed at any of the health institution.
b. Bio-medical waste at DH and CHC has been outsourced and regularly lifted by the concerned agency namely “Rainbow “of which the headquarter is at Chandigarh. PHC Amrali and SC

Chatamla also send their waste to the same agency through the block. Besides no sharpens were found in the premises of visited health facilities.

Information Education and Communication (IEC)

a. Overall the display of appropriate IEC material in health facilities was found by and large satisfactory at all the levels.
b. The IEC material related to MCH, FP, services available, clinical protocols, etc., are displayed at the DH, CHC and PHC level and such material was found sufficient at the rented SC.

Referral Transport and Medical Mobile Unit (MMU)

a. Overall there are 17 ambulances, out of which all the 17 are in working condition in the district to cater the needs of various health facilities. Only 6 Ambulances in the district are fitted with GPS facility.
b. Keeping in view the district as populous, one mobile medical unit has been provided to cater the needs in order to provide better health care services.
c. The MMU is presently functional and is performing very smoothly in the district.

Community Process: Accredited Social Health Activist (ASHA)

a. In district Rup Nagar there are 572 sanctioned positions of ASHAs out of which 566 are in place. The CS reported that some more ASHAs are also required in the district as per the population.
b. The district has ASHA coordinators and facilitators in place. These facilitators have received Home Based New Born Care (HBNC) training. Module 6-7 (IMNCI) training and HBNC kits have been provided to 513 ASHAs. Incentive for home visits has been given to 566 ASHAs during April, 2019 to December, 2019. The uniform and ASHA diary has also been provided on yearly basis and for current year it is provided during July & August, 2019.
c. The district has put in place a mechanism to monitor performance of ASHAs and in this regard none of the ASHA has been disengaged in the district on the basis of non/under performance so far.

Disease Control Programme: Tuberculosis (TB), NLEP, Malaria, NBCP

a. The TB Control programme is run at the district level which is looked after by the DTO.
b. There are 16 different categories of sanctioned positions in the TB centre and all the 16 positions are in place. There is involvement of ANMs and ASHAs as DOT providers at SC and village level.
c. The screening is done on regular basis at all the levels. The testing facility is available at the DH and other FRUs and PHCs.
d. A total of 5714 tests were conducted during the two quarters and 572 cases were found positive. The entire 1030 positive cases (old +New) are under treatment/treated in the district. None of the case was referred outside the district.
e. National Leprosy Eradication Programme (NLEP) is looked after by one Pshchrist of district Rup Nagar.
f. There is 10 active case of leprosy (old+new) who are taking MDT. The district has adequate supplies of MDT.
g. Since the district is a malaria prone area and there are 10 positive slides presently available and are under treatment in the district.
h. Another programme is going on in the district which is under the control of ACS and almost 91, 945 tests were performed and out of which 3164 cataract surgeries are performed and 1163 patients were given the spectacles.

Non-Communicable Diseases (NCD)

a. The district has a well-established NCD centre located at district hospital Rup Nagar which is functioning smoothly. There are a total of 25 sanctioned positions in NCDS and only a few of them are vacant.
b. Besides, the regular OPD at various levels, the district has organized some screening camps for detection of various non-communicable diseases during 2019-20.
c. Overall 39536 individuals were screened for various non-communicable disease and out of these, 437 (1 percent) patients were diagnosed with diabetes and 672 (2 percent) for hypertension. Besides, out of 27826 screened cases, 14 identified for cervical cancer, 7 found for oral cancer and 50 with cancers other than oral or cervical.
d. All the patients were under treatment/treated in the district at various levels, however, none of them was referred to tertiary care hospitals of the State.
e. Under this programme 45 pieces of gulucometers have been issued to 12 PHCs and 33SCs in the district.
a. No such geriatric ward under the National Programme for Health Care of Elderly (NPHCE) has been established at the DH so far.

Ayushman Bharat Yojna

a. The list of services to be provided at Health & Wellness Centre include, pregnancy care and maternal health services, neonatal and infant health services, child health, chronic communicable diseases, non-communicable diseases, management of mental illness, dental care, eye care, and geriatric care emergency medicine.
b. Ayushman Bharat was officially launched in Punjab on 20 August, 2019 and all the districts including Rup Nagar has implemented the scheme and has to cover 99, 499 families under the scheme.
c. The district in the first phase has established about 45 Health and Wellness Centres (HWCs) in some selected blocks and up gradation of more such centres is under process.
d. The district has so far registered 1, 44, 319 lakh beneficiaries that is more than 29 percent of beneficiaries from the list and issued the "Golden Cards" for the said number of beneficiaries.
e. During the period April, 2019 to December, 2019, a number of beneficiaries (3673) have benefitted from the scheme and Rs. 3.07 crore is spent for treatment of the beneficiaries under PMJAY scheme.

Health & Wellness Centres

a. The district has established 45 H&WCs in 5 medical blocks and all of those are PHCs & SCs. In this connection the CS reported that they have received additional funding for up gradation of these PHCs. The district has also received additional drugs for these centres.
b. The CS made a request that there is immediate need of some of the additional staff for smooth functioning of the scheme.

Other Schemes: Kayaklap

a. The district hospital has not received the Kayaklap certification so far, however, the SMO reported that they have applied for the same and the state assessment is done.
b. CHC Chamkaur Sahib has also not applied for the Kayaklap certificate.

NQAS

a. Both the visited health facilities DH and CHC have not received the NQAS certification and nor they have applied for the same.

b. SMO discloses the main reason for not maintaining national quality assurances standards is because of the shortage of human resource and conjucted place of accommodation at DH.

LaQshya

a. Both the visited facilities that are DH and CHC, the labour room and operation theatre has not been covered under LaQshya so far in the district and both the facilities have not applied for their certification.

Dialysis Centre

a. One Dialysis Centre has been established at district hospital.
b. There are 4 chairs available in two separate rooms with two chairs in each room. The SMO reported that the rooms are so small that 4 chairs cannot be adjusted in a single room.

Health Management Information System (HMIS) and Reproductive and Child Health (RCH)

a. In district Rup Nagar, data reporting under HMIS is regular. Though the data quality in the district has improved to some extent but there is still a lot of scope for improvement in all the facilities particularly at DH, PHC and SC level.
b. Most of the services provided by the DH and CHC are underreported particularly for ANC visits, lab tests and various doses of immunization. It is because of the negligence of properly recording of the information by the concerned ends.
c. Though during our visit to various health facilities on spot instructions were given to all the stakeholders as to how the recording and reporting of data can be improved.
d. Reproductive and Child Health Register (RCH) has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village level.
e. The training of health functionaries has been completed. However, it was found that there are lot of misconceptions among the health workers regarding the proper recording and reporting under RCH portal.

2. Introduction

Ministry of Health and Family Welfare (MOH&FW), Government of India has approved the State Programme Implementation Plans (PIPs) under National Health Mission (NHM) for the year 2019-20. 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.

To get the best results by these PIPs at the grass root level and in this context, since 2012-13, Ministry decided to continuously monitor the implementation of State PIPs and has pipe lined the Population Research Centres (PRCs) to undertake this monitoring exercise. It has been decided by the Ministry that all the PRCs will undertake qualitative monitoring of PIPs, in a phased manner, in various districts of the States in which they are located. During 2019-20, Ministry has identified 20 Districts in three States as Jammu and Kashmir, Punjab and Jharkhand for PIP monitoring. These districts are Kargil, Kulgam, Reasi, Bandipora, Shopian, Kupwara, Samba, Srinagar, Anantnag, Jammu from J&K and Fazilka, Shahid Bhagat Singh Nagar, Pathankot, Rup Nagar and Tarn Taran from Punjab and finally districts Bokaro, Dhanbad, Khumti, Ramgarh and Ranchi from Jharkhand. In addition to this the five districts of Jharkhand were exempted to PRC Srinagar at the last moment.

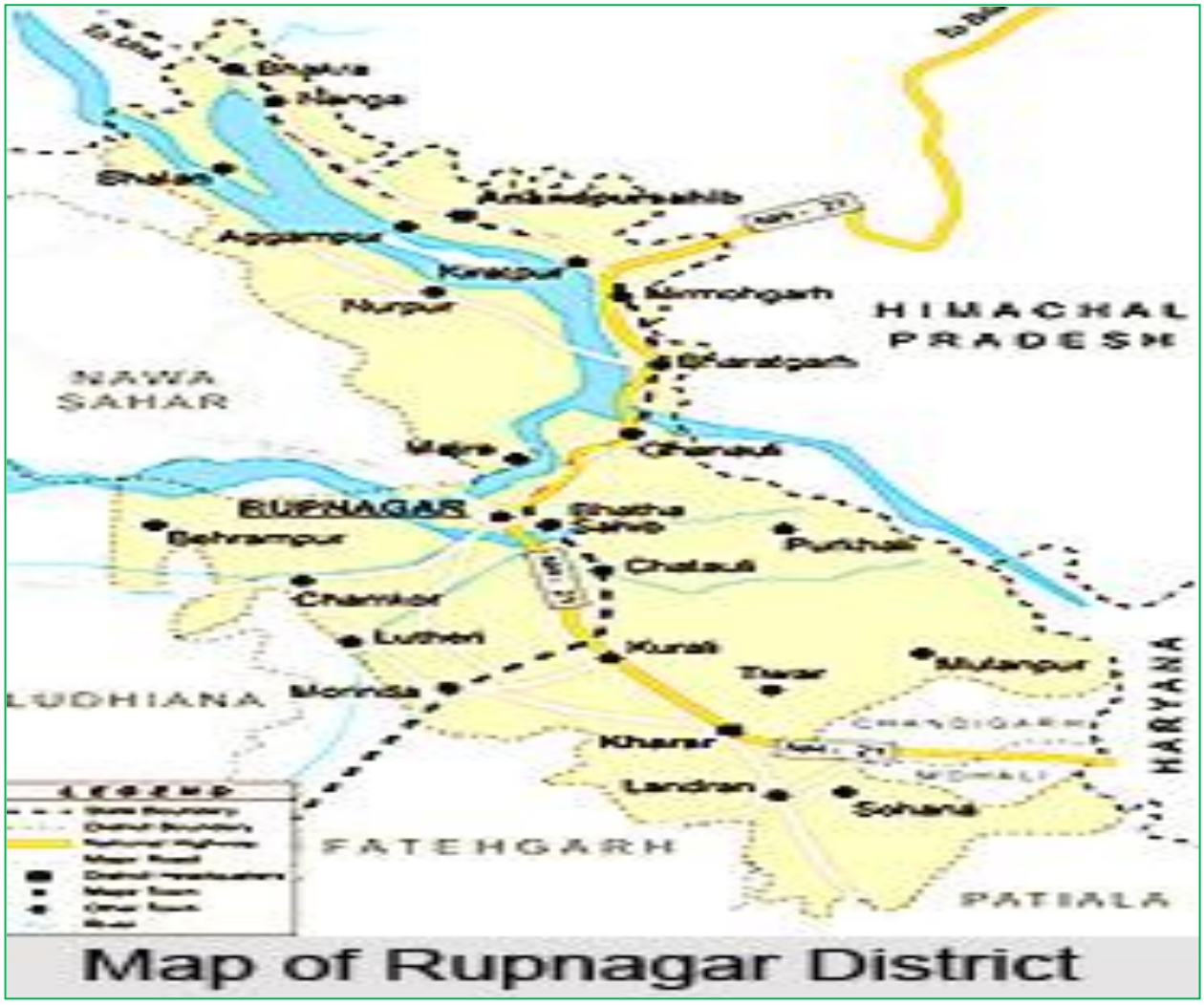
The staff of the PRC is visiting these districts in a phased manner. The present exercise of monitoring has been undertaken in district Rup Nagar of Punjab state.

2.1 Objectives

The objectives of the study are to examine whether the State is adhering to key conditionalties while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the road map for priority action and various commitments are adhered to by the State.

2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been previously worked out by the MOH&FW in consultation with PRCs in a workshop organized 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 visit the office of CMO/CS, District Hospital, 1 Community Health Centre (CHC), 1 Primary Health Centre (PHC) and 1 Sub Centre (SC) in each selected district to collect required information. It is further decided that the team will also interact with some beneficiaries (IPD and OPD) to analyse the status of service delivery. Further some minor changes in the PIP questionnaires were soughted out in a workshop organised by the Ministry at New Delhi, in September, 2019. The present study conducted in Rup Nagar district, is based on the information collected from the office of Civil Surgeon, District Hospital, CHC Chamkaur Sahib, PHC Amrali and SC Chatamla (H&WC). The PRC team also interacted a few OPD clients who had come to avail the services at DH and CHC. Similarly, few IPD clients also interviewed at DH. We also interview some OPD patients at PHC and SC. The information was collected by two officers of the PRC consisting of Research Investigator and Research Assistant during 21st January, 2020 to 25th January, 2020. The following sections present a brief report of the findings of the monitoring.



Map of Rupnagar District

3. State and District Profile

The name Punjab is made of two words Punj (Five) + Aab (Water) i.e. land of five rivers. These five rivers of Punjab are Sutlej, Beas, Ravi, Chenab, and Jhelum. Only Sutlej, Ravi and Beas rivers flow in today's Punjab. The other two rivers are now in the state of Punjab, situated in Pakistan. The Punjab State is divided into three regions: Majha, Doaba and Malwa. Punjab has made considerable economic progress after independence despite the setback it suffered in 1947. It contributes nearly two thirds to the total production of food grains and a third of milk production in the country. It is the leading producer of wheat, thereby contributing to the national food security. The initiative of Green revolution (a major agricultural initiative) has been keenly taken forward by the people of Punjab. Even though Punjab is account for less than 2.5% of the Indian population, they are one of the most prosperous races in India. Their per capita income is twice the national average. Punjab also has the lowest poverty rate in India and has won the best state performance award based on statistical data compiled by the Indian Government.

