

**MONITORING OF NHM STATE PROGRAMME IMPLEMENTATION PLAN-  
(PIP) 2019-20: Punjab State  
(A Case Study of SBS Nagar District)**



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## ABBREVIATIONS

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

## PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in J&K to improve the health care delivery system. National Health Mission is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the state in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of National Health Mission (NHM) launched during 2013, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. The State Programme Implementation Plan of Jammu and Kashmir, 2019-20 has been approved and State has been assigned mutually agreed goals and targets. The State is expected to achieve them, adhere to the key conditionalities and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centre, Srinagar on a monthly basis. During the year 2019-20, 5 districts have been allotted to PRC Srinagar from Punjab. The districts are Fazilka, Nagar, Pathankot, Rupnagar and Tarn Taran. The present report is the 3<sup>rd</sup> in the series and presents findings of the monitoring exercise pertaining to Shaheed Bhagat Singh Nagar district.

The study was successfully accomplished due to the efforts, involvement, cooperation, support and guidance of a number of officials and individuals. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India for giving us an opportunity to be part of this monitoring exercise of national importance. Our special thanks to Shri Amit Kumar, Mission Director NHM Punjab for his cooperation and support rendered to the PRC in conducting this monitoring exercise. Special thanks are due to the Dr. R.P Bhatia Civil Surgeon Shaheed Bhagat Singh Nagar and Dr. Harvinder Singh Medical Superintendent, District Hospital SBS Nagar for sparing their time and sharing with us their experiences. We also place on record our thanks to Dr. Ravinder Singh, Block Medical Officer SBS Nagar for his cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit SBS Nagar, Block Programme Management Unit SBS Nagar and NCD Programme Management Unit SBS Nagar for their cooperation and help in the collection of information. Special thanks are also to staff of Primary Health Centre AUR and Sub Centre Gunachaur for sharing their inputs.

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

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## 1. EXECUTIVE SUMMARY

The objectives of the exercise is to examine whether the State is adhering to key conditionalities 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 various districts and the State. The present study was conducted in district Shaheed Bhagat Singh Nagar of Punjab information was collected from the office of Civil Surgeon, District Hospital Shaheed Bhagat Singh Nagar, CHC Mukandpur, PHC Aur and SC Gunachaur in the first week of January, 2020. We also conducted some exit interviews with some service seekers for ANC/PNC, child immunization and delivery care at the selected facilities. Main findings of the study are as follows:

- a) NHM support has lead to improvement in human resource, infrastructure facilities, drugs and fund availability. In fact most of the health institutions in the district are run by NHM staff. This has resulted in an increase in OPD services. But since there is a lot of disparity between in service conditions and salaries between the NHM staff and regular staff and this has started to discourage the NHM staff to take full interest in their duties. There is a need to look into the grievances of the NHM staff and redress their genuine demands.
- b) Although SBS Nagar has a district hospital, but it has acute shortage of specialists in general and Gynaecologists, Paediatrician and Anaesthetists in particular. CHCs and PHCs also have shortage of doctors. Due to the shortage of specialists and doctors large proportion of patients from the district prefer to utilize the services from other districts or visit a private clinic for treatment. Therefore, there is an immediate need to address the shortage of Specialist doctors in the district hospital and other CHCs/EHs on priority basis.
- c) By and large the posts of ASHAs are filled. ASHAs in the district have been given uniform during 2018-19. ASHA Diary has been provided during the current financial year and drug kit which is replenished as per need.
- d) .The supply of drugs and equipment in the health institutions after the establishment of Medical Supplies Corporation has deteriorated. Further health facilities have received some supplies which are not required by them. PSMC should address this issue of delay of equipments and consumables and only those drugs that are required by the facilities need to be supplied to them.
- e) Essential Drug List has been prepared for various facilities.
- f) State government has made it mandatory for doctors to write only generic names of drugs in capital letters on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally do not write the generic names of the drugs. Therefore there is a need that free generic drugs, as promised by government are made available in all hospitals so that doctors can write generic names of the drugs.
- g) Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters call centre are also displayed in various facilities.
- h) C-Section deliveries in the district are on the rise. There is a need to reverse this trend by proper counselling and explaining benefits of vaginal delivery. IEC material pertaining to benefits of vaginal delivery and ill effects of C-section delivery be displayed in labour room, OPD, IPD and other places in the health facilities.
- i) Despite irregular/late release of funding, DH and CHC have been in a position to manage free drugs and diet under JSSK. But, only free referral transport for deliveries and neonats is ensured

in all facilities visited by us. Home to facility and drop back facility is ensured in few cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.

- j) JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
- k) Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Reporting of maternal and infant deaths in the district has started improving. There is a need to appreciate those ANMs/ASHAs who are reporting such events.
- l) Grievance redressal mechanism for registration of complaints and grievances is very poor. Medical Officers mentioned that they generally receive the complaints verbally and redress them on the spot but our interaction with the patients revealed that they hesitate to lodge the complaints as it may further complicate delivery of services. It is suggested that online system of registration of complaints is introduced in the district.
- m) RBSK in the district has been started. However, RBSK has been in a position to identify some children from poor families for specialized treatment and financial assistance has been released in favour of few children. But mechanism of cost estimation and approvals for specialized treatment under is somewhat complicated and lengthy and needs to be simplified
- n) HMIS have improved in the district as the district has taken some steps to minimize the multiplicity of reporting. However, there is still a lot of scope for improving the quality of HMIS particularly lab testing, immunization, HB and BP. This can be ensured by proper monitoring by DM&E Officer and BSAs. Civil Surgeons and Block Medical officers need to support them in undertaking monitoring visits.

## **2 INTRODUCTION**

Ministry of Health and Family Welfare, Government of India has approved the State Programme Implementation Plans (PIPs) under National Health Mission (NHM) for the year 2014-15. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document.

Though, States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to monitor the implementations of these PIPs. However, from the last financial year, Ministry decided to continuously monitor the implementation of State PIPs and has roped in 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 State in which they are located. Apart from 10 districts in Jammu and Kashmir, PRC Srinagar was allotted 5 districts for PIP monitoring during 2019-20. The districts are Fazilka, Nagar, Pathankot, Roop Nagar and Tarn Taran. The present report is the 3<sup>rd</sup> in the series and presents findings of the monitoring exercise pertaining to Shaheed Bhagat Singh Nagar district. The present report presents findings of the monitoring exercise pertaining to Shaheed Bhagat Singh district. The reports of other districts will also be submitted in a phased manner.

### ***2.1 Objectives***

The objectives of the study is to examine whether the State is adhering to key conditionalities 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 worked out by the MOHFW in consultation with PRCs in a workshop organized by the Ministry at National Institute of Health and Family Welfare (NIHFW) on 12-14 August, 2013. The sampling design and the instruments for monitoring were finalized in the workshop. As per this sampling design, a team of two officials were to visit the District headquarter, District Hospital, 1 CHC, 1 PHC and 1 Sub Centre in each selected district to collect desired information. It was also decided that the team will also interact with some beneficiaries (both IPD and OPD) to gauge the services delivery. The present study conducted in SBS Nagar district, is based on the information collected from the Office of Civil Surgeon, District Hospital SBS Nagar CHC Mukandpur PHC Aurand SC Gunachaur. The PRC team also interacted with a few OPD clients who had come to avail the services at DH, CHC and PHC. Similarly few IPD clients were also interviewed at DH and CHC. The information was collected by two officers of the PRC in the first week of January 2020. The following sections present a brief report of the findings of the monitoring.

<b>Table 1 : Demographic Profile of District SBS Nagar</b>	
<b>Demographic Character</b>	<b>Number/Percentage/Ratio</b>
Total geographical area	1283 SQ.KM.
Total Population of the district as per census 2011	614362
Male	314415
Female	299947
ST Population	0%
SC Population	35%
Literacy Rate	80%
0-6 years population as per census 2011	62719
Population Growth rate	4.58
Sex Ratio as per census 2011	954
Child Sex Ratio (0-6 age)	879
Total No. of Medical blocks	5
Total villages	467
No. of panchayats	467
No. of Tehsils	3
No. of CHCs	4
No. of PHCs/Ads	18
No. of SCs/MACs	95
Health & Wellness Centres (17 PHC+12 SC)	29
Total No. of ASHA 's	526
Total No. of RKS (Rogi kalyan Samitis)	24
Total No. of village Health & Sanitation committees	467
Total No. of health institution	119

### **3. STATE PROFILE AND DISTRICT PROFILE**

The state of Punjab has an area of 50,362 sq. km. and a population of 27 million. There are 22 districts, 146 blocks and 12673 villages. The State has population density of 551per sq. km. (as against the national average of 312). The total population of the state is 27,743,338 (2011 census) of which male population is 1,46,39,465 and female population is 1,31,03,873. The sex ratio in Punjab is 893 which is much below national average of 940 and is the second lowest in the country. Literacy rate in state has seen upward trend and is 76.68 percent which above national average.

Nawanshahr district was carved out of Hoshiarpur and Jalandhar districts of Punjab in November 7, 1995 on the auspicious occasion of birthday of Sh. Guru Nanak Dev Ji as the sixteenth district of Punjab state.

Hon'ble Chief Minister, Punjab S. Parkash Singh Badal on 27/09/2008, while addressing a state level rally at Khatkar Kalan, the native village of Shahid-e-Azam Sardar Bhagat Singh on the occasion of national level function to conclude the Birth Centenary celebrations of the great martyr made the announcement of changing the name of district from Nawanshahr to Saheed Bhagat Singh Nagar". Notification (No. 19/7/07-LR-IV/7929) to this effect was issued on 29 February, 2008.

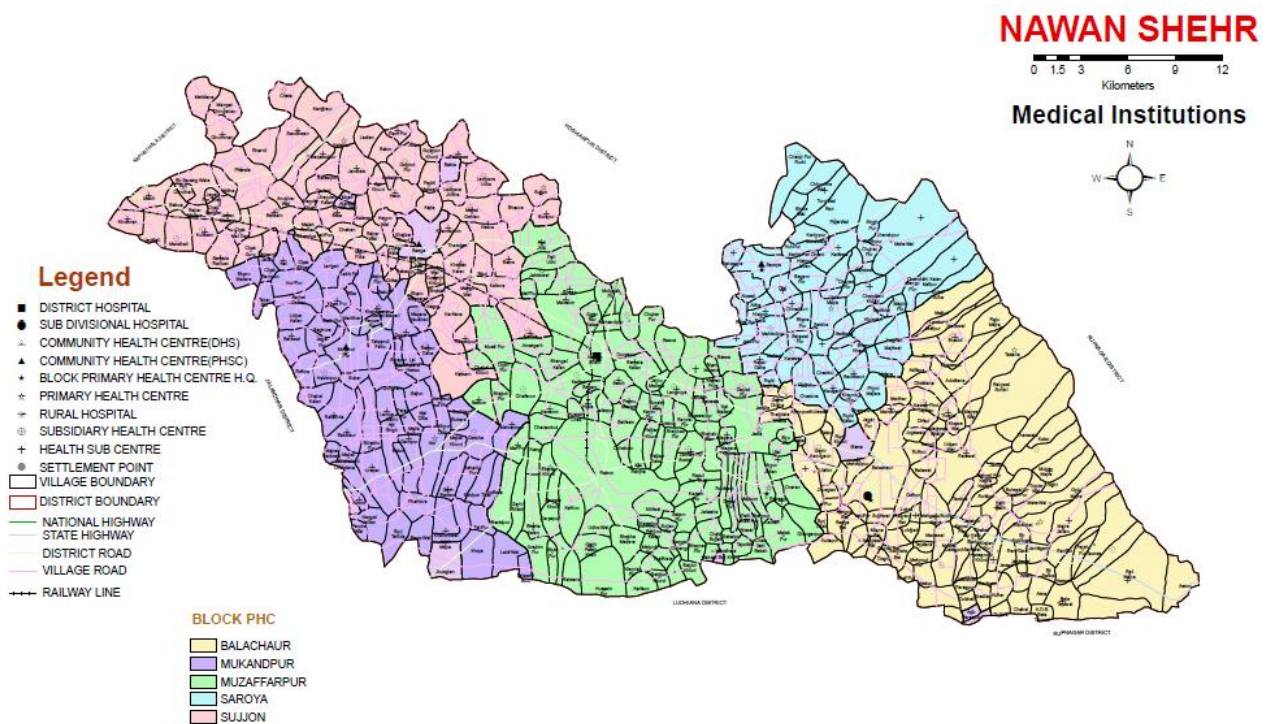
The district headquarter town Nawanshahr is said to have been built during the reign of Alaudin Khilji (1295-1316) by his Afgan Military Chief Nausher Khan. Previously it was called “Nausar” but with the passage of time, the town came to be known “The Nawanshahr”. Nausher Khan had constructed \_ve forts known as Havelis, whose remains still exist.

People of this district are economically sound. Large numbers of families from the district have settled in countries like Canada, UK, and USA etc. Consequently huge remittance is being received by their kith and kin back in India which contribute to the economic development and prosperity of the district.

All the towns and the villages are well connected by roads. Nawanshahr has also rail track connecting it with Jalandhar, Rahon and Jajjon. District enjoys the rare honour of being the native village of Shahid Bhagat Singh whose ancestral village Khatkar Kalan falls in it.

**Location**

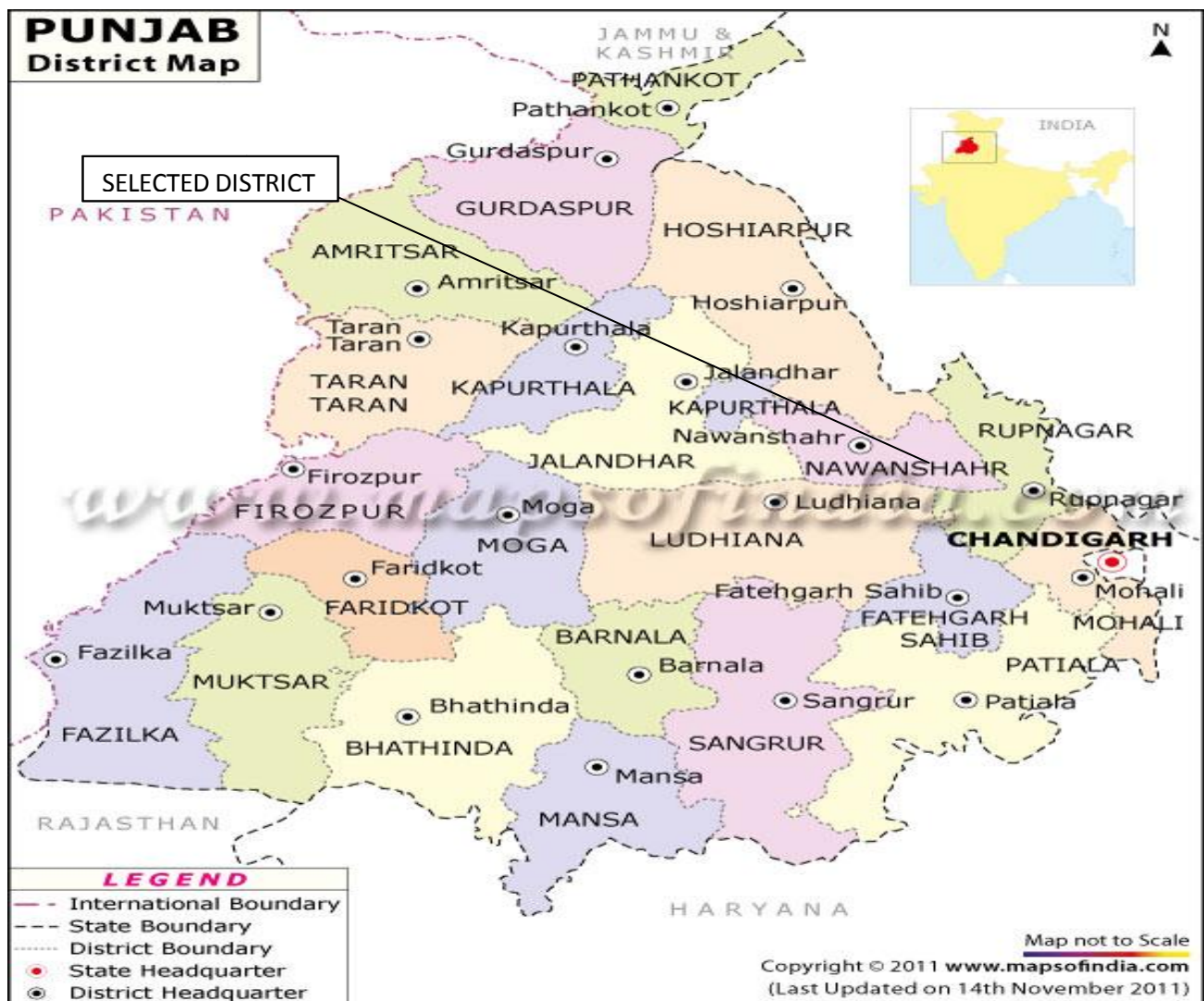
Shahid Bhagat Singh Nagar district is situated in 31.8 N and 76.7 E part of Punjab on the right bank of mighty river Sutlej.



The Distance of State capital Chandigarh (Known as the most beautiful and planned city of India) from the district is of ~92Kms. Shahid Bhagat Singh Nagar District is surrounded by four districts. The west border of the district touches Jalandhar, east border touches with Roop Nagar (Ropar) district, the northern border of the district meets with district Hoshiarpur and in south it touches with Ludhiana (known as the Manchester of India) and Kapurthala District.

## Area and Population

The Shaheed Bhagat Singh Nagar district is one of the smaller districts of Punjab and is having an area of 1283 Sq. Km.'sconsisting of population of 614362persons of which males and females were 314415 and 299947 respectively as per 2011 census. Literacy rate is 80 percent and the sex ratio is 954.This district consists of 5 medical blocks and 467 villages. Further Village Health Sanitation & Nutrition Committees (VHNCs) have also been constituted for all the villages.



## 4. KEY HEALTH AND SERVICE DELIVERY INDICATORS

As per census data 2011 the MMR in India is 130 (SRS 2016) at state level it is 122 (SRS 2016) and as per (HMIS data 2018-19) it is 108 at district level. The Infant Mortality Rate in India is 34, SRS 2016 and in the state it is 21 (SRS 2016) and as per HMIS 2018-19 it is 19 percent at district level. Total fertility rate (TFR) in India is 2 percent (SRS 2016) at state level it is 2 percent (SRS 2016) and at district level it is 1 percent Death rate in India is 6 percent (SRS 2016) at state it is 6 percent (SRS 2016) and as per (HMIS 2018-19) it is 9 percent. Birth rate in India is 20percent (SRS 2016) at state level it is 15percent (SRS 2016) and as per HMIS 2018-19 it is 13percent at district level. District level estimates of fertility and mortality are not available. Performance indicator from

NFHS-4 data of 2015-16 of the district shows that ANC registration in the first trimester is 91percent. While as, 4 ANC visits in the district shows 89 percent. 24 percent beneficiaries received JSY payments. 48.5 percent of expectant mothers to total ANC registration received IFA tablets in the year 2015-16. Out of total deliveries home deliveries were reported 5 percent during the year. Out of all institutional deliveries 42 percent were conducted at public health facilities. The share of c section deliveries in public institutions is 21 percent while in private institutions it was 60.12 percent.

Name of activity	Total	District Hospital	CHC Mukandpur	PHC Aur	SC Gunachaur
OPD	387022	122384	22775	3680	78
AYUSH OPD	3050	6869	7693	1578	-
IPD (Total)	14920	6778	1551	258	
USGs	5056	5056	-	-	
ECG	1713	1713	398	-	
CT-Scan	NA	NA	-	-	
MRI	NA	NA	-	-	
X-Ray	22010	9034	3462	-	
Endoscopy	NA	NA	-	-	
Lab Tests (Total)	336608	149464	22791	2071	234
Inst. Deliveries (Including C-sections)	6117	821	134	-	-

According to NFHS-4 data shows that almost all pregnant women in the district are registered for ANC services. ANC first trimester registration is 91 percent compared to 76 percent in Punjab. 89 percent of the mothers have received at least 4 ANC checkups as compared to 68 percent in the State. But only 48 percent of pregnant women in the district have consumed 100 IFA tablets as compared to 42 percent in the State. Institutional deliveries have improved and as per NFHS-4, 92 percent of the institutional births have been taken place. 43 percent institutional deliveries in SBS take place at public health facilities. NFHS-4 also estimated that C-section deliveries account for 21 percent of institutional deliveries in the district as compared to 18 percent in the State.

The public health facilities are the main sources of health care delivery system in the district. A total of 387022 patients have visited the OPDs of different health facilities in the district during April-December 2019 (Table 2). AYUSH OPD accounts for about 1 percent of the total OPD in the district. Of the total OPDs, 31 percent have visited District Hospital, 6 percent have visited CHC Mukandpur and about 1 percent has received the services from PHC Aur. A total of 14920 admissions have been made in the IPD of various health facilities of the district, with DH accounting for 6778 (45 percent), CHC Mukandpur has recorded 1551 IPD admissions (10 percent) and PHC Aur has admitted 258 patients (2 percent). Further 6117 institutional deliveries including C-section

have been performed in various health institutions in the district during the April- December, 2019. Thirteen percent institutional deliveries including C-section have been performed at DH SBS Nagar. Only 2 percent deliveries take place at CHC Mukandpur. Information collected from the office of CMO shows that around 33660 lab tests, 5056 Ultrasound, 22010 X-Ray and 1713 ECG have been performed in various public health facilities in the district during April, 2019-December, 2019.