The Indian State of Punjab was created in 1947, when the partition of India split the former Raj province of Punjab between India and Pakistan. The mostly Muslim western part of the province became Pakistan's Punjab Province and the mostly Sikh eastern part became India's Punjab state. The partition saw many people displaced and much intercommunal violence as many Sikhs and Hindus lived in the west and many Muslims lived in the east. Several small Punjabi princely states, including Patiala also became part of Indian Punjab. Punjab's economy has predominantly

been agrarian in nature, historically evidenced in the remains of granaries and other artifacts of the Indus Valley Civilization. Dairy products, unleavened flat breads, pulses, vegetable and meat curries continue to reflect the rural temper of the state while being wedded to the residual flavors of foreign invasions, such as rice and gravies. As a result Punjabi cuisine is among the richest in the country as well as the world. It incorporates generous quantities of milk, curd, butter, and cream in cooking of fresh vegetables and meats. In addition to these, Punjabis have created a combination of the northwest frontier cuisine and Mughlai recipes to prepare rich poultry and mutton dishes. The ubiquitous 'tandoori chicken' is very popular. The summer months span from mid April to the end of June. The rainy season in Punjab is from early July to end of September. October marks the beginning of the winter season. From December onwards the winter becomes chilly. Most of the major festivals of Punjab, like Lohri, Holla Mohalla, Diwali, and Dussehra, fall during this period.

The total area of the state is 50,362 square kilometers (19,445 square miles), with the cultivable area being under assured irrigation. Its average elevation is 300 meters (980 ft) above sea level, with a range from 180 meters (590 ft) in the southwest to more than 500 meters (1,600 ft) around the northeast border. Punjab extends from the latitudes 29.30° north to 32.32° north and longitudes 73.55° east to 76.50° east. It is bounded on the west by Pakistan, on the north by Jammu and Kashmir, on the northeast by Himachal Pradesh and on the south by Haryana and Rajasthan.

The State comprises 22 districts, 147 community development blocks, eighty-two (82) tehsils, three hundred and thirteen (313) panchayats and nine (9) urban agglomerations. The State has 12581 villages with 217 Towns in five divisions.

According to 2011 Census, Punjab has a population of 20.7 million, accounting roughly for 2.3 percent of the total population of the country. The decadal change i.e. increase in population from 2001 to 2011 is 13.89%. The sex ratio of the population (number of females per 1,000 males) in the State according to 2011 Census is 895, which is much lower than the country as a whole (940). With a Child Sex Ratio of 846, Punjab is one of the low Child Sex Ratio States in the country. Thirty-seven percent of the total population lives in urban areas which is much higher than the national level. Schedule Tribe account for 32 per cent of the total population of the State while as there is none of the Schedule Caste population in the State. As per 2011 Census, the literacy rate among population age 7 and above is 76 percent as compared to 74 percent at the national level. Male literacy is 80 percent as compared to 70 percent among females.

The town of Rupnagar is of considerable antiquity. The town is said to have been founded by a Raja called Rokeshar who ruled in the 11th century and named Rupnagar after his son Rup Sen. The recent excavations carried out at Rupnagar have proved that this town was the seat of well developed Indus Valley Civilization. In proto – Historic Punjab perhaps Rupnagar is the only known excavation site which can claim the status of a small town or city. The attempt in recent excavations consists of earthen bares, statues, coins, etc. That proves that the city dates back to Harappa – Mohenjo-Daro civilization which crossed Sutlej River. Many of them settled at this place. In the excavations many things founded belongs to Chandra Gupta, Kushan, Hoon and Mughal period. One of rare finding is a seal of marble on which there are three letters engraved in

Sindhi script. One of the finding is the statue of a woman dressing her hair. All these proves that even the people living in this town 4000 years, hence were fully civilized and well cultured.

Many historians are of the view that when the first man descended from the mountains in the North to plains, he settled down at Ropar. A mount is still preserved by the archeology department at Ropar. The history of Ropar district is in fact the war of Guru Gobind Singh Ji against Mughal tyranny, exploiters and social evils. It is here in this district at Sarsa Nangal that the great Guru parted with the family and proceeded to Chamkaur Sahib where two elder Sahibzadas laid down their lives fighting for truth and Guru Sahib left for Machhiwara on a constant struggle. The other important historical place in this district is Kiratpur Sahib situated on the banks of the river Satluj. This town was established by 6th Guru Shri Guru HarGobind Singh Ji after buying Land from Raja Tara Chand of Kehloor through Baba Gurditta Ji. It is said that Guru Nanak Dev Ji made a prophesy regarding the establishment of this place. It is here at this place that Guru Nanak Dev Ji met saint Buddan Shah in a Jungle.

Anandpur Sahib, a historical town in this district was founded by 9th Guru of Sikhs Shri Guru Teg Bahadar Ji after buying land in Village Makowal in 1723 A.D. It is at this place that the great 9th Guru performed prance to commemorate the gurudwara Bhaura Sahib built at Anandpur Sahib. It is also here at Anandpur Sahib that Kashmiri Pandits approached 9th Guru to save them from Mughal Tyranny. On the motivation of Guru Gobind Singh Ji, Shri Guru Teg Bahadar Ji left for Delhi to make Supreme Sacrifice. At Anandpur Sahib the great 10th Guru of Sikhs Shri Guru Gobind Singh Ji spent his early age.

Further it was at Anandpur Sahib in Rupnagar District that Shri Guru Gobind Singh Ji created Khalsa in 1699 on Baisakhi Day and brought about a cultural revolution. It was the most important landmark in the history of Sikhs. The Khalsa created by Guru Gobind Singh Ji later on acquired the sovereign power of Punjab under Maharaja Ranjit Singh. The creation of Khalsa at Anandpur Sahib is the most important event not only in history of Rupnagar district, but also in the history of the Sikhs and Punjab. Gurudwara Keshgarh Sahib at Anandpur Sahib still commemorates the memory of the historical event as Guru created Khalsa at this place.

Another most important landmark historic event had been added to the history of the district, when in April 1999, 300th Birth of Khalsa was celebrated at Anandpur Sahib. Besides lacks of people from all walks of life from all over of the world, heads, important religious, social, political and administrative personalities participated in the Tercentenary function and paid obeisance at Gurudwara Takhat Shri Keshgarh Sahib. Historic city of Anandpur Sahib has been developed as tourist center. Khalsa heritage memorial complex is being constructed.

The climate of Rupnagar District is characterized by its general dryness (except in the south-west monsoon season), a hot summer and a bracing cold winter. The temperature ranges from minimum of 4° C in winter to 45° C in summer. May and June are generally hottest months and December and January are the coldest months. Relative humidity is high, averaging about 70 percent during monsoon. The average annual rainfall in district is 775.6 mm. About 78 percent of the annual rainfall is received during the period from June to September. The soils of the district vary in texture generally from loam to silty clay loam except along the Sutlej River and chaos

where some sandy patches may be found. Chamkaur Sahib and Kharar blocks have sodic soils. The soils of Anandpur Sahib and Rupnagar blocks are undulating.

Table 1: Demographic Profile of District Rup Nagar.

Demographic Character	**Number/percentage/Ratio**
Total geographical area	1,400 Sq. Km
Total Population of the district as per census 2011	6,84,627
Male	3,57,485
Female	3,27,142
ST Population	1, 80, 905 (26.43% of State Tribal Pop)
Literacy rate	82%
0-6 Yrs population as per census 2011	30,76,219
Population Growth rate	8.6 per 1000 per year
Sex ratio as per census 2011	915 females per 1000 males
Child Sex Ratio (0-6 Age) 2011	863 (per 1000)
Total No. of Medical blocks	5 (Rupnagar, Sri Anandpur Sahib, Sri Chamkaur Sahib, NurpurBedi and Morinda)
Total Villages	628
Number of Panchayats	628
Number of Tehsils	4 (Rupnagar, Sri Anandpur Sahib, Sri Chamkaur Sahib and Nangal)
No. Of SDH	02
No. of CHCs	04
No. of PHCs/UPHC	13
No. of SCs/SHCs/Ads	115
No. of H&WCs (PHCs)	12
No. of H&WCs (SCs)	81 selected 33 centers Operational
Total No. of ASHA's	566
Total No. of RKS (Rogi Kalyan Samitis)	18
Total No. of village Health & Sanitation Committees	601
Total No. of Health Institution	134 (1 district hospital, 2 Sub district hospital, 4 CHCs, 13 PHCs, 115 SCs

Town Rup Nagar is situated at a distance of about 47 kms from Chandigarh. It has road connectivity with its neighboring districts like Nawanshahr, Ludhiana, S.A.S Nagar and Fatehgarh. According to the 2011 census the district has a population of 6, 84, 627 souls. Seventy-four percent of the population of district lives in villages and agriculture is the mainstay of the majority of the people in the district. This gives the district the ranking of 507th in India. The district spans an area of 1,400 Sq. km and is headquartered at Rup Nagar town. The ST population of the district constitutes 26.43 percent of the total population of state and has no SC population. Eighteen percent of the population in the district is still illiterate. The population growth rate is 8.6 percent and the sex ratio is 915 per thousand males. The district consists of 5 medical blocks. The district has 628 revenue villages and village health sanitation committees have been formed in 601villages. A total of 18 Rogi Kalyan Samitis (RKS) have also been formed in the district. The health services in the public sector are delivered through a network of 1 District Hospital, 2 sub district hospital, 4 CHCs, 13 PHCs, 115 SCs, in the district (Table. 1).

Table.2 Key Health Indicators of District Rup Nagar of NFHS-4:

Data Source	Indicator	Punjab	Rup Nagar
NFHS-4 (2015-16)	**Marriage**		
	Women aged 20-24 years married before age 18 years (%)	7.6	4.5
	Men age 25-29 years married before age 21 years (%)	11.1	*
	Care during pregnancy		
	Mothers who had antenatal check-up in the first trimester (%)	75.6	79.1
	Mothers who had at least 4 ante natal care visits (%)	68.5	74.8
	Mothers whose last birth was protected against neonatal tetanus (%)	92.9	96.6
	Mothers consumed IFA for 100 days or more during pregnancy (%)	42.6	47.3
	Mothers who had full antenatal care (%)	30.7	38.7
	Registered pregnancies for which the mother received MCP card (%)	95.1	97.4
	Mothers received postnatal care from a doctor/nurse/LHV/ANM /Midwife /Other health personnel within 48 hours (%)	87.2	85.0
	Mothers who received financial assistance under JSY for births delivered in an institution (%)	19.1	26.2
	Average out of pocket expenditure per delivery in public health facility (Rs.)	1890	2258
	Children received a health check after birth from a doctor/nurse/LHV /ANM/Midwife/Other health personnel within 48hours of birth (%)	47.2	47.8
	Deliveries		
	Institutional births (%)	90.5	91.3
	Institutional births in public institutions (%)	51.7	58.3
	Home deliveries conducted by skilled health personnel (out of total deliveries (%)	4.5	2.5
	Births assisted by a doctor/nurse/LHV/ANM/other trained personnel %)	94.1	93.7
	Birth delivered by caesarian section (%)	24.6	28.1
	Birth in a private health facility delivered by cesarean section (%)	39.7	48.5
	Birth in a public health facility delivered by cesarean section (%)	17.8	20.8
	Childcare/Immunization		
	Children under age 3 years breastfed within one hour of birth (%)	30.7	28.8
	% of children under age 6 months exclusively breastfed	53.0	*
	% of children 12-23 months fully vaccinated (BCG, measles, and 3 doses each of polio and DPT) (%)		93.1
	% of children (6-59 months) having anemia (<11.0g/dl) (%)	56.6	69.6
	Family Planning		
	% of contraceptive prevalence rate (CPR) by any method*	75.8	75.0
	% of contraceptive prevalence rate (CPR) by any modern method*	66.3	61.5
	% total Unmet need for family planning*	6.2	10.7
	% Unmet need for spacing*	2.4	2.6
SRS 2019	Crude Birth Rate (CBR),	14.9	14 (A. survey)
	Infant Mortality Rate (IMR),	21	18 (HMIS, 2018)
	Maternal Mortality Rate (MMR), (Niti Ayog,2016)	122	65 (HMIS, 2018-

Note: * : indicates fewer than 25 cases.

4. Key Health and Service Delivery Indicators

The State of Punjab has progressed well on the demographic front. As per the Sample Registration System, the current Total Fertility Rate of 1.7 in Punjab is slightly lower than the TFR of 2.4 at the National level. According to Sample Registration System (SRS July, 2019), Punjab had an infant mortality rate of 21 per 1,000 live births, a birth rate of 14.9 and a death rate of 6.8 per 1,000 populations. The corresponding figures at the national level were 37, 21.8 and 6.5 respectively. 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), 66 percent of women are now using modern family planning methods as compared to 50 percent at National level.

Table. 3 Key Health and Service Delivery Indicators during April, 2019 to December, 2019 in the district:

S. No	Indicators	Number of cases
	Patient Services	
1.	OPD (Total)	566226
2.	Ayush OPD	28885
3.	IPD (Total)	18539
4.	USGs	509
5.	ECG	5031
6.	CT-Scan	NA
7.	X-Rays	24897
8.	Endoscopy	NA
9.	Lab Tests (Total)	615798
	ANC Care	
10.	ANC Registration	7856
11.	Women Received 4th ANC Check-up	6655
12.	TT1	7476
13.	Women Received 100 IFA Tablets	2927
14.	Women Received 360 Calcium Tablets	2072
15.	Women having HB <7 (tested cases)	161
16.	Women with gestational diabetes mellitus (GDM)	3787
	Deliveries/PNC	
17.	Number of Institutional deliveries	7006
18.	Number of C-Section deliveries	2575
19.	Number of Home deliveries	21
20.	Women discharged <48 hours of delivery	29
21.	PNC Within 48 hours	18
22.	PNC within 14 days	7527
23.	Number of newborns received 6 HBNC visits	5495
	Child Immunization coverage	
24.	OPV0/ HB0	5626/2762
25.	BCG	6254
26.	Pentavalent-1	7252
27.	Pentavalent-3	6931
28.	Rotavirus-1	4192
29.	Children between 9-11 months fully immunized-male	4227
30.	Children between 9-11 months fully immunized-male	3545
	Family Planning	
31.	No. Of mini lap Sterilization conducted	413
32.	NSV	6
33.	IUD	958
34.	PPIUCD	1082
35.	IUCD Removals	259
36.	Oral Pill Cycles	22959
37.	Emergency Contraceptive Pills	1211
38.	Condom	483323
39.	Antara Dose 1	213
40.	Antara Dose 2	41
41.	Antara Dose 3	22

NA=Not available

Fertility and mortality has shown considerable decline in Rup Nagar. The Punjab fact sheet of NFHS-4 as released by the IIPS-Mumbai wherein the key indicators of demographic features reflects that the sex ratio of the total population in 2015-16 of the State is 905 females per 1,000 males, total fertility rate is 1.6, infant mortality rate is 29 per 1,000 live births, 1st trimester

registration is 75 percent, institutional births are 90 percent and full immunization rate is 89 percent.