## 5. HEALTH INFRASTRUCTURE

The health services in the public sector are delivered through a network of 172 health institutions which consist of 1 District Hospital, 1 Sub divisional hospital (SDH) 4 CHCs, 3 24X7 PHCs, 15 other PHCs, 47 Subsidiary Health Centres/Rural dispensaries and 95 SCs. Out of 95 SCs, 11 have been upgraded designated as Health & Wellness Centres and out of 18 PHCs 17 has been designated as Health and Wellness Centres. Further, there are 5 FRUs and 1 Mobile medical unit functioning in the district. All the CHCs, 24X7 PHCs, and 46 SCs out of 95 are housed in government buildings.

***District Hospital SBS Nagar***-The District Hospital (DH) SBS is situated on Chandigarh road near IVY private hospital. It is functioning in a newly constructed government building from August 2014. Its 100 bedded hospital. Basic amenities like electricity and 24x7 water supply are available. Facility of power back up is available in the hospital. There is provision for separate toilets for males and females. Homoeopathic clinic is functional at district hospital. There is a blood storage facility in the hospital. There is a separate unit for malaria and TB located at DH building.

There is 1 staff quarter for Medical Officers available in the DH. Two staff quarters for staff nurses. This hospital provides round the clock services for general medicine, emergency services, obstetrics and gynecology, trauma care, C-section delivery and emergency obstetric care. Radiology, dermatology, orthopedics, ENT, ophthalmology, psychiatry, surgery major, 1st and 2<sup>nd</sup> trimester abortion, ARSH clinic, AUYSH/ISM, dialysis services are available during day time only. Cardiology, pediatrics, endocrinology, gastroenterology and save heart imitative/thymbolysis services are not available due to the non - availability of specialist doctors in these fields. C-section deliveries conducted on daily basis in the hospital. Facilities for laparoscopic sterilization, postpartum sterilizations, PPIUCD and IUD insertion are available at the hospital.

The hospital has regular power supply. In addition, power backup is available in the OT, labour room, OPD, Labs, SNCU and wards. Regular water supply is available in different units of the hospital. There is also a facility of water storage in the hospital. Toilet facilities in adequate numbers are available in the wards and OPD and were found to be clean. Citizen's charter, timings of the facility, list of services available, protocol posters,



JSY and JSSK entitlements are displayed properly. Complaint box is also available for registration of complaints and grievances.

**CHC Mukandpur**-This CHC is situated on the jagatpur road apposite Punjab national bank near police station at a distance of about 25 kms from SBS district hospital. The population of block is 97495 and the catchment population is 27000 persons. It is functioning in a government building. This is functioning as a 24(sanctioned 23) bedded CHC. Basic amenities like electricity with power back up and 24x7 water supply are available. Separate toilets are available for both males and females. Although staff quarters are available in the CHC. There is one quarter available for MOs and one Staff quarter for other paramedical staff. Staff quarters for Staff Nurses is not yet available at CHC. The citizen charter has been displayed at the CHC. The complaint box was available in the facility and it was opened last time on 15-01-2020.No complaint regarding JSSK has been registered during last 1 year.

Currently the CHC has a total bed capacity of 23. Separate wards for male and female are available. There are 5 beds in gynaecology ward. The facility provides round the clock emergency services, and AYUSH/ISM services. Obstetrics and gynaecology, trauma care ARSH clinic, are available during day time only. Cardiology, radiology, paediatrics, dermatology, orthopaedics, ENT, ophthalmology, psychiatry, endocrinology, gastroenterology, Surgery major, C-section delivery, Blood bank or blood storage services are not available in the CHC currently. Adequate drinking water Tube well supply and water in the toilets is available. Back up in the form of a generator and for electric supply is available. Citizen's charter, timings of the facility and list of services essential drug list protocol posters JSSK entitlements and JSY entitlements and Colour coded waste bags are available are displayed properly. CHC has arrangement with Rainbow Health Care Services Punjab as its headquarter is in Chandigarh for the disposal of bio medical waste. Complaint box was found to be available at CHC.



**PHC Auris** a 24X7 PHC and is located at a distance of 19 kilometers from DHSBS Nagar and from CHC Mukandpur 15 kilometers. The PHC caters to the health care needs of 24 villages/ hamlets with a population of around 4443. There are 05 SCs in the PHC area. The PHC is housed in a government building. The services available at the PHC include general medicine, normal delivery, emergency obstetric care, and AYUSH services. Although, it is identified as a delivery point and only normal deliveries take place at the PHC. The hospital has a total bed capacity of 04. Two beds for female and two beds for male. The PHC also has a small lab where basic blood and urine investigations are conducted. The PHC has regular water supply both for drinking as well as in wash rooms. Electric back up is available but normal electric supply is irregular and erratic in summers. Colour coded waste bins for segregation of waste are available in the PHC. Sharpeners, needles and syringes could not be seen in the premises of the facility. The general cleanliness of the PHC is very good. PHC has arrangement with Rainbow health care services Mohali Punjab for the disposal of bio medical waste.

Citizen's charter, timings of the facility, list of services available, essential drug list, protocol posters, immunization schedule, JSSK, JSY entitlements, partograph and Call contact No are displayed properly.

**SC Gunachaur:** This Sub Centre (SC) is situated on the village side at least 8 Kms from block headquarter and 25 Kms from district hospital SBS Nagar. The SC caters to 4 villages with a total population of around 6743. This centre has been upgraded to a Health and Wellness Centre last year. The SC is housed in a single storey Govt building. Examination room, waiting room, ANM staff room and 1 wash



room is located in the SC. ANM quarter is not available in the health and wellness centre. approach road has a sign board to show the direction to the SC and a sign board is also placed at the entrance of the SC. This SC provides ANC, IFA, TT, child immunization and some contraceptives. It is not functioning as a delivery point. There is regular water supply and power back up facility. Color coded bins for the segregation of waste are available at the SC. Citizens charter, timings of the SC, immunization schedule, and JSY entitlements are displayed in the SC.

## 6. HUMAN RESOURCE

### 6.1 Regular Health Staff

The post of Civil Surgeon, District FW Officer, District Health Officer, District Immunization Officer (DIO), District Tuberculosis Officer,(DTO) Medical Superintendent District Hospital, and 9 Sr, Medical Officers (SMOs/BMOs) are in place. Deputy Medical Commissionaire (DMC) is looking after PMJAY. District family planning officer (DFPO) is looking after Non-Communicable Diseases. JSSK, JSY, Family Planning. ASHA components Health and Wellness Centres, National Quality AssuranceScheme.DIO has the responsibility to looking after the activities of Child Health and Immunization, Adolescent health, Blindness Control Programme and National Urban Health Mission (NUHM) Rashtriya Bal Swathya Karyakaram (RBSK).

Like other districts of the State, SBS district has acute shortage of doctors in all the fields particularly Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology, ENT, Anaesthetist, Orthopaedics, Cardiology and Dermatology. The district has sanctioned strength of 66 Specialist but only 40 are in place. 3 posts of Specialist Medicine, 5 posts of Specialist Surgery,and3 posts of Anaesthetist are vacant. There are 6 posts of Physicians in the district but 4 of these positions are vacant. Of the 6 posts of Surgeons,3 are vacant. Only 2 posts of Gynaecologist out of 6 are in place. There are 6 posts of Anaesthetists but3positionsof Anaesthetist are vacant. The district also has shortage of general line doctors as 40 out of 53 (75percent) positions of doctors are in place. There are 2 posts of dental surgeons and both the 2 positions are in place.

Another area which is a cause of concern is the non availability of Staff Nurses, Pharmacists and Technicians. Twenty seven percent positions of Staff Nurses, 26 percent positions of Lab

Technicians, 36percent positions of Pharmacists and 19 percent positions of LHV are vacant in the district. Further, 13 percent positions of FMPHW 33 percent positions of MMPHW and are also vacant in the district. 25 percent Heath Educators are vacant in the district.13 percent positions of FMPHW 34 percent positions of MMPHW are also vacant. 30 percent positions of sanitary inspector and 43 percent positions of NO/Class IV are also vacant. Our observations regarding the availability of staff in the visited health facilities are as under:

**Table 3: Availability of Doctors in Selected Health Facilities of SBS Nagar District (Regular Side). December, 2019**

Category	District Total		DH SBS Nagar		CHC Mukandpur		PHC Aur		SC Gunachaur	
	S	IP	S	IP	S	IP	S	IP	S	IP
Civil Surgeon/CMO	1	1	-	-	-	-	-	-	-	-
District FW Officer	1	1	-	-	-	-	-	-	-	-
District Health Officer	1	1	-	-	-	-	-	-	-	-
District Immunization Officer	1	1	-	-	-	-	-	-	-	-
District tuberculosis Officer	1	1	-	-	-	-	-	-	-	-
Medical Superintendent	1	1	1	1	1	1	-	-	-	-
Sr. Medical officer BMO	9	9	-	-	-	-	-	-	-	-
Specialist (Medicine)	7	4	1	1	1	0	-	-	-	-
Specialist (Surgery)	6	1	1	1	1	0	-	-	-	-
Obstetrician/gynecologist	6	2	1	0	1	0	0	0	-	-
Cardiologist	0	0	-	-	0	0	-	-	-	-
Pediatrician	9	1	4	0	1	0	-	-	-	-
Anesthetist	6	3	4	2	0	0	0	0	-	-
Pathologist/microbiologist	2	2	1	2	0	0	-	-	-	-
Radiologist	2	1	1	1	0	0	-	-	-	-
Orthopaedic	2	0	1	0	0	0	-	-	-	-
Dermatologist	2	1	1	1	0	0	-	-	-	-
Ophthalmologist	2	3	1	2	0	0	-	-	-	-
Dental Surgeon	2	2	1	1	1	1	0	0	-	-
ENT Specialist	1	1	1	1	0	0	-	-	-	-
Psychiatrist	1	1	1	1	0	0	-	-	-	-
Medical Officers	53	40	10	3	3	2	1	1	-	-
Blood Bank Officer	0	0	-	-	0	0	-	-	-	-
AYUSH physician	3	3	-	-	0	0	0	0	-	-
<b>Others</b>	-	-	-	-	<b>0</b>	<b>0</b>	-	-	-	-
<b>Total Doctors</b>									-	-
Staff Nurse	149	108	38	27	6	5	1	0	-	-
X-Ray Tech.	10	9	3	3	1	1	-	-	-	-

Ophthalmic Tech/Op officer	6	3	1	1	1	1	-	-	-	-
Dental Tech.	0	0	-	-	0	0	-	-	-	-
Lab. Tech.	42	31	5	5	2	2	1	1	-	-
ECG Technician	-	-	-	-	-	-	-	-	-	-
Sanitary inspector	23	16	-	-	-	-	-	-	-	-
Health Educator	NA	NA	-	-	-	-	-	-	-	-
LHV	26	21	1	1	0	0	1	1	-	-
OT Tech	0	0	1	1	0	0	-	-	-	-
OT Assistant	3	2	-	-	-	-	-	-	-	-
Pharmacist	46	29	3	3	2	2	1	0	-	-
Matron/Asst Matron	1	0	-	-	-	-	-	-	-	-
Community Health Officer	0	0	-	-	-	-	-	-	-	-
Extention Educator	5	3	-	-	-	-	-	-	-	-
MPHW-Male	96	63	-	-	0	0	-	-	1	1
FMPHW/ANM	207	179	1	0	0	0	-	-	1	0
Nursing Supervisor	1	1	-	-	-	-	-	-	-	-
NO/Class IV	137	78	-	-	-	-	-	-	-	-
Driver	9	4	-	-	1	1	-	-	-	-
Others	-	-	51	12	-	-	0	0	-	-

**District Hospital SBS Nagar:** A district hospital is supposed to have 1 physician, 1 surgeon, 1gynaecologist, 4anaesthetist, 1 ophthalmologist, 1 radiologist, 4paediatricians, 1orthopaedic, 1 dental surgeon,10 Medical Officers, 38 staff nurse, 3 pharmacists, 1 female multi-purpose health workers, 1 OT Technician 5 Lab Technicians, 1 Ophthalmic Technician, and 1LHV. Official records show that the staff strength in the district hospital currently is 3MOs, 1 radiologist, 1 dermatologist,2 anesthesiologist,1 surgeon, 1 physician,1 dental surgeon, 27 staff nurse, 3 pharmacists,1 OT technician and 5 lab technician, and 1 LHV.

But like other district hospitals, SBS DH also has shortage of gynaecologist, paediatrician, orthopaedic and FMPHW in the district hospital (Table 3). The post of Medical Superintendent is in place. Out of the 20 sanctioned positions of Specialists doctors only 17 are currently posted in the hospital. There are no Specialists doctors in the fields of Cardiology, gynaecologist, paediatrician and orthopaedic. Large majority of the patient care in the hospital is taken care by the 3 Assistant Surgeons. Besides the Assistant Surgeons, there are 1 Dentist. The position of paramedical staff in hospital is satisfactory ,as most of the sanctioned positions of OT, X-ray, Lab technicians and pharmacist are in place.

**CHC Mukandpur** has a sanctioned strength of 6 Specialists but only 2 are in position. The Dental Surgeon is currently attached from PHC. The 2 positions each 1 of Specialist Medicine and Specialist Surgeon are vacant. There are 3 posts of Medical Officers and 2 of them are in place. The

CHC also has 1 vacant post of Junior/Senior Staff Nurse. Most of the position of paramedical positions are also in place.

**PHC Aur** has staff strength of 1 Medical Officer, therefore only Medical Officer from regular side is currently working in the PHC. 1 Lab Technician, 1 LHV are also posted at the PHC. The post of staff Nurse, Pharmacist is vacant in the PHC.

**SC Gunachaur** has sanctioned strength of 1 MMPW. The position of FMPHW is vacant in the SC.

### **6.2 Staff Recruited under NHM**

NHM has been very helpful to fill up critical gaps in human resource particularly in the far flung areas of the district. The State Health Society has decentralized the process of recruitment of contractual staff under NHM. District Health Societies have been delegated powers to appoint contractual staff and preference is given to local candidates wherever available. The District Health Society is following a transparent policy in the recruitment of the staff.

The district has a total sanctioned strength of 46 under NHM including RBSK staff and of these 39 positions (88percent) already stand filled up (Table 4). The district has a sanctioned strength of 1 gynecologist and 1 child specialist. The district has also a sanctioned strength of each 1 position of District programme manager, District data manager, District accounts officer, District epidemiologist, District PNMT coordinator, Hospital administrator, Microbiologist, RBSK Coordinator, Community mobilizer, BCC Facilitator, and Accountants. Except gynecologist all these positions are in place. 13 Computer operators are sanctioned but only 10 are in place. Nutritional Rehabilitation Centre (NRC) has not yet been established at the DH.

District hospital has a sanctioned strength of 24 positions under NHM other than DEIC staff and 23 positions are already working in the hospital. These include 1 position of Gynecologist, 1 position of Pathologist, 1 position of Child Specialist, 3 positions of AYUSH physicians, 13 positions of Staff Nurse and 5 positions of FMPHW. CHC Mukandpur has sanctioned staff strength of 7 under NHM and 5 of them are in place. 1 AYUSH physician, 5 Staff nurses and 1 OT technician are also working in CHC. PHC Aur has 2 sanctioned positions under NHM. These include 1 Medical Officer and 1 Staff nurse. Only Staff nurse is in place at PHC Aur. SC Gunachaur has been provided with a post of 2<sup>nd</sup> ANM under NHM but 2 ANMs are working there among these 2 one is against regular post. Being a H&WC, one MLHP has also been posted at facility.

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

**Table 4: Status of Manpower under NHM in SBS Nagar District December-2019**

CATEGORY	Total		DH SBS		CHCMuka ndpur		PHC Aur		SC Gunachaur	
	Per	IP	Per	IP	Per	IP	Per	IP	Per	IP
Gynecologist	1	0	1	0	-	-	-	-	-	-
Anesthetist	-	-	-	-	-	-	-	-	-	-
Pathologist	-	-	1	1	-	-	-	-	-	-
Dental Surgeon	-	-	-	-	-	-	-	-	-	-
Child Specialist	1	1	1	1	-	-	-	-	-	-
MBBS Doctors	-	-	-	-	-	-	1	0	-	-
ISM Doctors	-	-	3	3	1	1	-	-	-	-
ISM Dawasaz	-	-	-	-	-	-	-	-	-	-
Sr/Jr.Staff Nurse	-	-	13	13	5	4	1	1	-	-
Sister Tutor	-	-	-	-	-	-	-	-	-	-
Lab. Tech. Assistant	-	-	-	-	-	-	-	-	-	-
O.T. Tech.	-	-	-	-	1	0	-	-	-	-
X-Ray Tech.	-	-	-	-	-	-	-	-	-	-
Dental Tech.	-	-	-	-	-	-	-	-	-	-
Ophthalmic Tech.	-	-	-	-	-	-	-	-	-	-
FMPHW/ANMs	-	-	5	5	-	-	-	-	1	2
MMPHW	-	-	-	-	-	-	-	-	-	-
DPM	1	1	-	-	-	-	-	-	-	-
District data manager(M&E)	1	1	-	-	-	-	-	-	-	-
District accounts officer	1	1	-	-	-	-	-	-	-	-
District epidemiologist	1	1	-	-	-	-	-	-	-	-
District PNDT coordinator	1	1	-	-	-	-	-	-	-	-
Hospital administrator	1	1	-	-	-	-	-	-	-	-
Microbiologist	1	1	-	-	-	-	-	-	-	-
RBSK coordinator	1	1	-	-	-	-	-	-	-	-
Community Mobilizer	1	1	-	-	-	-	-	-	-	-
District data manager	1	1	-	-	-	-	-	-	-	-
Psychologist	1	0	-	-	-	-	-	-	-	-
Bcc facilitator	1	1	-	-	-	-	-	-	1	1
Statistical Assistant	6	6	-	-	-	-	-	-	-	-
Accountants	1	1	-	-	-	-	-	-	-	-
Computer operator	13	10	-	-	-	-	-	-	-	-
Lab Tec	1	1	-	-	-	-	-	-	-	-

Information Assistant	5	4	-	-	-	-	-	-	-	-
Block programme coordinator	1	0	-	-	-	-	-	-	-	-
Accountants	5	5	-	-	-	-	-	-	-	-

The job description and reporting relationships of various categories of staff has been defined but the services of the staff of the PMUs are also utilized for other activities also. As, there is no plan for the inclusion of NHM staff in the State budget and also due to the instability of tenure; the contractual appointees leave the job once they get a job with better service conditions.

### **6.3 Training status /skills of various cadres**

A variety of training for various categories of staff are being organized under NHM at National, State, Divisional and District level. The information about the staff deputed for these trainings is maintained by different deputing agencies and CMO office maintains information about the trainings which are organized by it. The details of the trainings organized at district level during April-December 2019 are presented in Table 5.

S.NO	Year	Name of Training	Duration (days)	Venue	No. Of participant	Participants
1	2019-20	PPIUCD	3	CMO	10	Mo, SN
2	2019-20	MDSR(Maternal Death Survaillaince Response Training)	2	CMO	29	SMO,ANM, Staff Nurse, MPHWH (F) (Fe) (L) MO
3	2019-20	RTI/STI training	2	CMO	22	MPHW (F) Staff Nurse

The district SBS has imparted some training to various categories of doctors and para medical staff during 2019-20 .The information collected shows that a total 10 medical and para medical persons have received training for PPIUCD, While MDSR training has been received 29 medical and para medical persons in the district during 2019-20. Further during the same period RTI/STI has been received 22 para medical personnel in the district.

### **6.4 Strategies for Generation, Retention, and Remuneration**

There is no standardized mechanism in place to monitor the productivity of the contractual staff, except attendance and routine work assigned to them and in the absence of any standardized monitoring mechanism; the contract of all contractual staff is renewed annually irrespective of their performance. The district has received 6 point guidelines from SHS for monitoring the performance

of ANMs and such guidelines for other staff are also in the offing and the district has a plan to implement it shortly.

## **7. OTHER HEALTH SYSTEM INPUTS**

### **7.1 Equipments**

The Directorate of Health Services Punjab has done an equipment needs assessment survey of all health institutions in the State and the directorate used to procure provide the equipments for all the health institutions through a Central Purchase Committee. Equipments under NHM used to be procured by the District Health Societies/ BMOs. Now the Punjab Medical Supplies Corporation Ltd (PSMCL) has been established and all equipments to the facilities are being procured and supplied through this corporation. However, it was found that the procurement of equipments through the corporation takes a lot of time. The newly procured equipments have inbuilt Annual Maintenance Contract (AMC) with the supplier during warranty period. After the warranty is over, health institutions undertake repairs of the equipments out of HDF. Our observations regarding the availability of various equipments in visited health facilities are as follows:

***District Hospital SBS Nagar:*** Medical Superintendent mentioned that almost all the essential equipments/instruments and other laboratory equipment required in the OPD, OT, labour room, SNCU and laboratory are available and functional. However, defibrillator, ECG machine (digital electronic) ventilator, suction machine, dressing drums, oxygen cylinders and pulse oxy metre are not available. Further the lab of the hospital is in need of a auto clave (standard size) cell counter (haematology) coagulagram, hand shaver and tap for eye wash station to meet the growing diagnostic demand generated by JSSK. Equipment maintenance and repair mechanism is somewhat poor. District Hospital requires laboratory supplies like HIV, HCV, HBs AG, VDRL and THS, T2, T3.

***CHC Mukandpur :***All essential equipments required in an Hospital are not available at CHC. CHC has not OT section equipments. CHC required diagnostic equipments like fully auto analyser. CHC is in need of HBIC.