As per the information provided by the office of Civil Surgeon, different types of services are being provided to the beneficiaries in the district. A total of 566 226 patients have visited the OPD for availing various health services in the district during April, 2019-December, 2019. Around 18549 admissions have been made in the IPD for availing various health services in the district, with DH accounting for 7660 while as CHC Chamkaur Sahib did not made any of the IPD admissions. In addition to this a good number of patients are taking advantage of the homeopathy medicines and in this way, 28885 patients have visited the homeopathy OPD in the district during the reference period. Regarding various diagnostics, the district has performed 509 USGs and 5031 ECGs. However, the CT scan, endoscopy and MRI facility is not available in the district. Further around 615798 lab tests and 24897 X-Rays have been performed in various public health facilities during the reference time period. The scenario regarding pregnant women registered for ANC in the district is 7856 but the TT2 dose has been provided to 7657 pregnant women. Besides, 2927 pregnant women received the 100 IFA tablets from the district during the time period. Regarding the performance of family planning in the district, the information shows that 413 minilap sterilization cases were performed in the district, 958 IUDs insertions, 1082 PPIUCD insertions and 482333 pieces of condoms distributed among the beneficiaries. Besides, a newly contraceptive method that is Antara 1st doses is provided to 213 cases, 2nd dose is provided to 41 cases and 3rd dose is utilised by 22 beneficiaries. There are other contraceptives also been distributed in the district like as OP cycles to 22959 beneficiaries, ECPs to 1211 clients and 483323 pieces of condoms. Six cases of NSV are also performed in the district (Table.3).

5. Health Infrastructure

The district information shows that, there are a total 134 health institutions in the district consisting of 1 DH, 2 SDH, 4 CHCs, 7 PHCs (24x7), 6 other normal PHCs/New type PHCs (including 12 H&WCs), 115 SCs/SHCs/dispensaries (including 33 H&WCs). There is also one private hospital functional in the district. The information further reveals that some more institutions are proposed as H&WCs during 2019-20. The hospital is functioning in an old type building which has different facilities functioning in separate buildings available in the hospital premises. The total bed capacity of the hospital is 120 beds but the SMO reported that sometimes he is accommodating even some additional beds. The hospital has general wards for male and female and there is also one separate maternity ward.

The building status of the health facilities indicates that all the 4 CHCs are housed in government buildings which have also inpatient facility. CHC Chamkaur Sahib is functioning in old type of building located in the main market nearby the main road having short of space to accommodate various health facilities. Of the 7 PHCs, (24x7) all are housed in government building and have inpatient facility. There are 6 normal PHCs/New types of PHCs and all of them have government buildings with inpatient facility also. Besides one GNM school is functioning in the district which has intake capacity of 50 candidates for different courses. The CS opined the fact that the GNM School is running in difficult conditions as there are 20 sanctioned positions but only 4 positions (tutors) are in place. Of the 85 Sub Centres, majority of them that is 68 (80 percent) have government buildings and remaining 20 percent are located in rented buildings. The SCs located in rented buildings have acute shortage of accommodation which affects delivery of effective

health care services. The district has still some dispensaries and SHCs functional at some of the places (Table. 4).

Table 4: Health Infrastructure (As on 31-12-2019) of District Rup Nagar:

S. No	Type of Health Facility	Number available	No of IPD beds available	Facilities having Govt. building	Facilities having In-patient facility
1	District Hospital	01	100	01	1
2	Maternity Hospital (MCCH)	01	20	01	1
3	FRU/CHC	04	120	04	4
4	PHC (24x7)	07	12	07	7
5	Other PHC/New type PHCs	06	35	06	6
6	SHCs/dispensaries	30	00	00	0
7	SCs	85	00	68	0
8	AYUSH (Ayurvedic)	21	00	21	0
9	AYUSH (Homeopathy)	05	00	05	0
	Total No. of Facilities	**134**	**287**	**113**	**19**

District Hospital Rup Nagar is situated in Rup Nagar town and is accessible from the main road easily. The hospital is functioning in an old type building. Since Rup Nagar is the old district and there are a few buildings in the hospital premises which are utilised for various service provisions. The total bed capacity of the hospital at present is 120 beds which is not sufficient in any case to fulfil the requirement of the people of district. In spite of so many limitations this hospital has been serving the needs of the people to its available capacity. The hospital has general wards for male and female and there is no separate maternity ward. The district hospital has a good number of staff quarters available at its disposal. The hospital has a number of staff quarters for its both medical and para-medical employees. Five quarters are available for doctors, 15 quarters are for nurses and 23 quarters are utilising by other staff of the hospital. The drinking water facility in the hospital provided by a UV system installed at the DH. There is regular power supply with back up of generator facility at the DH.

The hospital did have a geriatric ward having 10 number of beds available . Services for mini laparoscopy, PP sterilization, immunization and NSV services are available on selected days at the DH. However, services such as IUD, PPIUD, dialysis and abortions are available on daily basis. C-section deliveries are also conducted round the clock in emergency cases. There is a functional SNCU in the hospital. The district hospital has a well established blood bank including the blood storage facility. Power backup supply is available in all sections of the hospital. Water is available in the wards, labour room, OTs, and labs. Adequate toilet facilities are available in the wards which are not found clean. Citizen's charter, timings of the facility, list of services available at the facility is properly displayed. Complaint box is available and the contact number of CS is prominently displayed at various places for registration of complaints and grievances. The premise of the hospital area is fenced but its cleanliness was not found satisfactory. It was also recorded that during the period of 9 months (April, 2019-December, 2019), 3562 blood bags were issued for blood transfusion and all of them were provided free. Besides, 190 of the blood

unit were available on the day of our visit. Paramedical staff of the hospital use a colour coded uniform.

CHC Chamkaur Sahib: This CHC is itself a block headquarters as well as a medical block with a total population of 170487 persons which is at rank 3rd in the district as per health census 2018-19. There are 6 PHCs and 21 Sub Centres in the block. CHC Chamkaur Sahib is 20 kms away from its district headquarter and 65 Kms from district Chandigarh. The catchment population of the CHC area is 13530 persons. The health facility is easily accessible from nearest road and is functioning in a single story government building which need further development. The hospital has a bed capacity of 30 beds with separate wards for male and female patients. Presently 7 beds are in place in gynecology ward and 14 beds for general IPD patients. This health facility provides services like general medicine, radiology, minor/major surgeries, dental, C-section/normal delivery, emergency care, emergency obstetric care, ophthalmology care, ARSH, save heart imitative and other emergency services. It is a matter of concern that CHC Chamkaur Sahib presently does not provide the services like dermatology and endocrinology. Presently there are 8 separate staff quarters available for medical officers or paramedical staff. The C-section deliveries are conducted at the facility on daily basis or as and when required. Further due to the lack of space and manpower there are no separate pediatric or geriatric wards available at the facility. Adequate drinking water supply and water in the toilets is available. Separate toilets are available for both males and females. Back up (Generator) for electric supply is available in OT and wards. Cleanliness of the hospital particularly of wards is not satisfactory. The cleanliness of toilets in OPD and wards was also not satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available but no complaints were put in the box so far as reported by concerned officials. CHC provides the child immunization facility on selected days that is twice in a week on Wednesday and Saturday. The BCG is provided on every Wednesday. Colour coded waste bins (blue and yellow) are available at the CHC for waste segregation and the waste management is contracted with one agency situated in other district namely as "Rainbow".

PHC Amrali is a 24X7 PHC which is situated at a distance of about 9 Kms from block head quarter and almost 30 Kms from district. The catchment population of the area is around 1747 and it covers 7 villages. There are 6 SCs in the PHC area. The PHC is currently functioning from the old type of building. The health facility is easily accessible from nearest road and is functioning in a government building. The PHC has a bed capacity of 8 beds with a provision of separate wards for male and female patients. The facility provides limited number of services like general medicine, OPD and normal delivery services. These services are being provided round the clock. There is no separate staff quarter available, however, the essential staff stays in the hospital building. Normal deliveries are conducted at the facility by one female doctor who is visiting the PHC on call from the CHC. Antenatal services are also provided by the female doctor. The PHC has adequate drinking water supply and water in the toilets is available. Regular electric supply with back up is available at the facility. Cleanliness of the facility particularly wards is satisfactory. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot. PHC provides the child immunization facility once in a month that is on every 2nd Wednesday of the month. Colour coded waste bins (blue and yellow) are available at the PHC for waste segregation. The PHC has also outsourced its biomedical waste with the same agency of the district.

SC Chatamla: This sub centre is located at a distance of 5 kms from block headquarter and 12 kms from its PHC. The SC is currently functioning in a single room that is provided by the panchayat. There is shared bathroom of the panchayat which is utilised presently. It was also reported by the medical officer that the land for SC is provided by the concerned panchayat and the process of constructing the building for SC has been taken up with the health department. The centre is located near the main habitation. The SC caters 4 villages with a total population of around 3790. The approach road did not have a sign board to show the direction to the SC but the sign board is placed at the SC interior side of the premises. This SC has been designated as the H&FWC recently but it is in its infancy with staffing pattern of 1 regular FMPHW, 1 FMPHW working against the post of MMPHW and 1 MLHP (CHO). In the state of Punjab there is a condition for recruitment of the 2nd FMPHW that is if a SC caters a population of more than 5,000 then the SC is entitled for having a 2nd FMPHW. The services provided by this SC are such as ANC, IFA, TT, child immunization and some contraceptives. The SC sends the bio medical waste to the PHC which in turn is collected by the registered agency. Complaint/suggestion box is available in the SC. The SC provides the child immunization service once in a month that is on last Wednesday of the month and it was reported that they are conducting the outreach session once in a month.

5.1 Programme Management

The district has almost all the Nodal Officers for proper implementation and monitoring of different schemes in the district. All the schemes are rationalised in such a way that all the schemes are mostly controlled by one separate nodal officer for its smooth functioning. The CS is usually monitoring all the schemes minutely. Schemes like as JSSK, family planning, NCD, ASHA scheme and H&WCs are looked after by one district health and family welfare officer Dr. Reenu Bhatia. Another programme such as child health and immunization, adolescent health, RBSK and NUHM is controlled by district information officer Dr. Mohan Klair. Some of the disease control programme such as vector born disease, malaria disease and IDSP is seen by one epidemiologist Dr. Sumit Sharma. Deputy medical commissioner Dr. Baldev singh is also looking after PMJAY and NQAS programmes. Assistant Civil Surgeon Dr. Avtar Singh is monitoring the blindness control programme. Besides, DPMU and BPMUs are functioning smoothly as almost all the available posts have been filled up.

6. Human Resources

6.1 Regular Health Staff

District Rup Nagar presently faces shortage of specialists and assistant surgeons/MOs in its health institutions. The overall current scenario regarding staffing pattern of the district shows that 28 percent positions of doctors and 26 percent of Para-medical staff are vacant in the district. The shortage of specialists in the district badly affected the functioning of the health institutions as some institutions are without the requisite human resource. However, the NHM fill up the vacancy both for medical and paramedical staff to neutralize the gap and strengthen the health services in the district.

District Hospital Rup Nagar: The DH manpower presents that out of a total of 10 sanctioned positions of MBBS doctors, 8 of them are currently posted in the hospital. One each sanctioned position of dermatologist, radiologist and blood bank officer is vacant. One position of paediatrician is in place out of 4 sanctioned positions at the DH. The district has extended the C-section delivery facility to some of the CHCs also. The present strength of gynaecologists finds it very difficult to cater to the growing demand of institutional deliveries in the hospital. Presently there is only 1 sanctioned gyne at DH but in addition to this 2 more gyne are working at DH against the posts of medical officers as reported by SMO. There is no specialist doctor in the field of cardiology. The position of paramedical staff in the hospital is not satisfactory. As such out of 48 sanctioned staff nurses, only 29 are in place. There are only 3 lab technicians out of 7 sanctioned performing duties in laboratory section of the DH. The hospital did not have sanctioned ECG technician, X-ray technician, OT technician, dental technician and ophthalmic technician. Both the posts of drivers are vacant at the DH.

CHC Chamkaur Sahib has almost most of the sanctioned positions of doctors in position except one position of paediatrician. The hospital has a sanctioned strength of 8 different doctors and 7 of them are in place. The hospital has no sanctioned posts of anaesthetist, radiologist, pathologist, ENT, orthopaedics and dermatology. Each of the sanctioned position of gynaecologist, surgeon specialist and dental surgeon are in place. However, on the other hand, almost all the Para-medical staff is in place but there is the dire need of the ophthalmic technician at the CHC as reported by the medical officer because this position is vacant at the CHC.

Table 5: Details of regular human resource sanctioned, available and percentage of vacant positions in selected health facilities and in district Rup Nagar during 2019-20

Category of the Staff	DH Rup Nagar			CHC Chamkaur Sahib			PHC Amrali			SC Chatamla			Total District		
	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant	Sanctioned	In Position	% vacant
MBBS Doctors /MO	10	08	20	03	03	00	01	00	100				79	59	25
Gynecologist	01	03*	00	01	01	00							7	5	29
Pediatrician	04	01	75	01	00	100							9	5	44
Radiologist	01	00	100	00	00	00							2	0	100
Physician	01	01	00	01	01	00							6	5	17
Surgeon Spt.	01	01	00	01	01	00							6	5	17
Anesthetist	04	03	25	00	00	00							5	5	00
E.N.T.	01	01	00	00	00	00							3	1	67
Dental Surgeon	01	01	00	01	01	00							11	10	09
Ophthalmologist	01	01	00	00	00	00							3	3	00
Orthopedics	01	01	00	00	00	00							2	2	00
Pathologist/micribiologist	01	01	00	00	00	00							2	1	50
Dermatologist	01	00	100	00	00	00							2	0	100
Psychiatrist	02	01	50	00	00	00							3	1	67
Blood Bank Officer	01	00	100	00	00	00							2	0	100
Para Medic Staff															
ANM/FMPHW/MMPHW/MLHP	01	00	100	00	00	00				03	03	00	185	168	09
LHV	01	01	00	01	01	00							23	23	00
Staff Nurse	48	29	40	06	06	00	01	00	100				132	82	38
Head/ Sr./Jr. Pharmacists	03	01	67	03	02	33	01	01	00				41	28	32
Head/ Sr./Jr. Lab. Tech..	07	03	57	02	02	00	01	00	100				42	26	38
Sup Head/ Sr./Jr.X-Ray Technician	00	00	00	00	00	00							11	03	73
Sr./Jr. O.T Tech.	01	01	00	00	00	00							07	01	86
CHO/BHO/Health Educator/HI/SI/EE	00	00	00	00	00	00							31	29	06
E.C.G. Technician	00	00	00	00	00	00							00	00	00
Sr./Jr. Dental Technician	00	00	00	00	00	00							00	00	00
Head/ Sr./Jr. Ophthalmic Tech.	00	00	00	01	00	100							11	04	64
Driver	02	00	100	01	01	00							27	12	56

*** 2 additional Gyne. Working against MOs**

PHC Amrali has sanctioned staff strength of 1 Medical Officer and 1 staff nurse, 1 pharmacist and 1 lab technician from regular health side but only 1 pharmacist is in place. However, the PHC is run by NHM medical officer, 1 staff nurse, 1 X-ray technician and 1 AYUSH pharmacist.

SC Chatamla is currently designated as H&WC and is presently run by 1 FMPHW and 1 MLHP (CHO). There is also working another FMPHW against the post of MMPHW at the SC. The SC did not have the 2nd FMPHW as it did not suffice the criteria because it has the population below five thousand (Table 5).

6.2 Staff Recruited Under NHM

NHM has been very helpful in filling the critical gaps in the availability of human resource. The process of recruitment of contractual staff under NHM is done at the state level by the office of the managing director NHM. In order to attract doctors to work in far flung areas of the districts, State is offering higher incentives (graded as per remoteness) to the doctors who are willing to work in far flung and remote areas irrespective of the fact whether they are recruited under NHM or on regular basis. Almost all the positions of NHM are in place in the district. The scenario regarding the overall NHM staff shows that out of 299 sanctioned positions, 268 (90 percent) are in place. Further in this regard the bifurcation of various types of posts depicts that a total of 8 MBBS doctors out of 14, 12 AYUSH doctors out of 13, 11 RBSK doctors out of 18, 56 staff nurses out of 63, all the 59 FMPHWs and 10 pharmacists and 13 different types of technicians are working under NHM.

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 their inclusion in the State budget and also due to the instability of tenure, the contractual appointees leave the job once they get a permanent job. But at the same time most of the staff of PMUs have crossed the age bar and are bound to stay at the said position facing very hardships in their daily life due to the high inflation in the market. Apart from some training courses, there are hardly any opportunities for their professional development. The NHM staff working in district Roop Nagar is of the view that they should be now put at least in the pay-scales for their smooth survival.

6.3 Training Status /Skills of Various Cadres

A variety of trainings for various categories of health staff are being organized under NHM at National, State, Divisional and District levels. The information about the staff deputed for these trainings is maintained by different deputing agencies. The CS Rup Nagar also organizes the training programmes for its health staff on yearly basis and maintains the necessary information. Similarly, some of the training courses were conducted during the year 2019-20 and various categories of health staff participated in these training programmes. The information provided indicates that a total of 21 doctors and 58 Para-medical staff received different types of trainings. The detailed information collected shows that a total of 3 MOs received the training of minilap sterilization for a period of 12 days. Two of the doctors were from DH Rupnagar and 1 was from visited CHC. SBA training is provided to 3 staff nurses during 21 days and 1 of the SN was of the visited PHC. Another training programme namely PPIUCD received by 4 doctors and 6 staff nurses among which 1 SN was from DH, 1 SN from visited CHC, 1 SN from visited PHC and 1 FMPHW from visited SC. Safe abortion course is received by 3 medical officers in which 1 of them was from DH Rupnagar. Besides, RTI/STI training was imparted to 22 paramedics such as FMPHWs and staff nurses. The visited facilities depicts that 1 SN was from DH, 1 FMPHW from CHC Chamkaur, 1 FMPHW from PHC Amrali and 1 FMPHW from SC Chatmala. A two day training course namely MDSR was participated by 35 participants that is 10 doctors and 25

paramedics (SNs & FMPHWs). It further shows that all the visited health facilities participated in this course of training. Lastly one more programme (FBNC) was conducted for 14 days and it was attended by 1 doctor and 2 staff nurses. Almost all these training programmes were conducted at training hall of CSs office of Rup Nagar (Table. 6).

Table 6: Training courses held & received by health staff of selected health facilities & in the district Rup Nagar during the year 2019-20

Name of Training	No. Of Days	DH Rup Nagar		CHC Chamkaur Sahib		PHC Amrali		SC Chatamla		Total District	
		Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff	Doctors	Para Medical Staff
Minilap sterilization	12	2	0	1	0	0	0	0	0	3	0
SBA	21	0	0	0	0	0	1	0	0	0	3
PPIUCD	3	0	1	0	1	0	1	0	1	4	6
Safe abortion	12	1	0	0	0	0	0	0	0	3	0
RTI/STI	2	0	1	0	1	0	1	0	1	0	22
MDSR	2	1	1	1	1	0	1	0	1	10	25
FBNC	14	0	0	0	0	0	0	0	0	1	2
Total	**66**	**4**	**3**	**2**	**3**	**0**	**4**	**0**	**3**	**21**	**58**

6.4 GNMT School

A GNM training centre is established at district hospital Rupnagar. GNM School Rupnagar offers courses for Female Multipurpose Health Workers. A total of 50 candidates are admitted to the course every year. The selection of the candidates is done by proper counselling technique. Assistant Civil Surgeon is presently looking after the GNM School as the post of Principal is vacant. There are 18 sanctioned positions of tutors and only 4 of them are in place. The tuition and other administrative arrangements are being made through the internal existing staff of the hospital.

7. Other Health System Inputs

7.1 Equipments

There has been established a medical cell namely Punjab Health System Corporation Ltd. (PBHSCL) for procurement of drugs and equipments. Equipments are purchased by the Central Purchase Committee. 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 Hospital Development Fund (HDF). Our observations regarding the non availability or non functional of various equipments in visited health facilities are as follows:

District Hospital Rup Nagar: Almost all the essential equipments/instruments and other laboratory equipment required at the level of DH is available. The existing equipments in the OPD, OT, labour room and laboratory in the hospital are almost all functional. However, the SMO reported that there is the need of some of the equipments at the DH so that the functioning of the hospital is smooth and the patients need not to move to other districts for want of some of the tests. The list of equipments as required by the DH are like as CTG machine for labour room, artery forceps, kidney tray, CT scan, needle holder, mosquito forceps and fogger. In addition to

this the OT also is in need of some of the items like as fracture table, autoclave, sucker and operation microscope ENT. The SMO further reported that there is urgent need of diagnostic equipments like as endoscopy, CT scan and MRI at the DH. Equipment maintenance and repair mechanism is in place and get the equipments well in time.

CHC Chamkaur Sahib: The essential equipments available at CHC are functional and are in useable condition. A number of testing facility is available at the CHC but even then the MO reported that there is dire need of some of the equipments for providing better quality of services to the patients. These equipments includes as multi para monitor, laparoscopic set with camera, cell counter, fully auto analyser, X-ray machine 300 MA, USG, CT scan, MRI, colour Doppler USG and CBC auto analyser.

PHC Amrali: Since this PHC has been designated as 24X7 and is functioning smoothly. This PHC is without the operation theatre and is conducting only normal type of deliveries in its labour room. Various equipments like BP apparatus, stethoscope, resuscitation kit, needle cutter, weighing machine (adult and infant), simple radiant warmer, suction apparatus, oxygen, delivery table are available and functional. The PHC has a established laboratory. The PHC is without ILR and deep freezer, MVA/EVA equipment, phototherapy unit and nitrous oxide cylinder 1760 litters. The PHC has 1 non functional ECG machine and did not have the equipments like as ultrasound scanner, fully auto-matic biochemistry analyser. Except TB testing, USG and ECG, all other testing facilities like urine and sugar testing kits, spacing methods and essential consumables like Gloves, pads, Bandages and Gauze, dextrose HB, Sugar etc are available at the facility.

SC Chatamla: Most of the essential equipments at SC are available and functional. However, at the time of visit to the SC there was not found some of the facilities like as IUD insertion kits, infusion set, screen, sputum testing for RNTCP, vitamin-A, ORS, Zinc, Albendazole, IUD, sanitary napkins, Inj. Magnesium sulphate, inj. gentamycin, cap. Ampicillin, tab Metronidazole, tab. Misoprostol and dextrose. The SC did not have enough space with only 1 room in panchayats building with none of the basic facilities. The electricity without the backup is available in the SC but running water supply is not available and has one common shared bath room facility.

7.2 Diagnostics

The DH is providing various diagnostic services and the CS reported there is additional need of some of the diagnostic tools for improving the quality of care provided to the general public who visited to the hospital. The tools needed are as endoscopy. Besides, there is the need of CT scan and MRI at the DH. All the testing kits are available at the DH. CHC Chamkaur Sahib also provides some diagnostic service facilities as haemoglobin, blood sugar, CBC, HIV, urine culture, TB, X-Ray, LFT, KFT, RPR and USG. Ultra sonography is not provided at CHC due to its non availability. ANC cases requiring thyroid testing have to obtain from the private diagnostic facilities. Diagnostic facilities for CT scan and endoscopy are not available at the CHC. For further improving the service delivery at the CHC the medical officer reported that they are in need of some of the diagnostic equipments like as fully automatic analyser, binocular microscope, urine analyser and VBG analyser. Besides, they also demanded one colour Doppler USG. A number of services are available at the PHC. The PHC provides the service such as measuring of

BP and weight, tests like as x-ray, HB, HIV and blood sugar etc. are done at the PHC as it has a small laboratory facility in which 1 lab technician from CHC visits the PHC thrice in a week for conducting the tests at the PHC. The supply of drugs provided to SC is limited. Drugs for common ailments, de-worming are available. Presently SC had no supplies of IUDs and sputum testing for RNTCP. Most of the equipments and testing kits are available at the sub centre. The supply of family planning methods available at the SC includes oral pills daily and weekly, ECPs and condoms. User charges for various lab services in government facilities have been fixed by the State government. Therefore, the lab services are available to patients at minimal user fee charges. It was found that pregnant women are exempted from all kinds of user charges at all the public health facilities in the district.

7.3 Drugs

Presently, the district receives the drugs as per the State policy of system of procurements of drugs, consumables and equipments and their distribution to various health centers in the State which is centralized at the divisional level. From the year 2016-17, the State has established a purchase unit namely Punjab Health System Corporation Ltd. (PBHSCL) for procurement of drugs and equipments. Besides, the 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 on the basis of lowest quoted rates through quotations.

Supply and distribution of drugs is monitored by the Nodal Officer by undertaking audit and stock verification of drugs. There is a Quality Assurance Committee headed by one Nodal Officer that ensures the quality of drugs that are being purchased by the Punjab Health System Corporation Ltd. The State had been divided into zones. Each zone consists of four/five districts with one Nodal Officer. In this way five districts including Rup Nagar have been identified as a zone with one nodal officer and its headquartered is in Chandigarh warehouse**.**

District hospital has almost all essential drugs available required in the labour room and operation theatre. Drugs for hypertension and diabetes and other common ailments are also available in the hospital. It was verified whether any essential drug is stock out during the 3 months prior to the visit of survey and as per the information provided it was come to know that some 109 drugs out of 226 were found not available at least for 1 month during the reference period. Further it was also come to know that under JSSK supplies out of a total 47drugs, some 30 of them were found not available at least for 1 month during the same period. It was also found that the list of drugs was displayed in the hospital but computerized inventory management of drugs is not maintained in the hospital. The list of medicines is not displayed at the CHC. Computerized inventory management of drugs is not yet in place. However, the medical officer of CHC revealed that they are in need of some of the medicines at the centre like as Inj. Derriphyline, Inj. Drelofen, Inj. Traneximol acid, Inj. Hyosciene Bulyl Bromide, I/V Metrogyl, Tab Metronidizole and disposable syringe and needle assorted. Most of the drugs were found available at the PHC and the supply of drugs was reported as sufficient at PHC. Some of the medicines are not available at the PHC such as IFA syrup, Vitamin syrup, Inj. Magnesium sulphate, EC pills, IUCDs and sanitary napkins. Essential drug list is found displayed in the Pharmacy. Management of the inventory of drugs is manual. Drugs provided to sub centre are limited. Antibiotics like as Ampicillin, gentamycin, magnesium sulphate, tab. Metronidazole, misoprostol are not available at the SC. So far as

contraceptives are concerned all of them were found available at the SC except IUD. Sanitary napkins are also not provided to the SC.