***PHC Aur:***BP apparatus, stethoscope, sterilized delivery kits, resuscitation kits (All), weighing machines (Adult and Child), needle cutter, delivery table, autoclave and emergency tray with injections are available at PHC. Facility for oxygen administration is also available. Radiant warmer, is available at PHC. PHC is in need of MVA/EVA, equipment phototherapy unit ,nitrous oxide cylinder. Among the diagnostic equipments, Microscope, Hemoglobinmeter, rapid testing for typhoid, and centrifuge are functional in the PHC. Refrigerator and HIV test kits are also available and functional. X-ray units, ECG, USG, Semi auto analyser, Reagents and testing kits, Rapid plasma reagent (RPR) is not available in the PHC. Only the equipments like OT tables and OT lights, mobile are available at PHC to conduct normal deliveries.

***SC Gunachaur:*** Available and functional equipments at the centre include examination table, weighing machine (adult and infant), BP instrument, stethoscope, HB and Glucometer. SC does not have screen and infusion set. Thermometer, IUD insertion kit, Gloves, Dispo syringes and needles, Vaccine carrier and Foetoscope is available at SC. Training for operating these kits to ANMs has

also been provided. SC has not received untied funds during 2019-20 till our visit. This SC has not been identified as a delivery point.

## **7.2 Drugs**

Punjab has established a Punjab Medical Supplies Corporation (PMSCL) for procurement of drugs and equipments. The drugs are procured by the corporation through e-tendering and mostly generic drugs have been procured. The corporation has asked all the health facilities in the State to assess the need of drugs and equipments on the basis of their work load and nature of diseases. Although, the corporation has started supplying drugs to the health facilities but almost all the health facilities complained of inordinate delay in the supply of drugs and resultant shortages. Consequently, the health facilities are being forced to resort to stop-gap arrangement to procure the drugs especially to manage supplies required for JSSK.

Supply and distribution of drugs is monitored by the State Drug Controller by undertaking audit and stock verification of drugs. There is also a Central Quality Assurance Committee (CQAC) at the State level that is entrusted with the responsibility of ensuring quality of drugs supplied to health facilities but this committee does not regularly visit the health facilities for checking the quality of drugs.

**District Hospital:** District Hospital has almost all essential drugs available required in the labour room and operation theatre. But some of the essential drugs like Mesoprost, Tab. Antenloz, Tab penta prazole, Inj. Steptokinase, Clonazepam, Fusiwal, Wylometazoline Nasal, Syp Rometham, Tab Ciprfloxacin, Benzy Ben, Clutri Mazole and B.Complex is not available in the hospital. However, it was also reported that the drug was stock out during the last 3 months.

**CHC Mukandpur:** Supply of drugs was reported to be insufficient in CHC. CHC required some essential drugs like inj. Pheniramine maleate, inj. promethazine, inj. dicyclomine Hcl, Inj. Theophylline, Inj. Oxytocin, Inj. Metoclopramide and Inj. Amikacin Sulphate, Inj. Ampicillin, Inj. Haloperidol and Inj. Human Insulin plain. Tab. Salbutamol, Tab. Glibenclamide, Tab. Ciprofloxacin, Tab. Cotrimoxazole. S.S, Trimethoprim, Tab. Fluconazole, Tab. Furazolidone I and Tab. Ornidazole are not available in the CHC. Drugs for hypertension, diabetes, allergy are available in the CHC. Antibiotic drugs are available in sufficient quantity in the CHC.

**PHC:** Supply of drugs was reported to be insufficient in PHC. PHC has shortage of IFA tablets, IFA tablets blue, IFA syrup with dispenser, Vit A syrup, Misoprostol tablets and Mifepristone tablets. Drugs, for hypertension, diabetes and common ailments ORS, zinc tablets, inj. Magnesium sulphate, inj. Oxytocin and antibiotics are available. Drugs required for normal delivery care are also available. OCPs, and EC Pills and sanitary napkins are not available. Gloves, Mackintosh, Pads, bandages, gauze and AYUSH medicines are available in the PHC. Computerized inventory management has not been initiated. EDL is found displayed.

**SC:** Drugs provided to SC are limited. ORS, Zinc and IFA are available at the SC. Vitamin-AECPs, sputum testing for RNTCP, Inj Magnesium Sulphate, Inj. Gentamycin, Cap. Ampicillin, Tab. Misoprostol, dextrose and sanitary napkins are not available at the SC. So far as contraceptives are

concerned, oral pills and condoms are available at the SC. There are no supply issues with the vaccines.

### **7.3 Essential Drug List (EDL)**

State Administrative Council in March 2016 approved Free Drug Policy for the State under which listed drugs, are to be provided free of cost to patients at all health facilities from June 01, 2016 onward. As per the policy, 23 medicines at the level of sub-centres, 53 at the level of PHC and 68 at the level of SDH/CHCs/District Hospitals have been included in the EDL. Although, this list is available in almost all facilities but it was observed that the facilities are not in a position to ensure free distribution of drugs contained in the list because of irregular supply. Therefore patients have to purchase most of the medicines from market and consequently considerable amount of out of pocket expenditure on medicine by patients was observed. Due to the non-availability of required drugs, doctors prescribe brands/combinations of drugs beyond the supply of hospitals, contributing to high out of pocket expenditure.

### **7.4 Generic Drugs**

State government has made it mandatory for doctors to write only generic names of drugs on prescriptions, but all generic drugs are not available at the hospitals and therefore, the doctors generally prescribe only those drugs that are available in the hospital. The Jan Ashoydiha Store located in the district also sells generic drugs.

### **7.5 AYUSH**

The district ISM unit is co-located with DH in the district. There are 3 AYUSH Doctors at District Hospital. PHC Aur has 1 sanctioned strength of AYUSH doctor but the post is vacant. During the first 9 months of 2019-20. A total of 3050 patients have visited AYUSH clinics in the district and AYUSH accounted for about 1 percent of the total OPD.

### **7.6 Diagnostics**

The DH SBS is providing various lab services like blood chemistry, CBC, blood sugar, urine albumin and sugar, TB, HIV, X-Ray, ECG, VDRL, KFT, and only bilirubin in LFT. RPR, T3, T4 testing facility. Histopathology is not available at DH and CHC. CHC is not providing CBC, KFT, LFT, T3, T4. ANC cases requiring these tests have to obtain these services from the private diagnostic facilities. USGs at DH are conducted daily and at CHC Mukandpur there is no USG facility. Endoscopy facility is not available at the DH and CHC. CT Scan facility is not available at DH. MRI facility is not available at any government health facilities in the district. DH needs Auto clave, Cell counter, Electrolytes machine, Coagulogram and Hand shaver and tape for eye wash station. CHC needs fully auto analyser. It was also found that DH needs HIV, HCV, HBs AG, VDRL THS, T2, T3 in the laboratory. PHC Aur has a small laboratory which has facility for conducting haemoglobin, TLC, DLC, urine albumin and sugar, blood sugar, and HIV testing. RPR/VDRL facility is currently not available. X-ray, USG and ECG facility is not available at the PHC. HB testing and blood sugar kit is available at SC Gunachaur.

## 7.7 User Charges

The National Health Mission's (NHM) free essential diagnostics initiative launched in 2015 was supposed to address the high burden on patient on account of various investigations and procedures. To ensure affordable diagnostic tests at government hospitals, the State Government has made an attempt to ensure uniform rates for diagnostic tests across hospitals without much success. In January, 2019, the order has been re-issued, with detailed price list for 72 tests. This rate list has a fixed price cap for each test, a measure that could greatly reduced the burden on pockets of patients. As per this list, blood sugar investigations, both fasting and random, haemoglobin, BT-CT, TLC, blood grouping, urine examination, stool examination, serum bilirubin and some other tests are to be carried out free in hospitals. In addition, prices of other tests have also been reduced greatly. Pregnant women, senior citizens and BPL households are exempted from all kinds of user charges. It was found that all the health facilities visited by us are charging patients as per this new order.

## 7.8 Prescription Audit

The State has a policy for rational prescription of diagnostic tests and drugs but it was found that audit of diagnostic tests or drugs prescribed by the doctors is not taking place at any of the visited facilities. The Government needs to implement the policy of prescription audit more seriously as there are a lot of complaints of unnecessary prescription of drugs and diagnostic by the doctors.

## 8 MATERNAL HEALTH

### 8.1 Antenatal Care (ANC)

ANC services are available at all health facilities in the district. ANC registration takes place at SCs, PHCs, CHCs and DH. CHC Mukandpur and PHC Aur has not available services. But one gynaecologist visit from PHC khan khana to CHC everyday and stay at two hours and provide ANC services. Table 5 present information about various ANC and PNC services delivered by the various health facilities visited by us during 2019-20. District has registered a total number of 6403 pregnancies during April-December, 2019. The number of pregnant women registered for ANC services at DH, and SC Gunachaur is 220, 60, respectively. Early registration is only 90percent, which is slightly better compared to other districts. DH has reported 86percent early registration, and SC Gunachaur (93percent). About 94percent of the ANC registered cases in the district have received at least 4 or more ANC checkups. Full ANC coverage (4+ visits) is higher in case of DH (100percent) as women from adjoining CHC, PHC areas also visit DH for third and subsequent check ups due to the availability of Gynaecologists. IFA coverage is 74percent in the district but it is almost 100 percent at DH and SC.

**Table:6 Institution wise Progress of various Maternal Health activities in SBS district during 2019-20**

	Total		DH SBS		CHC Mukandpur		PHC Aur		SC Gunachaur	
	No	%	No	%	No	%	No	%	No	%
Total number of pregnant women registered for ANC	6403		220		-		-		60	
Out of the total ANC registered, No. registered within 1st trimester	5789	90%	171	77%	-		-		56	93%
No. of PW given TT1	6084	95%	190	86%	-		-		60	100%

No. of PW given TT2	6162	96%	224	100%	-	-	-	62	100%
No. of PW given 180 Iron Folic Acid (IFA) tablets	4720	74%	254	100%	-	-	-	60	100%
No. of PW given 360 Calcium tablets	2857	44%	236	100%	-	-	-	48	80%
No. of PW given one Albendazole tablet after 1st trimester	4611	72%	41	18%	-	-	-	62	100%
No. of PW received 4 or more ANC check ups	6039	94%	284	100%	-	-	-	68	100%
No. of PW tested for Hb 4 or more than 4 times for respective ANC's	5919	92%	265	100%	-	-	266	68	100%
No. of PW having Hb level<11 (tested cases)(7.1 to 10.9)	5292/	82%	170	77%	-	-	-	58	96%
No. of PW having severe anemia (Hb<7) treated	7	1%	0	-	-	-	-	-	-
Home deliveries	5	-	0	-	-	-	-	-	-
No. of newborns received 7 HBNC visits in case of Home delivery	0	0	0	-	-	-	-	-	-
No. of Institutional Deliveries conducted (Including C-Sections)	6117	99%	821	100%	134	100%	126	-	-
Out of total ins. deliveries No. discharged within 48 hours of delivery	22	-	0	-	-	-	-	-	-
No. of newborns received 6 HBNC visits after Institutional Delivery	4865	79%	0	-	-	-	-	-	-
Total C -Section deliveries performed	3070	50%	310	38%	-	-	-	-	-
Total Live Births	6089	99%	811	98%	133	99%	125	99%	-
No. of newborns weighed at birth	6089	90%	811	98%	133	99%	125	99%	-
No. of newborns having weight less than 2.5 kg	1053	17%	227	34%	14	10%	10	-	-
No. of Newborns breast fed within 1 hour of birth	5481	90%	785	96%	133	99%	123	98%	-
Women receiving 1st PP checkup within 48 hours of home delivery	4	80%	0	-	-	-	-	-	-
Women receiving 1st PP checkup between 48 hours and 14 days	5973	97%	680	83%	-	-	-	-	-
No. of mothers provided full course of 180 IFA tablets after delivery	3011	49%	38	5%	-	-	-	-	-
No. of mothers provided 360 Calcium tablets after delivery	1783	29%	32	4%	-	-	-	-	-

Facilities for haemoglobin, blood sugar, urine investigations, measurement of BP and weight are freely available at health facilities in the district and most of the ANC cases are diagnosed for anaemia, blood sugar and hypertension. The laboratories maintain separate registers for ANC cases and general patients and also record the results of diagnostics on the registers. However, information regarding blood sugar and hypertension is not maintained properly. Only 1percent of the pregnant women registered for ANC services in the district are anaemic.