7.4 EDL

An essential drug list (EDL) has been developed for various types of health facilities depending upon work load and performance. EDL was displayed in all the visited health facilities in the district. The health facilities are provided drugs as per the EDL. The EDL for DH and CHC contain drugs for MCH, safe abortion and RTI/STI. The quantity of drugs supplied to health institutions is generally displayed publicly and is updated on monthly basis in the district. The drug stores at the DH and CHC maintain a daily consumption register of drugs. Now both the generic and non-generic drugs are prescribed by the doctors. The prescription audit is taking place by the representative committee at DH as reported by the CS of the hospital.

7.5 AYUSH

The district AYUSH unit is co-located with DH in the district. The district Ayush medical officer and the PHC Ayush medical officers are the members of the respective RKS committees in the district. Ayush doctors at PHC level are involved in the implementation of National Health Programmes. All the PHCs where an AYUSH doctor is posted also have an Ayush Pharmacist in place. Ayush drugs are generally available at the visited health facilities. Besides, Ayush treatment has created large demand in the district. Further a number of Ayush OPD patients (14279) visited the DH for treatment during April, 2019 to December, 2019.

8. Maternal Health

8.1 ANC and PNC

ANC services are available at all health facilities in the district. A total number of 7856 women have been registered for ANC services in the district during April, 2019 to December, 2019. Registration for ANC generally takes place at DH and SCs and each facility registers women on RCH registers belonging to its catchment area. CHC and PHC did not register the ANC cases even of its catchment area, although, the ANC cases are registered by one SC which is very close to the CHC and PHC. It was verified from the DPM unit about the non-registering of ANC cases at CHC and PHC and they reported that they have done this only to stop the duplication of the cases. In such circumstances DH registers women only of their catchment area. When a women visits first time at the CHC, she is getting the services and those are also recorded and reported but her registration is not done at CHC and she is told that she may be registered at the concerned area SC only. Similarly the PHC also follows the same procedure. In this way there are 433 women registered for ANC services with the district hospital. It is very unfortunate that the first trimester registration is only 80 percent at DH and 69 percent at SC. AS per the information provided by the CS office it was reported that only 37 percent (2927) of pregnant women registered for ANC-1 have received IFA tablets during the two quarters and the women registered get the requisite number of TT doses at their respective health facilities. In addition to this the calcium tablet is also received by a meagre number of pregnant women that is only 26 percent (2072) in the district during the reference period. The information reflects that 92 pregnant women were having severely anaemic during the pregnancy and were treated at the concerned health facilities. The information on child immunization reflects that a total of 5627 children were given OPV0 and HB0 was provided to 2762 children. While as BCG was also provided to 6254 children during the 9 months period. Vitamin-K1 (birth dose) was provided to 2693 children. The doses of

Pentavalent-1 have been given to 7252 and Pentavalent-3 to 6931 children. The number of male children aged between 9-11 months fully immunised amounted to 4227 and number of female children aged between 9-11 months fully immunised amounted to 3545 children during the two quarters under reference. RCH entry on percentage of women registered in the first trimester is low in the district. On verification of the records at the visited health facilities it was found that the first trimester registration of the ANC cases is only 75 percent which indicates that there are still 25 percent of pregnant woman who are not being registered in the first trimester due to one or the other reason. Hence there is dire need to reorient the ASHAs including the FMPHWs/ANMs regarding the early registration of the pregnant woman. The records verified in the visited health facilities further shows that the documentation and records regarding the line-listing of severely anaemic, hypertensive identified, blood sugar, U-sugar and protein tests is poor at most of the facilities, however, the documentation of follow-up, TT injection is maintained in all the visited health facilities except the CHC.

District Hospital: During the 9 months of reference period 433 pregnant women are registered for ANC-1 at DH. DH has maintained most of the information on RCH indicators and family planning methods. From the exit interviews of some of the women who came for ANC checkups at district hospital, it was observed that the pregnant get most of the medicines from the hospital and same is the case with the CHC and PHC. At all the facilities tests like as blood tests, urine investigations, measurement of BP and weight and USGs are freely available. Most of the women have in fact been tested for anemia etc. It was also verified from the RCH registers that at least 4 blood tests are entered in the RCH register against the pregnant women. This information is documented in the lab records in separate register under JSSK and maintained properly in the ANC registers. Similarly, DH records separately the number of other investigations like blood sugar, urine sugar and protein tests carried for pregnant women and in fact they have maintained information about free blood and urine tests conducted under JSSK. District hospital receives delivery cases not only from its catchment area but health facilities located in all other blocks of the district. During the referenced 9 months period, DH has conducted 1305 deliveries, out of which 29 percent (382) are C-section deliveries. With regard to PNC services, women who deliver normally are advised to stay at least 48 hours after delivery but due to some reason which was not disclosed, 8 delivered cases leave the hospital before 48 hours. However, women with C-section deliveries are discharged at least after 72 hours. Among the delivered cases 85 women did get the 6 HBNC visits within the stipulated time period.

CHC Chamkaur Sahib: As earlier mentioned this CHC did not register any ANC cases, although the ANC registration is done by the nearest SC of the CHC. However, other ANC related services are being provided by the CHC. In this context the CHC provides the TT injection to 49 pregnant women, calcium to 65 women and IFA to only 5 women during the 9 months reference period. The CHC provided ANC-4 or more checkups to 152 women during the same period. Line listing of severely anaemic pregnant women is not available at the CHC. The 4 or more HB tests conducted to pregnant women are 172 and among them 22 pregnant women were found severely anaemic who were treated at the CHC very seriously as reported by the MO of the CHC. Facilities for testing of blood and urine are freely available at the CHC. Separate register is maintained for ANC and non-ANC cases at the laboratory. About 44622 blood related investigations and urine investigations have been performed during the 9 months period. The CHC conducted a total number of 205 deliveries and among them 33 are c-section deliveries

performed by the CHC during April, 2019 to December, 2019. Under this situation, it has resulted a decrease in the number of referrals from CHC to DH Rup Nagar.

PHC Amrali: Like as CHC the PHC also functions with the same procedure. Usually the PHC is non-functional. Pregnant women are so much fed up with this facility and have stopped to visit this facility due to the over negligence of the staff of the PHC. The health functionaries at the helm of affairs are also responsible for the same. There is the need of review of the services available at the PHC and to activate the service providers of the facility. It is clear that the PHC has shifted the burden of ANC registration to the SCs. None of the ANC case has visited this facility during the 9 months period. The PHC did conduct blood related and urine related tests as it has maintained a laboratory and has conducted 2620 investigations during the same period. The RCH register of the PHC is not worthwhile as it did not provide any information. Information about anaemic women and hypertensive is also not mentioned. The general OPD of the PHC shows that 6323 persons have visited the PHC during the reference period.

SC Chatamla: Health officials mentioned that all pregnant women are registered at the local SCs for ANC services to minimize duplication of ANC registration. During the referenced two quarters a total number of 42 women are registered for ANC services at the SC. Similarly, 33 women are reported to have received 4 or more ANC checkups. The IFA and calcium each is being provided to 9 women and further the HB tests conducted to pregnant women shows that 40 women are being tested 4 or more times during the reference period and among them 2 women have been found severely anaemic and get the required treatment from the SC. None of the case was identified as hypertensive at the SC. High risk pregnancies if identified are referred to DH (Table.7).

Table 7: Facilities provided to ANC cases at visited health facilities & in the district during April, 2019 -December, 2019.

Service	DH Rup Nagar	CHC Chamkaur Sahib	PHC Amrali	SC Chatamla	District
ANC-1 registration	433	0	0	42	7856
First trimester registration	296	111	0	29	6343
TT1, TT2 and Booster	846	49	0	39	7657
4 or more ANC checkups	298	152	0	33	6655
Pregnant women given IFA	384	5	0	9	2927
Pregnant women given calcium tablets	304	65	0	9	2072

8.2 Institutional Deliveries

One of the priority areas of the State is to improve maternal health. DH, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. The facility of institutional deliveries in Rup Nagar district is available at DH and CHCs. Hardly any PHC or SC conducts normal deliveries due to lack of requisite space, infrastructure and manpower. C-section deliveries in the district are conducted at DH and some CHCs. However normal deliveries are conducted on 24x7 bases at all the identified delivery points.

A total number of 7006 institutional deliveries were conducted during April, 2019 to December, 2019 in the district and out of these, 19 percent (1305) deliveries have been performed at DH alone. The percentage of C-section deliveries during the same period in the district is about 37 percent. All the CHCs are conducted both C-section and normal deliveries in the district. But PHCs took least risk in conducting normal deliveries and are performing only a meagre percentage of deliveries. Lastly, there are some SCs who are officially identified as a delivery point and are conducting a number of deliveries in the district.

Facility for the management of common obstetric problems and abortion services are not available at all the PHCs in the district. Management of RTI/STI services is not available at the PHCs. All SCs provide ANC services, IFA, and refer complicated cases and severe anaemia cases to higher facilities. In addition to this the performance regarding the C-section deliveries conducted at visited health facilities shows that a total of 1305 deliveries were performed at DH during the reference time period and among them 29 percent (382) were C-section. CHC Chamkaur Sahib conducted 205 deliveries and similarly, 16 percent (33) of them performed C-section. Lastly, PHC Amrali performed 7 normal deliveries during the same period.

However, it was observed during our visit that the nurses and doctors posted at the health facilities are counselling the women about early and exclusive breast feeding. This has a significant impact on initiating early breast feeding. In fact, almost all the women who delivered at DH except C-section deliveries during our visit initiated breastfeeding soon after the delivery (Table. 8).

Table 8: Proportion of C-section deliveries out of total institutional deliveries performed at visited health facilities & in district Rup Nagar during April, 2019 - December, 2019.

Visited Facilities	C-Section deliveries out of total deliveries	Total No. of Deliveries
DH	382 (29%)	1305 (86%)
CHC	33 (16%)	205 (14%)
PHC	0	7 (0.1%)
SC	0	0
Total	**415 (27%)**	**1517**

8.3 Janani Sishu Suraksha Karyakaram (JSSK)

The JSSK scheme is functioning smoothly in all the districts. There are already guidelines for the implementation of JSSK. These guidelines are regularly updated and communicated to the districts. DFMO functions as the Nodal Officer for the implementation of JSSK in Rup Nagar. 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. On exit interview with the delivered women it was confirmed and verified from one of the respondent that during her ANC period she had gone for 3 numbers of USGs. In this regard the DH has performed her first USG free of cost and refused to conduct 2nd and 3rd USG at the DH with the word that the DH will conduct 1 USG per pregnant women during her whole ANC period. Under such circumstances the pregnant women is still having expenditure from own pocket which needs to be taken into care. Our observations regarding the implementation of JSSK are as follows (Table.9).

Table 9: Free Services given to pregnant women under JSSK at selected health facilities in district Rup Nagar during April, 2019 - December, 2019.

Services	DH Rup Nagar	CHC Chamkaur Sahib	PHC Amrali	District
Home to facility	178	0	2	366
Referral	417	48	0	688
Facility to Home	183	82	3	439
Medicine	1305	205	7	2924
Ultrasound	107	49*	0	509
Investigations	3815	1676	7	8381
Diet	1305	205	7	2024
Blood units	120	0	0	295
Total Institutional Deliveries	**1305**	**205**	**7**	**7006**

*** Private Partnership**

8.3.1 Transportation

As reported by the CS the Toll Free No (108) for availing free transport facility under JSSK is functional in the district and in this regard pregnant women are occasionally dialling the concerned number for availing free transport. Health officials reported that due to the shortage of ambulances, they are unable to provide transport to all delivery cases from home to facility. On exit interviews it was came to know that pregnant women usually come to the delivery point by their own transport. This is substantiated by the fact that only 5 percent (366) women who delivered in a health facility in the district have been provided free transport for reaching a health facility. District hospital has provided such a facility to 14 percent of the pregnant woman during the reference period. CHC Chamkaur Sahib has 2 on road ambulances and they have provided

none of the pregnant women free transportation to reach the health facility from their home. But PHC Amrali has provided this facility to 2 women. Free referral transport from facility to facility is provided to pregnant women. During the two quarters, free referral transport has been provided to only 10 percent that is 688 pregnant women in the district, accounting to all the referral cases. DH has referred 417 pregnant women to other district. CHC Chamkaur Sahib has provided free referral facility to all the 48 referred pregnant women. The officials reported that the drop back facility for women who are discharged at least after 48 hours of delivery is also ensured in most of the cases in district and in this regard the information collected shows that the drop-back facility has been provided to 439 delivered women during the first two quarters accounting for about 6 percent of institutional deliveries. Lastly the free meals which the district has provided are 2024 beneficiaries. As per the reports most of the normal deliveries leave the health institutions before 48 hours. But at the same time while our interaction with the IPD patients especially with the women who delivered with caesarean and it was found that at the time of their delivery and after delivery, all of them received the required medicines from the hospital free of cost.

8.3.2 Diagnostics

Officials at all levels maintain that all available diagnostics for pregnant women and sick newborns in public health facilities are free of charge. Free diagnostic facilities (urine test, various blood tests, etc) are provided to pregnant women at DH, CHCs and PHCs in the district. As reported by CS, private public partnership is established in the district with some reputed diagnostic clinics and the patients are availing the benefits from these institutions. The CHC do not have any position of sanctioned radiologist in place. USG is conducted at DH on daily basis and no such facility is available at CHC and it is providing this service by the mode of PPP.

8.3.3 Meals

The free meal to delivered women is provided under JSSK in Punjab. State has issued orders to the districts to provide hot cooked meals to women under the scheme. Official information shows that meals have been provided to all the women who delivered in various health facilities in the district during the referenced two quarters. However, it was observed that health facilities in the district do not have kitchen facility. The dietary facility provided to the delivered cases at the DH is outsourced to one local canteen that is carrying a restaurant outside the hospital. The diet is provided thrice in a day that is Breakfast, Lunch and Dinner. The meals contain the following items as Breakfast with (1 egg, 1 cup of milk, 1 bread slice). The Lunch contains as simple Rice and soup and the dinner also includes the Rice & soup. CHC Chamkaur Sahib has also outsourced the job of providing meals to a local canteen and women are provided breakfast (1 cup of tea, 1bread), lunch (Rice +Dall) and dinner (Rice +Dall). All women admitted in the DH mentioned to have received free meals during their stay in the hospital. However, it needs to be mentioned that no meals are provided to delivery cases at PHC Amrali. The PHC also reported that they have contract the diet with one helper of the hospital

8.3.4 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. Free consumables are also provided to them.

8.3.5 Blood Transfusion

District hospital Rup Nagar has a registered blood bank including the blood storage facility. Generally, all patients who need blood transfusion will get the blood without the replacement. The blood bank is also fitted with blood bag refrigerators with almost all required infrastructure and equipments as reported by the in charge. There is necessary required staff at the blood bank. The information further reveals that during April, 2019 to December, 2019, 3562 blood units were transfused and none of the unit was issued on replacement. Similarly, 190 blood bags were available on the day of our visit at the DH.

8.4 JSY

In district Rup Nagar, JSY cards are prepared and updated as per the JSY guidelines. However, there is no time frame for making JSY payments in the district. Timing of payment depends upon the availability of funds. JSY payments are generally paid after delivery. The rate of JSY payment in Punjab is Rs. 700 per women. In Punjab the JSY is paid only to Schedule caste and women living below poverty line. Hence, the total deliveries eligible for JSY were 1860 out of total institutional deliveries of 7006 occurred during the 9 months period. The JSY payment has been made to 1677 beneficiaries and the pending cases reported only 183. This also indicates that all the delivered women are not eligible for the JSY benefit. A few women who deliver at home did also get some incentive under JSY (Table. 10).

Table 10: JSY Status of District Rup Nagar during April, 2019- December, 2019

Type of Delivery	Total Deliveries	No. of women paid JSY	Amount Disbursed	JSY cases pending
Institutional	7006	1677	11,18,200	183
Home	21	3	1,500	0
Total	**7027**	**1680**	**11,19,700**	**183**

8.5 Maternal and Infant Death Review

There are spatial orders and guidelines for the reporting of maternal deaths and their audit to all health facilities. Maternal and Infant Death Review Committee has been established in the district. As per these orders, maternal death reviews are to be done by the CS and district magistrates and a total amount of Rs. 900 is kept per maternal death. ASHAs are to be given Rs 250 as incentives to report maternal deaths. As per the information, the district has reported 6 of the maternal deaths during the 9 months period and 51 infant deaths occurred during the same period. The death review committee is working properly and has reviewed all the maternal and infant deaths. Reporting of deaths is properly maintained in the district at all levels especially at PHCs and SCs. ASHAs/ANMs generally are not aware of infant death review/verbal autopsy reports but they have received the incentives.

9. Child Health

9.1 Facility Based Newborn Care (FBNC)

The district has 1 sanctioned SNCU established at the DH. This SCNU is fully equipped and functional having partial staff. All the necessary equipments for the SNCU have been received. A few posts are still vacant at the SNCUs. The district hospital reported that there are 10 beds reserved for the SNCU. The information provided by the SNCU indicates that 435 infants are

admitted in the SNCU during 2019-20. Among them, 294 were inborn and 141 were out born. Further among the admitted infants some 44 infants were referred to higher facility in other district for treatment and the remaining 141 were discharged from the DH, besides, 1 infant expired during the course of time. The SNCU is without the lab technician and the data entry operator.

The NBSU is established at CHC Chamkaur Sahib. This NBSU has 3 Radiant Warmers, 1 in labour room and another 2 in its NBSU and all the radiant warmers are functional, hence the NBSU is in good condition. The NBSU has been provided with requisite equipments but it is not fully staffed with the result affects its functioning. Currently, it is manned only by 1 medical officer. No record at the NBSU is maintained nor any register as reported and observed on spot. All the babies delivered at CHC are examined and weighted at labour room and put some time in the radiant warmer. Hence during the year 2019-20, 7 neonates were admitted in the NBSU as per the verbal reports. Simultaneously, PHC Amrali has a New Born Care Corner (NBCC) which is performing its duty with the existing regular staff. But at the same time none of the neonate has been admitted in the NBCC at the PHC during the reference period. All the referred cases by the DH, CHC and PHC are being provided free transportation. Similarly, all those infants who required any tests are reported to have been provided free diagnostics under JSSK in respective Institutions (Table 11).

Table 11: Status of stabilization units in the district

Type of facility	Target	No. established	No. Functional	No provided essential equipments	No. Having Trained manpower in place
SNCU	**1**	**1**	**1**	**1**	**Partial**
NBSUs	**2**	**2**	**2**	**2**	**2**
NBCC	**10**	**10**	**10**	**1**	**2**

9.2 Child Immunization

The facility of birth dose is available on daily basis at district hospital, however, routine immunization is provided on selected days twice in a week that is on every Wednesday and Saturday. CHC is providing the birth dose as and when required and routine immunization on every Wednesday. Similarly, the facility of immunization at PHC is also provided once in a month that is on every 2nd Wednesday of the month. The SC provides the immunization once in a month that is on last Wednesday of the month and also provide birth doses (BCG) to home delivered neonates. Outreach sessions are conducted to net in drop-out cases/left out cases. VHNDs, outreach secessions have improved DPT-1 booster and measles-II. Further mobility support for supervision and monitoring has been approved in the district. Immunization cards and MCP cards are available at DH, CHC, PHC and SC. All the visited facilities reported regular supplies of vaccines.

9.3 Rashtriya Bal Swathya Karyakaram (RBSK)

RBSK has been launched in Rup Nagar district and is functioning smoothly. There is sanctioned strength of 38 positions and 29 of them have already been put in place. There are 9 mobile screening teams (2 teams in each block) in the district and each team consists of 2 Ayush Medical Officers, 1 FMPHW and 1 Pharmacist. All positions of Ayush Doctors, Pharmacists and ANMs have been put in place. District Early Intervention Centre (DEIC) has been set up at district hospital. Except DEIC manager, psychologist, dental technician and data entry operator, all other positions at DEIC are in place. Child health screening cards have also been prepared. Each RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. The vehicles are provided through the tendering by state health society. As per the reports during the year 2019-20, all the RBSK teams have visited and screened the number of children in the field. During the 9 month period they have visited 628 villages, 735 govt schools, 1347 AWCs and 14 delivery health points. Further the information provided reflects that during the year 2019-20, a total of 72780 children of different age groups are screened and out of those 48 found positive for selected health conditions and get treatment but all of these 48 children referred to territiary hospitals for specialised treatment. The breakup of the age group is as follows. During the year 2019-2020 a total of 2931 children of the age group of 0-6 weeks were screened and 6 of them found positive for selected health conditions and all the 6 children were referred to higher facility for specialised treatment. Further a total of 22417 children of the age group of 6 weeks to 6 years were screened and 25 children found positive for selected health conditions and get little treatment, but again all of the 25 referred to territiary hospitals for specialised treatment. In addition to this during same year a total of 47432 children of the age group of 6 years to 18 years were screened in the district and 17 found positive for selected health conditions who further were referred to territiary hospitals for specialised treatment. However, it was observed that referral mechanism under RBSK is currently a week area in the implementation of RBSK. Civil Surgeon mentioned that they do not have adequate kits and drugs available to meet the latent demand of drugs during screening. He mentioned that referral transport of children to DEIC centre is not available. He further opined that there is neither computer nor the computer operator for the DEIC. Another problem discloses that no equipments have been provided for physiotherapy, no special educator, no optometrist and no lab equipments have been provided to

the DEIC. They mentioned that funds are not being released in time which is affecting their mobility and also mentioned that the existing funds should be increased. They also mentioned that RBSK increased the demand for health care services and the referral facilities have been geared to meet this growing demand. Patients referred to these institutions are given special treatment (Table.12).

Table 12: Service delivery under RBSK during 2019-2020

Type	No. Screened	No Treated	No Referred to Tertiary hospital
0-6 weeks	2931	6	6
6 weeks- 6 years	22417	25	25
6 years – 18 years	47432	17	17
Total	**72780**	**48**	**48**

An attempt was also made to gauge the children who need financial assistance for their specialised treatment. In this regard the information collected from the CSs office shows that during the year 2019-20, a total of 48 children were identified under RBSK and for each of the children the cost incurred upon them individually was sent to the higher authority for release of assistance and in this connection none of the case was sanctioned up to the ending of December, 2019 (Table.13).

Table 13: Specialised treatment under RBSK during 2019-20 in district Rup Nagar

Type	Total Cases
N0. of cases identified for specialised treatment	48
N0. of cases for whom financial assistance sanctioned	-
Total amount sanctioned	-
N0. of cases pending for sanction	48

10. Family Planning

Family planning sterilization is available in the district. As reported there is shortage of trained service providers for minilap, laprolization and NSV. There are only a few doctors in the district who are trained to provide laprolization services. No sterilization camp has been organized since April, 2019 up to ending December. The district performed 413 mini lap sterilizations during the 9 months period and these were conducted at DH and CHCs. Besides, 958 IUCD insertions performed in the district while as other contraceptives like as OP Cycles, EC Pills and Condoms also attracted a good number of beneficiaries in the district. A new contraceptive is also introduced in the district that is inj. Antara. The first dose of Inj, Antara is accepted by 213 beneficiaries during the 9 months period. While as the 2nd and 3rd dose is provided to 41 and 22 beneficiaries respectively during the same period.

IUCD services are available at some of the health facilities. All the FMPHWs/ANMs of the visited health facilities are trained to provide IUCD services. There are no fixed days for IUCD services at DH or CHC, instead, services are available on all days. Postpartum IUCD services are also available at DH and CHC and this service is provided to 1082 beneficiaries in the district during the 9 months time period. The number of IUD acceptors at DH and CHC Chamkaur Sahib are 958 and 37 beneficiaries respectively.

Condoms and Oral Pills (OPs) are available at all the visited facilities. ECPs were also available at the CHC, PHC and SC. ASHAs have been given the responsibility of delivering contraceptives at the doorstep of beneficiaries in the district. The health facilities did record the contraceptives given to the beneficiaries through the ASHAs. The information regarding various methods of family planning is also provided through VHND sessions at the SC level (Table 14).

Table 14: Coverage of various modern family planning methods at selected health facilities in the district during April, 2019-December, 2019

Service Utilization	District	DH Rup Nagar	CHC Chamkaur Sahib	PHC Amrali	SC Chatmala
Minilap Sterilization	413	39	15	0	0
No. of IUCD Insertions	958	11	37	0	0
No. Of PPIUCD Insertions	1082	283	55	0	0
No. of PP Sterilization	19	10	5	0	0
No. of Vasectomy	6	2	1	0	0
No. of IUCD removals	259	18	0	2	3
Oral Pill cycles distributed	22956	860	235	3	138
ECP distributed	1211	82	22	0	20
Condom pieces distributed	483323	12725	9000	100	1290
Weekly pill distributed	49	0	0	0	0
Antara dose1	213	64	130	0	1
Antara dose2	41	29	2	0	0
Antara dose3	22	21	0	0	0

11. Adolescent Reproductive & Sexual Health (ARSH)

ARSH clinic at DH Rup Nagar has been established before some years back but it is presently non functional due to the non availability of the required staff. Hence no service delivery information is available neither with the CSs office nor with the district hospital.

12. Quality in Health Services

12.1 Infection Control

The general cleanliness at DH was not found satisfactory. The IPD wards, operation theatre, laboratory and OPD were not clean. The fumigation did not take place in the operation theatre of the hospital and the regular fogging in the hospital is also very poor. The bath rooms are not cleaned regularly. Regarding the cleanliness at CHC, PHC and SC, it was up to mark but their buildings are very old one except the SC. PHC Amrali is accommodated in old type government building with almost all facilities available. Labour rooms, IPD and OPD are cleaned on daily basis. This PHC as already mentioned is designated as 24X7. But on the ground level not too much performance is of the PHC is visible. The visited SC is designated as H&WC which is not in a good condition having single panchayat room with electricity but shared wash room without water supply.

12.2 Biomedical Waste Management

All the visited health facilities use colour coded bins for the segregation of waste but it was found that 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. DH and CHC have out sourced for disposal of solid waste/bio medical waste. Sharpens, needles were not visible in the premises of DH and CHC. Biomedical waste at PHC is also contracted with the same agency and the SC also does the same thing.

12.3 IEC

Information about JSSK, JSY, family planning, immunization, NCDs, TB and RBSK is displayed in all health facilities. Citizen's charter, timings of the facility, availability of services is also displayed in all health facilities. Information about the provision of diet under JSSK and information about diet to mothers whose kids are admitted in SNCU/NBSU is also displayed on boards.

13. Clinical Establishment Act

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics.

14. Referral Transport and Medical Mobile Unit (MMU)

The information collected from the Civil Surgeons office indicates that the district has a total of 17 vehicles which are used as ambulances of which all the 17 of them are on road and are in working condition to cater the needs of various health facilities. NHM logos are displayed on most of the vehicles in the district. Only 6 of the vehicles are fitted with GPS facility. Out of the total ambulances, 4 are from regular health side, 6 are purchased from NHM funds and 7 are donated by MPs/MLAs etc in the district. District hospital has 4 ambulances and presently 3 ambulances are on road. All the 4 ambulances are received by donation. CHC Chamkaur Sahib is having 2 on road ambulances and 1 is from regular health side and another is donated. There is 1 on road ambulance of PHC Amrali and that is also donated. An effective and transparent system of monitoring of usage of vehicles is put in place by the health facilities in the district. It was also reported that these ambulances consumes approximately 500 Kms per day.