## 8.2 Institutional Deliveries

One of the priority areas of the state is to improve maternal health. DHs, CHCs and some PHCs have been upgraded and strengthened to provide facilities for conducting deliveries. Facilities for institutional deliveries in SBS district are available at DH and all CHCs. Most of the PHCs and SCs were also provided delivery tables and other requisite equipments but deliveries in the district are conducted at only DH and CHCs and normal deliveries in some PHCs.

The district has registered a total number of about 6122 deliveries in its health facilities including home deliveries during the first 9 months of 2019-2020. Information collected from the office of CMO shows, home deliveries account for only 5 deliveries of the total deliveries in 2019-20. However, the number of institutional deliveries reported in the facilities located in the district is increasing; this indicates that more and more women prefer to deliver in facilities located within the district.

Information collected from the office of CMO shows a total 6122 deliveries (both institutional and home) have taken place in the district during April 2019-December, 2020. Of the reported institutional deliveries during 2019-20, 821 deliveries have been performed at the DH. During the first 9 months of this financial year only 134 deliveries have been performed at CHC Mukandpur accounting for less than 2 percent of the total institutional deliveries in the district. The number of C-section deliveries in the district accounted for 50 percent of institutional deliveries in 2019-20. The proportion of C-section deliveries at DH is 38 percent.

### **8.3. Post Natal Care (PNC)**

Women who have a normal delivery are encouraged to stay back for at least 48 hours after delivery both at DH and CHC, but it was found that women stays in the hospital for 48 hours in case of normal delivery takes place. This is substantiated by the fact that less than 1 percent of reported institutional deliveries have been discharged within 48 hours of delivery. PP Iron has been given to 49 percent of women in the district and PP Calcium has been given to 29 percent of women during April-December 2019.

### **8.4 Janani Sishu Suraksha Karyakaram (JSSK)**

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

#### **8.4.1 Transportation**

Toll Free Numbers 108 have been established at the district as well as State level. There are 6 ambulances from the regular side and 6 ambulances have been donated by the local MLA out of their Constituency Development Fund. Most of NHM ambulances in SBS Nagar are fitted with GPS in order to monitor the moment of ambulances. A toll free number has been established in the district for availing free ambulance services. It was observed that free transportation from home to facility is generally not provided to pregnant women for visiting a health facility for delivery in the district as this was substantiated from the information provided by the visited health facilities. The transport for pregnant women is generally provided on call to 108, therefore the ambulances available at the health facilities are hardly used for delivery cases. The information regarding provision of free transport among expectant women for visiting a health facility for delivery from their home has been given to women during the last nine months. However, the women who were interviewed by us in the OPD and IPD reported that, hardly any transport facility from home was provided to them at the time of

delivery. It was found that free referral transport from facility to facility is provided in most of the cases. However, transport was provided from CHC Mukandpur. PHC Aur has not ambulance facility. The officials maintained that the drop back facility for women who are discharged at least after 48 hours of delivery is ensured in most of the cases in district through 108 ambulance service. The free transport facility under JSSK to women seems to be totally managed through 108 ambulance service in the district. These findings regarding transport facility under JSSK to pregnant women were substantiated by the women who were interviewed in IPD and OPD by us at all the visited health facilities.

#### ***8.4.2 Medicines***

Information regarding JSSK was available for 6117 institutional deliveries in the district during the April-December 2019-20. 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.

#### ***8.4.3 Diagnostics***

Officials at all levels maintain that all available diagnostics for pregnant women and sick newborns in public health facilities in the district are free of charge. Free diagnostics facilities (urine test, blood tests) are provided to pregnant women at DH, CHCs and PHCs in the district. USGs are conducted daily basis in DH, but no such facility is available at CHC and PHC. However, it was found that most of the pregnant women also visit a private USG clinic for USG.

#### ***8.4.4 Diet***

An amount of Rs. 100/= is earmarked for providing free meals to pregnant women under JSSK in the State. State has issued orders to the districts to provide hot cooked meals to women under the scheme. None of the health facilities in the district including the DH has kitchen facility. Both District Hospital and CHC Mukandpur have outsourced the job of providing meals to women and women are provided, khichrri, dalia, dal, roti, milk, and bread etc. Official information shows that meals have been provided to all the women who delivered in DH and CHC in the district during the last 9 months. Interviews conducted with the IPD women showed that women at DH and CHC had received some food items like khichrri, dalia, dal, roti, milk, and bread etc.

#### ***8.4.5 User Charges and Consumables***

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

#### ***8.4.6 Blood Transfusion***

There is a no blood bank in the district hospital. Blood storage facility is available at DH. Facility of blood transfusion is available at DH but all patients needing blood transfusion have to arrange a blood donor.

### **8.5 Janani Suraksha Yojana (JSY)**

Under JSY, the guidelines are followed strictly for making the payment to the beneficiaries and the payment is made when all documents are complete. On line benefit transfer system has been initiated since the year 2013. All payments are properly documented and proper records are kept.

A total of 6122 deliveries (6117 institutional and 5 home deliveries) have been reported in the district. District has paid JSY benefit to 2106 women during April-December, 2019. Thus 34 percent of the total recorded deliveries in the district have been paid JSY incentive. Timing of payments depends upon the availability of funds and consequently, ASHAs have received JSY incentive of deliveries conducted at public health facilities.

## **9. CHILD HEALTH**

### **9.1 Facility Based Newborn Care (FBNC)**

The district has established 1 SNCU at DH, 2 NBSUs at CHC level and 5 NBCCs at PHC level. SNCU established at DH has enough space and has been provided with requisite infrastructure; however, mother's area for expression of breast milk is available. There are 8 radiant warmers in the SNCU. The post of SNCU Pediatrician is vacant; however, the Pediatrician from the NHM side is also looking after the SNCU. Besides, there are 4 SNs from NHM side in DH who also have to look after SNCU. The SNCU has a separate data entry operator in place.

The information collected from the SNCU regarding admissions, treatment outcomes and referrals show that overall 47 neonates (46 inborn+1 out born) were admitted in the SNCU during the last 9 months for treatment of various types of ailments. Overall, 1 neonate were referred to higher facilities for further treatment during the same period from SNCU. As per the records available in the hospital it was found that free medicines under JSSK were provided to almost all the neonates during their stay in the hospital. In fact almost all the women who had delivered in DH and CHC during our visit had initiated breastfeeding soon after the delivery.

### **9.2 Child Immunization**

According to NFHS-4, SBS Nagar is one of the districts in Punjab which has high full immunization coverage. Only 86 percent of the children age 12-23 months in the district are fully immunized. The facility of birth dose of immunization (OPV0 and HB0) is available on daily basis at DH. CHC does not provide any child immunization. BCG and routine immunization is available at DH daily basis. The information collected from CMO office shows that Vitamin KI (Birth dose) were given to 1877 children and 5703 children were administered BCG doses during the last 9 months in the district. The number for 9 months is much low than the total number of deliveries (both institutional and home deliveries) taken place during the same period in the district (under CMO). Overall 6510 children were reported to be fully immunized (9-11 months) during the same period in the district. By and large planned immunization sessions are held regularly in the district. Overall 2809 children were given Rotavirus during the last 9 months in the district.

As per the official records, district has registered 6122 deliveries during the last 9 months of 2019-20. However, when it comes to immunization, 6143 are reported to have received OPV-0 and 5703 have

received BCG. Around 16709 are shown to have received various doses of Pentavalent and Polio. Thus more children are reported to be immunized than the actual number of births.

### 9.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

RBSK has been fully implemented in the district. There is sanctioned strength of 33 positions and 28 of them have already been put in place (Table 7). There are 11 RBSK teams and 10 vehicles hired under RBSK in the district. There are 16 positions of AMOs of which 5 are vacant in the district. 9 positions of Staff Nurses only 1 is vacant. All the 8 positions of male and female pharmacist are in place.

The district has established District Early Intervention Centre (DEIC) at the District Hospital. RBSK team has been provided a vehicle for visiting various schools and Anganwadi Centres for screening of children. The teams have visited 578 schools and 1090 Anganwadi Centres in the district and have screened about 63087 children. Of these, 1321 were treated by the teams and 38 were referred to tertiary care hospitals for further treatment. During 2018-19- 2019- 20, 9961 cases identified for specialized treatment and forwarded these cases to State Health Society for grant of financial assistance. SHS approved financial assistances in favour of all the 9961 children. A total amount of Rs. 27.44 lac was approved for their treatment. But mechanism of cost estimation and approvals for specialized treatment under is somewhat complicated and lengthy and needs to be simplified.

**Table 7: Details of staff engaged under NHM for RBSK in District SBS Nagar**

STAFF DETAILS RBSK				
S. No	Staff Position	Permissible	In position	Vacant
1. 1	AMOs (MF)	16	12	4
2. 2	Staff Nurse	9	8	1
3. 3	Pharmacist	8	8	0

**Table 7.1 Service delivery under RBSK during 2019-20**

Type	No. Screened	No Treated	No Referred to Tertiary hospital
0-6 weeks	1440	Nil	Nil
6 weeks- 6 years	19485	308	28
6 years – 18 years	42162	1013	10
Total	63087	1321	38

**Table 7.2 Number provided specialized treatment during last two years under RBSK in SBS Nagar**

Type	2018-19	2019-20	Total
No. of cases identified for specialized treatment	5797	4164	9961
No. of Cases for whom financial assistance sanctioned	5797	4164	9961
Total amount sanctioned	14.03lac	13.41 lac	27.44 lac
No. of cases pending	0	0	0

## **10. FAMILY PLANNING**

Facilities for Laprolization, Post Partum Sterilization (PPS), IUD and PPIUD in the district are available at DH. These services are generally provided on designated days. NSV and PPS services have also been provided at DH.13880 oral pills cycles distributed in the district.321349 condom pieces distributed in the district. There are only a few doctors in the district who are trained to provide laprolization/minin lap services. Sterilization camps are generally organized on the eve of World Population Day to provide various types of family planning services.

IUCD insertions services are available at DH, CHCs PHCs and SCs in SBS district. PPIUCD services have recently been introduced as 5 doctors have attended PPIUCD training. A total of 952 IUCDs have been inserted in the district during 2019-20. Of these 39 (4 percent) are reported by DH and 114 (12 percent) by CHC Mukandpur.

Condoms and Oral Pills (OPs) were available in all the 2 facilities visited by us. Weekly Oral Pills and Emergency Contraceptive Pills (ECP) are also available at SC only. ASHAs have been given the responsibility of delivering contraceptives at the homes of beneficiaries in the district. The information regarding various methods of family planning is also provided through VHND sessions at the SC level. Further ARSH clinics also provide information about condoms and OPs.

## **11. COMMUNITY PROCESSES**

### ***11.1 Accredited Social Health Activist (ASHA)***

District SBS Nagar has a sanctioned strength of 536 ASHAs and only 531 are currently working in the district. ASHAs in the district have been given uniform during 2018-19. ASHA Diary has been provided during the current financial year. Two ASHAS have received award for good performance during 2018-19.

### ***11.2 Skill Development***

Skill development of the ASHAs is a continuous process in the district. 531 ASHAs and Facilitators in the district have received Home Based New Born Care (HBNC) training. HBNC kits have been not been provided to any ASHAs in the district.4563 women have been visited for HBNC during April-December 2019. Skill tests conducted showed that ASHAs do have good knowledge of their role and responsibilities but their understanding of HBNC is somewhat poor.

### ***11.3 Functionality of the ASHAs***

ASHAs are involved in a host of activities which include identification of pregnant women and their early registration for ANC, education about ANC checkups, TT, IFA, arranging transport and accompanying women to health facility for delivery, PNC visits, and coordination and participate in the VHNDs and VHNSC meetings. They are also involved in TB and leprosy related activities, supporting AWW in mobilizing the community to the AWC for availing health and nutrition services, mobilizing the community for adopting family planning methods and also distributing contraceptives. They reported that their drug kits are not replenished regularly.

During our visit to various health facilities we interacted with 7 women who had delivered in the DH or had come for immunization at various facilities, about the services provided to them by their

ASHAs. All these women reported that ASHAs helped to register for ANC services and prepare MCP card. Four of them expressed that ASHAs did not visit them for any services after ANC registration. None of these women had received IFA from the ASHAs. However, all the women mentioned that ASHAs visited them in the last trimester of pregnancy and advised them to deliver in the health facility. None was accompanied by ASHA to a health facility for delivery. Thus it appears that most of the ASHAs are generally interested in registration of women for ANC and their delivery in a health facility so that their JSY incentive is ensured rather than ensuring the women receives full range of ANC and PNC services. Keeping this perspective of pregnant and lactating women in view, it appears that ASHAs 10 point performance monitoring is not based on the actual performance of ASHAs. Therefore, there is a need to monitor the performance of the ASHAs and the way this 10 point performance scale is prepared.

#### ***11.4 Home Based Newborn Care (HBNC)***

As mentioned above that all the 531 ASHAs have received training for conducting HBNC visits but none of them have been provided HBNC kit. It either did not contain weighing machine or stop watch or thermometer. During HBNC visits ASHAs have made a total of 971 postpartum check-up during the first 9 months of 2019-20. Our interaction with the mothers revealed that although ASHAs conduct HBNC visits but these visits are just informal. Proper guidelines are not followed to make these visits effective. Further, it was observed that there is hardly any effective mechanism for monitoring of HBNC. Interaction with ASHAs showed that they are not fully trained to conduct HBNC visits and fill up various HBNC formats. Consequently, HBNC has not been in a position to achieve its objectives.

#### ***11.5 Maternal and Infant Death Review***

State has issued necessary orders and guidelines for the reporting of maternal deaths and their audit to all health facilities in the State. Maternal and Infant Deaths Review committee has been established in the district. As per these orders, maternal death reviews are to be done by the CMOs and District Magistrates. ASHAs are to be given incentives to report maternal deaths and Rs. 250 is kept for maternal death investigation. The list of infant deaths is available at various health facilities. Five maternal deaths have been reported in the district during the last 9 months and four of them have been reviewed. A total number of 56 infant deaths have been reported in the district during the last 9 months. The verbal autopsies have been conducted for 10 of these infant deaths. ASHAs/ANMs generally submit verbal autopsy reports but no further action has been taken on these reports. Incentive for reporting of only maternal deaths has been given to the ASHAs.

### **12. DISEASES CONTROL PROGRAMME**

**District Hospital** - Nodal officer of Integrated Disease Surveillance Programme malaria looks after the malaria programme. No case of Malaria has been reported in DH from past nine months. RNTCP is running in the DH. A total of 132 sputum tests for TB were conducted last year, out of which 10 cases were tested positive. It was noted that 2 previously positive tested cases were already on treatment. Only 5 patients were successfully completed the treatment. 161 cases received incentives. Under NLEP only one new case was reported positive. There were 10 previously reported positive cases. A total of 12 people were under treatment. Under NBCP, 259 cases were

treated. Out of which 119 were surgically treated for cataract. 244 patients received spectacles. It was noted that there is no eye bank in the district.

At CHC a total of 3852 slides for detection of malaria were prepared out of which only one was tested positive for malaria. Under RNTCP 324 sputum tests were conducted in the past 9 months, out of which 25 were reported positive. A total of 77 cases were put on treatment, among which 13 were old cases. 34 people successfully completed the treatment for TB. 55 patients received incentives. There is no NLEP at CHC level. Under NBCP, 150 cases received spectacles.

**PHC** – Under NMCP 1831 slides were prepared for detection of malaria cases. There is availability of rapid diagnostic kits at PHC. There is no RNTCP at PHC level. No positive cases under NLEP and National blindness control programme were reported.

### **13. NON COMMUNICABLE DISEASES**

NCPCDS is not established in DH but there exists internal arrangement for functioning of the same. There is usual supply of drugs at NCD clinic. There is availability of IEC materials at DH. Screening camps for diabetes, hypertension, oral cancer and cervical cancer have been organized. A total of 4 screening camps for diabetes catering 150 persons have been conducted. 2 screening camps for hypertension catering 180 people, 2 oral cancer screening camps catering 150 persons and 2 cervical cancer screening camps catering 25 persons have been conducted. 24 persons were detected and treated for HTN. 34 persons were detected and treated for diabetes. 18 persons were detected and treated both for HTN and diabetes. No case of oral or cervical cancer was detected. Essential drugs for treating NCD are available at DH.

NCPCDS is established at CHC, NCD clinic is functional at the facility with regular supply of drugs. There is availability of IEC material regarding NCD at the facility. No camps for screening of diabetes, hypertension, oral cancers and cervical cancers have been organized. The essential drugs required for treating NCD are available at the facility. PHC conducted screening for hypertension and diabetes. A total of 1000 people were screened out of which 209 were identified with HTN, 83 were identified with diabetes and treated for same. 29 people were identified with HTN and diabetes and also received treatment. There were no cervical and oral cancer cases identified. Facility has a functional NCD clinic with regular supply of drugs for NCD and there is availability of IEC material regarding NCD at the facility

### **14. Dialysis**

A dialysis unit has been established at DH SBS Nagar in August, 2016. It has been provided with requisite infrastructure and manpower. Though, it has started registering patients. For dialysis the Centre is inaugurated and made functional in August, 2016. But the current accommodation is not sufficient for the dialysis centre. 6 patients were registered for dialysis. The centre has been equipped 2 machine donated by charitable trust. Dialysis centre required 1 separate machine for + (HIV & HCV) patients.

## **15. AYUSHMAN BHARAT YOJANA**

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. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and pro-motive health, to address healthcare holistically. It is an umbrella of two major health initiatives namely, Health and Wellness centres and National Health Protection Scheme (NHPS). The scheme has been formed by subsuming multiple schemes including Rashtriya Swasthya Bima Yojana (RSBY), Senior Citizen Health Insurance Scheme (SCHIS), etc. Further, the National Health Policy, 2017 has envisioned Health and Wellness Centres as the foundation of India's health system which the scheme aims to establish.

Ayushman Bharat was officially launched in Punjab on August 2019. A total of 103877 families are to be covered under the scheme in SBS district. The district has verified 87 percent of beneficiaries from the list. A total number of 91168 golden cards have been generated and most of them have been issued to the beneficiaries during this short period of time. A total of 15 health facilities Govt, as well as private have been listed to provide health facilities in the district. Among these only 13 have been identified to provide free services and separate counters with requisite infrastructure under PM-JAY help-desk have been established in the district. A total of 3598 patients have received free treatment from DH during the last 9 months and an amount of Rs. 2,94,87,112 has been spent for treatment of beneficiaries under PMJAY during 2019-20.

Ayushman Bharat is expected to prove as a game changer in the health sector and can reduce the out of pocket expenses to the needy people who have been found eligible on the basis of various criteria of the Socio-Economic Caste Census (SECC) created in 2011. But since every family under the SECC database is entitled to the benefits under the scheme, health officials believe this census has left out thousands of families who otherwise qualify for it given their socio-economic conditions. There is a need to carry out a fresh census or set some other criteria for inclusion/exclusion under this scheme. Further, it would be better if a team is constituted in every district to verify if the applicant deserved to be covered by PMJAY criteria.

## **16. HEALTH AND WELLNESS CENTRES (H&WCs)**

The district has established 29 H&WCs and all of those are PHCs and SCs. All of these are functional. There is a district nodal officer for running this scheme. It was further reported that some additional space is created for drug dispensation and other activities at the centres. MLHPs has been put in place in 11 H&WCs in the district. The training under CBAC has received 531 ASHAS in the district. Requisite equipments for screening of hypertension and diabetes for the treatment of NCDs have been provided to PHCs/SC upgraded to H&WCs. NCD registers and other stationery has been provided to H&WCs for CBAC. But some additional drugs have been received to PHCs only after up gradation. An attempt was made to cover the performance by indicator wise of these H&WCs after their up gradation was provided. It was also reported that the scheme is regularly monitored by the concerned DFPO in the district. Screening of oral cancer, breast cancer and cervical cancer has also been almost completed. Those diagnosed with hypertension and diabetes are provided treatment. H&WCs have screened a total of 6227 oral cancer persons, out of which 1068 cases were provided treatment 2395 persons were screened for breast cancer, out of which 680 were put on treatment and

1896 persons were screened for cervical cancer in various H&WCs, out of which 457 were provided treatment during 2019-20.