The Punjab has procured MMUs and these MMUs have been handed over to some districts. The CS reported that 1 such MMU has been provided to the district Rup Nagar. He further added that the MMU is presently fully functional and is performing the duty to our expectations. This MMU is fitted with GPS. It was seen that there was the monthly rout chart displayed on the MMU. The MMU is staffed like as 1 medical officer, 1 radiographer, 1 nurse, 1 laboratory technician, 1 helper and 1 driver. However, the posts of pharmacist, obstetric gyne, paediatrician and physician are vacant presently. The performance of MMU is also collected during April, 2019 to December, 2019 and the information shows that 10370 clients visited the MMU for their examination and in this way the average number of clients visited the MMU are 1152 per month. The information provided further shows that the MMU referred some 351 patients and in this way the average number of referral patients is 39 per month. Besides, the MMU is also providing some of the diagnostic services to the patients. Hence, MMU has conducted 212 ECGs and 2890 lab tests during 9 months period (Table 15).

Table 15: Number of ambulances available on 30-12-2019 and on road at selected health facilities in the district Rup Nagar

Department/Agency	DH Rup Nagar		CHC Chamkaur Sahib		PHC Amrali		District	
	Available	On Road	Available	On Road	Available	On Road	Available	On Road
Health	0	0	1	1	0	0	4	4
NHM	0	0	1	1	0	0	6	6
Donated (MP, MLA)	4	3	0	0	1	1	7	7
Total Ambulances	**4**	**3**	**2**	**2**	**1**	**1**	**17**	**17**

15. Community Processes

15.1 ASHA

There are a total of 566 ASHAs in place out of a total sanctioned of 572 in district Rup Nagar. Keeping in view the population of 2011 one ASHA caters a population of 1209 persons. Civil Surgeon reported that they are in real short of 6 ASHAs and are in need of some more ASHAS so that the beneficiaries can be reached and catched easily. There is 1 ASHA coordinator and 27 ASHA facilitators identified and trained in the district. Uniform to ASHAs is provided in the month of August, 2019 and diary is provided in the month of July, 2019. ASHA kit was lastly replenished in the year 2014. A rest room has been established at DH for ASHAs who accompany the pregnant women. SIM card for mobile phones is provided to ASHAs free of cost. In addition to this the calling charges up to Rs. 200 per month is also facilitated to the ASHAs. After the limit of Rs. 200, outgoing facility is stopped automatically. The amount paid to the service provider is made at the state level. No ASHA day is celebrated in the district.

15.2 Skill Development

Skill development of the ASHAs is a continuous process in the district. The district has already identified ASHA coordinators and facilitators. There is 1 ASHA coordinator working in the district. Similarly, there are 27 ASHA facilitators in the district. Module 6-7 (IMNCI) training has been provided to all the 566 ASHAs. Monthly meetings of ASHAs took place regularly at the block headquarter and information regarding various components of NHM is being provided to ASHAs in these meetings. The district has put in place a mechanism to monitor performance of ASHAs such as HBNC formats and assured incentive format and none of the ASHA have been disengaged in the district on the basis of non/under performance so far. Therefore, monitoring of ASHAs is currently done on the basis of ASHAs functionality formats which have been provided by the office of the Mission Director, NHM, regular monthly meetings and mamta divas visits. The ASHA day is not celebrated in the district.

15.3 Home Based New-born Care (Functionality of the ASHAs)

ASHAs reported that they are motivating women for ANC, institutional delivery, PNC and child immunization, family planning, etc. They also help in VHNDs and also carry out many other activities. All the 513 ASHAs are trained in HBNC and all of them have been provided the HBNC kit. The information provided reflects that 4778 women have been visited for HBNC during the referenced time period. Further the services provided by ASHAs during these visits indicate that 7527 post-partum check-ups were conducted, 6061 doses of BCG were provided and 5446 HB0/Polio0 was given. The incentives given to ASHAs for home visits reflect that during April, 19 to December, 2019, all the 566 ASHAs received the incentive and none of ASHAs incentive is

pending during the same time. Their payments are made through their bank accounts. Most of the interviewed ASHAs reported that on an average they earn about Rs. 2870 per month.

16. Disease Control Programmes

16.1 Malaria

Malaria programme in the district is looked after by one epidemiologist Dr. Sumit Sharma of DH. Since the state is declared as the malaria prone area and in this connection the malaria clinics have been established at various levels of health facilities in the district. There is a huge staff working under the programme in the district. All the staff positions almost are filled in. There are 86 MPHWs, 19 MPHS (M), 26 MLT and 3 AMOs who are working in the field at various levels. The information shows that out of a total number of 79915 slides prepared during April, 2019 to December, 2019, only 6 cases shows the positive slides. Further there are sufficient numbers of Rapid diagnostic kits available in the district as reported by the CS of district. Similarly the DH had prepared the slides for 8245 clients and only 8 cases of them found positive slides. SMO of DH also viewed that there is no shortage of RDK at the DH. In addition to this CHC Chamkaur sahib has also prepared 16239 slides and out of those there were 2 slides positive during the same period. The RDK are also in abundantly available at the CHC as reported by the medical officer. The PHC also did 744 slides but none of the case was found positive. The medicines for the disease are provided free of cost at all the levels.

16.2 TB

The RNTCP centre is looked after by one District Tuberculoses Officer (DTO) Dr. Romi Singla. The RNTCP services are provided by 1 tuberculoses unit in the district. As such Tuber Closes Unit Rup Nagar is monitoring the whole district. There are 5 different categories of sanctioned positions in the TB centre and all of the positions are in place. The in place positions are as 1 STS, 2 STLS, 1 DPS, 3 TB HV and 9 positions of LT. The testing facility is available in the district hospital, CHCs and PHCs. The information collected from the district depict that the prevalence of TB in the district is not too alarming. A total of 5714 cases were screened and tested, out of which 572 cases are found positive patients and the old cases under treatment were 147 patients. In this way the total numbers of cases were 1030. The information further reflects that a good number of patients 567 get the complete treatment and were successfully healthy. Besides, 812 TB beneficiaries also get the incentives. The position of visited health facilities implies that at CHC, 363 tests were conducted during the two quarters and 28 cases were found positive. Total cases under treatment were 21 while as 18 cases get the complete treatment and were successfully healthy. Similarly, at PHC no facility of testing is available but treatment is provided at the PHC. Hence, there is 1 case under treatment at PHC and that also completed the medicine course. The CS further reported that all the positive cases 700 (old & new) under the reference period are taking medicines. The drugs for the treatment of TB is being provided free of cost to all the patients at all levels. The district hospital Rup Nagar has a post of 1 senior tuberculosis laboratory supervisor (STLS), 2 TB health visitors (TBHV), 1 DPS, 2 LTs out of which 1 is outsourced, 1 DTO and lastly 1 pharmacist. The TB control programme is working smoothly in the district. ANMs and ASHAs work as DOT providers at SCs and village level. The screening is done on regular basis at various facility levels.

16.3 NLEP

NLEP programme is looked after by one Psychist Dr. Neeraj Jain of DH. There is only 1 sanctioned position of NMHS working under the programme. Screening for leprosy is done at the

DH. There are presently a total of 10 case of leprosy in the district who are taking the MDT. DH registers only 1 case and that have been relieved from treatment in Dec, 2019.

16.4 NBCP

NBCP programme is looked after by Assistant Civil Surgeon Dr. Avtar Singh of the district. Some necessary staff positions for the programme are working in the district. There are 4 eye specialists, 4 ophthalmic assistants and 1 data entry operator. The performance of the programme indicates that 91945 cases were tested out of which 3164 cataract surgeries were performed in the district and 1163 patients were provided the special spectacles during the reference time period. The DH made 8625 tests out of which 86 cataract surgeries performed and 356 patients were provided the spectacles. CHC Chamkaur Sahib has not launched this programme so far (Table. 16).

Table 16: Service delivery of communicable diseases during April, 2019-December, 2019 at visited health facilities in district Rup Nagar.

Service Utilization Parameter		DH Rup Nagar	CHC Chamkaur Sahib	PHC Amrali	Total District
Malaria	No. of slides during the year	8245	16239	744	79915
	No. Of positive slides	8	2	0	10
TB	No. Of sputum tests	5714	363	0	5714
	Tests Positive	572	28	0	572
	Old cases	147	15	0	147
	Total cases	1030	21	1	1030
	No. Of cases completed treatment	567	18	1	567
	No. Of patients received incentives	812	0	0	812
NLEP	No. Of new cases detected	1	0	0	5
	No. Of old cases	0	0	0	5
	Total cases under treatment	1	0	0	10
NBCP	No. Of eye bank in district	0	0	0	0
	No. Of cases tested	8625	0	0	91945
	No. Of cataract surgeries	86	0	0	3164
	No. Of patients given spectacles	356	0	0	1163

17. Non-Communicable Diseases

The district has been covered under screening for NCDS and it is looked after by one DFWO Dr. Reenu Bhatia. The district has a well-established centre located at district hospital Rup Nagar which is smoothly functioning. There is a total of 7 staff nurses sanctioned for NCDS clinic and all of them are working in the district. The screenings of patients is done in the district hospital CHCs and PHCs and H&WCs. Under this programme 45 pieces of gulucometers have been issued to 12 PHCs and 33 SCs. Besides Gluco strips were also distributed to the health institutions to which gulucometers are issued. Further BP apparatus is also provided to 12 PHCs and 33 SCs. The NCD screening is done for various diseases like as diabetes, hypertension, cervical cancers, oral cancers and other cancers. The picture is very clear that a total number of 39536 cases were screened and out of those 437 were found diabetic and 672 found hypertensive. Similarly, 27826 cases were screened for cancers and it was found that 14 cases identified for cervical cancer, 7 traced for oral cancer and another 50 cases identified for other cancers in the district during April, 2019 to December, 2019. It was also reported by CS that about 50 percent patients of diabetic and hypertensive get the medicines from the health facilities (Table 17).

Table 17: Performance of Service delivery of non-communicable diseases during April, 2019-December, 2019 at visited health facilities in district Rup Nagar.

Service Utilization Parameter		DH Rup Nagar	CHC Chamkaur Sahib	PHC Amrali	Total District
Diabetes	No. Of cases screened	3788	1211	1087	39536
	No. Of cases detected	709	79	351	437
Hypertension	No. Of cases screened	3788	1211	1087	39536
	No. Of cases detected	1626	306	751	672
Cervical Cancers	No. Of cases screened	3788	1211	1087	27826
	No. Of cases detected	2	0	0	14
Oral Cancers	No. Of cases screened	3788	1211	1087	27826
	No. Of cases detected	3	0	0	7
Other Cancers	No. Of cases screened	3788	1211	1087	27826
	No. Of cases detected	5	3	0	50

18. Ayushman Bharat

World's largest health care scheme-Ayushman Bharat Yojana or Pradhan Mantri Jan Arogya Yojana (PMJAY) or National Health Protection Scheme or Modi-Care is a centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of MoHFW for a New India - 2022. 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 (H&WCs) and National Health Protection Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including Rashtriya Swasthya Bima Yojana, 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 was also launched in Punjab state on August, 20th 2019. Almost all the districts of Punjab have started working on the programme. District Rup Nagar has also implemented the scheme in August, 2019. The district has made a committee in order to mitigate the cases at the earliest. The district in the first phase has listed 17 health institutions (6 Govt & 11 private) as Health and Wellness Centres (HWCs) in different medical blocks and up-gradation of few more such centres is under process. The district has to cover 99, 499 families as per the surveyed list under the scheme. The district has so far registered 1, 44, 319 beneficiaries that is more than 29 percent of beneficiaries from the list. The information further provided that 'Golden Cards" have been issued to all the registered 1, 44, 319 (29 percent) of beneficiaries. During the period April, 2019 to December, 2019, a number of households (3673) have benefitted from the scheme and Rs. 3,07, 80, 945 crore has been spent for treatment of the beneficiaries under PMJAY scheme. The DH has also started the PMJAY scheme and some 1045 beneficiaries has benefitted from the DH so far. CHC Chamkaur Sahib is also empanelled under the PMJAY scheme and this facility has provided treatment to 148 out of which surgical benefits have been provided to 7 beneficiaries under the scheme. A few of the beneficiaries were contacted on phone

and verified about the treatment. The beneficiaries pointed out that they get the treatment out of their pocket expenses.

18.1 H&WCS: This programme is looked after by DFWO Dr, Reenu Bhatia. The district has established 45 H&WCs in 5 medical blocks and all of those are PHCs and SCs. In this connection the CS reported that they have received additional funding for up gradation of these PHCs and SCs. It was further reported that some additional space is created for drug dispensation and other activities at the centres. Some additional drugs were also received after up gradation of these centres. The state health society has recruited all the 33 MLHPs (CHOs) in all the H&WCs (SCs) but no such appointment has been made to the PHCs. Further, still there are 3 PHCs without the lab technician and 2 are without the staff nurses. However, 145 MPWs are trained in CPCH and 565 ASHAs are trained in CBAC. These H&WCs has initiated the process of filling CBAC form by 85 centres. The total population enumerated was 21325 up to December, 2019 and assessment of population is 112000 up to same period. Moreover all the 33 H&WCs initiated the screening of NCDs. The indicator wise performance reflects the fact that 9003 cases were screened for hypertension and out of which 1621 identified positive and are on treatment. Obviously, 6641 cases screened for diabetes and 2262 found positive and all of them are on treatment. Similarly 7831 cases screened for oral cancers and 10 were found positive and are presently on treatment in the district. In addition to this 540 cases screened for breast cancer but only 1 case found positive and is on treatment. Lastly 867 cases screened for cervical cancer and 1 case result in positive that is on treatment. The yoga activity is not yet placed in the visited H&WC. It was also reported that the scheme is regularly monitored by the concerned BMOs, ACS and CS of the district.