#### **17. CLINICAL ESTABLISHMENT ACT**

The clinical establishment act is in vogue and is implemented poorly in the district both at public as well as private institutions/clinics. Although, the district has constituted a team in this regard but it has not made any surprise checks to private diagnostic laboratories and clinics.

#### **18. REFERRAL TRANSPORT AND MOBILE MEDICAL UNIT (MMU)**

Punjab have proper 108 patient referral system, despite the fact that the State Government started the process of operationalizing 108 patient referral transport services. 108 service is yet functional in the State and therefore 11 of the vehicles is fitted with GPS.

The information collected from the CMO office indicates that the district has a total of 17 vehicles which are used as ambulances of which 17 of them are on road and are in working condition to cater the needs of various health facilities. Only 11 of the vehicles are fitted with GPS facility. Besides district has 1 MMU. One Mo, one Staff nurse, one Radiographer along with one Lab technician are appointed for the MMU. Out of the total ambulances, 6 are donated by MPs/MLAs in the district. District hospital has 3 ambulances and presently all the 3 ambulances are on road. All the 3 ambulances are from regular health side. CHC Mukndpur is also having 2 ambulances of which only 1 is on road Both the ambulances are from regular side. PHC Aur does not have any ambulance.

#### **19. QUALITY IN HEALTH SERVICES**

##### ***19.1 Infection Control***

Various units of DH and CHC Mukandpur are cleaned regularly by the manpower of the sanitation wing 2-3 times daily. For infection control the health staff wears gloves and masks. The labour room is carbolized after every delivery. Autoclave of the instruments is done regularly and fumigation is done once in a week in OT in DH, and twice in a month in CHC. The general cleanliness of PHC Aur and SC Gunachaur was satisfactory. Toilet facilities at all facilities were not very clean. Although smoking and carrying of plastic bags is banned in health facilities. Nobody were seen smoking in the corridors of DH and CHC. Further the ban on carrying of plastic bags in health institutions is not implemented.

##### ***19.2 Biomedical Waste Management***

All the visited health facilities use colour coded bins for the segregation of waste. Patients and their attendants need to be educated about proper use of these bins. The health staff of the hospital is aware about segregation of waste in colour coded bins and management of biomedical waste. Color coded bins are placed at different places in the hospital. Laundry/washing services have been is available at DH and regular staff is deployed for the same. This facility does not use the pit for disposal of bio medical waste. Bio-medical waste is outsourced to a private agency and the collection of waste is done daily by the agency.

### ***19.3 Information Education and Communication (IEC)***

IEC material about various services has been displayed properly. Approach roads have direction/signs of location of the health facility. Essential drug lists are available and drug list of available medicine is displayed for the public. In the ANC clinic, JSSK entitlements and immunization schedule were displayed. Citizen's charter, timings of the facility, List of services, Protocol posters, Call centre, partograph and Clinical protocol were displayed.

### ***19.4 Grievance Redressal***

Complaint box has been placed. Names and contact numbers of Specialists and MO and other authorities have been displayed for redressal of grievances. Help desk has been set up.

## ***20. NEW QUALITY ASSURANCE INITIATIVES***

20.1 LaQshya programme has been launched in the country to improve quality of maternal and newborn care and provide respectful care, particularly during the intrapartum and postpartum periods. Its implementation involves improving Infrastructure up gradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. Punjab also has started the process of upgrading labour rooms and OTs under LaQshya. The district has constituted the coaching team. Baseline assessment has been completed in DH SBS. Although, the LR and OT of DH has been upgraded. DH SBS has scored enough 78% in internal assessment so as to qualify for external assessment.

### ***20.2 National Quality Assurance Standards (NQAS)***

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

### ***20.3 Kayakalp***

Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean

environment. To recognise such efforts of ensuring Quality Assurance at Public Health Facilities, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative on 15th May 2015 to give Awards “KAYAKALP” to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. An important objective of the award is to inculcate a culture of ongoing assessment and peer review of performance and to create and share sustainable practices related to improved cleanliness. In district SBS Nagar (DH) has been awarded I rank in “KAYAKALP” certification.

## **21. GOOD PRACTICES AND INNOVATIONS**

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

## **22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)**

New RCH Register has been introduced in all the districts including SBS Nagar and the FMPHWs have been trained in the district to fill various columns in the RCH Register. The health facilities have completed household survey in their catchment areas. Hard copies of the latest HMIS formats are available at DH, CHC, PHC and SC. The 3 posts of DPM and DDM (M&E) in the district are in place. District Monitoring and Evaluation Officer is in-charge of the HMIS and RCH. Data validation is done before uploading the data. RCH data regarding pregnant women and children is being uploaded and work plans are given to the health workers and weekly updation of RCH is done while 100 percent data is uploaded in HMIS. In RCH data of the mothers and children are uploaded. Mothers and children were covered under RCH portal. At CHC Data entry of the all the facilities falling under the block is done at the CHC level. Information Assistant is in charge of data entry and uploading of the HMIS and RCH. Before uploading the data it is checked for its completeness and consistency by statistical assistant at CHC level. Facility wise data entry is done. In RCH data of both the mothers and children is uploaded in HMIS. ANM of the sub centre falling under this block submits their HMIS report at CHC. At PHC Data entry and uploading of the HMIS and RCH is done at the CHC. Facility wise data is entered. Data validation is done before uploading. Work plan is generated and is uploaded after it is given by the ANM. The ANM regularly submits the filled forms to the LHV at block. Data entry and uploading is done by the computer assistant at the PHC. ANMs get the work plan and it is updated

## **23. POSITIVES**

- ❖ The district is supposed to have the Nodal Officers for different health schemes for proper implementation and monitor them seriously. In this regard all the schemes are carried out by different nodal officers in the district. Most of schemes are under the supervision of Civil Surgeon.
- ❖ NHM has been in a position to fill up critical gaps in human resource. Almost 88 percent of the sanctioned positions have been filled up in the district. There is a transparent system of recruitment of staff under NHM.
- ❖ Almost all the Sub Centres have been strengthened by posting the 2<sup>nd</sup> ANM.

- ❖ All the payments towards ASHA incentive and JSY beneficiary are being paid through DBT using PFMS. E-transfer at all facilities is followed and no cash transactions are taking place, which is an achievement in itself.
- ❖ About 99 percent of ASHAs have been trained for the implementation of HBNC.
- ❖ Despite delays in release of funds, DH manages to provide free drugs from under JSSK to a large extent.
- ❖ The progress of the various components of NHM is regularly reviewed at various levels. This has reinforced accountability among the staff.
- ❖ RBSK programme has been implemented and 11 teams are formed in the district.
- ❖ Homoeopathic/AYUSH services are available in the district.

## **24. CHALLENGES**

- ❖ Inadequate number of Specialists especially Gynaecologists, Paediatrician and Anaesthetist and Orthopedic at District Hospital and CHCs. The DH does not yet a sanctioned position of Cardiology.
- ❖ Although, the infrastructure and manpower is available at DH to handle high delivery load, but DH will have to market these facilities, so that woman prefer to deliver in DH rather than in health facilities located outside the district.
- ❖ SNCU has been established in the DH but there is a need to make it fully functional by putting in place a Pediatrician round the clock, so that unnecessary referrals of neonats and infants from out the district are minimized.
- ❖ There is 108 patient referral transport service in the State.
- ❖ RBSK programme has been implemented and 11 teams are formed in the district.
- ❖ The norm of 48 hours stay in health facility being followed in most of the facilities visited. Beneficiaries were found to be staying the facilities within 48 hours of deliveries.
- ❖ mechanism of cost estimation and approvals for specialized treatment under RBSK is somewhat complicated and lengthy and needs to be simplified.
- ❖ ASHAs 10 points performance monitoring is weak and needs strengthening.
- ❖ Meticulous monitoring and training for RCH Registers needs to be ensured at all facilities.
- ❖

## **25. KEY CONCLUSIONS AND RECOMMENDATIONS**

- ❖ Although SBS Nagar has a district hospital, but it has acute shortage of specialists in general and Gynaecologists, Paediatrician Anaesthetist and Orthopedician in particular. CHCs and PHCs also have shortage of doctors. CHC has acute shortage of specialist medicine, specialist surgery and gynaecologist. Due to the shortage of specialists and doctors large proportion of patients from the district and CHC prefer to utilize the services from other districts or visit a private clinic for treatment. Therefore, there is an immediate need to address the shortage of Specialist doctors in the district hospital and other CHCs/EHs on priority basis.
- ❖ Essential Drug List has been prepared for various facilities.
- ❖ Computerized inventory management in the health facilities need to be prioritized. Complaint of medicines being out of stock, delay in supply etc could be addressed with this inventory management system.

- ❖ Information about JSSK and JSY entitlements, user charges, HIV/AIDS, family planning, immunization, breastfeeding, etc is displayed prominently in all health facilities. Citizen's Charter, timings of the facility, availability of services, protocol posters Call centre are also displayed in various facilities.
- ❖ C-Section deliveries in the district are on the rise. There is a need to reverse this trend by proper counselling and explaining benefits of vaginal delivery. IEC material pertaining to benefits of vaginal delivery and ill effects of C-section delivery be displayed in labour room, OPD, IPD and other places in the health facilities.
- ❖ Despite irregular/late release of funding, DH and CHC have been in a position to manage free drugs and diet under JSSK.
- ❖ only free referral transport for deliveries and neonats is ensured in all facilities visited by us. Home to facility and drop back facility is not ensured in all of the cases. This supports the need for operationalization of a fully functional patient transport system that is easily accessible so that pregnant women and emergency patients could avail of transport facilities from home to facility and also drop back home for JSSK beneficiaries.
- ❖ JSY payments in the district have been streamlined to a great extent. Payments are directly transferred into the bank accounts of the beneficiaries and ASHAs.
- ❖ Maternal and Infant Death Review Committee have been established in the district. ASHAs/ANMs generally are well aware of infant death review/verbal autopsy reports. Grievance redressal committees for registration of complaints and grievances is very poor. Medical Officers mentioned that they generally receive the complaints verbally and redress them on the spot but our interaction with the patients revealed that they hesitate to lodge the complaints as it may further complicate delivery of services. It is suggested that online system of registration of complaints is introduced in the district.
- ❖ RBSK in the district has been started, However, RBSK has been in a position to identify some children from poor families for specialized treatment and financial assistance has been released in favour of few children. But mechanism of cost estimation and approvals for specialized treatment under is somewhat complicated and lengthy and needs to be simplified
- ❖ HMIS have improved in the district as the district has taken some steps to minimize the multiplicity of reporting. However, there is still a lot of scope for improving the quality of HMIS. This can be ensured by proper monitoring by DM&E officer and BSAs. Civil Surgeon and Block Medical Officers need to support them in undertaking monitoring visits.