19. Other Schemes:

19.1 Kayaklap: The district hospital has not received the Kayaklap certification so far and the CS reported that they have applied for the same. He further opined that they are making best efforts to improve the quality of services, improve the developmental infrastructure at the DH. He further opined that they have achieved 85 internal score and the state assessment is done and are now waiting for the result. CHC Chamkaur Sahib has also not applied for its certification. The assessment is done and is waiting for the state result. While as the internal score is 70.7. The Civil Surgeon further provided information about Kayaklap activities which he initiated in the district are as follows. a. Infection control and cleanliness committee is constituted in the district. b. Monthly meetings are conducted and side by side records are maintained. c. Patient satisfaction surveys are being done monthly. d. Housekeeping checklists are being used for toilets and at different areas of the hospital. e. Policies made antibiotics, condemnation and dress code policy. f. Sops have been made for BMW, infection control and housekeeping services. g. Herbal garden is maintained. h. Water tanks cleaning records is maintained. i. Pest control and antitermite records are maintained. j. Training of all staff being conducted regularly and records maintained. k. Training needs assessment being done periodically.

19.2 NQAS: Both the visited health facilities DH and CHC have not received the NQAS certification and nor they have applied for the same. The CS reported that this hospital is a very old type of building and still they have started the process of implementation of the scheme like as NQAS etc. The CHC also have not applied for the NQAS certification.

19.3 LaQshya: Both the visited facilities that is DH and CHCs labour room and operation theatre has not been covered under LaQshya so far in the district as per the information provided by CS and medical officer Chamkaur Sahib. Both the facilities have not applied for their certification.

19.4 Dialysis Centre: The district hospital is not in a position to accommodate any more facility in its existing place. One dialysis unit has been established at DH in December, 2010. There are four chairs available but unfortunately due to shortage of space these four chairs has been put in two separate rooms with two chairs in a room as reported and verified on spot. The CS requested that a big hall should be made available for the same as there is enough space in the hospital premises. He further suggests that some additional chairs may be provided to the DH for providing better services to the people. There is also shortage of infrastructure at the dialysis centre. The immediate need at the centre reported as the same level of bed and machine and 1 water tank with 1000 litre water capacity. It was also seen that on the day of visit, 17 patients were registered at the centre and the bed occupancy rate is found 100 percent. Further during April, 2019 to December, 2019, a total of 534 dialysis sessions conducted. CHC Chamkaur Sahib did not have such a facility at its disposal.

20. Innovations, Best Practices and Awards:

20.1 Good Practices

The Civil Surgeon of the district discloses some of the new innovations for implementation of the health programmes in the district Rup Nagar.

a. The district has designed self housekeeping checklists for toilets and other areas of hospital which are being utilised by them at source.
b. An album is maintained containing pictures of all trainings being conducted, meetings, water tanks cleaning, pest control and all other activities being carried out like plantation etc.

20.2 Awards

The district has made some outstanding performance in some of the health programmes implemented in the district.

a. District Hospital Rupnagar has qualified Kayakalp peer assessment in 2019 and undergone state assessment but the result is awaited.
b. UPHC Kotla NiHANG has qualified Kayakalp state assessment in 2018 and received award money of Rs. 50,000//-. It also qualified for the same in 2019 and final result is awaited.
c. PHC Amrali has qualified Kayakalp final assessment in 2018 and received first prize in the district Rupnagar with an amount of Rs. 2 Lakh and also qualified in 2019 so the final result is awaited.
d. CHC Chamkaur Sahib qualified Kayakalp state assessment in 2018 and received prize money of Rs. 1 Lakh. It also qualified in 2019 and the result is awaited.
e. CHC Bharatgarh qualified Kayakalp peer assessment in 2019 and the final result is awaited.

21. Health Management Information System (HMIS) and Reproductive and Child Health (RCH)

All the facilities are regularly submitting HMIS formats on monthly basis. HMIS data is uploaded at block head quarters. New RCH register has been introduced in all the districts including Rup

Nagar. RCH register is available in all the facilities except CHC and the FMPWHs have been trained to fill various columns in the RCH register. The health facilities have completed household survey in their catchment areas. Hard copies of HMIS formats are available in all the visited facilities except DH. DEOs/CHOs have been posted at DH and CHCs and required computing and net facilities are available at CSs office, DH and CHCs. DH and CHCs upload the data directly on 5th of the month. PHCs and SCs submit the monthly information on 30th of every month to BMO office. The reporting period is 1st to 30th every month. BMO office takes 2-3 days to verify the data and gives one day to PHCs and SCs to rectify the mistakes/inconsistencies in data. Finally, data of PHCs and SCs is uploaded at block head quarter on 5th of every month. Feedback on data quality issues is also provided by DMEO during monthly review meetings.

As the pregnant women generally visit multiple facilities for ANC and these services are registered at multiple places. This is resulting in duplication of ANC registration and ANC services. To stop such type of reporting of duplication, it has been decided to follow area based approach for reporting and uploading of data for these indicators and for other service facilities are following facility based reporting. For example, DH provides ANC, PNC and child immunization to everyone visiting them for such services. Health facilities keep separate registers for clients belonging to the catchment area and clients from other area. It may be noted that the visited CHC and PHC did not register the ANC cases even of their catchment area but provide them the other services and asked them to register at their concerned SCs. At the time of filling HMIS formats, they report services provided to clients belonging to their catchment area and as well as services rendered to outside clients. This system has helped Rup Nagar district to minimize the duplication of ANC registration, PNC and child immunization as reported.

Information about pregnancy outcome, institutional delivery, sex of child, birth weight is maintained and reported properly. Information about permanent methods of family planning and IUDs is correctly recorded and reported. However, information about spacing methods is not properly maintained as these methods are usually distributed by the ASHAs. The burden of spacing methods has been shifted on the shoulders of ASHAs and they also not maintained the records properly. While, the reported figures pertaining to OPD, IPD and surgery match with recorded figures in all facilities except DH.

Although the FMPHWs were oriented with new data elements and it was found that they did not have any confusion on these new data elements. A cursory look at the HMIS formats shows that FMPHWs do have clear understanding of how to report services which are not available at the facility and the services available but not utilized/delivered. They fill all the boxes either with required number or with zero. Further it was noted that FMPHWs at SC fill up weight, BP, HB of pregnant women in RCH registers without measuring the same or seeing the card. It was also found that CHC did not maintain the RCH register as per the required data and it is also not updated. This was discussed with DPM who assured for its updating. On verification of the HMIS records a great confusion was sorted out while filling the HMIS format. For example, the DH had registered 46 ANC cases in the month of December, 2019 and ANC 4 checks ups have been reported 40 cases. On checking the registers by counting for half an hour it was found that ANC 4 has been provided to 763 women. When it was enquired from them they told that they have to only give account of the 46 registered cases. Similar is the case with blood bank transfusion. The HMIS format shows that there are 8 blood transfusion cases while as the registers identifies 33

transfusions. Further, HMIS format shows that none of the blood unit has been issued during the month but the records shows that 393 units of blood have been issued in the month. There is a huge under reporting of data and it was conveyed on spot to the SMO of the DH and the DPM unit. Thus, there is therefore a need to properly monitor the data recorded in the RCH registers and clear the confusion which the ANMs did have.

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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 now they also record the results of the investigations on these registers and therefore HB reporting in DH, CHC and PHC has improved. But at the time of reporting, due care is not taken to count the number of women with HB less than 11 and severely anaemic having less than 7 especially of ANC cases. It was seen that the anaemic cases found at laboratory testing registers were neglected and were not reported in the HMIS format during the referenced two quarters. It was also seen that the RCH register is not updated at CHC and PHC.

The HMIS pertaining to immunization has also improved and minor duplication still exists in immunization reporting particularly at SC level. Over reporting is usually done by SCs as children who are immunized at DH or CHC are also reported by SCs. Facilities are reporting maternal and infant deaths but there is still a lot of scope for improvement.

HMIS of SNCU and NBSU has not improved at all. Information about inborn and out born IPD, sex of the IPDs, weight at birth, referrals and mortality details of neonates/infants admitted in SNCU and NBSU is not 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 DME&O and BM&EO should frequently visit the facilities for monitoring of HMIS and they need to be supported by the CS and BMOs by facilitating their mobility. It is also suggested that for filling up the monthly HMIS format, a qualified person should be made available. It was found that usually some FMPHWs who have qualification high school only and are not capable to read the HMIS format.

22. Irregularities/Action Points

Different programmes under NHM have been implemented in the district but still there are issues and problems in functioning of these programmes. Based on the field visit experience following are the irregularities, recommendations and action points for further improvement:

- The district is supposed to have the Nodal Officers for different health schemes for proper implementation and monitor them seriously at the grass root level. In this regard all the schemes are carried by different nodal officers in the district.
- There is dearth of various categories of doctors in the district from regular side and because of this patient care is not done properly. Most of the specialist doctors/MOs are vacant.
- Some of the programmes implemented in the district are not fully staffed thus affecting the performance and output of these schemes.
- On verification of the records at the visited health facilities it was found that the first trimester registration of the ANC cases is only 75 percent.
- The visited CHC and PHC did not register the ANC cases even of their catchment area but provide them the other services and asked them to register at their concerned SCs.

- ❖ Most of the women who deliver at the health facilities are not informed about early breast feeding as it was verified on spot that C-section deliveries had breast fed their infants after few hours of delivery.
- ❖ In most of the delivery cases, it was asserted that the ASHAs have not visited them during the ANC period and did not feel it necessary to accompany the pregnant women to the health facility at the time of delivery.
- ❖ There is huge dearth of tutors at the GNM School which faces various types of hindrances in carrying out different courses at the school. .
- ❖ The child immunization is taking place at all types of health facilities on selected days either once in a month or twice in a month except DH.
- ❖ Prescription audit is not taking place in the district except DH.
- ❖ From the records of essential drug list of district hospital, it was found that out of 226 medicines, almost 101 (55 percent) medicines were falling short of at least for 1 month during October-December, 2019. Again from the medicines supplied under JSSK, out of a total of 47 medicines, 29 (38 percent) found short of at least for 1 month during 3 months.
- ❖ Similarly, from the records of essential drug list of CHC Chamkaur sahib, it was found that out of 226 medicines, almost 170 (75 percent) medicines were falling short of at least for 1 month during October-December, 2019.
- ❖ The RBSK teams face currently the problems in the form of infrastructure especially the physiotherapy unit which is not established so far. Further only a few cases for specialised treatment did get the financial assistance.
- ❖ Record keeping in labs, stores, and other places is not being taken care of at various levels of health facilities by the concerned officials. A common register for ANC and non ANC is available at the OPD of the DH. No RCH register is maintained at CHC presently because none of the health personal has taken such responsibility.
- ❖ The district hospital is still without different certification like as Kayakalp, NQAS and LaQshya.
- ❖ An attempt was made to cover the performance by indicator wise of visited H&WCs after their up gradation but no such information was provided. The yoga activity is not yet placed in the visited H&WCs.
- ❖ Mismatch of data recording and reporting for HMIS was found at various levels in the district especially at DH.

23. Key Conclusions and Recommendations

This study conducted in Rup Nagar district, is based on the information collected from the office of Civil Surgeon, District Hospital, CHC Chamkaur Sahib, PHC Amrali and SC Chatamla. A few patients at the OPD who had come to avail the services at DH and CHC were also interacted. Similarly, few IPD patients were also interviewed at DH and CHC. From the information collected and physical verification there is the urgent need of some of the correctness with related to health issues in the district.

- The information provided depicts that there are 180 sanctioned MOs (both from regular & NHM) and out of which only 126 (70 percent) are in place. Further there are only 5 gynaecologists in place out of 7 positions. "The quality of services depends upon the service providers." Therefore, there is an urgent need to fill-up these positions on priority basis. It is further suggested that the attachment of the posts should be banned otherwise it badly affects the institution.

- Recruitment of remaining positions for DEIC, SNCU, GNM School and NCD cell need to be initiated for smooth functioning of these programmes. It is also suggested that the 2nd FMPHW should be extended to all the SCs so that the work load of the SC be shared.
- It was verified from the RCH registers that all the pregnant women are not registered in the first trimester. Hence, there is urgent need to reorient the ASHAs including the FMPHWs/ANMs regarding the importance of early registration of the pregnant woman.
- It was reported by one pregnant woman who visit the DH for ANC on the day of our visit that they are permitted only 1 USG free of cost from the hospital. The concerned woman had gone for two more USGs and she performed those in the open market from her own pocket. It is suggested that there should be the provision of additional USGs for the complicated ANC cases.
- Twenty percent sub centres (SCs) are still functioning in rented buildings with lack of space, electricity and in much depilated condition. Therefore, there is need to construct the buildings of the required SCs in the district and provide them the requisite infrastructure, staff and equipments.
- The records pertaining to diagnostics, diet, transportation and medicines being provided under JSSK need to be kept properly maintained.
- The free transportation for pregnant women from home to facility and back to home is still lagging behind in the district. This is substantiated by the fact that only 5 percent of pregnant women who delivered in a health facility in the district have been provided free transport for reaching a health facility.
- While as again a meagre percentage of institutional deliveries in the district were provided transport from facility to home after delivery during the referenced 9 months time period.
- Free referral transport from facility to facility is also provided to only 10 percent of the referral cases. Hence, the transport facility under JSSK is still a serious issue and it is to be taken into consideration.
- In order to take care of both the mother and the child, the practice of discharging the women after delivery before 48 hours need to be stopped at all levels.
- The prescription audit for drugs and diagnostics need to be implemented in the district at least at the CHC level.
- In order to bring the transparency and accuracy, it is recommended to computerize the drug stores, registration, testing facilities etc. at all the levels in the district.
- All the health facilities complained of inadequate number of ambulances to meet the requirements under JSSK therefore, there is a need to provide more ambulances to the district or to make some substitute to overcome demand of transport under JSSK.
- The IEC component for various programmes in the district was found week and in this regard the services of different field staff such as CHOs, FMPHWs etc, can be utilised to ensure improvement on ground level.
- There is the need of refresher training courses regarding HMIS to all the stakeholders. The information collected from registers and HMIS formats varies each other in number of indicators. The need of the hour is to have strong monitoring to the field staff especially those who are responsible for maintaining HMIS data.
- The release of funds to the district for various activities should be in time so that these funds can be utilized properly in a time bound manner.